

Monitoring Quality and Access In RItE Care & Rhody Health Partners

Rhode Island Executive Office of Health and Human Services • October 2013

Introduction

RItE Care, Rhode Island's first Medicaid managed care program, was implemented in August 1994 and provides comprehensive health care for children and families. In 2008, the option to enroll in a managed care organization (MCO) was extended to adult Medicaid beneficiaries with disabilities. Rhody Health Partners is the State's Medicaid managed care program that serves adults with disabilities and chronic conditions that live in the community and are not eligible for Medicare or any other health insurance coverage.

Two Health Plans, Neighborhood Health Plan of Rhode Island (NHPRI) and UnitedHealthcare Community Plan of Rhode Island (UHCP-RI), participate in RItE Care and Rhody Health Partners. In September 2013, the National Committee for Quality Assurance (NCQA) ranked over 260 Medicaid Health Plans nationwide and scored 131 of those based on clinical performance, member satisfaction, and NCQA Accreditation. **The NCQA recognized the performance of both of Rhode Island's Medicaid-participating Health Plans within the "Medicaid Top Ten" ranking of Medicaid Health Plans throughout the United States.** NHPRI was ranked 4th with an overall score of 85.7 % and UHCP-RI was ranked 8th with a corresponding score of 85.2 %¹

This report focuses on the overall performance results of RItE Care and Rhody Health Partners on 39 nationally-benchmarked quality measures during Calendar Year 2012. The goals of RItE Care and Rhody Health Partners are to **improve access to care, quality of care, and health outcomes** while containing costs. In addition to the annual Performance Goal Program, Rhode Island Medicaid, which is part of the State's Executive Office of Health and Human Services, monitors overall quality and access by:

- Defining quality and access standards in Rhode Island's Contracts with the Health Plans
- Conducting annual on-site compliance and record reviews in conjunction with the Performance Goal Program
- Directing monthly Contract compliance meetings with each Health Plan
- Contracting with an External Quality Review Organization (EQRO) to perform an independent annual review of the Medicaid managed care program
- Monitoring encounter data to assess trends in service utilization
- Analyzing a series of quarterly reports, including informal complaints, grievances, and appeals
- Conducting member satisfaction surveys
- Analyzing the findings from the Health Plans' four (4) annual quality improvement projects (QIPs)

¹ NCQA Health Insurance Plan Rankings 2013-2014. For more information, please refer to:
<http://www.ncqa.org/Directories/HealthPlans/HealthInsurancePlanRankings/MedicaidandMedicareHealthPlanRankings201314.aspx>

- Reinforcing the State’s requirement that participating Health Plans maintain accreditation by the National Committee for Quality Assurance (NCQA) and setting a performance “floor”, to ensure that:
 - Any denial of accreditation by the NCQA shall be considered cause for termination of the State’s *Medicaid Managed Care Services Contract* with the Health Plan
 - Achievement of no greater than a provisional accreditation status by the NCQA shall require a Corrective Action Plan within 30 days of the Health Plan’s receipt of its Final Report from the NCQA and may result in termination of the State’s *Medicaid Managed Care Services Contract* with the Health Plan

External Quality Review

The State is required by the Centers for Medicare and Medicaid Services (CMS) to have an External Quality Review Organization (EQRO) conduct an annual review of the services provided by Rhode Island Medicaid’s participating Health Plans. IPRO, Incorporated, which contracts with Rhode Island to perform the external quality review, synthesizes a breadth of qualitative and quantitative information. For example, the EQRO analyzes the findings from Health Plan accreditation surveys and site visits conducted by the National Committee for Quality Assurance (NCQA) and the results of the externally-audited HEDIS²® quality measures and CAHPS³® member satisfaction surveys that are submitted annually to the National Committee for Quality Assurance (NCQA).

The External Quality Review process also assesses access metrics, such as GeoAccess® results,⁴ evaluates the four quality improvement projects that have been conducted by the Health Plans throughout the reporting year, and analyzes the actions undertaken by the Health Plans in response to the recommendations put forward by the External Quality Review Organization during the preceding reporting year.

Rhode Island incorporates the recommendations from the External Quality Review Organization (EQRO) into the State’s oversight and administration of RItE Care and Rhody Health Partners. The State also submits the EQRO’s annual reports to the Centers for Medicare and Medicaid Services (CMS) in compliance with Federal regulations.

