2012

# GUIDE TO TEXAS HMO QUALITY: 2012

*Through a combined effort of the*
**STATE OF TEXAS**
**OFFICE OF PUBLIC INSURANCE COUNSEL**
***and the***
**DEPARTMENT OF STATE HEALTH SERVICES**
**CENTER FOR HEALTH STATISTICS**

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# Guide to Texas HMO Quality

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# Guide to Texas HMO Quality: 2012

## About the Report

The Office of Public Insurance Counsel (OPIC) is an independent state agency that advocates on behalf of insurance consumers in the state of Texas. OPIC produces and publishes this report through a joint Memorandum of Understanding with the Department of State Health Services Center for Health Statistics. The *Guide to Texas HMO Quality* reports HMO performance based on quality of care measures. Consumers can use the publication to evaluate HMOs based on their own needs.

Section one of the report provides summary tables depicting HMO performance across specific measures. Section two details performance measures for each category of care. This section includes a narrative with an overview of each measure followed by bar charts that graphically depict the performance for all HMOs. Section three provides health plan descriptive information, including physician board certification and plan enrollment figures. The report concludes with a section on methods and statistical issues.

## About the Data

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures used to compare the quality of care of managed care organizations. The National Committee for Quality Assurance (NCQA), a private non-profit organization, developed and maintains HEDIS®. Each year NCQA convenes national healthcare experts to guide the selection and development of HEDIS® measures. The performance measures reflect many significant public health issues such as cancer, heart disease, smoking, diabetes, and the care of pregnant women and children. Texas law requires basic service HMOs to report HEDIS® measures each year to the Department of State Health Services. For more information about the data or methodology used in this report, please consult the Methods and Statistical Issues section at the end of this report.

Interpret the results in this publication with care. The data used in this report do not control for underlying differences in plan population characteristics like age or health status. For some measures the difference between HMOs may represent differences in quality of care while others may simply represent a different mix of member enrollment. It is more meaningful to compare health plans across a group of related measures than any single measure.

## Using the Report

OPIC encourages you to consider HEDIS® measures in relation to your specific needs. For example, if your family has young children, you may be interested in an HMO that performs well on childhood immunizations. If you are middle-aged, you may consider a plan that hires providers who routinely screen for diseases for which you are at higher risk.

This guide is only one tool for comparing HMOs. You should consider other factors such as the service area, benefits, cost, availability of providers, and consumer satisfaction. Much of this information is available directly from the HMOs. You can find consumer satisfaction information in OPIC's publication ***Comparing Texas HMOs***, available at www.opic.state.tx.us.

# Summary Tables

The summary tables provided in this section reflect a plan's performance on specific measures in relation to the Texas state average. The tables summarize plan performance as follows:

+ Plan performed better than the Texas average
= Plan performance equivalent to the Texas average
- Plan performed lower than the Texas average

The summary tables provide a quick tool to compare plan performance. However, the results should be interpreted with care. For some measures, the difference between HMOs may represent differences in quality of care, while others may simply represent a different mix of member enrollment. It is more meaningful to compare health plans across a group of related measures than any single measure.

For detailed information on the statistical tests used in this publication, please consult the Methods and Statistical Issues section at the end of this report.

## Summary Tables

| Health Plan Name | Childhood Immunization, DTaP | Childhood Immunization, IPV | Childhood Immunization, MMR | Childhood Immunization, HiB | Childhood Immunization, HepB | Childhood Immunization, VZV | Childhood Immunization, Pneumo-coccal Conjugate | Childhood Immunization, HepA | Childhood Immunization, Rotavirus | Childhood Immunization, Influenza | Childhood Immunization, Combo 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | - | - | = | - | NR | = | - | = | - | = | NR |
| Aetna Health, Inc. (Dallas/Ft Worth)* | - | - | - | - | NR | = | - | - | - | = | NR |
| Aetna Health, Inc. (El Paso)* | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Aetna Health, Inc. (Houston)* | - | - | = | - | - | = | - | - | - | - | - |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | - | - | - | - | - | - | - | = | - | - | - |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | = | = | = | = | + | = | = | = | = | = | = |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | + | + | + | + | + | + | + | = | + | = | + |
| Community First Health Plans (San Antonio)* | + | + | + | + | + | + | + | + | + | = | + |
| FIRSTCARE (Abilene) | = | + | = | + | + | = | + | = | = | = | + |
| FIRSTCARE (Amarillo) | + | = | = | = | + | = | = | = | = | - | + |
| FIRSTCARE (Lubbock) | + | + | = | + | + | = | + | + | + | = | + |
| FIRSTCARE (Waco) | = | + | = | + | + | + | = | + | = | = | + |
| HMO Blue Texas (Austin/East/South/West Texas) | = | = | = | = | - | = | = | = | = | = | - |
| HMO Blue Texas (Dallas/Ft Worth) | = | = | = | = | - | = | = | = | = | = | - |
| HMO Blue Texas (Houston) | = | = | = | = | - | = | = | = | = | = | - |
| Humana Health Plan of Texas (Austin)* | + | + | = | + | + | = | + | = | + | + | + |
| Humana Health Plan of Texas (Houston)* | + | + | + | + | + | + | + | = | + | = | + |
| Humana Health Plan of Texas (South Texas)* | + | + | + | + | + | + | + | = | + | + | + |
| Scott and White Health Plan (Central TX) | + | + | + | + | + | + | + | + | + | = | + |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | = | - | = | - | = | = | - | = | = | = | = |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | - | - | - | - | = | = | - | - | = | = | = |

**+** Better than Texas Average **=** Equivalent to Texas Average **-** Lower than Texas Average

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Summary Tables

| Health Plan Name | Childhood Immunization, Combo 3 | Childhood Immunization, Combo 4 | Childhood Immunization, Combo 5 | Childhood Immunization, Combo 6 | Childhood Immunization, Combo 7 | Childhood Immunization, Combo 8 | Childhood Immunization, Combo 9 | Childhood Immunization, Combo 10 | Colorectal Cancer Screening | Breast Cancer Screening | Cervical Cancer Screening |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | NR | NR | NR | NR | NR | NR | NR | NR | - | = | = |
| Aetna Health, Inc. (Dallas/Ft Worth)* | NR | NR | NR | NR | NR | NR | NR | NR | = | = | + |
| Aetna Health, Inc. (El Paso)* | NA | NA | NA | NA | NA | NA | NA | NA | - | - | = |
| Aetna Health, Inc. (Houston)* | - | NR | - | NR | NR | NR | - | NR | = | - | + |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | - | - | - | - | NR | NR | - | NR | - | - | = |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | + | = | = | + | = | = | + | = | + | = | + |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | + | + | + | + | + | + | + | + | + | + | + |
| Community First Health Plans (San Antonio)* | + | + | + | + | + | + | + | + | - | - | - |
| FIRSTCARE (Abilene) | + | + | + | + | + | + | + | + | = | = | - |
| FIRSTCARE (Amarillo) | + | = | + | = | = | = | = | = | = | - | - |
| FIRSTCARE (Lubbock) | + | + | + | + | + | + | + | + | - | - | - |
| FIRSTCARE (Waco) | + | + | = | + | + | + | = | + | - | - | - |
| HMO Blue Texas (Austin/East/South/West Texas) | - | - | - | = | - | - | - | - | + | - | + |
| HMO Blue Texas (Dallas/Ft Worth) | - | - | - | = | = | = | = | = | + | = | + |
| HMO Blue Texas (Houston) | - | - | - | - | - | - | - | - | + | = | + |
| Humana Health Plan of Texas (Austin)* | + | + | + | + | + | + | + | + | - | = | + |
| Humana Health Plan of Texas (Houston)* | + | + | + | + | + | + | + | + | - | - | - |
| Humana Health Plan of Texas (South Texas)* | + | + | + | + | + | + | + | + | = | - | = |
| Scott and White Health Plan (Central TX) | + | + | + | + | + | + | + | + | + | + | - |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | = | = | = | = | = | = | = | = | + | - | = |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | = | - | = | = | - | = | = | = | = | - | - |

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## Summary Tables

| Health Plan Name | Chlamydia Screening, Women Age 16–20 | Chlamydia Screening, Women Age 21–24 | Chlamydia Screening, Women Age 16–24 | Controlling High Blood Pressure | Persistence of Beta-Blocker Treatment After Heart Attack | Cholesterol Management: LDL-C Screening After Heart Attack | Cholesterol Management: LDL-C Control <100 mg/dL After Heart Attack | Diabetes Care, HbA1c testing | Diabetes Care, HbA1c >9.0% | Diabetes Care, HbA1c <8.0% | Diabetes Care, HbA1c <7.0% |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | = | = | = | NR | NA | = | NR | = | NR | NR | NR |
| Aetna Health, Inc. (Dallas/Ft Worth)* | + | + | + | NR | NA | - | = | = | NR | = | = |
| Aetna Health, Inc. (El Paso)* | = | = | = | NR | NA | + | = | - | NR | = | = |
| Aetna Health, Inc. (Houston)* | = | = | = | NR | = | = | - | = | NR | = | + |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | = | + | + | NR | NA | = | = | - | NR | = | = |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | + | = | + | NR | NA | = | = | + | + | = | = |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | - | - | - | NR | NA | = | - | + | - | - | - |
| Community First Health Plans (San Antonio)* | - | - | - | + | NA | = | + | = | - | + | = |
| FIRSTCARE (Abilene) | = | = | = | = | NA | = | = | = | - | + | + |
| FIRSTCARE (Amarillo) | = | - | = | = | NA | = | = | = | - | + | + |
| FIRSTCARE (Lubbock) | - | - | - | = | NA | = | = | = | = | + | = |
| FIRSTCARE (Waco) | = | = | - | - | NA | NA | NA | = | = | + | + |
| HMO Blue Texas (Austin/East/South/West Texas) | = | = | = | NR | NA | = | - | = | + | = | NR |
| HMO Blue Texas (Dallas/Ft Worth) | = | = | = | NR | NA | = | = | = | + | = | NR |
| HMO Blue Texas (Houston) | - | - | - | NR | NA | = | - | + | + | - | NR |
| Humana Health Plan of Texas (Austin)* | = | = | = | - | NA | = | + | = | - | + | + |
| Humana Health Plan of Texas (Houston)* | = | = | = | = | NA | = | = | = | - | + | + |
| Humana Health Plan of Texas (South Texas)* | = | + | = | = | = | = | + | = | - | + | + |
| Scott and White Health Plan (Central TX) | + | + | + | + | + | = | + | + | - | + | = |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | = | = | = | NR | NA | = | - | = | + | - | NR |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | + | = | = | NR | NA | - | = | - | + | = | NR |

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## Summary Tables

| Health Plan Name | Diabetes Care, eye examination | Diabetes Care, LDL-C screening | Diabetes Care, LDL-C control <100 mg/dL | Diabetes Care, Medical Attention for Nephropathy | Diabetes Care, Blood Pressure <140/80 mm HG | Diabetes Care, Blood Pressure <140/90 mm HG | Testing for Children with Pharyngitis | Treatment for Children with Upper Respiratory Infection | Avoidance of Antibiotic Treatment In Adults with Acute Bronchitis | Medications for Asthma, Age 5–11 | Medications for Asthma, Age 12–18 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | = | = | = | = | NR | NR | + | + | = | NA | NA |
| Aetna Health, Inc. (Dallas/Ft Worth)* | + | = | + | - | NR | NR | = | = | = | = | = |
| Aetna Health, Inc. (El Paso)* | = | - | = | - | NR | NR | - | = | = | NA | NA |
| Aetna Health, Inc. (Houston)* | - | = | - | - | NR | NR | = | = | = | = | = |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | + | - | + | - | NR | NR | = | = | = | NA | NA |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | - | + | = | = | NR | NR | + | = | = | NA | NA |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | - | + | - | + | NR | NR | = | = | - | = | = |
| Community First Health Plans (San Antonio)* | + | = | + | + | + | + | - | = | = | = | = |
| FIRSTCARE (Abilene) | - | = | = | = | = | + | - | - | = | NA | NA |
| FIRSTCARE (Amarillo) | = | = | + | = | + | + | - | - | = | NA | NA |
| FIRSTCARE (Lubbock) | = | = | + | = | + | + | - | - | = | NA | NA |
| FIRSTCARE (Waco) | = | = | + | = | = | = | - | - | = | NA | NA |
| HMO Blue Texas (Austin/East/South/West Texas) | - | + | = | - | NR | NR | = | = | = | + | NA |
| HMO Blue Texas (Dallas/Ft Worth) | - | = | = | = | NR | NR | + | = | - | = | NA |
| HMO Blue Texas (Houston) | - | = | - | + | NR | NR | + | + | - | NA | NA |
| Humana Health Plan of Texas (Austin)* | + | = | + | = | + | + | = | + | = | NA | NA |
| Humana Health Plan of Texas (Houston)* | = | = | + | = | + | + | = | = | = | NA | NA |
| Humana Health Plan of Texas (South Texas)* | = | = | + | + | + | + | = | = | + | = | = |
| Scott and White Health Plan (Central TX) | + | = | + | + | + | + | = | + | + | = | = |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | = | = | - | + | - | - | = | = | = | NA | NA |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | = | - | = | + | - | - | = | + | + | NA | NA |

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## Summary Tables

| Health Plan Name | Medications for Asthma, Age 19–50 | Medications for Asthma, Age 51–64 | Medications for Asthma, Age Total | 7-Day Follow-up After Hosp. for Mental Illness | 30-Day Follow-up After Hosp. for Mental Illness | Antidepressant Medication Management, acute phase | Antidepressant Medication Management, continuation phase | Well Child Visits, First 15 Months of Life | Well Child Visits, Age 3–6 | Adolescent Well-Care Visits |
|---|---|---|---|---|---|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | NA | NA | = | NA | NA | = | = | - | + | + |
| Aetna Health, Inc. (Dallas/Ft Worth)* | = | = | = | = | + | = | = | - | + | + |
| Aetna Health, Inc. (El Paso)* | NA | NA | NA | NA | NA | NA | NA | NA | - | - |
| Aetna Health, Inc. (Houston)* | = | = | = | = | = | = | = | - | + | + |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | + | NA | + | = | = | = | = | - | = | = |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | = | NA | = | NA | NA | = | = | + | + | = |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | = | = | = | = | = | = | = | = | = | + |
| Community First Health Plans (San Antonio)* | + | = | + | - | - | = | = | = | - | - |
| FIRSTCARE (Abilene) | NA | NA | = | NA | NA | NA | NA | - | - | - |
| FIRSTCARE (Amarillo) | NA | NA | = | NA | NA | = | = | = | - | - |
| FIRSTCARE (Lubbock) | = | = | = | NA | NA | = | = | + | - | - |
| FIRSTCARE (Waco) | NA | NA | NA | NA | NA | = | = | = | - | - |
| HMO Blue Texas (Austin/East/South/West Texas) | + | NA | + | = | = | = | + | = | = | = |
| HMO Blue Texas (Dallas/Ft Worth) | = | NA | = | NA | NA | + | + | + | + | = |
| HMO Blue Texas (Houston) | NA | NA | = | = | = | - | = | + | = | + |
| Humana Health Plan of Texas (Austin)* | = | = | = | = | = | = | = | + | + | + |
| Humana Health Plan of Texas (Houston)* | NA | NA | = | - | - | + | = | = | = | + |
| Humana Health Plan of Texas (South Texas)* | = | = | = | - | = | = | - | = | = | - |
| Scott and White Health Plan (Central TX) | - | - | - | = | = | = | = | + | - | - |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | NA | NA | = | = | = | = | = | = | = | = |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | NA | NA | = | NA | NA | = | = | = | = | = |

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# Childhood Immunization Status

Immunization is a basic method of preventing illness. Childhood immunizations help prevent serious illnesses like polio, measles, and tetanus. Even immunizing children for relatively "mild" illnesses like chickenpox (VZV) prevents lost school and work days and saves millions of dollars in health care costs each year. Immunization of healthy individuals also protects those who cannot receive vaccinations due to age or medical conditions.

The first part of this section reports the percentage of children using the HMO who received all age appropriate doses of a specific vaccine by two years of age—i.e., the percentage of children who received at least four doses of the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. The second part of the section reports the percentage of children using the HMO who received all age appropriate doses for the immunization combinations recommended by the Advisory Committee on Immunization Practices (ACIP).

## Childhood Immunization Status: Diphtheria, Tetanus, and acellular Pertussis (DTaP)

Definition: The percentage of children using the HMO who received at least four doses of the Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine by two years of age.

Four combination vaccines prevent diphtheria, tetanus, and acellular pertussis: DTaP, Tdap, DT, and Td. Two of these (DTaP and DT) are given to children under seven years of age, and two (Tdap and Td) are given to adolescents and adults. DT and Td are given to individuals who cannot receive the pertussis vaccine. Upper-case letters indicate full-strength doses of diphtheria and pertussis in child formulas and lower-case letters indicate reduced doses given in the adolescent/adult formulas. The lowercase "a" indicates that the pertussis vaccine is "acellular."[1]

Diphtheria is a bacterial respiratory infection characterized by a sore throat, low-grade fever, a coating in the back of the throat, and a swollen neck. The disease is spread by coughing and sneezing. Complications include breathing problems, paralysis, heart failure, and death.[2]

Tetanus (lockjaw) is a bacterial infection caused by exposure through cuts in the skin. The disease causes painful tightening of the muscles and can cause the jaw to "lock" closed. Tetanus leads to death in about 1 in 10 cases.[3]

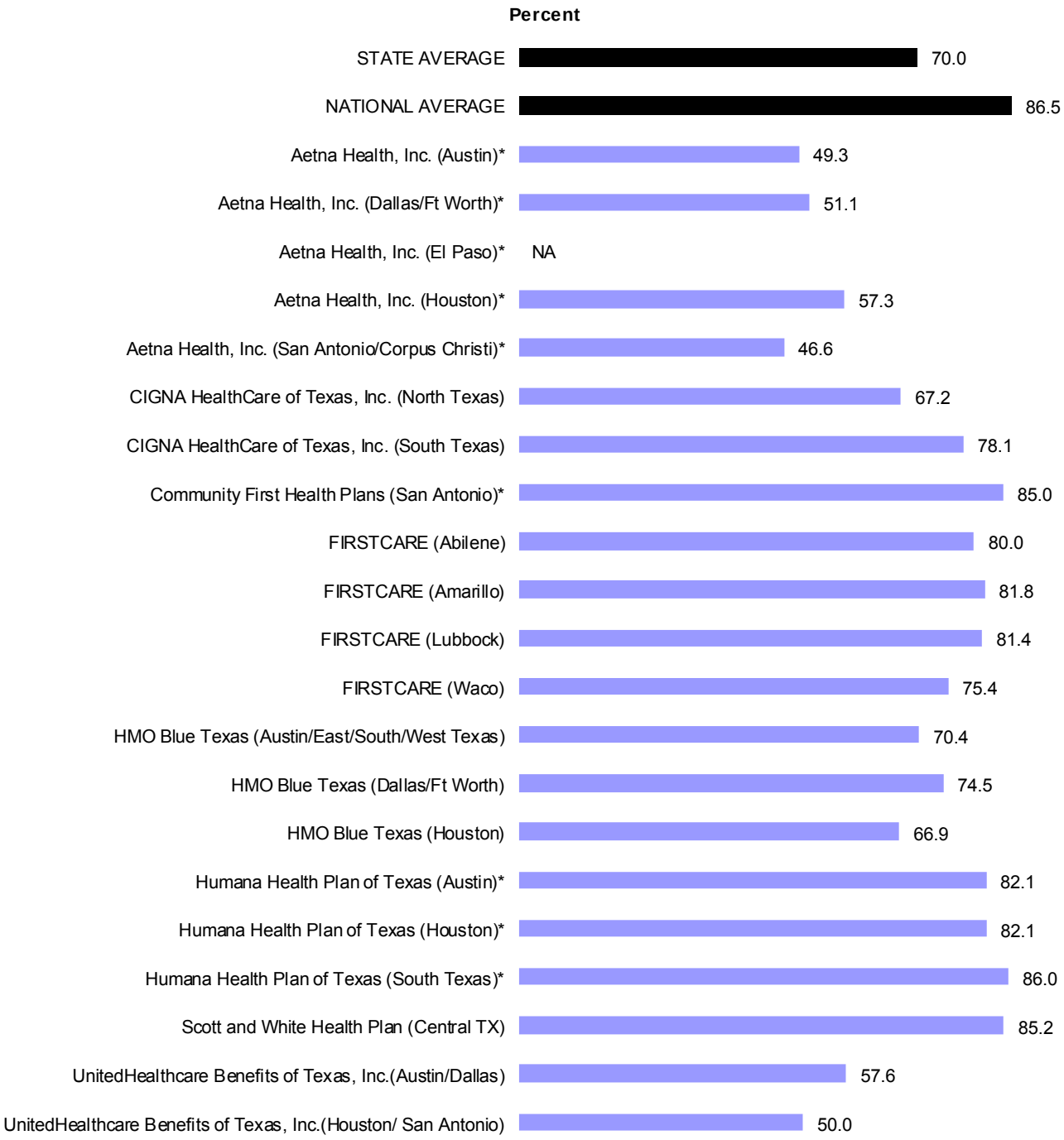
Pertussis (whooping cough) is a highly contagious bacterial respiratory disease spread by coughing and sneezing. The patient experiences severe spasms of coughing that often last minutes. Between coughing spells, the patient may gasp for air with a characteristic "whooping" sound. If left untreated, pertussis may lead to pneumonia, seizures, encephalopathy (brain degeneration), vomiting, weight loss, breathing difficulties, and possibly death.[4]

| Childhood Immunization: DTaP | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 56.4% | 57.1% | 66.8% | 69.0% | 70.0% |
| **NCQA's Quality Compass®** | 73.1% | 87.2% | 85.4% | 86.3% | 86.5% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to the National Committee for Quality Assurance (NCQA).

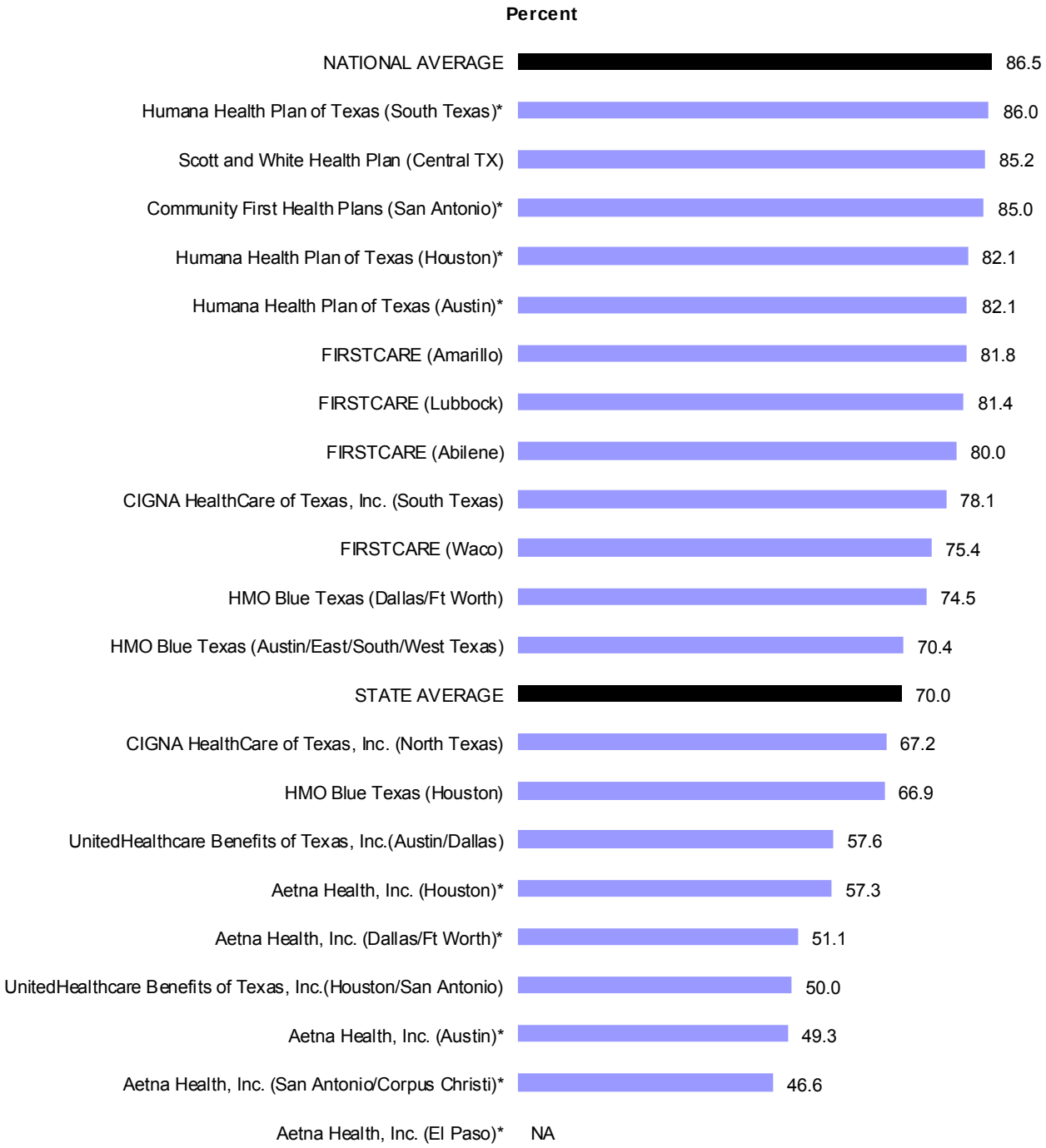
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.
[2] Ibid.
[3] Ibid.
[4] Ibid.

# Childhood Immunization: DTaP




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization: DTaP




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Polio (IPV)

Definition: The percentage of children using the HMO who received at least three doses of the Polio vaccine (IPV) by two years of age.

Polio is a viral disease that lives in the throat and intestinal tract. It typically spreads through contact with the stool of an infected person, but may also spread through oral/ nasal secretions. Before the vaccine was introduced in 1955, polio caused paralysis in thousands of people in the United States each year. Most people infected with the polio virus have no symptoms. About 4–8% of those infected experience flu-like symptoms that resolve without causing permanent injury. Approximately 1–2% of infected individuals experience stiffness of the neck, back, or legs. Fewer than 1% of the total cases result in paralysis which can lead to permanent disability or death.[1]

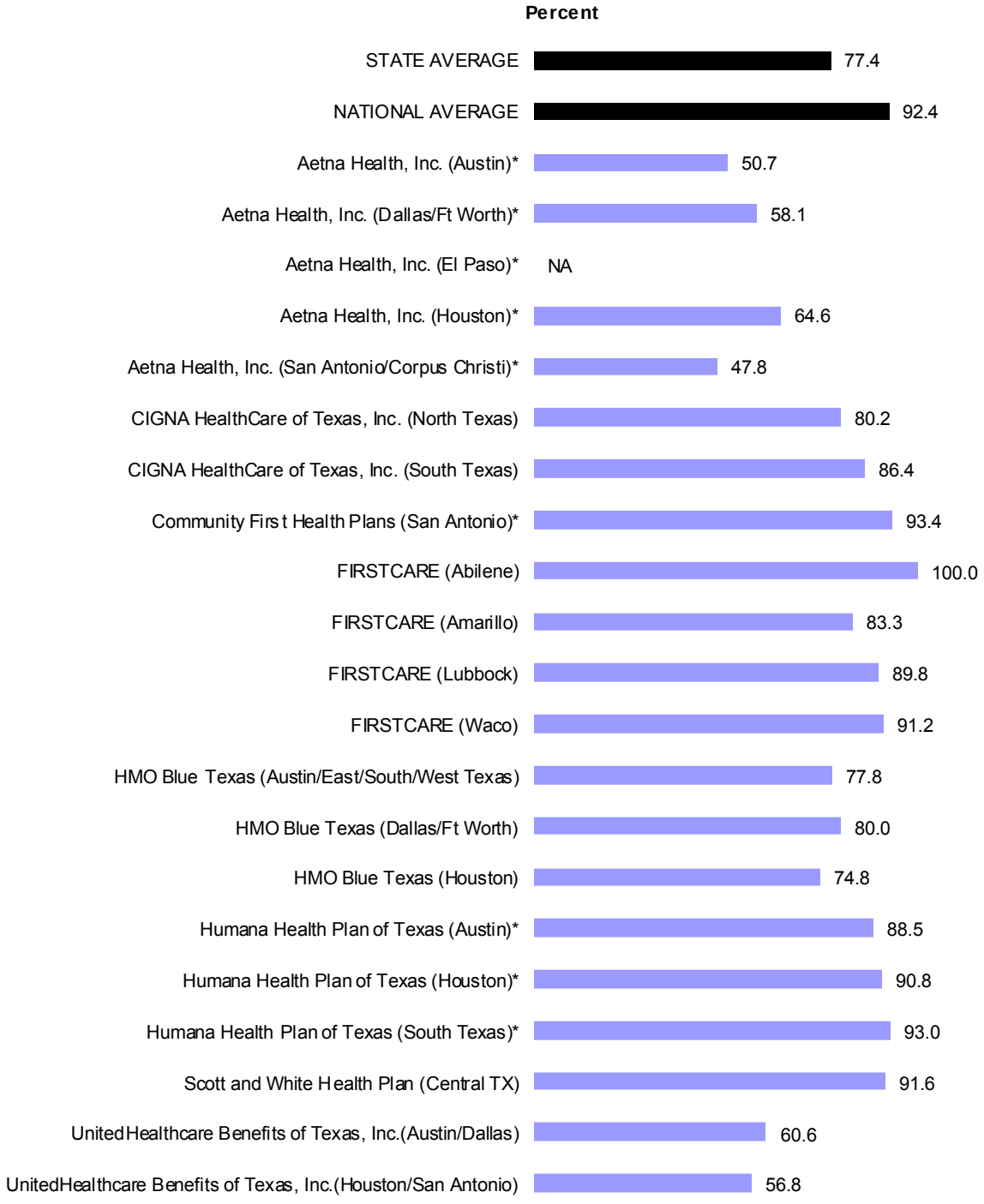
Two types of vaccines protect against polio: Inactivated Polio Vaccine (IPV) and Oral Polio Vaccine (OPV). IPV was administered in the U.S. from 1955 until the early 1960s when the OPV vaccine was licensed. OPV provides greater protection against the wild polio virus than IPV, and its widespread use led to the eradication of the wild polio virus in the U.S. by the late 1970s. However, OPV is a live vaccine and has been associated with isolated cases of vaccine-associated paralytic polio (VAPP) in unvaccinated individuals. To prevent VAPP transmission, IPV replaced OPV in the U.S. in 2000.[2]

| Childhood Immunization Status: IPV | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 61.9% | 62.3% | 72.3% | 75.0% | 77.4% |
| **NCQA's Quality Compass®** | 77.9% | 92.1% | 91.1% | 91.8% | 92.4% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

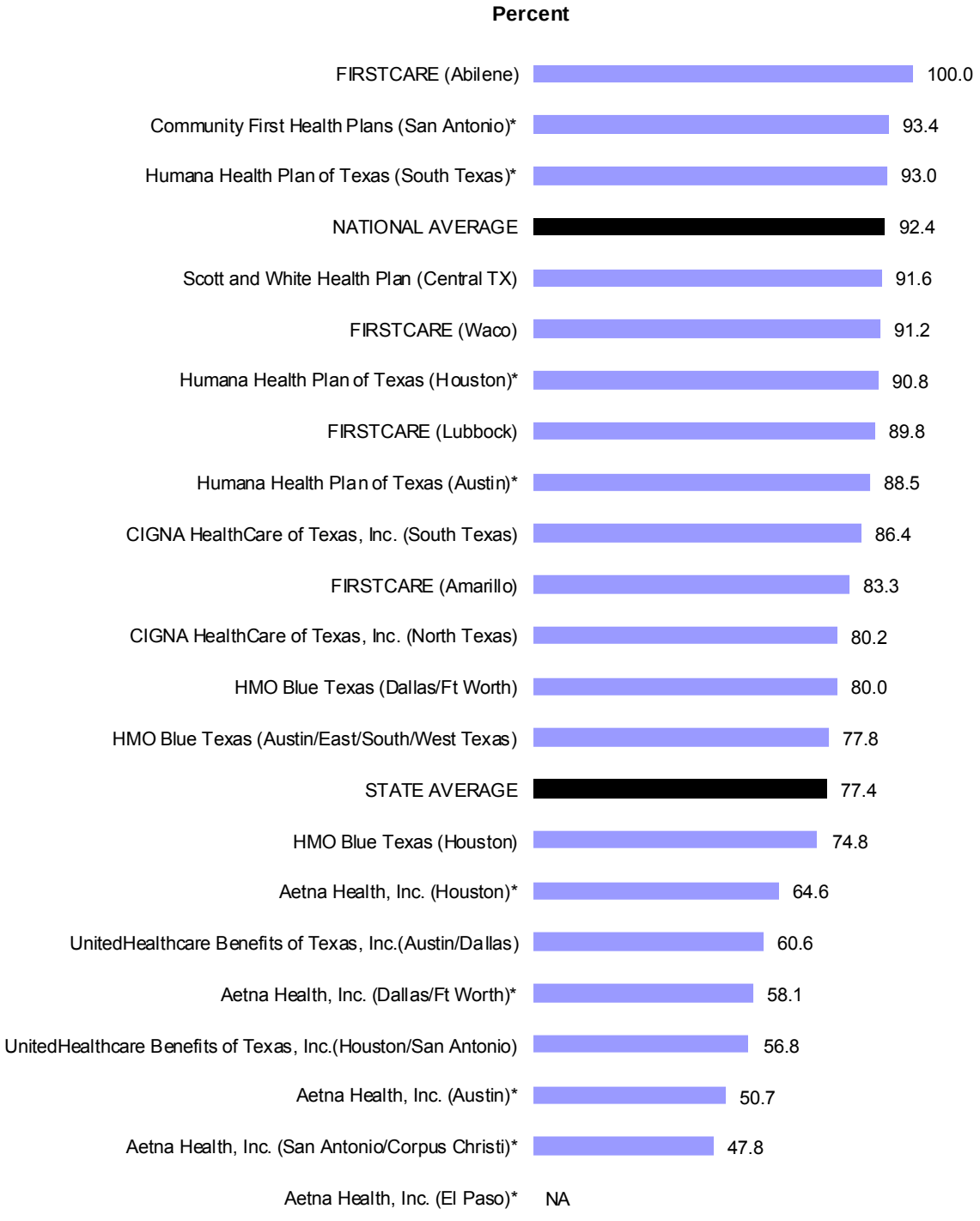
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.
[2] Ibid.

# Childhood Immunization Status: IPV (Polio)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: IPV (Polio)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Measles, Mumps, and Rubella (MMR)

Definition: The percentage of children using the HMO who received one dose of the Measles, Mumps, and Rubella (MMR) vaccine by two years of age.

Measles is a viral disease that causes rash, cough, runny nose, eye irritation, and fever. Complications include ear infection, pneumonia, seizures, brain damage, or death.[1]

Mumps is a viral disease that causes fever, headache, and swollen salivary glands. It can cause serious complications like hearing loss, encephalitis (inflammation of the brain), and meningitis (inflammation of the coverings of the brain and spinal cord).[2]

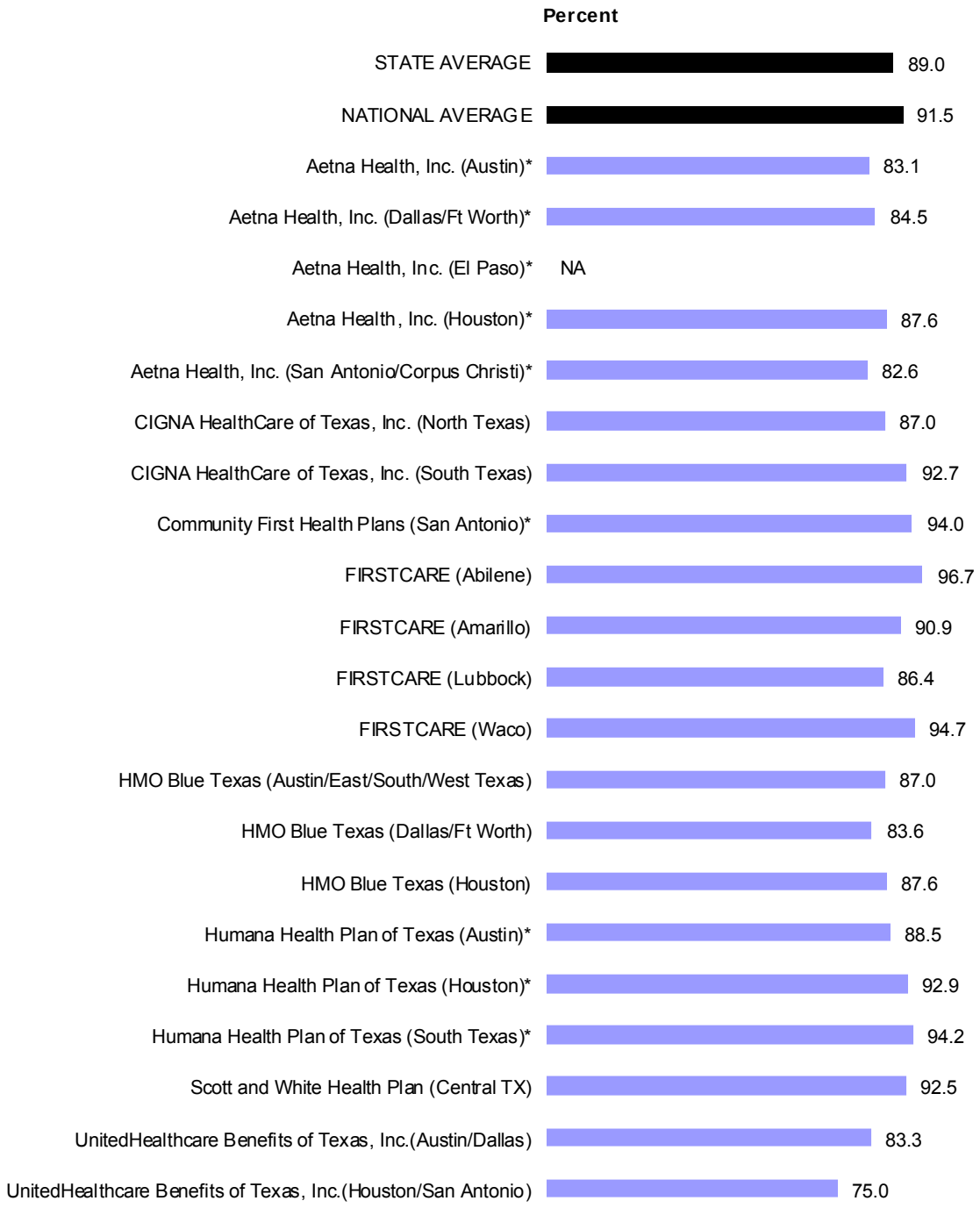
Rubella (German Measles) is a viral disease that causes rash, mild fever, and arthritis. The disease is typically mild in children and young adults. However, a woman who contracts rubella during pregnancy may spread the disease to the fetus. The condition, Congenital Rubella Syndrome (CRS), can result in miscarriage, stillbirth, or severe birth defects. The most common birth defects are blindness, deafness, heart damage, and intellectual disabilities.[3]

| Childhood Immunization Status: MMR | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 85.5% | 86.0% | 87.6% | 89.0% | 89.0% |
| **NCQA's Quality Compass®** | 88.2% | 93.5% | 90.6% | 90.8% | 91.5% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported NCQA.

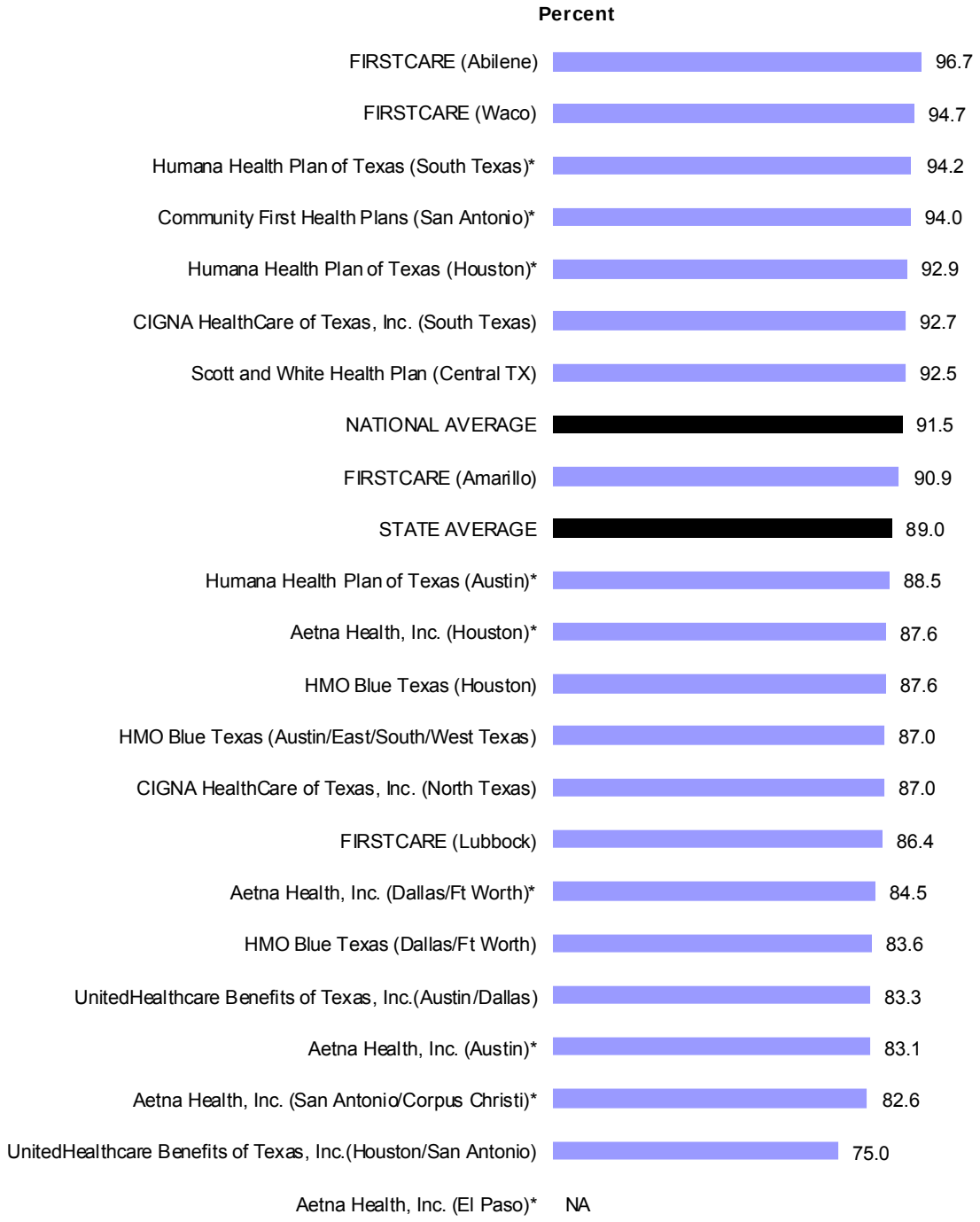
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.
[2] Ibid.
[3] Ibid.

# Childhood Immunization Status: MMR




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: MMR




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: *Haemophilus Influenzae* Type B (HiB)

Definition: The percentage of children using the HMO who received at least three doses of the *Haemophilus influenzae* type B (HiB) vaccine by two years of age.

*Haemophilus influenzae* type B (HiB) is a bacterial infection that can cause meningitis (an infection of the covering of the brain and spinal cord), pneumonia (a lung infection), epiglottitis (a severe throat infection), and other life-threatening conditions. The infection occurs primarily in infants and children under five years old. The routine use of the HiB conjugate vaccine has reduced the incidence of the HiB disease in infants and young children by 99% since the mid-1980s.[1]

| Childhood Immunization Status: HiB | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 66.9% | 75.0% | 81.2% | 80.7% | 81.5% |
| **NCQA's Quality Compass®** | 80.9% | 94.8% | 94.8% | 94.3% | 94.1% |

Due to an HiB vaccine shortage in 2010, only two doses were required for the HEDIS 2010 measure.

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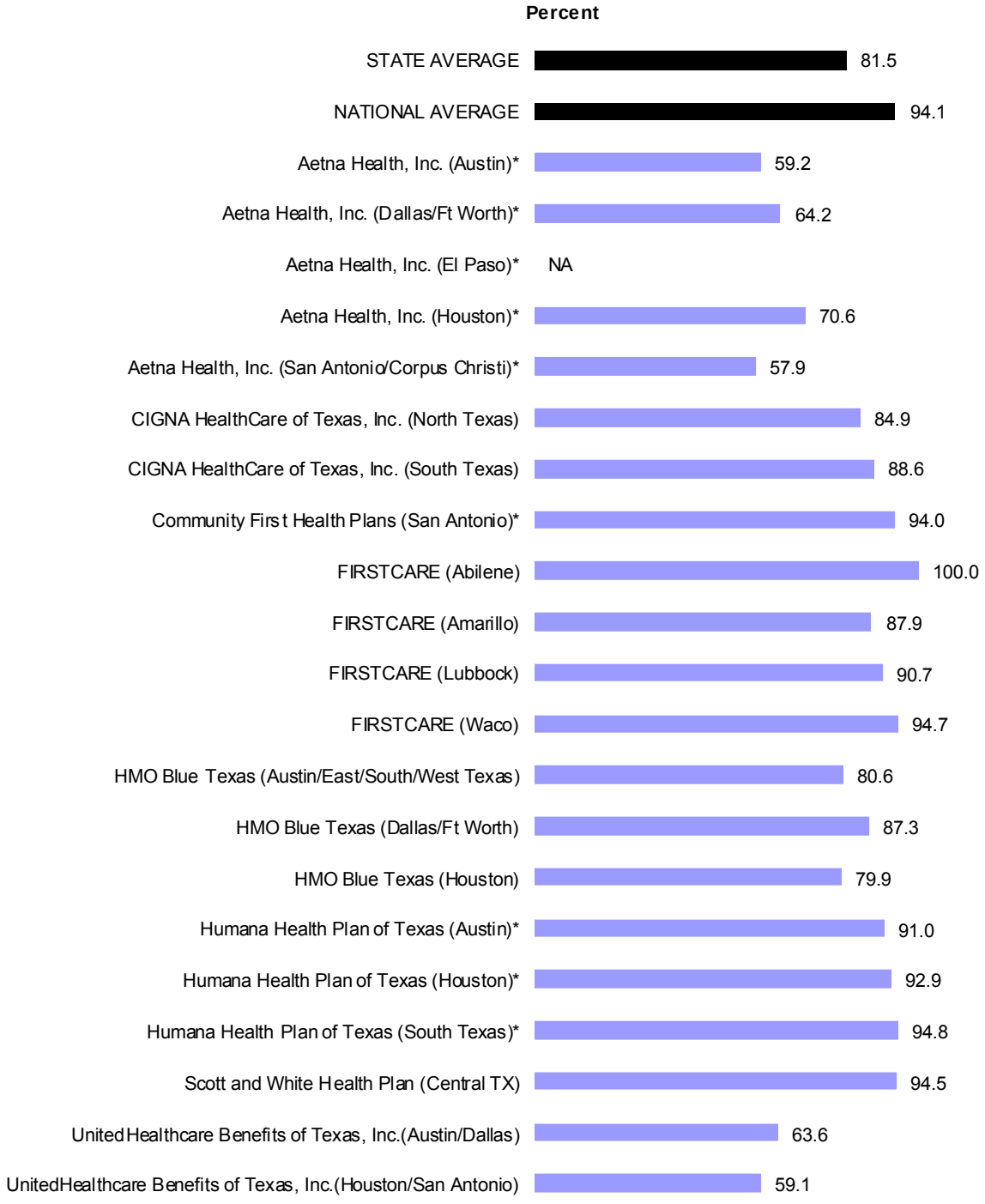
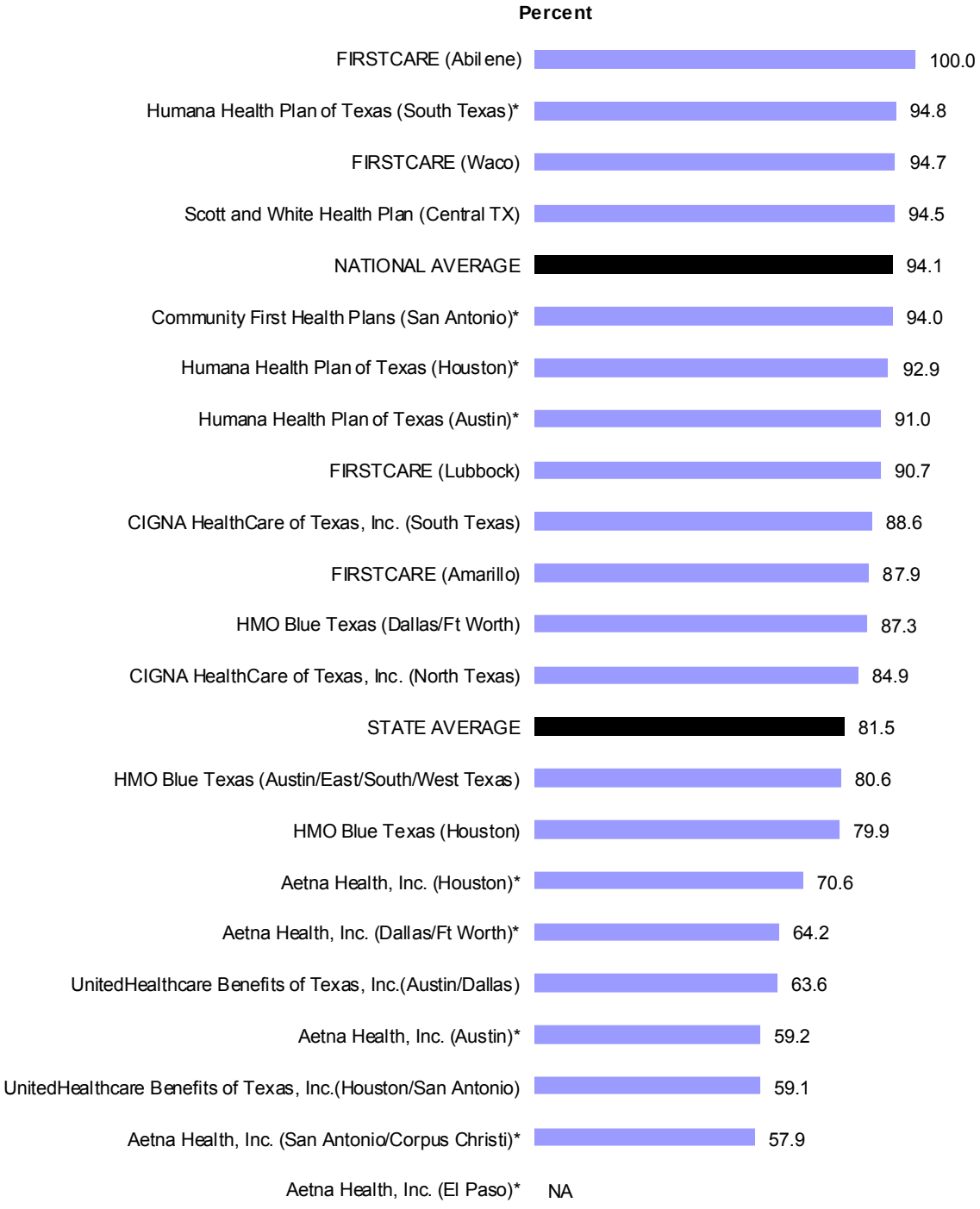
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.

# Childhood Immunization Status: HiB




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: HiB




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Hepatitis B (HBV)

Definition: The percentage of children using the HMO who received three doses of the Hepatitis B (HBV) vaccine by two years of age.

Hepatitis B (HBV) is a virus that spreads through contact with an infected person's body fluids. Symptoms of HBV include jaundice (yellow coloration of the skin and eyes), fatigue, abdominal pain, loss of appetite, nausea, vomiting, and joint pain. Complications include liver damage (cirrhosis) and liver cancer. Once infected, children are less likely than adults to experience severe symptoms associated with acute HBV infection, but they are more likely to experience chronic infection. Complications are more likely with chronic infection. Approximately 90% of infants and 30–50% of children under five years of age will remain chronically infected. Vaccination for HBV reduces or eliminates the risk of contracting the disease for at least twenty years in healthy individuals vaccinated after 6 months of age.[1]

| Childhood Immunization Status: Hepatitis B | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 44.2% | 42.3% | 49.8% | 46.0% | 51.3% |
| **NCQA's Quality Compass®** | 74.6% | 91.8% | 90.1% | 90.2% | 87.9% |

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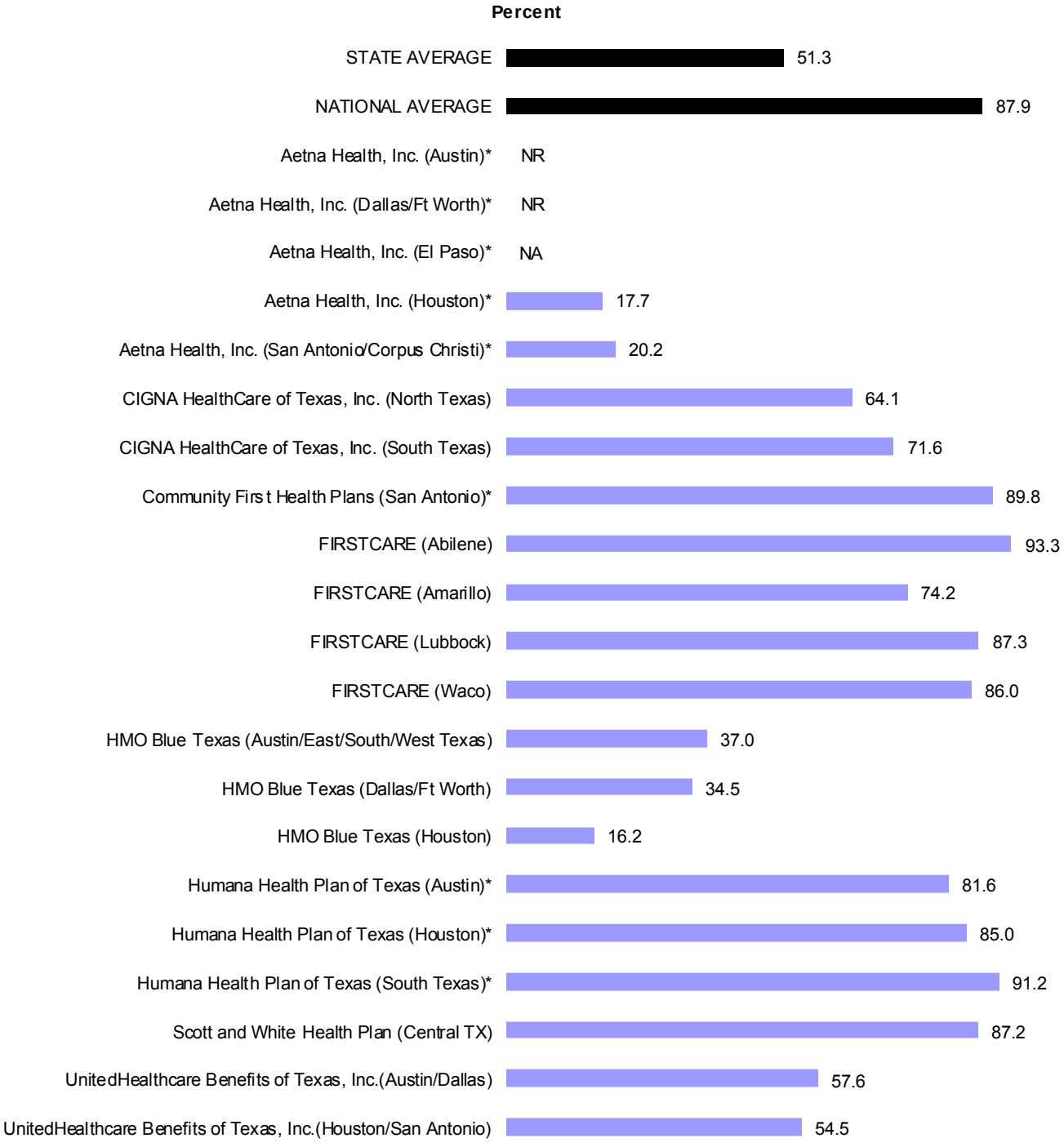
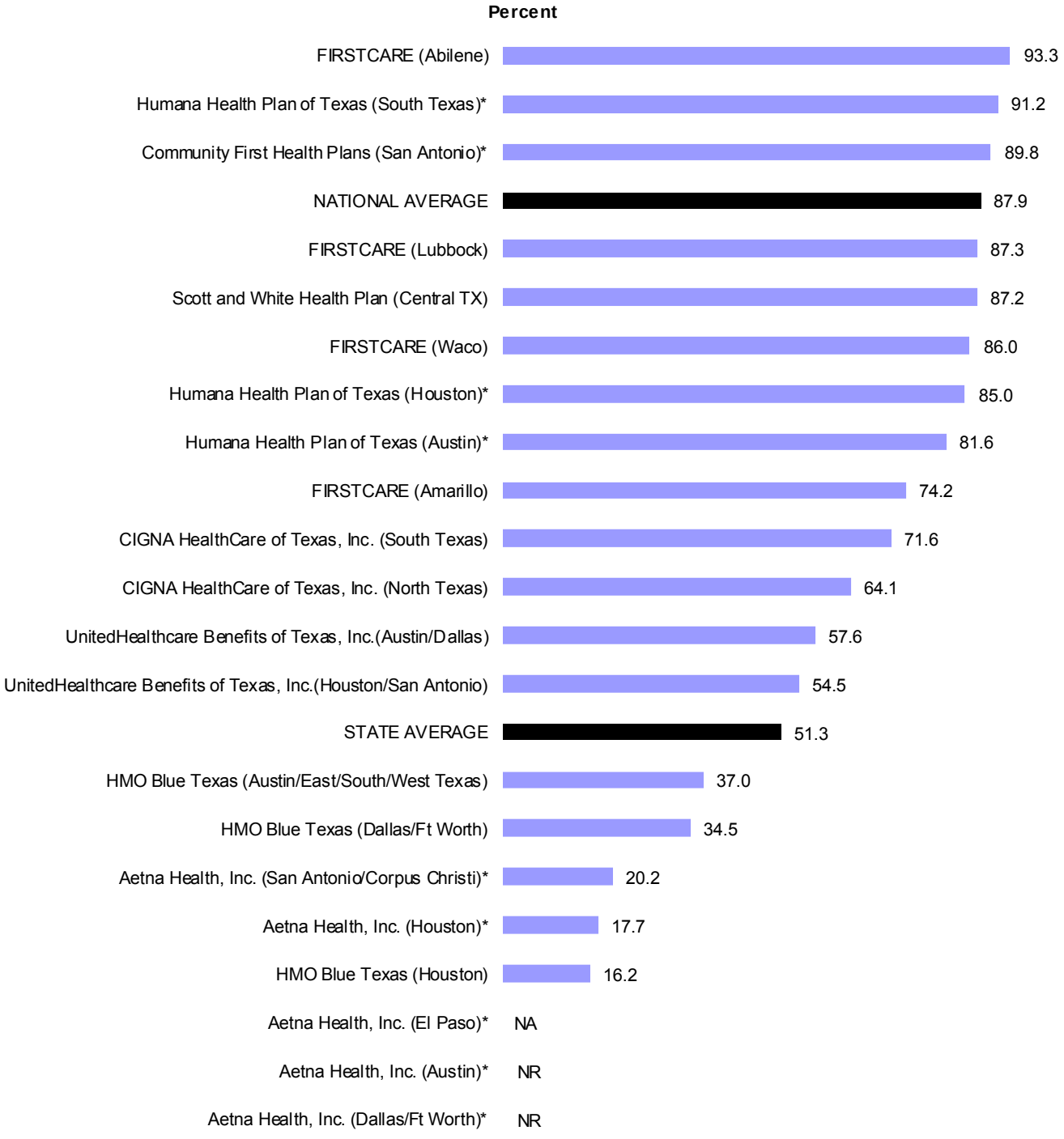
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.

