

Appendix A. Tabular Results for Key Measures by Health Plan

This section presents tables showing results for key measures by health plan.

Table A-1—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures: Immunization Status							
DST	Plan Name	Code	Childhood Immunization Status		Adolescent Immunization Status		
			Eligible Population	Combo 2 Rate	Eligible Population	Combo 1 Rate	Combo 2 Rate
4333	Cape Health Plan	CAP	2,237	71.7%	1,639	61.8%	51.9%
4265	Community Choice Michigan	CCM	1,488	69.3%	1,514	73.0%	54.0%
4133	Great Lakes Health Plan	GLH	2,862	68.3%	2,579	69.6%	51.8%
4291	Health Plan of Michigan, Inc.	HPM	2,051	68.5%	1,423	70.8%	54.9%
4056	HealthPlus Partners, Inc.	HPP	1,901	76.7%	1,588	81.8%	64.0%
4243	M-CAID	MCD	530	72.5%	345	62.3%	46.7%
4312	McLaren Health Plan	MCL	938	73.7%	600	66.4%	46.7%
4131	Midwest Health Plan	MID	1,460	72.0%	1,184	67.6%	51.8%
4151	Molina Healthcare of Michigan	MOL	1,620	69.9%	1,314	66.8%	46.6%
4055	OmniCare Health Plan	OCH	1,584	65.0%	2,177	54.8%	35.7%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	523	73.0%	418	79.1%	64.7%
4054	Priority Health Government Programs, Inc.	PRI	845	88.8%	650	84.7%	73.2%
4283	Physicians Health Plan of Southwest Michigan	PSW	1,169	78.3%	763	83.7%	58.6%
4268	Total Health Care, Inc.	THC	1,374	70.0%	1,620	71.4%	57.9%
4348	Upper Peninsula Health Plan	UPP	816	72.1%	695	81.5%	62.7%
	2005 Michigan Medicaid Weighted Average		--	71.7%	--	69.9%	53.0%
	2004 Michigan Medicaid Weighted Average		--	67.4%	--	51.0%	34.5%
	2003 Michigan Medicaid Weighted Average		--	60.4%	--	38.5%	20.7%
	National HEDIS 2004 Medicaid 50th Percentile		--	61.1%	--	54.3%	33.2%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

**Table A-2—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures:
Well-Child Visits in the First 15 Months of Life**

DST	Plan Name	Code	Eligible Population	0 Visits Rate	6 or More Visits Rate
4333	Cape Health Plan	CAP	570	6.0%	37.2%
4265	Community Choice Michigan	CCM	573	5.4%	41.4%
4133	Great Lakes Health Plan	GLH	870	3.5%	39.4%
4291	Health Plan of Michigan, Inc.	HPM	463	2.0%	59.0%
4056	HealthPlus Partners, Inc.	HPP	889	2.9%	43.8%
4243	M-CAID	MCD	136	1.5%	46.3%
4312	McLaren Health Plan	MCL	270	2.2%	45.4%
4131	Midwest Health Plan	MID	401	5.0%	46.1%
4151	Molina Healthcare of Michigan	MOL	301	5.4%	35.2%
4055	Omnicare Health Plan	OCH	630	1.6%	48.5%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	247	2.8%	38.1%
4054	Priority Health Government Programs, Inc.	PRI	363	0.6%	52.1%
4283	Physicians Health Plan of Southwest Michigan	PSW	375	1.3%	44.3%
4268	Total Health Care, Inc.	THC	438	6.7%	24.0%
4348	Upper Peninsula Health Plan	UPP	221	0.9%	52.0%
	2005 Michigan Medicaid Weighted Average		--	3.4%	43.0%
	2004 Michigan Medicaid Weighted Average		--	4.2%	36.8%
	2003 Michigan Medicaid Weighted Average		--	5.0%	39.2%
	National HEDIS 2004 Medicaid 50th Percentile		--	2.4%	46.3%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

**Table A-3—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures:
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits**

DST	Plan Name	Code	3rd–6th Years of Life		Adolescent	
			Eligible Population	Rate	Eligible Population	Rate
4333	Cape Health Plan	CAP	7,673	66.3%	8,901	46.4%
4265	Community Choice Michigan	CCM	6,586	54.3%	9,733	33.3%
4133	Great Lakes Health Plan	GLH	10,847	60.8%	17,137	40.4%
4291	Health Plan of Michigan, Inc.	HPM	8,626	56.9%	11,392	41.2%
4056	HealthPlus Partners, Inc.	HPP	7,404	57.2%	10,237	37.5%
4243	M-CAID	MCD	1,615	62.0%	2,198	47.6%
4312	McLaren Health Plan	MCL	3,602	51.6%	4,688	36.7%
4131	Midwest Health Plan	MID	5,246	65.9%	8,096	48.4%
4151	Molina Healthcare of Michigan	MOL	9,733	55.3%	14,404	33.6%
4055	OmniCare Health Plan	OCH	6,550	59.3%	12,750	30.1%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	2,020	57.4%	2,897	37.7%
4054	Priority Health Government Programs, Inc.	PRI	4,370	64.2%	4,718	36.7%
4283	Physicians Health Plan of Southwest Michigan	PSW	4,143	49.1%	5,054	32.1%
4268	Total Health Care, Inc.	THC	5,102	55.6%	8,934	39.1%
4348	Upper Peninsula Health Plan	UPP	3,068	58.6%	4,736	37.2%
	2005 Michigan Medicaid Weighted Average		--	58.5%	--	38.0%
	2004 Michigan Medicaid Weighted Average		--	55.3%	--	34.2%
	2003 Michigan Medicaid Weighted Average		--	52.0%	--	32.1%
	National HEDIS 2004 Medicaid 50th Percentile		--	61.2%	--	35.9%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

Table A-4—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures: Appropriate Treatment for Children With Upper Respiratory Infection				
DST	Plan Name	Code	Eligible Population	Rate
4333	Cape Health Plan	CAP	4,926	75.5%
4265	Community Choice Michigan	CCM	2,846	77.5%
4133	Great Lakes Health Plan	GLH	6,645	70.6%
4291	Health Plan of Michigan, Inc.	HPM	3,086	74.4%
4056	HealthPlus Partners, Inc.	HPP	4,556	71.3%
4243	M-CAID	MCD	1,129	88.5%
4312	McLaren Health Plan	MCL	2,981	64.8%
4131	Midwest Health Plan	MID	4,518	75.7%
4151	Molina Healthcare of Michigan	MOL	4,762	76.5%
4055	OmniCare Health Plan	OCH	2,738	74.7%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	1,548	78.5%
4054	Priority Health Government Programs, Inc.	PRI	1,594	87.8%
4283	Physicians Health Plan of Southwest Michigan	PSW	3,183	76.7%
4268	Total Health Care, Inc.	THC	767	73.3%
4348	Upper Peninsula Health Plan	UPP	1,876	82.1%
	2005 Michigan Medicaid Weighted Average		--	75.0%
	2004 Michigan Medicaid Weighted Average		--	74.3%
	National HEDIS 2004 Medicaid 50th Percentile		--	80.9%

Note: The 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Average included 15 health plans. This measure was first introduced in 2004.

Table A-5—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures: Cancer Screening in Women						
DST	Plan Name	Code	Breast Cancer Screening		Cervical Cancer Screening	
			Eligible Population	Rate	Eligible Population	Rate
4333	Cape Health Plan	CAP	1,260	54.7%	8,540	60.7%
4265	Community Choice Michigan	CCM	914	49.9%	7,596	67.6%
4133	Great Lakes Health Plan	GLH	2,331	54.3%	13,798	59.6%
4291	Health Plan of Michigan, Inc.	HPM	850	56.9%	9,038	61.6%
4056	HealthPlus Partners, Inc.	HPP	995	59.6%	8,713	70.4%
4243	M-CAID	MCD	219	47.2%	1,774	73.8%
4312	McLaren Health Plan	MCL	378	57.8%	4,074	67.9%
4131	Midwest Health Plan	MID	989	49.6%	6,494	58.9%
4151	Molina Healthcare of Michigan	MOL	642	57.0%	10,868	59.0%
4055	OmniCare Health Plan	OCH	1,466	47.4%	9,667	58.4%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	294	57.5%	2,411	66.2%
4054	Priority Health Government Programs, Inc.	PRI	389	57.4%	3,847	81.1%
4283	Physicians Health Plan of Southwest Michigan	PSW	414	56.5%	3,652	64.5%
4268	Total Health Care, Inc.	THC	1,000	46.5%	6,689	59.8%
4348	Upper Peninsula Health Plan	UPP	469	67.8%	3,235	73.0%
	2005 Michigan Medicaid Weighted Average		--	53.7%	--	63.4%
	2004 Michigan Medicaid Weighted Average		--	54.6%	--	62.6%
	2003 Michigan Medicaid Weighted Average		--	56.2%	--	60.2%
	National HEDIS 2004 Medicaid 50th Percentile		--	55.2%	--	64.5%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

Table A-6—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures: Chlamydia Screening in Women								
DST	Plan Name	Code	Ages 16 to 20 Years		Ages 21 to 25 Years		Combined Rate	
			Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
4333	Cape Health Plan	CAP	904	41.8%	889	45.9%	1,793	43.8%
4265	Community Choice Michigan	CCM	1,146	48.7%	1,037	55.6%	2,183	52.0%
4133	Great Lakes Health Plan	GLH	1,680	47.2%	1,395	52.1%	3,075	49.4%
4291	Health Plan of Michigan, Inc.	HPM	1,399	47.6%	1,349	52.2%	2,748	49.9%
4056	HealthPlus Partners, Inc.	HPP	1,227	45.6%	1,317	52.9%	2,544	49.4%
4243	M-CAID	MCD	221	56.9%	236	56.9%	457	56.9%
4312	McLaren Health Plan	MCL	569	48.4%	589	52.3%	1,158	50.4%
4131	Midwest Health Plan	MID	676	32.1%	589	37.8%	1,265	34.8%
4151	Molina Healthcare of Michigan	MOL	1,671	44.1%	1,598	51.1%	3,269	47.5%
4055	OmniCare Health Plan	OCH	1,318	56.7%	1,094	63.9%	2,412	60.0%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	296	66.6%	304	64.5%	600	65.5%
4054	Priority Health Government Programs, Inc.	PRI	589	54.8%	652	58.7%	1,241	56.9%
4283	Physicians Health Plan of Southwest Michigan	PSW	588	46.1%	618	48.2%	1,206	47.2%
4268	Total Health Care, Inc.	THC	913	50.1%	760	63.5%	1,673	56.2%
4348	Upper Peninsula Health Plan	UPP	576	43.2%	464	42.0%	1,040	42.7%
	2005 Michigan Medicaid Weighted Average		--	47.6%	--	53.1%	--	50.3%
	2004 Michigan Medicaid Weighted Average		--	48.2%	--	53.8%	--	50.9%
	2003 Michigan Medicaid Weighted Average		--	42.1%	--	45.9%	--	44.2%
	National HEDIS 2004 Medicaid 50th Percentile		--	44.7%	--	46.5%	--	45.5%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

