



Michigan Medicaid HEDIS 2015 Results Statewide Aggregate Report

November 2015



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Introduction

During 2014, the Michigan Department of Health and Human Services (MDHHS) contracted with 13 health plans to provide managed care services to Michigan Medicaid enrollees. MDHHS expects its contracted Medicaid Health Plans (MHPs) to support healthcare 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. MDHHS 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. MDHHS uses HEDIS rates for the annual Medicaid consumer guide as well as for the annual performance assessment.

To evaluate performance levels, MDHHS 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. MDHHS 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.

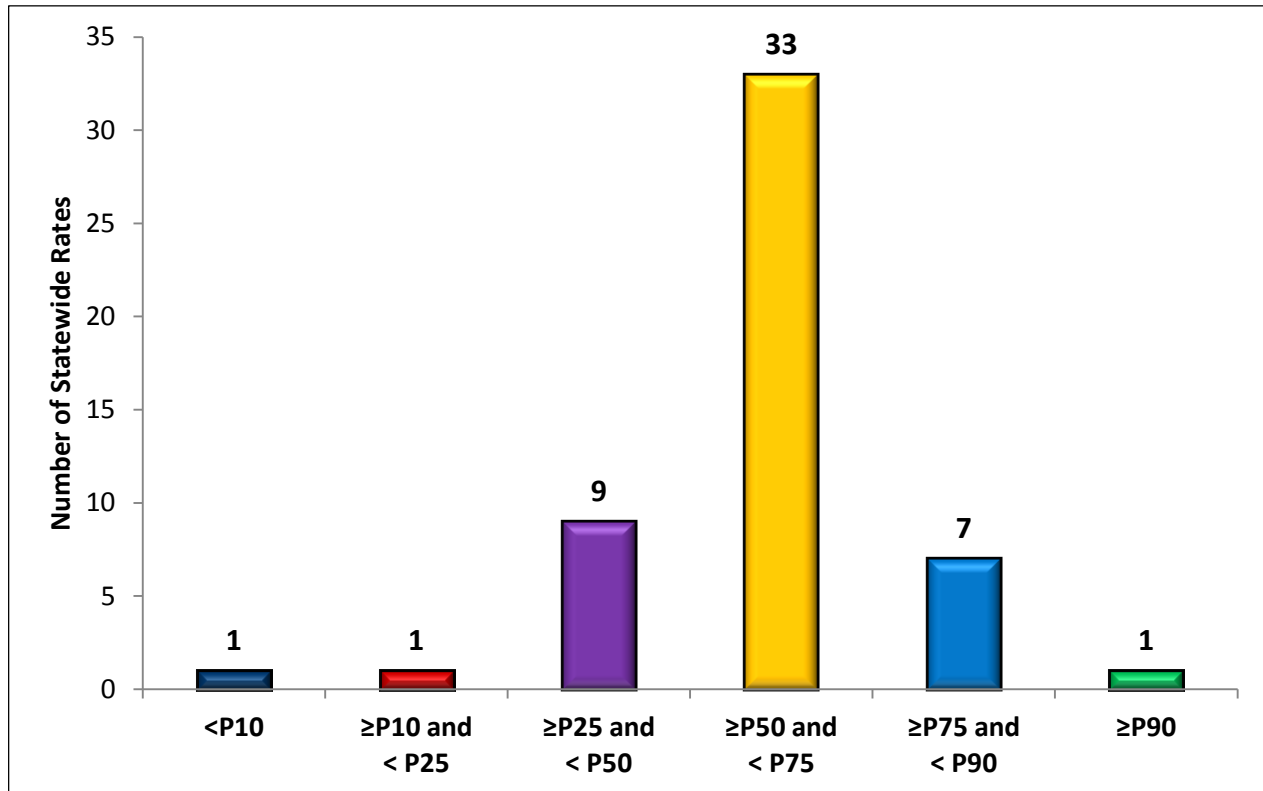
¹⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 for 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 2014 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 2014 national percentiles were available for benchmarking:

- ◆ One (1.92 percent) was below the 10th percentile (<P10).
- ◆ One (1.92 percent) was at or above the 10th percentile and below the 25th percentile (≥P10 and <P25).
- ◆ Nine (17.31 percent) were at or above the 25th percentile and below the 50th percentile (≥P25 and <P50).

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 rates 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 were not included because they did not have national percentiles. It is important to note that for the *Comprehensive Diabetes Care—Poor HbA1c Control* indicator, where a lower rate represents 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).

- ◆ Thirty-three (63.46 percent) were at or above the 50th percentile and below the 75th percentile ($\geq P50$ and $< P75$).
- ◆ Seven (13.46 percent) were at or above the 75th percentile and below the 90th percentile ($\geq P75$ and $< P90$).
- ◆ One (1.92 percent) was at or above the 90th percentile ($\geq P90$).

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

- ◆ **Child and Adolescent Care:** The HEDIS 2015 statewide performance declined from last year for more than half of its measures. Eleven of the eighteen measures/indicators in this dimension reported rate decreases from HEDIS 2014, with statistically significant decline noted in four rates (i.e., *Childhood Immunization Status—Combination 2* and *Combination 3*, *Well-Child Visits in the First 15 Months of Life—6 or More Visits*, and *Adolescent Well-Care Visits*). Statistically significant improvement was noted in three rates (i.e., *Childhood Immunization Status—Combination 9*, *Appropriate Treatment for Children With Upper Respiratory Infection*, and *Appropriate Testing for Children With Pharyngitis*). Fifteen of the 18 rates ranked at or above the national HEDIS 2014 Medicaid 50th percentile, with one ranking at or above the 90th percentile. Three statewide rates ranked between the 25th and 50th percentiles.
- ◆ **Women—Adult Care:** The HEDIS 2015 statewide performance declined compared to last year. All five measures in this dimension demonstrated a rate decrease, with three exhibiting statistically significant rate decreases. Nonetheless, all measures met or exceeded the national HEDIS 2014 Medicaid 50th percentile, while one rate (*Chlamydia Screening in Women—Ages 16 to 20 Years*) exceeded the national 75th percentile.
- ◆ **Access to Care:** The HEDIS 2015 statewide performance declined compared to last year. All eight rates in this dimension declined from HEDIS 2014. Five of these rates had a statistically significantly decrease, though most declines were less than one percentage point. Five statewide rates met or exceeded the national HEDIS 2014 Medicaid 50th percentile, and three rates ranked between the 25th and 50th percentiles.
- ◆ **Obesity:** The HEDIS 2015 statewide performance improved from last year. The rates for all four measures in this dimension increased when compared to last year’s rates, and three of the four measures (i.e., *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*, *Counseling for Physical Activity—Total*, and *Adult BMI Assessment*) reported statistically significant improvement. All statewide rates met or exceeded the national Medicaid 50th percentile, with two at or above the national Medicaid 75th percentile.
- ◆ **Pregnancy Care:** The HEDIS 2015 statewide performance declined compared to last year. All three rates in this dimension decreased when compared to HEDIS 2014, with two having a statistically significant decline (i.e., *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Prenatal and Postpartum Care—Postpartum Care*). Despite these declines, the weighted averages of all measures ranked at or above the national Medicaid 50th percentile.
- ◆ **Living With Illness:** The HEDIS 2015 statewide performance remained stable when compared to last year for all measures but one. One indicator (*Comprehensive Diabetes Care—Eye Exam*) exhibited a statistically significant rate decrease. Nine rates measured at or above the national

Medicaid 50th percentile, with four at or above the 75th percentile. Three rates ranked below the 50th percentile, with one below the 25th percentile and another below the 10th 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 MHPs' provision of services and care. Comparing the HEDIS 2014 and 2015 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2015 rates showed slight changes (less than one percentage point) for almost all categories. For the *Language Diversity of Membership* measure, the statewide percentage of members using *English* as the preferred spoken language for healthcare increased slightly from the previous year, with a corresponding decline in the *Unknown* category. The percentage of Michigan members reporting *English* and *Non-English* as the language preferred for written materials increased in HEDIS 2015, along with a corresponding decrease in the percentage of members reporting in the *Unknown* category. Regarding other language needs, there was a slight decrease in the percentage of members reporting *Non-English* and *Unknown* in HEDIS 2015.
- ◆ **Utilization:** For *Outpatient Visits*, the Michigan Medicaid unweighted averages for HEDIS 2015 demonstrated an increase while *Emergency Department Visits*¹⁻⁴ demonstrated a decrease. This suggests improvement for both measures. Additionally, statewide rates for *Outpatient Visits* were below the national HEDIS 2014 Medicaid 50th percentile while statewide rates for *Emergency Department Visits* were above the HEDIS 2014 Medicaid 50th percentile. For the *Inpatient Utilization—General Hospital/Acute Care* measure, the discharges per 1,000 member months decreased for three inpatient service types (*Total Inpatient*, *Medicine*, and *Maternity*). The average length of stay increased for *Total Inpatient* and *Maternity* services but decreased slightly for *Medicine* and *Surgery*.

¹⁻⁴ For this indicator, a lower rate indicates better performance (i.e., low rates of emergency department visits suggest more appropriate service utilization).

2. How to Get the Most From This Report

Summary of Michigan Medicaid HEDIS 2015 Measures

HEDIS includes a standard set of measures that can be reported by health plans nationwide. MDHHS selected 31 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

Categorizing the measures into different dimensions 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 2015 Measures by Dimension	
Dimension	MDHHS HEDIS 2015 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 (Initiation and Continuation)</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 2015 Measures by Dimension

Dimension	MDHHS HEDIS 2015 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 [$<8.0\%$], Eye Exam, Medical Attention for Nephropathy, 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, Emergency Department [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 due to one of three reasons: (1) the measure deviated from HEDIS specifications such that the reported rate was significantly biased, (2) an MHP chose not to report the measure, or (3) 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. One of the thirteen MHPs chose to rotate at least one measure in HEDIS 2015. Following NCQA methodology, rotated measures were assigned the same reported rates from measurement year 2013 and were included in the calculations for the Michigan Medicaid weighted averages.²⁻¹

Changes to Measures

For HEDIS 2015, NCQA made modifications to some of the measures included in this report, outlined as follows:

Childhood Immunization Status

- ◆ Revised value sets and value set names:
 - For measles, mumps, rubella, hepatitis B, varicella zoster virus (VZV), and hepatitis A, value sets were split into two—one to identify the antigen and one to identify a history of the illness.
 - For all antigens, names for value sets containing codes that identify the antigen now include the terminology “vaccine administered.”
 - For measles, mumps, and rubella (MMR), VZV, and influenza optional exclusions, Lymphoreticular Cancer Value Set, Multiple Myeloma Value Set, and Leukemia Value Set were combined into a single value set: Malignant Neoplasm of Lymphatic Tissue Value Set.
- ◆ Hepatitis B Diagnosis Value Set was renamed Hepatitis B Value Set.
- ◆ Immunodeficiency Value Set was renamed Disorders of the Immune System Value Set.
- ◆ Deleted the optional exclusion for Anaphylactic Reaction Due to Serum Value Set (with date of service prior to October 1, 2011).

Immunizations for Adolescents

- ◆ Meningococcal Value Set was renamed Meningococcal Vaccine Administered Value Set.
- ◆ Tdap Value Set was renamed Tdap Vaccine Administered Value Set.
- ◆ Td Value Set was renamed Td Vaccine Administered Value Set.
- ◆ Tetanus Value Set was renamed Tetanus Vaccine Administered Value Set.
- ◆ Diphtheria Value Set was renamed Diphtheria Vaccine Administered Value Set.

Well-Child Visits in the First 15 Months of Life

- ◆ Clarified that complete well-child visits must be on different dates of service for the numerators in the Hybrid Specification.

²⁻¹ For HEDIS 2015 Sparrow PHP was the only plan to rotate measures. Sparrow PHP chose to rotate *Well-Child Visits in the First 15 Months of Life—6 or More Visits* and *Comprehensive Diabetes Care - Blood Pressure Control <140/90 mm Hg*.

Follow-up Care for Children Prescribed ADHD Medication

- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

Breast Cancer Screening

- ◆ Revised optional exclusion criteria so that two unilateral mastectomies must have service dates 14 or more days apart.
- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

Cervical Cancer Screening

- ◆ Hysterectomy Value Set was renamed Absence of Cervix Value Set.
- ◆ Added an example to Step 2 of the numerator in the Administrative Specification.
- ◆ Clarified that cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year meets optional exclusion criteria in the Hybrid Specification.

Chlamydia Screening in Women

- ◆ Revised value sets used for the event/diagnosis criteria to ensure that supplemental data (e.g., Logical Observation Identifiers Names and Codes [LOINC] codes) are not used to identify the denominator. Deleted Pregnancy Tests Value Set and Chlamydia Tests Value Set from the event/diagnosis criteria and added appropriate (e.g., Current Procedural Terminology [CPT], Uniform Bill [UB] Revenue) codes from these value sets to the Sexual Activity Value Set.
- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

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

- ◆ Clarified that documentation of >99% or <1% meet criteria for *BMI Percentile*.

Adult BMI Assessment

- ◆ Clarified that documentation of >99% or <1% meet criteria for *BMI Percentile*.

Prenatal and Postpartum Care

- ◆ Reversed Step 6 and Step 7 in the diagram.
- ◆ Removed the note allowing registered nurses to conduct prenatal and postpartum visits.

Frequency of Ongoing Prenatal Care

- ◆ Added a note to the description clarifying that the “Guidelines for Effectiveness of Care Measures” must be followed when calculating this measure.
- ◆ Removed the note allowing registered nurses to conduct prenatal visits.

Comprehensive Diabetes Care

- ◆ Retired the following indicators: *LDL-C screening*, *LDL-C control (<100 mg/dL)*, and *Blood Pressure (BP) Control (<140/80 mm Hg)*.
- ◆ Revised the ED visit requirement for claims/encounters data in the event/diagnosis criteria.
- ◆ Added dapagliflozin to the description of “Sodium glucose cotransporter 2 (SGLT2) inhibitor” in Table CDC-A.
- ◆ Added albiglutide to the description of “Glucagon-like peptide-1 (GLP1) agonists” in Table CDC-A.
- ◆ CHF Value Set was renamed Chronic Heart Failure Value Set.
- ◆ Clarified the denominator requirements for the *HbA1c Control <7% for a Selected Population* indicator in the Hybrid Specification.
- ◆ Gestational or Steroid-Induced Diabetes Value Set was renamed Diabetes Exclusions Value Set.

Use of Appropriate Medications for People With Asthma

- ◆ Clarified the definition of “injection dispensing event.”
- ◆ Replaced the text in the Eligible Population—Event/Diagnosis—Step 2 section with the following text: “A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).”

Controlling High Blood Pressure

- ◆ Revised the definition of “adequate control” to include two different BP thresholds based on age and diagnosis.
- ◆ Added a diabetes flag and corresponding value sets in the event/diagnosis criteria.
- ◆ Renamed the Hypertension Value Set to Essential Hypertension Value Set.
- ◆ Revised the optional exclusion for nonacute inpatient admissions.
- ◆ Deleted the Nonacute Care Value Set; organizations use facility and proprietary coding to identify nonacute inpatient admissions.
- ◆ Revised the numerator to include the different BP thresholds in the Hybrid Specification.

Diabetes Monitoring for People With Diabetes and Schizophrenia

- ◆ Revised the ED visit requirement for claims/encounters data in Step 2 in the event/diagnosis criteria.
- ◆ Renamed Gestational or Steroid-Induced Diabetes Value Set to Diabetes Exclusions Value Set.
- ◆ Added a data element to collect the number of optional exclusions to the Data Elements for Reporting table.

Inpatient Utilization—General Hospital/Acute Care

- ◆ Clarified that newborn care rendered from birth to discharge home from delivery must be excluded from Step 2.

Percentile Ranking

The Percentile Ranking tables presented depict each MHP’s rank based on its rate as compared to the NCQA’s national HEDIS 2014 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 inverted. 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 the Health Plan Diversity domain and *Inpatient Utilization* measure under the Utilization domain, MHP percentile ranking results are suggestive of their performance levels. An MHP’s rate at or above the 90th percentile suggests better performance, and an MHP’s rate below the 25th percentile suggests poorer performance. For the *Inpatient Utilization* measure under the Utilization domain, 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 into 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 2014 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 B includes trend tables for each of the MHPs. Where applicable, each measure’s HEDIS 2013, 2014 and 2015 rates are presented along with trend analysis results comparing the HEDIS 2014 and 2015 rates. Statistically significant differences using Pearson’s Chi-square tests are displayed. The trends are shown in the following example with specific notations:

2014–2015 Health Plan Trend	Interpretation for measures other than <i>Ambulatory Care</i>
+2.5	The 2015 rate is 2.5 percentage points higher than the HEDIS 2014 rate.
-2.5	The 2015 rate is 2.5 percentage points lower than the HEDIS 2014 rate.
+2.5	The 2015 rate is 2.5 percentage points statistically significantly higher than the HEDIS 2014 rate.
-2.5	The 2015 rate is 2.5 percentage points statistically significantly lower than the HEDIS 2014 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 MDHHS 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 2014 Medicaid 50th percentile. In addition, the 2013, 2014, and 2015 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 2015 Michigan Medicaid weighted average for each rate with the 2013 and 2014 Michigan Medicaid weighted averages and the national HEDIS 2014 Medicaid 50th percentile.

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

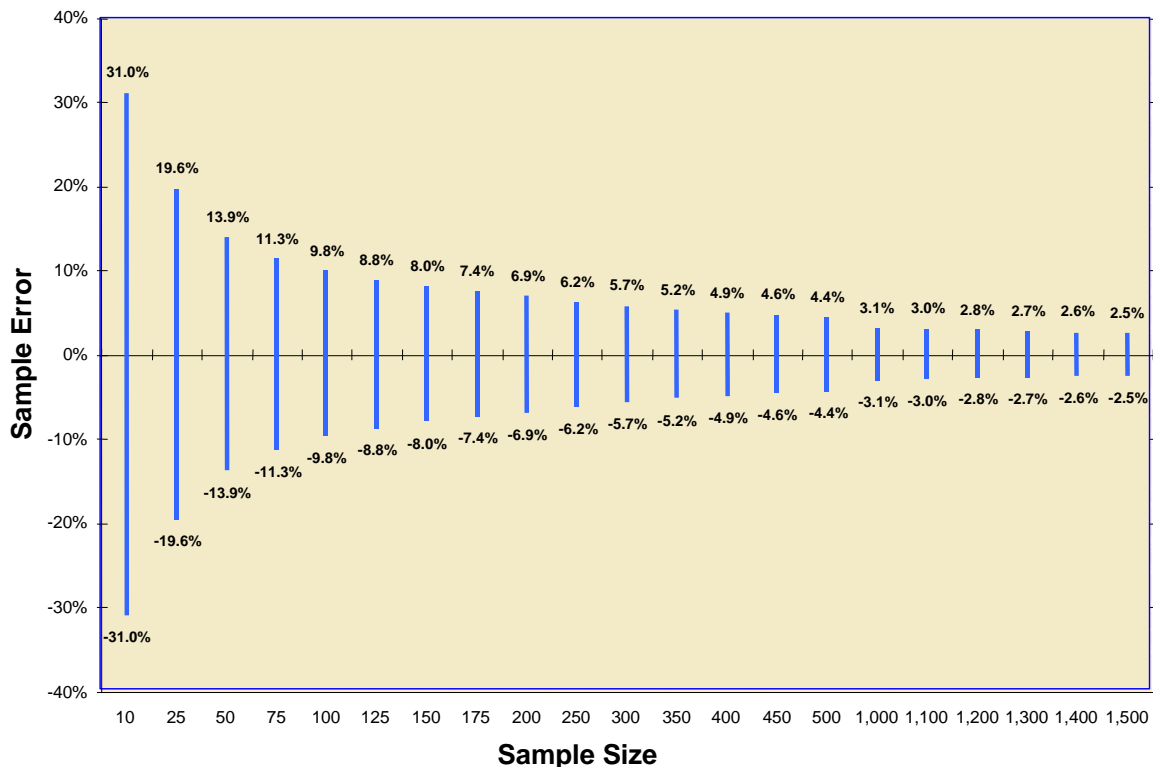
Understanding Sampling Error

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—2015 Michigan MHPs	
Acronym	Medicaid Health Plan Name
BCC	Blue Cross Complete of Michigan
COV	CoventryCares
HAR	Harbor Health Plan
HPP	HealthPlus Partners
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MID	HAP Midwest Health Plan, Inc.
MOL	Molina Healthcare of Michigan
PHP	Sparrow PHP
PRI	Priority Health Choice, Inc.
THC	Total Health Care, Inc.
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Compared with last year’s plan list, CoventryCares of Michigan, Inc., and Physicians Health Plan—FamilyCare changed their names to CoventryCares (COV) and Sparrow PHP (PHP), respectively.

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 MDHHS 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. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

**Table 3-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend
Child and Adolescent Care**

Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Childhood Immunization Status</i>						
<i>Combination 2</i>	77.16%	-3.74	0	3		
<i>Combination 3</i>	72.90%	-4.31	0	3		
<i>Combination 4</i>	67.78%	-2.83	0	3		
<i>Combination 5</i>	60.52%	-0.90	2	1		
<i>Combination 6</i>	44.76%	+2.59	4	0		
<i>Combination 7</i>	56.97%	-0.36	2	1		
<i>Combination 8</i>	42.69%	+2.47	4	0		
<i>Combination 9</i>	38.43%	+3.25	4	0		
<i>Combination 10</i>	36.92%	+3.05	4	0		
<i>Immunizations for Adolescents—Combination 1</i>	88.94%	+0.51	1	1		
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	64.76%	-8.33	0	4		
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	75.76%	-1.29	3	0		
<i>Adolescent Well-Care Visits</i>	54.02%	-3.78	1	2		
<i>Lead Screening in Children</i>	80.37%	-0.06	0	1		
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	88.00%	+1.47	3	3		
<i>Appropriate Testing for Children With Pharyngitis</i>	67.25%	+8.06	6	1		
<i>Follow-up Care for Children Prescribed ADHD Medication</i>						
<i>Initiation Phase</i>	38.87%	-1.37	1	1		
<i>Continuation and Maintenance Phase</i>	44.35%	-2.69	1	1		
2014–2015 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 3-1 shows that 11 of the 18 measures/indicators under the Child and Adolescent Care dimension reported rate decreases from last year. Four of these rates (i.e., *Childhood Immunization Status—Combination 2 and Combination 3*, *Well-Child Visits in the First 15 Months of Life—6 or More Visits*, and *Adolescent Well-Care Visits*) reported a statistically significant decrease. A statistically significant increase was observed in three rates (i.e., *Childhood Immunization Status—Combination 9*, *Appropriate Treatment for Children With Upper Respiratory Infection*, and *Appropriate Testing for Children With Pharyngitis*). Overall, 15 rates ranked at or above the

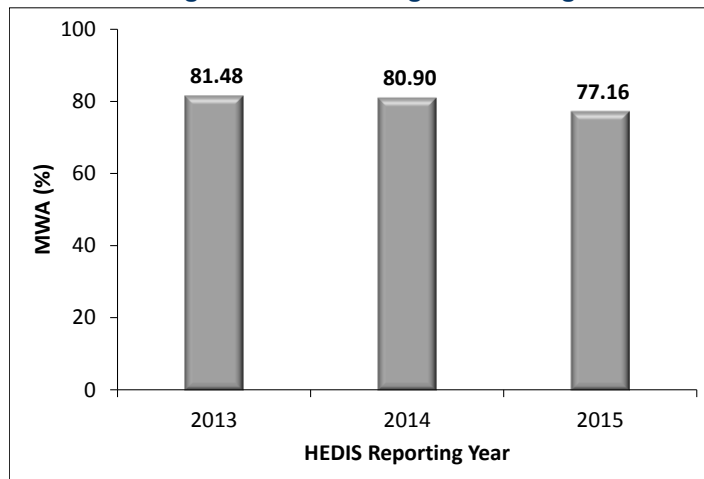
national HEDIS 2014 Medicaid 50th percentile. Of these, one rate benchmarked at or above the 90th percentile (*Immunizations for Adolescents—Combination 1*). *Appropriate Testing for Children With Pharyngitis*, *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase*, and *Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* ranked between the 25th and 50th percentile.

Child and Adolescent Care Findings

Childhood Immunization Status—Combination 2

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

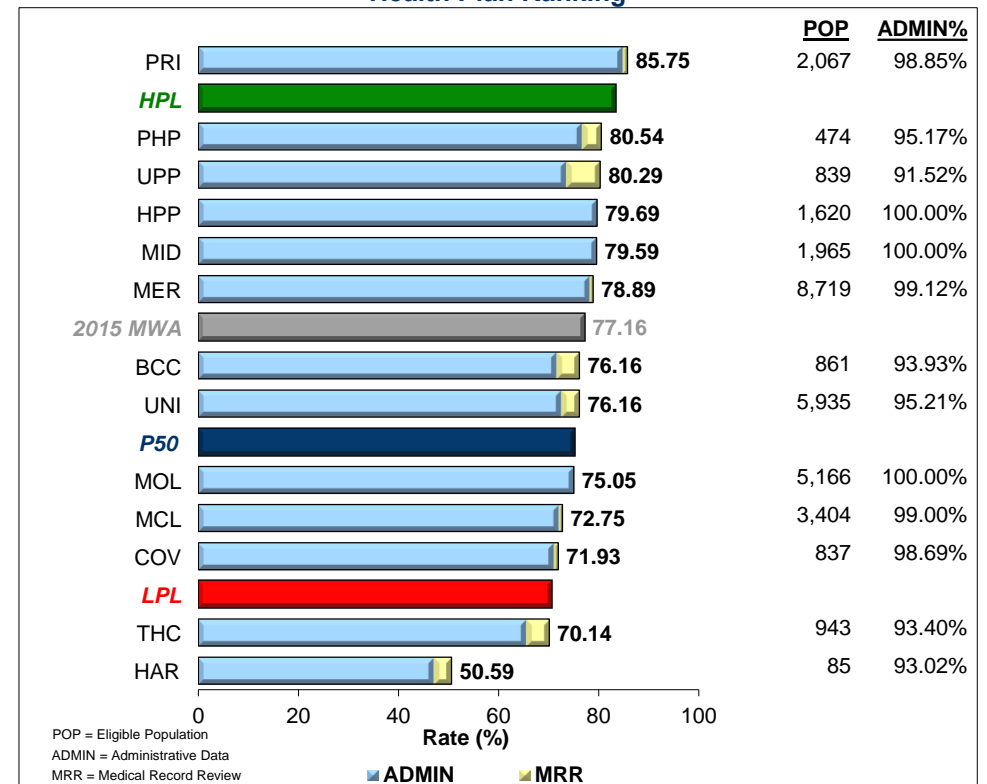
**Figure 3-1—Childhood Immunization Status—Combination 2
Michigan Medicaid Weighted Averages**



Decline from HEDIS 2014 to HEDIS 2015 was statistically significant.

Although the HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (3.74 percentage points), it exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

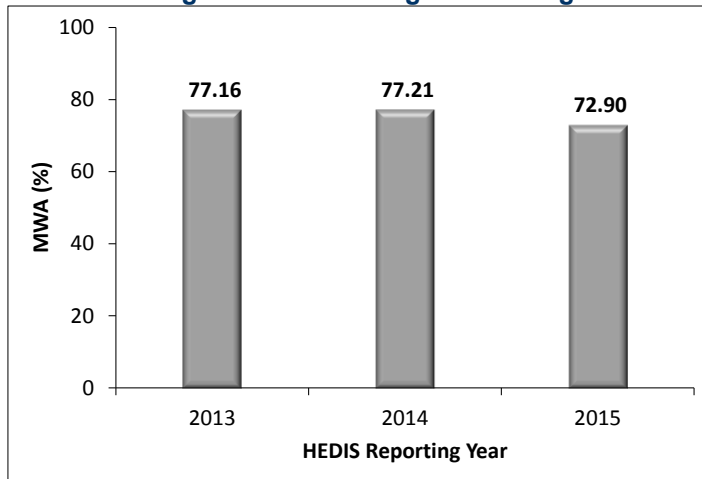


HPP, MID, and MOL chose to use the administrative method for this hybrid indicator.

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.

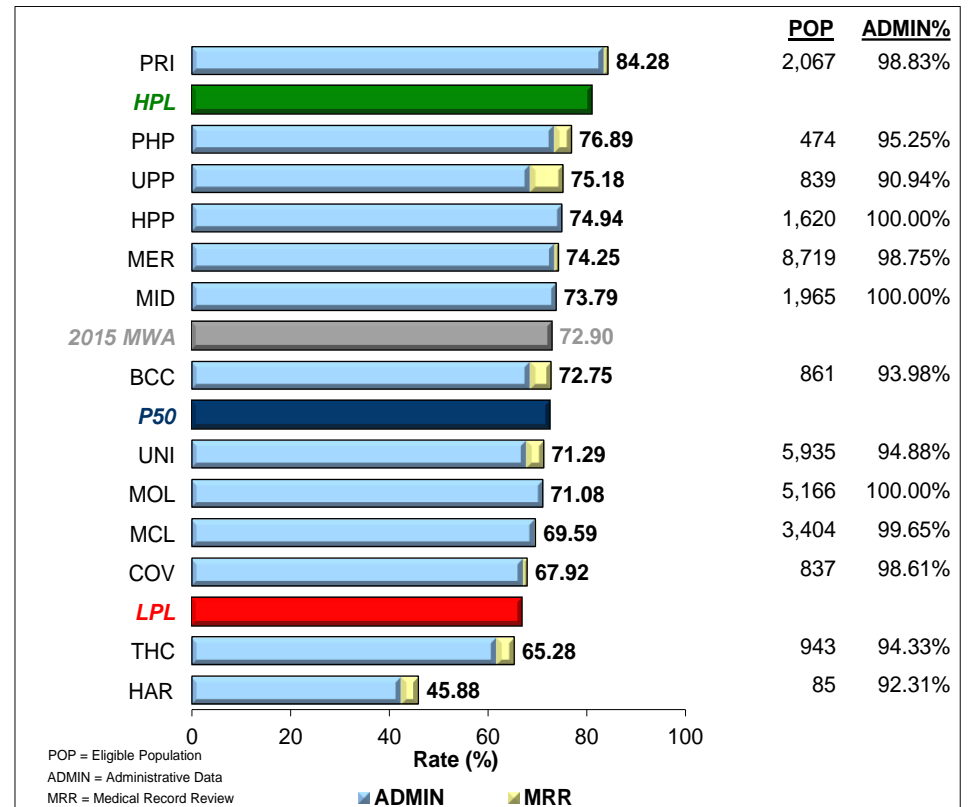
**Figure 3-3—Childhood Immunization Status—Combination 3
Michigan Medicaid Weighted Averages**



Decline from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (4.31 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

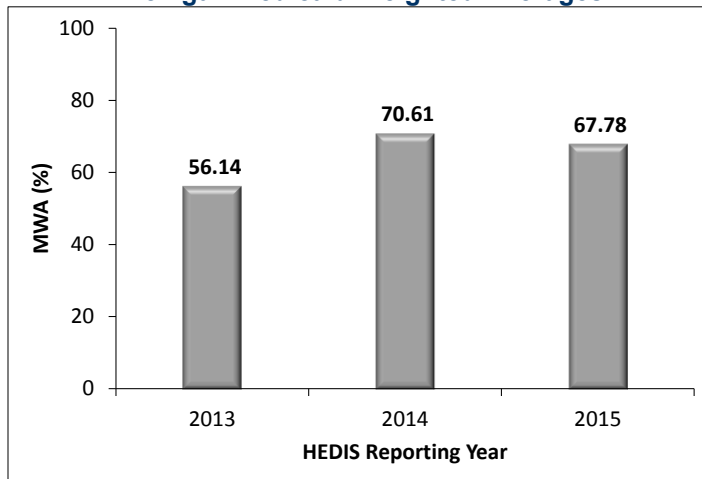


HPP, MID, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 4

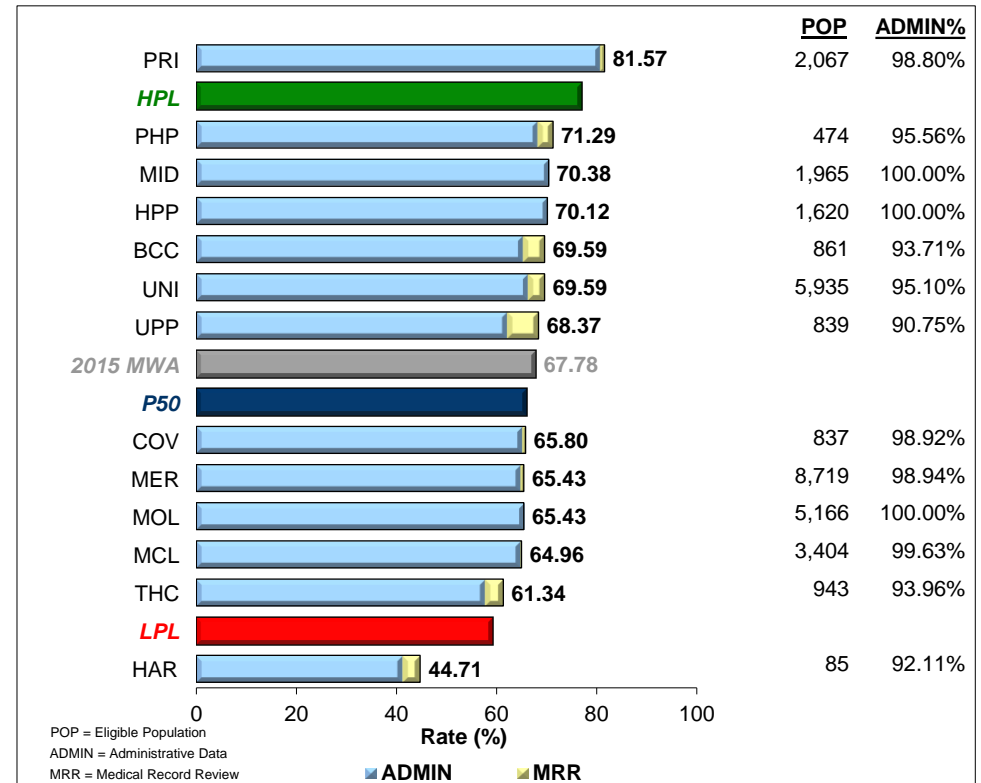
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and one hepatitis A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

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



The HEDIS 2015 weighted average decreased from HEDIS 2014 (2.83 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and one performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

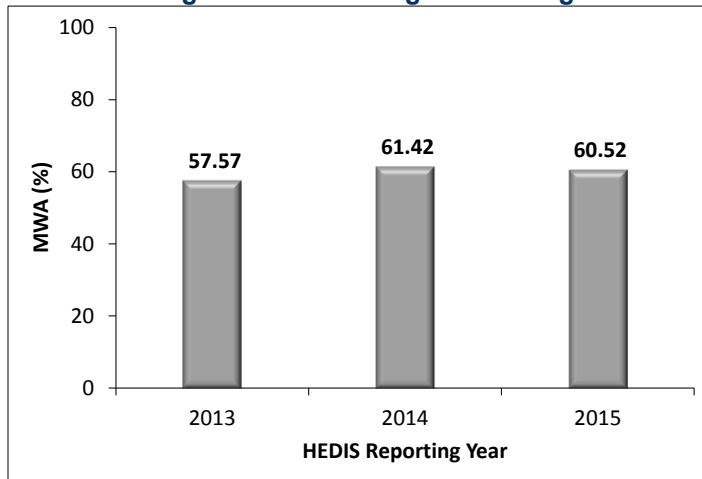


MID, HPP, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 5

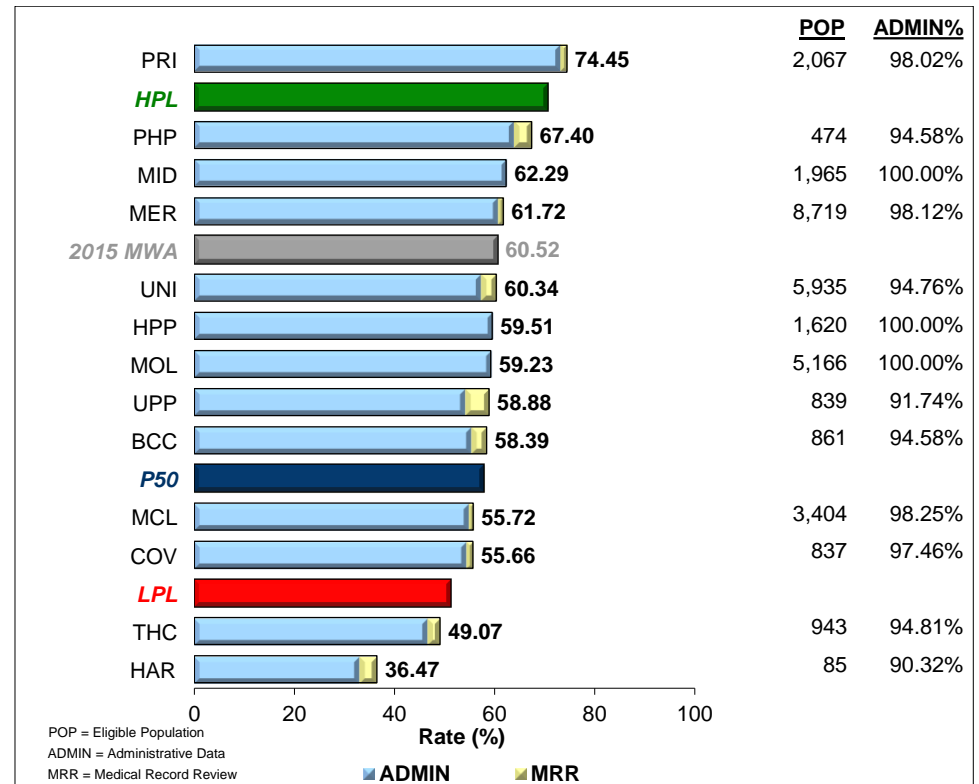
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two or three rotavirus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

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



The HEDIS 2015 weighted average decreased from HEDIS 2014 (0.90 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

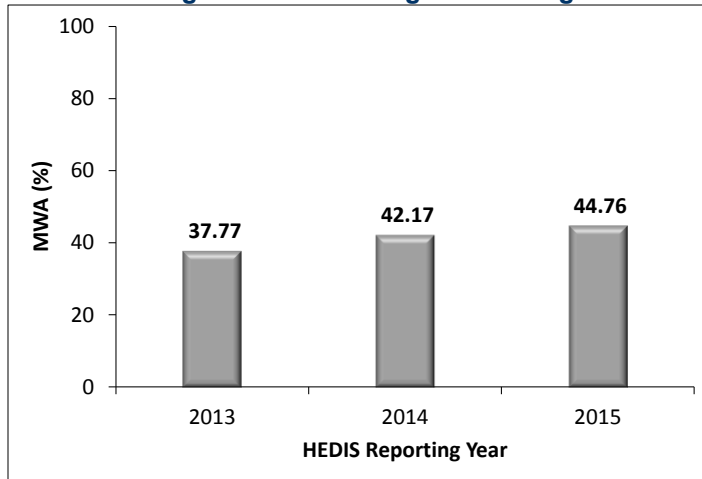


MID, HPP, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 6

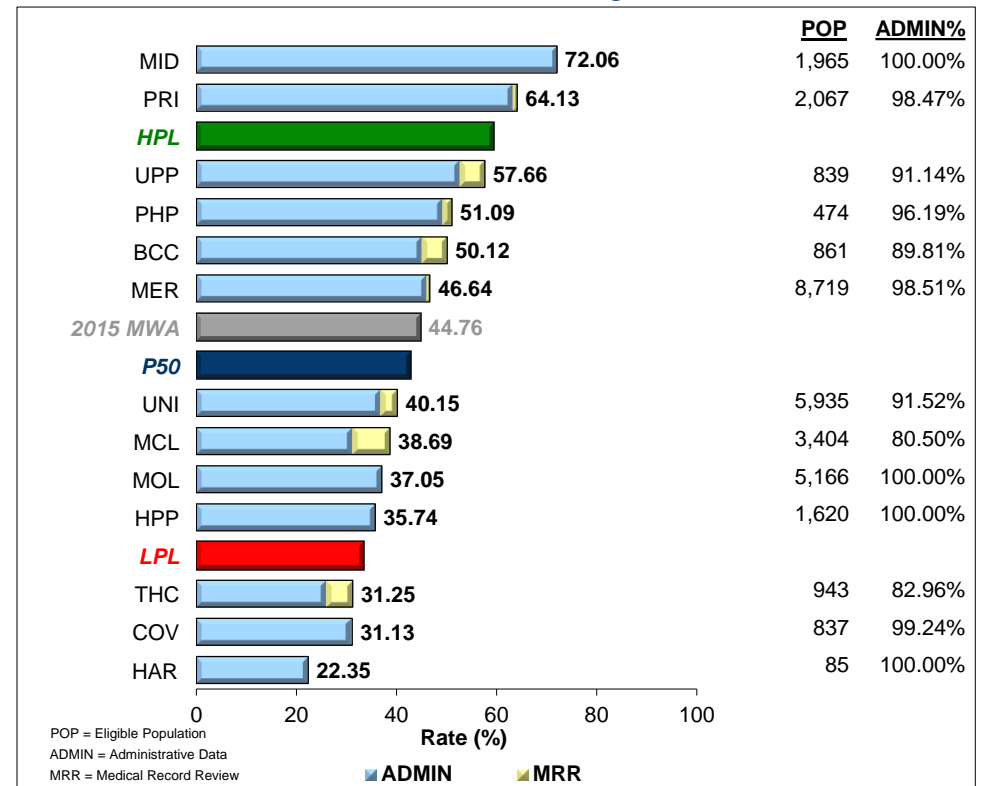
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two influenza (flu)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

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



The HEDIS 2015 weighted average increased from HEDIS 2014 (2.59 percentage points) and was above the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

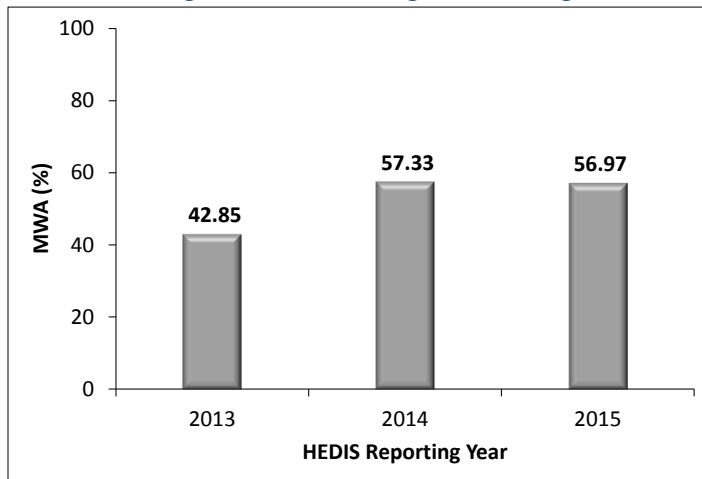


MID, MOL, and HPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 7

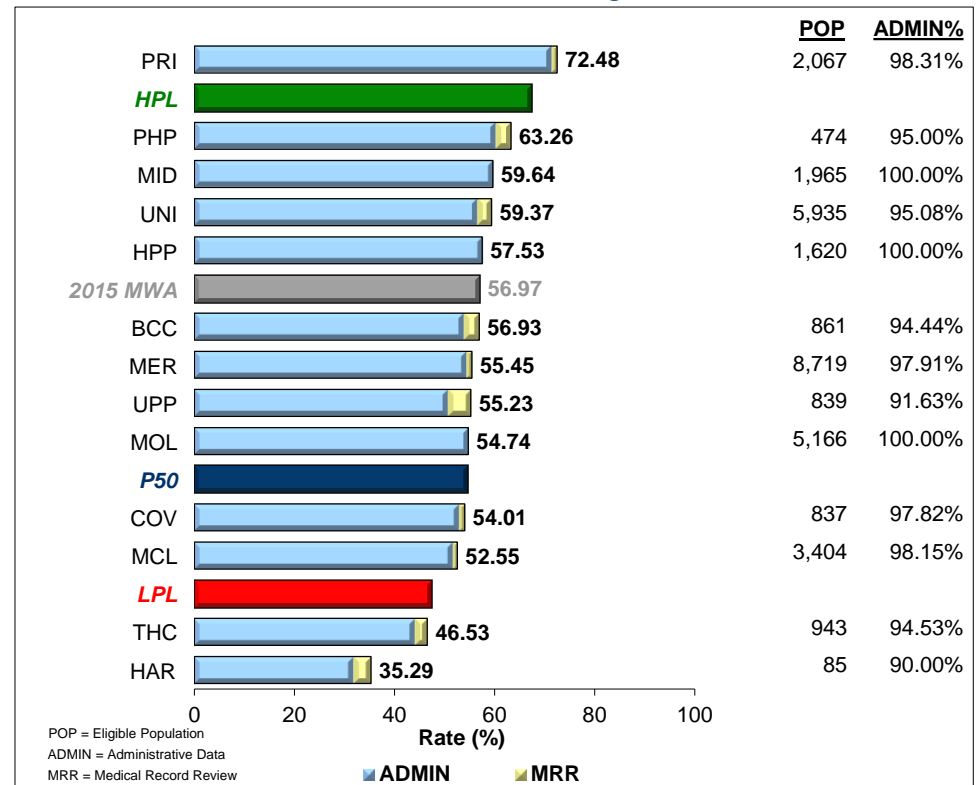
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA)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

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



The HEDIS 2015 weighted average decreased from HEDIS 2014 (0.36 percentage points) but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. For all plans, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

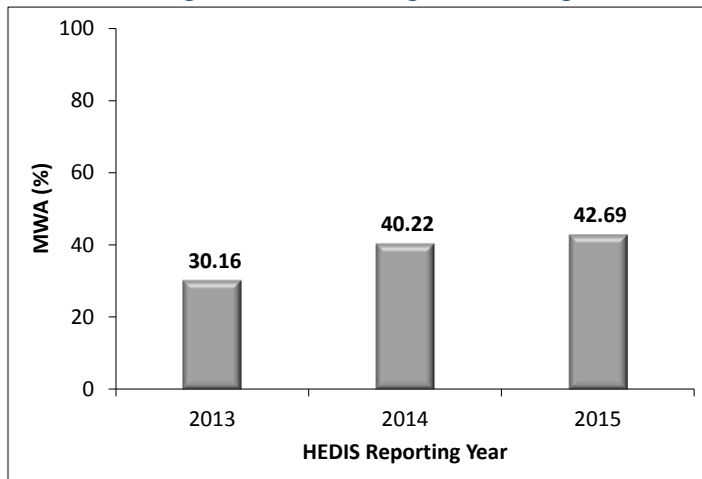


MID, HPP, and MOL chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 8

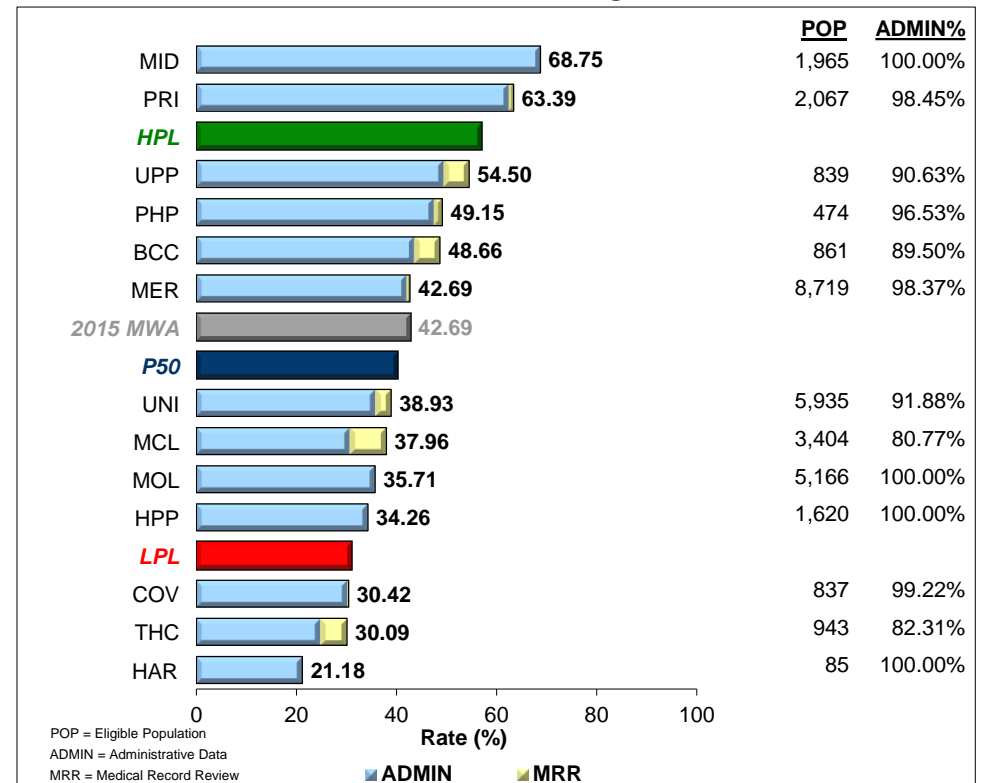
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA)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

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



The HEDIS 2015 weighted average increased from HEDIS 2014 (2.47 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

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

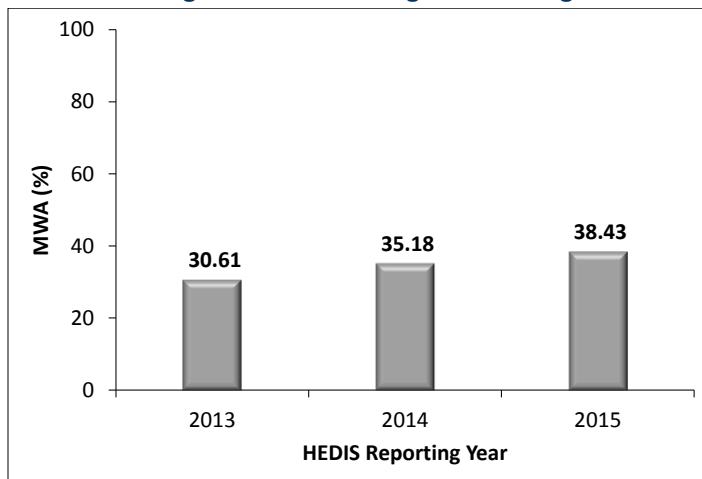


MID, MOL, and HPP chose to use the administrative method for this hybrid indicator.

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.