# Childhood Immunization Status: Hepatitis B




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Hepatitis B




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Chickenpox (VZV)

Definition: The percentage of children using the HMO who received at least one dose of the Chickenpox (VZV) vaccine by two years of age.

Chickenpox (VZV) is a virus that causes fever and rash. Complications include skin infection, encephalitis (inflammation of the brain), and pneumonia. Adolescents and adults who contract the disease have a greater risk of complications. The vaccine completely protects 80–90% of individuals from the disease. Those who receive the vaccine but are not completely immune typically experience a milder version of the illness.[1]

| Childhood Immunization Status: VZV | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 84.6% | 85.2% | 87.8% | 89.2% | 88.9% |
| **NCQA's Quality Compass®** | 86.5% | 92.0% | 90.6% | 90.8% | 91.3% |

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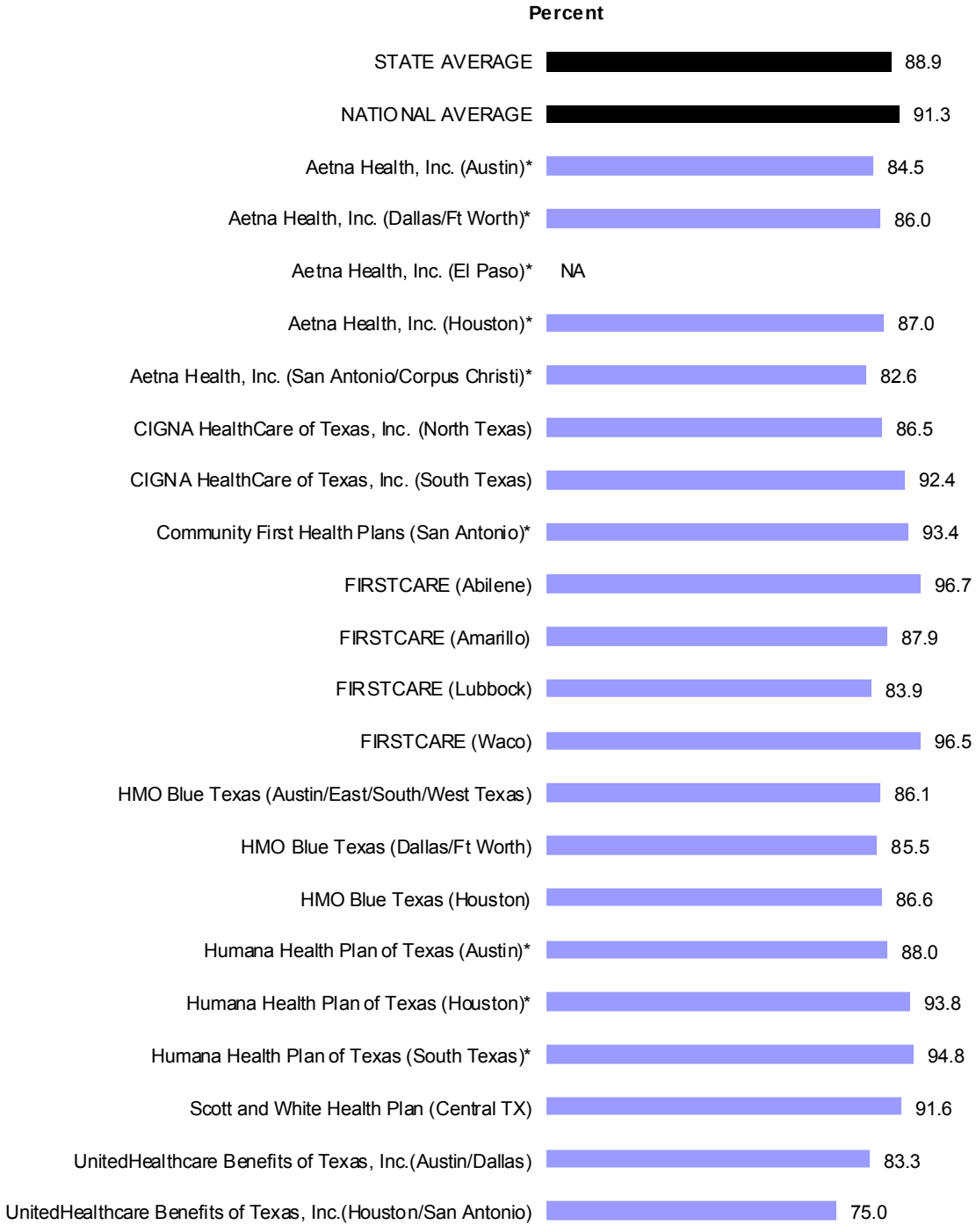
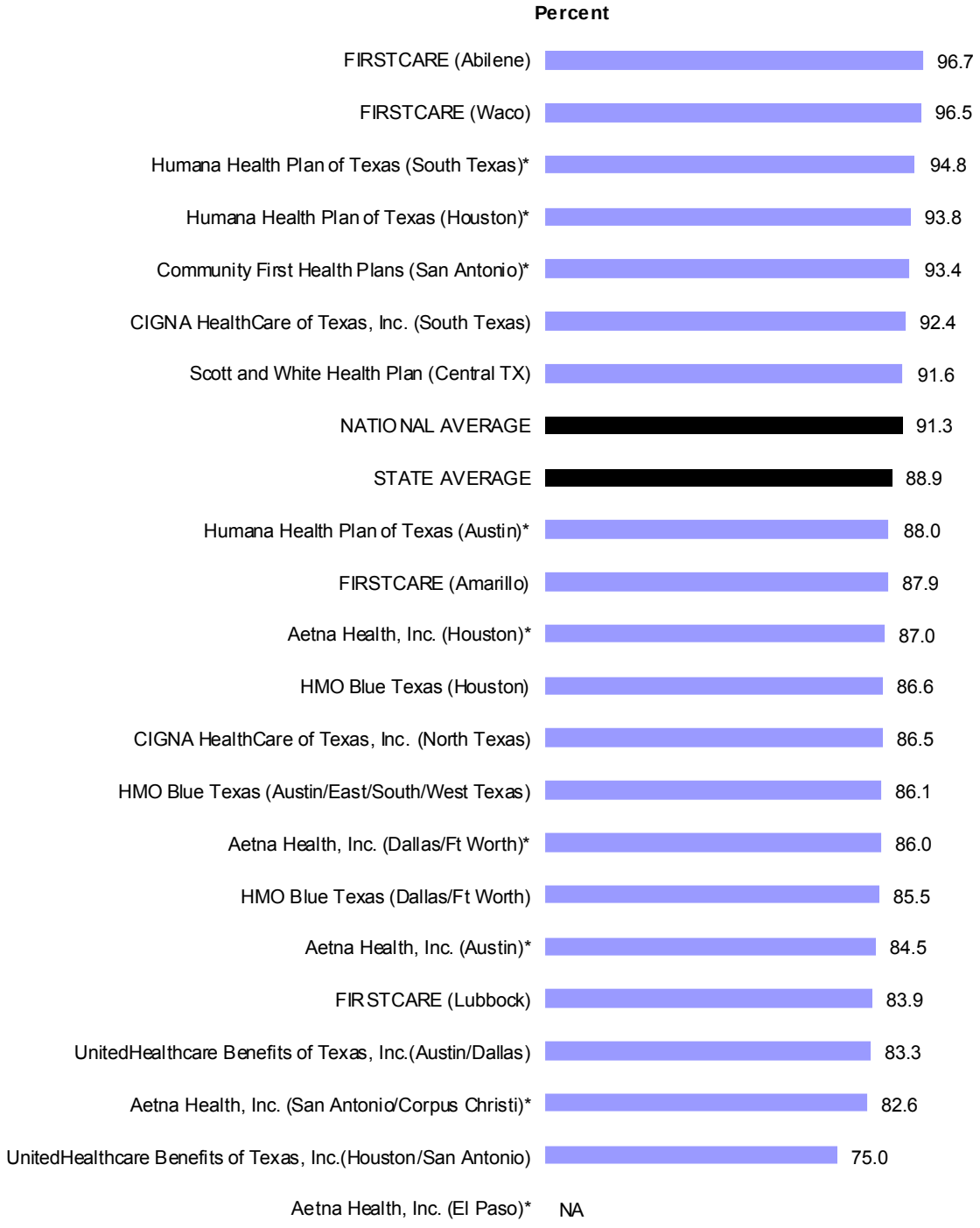
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.

# Childhood Immunization Status: VZV (Chicken Pox)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: VZV (Chicken Pox)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Pneumococcal Conjugate

Definition: The percentage of children using the HMO who received four doses of the Pneumococcal Conjugate vaccine by two years of age.

Pneumococcal disease is a bacterial infection caused by *Streptococcus pneumonia.* The disease can present in several ways including pneumococcal pneumonia, bacteremia (a blood stream infection), meningitis (an infection of the covering of the brain), and otitis media (a middle ear infection). Complications can include brain damage, hearing loss, and death. Pneumococcal disease is the leading cause of meningitis in the United States. Before the vaccine was available, pneumococcal infection caused over 700 cases of meningitis, 13,000 blood infections, and about five million ear infections each year.[1]

| Childhood Immunization Status: Pneumococcal Conjugate | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 56.6% | 57.3% | 65.8% | 70.0% | 71.0% |
| **NCQA's Quality Compass®** | 70.9% | 84.8% | 84.6% | 85.6% | 87.0% |

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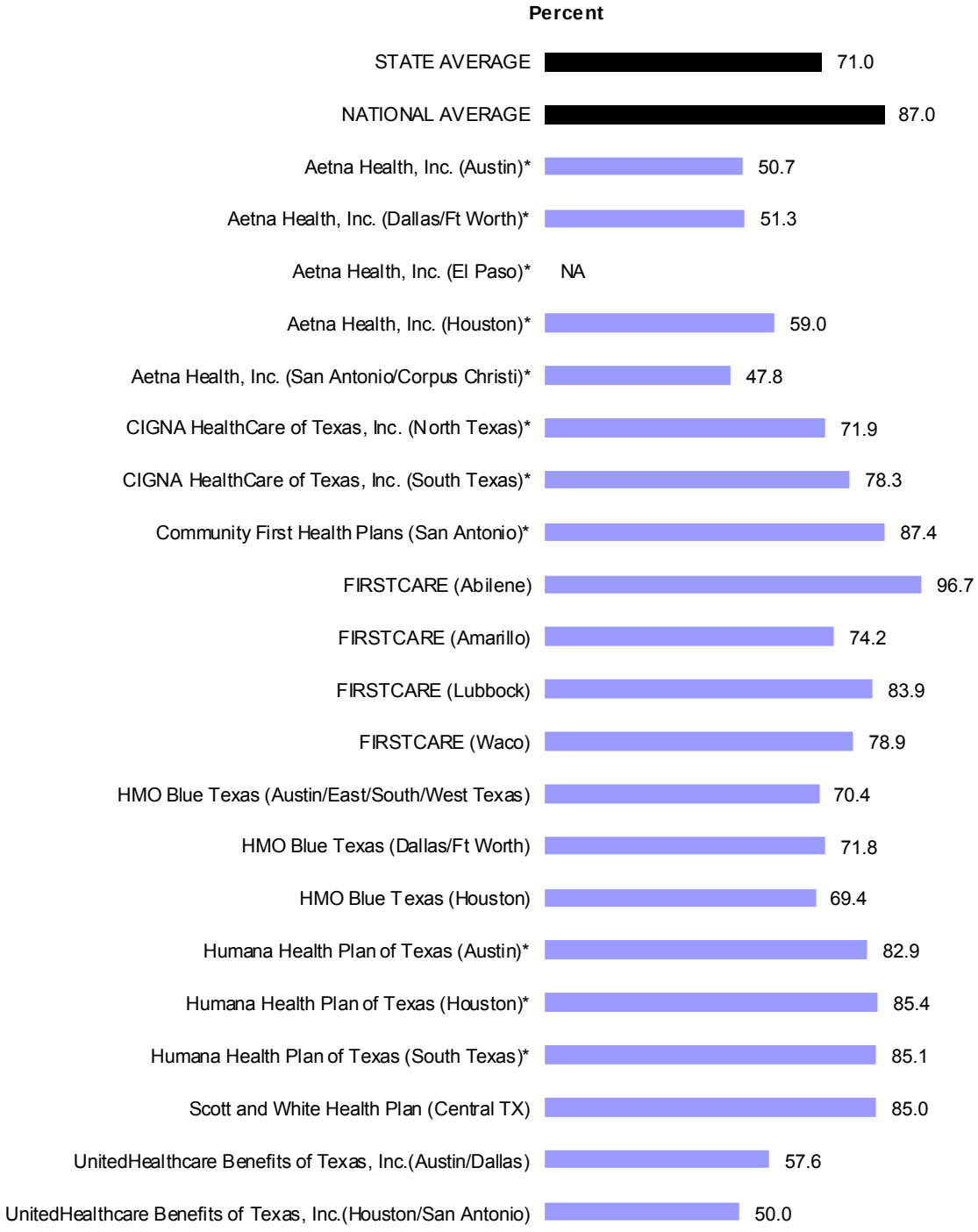
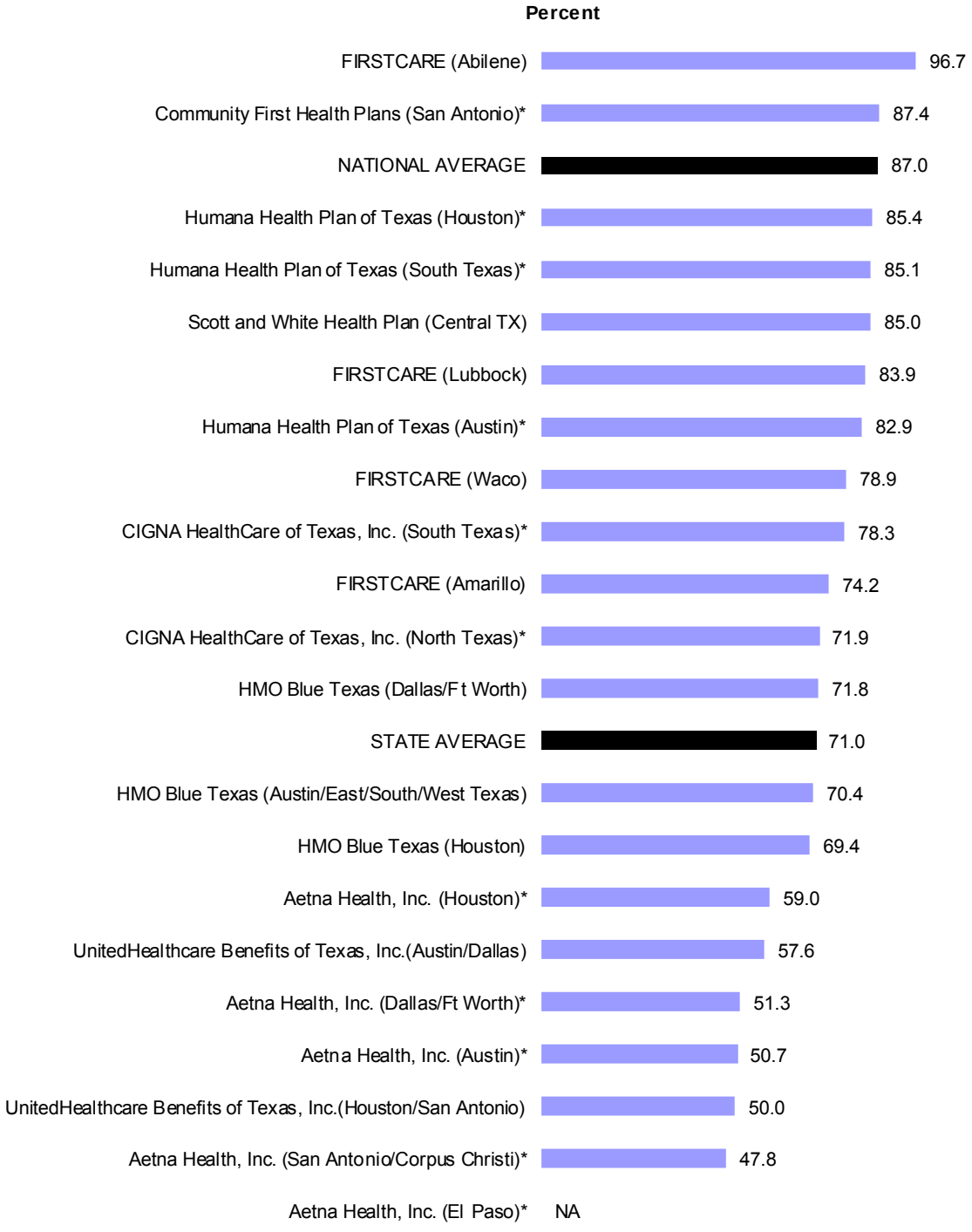
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.

# Childhood Immunization Status: Pneumococcal conjugate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: Pneumococcal conjugate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Hepatitis A (HAV)

Definition: The percentage of children using the HMO who received two doses of the Hepatitis A (HAV) vaccine by two years of age.

Hepatitis A (HAV) is a contagious viral disease that affects the liver. Symptoms include jaundice, fever, and nausea. The disease typically spreads through contact with objects, food, or drinks contaminated with the stool of an infected person. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months. Unlike Hepatitis B and C, HAV is not chronic.[1]

| Childhood Immunization Status: Hepatitis A | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 31.5% | 35.6% | 34.4% |
| **NCQA's Quality Compass®** | ** | 35.4% | 39.0% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

** Value not established or not obtained.
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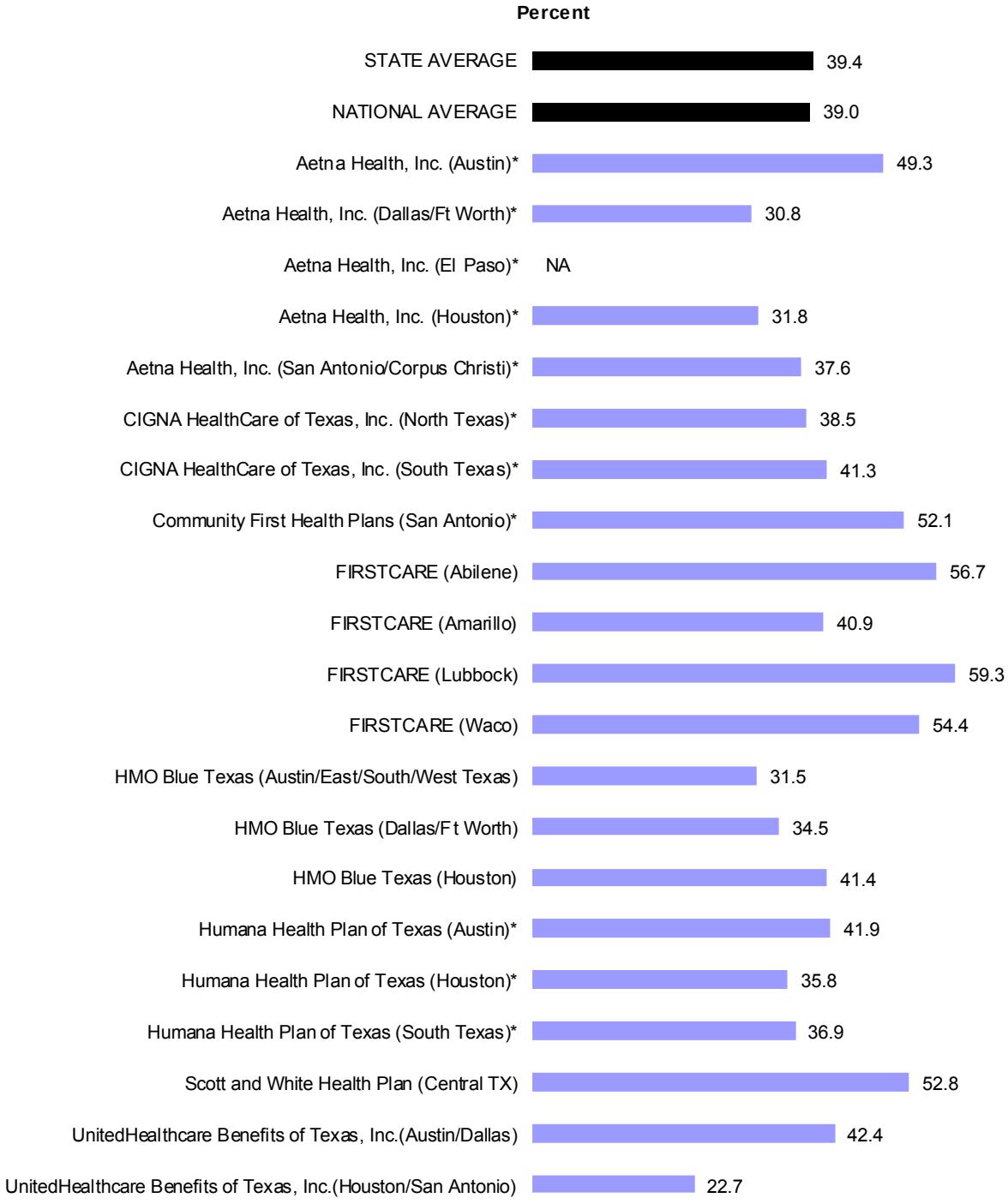
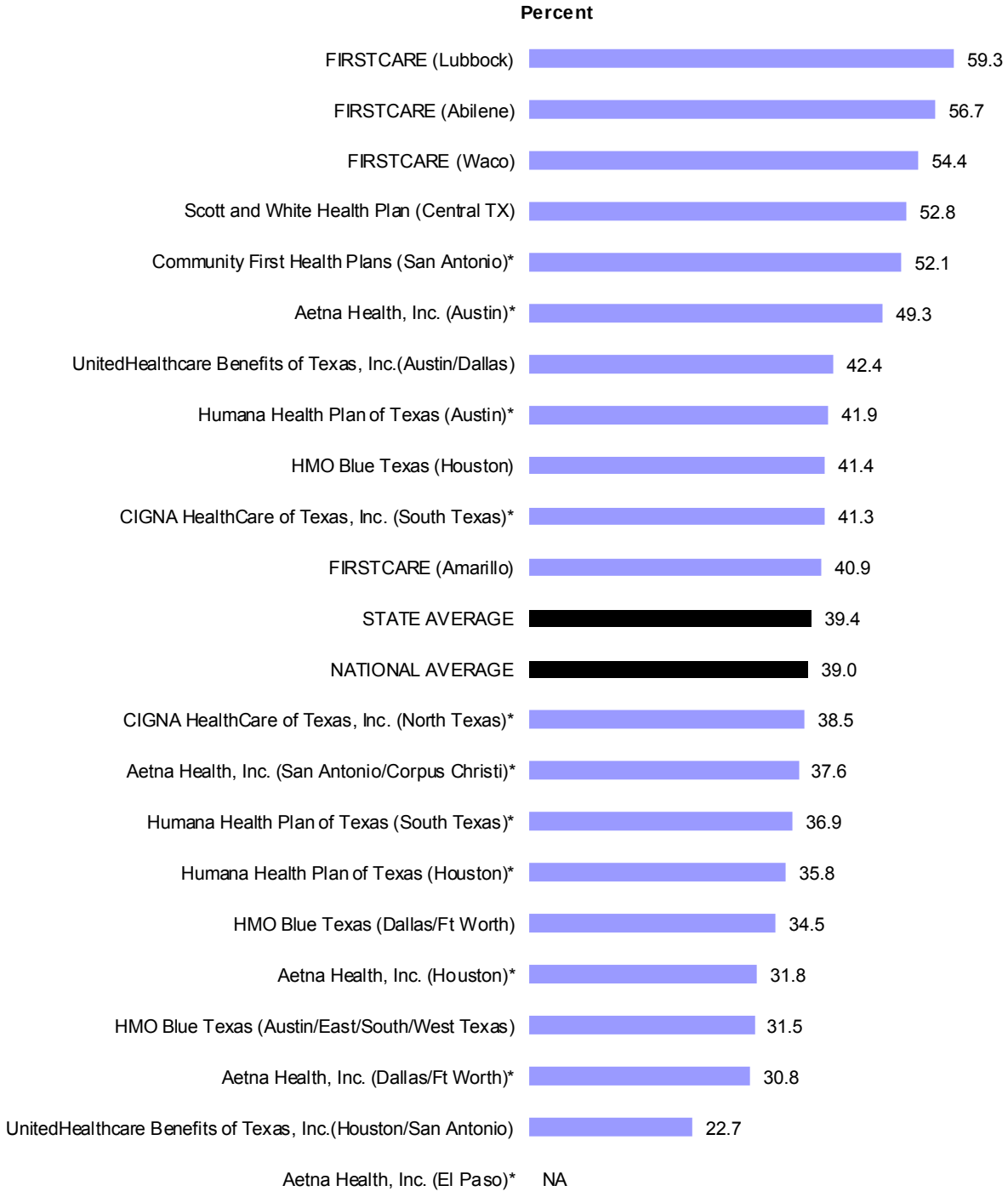
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.

# Childhood Immunization Status: Hepatitis A




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: Hepatitis A




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Rotavirus

Definition: The percentage of children using the HMO who received the required doses of the Rotavirus vaccine. There is a two-dose schedule and a three-dose schedule.

Rotavirus causes gastroenteritis (inflammation of the stomach and intestines). Symptoms include severe watery diarrhea, often accompanied by vomiting, fever, and abdominal pain. In babies and young children, the virus can lead to life-threatening dehydration. Rotavirus is the leading cause of severe diarrhea in infants and young children worldwide. Globally, it causes more than half a million deaths each year in children younger than five years of age.[1]

Rotavirus was the leading cause of severe diarrhea in American infants and young children before the introduction of the vaccine in 2006. In the prevaccine era, almost all children in the U.S. were infected with rotavirus before the age of five. The disease was responsible for more than 400,000 doctor visits, more than 200,000 emergency room visits, 55,000 to 70,000 hospitalizations, and twenty to sixty deaths in children under five years of age each year.[2]

| Childhood Immunization Status: Rotavirus | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 53.7% | 59.7% | 65.6% |
| **NCQA's Quality Compass®** | ** | 63.5% | 75.1% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

** Value not established or not obtained.
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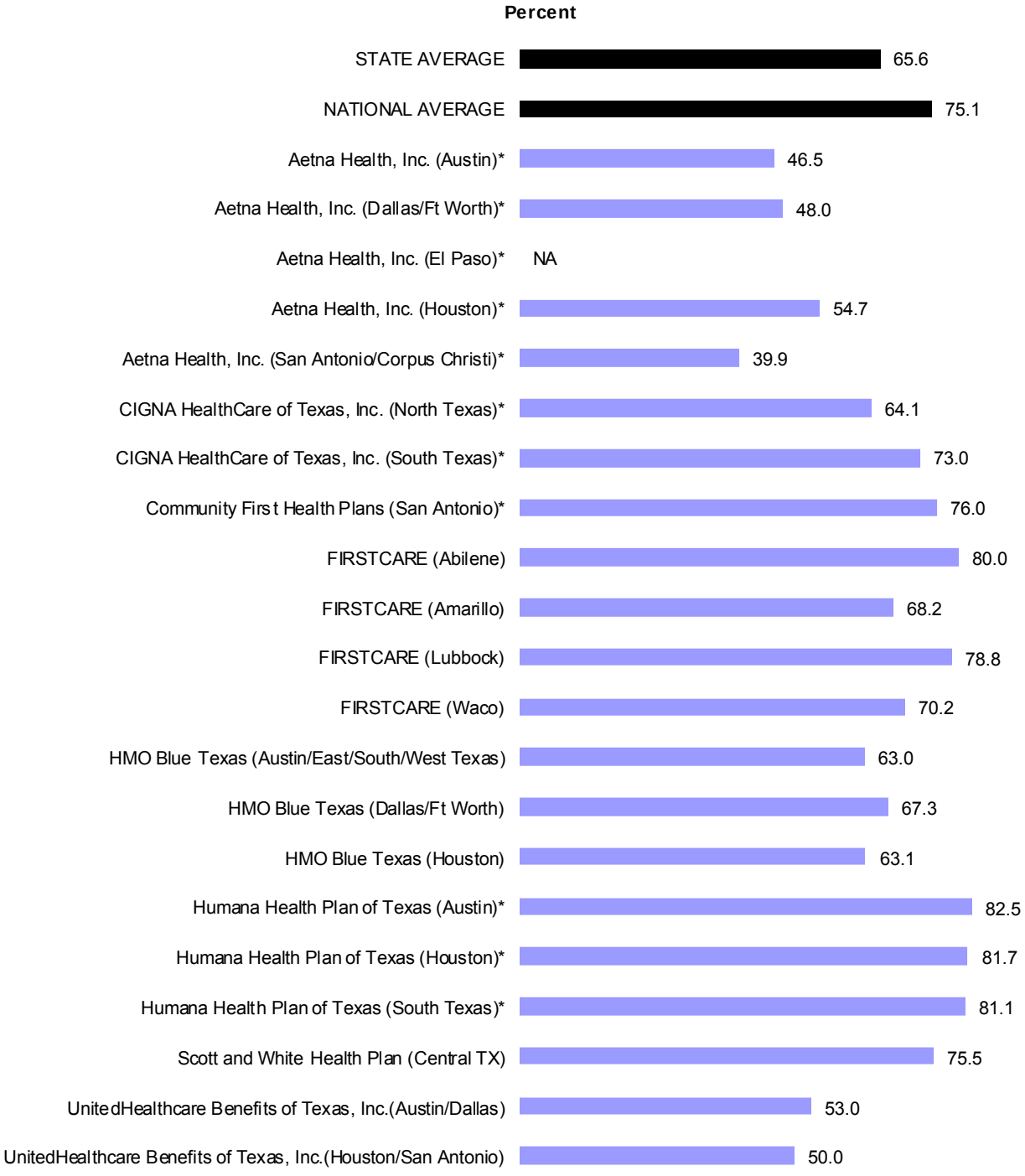
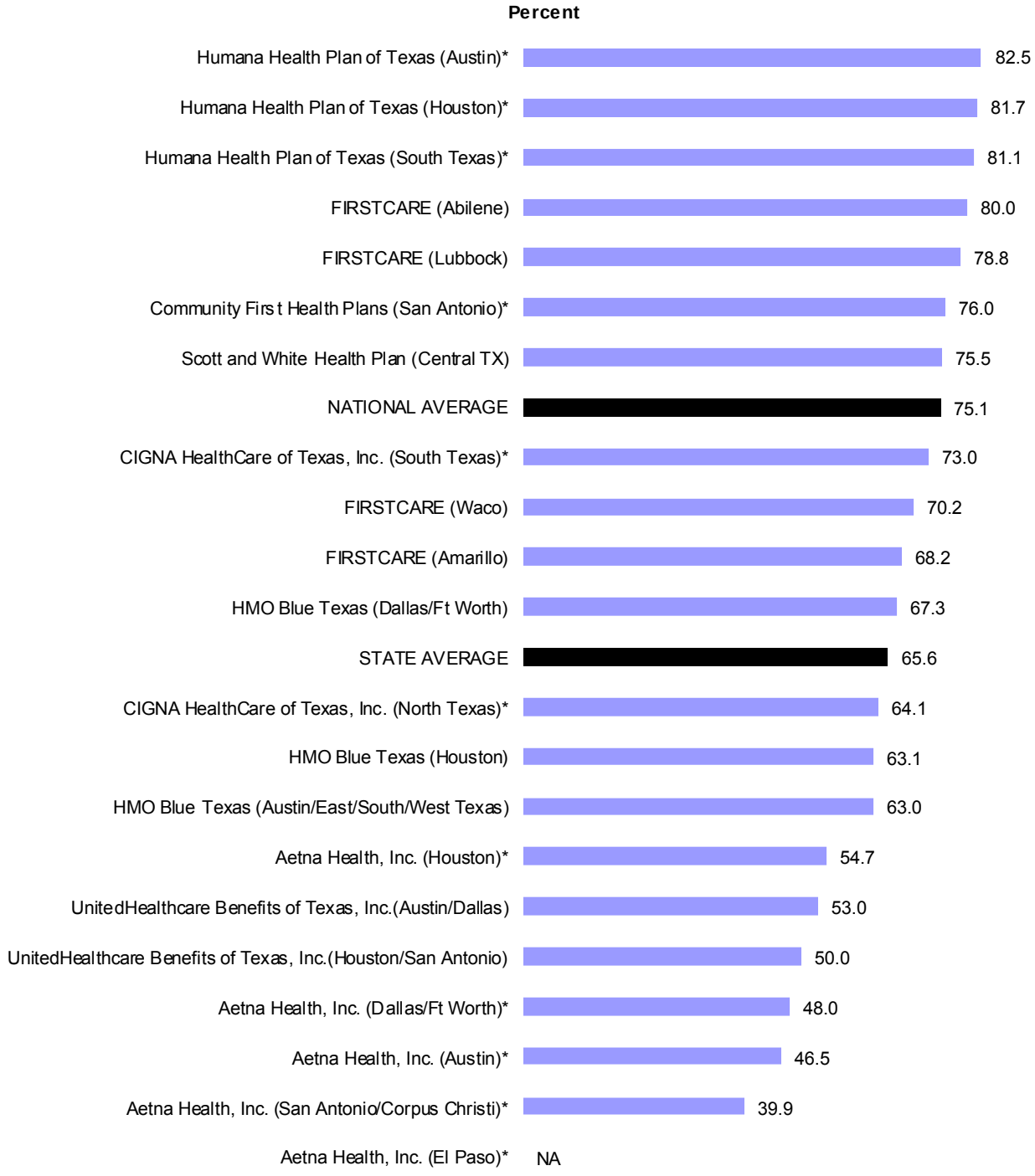
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.
[2] Ibid.

# Childhood Immunization Status: Rotovirus




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: Rotovirus




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Influenza

Definition: The percentage of children using the HMO who received two doses of the Influenza vaccine by two years of age.

Influenza (flu) is a highly contagious viral illness. Symptoms can include fever, sore throat, headache, cough, and sore muscles. Complications can include pneumonia and myocarditis (inflammation of the heart). Children under five and adults over sixty-five have the highest risk of complications and death from the disease. The Advisory Committee on Immunization Practices (ACIP) recommends yearly influenza vaccinations for all individuals over the age of six months, but emphasizes the importance of yearly vaccinations in individuals under five years of age and over fifty years of age.[1]

| Childhood Immunization Status: Influenza | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 49.4% | 53.2% | 55.1% |
| **NCQA's Quality Compass®** | ** | 57.1% | 61.1% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

** Value not established or not obtained.
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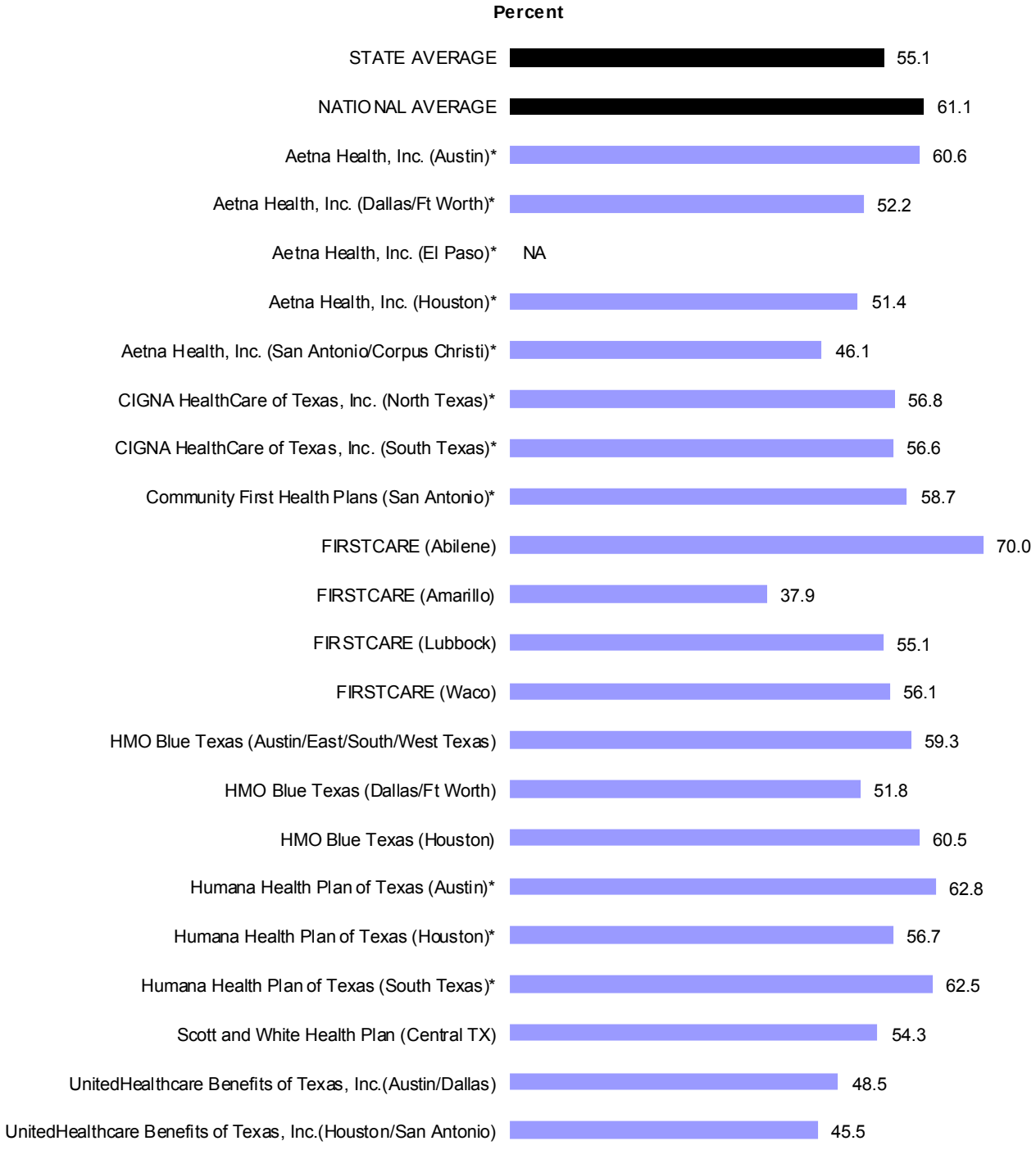
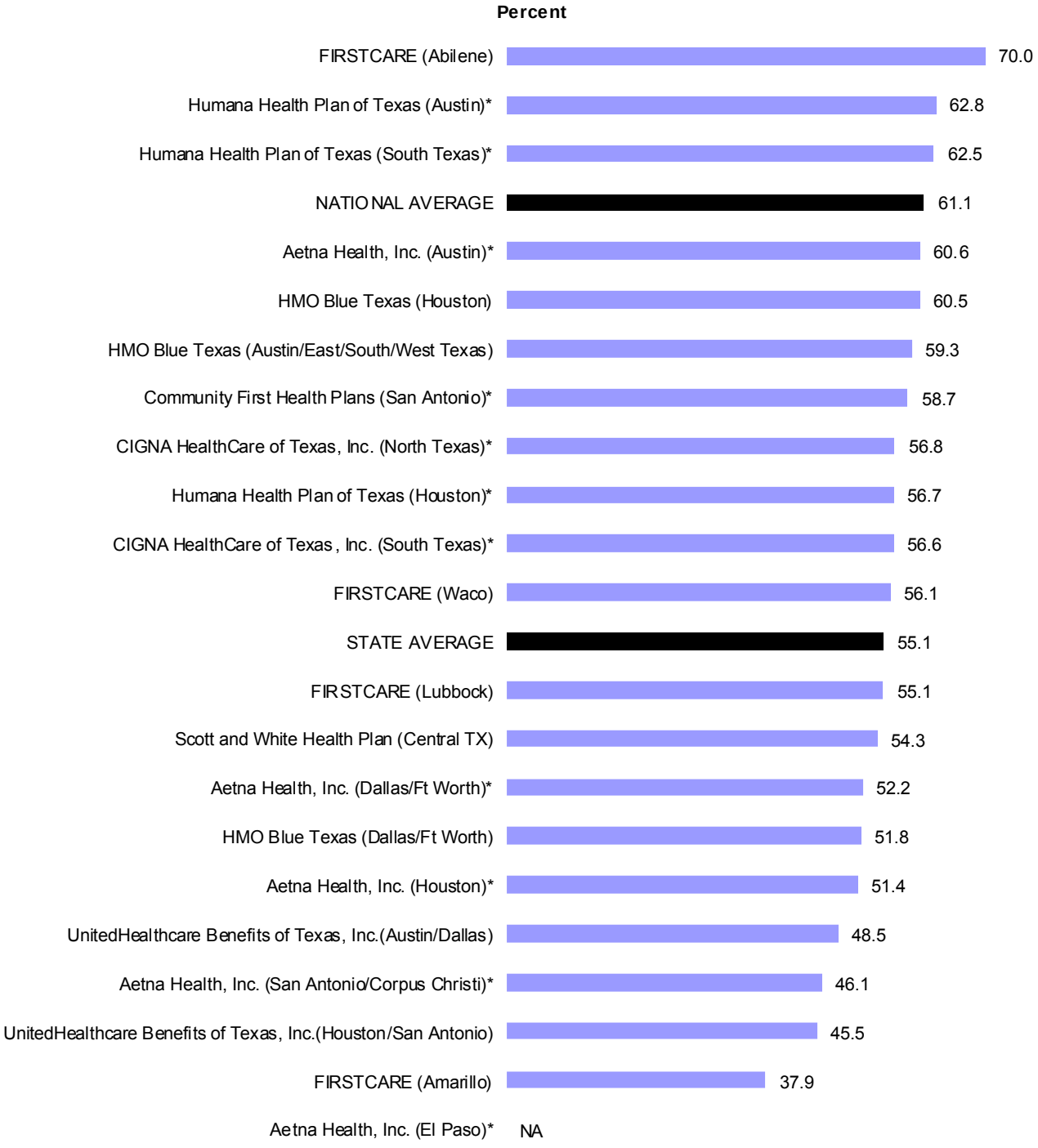
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.

# Childhood Immunization Status: Influenza




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Childhood Immunization Status: Influenza




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Childhood Immunization Status: Combination 2

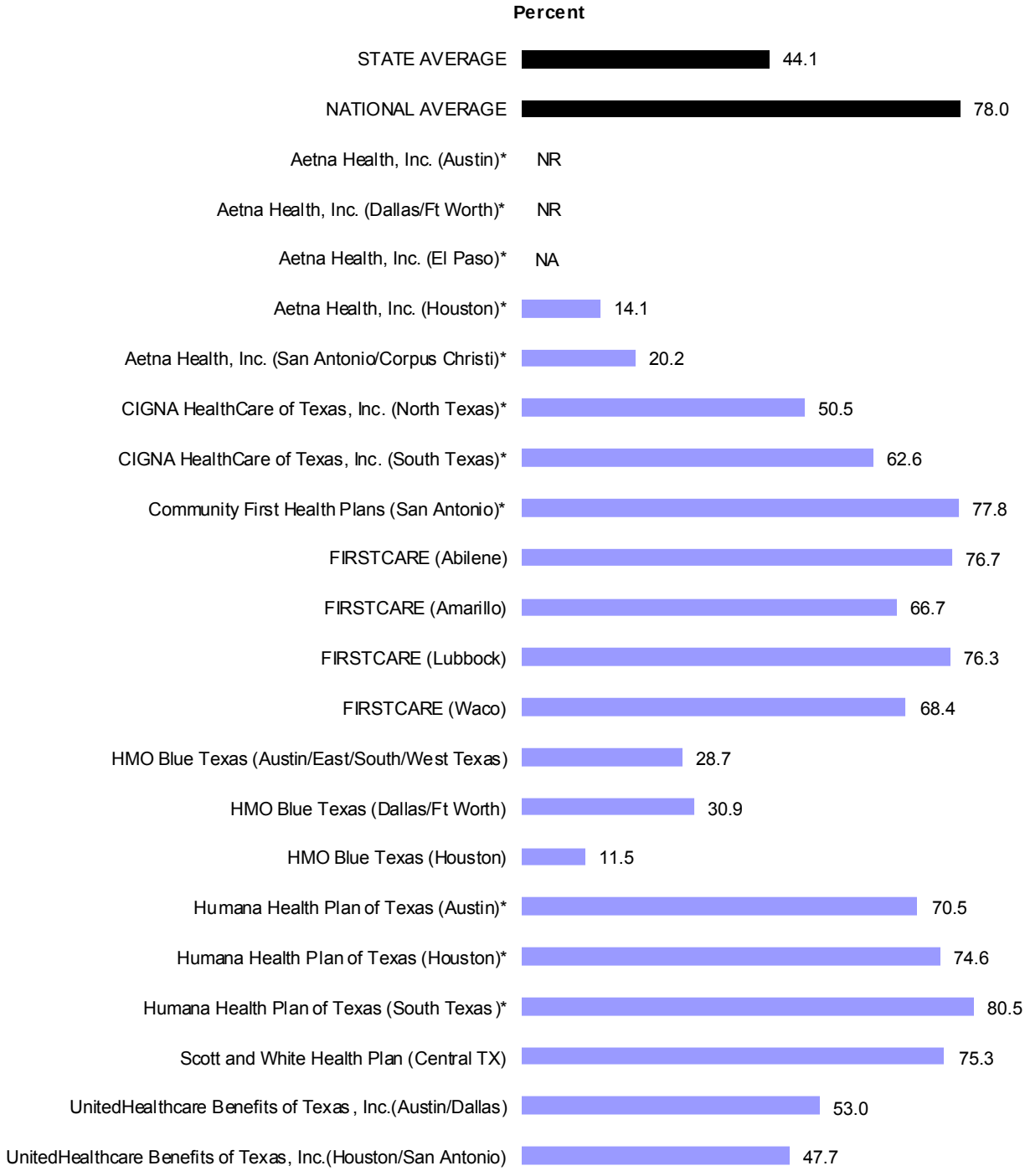
Definition: The percentage of children using the HMO who received all doses of the Combination 2 vaccinations by two years of age.

- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose

| Childhood Immunization Status: Combination 2 | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 37.0% | 35.9% | 42.5% | 39.6% | 44.1% |
| **NCQA's Quality Compass®** | 66.9% | 81.2% | 77.7% | 78.6% | 78.0% |

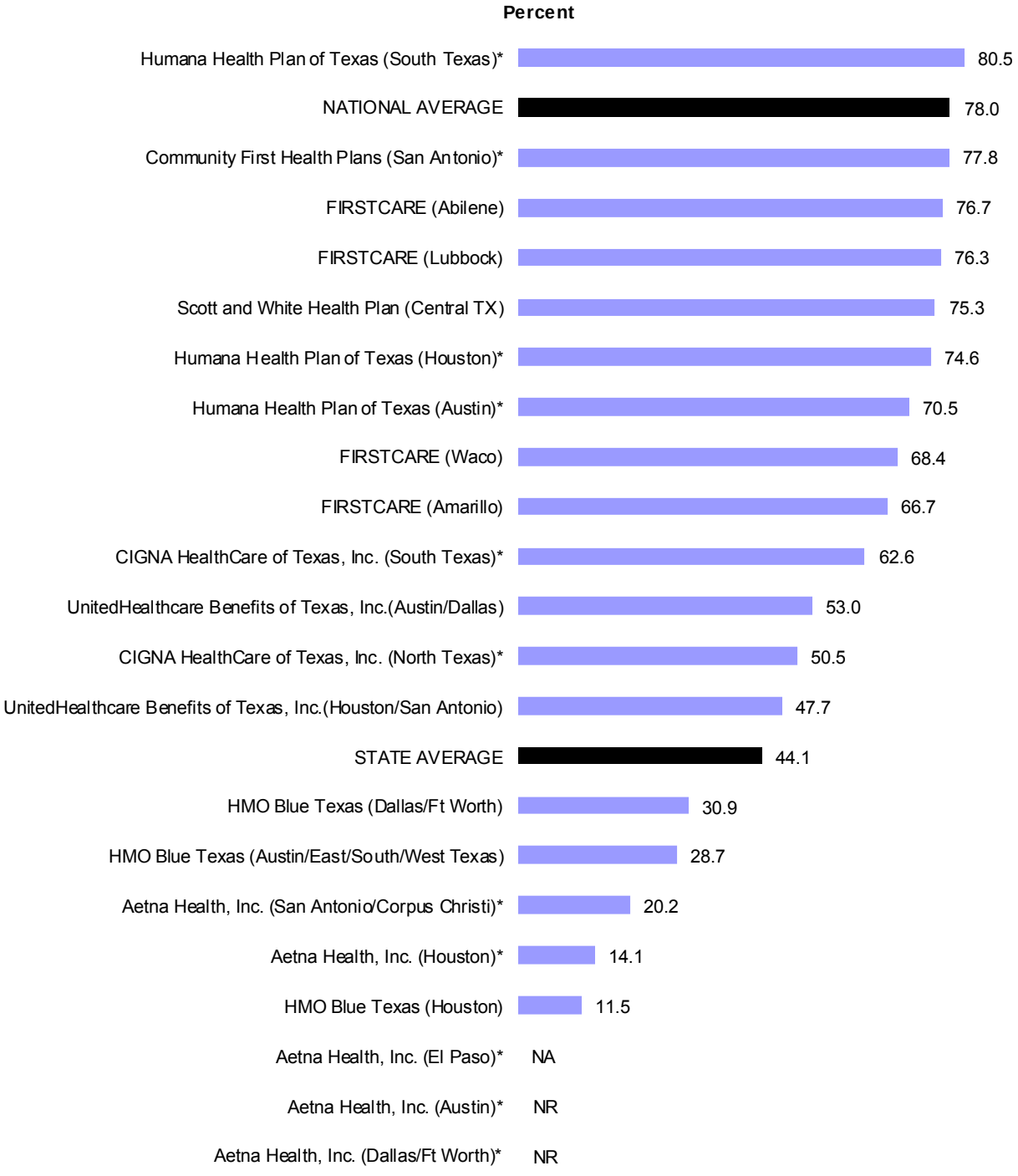
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

# Childhood Immunization Status: Combination 2




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 2




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 3

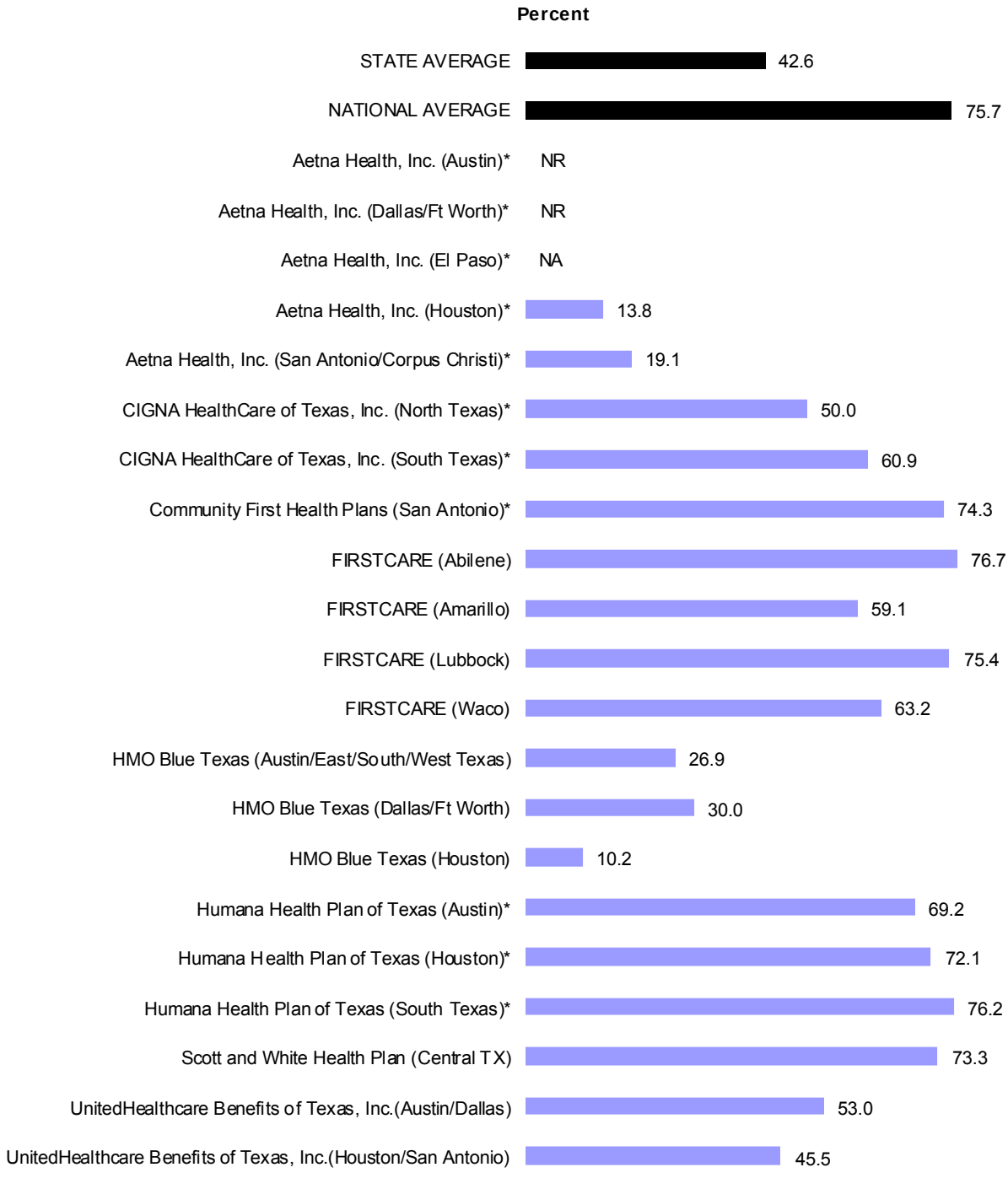
Definition: The percentage of children using the HMO who received all doses of the Combination 3 vaccinations by two years of age.

- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses

| Childhood Immunization Status: Combination 3 | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 34.9% | 33.9% | 40.3% | 38.1% | 42.6% |
| **NCQA's Quality Compass®** | 62.3% | 76.6% | 73.4% | 75.1% | 75.7% |

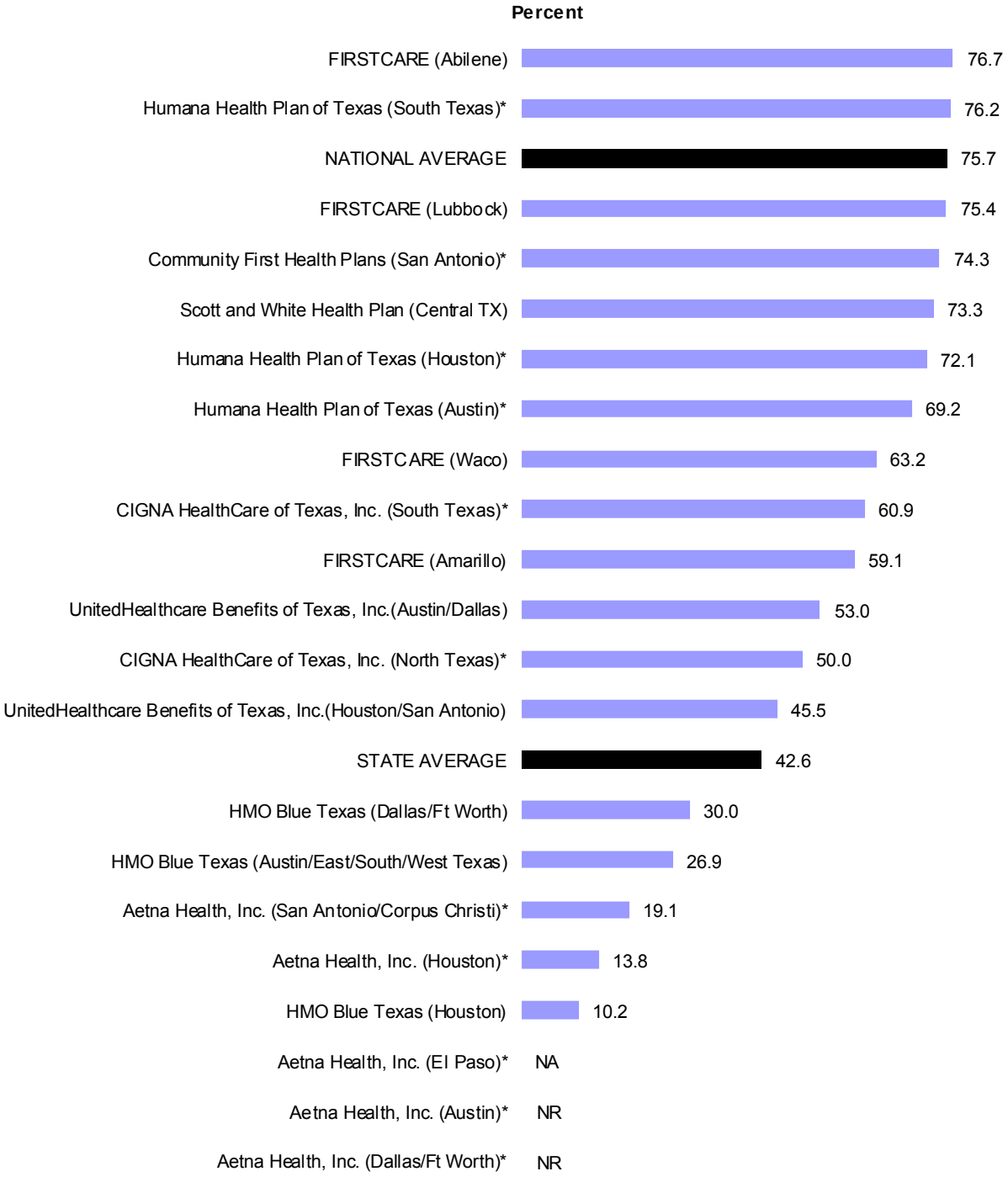
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

# Childhood Immunization Status: Combination 3




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 3




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 4

Definition: The percentage of children using the HMO who received all doses of the Combination 4 vaccinations by two years of age.

