



South Carolina
**Medicaid
Health Care
Performance**

CY 2012

A Report on Quality, Access to Care,
and Consumer Experience
and Satisfaction

September 2013



South Carolina Medicaid Health Care Performance CY 2012

A Report on Quality, Access to Care, and Consumer Experience and Satisfaction

September 2013

Prepared by the Division of Policy and Research on Medicaid and Medicare
The Institute for Families in Society
The University of South Carolina
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South Carolina Medicaid Health Care Performance CY 2012

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A Report on Quality, Access to Care, and Consumer Experience and Satisfaction

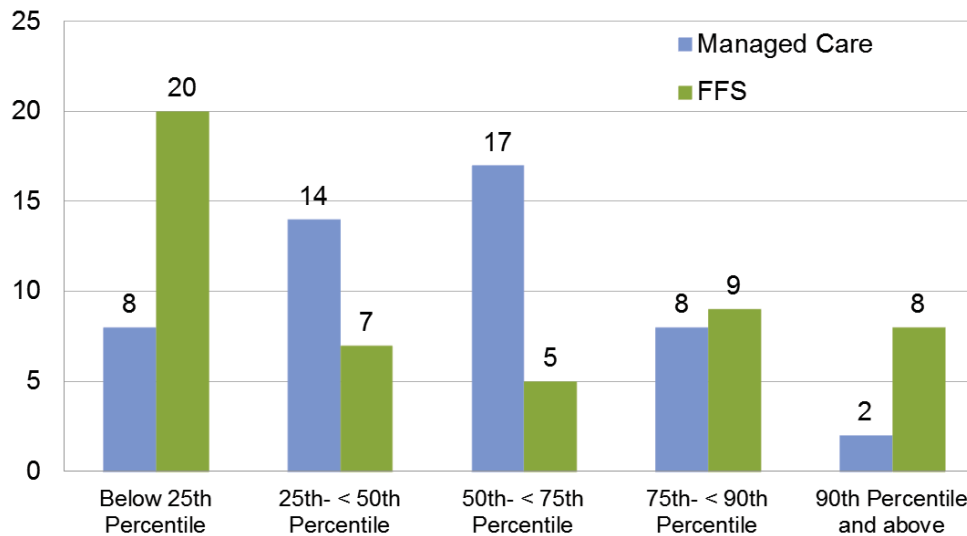
I. Executive Summary

In response to Proviso 21.33 of the South Carolina Appropriations Act, the Institute for Families in Society (IFS) at the University of South Carolina is submitting this report documenting the analysis of the quality HEDIS[®] measures for CY 2012. We prepared this report for the South Carolina Department of Health and Human Services (SCDHHS).

The report provides a comparison of quality of the differing Medicaid health care models, managed care organizations (MCO), medical home networks (MHN), and fee-for-service (FFS). Quality assessment and performance improvement are a central element in South Carolina’s Medicaid value-based purchasing strategy. Reporting on quality and access measures provides information guiding targeted incentives for providers, improvement efforts associated with program activities and policies to reduce poor health outcomes. Another important goal of this report is to measure and improve the quality of care received by Medicaid recipients across different health plans and models.¹

The report card data presented is a subset of the 2013 Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures.² This assessment examined a broad range of clinical and service areas that are of importance to Medicaid recipients, policy makers, and program staff. The MCOs’ HEDIS[®] measure rates were based on data provided by each plan. MHNs’ plan rates were derived from claims data to calculate the HEDIS[®] rates. All rates were based on the 2013 Medicaid National Percentiles established by the National Committee for Quality Assurance (NCQA). Figure 1 shows the overall results of the SC HEDIS[®] managed care (MCOs and

Figure 1. South Carolina Medicaid CY2012 Managed Care MCO vs. Fee-For-Service (FFS) Rates Compared with National Medicaid Percentiles

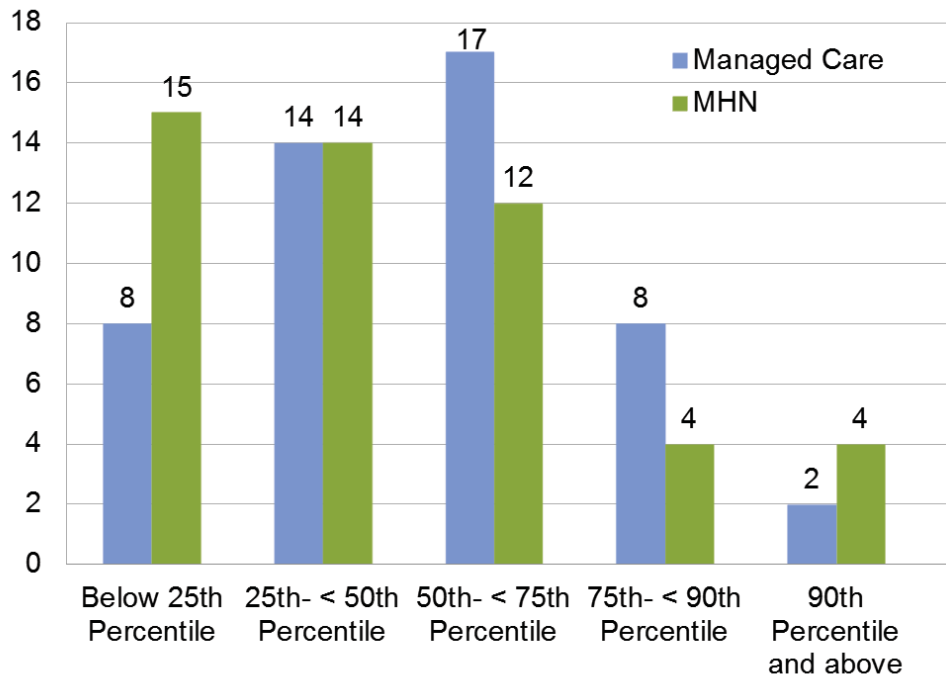


1. Federal law requires various quality monitoring and improvement processes for capitated managed care organizations (MCO) in Medicaid. As in previous reports, the use of administrative claims allows DHHS to measure and monitor quality of care for all recipients applying the same set of evaluation standards to all plans- managed care organization (MCO), medical home networks (MHN), and fee-for-service (FFS).

2. Some measures span a period of three years requiring unique member affiliations. This approach may result in lower or higher rates than those reported by the individual plans.

MHNs) plans at differing NCQA National Medicaid Percentiles. Medicaid recipients in managed care plans obtained better care as measured by HEDIS® rates at or above the 50th National Medicaid Percentiles. Collectively MCOs performed better than MHNs with 31 measures compared to 20 at or above the 50th National Medicaid Percentiles (Figure 2).

Figure 2. South Carolina Medicaid CY2012 Managed Care Rates Compared with National Medicaid Percentiles



II. Summary of Overall Results

The results are organized in a report card format summary of the plans (in alphabetic order by name) for each measure by dimension of care compared to National Medicaid Percentile Benchmarks and the state weighted average. For example, a plan with three stars for Well-Child Visits (ages 3 to 6) in the Pediatric Care dimension indicates that the plan performed between the 50th and 74th percentiles. A plan with a star plus “★+” indicates they are at the upper range of the percentile group. Thus, a plan with three stars and a plus is closer to the 74th percentile than the 50th percentile. The reader is encouraged to use the legend to interpret the results.

Table 1. 2012 South Carolina Medicaid Health Plans Report Card

| | Absolute Total Care | Blue Choice | First Choice | United Health Care | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Average |
|--|---|-------------|--------------|--------------------|------------------------|--------------------------------|--------------|-----------------|---------------|
| PEDIATRIC CARE | Adolescent Well-Care Visits | ★ | ★ | ★★ | ★ | ★ | ★ | ★ | ★ |
| | Ambulatory Care -ED Visits* | | | | | | | | |
| | Ages <1 | ★★ | ★★★ | ★★ | ★★ | ★★ | ★★★ | ★★★ | ★★★★★ |
| | Ages 1-9 | ★★ | ★★ | ★★★ | ★★ | ★★ | ★★★ | ★★ | ★★★★ |
| | Ages 10-19 | ★★ | ★★ | ★★★ | ★★ | ★ | ★ | ★★ | ★★★★ |
| | Appropriate Testing for Children With Pharyngitis | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★★ | ★★★★ |
| | Appropriate Treatment for Children With Upper Respiratory Infection† | ★★ | ★ | ★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★ |
| | Lead Screening in Children | ★★ | ★★ | ★★★ | ★★★ | ★★ | ★ | ★★ | ★★ |
| | Well-Child Visits in the First 15 Months of Life | | | | | | | | |
| | Zero visits * | ★★★★ | ★★ | ★★★ | ★★ | NSI | ★ | ★★ | ★ |
| | Five visits | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | NSI | ★★★★ | ★★★★★ | ★★★★★ |
| | Six or More visits | ★★★ | ★★ | ★★★ | ★★ | NSI | ★ | ★★★ | ★ |
| | Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| OVERALL SCORE FOR PEDIATRIC CARE | ★★ | ★★ | ★★⊕ | ★★ | ★⊕ | ★★ | ★★⊕ | ★★★ | ★★⊕ |
| WOMEN'S CARE | Breast Cancer Screening | ★★★ | ★★ | ★★★★★ | ★★★ | ★ | ★ | ★ | ★ |
| | Cervical Cancer Screening | ★★ | ★ | ★★★ | ★★ | ★ | ★ | ★ | ★ |
| | Chlamydia Screening in Women | | | | | | | | |
| | 16-20 Years | ★★★ | ★★ | ★★★ | ★★ | ★★★★ | ★★ | ★★ | ★★★★ |
| | 21-24 Years | ★★★ | ★★ | ★★★ | ★★★ | ★★★★ | ★★ | ★★ | ★★ |
| | Total | ★★★ | ★★ | ★★★ | ★★ | ★★★★ | ★★ | ★★ | ★★★★ |
| | Prenatal and Postpartum Care *** | | | | | | | | |
| | Timeliness of Prenatal Care *** | ★★★ | ★★★★ | ★★★ | ★★ | ★★ | ★★ | ★★ | ★ |
| | Postpartum Care *** | ★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★ |
| | OVERALL SCORE FOR WOMEN'S CARE | ★★★ | ★★⊕ | ★★★⊕ | ★★⊕ | ★★⊕ | ★★ | ★★ | ★★ |
| LIVING WITH ILLNESS | Comprehensive Diabetes Care | | | | | | | | |
| | HbA1c Testing | ★★ | ★★ | ★★ | ★★★ | ★ | ★ | ★ | ★ |
| | Eye Exams | ★★ | ★ | ★★ | ★ | ★ | ★ | ★ | ★ |
| | LDL-C Screening | ★★ | ★★ | ★★ | ★★ | ★ | ★ | ★ | ★ |
| | Med Att Diabetic Nephropathy | ★★★ | ★★ | ★★★ | ★★★ | ★★ | ★★ | ★ | ★ |
| | Use of Appropriate Medications for People with Asthma | | | | | | | | |
| | 5-11 Years | ★★★★ | ★★ | ★★★ | ★★ | NSI | NSI | ★★★★★ | ★★★★★ |
| | 12-18 Years | ★★★★★ | ★ | ★★★★ | ★★★ | NSI | NSI | ★★★★★ | ★★★★★ |
| | 19-50 Years | ★★★ | ★ | ★★★ | ★ | NSI | NSI | ★★ | ★ |
| | Total | ★★★★★ | ★ | ★★★★★ | ★ | NSI | NSI | ★★★★★ | ★★★★★ |
| OVERALL SCORE FOR LIVING WITH ILLNESS | ★★★⊕ | ★★⊕ | ★★★ | ★★ | ★ | ★ | ★★⊕ | ★★⊕ | ★★⊕ |
| BEHAVIORAL HEALTH | Follow-Up After Hospitalization for Mental Illness**** | | | | | | | | |
| | 7 Days | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★ |
| | 30 Days | ★★ | ★★ | ★★★★ | ★★★ | ★★ | ★★ | ★★★ | ★★ |
| | Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | | | | | | | | |
| | Initiation | ★★★★ | ★★★ | ★★★★ | ★★ | ★★ | ★★★ | ★★★ | ★★★★★ |
| | Continuation | ★★★★★ | ★★★ | ★★★★ | ★★ | NSI | NSI | ★★★ | ★★★★ |
| | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**** | | | | | | | | |
| | Initiation - 13-17 Years | ★★★★ | ★★★★ | ★★★★ | ★★★★ | NSI | ★★★ | ★★★★ | ★★★★★ |
| | Engagement - 13-17 Years | ★★★★ | ★★★★ | ★★★★ | ★★★★★ | NSI | ★★★★ | ★★★★★ | ★★★★★ |
| | Initiation - 18+ | ★★★★ | ★ | ★★ | ★★★ | ★★★★ | ★★★ | ★★ | ★★★★ |
| Engagement - 18+ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | |
| Initiation - Total | ★★★★ | ★ | ★★ | ★★★ | ★★★★ | ★★★ | ★★ | ★★★★ | |
| Engagement - Total | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | |
| OVERALL SCORE FOR BEHAVIORAL HEALTH | ★★★⊕ | ★★⊕ | ★★★⊕ | ★★★ | ★★⊕ | ★★⊕ | ★★★ | ★★★⊕ | ★★★⊕ |
| ACCESS TO CARE | Adults' Access to Preventive/Ambulatory Health Services | | | | | | | | |
| | 20-44 Years | ★★★ | ★★★ | ★★★★ | ★★ | ★ | ★ | ★★ | ★ |
| | 45-64 Years | ★★ | ★★★ | ★★★★★ | ★★ | ★ | ★ | ★ | ★ |
| | Children and Adolescents' Access to Primary Care Practitioners | | | | | | | | |
| | 12-24 Months | ★★★★★ | ★★★ | ★★★★★ | ★★★★ | ★★ | ★★★★ | ★★★★ | ★ |
| | 25 Months-6 Years | ★★★ | ★★ | ★★★★ | ★★ | ★ | ★ | ★ | ★ |
| | 7-11 Years | ★★★ | ★★ | ★★★★★ | ★★ | ★ | ★ | ★ | ★★ |
| 12-19 Years | ★★ | ★ | ★★★★ | ★★ | ★ | ★ | ★ | ★★ | |
| OVERALL SCORE FOR ACCESS TO CARE | ★★★ | ★★⊕ | ★★★★⊕ | ★★⊕ | ★ | ★⊕ | ★⊕ | ★ | ★★⊕ |
| OVERALL PLAN PERFORMANCE | ★★★ | ★★ | ★★★⊕ | ★★⊕ | ★⊕ | ★★ | ★★⊕ | ★★⊕ | |

★★★★★ 90th Percentile or above
 ★★★★★ 75th to 89th Percentile
 ★★★ 50th to 74th Percentile
 ★★ 25th to 49th Percentile

★ Below 25th Percentile
 ⊕ Upper Range of Percentile Group
 NSI Denominator less than 30
 NSPI Insufficient Plan Information
 N/A Not Applicable

† Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
 * Inverted measure: lower rates indicate better performance
 ** Updated Administrative Rates provided by plan via 10/21/2013 email
 **** State Rates substituted where Plan Rates not submitted.

Table 1. 2012 South Carolina Medicaid Health Plans Report Card (continued)

| | | Absolute Total Care† | Blue Choice† | First Choice† | United Health Care† | Carolina Medical Homes | Palmetto Physicians Connections | SC Solutions | Fee-For-Service | State Average |
|--------------------------------------|-------------------------------------|----------------------|--------------|---------------|---------------------|------------------------|---------------------------------|--------------|-----------------|---------------|
| CONSUMER EXPERIENCE AND SATISFACTION | Ratings of Health Care | | | | | | | | | |
| | Adult | ★★ | ★★ | ★★★★ | ★★ | ★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★ |
| | Child | ★★★★ | ★★★ | ★★★★★ | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★★★ | ★★★★★ |
| | Ratings of Personal Doctor | | | | | | | | | |
| | Adult | ★★★★★ | ★★ | ★★★★★ | ★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| | Child | ★★★★★ | ★★ | ★★★★★ | ★★★★ | ★★★★★ | ★★★★★ | ★★★★ | ★★★★★ | ★★★★★ |
| | Ratings of Specialists | | | | | | | | | |
| | Adult | ★★★ | ★ | ★★★★★ | ★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| | Child | ★★★★★ | ★ | ★★★★★ | ★ | ★ | ★★★★★ | ★★★★★ | ★★★ | ★★★★★ |
| | Ratings of Health Plan | | | | | | | | | |
| | Adult | ★ | ★ | ★★★★ | ★ | ★★ | ★★★ | ★★★★ | ★★★★ | ★★ |
| | Child | ★★ | ★★ | ★★★★★ | ★★ | ★ | ★★ | ★★★★ | ★★★ | ★★★ |
| | Get Needed Care | | | | | | | | | |
| | Adult | ★★★★ | ★★★★★ | ★★★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★★★ | ★★★★ |
| | Child | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★ | ★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| | Get Care Quickly | | | | | | | | | |
| | Adult | ★★ | ★★★ | ★★★★ | ★★ | ★★★ | ★★★★ | ★★★★★ | ★★★★★ | ★★★ |
| | Child | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| | How Well Doctors Communicate | | | | | | | | | |
| | Adult | ★★★★★ | ★★★★ | ★★★★★ | ★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| Child | ★★★★★ | ★★★★ | ★★★★★ | ★★★★★ | ★★★★ | ★★★★★ | ★★★★ | ★★★★★ | ★★★★★ | |
| Customer Service | | | | | | | | | | |
| Adult | ★★★★ | ★★★★ | ★★★★★ | ★★★★ | ★ | ★★★★ | ★ | ★★★★★ | ★★★★ | |
| Child | ★★★★ | ★★★★★ | ★★★★★ | ★★★★ | ★ | ★ | ★ | ★★ | ★★★ | |

★★★★★ 90th Percentile or above ★★ 25th to 49th Percentile
 ★★★★ 75th to 89th Percentile ★ Below 25th Percentile
 ★★★ 50th to 74th Percentile

† Uses CY 2012 CAHPS® rates supplied by the MCOs

III. Methodology

The report card represents a broad range of measures that are important to Medicaid recipients, policy makers, stakeholders, and DHHS program staff. IFS develops this annual report by using a subset of HEDIS[®] measures. Developed by the National Committee for Quality Assurance (NCQA), HEDIS[®] is the most commonly used set of standardized performance measures for reporting quality of care delivered by health care organizations. HEDIS[®] includes clinical measures of care, as well as measures of access to care and utilization of services. To conduct the HEDIS[®] analysis, IFS uses Sightlines[™] Performance Measurement, from Verisk Health. Sightlines[™] Performance Measurement is a collection of tools for calculating HEDIS[®] measures, creating and submitting reports, building custom health care quality measures, and translating data into required formats. Lastly, Verisk Health is an NCQA HEDIS[®] measures beta tester on new measures. The relationship between IFS and Verisk Health facilitates the interpretation of the data across differing health plans. The rates for MHNs, FFS and MCO rates not reported by plans were calculated and reported by IFS. This report is submitted to the SC Department of Health and Human Services as the quality analysis component of the report mandated by the South Carolina General Assembly Proviso 21.33.

Data Sources and Year

This report contains information about health plans quality performance including results from standardized quality measures, and consumer experience and satisfaction surveys. The data presented in this report are largely from care provided to members during calendar year 2012 (CY 2012) and obtained through Medicaid administrative claims and encounter records, survey data, or rates provided by the MCOs. IFS followed the guidelines in *HEDIS[®] 2013 Volume 2: Technical Specifications* or *HEDIS[®] 2013 Volume 3: Specifications for Survey Measures* in developing this report to measure consumer satisfaction.

The Consumer Assessment of Healthcare Providers and Services (CAHPS[®]) 5.0H Adult Medicaid and the 5.0H Child Medicaid surveys results are a combination of IFS efforts and rates reported by MCOs. The CAHPS[®] survey is the national standard for measuring and reporting on the experiences of consumers with their health plan and overall health care. The CAHPS[®] is a set of survey tools developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the National Council on Quality Assurance (NCQA). It is the most comprehensive tool available and has been used extensively with consumers in Medicaid. The CAHPS[®] 5.0H Adult Medicaid and 5.0H Child Medicaid Surveys measure those aspects of care for which plan members are the best and/or the only source of information. The CAHPS[®] examines what consumers think about their experiences with their doctors, specialists, care coordinators, health plans and overall health care. It also includes questions related to the consumer's health and wellness behavior.

IFS Survey Process

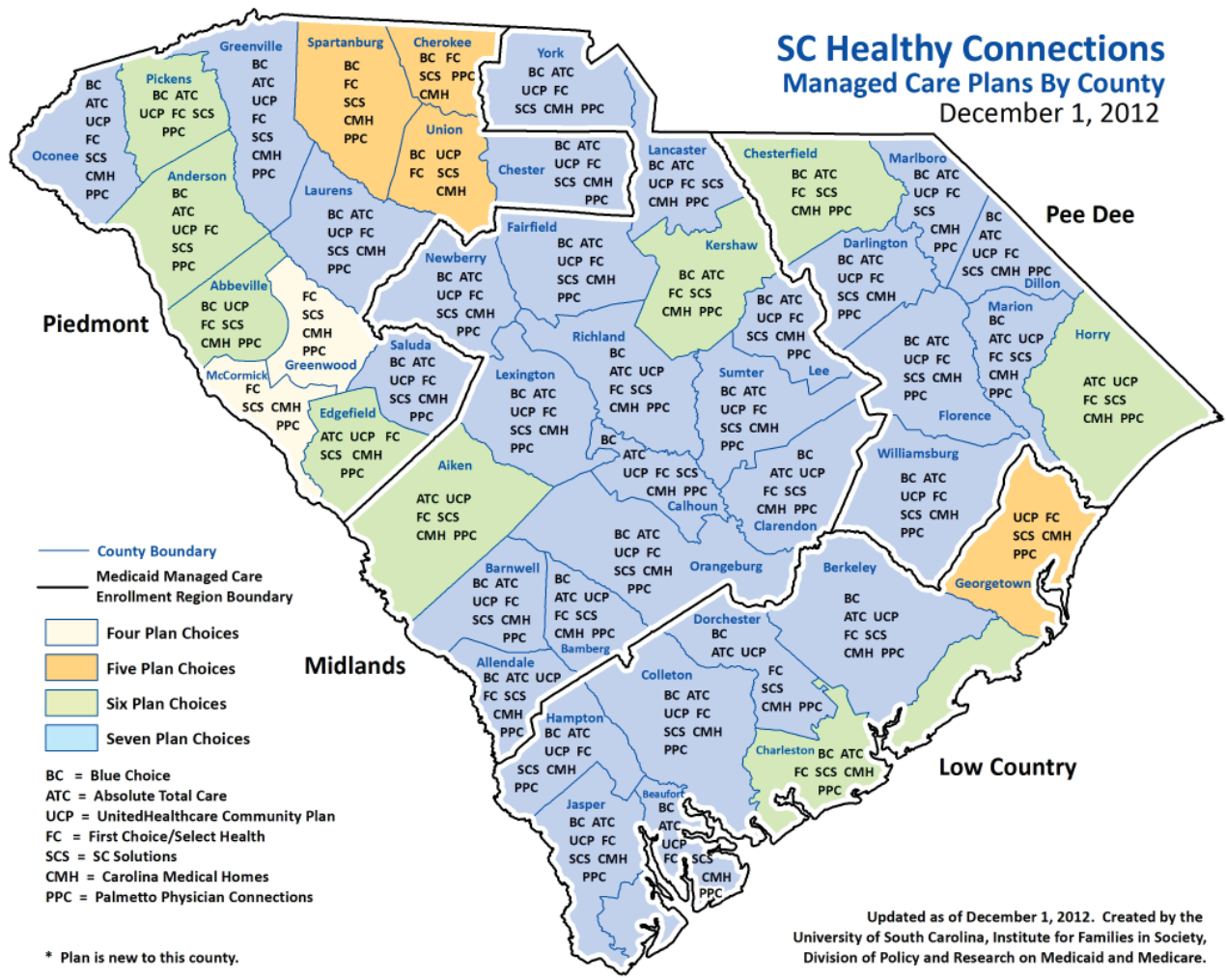
A stratified random sample of child and adult participants enrolled in the Medicaid health plans during CY 2012 was selected. For Medicaid participants, the CAHPS[®] requires that participants be enrolled for at least six months. Following NCQA requirements, the survey sampled no more than one member per household. The survey was conducted by the University of South Carolina (USC) Institute for Families in Society and the USC Survey Research Lab at the Institute for Public Service and Policy Research (IPSPR), a certified CAHPS[®] vendor. A minimum of 411 surveys was

completed for adult members and for child members for each health plan and fee-for-service. A total of 7,259 surveys was completed with an overall response rate of 30% (7,259 completed/24,000 sampled).

Geographic Presence of Health Plans

In 2012, South Carolina Medicaid managed care enrollment grew from 607,591 to 675,811, an increase of 11%. Seven managed care plans serve Medicaid recipients in the state. In January 2012, a minimum of four plans existed in two of the state's 46 counties and all seven were in 30 counties. By year's end, a minimum of four managed care plans still served two counties and all seven plans existed in 31 counties (Figure 3). The presence of multiple managed care plans in individual counties offers Medicaid recipients choice in the acquisition of health care services. Multiple local managed care provider networks, however, also can result in a decreased ability by individual plans to influence health care provider procedures and protocols, particularly when individual providers are affiliated with multiple plans. The presence of multiple managed care plans thus may reduce the leverage individual plans can exert to improve local health outcomes, health care quality, and consumer satisfaction.

Figure 3. Managed Care Plans by County



The number of enrollees within a designated geographic area can influence access to care, network development and quality monitoring. Currently, there are no requirements on the minimum number of enrollees per plan necessary to ensure network adequacy and quality monitoring. As such, all plans are eligible to serve populations statewide.

IV. Caveats and Interpretation for Using This Report

Dimensions of Care

The CY 2012 Medicaid Health Plans Report Card is organized along six dimensions of care designed to encourage consideration of similar measures together. The dimensions of care are the following:

1. Pediatric Care involves health promotion and disease prevention for children and adolescents;
2. Women's Care examines cancer prevention, use of emergency department visits and timeliness of prenatal and postpartum care;
3. Living With Illness examines comprehensive diabetes care and use of appropriate medications for people with asthma;
4. Behavioral Health addresses compliance with ADHD and follow-up care after an inpatient hospital stay and the initiation and engagement of alcohol and drug dependence treatment;
5. Access to Care reports on children and adolescent access to primary care and adult access to preventive ambulatory health services; and
6. Consumer Experience and Satisfaction With Care provides information on the experiences of consumers with their health plan and overall health care.

Appendix C provides the reader with the individual health plan's performance compared to the 2012 National Medicaid Percentile Benchmarks for each measure at the plan level.

Calculating Measure Rates

All measures constructed by IFS uses the HEDIS[®] and CAHPS[®] quality performance systems. All of the performance measure rates are based on services, care, and experiences of members who were enrolled in the SC Medicaid Program throughout calendar year 2012. 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 2012. All administrative records were adjudicated through June 30, 2013.

The CAHPS[®] measures are based on a stratified, randomly selected list of children and adult Medicaid recipients enrolled in a designated health plan for at least six months during CY 2012. These members completed the CAHPS[®] survey by mail or telephone and were asked to report

their experiences with their health care plans, services, and their doctors. These measures are collected and calculated using survey methodology with detailed specifications contained in *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. MCOs' CAHPS® rates are those calculated by each health plan's CAHPS® vendor.

Rating Method

The purpose of identifying performance levels is to facilitate the comparison of services provided to South Carolina Medicaid recipients to national percentiles and to foster a climate of continuous value-based quality improvement. Plans should focus their efforts on reaching and/or maintaining the National Medicaid Mean Benchmark for each key measure, rather than the comparison to other South Carolina Plans.

Plans reporting rates at or above the 75th National Medicaid percentile are considered high performing and rank in the top 25% of all Medicaid health plans. Similarly, plans reporting rates below the 25th National Medicaid percentile are considered low performing and rank in the bottom 25% of all Medicaid health plans.

Plans reporting rates at or above the 75th National Medicaid percentile are considered high performing and rank in the top 25% of all Medicaid health plans. Similarly, plans reporting rates below the 25th National Medicaid percentile are considered low performing and rank in the bottom 25% of all Medicaid health plans.

Star Ratings

The performance summary report card presented depicts the performance of each health plan and the overall Medicaid program using a one- to five-star rating. The assignment of stars corresponds to a comparison of each measure's result to NCQA's HEDIS® 2013 National Medicaid Percentile Benchmarks. Rates were rounded to two digits for purposes of star ratings.

