

**State of Tennessee  
Department of Finance and Administration  
Bureau of TennCare**

**2007 HEDIS/CAHPS Report:  
A Comparative Analysis of Audited Results from  
TennCare Managed Care Organizations (MCOs)**

**January 2008**



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## Acknowledgements and Copyrights

### **CAHPS®**

The Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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## Executive Summary

In 2006, Tennessee became the first state in the nation to begin requiring that all Medicaid managed care organizations (MCOs) become accredited by the National Committee for Quality Assurance (NCQA). NCQA is an independent, nonprofit organization that assesses and scores MCO performance in areas of quality improvement, utilization management, provider credentialing and member rights and responsibilities. As a part of the accreditation requirement, TennCare MCOs were also required to report a full set of HEDIS data.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures that makes it possible to track performance over time, compare MCO performance to national norms/benchmarks and compare performance across MCOs on an “apples-to-apples” basis. Included in HEDIS is the Consumer Assessment of Health Plan Survey (CAHPS), which is a set of standardized surveys used to measure member satisfaction with their care.

This report summarizes the results of the second full year of HEDIS/CAHPS reporting by TennCare MCOs. In addition, a weighted average of the scores of all reporting MCOs is calculated and provided on [pages 18-20](#). MCO-specific measures are presented on [pages 20-25](#) of this report with color coding that allows for ready comparison to national benchmarks, when available. The Bureau of TennCare uses this information to assess MCO performance and as the basis for pay-for-performance initiatives that reward MCOs demonstrating significant improvement.

With regard to the weighted statewide rates, improved performance was noted from 2006 to 2007 in virtually all child health measures including child and adolescent immunization rates (combination measures), appropriate treatment of URI and asthma, appropriate testing for pharyngitis, child and adolescent access to primary care providers and child and adolescent well care visits. Similar improvements were noted for several women’s health measures, including cervical cancer screening, Chlamydia screening and timeliness of prenatal care rates; however, decreases were seen in the breast cancer screening, frequency of ongoing prenatal care and postpartum care rates. Management of chronic diseases represent the areas with the greatest opportunities for improvement, with the vast majority of the statewide weighted measures related to cardiovascular disease and diabetes falling below the Medicaid 2006 national average and few demonstrating improvement from 2006 to 2007.



## Background

### ***HEDIS Measures - Domains of Care***

HEDIS is an important tool designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed healthcare plans. NCQA-certified auditors use standardized methodologies to ensure the integrity of measure reporting and to help purchasers make more reliable "apples-to-apples" comparisons between health plans. Rates presented for HEDIS audits in this report refer to data collected during the review period of the previous calendar year (CY), from January 1 to December 31.

CY2005 was the review period reflected in the HEDIS 2006 results, CY2006 for HEDIS 2007 results. Similarly, comparative data presented in this report are from the HEDIS 2006 Medicaid Means and Percentiles, which reflect data procured during CY2005.

HEDIS measures are subject to an NCQA HEDIS Compliance Audit™ that must be conducted by an NCQA-certified HEDIS Compliance Auditor under the auspices of an NCQA-licensed organization. This compliance audit ensures the integrity of the HEDIS collection and calculation process through an overall information systems capabilities assessment followed by an evaluation of the MCO's ability to comply with HEDIS specifications.

For HEDIS 2007 audits, 71 measures across 8 domains of care were assessed:

- ◆ Effectiveness of Care
- ◆ Access/Availability of Care
- ◆ Satisfaction With the Experience of Care
- ◆ Health Plan Stability
- ◆ Use of Services
- ◆ Cost of Care
- ◆ Informed Healthcare Choices
- ◆ Health Plan Descriptive Information

The following brief descriptions of these HEDIS Domains of Care and related measures were extracted from NCQA's *HEDIS 2004 Volume 1: Narrative* and *HEDIS 2007 Volume 2: Technical Specifications*. Additional information related to each domain or measure can be found in these two publications.

## Effectiveness of Care Measures

The Effectiveness of Care domain contains measures that look at the clinical quality of care delivered within an MCO. Measures in this domain address four aspects of care:

1. How well the MCO delivers preventive services and keeps its members healthy
2. Whether the most up-to-date treatments are being offered to treat acute episodes of illness and help members get better
3. The process by which care is delivered to people with a chronic disease and how well the MCO's healthcare delivery system helps members cope with illness
4. Whether appropriate treatment and/or testing was provided to members

### Childhood Immunizations

The percentage of enrolled children two years of age who had four DTaP/DT (diphtheria, tetanus, and pertussis), three IPV (polio), one MMR (measles, mumps and rubella), three H influenza type B (Hib), three hepatitis B, one VZV (chickenpox) and four PCVs (pneumococcal) by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

### Adolescent Immunizations

The percentage of enrolled adolescents 13 years of age who had received a second dose of MMR, three hepatitis B and one VZV by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

### 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 on, or within three days after, the date of service.

### Appropriate Treatment for Children with Pharyngitis

The percentage of children 2 to 18 years of age, who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus test for the episode. A higher rate represents better performance (i.e., appropriate testing).

### Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

The percentage of healthy adults 18 to 64 years of age with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription on, or within three days after, the date of service.



This misuse measure assesses if antibiotics were inappropriately prescribed for healthy adults with acute bronchitis. Antibiotics are not indicated in clinical guidelines for the treatment of adults with acute bronchitis who do not have a comorbid condition or other infection for which antibiotics may be appropriate. A lower rate represents better performance.

### **Breast Cancer Screening**

The percentage of women 50 to 69 years of age who had a mammogram during the measurement year or the year prior to the measurement year.

### **Cervical Cancer Screening**

The percentage of women 18 to 64 years of age who received one or more Pap tests during the measurement year or within the two years prior to the measurement year.

### **Chlamydia Screening in Women**

The percentage of women 16 to 25 years of age who were identified as sexually active that had at least one test for Chlamydia during the measurement year.

### **Controlling High Blood Pressure**

The percentage of enrolled members 46 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled ( $\leq 140/90$ ) during the measurement year. This intermediate outcome measure assesses if BP was controlled among adults with diagnosed HTN. The MCO must use the hybrid method for this measure.

### **Beta-Blocker Treatment after a Heart Attack**

The percentage of enrolled members 35 years of age and older during the measurement year who received an ambulatory prescription for beta-blockers upon discharge when hospitalized with a diagnosis of acute myocardial infarction (AMI) and discharged alive from January 1 to December 24 of the measurement year. The intent of this measure is to assess whether appropriate follow-up care has been rendered to members who suffer a heart attack.

### **Persistence of Beta-Blocker Treatment after a Heart Attack**

The percentage of enrolled members 35 years of age and older during the measurement year who received persistent beta-blocker treatment when hospitalized with an AMI diagnosis and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year. MCOs will report the percentage of members who received treatment with beta-blockers for six months after discharge.

