

# Monitoring Quality and Access In RItE Care & Rhody Health Partners

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## Introduction

RItE Care, Rhode Island's 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 2012, the National Committee for Quality Assurance (NCQA) ranked over **227** Medicaid Health Plans nationwide and scored **115** of those based on clinical performance, member satisfaction, and NCQA Accreditation. In comparison to Medicaid Health Plans throughout the United States, NHPRI was ranked **5<sup>th</sup>** (87.6 %) among Medicaid Health Plans and UHCP-RI was ranked **18<sup>th</sup>** (84.8 %).<sup>1</sup>

This report highlights the performance outcomes from a series of 39 quality measures that were analyzed for RItE Care and Rhody Health Partners during Calendar Year (CY) 2011. The goals of RItE Care and Rhody Health Partners are to **improve access to care, the quality of care, and health outcomes** while containing costs. In addition to monitoring 39 measures used in the 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 in the State's two participating Health Plans by:

- Defining quality and access standards in Rhode Island's contracts with the Health Plans
- Conducting the annual Performance Goal Program, which includes annual on-site compliance reviews
- 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

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<sup>1</sup>NCQA's Health Insurance Plan Rankings 2012-2013. For more information, please refer to:  
<http://www.ncqa.org/ReportCards/HealthPlans/HealthInsurancePlanRankings/HealthInsurancePlanRankings201213/2012MedicaidandMedicareHealthPlanRankings.aspx>

- Analyzing the findings from the Health Plans’ four (4) annual quality improvement projects (QIPs)
- 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<sup>2</sup> of the services provided by Rhode Island Medicaid’s participating Health Plans. IPRO, which contracts with Rhode Island to perform the external quality review, analyzes the audited HEDIS<sup>3</sup>® and CAHPS<sup>4</sup>® information that has been submitted to the National Committee for Quality Assurance (NCQA). The EQR process also assesses access metrics and evaluates the quality improvement initiatives that have been conducted by the Health Plans throughout the reporting year.

*“IPRO’s external quality review concludes that the Rhode Island Medicaid managed care program and its participating Health Plans, NHPRI and UHCP-RI, have had an overall positive impact on the accessibility, timeliness and quality of services for Medicaid recipients.”<sup>5</sup>*

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<sup>2</sup> Annual External Quality Review - Technical Report Aggregate, Reporting Year 2012, IPRO, Inc., October 2012.

<sup>3</sup> HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>4</sup> 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).

<sup>5</sup> Annual External Quality Review – Technical Report Aggregate, Reporting Year 2012, IPRO, Inc., October 2012 (p. 6).

## 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 fourteenth (14<sup>th</sup>) year and continues to advance quality improvement initiatives that focus on access to preventive care and chronic disease management services for enrollees.

### 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 2012**

<b>Performance Measures - Categories</b>	<b>Percent of total performance award available</b>	<b>Type of Measure</b>
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
<b>TOTAL</b>	100%	

### Innovations in Rhode Island’s 2012 Performance Goal Program

The 2012 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 participating Health Plans. As was the case in 2011, the Performance Goal Program included an assessment of the Health Plans’ performance on a series of HEDIS® quality measures and analysis of the following:

- 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

During the 2011 Performance Goal Program the following five (5) HEDIS® measures were introduced and treated as baseline measures:

- *Annual Monitoring for Patients on Persistent Medications (MPM)*
- *Immunizations for Adolescents (IMA)*
- *Use of Imaging Studies for Low Back Pain ((LBP)*
- *Controlling High Blood Pressure (CBP)*
- *Pharmacotherapy Management of COPD (PCE)*

In this year's Performance Goal Program, four of those measures were eligible for incentive awards (*IMA, LBP, CBP, and PCE*). While the scores for the *MPM* measure were recorded, it remained a baseline measure. The 7-day follow-up component in the *Follow-up After Hospitalization for Mental Illness* measure was eligible for incentive this year as well as the Advising Smokers to Quit Component of *Medical Assistance with Smoking & Tobacco Cessation (MSC)* measure, which was reintroduced to the Performance Goal Program in 2012. The Combo 10 component in the *Child Immunization Status* measure was recorded as part of the 2012 Performance Goal Program, but remained a baseline measure. In addition, because of changes in the age stratifications for *Use of Appropriate Medications for People with Asthma (ASM)* measure, scores for all age strata were recorded, but only the 5 – 11 years of age cohort was eligible for incentive.

## 2012 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 exceeded the 90<sup>th</sup> percentile for all 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.