- 5 stars – indicates a score at or above the 90th percentile
- 4 stars – indicates a score at or between the 75th and 89th percentiles
- 3 stars – indicates a score at or between the 50th and 74th percentiles
- 2 stars – indicates a score at or between the 25th and 49th percentiles
- 1 star – indicates a score at or below the 24th percentile

The “Overall Score” measure ratings are calculated by averaging the number of stars for the measures within each dimension. The designation of a plus following an “Overall Score” star indicates a value in the upper level threshold for that dimension. A designation of “Not Sufficient Information” (NSI) means that the health plan has too few members (less than 30) 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.

V. Recommendations

The CY 2012 analysis is the final report that will allow the SC DHHS to comply with the requirements associated with Proviso 21.33 of the South Carolina Appropriations Act. Several reasons will require a new strategy to be adopted for the reporting of quality and access measures.

Among the key factors limiting future reporting are the following:

1. The full conversion of MHNs to MCOs combined with mandatory enrollment in an MCO plan will not allow for a comparison of health plans. Additionally, the numbers of individuals enrolled in FFS will be reduced significantly or will represent populations with less than 11 months of continuous enrollment.
2. Emphasis on comprehensive health with the aim of reducing disparities will require expanding quality and access measures to address program areas not captured solely by HEDIS[®] reports submitted by MCO plans.
3. CY 2014 requirements by the Centers for Medicare and Medicaid will mandate reporting state measures for adults and children not maintained at the health plan level.
4. A growing emphasis on value-based and ongoing quality improvement will challenge the Medicaid agency to establish measures that can be linked to costs, demographic attributes, special populations and health care needs.
5. Transparency is a key component of consumer choice and provider feedback elements of effective quality improvement efforts.

Due to these changes, it is recommended that the SC Medicaid Program work to implement reporting a series of state measures to address a composite of HEDIS[®] measures, program initiative measures, National Quality Forum (NQF), Centers for Medicare and Medicaid Services (CMS) and other measures addressing quality and access to care. These measures will be reported quarterly and reviewed annually separately from MCOs' National Committee for Quality Assurance (NCQA) HEDIS[®] reports and incentive measures. Incentive measures will be based on health plan HEDIS[®] NCQA certified reports. Table 2 provides a breakdown of the proposed measures with baseline established using CY 2012 data and targeted benchmarks to be at or above the 50th percentile.

Table 2. Proposed Performance Measures

| Proposed SC Medicaid Core Measures | Centers for Medicare and Medicaid Services (CMS) Adult Measures ¹ | Children’s Health Insurance Program Reauthorization Act (CHIPRA) Measures ¹ |
|--|--|---|
| Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT/HEDIS®) | | |
| Initiation and engagement in alcohol and drug treatment (HEDIS®/BOI) | Initiation and engagement of alcohol and other drug dependence treatment [HEDIS®/National Quality Forum (NQF)] | |
| | Screening for clinical depression and follow-up plan (NQF #0418) | |
| | Medical assistance with smoking and tobacco use cessation (NQF #0027) | |
| Follow-up after hospitalization for mental illness within 30 days (HEDIS®) | Follow-up after hospitalization for mental illness within 30 days (HEDIS®/NQF #0576) | Follow-up after hospitalization for mental illness within 30 days (HEDIS®/NQF #0576) |
| Mental and physical health assessment within 60 days for children in DSS custody (State Measure) | | |
| Follow up care for children prescribed ADHD medication (HEDIS®) | | Follow-up care for children prescribed attention deficit hyperactivity disorder (ADHD) medication (HEDIS®/NQF #0108) |
| | Antidepressant medication management (NQF #0105) | |
| | Adherence to antipsychotics for individual with schizophrenia | |
| | Breast cancer screening (HEDIS®/ NQF #0031) | |
| | Cervical cancer screening (HEDIS®/ NQF #0032) | |
| | Chlamydia screening in women age 21-24 (HEDIS®/ NQF #0033) | Chlamydia screening in women (HEDIS® NQF #0033) |
| Prenatal and postpartum care: timeliness of prenatal care (HEDIS®) | Prenatal and postpartum care: postpartum care rate (HEDIS® NQF #1391) | Prenatal and postpartum care: timeliness of prenatal care (HEDIS®/NQF #1517) Frequency of ongoing prenatal care (HEDIS®/NQF #1391) |
| PC-01: Elective delivery (NQF 0469/ Birth Outcomes Initiative) | PC-01: elective delivery (NQF #0469/ Birth Outcomes Initiative) | Cesarean rate for nulliparous singleton vertex (Birth Outcomes Initiative) |
| | | Percentage of live births weighing less than 2,500 grams (e.g., low birth weight) (Birth Outcomes Initiative/NQF #1382) |
| | PC-03: antenatal steroids (NQF #0476/Birth Outcomes Initiative) | |
| Percent Live Births Delivered in Baby Friendly Hospital | | |
| Percent of Mothers with Lactation Consultation (face-to-face services) within the first 30 days of delivery. | | |
| Developmental screening in the first 36 months of life (NQF 1448) | | Developmental screening in the first three years of Life (NQF #1448) |
| | | Well-child visits in the first 15 months of life (HEDIS®/NQF #1392) |
| | | Well-child visits in the 3rd, 4th, 5th, and 6th years of life (HEDIS®/NQF #1516) |
| | | Appropriate testing for children with pharyngitis (HEDIS®/NQF #0002) |
| Adolescent well care visits (HEDIS®) | | Adolescent well-care visits (HEDIS®) |

¹ These measures are subject to change by CMS.

| Proposed SC Medicaid Core Measures | Centers for Medicare and Medicaid Services (CMS) Adult Measures ¹ | Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures ¹ |
|--|---|---|
| | | Annual pediatric hemoglobin A1c testing (NQF #0060) |
| | | Total eligibles who received dental treatment services (ages 1-20) |
| | | Total eligibles who received preventive dental services (ages 1-20) |
| | | Childhood immunization status (NQF #0038) |
| | | Immunization for adolescents (NQF #1407) |
| | | Pediatric central-line associated bloodstream infections – neonatal intensive care unit and pediatric intensive care unit |
| Controlling high blood pressure (NQF 0018) | Controlling high blood pressure (NQF #0018) | |
| Diabetes: HbA1c Poor Control (NQF 0059) | Comprehensive diabetes care: hemoglobin A1c testing (HEDIS®/NQF #0057) | |
| | Comprehensive diabetes care: LCL-C screening (HEDIS®/NQF #0063) | |
| | | Annual percentage of asthma patients with one or more asthma-related emergency department visit (age 2-20) (NQF #1381) |
| Access to care: getting care quickly (CAHPS® survey composites for adult and child) | CAHPS® Health Plan Survey v5.0 – adult questionnaire with CAHPS® Health Plan Survey v5.0H – NCQA supplemental | CAHPS® 5.0H (child version including Medicaid and children with chronic conditions supplemental items) |
| <i>"In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?" (Adult)</i> | | |
| <i>"In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?" (Adult)</i> | | |
| <i>"In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?" (Child)</i> | | |
| <i>"In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?" (Child)</i> | | |
| Health plan satisfaction: customer service (CAHPS® survey composites for adult and child) NCQA | CAHPS® Health Plan Survey v5.0 – adult questionnaire with CAHPS® Health Plan Survey v5.0H – NCQA supplemental | |
| <i>"In the last 6 months, how often did your health plan's customer service give you the information or help you needed?" (Adult)</i> | | |
| <i>"In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?" (Adult)</i> | | |
| <i>"In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?" (Child)</i> | | |
| <i>"In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?" (Child)</i> | | |
| Member health status, adults (CAHPS® health status) | | |

¹ These measures are subject to change by CMS.

| Proposed SC Medicaid Core Measures | Centers for Medicare and Medicaid Services (CMS) Adult Measures ¹ | Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures ¹ |
|---|---|--|
| Rate of obesity among CCO enrollees (State Measure) | Adult BMI assessment | Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents |
| Colorectal cancer screening (HEDIS®) | | |
| | Flu shots for adults ages 50-64 (NQF #0039) | |
| | Annual HIV/AIDS medical visit (NQF #0403) | |
| Patient-Centered Primary Care Home (PCPCH) enrollment (State Measure) | | |
| | | Child and adolescent access to primary care practitioners |
| Potentially avoidable ED visits (State Measure) | | |
| Ambulatory care: outpatient and emergency department utilization (HEDIS®) | | Ambulatory care: emergency department visits |
| | All-cause readmission | |
| | PQI 01: diabetes, short-term complications admission rate (NQF #0272) | |
| | PQI 05: chronic obstructive pulmonary disease (COPD) admission rate (NQF #0275) | |
| | PQI 08: congestive heart failure admission rate (NQF #0277) | |
| | PQI 15: adult asthma admission rate (NQF #0283) | |
| | Annual monitoring for patients on persistent medications (NQF #0021) | |
| | Care transition – transition record transmitted to health care professional (NQF #1391) | |

¹ These measures are subject to change by CMS.

APPENDICES



Appendix A: Dimensions of Care



Appendix A-1: Pediatric Care



Pediatric Care

| Pediatric Care Measures and Descriptions | |
|--|--|
| Measure | Measure Description |
| Adolescent Well-Care Visits (AWC) | The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. |
| Appropriate Treatment for Children With Upper Respiratory Infection (URI) | 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. |
| Appropriate Testing for Children With Pharyngitis (CWP) | The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). |
| Ambulatory Care (AMB) | This measure summarizes utilization of ambulatory care in the following category: Emergency Department Visits. |
| Lead Screening in Children (LSC) | 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. |
| Well-Child Visits in the First 15 Months of Life (W15) | The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: <ul style="list-style-type: none"> • No well-child visits† • Five well-child visits • Six or more well-child visits †=Inverted measure (lower is better). |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) | The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year. |

2012 South Carolina Medicaid Health Plans Report Card

Pediatric Care Measures

| | Absolute Total Care | Blue Choice | First Choice | United Health Care | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Average |
|--|---------------------|-------------|--------------|--------------------|------------------------|--------------------------------|--------------|-----------------|---------------|
| PEDIATRIC CARE | | | | | | | | | |
| Adolescent Well-Care Visits | ★ | ★ | ★★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Ambulatory Care -ED Visits* | | | | | | | | | |
| Ages <1 | ★★ | ★★★ | ★★ | ★★ | ★★ | ★★★ | ★★★ | ★★★★★ | ★★★ |
| Ages 1-9 | ★★ | ★★ | ★★★ | ★★ | ★★ | ★★★ | ★★ | ★★★ | ★★★ |
| Ages 10-19 | ★★ | ★★ | ★★★ | ★★ | ★ | ★ | ★★ | ★★★ | ★★ |
| Appropriate Testing for Children With Pharyngitis | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★★ |
| Appropriate Treatment for Children With Upper Respiratory Infection† | ★★ | ★ | ★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★ |
| Lead Screening in Children | ★★ | ★★ | ★★★ | ★★★ | ★★ | ★ | ★★ | ★★ | ★★ |
| Well-Child Visits in the First 15 Months of Life | | | | | | | | | |
| Zero visits * | ★★★★ | ★★ | ★★★ | ★★ | NSI | ★ | ★★ | ★ | ★★ |
| Five visits | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | NSI | ★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| Six or More visits | ★★★ | ★★ | ★★★ | ★★ | NSI | ★ | ★★★ | ★ | ★★★ |
| Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| OVERALL SCORE FOR PEDIATRIC CARE | ★★ | ★★ | ★★+ | ★★ | ★+ | ★★ | ★★+ | ★★★ | ★★+ |

★★★★★ 90th Percentile or above ★ Below 25th Percentile † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
 ★★★★★ 75th to 89th Percentile ⚙ Upper Range of Percentile Group * Inverted measure: lower rates indicate better performance
 ★★★ 50th to 74th Percentile NSI Denominator less than 30 *** Updated Administrative Rates provided by plan via 10/21/2013 email
 ★★ 25th to 49th Percentile NSPI Insufficient Plan Information **** State Rates substituted where Plan Rates not submitted
 N/A Not Applicable

Pediatric Care Statewide Trends

| | | Weighted State Rates | | | | NCQA National Medicaid Mean | Change from 2010 to 2011 | Change from 2011 to 2012 |
|---|-------------------------|----------------------|------------------------|------------------------|------|-----------------------------|--------------------------|--------------------------|
| | | 2010 | 2011 Mixed Methodology | 2012 Mixed Methodology | | | | |
| Adolescent Well-Care Visits | Reported Rate | 29.0 | 29.8 | 31.5 | 49.7 | UP | UP | |
| Ambulatory Care Emergency Department Visits (Visits/1000MM)* | AMB ER <1 Visit/1000 | 81.8 | 86.1 | 86.0 | 92.7 | DOWN | UP | |
| | AMB ER 1-9 Visit/1000 | 45.7 | 47.1 | 47.9 | 48.7 | DOWN | DOWN | |
| | AMB ER 10-19 Visit/1000 | 43.0 | 41.7 | 41.1 | 40.6 | UP | UP | |
| Appropriate Testing for Children With Pharyngitis | Reported Rate | 72.3 | 74.0 | 72.4 | 66.7 | UP | DOWN | |
| Appropriate Treatment for Children With Upper Respiratory Infection† | Reported Rate | 82.8 | 84.7 | 84.1 | 85.3 | UP | DOWN | |
| Lead Screening in Children | Reported Rate | 47.7 | 52.1 | 55.4 | 67.8 | UP | UP | |
| Well-Child Visits in the First 15 Months of Life | Zero Visits* | 2.1 | 1.7 | 1.8 | 2.0 | UP | DOWN | |
| | Five Visits | 23.7 | 22.4 | 22.1 | 16.2 | DOWN | DOWN | |
| | Six or More Visits | 46.0 | 53.7 | 54.4 | 61.8 | UP | UP | |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | Reported Rate | 57.3 | 57.6 | 56.1 | 72.0 | UP | DOWN | |

UP: Indicates the SC State Weighted Rate is higher
 DOWN: Indicates the SC State Weighted Rate is lower
 † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
 * Inverted measure: lower rates indicate better performance

SC Medicaid Health Plan Performance CY2012 by NCOA National Benchmarks

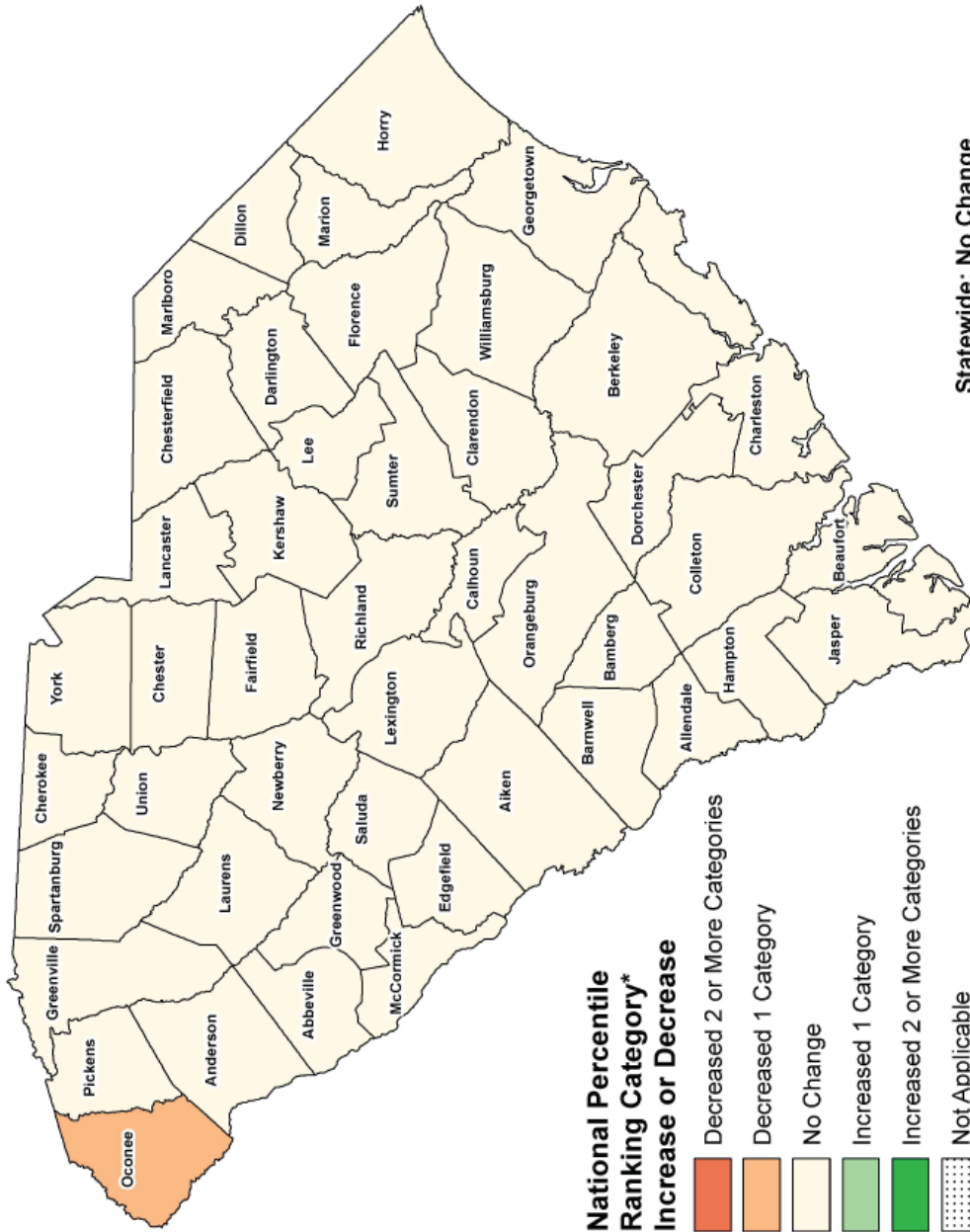
| | | CY2012 | | | | | | | | | | | | NCOA National Medicaid Benchmarks | | | |
|---|-------------------------|---------------------|------------------------|-------------|------------------------|---------------|------------------------|--------------------|-----------|------------------------|--------------------------------|--------------|-----------------|-----------------------------------|------------|------------|-------|
| | | Absolute Total Care | | Blue Choice | | Select Health | | United Health Care | | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee For Service | CY2012 P25 | CY2012 P50 | CY2012 P75 | |
| | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Rate | Plan Rate | Plan Rate | Plan Rate | Plan Rate | State Average | | | |
| PEDIATRIC CARE | | | | | | | | | | | | | | | | | |
| Adolescent Well-Care Visits | Reported Rate | X | 33.9 | X | 26.1 | X | 40.0 | X | 31.6 | 21.0 | 24.6 | 28.6 | 11.3 | 31.5 | 42.1 | 49.7 | 57.6 |
| Ambulatory Care * | AMB ER <1 Visit/1000 | | 95.9 | | 91.0 | | 96.0 | | 95.2 | 104.1 | 93.0 | 88.2 | 63.7 | 86.0 | 79.4 | 94.8 | 106.3 |
| | AMB ER 1-9 Visit/1000 | | 48.8 | | 50.9 | | 47.0 | | 50.1 | 52.5 | 48.2 | 50.1 | 42.3 | 47.9 | 42.9 | 48.7 | 55.7 |
| | AMB ER 10-19 Visit/1000 | | 41.9 | | 46.4 | | 39.5 | | 42.3 | 52.6 | 47.6 | 46.4 | 32.6 | 41.1 | 33.5 | 40.3 | 46.6 |
| Appropriate Testing for Children With Pharyngitis | Reported Rate | | 69.1 | | 68.0 | | 73.6 | | 73.7 | 65.7 | 66.1 | 73.5 | 72.4 | 72.4 | 58.5 | 70.0 | 76.4 |
| Appropriate Treatment for Children With Upper Respiratory Infection † | Reported Rate | | 80.4 | | 76.1 | | 79.5 | | 81.1 | 81.6 | 83.6 | 81.2 | 82.4 | 80.1 | 80.6 | 85.3 | 90.0 |
| Lead Screening in Children | Reported Rate | X | 48.0 | X | 45.1 | X | 60.6 | X | 61.1 | 44.7 | 27.1 | 50.6 | 41.7 | 55.4 | 57.5 | 71.4 | 81.9 |
| | Zero visits * | X | 0.6 | X | 1.7 | X | 0.8 | X | 1.2 | NSI | 4.9 | 1.3 | 5.7 | 1.8 | 0.7 | 1.2 | 2.4 |
| Well-Child Visits in the First 15 Months of Life | Five visits | X | 22.4 | X | 24.4 | X | 21.8 | X | 22.1 | NSI | 19.5 | 22.6 | 20.5 | 22.1 | 13.1 | 16.3 | 19.7 |
| | Six or More visits | X | 55.1 | X | 52.5 | X | 59.7 | X | 54.1 | NSI | 36.6 | 55.4 | 43.1 | 54.4 | 54.3 | 63.0 | 70.7 |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | Reported Rate | X | 56.4 | X | 52.1 | X | 60.5 | X | 54.1 | 45.6 | 44.1 | 53.5 | 37.3 | 56.1 | 65.5 | 72.3 | 79.3 |

Green background: NCOA 75th Percentile and above; or for inverted measures, below NCOA 25th Percentile
 White background: between NCOA 25th and 74th Percentile
 Red background: NCOA 24th Percentile and below (*Inverted measures: NCOA 76th Percentile and above)
 NSI: denominator less than 30
 N/A: Not Available
 † Inverse rate
 * Inverted measure (lower is better)
 ** Using 2010 NCOA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories.
 *** Updated Administrative Rates provided by plan via 10/21/2013 email
 **** Plan Rates not provided; IFS Rates substituted

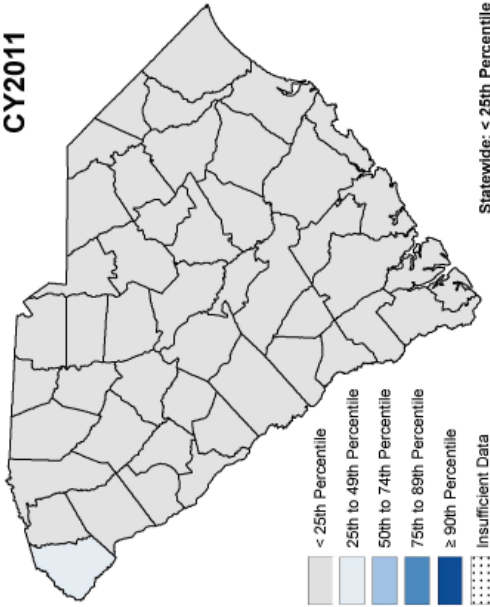
Adolescent Well-Care Visits

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012

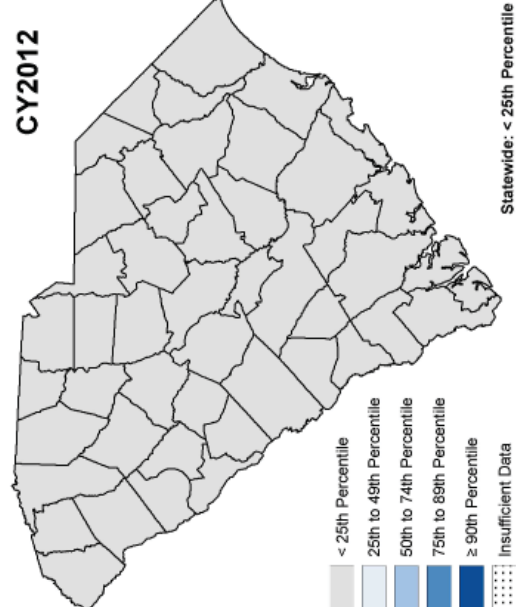


CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



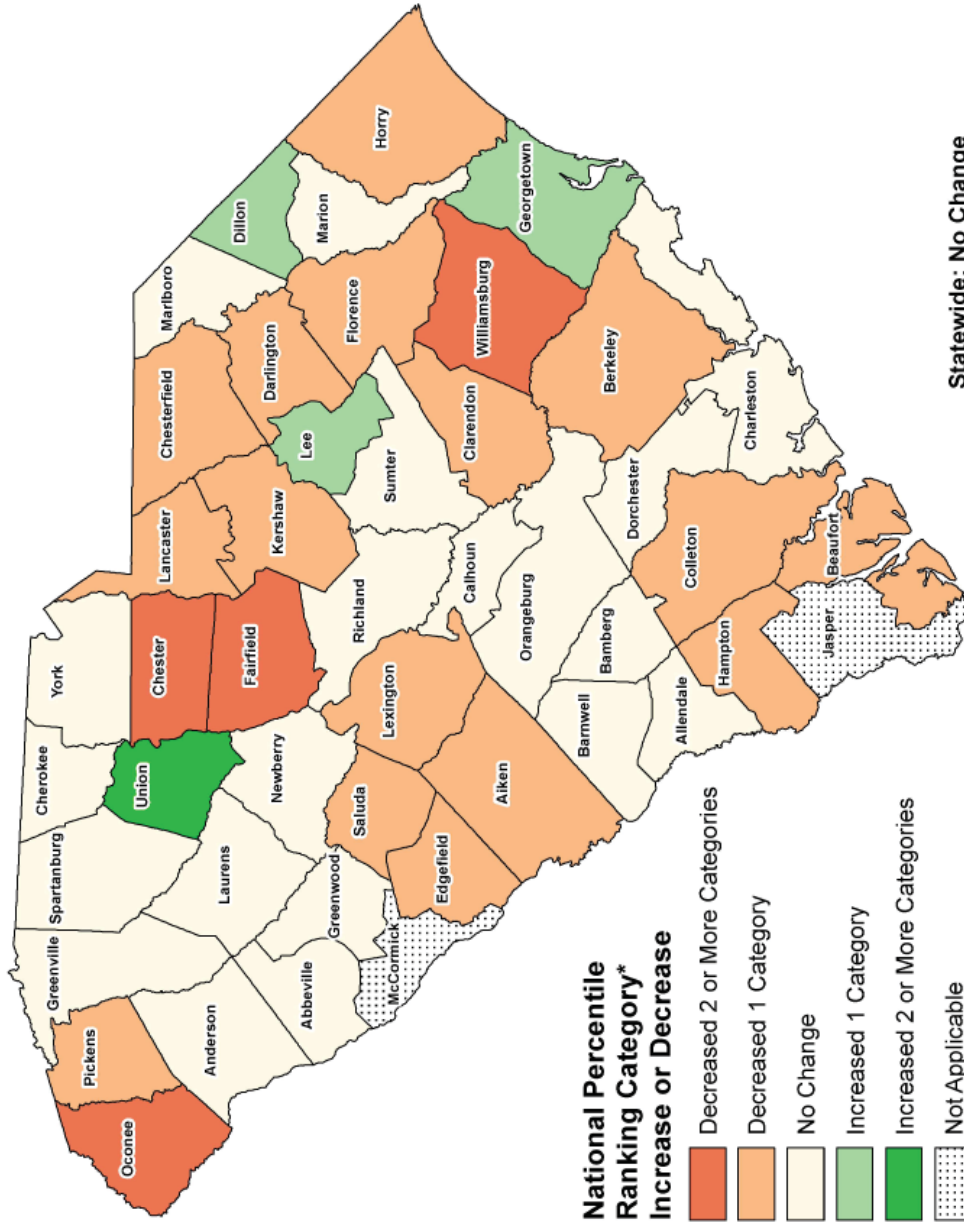
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.