### **Cholesterol Management for Patients with Cardiovascular Conditions**

The percentage of members 18 to 75 years of age who were hospitalized for AMI, coronary artery bypass graft (CABG) or percutaneous transluminal coronary

angioplasty (PTCA) and discharged alive, or who had a diagnosis of ischemic vascular disease (IVD), from January 1 to November 1 of the year prior to the measurement year who had each of the following during the measurement year:

- ◆ LDL-C screening performed
- ◆ LDL-C control (<100 mg/dL)

### **Comprehensive Diabetes Care**

The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:

- ◆ hemoglobin A1c (HbA1c) testing during the measurement year
- ◆ HbA1c poorly controlled (>9.0%) for the most recent HbA1c test during the measurement year
- ◆ HbA1c good control (<7.0%)
- ◆ eye exam (retinal or dilated) performed in the measurement year or a negative retinal exam (no evidence of nephropathy) in the year prior to the measurement year
- ◆ LDL-C screening performed during the measurement year or year prior to the measurement year
- ◆ LDL-C controlled (<100 mg/dL) for the most recent LDL-C screening during the measurement year or year prior to the measurement year
- ◆ kidney disease (nephropathy) monitored – positive numerators include members who have been screened for microalbumin, or members who have nephropathy, a visit to a nephrologist or a positive urine macroalbumin test. Urine microalbumin tests include: 24-hour urine for microalbumin, timed urine for microalbumin, spot urine for microalbumin, or microalbumin/creatinine ratio. Urine macroalbumin or protein tests include: positive urinalysis (timed, spot, microalbumin/creatinine ratio), positive urine dipstick, positive tablet reagent. “Trace” urine macroalbumin test results are not considered numerator compliant.
- ◆ Blood pressure control (<140/90 mm Hg)
- ◆ Blood pressure control (<130/80 mm Hg)

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

The percentage of enrolled members 5 to 56 years of age who were identified as having persistent asthma during the measurement year and who were appropriately prescribed medication in that year.



Preferred medications include the following medication classes: cromolyn sodium, leukotriene modifiers, nedocromil, inhaled corticosteroids, and methylxanthines. The class of long-acting inhaled beta-2 agonists does not count toward the numerator because it is recommended as an add-on rather than as primary therapy for persistent asthma.

### **Medical Assistance with Smoking Cessation**

This measure is collected using the survey methodology to arrive at a rolling average that represents the percentage of members 18 years of age and older who were current smokers seen by an MCO practitioner during the measurement year for each component to assess different facets of providing medical assistance with smoking cessation:

- ◆ *Advising Smokers to Quit* – Those who received advice to quit smoking.
- ◆ *Discussing Smoking Cessation Medications* – Those for whom smoking cessation medications were recommended or discussed.
- ◆ *Discussing Smoking Cessation Strategies* – Those for whom smoking cessation methods or strategies were recommended or discussed.

### **Access/Availability of Care Measures**

The measures in the Access/ Availability of Care domain evaluate how members access important and basic services of their MCO. Included are measures of overall access, how many members are actually using basic MCO services, and the use and availability of specific services.

#### **Adults' Access to Preventive/Ambulatory Health Services**

The percentage of enrollees 20 to 44, 45 to 64, and 65 years of age and older who had an ambulatory or preventive care visit. For purposes of this report, only the categories 20 to 44 and 45 to 64 are presented because the majority of services to the category 65 years of age and older would be provided by Medicare.

Nine separate rates are calculated, one for each of the three product lines for each of the three age groups. The MCO reports the percentage of:

- ◆ Medicaid and Medicare enrollees who had an ambulatory or preventive care visit during the measurement year and
- ◆ commercial enrollees who had an ambulatory or preventive care visit during the measurement year, or the two years prior to the measurement year.

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

The percentage of enrollees 12 to 24 months, 25 months to 6 years, 7 to 11 years and 12 to 19 years of age who had a visit with an MCO primary care practitioner. The MCO reports four separate percentages for each product line:

- ◆ children aged 12–24 months and 25 months–6 years who had a visit with an MCO primary care practitioner during the measurement year and
- ◆ children aged 7–11 years and adolescents aged 12–19 years who had a visit with an MCO primary care practitioner during the measurement year or the year prior to the measurement year.

### Prenatal and Postpartum Care

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- ◆ *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester or within 42 days of enrollment in the MCO.
- ◆ *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

### Use of Services Measures

The Use of Services domain includes measures on which services an MCO provides for its population. It addresses information about how MCOs manage the provisions of care. Typically, these measures are expressed as rates of service, such as per 1,000 member months or years, or as the percentage of members who received a particular service.

### Frequency of Ongoing Prenatal Care

The percentage of Medicaid enrollees who delivered a child between November 6 of the year prior to the measurement year and November 5 of the measurement year and who received < 21 percent, 21 to 40 percent, 41 to 60 percent, 61 to 80 percent or ≥ 81 percent of the expected number of prenatal care visits, adjusted for gestational age and the month that the member enrolled in the MCO. This measure uses the same denominator and deliveries as the Prenatal and Postpartum Care measure. For these deliveries, the MCO:

- ◆ identifies the actual number of prenatal care visits rendered while they were enrolled in the MCO
- ◆ identifies the number of expected visits
- ◆ calculates the ratio of received-to-expected visits
- ◆ reports five rates of an unduplicated count of deliveries (having <21 percent, 21–40 percent, 41–60 percent, 61–80 percent or ≥81 percent of



the number of expected visits) adjusted for the month the member enrolled in the MCO and the gestational age.

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

The percentage of enrolled members who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner during their first 15 months of life: zero, one, two, three, four, five, six or more.

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

The percentage of members who were three, four, five or six years of age during the measurement year who received one or more well-child visits with a primary care practitioner during the measurement year.

### **Adolescent Well-Care Visits**

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

## **CAHPS Health Plan Surveys**

The CAHPS 4.0H Adult and CAHPS 3.0H Child surveys are tools for measuring consumer healthcare satisfaction with the quality of care and customer service provided by their health plans. Topics include:

- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ How Well Doctors Communicate
- ◆ Courteous and Helpful Office Staff
- ◆ Customer Service
- ◆ Provider and Plan Ratings

To better address the needs of children with chronic conditions (commonly referred to as children with special healthcare needs), the CAHPS Consortium decided in 2002 to integrate a new set of items in the 3.0 version of the CAHPS Health Plan Survey child questionnaires. Children with special healthcare needs are those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children. The Children with Chronic Conditions Survey set includes 31 supplemental questions focusing on topics with special relevance to children with chronic conditions.



These topics are reflected in the following composite measures presented in this report:

- ◆ Access to Prescription Medicines
- ◆ Access to Specialized Services
- ◆ Family Centered Care: Personal Doctor or Nurse Who Knows Child
- ◆ Family Centered Care: Shared Decision Making
- ◆ Family Centered Care: Getting Needed Information
- ◆ Coordination of Care

All CAHPS surveys must be administered by an NCQA-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS survey include a mixed-model mail/telephone protocol and a mail-only protocol. The surveys contained within this domain are designed to provide standardized information about members' experiences with their MCOs. NCQA worked with Agency for Healthcare Research and Quality (AHRQ) to develop these surveys.

