

*Michigan Department
of Community Health*



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

Michigan Medicaid HEDIS 2013 Results Statewide Aggregate Report

November 2013



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

Phone 602.264.6382 • Fax 602.241.0757

1. Executive Summary	1-1
Introduction.....	1-1
Summary of Performance.....	1-2
2. How to Get the Most From This Report.....	2-1
Summary of Michigan Medicaid HEDIS 2013 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
3. Child and Adolescent Care.....	3-1
Introduction.....	3-1
Summary of Findings.....	3-1
Child and Adolescent Care Findings	3-4
4. Women—Adult Care.....	4-1
Introduction.....	4-1
Summary of Findings.....	4-1
Women—Adult Care Findings	4-2
5. Access to Care.....	5-1
Introduction.....	5-1
Summary of Findings.....	5-1
Access to Care Findings.....	5-3
6. Obesity	6-1
Introduction.....	6-1
Summary of Findings.....	6-1
Obesity Findings.....	6-2
7. Pregnancy Care	7-1
Introduction.....	7-1
Summary of Findings.....	7-1
Pregnancy Care Findings	7-2
8. Living With Illness	8-1
Introduction.....	8-1
Summary of Findings.....	8-1
Living With Illness Findings	8-3

9. Health Plan Diversity	9-1
Introduction	9-1
Summary of Findings	9-1
10. Utilization	10-1
Introduction	10-1
Summary of Findings	10-1
11. HEDIS Reporting Capabilities	11-1
Key Information Systems Findings	11-1
Appendix A: Tabular Results	A-1
Appendix B: National HEDIS 2012 Medicaid Percentiles	B-1
Appendix C: Trend Tables	C-1
Appendix D: Performance Summary Stars	D-1
Appendix E: Glossary	E-1

Introduction

During 2012, the Michigan Department of Community Health (MDCH) contracted with 13 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[®])¹⁻¹ measures. MDCH has contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide rates based on the MHPs' rates and evaluate each MHP's current performance level as well as the statewide performance 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 31 HEDIS measures from the standard Medicaid HEDIS reporting set to evaluate performance of the Michigan Medicaid health plans. These 31 measures were grouped under eight dimensions:

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

Performance levels for Michigan MHPs have been established for 52 rates for measures under the majority of the dimensions.¹⁻² 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 11 (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.

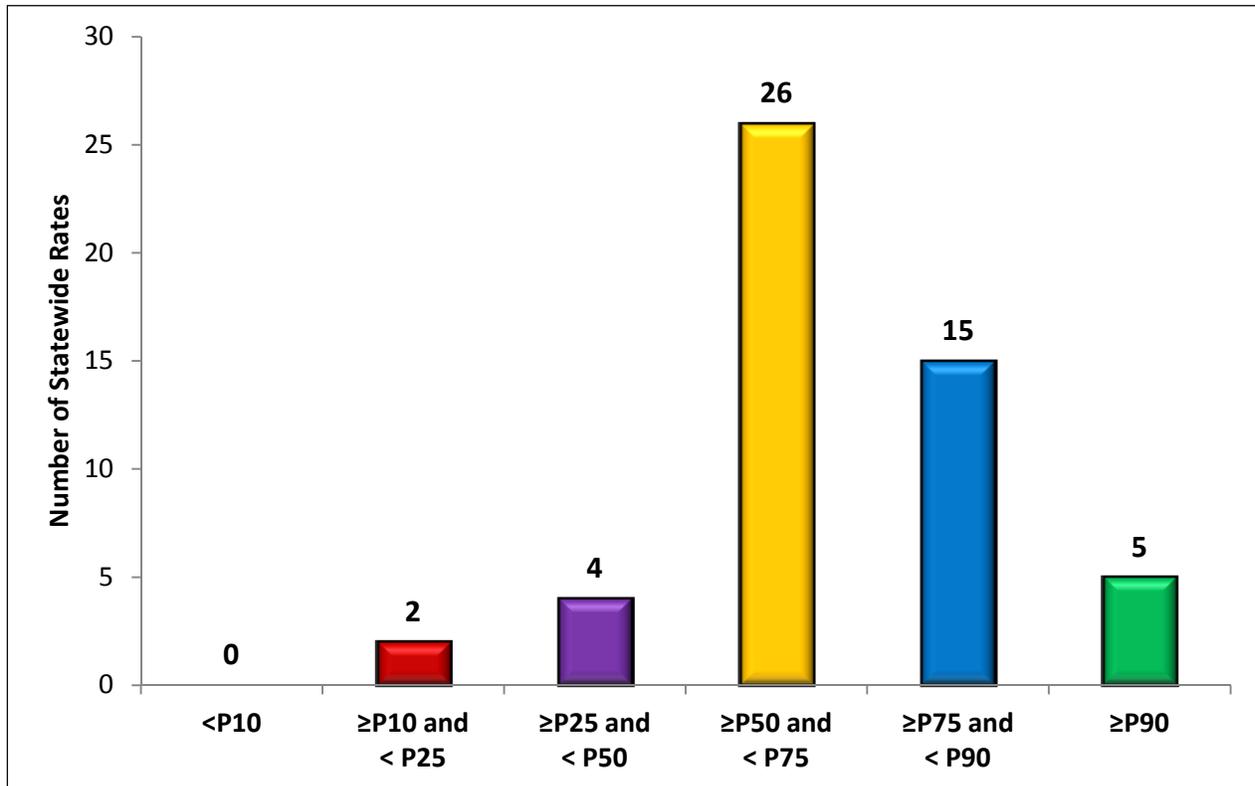
¹⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻² 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*.

Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with the national HEDIS 2012 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 52 statewide rates¹⁻³ where HEDIS 2012 national percentiles were available for benchmarking:

- ◆ Two (or 3.85 percent) were at or above the 10th percentile and below the 25th percentile (≥P10 and <P25).

¹⁻³ 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 52 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, and Frequency of Ongoing Prenatal Care—≥81 Percent indicator)*. The three *Medical Assistance With Smoking and Tobacco Use Cessation* indicators and four new measures for HEDIS 2013 (*Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*) were not included because they did not have national percentiles. It is important to note that for the *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).

- ◆ Four (or 7.69 percent) were at or above the 25th percentile and below the 50th percentile ($\geq P_{25}$ and $< P_{50}$).
- ◆ 26 (or 50.00 percent) were at or above the 50th percentile and below the 75th percentile ($\geq P_{50}$ and $< P_{75}$).
- ◆ 15 (or 28.85 percent) were at or above the 75th percentile and below the 90th percentile ($\geq P_{75}$ and $< P_{90}$).
- ◆ Five (or 9.62 percent) were at or above the 90th percentile ($\geq P_{90}$).

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

- ◆ **Child and Adolescent Care:** The Michigan Medicaid program performed fairly well for HEDIS 2013: All but four measures reported an improvement from last year. Statistically significant improvement was noted in *Immunizations for Adolescents—Combination 1*, *Lead Screening in Children*, *Appropriate Treatment for Children With Upper Respiratory Infection*, and four of the *Childhood Immunization Status* indicators (*Combination 4*, *7*, *8*, and *10*). Of the 18 measures in this dimension, 15 ranked at or above the national HEDIS 2012 Medicaid 50th percentile, with four ranking at or above the 90th percentile and five ranking between the 75th and 90 percentile. For the *Childhood Immunization Status* measure, since the dosing requirement was reduced in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4*, *7*, *8*, and *10*, current performance associated with these indicators may be related more to a specification change and not to specific improvement efforts implemented by the health plans. Please also use caution when comparing these rates with prior years' performance or with the HEDIS 2012 Medicaid 50th percentiles for these four indicators.
- ◆ **Women—Adult Care:** The HEDIS 2013 Michigan Medicaid program performance was favorable compared to the national HEDIS 2012 Medicaid percentiles. All measures met or exceeded the national 50th percentile, and four measures (*Breast Cancer Screening* and three indicators under *Chlamydia Screening in Women*) reported a statewide rate that met or exceeded the national 75th percentile. Although all except one measure reported an increase in rates, only two indicators (*Chlamydia Screening in Women—Ages 21–24 Years* and *Chlamydia Screening in Women—Total*) exhibited statistically significant improvement.
- ◆ **Access to Care:** The Michigan Medicaid program performed fairly well for HEDIS 2013. All statewide rates met or exceeded the national HEDIS 2012 Medicaid 50th percentile, with three at or above the national Medicaid 75th and 90th percentile. When compared to last year's performance, five indicators under Access to Care had statistically significant improvement between HEDIS 2012 and HEDIS 2013.
- ◆ **Obesity:** The HEDIS 2013 Michigan Medicaid program performance was favorable compared to the national HEDIS 2012 Medicaid percentiles. All statewide rates met or exceeded the national Medicaid 50th percentile, with one exceeding the national Medicaid 75th percentile and one exceeding the 90th percentile. All the measures improved when compared to last year's performance. Two 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 7.99 percentage points and the *Adult BMI Assessment* measure reported an increase of 7.93 percentage points.

- ◆ **Pregnancy Care:** The HEDIS 2013 statewide performance showed slight, statistically non-significant changes in rates from HEDIS 2012. Nonetheless, the weighted averages of all measures ranked at or above the national Medicaid 50th 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 2012. One indicator (*Use of Appropriate Medications for People With Asthma—Total*) exhibited a statistically significant rate decrease. With the exception of this indicator, all HEDIS measures with national benchmarks ranked at or above the national Medicaid 50th percentile, with two at or above the 75th percentile.
- ◆ **Health Plan Diversity:** Although measures under this dimension are not performance measures, changes observed in the results may provide insights into how select member characteristics affect the MHP's provision of services and care. Comparing the HEDIS 2012 and HEDIS 2013 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2013 rates showed some increase in Michigan MHP members reporting in the *Unknown* category. For the *Language Diversity of Membership* measure at the statewide level, the percentage of members using *English* or *Non-English* as the spoken language for health care remained almost the same as the previous year. The percentage of the Michigan members reporting *English* as the language preferred for written materials and other language needs decreased in HEDIS 2013. Conversely, the percentage of members reported in the *Unknown* category increased for these two indicators. When comparing the statewide rates with the national HEDIS 2012 Medicaid 50th percentiles, the percentages of Michigan MHP members in the *Unknown* category for the *Written Language* and *Other Language Needs* indicators are much lower, indicating Michigan MHPs have been more successful at collecting this type of information than half of the Medicaid plans across the country.
- ◆ **Utilization:** HEDIS 2013 statewide rates for both *Ambulatory Care* measures (*Outpatient Visits* and *Emergency Department Visits*) reported slight increases (no more than 7 percent from last year) in HEDIS 2013 and performed below the national HEDIS 2012 Medicaid 50th percentiles. For the *Inpatient Utilization—General Hospital/Acute Care* measure, as the discharges per 1,000 member months increased for three inpatient service types (total inpatient, medicine, and maternity), the average length of stay for the three inpatient service types decreased slightly (no more than 1 percent from last year) for all but maternity services.

2. How to Get the Most From This Report

Summary of Michigan Medicaid HEDIS 2013 Measures

HEDIS includes a standard set of measures that can be reported by health plans nationwide. MDCH selected 32 HEDIS measures from the standard Medicaid set. These measures are grouped into eight dimensions of care for Michigan Medicaid enrollees:

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

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 2013 Measures by Dimension	
Dimension	MDCH HEDIS 2013 Measures
Child and Adolescent Care	<ol style="list-style-type: none"> 1. <i>Childhood Immunization Status (Combinations 2–10)</i> 2. <i>Immunizations for Adolescents (Combination 1)</i> 3. <i>Well-Child Visits in the First 15 Months of Life (Six or More Visits)</i> 4. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> 5. <i>Adolescent Well-Care Visits</i> 6. <i>Lead Screening in Children</i> 7. <i>Appropriate Treatment for Children With Upper Respiratory Infection</i> 8. <i>Appropriate Testing for Children With Pharyngitis</i> 9. <i>Follow-Up Care for Children Prescribed ADHD Medication</i>
Women—Adult Care	<ol style="list-style-type: none"> 10. <i>Breast Cancer Screening</i> 11. <i>Cervical Cancer Screening</i> 12. <i>Chlamydia Screening in Women (16–20 Years, 21–24 Years, Total)</i>
Access to Care	<ol style="list-style-type: none"> 13. <i>Children and Adolescents’ Access to Primary Care Practitioners (12–24 Months, 25 Months–6 Years, 7–11 Years, 12–19 Years)</i> 14. <i>Adults’ Access to Preventive/Ambulatory Health Services (20–44 Years, 45–64 Years, 65+ Years, Total)</i>
Obesity	<ol style="list-style-type: none"> 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> 16. <i>Adult BMI Assessment</i>

Table 2-1—Michigan Medicaid HEDIS 2013 Measures by Dimension

Dimension	MDCH HEDIS 2013 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 [$<8.0\%$], HbA1c Control [$<7.0\%$], Eye Exam, 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])</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> 24. <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> 25. <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> 26. <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> 27. <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>
Health Plan Diversity	28. <i>Race/Ethnicity Diversity of Membership</i> 29. <i>Language Diversity of Membership</i>
Utilization	30. <i>Ambulatory Care (Outpatient Visits per 1,000 Member Months, ED Visits per 1,000 Member Months)</i> 31. <i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months, Average Length of Stay for Total Inpatient, Medicine, Surgery, Maternity subcategories)</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.

Health plans that meet the HEDIS criteria for hybrid measure rotation may exercise that option if they choose to do so. All thirteen MHPs chose to rotate at least one measure in HEDIS 2013. Following NCQA methodology, rotated measures were assigned the same reported rates from measurement year 2011 and were included in the calculations for the Michigan Medicaid weighted averages.²⁻¹

Changes to Measures

For HEDIS 2013, NCQA made modifications to some of the measures included in this report, outlined as follows:

Childhood Immunization Status

- ◆ Revised dosing requirement for hepatitis A.
- ◆ Added ICD-9-CM Diagnosis code 999.42 to Table CIS-B.
- ◆ Added a footnote to Table CIS-B that 999.4 (without a fifth digit) is valid only if the date of service is prior to October 1, 2011.

Immunizations for Adolescents

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

Well-Child Visits in the First 15 Months of Life

- ◆ Revised example in continuous enrollment to account for leap year.
- ◆ Deleted obsolete CPT code 99432 from Table WI 5-A.

Appropriate Testing for Children With Pharyngitis

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

Appropriate Treatment for Children With Upper Respiratory Infection

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

Follow-Up Care for Children Prescribed ADHD Medication

- ◆ Revised dates in intake period and age criteria to account for leap year.
- ◆ Added clonidine and guanfacine to the description of ‘Alpha-2 receptor agonist’ in Table ADD-A.
- ◆ Added atomoxetine to description of “Miscellaneous ADHD medications” in Table ADD-A.

²⁻¹ Key measures that were eligible for rotation in HEDIS 2013 were *Adult BMI Assessment; Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents; Childhood Immunization Status; Lead Screening in Children; Comprehensive Diabetes Care; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life; and Adolescent Well-Care Visits.*

- ◆ Deleted Table ADD-B; use Tables IAD-A and IAD-B to exclude members who had an acute inpatient claim/ encounter with a principal diagnosis or DRG for substance abuse during the 30 days after the index prescription start date (IPSD).

Breast Cancer Screening

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

Chlamydia Screening in Women

- ◆ Added HCPCS code G0450 to Table CHL-B.
- ◆ Added ICD-9-CM Diagnosis codes 302.76, 625.0 to Table CHL-B.
- ◆ Added LOINC code 69002-4 to Table CHL-B.

Adults' Access to Preventive/Ambulatory Health Services

- ◆ Added HCPCS codes S0620, S0621 to Table AAP-A.

Adult BMI Assessment

- ◆ Deleted obsolete HCPCS code G0344 from Table ABA-A.

Prenatal and Postpartum Care

- ◆ Clarified in the Note section that the organization must define a method to determine which estimated date of delivery (EDD) to use and use one date consistently if multiple dates are documented.

Frequency of Ongoing Prenatal Care

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

Comprehensive Diabetes Care

- ◆ Added sitagliptin-simvastatin to the description of “Antidiabetic combinations” in Table CDC-A.
- ◆ Deleted CPT codes 92002, 92004, 92012, and 92014 from Table CDC-C.
- ◆ Added ICD-9-CM Diagnosis code 425 to Table CDC-P and clarified in the hybrid specification that cardiomyopathy is considered chronic heart failure (a required exclusion for HbA1c control [$<7.0\%$] for a selected population).
- ◆ Added thoracic aortic aneurysm to the required exclusions for HbA1c control ($<7.0\%$) for a selected population and added corresponding codes to Table CDC-P.
- ◆ Added instructions to use only facility claims to identify Coronary Artery Bypass Grafting (CABG) for the required exclusion for the HbA1c control ($<7.0\%$) for a selected population (do not use professional claims).
- ◆ Clarified that codes from Table CDC-D should be used to identify the most recent HbA1c test for the HbA1c control indicators.
- ◆ Clarified that a negative dilated eye exam in the year prior to the measurement year meets criteria for the Eye Exam indicator.

- ◆ Deleted ICD-9-CM Procedure codes (which identify procedures that occur in an inpatient setting) from Table CDC-G: Codes to Identify Eye Exams. The intent of the measure is to identify eye visits performed in an outpatient setting, which are identified by CPT and HCPCS.
- ◆ Clarified that codes from Table CDC-H should be used to identify the most recent LDL-C test for the LDL-C control indicator.
- ◆ Deleted obsolete CPT code 36145 from Table CDC-K.
- ◆ Deleted obsolete HCPCS codes G0392 and G0393 from Table CDC-K.
- ◆ Deleted Aliskiren-hydrochlorothiazide-amlodipine from the “Antihypertensive combinations” description in Table CDC-L.
- ◆ Clarified that an incomplete reading is not compliant for the BP control indicators.
- ◆ Clarified that the Friedewald equation may not be used if a direct or calculated result is present in the medical record for the most recent LDL-C test.

Use of Appropriate Medications for People With Asthma

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

Race/Ethnicity Diversity of Membership

- ◆ Clarified that the total unduplicated count of members is the denominator for calculating all percentages in Table RDM-C-1/2/3.

Language Diversity of Membership

- ◆ Clarified how data not collected using a direct method should be reported in Table LDM-B-1/2/3.

Inpatient Utilization—General Hospital/Acute Care

- ◆ Deleted obsolete MS-DRG code 009 from tables IPU-A and IPU-B.

Percentile Ranking

The Percentile Ranking tables presented depict each MHP's rank based on its rate as compared to the NCQA's national HEDIS 2012 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 percentile but below the 90th percentile
- ★★★ —indicates the MHP's rate is at or above the 50th percentile but below the 75th percentile
- ★★ —indicates the MHP's rate is at or above the 25th percentile but below the 50th percentile
- ★ —indicates the MHP's rate is below the 25th percentile
- NA —indicates Not Applicable (i.e., denominator size too small)
- 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 suggests 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 insight of 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 2012 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*, 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 two decimal places to be consistent with the display of national percentiles. When the rounded rates are the same, the scores in the graph are displayed in alphabetical order based on the MHPs' acronyms.

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 2011, 2012, and 2013 rates are presented along with trend analysis results comparing the HEDIS 2012 and 2013 rates. Statistically significant differences using Pearson’s Chi-square tests are displayed. The trends are shown in the following example with specific notations:

2012–2013 Health Plan Trend	Interpretation for measures other than <i>Ambulatory Care</i>
+2.5	The 2013 rate is 2.5 percentage points higher than the HEDIS 2012 rate.
-2.5	The 2013 rate is 2.5 percentage points lower than the HEDIS 2012 rate.
+2.5	The 2013 rate is 2.5 percentage points statistically significantly higher than the HEDIS 2012 rate.
-2.5	The 2013 rate is 2.5 percentage points statistically significantly lower than the HEDIS 2012 rate.

Please note that statistical tests across years were not performed for *Weeks of Pregnancy at Time of Enrollment* and *Frequency of Ongoing Prenatal Care* (except the ≥ 81 Percent indicator) under *Pregnancy Care*, as well as all measures under the *Health Plan Diversity* and *Utilization* dimensions. Nonetheless, differences in rates will still be reported without statistical test results.

Michigan Medicaid Overall Rates

For all measures except those under *Utilization*, the Michigan Medicaid weighted average (MWA) rate was used to represent Michigan Medicaid statewide performance. For measures in the *Utilization* dimension, 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 in the eligible population for a measure, 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* were 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 seven of the eight 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^{TM 2-2}. 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 ± 5 percent at a 95 percent confidence level.

To show how sampling error affects the accuracy of results, an example is provided. When an MHP uses the hybrid method to derive a *Postpartum Care* rate of 52 percent, the true rate is actually ± 5 percent of this rate, due to sampling error. For a 95 percent confidence level, the rate would be between 47 percent and 57 percent. 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 2012 Medicaid 50th percentile. In addition, the 2011, 2012, and 2013 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 2013 Michigan Medicaid weighted average for each rate with the 2011 and 2012 Michigan Medicaid weighted averages and the HEDIS 2012 Medicaid 50th percentile.

²⁻² NCQA HEDIS Compliance AuditTM is a trademark of the National Committee for Quality Assurance (NCQA).

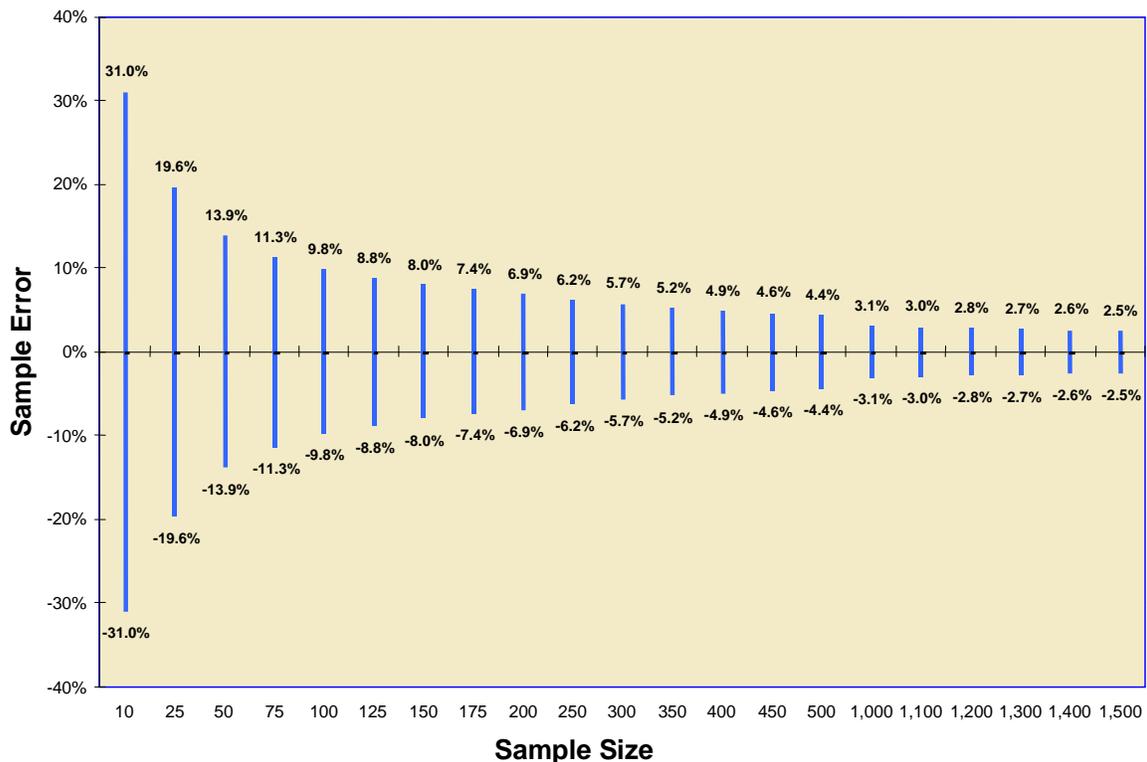
Understanding Sampling Error

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 ± 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—2013 Michigan MHPs	
Acronym	Medicaid Health Plan Name
BCC	Blue Cross Complete of Michigan
COV	CoventryCares of Michigan, Inc.
HPP	HealthPlus Partners
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MID	Midwest Health Plan
MOL	Molina Healthcare of Michigan
PHP	Physicians Health Plan—FamilyCare
PRI	Priority Health Government Programs, Inc.
PRO	ProCare Health Plan
THC	Total Health Care, Inc.
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Compared with last year’s plan list, CareSource Michigan was removed from this year’s plan list since it was purchased by McLaren Health Plan (MCL) on August 1, 2012. Please keep this in mind when comparing the HEDIS 2013 rates with HEDIS 2011 or HEDIS 2012 rates for MCL.

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

Table 2-3—Acronyms in Tables and Graphs	
Acronym	Description
MWA	Michigan Medicaid Weighted Average
MA	Michigan Medicaid Average
P50	National HEDIS Medicaid 50th Percentile
HPL	High Performance Level
LPL	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 2013 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2012.

**Table 3-1—Michigan Medicaid HEDIS 2013 Statewide Rate Trend
Child and Adolescent Care**

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2013 Weighted Average	2012–2013 Trend	With Significant Improvement in HEDIS 2013	With Significant Decline in HEDIS 2013
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	81.48%	+2.14	3	1
<i>Combination 3</i>	77.16%	+1.42	0	1
<i>Combination 4[^]</i>	56.14%	+20.26	5	0
<i>Combination 5</i>	57.57%	+2.73	1	1
<i>Combination 6</i>	37.77%	+1.35	2	0
<i>Combination 7[^]</i>	42.85%	+14.77	5	0
<i>Combination 8[^]</i>	30.16%	+9.62	5	0
<i>Combination 9</i>	30.61%	+1.70	2	0
<i>Combination 10[^]</i>	24.79%	+7.68	5	0
<i>Immunizations for Adolescents—Combination 1</i>	88.85%	+13.70	12	0
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	77.83%	+2.55	1	0
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	78.03%	-0.59	1	1
<i>Adolescent Well-Care Visits</i>	61.46%	-0.20	0	1
<i>Lead Screening in Children</i>	82.40%	+4.26	6	0
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	85.53%	+1.59	4	0
<i>Appropriate Testing for Children With Pharyngitis</i>	61.28%	+0.05	3	2
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation Phase</i>	39.09%	-0.65	0	0
<i>Continuation and Maintenance Phase</i>	46.93%	-2.55	0	1

2012–2013 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 decline from the prior year.

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

[^] For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when interpreting the trend for the weighted average or when comparing with the HEDIS 2012 Medicaid 50th percentile.

Table 3-1 shows that all but four measures/indicators under the Child and Adolescent Care dimension reported a rate increase from last year. Statistically significant improvement was noted in *Immunizations for Adolescents—Combination 1, Lead Screening in Children, Appropriate*

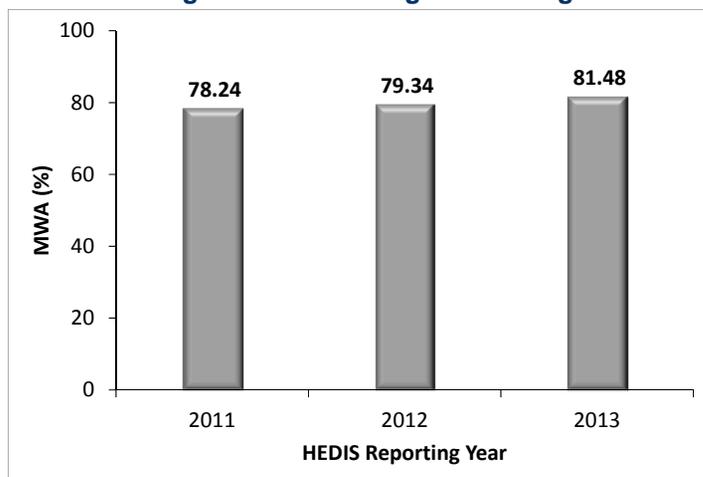
Treatment for Children With Upper Respiratory Infection, and four of the *Childhood Immunization Status* indicators (*Combination 4, 7, 8, and 10*). Of the 18 indicators in this dimension, 15 ranked at or above the national HEDIS 2012 Medicaid 50th percentile, with four ranking at or above the 90th percentile and five ranking between the 75th and 90 percentile. For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when interpreting the trend for the weighted average or when comparing with the HEDIS 2012 Medicaid 50th percentile for these four indicators.

Child and Adolescent Care Findings

Childhood Immunization Status—Combination 2

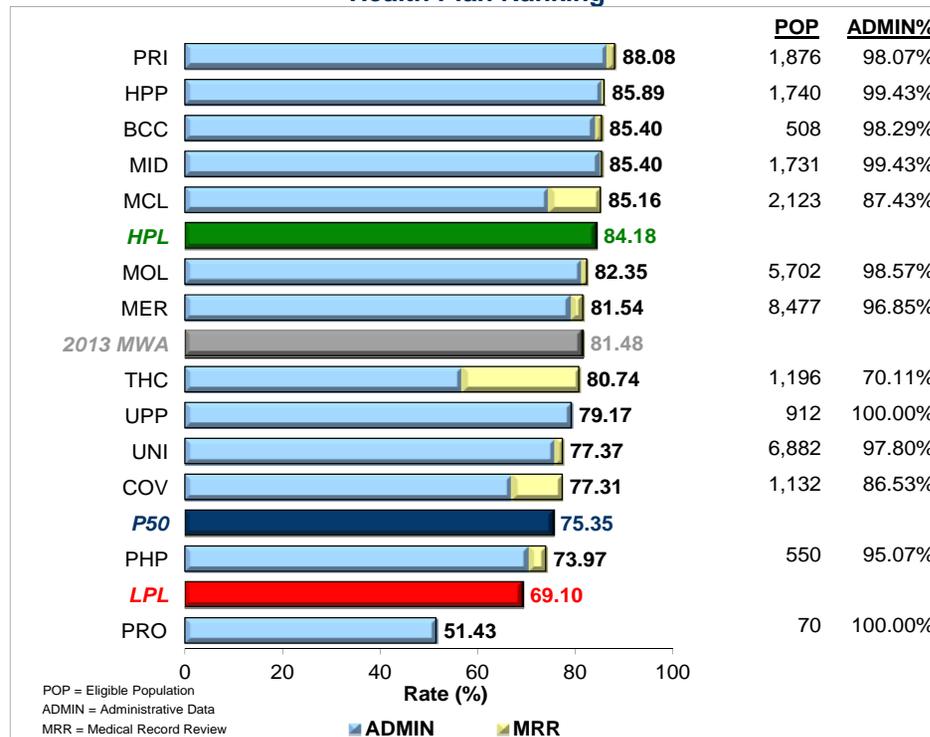
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); and one chicken pox (VZV) vaccines by their second birthday.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 2.14 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 6.13 percentage points. Five MHPs performed above the HPL and one performed below the LPL. Most plans relied more heavily on administrative data than medical records for this indicator.

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

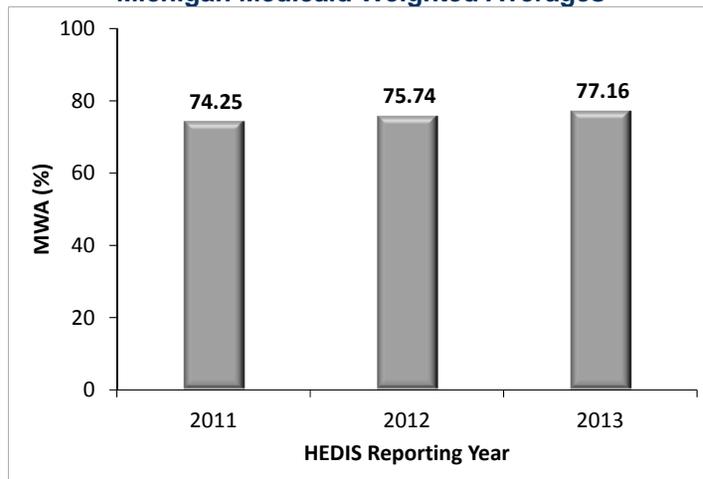


PRO and UPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 3

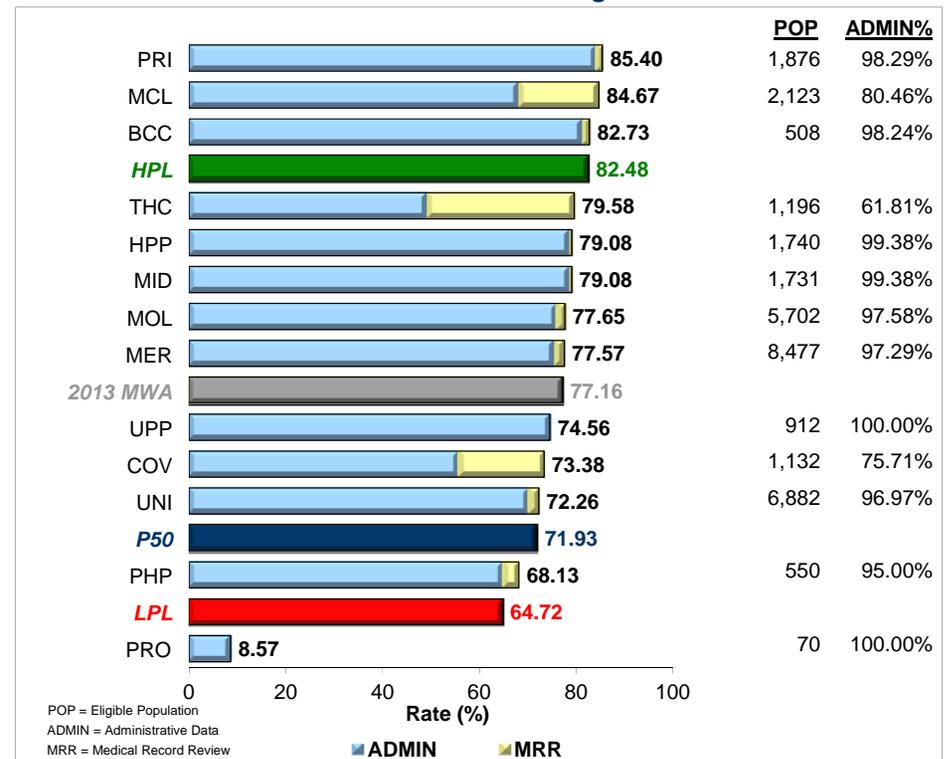
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their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

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 1.42 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 5.23 percentage points. Three MHPs performed above the HPL and one performed below the LPL. Most plans relied more heavily on administrative data than medical records for this indicator.

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

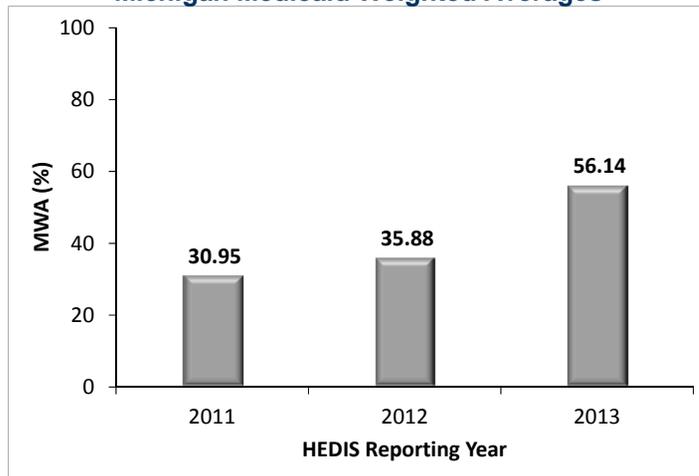


PRO and UPP chose to use the administrative method for this hybrid indicator.

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 one hepatitis A (HepA) vaccine by their second birthday.

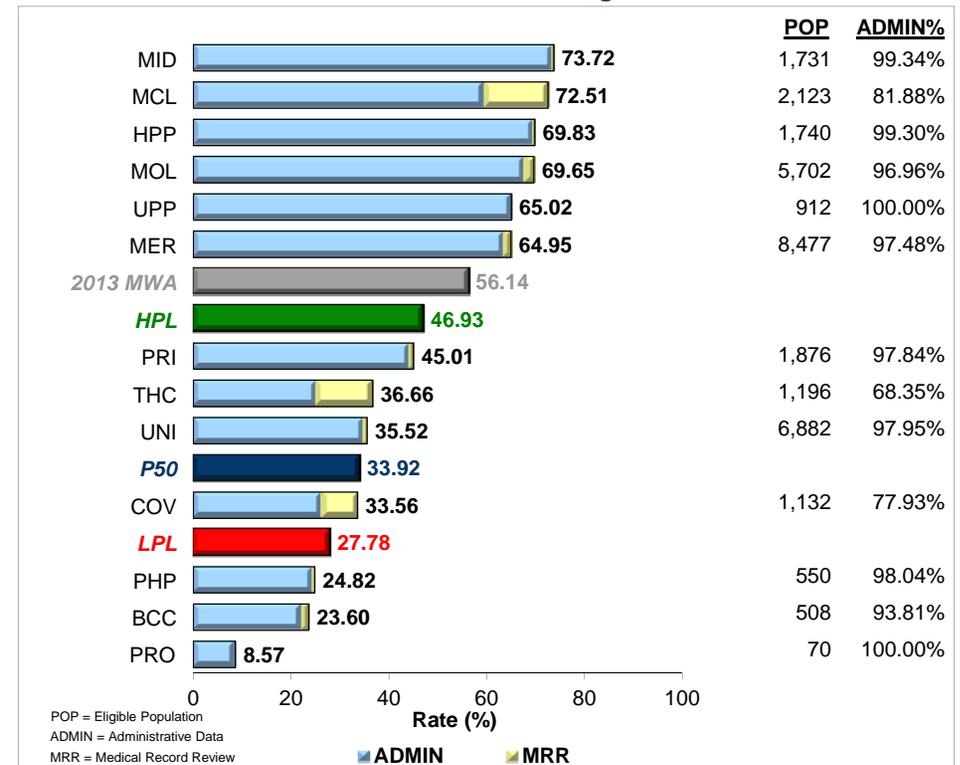
**Figure 3-5—Childhood Immunization Status—Combination 4
Michigan Medicaid Weighted Averages**



Rate increase from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had increased significantly by 20.26 percentage points and exceeded the HPL by 9.21 percentage points. Six MHPs performed above the HPL and three performed below the LPL. However, these results should be interpreted with caution due to the specification change in HEDIS 2013 for this indicator. Most plans relied more heavily on administrative data than medical records for this indicator.

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

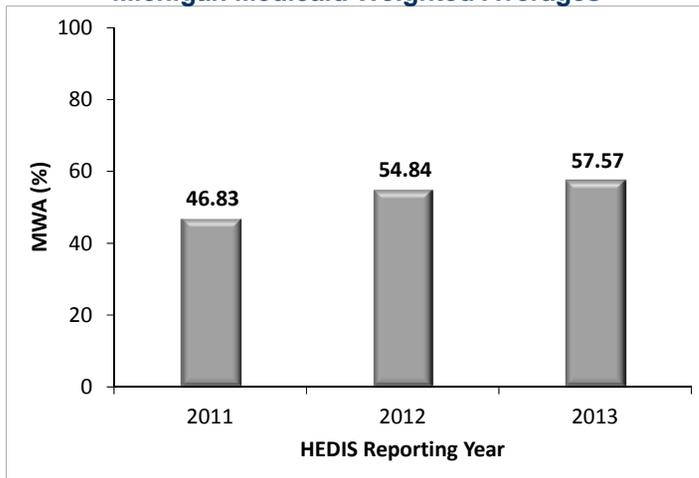


PRO and UPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 5

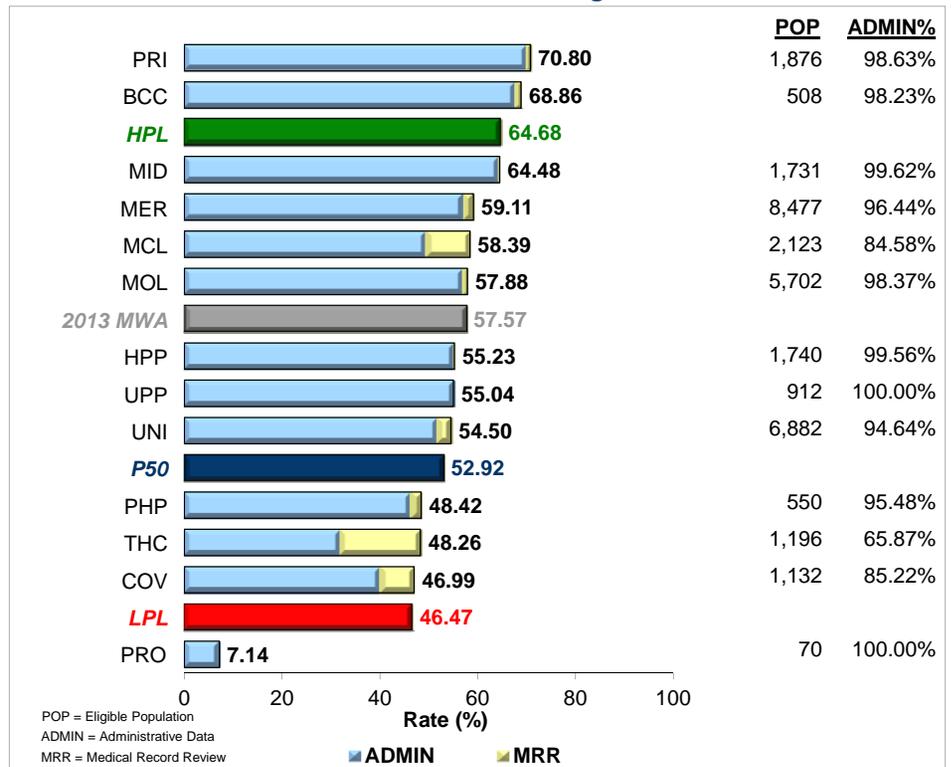
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two or three rotavirus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

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 2.73 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 4.65 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 indicator.

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

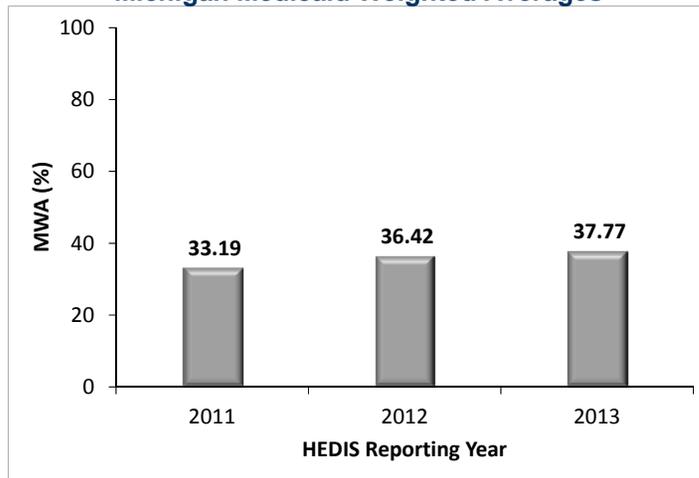


PRO and UPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 6

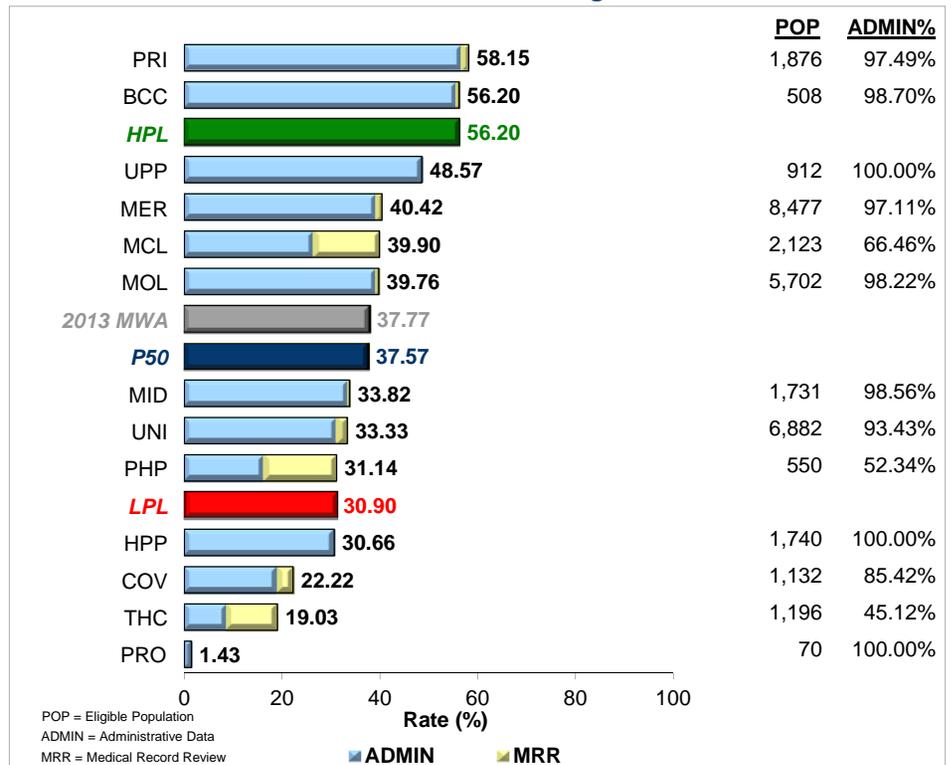
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two influenza (flu)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

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 1.35 percentage points and was 0.20 percentage points above the national HEDIS 2012 Medicaid 50th percentile. Two MHPs performed above the HPL and four performed below the LPL. Most plans relied more heavily on administrative data than medical records for this indicator.

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

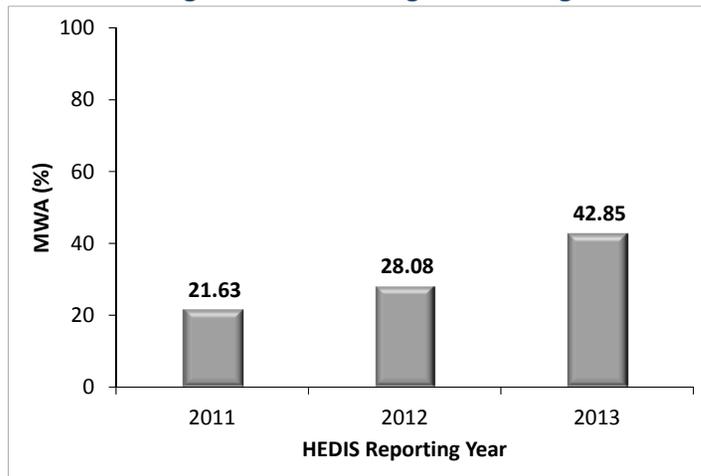


PRO and UPP chose to use the administrative method for this hybrid indicator.

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); one hepatitis A (HepA) vaccine; and two or three rotavirus (RV) vaccines by their second birthday.

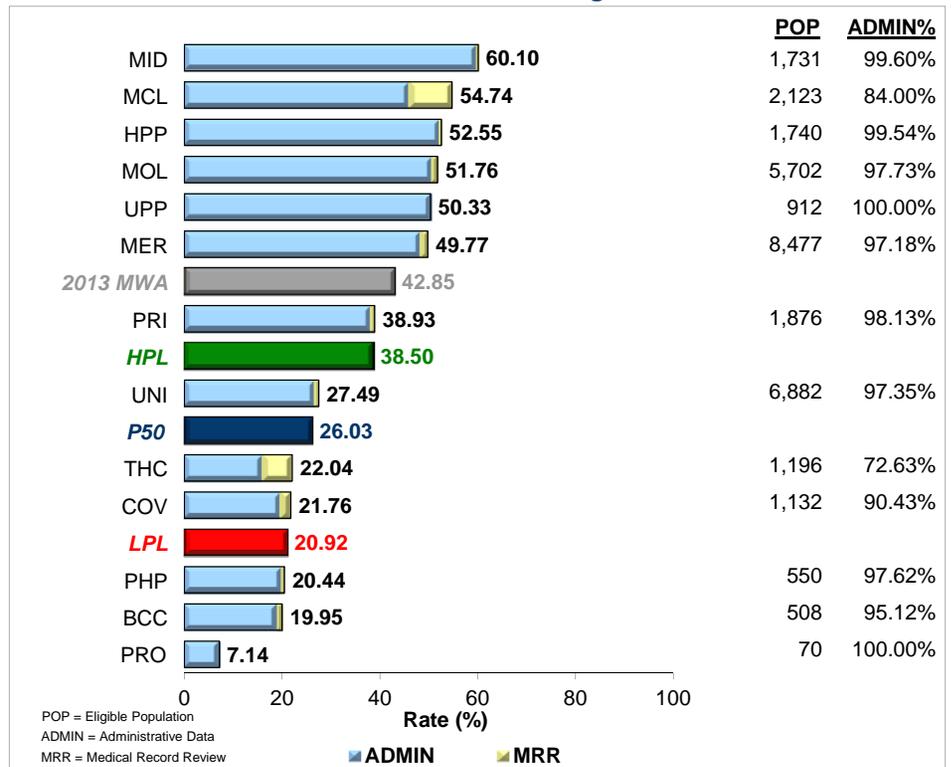
Figure 3-11—Childhood Immunization Status—Combination 7 Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had increased significantly by 14.77 percentage points and exceeded the HPL by 4.35 percentage points. Seven MHPs performed above the HPL and three performed below the LPL. However, these results should be interpreted with caution due to the specification change in HEDIS 2013 for this indicator. Most plans relied more heavily on administrative data than medical records for this indicator.

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

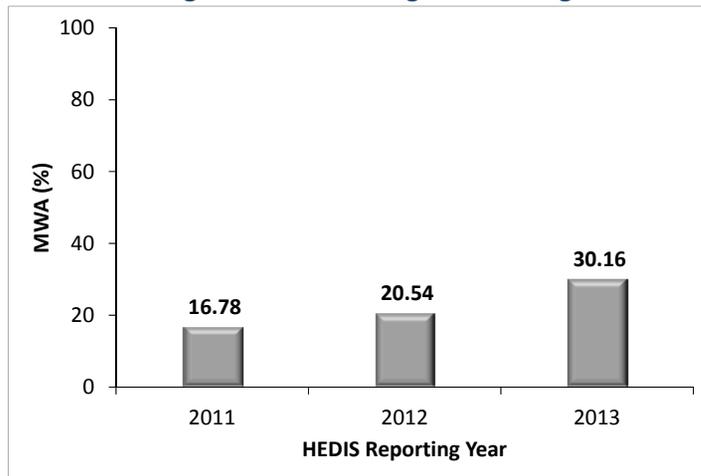


PRO and UPP chose to use the administrative method for this hybrid indicator.

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); one hepatitis A (HepA) vaccine; and two influenza (flu) vaccines by their second birthday.

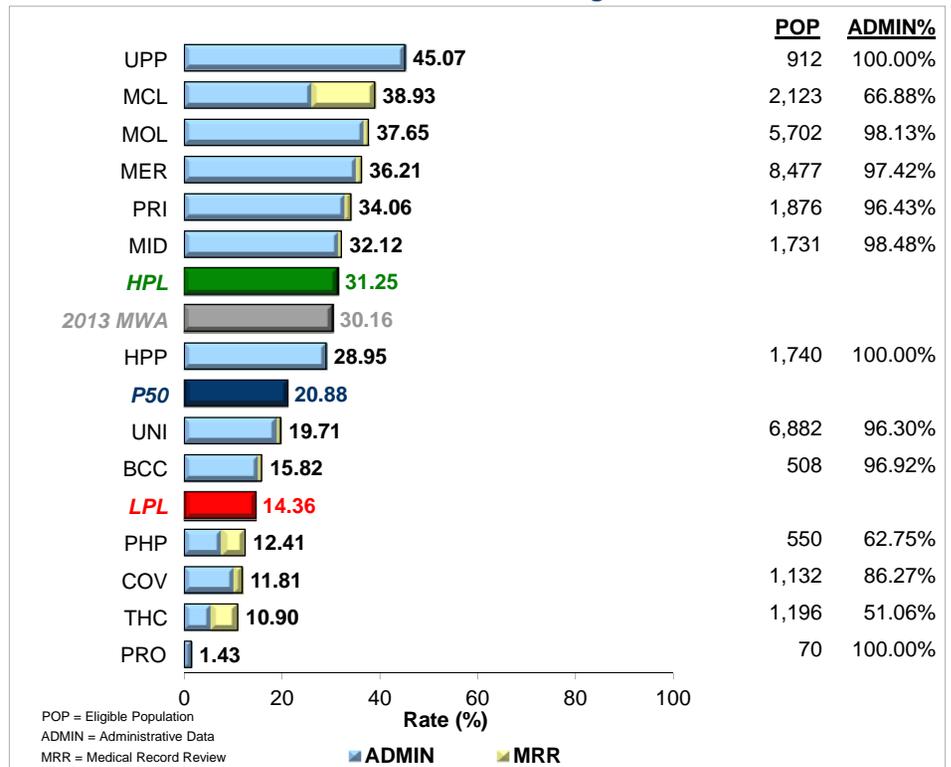
Figure 3-13—Childhood Immunization Status—Combination 8 Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had increased significantly by 9.62 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 9.28 percentage points. Six MHPs performed above the HPL and four performed below the LPL. However, these results should be interpreted with caution due to the specification change in HEDIS 2013 for this indicator. Most plans relied more heavily on administrative data than medical records for this indicator.

