

# REPORT

FINAL REPORT

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## **Benchmarks for Medicaid Adult Health Care Quality Measures**

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Karen Onstad  
Aisha Khan  
Alyssa Hart  
Rich Mierzejewski  
Faye Xia  
National Committee for Quality Assurance

Kate Stewart  
Margo Rosenbach  
Mathematica Policy Research

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**Submitted to:**

Centers for Medicare & Medicaid Services  
7500 Security Blvd, MS: C2-21-15  
Baltimore, MD 21244-1850P  
Project Officer: Jason Williams

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**Submitted by:**

Mathematica Policy Research  
955 Massachusetts Avenue  
Suite 801  
Cambridge, MA 02139  
Telephone: (617) 491-7900  
Facsimile: (617) 491-8044  
Project Director: Margo Rosenbach  
Reference Number: 40248

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## EXECUTIVE SUMMARY

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The Patient Protection and Affordable Care Act called for the Secretary of Health and Human Services (HHS) to establish a comprehensive adult health care quality measurement program to standardize the measurement of health care quality across state Medicaid programs and facilitate the use of the measures for quality improvement. In January 2012, the Centers for Medicare & Medicaid Services (CMS) published the Medicaid Adult Core Set, comprising 26 measures across six domains: prevention and health promotion, management of acute conditions, management of chronic conditions, family experiences of care, care coordination/care transitions, and availability.<sup>1</sup>

To place state Medicaid program performance in context, this report presents Medicaid and commercial health plan benchmarks and trend analyses for 16 Healthcare Effectiveness Data and Information Set (HEDIS<sup>®2</sup>) measures included in the Medicaid Adult Core Set. The National Committee for Quality Assurance (NCQA) maintains a national database of standardized, audited HEDIS results voluntarily submitted by health plans each year. The health plan data reported to NCQA reflect a subset of the performance data in which states are reporting to CMS on the Medicaid Adult Core Set measures. States are asked to collect data on Core Set measures for enrollees of all delivery system types, including managed care and fee-for-service.

For HEDIS 2013 (covering health plan performance in 2012), the commercial benchmarks reflect health plan performance in 43 states, the District of Columbia, Guam, and Puerto Rico. The Medicaid HEDIS 2013 benchmarks reflect performance in 37 states and the District of Columbia. The health plans included in this report cover approximately 34.2 million commercial enrollees and 27.3 million Medicaid enrollees (all ages).

The data in this report present performance for health maintenance organization (HMO) plans, point of service (POS) plans, and health plans that had HEDIS submissions covering multiple products. (Standalone preferred provider organization [PPO] plans are excluded.) This report includes data from HEDIS 2011 to 2013, which cover performance of Medicaid and commercial health plans in calendar years 2010, 2011, and 2012, respectively.

National means, medians, and percentiles were calculated across all reporting health plans for 16 HEDIS measures included in the Medicaid Adult Core Set. Data for Plan All-Cause Readmissions are not included because there are no HEDIS specifications, including risk-adjustment, for the Medicaid product line. In addition to detailed measure results, the percentage of plans reporting each measure, the difference between Medicaid and commercial median performance, median performance by data collection method (administrative versus hybrid), and trends in median performance from HEDIS 2011 to HEDIS 2013.

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<sup>1</sup> <https://www.federalregister.gov/articles/2012/01/04/2011-33756/medicaid-program-initial-core-set-of-health-care-quality-measures-for-medicare-eligible-adults>.

<sup>2</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

**A. Medicaid and commercial median performance**

As shown in Table ES.1, the median rate was higher for commercial health plans than Medicaid health plans for most measures, with a few notable exceptions:

- Medicaid median health plan performance was 16 percentage points higher than commercial health plans for Chlamydia Screening in Women Ages 21 to 24
- Medicaid median health plan performance was 17 percentage points higher for Consumer Assessment of Health Providers & Systems (CAHPS<sup>®3</sup>) 5.0H–Rating of Health Plan
- Medicaid median health plan performance was 4 to 8 percentage points higher for Annual Monitoring for Patients on Persistent Medications across all measured medications (ACE Inhibitors/ARBs, Digoxin, Diuretics, and Anticonvulsants)

**Table ES.1. Medicaid and commercial health plan medians: HEDIS 2013**

Measure	Medicaid health plan median	Commercial health plan median	Difference between Medicaid and commercial medians <sup>a</sup>
Flu shots for adults ages 50 to 64	n.a.	55.6	n.a.
Adult body mass index (BMI) assessment	72.0	69.1	2.9
Breast cancer screening	51.5	70.2	-18.7
Cervical cancer screening	66.4	75.7	-9.3
Medical assistance with smoking and tobacco cessation			
Advising smokers and tobacco users to quit	76.2	78.1	-1.9
Discussing cessation medications	45.2	52.2	-7.0
Discussing cessation strategies	40.4	47.2	-6.8
Chlamydia screening in women ages 21 to 24	64.3	48.4	15.9
Follow-up after hospitalization for mental illness			
Within 30 days of discharge	65.8	78.0	-12.2
Within 7 days of discharge	44.7	59.2	-14.5
Controlling high blood pressure	56.2	63.1	-6.9
Comprehensive diabetes care: LDL-C screening	76.3	85.7	-9.4
Comprehensive diabetes care: Hemoglobin A1c testing	83.2	90.5	-7.3
Adherence to antipsychotic medications for individuals with schizophrenias	61.3	n.a.	n.a.
Antidepressant medication management			
Effective acute phase treatment	51.5	68.9	-17.4
Effective continuation phase treatment	35.3	53.0	-17.7
Annual monitoring for patients on persistent medications			
Ace inhibitors/ARB	87.1	83.2	3.9
Digoxin	90.8	86.8	4.0
Diuretic	86.7	82.9	3.8
Anticonvulsants	66.0	58.4	7.6
Total	85.4	82.6	2.8

<sup>3</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Table ES.1 (continued)

Measure	Medicaid health plan median	Commercial health plan median	Difference between Medicaid and commercial medians <sup>a</sup>
CAHPS 5.0H			
Rating of all health care	50.9	51.3	-0.4
Rating of personal doctor	63.0	66.5	-3.5
Rating of specialist seen most often	64.0	66.3	-2.3
Rating of health plan	56.4	39.4	17.0
Customer service	67.4	64.4	3.0
Getting care quickly	59.7	60.9	-1.2
Getting needed care	55.7	57.1	-1.4
How well doctors communicate	71.9	75.4	-3.5
Shared decision making	50.5	47.5	3.0
Health promotion and education	27.8	24.6	3.2
Coordination of care	54.8	50.0	4.8
Alcohol and other drug dependence treatment			
Initiation of AOD treatment	39.3	38.5	0.8
Engagement of AOD treatment	9.0	13.1	-4.1
Postpartum care rate	64.0	82.2	-18.2

Source: NCQA HEDIS Database.

<sup>a</sup> The difference is calculated by subtracting the commercial median from the Medicaid median. A negative result indicates that the Medicaid median is below the commercial median, whereas a positive result indicates that the Medicaid median is above the commercial median.

n.a.= not applicable; measure not collected for the Medicaid or commercial product line.

Medicaid median health plan performance was 10 or more percentage points lower than commercial health plan performance for four measures: (1) Breast Cancer Screening (19 points lower), (2) Follow-Up After Hospitalization for Mental Illness (12 to 15 points lower), (3) Antidepressant Medication Management (17 to 18 points lower), and (4) Postpartum Care (18 points lower).

These differences may be associated with factors independent of provider performance in Medicaid and commercial health plans, including differences in (1) case mix between Medicaid and commercial populations; (2) data collection methods (such as use of administrative versus hybrid methods); (3) health plan benefits, payment mechanisms, and delivery systems; and (4) the mix of plans that report HEDIS measures. Further analysis is required to understand the factors associated with differences between Medicaid and commercial health plan performance.

## B. Trends in performance

Over the three years, Medicaid and commercial health plan performance was relatively stable across most of the HEDIS measures analyzed in this report (Table ES.2). The largest difference was observed for the Adult Body Mass Index (BMI) measure (24 and 19 point increases for Medicaid and commercial plans, respectively), but this may be due primarily to a

shift in data collection from the administrative to hybrid method across both Medicaid and commercial health plans.<sup>4</sup>

Six of the 11 components of the CAHPS measures also exhibited significant improvements over the three years for both Medicaid and commercial health plans. Among both Medicaid and commercial health plans, the two CAHPS items with the biggest improvement were Customer Service and Getting Needed Care.

Several HEDIS measures exhibited decreases in median performance among both Medicaid and commercial health plans: (1) Cervical Cancer Screening, (2) Annual Monitoring for Patients on Persistent Medications – Anticonvulsants, and (3) Engagement of Alcohol and Other Drug Dependence Treatment. The median rate of Initiation of Alcohol and Other Drug Dependence Treatment decreased for commercial plans only.

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<sup>4</sup> The BMI percentile is more likely to be documented in the medical record than in claims or encounter data, resulting in a higher rate using the hybrid method than the administrative method. For more information on use of the hybrid method for calculating the Core Set measures, see <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Hybrid-Brief.pdf>.

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**Table ES.2. Change in Medicaid and commercial health plan medians: HEDIS 2011–2013**

Measure	Medicaid median HEDIS 2011	Medicaid median change HEDIS 2011–2013 <sup>a</sup>	Commercial median HEDIS 2011	Commercial median change HEDIS 2011–2013 <sup>a</sup>
Flu shots for adults 50 to 64	n.a.	n.a.	52.8	2.8
Adult body mass index (BMI) assessment	47.6	24.4	49.7	19.4
Breast cancer screening	52.4	NS	70.7	NS
Cervical cancer screening	69.7	-3.3	77.2	-1.5
Medical assistance with smoking and tobacco cessation				
Advising smokers and tobacco users to quit*	n.a.	n.a.	n.a.	n.a.
Discussing cessation medications*	n.a.	n.a.	n.a.	n.a.
Discussing cessation strategies*	n.a.	n.a.	n.a.	n.a.
Chlamydia screening in women ages 21 to 24	62.5	NS	45.3	3.1
Follow-up after hospitalization for mental illness				
Within 30 days of discharge	66.6	NS	78.6	NS
Within 7 days of discharge	45.1	NS	60.0	NS
Controlling high blood pressure	56.4	NS	65.2	NS
Comprehensive diabetes care: LDL-C screening	75.4	NS	85.9	NS
Comprehensive diabetes care: Hemoglobin A1c testing	82.2	NS	90.1	NS
Adherence to antipsychotic medications for individuals with schizophrenia	n.a.	n.a.	n.a.	n.a.
Antidepressant medication management				
Effective acute phase treatment*	n.a.	n.a.	n.a.	n.a.
Effective continuation phase treatment*	n.a.	n.a.	n.a.	n.a.
Annual monitoring for patients on persistent medications				
Ace inhibitors/ARB	86.5	NS	82.0	1.2
Digoxin	90.3	NS	85.4	NS
Diuretic	85.8	NS	81.4	1.5
Anticonvulsants	68.6	-2.6	60.0	-1.6
Total	84.2	NS	81.3	1.3
CAHPS 5.0H				
Rating of all health care	49.2	NS	50.2	NS
Rating of personal doctor	60.8	2.2	64.9	1.6
Rating of specialist seen most often	61.3	2.7	64.2	2.1
Rating of health plan	55.4	NS	38.3	NS
Customer service	58.6	8.8	59.6	4.8
Getting care quickly	57.1	2.6	57.9	3.0
Getting needed care	50.2	5.5	53.9	3.2
How well doctors communicate	69.4	2.5	73.6	1.8
Shared decision making*	n.a.	n.a.	n.a.	n.a.
Health promotion and education*	n.a.	n.a.	n.a.	n.a.
Coordination of care	51.8	NS	49.3	NS
Alcohol and other drug dependence treatment				
Initiation of AOD treatment	40.4	NS	42.6	-4.1
Engagement of AOD treatment	13.3	-4.3	15.2	-2.1
Postpartum care rate	64.6	NS	83.8	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

n.a. = not applicable. See Appendix A for details.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

\* Specifications changed over time and rates are not comparable.

### **C. Concluding remarks**

The benchmark results from the HEDIS database provide an important resource for comparing state-level results on 16 of the 26 Medicaid Adult Core Set measures. States and other Medicaid stakeholders can use these benchmarks to assess the quality of care provided by health plans to adult Medicaid enrollees and to identify opportunities for quality improvement in those Medicaid plans. While the data have noted limitations due to the voluntary nature of submission to NCQA and specification differences with the core set measures, they can be used to place state-level Medicaid HEDIS results in a national and regional context. Future benchmarking activities could focus on identifying benchmark sources for the remaining Medicaid Adult Core Set measures that are not included in the HEDIS database.

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## I. INTRODUCTION

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### A. Motivation for this report

The Patient Protection and Affordable Care Act called for the Secretary of Health and Human Services (HHS) to establish a comprehensive adult health care quality measurement program to standardize the measurement of health care quality across state Medicaid programs and facilitate the use of the measures for quality improvement. In January 2012, the Centers for Medicare & Medicaid Services (CMS) published the Medicaid Adult Core Set, comprising 26 measures across six domains: prevention and health promotion, management of acute conditions, management of chronic conditions, family experiences of care, care coordination/care transitions, and availability.<sup>5</sup> The Medicaid Adult Core Set measures address the diverse populations served by the adult Medicaid program, including women of child bearing age, the elderly, and people with disabilities. States voluntarily reported the Medicaid Adult Core Set measures for the first time for federal fiscal year (FFY) 2013. CMS is using the data to characterize the quality of care provided to adults enrolled in Medicaid and to help focus quality improvement initiatives at the national and state level.<sup>6</sup>

About two-thirds of the Medicaid Adult Core Set measures are Healthcare Effectiveness Data and Information Set (HEDIS) measures (Table I.1). HEDIS is a standardized set of performance measures reported by commercial, Medicaid, and Medicare health plans. Health plans voluntarily submit HEDIS results to the HEDIS database maintained by the National Committee for Quality Assurance (NCQA), the HEDIS measure steward.

This report presents Medicaid and commercial health plan benchmarks and trend analyses for 16 measures based on NCQA's HEDIS database. The HEDIS database is a robust source of performance measures for assessing Medicaid program performance, especially for adult Medicaid beneficiaries ages 21 to 64 enrolled in managed care. In 2010, 61 percent were enrolled in Medicaid managed care nationally, and the rate was 80 percent or higher in 12 states and the District of Columbia.<sup>7</sup> The health plan data reported to NCQA reflect a subset of the performance data that states are reporting to CMS on the Medicaid Adult Core Set measures. States are asked to collect data on the Core Set measures for Medicaid enrollees served by all delivery systems, including managed care and fee-for-service.

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<sup>5</sup> <https://www.federalregister.gov/articles/2012/01/04/2011-33756/medicaid-program-initial-core-set-of-health-care-quality-measures-for-medicare-eligible-adults>.

<sup>6</sup> U.S. Department of Health and Human Services. HHS Secretary's Efforts to Improve the Quality of Health Care for Adults Enrolled in Medicaid. Report to Congress. Washington, DC: HHS, 2014. Available at [http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/RTC\\_2014\\_Adult.pdf](http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/RTC_2014_Adult.pdf).

<sup>7</sup> Mathematica analysis of CMS's Medicaid Analytic Extract data for 2010. The 12 states with at least 80 percent of adults ages 18 to 64 enrolled in managed care in 2010 were: Arizona, Delaware, Georgia, Hawaii, Indiana, Maryland, New Jersey, New Mexico, New York, Ohio, Oregon, and Tennessee.