For a plan's results to be considered reliable the Medicaid MCO must follow one of the standard CAHPS protocols or an enhanced protocol approved by NCQA, or must achieve a 45 percent response rate using an alternative protocol. For more detail regarding this calculation methodology and the questions used in each composite, see *HEDIS 2003, Volume 3: Specifications for Survey Measures*, pp. 189–233. MCO results from the CAHPS 4.0H Adult, CAHPS 3.0H Child Survey, and Children with Chronic Conditions Surveys were evaluated for this report.

### **CAHPS 4.0H Adult Survey**

The CAHPS 4.0H Adult Survey includes 4 composite categories. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. Composites are comprised of two or more questions about a similar topic, measured on the same scale. The CAHPS 4.0H Survey was revised from the CAHPS 3.0H Adult Survey to scale questions in a single way:

- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

For any given question used in a composite, the percentage of respondents answering in a certain way is calculated for each plan. Summary rates represent the percentage of members who responded in the most positive way, as defined by NCQA. The following provides a brief description of the 4 composite categories.



### Getting Needed Care

The Getting Needed Care composite measures the experiences members had in the last six months when attempting to get care from doctors and specialists. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### Getting Care Quickly

The Getting Care Quickly composite measures the member's experiences with receiving care or advice in a reasonable time and includes experiences with time spent in the office waiting room. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### How Well Doctors Communicate

The How Well Doctors Communicate composite measures how well providers listen, explain, spend enough time with, and show respect for what members have to say. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### Health Plan Customer Service

The Health Plan Customer Service composite measures how much of a problem it was for members to get information and get help from customer service in the last six months. The summary rate represents the percentage of members who responded 'Always' or 'Usually.' There are four additional questions with responses scaled 0 to 10 in the CAHPS 4.0H Adult Survey: Rating of Doctor, Rating of Specialist, Rating of Health Care, and Rating of Health Plan. Zero represents 'worst possible' and 10 represents 'best possible.' The summary rate represents the percentage of respondents who rated the question 9 or 10.

## CAHPS 3.0H Child Survey

The CAHPS 3.0H Child Survey includes 5 composite categories. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. Composites are comprised of two or more questions about a similar topic, measured on the same scale. The CAHPS 3.0H Child Survey is scaled in one of two ways:

1. Getting Needed Care and Health Plan Customer Service
  - ◆ Not a Problem
  - ◆ A Small Problem
  - ◆ A Big Problem
2. Getting Care Quickly, Doctors Who Communicate Well, and Courteous and Helpful Office Staff
  - ◆ Never
  - ◆ Sometimes
  - ◆ Usually
  - ◆ Always



For any given question used in a composite, the percentage of respondents answering in a certain way is calculated for each plan. Summary rates represent the percentage of members who responded in the most positive way, as defined by NCQA. The following provides a brief description of the 5 composite categories and 4 additional questions and the scoring methodology for each.

### **Getting Needed Care**

The Getting Needed Care composite measures the experiences members had in the last six months when attempting to get care from doctors and specialists. The summary rate represents the percentage of members who responded 'Not a Problem.'

### **Getting Care Quickly**

The Getting Care Quickly composite measures the member's experiences with receiving care or advice in a reasonable time and includes experiences with time spent in the office waiting room. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### **How Well Doctors Communicate**

The How Well Doctors Communicate composite measures how well providers listen, explain, spend enough time with, and show respect for what members have to say. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### **Courteous and Helpful Office Staff**

The Courteous and Helpful Office Staff composite measures the member's treatment by office staff in the last six months. The summary rate represents the percentage of members who responded 'Always' or 'Usually.'

### **Health Plan Customer Service**

The Health Plan Customer Service composite measures how much of a problem it was for members to get information and get help from customer service in the last six months. The summary rate represents the percentage of members who responded 'Not a Problem.' There are four additional questions with responses scaled 0 to 10 in the CAHPS 4.0H Adult Survey: Rating of Doctor, Rating of Specialist, Rating of Health Care, and Rating of Health Plan. Zero represents 'worst possible' and 10 represents 'best possible.' The summary rate represents the percentage of respondents who rated the question 9 or 10.



## CAHPS 3.0H Child Survey: Children with Chronic Conditions

The Children with Chronic Conditions Survey set includes 31 supplemental questions focusing on topics with special relevance to children with chronic conditions. These topics are reflected in the following composite measures presented in this report:

- ◆ Access to prescription medicines
- ◆ Access to specialized services
- ◆ Family centered care
  - (1) Having a personal doctor or nurse who knows the child
  - (2) Shared decision making
  - (3) Getting needed information
- ◆ Coordination of care and services

The four composites for children with chronic conditions are reported in the following manner:

### Patients' Experiences with Prescription Medicine

- ◆ Did not have a problem
- ◆ Had a problem, was helped
- ◆ Had a problem, was not helped

### Parents' Experiences Getting Specialized Services for Their Child

- ◆ Did not have a problem
- ◆ Had a problem, was helped
- ◆ Had a problem, was not helped

### Family-Centered Care (combines three topics)

- ◆ Parents' Experiences with Coordination of Their Childs' Care
  - (1) Yes
  - (2) No
- ◆ Parents' Experiences with Shared Decision Making
  - (1) Never
  - (2) Sometimes
  - (3) Usually
  - (4) Always
- ◆ Parents' Experiences with Getting Needed Information About Their Child's Care
  - (3) Never
  - (4) Sometimes
  - (3) Usually
  - (4) Always

### Parents' Experiences with Coordination of Their Child's Care

- ◆ Yes
- ◆ No



# Results

## Statewide Performance

For HEDIS 2005, TennCare MCOs first submitted HEDIS audit results for seven required measures (Childhood Immunization Status Combo 2, Adolescent Immunization Status Combo 2, Breast Cancer Screening, Cervical Cancer Screening, Comprehensive Diabetes Care - HbA1c Testing, and Timeliness of Prenatal Care and Postpartum Care) and one optional measure (Chlamydia Screening). During HEDIS 2006 and HEDIS 2007, TennCare MCOs submitted a much more robust set of HEDIS audit measures.

Tables 2-1 (a and b), 2-2, and 2-3 summarize the weighted average TennCare score for each of the selected HEDIS 2006 and HEDIS 2007 measures as well as the HEDIS 2006 Medicaid National Average. The weighted averages were achieved by applying the size of the eligible population within each plan to their overall results achieved. Using this methodology, plan-specific findings can be estimated from an overall TennCare statewide level, with each plan contributing to the statewide estimate proportionate to its eligible population size.

Where possible in Table 2-1 (a and b), the statewide changes for each measure reported during both the HEDIS 2006 and the HEDIS 2007 are presented. The column titled 'Change from 2006 to 2007' indicates whether there was an improvement (↑) in statewide performance for the HEDIS measure from 2006 to 2007.