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

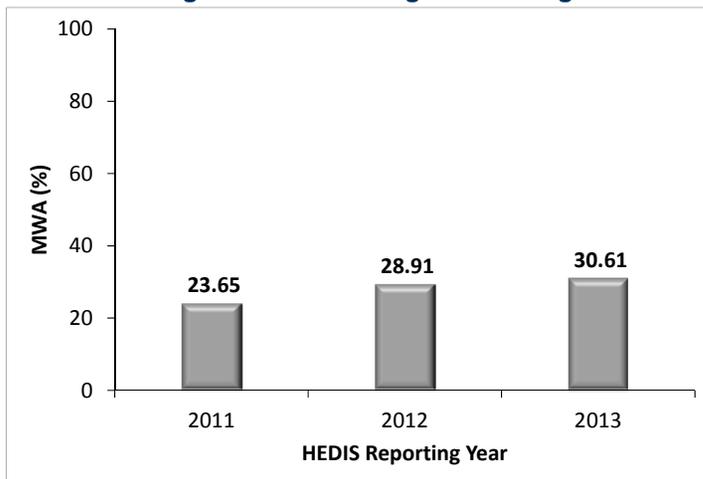


PRO and UPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 9

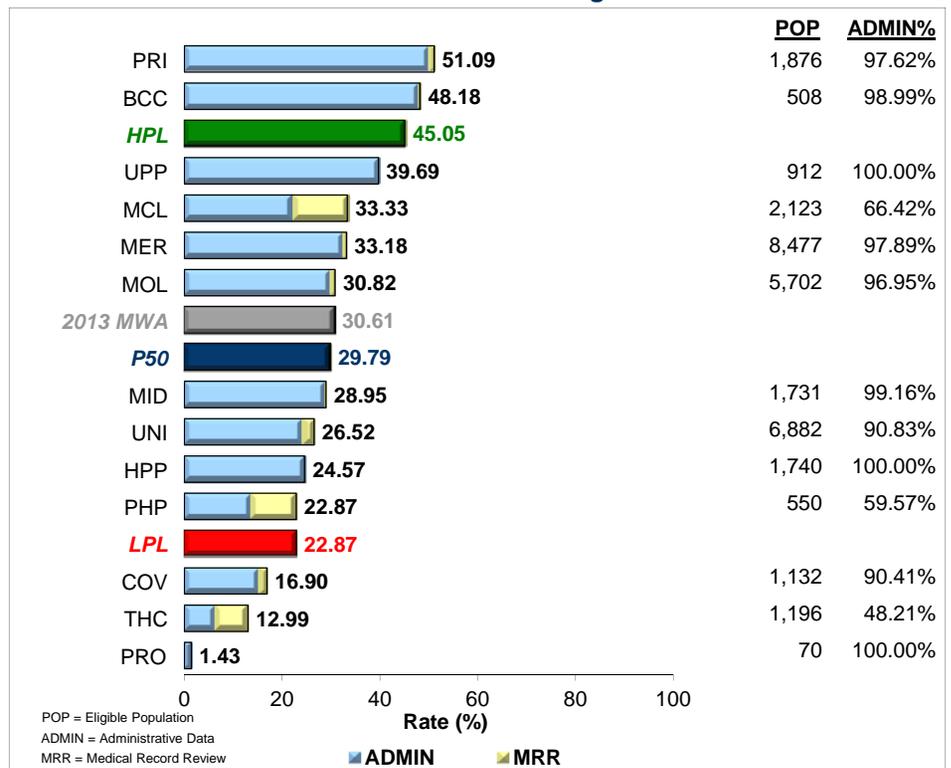
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two or three rotavirus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

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 1.70 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 0.82 percentage points. Two MHPs performed above the HPL and three performed below the LPL. Most plans relied more heavily on administrative data than medical records for this indicator.

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

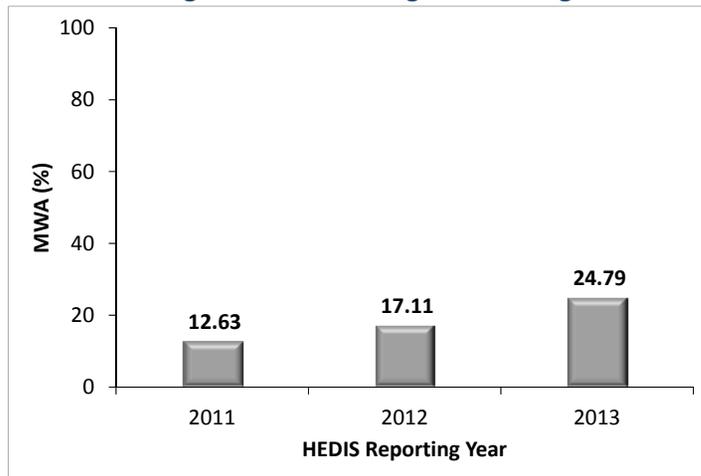


PRO and UPP chose to use the administrative method for this hybrid indicator.

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); one hepatitis A (HepA) vaccine; two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

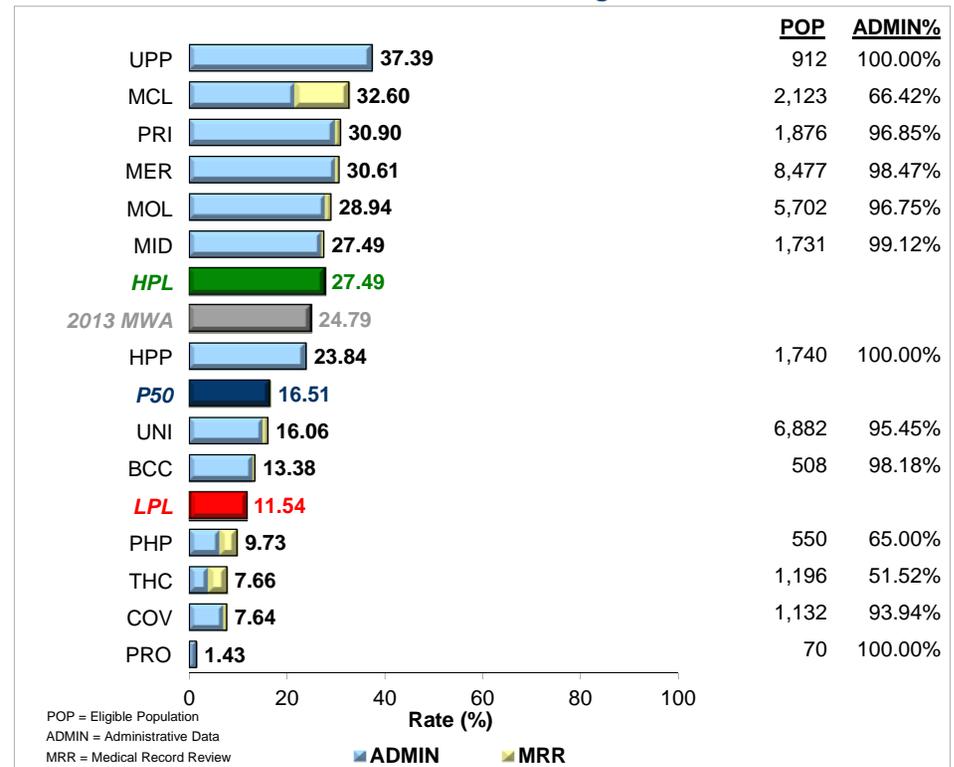
Figure 3-17—Childhood Immunization Status—Combination 10 Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had increased significantly by 7.68 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 8.28 percentage points. Six MHPs performed above the HPL and four performed below the LPL. However, these results should be interpreted with caution due to the specification change in HEDIS 2013 for this indicator. Most plans relied more heavily on administrative data than medical records for this indicator.

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

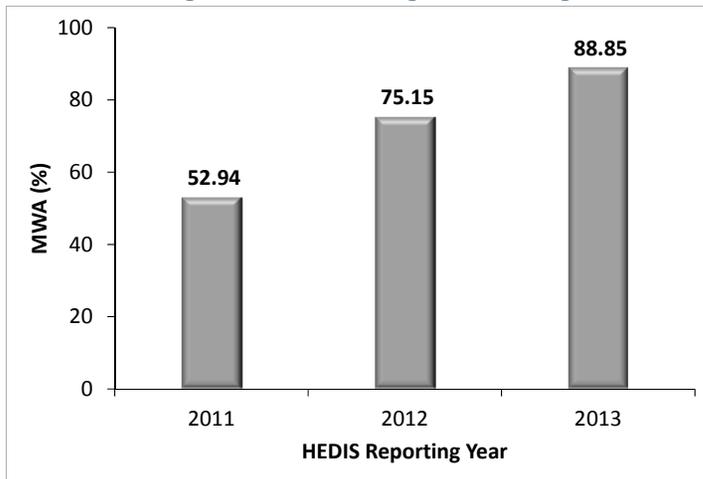


PRO and UPP chose to use the administrative method for this hybrid indicator.

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.

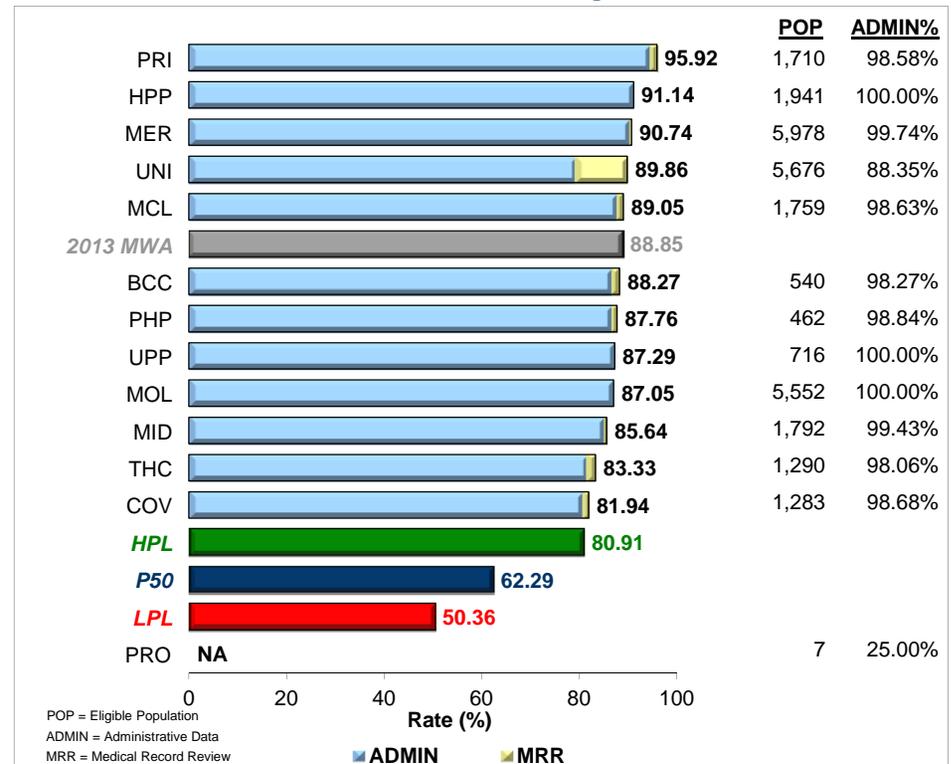
Figure 3-19—Immunizations for Adolescents—Combination 1 Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had a statistically significant improvement of 13.70 percentage points and exceeded the HPL by 7.94 percentage points. All of the MHPs with valid rates performed above the HPL. One plan did not have a denominator large enough (less than 30) to report a valid rate for this indicator. Most plans relied more heavily on administrative data than medical records for this indicator.

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

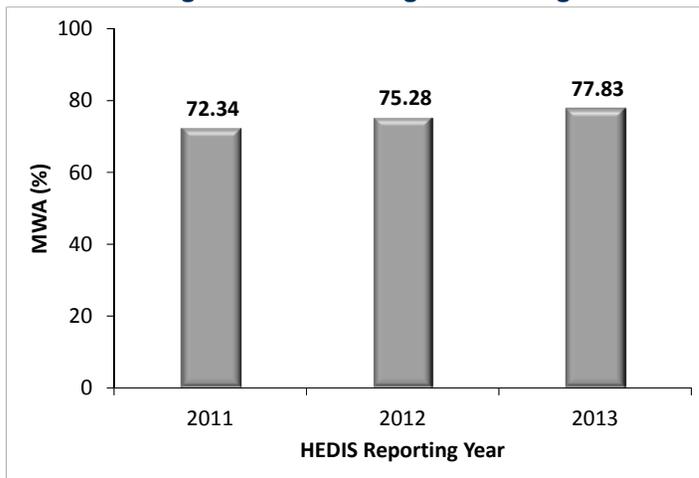


HPP, MOL, and UPP chose to use the administrative method for this hybrid indicator.

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

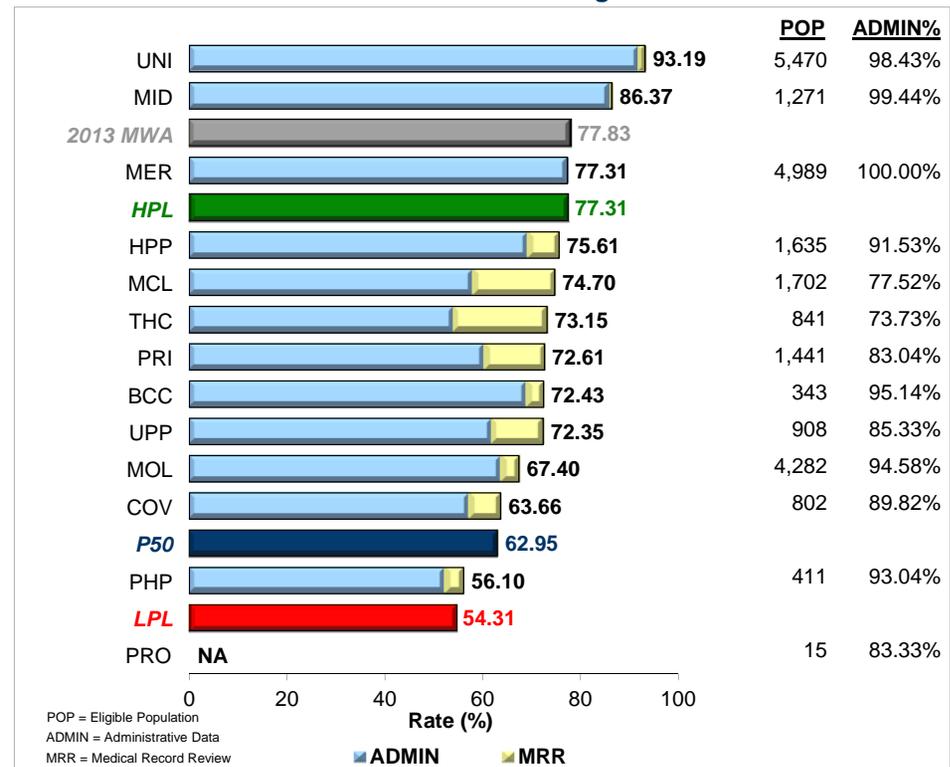
The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: no well-child visits; one well-child visit; two well-child visits; three well-child visits; 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**



The HEDIS 2013 Michigan Medicaid weighted average increased by 2.55 percentage points and exceeded the HPL by 0.52 percentage points. Three MHPs performed at or above the HPL and no plan performed below the LPL. One plan did not have a denominator large enough (less than 30) to report a valid rate for this indicator. Most plans relied more heavily on administrative data than medical records for this indicator.

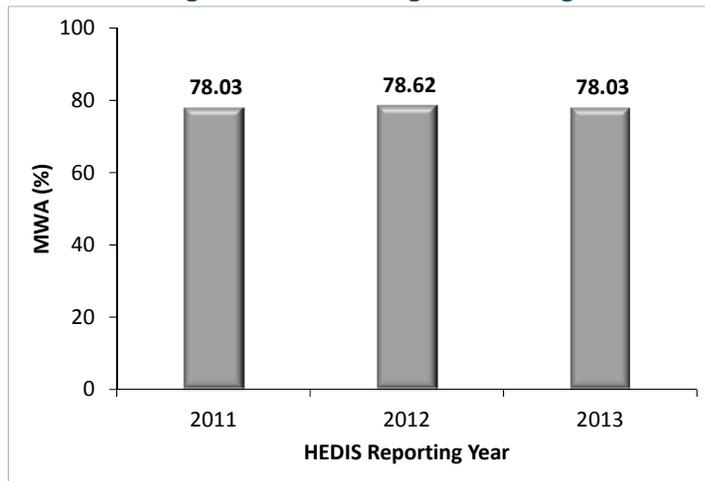
**Figure 3-22—Well-Child Visits in the First 15 Months of Life
—Six or More Visits
Health Plan Ranking**



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

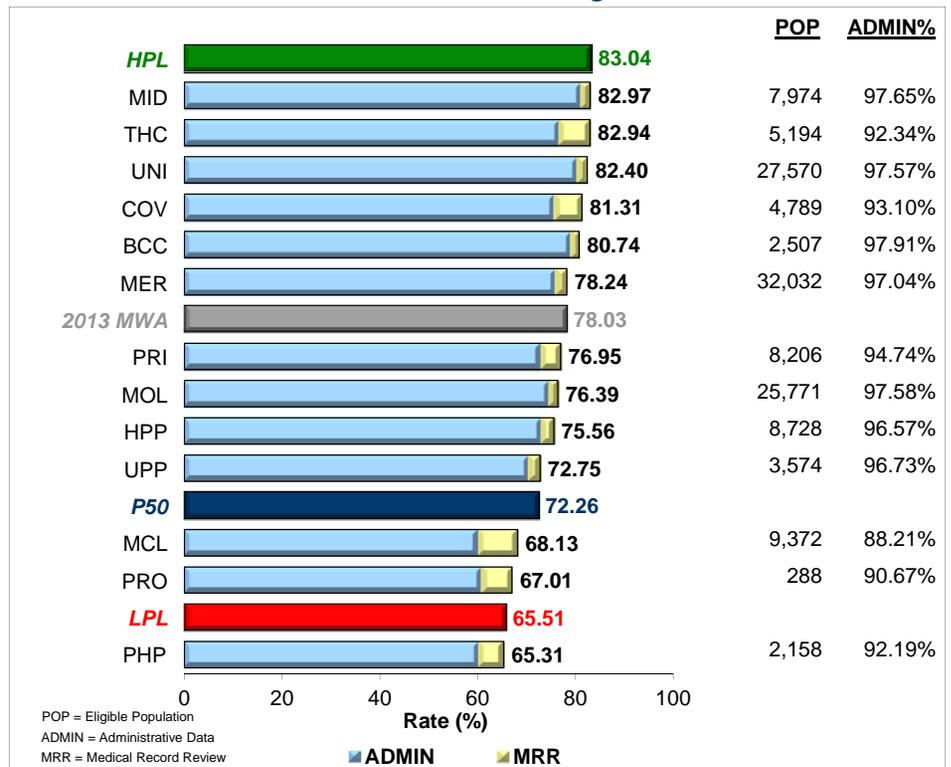
The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 0.59 percentage points, although it exceeded the national HEDIS Medicaid 50th percentile by 5.77 percentage points. None of the 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.

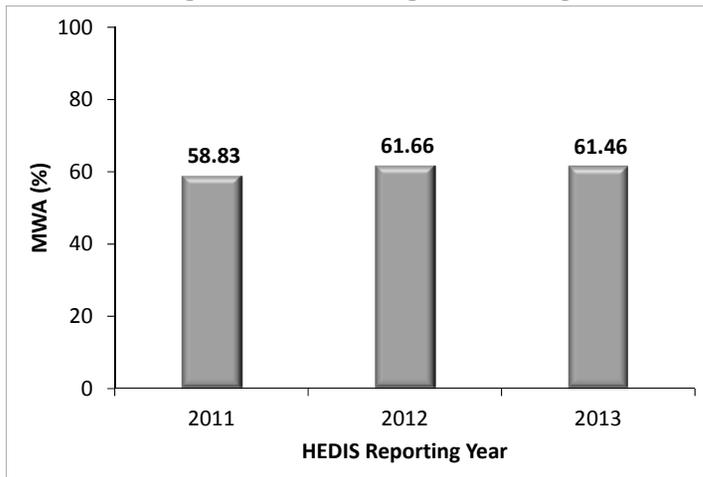
Figure 3-24—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Health Plan Ranking



Adolescent Well-Care Visits

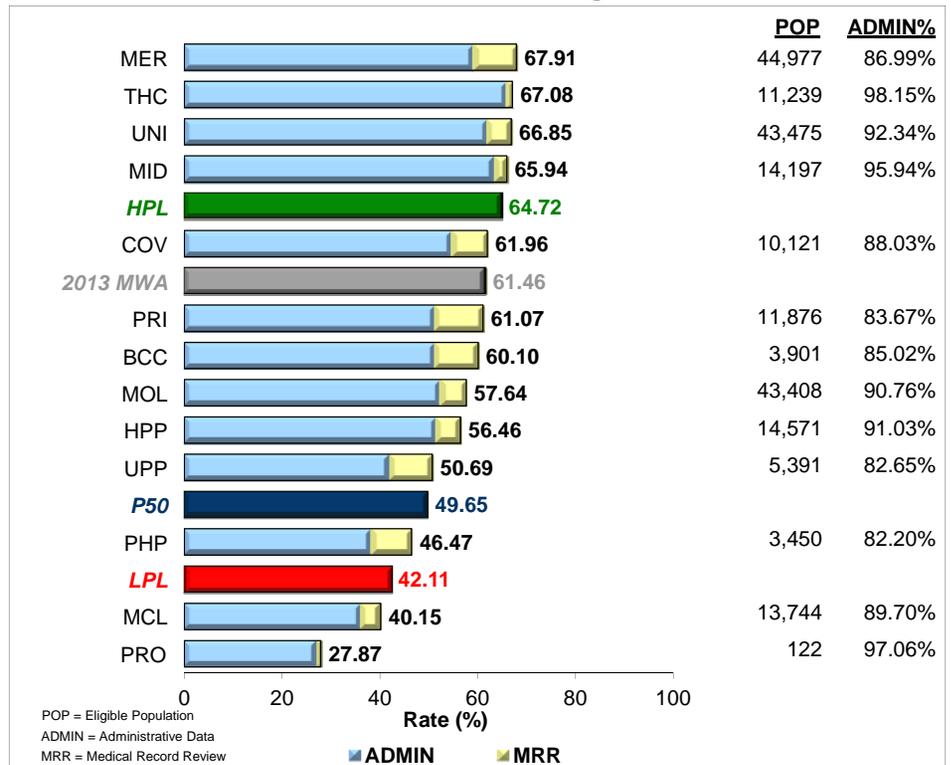
The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an obstetrics or gynecology (OB/GYN) practitioner during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 0.20 percentage points from HEDIS 2012 but exceeded the national HEDIS Medicaid 50th percentile by 11.81 percentage points. Four MHPs performed above the HPL and two performed below the LPL. Most plans relied more heavily on administrative data than medical records for this measure.

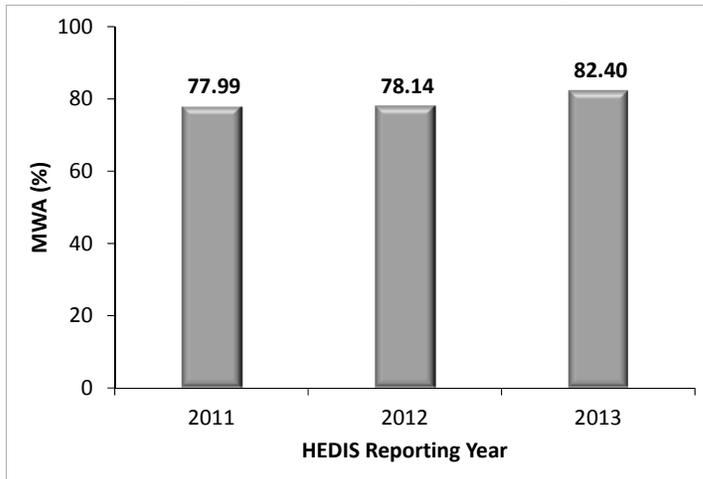
**Figure 3-26—Adolescent Well-Care Visits
Health Plan Ranking**



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.

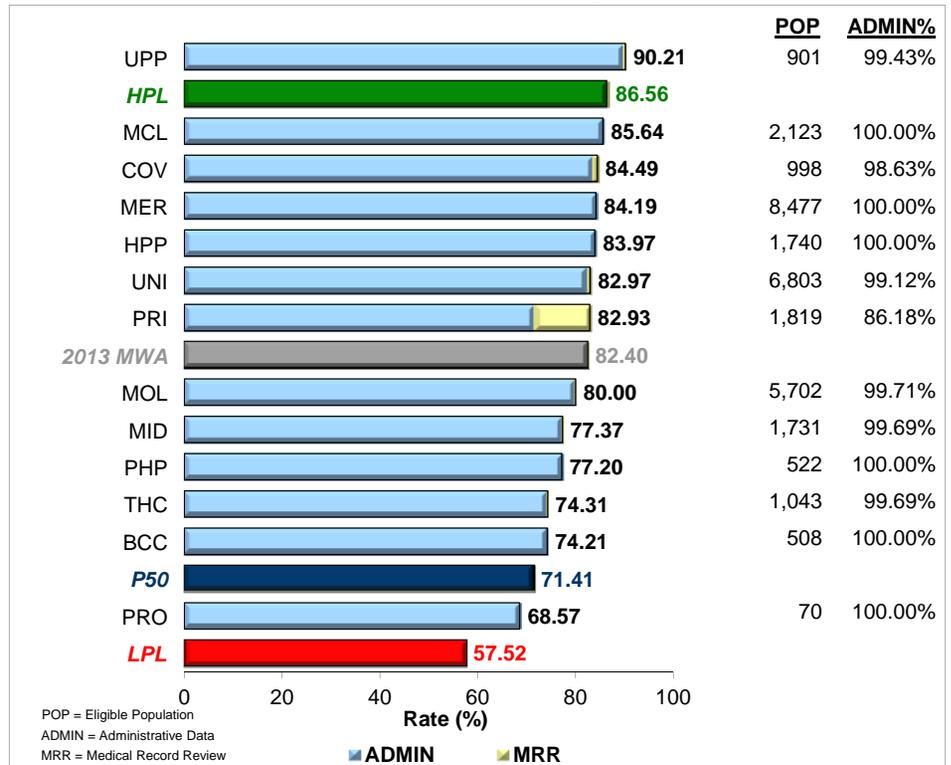
Figure 3-27—Lead Screening in Children Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had a statistically significant increase of 4.26 percentage points and exceeded the national HEDIS Medicaid 50th percentile by 10.99 percentage points. One MHP performed above the HPL and none performed below the LPL.

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

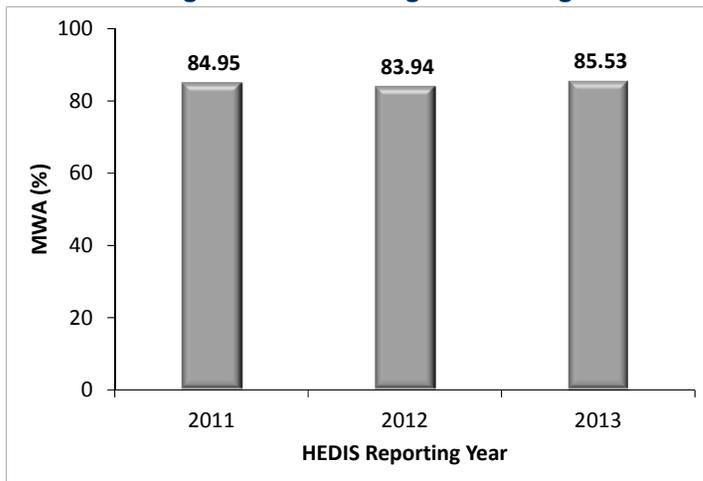


BCC, HPP, and PRO chose to use the administrative method for this hybrid measure.

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.

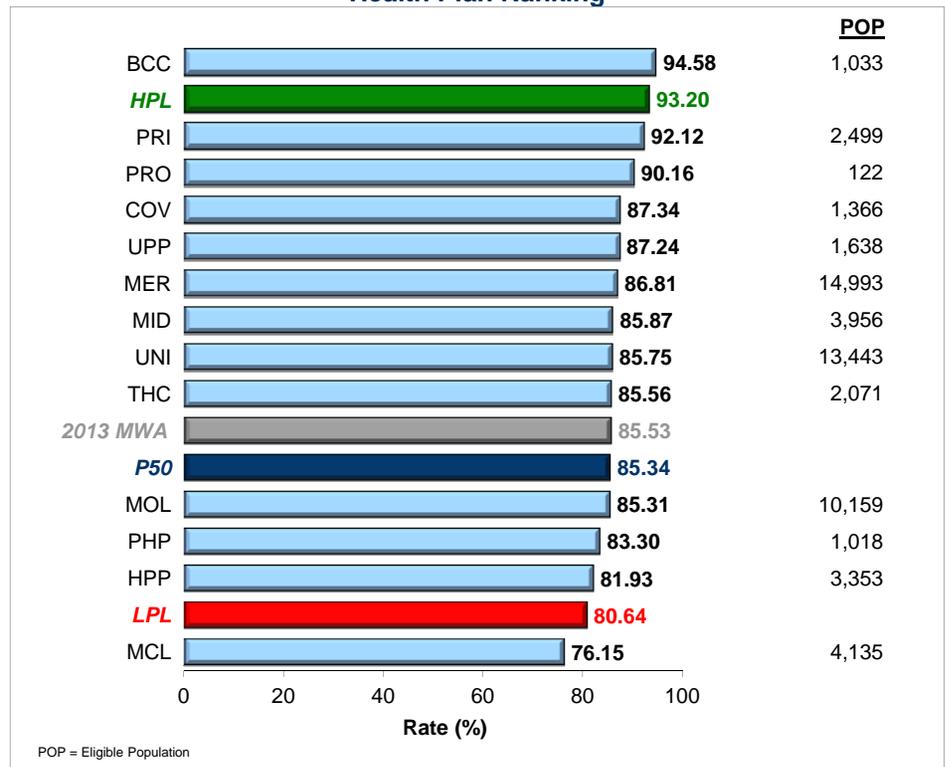
Figure 3-29—Appropriate Treatment for Children With Upper Respiratory Infection Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had a statistically significant improvement of 1.59 percentage points and performed above the national HEDIS Medicaid 50th percentile by 0.19 percentage points. One MHP performed above the HPL and one performed below the LPL.

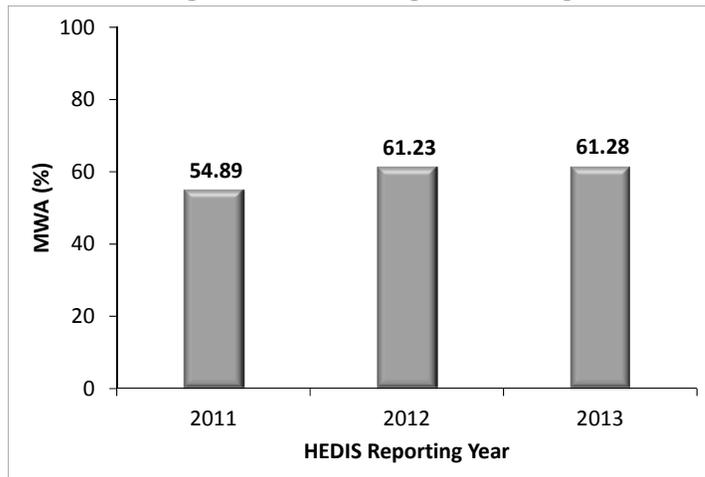
Figure 3-30—Appropriate Treatment for Children With Upper Respiratory Infection Health Plan Ranking



Appropriate Testing for Children With Pharyngitis

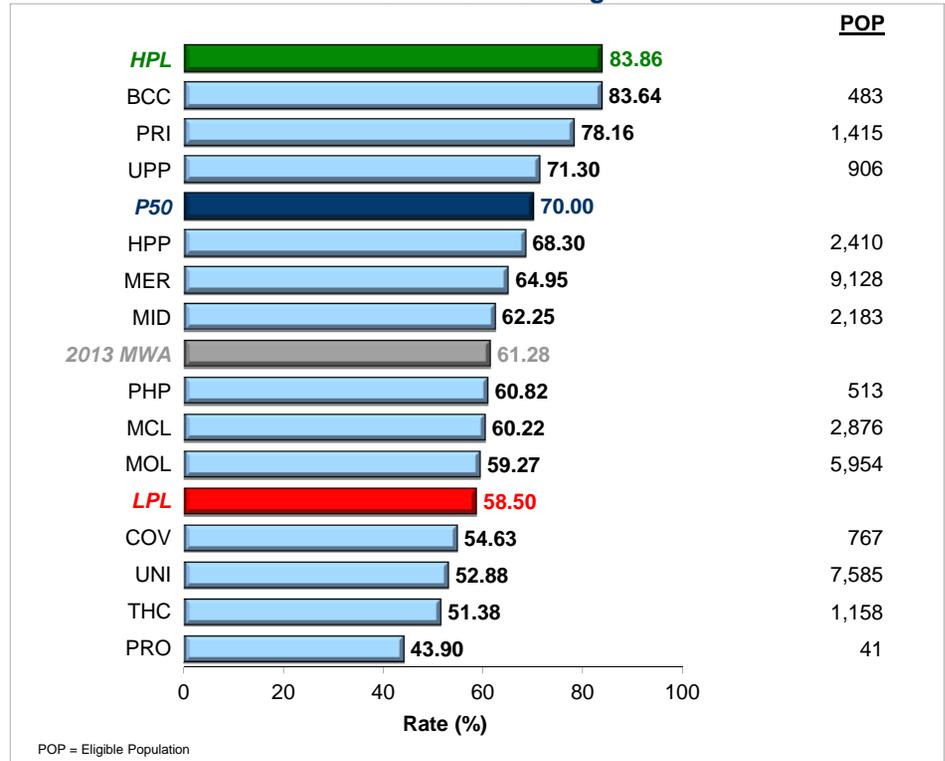
The percentage of children 2–18 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.05 percentage points and performed below the national HEDIS 2012 Medicaid 50th percentile by 8.72 percentage points. None of the MHPs performed above the HPL and four performed below the LPL.

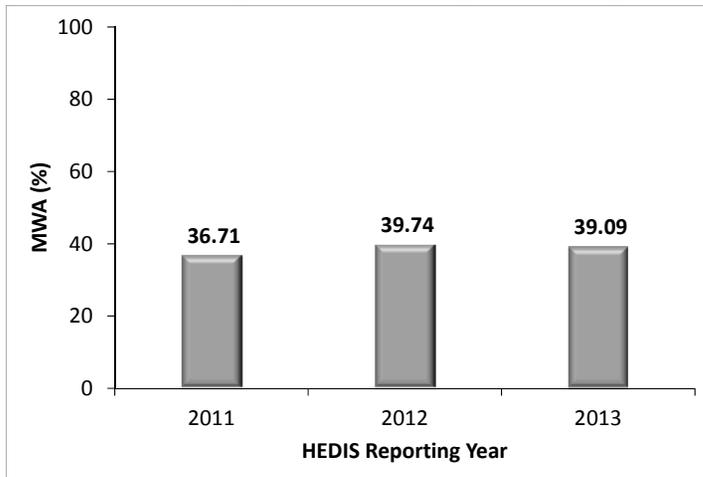
**Figure 3-32—Appropriate Testing for Children With Pharyngitis
Health Plan Ranking**



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

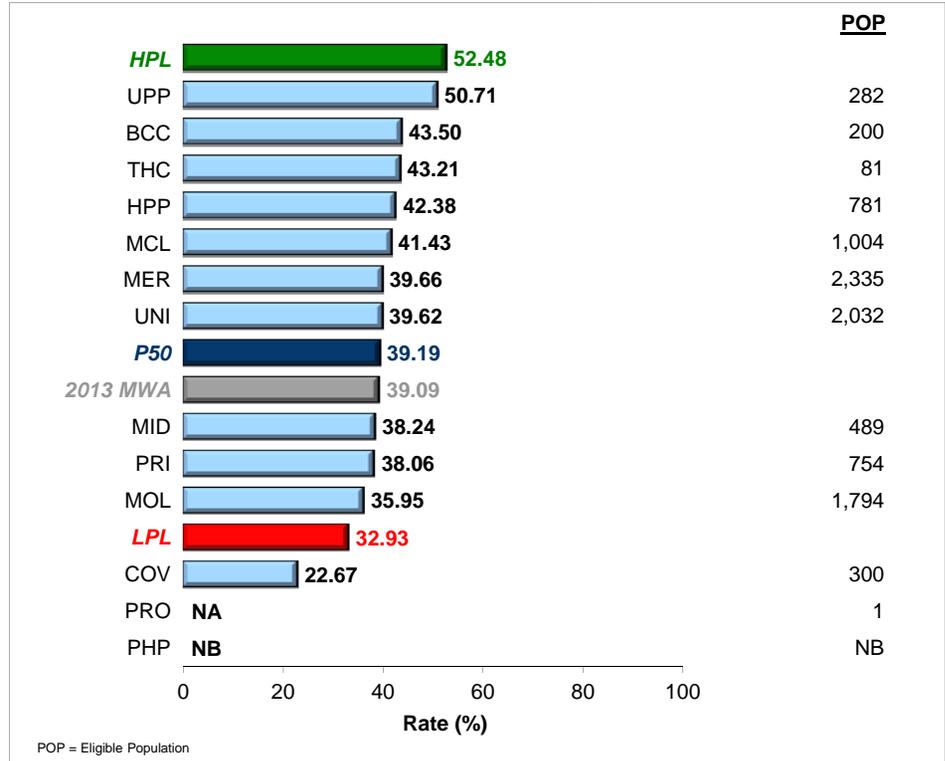
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed, and who had one follow-up visit with a practitioner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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 0.65 percentage points and fell below the national HEDIS 2012 Medicaid 50th percentile by 0.10 percentage points. No MHPs performed above the HPL and one performed below the LPL. One plan did not have a denominator large enough (less than 30) to report a valid rate for this indicator, and one plan did not offer the health benefits as described in the indicator.

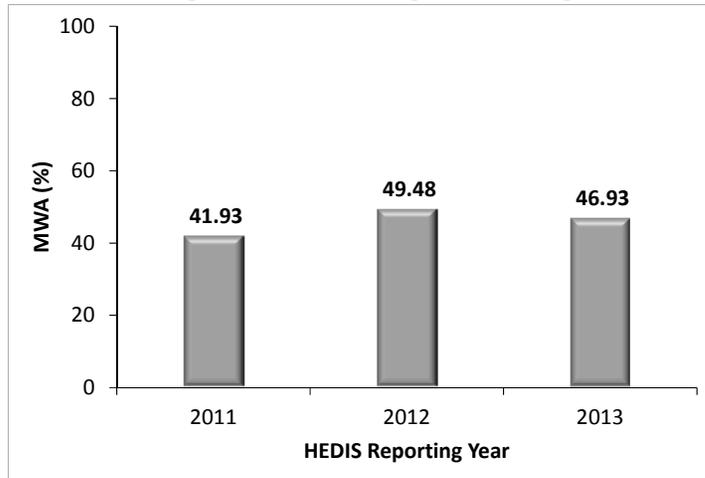
**Figure 3-34—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase
Health Plan Ranking**



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

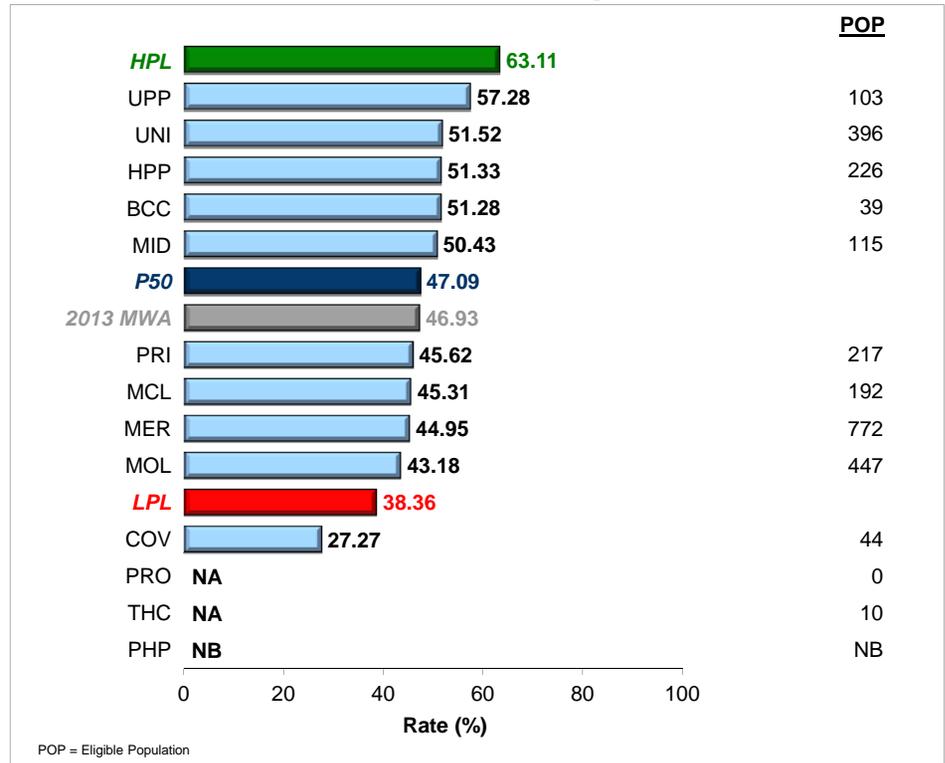
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed; who remained on the medication for at least 210 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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 2.55 percentage points and fell below the national HEDIS 2012 Medicaid 50th percentile by 0.16 percentage points. None of the MHPs performed above the HPL and one performed below the LPL. Two plans did not have a denominator large enough (less than 30) to report a valid rate for this indicator, and one plan did not offer the health benefits as described in the indicator.

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 the statewide performance for the measures under the Women—Adult Care dimension. It lists the HEDIS 2013 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2012.

Table 4-1—Michigan Medicaid HEDIS 2013 Statewide Rate Trend Women—Adult Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2013 Weighted Average	2012–2013 Trend	With Significant Improvement in HEDIS 2013	With Significant Decline in HEDIS 2013		
<i>Breast Cancer Screening</i>	57.41%	+0.38	1	1		
<i>Cervical Cancer Screening</i>	72.60%	-2.90	0	3		
<i>Chlamydia Screening in Women</i>						
<i>Ages 16 to 20 Years</i>	62.50%	+0.85	1	1		
<i>Ages 21 to 24 Years</i>	71.67%	+2.17	3	1		
<i>Total</i>	65.84%	+1.31	3	2		
2012–2013 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 decline from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

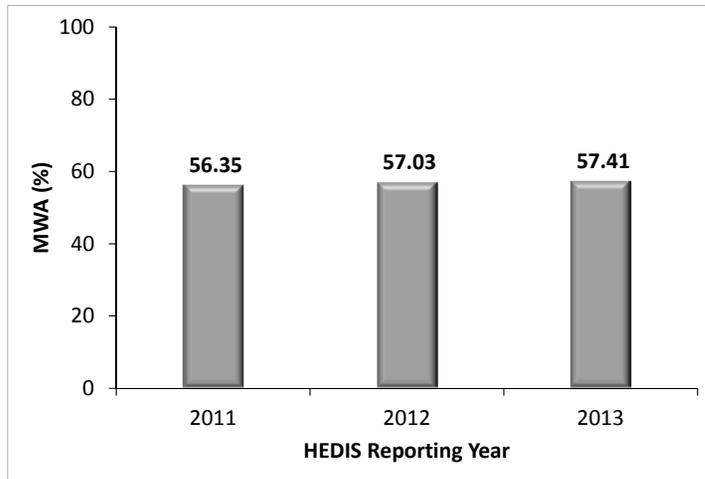
Table 4-1 shows that although most measures under Women—Adult Care reported rate increases, only two indicators (*Chlamydia Screening in Women—Ages 21–24 Years* and *Chlamydia Screening in Women—Total*) exhibited statistically significant improvement. All statewide rates were at or above the national Medicaid 50th percentile, with four at or above the 75th percentile.

Women—Adult Care Findings

Breast Cancer Screening

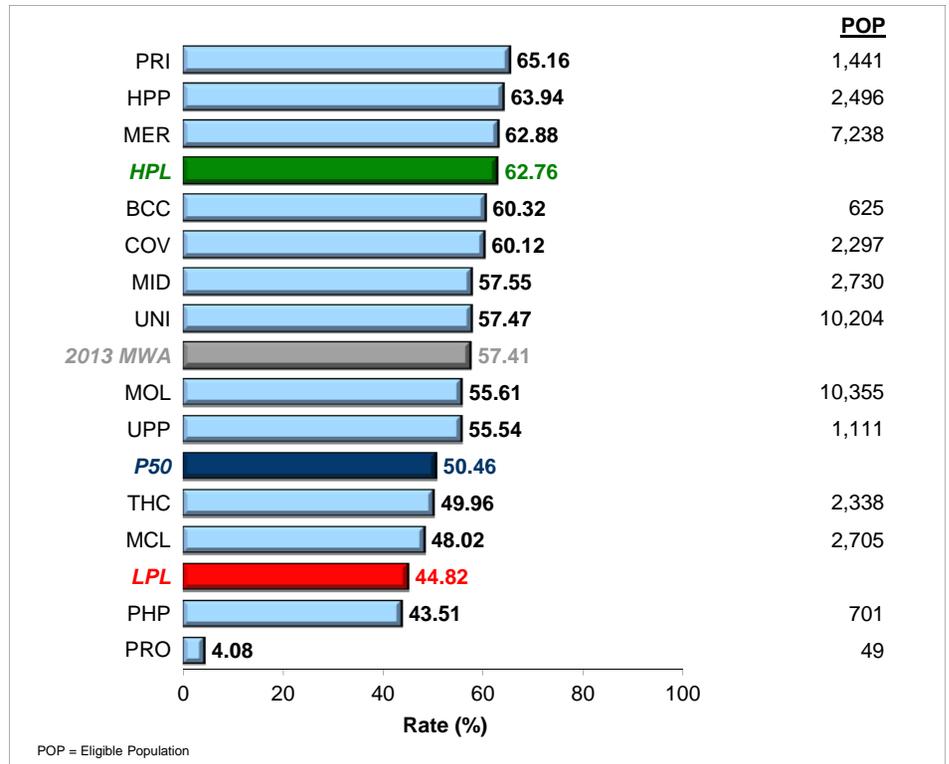
The *Breast Cancer Screening* measure is reported using only the administrative rate. This measure represents the percentage of women 40–69 years of age who had a mammogram to screen for breast cancer during the measurement year and the year prior to the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.38 percentage points from HEDIS 2012. Nine MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. Two MHPs performed below the LPL.

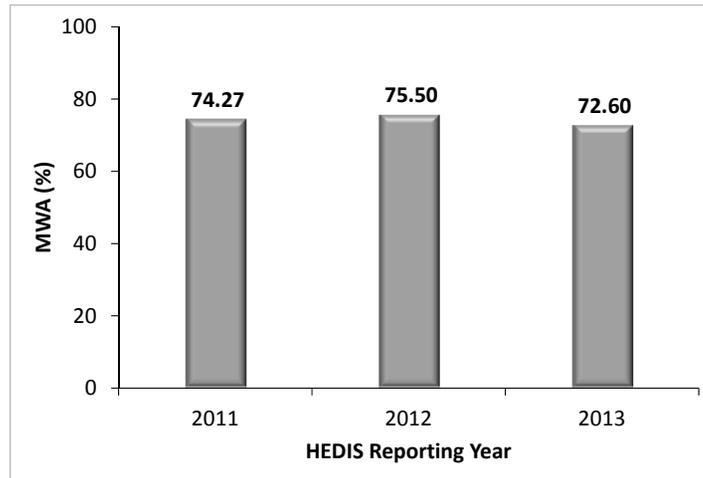
Figure 4-2—Breast Cancer Screening Health Plan Ranking



Cervical Cancer Screening

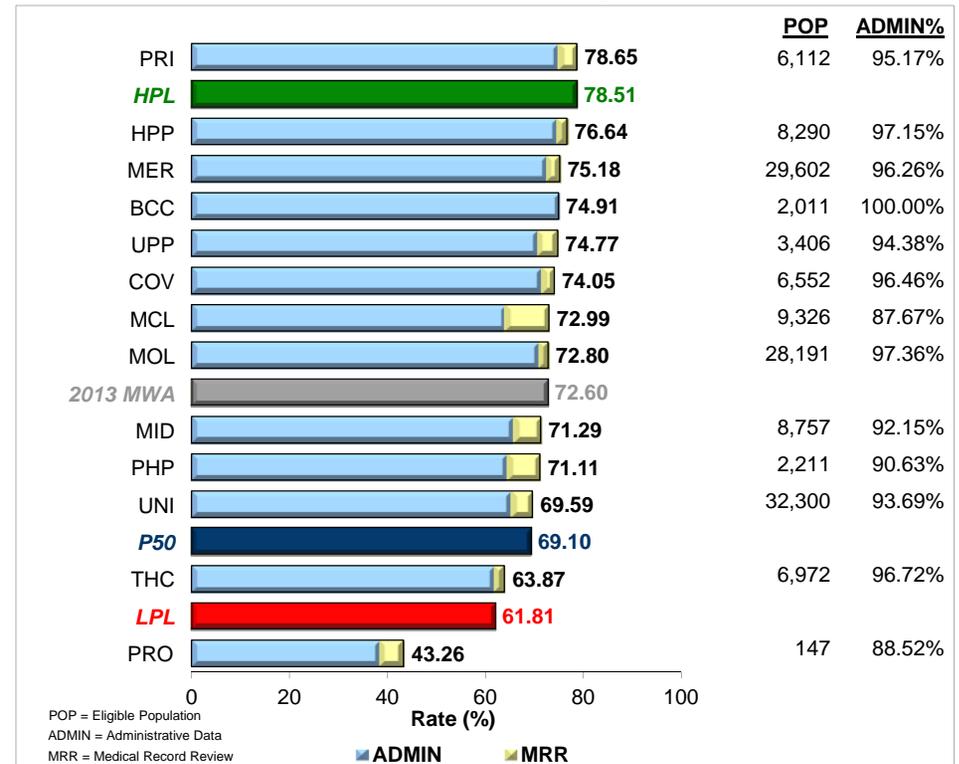
The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.

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



The HEDIS 2013 Michigan Medicaid weighted average decreased 2.90 percentage points from HEDIS 2012, but exceeded the national HEDIS Medicaid 50th percentile by 3.50 percentage points. One MHP performed above the HPL and one performed below the LPL. Most plans relied more heavily on administrative data than medical records for this measure.

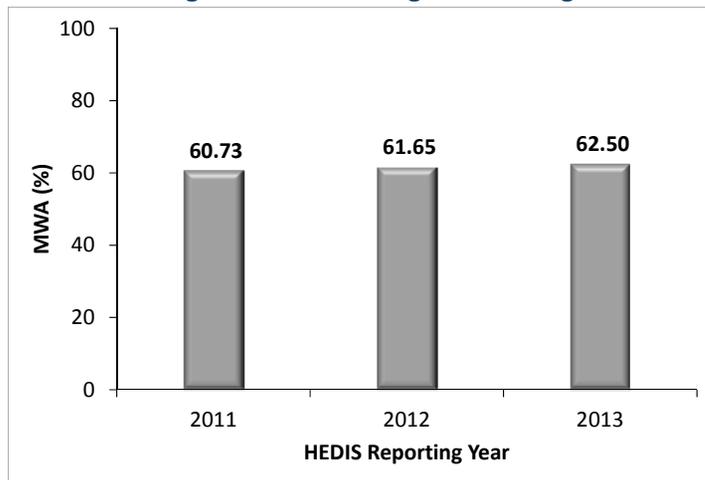
Figure 4-4—Cervical Cancer Screening Health Plan Ranking



Chlamydia Screening in Women—16–20 Years

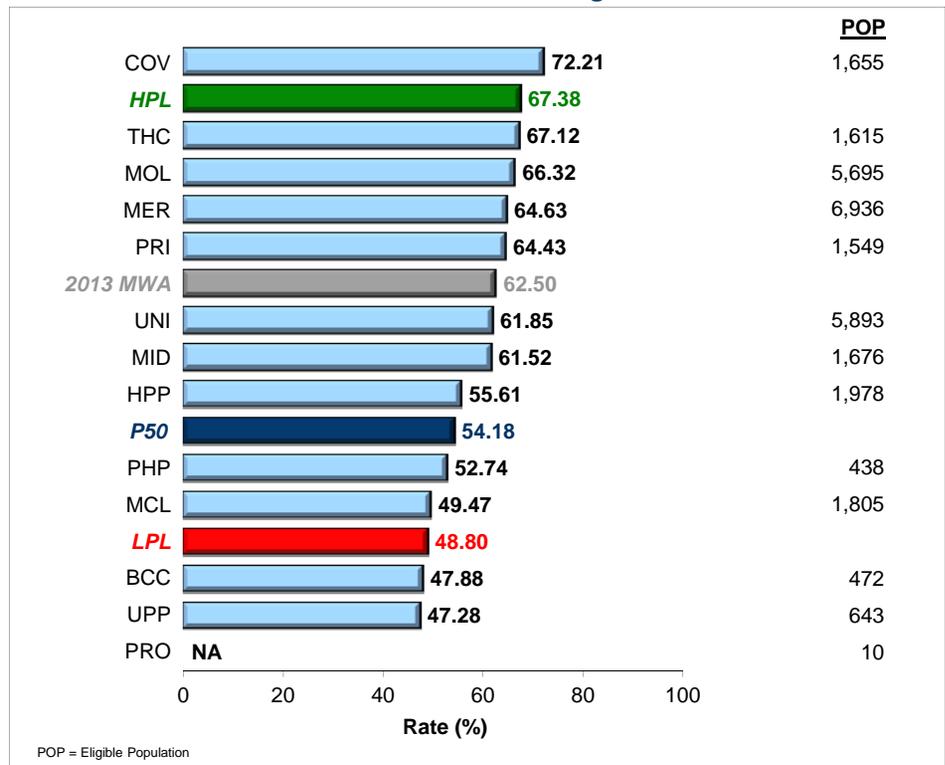
The percentage of women 16–20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.85 percentage points from HEDIS 2012 and exceeded the national HEDIS 2012 Medicaid 50th percentile by 8.32 percentage points. One MHP performed above the HPL and two MHPs performed below the LPL. One MHP did not have a population large enough (less than 30) to report a rate for this indicator.