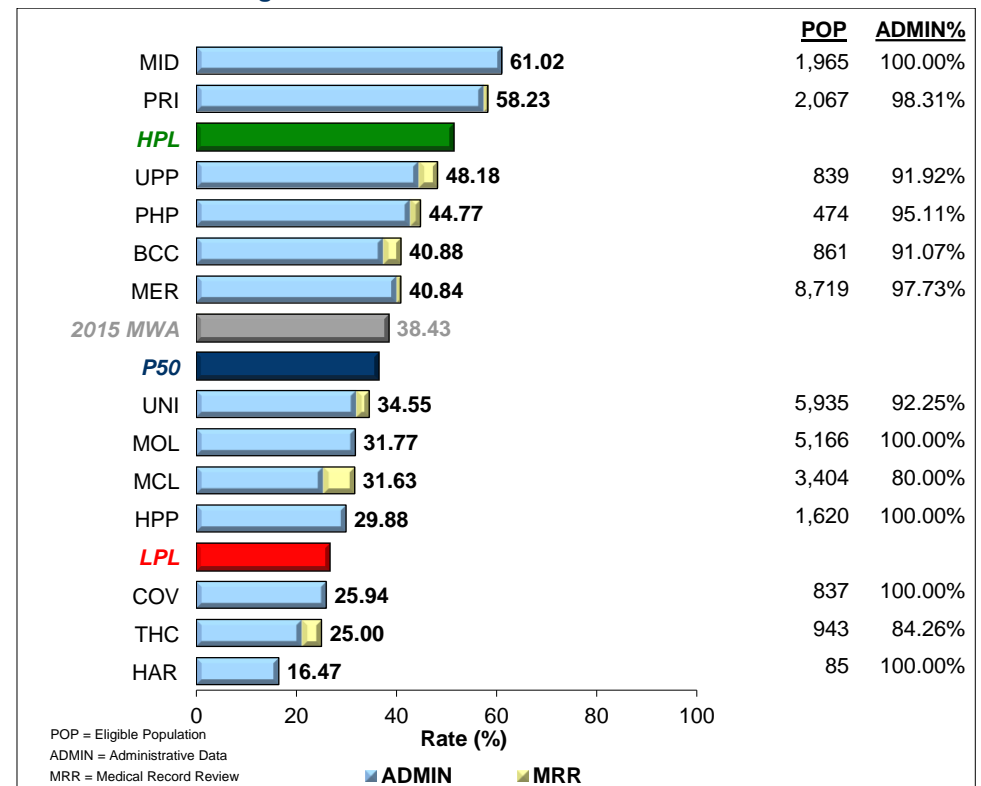
Figure 3-15—Childhood Immunization Status—Combination 9 Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (3.25 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

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

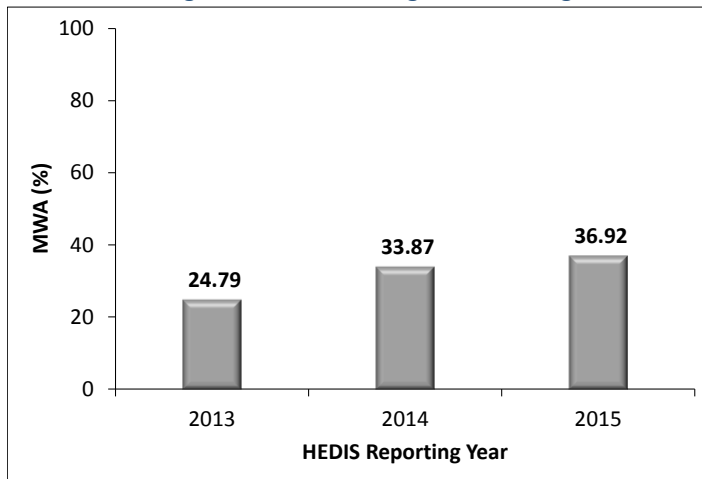


MID, MOL, and HPP chose to use the administrative method for this hybrid indicator.

Childhood Immunization Status—Combination 10

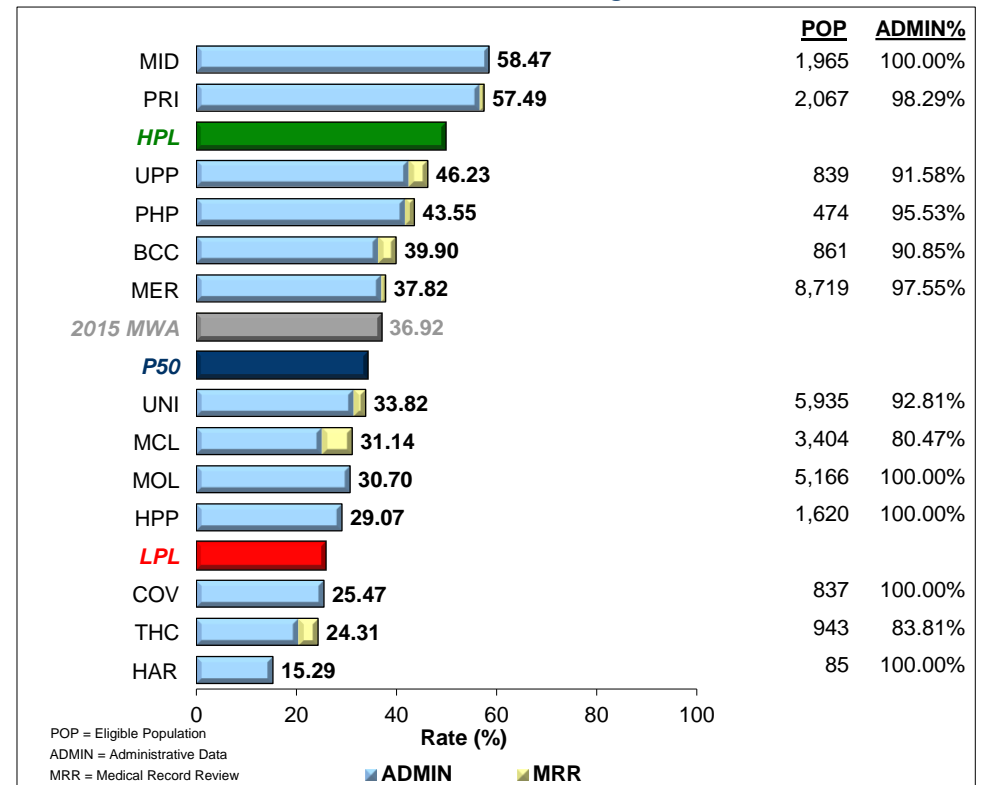
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA)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



The HEDIS 2015 weighted average increased from HEDIS 2014 (3.05 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

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

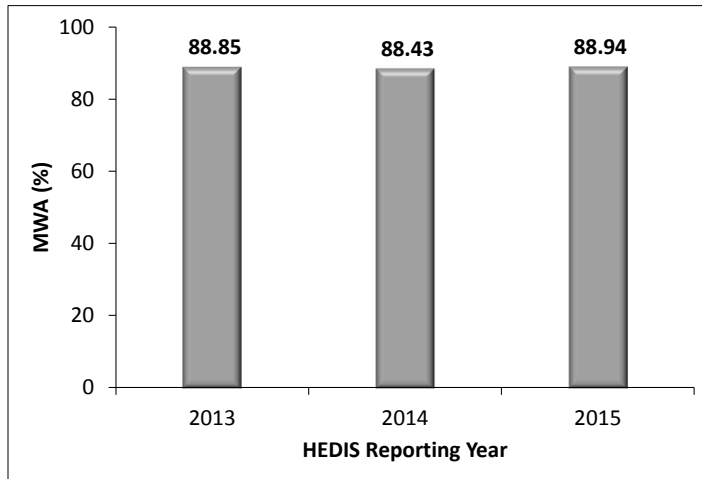


HPP, MID, and MOL chose to use the administrative method for this hybrid indicator.

Immunizations for Adolescents—Combination 1

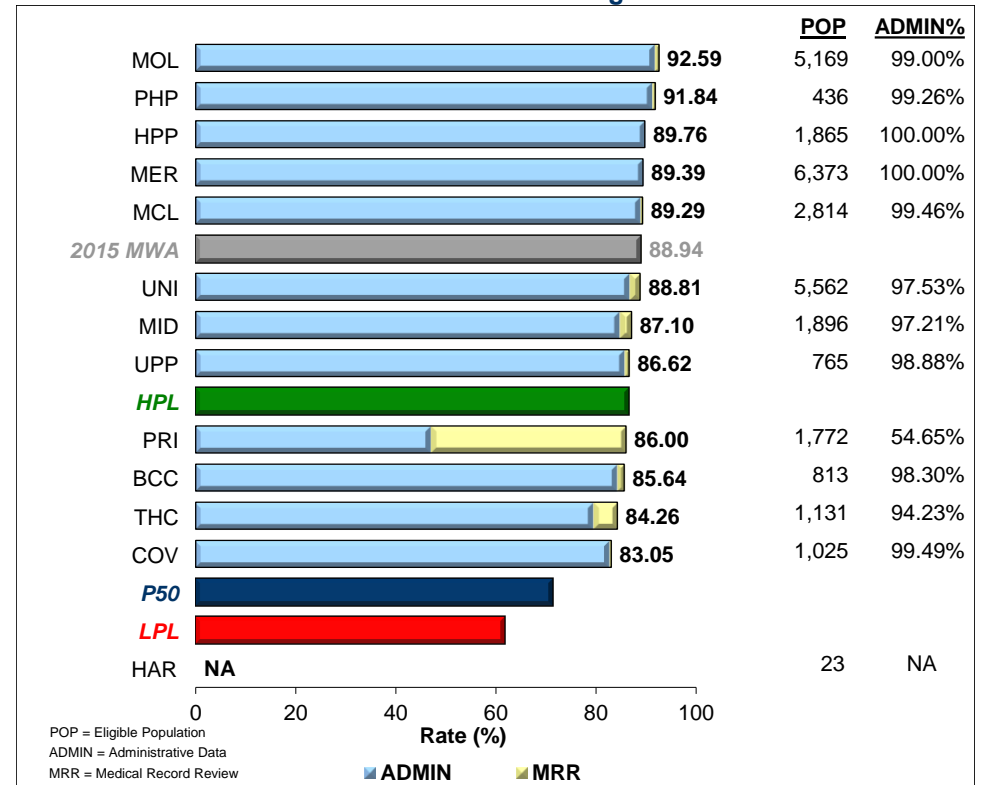
The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) or one tetanus and diphtheria toxoids vaccine (Td) by their 13th birthday.

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



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.51 percentage points) and exceeded the HPL. One MHP’s eligible population was too small (<30) to report a valid rate. Eight MHPs performed above the HPL, and no MHPs performed below the HEDIS 2014 Medicaid 50th percentile. For all plans but one, at least 90 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

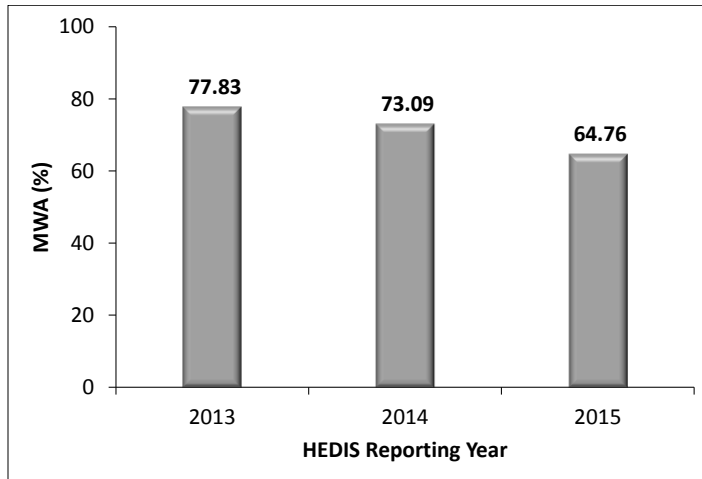


HPP and MER chose to use the administrative method for this hybrid indicator.

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

The percentage of children who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life.

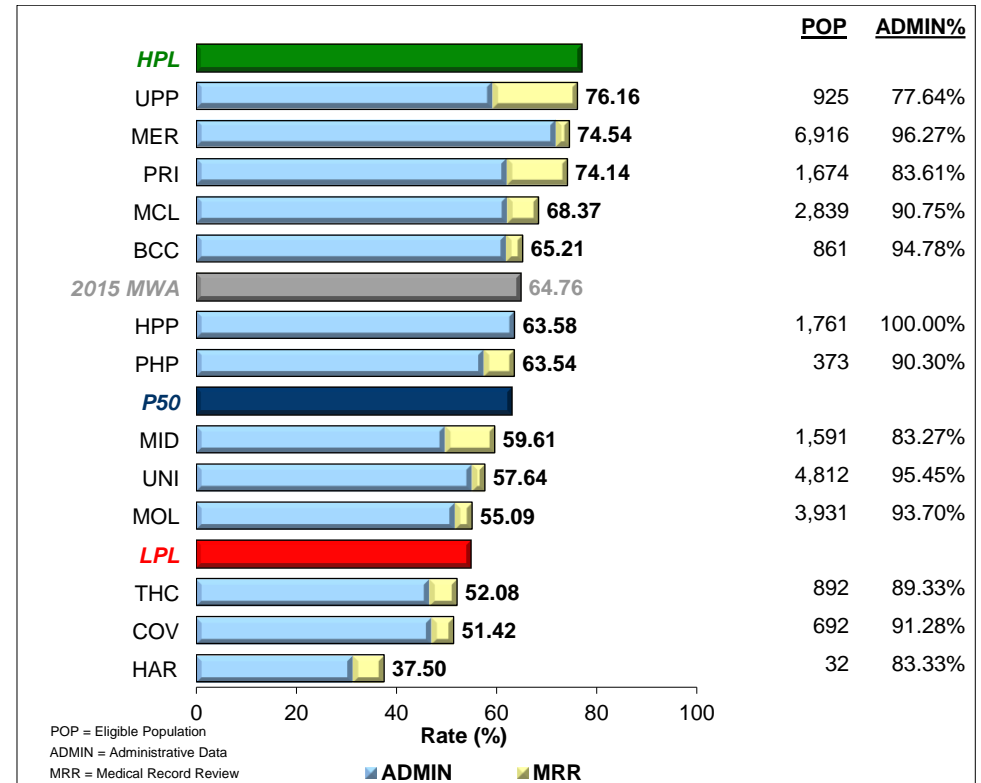
**Figure 3-21—Well-Child Visits in the First 15 Months of Life—Six or More Visits
Michigan Medicaid Weighted Averages**



Decline from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (8.33 percentage points) but exceeded the HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL. For all plans, at least 75 percent of the rates were based on administrative data.

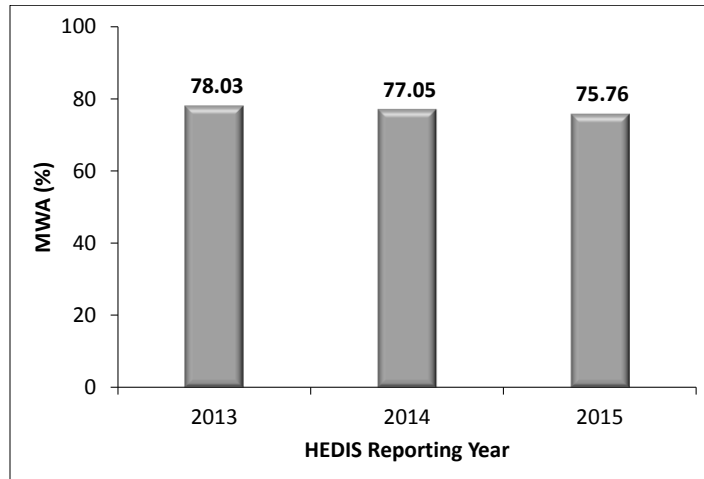
**Figure 3-22—Well-Child Visits in the First 15 Months of Life—Six or More Visits
Health Plan Ranking**



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

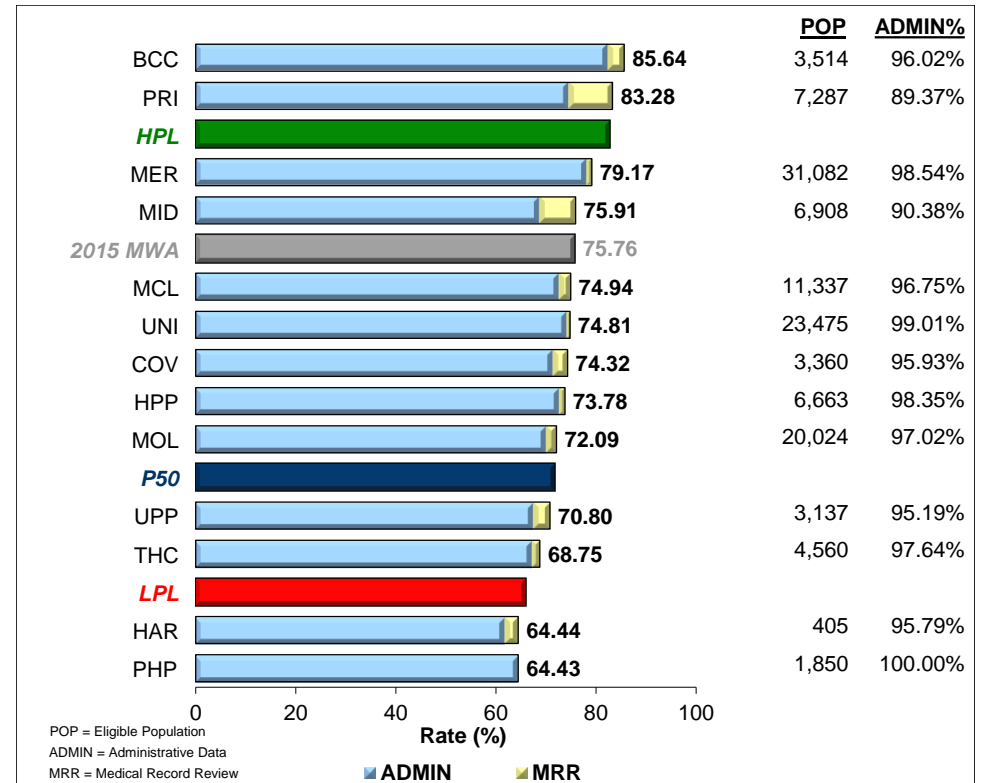
The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

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



The HEDIS 2015 weighted average decreased from HEDIS 2014 (1.29 percentage points) but exceeded the HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and two performed below the LPL. For all plans, at least 85 percent of the rates were based on administrative data.

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

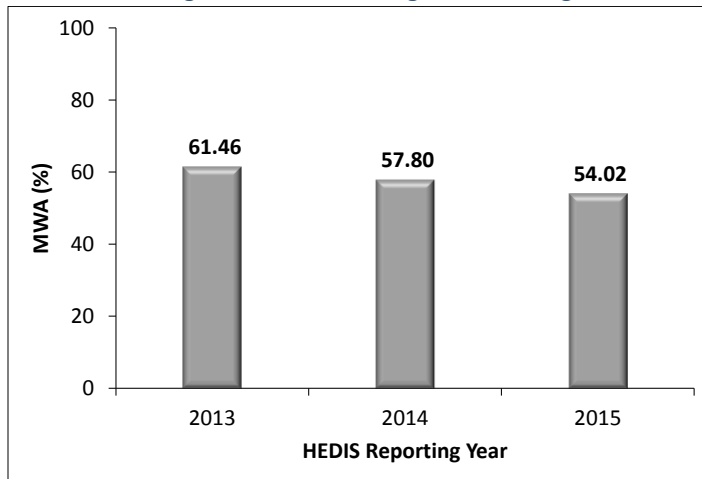


PHP chose to use the administrative method for this hybrid indicator.

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.

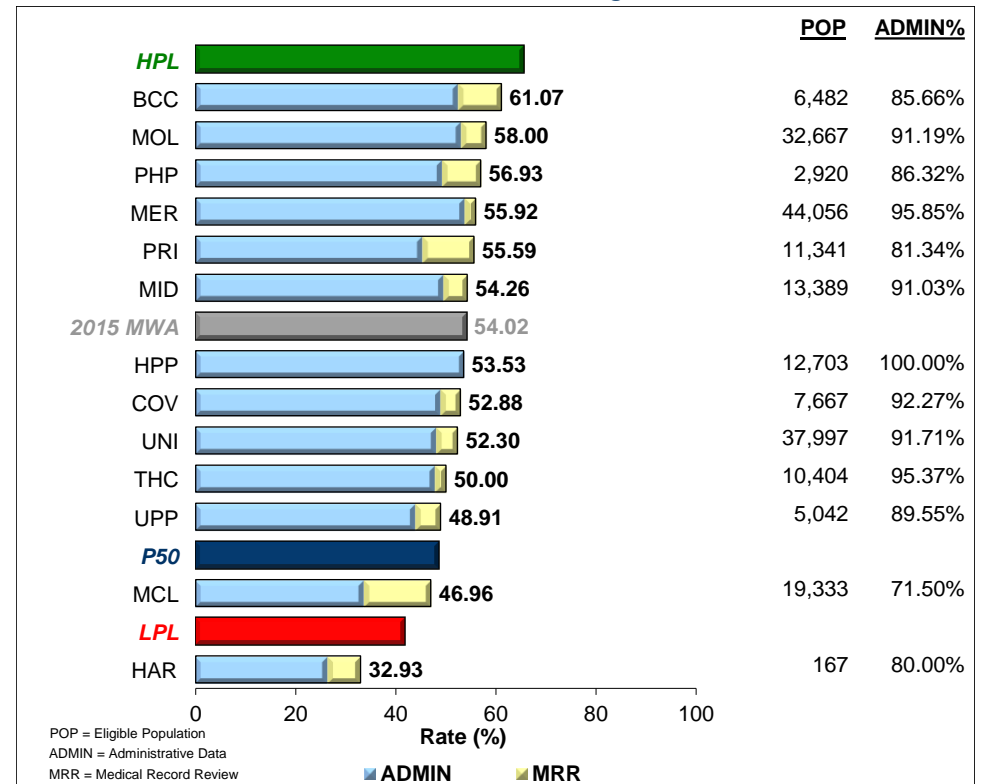
**Figure 3-25—Adolescent Well-Care Visits
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average declined significantly from HEDIS 2014 (3.78 percentage points) but exceeded the national HEDIS Medicaid 50th percentile. No MHPs performed above the HPL, and one performed below the LPL. For all plans but one, for all plans, at least 80 percent of the rates were based on administrative data..

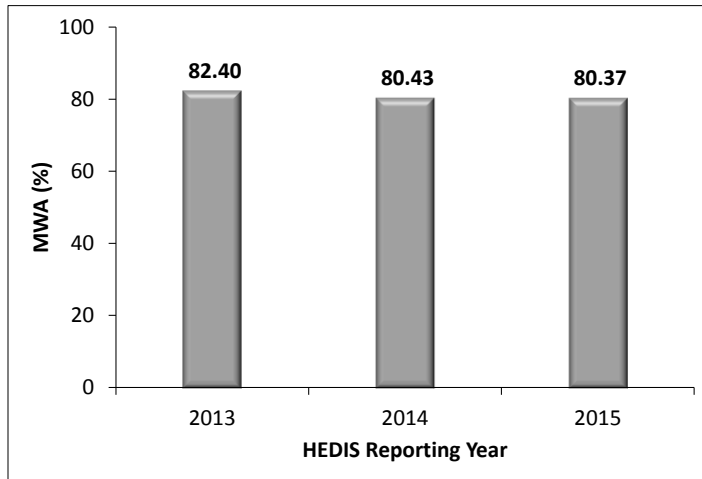
**Figure 3-26—Adolescent Well-Care Visits
Health Plan Ranking**



Lead Screening in Children

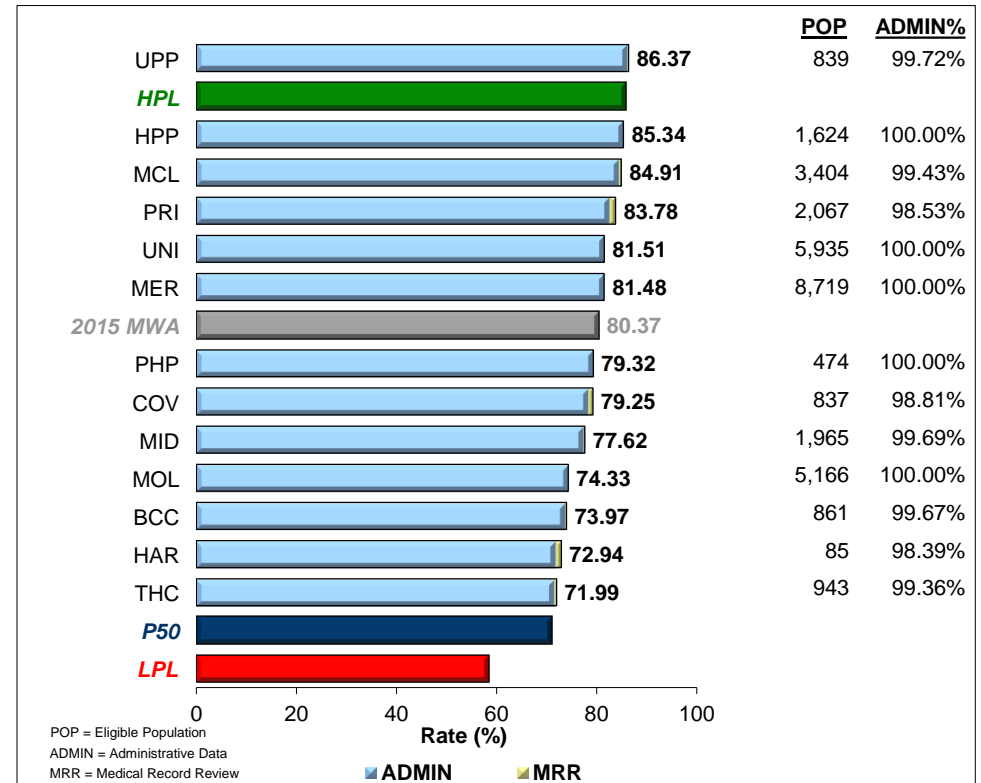
The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

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



The HEDIS 2015 weighted average decreased from HEDIS 2014 (0.06 percentage points) but exceeded the national HEDIS Medicaid 50th percentile. One MHP performed above the HPL, and none performed below the LPL. For all plans, at least 95 percent of the rates were based on administrative data, suggesting a fairly complete claims/encounter data to calculate rates.

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

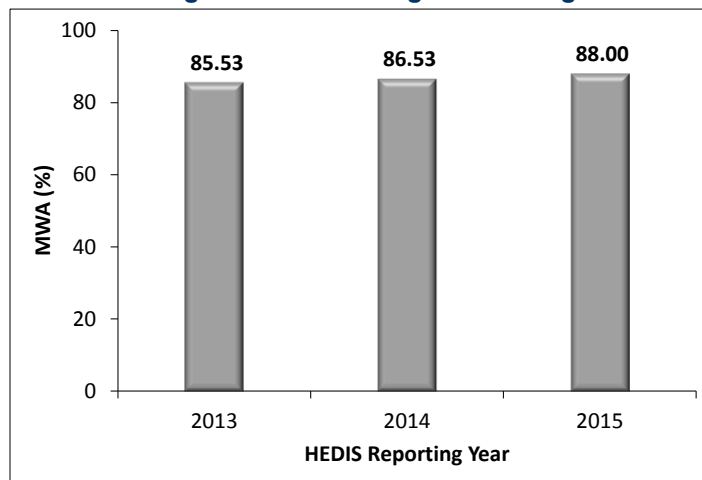


HPP, UNI, MER, PHP, and MOL chose to use the administrative method for this hybrid measure.

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.

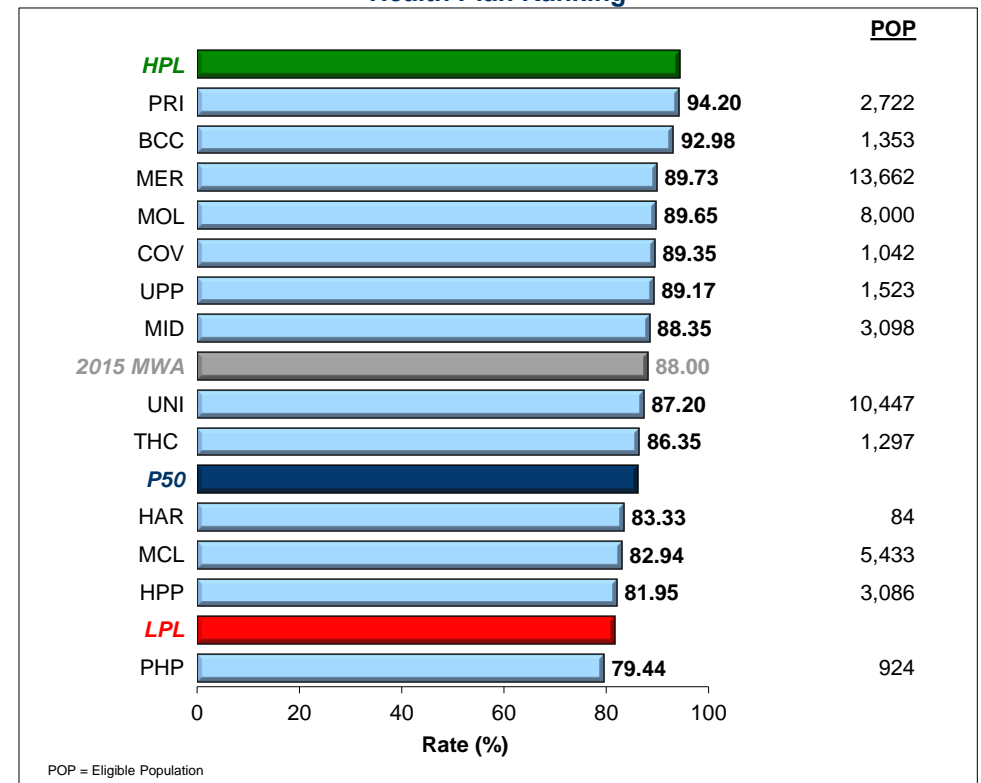
Figure 3-29—Appropriate Treatment for Children With Upper Respiratory Infection Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (1.47 percentage points) and exceeded the national HEDIS Medicaid 50th percentile. No MHPs performed above the HPL, and one performed below the LPL.

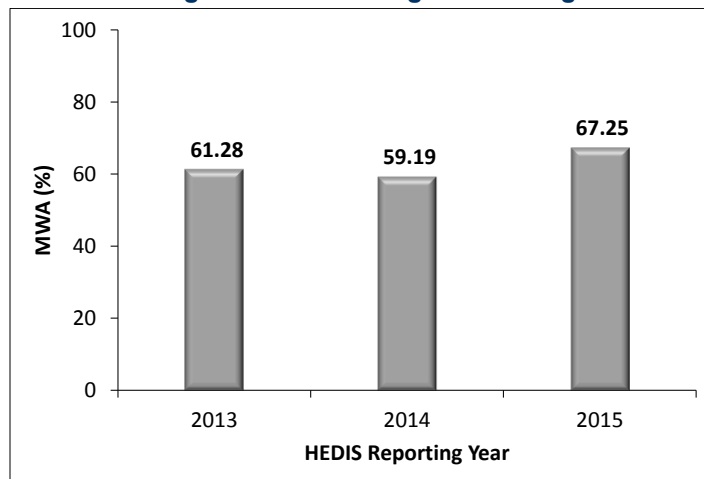
Figure 3-30—Appropriate Treatment for Children With Upper Respiratory Infection Health Plan Ranking



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.

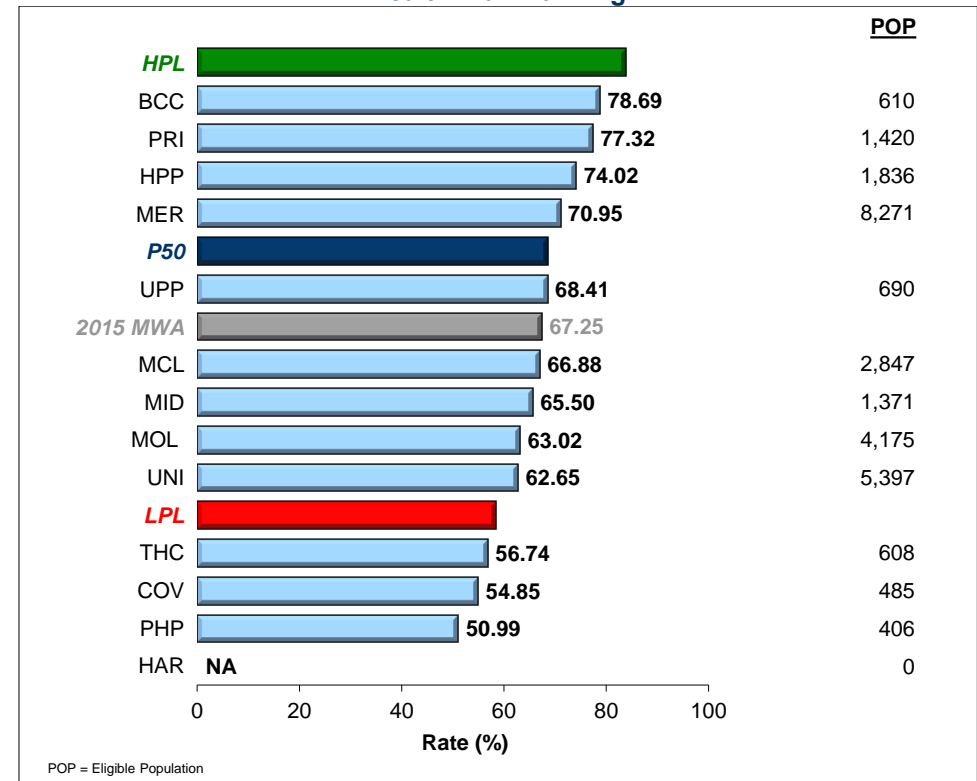
Figure 3-31—Appropriate Testing for Children With Pharyngitis Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (8.06 percentage points) but fell below the national HEIDS 2014 50th percentile. One MHP’s eligible population was too small (<30) to report a valid rate. No MHPs performed above the HPL, and three performed below the LPL.

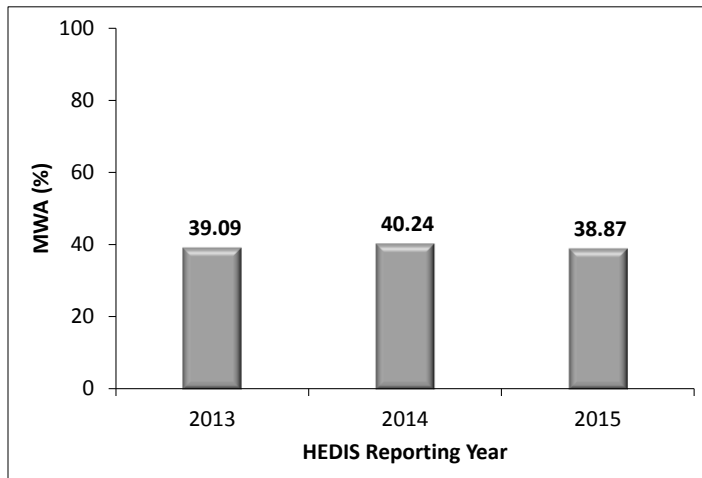
Figure 3-32—Appropriate Testing for Children With Pharyngitis Health Plan Ranking



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

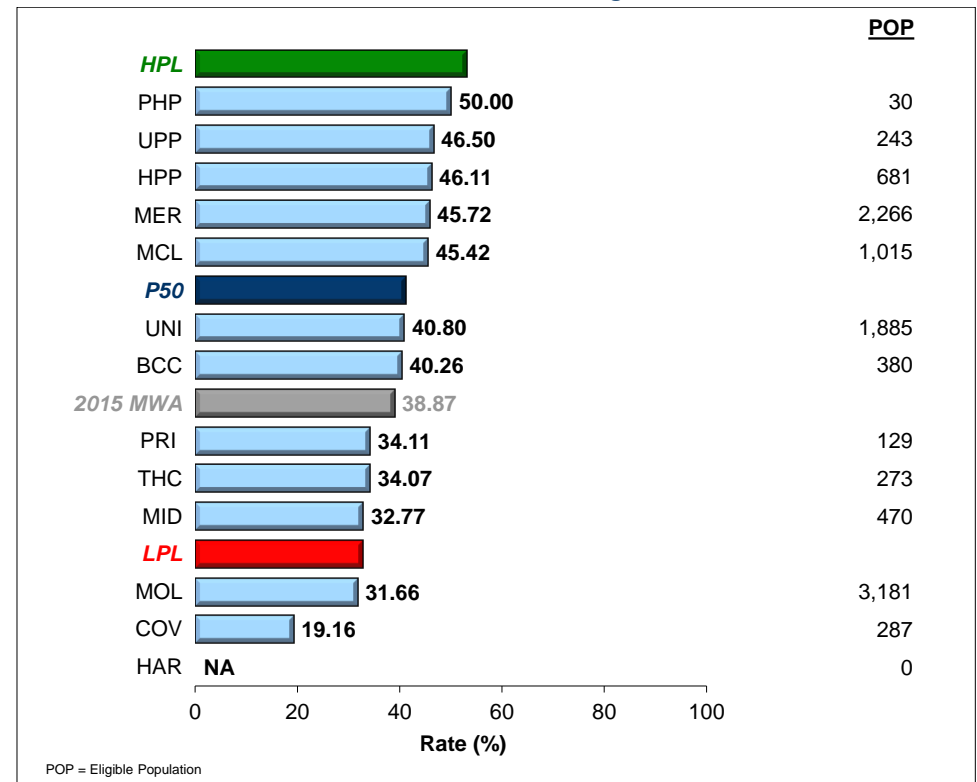
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed, and who had one follow-up visit with a practitioner 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 2015 weighted average decreased from HEDIS 2014 (1.37 percentage points) and fell below the national HEDIS 2014 Medicaid 50th percentile. One MHP’s eligible population was too small (<30) to report a valid rate. No MHPs performed above the HPL, and two performed below the LPL.

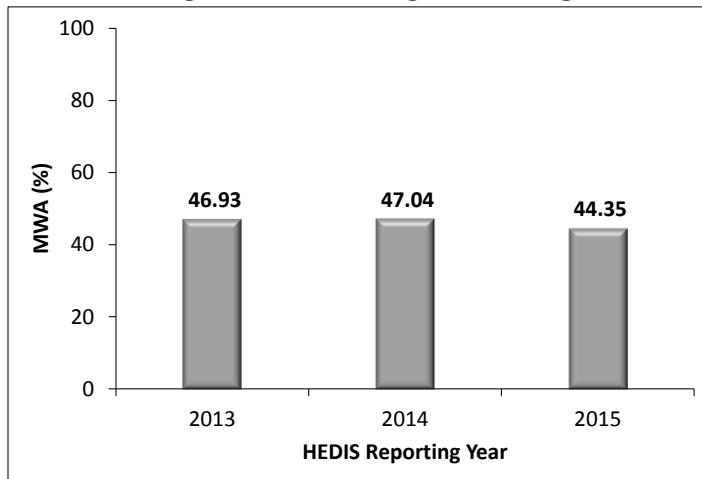
**Figure 3-34—Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase
Health Plan Ranking**



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

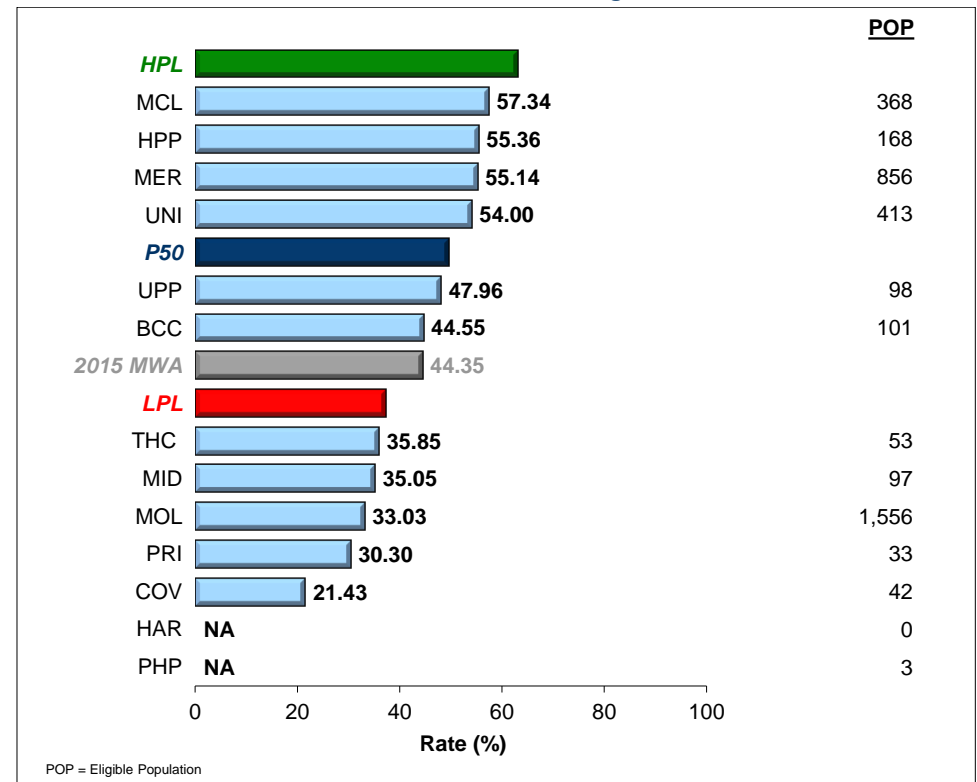
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed; who remained on the medication for at least 210 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 2015 weighted average decreased from HEDIS 2014 (2.69 percentage points) and fell below the national HEDIS 2014 Medicaid 50th percentile. Two MHPs could not report a valid rate because of small eligible population (<30). No MHPs performed above the HPL, and five performed below the LPL.

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 MDHHS 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 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

Table 4-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Women—Adult Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Breast Cancer Screening</i>	59.65%	-2.91	1	6		
<i>Cervical Cancer Screening</i>	68.46%	-2.88	0	3		
<i>Chlamydia Screening in Women</i>						
<i>Ages 16 to 20 Years</i>	59.08%	-1.07	1	2		
<i>Ages 21 to 24 Years</i>	67.58%	-1.86	1	3		
<i>Total</i>	62.20%	-1.20	1	2		
2014–2015 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

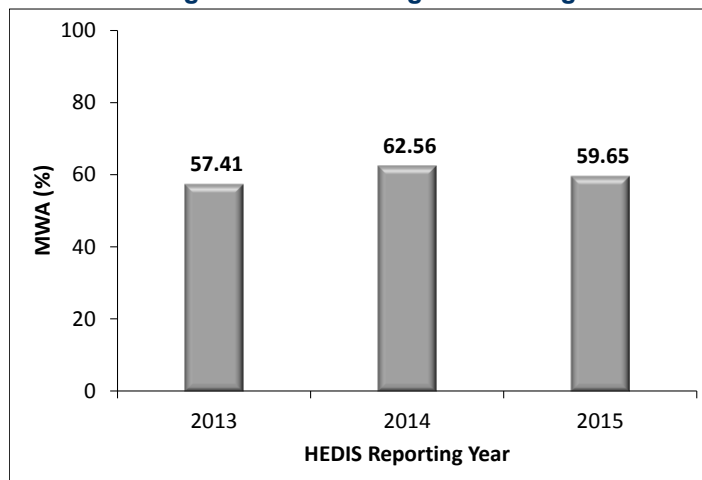
Table 4-1 shows that three rates, *Breast Cancer Screening*, *Chlamydia Screening in Women—Ages 21 to 24 Years*, and *Chlamydia Screening in Women—Total* reported statistically significant decreases from HEDIS 2014. All statewide rates were at or above the national Medicaid 50th percentile, with one between the 75th and 90th percentiles.

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 50 to 74 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The increase in the HEDIS 2014 rate as shown in Figure 4-1 may reflect changes in the HEDIS 2014 specifications (including updated age ranges from 40 to 69 years to 50 to 74 years and an extended numerator time frame from 24 months to 27 months).

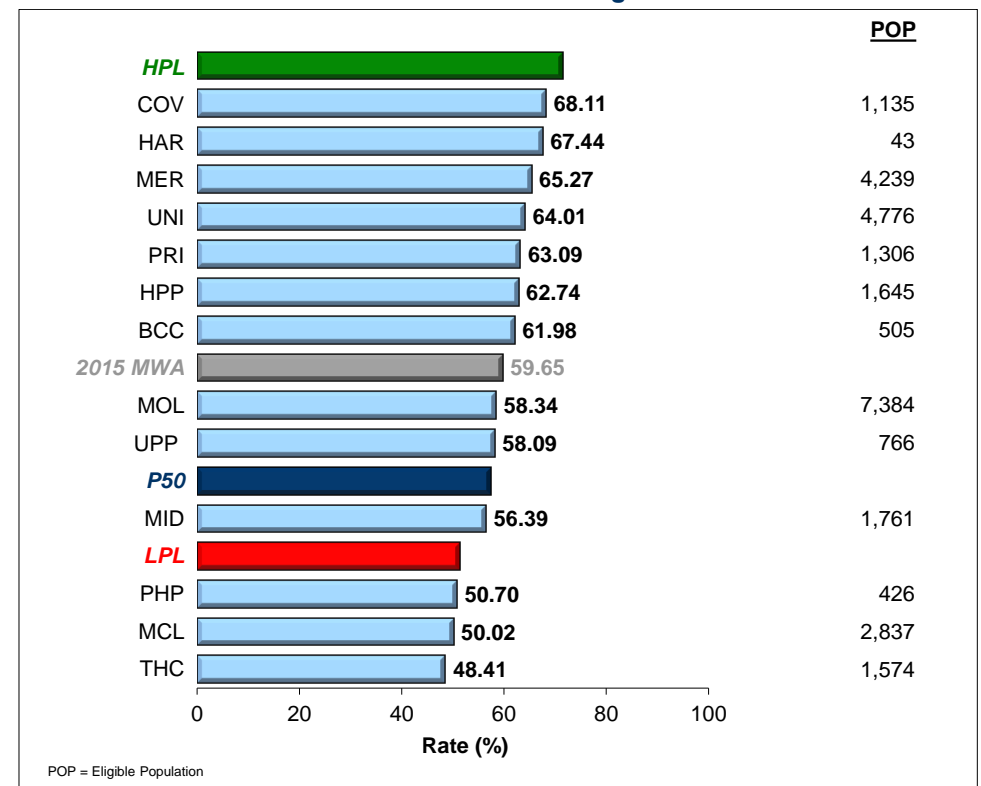
Figure 4-1—Breast Cancer Screening Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 by 2.91 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs exceeded the HPL, and three performed below the LPL.

Figure 4-2—Breast Cancer Screening Health Plan Ranking

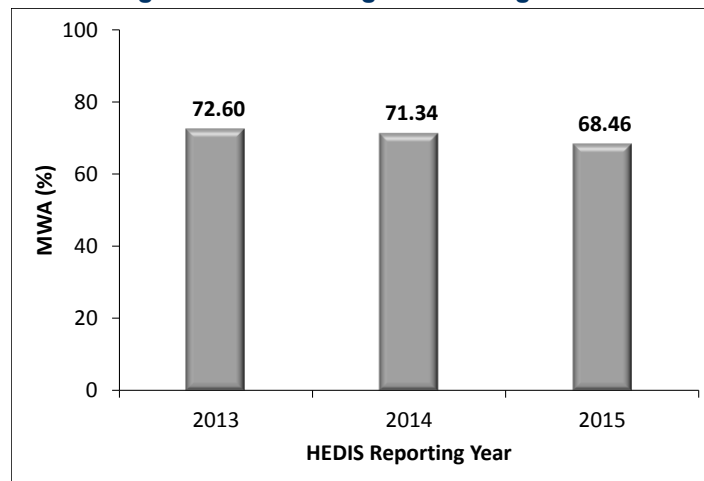


Cervical Cancer Screening

The *Cervical Cancer Screening* measure represents the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

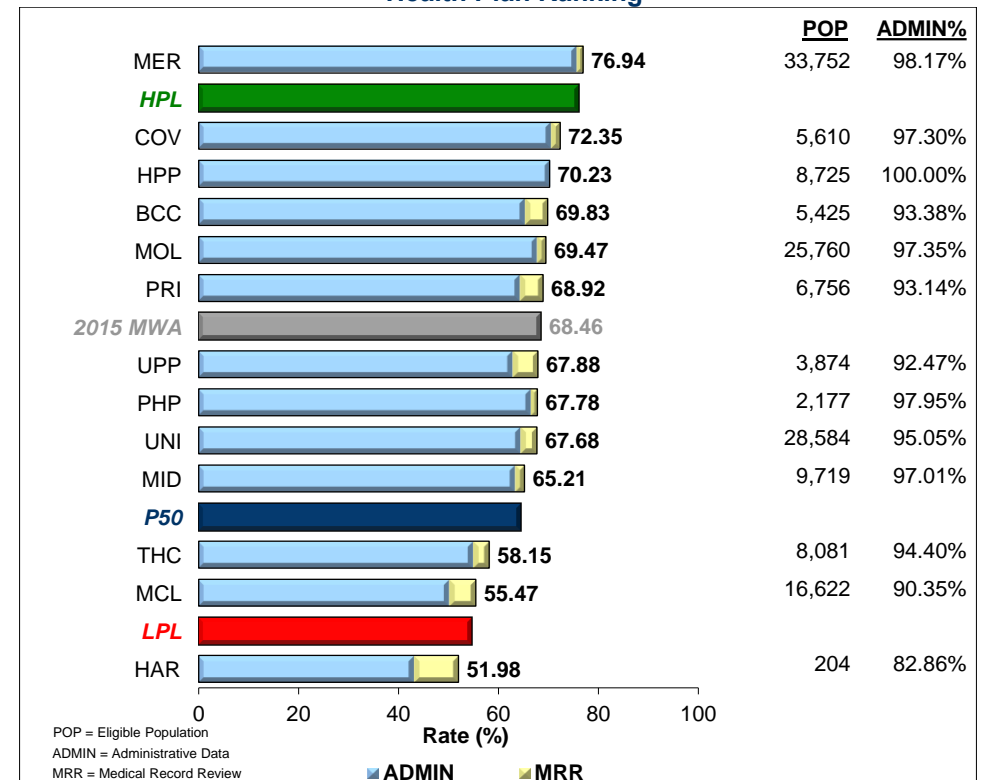
- Women ages 21 to 64 who had cervical cytology performed every three years.
- Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

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



Although decreased from HEDIS 2014 by 2.88 percentage points, the HEDIS 2015 weighted average still exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and one performed below the LPL. For all plans, at least 80 percent of the rates were based on administrative data.