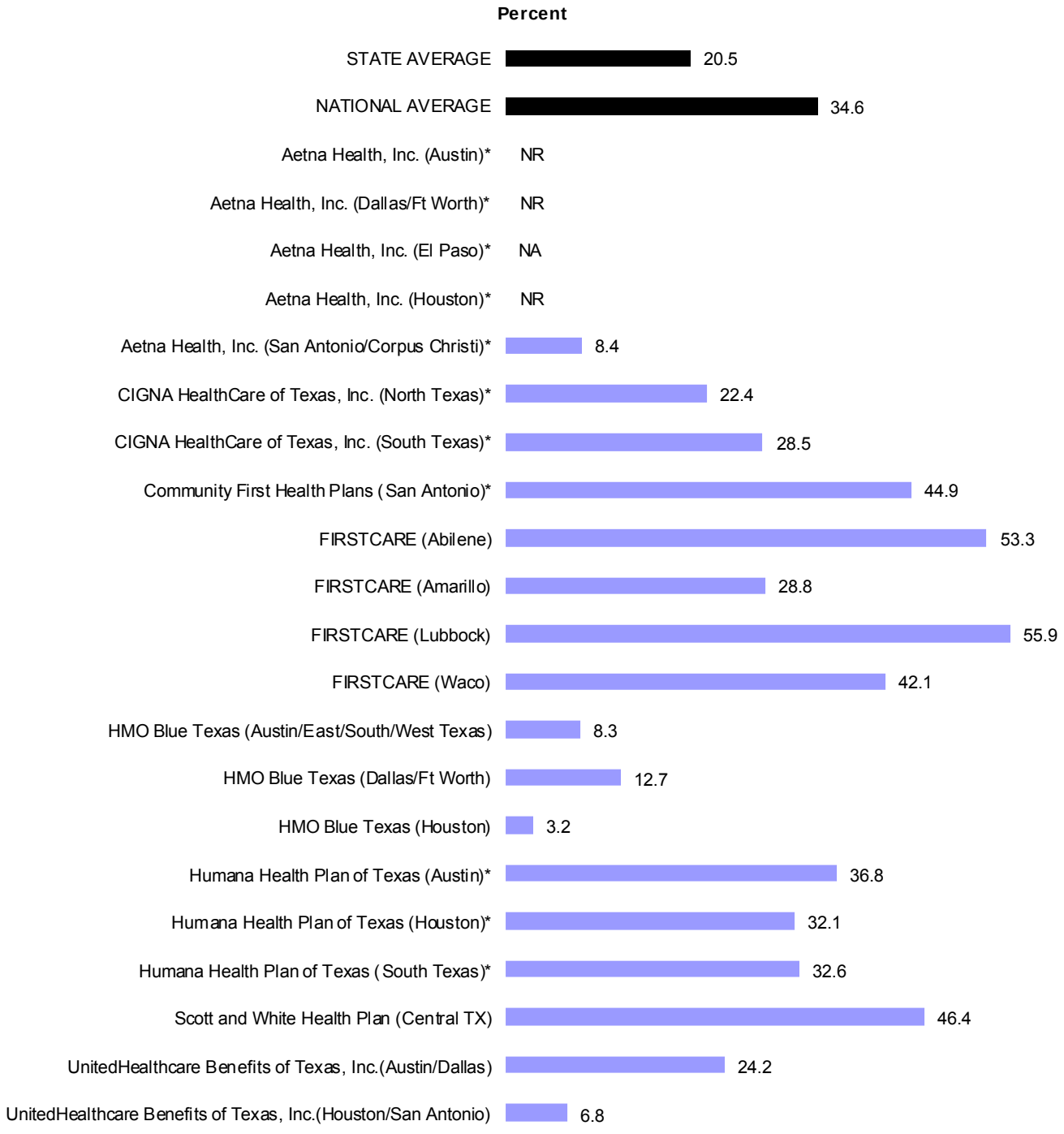
- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses
- Hepatitis A (HAV)—two doses

| Childhood Immunization Status: Combination 4 | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 14.6% | 15.8% | 20.5% |
| **NCQA's Quality Compass®** | ** | 31.5% | 34.6% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

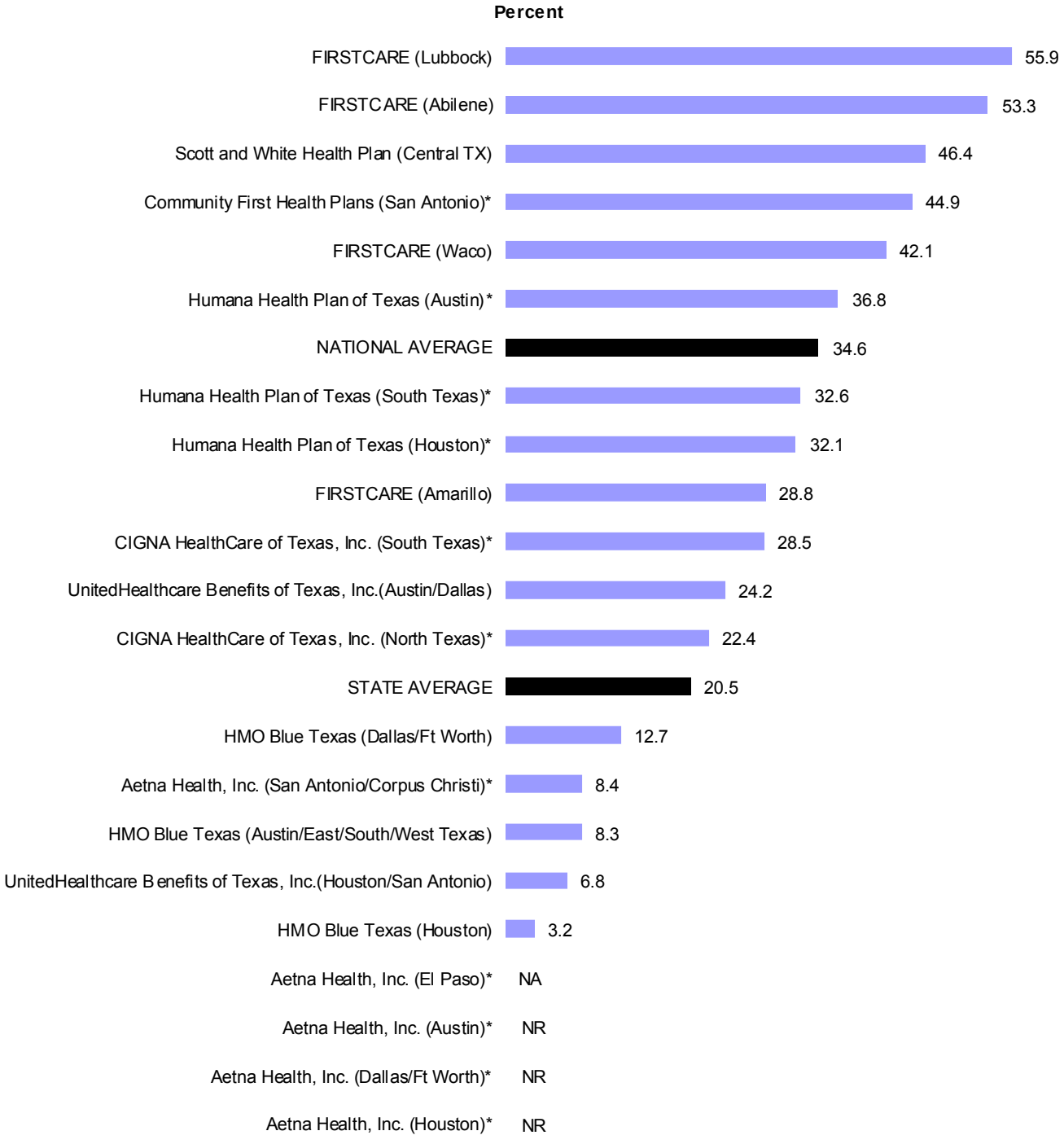
** Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

# Childhood Immunization Status: Combination 4




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 4




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 5

Definition: The percentage of children using the HMO who received all doses of the Combination 5 vaccinations by two years of age.

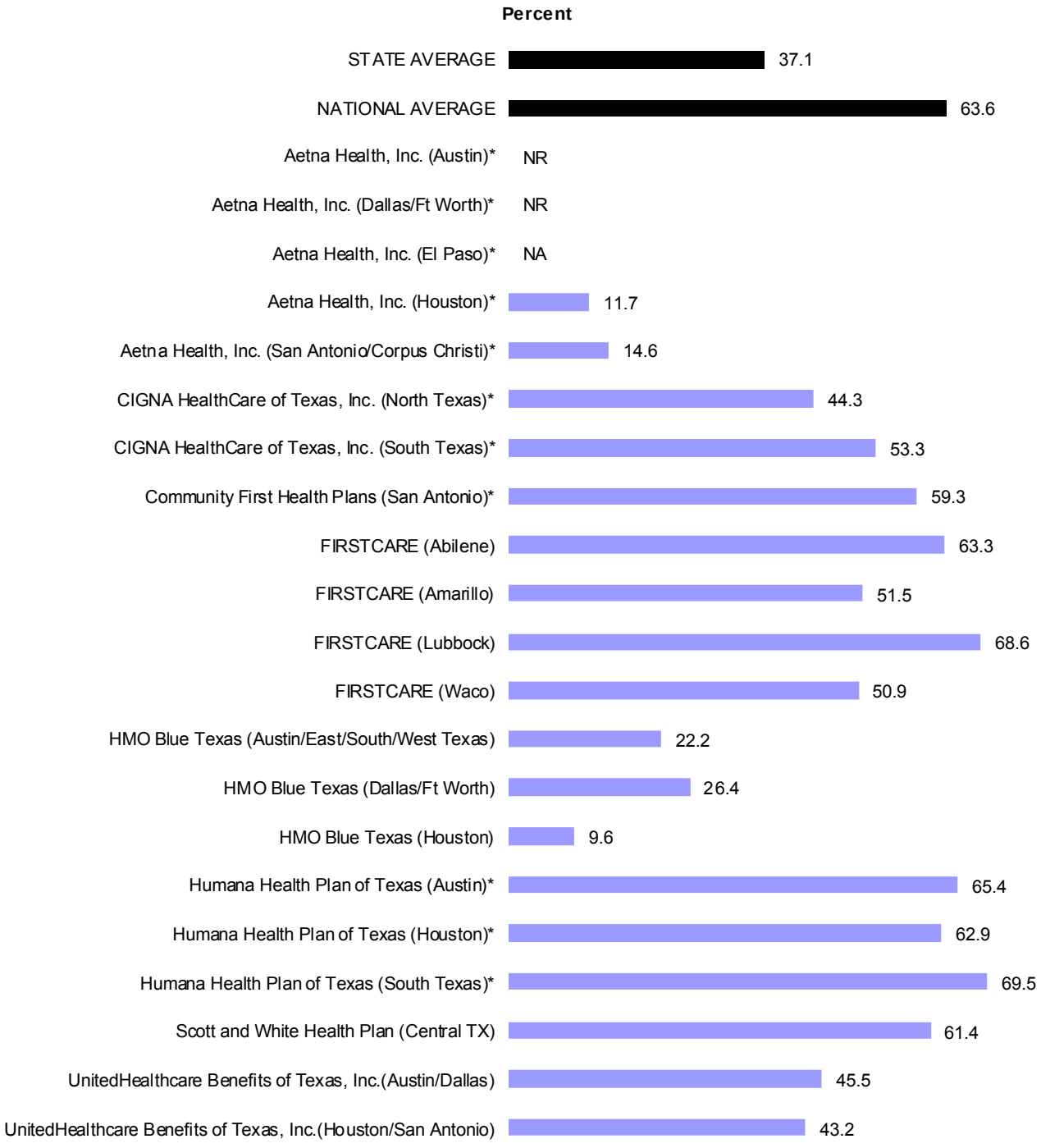
- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses
- Rotavirus—two or three doses

| Childhood Immunization Status: Combination 5 | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 30.2% | 28.2% | 37.1% |
| **NCQA's Quality Compass®** | ** | 53.6% | 63.6% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

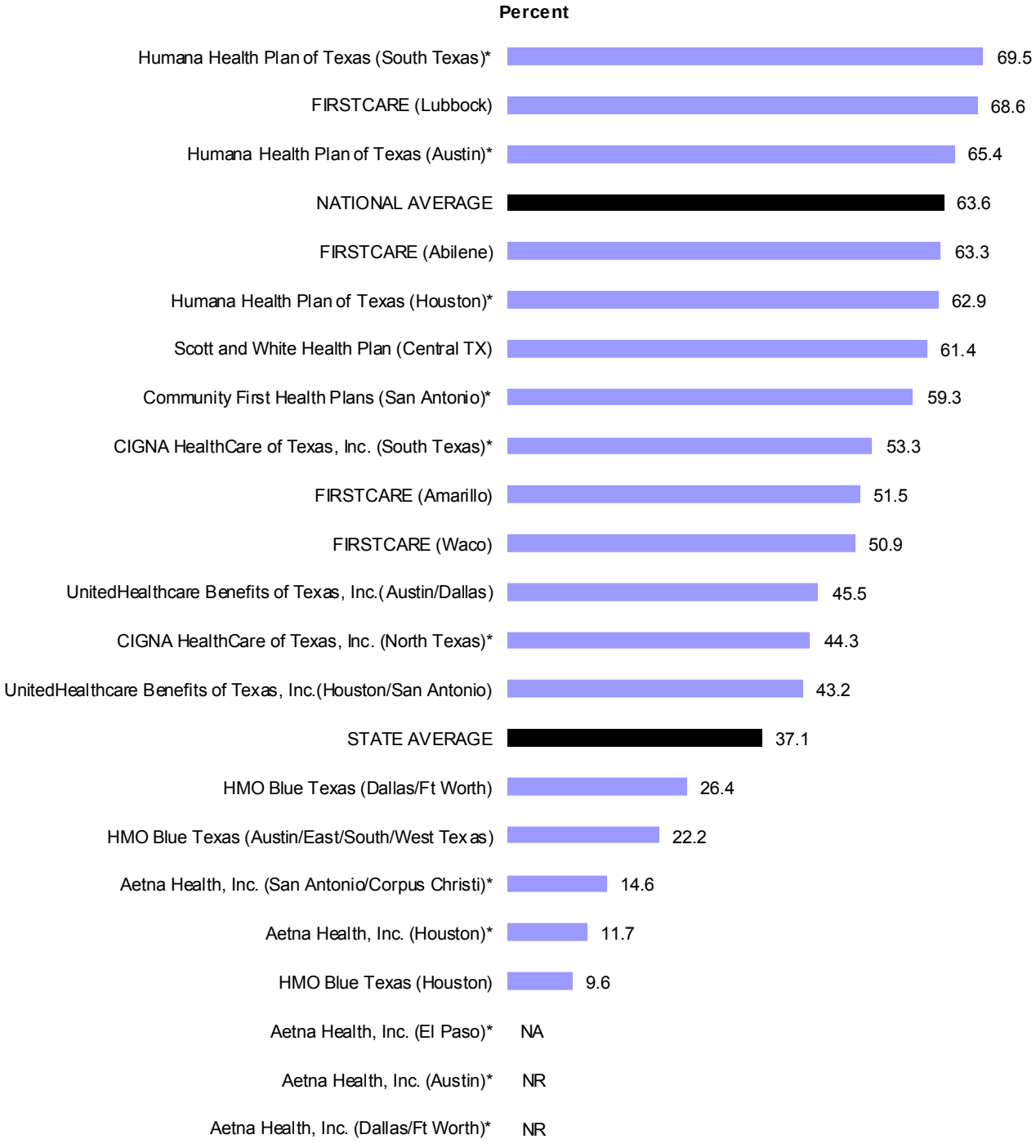
** Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

# Childhood Immunization Status: Combination 5




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 5




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 6

Definition: The percentage of children using the HMO who received all doses of the Combination 6 vaccinations by two years of age.

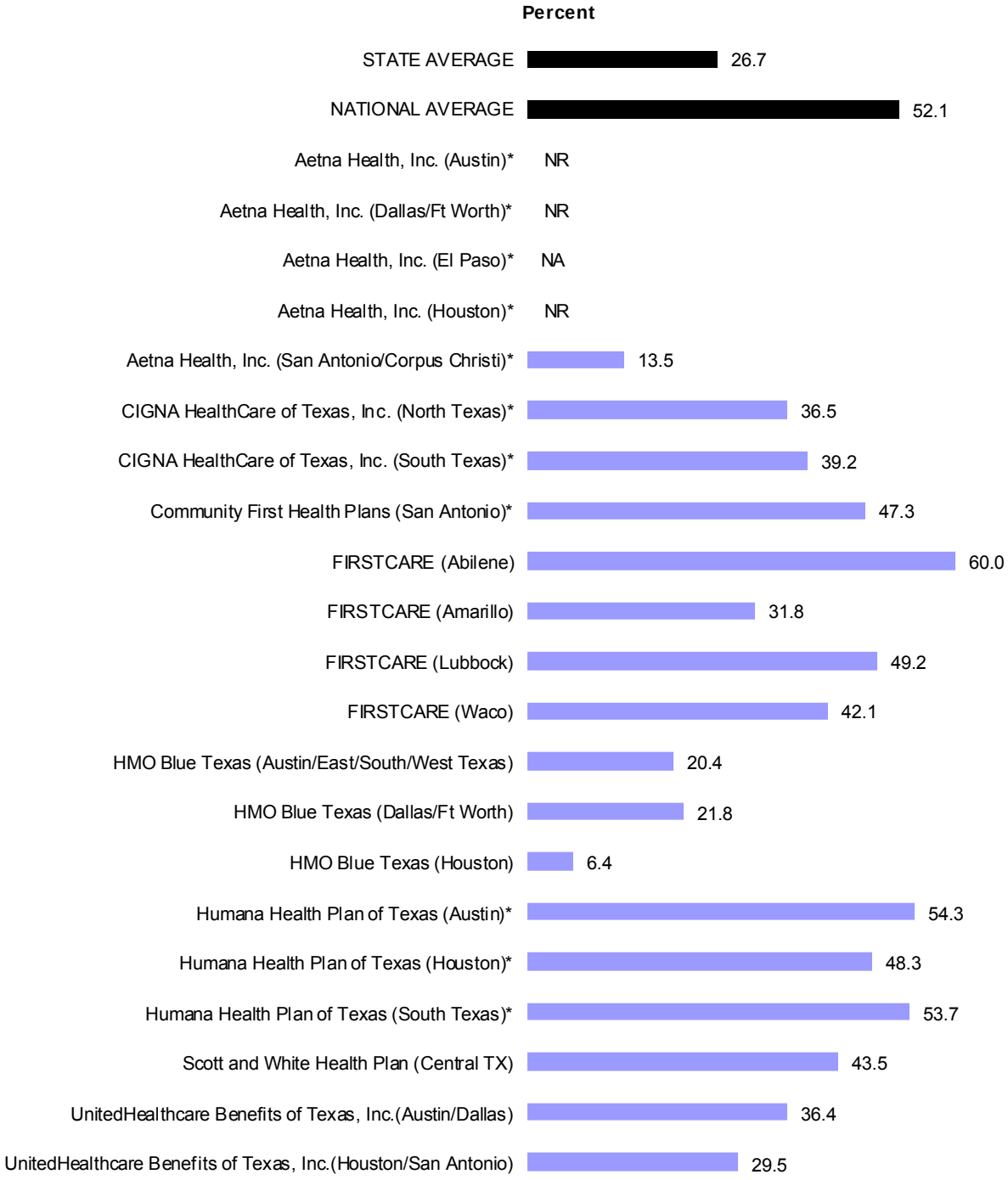
- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses
- Influenza—two doses

| Childhood Immunization Status: Combination 6 | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 18.9% | 20.0% | 26.7% |
| **NCQA's Quality Compass®** | ** | 48.4% | 52.1% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

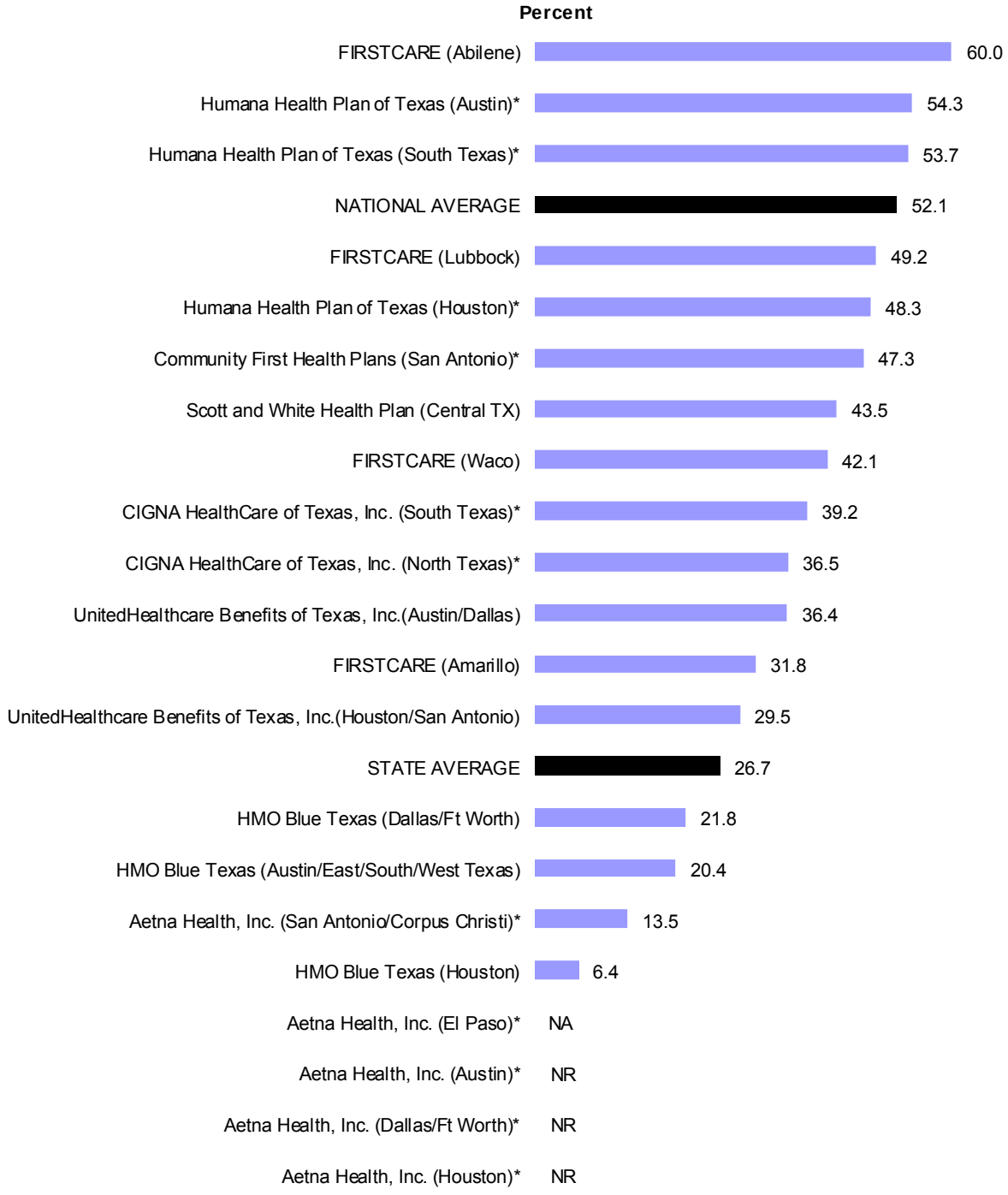
** Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

# Childhood Immunization Status: Combination 6




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 6




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 7

Definition: The percentage of children using the HMO who received all doses of the Combination 7 vaccinations by two years of age.

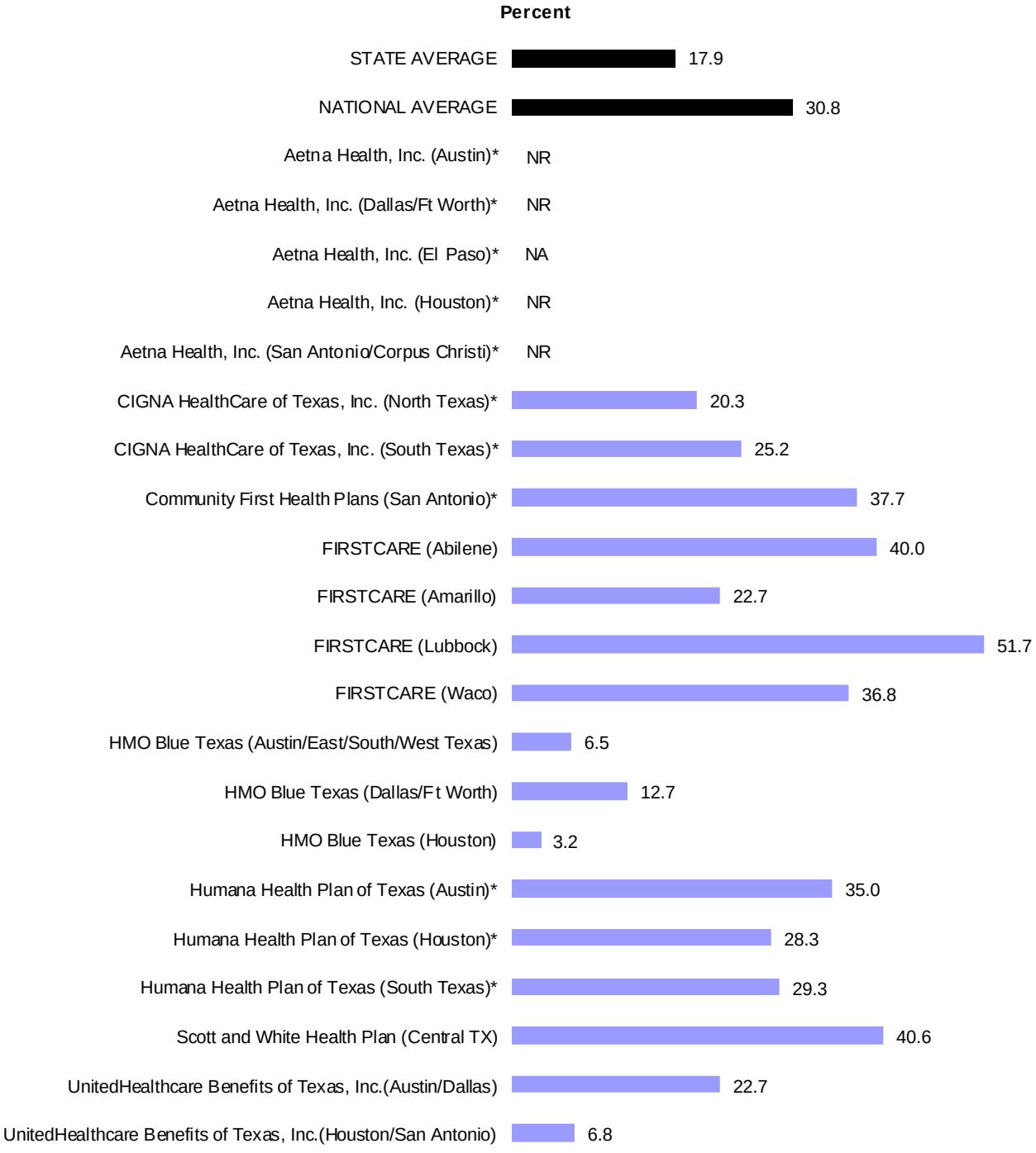
- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses
- Hepatitis A (HAV)—two doses
- Rotavirus—two or three doses

| Childhood Immunization Status: Combination 7 | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 11.6% | 13.2% | 17.9% |
| **NCQA's Quality Compass®** | ** | 25.3% | 30.8% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

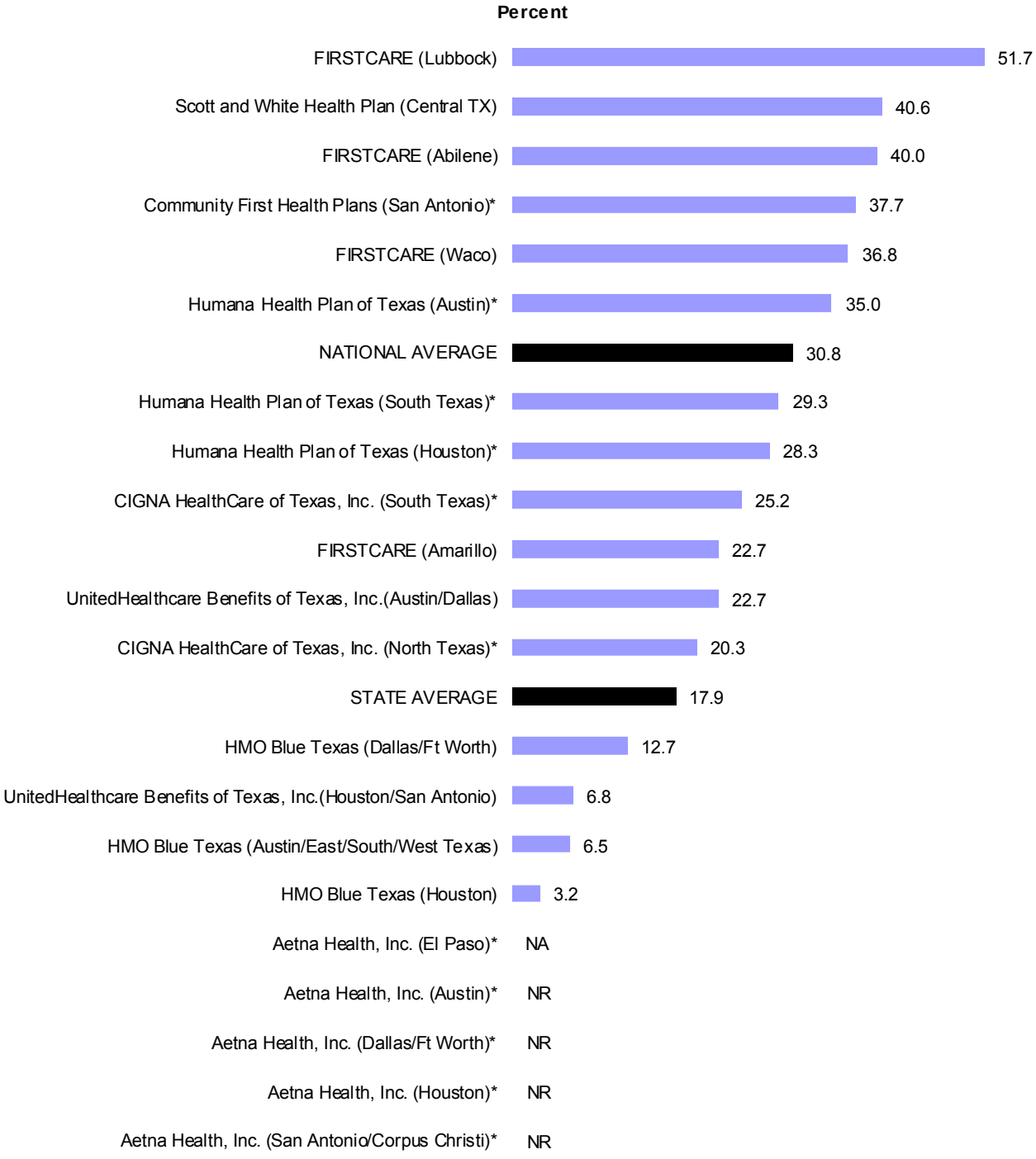
** Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

# Childhood Immunization Status: Combination 7




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 7




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 8

Definition: The percentage of children using the HMO who received all doses of the Combination 8 vaccinations by two years of age.

- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses
- Hepatitis A (HAV)—two doses
- Influenza—two doses

| Childhood Immunization Status: Combination 8 | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 9.3% | 10.4% | 14.1% |
| **NCQA's Quality Compass®** | ** | 22.2% | 25.3% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

** Value not established or not obtained.
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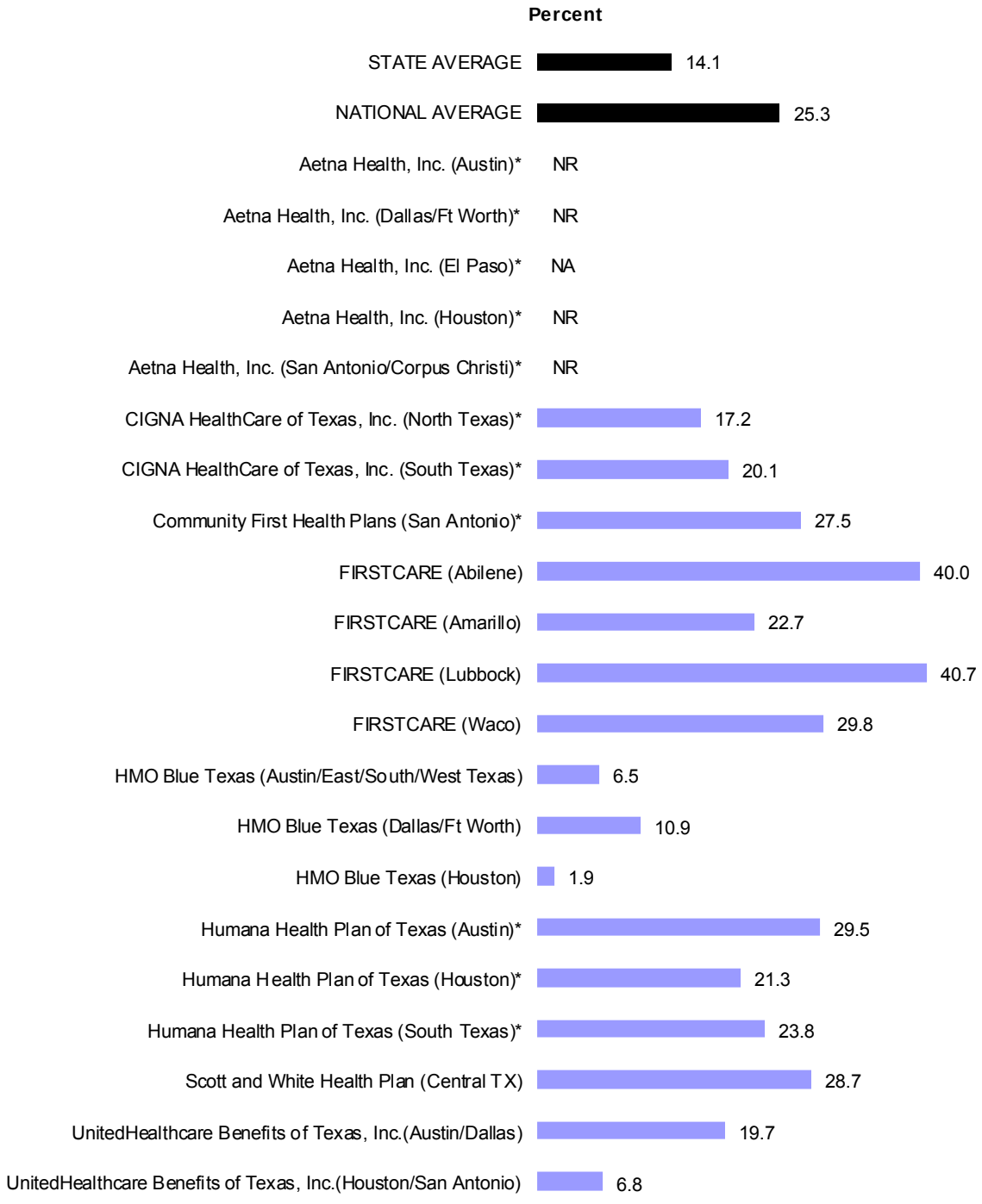
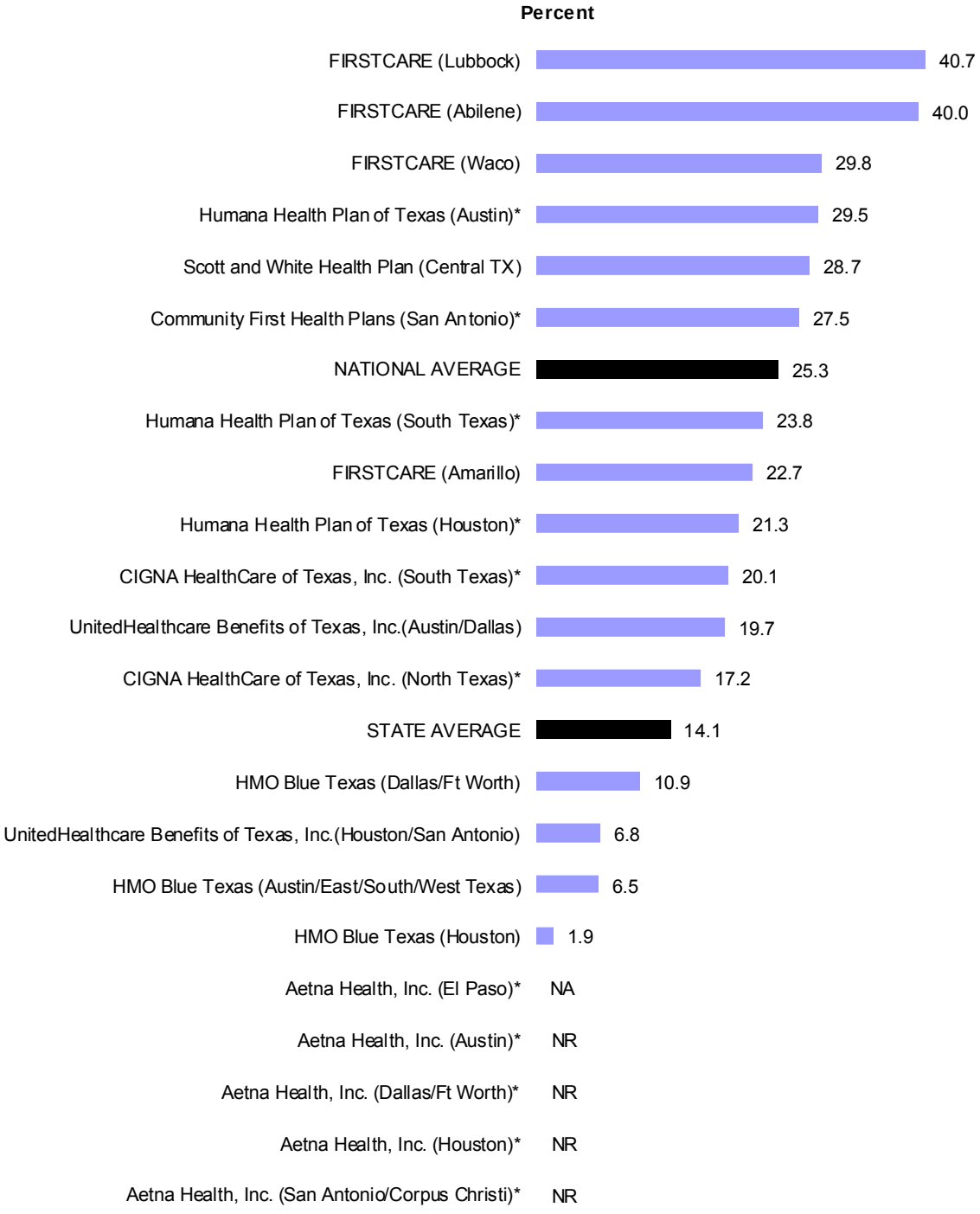
# Childhood Immunization Status: Combination 8




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 8




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 9

Definition: The percentage of children using the HMO who received all doses of the Combination 9 vaccinations by two years of age.

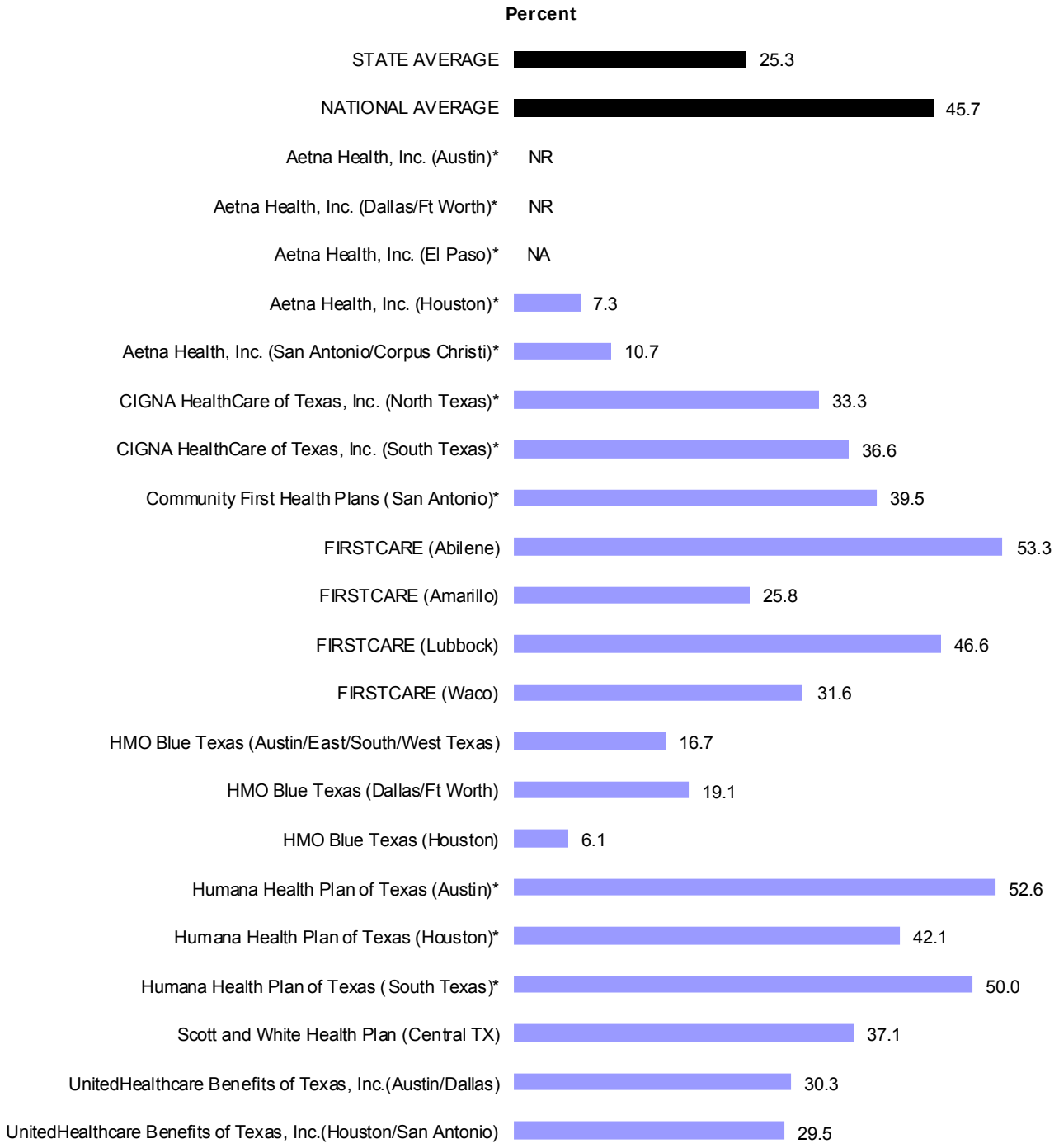
- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses
- Influenza—two doses
- Rotavirus—two or three doses

| Childhood Immunization Status: Combination 9 | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 15.9% | 17.2% | 25.3% |
| **NCQA's Quality Compass®** | ** | 37.5% | 45.7% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

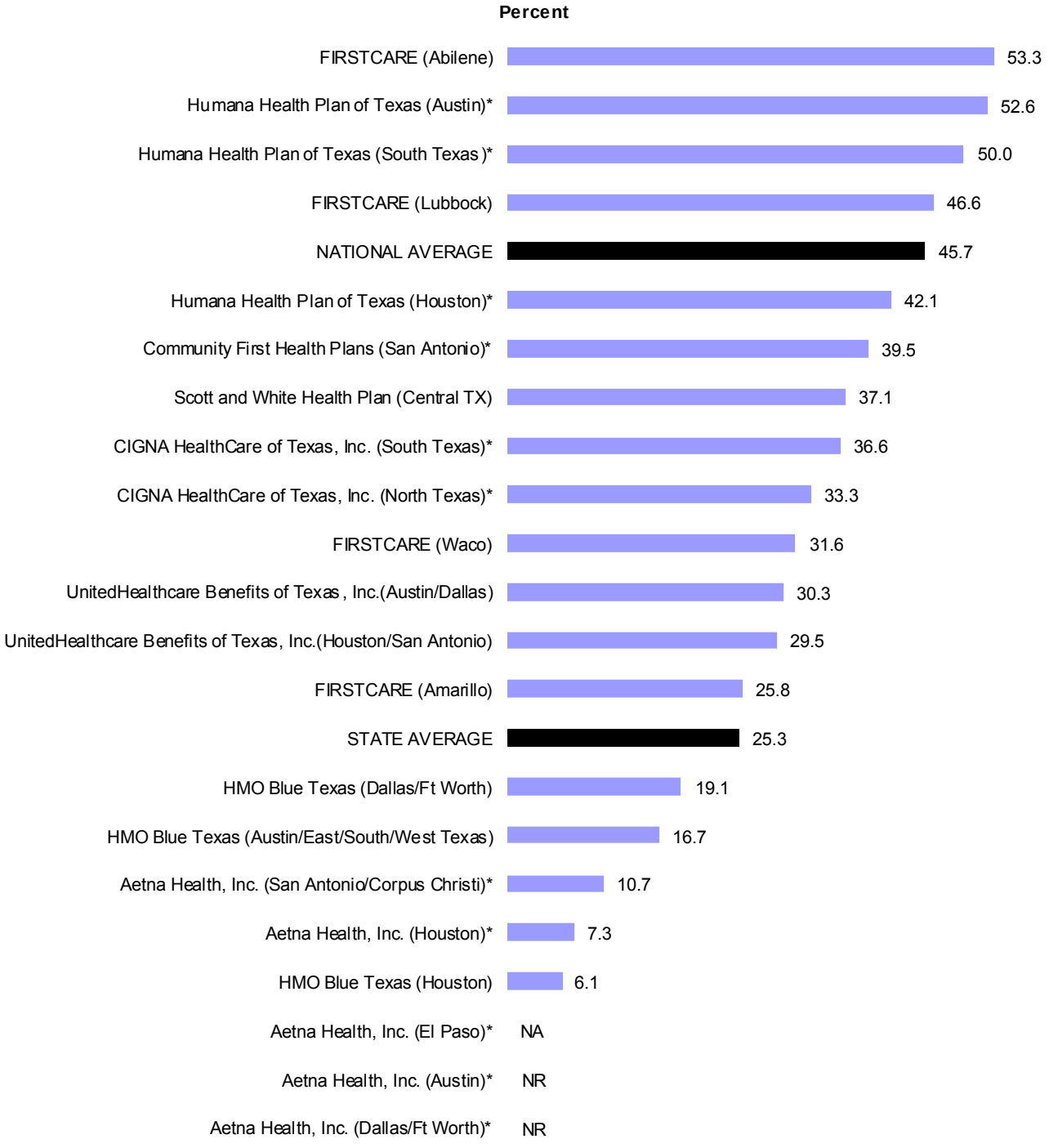
** Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

# Childhood Immunization Status: Combination 9




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 9




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Childhood Immunization Status: Combination 10

Definition: The percentage of children using the HMO who received all doses of the Combination 10 vaccinations by two years of age.

- Diphtheria, Tetanus, acellular Pertussis (DTaP)—four doses
- Polio (IPV)—three doses
- Hepatitis B (HBV)—three doses
- Measles, Mumps, Rubella (MMR)—one dose
- *Haemophilus Influenzae* type B (HiB)—three doses
- Chickenpox (VZV)—one dose
- Pneumococcal Conjugate—four doses
- Hepatitis A (HAV)—two doses
- Rotavirus—two or three doses
- Influenza—two doses

| Childhood Immunization Status: Combination 10 | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 8.1% | 9.2% | 12.9% |
| **NCQA's Quality Compass®** | ** | 18.5% | 22.9% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

** Value not established or not obtained.
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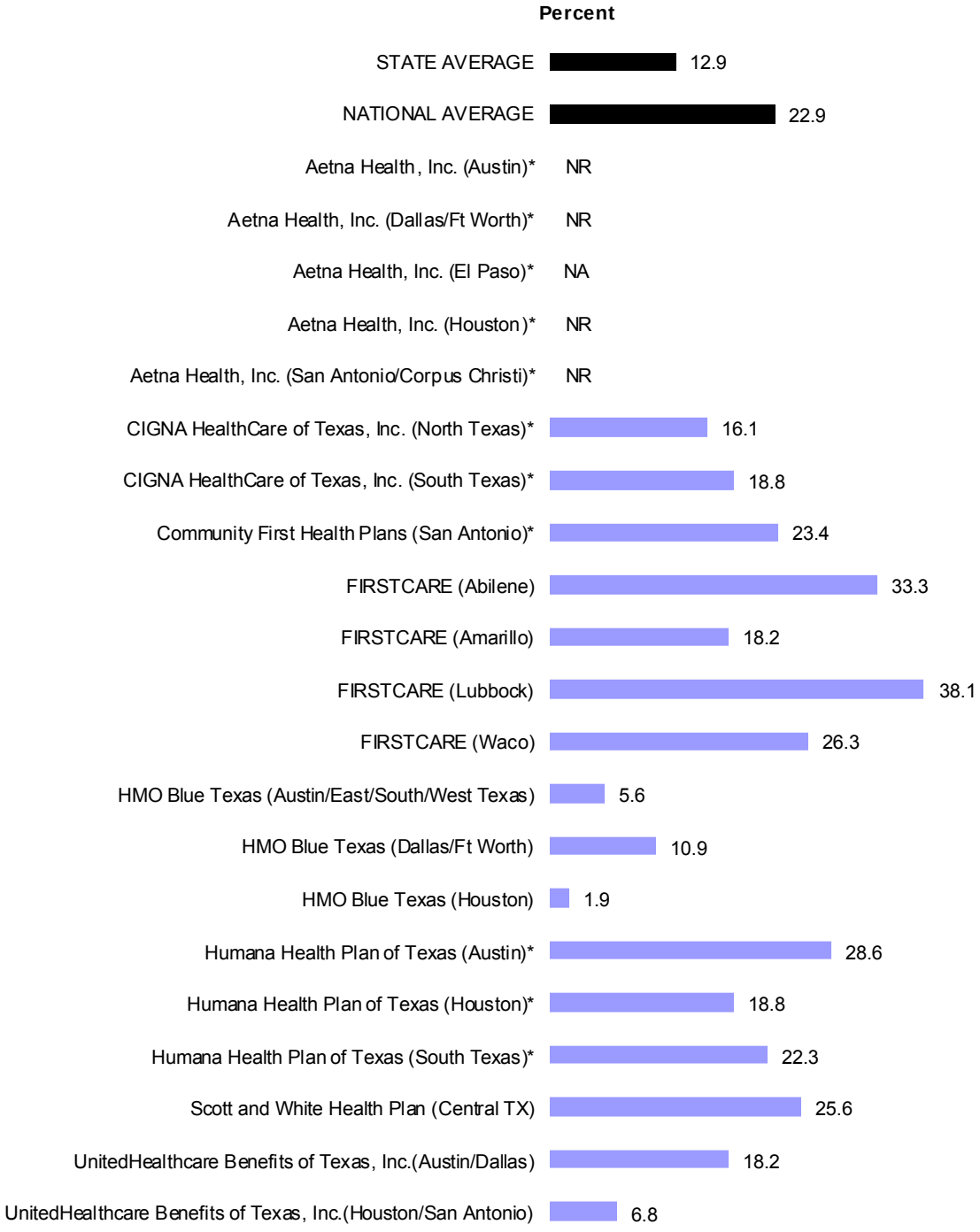
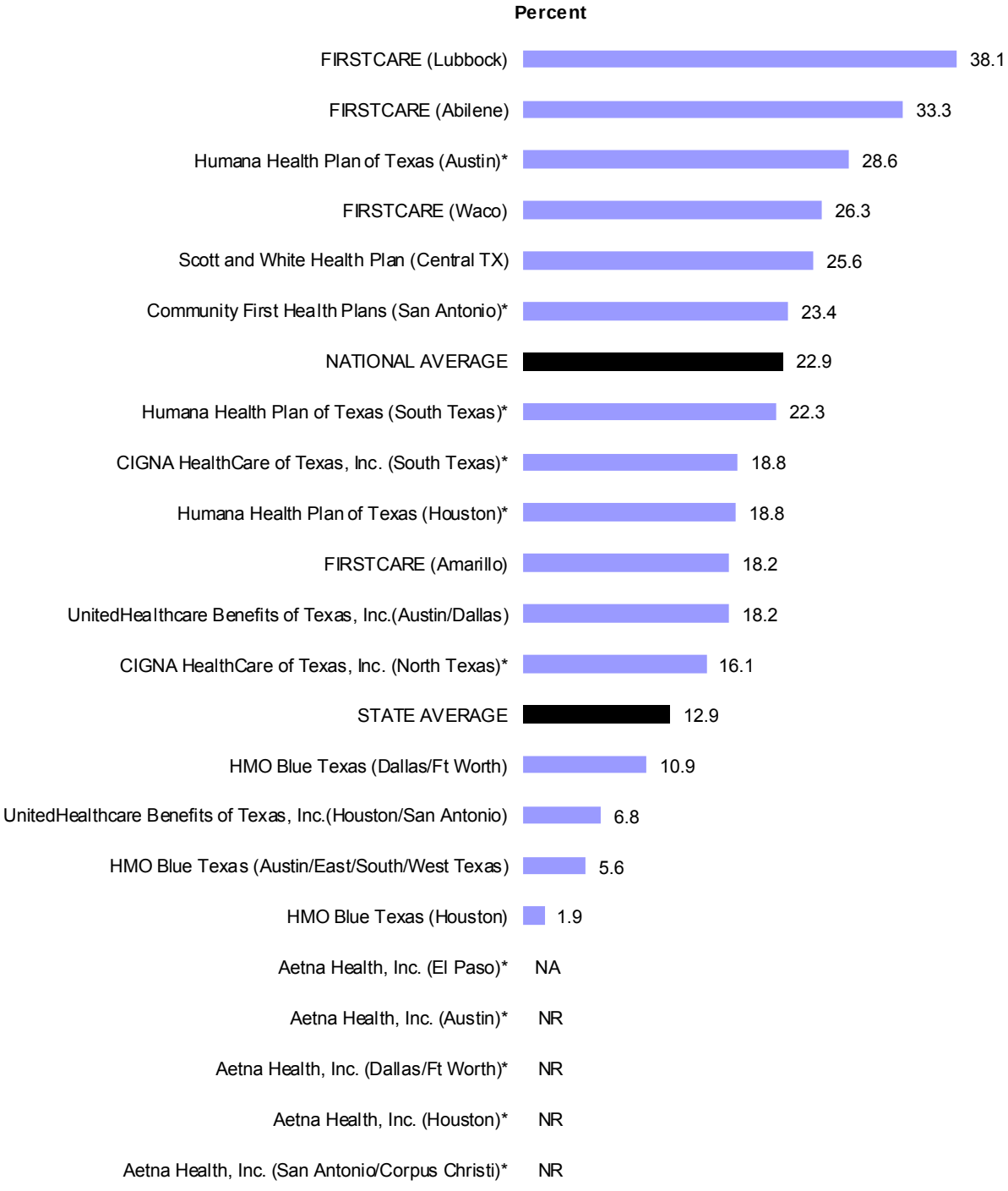
# Childhood Immunization Status: Combination 10




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Childhood Immunization Status: Combination 10




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Colorectal Cancer Screening

Definition: The percentage of adult members 50–75 years of age who had an appropriate screening for colorectal cancer.

Colorectal cancer (CRC) is the third leading cause of cancer-related deaths in the United States. CRC typically develops from a noncancerous polyp and grows slowly over a period of ten to fifteen years. Systematic screening can identify polyps before cancer develops or detect cancer in its early stages when treatment is most effective and least invasive.[1]

The incidence of CRC increases with age. Approximately ninety percent of new cases occur in adults over the age of fifty.[2] This measure reports the percentage of adults 50–75 years of age who have received an appropriate screening for CRC. "Appropriate screening" is defined as one of the following:

- a fecal occult blood test (FOBT) during the measurement year
- a flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- a double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year
- a colonoscopy during the measurement year or the nine years prior to the measurement year

| Colorectal Cancer Screening | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 43.3% | 46.4% | 52.4% | 55.2% | 52.3% |
| **NCQA's Quality Compass®** | 51.3% | 58.7% | 60.7% | 62.6% | 62.4% |

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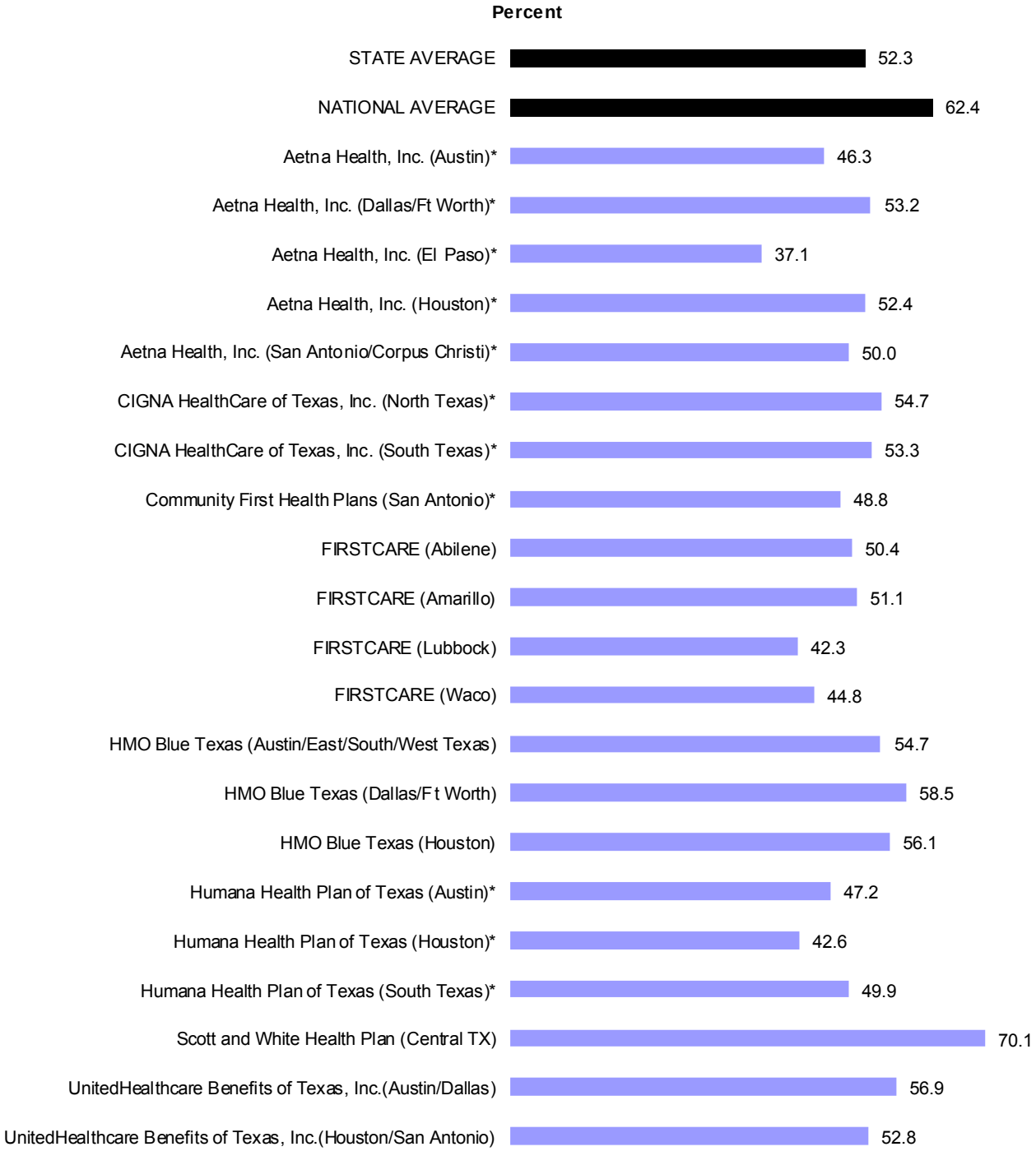
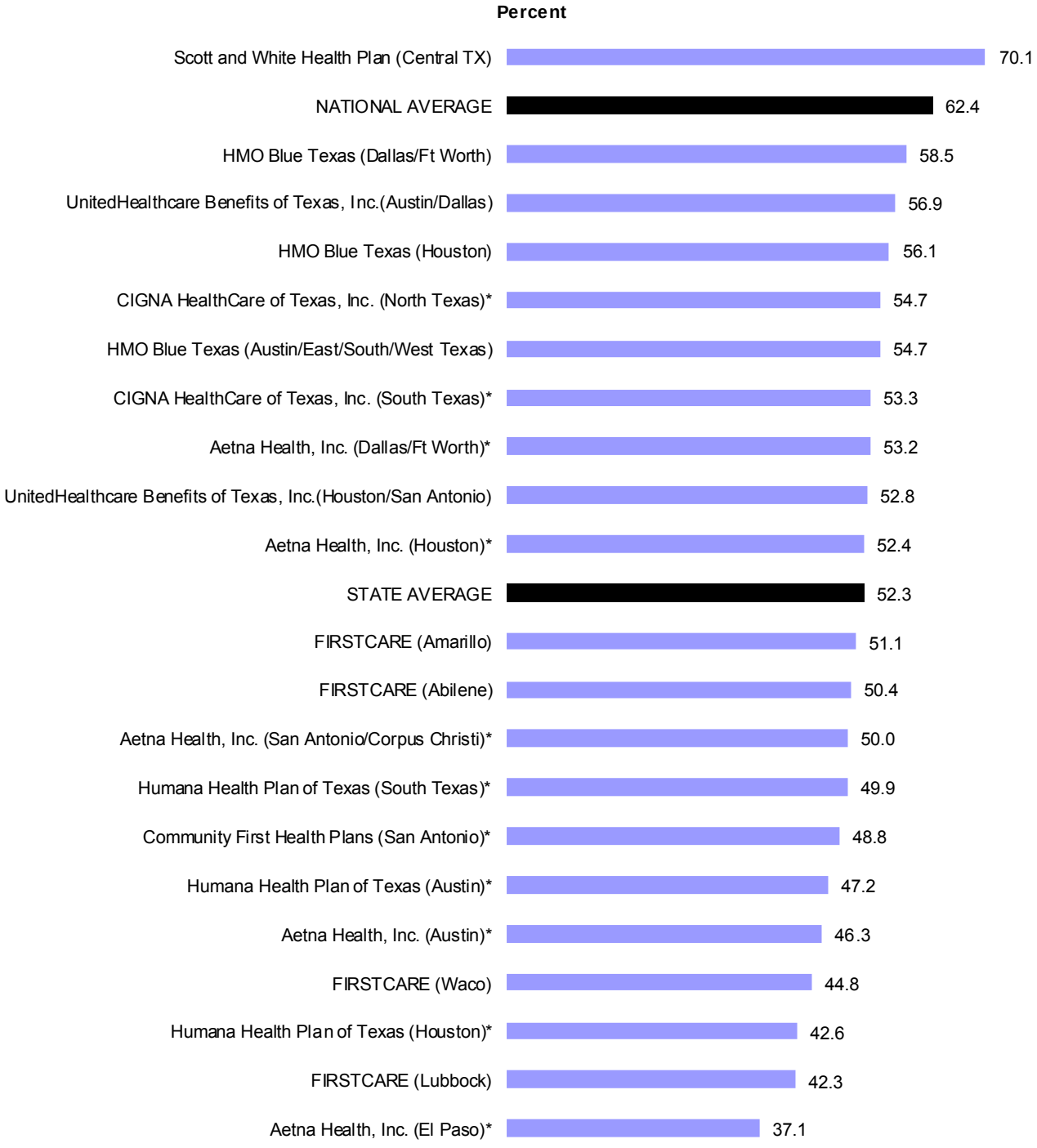
[1] American Cancer Society. *Colorectal Cancer Facts & Figures 2011-2013*. Atlanta, GA: American Cancer Society, 2011.
[2] Ibid.