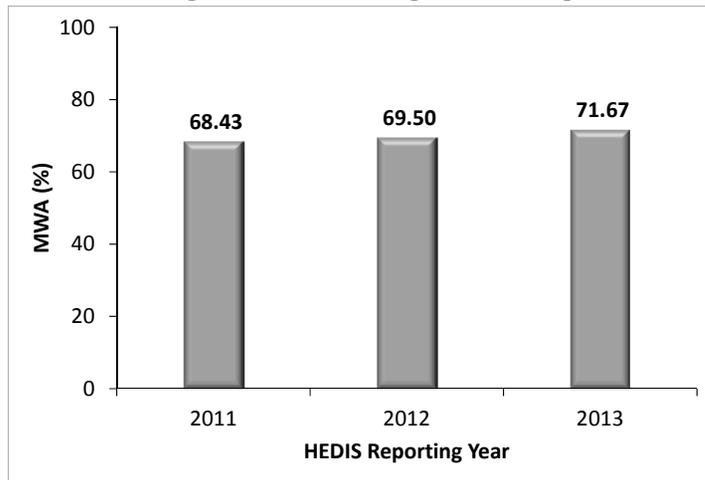
**Figure 4-6—Chlamydia Screening in Women—16–20 Years
Health Plan Ranking**



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.

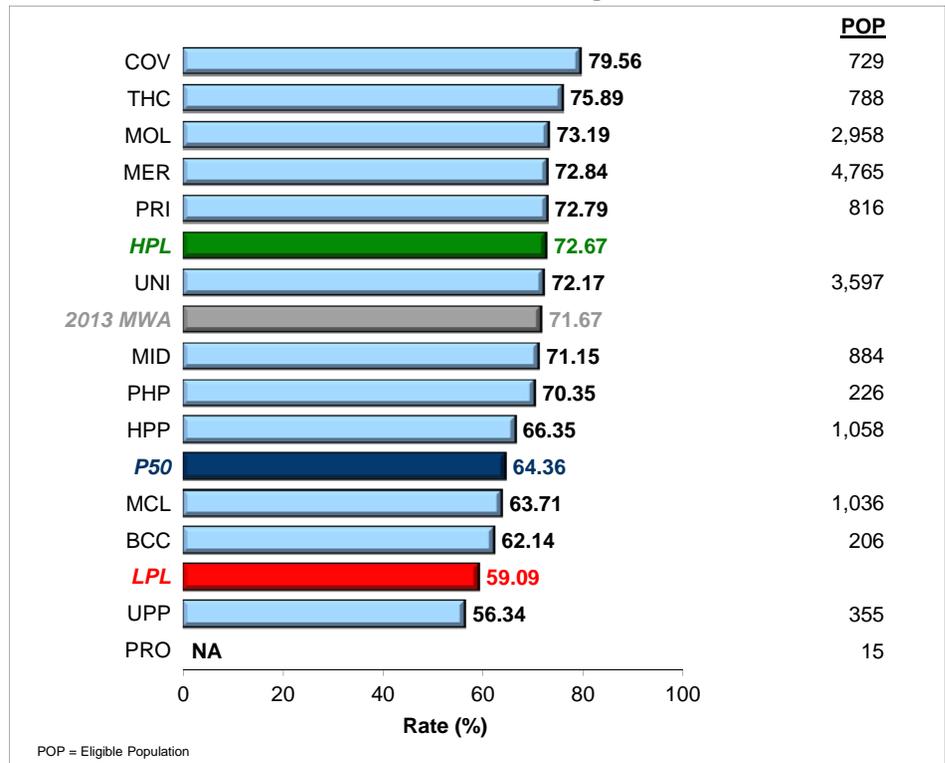
**Figure 4-7—Chlamydia Screening in Women—21–24 Years
Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average showed statistically significant improvement of 2.17 percentage points from HEDIS 2012 and exceeded the national HEDIS 2012 Medicaid 50th percentile by 7.31 percentage points. Five MHPs performed above the HPL and one MHP performed below the LPL. One MHP did not have a population large enough (less than 30) to report a rate for this indicator.

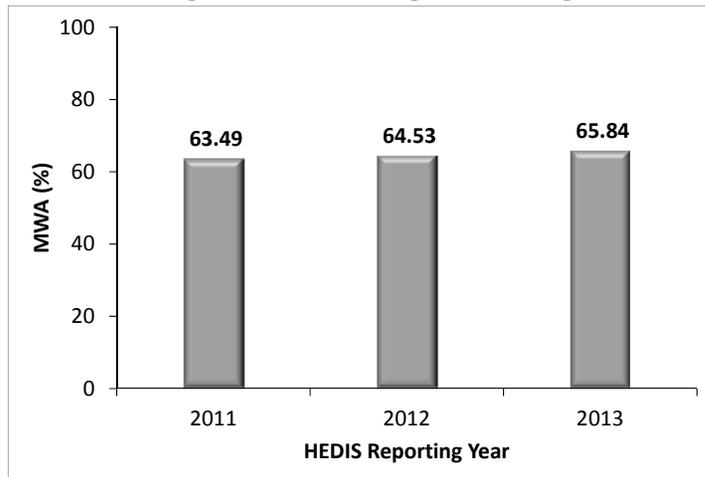
**Figure 4-8—Chlamydia Screening in Women—21–24 Years
Health Plan Ranking**



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.

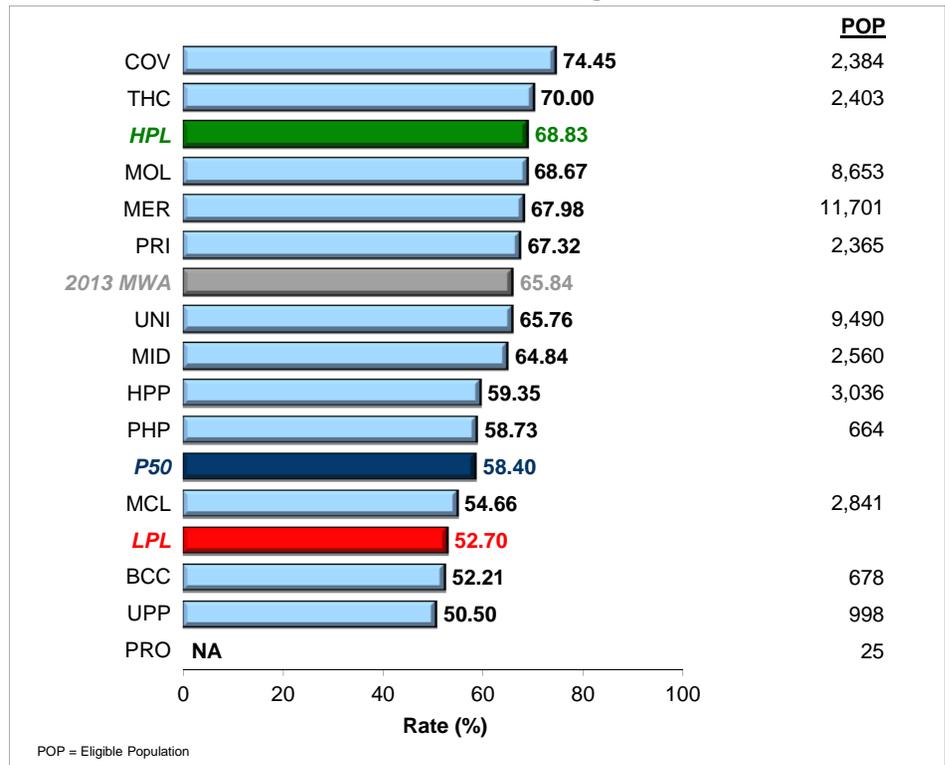
Figure 4-9—Chlamydia Screening in Women—Total Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average showed statistically significant improvement of 1.31 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 7.44 percentage points. Two MHPs performed above the HPL and two MHPs performed below the LPL. One MHP did not have a population large enough (less than 30) to report a rate for this indicator.

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



Introduction

The Access to Care dimension encompasses the following MDCH measures:

- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months*
- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years*
- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—7 to 11 Years*
- ◆ *Children 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 2013 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2012.

Table 5-1—Michigan Medicaid HEDIS 2013 Statewide Rate Trend Access to Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2013 Weighted Average	2012–2013 Trend	With Significant Improvement in HEDIS 2013	With Significant Decline in HEDIS 2013		
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>						
<i>Ages 12 to 24 Months</i>	97.30%	+0.24	1	1		
<i>Ages 25 Months to 6 Years</i>	90.14%	-0.14	2	3		
<i>Ages 7 to 11 Years</i>	92.15%	+0.36	5	1		
<i>Ages 12 to 19 Years</i>	90.89%	+0.29	4	1		
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>						
<i>Ages 20 to 44 Years</i>	84.53%	+0.96	5	1		
<i>Ages 45 to 64 Years</i>	90.77%	+1.06	4	1		
<i>Ages 65+ Years</i>	92.12%	-0.42	1	1		
<i>Total</i>	86.68%	+1.22	8	1		
2012–2013 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 decline from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

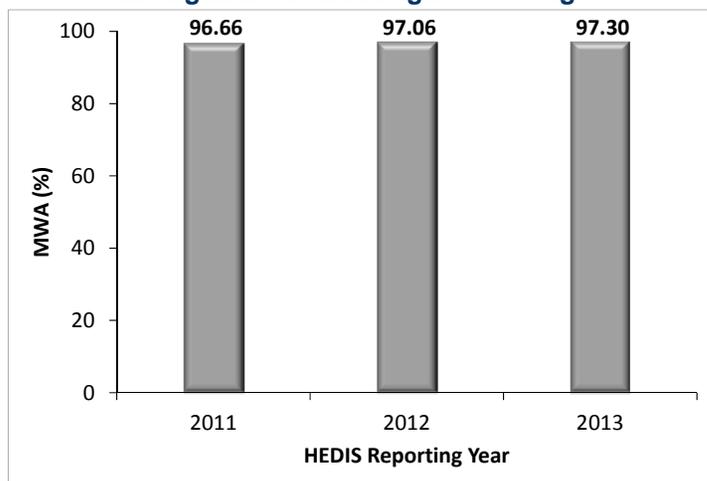
Table 5-1 shows that five indicators under Access to Care had statistically significant improvement between HEDIS 2012 and HEDIS 2013. The other three indicators had non-statistically significant rate changes, all less than 0.50 percentage points. Nonetheless, all statewide rates were at or above the national Medicaid 50th percentile, with three at or above the 75th percentile.

Access to Care Findings

Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months

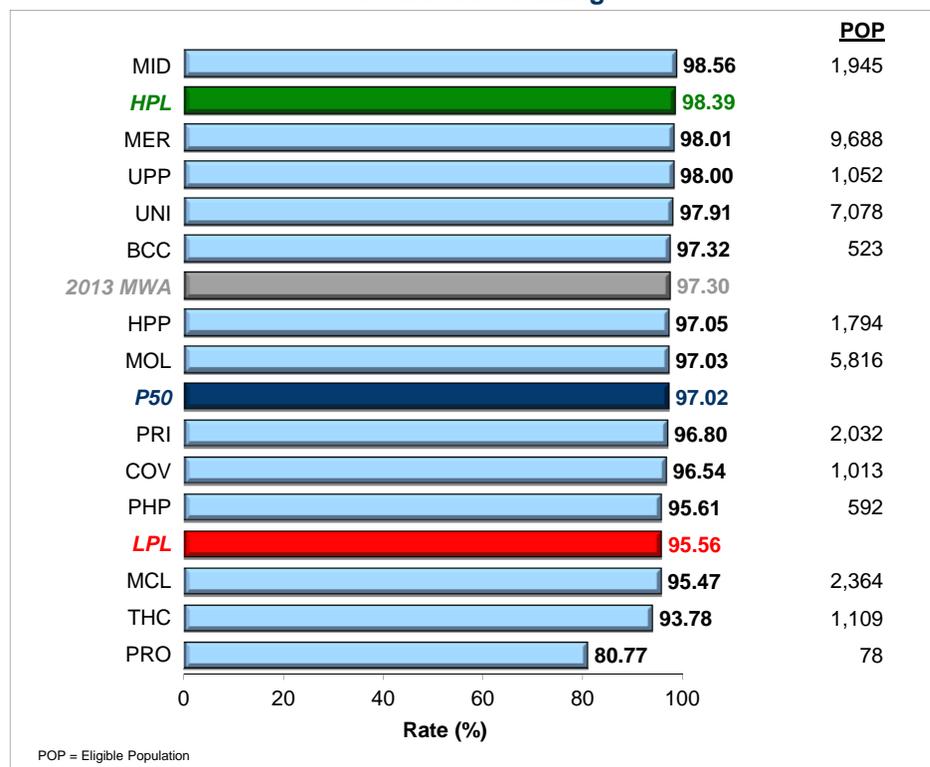
The *Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months* measure represents the percentage of children 12 to 24 months of age who had a visit with a PCP during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.24 percentage points from HEDIS 2012. One MHP performed above the HPL, and a total of seven MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. Three MHPs performed below the LPL.

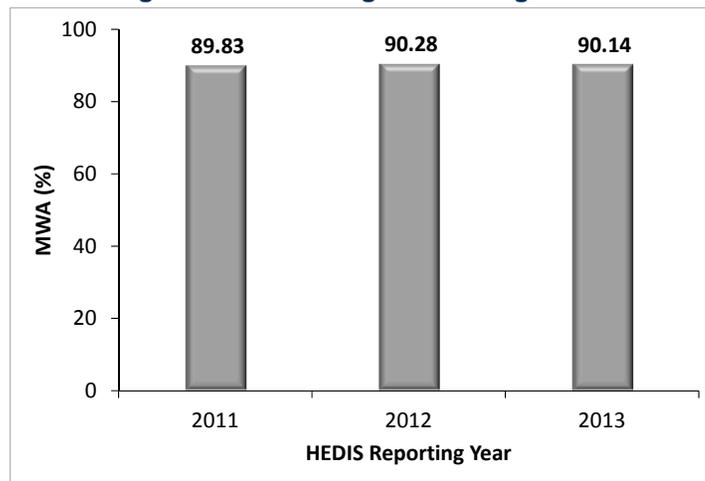
Figure 5-2—Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months Health Plan Ranking



Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years

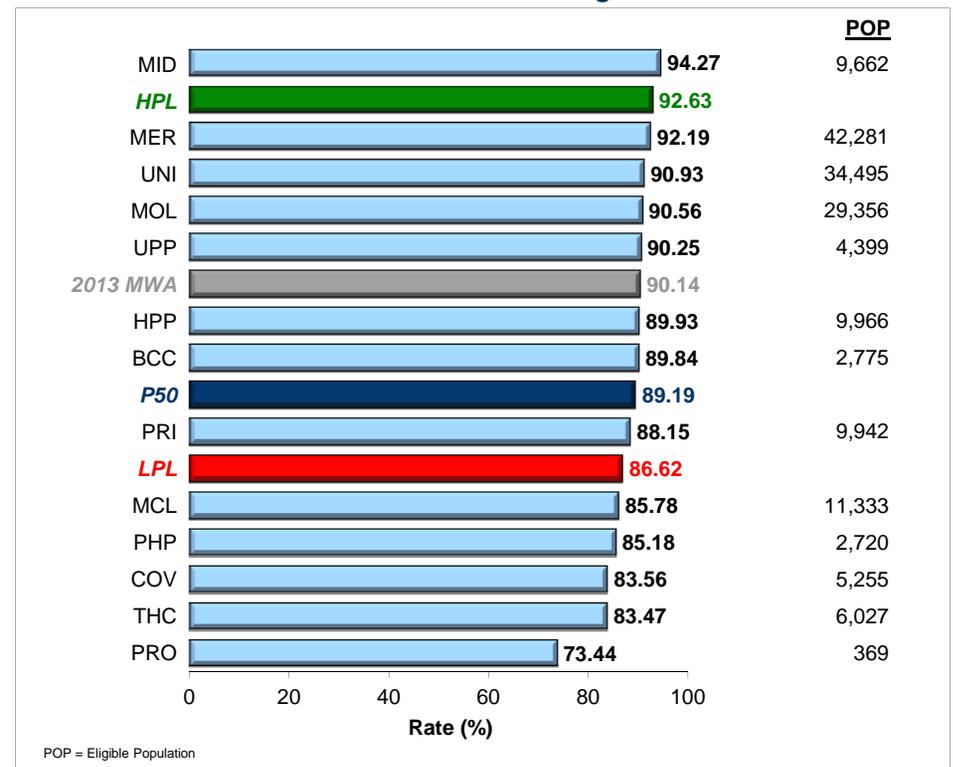
The *Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years* measure represents the percentage of children 25 months to 6 years of age who had a visit with a PCP during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average decreased 0.14 percentage points from HEDIS 2012. However, one MHP performed above the HPL, and a total of seven MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. Five MHPs performed below the LPL.

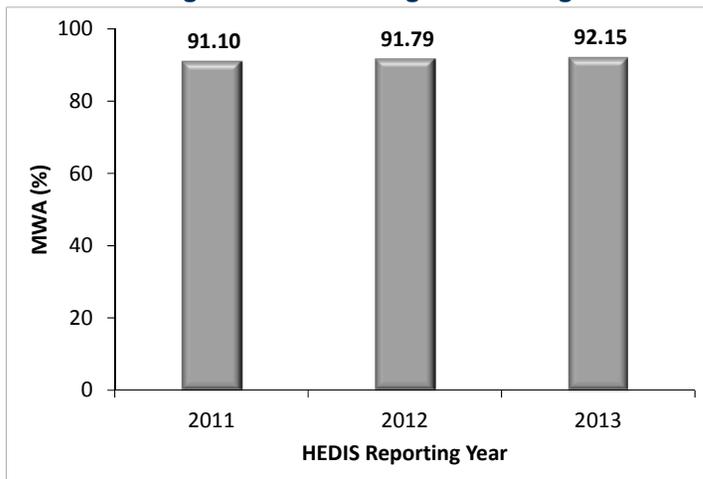
**Figure 5-4—Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years
Health Plan Ranking**



Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years

The *Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years* measure represents 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.

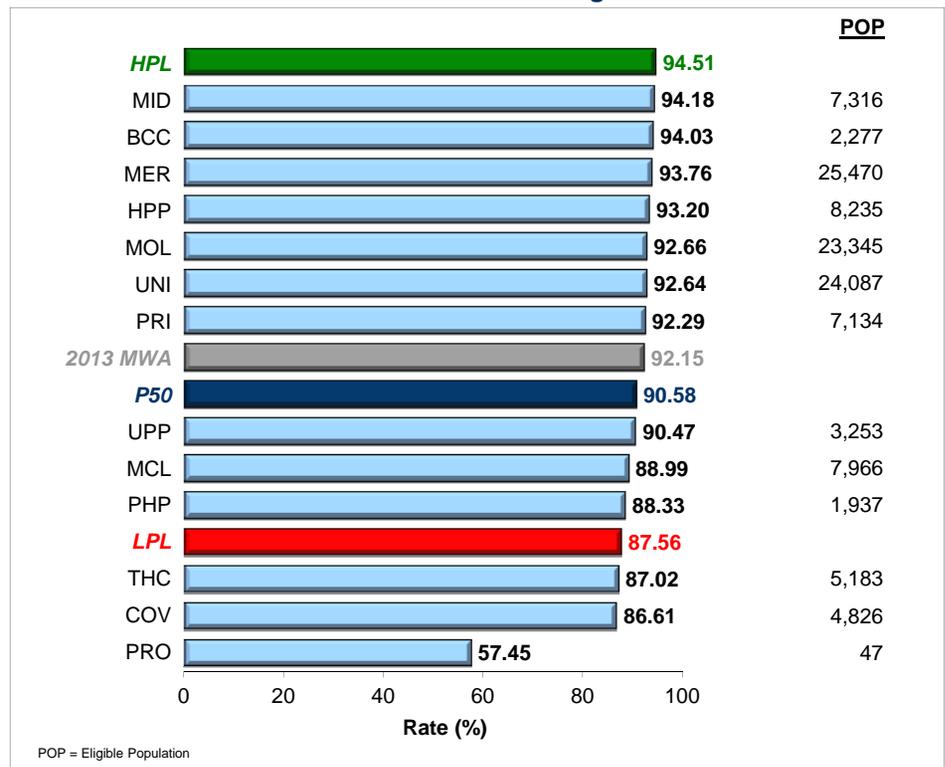
Figure 5-5—Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average showed a statistically significant improvement of 0.36 percentage points. None of the MHPs exceeded the HPL, but seven MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. Three MHPs performed below the LPL.

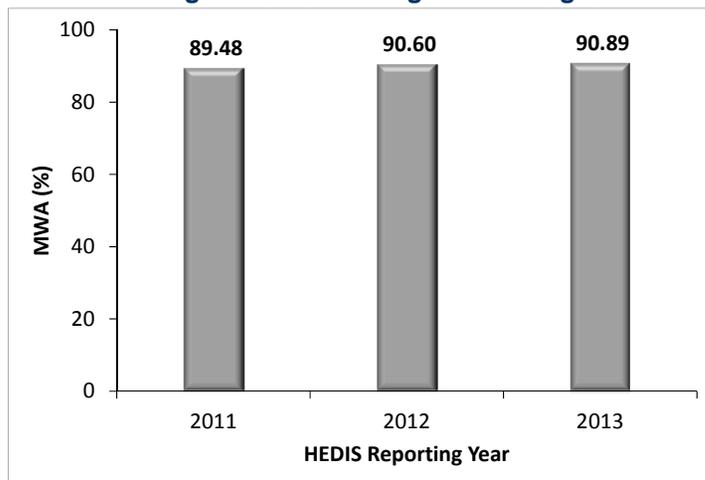
Figure 5-6—Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years Health Plan Ranking



Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years

The *Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years* measure represents 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.

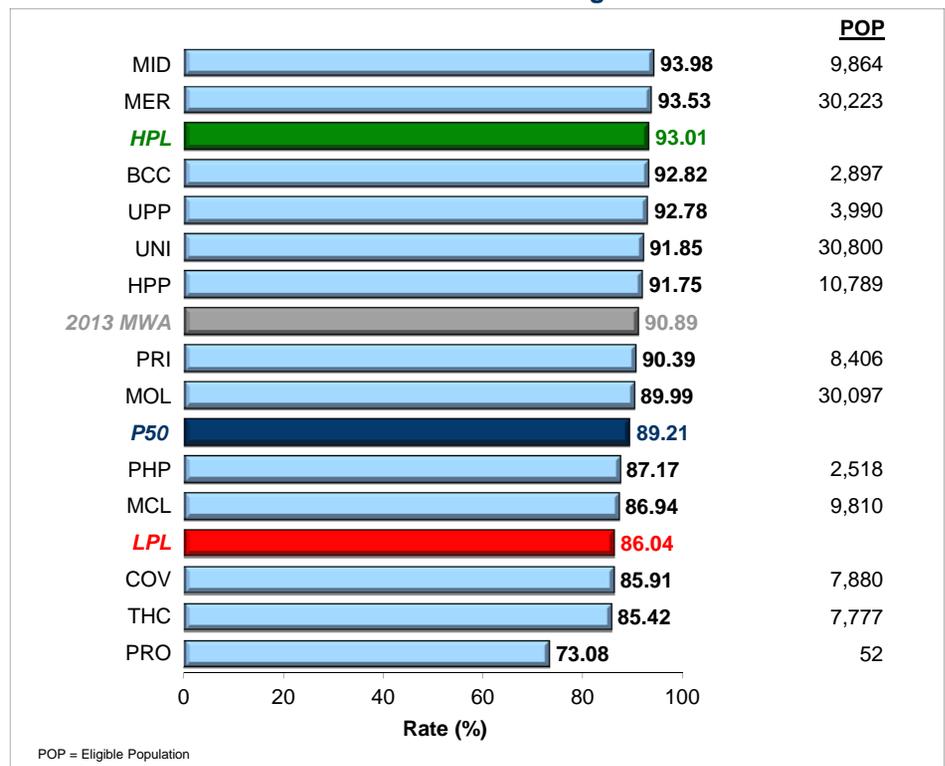
Figure 5-7—Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average showed a statistically significant improvement of 0.29 percentage points from HEDIS 2012. Two MHPs performed above the HPL, and a total of eight MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. Three MHPs performed below the LPL.

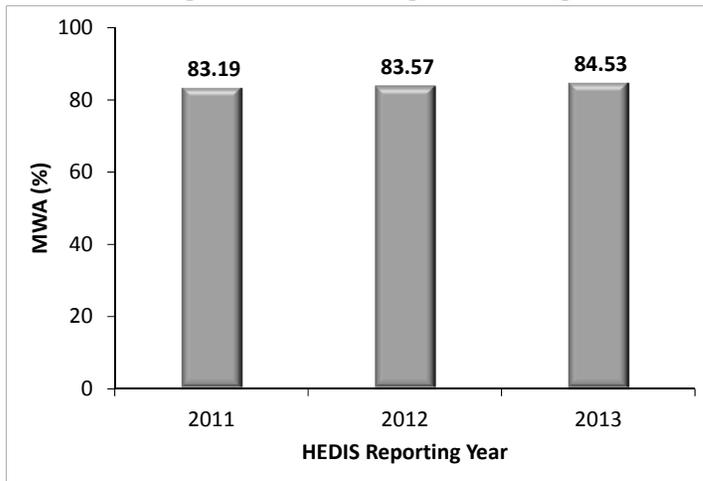
Figure 5-8—Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years Health Plan Ranking



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

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

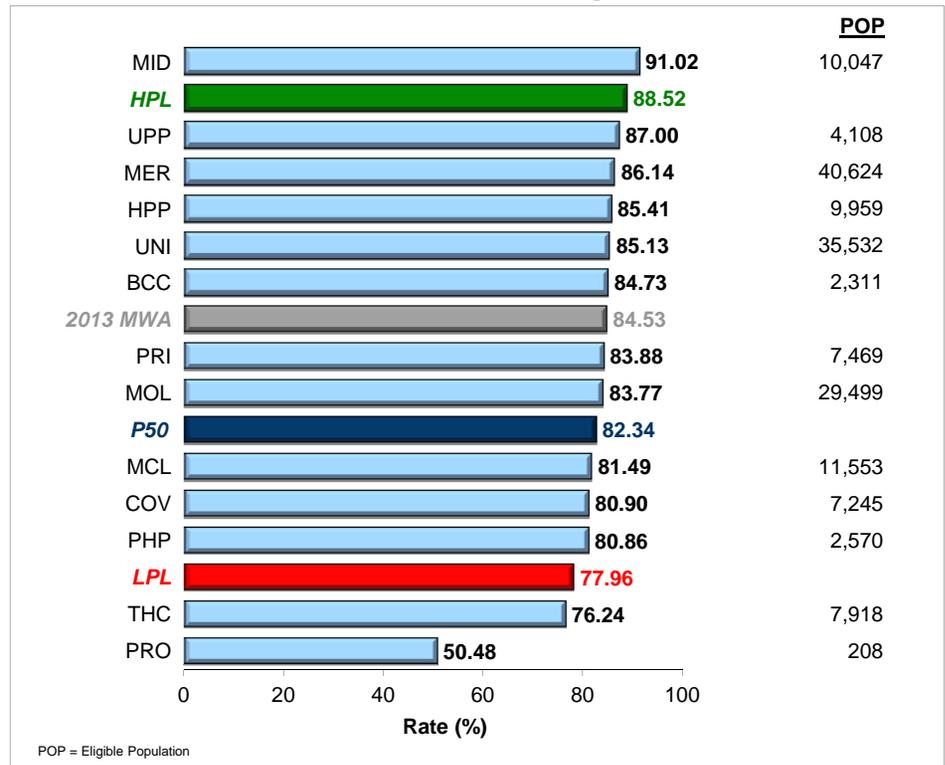
**Figure 5-9—Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years
Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average showed a statistically significant improvement of 0.96 percentage points from HEDIS 2012. One MHP performed above the HPL, and a total of eight MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. Two MHPs performed below the LPL.

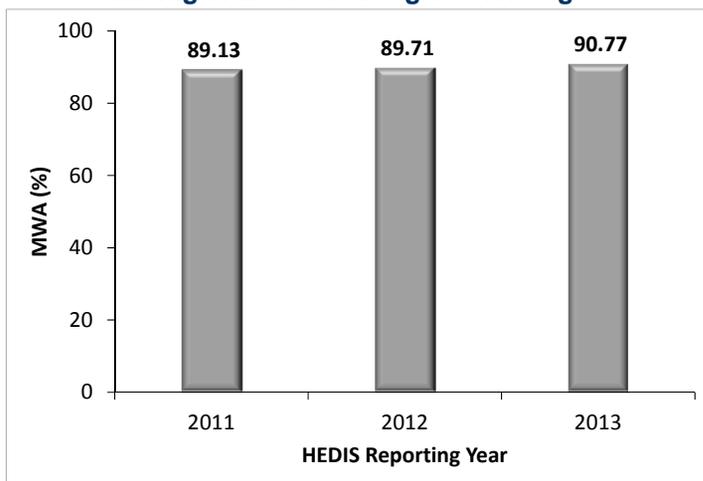
**Figure 5-10—Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years
Health Plan Ranking**



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 represents the percentage of members 45 to 64 years of age who had an ambulatory or preventive care visit.

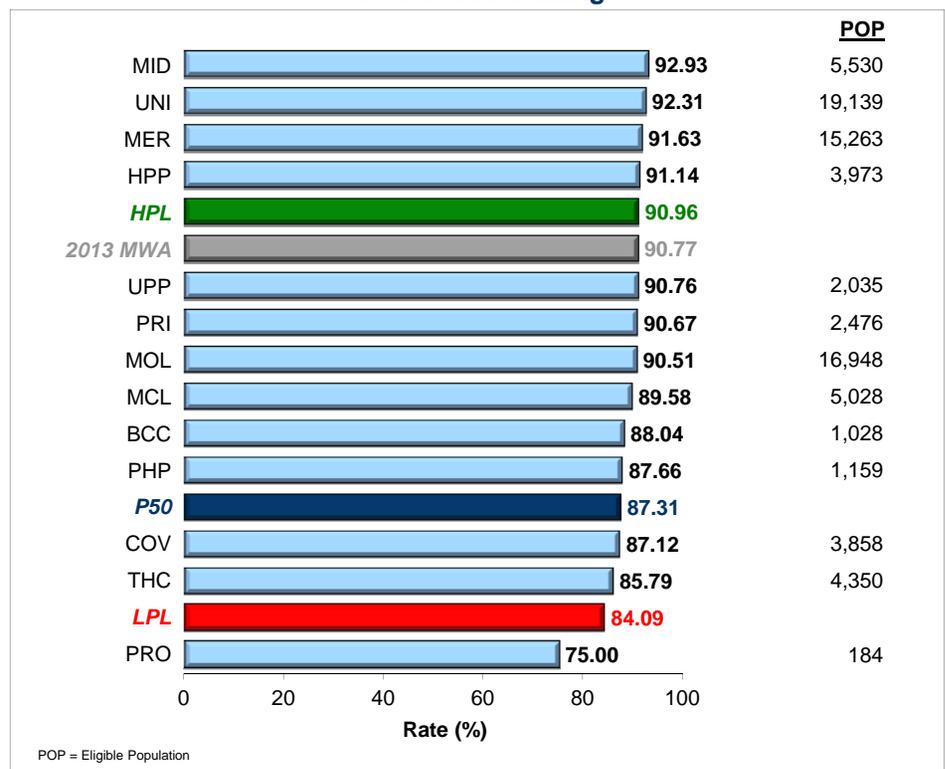
Figure 5-11—Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years
Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average showed a statistically significant improvement of 1.06 percentage points from HEDIS 2012. Four MHPs exceeded the HPL, and a total of 10 MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. One MHP performed below the LPL.

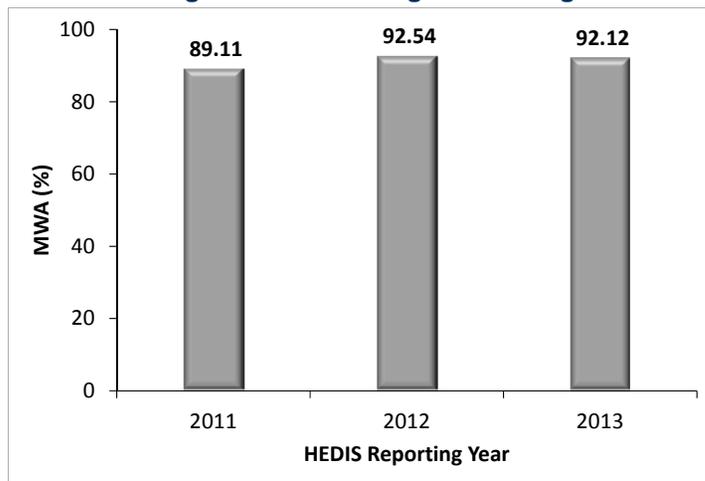
Figure 5-12—Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years
Health Plan Ranking



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

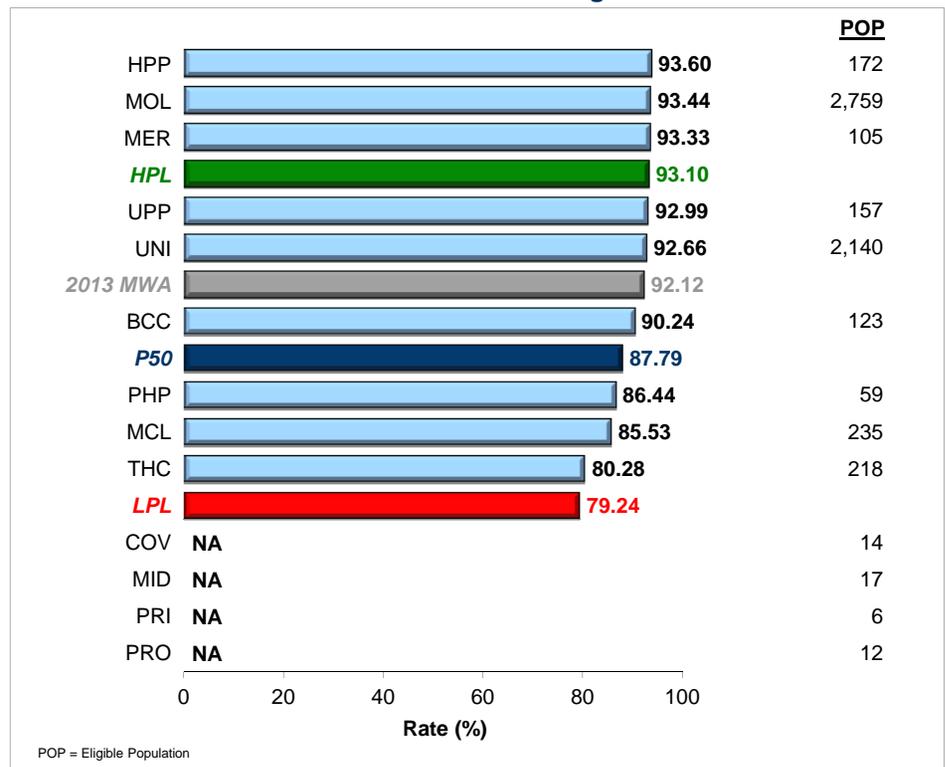
The *Adults' Access to Preventive/Ambulatory Health Services—65+ Years* measure represents the percentage of members 65 years of age or older who had an ambulatory or preventive care visit.

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



The HEDIS 2013 Michigan Medicaid weighted average showed a decline of 0.42 percentage points from HEDIS 2012. Three MHPs exceeded the HPL, and a total of six MHPs and the weighted average performed better than the national HEDIS 2012 Medicaid 50th percentile. None of the MHPs performed below the LPL; however, four MHPs did not have populations large enough (less than 30) to report rates for this indicator.

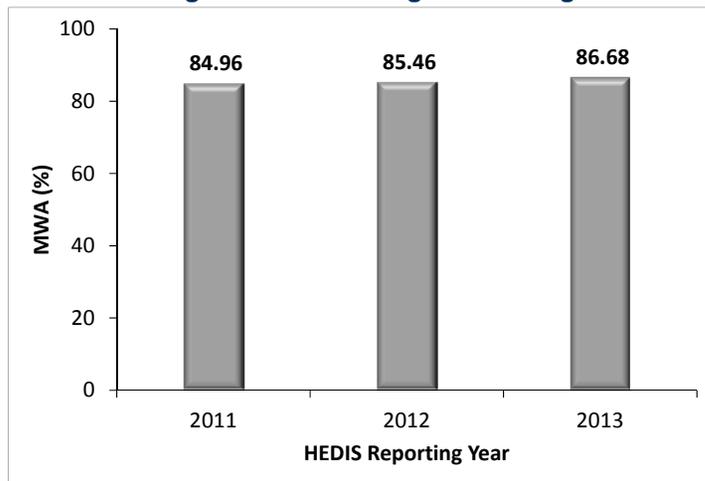
**Figure 5-14—Adults' Access to Preventive/Ambulatory Health Services—65+ Years
Health Plan Ranking**



Adults' Access to Preventive/Ambulatory Health Services—Total

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

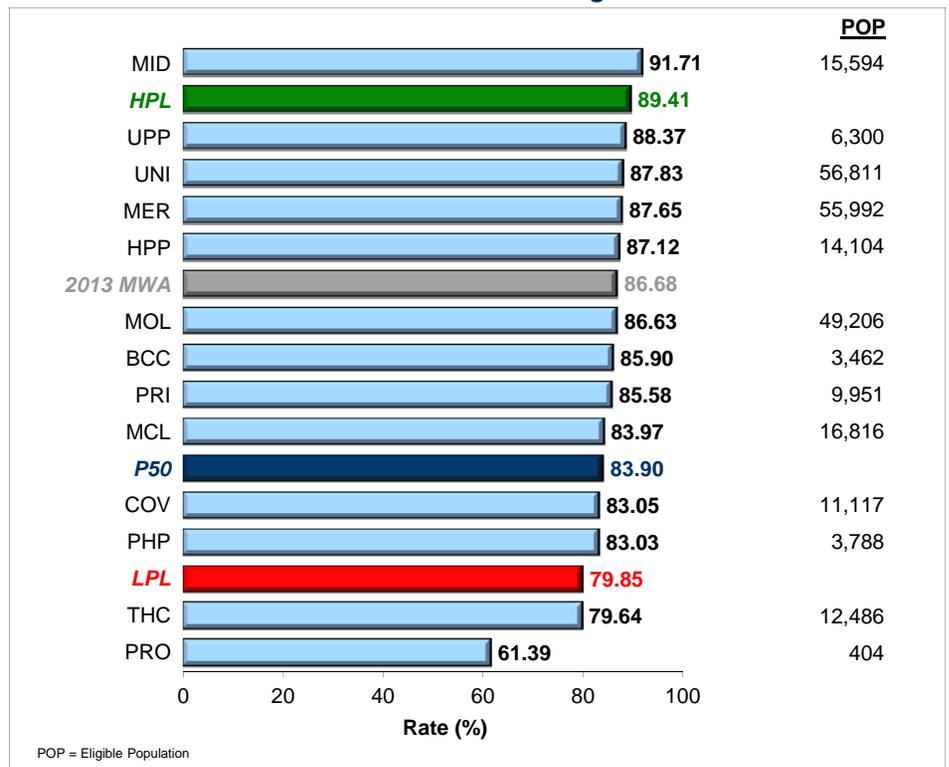
Figure 5-15—Adults' Access to Preventive/Ambulatory Health Services—Total
Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average showed a statistically significant improvement of 1.22 percentage points from HEDIS 2012. One MHP performed above the HPL, and a total of nine MHPs and the weighted average exceeded the national HEDIS 2012 Medicaid 50th percentile. Two 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 2013 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2012.

Table 6-1—Michigan Medicaid HEDIS 2013 Statewide Rate Trend Obesity						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2013 Weighted Average	2012–2013 Trend	With Significant Improvement in HEDIS 2013	With Significant Decline in HEDIS 2013		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>						
<i>BMI Percentile—Total</i>	69.62%	+7.99	5	1		
<i>Counseling for Nutrition—Total</i>	59.39%	+1.34	0	1		
<i>Counseling for Physical Activity—Total</i>	48.98%	+1.68	1	2		
<i>Adult BMI Assessment</i>	80.39%	+7.93	8	0		
2012–2013 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 decline from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

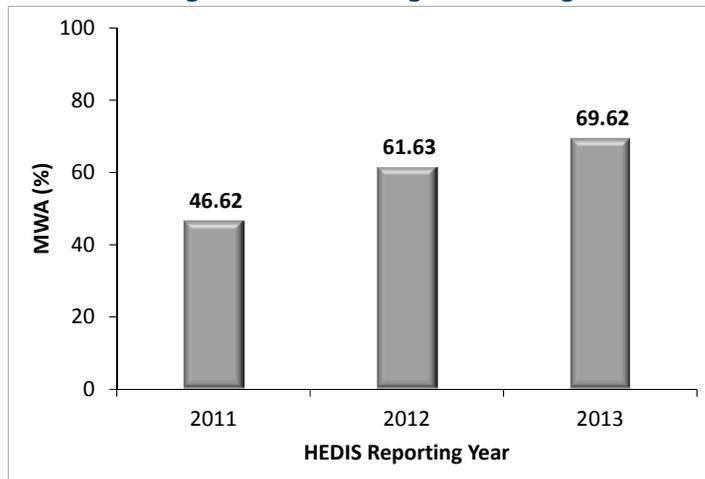
Table 6-1 shows that all the measures under the Obesity dimension improved from last year. Two of the four measures reported a statistically significant improvement, with an increase of nearly 8 percentage points. All the measures ranked at or above the national HEDIS 2012 Medicaid 50th percentile, with one ranking above the 90th percentile (*Adult BMI Assessment*), and another between the 75th and 90th 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 indicator reports 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.

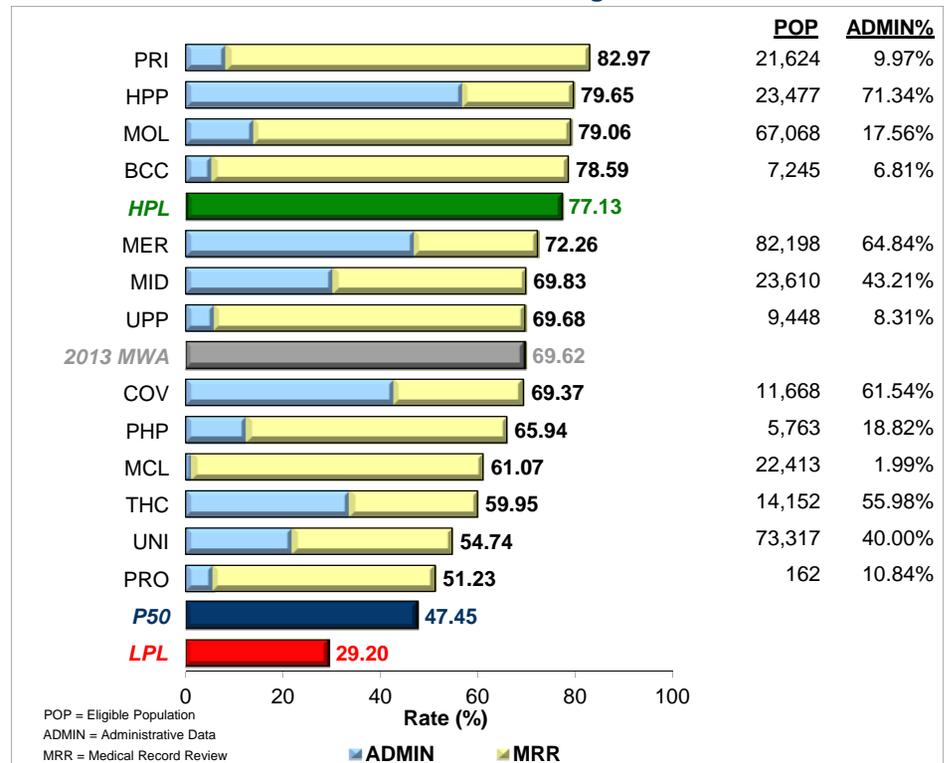
Figure 6-1—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 weighted average showed statistically significant improvement of 7.99 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 22.17 percentage points. Four MHPs exceeded the HPL and none of the MHPs fell below the 50th percentile. Most plans relied heavily on medical record data for this indicator.

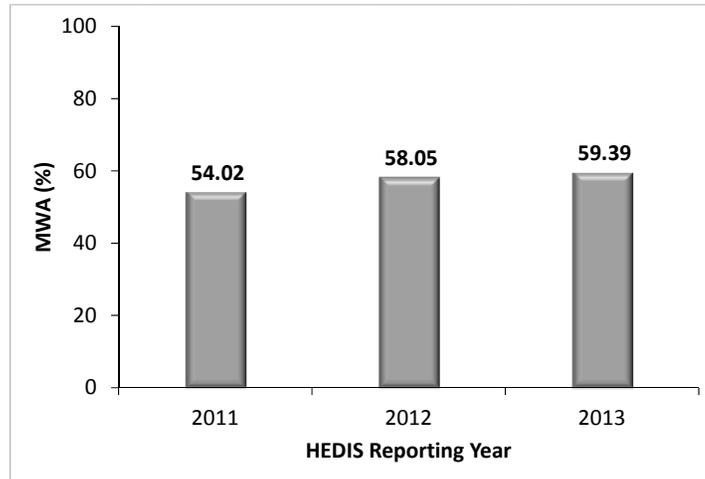
Figure 6-2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Health Plan Ranking



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

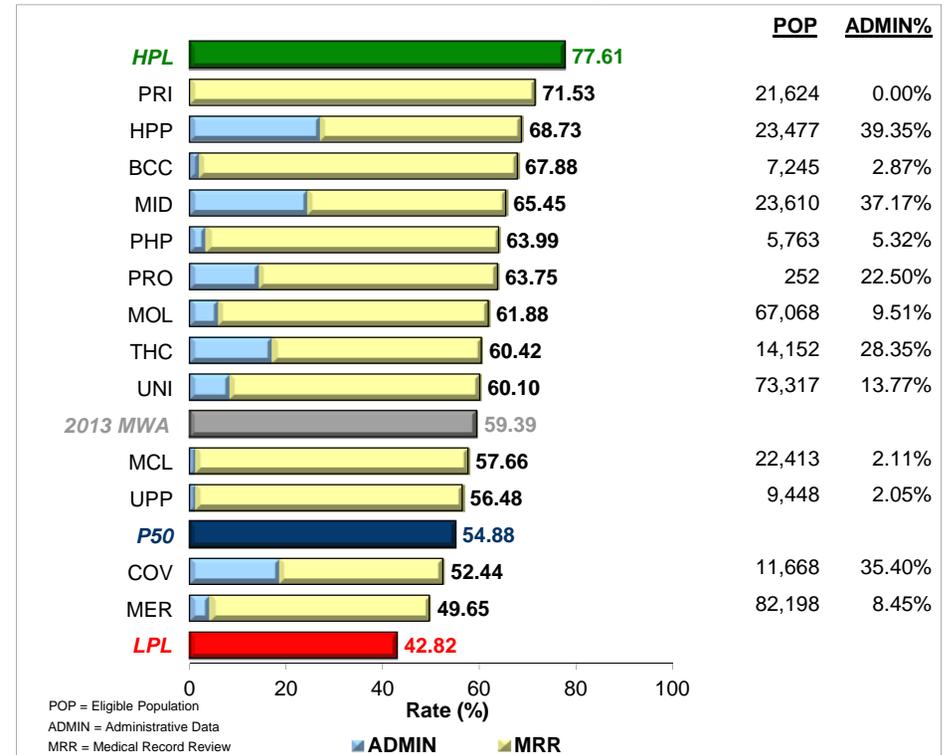
The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator reports the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during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



The HEDIS 2013 weighted average increased by 1.34 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 4.51 percentage points. None of the MHPs exceeded the HPL and none of the MHPs fell below the LPL. Most plans relied heavily on medical record data for this indicator.

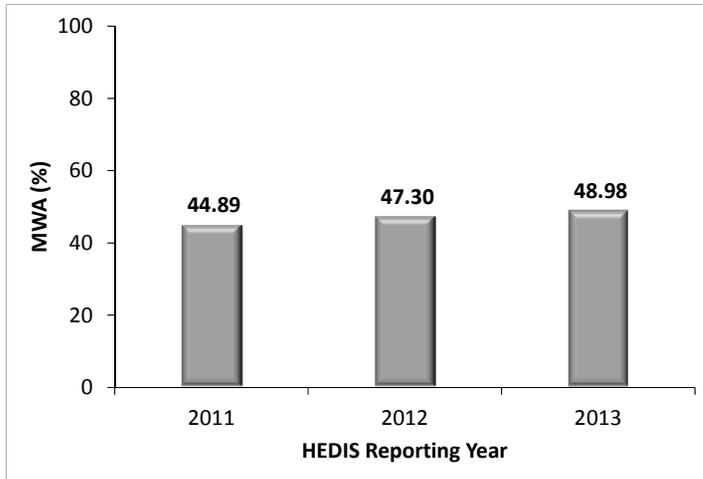
Figure 6-4—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Health Plan Ranking



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

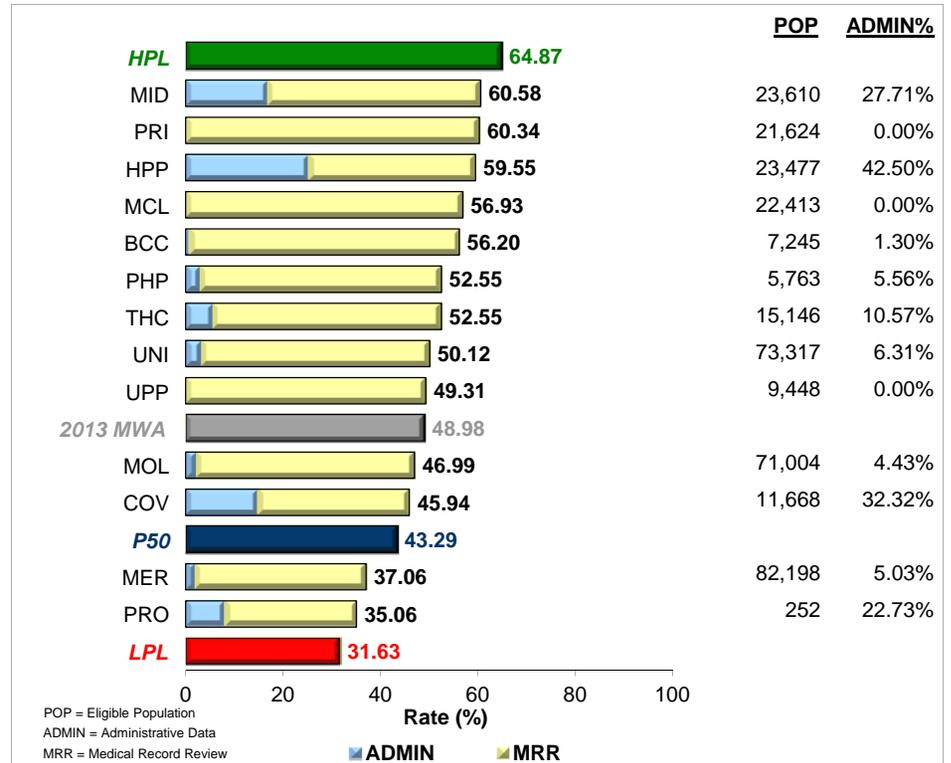
The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* indicator reports the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical 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 2013 weighted average increased by 1.68 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 5.69 percentage points. No plans exceeded the HPL and no plans fell below the LPL. Most plans relied heavily on medical record data for this indicator.

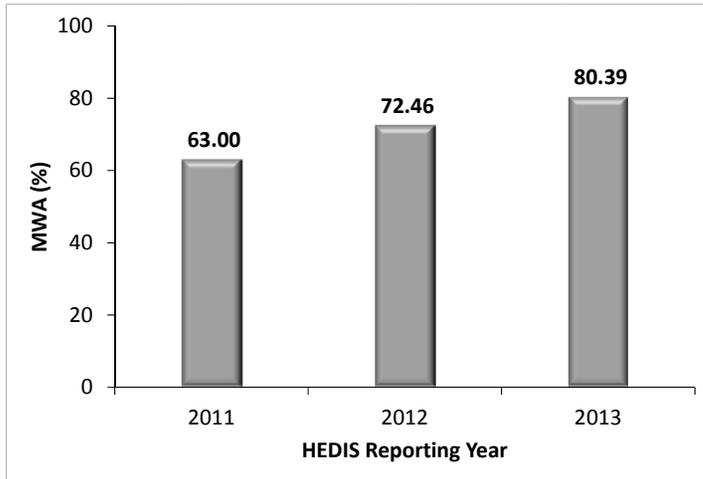
Figure 6-6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Health Plan Ranking



Adult BMI Assessment

The *Adult BMI Assessment* measure reports 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.