**Table I.1. 2013 Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid**

NQF #	Measure	Measure steward	Data source
<b>Medicaid Adult Core Set Measures Included in this Report</b>			
0039	Flu Shots for Adults Ages 50 to 64	NCQA/HEDIS	Survey
NA	Adult Body Mass Index (BMI) Assessment	NCQA/HEDIS	Administrative or hybrid
NA	Breast Cancer Screening	NCQA/HEDIS	Administrative
0032	Cervical Cancer Screening	NCQA/HEDIS	Administrative or hybrid
0027	Medical Assistance With Smoking and Tobacco Cessation	NCQA/HEDIS	Survey
0033	Chlamydia Screening in Women Ages 21 to 24	NCQA/HEDIS	Administrative
0576	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Administrative
0018	Controlling High Blood Pressure	NCQA/HEDIS	Hybrid
0063	Comprehensive Diabetes Care: LDL-C Screening	NCQA/HEDIS	Administrative or hybrid
0057	Comprehensive Diabetes Care: Hemoglobin A1c Testing	NCQA/HEDIS	Administrative or hybrid
0105	Antidepressant Medication Management	NCQA/HEDIS	Administrative
NA	Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA/HEDIS	Administrative
NA	Annual Monitoring for Patients on Persistent Medications	NCQA/HEDIS	Administrative
0007	CAHPS Health Plan Survey 5.0H – Adult Questionnaire	AHRQ NCQA/HEDIS	Survey
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA/HEDIS	Administrative
1517	Postpartum Care Rate	NCQA/HEDIS	Administrative or hybrid
<b>Other Medicaid Adult Core Set Measures Not Included in this Report</b>			
1768	Plan All-Cause Readmission Rate	NCQA/HEDIS	Administrative
NA	Annual HIV/AIDS Medical Visit	NCQA	Administrative
0648	Care Transition – Transition Record Transmitted to Health Care Professional	AMA/PCPI	Administrative and medical record
0469	PC-01: Elective Delivery	TJC	Administrative and medical record
0476	PC-03: Antenatal Steroids	TJC	Administrative and medical record
0272	PQI 01: Diabetes Short-Term Complications Admission Rate	AHRQ	Administrative
0275	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	AHRQ	Administrative
0277	PQI 08: Congestive Heart Failure (CHF) Admission Rate	AHRQ	Administrative
0283	PQI 15: Asthma in Younger Adults Admission Rate	AHRQ	Administrative
0418	Screening for Clinical Depression and Follow-Up Plan	CMS	Administrative and medical record

Notes: The Plan All-Cause Readmission Rate is a HEDIS measure but is not included in this report because a Medicaid risk adjuster is not currently available for the measure.

The Annual HIV/AIDS Visit measure was developed by NCQA, but is not included in HEDIS. Thus, it is not included in the HEDIS database. The measure was also retired from the 2014 Medicaid Adult Core Set.

AHRQ = Agency for Healthcare Research and Quality; AMA/PCPI = American Medical Association-convened/Physician Consortium for Performance Improvement; HEDIS = Healthcare Effectiveness Data and Information Set; NCQA = National Committee for Quality Assurance; NA = measure is not endorsed by the National Quality Forum (NQF).

## B. The HEDIS database

The HEDIS measures are specified for commercial, Medicaid, and Medicare health plans. Almost 90 percent of health plans collect and report at least some HEDIS data.<sup>8</sup> In addition, NCQA requires HEDIS reporting for its Health Plan Accreditation program, in which HEDIS results must be validated using the HEDIS Compliance Audit™ before being submitted to NCQA annually in June. NCQA houses the audited results in a HEDIS database that includes data submitted by commercial, Medicaid, and Medicare health plans. NCQA generated national and regional Medicaid and commercial plan benchmark data for this report using the HEDIS database.

NCQA has been collecting results from Medicaid health plans since 1997. States often require health plans to obtain NCQA Health Plan Accreditation as a prerequisite to contracting with the state as a Medicaid managed care plan. As noted above, NCQA's accreditation program for health plans includes an external validation of HEDIS results through the NCQA HEDIS Compliance Audit program, and accredited health plans must submit selected HEDIS measures to NCQA every year.

This report is based on the 2013 update to the HEDIS database and includes measure results for 213 Medicaid health plans and 218 commercial health plans (Appendix B, Table B.1). According to a survey conducted in 2010 for the Kaiser Commission on Medicaid and the Uninsured,<sup>9</sup> all state Medicaid programs with managed care and most states with primary care case management (PCCM) programs require HEDIS or other measures of performance and CAHPS or other surveys of patient experience.

## C. Data limitations

Although the HEDIS database is a robust source of benchmarking information for the Medicaid Adult Core Set measures, users should consider three factors that may affect the comparability of data submitted by health plans to the HEDIS database and by states as part of the Medicaid Adult Core Set: (1) incomplete information in the NCQA HEDIS database, (2) exclusion of Medicaid enrollees served through fee-for-service (FFS) and primary care case management (PCCM) delivery systems, and (3) differences between HEDIS and Core Set specifications for some of the measures.

**Incomplete information in the HEDIS database.** Submissions to NCQA's HEDIS database are voluntary, and health plans determine which measures to report. Health plans submit HEDIS data to NCQA for various purposes including government requirements, purchaser request, or as part of NCQA's accreditation process. Thus, not all health plans submit all measures in all years, and the number of health plans submitting information may vary from year to year.

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<sup>8</sup> More information on NCQA reporting of HEDIS data is available in "2013 State of Health Care Quality," at [http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web\\_version\\_report.pdf](http://www.ncqa.org/Portals/0/Newsroom/SOHC/2013/SOHC-web_version_report.pdf).

<sup>9</sup> Kaiser Family Foundation. "A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-State Survey." Available at <http://kff.org/medicaid/report/a-profile-of-medicaid-managed-care-programs-in-2010-findings-from-a-50-state-survey/>.

In addition, the HEDIS database has incomplete information on the health plan enrollment represented by the health plans submitting information for each measure. The HEDIS database includes two measures of health plan enrollment: (1) Enrollment by State and (2) Enrollment by Product Line. Because these measures are not universally reported, the HEDIS database does not have complete enrollment information. For HEDIS 2013, 145 of the 213 Medicaid health plans submitted enrollment information, representing 6.1 million enrollees age 18 and older. This total does not include enrollment information for the 68 Medicaid health plans that did not submit these measures. NCQA is working to capture more complete enrollment information in future reporting cycles.

**Exclusion of Medicaid enrollees served by FFS and PCCM delivery systems.** The HEDIS database reflects the performance of Medicaid health plans and excludes the experience of adults served by Medicaid FFS and PCCM delivery systems. In 2010, about 40 percent of Medicaid enrollees were served by FFS or PCCM delivery systems. Thus, the benchmarks may be more applicable to states with sizable Medicaid managed care enrollment than to those with all or most enrollees served by FFS or PCCM delivery systems.

**Differences between HEDIS and Medicaid Adult Core Set specifications.** The specifications for the Medicaid Adult Core Set measures differ in some cases from the HEDIS specifications, primarily in terms of the age ranges used to report the measures. These differences can affect comparability between the Medicaid Adult Core Set results and the HEDIS benchmarks. Table I.2 lists the measure descriptions for the 2013 Medicaid Adult Core Set measures benchmarked in this report, and differences with the corresponding HEDIS 2013 specification.

See Appendix A for measure-specific details on additional considerations for using the HEDIS database for benchmarking of Medicaid and commercial health plan performance.

**Table I.2. Overview of differences between the 2013 Medicaid Adult Core Set description and the HEDIS 2013 specification**

Measure	2013 Medicaid Adult Core Set Description	HEDIS 2013 Specification Differences
Flu shots for adults	A two-year rolling average of the percentage of enrollees ages 50 to 64 that received an influenza vaccination between September 1 of the measurement year and the date the survey was completed.	Not reported by Medicaid plans.
Adult body mass index (BMI) assessment	Percentage of enrollees who had an outpatient visit and whose BMI was documented during the measurement year or the year prior. States report rate for two age groups: 18 to 64 and 65 to 74.	Uses a combined 18 to 74 age range.
Breast cancer screening	Percentage of women who received a mammogram in the measurement year or the year prior. States report rate for two age groups: 42 to 64 and 65 to 69.	Uses a combined 42 to 69 age range.
Cervical cancer screening	Percentage of women ages 24 to 64 who received one or more PAP tests during the measurement year or the two years prior.	For Medicaid plans, HEDIS uses a one-year continuous enrollment period. For commercial plans, HEDIS uses a three-year continuous enrollment period.

Table I.2 (continued)

Measure	2013 Medicaid Adult Core Set Description	HEDIS 2013 Specification Differences
Medical assistance with smoking and tobacco cessation	A two-year rolling average of current smokers or tobacco users who received medical assistance for quitting tobacco use during the measurement year. The components of this measure assess different facets of medical assistance with tobacco cessation. States report rates for two age groups: 18 to 64 and 65 and older.	Uses the age range 18 and older.
Chlamydia screening in women ages 21 to 24	Percentage of women who were identified as sexually active and who had at least one test for Chlamydia during the measurement year. States report ages 21 to 24 as part of the Medicaid Adult Core Set and ages 16 to 20 as part of the Child Core Set.	Includes two age ranges: 16 to 20 and 21 to 24.
Follow-up after hospitalization for mental illness	Percentage of discharges for enrollees 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 within 7 days of discharge and within 30 days of discharge. States report the two rates for two age groups: 21 to 64 and 65 and older.	Uses the age range 6 and older.
Controlling high blood pressure	Percentage of enrollees who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90) during the measurement year. States report two age groups: 18 to 64 and 65 to 85.	Uses the age range 18 to 85.
Comprehensive diabetes care: LDL-C screening	Percentage of enrollees with diabetes who had a LDL-C screening test. States report two age groups: 18 to 64 and 65 to 75.	Uses the age range 18 to 75.
Comprehensive diabetes care: Hemoglobin A1c testing	Percentage of enrollees with diabetes who had a Hemoglobin A1c test. States report two age groups: 18 to 64 and 65 to 75.	Uses the age range 18 to 75.
Adherence to antipsychotic medications for individuals with schizophrenia	Percentage of enrollees 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Not reported by commercial plans.
Antidepressant medication management	Percentage of enrollees with a diagnosis of major depression who were newly treated with antidepressant medication and remained on the medication for two specified time periods. States report for two age groups: 18 to 64 and 65 and older.	Uses the age range 18 and older.
Annual monitoring for patients on persistent medications	Percentage of enrollees who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. States report four rates and a total rate for two age groups: 18 to 64 and 65 and older.	Uses the age range 18 and older.

Table I.2 (continued)

Measure	2013 Medicaid Adult Core Set Description	HEDIS 2013 Specification Differences
CAHPS 5.0H	These measures are based on questions from the 5.0 CAHPS <sup>®</sup> Adult Health Plan Survey. States report survey results for two age groups: ages 18 to 64 and age 65 and older.	Uses the age range 18 and older. The commercial survey uses a 12-month continuous enrollment period and the Medicaid survey uses a 6-month continuous enrollment period.
Alcohol and other drug dependence treatment	Percentage of enrollees with a new episode of alcohol or other drug (AOD) dependence who received Initiation of AOD treatment and Engagement of AOD treatment. States report the rates for two age groups: ages 18 to 64 and age 65 and older.	Uses the age ranges 13 to 17, 18 and older, and a total rate.
Postpartum care rate	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.	No differences.

#### D. How to use this report

This report provides benchmark performance data for both Medicaid and commercial health plans. Many factors may explain differences in performance between Medicaid and commercial plans, including the mix of plans that report HEDIS measures and differences in payment mechanisms, benefits, carve-outs, delivery systems, and characteristics of patient populations. Despite differences in health plan, provider, and patient characteristics, comparisons of performance can help identify areas for improving the quality of care delivered by Medicaid and commercial plans. The results in this report may also have implications for improving the measurement of health care quality by states, health plans, and providers.

This report is organized as follows: Chapter II includes a brief overview of the methods and Chapter III summarizes results for the 16 HEDIS measures. Detailed measure-specific data are provided in Appendix A and more information on the technical approach is presented in Appendix B.

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## II. METHODS

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In this report, we present means, medians, and 10th, 25th, 75th, and 90th percentiles from NCQA's HEDIS database for measures that states were asked to report on in the 2013 Medicaid Adult Core Set. The data include performance measures submitted by health plans for HEDIS 2011 to 2013 based on services delivered in calendar years 2010 through 2012, respectively.<sup>10</sup> The report also presents results for five geographic regions (Northeast, Mid-Atlantic, South, Midwest, and West), including HEDIS 2013 performance and trends in median performance over time.

The national and regional means and medians were calculated across all publicly and non-publicly reporting health plans for each HEDIS measure. Non-publicly reporting health plan submissions are HEDIS data submitted to NCQA that are allowed to be used for benchmarking purposes, but not for the display of plan-specific performance information. HEDIS data are reported to NCQA by product line (commercial, Medicaid, and Medicare) and lines of business (HMO or PPO plans). The data in this report include HMO results for both Medicaid and commercial product lines. Within the HEDIS database, HMO plans include HMOs, POS, and HMO/POS/PPO combination plans. (Standalone PPO plans are excluded from this analysis because this model is not used in the Medicaid program.)

National benchmarks are reported for those measures with at least 20 plans reporting. All measures within this report met the threshold for national reporting. For the region-level benchmarks, data are required for at least 20 plans from the region and at least 50 percent of the states in the region. When there is insufficient data to produce a region-level benchmark, 'NA' denotes that the data are not available because the threshold for reporting has not been met.

Comparison over time provides an assessment of the direction and magnitude of the performance trend. The trend tables in Appendix A contain a column titled "Change 2011 to 2013 Median," which indicates the percentage point change over time; whether a change was statistically significant; and, if so, the direction of the change. A Wilcoxon Rank Sum Test was performed to test statistical significance. All numbers indicate statistically significant changes in median performance; 'NS' is used to denote no statistically significant change in median performance. The trend analysis is based on health plan submitted data, which do not necessarily include the same measures submitted by the same plans over the three-year period. For additional information on the methods used in this report, see Appendix B.

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<sup>10</sup> The HEDIS nomenclature follows the reporting year. The measurement year is the year prior to the reporting year. For example, HEDIS 2013 includes measure results that were reported in June 2013. These results primarily assess health plan performance in calendar year 2012.

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### III. OVERVIEW OF RESULTS

This chapter summarizes Medicaid and commercial health plan performance on 16 of the 26 measures in the Medicaid Adult Core Set included in the HEDIS database. Section A shows the number of plans that reported on each of the measures. Section B compares Medicaid to commercial median performance on HEDIS 2013, and Section C compares results by data collection methodology (administrative versus hybrid). Section D examines how median performance has changed from HEDIS 2011 to HEDIS 2013. Appendix A presents detailed results for each measure.

#### A. Medicaid and commercial health plan reporting of selected measures

Health plans voluntarily report HEDIS data to NCQA, often to fulfill purchaser or government requirements. NCQA's voluntary health plan accreditation also requires health plans to submit a subset of HEDIS measures every year. Because of the voluntary nature of data submission and differing purchaser requirements, health plans submit different sets of measure results to NCQA. For HEDIS 2013, NCQA received 218 commercial and 213 Medicaid HMO submissions. Table III.2 indicates which of the Adult Core Set measures are required for NCQA Accreditation and shows the percentage of Medicaid and commercial plans that had reportable rates for each measure in 2013.