# Colorectal Cancer Screening Rate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Colorectal Cancer Screening Rate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Breast Cancer Screening

Definition: The percentage of women 40–69 years of age who received a mammogram to screen for breast cancer.

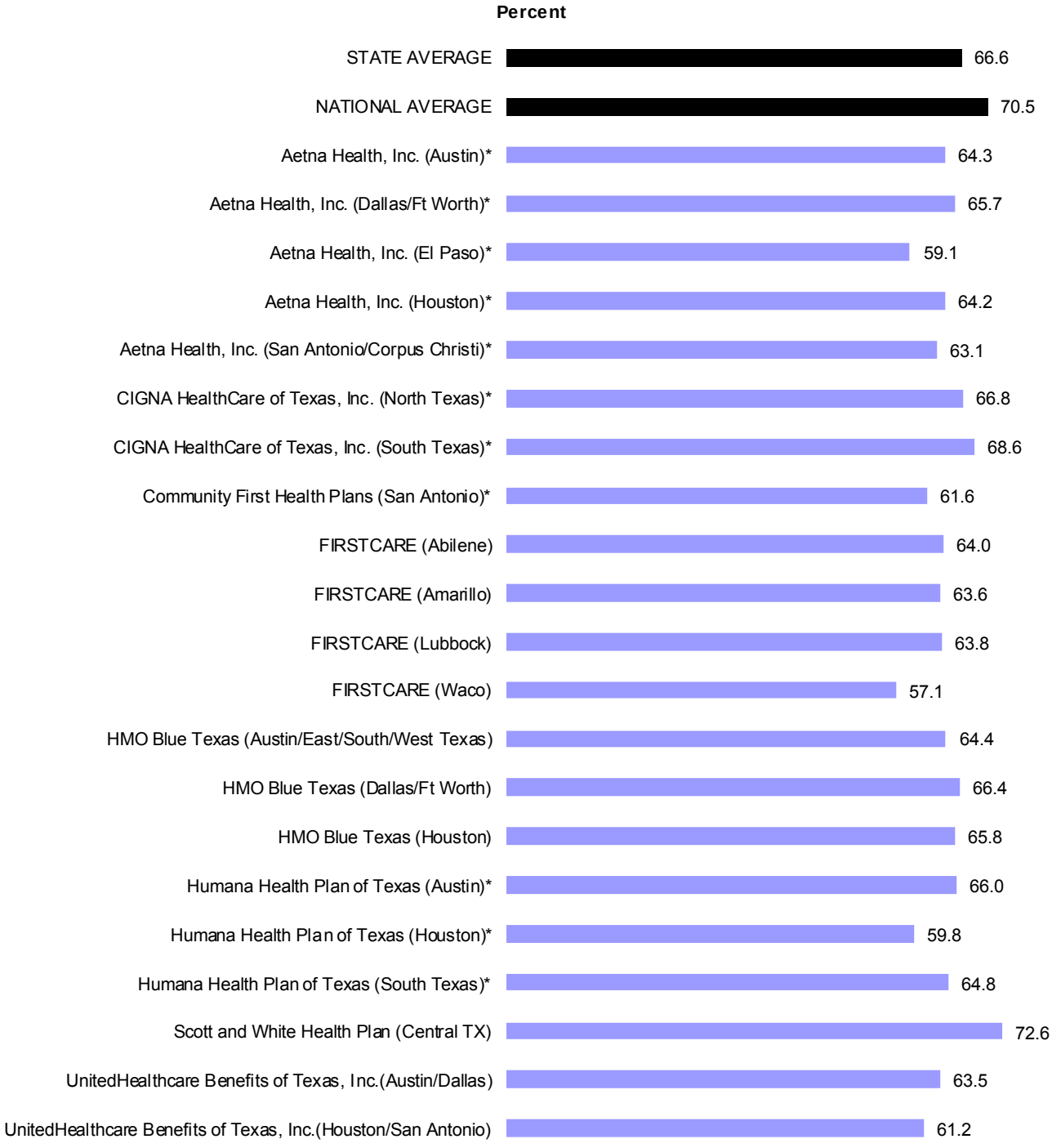
More than 200,000 women are diagnosed with breast cancer each year. A mammogram—an x-ray of the tissues inside the breast—can detect breast cancer before a woman has signs or symptoms of the disease. Early detection of breast cancer often leads to a greater range of treatment options, including less-invasive options. Mammography does have limitations. A mammogram will not detect all breast cancers, and some breast cancers may still have poor prognosis. However, regular mammograms in women over the age of 40 can reduce the risk of a woman dying from breast cancer.[1]

| Breast Cancer Screening | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 65.2% | 66.0% | 67.4% | 67.9% | 66.6% |
| **NCQA's Quality Compass®** | 67.3% | 70.2% | 71.3% | 70.8% | 70.5% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

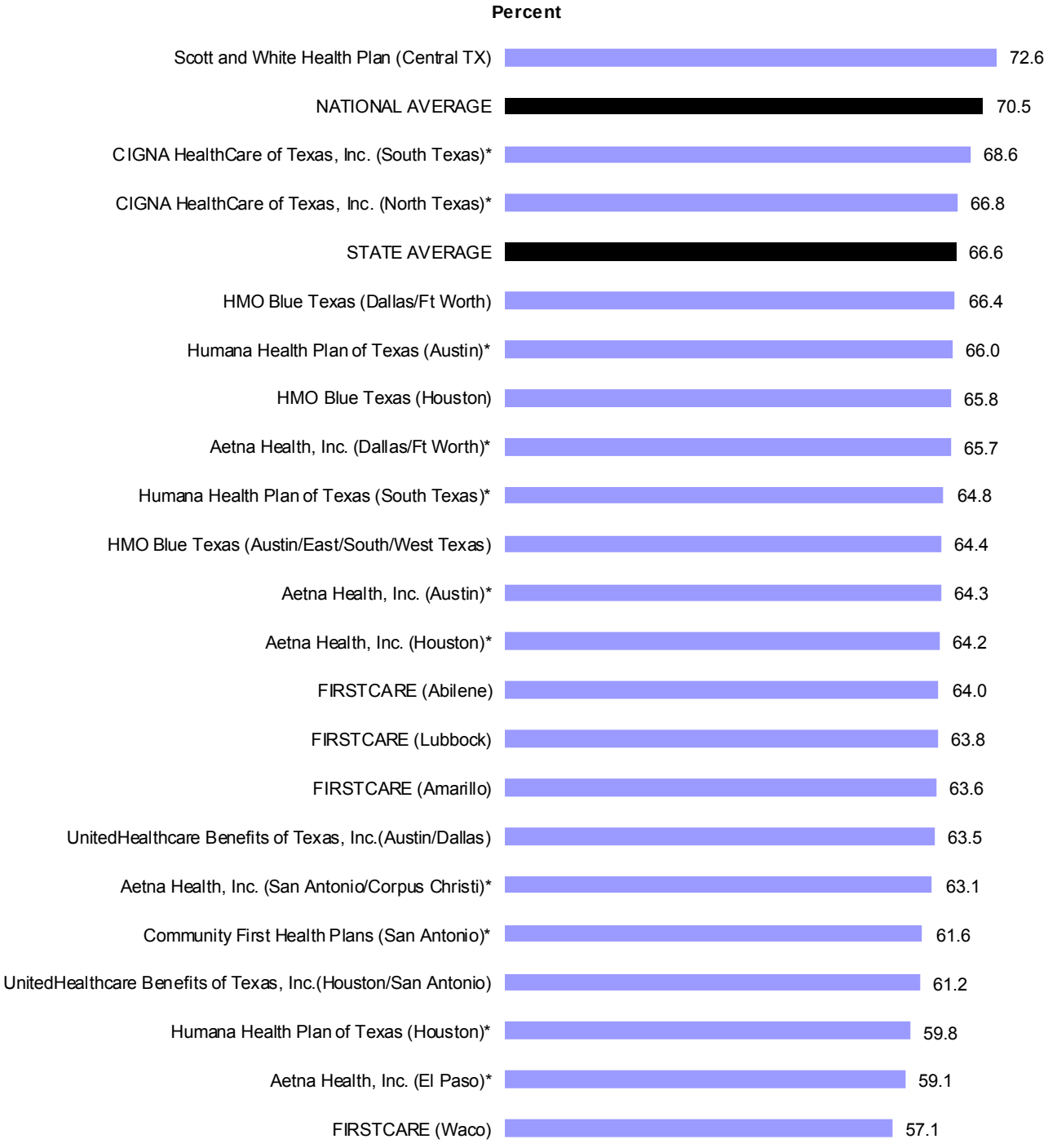
[1] American Cancer Society. *Breast Cancer Facts & Figures 2011–2012*. Atlanta, GA: American Cancer Society, 2011.

# Breast Cancer Screening Rate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Breast Cancer Screening Rate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Cervical Cancer Screening

Definition: The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer during the previous three years.

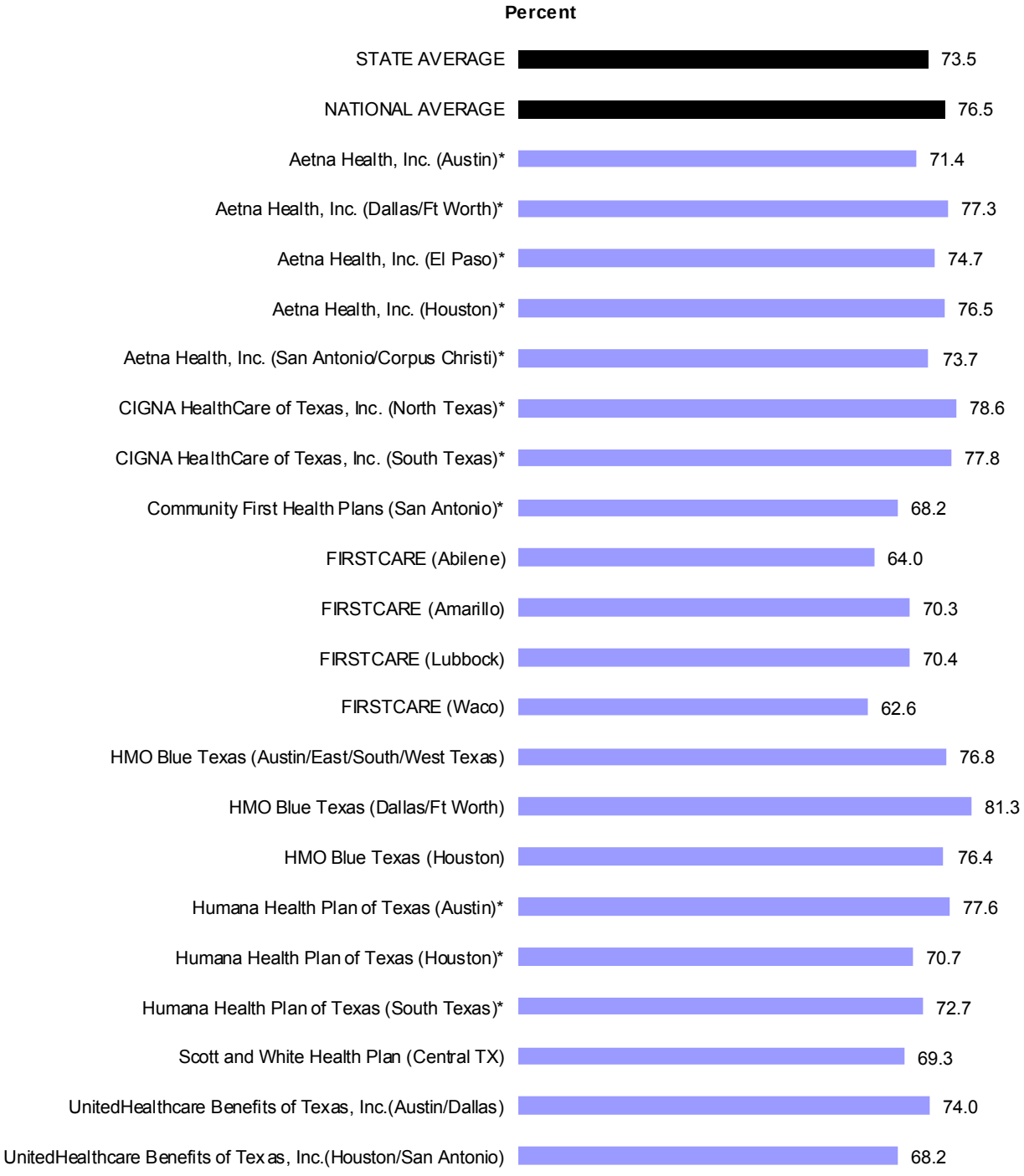
Cervical cancer often has no recognizable symptoms until it reaches an advanced stage. Regular Pap tests can detect cervical cancer before symptoms are present. A Pap test uses cells collected from the cervix to detect cancerous and precancerous cells. The test can also detect noncancerous conditions such as infection and inflammation.[1] Early detection and treatment of cancer through Pap screening has reduced the rate of deaths from cervical cancer by fifty percent over the last thirty years.[2]

| Cervical Cancer Screening | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 76.2% | 74.6% | 73.3% | 74.4% | 73.5% |
| **NCQA's Quality Compass®** | 78.4% | 80.8% | 77.3% | 77.0% | 76.5% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

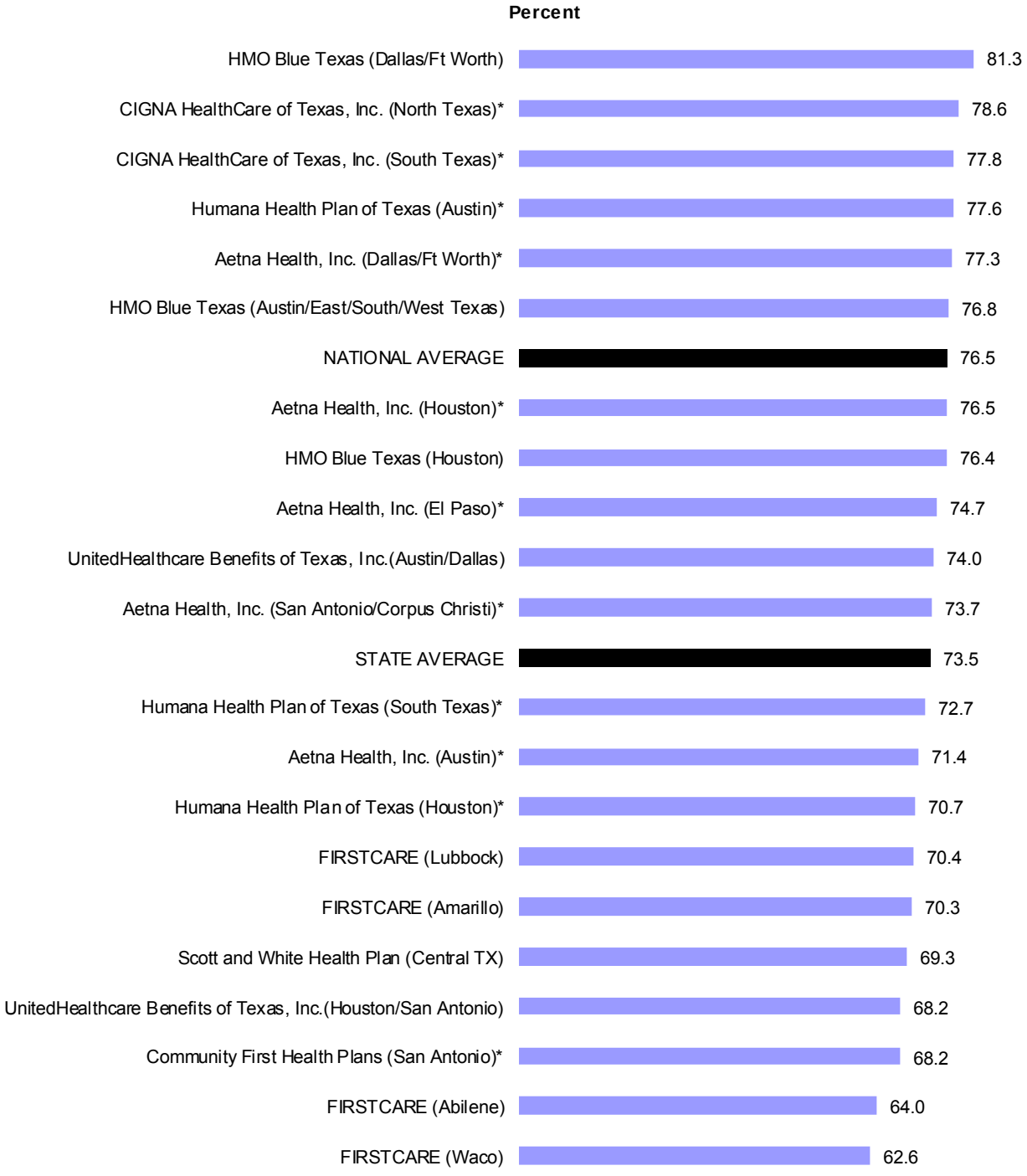
[1] National Cancer Institute. *Pap and HPV Testing Fact Sheet.* Washington, DC: National Institutes of Health, 2012.
[2] National Cancer Institute. *A Snapshot of Cervical Cancer.* Washington, DC: National Institutes of Health, 2011.

# Cervical Cancer Screening Rate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Cervical Cancer Screening Rate




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Chlamydia Screening in Women

Definition: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

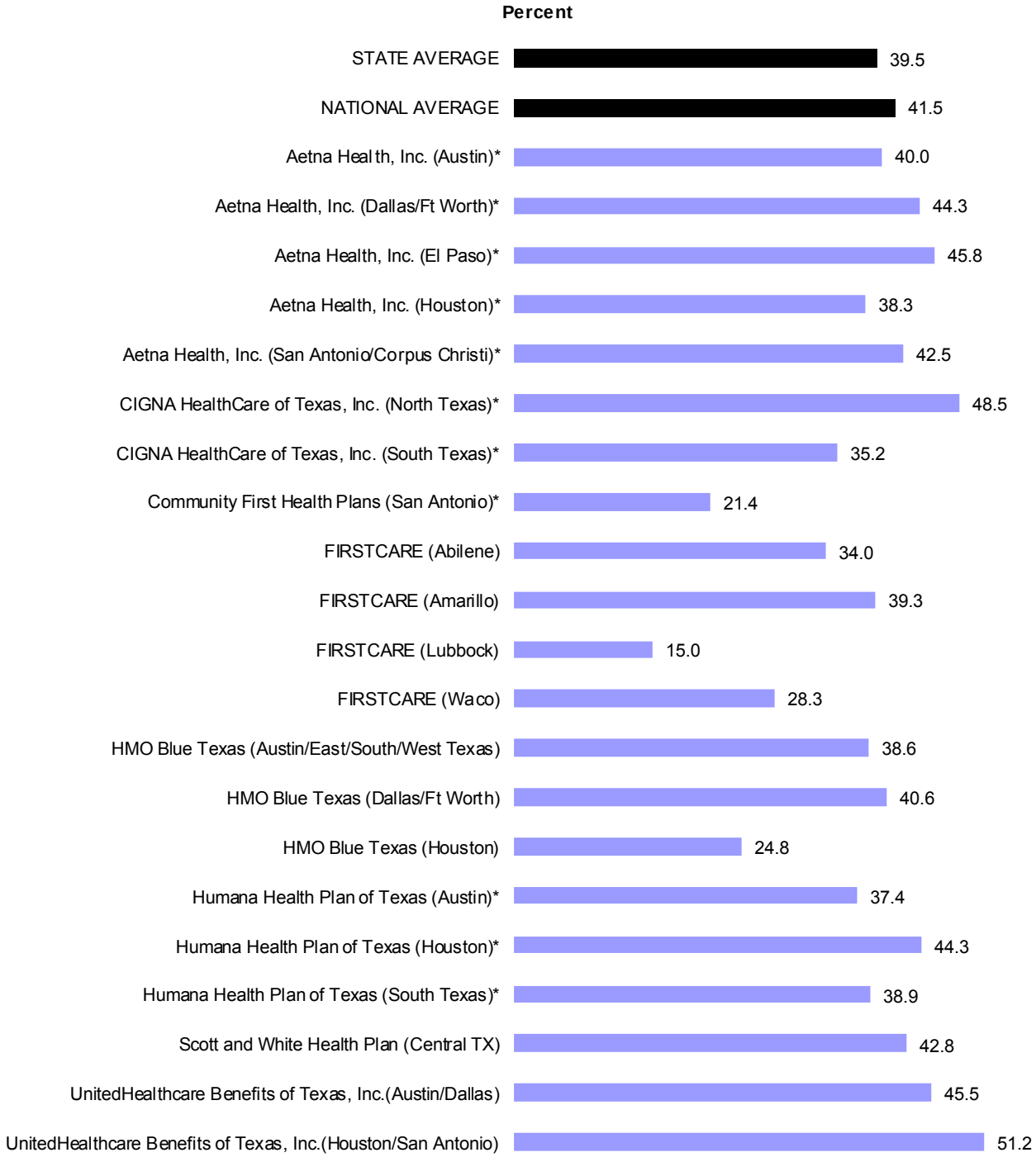
The CDC estimates that nearly three million chlamydia infections occur in the U.S. each year. The majority of infected people do not have symptoms. In women, an untreated chlamydia infection can cause damage to the reproductive system, chronic pelvic pain, and ectopic pregnancy. Sexually active adolescent and young adult women may be more susceptible to infection because the cervix has not fully matured. Antibiotics can easily treat and cure chlamydia.[1]

| Chlamydia Screening: Total | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 33.1% | 38.2% | 41.7% | 39.3% | 42.3% |
| **NCQA's Quality Compass®** | 36.4% | 41.7% | 43.1% | 43.1% | 45.0% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

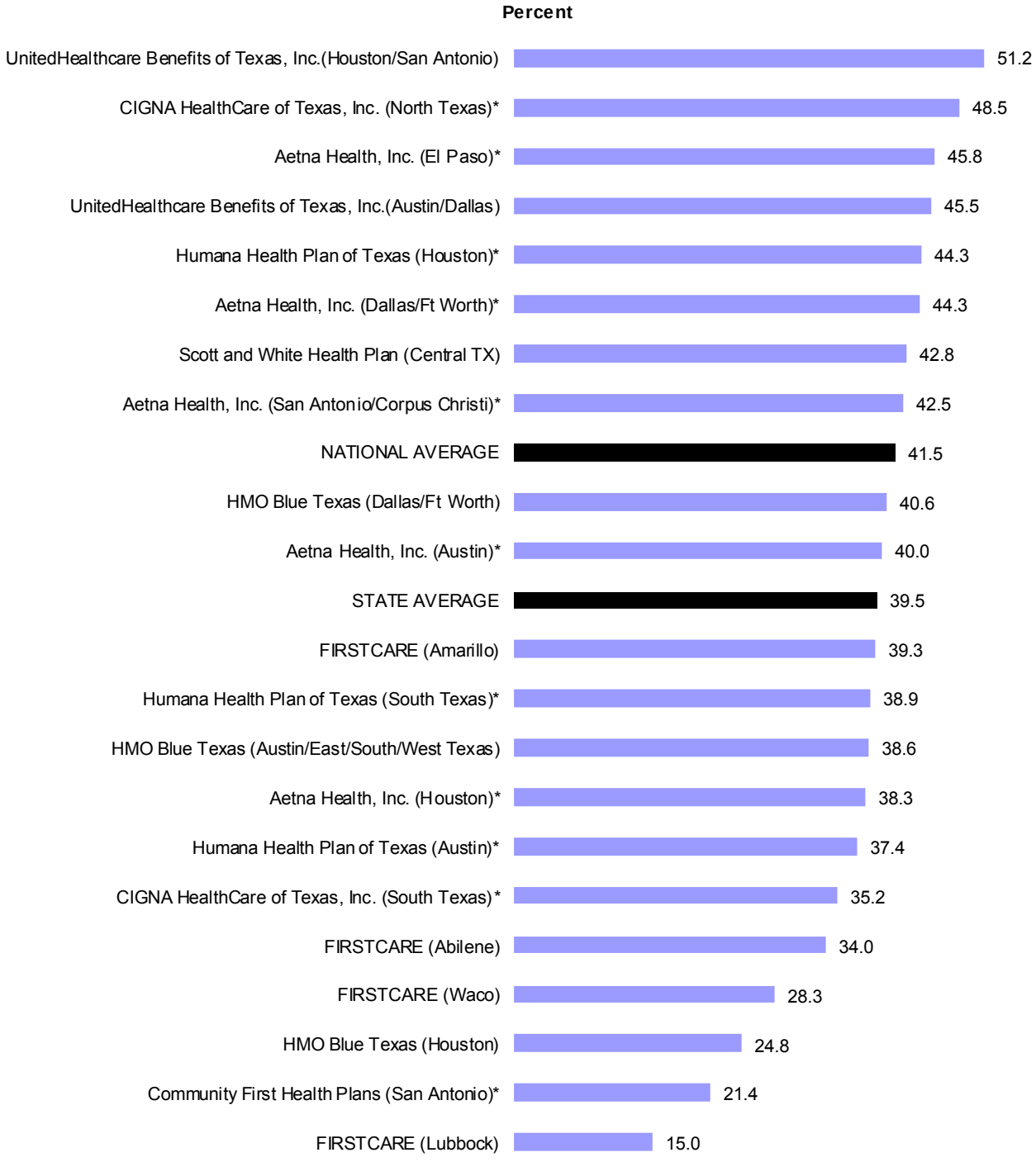
[1] Centers for Disease Control and Prevention. *Chlamydia—CDC Fact Sheet*. Atlanta, GA: Centers for Disease Control and Prevention, 2011.

# Chlamydia Screening Rate: Age 16 to 20



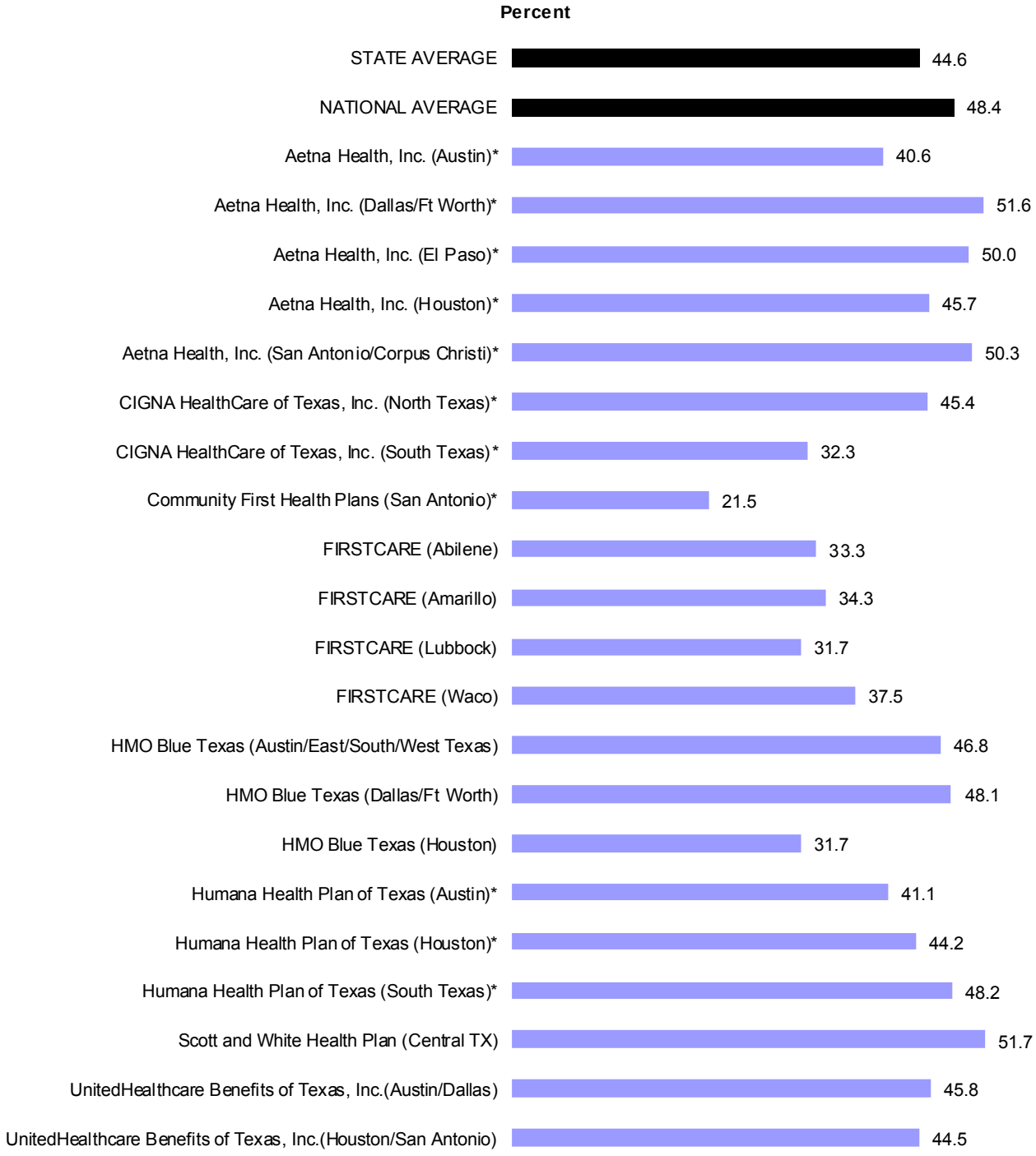

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Chlamydia Screening Rate: Age 16 to 20



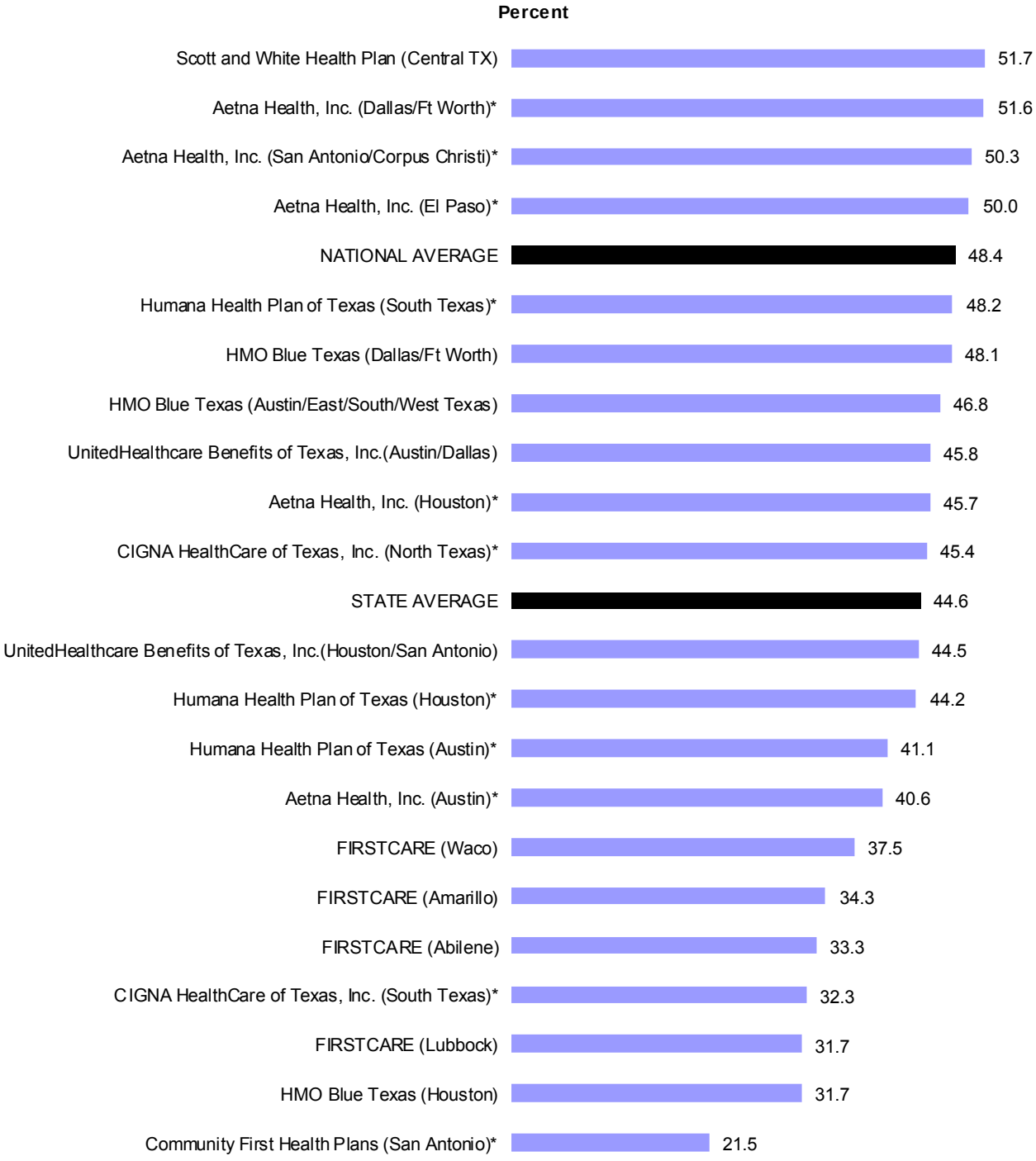

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Chlamydia Screening Rate: Age 21 to 24



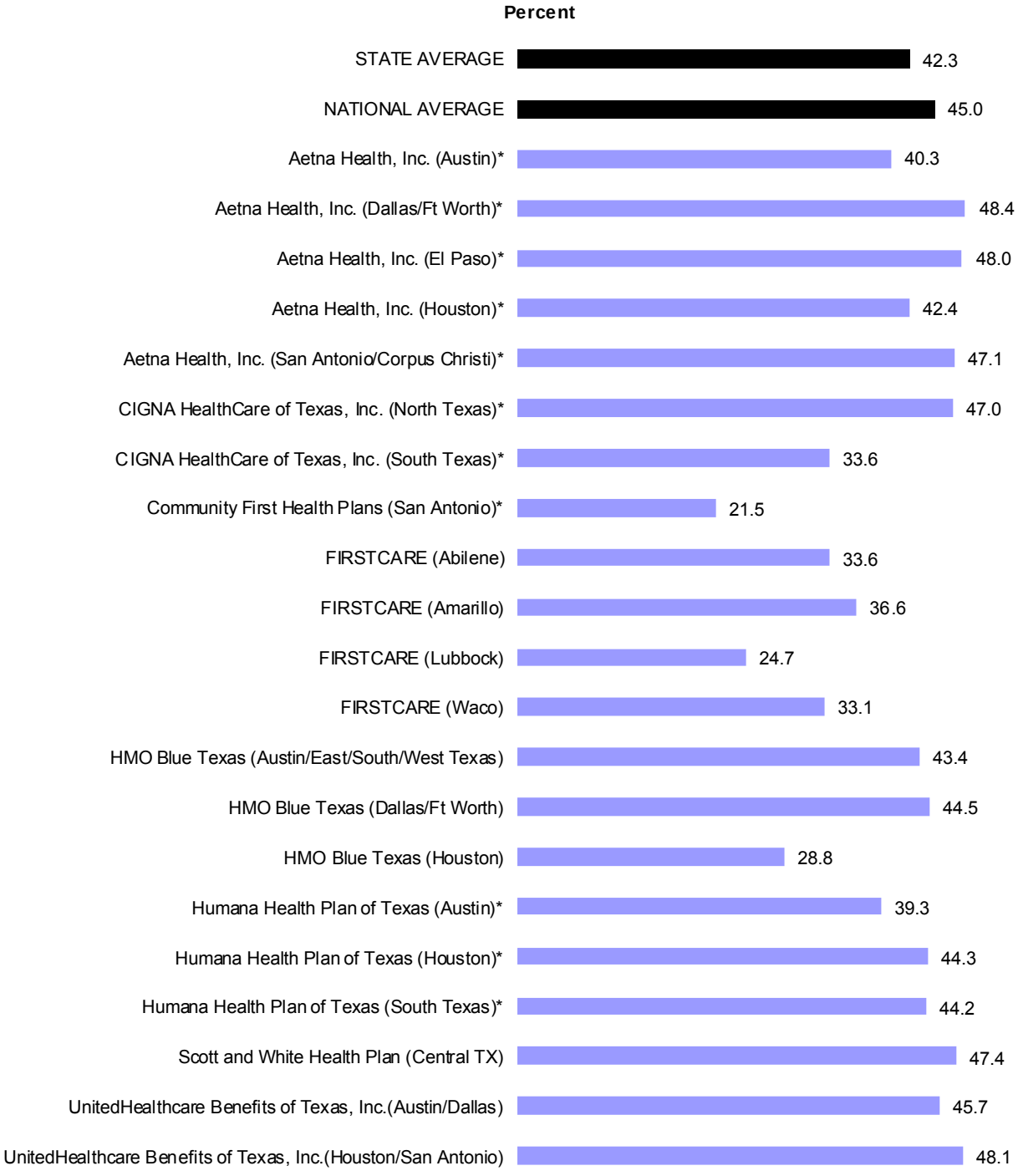

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Chlamydia Screening Rate: Age 21 to 24



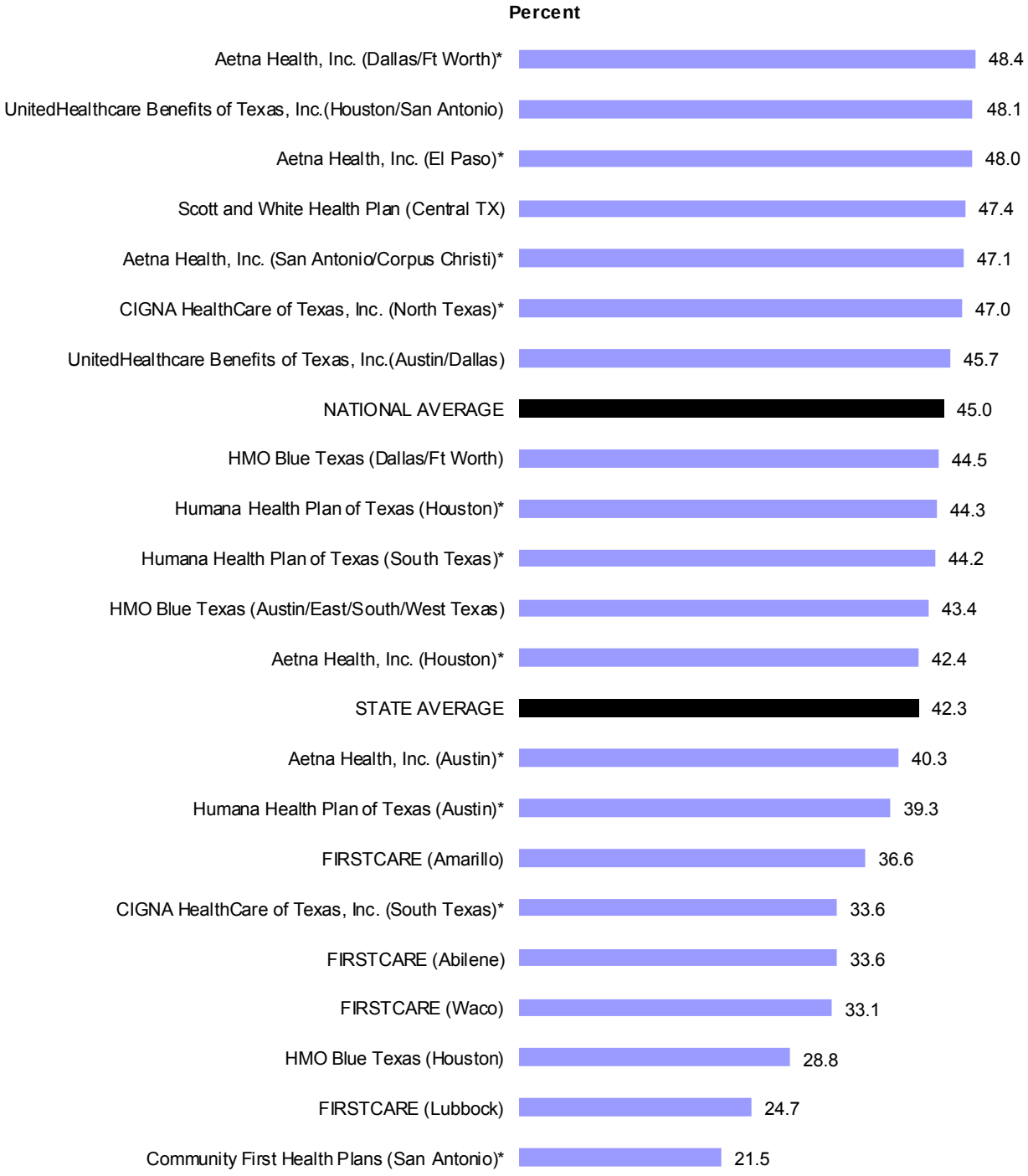

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Chlamydia Screening Rate: Total




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Chlamydia Screening Rate: Total




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Controlling High Blood Pressure

Definition: The percentage of members age 18–85 years of age diagnosed with hypertension (high blood pressure), whose blood pressure was adequately controlled during the measurement year. Adequate control was demonstrated by a blood pressure reading below 140/90 mm Hg.

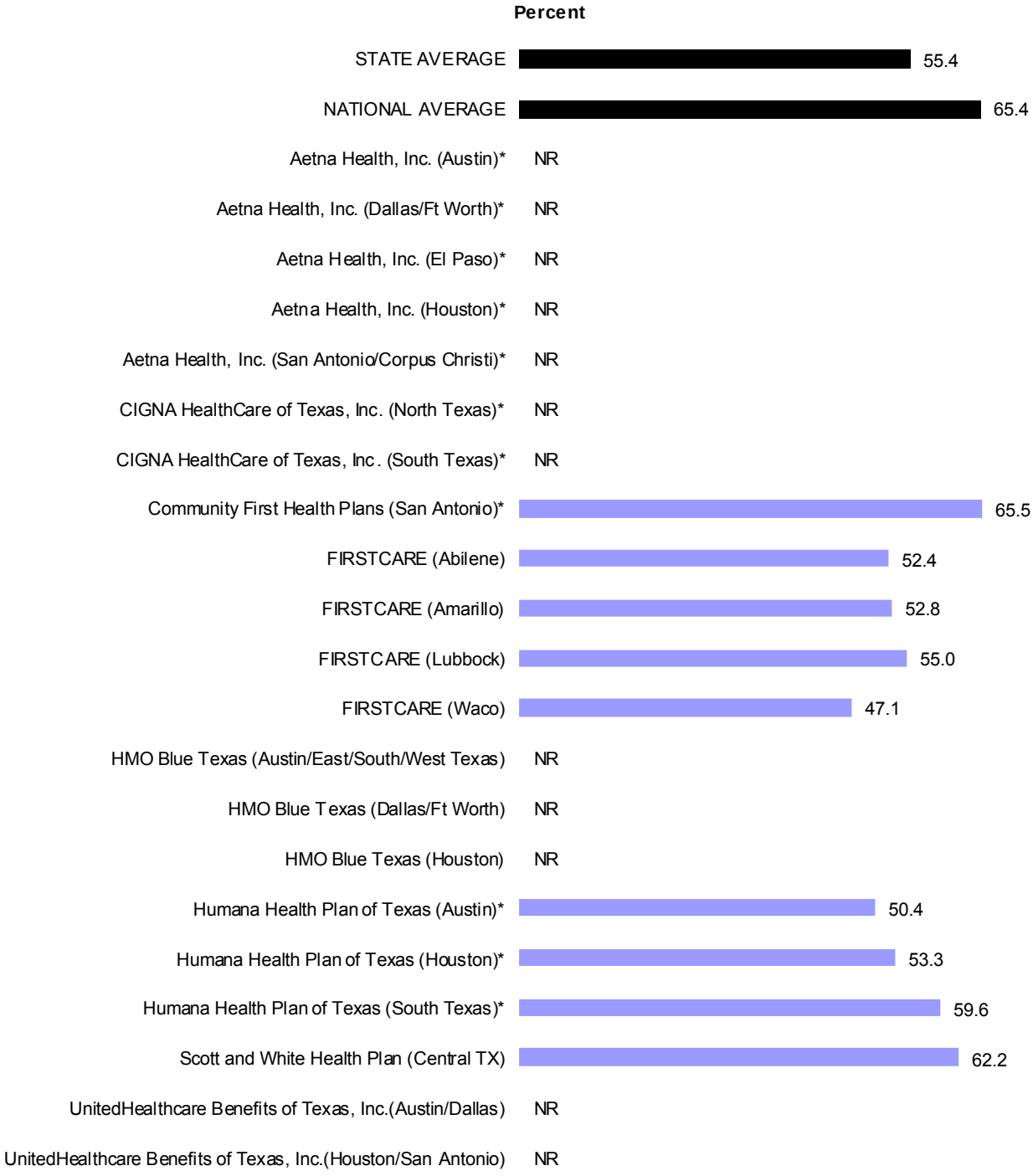
According to the American Heart Association, over 76 million American adults have high blood pressure. The disease killed over 61,000 Americans in 2008 and contributed to nearly 350,000 additional deaths. High blood pressure (greater than 140/90 mm Hg) usually has no specific symptoms and no early warning signs. If left untreated, it increases an individual's risk for heart disease, stroke, congestive heart failure, and kidney disease.[1]

| Controlling High Blood Pressure | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 59.9% | 57.8% | 54.5% | 51.1% | 55.4% |
| **NCQA's Quality Compass®** | 62.2% | 63.4% | 64.1% | 63.4% | 65.4% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

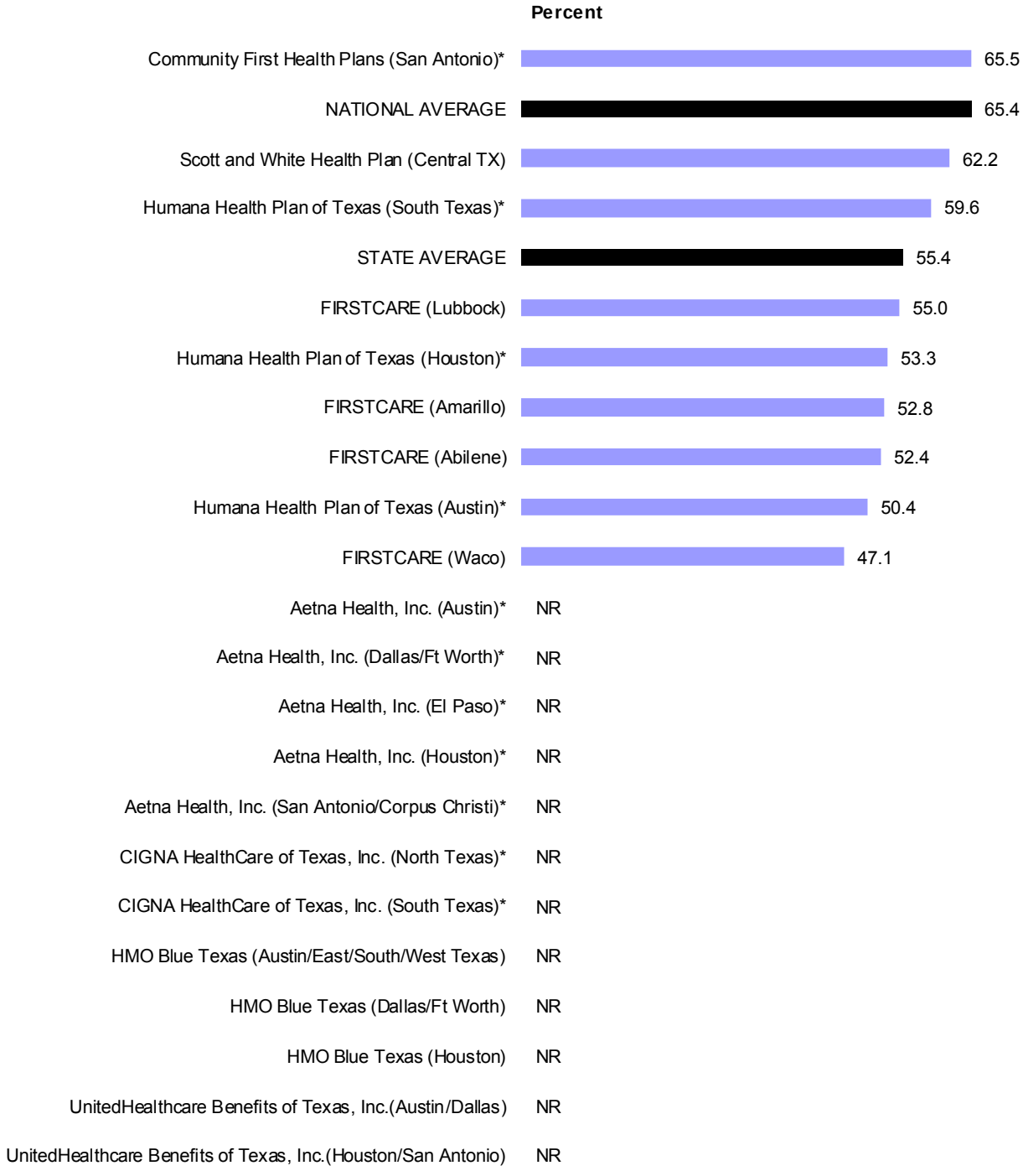
[1] Roger, Veronique, et al. on behalf of the American Heart Association's Statistics Committee and Stroke Statistics Subcommittee. "Heart Disease and Stroke Statistics—2012 Update: A Report from the American Heart Association." *Circulation: Journal of the American Heart Association*. 125:e2—e220 (2012).

# Controlling High Blood Pressure




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Controlling High Blood Pressure




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Persistence of Beta-Blocker Treatment After a Heart Attack

Definition: The percentage of members 18 years of age and older who were hospitalized during the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received six months of beta-blocker treatment after discharge. Members who have a valid medical reason not to take the drug are excluded.

Acute myocardial infarction (AMI)—also known as a heart attack—is a leading cause of death in the United States. Often a blood clot that blocks one of the coronary arteries and starves the heart of oxygen-rich blood. The slow buildup of plaque in the walls of the coronary arteries narrows blood vessels and increases the risk of blockage.[1]

Beta-adrenergic blocking drugs—also known as beta-blockers—reduce nerve impulses to the heart and blood vessels. This slows the heart rate, relaxes pressure in the blood vessel walls, and decreases the force of heart contractions.[2] Treatment with beta-blockers has been shown to lower the risk of a subsequent AMI by reducing the heart's workload and lowering blood pressure. The American Heart Association and the American College of Cardiology recommend the use of beta-blockers after a heart attack to reduce the risk of a subsequent heart attack.[3]

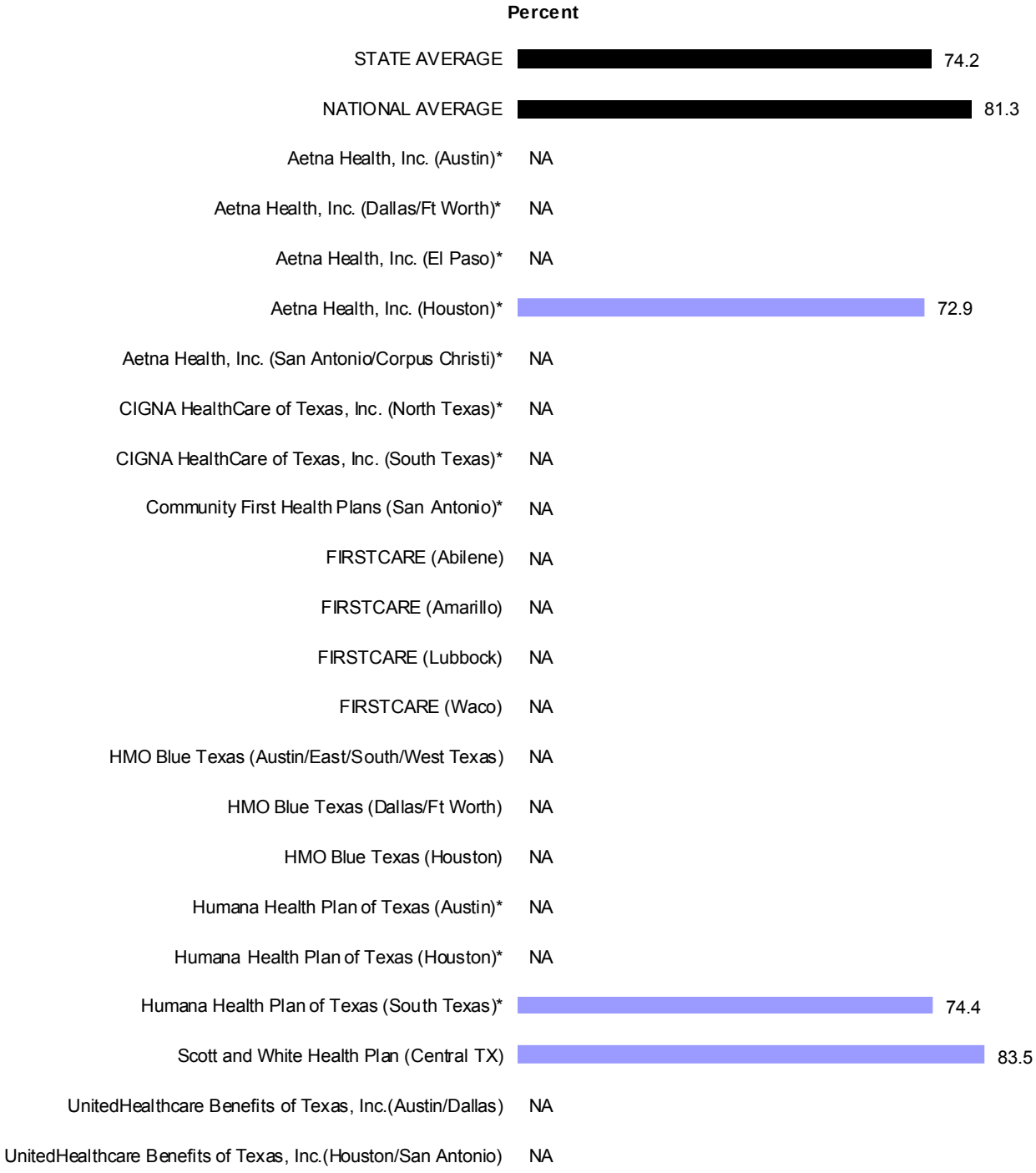
An "NA" (not applicable) designation for this measure indicates the eligible member population was too small (less than 30) to report a statistically valid rate. Please note that the lower age limit decreased from 35 years of age to 18 years of age beginning with HEDIS® 2008.

| Beta Blocker Treatment After a Heart Attack | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 61.9% | 68.7% | 64.9% | 67.1% | 74.2% |
| **NCQA's Quality Compass®** | 68.3% | 75.0% | 74.4% | 75.5% | 81.3% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

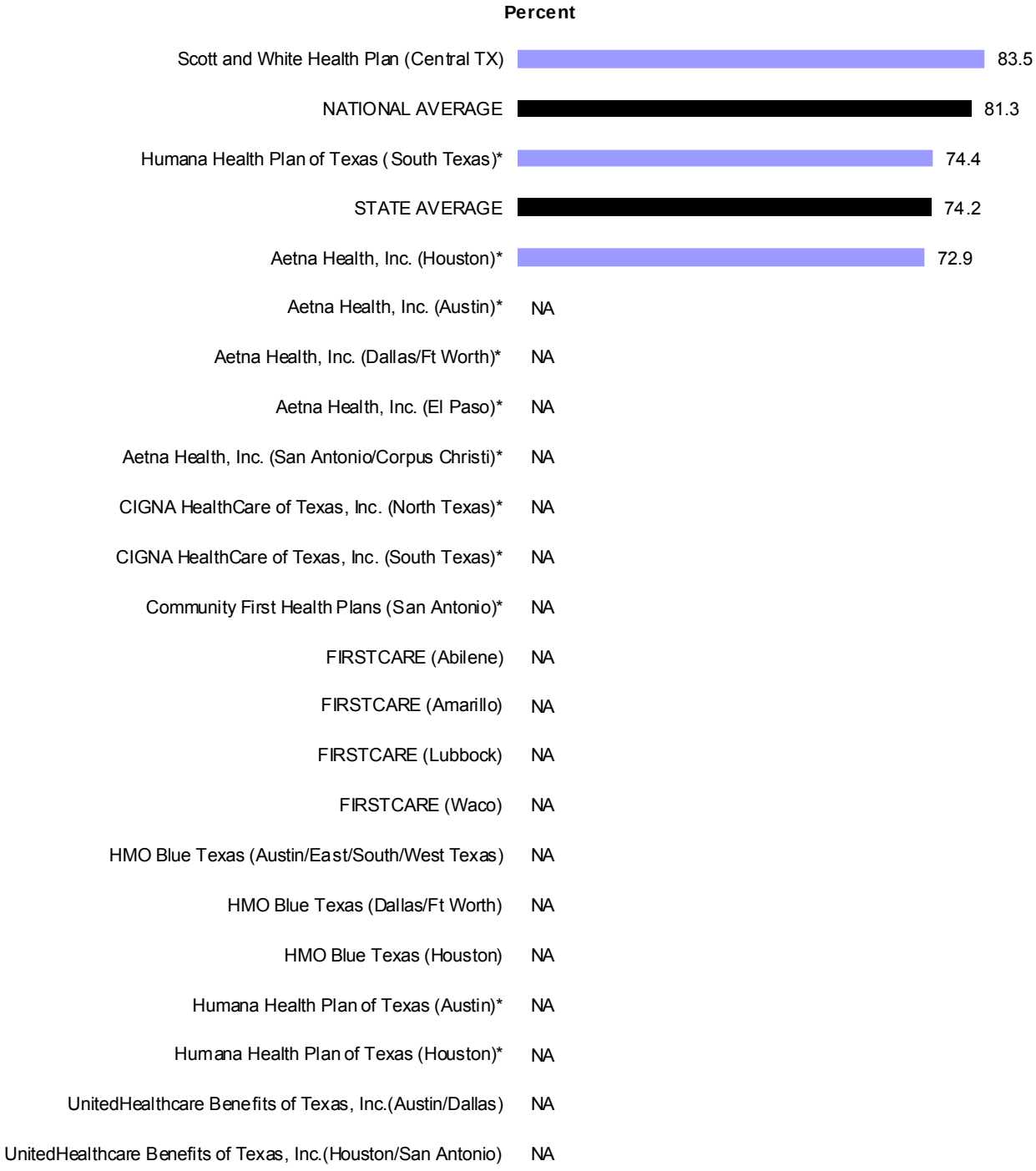
[1] National Heart, Lung, and Blood Institute. *Health Topics: Heart Attack*. Bethesda, MD: National Heart, Lung, and Blood Institute, 2011.
[2] Ibid.
[3] Jessup, Mariell, et al. "2009 Focused Update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults." *Circulation: Journal of the American Heart Association.* 119:1977–2016 (2009).

