

South Carolina
Medicaid Health Care Performance
CY 2013

A Report on Quality, Access to Care, and Consumer Experience and Satisfaction
September 2014



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Prepared by the Division of Medicaid Policy Research
The University of South Carolina
Institute for Families in Society
Under Contract to the
South Carolina Department of Health and Human Services

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I. Executive Summary

In response to Proviso 21.33 of the South Carolina Appropriations Act, the Institute for Families in Society at the University of South Carolina is submitting this report documenting the analysis of the quality HEDIS[®] measures for calendar year (CY) 2013. 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 and statewide. Managed care consists of rates combined for the managed care organizations (MCO) and medical home networks (MHN) with a statewide comparison. The statewide comparison included the managed care rates with fee-for-service rates. 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 2014 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 MCO 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 2014 Medicaid National Percentiles established by the National Committee for Quality Assurance (NCQA). Overall, Medicaid recipients in managed care plans obtained better care as measured by HEDIS[®] rates at or above the 50th National Medicaid Percentiles.

The results are organized in a report card format summary of the managed care program, fee-for-service (FFS), and statewide trends 2011–2013. For individual plan report cards, the reader is referred to the plans website. In 2013, the SCDHHS moved to an all MCO model eliminating Medical Home Networks (MHN). As such, the data for the three new plans, i.e., Molina, Advicare, and Well Care are not currently independently available. Consistent with Medicaid managed care policy, there is a period of grace provided to new or converting plans allowing for preliminary data to be reported internally. This grace period allows the plan to achieve NCQA certification, establish patient and network activities, and initiate quality improvement efforts.

The SCDHHS 2013 conversion to the MCO model reflects a shift of one-third of the SC Medicaid population into this model. This conversion represents the largest move of medically complex recipients not enrolled in a waiver program served by the MCO model. Reducing managed care to one service delivery model will require reporting to address the population and characteristics of each plan. As such, trend data will need to apply a risk-adjustment approach to compare individual plans and to measure outcomes. Failure to do so will result in not adequately capturing improvement to health, access, and satisfaction outcomes.

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 organizations (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.

