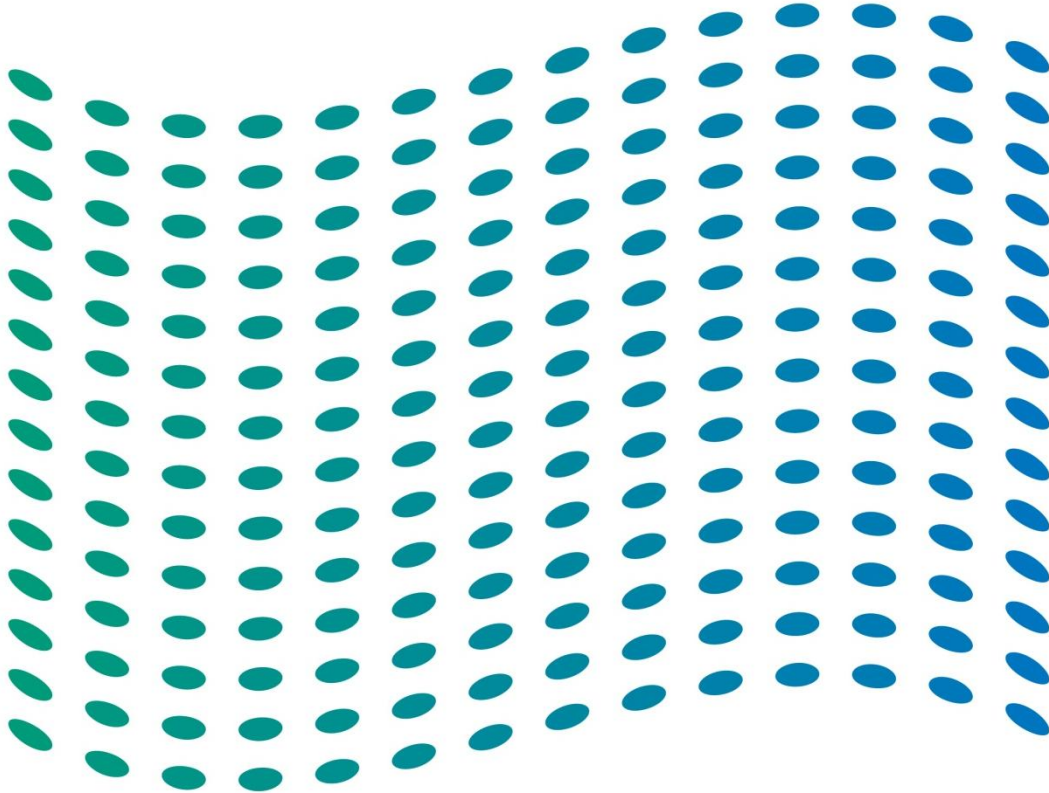


South Carolina Medicaid
Health Plans Report Card

Calendar Year 2009



Submitted by

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	p.1
Introduction	
Overview.....	p. 3
Report Card Organization	p. 3
Data Sources	p. 3
HEDIS®	p. 3
CAHPS.....	p. 4
Scoring and Rating Measures.....	p. 4
General Considerations for Interpreting Report Card Results.....	p. 5
Staying Healthy: Children	
Staying Healthy Children’s Measures	p. 6
Staying Healthy Children’s Measures Results	p. 7
Staying Healthy: Adults	
Staying Healthy Adult Measures.....	p. 7
Staying Healthy Adult Measures Results	p. 8
Living with Illness and Disability	
Living with Illness and Disability Measures	p. 9
Living with Illness and Disability Measures Results.....	p. 9
Behavioral Health	
Behavioral Health Measures	p. 10
Behavioral Health Measures Results.....	p. 10
Consumer Satisfaction with Health Care	
Consumer Satisfaction with Health Care Measures	p. 11
Consumer Satisfaction with Getting Needed Care Results	p. 12
Consumer Satisfaction with Getting Care Quickly Results	p. 12
Consumer Satisfaction with How Well Doctors Communicate	p. 12