**Table A-7—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures:
Prenatal and Postpartum Care**

DST	Plan Name	Code	Eligible Population	Timeliness of Prenatal Care Rate	Postpartum Care Rate
4333	Cape Health Plan	CAP	1,023	68.5%	46.3%
4265	Community Choice Michigan	CCM	885	75.7%	58.9%
4133	Great Lakes Health Plan	GLH	1,427	72.0%	51.1%
4291	Health Plan of Michigan, Inc.	HPM	1,288	78.3%	57.4%
4056	HealthPlus Partners, Inc.	HPP	1,097	82.9%	57.4%
4243	M-CAID	MCD	220	89.5%	60.7%
4312	McLaren Health Plan	MCL	570	88.1%	65.5%
4131	Midwest Health Plan	MID	683	66.7%	41.8%
4151	Molina Healthcare of Michigan	MOL	1,295	82.0%	58.8%
4055	OmniCare Health Plan	OCH	1,068	64.7%	40.5%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	339	79.6%	63.3%
4054	Priority Health Government Programs, Inc.	PRI	702	86.9%	58.4%
4283	Physicians Health Plan of Southwest Michigan	PSW	557	81.0%	61.6%
4268	Total Health Care, Inc.	THC	756	86.3%	46.9%
4348	Upper Peninsula Health Plan	UPP	291	85.2%	53.5%
	2005 Michigan Medicaid Weighted Average		--	77.5%	53.7%
	2004 Michigan Medicaid Weighted Average		--	71.5%	44.9%
	2003 Michigan Medicaid Weighted Average		--	66.9%	44.9%
	National HEDIS 2004 Medicaid 50th Percentile		--	79.7%	55.3%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

**Table A-8—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures:
Comprehensive Diabetes Care**

DST	Plan Name	Code	Eligible Population	HbA1c Testing Rate	Poor HbA1c Control Rate	Eye Exam Rate
4333	Cape Health Plan	CAP	1,490	71.4%	48.3%	44.0%
4265	Community Choice Michigan	CCM	1,348	83.7%	41.6%	38.4%
4133	Great Lakes Health Plan	GLH	2,546	79.0%	46.3%	45.0%
4291	Health Plan of Michigan, Inc.	HPM	1,442	79.2%	47.5%	54.9%
4056	HealthPlus Partners, Inc.	HPP	1,279	83.9%	33.6%	57.4%
4243	M-CAID	MCD	244	88.4%	33.8%	55.1%
4312	McLaren Health Plan	MCL	634	79.3%	41.1%	51.6%
4131	Midwest Health Plan	MID	1,265	71.5%	47.7%	44.3%
4151	Molina Healthcare of Michigan	MOL	1,753	88.8%	43.0%	52.3%
4055	OmniCare Health Plan	OCH	1,627	69.1%	62.9%	27.9%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	352	84.8%	36.1%	63.3%
4054	Priority Health Government Programs, Inc.	PRI	608	88.8%	31.6%	58.4%
4283	Physicians Health Plan of Southwest Michigan	PSW	572	82.0%	36.5%	49.9%
4268	Total Health Care, Inc.	THC	1,207	76.4%	47.7%	47.9%
4348	Upper Peninsula Health Plan	UPP	458	91.6%	23.9%	60.3%
	2005 Michigan Medicaid Weighted Average		--	79.5%	44.6%	47.3%
	2004 Michigan Medicaid Weighted Average		--	74.0%	51.2%	42.3%
	2003 Michigan Medicaid Weighted Average		--	73.2%	47.1%	44.3%
	National HEDIS 2004 Medicaid 50th Percentile		--	77.6%	47.4%	46.5%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

**Table A-9—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures:
Comprehensive Diabetes Care (continued)**

DST	Plan Name	Code	Eligible Population	LDL-C Screening Rate	LDL-C Level <130 Rate	LDL-C Level <100 Rate	Monitoring Nephropathy Rate
4333	Cape Health Plan	CAP	1,490	84.1%	54.9%	31.7%	37.9%
4265	Community Choice Michigan	CCM	1,348	71.8%	47.9%	32.6%	43.1%
4133	Great Lakes Health Plan	GLH	2,546	81.4%	67.1%	60.1%	47.0%
4291	Health Plan of Michigan, Inc.	HPM	1,442	85.4%	47.7%	27.8%	49.8%
4056	HealthPlus Partners, Inc.	HPP	1,279	86.6%	59.1%	34.1%	56.4%
4243	M-CAID	MCD	244	91.6%	70.2%	50.2%	60.0%
4312	McLaren Health Plan	MCL	634	75.4%	53.5%	31.1%	52.8%
4131	Midwest Health Plan	MID	1,265	79.8%	62.8%	40.1%	43.6%
4151	Molina Healthcare of Michigan	MOL	1,753	84.5%	53.0%	33.9%	49.6%
4055	OmniCare Health Plan	OCH	1,627	72.1%	46.7%	31.1%	37.1%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	352	91.6%	70.4%	42.4%	64.8%
4054	Priority Health Government Programs, Inc.	PRI	608	87.8%	64.5%	39.4%	47.0%
4283	Physicians Health Plan of Southwest Michigan	PSW	572	85.4%	54.5%	35.0%	41.1%
4268	Total Health Care, Inc.	THC	1,207	79.6%	56.0%	32.6%	56.7%
4348	Upper Peninsula Health Plan	UPP	458	92.3%	61.7%	37.1%	64.0%
	2005 Michigan Medicaid Weighted Average		--	81.6%	56.6%	37.8%	47.6%
	2004 Michigan Medicaid Weighted Average		--	74.6%	48.6%	29.1%	40.7%
	2003 Michigan Medicaid Weighted Average		--	69.2%	43.8%	--	47.6%
	National HEDIS 2004 Medicaid 50th Percentile		--	77.5%	50.3%	28.6%	43.8%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

**Table A-10—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures:
Use of Appropriate Medications for People With Asthma**

DST	Plan Name	Code	Ages 5 to 9 Years		Ages 10 to 17 Years		Ages 18 to 56 Years		Combined Rate	
			Eligible Population	Rate						
4333	Cape Health Plan	CAP	232	58.4%	277	49.8%	631	66.1%	1,140	59.9%
4265	Community Choice Michigan	CCM	267	70.0%	318	65.4%	653	74.0%	1,238	70.9%
4133	Great Lakes Health Plan	GLH	358	57.0%	527	57.9%	1,074	73.7%	1,959	65.9%
4291	Health Plan of Michigan, Inc.	HPM	220	67.7%	299	66.1%	408	70.7%	927	68.5%
4056	HealthPlus Partners, Inc.	HPP	320	75.0%	437	69.3%	604	75.3%	1,361	73.3%
4243	M-CAID	MCD	98	77.6%	116	75.0%	154	69.6%	368	73.6%
4312	McLaren Health Plan	MCL	123	82.9%	128	71.9%	251	75.7%	502	76.5%
4131	Midwest Health Plan	MID	204	52.9%	268	56.3%	528	67.0%	1,000	61.3%
4151	Molina Healthcare of Michigan	MOL	97	65.3%	182	63.5%	409	70.9%	688	67.9%
4055	OmniCare Health Plan	OCH	383	55.1%	558	61.0%	927	70.9%	1,868	64.3%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	119	76.5%	167	70.1%	207	74.4%	493	73.4%
4054	Priority Health Government Programs, Inc.	PRI	133	75.9%	194	80.4%	202	77.2%	529	78.1%
4283	Physicians Health Plan of Southwest Michigan	PSW	123	76.4%	172	69.2%	267	73.0%	562	72.6%
4268	Total Health Care, Inc.	THC	248	56.3%	400	62.9%	595	72.7%	1,243	65.6%
4348	Upper Peninsula Health Plan	UPP	150	66.0%	204	70.6%	288	69.1%	642	68.8%
	2005 Michigan Medicaid Weighted Average		--	65.1%	--	64.2%	--	71.8%	--	67.9%
	2004 Michigan Medicaid Weighted Average		--	61.0%	--	62.5%	--	69.5%	--	65.5%
	2003 Michigan Medicaid Weighted Average		--	59.0%	--	61.7%	--	66.9%	--	63.8%
	National HEDIS 2004 Medicaid 50th Percentile		--	64.8%	--	63.5%	--	67.0%	--	65.5%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

Table A-11—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures: Controlling High Blood Pressure				
DST	Plan Name	Code	Eligible Population	Rate
4333	Cape Health Plan	CAP	1,265	60.1%
4265	Community Choice Michigan	CCM	952	65.0%
4133	Great Lakes Health Plan	GLH	2,184	47.4%
4291	Health Plan of Michigan, Inc.	HPM	933	61.2%
4056	HealthPlus Partners, Inc.	HPP	1,013	65.8%
4243	M-CAID	MCD	194	76.0%
4312	McLaren Health Plan	MCL	406	59.6%
4131	Midwest Health Plan	MID	691	56.7%
4151	Molina Healthcare of Michigan	MOL	1,013	62.1%
4055	OmniCare Health Plan	OCH	1,713	39.2%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	213	64.2%
4054	Priority Health Government Programs, Inc.	PRI	415	63.8%
4283	Physicians Health Plan of Southwest Michigan	PSW	250	59.6%
4268	Total Health Care, Inc.	THC	1,044	52.1%
4348	Upper Peninsula Health Plan	UPP	405	73.0%
	2005 Michigan Medicaid Weighted Average		--	56.1%
	2004 Michigan Medicaid Weighted Average		--	53.9%
	2003 Michigan Medicaid Weighted Average		--	52.3%
	National HEDIS 2004 Medicaid 50th Percentile		--	59.8%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