Appropriate Testing for Children with Pharyngitis

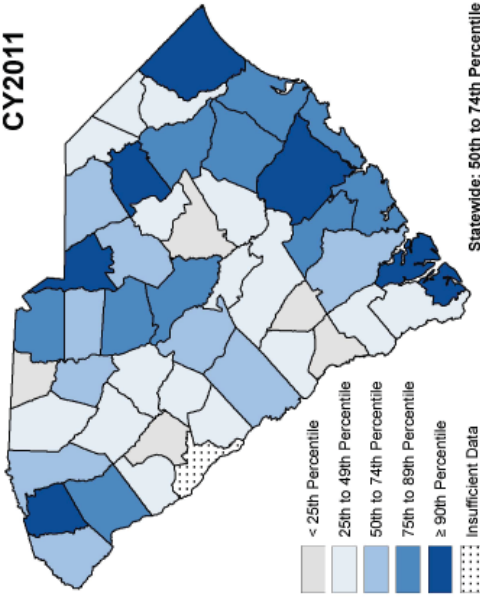
National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



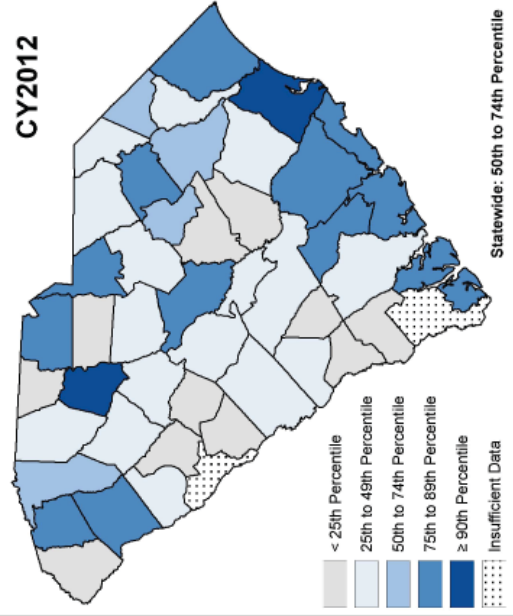
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

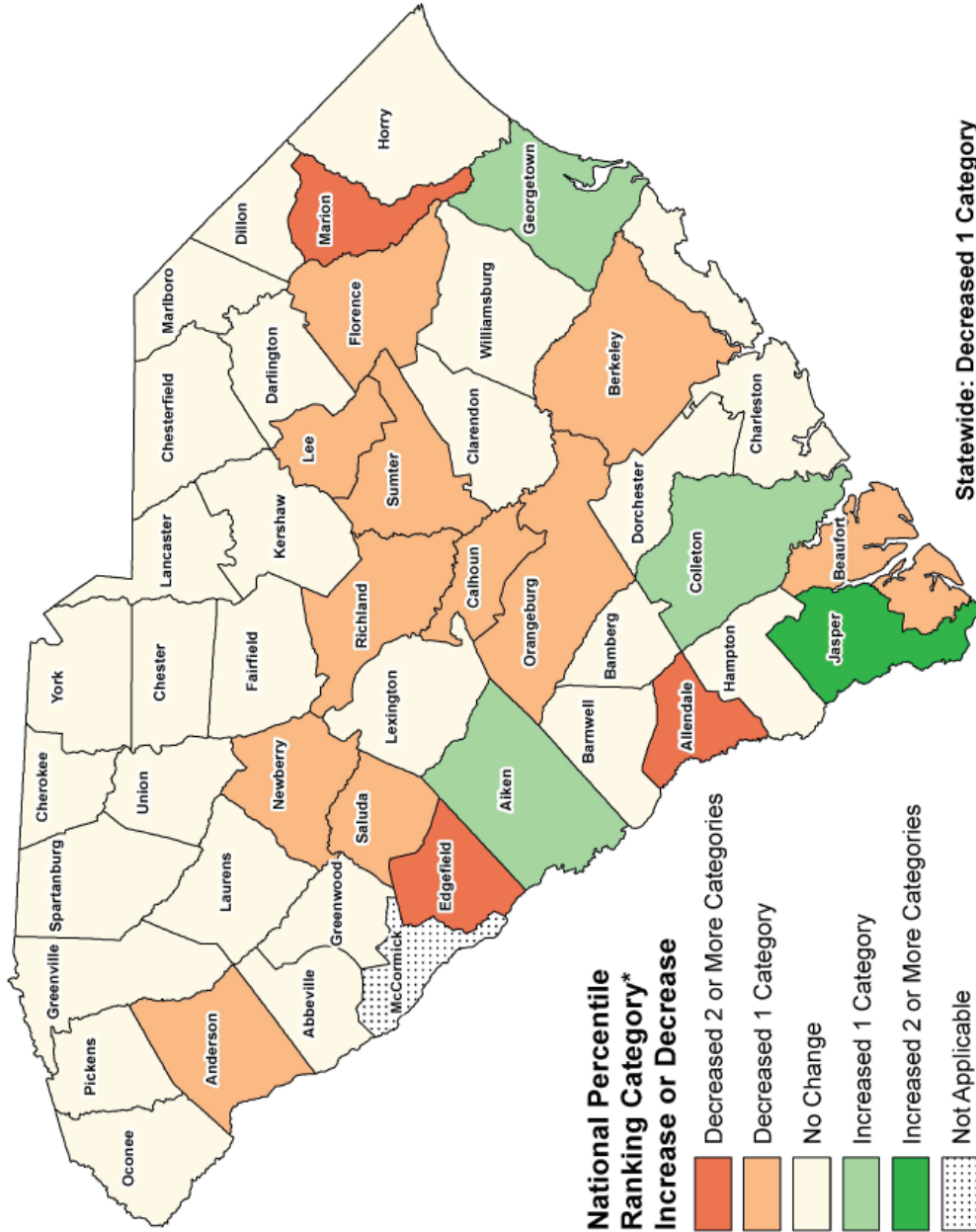
CY2012



Appropriate Testing for Children with Upper Respiratory Infection

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



National Percentile Ranking Category*
Increase or Decrease

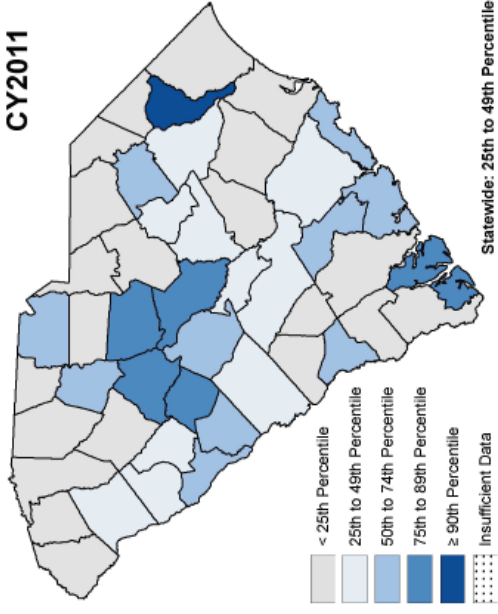
- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

Statewide: Decreased 1 Category



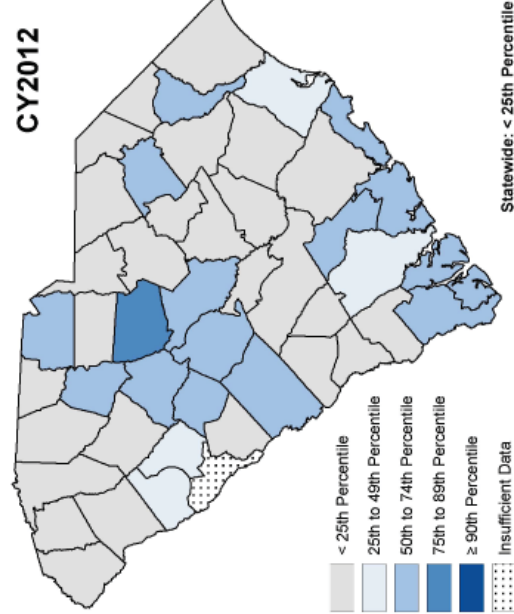
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



*The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

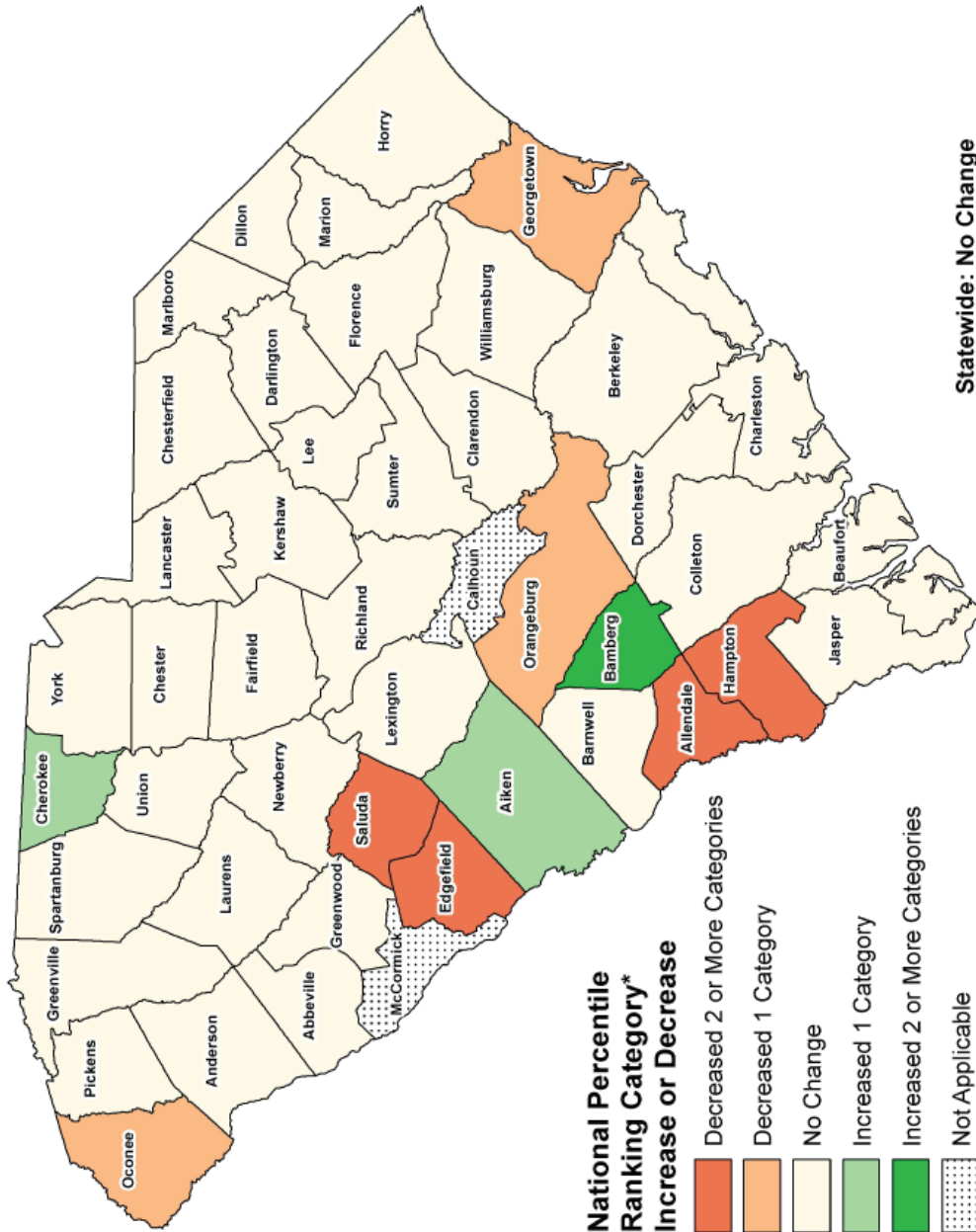
CY2012



Well-Child Visits in the First 15 Months of Life: 5 Visits

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



National Percentile Ranking Category*

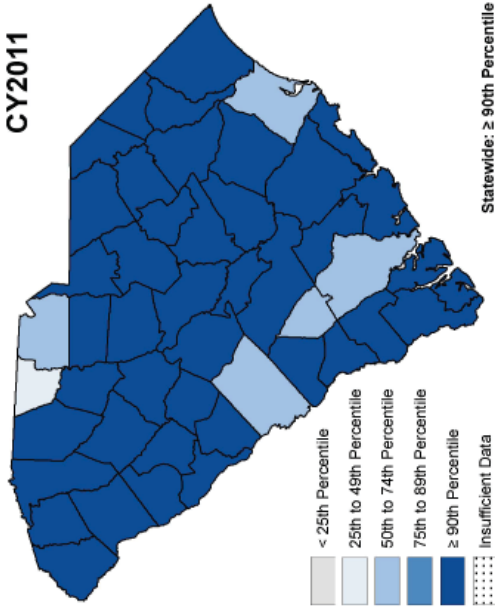
- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

Statewide: No Change

Map created December 2013.

Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

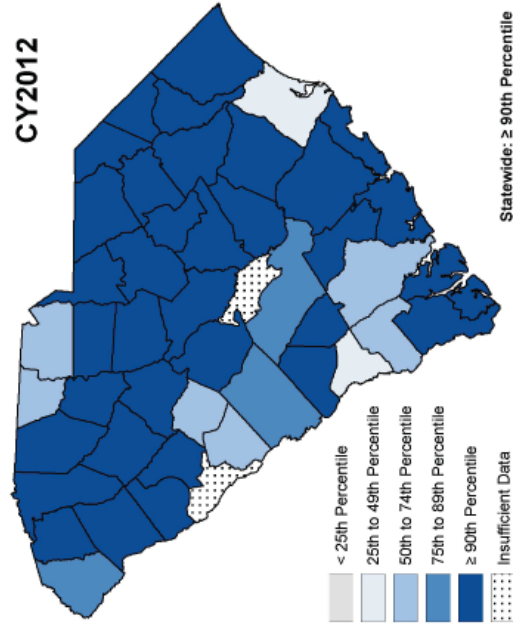
CY2011



Statewide: ≥ 90th Percentile

*The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: ≥ 90th Percentile (CY2011) to ≥ 90th Percentile (CY2012); Decreased 1 Category: ≥ 90th Percentile (CY2011) to 75th to 89th Percentile (CY2012) There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012

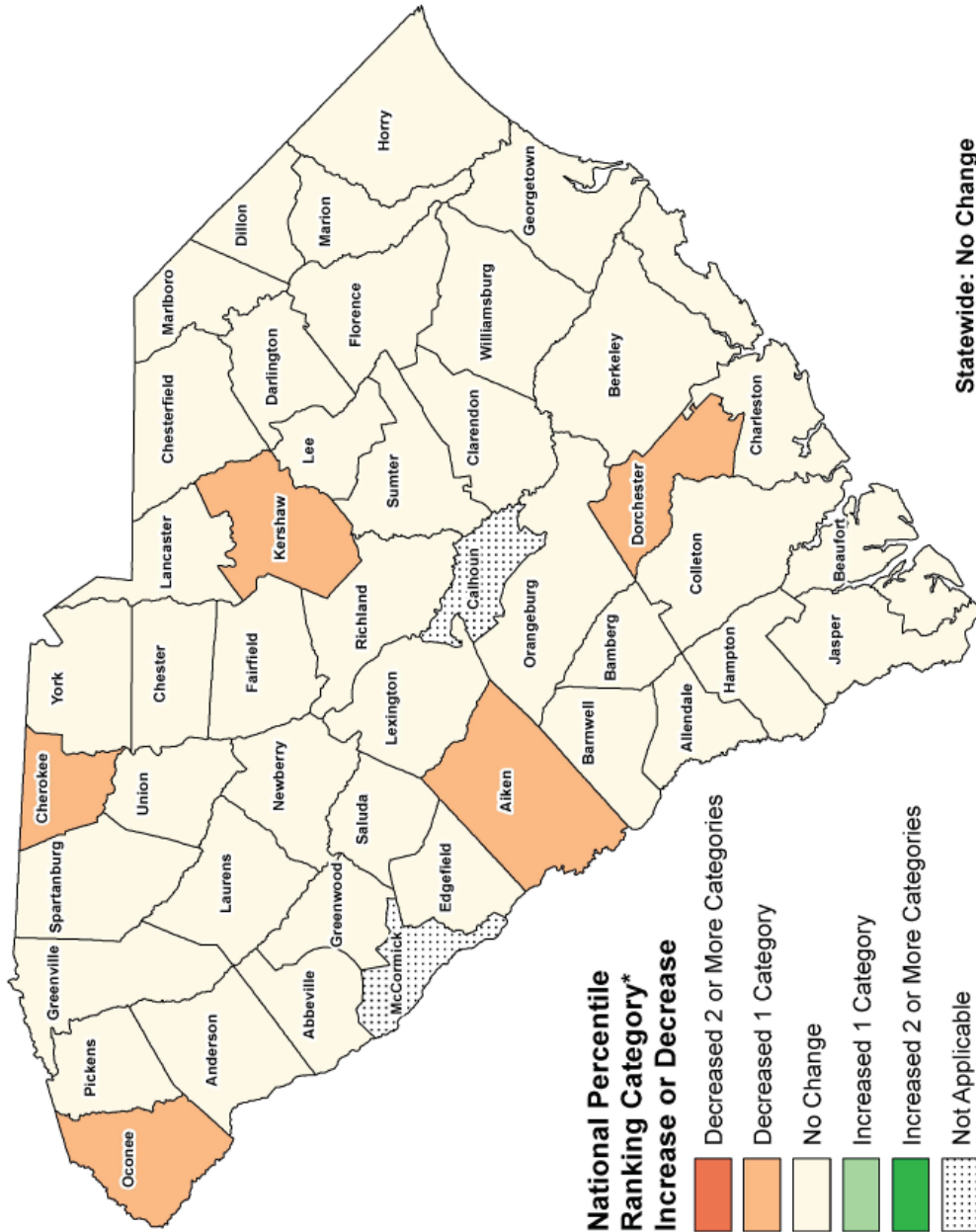


Statewide: ≥ 90th Percentile

Well-Child Visits in the First 15 Months of Life: 6 or More Visits

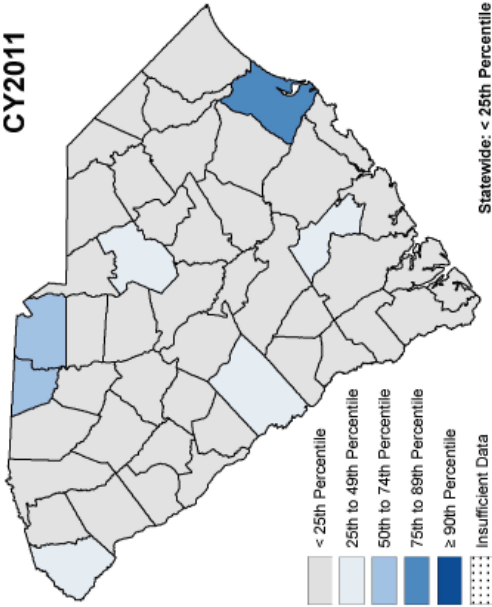
National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



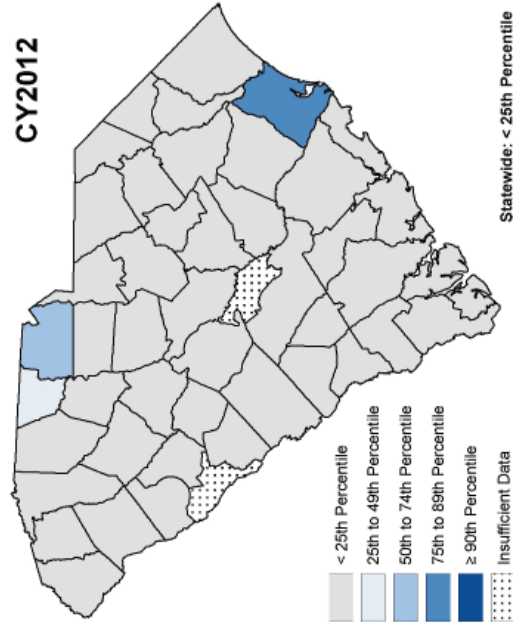
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

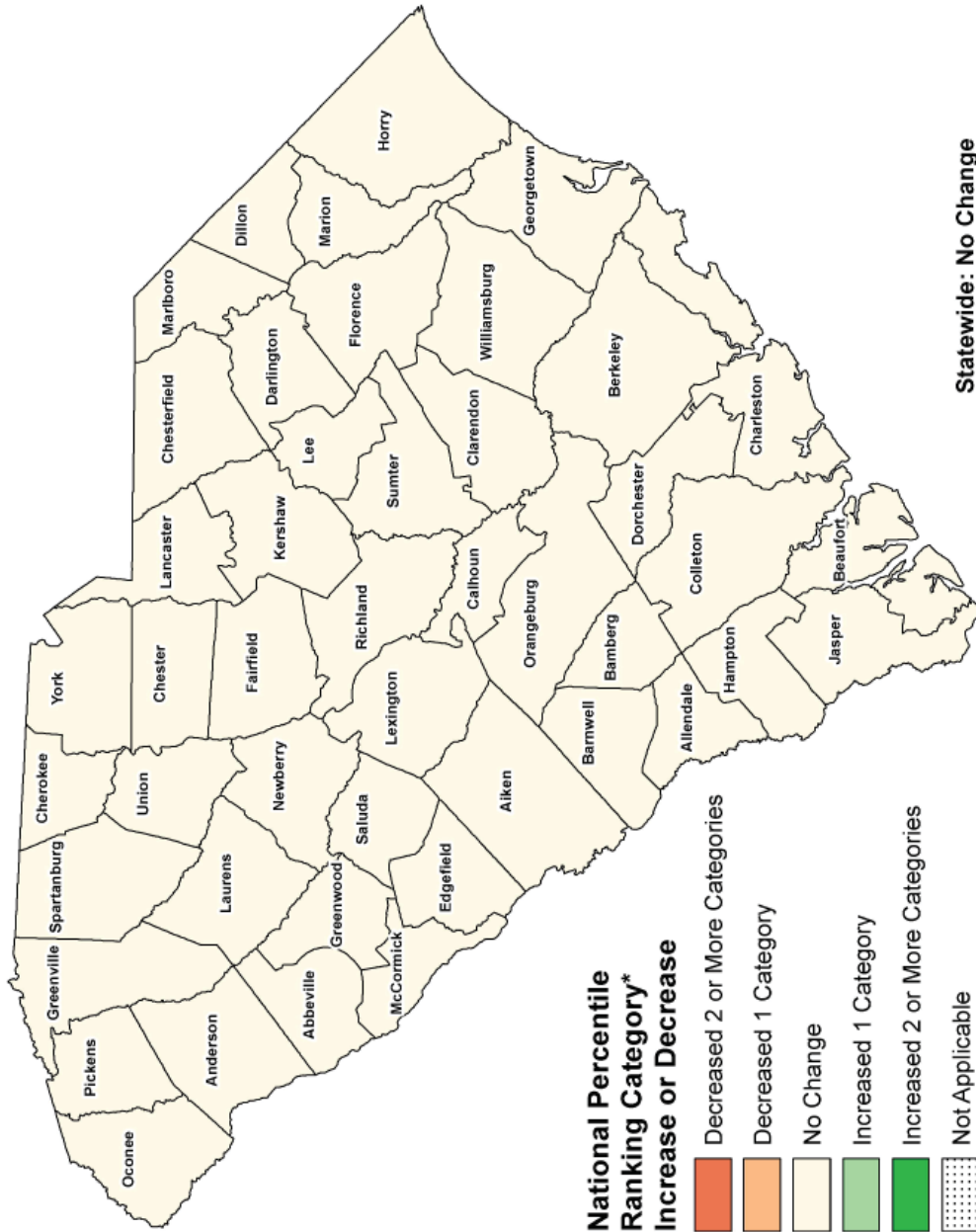
CY2012



Well-Child Visits in the First 3-6 Years of Life

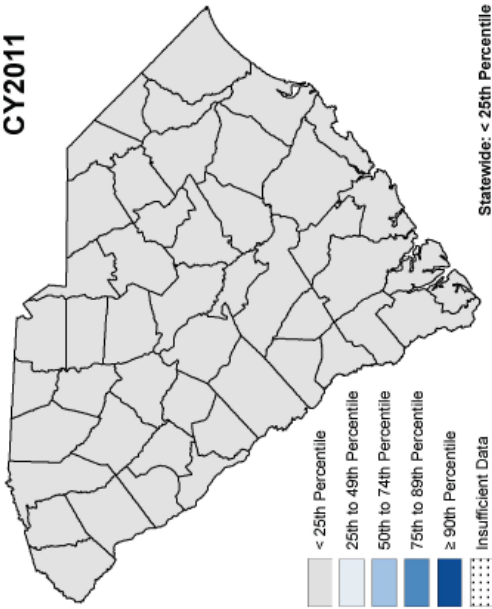
National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



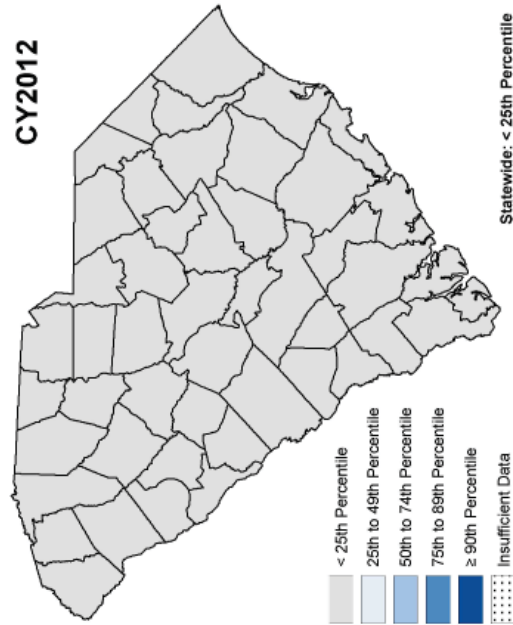
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



Appendix A-2: Women's Care



Women's Care

| Women's Care Measures and Descriptions | |
|---|---|
| Measure | Description |
| Breast Cancer Screening (BCS) | The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer. |
| Cervical Cancer Screening (CCS) | The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer. |
| Chlamydia Screening in Women (CHL) | The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. |
| Prenatal and Postpartum Care (PPC) | <p>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.</p> <ul style="list-style-type: none"> • <i>Timeliness of Prenatal Care:</i> The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. • <i>Postpartum Care:</i> The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. |
| Ambulatory Care (AMB) | <p>This measure summarizes utilization of ambulatory care in the following category:</p> <p>Emergency Department Visits</p> <ul style="list-style-type: none"> • AMB – Ages 20-44 • AMB – Ages 45-64 • AMB – Ages 65-74 |

2012 South Carolina Medicaid Health Plans Report Card

Women's Care Measures

| | Absolute Total Care | Blue Choice | First Choice | United Health Care | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Average | |
|---|---------------------------------------|-------------|--------------|--------------------|------------------------|--------------------------------|--------------|-----------------|---------------|------|
| WOMEN'S CARE | Breast Cancer Screening | ★★★ | ★★ | ★★★★★ | ★★★ | ★ | ★ | ★ | ★ | |
| | Cervical Cancer Screening | ★★ | ★ | ★★★★ | ★★ | ★ | ★ | ★ | ★ | |
| | Chlamydia Screening in Women | | | | | | | | | |
| | 16-20 Years | ★★★ | ★★ | ★★★★ | ★★ | ★★★★★ | ★★ | ★★ | ★★★★★ | ★★★★ |
| | 21-24 Years | ★★★ | ★★ | ★★★★ | ★★★★ | ★★★★★ | ★★ | ★★ | ★★★ | ★★★★ |
| | Total | ★★★ | ★★ | ★★★★ | ★★ | ★★★★★ | ★★ | ★★ | ★★★★ | ★★★★ |
| | Prenatal and Postpartum Care | | | | | | | | | |
| | Timeliness of Prenatal Care | ★★★ | ★★★★★ | ★★★★ | ★★ | ★★ | ★★ | ★★ | ★ | ★★ |
| | Postpartum Care | ★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★ | ★★★★ | ★★★★ | ★ | ★★★★ |
| | OVERALL SCORE FOR WOMEN'S CARE | ★★★ | ★★+ | ★★★★+ | ★★+ | ★★+ | ★★ | ★★ | ★★ | ★★+ |
| Ambulatory Care/ Emergency Department Visits Per 1,000* | | | | | | | | | | |
| Ages 20-44 | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★★★★★ | ★★★★ | |
| Ages 45-64 | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★★★ | ★★ | |
| Ages 65-74 | ★ | NSI | ★★★★ | NSI | ★★ | ★★ | ★ | ★★ | ★★ | |

- ★★★★★ 90th Percentile or above
- ★★★★ 75th to 89th Percentile
- ★★★ 50th to 74th Percentile
- ★★ 25th to 49th Percentile
- ★ Below 25th Percentile
- ⊕ Upper Range of Percentile Group
- NSI Denominator less than 30
- NSPI Insufficient Plan Information
- N/A Not Applicable
- † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
- * Inverted measure: lower rates indicate better performance
- *** Updated Administrative Rates provided by plan via 10/21/2013 email
- **** State Rates substituted where Plan Rates not submitted

Women's Care Statewide Trends

| | Reported Rate | Weighted State Rates | | | NCQA National Medicaid Mean | Change from 2010 to 2011 | Change from 2011 to 2012 |
|---|-----------------------------|----------------------|------------------------|------------------------|-----------------------------|--------------------------|--------------------------|
| | | 2010 | 2011 Mixed Methodology | 2012 Mixed Methodology | | | |
| Breast Cancer Screening | Reported Rate | 44.3 | 38.2 | 23.3 | 50.4 | DOWN | DOWN |
| Cervical Cancer Screening | Reported Rate | 46.6 | 46.4 | 45.9 | 66.7 | DOWN | DOWN |
| Chlamydia Screening in Women | 16-20 Years | 52.2 | 56.9 | 54.5 | 54.9 | UP | DOWN |
| | 21-24 Years | 58.4 | 54.2 | 51.0 | 63.4 | DOWN | DOWN |
| | Total | 54.6 | 60.6 | 59.7 | 58.0 | UP | DOWN |
| Prenatal and Postpartum Care | Timeliness of Prenatal Care | 79.2 | 80.8 | 77.7 | 82.8 | UP | DOWN |
| | Postpartum Care | 65.6 | 63.7 | 61.0 | 64.1 | DOWN | DOWN |
| Ambulatory Care/ Emergency Department Visits Per 1,000* | Ages 20-44 Visit/1000 | 97.0 | 90.4 | 90.2 | 100.2 | UP | UP |
| | Ages 45-64 Visit/1000 | 92.2 | 89.1 | 86.7 | 78.2 | UP | UP |
| | Ages 65-74 Visit/1000 | 48.8 | 48.2 | 39.0 | 41.8 | UP | UP |
| | Ages 75-84 Visit/1000 | 36.8 | 40.8 | 32.8 | 31.6 | DOWN | UP |
| | Ages 85+ Visit/1000 | 33.6 | 36.1 | 28.3 | 27.5 | DOWN | UP |