Rhode Island’s Performance Goal Program

In 1998, Rhode Island Medicaid launched its *Performance Goal Program*, which established benchmark standards for quality and access performance measures. Rhode Island was the second State in the nation to implement a “pay-for-performance” program for its Medicaid managed care program. The State’s Performance Goal Program is now in its fifteenth (15th) year and continues to advance quality improvement initiatives that focus on access to preventive care and chronic disease management services for enrollees.

² HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA).

³ CAHPS® (Consumer Assessment of Healthcare Providers and Systems) member satisfaction surveys are conducted annually for Medicaid Health Plans by NCQA-certified vendors, according to specifications established by the Agency for Healthcare Research and Quality (AHRQ).

⁴ GeoAccess® is a software tool that analyzes geographic coordinates, so that the distance in miles between health care providers and Medicaid managed care enrollees can be assessed. Use of GeoAccess® helps to determine whether members have access to health care within a reasonable distance from their home.

Methodology

The Performance Goal Program currently uses both Rhode Island-specific standards and standards based on national benchmarks (HEDIS® and CAHPS® measures). Table 1 shows the percent allocation of incentive payments available to Health Plans by performance measure category.

**Table 1. Percentage of Performance Award Available by Category
Performance Goal Program 2013**

Performance Measures - Categories	Percent of total performance award available	Type of Measure
1. Member Services	12%	State-specific
2. Medical Home/ Preventive Care	48%	HEDIS® & CAHPS®
3. Women's Health	10%	
4. Chronic Care	20%	
5. Behavioral Health	8%	
6. Cost Management	2%	State-specific
TOTAL	100%	

Innovations in Rhode Island's 2013 Performance Goal Program

The 2013 Performance Goal Program built on the enhancements that were put in place following the State's implementation in September 2010 of its new Contract with the two participating Health Plans. As was the case in the preceding year, the 2013 Performance Goal Program included an analysis of the Health Plans' performance on a series of HEDIS® quality measures and the EOHHS' on-site assessment of the Health Plans' performance on the following State-specified goals:

- Engagement with the families of children who were newly-enrolled in RItE Care for Children with Special Health Care Needs and with members who were newly-enrolled in Rhody Health Partners
- Timely resolution of member informal complaints, appeals and grievances
- Outreach and communication to newly enrolled members
- Emergency room utilization for ambulatory sensitive conditions, and
- An analysis of resource maximization

In the 2013 Program, Health Plans' scores for the Combination 3⁵ and Combination 10⁶ rates were included in the incentive award calculation for the *Childhood Immunization Status (CIS)* HEDIS® measure. This important measure focuses on whether children have been age-appropriately immunized by their second birthday.

⁵ The Combination 3 rate assesses whether toddlers were age-appropriately immunized by their second birthday against the following communicable diseases: diphtheria, tetanus, pertussis, measles, mumps, rubella, hepatitis B, pneumococcal pneumonia, H. flu, and polio.

⁶ In addition to assessing whether two-year-olds were age-appropriately immunized against all of the communicable illnesses that are counted in the Combination 3 rate, the Combination 10 rate determines whether immunizations were administered to protect against the following three communicable diseases: hepatitis A, rotavirus, and influenza.

For the *Use of Appropriate Medications for People with Asthma (ASM)* measure, scores for all age strata and the total rate were recorded, with the incentive award based on Health Plans' performance on the total rate. This measure analyzes whether children and adults between 5 and 64 years of age who have persistent asthma received the appropriate medications to treat their asthma.

In this year's Performance Goal Program, the following measure remained a baseline measure:

- *Annual Monitoring for Patients on Persistent Medications (MPM)*

2013 Performance Goal Program Results

Medical Home/ Preventive Care

- **Preventive/Ambulatory Visits**

Performance on this set of nine (9) measures continues to be a long-standing area of strength for Rhode Island Medicaid's participating Health Plans. As shown in Table 2, the Statewide Averages exceed the 90th percentile for the majority of the measures that focus on access to primary care for infants, children, and adults. These results include both RItE Care and Rhody Health Partners members. Rhode Island's inclusion of the HEDIS® access-related measures for infants, children, and adolescents in the State's annual Performance Goal Program pre-dates the development of the Federal *Initial Core Set of Children's Health Care Quality Measures*⁷.