Figure 4-4—Cervical Cancer Screening Health Plan Ranking

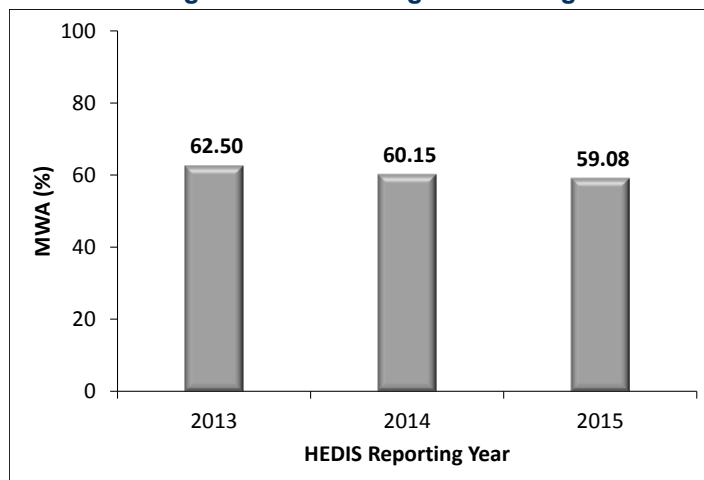


HPP chose to use the administrative method for this hybrid indicator.

Chlamydia Screening in Women—16–20 Years

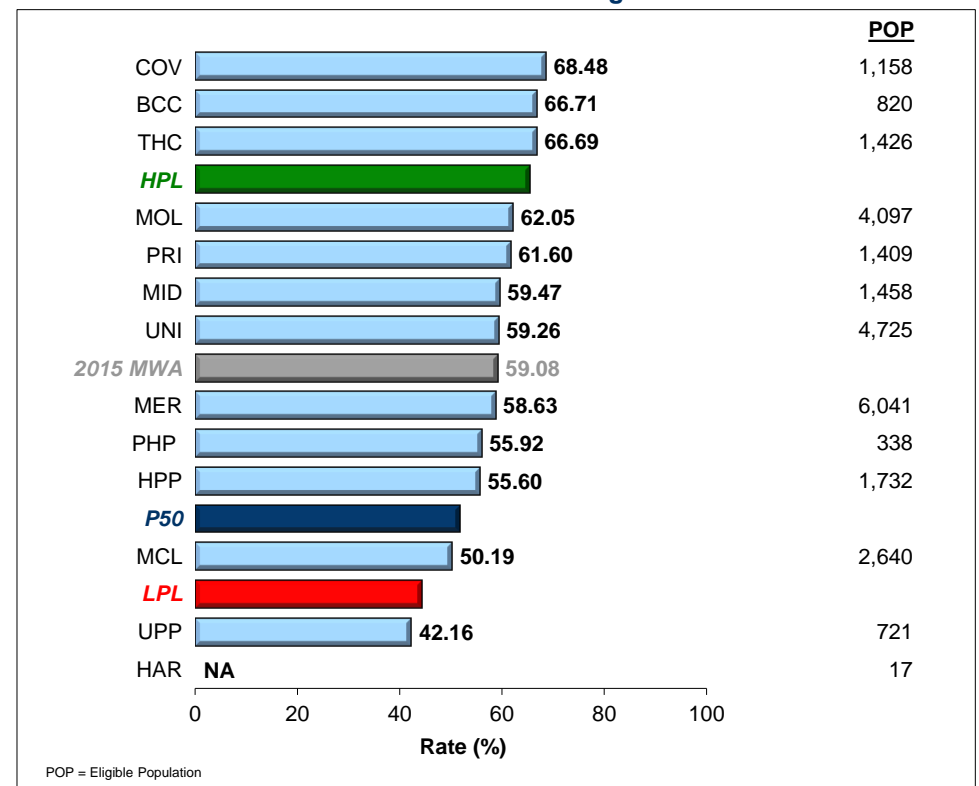
The *Chlamydia Screening in Women—16–20 Years* measure represents the percentage of women 16 to 20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

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



Although the HEDIS 2015 weighted average declined from HEDIS 2014 by 1.07 percentage points, it exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP could not report a valid rate due to small eligible population (<30). Three MHPs performed above the HPL, and one performed below the LPL.

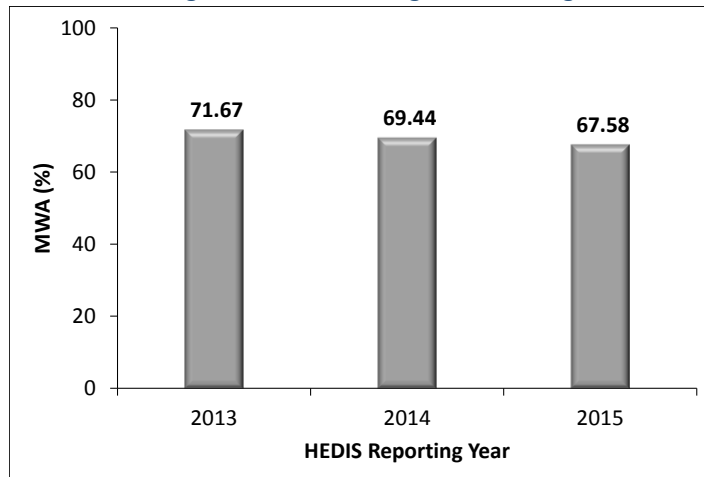
**Figure 4-6—Chlamydia Screening in Women—16–20 Years
Health Plan Ranking**



Chlamydia Screening in Women—21–24 Years

The *Chlamydia Screening in Women—21–24 Years* measure represents the percentage of women 21 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

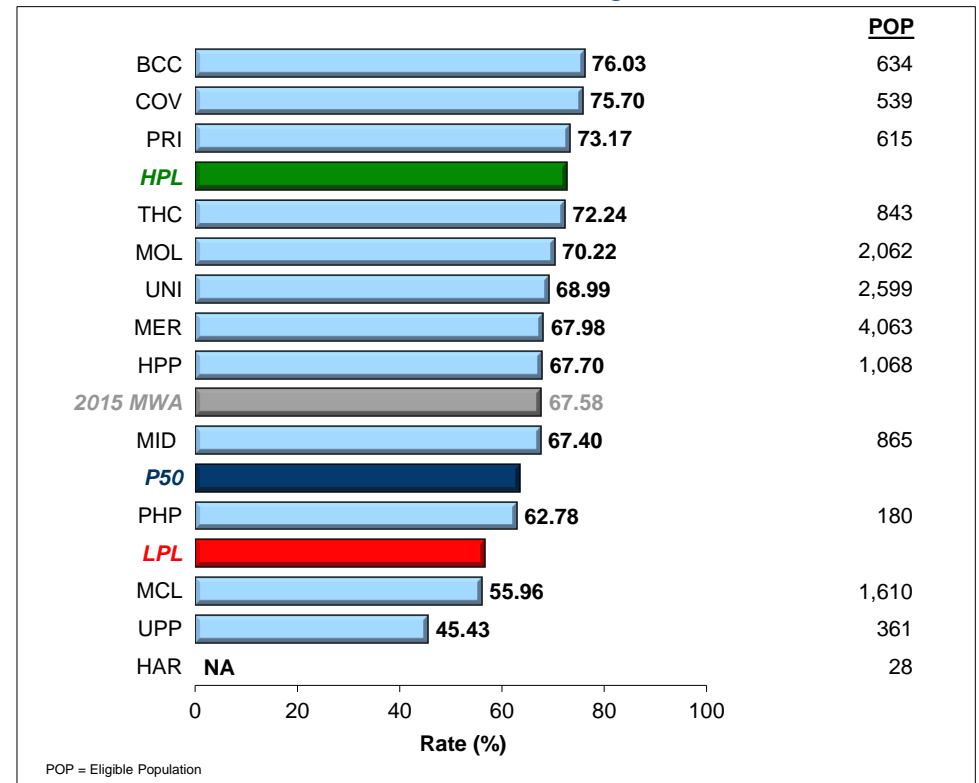
**Figure 4-7—Chlamydia Screening in Women—21–24 Years
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

Although the HEDIS 2015 weighted average declined significantly from HEDIS 2014 by 1.86 percentage points, it exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP could not report a valid rate due to small eligible population (<30). Three MHPs performed above the HPL, and two performed below the LPL.

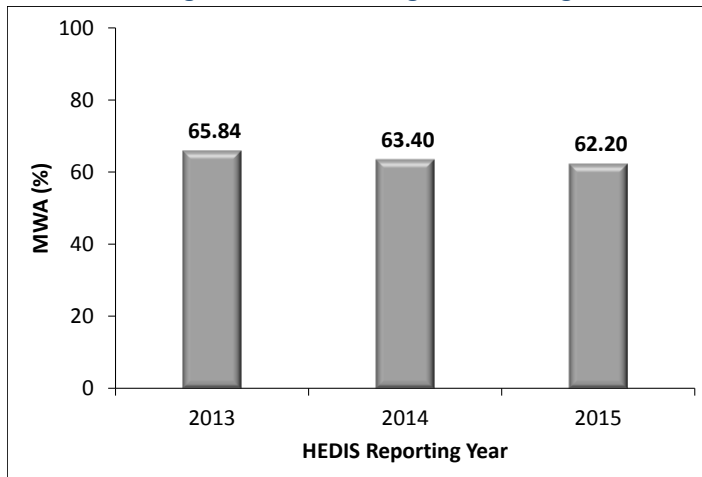
**Figure 4-8—Chlamydia Screening in Women—21–24 Years
Health Plan Ranking**



Chlamydia Screening in Women—Total

The *Chlamydia Screening in Women—Total* measure represents the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

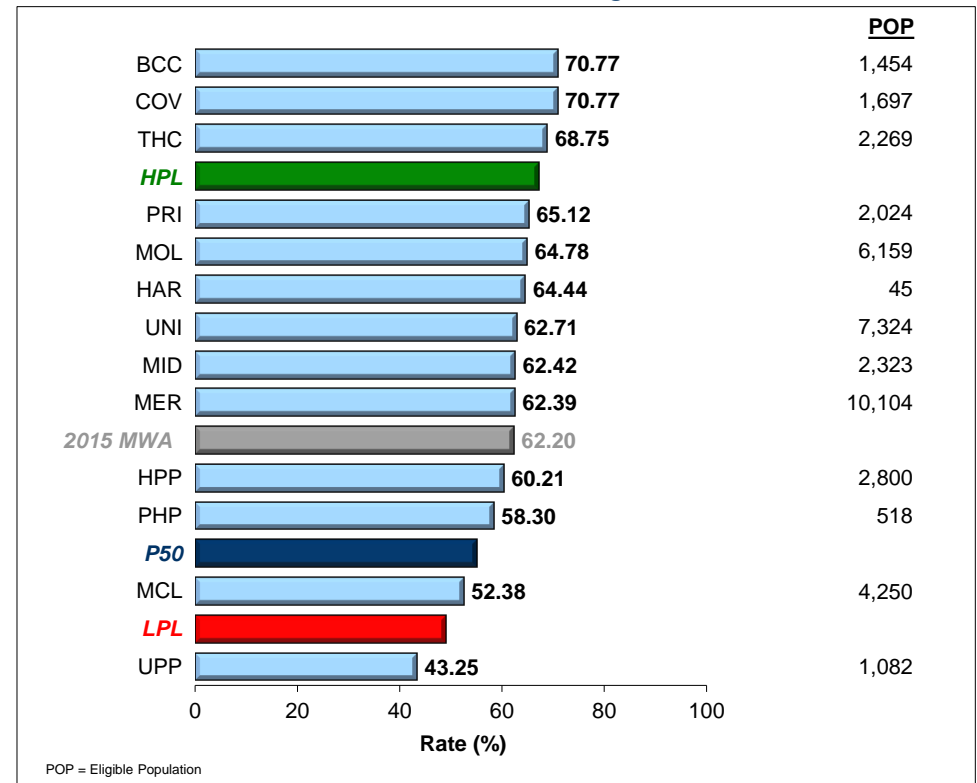
Figure 4-9—Chlamydia Screening in Women—Total Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

Although the HEDIS 2015 weighted average decreased significantly from HEDIS 2014 by 1.20 percentage points, it exceeded the national HEDIS 2014 Medicaid 50th percentile. Three MHPs performed above the HPL, and one performed below the LPL.

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



Introduction

The Access to Care dimension encompasses the following MDHHS 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. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

Table 5-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Access to Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>						
<i>Ages 12 to 24 Months</i>	96.32%	-0.41	0	2		
<i>Ages 25 Months to 6 Years</i>	88.73%	-0.18	2	2		
<i>Ages 7 to 11 Years</i>	91.14%	-0.54	2	5		
<i>Ages 12 to 19 Years</i>	90.21%	-0.27	1	2		
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>						
<i>Ages 20 to 44 Years</i>	83.42%	-0.88	1	5		
<i>Ages 45 to 64 Years</i>	90.77%	-0.16	1	0		
<i>Ages 65+ Years</i>	88.60%	-1.69	2	1		
<i>Total</i>	86.11%	-0.64	3	4		
2014–2015 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

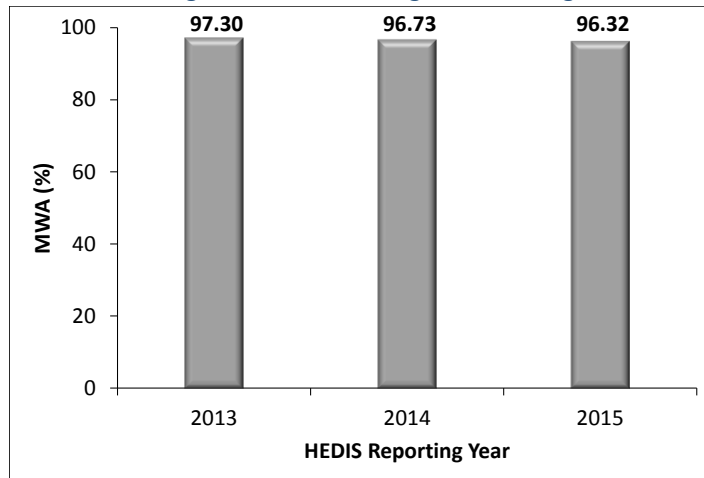
Table 5-1 shows that five indicators had statistically significant decreases between HEDIS 2014 and HEDIS 2015. Five statewide rates were at or above the national Medicaid 50th percentile, and three statewide rates ranked between the 25th and 50th percentiles.

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.

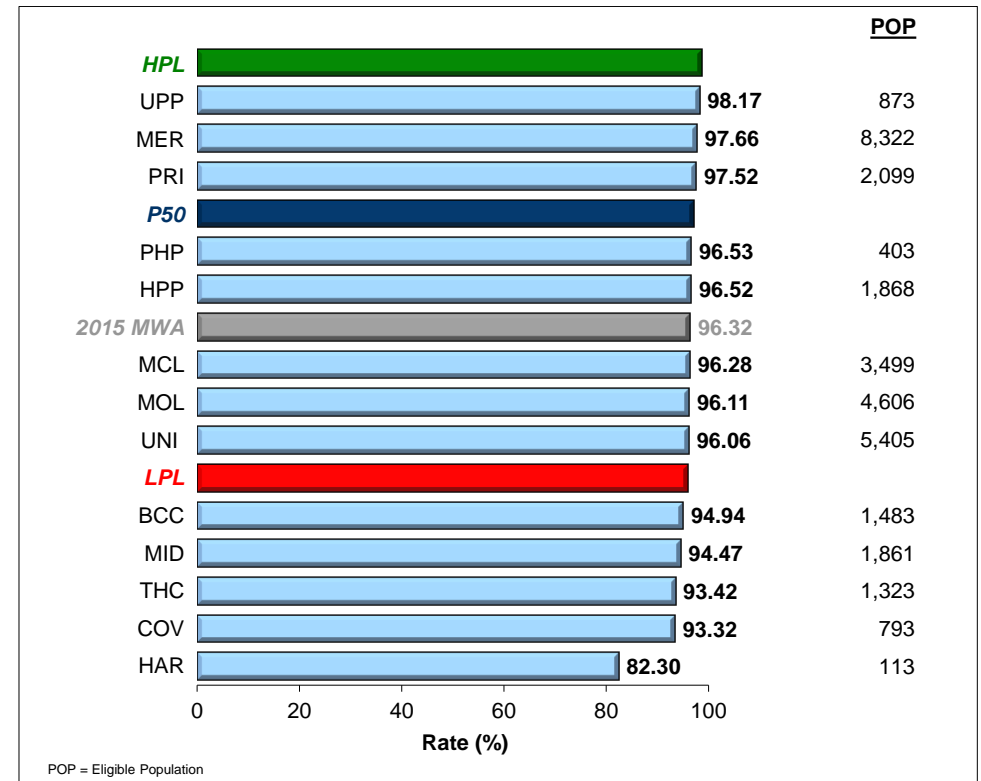
Figure 5-1—Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average had a statistically significant decrease of 0.41 percentage points and fell below the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and five performed below the LPL.

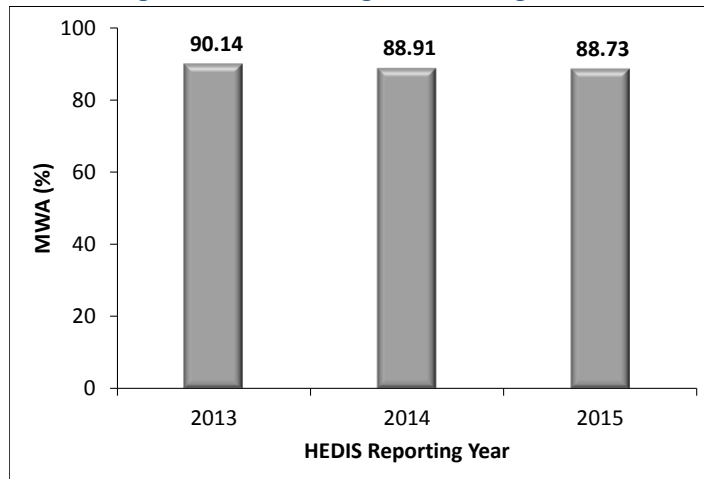
Figure 5-2—Children and Adolescents' Access to Primary Care Practitioners—12 to 24 Months Health Plan Ranking



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

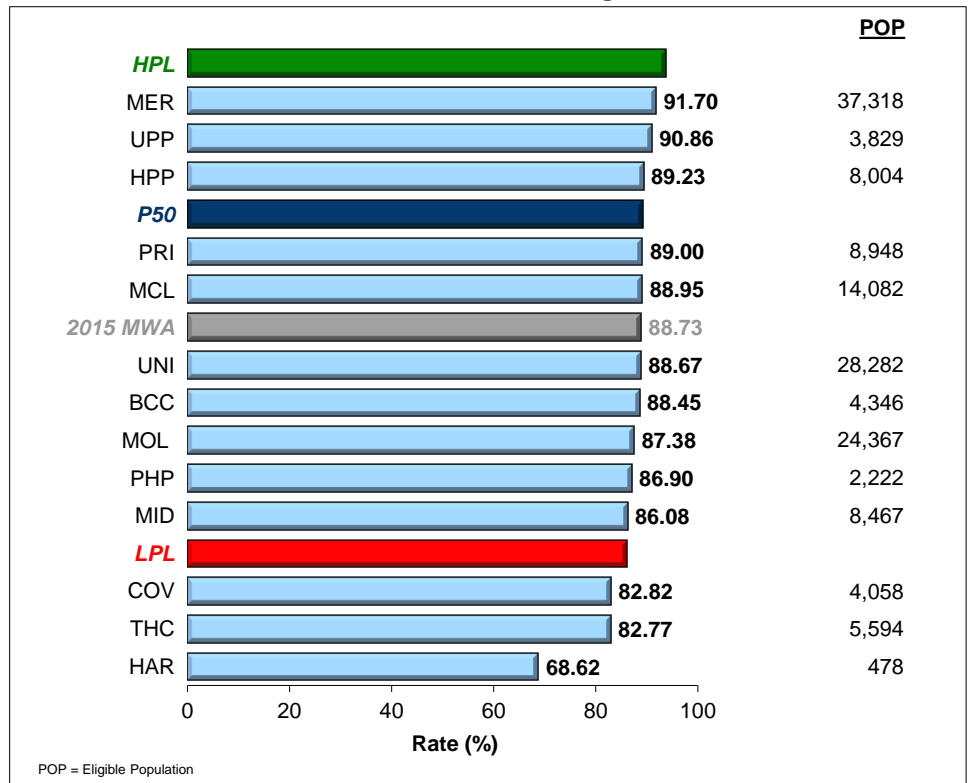
The *Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years* measure represents the percentage of children 25 months to 6 years of age who had a visit with a PCP during the measurement year.

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



The HEDIS 2015 weighted average decreased by 0.18 percentage points and fell below the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL.

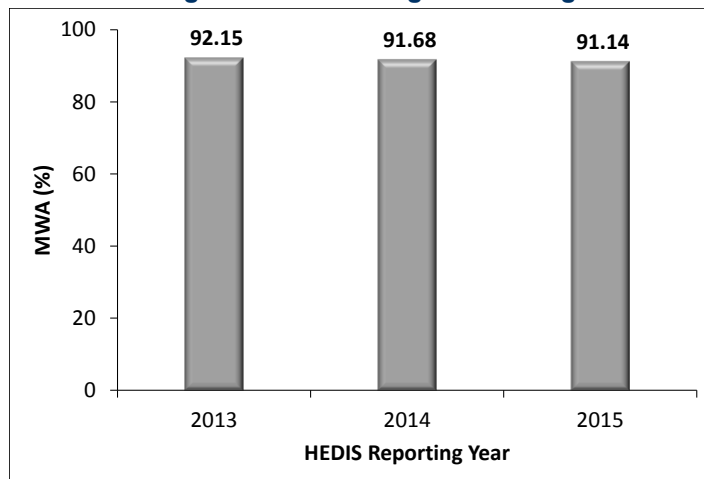
**Figure 5-4—Children and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years
Health Plan Ranking**



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.

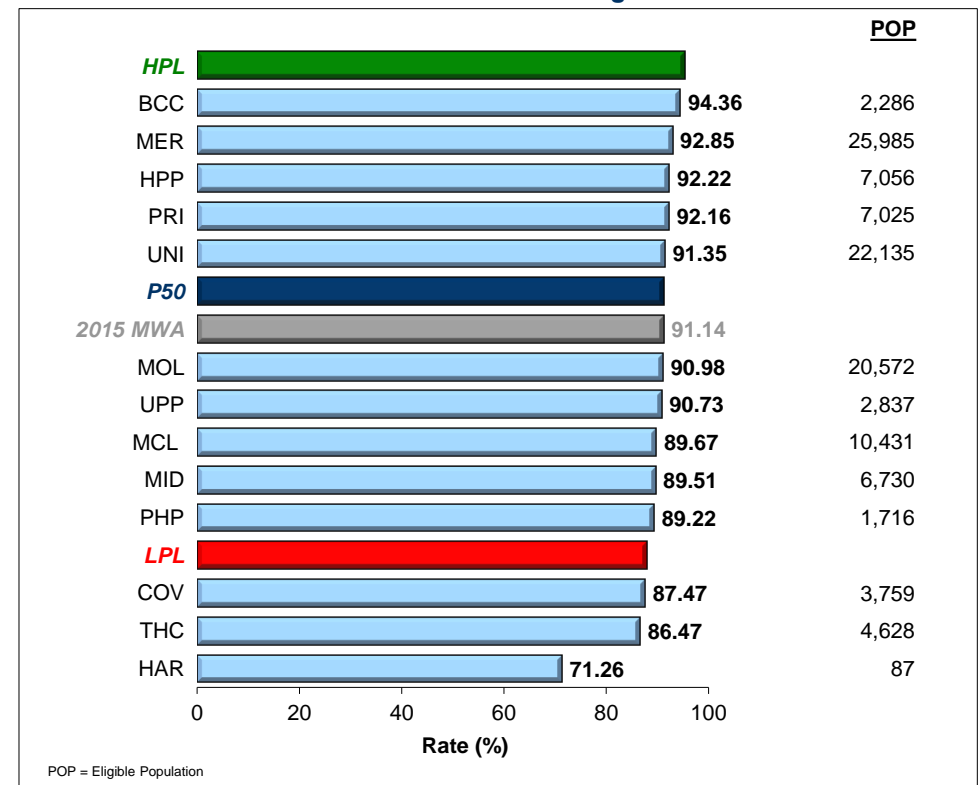
**Figure 5-5—Children and Adolescents' Access to Primary Care Practitioners—7 to 11 Years
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 0.54 percentage points and fell below the national HEDIS 2014 Medicaid 50th percentile. No MHPs exceeded the HPL, and three performed below the LPL.

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

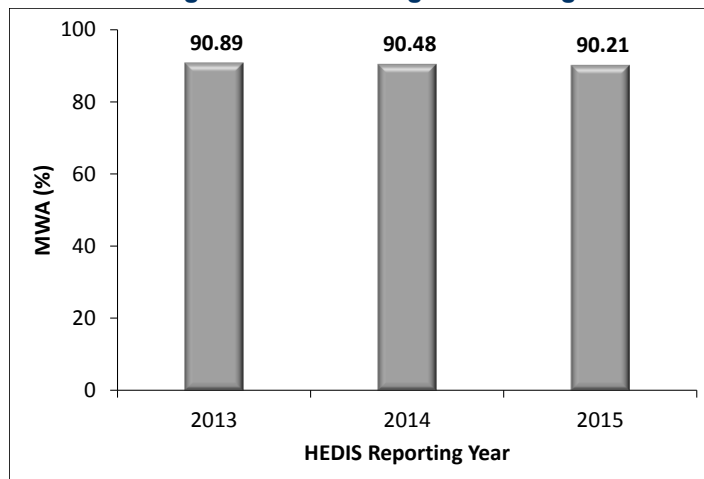


POP = Eligible Population

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

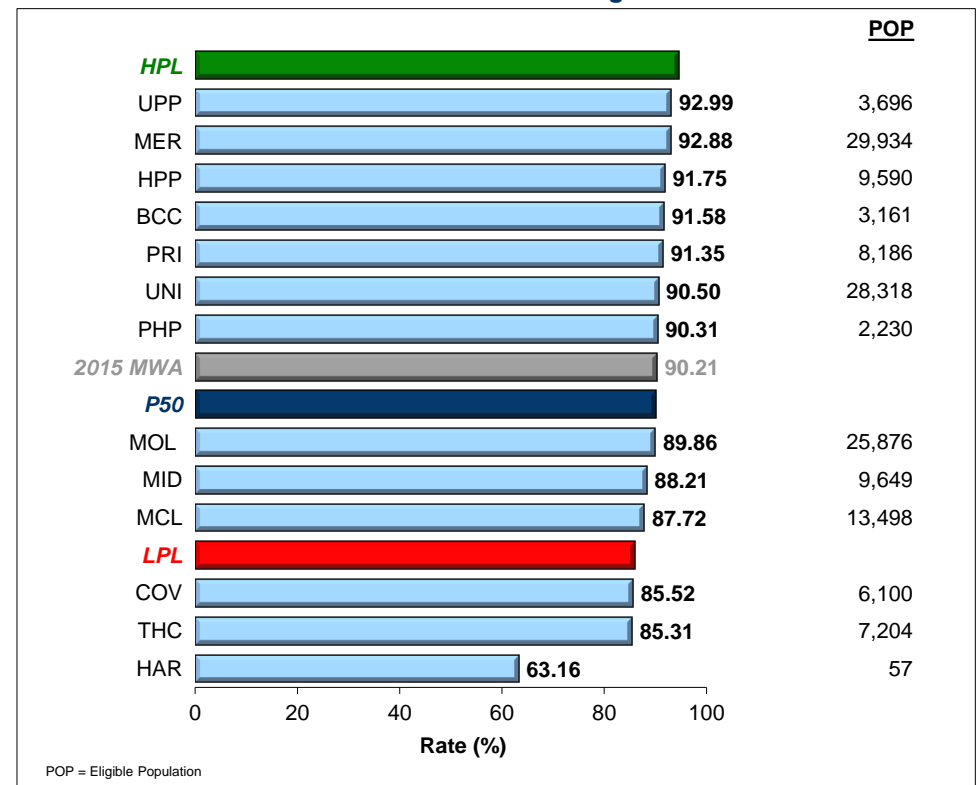
The *Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years* measure represents the percentage of adolescents 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.

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



The HEDIS 2015 weighted average decreased by 0.27 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL.

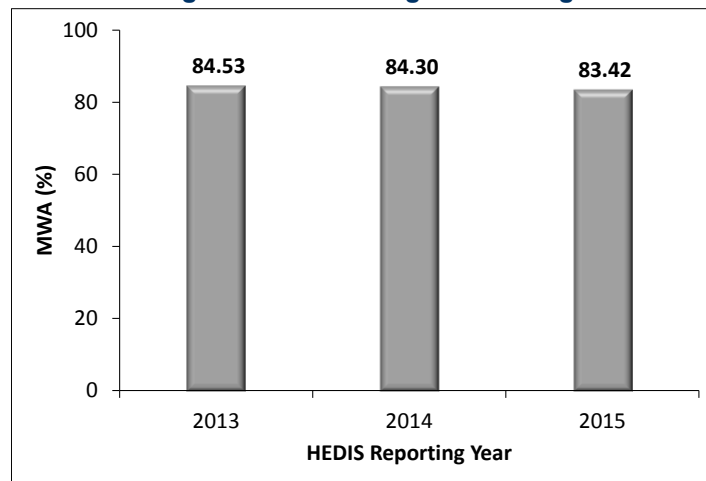
**Figure 5-8—Children and Adolescents' Access to Primary Care Practitioners—12 to 19 Years
Health Plan Ranking**



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.

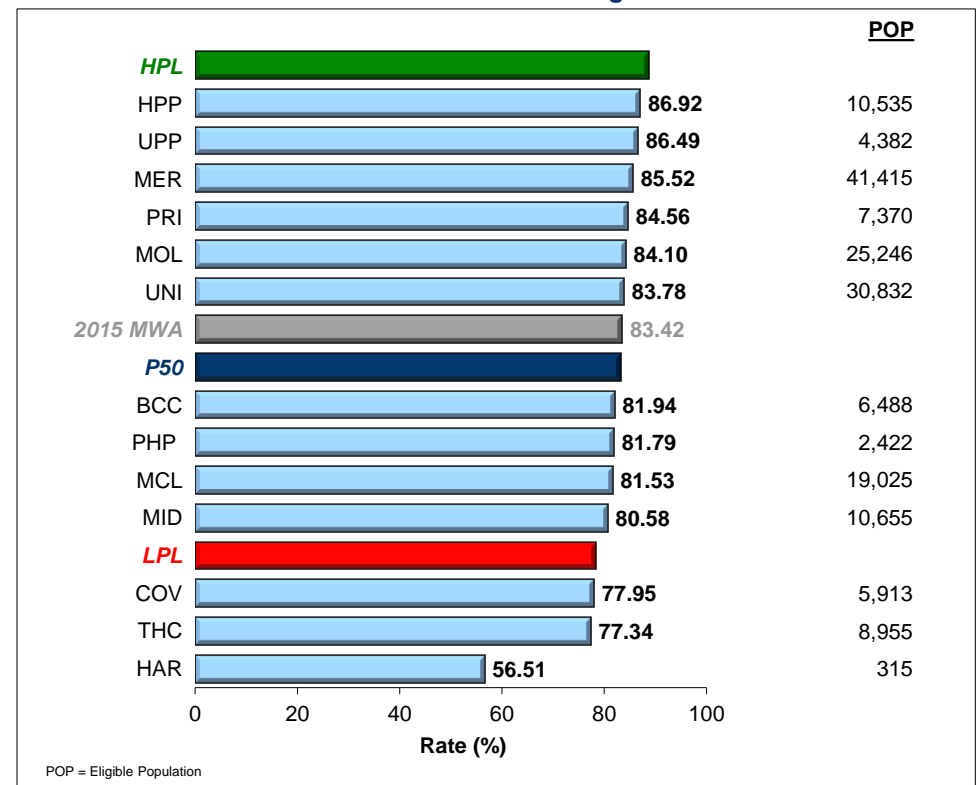
Figure 5-9—Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years
Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 0.88 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and three performed below the LPL.

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

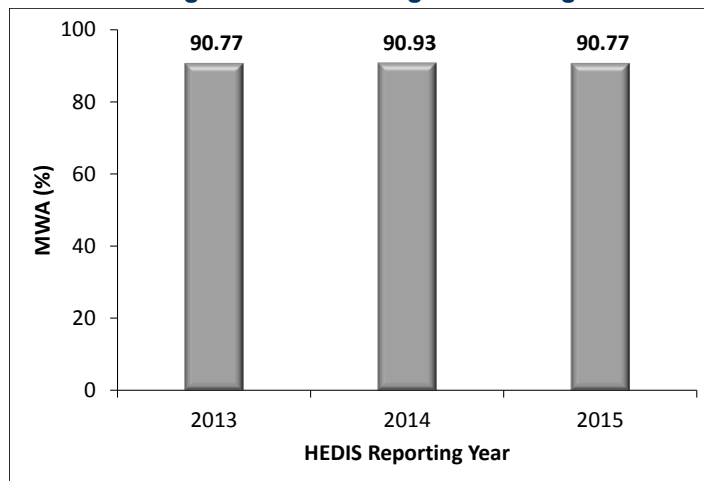


POP = Eligible Population

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

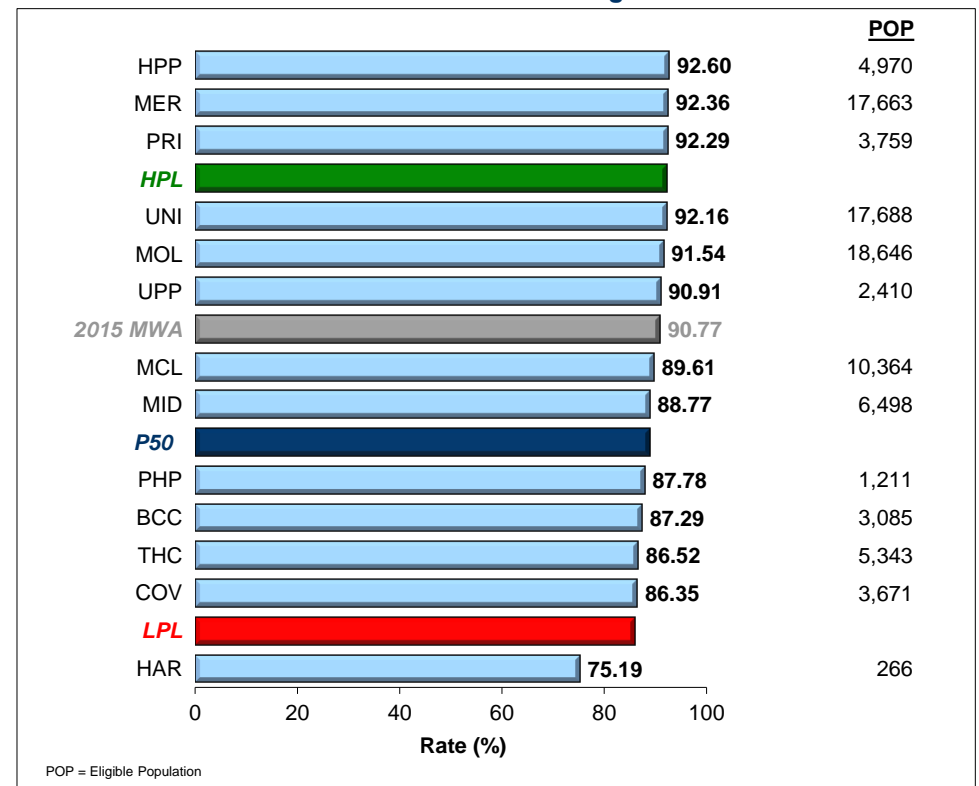
The Adult's Access to Preventive/Ambulatory Health Services—45 to 64 Years measure represents the percentage of members 45 to 64 years of age who had an ambulatory or preventive care visit.

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



The HEDIS 2015 weighted average decreased by 0.16 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. Three MHPs exceeded the HPL, and one performed below the LPL.

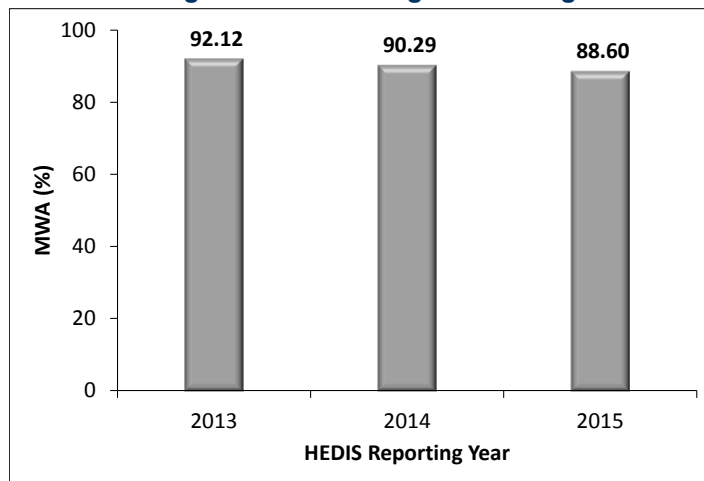
Figure 5-12—Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years
Health Plan Ranking



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.

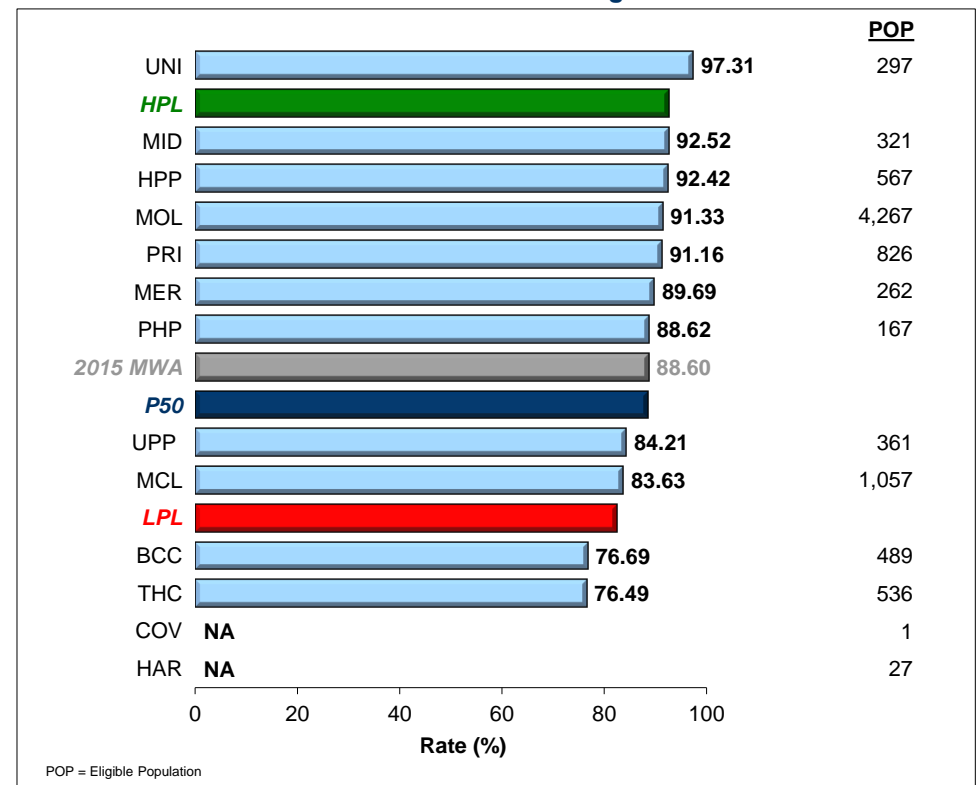
Figure 5-13—Adults' Access to Preventive/Ambulatory Health Services—65+ Years
Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 1.69 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP exceeded the HPL, and two performed below the LPL.

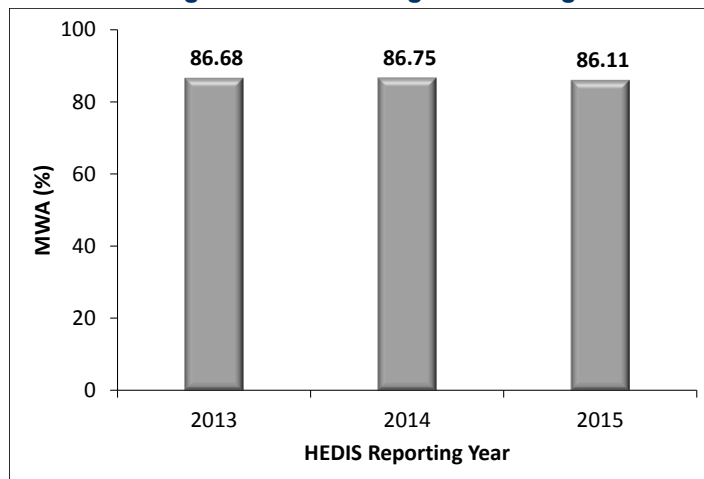
Figure 5-14—Adults' Access to Preventive/Ambulatory Health Services—65+ Years
Health Plan Ranking



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.

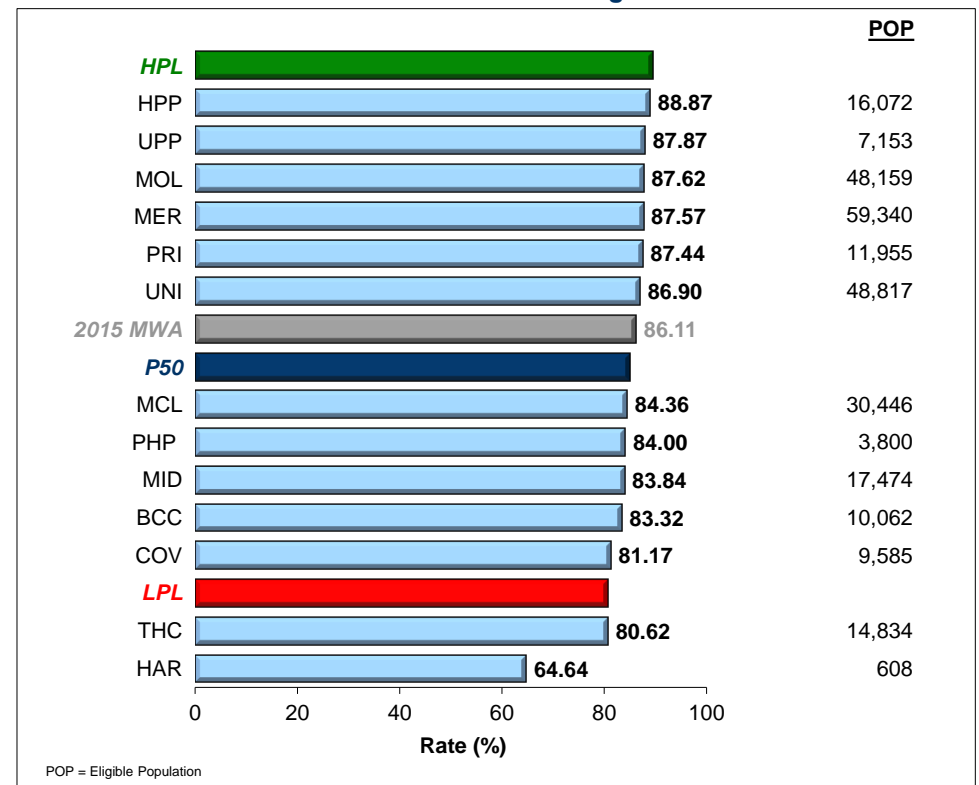
Figure 5-15—Adults' Access to Preventive/Ambulatory Health Services—Total
Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly by 0.64 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. No MHPs performed above the HPL, and two 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 MDHHS 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. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

Table 6-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Obesity						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>						
<i>BMI Percentile—Total</i>	78.34%	+8.27	7	0		
<i>Counseling for Nutrition—Total</i>	67.95%	+3.23	4	1		
<i>Counseling for Physical Activity—Total</i>	58.07%	+5.08	4	1		
<i>Adult BMI Assessment</i>	90.31%	+4.26	6	0		
2014–2015 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

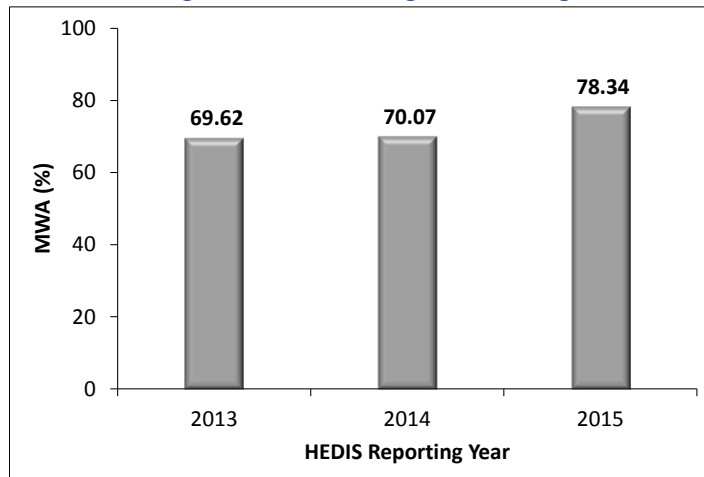
Table 6-1 shows that all measures under the Obesity dimension improved from last year, with each of three measures reporting a statistically significant improvement of at least four percentage points. All measures ranked at or above the national HEDIS 2014 Medicaid 50th percentile, with two ranking between the 75th and 90th percentile (*BMI Percentile—Total* and *Adult BMI Assessment*).

Obesity Findings

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

The *BMI Percentile* 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 BMI percentile documentation during the measurement year.

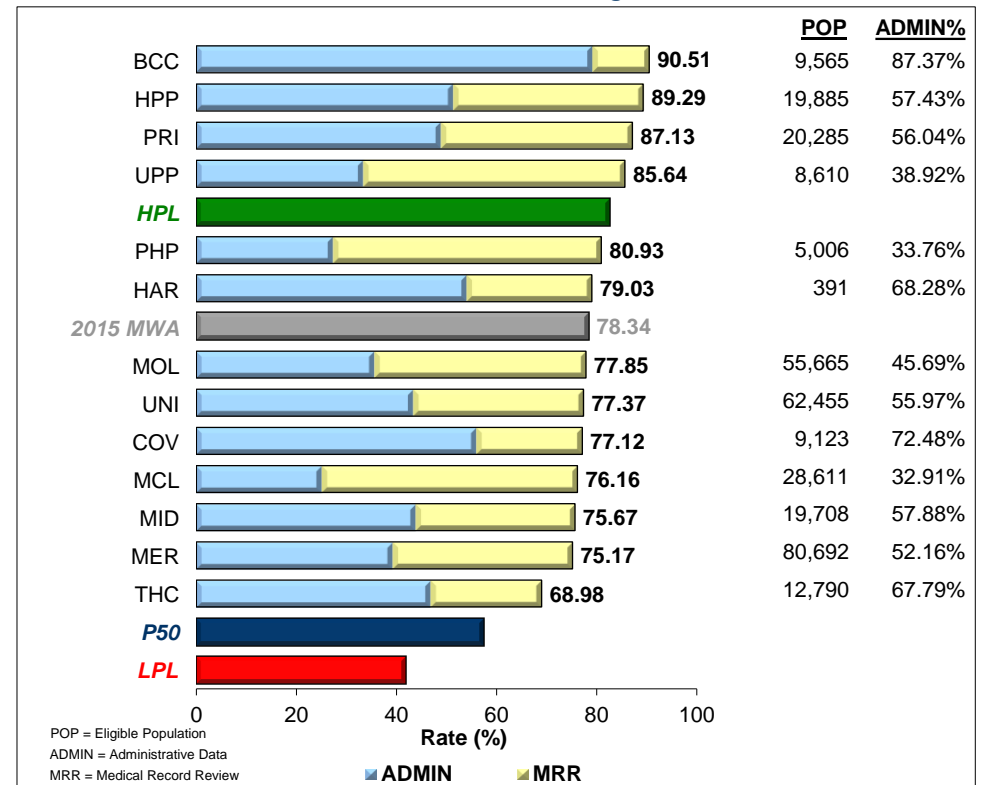
Figure 6-1—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 (8.27 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. Four MHPs exceeded the HPL, and none fell below the national HEDIS 2014 Medicaid 50th percentile. MHPs varied widely in the use of administrative data to calculate rates (from 32.91 percent to 87.37 percent).