2013 South Carolina
Medicaid Plan Performance
 CY2011-CY2013 Trend

	CY2011			CY2012**			CY2013**		
	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide
PEDIATRIC CARE									
Adolescent Well-Care Visits	28.5	15.3	26.9	33.8	11.3	31.4	38.4	9.8	34.4
Ambulatory Care-ED Visits*									
Ages <1	80.1	75.1	78.8	94.1	63.7	86.0	93.8	68.2	86.6
Ages 1-9	44.1	47.1	44.5	48.7	42.3	47.9	48.5	38.2	46.7
Ages 10-19	39.5	40.2	39.6	42.7	32.6	41.1	41.6	29.5	39.1
Appropriate Testing for Children With Pharyngitis	74.4	73.8	74.3	72.8	72.4	72.7	71.5	66.4	71.2
Appropriate Treatment for Children With Upper Respiratory Infection†	81.8	77.8	81.1	79.9	82.4	80.1	80.2	84.0	80.6
Lead Screening in Children	51.2	43.9	50.2	55.6	41.7	55.0	48.4	19.8	45.7
Well-Child Visits in the First 15 Months of Life									
Zero visits *	1.1	4.4	1.7	1.1	5.7	1.8	1.3	20.6	5.0
Five visits	27.0	22.0	26.0	22.6	20.5	22.3	20.7	16.2	19.9
Six or More visits	43.6	45.1	43.8	54.6	43.1	52.8	57.8	36.6	53.8
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	52.2	46.0	51.9	56.6	37.3	56.1	58.4	20.6	56.1
WOMEN'S CARE									
Breast Cancer Screening	47.2	32.8	38.2	42.1	11.2	23.5	55.5	12.4	22.2
Cervical Cancer Screening	58.4	39.1	49.8	53.8	37.4	46.7	58.0	35.8	47.7
Chlamydia Screening in Women									
16-20 Years	49.9	53.3	50.6	50.0	56.0	51.3	50.1	58.0	51.7
21-24 Years	61.6	53.5	57.5	61.7	58.6	60.0	60.9	57.6	59.1
Total	53.5	53.4	53.5	53.2	57.6	54.8	53.0	57.8	54.6
Prenatal and Postpartum Care									
Timeliness of Prenatal Care	74.1	56.3	71.7	82.1	19.8	76.4	83.2	18.6	77.8
Postpartum Care	61.8	48.4	60.1	65.2	16.9	60.9	61.2	15.2	57.4
LIVING WITH ILLNESS									
Comprehensive Diabetes Care									
HbA1c Testing	62.3	23.5	40.0	65.1	20.6	42.4	75.0	27.7	48.3
Eye Exams	29.0	20.8	24.3	29.7	17.8	23.6	33.1	18.0	24.6
LDL-C Screening	53.3	16.7	32.2	57.1	13.9	35.0	66.9	17.9	39.2
Med Att Diabetic Nephropathy	69.5	44.8	55.3	69.7	42.8	56.0	76.9	47.8	60.5
Use of Appropriate Medications for People with Asthma									
5-11 Years	92.9	95.9	93.2	91.4	96.3	91.7	93.6	96.5	93.8
12-18 Years	89.7	92.8	90.1	88.6	93.5	89.0	89.3	92.8	89.5
19-50 Years	71.5	65.0	70.5	67.7	58.0	66.4	73.3	62.1	72.2
51-64 Years	72.9	64.3	71.2	68.3	50.0	66.0	66.0	NSI	62.8
Total	89.2	89.0	89.1	88.1	88.1	88.1	89.5	87.4	89.4
ACCESS TO CARE									
Adults' Access to Preventive/Ambulatory Health Services									
20-44 Years	77.7	61.3	70.8	78.0	54.6	67.7	80.8	56.0	69.3
45-64 Years	77.9	62.0	69.1	79.0	54.9	67.0	85.2	67.9	75.9
Children's and Adolescents' Access to Primary Care Practitioners									
12-24 Months	97.5	94.7	97.1	98.0	92.6	97.7	98.0	66.6	93.2
25 Months-6 Years	83.6	82.4	83.6	86.5	75.7	86.2	87.0	38.9	84.0
7-11 Years	86.7	83.3	86.4	87.8	81.7	87.5	88.1	78.6	87.7
12-19 Years	83.6	81.2	83.4	84.9	78.1	84.4	86.4	76.9	85.8

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

Red background: below 25th percentile; or for inverted measures, 75th percentile and above

NSI: Denominator less than 30

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

* Inverted measure: lower rates indicate better performance

** Rates were calculated using mixed methodology

Created on January 7, 2015



Medicaid Policy Research
 at the USC Institute for Families in Society

2013 South Carolina
Medicaid Plan Performance
 CY2011-CY2013 Trend

	CY2011			CY2012**			CY2013**			
	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	
BEHAVIORAL HEALTH	Follow-Up After Hospitalization for Mental Illness									
	7 Days	42.0	34.7	38.9	39.3	30.3	36.2	41.1	28.3	36.5
	30 Days	65.9	57.0	62.1	62.4	50.9	58.5	62.8	48.6	57.6
	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication									
	Initiation	43.5	42.4	43.5	39.8	44.4	40.4	40.0	41.4	40.1
	Continuation	51.3	47.8	50.4	47.3	52.9	47.9	49.2	46.3	48.9
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment									
	Initiation - 13-17 Years	44.7	59.4	48.4	44.0	56.2	46.2	44.0	48.9	45.0
	Engagement - 13-17 Years	26.3	37.2	29.0	25.9	33.8	27.4	22.9	28.6	24.1
	Initiation - 18+	36.0	43.3	38.8	33.2	41.9	35.6	35.0	40.1	36.5
	Engagement - 18+	10.8	10.4	10.7	9.2	9.5	9.3	7.2	7.0	7.1
	Initiation - Total	37.1	44.4	39.8	34.5	43.0	36.7	36.0	40.7	37.3
	Engagement - Total	12.8	12.3	12.6	11.2	11.3	11.2	8.9	8.5	8.8
CONSUMER EXPERIENCE AND SATISFACTION	Ratings of Health Care									
	Adult	2.37	2.33	2.36	2.35	2.45	2.36	2.35	N/A	2.35
	Child	2.64	2.73	2.65	2.57	2.64	2.58	2.65	N/A	2.65
	Ratings of Personal Doctor									
	Adult	2.61	2.69	2.62	2.57	2.70	2.59	2.53	N/A	2.53
	Child	2.77	2.78	2.77	2.69	2.78	2.70	2.73	N/A	2.73
	Ratings of Specialists									
	Adult	2.60	2.65	2.61	2.54	2.68	2.55	2.60	N/A	2.60
	Child	2.70	2.76	2.71	2.67	2.61	2.66	2.71	N/A	2.71
	Ratings of Health Plan									
	Adult	2.36	2.43	2.37	2.34	2.53	2.37	2.40	N/A	2.40
	Child	2.61	2.62	2.61	2.57	2.58	2.57	2.65	N/A	2.65
	Get Needed Care									
	Adult	2.23	2.42	2.25	2.40	2.58	2.42	2.43	N/A	2.43
	Child	2.43	2.52	2.44	2.52	2.60	2.53	2.57	N/A	2.57
	Get Care Quickly									
	Adult	2.46	2.50	2.46	2.42	2.53	2.43	2.47	N/A	2.47
	Child	2.65	2.77	2.67	2.72	2.76	2.72	2.72	N/A	2.72
	How Well Doctors Communicate									
	Adult	2.71	2.70	2.71	2.67	2.78	2.68	2.66	N/A	2.66
Child	2.82	2.85	2.82	2.76	2.81	2.76	2.79	N/A	2.79	
Customer Service										
Adult	2.42	2.33	2.41	2.46	2.55	2.47	2.55	N/A	2.55	
Child	2.43	2.33	2.42	2.47	2.45	2.47	2.63	N/A	2.63	