Table 2-1a. HEDIS 2007 State to National Rates: Effectiveness of Care Measures				
Measure	Weighted State Rate		Medicaid 2006 National Avg.	Change from 2006 to 2007
	2006	2007		
<b>Childhood Immunization Status</b>				
DTaP/DT	79.20%	79.14%	76.80%	↓
IPV	89.20%	90.28%	84.50%	↑
MMR	90.20%	89.42%	89.50%	↓
HiB	89.70%	90.45%	86.70%	↑
Hepatitis B	89.70%	90.67%	85.20%	↑
VZV	89.40%	88.76%	86.40%	↓
Pneumococcal Conjugate	49.20%	73.95%	46.60%	↑
Combination 2	73.40%	74.08%	70.40%	↑
Combination 3	44.30%	65.62%	42.50%	↑
<b>Adolescent Immunization Status</b>				
MMR	69.10%	70.82%	70.70%	↑
Hepatitis B	60.70%	73.85%	63.60%	↑
VZV	29.90%	35.96%	48.30%	↑
Combination 2	25.00%	31.47%	42.30%	↑
Appropriate Treatment of Children with Upper Respiratory Infection	72.40%	82.05%	82.40%	↑
Appropriate Testing for Children with Pharyngitis	64.50%	66.71%	52.00%	↑

**Table 2-1a. HEDIS 2007 State to National Rates: Effectiveness of Care Measures**

Measure	Weighted State Rate		Medicaid 2006 National Avg.	Change from 2006 to 2007
	2006	2007		
<b>Breast Cancer Screening</b>	50.20%	44.12%	53.90%	↓
<b>Cervical Cancer Screening</b>	60.90%	63.27%	65.00%	↑
<b>Chlamydia Screening in Women</b>				
16-20 year old women	48.90%	50.00%	49.10%	↑
21-25 year old women	52.20%	54.17%	52.40%	↑
<b>Total Rate</b>	50.50%	52.05%	50.60%	↑
<b>Controlling High Blood Pressure</b>	56.50%	49.43%	61.40%	↓
<b>Beta-Blocker Treatment After a Heart Attack</b>	86.10%	90.03%	86.10%	↑
<b>Persistence of Beta Blocker Treatment After a Heart Attack</b>	70.50%	60.36%	69.80%	↓
<b>Cholesterol Management for Patients with Cardiovascular Conditions</b>				
LDL-C Screening	*	77.74%	*	*
<100 LDL-C Level	*	25.98%	*	*
<b>Comprehensive Diabetes Care</b>				
HbA1c Testing	70.70%	67.64%	76.20%	↓
HbA1c Good Control (<7.0%)	NR	21.22%	*	*
Retinal Eye Exam Performed	33.00%	33.15%	48.60%	↑
LDL-C Screening Performed	76.90%	63.61%	80.50%	↓
LDL-C Controlled (<100 mg/dL)	24.10%	21.85%	32.60%	↓
Nephropathy Monitored	32.40%	65.05%	48.80%	↑
Blood Pressure Control (<140/90) mm Hg)	NR	45.11%	*	*
Blood Pressure Control (<130/80) mm Hg)	NR	23.42%	*	*
<b>Use of Appropriate Medications for People with Asthma</b>				
5-9 year olds	91.20%	91.66%	88.00%	↑
10-17 year olds	89.10%	90.46%	85.60%	↑
18-56 year olds	85.80%	83.84%	83.40%	↓
<b>Total Rate</b>	87.70%	88.13%	85.70%	↑
<b>Medical Assistance with Smoking Cessation Strategies (survey measure)</b>				
Advising Smokers to Quit	63.90%	67.49%	*	↑
Discussing Smoking Cessation Medications	26.40%	28.94%	*	↑
Discussing Smoking Cessation Strategies	27.90%	30.76%	*	↑

\*Comparative data not available.

For the two Effectiveness of Care Measures presented in **Table 2-1b**, a lower rate indicated better performance; a rate above the national average is a worse result than a rate below the national average.

**Table 2-1b. HEDIS 2007 State to National Rates: Effectiveness of Care Measures Where Lower Rates Indicated Better Performance**

Measure	Weighted State Rate		Medicaid 2006 National Avg.	Change from 2006 to 2007
	2006	2007		
<b>Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis</b>	70.10%	72.00%	69.40%	↓
<b>Comprehensive Diabetes Care</b>				
<b>HbA1c Poorly Controlled (&gt;9.0%)</b>	58.90%	62.57%	49.10%	↓

**Table 2-2. HEDIS 2007 State to National Rates: Access/Availability Measures**

Measure	Weighted State Rate		Medicaid 2006 National Avg.	Change from 2006 to 2007
	2006	2007		
<b>Adult Access to Preventive/Ambulatory Health Services:</b>				
20-44 year olds	72.10%	70.29%	76.40%	↓
45-64 year olds	75.40%	73.42%	81.40%	↓
<b>Children and Adolescents' Access to Primary Care Practitioners</b>				
12-24 months	93.60%	93.90%	92.40%	↑
25 months-6 years	83.40%	84.19%	82.80%	↑
7-11 years	85.10%	87.06%	82.90%	↑
12-19 years	80.90%	81.77%	80.50%	↑
<b>Prenatal and Postpartum Care:</b>				
Timeliness of Prenatal Care	75.60%	77.91%	79.10%	↑
Postpartum Care	58.20%	57.28%	57.00%	↓

**Table 2-3. HEDIS 2007 State to National Rates: Use of Services Measures**

Measure	Weighted State Rate		Medicaid 2006 National Avg.	Change from 2006 to 2007
	2006	2007		
<b>Frequency of Ongoing Prenatal Care:</b>				
≥81 percent	49.80%	40.16%	55.80%	↓
<b>Well Child Visits in the First 15 Months of Life:</b>				
6 Visits	34.80%	35.76%	48.60%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	57.50%	58.56%	63.30%	↑
Adolescent Well-Care Visits	33.50%	35.05%	40.60%	↑

## Individual Plan Performance





This section is intended to provide an overview of individual plan performance using appropriate available comparison data. The results highlight those areas where each MCO is performing in relation to the national HEDIS 2006 Medicaid percentiles for select, highly relevant MCO-reported HEDIS measures.

QSource uses these data to determine overall TennCare plan performance to the highest and lowest percentiles. For some measures, such as Comprehensive Diabetes Care – HbA1c poorly controlled (> 9.0%) and Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis, a lower rate is an indication of better performance (e.g., a rate in the 10<sup>th</sup> percentile is better than a rate in the 90<sup>th</sup> percentile).

Tables 2-5 (a and b) through 2-7 display the plan-specific performance rates for each measure selected from the Effectiveness of Care, Access/Availability of Care, and Use of Services domains. Table 2-4 details the color coding, MCO percentile achieved, as well



as any additional comments, used in Tables 2-5 through 2-7 to indicate the rating of the percentile achieved.