**Table A-12—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures:
Children’s and Adolescents’ Access to Primary Care Practitioners**

DST	Plan Name	Code	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
4333	Cape Health Plan	CAP	2,036	91.2%	9,775	75.7%	5,178	78.3%	6,588	75.9%
4265	Community Choice Michigan	CCM	1,361	84.8%	7,850	77.1%	5,648	77.1%	7,044	75.4%
4133	Great Lakes Health Plan	GLH	2,555	91.4%	13,506	79.5%	9,091	78.5%	11,647	77.5%
4291	Health Plan of Michigan, Inc.	HPM	2,565	93.9%	10,763	81.5%	4,694	82.5%	5,579	82.4%
4056	HealthPlus Partners, Inc.	HPP	1,727	94.7%	9,128	80.8%	6,336	81.8%	7,280	79.4%
4243	M-CAID	MCD	405	96.8%	2,336	86.3%	1,390	83.7%	1,629	81.5%
4312	McLaren Health Plan	MCL	1,102	93.9%	4,554	79.2%	1,863	80.0%	2,305	76.5%
4131	Midwest Health Plan	MID	1,414	91.2%	6,573	79.2%	4,285	80.9%	5,308	78.4%
4151	Molina Healthcare of Michigan	MOL	2,231	91.4%	12,117	77.1%	2,808	72.9%	3,983	73.4%
4055	OmniCare Health Plan	OCH	1,395	89.0%	7,855	68.1%	6,950	70.2%	9,575	70.8%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	543	91.7%	2,497	78.8%	1,759	77.4%	2,045	79.1%
4054	Priority Health Government Programs, Inc.	PRI	1,224	97.2%	5,316	83.4%	2,635	83.5%	2,701	82.0%
4283	Physicians Health Plan of Southwest Michigan	PSW	1,217	94.3%	5,233	77.8%	2,834	81.3%	3,260	81.6%
4268	Total Health Care, Inc.	THC	1,170	88.2%	6,275	72.5%	4,719	71.5%	6,520	72.5%
4348	Upper Peninsula Health Plan	UPP	951	97.7%	3,778	85.2%	2,620	84.0%	3,503	85.0%
	2005 Michigan Medicaid Weighted Average		--	92.2%	--	78.2%	--	78.2%	--	77.1%
	2004 Michigan Medicaid Weighted Average		--	91.5%	--	78.0%	--	76.7%	--	74.7%
	2003 Michigan Medicaid Weighted Average		--	91.0%	--	75.9%	--	74.7%	--	--
	National HEDIS 2004 Medicaid 50th Percentile		--	94.9%	--	84.7%	--	83.3%	--	82.2%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

Table A-13—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures: Adults' Access to Preventive/Ambulatory Health Services						
DST	Plan Name	Code	Ages 20 to 44 Years		Ages 45 to 64 Years	
			Eligible Population	Rate	Eligible Population	Rate
4333	Cape Health Plan	CAP	7,872	71.2%	4,629	78.8%
4265	Community Choice Michigan	CCM	7,934	76.2%	3,342	83.2%
4133	Great Lakes Health Plan	GLH	12,844	74.7%	7,669	83.2%
4291	Health Plan of Michigan, Inc.	HPM	9,411	80.0%	3,619	88.0%
4056	HealthPlus Partners, Inc.	HPP	8,742	82.0%	3,347	89.6%
4243	M-CAID	MCD	1,835	82.0%	753	85.5%
4312	McLaren Health Plan	MCL	4,221	80.4%	1,610	88.0%
4131	Midwest Health Plan	MID	6,195	72.6%	3,657	82.6%
4151	Molina Healthcare of Michigan	MOL	11,375	78.8%	5,018	84.6%
4055	OmniCare Health Plan	OCH	8,782	70.3%	4,854	78.2%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	2,485	76.3%	1,005	84.3%
4054	Priority Health Government Programs, Inc.	PRI	3,736	84.3%	1,308	91.7%
4283	Physicians Health Plan of Southwest Michigan	PSW	3,758	81.2%	1,458	87.7%
4268	Total Health Care, Inc.	THC	6,292	70.6%	3,480	76.1%
4348	Upper Peninsula Health Plan	UPP	3,414	83.7%	1,553	88.4%
	2005 Michigan Medicaid Weighted Average		--	76.7%	--	83.4%
	2004 Michigan Medicaid Weighted Average		--	75.0%	--	82.6%
	2003 Michigan Medicaid Weighted Average		--	74.1%	--	81.4%
	National HEDIS 2004 Medicaid 50th Percentile		--	77.6%	--	84.0%

Note: The 2003 Michigan Medicaid Weighted Averages included 18 health plans; the 2004 Michigan Medicaid Weighted Average included 17 health plans, and the 2005 Michigan Medicaid Weighted Averages included 15 health plans.

Table A-14—Michigan Medicaid HEDIS 2005 Tabular Results for Key Measures: Medical Assistance With Smoking Cessation			
DST	Plan Name	Code	Advising Smokers to Quit Rate
4333	Cape Health Plan	CAP	66.6%
4265	Community Choice Michigan	CCM	69.1%
4133	Great Lakes Health Plan	GLH	64.5%
4291	Health Plan of Michigan, Inc.	HPM	65.6%
4056	HealthPlus Partners, Inc.	HPP	73.1%
4243	M-CAID	MCD	74.3%
4312	McLaren Health Plan	MCL	69.4%
4131	Midwest Health Plan	MID	63.3%
4151	Molina Healthcare of Michigan	MOL	67.9%
4055	OmniCare Health Plan	OCH	67.0%
4282	Physicians Health Plan of Mid-Michigan Family Care	PMD	69.0%
4054	Priority Health Government Programs, Inc.	PRI	73.0%
4283	Physicians Health Plan of Southwest Michigan	PSW	67.0%
4268	Total Health Care, Inc.	THC	71.7%
4348	Upper Peninsula Health Plan	UPP	66.2%
	2005 Michigan Medicaid Average		68.5%
	2004 Michigan Medicaid Average		66.7%
	2003 Michigan Medicaid Average		66.2%

Note: The 2003, 2004, and 2005 Michigan Medicaid Averages are not weighted.

Appendix B. National HEDIS 2004 Medicaid Percentiles

Table B-1—National HEDIS 2004 Medicaid Percentiles—Pediatric Care

Measure	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Childhood Immunization Status— Combination #2	37.8%	51.4%	61.1%	67.9%	72.5%
Adolescent Immunization Status— Combination #1	26.3%	41.7%	54.3%	63.5%	71.8%
Adolescent Immunization Status— Combination #2	10.1%	23.2%	33.2%	46.2%	53.8%
Well-Child Visits in the First 15 Months— Zero Visits*	0.5%	1.1%	2.4%	4.9%	13.3%
Well-Child Visits in the First 15 Months— Six or More Visits	22.0%	37.3%	46.3%	55.1%	63.2%
Well-Child in the Third, Fourth, Fifth, and Sixth Years of Life	46.0%	54.3%	61.2%	69.6%	75.1%
Adolescent Well-Care Visits	25.2%	29.3%	35.9%	45.0%	52.3%
Appropriate Treatment for Children With Upper Respiratory Infection	71.2%	74.3%	80.9%	86.9%	90.6%

* For this key measure, a lower rate indicates better performance.

Table B-2—National HEDIS 2004 Medicaid Percentiles—Women’s Care					
Measure	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Cervical Cancer Screening	47.4%	56.2%	64.5%	71.4%	77.5%
Breast Cancer Screening	45.7%	51.1%	55.2%	61.2%	66.7%
Chlamydia Screening in Women— Ages 16–20 Years	25.6%	35.2%	44.7%	51.5%	63.1%
Chlamydia Screening in Women— Ages 21–26 Years	25.1%	37.8%	46.5%	56.0%	62.0%
Chlamydia Screening in Women— Combined Rate	25.0%	36.6%	45.5%	53.0%	62.6%
Prenatal and Postpartum Care— Timeliness of Prenatal Care	58.9%	70.7%	79.7%	84.9%	89.8%
Prenatal and Postpartum Care— Postpartum Care	38.1%	49.0%	55.3%	63.4%	68.6%

Table B-3—National HEDIS 2004 Medicaid Percentiles—Living With Illness

Measure	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Comprehensive Diabetes Care— Eye Exam	19.7%	36.1%	46.5%	53.3%	59.6%
Comprehensive Diabetes Care— HbA1c Testing	57.4%	69.3%	77.6%	83.9%	87.6%
Comprehensive Diabetes Care— Poor HbA1c Control*	31.1%	37.5%	47.4%	57.3%	77.3%
Comprehensive Diabetes Care— LDL-C Screening	53.6%	71.3%	77.5%	83.7%	88.8%
Comprehensive Diabetes Care— LDL-C Level <100	11.4%	22.0%	28.6%	33.1%	38.9%
Comprehensive Diabetes Care— LDL-C Level <130	24.6%	41.9%	50.3%	56.1%	60.1%
Comprehensive Diabetes Care— Monitoring for Diabetic Nephropathy	23.1%	36.0%	43.8%	53.3%	59.1%
Use of Appropriate Medications for People With Asthma—Ages 5–9 Years	42.1%	56.5%	64.8%	70.0%	74.7%
Use of Appropriate Medications for People With Asthma—Ages 10–17 Years	49.0%	58.0%	63.5%	67.8%	72.1%
Use of Appropriate Medications for People With Asthma—Ages 18–56 Years	55.2%	60.7%	67.0%	71.1%	75.4%
Use of Appropriate Medications for People With Asthma—Combined Rate	52.8%	60.4%	65.5%	68.9%	73.1%
Controlling High Blood Pressure	46.2%	52.8%	59.8%	65.0%	67.6%

* For this key measure, a lower rate indicates better performance.