- UP:** Indicates the SC State Weighted Rate is higher
- DOWN:** Indicates the SC State Weighted Rate is lower
- * Inverted measure: lower rates indicate better performance

SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks

| | | CY2012 | | | | | | | | | | NCQA National Medicaid Benchmarks | | | | | | | |
|------------------------------|-----------------------------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|-----------|-----------------------------------|--------------|-----------------|---------------|------------|------------|------------|--|
| | | Absolute Total Care | | Blue Choice | | Select Health | | United Health Care | | Carolina Medical Homes | | Palmetto Physician Connections | SC Solutions | Fee For Service | | | | | |
| | | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Rate | Plan Rate | Plan Rate | Plan Rate | Plan Rate | State Average | CY2012 P25 | CY2012 P50 | CY2012 P75 | |
| WOMEN'S CARE | | | | | | | | | | | | | | | | | | | |
| Breast Cancer Screening | Reported Rate | X | 50.0 | X | 42.6 | X | 57.1 | X | 49.7 | 27.6 | 30.5 | 30.9 | 11.2 | 23.3 | 44.8 | 50.5 | 56.6 | | |
| | Reported Rate | | 54.9 | | 44.0 | | 62.2 | | 57.5 | 44.0 | 43.8 | 43.9 | 37.4 | 45.9 | 61.8 | 69.1 | 73.2 | | |
| Chlamydia Screening in Women | Total | | 57.1 | | 51.2 | | 53.2 | | 51.9 | 62.8 | 51.1 | 50.0 | 57.6 | 54.5 | 52.7 | 58.4 | 63.9 | | |
| | 16-20 Years | | 53.0 | | 47.3 | | 50.3 | | 47.5 | 60.5 | 47.2 | 47.9 | 56.0 | 51.0 | 48.8 | 54.2 | 61.2 | | |
| | 21-24 Years | | 63.9 | | 58.3 | | 63.2 | | 59.7 | 67.9 | 59.0 | 57.3 | 58.6 | 59.7 | 59.1 | 64.4 | 69.9 | | |
| Prenatal and Postpartum Care | Timeliness of Prenatal Care | X | 84.9 | X | 87.4 | X | 85.6 | X | 78.7 | 79.7 | 79.0 | 77.6 | 19.8 | 77.7 | 80.5 | 86.1 | 90.4 | | |
| | Postpartum Care | X | 64.1 | X | 69.1 | X | 66.0 | X | 66.1 | 61.2 | 59.5 | 62.3 | 16.9 | 61.0 | 58.7 | 65.0 | 71.1 | | |

Green background: NCQA 75th Percentile and above; or for inverted measures, below NCQA 25th Percentile

White background: between NCQA 25th and 74th Percentile

Red background: NCQA 24th Percentile and below (*Inverted measures: NCQA 76th Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

* Inverted measure (lower is better)

**Using 2010 NCQA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories

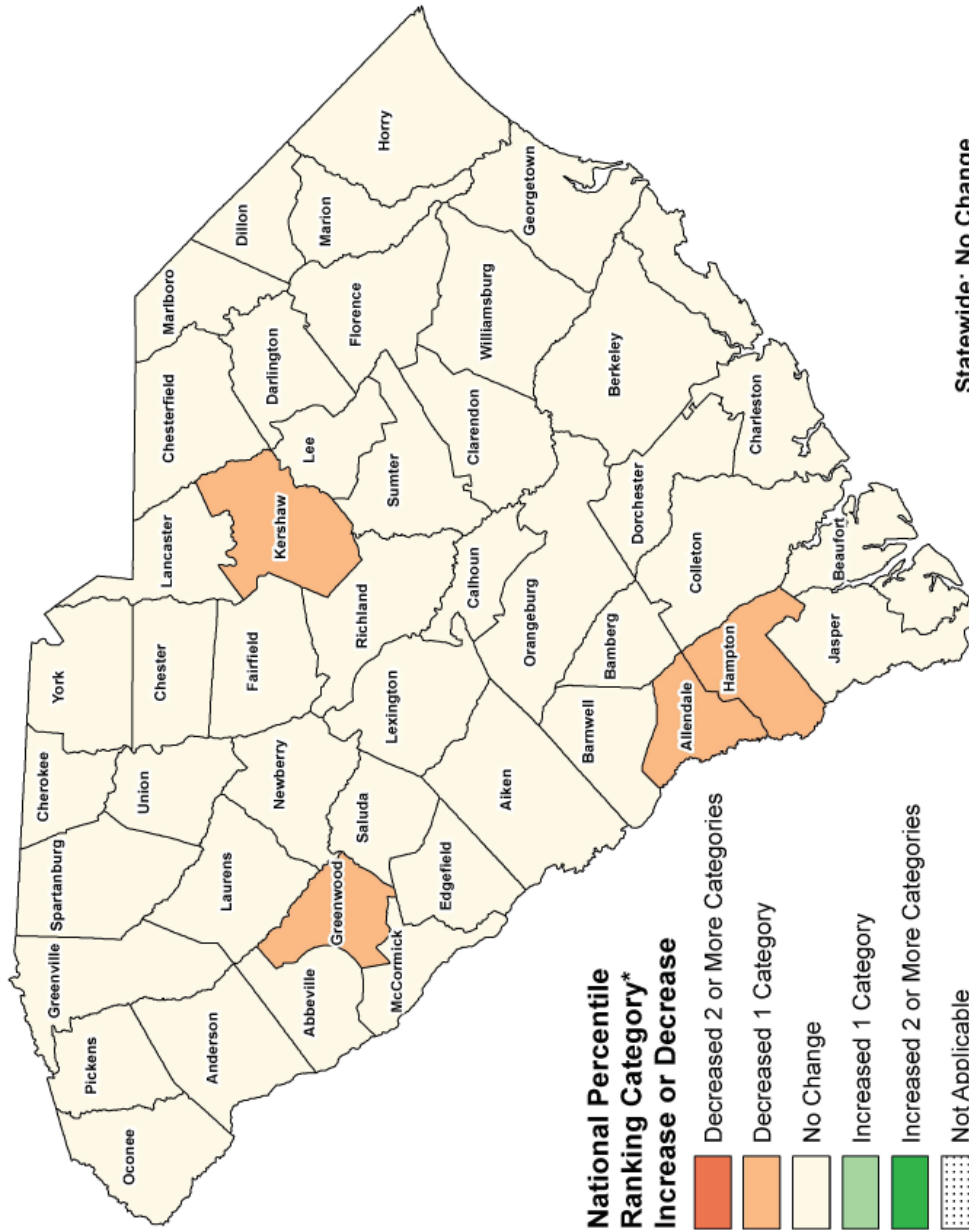
*** Updated Administrative Rates provided by plan via 10/21/2013 email

**** Plan Rates not provided; IFS Rates substituted

Breast Cancer Screening

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

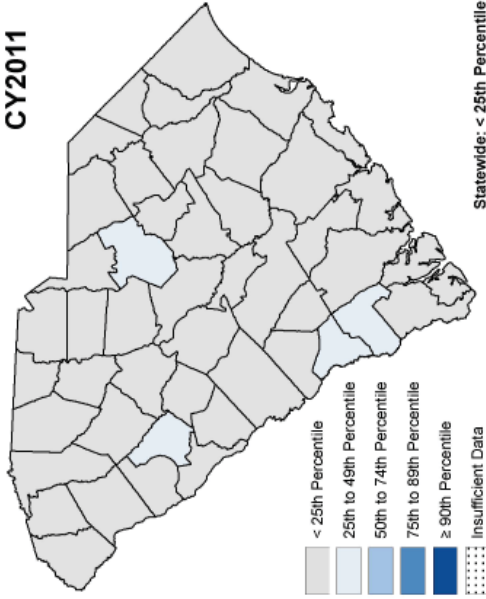
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

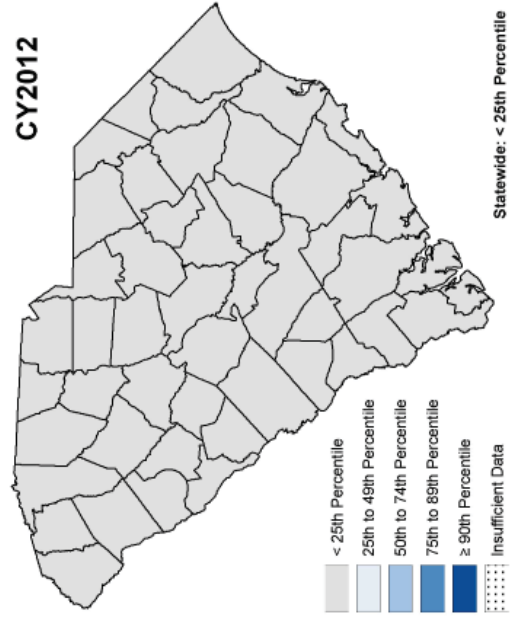
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

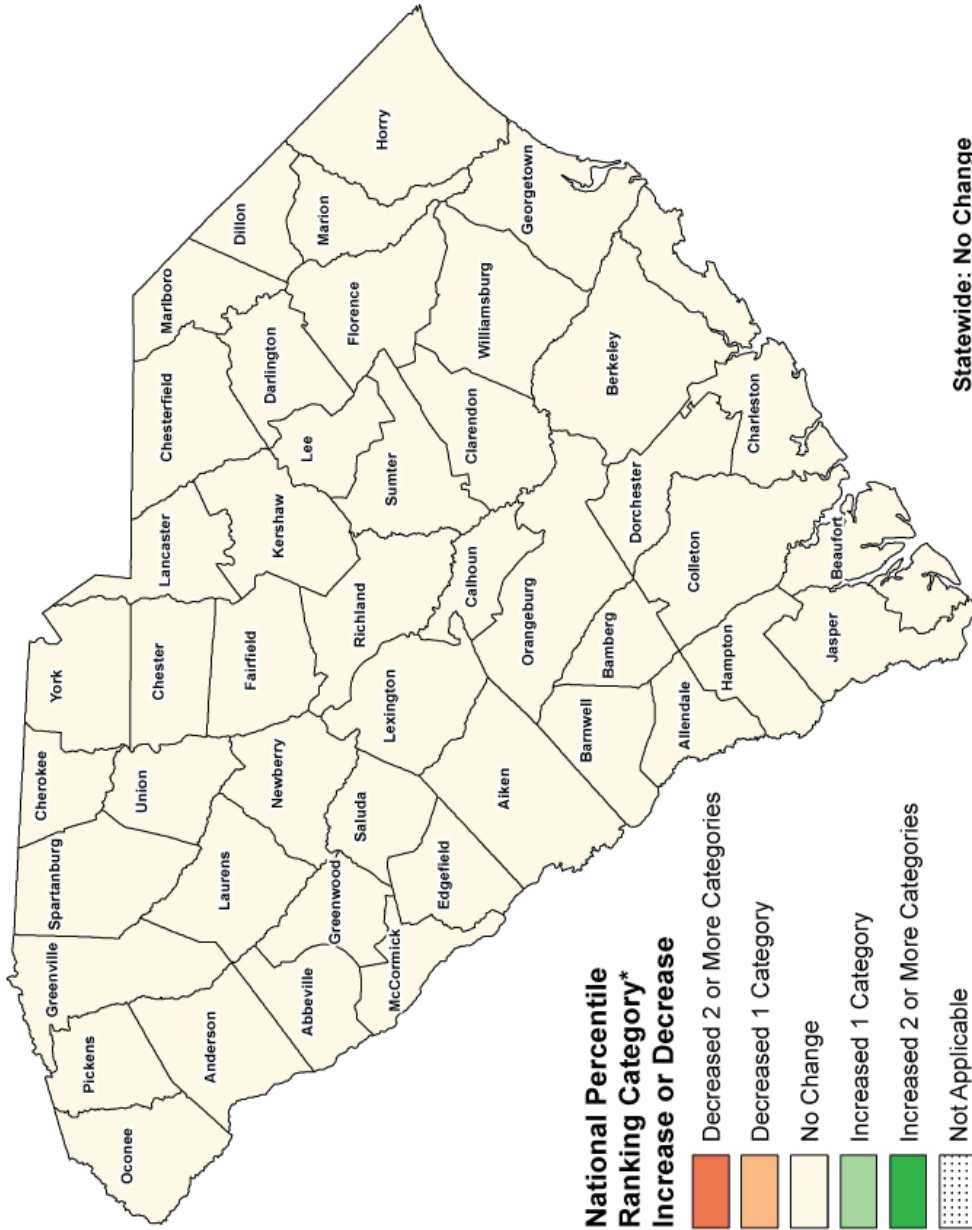
CY2012



Cervical Cancer Screening

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

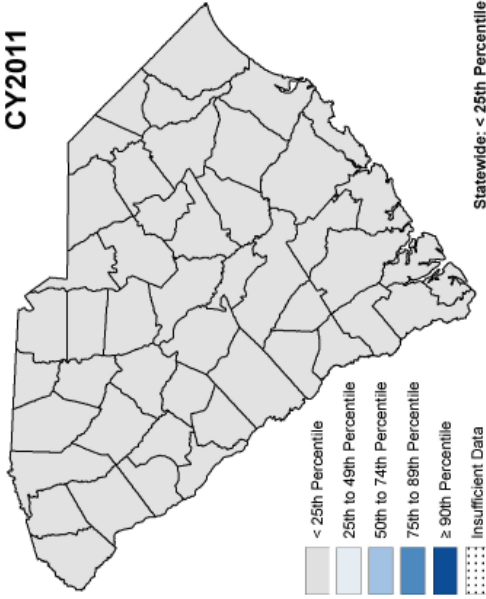
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

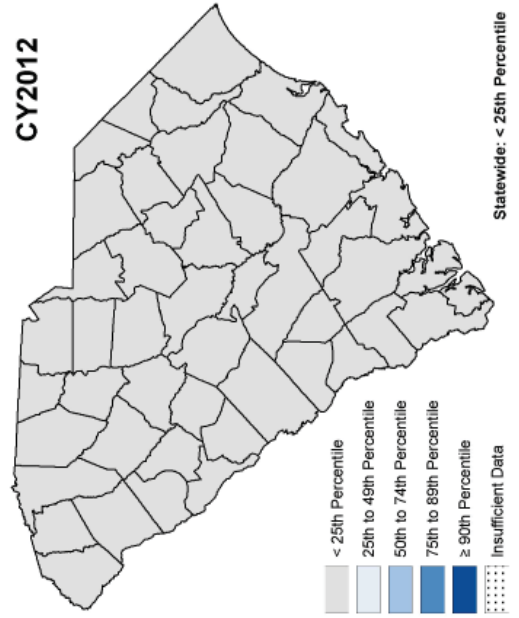
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

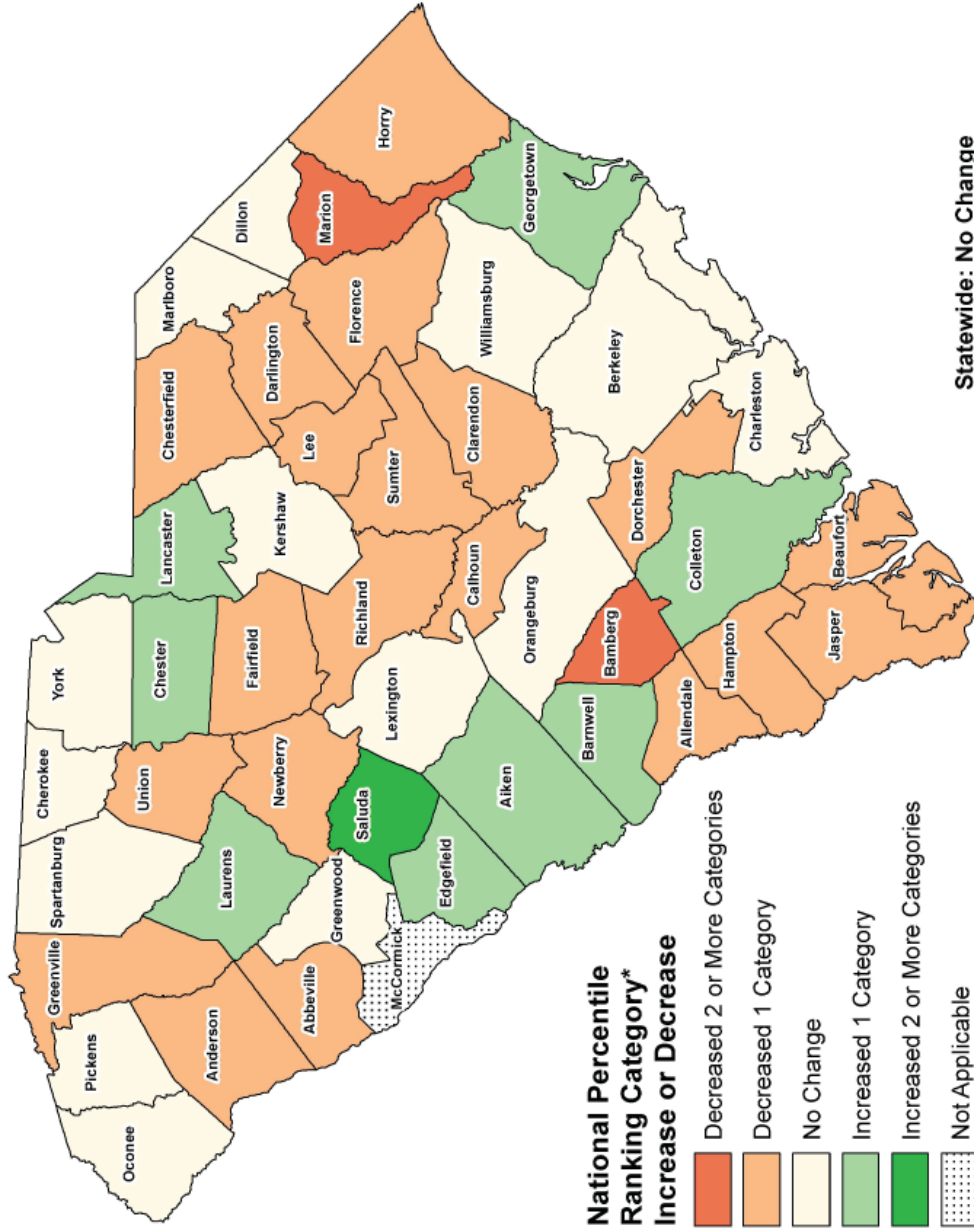
CY2012



Chlamydia Screening in Women

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

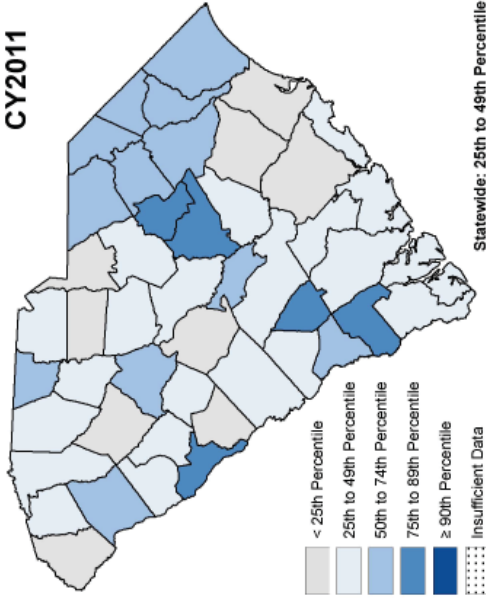
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

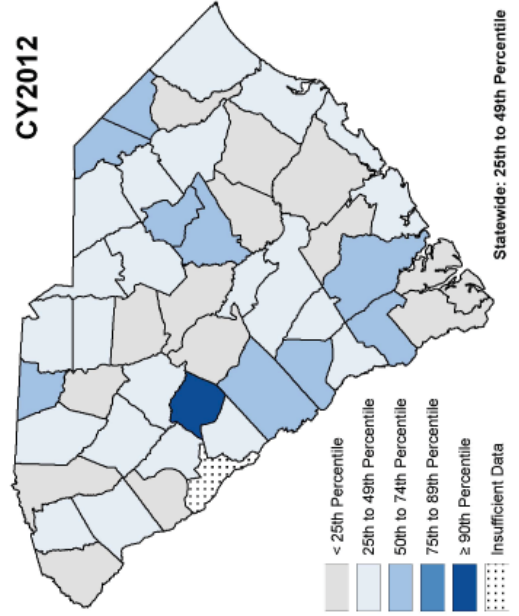
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

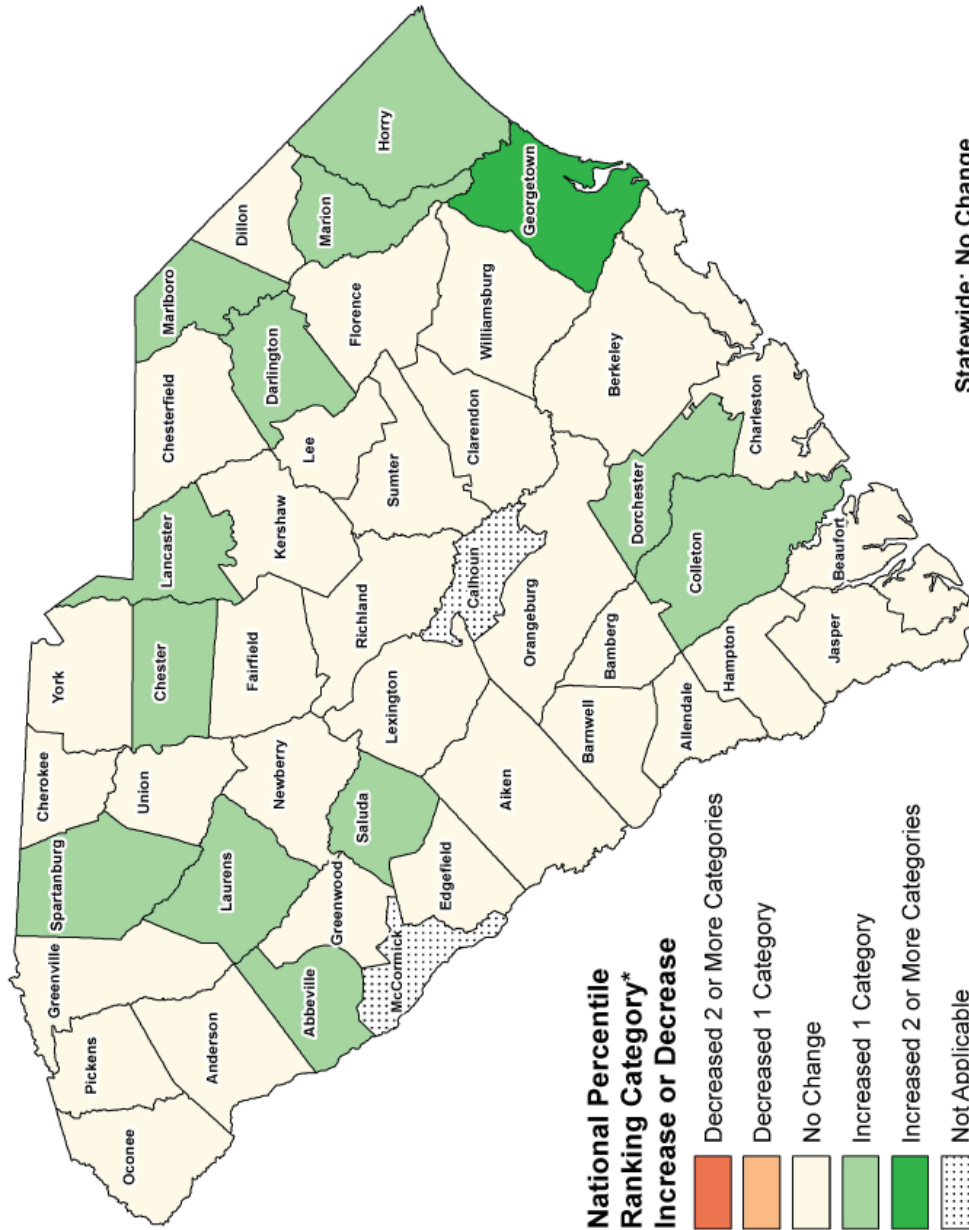
CY2012



Timeliness of Prenatal Care

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



National Percentile Ranking Category*
Increase or Decrease

- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

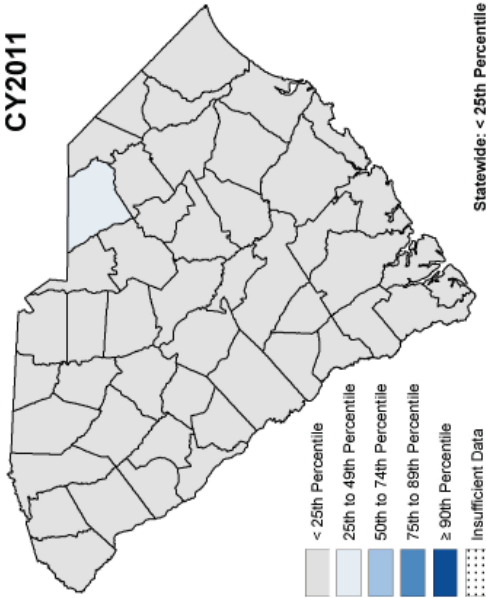
Statewide: No Change



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

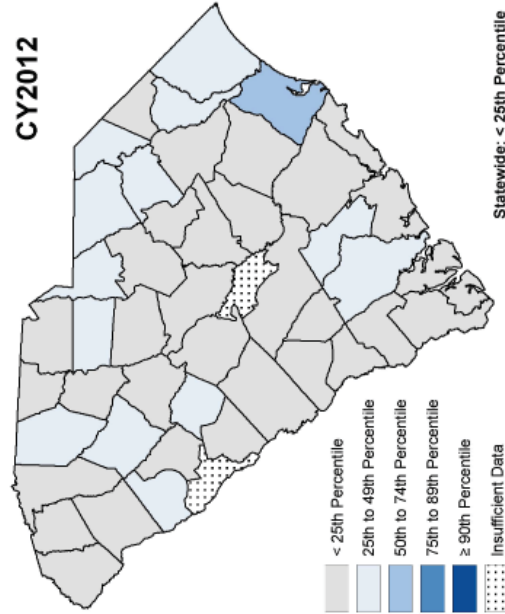
CY2011



Statewide: < 25th Percentile

* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012); There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012

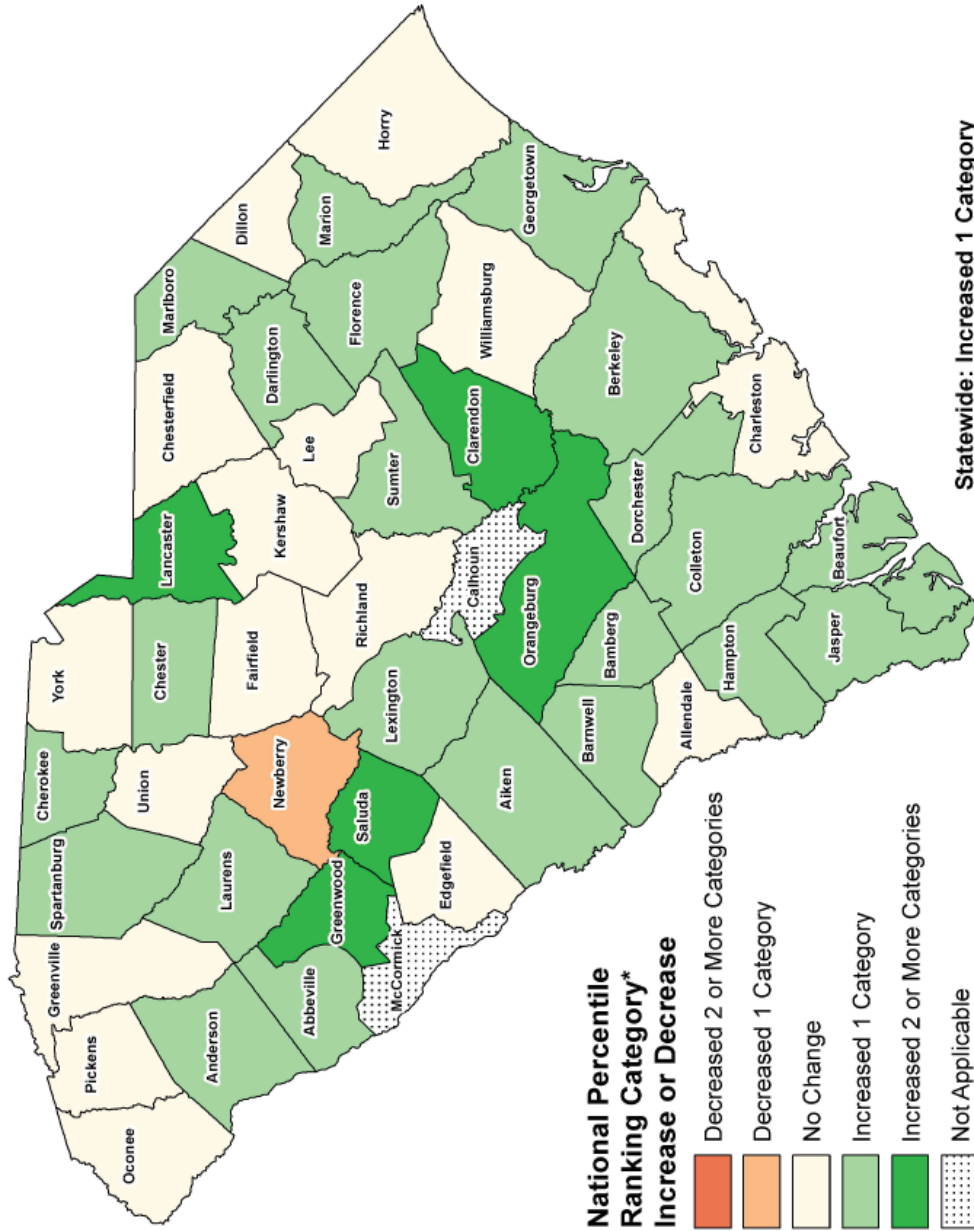


Statewide: < 25th Percentile

Postpartum Care

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



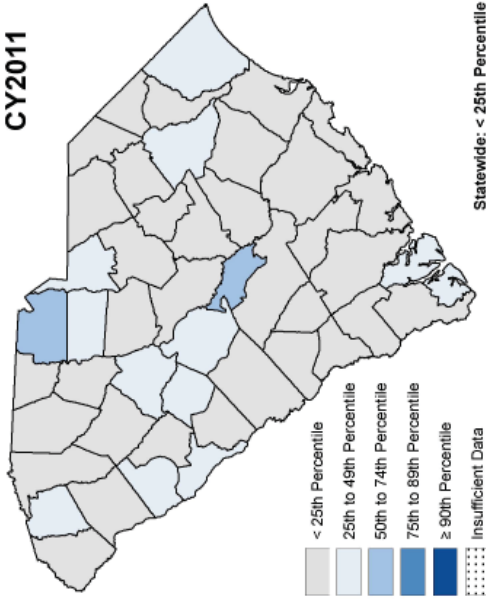
Statewide: Increased 1 Category

Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.