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EXECUTIVE SUMMARY

Category Ratings for South Carolina Medicaid Health Plans Calendar Year 2009

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
STAYING HEALTHY: CHILDREN						
Annual Dental Visits: Total (Ages 2-21)	★★★	★★★	★★★	★★★	★★★	★★★
Appropriate Use of Antibiotics: Treatment for Children With Upper Respiratory Infection (URI)	★	★	★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 12-24 months)	★	★	★★★	★★★	★★	★★★
Child and Adolescent Access to Primary Care: (Ages 25 mos - 6 yrs)	★	★	★★★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 7-11 years)	★★	★	★★★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 12-19 years)	★	★	★★★	★★	★	★
Childhood Immunizations: (Ages <2) ▲	★★★	NSI	★★★	★	★★★	★★
Lead Screening in Children: (Ages <2)	★	NSI	★	★	★	★
Well-Child Visits: (Ages 0 Through 15 Months: 5 Visits)	★★★	NSI	★★★	★★★	★★★	★★★
Well-Child Visits: (Ages 3 Through 6 Years)	★	★	★	★	★	★
STAYING HEALTHY: ADULTS						
Adult Access to Preventative Ambulatory Health Services: (Ages 20-44 years)	★	★	★★★	★★★	★	★
Adult Access to Preventative Ambulatory Health Services: (Ages 45-64 years)	★	★	★★★	★	★	★
Breast Cancer Screening: Total	★	NSI	★★★	★★★	★	★
Cervical Cancer Screening (PAP Test)	★	★	★	★	★	★
Colorectal Cancer Screening: (Ages 50-80)	★	NSI	★	★	★	★
Postnatal Care Visits	★	★	★★★	★★★	★★★	★★★
Prenatal Care Visits	★	★	★	★	★	★

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
LIVING WITH ILLNESS AND DISABILITY						
Asthma: Appropriate Medication Use: Adults (Ages 18-56)	★	NSI	★	★	★	★
Asthma: Appropriate Medication Use: (Ages 5-9)	★★★	NSI	★★★	★★★	★★★	★★★
Asthma: Appropriate Medication Use: (Ages 10-17)	★★★	NSI	★★★	★★★	★	★★★
Diabetes Care: Hemoglobin A1c (HbA1c) Test (% Members Ages 18-75)	★	★	★	★	★	★
Diabetes Care: Dilated Eye Exam (% Members Ages 18-75)	★★★	★★★	★★★	★★★	★★★	★★★
Diabetes Care: Lipid Profile (LDL-C) Screening (% Members Ages 18-75)	★	★	★	★	★	★
Diabetes Care: Urine Screening for Microalbumin or Medical Attention for Nephropathy (% Members Ages 18-75)	★★★	★★★	★★★	★★★	★★★	★
BEHAVIORAL HEALTH						
Behavioral Health: Attention-Deficit Hyperactivity Disorder (ADHD): % Ages 6 to 12 Years With an ADHD Prescription Who Had a Follow-Up During 30-Day Initiation Phase	★	NSI	★	★	★	★
Behavioral Health: Attention-Deficit Hyperactivity Disorder (ADHD): % Ages 6 to 12 Years With an ADHD Prescription Who Had a Follow-Up During 30-Day Continuation and Maintenance Phase	NSI	NSI	★	★	★	★
Behavioral Health: Follow-Up Care Within 7 Days After Hospitalization for Mental Illness: Ages 6 Years and Above	★★★	★	★★★	★★★	★★★	★
Behavioral Health: Follow-Up Care Within 30 Days After Hospitalization for Mental Illness: Ages 6 Years and Above	★★★	★	★★★	★★★	★★★	★★★
ACCESSING HEALTH CARE: CONSUMER SATISFACTION						
Getting Needed Care: Adult	★	★	★	★★	★	★★★
Getting Needed Care: Child	★	★	★★★	★★★	★★	★★★
Getting Care Quickly: Adult	★	★★	★★	★★	★	★★
Getting Care Quickly: Child	★	★	★★	★★	★★	★
EXPERIENCING HEALTH CARE: CONSUMER SATISFACTION						
Doctors Communicate Well With Patients: Adult	★★	★★	★★	★★	★★	★★
Doctors Communicate Well With Patients: Child	★★★	★★	★★	★★	★★	★★★