# Persistence of Beta Blocker Treatment After a Heart Attack




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Persistence of Beta Blocker Treatment After a Heart Attack




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening

Definition: The percentage of members 18–75 years of age who had an LDL-C (low density lipoprotein-cholesterol) screening during the measurement year and the year prior after discharge from the hospital for an acute cardiovascular event.

Cholesterol is a fat-like substance found in all cells in the human body. The body uses cholesterol to manufacture vitamin D, certain hormones, and bile acids used for digestion. However, high cholesterol levels are related to the development of coronary artery disease and coronary heart disease.[1]

Cholesterol travels in the blood as lipoproteins—small packages of fat (lipids) enveloped by protein. Two classes of lipoprotein—low density lipoprotein (LDL) and high density lipoprotein (HDL)—are commonly measured by blood tests. LDL-C is composed primarily of lipid with a thin protein cover. It is sometimes referred to as "bad" cholesterol. When LDL-C levels are high, cholesterol can build up on the walls of the arteries and increase the risk of stroke and heart attack. HDL-C has a lower lipid to protein ratio than LDL-C. It is sometimes referred to as "good" cholesterol.[2]

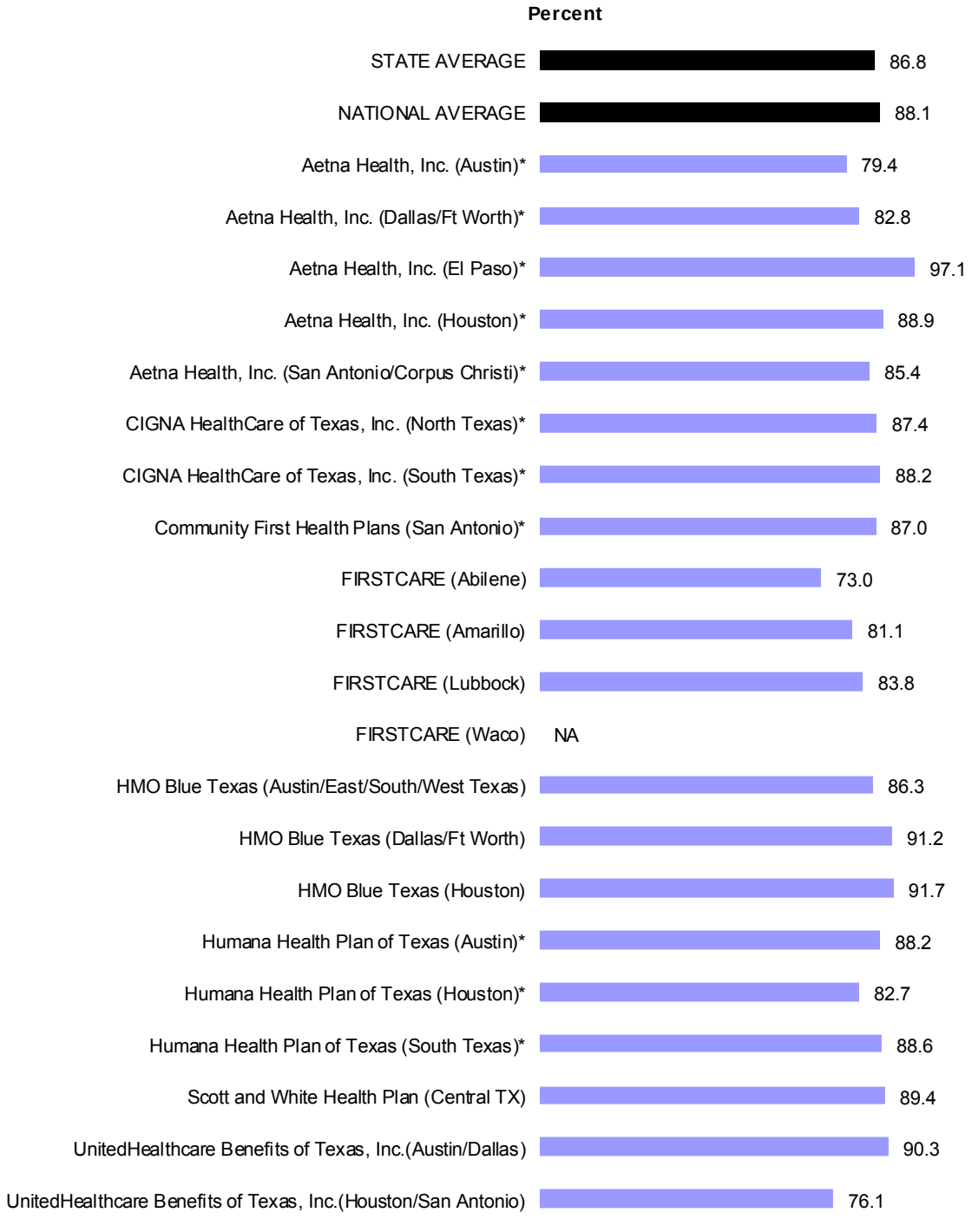
Reducing LDL-C levels in patients with heart disease can reduce the risk of heart attack and stroke. The National Cholesterol Education Program (NCEP) has established guidelines for cholesterol monitoring and treatment in patients with heart disease. NCEP recommends a target LDL-C of ≤100 mg/dL for patients with heart disease.[3]

| Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 83.6% | 84.4% | 86.1% | 86.5% | 86.8% |
| **NCQA's Quality Compass®** | 82.7% | 88.9% | 88.4% | 88.9% | 88.1% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

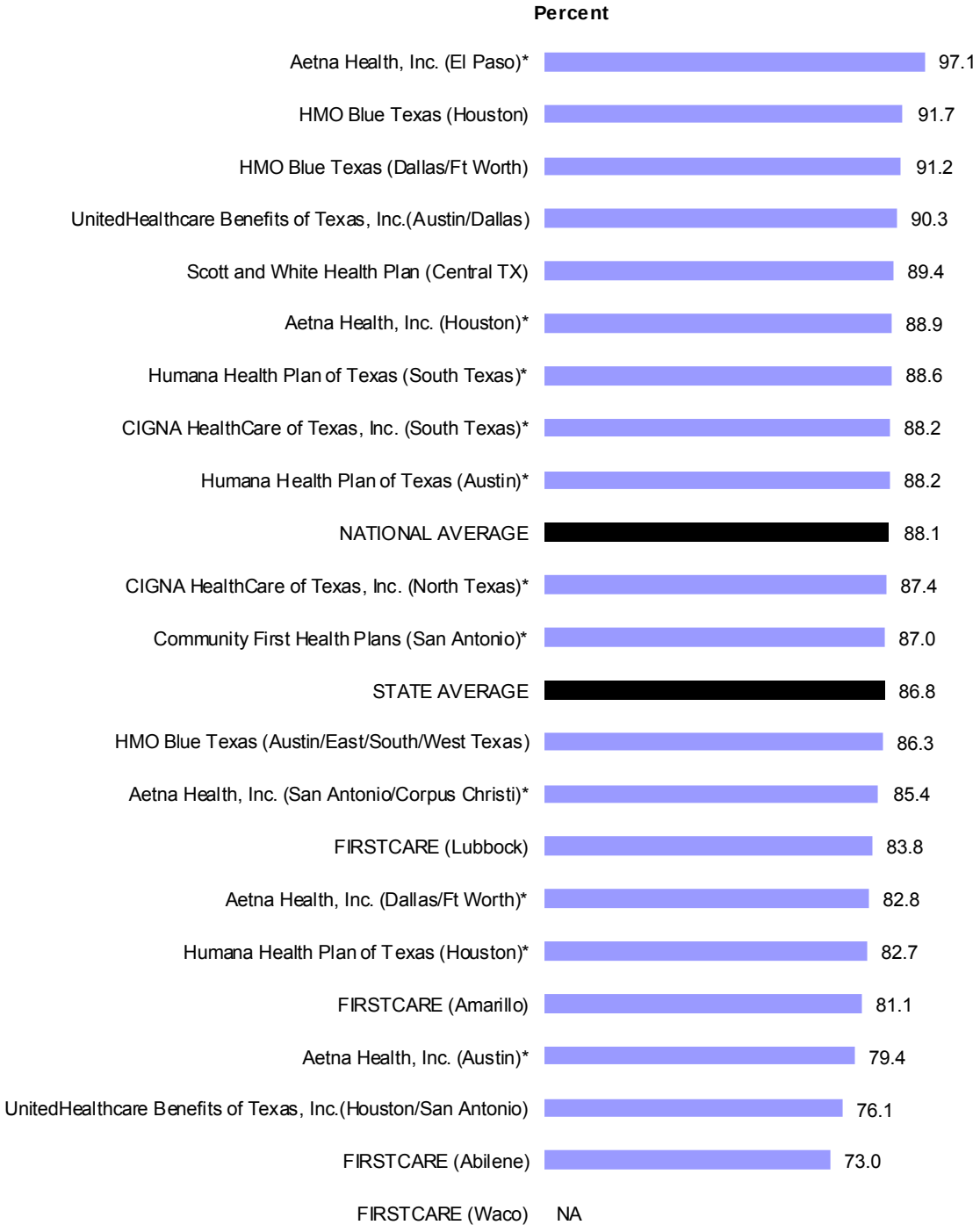
[1] National Cholesterol Education Program. *Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)*. Washington, DC: National Institutes of Health, 2002.
[2] Ibid.
[3] Ibid.

# Cholesterol Management: LDL-C Level Screening After Acute Cardiovascular Event




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Cholesterol Management: LDL-C Level Screening After Acute Cardiovascular Event




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Control (<100 mg/dL)

Definition: The percentage of members 18–75 years of age who had an LDL-C (low density lipoprotein-cholesterol) level <100 mg/dL during the measurement year and the year prior after discharge from the hospital for an acute cardiovascular event.

Cholesterol is a fat-like substance found in all cells in the human body. The body uses cholesterol to manufacture vitamin D, certain hormones, and bile acids used for digestion. However, high cholesterol levels are related to the development of coronary artery disease and coronary heart disease.[1]

Cholesterol travels in the blood as lipoproteins—small packages of fat (lipids) enveloped by protein. Two classes of lipoprotein—low density lipoprotein (LDL) and high density lipoprotein (HDL)—are commonly measured by blood tests. LDL-C is composed primarily of lipid with a thin protein cover. It is sometimes referred to as "bad" cholesterol. When LDL-C levels are high, cholesterol can build up on the walls of the arteries and increase the risk of stroke and heart attack. HDL-C has a lower lipid to protein ratio than LDL-C. It is sometimes referred to as "good" cholesterol.[2]

Reducing LDL-C levels in patients with heart disease can reduce the risk of heart attack and stroke. The National Cholesterol Education Program (NCEP) has established guidelines for cholesterol monitoring and treatment in patients with heart disease. NCEP recommends a target LDL-C of ≤100 mg/dL for patients with heart disease.[3]

| Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Control | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 34.3% | 34.3% | 42.9% | 43.4% | 45.9% |
| **NCQA's Quality Compass®** | 47.8% | 59.7% | 59.2% | 59.9% | 59.8% |

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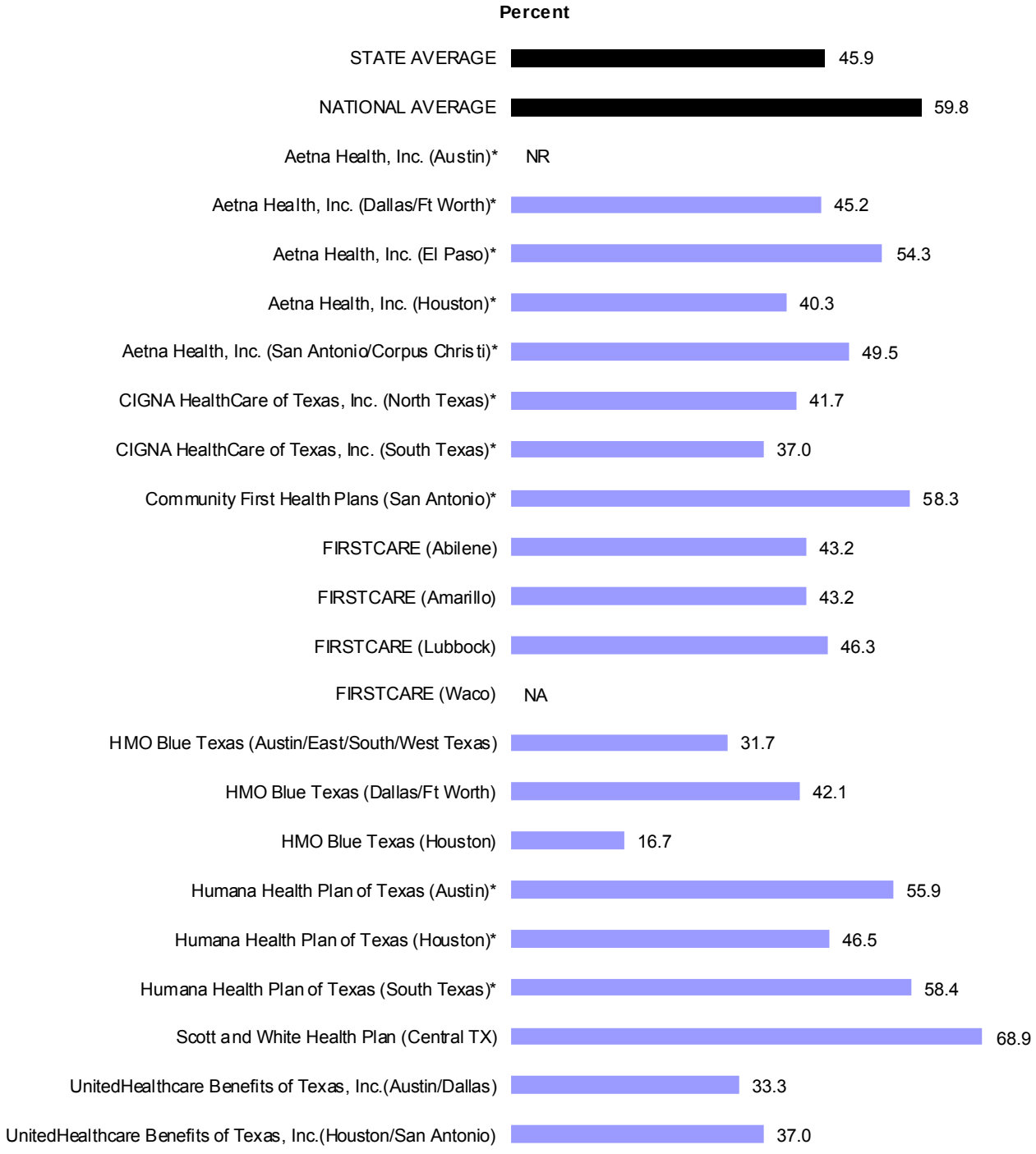
[1] National Cholesterol Education Program. *Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)*. Washington, DC: National Institutes of Health, 2002.
[2] Ibid.
[3] Ibid.

# Cholesterol Management: LDL- C Control (<100mg/dL) After Acute Cardiovascular Event




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
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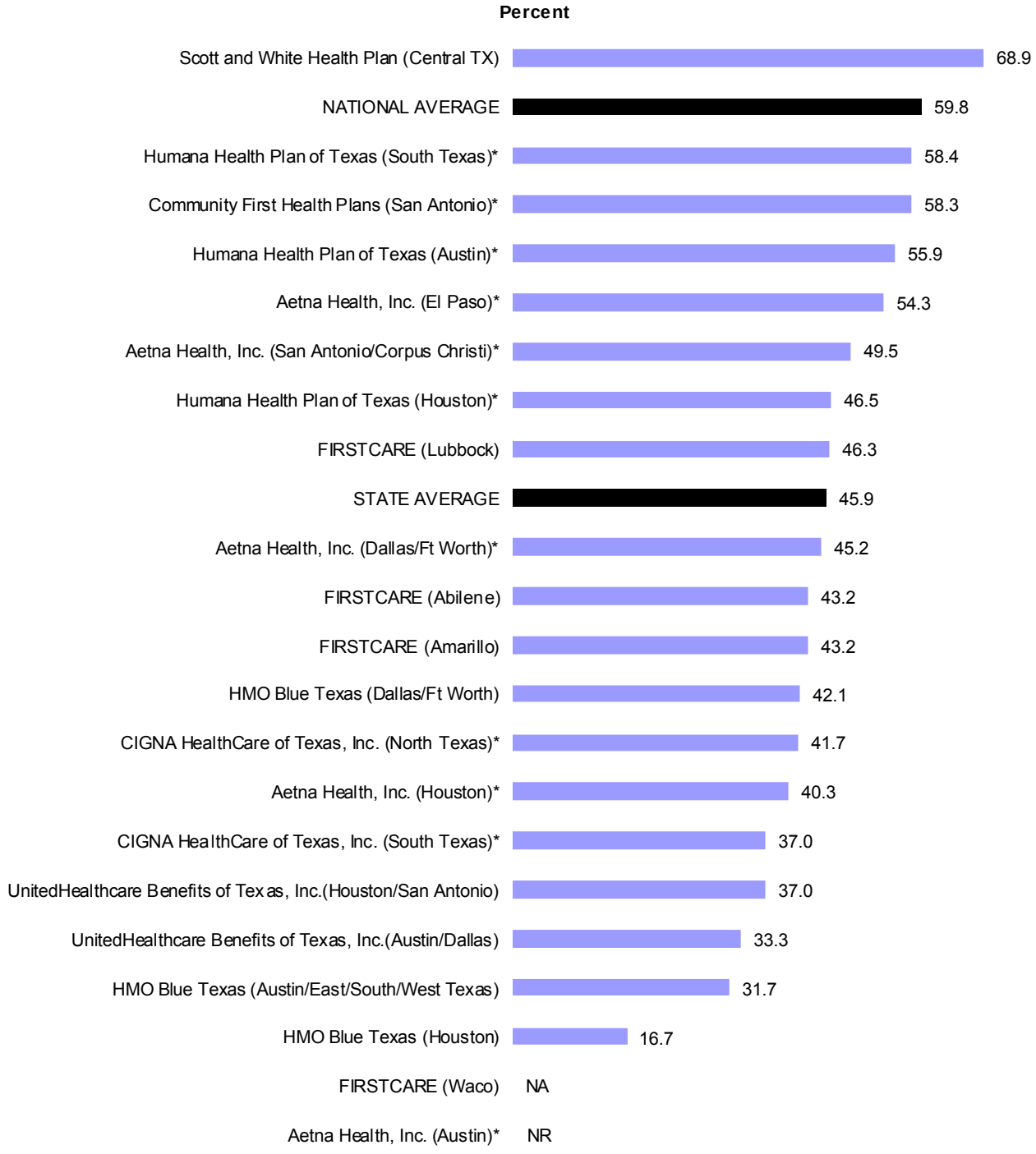
# Cholesterol Management: LDL-C Control (<100mg/dL) After Acute Cardiovascular Event




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Comprehensive Diabetes Care: HbA1cTesting

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had one or more HbA1c tests conducted within the past year.

The HbA1c test measures average blood glucose control during the previous months. Diabetics who maintain HbA1c levels under seven percent have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than diabetics with levels of eight percent or higher.[1] The American Diabetes Association recommends a therapeutic goal of seven percent and encourages physicians to reevaluate treatment regimes in patients with levels consistently above eight percent. HbA1c levels over nine percent indicate poorly controlled diabetes.[2]

The American Diabetes Association recommends that an individual diagnosed with diabetes have this test performed at least twice a year. An individual with diabetes should continue to perform daily self-tests to monitor day-to-day blood glucose control.[3]

| Comprehensive Diabetes Care: HbA1cTesting | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 79.2% | 81.7% | 83.4% | 85.6% | 86.8% |
| **NCQA's Quality Compass®** | 83.2% | 89.0% | 89.2% | 89.9% | 90.0% |

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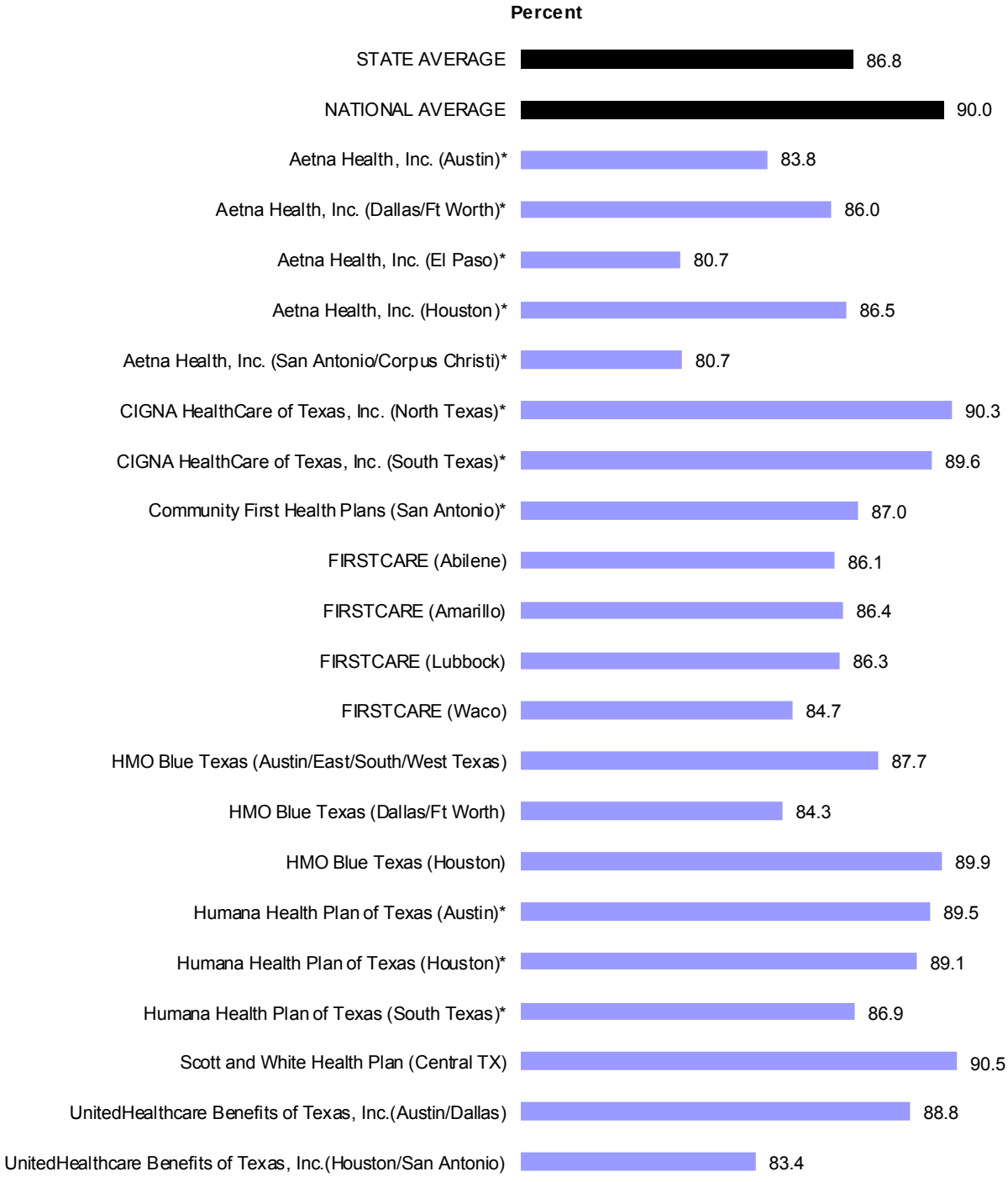
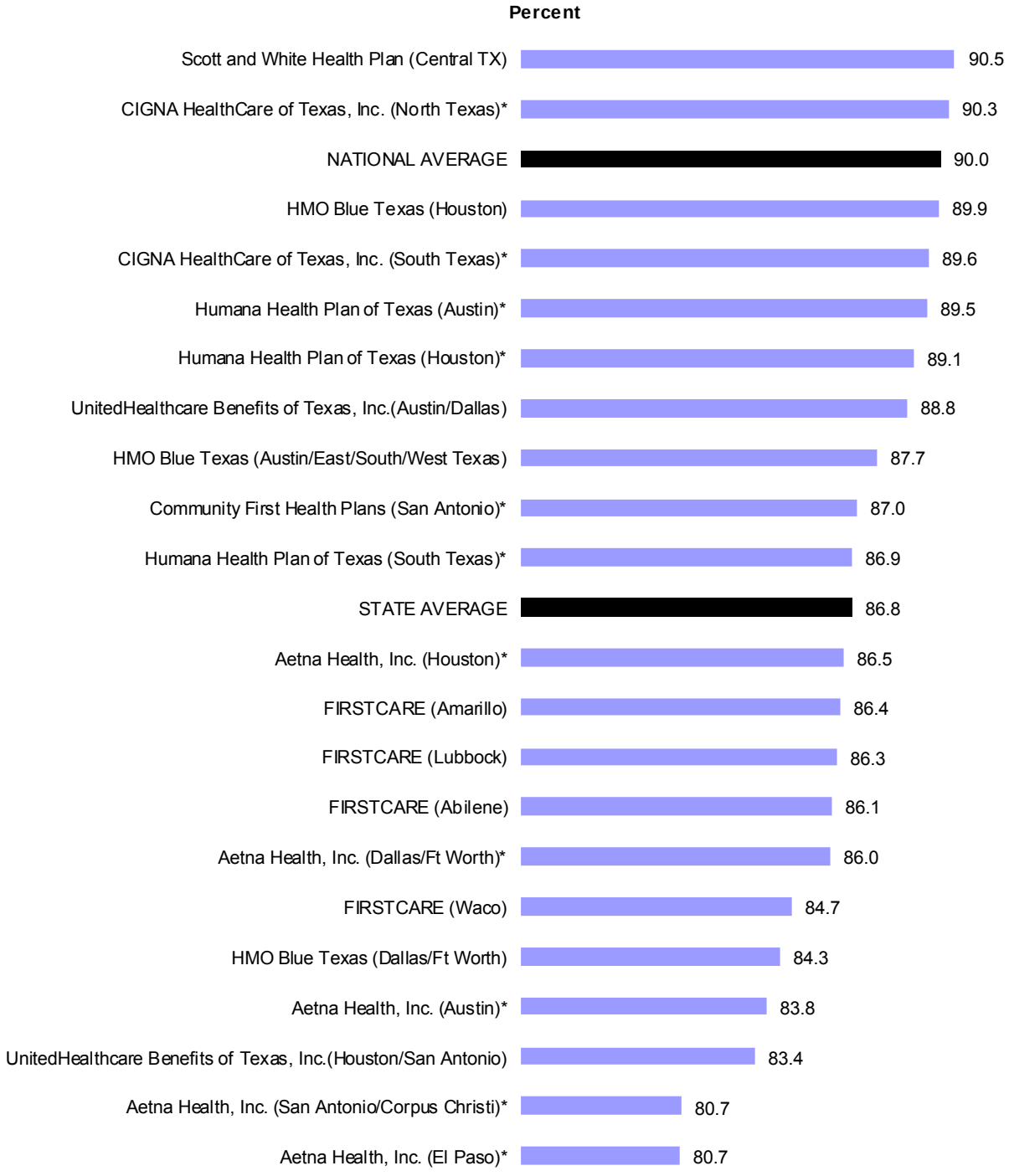
[1] Centers for Disease Control and Prevention. National Diabetes Fact Sheet. Atlanta, GA: Centers for Disease Control and Prevention, 2011.
[2] American Diabetes Association. *Living With Diabetes: A1c*. Alexandria, VA: American Diabetes Association, 2012.
[3] Ibid.

# Comprehensive Diabetes Care: HbA1c Testing




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Comprehensive Diabetes Care: HbA1c Testing




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

**Note—Lower rates indicate better performance for this measure.**

## Comprehensive Diabetes Care: Poor HbA1c Control (>9.0%)

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had their most recent HbA1c level greater than 9.0 percent during the past year.

The HbA1c test measures average blood glucose control during the previous months. Diabetics who maintain HbA1c levels under seven percent have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than diabetics with levels of eight percent or higher.[1] The American Diabetes Association recommends a therapeutic goal of seven percent and encourages physicians to reevaluate treatment regimes in patients with levels consistently above eight percent. HbA1c levels over nine percent indicate poorly controlled diabetes.[2]

The American Diabetes Association recommends that an individual diagnosed with diabetes have this test performed at least twice a year. An individual with diabetes should continue to perform daily self-tests to monitor day-to-day blood glucose control.[3]

| Comprehensive Diabetes Care: Poor HbA1c Control | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 70.3% | 56.0% | 56.1% | 49.8% | 44.4% |
| **NCQA's Quality Compass®** | 43.4% | 28.4% | 28.2% | 27.3% | 28.3% |

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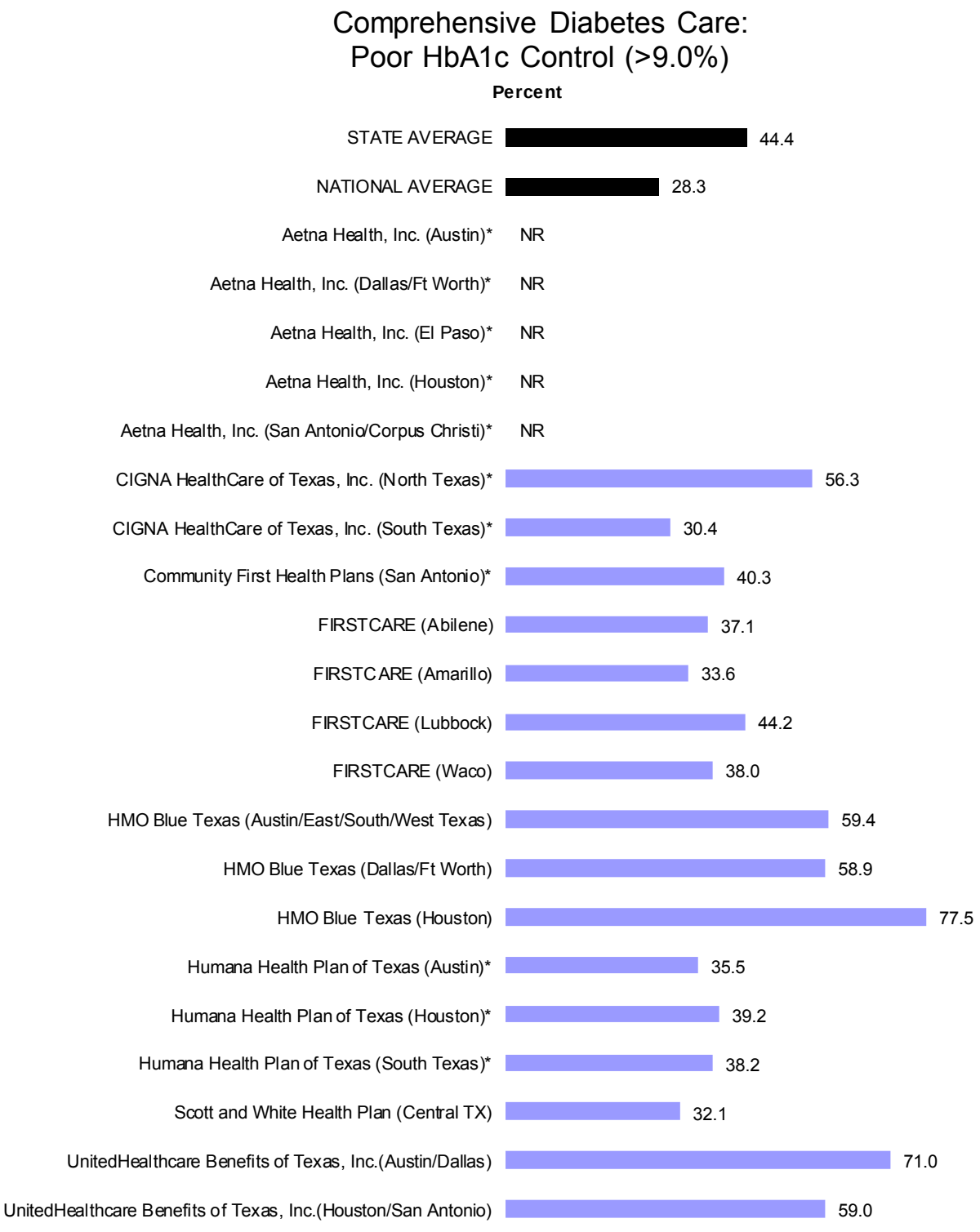
[1] Centers for Disease Control and Prevention. National Diabetes Fact Sheet. Atlanta, GA: Centers for Disease Control and Prevention, 2011.
[2] American Diabetes Association. *Living With Diabetes: A1c*. Alexandria, VA: American Diabetes Association, 2012.
[3] Ibid.

**Note—Lower rates indicate better performance for this measure.**

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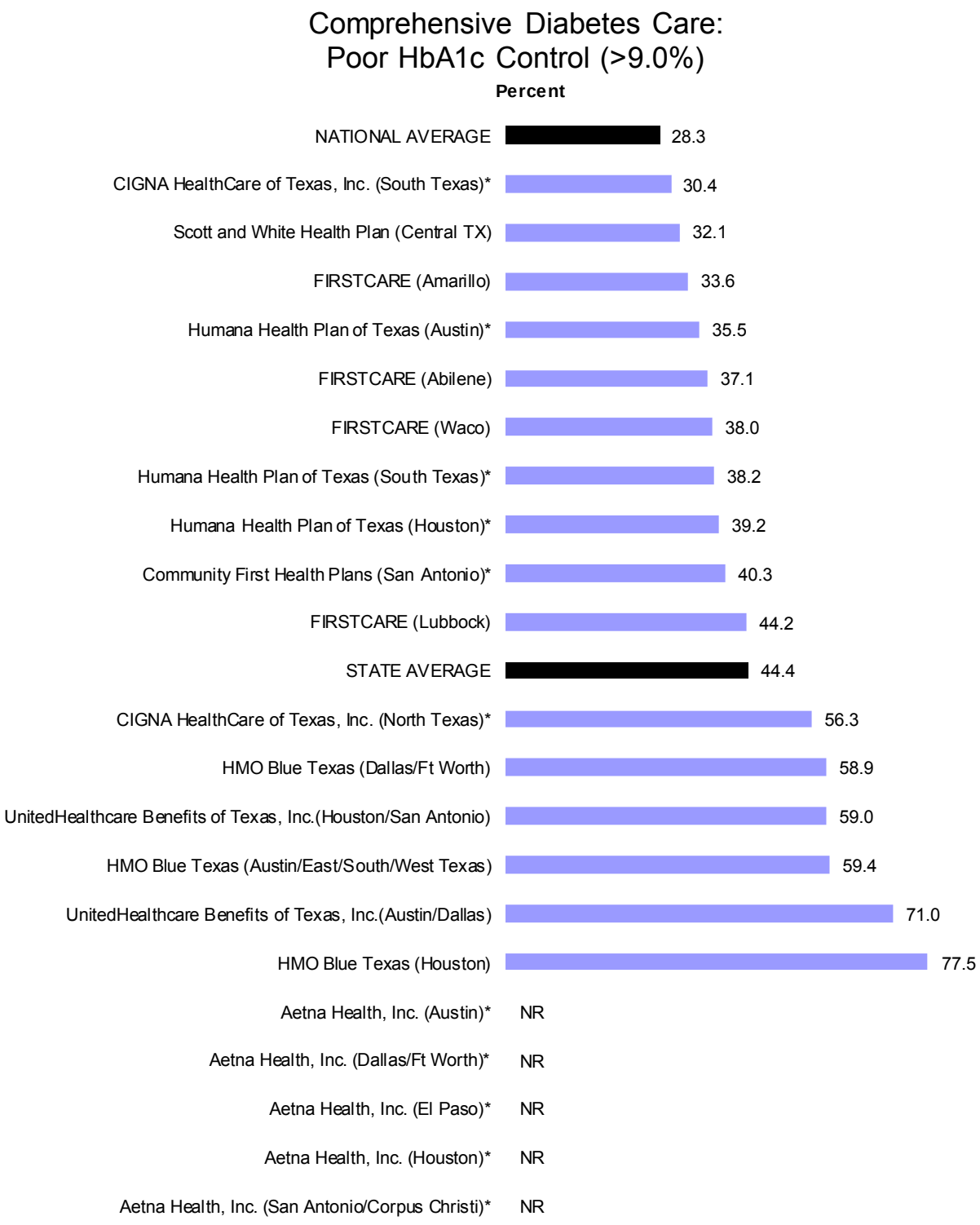
**Note—Lower rates indicate better performance for this measure.**

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## Comprehensive Diabetes Care: HbA1c Control (<8.0%)

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had their most recent HbA1c level less than 8.0 percent during the past year.

The HbA1c test measures average blood glucose control during the previous months. Diabetics who maintain HbA1c levels under seven percent have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than diabetics with levels of eight percent or higher.[1] The American Diabetes Association recommends a therapeutic goal of seven percent and encourages physicians to reevaluate treatment regimes in patients with levels consistently above eight percent. HbA1c levels over nine percent indicate poorly controlled diabetes.[2]

The American Diabetes Association recommends that an individual diagnosed with diabetes have this test performed at least twice a year. An individual with diabetes should continue to perform daily self-tests to monitor day-to-day blood glucose control.[3]

| Comprehensive Diabetes Care: HbA1c Control (<8.0%) | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 14.6% | 35.1% | 36.4% |
| **NCQA's Quality Compass®** | 61.7% | 62.3% | 61.2% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

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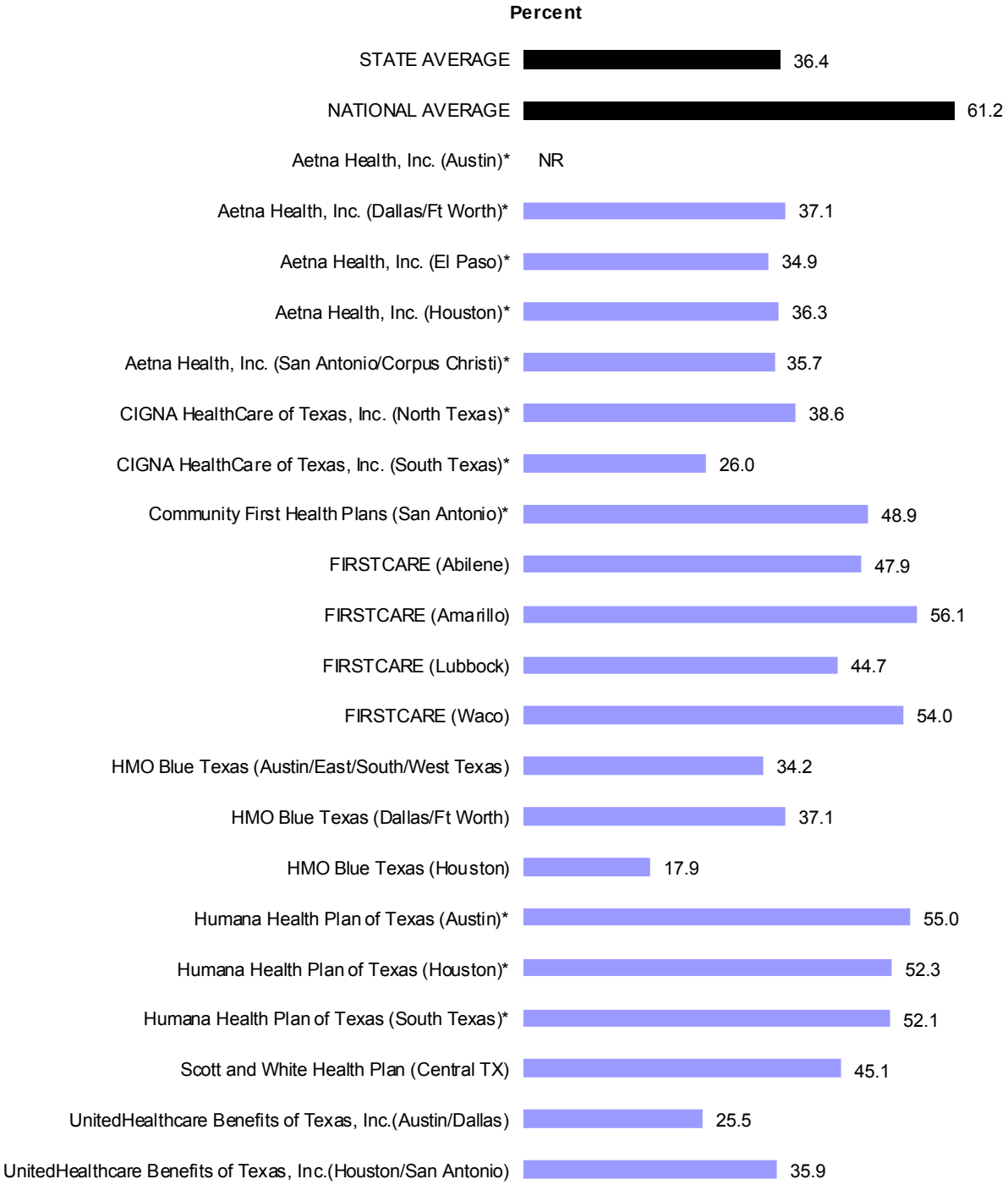
[1] Centers for Disease Control and Prevention. National Diabetes Fact Sheet. Atlanta, GA: Centers for Disease Control and Prevention, 2011.
[2] American Diabetes Association. *Living With Diabetes: A1c*. Alexandria, VA: American Diabetes Association, 2012.
[3] Ibid.

## Comprehensive Diabetes Care: HbA1c Control (<8.0%)

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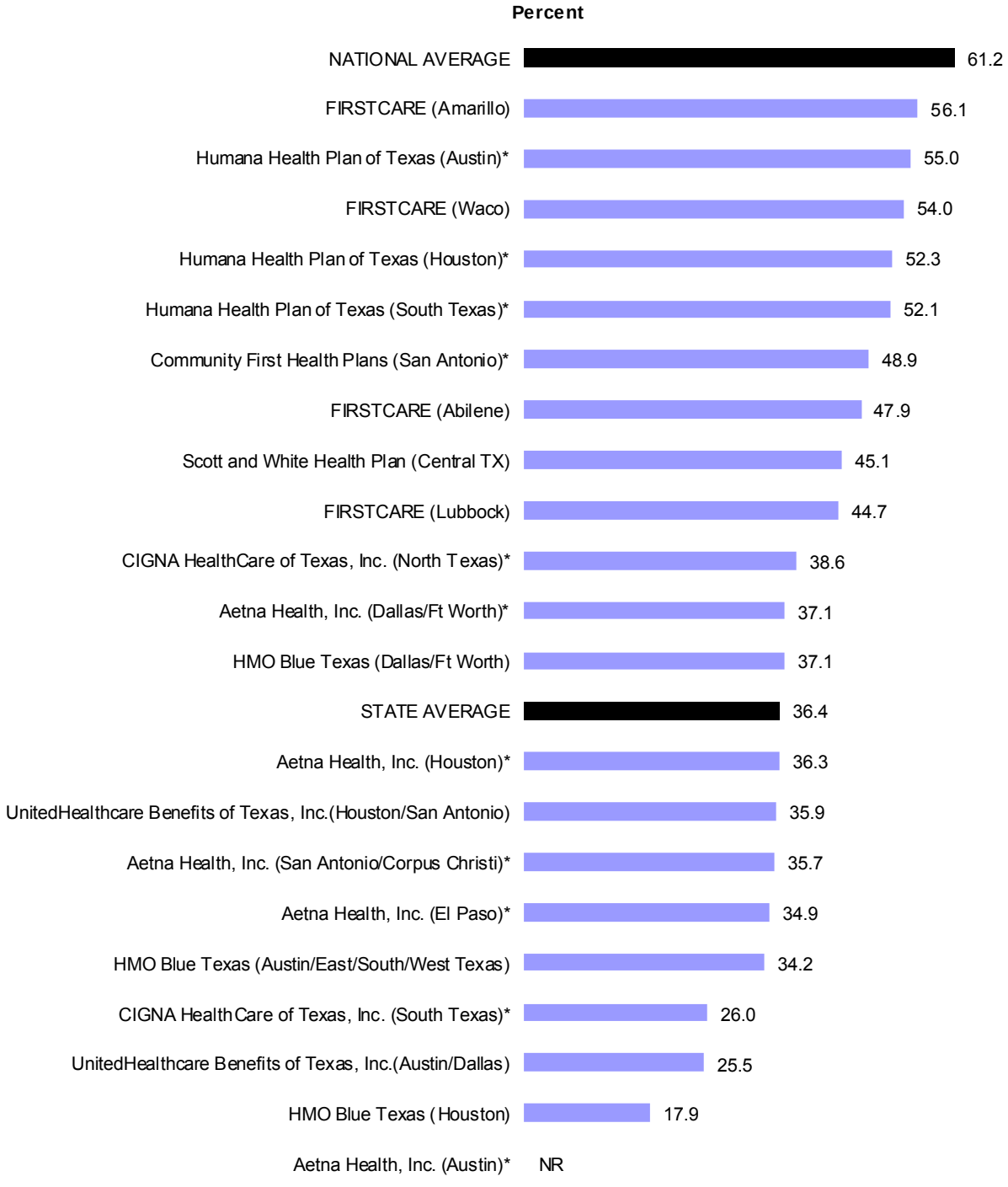
## Comprehensive Diabetes Care: HbA1c Control (<8.0%)

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## Comprehensive Diabetes Care: HbA1c Control (<7.0%)

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had their most recent HbA1c level less than 7.0 percent during the past year.

The HbA1c test measures average blood glucose control during the previous months. Diabetics who maintain HbA1c levels under seven percent have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than diabetics with levels of eight percent or higher.[1] The American Diabetes Association recommends a therapeutic goal of seven percent and encourages physicians to reevaluate treatment regimes in patients with levels consistently above eight percent. HbA1c levels over nine percent indicate poorly controlled diabetes.[2]

The American Diabetes Association recommends that an individual diagnosed with diabetes have this test performed at least twice a year. An individual with diabetes should continue to perform daily self-tests to monitor day-to-day blood glucose control.[3]

| Comprehensive Diabetes Care: HbA1c Control (<7.0%) | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 28.1% | 26.4% | 26.6% |
| **NCQA's Quality Compass®** | 42.1% | 42.5% | 42.2% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

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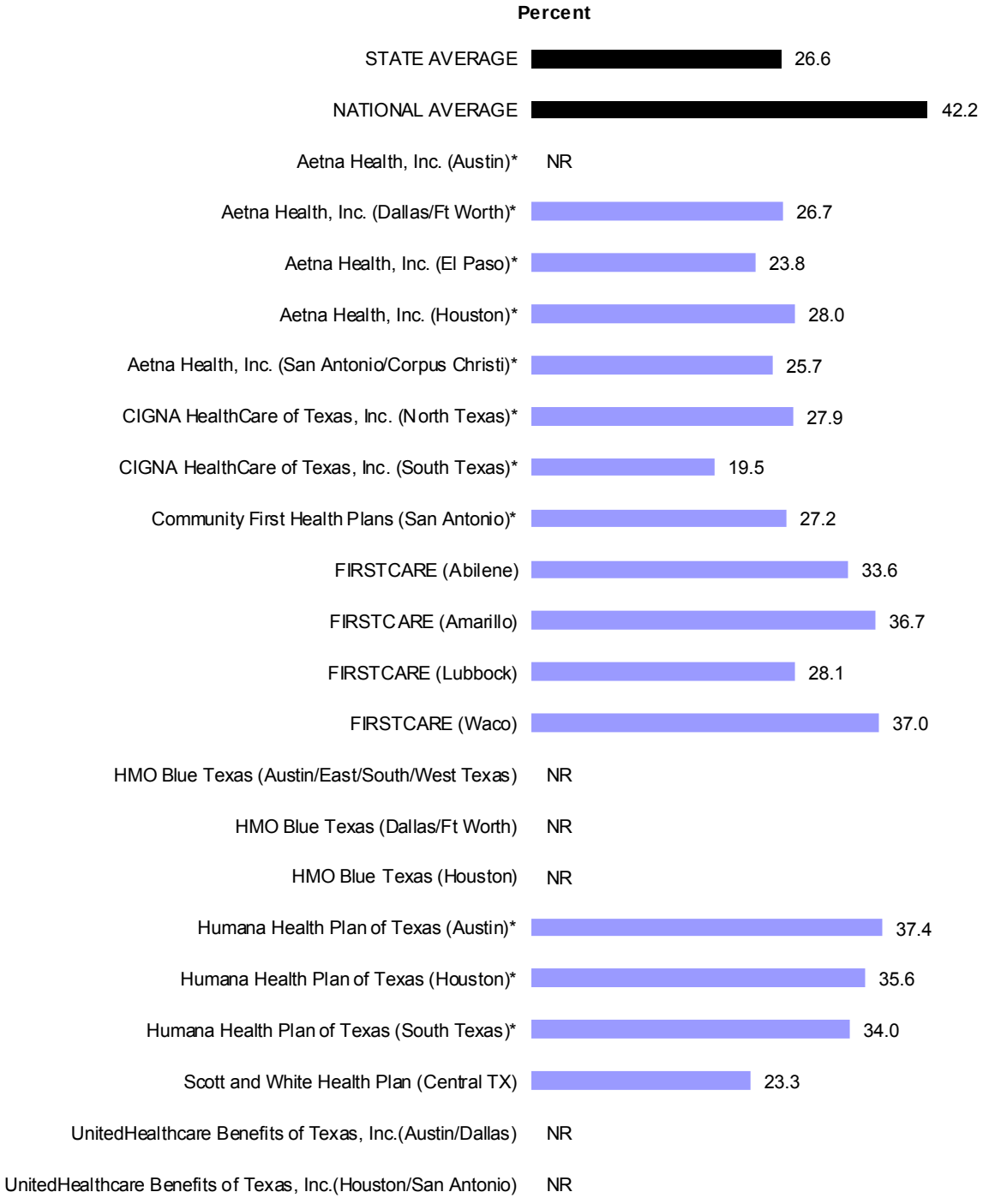
[1] Centers for Disease Control and Prevention. National Diabetes Fact Sheet. Atlanta, GA: Centers for Disease Control and Prevention, 2011.
[2] American Diabetes Association. *Living With Diabetes: A1c*. Alexandria, VA: American Diabetes Association, 2012.
[3] Ibid.

## Comprehensive Diabetes Care: HbA1c Control (<7.0%)

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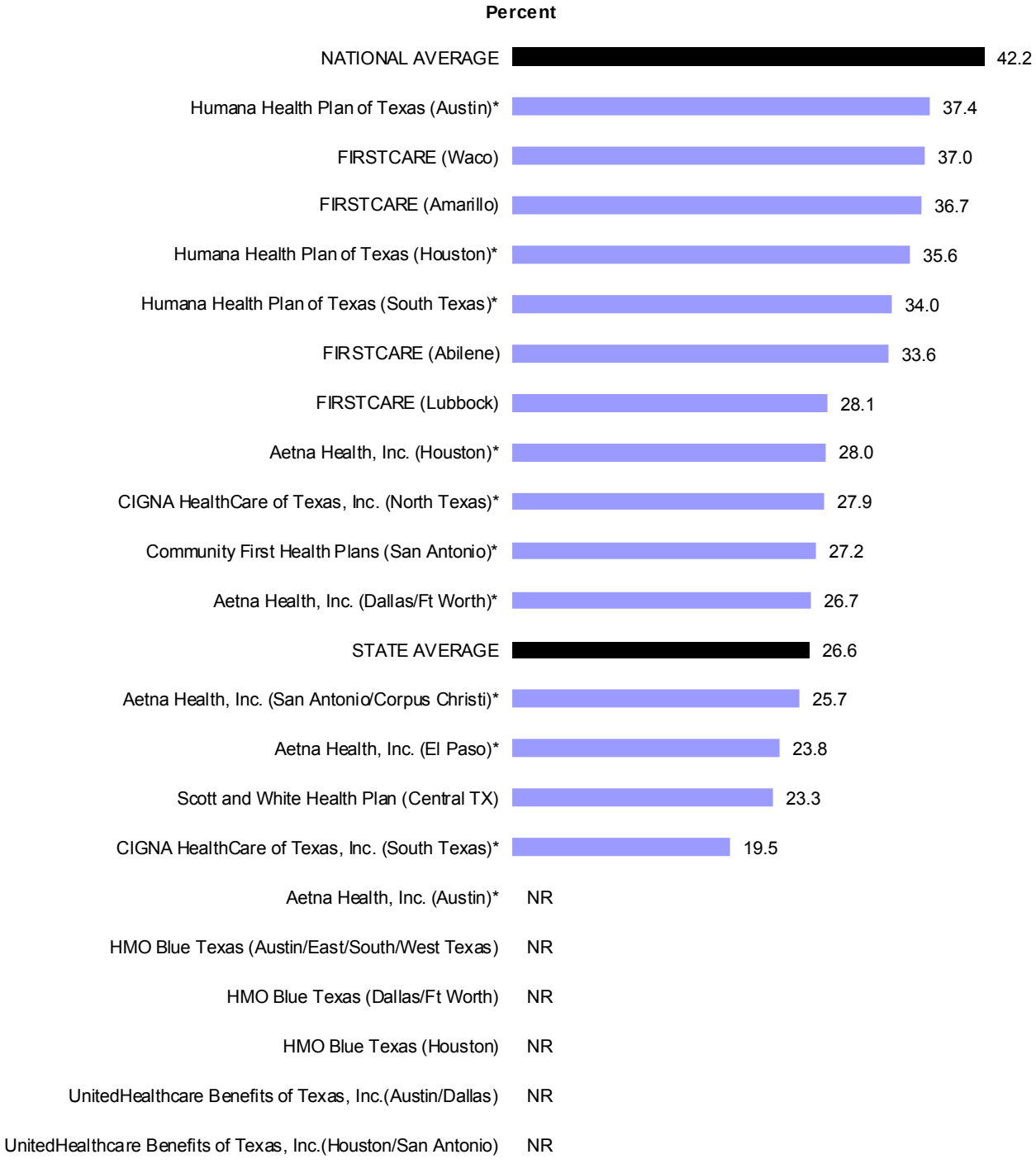
## Comprehensive Diabetes Care: HbA1c Control (<7.0%)

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## Comprehensive Diabetes Care: Eye Exam

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had an eye screening for diabetic retinal disease within the past year or a negative retinal exam the previous year.

Diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults. Changes in the blood vessels in the retina cause the disease. In some people with diabetic retinopathy, blood vessels swell and leak fluid. In others, abnormal new blood vessels grow on the surface of the retina. Between 40 and 45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy. Individuals with proliferative retinopathy can reduce their risk of blindness by 95 percent with timely treatment and appropriate follow-up care.[1]

| Comprehensive Diabetes Care: Eye Exam | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 32.2% | 32.1% | 36.4% | 36.1% | 34.4% |
| **NCQA's Quality Compass®** | 46.9% | 56.5% | 56.5% | 57.7% | 56.9% |

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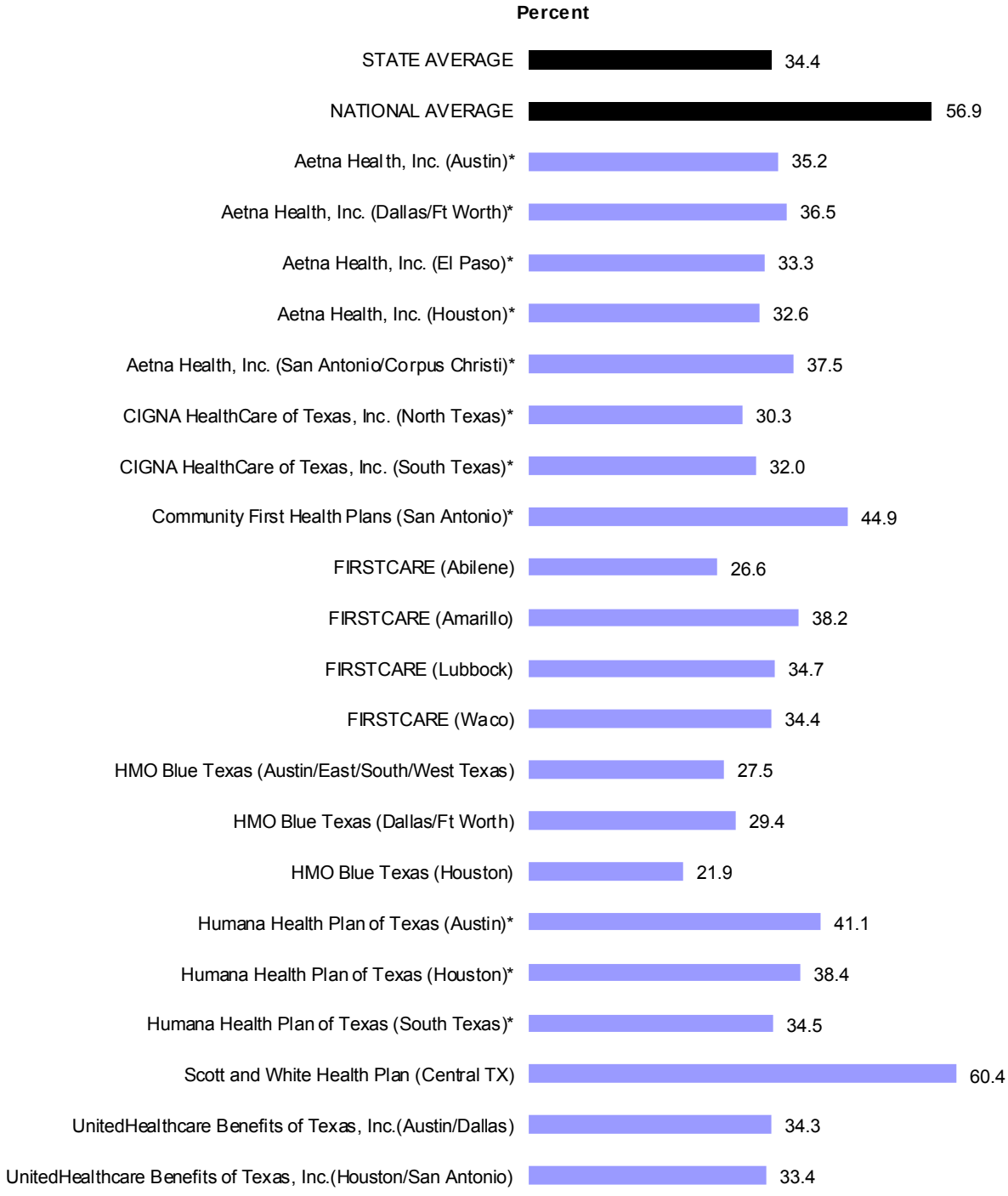
[1] National Eye Institute. *Facts About Diabetic Retinopathy*. Bethesda, MD: National Eye Institute, 2012.