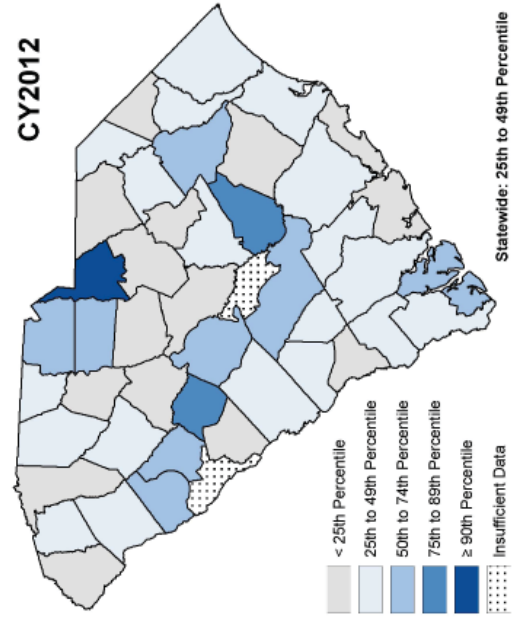
CY2011



Statewide: < 25th Percentile

* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



Statewide: 25th to 49th Percentile

Appendix A-3: Living With Illness



Living With Illness

| Living With Illness Measures and Descriptions | |
|--|--|
| Measure | Description |
| Comprehensive Diabetes Care (CDC) | <p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • Eye exam (retinal) performed • LDL-C screening • Medical attention for nephropathy |
| Use of Appropriate Medications for People With Asthma (ASM) | <p>The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.</p> <ul style="list-style-type: none"> • ASM - Rate - 5-11 Years • ASM - Rate - 12-18 Years • ASM - Rate - 19-50 Years • ASM - Rate - 51-64 Years • ASM - Rate - Total |

2012 South Carolina Medicaid Health Plans Report Card

Living With Illness Measures

| | Absolute Total Care | Blue Choice | First Choice | United Health Care | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Average | |
|--|---|-------------|--------------|--------------------|------------------------|--------------------------------|--------------|-----------------|---------------|-------|
| LIVING WITH ILLNESS | Comprehensive Diabetes Care | | | | | | | | | |
| | HbA1c Testing | ★★ | ★★ | ★★ | ★★★ | ★ | ★ | ★ | ★ | ★ |
| | Eye Exams | ★★ | ★ | ★★ | ★ | ★ | ★ | ★ | ★ | ★ |
| | LDL-C Screening | ★★ | ★★ | ★★ | ★★ | ★ | ★ | ★ | ★ | ★ |
| | Med Att Diabetic Nephropathy | ★★★ | ★★ | ★★★ | ★★★ | ★★ | ★★ | ★ | ★ | ★ |
| | Use of Appropriate Medications for People with Asthma | | | | | | | | | |
| | 5-11 Years | ★★★★ | ★★ | ★★★★ | ★★ | NSI | NSI | ★★★★★ | ★★★★★ | ★★★★★ |
| | 12-18 Years | ★★★★★ | ★ | ★★★★ | ★★★ | NSI | NSI | ★★★★★ | ★★★★★ | ★★★★★ |
| | 19-50 Years | ★★★ | ★ | ★★★ | ★ | NSI | NSI | ★★ | ★ | ★★ |
| | Total | ★★★★★ | ★ | ★★★★★ | ★ | NSI | NSI | ★★★★★ | ★★★★★ | ★★★★★ |
| OVERALL SCORE FOR LIVING WITH ILLNESS | ★★★+ | ★★+ | ★★★ | ★★ | ★ | ★ | ★★+ | ★★+ | ★★+ | |

- ★★★★★ 90th Percentile or above
- ★★★★ 75th to 89th Percentile
- ★★★ 50th to 74th Percentile
- ★★ 25th to 49th Percentile
- ★ Below 25th Percentile
- ⊕ Upper Range of Percentile Group
- NSI Denominator less than 30
- NSPI Insufficient Plan Information
- N/A Not Applicable
- † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
- * Inverted measure: lower rates indicate better performance
- *** Updated Administrative Rates provided by plan via 10/21/2013 email
- **** State Rates substituted where Plan Rates not submitted

Living With Illness Statewide Trends

| | | Weighted State Rates | | | NCQA National Medicaid Mean | Change from 2010 to 2011 | Change from 2011 to 2012 |
|---|------------------------|----------------------|------------------------|------------------------|-----------------------------|--------------------------|--------------------------|
| | | 2010 | 2011 Mixed Methodology | 2012 Mixed Methodology | | | |
| Comprehensive Diabetes Care | HbA1c Testing | 42.1 | 43.0 | 42.8 | 82.5 | UP | DOWN |
| | Eye Exams | 35.9 | 25.3 | 33.9 | 53.4 | DOWN | UP |
| | LDL-C Screening | 35.9 | 33.6 | 35.2 | 75.0 | DOWN | UP |
| | Med Att Diabetic Neph. | 58.4 | 57.3 | 58.0 | 77.8 | DOWN | UP |
| Use of Appropriate Medications for People with Asthma** | 5-11 years | 94.1 | 93.4 | 91.7 | 90.5 | DOWN | DOWN |
| | 12-18 years | 90.2 | 89.9 | 89.2 | 86.6 | DOWN | DOWN |
| | 19-50 years | 73.2 | 70.5 | 66.8 | 74.7 | DOWN | DOWN |
| | 51-64 years | 72.2 | 70.0 | 65.8 | 72.9 | DOWN | DOWN |
| | Total | 89.6 | 89.3 | 88.1 | 85.0 | DOWN | DOWN |

UP: Indicates the SC State Weighted Rate is higher

DOWN: Indicates the SC State Weighted Rate is lower

** Using 2010 NCQA National Medicaid Benchmarks. 2011 National Benchmark not available due to definitional change in Age Categories

SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks

| | | CY2012 | | | | | | | | | | | | NCQA National Medicaid Benchmarks | | | | | | | | | | | |
|---|------------------------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|-----------|--------------------------------|-----------|-----------------------------------|-----------|------------------------|-----------|------------|------------|------------|------|------|------|------|------|
| | | Absolute Total Care | | Blue Choice | | Select Health | | United Health Care | | Carolina Medical Homes | | Palmetto Physician Connections | | SC Solutions | | Fee For Service | | CY2012 P25 | CY2012 P50 | CY2012 P75 | | | | | |
| | | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | | | | | | | | |
| LIVING WITH ILLNESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comprehensive Diabetes Care | HbA1c Testing | | 77.7 | | 74.9 | | 78.4 | | 78.7 | | 53.4 | | 53.6 | | 51.5 | | 20.6 | | 42.8 | | 78.5 | | 82.4 | | 87.0 |
| | Eye Exams | | 37.2 | | 29.5 | | 37.8 | | 22.4 | | 34.8 | | 28.2 | | 27.7 | | 17.8 | | 23.9 | | 45.0 | | 52.9 | | 61.8 |
| | LDL-C Screening | | 66.4 | | 66.3 | | 68.6 | | 66.4 | | 49.4 | | 47.8 | | 45.8 | | 13.9 | | 35.2 | | 70.3 | | 76.2 | | 80.9 |
| | Med Att Diabetic Neph. | | 74.9 | | 71.1 | | 76.4 | | 73.7 | | 72.7 | | 68.5 | | 63.2 | | 42.8 | | 56.0 | | 73.5 | | 78.7 | | 83.0 |
| Use of Appropriate Medications for People with Asthma** | 5-11 years | X | 92.8 | X | 86.9 | X | 90.4 | X | 85.1 | X | NSI | NSI | NSI | NSI | 94.5 | 96.3 | 91.7 | 91.7 | 91.7 | 88.8 | 88.8 | 91.6 | 91.6 | 93.8 | |
| | 12-18 years | | 90.5 | | 80.7 | | 87.9 | | 86.0 | | NSI | NSI | NSI | NSI | 91.2 | 93.5 | 89.2 | 89.2 | 89.2 | 83.7 | 83.7 | 87.0 | 87.0 | 89.6 | |
| | 19-50 years | X | 72.6 | X | 53.3 | X | 73.6 | X | 58.5 | X | NSI | NSI | NSI | NSI | 69.1 | 58.0 | 66.8 | 66.8 | 66.8 | 69.3 | 69.3 | 75.5 | 75.5 | 81.0 | |
| | 51-64 years | | NSI | | NSI | | 70.0 | | NSI | | NSI | NSI | N/A | 70.4 | 50.0 | 65.8 | 65.8 | 65.8 | 66.0 | 66.0 | 73.8 | 73.8 | 81.5 | | |
| | Total | X | 89.8 | X | 79.0 | X | 88.3 | X | 79.2 | X | NSI | NSI | NSI | NSI | 90.9 | 88.1 | 88.1 | 88.1 | 88.1 | 82.5 | 82.5 | 85.9 | 85.9 | 88.2 | |

Green background: NCQA 75th Percentile and above; or for inverted measures, below NCQA 25th Percentile

White background: between NCQA 25th and 74th Percentile

Red background: NCQA 24th Percentile and below (*Inverted measures: NCQA 76th Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

* Inverted measure (lower is better)

**Using 2010 NCQA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories

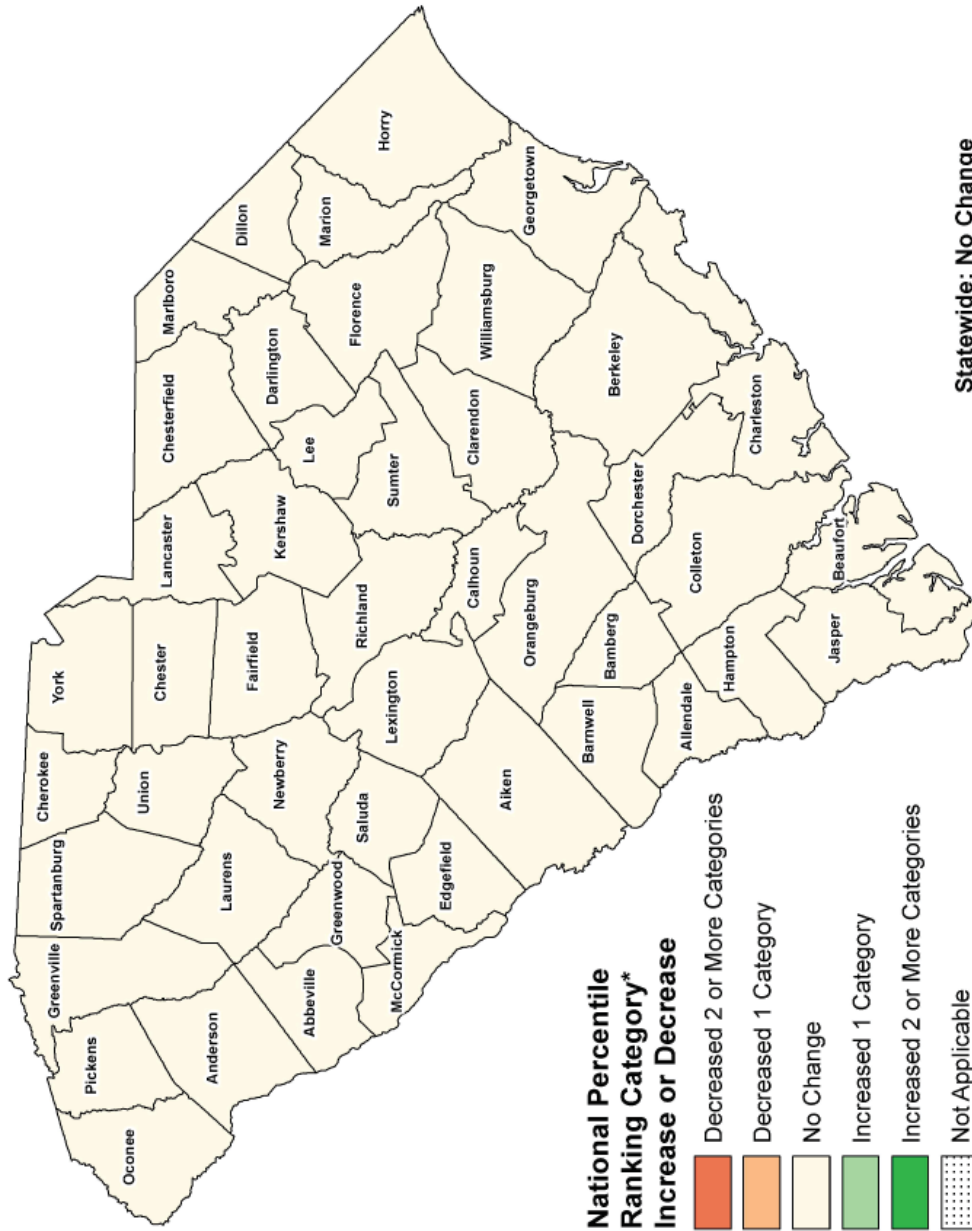
*** Updated Administrative Rates provided by plan via 10/21/2013 email

**** Plan Rates not provided; IFS Rates substituted

Comprehensive Diabetes Care: HbA1c Testing

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012

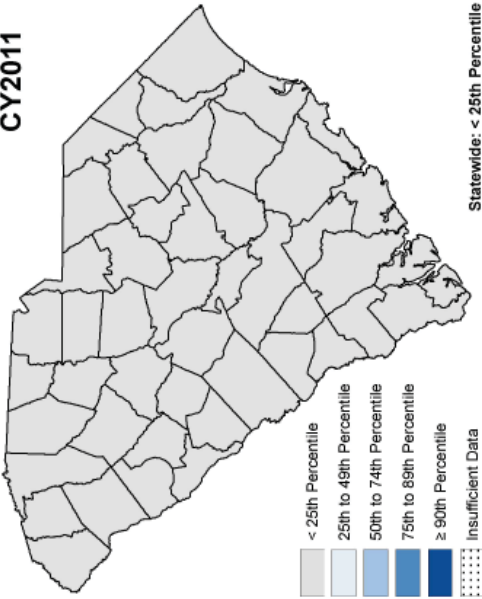


Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

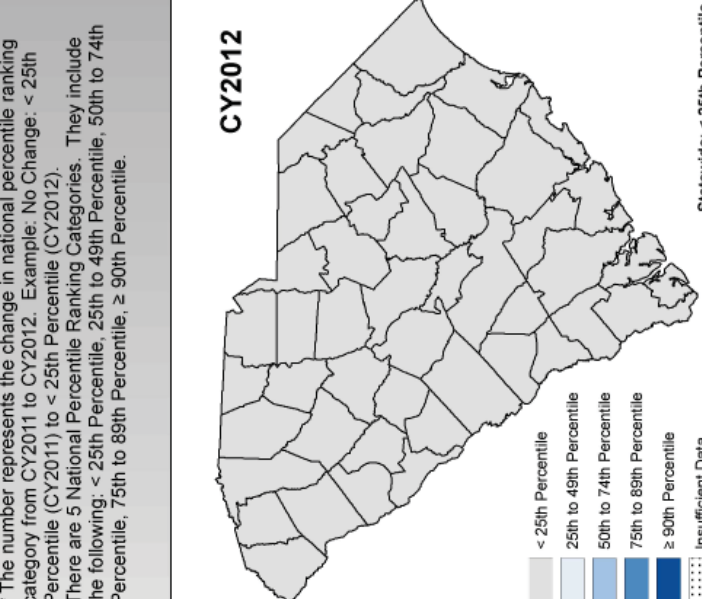
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.



CY2011



CY2012

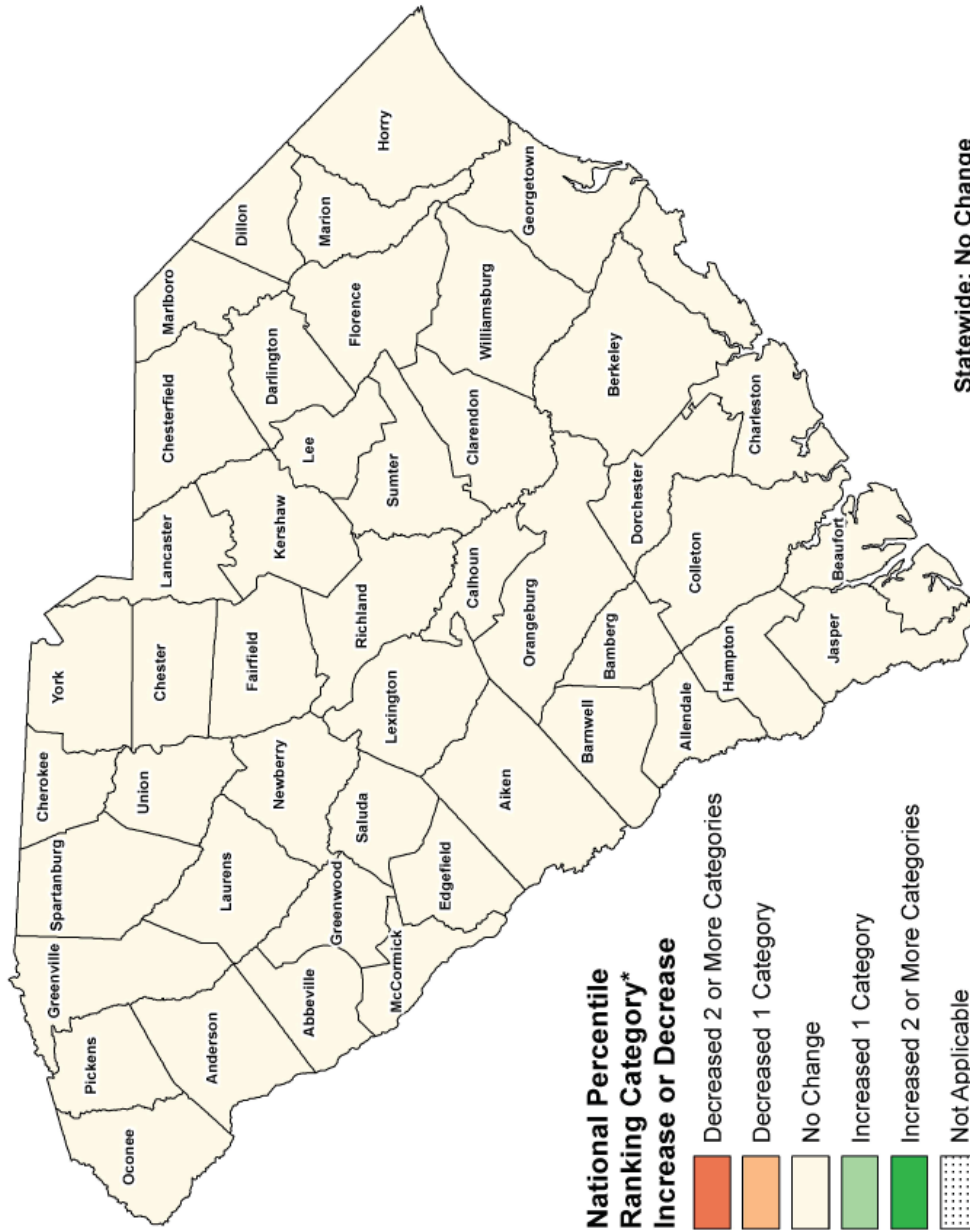


* The number represents the change in national percentile ranking category from CY2011 to CY2012. Example: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

Comprehensive Diabetes Care: Eye Exam

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012

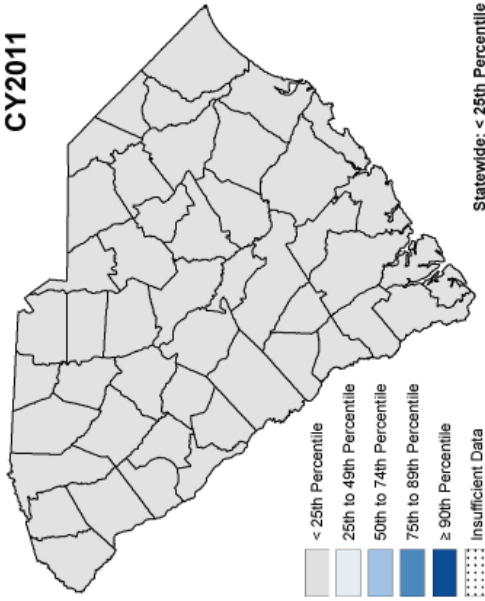


Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

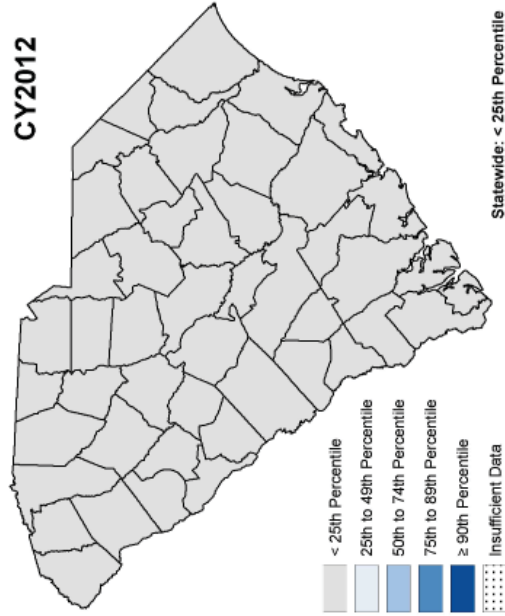


CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

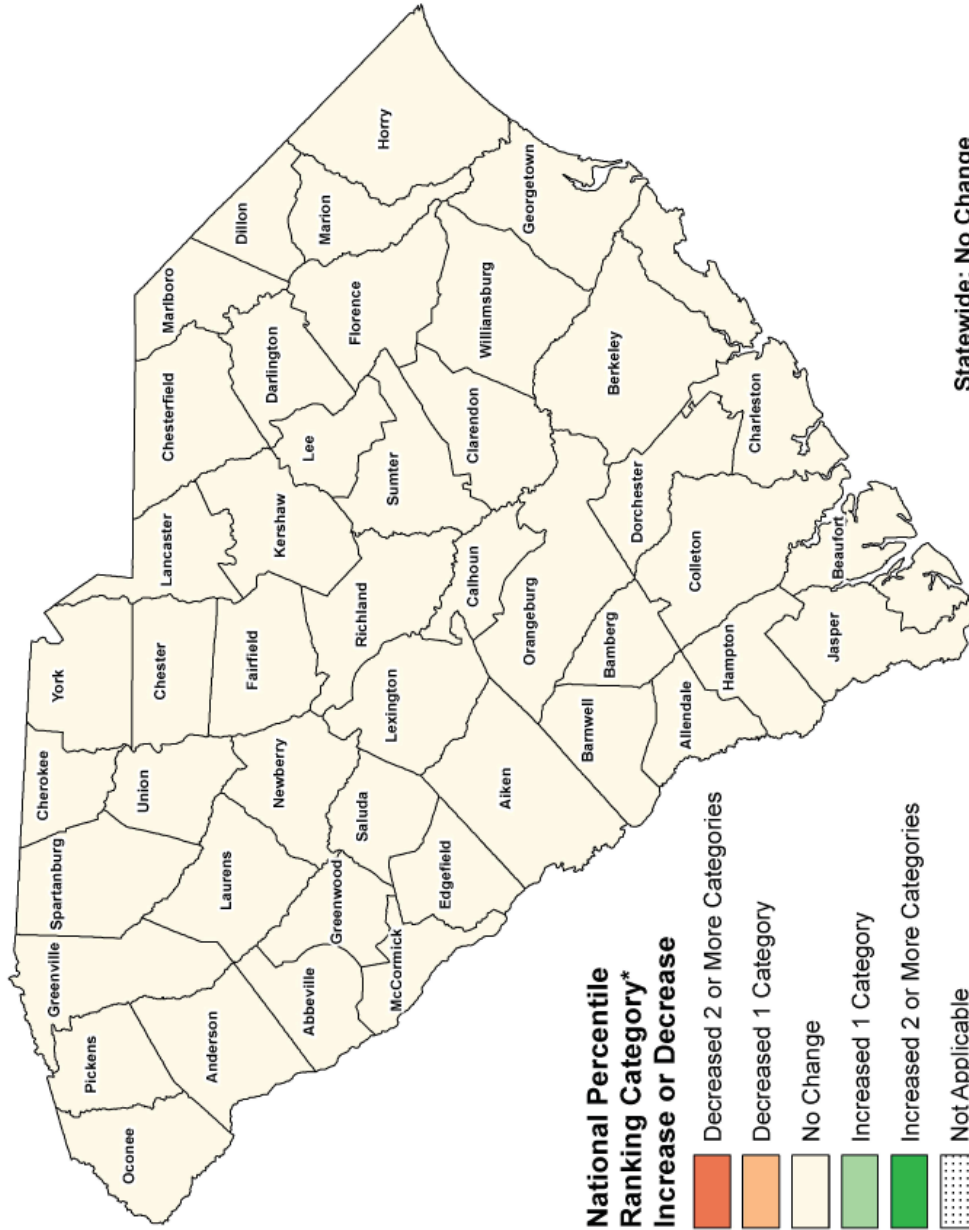
CY2012



Comprehensive Diabetes Care: LDL-C Screening

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

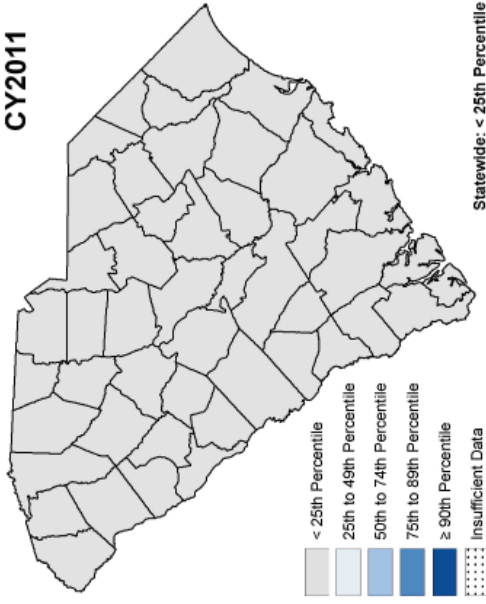
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