- **Lead Screening in Children**

For CY 2011, Rhode Island's Statewide Average continued to exceed the 75<sup>th</sup> percentile and come very close to achieving the 90<sup>th</sup> 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 66%.

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

This measure was revised by the National Committee for Quality Assurance (NCQA) and reinstated in the 2012 Performance Goal Program. Rhode Island's Statewide Average was superlative, exceeding the 90<sup>th</sup> percentile in comparison to other Medicaid programs throughout the nation.

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

Physical activity, as well as overweight and obesity, were included in the U.S. Department of Health and Human Services' (DHHS) *Healthy People 2010 Leading Health Indicators*, which set forth ten high priority public health indicators for the United States. In *Healthy People 2020*, objectives specific to physical activity and obesity reduction have been reaffirmed by the U.S. DHHS.

Rhode Island exceeded the 50<sup>th</sup> percentile and the national Medicaid average for both the HEDIS® *Adult Body Mass Index (BMI)* measure and the BMI and physical activity components from the HEDIS® *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* measure. Rhode Island exceeded the 75<sup>th</sup> percentile and the national Medicaid average for the counseling for nutrition component of the latter measure. This is an area that Rhode Island will continue to monitor since its impact on health and its associated long-term costs are so great.

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

This measure continued to be a baseline one in the 2012 Performance Goal Program. This HEDIS® measure addresses the percentage of members 18 years of age and older who received at least 180 days of medication therapy 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 surpassed the national Medicaid average for this measure, it did not achieve the 75<sup>th</sup> percentile for this measure.

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

This year's Performance Goal Program marked the first year this measure was eligible for a performance incentive. This measure 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<sup>6</sup> to treatment had been undertaken (that is, no imaging services such as MRI, CAT Scan, or X-ray) within the first 28 days. In the absence of clinical "red flags", current therapeutic guidelines state that the routine use of X-rays is not justified within this 28-day time interval due to risks posed by high doses of radiation.<sup>7</sup>

## Women's Health

- **Cervical Cancer Screening**

For Calendar Year 2011, Rhode Island's Statewide Average for *Cervical Cancer Screening* was 78%, an increase of four percentage points from CY 2010. This measure focuses on the receipt of Pap smears by women between 21 and 64 years of age. This finding (78%) was substantially greater than the national Medicaid average (67%) which was reported in Quality Compass®

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<sup>6</sup>The National Guideline Clearinghouse at the Agency for Healthcare Research and Quality (AHRQ) maintains an electronic repository of current clinical practice guidelines, including the clinical practice guideline that focuses on the diagnosis and treatment of low back pain. This Guideline was issued jointly by the American College of Physicians and the American Pain Society in 2007. Recommendation 2 stated: "Clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain."

<http://www.guidelines.gov/content.aspx?id=11515>

<sup>7</sup> *Guideline for the evidence-informed primary care management of low back pain*, National Quality Measures Clearinghouse (Agency for Healthcare Research and Quality). <http://guidelines.gov/content.aspx?id=15668> .

2011 and exceeded the 75<sup>th</sup> percentile when compared with other Medicaid Health Plans nationally.

- **Chlamydia Screening in Women**

For Calendar Year 2011, Rhode Island's Statewide Average (56%) for *Chlamydia Screening* among 16-20 year olds exceeded the national Medicaid average (54 percent) which was reported in Quality Compass® 2011, but it did not reach the 75<sup>th</sup> percentile. A similar pattern was demonstrated for the HEDIS® 21-24 year old cohort. Rhode Island's Statewide Average (67%) exceeded the national Medicaid average (62%), but it did not achieve the 75<sup>th</sup> percentile. Because Rhode Island has yet to achieve a 75<sup>th</sup> percentile benchmark for both age groups, each Health Plan was required to undertake a quality improvement project for the Chlamydia screening measure during 2012.

## Chronic Care

Because chronic diseases are the leading cause of death and disability in the United States, four (4) new HEDIS® measures were added to the 2011 Performance Goal Program and the findings were treated as baseline information. This year's Performance Goal Program marked the first year that three (3) of the four chronic care measures were eligible for an incentive award. 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 year<sup>8</sup> and in 2008 almost one out of every two individuals 18 years of age or older had at least one of the following chronic illnesses<sup>9</sup>: 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 identified<sup>10</sup> 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 2011. 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. Due to changes in this measure's age stratification, there were no available benchmarks in Quality Compass 2011 for Medicaid for the latter three (3) age cohorts. Therefore, Health Plans' scores for only one (children between five and eleven years of age) of the four age groups was included as part of this year's Performance Goal Program. The State did meet the national Medicaid average (92%) for this age group, but did not achieve the 75<sup>th</sup> percentile for Medicaid plans nationally.