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* Inverted measure: lower rates indicate better performance

** Rates were calculated using mixed methodology

Created on January 7, 2015



II. 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 CY 2013 and obtained through Medicaid administrative claims and encounter records, survey data, or rates provided by the MCOs. IFS followed the guidelines in *HEDIS® 2014 Volume 2: Technical Specifications* or *HEDIS® 2014 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

As Medicaid managed care in South Carolina has transitioned from a combination of MCOs and MHNs, the survey process for the CAHPS® included in this report has also transitioned. For CY 2011, the survey was conducted for all managed care and FFS populations by the University of South Carolina (USC) Institute for Families in Society (IFS) and the USC Survey Research Lab at the Institute for Public Service and Policy Research (IPSPR) following all NCQA protocols. For

CY 2012, IFS conducted the surveys for FFS and all MHNs; and MCOs began submitting their individual CAHPS® data completed by contracted vendors. For CY 2013, each MCO submitted CAHPS® data to the state. The IFS generated state rates for all years.

III. Caveats and Interpretation for Using This Report

Dimensions of Care

The CY 2013 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) Access to Care reports on children's and adolescents' access to primary care and adult access to preventive ambulatory health services;
- 5) 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; and
- 6) Consumer Experience and Satisfaction provides information on the experiences of consumers with their health plan and overall health care.

Calculating Measure Rates

All measures constructed by IFS use 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 CY 2013. 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 2013. All administrative records were adjudicated through June 30, 2014.

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 2013. 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® 2014, 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.

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IV. Recommendations

The CY 2013 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. The shift in the way services are delivered through managed care will require the adoption of new strategy for reporting quality and access to care 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. The expansion of Healthy Connections Check-Up will require different measurements for a limited benefit population comprising a potentially high growth component of the Medicaid Program. This population will have on average less than 11 months of continuous enrollment with limited services focused on prevention. As such, HEDIS measures may have limited utility for determining outcomes for this population and may require modifying criteria with application of non-HEDIS measures, e.g., CMS Adult and Child measures.
3. 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.
4. 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.
5. 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.
6. 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, Centers for Medicare and Medicaid Services (CMS), and other measures addressing quality and access to care. These measures will require quarterly reporting and require a separate annual review from the National Committee for Quality Assurance (NCQA) HEDIS® reports. Incentive measures will be based on health plan HEDIS® NCQA-certified reports as stipulated in the contracts between health plans and the SC Medicaid Program.

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.

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Six or More visits	43.6	45.1	43.8	54.6	43.1	52.8	57.8	36.6	53.8
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	52.2	46.0	51.9	56.6	37.3	56.1	58.4	20.6	56.1

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

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* Inverted measure: lower rates indicate better performance

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Created on January 7, 2015



Medicaid Policy Research
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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.