Color Designation	Percentile MCO Achieved	Additional Comments
	Greater than 75 <sup>th</sup>	No additional comments
	25 <sup>th</sup> to 75 <sup>th</sup>	No additional comments
	Less than 25 <sup>th</sup>	No additional comments
NA	Not Applicable	The measure was not applicable (NA) because there were fewer than 30 people in the denominator.
	No Rating Available	Benchmarking marking data were not available.

Measure	AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2006 National Medicaid 50 <sup>th</sup> Percentile
<b>Childhood Immunization Status</b>								
DTaP/DT	80.05%	82.00%	81.51%	83.45%	76.89%	64.96%	70.56%	79.0%
IPV	93.27%	92.21%	92.94%	92.46%	90.75%	78.35%	84.91%	87.8%
MMR	89.79%	91.73%	91.24%	90.75%	88.32%	82.97%	85.89%	90.8%
HiB	91.88%	92.94%	93.43%	92.70%	89.54%	80.29%	83.70%	89.5%
Hepatitis B	92.34%	93.43%	94.89%	92.21%	90.27%	79.81%	86.86%	88.0%
VZV	89.79%	91.00%	91.00%	90.51%	87.83%	80.78%	83.70%	88.6%
Pneumococcal Conjugate	77.73%	80.78%	77.62%	79.08%	66.91%	55.96%	65.21%	47.3%
Combination 2	77.49%	77.13%	77.86%	78.35%	70.32%	59.37%	66.91%	72.4%
Combination 3	71.23%	69.83%	68.37%	73.24%	56.69%	45.26%	59.12%	42.3%
<b>Adolescent Immunization Status</b>								
MMR	57.08%	80.29%	75.18%	76.40%	67.40%	55.23%	52.80%	75.6%
Hepatitis B	54.76%	86.37%	80.29%	77.13%	72.51%	60.10%	52.07%	67.1%
VZV	33.87%	40.88%	50.36%	36.25%	37.23%	21.17%	25.30%	52.2%
Combination 2	28.54%	36.74%	46.47%	32.12%	30.66%	17.27%	22.63%	44.3%
Appropriate Treatment for Children with Upper Respiratory Infection	73.47%	70.61%	70.41%	72.21%	63.76%	98.41%	67.70%	82.7%
Appropriate Testing for Children with Pharyngitis	70.78%	69.12%	70.57%	68.01%	59.60%	67.51%	62.28%	56.2%
Breast Cancer Screening	37.65%	50.35%	47.26%	45.01%	42.39%	31.85%	39.92%	53.9%
Cervical Cancer Screening	57.56%	69.10%	57.51%	70.32%	61.81%	48.66%	56.20%	66.1%
<b>Chlamydia Screening in Women</b>								
16-20 year old women	43.74%	42.91%	45.19%	48.70%	59.71%	58.86%	49.54%	49.1%
21-25 year old women	49.54%	49.19%	49.42%	50.86%	63.59%	62.88%	52.58%	53.3%
Total Rate	46.57%	45.93%	47.22%	49.73%	61.77%	60.94%	51.03%	51.2%
Controlling High Blood Pressure	51.88%	55.72%	53.53%	51.34%	48.91%	27.25%	43.31%	65.3%
Beta-Blocker Treatment After a Heart Attack	100.00%	90.51%	92.05%	89.66%	93.33%	68.57%	NA	90.6%
Persistence of Beta Blocker Treatment After a Heart Attack	NA	67.44%	60.29%	60.64%	55.10%	50.00%	NA	72.0%



**Table 2-5a. HEDIS 2007 Plan-Specific Rates: Effectiveness of Care Measures**

Measure	AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2006 National Medicaid 50th Percentile
<b>Cholesterol Management for Patients with Cardiovascular Conditions</b>								
LDL-C Screening	81.59%	77.62%	80.78%	80.29%	80.78%	63.26%	69.63%	*
LDL-C Level <100 mg/dL	33.80%	24.33%	38.93%	25.30%	33.09%	13.38%	9.16%	*
<b>Comprehensive Diabetes Care</b>								
HbA1c Testing	71.71%	76.40%	76.40%	67.40%	77.13%	40.39%	74.70%	77.4%
HbA1c Good Control (<7.0%)	36.97%	22.38%	38.93%	12.90%	33.09%	7.30%	30.17%	*
Retinal Eye Exam Performed	27.39%	43.80%	33.09%	33.33%	36.74%	17.52%	33.58%	50.8%
LDL-C Screening Performed	67.48%	72.26%	73.48%	64.23%	69.83%	36.98%	70.07%	83.3%
LDL-C Controlled (<100 mg/dL)	25.17%	24.57%	30.17%	21.41%	27.98%	7.79%	22.38%	34.1%
Nephropathy Monitored	70.16%	72.75%	64.23%	58.39%	66.91%	60.34%	81.75%	49.3%
Blood Pressure Control (<140/90) mm Hg)	49.89%	54.99%	58.15%	45.26%	53.77%	13.63%	51.09%	*
Blood Pressure Control (<130/80) mm Hg)	28.51%	28.47%	29.93%	24.57%	26.03%	6.57%	22.87%	*
<b>Use of Appropriate Medications for People with Asthma</b>								
5-9 year olds	98.05%	96.80%	97.27%	92.69%	89.07%	89.65%	94.78%	90.2%
10-17 year olds	96.84%	93.48%	92.66%	89.83%	89.68%	88.61%	92.21%	87.4%
18-56 year olds	85.06%	87.88%	85.24%	84.60%	83.28%	82.43%	83.62%	84.9%
Total Rate	92.04%	91.71%	90.83%	88.53%	87.11%	86.57%	88.82%	87.1%
<b>Medical Assistance with Smoking Cessation Strategies (survey measure)</b>								
Advising Smokers to Quit	68.94%	72.05%	66.43%	67.11%	71.35%	NA	59.04%	*
Discussing Smoking Cessation Medications	28.84%	30.95%	32.46%	30.59%	26.92%	NA	23.90%	*
Discussing Smoking Cessation Strategies	30.45%	33.51%	29.65%	31.33%	34.04%	NA	25.60%	*

\* No comparison data available.

For the two Effectiveness of Care Measures presented in **Table 2-5b**, a lower rate indicated better performance; a rate above the national average is a worse result than a rate below the national average.