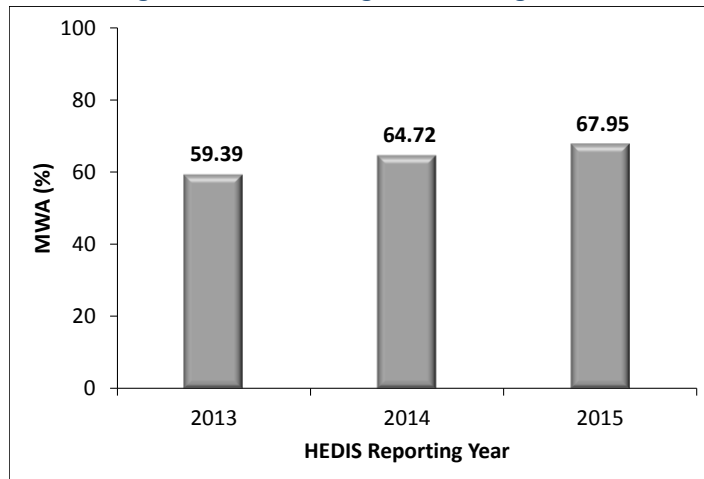
Figure 6-2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Health Plan Ranking



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

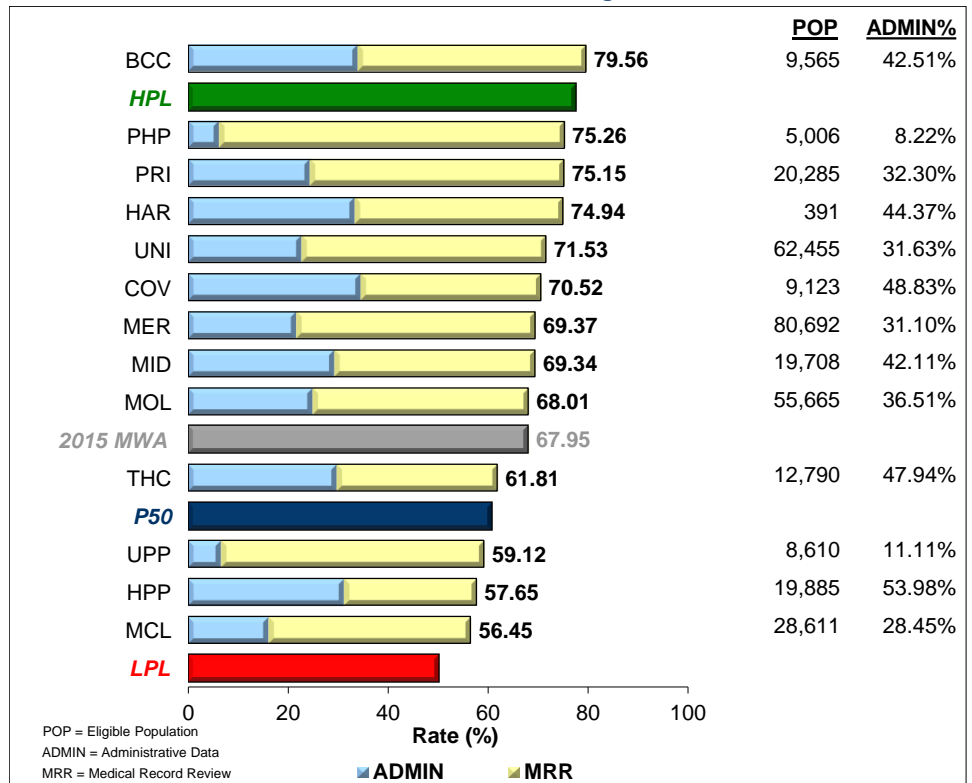
The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator reports the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during 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 2015 weighted average increased from HEDIS 2014 by 3.23 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP exceeded the HPL, and none fell below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 8.22 percent to 53.98 percent).

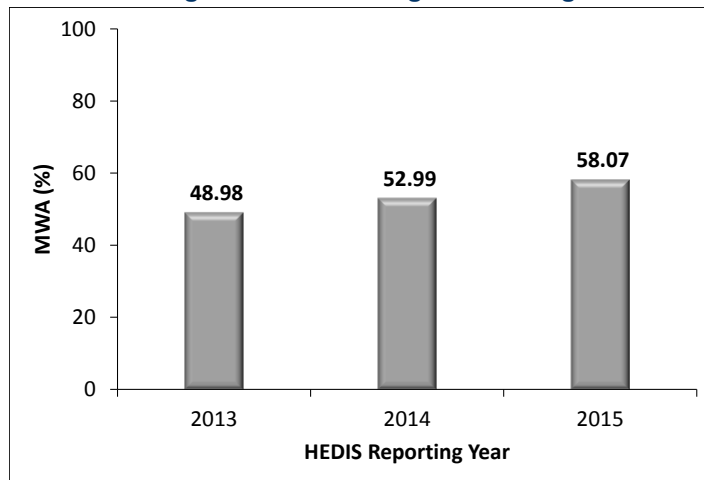
Figure 6-4—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Health Plan Ranking



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.

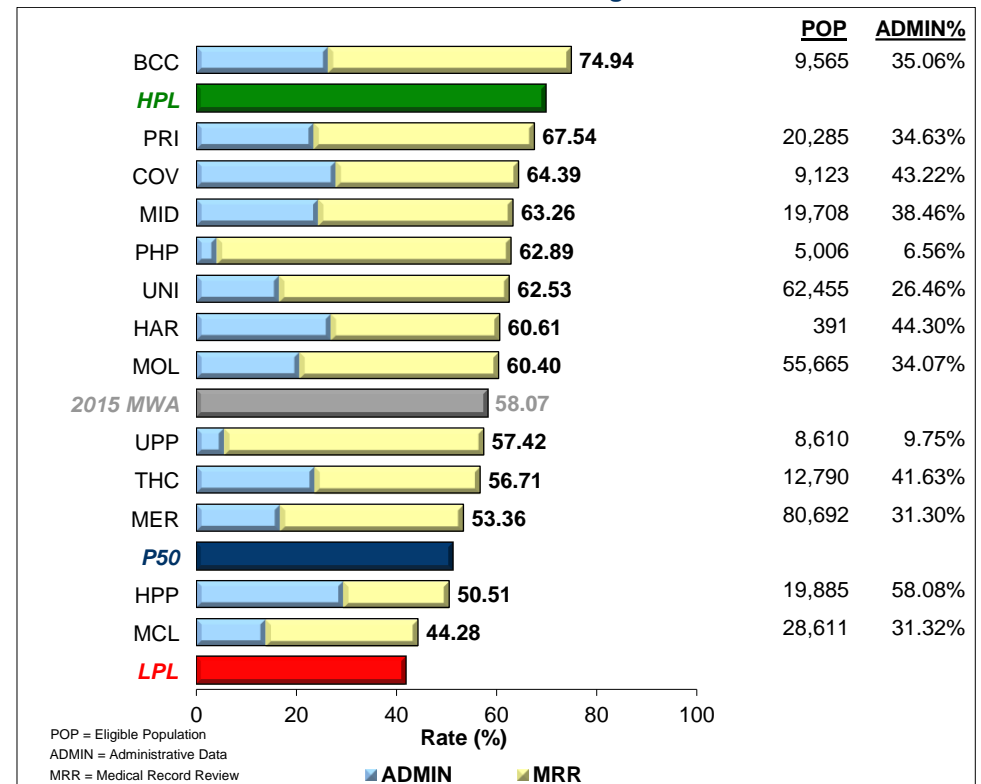
Figure 6-5—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 by 5.08 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP exceeded the HPL, and no plans fell below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 6.56 percent to 58.08 percent).

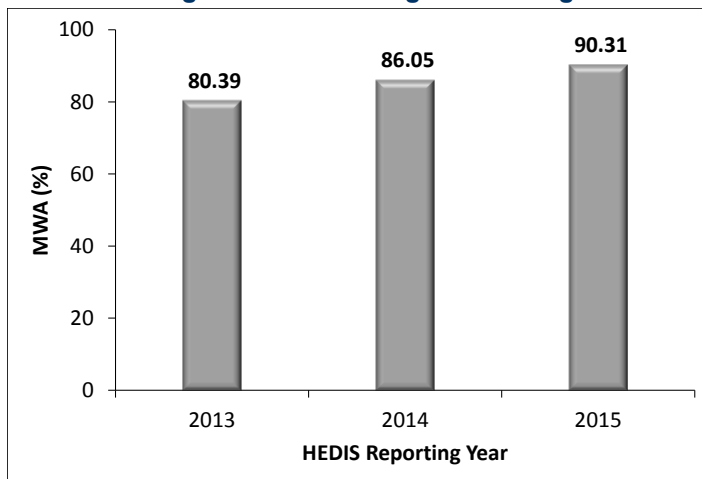
Figure 6-6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Health Plan Ranking



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.

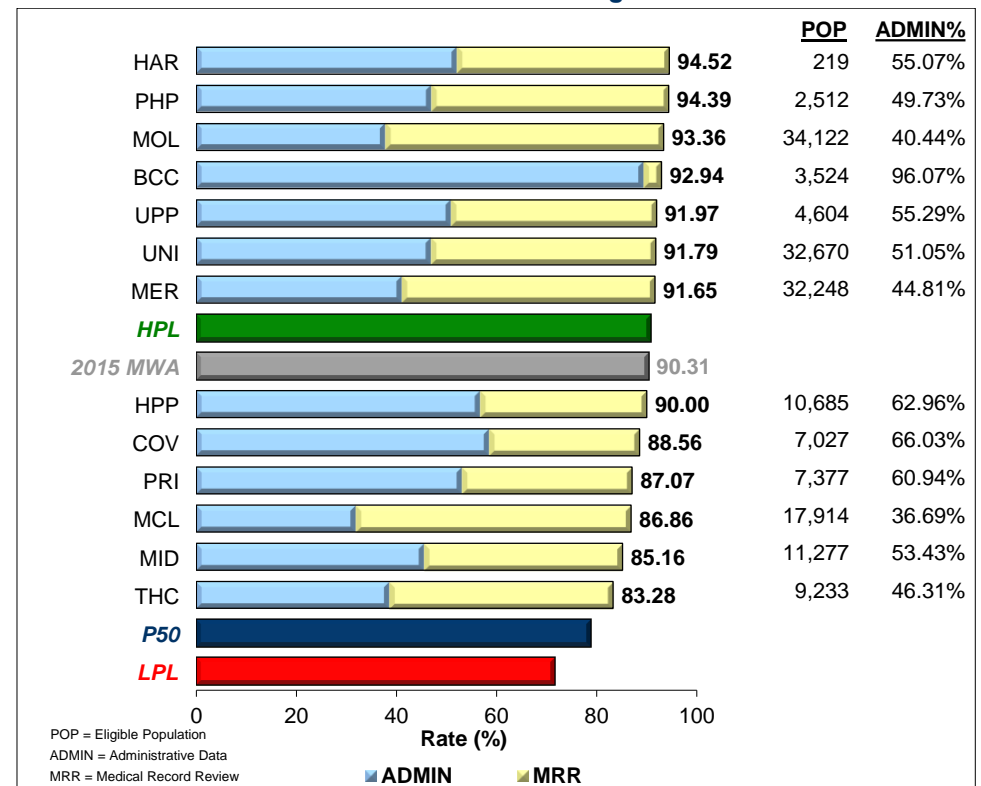
Figure 6-7—Adult BMI Assessment Michigan Medicaid Weighted Averages



Rate increase from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average increased significantly from HEDIS 2014 by 4.26 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. Seven MHPs exceeded the HPL, and none fell below the national HEDIS 2014 Medicaid 50th percentile. MHPs varied widely in the use of administrative data to calculate rates (from 36.69 percent to 96.07 percent).

Figure 6-8—Adult BMI Assessment Health Plan Ranking



Introduction

The Pregnancy Care dimension encompasses the following MDHHS 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. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014. 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 2015 Statewide Rate Trend Pregnancy Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015		
<i>Prenatal and Postpartum Care</i>						
<i>Timeliness of Prenatal Care</i>	84.45%	-4.47	1	6		
<i>Postpartum Care</i>	66.69%	-4.15	0	5		
<i>Frequency of Ongoing Prenatal Care— ≥81 Percent</i>	63.43%	-2.93	0	4		
2014–2015 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

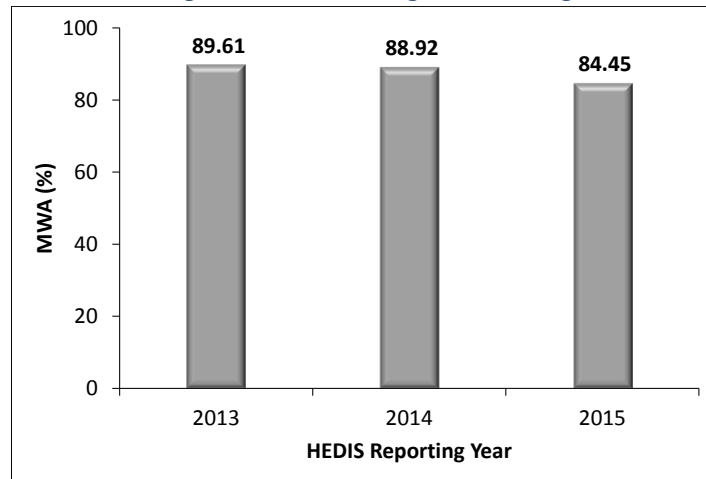
Table 7-1 shows that all three measures decreased and two measures had statistically significant decreases in the statewide rates from HEDIS 2014. The weighted averages of all measures ranked at or above the national Medicaid 50th percentile.

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.

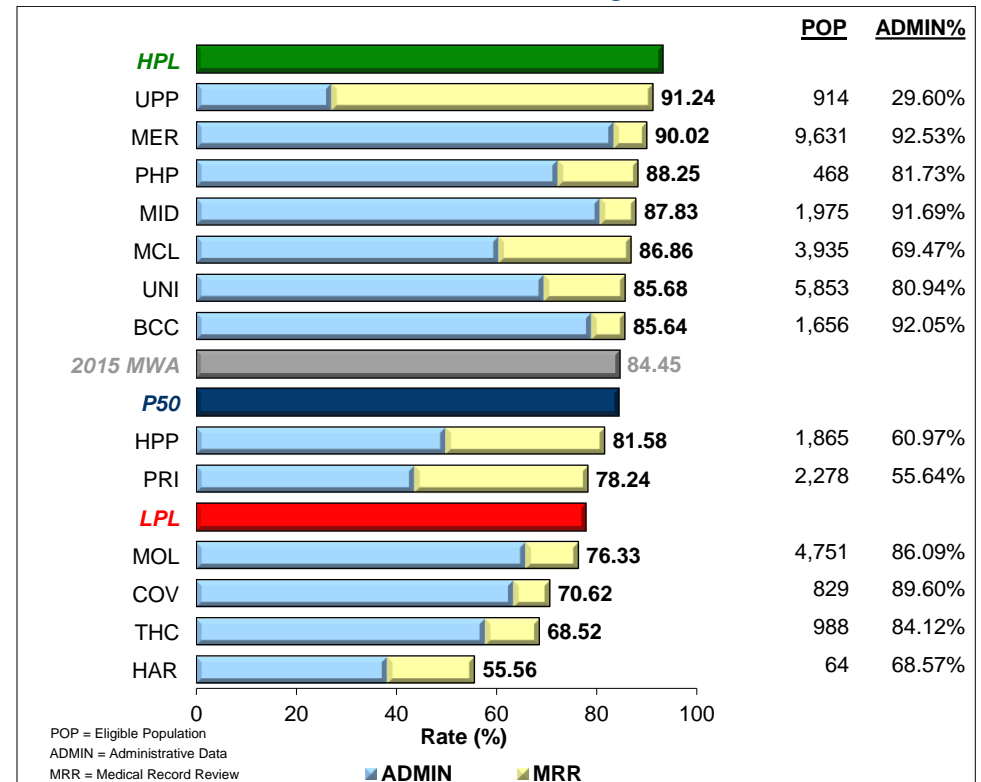
Figure 7-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (4.47 percentage points) but exceeded the national HEDIS 2014 50th percentile. No MHPs exceeded the HPL, and four performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 29.60 percent to 92.53 percent).

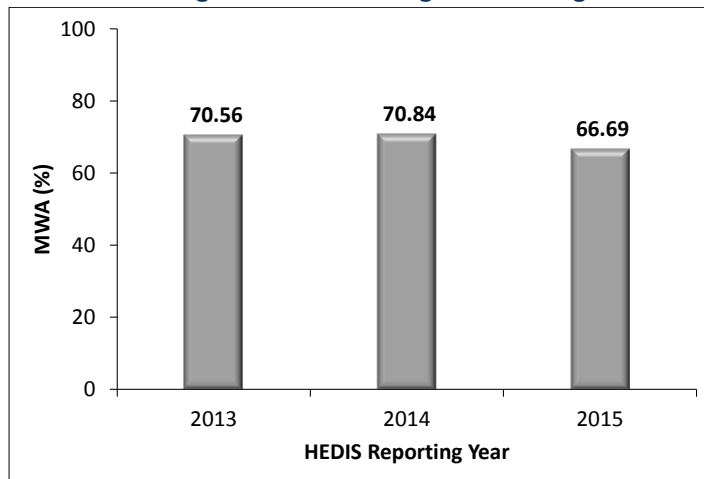
Figure 7-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care Health Plan Ranking



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.

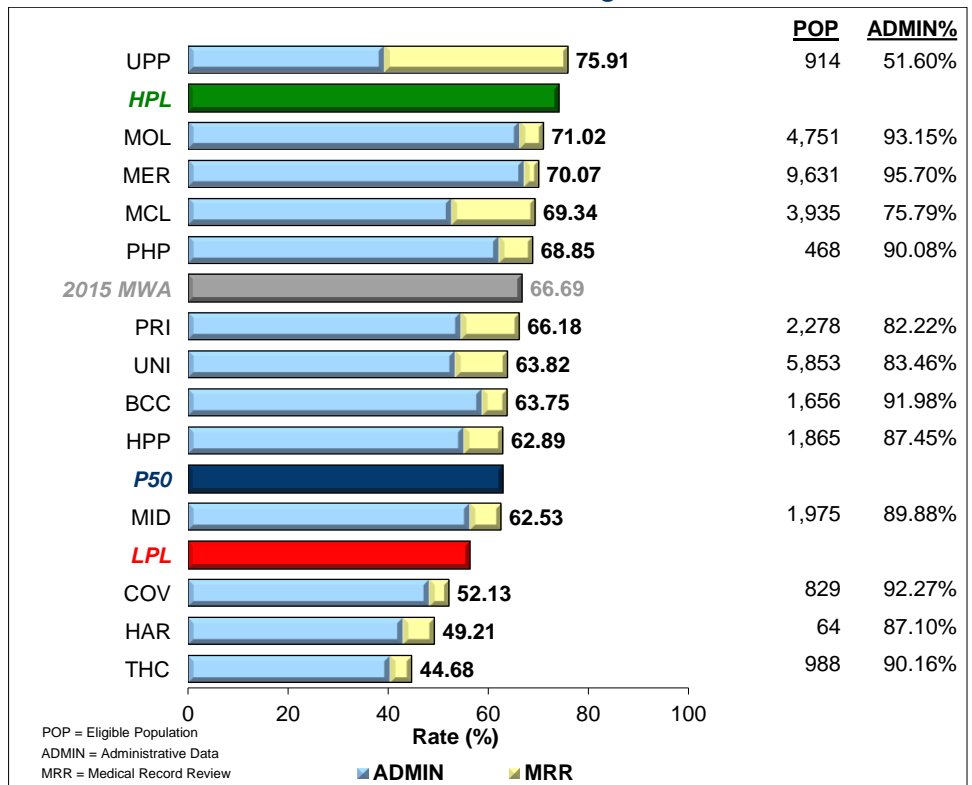
Figure 7-3—Prenatal and Postpartum Care—Postpartum Care Michigan Medicaid Weighted Averages



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 (4.15 percentage points) but exceeded the national HEDIS 2014 50th percentile. One MHP exceeded the HPL, and three performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 51.60 percent to 95.70 percent).

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.

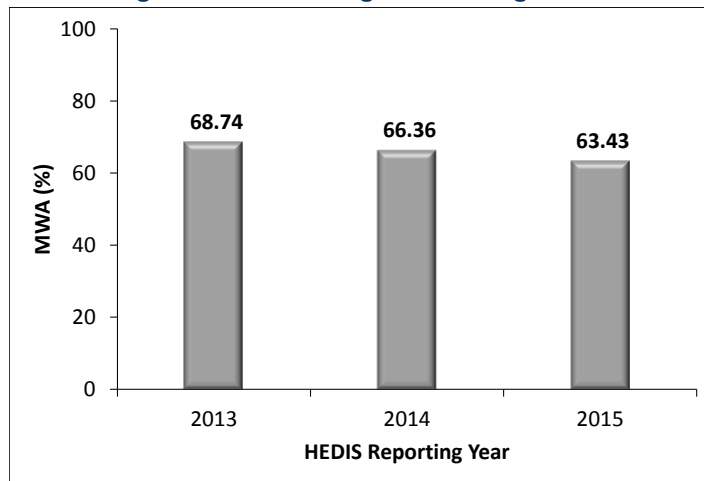
Plan	Eligible Population	≤ 0 Weeks Rate	1 to 12 Weeks Rate	13 to 27 Weeks Rate	28 or More Weeks Rate	Unknown Rate
Blue Cross Complete of Michigan	1,976	18.83%	11.74%	42.00%	20.34%	7.09%
CoventryCares	988	44.23%	6.07%	27.63%	17.51%	4.55%
HAP Midwest Health Plan, Inc.	2,375	30.15%	7.71%	37.09%	20.72%	4.34%
Harbor Health Plan	82	23.17%	7.32%	42.68%	26.83%	0.00%
HealthPlus Partners	2,158	33.55%	8.94%	37.35%	15.52%	4.63%
McLaren Health Plan	4,174	28.41%	11.16%	42.76%	13.63%	4.02%
Meridian Health Plan of Michigan	10,761	26.88%	10.49%	44.07%	18.15%	0.41%
Molina Healthcare of Michigan	5,434	35.66%	7.53%	35.28%	16.82%	4.71%
Priority Health Choice, Inc.	410	24.88%	11.95%	48.05%	15.12%	0.00%
Sparrow PHP	530	36.79%	6.98%	33.96%	18.87%	3.40%
Total Health Care, Inc.	431	46.17%	7.42%	27.61%	13.92%	4.87%
UnitedHealthcare Community Plan	6,691	33.09%	8.50%	35.70%	17.77%	4.93%
Upper Peninsula Health Plan	1,059	23.80%	16.53%	40.51%	15.30%	3.87%
2015 Michigan Medicaid Weighted Average	—	30.34%	9.55%	39.34%	17.35%	3.42%
2014 Michigan Medicaid Weighted Average	—	29.72%	9.27%	40.51%	17.12%	3.38%
2013 Michigan Medicaid Weighted Average	—	30.12%	9.12%	40.23%	17.02%	3.50%

Year-to-year comparison of the Michigan Medicaid weighted averages shows that women are enrolling with a health plan earlier in 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 2015 weighted average decreased from HEDIS 2014 by 2.93 percentage points but exceeded the national HEDIS 2014 50th percentile. One MHP exceeded the HPL, and five performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 1.34 percent to 94.02 percent).

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

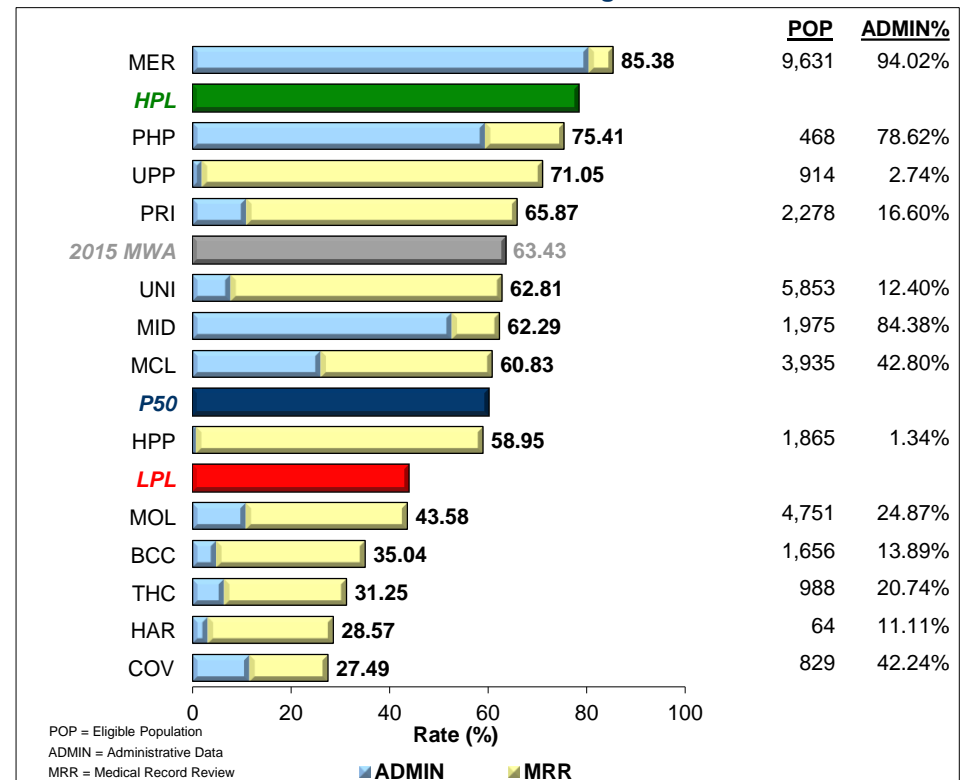


Table 7-3—Frequency of Ongoing Prenatal Care

Plan	Eligible Population	<21 Percent*	21–40 Percent	41–60 Percent	61–80 Percent	≥81 Percent^
Blue Cross Complete of Michigan	1,656	16.55%	11.92%	18.25%	18.25%	35.04%
CoventryCares	829	18.25%	20.62%	18.96%	14.69%	27.49%
HAP Midwest Health Plan, Inc.	1,975	6.57%	6.33%	10.95%	13.87%	62.29%
Harbor Health Plan	64	36.51%	12.70%	12.70%	9.52%	28.57%
HealthPlus Partners	1,865	5.79%	5.26%	13.68%	16.32%	58.95%
McLaren Health Plan	3,935	11.68%	9.00%	6.33%	12.17%	60.83%
Meridian Health Plan of Michigan	9,631	1.62%	2.32%	3.02%	7.66%	85.38%
Molina Healthcare of Michigan	4,751	14.82%	10.62%	13.50%	17.48%	43.58%
Priority Health Choice, Inc.	2,278	8.53%	6.40%	5.07%	14.13%	65.87%
Sparrow PHP	468	2.73%	3.83%	4.92%	13.11%	75.41%
Total Health Care, Inc.	988	20.37%	17.13%	13.89%	17.36%	31.25%
UnitedHealthcare Community Plan	5,853	6.53%	5.78%	8.04%	16.83%	62.81%
Upper Peninsula Health Plan	914	0.73%	2.68%	5.35%	20.19%	71.05%
2015 Michigan Medicaid Weighted Average	—	7.96%	6.75%	8.28%	13.58%	63.43%
2014 Michigan Medicaid Weighted Average	—	6.59%	6.28%	7.29%	13.49%	66.36%
2013 Michigan Medicaid Weighted Average	—	8.67%	4.43%	6.26%	11.90%	68.74%

* For this indicator, a lower rate indicates better performance (i.e., rates of less than 21 percent of expected visits indicate better care).
 ^ Cells shaded in green indicate that the HEDIS 2015 rates were greater than or equal to the national HEDIS 2014 Medicaid 50th percentile for this indicator.

Year-to-year comparison of the Michigan Medicaid weighted averages shows that the percentage of members with at least 81 percent of expected prenatal visits continued to decline.

Introduction

The Living With Illness dimension encompasses the following MDHHS measures:

- ◆ *Comprehensive Diabetes Care—HbA1c Testing*
- ◆ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- ◆ *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- ◆ *Comprehensive Diabetes Care—Eye Exam*
- ◆ *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- ◆ *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. The table lists the HEDIS 2015 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2014.

**Table 8-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend
Living With Illness**

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	85.99%	+0.54	1	0
<i>HbA1c Poor Control (>9.0%)¹</i>	35.83%	-1.40	5	1
<i>HbA1c Control (<8.0%)</i>	53.78%	+0.04	3	1

Table 8-1—Michigan Medicaid HEDIS 2015 Statewide Rate Trend Living With Illness

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2015 Weighted Average	2014–2015 Trend	With Significant Improvement in HEDIS 2015	With Significant Decline in HEDIS 2015
<i>Eye Exam</i>	59.48%	-3.53	1	1
<i>Medical Attention for Nephropathy</i>	83.73%	+1.73	3	0
<i>Blood Pressure Control (<140/90 mm Hg)</i>	65.90%	+2.34	2	0
<i>Use of Appropriate Medications for People With Asthma—Total</i>	80.64%	-0.55	0	0
<i>Controlling High Blood Pressure</i>	62.06%	-1.52	2	2
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>				
<i>Advising Smokers and Tobacco Users to Quit</i>	79.90%	-0.45	0	0
<i>Discussing Cessation Medications</i>	54.26%	+0.51	1	0
<i>Discussing Cessation Strategies</i>	45.73%	-0.39	0	0
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.75%	+0.21	0	1
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	72.73%	+0.13	0	0
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	60.10%	-0.04	0	0
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	59.22%	-1.27	0	1

2014–2015 Trend: 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).

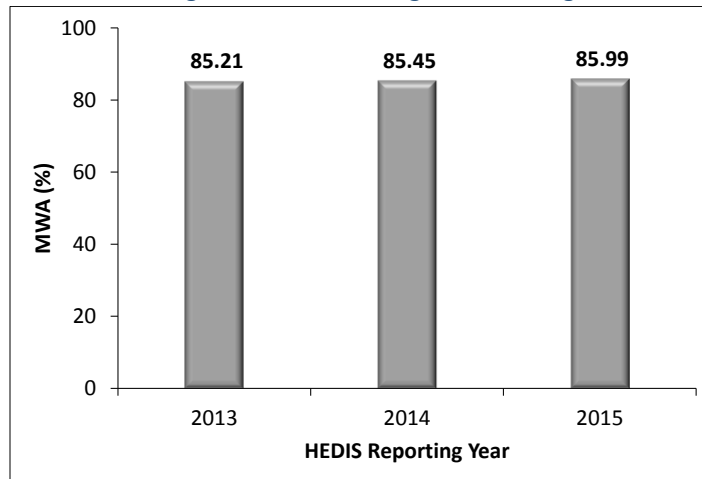
Table 8-1 shows that most measures under the Living With Illness dimension reported only slight changes from HEDIS 2014. Only one indicator (*Comprehensive Diabetes Care—Eye Exam*) exhibited a statistically significant decrease of 3.53 percentage points. Nine of the 15 rates with national benchmarks ranked at or above the national Medicaid 50th percentile, with four of those ranking at or above the 75th percentile. Three rates ranked below the 50th percentile, with one of those ranking below the 25th percentile and another below the 10th percentile.

Living With Illness Findings

Comprehensive Diabetes Care—HbA1c Testing

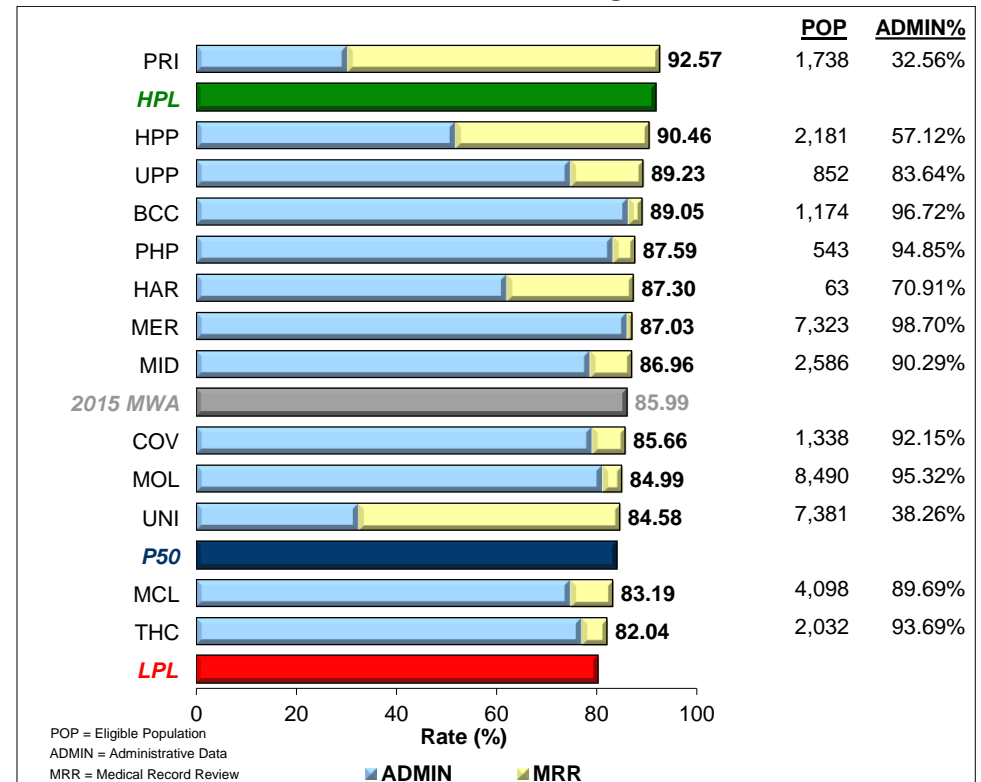
The *Comprehensive Diabetes Care—HbA1c Testing* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing.

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



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.54 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and none performed below the LPL. MHPs varied widely in the use of administrative data to calculate rates (from 32.56 percent to 98.70 percent).

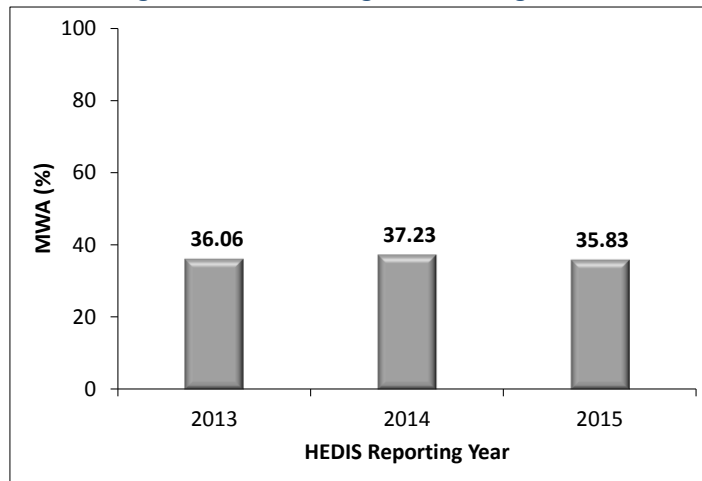
**Figure 8-2—Comprehensive Diabetes Care—HbA1c Testing
Health Plan Ranking**



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

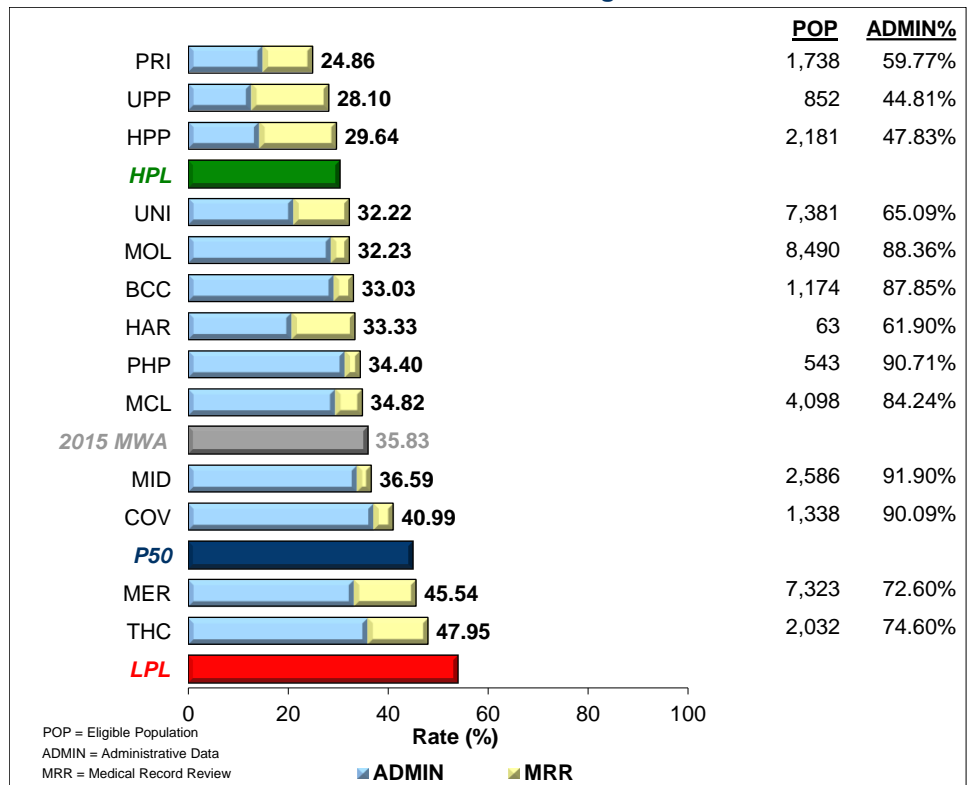
The *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c poor control.

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 2015 weighted average decreased slightly by 1.40 percentage points from HEDIS 2014 and exceeded the national HEDIS 2014 Medicaid 50th percentile. Three MHPs performed better than the HPL, and none performed below the LPL. MHPs varied in the use of administrative data to calculate rates (from 44.81 percent to 91.90 percent).

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

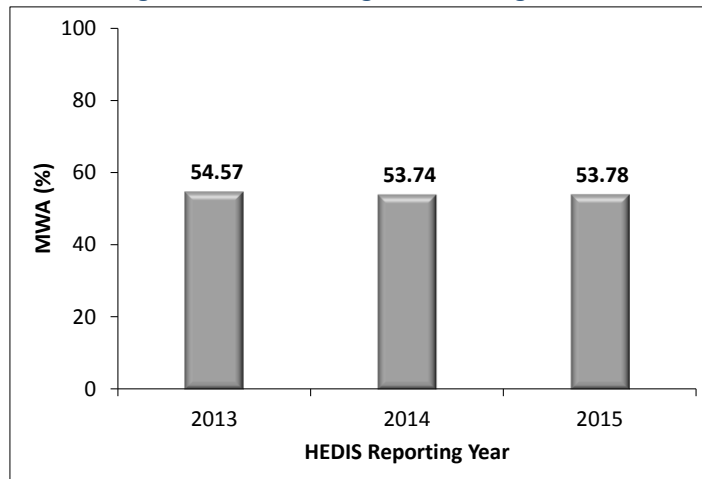


For this indicator, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care).

Comprehensive Diabetes Care—HbA1c Control (<8.0%)

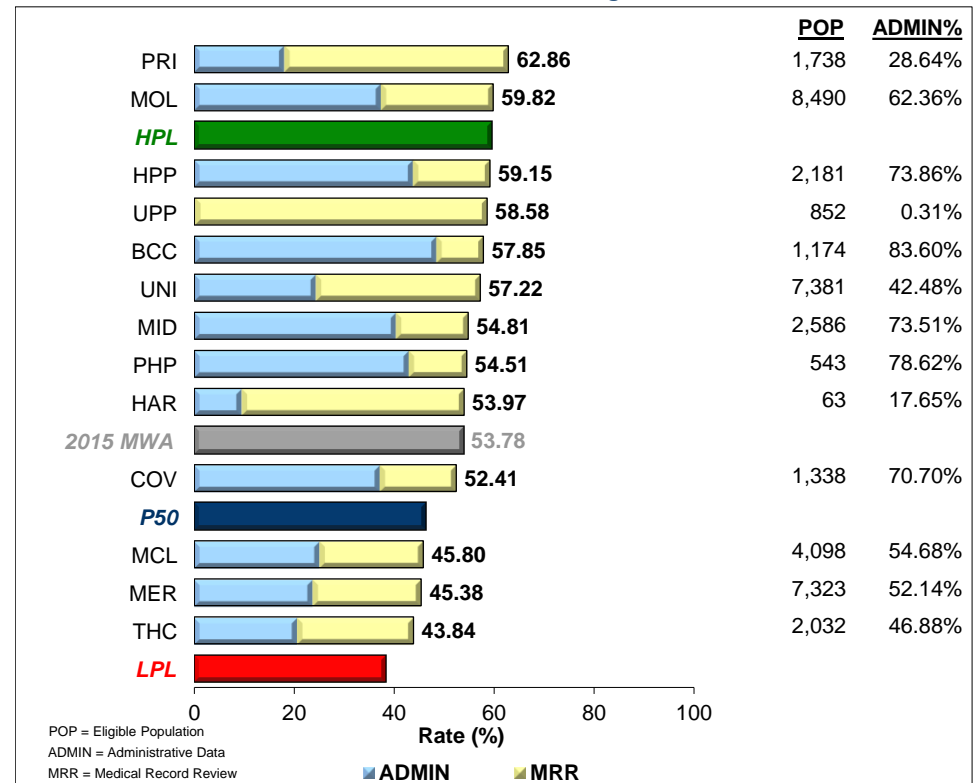
The *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).

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



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.04 percentage points) and ranked above the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and none performed below the LPL. MHPs varied in the use of administrative data to calculate rates (from 0.31 percent to 83.60 percent).

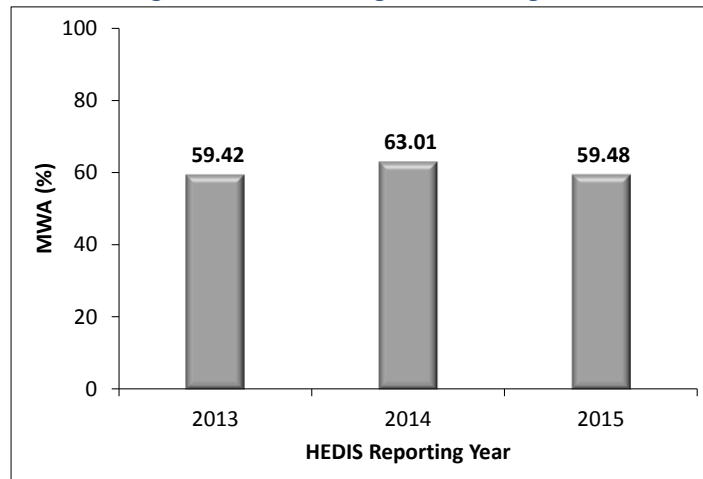
**Figure 8-6—Comprehensive Diabetes Care—HbA1c Control (<8.0%)
Health Plan Ranking**



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.

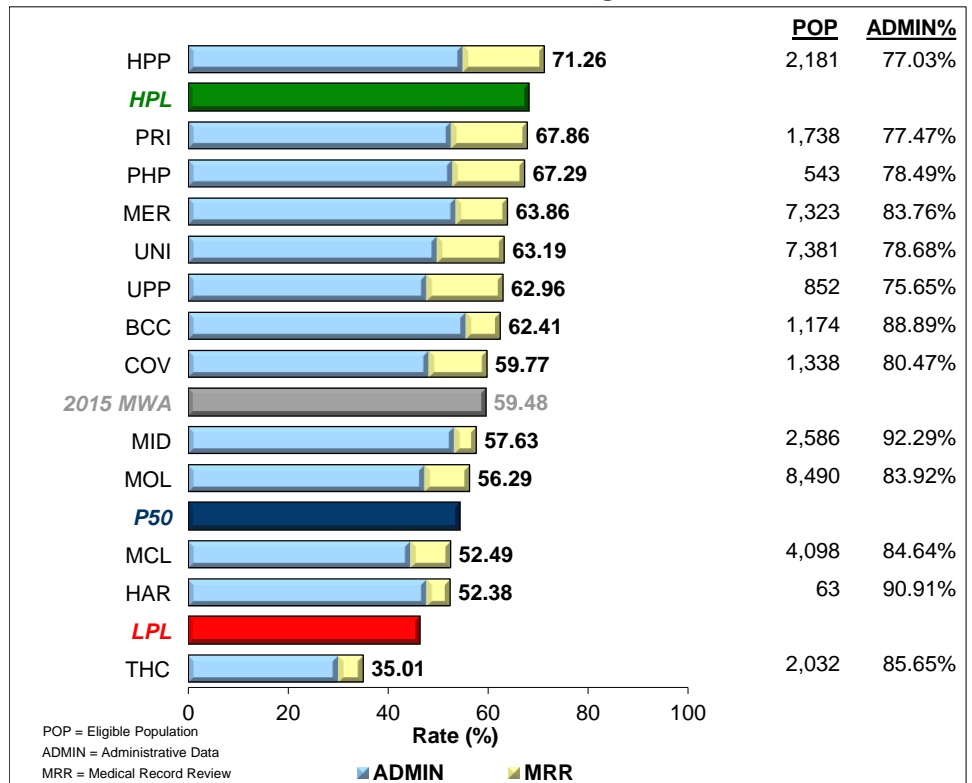
**Figure 8-7—Comprehensive Diabetes Care—Eye Exam
Michigan Medicaid Weighted Averages**



Rate decrease from HEDIS 2014 to HEDIS 2015 was statistically significant.

The HEDIS 2015 weighted average decreased significantly from HEDIS 2014 by 3.53 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and one performed below the LPL. All plans used at least 75 percent administrative data to calculate rates.

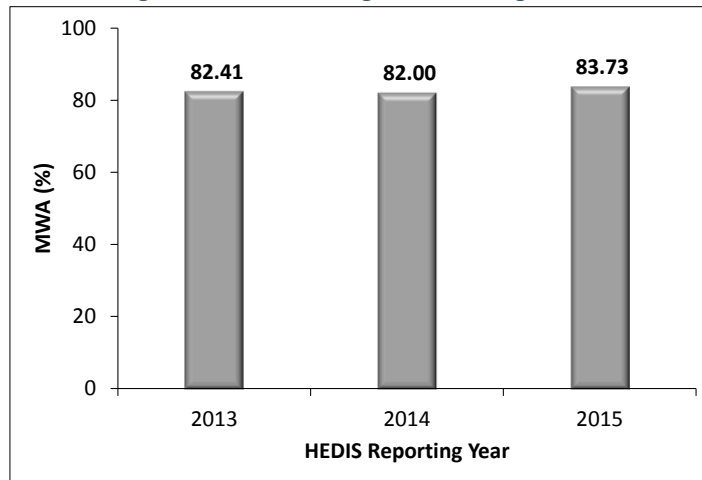
**Figure 8-8—Comprehensive Diabetes Care—Eye Exam
Health Plan Ranking**



Comprehensive Diabetes Care—Medical Attention for Nephropathy

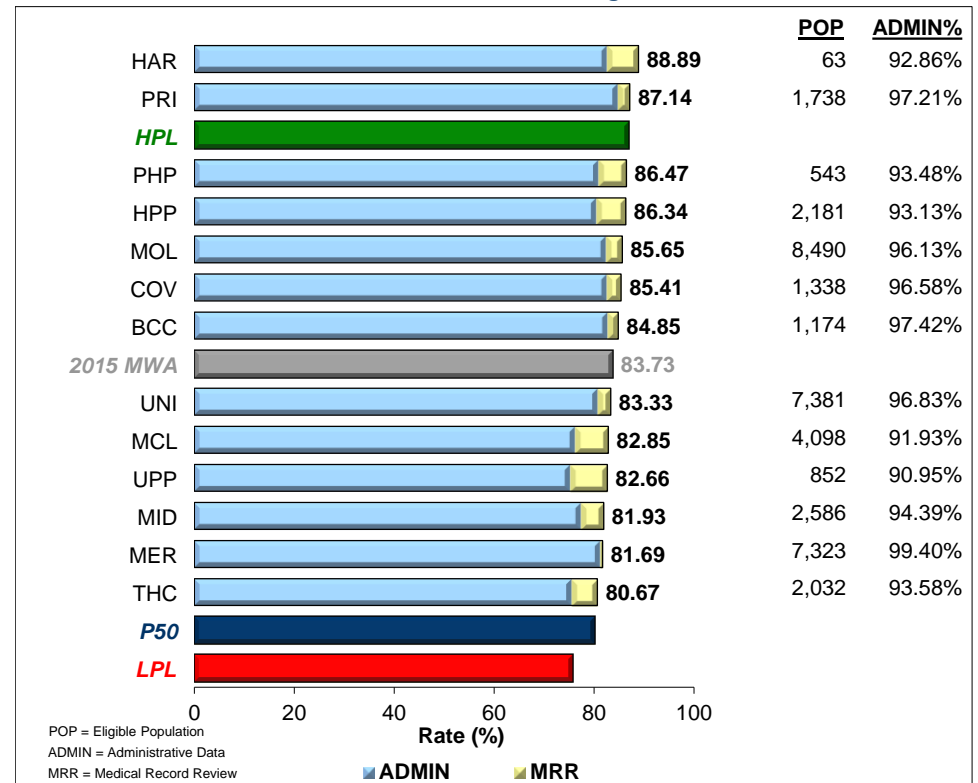
The *Comprehensive Diabetes Care—Medical Attention for Nephropathy* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.

**Figure 8-9—Comprehensive Diabetes Care—
Medical Attention for Nephropathy
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average increased from HEDIS 2014 by 1.73 percentage points and ranked above the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and none performed below the national HEDIS 2014 Medicaid 50th percentile. All plans used at least 90 percent administrative data to calculate rates.

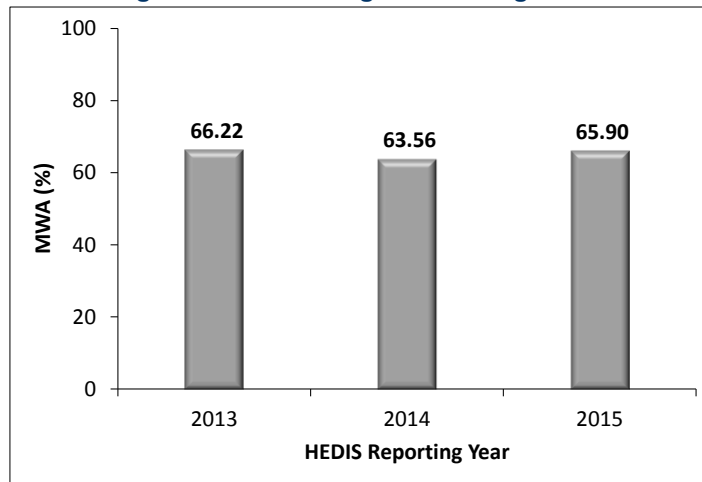
**Figure 8-10—Comprehensive Diabetes Care—
Medical Attention for Nephropathy
Health Plan Ranking**



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

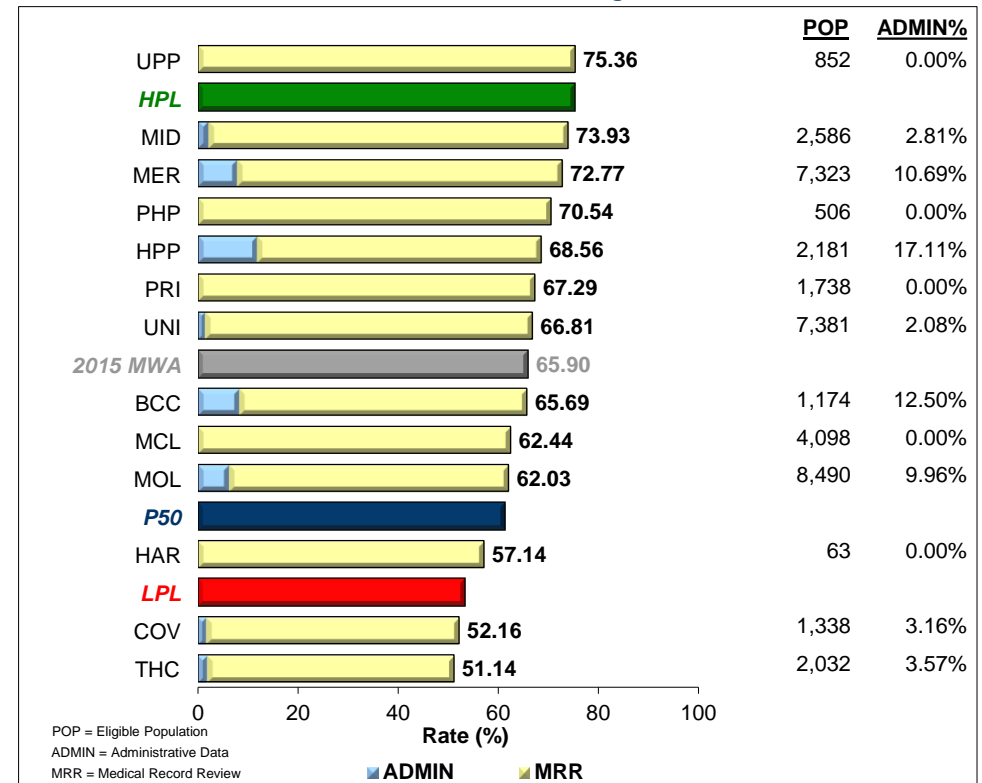
The *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90 mm Hg).