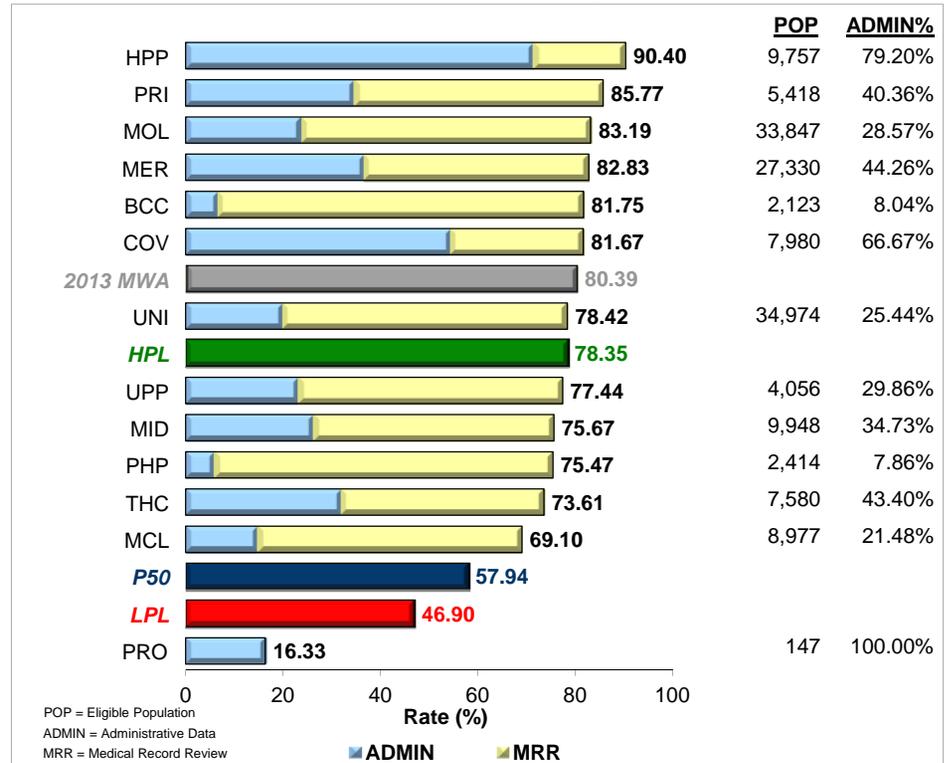
Figure 6-7—Adult BMI Assessment Michigan Medicaid Weighted Averages



Improvement from HEDIS 2012 to HEDIS 2013 was statistically significant.

The HEDIS 2013 weighted average increased significantly by 7.93 percentage points and exceeded the HPL by 2.04 percentage points. Seven MHPs exceeded the HPL and one MHP fell below the LPL. Most plans relied heavily on medical record data for this indicator.

Figure 6-8—Adult BMI Assessment Health Plan Ranking



PRO chose to use the administrative method for this hybrid measure.

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 the statewide performance for the *Prenatal and Postpartum Care* measures under the Pregnancy Care dimension. It lists the HEDIS 2013 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2012. Performance for *Weeks of Pregnancy at Time of Enrollment* is not presented in the table because high or low rates for this measure may not indicate good or bad performance for the MHPs.

Table 7-1—Michigan Medicaid HEDIS 2013 Statewide Rate Trend Pregnancy Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2013 Weighted Average	2012–2013 Trend	With Significant Improvement in HEDIS 2013	With Significant Decline in HEDIS 2013		
<i>Prenatal and Postpartum Care</i>						
<i>Timeliness of Prenatal Care</i>	89.61%	-0.72	1	2		
<i>Postpartum Care</i>	70.56%	+0.21	2	2		
<i>Frequency of Ongoing Prenatal Care— ≥81 Percent</i>	68.74%	-1.92	1	3		
2012–2013 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 decline from the prior year.						
Legend	<P10	≥P10 and <P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

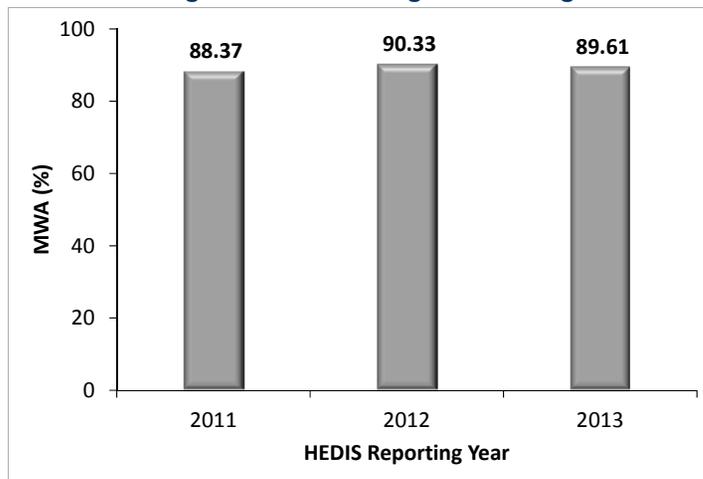
Table 7-1 shows that all measures had slight but statistically non-significant changes in the statewide rates from HEDIS 2012, although a few plans had statistically significant changes. The weighted averages of all measures ranked at or above the national Medicaid 50th percentile.

Pregnancy Care Findings

Prenatal and Postpartum Care—Timeliness of Prenatal Care

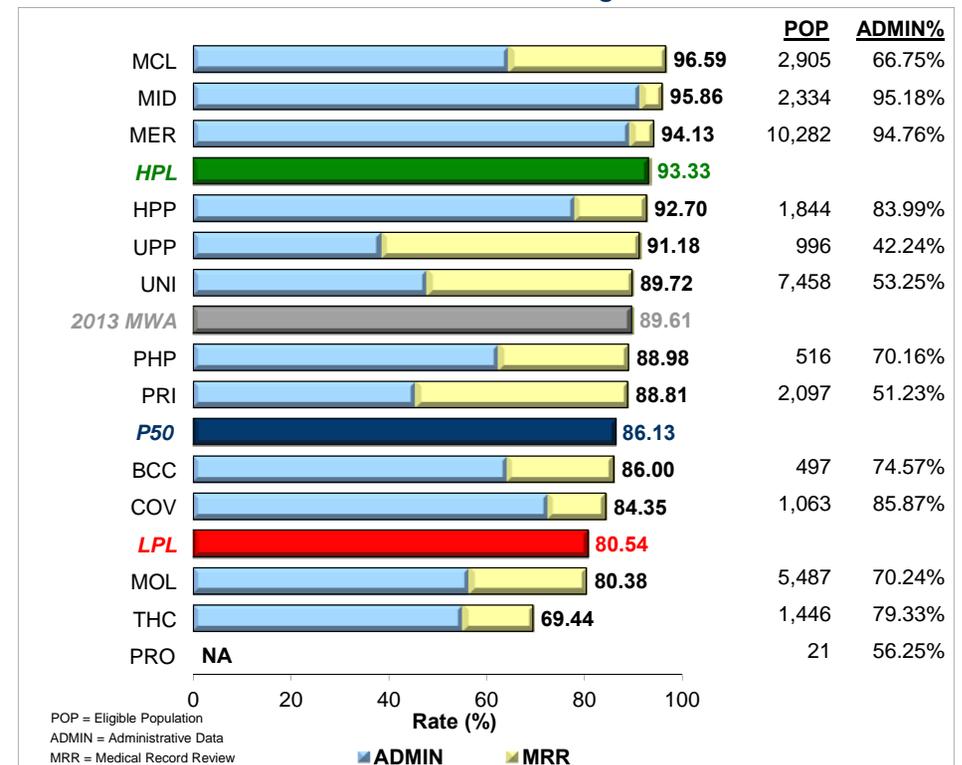
The *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure represents the percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 0.72 percentage points from HEDIS 2012 and exceeded the national HEDIS 2012 50th percentile by 3.48 percentage points. Three health plans exceeded the HPL and two health plans performed below the LPL. One MHP did not have a population large enough (less than 30) to report a valid rate for this measure.

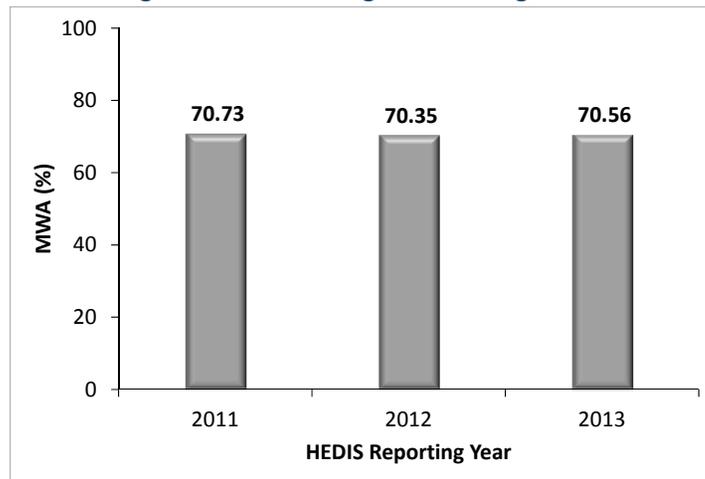
Figure 7-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care Health Plan Ranking



Prenatal and Postpartum Care—Postpartum Care

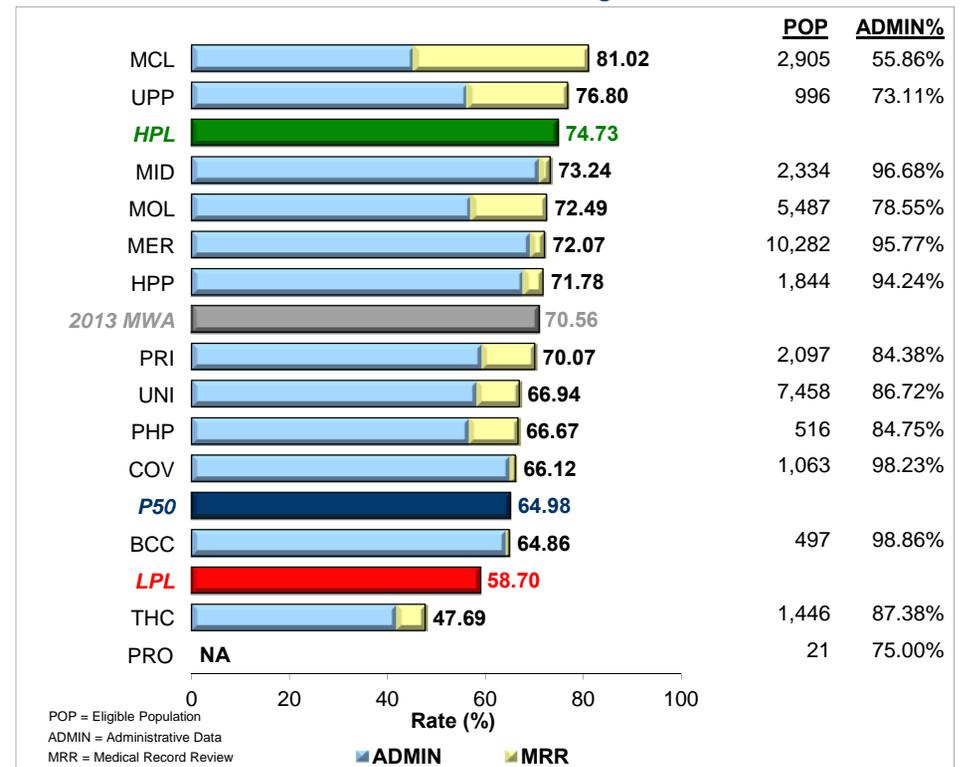
The *Prenatal and Postpartum Care—Postpartum Care* measure represents the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.21 percentage points and exceeded the national HEDIS 2012 50th percentile by 5.58 percentage points. Two health plans exceeded the HPL and one health plan performed below the LPL. One MHP did not have a population large enough (less than 30) 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 represents the percentage of women who delivered a live birth during the measurement year displayed 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	715	20.98%	5.73%	38.74%	24.76%	9.79%
CoventryCares of Michigan, Inc.	1,200	47.83%	4.83%	26.00%	16.58%	4.75%
HealthPlus Partners	2,058	37.76%	7.09%	35.42%	13.75%	5.98%
McLaren Health Plan	3,785	20.55%	8.19%	43.14%	22.25%	5.87%
Meridian Health Plan of Michigan	11,111	28.17%	10.59%	45.10%	16.07%	0.06%
Midwest Health Plan	411	22.87%	7.79%	43.07%	24.33%	1.95%
Molina Healthcare of Michigan	6,321	35.07%	8.16%	35.79%	15.80%	5.17%
Physicians Health Plan—FamilyCare	581	34.42%	8.95%	36.83%	16.35%	3.44%
Priority Health Government Programs, Inc.	411	26.03%	12.65%	44.77%	16.55%	0.00%
ProCare Health Plan	31	22.58%	9.68%	35.48%	32.26%	0.00%
Total Health Care, Inc.	1,801	32.65%	7.00%	35.98%	17.66%	6.72%
UnitedHealthcare Community Plan	NR	NR	NR	NR	NR	NR
Upper Peninsula Health Plan	1,097	24.61%	16.41%	38.20%	13.58%	7.20%
2013 MWA	—	30.12%	9.12%	40.23%	17.02%	3.50%
2012 MWA	—	27.93%	9.25%	40.82%	18.49%	3.51%
2011 MWA	—	26.30%	7.90%	41.99%	19.53%	4.27%

The National HEDIS 2012 Medicaid 50th percentiles were not available for this measure.

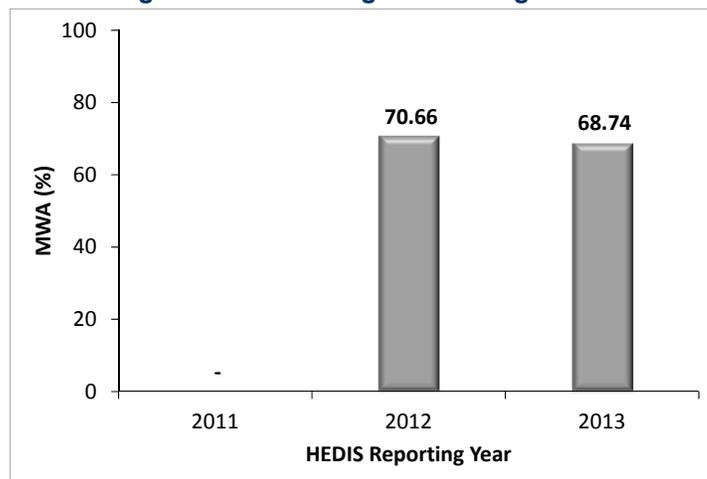
NR denotes a *Not Reportable* audit designation, indicating that either the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.

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 earlier in their pregnancy or even before they become pregnant.

Frequency of Ongoing Prenatal Care

The *Frequency of Ongoing Prenatal Care* measure represents the percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year and had the expected prenatal visits. Figure 7-5 and Figure 7-6 display the percentage of deliveries that had ≥ 81 percent of expected prenatal visits.

Figure 7-5—Frequency of Ongoing Prenatal Care— ≥ 81 Percent Michigan Medicaid Weighted Averages



The HEDIS 2013 Michigan Medicaid weighted average decreased by 1.92 percentage points and exceeded the national HEDIS 2012 50th percentile by 4.09 percentage points. Two health plans exceeded the HPL and five health plans performed below the LPL. One MHP did not have a population large enough (less than 30) to report a valid rate for this measure.

Figure 7-6—Frequency of Ongoing Prenatal Care— ≥ 81 Percent Health Plan Ranking

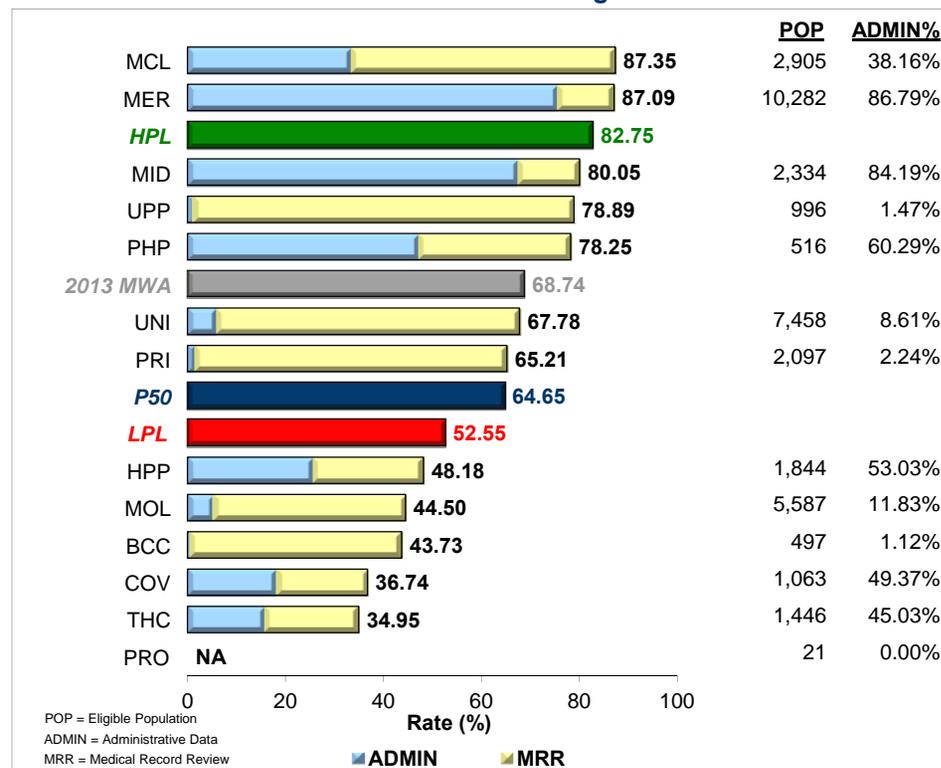


Table 7-3—Frequency of Ongoing Prenatal Care

Plan	Eligible Population	<21 Percent*	21–40 Percent	41–60 Percent	61–80 Percent	≥81 Percent
Blue Cross Complete of Michigan	497	12.78%	6.88%	11.30%	25.31%	43.73%
CoventryCares of Michigan, Inc.	1,063	20.23%	13.95%	12.79%	16.28%	36.74%
HealthPlus Partners	1,844	34.79%	2.92%	4.14%	9.98%	48.18%
McLaren Health Plan	2,905	1.95%	0.73%	2.68%	7.30%	87.35%
Meridian Health Plan of Michigan	10,282	0.70%	1.64%	2.82%	7.75%	87.09%
Midwest Health Plan	2,334	2.43%	2.92%	4.87%	9.73%	80.05%
Molina Healthcare of Michigan	5,587	16.51%	11.48%	11.48%	16.03%	44.50%
Physicians Health Plan—FamilyCare	516	5.65%	2.54%	5.37%	8.19%	78.25%
Priority Health Government Programs, Inc.	2,097	6.57%	4.38%	8.03%	15.82%	65.21%
ProCare Health Plan	21	NA	NA	NA	NA	NA
Total Health Care, Inc.	1,446	28.70%	12.27%	10.19%	13.89%	34.95%
UnitedHealthcare Community Plan	7,458	7.78%	2.78%	7.22%	14.44%	67.78%
Upper Peninsula Health Plan	996	1.39%	1.39%	4.64%	13.69%	78.89%
2013 MWA	—	8.67%	4.43%	6.26%	11.90%	68.74%
2012 MWA	—	7.07%	6.36%	5.78%	10.13%	70.66%
2012 P50	—	6.58%	4.66%	7.50%	14.37%	64.65%

This measure was newly added to the HEDIS 2012 Aggregate Report; therefore, 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.

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

When comparing the Michigan Medicaid weighted average rates from year to year, the change for all indicators was less than 2 percentage points.

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 Control (<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*
- ◆ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- ◆ *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- ◆ *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- ◆ *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*

Summary of Findings

Table 8-1 presents statewide performance for the measures under the Living With Illness dimension. It lists the HEDIS 2013 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2012.

**Table 8-1—Michigan Medicaid HEDIS 2013 Statewide Rate Trend
Living With Illness**

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2013 Weighted Average	2012–2013 Trend	With Significant Improvement in HEDIS 2013	With Significant Decline in HEDIS 2013
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	85.21%	-0.51	0	2
<i>HbA1c Poor Control (>9.0%)¹</i>	36.06%	+0.27	1	2

Table 8-1—Michigan Medicaid HEDIS 2013 Statewide Rate Trend Living With Illness

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2013 Weighted Average	2012–2013 Trend	With Significant Improvement in HEDIS 2013	With Significant Decline in HEDIS 2013
<i>HbA1c Control (<8.0%)</i>	54.57%	-0.39	1	1
<i>HbA1c Control (<7.0%)</i>	41.80%	+0.79	0	0
<i>Eye Exam</i>	59.42%	+2.85	3	1
<i>LDL-C Screening</i>	79.91%	-0.17	0	2
<i>LDL-C Control (<100 mg/dL)</i>	39.16%	-3.12	1	2
<i>Medical Attention for Nephropathy</i>	82.41%	-0.57	0	2
<i>Blood Pressure Control (<140/80 mm Hg)</i>	43.73%	+0.03	1	2
<i>Blood Pressure Control (<140/90 mm Hg)</i>	66.22%	+0.10	1	2
<i>Use of Appropriate Medications for People With Asthma—Total</i>	82.13%	-1.71	0	2
<i>Controlling High Blood Pressure</i>	65.71%	+2.19	3	1
<i>Medical Assistance With Smoking and Tobacco Use Cessation²</i>				
<i>Advising Smokers and Tobacco Users to Quit</i>	79.97%	+0.75	0	0
<i>Discussing Cessation Medications</i>	52.38%	+1.50	0	0
<i>Discussing Cessation Strategies</i>	45.07%	+2.06	0	0
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications³</i>	83.47%	—	—	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia³</i>	64.27%	—	—	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia³</i>	70.96%	—	—	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia³</i>	52.71%	—	—	—

2012–2013 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 decline from the prior year.

Legend <P10 ≥P10 and < P25 ≥P25 and < P50 ≥P50 and < P75 ≥P75 and < P90 ≥P90 Not compared

¹ For indicator *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 yellow shade).

² The national HEDIS 2012 Medicaid percentiles were not available for measure *Medical Assistance With Smoking and Tobacco Use Cessation*.

³ This is a new measure for HEDIS 2013; therefore, the national HEDIS 2012 Medicaid percentiles were not available.

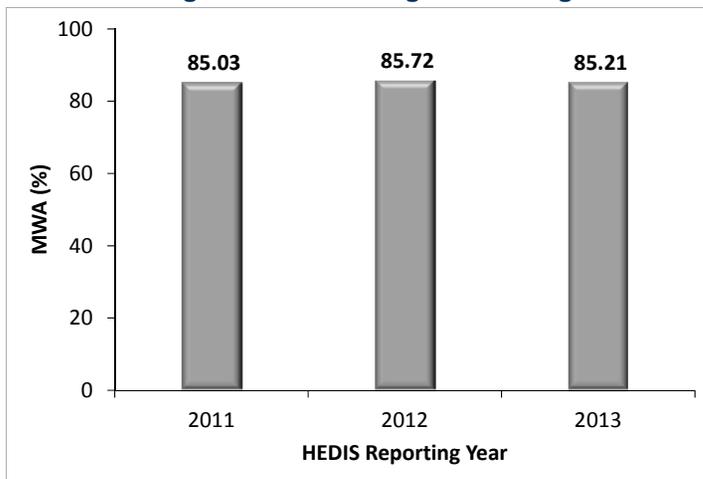
Table 8-1 shows that most measures under the Living With Illness dimension reported only slight changes from HEDIS 2012. One indicator (*Use of Appropriate Medications for People With Asthma—Total*) exhibited a statistically significant decrease in rate. With the exception of this indicator, all HEDIS measures with national benchmarks ranked at or above the national Medicaid 50th percentile, with two at or above the 75th percentile.

Living With Illness Findings

Comprehensive Diabetes Care—HbA1c Testing

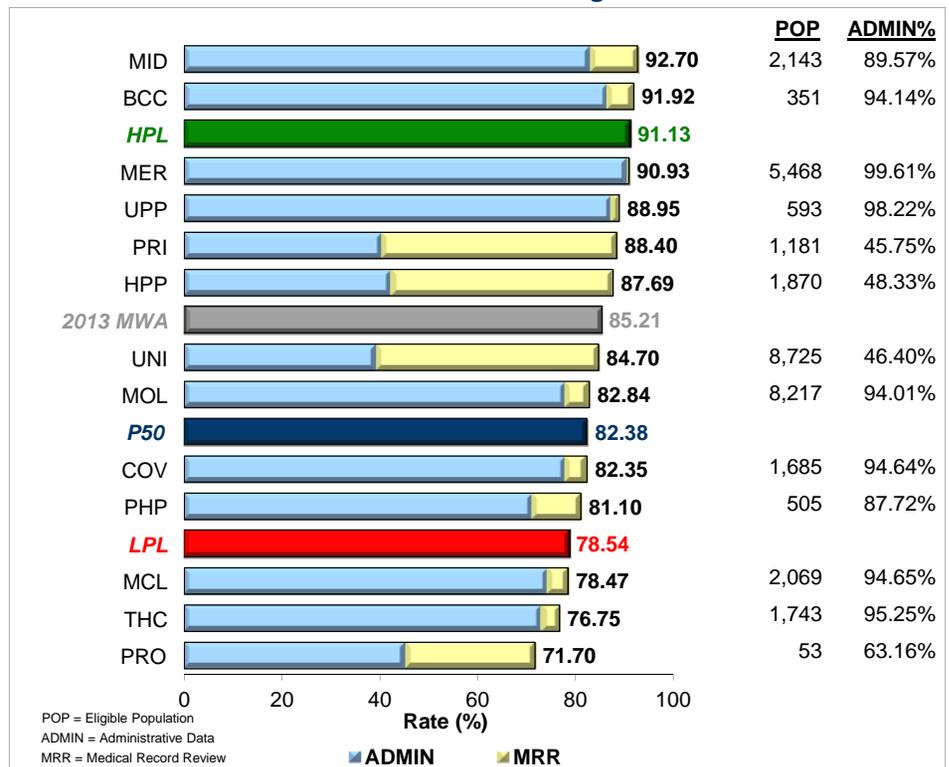
The *Comprehensive Diabetes Care—HbA1c Testing* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing.

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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 0.51 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 2.83 percentage points. Two MHPs performed above the HPL and three performed below the LPL. All MHPs reported this indicator using both administrative and medical record data.

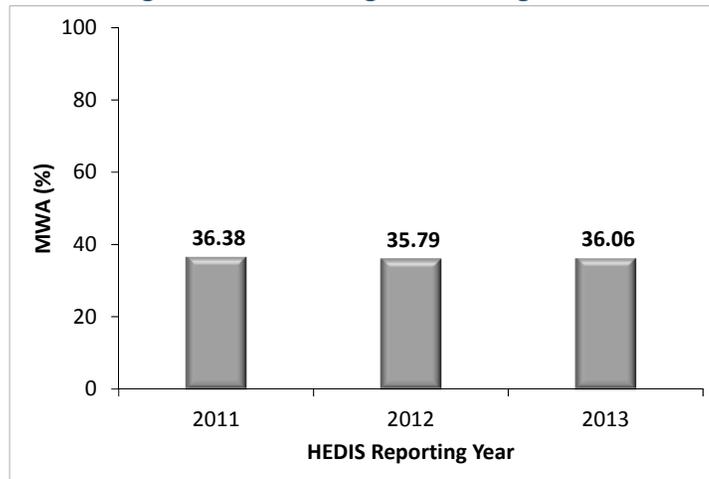
Figure 8-2—Comprehensive Diabetes Care—HbA1c Testing Health Plan Ranking



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

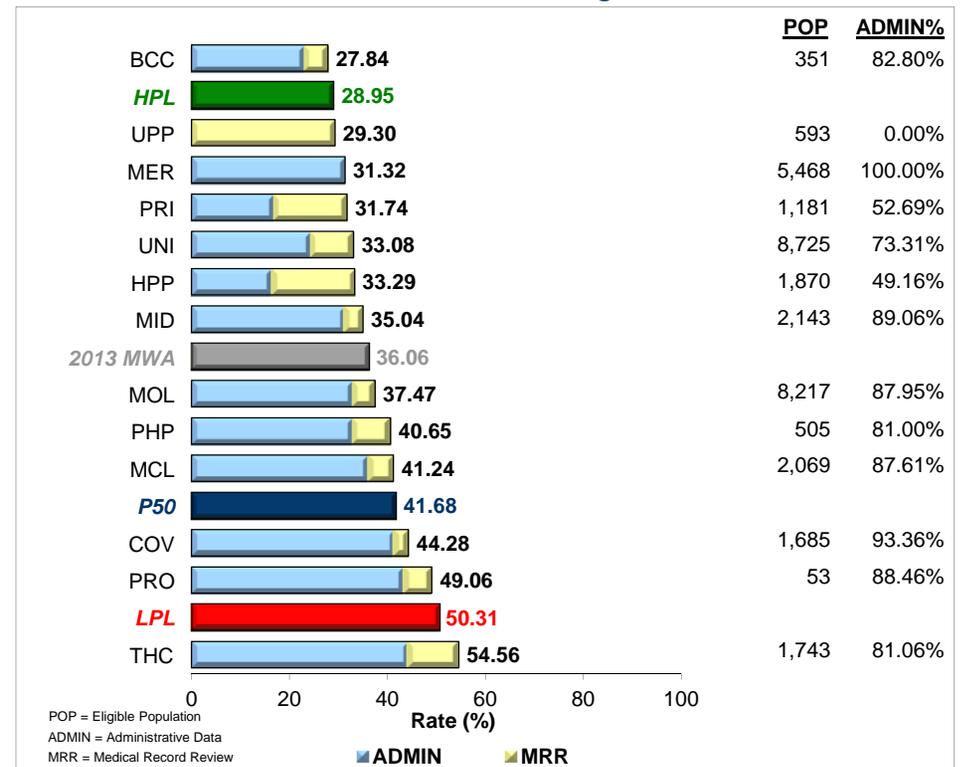
The *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c poor control.

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



A lower rate indicates better performance for this indicator. The HEDIS 2013 Michigan statewide performance declined slightly with the Medicaid weighted average increasing by 0.27 percentage points. Nonetheless, it performed better than the national HEDIS 2012 Medicaid 50th percentile by 5.62 percentage points. One MHP performed better than the HPL and one performed worse than the LPL. One plan relied solely on medical record data to report this indicator, and one plan relied solely on administrative data to report this indicator.

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

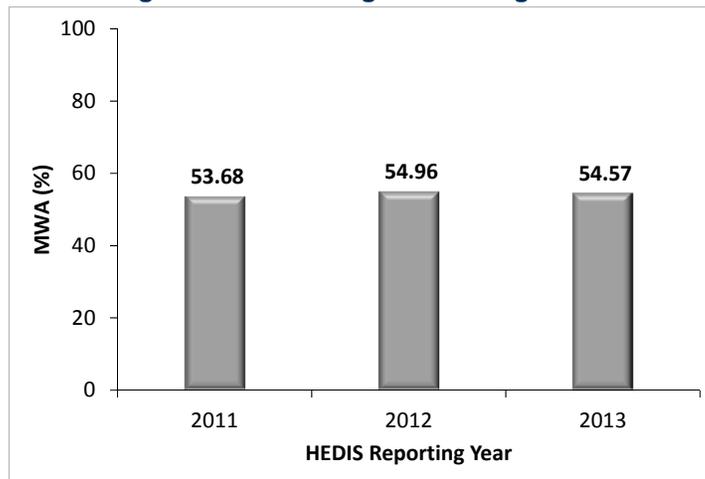


For this indicator, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care).

Comprehensive Diabetes Care—HbA1c Control (<8.0%)

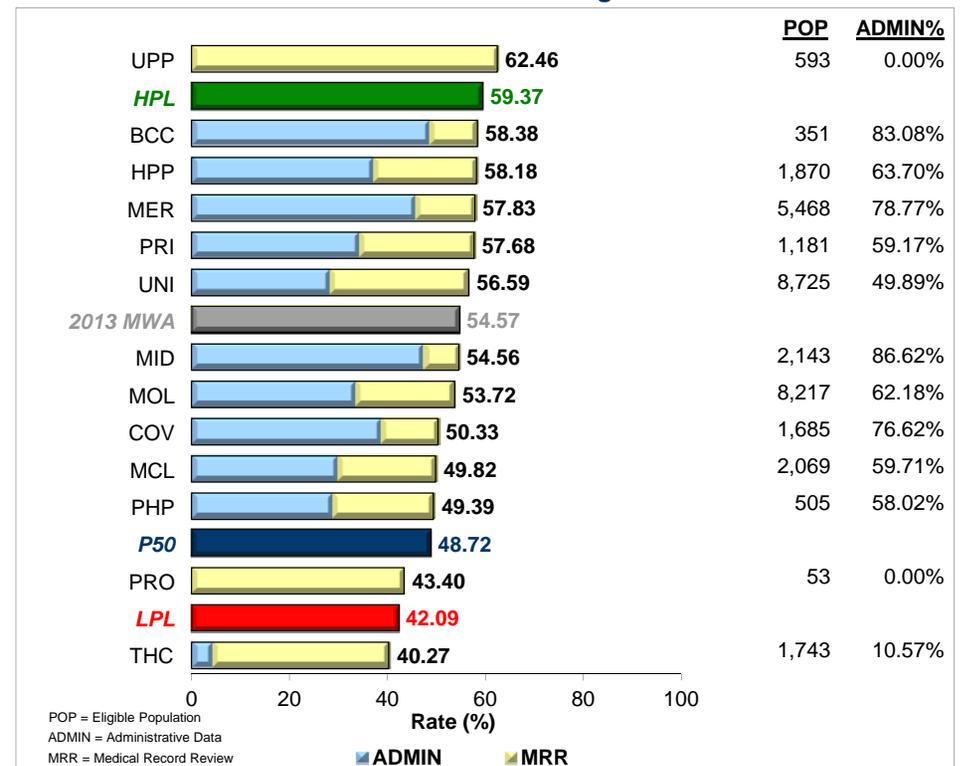
The *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).

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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 0.39 percentage points but exceeded the national HEDIS 2012 Medicaid 50th percentile by 5.85 percentage points. One MHP performed above the HPL and one performed below the LPL. Two plans relied solely on medical record data to report this indicator.

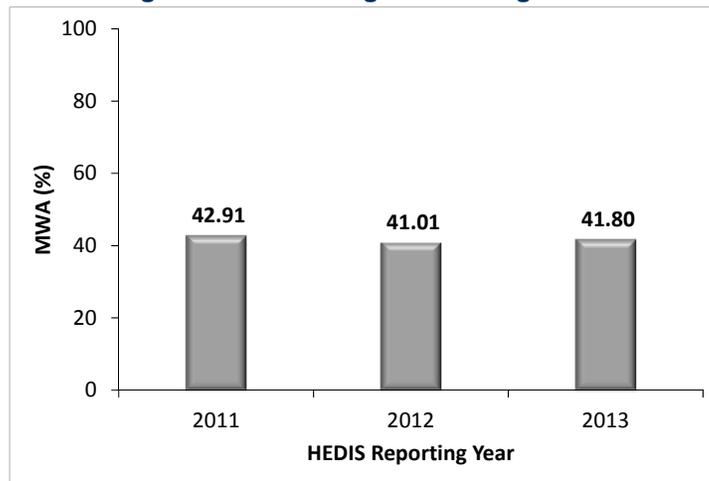
Figure 8-6—Comprehensive Diabetes Care—HbA1c Control (<8.0%) Health Plan Ranking



Comprehensive Diabetes Care—HbA1c Control (<7.0%)

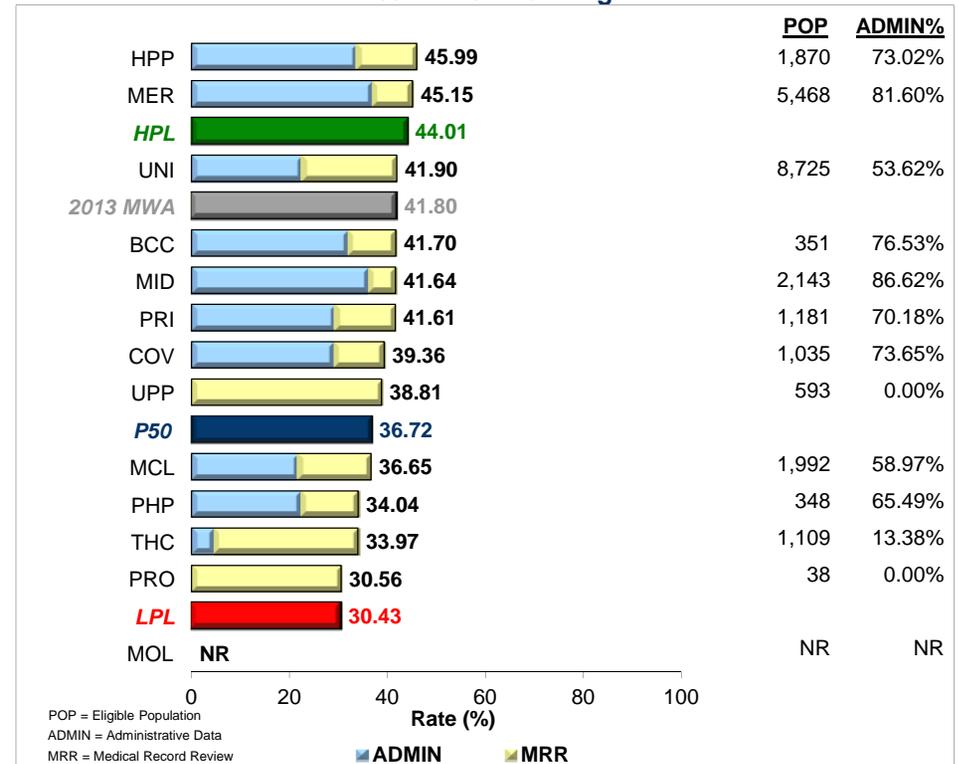
The *Comprehensive Diabetes Care—HbA1c Control (<7.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<7.0%).

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.79 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 5.08 percentage points. Two MHPs performed above the HPL and none of the MHPs performed below the LPL. One MHP reported an *NR* for this indicator. Two plans relied solely on medical record data to report this indicator.

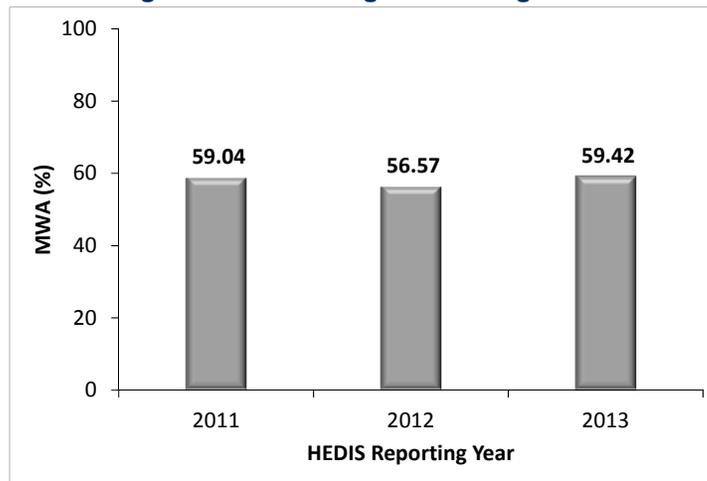
Figure 8-8—Comprehensive Diabetes Care—HbA1c Control (<7.0%) Health Plan Ranking



Comprehensive Diabetes Care—Eye Exam

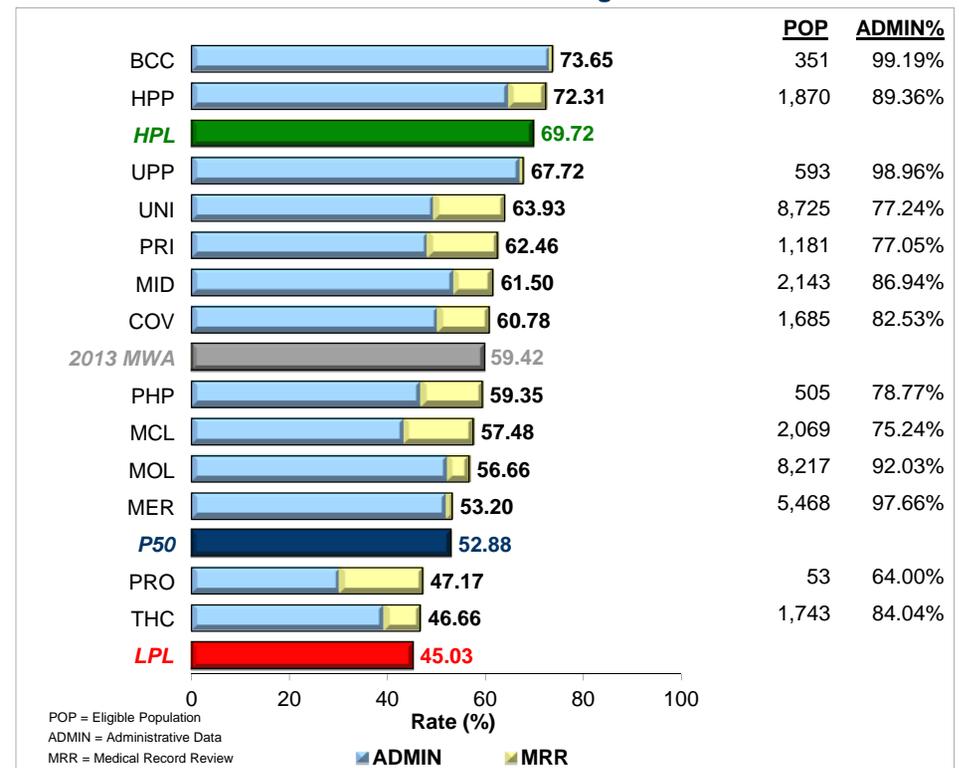
The *Comprehensive Diabetes Care—Eye Exam* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 2.85 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 6.54 percentage points. Two MHPs performed above the HPL and none performed below the LPL. All MHPs reported this indicator using both administrative and medical record data.

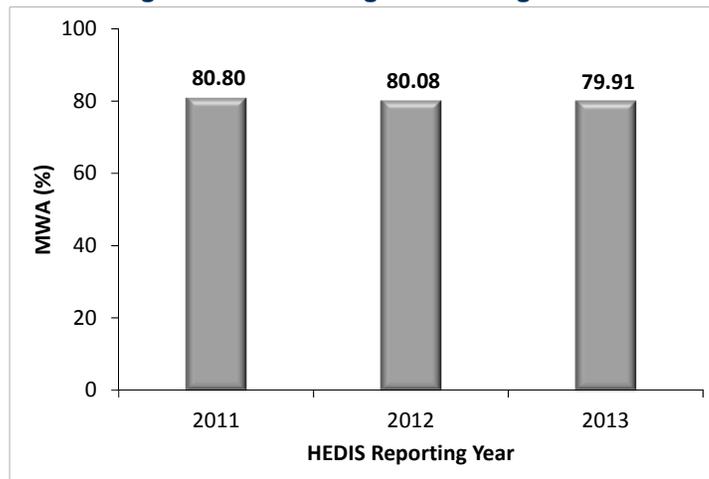
Figure 8-10—Comprehensive Diabetes Care—Eye Exam Health Plan Ranking



Comprehensive Diabetes Care—LDL-C Screening

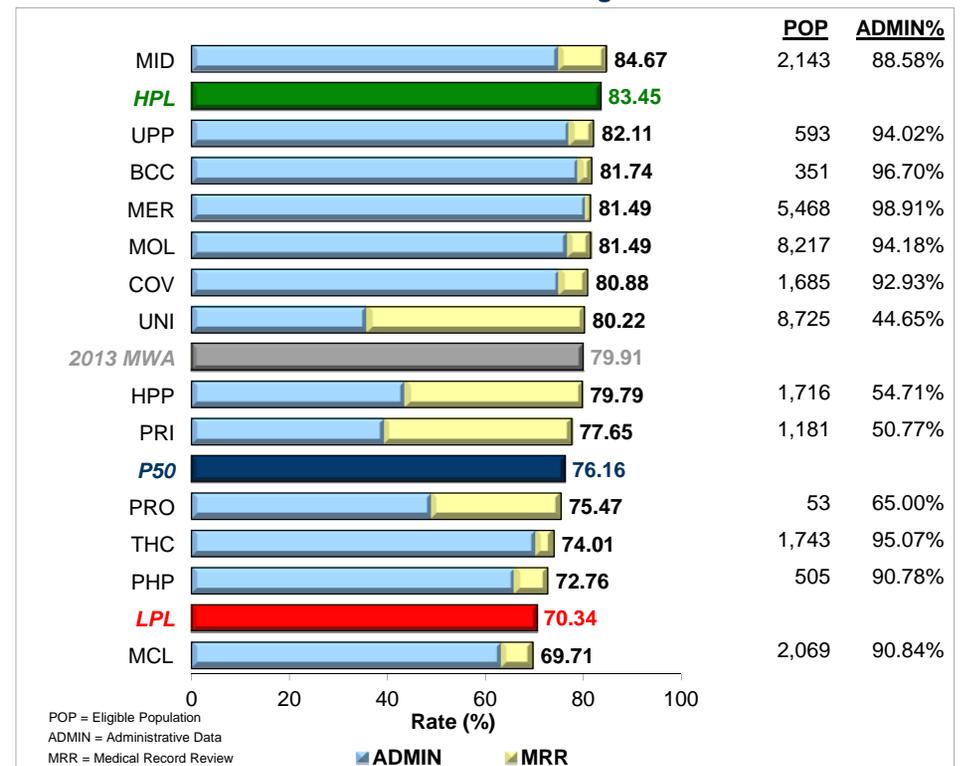
The *Comprehensive Diabetes Care—LDL-C Screening* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had LDL-C Screening.

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



The HEDIS 2013 Michigan Medicaid weighted average dropped by 0.17 percentage points but exceeded the national HEDIS 2012 Medicaid 50th percentile by 3.75 percentage points. One MHP performed above the HPL and one performed below the LPL. All MHPs reported this indicator using both administrative and medical record data.

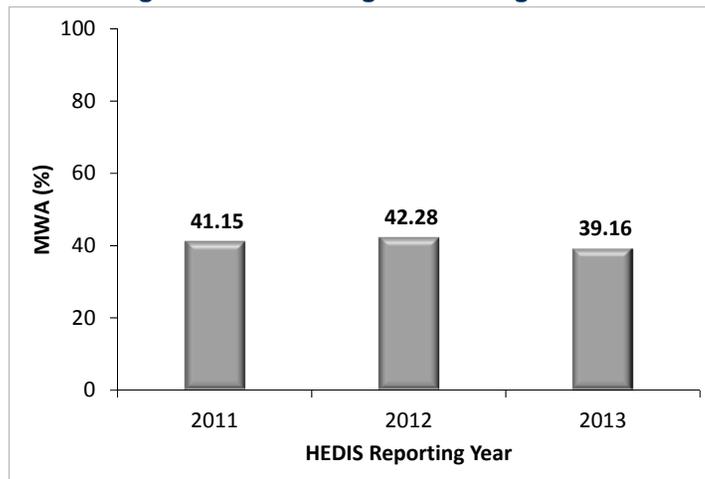
Figure 8-12—Comprehensive Diabetes Care—LDL-C Screening Health Plan Ranking



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

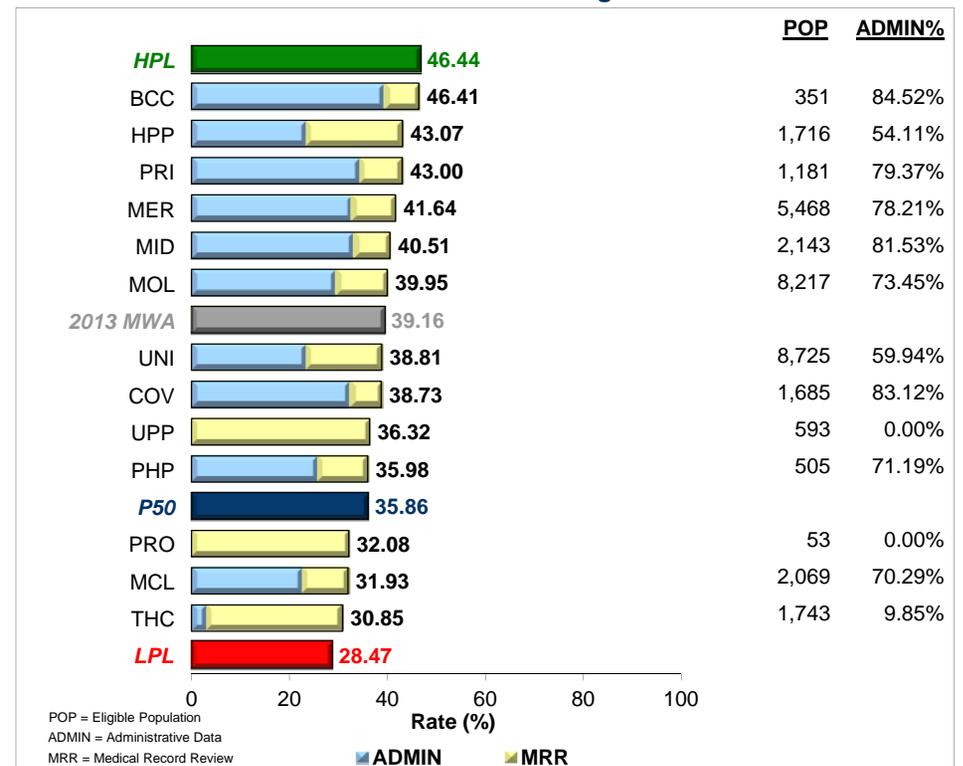
The *Comprehensive Diabetes Care—LDL-C Control (<100 mg/dL)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had LDL-C control (<100 mg/dL).

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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 3.12 percentage points but exceeded the national HEDIS 2012 Medicaid 50th percentile by 3.30 percentage points. None of the MHPs performed above the HPL or below the LPL. Two plans reported this indicator exclusively with medical record data.

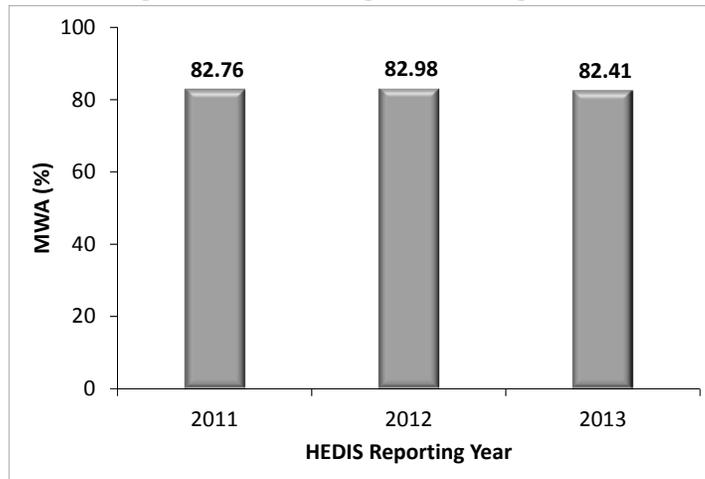
Figure 8-14—Comprehensive Diabetes Care—LDL-C Control <100 mg/dL Health Plan Ranking



Comprehensive Diabetes Care—Medical Attention for Nephropathy

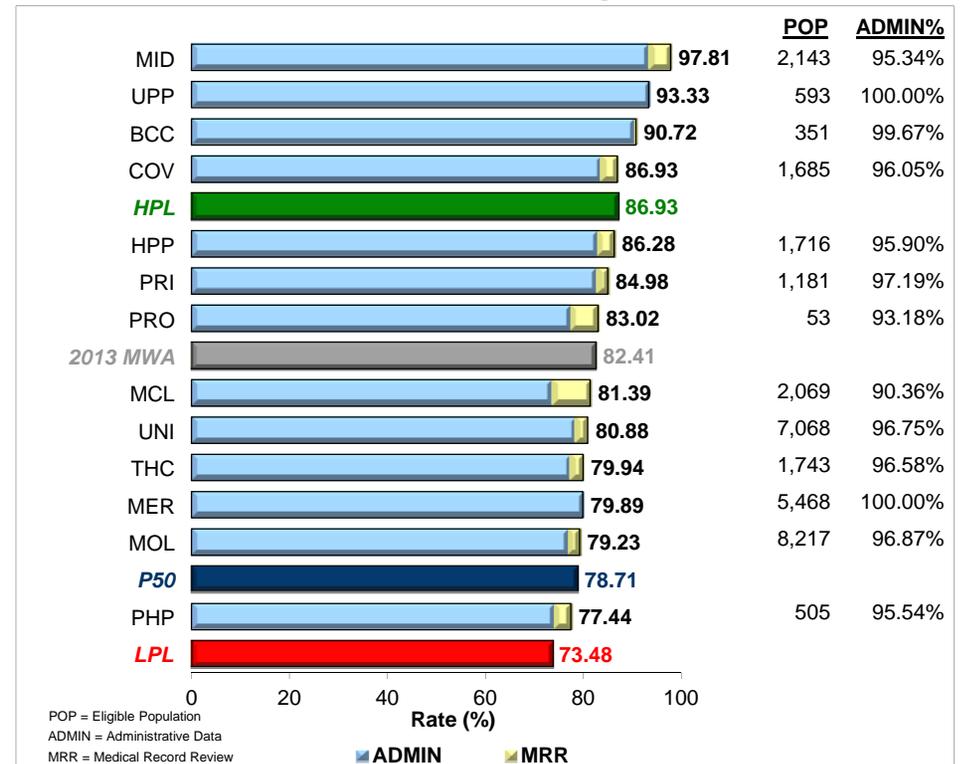
The *Comprehensive Diabetes Care—Medical Attention for Nephropathy* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.

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



The HEDIS 2013 Michigan Medicaid weighted average decreased by 0.57 percentage points but exceeded the national HEDIS 2012 Medicaid 50th percentile by 3.70 percentage points. Four MHPs performed above the HPL and none performed below the LPL. Two plans reported rates with just administrative data.