# Comprehensive Diabetes Care: Eye Exam

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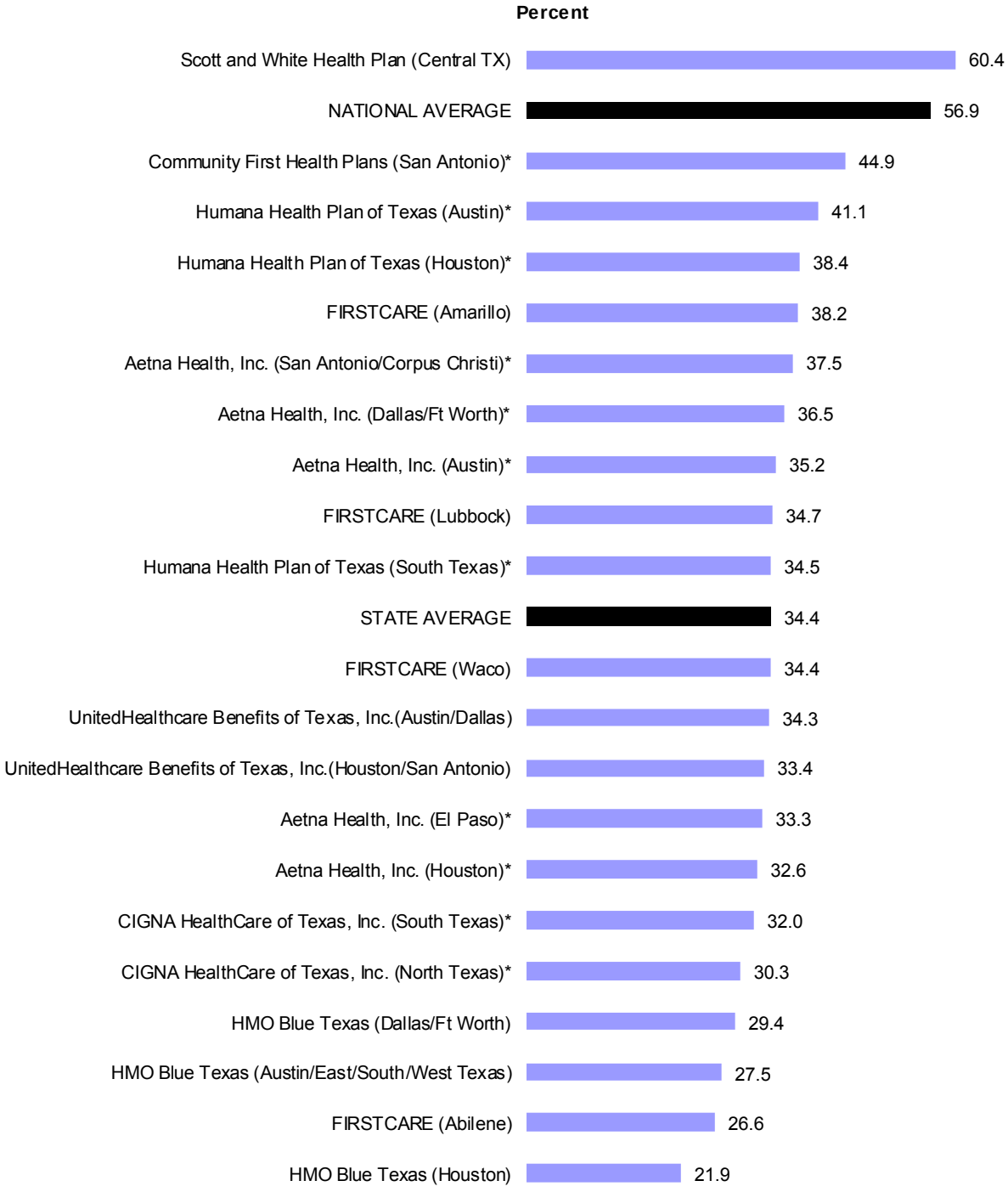
# Comprehensive Diabetes Care: Eye Exam




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Comprehensive Diabetes Care: LDL-C Screening

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had a LDL-C test done within the last two years.

Cholesterol is a fat-like substance found in all cells in the human body. The body uses cholesterol to manufacture vitamin D, certain hormones, and bile acids used for digestion. However, high cholesterol levels are related to the development of coronary artery disease and coronary heart disease.[1]

Cholesterol travels in the blood as lipoproteins—small packages of fat (lipids) enveloped by protein. Two classes of lipoprotein—low density lipoprotein (LDL) and high density lipoprotein (HDL)—are commonly measured by blood tests. LDL-C is composed primarily of lipid with a thin protein cover. It is sometimes referred to as "bad" cholesterol. When LDL-C levels are high, cholesterol can build up on the walls of the arteries and increase the risk of stroke and heart attack. HDL-C has a lower lipid to protein ratio than LDL-C. It is sometimes referred to as "good" cholesterol.[2]

Individuals with diabetes have an increased risk of cardiovascular disease. Annual cholesterol testing and a treatment plan to keep LDL-C levels below 100 mg/dL can lower the risk of heart attack or stroke in patients with diabetes.[3]

| Comprehensive Diabetes Care: LDL-C Screening | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 77.2% | 79.9% | 81.3% | 83.2% | 83.9% |
| **NCQA's Quality Compass®** | 79.5% | 84.8% | 85.0% | 85.6% | 85.3% |

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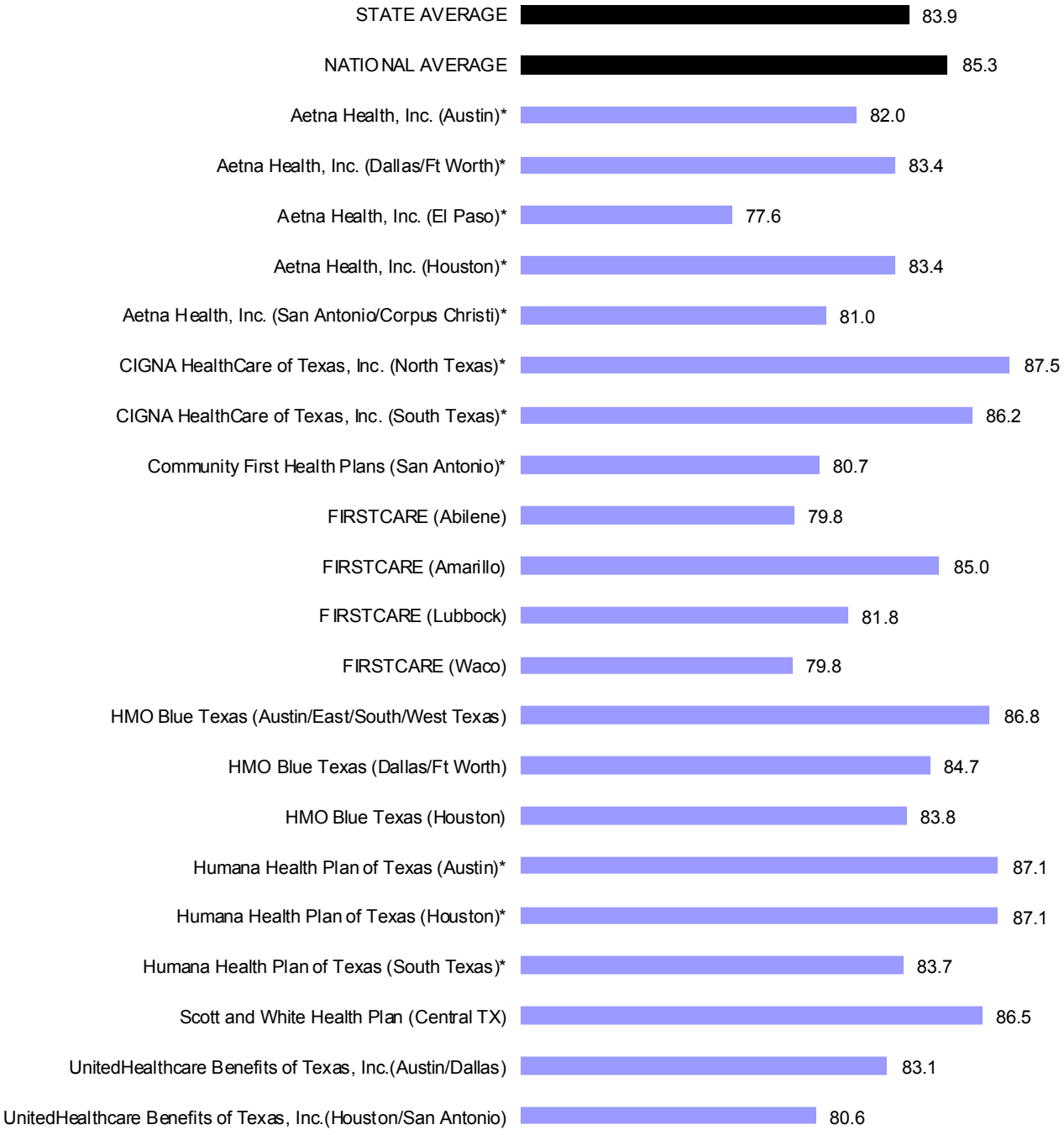
[1] National Cholesterol Education Program. *Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)*. Washington, DC: National Institutes of Health, 2002.
[2] Ibid.
[3] Ibid.

# Comprehensive Diabetes Care: LDL-C Screening

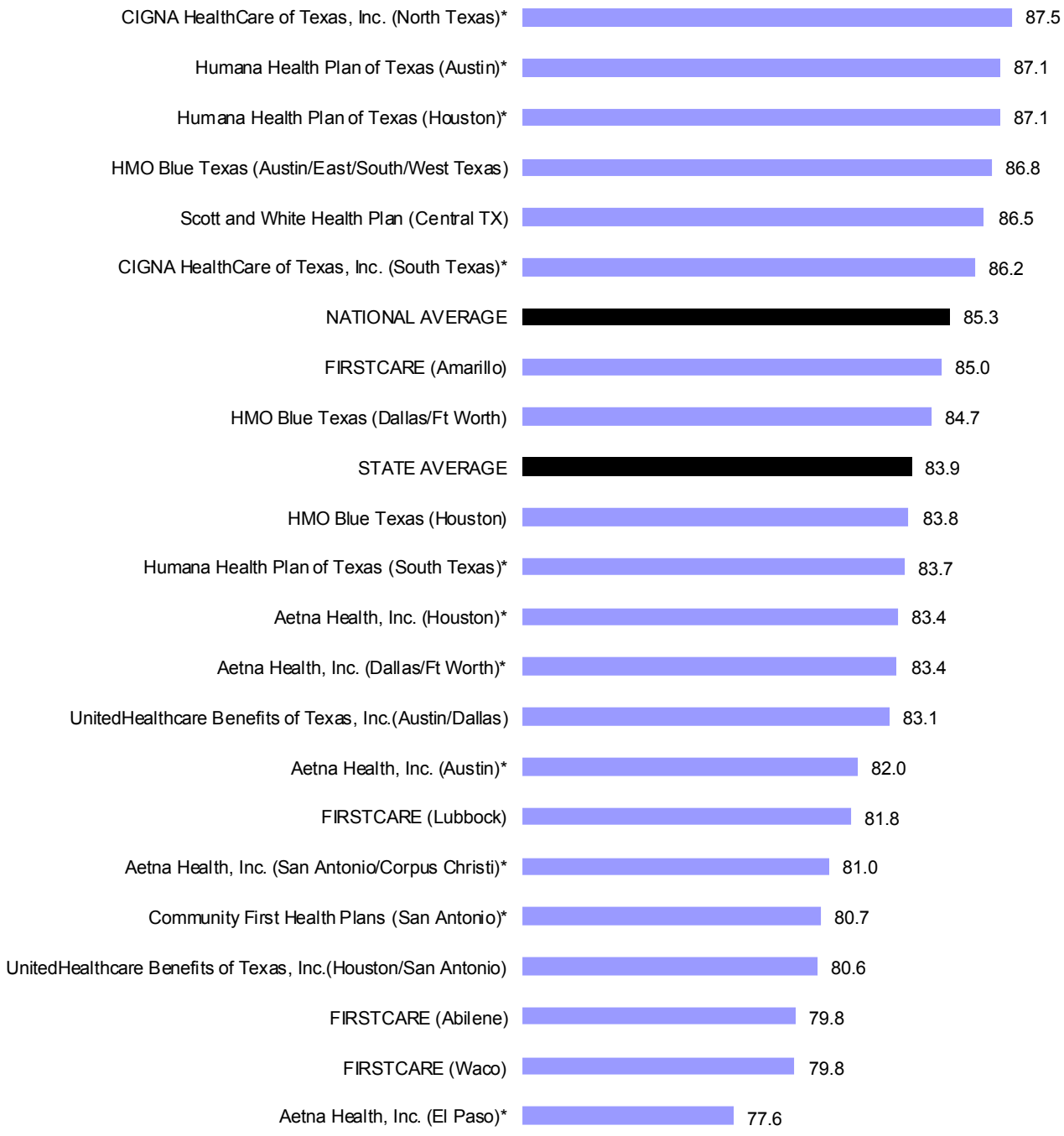
**Percent**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Comprehensive Diabetes Care: LDL-C Screening

**Percent**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Comprehensive Diabetes Care: LDL-C Control (<100 mg/dL)

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had a LDL-C test performed during the previous year with a level reading of less than 100 mg/dL.

Cholesterol is a fat-like substance found in all cells in the human body. The body uses cholesterol to manufacture vitamin D, certain hormones, and bile acids used for digestion. However, high cholesterol levels are related to the development of coronary artery disease and coronary heart disease.[1]

Cholesterol travels in the blood as lipoproteins—small packages of fat (lipids) enveloped by protein. Two classes of lipoprotein—low density lipoprotein (LDL) and high density lipoprotein (HDL)—are commonly measured by blood tests. LDL-C is composed primarily of lipid with a thin protein cover. It is sometimes referred to as "bad" cholesterol. When LDL-C levels are high, cholesterol can build up on the walls of the arteries and increase the risk of stroke and heart attack. HDL-C has a lower lipid to protein ratio than LDL-C. It is sometimes referred to as "good" cholesterol.[2]

Individuals with diabetes have an increased risk of cardiovascular disease. Annual cholesterol testing and a treatment plan to keep LDL-C levels below 100 mg/dL can lower the risk of heart attack or stroke in patients with diabetes.[3]

| Comprehensive Diabetes Care: LDL-C Control (<100 mg/dL) | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 22.2% | 30.5% | 31.8% | 29.8% | 30.5% |
| **NCQA's Quality Compass®** | 35.0% | 45.5% | 47.0% | 47.7% | 48.1% |

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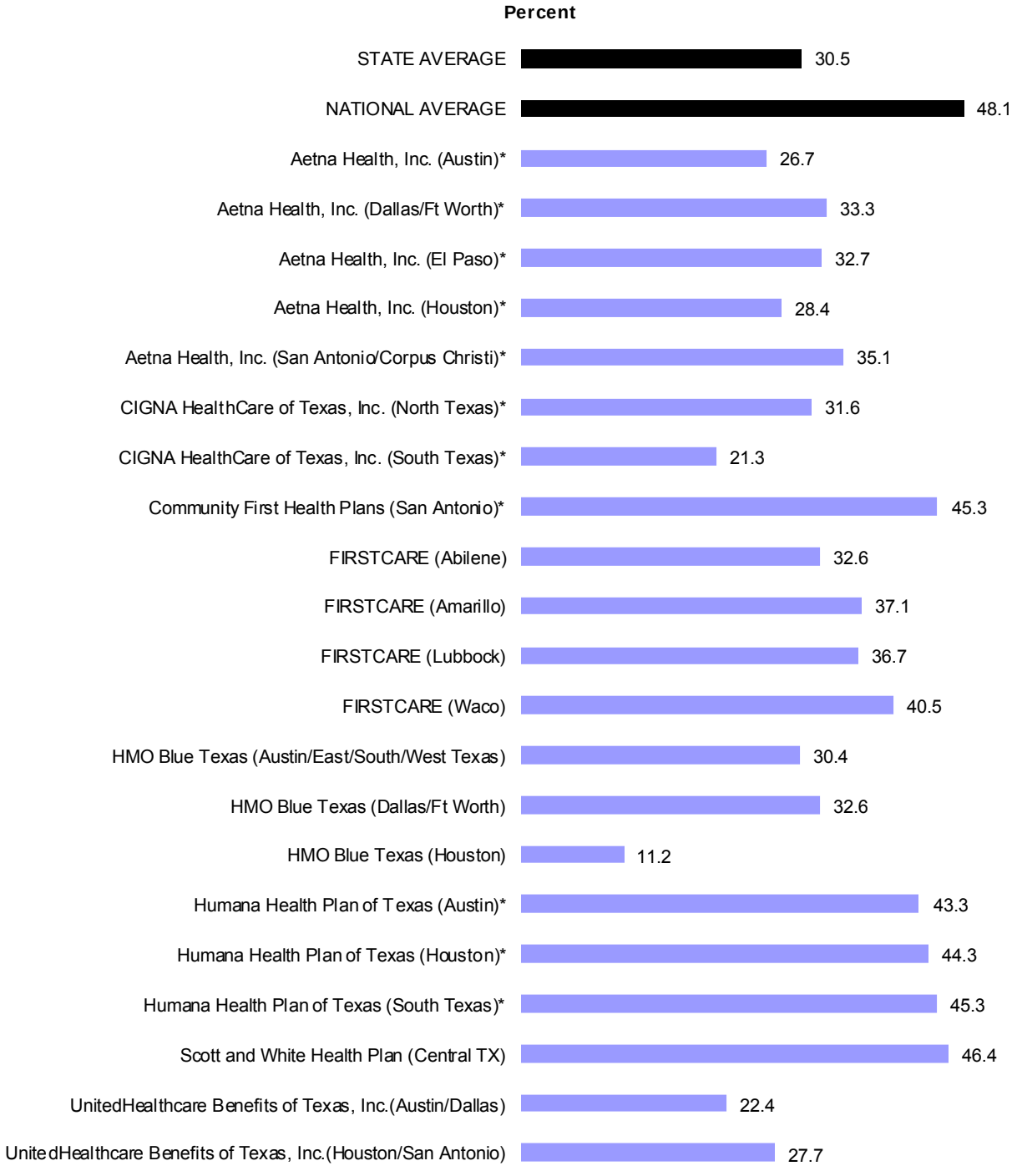
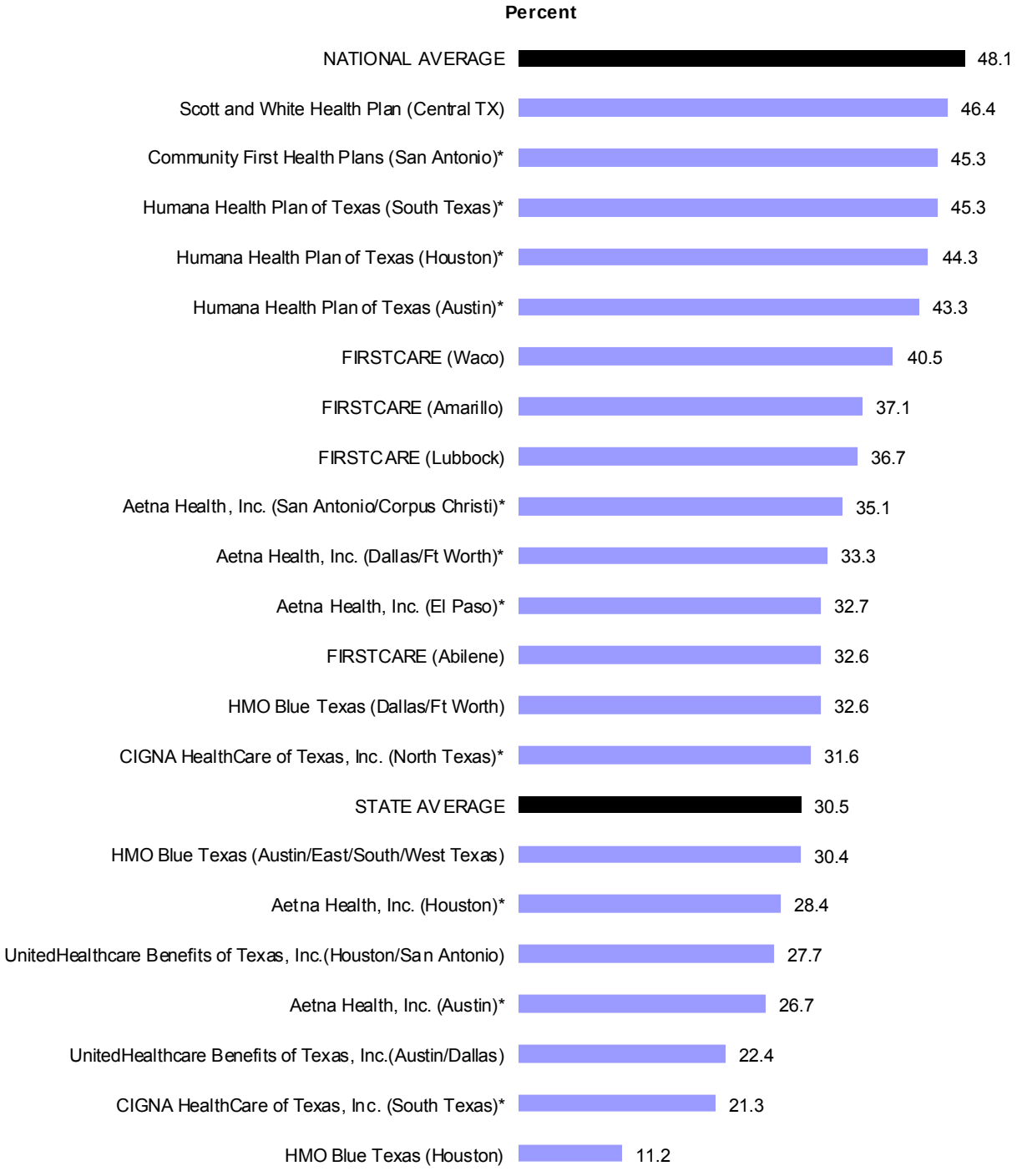
[1] National Cholesterol Education Program. *Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)*. Washington, DC: National Institutes of Health, 2002.
[2] Ibid.
[3] Ibid.

# Comprehensive Diabetes Care: LDL-C Control (<100 mg/dL)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Comprehensive Diabetes Care: LDL-C Control (<100 mg/dL)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Comprehensive Diabetes Care: Medical Attention for Diabetic Nephropathy (Kidney Disease)

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who received medical attention for nephropathy or evidence of already having nephropathy within the past year.

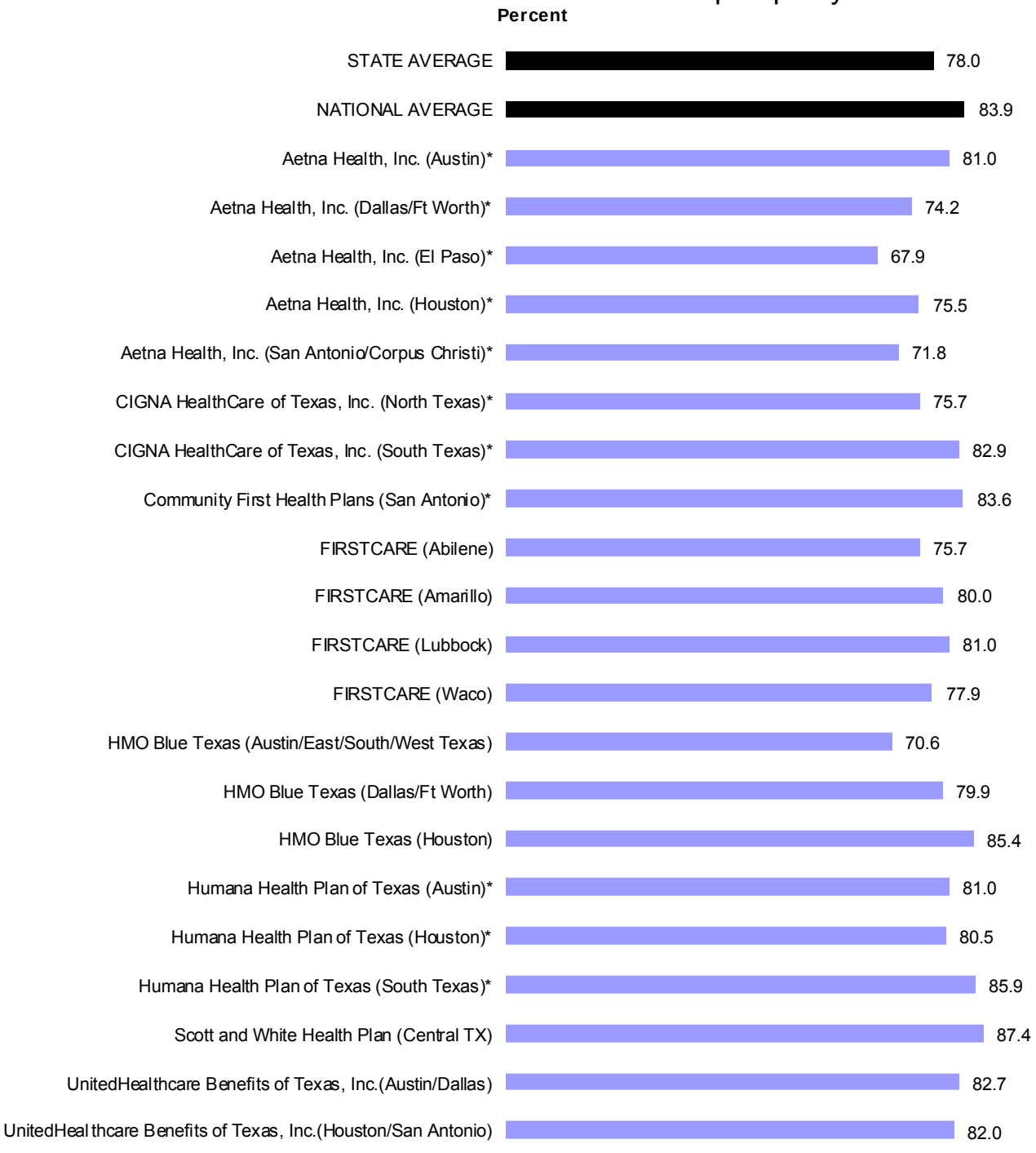
Nephropathy, or kidney disease, is a frequent complication of diabetes. Diabetic nephropathy is a progressive disease that develops over several years. In healthy individuals, many tiny vessels (nephrons) in the kidneys filter wastes, chemicals, and excess water from the blood. When an individual has diabetic nephropathy, the nephrons become damaged, leaky, and eventually quit working. The stress on the remaining nephrons damages them as well. When the filtration system breaks down, the kidneys fail to function causing end-stage renal disease (ESRD). An individual with ESRD will require dialysis or a kidney transplant in order to survive.[1]

| Comprehensive Diabetes Care: Medical Attention for Diabetic Nephropathy | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 71.9% | 75.0% | 75.2% | 78.7% | 78.0% |
| **NCQA's Quality Compass®** | 74.1% | 82.4% | 82.9% | 83.6% | 83.9% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

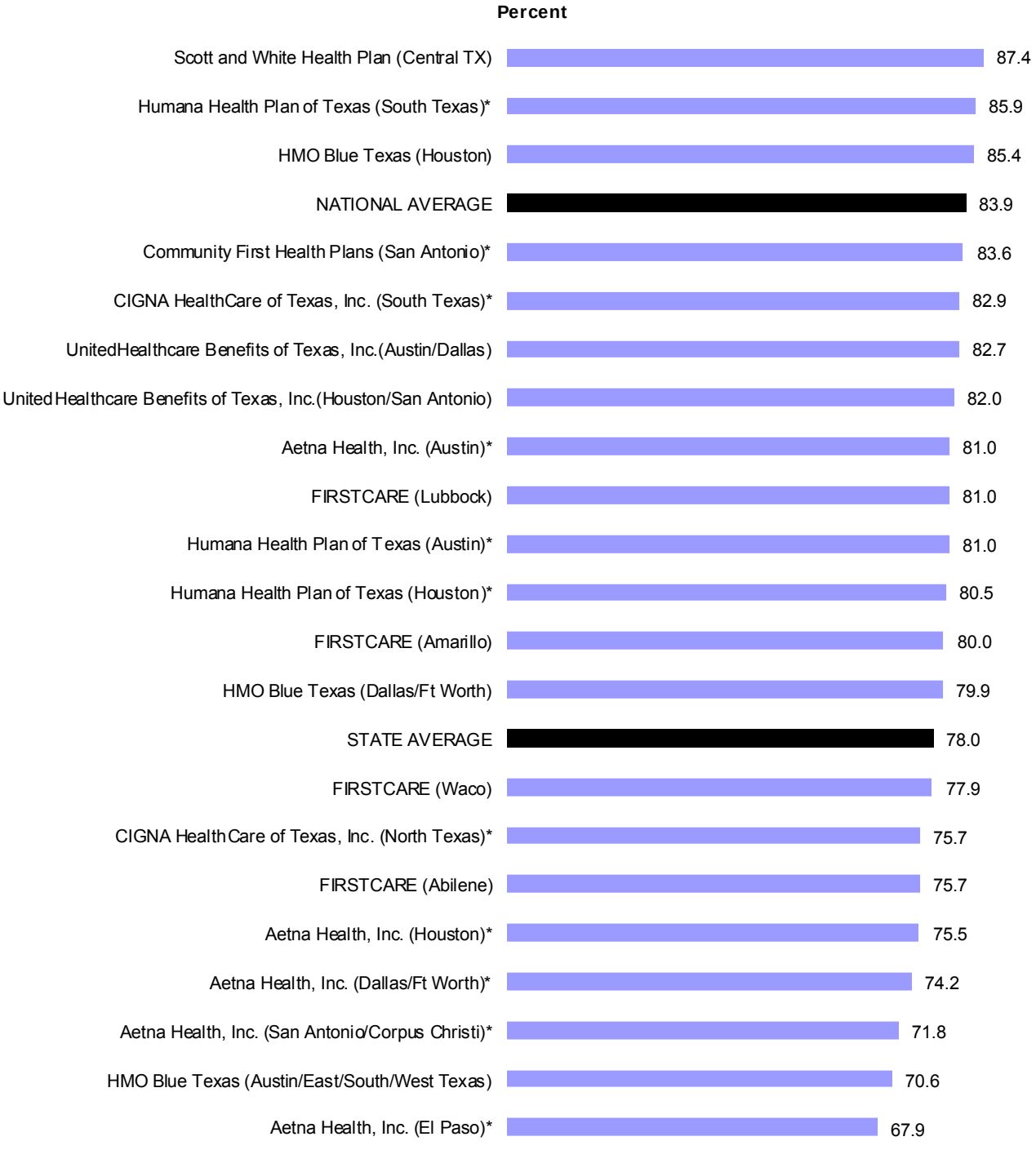
[1] National Institute of Diabetes and Digestive and Kidney Disease. *Glomerular Diseases*. Bethesda, MD: National Institutes of Health, 2006.

# Comprehensive Diabetes Care:
# Medical Attention for Diabetic Nephropathy




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Comprehensive Diabetes Care: Medical Attention for Diabetic Nephropathy




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Comprehensive Diabetes Care: Blood Pressure Control (<140/80 mm Hg)

Definition: The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who had their most recent blood pressure reading at less than 140 mm Hg systolic and 80 mm Hg diastolic during the past year.

Adults with diabetes are two to four times more likely to have cardiovascular disease—heart disease or stroke—than individuals without diabetes. Blood pressure control can reduce the risk of heart attack and stroke as well as other diabetes related complications such as retinopathy (damage to the blood vessels in the retina) and nephropathy (damage to blood vessels in the kidneys).[1] The American Diabetes Association[2] and the National Institutes of Health[3] recommend that individuals with diabetes maintain their blood pressure below 130/80 mm Hg.

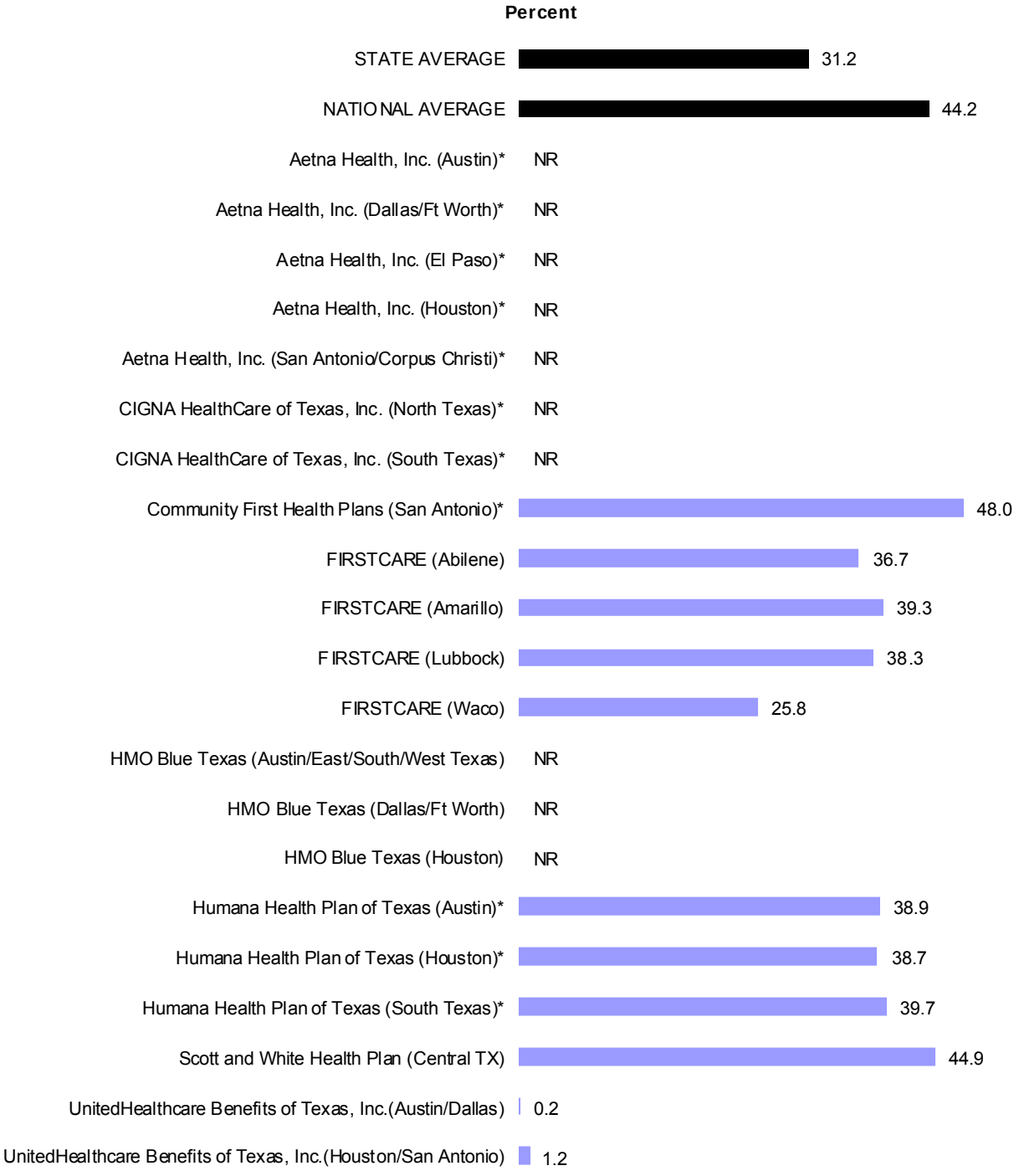
Please note that target reading increased from <130/80 mm Hg to <140/80 mm Hg beginning with HEDIS® 2011.

| Comprehensive Diabetes Care: Blood Pressure Control (<140/80 mm Hg) | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 28.5% | 28.7% | 12.1% | 35.4% | 31.2% |
| **NCQA's Quality Compass®** | 28.5% | 33.4% | 33.9% | ** | 44.2% |

** Value not established or not obtained.
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

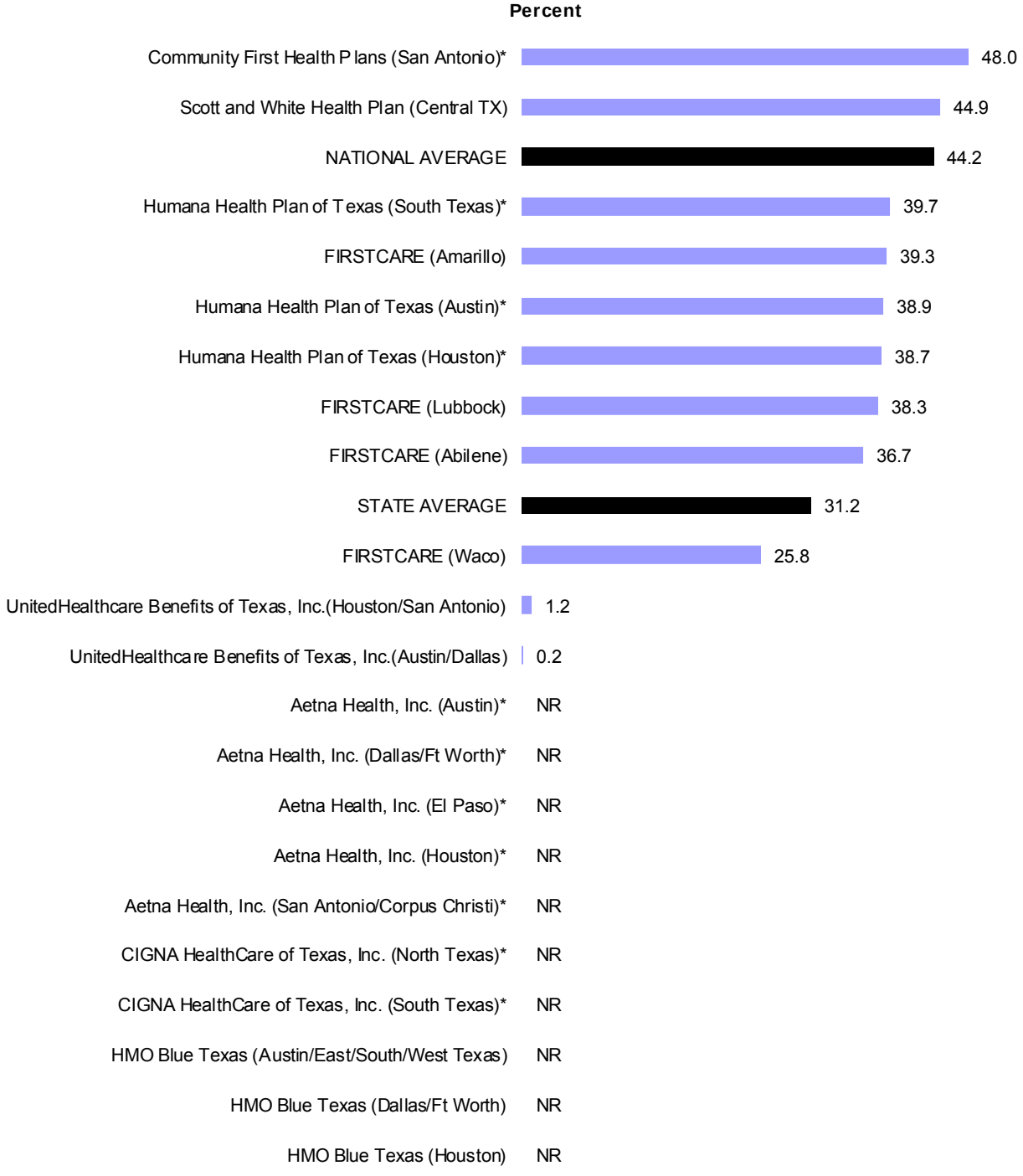
[1] American Diabetes Association. *High Blood Pressure (Hypertension).* Alexandria, VA: American Diabetes Association, 2012.
[2] Ibid.
[3] National Heart, Lung, and Blood Institute. *High Blood Pressure*. Bethesda, MD: National Institutes of Health, 2012.

# Comprehensive Diabetes Care: Blood Pressure Control (<140/80 mm Hg)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care: Blood Pressure Control (<140/80 mm Hg)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 Diabetes who had their most recent blood pressure reading at less than 140 mm Hg systolic and 90 mm Hg diastolic during the past year.

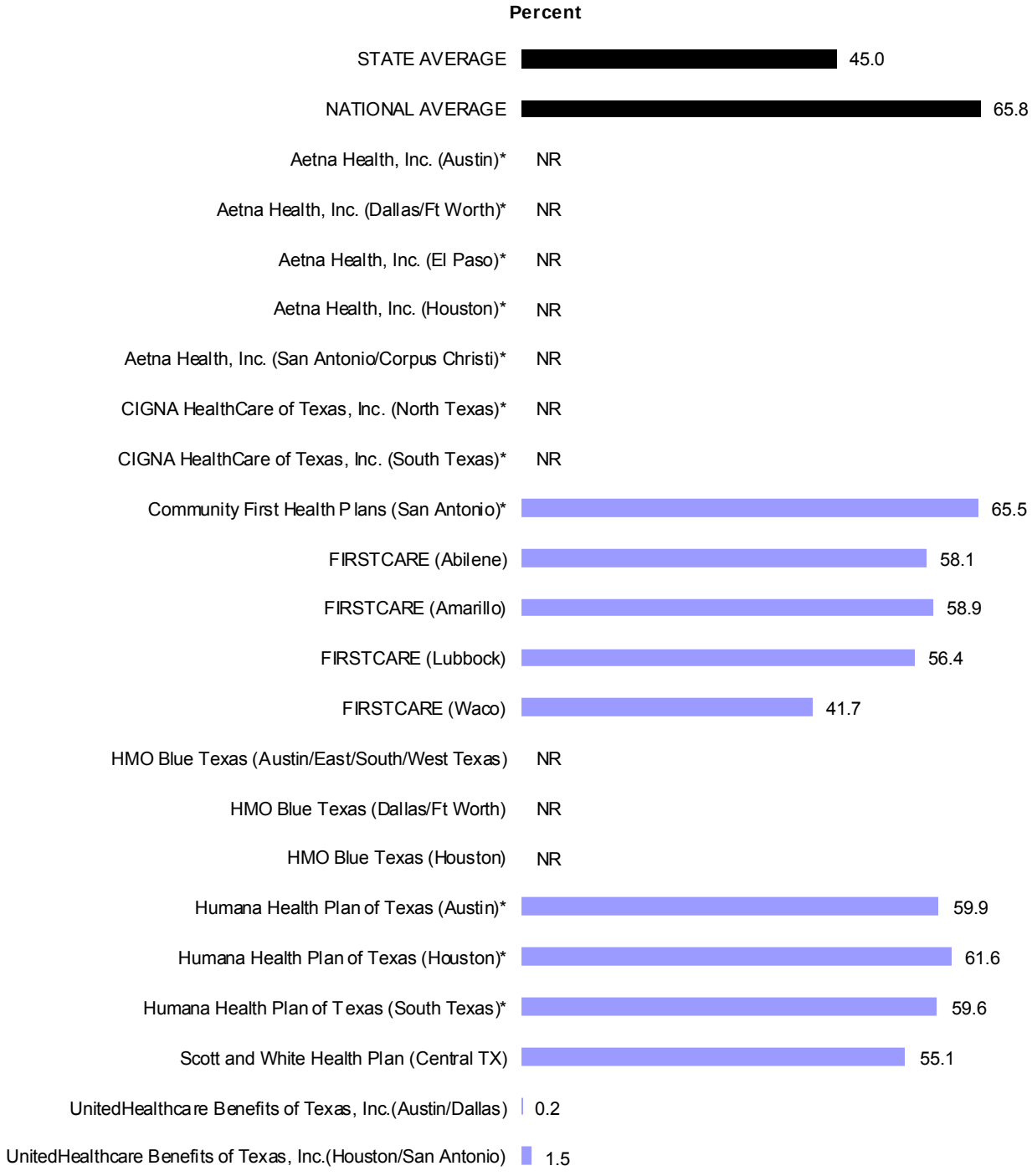
Adults with diabetes are two to four times more likely to have cardiovascular disease—heart disease or stroke—than individuals without diabetes. Blood pressure control can reduce the risk of heart attack and stroke as well as other diabetes related complications such as retinopathy (damage to the blood vessels in the retina) and nephropathy (damage to blood vessels in the kidneys).[1] The American Diabetes Association[2] and the National Institutes of Health[3] recommend that individuals with diabetes maintain their blood pressure below 130/80 mm Hg.

| Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 61.3% | 61.5% | 23.8% | 57.7% | 45.0% |
| **NCQA's Quality Compass®** | 56.8% | 65.6% | 65.1% | 65.7% | 65.8% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

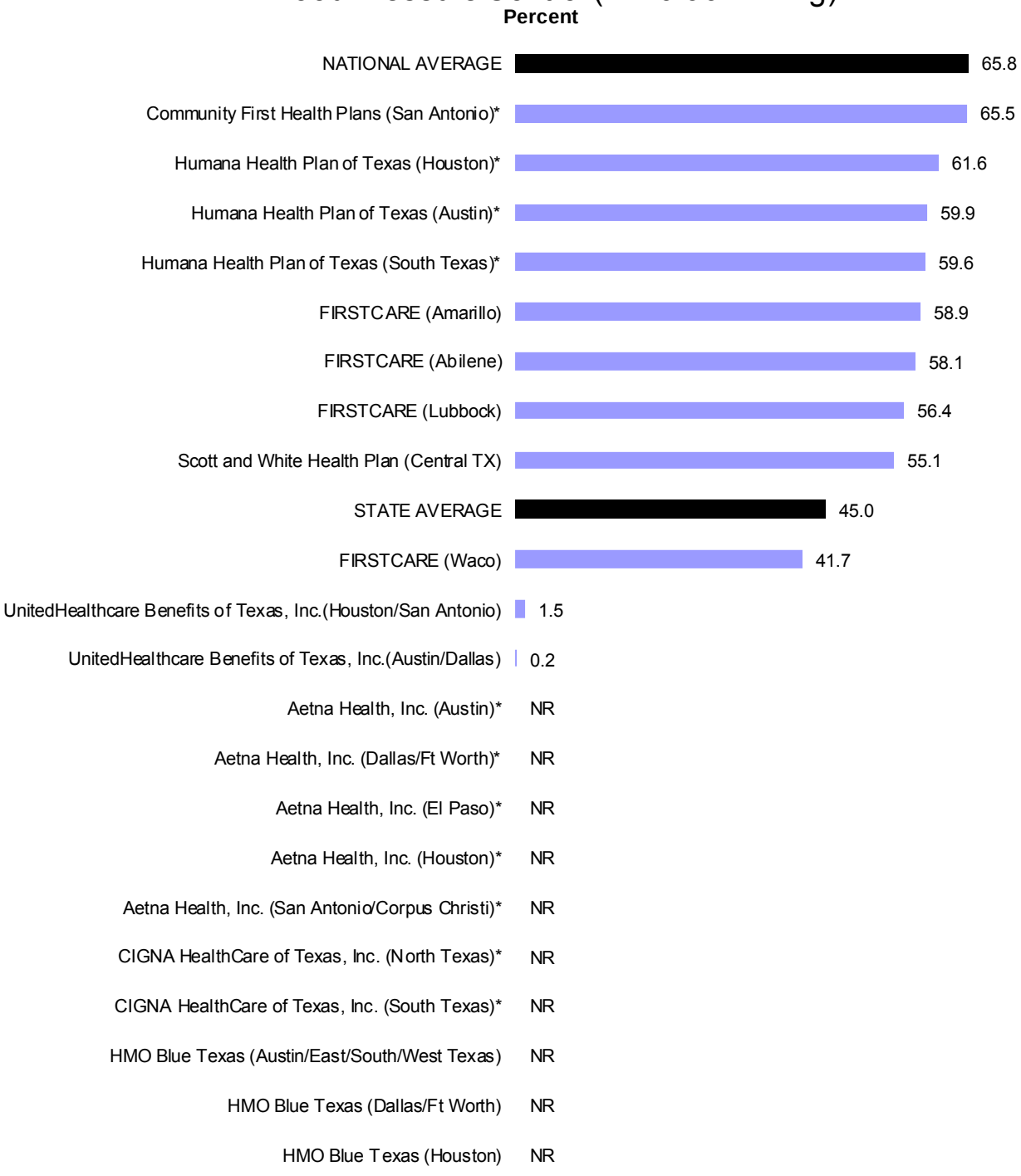
[1] American Diabetes Association. *High Blood Pressure (Hypertension).* Alexandria, VA: American Diabetes Association, 2012.
[2] Ibid.
[3] National Heart, Lung, and Blood Institute. *High Blood Pressure*. Bethesda, MD: National Institutes of Health, 2012.

# Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Appropriate Testing for Children with Pharyngitis

Definition: Percentage of members 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Antibiotics can effectively treat diseases caused by bacteria, but not those caused by viruses. The overuse of antibiotics has increased bacterial resistance. In 1995, the Centers for Disease Control and Prevention began a campaign to educate physicians and patients on appropriate antibiotic use. While inappropriate antibiotic use has decreased, it still remains high.[1]

Most upper respiratory infections (URIs) are caused by viruses and cannot be treated with antibiotics. However, some physicians still prescribe antibiotics for these conditions. Pharyngitis (sore throat) can be caused by a virus or bacteria and a physician can definitively confirm the diagnosis with a lab test. Pediatric clinical practice guidelines recommend only treating children diagnosed with group A streptococcus pharyngitis (strep throat) with antibiotics.[2]

Antibiotic use to treat pharyngitis can serve as an important indicator of appropriate antibiotic use.

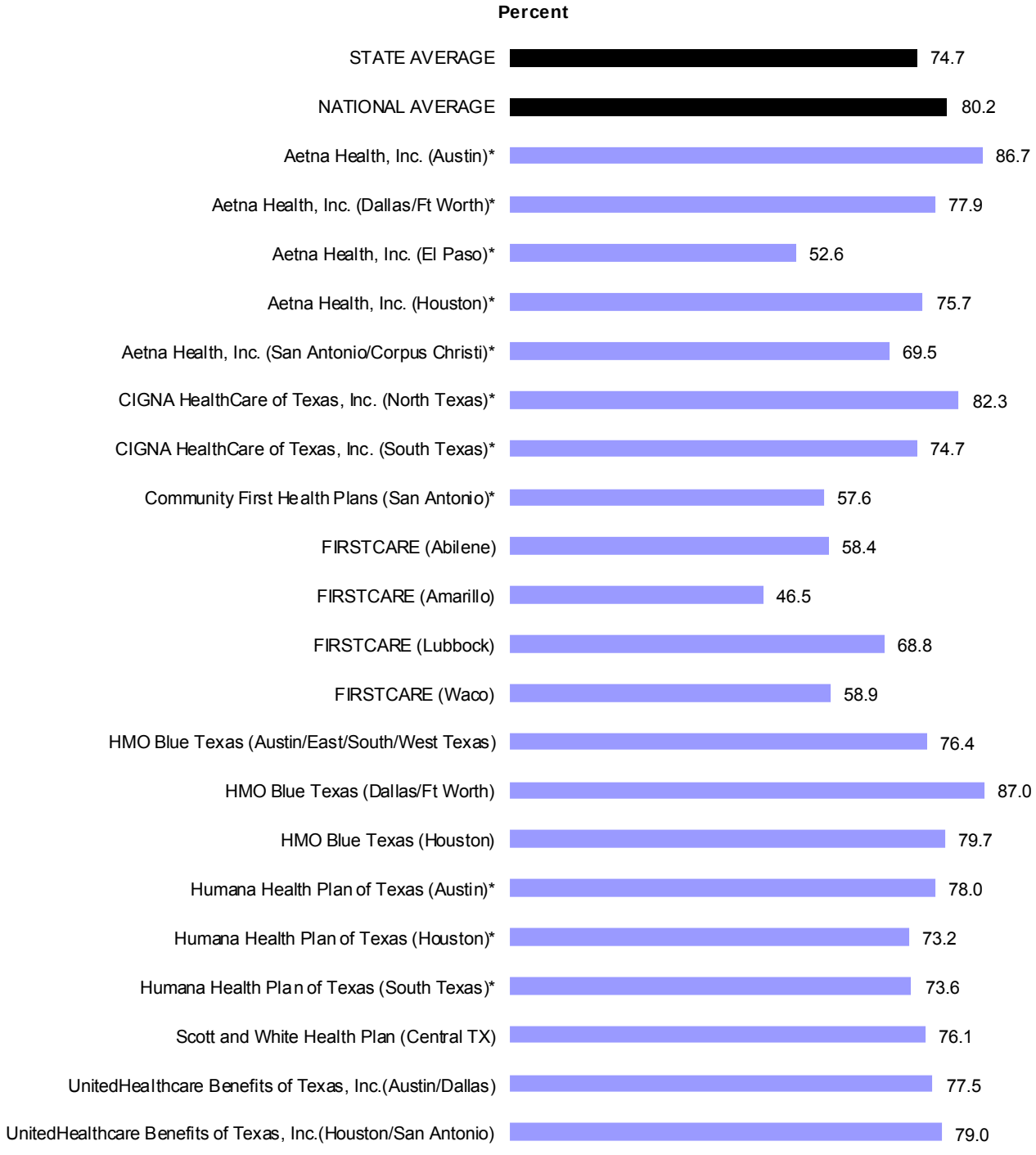
| Appropriate Testing for Children with Pharyngitis | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 70.5% | 72.4% | 74.7% |
| **NCQA's Quality Compass®** | 77.4% | 77.6% | 80.2% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

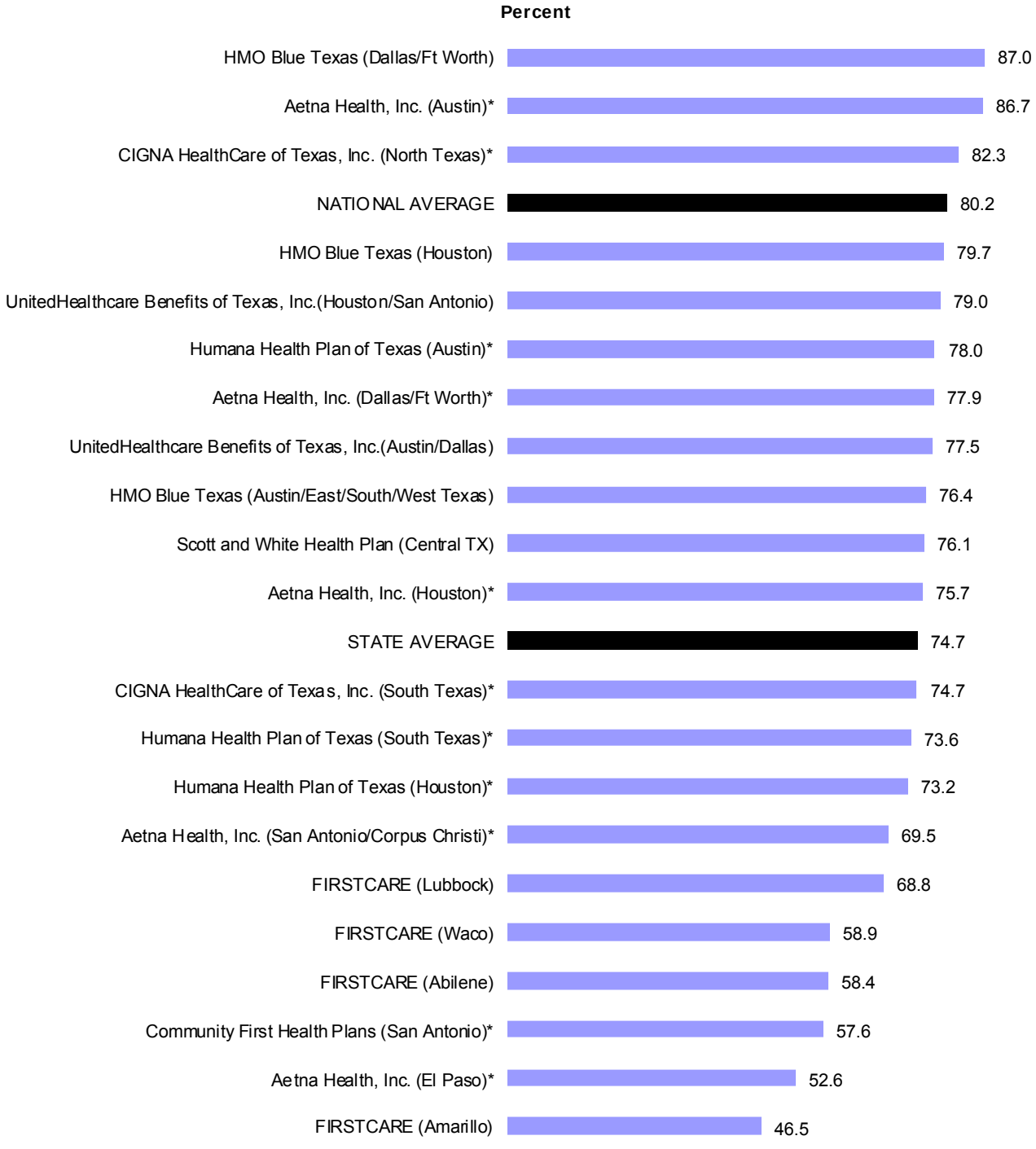
[1] Centers for Disease Control and Prevention. "Office Related Antibiotic Prescribing for Persons Aged ≤ 14 Years—States, 1993–1994 to 2007–2008." *Morbidity and Mortality Weekly Report.* 60: 1153–1156 (2011).
[2] Ibid.

# Appropriate Testing for Children with Pharyngitis




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Appropriate Testing for Children with Pharyngitis




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Appropriate Treatment for Children with Upper Respiratory Infection

Definition: Percentage of members 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Antibiotics can effectively treat diseases caused by bacteria, but not those caused by viruses. The overuse of antibiotics has increased bacterial resistance. In 1995, the Centers for Disease Control and Prevention began a campaign to educate physicians and patients on appropriate antibiotic use. While inappropriate antibiotic use has decreased, it still remains high.[1]

Most upper respiratory infections (URIs) are caused by viruses and cannot be treated with antibiotics. However, some physicians still prescribe antibiotics for these conditions, including the common cold (non-specific URI).[2]

Antibiotic use to treat the common cold can serve as an important indicator of appropriate antibiotic use.