**Table III.1. Medicaid and commercial health plan reportable rates, by measure: HEDIS 2013**

Measure	Required for accreditation?	Percentage of Medicaid health plans with reportable rates (N = 213)	Percentage of commercial health plans with reportable rates (N = 218)
Flu shot for adults ages 50 to 64*	Yes	n.a.	98
Adult body mass index (BMI) assessment	Yes	72	87
Breast cancer screening	Yes	77	100
Cervical cancer screening	Yes	90	99
Medical assistance with smoking and tobacco cessation	Yes	61	36
Chlamydia screening in women ages 21 to 24	Yes	79	98
Follow-up after hospitalization for mental illness	No	48	80
Controlling high blood pressure	Yes	84	93
Comprehensive diabetes care: LDL-C screening	Yes	94	100
Comprehensive diabetes care: Hemoglobin A1c testing	Yes	94	100
Adherence to antipsychotic medications for individuals with schizophrenia	No	44	n.a.
Antidepressant medication management	Yes	67	94
Annual monitoring for patients on persistent medications	No	83	97

Table III.1 (continued)

Measure	Required for accreditation?	Percentage of Medicaid health plans with reportable rates (N = 213)	Percentage of commercial health plans with reportable rates (N = 218)
CAHPS 5.0H			
Rating of all health care	Yes	63	99
Rating of personal doctor	Yes	63	99
Rating of specialist seen most often	Yes	57	98
Rating of health plan	Yes	63	99
Customer service	Yes	54	63
Getting care quickly	Yes	63	98
Getting needed care	Yes	63	99
How well doctors communicate	Yes	63	99
Shared decision making	No	56	86
Health promotion and education	No	63	99
Coordination of care	No	56	93
Alcohol and other drug dependence treatment	No	44	93
Postpartum care rate	Yes	90	92

Source: NCQA HEDIS Database.

Notes: Not all health plans have reportable rates for the measures required for accreditation; reasons for not reporting a measure include insufficient denominators, material bias found in the HEDIS Compliance Audit, and not all health plans submitting data to the HEDIS database are accredited.

n.a. = not applicable

As shown in Table III.2, Medicaid and commercial HMOs were most likely to have reportable rates for the two diabetes measures: LDL-C Screening and Hemoglobin A1c Testing (94 percent of reporting Medicaid plans and 100 percent of reporting commercial plans). More than 90 percent of reporting Medicaid health plans also had reportable rates for Postpartum Care and Cervical Cancer Screening. Three behavioral health measures were least likely to have reportable rates by Medicaid health plans (Follow-Up After Hospitalization for Mental Illness, Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and Alcohol and Other Drug Dependence Treatment). This may be due to the use of benefit carve-outs by Medicaid programs or small denominators.

Along with the diabetes measures, commercial HMOs were most likely to have reportable rates for Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening, Flu Shots for Adults, Annual Monitoring for Patients on Persistent Medications, and many of the CAHPS measures. Commercial HMOs were less likely than Medicaid plans to have reportable rates for Medical Assistance with Smoking and Tobacco Cessation. The CAHPS Customer Service composite displays lower reportable rates for both Medicaid and commercial plans because the measure applies only to individuals who interacted with the plan's customer service. Therefore, some plans that conducted the CAHPS survey did not have enough respondents to qualify for the measures to have a reportable rate.

## B. Comparison of HEDIS 2013 Medicaid and commercial benchmark rates

Table III.3 presents the Medicaid and commercial benchmarks for selected Medicaid Adult Core Set measures. The Medicaid medians are generally lower than commercial medians, with the exception of the following measures, where Medicaid median performance was more than 10 percentage points higher than commercial performance:

- **Chlamydia Screening in Women Ages 21 to 24.** Medicaid median performance was 64 percent compared to 48 percent among commercial plans, suggesting that Medicaid-enrolled women are more likely to receive recommended screening compared to commercially insured women. However, there is room for improvement in scores for both Medicaid and commercial plans.
- **CAHPS–Rating of the Health Plan.** The median score for this measure was 56 and 39 for Medicaid and commercial plans, respectively. It reflects the share of plan members who rated their health plan a 9 or 10 on a scale from 0 to 10, where 0 is the lowest score and 10 is the highest score. This finding is consistent with our March 2014 draft report and a recent study by the Association for Community Affiliated Plans, which found that members of Medicaid health plans reported higher levels of satisfaction with their plans than members of commercial health plans.<sup>11</sup>

Medicaid median health plan performance rates were several percentage points higher for Annual Monitoring for Patients on Persistent Medications across all measured medications (ACE Inhibitors/ARBs, Digoxin, Diuretics, and Anticonvulsants).<sup>12</sup>

Medicaid median performance was 10 or more percentage points lower than commercial performance on the following measures:

- **Breast Cancer Screening.** Medicaid plan performance was 19 percentage points lower than commercial plan performance (51 percent versus 70 percent).
- **Postpartum Care.** Medicaid plan performance was 18 percentage points lower than commercial plan performance (64 percent versus 82 percent).
- **Antidepressant Medication Management.** Medicaid performance was 17 percentage points lower than commercial plans (52 percent versus 69 percent) for acute phase treatment and 18 percentage points lower for continuation phase treatment (35 percent versus 53 percent).
- **Follow-up After Hospitalization for Mental Illness.** Medicaid median performance was 12 percentage points lower than commercial plans for follow-up within 30 days of discharge (66 percent versus 78 percent) and 14 percentage points lower for follow-up within 7 days of discharge (45 percent versus 59 percent).

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<sup>11</sup> <http://www.communityplans.net/Portals/0/Fact%20Sheets/ACAP%20-%20CAHPS%20Comparison%20of%20Managed%20Care%20Plans.pdf>

<sup>12</sup> Because the total rate is the weighted average of the individual rates and because the same plans do not necessarily report all of the rates, the total rate displays less variability between Medicaid and commercial performance.

**Table III.2. Benchmarks for Medicaid and commercial health plans: HEDIS 2013**

Measure	Medicaid health plan median	Commercial health plan median	Difference between Medicaid and commercial medians <sup>a</sup>
Flu shots for adults 50 to 64	n.a.	55.6	n.a.
Adult body mass index (BMI) assessment	72.0	69.1	2.9
Breast cancer screening	51.5	70.2	-18.7
Cervical cancer screening	66.4	75.7	-9.3
Medical assistance with smoking and tobacco cessation			
Advising smokers and tobacco users to quit	76.2	78.1	-1.9
Discussing cessation medications	45.2	52.2	-7.0
Discussing cessation strategies	40.4	47.2	-6.8
Chlamydia screening in women ages 21 to 24	64.3	48.4	15.9
Follow-up after hospitalization for mental illness			
Within 30 days of discharge	65.8	78.0	-12.2
Within 7 days of discharge	44.7	59.2	-14.5
Controlling high blood pressure	56.2	63.1	-6.9
Comprehensive diabetes care: LDL-C screening	76.3	85.7	-9.4
Comprehensive diabetes care: Hemoglobin A1c testing	83.2	90.5	-7.3
Adherence to antipsychotic medications for individuals with schizophrenia	61.3	n.a.	n.a.
Antidepressant medication management			
Effective acute phase treatment	51.5	68.9	-17.4
Effective continuation phase treatment	35.3	53.0	-17.7
Annual monitoring for patients on persistent medications			
Ace inhibitors/ARB	87.1	83.2	3.9
Digoxin	90.8	86.8	4.0
Diuretic	86.7	82.9	3.8
Anticonvulsants	66.0	58.4	7.6
Total	85.4	82.6	2.8
CAHPS 5.0H			
Rating of all health care	50.9	51.3	-0.4
Rating of personal doctor	63.0	66.5	-3.5
Rating of specialist seen most often	64.0	66.3	-2.3
Rating of health plan	56.4	39.4	17.0
Customer service	67.4	64.4	3.0
Getting care quickly	59.7	60.9	-1.2
Getting needed care	55.7	57.1	-1.4
How well doctors communicate	71.9	75.4	-3.5
Shared decision making	50.5	47.5	3.0
Health promotion and education	27.8	24.6	3.2
Coordination of care	54.8	50.0	4.8
Alcohol and other drug dependence treatment			
Initiation of AOD treatment	39.3	38.5	0.8
Engagement of AOD treatment	9.0	13.1	-4.1
Postpartum care rate	64.0	82.2	-18.2

Source: NCQA HEDIS Database.

<sup>a</sup> The difference is calculated by subtracting the commercial median from the Medicaid median. A negative result indicates that the Medicaid median is below the commercial median, whereas a positive result indicates that the Medicaid median is above the commercial median.

n.a. = not applicable. See Appendix A for details.

### C. Comparison of HEDIS 2013 Medicaid and commercial benchmark rates by data collection method

For five of the HEDIS measures included in the Medicaid Adult Core Set, health plans have two options for data collection: (1) the administrative method, which relies primarily on data generated by transactions (claims or encounter data), and (2) the hybrid method, which also includes data from medical records. The hybrid method is more resource intensive, but may produce a more accurate result. To select a data collection method, health plans weigh the likely magnitude and value of more favorable results against the resources needed to obtain the medical record information. Table III.4 presents the administrative and hybrid medians for the five measures that include a hybrid option. The administrative median is the median for the subset of health plans that submitted the measure using the administrative method and the hybrid median is the median for the subset of health plans that used the hybrid method.

**Table III.3. Comparison of administrative and hybrid medians: HEDIS 2013**

Measure	Product line	Administrative # of plans	Administrative median	Hybrid # of plans	Hybrid median	Difference between administrative and hybrid medians
Adult body mass index (BMI) assessment	Medicaid	14	8.0	139	73.2	65.2
	Commercial	21	4.1	168	71.7	67.6
Comprehensive diabetes care—LDL screening	Medicaid	11	81.9	190	76.3	-5.6
	Commercial	22	82.5	196	85.9	3.4
Comprehensive diabetes care—hemoglobin A1c testing	Medicaid	11	88.7	190	83.1	-5.6
	Commercial	21	88.8	197	90.6	1.8
Postpartum care rate	Medicaid	10	52.5	181	64.1	11.6
	Commercial	9	60.5	192	82.3	21.8
Cervical cancer screening <sup>a</sup>	Medicaid	26	63.7	166	66.4	2.7
	Commercial	216	75.7	n.a.	n.a.	n.a.

Source: NCQA HEDIS Database.

<sup>a</sup> Cervical cancer screening includes the hybrid option for Medicaid plans only.

n.a. = not applicable.

When measure specifications allow the hybrid option, most Medicaid and commercial health plans use the hybrid method. Median performance for both Medicaid and commercial plans varies by the data collection method, with hybrid medians substantially exceeding administrative medians for two measures: Adult BMI Assessment and Postpartum Care Rate. For two measures, Comprehensive Diabetes Care – LDL Screening and Comprehensive Diabetes Care – Hemoglobin A1c Testing, the median was higher with the administrative method. Many health plans have arrangements with their laboratory vendors to receive lab data electronically, allowing these plans to accurately report the diabetes measures using the administrative method and avoid having to look for lab tests in medical charts. These results suggest that electronic lab data may be more complete than medical charts, explaining the higher rate among plans that

opted for the administrative method. The magnitude of the difference between administrative and hybrid medians also varies by measure, with Adult BMI Assessment displaying differences of over 65 percentage points for both Medicaid and commercial plans.

The hybrid option for the Cervical Cancer Screening was available only for Medicaid health plans. These results show that there was a minimal difference in the Medicaid median for this measure based on data collection method, and that the commercial rate was higher than the Medicaid rate regardless of the method used to calculate the rate.

#### D. Analysis of HEDIS 2011–2013 Medicaid and commercial benchmark trends

Table III.5 displays changes in national median performance rates for Medicaid and commercial plans over the HEDIS 2011 to 2013 reporting periods. Trends could not be calculated for the Medical Assistance with Smoking and Tobacco Cessation and CAHPS Shared Decision Making and Health Promotion and Education measures because of changes in survey question wording and response options. Antidepressant Medication Management is also not trendable due to specification changes in HEDIS 2013.

**Table III.4. Change in Medicaid and commercial health plan medians: HEDIS 2011–2013**

Measure	Medicaid median HEDIS 2011	Medicaid median change HEDIS 2011–2013 <sup>a</sup>	Commercial median HEDIS 2011	Commercial median change HEDIS 2011–2013 <sup>a</sup>
Flu shots for adults 50 to 64	n.a.	n.a.	52.8	2.8
Adult body mass index (BMI) assessment	47.6	24.4	49.7	19.4
Breast cancer screening	52.4	NS	70.7	NS
Cervical cancer screening	69.7	-3.3	77.2	-1.5
Medical assistance with smoking and tobacco cessation				
Advising smokers and tobacco users to quit*	n.a.	n.a.	n.a.	n.a.
Discussing cessation medications*	n.a.	n.a.	n.a.	n.a.
Discussing cessation strategies*	n.a.	n.a.	n.a.	n.a.
Chlamydia screening in women ages 21 to 24	62.5	NS	45.3	3.1
Follow-up after hospitalization for mental illness				
Within 30 days of discharge	66.6	NS	78.6	NS
Within 7 days of discharge	45.1	NS	60.0	NS
Controlling high blood pressure	56.4	NS	65.2	NS
Comprehensive diabetes care: LDL-C screening	75.4	NS	85.9	NS
Comprehensive diabetes care: Hemoglobin A1c testing	82.2	NS	90.1	NS
Adherence to antipsychotic medications for individuals with schizophrenia	n.a.	n.a.	n.a.	n.a.
Antidepressant medication management				
Effective acute phase treatment*	n.a.	n.a.	n.a.	n.a.
Effective continuation phase treatment*	n.a.	n.a.	n.a.	n.a.

Table III.4 (continued)

Measure	Medicaid	Medicaid	Commercial	Commercial
	median HEDIS 2011	median change HEDIS 2011–2013 <sup>a</sup>	median HEDIS 2011	median change HEDIS 2011–2013 <sup>a</sup>
Annual monitoring for patients on persistent medications				
Ace inhibitors/ARB	86.5	NS	82.0	1.2
Digoxin	90.3	NS	85.4	NS
Diuretic	85.8	NS	81.4	1.5
Anticonvulsants	68.6	-2.6	60.0	-1.6
Total	84.2	NS	81.3	1.3
CAHPS 5.0H				
Rating of all health care	49.2	NS	50.2	NS
Rating of personal doctor	60.8	2.2	64.9	1.6
Rating of specialist seen most often	61.3	2.7	64.2	2.1
Rating of health plan	55.4	NS	38.3	NS
Customer service	58.6	8.8	59.6	4.8
Getting care quickly	57.1	2.6	57.9	3.0
Getting needed care	50.2	5.5	53.9	3.2
How well doctors communicate	69.4	2.5	73.6	1.8
Shared decision making*	n.a.	n.a.	n.a.	n.a.
Health promotion and education*	n.a.	n.a.	n.a.	n.a.
Coordination of care	51.8	NS	49.3	NS
Alcohol and other drug dependence treatment				
Initiation of AOD treatment	40.4	NS	42.6	-4.1
Engagement of AOD treatment	13.3	-4.3	15.2	-2.1
Postpartum care rate	64.6	NS	83.8	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

n.a. = not applicable. See Appendix A for details.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

\* Specifications changed over time and rates are not comparable.

As shown in Table III.5, two measures exhibited statistically significant increases in the median performance between 2011 and 2013 for both Medicaid and commercial health plans.

- The large increase in median performance for the Adult BMI Assessment measure may be explained in part by the following trends: (1) increasing emphasis on the measure based on interest in the results from purchasers and regulators, and (2) the progression of plans from initial reporting using the administrative method to subsequent reporting using the hybrid method.
- Six of the 11 CAHPS survey items demonstrated increases in performance from HEDIS 2011 to 2013 for both Medicaid and commercial plans. The two CAHPS items with the biggest improvement were Customer Service and Getting Needed Care. Rating of All Health Care, Rating of Health Plan, and Coordination of Care showed no change in median performance.

Three measures exhibited statistically significant decreases in median performance between 2011 and 2013 for both Medicaid and commercial health plans:

- Cervical Cancer Screening
- Annual Monitoring for Patients on Persistent Medications – Anticonvulsants
- Alcohol and Other Drug Dependence Treatment – Engagement of AOD Treatment

Median performance on the Chlamydia Screening measure increased for commercial health plans but remained unchanged for Medicaid health plans. Nevertheless, Medicaid plan performance continued to be substantially higher than commercial plan performance on this measure.

Some measures exhibited very small, but statistically significant changes in performance for Medicaid or commercial health plans. Despite the statistical significance, however, small changes may not signal substantive changes in health plan performance over time.