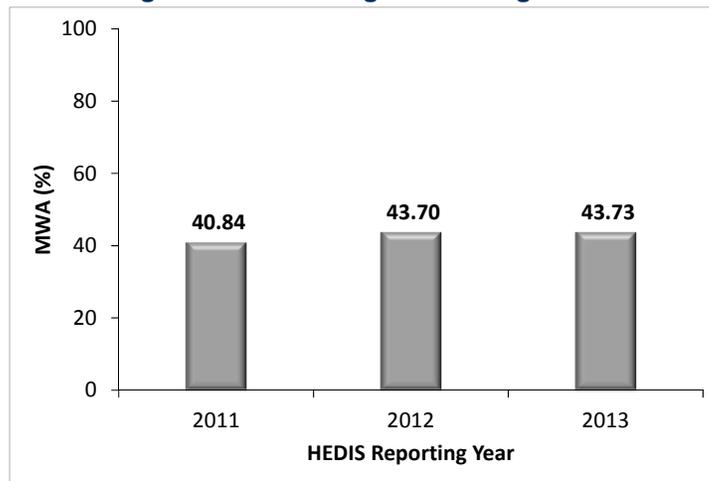
**Figure 8-16—Comprehensive Diabetes Care—
Medical Attention for Nephropathy
Health Plan Ranking**



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

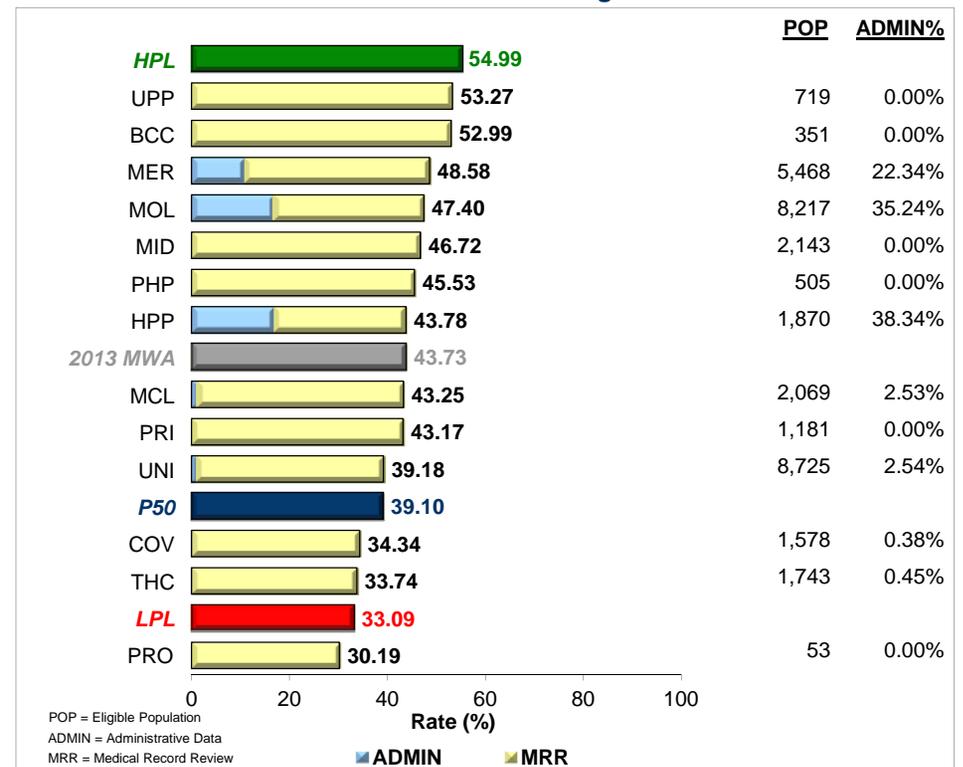
The *Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/80 mm Hg).

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.03 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 4.63 percentage points. None of the MHPs performed above the HPL and one performed below the LPL. Six plans relied solely on medical record data to report this indicator.

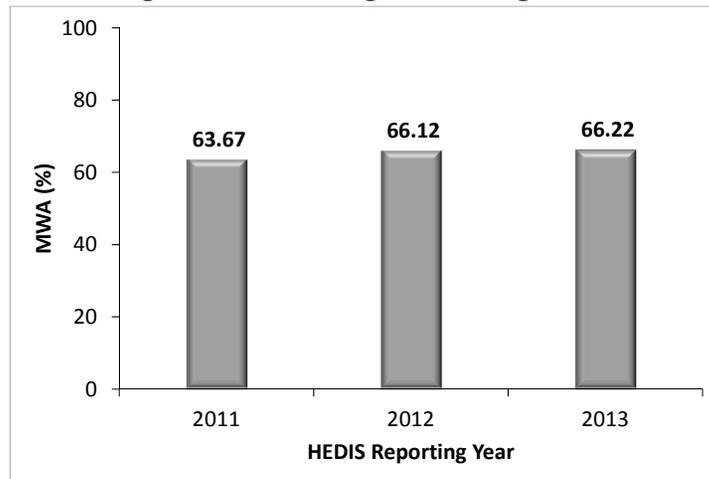
Figure 8-18—Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg) Health Plan Ranking



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

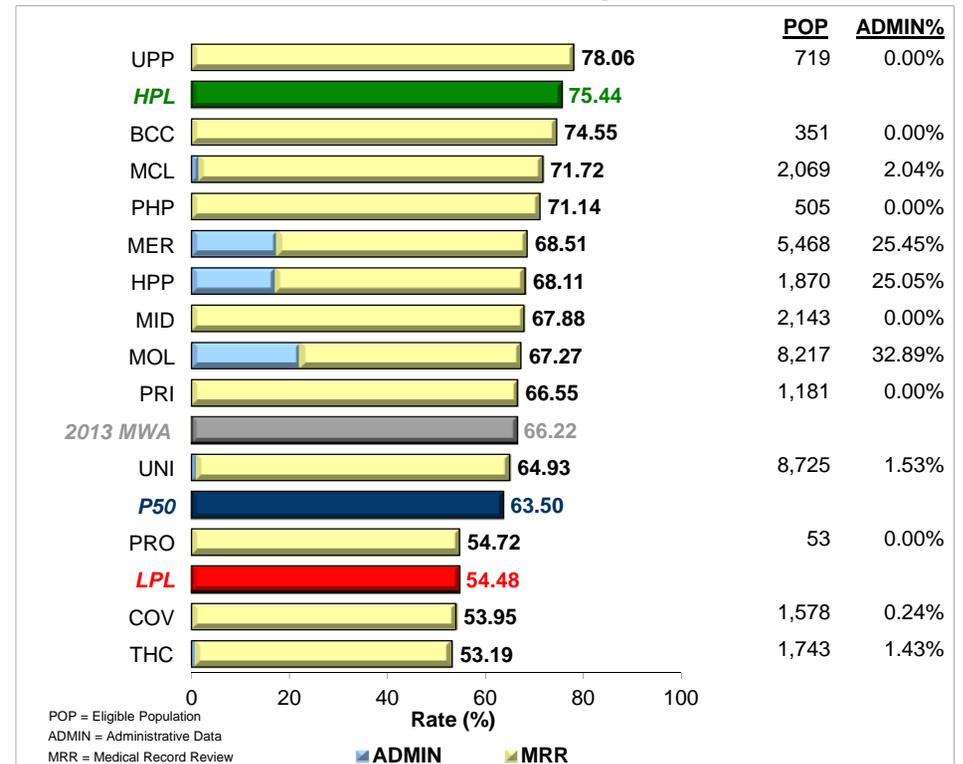
The *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90 mm Hg).

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.10 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 2.72 percentage points. One MHP performed above the HPL and two performed below the LPL. Six plans relied solely on medical record data to report this indicator.

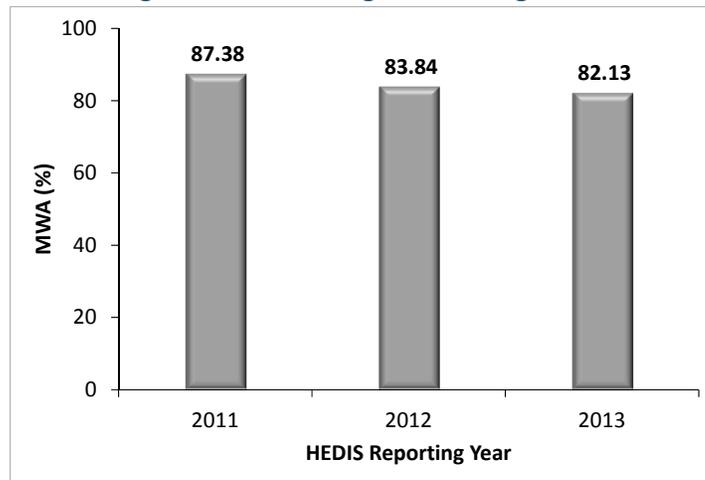
Figure 8-20—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Health Plan Ranking



Use of Appropriate Medications for People With Asthma—Total

Use of Appropriate Medication for People With Asthma—Total reports 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.

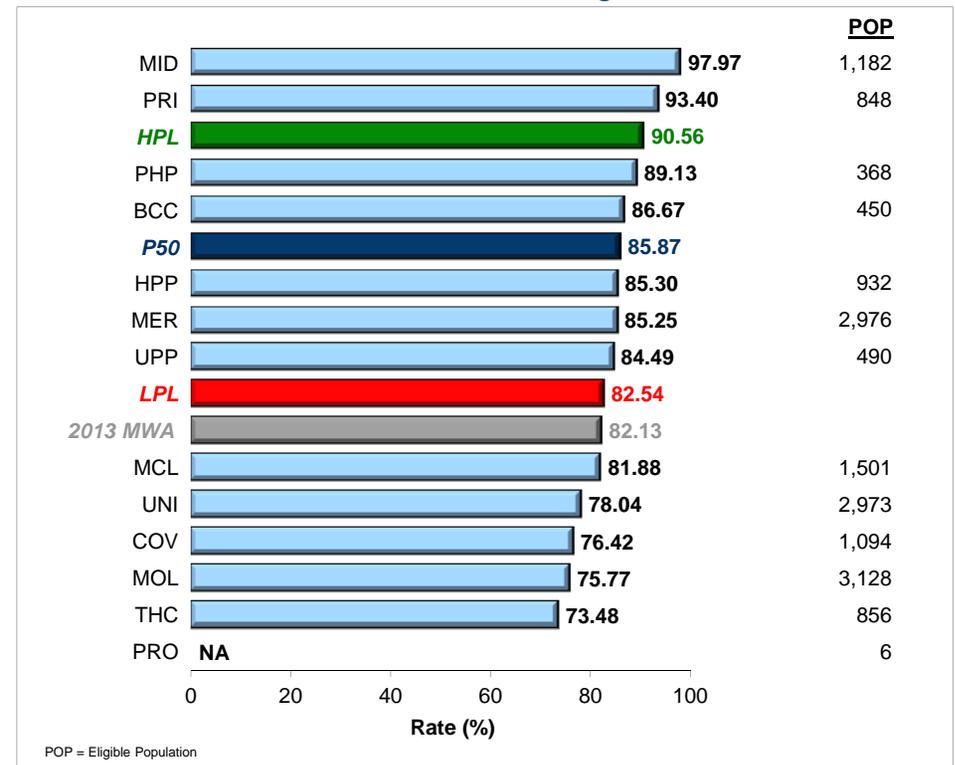
Figure 8-21—Use of Appropriate Medications for People With Asthma—Total Michigan Medicaid Weighted Averages



Decline from HEDIS 2012 to 2013 was statistically significant.

The HEDIS 2013 Michigan Medicaid weighted average had a statistically significant decline of 1.71 percentage points and fell below the LPL by 0.41 percentage points. Two MHPs performed above the HPL and five MHPs, including the 2013 Medicaid weighted average, performed below the LPL. One plan did not have a denominator large enough (less than 30) to report a valid rate for this indicator.

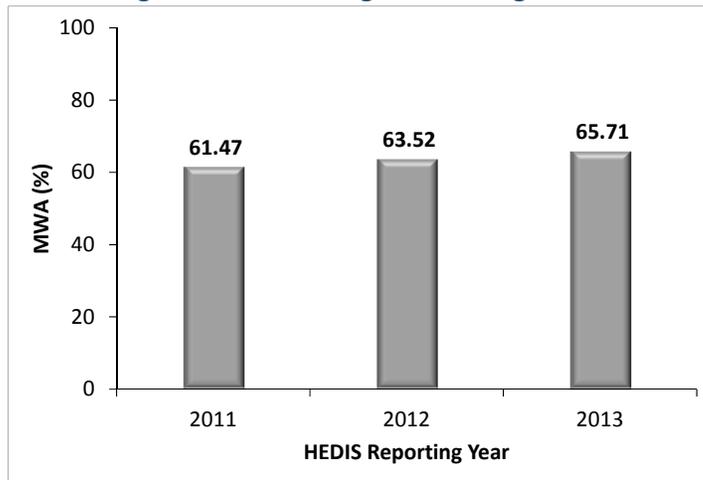
Figure 8-22—Use of Appropriate Medications for People With Asthma—Total Health Plan Ranking



Controlling High Blood Pressure

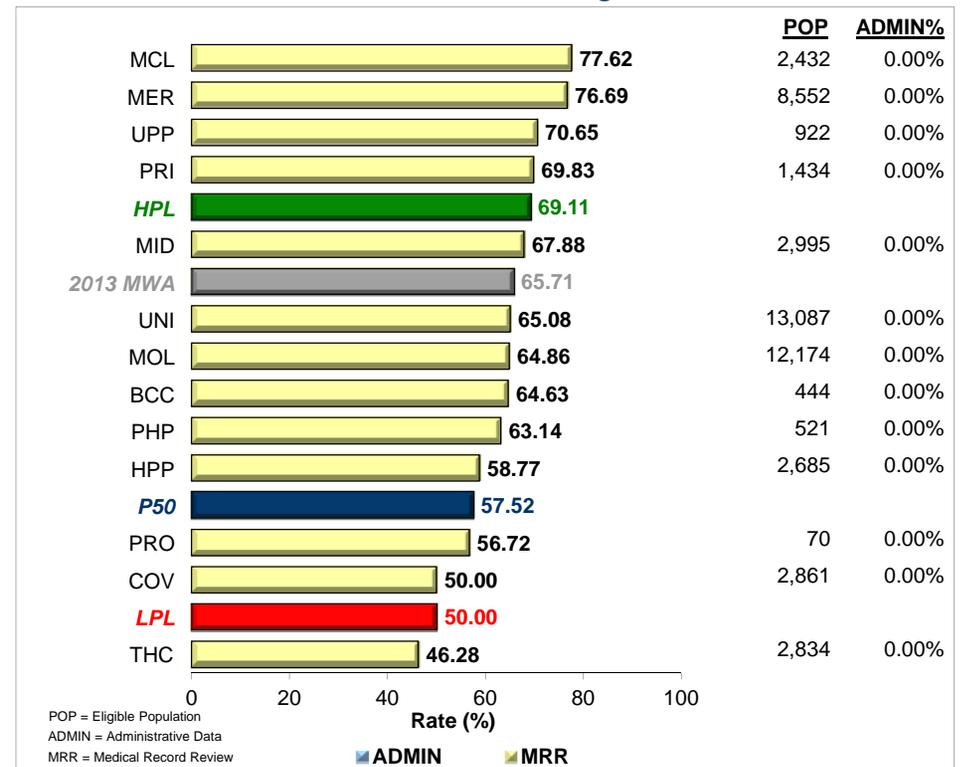
The *Controlling High Blood Pressure* measure is used to report the percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 2.19 percentage points and exceeded the national HEDIS 2012 Medicaid 50th percentile by 8.19 percentage points. Four MHPs performed above the HPL and one performed below the LPL. Since this measure must be reported via medical record data per NCQA specifications, all plan rates were derived from medical records.

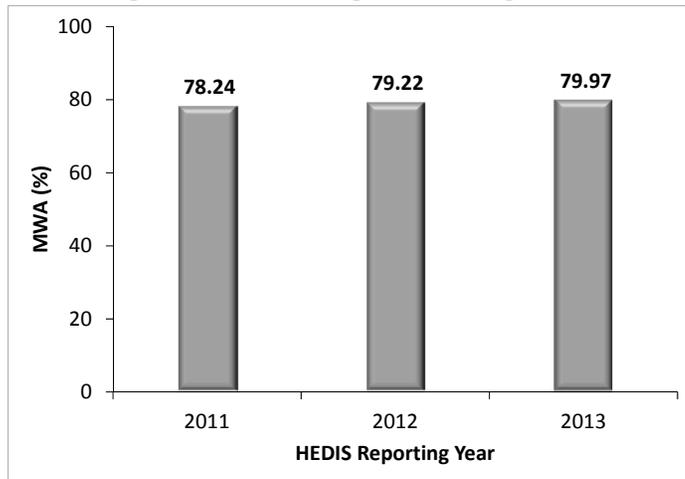
Figure 8-24—Controlling High Blood Pressure Health Plan Ranking



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

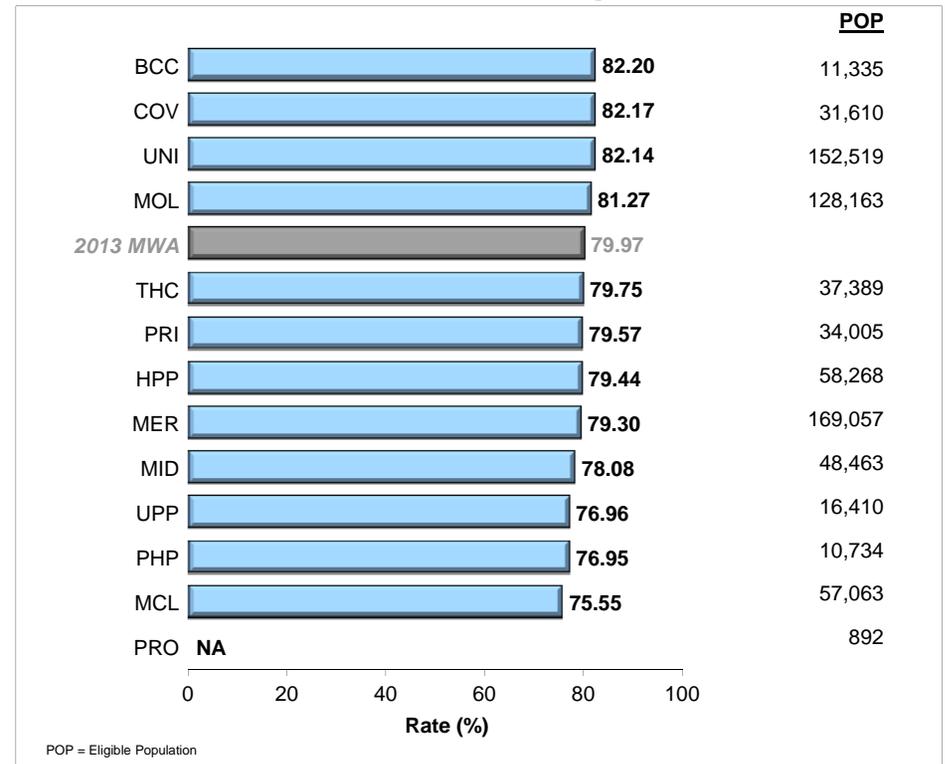
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 0.75 percentage points. Four MHPs performed above the 2013 Medicaid weighted average and eight performed below. One plan did not have a denominator large enough (less than 100) to report a valid rate.

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

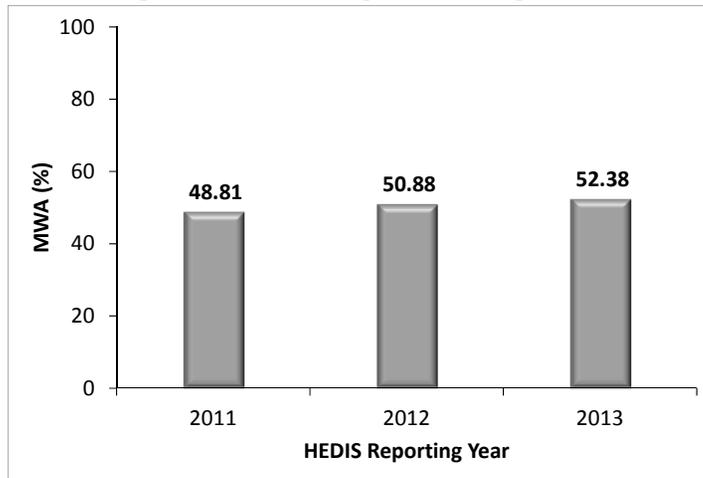


The eligible population for each health plan displayed here was the sum of the CAHPS sample frame sizes from 2012 and 2013 and did not represent the exact eligible population (i.e., smokers) for this indicator.

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

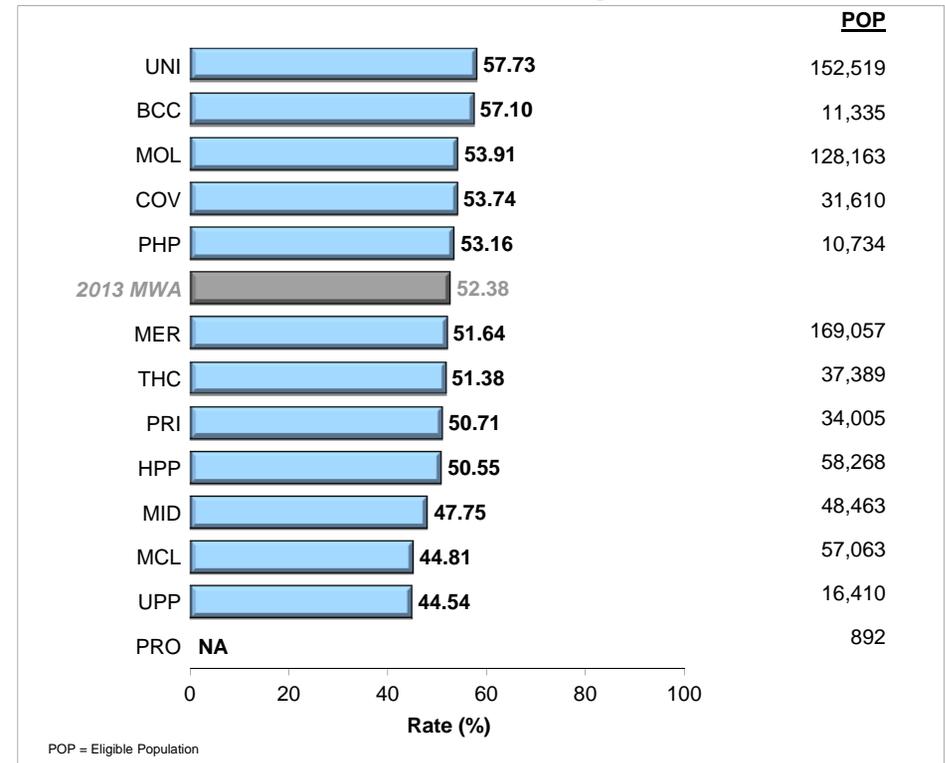
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 1.50 percentage points. Five MHPs performed above the 2013 Medicaid weighted average and seven performed below. One plan did not have a denominator large enough (less than 100) to report a valid rate.

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

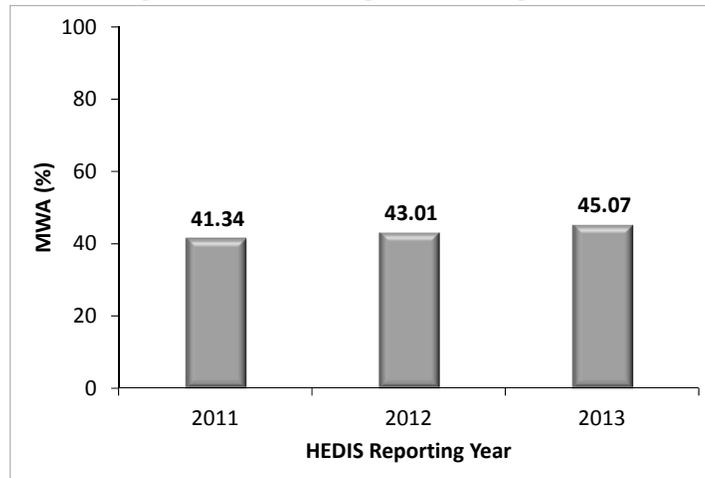


The eligible population for each health plan displayed here was the sum of the CAHPS sample frame sizes from 2012 and 2013 and did not represent the exact eligible population (i.e., smokers) for this indicator.

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

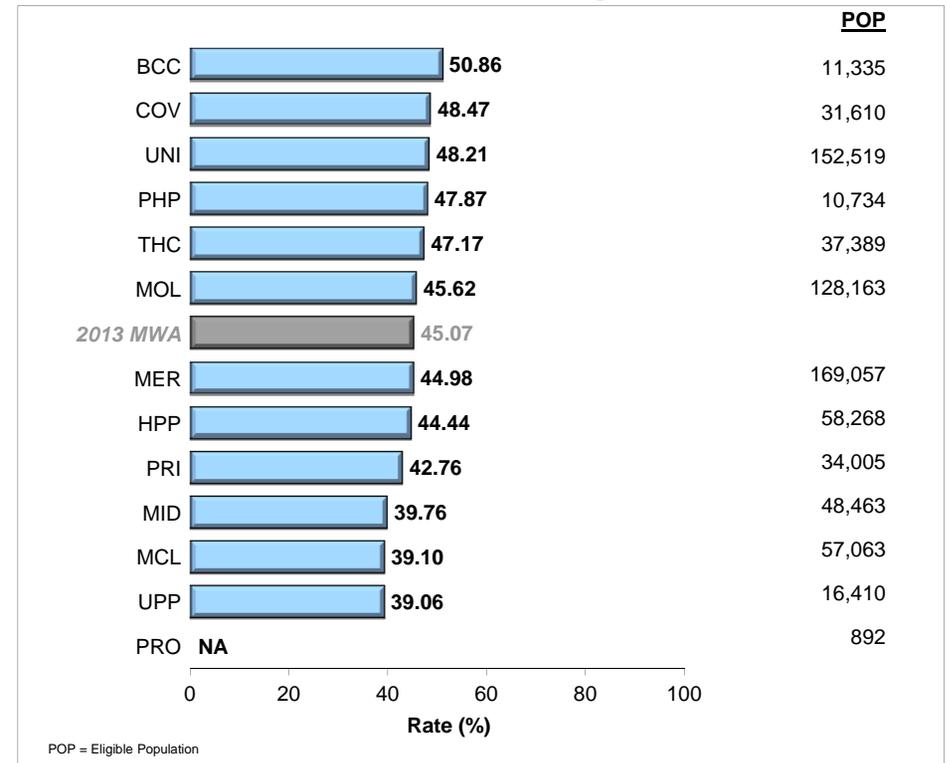
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

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



The HEDIS 2013 Michigan Medicaid weighted average increased by 2.06 percentage points. Six MHPs performed above the 2013 Medicaid weighted average and six performed below. One plan did not have a denominator large enough (less than 100) to report a valid rate.

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



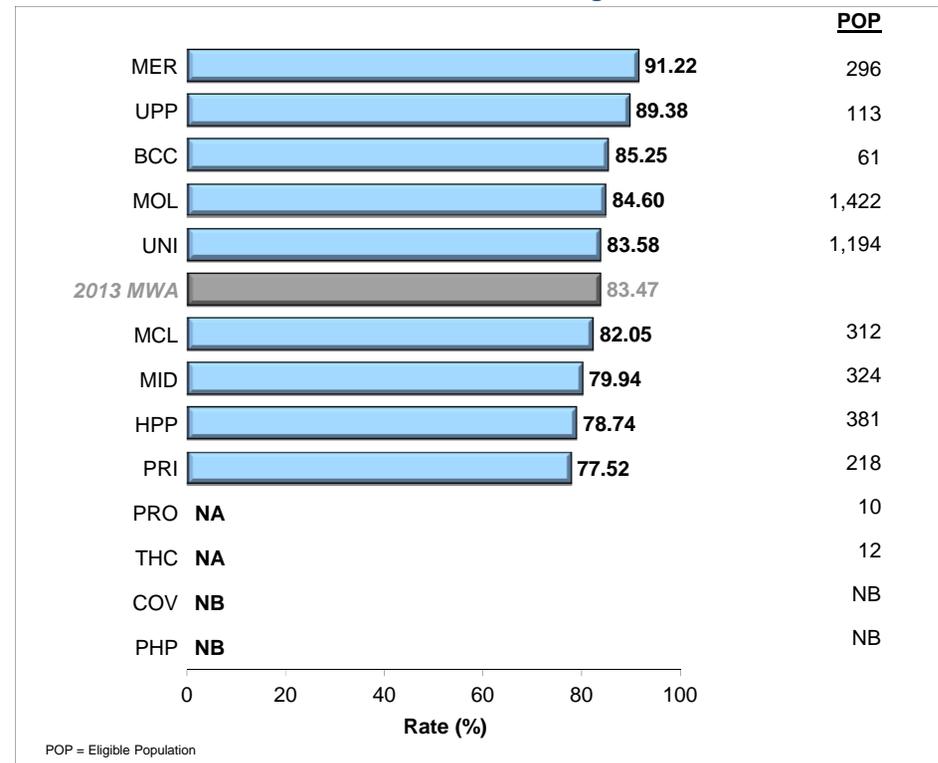
The eligible population for each health plan displayed here was the sum of the CAHPS sample frame sizes from 2012 and 2013 and did not represent the exact eligible population (i.e., smokers) for this indicator.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications reports the percentage of members between 18 years and 64 years of age identified with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

This is a new measure for HEDIS 2013; therefore, a three-year weighted average trending chart is not applicable and the national HEDIS 2012 Medicaid percentiles were not available. The HEDIS 2013 Michigan Medicaid weighted average was 83.47 percent. Five MHPs performed above the 2013 Medicaid weighted average and four performed below. Two plans did not have a denominator large enough (less than 30) to report a valid rate, and two plans did not offer the health benefit as described in the measure.

Figure 8-31—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Health Plan Ranking



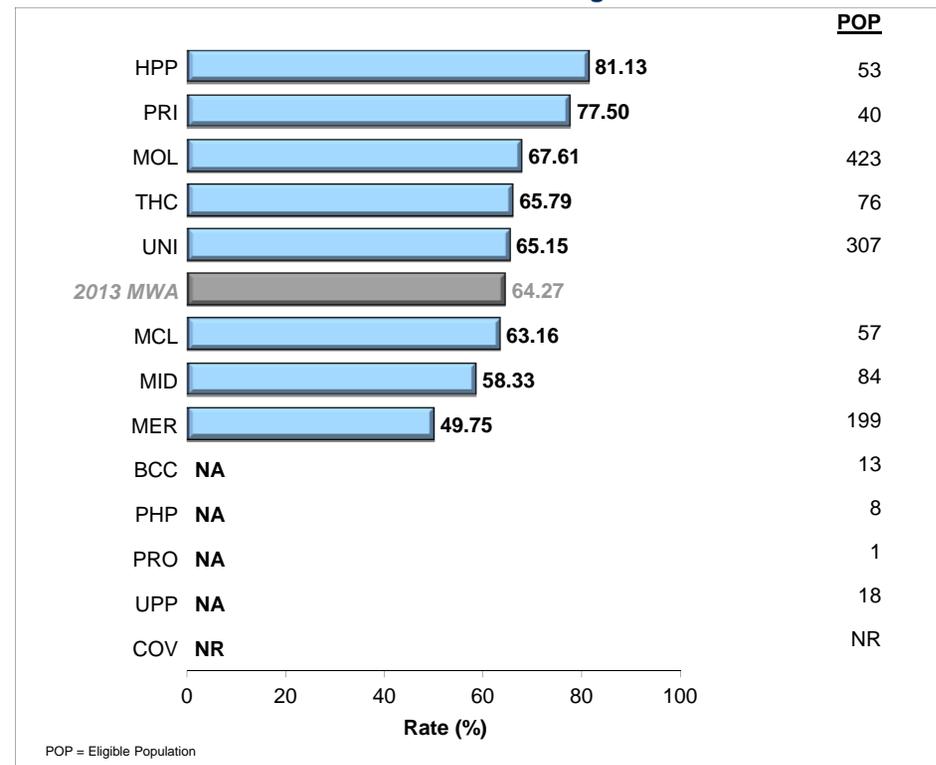
This is a new measure for HEDIS 2013; therefore, the national HEDIS 2012 Medicaid percentiles were not available.

Diabetes Monitoring for People With Diabetes and Schizophrenia

Diabetes Monitoring for People With Diabetes and Schizophrenia reports the percentage of members between 18 years and 64 years of age identified with schizophrenia and diabetes, who had both an LDL-C test and an HbA1c test during the measurement year.

This is a new measure for HEDIS 2013; therefore, a three-year weighted average trending chart is not applicable and the national HEDIS 2012 Medicaid percentiles were not available. The HEDIS 2013 Michigan Medicaid weighted average was 64.27 percent. Five MHPs performed above the 2013 Medicaid weighted average and three performed below. Four plans did not have a denominator large enough (less than 30) to report a valid rate, and one plan did not report a rate for this measure.

Figure 8-32—Diabetes Monitoring for People With Diabetes and Schizophrenia Health Plan Ranking



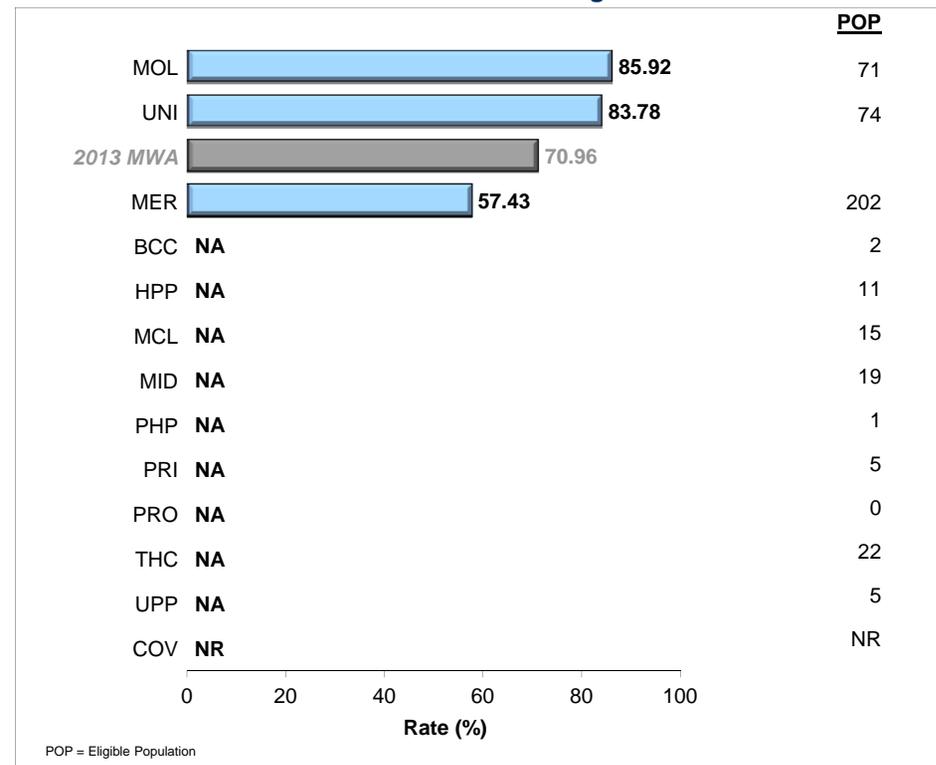
This is a new measure for HEDIS 2013; therefore, the national HEDIS 2012 Medicaid percentiles were not available.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia shows the percentage of members between 18 years and 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

This is a new measure for HEDIS 2013; therefore, a three-year weighted average trending chart is not applicable and the national HEDIS 2012 Medicaid percentiles were not available. The HEDIS 2013 Michigan Medicaid weighted average was 70.96 percent. Two MHPs performed above the 2013 Medicaid weighted average and one performed below. Nine plans did not have a denominator large enough (less than 30) to report a valid rate, and one plan did not report a rate for this measure.

Figure 8-33—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Health Plan Ranking



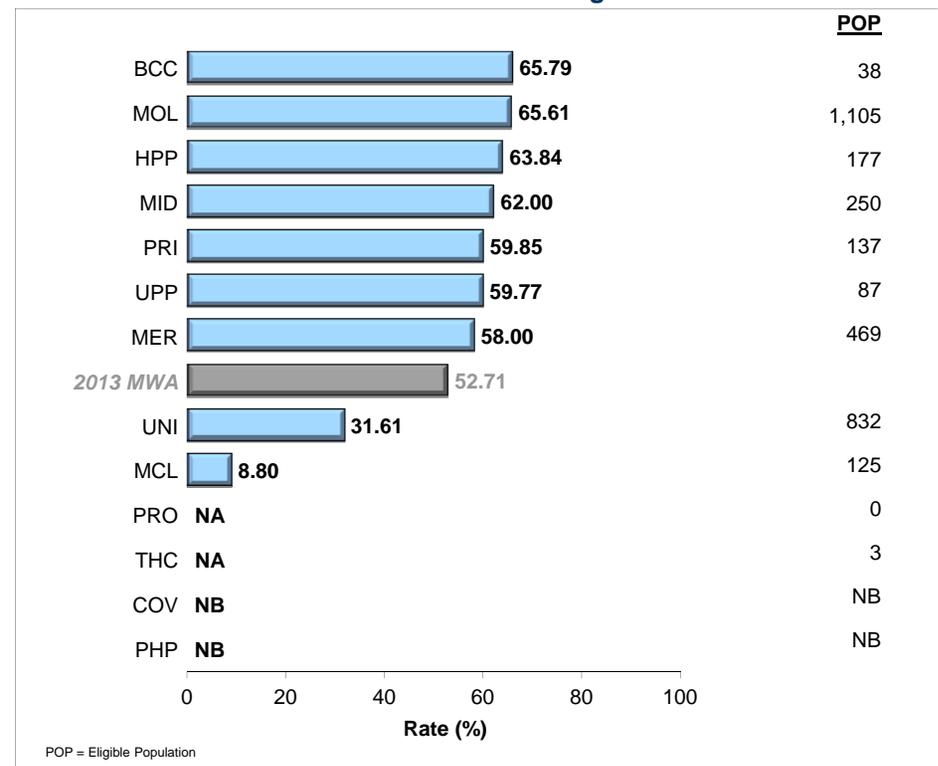
This is a new measure for HEDIS 2013; therefore, the national HEDIS 2012 Medicaid percentiles were not available.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia shows the percentage of members between 19 years and 64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

This is a new measure for HEDIS 2013; therefore, a three-year weighted average trending chart is not applicable and the national HEDIS 2012 Medicaid percentiles were not available. The HEDIS 2013 Michigan Medicaid weighted average was 52.71 percent. Seven MHPs performed above the 2013 Medicaid weighted average and two performed below. Two plans did not have a denominator large enough (less than 30) to report a valid rate, and two plans did not offer the health benefit as described in the measure.

Figure 8-34— Adherence to Antipsychotic Medications for Individuals With Schizophrenia Health Plan Ranking



This is a new measure for HEDIS 2013; therefore, the national HEDIS 2012 Medicaid percentiles were not available.

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 2012 and HEDIS 2013 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2013 rates showed some increase in Michigan MHP members reporting in the *Unknown* category (3.23 percentage points).

For the *Language Diversity of Membership* measure at the statewide level, the percentages of members using *English* or *Non-English* as the spoken language for health care remain almost the same as the previous year. The percentage of the Michigan members reporting *English* as the language preferred for written materials and other language needs decreased in HEDIS 2013. Conversely, the percentage of members reported in the *Unknown* category increased for these two indicators. When comparing the statewide rates with the national HEDIS 2012 Medicaid 50th percentiles, the percentages of Michigan MHP members in the *Unknown* category for the *Written Language* and *Other Language Needs* indicators are much lower, indicating Michigan MHPs had been more successful in collecting this type of information than half of the Medicaid plans across the country.

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	34,155	38.28%	36.93%	0.21%	1.01%	0.04%
CoventryCares of Michigan, Inc.	56,261	10.13%	82.80%	0.04%	0.62%	0.00%
HealthPlus Partners	85,088	59.36%	30.87%	0.15%	0.40%	0.06%
McLaren Health Plan	155,941	69.69%	18.41%	0.21%	0.93%	0.00%
Meridian Health Plan of Michigan	378,257	65.94%	21.60%	0.15%	1.02%	0.10%
Midwest Health Plan	108,922	23.92%	17.09%	0.02%	0.00%	0.00%
Molina Healthcare of Michigan	270,870	47.21%	36.33%	0.14%	0.97%	0.00%
Physicians Health Plan—FamilyCare	25,298	52.46%	24.91%	0.21%	0.00%	0.00%
Priority Health Government Programs, Inc.	91,044	58.98%	17.24%	0.12%	0.53%	0.03%
ProCare Health Plan	3,769	24.75%	59.30%	0.03%	0.00%	0.00%
Total Health Care, Inc.	79,205	29.80%	61.91%	0.08%	1.38%	0.11%
UnitedHealthcare Community Plan	237,147	49.44%	36.37%	0.13%	0.00%	0.00%
Upper Peninsula Health Plan	35,100	90.10%	1.65%	1.77%	0.43%	0.15%
2013 MWA	—	52.64%	30.30%	0.17%	0.69%	0.04%
2012 MWA	—	54.68%	31.14%	0.17%	0.59%	0.04%
2011 MWA	—	56.03%	32.11%	0.15%	0.23%	0.27%
2012 P50	—	40.15%	21.63%	0.16%	0.92%	0.00%

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	34,155	<0.01%	0.12%	23.41%	0.00%	3.57%
CoventryCares of Michigan, Inc.	56,261	0.00%	0.00%	6.41%	0.00%	1.53%
HealthPlus Partners	85,088	<0.01%	0.00%	9.17%	0.00%	4.61%
McLaren Health Plan	155,941	<0.01%	0.00%	10.65%	0.10%	5.03%
Meridian Health Plan of Michigan	378,257	0.00%	0.00%	5.88%	5.33%	5.88%
Midwest Health Plan	108,922	1.36%	0.00%	57.61%	0.00%	2.54%
Molina Healthcare of Michigan	270,870	0.00%	<0.01%	15.35%	0.00%	7.25%
Physicians Health Plan—FamilyCare	25,298	9.46%	0.00%	12.96%	0.00%	9.46%
Priority Health Government Programs, Inc.	91,044	0.00%	0.00%	23.11%	0.00%	10.60%
ProCare Health Plan	3,769	4.51%	0.00%	11.41%	0.00%	4.51%
Total Health Care, Inc.	79,205	2.15%	0.00%	4.55%	0.00%	2.15%
UnitedHealthcare Community Plan	237,147	1.45%	0.00%	12.61%	0.00%	5.17%
Upper Peninsula Health Plan	35,100	0.00%	0.00%	0.92%	4.97%	0.92%
2013 MWA	—	0.59%	<0.01%	14.17%	1.41%	5.45%
2012 MWA	—	1.33%	0.00%	10.94%	1.10%	5.44%
2011 MWA	—	2.29%	0.07%	8.25%	0.61%	5.00%
2012 P50	—	0.27%	0.00%	14.29%	0.00%	—

* 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 2012 Medicaid benchmarks associated with the Hispanic group were not available.

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	34,155	82.71%	5.24%	12.05%	0.00%
CoventryCares of Michigan, Inc.	56,261	99.13%	0.00%	0.87%	0.00%
HealthPlus Partners	85,088	99.90%	0.09%	<0.01%	0.00%
McLaren Health Plan	155,941	99.41%	0.58%	0.00%	0.01%
Meridian Health Plan of Michigan	378,257	98.85%	1.15%	0.00%	0.00%
Midwest Health Plan	108,922	99.17%	0.42%	0.41%	0.00%
Molina Healthcare of Michigan	270,870	98.95%	0.91%	0.15%	0.00%
Physicians Health Plan—FamilyCare	25,298	98.49%	0.85%	0.66%	0.00%
Priority Health Government Programs, Inc.	91,044	0.00%	0.00%	100.00%	0.00%
ProCare Health Plan	3,769	100.00%	0.00%	0.00%	0.00%
Total Health Care, Inc.	79,205	99.56%	0.44%	0.00%	0.00%
UnitedHealthcare Community Plan	237,147	85.42%	4.33%	10.25%	0.00%
Upper Peninsula Health Plan	35,100	99.97%	0.01%	0.01%	0.00%
2013 MWA	—	90.91%	1.34%	7.75%	<0.01%
2012 MWA	—	90.99%	1.17%	7.83%	<0.01%
2011 MWA	—	96.20%	1.23%	2.57%	<0.01%
2012 P50	—	67.15%	1.44%	7.48%	0.00%

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	34,155	0.00%	0.00%	100.00%	0.00%
CoventryCares of Michigan, Inc.	56,261	99.13%	0.00%	0.87%	0.00%
HealthPlus Partners	85,088	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	155,941	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	378,257	98.85%	1.15%	0.00%	0.00%
Midwest Health Plan	108,922	0.00%	0.00%	100.00%	0.00%
Molina Healthcare of Michigan	270,870	98.95%	0.91%	0.15%	0.00%
Physicians Health Plan—FamilyCare	25,298	98.49%	0.85%	0.66%	0.00%
Priority Health Government Programs, Inc.	91,044	0.00%	0.00%	100.00%	0.00%
ProCare Health Plan	3,769	0.00%	0.00%	100.00%	0.00%
Total Health Care, Inc.	79,205	99.56%	0.44%	0.00%	0.00%
UnitedHealthcare Community Plan	237,147	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	35,100	99.97%	0.01%	0.01%	0.00%
2013 MWA	—	53.59%	0.47%	45.94%	0.00%
2012 MWA	—	60.47%	0.44%	39.10%	0.00%
2011 MWA	—	68.50%	1.12%	30.38%	0.00%
2012 P50	—	0.00%	0.00%	99.07%	0.00%

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

Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	34,155	0.00%	0.00%	100.00%	0.00%
CoventryCares of Michigan, Inc.	56,261	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	85,088	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	155,941	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	378,257	98.85%	1.15%	0.00%	0.00%
Midwest Health Plan	108,922	0.00%	0.00%	100.00%	0.00%
Molina Healthcare of Michigan	270,870	98.95%	0.91%	0.15%	0.00%
Physicians Health Plan—FamilyCare	25,298	98.49%	0.85%	0.66%	0.00%
Priority Health Government Programs, Inc.	91,044	0.00%	0.00%	100.00%	0.00%
ProCare Health Plan	3,769	0.00%	0.00%	100.00%	0.00%
Total Health Care, Inc.	79,205	99.56%	0.44%	0.00%	0.00%
UnitedHealthcare Community Plan	237,147	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	35,100	0.00%	0.00%	100.00%	0.00%
2013 MWA	—	47.77%	0.47%	51.76%	0.00%
2012 MWA	—	53.98%	0.44%	45.58%	0.00%
2011 MWA	—	49.18%	0.39%	50.42%	0.00%
2012 P50	—	0.00%	0.00%	100.00%	0.00%

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 2012 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 7 percent from last year) in HEDIS 2013 and performed below the national HEDIS 2012 Medicaid 50th percentiles. For the *Inpatient Utilization—General Hospital/Acute Care* measure, the discharges per 1,000 member months increased for three inpatient service types (total inpatient, medicine, and maternity), while the average length of stay decreased slightly (no more than 1 percent from last year) for all but maternity services.

Ambulatory Care

Measure Definition

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

Results

Table 10-1—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	256,663	304.21	63.54
CoventryCares of Michigan, Inc.	523,203	316.99	86.63
HealthPlus Partners	795,927	341.92	66.58
McLaren Health Plan	1,151,201	318.25	75.48
Meridian Health Plan of Michigan	3,333,968	368.04	80.96
Midwest Health Plan	924,382	392.62	65.14
Molina Healthcare of Michigan	2,507,517	412.43	75.53
Physicians Health Plan—FamilyCare	212,611	342.01	79.83
Priority Health Government Programs, Inc.	774,148	328.44	80.38
ProCare Health Plan	25,567	341.65	71.22
Total Health Care, Inc.	661,698	288.30	74.83
UnitedHealthcare Community Plan	2,864,929	375.09	78.04
Upper Peninsula Health Plan	354,124	344.14	74.86
2013 MA	—	344.16	74.85
2012 MA	—	323.50	72.59
2011 MA	—	316.88	69.58
2012 P50	—	347.76	63.15
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 unweighted averages for HEDIS 2013 demonstrated increases in the number of visits from HEDIS 2012. Both statewide averages performed below the national HEDIS 2012 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

Table 10-2—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	256,663	6.76	3.08	0.90	4.64
CoventryCares of Michigan, Inc.	523,203	8.71	4.68	1.54	3.71
HealthPlus Partners	795,927	6.90	3.21	1.06	4.27
McLaren Health Plan	1,151,201	8.23	3.63	1.23	5.51
Meridian Health Plan of Michigan	3,333,968	10.67	6.46	0.36	6.52
Midwest Health Plan	924,382	8.79	4.14	1.33	5.27
Molina Healthcare of Michigan	2,507,517	7.81	3.53	1.59	4.42
Physicians Health Plan—FamilyCare	212,611	8.14	3.84	1.19	5.15
Priority Health Government Programs, Inc.	774,148	6.45	2.26	0.93	5.75
ProCare Health Plan	25,567	9.07	5.87	1.53	3.50
Total Health Care, Inc.	661,698	9.84	5.11	1.74	4.50
UnitedHealthcare Community Plan	2,864,928	7.64	3.11	1.48	4.97
Upper Peninsula Health Plan	354,124	6.88	2.57	1.28	5.03
2013 MA	—	8.14	3.96	1.24	4.86
2012 MA	—	7.89	3.72	1.23	4.87
2011 MA	—	8.01	3.32	1.32	5.24
2012 P50	—	7.72	3.14	1.26	4.75

MM = Member Months
 *The maternity category is calculated using member months for members 10 to 64 years of age.

Overall, the HEDIS 2013 Michigan Medicaid unweighted average for three of the four types of services showed a small increase in the number of discharges from the previous year’s rates. Three of the four statewide averages exceeded the national HEDIS 2012 Medicaid 50th percentiles.

Table 10-3—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	3.59	3.85	5.90	2.56
CoventryCares of Michigan, Inc.	4.05	3.68	7.08	2.86
HealthPlus Partners	3.91	4.40	5.76	2.56
McLaren Health Plan	3.70	4.10	5.17	2.74
Meridian Health Plan of Michigan	3.79	4.58	4.17	2.43
Midwest Health Plan	3.71	3.90	5.92	2.58
Molina Healthcare of Michigan	3.95	3.76	6.73	2.55
Physicians Health Plan—FamilyCare	3.47	3.71	4.37	2.77
Priority Health Government Programs, Inc.	3.19	3.70	4.43	2.48
ProCare Health Plan	3.91	3.67	6.18	2.65
Total Health Care, Inc.	3.88	3.50	7.23	2.58
UnitedHealthcare Community Plan	3.84	3.80	6.56	2.55
Upper Peninsula Health Plan	3.41	3.91	4.67	2.45
2013 MA	3.72	3.89	5.71	2.60
2012 MA	3.75	3.92	5.75	2.58
2011 MA	3.58	3.69	5.64	2.52
2012 P50	3.67	3.59	6.04	2.63

Overall, the HEDIS 2013 Michigan Medicaid unweighted averages showed a small decrease in the number of days from HEDIS 2012 for three of the four types of services. Two of the HEDIS 2013 statewide averages exceeded the national HEDIS 2012 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 2013, 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 2013. 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 MHPs 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 13 MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. One MHP had issues with updating board certification expiration dates due to resource and staffing limitations, and the MHP maintained the credentialing information in a Microsoft Excel spreadsheet with 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 completely captured

provider data and were able to identify the 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 13 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 4.2. The LO noted that in addition to the organization missing the required due date (by one day) for submitting the numerator and exclusion lists for final statistical validation, it also failed to resolve errors identified in one of the measure groups during final statistical validation. The auditor indicated in the FAR that this was due to lack of medical record evidence and resulted in significant impact on HEDIS reporting for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile* (WCC-BMI) indicator for this MHP. It was recommended that the organization use project management tools to ensure all HEDIS-required timelines are met. Additionally, the LO will include the WCC-BMI percentile indicator in the HEDIS 2014 convenience sample validation to ensure that records are properly abstracted according to numerator specifications in 2014.