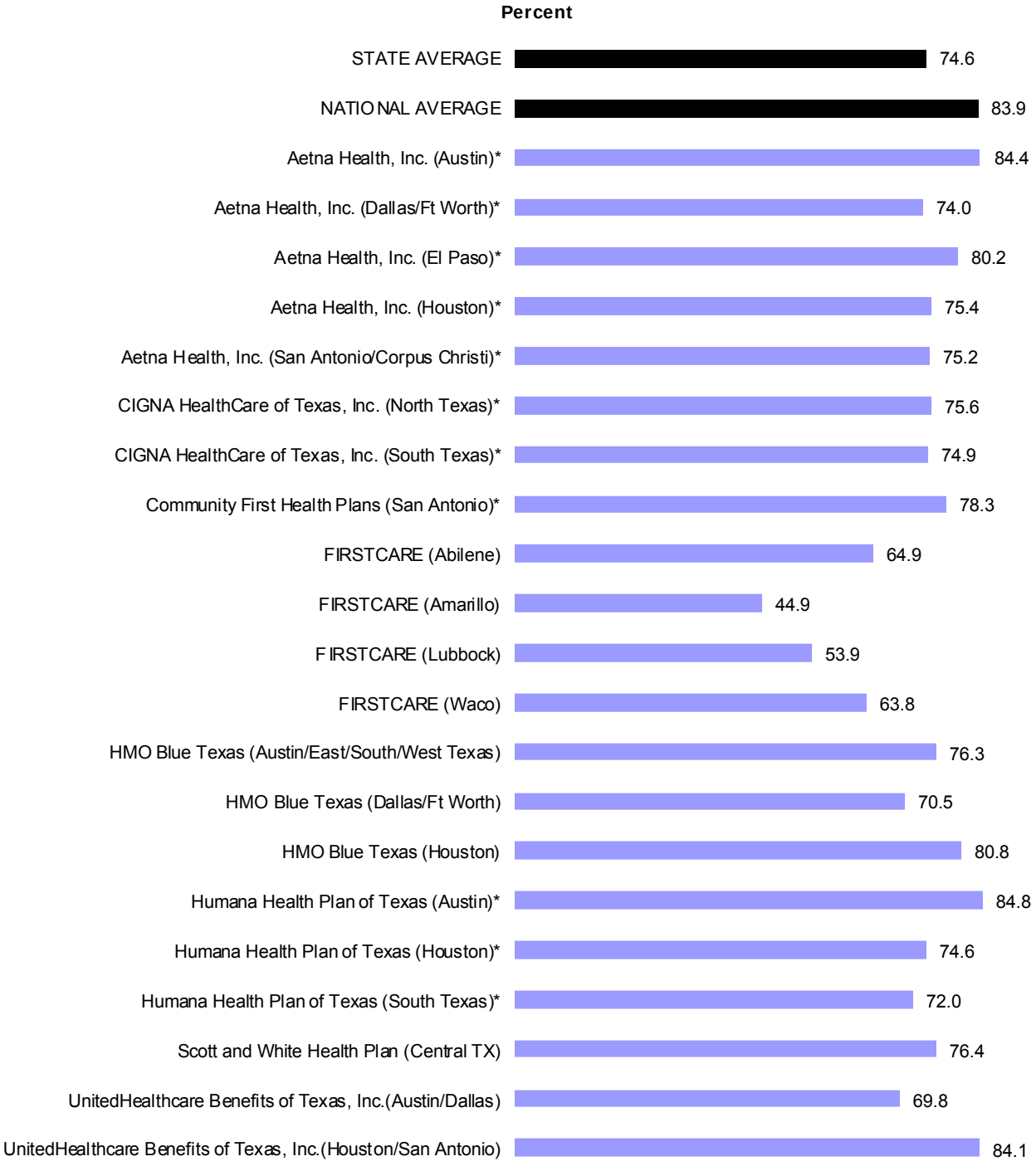
| Appropriate Treatment for Children with Upper Respiratory Infection | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 74.4% | 76.1% | 74.6% |
| **NCQA's Quality Compass®** | 84.1% | 85.1% | 83.9% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

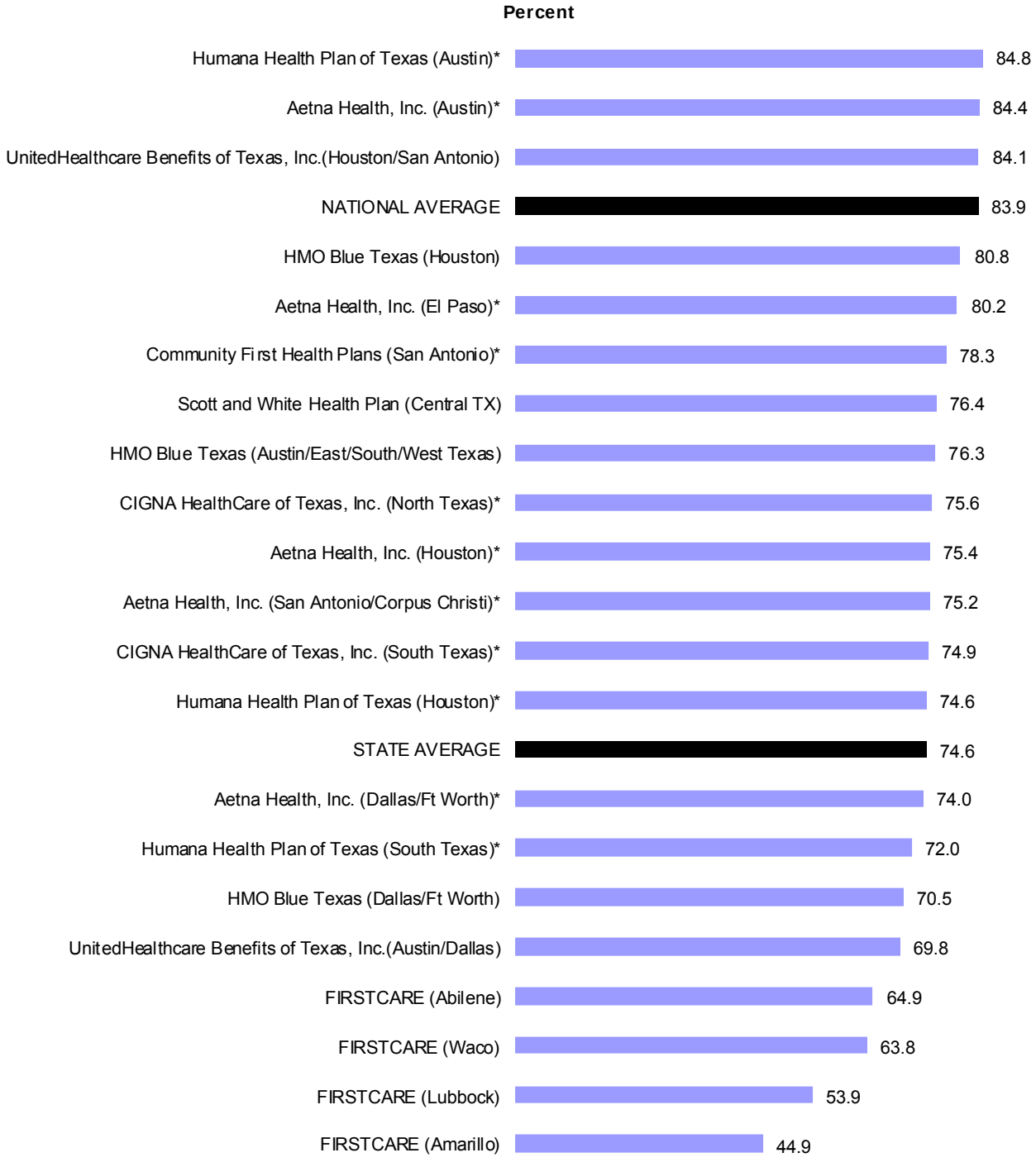
[1] Centers for Disease Control and Prevention. "Office Related Antibiotic Prescribing for Persons Aged ≤ 14 Years—States, 1993–1994 to 2007–2008." *Morbidity and Mortality Weekly Report.* 60: 1153–1156 (2011).
[2] Ibid.

# Appropriate Treatment for Children with Upper Respiratory Infection




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Appropriate Treatment for Children with Upper Respiratory Infection




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Definition: Percentage of members 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Acute bronchitis (chest cold) occurs when the bronchial tubes in the lungs become inflamed. The swelling often occurs after an upper respiratory illness like a cold. The symptoms include soreness in the chest, coughing, and low-grade fever. More than ninety percent of acute bronchitis cases are caused by a virus and should not be treated with an antibiotic.[1]

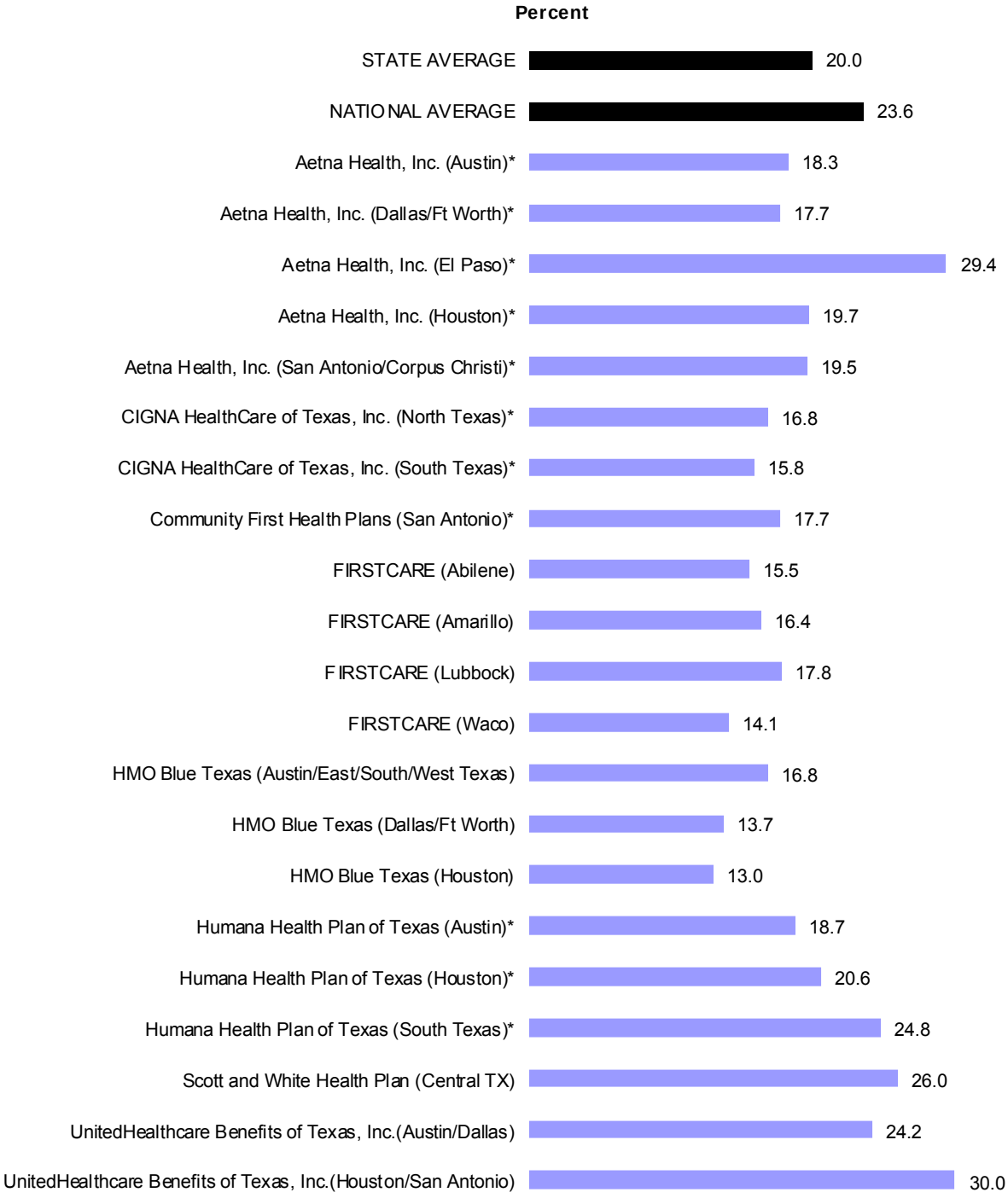
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis | | | |
|---|---|---|---|
| | **2010** | **2011** | **2012** |
| **Texas Average** | 21.1% | 19.8% | 20.0% |
| **NCQA's Quality Compass®** | 24.0% | 22.6% | 23.6% |

This measure was added to the Texas Subset beginning with HEDIS® 2010.

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

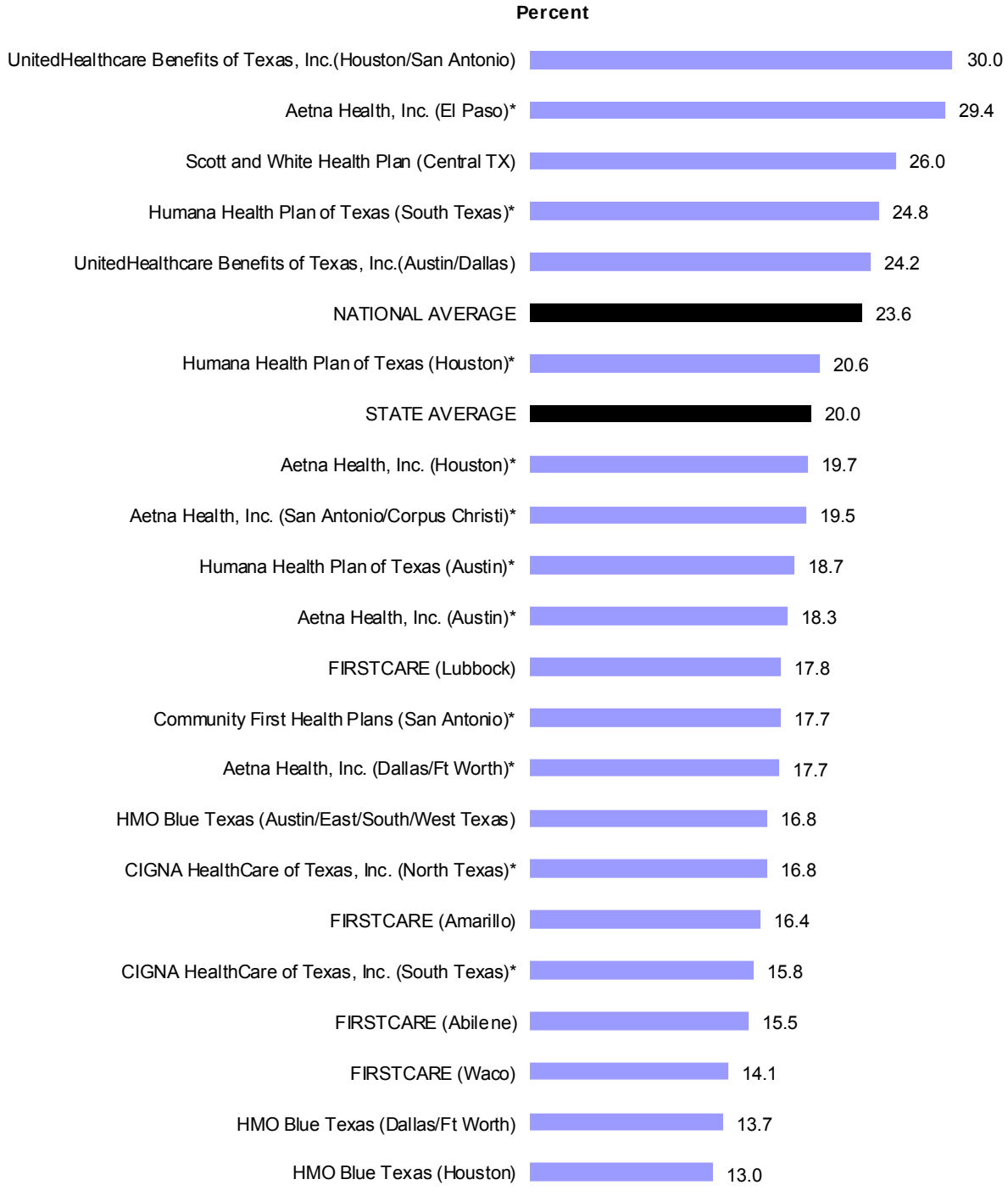
[1] Centers for Disease Control and Prevention. *Acute Cough Illness (Acute Bronchitis): Physician Information Sheet (Adults).* Atlanta, GA: Centers for Disease Control and Prevention, 2009.

## Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Use of Appropriate Medications for People with Asthma

Definition: Percentage of members 5–64 years of age with persistent asthma who were being prescribed medications acceptable as primary therapy for long-term control of asthma.

Asthma is an obstructive lung disease caused by an increased reaction of the airways to various stimuli. Almost 25 million Americans have asthma. Seven million are children under 18 years of age. Asthma accounts for millions of lost school and work days each year.[1] Most individuals with asthma can manage the disease with long-term controller medications. Patient education regarding medication use, symptom management, and trigger avoidance can reduce the impact of the disease.[2]

This section reports the use of appropriate medications for people with asthma in the following groups: ages 5–11, ages 12–18, ages 19–50, ages 51-64 and a combined rate for all ages.

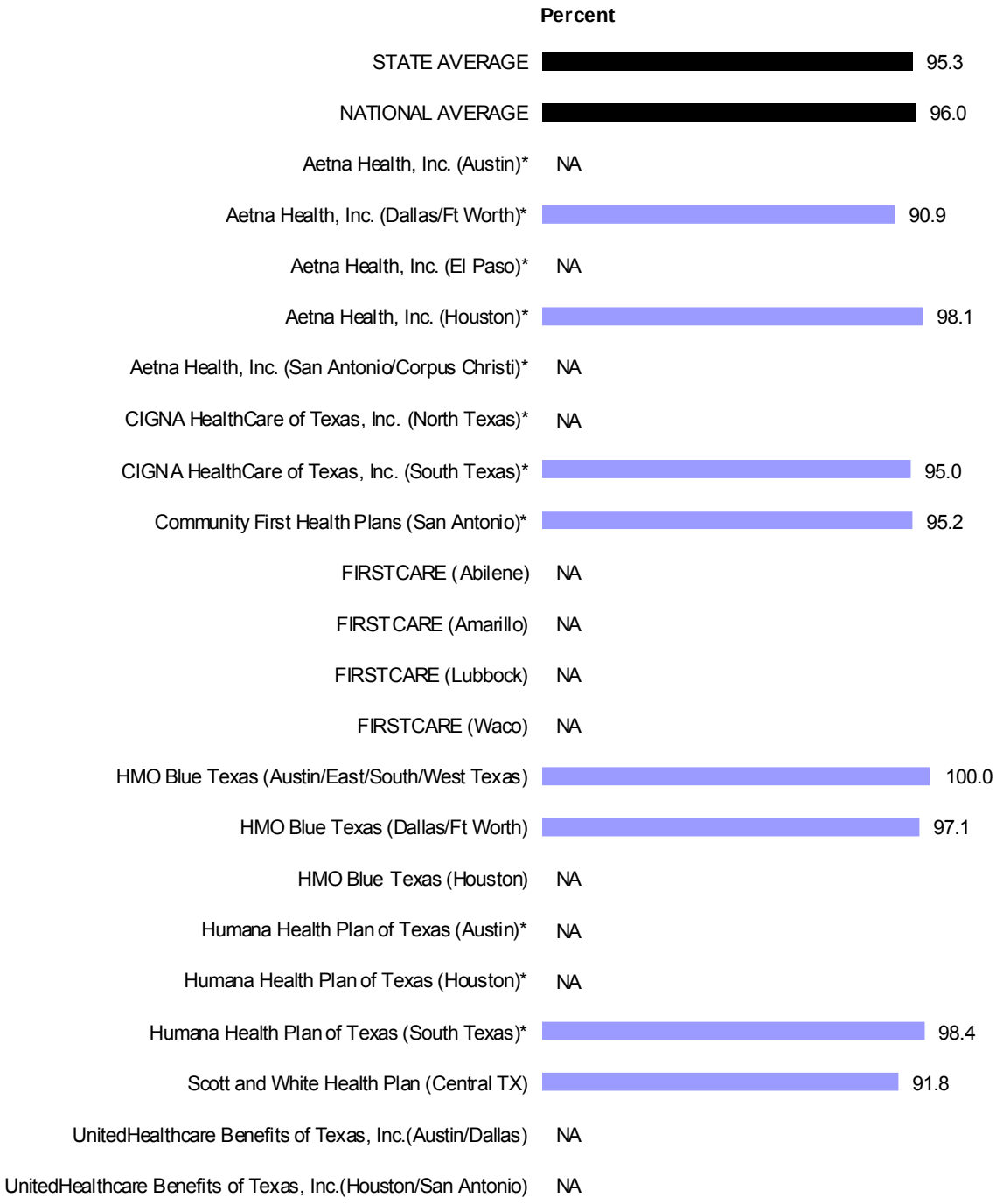
Please note that the upper age limit increased to age 64 and new age stratifications were added beginning with HEDIS® 2012.

| Use of Appropriate Medications for People with Asthma (5–64 Years) | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 92.2% | 92.2% | 91.6% | 92.2% | 90.7% |
| **NCQA's Quality Compass®** | 92.5% | 92.4% | 92.7% | 92.9% | 91.9% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

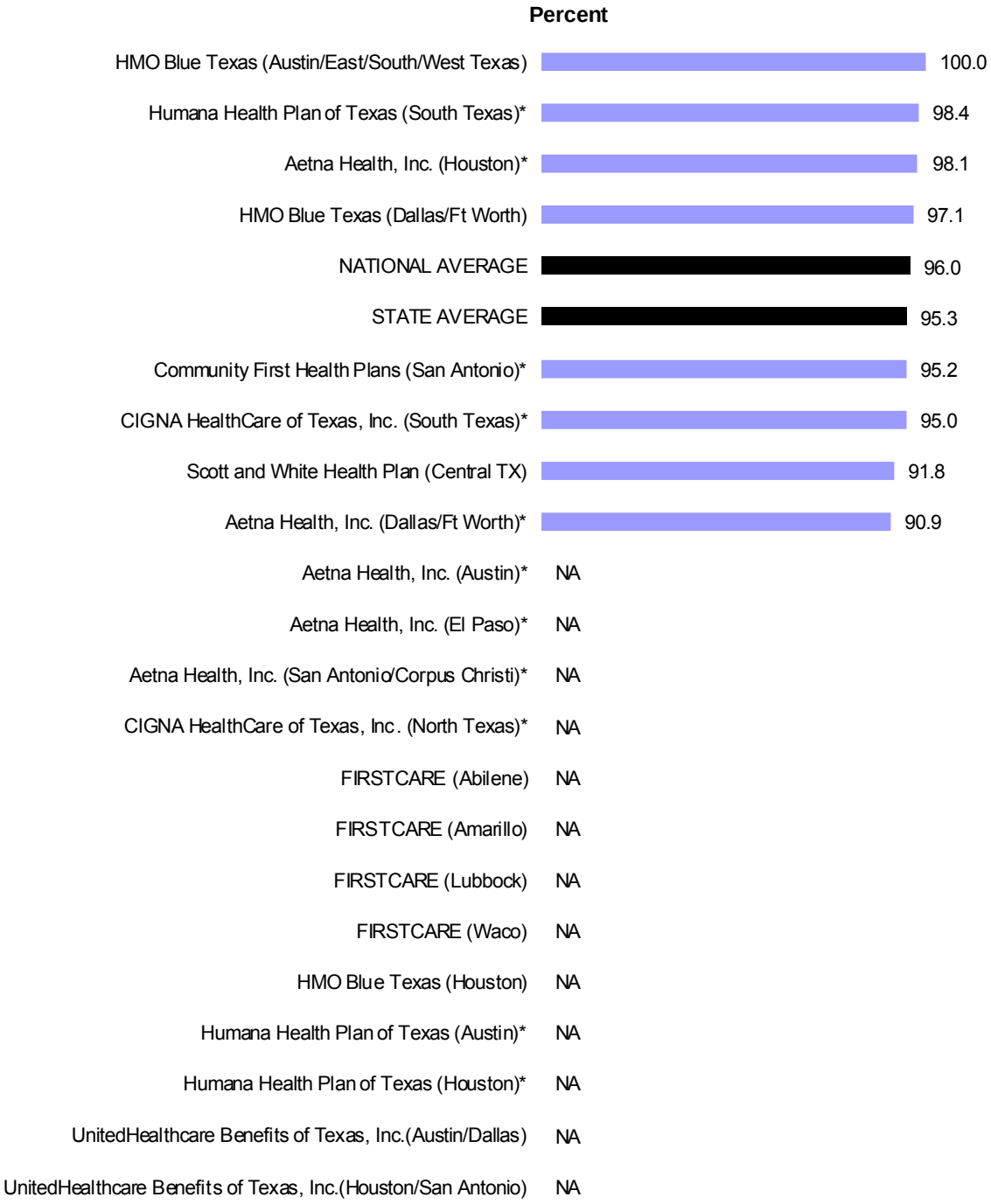
[1] Environmental Protection Agency. *Asthma Facts*. Washington, DC: Environmental Protection Agency, 2012.
[2] National Heart, Lung, and Blood Institute. *Health Topics: Asthma.* Washington, DC: National Institutes of Health, 2012.

# Medication for People with Asthma: 5-11 Years



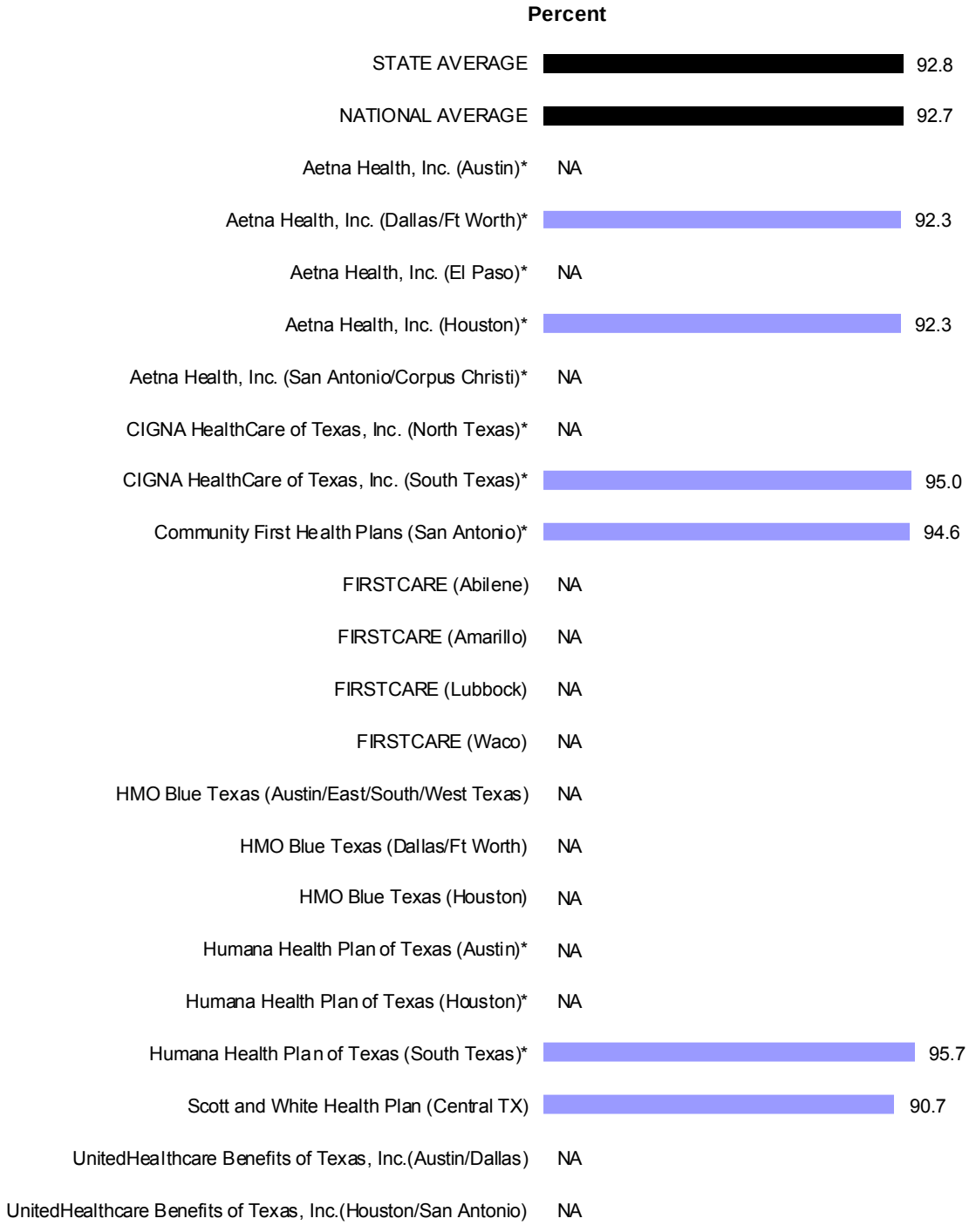

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Medication for People with Asthma: 5-11 Years



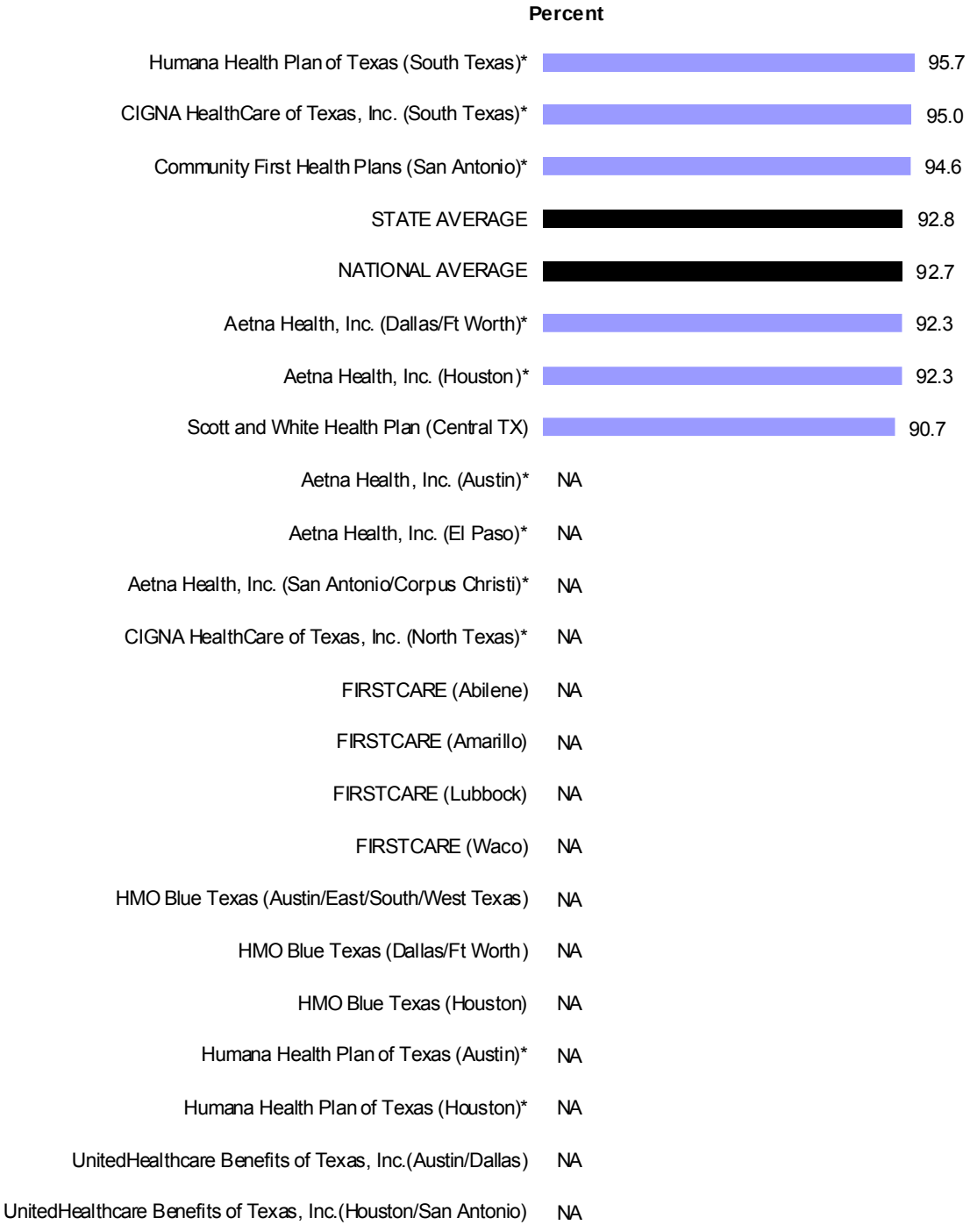

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Medication for People with Asthma: 12-18 Years



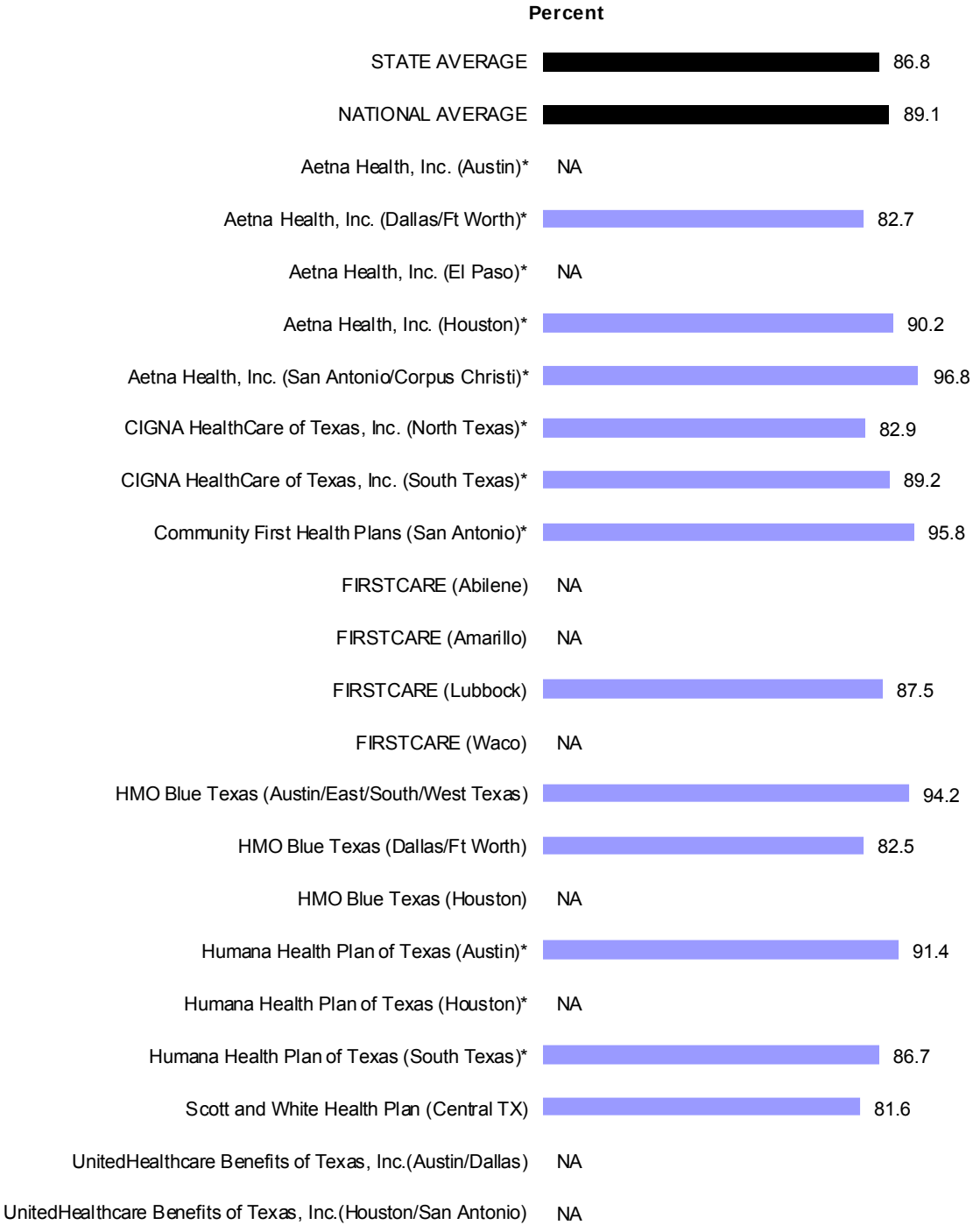

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Medication for People with Asthma: 12-18 Years



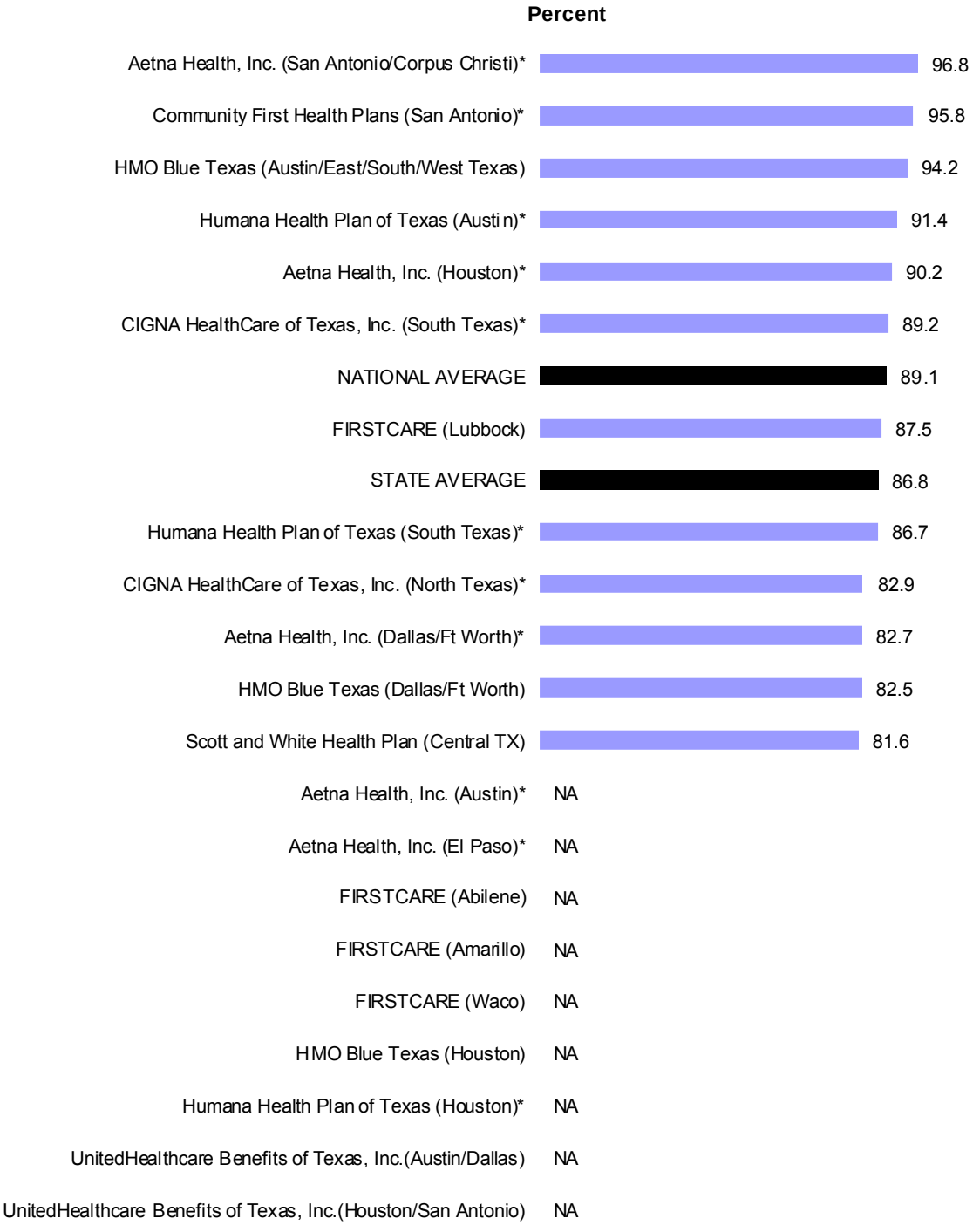

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Medication for People with Asthma: 19-50 Years



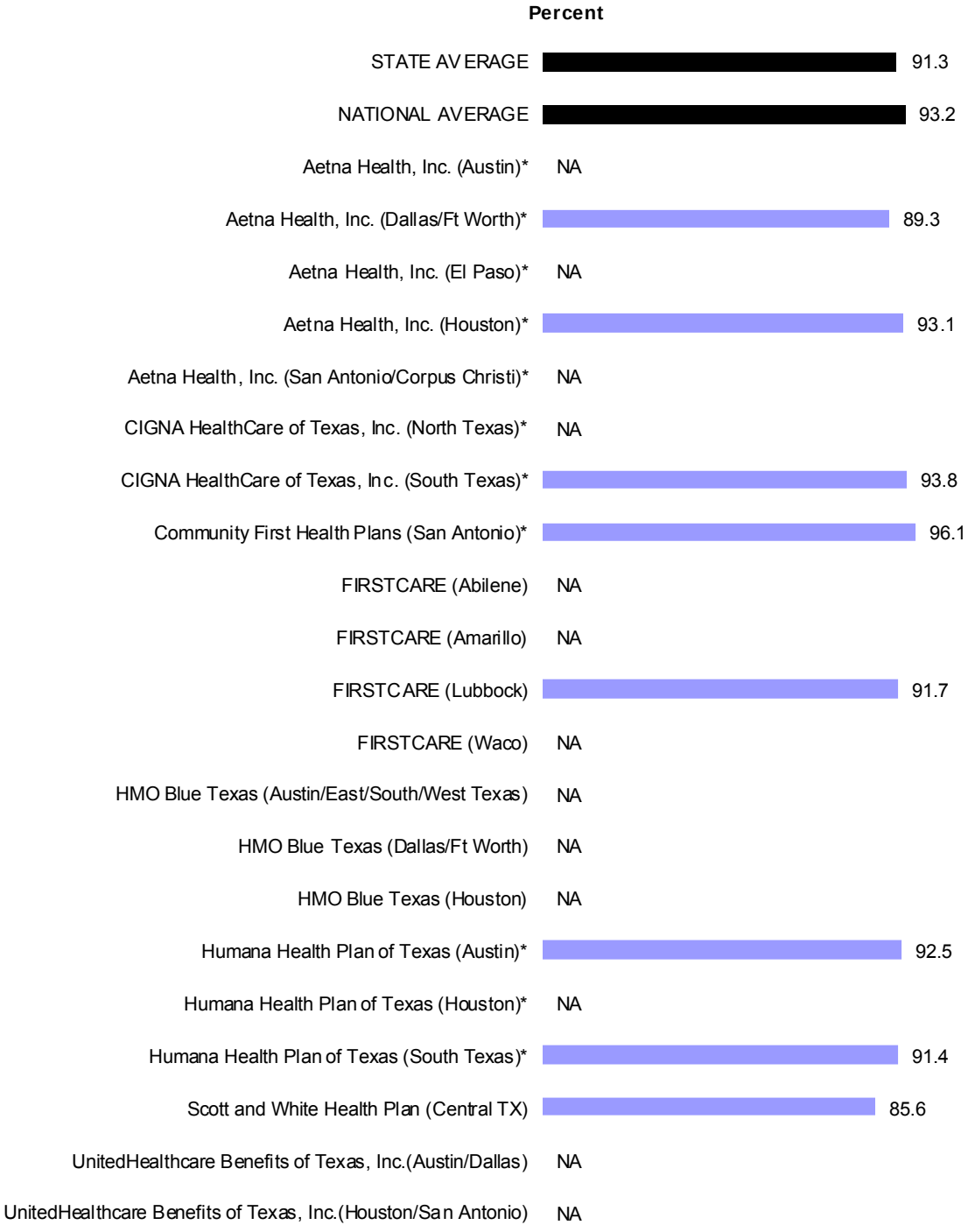

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Medication for People with Asthma: 19-50 Years



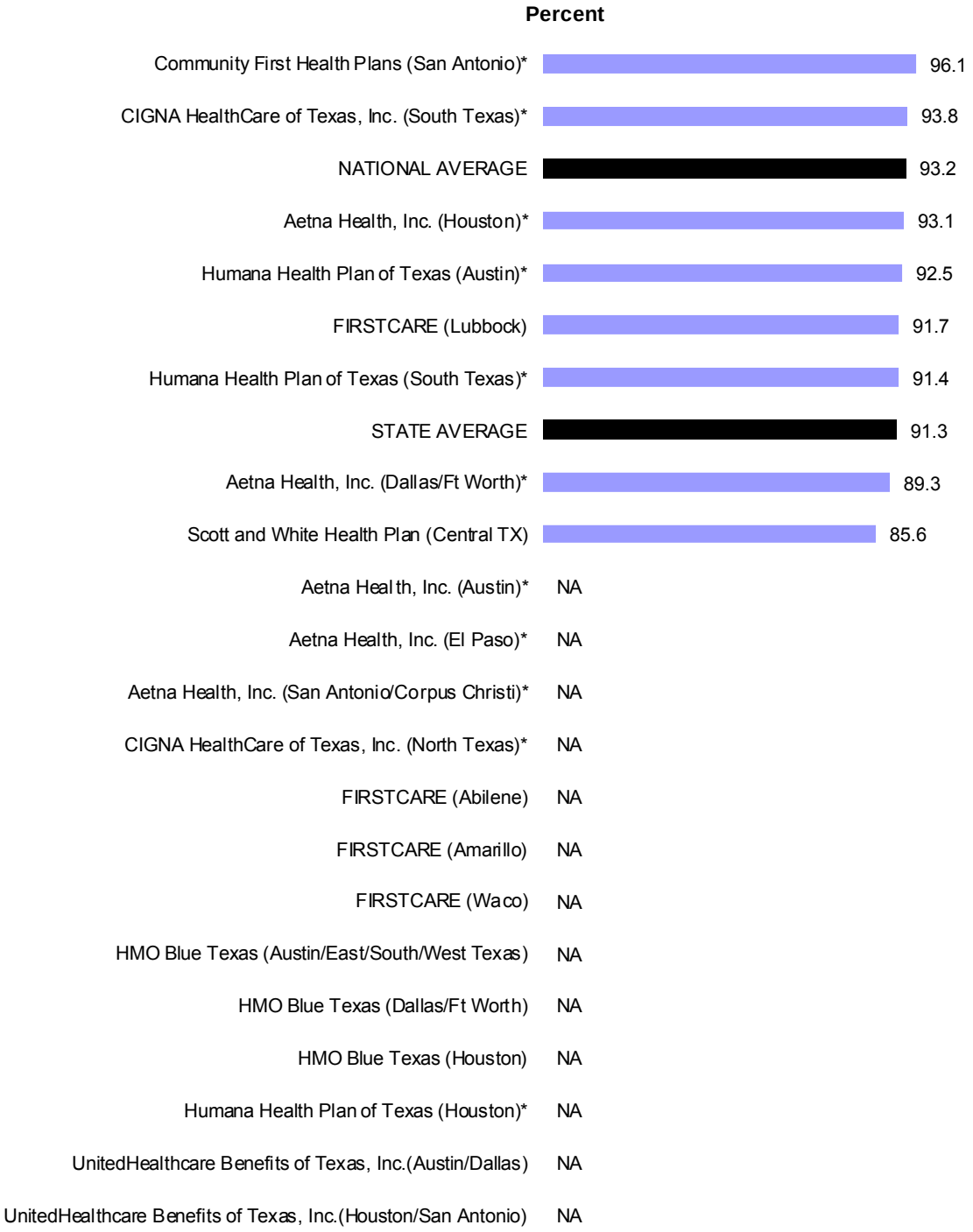

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Medication for People with Asthma: 51-64 Years



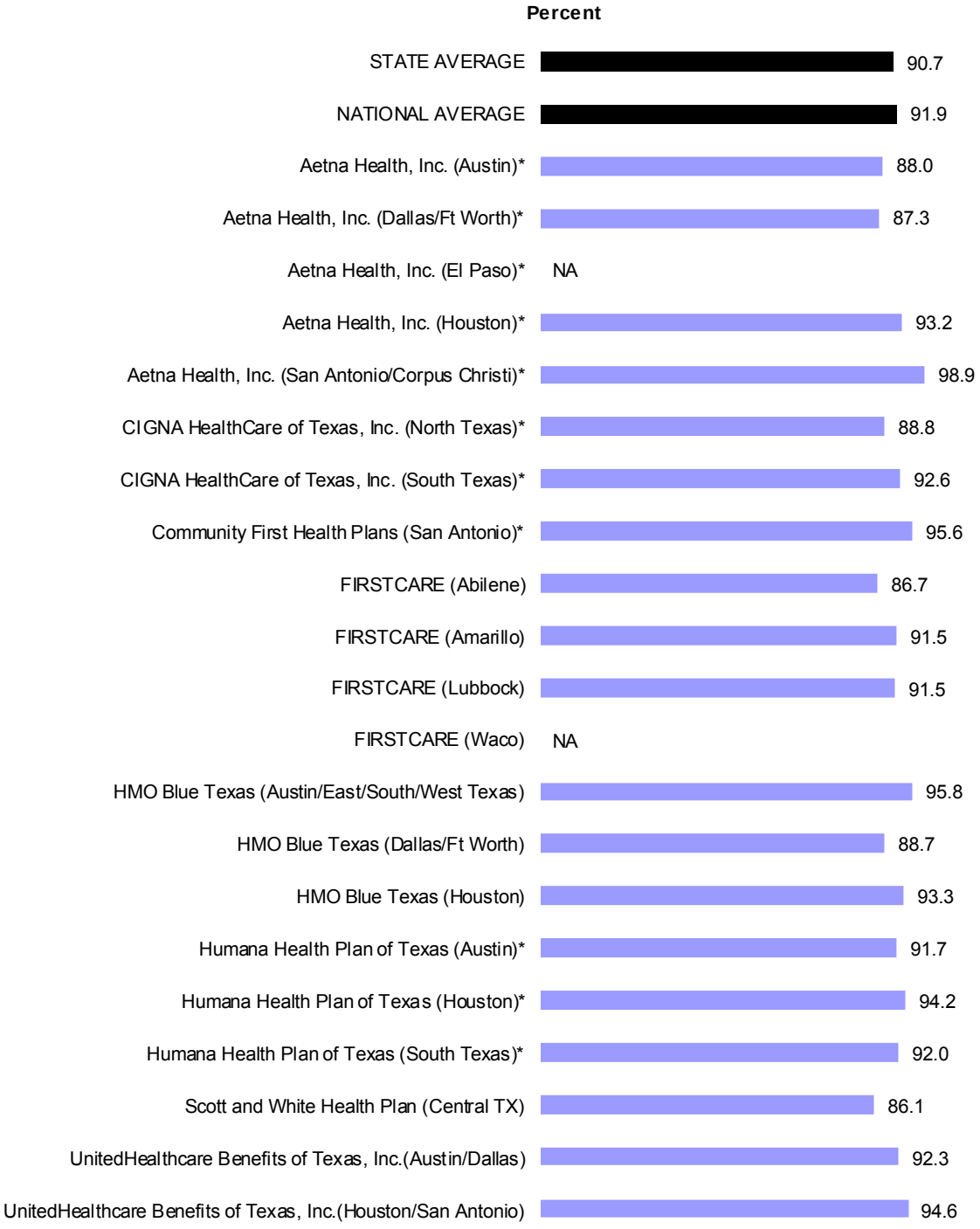

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Medication for People with Asthma: 51-64 Years



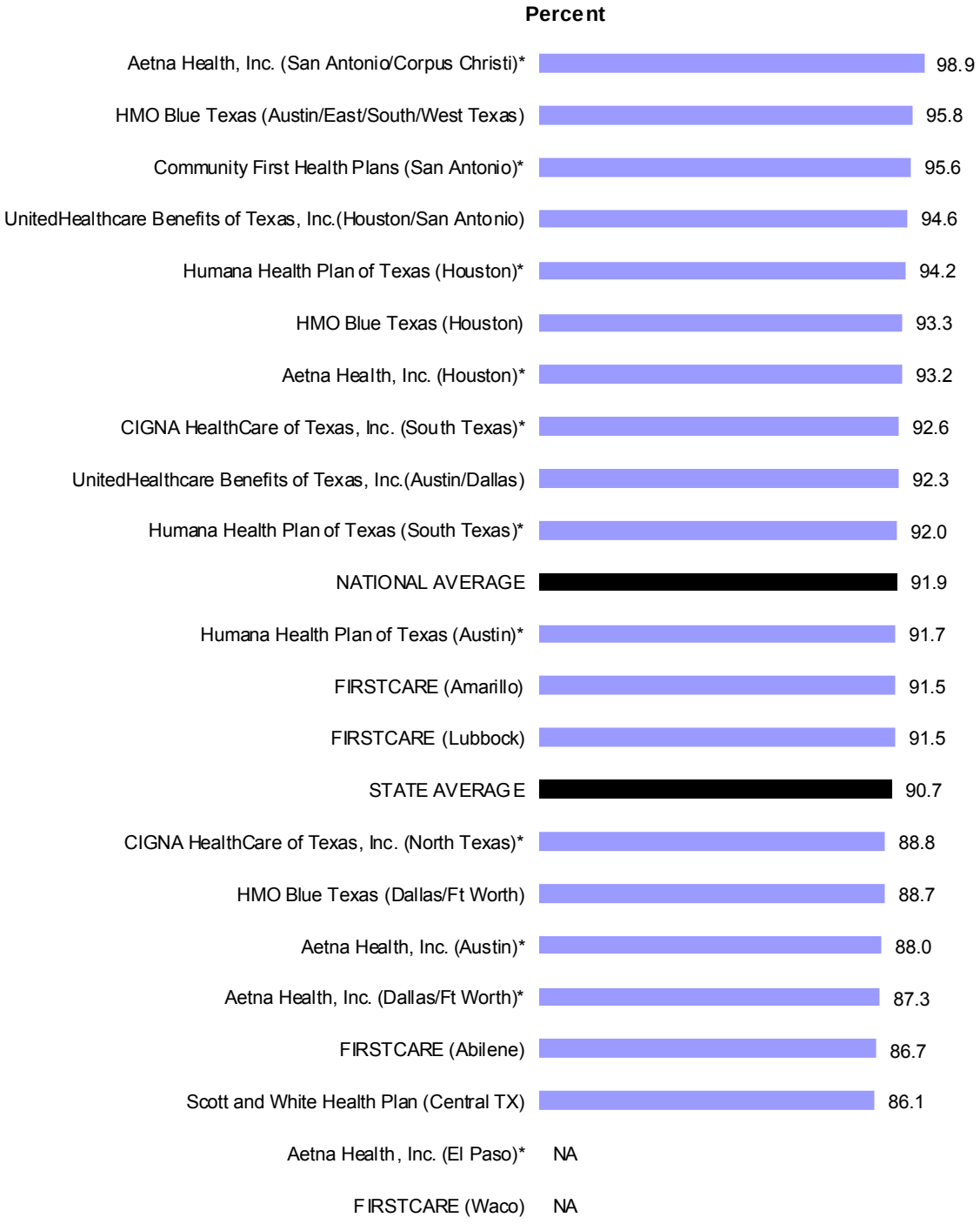

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Medication for People with Asthma: Total (5-64 Years)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Medication for People with Asthma: Total (5-64 Years)




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Follow-up After Hospitalization for Mental Illness

Definition: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had one of the following follow-up services: an outpatient visit with a mental health practitioner, an intensive outpatient encounter, or partial hospitalization. The measure reports the percentage of members who received follow-up care within 7 days of discharge and 30 days of discharge.

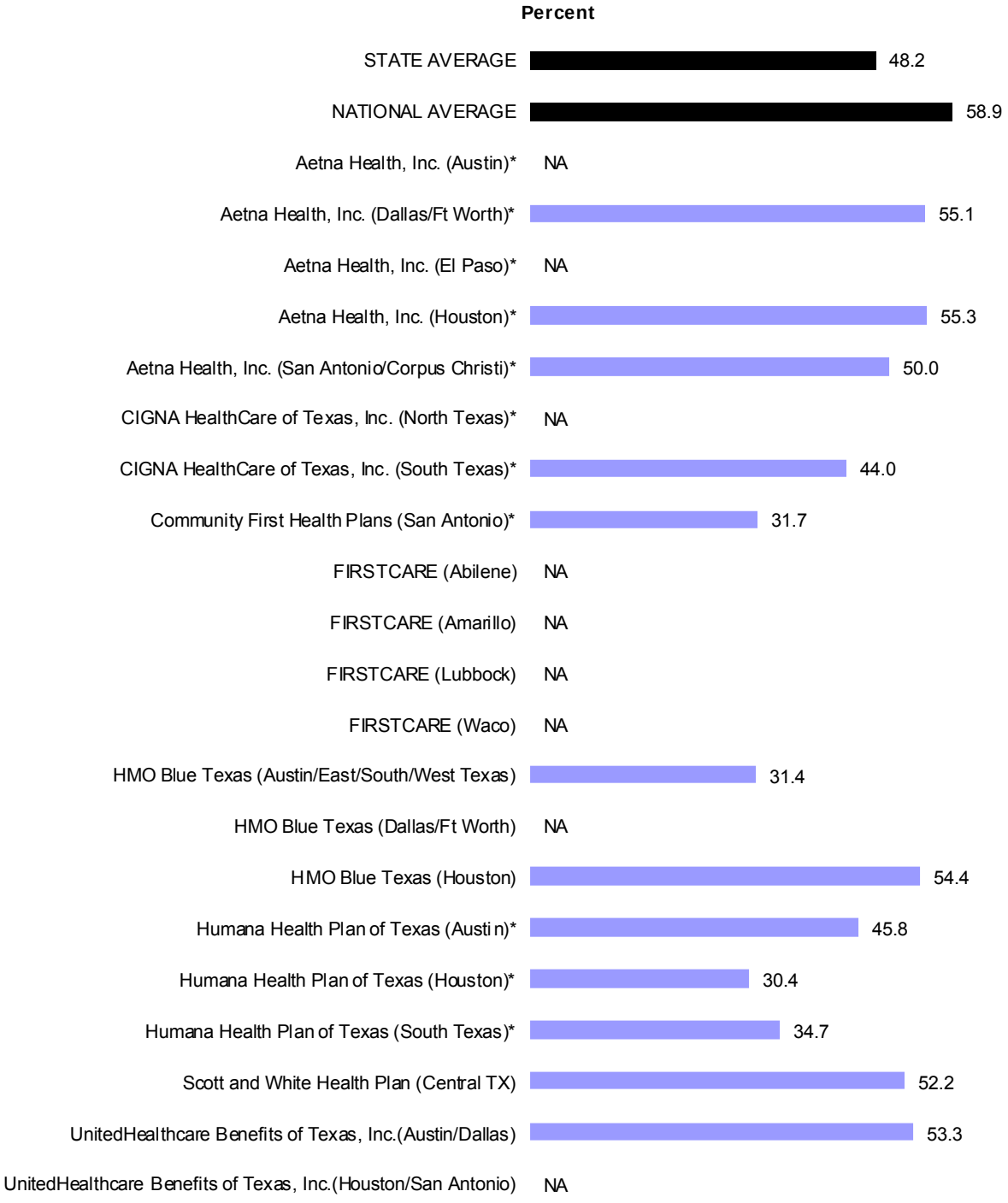
Individuals who utilize follow-up services after an inpatient hospitalization for mental illness are less likely to be readmitted and more likely to make a successful transition back to home and work. Follow-up visits also help health care providers provide effective continuation of care. Both the American Psychiatric Association[1] and the American Academy of Child and Adolescent Psychiatry[2] encourage timely follow-up services.

| Follow-up After Hospitalization for Mental Illness | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average (within 7 days)** | 46.5% | 46.3% | 46.7% | 48.5% | 48.2% |
| **NCQA's Quality Compass® (within 7 days)** | 49.9% | 57.2% | 58.7% | 59.8% | 58.9% |
| **Texas Average (within 30 days)** | 65.7% | 67.0% | 65.7% | 69.4% | 68.5% |
| **NCQA's Quality Compass® (within 30 days)** | 69.6% | 76.1% | 76.8% | 77.4% | 76.5% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

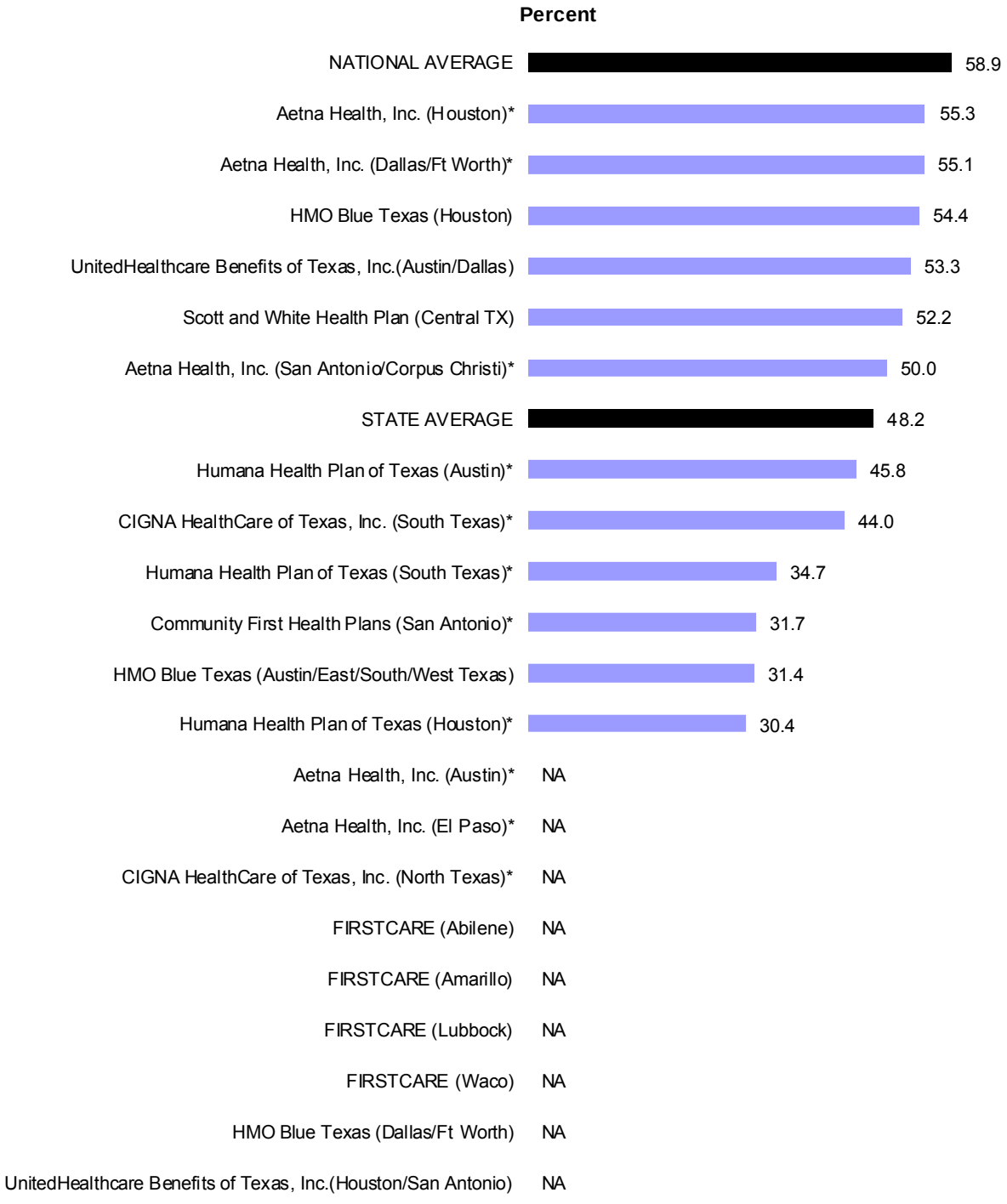
[1] American Psychiatric Association. *Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006.* Arlington, VA: American Psychiatric Association, 2006.
[2] American Academy of Child and Adolescent Psychiatry. *Policy Statement: Inpatient Hospital Treatment of Children and Adolescents.* Washington, DC: American Academy of Child and Adolescent Psychiatry, 1989.