Appendix A provides detailed information on Medicaid and commercial health plan benchmarks for the selected Medicaid Adult Core Set measures. Each measure-specific benchmark profile includes the following information:

- Measure description
- Benchmarking information, including how the HEDIS measure differs from the Medicaid Adult Core Set measure
- National and regional rates based on HEDIS 2013 (measurement year 2012), including the number of health plans reporting, means, medians, and percentiles for Medicaid and commercial health plans
- Change in median performance between HEDIS 2011 and 2013 (measurement years 2010 and 2012, respectively)

As discussed in Appendix B, comparisons across Medicaid and commercial health plans should be interpreted with caution due to population and programmatic differences.

## **E. Concluding Remarks**

The benchmark results from the HEDIS database provide an important resource for 16 of the 26 Medicaid Adult Core Set measures. States and other Medicaid stakeholders can use these benchmarks to assess the quality of care provided to adult Medicaid enrollees and to identify opportunities for quality improvement in the Medicaid program. While the data have noted limitations due to the voluntary nature of submission to NCQA and specification differences with the core set measures, they can be used to place state Medicaid HEDIS results in a national and regional context. Future benchmarking activities could focus on identifying benchmark sources for the remaining Medicaid Adult Core Set measures that are not included in the HEDIS database.

**APPENDIX A**

**MEASURE-SPECIFIC DETAIL ON MEDICAID AND COMMERCIAL HEALTH PLAN  
BENCHMARKS**

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## MEASURE-SPECIFIC TABLES

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## Flu Shots for Adults Ages 50 to 64 (FVA)

### Measure Description

This measure uses responses obtained through the CAHPS 5.0H survey. The measure captures a two-year rolling average of the percentage of enrollees ages 50 to 64 that received an influenza vaccination between September 1 of the measurement year and the date when the survey was completed.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Notes: The HEDIS measure applies to the commercial population only; there are no Medicaid results for this measure in the HEDIS database.
- HEDIS Data Collection Method: CAHPS 5.0H Survey.
- Trend Analyses: Beginning with HEDIS 2014, the age range for this measure is ages 18 to 64 and the rate is based on one year of data.

**Table FVA-1. Commercial health plan performance, HEDIS 2013: Flu shots for adults ages 50 to 64**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Commercial plans							
National	212	55.3	55.6	45.1	50.5	60.1	64.8
Northeast	40	56.2	57.1	46.1	52.1	61.0	65.2
Mid-Atlantic	26	58.1	56.9	50.6	52.9	60.3	67.6
South	52	51.6	52.0	41.5	47.9	57.3	61.2
Midwest	68	56.8	56.6	47.7	52.7	60.7	65.9
West	26	54.7	56.6	40.2	49.3	60.1	64.0

Source: NCQA HEDIS Database.

n.a. = not applicable; this measure is not reported by Medicaid health plans.

**Table FVA-2. Commercial health plan change in performance, HEDIS 2011–2013: Flu shots for adults ages 50 to 64**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	n.a.	n.a.	n.a.	n.a.
Commercial plans				
National	52.8	53.6	55.6	2.8
Northeast	53.2	54.7	57.1	3.9
Mid-Atlantic	52.9	54.4	56.9	NS
South	50.7	51.8	52.0	NS
Midwest	54.5	54.5	56.6	NS
West	53.6	54.2	56.6	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

n.a. = not applicable; this measure is not reported by Medicaid health plans.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## Adult Body Mass Index (BMI) Assessment (ABA)

### Measure Description

Percentage of enrollees ages 18 to 74 who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year. For the Medicaid Adult Core Set, states calculate and report this measure for two age groups: ages 18 to 64 and ages 65 to 74.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Notes: HEDIS measure uses an 18 to 74 age range.
- HEDIS Data Collection Methods: Administrative or hybrid.
- Trend Analyses: Trend data should be interpreted with caution due to (1) a change in the measure specification change in HEDIS 2012, and (2) analyses that suggest a migration of plans from the administrative to hybrid method.

**Table ABA-1. Medicaid and commercial performance, HEDIS 2013: Adult BMI assessment, ages 18 to 74**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	153	67.5	72.0	48.7	62.5	78.7	84.4
Northeast	21	73.1	76.0	58.2	67.2	82.9	85.9
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	NA	NA	NA	NA	NA	NA	NA
Midwest	NA	NA	NA	NA	NA	NA	NA
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	189	66.1	69.1	36.1	60.9	82.2	89.1
Northeast	32	70.4	75.5	46.5	59.5	83.1	86.2
Mid-Atlantic	23	71.0	68.9	56.1	62.5	82.2	89.5
South	42	54.4	61.8	4.0	44.3	69.3	83.3
Midwest	67	67.4	74.0	6.6	62.3	82.8	89.5
West	25	72.4	75.7	60.5	63.9	82.5	94.2

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table ABA-2. Medicaid and commercial performance change, HEDIS 2011–2013: Adult BMI assessment, ages 18 to 74**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National <sup>b</sup>	47.6	57.9	72.0	24.4
Northeast	NA	NA	76.0	NA
Mid-Atlantic	NA	NA	NA	NA
South	NA	NA	NA	NA
Midwest	NA	NA	NA	NA
West	NA	NA	NA	NA
<b>Commercial plans</b>				
National	49.7	64.2	69.1	19.4
Northeast	51.6	72.4	75.5	23.9
Mid-Atlantic	50.0	55.6	68.9	18.9
South	1.6 <sup>c</sup>	42.1	61.8	60.2
Midwest	54.9	67.9	74.0	19.1
West	58.3	70.4	75.7	17.4

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

<sup>b</sup> None of the five regions met the threshold requirement for Medicaid reporting because none of the regions had at least 20 Medicaid plans and at least 50 percent of states within the region represented.

<sup>c</sup> Over half of the plans in the region reported rates less than 2.0.

NA = not available; did not meet threshold for reporting.

**Breast Cancer Screening (BCS)****Measure Description**

Percentage of women ages 42 to 69 who received a mammogram in the measurement year or the year prior to the measurement year. For the Medicaid Adult Core Set, states report this measure for two age groups: ages 42 to 64 and ages 65 to 69.

**Considerations for Using the HEDIS Database for Benchmarking**

- Specification Notes: HEDIS measure uses a 40 to 69 age range.
- HEDIS Data Collection Method: Administrative.

**Table BCS-1. Medicaid and commercial performance, HEDIS 2013: Breast cancer screening, ages 40 to 69**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	165	51.9	51.5	41.7	46.5	57.8	62.9
Northeast	21	59.5	58.2	53.0	53.5	64.7	69.4
Mid-Atlantic	27	50.1	49.5	37.5	46.2	54.4	60.8
South	40	48.3	49.2	40.3	43.7	52.8	56.3
Midwest	58	51.8	52.0	40.5	45.9	59.7	63.9
West	NA	NA	NA	NA	NA	NA	NA
Commercial plans							
National	218	70.3	70.2	63.1	65.8	74.8	78.7
Northeast	40	73.5	75.0	64.6	69.0	78.8	81.7
Mid-Atlantic	27	69.9	68.9	64.0	67.1	72.2	75.1
South	54	68.1	67.3	62.3	64.5	71.9	74.1
Midwest	70	70.3	69.6	63.3	66.5	74.9	77.9
West	27	70.6	70.8	61.6	65.1	75.2	80.5

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table BCS-2. Medicaid and commercial change in performance, HEDIS 2011–2013: Breast cancer screening, ages 40 to 69**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	52.4	50.5	51.5	NS
Northeast	NA	NA	58.2	NA
Mid-Atlantic	47.9	48.4	49.5	NS
South	NA	NA	49.2	NA
Midwest	NA	NA	52.0	NA
West	NA	NA	NA	NA
Commercial plans				
National	70.7	70.4	70.2	NS
Northeast	74.0	74.5	75.0	NS
Mid-Atlantic	70.1	68.9	68.9	NS
South	67.8	66.9	67.3	NS
Midwest	70.5	71.0	69.6	NS
West	72.4	71.5	70.8	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Cervical Cancer Screening (CCS)****Measure Description**

Percentage of women ages 24 to 64 who received one or more PAP tests during the measurement year or the two years prior to the measurement year.

**Considerations for Using the HEDIS Database for Benchmarking**

- Specification Notes: For Medicaid, HEDIS uses a one-year continuous enrollment period. For commercial, HEDIS uses a three-year continuous enrollment period.
- HEDIS Data Collection Methods: Medicaid includes administrative or hybrid; commercial includes administrative only.

**Table CCS-1. Medicaid and commercial performance, HEDIS 2013: Cervical cancer screening**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	192	64.5	66.4	47.2	59.0	71.9	76.6
Northeast	21	70.3	71.0	62.8	65.7	78.7	81.1
Mid-Atlantic	29	65.6	66.4	54.4	63.0	71.5	74.0
South	49	55.6	55.6	38.7	47.9	63.9	70.3
Midwest	55	68.2	70.3	57.8	64.4	74.8	78.7
West	38	66.3	66.1	56.3	61.6	71.6	76.8
Commercial plans							
National	216	75.5	75.7	69.2	72.9	78.5	81.9
Northeast	40	78.0	78.7	70.9	75.5	80.7	83.8
Mid-Atlantic	27	76.0	75.9	72.7	74.1	77.3	79.2
South	54	73.9	75.0	65.7	72.0	77.3	78.6
Midwest	69	75.0	74.6	68.1	71.4	78.4	83.1
West	26	75.9	75.5	68.5	73.5	78.5	84.3

Source: NCQA HEDIS Database.

**Table CCS-2. Medicaid and commercial change in performance, HEDIS 2011–2013: Cervical cancer screening**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	69.7	69.1	66.4	-3.3
Northeast	NA	NA	71.0	NA
Mid-Atlantic	69.5	68.3	66.4	NS
South	59.6	58.6	55.6	NS
Midwest	73.4	71.5	70.3	-3.1
West	68.7	69.2	66.1	NS
Commercial plans				
National	77.2	77.1	75.7	-1.5
Northeast	79.6	79.1	78.7	NS
Mid-Atlantic	76.8	76.9	75.9	NS
South	75.4	75.8	75.0	NS
Midwest	76.6	76.6	74.6	-2.0
West	77.5	76.9	75.5	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet the threshold for reporting.

NS = no statistically significant change in median performance between HEDIS 2011 and 2013.

## Medical Assistance with Smoking and Tobacco Cessation (MCS)

### Measure Description

This measure uses responses obtained through the CAHPS 5.0H survey, which is administered each year. The measure captures a rolling average of enrollees age 18 and older who were current smokers or tobacco users and who received medical assistance for quitting tobacco use during the measurement year. The components of this measure assess different facets of medical assistance with smoking and tobacco cessation and are reported as three separate rolling averages:

- Advising Smokers and Tobacco Users to Quit—the percentage of enrollees who received advice to quit during the measurement year
- Discussing Cessation Medications—the percentage of enrollees who discussed or were recommended cessation medications during the measurement year
- Discussing Cessation Strategies—the percentage of enrollees who discussed or were provided cessation methods or strategies during the measurement year

For the Medicaid Adult Core Set, states calculate and report the three rates for each of the two age groups: ages 18 to 64 and age 65 and older.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Notes: This measure uses a rolling two-year average to achieve a sufficient number of respondents for reporting. The HEDIS measure uses an 18 and older age range. The Medicaid survey uses a 6-month continuous enrollment period and the commercial survey uses a 12-month continuous enrollment period.
- HEDIS Data Collection Methods: Survey.
- Trend Analyses: This measure cannot be used for trend analyses between 2011 and 2013 because of reworded questions and revisions to response choices.

**Table MCS-1. Medicaid and commercial performance, HEDIS 2013: Advising smokers and tobacco users to quit**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	128	75.6	76.2	69.9	72.6	79.6	81.3
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	27	77.4	78.7	72.0	74.5	79.8	80.1
South	40	74.2	74.8	67.4	72.0	77.7	79.7
Midwest	32	76.5	76.2	70.7	73.1	79.7	82.1
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	77	77.8	78.1	68.0	73.5	83.0	86.8
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	NA	NA	NA	NA	NA	NA	NA
Midwest	31	76.8	77.8	66.7	70.3	83.0	85.9
West	NA	NA	NA	NA	NA	NA	NA

Source: NCQA HEDIS Database.

NA = not available; did not meet the threshold for reporting.

**Table MCS-2. Medicaid and commercial performance, HEDIS 2013:  
Discussing cessation medications**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	128	45.9	45.2	35.9	40.3	51.4	57.7
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	27	46.6	46.7	39.2	42.4	48.6	57.3
South	40	41.6	42.4	33.3	36.6	45.3	48.7
Midwest	32	48.5	49.8	37.7	43.3	54.4	57.1
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	75	53.0	52.2	43.9	47.0	59.1	66.0
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	NA	NA	NA	NA	NA	NA	NA
Midwest	31	53.4	52.4	44.2	45.8	59.1	66.0
West	NA	NA	NA	NA	NA	NA	NA

Source: NCQA HEDIS Database.

NA = not available; did not meet the threshold for reporting.

**Table MCS-3. Medicaid and commercial performance, HEDIS 2013:  
Discussing cessation strategies**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	128	41.2	40.4	34.0	36.7	44.9	50.9
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	27	41.6	41.4	35.1	39.3	44.7	46.2
South	40	37.2	36.5	30.9	34.3	40.4	43.6
Midwest	32	43.0	42.7	36.9	39.1	46.4	48.5
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	75	48.0	47.2	35.4	40.5	54.4	62.1
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	NA	NA	NA	NA	NA	NA	NA
Midwest	32	46.5	46.9	34.6	39.5	52.5	58.5
West	NA	NA	NA	NA	NA	NA	NA

Source: NCQA HEDIS Database.

NA = not available; did not meet the threshold for reporting.

## Chlamydia Screening in Women Ages 21 to 24 (CHL)

### Measure Description

Percentage of women ages 21 to 24 who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Notes: The HEDIS measure includes two age ranges: ages 16 to 20 and 21 to 24. The following tables present the results for women ages 21 to 24.
- HEDIS Data Collection Methods: Administrative.

**Table CHL-1. Medicaid and commercial performance, HEDIS 2013: Chlamydia screening in women ages 21 to 24**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	169	63.6	64.3	51.5	59.0	70.7	73.5
Northeast	21	67.5	70.9	53.2	65.1	73.2	74.5
Mid-Atlantic	29	64.9	64.1	51.5	60.2	71.2	74.0
South	46	63.4	64.1	53.2	59.2	68.9	72.9
Midwest	53	61.8	62.7	47.4	56.3	68.6	73.2
West	20	62.8	61.2	56.0	59.2	66.4	71.9
Commercial plans							
National	213	49.2	48.4	35.8	41.3	56.2	64.7
Northeast	39	57.8	60.5	43.7	51.8	64.9	68.3
Mid-Atlantic	27	49.2	48.3	39.0	43.6	54.1	58.6
South	53	47.3	47.3	32.7	39.5	53.8	59.0
Midwest	68	43.5	42.5	33.0	38.3	47.8	56.1
West	26	54.9	54.6	44.7	48.8	61.1	67.4

Source: NCQA HEDIS Database.

**Table CHL-2. Medicaid and commercial change in performance, HEDIS 2011–2013: Chlamydia screening in women ages 21 to 24**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	62.5	64.4	64.3	NS
Northeast	NA	NA	70.9	NA
Mid-Atlantic	64.5	64.8	64.1	NS
South	61.5	64.7	64.1	NS
Midwest	62.3	63.2	62.7	NS
West	NA	60.9	61.2	NA
Commercial plans				
National	45.3	47.6	48.4	3.1
Northeast	55.3	59.5	60.5	NS
Mid-Atlantic	47.5	47.3	48.3	NS
South	40.5	46.3	47.3	6.8
Midwest	39.3	41.7	42.5	3.2
West	53.8	54.2	54.6	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet the threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## Follow-up After Hospitalization for Mental Illness (FUH)

### Measure Description

Percentage of discharges for enrollees age 21 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 within 7 days of discharge and within 30 days of discharge. For the Medicaid Adult Core Set, states calculate and report the two rates listed above for each of the two age groups: ages 21 to 64 and age 65 and older.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Note: The HEDIS measure uses the age range 6 and older.
- HEDIS Data Collection Methods: Administrative only.