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 two of the MHPs were fully compliant with *IS 7.0, Data Integration—Accurate HEDIS 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. One MHP was partially compliant with this standard due to the absence of a fully tested disaster recovery plan and the potential damage of a water sprinkler system to the hardware in the data center. Nonetheless, the partial compliance did not pose any impact on HEDIS reporting. Another MHP was partially compliant with this standard because of its software vendor's deficiencies in project management, programming errors, and delays in providing the organization timely information for complete validations of the data submitted to NCQA. Despite appropriate oversight provided to this calculation vendor, the organization did not have time to conduct research and resolve the data issues. The FAR indicated that the auditors determined that these issues had a significant negative impact on the *Relative*

Resource Use measure rates, resulting in a *Not Report* status and subsequently causing the organization to remove the measures from the scope of the audit. 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 2011, 2012, and 2013 Michigan Medicaid weighted averages or averages; and the national HEDIS 2012 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 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—*Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

- ◆ *Table A-25—Diabetes Monitoring for People With Diabetes and Schizophrenia*
- ◆ *Table A-26—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- ◆ *Table A-27—Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- ◆ *Table A-28—Race/Ethnicity Diversity of Membership*
- ◆ *Table A-29—Race/Ethnicity Diversity of Membership Language Diversity of Membership—Spoken Language Preferred for Health Care*
- ◆ *Table A-30—Race/Ethnicity Diversity of Membership Language Diversity of Membership—Language Preferred for Written Materials*
- ◆ *Table A-31—Race/Ethnicity Diversity of Membership Language Diversity of Membership—Other Language Needs*
- ◆ *Table A-32—Ambulatory Care*
- ◆ *Table A-33—Inpatient Utilization: General Hospital/Acute Care—Discharges*
- ◆ *Table A-34—Inpatient Utilization: General Hospital/Acute Care—Average Length of Stay*

Table A-1 Childhood Immunization Status										
Plan	Eligible Population	Combo 2 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	85.40%	82.73%	23.60%	68.86%	56.20%	19.95%	15.82%	48.18%	13.38%
CoventryCares of Michigan, Inc. [†]	1,132	77.31%	73.38%	33.56%	46.99%	22.22%	21.76%	11.81%	16.90%	7.64%
HealthPlus Partners	1,740	85.89%	79.08%	69.83%	55.23%	30.66%	52.55%	28.95%	24.57%	23.84%
McLaren Health Plan	2,123	85.16%	84.67%	72.51%	58.39%	39.90%	54.74%	38.93%	33.33%	32.60%
Meridian Health Plan of Michigan	8,477	81.54%	77.57%	64.95%	59.11%	40.42%	49.77%	36.21%	33.18%	30.61%
Midwest Health Plan	1,731	85.40%	79.08%	73.72%	64.48%	33.82%	60.10%	32.12%	28.95%	27.49%
Molina Healthcare of Michigan	5,702	82.35%	77.65%	69.65%	57.88%	39.76%	51.76%	37.65%	30.82%	28.94%
Physicians Health Plan—FamilyCare [†]	550	73.97%	68.13%	24.82%	48.42%	31.14%	20.44%	12.41%	22.87%	9.73%
Priority Health Government Programs, Inc. [†]	1,876	88.08%	85.40%	45.01%	70.80%	58.15%	38.93%	34.06%	51.09%	30.90%
ProCare Health Plan	70	51.43%	8.57%	8.57%	7.14%	1.43%	7.14%	1.43%	1.43%	1.43%
Total Health Care, Inc. [†]	1,196	80.74%	79.58%	36.66%	48.26%	19.03%	22.04%	10.90%	12.99%	7.66%
UnitedHealthcare Community Plan [†]	6,882	77.37%	72.26%	35.52%	54.50%	33.33%	27.49%	19.71%	26.52%	16.06%
Upper Peninsula Health Plan	912	79.17%	74.56%	65.02%	55.04%	48.57%	50.33%	45.07%	39.69%	37.39%
2013 Medicaid weighted average (MWA)	—	81.48%	77.16%	56.14%	57.57%	37.77%	42.85%	30.16%	30.61%	24.79%
2012 MWA	—	79.34%	75.74%	35.88%	54.84%	36.42%	28.08%	20.54%	28.91%	17.11%
2011 MWA	—	78.24%	74.25%	30.95%	46.83%	33.19%	21.63%	16.78%	23.65%	12.63%
2012 P50	—	75.35%	71.93%	33.92%	52.92%	37.57%	26.03%	20.88%	29.79%	16.51%

Note: For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when interpreting the trend for the weighted average or when comparing with the HEDIS 2012 Medicaid 50th percentile.

[†] 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 2013 Technical Specifications for Health Plans, Volume 2*.

Table A-2 Immunizations for Adolescents		
Plan	Eligible Population	Combination 1 Rate
Blue Cross Complete of Michigan	540	88.27%
CoventryCares of Michigan, Inc.	1,283	81.94%
HealthPlus Partners	1,941	91.14%
McLaren Health Plan	1,759	89.05%
Meridian Health Plan of Michigan	5,978	90.74%
Midwest Health Plan	1,792	85.64%
Molina Healthcare of Michigan	5,552	87.05%
Physicians Health Plan—FamilyCare	462	87.76%
Priority Health Government Programs, Inc.	1,710	95.92%
ProCare Health Plan	7	NA
Total Health Care, Inc.	1,290	83.33%
UnitedHealthcare Community Plan	5,676	89.86%
Upper Peninsula Health Plan	716	87.29%
2013 MWA	—	88.85%
2012 MWA	—	75.15%
2011 MWA	—	52.94%
2012 P50	—	62.29%
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	343	72.43%	2,507	80.74% [†]	3,901	60.10% [†]
CoventryCares of Michigan, Inc.	802	63.66%	4,789	81.31% [†]	10,121	61.96%
HealthPlus Partners	1,635	75.61% [†]	8,728	75.56% [†]	14,571	56.46% [†]
McLaren Health Plan	1,702	74.70%	9,372	68.13%	13,744	40.15%
Meridian Health Plan of Michigan	4,989	77.31% [†]	32,032	78.24% [†]	44,977	67.91% [†]
Midwest Health Plan	1,271	86.37%	7,974	82.97%	14,197	65.94%
Molina Healthcare of Michigan	4,282	67.40%	25,771	76.39% [†]	43,408	57.64% [†]
Physicians Health Plan—FamilyCare	411	56.10%	2,158	65.31% [†]	3,450	46.47%
Priority Health Government Programs, Inc.	1,441	72.61%	8,206	76.95%	11,876	61.07%
ProCare Health Plan	15	NA	288	67.01%	122	27.87%
Total Health Care, Inc.	841	73.15% [†]	5,194	82.94% [†]	11,239	67.08% [†]
UnitedHealthcare Community Plan	5,470	93.19% [†]	27,570	82.40% [†]	43,475	66.85%
Upper Peninsula Health Plan	908	72.35% [†]	3,574	72.75%	5,391	50.69% [†]
2013 MWA	—	77.83%	—	78.03%	—	61.46%
2012 MWA	—	75.28%	—	78.62%	—	61.66%
2011 MWA	—	72.34%	—	78.03%	—	58.83%
2012 P50	—	62.95%	—	72.26%	—	49.65%

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.
[†] 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 2013 Technical Specifications for Health Plans, Volume 2*.

Table A-4 Lead Screening in Children		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan [†]	508	74.21%
CoventryCares of Michigan, Inc.	998	84.49%
HealthPlus Partners	1,740	83.97%
McLaren Health Plan	2,123	85.64%
Meridian Health Plan of Michigan	8,477	84.19%
Midwest Health Plan	1,731	77.37%
Molina Healthcare of Michigan	5,702	80.00%
Physicians Health Plan—FamilyCare	522	77.20%
Priority Health Government Programs, Inc.	1,819	82.93%
ProCare Health Plan	70	68.57%
Total Health Care, Inc.	1,043	74.31%
UnitedHealthcare Community Plan	6,803	82.97%
Upper Peninsula Health Plan [†]	901	90.21%
2013 MWA	—	82.40%
2012 MWA	—	78.14%
2011 MWA	—	77.99%
2012 P50	—	71.41%
[†] 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 2013 Technical Specifications for Health Plans, Volume 2</i> .		

Table A-5 Appropriate Treatment for Children With Upper Respiratory Infection		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	1,033	94.58%
CoventryCares of Michigan, Inc.	1,366	87.34%
HealthPlus Partners	3,353	81.93%
McLaren Health Plan	4,135	76.15%
Meridian Health Plan of Michigan	14,993	86.81%
Midwest Health Plan	3,956	85.87%
Molina Healthcare of Michigan	10,159	85.31%
Physicians Health Plan—FamilyCare	1,018	83.30%
Priority Health Government Programs, Inc.	2,499	92.12%
ProCare Health Plan	122	90.16%
Total Health Care, Inc.	2,071	85.56%
UnitedHealthcare Community Plan	13,443	85.75%
Upper Peninsula Health Plan	1,638	87.24%
2013 MWA	—	85.53%
2012 MWA	—	83.94%
2011 MWA	—	84.95%
2012 P50	—	85.34%

Table A-6 Appropriate Testing for Children With Pharyngitis		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	483	83.64%
CoventryCares of Michigan, Inc.	767	54.63%
HealthPlus Partners	2,410	68.30%
McLaren Health Plan	2,876	60.22%
Meridian Health Plan of Michigan	9,128	64.95%
Midwest Health Plan	2,183	62.25%
Molina Healthcare of Michigan	5,954	59.27%
Physicians Health Plan—FamilyCare	513	60.82%
Priority Health Government Programs, Inc.	1,415	78.16%
ProCare Health Plan	41	43.90%
Total Health Care, Inc.	1,158	51.38%
UnitedHealthcare Community Plan	7,585	52.88%
Upper Peninsula Health Plan	906	71.30%
2013 MWA	—	61.28%
2012 MWA	—	61.23%
2011 MWA	—	54.89%
2012 P50	—	70.00%

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	200	43.50%	39	51.28%
CoventryCares of Michigan, Inc.	300	22.67%	44	27.27%
HealthPlus Partners	781	42.38%	226	51.33%
McLaren Health Plan	1,004	41.43%	192	45.31%
Meridian Health Plan of Michigan	2,335	39.66%	772	44.95%
Midwest Health Plan	489	38.24%	115	50.43%
Molina Healthcare of Michigan	1,794	35.95%	447	43.18%
Physicians Health Plan—FamilyCare	NB	NB	NB	NB
Priority Health Government Programs, Inc.	754	38.06%	217	45.62%
ProCare Health Plan	1	NA	0	NA
Total Health Care, Inc.	81	43.21%	10	NA
UnitedHealthcare Community Plan	2,032	39.62%	396	51.52%
Upper Peninsula Health Plan	282	50.71%	103	57.28%
2013 MWA	—	39.09%	—	46.93%
2012 MWA	—	39.74%	—	49.48%
2011 MWA	—	36.71%	—	41.93%
2012 P50	—	39.19%	—	47.09%

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.
NB denotes a *No Benefit* audit designation, indicating that the MHP did not offer the benefit required by the measure.

**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	625	60.32%	2,011	74.91%
CoventryCares of Michigan, Inc.	2,297	60.12%	6,552	74.05%
HealthPlus Partners	2,496	63.94%	8,290	76.64%
McLaren Health Plan	2,705	48.02%	9,326	72.99%
Meridian Health Plan of Michigan	7,238	62.88%	29,602	75.18%
Midwest Health Plan	2,730	57.55%	8,757	71.29%
Molina Healthcare of Michigan	10,355	55.61%	28,191	72.80%
Physicians Health Plan—FamilyCare	701	43.51%	2,211	71.11%
Priority Health Government Programs, Inc.	1,441	65.16%	6,112	78.65%
ProCare Health Plan	49	4.08%	147	43.26%
Total Health Care, Inc.	2,338	49.96%	6,972	63.87%
UnitedHealthcare Community Plan	10,204	57.47%	32,300	69.59%
Upper Peninsula Health Plan	1,111	55.54%	3,406	74.77%
2013 MWA	—	57.41%	—	72.60%
2012 MWA	—	57.03%	—	75.50%
2011 MWA	—	56.35%	—	74.27%
2012 P50	—	50.46%	—	69.10%

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	472	47.88%	206	62.14%	678	52.21%
CoventryCares of Michigan, Inc.	1,655	72.21%	729	79.56%	2,384	74.45%
HealthPlus Partners	1,978	55.61%	1,058	66.35%	3,036	59.35%
McLaren Health Plan	1,805	49.47%	1,036	63.71%	2,841	54.66%
Meridian Health Plan of Michigan	6,936	64.63%	4,765	72.84%	11,701	67.98%
Midwest Health Plan	1,676	61.52%	884	71.15%	2,560	64.84%
Molina Healthcare of Michigan	5,695	66.32%	2,958	73.19%	8,653	68.67%
Physicians Health Plan—FamilyCare	438	52.74%	226	70.35%	664	58.73%
Priority Health Government Programs, Inc.	1,549	64.43%	816	72.79%	2,365	67.32%
ProCare Health Plan	10	NA	15	NA	25	NA
Total Health Care, Inc.	1,615	67.12%	788	75.89%	2,403	70.00%
UnitedHealthcare Community Plan	5,893	61.85%	3,597	72.17%	9,490	65.76%
Upper Peninsula Health Plan	643	47.28%	355	56.34%	998	50.50%
2013 MWA	—	62.50%	—	71.67%	—	65.84%
2012 MWA	—	61.65%	—	69.50%	—	64.53%
2011 MWA	—	60.73%	—	68.43%	—	63.49%
2012 P50	—	54.18%	—	64.36%	—	58.40%
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 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	523	97.32%	2,775	89.84%	2,277	94.03%	2,897	92.82%
CoventryCares of Michigan, Inc.	1,013	96.54%	5,255	83.56%	4,826	86.61%	7,880	85.91%
HealthPlus Partners	1,794	97.05%	9,966	89.93%	8,235	93.20%	10,789	91.75%
McLaren Health Plan	2,364	95.47%	11,333	85.78%	7,966	88.99%	9,810	86.94%
Meridian Health Plan of Michigan	9,688	98.01%	42,281	92.19%	25,470	93.76%	30,223	93.53%
Midwest Health Plan	1,945	98.56%	9,662	94.27%	7,316	94.18%	9,864	93.98%
Molina Healthcare of Michigan	5,816	97.03%	29,356	90.56%	23,345	92.66%	30,097	89.99%
Physicians Health Plan—FamilyCare	592	95.61%	2,720	85.18%	1,937	88.33%	2,518	87.17%
Priority Health Government Programs, Inc.	2,032	96.80%	9,942	88.15%	7,134	92.29%	8,406	90.39%
ProCare Health Plan	78	80.77%	369	73.44%	47	57.45%	52	73.08%
Total Health Care, Inc.	1,109	93.78%	6,027	83.47%	5,183	87.02%	7,777	85.42%
UnitedHealthcare Community Plan	7,078	97.91%	34,495	90.93%	24,087	92.64%	30,800	91.85%
Upper Peninsula Health Plan	1,052	98.00%	4,399	90.25%	3,253	90.47%	3,990	92.78%
2013 MWA	—	97.30%	—	90.14%	—	92.15%	—	90.89%
2012 MWA	—	97.06%	—	90.28%	—	91.79%	—	90.60%
2011 MWA	—	96.66%	—	89.83%	—	91.10%	—	89.48%
2012 P50	—	97.02%	—	89.19%	—	90.58%	—	89.21%

**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	2,311	84.73%	1,028	88.04%	123	90.24%	3,462	85.90%
CoventryCares of Michigan, Inc.	7,245	80.90%	3,858	87.12%	14	NA	11,117	83.05%
HealthPlus Partners	9,959	85.41%	3,973	91.14%	172	93.60%	14,104	87.12%
McLaren Health Plan	11,553	81.49%	5,028	89.58%	235	85.53%	16,816	83.97%
Meridian Health Plan of Michigan	40,624	86.14%	15,263	91.63%	105	93.33%	55,992	87.65%
Midwest Health Plan	10,047	91.02%	5,530	92.93%	17	NA	15,594	91.71%
Molina Healthcare of Michigan	29,499	83.77%	16,948	90.51%	2,759	93.44%	49,206	86.63%
Physicians Health Plan—FamilyCare	2,570	80.86%	1,159	87.66%	59	86.44%	3,788	83.03%
Priority Health Government Programs, Inc.	7,469	83.88%	2,476	90.67%	6	NA	9,951	85.58%
ProCare Health Plan	208	50.48%	184	75.00%	12	NA	404	61.39%
Total Health Care, Inc.	7,918	76.24%	4,350	85.79%	218	80.28%	12,486	79.64%
UnitedHealthcare Community Plan	35,532	85.13%	19,139	92.31%	2,140	92.66%	56,811	87.83%
Upper Peninsula Health Plan	4,108	87.00%	2,035	90.76%	157	92.99%	6,300	88.37%
2013 MWA	—	84.53%	—	90.77%	—	92.12%	—	86.68%
2012 MWA	—	83.57%	—	89.71%	—	92.54%	—	85.46%
2011 MWA	—	83.19%	—	89.13%	—	89.11%	—	84.96%
2012 P50	—	82.34%	—	87.31%	—	87.79%	—	83.90%

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	80.74%	2,507	74.47%	7,245	78.59%
CoventryCares of Michigan, Inc.	7,031	68.22%	4,637	71.10%	11,668	69.37%
HealthPlus Partners	15,105	77.99%	8,372	82.64%	23,477	79.65%
McLaren Health Plan†	15,166	61.15%	7,247	60.90%	22,413	61.07%
Meridian Health Plan of Michigan†	55,286	71.38%	26,912	74.24%	82,198	72.26%
Midwest Health Plan	15,312	67.52%	8,298	74.45%	23,610	69.83%
Molina Healthcare of Michigan	44,362	79.23%	22,706	78.72%	67,068	79.06%
Physicians Health Plan—FamilyCare	3,756	67.40%	2,007	63.04%	5,763	65.94%
Priority Health Government Programs, Inc.	14,406	83.70%	7,218	81.56%	21,624	82.97%
ProCare Health Plan†	130	53.08%	32	43.75%	162	51.23%
Total Health Care, Inc.	8,650	58.53%	5,502	62.07%	14,152	59.95%
UnitedHealthcare Community Plan	48,566	53.05%	24,751	57.72%	73,317	54.74%
Upper Peninsula Health Plan	6,167	70.18%	3,281	68.71%	9,448	69.68%
2013 MWA	—	68.90%	—	70.99%	—	69.62%
2012 MWA	—	61.81%	—	61.36%	—	61.63%
2011 MWA	—	45.69%	—	48.24%	—	46.62%
2012 P50	—	47.52%	—	49.42%	—	47.45%

† 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 2013 Technical Specifications for Health Plans, Volume 2*.

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	70.37%	2,507	63.12%	7,245	67.88%
CoventryCares of Michigan, Inc.	7,031	50.78%	4,637	54.91%	11,668	52.44%
HealthPlus Partners	15,105	71.04%	8,372	64.58%	23,477	68.73%
McLaren Health Plan [†]	15,166	61.87%	7,247	48.87%	22,413	57.66%
Meridian Health Plan of Michigan [†]	55,286	48.82%	26,912	51.52%	82,198	49.65%
Midwest Health Plan	15,312	64.96%	8,298	66.42%	23,610	65.45%
Molina Healthcare of Michigan	44,362	61.27%	22,706	63.12%	67,068	61.88%
Physicians Health Plan—FamilyCare	3,756	64.10%	2,007	63.77%	5,763	63.99%
Priority Health Government Programs, Inc.	14,406	74.07%	7,218	66.67%	21,624	71.53%
ProCare Health Plan	225	65.78%	27	NA	252	63.75%
Total Health Care, Inc.	8,650	63.95%	5,502	55.17%	14,152	60.42%
UnitedHealthcare Community Plan	48,566	59.54%	24,751	61.07%	73,317	60.10%
Upper Peninsula Health Plan	6,167	56.84%	3,281	55.78%	9,448	56.48%
2013 MWA	—	59.60%	—	59.02%	—	59.39%
2012 MWA	—	58.62%	—	57.06%	—	58.05%
2011 MWA	—	55.22%	—	51.67%	—	54.02%
2012 P50	—	57.09%	—	50.00%	—	54.88%

[†] 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 2013 Technical Specifications for Health Plans, Volume 2*.

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-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	54.81%	2,507	58.87%	7,245	56.20%
CoventryCares of Michigan, Inc.	7,031	41.47%	4,637	52.60%	11,668	45.94%
HealthPlus Partners	15,105	57.14%	8,372	63.89%	23,477	59.55%
McLaren Health Plan [†]	15,166	60.79%	7,247	48.87%	22,413	56.93%
Meridian Health Plan of Michigan [†]	55,286	34.01%	26,912	43.94%	82,198	37.06%
Midwest Health Plan	15,312	61.31%	8,298	59.12%	23,610	60.58%
Molina Healthcare of Michigan [†]	46,818	45.66%	24,186	49.10%	71,004	46.99%
Physicians Health Plan—FamilyCare	3,756	46.15%	2,007	65.22%	5,763	52.55%
Priority Health Government Programs, Inc.	14,406	57.41%	7,218	65.96%	21,624	60.34%
ProCare Health Plan	225	34.67%	27	NA	252	35.06%
Total Health Care, Inc. [†]	9,591	50.92%	5,555	55.35%	15,146	52.55%
UnitedHealthcare Community Plan	48,566	48.09%	24,751	53.69%	73,317	50.12%
Upper Peninsula Health Plan	6,167	43.16%	3,281	61.22%	9,448	49.31%
2013 MWA	—	47.04%	—	52.69%	—	48.98%
2012 MWA	—	46.03%	—	49.74%	—	47.30%
2011 MWA	—	42.57%	—	49.22%	—	44.89%
2012 P50	—	42.17%	—	47.00%	—	43.29%

[†] 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 2013 Technical Specifications for Health Plans, Volume 2*.
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-15 Adult BMI Assessment		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan [†]	2,123	81.75%
CoventryCares of Michigan, Inc.	7,980	81.67%
HealthPlus Partners	9,757	90.40%
McLaren Health Plan	8,977	69.10%
Meridian Health Plan of Michigan	27,330	82.83%
Midwest Health Plan	9,948	75.67%
Molina Healthcare of Michigan	33,847	83.19%
Physicians Health Plan—FamilyCare	2,414	75.47%
Priority Health Government Programs, Inc. [†]	5,418	85.77%
ProCare Health Plan	147	16.33%
Total Health Care, Inc.	7,580	73.61%
UnitedHealthcare Community Plan	34,974	78.42%
Upper Peninsula Health Plan	4,056	77.44%
2013 MWA	—	80.39%
2012 MWA	—	72.46%
2011 MWA	—	63.00%
2012 P50	—	57.94%
[†] 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 2013 Technical Specifications for Health Plans, Volume 2</i> .		

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	497	86.00%	497	64.86%
CoventryCares of Michigan, Inc.	1,063	84.35%	1,063	66.12%
HealthPlus Partners	1,844	92.70%	1,844	71.78%
McLaren Health Plan	2,905	96.59%	2,905	81.02%
Meridian Health Plan of Michigan	10,282	94.13%	10,282	72.07%
Midwest Health Plan	2,334	95.86%	2,334	73.24%
Molina Healthcare of Michigan	5,487	80.38%	5,487	72.49%
Physicians Health Plan—FamilyCare	516	88.98%	516	66.67%
Priority Health Government Programs, Inc.	2,097	88.81%	2,097	70.07%
ProCare Health Plan	21	NA	21	NA
Total Health Care, Inc.	1,446	69.44%	1,446	47.69%
UnitedHealthcare Community Plan	7,458	89.72%	7,458	66.94%
Upper Peninsula Health Plan	996	91.18%	996	76.80%
2013 MWA	—	89.61%	—	70.56%
2012 MWA	—	90.33%	—	70.35%
2011 MWA	—	88.37%	—	70.73%
2012 P50	—	86.13%	—	64.98%

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-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	715	20.98%	5.73%	38.74%	24.76%	9.79%
CoventryCares of Michigan, Inc.	1,200	47.83%	4.83%	26.00%	16.58%	4.75%
HealthPlus Partners	2,058	37.76%	7.09%	35.42%	13.75%	5.98%
McLaren Health Plan	3,785	20.55%	8.19%	43.14%	22.25%	5.87%
Meridian Health Plan of Michigan	11,111	28.17%	10.59%	45.10%	16.07%	0.06%
Midwest Health Plan	411	22.87%	7.79%	43.07%	24.33%	1.95%
Molina Healthcare of Michigan	6,321	35.07%	8.16%	35.79%	15.80%	5.17%
Physicians Health Plan—FamilyCare	581	34.42%	8.95%	36.83%	16.35%	3.44%
Priority Health Government Programs, Inc.	411	26.03%	12.65%	44.77%	16.55%	0.00%
ProCare Health Plan	31	22.58%	9.68%	35.48%	32.26%	0.00%
Total Health Care, Inc.	1,801	32.65%	7.00%	35.98%	17.66%	6.72%
UnitedHealthcare Community Plan	NR	NR	NR	NR	NR	NR
Upper Peninsula Health Plan	1,097	24.61%	16.41%	38.20%	13.58%	7.20%
2013 MWA	—	30.12%	9.12%	40.23%	17.02%	3.50%
2012 MWA	—	27.93%	9.25%	40.82%	18.49%	3.51%
2011 MWA	—	26.30%	7.90%	41.99%	19.53%	4.27%
The National HEDIS 2012 Medicaid 50th Percentiles were not available for this measure.						
NR denotes a <i>Not Report</i> 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-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	497	12.78%	6.88%	11.30%	25.31%	43.73%
CoventryCares of Michigan, Inc.	1,063	20.23%	13.95%	12.79%	16.28%	36.74%
HealthPlus Partners	1,844	34.79%	2.92%	4.14%	9.98%	48.18%
McLaren Health Plan	2,905	1.95%	0.73%	2.68%	7.30%	87.35%
Meridian Health Plan of Michigan	10,282	0.70%	1.64%	2.82%	7.75%	87.09%
Midwest Health Plan	2,334	2.43%	2.92%	4.87%	9.73%	80.05%
Molina Healthcare of Michigan	5,587	16.51%	11.48%	11.48%	16.03%	44.50%
Physicians Health Plan—FamilyCare	516	5.65%	2.54%	5.37%	8.19%	78.25%
Priority Health Government Programs, Inc.	2,097	6.57%	4.38%	8.03%	15.82%	65.21%
ProCare Health Plan	21	NA	NA	NA	NA	NA
Total Health Care, Inc.	1,446	28.70%	12.27%	10.19%	13.89%	34.95%
UnitedHealthcare Community Plan	7,458	7.78%	2.78%	7.22%	14.44%	67.78%
Upper Peninsula Health Plan	996	1.39%	1.39%	4.64%	13.69%	78.89%
2013 MWA	—	8.67%	4.43%	6.26%	11.90%	68.74%
2012 MWA	—	7.07%	6.36%	5.78%	10.13%	70.66%
2012 P50	—	6.58%	4.66%	7.50%	14.37%	64.65%

This measure was newly added to the HEDIS 2012 aggregate report; therefore, a 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.

* 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	91.92% [†]	351	27.84% [†]	351	58.38% [†]	351	41.70% [†]	351	73.65% [†]
CoventryCares of Michigan, Inc.	1,685	82.35% [†]	1,685	44.28% [†]	1,685	50.33% [†]	1,035	39.36% [†]	1,685	60.78% [†]
HealthPlus Partners	1,870	87.69%	1,870	33.29%	1,870	58.18%	1,870	45.99%	1,870	72.31%
McLaren Health Plan	2,069	78.47%	2,069	41.24%	2,069	49.82%	1,992	36.65%	2,069	57.48%
Meridian Health Plan of Michigan	5,468	90.93% [†]	5,468	31.32% [†]	5,468	57.83% [†]	5,468	45.15% [†]	5,468	53.20% [†]
Midwest Health Plan	2,143	92.70% [†]	2,143	35.04% [†]	2,143	54.56% [†]	2,143	41.64% [†]	2,143	61.50% [†]
Molina Healthcare of Michigan	8,217	82.84%	8,217	37.47%	8,217	53.72%	NR	NR	8,217	56.66%
Physicians Health Plan—FamilyCare	505	81.10%	505	40.65%	505	49.39%	348	34.04%	505	59.35%
Priority Health Government Programs, Inc.	1,181	88.40%	1,181	31.74%	1,181	57.68%	1,181	41.61%	1,181	62.46%
ProCare Health Plan	53	71.70%	53	49.06%	53	43.40%	38	30.56%	53	47.17%
Total Health Care, Inc.	1,743	76.75%	1,743	54.56%	1,743	40.27%	1,109	33.97%	1,743	46.66%
UnitedHealthcare Community Plan	8,725	84.70%	8,725	33.08%	8,725	56.59%	8,725	41.90%	8,725	63.93%
Upper Peninsula Health Plan	593	88.95% [†]	593	29.30% [†]	593	62.46% [†]	593	38.81% [†]	593	67.72% [†]
2013 MWA	—	85.21%	—	36.06%	—	54.57%	—	41.80%	—	59.42%
2012 MWA	—	85.72%	—	35.79%	—	54.96%	—	41.01%	—	56.57%
2011 MWA	—	85.03%	—	36.38%	—	53.68%	—	42.91%	—	59.04%
2012 P50	—	82.38%	—	41.68%	—	48.72%	—	36.72%	—	52.88%

* 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.

[†] 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 2013 Technical Specifications for Health Plans, Volume 2*.

**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	81.74% [†]	351	46.41% [†]	351	90.72% [†]	351	52.99% [†]	351	74.55% [†]
CoventryCares of Michigan, Inc.	1,685	80.88% [†]	1,685	38.73% [†]	1,685	86.93% [†]	1,578	34.34%	1,578	53.95%
HealthPlus Partners	1,716	79.79% [†]	1,716	43.07% [†]	1,716	86.28% [†]	1,870	43.78%	1,870	68.11%
McLaren Health Plan	2,069	69.71%	2,069	31.93%	2,069	81.39%	2,069	43.25%	2,069	71.72%
Meridian Health Plan of Michigan	5,468	81.49% [†]	5,468	41.64% [†]	5,468	79.89% [†]	5,468	48.58% [†]	5,468	68.51% [†]
Midwest Health Plan	2,143	84.67% [†]	2,143	40.51% [†]	2,143	97.81% [†]	2,143	46.72% [†]	2,143	67.88% [†]
Molina Healthcare of Michigan	8,217	81.49%	8,217	39.95%	8,217	79.23%	8,217	47.40%	8,217	67.27%
Physicians Health Plan—FamilyCare	505	72.76%	505	35.98%	505	77.44%	505	45.53%	505	71.14%
Priority Health Government Programs, Inc.	1,181	77.65%	1,181	43.00%	1,181	84.98%	1,181	43.17%	1,181	66.55%
ProCare Health Plan	53	75.47%	53	32.08%	53	83.02%	53	30.19%	53	54.72%
Total Health Care, Inc.	1,743	74.01%	1,743	30.85%	1,743	79.94%	1,743	33.74%	1,743	53.19%
UnitedHealthcare Community Plan	8,725	80.22%	8,725	38.81%	7,068	80.88% [†]	8,725	39.18%	8,725	64.93%
Upper Peninsula Health Plan	593	82.11% [†]	593	36.32% [†]	593	93.33% [†]	719	53.27%	719	78.06%
2013 MWA	—	79.91%	—	39.16%	—	82.41%	—	43.73%	—	66.22%
2012 MWA	—	80.08%	—	42.28%	—	82.98%	—	43.70%	—	66.12%
2011 MWA	—	80.80%	—	41.15%	—	82.76%	—	40.84%	—	63.67%
2012 P50	—	76.16%	—	35.86%	—	78.71%	—	39.10%	—	63.50%

[†] 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 2013 Technical Specifications for Health Plans, Volume 2*.

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	185	94.59%	140	85.71%	95	81.05%	30	60.00%	450	86.67%
CoventryCares of Michigan, Inc.	385	78.18%	298	82.89%	331	74.02%	80	53.75%	1,094	76.42%
HealthPlus Partners	388	93.30%	288	83.68%	219	77.17%	37	62.16%	932	85.30%
McLaren Health Plan	638	89.66%	431	82.83%	359	70.19%	73	65.75%	1,501	81.88%
Meridian Health Plan of Michigan	1,251	93.37%	808	86.51%	789	73.13%	128	72.66%	2,976	85.25%
Midwest Health Plan	496	96.98%	284	97.89%	317	99.05%	85	100.00%	1,182	97.97%
Molina Healthcare of Michigan	1,224	86.36%	746	77.08%	904	66.37%	254	54.33%	3,128	75.77%
Physicians Health Plan—FamilyCare	180	94.44%	102	92.16%	64	78.13%	22	NA	368	89.13%
Priority Health Government Programs, Inc.	399	95.74%	259	93.05%	169	89.35%	21	NA	848	93.40%
ProCare Health Plan	1	NA	1	NA	1	NA	3	NA	6	NA
Total Health Care, Inc.	301	82.39%	217	76.50%	255	64.31%	83	61.45%	856	73.48%
UnitedHealthcare Community Plan	1,188	87.54%	668	78.74%	892	68.83%	225	62.22%	2,973	78.04%
Upper Peninsula Health Plan	193	94.82%	144	83.33%	127	73.23%	26	NA	490	84.49%
2013 MWA	—	89.91%	—	83.56%	—	73.11%	—	64.67%	—	82.13%
2012 MWA	—	91.76%	—	84.90%	—	74.85%	—	66.35%	—	83.84%
2011 MWA	—	91.36%	—	—	—	—	—	—	—	87.38%
2012 P50	—	91.59%	—	86.96%	—	75.53%	—	73.81%	—	85.87%

Note: Due to change in age stratifications in HEDIS 2012, the MWA 2011 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 years in HEDIS 2012; therefore, please use caution when comparing MWA 2013 and MWA 2012 with MWA 2011 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	444	64.63%
CoventryCares of Michigan, Inc.	2,861	50.00%
HealthPlus Partners	2,685	58.77%
McLaren Health Plan	2,432	77.62%
Meridian Health Plan of Michigan	8,552	76.69%
Midwest Health Plan	2,995	67.88%
Molina Healthcare of Michigan	12,174	64.86%
Physicians Health Plan—FamilyCare	521	63.14%
Priority Health Government Programs, Inc.	1,434	69.83%
ProCare Health Plan	70	56.72%
Total Health Care, Inc.	2,834	46.28%
UnitedHealthcare Community Plan	13,087	65.08%
Upper Peninsula Health Plan	922	70.65%
2013 MWA	—	65.71%
2012 MWA	—	63.52%
2011 MWA	—	61.47%
2012 P50	—	57.52%

**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	11,335	82.20%	57.10%	50.86%
CoventryCares of Michigan, Inc.	31,610	82.17%	53.74%	48.47%
HealthPlus Partners	58,268	79.44%	50.55%	44.44%
McLaren Health Plan	57,063	75.55%	44.81%	39.10%
Meridian Health Plan of Michigan	169,057	79.30%	51.64%	44.98%
Midwest Health Plan	48,463	78.08%	47.75%	39.76%
Molina Healthcare of Michigan	128,163	81.27%	53.91%	45.62%
Physicians Health Plan—FamilyCare	10,734	76.95%	53.16%	47.87%
Priority Health Government Programs, Inc.	34,005	79.57%	50.71%	42.76%
ProCare Health Plan	892	NA	NA	NA
Total Health Care, Inc.	37,389	79.75%	51.38%	47.17%
UnitedHealthcare Community Plan	152,519	82.14%	57.73%	48.21%
Upper Peninsula Health Plan	16,410	76.96%	44.54%	39.06%
2013 MWA	—	79.97%	52.38%	45.07%
2012 MWA	—	79.22%	50.88%	43.01%
2011 MWA	—	78.24%	48.81%	41.34%

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 2012 and 2013 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 MWA.

Table A-24 Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	61	85.25%
CoventryCares of Michigan, Inc.	NB	NB
HealthPlus Partners	381	78.74%
McLaren Health Plan	312	82.05%
Meridian Health Plan of Michigan	296	91.22%
Midwest Health Plan	324	79.94%
Molina Healthcare of Michigan	1,422	84.60%
Physicians Health Plan—FamilyCare	NB	NB
Priority Health Government Programs, Inc.	218	77.52%
ProCare Health Plan	10	NA
Total Health Care, Inc.	12	NA
UnitedHealthcare Community Plan	1,194	83.58%
Upper Peninsula Health Plan	113	89.38%
2013 MWA	—	83.47%
<p>Note: This is a new measure for HEDIS 2013; therefore, the 2012 MWA, 2011 MWA, and the national HEDIS 2012 Medicaid percentiles were not available.</p> <p>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.</p> <p>NB denotes a <i>No Benefit</i> audit designation, indicating that the MHP did not offer the benefit required by the measure.</p>		

Table A-25 Diabetes Monitoring for People With Diabetes and Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	13	NA
CoventryCares of Michigan, Inc.	NR	NR
HealthPlus Partners	53	81.13%
McLaren Health Plan	57	63.16%
Meridian Health Plan of Michigan	199	49.75%
Midwest Health Plan	84	58.33%
Molina Healthcare of Michigan	423	67.61%
Physicians Health Plan—FamilyCare	8	NA
Priority Health Government Programs, Inc.	40	77.50%
ProCare Health Plan	1	NA
Total Health Care, Inc.	76	65.79%
UnitedHealthcare Community Plan	307	65.15%
Upper Peninsula Health Plan	18	NA
2013 MWA	—	64.27%
<p>Note: This is a new measure for HEDIS 2013; therefore, the 2012 MWA, 2011 MWA, and the national HEDIS 2012 Medicaid percentiles were not available.</p> <p>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.</p> <p>NR denotes a <i>Not Report</i> 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.</p>		

Table A-26 Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	2	NA
CoventryCares of Michigan, Inc.	NR	NR
HealthPlus Partners	11	NA
McLaren Health Plan	15	NA
Meridian Health Plan of Michigan	202	57.43%
Midwest Health Plan	19	NA
Molina Healthcare of Michigan	71	85.92%
Physicians Health Plan—FamilyCare	1	NA
Priority Health Government Programs, Inc.	5	NA
ProCare Health Plan	0	NA
Total Health Care, Inc.	22	NA
UnitedHealthcare Community Plan	74	83.78%
Upper Peninsula Health Plan	5	NA
2013 MWA	—	70.96%

Note: This is a new measure for HEDIS 2013; therefore, the 2012 MWA, 2011 MWA, and the national HEDIS 2012 Medicaid percentiles were 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.

Table A-27 Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	38	65.79%
CoventryCares of Michigan, Inc.	NB	NB
HealthPlus Partners	177	63.84%
McLaren Health Plan	125	8.80%
Meridian Health Plan of Michigan	469	58.00%
Midwest Health Plan	250	62.00%
Molina Healthcare of Michigan	1,105	65.61%
Physicians Health Plan—FamilyCare	NB	NB
Priority Health Government Programs, Inc.	137	59.85%
ProCare Health Plan	0	NA
Total Health Care, Inc.	3	NA
UnitedHealthcare Community Plan	832	31.61%
Upper Peninsula Health Plan	87	59.77%
2013 MWA	—	52.71%

Note: This is a new measure for HEDIS 2013; therefore, the 2012 MWA, 2011 MWA, and the national HEDIS 2012 Medicaid percentiles were 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.
NB denotes a *No Benefit* audit designation, indicating that the MHP did not offer the benefit required by the measure.

**Table A-28
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	34,155	38.28%	36.93%	0.21%	1.01%	0.04%	<0.01%	0.12%	23.41%	0.00%	3.57%
CoventryCares of Michigan, Inc.	56,261	10.13%	82.80%	0.04%	0.62%	0.00%	0.00%	0.00%	6.41%	0.00%	1.53%
HealthPlus Partners	85,088	59.36%	30.87%	0.15%	0.40%	0.06%	<0.01%	0.00%	9.17%	0.00%	4.61%
McLaren Health Plan	155,941	69.69%	18.41%	0.21%	0.93%	0.00%	<0.01%	0.00%	10.65%	0.10%	5.03%
Meridian Health Plan of Michigan	378,257	65.94%	21.60%	0.15%	1.02%	0.10%	0.00%	0.00%	5.88%	5.33%	5.88%
Midwest Health Plan	108,922	23.92%	17.09%	0.02%	0.00%	0.00%	1.36%	0.00%	57.61%	0.00%	2.54%
Molina Healthcare of Michigan	270,870	47.21%	36.33%	0.14%	0.97%	0.00%	0.00%	<0.01%	15.35%	0.00%	7.25%
Physicians Health Plan—FamilyCare	25,298	52.46%	24.91%	0.21%	0.00%	0.00%	9.46%	0.00%	12.96%	0.00%	9.46%
Priority Health Government Programs, Inc.	91,044	58.98%	17.24%	0.12%	0.53%	0.03%	0.00%	0.00%	23.11%	0.00%	10.60%
ProCare Health Plan	3,769	24.75%	59.30%	0.03%	0.00%	0.00%	4.51%	0.00%	11.41%	0.00%	4.51%
Total Health Care, Inc.	79,205	29.80%	61.91%	0.08%	1.38%	0.11%	2.15%	0.00%	4.55%	0.00%	2.15%
UnitedHealthcare Community Plan	237,147	49.44%	36.37%	0.13%	0.00%	0.00%	1.45%	0.00%	12.61%	0.00%	5.17%
Upper Peninsula Health Plan	35,100	90.10%	1.65%	1.77%	0.43%	0.15%	0.00%	0.00%	0.92%	4.97%	0.92%
2013 MWA	—	52.64%	30.30%	0.17%	0.69%	0.04%	0.59%	<0.01%	14.17%	1.41%	5.45%
2012 MWA	—	54.68%	31.14%	0.17%	0.59%	0.04%	1.33%	0.00%	10.94%	1.10%	5.44%
2011 MWA	—	56.03%	32.11%	0.15%	0.23%	0.27%	2.29%	0.07%	8.25%	0.61%	5.00%
2012 P50	—	40.15%	21.63%	0.16%	0.92%	0.00%	0.27%	0.00%	14.29%	0.00%	—

* 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 2012 Medicaid benchmarks associated with the Hispanic group were not available.

Table A-29 Language Diversity of Membership—Spoken Language Preferred for Health Care					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	34,155	82.71%	5.24%	12.05%	0.00%
CoventryCares of Michigan, Inc.	56,261	99.13%	0.00%	0.87%	0.00%
HealthPlus Partners	85,088	99.90%	0.09%	<0.01%	0.00%
McLaren Health Plan	155,941	99.41%	0.58%	0.00%	0.01%
Meridian Health Plan of Michigan	378,257	98.85%	1.15%	0.00%	0.00%
Midwest Health Plan	108,922	99.17%	0.42%	0.41%	0.00%
Molina Healthcare of Michigan	270,870	98.95%	0.91%	0.15%	0.00%
Physicians Health Plan—FamilyCare	25,298	98.49%	0.85%	0.66%	0.00%
Priority Health Government Programs, Inc.	91,044	0.00%	0.00%	100.00%	0.00%
ProCare Health Plan	3,769	100.00%	0.00%	0.00%	0.00%
Total Health Care, Inc.	79,205	99.56%	0.44%	0.00%	0.00%
UnitedHealthcare Community Plan	237,147	85.42%	4.33%	10.25%	0.00%
Upper Peninsula Health Plan	35,100	99.97%	0.01%	0.01%	0.00%
2013 MWA	—	90.91%	1.34%	7.75%	<0.01%
2012 MWA	—	90.99%	1.17%	7.83%	<0.01%
2011 MWA	—	96.20%	1.23%	2.57%	<0.01%
2012 P50	—	67.15%	1.44%	7.48%	0.00%

Table A-30 Language Diversity of Membership—Language Preferred for Written Materials					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	34,155	0.00%	0.00%	100.00%	0.00%
CoventryCares of Michigan, Inc.	56,261	99.13%	0.00%	0.87%	0.00%
HealthPlus Partners	85,088	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	155,941	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	378,257	98.85%	1.15%	0.00%	0.00%
Midwest Health Plan	108,922	0.00%	0.00%	100.00%	0.00%
Molina Healthcare of Michigan	270,870	98.95%	0.91%	0.15%	0.00%
Physicians Health Plan—FamilyCare	25,298	98.49%	0.85%	0.66%	0.00%
Priority Health Government Programs, Inc.	91,044	0.00%	0.00%	100.00%	0.00%
ProCare Health Plan	3,769	0.00%	0.00%	100.00%	0.00%
Total Health Care, Inc.	79,205	99.56%	0.44%	0.00%	0.00%
UnitedHealthcare Community Plan	237,147	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	35,100	99.97%	0.01%	0.01%	0.00%
2013 MWA	—	53.59%	0.47%	45.94%	0.00%
2012 MWA	—	60.47%	0.44%	39.10%	0.00%
2011 MWA	—	68.50%	1.12%	30.38%	0.00%
2012 P50	—	0.00%	0.00%	99.07%	0.00%

Table A-31 Language Diversity of Membership—Other Language Needs					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	34,155	0.00%	0.00%	100.00%	0.00%
CoventryCares of Michigan, Inc.	56,261	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	85,088	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	155,941	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	378,257	98.85%	1.15%	0.00%	0.00%
Midwest Health Plan	108,922	0.00%	0.00%	100.00%	0.00%
Molina Healthcare of Michigan	270,870	98.95%	0.91%	0.15%	0.00%
Physicians Health Plan—FamilyCare	25,298	98.49%	0.85%	0.66%	0.00%
Priority Health Government Programs, Inc.	91,044	0.00%	0.00%	100.00%	0.00%
ProCare Health Plan	3,769	0.00%	0.00%	100.00%	0.00%
Total Health Care, Inc.	79,205	99.56%	0.44%	0.00%	0.00%
UnitedHealthcare Community Plan	237,147	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	35,100	0.00%	0.00%	100.00%	0.00%
2013 MWA	—	47.77%	0.47%	51.76%	0.00%
2012 MWA	—	53.98%	0.44%	45.58%	0.00%
2011 MWA	—	49.18%	0.39%	50.42%	0.00%
2012 P50	—	0.00%	0.00%	100.00%	0.00%

Table A-32 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	256,663	304.21	63.54
CoventryCares of Michigan, Inc.	523,203	316.99	86.63
HealthPlus Partners	795,927	341.92	66.58
McLaren Health Plan	1,151,201	318.25	75.48
Meridian Health Plan of Michigan	3,333,968	368.04	80.96
Midwest Health Plan	924,382	392.62	65.14
Molina Healthcare of Michigan	2,507,517	412.43	75.53
Physicians Health Plan—FamilyCare	212,611	342.01	79.83
Priority Health Government Programs, Inc.	774,148	328.44	80.38
ProCare Health Plan	25,567	341.65	71.22
Total Health Care, Inc.	661,698	288.30	74.83
UnitedHealthcare Community Plan	2,864,929	375.09	78.04
Upper Peninsula Health Plan	354,124	344.14	74.86
2013 MA	—	344.16	74.85
2012 MA	—	323.50	72.59
2011 MA	—	316.88	69.58
2012 P50	—	347.76	63.15
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-33 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	256,663	6.76	3.08	0.90	4.64
CoventryCares of Michigan, Inc.	523,203	8.71	4.68	1.54	3.71
HealthPlus Partners	795,927	6.90	3.21	1.06	4.27
McLaren Health Plan	1,151,201	8.23	3.63	1.23	5.51
Meridian Health Plan of Michigan	3,333,968	10.67	6.46	0.36	6.52
Midwest Health Plan	924,382	8.79	4.14	1.33	5.27
Molina Healthcare of Michigan	2,507,517	7.81	3.53	1.59	4.42
Physicians Health Plan—FamilyCare	212,611	8.14	3.84	1.19	5.15
Priority Health Government Programs, Inc.	774,148	6.45	2.26	0.93	5.75
ProCare Health Plan	25,567	9.07	5.87	1.53	3.50
Total Health Care, Inc.	661,698	9.84	5.11	1.74	4.50
UnitedHealthcare Community Plan	2,864,928	7.64	3.11	1.48	4.97
Upper Peninsula Health Plan	354,124	6.88	2.57	1.28	5.03
2013 MA	—	8.14	3.96	1.24	4.86
2012 MA	—	7.89	3.72	1.23	4.87
2011 MA	—	8.01	3.32	1.32	5.24
2012 P50	—	7.72	3.14	1.26	4.75
MM = Member Months					
*The maternity category is calculated using member months for members 10–64 years.					

Table A-34 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	3.59	3.85	5.90	2.56
CoventryCares of Michigan, Inc.	4.05	3.68	7.08	2.86
HealthPlus Partners	3.91	4.40	5.76	2.56
McLaren Health Plan	3.70	4.10	5.17	2.74
Meridian Health Plan of Michigan	3.79	4.58	4.17	2.43
Midwest Health Plan	3.71	3.90	5.92	2.58
Molina Healthcare of Michigan	3.95	3.76	6.73	2.55
Physicians Health Plan—FamilyCare	3.47	3.71	4.37	2.77
Priority Health Government Programs, Inc.	3.19	3.70	4.43	2.48
ProCare Health Plan	3.91	3.67	6.18	2.65
Total Health Care, Inc.	3.88	3.50	7.23	2.58
UnitedHealthcare Community Plan	3.84	3.80	6.56	2.55
Upper Peninsula Health Plan	3.41	3.91	4.67	2.45
2013 MA	3.72	3.89	5.71	2.60
2012 MA	3.75	3.92	5.75	2.58
2011 MA	3.58	3.69	5.64	2.52
2012 P50	3.67	3.59	6.04	2.63

Appendix B. National HEDIS 2012 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 and are presented by dimension.

Measure	P10	P25	P50	P75	P90
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
<i>Combination 2</i>	64.23%	69.10%	75.35%	80.79%	84.18%
<i>Combination 3</i>	58.88%	64.72%	71.93%	77.49%	82.48%
<i>Combination 4</i>	20.92%	27.78%	33.92%	40.39%	46.93%
<i>Combination 5</i>	36.50%	46.47%	52.92%	59.76%	64.68%
<i>Combination 6</i>	20.19%	30.90%	37.57%	45.50%	56.20%
<i>Combination 7</i>	15.29%	20.92%	26.03%	33.33%	38.50%
<i>Combination 8</i>	10.90%	14.36%	20.88%	25.69%	31.25%
<i>Combination 9</i>	14.81%	22.87%	29.79%	38.19%	45.05%
<i>Combination 10</i>	8.10%	11.54%	16.51%	21.41%	27.49%
<i>Immunizations for Adolescents—Combination 1</i>	39.77%	50.36%	62.29%	70.83%	80.91%
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	43.80%	54.31%	62.95%	70.70%	77.31%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	61.07%	65.51%	72.26%	79.32%	83.04%
<i>Adolescent Well-Care Visits</i>	35.52%	42.11%	49.65%	57.61%	64.72%
<i>Lead Screening in Children</i>	39.23%	57.52%	71.41%	81.86%	86.56%
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	77.36%	80.64%	85.34%	89.96%	93.20%
<i>Appropriate Testing for Children With Pharyngitis</i>	49.98%	58.50%	70.00%	76.37%	83.86%
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
<i>Initiation Phase</i>	22.97%	32.93%	39.19%	44.46%	52.48%
<i>Continuation and Maintenance Phase</i>	21.79%	38.36%	47.09%	56.10%	63.11%
Women—Adult Care					
<i>Breast Cancer Screening</i>	36.80%	44.82%	50.46%	56.58%	62.76%
<i>Cervical Cancer Screening</i>	51.85%	61.81%	69.10%	73.24%	78.51%
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	42.94%	48.80%	54.18%	61.21%	67.38%
<i>Ages 21 to 24 Years</i>	52.45%	59.09%	64.36%	69.86%	72.67%
<i>Total</i>	47.62%	52.70%	58.40%	63.89%	68.83%

Measure	P10	P25	P50	P75	P90
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	93.06%	95.56%	97.02%	97.88%	98.39%
<i>Ages 25 Months to 6 Years</i>	83.16%	86.62%	89.19%	91.40%	92.63%
<i>Ages 7 to 11 Years</i>	83.37%	87.56%	90.58%	92.88%	94.51%
<i>Ages 12 to 19 Years</i>	81.78%	86.04%	89.21%	91.59%	93.01%
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	67.40%	77.96%	82.34%	85.43%	88.52%
<i>Ages 45 to 64 Years</i>	78.26%	84.09%	87.31%	89.94%	90.96%
<i>Ages 65+ Years</i>	63.72%	79.24%	87.79%	91.11%	93.10%
<i>Total</i>	70.66%	79.85%	83.90%	86.67%	89.41%
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Percentile—Ages 3 to 11 Years</i>	1.31%	27.99%	47.52%	68.58%	77.97%
<i>BMI Percentile—Ages 12 to 17 Years</i>	2.04%	29.50%	49.42%	67.65%	75.00%
<i>BMI Percentile—Total</i>	1.55%	29.20%	47.45%	66.67%	77.13%
<i>Nutrition—Ages 3 to 11 Years</i>	0.71%	43.32%	57.09%	69.45%	78.79%
<i>Nutrition—Ages 12 to 17 Years</i>	1.17%	36.38%	50.00%	63.60%	74.81%
<i>Nutrition—Total</i>	0.82%	42.82%	54.88%	67.15%	77.61%
<i>Physical Activity—Ages 3 to 11 Years</i>	0.09%	29.82%	42.17%	54.48%	63.57%
<i>Physical Activity—Ages 12 to 17 Years</i>	0.20%	32.95%	47.00%	60.34%	69.11%
<i>Physical Activity—Total</i>	0.16%	31.63%	43.29%	56.20%	64.87%
<i>Adult BMI Assessment</i>	4.41%	46.90%	57.94%	70.60%	78.35%
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	72.02%	80.54%	86.13%	90.39%	93.33%
<i>Postpartum Care</i>	52.43%	58.70%	64.98%	71.05%	74.73%
<i>Weeks of Pregnancy at Time of Enrollment</i>					
<i>≤ 0 Weeks</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><21 Percent</i>	2.43%	4.57%	6.58%	10.71%	19.11%
<i>21 to 40 Percent</i>	2.01%	3.23%	4.66%	7.30%	13.14%
<i>41 to 60 Percent</i>	3.89%	5.47%	7.50%	10.34%	14.01%
<i>61 to 80 Percent</i>	8.10%	11.34%	14.37%	17.79%	21.39%
<i>≥81 Percent</i>	39.42%	52.55%	64.65%	72.99%	82.75%

Measure	P10	P25	P50	P75	P90
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	74.90%	78.54%	82.38%	87.01%	91.13%
<i>HbA1c Poor Control (>9.0%)*</i>	28.95%	34.33%	41.68%	50.31%	58.24%
<i>HbA1c Control (<8.0%)</i>	35.04%	42.09%	48.72%	55.70%	59.37%
<i>HbA1c Control (<7.0%)</i>	25.40%	30.43%	36.72%	41.64%	44.01%
<i>Eye Exam</i>	36.25%	45.03%	52.88%	61.75%	69.72%
<i>LDL-C Screening</i>	64.38%	70.34%	76.16%	80.88%	83.45%
<i>LDL-C Control <100 mg/dL</i>	23.06%	28.47%	35.86%	41.02%	46.44%
<i>Medical Attention for Nephropathy</i>	68.43%	73.48%	78.71%	83.03%	86.93%
<i>Blood Pressure Control <140/80 mm Hg</i>	27.31%	33.09%	39.10%	46.20%	54.99%
<i>Blood Pressure Control <140/90 mm Hg</i>	74.90%	78.54%	82.38%	87.01%	91.13%
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	84.95%	88.79%	91.59%	93.83%	95.41%
<i>Ages 12 to 18 Years</i>	80.95%	83.72%	86.96%	89.56%	92.30%
<i>Ages 19 to 50 Years</i>	63.78%	69.29%	75.53%	80.99%	84.42%
<i>Ages 51 to 64 Years</i>	58.11%	65.96%	73.81%	81.51%	85.58%
<i>Total</i>	79.72%	82.54%	85.87%	88.19%	90.56%
<i>Controlling High Blood Pressure</i>	42.22%	50.00%	57.52%	63.65%	69.11%
<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>	—	—	—	—	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	—	—	—	—	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	—	—	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	—	—	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	—	—	—
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership</i>					
<i>White</i>	5.93%	20.12%	40.15%	59.36%	71.45%
<i>Black or African-American</i>	1.00%	6.64%	21.63%	35.73%	51.54%
<i>American-Indian and Alaska Native</i>	0.00%	0.06%	0.16%	0.27%	1.56%
<i>Asian</i>	0.00%	0.14%	0.92%	2.14%	4.20%
<i>Native Hawaiian and Other Pacific Islanders</i>	0.00%	0.00%	0.00%	0.09%	0.64%
<i>Some Other Race</i>	0.00%	0.00%	0.27%	3.59%	8.58%

Measure	P10	P25	P50	P75	P90
<i>Two or More Races</i>	0.00%	0.00%	0.00%	0.00%	0.27%
<i>Unknown</i>	0.56%	5.98%	14.29%	41.88%	76.28%
<i>Declined</i>	0.00%	0.00%	0.00%	0.00%	0.02%
<i>Hispanic[^]</i>	—	—	—	—	—
Language Diversity of Membership					
<i>Spoken Language—English</i>	0.00%	0.00%	67.15%	94.59%	99.00%
<i>Spoken Language—Non-English</i>	0.00%	0.00%	1.44%	8.91%	19.85%
<i>Spoken Language—Unknown</i>	0.00%	0.15%	7.48%	100.00%	100.00%
<i>Spoken Language—Declined</i>	0.00%	0.00%	0.00%	0.00%	0.00%
<i>Written Language—English</i>	0.00%	0.00%	0.00%	80.36%	95.65%
<i>Written Language—Non-English</i>	0.00%	0.00%	0.00%	4.31%	19.12%
<i>Written Language—Unknown</i>	0.03%	1.12%	99.07%	100.00%	100.00%
<i>Written Language—Declined</i>	0.00%	0.00%	0.00%	0.00%	0.00%
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00%	90.34%
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00%	3.85%
<i>Other Language Needs—Unknown</i>	0.16%	100.00%	100.00%	100.00%	100.00%
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00%	0.00%
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i>					
<i>Outpatient—Total</i>	261.52	301.57	347.76	388.71	436.59
<i>ED—Total*</i>	42.03	52.45	63.15	72.77	80.04
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i>					
<i>Total Inpatient—Total</i>	4.98	6.36	7.72	8.62	10.62
<i>Medicine—Total</i>	1.30	2.20	3.14	3.90	5.59
<i>Surgery—Total</i>	0.59	0.88	1.26	1.58	2.24
<i>Maternity—Total</i>	1.88	3.71	4.75	6.59	9.65
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i>					
<i>Total Inpatient—Total</i>	2.76	3.18	3.67	4.01	4.25
<i>Medicine—Total</i>	2.76	3.23	3.59	3.93	4.24
<i>Surgery—Total</i>	3.73	4.77	6.04	6.92	7.65
<i>Maternity—Total</i>	2.33	2.49	2.63	2.76	2.96

— in the percentage tables indicates the national HEDIS 2012 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.