★★★ Above National Average
★★ National Average
★ Below National Average

NSI Not sufficient information available to rate
 Ratings that exceeded the National 75th percentile
▲ State Measure

Note: Ratings are for CY 2009 compared to 2009 NCQA Medicaid Benchmark.
Data Source: SC Medicaid claims January 1-December 31, 2009, adjudicated through May 2010.

INTRODUCTION

Overview

Improving the health care of all Medicaid recipients requires having accurate, complete, and up-to-date information about the care being provided and its results on ensuring the health of recipients. The SC Department of Health and Human Services (DHHS) is committed to promoting improvements in health care by reporting on the performance of health plans serving Medicaid recipients – managed care organizations (MCO), medical home networks (MHN), and fee-for-service (FFS). This year, DHHS continues its commitment to advancing health care quality by releasing the first report card rating the performance of MCO, MHN, and FFS health plans. The *2009 South Carolina Health Plans Report Card* gives consumers, policymakers, plans, providers, researchers, and other stakeholders plan-specific indicators of performance and consumer satisfaction with health care. The report card illustrates the comparison of managed care Medicaid health plans (i.e., MCO and MHN) with FFS and national benchmarks for selected quality and consumer experiences with care measures. **Overall, the report card indicates that Medicaid managed care health plans' rates for quality and consumer satisfaction were better than rates for fee-for-service.**

As a means of obtaining this information, DHHS retained the services of the Institute for Families in Society (IFS) at the University of South Carolina, to evaluate performance and consumer satisfaction measures objectively for each health care plan. The selected measures represent a broad range of selected measures that are important to Medicaid recipients, policy makers, stakeholders, and DHHS program staff. *This report is submitted to the SC Department of Health and Human Services as the quality analysis component of the report mandated by Proviso 21.33 of the fiscal 2010-11 Appropriations Act.*

Report Card Organization

The *2009 Medicaid Health Plans Report Card* is organized along four dimensions of care designed to encourage consideration of similar measures. The dimensions of care are the following: 1) *Staying Healthy* measures provide information about how well a health plan provides services that maintain good health and prevent illness in children and adults; 2) *Living with Illness and Disability* measures provide information on how well a health plan helps people manage chronic illness; 3) *Behavioral Health* measures provide information on how well a health plan helps people manage mental illness; and 4) *Satisfaction with Care* measures provide information on how often consumers report satisfaction with health care – getting needed care, getting care quickly, and communication with personal doctor. The measures assess the performance of four MCO's (Absolute Total Care; Blue Choice; First Choice; Unison), one MHN (SC Solutions), and FFS.

Data Sources

IFS followed the guidelines in *HEDIS 2010 Volume 2: Technical Specifications* in developing this report card. **HEDIS®** (Health Plan Employer Data and Information Set) is the most widely used set of standardized performance measures designed to ensure that stakeholders and consumers have the information they need to reliably compare the performance of managed healthcare plans. It is part of an

integrated system to establish accountability in managed care across the nation. The performance measures in HEDIS are related to many significant public health issues such as well child care, asthma and diabetes. HEDIS® is sponsored, supported and maintained by the National Committee for Quality Assurance (NCQA), a national non-profit organization dedicated to improving quality of managed health care.