**Table FUH-1. Medicaid and commercial performance, HEDIS 2013: Follow-up after hospitalization for mental illness—30 days**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	100	63.6	65.8	38.3	56.8	75.6	82.0
Northeast	20	72.1	76.0	43.6	67.6	83.7	86.6
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	32	56.2	59.0	28.6	44.7	68.1	72.8
Midwest	31	66.9	70.6	44.0	61.4	75.3	80.8
West	NA	NA	NA	NA	NA	NA	NA
Commercial plans							
National	175	76.0	78.0	62.0	70.3	84.2	88.0
Northeast	34	82.4	82.9	71.9	77.8	86.4	93.7
Mid-Atlantic	24	78.2	77.6	69.9	73.3	84.9	87.1
South	40	67.3	68.6	54.7	61.0	74.3	82.1
Midwest	54	76.1	78.9	64.1	72.0	83.2	88.1
West	23	79.2	81.5	67.7	70.9	86.1	86.8

Source: NCQA HEDIS Database.

NA = not available; did not meet the threshold for reporting.

**Table FUH-2. Medicaid and commercial performance, HEDIS 2013: Follow-up after hospitalization for mental illness—7 days**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	102	43.7	44.7	21.3	31.3	54.8	68.8
Northeast	20	55.8	57.2	26.8	50.0	71.5	73.6
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	33	36.6	38.1	17.3	26.1	45.8	53.4
Midwest	31	43.9	42.2	29.5	34.5	54.1	61.1
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	175	58.2	59.2	40.0	48.8	69.0	75.4
Northeast	34	68.0	68.0	54.5	61.4	73.6	79.4
Mid-Atlantic	24	61.7	60.8	50.5	56.6	69.3	75.0
South	40	46.8	45.2	30.4	40.0	51.7	63.9
Midwest	54	55.9	55.5	38.0	48.7	64.8	72.3
West	23	65.3	68.9	48.4	54.7	75.3	79.7

Source: NCQA HEDIS Database.

NA = not available; did not meet the threshold for reporting.

**Table FUH-3. Medicaid and commercial HEDIS change in performance, 2011–2013: Follow-up after hospitalization for mental illness—30 days**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	66.6	67.7	65.8	NS
Northeast	NA	NA	76.0	NA
Mid-Atlantic	NA	NA	NA	NA
South	57.1	60.4	59.0	NS
Midwest	71.1	70.6	70.6	NS
West	NA	NA	NA	NA
<b>Commercial plans</b>				
National	78.6	77.7	78.0	NS
Northeast	82.5	85.8	82.9	NS
Mid-Atlantic	77.0	78.9	77.6	NS
South	69.4	67.2	68.6	NS
Midwest	80.4	76.9	78.9	NS
West	79.7	80.3	81.5	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet the threshold for reporting.

NS = no statistically significant change in median performance between HEDIS 2011 and 2013.

**Table FUH-4. Medicaid and commercial change in performance, HEDIS 2011–2013: Follow-up after hospitalization for mental illness—7 days**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	45.1	46.1	44.7	NS
Northeast	NA	NA	57.2	NA
Mid-Atlantic	NA	NA	NA	NA
South	34.1	36.4	38.1	NS
Midwest	46.8	44.8	42.2	NS
West	NA	NA	NA	NA
<b>Commercial plans</b>				
National	60.0	59.6	59.2	NS
Northeast	66.9	70.2	68.0	NS
Mid-Atlantic	58.4	58.8	60.8	NS
South	48.0	46.0	45.2	NS
Midwest	59.4	56.7	55.5	NS
West	65.2	67.9	68.9	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## Controlling High Blood Pressure (CBP)

### Measure Description

Percentage of enrollees ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90) during the measurement year. For the Medicaid Adult Core Set, states calculate and report this measure for two age groups: ages 18 to 64 and ages 65 to 85.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Note: The HEDIS measure uses the age range 18 to 85.
- HEDIS Data Collection Methods: Hybrid only

**Table CBP-1. Medicaid and commercial performance, HEDIS 2013: Controlling high blood pressure**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	179	56.3	56.2	44.8	50.0	63.0	69.6
Northeast	21	59.2	60.5	44.0	56.4	65.7	71.1
Mid-Atlantic	28	54.0	54.9	44.8	50.4	58.7	64.4
South	46	51.3	52.1	38.7	46.7	58.2	63.0
Midwest	46	59.3	59.1	46.4	50.3	69.1	71.7
West	NA	NA	NA	NA	NA	NA	NA
Commercial plans							
National	203	63.1	63.1	50.8	57.6	69.0	74.9
Northeast	37	64.0	66.3	48.7	58.9	70.9	75.3
Mid-Atlantic	26	63.2	63.1	53.4	56.5	68.4	74.7
South	47	57.2	57.6	46.7	51.8	62.3	66.1
Midwest	66	65.5	65.4	57.3	60.7	71.5	75.5
West	27	66.1	64.1	52.2	59.1	71.7	85.7

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CBP-2. Medicaid and commercial change in performance, HEDIS 2011–2013: Controlling high blood pressure**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	56.4	57.5	56.2	NS
Northeast	NA	NA	60.5	NA
Mid-Atlantic	56.7	56.9	54.9	NS
South	NA	NA	52.1	NA
Midwest	NA	NA	59.1	NA
West	NA	NA	NA	NA
Commercial plans				
National	65.2	66.3	63.1	NS
Northeast	66.8	69.3	66.3	NS
Mid-Atlantic	67.4	67.4	63.1	NS
South	56.5	59.6	57.6	NS
Midwest	66.6	67.4	65.4	NS
West	65.4	65.5	64.1	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## Comprehensive Diabetes Care—LDL-C Screening (LDL)

### Measure Description

Percentage of enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a LDL-C screening test. For the Medicaid Adult Core Set, states calculate and report this measure for two age groups: ages 18 to 64 and ages 65 to 75.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Note: The HEDIS measure uses the age range 18 to 75.
- HEDIS Data Collection Methods: Administrative or hybrid.

**Table LDL-1. Medicaid and commercial performance, HEDIS 2013:  
Comprehensive diabetes care—LDL-C screening**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	201	75.5	76.3	66.8	71.0	80.5	83.5
Northeast	21	79.3	80.3	70.6	77.9	82.3	86.7
Mid-Atlantic	29	73.4	74.0	61.6	70.6	76.3	80.5
South	48	74.3	74.6	66.6	69.9	79.5	83.5
Midwest	62	74.5	74.3	65.5	70.5	80.8	83.0
West	41	78.2	78.8	70.3	75.9	80.7	83.5
Commercial plans							
National	218	85.5	85.7	79.8	83.0	88.3	91.0
Northeast	40	87.5	88.0	82.3	85.5	89.9	91.3
Mid-Atlantic	27	85.4	84.9	81.0	83.0	87.3	90.7
South	54	84.7	85.3	79.0	82.0	87.2	88.9
Midwest	70	84.8	84.6	79.4	82.2	87.6	90.3
West	27	85.9	86.6	78.6	83.9	90.3	92.0

Source: NCQA HEDIS Database.

**Table LDL-2. Medicaid and commercial change in performance, HEDIS 2011–  
2013: Comprehensive diabetes care—LDL-C screening**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	75.4	76.2	76.3	NS
Northeast	NA	NA	80.3	NA
Mid-Atlantic	73.5	74.5	74.0	NS
South	73.9	75.5	74.6	NS
Midwest	74.2	74.0	74.3	NS
West	78.0	78.6	78.8	NS
Commercial plans				
National	85.9	85.4	85.7	NS
Northeast	88.1	87.8	88.0	NS
Mid-Atlantic	84.9	85.1	84.9	NS
South	85.1	85.2	85.3	NS
Midwest	85.6	84.6	84.6	NS
West	86.6	85.9	86.6	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## Comprehensive Diabetes Care—Hemoglobin A1c Testing (HA1C)

### Measure Description

Percentage of enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a Hemoglobin A1c test. For the Medicaid Adult Core Set, states calculate and report this measure for two age groups: ages 18 to 64 and ages 65 to 75.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Note: The HEDIS measure uses the age range 18 to 75.
- HEDIS Data Collection Methods: Administrative or hybrid

**Table HA1C-1. Medicaid and commercial performance, HEDIS 2013:  
Comprehensive diabetes care—Hemoglobin A1c testing**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	201	83.0	83.2	75.9	79.2	87.3	91.0
Northeast	21	84.7	85.5	79.1	81.5	89.3	92.0
Mid-Atlantic	29	80.6	80.9	73.2	77.7	83.5	87.8
South	48	79.8	79.9	73.5	78.3	82.7	85.8
Midwest	62	85.0	85.0	76.0	79.9	89.7	93.1
West	41	84.5	84.2	80.3	81.8	86.6	92.3
Commercial plans							
National	218	90.1	90.5	85.6	87.6	92.9	94.9
Northeast	40	91.2	91.5	86.4	89.5	93.7	95.1
Mid-Atlantic	27	89.0	88.7	83.7	86.3	90.8	94.3
South	54	88.7	88.3	85.6	86.3	91.2	92.9
Midwest	70	91.2	91.2	86.4	88.7	93.8	95.3
West	27	89.4	90.8	83.7	88.0	92.7	94.5

Source: NCQA HEDIS Database.

**Table HA1C-2. Medicaid and commercial change in performance, HEDIS  
2011–2013: Comprehensive diabetes care—Hemoglobin A1c testing**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	82.2	82.4	83.2	NS
Northeast	NA	NA	85.5	NA
Mid-Atlantic	80.0	79.6	80.9	NS
South	78.7	80.4	79.9	NS
Midwest	85.9	85.0	85.0	NS
West	84.2	83.4	84.2	NS
Commercial plans				
National	90.1	90.3	90.5	NS
Northeast	91.5	91.3	91.5	NS
Mid-Atlantic	87.6	87.6	88.7	NS
South	88.0	88.1	88.3	NS
Midwest	91.1	91.1	91.2	NS
West	90.6	90.5	90.8	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)**

### **Measure Description**

Percentage of enrollees ages 19 to 64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

### **Considerations for Using the HEDIS Database for Benchmarking**

- Specification Notes: The HEDIS measure uses the age range 19 to 64 (same as for the Medicaid Adult Core Set). This measure is collected for Medicaid health plans only.
- HEDIS Data Collection Method: Administrative only.
- Trend Analyses: Trending information is not available because this is a new measure in HEDIS 2013.

**Table SAA-1. Medicaid performance, HEDIS 2013: Adherence to antipsychotic medications for individuals with schizophrenia**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	94	58.5	61.3	43.2	55.1	66.7	71.0
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	NA	NA	NA	NA	NA	NA	NA
Midwest	NA	NA	NA	NA	NA	NA	NA
West	NA	NA	NA	NA	NA	NA	NA

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

## Antidepressant Medication Management (AMM)

### Measure Description

The percentage of enrollees age 18 and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on an antidepressant medication treatment for a specified time period. Two rates are reported:

- Effective Acute Phase Treatment—at least 84 days (12 weeks)
- Effective Continuation Phase Treatment—at least 180 days (6 months)

For the Medicaid Adult Core Set, states calculate and report the two rates for each of the two age groups: ages 18 to 64 and age 65 and older.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Note: The HEDIS measure uses the age range 18 and older.
- HEDIS Data Collection Methods: Administrative
- Trend Analysis: This measure cannot be used for trend analyses between HEDIS 2011 and HEDIS 2013 because of specification changes, including (1) deleting the negative diagnosis history, (2) deleting the mental health benefit requirement, and (3) revising the continuous enrollment criteria.

**Table AMM-1. Medicaid and commercial performance, HEDIS 2013:  
Antidepressant medication management—effective acute phase treatment**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	142	52.8	51.5	45.1	48.3	56.2	61.0
Northeast	20	51.9	51.6	45.9	48.7	55.4	57.7
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	40	51.9	50.8	42.0	46.7	57.6	63.7
Midwest	53	55.0	53.9	46.5	49.3	57.2	66.5
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	204	69.1	68.9	60.5	64.4	73.7	78.3
Northeast	37	72.3	71.7	66.2	68.0	75.0	79.3
Mid-Atlantic	26	71.6	71.2	66.0	67.9	75.0	76.9
South	51	65.7	65.2	58.6	60.5	69.1	72.8
Midwest	65	69.8	69.5	60.6	64.3	74.5	79.5
West	25	67.1	66.2	60.5	62.8	68.9	75.2

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table AMM-2. Medicaid and commercial performance, HEDIS 2013:  
Antidepressant medication management—effective continuation phase  
treatment**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	142	36.7	35.3	28.1	32.1	40.2	45.9
Northeast	20	37.0	37.9	29.7	32.8	40.7	44.2
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	40	35.0	33.8	25.7	28.8	39.6	47.0
Midwest	53	38.7	38.6	27.9	32.6	42.9	51.3
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	204	53.6	53.0	44.0	48.6	58.4	62.6
Northeast	37	57.8	57.1	50.0	54.1	61.2	67.1
Mid-Atlantic	26	55.6	55.7	48.9	52.5	58.4	61.0
South	51	50.3	48.8	42.3	46.1	52.8	57.8
Midwest	65	54.0	54.1	43.3	48.0	60.5	63.4
West	25	51.0	50.0	44.3	47.0	54.2	58.7

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

## Annual Monitoring for Patients on Persistent Medications (MPM)

### Measure Description

The percentage of enrollees age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. States report each of the four rates separately and a total rate.

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Annual monitoring for members on digoxin
- Annual monitoring for members on diuretic
- Annual monitoring for members on anticonvulsants
- Total rate (the sum of the four numerators divided by the sum of the four denominators)

For the Medicaid Adult Core Set, states calculate and report the four separate rates and the total rate listed above for each of the two age groups: ages 18 to 64 and age 65 and older.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Note: The HEDIS measure uses the age range 18 and older.
- HEDIS Data Collection Methods: Administrative.

**Table MPM-1. Medicaid and commercial performance, HEDIS 2013: Annual monitoring for patients on persistent medications—ACE or ARB**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	176	86.3	87.1	80.8	84.6	89.2	91.2
Northeast	21	87.3	88.2	82.8	86.2	90.0	91.1
Mid-Atlantic	23	87.7	88.2	84.3	84.8	89.2	90.7
South	47	88.7	88.8	85.0	87.2	90.9	91.8
Midwest	52	84.5	85.4	79.4	82.3	87.8	89.1
West	33	84.2	84.9	76.7	81.0	87.1	92.6
Commercial plans							
National	212	82.9	83.2	78.1	80.7	85.5	87.5
Northeast	40	83.3	83.4	78.6	81.6	85.3	86.9
Mid-Atlantic	27	82.3	82.5	76.2	79.4	85.1	86.9
South	50	84.0	84.0	80.1	82.5	85.6	87.6
Midwest	70	81.5	81.5	74.7	79.6	84.7	87.1
West	25	84.8	84.9	80.5	81.4	87.4	90.0

Source: NCQA HEDIS Database.