Table B-4—National HEDIS 2004 Medicaid Percentiles—Access to Care					
Measure	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Children's Access to Primary Care Practitioners—Ages 12–24 Months	84.6%	90.9%	94.9%	96.8%	98.0%
Children's Access to Primary Care Practitioners—Ages 25 Months–6 Years	70.0%	77.8%	84.7%	88.0%	91.1%
Children's Access to Primary Care Practitioners—Ages 7–11 Years	69.0%	77.6%	83.3%	89.0%	91.9%
Adults' Access to Preventive/Ambulatory Services—Ages 20–44 Years	58.8%	70.4%	77.6%	83.0%	87.1%
Adults' Access to Preventive/Ambulatory Services—Ages 45–64 Years	66.6%	79.0%	84.0%	87.5%	89.7%

Table C-1—Michigan Medicaid HEDIS 2005 Trend Table: CAP				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	73.1%	79.5%	78.8%	↔
Adults' Access 20–44 Years	66.2%	71.0%	71.2%	↔
Adolescent Immunization Combo 1	39.4%	45.7%	61.8%	↑
Adolescent Immunization Combo 2	21.5%	31.9%	51.9%	↑
Asthma 10–17 Years	51.9%	55.0%	49.8%	↔
Asthma 18–56 Years	65.3%	69.2%	66.1%	↔
Asthma Combined Rate	59.7%	62.9%	59.9%	↔
Asthma 5–9 Years	51.1%	57.8%	58.4%	↔
Advising Smokers to Quit	66.5%	63.6%	66.6%	↔
Adolescent Well-Care Visits	37.7%	46.4%	46.4%	Rotated Measure
Breast Cancer Screening	49.7%	52.4%	54.7%	↔
Children's Access 25 Mos–6 Years	76.9%	81.0%	75.7%	↔
Children's Access 7–11 Years	76.7%	78.9%	78.3%	↔
Children's Access 12–19 Years	--	77.8%	75.9%	↔
Children's Access 12–24 Months	90.8%	93.3%	91.2%	↔
Controlling High Blood Pressure	50.4%	58.9%	60.1%	↔
Cervical Cancer Screening	53.3%	62.6%	60.7%	↔
Diabetes Care Poor HbA1c Control	52.6%	53.6%	48.3%	↔
Diabetes Care Eye Exam	42.1%	41.3%	44.0%	↔
Diabetes Care LDL-C Screen	65.7%	80.2%	84.1%	↔
Diabetes Care LDL-C Level <130	42.6%	49.4%	54.9%	↔
Diabetes Care Nephropathy	26.8%	33.6%	37.9%	↔
Diabetes Care LDL-C Level <100	--	30.5%	31.7%	↔
Diabetes Care HbA1c Testing	67.2%	75.5%	71.4%	↔
Chlamydia Screening, 16–20 Years	40.3%	48.2%	41.8%	↔
Chlamydia Screening, 21–26 Years	43.6%	52.2%	45.9%	↔
Chlamydia Screening, Combined	42.2%	50.2%	43.8%	↔
Childhood Immunization Combo 2	60.6%	64.0%	71.7%	↔
Timeliness of Prenatal Care	65.2%	67.7%	68.5%	↔
Postpartum Care	34.3%	40.4%	46.3%	↔
Appropriate Treatment of URI	--	75.5%	75.5%	↔
Well-Child 1st 15 Mos, 0 Visits	7.2%	6.2%	6.0%	↔
Well-Child 1st 15 Mos, 6+ Visits	31.7%	34.9%	37.2%	↔
Well-Child 3rd–6th Years of Life	59.1%	66.0%	66.3%	↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-2—Michigan Medicaid HEDIS 2005 Trend Table: CCM				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	83.5%	83.5%	83.2%	↔
Adults' Access 20–44 Years	74.8%	74.4%	76.2%	↔
Adolescent Immunization Combo 1	29.4%	59.4%	73.0%	↑
Adolescent Immunization Combo 2	11.3%	37.7%	54.0%	↑
Asthma 10–17 Years	63.8%	66.4%	65.4%	↔
Asthma 18–56 Years	65.5%	71.3%	74.0%	↔
Asthma Combined Rate	64.6%	68.2%	70.9%	↔
Asthma 5–9 Years	62.7%	62.8%	70.0%	↔
Advising Smokers to Quit	66.0%	64.8%	69.1%	↔
Adolescent Well-Care Visits	30.6%	33.3%	33.3%	Rotated Measure
Breast Cancer Screening	54.3%	54.3%	49.9%	↔
Children's Access 25 Mos–6 Years	76.2%	74.9%	77.1%	↔
Children's Access 7–11 Years	76.4%	75.7%	77.1%	↔
Children's Access 12–19 Years	--	73.9%	75.4%	↔
Children's Access 12–24 Months	91.1%	90.5%	84.8%	↔
Controlling High Blood Pressure	59.3%	59.3%	65.0%	↔
Cervical Cancer Screening	69.8%	69.8%	67.6%	↔
Diabetes Care Poor HbA1c Control	44.6%	59.4%	41.6%	▲
Diabetes Care Eye Exam	34.0%	29.4%	38.4%	↔
Diabetes Care LDL-C Screen	69.8%	58.4%	71.8%	↑
Diabetes Care LDL-C Level <130	44.6%	26.3%	47.9%	↑
Diabetes Care Nephropathy	47.2%	37.7%	43.1%	↔
Diabetes Care LDL-C Level <100	--	17.3%	32.6%	↑
Diabetes Care HbA1c Testing	74.4%	74.5%	83.7%	↔
Chlamydia Screening, 16–20 Years	42.1%	43.4%	48.7%	↔
Chlamydia Screening, 21–26 Years	49.1%	51.6%	55.6%	↔
Chlamydia Screening, Combined	46.1%	47.5%	52.0%	↔
Childhood Immunization Combo 2	58.8%	65.7%	69.3%	↔
Timeliness of Prenatal Care	72.5%	72.5%	75.7%	↔
Postpartum Care	45.1%	47.7%	58.9%	↑
Appropriate Treatment of URI	--	75.9%	77.5%	↔
Well-Child 1st 15 Mos, 0 Visits	6.3%	3.9%	5.4%	↔
Well-Child 1st 15 Mos, 6+ Visits	15.5%	31.6%	41.4%	↔
Well-Child 3rd–6th Years of Life	46.3%	54.3%	54.3%	Rotated Measure

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-3—Michigan Medicaid HEDIS 2005 Trend Table: GLH				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	83.9%	84.0%	83.2%	↔
Adults' Access 20–44 Years	75.0%	75.0%	74.7%	↔
Adolescent Immunization Combo 1	32.2%	47.8%	69.6%	↑
Adolescent Immunization Combo 2	17.4%	33.6%	51.8%	↑
Asthma 10–17 Years	57.4%	60.0%	57.9%	↔
Asthma 18–56 Years	66.5%	70.3%	73.7%	↔
Asthma Combined Rate	60.0%	62.8%	65.9%	↔
Asthma 5–9 Years	44.2%	46.6%	57.0%	↑
Advising Smokers to Quit	61.0%	59.6%	64.5%	↔
Adolescent Well-Care Visits	36.1%	39.9%	40.4%	↔
Breast Cancer Screening	52.7%	48.7%	54.3%	↔
Children's Access 25 Mos–6 Years	76.6%	77.8%	79.5%	↔
Children's Access 7–11 Years	76.9%	79.1%	78.5%	↔
Children's Access 12–19 Years	--	75.7%	77.5%	↔
Children's Access 12–24 Months	89.5%	90.7%	91.4%	↔
Controlling High Blood Pressure	52.1%	44.7%	47.4%	↔
Cervical Cancer Screening	52.5%	51.0%	59.6%	↔
Diabetes Care Poor HbA1c Control	47.7%	47.0%	46.3%	↔
Diabetes Care Eye Exam	47.7%	45.3%	45.0%	↔
Diabetes Care LDL-C Screen	70.7%	80.3%	81.4%	↔
Diabetes Care LDL-C Level <130	45.5%	53.5%	67.1%	↑
Diabetes Care Nephropathy	36.2%	38.3%	47.0%	↔
Diabetes Care LDL-C Level <100	--	31.3%	60.1%	↑
Diabetes Care HbA1c Testing	68.9%	77.6%	79.0%	↔
Chlamydia Screening, 16–20 Years	28.1%	35.7%	47.2%	↑
Chlamydia Screening, 21–26 Years	31.7%	42.4%	52.1%	↔
Chlamydia Screening, Combined	29.9%	38.8%	49.4%	↑
Childhood Immunization Combo 2	65.7%	59.7%	68.3%	↔
Timeliness of Prenatal Care	67.2%	66.9%	72.0%	↔
Postpartum Care	52.3%	41.3%	51.1%	↔
Appropriate Treatment of URI	--	68.4%	70.6%	↔
Well-Child 1st 15 Mos, 0 Visits	7.2%	3.5%	3.5%	Rotated Measure
Well-Child 1st 15 Mos, 6+ Visits	30.6%	39.4%	39.4%	Rotated Measure
Well-Child 3rd–6th Years of Life	56.9%	56.3%	60.8%	↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-4—Michigan Medicaid HEDIS 2005 Trend Table: HPM