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<sup>8</sup> *Chronic disease prevalence*, General Health Status, *Healthy People 2020*, pgs. 2 & 3. <http://www.healthypeople.gov/2020/about/genhealthabout.aspx#chronic>

<sup>9</sup> *Ibid.*, p. 3.

<sup>10</sup> *Understanding Respiratory Diseases – Asthma*, *Healthy People 2020*, pgs. 1 & 2. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=36>

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

Rhode Island's Statewide Average increased from 85% to 88 % and exceeded the national Medicaid average (82 %), and met the Quality Compass® 75<sup>th</sup> percentile. Comprehensive diabetes care remains a targeted area of focus for performance improvement in the coming year.

- **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 and whose blood pressure was adequately controlled. This measure was added to the Performance Goal Program in 2011. The 2012 Performance Goal program marked the first year this measure became eligible for an incentive award. Rhode Island's Statewide Average (64%) exceeded the national Medicaid average (55%), and met the Quality Compass® 75<sup>th</sup> percentile.

- **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 States.<sup>11</sup> As noted previously, this measure was added to the Performance Goal Program in 2011. This year's Performance Goal Program marked the first year that the measure became 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 Average of (76%) surpassed the 75<sup>th</sup> percentile and the Medicaid average for one of the two components (the Systemic corticosteroid dispensed within 14 days).

## Behavioral Health

- **Follow-up After Hospitalization for Mental Illness – 7 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. In addition to assessing whether individuals six (6) years of age or older received follow-up within 30 days after discharge from a behavioral health hospital, Rhode Island added “follow-up within seven (7) days” as a baseline measure for the 2011 Performance Goal Program. 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 made significant improvement in this measure by achieving the 90<sup>th</sup> percentile for the 30-day follow-up component and exceeding the 75<sup>th</sup> percentile for the 7-day follow-up measure, falling just short of reaching the 90<sup>th</sup> percentile.

- **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. Because this measure has yet to achieve either the 75<sup>th</sup> or the 90<sup>th</sup> percentile Quality Compass® benchmark, *Antidepressant Medication Management (AMM)* was

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<sup>11</sup>. *Respiratory Diseases*, Healthy People 2020, pgs. 1 & 2.

a State required area of focus for one of the four quality improvement projects implemented by each Health Plan in 2011.

- **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 2011, Rhode Island's Statewide Average exceeded the Medicaid average and the Quality Compass® 75<sup>th</sup> percentile.



## 2012 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 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> 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.

- **90<sup>th</sup> percentile**  
Measures that have been highlighted in **blue** for CY 2011 represent scores that met or exceeded the 90<sup>th</sup> percentile for HEDIS® and CAHPS® measures, as based on the National Committee for Quality Assurance’s *Quality Compass*® 2011 for Medicaid.
- **75<sup>th</sup> percentile**  
Measures that have been highlighted in **pink** indicate scores for CY 2011 that met or exceeded the 75<sup>th</sup> percentile.
- **50<sup>th</sup> percentile**  
Measures that have been highlighted in **grey** indicate scores for CY 2011 that met or exceeded the 50<sup>th</sup> percentile.
- Performance measures shown in **green** are baseline measures.

All but two of the performance measures listed on pages 9 and 10 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

**Table 2: Rhode Island's 2012 Performance Goal Program  
Results of HEDIS® and CAHPS® Measures (Calendar Years 2009 – 2011)**