- **Lead Screening in Children**

For CY 2012, Rhode Island's Statewide Average continues to exceed the 75th percentile and comes very close to achieving the 90th percentile compared with Medicaid Health Plans nationally. As was the case in the previous year, Rhode Island's performance was substantially greater than the national Medicaid average (or "mean") of approximately 68%.

- **Members 18 Years of Age and Older Received Advice on Smoking Cessation**

This measure, which has been a long-standing one in the State's Performance Goal Program, focuses on whether Medicaid managed care enrollees who are 18 years of age or older and smoke or use tobacco received advice to stop from their health care providers.

This measure is one component of the smoking cessation measure that is included in the *Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*. The *Medicaid Adult Core Set* was developed by the Centers for Medicare and Medicaid (CMS) in partnership with the Agency for Healthcare Research and Quality (AHRQ), subsequent to the enactment of the Affordable Care Act (ACA). Rhode Island's Statewide Average of 83% on the "advice to quit" measure was superlative, exceeding the 90th percentile in comparison to other Medicaid programs throughout the nation.

- **Adult Body Mass Index (BMI)**

Physical activity as well as obesity reduction is included in the U.S. Department of Health and Human Services' (DHHS) *Healthy People 2020* objectives. According to *Healthy People 2020*, "more than 80 percent of adults do not meet the guidelines or both aerobic and muscle-

⁷ The *Core Set of Children's Health Care Quality Measures* was developed as a result of the enactment of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

strengthening activities”. This is an area that Rhode Island continues to monitor because the impact of obesity and its associated long-term costs are so great.

Rhode Island exceeded the 75th percentile and the national Medicaid average for the HEDIS® *Adult Body Mass Index (BMI)* measure. Rhode Island continues to exceed the 50th percentile for the BMI component of the latter measure. This measure is also included in the *Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid* developed by CMS.

- **Weight Assessment and Counseling for Nutrition and Physical Activity**

Similar to the adult population, “more than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth⁸” (*Healthy People 2020*). According to the Center for Disease Control and Prevention, “Childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years”. Children and adolescents who are obese are more likely to have risk factors for cardiovascular disease, diabetes, and bone and joint problems.⁹

Rhode Island exceeded the 75th percentile and the national Medicaid average for two of the three components of the HEDIS® *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* measure. This is a marked improvement from last year’s performance. Rhode Island will continue to monitor performance on this measure because the impact of obesity and its associated long-term costs are of importance to the health of children and adolescents. This measure is also included in the national *Core Set of Children’s Health Care Quality Measures*.

- **Annual Monitoring for Patients on Persistent Medications (Baseline Measure)**

This measure continued to be a baseline, non-incented one in the 2013 Performance Goal Program. This HEDIS® measure addresses the percentage of members 18 years of age and older who received at least 180 days of a select therapeutic agent (i.e., a medication) during the measurement year and who had at least one monitoring event (such as a blood test) for the therapeutic agent during the measurement year. Yearly monitoring is analyzed for members who take any of the following specified medications: ACE inhibitors or angiotensin receptor blockers; digoxin; diuretics; and anticonvulsants. Although Rhode Island achieved the national Medicaid average for this measure, it did not achieve the 75th percentile for this measure. This measure is also one of those included in the national CMS/AHRQ *Medicaid Adult Core Set*.

- **Use of Imaging Studies for Low Back Pain**

This year’s Performance Goal Program marked the second year this measure was eligible for a performance incentive. Both Health Plans were also asked to conduct a Quality Improvement Project on this measure, which focuses on the percentage of individuals between 18 and 50 years of age with a primary diagnosis of low back pain who did not have an imaging study within 28 days of their diagnosis. A higher score indicates that a conservative approach to treatment (which is recommended clinically in the absence of serious pathology) had been undertaken (that is, no imaging services were ordered, such as MRI, CAT Scan, or X-ray) within the first 28 days of a diagnosis of low back pain.¹⁰

Women’s Health

⁸ <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=33>

⁹ <http://www.cdc.gov/healthyyouth/obesity/facts.htm>

¹⁰ <http://www.aafp.org/afp/2012/0215/p343.html>

- **Cervical Cancer Screening**

This measure focuses on the receipt of Pap smears by women between 21 and 64 years of age. This finding (77%) was substantially greater than the national Medicaid average (67%) which was reported in Quality Compass® 2012 and exceeded the 75th percentile when compared with other Medicaid Health Plans nationally. This measure is also one of those included in the national CMS/AHRQ *Medicaid Adult Core Set*.