**Table MPM-2. Medicaid and commercial performance, HEDIS 2013: Annual monitoring for patients on persistent medications—digoxin**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	94	90.2	90.8	83.7	87.5	93.2	94.9
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	25	90.6	91.5	84.8	87.8	93.5	94.8
Midwest	NA	NA	NA	NA	NA	NA	NA
West	20	89.0	89.0	84.1	86.2	91.6	94.2
<b>Commercial plans</b>							
National	129	86.5	86.8	78.7	82.8	91.5	94.3
Northeast	26	86.7	85.7	80.5	81.4	92.2	94.4
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	31	86.1	87.0	77.0	82.7	90.7	92.6
Midwest	34	85.3	85.7	76.7	80.5	91.2	94.5
West	20	90.4	91.1	83.6	88.3	93.3	95.3

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table MPM-3. Medicaid and commercial performance, HEDIS 2013: Annual monitoring for patients on persistent medications—diuretic**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	174	86.0	86.7	80.0	83.8	89.1	91.3
Northeast	21	86.7	87.9	82.4	84.8	89.1	90.5
Mid-Atlantic	23	87.1	87.7	83.6	84.4	88.8	90.2
South	46	88.9	89.0	84.7	86.4	91.3	93.1
Midwest	51	84.0	85.3	78.2	81.0	87.6	89.1
West	33	83.8	84.2	76.7	80.2	87.6	91.7
<b>Commercial plans</b>							
National	212	82.5	82.9	77.8	79.9	85.2	87.2
Northeast	40	82.9	83.3	78.7	80.7	84.9	87.6
Mid-Atlantic	27	81.8	82.1	77.6	78.1	84.9	86.1
South	50	83.8	83.7	79.3	82.3	86.1	87.9
Midwest	70	81.1	81.1	74.9	78.5	83.8	87.0
West	25	83.8	83.5	78.8	80.8	86.9	88.5

Source: NCQA HEDIS Database.

**Table MPM-4. Medicaid and commercial performance, HEDIS 2013: Annual monitoring for patients on persistent medications—anticonvulsants**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	136	65.8	66.0	55.6	61.8	70.7	73.6
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	22	65.0	64.4	59.1	61.4	69.0	70.9
South	41	68.4	68.5	61.4	66.0	71.2	74.4
Midwest	41	66.1	65.2	60.0	62.0	70.7	75.7
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	179	58.8	58.4	48.5	52.8	63.7	69.7
Northeast	34	60.7	61.8	51.0	56.6	64.9	67.6
Mid-Atlantic	24	58.6	57.4	50.6	53.2	63.0	72.7
South	42	56.4	55.8	45.7	50.0	61.3	68.7
Midwest	56	59.0	58.7	47.9	53.0	63.8	69.7
West	23	59.8	57.9	50.6	53.4	63.8	72.7

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table MPM-5. Medicaid and commercial performance, HEDIS 2013: Annual monitoring for patients on persistent medications—overall rate**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid Plans</b>							
National	176	84.5	85.4	79.3	82.4	87.3	89.0
Northeast	21	85.7	86.3	80.7	84.8	88.3	89.7
Mid-Atlantic	23	85.2	85.3	81.1	83.0	87.3	88.4
South	47	86.5	86.9	83.0	84.8	88.8	89.4
Midwest	52	82.7	83.6	77.8	81.0	85.5	86.2
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	212	82.3	82.6	77.3	79.8	85.0	87.0
Northeast	40	82.7	83.0	78.2	80.9	84.7	86.2
Mid-Atlantic	27	81.6	82.0	76.6	78.1	84.7	86.3
South	50	83.5	83.4	79.4	82.4	85.1	87.4
Midwest	70	80.8	80.6	74.5	78.3	83.7	86.7
West	25	84.0	83.6	78.8	80.7	86.9	88.7

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table MPM-6. Medicaid and commercial change in performance, HEDIS 2011–2013: Annual monitoring for patients on persistent medications—ACE or ARB**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	86.5	86.9	87.1	NS
Northeast	NA	NA	88.2	NA
Mid-Atlantic	NA	87.8	88.2	NA
South	88.7	89.2	88.8	NS
Midwest	84.1	84.7	85.4	NS
West	NA	84.0	84.9	NA
<b>Commercial plans</b>				
National	82.0	82.9	83.2	1.2
Northeast	82.5	82.9	83.4	NS
Mid-Atlantic	81.3	82.1	82.5	NS
South	83.0	84.5	84.0	NS
Midwest	81.0	81.9	81.5	NS
West	82.2	83.3	84.9	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table MPM-7. Medicaid and commercial change in performance, HEDIS 2011–2013: Annual monitoring for patients on persistent medications—digoxin**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	90.3	91.0	90.8	NS
Northeast	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA
South	NA	NA	91.5	NA
Midwest	NA	NA	NA	NA
West	NA	NA	89.0	NA
<b>Commercial plans</b>				
National	85.4	86.2	86.8	NS
Northeast	85.6	87.4	85.7	NS
Mid-Atlantic	85.8	NA	NA	NA
South	86.0	85.9	87.0	NS
Midwest	83.8	85.1	85.7	NS
West	88.6	89.4	91.1	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table MPM-8. Medicaid and commercial change in performance, HEDIS 2011–2013: Annual monitoring for patients on persistent medications —diuretic**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	85.8	86.4	86.7	NS
Northeast	NA	NA	87.9	NA
Mid-Atlantic	NA	NA	87.7	NA
South	88.7	89.2	89.0	NS
Midwest	84.0	84.9	85.3	NS
West	NA	83.9	84.2	NA
<b>Commercial plans</b>				
National	81.4	82.4	82.9	1.5
Northeast	82.6	83.1	83.3	NS
Mid-Atlantic	81.3	81.3	82.1	NS
South	82.8	84.4	83.7	NS
Midwest	80.3	81.6	81.1	NS
West	81.4	82.5	83.5	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table MPM-9. Medicaid and commercial change in performance, HEDIS 2011–2013: Annual monitoring for patients on persistent medications—anticonvulsants**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	68.6	65.3	66.0	-2.6
Northeast	NA	NA	NA	NA
Mid-Atlantic	NA	63.3	64.4	NA
South	71.3	NA	68.5	NS
Midwest	67.8	65.3	65.2	NS
West	NA	NA	NA	NA
<b>Commercial plans</b>				
National	60.0	60.2	58.4	-1.6
Northeast	62.0	63.6	61.8	NS
Mid-Atlantic	59.9	58.3	57.4	NS
South	58.9	60.7	55.8	NS
Midwest	60.2	59.2	58.7	NS
West	57.1	57.3	57.9	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table MPM-10. Medicaid and commercial change in performance, HEDIS 2011–2013: Annual monitoring for patients on persistent medications—overall rate**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	84.2	84.8	85.4	NS
Northeast	NA	NA	86.3	NA
Mid-Atlantic	NA	84.9	85.3	NA
South	NA	NA	86.9	NA
Midwest	NA	82.8	83.6	NA
West	NA	NA	NA	NA
<b>Commercial plans</b>				
National	81.3	82.1	82.6	1.3
Northeast	82.2	82.3	83.0	NS
Mid-Atlantic	80.8	81.2	82.0	NS
South	82.7	84.5	83.4	NS
Midwest	80.1	81.3	80.6	NS
West	81.7	82.7	83.6	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## CAHPS (CPA)

### Measure Description

CAHPS measures are based on questions from the CAHPS<sup>®</sup> 5.0H Adult Health Plan Survey. For the Medicaid Adult Core Set, states calculate survey results for two age groups: ages 18 to 64 and age 65 and older. Descriptions of the individual measures for HEDIS 2013 are provided below:

- **Rating of All Health Care:** Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? The result displayed is the percentage of members who answered this question with a 9 or 10.
- **Rating of Personal Doctor:** Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor? The result displayed is the percentage of members who answered this question with a 9 or 10.
- **Rating of Specialist Seen Most Often:** We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? The result displayed is the percentage of members who answered this question with a 9 or 10.
- **Rating of Health Plan:** Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan? The result displayed is the percentage of members who answered this question with a 9 or 10.
- **Customer Service:** This measure is a composite score, drawn from two individual survey questions. The composite score is the percentage of members who responded “Always” to the following questions:
  - In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
  - In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?
- **Getting Care Quickly:** This measure is a composite score, drawn from two individual survey questions. The composite score is the overall percentage of members who responded “Always” to the following questions:
  - In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
  - 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?

- **Getting Needed Care:** This measure is a composite score, drawn from two individual survey questions. The composite score is the overall percentage of members who responded “Always” to the following questions:
  - In the last 6 months, how often was it easy to get appointments with specialists?
  - In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?
- **How Well Doctors Communicate:** This measure is a composite score, drawn from four individual survey questions. The composite score is the overall percentage of members who responded “Always” to the following questions:
  - In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
  - In the last 6 months, how often did your personal doctor listen carefully to you?
  - In the last 6 months, how often did your personal doctor show respect for what you had to say?
  - In the last 6 months, how often did your personal doctor spend enough time with you?
- **Shared Decision Making:** This measure is a composite score, drawn from three individual survey questions. The composite score is the percentage of members who responded “A lot” to the first two questions and “Yes” to the third question:
  - When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?
  - When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?
  - When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
- **Health Promotion and Education:** This measure is the percentage of members who responded “Yes” to the following question:
  - In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
- **Coordination of Care:** This measure is the percentage of members who responded “Always” to the following question:
  - In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

### **Considerations for Using the HEDIS Database for Benchmarking**

- **Specification Notes:** The HEDIS measure uses the age range 18 and older. The Medicaid survey has a 6-month continuous enrollment period and the commercial survey has a 12-month continuous enrollment period.
- **HEDIS Data Collection Methods:** Survey

- Trend Analyses: Shared Decision Making and Health Promotion and Education cannot be used for trend analyses between 2011 and 2013 because of reworded questions and revisions to response choices. Getting Needed Care should be trended with caution because the survey item was moved within the questionnaire beginning in HEDIS 2013.

**Table CPA-1. Medicaid and commercial performance, HEDIS 2013: CAHPS—rating of all health care**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	132	50.8	50.9	45.1	47.8	53.8	57.0
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	28	50.5	51.0	42.8	48.2	53.5	57.0
South	41	51.3	50.9	46.5	48.2	54.2	56.1
Midwest	32	50.6	51.1	44.8	48.0	53.7	55.1
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	214	51.5	51.3	43.1	46.7	55.4	60.5
Northeast	40	53.1	51.8	43.7	47.7	58.3	62.1
Mid-Atlantic	27	50.7	51.2	41.0	44.8	55.8	58.5
South	53	51.1	50.0	44.0	47.4	54.4	58.8
Midwest	68	52.1	52.2	43.6	47.1	55.6	62.1
West	26	49.1	48.0	36.8	43.1	57.0	62.2

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-2. Medicaid and commercial performance, HEDIS 2013: CAHPS—rating of personal doctor**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	132	63.1	63.0	56.2	60.1	66.5	69.3
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	28	62.5	63.0	55.0	59.7	66.0	67.2
South	41	64.3	64.5	58.8	61.3	68.0	69.9
Midwest	32	62.9	62.8	57.1	60.5	66.0	69.5
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	214	66.2	66.5	59.3	62.3	69.2	73.9
Northeast	40	67.1	65.8	59.8	62.0	71.0	78.7
Mid-Atlantic	27	66.2	67.3	57.8	61.1	69.2	75.9
South	53	65.9	66.5	59.5	62.3	68.7	72.0
Midwest	68	66.6	67.2	60.7	63.7	69.1	71.9
West	26	64.4	63.7	54.8	60.2	70.1	75.2

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-3. Medicaid and commercial performance, HEDIS 2013: CAHPS—rating of specialist seen most often**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	118	64.3	64.0	58.2	61.3	67.2	70.0
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	25	62.2	61.7	56.9	59.4	65.5	67.1
South	35	66.5	66.4	61.7	63.8	69.4	70.8
Midwest	30	63.6	63.1	58.9	61.4	66.4	69.0
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	213	66.4	66.3	58.2	62.4	69.9	75.0
Northeast	40	67.8	67.6	58.6	62.2	71.4	80.7
Mid-Atlantic	26	66.3	66.6	58.2	62.6	70.1	72.6
South	53	66.9	66.5	62.4	65.1	68.8	70.8
Midwest	68	65.3	65.2	58.0	61.4	68.6	72.9
West	26	65.9	66.4	53.5	58.8	75.3	77.9

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-4. Medicaid and commercial performance, HEDIS 2013: CAHPS—rating of health plan**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	132	56.2	56.4	46.8	51.6	60.5	65.5
Northeast	18	NA	NA	NA	NA	NA	NA
Mid-Atlantic	28	55.1	56.3	46.8	48.7	59.6	66.6
South	41	56.4	55.8	49.3	52.3	60.7	63.5
Midwest	32	56.9	57.9	46.1	53.2	62.2	64.9
West	15	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	214	41.4	39.4	27.9	31.9	47.4	59.5
Northeast	40	45.3	41.9	25.8	33.3	54.9	66.9
Mid-Atlantic	27	41.4	39.7	27.9	31.9	47.2	59.3
South	53	39.8	37.9	28.7	30.9	44.3	51.7
Midwest	68	39.4	38.2	27.6	32.3	44.7	54.4
West	26	43.9	42.9	25.8	35.8	55.9	63.8

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-5. Medicaid and commercial performance, HEDIS 2013: CAHPS—customer service**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	111	66.7	67.4	60.2	63.3	70.2	72.1
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	25	65.9	67.7	58.9	61.1	69.4	72.1
South	32	68.0	67.9	63.1	64.6	71.4	73.6
Midwest	29	67.6	68.2	60.8	65.7	70.7	72.9
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	136	64.4	64.4	56.8	59.6	68.1	72.3
Northeast	29	67.9	66.3	57.2	62.1	72.5	84.8
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	28	63.2	63.1	54.8	57.7	67.9	70.6
Midwest	48	64.1	64.3	56.7	61.1	68.1	70.2
West	NA	NA	NA	NA	NA	NA	NA

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-6. Medicaid and commercial performance, HEDIS 2013: CAHPS—getting care quickly**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	132	59.1	59.7	53.6	56.3	62.4	64.1
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	28	60.1	59.7	55.5	58.0	63.1	64.7
South	41	59.8	61.1	53.8	56.9	62.8	64.2
Midwest	32	60.0	60.8	55.8	57.7	62.7	64.8
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	213	60.5	60.9	54.7	57.5	64.1	66.9
Northeast	40	63.1	62.0	55.9	58.7	67.8	72.7
Mid-Atlantic	26	62.0	62.9	55.2	59.5	64.7	66.6
South	53	59.7	59.7	54.5	57.5	61.8	65.1
Midwest	68	61.2	61.7	55.3	58.9	64.4	66.4
West	26	55.1	56.2	46.0	53.9	58.2	61.9

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-7. Medicaid and commercial performance, HEDIS 2013: CAHPS—getting needed care**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	132	55.1	55.7	47.9	52.5	58.5	61.3
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	28	55.9	56.0	51.1	53.8	58.1	61.2
South	41	56.9	56.5	50.9	54.7	59.8	61.6
Midwest	32	55.3	55.4	47.9	51.3	58.8	61.4
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	214	56.4	57.1	49.4	53.0	60.1	62.6
Northeast	40	57.2	56.0	49.9	52.8	62.0	65.5
Mid-Atlantic	27	55.3	55.7	48.3	52.2	58.7	61.6
South	53	56.6	57.4	49.3	55.1	59.6	60.9
Midwest	68	57.7	58.2	51.3	55.0	61.0	64.3
West	26	52.2	52.4	39.4	50.2	57.3	60.1

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-8. Medicaid and commercial performance, HEDIS 2013: CAHPS—how well doctors communicate**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	132	71.6	71.9	66.7	69.6	74.1	75.9
Northeast	18	NA	NA	NA	NA	NA	NA
Mid-Atlantic	28	72.6	72.4	70.0	70.8	74.3	75.8
South	41	71.8	72.1	65.6	70.2	74.7	75.9
Midwest	32	71.9	70.9	68.5	69.1	74.2	76.8
West	15	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	214	74.9	75.4	70.4	72.7	77.3	79.1
Northeast	40	75.6	76.0	72.4	73.6	77.4	79.7
Mid-Atlantic	27	75.1	75.6	70.6	72.8	77.3	79.0
South	53	74.8	75.1	69.8	72.1	77.4	79.1
Midwest	68	75.6	76.2	71.3	73.3	78.0	79.5
West	26	71.5	72.7	66.8	69.2	75.0	75.3