Performance Category and Measures	Statewide Average for CY 2009	Statewide Average for CY 2010	Statewide Average for CY 2011 <sup>12</sup>	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile	90 <sup>th</sup> Percentile
	Findings from the 2010 Performance Goal Program	Findings from the 2011 Performance Goal Program	Findings from the 2012 Performance Goal Program			
<b><i>Medical Home/ Preventive Care</i></b>						
Members were satisfied with access to urgent care	83	83	85	N/A	85	87
Adults with an ambulatory or preventive care visit (20-44 yrs.)	89	88	88	N/A	86	88
Adults with an ambulatory or preventive care visit (45-64 yrs.)	90	92	92	N/A	90	91
Infants had well-child visits in first 15 months of life	77	82	82	N/A	69	77
Children had well-child visits in 3 <sup>rd</sup> -6 <sup>th</sup> year of life	78	81	83	N/A	78	83
Adolescent Immunizations before 13 <sup>th</sup> birthday	65	85	86	N/A	64	76
Children receive immunizations by 2 <sup>nd</sup> birthday – Combo 3	80	81	84	N/A	77	82
Children receive immunizations by 2 <sup>nd</sup> birthday – Combo 10*	N/A	32	21	N/A	19	24
Children receive periodic PCP visits (12-24 mos.)	99	98	99	N/A	98	99
Children receive periodic PCP visits (25 mos.-6 yrs.)	95	93	94	N/A	91	93
Children receive periodic PCP visits (7-11 yrs.)	96	96	96	N/A	93	95
Children receive periodic PCP visits (12-19 yrs.)	94	95	95	N/A	92	94
Members over 18 years received advice on smoking cessation	N/A	N/A	83	N/A	78	81
Members received timely prenatal care	90	91	92	N/A	90	93
Members received timely postpartum care	67	66	71	N/A	71	75
Adolescent well care visit	60	66	65	N/A	57	64
Frequency of ongoing prenatal care	68	74	79	N/A	75	82
Lead screening for children	84	87	85	N/A	81	88
Adult Body Mass Index (BMI) assessment.	30	41	54	48	62	N/A
Body Mass Index (BMI) percentile for children & adolescents	32	33	44	38	59	N/A
Counseling for nutrition for children & adolescents	57	61	65	51	61	N/A
Counseling for physical activity for children & adolescents	44	47	48	41	51	N/A
Annual Monitoring for Patients on Persistent Medications*	N/A	85	86	N/A	87	88
Use of Imaging Studies for Low Back Pain	N/A	68	71	N/A	80	82

<sup>12</sup> The Statewide rates for 2009 were calculated based on three (3) Health Plans' rates (NHPRI, UHCP-RI, and BCBSRI). Starting in CY 2010, the Statewide Average has been calculated based on two (2) Health Plans' rates (NHPRI and UHCP-RI), because BCBSRI left the State's Medicaid program prior to the close of CY 2010.

Performance Category and Measures	Statewide Average for CY 2009	Statewide Average for CY 2010	Statewide Average for CY 2011	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile	90 <sup>th</sup> Percentile
	Findings from the 2010 Performance Goal Program	Findings from the 2011 Performance Goal Program	Findings from the 2012 Performance Goal Program			
<b>Women's Health</b>						
Cervical cancer screening (21-64 yrs.)	76	74	78	N/A	74	79
Chlamydia screening (16-20 yrs.)	54	56	56	N/A	61	67
Chlamydia screening (21- 24 yrs.)	66	66	67	N/A	69	72
<b>Chronic Care</b>						
Enrollees with asthma use appropriate meds (5-11 yrs.)	95	93	92	N/A	94	96
Enrollees with asthma use appropriate meds (12-50 yrs.)**	88	88	N/A	N/A	N/A	N/A
Enrollees with asthma use appropriate meds (12-18 yrs.)*	N/A	N/A	89	N/A	N/A	N/A
Enrollees with asthma use appropriate meds (19-50 yrs.)*	N/A	N/A	79	N/A	N/A	N/A
Enrollees with asthma use appropriate meds (51-64 yrs.)*	N/A	N/A	70	N/A	N/A	N/A
Adults with diabetes had HbA1c testing	84	85	88	N/A	87	91
Controlling High Blood Pressure	N/A	62	64	N/A	64	68
Pharmacotherapy Management of COPD Exacerbation: Systemic corticosteroid dispensed within 14 days	N/A	79	76	N/A	74	77
Pharmacotherapy Management of COPD Exacerbation: Bronchodilator dispensed within 30 days	N/A	91	82	N/A	87	89
<b>Behavioral Health</b>						
Follow-up visit by 30 days post discharge from hospital (Mental Health)	77	82	83	N/A	75	83
Follow-up visit by 7 days post discharge from hospital (Mental Health)	N/A	64	66	N/A	54	68
Antidepressant Rx management (Acute phase)	49	52	47	50	54	N/A
Follow-up for children prescribed ADHD medication (Initiation phase)	48	46	48	N/A	44	51

\* Baseline measures for 2012 (CY 2011) are shown in green.

\*\* For the asthma measure, this age category (12-50 yrs) was eliminated by the NCQA due to changes that it made to the measure's age groupings, starting in Calendar Year 2011.