Figure 8-11—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 by 2.34 percentage points, and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP performed above the HPL, and two performed below the LPL. MHPs varied in the use of administrative data to calculate rates (from 0 percent to 17.11 percent).

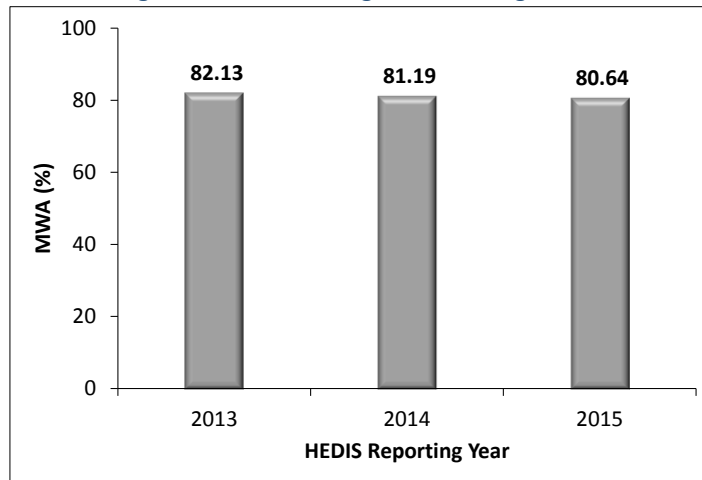
Figure 8-12—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Health Plan Ranking



Use of Appropriate Medications for People With Asthma—Total

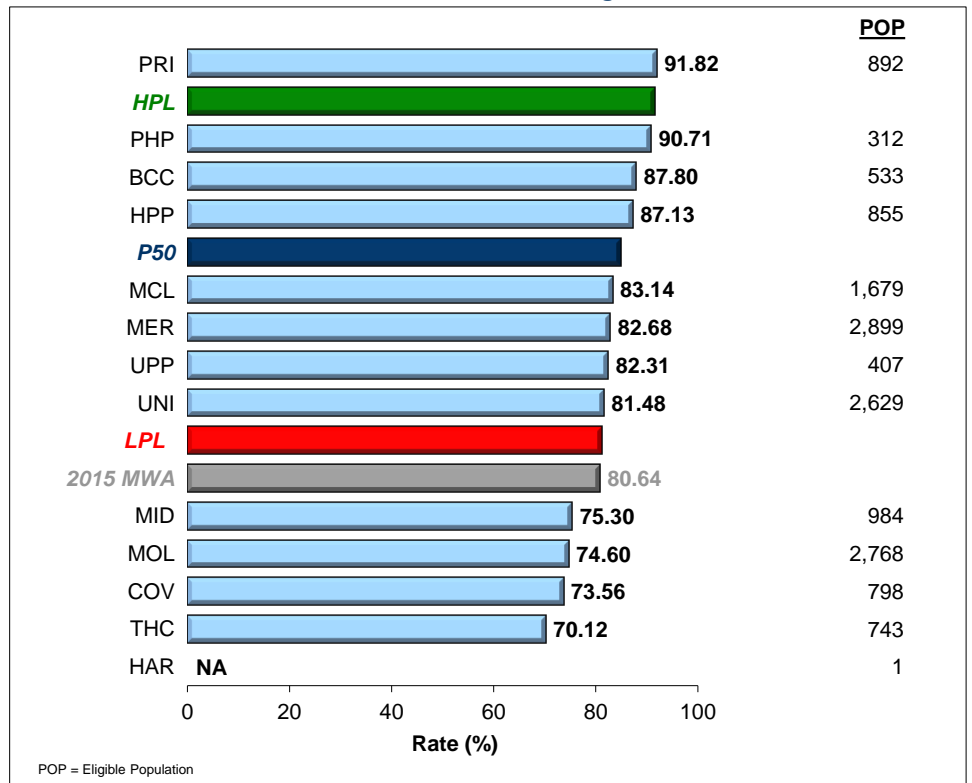
Use of Appropriate Medication for People With Asthma—Total reports the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

**Figure 8-13—Use of Appropriate Medications for People With Asthma—Total
Michigan Medicaid Weighted Averages**



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 (0.55 percentage points) and ranked below the LPL. One MHP performed above the HPL, and four fell below the LPL.

**Figure 8-14—Use of Appropriate Medications for People With Asthma—Total
Health Plan Ranking**

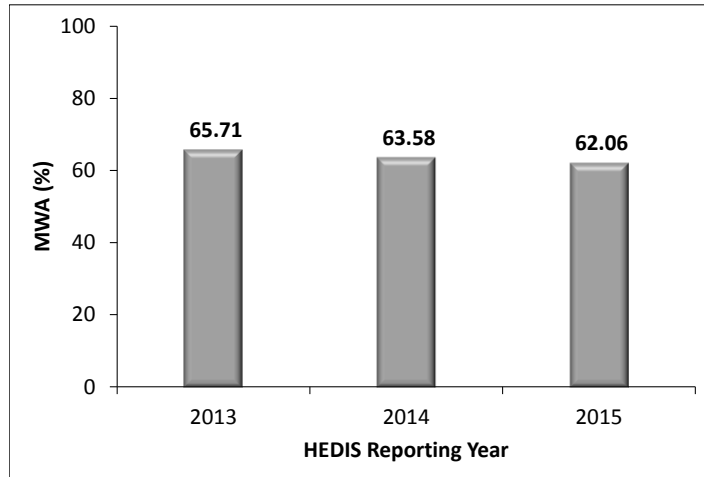


Controlling High Blood Pressure

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 during the measurement year based on the following criteria:

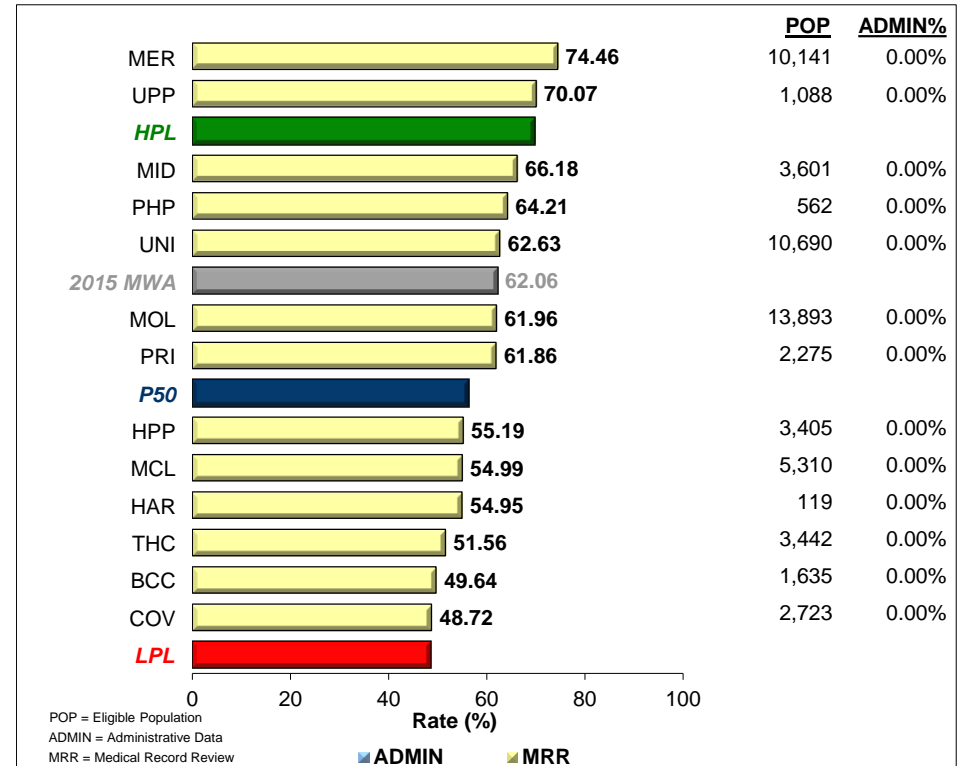
- ◆ Members 18 to 59 years of age whose BP was <140/90 mm Hg.
- ◆ Members 60 to 85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- ◆ Members 60 to 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Figure 8-15—Controlling High Blood Pressure Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased from HEDIS 2014 by 1.52 percentage points but exceeded the national HEDIS 2014 Medicaid 50th percentile. Two MHPs performed above the HPL, and none performed below the LPL. Since this measure must be reported via medical record data according to NCQA specifications, all MHP rates were derived from medical records.

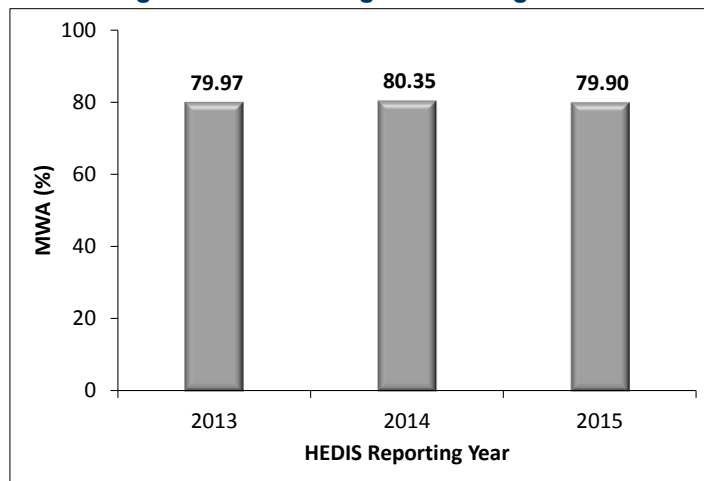
Figure 8-16—Controlling High Blood Pressure Health Plan Ranking



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

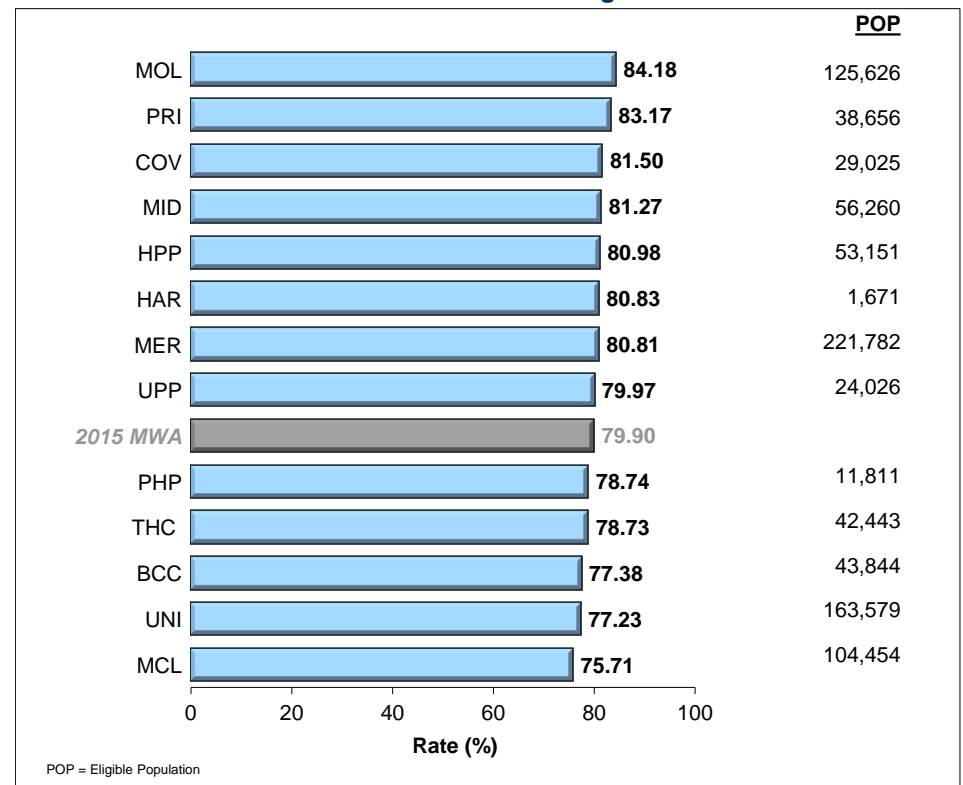
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.

Figure 8-17—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 (0.45 percentage points). Eight MHPs performed above the 2015 Medicaid weighted average, and five performed below.

Figure 8-18—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Health Plan Ranking

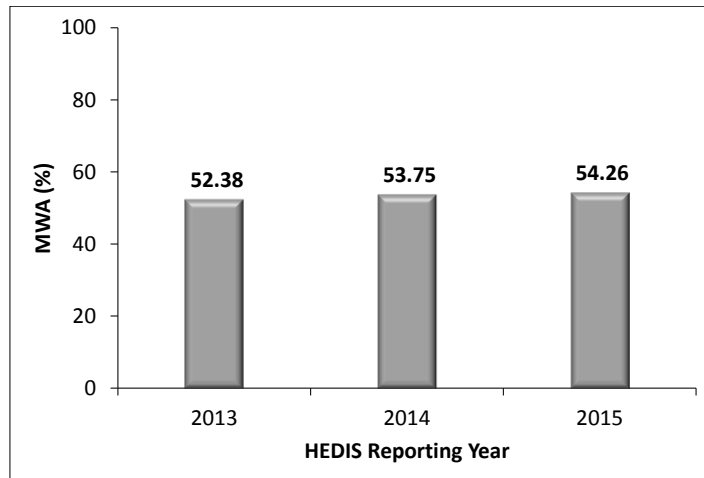


The eligible population for each health plan displayed is the sum of the CAHPS sample frame sizes from 2014 and 2015 and does not represent the exact eligible population (i.e., smokers) for this indicator.

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

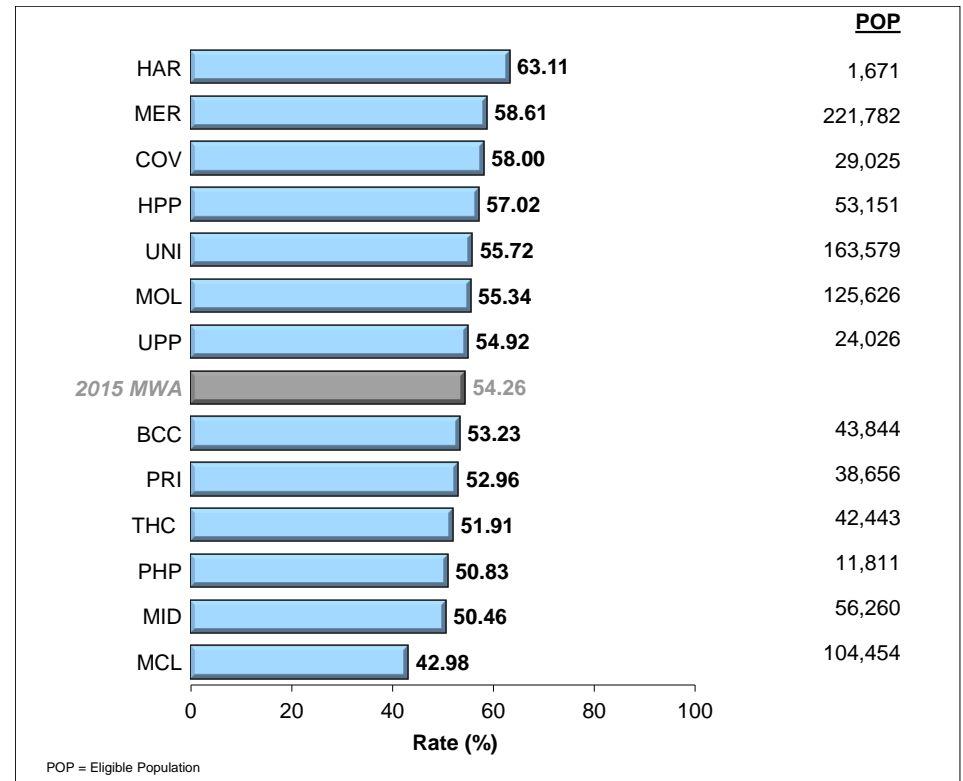
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

Figure 8-19—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average increased from HEDIS 2014 by 0.51 percentage points. Seven MHPs performed above the 2015 Medicaid weighted average, and six performed below.

Figure 8-20—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication Health Plan Ranking

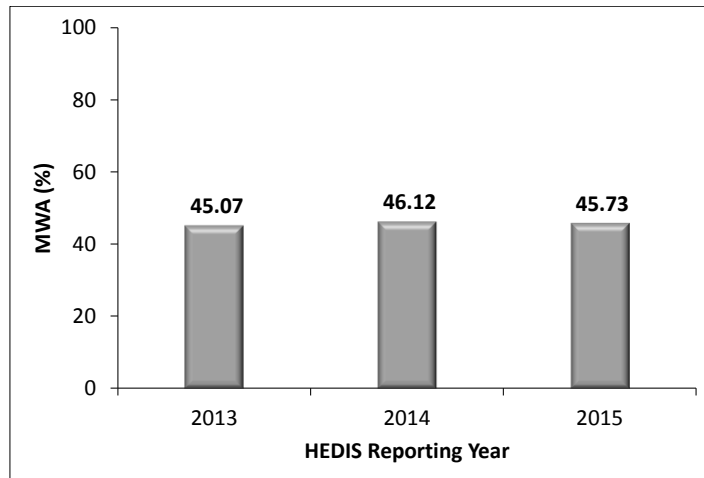


The eligible population for each health plan displayed is the sum of the CAHPS sample frame sizes from 2014 and 2015 and does not represent the exact eligible population (i.e., smokers) for this indicator.

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

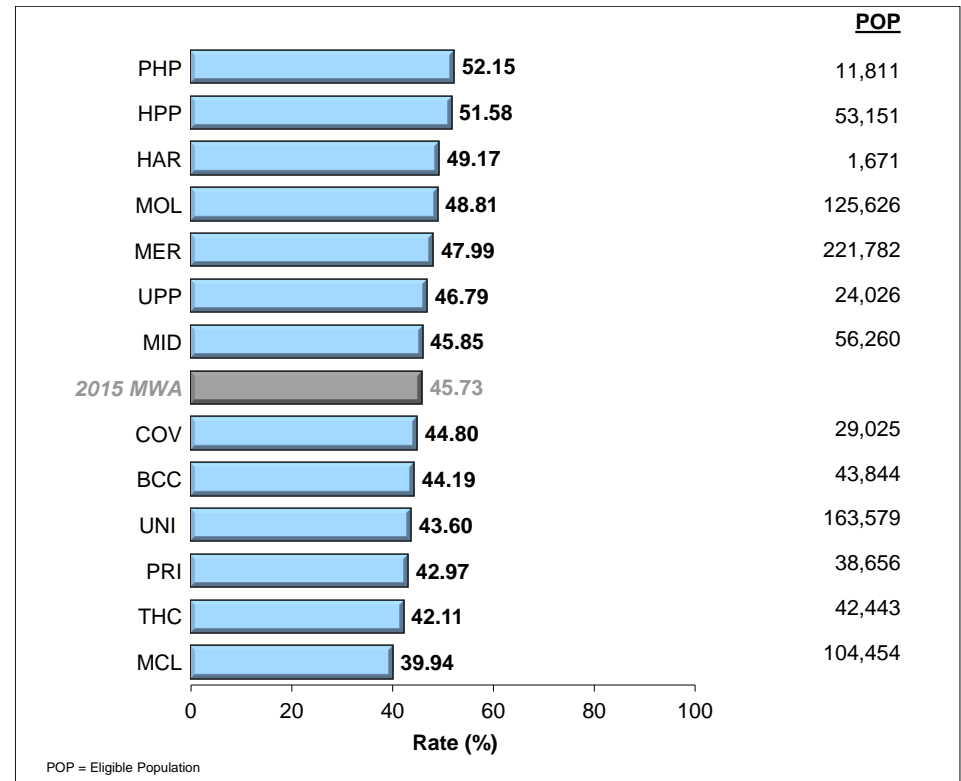
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies reports the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Figure 8-21—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Michigan Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased from HEDIS 2014 by 0.39 percentage points. Seven MHPs performed above the 2015 Medicaid weighted average, and six performed below.

Figure 8-22—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Health Plan Ranking

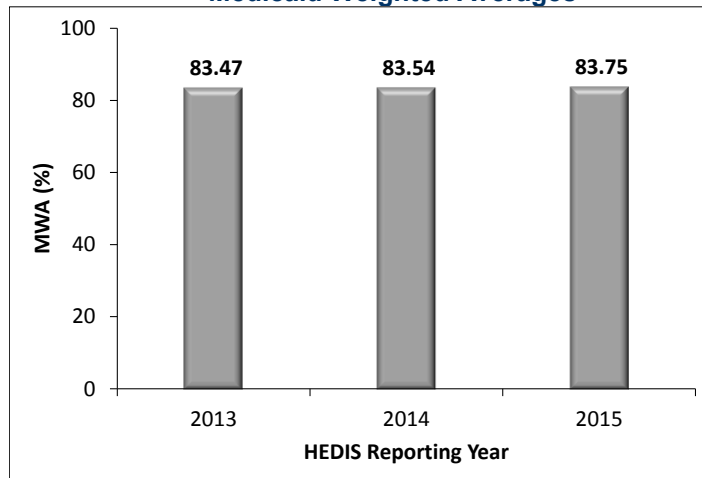


The eligible population for each health plan displayed is the sum of the CAHPS sample frame sizes from 2014 and 2015 and does not represent the exact eligible population (i.e., smokers) for this indicator.

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

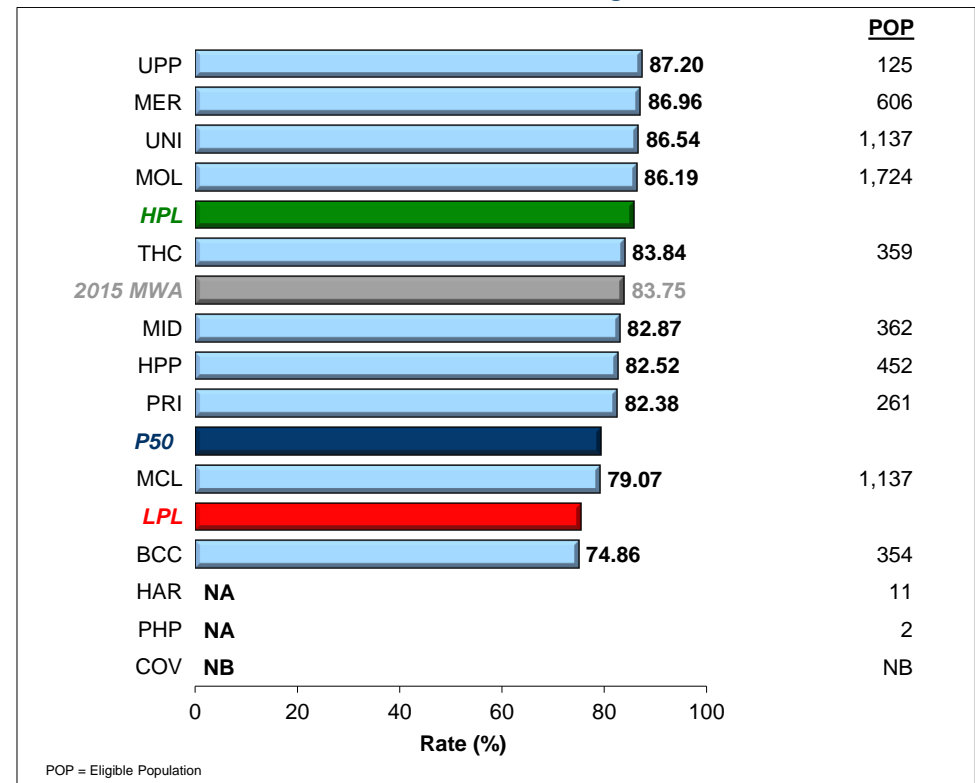
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications reports the percentage of members between 18 years and 64 years of age identified with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening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

Figure 8-23—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Medicaid Weighted Averages



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 (0.21 percentage points) and exceeded the national HEDIS 2014 Medicaid 50th percentile. One MHP indicated that it did not have the required benefit to report the measure, and two MHPs could not report a valid rate due to small eligible population (<30). Four MHPs performed above the HPL, and one performed below the LPL.

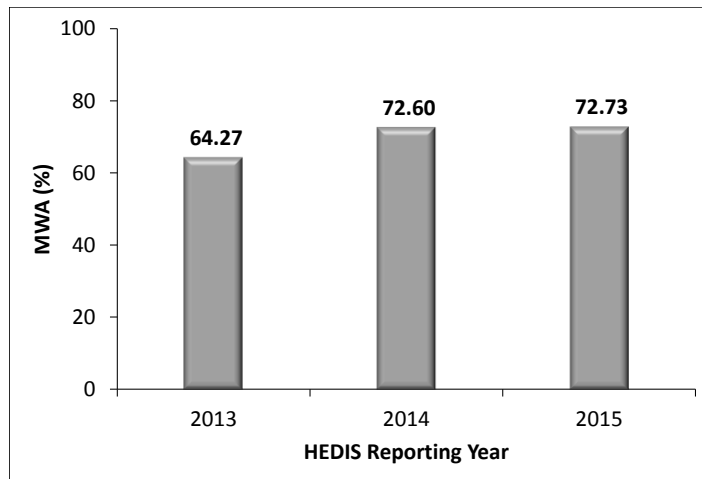
Figure 8-24—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Health Plan Ranking



Diabetes Monitoring for People With Diabetes and Schizophrenia

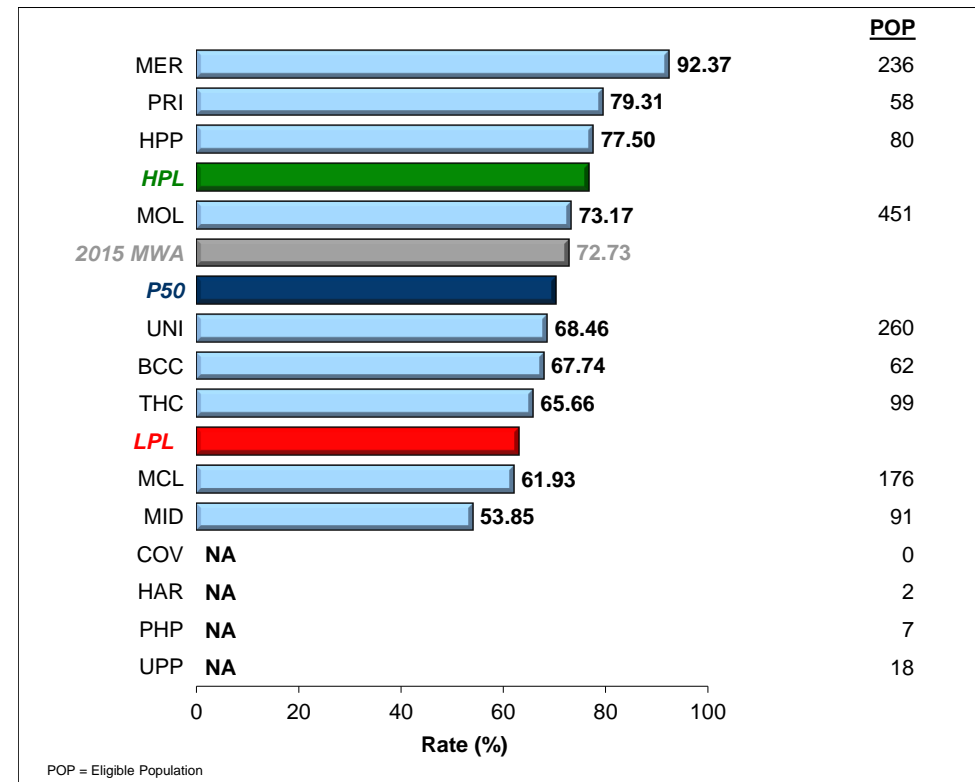
Diabetes Monitoring for People With Diabetes and Schizophrenia reports the percentage of members between 18 years and 64 years of age identified with schizophrenia and diabetes, who had both an LDL-C test and an HbA1c test during the measurement year.

Figure 8-25—Diabetes Monitoring for People With Diabetes and Schizophrenia Medicaid Weighted Averages



The HEDIS 2015 weighted average increased slightly from HEDIS 2014 by 0.13 percentage points and exceeded the national HEDIS 2014 Medicaid 50th percentile. Four MHPs could not report a valid rate due to small eligible population (<30). Three MHPs performed above the HPL, and two performed below the LPL.

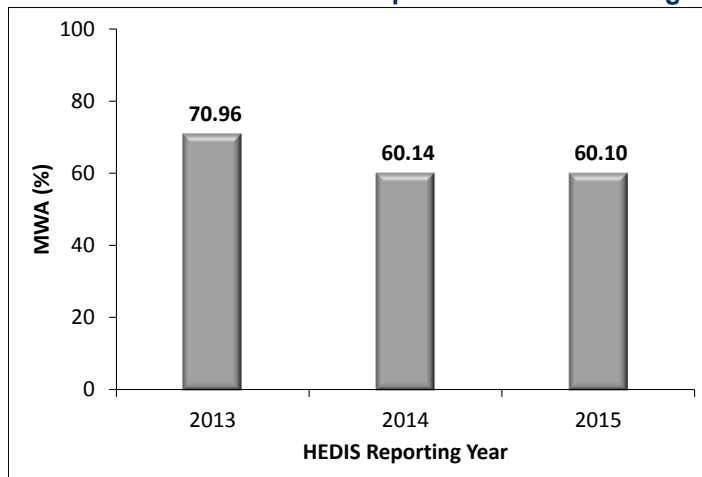
Figure 8-26—Diabetes Monitoring for People With Diabetes and Schizophrenia Health Plan Ranking



Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

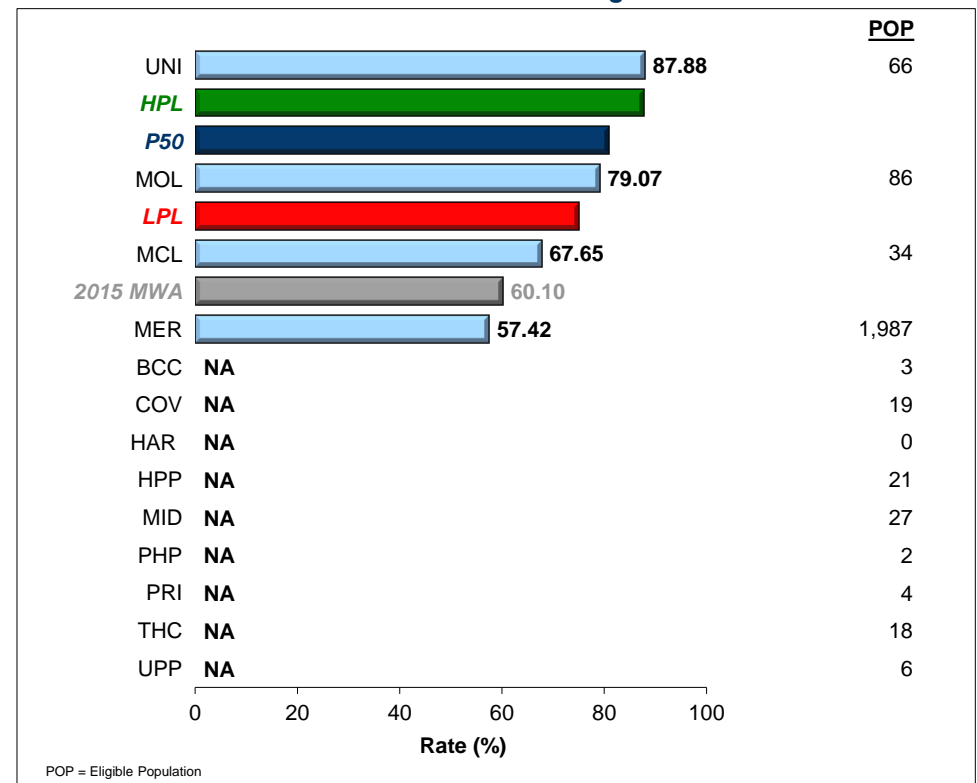
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia shows the percentage of members between 18 years and 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

Figure 8-27—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 by 0.04 percentage points and fell below the LPL. Nine MHPs could not report a valid rate due to small eligible population (<30). Of the four MHPs reporting a valid rate, one performed above the HPL, and two performed below the LPL.

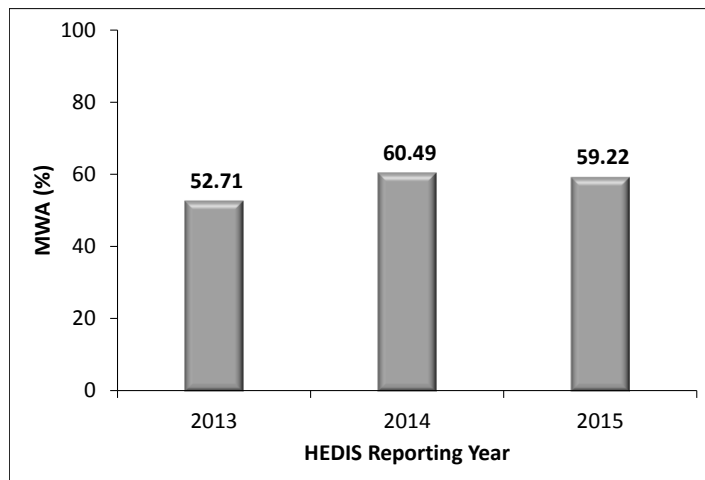
Figure 28—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Health Plan Ranking



Adherence to Antipsychotic Medications for Individuals With Schizophrenia

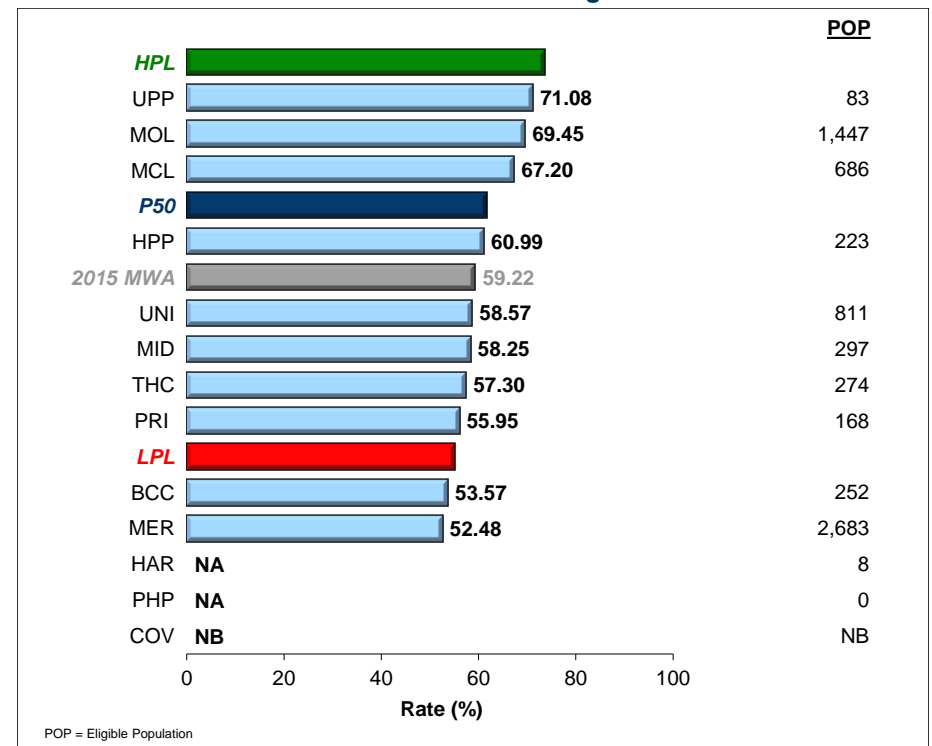
Adherence to Antipsychotic Medications for Individuals With Schizophrenia shows the percentage of members between 19 years and 64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Figure 8-29—Adherence to Antipsychotic Medications for Individuals With Schizophrenia Medicaid Weighted Averages



The HEDIS 2015 weighted average decreased slightly from HEDIS 2014 by 1.27 percentage points and ranked below the national HEDIS 2014 Medicaid 50th percentile. One MHP indicated that it did not have the required benefit to report the measure, and two MHPs could not report a valid rate due to small eligible population (<30). No MHPs performed above the HPL, and two performed below the LPL.

Figure 8-30—Adherence to Antipsychotic Medications for Individuals With Schizophrenia Health Plan Ranking



Introduction

The Health Plan Diversity dimension encompasses the following MDHHS measures:

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

Summary of Findings

When comparing the HEDIS 2014 and HEDIS 2015 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2015 rates exhibited a range of minor increases and decreases across every category reported by Michigan MHP members.

For the *Language Diversity of Membership* measure at the statewide level, the percentage of members using *English* as the preferred spoken language for healthcare increased slightly from the previous year, with a corresponding decline in the *Unknown* category. The percentage of Michigan members reporting *English* and *Non-English* as the language preferred for written materials increased in HEDIS 2015. There was a corresponding decrease in the percentage of members in the *Unknown* category. Regarding other language needs, there was a slight decrease in the percentage of members reporting *Non-English* and *Unknown* in HEDIS 2015.

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

Tables 9-1a and 9-1b show that the statewide rates for different racial/ethnic groups were fairly stable when compared to 2014.

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	101,326	37.28%	43.76%	0.32%	1.50%	0.00%
CoventryCares	54,843	15.94%	73.61%	0.09%	0.63%	0.00%
HAP Midwest Health Plan, Inc.	124,209	44.39%	38.67%	0.13%	2.11%	0.19%
Harbor Health Plan	10,138	23.82%	60.13%	0.09%	0.00%	1.53%
HealthPlus Partners	107,746	59.27%	27.63%	0.33%	0.37%	0.05%
McLaren Health Plan	180,971	65.46%	15.84%	0.31%	0.90%	0.07%
Meridian Health Plan of Michigan	467,118	63.62%	21.24%	0.34%	0.84%	0.06%
Molina Healthcare of Michigan	253,573	44.42%	34.04%	0.20%	0.66%	0.00%
Priority Health Choice, Inc.	104,830	60.18%	15.85%	0.42%	1.25%	0.08%
Sparrow PHP	25,744	51.50%	22.88%	0.31%	4.27%	0.08%
Total Health Care, Inc.	62,404	28.52%	58.81%	0.17%	1.24%	0.09%
UnitedHealthcare Community Plan	325,559	50.34%	32.58%	0.21%	2.40%	0.01%
Upper Peninsula Health Plan	51,573	87.42%	1.45%	2.38%	0.32%	0.09%
2015 Michigan Medicaid Weighted Average	—	53.44%	29.35%	0.33%	1.24%	0.06%
2014 Michigan Medicaid Weighted Average	—	52.18%	29.18%	0.18%	0.89%	0.05%
2013 Michigan Medicaid Weighted Average	—	52.64%	30.30%	0.17%	0.69%	0.04%

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	101,326	3.50%	0.00%	13.64%	0.00%	0.00%
CoventryCares	54,843	0.00%	0.00%	9.73%	0.00%	2.23%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	14.52%	0.00%	4.75%
Harbor Health Plan	10,138	3.77%	0.00%	10.66%	0.00%	3.77%
HealthPlus Partners	107,746	0.00%	0.00%	12.35%	0.00%	4.73%
McLaren Health Plan	180,971	<0.01%	0.00%	12.43%	4.99%	4.65%
Meridian Health Plan of Michigan	467,118	<0.01%	0.00%	5.65%	8.24%	5.65%
Molina Healthcare of Michigan	253,573	0.00%	0.01%	20.67%	0.00%	7.45%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	22.22%	0.00%	11.86%
Sparrow PHP	25,744	9.02%	0.00%	11.94%	0.00%	9.02%
Total Health Care, Inc.	62,404	2.14%	0.00%	9.04%	0.00%	2.14%
UnitedHealthcare Community Plan	325,559	0.00%	0.00%	14.45%	0.00%	5.52%
Upper Peninsula Health Plan	51,573	1.24%	0.00%	<0.01%	7.09%	1.24%
2015 Michigan Medicaid Weighted Average	—	0.44%	<0.01%	12.40%	2.74%	5.40%
2014 Michigan Medicaid Weighted Average	—	0.44%	<0.01%	15.54%	1.55%	5.52%
2013 Michigan Medicaid Weighted Average	—	0.59%	<0.01%	14.17%	1.41%	5.45%

* 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.

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 healthcare and the preferred language for written materials.

Results

Table 9-2 shows that the percentage of members using *English* as the preferred spoken language for healthcare increased when compared to the previous year’s percentage. The percentage of members with the preferred language of *Non-English* decreased slightly when compared to the previous year’s percentages. The percentage of members in the *Unknown* category also decreased from previous years.

Table 9-2—Language Diversity of Membership—Spoken Language Preferred for Healthcare

Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	100.00%	0.00%	0.00%	0.00%
Harbor Health Plan	10,138	100.00%	0.00%	0.00%	0.00%
HealthPlus Partners	107,746	99.87%	0.13%	0.00%	0.00%
McLaren Health Plan	180,971	98.64%	0.62%	<0.01%	0.74%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 Michigan Medicaid Weighted Average	—	92.88%	1.34%	5.71%	0.07%
2014 Michigan Medicaid Weighted Average	—	90.43%	1.55%	8.01%	<0.01%
2013 Michigan Medicaid Weighted Average	—	90.91%	1.34%	7.75%	<0.01%

Table 9-3 shows that the percentage of Michigan members reporting *English* and *Non-English* as the language preferred for written materials increased in HEDIS 2015. Five of the six plans reported 100 percent in the *Unknown* category last year continued to report all of its members in the *Unknown* category. Nonetheless, since one of the plans made tremendous improvement in obtaining language preferred for written materials from its members, there was a corresponding decrease in the percentage of members reporting in the *Unknown* category.

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	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 Michigan Medicaid Weighted Average	—	70.40%	1.27%	28.34%	0.00%
2014 Michigan Medicaid Weighted Average	—	55.36%	0.77%	43.87%	0.00%
2013 Michigan Medicaid Weighted Average	—	53.59%	0.47%	45.94%	0.00%

Table 9-4 shows that the percentage of Michigan members reporting *English* or *Non-English* as another language need decreased in HEDIS 2015.

Table 9-4—Language Diversity of Membership—Other Language Needs					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	0.00%	0.00%	100.00%	0.00%
CoventryCares	54,843	0.00%	0.00%	100.00%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	51,573	0.00%	0.00%	100.00%	0.00%
2015 Michigan Medicaid Weighted Average	—	42.69%	0.51%	56.80%	0.00%
2014 Michigan Medicaid Weighted Average	—	45.84%	0.75%	53.40%	0.00%
2013 Michigan Medicaid Weighted Average	—	47.77%	0.47%	51.76%	0.00%

Introduction

The Utilization dimension encompasses the following MDHHS 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*

All measures in this dimension are designed to describe the frequency of specific services provided by MHPs and are not risk adjusted. Therefore, it is important to assess utilization based on the characteristics of each health plan's population.

Summary of Findings

For both *Outpatient* and *Emergency Department Visits*,¹⁰⁻¹ the unweighted averages for HEDIS 2015 demonstrated improvement in the number of visits from HEDIS 2014. For the *Inpatient Utilization—General Hospital/Acute Care* measure, the discharges per 1,000 member months increased for two inpatient service types (*Total Inpatient* and *Surgery*). The average length of stay increased for *Total Inpatient* and *Surgery* but decreased slightly for *Maternity* services.

¹⁰⁻¹ For this measure, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of 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	733,013	356.57	70.55
CoventryCares	479,236	311.47	86.43
HAP Midwest Health Plan, Inc.	1,010,437	370.50	66.72
Harbor Health Plan	60,089	248.66	72.44
HealthPlus Partners	931,409	366.08	65.47
McLaren Health Plan	1,648,778	475.45	69.79
Meridian Health Plan of Michigan	3,903,013	220.85	35.59
Molina Healthcare of Michigan	2,351,349	395.04	75.53
Priority Health Choice, Inc.	888,353	345.24	80.37
Sparrow PHP	220,545	330.60	73.14
Total Health Care, Inc.	592,012	322.80	76.06
UnitedHealthcare Community Plan	2,845,247	361.16	73.86
Upper Peninsula Health Plan	424,070	325.60	66.62
2015 Michigan Medicaid Average	—	340.77	70.20
2014 Michigan Medicaid Average	—	325.25	73.41
2013 Michigan Medicaid Average	—	344.16	74.85

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).

The HEDIS 2015 unweighted averages increased for *Outpatient Visits* and decreased for *Emergency Department Visits*, which demonstrates improvement for both.

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	733,013	9.78	4.74	2.22	3.99
CoventryCares	479,236	8.57	4.74	1.79	2.94
HAP Midwest Health Plan, Inc.	1,010,437	7.62	3.87	1.63	3.14
Harbor Health Plan	60,089	8.67	5.36	1.81	2.18
HealthPlus Partners	931,409	6.83	2.72	1.77	3.45
McLaren Health Plan	1,648,778	7.59	3.31	1.55	3.81
Meridian Health Plan of Michigan	3,903,013	7.76	3.81	1.13	4.43
Molina Healthcare of Michigan	2,351,349	8.12	3.93	1.80	3.93
Priority Health Choice, Inc.	888,353	7.60	3.16	1.25	5.56
Sparrow PHP	220,545	8.60	4.76	1.28	4.06
Total Health Care, Inc.	592,012	9.91	5.90	1.97	2.89
UnitedHealthcare Community Plan	2,845,247	6.95	3.10	1.55	3.57
Upper Peninsula Health Plan	424,070	6.23	2.83	1.29	3.17
2015 Michigan Medicaid Average	—	8.02	4.02	1.62	3.62
2014 Michigan Medicaid Average	—	8.38	4.03	1.45	4.80
2013 Michigan Medicaid Average	—	8.14	3.96	1.24	4.86

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

Overall, the HEDIS 2015 unweighted averages for three of the four types of services showed a decrease in the number of discharges from HEDIS 2014.

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	3.76	3.17	6.37	2.69
CoventryCares	4.08	3.69	6.70	2.68
HAP Midwest Health Plan, Inc.	4.00	3.58	6.86	2.57
Harbor Health Plan	4.39	3.73	7.65	2.80
HealthPlus Partners	4.45	4.20	7.17	2.68
McLaren Health Plan	3.55	3.62	5.09	2.56
Meridian Health Plan of Michigan	3.70	3.98	5.90	2.45
Molina Healthcare of Michigan	4.51	4.21	7.63	2.65
Priority Health Choice, Inc.	3.46	3.85	4.81	2.56
Sparrow PHP	3.84	3.67	6.41	2.89
Total Health Care, Inc.	4.35	3.78	7.69	2.79
UnitedHealthcare Community Plan	4.17	3.99	6.97	2.51
Upper Peninsula Health Plan	3.59	3.56	5.27	2.60
2015 Michigan Medicaid Average	3.99	3.77	6.50	2.65
2014 Michigan Medicaid Average	3.89	3.87	6.51	2.57
2013 Michigan Medicaid Average	3.72	3.89	5.71	2.60

Overall, the HEDIS 2015 unweighted averages showed an increase in average length of stay from HEDIS 2014 for two of the four types of service. The HEDIS 2015 unweighted average length of stay for *Surgery* was nearly unchanged (-0.01 percentage points).

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 2015, 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 interactive data submission system (IDSS) files approved by an NCQA-licensed audit organization (LO).

Each of the Michigan MHPs contracted the same LOs as in the prior year to conduct the NCQA HEDIS Compliance Audit™. The health plans were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintained the same LOs across reporting years.

As in the prior year, all but one MHP contracted with an external software vendor for HEDIS measures production and rate calculation. HSAG reviewed the MHPs' final audit reports (FARs) and ensured that these software vendors participated and passed the NCQA's Measure Certification process. MHPs could purchase the software with certified measures and generate HEDIS measure results internally or provide all data to the software vendor to generate HEDIS measures for them. Either way, using software with NCQA-certified measures may reduce the health plan's burden for reporting and help ensure rate validity. For the MHP that calculated its rate using internally developed source codes, the auditor selected a core set of measures and manually reviewed the programming codes to verify accuracy and compliance with HEDIS 2015 technical specifications.

HSAG found that, in general, the MHPs' information systems and processes were compliant with the applicable IS standards and the HEDIS determination reporting requirements related to the key Michigan Medicaid measures for HEDIS 2015. This result is consistent with previous years' findings, especially because MHPs have been collecting and reporting HEDIS measures for over 10 years.

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 MHPs were fully compliant with *IS 1.0, Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry*. All required data elements were captured at a sufficient level of specificity for HEDIS reporting. Only industry standard codes and industry standard forms were accepted. Non-standard codes, if any, were mapped to industry standard codes appropriately. Adequate validation processes such as built-in edit checks, data monitoring, and quality control audits were in place to ensure that only complete and accurate claims and encounter data were used 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 MHPs were fully compliant with *IS 2.0, Enrollment Data—Data Capture, Transfer, and Entry*. Enrollment data were received from the State. All fields required for HEDIS reporting were captured. The MHPs were able to process eligibility files timely. Enrollment information housed in the MHPs' systems was reconciled against the enrollment files provided by the State. Adequate checks and balances were in place to ensure data completeness and data accuracy.

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.

All MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. The MHPs captured provider data accurately and were able to identify rendering provider type for those measures for which this was required. Provider specialties were fully mapped to HEDIS specified provider types. Adequate controls and edit checks were in place for data entered into the credentialing modules to ensure that only accurate data were used for HEDIS reporting.