- **Chlamydia Screening in Women**

For Calendar Year 2012, Rhode Island's Statewide Average (62%) for *Chlamydia Screening* among 16-20 year olds exceeded the national Medicaid average (55 percent) which was reported in Quality Compass® 2012. This rate is an increase of 6% percentage points from CY 2010 and 2011 exceeding the 75th percentile. Rhode Island's Statewide Average (68%) for HEDIS® 21-24 year old cohort exceeded the national Medicaid average (64%), but it did not achieve the 75th percentile. This measure is an area of focus for one of the four Quality Improvement Projects that have been underway at both Plans during 2013.

Chronic Care

As noted by the DHHS in *Healthy People 2020*, heart disease, cancer, and stroke alone cause more than fifty (50) percent of all deaths each year¹¹ and in 2008 almost one out of every two individuals 18 years of age or older had at least one of the following chronic illnesses¹²: Cardiovascular Disease, Arthritis, Diabetes, Asthma, Cancer, and Chronic Obstructive Pulmonary Disease.

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

In *Healthy People 2020*, the DHHS identified¹³ that significant health disparities exist regarding the incidence of asthma in the United States. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people with incomes below the Federal poverty level and employees with certain exposures in the workplace.

This HEDIS® measure focuses on the percentage of children and adults between the ages of five (5) and 64 years who have persistent asthma and who were prescribed appropriate medications during CY 2012. Four age groups are assessed: a) children between five and eleven years of age, b) children and adolescents between twelve and eighteen years of age, c) adults between nineteen and fifty years of age and d) adults between fifty-one and sixty-four years of age. The State did not achieve the 75th percentile for Medicaid plans nationally, however Rhode Island did meet and/or exceed the national Medicaid average across all age cohorts.

- **Comprehensive Diabetes Care – Hemoglobin A1c Testing**

Rhode Island's Statewide Average of 87% exceeded the national Medicaid average (83 %) and met the Quality Compass® 75th percentile. Comprehensive diabetes care remains a targeted area

¹¹ *Chronic disease prevalence*, General Health Status, Healthy People 2020, <http://www.healthypeople.gov/2020/about/GenHealthAbout.aspx#chronic>

¹² *Chronic disease prevalence*, General Health Status, Healthy People 2020, <http://www.healthypeople.gov/2020/about/GenHealthAbout.aspx#chronic>

¹³ *Understanding Respiratory Diseases – Asthma*, Healthy People 2020, pgs. 1 & 2. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=36>

of focus for performance improvement in the coming year. This HEDIS® measure is also included in the CMS/AHRQ's *Medicaid Adult Core Set*.

- **Controlling High Blood Pressure**

This HEDIS® measure assesses the percentage of individuals eighteen (18) years of age and older who had a diagnosis of hypertension whose blood pressure was adequately controlled. The 2012 Performance Goal program marked the first year this measure became eligible for an incentive award. Rhode Island's Statewide Average (63%) exceeded the national Medicaid average (57%), and fell short by one percentage point of achieving the Quality Compass® 75th percentile. This HEDIS® measure is also included in the CMS/AHRQ's *Medicaid Adult Core Set*.

- **Pharmacotherapy Management of COPD Exacerbation**

Chronic obstructive pulmonary disease (COPD) is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. It is the fourth leading cause of death in the United States¹⁴. This year's Performance Goal Program marked the second year that this measure was eligible for a performance incentive. This measure consists of two components: the percentage of COPD exacerbations for individuals forty (40) years of age and older who received either a systemic corticosteroid within fourteen (14) days or a bronchodilator within thirty (30) days following an inpatient hospital discharge or an emergency department visit (EDV). Rhode Island's Statewide Averages of 80% and 91% surpassed the 90th percentile and Medicaid average for both components (*Dispensed a Systemic corticosteroid dispensed within 14 days* and *Dispensed a Bronchodilator within 30 days*). This year's findings marked a significant improvement in performance for both components.