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	CY2011			CY2012**			CY2013**		
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WOMEN'S CARE									
Breast Cancer Screening	47.2	32.8	38.2	42.1	11.2	23.5	55.5	12.4	22.2
Cervical Cancer Screening	58.4	39.1	49.8	53.8	37.4	46.7	58.0	35.8	47.7
Chlamydia Screening in Women									
16-20 Years	49.9	53.3	50.6	50.0	56.0	51.3	50.1	58.0	51.7
21-24 Years	61.6	53.5	57.5	61.7	58.6	60.0	60.9	57.6	59.1
Total	53.5	53.4	53.5	53.2	57.6	54.8	53.0	57.8	54.6
Prenatal and Postpartum Care									
Timeliness of Prenatal Care	74.1	56.3	71.7	82.1	19.8	76.4	83.2	18.6	77.8
Postpartum Care	61.8	48.4	60.1	65.2	16.9	60.9	61.2	15.2	57.4

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

Red background: below 25th percentile; or for inverted measures, 75th percentile and above

NSI: Denominator less than 30

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

* Inverted measure: lower rates indicate better performance

** Rates were calculated using mixed methodology

Created on January 7, 2015



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Appendix A-3: Living With Illness



Living With Illness

Living With Illness Measures and Descriptions	
Measure	Description
Comprehensive Diabetes Care (CDC)	The percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who had each of the following: <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)	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. <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

2013 South Carolina Medicaid Plan Performance CY2011-CY2013 Trend

	CY2011			CY2012**			CY2013**		
	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide
LIVING WITH ILLNESS									
Comprehensive Diabetes Care									
HbA1c Testing	62.3	23.5	40.0	65.1	20.6	42.4	75.0	27.7	48.3
Eye Exams	29.0	20.8	24.3	29.7	17.8	23.6	33.1	18.0	24.6
LDL-C Screening	53.3	16.7	32.2	57.1	13.9	35.0	66.9	17.9	39.2
Med Att Diabetic Nephropathy	69.5	44.8	55.3	69.7	42.8	56.0	76.9	47.8	60.5
Use of Appropriate Medications for People with Asthma									
5-11 Years	92.9	95.9	93.2	91.4	96.3	91.7	93.6	96.5	93.8
12-18 Years	89.7	92.8	90.1	88.6	93.5	89.0	89.3	92.8	89.5
19-50 Years	71.5	65.0	70.5	67.7	58.0	66.4	73.3	62.1	72.2
51-64 Years	72.9	64.3	71.2	68.3	50.0	66.0	66.0	NSI	62.8
Total	89.2	89.0	89.1	88.1	88.1	88.1	89.5	87.4	89.4

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

Red background: below 25th percentile; or for inverted measures, 75th percentile and above

NSI: Denominator less than 30

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* Inverted measure: lower rates indicate better performance

** Rates were calculated using mixed methodology

Created on January 7, 2015



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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.

2013 South Carolina Medicaid Plan Performance CY2011-CY2013 Trend

	CY2011			CY2012**			CY2013**		
	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide
BEHAVIORAL HEALTH									
Follow-Up After Hospitalization for Mental Illness									
7 Days	42.0	34.7	38.9	39.3	30.3	36.2	41.1	28.3	36.5
30 Days	65.9	57.0	62.1	62.4	50.9	58.5	62.8	48.6	57.6
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication									
Initiation	43.5	42.4	43.5	39.8	44.4	40.4	40.0	41.4	40.1
Continuation	51.3	47.8	50.4	47.3	52.9	47.9	49.2	46.3	48.9
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment									
Initiation - 13-17 Years	44.7	59.4	48.4	44.0	56.2	46.2	44.0	48.9	45.0
Engagement - 13-17 Years	26.3	37.2	29.0	25.9	33.8	27.4	22.9	28.6	24.1
Initiation - 18+	36.0	43.3	38.8	33.2	41.9	35.6	35.0	40.1	36.5
Engagement - 18+	10.8	10.4	10.7	9.2	9.5	9.3	7.2	7.0	7.1
Initiation - Total	37.1	44.4	39.8	34.5	43.0	36.7	36.0	40.7	37.3
Engagement - Total	12.8	12.3	12.6	11.2	11.3	11.2	8.9	8.5	8.8

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

Red background: below 25th percentile; or for inverted measures, 75th percentile and above

NSI: Denominator less than 30

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

* Inverted measure: lower rates indicate better performance

** Rates were calculated using mixed methodology

Created on January 7, 2015



Appendix A-5 Access To Care



Access to Care

Access to Care Measures and Descriptions

Measure	Description
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.
Children's 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.