2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	85.8%	88.6%	88.0%	↔↔
Adults' Access 20–44 Years	77.8%	79.5%	80.0%	↔↔
Adolescent Immunization Combo 1	38.7%	48.4%	70.8%	↑
Adolescent Immunization Combo 2	19.4%	31.9%	54.9%	↑
Asthma 10–17 Years	55.9%	60.3%	66.1%	↔↔
Asthma 18–56 Years	69.6%	66.3%	70.7%	↔↔
Asthma Combined Rate	65.0%	66.0%	68.5%	↔↔
Asthma 5–9 Years	63.4%	73.5%	67.7%	↔↔
Advising Smokers to Quit	63.5%	65.4%	65.6%	↔↔
Adolescent Well-Care Visits	31.3%	40.7%	41.2%	↔↔
Breast Cancer Screening	61.3%	60.0%	56.9%	↔↔
Children's Access 25 Mos–6 Years	82.8%	82.2%	81.5%	↔↔
Children's Access 7–11 Years	75.9%	82.5%	82.5%	↔↔
Children's Access 12–19 Years	--	81.0%	82.4%	↔↔
Children's Access 12–24 Months	95.5%	92.2%	93.9%	↔↔
Controlling High Blood Pressure	59.1%	66.4%	61.2%	↔↔
Cervical Cancer Screening	58.6%	63.8%	61.6%	↔↔
Diabetes Care Poor HbA1c Control	47.0%	46.1%	47.5%	↔↔
Diabetes Care Eye Exam	41.7%	57.6%	54.9%	↔↔
Diabetes Care LDL-C Screen	69.0%	76.6%	85.4%	↔↔
Diabetes Care LDL-C Level <130	38.9%	49.8%	47.7%	↔↔
Diabetes Care Nephropathy	47.7%	44.2%	49.8%	↔↔
Diabetes Care LDL-C Level <100	--	29.4%	27.8%	↔↔
Diabetes Care HbA1c Testing	77.3%	74.8%	79.2%	↔↔
Chlamydia Screening, 16–20 Years	43.8%	44.6%	47.6%	↔↔
Chlamydia Screening, 21–26 Years	47.6%	49.1%	52.2%	↔↔
Chlamydia Screening, Combined	45.6%	46.0%	49.9%	↔↔
Childhood Immunization Combo 2	60.9%	68.5%	68.5%	Rotated Measure
Timeliness of Prenatal Care	66.0%	74.6%	78.3%	↔↔
Postpartum Care	50.2%	51.9%	57.4%	↔↔
Appropriate Treatment of URI	--	79.8%	74.4%	↔↔
Well-Child 1st 15 Mos, 0 Visits	2.8%	3.2%	2.0%	↔↔
Well-Child 1st 15 Mos, 6+ Visits	56.3%	62.0%	59.0%	↔↔
Well-Child 3rd–6th Years of Life	58.8%	59.5%	56.9%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-5—Michigan Medicaid HEDIS 2005 Trend Table: HPP				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	91.4%	89.7%	89.6%	↔↔
Adults' Access 20–44 Years	82.6%	80.5%	82.0%	↔↔
Adolescent Immunization Combo 1	47.8%	64.5%	81.8%	↑
Adolescent Immunization Combo 2	26.2%	46.5%	64.0%	↑
Asthma 10–17 Years	72.7%	66.4%	69.3%	↔↔
Asthma 18–56 Years	70.2%	72.7%	75.3%	↔↔
Asthma Combined Rate	71.3%	70.8%	73.3%	↔↔
Asthma 5–9 Years	72.1%	73.0%	75.0%	↔↔
Advising Smokers to Quit	69.0%	72.6%	73.1%	↔↔
Adolescent Well-Care Visits	31.3%	32.6%	37.5%	↔↔
Breast Cancer Screening	67.0%	67.0%	59.6%	↔↔
Children's Access 25 Mos–6 Years	84.8%	81.4%	80.8%	↔↔
Children's Access 7–11 Years	83.6%	81.7%	81.8%	↔↔
Children's Access 12–19 Years	--	82.2%	79.4%	↔↔
Children's Access 12–24 Months	97.4%	94.2%	94.7%	↔↔
Controlling High Blood Pressure	61.0%	61.0%	65.8%	↔↔
Cervical Cancer Screening	72.1%	73.1%	70.4%	↔↔
Diabetes Care Poor HbA1c Control	59.1%	36.7%	33.6%	↔↔
Diabetes Care Eye Exam	48.7%	53.3%	57.4%	↔↔
Diabetes Care LDL-C Screen	74.6%	84.4%	86.6%	↔↔
Diabetes Care LDL-C Level <130	39.6%	50.6%	59.1%	↔↔
Diabetes Care Nephropathy	53.3%	47.4%	56.4%	↔↔
Diabetes Care LDL-C Level <100	--	26.5%	34.1%	↔↔
Diabetes Care HbA1c Testing	80.7%	83.9%	83.9%	Rotated Measure
Chlamydia Screening, 16–20 Years	30.1%	47.5%	45.6%	↔↔
Chlamydia Screening, 21–26 Years	31.1%	56.2%	52.9%	↔↔
Chlamydia Screening, Combined	30.7%	52.2%	49.4%	↔↔
Childhood Immunization Combo 2	72.0%	76.6%	76.7%	↔↔
Timeliness of Prenatal Care	80.9%	80.9%	82.9%	↔↔
Postpartum Care	53.7%	61.2%	57.4%	↔↔
Appropriate Treatment of URI	--	65.7%	71.3%	↔↔
Well-Child 1st 15 Mos, 0 Visits	3.5%	2.9%	2.9%	Rotated Measure
Well-Child 1st 15 Mos, 6+ Visits	43.2%	43.8%	43.8%	Rotated Measure
Well-Child 3rd–6th Years of Life	50.2%	49.4%	57.2%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-6—Michigan Medicaid HEDIS 2005 Trend Table: MCD

2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	92.0%	84.1%	85.5%	↔↔
Adults' Access 20–44 Years	86.1%	80.2%	82.0%	↔↔
Adolescent Immunization Combo 1	51.2%	62.3%	62.3%	Rotated Measure
Adolescent Immunization Combo 2	35.0%	46.7%	46.7%	Rotated Measure
Asthma 10–17 Years	76.3%	75.0%	75.0%	Rotated Measure
Asthma 18–56 Years	80.3%	76.1%	69.6%	↔↔
Asthma Combined Rate	76.0%	73.0%	73.6%	↔↔
Asthma 5–9 Years	69.1%	66.3%	77.6%	↑
Advising Smokers to Quit	71.6%	70.8%	74.3%	↔↔
Adolescent Well-Care Visits	64.5%	47.6%	47.6%	Rotated Measure
Breast Cancer Screening	49.4%	49.4%	47.2%	↔↔
Children's Access 25 Mos–6 Years	86.7%	86.2%	86.3%	↔↔
Children's Access 7–11 Years	91.7%	86.8%	83.7%	↔↔
Children's Access 12–19 Years	--	84.6%	81.5%	↔↔
Children's Access 12–24 Months	96.1%	97.3%	96.8%	↔↔
Controlling High Blood Pressure	71.1%	71.1%	76.0%	↔↔
Cervical Cancer Screening	74.8%	74.8%	73.8%	↔↔
Diabetes Care Poor HbA1c Control	31.8%	37.8%	33.8%	↔↔
Diabetes Care Eye Exam	59.4%	53.0%	55.1%	↔↔
Diabetes Care LDL-C Screen	88.5%	87.1%	91.6%	↔↔
Diabetes Care LDL-C Level <130	56.8%	58.1%	70.2%	↑
Diabetes Care Nephropathy	68.8%	49.8%	60.0%	↑
Diabetes Care LDL-C Level <100	--	37.8%	50.2%	↑
Diabetes Care HbA1c Testing	87.5%	89.4%	88.4%	↔↔
Chlamydia Screening, 16–20 Years	34.5%	52.0%	56.9%	↔↔
Chlamydia Screening, 21–26 Years	47.8%	58.7%	56.9%	↔↔
Chlamydia Screening, Combined	42.4%	55.6%	56.9%	↔↔
Childhood Immunization Combo 2	73.8%	72.5%	72.5%	Rotated Measure
Timeliness of Prenatal Care	80.0%	80.0%	89.5%	↔↔
Postpartum Care	52.7%	52.7%	60.7%	↔↔
Appropriate Treatment of URI	--	90.4%	88.5%	↔↔
Well-Child 1st 15 Mos, 0 Visits	0.8%	1.5%	1.5%	Rotated Measure
Well-Child 1st 15 Mos, 6+ Visits	90.3%	46.3%	46.3%	Rotated Measure
Well-Child 3rd–6th Years of Life	73.2%	62.0%	62.0%	Rotated Measure

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-7—Michigan Medicaid HEDIS 2005 Trend Table: MCL

2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	88.6%	87.8%	88.0%	↔
Adults' Access 20–44 Years	77.6%	79.7%	80.4%	↔
Adolescent Immunization Combo 1	39.2%	56.9%	66.4%	↔
Adolescent Immunization Combo 2	15.4%	34.3%	46.7%	↑
Asthma 10–17 Years	67.5%	69.4%	71.9%	↔
Asthma 18–56 Years	64.8%	66.9%	75.7%	↔
Asthma Combined Rate	65.2%	66.9%	76.5%	↔
Asthma 5–9 Years	63.5%	64.3%	82.9%	↑
Advising Smokers to Quit	65.1%	66.7%	69.4%	↔
Adolescent Well-Care Visits	40.6%	44.3%	36.7%	↔
Breast Cancer Screening	69.0%	62.2%	57.8%	↔
Children's Access 25 Mos–6 Years	78.7%	78.5%	79.2%	↔
Children's Access 7–11 Years	81.3%	79.4%	80.0%	↔
Children's Access 12–19 Years	--	75.5%	76.5%	↔
Children's Access 12–24 Months	93.4%	91.7%	93.9%	↔
Controlling High Blood Pressure	60.9%	72.5%	59.6%	↓
Cervical Cancer Screening	58.4%	66.9%	67.9%	↔
Diabetes Care Poor HbA1c Control	47.9%	43.1%	41.1%	↔
Diabetes Care Eye Exam	49.2%	48.9%	51.6%	↔
Diabetes Care LDL-C Screen	68.9%	74.9%	75.4%	↔
Diabetes Care LDL-C Level <130	47.3%	51.3%	53.5%	↔
Diabetes Care Nephropathy	51.1%	52.4%	52.8%	↔
Diabetes Care LDL-C Level <100	--	28.6%	31.1%	↔
Diabetes Care HbA1c Testing	79.0%	79.4%	79.3%	↔
Chlamydia Screening, 16–20 Years	38.0%	51.5%	48.4%	↔
Chlamydia Screening, 21–26 Years	48.2%	54.5%	52.3%	↔
Chlamydia Screening, Combined	43.8%	53.0%	50.4%	↔
Childhood Immunization Combo 2	63.1%	67.9%	73.7%	↔
Timeliness of Prenatal Care	73.5%	79.7%	88.1%	↔
Postpartum Care	52.6%	54.7%	65.5%	↑
Appropriate Treatment of URI	--	67.8%	64.8%	↔
Well-Child 1st 15 Mos, 0 Visits	1.9%	2.2%	2.2%	↔
Well-Child 1st 15 Mos, 6+ Visits	52.5%	48.4%	45.4%	↔
Well-Child 3rd–6th Years of Life	53.5%	50.4%	51.6%	↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ↓ = Performance *decline* (rate increase >10%)
- ▲ = Performance *improvement* (rate decrease >10%)