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.

All MHPs were fully compliant with *IS 4.0, Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight*. Medical record data were used by all MHPs to report HEDIS hybrid measures. Medical record abstraction tools were reviewed and approved by the MHPs' auditors for HEDIS reporting. Whether through a vendor or by internal staff, all medical record data collection and review were conducted by qualified and experienced professionals. Sufficient validation processes and edit checks were in place to ensure data completeness and data accuracy.

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 MHPs were fully compliant with *IS 5.0, Supplemental Data—Capture, Transfer, and Entry*. Supplemental data sources used by the MHPs were verified and approved by the auditors. Proof of service validation was performed on all non-standard data sources. Validation processes such as reconciliation between original data source and MHP specific data systems, edit checks, and system validations ensured data completeness and data accuracy. There were no issues noted with the use of these data, and it was suggested by the auditors that the MHPs continue to explore ways to maximize 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 MDHHS 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.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 7.0, Data Integration—Accurate HEDIS Reporting Control Procedures That Support HEDIS Reporting Integrity*. As in the prior year, all but one MHP contracted a software vendor producing NCQA-certified measures to calculate HEDIS rates. For the MHP that did not use a software vendor, the auditor selected, reviewed, and approved the source code for HEDIS reporting on a core set of measures. For all MHPs, adequate monitoring processes were in place to ensure that no data were lost during data transfer to HEDIS repositories. Sufficient vendor oversight was in place for MHPs using software vendors.

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 and the 2013, 2014, and 2015 Michigan Medicaid averages. For most of the measures, the Michigan averages were weighted by the MHP’s eligible population. Cells with HEDIS 2015 rates or 2015 Medicaid weighted averages greater than or equal to the national Medicaid 50th percentile are shaded in green for measures and indicators wherein a lower or higher value indicates the performance level. The following is a list of tables and 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—Language Diversity of Membership—Spoken Language Preferred for Healthcare*
- ◆ *Table A-30—Language Diversity of Membership—Language Preferred for Written Materials*
- ◆ *Table A-31—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	861	76.16%	72.75%	69.59%	58.39%	50.12%	56.93%	48.66%	40.88%	39.90%
CoventryCares	837	71.93%	67.92%	65.80%	55.66%	31.13%	54.01%	30.42%	25.94%	25.47%
HAP Midwest Health Plan, Inc.	1,965	79.59%	73.79%	70.38%	62.29%	72.06%	59.64%	68.75%	61.02%	58.47%
Harbor Health Plan	85	50.59%	45.88%	44.71%	36.47%	22.35%	35.29%	21.18%	16.47%	15.29%
HealthPlus Partners	1,620	79.69%	74.94%	70.12%	59.51%	35.74%	57.53%	34.26%	29.88%	29.07%
McLaren Health Plan	3,404	72.75%	69.59%	64.96%	55.72%	38.69%	52.55%	37.96%	31.63%	31.14%
Meridian Health Plan of Michigan	8,719	78.89%	74.25%	65.43%	61.72%	46.64%	55.45%	42.69%	40.84%	37.82%
Molina Healthcare of Michigan	5,166	75.05%	71.08%	65.43%	59.23%	37.05%	54.74%	35.71%	31.77%	30.70%
Priority Health Choice, Inc.	2,067	85.75%	84.28%	81.57%	74.45%	64.13%	72.48%	63.39%	58.23%	57.49%
Sparrow PHP	474	80.54%	76.89%	71.29%	67.40%	51.09%	63.26%	49.15%	44.77%	43.55%
Total Health Care, Inc.	943	70.14%	65.28%	61.34%	49.07%	31.25%	46.53%	30.09%	25.00%	24.31%
UnitedHealthcare Community Plan	5,935	76.16%	71.29%	69.59%	60.34%	40.15%	59.37%	38.93%	34.55%	33.82%
Upper Peninsula Health Plan	839	80.29%	75.18%	68.37%	58.88%	57.66%	55.23%	54.50%	48.18%	46.23%
2015 Medicaid weighted average (MWA)	—	77.16%	72.90%	67.78%	60.52%	44.76%	56.97%	42.69%	38.43%	36.92%
2014 MWA	—	80.90%	77.21%	70.61%	61.42%	42.17%	57.33%	40.22%	35.18%	33.87%
2013 MWA	—	81.48%	77.16%	56.14%	57.57%	37.77%	42.85%	30.16%	30.61%	24.79%

Table A-2 Immunizations for Adolescents		
Plan	Eligible Population	Combination 1 Rate
Blue Cross Complete of Michigan	813	85.64%
CoventryCares	1,025	83.05%
HAP Midwest Health Plan, Inc.	1,896	87.10%
Harbor Health Plan	23	NA
HealthPlus Partners	1,865	89.76%
McLaren Health Plan	2,814	89.29%
Meridian Health Plan of Michigan	6,373	89.39%
Molina Healthcare of Michigan	5,169	92.59%
Priority Health Choice, Inc.	1,772	86.00%
Sparrow PHP	436	91.84%
Total Health Care, Inc.	1,131	84.26%
UnitedHealthcare Community Plan	5,562	88.81%
Upper Peninsula Health Plan	765	86.62%
2015 MWA	—	88.94%
2014 MWA	—	88.43%
2013 MWA	—	88.85%
<p>NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA.)</i>.</p>		

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	861	65.21%	3,514	85.64%	6,482	61.07%
CoventryCares	692	51.42%	3,360	74.32%	7,667	52.88%
HAP Midwest Health Plan, Inc.	1,591	59.61%	6,908	75.91%	13,389	54.26%
Harbor Health Plan	32	37.50%	405	64.44%	167	32.93%
HealthPlus Partners	1,761	63.58%	6,663	73.78%	12,703	53.53%
McLaren Health Plan	2,839	68.37%	11,337	74.94%	19,333	46.96%
Meridian Health Plan of Michigan	6,916	74.54%	31,082	79.17%	44,056	55.92%
Molina Healthcare of Michigan	3,931	55.09%	20,024	72.09%	32,667	58.00%
Priority Health Choice, Inc.	1,674	74.14%	7,287	83.28%	11,341	55.59%
Sparrow PHP	373	63.54% [†]	1,850	64.43%	2,920	56.93%
Total Health Care, Inc.	892	52.08%	4,560	68.75%	10,404	50.00%
UnitedHealthcare Community Plan	4,812	57.64%	23,475	74.81%	37,997	52.30%
Upper Peninsula Health Plan	925	76.16%	3,137	70.80%	5,042	48.91%
2015 MWA	—	64.76%	—	75.76%	—	54.02%
2014 MWA	—	73.09%	—	77.05%	—	57.80%
2013 MWA	—	77.83%	—	78.03%	—	61.46%

[†] 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 2015 Technical Specifications for Health Plans, Volume 2*.

Table A-4 Lead Screening in Children		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	861	73.97%
CoventryCares	837	79.25%
HAP Midwest Health Plan, Inc.	1,965	77.62%
Harbor Health Plan	85	72.94%
HealthPlus Partners	1,624	85.34%
McLaren Health Plan	3,404	84.91%
Meridian Health Plan of Michigan	8,719	81.48%
Molina Healthcare of Michigan	5,166	74.33%
Priority Health Choice, Inc.	2,067	83.78%
Sparrow PHP	474	79.32%
Total Health Care, Inc.	943	71.99%
UnitedHealthcare Community Plan	5,935	81.51%
Upper Peninsula Health Plan	839	86.37%
2015 MWA	—	80.37%
2014 MWA	—	80.43%
2013 MWA	—	82.40%

Table A-5 Appropriate Treatment for Children With Upper Respiratory Infection		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	1,353	92.98%
CoventryCares	1,042	89.35%
HAP Midwest Health Plan, Inc.	3,098	88.35%
Harbor Health Plan	84	83.33%
HealthPlus Partners	3,086	81.95%
McLaren Health Plan	5,433	82.94%
Meridian Health Plan of Michigan	13,662	89.73%
Molina Healthcare of Michigan	8,000	89.65%
Priority Health Choice, Inc.	2,722	94.20%
Sparrow PHP	924	79.44%
Total Health Care, Inc.	1,297	86.35%
UnitedHealthcare Community Plan	10,447	87.20%
Upper Peninsula Health Plan	1,523	89.17%
2015 MWA	—	88.00%
2014 MWA	—	86.53%
2013 MWA	—	85.53%

Table A-6 Appropriate Testing for Children With Pharyngitis		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	610	78.69%
CoventryCares	485	54.85%
HAP Midwest Health Plan, Inc.	1,371	65.50%
Harbor Health Plan	0	NA
HealthPlus Partners	1,836	74.02%
McLaren Health Plan	2,847	66.88%
Meridian Health Plan of Michigan	8,271	70.95%
Molina Healthcare of Michigan	4,175	63.02%
Priority Health Choice, Inc.	1,420	77.32%
Sparrow PHP	406	50.99%
Total Health Care, Inc.	608	56.74%
UnitedHealthcare Community Plan	5,397	62.65%
Upper Peninsula Health Plan	690	68.41%
2015 MWA	—	67.25%
2014 MWA	—	59.19%
2013 MWA	—	61.28%
<p>NA indicates that the health plan followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i>.</p>		

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	380	40.26%	101	44.55%
CoventryCares	287	19.16%	42	21.43%
HAP Midwest Health Plan, Inc.	470	32.77%	97	35.05%
Harbor Health Plan	0	NA	0	NA
HealthPlus Partners	681	46.11%	168	55.36%
McLaren Health Plan	1,015	45.42%	368	57.34%
Meridian Health Plan of Michigan	2,266	45.72%	856	55.14%
Molina Healthcare of Michigan	3,181	31.66%	1,556	33.03%
Priority Health Choice, Inc.	129	34.11%	33	30.30%
Sparrow PHP	30	50.00%	3	NA
Total Health Care, Inc.	273	34.07%	53	35.85%
UnitedHealthcare Community Plan	1,885	40.80%	413	54.00%
Upper Peninsula Health Plan	243	46.50%	98	47.96%
2015 MWA	—	38.87%	—	44.35%
2014 MWA	—	40.24%	—	47.04%
2013 MWA	—	39.09%	—	46.93%

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

Table A-8 Breast and Cervical Cancer Screening in Women				
Plan	Breast Cancer Screening ¹		Cervical Cancer Screening ²	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	505	61.98%	5,425	69.83%
CoventryCares	1,135	68.11%	5,610	72.35%
HAP Midwest Health Plan, Inc.	1,761	56.39%	9,719	65.21%
Harbor Health Plan	43	67.44%	204	51.98%
HealthPlus Partners	1,645	62.74%	8,725	70.23%
McLaren Health Plan	2,837	50.02%	16,622	55.47%
Meridian Health Plan of Michigan	4,239	65.27%	33,752	76.94%
Molina Healthcare of Michigan	7,384	58.34%	25,760	69.47%
Priority Health Choice, Inc.	1,306	63.09%	6,756	68.92%
Sparrow PHP	426	50.70%	2,177	67.78%
.Total Health Care, Inc.	1,574	48.41%	8,081	58.15%
UnitedHealthcare Community Plan	4,776	64.01%	28,584	67.68%
Upper Peninsula Health Plan	766	58.09%	3,874	67.88%
2015 MWA	—	59.65%	—	68.46%
2014 MWA	—	62.56%	—	71.34%
2013 MWA	—	57.41%	—	72.60%

¹ There were several changes in the HEDIS 2014 specifications for this measure, including updated age ranges from 40–69 years to 50–74 years and an extended numerator time frame from 24 months to 27 months. These changes have the potential to increase the HEDIS 2014 rates. Consequently, the observed significant increase in the statewide rate from HEDIS 2013 to HEDIS 2014 may be due to both measure specification changes and the MHPs’ efforts to improve breast cancer screening.

² Due to significant measure specification changes in HEDIS 2014, rate changes for this measure from HEDIS 2013 to HEDIS 2014 may not accurately reflect performance improvement or decline. NCQA indicates that the rate is not publicly reported for HEDIS 2014 and cannot be compared to prior years’ rates. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending.

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	820	66.71%	634	76.03%	1,454	70.77%
CoventryCares	1,158	68.48%	539	75.70%	1,697	70.77%
HAP Midwest Health Plan, Inc.	1,458	59.47%	865	67.40%	2,323	62.42%
Harbor Health Plan	17	NA	28	NA	45	64.44%
HealthPlus Partners	1,732	55.60%	1,068	67.70%	2,800	60.21%
McLaren Health Plan	2,640	50.19%	1,610	55.96%	4,250	52.38%
Meridian Health Plan of Michigan	6,041	58.63%	4,063	67.98%	10,104	62.39%
Molina Healthcare of Michigan	4,097	62.05%	2,062	70.22%	6,159	64.78%
Priority Health Choice, Inc.	1,409	61.60%	615	73.17%	2,024	65.12%
Sparrow PHP	338	55.92%	180	62.78%	518	58.30%
Total Health Care, Inc.	1,426	66.69%	843	72.24%	2,269	68.75%
UnitedHealthcare Community Plan	4,725	59.26%	2,599	68.99%	7,324	62.71%
Upper Peninsula Health Plan	721	42.16%	361	45.43%	1,082	43.25%
2015 MWA	—	59.08%	—	67.58%	—	62.20%
2014 MWA	—	60.15%	—	69.44%	—	63.40%
2013 MWA	—	62.50%	—	71.67%	—	65.84%

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

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	1,483	94.94%	4,346	88.45%	2,286	94.36%	3,161	91.58%
CoventryCares	793	93.32%	4,058	82.82%	3,759	87.47%	6,100	85.52%
HAP Midwest Health Plan, Inc.	1,861	94.47%	8,467	86.08%	6,730	89.51%	9,649	88.21%
Harbor Health Plan	113	82.30%	478	68.62%	87	71.26%	57	63.16%
HealthPlus Partners	1,868	96.52%	8,004	89.23%	7,056	92.22%	9,590	91.75%
McLaren Health Plan	3,499	96.28%	14,082	88.95%	10,431	89.67%	13,498	87.72%
Meridian Health Plan of Michigan	8,322	97.66%	37,318	91.70%	25,985	92.85%	29,934	92.88%
Molina Healthcare of Michigan	4,606	96.11%	24,367	87.38%	20,572	90.98%	25,876	89.86%
Priority Health Choice, Inc.	2,099	97.52%	8,948	89.00%	7,025	92.16%	8,186	91.35%
Sparrow PHP	403	96.53%	2,222	86.90%	1,716	89.22%	2,230	90.31%
Total Health Care, Inc.	1,323	93.42%	5,594	82.77%	4,628	86.47%	7,204	85.31%
UnitedHealthcare Community Plan	5,405	96.06%	28,282	88.67%	22,135	91.35%	28,318	90.50%
Upper Peninsula Health Plan	873	98.17%	3,829	90.86%	2,837	90.73%	3,696	92.99%
2015 MWA	—	96.32%	—	88.73%	—	91.14%	—	90.21%
2014 MWA	—	96.73%	—	88.91%	—	91.68%	—	90.48%
2013 MWA	—	97.30%	—	90.14%	—	92.15%	—	90.89%

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	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	6,488	81.94%	3,085	87.29%	489	76.69%	10,062	83.32%
CoventryCares	5,913	77.95%	3,671	86.35%	1	NA	9,585	81.17%
HAP Midwest Health Plan, Inc.	10,655	80.58%	6,498	88.77%	321	92.52%	17,474	83.84%
Harbor Health Plan	315	56.51%	266	75.19%	27	NA	608	64.64%
HealthPlus Partners	10,535	86.92%	4,970	92.60%	567	92.42%	16,072	88.87%
McLaren Health Plan	19,025	81.53%	10,364	89.61%	1,057	83.63%	30,446	84.36%
Meridian Health Plan of Michigan	41,415	85.52%	17,663	92.36%	262	89.69%	59,340	87.57%
Molina Healthcare of Michigan	25,246	84.10%	18,646	91.54%	4,267	91.33%	48,159	87.62%
Priority Health Choice, Inc.	7,370	84.56%	3,759	92.29%	826	91.16%	11,955	87.44%
Sparrow PHP	2,422	81.79%	1,211	87.78%	167	88.62%	3,800	84.00%
Total Health Care, Inc.	8,955	77.34%	5,343	86.52%	536	76.49%	14,834	80.62%
UnitedHealthcare Community Plan	30,832	83.78%	17,688	92.16%	297	97.31%	48,817	86.90%
Upper Peninsula Health Plan	4,382	86.49%	2,410	90.91%	361	84.21%	7,153	87.87%
2015 MWA	—	83.42%	—	90.77%	—	88.60%	—	86.11%
2014 MWA	—	84.30%	—	90.93%	—	90.29%	—	86.75%
2013 MWA	—	84.53%	—	90.77%	—	92.12%	—	86.68%

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

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	6,077	89.92%	3,488	91.50%	9,565	90.51%
CoventryCares	5,459	75.09%	3,664	80.50%	9,123	77.12%
HAP Midwest Health Plan, Inc.	12,437	74.17%	7,271	77.78%	19,708	75.67%
Harbor Health Plan	344	78.78%	47	80.85%	391	79.03%
HealthPlus Partners	12,490	88.76%	7,395	90.21%	19,885	89.29%
McLaren Health Plan	18,674	74.33%	9,937	79.33%	28,611	76.16%
Meridian Health Plan of Michigan	54,418	73.43%	26,274	78.62%	80,692	75.17%
Molina Healthcare of Michigan	36,065	76.98%	19,600	79.49%	55,665	77.85%
Priority Health Choice, Inc.	13,244	87.44%	7,041	86.61%	20,285	87.13%
Sparrow PHP	3,222	81.09%	1,784	80.67%	5,006	80.93%
Total Health Care, Inc.	7,722	69.92%	5,068	67.47%	12,790	68.98%
UnitedHealthcare Community Plan	41,051	77.58%	21,404	76.92%	62,455	77.37%
Upper Peninsula Health Plan	5,516	85.21%	3,094	86.36%	8,610	85.64%
2015 MWA	—	77.47%	—	79.88%	—	78.34%
2014 MWA	—	68.76%	—	72.49%	—	70.07%
2013 MWA	—	68.90%	—	70.99%	—	69.62%

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	6,077	80.62%	3,488	77.78%	9,565	79.56%
CoventryCares	5,459	72.45%	3,664	67.30%	9,123	70.52%
HAP Midwest Health Plan, Inc.	12,437	70.00%	7,271	68.42%	19,708	69.34%
Harbor Health Plan	344	76.16%	47	65.96%	391	74.94%
HealthPlus Partners	12,490	58.23%	7,395	56.64%	19,885	57.65%
McLaren Health Plan	18,674	60.54%	9,937	49.33%	28,611	56.45%
Meridian Health Plan of Michigan	54,418	68.88%	26,274	70.34%	80,692	69.37%
Molina Healthcare of Michigan	36,065	69.42%	19,600	65.38%	55,665	68.01%
Priority Health Choice, Inc.	13,244	79.53%	7,041	67.72%	20,285	75.15%
Sparrow PHP	3,222	76.47%	1,784	73.33%	5,006	75.26%
Total Health Care, Inc.	7,722	64.29%	5,068	57.83%	12,790	61.81%
UnitedHealthcare Community Plan	41,051	72.60%	21,404	69.23%	62,455	71.53%
Upper Peninsula Health Plan	5,516	61.87%	3,094	54.55%	8,610	59.12%
2015 MWA	—	69.26%	—	65.55%	—	67.95%
2014 MWA	—	66.15%	—	62.09%	—	64.72%
2013 MWA	—	59.60%	—	59.02%	—	59.39%

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	6,077	72.87%	3,488	78.43%	9,565	74.94%
CoventryCares	5,459	64.91%	3,664	63.52%	9,123	64.39%
HAP Midwest Health Plan, Inc.	12,437	63.33%	7,271	63.16%	19,708	63.26%
Harbor Health Plan	344	62.21%	47	48.94%	391	60.61%
HealthPlus Partners	12,490	47.79%	7,395	55.24%	19,885	50.51%
McLaren Health Plan	18,674	42.91%	9,937	46.67%	28,611	44.28%
Meridian Health Plan of Michigan	54,418	49.30%	26,274	61.38%	80,692	53.36%
Molina Healthcare of Michigan	36,065	59.45%	19,600	62.18%	55,665	60.40%
Priority Health Choice, Inc.	13,244	68.84%	7,041	65.35%	20,285	67.54%
Sparrow PHP	3,222	60.92%	1,784	66.00%	5,006	62.89%
Total Health Care, Inc.	7,722	55.26%	5,068	59.04%	12,790	56.71%
UnitedHealthcare Community Plan	41,051	59.43%	21,404	69.23%	62,455	62.53%
Upper Peninsula Health Plan	5,516	54.47%	3,094	62.34%	8,610	57.42%
2015 MWA	—	55.86%	—	62.23%	—	58.07%
2014 MWA	—	50.27%	—	58.17%	—	52.99%
2013 MWA	—	47.04%	—	52.69%	—	48.98%

Table A-15 Adult BMI Assessment		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	3,524	92.94%
CoventryCares	7,027	88.56%
HAP Midwest Health Plan, Inc.	11,277	85.16%
Harbor Health Plan	219	94.52%
HealthPlus Partners	10,685	90.00%
McLaren Health Plan	17,914	86.86%
Meridian Health Plan of Michigan	32,248	91.65%
Molina Healthcare of Michigan	34,122	93.36%
Priority Health Choice, Inc.	7,377	87.07%
Sparrow PHP	2,512	94.39%
Total Health Care, Inc.	9,233	83.28%
UnitedHealthcare Community Plan	32,670	91.79%
Upper Peninsula Health Plan	4,604	91.97%
2015 MWA	—	90.31%
2014 MWA	—	86.05%
2013 MWA	—	80.39%

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	1,656	85.64%	1,656	63.75%
CoventryCares	829	70.62%	829	52.13%
HAP Midwest Health Plan, Inc.	1,975	87.83%	1,975	62.53%
Harbor Health Plan	64	55.56%	64	49.21%
HealthPlus Partners	1,865	81.58%	1,865	62.89%
McLaren Health Plan	3,935	86.86%	3,935	69.34%
Meridian Health Plan of Michigan	9,631	90.02%	9,631	70.07%
Molina Healthcare of Michigan	4,751	76.33%	4,751	71.02%
Priority Health Choice, Inc.	2,278	78.24%	2,278	66.18%
Sparrow PHP	468	88.25%	468	68.85%
Total Health Care, Inc.	988	68.52%	988	44.68%
UnitedHealthcare Community Plan	5,853	85.68%	5,853	63.82%
Upper Peninsula Health Plan	914	91.24%	914	75.91%
2015 MWA	—	84.45%	—	66.69%
2014 MWA	—	88.92%	—	70.84%
2013 MWA	—	89.61%	—	70.56%

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	1,976	18.83%	11.74%	42.00%	20.34%	7.09%
CoventryCares	988	44.23%	6.07%	27.63%	17.51%	4.55%
HAP Midwest Health Plan, Inc.	2,375	30.15%	7.71%	37.09%	20.72%	4.34%
Harbor Health Plan	82	23.17%	7.32%	42.68%	26.83%	0.00%
HealthPlus Partners	2,158	33.55%	8.94%	37.35%	15.52%	4.63%
McLaren Health Plan	4,174	28.41%	11.16%	42.76%	13.63%	4.02%
Meridian Health Plan of Michigan	10,761	26.88%	10.49%	44.07%	18.15%	0.41%
Molina Healthcare of Michigan	5,434	35.66%	7.53%	35.28%	16.82%	4.71%
Priority Health Choice, Inc.	410	24.88%	11.95%	48.05%	15.12%	0.00%
Sparrow PHP	530	36.79%	6.98%	33.96%	18.87%	3.40%
Total Health Care, Inc.	431	46.17%	7.42%	27.61%	13.92%	4.87%
UnitedHealthcare Community Plan	6,691	33.09%	8.50%	35.70%	17.77%	4.93%
Upper Peninsula Health Plan	1,059	23.80%	16.53%	40.51%	15.30%	3.87%
2015 MWA	—	30.34%	9.55%	39.34%	17.35%	3.42%
2014 MWA	—	29.72%	9.27%	40.51%	17.12%	3.38%
2013 MWA	—	30.12%	9.12%	40.23%	17.02%	3.50%

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	1,656	16.55%	11.92%	18.25%	18.25%	35.04%
CoventryCares	829	18.25%	20.62%	18.96%	14.69%	27.49%
HAP Midwest Health Plan, Inc.	1,975	6.57%	6.33%	10.95%	13.87%	62.29%
Harbor Health Plan	64	36.51%	12.70%	12.70%	9.52%	28.57%
HealthPlus Partners	1,865	5.79%	5.26%	13.68%	16.32%	58.95%
McLaren Health Plan	3,935	11.68%	9.00%	6.33%	12.17%	60.83%
Meridian Health Plan of Michigan	9,631	1.62%	2.32%	3.02%	7.66%	85.38%
Molina Healthcare of Michigan	4,751	14.82%	10.62%	13.50%	17.48%	43.58%
Priority Health Choice, Inc.	2,278	8.53%	6.40%	5.07%	14.13%	65.87%
Sparrow PHP	468	2.73%	3.83%	4.92%	13.11%	75.41%
Total Health Care, Inc.	988	20.37%	17.13%	13.89%	17.36%	31.25%
UnitedHealthcare Community Plan	5,853	6.53%	5.78%	8.04%	16.83%	62.81%
Upper Peninsula Health Plan	914	0.73%	2.68%	5.35%	20.19%	71.05%
2015 MWA	—	7.96%	6.75%	8.28%	13.58%	63.43%
2014 MWA	—	6.59%	6.28%	7.29%	13.49%	66.36%
2013 MWA	—	8.67%	4.43%	6.26%	11.90%	68.74%

* For this measure, a lower rate may indicate 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%)		Eye Exam	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	1,174	89.05%	1,174	33.03%	1,174	57.85%	1,174	62.41%
CoventryCares	1,338	85.66%	1,338	40.99%	1,338	52.41%	1,338	59.77%
HAP Midwest Health Plan, Inc.	2,586	86.96%	2,586	36.59%	2,586	54.81%	2,586	57.63%
Harbor Health Plan	63	87.30%	63	33.33%	63	53.97%	63	52.38%
HealthPlus Partners	2,181	90.46%	2,181	29.64%	2,181	59.15%	2,181	71.26%
McLaren Health Plan	4,098	83.19%	4,098	34.82%	4,098	45.80%	4,098	52.49%
Meridian Health Plan of Michigan	7,323	87.03%	7,323	45.54%	7,323	45.38%	7,323	63.86%
Molina Healthcare of Michigan	8,490	84.99%	8,490	32.23%	8,490	59.82%	8,490	56.29%
Priority Health Choice, Inc.	1,738	92.57%	1,738	24.86%	1,738	62.86%	1,738	67.86%
Sparrow PHP	543	87.59%	543	34.40%	543	54.51%	543	67.29%
Total Health Care, Inc.	2,032	82.04%	2,032	47.95%	2,032	43.84%	2,032	35.01%
UnitedHealthcare Community Plan	7,381	84.58%	7,381	32.22%	7,381	57.22%	7,381	63.19%
Upper Peninsula Health Plan	852	89.23%	852	28.10%	852	58.58%	852	62.96%
2015 MWA	—	85.99%	—	35.83%	—	53.78%		59.48%
2014 MWA	—	85.45%	—	37.23%	—	53.74%		63.01%
2013 MWA	—	85.21%	—	36.06%	—	54.57%		59.42%

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

Table A-20 Comprehensive Diabetes Care (continued)				
Plan	Medical Attention for Nephropathy		Blood Pressure Control (<140/90 mm Hg)	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	1,174	84.85%	1,174	65.69%
CoventryCares	1,338	85.41%	1,338	52.16%
HAP Midwest Health Plan, Inc.	2,586	81.93%	2,586	73.93%
Harbor Health Plan	63	88.89%	63	57.14%
HealthPlus Partners	2,181	86.34%	2,181	68.56%
McLaren Health Plan	4,098	82.85%	4,098	62.44%
Meridian Health Plan of Michigan	7,323	81.69%	7,323	72.77%
Molina Healthcare of Michigan	8,490	85.65%	8,490	62.03%
Priority Health Choice, Inc.	1,738	87.14%	1,738	67.29%
Sparrow PHP	543	86.47%	506	70.54% †
Total Health Care, Inc.	2,032	80.67%	2,032	51.14%
UnitedHealthcare Community Plan	7,381	83.33%	7,381	66.81%
Upper Peninsula Health Plan	852	82.66%	852	75.36%
2015 MWA	—	83.73%	—	65.90%
2014 MWA	—	82.00%	—	63.56%
2013 MWA	—	82.41%	—	66.22%

† 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 2015 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	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	202	90.10%	151	92.72%	126	82.54%	54	77.78%	533	87.80%
CoventryCares	245	79.18%	225	84.44%	251	62.55%	77	59.74%	798	73.56%
HAP Midwest Health Plan, Inc.	275	84.36%	248	79.44%	344	69.48%	117	62.39%	984	75.30%
Harbor Health Plan	1	NA	0	NA	0	NA	0	NA	1	NA
HealthPlus Partners	314	92.99%	284	91.20%	207	78.74%	50	62.00%	855	87.13%
McLaren Health Plan	617	91.09%	459	87.80%	489	70.96%	114	73.68%	1,679	83.14%
Meridian Health Plan of Michigan	1,009	90.78%	792	86.62%	903	74.20%	195	64.10%	2,899	82.68%
Molina Healthcare of Michigan	847	85.24%	714	79.41%	898	65.92%	309	59.55%	2,768	74.60%
Priority Health Choice, Inc.	417	95.68%	262	94.27%	176	82.39%	37	75.68%	892	91.82%
Sparrow PHP	129	96.12%	94	95.74%	68	76.47%	21	NA	312	90.71%
Total Health Care, Inc.	188	80.85%	187	73.80%	270	62.22%	98	64.29%	743	70.12%
UnitedHealthcare Community Plan	885	86.10%	692	85.40%	826	74.70%	226	76.11%	2,629	81.48%
Upper Peninsula Health Plan	158	91.14%	107	81.31%	122	72.95%	20	NA	407	82.31%
2015 MWA	—	88.54%	—	85.29%	—	71.43%	—	66.77%	—	80.64%
2014 MWA	—	89.18%	—	84.94%	—	73.24%	—	64.40%	—	81.19%
2013 MWA	—	89.91%	—	83.56%	—	73.11%	—	64.67%	—	82.13%

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

Table A-22 Controlling High Blood Pressure		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	1,635	49.64%
CoventryCares	2,723	48.72%
HAP Midwest Health Plan, Inc.	3,601	66.18%
Harbor Health Plan	119	54.95%
HealthPlus Partners	3,405	55.19%
McLaren Health Plan	5,310	54.99%
Meridian Health Plan of Michigan	10,141	74.46%
Molina Healthcare of Michigan	13,893	61.96%
Priority Health Choice, Inc.	2,275	61.86%
Sparrow PHP	562	64.21%
Total Health Care, Inc.	3,442	51.56%
UnitedHealthcare Community Plan	10,690	62.63%
Upper Peninsula Health Plan	1,088	70.07%
2015 MWA	—	62.06%
2014 MWA	—	63.58%
2013 MWA	—	65.71%

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	43,844	77.38%	53.23%	44.19%
CoventryCares	29,025	81.50%	58.00%	44.80%
HAP Midwest Health Plan, Inc.	56,260	81.27%	50.46%	45.85%
Harbor Health Plan	1,671	80.83%	63.11%	49.17%
HealthPlus Partners	53,151	80.98%	57.02%	51.58%
McLaren Health Plan	104,454	75.71%	42.98%	39.94%
Meridian Health Plan of Michigan	221,782	80.81%	58.61%	47.99%
Molina Healthcare of Michigan	125,626	84.18%	55.34%	48.81%
Priority Health Choice, Inc.	38,656	83.17%	52.96%	42.97%
Sparrow PHP	11,811	78.74%	50.83%	52.15%
Total Health Care, Inc.	42,443	78.73%	51.91%	42.11%
UnitedHealthcare Community Plan	163,579	77.23%	55.72%	43.60%
Upper Peninsula Health Plan	24,026	79.97%	54.92%	46.79%
2015 MWA	—	79.90%	54.26%	45.73%
2014 MWA	—	80.35%	53.75%	46.12%
2013 MWA	—	79.97%	52.38%	45.07%

National percentiles were not available for this measure.

*The eligible population for each health plan reported was the sum of the CAHPS sample frame sizes from 2014 and 2015 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	354	74.86%
CoventryCares	NB	NB
HAP Midwest Health Plan, Inc.	362	82.87%
Harbor Health Plan	11	NA
HealthPlus Partners	452	82.52%
McLaren Health Plan	1,137	79.07%
Meridian Health Plan of Michigan	606	86.96%
Molina Healthcare of Michigan	1,724	86.19%
Priority Health Choice, Inc.	261	82.38%
Sparrow PHP	2	NA
Total Health Care, Inc.	359	83.84%
UnitedHealthcare Community Plan	1,137	86.54%
Upper Peninsula Health Plan	125	87.20%
2015 MWA	—	83.75%
2014 MWA	—	83.54%
2013 MWA	—	83.47%
<p>NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i>.</p> <p>NB denotes an audit designation of <i>No Benefit</i>, 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	62	67.74%
CoventryCares	0	NA
HAP Midwest Health Plan, Inc.	91	53.85%
Harbor Health Plan	2	NA
HealthPlus Partners	80	77.50%
McLaren Health Plan	176	61.93%
Meridian Health Plan of Michigan	236	92.37%
Molina Healthcare of Michigan	451	73.17%
Priority Health Choice, Inc.	58	79.31%
Sparrow PHP	7	NA
Total Health Care, Inc.	99	65.66%
UnitedHealthcare Community Plan	260	68.46%
Upper Peninsula Health Plan	18	NA
2015 MWA	—	72.73%
2014 MWA	—	72.60%
2013 MWA	—	64.27%
NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i> .		

Table A-26 Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	3	NA
CoventryCares	19	NA
HAP Midwest Health Plan, Inc.	27	NA
Harbor Health Plan	0	NA
HealthPlus Partners	21	NA
McLaren Health Plan	34	67.65%
Meridian Health Plan of Michigan	1,987	57.42%
Molina Healthcare of Michigan	86	79.07%
Priority Health Choice, Inc.	4	NA
Sparrow PHP	2	NA
Total Health Care, Inc.	18	NA
UnitedHealthcare Community Plan	66	87.88%
Upper Peninsula Health Plan	6	NA
2015 MWA	—	60.10%
2014 MWA	—	60.14%
2013 MWA	—	70.96%
NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i> .		

Table A-27 Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	252	53.57%
CoventryCares	NB	NB
HAP Midwest Health Plan, Inc.	297	58.25%
Harbor Health Plan	8	NA
HealthPlus Partners	223	60.99%
McLaren Health Plan	686	67.20%
Meridian Health Plan of Michigan	2,683	52.48%
Molina Healthcare of Michigan	1,447	69.45%
Priority Health Choice, Inc.	168	55.95%
Sparrow PHP	0	NA
Total Health Care, Inc.	274	57.30%
UnitedHealthcare Community Plan	811	58.57%
Upper Peninsula Health Plan	83	71.08%
2015 MWA	—	59.22%
2014 MWA	—	60.49%
2013 MWA	—	52.71%
<p>NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an audit designation of <i>Not Applicable (NA)</i>.</p> <p>NB denotes an audit designation of <i>No Benefit</i>, indicating that the MHP did not offer the benefit required by the measure.</p>		

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	101,326	37.28%	43.76%	0.32%	1.50%	0.00%	3.50%	0.00%	13.64%	0.00%	0.00%
CoventryCares	54,843	15.94%	73.61%	0.09%	0.63%	0.00%	0.00%	0.00%	9.73%	0.00%	2.23%
HAP Midwest Health Plan, Inc.	124,209	44.39%	38.67%	0.13%	2.11%	0.19%	0.00%	0.00%	14.52%	0.00%	4.75%
Harbor Health Plan	10,138	23.82%	60.13%	0.09%	0.00%	1.53%	3.77%	0.00%	10.66%	0.00%	3.77%
HealthPlus Partners	107,746	59.27%	27.63%	0.33%	0.37%	0.05%	0.00%	0.00%	12.35%	0.00%	4.73%
McLaren Health Plan	180,971	65.46%	15.84%	0.31%	0.90%	0.07%	<0.01%	0.00%	12.43%	4.99%	4.65%
Meridian Health Plan of Michigan	467,118	63.62%	21.24%	0.34%	0.84%	0.06%	<0.01%	0.00%	5.65%	8.24%	5.65%
Molina Healthcare of Michigan	253,573	44.42%	34.04%	0.20%	0.66%	0.00%	0.00%	0.01%	20.67%	0.00%	7.45%
Priority Health Choice, Inc.	104,830	60.18%	15.85%	0.42%	1.25%	0.08%	0.00%	0.00%	22.22%	0.00%	11.86%
Sparrow PHP	25,744	51.50%	22.88%	0.31%	4.27%	0.08%	9.02%	0.00%	11.94%	0.00%	9.02%
Total Health Care, Inc.	62,404	28.52%	58.81%	0.17%	1.24%	0.09%	2.14%	0.00%	9.04%	0.00%	2.14%
UnitedHealthcare Community Plan	325,559	50.34%	32.58%	0.21%	2.40%	0.01%	0.00%	0.00%	14.45%	0.00%	5.52%
Upper Peninsula Health Plan	51,573	87.42%	1.45%	2.38%	0.32%	0.09%	1.24%	0.00%	<0.01%	7.09%	1.24%
2015 MWA	—	53.44%	29.35%	0.33%	1.24%	0.06%	0.44%	<0.01%	12.40%	2.74%	5.40%
2014 MWA	—	52.18%	29.18%	0.18%	0.89%	0.05%	0.44%	<0.01%	15.54%	1.55%	5.52%
2013 MWA	—	52.64%	30.30%	0.17%	0.69%	0.04%	0.59%	<0.01%	14.17%	1.41%	5.45%

* 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 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.

Table A-29 Language Diversity of Membership—Spoken Language Preferred for Healthcare					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	100.00%	0.00%	0.00%	0.00%
Harbor Health Plan	10,138	100.00%	0.00%	0.00%	0.00%
HealthPlus Partners	107,746	99.87%	0.13%	0.00%	0.00%
McLaren Health Plan	180,971	98.64%	0.62%	<0.01%	0.74%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 MWA	—	92.88%	1.34%	5.71%	0.07%
2014 MWA	—	90.43%	1.55%	8.01%	<0.01%
2013 MWA	—	90.91%	1.34%	7.75%	<0.01%

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	101,326	99.08%	0.38%	0.54%	0.00%
CoventryCares	54,843	99.38%	0.00%	0.62%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	95.71%	4.26%	0.03%	0.00%
Upper Peninsula Health Plan	51,573	99.96%	0.02%	0.02%	0.00%
2015 MWA	—	70.40%	1.27%	28.34%	0.00%
2014 MWA	—	55.36%	0.77%	43.87%	0.00%
2013 MWA	—	53.59%	0.47%	45.94%	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	101,326	0.00%	0.00%	100.00%	0.00%
CoventryCares	54,843	0.00%	0.00%	100.00%	0.00%
HAP Midwest Health Plan, Inc.	124,209	0.00%	0.00%	100.00%	0.00%
Harbor Health Plan	10,138	0.00%	0.00%	100.00%	0.00%
HealthPlus Partners	107,746	0.00%	0.00%	100.00%	0.00%
McLaren Health Plan	180,971	0.00%	0.00%	100.00%	0.00%
Meridian Health Plan of Michigan	467,118	98.72%	1.28%	<0.01%	0.00%
Molina Healthcare of Michigan	253,573	98.61%	1.20%	0.19%	0.00%
Priority Health Choice, Inc.	104,830	0.00%	0.00%	100.00%	0.00%
Sparrow PHP	25,744	97.48%	0.61%	1.91%	0.00%
Total Health Care, Inc.	62,404	99.48%	0.48%	0.04%	0.00%
UnitedHealthcare Community Plan	325,559	0.00%	0.00%	100.00%	0.00%
Upper Peninsula Health Plan	51,573	0.00%	0.00%	100.00%	0.00%
2015 MWA	—	42.69%	0.51%	56.80%	0.00%
2014 MWA	—	45.84%	0.75%	53.40%	0.00%
2013 MWA	—	47.77%	0.47%	51.76%	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	733,013	356.57	70.55
CoventryCares	479,236	311.47	86.43
HAP Midwest Health Plan, Inc.	1,010,437	370.50	66.72
Harbor Health Plan	60,089	248.66	72.44
HealthPlus Partners	931,409	366.08	65.47
McLaren Health Plan	1,648,778	475.45	69.79
Meridian Health Plan of Michigan	3,903,013	220.85	35.59
Molina Healthcare of Michigan	2,351,349	395.04	75.53
Priority Health Choice, Inc.	888,353	345.24	80.37
Sparrow PHP	220,545	330.60	73.14
Total Health Care, Inc.	592,012	322.80	76.06
UnitedHealthcare Community Plan	2,845,247	361.16	73.86
Upper Peninsula Health Plan	424,070	325.60	66.62
2015 Medicaid Average (MA)	—	340.77	70.20
2014 MA	—	325.25	73.41
2013 MA	—	344.16	74.85
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	733,013	9.78	4.74	2.22	3.99
CoventryCares	479,236	8.57	4.74	1.79	2.94
HAP Midwest Health Plan, Inc.	1,010,437	7.62	3.87	1.63	3.14
Harbor Health Plan	60,089	8.67	5.36	1.81	2.18
HealthPlus Partners	931,409	6.83	2.72	1.77	3.45
McLaren Health Plan	1,648,778	7.59	3.31	1.55	3.81
Meridian Health Plan of Michigan	3,903,013	7.76	3.81	1.13	4.43
Molina Healthcare of Michigan	2,351,349	8.12	3.93	1.80	3.93
Priority Health Choice, Inc.	888,353	7.60	3.16	1.25	5.56
Sparrow PHP	220,545	8.60	4.76	1.28	4.06
Total Health Care, Inc.	592,012	9.91	5.90	1.97	2.89
UnitedHealthcare Community Plan	2,845,247	6.95	3.10	1.55	3.57
Upper Peninsula Health Plan	424,070	6.23	2.83	1.29	3.17
2015 MA	—	8.02	4.02	1.62	3.62
2014 MA	—	8.38	4.03	1.45	4.80
2013 MA	—	8.14	3.96	1.24	4.86
MM = Member Months					
*The maternity category is calculated using member months for members 10–64 years.					

Table A-34 <i>Inpatient Utilization: General Hospital/Acute Care: Total Medicaid</i> <i>Average Length of Stay for the Total Age Group</i>				
Plan	Total Inpatient	Medicine	Surgery	Maternity
Blue Cross Complete of Michigan	3.76	3.17	6.37	2.69
CoventryCares	4.08	3.69	6.70	2.68
HAP Midwest Health Plan, Inc.	4.00	3.58	6.86	2.57
Harbor Health Plan	4.39	3.73	7.65	2.80
HealthPlus Partners	4.45	4.20	7.17	2.68
McLaren Health Plan	3.55	3.62	5.09	2.56
Meridian Health Plan of Michigan	3.70	3.98	5.90	2.45
Molina Healthcare of Michigan	4.51	4.21	7.63	2.65
Priority Health Choice, Inc.	3.46	3.85	4.81	2.56
Sparrow PHP	3.84	3.67	6.41	2.89
Total Health Care, Inc.	4.35	3.78	7.69	2.79
UnitedHealthcare Community Plan	4.17	3.99	6.97	2.51
Upper Peninsula Health Plan	3.59	3.56	5.27	2.60
2015 MA	3.99	3.77	6.50	2.65
2014 MA	3.89	3.87	6.51	2.57
2013 MA	3.72	3.89	5.71	2.60

Appendix B includes trend tables for each of the MHPs. Where applicable, each measure’s HEDIS 2013, 2014, and 2015 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:

2014–2015 Health Plan Trend	Interpretations for Measures Not Under Utilization Dimension
+2.5	The 2015 rate is 2.5 percentage points higher than the 2014 rate.
- 2.5	The 2015 rate is 2.5 percentage points lower than the 2014 rate.
+2.5	The 2015 rate is 2.5 percentage points statistically significantly higher than the 2014 rate.
-2.5	The 2015 rate is 2.5 percentage points statistically significantly lower than the 2014 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; all measures under Medical Assistance With Smoking and Tobacco Use Cessation; and all measures under the Utilization and Health Plan Diversity dimensions (except *Ambulatory Care: Total [Visits per 1,000 Member Months]*). 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 2014 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 2014 Medicaid percentiles are not available.

The MHP trend tables are presented as follows:

- ◆ Table B-1—Blue Cross Complete of Michigan
- ◆ Table B-2—CoventryCares
- ◆ Table B-3—HAP Midwest Health Plan, Inc.
- ◆ Table B-4—Harbor Health Plan
- ◆ Table B-5—HealthPlus Partners
- ◆ Table B-6—McLaren Health Plan
- ◆ Table B-7—Meridian Health Plan of Michigan
- ◆ Table B-8—Molina Healthcare of Michigan
- ◆ Table B-9—Priority Health Choice, Inc.
- ◆ Table B-10—Sparrow PHP
- ◆ Table B-11—Total Health Care, Inc.
- ◆ Table B-12—UnitedHealthcare Community Plan
- ◆ Table B-13—Upper Peninsula Health Plan

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.40%	77.13%	76.16%	-0.97	★★★
Combination 3	82.73%	74.94%	72.75%	-2.19	★★★
Combination 4	23.60%	68.37%	69.59%	+1.22	★★★
Combination 5	68.86%	62.04%	58.39%	-3.65	★★★
Combination 6	56.20%	49.39%	50.12%	+0.73	★★★
Combination 7	19.95%	58.39%	56.93%	-1.46	★★★
Combination 8	15.82%	45.74%	48.66%	+2.92	★★★★
Combination 9	48.18%	41.61%	40.88%	-0.73	★★★
Combination 10	13.38%	39.17%	39.90%	+0.73	★★★
Immunizations for Adolescents—Combination 1	88.27%	88.32%	85.64%	-2.68	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	72.43%	64.97%	65.21%	+0.24	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	80.74%	72.45%	85.64%	+13.19	★★★★★
Adolescent Well-Care Visits	60.10%	45.99%	61.07%	+15.08	★★★★
Lead Screening in Children	74.21%	77.61%	73.97%	-3.64	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	94.58%	95.51%	92.98%	-2.53	★★★★
Appropriate Testing for Children With Pharyngitis	83.64%	74.41%	78.69%	+4.28	★★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	43.50%	NR	40.26%	—	★★
Continuation and Maintenance Phase	51.28%	NR	44.55%	—	★★
Women—Adult Care					
Breast Cancer Screening	60.32%	59.88%	61.98%	+2.10	★★★
Cervical Cancer Screening	74.91%	68.86%	69.83%	+0.97	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	47.88%	58.04%	66.71%	+8.67	★★★★★
Ages 21 to 24 Years	62.14%	69.21%	76.03%	+6.82	★★★★★
Total	52.21%	62.11%	70.77%	+8.66	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.32%	94.71%	94.94%	+0.23	★
Ages 25 Months to 6 Years	89.84%	84.16%	88.45%	+4.29	★★
Ages 7 to 11 Years	94.03%	93.13%	94.36%	+1.23	★★★★
Ages 12 to 19 Years	92.82%	92.20%	91.58%	-0.62	★★★

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.73%	79.05%	81.94%	+2.89	★★
Ages 45 to 64 Years	88.04%	84.90%	87.29%	+2.39	★★
Ages 65+ Years	90.24%	76.98%	76.69%	-0.29	★
Total	85.90%	80.67%	83.32%	+2.65	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	80.74%	77.61%	89.92%	+12.31	★★★★★
BMI Percentile—Ages 12 to 17 Years	74.47%	81.82%	91.50%	+9.68	★★★★★
BMI Percentile—Total	78.59%	79.08%	90.51%	+11.43	★★★★★
Nutrition—Ages 3 to 11 Years	70.37%	67.16%	80.62%	+13.46	★★★★★
Nutrition—Ages 12 to 17 Years	63.12%	67.83%	77.78%	+9.95	★★★★★
Nutrition—Total	67.88%	67.40%	79.56%	+12.16	★★★★★
Physical Activity—Ages 3 to 11 Years	54.81%	50.37%	72.87%	+22.50	★★★★★
Physical Activity—Ages 12 to 17 Years	58.87%	65.03%	78.43%	+13.40	★★★★★
Physical Activity—Total	56.20%	55.47%	74.94%	+19.47	★★★★★
Adult BMI Assessment	81.75%	87.10%	92.94%	+5.84	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	86.00%	86.00%	85.64%	-0.36	★★★
Postpartum Care	64.86%	64.86%	63.75%	-1.11	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	20.98%	21.41%	18.83%	-2.58	—
1-12 Weeks	5.73%	15.09%	11.74%	-3.35	—
13-27 Weeks	38.74%	39.90%	42.00%	+2.10	—
28 or More Weeks	24.76%	20.92%	20.34%	-0.58	—
Unknown	9.79%	2.68%	7.09%	+4.41	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	12.78%	12.78%	16.55%	+3.77	—
21-40 Percent†	6.88%	6.88%	11.92%	+5.04	—
41-60 Percent†	11.30%	11.30%	18.25%	+6.95	—
61-80 Percent†	25.31%	25.31%	18.25%	-7.06	—
≥81 Percent	43.73%	43.73%	35.04%	-8.69	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	91.92%	87.41%	89.05%	+1.64	★★★★
HbA1c Poor Control (>9.0%)*	27.84%	41.42%	33.03%	-8.39	★★★★
HbA1c Control (<8.0%)	58.38%	48.36%	57.85%	+9.49	★★★★

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Eye Exam</i>	73.65%	64.05%	62.41%	-1.64	★★★
<i>Medical Attention for Nephropathy</i>	90.72%	84.85%	84.85%	0.00	★★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	74.55%	65.33%	65.69%	+0.36	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	94.59%	92.49%	90.10%	-2.39	★★
<i>Ages 12 to 18 Years</i>	85.71%	88.19%	92.72%	+4.53	★★★★
<i>Ages 19 to 50 Years</i>	81.05%	83.72%	82.54%	-1.18	★★★★
<i>Ages 51 to 64 Years</i>	60.00%	68.42%	77.78%	+9.36	★★★★
<i>Total</i>	86.67%	87.26%	87.80%	+0.54	★★★★
<i>Controlling High Blood Pressure</i>	64.63%	64.63%	49.64%	-14.99	★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	82.20%	78.01%	77.38%	-0.63	—
<i>Discussing Cessation Medications</i>	57.10%	50.91%	53.23%	+2.32	—
<i>Discussing Cessation Strategies</i>	50.86%	42.51%	44.19%	+1.68	—
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	85.25%	NR	74.86%	—	★
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NR	67.74%	—	★★
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NR	NA	—	NA
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	65.79%	NR	53.57%	—	★
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership†</i>					
<i>White</i>	38.28%	0.00%	37.28%	+37.28	—
<i>Black or African-American</i>	36.93%	0.00%	43.76%	+43.76	—
<i>American-Indian and Alaska Native</i>	0.21%	0.00%	0.32%	+0.32	—
<i>Asian</i>	1.01%	0.00%	1.50%	+1.50	—
<i>Native Hawaiian and Other Pacific Islanders</i>	0.04%	0.00%	0.00%	0.00	—
<i>Some Other Race</i>	<0.01%	0.00%	3.50%	+3.50	—
<i>Two or More Races</i>	0.12%	0.00%	0.00%	0.00	—
<i>Unknown</i>	23.41%	100.00%	13.64%	-86.36	—
<i>Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Hispanic[£]</i>	3.57%	0.00%	0.00%	0.00	—

Table B-1 Blue Cross Complete of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Language Diversity of Membership†</i>					
<i>Spoken Language—English</i>	82.71%	99.01%	99.08%	+0.07	—
<i>Spoken Language—Non-English</i>	5.24%	0.39%	0.38%	-0.01	—
<i>Spoken Language—Unknown</i>	12.05%	0.60%	0.54%	-0.06	—
<i>Spoken Language—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Written Language—English</i>	0.00%	99.01%	99.08%	+0.07	—
<i>Written Language—Non-English</i>	0.00%	0.39%	0.38%	-0.01	—
<i>Written Language—Unknown</i>	100.00%	0.60%	0.54%	-0.06	—
<i>Written Language—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
<i>Outpatient—Total</i>	304.21	256.20	356.57	+100.37	★★★
<i>ED—Total*</i>	63.54	63.82	70.55	+6.73	★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
<i>Total Inpatient—Total</i>	6.76	10.07	9.78	-0.29	—
<i>Medicine—Total</i>	3.08	4.66	4.74	+0.08	—
<i>Surgery—Total</i>	0.90	1.95	2.22	+0.27	—
<i>Maternity—Total</i>	4.64	5.59	3.99	-1.60	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
<i>Total Inpatient—Total</i>	3.59	3.67	3.76	+0.09	—
<i>Medicine—Total</i>	3.85	3.41	3.17	-0.24	—
<i>Surgery—Total</i>	5.90	5.88	6.37	+0.49	—
<i>Maternity—Total</i>	2.56	2.79	2.69	-0.10	—

— 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).