CAHPS® (Consumer Assessment of Healthcare Providers and Systems), a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service and access to care, is included as a component of HEDIS®. CAHPS® is sponsored, supported and maintained by the Agency for Healthcare Research and Quality (AHRQ). The report card utilizes results from the CAHPS® 4.0H Adult Medicaid and the 4.0H Child Medicaid surveys. IFS and the USC Survey Research Lab, a certified CAHPS vendor, conducted these surveys between April and June, 2010. A total of 5,277 surveys form the basis for the reported CAHPS® rates. A minimum of four hundred surveys were completed for each plan for adults and four hundred were completed for children. The overall response rate for the combined surveys was 32% which is consistent with Medicaid national benchmarks. The response rates by group are as follows: Adults = 30.32% (2649 completed/8737 sample) and Children = 33% (2628 completed/7971 sample).

Scoring and Rating Measures

Measures: All but one performance measure were constructed using the HEDIS® and CAHPS® quality performance systems. The one state measure, Childhood Immunizations, was modified by the SC Department of Health and Human Services to enable comparison with members in fee-for-service. All of the performance measure rates are based on services, care, and experiences of members who enrolled in the SC Medicaid Program throughout calendar year (CY) 2009.

The HEDIS® scores are based on the number of members enrolled in the plan who are eligible and who received the service based on administrative records (claims and encounters). These records do not include information from medical charts or laboratory results available to medical providers and health plans. Restricting the data to administrative records allows for a comparison between managed care organizations and fee-for-service rates. The accuracy of this information relies on the administrative records submitted by providers for services rendered to Medicaid patients in CY 2009. All administrative records were adjudicated through May 31, 2010.

The CAHPS® measures are based on a list of randomly selected children and adult Medicaid recipients enrolled in a designated health plan for at least six months during 2009. These members completed the CAHPS® survey by telephone and were asked to report their experiences with their healthcare plans, services and their doctors. These measures are collected using survey methodology with detailed specifications and contained in *HEDIS 2010, Volume 3: Specifications for Survey Measures*.

Rating Method: IFS uses a NCQA certified survey vendor and software to calculate the performance scores on the Health Plan Report Card. Plans whose scores were statistically different than the national average range (40th to 60th percentile) either received an above average (61th percentile and above) or below average (39th percentile and below). The ratings are illustrated in the report card as above average (three stars - ***), average (two stars - **), below average (one star - *). Plans that scored at the 75th percentile and above received three stars shaded in green. A below average (one star) does not mean the health plan provided poor care or bad service. It means the plan scored below average nationally compared to other Medicaid managed care health plans.

A designation of **Not Sufficient Information (NSI)** means that the health plan has too few members who were enrolled long enough to meet the HEDIS® requirements to be able to report a meaningful score for that performance measure. This is common with newer health plans. An NSI designation does not evaluate the quality of the service nor does it mean the services are not being provided for these measures by the health plan.

General Considerations for Interpreting Report Card Results

All data analyses have limitations and those presented in this report card are no exception. The reader is cautioned that several caveats must be taken into consideration in interpreting the report card.

Claims and Encounter Data: A plan’s ability (or that of its contracted vendor) to submit complete claims and encounter data can affect performance on reports generated using **administrative** data. Per NCQA’s specifications, a member for whom no administrative data is found or does not contain the necessary documentation, the record is incomplete and not reflected in the rates.

Lack of Case-Mix Adjustment: The specifications for collecting HEDIS measures do not allow case-mix adjustment or risk adjustment for existing co-morbidities, disability (physical or mental), or severity of disease. Therefore, it is difficult to determine whether differences among plan rates were due to differences in the quality of care or use of services, or differences in the health of the populations served by the plans. IFS and DHHS are working on new methodologies for analyzing SC Medicaid HEDIS results which may clarify this issue for future reports.

Demographic Differences in Plan Membership: In addition to disability status, the populations served by each plan may differ in other demographic characteristics such as age, gender, and geographic residence. The impact of these differences on reported HEDIS rates is unknown.

Overlapping Provider Networks: Many providers caring for SC Medicaid recipients have contracts with multiple plans. Overlapping provider networks may affect the ability of any one plan to influence provider behavior.