[^] 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 2012 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 2011, 2012, and 2013 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:

2012–2013 Health Plan Trend	Interpretations for Measures Not Under Utilization Dimension
+2.5	The 2013 rate is 2.5 percentage points higher than the 2012 rate.
- 2.5	The 2013 rate is 2.5 percentage points lower than the 2012 rate.
+2.5	The 2013 rate is 2.5 percentage points statistically significantly higher than the 2012 rate.
- 2.5	The 2013 rate is 2.5 percentage points statistically significantly lower than the 2012 rate.

Statistical tests across years were not performed on the *Weeks of Pregnancy at Time of Enrollment* and *Frequency of Ongoing Prenatal Care* measures (except the ≥ 81 Percent indicator) under Pregnancy Care and all measures under the *Utilization* and *Health Plan Diversity* 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 2012 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 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.
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)
—	The national HEDIS 2012 Medicaid percentiles are not available.

The MHP trend tables are presented as follows:

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

Table C-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	74.94%	85.40%	85.40%	Rotated	★★★★★
Combination 3	72.26%	82.73%	82.73%	Rotated	★★★★★
Combination 4	18.98%	23.60%	23.60%	Rotated	★
Combination 5	54.50%	68.86%	68.86%	Rotated	★★★★★
Combination 6	44.04%	56.20%	56.20%	Rotated	★★★★★
Combination 7	15.33%	19.95%	19.95%	Rotated	★
Combination 8	11.19%	15.82%	15.82%	Rotated	★★
Combination 9	33.58%	48.18%	48.18%	Rotated	★★★★★
Combination 10	9.49%	13.38%	13.38%	Rotated	★★
Immunizations for Adolescents—Combination 1	62.76%	81.36%	88.27%	+6.91	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	74.17%	71.19%	72.43%	+1.24	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.00%	80.74%	80.74%	Rotated	★★★★
Adolescent Well-Care Visits	56.93%	60.10%	60.10%	Rotated	★★★★
Lead Screening in Children	67.40%	74.21%	74.21%	Rotated	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	95.06%	94.57%	94.58%	+0.01	★★★★★
Appropriate Testing for Children With Pharyngitis	84.11%	85.08%	83.64%	-1.44	★★★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	38.27%	39.79%	43.50%	+3.71	★★★
Continuation and Maintenance Phase	38.98%	56.82%	51.28%	-5.54	★★★
Women—Adult Care					
Breast Cancer Screening	61.76%	61.91%	60.32%	-1.59	★★★★
Cervical Cancer Screening	79.53%	79.53%	74.91%	-4.62	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	51.63%	54.53%	47.88%	-6.65	★
Ages 21 to 24 Years	69.61%	68.14%	62.14%	-6.00	★★
Total	56.69%	58.49%	52.21%	-6.28	★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.83%	97.75%	97.32%	-0.43	★★★
Ages 25 Months to 6 Years	91.18%	93.15%	89.84%	-3.31	★★★
Ages 7 to 11 Years	93.46%	93.91%	94.03%	+0.12	★★★★
Ages 12 to 19 Years	92.93%	93.69%	92.82%	-0.87	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.75%	84.35%	84.73%	+0.38	★★★
Ages 45 to 64 Years	86.01%	86.59%	88.04%	+1.45	★★★

Table C-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 65+ Years	NA	86.67%	90.24%	+3.57	★★★
Total	85.12%	85.01%	85.90%	+0.89	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	66.16%	80.74%	80.74%	Rotated	★★★★★
BMI Percentile—Ages 12 to 17 Years	73.65%	74.47%	74.47%	Rotated	★★★★
BMI Percentile—Total	68.86%	78.59%	78.59%	Rotated	★★★★★
Nutrition—Ages 3 to 11 Years	58.17%	70.37%	70.37%	Rotated	★★★★
Nutrition—Ages 12 to 17 Years	58.11%	63.12%	63.12%	Rotated	★★★
Nutrition—Total	58.15%	67.88%	67.88%	Rotated	★★★★
Physical Activity—Ages 3 to 11 Years	38.78%	54.81%	54.81%	Rotated	★★★★
Physical Activity—Ages 12 to 17 Years	50.00%	58.87%	58.87%	Rotated	★★★
Physical Activity—Total	42.82%	56.20%	56.20%	Rotated	★★★★
Adult BMI Assessment	79.32%	81.75%	81.75%	Rotated	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	91.97%	92.70%	86.00%	-6.70	★★
Postpartum Care	67.40%	71.53%	64.86%	-6.67	★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	28.29%	27.85%	20.98%	-6.87	—
1-12 Weeks	8.45%	10.65%	5.73%	-4.92	—
13-27 Weeks	39.29%	40.19%	38.74%	-1.45	—
28 or More Weeks	19.45%	17.76%	24.76%	+7.00	—
Unknown	4.52%	3.55%	9.79%	+6.24	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	4.38%	12.78%	+8.40	NC
21-40 Percent†	—	3.41%	6.88%	+3.47	NC
41-60 Percent†	—	8.27%	11.30%	+3.03	NC
61-80 Percent†	—	28.22%	25.31%	-2.91	NC
≥81 Percent	—	55.72%	43.73%	-11.99	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	91.09%	91.92%	91.92%	Rotated	★★★★★
HbA1c Poor Control (>9.0%)*	29.37%	27.84%	27.84%	Rotated	★★★★★
HbA1c Control (<8.0%)	58.09%	58.38%	58.38%	Rotated	★★★★
HbA1c Control (<7.0%)	40.09%	41.70%	41.70%	Rotated	★★★★
Eye Exam	69.31%	73.65%	73.65%	Rotated	★★★★★
LDL-C Screening	84.49%	81.74%	81.74%	Rotated	★★★★
LDL-C Control (<100 mg/dL)	46.53%	46.41%	46.41%	Rotated	★★★★

Table C-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	94.39%	90.72%	90.72%	Rotated	★★★★★
Blood Pressure Control (<140/80 mm Hg)	46.86%	52.99%	52.99%	Rotated	★★★★
Blood Pressure Control (<140/90 mm Hg)	70.96%	74.55%	74.55%	Rotated	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.33%	95.60%	94.59%	-1.01	★★★★
Ages 12 to 18 Years	—	95.50%	85.71%	-9.79	★★
Ages 19 to 50 Years	—	75.82%	81.05%	+5.23	★★★★
Ages 51 to 64 Years	—	NA	60.00%	—	★
Total [^]	90.04%	89.85%	86.67%	-3.18	★★★
Controlling High Blood Pressure	59.89%	65.28%	64.63%	-0.65	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.75%	81.68%	82.20%	+0.52	—
Discussing Cessation Medications	54.38%	55.94%	57.10%	+1.16	—
Discussing Cessation Strategies	48.28%	50.66%	50.86%	+0.20	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	85.25%	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	NA	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	65.79%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	57.54%	56.13%	38.28%	-17.85	NC
Black or African-American	33.51%	32.99%	36.93%	+3.94	NC
American-Indian and Alaska Native	0.09%	0.10%	0.21%	+0.11	NC
Asian	0.00%	0.64%	1.01%	+0.37	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.04%	+0.04	NC
Some Other Race	2.27%	0.64%	<0.01%	-0.64	NC
Two or More Races	0.00%	0.00%	0.12%	+0.12	NC
Unknown	6.59%	9.50%	23.41%	+13.91	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Hispanic [£]	3.42%	3.72%	3.57%	-0.15	—

Table C-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	99.51%	99.42%	82.71%	-16.71	NC
Spoken Language—Non-English	0.41%	0.48%	5.24%	+4.76	NC
Spoken Language—Unknown	<0.01%	<0.01%	12.05%	+12.05	NC
Spoken Language—Declined	0.07%	0.10%	0.00%	-0.10	NC
Written Language—English	0.03%	0.00%	0.00%	0.00	NC
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	NC
Written Language—Unknown	99.97%	100.00%	100.00%	0.00	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.03%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	99.97%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	308.47	321.42	304.21	-17.21	★★
ED—Total*	60.48	64.40	63.54	-0.86	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	6.46	6.47	6.76	+0.29	NC
Medicine—Total	2.99	2.93	3.08	+0.15	NC
Surgery—Total	0.88	0.88	0.90	+0.02	NC
Maternity—Total	4.42	4.37	4.64	+0.27	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.33	3.45	3.59	+0.14	NC
Medicine—Total	3.69	3.63	3.85	+0.22	NC
Surgery—Total	4.53	5.07	5.90	+0.83	NC
Maternity—Total	2.41	2.39	2.56	+0.17	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

Table C-2 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	82.18%	77.31%	77.31%	Rotated	★★★
Combination 3	67.82%	73.38%	73.38%	Rotated	★★★
Combination 4	27.31%	33.56%	33.56%	Rotated	★★
Combination 5	26.85%	46.99%	46.99%	Rotated	★★
Combination 6	16.67%	22.22%	22.22%	Rotated	★
Combination 7	12.27%	21.76%	21.76%	Rotated	★★
Combination 8	8.80%	11.81%	11.81%	Rotated	★
Combination 9	9.72%	16.90%	16.90%	Rotated	★
Combination 10	4.63%	7.64%	7.64%	Rotated	★
Immunizations for Adolescents—Combination 1	49.07%	69.37%	81.94%	+12.57	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	59.33%	61.72%	63.66%	+1.94	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.90%	81.31%	81.31%	Rotated	★★★★
Adolescent Well-Care Visits	64.11%	59.15%	61.96%	+2.81	★★★★
Lead Screening in Children	78.01%	78.47%	84.49%	+6.02	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	88.42%	87.01%	87.34%	+0.33	★★★
Appropriate Testing for Children With Pharyngitis	41.00%	50.69%	54.63%	+3.94	★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	21.39%	22.65%	22.67%	+0.02	★
Continuation and Maintenance Phase	NA	26.47%	27.27%	+0.80	★
Women—Adult Care					
Breast Cancer Screening	52.50%	58.71%	60.12%	+1.41	★★★★
Cervical Cancer Screening	73.48%	73.48%	74.05%	+0.57	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	75.12%	70.21%	72.21%	+2.00	★★★★★
Ages 21 to 24 Years	81.46%	80.59%	79.56%	-1.03	★★★★★
Total	77.06%	73.40%	74.45%	+1.05	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	90.85%	92.46%	96.54%	+4.08	★★
Ages 25 Months to 6 Years	80.73%	82.39%	83.56%	+1.17	★
Ages 7 to 11 Years	83.84%	85.06%	86.61%	+1.55	★
Ages 12 to 19 Years	81.90%	84.33%	85.91%	+1.58	★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	76.01%	76.62%	80.90%	+4.28	★★

Table C-2 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	84.40%	85.94%	87.12%	+1.18	★★
Ages 65+ Years	NA	91.11%	NA	—	NA
Total	78.65%	79.73%	83.05%	+3.32	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	47.12%	50.19%	68.22%	+18.03	★★★★
BMI Percentile—Ages 12 to 17 Years	47.06%	45.51%	71.10%	+25.59	★★★★★
BMI Percentile—Total	47.10%	48.37%	69.37%	+21.00	★★★★★
Nutrition—Ages 3 to 11 Years	61.87%	57.03%	50.78%	-6.25	★★
Nutrition—Ages 12 to 17 Years	61.44%	51.50%	54.91%	+3.41	★★★
Nutrition—Total	61.72%	54.88%	52.44%	-2.44	★★
Physical Activity—Ages 3 to 11 Years	61.51%	41.06%	41.47%	+0.41	★★
Physical Activity—Ages 12 to 17 Years	59.48%	42.51%	52.60%	+10.09	★★★
Physical Activity—Total	60.79%	41.63%	45.94%	+4.31	★★★
Adult BMI Assessment	61.86%	71.29%	81.67%	+10.38	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	82.28%	86.25%	84.35%	-1.90	★★
Postpartum Care	55.71%	55.71%	66.12%	+10.41	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	46.88%	52.76%	47.83%	-4.93	—
1-12 Weeks	7.63%	6.25%	4.83%	-1.42	—
13-27 Weeks	25.19%	25.13%	26.00%	+0.87	—
28 or More Weeks	15.63%	11.32%	16.58%	+5.26	—
Unknown	4.69%	4.56%	4.75%	+0.19	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	—	11.19%	20.23%	+9.04	NC
21-40 Percent†	—	15.85%	13.95%	-1.90	NC
41-60 Percent†	—	11.89%	12.79%	+0.90	NC
61-80 Percent†	—	14.69%	16.28%	+1.59	NC
≥81 Percent	—	46.39%	36.74%	-9.65	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.10%	82.35%	82.35%	Rotated	★★
HbA1c Poor Control (>9.0%)*	44.70%	44.28%	44.28%	Rotated	★★
HbA1c Control (<8.0%)	48.41%	50.33%	50.33%	Rotated	★★★
HbA1c Control (<7.0%)	36.21%	39.36%	39.36%	Rotated	★★★
Eye Exam	49.12%	60.78%	60.78%	Rotated	★★★
LDL-C Screening	78.50%	80.88%	80.88%	Rotated	★★★★
LDL-C Control (<100 mg/dL)	39.08%	38.73%	38.73%	Rotated	★★★

Table C-2 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
<i>Medical Attention for Nephropathy</i>	82.76%	86.93%	86.93%	Rotated	★★★★★
<i>Blood Pressure Control (<140/80 mm Hg)</i>	30.20%	32.68%	34.34%	+1.66	★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	54.27%	53.59%	53.95%	+0.36	★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	82.53%	78.43%	78.18%	-0.25	★
<i>Ages 12 to 18 Years</i>	—	77.53%	82.89%	+5.36	★
<i>Ages 19 to 50 Years</i>	—	72.41%	74.02%	+1.61	★★
<i>Ages 51 to 64 Years</i>	—	64.71%	53.75%	-10.96	★
<i>Total[^]</i>	83.62%	75.07%	76.42%	+1.35	★
<i>Controlling High Blood Pressure</i>	44.60%	56.52%	50.00%	-6.52	★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	79.51%	79.41%	82.17%	+2.76	—
<i>Discussing Cessation Medications</i>	45.99%	47.26%	53.74%	+6.48	—
<i>Discussing Cessation Strategies</i>	42.96%	43.46%	48.47%	+5.01	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	—	—	NB	—	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	NR	—	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	NR	—	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	NB	—	—
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership[†]</i>					
<i>White</i>	9.95%	10.60%	10.13%	-0.47	NC
<i>Black or African-American</i>	84.70%	83.36%	82.80%	-0.56	NC
<i>American-Indian and Alaska Native</i>	0.02%	0.04%	0.04%	0.00	NC
<i>Asian</i>	0.00%	0.49%	0.62%	+0.13	NC
<i>Native Hawaiian and Other Pacific Islanders</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Some Other Race</i>	0.63%	0.19%	0.00%	-0.19	NC
<i>Two or More Races</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Unknown</i>	4.70%	5.31%	6.41%	+1.10	NC
<i>Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Hispanic[£]</i>	0.00%	0.00%	1.53%	+1.53	—

Table C-2 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
<i>Language Diversity of Membership[†]</i>					
<i>Spoken Language—English</i>	98.97%	99.59%	99.13%	-0.46	NC
<i>Spoken Language—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Spoken Language—Unknown</i>	1.03%	0.41%	0.87%	+0.46	NC
<i>Spoken Language—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Written Language—English</i>	0.00%	99.59%	99.13%	-0.46	NC
<i>Written Language—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Written Language—Unknown</i>	100.00%	0.41%	0.87%	+0.46	NC
<i>Written Language—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)[†]</i>					
<i>Outpatient—Total</i>	269.78	288.42	316.99	+28.57	★★
<i>ED—Total*</i>	81.89	83.84	86.63	+2.79	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]</i>					
<i>Total Inpatient—Total</i>	8.42	8.31	8.71	+0.40	NC
<i>Medicine—Total</i>	4.13	4.24	4.68	+0.44	NC
<i>Surgery—Total</i>	1.43	1.50	1.54	+0.04	NC
<i>Maternity—Total</i>	4.27	3.82	3.71	-0.11	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]</i>					
<i>Total Inpatient—Total</i>	4.03	4.14	4.05	-0.09	NC
<i>Medicine—Total</i>	3.78	3.89	3.68	-0.21	NC
<i>Surgery—Total</i>	7.32	7.19	7.08	-0.11	NC
<i>Maternity—Total</i>	2.75	2.77	2.86	+0.09	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

**Table C-3
HealthPlus Partners Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	81.75%	80.68%	85.89%	+5.21	★★★★★
Combination 3	76.40%	76.71%	79.08%	+2.37	★★★★
Combination 4	31.39%	32.37%	69.83%	+37.46	★★★★★
Combination 5	36.98%	50.58%	55.23%	+4.65	★★★
Combination 6	23.36%	24.73%	30.66%	+5.93	★
Combination 7	18.98%	23.67%	52.55%	+28.88	★★★★★
Combination 8	10.71%	13.86%	28.95%	+15.09	★★★★
Combination 9	12.17%	18.65%	24.57%	+5.92	★★
Combination 10	6.33%	11.06%	23.84%	+12.78	★★★★
Immunizations for Adolescents—Combination 1	55.37%	76.13%	91.14%	+15.01	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	73.14%	75.61%	75.61%	Rotated	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	80.30%	75.56%	75.56%	Rotated	★★★
Adolescent Well-Care Visits	60.05%	56.46%	56.46%	Rotated	★★★
Lead Screening in Children	76.89%	79.90%	83.97%	+4.07	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	79.66%	79.41%	81.93%	+2.52	★★
Appropriate Testing for Children With Pharyngitis	52.46%	65.36%	68.30%	+2.94	★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	34.77%	40.61%	42.38%	+1.77	★★★
Continuation and Maintenance Phase	47.19%	51.27%	51.33%	+0.06	★★★
Women—Adult Care					
Breast Cancer Screening	60.44%	62.10%	63.94%	+1.84	★★★★★
Cervical Cancer Screening	75.73%	75.73%	76.64%	+0.91	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	55.85%	58.11%	55.61%	-2.50	★★★
Ages 21 to 24 Years	68.69%	72.10%	66.35%	-5.75	★★★
Total	60.34%	62.92%	59.35%	-3.57	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.38%	97.44%	97.05%	-0.39	★★★
Ages 25 Months to 6 Years	89.24%	90.00%	89.93%	-0.07	★★★
Ages 7 to 11 Years	89.81%	91.55%	93.20%	+1.65	★★★★
Ages 12 to 19 Years	88.69%	90.38%	91.75%	+1.37	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	82.55%	83.79%	85.41%	+1.62	★★★

**Table C-3
HealthPlus Partners Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	89.69%	89.99%	91.14%	+1.15	★★★★★
Ages 65+ Years	NA	97.67%	93.60%	-4.07	★★★★★
Total	84.40%	85.50%	87.12%	+1.62	★★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	40.91%	67.59%	77.99%	+10.40	★★★★★
BMI Percentile—Ages 12 to 17 Years	46.94%	62.03%	82.64%	+20.61	★★★★★
BMI Percentile—Total	43.07%	65.45%	79.65%	+14.20	★★★★★
Nutrition—Ages 3 to 11 Years	64.02%	69.57%	71.04%	+1.47	★★★★
Nutrition—Ages 12 to 17 Years	55.78%	65.82%	64.58%	-1.24	★★★★
Nutrition—Total	61.07%	68.13%	68.73%	+0.60	★★★★
Physical Activity—Ages 3 to 11 Years	40.15%	53.75%	57.14%	+3.39	★★★★
Physical Activity—Ages 12 to 17 Years	46.26%	63.29%	63.89%	+0.60	★★★★
Physical Activity—Total	42.34%	57.42%	59.55%	+2.13	★★★★
Adult BMI Assessment	71.29%	82.46%	90.40%	+7.94	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	86.62%	87.35%	92.70%	+5.35	★★★★
Postpartum Care	65.69%	71.78%	71.78%	0.00	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	36.77%	40.10%	37.76%	-2.34	—
1-12 Weeks	7.30%	8.16%	7.09%	-1.07	—
13-27 Weeks	35.41%	32.95%	35.42%	+2.47	—
28 or More Weeks	14.76%	12.85%	13.75%	+0.90	—
Unknown	5.76%	5.94%	5.98%	+0.04	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	11.44%	34.79%	+23.35	NC
21-40 Percent†	—	18.25%	2.92%	-15.33	NC
41-60 Percent†	—	9.49%	4.14%	-5.35	NC
61-80 Percent†	—	11.92%	9.98%	-1.94	NC
≥81 Percent	—	48.91%	48.18%	-0.73	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	86.44%	85.84%	87.69%	+1.85	★★★★
HbA1c Poor Control (>9.0%)*	35.75%	33.63%	33.29%	-0.34	★★★★
HbA1c Control (<8.0%)	54.55%	58.26%	58.18%	-0.08	★★★★
HbA1c Control (<7.0%)	43.55%	40.88%	45.99%	+5.11	★★★★★
Eye Exam	70.46%	66.52%	72.31%	+5.79	★★★★★
LDL-C Screening	77.50%	79.79%	79.79%	Rotated	★★★
LDL-C Control (<100 mg/dL)	41.45%	43.07%	43.07%	Rotated	★★★★

**Table C-3
HealthPlus Partners Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
<i>Medical Attention for Nephropathy</i>	84.59%	86.28%	86.28%	Rotated	★★★★
<i>Blood Pressure Control (<140/80 mm Hg)</i>	41.45%	38.94%	43.78%	+4.84	★★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	64.41%	64.60%	68.11%	+3.51	★★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	95.84%	94.09%	93.30%	-0.79	★★★★
<i>Ages 12 to 18 Years</i>	—	86.59%	83.68%	-2.91	★
<i>Ages 19 to 50 Years</i>	—	78.17%	77.17%	-1.00	★★★★
<i>Ages 51 to 64 Years</i>	—	75.76%	62.16%	-13.60	★
<i>Total[^]</i>	90.23%	87.60%	85.30%	-2.30	★★
<i>Controlling High Blood Pressure</i>	62.89%	62.89%	58.77%	-4.12	★★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	72.54%	74.94%	79.44%	+4.50	—
<i>Discussing Cessation Medications</i>	43.95%	46.91%	50.55%	+3.64	—
<i>Discussing Cessation Strategies</i>	40.18%	43.28%	44.44%	+1.16	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	—	—	78.74%	—	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	81.13%	—	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	NA	—	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	63.84%	—	—
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership[†]</i>					
<i>White</i>	61.41%	60.38%	59.36%	-1.02	NC
<i>Black or African-American</i>	31.06%	31.01%	30.87%	-0.14	NC
<i>American-Indian and Alaska Native</i>	0.10%	0.13%	0.15%	+0.02	NC
<i>Asian</i>	0.00%	0.33%	0.40%	+0.07	NC
<i>Native Hawaiian and Other Pacific Islanders</i>	0.00%	0.05%	0.06%	+0.01	NC
<i>Some Other Race</i>	0.46%	0.06%	<0.01%	-0.06	NC
<i>Two or More Races</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Unknown</i>	6.97%	8.05%	9.17%	+1.12	NC
<i>Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Hispanic[£]</i>	4.49%	4.52%	4.61%	+0.09	—

**Table C-3
HealthPlus Partners Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
<i>Language Diversity of Membership[†]</i>					
<i>Spoken Language—English</i>	99.75%	99.94%	99.90%	-0.04	NC
<i>Spoken Language—Non-English</i>	0.06%	0.06%	0.09%	+0.03	NC
<i>Spoken Language—Unknown</i>	0.19%	<0.01%	<0.01%	0.00	NC
<i>Spoken Language—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Written Language—English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Written Language—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Written Language—Unknown</i>	100.00%	100.00%	100.00%	0.00	NC
<i>Written Language—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)[†]</i>					
<i>Outpatient—Total</i>	318.21	335.41	341.92	+6.51	★★
<i>ED—Total*</i>	65.23	63.79	66.58	+2.79	★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]</i>					
<i>Total Inpatient—Total</i>	6.46	6.68	6.90	+0.22	NC
<i>Medicine—Total</i>	2.64	2.99	3.21	+0.22	NC
<i>Surgery—Total</i>	0.96	1.03	1.06	+0.03	NC
<i>Maternity—Total</i>	4.75	4.38	4.27	-0.11	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]</i>					
<i>Total Inpatient—Total</i>	3.97	4.05	3.91	-0.14	NC
<i>Medicine—Total</i>	4.49	4.49	4.40	-0.09	NC
<i>Surgery—Total</i>	6.85	6.33	5.76	-0.57	NC
<i>Maternity—Total</i>	2.52	2.68	2.56	-0.12	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

**Table C-4
McLaren Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	86.62%	83.70%	85.16%	+1.46	★★★★★
Combination 3	84.67%	82.97%	84.67%	+1.70	★★★★★
Combination 4	27.98%	39.17%	72.51%	+33.34	★★★★★
Combination 5	46.96%	55.72%	58.39%	+2.67	★★★
Combination 6	37.47%	40.39%	39.90%	-0.49	★★★
Combination 7	18.25%	30.66%	54.74%	+24.08	★★★★★
Combination 8	14.11%	23.36%	38.93%	+15.57	★★★★★
Combination 9	27.74%	30.17%	33.33%	+3.16	★★★
Combination 10	10.95%	18.25%	32.60%	+14.35	★★★★★
Immunizations for Adolescents—Combination 1	43.80%	67.64%	89.05%	+21.41	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	73.48%	78.35%	74.70%	-3.65	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.99%	78.35%	68.13%	-10.22	★★
Adolescent Well-Care Visits	57.42%	57.42%	40.15%	-17.27	★
Lead Screening in Children	75.67%	75.43%	85.64%	+10.21	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	75.51%	74.96%	76.15%	+1.19	★
Appropriate Testing for Children With Pharyngitis	52.52%	58.50%	60.22%	+1.72	★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	43.88%	43.16%	41.43%	-1.73	★★★
Continuation and Maintenance Phase	45.83%	56.36%	45.31%	-11.05	★★
Women—Adult Care					
Breast Cancer Screening	53.03%	50.08%	48.02%	-2.06	★★
Cervical Cancer Screening	74.70%	74.70%	72.99%	-1.71	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	50.34%	50.48%	49.47%	-1.01	★★
Ages 21 to 24 Years	61.63%	63.44%	63.71%	+0.27	★★
Total	54.49%	55.33%	54.66%	-0.67	★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	94.53%	95.56%	95.47%	-0.09	★
Ages 25 Months to 6 Years	86.23%	87.15%	85.78%	-1.37	★
Ages 7 to 11 Years	87.45%	88.72%	88.99%	+0.27	★★
Ages 12 to 19 Years	86.79%	87.12%	86.94%	-0.18	★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	82.12%	80.87%	81.49%	+0.62	★★

**Table C-4
McLaren Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	88.94%	88.27%	89.58%	+1.31	★★★
Ages 65+ Years	NA	92.98%	85.53%	-7.45	★★
Total	84.01%	82.98%	83.97%	+0.99	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	43.12%	61.15%	61.15%	Rotated	★★★
BMI Percentile—Ages 12 to 17 Years	36.30%	60.90%	60.90%	Rotated	★★★
BMI Percentile—Total	40.88%	61.07%	61.07%	Rotated	★★★
Nutrition—Ages 3 to 11 Years	55.43%	61.87%	61.87%	Rotated	★★★
Nutrition—Ages 12 to 17 Years	42.96%	48.87%	48.87%	Rotated	★★
Nutrition—Total	51.34%	57.66%	57.66%	Rotated	★★★
Physical Activity—Ages 3 to 11 Years	55.07%	60.79%	60.79%	Rotated	★★★★
Physical Activity—Ages 12 to 17 Years	42.96%	48.87%	48.87%	Rotated	★★★
Physical Activity—Total	51.09%	56.93%	56.93%	Rotated	★★★★
Adult BMI Assessment	49.15%	66.42%	69.10%	+2.68	★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	95.38%	94.89%	96.59%	+1.70	★★★★★
Postpartum Care	82.97%	83.21%	81.02%	-2.19	★★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	24.93%	27.45%	20.55%	-6.90	—
1-12 Weeks	6.95%	9.73%	8.19%	-1.54	—
13-27 Weeks	43.10%	39.18%	43.14%	+3.96	—
28 or More Weeks	18.05%	17.65%	22.25%	+4.60	—
Unknown	6.98%	5.99%	5.87%	-0.12	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	0.49%	1.95%	+1.46	NC
21-40 Percent†	—	1.22%	0.73%	-0.49	NC
41-60 Percent†	—	2.43%	2.68%	+0.25	NC
61-80 Percent†	—	6.08%	7.30%	+1.22	NC
≥81 Percent	—	89.78%	87.35%	-2.43	★★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	84.53%	86.88%	78.47%	-8.41	★
HbA1c Poor Control (>9.0%)*	31.61%	34.79%	41.24%	+6.45	★★★
HbA1c Control (<8.0%)	57.74%	54.08%	49.82%	-4.26	★★★
HbA1c Control (<7.0%)	43.17%	40.69%	36.65%	-4.04	★★
Eye Exam	71.04%	52.88%	57.48%	+4.60	★★★
LDL-C Screening	71.71%	80.91%	69.71%	-11.20	★
LDL-C Control (<100 mg/dL)	60.23%	75.35%	31.93%	-43.42	★★

**Table C-4
McLaren Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	89.18%	91.25%	81.39%	-9.86	★★★
Blood Pressure Control (<140/80 mm Hg)	50.58%	57.26%	43.25%	-14.01	★★★
Blood Pressure Control (<140/90 mm Hg)	80.03%	80.12%	71.72%	-8.40	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.71%	94.60%	89.66%	-4.94	★★
Ages 12 to 18 Years	—	84.75%	82.83%	-1.92	★
Ages 19 to 50 Years	—	73.84%	70.19%	-3.65	★★
Ages 51 to 64 Years	—	71.15%	65.75%	-5.40	★
Total [^]	87.26%	86.28%	81.88%	-4.40	★
Controlling High Blood Pressure	77.86%	77.62%	77.62%	0.00	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.51%	80.36%	75.55%	-4.81	—
Discussing Cessation Medications	43.72%	42.90%	44.81%	+1.91	—
Discussing Cessation Strategies	34.81%	36.06%	39.10%	+3.04	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	82.05%	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	63.16%	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	8.80%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	72.65%	71.58%	69.69%	-1.89	NC
Black or African-American	18.66%	18.08%	18.41%	+0.33	NC
American-Indian and Alaska Native	0.00%	0.16%	0.21%	+0.05	NC
Asian	0.00%	0.79%	0.93%	+0.14	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	NC
Some Other Race	1.28%	0.23%	<0.01%	-0.23	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	7.39%	9.05%	10.65%	+1.60	NC
Declined	0.03%	0.09%	0.10%	+0.01	NC
Hispanic [£]	4.52%	4.53%	5.03%	+0.50	—

**Table C-4
McLaren Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	99.76%	99.73%	99.41%	-0.32	NC
Spoken Language—Non-English	0.22%	0.26%	0.58%	+0.32	NC
Spoken Language—Unknown	0.00%	0.00%	0.00%	0.00	NC
Spoken Language—Declined	0.02%	0.01%	0.01%	0.00	NC
Written Language—English	0.00%	0.00%	0.00%	0.00	NC
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	NC
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	331.54	327.79	318.25	-9.54	★★
ED—Total*	70.49	72.77	75.48	+2.71	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	9.01	8.45	8.23	-0.22	NC
Medicine—Total	3.39	3.84	3.63	-0.21	NC
Surgery—Total	2.02	1.28	1.23	-0.05	NC
Maternity—Total	6.02	5.52	5.51	-0.01	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.62	3.70	3.70	0.00	NC
Medicine—Total	3.61	4.10	4.10	0.00	NC
Surgery—Total	5.54	5.36	5.17	-0.19	NC
Maternity—Total	2.54	2.61	2.74	+0.13	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

**Table C-5
Meridian Health Plan of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	79.53%	79.07%	81.54%	+2.47	★★★★
Combination 3	76.74%	76.28%	77.57%	+1.29	★★★★
Combination 4	33.95%	34.19%	64.95%	+30.76	★★★★★
Combination 5	57.44%	56.74%	59.11%	+2.37	★★★
Combination 6	39.30%	40.93%	40.42%	-0.51	★★★
Combination 7	27.67%	28.84%	49.77%	+20.93	★★★★★
Combination 8	20.93%	22.56%	36.21%	+13.65	★★★★★
Combination 9	32.09%	33.49%	33.18%	-0.31	★★★
Combination 10	17.67%	20.00%	30.61%	+10.61	★★★★★
Immunizations for Adolescents—Combination 1	54.86%	79.63%	90.74%	+11.11	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	78.70%	77.31%	77.31%	Rotated	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	81.59%	78.24%	78.24%	Rotated	★★★
Adolescent Well-Care Visits	62.73%	67.91%	67.91%	Rotated	★★★★★
Lead Screening in Children	82.33%	80.75%	84.19%	+3.44	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	86.62%	83.67%	86.81%	+3.14	★★★
Appropriate Testing for Children With Pharyngitis	61.28%	65.25%	64.95%	-0.30	★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	41.59%	42.58%	39.66%	-2.92	★★★
Continuation and Maintenance Phase	48.60%	50.32%	44.95%	-5.37	★★
Women—Adult Care					
Breast Cancer Screening	61.35%	62.76%	62.88%	+0.12	★★★★★
Cervical Cancer Screening	78.07%	78.07%	75.18%	-2.89	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	60.79%	63.23%	64.63%	+1.40	★★★★
Ages 21 to 24 Years	67.20%	68.61%	72.84%	+4.23	★★★★★
Total	63.45%	65.49%	67.98%	+2.49	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.92%	97.65%	98.01%	+0.36	★★★★
Ages 25 Months to 6 Years	91.63%	92.40%	92.19%	-0.21	★★★★
Ages 7 to 11 Years	92.75%	93.29%	93.76%	+0.47	★★★★
Ages 12 to 19 Years	92.77%	93.31%	93.53%	+0.22	★★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.32%	86.07%	86.14%	+0.07	★★★★

**Table C-5
Meridian Health Plan of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	90.34%	91.38%	91.63%	+0.25	★★★★★
Ages 65+ Years	89.47%	87.91%	93.33%	+5.42	★★★★★
Total	85.78%	87.41%	87.65%	+0.24	★★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	42.81%	71.38%	71.38%	Rotated	★★★★
BMI Percentile—Ages 12 to 17 Years	50.66%	74.24%	74.24%	Rotated	★★★★
BMI Percentile—Total	45.58%	72.26%	72.26%	Rotated	★★★★
Nutrition—Ages 3 to 11 Years	47.84%	48.82%	48.82%	Rotated	★★
Nutrition—Ages 12 to 17 Years	48.68%	51.52%	51.52%	Rotated	★★★
Nutrition—Total	48.14%	49.65%	49.65%	Rotated	★★
Physical Activity—Ages 3 to 11 Years	37.05%	34.01%	34.01%	Rotated	★★
Physical Activity—Ages 12 to 17 Years	47.37%	43.94%	43.94%	Rotated	★★
Physical Activity—Total	40.70%	37.06%	37.06%	Rotated	★★
Adult BMI Assessment	68.75%	77.39%	82.83%	+5.44	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	92.36%	93.94%	94.13%	+0.19	★★★★★
Postpartum Care	76.39%	71.10%	72.07%	+0.97	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	21.17%	25.08%	28.17%	+3.09	—
1-12 Weeks	8.64%	10.53%	10.59%	+0.06	—
13-27 Weeks	49.49%	47.98%	45.10%	-2.88	—
28 or More Weeks	20.64%	16.32%	16.07%	-0.25	—
Unknown	0.06%	0.09%	0.06%	-0.03	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	—	1.87%	0.70%	-1.17	NC
21-40 Percent†	—	2.34%	1.64%	-0.70	NC
41-60 Percent†	—	3.50%	2.82%	-0.68	NC
61-80 Percent†	—	4.21%	7.75%	+3.54	NC
≥81 Percent	—	88.08%	87.09%	-0.99	★★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	92.11%	90.93%	90.93%	Rotated	★★★★
HbA1c Poor Control (>9.0%)*	29.15%	31.32%	31.32%	Rotated	★★★★
HbA1c Control (<8.0%)	60.06%	57.83%	57.83%	Rotated	★★★★
HbA1c Control (<7.0%)	47.63%	45.15%	45.15%	Rotated	★★★★★
Eye Exam	59.10%	53.20%	53.20%	Rotated	★★★
LDL-C Screening	85.99%	81.49%	81.49%	Rotated	★★★★
LDL-C Control (<100 mg/dL)	45.57%	41.64%	41.64%	Rotated	★★★★

**Table C-5
Meridian Health Plan of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	85.19%	79.89%	79.89%	Rotated	★★★
Blood Pressure Control (<140/80 mm Hg)	39.45%	48.58%	48.58%	Rotated	★★★★
Blood Pressure Control (<140/90 mm Hg)	59.42%	68.51%	68.51%	Rotated	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.20%	94.20%	93.37%	-0.83	★★★
Ages 12 to 18 Years	—	88.09%	86.51%	-1.58	★★
Ages 19 to 50 Years	—	76.13%	73.13%	-3.00	★★
Ages 51 to 64 Years	—	70.43%	72.66%	+2.23	★★
Total [^]	89.66%	86.80%	85.25%	-1.55	★★
Controlling High Blood Pressure	62.36%	69.50%	76.69%	+7.19	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.93%	79.25%	79.30%	+0.05	—
Discussing Cessation Medications	50.51%	53.57%	51.64%	-1.93	—
Discussing Cessation Strategies	40.44%	42.41%	44.98%	+2.57	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	91.22%	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	49.75%	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	57.43%	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	58.00%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	68.03%	66.89%	65.94%	-0.95	NC
Black or African-American	22.05%	21.71%	21.60%	-0.11	NC
American-Indian and Alaska Native	0.15%	0.15%	0.15%	0.00	NC
Asian	0.00%	0.86%	1.02%	+0.16	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.08%	0.10%	+0.02	NC
Some Other Race	1.14%	0.24%	0.00%	-0.24	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	5.86%	5.81%	5.88%	+0.07	NC
Declined	2.77%	4.26%	5.33%	+1.07	NC
Hispanic [£]	5.86%	5.81%	5.88%	+0.07	—

**Table C-5
Meridian Health Plan of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	99.03%	99.00%	98.85%	-0.15	NC
Spoken Language—Non-English	0.97%	1.00%	1.15%	+0.15	NC
Spoken Language—Unknown	0.00%	0.00%	0.00%	0.00	NC
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	99.03%	99.00%	98.85%	-0.15	NC
Written Language—Non-English	0.97%	1.00%	1.15%	+0.15	NC
Written Language—Unknown	0.00%	0.00%	0.00%	0.00	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.03%	99.00%	98.85%	-0.15	NC
Other Language Needs—Non-English	0.97%	1.00%	1.15%	+0.15	NC
Other Language Needs—Unknown	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	364.12	369.77	368.04	-1.73	★★★
ED—Total*	75.74	79.34	80.96	+1.62	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	11.40	10.68	10.67	-0.01	NC
Medicine—Total	2.67	6.05	6.46	+0.41	NC
Surgery—Total	1.00	0.41	0.36	-0.05	NC
Maternity—Total	7.82	7.08	6.52	-0.56	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.83	3.90	3.79	-0.11	NC
Medicine—Total	4.28	4.72	4.58	-0.14	NC
Surgery—Total	5.08	3.82	4.17	+0.35	NC
Maternity—Total	2.58	2.74	2.43	-0.31	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

Table C-6 Midwest Health Plan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	79.32%	77.86%	85.40%	+7.54	★★★★★
Combination 3	75.43%	73.48%	79.08%	+5.60	★★★★
Combination 4	36.98%	40.39%	73.72%	+33.33	★★★★★
Combination 5	53.04%	60.58%	64.48%	+3.90	★★★★
Combination 6	32.85%	37.23%	33.82%	-3.41	★★
Combination 7	26.52%	33.82%	60.10%	+26.28	★★★★★
Combination 8	17.27%	20.92%	32.12%	+11.20	★★★★★
Combination 9	24.57%	32.12%	28.95%	-3.17	★★
Combination 10	13.38%	17.76%	27.49%	+9.73	★★★★★
Immunizations for Adolescents—Combination 1	63.50%	76.40%	85.64%	+9.24	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	81.51%	82.00%	86.37%	+4.37	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	84.67%	85.40%	82.97%	-2.43	★★★★
Adolescent Well-Care Visits	67.15%	68.86%	65.94%	-2.92	★★★★★
Lead Screening in Children	77.86%	73.72%	77.37%	+3.65	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	86.08%	86.03%	85.87%	-0.16	★★★
Appropriate Testing for Children With Pharyngitis	54.00%	68.61%	62.25%	-6.36	★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	39.58%	39.74%	38.24%	-1.50	★★
Continuation and Maintenance Phase	47.52%	50.00%	50.43%	+0.43	★★★
Women—Adult Care					
Breast Cancer Screening	58.29%	57.48%	57.55%	+0.07	★★★★
Cervical Cancer Screening	73.48%	80.78%	71.29%	-9.49	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	63.29%	63.13%	61.52%	-1.61	★★★★
Ages 21 to 24 Years	69.08%	71.21%	71.15%	-0.06	★★★★
Total	65.22%	65.98%	64.84%	-1.14	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.36%	98.35%	98.56%	+0.21	★★★★★
Ages 25 Months to 6 Years	90.90%	92.62%	94.27%	+1.65	★★★★★
Ages 7 to 11 Years	91.59%	93.62%	94.18%	+0.56	★★★★
Ages 12 to 19 Years	89.26%	92.12%	93.98%	+1.86	★★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	83.16%	87.68%	91.02%	+3.34	★★★★★

Table C-6 Midwest Health Plan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	90.29%	91.35%	92.93%	+1.58	★★★★★
Ages 65+ Years	90.70%	93.10%	NA	—	NA
Total	85.65%	88.97%	91.71%	+2.74	★★★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	79.55%	81.44%	67.52%	-13.92	★★★
BMI Percentile—Ages 12 to 17 Years	84.51%	80.95%	74.45%	-6.50	★★★★
BMI Percentile—Total	81.27%	81.27%	69.83%	-11.44	★★★★
Nutrition—Ages 3 to 11 Years	76.95%	81.06%	64.96%	-16.10	★★★
Nutrition—Ages 12 to 17 Years	76.76%	84.35%	66.42%	-17.93	★★★★
Nutrition—Total	76.89%	82.24%	65.45%	-16.79	★★★
Physical Activity—Ages 3 to 11 Years	71.00%	80.30%	61.31%	-18.99	★★★★
Physical Activity—Ages 12 to 17 Years	73.94%	80.95%	59.12%	-21.83	★★★
Physical Activity—Total	72.02%	80.54%	60.58%	-19.96	★★★★
Adult BMI Assessment	68.37%	76.40%	75.67%	-0.73	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	94.89%	95.13%	95.86%	+0.73	★★★★★
Postpartum Care	70.80%	72.26%	73.24%	+0.98	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	20.96%	19.95%	22.87%	+2.92	—
1-12 Weeks	6.76%	8.03%	7.79%	-0.24	—
13-27 Weeks	39.34%	48.66%	43.07%	-5.59	—
28 or More Weeks	26.99%	23.36%	24.33%	+0.97	—
Unknown	5.95%	0.00%	1.95%	+1.95	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	5.84%	2.43%	-3.41	NC
21-40 Percent†	—	4.62%	2.92%	-1.70	NC
41-60 Percent†	—	3.65%	4.87%	+1.22	NC
61-80 Percent†	—	2.92%	9.73%	+6.81	NC
≥81 Percent	—	82.97%	80.05%	-2.92	★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	88.50%	92.70%	92.70%	Rotated	★★★★★
HbA1c Poor Control (>9.0%)*	35.22%	35.04%	35.04%	Rotated	★★★
HbA1c Control (<8.0%)	54.01%	54.56%	54.56%	Rotated	★★★
HbA1c Control (<7.0%)	42.39%	41.64%	41.64%	Rotated	★★★★
Eye Exam	61.31%	61.50%	61.50%	Rotated	★★★
LDL-C Screening	83.39%	84.67%	84.67%	Rotated	★★★★★
LDL-C Control (<100 mg/dL)	39.05%	40.51%	40.51%	Rotated	★★★

**Table C-6
Midwest Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
<i>Medical Attention for Nephropathy</i>	92.34%	97.81%	97.81%	Rotated	★★★★★
<i>Blood Pressure Control (<140/80 mm Hg)</i>	53.28%	46.72%	46.72%	Rotated	★★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	65.33%	67.88%	67.88%	Rotated	★★★
Use of Appropriate Medications for People With Asthma					
<i>Ages 5 to 11 Years</i>	95.98%	96.91%	96.98%	+0.07	★★★★★
<i>Ages 12 to 18 Years</i>	—	98.79%	97.89%	-0.90	★★★★★
<i>Ages 19 to 50 Years</i>	—	98.02%	99.05%	+1.03	★★★★★
<i>Ages 51 to 64 Years</i>	—	98.73%	100.00%	+1.27	★★★★★
<i>Total[^]</i>	91.30%	97.80%	97.97%	+0.17	★★★★★
<i>Controlling High Blood Pressure</i>	67.64%	67.64%	67.88%	+0.24	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
<i>Advising Smokers and Tobacco Users to Quit</i>	74.32%	78.01%	78.08%	+0.07	—
<i>Discussing Cessation Medications</i>	46.23%	45.55%	47.75%	+2.20	—
<i>Discussing Cessation Strategies</i>	40.34%	40.55%	39.76%	-0.79	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	—	—	79.94%	—	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	—	—	58.33%	—	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	—	—	NA	—	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	—	—	62.00%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
<i>White</i>	40.63%	30.98%	23.92%	-7.06	NC
<i>Black or African-American</i>	29.22%	22.26%	17.09%	-5.17	NC
<i>American-Indian and Alaska Native</i>	0.03%	0.02%	0.02%	0.00	NC
<i>Asian</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Native Hawaiian and Other Pacific Islanders</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Some Other Race</i>	6.30%	4.99%	1.36%	-3.63	NC
<i>Two or More Races</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Unknown</i>	23.82%	41.75%	57.61%	+15.86	NC
<i>Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Hispanic[£]</i>	4.01%	3.22%	2.54%	-0.68	—

**Table C-6
Midwest Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
<i>Spoken Language—English</i>	96.72%	97.79%	99.17%	+1.38	NC
<i>Spoken Language—Non-English</i>	0.36%	0.42%	0.42%	0.00	NC
<i>Spoken Language—Unknown</i>	2.92%	1.80%	0.41%	-1.39	NC
<i>Spoken Language—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Written Language—English</i>	96.72%	97.79%	0.00%	-97.79	NC
<i>Written Language—Non-English</i>	0.36%	0.42%	0.00%	-0.42	NC
<i>Written Language—Unknown</i>	2.92%	1.80%	100.00%	+98.20	NC
<i>Written Language—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	96.72%	97.79%	0.00%	-97.79	NC
<i>Other Language Needs—Non-English</i>	0.36%	0.42%	0.00%	-0.42	NC
<i>Other Language Needs—Unknown</i>	2.92%	1.80%	100.00%	+98.20	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
<i>Outpatient—Total</i>	377.33	388.71	392.62	+3.91	★★★★
<i>ED—Total*</i>	59.08	64.02	65.14	+1.12	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
<i>Total Inpatient—Total</i>	8.82	8.93	8.79	-0.14	NC
<i>Medicine—Total</i>	3.77	4.41	4.14	-0.27	NC
<i>Surgery—Total</i>	1.75	1.32	1.33	+0.01	NC
<i>Maternity—Total</i>	5.35	5.08	5.27	+0.19	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
<i>Total Inpatient—Total</i>	3.84	3.83	3.71	-0.12	NC
<i>Medicine—Total</i>	3.53	4.15	3.90	-0.25	NC
<i>Surgery—Total</i>	6.90	5.73	5.92	+0.19	NC
<i>Maternity—Total</i>	2.58	2.60	2.58	-0.02	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

**Table C-7
Molina Healthcare of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	74.11%	78.01%	82.35%	+4.34	★★★★
Combination 3	69.20%	73.38%	77.65%	+4.27	★★★★
Combination 4	27.00%	30.56%	69.65%	+39.09	★★★★★
Combination 5	43.07%	48.61%	57.88%	+9.27	★★★
Combination 6	28.58%	31.48%	39.76%	+8.28	★★★
Combination 7	18.61%	21.53%	51.76%	+30.23	★★★★★
Combination 8	13.53%	15.28%	37.65%	+22.37	★★★★★
Combination 9	19.67%	22.22%	30.82%	+8.60	★★★
Combination 10	9.91%	11.57%	28.94%	+17.37	★★★★★
Immunizations for Adolescents—Combination 1	52.39%	74.72%	87.05%	+12.33	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	54.63%	60.42%	67.40%	+6.98	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	74.31%	76.39%	76.39%	Rotated	★★★
Adolescent Well-Care Visits	51.85%	57.64%	57.64%	Rotated	★★★★
Lead Screening in Children	74.27%	74.31%	80.00%	+5.69	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	84.48%	84.06%	85.31%	+1.25	★★
Appropriate Testing for Children With Pharyngitis	52.09%	57.77%	59.27%	+1.50	★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	31.83%	35.60%	35.95%	+0.35	★★
Continuation and Maintenance Phase	33.83%	43.33%	43.18%	-0.15	★★
Women—Adult Care					
Breast Cancer Screening	54.12%	53.75%	55.61%	+1.86	★★★
Cervical Cancer Screening	71.46%	72.86%	72.80%	-0.06	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	60.46%	61.56%	66.32%	+4.76	★★★★
Ages 21 to 24 Years	67.24%	68.50%	73.19%	+4.69	★★★★★
Total	62.73%	63.89%	68.67%	+4.78	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.76%	96.42%	97.03%	+0.61	★★★
Ages 25 Months to 6 Years	90.08%	90.12%	90.56%	+0.44	★★★
Ages 7 to 11 Years	90.89%	92.06%	92.66%	+0.60	★★★
Ages 12 to 19 Years	87.79%	89.13%	89.99%	+0.86	★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	81.63%	81.68%	83.77%	+2.09	★★★