£ Rate was calculated by HSAG.

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	77.31%	73.61%	71.93%	-1.68	☆☆
Combination 3	73.38%	68.29%	67.92%	-0.37	☆☆
Combination 4	33.56%	65.05%	65.80%	+0.75	☆☆
Combination 5	46.99%	53.01%	55.66%	+2.65	☆☆
Combination 6	22.22%	27.78%	31.13%	+3.35	★
Combination 7	21.76%	51.16%	54.01%	+2.85	☆☆
Combination 8	11.81%	27.31%	30.42%	+3.11	★
Combination 9	16.90%	23.61%	25.94%	+2.33	★
Combination 10	7.64%	23.38%	25.47%	+2.09	★
Immunizations for Adolescents—Combination 1	81.94%	84.98%	83.05%	-1.93	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	63.66%	49.75%	51.42%	+1.67	★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	81.31%	74.73%	74.32%	-0.41	★★★
Adolescent Well-Care Visits	61.96%	57.52%	52.88%	-4.64	★★★
Lead Screening in Children	84.49%	82.41%	79.25%	-3.16	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	87.34%	88.45%	89.35%	+0.90	★★★
Appropriate Testing for Children With Pharyngitis	54.63%	50.62%	54.85%	+4.23	★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	22.67%	25.25%	19.16%	-6.09	★
Continuation and Maintenance Phase	27.27%	27.91%	21.43%	-6.48	★
Women—Adult Care					
Breast Cancer Screening	60.12%	66.81%	68.11%	+1.30	★★★★
Cervical Cancer Screening	74.05%	70.92%	72.35%	+1.43	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	72.21%	68.26%	68.48%	+0.22	★★★★★
Ages 21 to 24 Years	79.56%	77.30%	75.70%	-1.60	★★★★★
Total	74.45%	70.99%	70.77%	-0.22	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.54%	94.60%	93.32%	-1.28	★
Ages 25 Months to 6 Years	83.56%	82.98%	82.82%	-0.16	★
Ages 7 to 11 Years	86.61%	88.05%	87.47%	-0.58	★
Ages 12 to 19 Years	85.91%	85.79%	85.52%	-0.27	★

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	80.90%	80.06%	77.95%	-2.11	★
Ages 45 to 64 Years	87.12%	87.53%	86.35%	-1.18	☆☆
Ages 65+ Years	NA	NA	NA	—	NA
Total	83.05%	82.82%	81.17%	-1.65	☆☆
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	68.22%	70.72%	75.09%	+4.37	★★★★
BMI Percentile—Ages 12 to 17 Years	71.10%	72.78%	80.50%	+7.72	★★★★
BMI Percentile—Total	69.37%	71.53%	77.12%	+5.59	★★★★
Nutrition—Ages 3 to 11 Years	50.78%	61.22%	72.45%	+11.23	★★★★
Nutrition—Ages 12 to 17 Years	54.91%	64.50%	67.30%	+2.80	★★★★
Nutrition—Total	52.44%	62.50%	70.52%	+8.02	★★★★
Physical Activity—Ages 3 to 11 Years	41.47%	47.91%	64.91%	+17.00	★★★★
Physical Activity—Ages 12 to 17 Years	52.60%	48.52%	63.52%	+15.00	★★★★
Physical Activity—Total	45.94%	48.15%	64.39%	+16.24	★★★★
Adult BMI Assessment	81.67%	84.62%	88.56%	+3.94	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	84.35%	84.35%	70.62%	-13.73	★
Postpartum Care	66.12%	66.12%	52.13%	-13.99	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	47.83%	47.83%	44.23%	-3.60	—
1-12 Weeks	4.83%	4.83%	6.07%	+1.24	—
13-27 Weeks	26.00%	26.00%	27.63%	+1.63	—
28 or More Weeks	16.58%	16.58%	17.51%	+0.93	—
Unknown	4.75%	4.75%	4.55%	-0.20	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	20.23%	20.23%	18.25%	-1.98	—
21-40 Percent†	13.95%	13.95%	20.62%	+6.67	—
41-60 Percent†	12.79%	12.79%	18.96%	+6.17	—
61-80 Percent†	16.28%	16.28%	14.69%	-1.59	—
≥81 Percent	36.74%	36.74%	27.49%	-9.25	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	82.35%	84.33%	85.66%	+1.33	★★★
HbA1c Poor Control (>9.0%)*	44.28%	38.47%	40.99%	+2.52	★★★
HbA1c Control (<8.0%)	50.33%	52.59%	52.41%	-0.18	★★★

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	60.78%	62.82%	59.77%	-3.05	★★★
Medical Attention for Nephropathy	86.93%	82.90%	85.41%	+2.51	★★★★
Blood Pressure Control (<140/90 mm Hg)	53.95%	50.13%	52.16%	+2.03	★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	78.18%	84.31%	79.18%	-5.13	★
Ages 12 to 18 Years	82.89%	83.66%	84.44%	+0.78	★★
Ages 19 to 50 Years	74.02%	68.32%	62.55%	-5.77	★
Ages 51 to 64 Years	53.75%	64.29%	59.74%	-4.55	★
Total	76.42%	77.02%	73.56%	-3.46	★
Controlling High Blood Pressure	50.00%	50.00%	48.72%	-1.28	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	82.17%	82.72%	81.50%	-1.22	—
Discussing Cessation Medications	53.74%	57.92%	58.00%	+0.08	—
Discussing Cessation Strategies	48.47%	47.95%	44.80%	-3.15	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NB	NB	NB	—	NB
Diabetes Monitoring for People With Diabetes and Schizophrenia	NR	NR	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NR	NR	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NB	NB	NB	—	NB
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	10.13%	14.64%	15.94%	+1.30	—
Black or African-American	82.80%	76.62%	73.61%	-3.01	—
American-Indian and Alaska Native	0.04%	0.09%	0.09%	0.00	—
Asian	0.62%	0.77%	0.63%	-0.14	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	—
Some Other Race	0.00%	0.00%	0.00%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	6.41%	7.88%	9.73%	+1.85	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic‡	1.53%	2.06%	2.23%	+0.17	—
Language Diversity of Membership†					

Table B-2 CoventryCares Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Spoken Language—English	99.13%	99.20%	99.38%	+0.18	—
Spoken Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Unknown	0.87%	0.80%	0.62%	-0.18	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	99.13%	99.20%	99.38%	+0.18	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	0.87%	0.80%	0.62%	-0.18	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	316.99	308.37	311.47	+3.10	★
ED—Total*	86.63	87.58	86.43	-1.15	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.71	8.90	8.57	-0.33	—
Medicine—Total	4.68	4.86	4.74	-0.12	—
Surgery—Total	1.54	1.68	1.79	+0.11	—
Maternity—Total	3.71	3.55	2.94	-0.61	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	4.05	4.19	4.08	-0.11	—
Medicine—Total	3.68	3.73	3.69	-0.04	—
Surgery—Total	7.08	7.68	6.70	-0.98	—
Maternity—Total	2.86	2.63	2.68	+0.05	—

— 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).

‡ Rate was calculated by HSAG.

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.40%	77.62%	79.59%	+1.97	★★★
Combination 3	79.08%	74.70%	73.79%	-0.91	★★★
Combination 4	73.72%	70.56%	70.38%	-0.18	★★★
Combination 5	64.48%	68.61%	62.29%	-6.32	★★★
Combination 6	33.82%	39.66%	72.06%	+32.40	★★★★★
Combination 7	60.10%	64.96%	59.64%	-5.32	★★★
Combination 8	32.12%	38.20%	68.75%	+30.55	★★★★★
Combination 9	28.95%	37.71%	61.02%	+23.31	★★★★★
Combination 10	27.49%	36.74%	58.47%	+21.73	★★★★★
Immunizations for Adolescents—Combination 1	85.64%	88.69%	87.10%	-1.59	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	86.37%	64.25%	59.61%	-4.64	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.97%	72.80%	75.91%	+3.11	★★★
Adolescent Well-Care Visits	65.94%	61.17%	54.26%	-6.91	★★★
Lead Screening in Children	77.37%	74.70%	77.62%	+2.92	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	85.87%	88.29%	88.35%	+0.06	★★★
Appropriate Testing for Children With Pharyngitis	62.25%	50.20%	65.50%	+15.30	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	38.24%	33.74%	32.77%	-0.97	★★
Continuation and Maintenance Phase	50.43%	36.88%	35.05%	-1.83	★
Women—Adult Care					
Breast Cancer Screening	57.55%	58.95%	56.39%	-2.56	★★
Cervical Cancer Screening	71.29%	66.42%	65.21%	-1.21	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	61.52%	59.48%	59.47%	-0.01	★★★★
Ages 21 to 24 Years	71.15%	69.71%	67.40%	-2.31	★★★
Total	64.84%	63.17%	62.42%	-0.75	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.56%	96.08%	94.47%	-1.61	★
Ages 25 Months to 6 Years	94.27%	86.07%	86.08%	+0.01	★★
Ages 7 to 11 Years	94.18%	90.73%	89.51%	-1.22	★★
Ages 12 to 19 Years	93.98%	88.27%	88.21%	-0.06	★★

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	91.02%	81.66%	80.58%	-1.08	★★
Ages 45 to 64 Years	92.93%	88.91%	88.77%	-0.14	★★★
Ages 65+ Years	NA	82.36%	92.52%	+10.16	★★★★
Total	91.71%	84.30%	83.84%	-0.46	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	67.52%	63.60%	74.17%	+10.57	★★★★
BMI Percentile—Ages 12 to 17 Years	74.45%	71.09%	77.78%	+6.69	★★★★
BMI Percentile—Total	69.83%	65.94%	75.67%	+9.73	★★★★
Nutrition—Ages 3 to 11 Years	64.96%	64.31%	70.00%	+5.69	★★★
Nutrition—Ages 12 to 17 Years	66.42%	65.63%	68.42%	+2.79	★★★★
Nutrition—Total	65.45%	64.72%	69.34%	+4.62	★★★★
Physical Activity—Ages 3 to 11 Years	61.31%	59.01%	63.33%	+4.32	★★★★
Physical Activity—Ages 12 to 17 Years	59.12%	66.41%	63.16%	-3.25	★★★
Physical Activity—Total	60.58%	61.31%	63.26%	+1.95	★★★★
Adult BMI Assessment	75.67%	81.27%	85.16%	+3.89	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	95.86%	78.83%	87.83%	+9.00	★★★
Postpartum Care	73.24%	58.88%	62.53%	+3.65	★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	22.87%	27.84%	30.15%	+2.31	—
1-12 Weeks	7.79%	8.37%	7.71%	-0.66	—
13-27 Weeks	43.07%	40.38%	37.09%	-3.29	—
28 or More Weeks	24.33%	18.55%	20.72%	+2.17	—
Unknown	1.95%	4.86%	4.34%	-0.52	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	2.43%	10.22%	6.57%	-3.65	—
21-40 Percent†	2.92%	7.30%	6.33%	-0.97	—
41-60 Percent†	4.87%	11.19%	10.95%	-0.24	—
61-80 Percent†	9.73%	15.57%	13.87%	-1.70	—
≥81 Percent	80.05%	55.72%	62.29%	+6.57	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	92.70%	81.33%	86.96%	+5.63	★★★
HbA1c Poor Control (>9.0%)*	35.04%	44.59%	36.59%	-8.00	★★★
HbA1c Control (<8.0%)	54.56%	47.56%	54.81%	+7.25	★★★★

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	61.50%	62.37%	57.63%	-4.74	★★★
Medical Attention for Nephropathy	97.81%	84.00%	81.93%	-2.07	★★★
Blood Pressure Control (<140/90 mm Hg)	67.88%	62.96%	73.93%	+10.97	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	96.98%	82.82%	84.36%	+1.54	★
Ages 12 to 18 Years	97.89%	76.08%	79.44%	+3.36	★
Ages 19 to 50 Years	99.05%	67.06%	69.48%	+2.42	★★
Ages 51 to 64 Years	100.00%	49.62%	62.39%	+12.77	★
Total	97.97%	71.53%	75.30%	+3.77	★
Controlling High Blood Pressure	67.88%	55.72%	66.18%	+10.46	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.08%	80.24%	81.27%	+1.03	—
Discussing Cessation Medications	47.75%	50.30%	50.46%	+0.16	—
Discussing Cessation Strategies	39.76%	44.48%	45.85%	+1.37	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	79.94%	77.30%	82.87%	+5.57	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	58.33%	58.95%	53.85%	-5.10	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	62.00%	66.02%	58.25%	-7.77	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	23.92%	43.49%	44.39%	+0.90	—
Black or African-American	17.09%	36.09%	38.67%	+2.58	—
American-Indian and Alaska Native	0.02%	0.06%	0.13%	+0.07	—
Asian	0.00%	2.32%	2.11%	-0.21	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.22%	0.19%	-0.03	—
Some Other Race	1.36%	0.09%	0.00%	-0.09	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	57.61%	17.73%	14.52%	-3.21	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic‡	2.54%	4.73%	4.75%	+0.02	—

Table B-3 HAP Midwest Health Plan, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.17%	99.76%	100.00%	+0.24	—
Spoken Language—Non-English	0.42%	0.09%	0.00%	-0.09	—
Spoken Language—Unknown	0.41%	0.14%	0.00%	-0.14	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	392.62	391.56	370.50	-21.06	★★★
ED—Total*	65.14	64.86	66.72	+1.86	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.79	9.03	7.62	-1.41	—
Medicine—Total	4.14	4.68	3.87	-0.81	—
Surgery—Total	1.33	1.33	1.63	+0.30	—
Maternity—Total	5.27	4.83	3.14	-1.69	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.71	3.92	4.00	+0.08	—
Medicine—Total	3.90	3.98	3.58	-0.40	—
Surgery—Total	5.92	6.51	6.86	+0.35	—
Maternity—Total	2.58	2.68	2.57	-0.11	—

— 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).

‡ Rate was calculated by HSAG.

Table B-4 Harbor Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	51.43%	58.82%	50.59%	-8.23	★
Combination 3	8.57%	50.59%	45.88%	-4.71	★
Combination 4	8.57%	50.59%	44.71%	-5.88	★
Combination 5	7.14%	41.18%	36.47%	-4.71	★
Combination 6	1.43%	21.18%	22.35%	+1.17	★
Combination 7	7.14%	41.18%	35.29%	-5.89	★
Combination 8	1.43%	21.18%	21.18%	0.00	★
Combination 9	1.43%	18.82%	16.47%	-2.35	★
Combination 10	1.43%	18.82%	15.29%	-3.53	★
Immunizations for Adolescents—Combination 1	NA	NA	NA	—	NA
Well-Child Visits in the First 15 Months of Life—6 or More Visits	NA	NA	37.50%	—	★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	67.01%	58.84%	64.44%	+5.60	★
Adolescent Well-Care Visits	27.87%	33.00%	32.93%	-0.07	★
Lead Screening in Children	68.57%	61.18%	72.94%	+11.76	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	90.16%	93.28%	83.33%	-9.95	★★
Appropriate Testing for Children With Pharyngitis	43.90%	NA	NA	—	NA
<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	4.08%	32.35%	67.44%	+35.09	★★★★
Cervical Cancer Screening	43.26%	50.61%	51.98%	+1.37	★
<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	NA	NA	64.44%	—	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	80.77%	70.42%	82.30%	+11.88	★
Ages 25 Months to 6 Years	73.44%	63.56%	68.62%	+5.06	★
Ages 7 to 11 Years	57.45%	55.17%	71.26%	+16.09	★
Ages 12 to 19 Years	73.08%	67.50%	63.16%	-4.34	★

Table B-4 Harbor Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	50.48%	48.24%	56.51%	+8.27	★
Ages 45 to 64 Years	75.00%	68.58%	75.19%	+6.61	★
Ages 65+ Years	NA	NA	NA	—	NA
Total	61.39%	58.43%	64.64%	+6.21	★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	53.08%	66.91%	78.78%	+11.87	★★★★
BMI Percentile—Ages 12 to 17 Years	43.75%	NA	80.85%	—	★★★★
BMI Percentile—Total	51.23%	67.89%	79.03%	+11.14	★★★★
Nutrition—Ages 3 to 11 Years	65.78%	63.27%	76.16%	+12.89	★★★★
Nutrition—Ages 12 to 17 Years	NA	NA	65.96%	—	★★★
Nutrition—Total	63.75%	63.55%	74.94%	+11.39	★★★★
Physical Activity—Ages 3 to 11 Years	34.67%	47.27%	62.21%	+14.94	★★★★
Physical Activity—Ages 12 to 17 Years	NA	NA	48.94%	—	★★
Physical Activity—Total	35.06%	48.49%	60.61%	+12.12	★★★
Adult BMI Assessment	16.33%	81.67%	94.52%	+12.85	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	NA	68.42%	55.56%	-12.86	★
Postpartum Care	NA	36.84%	49.21%	+12.37	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	22.58%	51.92%	23.17%	-28.75	—
1-12 Weeks	9.68%	19.23%	7.32%	-11.91	—
13-27 Weeks	35.48%	17.31%	42.68%	+25.37	—
28 or More Weeks	32.26%	11.54%	26.83%	+15.29	—
Unknown	0.00%	0.00%	0.00%	0.00	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	NA	18.42%	36.51%	+18.09	—
21-40 Percent†	NA	15.79%	12.70%	-3.09	—
41-60 Percent†	NA	13.16%	12.70%	-0.46	—
61-80 Percent†	NA	7.89%	9.52%	+1.63	—
≥81 Percent	NA	44.74%	28.57%	-16.17	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	71.70%	84.00%	87.30%	+3.30	★★★
HbA1c Poor Control (>9.0%)*	49.06%	46.00%	33.33%	-12.67	★★★★
HbA1c Control (<8.0%)	43.40%	52.00%	53.97%	+1.97	★★★★

Table B-4 Harbor Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	47.17%	38.00%	52.38%	+14.38	☆☆
Medical Attention for Nephropathy	83.02%	88.00%	88.89%	+0.89	★★★★★
Blood Pressure Control (<140/90 mm Hg)	54.72%	36.00%	57.14%	+21.14	☆☆
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	—	NA
Ages 19 to 50 Years	NA	NA	NA	—	NA
Ages 51 to 64 Years	NA	NA	NA	—	NA
Total	NA	NA	NA	—	NA
Controlling High Blood Pressure	56.72%	43.37%	54.95%	+11.58	☆☆
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	NA	NA	80.83%	—	—
Discussing Cessation Medications	NA	NA	63.11%	—	—
Discussing Cessation Strategies	NA	NA	49.17%	—	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NA	NA	NA	—	NA
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA	NA	—	NA
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	24.75%	13.41%	23.82%	+10.41	—
Black or African-American	59.30%	35.36%	60.13%	+24.77	—
American-Indian and Alaska Native	0.03%	0.04%	0.09%	+0.05	—
Asian	0.00%	0.00%	0.00%	0.00	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	1.53%	+1.53	—
Some Other Race	4.51%	2.32%	3.77%	+1.45	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	11.41%	48.86%	10.66%	-38.20	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	4.51%	2.32%	3.77%	+1.45	—

Table B-4 Harbor Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	100.00%	100.00%	100.00%	0.00	—
Spoken Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Unknown	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	341.65	166.78	248.66	+81.88	★
ED—Total*	71.22	60.06	72.44	+12.38	☆☆
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	9.07	7.81	8.67	+0.86	—
Medicine—Total	5.87	4.59	5.36	+0.77	—
Surgery—Total	1.53	1.30	1.81	+0.51	—
Maternity—Total	3.50	3.99	2.18	-1.81	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.91	4.32	4.39	+0.07	—
Medicine—Total	3.67	3.87	3.73	-0.14	—
Surgery—Total	6.18	8.95	7.65	-1.30	—
Maternity—Total	2.65	2.27	2.80	+0.53	—

— 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).

£ Rate was calculated by HSAG.

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.89%	81.06%	79.69%	-1.37	★★★
Combination 3	79.08%	75.46%	74.94%	-0.52	★★★
Combination 4	69.83%	67.97%	70.12%	+2.15	★★★
Combination 5	55.23%	56.51%	59.51%	+3.00	★★★
Combination 6	30.66%	36.25%	35.74%	-0.51	★★
Combination 7	52.55%	53.62%	57.53%	+3.91	★★★
Combination 8	28.95%	34.74%	34.26%	-0.48	★★
Combination 9	24.57%	29.20%	29.88%	+0.68	★★
Combination 10	23.84%	28.38%	29.07%	+0.69	★★
Immunizations for Adolescents—Combination 1	91.14%	90.75%	89.76%	-0.99	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	75.61%	72.20%	63.58%	-8.62	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.56%	73.80%	73.78%	-0.02	★★★
Adolescent Well-Care Visits	56.46%	50.08%	53.53%	+3.45	★★★
Lead Screening in Children	83.97%	83.91%	85.34%	+1.43	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	81.93%	82.50%	81.95%	-0.55	★★
Appropriate Testing for Children With Pharyngitis	68.30%	71.04%	74.02%	+2.98	★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	42.38%	39.63%	46.11%	+6.48	★★★
Continuation and Maintenance Phase	51.33%	47.98%	55.36%	+7.38	★★★
Women—Adult Care					
Breast Cancer Screening	63.94%	66.43%	62.74%	-3.69	★★★
Cervical Cancer Screening	76.64%	77.01%	70.23%	-6.78	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	55.61%	54.72%	55.60%	+0.88	★★★
Ages 21 to 24 Years	66.35%	64.56%	67.70%	+3.14	★★★
Total	59.35%	58.10%	60.21%	+2.11	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.05%	96.91%	96.52%	-0.39	★★
Ages 25 Months to 6 Years	89.93%	89.89%	89.23%	-0.66	★★★
Ages 7 to 11 Years	93.20%	93.26%	92.22%	-1.04	★★★
Ages 12 to 19 Years	91.75%	91.70%	91.75%	+0.05	★★★

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	85.41%	86.21%	86.92%	+0.71	★★★★
Ages 45 to 64 Years	91.14%	91.75%	92.60%	+0.85	★★★★★
Ages 65+ Years	93.60%	92.61%	92.42%	-0.19	★★★★
Total	87.12%	88.02%	88.87%	+0.85	★★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	77.99%	84.30%	88.76%	+4.46	★★★★★
BMI Percentile—Ages 12 to 17 Years	82.64%	88.46%	90.21%	+1.75	★★★★★
BMI Percentile—Total	79.65%	85.93%	89.29%	+3.36	★★★★★
Nutrition—Ages 3 to 11 Years	71.04%	68.18%	58.23%	-9.95	★★
Nutrition—Ages 12 to 17 Years	64.58%	60.90%	56.64%	-4.26	★★★
Nutrition—Total	68.73%	65.33%	57.65%	-7.68	★★
Physical Activity—Ages 3 to 11 Years	57.14%	58.68%	47.79%	-10.89	★★
Physical Activity—Ages 12 to 17 Years	63.89%	64.74%	55.24%	-9.50	★★★
Physical Activity—Total	59.55%	61.06%	50.51%	-10.55	★★
Adult BMI Assessment	90.40%	93.71%	90.00%	-3.71	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	92.70%	92.70%	81.58%	-11.12	★★
Postpartum Care	71.78%	71.78%	62.89%	-8.89	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	37.76%	35.61%	33.55%	-2.06	—
1-12 Weeks	7.09%	8.47%	8.94%	+0.47	—
13-27 Weeks	35.42%	35.66%	37.35%	+1.69	—
28 or More Weeks	13.75%	14.95%	15.52%	+0.57	—
Unknown	5.98%	5.31%	4.63%	-0.68	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	34.79%	2.92%	5.79%	+2.87	—
21-40 Percent†	2.92%	2.68%	5.26%	+2.58	—
41-60 Percent†	4.14%	8.52%	13.68%	+5.16	—
61-80 Percent†	9.98%	20.92%	16.32%	-4.60	—
≥81 Percent	48.18%	64.96%	58.95%	-6.01	★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	87.69%	89.05%	90.46%	+1.41	★★★★
HbA1c Poor Control (>9.0%)*	33.29%	27.90%	29.64%	+1.74	★★★★★
HbA1c Control (<8.0%)	58.18%	61.93%	59.15%	-2.78	★★★★

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	72.31%	71.84%	71.26%	-0.58	★★★★★
Medical Attention for Nephropathy	86.28%	84.62%	86.34%	+1.72	★★★★
Blood Pressure Control (<140/90 mm Hg)	68.11%	67.01%	68.56%	+1.55	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.30%	93.77%	92.99%	-0.78	★★★
Ages 12 to 18 Years	83.68%	88.24%	91.20%	+2.96	★★★★
Ages 19 to 50 Years	77.17%	78.24%	78.74%	+0.50	★★★
Ages 51 to 64 Years	62.16%	69.77%	62.00%	-7.77	★
Total	85.30%	86.99%	87.13%	+0.14	★★★
Controlling High Blood Pressure	58.77%	60.10%	55.19%	-4.91	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.44%	80.40%	80.98%	+0.58	—
Discussing Cessation Medications	50.55%	53.69%	57.02%	+3.33	—
Discussing Cessation Strategies	44.44%	49.58%	51.58%	+2.00	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	78.74%	84.00%	82.52%	-1.48	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	81.13%	78.26%	77.50%	-0.76	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.84%	64.97%	60.99%	-3.98	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	59.36%	58.86%	59.27%	+0.41	—
Black or African-American	30.87%	30.41%	27.63%	-2.78	—
American-Indian and Alaska Native	0.15%	0.17%	0.33%	+0.16	—
Asian	0.40%	0.41%	0.37%	-0.04	—
Native Hawaiian and Other Pacific Islanders	0.06%	0.01%	0.05%	+0.04	—
Some Other Race	<0.01%	<0.01%	0.00%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	9.17%	10.14%	12.35%	+2.21	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	4.61%	4.69%	4.73%	+0.04	—

Table B-5 HealthPlus Partners Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.90%	99.88%	99.87%	-0.01	—
Spoken Language—Non-English	0.09%	0.11%	0.13%	+0.02	—
Spoken Language—Unknown	<0.01%	<0.01%	0.00%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	341.92	339.07	366.08	+27.01	★★★
ED—Total*	66.58	64.88	65.47	+0.59	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	6.90	6.95	6.83	-0.12	—
Medicine—Total	3.21	2.88	2.72	-0.16	—
Surgery—Total	1.06	1.50	1.77	+0.27	—
Maternity—Total	4.27	4.17	3.45	-0.72	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.91	4.32	4.45	+0.13	—
Medicine—Total	4.40	4.08	4.20	+0.12	—
Surgery—Total	5.76	7.58	7.17	-0.41	—
Maternity—Total	2.56	2.67	2.68	+0.01	—

— 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).

£ Rate was calculated by HSAG.

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	85.16%	83.70%	72.75%	-10.95	★★
Combination 3	84.67%	83.45%	69.59%	-13.86	★★
Combination 4	72.51%	72.99%	64.96%	-8.03	★★
Combination 5	58.39%	61.56%	55.72%	-5.84	★★
Combination 6	39.90%	44.04%	38.69%	-5.35	★★
Combination 7	54.74%	55.47%	52.55%	-2.92	★★
Combination 8	38.93%	41.36%	37.96%	-3.40	★★
Combination 9	33.33%	35.77%	31.63%	-4.14	★★
Combination 10	32.60%	33.33%	31.14%	-2.19	★★
Immunizations for Adolescents—Combination 1	89.05%	86.13%	89.29%	+3.16	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	74.70%	78.10%	68.37%	-9.73	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	68.13%	67.64%	74.94%	+7.30	★★★
Adolescent Well-Care Visits	40.15%	52.80%	46.96%	-5.84	★★
Lead Screening in Children	85.64%	83.21%	84.91%	+1.70	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	76.15%	80.67%	82.94%	+2.27	★★
Appropriate Testing for Children With Pharyngitis	60.22%	59.15%	66.88%	+7.73	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	41.43%	42.14%	45.42%	+3.28	★★★
Continuation and Maintenance Phase	45.31%	44.79%	57.34%	+12.55	★★★
Women—Adult Care					
Breast Cancer Screening	48.02%	53.36%	50.02%	-3.34	★
Cervical Cancer Screening	72.99%	65.21%	55.47%	-9.74	★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	49.47%	48.47%	50.19%	+1.72	★★
Ages 21 to 24 Years	63.71%	59.66%	55.96%	-3.70	★
Total	54.66%	52.34%	52.38%	+0.04	★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	95.47%	96.11%	96.28%	+0.17	★★
Ages 25 Months to 6 Years	85.78%	85.40%	88.95%	+3.55	★★
Ages 7 to 11 Years	88.99%	87.78%	89.67%	+1.89	★★
Ages 12 to 19 Years	86.94%	86.97%	87.72%	+0.75	★★

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	81.49%	81.02%	81.53%	+0.51	★★
Ages 45 to 64 Years	89.58%	89.40%	89.61%	+0.21	★★★
Ages 65+ Years	85.53%	86.47%	83.63%	-2.84	★★
Total	83.97%	83.97%	84.36%	+0.39	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	61.15%	71.89%	74.33%	+2.44	★★★★
BMI Percentile—Ages 12 to 17 Years	60.90%	66.15%	79.33%	+13.18	★★★★
BMI Percentile—Total	61.07%	70.07%	76.16%	+6.09	★★★★
Nutrition—Ages 3 to 11 Years	61.87%	57.30%	60.54%	+3.24	★★
Nutrition—Ages 12 to 17 Years	48.87%	47.69%	49.33%	+1.64	★★
Nutrition—Total	57.66%	54.26%	56.45%	+2.19	★★
Physical Activity—Ages 3 to 11 Years	60.79%	36.30%	42.91%	+6.61	★★
Physical Activity—Ages 12 to 17 Years	48.87%	43.85%	46.67%	+2.82	★★
Physical Activity—Total	56.93%	38.69%	44.28%	+5.59	★★
Adult BMI Assessment	69.10%	84.67%	86.86%	+2.19	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	96.59%	95.13%	86.86%	-8.27	★★★
Postpartum Care	81.02%	77.37%	69.34%	-8.03	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	20.55%	23.01%	28.41%	+5.40	—
1-12 Weeks	8.19%	10.18%	11.16%	+0.98	—
13-27 Weeks	43.14%	43.85%	42.76%	-1.09	—
28 or More Weeks	22.25%	17.95%	13.63%	-4.32	—
Unknown	5.87%	4.99%	4.02%	-0.97	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	1.95%	1.22%	11.68%	+10.46	—
21-40 Percent†	0.73%	0.97%	9.00%	+8.03	—
41-60 Percent†	2.68%	3.65%	6.33%	+2.68	—
61-80 Percent†	7.30%	9.98%	12.17%	+2.19	—
≥81 Percent	87.35%	84.18%	60.83%	-23.35	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	78.47%	83.94%	83.19%	-0.75	★★
HbA1c Poor Control (>9.0%)*	41.24%	41.06%	34.82%	-6.24	★★★★
HbA1c Control (<8.0%)	49.82%	48.36%	45.80%	-2.56	★★

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	57.48%	56.75%	52.49%	-4.26	☆☆
Medical Attention for Nephropathy	81.39%	86.86%	82.85%	-4.01	☆☆☆
Blood Pressure Control (<140/90 mm Hg)	71.72%	59.31%	62.44%	+3.13	☆☆☆
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	89.66%	94.04%	91.09%	-2.95	☆☆
Ages 12 to 18 Years	82.83%	86.72%	87.80%	+1.08	☆☆☆
Ages 19 to 50 Years	70.19%	75.83%	70.96%	-4.87	☆☆
Ages 51 to 64 Years	65.75%	62.99%	73.68%	+10.69	☆☆☆
Total	81.88%	84.46%	83.14%	-1.32	☆☆
Controlling High Blood Pressure	77.62%	77.62%	54.99%	-22.63	☆☆
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	75.55%	73.51%	75.71%	+2.20	—
Discussing Cessation Medications	44.81%	45.85%	42.98%	-2.87	—
Discussing Cessation Strategies	39.10%	42.23%	39.94%	-2.29	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.05%	82.37%	79.07%	-3.30	☆☆
Diabetes Monitoring for People With Diabetes and Schizophrenia	63.16%	56.45%	61.93%	+5.48	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	67.65%	—	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	8.80%	66.96%	67.20%	+0.24	★★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	69.69%	68.59%	65.46%	-3.13	—
Black or African-American	18.41%	17.92%	15.84%	-2.08	—
American-Indian and Alaska Native	0.21%	0.21%	0.31%	+0.10	—
Asian	0.93%	1.05%	0.90%	-0.15	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.07%	0.07%	0.00	—
Some Other Race	<0.01%	<0.01%	<0.01%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	10.65%	12.13%	12.43%	+0.30	—
Declined	0.10%	0.03%	4.99%	+4.96	—
Hispanic [£]	5.03%	5.22%	4.65%	-0.57	—

Table B-6 McLaren Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.41%	99.25%	98.64%	-0.61	—
Spoken Language—Non-English	0.58%	0.73%	0.62%	-0.11	—
Spoken Language—Unknown	0.00%	0.02%	<0.01%	-0.02	—
Spoken Language—Declined	0.01%	<0.01%	0.74%	+0.74	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	318.25	312.85	475.45	+162.60	★★★★★
ED—Total*	75.48	79.75	69.79	-9.96	☆☆
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.23	9.29	7.59	-1.70	—
Medicine—Total	3.63	4.43	3.31	-1.12	—
Surgery—Total	1.23	1.49	1.55	+0.06	—
Maternity—Total	5.51	5.48	3.81	-1.67	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.70	3.86	3.55	-0.31	—
Medicine—Total	4.10	4.17	3.62	-0.55	—
Surgery—Total	5.17	5.80	5.09	-0.71	—
Maternity—Total	2.74	2.60	2.56	-0.04	—

— 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).

£ Rate was calculated by HSAG.

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	81.54%	85.42%	78.89%	-6.53	★★★
Combination 3	77.57%	80.79%	74.25%	-6.54	★★★
Combination 4	64.95%	72.92%	65.43%	-7.49	★☆☆
Combination 5	59.11%	65.51%	61.72%	-3.79	★★★
Combination 6	40.42%	47.69%	46.64%	-1.05	★★★
Combination 7	49.77%	60.65%	55.45%	-5.20	★★★
Combination 8	36.21%	44.91%	42.69%	-2.22	★★★
Combination 9	33.18%	40.28%	40.84%	+0.56	★★★
Combination 10	30.61%	38.66%	37.82%	-0.84	★★★
Immunizations for Adolescents—Combination 1	90.74%	89.73%	89.39%	-0.34	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	77.31%	78.24%	74.54%	-3.70	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	78.24%	82.52%	79.17%	-3.35	★★★★
Adolescent Well-Care Visits	67.91%	62.33%	55.92%	-6.41	★★★
Lead Screening in Children	84.19%	83.33%	81.48%	-1.85	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	86.81%	86.55%	89.73%	+3.18	★★★
Appropriate Testing for Children With Pharyngitis	64.95%	65.56%	70.95%	+5.39	★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	39.66%	43.97%	45.72%	+1.75	★★★
Continuation and Maintenance Phase	44.95%	51.04%	55.14%	+4.10	★★★
Women—Adult Care					
Breast Cancer Screening	62.88%	68.69%	65.27%	-3.42	★★★★
Cervical Cancer Screening	75.18%	74.71%	76.94%	+2.23	★★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	64.63%	60.19%	58.63%	-1.56	★★★★
Ages 21 to 24 Years	72.84%	70.32%	67.98%	-2.34	★★★
Total	67.98%	64.11%	62.39%	-1.72	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.01%	97.74%	97.66%	-0.08	★★★
Ages 25 Months to 6 Years	92.19%	91.85%	91.70%	-0.15	★★★
Ages 7 to 11 Years	93.76%	93.84%	92.85%	-0.99	★★★
Ages 12 to 19 Years	93.53%	93.65%	92.88%	-0.77	★★★★

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	86.14%	87.08%	85.52%	-1.56	★★★
Ages 45 to 64 Years	91.63%	92.41%	92.36%	-0.05	★★★★★
Ages 65+ Years	93.33%	92.31%	89.69%	-2.62	★★★
Total	87.65%	88.65%	87.57%	-1.08	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	71.38%	57.89%	73.43%	+15.54	★★★
BMI Percentile—Ages 12 to 17 Years	74.24%	60.96%	78.62%	+17.66	★★★★
BMI Percentile—Total	72.26%	58.93%	75.17%	+16.24	★★★★
Nutrition—Ages 3 to 11 Years	48.82%	65.26%	68.88%	+3.62	★★★
Nutrition—Ages 12 to 17 Years	51.52%	56.85%	70.34%	+13.49	★★★★
Nutrition—Total	49.65%	62.41%	69.37%	+6.96	★★★★
Physical Activity—Ages 3 to 11 Years	34.01%	46.32%	49.30%	+2.98	★☆☆
Physical Activity—Ages 12 to 17 Years	43.94%	53.42%	61.38%	+7.96	★★★
Physical Activity—Total	37.06%	48.72%	53.36%	+4.64	★★★
Adult BMI Assessment	82.83%	87.50%	91.65%	+4.15	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	94.13%	94.13%	90.02%	-4.11	★★★★
Postpartum Care	72.07%	76.35%	70.07%	-6.28	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	28.17%	26.74%	26.88%	+0.14	—
1-12 Weeks	10.59%	9.88%	10.49%	+0.61	—
13-27 Weeks	45.10%	45.50%	44.07%	-1.43	—
28 or More Weeks	16.07%	17.72%	18.15%	+0.43	—
Unknown	0.06%	0.15%	0.41%	+0.26	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	0.70%	0.70%	1.62%	+0.92	—
21-40 Percent†	1.64%	1.64%	2.32%	+0.68	—
41-60 Percent†	2.82%	2.82%	3.02%	+0.20	—
61-80 Percent†	7.75%	7.75%	7.66%	-0.09	—
≥81 Percent	87.09%	87.09%	85.38%	-1.71	★★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	90.93%	90.31%	87.03%	-3.28	★★★
HbA1c Poor Control (>9.0%)*	31.32%	30.21%	45.54%	+15.33	★☆☆
HbA1c Control (<8.0%)	57.83%	60.26%	45.38%	-14.88	★☆☆

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	53.20%	62.84%	63.86%	+1.02	★★★★★
Medical Attention for Nephropathy	79.89%	78.03%	81.69%	+3.66	★★★
Blood Pressure Control (<140/90 mm Hg)	68.51%	77.06%	72.77%	-4.29	★★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	93.37%	91.27%	90.78%	-0.49	★★
Ages 12 to 18 Years	86.51%	86.32%	86.62%	+0.30	★★
Ages 19 to 50 Years	73.13%	75.03%	74.20%	-0.83	★★
Ages 51 to 64 Years	72.66%	70.44%	64.10%	-6.34	★
Total	85.25%	84.00%	82.68%	-1.32	★★
Controlling High Blood Pressure	76.69%	76.69%	74.46%	-2.23	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.30%	80.81%	80.81%	0.00	—
Discussing Cessation Medications	51.64%	55.28%	58.61%	+3.33	—
Discussing Cessation Strategies	44.98%	47.80%	47.99%	+0.19	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	91.22%	85.85%	86.96%	+1.11	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	49.75%	90.91%	92.37%	+1.46	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	57.43%	57.54%	57.42%	-0.12	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.00%	53.69%	52.48%	-1.21	★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	65.94%	64.87%	63.62%	-1.25	—
Black or African-American	21.60%	21.47%	21.24%	-0.23	—
American-Indian and Alaska Native	0.15%	0.15%	0.34%	+0.19	—
Asian	1.02%	1.03%	0.84%	-0.19	—
Native Hawaiian and Other Pacific Islanders	0.10%	0.07%	0.06%	-0.01	—
Some Other Race	0.00%	0.00%	<0.01%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	5.88%	5.92%	5.65%	-0.27	—
Declined	5.33%	6.49%	8.24%	+1.75	—
Hispanic‡	5.88%	5.92%	5.65%	-0.27	—

Table B-7 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	98.85%	97.73%	98.72%	+0.99	—
Spoken Language—Non-English	1.15%	2.27%	1.28%	-0.99	—
Spoken Language—Unknown	0.00%	0.00%	<0.01%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	98.85%	97.73%	98.72%	+0.99	—
Written Language—Non-English	1.15%	2.27%	1.28%	-0.99	—
Written Language—Unknown	0.00%	0.00%	<0.01%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	98.85%	97.73%	98.72%	+0.99	—
Other Language Needs—Non-English	1.15%	2.27%	1.28%	-0.99	—
Other Language Needs—Unknown	0.00%	0.00%	<0.01%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	368.04	368.55	220.85	-147.70	★
ED—Total*	80.96	78.89	35.59	-43.30	★★★★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	10.67	7.40	7.76	+0.36	—
Medicine—Total	6.46	3.15	3.81	+0.66	—
Surgery—Total	0.36	0.92	1.13	+0.21	—
Maternity—Total	6.52	5.71	4.43	-1.28	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.79	3.62	3.70	+0.08	—
Medicine—Total	4.58	4.16	3.98	-0.18	—
Surgery—Total	4.17	6.04	5.90	-0.14	—
Maternity—Total	2.43	2.44	2.45	+0.01	—

— 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).

‡ Rate was calculated by HSAG.

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	82.35%	81.46%	75.05%	-6.41	☆☆
Combination 3	77.65%	78.81%	71.08%	-7.73	☆☆
Combination 4	69.65%	70.86%	65.43%	-5.43	☆☆
Combination 5	57.88%	60.71%	59.23%	-1.48	☆☆☆
Combination 6	39.76%	39.07%	37.05%	-2.02	☆☆
Combination 7	51.76%	54.53%	54.74%	+0.21	☆☆☆
Combination 8	37.65%	37.31%	35.71%	-1.60	☆☆
Combination 9	30.82%	30.68%	31.77%	+1.09	☆☆
Combination 10	28.94%	28.92%	30.70%	+1.78	☆☆
Immunizations for Adolescents—Combination 1	87.05%	87.76%	92.59%	+4.83	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	67.40%	61.79%	55.09%	-6.70	☆☆
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.39%	77.08%	72.09%	-4.99	☆☆☆
Adolescent Well-Care Visits	57.64%	54.73%	58.00%	+3.27	☆☆☆
Lead Screening in Children	80.00%	76.32%	74.33%	-1.99	☆☆☆
Appropriate Treatment for Children With Upper Respiratory Infection	85.31%	87.22%	89.65%	+2.43	☆☆☆
Appropriate Testing for Children With Pharyngitis	59.27%	55.53%	63.02%	+7.49	☆☆
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	35.95%	38.16%	31.66%	-6.50	★
Continuation and Maintenance Phase	43.18%	47.19%	33.03%	-14.16	★
Women—Adult Care					
Breast Cancer Screening	55.61%	61.07%	58.34%	-2.73	☆☆☆
Cervical Cancer Screening	72.80%	70.00%	69.47%	-0.53	☆☆☆
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	66.32%	62.42%	62.05%	-0.37	★★★★
Ages 21 to 24 Years	73.19%	71.31%	70.22%	-1.09	★★★★
Total	68.67%	65.34%	64.78%	-0.56	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.03%	95.92%	96.11%	+0.19	☆☆
Ages 25 Months to 6 Years	90.56%	88.23%	87.38%	-0.85	☆☆
Ages 7 to 11 Years	92.66%	91.59%	90.98%	-0.61	☆☆
Ages 12 to 19 Years	89.99%	89.37%	89.86%	+0.49	☆☆

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	83.77%	85.21%	84.10%	-1.11	☆☆☆
Ages 45 to 64 Years	90.51%	91.68%	91.54%	-0.14	★★★★
Ages 65+ Years	93.44%	92.51%	91.33%	-1.18	★★★★
Total	86.63%	88.07%	87.62%	-0.45	☆☆☆
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	79.23%	73.56%	76.98%	+3.42	★★★★
BMI Percentile—Ages 12 to 17 Years	78.72%	81.41%	79.49%	-1.92	★★★★
BMI Percentile—Total	79.06%	76.27%	77.85%	+1.58	★★★★
Nutrition—Ages 3 to 11 Years	61.27%	66.78%	69.42%	+2.64	☆☆☆
Nutrition—Ages 12 to 17 Years	63.12%	69.87%	65.38%	-4.49	☆☆☆
Nutrition—Total	61.88%	67.85%	68.01%	+0.16	☆☆☆
Physical Activity—Ages 3 to 11 Years	45.66%	51.86%	59.45%	+7.59	★★★★
Physical Activity—Ages 12 to 17 Years	49.10%	63.46%	62.18%	-1.28	☆☆☆
Physical Activity—Total	46.99%	55.88%	60.40%	+4.52	☆☆☆
Adult BMI Assessment	83.19%	85.23%	93.36%	+8.13	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	80.38%	83.63%	76.33%	-7.30	★
Postpartum Care	72.49%	72.79%	71.02%	-1.77	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	35.07%	34.20%	35.66%	+1.46	—
1-12 Weeks	8.16%	8.37%	7.53%	-0.84	—
13-27 Weeks	35.79%	37.18%	35.28%	-1.90	—
28 or More Weeks	15.80%	16.56%	16.82%	+0.26	—
Unknown	5.17%	3.70%	4.71%	+1.01	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	16.51%	12.61%	14.82%	+2.21	—
21-40 Percent†	11.48%	15.27%	10.62%	-4.65	—
41-60 Percent†	11.48%	13.27%	13.50%	+0.23	—
61-80 Percent†	16.03%	17.70%	17.48%	-0.22	—
≥81 Percent	44.50%	41.15%	43.58%	+2.43	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	82.84%	81.86%	84.99%	+3.13	☆☆☆
HbA1c Poor Control (>9.0%)*	37.47%	41.81%	32.23%	-9.58	★★★★
HbA1c Control (<8.0%)	53.72%	50.22%	59.82%	+9.60	★★★★★

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	56.66%	65.27%	56.29%	-8.98	★★★
Medical Attention for Nephropathy	79.23%	80.97%	85.65%	+4.68	★★★★
Blood Pressure Control (<140/90 mm Hg)	67.27%	58.63%	62.03%	+3.40	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	86.36%	86.46%	85.24%	-1.22	★
Ages 12 to 18 Years	77.08%	79.43%	79.41%	-0.02	★
Ages 19 to 50 Years	66.37%	67.47%	65.92%	-1.55	★
Ages 51 to 64 Years	54.33%	57.69%	59.55%	+1.86	★
Total	75.77%	75.45%	74.60%	-0.85	★
Controlling High Blood Pressure	64.86%	64.86%	61.96%	-2.90	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.27%	82.54%	84.18%	+1.64	—
Discussing Cessation Medications	53.91%	53.54%	55.34%	+1.80	—
Discussing Cessation Strategies	45.62%	48.22%	48.81%	+0.59	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	84.60%	84.63%	86.19%	+1.56	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	67.61%	70.80%	73.17%	+2.37	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	85.92%	80.26%	79.07%	-1.19	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.61%	68.80%	69.45%	+0.65	★★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	47.21%	45.86%	44.42%	-1.44	—
Black or African-American	36.33%	35.17%	34.04%	-1.13	—
American-Indian and Alaska Native	0.14%	0.14%	0.20%	+0.06	—
Asian	0.97%	0.81%	0.66%	-0.15	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.00%	0.00	—
Some Other Race	0.00%	0.00%	0.00%	0.00	—
Two or More Races	<0.01%	<0.01%	0.01%	+0.01	—
Unknown	15.35%	18.02%	20.67%	+2.65	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic‡	7.25%	7.32%	7.45%	+0.13	—

Table B-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	98.95%	98.69%	98.61%	-0.08	—
Spoken Language—Non-English	0.91%	1.10%	1.20%	+0.10	—
Spoken Language—Unknown	0.15%	0.20%	0.19%	-0.01	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	98.95%	98.69%	98.61%	-0.08	—
Written Language—Non-English	0.91%	1.10%	1.20%	+0.10	—
Written Language—Unknown	0.15%	0.20%	0.19%	-0.01	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	98.95%	98.69%	98.61%	-0.08	—
Other Language Needs—Non-English	0.91%	1.10%	1.20%	+0.10	—
Other Language Needs—Unknown	0.15%	0.20%	0.19%	-0.01	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	412.43	394.93	395.04	+0.11	★★★
ED—Total*	75.53	77.49	75.53	-1.96	★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	7.81	7.91	8.12	+0.21	—
Medicine—Total	3.53	3.77	3.93	+0.16	—
Surgery—Total	1.59	1.70	1.80	+0.10	—
Maternity—Total	4.42	4.01	3.93	-0.08	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.95	4.33	4.51	+0.18	—
Medicine—Total	3.76	4.08	4.21	+0.13	—
Surgery—Total	6.73	7.38	7.63	+0.25	—
Maternity—Total	2.55	2.57	2.65	+0.08	—

— 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).