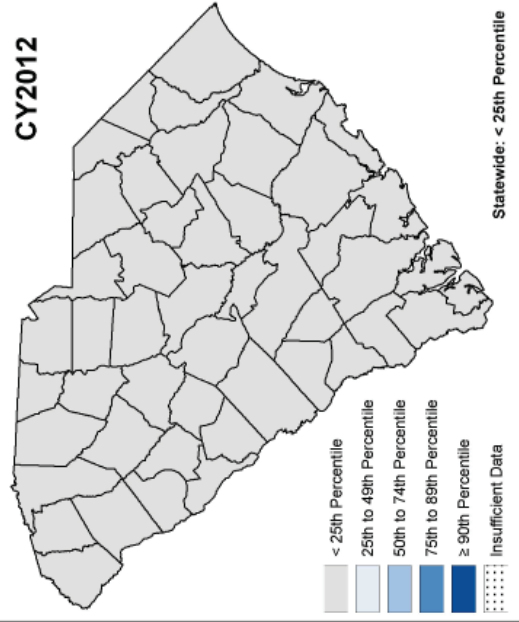
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



Comprehensive Diabetes Care: Medical Attention to Nephropathy

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012

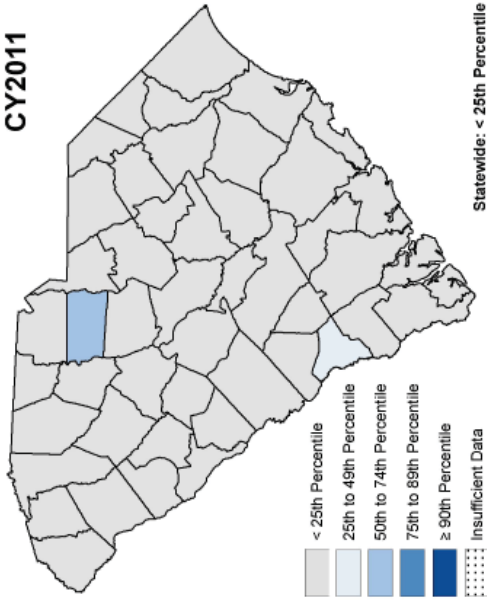


Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

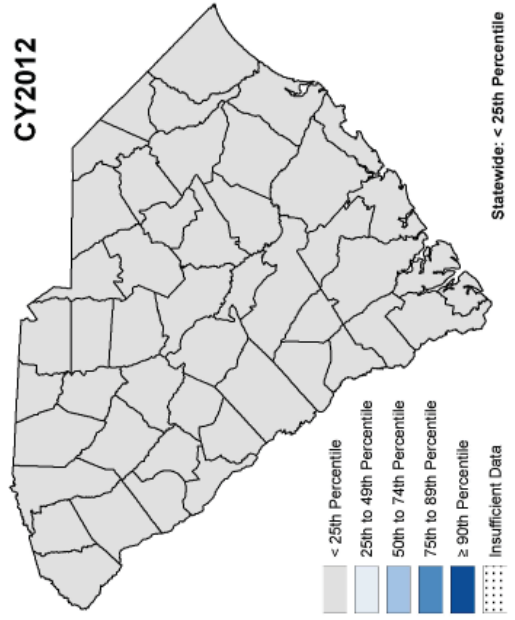


CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

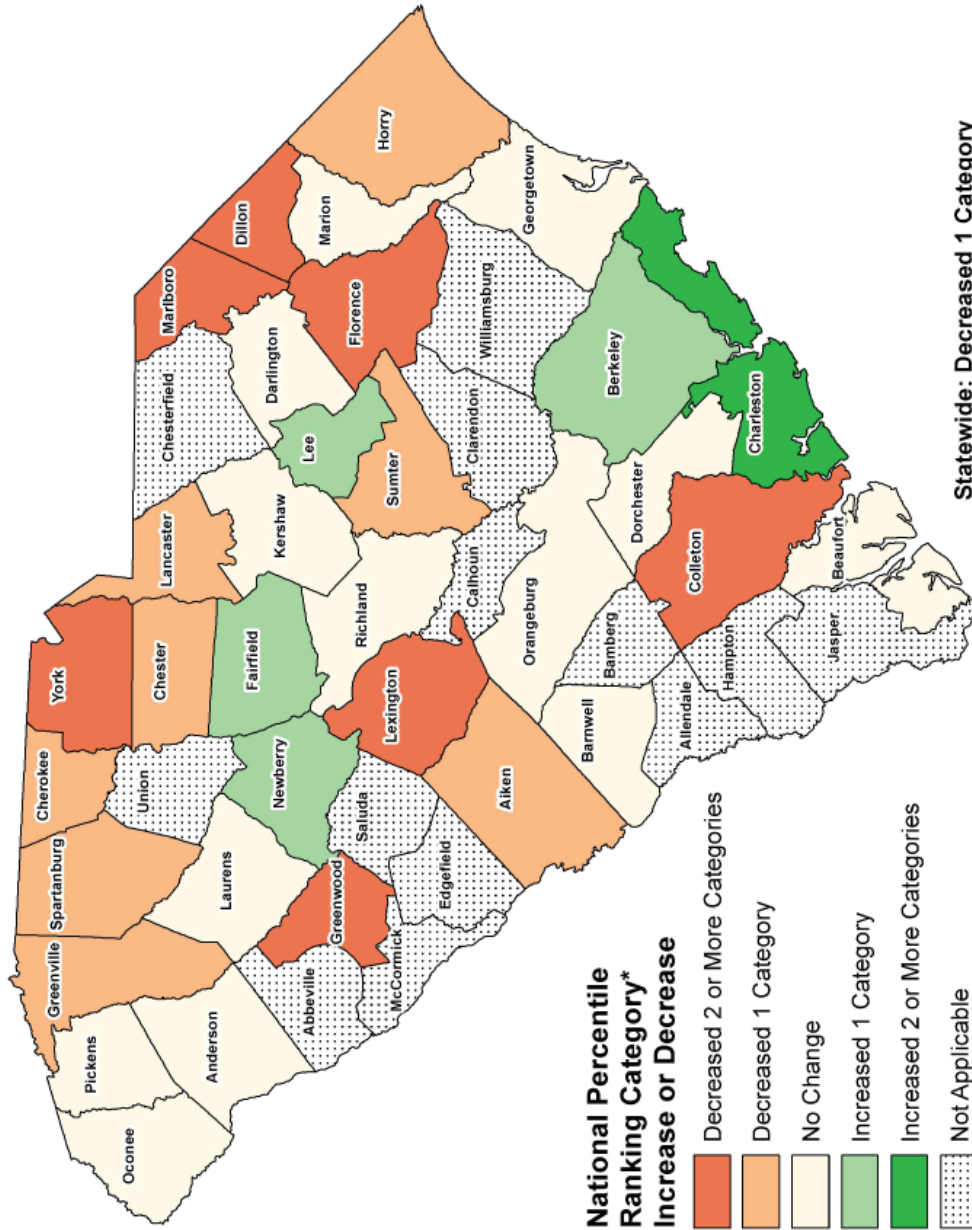
CY2012



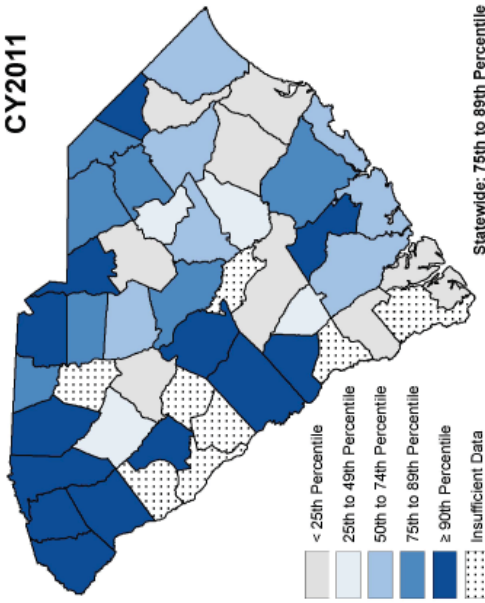
Use of Appropriate Medications for People with Asthma: Ages 5-11

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

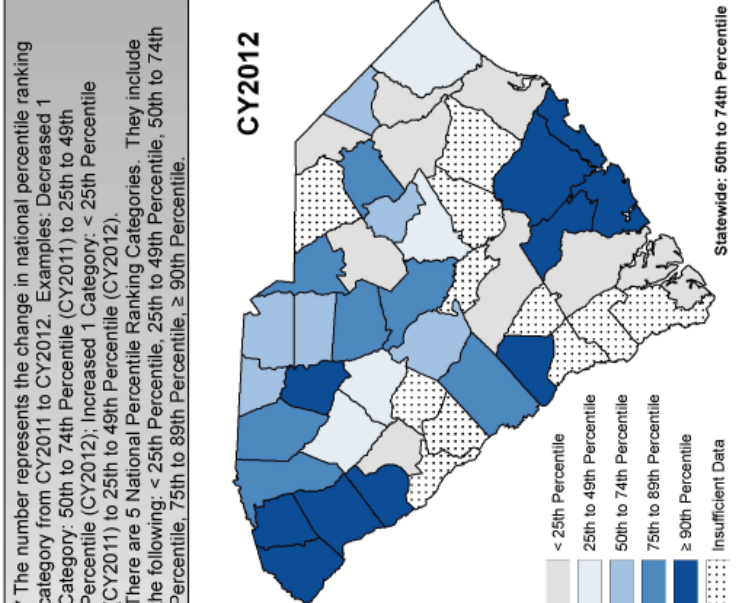
National Percentile Ranking Change from CY2011 to CY2012



CY2011



CY2012

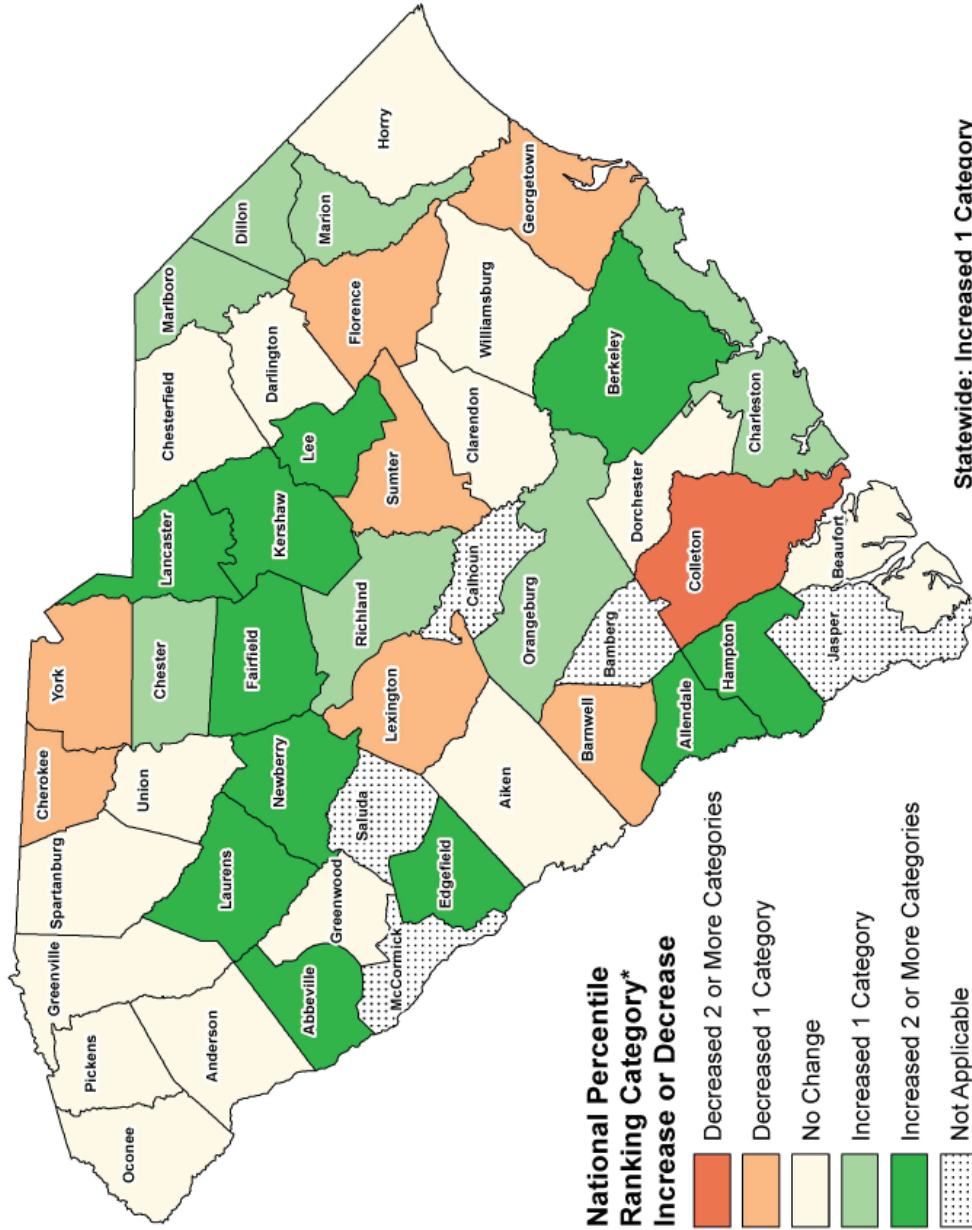


* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: Decreased 1 Category: 50th to 74th Percentile (CY2011) to 25th to 49th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

Use of Appropriate Medications for People with Asthma: All Ages

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012

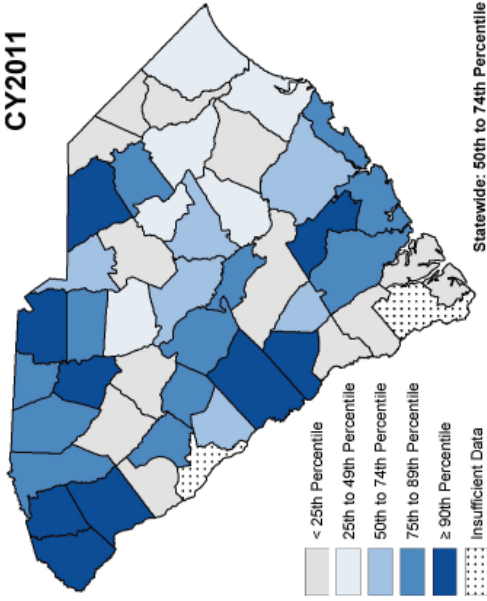


PRMM
 Division of Policy and Research on Medicaid and Medicare
 Institute for Families in Society | University of South Carolina
 Map created December 2013.

Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

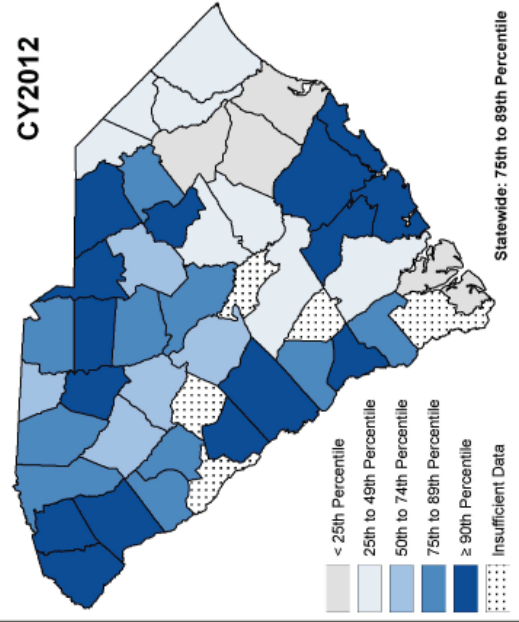
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: Decreased 1 Category: 50th to 74th Percentile (CY2011) to 25th to 49th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



Appendix A-4: Behavioral Health



Behavioral Health

| Behavioral Health Measures and Descriptions | |
|---|--|
| Measure | Description |
| Follow-Up After Hospitalization for Mental Illness (FUH) | <p>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:</p> <ul style="list-style-type: none"> • 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. |
| Follow-Up Care for Children Prescribed ADHD Medication (ADD) | <p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who 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 IPSP 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. |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) | <p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. • Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. |

2012 South Carolina Medicaid Health Plans Report Card

Behavioral Health Measures

| | Absolute Total Care | Blue Choice | First Choice | United Health Care | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Average | |
|--------------------------|---|-------------|--------------|--------------------|------------------------|--------------------------------|--------------|-----------------|---------------|-------|
| BEHAVIORAL HEALTH | Follow-Up After Hospitalization for Mental Illness **** | | | | | | | | | |
| | 7 Days | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★ | ★★★ |
| | 30 Days | ★★ | ★★ | ★★★★ | ★★★ | ★★ | ★★ | ★★★ | ★★ | ★★★ |
| | Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | | | | | | | | | |
| | Initiation | ★★★★ | ★★★ | ★★★★ | ★★ | ★★ | ★★★ | ★★★ | ★★★★★ | ★★★★ |
| | Continuation | ★★★★★ | ★★★ | ★★★★ | ★★ | NSI | NSI | ★★★ | ★★★★ | ★★★★ |
| | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | | | | | | | | | |
| | Initiation - 13-17 Years | ★★★★ | ★★★★ | ★★★★ | ★★★★ | NSI | ★★★ | ★★★★ | ★★★★★ | ★★★★ |
| | Engagement - 13-17 Years | ★★★★ | ★★★★ | ★★★★ | ★★★★★ | NSI | ★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| | Initiation - 18+ | ★★★★ | ★ | ★★ | ★★★★ | ★★★★ | ★★★ | ★★ | ★★★★ | ★★★ |
| | Engagement - 18+ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★★★ |
| | Initiation - Total | ★★★★ | ★ | ★★ | ★★★★ | ★★★★ | ★★★ | ★★ | ★★★★ | ★★★ |
| | Engagement - Total | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★★★ |
| | OVERALL SCORE FOR BEHAVIORAL HEALTH | ★★★+ | ★★+ | ★★★+ | ★★★ | ★★+ | ★★+ | ★★★ | ★★★★+ | ★★★+ |

- ★★★★★ 90th Percentile or above
- ★★★★ 75th to 89th Percentile
- ★★★ 50th to 74th Percentile
- ★★ 25th to 49th Percentile
- ★ Below 25th Percentile
- ⊕ Upper Range of Percentile Group
- NSI Denominator less than 30
- NSPI Insufficient Plan Information
- N/A Not Applicable
- † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
- * Inverted measure: lower rates indicate better performance
- *** Updated Administrative Rates provided by plan via 10/21/2013 email
- **** State Rates substituted where Plan Rates not submitted

Behavioral Health Statewide Trends

| | | Weighted State Rates | | | NCQA National Medicaid Mean | Change from 2010 to 2011 | Change from 2011 to 2012 |
|---|------------------------|----------------------|------------------------|------------------------|-----------------------------|--------------------------|--------------------------|
| | | 2010 | 2011 Mixed Methodology | 2012 Mixed Methodology | | | |
| Follow-Up After Hospitalization for Mental Illness | 7 Days | 37.1 | 47.9 | 45.2 | 46.5 | UP | DOWN |
| | 30 Days | 60.3 | 71.1 | 67.5 | 65.0 | UP | DOWN |
| Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | Initiation | 45.5 | 44.1 | 42.4 | 38.8 | DOWN | DOWN |
| | Continuation | 52.8 | 53.9 | 53.5 | 45.9 | UP | DOWN |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Initiation-13-17 Years | 51.6 | 48.4 | 46.2 | 40.5 | DOWN | DOWN |
| | Engagement-13-17 Years | 30.5 | 29.0 | 27.4 | 17.4 | DOWN | DOWN |
| | Initiation-18+ | 40.4 | 38.8 | 35.6 | 39.4 | DOWN | DOWN |
| | Engagement-18+ | 10.7 | 10.7 | 9.3 | 11.5 | EQUAL | DOWN |
| | Initiation-Total | 41.6 | 39.8 | 36.7 | 39.2 | DOWN | DOWN |
| | Engagement-Total | 12.9 | 12.6 | 11.2 | 11.9 | DOWN | DOWN |

UP: Indicates the SC State Weighted Rate is higher
DOWN: Indicates the SC State Weighted Rate is lower

SC Medicaid Health Plan Performance CY2012 by NCOA National Benchmarks

| | | CY2012 | | | | | | | | | | | | NCOA National Medicaid Benchmarks | | | |
|---|--------------------------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|--------------------------------|--------------|-----------------|-----------------------------------|------------|------------|------|
| | | Absolute Total Care | | Blue Choice | | Select Health | | United Health Care | | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee For Service | State Average | CY2012 P50 | CY2012 P75 | |
| | | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Rate | Plan Rate | Plan Rate | | | | | |
| BEHAVIORAL HEALTH | | | | | | | | | | | | | | | | | |
| Follow-Up After Hospitalization for Mental Illness**** | 7 Days | | 38.8 | | | 43.9 | | | 37.1 | 33.3 | 32.7 | 38.2 | | 36.2 | 32.2 | 46.1 | 57.7 |
| | 30 Days | | 57.2 | X | 57.0 | 69.4 | X | 57.6 | 53.3 | 49.0 | 63.7 | 58.5 | 50.9 | 58.5 | 57.3 | 67.7 | 77.5 |
| Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | Initiation | | 42.8 | | 34.6 | 42.6 | | 29.7 | 27.1 | 38.0 | 38.1 | 44.6 | 40.4 | 32.9 | 39.2 | 44.5 | |
| | Continuation | | 59.2 | | 41.4 | 54.1 | | 35.9 | NSI | NSI | 45.0 | 54.5 | 50.5 | 38.4 | 47.1 | 56.1 | |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**** | Initiation - 13-17 Years | | 44.4 | | 43.4 | 43.3 | | 42.2 | NSI | 40.0 | 46.5 | 56.2 | 46.2 | 32.8 | 42.0 | 48.1 | |
| | Engagement - 13-17 Years | | 25.2 | | 23.6 | 25.4 | | 31.4 | NSI | 16.7 | 27.8 | 33.8 | 27.4 | 9.1 | 16.6 | 27.1 | |
| | Initiation - 18+ | | 39.6 | | 27.8 | 31.2 | | 34.7 | 40.6 | 38.0 | 32.7 | 41.9 | 35.6 | 34.6 | 39.0 | 43.6 | |
| | Engagement - 18+ | | 9.0 | | 8.2 | 9.1 | | 10.9 | 11.9 | 9.2 | 9.1 | 9.5 | 9.3 | 5.4 | 11.4 | 17.8 | |
| | Initiation - Total | | 40.0 | | 29.0 | 33.3 | | 35.4 | 40.9 | 38.2 | 34.2 | 43.0 | 36.7 | 34.3 | 38.8 | 43.6 | |
| | Engagement - Total | | 10.5 | | 9.4 | 11.9 | | 12.7 | 11.7 | 9.8 | 11.2 | 11.3 | 11.2 | 5.8 | 11.7 | 18.6 | |

Green background: NCOA 75th Percentile and above; or for inverted measures, below NCOA 25th Percentile

White background: between NCOA 25th and 74th Percentile

Red background: NCOA 24th Percentile and below (*inverted measures: NCOA 76th Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

* Inverted measure (lower is better)

** Using 2010 NCOA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories-

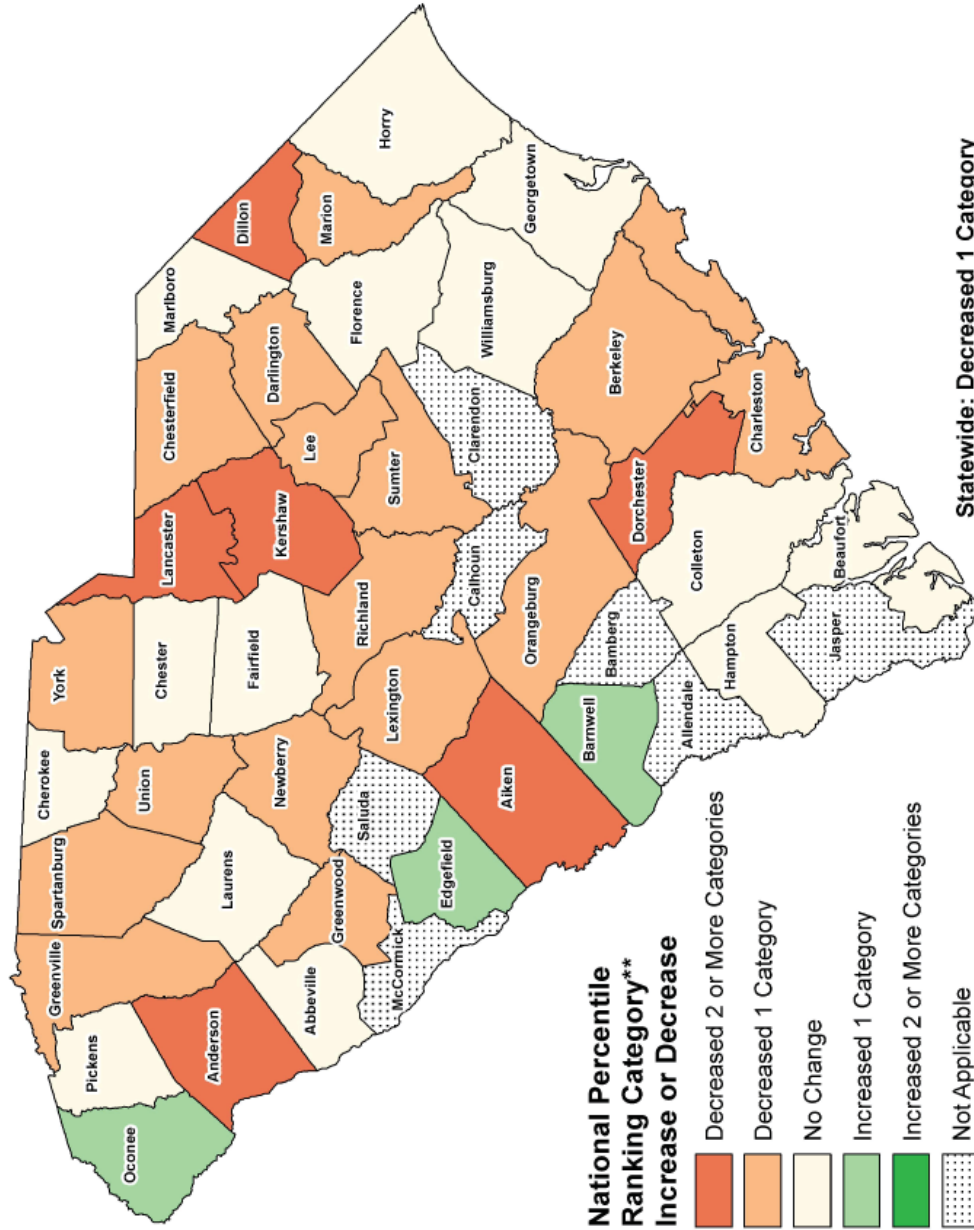
*** Updated Administrative Rates provided by plan via 10/21/2013 email

**** Plan Rates not provided; IFS Rates substituted

Follow-Up Care for Children Prescribed ADHD* Medication: Initiation

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

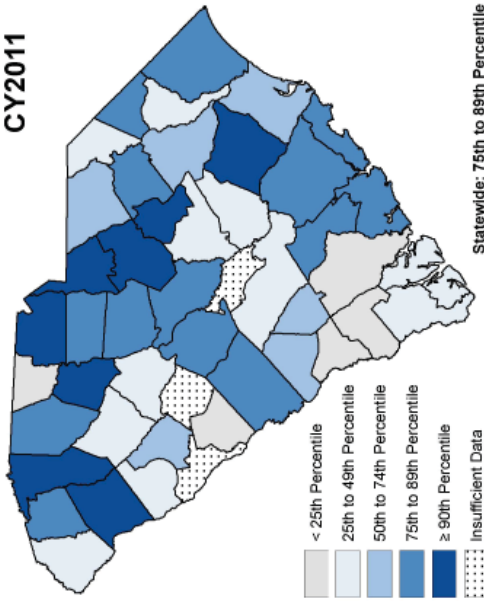
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

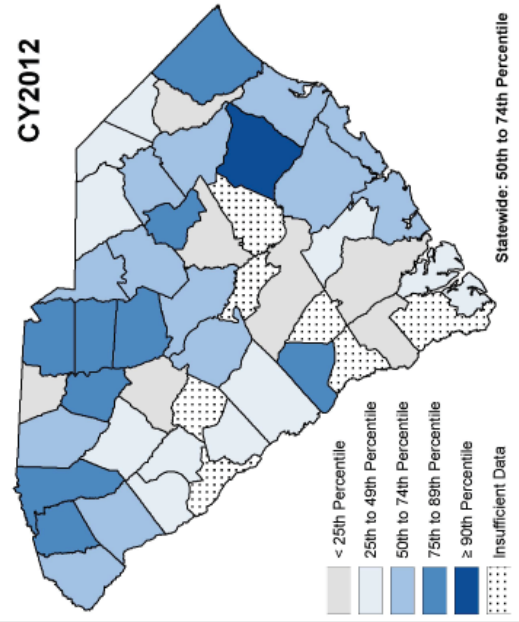
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* Attention Deficit Hyperactivity Disorder.
 ** The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012); There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