Table C-8—Michigan Medicaid HEDIS 2005 Trend Table: MID				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	81.8%	82.5%	82.6%	↔↔
Adults' Access 20–44 Years	74.6%	74.2%	72.6%	↔↔
Adolescent Immunization Combo 1	35.2%	48.7%	67.6%	↑
Adolescent Immunization Combo 2	25.2%	24.6%	51.8%	↑
Asthma 10–17 Years	48.4%	54.7%	56.3%	↔↔
Asthma 18–56 Years	64.6%	66.6%	67.0%	↔↔
Asthma Combined Rate	56.2%	60.7%	61.3%	↔↔
Asthma 5–9 Years	41.0%	51.5%	52.9%	↔↔
Advising Smokers to Quit	61.0%	60.4%	63.3%	↔↔
Adolescent Well-Care Visits	39.8%	30.9%	48.4%	↑
Breast Cancer Screening	50.1%	51.3%	49.6%	↔↔
Children's Access 25 Mos–6 Years	80.3%	76.5%	79.2%	↔↔
Children's Access 7–11 Years	82.0%	79.7%	80.9%	↔↔
Children's Access 12–19 Years	-	75.0%	78.4%	↔↔
Children's Access 12–24 Months	88.9%	89.5%	91.2%	↔↔
Controlling High Blood Pressure	54.8%	54.8%	56.7%	↔↔
Cervical Cancer Screening	50.2%	50.9%	58.9%	↔↔
Diabetes Care Poor HbA1c Control	60.7%	67.4%	47.7%	▲
Diabetes Care Eye Exam	28.1%	32.4%	44.3%	↑
Diabetes Care LDL-C Screen	67.2%	64.5%	79.8%	↑
Diabetes Care LDL-C Level <130	40.0%	53.3%	62.8%	↔↔
Diabetes Care Nephropathy	52.6%	35.8%	43.6%	↔↔
Diabetes Care LDL-C Level <100	--	46.7%	40.1%	↔↔
Diabetes Care HbA1c Testing	64.5%	59.6%	71.5%	↑
Chlamydia Screening, 16–20 Years	39.7%	31.9%	32.1%	↔↔
Chlamydia Screening, 21–26 Years	46.4%	37.6%	37.8%	↔↔
Chlamydia Screening, Combined	43.4%	34.5%	34.8%	↔↔
Childhood Immunization Combo 2	61.1%	62.0%	72.0%	↔↔
Timeliness of Prenatal Care	53.1%	53.1%	66.7%	↑
Postpartum Care	34.8%	38.2%	41.8%	↔↔
Appropriate Treatment of URI	--	75.5%	75.7%	↔↔
Well-Child 1st 15 Mos, 0 Visits	4.6%	5.1%	5.0%	↔↔
Well-Child 1st 15 Mos, 6+ Visits	39.8%	44.8%	46.1%	↔↔
Well-Child 3rd–6th Years of Life	65.3%	56.2%	65.9%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-9—Michigan Medicaid HEDIS 2005 Trend Table: MOL				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	78.9%	81.8%	84.6%	↔↔
Adults' Access 20–44 Years	71.2%	74.4%	78.8%	↔↔
Adolescent Immunization Combo 1	27.9%	46.6%	66.8%	↑
Adolescent Immunization Combo 2	9.4%	27.1%	46.6%	↑
Asthma 10–17 Years	55.4%	62.7%	63.5%	↔↔
Asthma 18–56 Years	64.4%	69.7%	70.9%	↔↔
Asthma Combined Rate	61.9%	67.9%	67.9%	↔↔
Asthma 5–9 Years	56.4%	68.5%	65.3%	↔↔
Advising Smokers to Quit	71.1%	68.8%	67.9%	↔↔
Adolescent Well-Care Visits	26.7%	34.6%	33.6%	↔↔
Breast Cancer Screening	49.3%	53.4%	57.0%	↔↔
Children's Access 25 Mos–6 Years	69.0%	78.5%	77.1%	↔↔
Children's Access 7–11 Years	77.7%	77.6%	72.9%	↔↔
Children's Access 12–19 Years	--	78.4%	73.4%	↔↔
Children's Access 12–24 Months	82.2%	90.6%	91.4%	↔↔
Controlling High Blood Pressure	43.8%	55.0%	62.1%	↔↔
Cervical Cancer Screening	51.3%	59.0%	59.0%	↔↔
Diabetes Care Poor HbA1c Control	55.8%	55.1%	43.0%	▲
Diabetes Care Eye Exam	39.3%	44.4%	52.3%	↔↔
Diabetes Care LDL-C Screen	63.2%	65.8%	84.5%	↑
Diabetes Care LDL-C Level <130	36.6%	45.3%	53.0%	↔↔
Diabetes Care Nephropathy	42.7%	37.5%	49.6%	↑
Diabetes Care LDL-C Level <100	--	24.8%	33.9%	↔↔
Diabetes Care HbA1c Testing	77.4%	75.4%	88.8%	↑
Chlamydia Screening, 16–20 Years	36.2%	44.6%	44.1%	↔↔
Chlamydia Screening, 21–26 Years	35.1%	47.7%	51.1%	↔↔
Chlamydia Screening, Combined	35.7%	46.1%	47.5%	↔↔
Childhood Immunization Combo 2	59.1%	65.7%	69.9%	↔↔
Timeliness of Prenatal Care	61.4%	70.2%	82.0%	↑
Postpartum Care	41.8%	45.7%	58.8%	↑
Appropriate Treatment of URI	--	71.4%	76.5%	↔↔
Well-Child 1st 15 Mos, 0 Visits	8.9%	4.5%	5.4%	↔↔
Well-Child 1st 15 Mos, 6+ Visits	30.4%	38.1%	35.2%	↔↔
Well-Child 3rd–6th Years of Life	36.2%	54.2%	55.3%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-10—Michigan Medicaid HEDIS 2005 Trend Table: OCH				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	75.2%	80.7%	78.2%	↔
Adults' Access 20–44 Years	63.7%	72.3%	70.3%	↔
Adolescent Immunization Combo 1	20.7%	20.0%	54.8%	↑
Adolescent Immunization Combo 2	8.8%	9.8%	35.7%	↑
Asthma 10–17 Years	54.7%	52.5%	61.0%	↔
Asthma 18–56 Years	66.5%	64.6%	70.9%	↔
Asthma Combined Rate	58.2%	56.8%	64.3%	↔
Asthma 5–9 Years	46.3%	49.3%	55.1%	↔
Advising Smokers to Quit	64.9%	70.3%	67.0%	↔
Adolescent Well-Care Visits	29.2%	29.6%	30.1%	↔
Breast Cancer Screening	50.9%	49.6%	47.4%	↔
Children's Access 25 Mos–6 Years	60.2%	74.5%	68.1%	↔
Children's Access 7–11 Years	59.9%	69.7%	70.2%	↔
Children's Access 12–19 Years	--	68.2%	70.8%	↔
Children's Access 12–24 Months	76.8%	86.3%	89.0%	↔
Controlling High Blood Pressure	24.3%	39.7%	39.2%	↔
Cervical Cancer Screening	50.4%	59.6%	58.4%	↔
Diabetes Care Poor HbA1c Control	41.1%	59.4%	62.9%	↔
Diabetes Care Eye Exam	41.1%	32.6%	27.9%	↔
Diabetes Care LDL-C Screen	56.0%	74.2%	72.1%	↔
Diabetes Care LDL-C Level <130	38.0%	52.6%	46.7%	↔
Diabetes Care Nephropathy	36.3%	37.5%	37.1%	↔
Diabetes Care LDL-C Level <100	--	31.1%	31.1%	↔
Diabetes Care HbA1c Testing	59.1%	63.3%	69.1%	↔
Chlamydia Screening, 16–20 Years	43.6%	50.7%	56.7%	↔
Chlamydia Screening, 21–26 Years	44.7%	57.7%	63.9%	↔
Chlamydia Screening, Combined	44.2%	54.0%	60.0%	↔
Childhood Immunization Combo 2	31.6%	65.0%	65.0%	Rotated Measure
Timeliness of Prenatal Care	31.9%	71.8%	64.7%	↔
Postpartum Care	29.0%	31.4%	40.5%	↔
Appropriate Treatment of URI	--	56.9%	74.7%	↑
Well-Child 1st 15 Mos, 0 Visits	14.4%	9.1%	1.6%	↔
Well-Child 1st 15 Mos, 6+ Visits	20.0%	19.9%	48.5%	↑
Well-Child 3rd–6th Years of Life	44.0%	57.4%	59.3%	↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-11—Michigan Medicaid HEDIS 2005 Trend Table: PMD				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	85.7%	85.2%	84.3%	↔↔
Adults' Access 20–44 Years	77.4%	74.7%	76.3%	↔↔
Adolescent Immunization Combo 1	51.1%	64.2%	79.1%	↑
Adolescent Immunization Combo 2	15.8%	48.2%	64.7%	↑
Asthma 10–17 Years	66.7%	75.2%	70.1%	↔↔
Asthma 18–56 Years	67.0%	71.4%	74.4%	↔↔
Asthma Combined Rate	68.3%	73.0%	73.4%	↔↔
Asthma 5–9 Years	72.6%	72.6%	76.5%	↔↔
Advising Smokers to Quit	69.6%	68.9%	69.0%	↔↔
Adolescent Well-Care Visits	39.2%	33.8%	37.7%	↔↔
Breast Cancer Screening	64.5%	59.5%	57.5%	↔↔
Children's Access 25 Mos–6 Years	78.9%	77.4%	78.8%	↔↔
Children's Access 7–11 Years	79.6%	77.1%	77.4%	↔↔
Children's Access 12–19 Years	--	79.1%	79.1%	↔↔
Children's Access 12–24 Months	92.9%	90.9%	91.7%	↔↔
Controlling High Blood Pressure	56.1%	55.3%	64.2%	↔↔
Cervical Cancer Screening	58.6%	69.3%	66.2%	↔↔
Diabetes Care Poor HbA1c Control	34.8%	35.8%	36.1%	↔↔
Diabetes Care Eye Exam	62.0%	63.3%	63.3%	Rotated Measure
Diabetes Care LDL-C Screen	84.2%	88.7%	91.6%	↔↔
Diabetes Care LDL-C Level <130	55.7%	60.6%	70.4%	↔↔
Diabetes Care Nephropathy	55.2%	56.1%	64.8%	↔↔
Diabetes Care LDL-C Level <100	--	32.5%	42.4%	↔↔
Diabetes Care HbA1c Testing	83.7%	84.5%	84.8%	↔↔
Chlamydia Screening, 16–20 Years	45.6%	64.5%	66.6%	↔↔
Chlamydia Screening, 21–26 Years	54.6%	65.1%	64.5%	↔↔
Chlamydia Screening, Combined	50.9%	64.8%	65.5%	↔↔
Childhood Immunization Combo 2	67.9%	68.0%	73.0%	↔↔
Timeliness of Prenatal Care	70.5%	65.1%	79.6%	↑
Postpartum Care	53.2%	53.0%	63.3%	↑
Appropriate Treatment of URI	--	73.7%	78.5%	↔↔
Well-Child 1st 15 Mos, 0 Visits	2.4%	2.8%	2.8%	Rotated Measure
Well-Child 1st 15 Mos, 6+ Visits	41.8%	38.1%	38.1%	Rotated Measure
Well-Child 3rd–6th Years of Life	53.3%	55.7%	57.4%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—Well-Child 1st 15 Mos., 0 Visits and Diabetes Care, Poor HbA1c Control:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-12—Michigan Medicaid HEDIS 2005 Trend Table: PRI				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	92.2%	90.8%	91.7%	↔
Adults' Access 20–44 Years	83.7%	84.1%	84.3%	↔
Adolescent Immunization Combo 1	50.1%	62.8%	84.7%	↑
Adolescent Immunization Combo 2	26.5%	48.2%	73.2%	↑
Asthma 10–17 Years	75.8%	84.0%	80.4%	↔
Asthma 18–56 Years	66.4%	73.1%	77.2%	↔
Asthma Combined Rate	71.2%	78.1%	78.1%	↔
Asthma 5–9 Years	75.5%	79.4%	75.9%	↔
Advising Smokers to Quit	71.4%	71.3%	73.0%	↔
Adolescent Well-Care Visits	38.4%	39.7%	36.7%	↔
Breast Cancer Screening	62.0%	60.8%	57.4%	↔
Children's Access 25 Mos–6 Years	81.6%	84.3%	83.4%	↔
Children's Access 7–11 Years	80.1%	84.5%	83.5%	↔
Children's Access 12–19 Years	--	80.5%	82.0%	↔
Children's Access 12–24 Months	95.9%	97.5%	97.2%	↔
Controlling High Blood Pressure	67.8%	59.9%	63.8%	↔
Cervical Cancer Screening	78.2%	79.9%	81.1%	↔
Diabetes Care Poor HbA1c Control	26.7%	38.4%	31.6%	↔
Diabetes Care Eye Exam	58.7%	58.6%	58.4%	↔
Diabetes Care LDL-C Screen	84.9%	85.6%	87.8%	↔
Diabetes Care LDL-C Level <130	62.9%	60.6%	64.5%	↔
Diabetes Care Nephropathy	55.2%	40.6%	47.0%	↔
Diabetes Care LDL-C Level <100	--	35.5%	39.4%	↔
Diabetes Care HbA1c Testing	85.4%	84.2%	88.8%	↔
Chlamydia Screening, 16–20 Years	42.8%	49.9%	54.8%	↔
Chlamydia Screening, 21–26 Years	50.8%	52.4%	58.7%	↔
Chlamydia Screening, Combined	48.0%	51.2%	56.9%	↔
Childhood Immunization Combo 2	66.2%	81.1%	88.8%	↔
Timeliness of Prenatal Care	87.4%	85.3%	86.9%	↔
Postpartum Care	60.1%	63.2%	58.4%	↔
Appropriate Treatment of URI	--	87.5%	87.8%	↔
Well-Child 1st 15 Mos, 0 Visits	1.9%	0.3%	0.6%	↔
Well-Child 1st 15 Mos, 6+ Visits	49.1%	51.7%	52.1%	↔
Well-Child 3rd–6th Years of Life	61.5%	66.2%	64.2%	↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-13—Michigan Medicaid HEDIS 2005 Trend Table: PSW				
2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	91.7%	91.1%	87.7%	↔↔
Adults' Access 20–44 Years	81.6%	81.9%	81.2%	↔↔
Adolescent Immunization Combo 1	46.7%	58.9%	83.7%	↑
Adolescent Immunization Combo 2	13.9%	39.7%	58.6%	↑
Asthma 10–17 Years	62.7%	68.8%	69.2%	↔↔
Asthma 18–56 Years	69.7%	69.0%	73.0%	↔↔
Asthma Combined Rate	66.5%	70.5%	72.6%	↔↔
Asthma 5–9 Years	63.9%	77.7%	76.4%	↔↔
Advising Smokers to Quit	64.1%	68.5%	67.0%	↔↔
Adolescent Well-Care Visits	29.4%	33.3%	32.1%	↔↔
Breast Cancer Screening	69.4%	60.9%	56.5%	↔↔
Children's Access 25 Mos–6 Years	81.5%	84.5%	77.8%	↔↔
Children's Access 7–11 Years	83.5%	83.1%	81.3%	↔↔
Children's Access 12–19 Years	--	82.4%	81.6%	↔↔
Children's Access 12–24 Months	96.0%	96.6%	94.3%	↔↔
Controlling High Blood Pressure	59.4%	48.2%	59.6%	↑
Cervical Cancer Screening	66.1%	65.7%	64.5%	↔↔
Diabetes Care Poor HbA1c Control	35.3%	48.9%	36.5%	▲
Diabetes Care Eye Exam	40.1%	34.5%	49.9%	↑
Diabetes Care LDL-C Screen	76.6%	78.8%	85.4%	↔↔
Diabetes Care LDL-C Level <130	44.8%	41.6%	54.5%	↑
Diabetes Care Nephropathy	40.6%	45.0%	41.1%	↔↔
Diabetes Care LDL-C Level <100	--	26.3%	35.0%	↔↔
Diabetes Care HbA1c Testing	82.5%	83.7%	82.0%	↔↔
Chlamydia Screening, 16–20 Years	38.6%	43.9%	46.1%	↔↔
Chlamydia Screening, 21–26 Years	46.7%	47.1%	48.2%	↔↔
Chlamydia Screening, Combined	43.2%	45.6%	47.2%	↔↔
Childhood Immunization Combo 2	71.3%	77.6%	78.3%	↔↔
Timeliness of Prenatal Care	82.2%	79.5%	81.0%	↔↔
Postpartum Care	63.0%	47.7%	61.6%	↑
Appropriate Treatment of URI	--	74.0%	76.7%	↔↔
Well-Child 1st 15 Mos, 0 Visits	1.9%	1.5%	1.3%	↔↔
Well-Child 1st 15 Mos, 6+ Visits	43.6%	38.0%	44.3%	↔↔
Well-Child 3rd–6th Years of Life	53.0%	56.7%	49.1%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-14—Michigan Medicaid HEDIS 2005 Trend Table: THC