**Table 2-5b. HEDIS 2007 Plan-Specific Rates: Effectiveness of Care Measures Where Lower Rates Indicated Better Performance**

Measure	AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2006 National Medicaid 50th Percentile
Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis	72.45%	75.43%	78.28%	73.85%	73.77%	14.19%	64.94%	72.8%
<b>Comprehensive Diabetes Care</b>								
HbA1c Poorly Controlled (>9.0%)	50.56%	57.91%	43.31%	70.32%	43.80%	87.59%	51.82%	45.2%



**Table 2-6. HEDIS 2007 Plan-Specific Rates: Access/Availability Measures**

Measure	AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2006 National Medicaid 50th Percentile
<b>Adult Access to Preventive/Ambulatory Health Services:</b>								
20-44 year olds	67.05%	78.13%	72.19%	72.34%	71.58%	53.68%	66.35%	79.0%
45-64 year olds	72.88%	85.17%	78.73%	80.04%	76.85%	41.33%	71.73%	84.5%
<b>Children and Adolescents' Access to Primary Care Practitioners</b>								
12-24 months	89.67%	95.50%	95.57%	94.19%	94.97%	90.16%	93.91%	94.8%
25 months-6 years	77.89%	86.98%	86.14%	85.20%	84.25%	78.96%	82.37%	85.4%
7-11 years	83.83%	90.91%	89.91%	87.27%	87.22%	80.48%	85.00%	84.9%
12-19 years	80.80%	88.30%	87.51%	81.98%	80.09%	70.01%	82.09%	83.4%
<b>Prenatal and Postpartum Care:</b>								
Timeliness of Prenatal Care	86.98%	85.44%	84.43%	79.56%	70.07%	58.64%	74.70%	83.3%
Postpartum Care	63.95%	64.69%	63.02%	55.47%	53.53%	53.53%	41.61%	58.8%

**Table 2-7. HEDIS 2007 State to National Rates: Use of Services Measures**

Measure	AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2006 National Medicaid 50th Percentile
<b>Frequency of Ongoing Prenatal Care:</b>								
≥ 81 percent	0.52%	52.02%	76.89%	37.23%	30.17%	27.74%	45.01%	59.9%
<b>Well Child Visits (WCV) in the First 15 Months of Life:</b>								
6 or More Visits	48.61%	38.01%	56.20%	32.64%	32.60%	23.36%	40.98%	50.0%
<b>Well-Child Visits (WCV) in the Third, Fourth, Fifth, and Sixth Years of Life</b>								
	49.19%	57.39%	61.32%	54.29%	65.88%	64.23%	62.69%	64.8%
Adolescent Well-Care Visits	25.75%	37.37%	33.88%	32.63%	38.66%	40.15%	34.72%	39.4%

Tables 2-9 through 2-11 display the plan-specific performance rate for the CAHPS survey results. The national Medicaid average from the National CAHPS Benchmarking Database is presented for the CAHPS 3.0H Child Medicaid Survey for comparison purposes. Table 2-8 details the color coding and the MCO rating scale, as well as any additional comments, used in Tables 2-9 through 2-11 to indicate the rating of the percentile achieved.

**Table 2-8: MCO 2007 CAHPS Rating Determination**

Color Designation	Rating Scale	Additional Comments
	Greater than one standard deviation above the Statewide Average	No additional comments
	Within one standard deviation above or below the Statewide Average	No additional comments
	Greater than one standard deviation below the Statewide Average	No additional comments
NA	Not Applicable	The survey question was not applicable (NA) because there were less than 100 valid responses.



**Results**

This is the first year for the CAHPS 4.0H Adult Medicaid Survey and currently no benchmarking data are available. There is also no benchmarking data available for the CAHPS 3.0H Child Medicaid Survey - Children with Chronic Conditions. Therefore, the plan-specific results are compared to the statewide average for each metric.

**Table 2-9. 2007 CAHPS 4.0H Adult Medicaid Survey Results**

AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average
<b>1. Getting Needed Care (Always + Usually)</b>							
NA	79.71%	78.35%	81.33%	77.91%	NA	73.39%	78.14%
<b>2. Customer Service (Always + Usually)</b>							
NA	NA	NA	NA	NA	NA	NA	NA
<b>3. Getting Care Quickly (Always + Usually)</b>							
79.78%	83.45%	83.65%	83.15%	82.58%	75.46%	81.27%	81.33%
<b>4. How Well Doctors Communicate (Always + Usually)</b>							
86.52%	81.95%	87.09%	82.95%	84.65%	89.33%	85.57%	85.44%
<b>5. Rating of Personal Doctor or Nurse (9 + 10)</b>							
62.13%	58.81%	66.98%	59.29%	63.11%	70.24%	55.21%	62.25%
<b>6. Rating of Specialist Seen Most Often (9 + 10)</b>							
NA	69.28%	70.77%	66.67%	54.90%	NA	56.20%	63.56%
<b>7. Rating of All Healthcare (9+10)</b>							
55.36%	45.91%	55.28%	51.30%	47.98%	48.45%	44.84%	49.87%
<b>8. Rating of Health Plan (9 + 10)</b>							
49.74%	58.76%	65.70%	52.63%	50.51%	60.32%	52.69%	55.76%

**Table 2-10. 2007 CAHPS 3.0H Child Medicaid Survey Results (General Population)**

AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average	2006 National Medicaid CAHPS Benchmarking
<b>1. Getting Needed Care (Not a Problem)</b>								
78.82%	84.91%	83.38%	86.01%	81.27%	NA	78.36%	82.13%	74.00%
<b>2. Customer Service (Not a Problem)</b>								
NA	NA	NA	NA	NA	NA	NA	NA	93.00%
<b>3. Getting Care Quickly (Always + Usually)</b>								
83.09%	79.99%	79.22%	80.65%	76.34%	NA	72.93%	78.70%	81.00%
<b>4. How Well Doctors Communicate (Always + Usually)</b>								
90.49%	93.75%	91.68%	92.77%	89.77%	NA	87.38%	90.97%	91.00%
<b>5. Courteous and Helpful Office Staff (Always + Usually)</b>								
91.52%	94.41%	94.01%	93.49%	89.78%	NA	89.04%	92.04%	92.00%
<b>6. Rating of Personal Doctor or Nurse (9+10)</b>								
56.57%	61.67%	60.88%	68.42%	61.42%	70.48%	59.25%	62.67%	66.00%
<b>7. Rating of Specialist Seen Most Often (9+10)</b>								
NA	68.22%	66.13%	NA	NA	NA	NA	67.18%	63.00%
<b>8. Rating of All Healthcare (9+10)</b>								
61.40%	69.76%	66.05%	71.21%	70.49%	NA	63.35%	67.04%	66.00%
<b>9. Rating of Health Plan (9+10)</b>								
50.00%	67.87%	65.47%	65.78%	67.78%	65.35%	57.54%	62.83%	62.00%