Variation in Data Collection Procedures Reported by Plans and SC Medicaid Health Plan Report Card: Each plan collects and reports its own HEDIS data. Although there are standard specifications for collecting HEDIS measures, factors that may influence the collection of HEDIS data by plan include: a) Use of software to calculate the administrative measures, b) Completeness of administrative data due to claim lags, c) Staffing changes among the plan’s HEDIS team, and d) Size of the Medicaid population enrolled in the plan.

Choice of Administrative or Hybrid Data Collection: HEDIS measures are collected through one of two data collection methods—the administrative method or the hybrid method -- for measures that allow either method. IFS calculated the administrative measures using programs developed by statistical staff and a Certified HEDIS Software Vendor. The **administrative method** requires plans to identify the denominator and numerator using claims or encounter data, or data from other administrative databases. For measures collected through the administrative method, the denominator includes all members who satisfy all criteria specified in the measure including any age and continuous enrollment requirements (these members are known as the “eligible population”). The numerator includes all members in the eligible population (denominator) who are found through administrative data to have received the service (e.g., visits, treatment). The plan’s HEDIS rate is based on all members who

received the services (numerator) divided by all members who were eligible to receive the service (denominator).

Some health plans use the **hybrid method** to report HEDIS rates. This method requires plans to use both administrative and medical record data to identify both the members who receive the service (numerator) and the members who are eligible to receive the service (denominator). Plans may collect medical record data using their own staff and a plan-developed data collection tool; contract with a vendor for the tool and staffing; or both. To identify the population eligible to receive the service (denominator), plans draw a systematic sample of members from the measure's total eligible population. This sample must consist of a minimum of 411 members who qualify after accounting for valid exclusions and contraindications. The members who received the service (numerator) are identified from the sample eligible (411 or greater). The measure's rate is based on members who received the service divided by members who are eligible to have received the service. It is important to note that performance on a hybrid measure can be impacted by the ability of a plan or its contracted vendor to locate and obtain member medical records. According to NCQA's specifications, members for whom no medical record documentation is found are considered noncompliant with the measure.

STAYING HEALTHY: CHILDREN'S MEASURES

Staying Healthy Children's Measures

These measures comprise the staying healthy HEDIS® measures focusing on providing information about how well a plan provides services that maintain good health and prevent illness in children.

- **HEDIS®-Like Childhood Immunization:** The percentage of children 2 years of age who had claims indicating the administration of immunizations consistent with recommended best-practices: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
- **Lead Screening in Children:** The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
- **Children and Adolescent Access to Primary Care:** The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.
 - Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year
 - Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year
- **Annual Dental Visit:** The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.

- Appropriate Treatment for Children with Upper Respiratory Infection: The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.
- Well-Child Visits for Infants and Young Children: The percentage of members who turned 15 months old during the measurement year and who had the required number of well-child visits with a PCP during their first 15 months of life.

Staying Healthy Children’s Measures Results

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
STAYING HEALTHY: CHILDREN						
Annual Dental Visits: Total (Ages 2-21)	★★★	★★★	★★★	★★★	★★★	★★★
Appropriate Use of Antibiotics: Treatment for Children With Upper Respiratory Infection (URI)	★	★	★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 12-24 months)	★	★	★★★★	★★★★	★★	★★★★
Child and Adolescent Access to Primary Care: (Ages 25 mos - 6 yrs)	★	★	★★★★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 7-11 years)	★★	★	★★★★	★	★	★
Child and Adolescent Access to Primary Care: (Ages 12-19 years)	★	★	★★★★	★★	★	★
Childhood Immunizations: (Ages <2) ▲	★★★★	NSI	★★★★	★	★★★★	★★
Lead Screening in Children: (Ages <2)	★	NSI	★	★	★	★
Well-Child Visits: (Ages 0 Through 15 Months: 5 Visits)	★★★★	NSI	★★★★	★★★★	★★★★	★★★★
Well-Child Visits: (Ages 3 Through 6 Years)	★	★	★	★	★	★

★★★★ Above National Average
★★★ National Average
★ Below National Average

NSI Not sufficient information available to rate
 Ratings that exceed the National 75th percentile
▲ State Measure

Note: Ratings are for CY 2009 compared to 2009 NCQA Medicaid Benchmark.
Data Source: SC Medicaid claims January 1-December 31, 2009, adjudicated through May 2010.