Behavioral Health

- **Follow-up After Hospitalization for Mental Illness – 7 & 30 Days**

The "follow-up within thirty (30) days" component of the HEDIS® *Follow-up After Hospitalization for Mental Illness* has been a long-standing area of success for Rhode Island's Medicaid managed care program. As noted previously, Rhode Island "raised the bar" for this measure when it issued its *Medicaid Managed Care Services Contract* in September of 2010. Starting in 2012, Health Plans' performance for both the 30-day and the more stringent 7-day components of this measure became eligible for an incentive. Rhode Island continues to demonstrate improved performance on this measure, achieving the 75th percentile for the 30-day and 7-day follow-up measure.

- **Antidepressant Medication Management**

The HEDIS® *Antidepressant Medication Management (AMM)* measure, which looks at the effective follow-up of individuals eighteen (18) years of age and older during the acute phase of treatment for major depression, was first piloted as a baseline metric in RItE Care's 2006 Performance Goal Program. Rhode Island's Statewide Average of 52% met the 50th percentile and fell one percentage point short from meeting the 75th percentile. During 2013, both Health Plans have been conducting a Quality Improvement Project on this measure. This measure is also one which is included in the CMS/AHRQ *Medicaid Adult Core Set*.

¹⁴ *Respiratory Diseases*, Healthy People 2020, <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=36>

- **Follow-up for Children Prescribed ADHD Medication**

Seeking to further emphasize the importance of access to behavioral health services for children and youth, the HEDIS® *Follow-up for Children Prescribed ADHD Medication* measure was added as a baseline metric in 2007 and has been treated as an active measure during each subsequent year. This measure focuses on the percentage of children between six (6) and twelve (12) years of age who had clinical follow-up within thirty (30) days of when a medication for attention deficit hyperactivity disorder (ADHD) was first prescribed. For Calendar Year 2012, Rhode Island's Statewide Average exceeded the Medicaid average and the Quality Compass® 90th percentile, demonstrating a significant improvement from previous years.

This measure is one that is included in the *Initial Core Set of Children's Health Care Quality Measures*. Results for this measure are reported annually by Rhode Island Medicaid to the Centers for Medicare and Medicaid (CMS). Throughout 2013, both Health Plans have been conducting a Quality Improvement Project that is focused on this important measure.

2013 Performance Goal Program Results

Quality Compass®

Use of the *Quality Compass*® benchmarks allows Rhode Island to compare its statewide performance annually to that of other Medicaid Health Plans nationwide. Quality Compass is produced annually by the NCQA. It provides information for all HEDIS® and CAHPS® measures, including the number of Medicaid Health Plans which reported results for each measure. An average or “mean” score is produced for each measure, as well as percentile rankings at the 10th, 25th, 50th, 75th, and 90th levels.

Understanding Table 2

Table 2 shows Statewide Averages for each of HEDIS® and CAHPS® measures included in Rhode Island’s Performance Goal Program for the three most recent years. The Statewide Averages have been computed by averaging the Health Plans’ results. Rhode Island’s Statewide Average for each measure can be compared to the national benchmarks shown in the columns on the right side of Table 2.

- **90th percentile**

Measures that have been highlighted in **blue** for CY 2012 represent scores that met or exceeded the 90th percentile for HEDIS® and CAHPS® measures, as based on the National Committee for Quality Assurance’s *Quality Compass*® 2012 for *Medicaid*.

- **75th percentile**

Measures that have been highlighted in **pink** indicate scores for CY 2012 that met or exceeded the 75th ...

- **50th percentile**

Measures that have been highlighted in **grey** indicate scores for CY 2012 that met or exceeded the 50th percentile.

- Performance measures shown in **green** are baseline measures.

All but two of the performance measures listed on pages 10 and 11 are HEDIS® measures. The remaining measures are from CAHPS®:

- Members were satisfied with access to urgent care
- Members over 18 year of age received advice on smoking cessation and tobacco use

**Table 2: Rhode Island's 2013 Performance Goal Program
Results of HEDIS® and CAHPS® Measures (Calendar Years 2010 – 2012)**