**Table 2-11. 2007 CAHPS 3.0H Child Medicaid Survey Results  
(Children with Chronic Conditions)**

AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	Statewide Average
<b>1. Getting Needed Care (Not a Problem)</b>							
77.25%	81.02%	81.70%	81.17%	78.86%	NA	79.73%	79.96%
<b>2. Customer Service (Not a Problem)</b>							
NA	NA	NA	NA	NA	NA	NA	NA
<b>3. Getting Care Quickly (Always + Usually)</b>							
81.00%	80.46%	78.19%	79.49%	78.21%	NA	76.43%	78.96%
<b>4. How Well Doctors Communicate (Always + Usually)</b>							
91.72%	92.16%	89.07%	92.65%	92.34%	88.54%	89.07%	90.79%
<b>5. Courteous and Helpful Office Staff (Always + Usually)</b>							
94.16%	90.79%	91.50%	94.51%	92.18%	92.24%	90.52%	92.27%
<b>6. Rating of Personal Doctor or Nurse (9+10)</b>							
58.57%	66.39%	62.47%	69.33%	62.11%	68.38%	64.40%	64.52%
<b>7. Rating of Specialist Seen Most Often (9+10)</b>							
57.02%	71.04%	63.56%	70.43%	NA	NA	NA	65.51%
<b>8. Rating of All Healthcare (9+10)</b>							
62.93%	66.53%	64.86%	68.22%	66.44%	57.39%	61.48%	63.98%
<b>9. Rating of Health Plan (9+10)</b>							
48.26%	67.94%	65.56%	63.70%	64.41%	57.46%	61.03%	61.19%
<b>10. Access to Prescription Medicines (Had a problem, was helped + Did not have a problem)</b>							
92.79%	93.16%	93.06%	93.01%	93.90%	91.60%	96.58%	93.44%
<b>11. Access to Specialized Services (Had a problem, was helped + Did not have a problem)</b>							
NA	NA	85.91%	86.98%	NA	NA	NA	86.45%
<b>12. Family Centered Care: Personal Doctor or Nurse Who Knows Child Well (Yes)</b>							
87.31%	89.06%	87.27%	91.64%	86.19%	84.38%	88.14%	87.71%
<b>13. Family Centered Care: Shared Decision Making (Always + Usually)</b>							
82.20%	84.37%	80.87%	83.75%	NA	NA	82.97%	82.83%
<b>14. Family Centered Care: Getting Needed Information (Always + Usually)</b>							
89.20%	84.64%	80.39%	88.31%	NA	NA	83.50%	85.21%
<b>15. Coordination of Care (Yes)</b>							
NA	81.71%	78.14%	76.81%	NA	NA	NA	78.89%



# Appendices

## Appendix A: HEDIS & CAHPS 2006 National Medicaid Means and Percentiles

### 2006 Audit National Medicaid Reference Data for HEDIS and CAHPS Percentiles

Measure	Medicaid Mean	Percentile				
		10th	25th	50th	75th	90th
<b>HEDIS Effectiveness of Care Measures</b>						
<b>Childhood Immunization Status:</b>						
DTaP/DT	76.8	62.3	72.8	79.0	84.1	88.9
IPV	84.5	73.0	81.9	87.8	91.7	94.7
MMR	89.5	81.5	87.6	90.8	93.4	95.3
HiB	86.7	74.7	84.6	89.5	92.4	95.1
Hepatitis B	85.2	71.9	83.1	88.0	92.2	95.2
VZV	86.4	74.9	83.3	88.6	92.0	93.8
Pneumococcal Conjugate	46.6	26.0	38.4	47.3	55.0	64.2
Combination 2	70.4	53.8	62.7	72.4	78.5	82.7
Combination 3	42.5	25.1	33.8	42.3	49.8	57.8
<b>Adolescent Immunization Status:</b>						
MMR	70.7	44.3	59.7	75.6	84.5	91.2
Hepatitis B	63.6	37.5	50.7	67.1	79.4	85.4
VZV	48.3	20	29.8	52.2	64.5	75.2
Combination 2	42.3	13.7	24.6	44.3	58.2	69.8
Appropriate Treatment of Children for Upper Respiratory Infection	82.4	71.3	76.7	82.7	89.6	92.1
Appropriate Testing for Children with Pharyngitis	52.0	20.3	40.9	56.2	64.3	75.1
Breast Cancer Screening	53.9	42.9	47.1	53.9	59.2	65.4
Cervical Cancer Screening	65.0	49.9	59.7	66.1	73.0	76.6
<b>Chlamydia Screening in Women</b>						
16-20 year old women	49.1	35.3	41.0	49.1	57.3	64.3
21-25 year old women	52.4	36.1	46.7	53.3	60.3	67.7
Total Rate	50.6	36.5	44.5	51.2	59.0	65.3
<b>Controlling High Blood Pressure</b>						
Beta-Blocker Treatment After a Heart Attack	86.1	59.1	82.4	90.6	95	100
Persistence of Beta Blocker Treatment After a Heart Attack	69.8	51.4	62	72	77.5	80.9
<b>Cholesterol Management for Patients with Cardiovascular Conditions</b>						
LDL-C Screening	*	*	*	*	*	*
LDL-C Level <100 mg/dL	*	*	*	*	*	*
<b>Comprehensive Diabetes Care</b>						
HbA1c Testing	76.2	64	71.1	77.4	84.9	88.8
HbA1c Good Control (<7.0%)	**	**	**	**	**	**
Retinal Eye Exam Performed	48.6	25.5	35.2	50.8	61.5	68.1
LDL-C Screening Performed	80.5	66.3	76.2	83.3	88.1	90.8
LDL-C Controlled (<100 mg/dL)	32.6	14.4	26.5	34.1	41	46.5
Nephropathy Monitored	48.8	30.2	39.5	49.3	59.7	65.6
Blood Pressure Control (<140/90) mm Hg)	*	*	*	*	*	*
Blood Pressure Control (<130/80) mm Hg)	*	*	*	*	*	*
<b>Use of Appropriate Medications for People with Asthma</b>						