STAYING HEALTHY: ADULT MEASURES

Staying Healthy Adult Measures



These measures comprise the staying healthy HEDIS® measures focusing on providing information about how well a plan provides services that maintain good health and prevent illness in adults.

- **Adult Access to Preventative and Ambulatory Health Services:** The percentage of members 20 years and older who had an ambulatory or preventive care visit.
- **Breast Cancer Screening:** The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.
- **Cervical Cancer Screening:** The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.
- **Colorectal Cancer Screening:** The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.
- **Prenatal and Postpartum Visits:** 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 plan in the first trimester *or* within 42 days of enrollment in the plan.
 - *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Staying Healthy Adult Measures Results

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
STAYING HEALTHY: ADULTS						
Adult Access to Preventative Ambulatory Health Services: (Ages 20-44 years)	★	★	★★★	★★★	★	★
Adult Access to Preventative Ambulatory Health Services: (Ages 45-64 years)	★	★	★★★	★	★	★
Breast Cancer Screening: Total	★	NSI	★★★	★★★	★	★
Cervical Cancer Screening (PAP Test)	★	★	★	★	★	★
Colorectal Cancer Screening: (Ages 50-80)	★	NSI	★	★	★	★
Postnatal Care Visits	★	★	★★★	★★★	★★★	★★★
Prenatal Care Visits	★	★	★	★	★	★

★★★ Above National Average
 ★★ National Average
 ★ Below National Average

NSI Not sufficient information available to rate
 Ratings that exceed the National 75th percentile
 State Measure

Note: Ratings are for CY 2009 compared to 2009 NCQA Medicaid Benchmark.
Data Source: SC Medicaid claims January 1-December 31, 2009, adjudicated through May 2010.

LIVING WITH ILLNESS AND DISABILITY

Living with Illness and Disability Measures

These measures comprise the living with illness and disability HEDIS® measures providing information about how well a plan helps people manage chronic illness.

- Use of Appropriate Medication for People with Asthma: The percentage of members 5–50 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.
- HEDIS-Like Comprehensive Diabetes Care: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:
 - Hemoglobin A1c (HbA1c) testing
 - LDL-C screening
 - Eye exam (retinal) performed
 - Medical attention for nephropathy

Note: This measure is modified to exclude reporting rates requiring lab results.

Living with Illness and Disability Measures Results

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
LIVING WITH ILLNESS AND DISABILITY						
Asthma: Appropriate Medication Use: Adults (Ages 18-56)	★	NSI	★	★	★	★
Asthma: Appropriate Medication Use: (Ages 5-9)	★★★★	NSI	★★★★	★★★★	★★★★	★★★★
Asthma: Appropriate Medication Use: (Ages 10-17)	★★★★	NSI	★★★★	★★★★	★	★★★★
Diabetes Care: Hemoglobin A1c (HbA1c) Test (% Members Ages 18-75)	★	★	★	★	★	★
Diabetes Care: Dilated Eye Exam (% Members Ages 18-75)	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
Diabetes Care: Lipid Profile (LDL-C) Screening (% Members Ages 18-75)	★	★	★	★	★	★
Diabetes Care: Urine Screening for Microalbumin or Medical Attention for Nephropathy (% Members Ages 18-75)	★★★★	★★★★	★★★★	★★★★	★★★★	★

- ★★★★ Above National Average
- ★★★ National Average
- ★ Below National Average

- NSI Not sufficient information available to rate
-
 Ratings that exceed the National 75th percentile
- ▲
 State Measure

Note: Ratings are for CY 2009 compared to 2009 NCQA Medicaid Benchmark.
Data Source: SC Medicaid claims January 1-December 31, 2009, adjudicated through May 2010.