Performance Category and Measures	Statewide Average for CY 2010	Statewide Average for CY 2011	Statewide Average for CY 2012	50 th Percentile	75 th Percentile	90 th Percentile
Medical Home/ Preventive Care						
Members were satisfied with access to urgent care	83	85	86	N/A	85	87
Adults with an ambulatory or preventive care visit (20-44 yrs.)	88	88	89	N/A	85	88
Adults with an ambulatory or preventive care visit (45-64 yrs.)	92	92	92	N/A	90	91
Infants had well-child visits in first 15 months of life+	82	82	82	N/A	71	77
Children had well-child visits in 3 rd -6 th year of life+	81	83	82	N/A	79	83
Adolescent immunizations before 13 th birthday+	85	86	84	N/A	71	81
Children receive immunizations by 2 nd birthday – Combo 3+	81	84	82	N/A	77	82
Children receive immunizations by 2 nd birthday – Combo 10+	32	21	56	N/A	21	27
Children receive periodic PCP visits (12-24 mos.)+	98	99	98	N/A	98	99
Children receive periodic PCP visits (25 mos.-6 yrs.)+	93	94	95	N/A	91	93
Children receive periodic PCP visits (7-11 yrs.)+	96	96	97	N/A	93	95
Children receive periodic PCP visits (12-19 yrs.)+	95	95	96	N/A	92	93
Members over 18 years received advice on smoking cessation+	N/A	83	83	N/A	79	81
Members received timely prenatal care+	91	92	93	N/A	90	93
Members received timely postpartum care+	66	71	71	N/A	71	74
Adolescent well care visit+	66	65	67	N/A	58	64
Frequency of ongoing prenatal care+	74	79	77	N/A	75	82
Lead screening for children	87	85	85	N/A	81	87
Adult Body Mass Index (BMI) assessment+	41	54	72	58	71	N/A
Body Mass Index (BMI) percentile for children & adolescents+	33	44	61	48	67	N/A
Counseling for nutrition for children & adolescents+	61	65	69	55	67	N/A
Counseling for physical activity for children & adolescents+	47	48	56	43	56	N/A
Annual monitoring for patients on persistent medications**	85	86	83	N/A	87	89
Use of imaging studies for low back pain	68	71	69	N/A	79	82

Performance Category and Measures	Statewide Average for CY 2010	Statewide Average for CY 2011	Statewide Average for CY 2012	50 th Percentile	75 th Percentile	90 th Percentile
	Findings from the 2011 Performance Goal Program	Findings from the 2012 Performance Goal Program	Findings from the 2013 Performance Goal Program			
Women's Health						
Cervical cancer screening (21-64 yrs.)+	74	78	77	N/A	73	79
Chlamydia screening (16-20 yrs.)+	56	56	62	N/A	61	67
Chlamydia screening (21-24 yrs.)+	66	67	68	N/A	70	73
Chronic Care						
Enrollees with asthma use appropriate meds (5-11 yrs.)	93	92	93	N/A	94	96
Enrollees with asthma use appropriate meds (12-50 yrs.)**	88	N/A	N/A	N/A	N/A	N/A
Enrollees with asthma use appropriate meds (12-18 yrs.)	N/A	89	88	N/A	90	92
Enrollees with asthma use appropriate meds (19-50 yrs.)	N/A	79	79	N/A	81	85
Enrollees with asthma use appropriate meds (51-64 yrs.)	N/A	70	75	N/A	82	86
Adults with diabetes had HbA1c testing+	85	88	86	N/A	87	91
Controlling high blood pressure+	62	64	63	N/A	64	69
Pharmacotherapy management of COPD exacerbation: Systemic corticosteroid dispensed within 14 days	79	76	80	N/A	73	76
Pharmacotherapy management of COPD exacerbation: Bronchodilator dispensed within 30 days	91	82	90	N/A	86	88
Behavioral Health						
Follow-up visit by 30 days post-discharge from hospital (Mental Health)+	82	83	81	N/A	77	84
Follow-up visit by 7 days post-discharge from hospital (Mental Health)+	64	66	64	N/A	58	70
Antidepressant medication management (Acute phase)+	52	47	52	50	53	N/A
Follow-up for children prescribed ADHD medication (Initiation phase)+	46	48	54	N/A	44	52

* The baseline measure for 2013 (CY 2012) has been shown in green.

** For this HEDIS® asthma measure, one age category (12-50 years) was phased out by the National Committee for Quality Assurance (NCQA) in CY 2011.

+ HEDIS® measures that have been flagged with the (+) symbol are ones that are included in either the Medicaid Adult Core Set or the Initial Core Set of Children's Health Care Quality Measures.