**2006 Audit National Medicaid Reference Data for HEDIS and CAHPS Percentiles**

Measure	Medicaid Mean	Percentile				
		10th	25th	50th	75th	90th
<b>HEDIS Effectiveness of Care Measures</b>						
5-9 year olds	88.0	80.2	86.7	90.2	93.4	95.8
10-17 year olds	85.6	75.3	83.3	87.4	91.1	93.5
18-56 year olds	83.4	74.0	80.3	84.9	88.0	90.8
Total Rate	85.7	78.4	84.0	87.1	89.7	92.5
<b>Medical Assistance with Smoking Cessation Strategies (survey measure)</b>						
Advising Smokers to Quit	*	*	*	*	*	*
Discussing Smoking Cessation Medications	*	*	*	*	*	*
Discussing Smoking Cessation Strategies	*	*	*	*	*	*
<b>HEDIS Effectiveness of Care Measures Where Lower Rates Indicated Better Performance</b>						
Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis	69.4	52	68.4	72.8	75.9	78.4
<b>Comprehensive Diabetes Care</b>						
HbA1c Poorly Controlled (>9.0%)	49.1	30.3	37.3	45.2	60.1	74.3
<b>HEDIS Access/Availability Measures</b>						
<b>Adult Access to Preventive/Ambulatory Health Services:</b>						
20-44 year olds	76.4	59.3	72.7	79	83.7	87
45-64 year olds	81.4	66.7	79	84.5	87.4	89.4
<b>Children and Adolescents' Access to Primary Care Practitioners</b>						
12-24 months	92.4	84.9	91.2	94.8	97.5	98.2
25 months – 6 years	82.8	71.6	79.9	85.4	88.6	91.5
7-11 years	82.9	72.9	79	84.9	89.3	92
12-19 years	80.5	69.2	76.2	83.4	87.7	90.2
<b>Prenatal and Postpartum Care:</b>						
Timeliness of Prenatal Care	79.1	61.1	74.2	83.3	88.1	91.5
Postpartum Care	57.0	41.8	49.7	58.8	65.9	71.0
<b>HEDIS Use of Services Measures</b>						
<b>Frequency of Ongoing Prenatal Care:</b>						
<21 percent	16.7	1.9	4.6	9.4	20.1	44.7
21-40 percent	5.9	1.7	3.0	4.4	7.4	11.8
41-60 percent	7.8	3.3	5.2	7.7	10.2	12.4
61-80 percent	13.7	7.3	10.0	13.5	17.4	21.0
≥ 81 percent	55.8	24.2	44.4	59.9	71.7	79.9
<b>Well-Child Visits (WCV) in the First 15 Months of Life:</b>						
0 Visits	5.0	0.5	1.1	2.0	3.9	10.0
1 Visit	3.5	0.7	1.3	2.5	4.0	6.7
2 Visits	4.4	1.5	2.4	4.0	5.7	7.7
3 Visits	7.1	3.3	5.2	6.8	8.8	11.1
4 Visits	12.6	6.1	9.5	12.5	15.0	17.5
5 Visits	18.8	10.3	15.4	19.0	22.6	25.3
6 Visits	48.6	22.4	41.6	50.0	59.2	68.6
WCV in the Third, Fourth, Fifth, and Sixth Years of Life	63.3	50.1	56.7	64.8	70.8	77.5
Adolescent Well-Care Visits	40.6	28.0	32.8	39.4	47.9	54.5

\*Comparative data not available.



## Appendix B: MCO Enrollee Population Reported in Member Months

HEDIS 2007 MCO Enrollee Population (by Sex/Age) Reported in Member Months

Age Group	AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison
<b>Male</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>
<b>0-19 Subtotal</b>	215,216 (69.16%)	615,351 (74.00%)	321,872 (69.39%)	1,406,588 (76.84%)	564,460 (80.62%)	409,828 (68.67%)	182,885 (76.13%)
<b>20-44 Subtotal</b>	55,668 (17.89%)	133,646 (16.07%)	78,791 (17.02%)	303,370 (16.57%)	90,083 (12.87%)	91,854 (15.39%)	36,641 (15.25%)
<b>45-64 Subtotal</b>	37,122 (11.93%)	79,411 (9.55%)	53,462 (11.53%)	114,235 (6.24%)	44,384 (6.34%)	68,008 (11.39%)	19,645 (8.18%)
<b>≥65 Subtotal</b>	3,195 (1.03%)	3,105 (0.37%)	9,562 (2.06%)	6,271 (0.34%)	1,214 (0.17%)	27,139 (4.55%)	1,068 (0.44%)
<b>Female</b>							
<b>0-19 Subtotal</b>	214,995 (53.11%)	606,969 (51.11%)	315,496 (50.49%)	1,306,106 (57.21%)	574,597 (54.87%)	414,029 (47.58%)	188,995 (54.87%)
<b>20-44 Subtotal</b>	138,643 (34.25%)	438,411 (36.91%)	218,635 (34.99%)	779,945 (34.16%)	385,905 (36.85%)	293,343 (33.71%)	125,639 (36.48%)
<b>45-64 Subtotal</b>	44,762 (11.06%)	136,938 (11.53%)	72,994 (11.68%)	185,996 (8.15%)	83,702 (7.99%)	92,776 (10.66%)	28,010 (8.13%)
<b>≥65 Subtotal</b>	6,448 (1.59%)	5,370 (0.45%)	17,731 (2.84%)	10,982 (0.48%)	3,058 (0.29%)	70,085 (8.05%)	1,790 (0.52%)
<b>M+F Subtotal</b>							
<b>0-19 Subtotal</b>	430,211 (60.08%)	1,222,320 (60.53%)	637,368 (58.54%)	2,712,694 (65.95%)	1,139,057 (65.19%)	823,857 (56.16%)	371,880 (63.60%)
<b>20-44 Subtotal</b>	194,311 (27.14%)	572,057 (28.33%)	297,606 (27.34%)	1,083,315 (26.34%)	475,988 (27.24%)	385,197 (26.26%)	162,280 (27.76%)
<b>45-64 Subtotal</b>	81,884 (11.44%)	216,349 (10.71%)	126,456 (11.62%)	300,231 (7.30%)	128,086 (7.33%)	160,784 (10.96%)	47,655 (8.15%)
<b>≥65 Subtotal</b>	9,643 (1.35%)	8,475 (0.42%)	27,293 (2.51%)	17,253 (0.42%)	4,272 (0.24%)	97,224 (6.63%)	2,858 (0.49%)
<b>Total</b>	<b>716,049</b>	<b>2,019,201</b>	<b>1,088,723</b>	<b>4,113,493</b>	<b>1,747,403</b>	<b>1,467,062</b>	<b>584,673</b>



## Appendix C: Use of Services - Frequency of Ongoing Prenatal Care and Visits in the First 15 Months of Life

HEDIS 2007 State to National Rates: Use of Services Measures								
Measure	AmeriChoice	BlueCare	PHP	TCS	TLC	UAHC	Unison	HEDIS 2006 Medicaid 50th Percentile
<b>Frequency of Ongoing Prenatal Care:</b>								
<21 percent	73.27%	23.45%	9.49%	31.63%	18.73%	52.80%	24.33%	9.4%
21-40 percent	20.22%	9.43%	4.14%	9.73%	12.90%	2.92%	9.73%	4.4%
41-60 percent	4.24%	4.31%	2.68%	8.03%	14.11%	5.11%	9.49%	7.7%
61-80 percent	1.74%	10.78%	6.81%	13.38%	23.60%	11.68%	11.44%	13.5%
≥ 81 percent	0.52%	52.02%	76.89%	37.23%	30.17%	27.74%	45.01%	59.9%
<b>Well Child Visits (WCV) in the First 15 Months of Life:</b>								
0 Visits	8.63%	4.87%	2.83%	6.78%	3.65%	3.65%	2.57%	94.80%
1 Visit	5.55%	5.79%	3.59%	5.54%	2.68%	5.11%	3.09%	85.40%
2 Visits	5.44%	6.46%	4.67%	6.90%	9.00%	8.52%	5.51%	84.90%
3 Visits	6.65%	8.96%	6.78%	9.60%	11.44%	16.79%	10.79%	83.40%
4 Visits	8.74%	14.83%	9.81%	15.14%	20.44%	22.38%	15.77%	94.80%
5 Visits	16.38%	21.08%	16.11%	23.39%	20.19%	20.19%	21.28%	85.40%
6 or More Visits	48.61%	38.01%	56.20%	32.64%	32.60%	23.36%	40.98%	50.00%