2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	71.1%	74.1%	76.1%	↔↔
Adults' Access 20–44 Years	62.7%	65.9%	70.6%	↔↔
Adolescent Immunization Combo 1	31.9%	47.1%	71.4%	↑
Adolescent Immunization Combo 2	19.7%	34.5%	57.9%	↑
Asthma 10–17 Years	55.4%	58.1%	62.9%	↔↔
Asthma 18–56 Years	66.4%	59.8%	72.7%	↑
Asthma Combined Rate	61.4%	57.5%	65.6%	↔↔
Asthma 5–9 Years	60.0%	52.9%	56.3%	↔↔
Advising Smokers to Quit	66.7%	72.6%	71.7%	↔↔
Adolescent Well-Care Visits	27.8%	34.7%	39.1%	↔↔
Breast Cancer Screening	44.4%	41.1%	46.5%	↔↔
Children's Access 25 Mos–6 Years	63.9%	71.5%	72.5%	↔↔
Children's Access 7–11 Years	67.1%	68.0%	71.5%	↔↔
Children's Access 12–19 Years	--	68.1%	72.5%	↔↔
Children's Access 12–24 Months	80.8%	87.5%	88.2%	↔↔
Controlling High Blood Pressure	43.8%	52.8%	52.1%	↔↔
Cervical Cancer Screening	52.3%	56.6%	59.8%	↔↔
Diabetes Care Poor HbA1c Control	66.0%	55.9%	47.7%	↔↔
Diabetes Care Eye Exam	30.3%	38.5%	47.9%	↔↔
Diabetes Care LDL-C Screen	61.5%	71.2%	79.6%	↔↔
Diabetes Care LDL-C Level <130	37.8%	47.0%	56.0%	↔↔
Diabetes Care Nephropathy	39.0%	39.0%	56.7%	↑
Diabetes Care LDL-C Level <100	--	26.4%	32.6%	↔↔
Diabetes Care HbA1c Testing	60.8%	70.9%	76.4%	↔↔
Chlamydia Screening, 16–20 Years	42.6%	47.5%	50.1%	↔↔
Chlamydia Screening, 21–26 Years	48.3%	56.5%	63.5%	↔↔
Chlamydia Screening, Combined	45.7%	51.8%	56.2%	↔↔
Childhood Immunization Combo 2	55.3%	66.7%	70.0%	↔↔
Timeliness of Prenatal Care	65.5%	76.2%	86.3%	↑
Postpartum Care	35.2%	38.7%	46.9%	↔↔
Appropriate Treatment of URI	--	83.3%	73.3%	↓
Well-Child 1st 15 Mos, 0 Visits	10.4%	6.3%	6.7%	↔↔
Well-Child 1st 15 Mos, 6+ Visits	23.6%	25.7%	24.0%	↔↔
Well-Child 3rd–6th Years of Life	43.5%	50.7%	55.6%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