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-9. Medicaid and commercial performance, HEDIS 2013: CAHPS—shared decision making**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	116	50.6	50.5	46.5	48.3	52.2	55.5
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	25	51.3	51.0	47.4	50.1	52.5	55.8
South	32	49.2	49.1	46.4	48.0	50.9	52.3
Midwest	30	51.4	51.3	47.0	48.6	53.9	55.8
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	186	47.7	47.5	43.1	45.4	50.1	52.0
Northeast	34	48.7	49.3	42.2	45.8	51.2	53.1
Mid-Atlantic	25	47.7	48.0	44.1	45.6	49.5	51.2
South	40	46.5	46.6	42.7	44.3	48.4	49.7
Midwest	63	47.8	47.6	43.7	45.9	50.2	52.0
West	24	47.5	47.5	43.0	45.7	49.7	52.1

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-10. Medicaid and commercial performance, HEDIS 2013: CAHPS—health promotion and education**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	132	27.7	27.8	22.8	25.1	30.1	31.9
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	28	26.0	26.2	20.9	23.6	29.0	30.1
South	41	28.4	28.7	23.9	26.7	30.5	31.9
Midwest	32	26.9	26.7	22.8	24.8	28.9	31.2
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	214	24.8	24.6	19.5	21.9	27.0	30.3
Northeast	40	21.9	22.1	16.4	20.2	24.5	26.4
Mid-Atlantic	27	24.7	25.0	21.2	22.5	27.0	27.9
South	53	26.1	26.3	20.5	23.5	28.9	31.8
Midwest	68	25.1	24.6	19.5	21.9	27.6	30.9
West	26	25.7	25.4	20.9	22.7	27.5	31.5

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-11. Medicaid and commercial performance, HEDIS 2013: CAHPS—coordination of care**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	116	54.4	54.8	47.9	51.5	58.4	61.1
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	25	55.0	54.9	48.7	52.2	56.8	60.5
South	34	55.3	54.7	49.0	52.7	59.2	63.3
Midwest	29	55.3	55.2	50.2	52.0	58.1	60.7
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	201	49.5	50.0	42.4	45.7	53.2	55.9
Northeast	39	51.0	51.4	42.8	46.5	55.5	56.9
Mid-Atlantic	26	50.0	50.1	43.1	46.2	53.3	57.1
South	44	47.6	47.4	42.4	44.4	50.7	54.6
Midwest	66	50.4	50.7	43.0	48.1	54.2	56.2
West	26	47.4	49.0	38.5	43.6	52.0	53.3

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table CPA-12. Medicaid and commercial change in performance, HEDIS 2011–2013: CAHPS—rating of all health care**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	49.2	50.0	50.9	NS
Northeast	51.9	52.4	52.2	NS
Mid-Atlantic	50.4	49.4	51.0	NS
South	49.4	50.7	50.9	NS
Midwest	49.3	50.8	51.1	NS
West	44.0	45.6	47.5	NS
<b>Commercial plans</b>				
National	50.2	50.9	51.3	NS
Northeast	50.0	52.1	51.8	NS
Mid-Atlantic	51.2	50.0	51.2	NS
South	49.7	50.8	50.0	NS
Midwest	51.3	51.8	52.2	NS
West	46.1	48.9	48.0	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-13. Medicaid and commercial change in performance, HEDIS  
2011–2013: CAHPS—rating of personal doctor**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	60.8	62.1	63.0	2.2
Northeast	60.5	62.6	62.0	NS
Mid-Atlantic	61.2	60.6	63.0	NS
South	63.5	62.7	64.5	NS
Midwest	61.4	62.7	62.8	NS
West	56.9	60.4	61.0	NS
<b>Commercial plans</b>				
National	64.9	65.9	66.5	1.6
Northeast	64.6	65.6	65.8	NS
Mid-Atlantic	64.9	65.6	67.3	NS
South	65.2	67.4	66.5	NS
Midwest	65.3	66.8	67.2	NS
West	61.7	63.7	63.7	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-14. Medicaid and commercial change in performance, HEDIS  
2011–2013: CAHPS—rating of specialist seen most often**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	61.3	62.1	64.0	2.7
Northeast	61.2	60.4	64.4	3.2
Mid-Atlantic	61.1	60.0	61.7	NS
South	64.3	64.9	66.4	2.1
Midwest	61.0	62.6	63.1	NS
West	59.6	59.6	63.2	NS
<b>Commercial plans</b>				
National	64.2	65.2	66.3	2.1
Northeast	64.3	65.5	67.6	3.3
Mid-Atlantic	64.8	64.6	66.6	NS
South	64.5	66.0	66.5	2.0
Midwest	63.8	64.3	65.2	NS
West	60.8	65.2	66.4	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-15. Medicaid and commercial change in performance, HEDIS 2011–2013: CAHPS—rating of health plan**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	55.4	56.1	56.4	NS
Northeast	56.5	58.5	59.2	NS
Mid-Atlantic	54.2	55.8	56.3	NS
South	55.9	55.7	55.8	NS
Midwest	55.0	56.8	57.9	NS
West	49.6	52.2	50.0	NS
<b>Commercial plans</b>				
National	38.3	39.9	39.4	NS
Northeast	39.5	41.7	41.9	NS
Mid-Atlantic	41.1	40.1	39.7	NS
South	35.7	39.2	37.9	NS
Midwest	38.2	38.2	38.2	NS
West	41.1	41.6	42.9	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-16. Medicaid and commercial change in performance, HEDIS 2011–2013: CAHPS—customer service**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	58.6	60.0	67.4	8.8
Northeast	59.3	60.9	66.7	7.4
Mid-Atlantic	61.4	60.4	67.7	NS
South	56.8	58.8	67.9	11.1
Midwest	59.5	62.7	68.2	8.7
West	57.1	57.4	61.1	4.0
<b>Commercial plans</b>				
National	59.6	60.9	64.4	4.8
Northeast	60.2	64.6	66.3	6.1
Mid-Atlantic	61.5	60.2	64.7	NS
South	57.9	60.6	63.1	5.2
Midwest	60.5	60.6	64.3	3.8
West	56.8	59.0	63.6	6.8

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-17. Medicaid and commercial change in performance, HEDIS 2011–2013: CAHPS—getting care quickly**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	57.1	58.2	59.7	2.6
Northeast	56.4	60.2	59.6	NS
Mid-Atlantic	57.9	56.2	59.7	1.8
South	57.9	59.7	61.1	3.2
Midwest	57.9	58.3	60.8	2.9
West	47.4	49.1	53.4	NS
<b>Commercial plans</b>				
National	57.9	59.0	60.9	3.0
Northeast	61.6	62.6	62.0	NS
Mid-Atlantic	59.8	59.9	62.9	3.1
South	57.8	57.4	59.7	1.9
Midwest	57.3	59.0	61.7	4.4
West	55.6	53.3	56.2	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-18. Medicaid and commercial change in performance, HEDIS 2011–2013: CAHPS—getting needed care**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	50.2	49.8	55.7	5.5
Northeast	49.2	50.3	54.8	5.6
Mid-Atlantic	50.1	49.2	56.0	NS
South	50.6	49.9	56.5	5.9
Midwest	53.2	54.4	55.4	2.2
West	42.3	42.7	48.9	NS
<b>Commercial plans</b>				
National	53.9	53.8	57.1	3.2
Northeast	53.7	54.9	56.0	2.3
Mid-Atlantic	54.9	53.5	55.7	NS
South	54.9	54.0	57.4	2.5
Midwest	53.6	54.1	58.2	4.6
West	53.5	51.2	52.4	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance. Trends should be interpreted with caution; beginning in HEDIS 2013, the survey item was moved within the questionnaire and the order of questions was changed.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-19. Medicaid and commercial change in performance, HEDIS 2011–2013: CAHPS—how well doctors communicate**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	69.4	70.2	71.9	2.5
Northeast	69.4	72.6	71.9	2.5
Mid-Atlantic	70.9	71.0	72.4	NS
South	70.0	70.3	72.1	NS
Midwest	69.3	70.1	70.9	1.6
West	62.1	65.1	70.5	NS
<b>Commercial plans</b>				
National	73.6	74.3	75.4	1.8
Northeast	74.0	75.4	76.0	2.0
Mid-Atlantic	75.0	74.0	75.6	NS
South	74.0	76.0	75.1	NS
Midwest	73.8	74.6	76.2	2.4
West	72.1	71.5	72.7	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table CPA-20. Medicaid and commercial HEDIS change in performance, 2011–2013: CAHPS—coordination of care**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	51.8	54.3	54.8	NS
Northeast	51.5	55.9	51.6	NS
Mid-Atlantic	52.7	56.1	54.9	NS
South	53.0	55.4	54.7	NS
Midwest	51.5	52.9	55.2	3.7
West	45.0	46.9	48.1	NS
<b>Commercial plans</b>				
National	49.3	50.6	50.0	NS
Northeast	50.0	52.2	51.4	NS
Mid-Atlantic	49.0	52.1	50.1	NS
South	49.0	47.6	47.4	NS
Midwest	49.0	50.7	50.7	1.7
West	47.2	45.8	49.0	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

### Measure Description

The percentage of enrollees age 18 and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

- Initiation of AOD Treatment—the percentage who initiated 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 who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit

Two rates are reported for each age group: initiation of AOD treatment and engagement of AOD treatment. For the Medicaid Adult Core Set, states calculate and report the two rates for each of the two age groups: ages 18 to 64 and age 65 and older.

### Considerations for Using the HEDIS Database for Benchmarking

- Specification Notes: The HEDIS measure includes ages 13 to 17, ages 18 and older, and a total rate. The results below are for ages 18 and older.
- HEDIS Data Collection Methods: Administrative only.

**Table IET-1. Medicaid and commercial performance, HEDIS 2013: Initiation of AOD treatment**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	93	39.4	39.3	28.7	35.0	43.4	48.0
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	28	37.0	38.0	30.2	34.1	39.7	43.3
Midwest	NA	NA	NA	NA	NA	NA	NA
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	203	39.0	38.5	29.6	34.0	43.1	49.9
Northeast	39	42.6	42.6	34.2	38.1	45.6	51.7
Mid-Atlantic	26	40.9	39.1	32.2	33.6	47.2	52.0
South	48	37.9	37.1	27.1	33.2	41.7	51.2
Midwest	66	38.5	38.3	29.4	33.9	41.5	46.9
West	24	35.0	34.8	25.1	29.2	38.2	46.5

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table IET-2. Medicaid and commercial performance, HEDIS 2013:  
Engagement of AOD treatment**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
<b>Medicaid plans</b>							
National	93	10.2	9.0	2.6	5.1	15.5	19.5
Northeast	NA	NA	NA	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA	NA	NA	NA
South	28	5.8	5.9	1.1	2.1	8.5	11.1
Midwest	NA	NA	NA	NA	NA	NA	NA
West	NA	NA	NA	NA	NA	NA	NA
<b>Commercial plans</b>							
National	203	13.4	13.1	7.0	9.6	16.3	19.6
Northeast	39	16.8	17.0	11.7	13.8	19.6	21.6
Mid-Atlantic	26	15.5	14.9	7.3	10.8	19.8	21.0
South	48	10.1	9.9	4.1	7.1	13.4	15.9
Midwest	66	13.9	13.3	9.0	11.0	16.0	18.5
West	24	10.8	10.5	4.6	7.8	14.9	15.9

Source: NCQA HEDIS Database.

NA = not available; did not meet threshold for reporting.

**Table IET-3. Medicaid and commercial change in performance, HEDIS 2011–  
2013: Initiation of AOD treatment**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	40.4	39.0	39.3	NS
Northeast	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA
South	NA	NA	38.0	NA
Midwest	NA	NA	NA	NA
West	NA	NA	NA	NA
<b>Commercial plans</b>				
National	42.6	40.4	38.5	-4.1
Northeast	46.8	44.2	42.6	-4.2
Mid-Atlantic	42.7	43.0	39.1	NS
South	40.8	39.0	37.1	NS
Midwest	42.4	39.1	38.3	-4.1
West	38.1	39.5	34.8	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

**Table IET-4. Medicaid and commercial change in performance, HEDIS 2011–2013: Engagement of AOD treatment**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
<b>Medicaid plans</b>				
National	13.3	11.4	9.0	-4.3
Northeast	NA	NA	NA	NA
Mid-Atlantic	NA	NA	NA	NA
South	NA	NA	5.9	NA
Midwest	NA	NA	NA	NA
West	NA	NA	NA	NA
<b>Commercial plans</b>				
National	15.2	15.2	13.1	-2.1
Northeast	18.5	17.5	17.0	-1.5
Mid-Atlantic	15.4	15.6	14.9	NS
South	11.6	11.1	9.9	NS
Midwest	15.7	15.4	13.3	-2.4
West	11.5	13.9	10.5	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

## Postpartum Care Rate (PPC)

### Measure Description

Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery. For the Medicaid Adult Core Set, this measure applies to both Medicaid and Children’s Health Insurance Program (CHIP) enrolled females that meet the measure-specific eligibility criteria.

### Considerations for Using the HEDIS Database for Benchmarking

- HEDIS Data Collection Methods: Administrative or hybrid.

**Table PPC-1. Medicaid and commercial performance, HEDIS 2013:  
Postpartum care rate**

	Number of plans	Mean	Median	10th percentile	25th percentile	75th percentile	90th percentile
Medicaid plans							
National	191	63.0	64.0	50.7	57.9	70.2	73.8
Northeast	20	67.0	66.8	57.7	61.9	71.2	77.6
Mid-Atlantic	28	63.8	64.0	56.0	59.5	66.8	72.5
South	48	58.3	58.8	46.7	51.6	66.8	71.1
Midwest	55	66.3	67.3	52.0	60.6	73.2	76.4
West	40	61.9	62.4	51.5	57.9	68.5	73.6
Commercial plans							
National	201	80.1	82.2	68.3	74.8	87.4	90.5
Northeast	36	80.5	83.0	69.2	73.8	87.8	92.5
Mid-Atlantic	25	82.9	82.7	74.2	81.1	86.3	91.3
South	48	74.9	76.0	63.8	68.3	84.4	89.5
Midwest	65	83.0	85.0	74.8	80.6	88.5	90.2
West	27	79.2	80.7	68.3	73.6	84.5	90.5

Source: NCQA HEDIS Database.

**Table PPC-2. Medicaid and commercial change in performance, HEDIS 2011–  
2013: Postpartum care rate**

	HEDIS 2011 median	HEDIS 2012 median	HEDIS 2013 median	Change HEDIS 2011 to 2013 <sup>a</sup>
Medicaid plans				
National	64.6	65.0	64.0	NS
Northeast	NA	NA	66.8	NA
Mid-Atlantic	65.0	64.8	64.0	NS
South	58.5	58.6	58.8	NS
Midwest	67.3	68.7	67.3	NS
West	63.0	63.5	62.4	NS
Commercial plans				
National	83.8	85.7	82.2	NS
Northeast	82.8	86.3	83.0	NS
Mid-Atlantic	81.4	85.0	82.7	NS
South	83.5	83.6	76.0	-7.5
Midwest	85.9	86.8	85.0	NS
West	83.7	83.2	80.7	NS

Source: NCQA HEDIS Database.

<sup>a</sup> Numbers indicate statistically significant changes in performance.

NA = not available; did not meet threshold for reporting.

NS = no statistically significant change in median performance from HEDIS 2011 to 2013.

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## **APPENDIX B**

### **TECHNICAL METHODS**

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This appendix describes the technical approach (Section A), provides an overview of HEDIS (Section B), and summarizes Medicaid data considerations that may result in variations in Medicaid benchmarks across states as well as affect the comparability between Medicaid and commercial benchmarks (Section C).