BEHAVIORAL HEALTH

Behavioral Health Measures

These measures comprise the behavioral health HEDIS® measures providing information about how well a plan helps people manage their behavioral health needs.

- **Follow-up Care for Children Prescribed Medication for ADHD/ADD:** The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.
 - *Initiation Phase.* The percentage of members 6–12 years of age as of the initial appointment with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
 - *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age as of the initial appointment with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

- **Follow-up after Hospitalization for Mental Illness:** The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.
 - The percentage of members who received follow-up within 30 days of discharge
 - The percentage of members who received follow-up within 7 days of discharge

Behavioral Health Measures Results

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For- Service
BEHAVIORAL HEALTH						
Behavioral Health: Attention-Deficit Hyperactivity Disorder (ADHD): % Ages 6 to 12 Years With an ADHD Prescription Who Had a Follow-Up During 30-Day Initiation Phase	★	NSI	★	★	★	★
Behavioral Health: Attention-Deficit Hyperactivity Disorder (ADHD): % Ages 6 to 12 Years With an ADHD Prescription Who Had a Follow-Up During 30-Day Continuation and Maintenance Phase	NSI	NSI	★	★	★	★
Behavioral Health: Follow-Up Care Within 7 Days After Hospitalization for Mental Illness: Ages 6 Years and Above	★★★	★	★★★	★★★	★★★	★

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
Behavioral Health: Follow-Up Care Within 30 Days After Hospitalization for Mental Illness: Ages 6 Years and Above	★★★	★	★★★	★★★	★★★	★★★

- ★★★ Above National Average
- ★★ National Average
- ★ Below National Average

NSI

Not sufficient information available to rate

Ratings that exceeded the National 75th percentile

▲ State Measure

Note: Ratings are for CY 2009 compared to 2009 NCQA Medicaid Benchmark.

Data Source: SC Medicaid claims January 1-December 31, 2009, adjudicated through May 2010.

CONSUMER SATISFACTION WITH HEALTH CARE

Consumer Satisfaction with Health Care Measures



These measures provide information on the members or the parents'/caregivers' experience with their child's Medicaid plan. Results summarize member experiences through ratings, composites of multiple questions, and individual question summary rates. Three composite scores are reported for this report card.

- Getting Needed Care: These measures report how often consumers said that it was easy for them or their child to:
 - Get appointments with a specialists
 - Get the care, tests, or treatment they needed through their health plan
- Getting Care Quickly: These measures report how often consumer said that they or their child:
 - Got care as quickly as they needed when sick or injured
 - Got an appointment as soon as needed when sick or injured
- Communication with Personal Doctor: These measures report how well consumers report their personal doctor:
 - Explained things in a way it was easy to understand
 - Listened carefully to them
 - Showed respect for what they had to say
 - Spent enough time with them

Consumer Satisfaction with Health Care Measures Results

	Absolute Total Care	BlueChoice	First Choice	SC Solutions	Unison	Fee-For-Service
ACCESSING HEALTH CARE: CONSUMER SATISFACTION						
Getting Needed Care: Adult	★	★	★	★★	★	★★★★
Getting Needed Care: Child	★	★	★★★	★★★★	★★	★★★★
Getting Care Quickly: Adult	★	★★	★★	★★	★	★★
Getting Care Quickly: Child	★	★	★★	★★	★★	★
EXPERIENCING HEALTH CARE: CONSUMER SATISFACTION						
Doctors Communicate Well With Patients: Adult	★★	★★	★★	★★	★★	★★
Doctors Communicate Well With Patients: Child	★★★★	★★	★★	★★	★★	★★★★

- ★★★★ Above National Average
- ★★ National Average
- ★ Below National Average

- NSI** Not sufficient information available to rate
-  Ratings that exceed the National 75th percentile
-  State Measure

Note: Ratings are for CY 2009 compared to 2009 NCQA Medicaid Benchmark.
Data Source: SC Medicaid claims January 1-December 31, 2009, adjudicated through May 2010.