‡ Rate was calculated by HSAG.

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	88.08%	86.00%	85.75%	-0.25	★★★★★
Combination 3	85.40%	83.54%	84.28%	+0.74	★★★★★
Combination 4	45.01%	81.57%	81.57%	0.00	★★★★★
Combination 5	70.80%	70.02%	74.45%	+4.43	★★★★★
Combination 6	58.15%	66.09%	64.13%	-1.96	★★★★★
Combination 7	38.93%	69.04%	72.48%	+3.44	★★★★★
Combination 8	34.06%	64.86%	63.39%	-1.47	★★★★★
Combination 9	51.09%	56.27%	58.23%	+1.96	★★★★★
Combination 10	30.90%	55.77%	57.49%	+1.72	★★★★★
Immunizations for Adolescents—Combination 1	95.92%	95.00%	86.00%	-9.00	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	72.61%	74.39%	74.14%	-0.25	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.95%	76.69%	83.28%	+6.59	★★★★★
Adolescent Well-Care Visits	61.07%	65.56%	55.59%	-9.97	★★★
Lead Screening in Children	82.93%	84.28%	83.78%	-0.50	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	92.12%	94.39%	94.20%	-0.19	★★★★
Appropriate Testing for Children With Pharyngitis	78.16%	75.52%	77.32%	+1.80	★★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	38.06%	33.09%	34.11%	+1.02	★★
Continuation and Maintenance Phase	45.62%	29.73%	30.30%	+0.57	★
Women—Adult Care					
Breast Cancer Screening	65.16%	67.56%	63.09%	-4.47	★★★
Cervical Cancer Screening	78.65%	77.32%	68.92%	-8.40	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	64.43%	65.40%	61.60%	-3.80	★★★★
Ages 21 to 24 Years	72.79%	73.25%	73.17%	-0.08	★★★★★
Total	67.32%	67.91%	65.12%	-2.79	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.80%	96.96%	97.52%	+0.56	★★★
Ages 25 Months to 6 Years	88.15%	88.74%	89.00%	+0.26	★★
Ages 7 to 11 Years	92.29%	92.22%	92.16%	-0.06	★★★
Ages 12 to 19 Years	90.39%	90.69%	91.35%	+0.66	★★★

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	83.88%	85.27%	84.56%	-0.71	★★★
Ages 45 to 64 Years	90.67%	91.39%	92.29%	+0.90	★★★★★
Ages 65+ Years	NA	95.50%	91.16%	-4.34	★★★★
Total	85.58%	87.55%	87.44%	-0.11	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	83.70%	83.82%	87.44%	+3.62	★★★★★
BMI Percentile—Ages 12 to 17 Years	81.56%	86.99%	86.61%	-0.38	★★★★★
BMI Percentile—Total	82.97%	84.81%	87.13%	+2.32	★★★★★
Nutrition—Ages 3 to 11 Years	74.07%	77.21%	79.53%	+2.32	★★★★★
Nutrition—Ages 12 to 17 Years	66.67%	78.05%	67.72%	-10.33	★★★★
Nutrition—Total	71.53%	77.47%	75.15%	-2.32	★★★★
Physical Activity—Ages 3 to 11 Years	57.41%	67.65%	68.84%	+1.19	★★★★★
Physical Activity—Ages 12 to 17 Years	65.96%	80.49%	65.35%	-15.14	★★★★
Physical Activity—Total	60.34%	71.65%	67.54%	-4.11	★★★★
Adult BMI Assessment	85.77%	90.82%	87.07%	-3.75	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	88.81%	90.23%	78.24%	-11.99	★★
Postpartum Care	70.07%	71.55%	66.18%	-5.37	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	26.03%	26.03%	24.88%	-1.15	—
1-12 Weeks	12.65%	12.65%	11.95%	-0.70	—
13-27 Weeks	44.77%	44.77%	48.05%	+3.28	—
28 or More Weeks	16.55%	16.55%	15.12%	-1.43	—
Unknown	0.00%	0.00%	0.00%	0.00	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	6.57%	6.57%	8.53%	+1.96	—
21-40 Percent†	4.38%	4.38%	6.40%	+2.02	—
41-60 Percent†	8.03%	8.03%	5.07%	-2.96	—
61-80 Percent†	15.82%	15.82%	14.13%	-1.69	—
≥81 Percent	65.21%	65.21%	65.87%	+0.66	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	88.40%	91.85%	92.57%	+0.72	★★★★★
HbA1c Poor Control (>9.0%)*	31.74%	23.75%	24.86%	+1.11	★★★★★
HbA1c Control (<8.0%)	57.68%	64.09%	62.86%	-1.23	★★★★★

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	62.46%	66.67%	67.86%	+1.19	★★★★
Medical Attention for Nephropathy	84.98%	83.12%	87.14%	+4.02	★★★★★
Blood Pressure Control (<140/90 mm Hg)	66.55%	68.38%	67.29%	-1.09	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
Ages 5 to 11 Years	95.74%	95.42%	95.68%	+0.26	★★★★★
Ages 12 to 18 Years	93.05%	94.92%	94.27%	-0.65	★★★★★
Ages 19 to 50 Years	89.35%	85.20%	82.39%	-2.81	★★★★
Ages 51 to 64 Years	NA	70.73%	75.68%	+4.95	★★★
Total	93.40%	91.87%	91.82%	-0.05	★★★★★
Controlling High Blood Pressure	69.83%	62.93%	61.86%	-1.07	★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
Advising Smokers and Tobacco Users to Quit	79.57%	84.49%	83.17%	-1.32	—
Discussing Cessation Medications	50.71%	53.85%	52.96%	-0.89	—
Discussing Cessation Strategies	42.76%	43.44%	42.97%	-0.47	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	77.52%	79.84%	82.38%	+2.54	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	77.50%	65.57%	79.31%	+13.74	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.85%	66.67%	55.95%	-10.72	★★
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership†</i>					
White	58.98%	57.80%	60.18%	+2.38	—
Black or African-American	17.24%	16.09%	15.85%	-0.24	—
American-Indian and Alaska Native	0.12%	0.13%	0.42%	+0.29	—
Asian	0.53%	0.75%	1.25%	+0.50	—
Native Hawaiian and Other Pacific Islanders	0.03%	0.01%	0.08%	+0.07	—
Some Other Race	0.00%	0.00%	0.00%	0.00	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	23.11%	25.22%	22.22%	-3.00	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	10.60%	10.24%	11.86%	+1.62	—

Table B-9 Priority Health Choice, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Language Diversity of Membership†</i>					
Spoken Language—English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	0.00%	0.00	—
Written Language—Non-English	0.00%	0.00%	0.00%	0.00	—
Written Language—Unknown	100.00%	100.00%	100.00%	0.00	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
Outpatient—Total	328.44	340.92	345.24	+4.32	★★
ED—Total*	80.38	79.95	80.37	+0.42	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
Total Inpatient—Total	6.45	7.25	7.60	+0.35	—
Medicine—Total	2.26	2.93	3.16	+0.23	—
Surgery—Total	0.93	1.10	1.25	+0.15	—
Maternity—Total	5.75	5.69	5.56	-0.13	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
Total Inpatient—Total	3.19	3.37	3.46	+0.09	—
Medicine—Total	3.70	3.77	3.85	+0.08	—
Surgery—Total	4.43	4.71	4.81	+0.10	—
Maternity—Total	2.48	2.54	2.56	+0.02	—

— 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).

£ Rate was calculated by HSAG.

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	73.97%	77.62%	80.54%	+2.92	★★★★
Combination 3	68.13%	71.78%	76.89%	+5.11	★★★
Combination 4	24.82%	65.21%	71.29%	+6.08	★★★
Combination 5	48.42%	59.37%	67.40%	+8.03	★★★★
Combination 6	31.14%	48.66%	51.09%	+2.43	★★★★
Combination 7	20.44%	55.96%	63.26%	+7.30	★★★★
Combination 8	12.41%	46.96%	49.15%	+2.19	★★★★
Combination 9	22.87%	42.09%	44.77%	+2.68	★★★★
Combination 10	9.73%	41.36%	43.55%	+2.19	★★★★
Immunizations for Adolescents—Combination 1	87.76%	91.53%	91.84%	+0.31	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	56.10%	63.54%	63.54%	Rotated	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	65.31%	64.36%	64.43%	+0.07	★
Adolescent Well-Care Visits	46.47%	51.09%	56.93%	+5.84	★★★
Lead Screening in Children	77.20%	81.04%	79.32%	-1.72	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	83.30%	84.20%	79.44%	-4.76	★
Appropriate Testing for Children With Pharyngitis	60.82%	60.26%	50.99%	-9.27	★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	NB	NB	50.00%	—	★★★★
Continuation and Maintenance Phase	NB	NB	NA	—	NA
Women—Adult Care					
Breast Cancer Screening	43.51%	51.21%	50.70%	-0.51	★
Cervical Cancer Screening	71.11%	68.81%	67.78%	-1.03	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	52.74%	53.65%	55.92%	+2.27	★★★
Ages 21 to 24 Years	70.35%	70.74%	62.78%	-7.96	★★
Total	58.73%	59.27%	58.30%	-0.97	★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	95.61%	97.49%	96.53%	-0.96	★★
Ages 25 Months to 6 Years	85.18%	85.23%	86.90%	+1.67	★★
Ages 7 to 11 Years	88.33%	88.02%	89.22%	+1.20	★★
Ages 12 to 19 Years	87.17%	88.34%	90.31%	+1.97	★★★

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	80.86%	81.92%	81.79%	-0.13	★★
Ages 45 to 64 Years	87.66%	87.65%	87.78%	+0.13	★★
Ages 65+ Years	86.44%	92.44%	88.62%	-3.82	★★★
Total	83.03%	84.04%	84.00%	-0.04	★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	67.40%	74.22%	81.09%	+6.87	★★★★
BMI Percentile—Ages 12 to 17 Years	63.04%	80.52%	80.67%	+0.15	★★★★
BMI Percentile—Total	65.94%	76.59%	80.93%	+4.34	★★★★
Nutrition—Ages 3 to 11 Years	64.10%	71.48%	76.47%	+4.99	★★★★
Nutrition—Ages 12 to 17 Years	63.77%	74.68%	73.33%	-1.35	★★★★
Nutrition—Total	63.99%	72.68%	75.26%	+2.58	★★★★
Physical Activity—Ages 3 to 11 Years	46.15%	59.38%	60.92%	+1.54	★★★★
Physical Activity—Ages 12 to 17 Years	65.22%	68.18%	66.00%	-2.18	★★★★
Physical Activity—Total	52.55%	62.68%	62.89%	+0.21	★★★★
Adult BMI Assessment	75.47%	87.22%	94.39%	+7.17	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	88.98%	91.91%	88.25%	-3.66	★★★
Postpartum Care	66.67%	67.39%	68.85%	+1.46	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	34.42%	35.17%	36.79%	+1.62	—
1-12 Weeks	8.95%	8.75%	6.98%	-1.77	—
13-27 Weeks	36.83%	38.40%	33.96%	-4.44	—
28 or More Weeks	16.35%	15.59%	18.87%	+3.28	—
Unknown	3.44%	2.09%	3.40%	+1.31	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	5.65%	0.81%	2.73%	+1.92	—
21-40 Percent†	2.54%	2.16%	3.83%	+1.67	—
41-60 Percent†	5.37%	8.09%	4.92%	-3.17	—
61-80 Percent†	8.19%	14.02%	13.11%	-0.91	—
≥81 Percent	78.25%	74.93%	75.41%	+0.48	★★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.10%	84.57%	87.59%	+3.02	★★★★
HbA1c Poor Control (>9.0%)*	40.65%	32.46%	34.40%	+1.94	★★★★
HbA1c Control (<8.0%)	49.39%	56.11%	54.51%	-1.60	★★★★

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	59.35%	60.12%	67.29%	+7.17	★★★★
Medical Attention for Nephropathy	77.44%	80.16%	86.47%	+6.31	★★★★
Blood Pressure Control (<140/90 mm Hg)	71.14%	70.54%	70.54%	Rotated	★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	94.44%	94.08%	96.12%	+2.04	★★★★★
Ages 12 to 18 Years	92.16%	93.69%	95.74%	+2.05	★★★★★
Ages 19 to 50 Years	78.13%	77.03%	76.47%	-0.56	★★★
Ages 51 to 64 Years	NA	NA	NA	—	NA
Total	89.13%	89.59%	90.71%	+1.12	★★★★
Controlling High Blood Pressure	63.14%	64.06%	64.21%	+0.15	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	76.95%	77.29%	78.74%	+1.45	—
Discussing Cessation Medications	53.16%	54.61%	50.83%	-3.78	—
Discussing Cessation Strategies	47.87%	49.32%	52.15%	+2.83	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NB	NB	NA	—	NA
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NB	NB	NA	—	NA
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	52.46%	51.34%	51.50%	+0.16	—
Black or African-American	24.91%	23.98%	22.88%	-1.10	—
American-Indian and Alaska Native	0.21%	0.18%	0.31%	+0.13	—
Asian	0.00%	4.92%	4.27%	-0.65	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.04%	0.08%	+0.04	—
Some Other Race	9.46%	9.49%	9.02%	-0.47	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	12.96%	10.05%	11.94%	+1.89	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	9.46%	9.49%	9.02%	-0.47	—

Table B-10 Sparrow PHP Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	98.49%	97.84%	97.48%	-0.36	—
Spoken Language—Non-English	0.85%	0.63%	0.61%	-0.02	—
Spoken Language—Unknown	0.66%	1.53%	1.91%	+0.38	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	98.49%	97.84%	97.48%	-0.36	—
Written Language—Non-English	0.85%	0.63%	0.61%	-0.02	—
Written Language—Unknown	0.66%	1.53%	1.91%	+0.38	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	98.49%	97.84%	97.48%	-0.36	—
Other Language Needs—Non-English	0.85%	0.63%	0.61%	-0.02	—
Other Language Needs—Unknown	0.66%	1.53%	1.91%	+0.38	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	342.01	335.61	330.60	-5.01	★★
ED—Total*	79.83	75.56	73.14	-2.42	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	8.14	9.33	8.60	-0.73	—
Medicine—Total	3.84	5.06	4.76	-0.30	—
Surgery—Total	1.19	1.29	1.28	-0.01	—
Maternity—Total	5.15	5.05	4.06	-0.99	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.47	3.71	3.84	+0.13	—
Medicine—Total	3.71	3.71	3.67	-0.04	—
Surgery—Total	4.37	6.19	6.41	+0.22	—
Maternity—Total	2.77	2.64	2.89	+0.25	—

— 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).

£ Rate was calculated by HSAG.

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	80.74%	70.07%	70.14%	+0.07	★
Combination 3	79.58%	64.27%	65.28%	+1.01	★
Combination 4	36.66%	60.56%	61.34%	+0.78	★★
Combination 5	48.26%	51.74%	49.07%	-2.67	★
Combination 6	19.03%	22.97%	31.25%	+8.28	★
Combination 7	22.04%	49.65%	46.53%	-3.12	★
Combination 8	10.90%	22.27%	30.09%	+7.82	★
Combination 9	12.99%	18.10%	25.00%	+6.90	★
Combination 10	7.66%	17.87%	24.31%	+6.44	★
Immunizations for Adolescents—Combination 1	83.33%	87.70%	84.26%	-3.44	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	73.15%	49.28%	52.08%	+2.80	★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.94%	72.24%	68.75%	-3.49	★★
Adolescent Well-Care Visits	67.08%	52.21%	50.00%	-2.21	★★★
Lead Screening in Children	74.31%	69.14%	71.99%	+2.85	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	85.56%	85.71%	86.35%	+0.64	★★★
Appropriate Testing for Children With Pharyngitis	51.38%	52.90%	56.74%	+3.84	★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	43.21%	40.85%	34.07%	-6.78	★★
Continuation and Maintenance Phase	NA	NA	35.85%	—	★
Women—Adult Care					
Breast Cancer Screening	49.96%	54.65%	48.41%	-6.24	★
Cervical Cancer Screening	63.87%	64.65%	58.15%	-6.50	★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	67.12%	69.64%	66.69%	-2.95	★★★★★
Ages 21 to 24 Years	75.89%	74.33%	72.24%	-2.09	★★★★
Total	70.00%	71.25%	68.75%	-2.50	★★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	93.78%	93.34%	93.42%	+0.08	★
Ages 25 Months to 6 Years	83.47%	81.98%	82.77%	+0.79	★
Ages 7 to 11 Years	87.02%	86.77%	86.47%	-0.30	★
Ages 12 to 19 Years	85.42%	85.40%	85.31%	-0.09	★

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	76.24%	77.68%	77.34%	-0.34	★
Ages 45 to 64 Years	85.79%	86.53%	86.52%	-0.01	★★
Ages 65+ Years	80.28%	NA	76.49%	—	★
Total	79.64%	80.84%	80.62%	-0.22	★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	58.53%	69.55%	69.92%	+0.37	★★★★
BMI Percentile—Ages 12 to 17 Years	62.07%	69.28%	67.47%	-1.81	★★★★
BMI Percentile—Total	59.95%	69.44%	68.98%	-0.46	★★★★
Nutrition—Ages 3 to 11 Years	63.95%	63.53%	64.29%	+0.76	★★★★
Nutrition—Ages 12 to 17 Years	55.17%	54.22%	57.83%	+3.61	★★★★
Nutrition—Total	60.42%	59.95%	61.81%	+1.86	★★★★
Physical Activity—Ages 3 to 11 Years	50.92%	49.62%	55.26%	+5.64	★★★★
Physical Activity—Ages 12 to 17 Years	55.35%	51.81%	59.04%	+7.23	★★★★
Physical Activity—Total	52.55%	50.46%	56.71%	+6.25	★★★★
Adult BMI Assessment	73.61%	79.13%	83.28%	+4.15	★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	69.44%	72.62%	68.52%	-4.10	★
Postpartum Care	47.69%	52.20%	44.68%	-7.52	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	32.65%	30.29%	46.17%	+15.88	—
1-12 Weeks	7.00%	8.70%	7.42%	-1.28	—
13-27 Weeks	35.98%	38.02%	27.61%	-10.41	—
28 or More Weeks	17.66%	16.86%	13.92%	-2.94	—
Unknown	6.72%	6.14%	4.87%	-1.27	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	28.70%	22.74%	20.37%	-2.37	—
21-40 Percent†	12.27%	17.40%	17.13%	-0.27	—
41-60 Percent†	10.19%	11.14%	13.89%	+2.75	—
61-80 Percent†	13.89%	15.31%	17.36%	+2.05	—
≥81 Percent	34.95%	33.41%	31.25%	-2.16	★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	76.75%	81.16%	82.04%	+0.88	★★
HbA1c Poor Control (>9.0%)*	54.56%	56.08%	47.95%	-8.13	★★
HbA1c Control (<8.0%)	40.27%	38.75%	43.84%	+5.09	★★

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	46.66%	34.19%	35.01%	+0.82	★
Medical Attention for Nephropathy	79.94%	82.07%	80.67%	-1.40	★★★
Blood Pressure Control (<140/90 mm Hg)	53.19%	51.06%	51.14%	+0.08	★
<i>Use of Appropriate Medications for People With Asthma</i>					
Ages 5 to 11 Years	82.39%	75.27%	80.85%	+5.58	★
Ages 12 to 18 Years	76.50%	79.33%	73.80%	-5.53	★
Ages 19 to 50 Years	64.31%	65.57%	62.22%	-3.35	★
Ages 51 to 64 Years	61.45%	58.06%	64.29%	+6.23	★
Total	73.48%	70.66%	70.12%	-0.54	★
Controlling High Blood Pressure	46.28%	39.91%	51.56%	+11.65	★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
Advising Smokers and Tobacco Users to Quit	79.75%	80.47%	78.73%	-1.74	—
Discussing Cessation Medications	51.38%	53.91%	51.91%	-2.00	—
Discussing Cessation Strategies	47.17%	47.24%	42.11%	-5.13	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NA	NA	83.84%	—	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.79%	62.69%	65.66%	+2.97	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA	57.30%	—	★★
Health Plan Diversity					
<i>Race/Ethnicity Diversity of Membership†</i>					
White	29.80%	28.94%	28.52%	-0.42	—
Black or African-American	61.91%	61.86%	58.81%	-3.05	—
American-Indian and Alaska Native	0.08%	0.08%	0.17%	+0.09	—
Asian	1.38%	1.36%	1.24%	-0.12	—
Native Hawaiian and Other Pacific Islanders	0.11%	0.10%	0.09%	-0.01	—
Some Other Race	2.15%	2.39%	2.14%	-0.25	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	4.55%	5.27%	9.04%	+3.77	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	2.15%	2.39%	2.14%	-0.25	—

Table B-11 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Language Diversity of Membership†</i>					
Spoken Language—English	99.56%	99.51%	99.48%	-0.03	—
Spoken Language—Non-English	0.44%	0.49%	0.48%	-0.01	—
Spoken Language—Unknown	0.00%	0.00%	0.04%	+0.04	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	99.56%	99.51%	99.48%	-0.03	—
Written Language—Non-English	0.44%	0.49%	0.48%	-0.01	—
Written Language—Unknown	0.00%	0.00%	0.04%	+0.04	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	99.56%	99.51%	99.48%	-0.03	—
Other Language Needs—Non-English	0.44%	0.49%	0.48%	-0.01	—
Other Language Needs—Unknown	0.00%	0.00%	0.04%	+0.04	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
Outpatient—Total	288.30	289.31	322.80	+33.49	★★
ED—Total*	74.83	73.94	76.06	+2.12	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
Total Inpatient—Total	9.84	10.18	9.91	-0.27	—
Medicine—Total	5.11	4.99	5.90	+0.91	—
Surgery—Total	1.74	1.77	1.97	+0.20	—
Maternity—Total	4.50	5.16	2.89	-2.27	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
Total Inpatient—Total	3.88	3.72	4.35	+0.63	—
Medicine—Total	3.50	3.44	3.78	+0.34	—
Surgery—Total	7.23	6.84	7.69	+0.85	—
Maternity—Total	2.58	2.53	2.79	+0.26	—

— 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).

£ Rate was calculated by HSAG.

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	77.37%	76.73%	76.16%	-0.57	★★★
Combination 3	72.26%	72.34%	71.29%	-1.05	★★
Combination 4	35.52%	67.82%	69.59%	+1.77	★★★
Combination 5	54.50%	57.32%	60.34%	+3.02	★★★
Combination 6	33.33%	35.30%	40.15%	+4.85	★★
Combination 7	27.49%	54.74%	59.37%	+4.63	★★★
Combination 8	19.71%	34.19%	38.93%	+4.74	★★
Combination 9	26.52%	29.47%	34.55%	+5.08	★★
Combination 10	16.06%	28.80%	33.82%	+5.02	★★
Immunizations for Adolescents—Combination 1	89.86%	86.63%	88.81%	+2.18	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	93.19%	84.18%	57.64%	-26.54	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.40%	80.80%	74.81%	-5.99	★★★
Adolescent Well-Care Visits	66.85%	61.46%	52.30%	-9.16	★★★
Lead Screening in Children	82.97%	79.56%	81.51%	+1.95	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	85.75%	86.63%	87.20%	+0.57	★★★
Appropriate Testing for Children With Pharyngitis	52.88%	49.65%	62.65%	+13.00	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	39.62%	39.69%	40.80%	+1.11	★★
Continuation and Maintenance Phase	51.52%	47.89%	54.00%	+6.11	★★★
Women—Adult Care					
Breast Cancer Screening	57.47%	64.85%	64.01%	-0.84	★★★
Cervical Cancer Screening	69.59%	73.16%	67.68%	-5.48	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	61.85%	62.73%	59.26%	-3.47	★★★★
Ages 21 to 24 Years	72.17%	70.54%	68.99%	-1.55	★★★★
Total	65.76%	65.46%	62.71%	-2.75	★★★★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.91%	97.74%	96.06%	-1.68	★★
Ages 25 Months to 6 Years	90.93%	91.15%	88.67%	-2.48	★★
Ages 7 to 11 Years	92.64%	92.79%	91.35%	-1.44	★★★
Ages 12 to 19 Years	91.85%	92.17%	90.50%	-1.67	★★★

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	85.13%	85.15%	83.78%	-1.37	★★★
Ages 45 to 64 Years	92.31%	92.69%	92.16%	-0.53	★★★★
Ages 65+ Years	92.66%	90.93%	97.31%	+6.38	★★★★★
Total	87.83%	88.19%	86.90%	-1.29	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	53.05%	66.79%	77.58%	+10.79	★★★★
BMI Percentile—Ages 12 to 17 Years	57.72%	70.47%	76.92%	+6.45	★★★★
BMI Percentile—Total	54.74%	68.13%	77.37%	+9.24	★★★★
Nutrition—Ages 3 to 11 Years	59.54%	68.70%	72.60%	+3.90	★★★★
Nutrition—Ages 12 to 17 Years	61.07%	63.09%	69.23%	+6.14	★★★★
Nutrition—Total	60.10%	66.67%	71.53%	+4.86	★★★★
Physical Activity—Ages 3 to 11 Years	48.09%	49.24%	59.43%	+10.19	★★★★
Physical Activity—Ages 12 to 17 Years	53.69%	55.70%	69.23%	+13.53	★★★★
Physical Activity—Total	50.12%	51.58%	62.53%	+10.95	★★★★
Adult BMI Assessment	78.42%	86.11%	91.79%	+5.68	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	89.72%	87.87%	85.68%	-2.19	★★★
Postpartum Care	66.94%	66.31%	63.82%	-2.49	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	NR	32.20%	33.09%	+0.89	—
1-12 Weeks	NR	8.07%	8.50%	+0.43	—
13-27 Weeks	NR	37.76%	35.70%	-2.06	—
28 or More Weeks	NR	16.92%	17.77%	+0.85	—
Unknown	NR	5.06%	4.93%	-0.13	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	7.78%	8.36%	6.53%	-1.83	—
21-40 Percent†	2.78%	7.82%	5.78%	-2.04	—
41-60 Percent†	7.22%	8.09%	8.04%	-0.05	—
61-80 Percent†	14.44%	16.17%	16.83%	+0.66	—
≥81 Percent	67.78%	59.57%	62.81%	+3.24	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	84.70%	86.03%	84.58%	-1.45	★★★
HbA1c Poor Control (>9.0%)*	33.08%	35.77%	32.22%	-3.55	★★★★
HbA1c Control (<8.0%)	56.59%	55.13%	57.22%	+2.09	★★★★

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	63.93%	66.41%	63.19%	-3.22	★★★★
Medical Attention for Nephropathy	80.88%	82.18%	83.33%	+1.15	★★★★
Blood Pressure Control (<140/90 mm Hg)	64.93%	62.31%	66.81%	+4.50	★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	87.54%	87.51%	86.10%	-1.41	★
Ages 12 to 18 Years	78.74%	86.45%	85.40%	-1.05	★★
Ages 19 to 50 Years	68.83%	77.74%	74.70%	-3.04	★★
Ages 51 to 64 Years	62.22%	73.52%	76.11%	+2.59	★★★
Total	78.04%	82.86%	81.48%	-1.38	★★
Controlling High Blood Pressure	65.08%	62.50%	62.63%	+0.13	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	82.14%	80.56%	77.23%	-3.33	—
Discussing Cessation Medications	57.73%	57.11%	55.72%	-1.39	—
Discussing Cessation Strategies	48.21%	44.64%	43.60%	-1.04	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.58%	83.61%	86.54%	+2.93	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.15%	67.51%	68.46%	+0.95	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	83.78%	85.33%	87.88%	+2.55	★★★★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	31.61%	59.14%	58.57%	-0.57	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	49.44%	49.94%	50.34%	+0.40	—
Black or African-American	36.37%	36.00%	32.58%	-3.42	—
American-Indian and Alaska Native	0.13%	0.13%	0.21%	+0.08	—
Asian	0.00%	0.00%	2.40%	+2.40	—
Native Hawaiian and Other Pacific Islanders	0.00%	0.00%	0.01%	+0.01	—
Some Other Race	1.45%	1.17%	0.00%	-1.17	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	12.61%	12.76%	14.45%	+1.69	—
Declined	0.00%	0.00%	0.00%	0.00	—
Hispanic [£]	5.17%	5.45%	5.52%	+0.07	—

Table B-12 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	85.42%	82.65%	95.71%	+13.06	—
Spoken Language—Non-English	4.33%	4.81%	4.26%	-0.55	—
Spoken Language—Unknown	10.25%	12.55%	0.03%	-12.52	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	0.00%	0.00%	95.71%	+95.71	—
Written Language—Non-English	0.00%	0.00%	4.26%	+4.26	—
Written Language—Unknown	100.00%	100.00%	0.03%	-99.97	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	375.09	381.96	361.16	-20.80	★★★
ED—Total*	78.04	76.22	73.86	-2.36	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	7.64	7.92	6.95	-0.97	—
Medicine—Total	3.11	3.60	3.10	-0.50	—
Surgery—Total	1.48	1.64	1.55	-0.09	—
Maternity—Total	4.97	4.40	3.57	-0.83	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.84	3.91	4.17	+0.26	—
Medicine—Total	3.80	3.73	3.99	+0.26	—
Surgery—Total	6.56	6.66	6.97	+0.31	—
Maternity—Total	2.55	2.46	2.51	+0.05	—

— 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).

£ Rate was calculated by HSAG.

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Child and Adolescent Care					
<i>Childhood Immunization Status</i>					
Combination 2	79.17%	75.18%	80.29%	+5.11	★★★★
Combination 3	74.56%	72.51%	75.18%	+2.67	★★★
Combination 4	65.02%	63.50%	68.37%	+4.87	★★★
Combination 5	55.04%	52.07%	58.88%	+6.81	★★★
Combination 6	48.57%	45.01%	57.66%	+12.65	★★★★
Combination 7	50.33%	48.42%	55.23%	+6.81	★★★
Combination 8	45.07%	40.88%	54.50%	+13.62	★★★★
Combination 9	39.69%	36.50%	48.18%	+11.68	★★★★
Combination 10	37.39%	34.79%	46.23%	+11.44	★★★★
Immunizations for Adolescents—Combination 1	87.29%	86.62%	86.62%	0.00	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	72.35%	76.89%	76.16%	-0.73	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.75%	70.07%	70.80%	+0.73	★★
Adolescent Well-Care Visits	50.69%	51.82%	48.91%	-2.91	★★★
Lead Screening in Children	90.21%	85.47%	86.37%	+0.90	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	87.24%	87.49%	89.17%	+1.68	★★★
Appropriate Testing for Children With Pharyngitis	71.30%	68.05%	68.41%	+0.36	★★
<i>Follow-up Care for Children Prescribed ADHD Medication</i>					
Initiation Phase	50.71%	44.08%	46.50%	+2.42	★★★
Continuation and Maintenance Phase	57.28%	47.29%	47.96%	+0.67	★★
Women—Adult Care					
Breast Cancer Screening	55.54%	61.00%	58.09%	-2.91	★★★
Cervical Cancer Screening	74.77%	71.53%	67.88%	-3.65	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	47.28%	42.97%	42.16%	-0.81	★
Ages 21 to 24 Years	56.34%	57.19%	45.43%	-11.76	★
Total	50.50%	47.42%	43.25%	-4.17	★
Access to Care					
<i>Children and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	98.00%	97.86%	98.17%	+0.31	★★★★
Ages 25 Months to 6 Years	90.25%	90.21%	90.86%	+0.65	★★★
Ages 7 to 11 Years	90.47%	90.12%	90.73%	+0.61	★★
Ages 12 to 19 Years	92.78%	92.73%	92.99%	+0.26	★★★★

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	87.00%	87.25%	86.49%	-0.76	★★★★
Ages 45 to 64 Years	90.76%	90.89%	90.91%	+0.02	★★★
Ages 65+ Years	92.99%	84.96%	84.21%	-0.75	★★
Total	88.37%	88.38%	87.87%	-0.51	★★★
Obesity					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	70.18%	72.32%	85.21%	+12.89	★★★★★
BMI Percentile—Ages 12 to 17 Years	68.71%	75.00%	86.36%	+11.36	★★★★★
BMI Percentile—Total	69.68%	73.24%	85.64%	+12.40	★★★★★
Nutrition—Ages 3 to 11 Years	56.84%	59.04%	61.87%	+2.83	★★
Nutrition—Ages 12 to 17 Years	55.78%	54.29%	54.55%	+0.26	★★
Nutrition—Total	56.48%	57.42%	59.12%	+1.70	★★
Physical Activity—Ages 3 to 11 Years	43.16%	50.55%	54.47%	+3.92	★★★
Physical Activity—Ages 12 to 17 Years	61.22%	55.71%	62.34%	+6.63	★★★
Physical Activity—Total	49.31%	52.31%	57.42%	+5.11	★★★
Adult BMI Assessment	77.44%	87.10%	91.97%	+4.87	★★★★★
Pregnancy Care					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	91.18%	91.18%	91.24%	+0.06	★★★★
Postpartum Care	76.80%	76.80%	75.91%	-0.89	★★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	24.61%	21.68%	23.80%	+2.12	—
1-12 Weeks	16.41%	18.19%	16.53%	-1.66	—
13-27 Weeks	38.20%	42.32%	40.51%	-1.81	—
28 or More Weeks	13.58%	13.10%	15.30%	+2.20	—
Unknown	7.20%	4.71%	3.87%	-0.84	—
<i>Frequency of Ongoing Prenatal Care</i>					
<21 Percent†	1.39%	1.39%	0.73%	-0.66	—
21-40 Percent†	1.39%	1.39%	2.68%	+1.29	—
41-60 Percent†	4.64%	4.64%	5.35%	+0.71	—
61-80 Percent†	13.69%	13.69%	20.19%	+6.50	—
≥81 Percent	78.89%	78.89%	71.05%	-7.84	★★★
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	88.95%	87.04%	89.23%	+2.19	★★★★
HbA1c Poor Control (>9.0%)*	29.30%	27.01%	28.10%	+1.09	★★★★★
HbA1c Control (<8.0%)	62.46%	63.69%	58.58%	-5.11	★★★★

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Eye Exam	67.72%	64.60%	62.96%	-1.64	★★★
Medical Attention for Nephropathy	93.33%	81.20%	82.66%	+1.46	★★★
Blood Pressure Control (<140/90 mm Hg)	78.06%	73.72%	75.36%	+1.64	★★★★★
Use of Appropriate Medications for People With Asthma					
Ages 5 to 11 Years	94.82%	88.20%	91.14%	+2.94	★★★
Ages 12 to 18 Years	83.33%	83.33%	81.31%	-2.02	★
Ages 19 to 50 Years	73.23%	73.02%	72.95%	-0.07	★★
Ages 51 to 64 Years	NA	NA	NA	—	NA
Total	84.49%	81.99%	82.31%	+0.32	★★
Controlling High Blood Pressure	70.65%	70.65%	70.07%	-0.58	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	76.96%	77.91%	79.97%	+2.06	—
Discussing Cessation Medications	44.54%	48.53%	54.92%	+6.39	—
Discussing Cessation Strategies	39.06%	42.58%	46.79%	+4.21	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	89.38%	96.61%	87.20%	-9.41	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.77%	68.49%	71.08%	+2.59	★★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership†					
White	90.10%	88.82%	87.42%	-1.40	—
Black or African-American	1.65%	1.57%	1.45%	-0.12	—
American-Indian and Alaska Native	1.77%	1.82%	2.38%	+0.56	—
Asian	0.43%	0.45%	0.32%	-0.13	—
Native Hawaiian and Other Pacific Islanders	0.15%	0.06%	0.09%	+0.03	—
Some Other Race	0.00%	0.00%	1.24%	+1.24	—
Two or More Races	0.00%	0.00%	0.00%	0.00	—
Unknown	0.92%	7.27%	<0.01%	-7.27	—
Declined	4.97%	0.00%	7.09%	+7.09	—
Hispanic‡	0.92%	1.07%	1.24%	+0.17	—

Table B-13 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2013	HEDIS 2014	HEDIS 2015	Trend	Star Rating
Language Diversity of Membership†					
Spoken Language—English	99.97%	99.96%	99.96%	0.00	—
Spoken Language—Non-English	0.01%	0.03%	0.02%	-0.01	—
Spoken Language—Unknown	0.01%	0.01%	0.02%	+0.01	—
Spoken Language—Declined	0.00%	0.00%	0.00%	0.00	—
Written Language—English	99.97%	99.96%	99.96%	0.00	—
Written Language—Non-English	0.01%	0.03%	0.02%	-0.01	—
Written Language—Unknown	0.01%	0.01%	0.02%	+0.01	—
Written Language—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization					
Ambulatory Care: Total (Visits per 1,000 Member Months)†					
Outpatient—Total	344.14	342.08	325.60	-16.48	★★
ED—Total*	74.86	71.39	66.62	-4.77	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†					
Total Inpatient—Total	6.88	6.90	6.23	-0.67	—
Medicine—Total	2.57	2.84	2.83	-0.01	—
Surgery—Total	1.28	1.18	1.29	+0.11	—
Maternity—Total	5.03	4.81	3.17	-1.64	—
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†					
Total Inpatient—Total	3.41	3.57	3.59	+0.02	—
Medicine—Total	3.91	4.23	3.56	-0.67	—
Surgery—Total	4.67	4.46	5.27	+0.81	—
Maternity—Total	2.45	2.56	2.60	+0.04	—

— 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).

‡ Rate was calculated by HSAG.

Appendix C. 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 2014 Medicaid percentiles.

Symbol	Description
★★★★★★	The MHP’s rate is at or above the 90th percentile.
★★★★★	The MHP’s rate is at or above the 75th percentile but below the 90th percentile.
★★★★	The MHP’s rate is at or above the 50th percentile but below the 75th percentile.
★★★	The MHP’s rate is at or above the 25th percentile but below the 50th percentile.
★★	The MHP’s rate is below the 25th percentile.
★	The MHP’s rate is below the 25th percentile.
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 *Medical Assistance With Smoking and Tobacco Use Cessation* is not listed in the performance table because the HEDIS 2014 Medicaid percentiles are not available.

Table C-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	★★	★★	★★	★★	★	★★	★
HAP Midwest Health Plan, Inc.	★★★★	★★★★	★★★★	★★★★	★★★★★	★★★★	★★★★★
Harbor Health Plan	★	★	★	★	★	★	★
HealthPlus Partners	★★★★	★★★★	★★★★	★★★★	★★	★★★★	★★
McLaren Health Plan	★★	★★	★★	★★	★★	★★	★★
Meridian Health Plan of Michigan	★★★★	★★★★	★★	★★★★	★★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★	★★	★★	★★★★	★★	★★★★	★★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Total Health Care, Inc.	★	★	★★	★	★	★	★
UnitedHealthcare Community Plan	★★★★	★★	★★★★	★★★★	★★	★★★★	★★
Upper Peninsula Health Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★

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

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

Table C-3—Child and Adolescent Care Performance Summary (continued)					
MHP Name	Lead Screening in Children	Appropriate Treatment URI	Children With Pharyngitis	F/U Care for ADHD Meds, Initiation	F/U Care for ADHD Meds, Continuation
Blue Cross Complete of Michigan	★★★★	★★★★★	★★★★★	★★	★★
CoventryCares	★★★★	★★★★	★	★	★
HAP Midwest Health Plan, Inc.	★★★★	★★★★	★★	★★	★
Harbor Health Plan	★★★★	★★	NA	NA	NA
HealthPlus Partners	★★★★★	★★	★★★★	★★★★	★★★★
McLaren Health Plan	★★★★★	★★	★★	★★★★	★★★★
Meridian Health Plan of Michigan	★★★★★	★★★★	★★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★★★	★★★★	★★	★	★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★	★★	★
Sparrow PHP	★★★★	★	★	★★★★★	NA
Total Health Care, Inc.	★★★★	★★★★	★	★★	★
UnitedHealthcare Community Plan	★★★★★	★★★★	★★	★★	★★★★
Upper Peninsula Health Plan	★★★★★★	★★★★	★★	★★★★	★★

Table C-4—Women—Adult Care Performance Summary					
MHP Name	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening, 16–20 Years	Chlamydia Screening, 21–24 Years	Chlamydia Screening, Total
Blue Cross Complete of Michigan	★★★	★★★	★★★★★★	★★★★★★	★★★★★★
CoventryCares	★★★★	★★★★	★★★★★★	★★★★★★	★★★★★★
HAP Midwest Health Plan, Inc.	★★	★★★	★★★★	★★★	★★★
Harbor Health Plan	★★★★	★	NA	NA	★★★★
HealthPlus Partners	★★★	★★★	★★★	★★★	★★★
McLaren Health Plan	★	★★	★★	★	★★
Meridian Health Plan of Michigan	★★★★	★★★★★★	★★★★	★★★	★★★
Molina Healthcare of Michigan	★★★	★★★	★★★★	★★★★	★★★★
Priority Health Choice, Inc.	★★★	★★★	★★★★	★★★★★★	★★★★
Sparrow PHP	★	★★★	★★★	★★	★★★
Total Health Care, Inc.	★	★★	★★★★★★	★★★★	★★★★★★
UnitedHealthcare Community Plan	★★★	★★★	★★★★	★★★	★★★★
Upper Peninsula Health Plan	★★★	★★★	★	★	★

Table C-5—Access to Care Performance Summary

MHP Name	Children's Access, 12–24 Months	Children's Access, 25 Months to 6 Years	Children's Access, 7–11 Years	Adolescents' Access, 12–19 Years	Adults' Access, 20–44 Years	Adults' Access, 45–64 Years	Adults' Access, 65+ Years	Adults' Access, Total
Blue Cross Complete of Michigan	★	★★	★★★★	★★★	★★	★★	★	★★
CoventryCares	★	★	★	★	★	★★	NA	★★
HAP Midwest Health Plan, Inc.	★	★★	★★	★★	★★	★★★	★★★★	★★
Harbor Health Plan	★	★	★	★	★	★	NA	★
HealthPlus Partners	★★	★★★	★★★	★★★	★★★★	★★★★★	★★★★	★★★★
McLaren Health Plan	★★	★★	★★	★★	★★	★★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★★	★★★	★★★★	★★★	★★★★★	★★★	★★★
Molina Healthcare of Michigan	★★	★★	★★	★★	★★★	★★★★	★★★★	★★★
Priority Health Choice, Inc.	★★★	★★	★★★	★★★	★★★	★★★★★	★★★★	★★★
Sparrow PHP	★★	★★	★★	★★★	★★	★★	★★★	★★
Total Health Care, Inc.	★	★	★	★	★	★★	★	★
UnitedHealthcare Community Plan	★★	★★	★★★	★★★	★★★	★★★★	★★★★★	★★★
Upper Peninsula Health Plan	★★★★	★★★	★★	★★★★	★★★★	★★★	★★	★★★

Table C-6—Obesity Performance Summary						
MHP Name	Weight Assessment BMI Percentile, 3–11 Years	Weight Assessment BMI Percentile, 12–17 Years	Weight Assessment BMI Percentile, Total	Counseling for Nutrition, 3–11 Years	Counseling for Nutrition, 12–17 Years	Counseling for Nutrition, Total
Blue Cross Complete of Michigan	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
CoventryCares	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
HAP Midwest Health Plan, Inc.	★★★★	★★★★	★★★★	★★★	★★★★	★★★★
Harbor Health Plan	★★★★	★★★★	★★★★	★★★★	★★★	★★★★
HealthPlus Partners	★★★★★	★★★★★	★★★★★	★★	★★★	★★
McLaren Health Plan	★★★★	★★★★	★★★★	★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★★★	★★★★	★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★★★	★★★★	★★★★	★★★	★★★	★★★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★★	★★★★★	★★★★	★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Total Health Care, Inc.	★★★	★★★	★★★	★★★	★★★	★★★
UnitedHealthcare Community Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Upper Peninsula Health Plan	★★★★★	★★★★★	★★★★★	★★	★★	★★

Table C-7—Obesity Performance Summary (continued)

MHP Name	Counseling for Physical Activity, 3–11 Years	Counseling for Physical Activity, 12–17 Years	Counseling for Physical Activity, Total	Adult BMI Assessment
Blue Cross Complete of Michigan	★★★★★	★★★★★	★★★★★	★★★★★
CoventryCares	★★★★	★★★★	★★★★	★★★★
HAP Midwest Health Plan, Inc.	★★★★	★★★	★★★★	★★★★
Harbor Health Plan	★★★★	★★	★★★	★★★★★
HealthPlus Partners	★★	★★★	★★	★★★★
McLaren Health Plan	★★	★★	★★	★★★★
Meridian Health Plan of Michigan	★★	★★★	★★★	★★★★★
Molina Healthcare of Michigan	★★★★	★★★	★★★	★★★★★
Priority Health Choice, Inc.	★★★★★	★★★★	★★★★	★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★★
Total Health Care, Inc.	★★★	★★★	★★★	★★★
UnitedHealthcare Community Plan	★★★★	★★★★	★★★★	★★★★★
Upper Peninsula Health Plan	★★★	★★★	★★★	★★★★★

Table C-8—Pregnancy Care Performance Summary

MHP Name	Timeliness of Prenatal Care	Postpartum Care	Ongoing Prenatal Care, ≥81 Percent
Blue Cross Complete of Michigan	★★★	★★★	★
CoventryCares	★	★	★
HAP Midwest Health Plan, Inc.	★★★	★★	★★★
Harbor Health Plan	★	★	★
HealthPlus Partners	★★	★★★	★★
McLaren Health Plan	★★★	★★★	★★★
Meridian Health Plan of Michigan	★★★★	★★★★	★★★★★
Molina Healthcare of Michigan	★	★★★★	★
Priority Health Choice, Inc.	★★	★★★	★★★
Sparrow PHP	★★★	★★★	★★★★
Total Health Care, Inc.	★	★	★
UnitedHealthcare Community Plan	★★★	★★★	★★★
Upper Peninsula Health Plan	★★★★	★★★★★	★★★

Table C-9—Living With Illness Performance Summary

MHP Name	Diabetes Care, HbA1c Testing	Diabetes Care, HbA1c Poor Control (>9.0%)*	Diabetes Care, HbA1c Control (<8.0%)	Diabetes Care, Eye Exam
Blue Cross Complete of Michigan	★★★★	★★★★	★★★★	★★★
CoventryCares	★★★	★★★	★★★	★★★
HAP Midwest Health Plan, Inc.	★★★	★★★	★★★★	★★★
Harbor Health Plan	★★★	★★★★	★★★★	★★
HealthPlus Partners	★★★★	★★★★★	★★★★	★★★★★
McLaren Health Plan	★★	★★★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★	★★	★★★★
Molina Healthcare of Michigan	★★★	★★★★	★★★★★	★★★
Priority Health Choice, Inc.	★★★★★	★★★★★	★★★★★	★★★★
Sparrow PHP	★★★★	★★★★	★★★★	★★★★
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 C-10—Living With Illness Performance Summary (continued)

MHP Name	Diabetes Care, Nephropathy	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	★★★★	★	★	★★	★	★	★	★★
HAP Midwest Health Plan, Inc.	★★★	★★★★	★	★	★★	★	★	★★★★
Harbor Health Plan	★★★★★	★★	NA	NA	NA	NA	NA	★★
HealthPlus Partners	★★★★	★★★	★★★	★★★★	★★★	★	★★★	★★
McLaren Health Plan	★★★	★★★	★★	★★★	★★	★★★	★★	★★
Meridian Health Plan of Michigan	★★★	★★★★	★★	★★	★★	★	★★	★★★★★
Molina Healthcare of Michigan	★★★★	★★★	★	★	★	★	★	★★★
Priority Health Choice, Inc.	★★★★★	★★★	★★★★★	★★★★★	★★★★	★★★	★★★★★	★★★
Sparrow PHP	★★★★	★★★★	★★★★★	★★★★★	★★★	NA	★★★★	★★★★
Total Health Care, Inc.	★★★	★	★	★	★	★	★	★★
UnitedHealthcare Community Plan	★★★★	★★★	★	★★	★★	★★★	★★	★★★
Upper Peninsula Health Plan	★★★	★★★★★	★★★	★	★★	NA	★★	★★★★★

Table C-11 Living with Illness Performance Summary (continued)

MHP Name	Adherence to Antipsychotic Meds for Schizophrenia	Cardiovascular Monitoring for Schizophrenia & Cardiovascular Disease	Diabetes Monitoring for Schizophrenia & Diabetes	Diabetes Screening for Schizophrenia, Bipolar Disorder Using Antipsychotic Meds
Blue Cross Complete of Michigan	★	NA	★★	★
CoventryCares	NB	NA	NA	NB
HAP Midwest Health Plan, Inc.	★★	NA	★	★★★★
Harbor Health Plan	NA	NA	NA	NA
HealthPlus Partners	★★	NA	★★★★★	★★★
McLaren Health Plan	★★★★	★	★	★★
Meridian Health Plan of Michigan	★	★	★★★★★	★★★★★
Molina Healthcare of Michigan	★★★★	★★	★★★	★★★★★
Priority Health Choice, Inc.	★★	NA	★★★★★	★★★
Sparrow PHP	NA	NA	NA	NA
Total Health Care, Inc.	★★	NA	★★	★★★★
UnitedHealthcare Community Plan	★★	★★★★★	★★	★★★★★
Upper Peninsula Health Plan	★★★★	NA	NA	★★★★★

Table C-12—Utilization Performance Summary		
MHP Name	Ambulatory Care, Outpatient Visits	Ambulatory Care, Emergency Department Visits*
Blue Cross Complete of Michigan	★★★	★★
CoventryCares	★	★
HAP Midwest Health Plan, Inc.	★★★	★★
Harbor Health Plan	★	★★
HealthPlus Partners	★★★	★★
McLaren Health Plan	★★★★★	★★
Meridian Health Plan of Michigan	★	★★★★★
Molina Healthcare of Michigan	★★★	★
Priority Health Choice, Inc.	★★	★
Sparrow PHP	★★	★★
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).