## A. Technical approach

### 1. Medicaid and commercial health plan reporting to the HEDIS database

This report contains an analysis of Medicaid and commercial health plan data for HEDIS reporting years 2011, 2012, and 2013 (measurement years 2010, 2011, and 2012, respectively). Because submission is voluntary, not all plans reported all measures in all years. Table B.1 shows the number of Medicaid and commercial plans submitting one or more measures to the NCQA database for HEDIS 2011 through 2013, by state and region. The number of Medicaid health plans submitting performance data to the NCQA national database increased from 184 in 35 states for 2011 to 213 in 37 states for 2013. The number of commercial health plans submitting performance data to the NCQA national database decreased from 240 in 46 states for 2011 to 217 in 43 states for 2013 (excluding standalone PPOs).

**Table B.1. Number of Medicaid and commercial plans reporting HEDIS 2011 through 2013 data to the NCQA HEDIS database, by state and region**

State/ Territory	Number of Medicaid Plans Reporting			Number of Commercial Plans Reporting		
	HEDIS 2011	HEDIS 2012	HEDIS 2013	HEDIS 2011	HEDIS 2012	HEDIS 2013
Total	184	191	213	240	219	218
Northeast	20	18	22	46	40	39
Connecticut	3	0	2	5	5	5
Maine	0	0	0	4	4	3
Massachusetts	4	5	5	8	8	9
New Jersey	3	3	4	9	5	5
New Hampshire	0	0	0	3	3	3
New York	8	8	9	12	11	12
Puerto Rico	0	0	0	1	1	1
Rhode Island	2	2	2	2	1	0
Vermont	0	0	0	2	2	2
Mid-Atlantic	27	29	29	24	23	24
Delaware	2	2	2	3	4	3
District of Columbia	3	3	2	0	0	0
Maryland	8	8	8	9	7	9
Pennsylvania	6	8	8	9	9	9
Virginia	5	5	6	4	5	4
West Virginia	3	3	3	2	2	2

Table B.1 (continued)

State/ Territory	Number of Medicaid Plans Reporting			Number of Commercial Plans Reporting		
	HEDIS 2011	HEDIS 2012	HEDIS 2013	HEDIS 2011	HEDIS 2012	HEDIS 2013
South	40	44	53	61	52	54
Alabama	0	0	0	1	0	0
Arkansas	0	0	0	1	0	0
Florida	14	18	16	13	12	12
Georgia	3	3	3	7	7	7
Kentucky	1	1	4	3	2	2
Louisiana	0	0	2	4	3	3
Mississippi	0	0	2	1	0	0
North Carolina	0	0	0	3	2	3
New Mexico	6	6	6	3	3	3
Oklahoma	0	0	0	4	4	4
South Carolina	4	4	4	2	2	2
Tennessee	7	7	7	4	3	3
Texas	5	5	9	15	14	15
Midwest	61	63	64	75	71	70
Colorado	2	2	2	7	7	8
Illinois	2	2	4	8	7	7
Indiana	5	4	4	4	4	3
Iowa	0	0	0	4	4	4
Kansas	1	2	1	4	4	2
Michigan	14	14	13	7	7	8
Minnesota	9	7	7	4	4	4
Missouri	7	6	2	8	7	7
Montana	0	0	0	1	1	0
Nebraska	1	2	3	0	0	1
North Dakota	0	0	0	0	0	0
Ohio	7	7	7	10	9	8
South Dakota	0	0	0	0	1	2
Utah	1	1	3	3	2	2
Wisconsin	12	16	18	15	14	14
Wyoming	0	0	0	0	0	0
West	36	37	45	30	29	27
Alaska	0	0	0	1	0	0
Arizona	1	1	1	5	5	5
California	24	23	30	10	10	11
Hawaii	1	3	6	3	3	3
Idaho	0	0	0	0	0	0
Nevada	2	2	2	2	2	2
Oregon	1	1	1	2	2	2
Washington	7	7	5	7	6	3
Guam	0	0	0	1	1	1

## 2. Calculation of means, medians, and percentiles

This report presents unweighted national and regional means (that is, the sum of plan rates divided by the total number of plans); medians; and percentiles for HEDIS 2013 results. The national and regional means, medians, and percentiles were calculated across all publicly and

non-publicly reporting health plans for the selected HEDIS measures. The means, medians, and percentiles were derived from plans' valid values; plans with "missing values" were not included in the calculations. These represent the national measures of central tendency and dispersion.

### 3. Calculation of changes in rates from HEDIS 2011 to HEDIS 2013

Comparison over time provides an assessment of the direction and magnitude of the performance trend. Trend analysis was performed by calculating the national and regional median differences and testing for statistical significance of changes in the rates from HEDIS 2011 to HEDIS 2013. The trend tables in Appendix A contain a column titled "Change 2011 to 2013," which indicates whether a change was statistically significant, and, if so, the direction and magnitude of the change. A Wilcoxon Rank Sum Test was performed to test statistical significance. All numbers indicate statistically significant changes in median performance; 'NS' is used to denote no statistically significant change in median performance; and 'NA' is used to denote that data are not available to calculate statistical significance because the threshold for reporting has not been met. The trend analyses are based on health plan submitted data, which do not necessarily include the same measures submitted by the same plans over the three-year period.

### 4. Thresholds for reporting benchmarks

We applied the following rules for reporting rates in the report:

- **Rules for reporting national rates.** The report includes benchmarks for measures for which there were at least 20 plans reporting nationally, reflecting a NCQA standard minimum threshold. Any measure with fewer than 20 plans reporting nationally in a given year was excluded from reporting.
- **Rules for reporting regional rates.** Regional rates are displayed for regions where at least 50 percent of the states that make up that region contributed to the regional rate and at least 20 plans from that region are represented. Benchmark data for regions that do not meet the threshold are labeled as "NA," indicating not available. For Medicaid results, the Northeast region frequently failed to meet the threshold because fewer than half the states within the region contributed to the result.

### 5. Geographic regions

NCQA's HEDIS database includes data by HHS region and Census regions and divisions. Because NCQA does not receive Medicaid submissions from health plans in all states, the analysis combined the 10 HHS regions into 5 geographic regions to meet minimum thresholds for reporting. Table B.2 shows the five regions and their relationship to HHS regions.

**Multi-state health plans.** Some commercial plans that submit results to the HEDIS database operate in multiple states. This report assigns multi-state health plans to the state with the largest enrollment to avoid double counting health plans.

**Table B.2. Regions for 2014 adult Medicaid and commercial benchmarking report**

Benchmarking regions	HHS regions	States
Northeast	1 and 2	Connecticut, Maine, Massachusetts, New Jersey, New Hampshire, New York, Puerto Rico, Rhode Island, Vermont
Mid-Atlantic	3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
South	4 and 6	Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, New Mexico, Oklahoma, South Carolina, Tennessee, Texas
Midwest	5, 7, and 8	Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, South Dakota, Utah, Wisconsin, Wyoming
West	9 and 10	Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, Guam

## 6. Product lines and lines of business

HEDIS data are reported by product line (commercial, Medicaid, and Medicare) and product (HMO, POS, and PPO). Organizations may also combine HMO and POS into one submission. The results in this report are from HMO plans including the combination plans—that is, HMOs, HMO/POS combined, HMO/PPO/POS combined, and HMO/PPO combined. In other words, the data in this report include all products except stand-alone PPO products for both Medicaid and commercial benchmarks.

### B. Overview of HEDIS reporting

NCQA assumed responsibility for the Healthcare Effectiveness Data and Information Set (HEDIS) in 1992 with the goal of developing and maintaining a standardized set of performance measures that could be used to compare health plan performance and drive quality improvement. Since then, the demand for health plan performance data has grown considerably. Employers, consumer organizations, state and federal regulators, consultants, and health plans commonly use HEDIS measures to assess health care quality. HEDIS reporting is also required for NCQA's Health Plan Accreditation, with slight differences in reporting requirements by product line (commercial, Medicaid, Medicare). For 2014, accredited plans are required to report 31 measures for their Medicaid population and 32 measures for their commercial population. (See Table III.2 in Chapter III for a list of Medicaid Adult Core Set measures that are required for NCQA health plan accreditation).

HEDIS 2013 consists of 80 measures across five domains of care. Where appropriate, HEDIS measures apply to commercial, Medicaid, and Medicare populations. Because the measures are defined in detail, HEDIS makes it possible to compare the performance of organizations on an “apples-to-apples” basis.

HEDIS data are collected annually by NCQA. Health plans submit their audited results in June of each year for the previous calendar year. For example, HEDIS 2013 data were submitted to NCQA in June 2013 and reflect services delivered during measurement year 2012. All HEDIS

data submitted to NCQA must undergo a HEDIS Compliance Audit. The audit evaluates a health plan’s ability to capture the relevant member, medical, and provider information and the processes used to access those data sources to calculate measure results. The audit addresses information practices and control procedures, sampling methods and processes, data integrity, and compliance with HEDIS specifications.

HEDIS measures are collected using one of three methods—administrative, hybrid, or survey. Each measure specifies the data collection methods that are applicable to that measure. The three methods are described in Table B.3.

**Table B.3. Overview of HEDIS data collection methods**

Administrative method	Transaction data or other administrative databases are used to identify the denominator of eligible persons and the numerator. The reported rate is based on all members who meet the eligible population criteria and who are found through administrative data to have received the service required for the numerator.
Hybrid method	Health plans look for numerator compliance in both administrative and medical record data. Health plans identify the eligible population from administrative data and select a sample to use as the denominator. Health plans then review administrative data to determine if members in the sample received the service. For members who do not meet numerator criteria using administrative data, health plans review medical record data for evidence of the service. The reported rate is based on members in the sample who are found to have received the service required for the numerator through either administrative or medical record data.
Survey method	Health plans contract with an NCQA-certified survey vendor to survey their members for survey-based measures. The technical specifications identify how the sample is selected and the survey protocol. The survey vendor selects the sample, fields the survey, and provides the results.

For each measure, NCQA specifies the allowable methods of data collection—in particular, whether the data are to be collected using only administrative data or if the hybrid method is allowed. In some cases, health plans have the option of administrative or hybrid methods. The hybrid method is often more resource intensive but may yield a more complete and accurate result. It is important to note the methodology when evaluating measure results.

## **C. Medicaid data considerations**

Several factors may be associated with variation in Medicaid health plan rates, which can affect the comparability of rates across states or between Medicaid and commercial health plans. This section discusses factors that may account for variation in performance rates, independent of provider performance.

### **1. Completeness and continuity in reporting**

When examining the results in this report, it is important to note that health plans may not have complete data on all services provided to their members for various reasons. Health plans may not capture care delivered out of the geographic area, care provided by community organizations, or care that was never billed to the health plan. Moreover, Medicaid health plans may be affected differentially by additional data completeness challenges including the following:

- **State carve-outs.** Many state Medicaid programs “carve-out” some categories of services such as prescriptions or behavioral health care to organizations other than the Medicaid managed care plan. Because of the difficulty capturing information from services delivered outside of the plan’s contracted network, data from carved-out services may not be reflected in the health plan’s results. For example, behavioral health measure results such as Antidepressant Medication Management can be affected by behavioral health carve-outs, which can affect either the number of plans that are able to report the measure or the completeness of the data reported.
- **Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).** FQHCs, RHCs, and community mental health centers provide care to Medicaid populations and often have different billing requirements that can result in administrative data that are less complete than providers who are paid on a fee-for-service basis.
- **“Churning” of Medicaid enrollees.** Medicaid beneficiaries exhibit less stability in enrollment than commercially insured populations. Because many of the measures include continuous enrollment requirements, this can result in lower denominators for Medicaid measures.
- **Contracting cycles.** State Medicaid health plan contracts are subject to contract cycles that can affect participating health plans, covered services, and populations covered. Because contracting relationships may change over time, not all health plans are represented within the data for all three HEDIS years included in this report.
- **Changes in reporting requirements.** States may not require health plans to submit performance data on the same measures from year to year or to submit results to NCQA at all. Similarly, health plans do not always submit the same measure results or valid rates to NCQA from year to year; therefore, the number of plans contributing to a rate for a specific measure may vary across years.
- **Inclusion or exclusion of CHIP data.** For the HEDIS database, NCQA allows health plans to submit their data according to state regulations or rules for how CHIP data should be reported. Therefore, some plans in the database may include CHIP data in their Medicaid results and others may not. This could potentially affect measures that include children—for example, Follow-Up After Hospitalization for Mental Illness, which HEDIS reports for ages 6 and older.

## 2. Variation in Medicaid program and population considerations

Because Medicaid is a state administered program, there can be wide variability across states in the populations covered, income thresholds, eligibility processes, covered benefits, and delivery system arrangements. For example, some states require frequent eligibility determinations, which may result in greater numbers of Medicaid beneficiaries dropping out of the continuous enrollment requirement. Other states may guarantee eligibility for a specific time period, such as 6 or 12 months. Some states may require that adults with complex health care and long term care needs participate in managed care programs, whereas other states may exclude these populations from managed care.

Variability in state Medicaid program policies and procedures can affect the comparability of Medicaid results both between states and between Medicaid and commercial plans. In

particular, state Medicaid programs vary in their income limits for Medicaid enrollment. In 2010, these varied from 100 to 250 percent of the federal poverty level.<sup>1</sup> States that limit Medicaid to a lower-income population may exhibit different results than states that have more generous income limits and that may include a healthier, more health literate, and more engaged population.

### **3. Extent of managed care**

States deliver Medicaid benefits through a variety of delivery systems, including managed care to differing degrees. According to Kaiser Family Foundation,<sup>2</sup> Alaska and Wyoming have no Medicaid members enrolled in managed care, whereas South Carolina and Tennessee enroll 100 percent of their Medicaid population in managed care. The share of Medicaid beneficiaries enrolled in managed care may also vary by eligibility category.<sup>3</sup>

HEDIS measure results are presented regardless of regional or national managed care penetration rates, the proportion of Medicaid beneficiaries enrolled in managed care, or the proportion enrolled in the plans that submitted data to NCQA. Because HEDIS results in this report reflect performance for managed care plans only, states with lower proportions of their Medicaid population in managed care plans may find the results less relevant.

### **4. Generosity of benefits**

State Medicaid programs can also vary in terms of the benefits offered to particular eligibility groups. For example, certain populations may be eligible for only limited services such as prenatal care or emergency care. Although states are required to cover certain mandatory benefits, they can choose to provide other optional benefits to different populations and this may impact results. HEDIS specifications address whether patients have medical, mental health, substance abuse, and pharmacy benefits but they do not assess services covered by the benefits (such as variation in cost-sharing, benefit limits, or prior authorization).

### **5. Structure of payment systems**

Payment systems may affect data capture for calculating performance measure results. For example, capitation and global payment arrangements can discourage the detailed coding of services required for HEDIS and Adult Core Set data collection. Global billing for an entire episode of care covering services such as prenatal and postpartum care can also hamper data capture for measure calculation. Under global billing, the claims and encounter data may not include dates of individual services, which will reduce the accuracy and completeness of reporting for the Postpartum Care measure. Payment for specific codes such as those indicating BMI findings may encourage their use and affect measure results.

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<sup>1</sup> National Conference of State Legislators. "Medicaid Eligibility Table by State." Available at <http://www.ncsl.org/research/health/medicaid-eligibility-table-by-state-state-activit.aspx>.

<sup>2</sup> Kaiser Family Foundation. "A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-State Survey." Available at <http://kff.org/medicaid/report/a-profile-of-medicicaid-managed-care-programs-in-2010-findings-from-a-50-state-survey/>.

<sup>3</sup> Eligibility groups generally include aged, disabled, adults, children, children in foster care, and pregnant women.) Some Medicaid beneficiaries also have dual eligibility for Medicare.

## **6. Structure of delivery systems**

Measure results may be affected by the structure of the delivery system. For example, the Follow-Up After Mental Health Hospitalization measure requires the follow-up service to be with a mental health practitioner, which is precisely defined. Community mental health centers often do not capture information about provider types or provide that information to health plans (or states). If Medicaid beneficiaries are more likely to seek care from community mental health centers, Medicaid results for the measure may be adversely impacted. Delivery system issues such as these can affect the measure results.

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