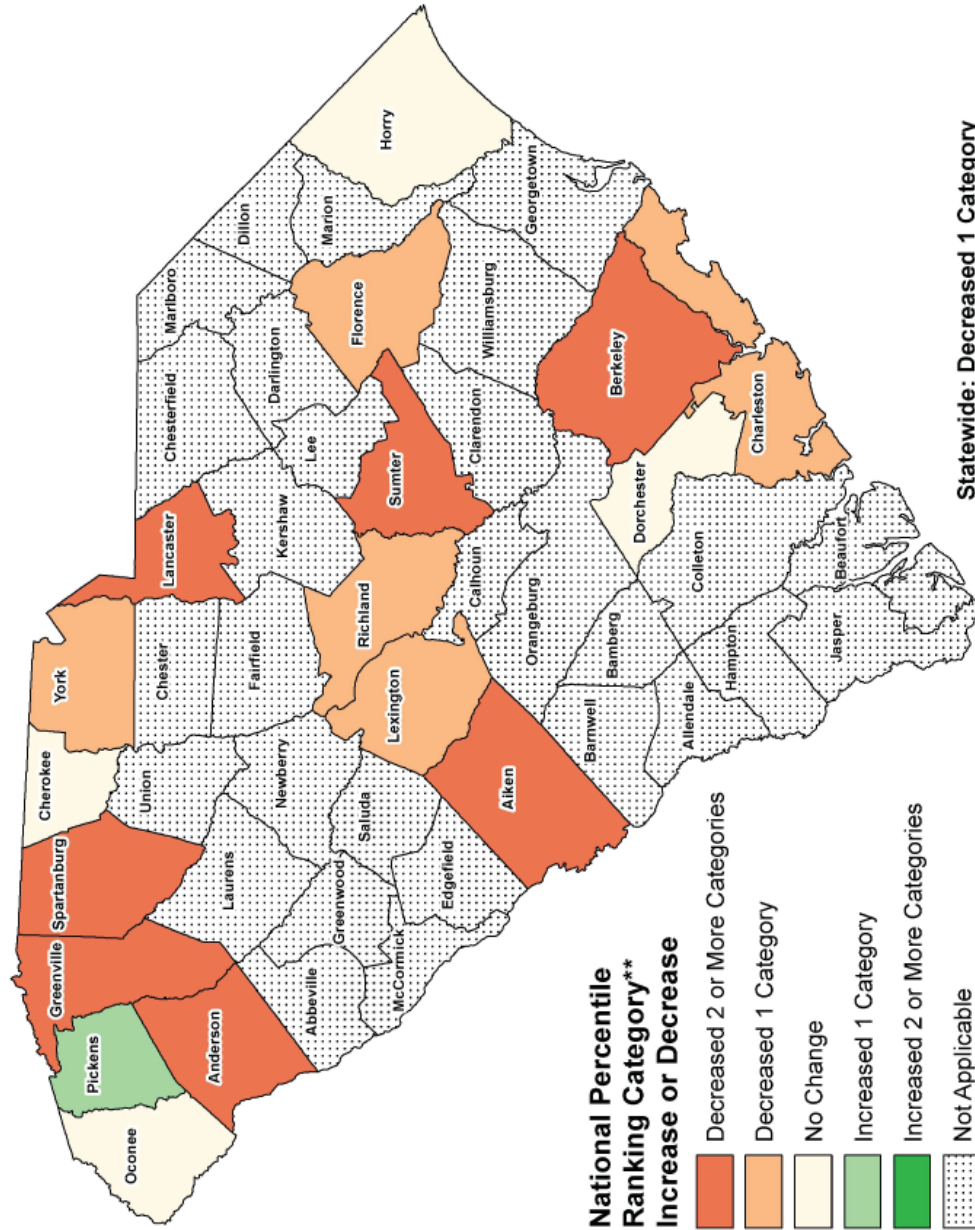
CY2012



Follow-Up Care for Children Prescribed ADHD* Medication: Continuation

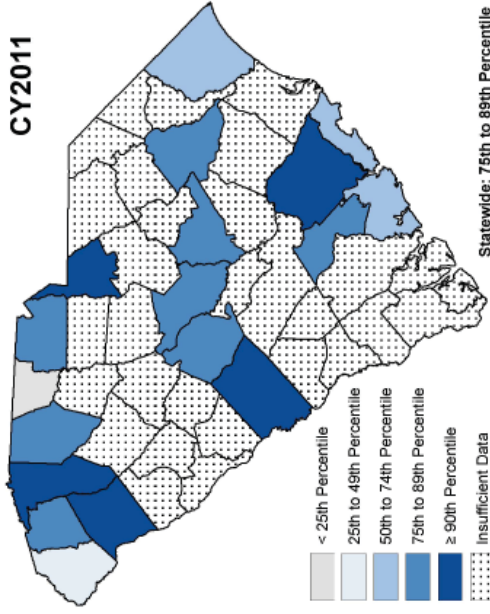
National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



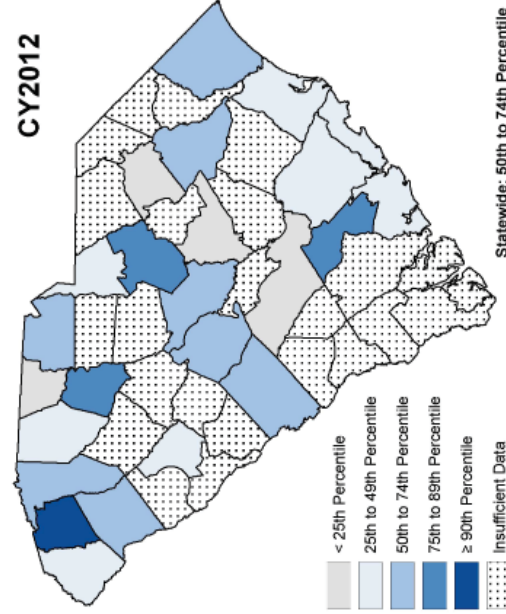
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



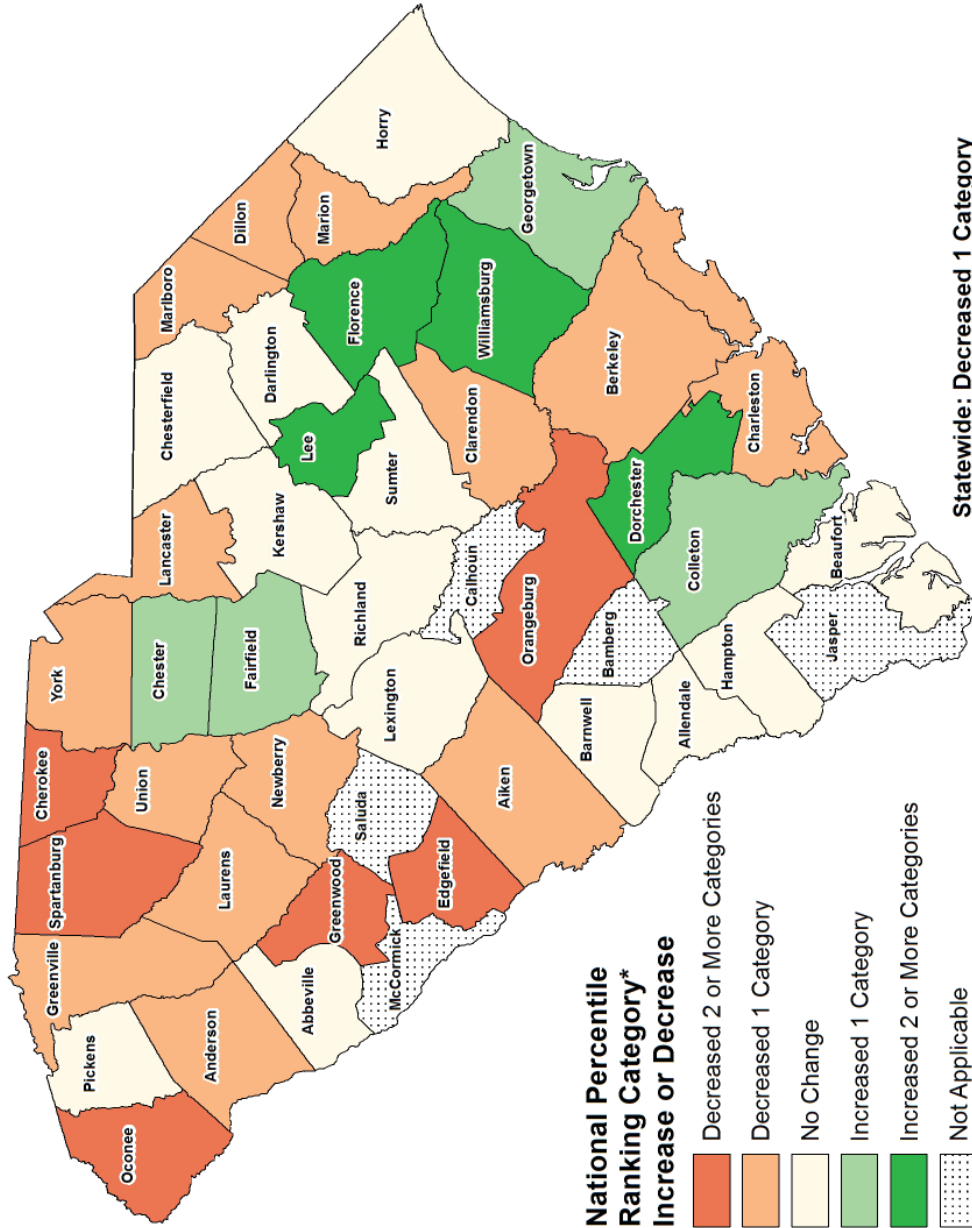
* Attention Deficit Hyperactivity Disorder.
 ** The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012); There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



Initiation of Alcohol and Other Drug Dependent Treatment - Total National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

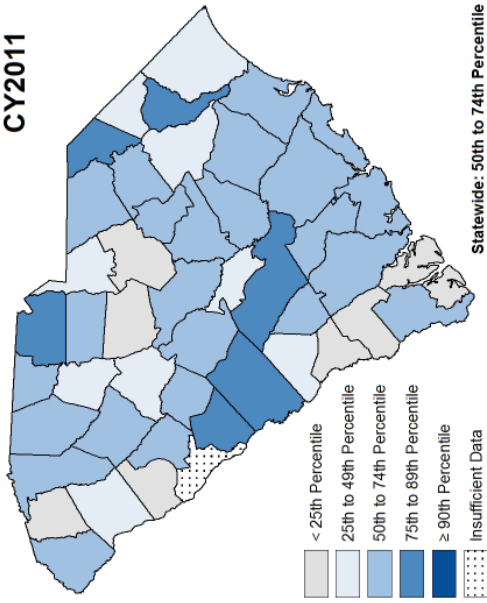
National Percentile Ranking Change from CY2011 to CY2012



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 Map created December 2013.

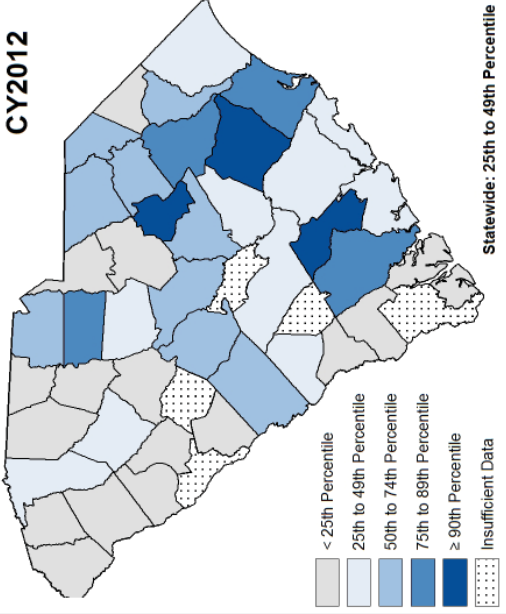
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: Decreased 1 Category: 50th to 74th Percentile (CY2011) to 25th to 49th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

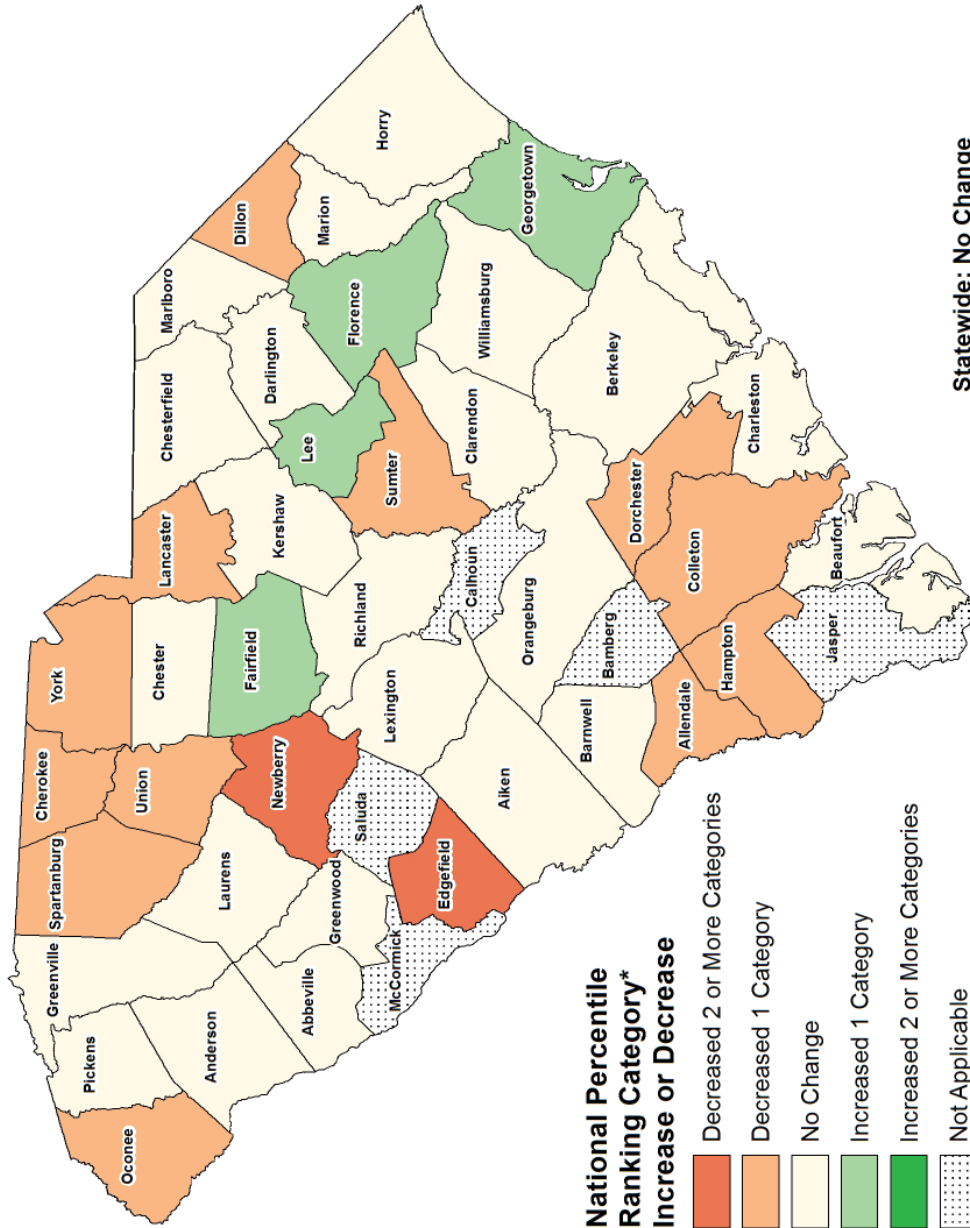
CY2012



Engagement of Alcohol and Other Drug Dependent Treatment - Total

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

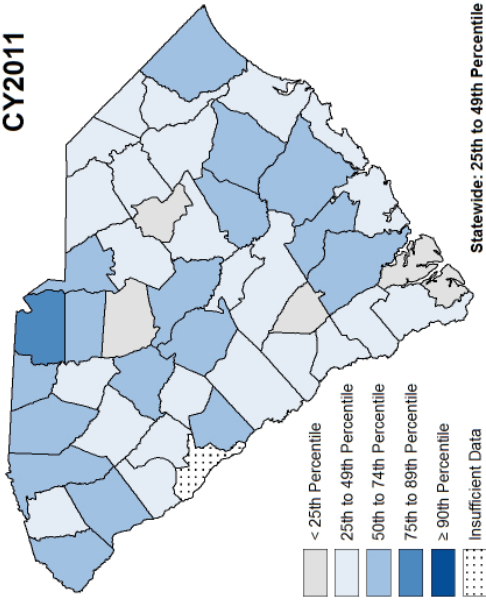
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

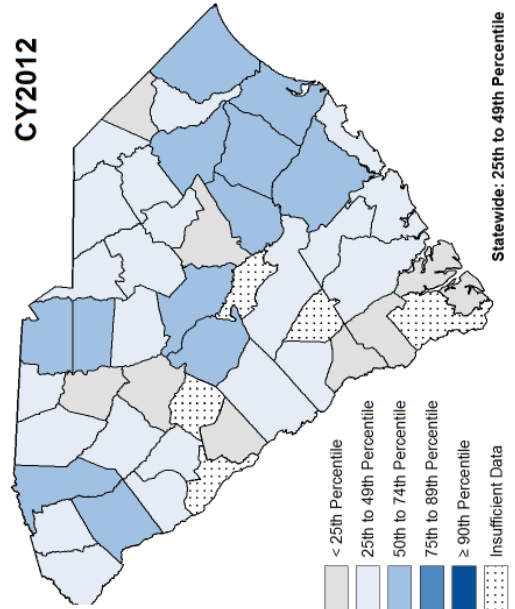
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



Appendix A-5 Access To Care



Access to Care

| Access to Care Measures and Descriptions | |
|---|--|
| Measure | Description |
| Children and Adolescents' Access to Primary Care Practitioners (CAP) | 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: <ul style="list-style-type: none"> • 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 |
| Adults' Access to Preventive/Ambulatory Health Services (AAP) | The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year. |

2012 South Carolina Medicaid Health Plans Report Card

Access to Care Measures

| | Absolute Total Care | Blue Choice | First Choice | United Health Care | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Average |
|--|---------------------|-------------|--------------|--------------------|------------------------|--------------------------------|--------------|-----------------|---------------|
| ACCESS TO CARE | | | | | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | | | | | |
| 20-44 Years | ★★★ | ★★★ | ★★★★★ | ★★ | ★ | ★ | ★★ | ★ | ★★ |
| 45-64 Years | ★★ | ★★★ | ★★★★★ | ★★ | ★ | ★ | ★ | ★ | ★ |
| Children and Adolescents' Access to Primary Care Practitioners | | | | | | | | | |
| 12-24 Months | ★★★★★ | ★★★★ | ★★★★★ | ★★★★★ | ★★ | ★★★★★ | ★★★★★ | ★ | ★★★★★ |
| 25 Months-6 Years | ★★★ | ★★ | ★★★★★ | ★★ | ★ | ★ | ★ | ★ | ★★ |
| 7-11 Years | ★★★ | ★★ | ★★★★★ | ★★ | ★ | ★★ | ★ | ★ | ★★★ |
| 12-19 Years | ★★ | ★ | ★★★★★ | ★★ | ★ | ★ | ★ | ★ | ★★ |
| OVERALL SCORE FOR ACCESS TO CARE | ★★★ | ★★★⊕ | ★★★★★⊕ | ★★★⊕ | ★ | ★★⊕ | ★★⊕ | ★ | ★★★⊕ |

★★★★★ 90th Percentile or above ★ Below 25th Percentile † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
 ★★★★ 75th to 89th Percentile ⊕ Upper Range of Percentile Group * Inverted measure: lower rates indicate better performance
 ★★★ 50th to 74th Percentile NSI Denominator less than 30 *** Updated Administrative Rates provided by plan via 10/21/2013 email
 ★★ 25th to 49th Percentile NSPI Insufficient Plan Information **** State Rates substituted where Plan Rates not submitted
 N/A Not Applicable

Access to Care Statewide Trends

| | | Weighted State Rates | | | NCQA National Medicaid Mean | Change from 2010 to 2011 | Change from 2011 to 2012 |
|--|-------------------|----------------------|------------------------|------------------------|-----------------------------|--------------------------|--------------------------|
| | | 2010 | 2011 Mixed Methodology | 2012 Mixed Methodology | | | |
| Adults' Access to Preventive/Ambulatory Health Services | 20-44 Years | 75.2 | 71.6 | 67.9 | 80.0 | DOWN | DOWN |
| | 45-64 Years | 75.3 | 69.7 | 67.4 | 86.1 | DOWN | DOWN |
| Children and Adolescents' Access to Primary Care Practitioners | 12-24 Months | 97.8 | 97.7 | 97.6 | 96.1 | DOWN | DOWN |
| | 25 Months-6 Years | 86.7 | 87.4 | 86.5 | 88.2 | UP | DOWN |
| | 7-11 Years | 87.8 | 87.9 | 87.9 | 89.5 | UP | EQUAL |
| | 12-19 Years | 85.1 | 85.0 | 84.8 | 87.9 | DOWN | DOWN |

UP: Indicates the SC State Weighted Rate is higher
DOWN: Indicates the SC State Weighted Rate is lower

SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks

| | | CY2012 | | | | | | | | | | NCQA National Medicaid Benchmarks | | | | | | | | | |
|--|-------------------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|-----------|------------------------|-----------|-----------------------------------|-----------|------------------------|-----------|------------------------|-----------|-----------------------------------|------------|------------|------------|
| | | Absolute Total Care | | Blue Choice | | Select Health | | United Health Care | | Carolina Medical Homes | | Palmetto Physician Connections | | SC Solutions | | Fee For Service | | NCQA National Medicaid Benchmarks | | | |
| | | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | Plan Selected Measures | Plan Rate | State Average | CY2012 P25 | CY2012 P50 | CY2012 P75 |
| ACCESS TO CARE | | | | | | | | | | | | | | | | | | | | | |
| Adult's Access to Preventive/Ambulatory Health Services | 20-44 Years | X | 81.7 | X | 80.9 | X | 85.3 | X | 77.6 | X | 60.3 | X | 64.6 | X | 70.5 | X | 54.6 | 67.9 | 78.0 | 82.3 | 85.4 |
| | 45-64 Years | X | 83.7 | X | 85.1 | X | 90.5 | X | 83.0 | X | 66.4 | X | 69.1 | X | 71.0 | X | 54.9 | 67.4 | 84.1 | 87.3 | 89.9 |
| Children and Adolescents' Access to Primary Care Practitioners | 12-24 Months | X | 97.9 | X | 96.8 | X | 98.7 | X | 97.6 | X | 93.3 | X | 97.3 | X | 97.4 | X | 92.6 | 97.6 | 95.6 | 97.0 | 97.9 |
| | 25 Months-6 Years | | 88.3 | | 84.8 | | 90.8 | | 86.1 | | 69.3 | | 69.8 | | 81.6 | | 75.7 | 86.5 | 86.6 | 89.2 | 91.4 |
| | 7-11 Years | X | 89.3 | X | 84.6 | X | 92.9 | X | 86.7 | X | 73.0 | X | 83.5 | X | 80.4 | X | 81.7 | 87.9 | 87.6 | 90.6 | 92.9 |
| | 12-19 Years | | 85.0 | | 81.3 | | 90.2 | | 83.1 | | 77.1 | | 71.3 | | 78.9 | | 78.1 | 84.8 | 86.0 | 89.2 | 91.6 |

Green background: NCQA 75th Percentile and above; or for inverted measures, below NCQA 25th Percentile

White background: between NCQA 25th and 74th Percentile

Red background: NCQA 24th Percentile and below (*inverted measures: NCQA 76th Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

* Inverted measure (lower is better)

** Using 2010 NCQA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories-

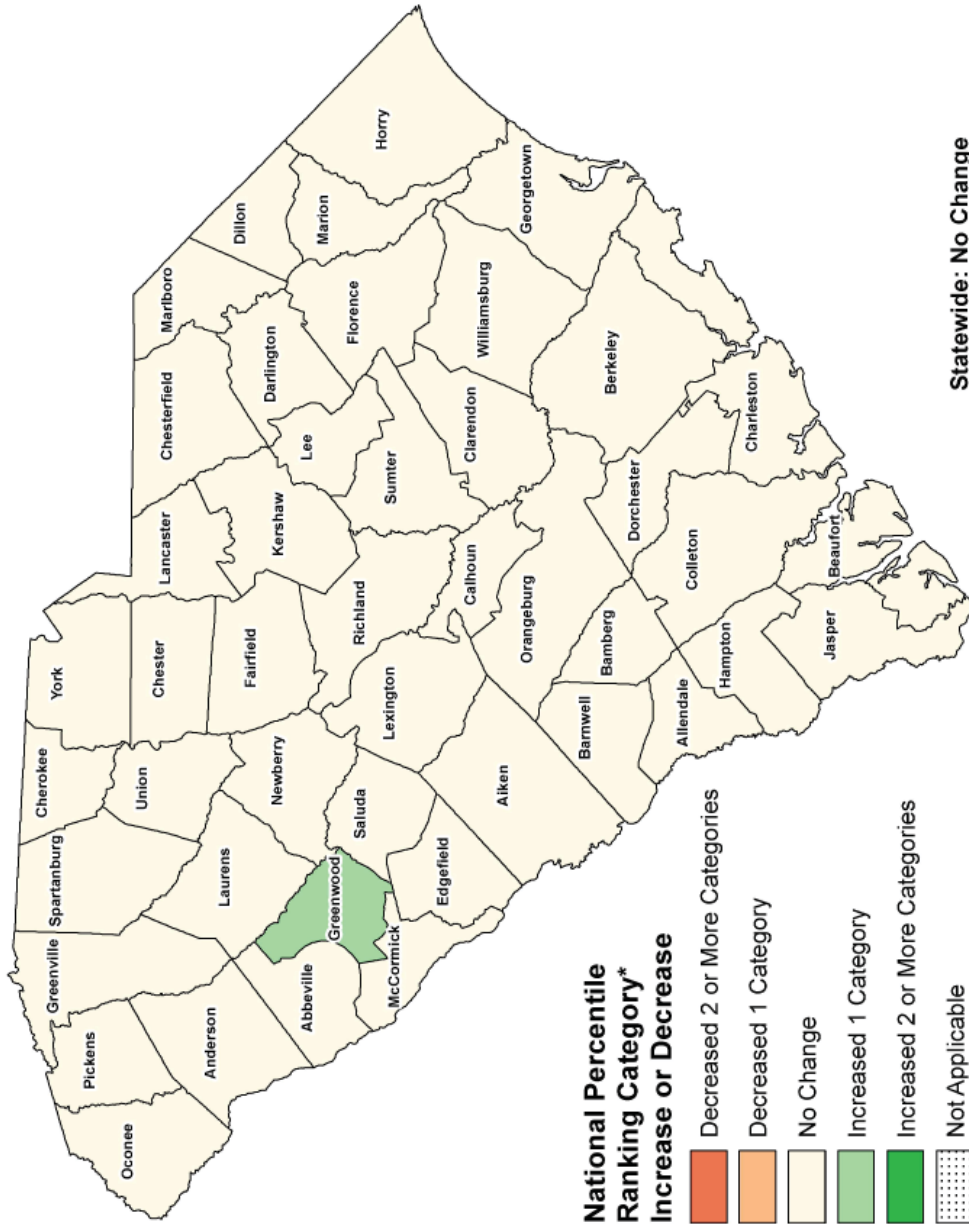
*** Updated Administrative Rates provided by plan via 10/21/2013 email

**** Plan Rates not provided; IFS Rates substituted

Adult Access to Preventative/Ambulatory Services: Ages 20-44

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

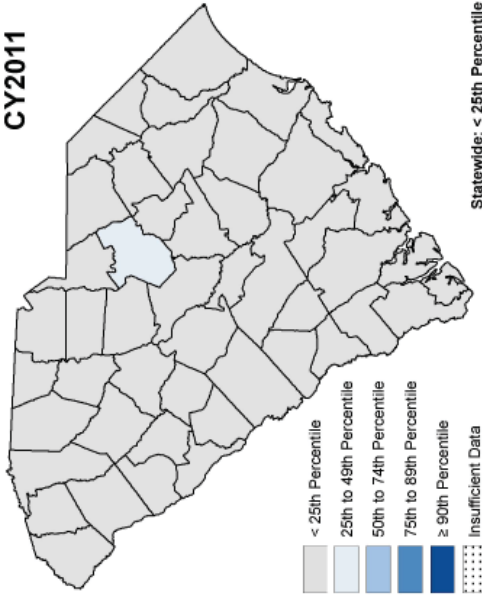
National Percentile Ranking Change from CY2011 to CY2012



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 Institute for Families in Society | University of South Carolina
Map created December 2013.