**Table C-7
Molina Healthcare of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	87.31%	88.02%	90.51%	+2.49	★★★★
Ages 65+ Years	89.09%	88.33%	93.44%	+5.11	★★★★★
Total	83.47%	83.75%	86.63%	+2.88	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	37.46%	56.98%	79.23%	+22.25	★★★★★
BMI Percentile—Ages 12 to 17 Years	37.14%	56.89%	78.72%	+21.83	★★★★★
BMI Percentile—Total	37.35%	56.94%	79.06%	+22.12	★★★★★
Nutrition—Ages 3 to 11 Years	54.98%	57.74%	61.27%	+3.53	★★★
Nutrition—Ages 12 to 17 Years	50.71%	56.29%	63.12%	+6.83	★★★
Nutrition—Total	53.60%	57.18%	61.88%	+4.70	★★★
Physical Activity—Ages 3 to 11 Years	38.14%	45.66%	45.66%	Rotated	★★★
Physical Activity—Ages 12 to 17 Years	48.57%	49.10%	49.10%	Rotated	★★★
Physical Activity—Total	41.53%	46.99%	46.99%	Rotated	★★★
Adult BMI Assessment	64.35%	72.92%	83.19%	+10.27	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	80.42%	80.42%	80.38%	-0.04	★
Postpartum Care	64.10%	64.10%	72.49%	+8.39	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	NR	NR	35.07%	—	—
1-12 Weeks	NR	NR	8.16%	—	—
13-27 Weeks	NR	NR	35.79%	—	—
28 or More Weeks	NR	NR	15.80%	—	—
Unknown	NR	NR	5.17%	—	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	19.11%	16.51%	-2.60	NC
21-40 Percent†	—	11.66%	11.48%	-0.18	NC
41-60 Percent†	—	6.99%	11.48%	+4.49	NC
61-80 Percent†	—	15.62%	16.03%	+0.41	NC
≥81 Percent	—	46.62%	44.50%	-2.12	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.75%	80.87%	82.84%	+1.97	★★★
HbA1c Poor Control (>9.0%)*	38.63%	36.80%	37.47%	+0.67	★★★
HbA1c Control (<8.0%)	51.18%	54.96%	53.72%	-1.24	★★★
HbA1c Control (<7.0%)	NR	NR	NR	—	NR
Eye Exam	51.42%	47.46%	56.66%	+9.20	★★★
LDL-C Screening	81.52%	78.69%	81.49%	+2.80	★★★★
LDL-C Control (<100 mg/dL)	39.10%	38.98%	39.95%	+0.97	★★★

**Table C-7
Molina Healthcare of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	80.81%	77.48%	79.23%	+1.75	★★★
Blood Pressure Control (<140/80 mm Hg)	NR	46.73%	47.40%	+0.67	★★★★
Blood Pressure Control (<140/90 mm Hg)	62.80%	64.89%	67.27%	+2.38	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	88.69%	88.10%	86.36%	-1.74	★
Ages 12 to 18 Years	—	78.86%	77.08%	-1.78	★
Ages 19 to 50 Years	—	67.88%	66.37%	-1.51	★
Ages 51 to 64 Years	—	50.00%	54.33%	+4.33	★
Total [^]	84.18%	77.12%	75.77%	-1.35	★
Controlling High Blood Pressure	59.21%	63.49%	64.86%	+1.37	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.82%	80.56%	81.27%	+0.71	—
Discussing Cessation Medications	48.88%	52.60%	53.91%	+1.31	—
Discussing Cessation Strategies	41.51%	41.76%	45.62%	+3.86	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	84.60%	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	67.61%	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	85.92%	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	65.61%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	50.75%	49.47%	47.21%	-2.26	NC
Black or African-American	38.39%	37.75%	36.33%	-1.42	NC
American-Indian and Alaska Native	0.13%	0.14%	0.14%	0.00	NC
Asian	1.29%	1.24%	0.97%	-0.27	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	NC
Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Two or More Races	0.00%	0.00%	<0.01%	0.00	NC
Unknown	9.44%	11.40%	15.35%	+3.95	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Hispanic [£]	6.95%	7.17%	7.25%	+0.08	—

**Table C-7
Molina Healthcare of Michigan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	99.20%	99.21%	98.95%	-0.26	NC
Spoken Language—Non-English	0.70%	0.78%	0.91%	+0.13	NC
Spoken Language—Unknown	0.10%	0.01%	0.15%	+0.14	NC
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	99.20%	99.21%	98.95%	-0.26	NC
Written Language—Non-English	0.70%	0.78%	0.91%	+0.13	NC
Written Language—Unknown	0.10%	0.01%	0.15%	+0.14	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.20%	99.21%	98.95%	-0.26	NC
Other Language Needs—Non-English	0.70%	0.78%	0.91%	+0.13	NC
Other Language Needs—Unknown	0.10%	0.01%	0.15%	+0.14	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	357.73	375.25	412.43	+37.18	★★★★
ED—Total*	72.92	74.57	75.53	+0.96	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	7.86	7.19	7.81	+0.62	NC
Medicine—Total	3.29	3.00	3.53	+0.53	NC
Surgery—Total	1.52	1.42	1.59	+0.17	NC
Maternity—Total	5.05	4.55	4.42	-0.13	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.80	3.91	3.95	+0.04	NC
Medicine—Total	3.70	3.85	3.76	-0.09	NC
Surgery—Total	6.53	6.73	6.73	0.00	NC
Maternity—Total	2.56	2.52	2.55	+0.03	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

Table C-8 Physicians Health Plan-FamilyCare Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	77.13%	73.97%	73.97%	Rotated	☆☆
Combination 3	73.24%	68.13%	68.13%	Rotated	☆☆
Combination 4	25.30%	24.82%	24.82%	Rotated	★
Combination 5	41.61%	48.42%	48.42%	Rotated	☆☆
Combination 6	44.28%	31.14%	31.14%	Rotated	☆☆
Combination 7	17.03%	20.44%	20.44%	Rotated	★
Combination 8	18.73%	12.41%	12.41%	Rotated	★
Combination 9	27.74%	22.87%	22.87%	Rotated	☆☆
Combination 10	12.65%	9.73%	9.73%	Rotated	★
Immunizations for Adolescents—Combination 1	50.12%	77.37%	87.76%	+10.39	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	58.05%	53.44%	56.10%	+2.66	☆☆
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	61.05%	65.31%	65.31%	Rotated	★
Adolescent Well-Care Visits	48.66%	46.23%	46.47%	+0.24	☆☆
Lead Screening in Children	85.59%	82.91%	77.20%	-5.71	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	88.69%	80.09%	83.30%	+3.21	☆☆
Appropriate Testing for Children With Pharyngitis	55.03%	53.66%	60.82%	+7.16	☆☆
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	NB	36.99%	NB	—	NB
Continuation and Maintenance Phase	NB	47.22%	NB	—	NB
Women—Adult Care					
Breast Cancer Screening	46.03%	43.49%	43.51%	+0.02	★
Cervical Cancer Screening	69.30%	68.64%	71.11%	+2.47	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	56.72%	58.67%	52.74%	-5.93	☆☆
Ages 21 to 24 Years	69.84%	70.59%	70.35%	-0.24	★★★★
Total	61.26%	63.17%	58.73%	-4.44	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	94.88%	94.18%	95.61%	+1.43	☆☆
Ages 25 Months to 6 Years	84.52%	85.61%	85.18%	-0.43	★
Ages 7 to 11 Years	88.41%	86.88%	88.33%	+1.45	☆☆
Ages 12 to 19 Years	87.38%	85.51%	87.17%	+1.66	☆☆
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	80.74%	78.66%	80.86%	+2.20	☆☆

Table C-8 Physicians Health Plan-FamilyCare Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	87.69%	84.88%	87.66%	+2.78	★★★★
Ages 65+ Years	NA	NA	86.44%	—	☆☆
Total	82.80%	80.59%	83.03%	+2.44	☆☆
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	46.97%	68.54%	67.40%	-1.14	★★★★
BMI Percentile—Ages 12 to 17 Years	34.69%	59.72%	63.04%	+3.32	★★★★
BMI Percentile—Total	42.58%	65.45%	65.94%	+0.49	★★★★
Nutrition—Ages 3 to 11 Years	52.27%	63.30%	64.10%	+0.80	★★★★
Nutrition—Ages 12 to 17 Years	45.58%	47.22%	63.77%	+16.55	★★★★★
Nutrition—Total	49.88%	57.66%	63.99%	+6.33	★★★★
Physical Activity—Ages 3 to 11 Years	34.09%	47.19%	46.15%	-1.04	★★★★
Physical Activity—Ages 12 to 17 Years	46.94%	47.92%	65.22%	+17.30	★★★★★
Physical Activity—Total	38.69%	47.45%	52.55%	+5.10	★★★★
Adult BMI Assessment	47.69%	66.67%	75.47%	+8.80	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	91.48%	92.70%	88.98%	-3.72	★★★★
Postpartum Care	66.42%	70.56%	66.67%	-3.89	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	27.97%	3.29%	34.42%	+31.13	—
1-12 Weeks	6.64%	0.47%	8.95%	+8.48	—
13-27 Weeks	40.82%	3.92%	36.83%	+32.91	—
28 or More Weeks	19.63%	86.21%	16.35%	-69.86	—
Unknown	4.94%	6.11%	3.44%	-2.67	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	6.81%	5.65%	-1.16	NC
21-40 Percent†	—	2.19%	2.54%	+0.35	NC
41-60 Percent†	—	3.89%	5.37%	+1.48	NC
61-80 Percent†	—	18.00%	8.19%	-9.81	NC
≥81 Percent	—	69.10%	78.25%	+9.15	★★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.75%	78.09%	81.10%	+3.01	☆☆
HbA1c Poor Control (>9.0%)*	38.93%	37.74%	40.65%	+2.91	★★★★
HbA1c Control (<8.0%)	50.36%	51.84%	49.39%	-2.45	★★★★
HbA1c Control (<7.0%)	NR	33.12%	34.04%	+0.92	☆☆
Eye Exam	67.40%	48.37%	59.35%	+10.98	★★★★
LDL-C Screening	74.21%	67.25%	72.76%	+5.51	☆☆
LDL-C Control (<100 mg/dL)	42.34%	36.66%	35.98%	-0.68	★★★★

**Table C-8
Physicians Health Plan-FamilyCare Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	83.45%	76.36%	77.44%	+1.08	☆☆
Blood Pressure Control (<140/80 mm Hg)	41.85%	39.05%	45.53%	+6.48	☆☆☆
Blood Pressure Control (<140/90 mm Hg)	64.48%	64.43%	71.14%	+6.71	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.46%	94.97%	94.44%	-0.53	★★★★
Ages 12 to 18 Years	—	88.06%	92.16%	+4.10	★★★★
Ages 19 to 50 Years	—	75.00%	78.13%	+3.13	☆☆☆
Ages 51 to 64 Years	—	NA	NA	—	NA
Total [^]	93.19%	88.52%	89.13%	+0.61	★★★★
Controlling High Blood Pressure	56.33%	55.80%	63.14%	+7.34	☆☆☆
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.42%	78.55%	76.95%	-1.60	—
Discussing Cessation Medications	52.10%	51.59%	53.16%	+1.57	—
Discussing Cessation Strategies	42.90%	45.57%	47.87%	+2.30	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	NB	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	NA	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	NB	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	53.96%	53.20%	52.46%	-0.74	NC
Black or African-American	26.46%	25.61%	24.91%	-0.70	NC
American-Indian and Alaska Native	0.24%	0.21%	0.21%	0.00	NC
Asian	0.00%	0.00%	0.00%	0.00	NC
Native Hawaiian and Other Pacific Islanders	4.04%	0.75%	0.00%	-0.75	NC
Some Other Race	9.32%	9.35%	9.46%	+0.11	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	5.98%	10.88%	12.96%	+2.08	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Hispanic [£]	0.00%	9.34%	9.46%	+0.12	—

**Table C-8
Physicians Health Plan-FamilyCare Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	98.33%	98.28%	98.49%	+0.21	NC
Spoken Language—Non-English	0.79%	0.93%	0.85%	-0.08	NC
Spoken Language—Unknown	0.89%	0.79%	0.66%	-0.13	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	98.33%	98.28%	98.49%	+0.21	NC
Written Language—Non-English	0.79%	0.93%	0.85%	-0.08	NC
Written Language—Unknown	0.89%	0.79%	0.66%	-0.13	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.30%	98.28%	98.49%	+0.21	NC
Other Language Needs—Non-English	0.81%	0.93%	0.85%	-0.08	NC
Other Language Needs—Unknown	0.89%	0.79%	0.66%	-0.13	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	322.22	328.32	342.01	+13.69	☆☆
ED—Total*	66.99	74.57	79.83	+5.26	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	9.21	8.69	8.14	-0.55	NC
Medicine—Total	3.73	4.07	3.84	-0.23	NC
Surgery—Total	1.97	1.44	1.19	-0.25	NC
Maternity—Total	5.97	5.36	5.15	-0.21	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.43	3.66	3.47	-0.19	NC
Medicine—Total	3.06	3.82	3.71	-0.11	NC
Surgery—Total	5.38	5.29	4.37	-0.92	NC
Maternity—Total	2.72	2.74	2.77	+0.03	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

Table C-9 Priority Health Government Programs, Inc. Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	87.04%	88.08%	88.08%	Rotated	★★★★★
Combination 3	83.33%	85.40%	85.40%	Rotated	★★★★★
Combination 4	48.52%	45.01%	45.01%	Rotated	★★★★
Combination 5	55.93%	70.80%	70.80%	Rotated	★★★★★
Combination 6	51.48%	58.15%	58.15%	Rotated	★★★★★
Combination 7	34.44%	38.93%	38.93%	Rotated	★★★★★
Combination 8	36.30%	34.06%	34.06%	Rotated	★★★★★
Combination 9	38.15%	51.09%	51.09%	Rotated	★★★★★
Combination 10	27.41%	30.90%	30.90%	Rotated	★★★★★
Immunizations for Adolescents—Combination 1	63.90%	86.32%	95.92%	+9.60	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	64.69%	70.02%	72.61%	+2.59	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	70.75%	80.83%	76.95%	-3.88	★★★
Adolescent Well-Care Visits	59.37%	58.15%	61.07%	+2.92	★★★★
Lead Screening in Children	71.96%	71.29%	82.93%	+11.64	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	91.48%	93.02%	92.12%	-0.90	★★★★
Appropriate Testing for Children With Pharyngitis	66.89%	74.12%	78.16%	+4.04	★★★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	38.31%	38.10%	38.06%	-0.04	★★
Continuation and Maintenance Phase	43.41%	45.54%	45.62%	+0.08	★★
Women—Adult Care					
Breast Cancer Screening	64.20%	62.76%	65.16%	+2.40	★★★★★
Cervical Cancer Screening	72.69%	72.22%	78.65%	+6.43	★★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	66.52%	66.69%	64.43%	-2.26	★★★★
Ages 21 to 24 Years	71.03%	74.09%	72.79%	-1.30	★★★★★
Total	68.22%	69.37%	67.32%	-2.05	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.56%	97.17%	96.80%	-0.37	★★
Ages 25 Months to 6 Years	86.70%	88.71%	88.15%	-0.56	★★
Ages 7 to 11 Years	90.33%	91.14%	92.29%	+1.15	★★★
Ages 12 to 19 Years	88.49%	89.99%	90.39%	+0.40	★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.38%	83.70%	83.88%	+0.18	★★★

Table C-9 Priority Health Government Programs, Inc. Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	89.19%	89.28%	90.67%	+1.39	★★★★
Ages 65+ Years	NA	94.48%	NA	—	NA
Total	85.43%	85.19%	85.58%	+0.39	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	68.48%	70.25%	83.70%	+13.45	★★★★★
BMI Percentile—Ages 12 to 17 Years	62.96%	71.97%	81.56%	+9.59	★★★★★
BMI Percentile—Total	66.67%	70.80%	82.97%	+12.17	★★★★★
Nutrition—Ages 3 to 11 Years	71.01%	65.95%	74.07%	+8.12	★★★★
Nutrition—Ages 12 to 17 Years	62.22%	63.64%	66.67%	+3.03	★★★★
Nutrition—Total	68.13%	65.21%	71.53%	+6.32	★★★★
Physical Activity—Ages 3 to 11 Years	47.10%	50.54%	57.41%	+6.87	★★★★
Physical Activity—Ages 12 to 17 Years	60.74%	61.36%	65.96%	+4.60	★★★★
Physical Activity—Total	51.58%	54.01%	60.34%	+6.33	★★★★
Adult BMI Assessment	81.47%	85.77%	85.77%	Rotated	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	83.80%	91.24%	88.81%	-2.43	★★★
Postpartum Care	75.39%	71.29%	70.07%	-1.22	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	29.20%	29.20%	26.03%	-3.17	—
1-12 Weeks	9.00%	9.00%	12.65%	+3.65	—
13-27 Weeks	42.58%	42.58%	44.77%	+2.19	—
28 or More Weeks	19.22%	19.22%	16.55%	-2.67	—
Unknown	0.00%	0.00%	0.00%	0.00	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	7.76%	6.57%	-1.19	NC
21-40 Percent†	—	3.74%	4.38%	+0.64	NC
41-60 Percent†	—	6.32%	8.03%	+1.71	NC
61-80 Percent†	—	12.93%	15.82%	+2.89	NC
≥81 Percent	—	69.25%	65.21%	-4.04	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	93.25%	87.04%	88.40%	+1.36	★★★★
HbA1c Poor Control (>9.0%)*	27.01%	29.56%	31.74%	+2.18	★★★★
HbA1c Control (<8.0%)	60.58%	59.12%	57.68%	-1.44	★★★★
HbA1c Control (<7.0%)	47.47%	43.54%	41.61%	-1.93	★★★
Eye Exam	62.41%	67.70%	62.46%	-5.24	★★★★
LDL-C Screening	80.84%	78.47%	77.65%	-0.82	★★★
LDL-C Control (<100 mg/dL)	43.80%	44.34%	43.00%	-1.34	★★★★

Table C-9
Priority Health Government Programs, Inc. Trend Table

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	87.77%	81.39%	84.98%	+3.59	★★★★
Blood Pressure Control (<140/80 mm Hg)	51.28%	43.80%	43.17%	-0.63	★★★
Blood Pressure Control (<140/90 mm Hg)	72.08%	63.50%	66.55%	+3.05	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	95.39%	96.26%	95.74%	-0.52	★★★★★
Ages 12 to 18 Years	—	92.50%	93.05%	+0.55	★★★★★
Ages 19 to 50 Years	—	82.18%	89.35%	+7.17	★★★★★
Ages 51 to 64 Years	—	NA	NA	—	NA
Total [^]	94.28%	91.73%	93.40%	+1.67	★★★★★
Controlling High Blood Pressure	63.68%	62.04%	69.83%	+7.79	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.81%	79.72%	79.57%	-0.15	—
Discussing Cessation Medications	51.10%	47.89%	50.71%	+2.82	—
Discussing Cessation Strategies	40.37%	41.23%	42.76%	+1.53	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	77.52%	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	77.50%	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	59.85%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	61.86%	60.24%	58.98%	-1.26	NC
Black or African-American	19.17%	18.11%	17.24%	-0.87	NC
American-Indian and Alaska Native	0.10%	0.12%	0.12%	0.00	NC
Asian	0.00%	0.15%	0.53%	+0.38	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.01%	0.03%	+0.02	NC
Some Other Race	1.39%	0.31%	0.00%	-0.31	NC
Two or More Races	1.42%	0.00%	0.00%	0.00	NC
Unknown	16.06%	21.05%	23.11%	+2.06	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Hispanic [£]	10.97%	10.76%	10.60%	-0.16	—

Table C-9
Priority Health Government Programs, Inc. Trend Table

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	99.22%	0.00%	0.00%	0.00	NC
Spoken Language—Non-English	0.72%	0.00%	0.00%	0.00	NC
Spoken Language—Unknown	0.06%	100.00%	100.00%	0.00	NC
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	0.00%	0.00%	0.00%	0.00	NC
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	NC
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	327.12	326.88	328.44	+1.56	☆☆
ED—Total*	73.65	77.23	80.38	+3.15	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	6.62	6.69	6.45	-0.24	NC
Medicine—Total	2.22	2.41	2.26	-0.15	NC
Surgery—Total	1.00	0.95	0.93	-0.02	NC
Maternity—Total	6.06	5.83	5.75	-0.08	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.13	3.26	3.19	-0.07	NC
Medicine—Total	3.68	3.75	3.70	-0.05	NC
Surgery—Total	4.11	4.48	4.43	-0.05	NC
Maternity—Total	2.48	2.56	2.48	-0.08	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

Table C-10 ProCare Health Plan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	32.93%	26.83%	51.43%	+24.60	★
Combination 3	31.71%	19.51%	8.57%	-10.94	★
Combination 4	15.85%	12.20%	8.57%	-3.63	★
Combination 5	10.98%	14.63%	7.14%	-7.49	★
Combination 6	12.20%	4.88%	1.43%	-3.45	★
Combination 7	3.66%	9.76%	7.14%	-2.62	★
Combination 8	8.54%	4.88%	1.43%	-3.45	★
Combination 9	4.88%	4.88%	1.43%	-3.45	★
Combination 10	2.44%	4.88%	1.43%	-3.45	★
Immunizations for Adolescents—Combination 1	NA	NA	NA	—	NA
Well-Child Visits in the First 15 Months of Life—6 or More Visits	13.16%	NA	NA	—	NA
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	49.47%	56.83%	67.01%	+10.18	★★
Adolescent Well-Care Visits	27.69%	24.29%	27.87%	+3.58	★
Lead Screening in Children	57.32%	70.73%	68.57%	-2.16	★★
Appropriate Treatment for Children With Upper Respiratory Infection	NA	88.37%	90.16%	+1.79	★★★★
Appropriate Testing for Children With Pharyngitis	NA	NA	43.90%	—	★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	NA	NA	NA	—	NA
Continuation and Maintenance Phase	NA	NA	NA	—	NA
Women—Adult Care					
Breast Cancer Screening	NA	NA	4.08%	—	★
Cervical Cancer Screening	45.21%	41.67%	43.26%	+1.59	★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	NA	NA	NA	—	NA
Ages 21 to 24 Years	NA	NA	NA	—	NA
Total	68.42%	58.33%	NA	—	NA
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	75.93%	77.22%	80.77%	+3.55	★
Ages 25 Months to 6 Years	55.68%	60.81%	73.44%	+12.63	★
Ages 7 to 11 Years	NA	NA	57.45%	—	★
Ages 12 to 19 Years	60.00%	NA	73.08%	—	★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	42.31%	49.19%	50.48%	+1.29	★

Table C-10 ProCare Health Plan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	70.41%	78.26%	75.00%	-3.26	★
Ages 65+ Years	NA	NA	NA	—	NA
Total	54.39%	61.61%	61.39%	-0.22	★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	36.11%	53.08%	53.08%	Rotated	★★★
BMI Percentile—Ages 12 to 17 Years	NA	43.75%	43.75%	Rotated	★★
BMI Percentile—Total	34.34%	51.23%	51.23%	Rotated	★★★
Nutrition—Ages 3 to 11 Years	68.06%	65.38%	65.78%	+0.40	★★★
Nutrition—Ages 12 to 17 Years	NA	50.00%	NA	—	NA
Nutrition—Total	64.65%	62.35%	63.75%	+1.40	★★★
Physical Activity—Ages 3 to 11 Years	61.11%	63.08%	34.67%	-28.41	★★
Physical Activity—Ages 12 to 17 Years	NA	40.63%	NA	—	NA
Physical Activity—Total	59.60%	58.64%	35.06%	-23.58	★★
Adult BMI Assessment	61.70%	NA	16.33%	—	★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	NA	NA	NA	—	NA
Postpartum Care	NA	NA	NA	—	NA
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	24.24%	4.55%	22.58%	+18.03	—
1-12 Weeks	3.03%	15.91%	9.68%	-6.23	—
13-27 Weeks	33.33%	40.91%	35.48%	-5.43	—
28 or More Weeks	36.36%	38.64%	32.26%	-6.38	—
Unknown	3.03%	0.00%	0.00%	0.00	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	—	NA	NA	—	NC
21-40 Percent†	—	NA	NA	—	NC
41-60 Percent†	—	NA	NA	—	NC
61-80 Percent†	—	NA	NA	—	NC
≥81 Percent	—	NA	NA	—	NA
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.25%	63.41%	71.70%	+8.29	★
HbA1c Poor Control (>9.0%)*	53.13%	73.17%	49.06%	-24.11	★★
HbA1c Control (<8.0%)	31.25%	19.51%	43.40%	+23.89	★★
HbA1c Control (<7.0%)	NA	19.35%	30.56%	+11.21	★★
Eye Exam	31.25%	34.15%	47.17%	+13.02	★★
LDL-C Screening	65.63%	58.54%	75.47%	+16.93	★★
LDL-C Control (<100 mg/dL)	34.38%	12.20%	32.08%	+19.88	★★

**Table C-10
ProCare Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	75.00%	73.17%	83.02%	+9.85	★★★
Blood Pressure Control (<140/80 mm Hg)	40.63%	19.51%	30.19%	+10.68	★
Blood Pressure Control (<140/90 mm Hg)	56.25%	36.59%	54.72%	+18.13	★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	NA	NA	NA	—	NA
Ages 12 to 18 Years	—	NA	NA	—	NA
Ages 19 to 50 Years	—	NA	NA	—	NA
Ages 51 to 64 Years	—	NA	NA	—	NA
Total [^]	NA	NA	NA	—	NA
Controlling High Blood Pressure	55.00%	42.22%	56.72%	+14.50	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	NA	NA	NA	—	—
Discussing Cessation Medications	NA	NA	NA	—	—
Discussing Cessation Strategies	NA	NA	NA	—	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	NA	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	NA	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	NA	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	29.11%	27.24%	24.75%	-2.49	NC
Black or African-American	59.55%	58.17%	59.30%	+1.13	NC
American-Indian and Alaska Native	0.00%	0.03%	0.03%	0.00	NC
Asian	0.00%	0.00%	0.00%	0.00	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	NC
Some Other Race	2.30%	0.84%	4.51%	+3.67	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	9.04%	13.73%	11.41%	-2.32	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Hispanic [£]	4.21%	4.75%	4.51%	-0.24	—

**Table C-10
ProCare Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	100.00%	100.00%	100.00%	0.00	NC
Spoken Language—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language—Unknown	0.00%	0.00%	0.00%	0.00	NC
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	0.00%	0.00%	0.00%	0.00	NC
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	NC
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	195.97	180.38	341.65	+161.27	★★
ED—Total*	71.24	70.52	71.22	+0.70	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	6.53	8.07	9.07	+1.00	NC
Medicine—Total	4.11	4.51	5.87	+1.36	NC
Surgery—Total	0.49	1.50	1.53	+0.03	NC
Maternity—Total	3.71	4.04	3.50	-0.54	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	2.96	4.10	3.91	-0.19	NC
Medicine—Total	3.29	3.94	3.67	-0.27	NC
Surgery—Total	3.90	6.77	6.18	-0.59	NC
Maternity—Total	2.03	2.50	2.65	+0.15	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

**Table C-11
Total Health Care, Inc. Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.85%	80.74%	80.74%	Rotated	★★★
Combination 3	83.53%	79.58%	79.58%	Rotated	★★★★
Combination 4	25.75%	36.66%	36.66%	Rotated	★★★★
Combination 5	35.96%	48.26%	48.26%	Rotated	★★
Combination 6	15.78%	19.03%	19.03%	Rotated	★
Combination 7	13.69%	22.04%	22.04%	Rotated	★★
Combination 8	9.05%	10.90%	10.90%	Rotated	★
Combination 9	9.05%	12.99%	12.99%	Rotated	★
Combination 10	5.80%	7.66%	7.66%	Rotated	★
Immunizations for Adolescents—Combination 1	46.99%	70.83%	83.33%	+12.50	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	84.36%	73.15%	73.15%	Rotated	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	83.10%	82.94%	82.94%	Rotated	★★★★
Adolescent Well-Care Visits	63.83%	67.08%	67.08%	Rotated	★★★★★
Lead Screening in Children	72.85%	65.91%	74.31%	+8.40	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	85.46%	83.95%	85.56%	+1.61	★★★★
Appropriate Testing for Children With Pharyngitis	61.99%	62.12%	51.38%	-10.74	★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	19.97%	46.94%	43.21%	-3.73	★★★★
Continuation and Maintenance Phase	14.71%	NA	NA	—	NA
Women—Adult Care					
Breast Cancer Screening	54.53%	58.00%	49.96%	-8.04	★★
Cervical Cancer Screening	75.98%	75.98%	63.87%	-12.11	★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	68.37%	68.99%	67.12%	-1.87	★★★★
Ages 21 to 24 Years	76.62%	79.06%	75.89%	-3.17	★★★★★
Total	71.02%	72.24%	70.00%	-2.24	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.20%	98.64%	93.78%	-4.86	★
Ages 25 Months to 6 Years	96.31%	91.36%	83.47%	-7.89	★
Ages 7 to 11 Years	94.04%	93.42%	87.02%	-6.40	★
Ages 12 to 19 Years	93.57%	92.69%	85.42%	-7.27	★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	93.12%	89.37%	76.24%	-13.13	★

**Table C-11
Total Health Care, Inc. Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	95.13%	94.62%	85.79%	-8.83	★★
Ages 65+ Years	NA	93.44%	80.28%	-13.16	★★
Total	93.76%	91.14%	79.64%	-11.50	★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	48.72%	62.27%	58.53%	-3.74	★★★★
BMI Percentile—Ages 12 to 17 Years	42.14%	62.26%	62.07%	-0.19	★★★★
BMI Percentile—Total	46.30%	62.27%	59.95%	-2.32	★★★★
Nutrition—Ages 3 to 11 Years	53.48%	64.47%	63.95%	-0.52	★★★★
Nutrition—Ages 12 to 17 Years	44.03%	61.64%	55.17%	-6.47	★★★★
Nutrition—Total	50.00%	63.43%	60.42%	-3.01	★★★★
Physical Activity—Ages 3 to 11 Years	50.92%	50.92%	50.92%	Rotated	★★★★
Physical Activity—Ages 12 to 17 Years	42.14%	55.35%	55.35%	Rotated	★★★★
Physical Activity—Total	47.69%	52.55%	52.55%	Rotated	★★★★
Adult BMI Assessment	54.99%	63.40%	73.61%	+10.21	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	88.46%	88.46%	69.44%	-19.02	★
Postpartum Care	70.19%	70.19%	47.69%	-22.50	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	44.27%	44.87%	32.65%	-12.22	—
1-12 Weeks	6.32%	5.54%	7.00%	+1.46	—
13-27 Weeks	27.34%	27.15%	35.98%	+8.83	—
28 or More Weeks	16.38%	16.48%	17.66%	+1.18	—
Unknown	5.69%	5.95%	6.72%	+0.77	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	—	4.09%	28.70%	+24.61	NC
21-40 Percent†	—	11.06%	12.27%	+1.21	NC
41-60 Percent†	—	10.34%	10.19%	-0.15	NC
61-80 Percent†	—	3.85%	13.89%	+10.04	NC
≥81 Percent	—	70.67%	34.95%	-35.72	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	86.64%	88.30%	76.75%	-11.55	★
HbA1c Poor Control (>9.0%)*	41.48%	38.83%	54.56%	+15.73	★
HbA1c Control (<8.0%)	48.51%	48.23%	40.27%	-7.96	★
HbA1c Control (<7.0%)	35.66%	35.03%	33.97%	-1.06	★★
Eye Exam	54.66%	54.96%	46.66%	-8.30	★★
LDL-C Screening	85.06%	85.46%	74.01%	-11.45	★★
LDL-C Control (<100 mg/dL)	40.95%	41.49%	30.85%	-10.64	★★

**Table C-11
Total Health Care, Inc. Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	88.05%	88.12%	79.94%	-8.18	★★★
Blood Pressure Control (<140/80 mm Hg)	33.57%	39.36%	33.74%	-5.62	★★
Blood Pressure Control (<140/90 mm Hg)	61.86%	63.30%	53.19%	-10.11	★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.19%	92.03%	82.39%	-9.64	★
Ages 12 to 18 Years	—	85.63%	76.50%	-9.13	★
Ages 19 to 50 Years	—	89.95%	64.31%	-25.64	★
Ages 51 to 64 Years	—	83.33%	61.45%	-21.88	★
Total [^]	91.78%	89.20%	73.48%	-15.72	★
Controlling High Blood Pressure	65.14%	65.14%	46.28%	-18.86	★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.71%	77.88%	79.75%	+1.87	—
Discussing Cessation Medications	45.95%	48.40%	51.38%	+2.98	—
Discussing Cessation Strategies	35.82%	42.07%	47.17%	+5.10	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	NA	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	65.79%	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	NA	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	29.56%	29.32%	29.80%	+0.48	NC
Black or African-American	64.66%	63.93%	61.91%	-2.02	NC
American-Indian and Alaska Native	0.06%	0.08%	0.08%	0.00	NC
Asian	0.00%	1.00%	1.38%	+0.38	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.09%	0.11%	+0.02	NC
Some Other Race	3.39%	2.25%	2.15%	-0.10	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	2.33%	3.33%	4.55%	+1.22	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Hispanic [£]	1.80%	1.95%	2.15%	+0.20	—

**Table C-11
Total Health Care, Inc. Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	99.65%	99.72%	99.56%	-0.16	NC
Spoken Language—Non-English	0.29%	0.26%	0.44%	+0.18	NC
Spoken Language—Unknown	0.06%	0.01%	0.00%	-0.01	NC
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	99.65%	99.72%	99.56%	-0.16	NC
Written Language—Non-English	0.29%	0.26%	0.44%	+0.18	NC
Written Language—Unknown	0.06%	0.01%	0.00%	-0.01	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	99.72%	99.56%	-0.16	NC
Other Language Needs—Non-English	0.00%	0.26%	0.44%	+0.18	NC
Other Language Needs—Unknown	100.00%	0.01%	0.00%	-0.01	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	228.57	290.98	288.30	-2.68	★
ED—Total*	68.00	71.96	74.83	+2.87	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	8.51	8.92	9.84	+0.92	NC
Medicine—Total	4.52	4.69	5.11	+0.42	NC
Surgery—Total	1.50	1.63	1.74	+0.11	NC
Maternity—Total	3.88	3.96	4.50	+0.54	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.82	3.87	3.88	+0.01	NC
Medicine—Total	3.57	3.56	3.50	-0.06	NC
Surgery—Total	6.51	6.67	7.23	+0.56	NC
Maternity—Total	2.68	2.68	2.58	-0.10	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

**Table C-12
UnitedHealthcare Community Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	72.51%	77.37%	77.37%	Rotated	★★★
Combination 3	68.86%	72.26%	72.26%	Rotated	★★★
Combination 4	29.68%	35.52%	35.52%	Rotated	★★★
Combination 5	46.23%	54.50%	54.50%	Rotated	★★★
Combination 6	32.12%	33.33%	33.33%	Rotated	★★
Combination 7	20.44%	27.49%	27.49%	Rotated	★★★
Combination 8	16.30%	19.71%	19.71%	Rotated	★★
Combination 9	20.92%	26.52%	26.52%	Rotated	★★
Combination 10	11.44%	16.06%	16.06%	Rotated	★★
Immunizations for Adolescents—Combination 1	53.04%	71.64%	89.86%	+18.22	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	89.05%	93.19%	93.19%	Rotated	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.19%	82.40%	82.40%	Rotated	★★★★
Adolescent Well-Care Visits	60.65%	66.08%	66.85%	+0.77	★★★★★
Lead Screening in Children	79.56%	82.24%	82.97%	+0.73	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	84.99%	85.32%	85.75%	+0.43	★★★
Appropriate Testing for Children With Pharyngitis	48.85%	52.58%	52.88%	+0.30	★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	40.32%	41.56%	39.62%	-1.94	★★★
Continuation and Maintenance Phase	51.16%	54.92%	51.52%	-3.40	★★★
Women—Adult Care					
Breast Cancer Screening	57.45%	57.17%	57.47%	+0.30	★★★★
Cervical Cancer Screening	74.71%	77.26%	69.59%	-7.67	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	60.43%	61.13%	61.85%	+0.72	★★★★
Ages 21 to 24 Years	68.45%	68.76%	72.17%	+3.41	★★★★
Total	63.30%	64.01%	65.76%	+1.75	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.63%	97.96%	97.91%	-0.05	★★★★
Ages 25 Months to 6 Years	91.09%	91.15%	90.93%	-0.22	★★★
Ages 7 to 11 Years	93.53%	92.84%	92.64%	-0.20	★★★
Ages 12 to 19 Years	91.94%	92.28%	91.85%	-0.43	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	83.72%	83.57%	85.13%	+1.56	★★★

**Table C-12
UnitedHealthcare Community Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	90.28%	90.91%	92.31%	+1.40	★★★★★
Ages 65+ Years	91.93%	93.69%	92.66%	-1.03	★★★★
Total	85.85%	86.07%	87.83%	+1.76	★★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	42.26%	48.50%	53.05%	+4.55	★★★
BMI Percentile—Ages 12 to 17 Years	48.63%	49.66%	57.72%	+8.06	★★★
BMI Percentile—Total	44.53%	48.91%	54.74%	+5.83	★★★
Nutrition—Ages 3 to 11 Years	47.92%	57.14%	59.54%	+2.40	★★★
Nutrition—Ages 12 to 17 Years	47.26%	57.24%	61.07%	+3.83	★★★
Nutrition—Total	47.69%	57.18%	60.10%	+2.92	★★★
Physical Activity—Ages 3 to 11 Years	38.87%	42.86%	48.09%	+5.23	★★★
Physical Activity—Ages 12 to 17 Years	43.84%	41.38%	53.69%	+12.31	★★★
Physical Activity—Total	40.63%	42.34%	50.12%	+7.78	★★★
Adult BMI Assessment	58.15%	67.58%	78.42%	+10.84	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	88.47%	92.45%	89.72%	-2.73	★★★
Postpartum Care	66.98%	70.89%	66.94%	-3.95	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	23.84%	26.12%	NR	—	—
1-12 Weeks	7.46%	8.75%	NR	—	—
13-27 Weeks	41.67%	42.26%	NR	—	—
28 or More Weeks	20.08%	16.58%	NR	—	—
Unknown	6.95%	6.29%	NR	—	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	5.11%	7.78%	+2.67	NC
21-40 Percent†	—	5.35%	2.78%	-2.57	NC
41-60 Percent†	—	6.57%	7.22%	+0.65	NC
61-80 Percent†	—	14.11%	14.44%	+0.33	NC
≥81 Percent	—	68.86%	67.78%	-1.08	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	80.28%	84.53%	84.70%	+0.17	★★★
HbA1c Poor Control (>9.0%)*	40.00%	36.20%	33.08%	-3.12	★★★★
HbA1c Control (<8.0%)	50.77%	54.74%	56.59%	+1.85	★★★★
HbA1c Control (<7.0%)	41.05%	39.54%	41.90%	+2.36	★★★★
Eye Exam	61.40%	61.75%	63.93%	+2.18	★★★★
LDL-C Screening	79.02%	79.56%	80.22%	+0.66	★★★
LDL-C Control (<100 mg/dL)	36.50%	41.02%	38.81%	-2.21	★★★

**Table C-12
UnitedHealthcare Community Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	75.80%	80.88%	80.88%	Rotated	★★★
Blood Pressure Control (<140/80 mm Hg)	38.04%	37.81%	39.18%	+1.37	★★★
Blood Pressure Control (<140/90 mm Hg)	63.22%	66.42%	64.93%	-1.49	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	87.33%	90.38%	87.54%	-2.84	★
Ages 12 to 18 Years	—	79.38%	78.74%	-0.64	★
Ages 19 to 50 Years	—	68.53%	68.83%	+0.30	★
Ages 51 to 64 Years	—	58.25%	62.22%	+3.97	★
Total [^]	82.39%	78.83%	78.04%	-0.79	★
Controlling High Blood Pressure	63.75%	59.61%	65.08%	+5.47	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.88%	80.52%	82.14%	+1.62	—
Discussing Cessation Medications	51.36%	54.81%	57.73%	+2.92	—
Discussing Cessation Strategies	44.94%	47.80%	48.21%	+0.41	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	83.58%	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	65.15%	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	83.78%	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	31.61%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	52.43%	50.42%	49.44%	-0.98	NC
Black or African-American	36.74%	36.24%	36.37%	+0.13	NC
American-Indian and Alaska Native	0.10%	0.13%	0.13%	0.00	NC
Asian	0.00%	0.00%	0.00%	0.00	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	NC
Some Other Race	2.38%	2.30%	1.45%	-0.85	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	8.35%	10.90%	12.61%	+1.71	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Hispanic [£]	5.26%	5.25%	5.17%	-0.08	—

**Table C-12
UnitedHealthcare Community Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	83.56%	83.12%	85.42%	+2.30	NC
Spoken Language—Non-English	3.94%	4.14%	4.33%	+0.19	NC
Spoken Language—Unknown	12.50%	12.74%	10.25%	-2.49	NC
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	83.56%	0.00%	0.00%	0.00	NC
Written Language—Non-English	3.94%	0.00%	0.00%	0.00	NC
Written Language—Unknown	12.50%	100.00%	100.00%	0.00	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	366.39	370.90	375.09	+4.19	★★★
ED—Total*	72.00	74.35	78.04	+3.69	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	8.38	7.91	7.64	-0.27	NC
Medicine—Total	3.16	3.09	3.11	+0.02	NC
Surgery—Total	1.56	1.40	1.48	+0.08	NC
Maternity—Total	6.05	5.57	4.97	-0.60	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.72	3.76	3.84	+0.08	NC
Medicine—Total	3.92	3.94	3.80	-0.14	NC
Surgery—Total	6.27	6.43	6.56	+0.13	NC
Maternity—Total	2.47	2.50	2.55	+0.05	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] Rate was calculated by HSAG.

Table C-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	79.81%	83.35%	79.17%	-4.18	★★★
Combination 3	77.86%	83.02%	74.56%	-8.46	★★★
Combination 4	32.60%	62.38%	65.02%	+2.64	★★★★★
Combination 5	44.77%	62.04%	55.04%	-7.00	★★★
Combination 6	40.88%	50.50%	48.57%	-1.93	★★★★
Combination 7	20.44%	49.72%	50.33%	+0.61	★★★★★
Combination 8	20.19%	41.62%	45.07%	+3.45	★★★★★
Combination 9	27.98%	40.95%	39.69%	-1.26	★★★★
Combination 10	14.11%	34.96%	37.39%	+2.43	★★★★★
Immunizations for Adolescents—Combination 1	40.39%	75.38%	87.29%	+11.91	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	77.13%	72.35%	72.35%	Rotated	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.92%	68.47%	72.75%	+4.28	★★★
Adolescent Well-Care Visits	48.66%	50.69%	50.69%	Rotated	★★★
Lead Screening in Children	88.66%	90.21%	90.21%	Rotated	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	87.34%	83.13%	87.24%	+4.11	★★★
Appropriate Testing for Children With Pharyngitis	66.67%	73.17%	71.30%	-1.87	★★★
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	53.03%	45.94%	50.71%	+4.77	★★★★
Continuation and Maintenance Phase	50.30%	50.00%	57.28%	+7.28	★★★★
Women—Adult Care					
Breast Cancer Screening	56.95%	55.48%	55.54%	+0.06	★★★
Cervical Cancer Screening	72.02%	72.02%	74.77%	+2.75	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	47.35%	48.43%	47.28%	-1.15	★
Ages 21 to 24 Years	57.69%	54.91%	56.34%	+1.43	★
Total	50.93%	50.84%	50.50%	-0.34	★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.58%	97.54%	98.00%	+0.46	★★★★
Ages 25 Months to 6 Years	91.22%	89.22%	90.25%	+1.03	★★★
Ages 7 to 11 Years	90.98%	90.70%	90.47%	-0.23	★★
Ages 12 to 19 Years	90.39%	92.05%	92.78%	+0.73	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	87.41%	85.67%	87.00%	+1.33	★★★★

Table C-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Ages 45 to 64 Years	90.97%	89.32%	90.76%	+1.44	★★★★
Ages 65+ Years	NA	NA	92.99%	—	★★★★
Total	88.51%	86.81%	88.37%	+1.56	★★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	48.36%	59.62%	70.18%	+10.56	★★★★
BMI Percentile—Ages 12 to 17 Years	50.74%	54.22%	68.71%	+14.49	★★★★
BMI Percentile—Total	49.15%	57.54%	69.68%	+12.14	★★★★
Nutrition—Ages 3 to 11 Years	58.18%	54.34%	56.84%	+2.50	★★
Nutrition—Ages 12 to 17 Years	49.26%	46.39%	55.78%	+9.39	★★★
Nutrition—Total	55.23%	51.28%	56.48%	+5.20	★★★
Physical Activity—Ages 3 to 11 Years	35.27%	47.92%	43.16%	-4.76	★★★
Physical Activity—Ages 12 to 17 Years	55.88%	53.01%	61.22%	+8.21	★★★★
Physical Activity—Total	42.09%	49.88%	49.31%	-0.57	★★★
Adult BMI Assessment	61.80%	71.12%	77.44%	+6.32	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	93.67%	93.67%	91.18%	-2.49	★★★★
Postpartum Care	81.51%	81.51%	76.80%	-4.71	★★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	24.67%	17.50%	24.61%	+7.11	—
1-12 Weeks	14.33%	12.54%	16.41%	+3.87	—
13-27 Weeks	41.94%	29.86%	38.20%	+8.34	—
28 or More Weeks	14.17%	36.25%	13.58%	-22.67	—
Unknown	4.89%	3.85%	7.20%	+3.35	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21Percent†	—	NR	1.39%	—	NC
21-40 Percent†	—	NR	1.39%	—	NC
41-60 Percent†	—	NR	4.64%	—	NC
61-80 Percent†	—	NR	13.69%	—	NC
≥81 Percent	—	NR	78.89%	—	★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	92.99%	88.95%	88.95%	Rotated	★★★★
HbA1c Poor Control (>9.0%)*	24.25%	29.30%	29.30%	Rotated	★★★★
HbA1c Control (<8.0%)	64.93%	62.46%	62.46%	Rotated	★★★★★
HbA1c Control (<7.0%)	49.07%	38.81%	38.81%	Rotated	★★★
Eye Exam	72.14%	67.72%	67.72%	Rotated	★★★★
LDL-C Screening	85.37%	82.11%	82.11%	Rotated	★★★★
LDL-C Control (<100 mg/dL)	40.88%	36.32%	36.32%	Rotated	★★★

**Table C-13
Upper Peninsula Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Medical Attention for Nephropathy	81.56%	93.33%	93.33%	Rotated	★★★★★
Blood Pressure Control (<140/80 mm Hg)	NR	52.46%	53.27%	+0.81	★★★★
Blood Pressure Control (<140/90 mm Hg)	76.35%	73.51%	78.06%	+4.55	★★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	94.44%	93.83%	94.82%	+0.99	★★★★
Ages 12 to 18 Years	—	83.97%	83.33%	-0.64	★
Ages 19 to 50 Years	—	73.04%	73.23%	+0.19	★★
Ages 51 to 64 Years	—	NA	NA	—	NA
Total [^]	90.53%	84.21%	84.49%	+0.28	★★
Controlling High Blood Pressure	65.94%	69.11%	70.65%	+1.54	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.29%	77.14%	76.96%	-0.18	—
Discussing Cessation Medications	47.50%	45.84%	44.54%	-1.30	—
Discussing Cessation Strategies	39.58%	39.10%	39.06%	-0.04	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	89.38%	—	—
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	—	NA	—	—
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	—	NA	—	—
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	—	59.77%	—	—
Health Plan Diversity					
Race/Ethnicity Diversity of Membership[†]					
White	92.98%	92.85%	90.10%	-2.75	NC
Black or African-American	1.43%	1.45%	1.65%	+0.20	NC
American-Indian and Alaska Native	1.63%	1.80%	1.77%	-0.03	NC
Asian	0.00%	0.30%	0.43%	+0.13	NC
Native Hawaiian and Other Pacific Islanders	0.00%	0.09%	0.15%	+0.06	NC
Some Other Race	1.37%	0.96%	0.00%	-0.96	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	2.58%	0.03%	0.92%	+0.89	NC
Declined	0.00%	2.52%	4.97%	+2.45	NC
Hispanic [£]	0.74%	0.75%	0.92%	+0.17	—

**Table C-13
Upper Peninsula Health Plan Trend Table**

Measure	HEDIS 2011	HEDIS 2012	HEDIS 2013	Trend	Star Rating
Language Diversity of Membership[†]					
Spoken Language—English	99.95%	99.95%	99.97%	+0.02	NC
Spoken Language—Non-English	0.02%	0.02%	0.01%	-0.01	NC
Spoken Language—Unknown	0.04%	0.03%	0.01%	-0.02	NC
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Written Language—English	0.00%	99.95%	99.97%	+0.02	NC
Written Language—Non-English	0.00%	0.02%	0.01%	-0.01	NC
Written Language—Unknown	100.00%	0.03%	0.01%	-0.02	NC
Written Language—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)[†]					
Outpatient—Total	364.70	347.76	344.14	-3.62	★★
ED—Total*	64.04	71.65	74.86	+3.21	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)[†]					
Total Inpatient—Total	7.66	6.74	6.88	+0.14	NC
Medicine—Total	2.86	2.93	2.57	-0.36	NC
Surgery—Total	1.38	1.13	1.28	+0.15	NC
Maternity—Total	5.68	4.44	5.03	+0.59	NC
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)[†]					
Total Inpatient—Total	3.09	3.07	3.41	+0.34	NC
Medicine—Total	3.46	3.36	3.91	+0.55	NC
Surgery—Total	4.00	3.94	4.67	+0.73	NC
Maternity—Total	2.42	2.39	2.45	+0.06	NC

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

[†] Statistical tests across years were not performed for this measure/indicator.

* For indicator *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 rate for the *Total* age group.

[£] 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 2012 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.
NA	Not Applicable (i.e., denominator size too small)
NR	Not Report (i.e., biased, or MHP chose not to report)
NB	No Benefit

Please note that the following measures are not listed in the performance table because the HEDIS 2012 Medicaid percentiles are not available:

- ◆ *Medical Assistance With Smoking and Tobacco Use Cessation*
- ◆ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- ◆ *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- ◆ *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- ◆ *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*

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	★★★★★	★★★★★	★	★★★★★	★★★★★	★	★★
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 the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when comparing with the HEDIS 2012 Medicaid percentiles for these indicators.

Table D-1—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	★★★★★	★★	★★★★★	★★★★	★★★★	★★★★
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	★★★★	★★★★★	★★★★★	★★★★	★★★	★★★

* For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when comparing with the HEDIS 2012 Medicaid percentiles for the *Combination 10* indicator.

Table D-1—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	★★★★	★★★★★★	★★★★	★★★★	★★★★
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	★★★★	★★	★★	NB	NB
Priority Health Government Programs, Inc.	★★★★	★★★★	★★★★	★★	★★
ProCare Health Plan	★★	★★★★	★	NA	NA
Total Health Care, Inc.	★★★★	★★★★	★	★★★★	NA
UnitedHealthcare Community Plan	★★★★	★★★★	★	★★★★	★★★★
Upper Peninsula Health Plan	★★★★★★	★★★★	★★★★	★★★★	★★★★

Table D-2—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	★★★★	★★★★	★	★★	★
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-3—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	★★★	★★★	★★★★	★★★★	★★★	★★★	★★★	★★★
CoventryCares of Michigan, Inc.	★★	★	★	★	★★	★★	NA	★★
HealthPlus Partners	★★★	★★★	★★★★	★★★★	★★★	★★★★★	★★★★★	★★★★
McLaren Health Plan	★	★	★★	★★	★★	★★★	★★	★★★
Meridian Health Plan of Michigan	★★★★	★★★★	★★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★
Midwest Health Plan	★★★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★★	NA	★★★★★
Molina Healthcare of Michigan	★★★	★★★	★★★	★★★	★★★	★★★★	★★★★★	★★★
Physicians Health Plan—FamilyCare	★★	★	★★	★★	★★	★★★	★★	★★
Priority Health Government Programs, Inc.	★★	★★	★★★	★★★	★★★	★★★★	NA	★★★
ProCare Health Plan	★	★	★	★	★	★	NA	★
Total Health Care, Inc.	★	★	★	★	★	★★	★★	★
UnitedHealthcare Community Plan	★★★★	★★★	★★★	★★★★	★★★	★★★★★	★★★★	★★★★
Upper Peninsula Health Plan	★★★★	★★★	★★	★★★★	★★★★	★★★★	★★★★	★★★★

Table D-4—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	★★★★★	★★★★	★★★★★	★★★★	★★★	★★★★
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-4—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	★★★★	★★★	★★★★	★★★★★
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-5—Pregnancy Care Performance Summary			
MHP Name	Timeliness of Prenatal Care	Postpartum Care	Ongoing Prenatal Care, ≥81 Percent
Blue Cross Complete of 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-6—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	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
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 indicator *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-6—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, 12–18 Years	Asthma, 19–50 Years	Asthma, 51–64 Years	Asthma, Total	Controlling High Blood Pressure
Blue Cross Complete of 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.	★★★★	★★★	★★★	★★★★★	★★★★★	★★★★★	NA	★★★★★	★★★★★
ProCare Health Plan	★★★	★	★★	NA	NA	NA	NA	NA	★★
Total Health Care, Inc.	★★★	★★	★	★	★	★	★	★	★
UnitedHealthcare Community Plan	★★★	★★★	★★★	★	★	★	★	★	★★★★
Upper Peninsula Health Plan	★★★★★	★★★★	★★★★★	★★★★	★	★★	NA	★★	★★★★★

Table D-7—Utilization Performance Summary		
MHP Name	Ambulatory Care, Outpatient Visits	Ambulatory Care, Emergency Department Visits*
Blue Cross Complete of 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 indicator, 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).

Appendix E 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[®]) is a listing of billing codes generated by the American Medical Association (AMA) to report the provision of medical services and procedures.^{E-1}

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.

^{E-1} 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 ± 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 ± 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[®] 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 MHP undergoing the HEDIS audit process, provides information to auditors regarding an MHP'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[®], 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.