2013 South Carolina Medicaid Plan Performance CY2011-CY2013 Trend

	CY2011			CY2012**			CY2013**		
	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide
ACCESS TO CARE									
Adults' Access to Preventive/Ambulatory Health Services									
20-44 Years	77.7	61.3	70.8	78.0	54.6	67.7	80.8	56.0	69.3
45-64 Years	77.9	62.0	69.1	79.0	54.9	67.0	85.2	67.9	75.9
Children's and Adolescents' Access to Primary Care Practitioners									
12-24 Months	97.5	94.7	97.1	98.0	92.6	97.7	98.0	66.6	93.2
25 Months-6 Years	83.6	82.4	83.6	86.5	75.7	86.2	87.0	38.9	84.0
7-11 Years	86.7	83.3	86.4	87.8	81.7	87.5	88.1	78.6	87.7
12-19 Years	83.6	81.2	83.4	84.9	78.1	84.4	86.4	76.9	85.8

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Red background: below 25th percentile; or for inverted measures, 75th percentile and above

NSI: Denominator less than 30

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Created on January 7, 2015



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Appendix A-6: Consumer Experience and Satisfaction



Consumer Experience and Satisfaction

Consumer Experience and Satisfaction Measures and Descriptions	
Measure	Measure Description
Ratings 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?”
Ratings of 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?”
Ratings of Specialists	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?”
Ratings 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?”
Get 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.
Get 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.
How Well Doctors Communicate	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.
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.

Consumer Experience and Satisfaction *(continued)*

2013 South Carolina Medicaid Plan Performance CY2011-CY2013 Trend

	CY2011			CY2012**			CY2013**			
	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	Managed Care Total	FFS Total	Statewide	
CONSUMER EXPERIENCE AND SATISFACTION	Ratings of Health Care									
	Adult	2.37	2.33	2.36	2.35	2.45	2.36	2.35	N/A	2.35
	Child	2.64	2.73	2.65	2.57	2.64	2.58	2.65	N/A	2.65
	Ratings of Personal Doctor									
	Adult	2.61	2.69	2.62	2.57	2.70	2.59	2.53	N/A	2.53
	Child	2.77	2.78	2.77	2.69	2.78	2.70	2.73	N/A	2.73
	Ratings of Specialists									
	Adult	2.60	2.65	2.61	2.54	2.68	2.55	2.60	N/A	2.60
	Child	2.70	2.76	2.71	2.67	2.61	2.66	2.71	N/A	2.71
	Ratings of Health Plan									
	Adult	2.36	2.43	2.37	2.34	2.53	2.37	2.40	N/A	2.40
	Child	2.61	2.62	2.61	2.57	2.58	2.57	2.65	N/A	2.65
	Get Needed Care									
	Adult	2.23	2.42	2.25	2.40	2.58	2.42	2.43	N/A	2.43
	Child	2.43	2.52	2.44	2.52	2.60	2.53	2.57	N/A	2.57
	Get Care Quickly									
	Adult	2.46	2.50	2.46	2.42	2.53	2.43	2.47	N/A	2.47
	Child	2.65	2.77	2.67	2.72	2.76	2.72	2.72	N/A	2.72
	How Well Doctors Communicate									
Adult	2.71	2.70	2.71	2.67	2.78	2.68	2.66	N/A	2.66	
Child	2.82	2.85	2.82	2.76	2.81	2.76	2.79	N/A	2.79	
Customer Service										
Adult	2.42	2.33	2.41	2.46	2.55	2.47	2.55	N/A	2.55	
Child	2.43	2.33	2.42	2.47	2.45	2.47	2.63	N/A	2.63	

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* Inverted measure: lower rates indicate better performance

** Rates were calculated using mixed methodology

Created on January 7, 2015



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.

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 IPSD 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 IPSD 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	
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.
Children's 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.

Consumer Measures and Descriptions	
Measure	Measure Description
Ratings 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?”
Ratings of 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?”
Ratings of Specialists	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?”
Ratings 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?”
Get 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.
Get 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.
How Well Doctors Communicate	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.
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.