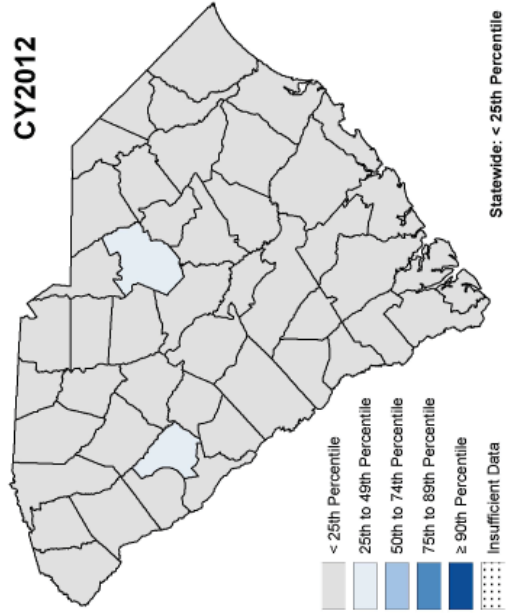
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

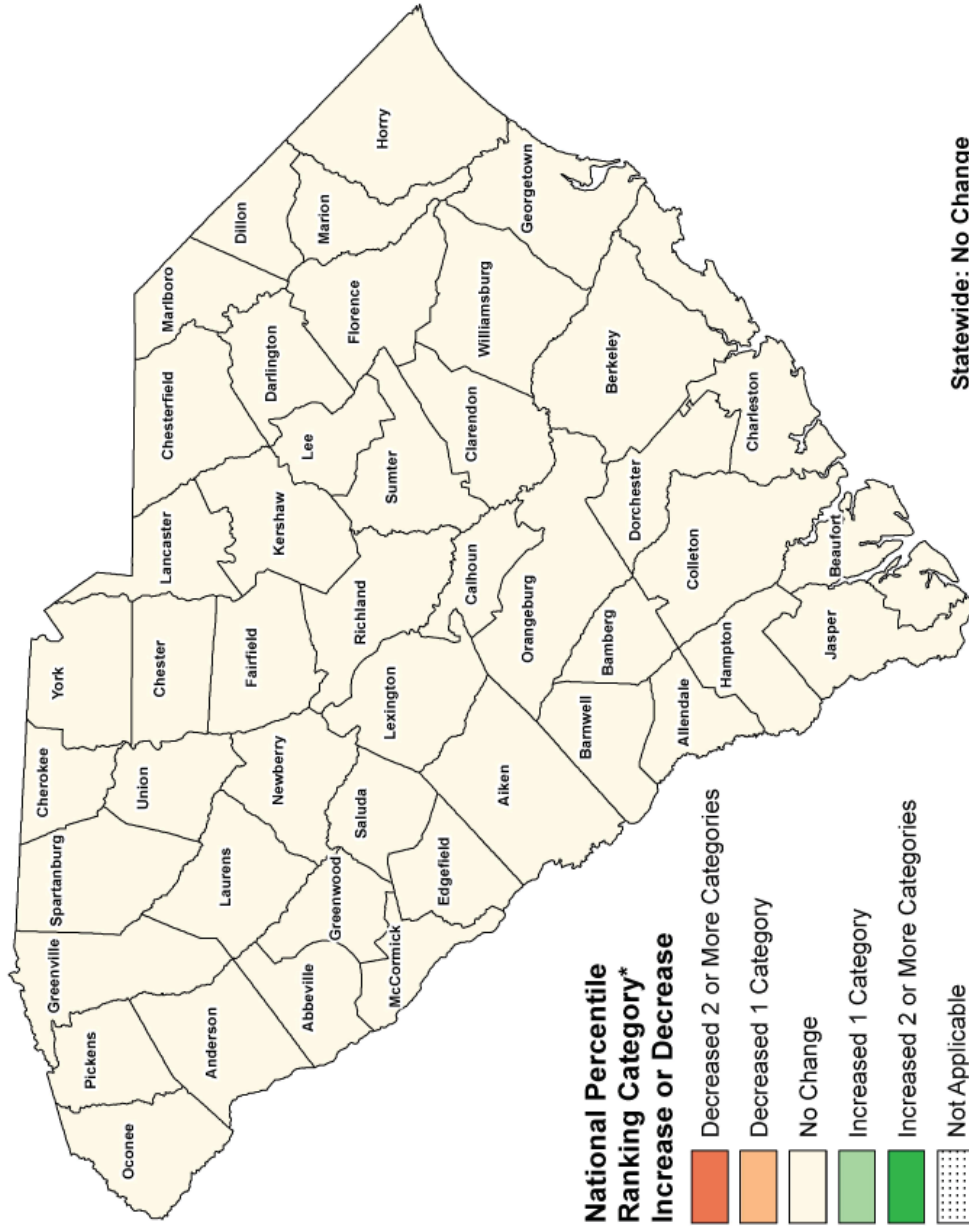
CY2012



Adult Access to Preventative/Ambulatory Services: Ages 45-64

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

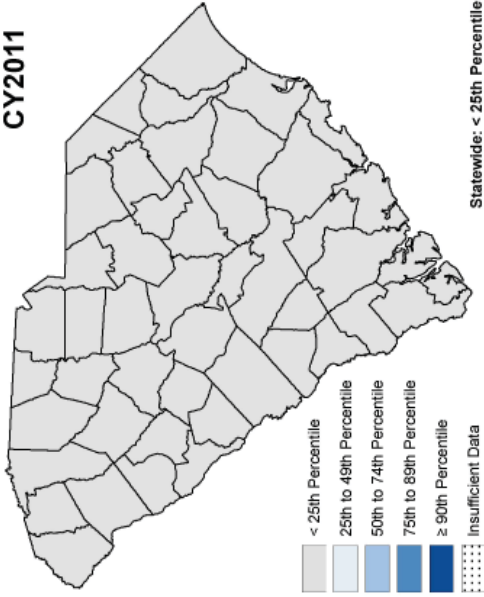
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

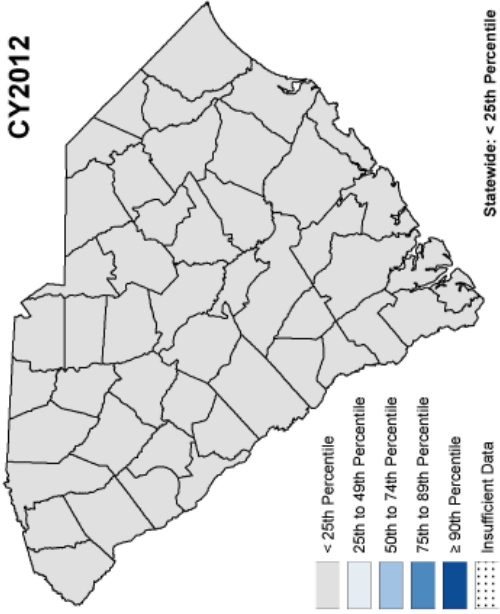
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

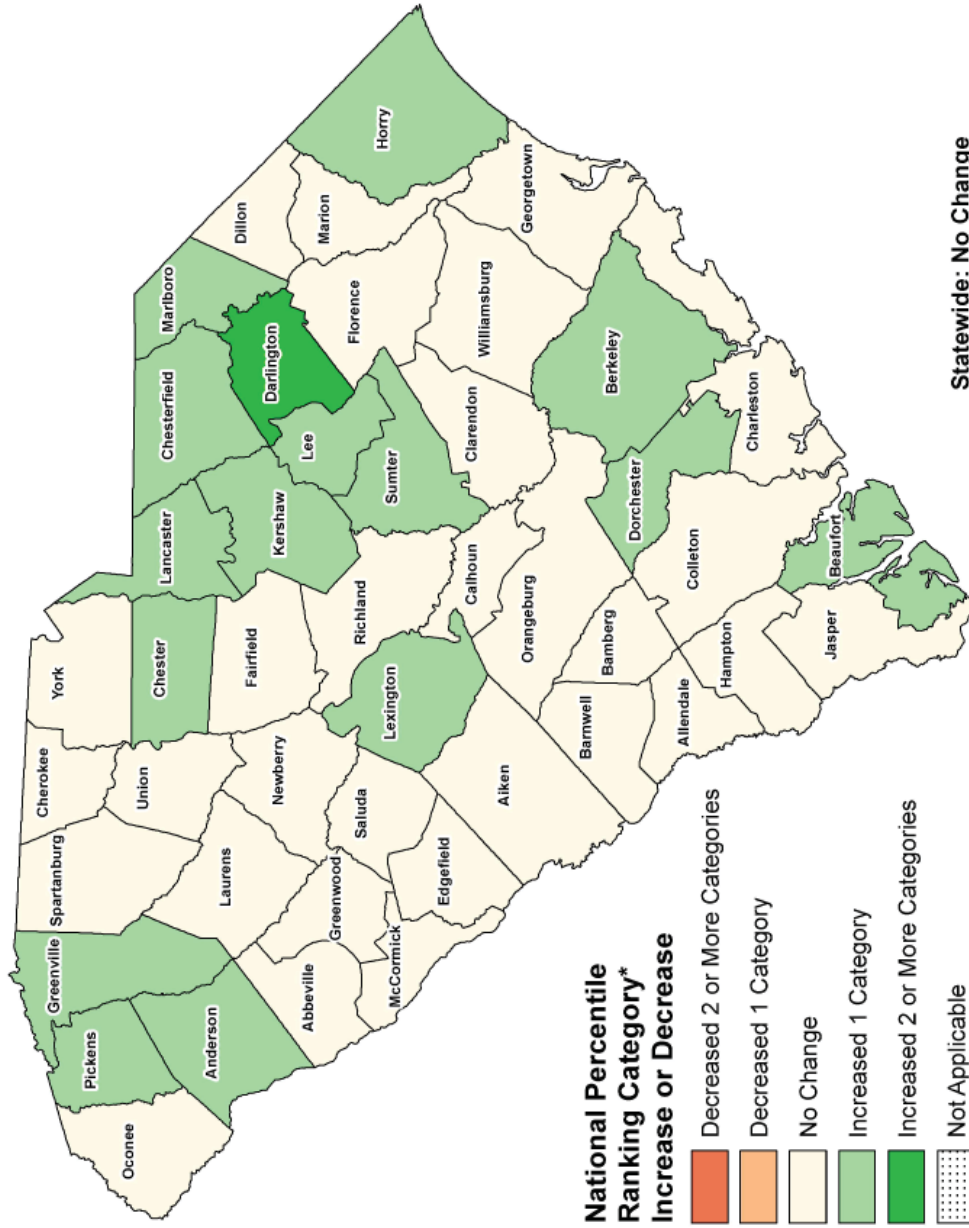
CY2012



Child and Adolescent Access to Primary Care Providers: 25 Months to 6 Years

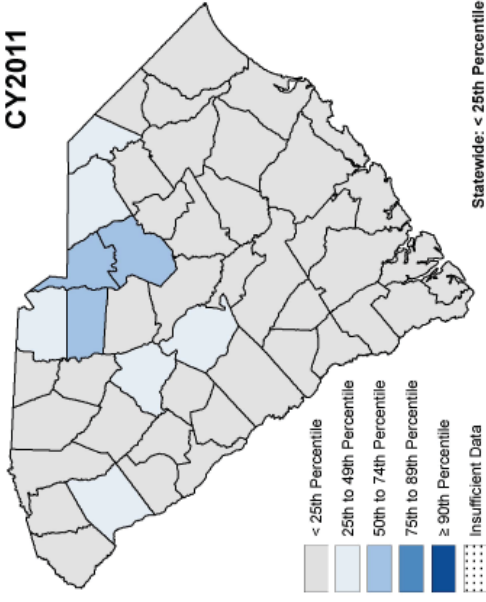
National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



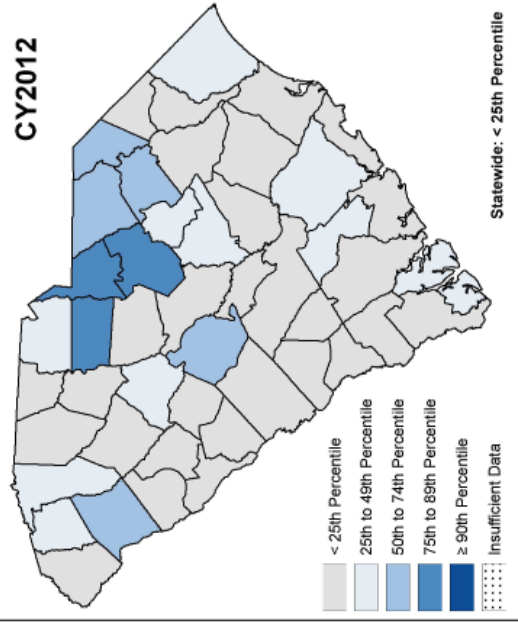
Insufficient Data represents counties with a population denominator less than 30.
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



Appendix A-6: Consumer Experience and Satisfaction



Consumer Experience and Satisfaction

| Consumer Experience and Satisfaction Measures and Descriptions | |
|---|---|
| Measure | Measure Description |
| Satisfaction and Experience with Provider Network (Adults and Children) | |
| Satisfaction with Provider Communication | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them. |
| Satisfaction with Personal Doctor | The average of member responses on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor, when asked “How would you rate your personal doctor?” |
| Satisfaction with Specialist | The average of member responses on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, when asked “How would you rate your specialist?” |
| Satisfaction and Experience with Access to Care and Health Plan (Adults and Children) | |
| Getting Needed Care | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked, in the last 6 months, how often was it easy to get appointments with specialists, and the care, test or treatments they needed. |
| Getting Care Quickly | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months, they were able to get care or get an appointment for health care at a doctor’s office or clinic as soon as needed. |
| Satisfaction with Customer Service | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months when they used their health plan’s customer service, they received the information they needed and were treated with courtesy and respect. |
| Rating of Health Plan | The average of member responses on scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, when asked “How would you rate your health plan?” |
| Satisfaction and Experience With Care (Adults and Children) | |
| Rating of Health Care | The average of member responses on scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, when asked “How would you rate your health care?” |

South Carolina Medicaid CAHPS® CY2012: Adult Measures

| Measure | Absolute TotalCare | | BlueChoice | | FirstChoice | | United Healthcare | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Overall | 25 th | 50 th | 75 th | 90 th |
|---|--------------------|------|------------------|------|------------------|------|-------------------|------------------------|--------------------------------|--------------|-----------------|---------------|------------------|------------------|------------------|------------------|
| | Selected Measure | Rate | Selected Measure | Rate | Selected Measure | Rate | | | | | | | | | | |
| Satisfaction and Experience with Provider Networks | | | | | | | | | | | | | | | | |
| How Well Doctors Communicate | | 2.67 | | 2.60 | X | 2.65 | 2.61 | 2.76 | 2.66 | 2.73 | 2.78 | 2.68 | 2.48 | 2.54 | 2.58 | 2.64 |
| Rating of Personal Doctor | | 2.57 | | 2.45 | | 2.58 | 2.43 | 2.63 | 2.62 | 2.73 | 2.70 | 2.59 | 2.42 | 2.46 | 2.51 | 2.57 |
| Rating of Specialists | | 2.48 | | 2.39 | | 2.60 | 2.42 | 2.67 | 2.60 | 2.60 | 2.68 | 2.55 | 2.43 | 2.47 | 2.52 | 2.56 |
| Satisfaction and Experience With Access to Care and Health Plan | | | | | | | | | | | | | | | | |
| Get Needed Care | | 2.35 | X | 2.43 | | 2.46 | 2.36 | 2.41 | 2.38 | 2.41 | 2.58 | 2.42 | 2.18 | 2.28 | 2.35 | 2.43 |
| Get Care Quickly | | 2.36 | | 2.40 | | 2.44 | 2.33 | 2.43 | 2.46 | 2.48 | 2.53 | 2.43 | 2.33 | 2.40 | 2.44 | 2.48 |
| Customer Service | | 2.50 | | 2.52 | | 2.60 | 2.48 | 2.29 | 2.48 | 2.33 | 2.55 | 2.47 | 2.34 | 2.42 | 2.47 | 2.55 |
| Rating of Health Plan | | 2.20 | | 2.29 | | 2.51 | 2.17 | 2.36 | 2.42 | 2.47 | 2.53 | 2.37 | 2.32 | 2.40 | 2.46 | 2.54 |
| Satisfaction and Experience With Care | | | | | | | | | | | | | | | | |
| Rating of Health Care | | 2.27 | | 2.28 | | 2.38 | 2.25 | 2.37 | 2.41 | 2.47 | 2.45 | 2.36 | 2.25 | 2.31 | 2.37 | 2.41 |

Red background: NCQA 24th Percentile and below

Green background: NCQA 75th Percentile and above

Individual MCO Plan rates submitted by MCO Plan

MHN rates calculated by state

State rate based on MCO Plans submitted rates and MHN calculated rates

South Carolina Medicaid CAHPS® CY2012: Child Measures

| Measure | Absolute TotalCare | | BlueChoice | | FirstChoice | | United Healthcare | Carolina Medical Homes | Palmetto Physician Connections | SC Solutions | Fee-For-Service | State Overall | 25 th | 50 th | 75 th | 90 th |
|---|--------------------|------|------------------|------|------------------|------|-------------------|------------------------|--------------------------------|--------------|-----------------|---------------|------------------|------------------|------------------|------------------|
| | Selected Measure | Rate | Selected Measure | Rate | Selected Measure | Rate | | | | | | | | | | |
| Satisfaction and Experience with Provider Networks | | | | | | | | | | | | | | | | |
| How Well Doctors Communicate | | 2.79 | | 2.73 | | 2.79 | 2.75 | 2.74 | 2.77 | 2.74 | 2.81 | 2.76 | 2.63 | 2.68 | 2.72 | 2.75 |
| Rating of Personal Doctor | X | 2.69 | | 2.60 | | 2.77 | 2.68 | 2.71 | 2.71 | 2.67 | 2.78 | 2.70 | 2.58 | 2.62 | 2.65 | 2.69 |
| Rating of Specialists | | 2.73 | | N/A | | 2.71 | N/A | 2.41 | 2.77 | 2.73 | 2.61 | 2.66 | 2.53 | 2.59 | 2.62 | 2.66 |
| Satisfaction and Experience With Access to Care and Health Plan | | | | | | | | | | | | | | | | |
| Get Needed Care | | 2.58 | X | 2.50 | | 2.65 | 2.54 | 2.40 | 2.46 | 2.53 | 2.60 | 2.53 | 2.29 | 2.36 | 2.45 | 2.50 |
| Get Care Quickly | | 2.73 | | 2.72 | | 2.73 | 2.74 | 2.64 | 2.74 | 2.73 | 2.76 | 2.72 | 2.54 | 2.61 | 2.66 | 2.69 |
| Customer Service | | 2.57 | | 2.59 | X | 2.62 | 2.55 | 2.28 | 2.34 | 2.37 | 2.45 | 2.47 | 2.40 | 2.46 | 2.51 | 2.58 |
| Rating of Health Plan | X | 2.56 | | 2.56 | | 2.73 | 2.55 | 2.46 | 2.51 | 2.62 | 2.58 | 2.57 | 2.51 | 2.57 | 2.62 | 2.67 |
| Satisfaction and Experience With Care | | | | | | | | | | | | | | | | |
| Rating of Health Care | | 2.58 | | 2.54 | | 2.68 | 2.52 | 2.54 | 2.57 | 2.58 | 2.64 | 2.58 | 2.49 | 2.52 | 2.57 | 2.59 |

Red background: NCQA 24th Percentile and below

Green background: NCQA 75th Percentile and above

N/A: Not available

Individual MCO Plan rates submitted by MCO Plan

MHN rates calculated by state

State rate based on MCO Plans submitted rates and MHN calculated rates

Appendix B: Descriptions of Measures

| Measure | Description |
|--|--|
| Pediatric Care | |
| Adolescent Well-Care Visits (AWC) | The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. |
| Appropriate Treatment for Children With Upper Respiratory Infection (URI) | 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. |
| Appropriate Testing for Children With Pharyngitis (CWP) | The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). |
| Ambulatory Care (AMB) | This measure summarizes utilization of ambulatory care in the following category: Emergency Department Visits. |
| Lead Screening in Children (LSC) | 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. |
| Well-Child Visits in the First 15 Months of Life (W15) | The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: <ul style="list-style-type: none"> • No well-child visits[†] • Five well-child visits • Six or more well-child visits [†] =Inverted measure (lower is better). |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) | The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year. |
| Women's Care | |
| Measure | Description |
| Breast Cancer Screening (BCS) | The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer. |
| Cervical Cancer Screening (CCS) | The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer. |
| Chlamydia Screening in Women (CHL) | The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. |
| Prenatal and Postpartum Care (PPC) | 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. <ul style="list-style-type: none"> • <i>Timeliness of Prenatal Care:</i> The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. • <i>Postpartum Care:</i> The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. |
| Ambulatory Care (AMB) | This measure summarizes utilization of ambulatory care in the following category: Emergency Department Visits <ul style="list-style-type: none"> • AMB - Ages 20-44 • AMB - Ages 45-64 • AMB - Ages 65-74 |

Appendix B: Descriptions of Measures *(continued)*

| Measure | Description |
|---|--|
| Living With Illness | |
| Comprehensive Diabetes Care (CDC) | <p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • Eye exam (retinal) performed • LDL-C screening • Medical attention for nephropathy |
| Use of Appropriate Medications for People With Asthma (ASM) | <p>The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.</p> <ul style="list-style-type: none"> • ASM - Rate - 5-11 Years • ASM - Rate - 12-18 Years • ASM - Rate - 19-50 Years • ASM - Rate - 51-64 Years • ASM - Rate - Total |
| Behavioral Health | |
| Follow-Up After Hospitalization for Mental Illness (FUH) | <p>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:</p> <ul style="list-style-type: none"> • 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. |
| Follow-Up Care for Children Prescribed ADHD Medication (ADD) | <p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who 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 IPSP 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. |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) | <p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. • Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. |

Appendix B: Descriptions of Measures *(continued)*

| Access to Care | |
|--|---|
| Children and Adolescents' Access to Primary Care Practitioners (CAP) | <p>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:</p> <ul style="list-style-type: none"> • 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. |
| Adults' Access to Preventive/Ambulatory Health Services (AAP) | The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year. |
| Consumer Measures and Descriptions | |
| Measure | Measure Description |
| Satisfaction and Experience with Provider Network (Adults and Children) | |
| Satisfaction with Provider Communication | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them. |
| Satisfaction with Personal Doctor | The average of member responses on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor, when asked “How would you rate your personal doctor?” |
| Satisfaction with Specialist | The average of member responses on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, when asked “How would you rate your specialist?” |
| Satisfaction and Experience with Access to Care and Health Plan (Adults and Children) | |
| Getting Needed Care | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked, in the last 6 months, how often was it easy to get appointments with specialists, and the care, test or treatments they needed. |
| Getting Care Quickly | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months, they were able to get care or get an appointment for health care at a doctor’s office or clinic as soon as needed. |
| Satisfaction with Customer Service | The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months when they used their health plan’s customer service, they received the information they needed and were treated with courtesy and respect. |
| Rating of Health Plan | The average of member responses on scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, when asked “How would you rate your health plan?” |
| Satisfaction and Experience With Care (Adults and Children) | |
| Rating of Health Care | The average of member responses on scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, when asked “How would you rate your health care?” |

Appendix C:
SC Medicaid Health Plan Performance CY 2012

Weighted
State Average
(Mixed
Methodology)

CY2012
P25

CY2012
P50

CY2012
P75

| PEDIATRIC CARE | | | | | |
|---|-----------------------------|------|------|------|-------|
| Adolescent Well-Care Visits | Reported Rate | 31.5 | 42.1 | 49.7 | 57.6 |
| Ambulatory Care * | Ages <1 Visit/1000 | 86.0 | 79.4 | 94.8 | 106.3 |
| | Ages 1-9 Visit/1000 | 47.9 | 42.9 | 48.7 | 55.7 |
| | Ages 10-19 Visit/1000 | 41.1 | 33.5 | 40.3 | 46.6 |
| Appropriate Testing for Children With Pharyngitis | Reported Rate | 72.4 | 58.5 | 70.0 | 76.4 |
| Appropriate Treatment for Children With Upper Respiratory Infection† | Reported Rate | 80.1 | 80.6 | 85.3 | 90.0 |
| Lead Screening in Children | Reported Rate | 55.4 | 57.5 | 71.4 | 81.9 |
| Well-Child Visits in the First 15 Months of Life | Zero visits * | 1.8 | 0.7 | 1.2 | 2.4 |
| | Five visits | 22.1 | 13.1 | 16.3 | 19.7 |
| | Six or More visits | 54.4 | 54.3 | 63.0 | 70.7 |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | Reported Rate | 56.1 | 65.5 | 72.3 | 79.3 |
| WOMEN'S CARE | | | | | |
| Breast Cancer Screening | Reported Rate | 23.3 | 44.8 | 50.5 | 56.6 |
| Cervical Cancer Screening | Reported Rate | 45.9 | 61.8 | 69.1 | 73.2 |
| Chlamydia Screening in Women | 16-20 Years | 51.0 | 48.8 | 54.2 | 61.2 |
| | 21-24 Years | 59.7 | 59.1 | 64.4 | 69.9 |
| | Total | 54.5 | 52.7 | 58.4 | 63.9 |
| Prenatal and Postpartum Care*** | Timeliness of Prenatal Care | 77.7 | 80.5 | 86.1 | 90.4 |
| | Postpartum Care | 61.0 | 58.7 | 65.0 | 71.1 |
| LIVING WITH ILLNESS | | | | | |
| Comprehensive Diabetes Care | HbA1c Testing | 42.8 | 78.5 | 82.4 | 87.0 |
| | Eye Exams | 23.9 | 45.0 | 52.9 | 61.8 |
| | LDL-C Screening | 35.2 | 70.3 | 76.2 | 80.9 |
| | Med Att Diabetic Neph. | 56.0 | 73.5 | 78.7 | 83.0 |
| Use of Appropriate Medications for People with Asthma | 5-11 Years | 91.7 | 88.8 | 91.6 | 93.8 |
| | 12-18 Years | 89.2 | 83.7 | 87.0 | 89.6 |
| | 19-50 Years | 66.8 | 69.3 | 75.5 | 81.0 |
| | 51-64 Years | 65.8 | 66.0 | 73.8 | 81.5 |
| | Total | 88.1 | 82.5 | 85.9 | 88.2 |
| BEHAVIORAL HEALTH | | | | | |
| Follow-Up After Hospitalization for Mental Illness**** | 7 Days | 36.2 | 32.2 | 46.1 | 57.7 |
| | 30 Days | 58.5 | 57.3 | 67.7 | 77.5 |
| Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | Initiation | 40.4 | 32.9 | 39.2 | 44.5 |
| | Continuation | 50.5 | 38.4 | 47.1 | 56.1 |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**** | Initiation - 13-17 Years | 46.2 | 32.8 | 42.0 | 48.1 |
| | Engagement - 13-17 Years | 27.4 | 9.1 | 16.6 | 27.1 |
| | Initiation - 18+ | 35.6 | 34.6 | 39.0 | 43.6 |
| | Engagement - 18+ | 9.3 | 5.4 | 11.4 | 17.8 |
| | Initiation - Total | 36.7 | 34.3 | 38.8 | 43.6 |
| Engagement - Total | 11.2 | 5.8 | 11.7 | 18.6 | |
| ACCESS TO CARE | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | 20-44 Years | 67.9 | 78.0 | 82.3 | 85.4 |
| | 45-64 Years | 67.4 | 84.1 | 87.3 | 89.9 |
| Children and Adolescents' Access to Primary Care Practitioners | 12-24 Months | 97.6 | 95.6 | 97.0 | 97.9 |
| | 25 Months-6 Years | 86.5 | 86.6 | 89.2 | 91.4 |
| | 7-11 Years | 87.9 | 87.6 | 90.6 | 92.9 |
| | 12-19 Years | 84.8 | 86.0 | 89.2 | 91.6 |

Green background: NCQA 75th Percentile and above (*Inverted measures: NCQA 25th Percentile and below)

Red background: NCQA 24th Percentile and below (*Inverted measures: NCQA 76th Percentile and above)

N/A: Not Available

† Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]

* Inverted measure: lower rates indicate better performance

*** Updated Administrative Rates provided by plan via 10/21/2013 email

**** Plan Rates not provided; IFS Rates substituted