Table C-15—Michigan Medicaid HEDIS 2005 Trend Table: UPP

2005 Results Summary	2003	2004	2005	2004–2005 Health Plan Trend
Adults' Access 45–64 Years	91.5%	90.7%	88.4%	↔↔
Adults' Access 20–44 Years	86.8%	86.3%	83.7%	↔↔
Adolescent Immunization Combo 1	38.9%	65.7%	81.5%	↑
Adolescent Immunization Combo 2	11.9%	39.2%	62.7%	↑
Asthma 10–17 Years	65.8%	74.3%	70.6%	↔↔
Asthma 18–56 Years	71.1%	79.5%	69.1%	↓
Asthma Combined Rate	70.1%	78.4%	68.8%	↔↔
Asthma 5–9 Years	74.1%	81.5%	66.0%	↓
Advising Smokers to Quit	65.8%	65.8%	66.2%	↔↔
Adolescent Well-Care Visits	31.1%	37.2%	37.2%	Rotated Measure
Breast Cancer Screening	72.6%	72.6%	67.8%	↔↔
Children's Access 25 Mos–6 Years	86.5%	88.0%	85.2%	↔↔
Children's Access 7–11 Years	83.7%	84.2%	84.0%	↔↔
Children's Access 12–19 Years	--	87.2%	85.0%	↔↔
Children's Access 12–24 Months	96.3%	97.4%	97.7%	↔↔
Controlling High Blood Pressure	65.1%	65.1%	73.0%	↔↔
Cervical Cancer Screening	66.6%	74.9%	73.0%	↔↔
Diabetes Care Poor HbA1c Control	28.4%	26.0%	23.9%	↔↔
Diabetes Care Eye Exam	63.3%	62.3%	60.3%	↔↔
Diabetes Care LDL-C Screen	84.6%	89.5%	92.3%	↔↔
Diabetes Care LDL-C Level <130	55.0%	56.0%	61.7%	↔↔
Diabetes Care Nephropathy	62.7%	52.8%	64.0%	↑
Diabetes Care LDL-C Level <100	--	31.4%	37.1%	↔↔
Diabetes Care HbA1c Testing	91.1%	90.5%	91.6%	↔↔
Chlamydia Screening, 16–20 Years	47.0%	45.9%	43.2%	↔↔
Chlamydia Screening, 21–26 Years	40.7%	41.4%	42.0%	↔↔
Chlamydia Screening, Combined	43.8%	43.9%	42.7%	↔↔
Childhood Immunization Combo 2	58.4%	68.9%	72.1%	↔↔
Timeliness of Prenatal Care	86.5%	88.0%	85.2%	↔↔
Postpartum Care	60.2%	57.7%	53.5%	↔↔
Appropriate Treatment of URI	--	79.0%	82.1%	↔↔
Well-Child 1st 15 Mos, 0 Visits	0.8%	0.9%	0.9%	Rotated Measure
Well-Child 1st 15 Mos, 6+ Visits	46.3%	52.0%	52.0%	Rotated Measure
Well-Child 3rd–6th Years of Life	56.7%	56.2%	58.6%	↔↔

Notes

A Rotated Measure is one for which the MHP exercised the NCQA-approved option to use the audited and reportable rate from the prior year.

- ↑ = Performance improvement (rate increase >10%)*
- ↔↔ = No significant performance change (rate change ≤10%)
- ↓ = Performance decline (rate decrease >10%)*
- = No data available

*For two measures—*Well-Child 1st 15 Mos., 0 Visits* and *Diabetes Care, Poor HbA1c Control*:

- ▼ = Performance decline (rate increase >10%)
- ▲ = Performance improvement (rate decrease >10%)

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 health plan 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 therefore 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 either a *Report* designation or a *Not Report* designation, along with the rationale for why the measure received that particular designation.

Baseline Assessment Tool (BAT) Review

The BAT, completed by each health plan undergoing the HEDIS audit process, provides information to auditors regarding the health plan's systems for collecting and processing data for HEDIS reporting. Auditors review the BAT prior to the scheduled on-site health plan 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 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.

BRFSS

Behavioral Risk Factor Surveillance System.

CAHPS® 3.0H

Consumer Assessment of Health Plans Survey is a set of standardized surveys that assess patient satisfaction with experience of care.

Capitation

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

Certified HEDIS Software Vendor

A third party, whose source code has been 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 of 70 percent of the measures must receive a "Pass" or "Pass with Qualifications" designation.

Claims-Based Denominator

When the eligible population for a measure is obtained from claims data. For claims-based denominator hybrid measures, health plans must identify their eligible population and draw their sample no earlier than January of the year following the measurement year to ensure all claims incurred through December 31 of the measurement year are captured in their systems.

CMS

The Centers for Medicare & Medicaid Services is a federal agency within the Department of Health and 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.

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 Access to Primary Care Practitioners* measure has four cohorts: Cohort 1, 12–24 months as of December 31 of the measurement year; Cohort 2, 25 months–6 years as of December 31 of the measurement year; Cohort 3, 7–11 years old as of December 31 of the measurement year; and Cohort 4, 12–19 years old as of December 31 of the measurement year.

Computer Logic

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.

Core Set

For a full HEDIS audit, the process auditors follow to select the core set of measures to be reviewed in detail during the audit process. The core set of measures must include 13 measures across all domains of care, and represents all data sources, all product lines/products, and all intricacies of health plan data collection and reporting. In addition, the core set must focus on any health plan weaknesses identified during the BAT review. The core set can be expanded to more than 13 measures, but cannot be less than 13 measures. Rotated measures are not included in the core set.

CPT

Current Procedural Terminology (CPT[®]) is a listing of billing codes generated by the American Medical Association used to report the provision of medical services and procedures.

CVO

Credentials Verification Organization.

Data Completeness

The degree to which actually 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 actually 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 (DRG) coding sorts diagnoses and procedures for inpatient encounters by groups under major diagnostic categories with defined reimbursement limits.

DST

Data Submission Tool: The tool used to report HEDIS data to NCQA.

DTaP

Diphtheria and tetanus toxoids and acellular pertussis vaccine

DT

Diphtheria and tetanus toxoids vaccine

EDI

Electronic Data Interchange is the direct computer-to-computer transfer of data.

Electronic Data

Data that are 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 individual encounter, submission of the encounter data to the health plan allows the health plan to collect the data for future HEDIS reporting.

Exclusions

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

FACCT

Foundation for Accountability.

FFS

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

Final Report

Following the health plan's completion of any corrective actions, the written report that is completed by the auditor documenting 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).

Full HEDIS Audit

A full audit occurs when the HEDIS auditor selects a sample of measures (core set) that represent all HEDIS domains of care and extrapolates the findings on that sample to the entire set of HEDIS measures. Health plans that undergo a full audit can use the NCQA seal in marketing materials.

Global Bill Practices

The practice of billing multiple services provided over a period of time in one inclusive bill, commonly used by obstetrics (OB) 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.

HCFA 1500

A type of claim form used to bill professional services.

HCPCS

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

HEDIS

The Health Plan Employer 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.

HEDIS Measure Determination Standards (HD)

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 key 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.

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 411 members from the eligible population, which becomes the denominator. Administrative data are then used to identify services provided to those 411 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 results, but is considerably more labor intensive. For example, a health plan 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 had evidence of a postpartum visit using administrative data. The health plan 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. The final rate for this measure, using the hybrid method, would therefore be $(161 + 54) / 411$, or 52 percent.

ICD-9-CM

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

Inpatient Data

Data derived from an inpatient hospital stay.

IRR

Inter-rater 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.

IPV

Inactivated poliovirus vaccine.

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 be able to report HEDIS measures.

Key Measures

The HEDIS measures selected by MDCH that health plans were 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, and the LPLs for these measures are the 75th percentile rather than the 25th.

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 measures reported as a rate (which includes all of the key measures except *Advising Smokers to Quit*), any error that causes a ± 5 percent difference in the reported rate. For measures not reported as a rate (such as the key measure *Advising Smokers to Quit*), any error that causes a ± 10 percent difference in the reported rate.

MCIR

Michigan Childhood Immunization Registry.

MCO

Managed care organization.

MDCH

Michigan Department of Community Health.

Medical Record Validation

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

Medicaid Percentiles

The NCQA national average 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.

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

Micrograms 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, rubella vaccine.

MUPC Codes

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

NA

Not applicable: The health plan did not offer the benefit or the denominator was too small (i.e., less than 30) 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 may be designated NR for any of three reasons:

1. The health plan did not calculate the measure and a population existed for which the measure could have been calculated.
2. The health plan calculated the measure but chose not to report the result.
3. The health plan calculated the measure but the result was materially biased.

Numerator

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

OPV

Oral polio vaccine.

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 the health plan as part of their medical record review process, and auditors over-read a sample of the health plan's medical records as part of the audit process.

Partial HEDIS Audit

A partial audit occurs when the health plan, state regulator, or purchaser selects the HEDIS measures for audit. There may be any number of measures selected, but, unlike a full audit, findings are not extrapolated to the entire set of HEDIS measures. In addition, the health plan cannot use the NCQA seal in marketing materials.

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, which have to be mapped to industry standard codes for HEDIS reporting.

Provider Data

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

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

In the hybrid method, the eligible population who meet all criteria specified in the measure from which the systematic sample is drawn.

Source Code

The written computer programming logic for determining the eligible population and denominators/numerators and 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.

Studies on Data Completeness

Studies that health plans conduct to assess data completeness.

T-test Validation

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

UB-92 Claims

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

Vendor

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

VZV

Varicella-zoster virus (chickenpox) vaccine.