# Hospitalization for Mental Illness: 7 Day Follow-up



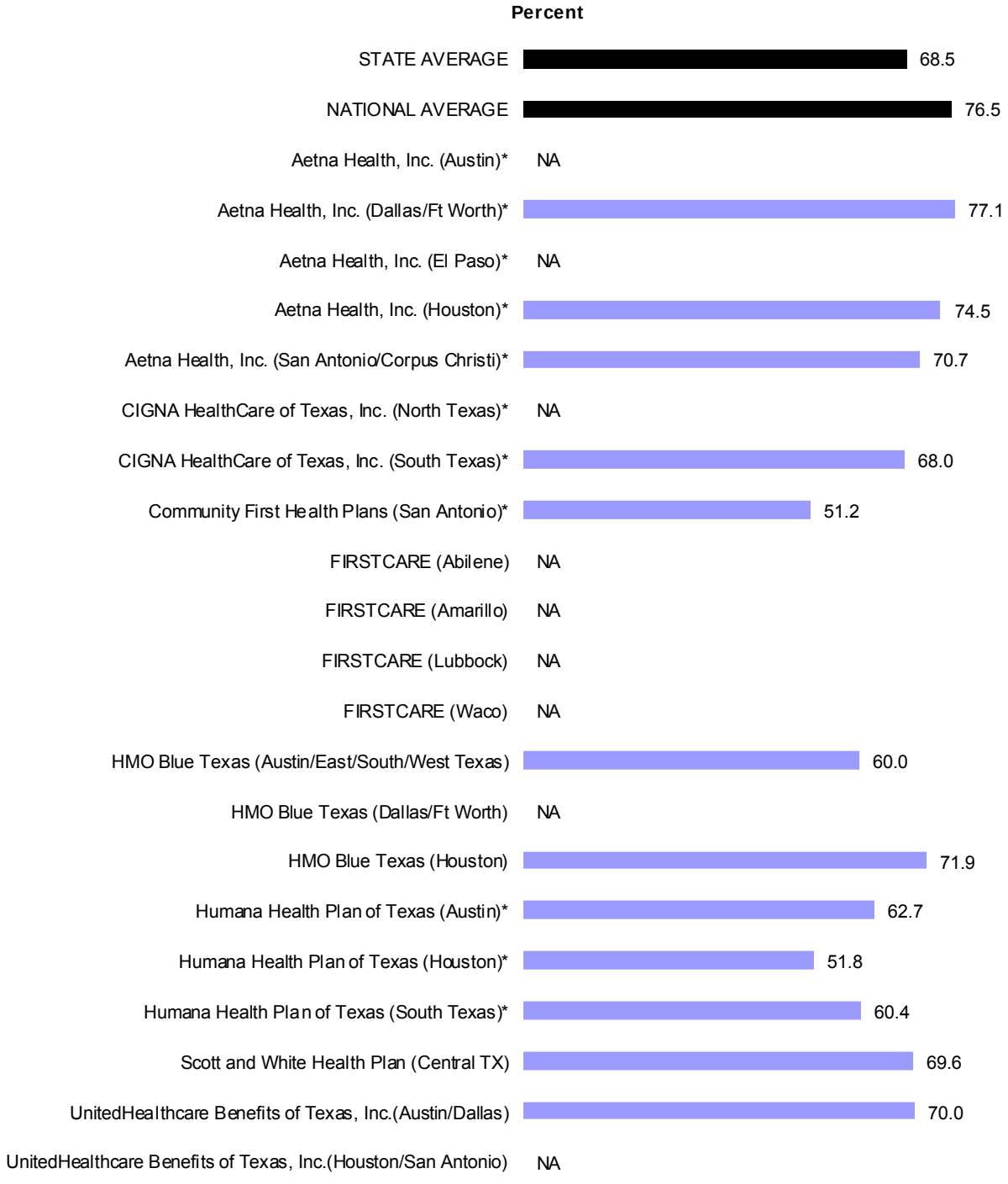

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Hospitalization for Mental Illness: 7 Day Follow-up



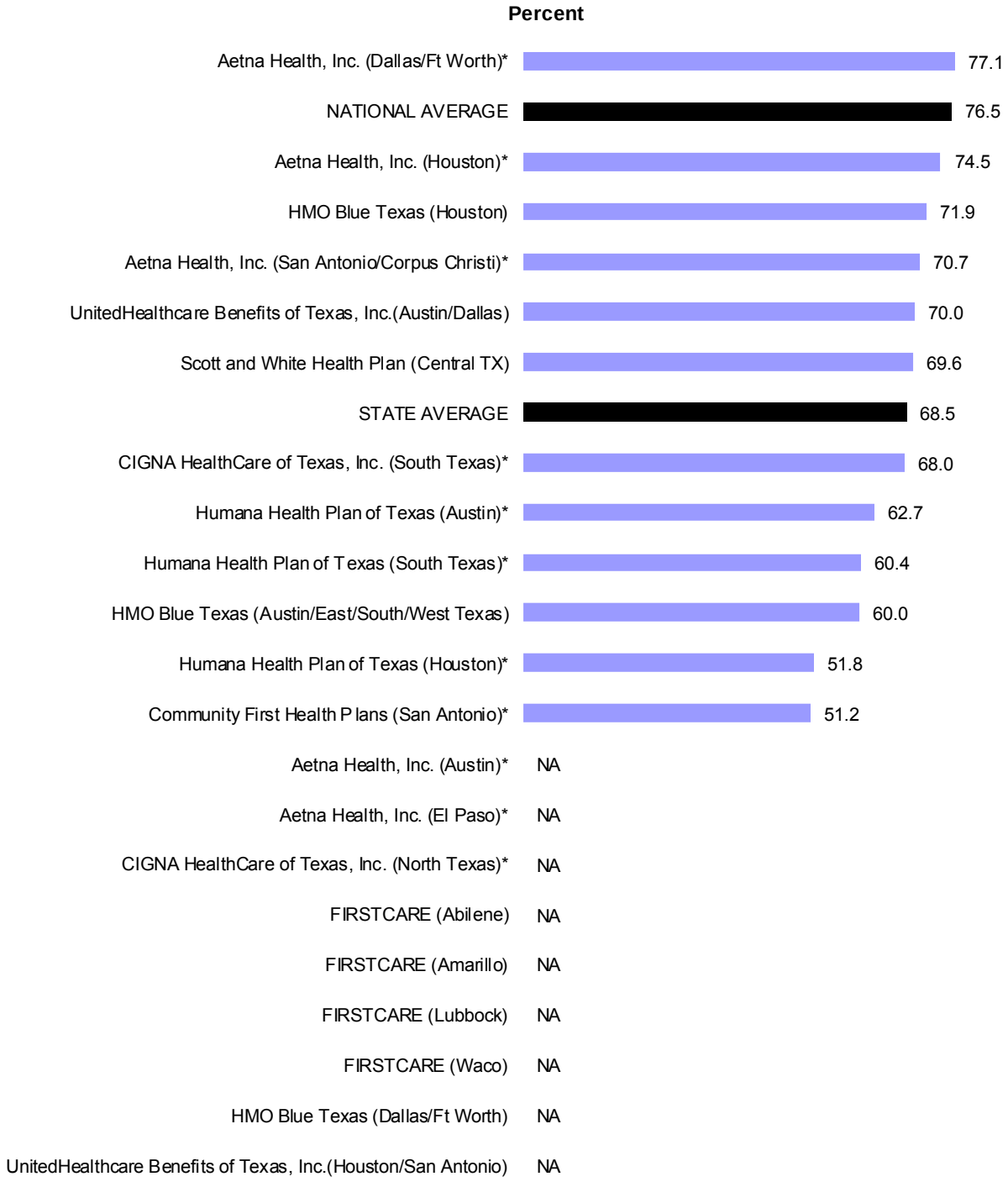

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Hospitalization for Mental Illness: 30 Day Follow-up




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Hospitalization for Mental Illness: 30 Day Follow-up




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Antidepressant Medication Management: Effective Acute Phase Treatment

Definition: The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication during the entire 12 week Acute Phase Treatment.

Millions of American adults suffer from major depressive disorder. The disorder is characterized by a combination of symptoms that interfere with an individual's ability to work, sleep, study, and enjoy once-pleasurable activities. Some individuals experience only one episode within a lifetime, others experience multiple episodes. Antidepressant medications are often prescribed to individuals diagnosed with major depressive disorder as a part of a comprehensive treatment plan.[1]

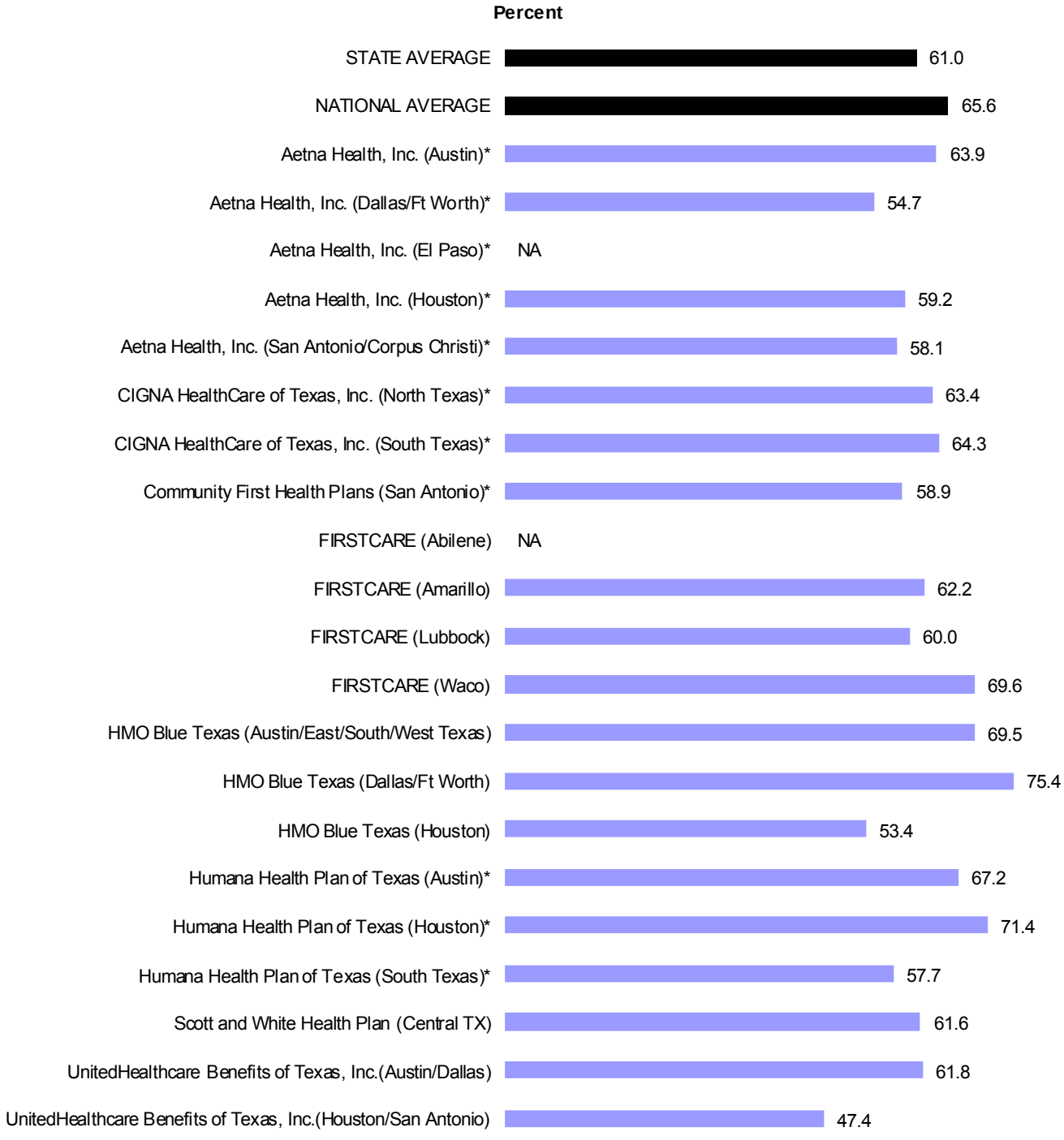
The American Psychiatric Association contends that a thorough assessment of the patient and close adherence to treatment plans promotes successful treatment of patients with major depressive disorder.[2]

| Antidepressant Medication Management: Effective Acute Phase Treatment | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 58.3% | 59.6% | 58.2% | 59.8% | 61.0% |
| **NCQA's Quality Compass®** | 63.2% | 63.1% | 62.9% | 64.7% | 65.6% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

[1] National Institute of Mental Health. Health Topics: *Depression*. Washington, DC: National Institutes of Health, 2011.
[2] American Psychiatric Association. *Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006.* Arlington, VA: American Psychiatric Association, 2006.

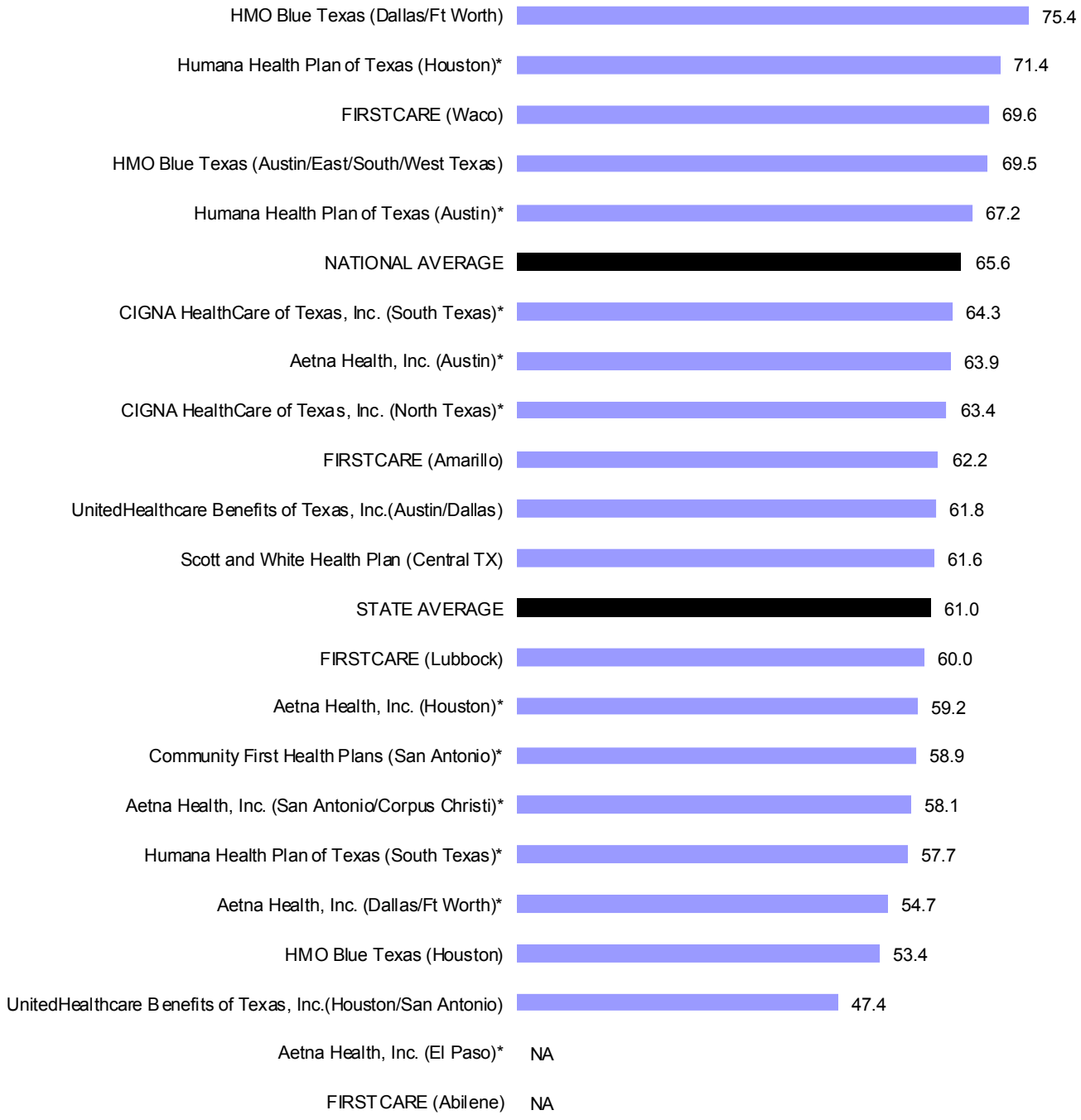
# Antidepressant Medication Management: Effective Acute Phase Treatment




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Antidepressant Medication Management: Effective Acute Phase Treatment

**Percent**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Antidepressant Medication Management: Effective Continuation Phase Treatment

Definition: The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant drug for at least 180 days.

Millions of American adults suffer from major depressive disorder. The disorder is characterized by a combination of symptoms that interfere with an individual's ability to work, sleep, study, and enjoy once-pleasurable activities. Some individuals experience only one episode within a lifetime, others experience multiple episodes. Antidepressant medications are often prescribed to individuals diagnosed with major depressive disorder as a part of a comprehensive treatment plan.[1]

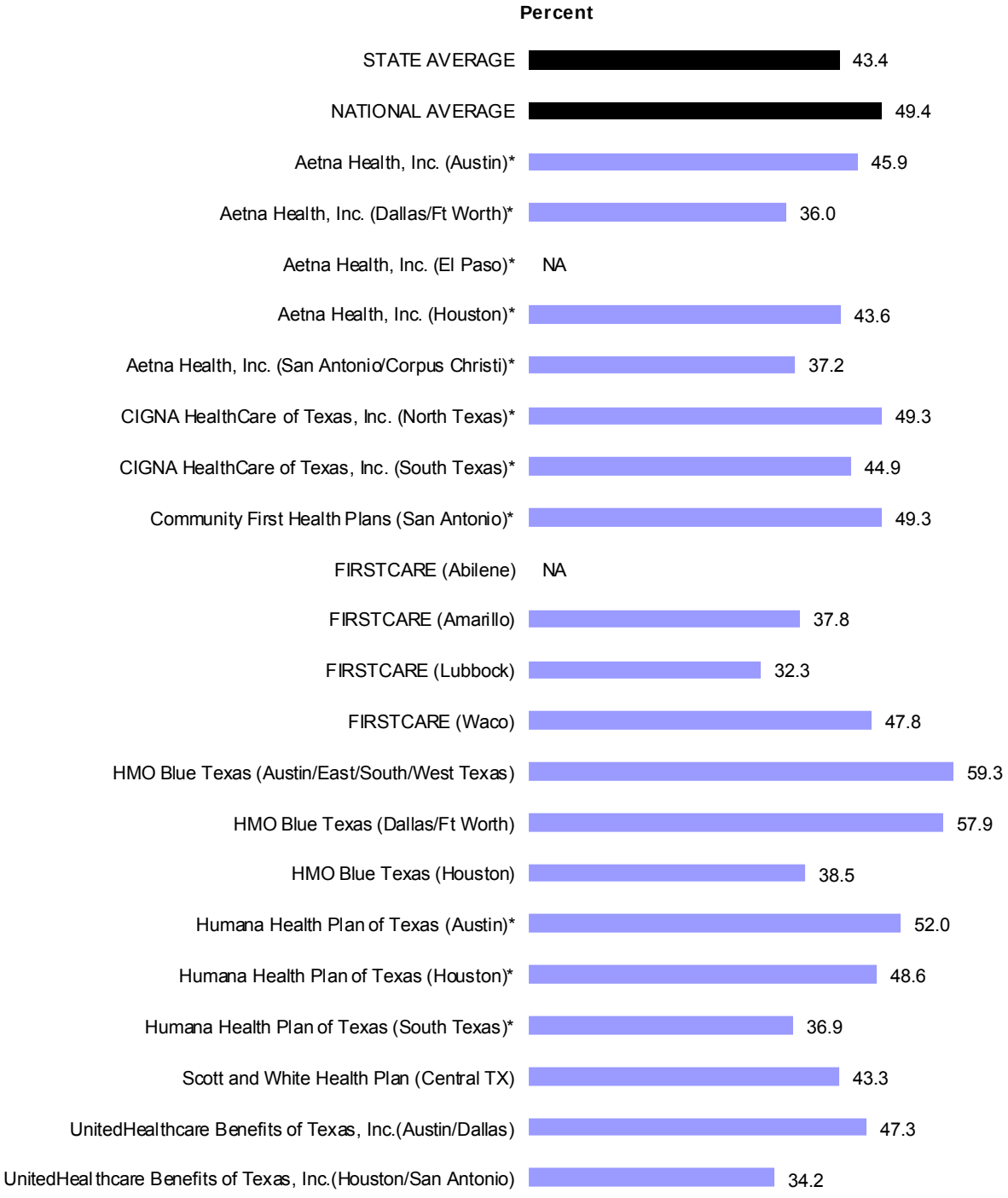
The American Psychiatric Association contends that a thorough assessment of the patient and close adherence to treatment plans promotes successful treatment of patients with major depressive disorder.[2]

| Antidepressant Medication Management: Effective Continuation Phase Treatment | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 40.2% | 41.9% | 40.4% | 42.5% | 43.4% |
| **NCQA's Quality Compass®** | 46.7% | 46.3% | 46.2% | 48.3% | 49.4% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

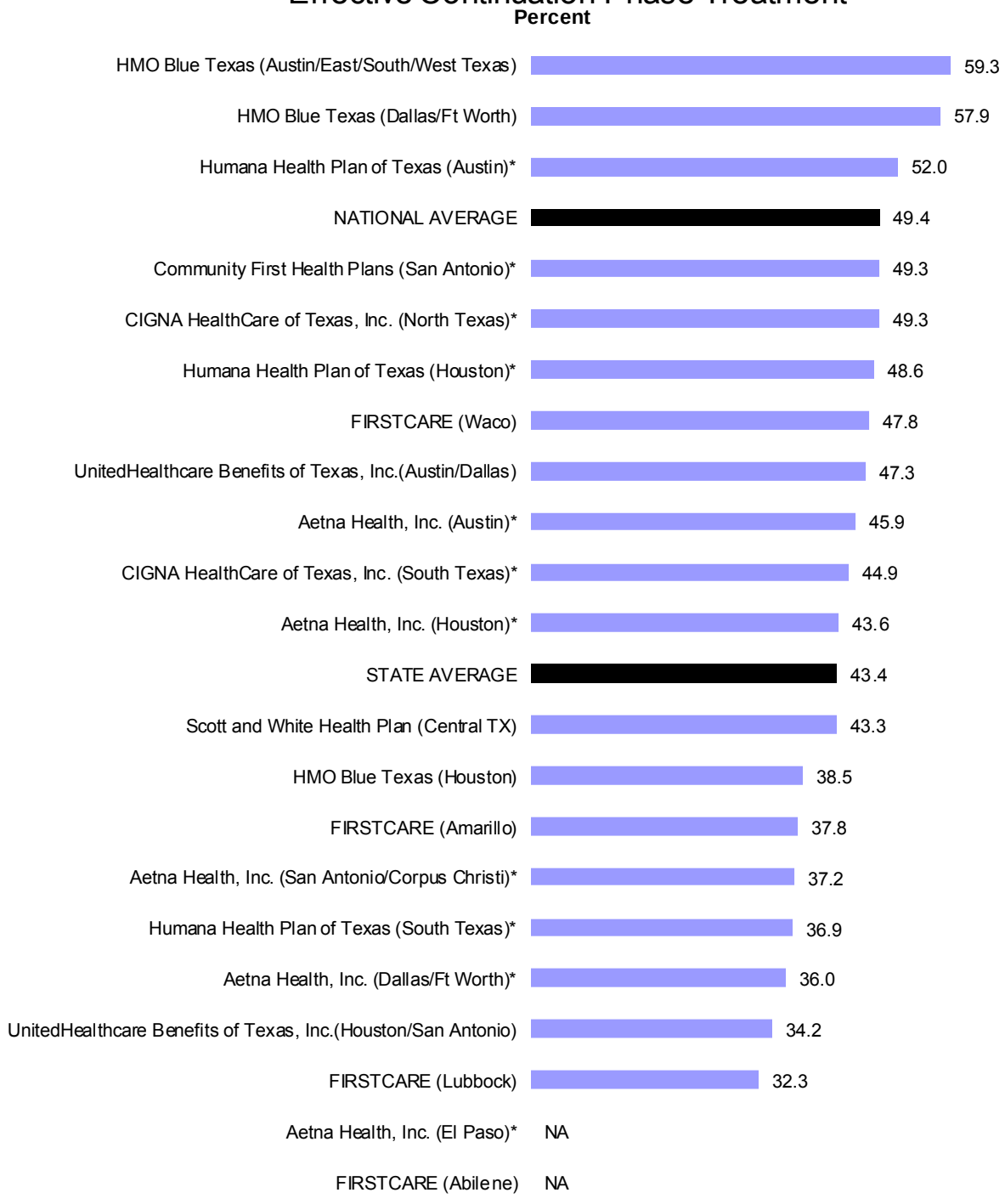
[1] National Institute of Mental Health. Health Topics: *Depression*. Washington, DC: National Institutes of Health, 2011.
[2] American Psychiatric Association. *Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006.* Arlington, VA: American Psychiatric Association, 2006.

# Antidepressant Medication Management: Effective Continuation Phase Treatment




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Antidepressant Medication Management: Effective Continuation Phase Treatment




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Medical Assistance with Smoking Cessation

Definition: This three-part survey measure examines the percentage of members 18 years of age and older who were current smokers or recent quitters, were seen by a medical practitioner, and (1) received advice from the practitioner to quit smoking, (2) discussed smoking cessation medications with the practitioner, or (3) discussed smoking cessation strategies with the practitioner.

Smoking cessation reduces the risk of lung and other cancers, heart attack, stroke, and chronic lung disease.[1] Nearly 70% percent of smokers are interested in smoking cessation and report that they would be more likely to stop smoking if a doctor advised them to quit. However, less than 50% of smokers report that a health care professional advised them to quit.[2]

This three-part survey measure examines the health care provider's role in curbing tobacco use and focuses on health care providers' efforts to help members quit smoking by evaluating the following components:

- *Advising Smokers to Quit.* The percentage of members 18 years of age and older who are current smokers and who received advice to quit smoking from their practitioner.
- *Discussing Smoking Cessation Medications.* The percentage of members 18 and older who are current smokers and whose practitioner discussed smoking cessation medications.
- *Discussing Smoking Cessation Strategies.* The percentage of members 18 and older who are current smokers and whose practitioner discussed smoking cessation strategies.

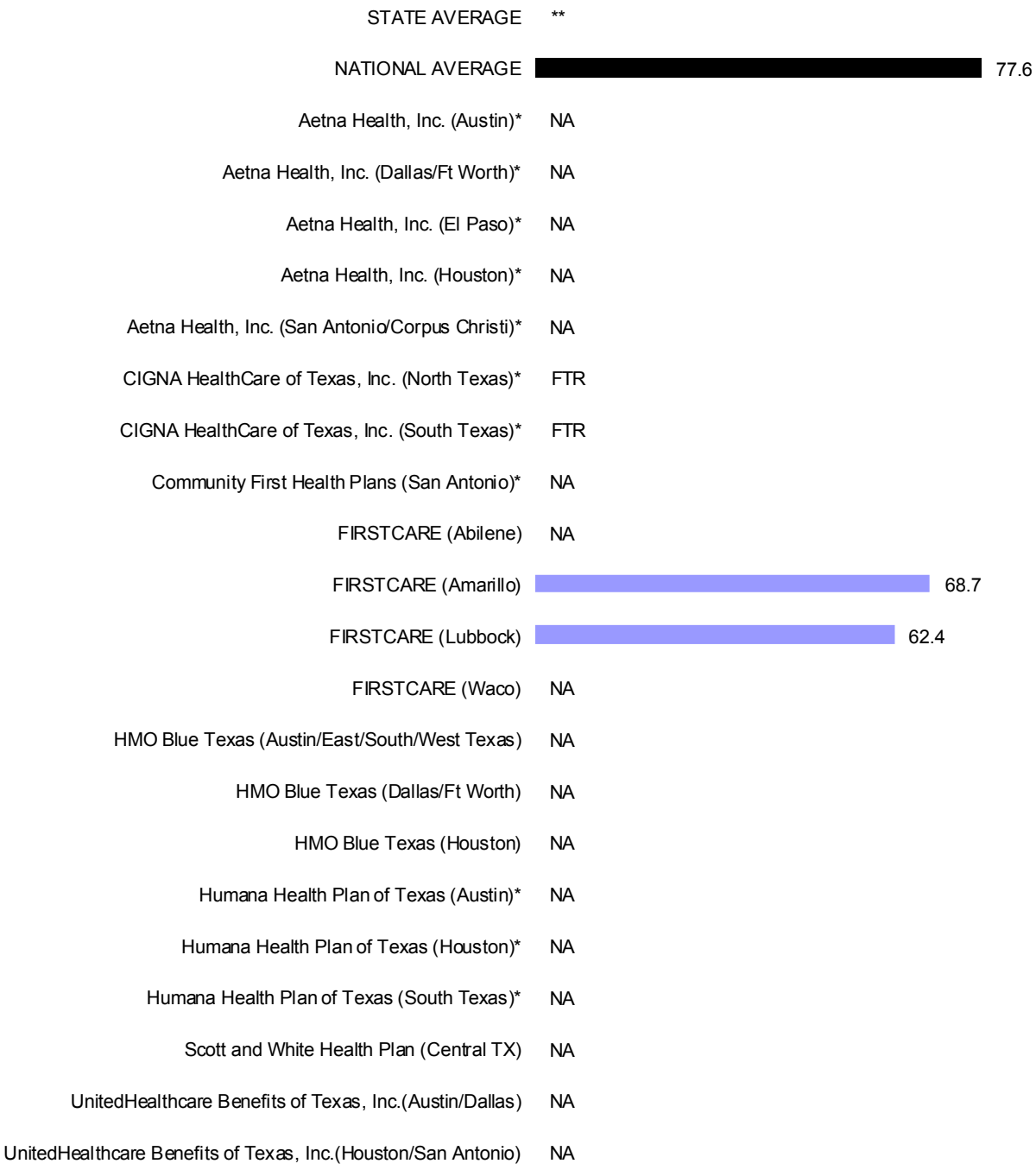
| Medical Assistance with Smoking Cessation | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| | Texas | QC | Texas | QC | Texas | QC | Texas | QC | Texas | QC |
| **Advising Smokers to Quit** | ** | 75.3% | ** | 76.7% | ** | ** | 67.0% | 76.7% | ** | 77.6% |
| **Discussing Smoking Cessation Medications** | ** | 50.8% | ** | 54.4% | ** | ** | 45.4% | 52.4% | ** | 53.1% |
| **Discussing Smoking Cessation Strategies** | ** | 47.5% | ** | 49.7% | ** | ** | 32.9% | 45.0% | ** | 47.6% |

** Value not established or not obtained.
QC–Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

[1] Fiore, Michael C., et al. *Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians, 2008 Update.* Rockville, MD: Public Health Service, 2008.
[2] Centers for Disease Control and Prevention. "Quitting Smoking Among Adults—United States 2001–2010." *Morbidity and Mortality Weekly Report.* 60:1513–1519 (2011).

# Medical Assitance with Smoking Cessation: Advising Smokers to Quit

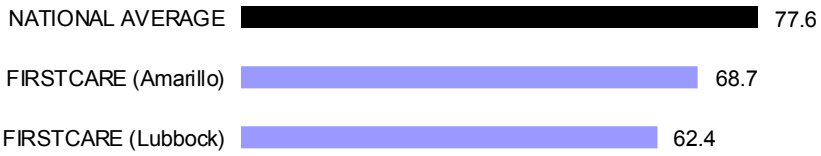
**Percent**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
NA–The plan did not have a large enough sample to report a valid rate.
FTR–The plan failed to report by service areas in violation of Section 108.009(o) of the Texas Health and Safety Code.

# Medical Assitance with Smoking Cessation: Advising Smokers to Quit

**Percent**



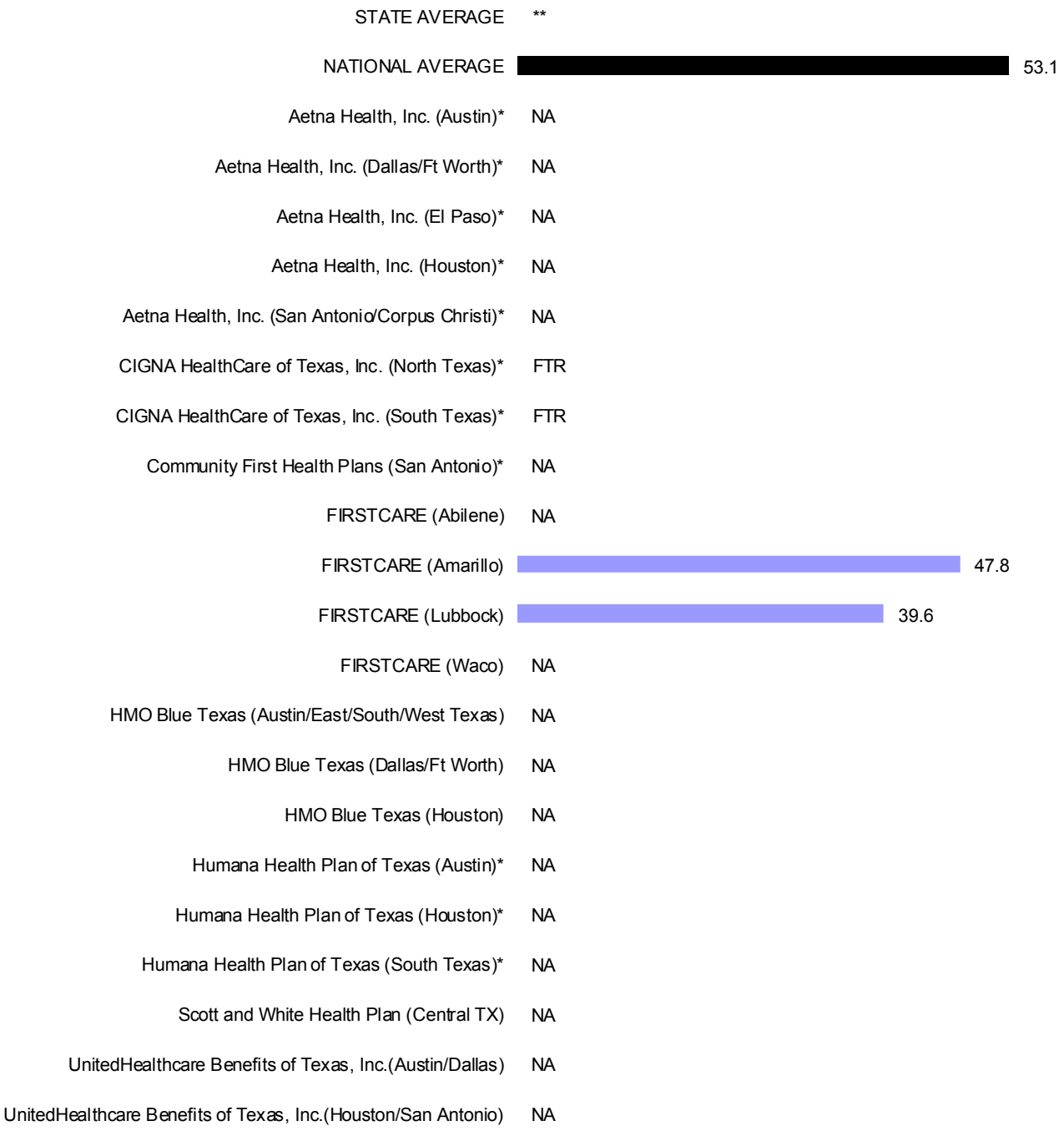
| | |
|---|---|
| NATIONAL AVERAGE | 77.6 |
| FIRSTCARE (Amarillo) | 68.7 |
| FIRSTCARE (Lubbock) | 62.4 |

| | |
|---|---|
| STATE AVERAGE | ** |
| Aetna Health, Inc. (Austin)* | NA |
| Aetna Health, Inc. (Dallas/Ft Worth)* | NA |
| Aetna Health, Inc. (El Paso)* | NA |
| Aetna Health, Inc. (Houston)* | NA |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | NA |
| Community First Health Plans (San Antonio)* | NA |
| FIRSTCARE (Abilene) | NA |
| FIRSTCARE (Waco) | NA |
| HMO Blue Texas (Austin/East/South/West Texas) | NA |
| HMO Blue Texas (Dallas/Ft Worth) | NA |
| HMO Blue Texas (Houston) | NA |
| Humana Health Plan of Texas (Austin)* | NA |
| Humana Health Plan of Texas (Houston)* | NA |
| Humana Health Plan of Texas (South Texas)* | NA |
| Scott and White Health Plan (Central TX) | NA |
| UnitedHealthcare Benefits of Texas, Inc.(Austin/Dallas) | NA |
| UnitedHealthcare Benefits of Texas, Inc.(Houston/San Antonio) | NA |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | FTR |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | FTR |

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
NA–The plan did not have a large enough sample to report a valid rate.
FTR–The plan failed to report by service areas in violation of Section 108.009(o) of the Texas Health and Safety Code.

# Medical Assitance with Smoking Cessation: Discussing Smoking Cessation Medications

**Percent**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
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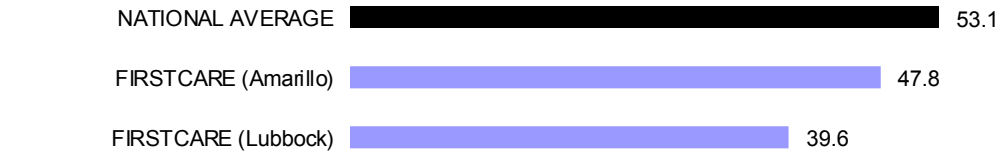
# Medical Assitance with Smoking Cessation: Discussing Smoking Cessation Medications

**Percent**



| | |
|---|---|
| NATIONAL AVERAGE | 53.1 |
| FIRSTCARE (Amarillo) | 47.8 |
| FIRSTCARE (Lubbock) | 39.6 |

| | |
|---|---|
| STATE AVERAGE | ** |
| Aetna Health, Inc. (Austin)* | NA |
| Aetna Health, Inc. (Dallas/Ft Worth)* | NA |
| Aetna Health, Inc. (El Paso)* | NA |
| Aetna Health, Inc. (Houston)* | NA |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | NA |
| Community First Health Plans (San Antonio)* | NA |
| FIRSTCARE (Abilene) | NA |
| FIRSTCARE (Waco) | NA |
| HMO Blue Texas (Austin/East/South/West Texas) | NA |
| HMO Blue Texas (Dallas/Ft Worth) | NA |
| HMO Blue Texas (Houston) | NA |
| Humana Health Plan of Texas (Austin)* | NA |
| Humana Health Plan of Texas (Houston)* | NA |
| Humana Health Plan of Texas (South Texas)* | NA |
| Scott and White Health Plan (Central TX) | NA |
| UnitedHealthcare Benefits of Texas, Inc.(Austin/Dallas) | NA |
| UnitedHealthcare Benefits of Texas, Inc.(Houston/San Antonio) | NA |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | FTR |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | FTR |

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
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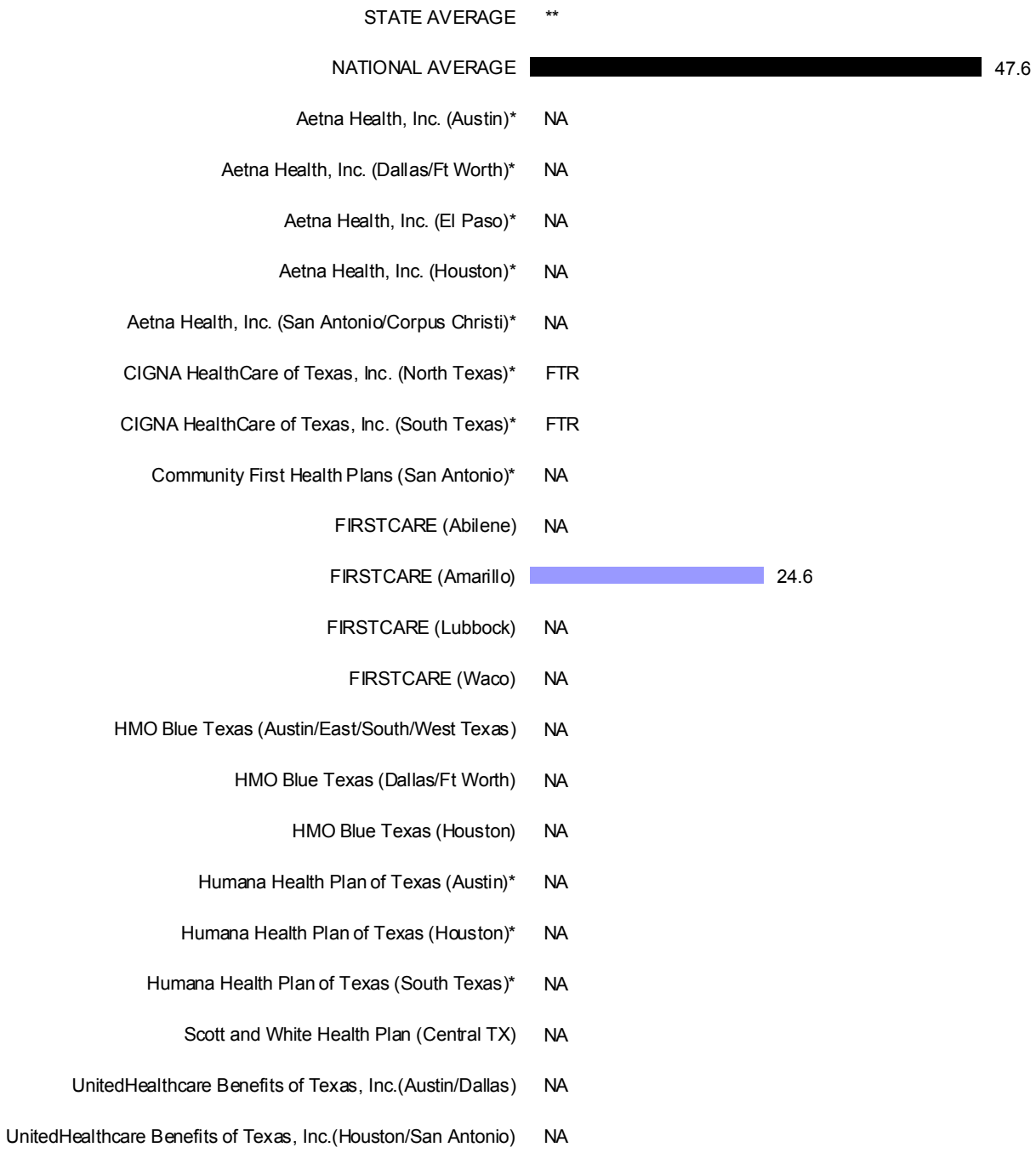
# Medical Assitance with Smoking Cessation: Discussing Smoking Cessation Strategies

**Percent**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
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# Medical Assitance with Smoking Cessation: Discussing Smoking Cessation Strategies

**Percent**

| | |
|---|---|
| NATIONAL AVERAGE | 47.6 |
| FIRSTCARE (Amarillo) | 24.6 |
| STATE AVERAGE | ** |
| Aetna Health, Inc. (Austin)* | NA |
| Aetna Health, Inc. (Dallas/Ft Worth)* | NA |
| Aetna Health, Inc. (El Paso)* | NA |
| Aetna Health, Inc. (Houston)* | NA |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | NA |
| Community First Health Plans (San Antonio)* | NA |
| FIRSTCARE (Abilene) | NA |
| FIRSTCARE (Waco) | NA |
| HMO Blue Texas (Austin/East/South/West Texas) | NA |
| HMO Blue Texas (Dallas/Ft Worth) | NA |
| HMO Blue Texas (Houston) | NA |
| Humana Health Plan of Texas (Austin)* | NA |
| Humana Health Plan of Texas (Houston)* | NA |
| Humana Health Plan of Texas (South Texas)* | NA |
| Scott and White Health Plan (Central TX) | NA |
| UnitedHealthcare Benefits of Texas, Inc.(Austin/Dallas) | NA |
| UnitedHealthcare Benefits of Texas, Inc.(Houston/San Antonio) | NA |
| FIRSTCARE (Lubbock) | NA |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | FTR |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | FTR |

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
NA–The plan did not have a large enough sample to report a valid rate.
FTR–The plan failed to report by service areas in violation of Section 108.009(o) of the Texas Health and Safety Code.

## Flu Shots for Adults Ages 50–64

Definition: The percentage of members 50–64 years of age who received an influenza vaccination.

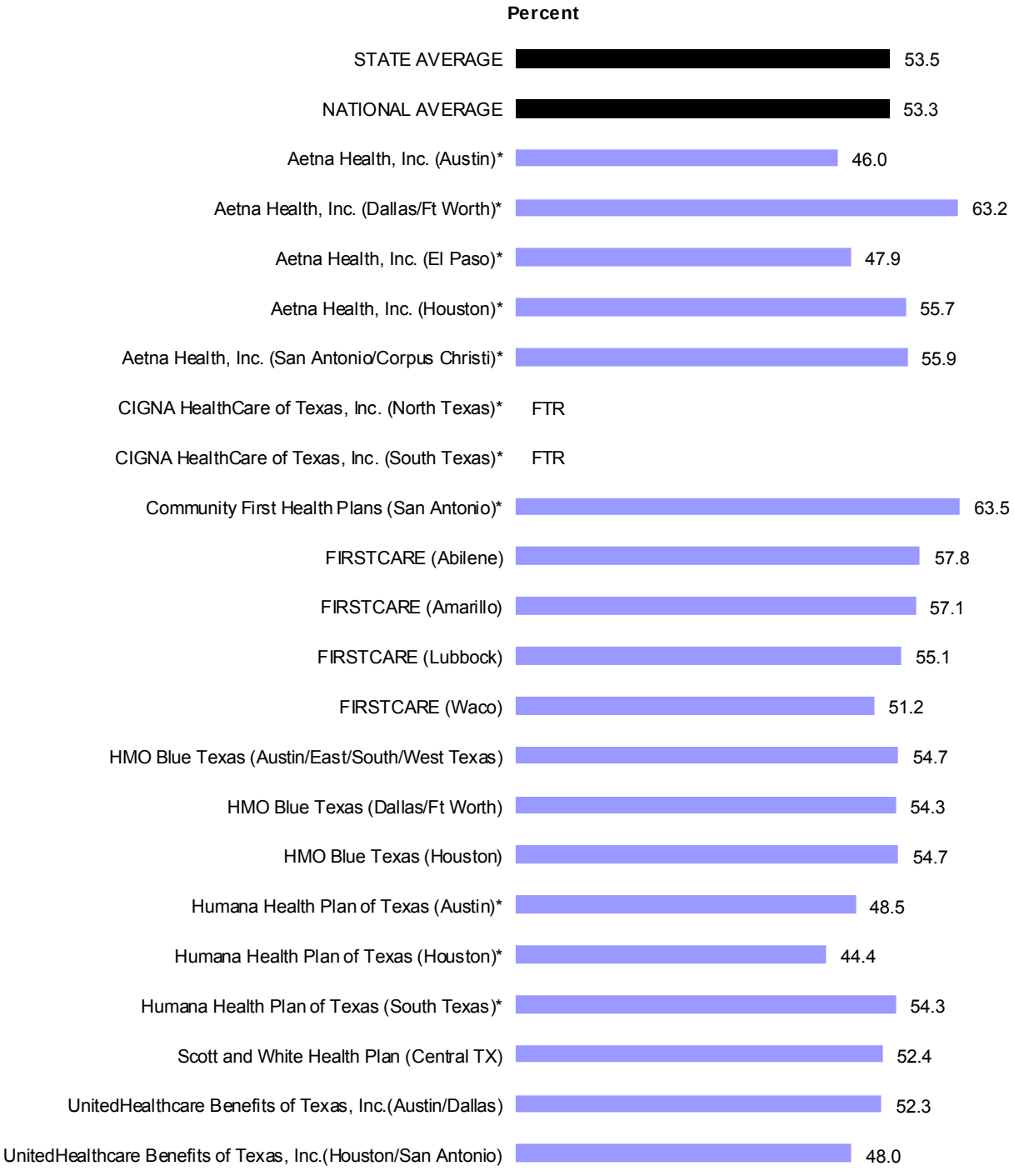
Influenza (flu) is a highly contagious viral illness. Symptoms can include fever, sore throat, headache, cough, and sore muscles. Complications can include pneumonia and myocarditis (inflammation of the heart).[1] Children under five and adults over fifty have a higher risk of complications and death from the disease. The Advisory Committee on Immunization Practices (ACIP) recommends yearly influenza vaccinations for all individuals over the age of six months, but emphasizes the need for yearly vaccinations in individuals under five years of age and over fifty years of age.[2]

| Flu Shots for Adults Ages 50–64 | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 49.9% | 50.1% | 50.9% | 53.8% | 53.5% |
| **NCQA's Quality Compass®** | 48.4% | 49.8% | 51.3% | 52.5% | 53.3% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

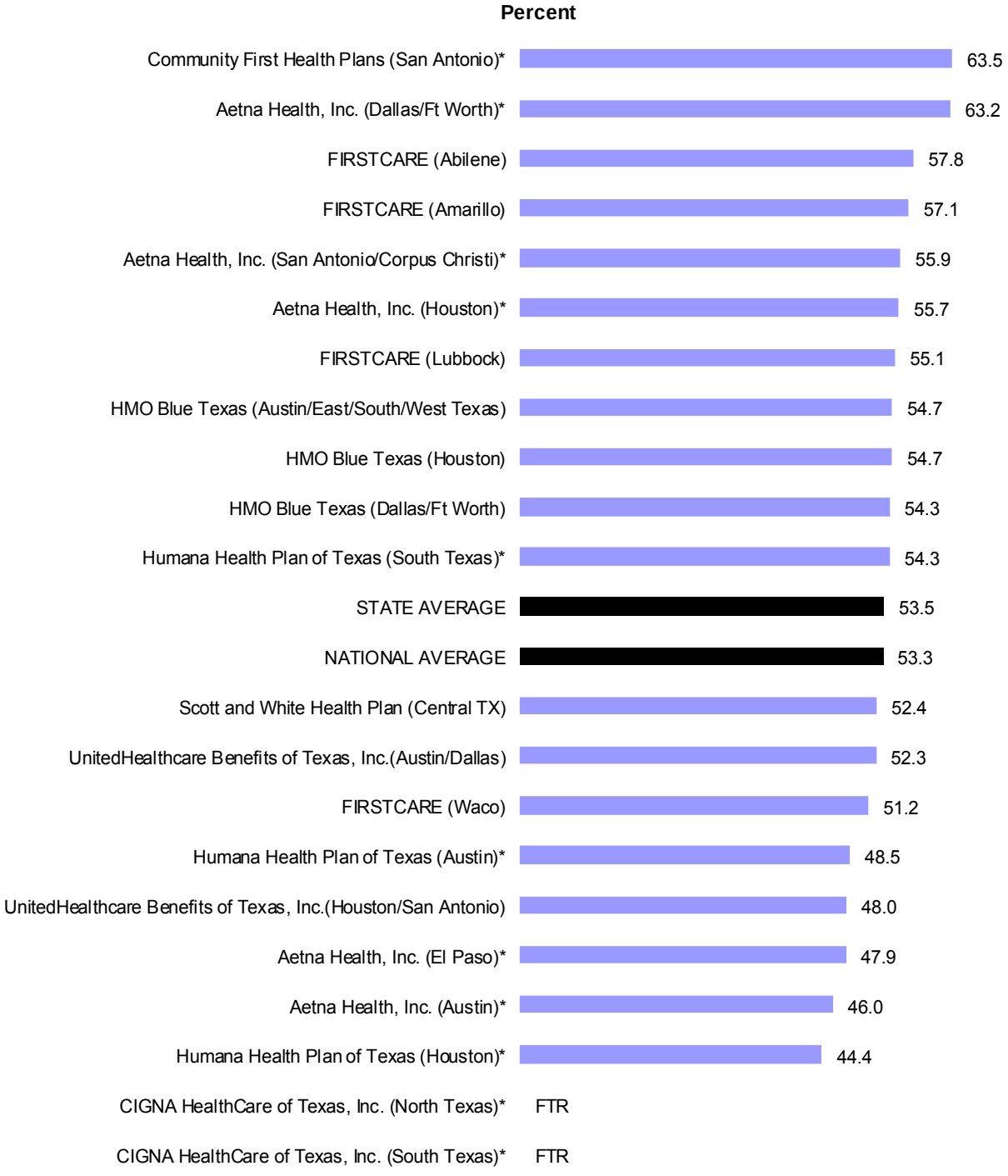
[1] Atkinson, William, Charles Wolfe, and Jennifer Hamborsky, eds. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases.* 12th ed. Washington, DC: Public Health Foundation, 2011.
[2] Centers for Disease Control and Prevention. *Persons for Whom Annual Vaccination is Recommended.* Atlanta, GA: Centers for Disease Control and Prevention, 2011.

# Flu Shots for Adults Ages 50-64




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
FTR–The plan failed to report by service areas as required by Section 108.009(o) of the Texas Health and Safety Code.

# Flu Shots for Adults Ages 50-64




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
FTR–The plan failed to report by service areas as required by Section 108.009(o) of the Texas Health and Safety Code.

## Prenatal and Postpartum Care: Timeliness of Prenatal Care

Definition: The percentage of deliveries where the mother received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

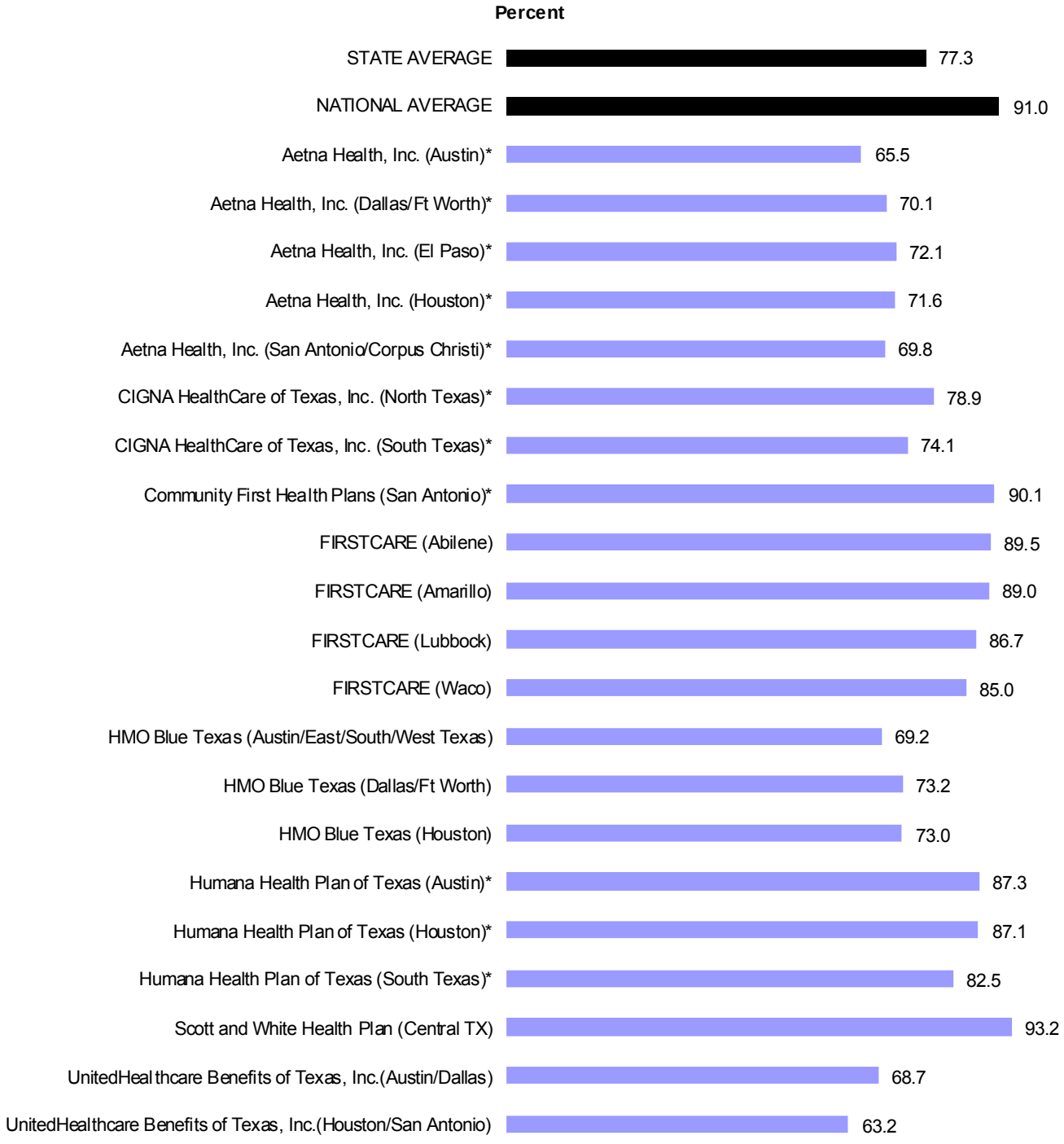
Early prenatal care is an essential part of a healthy pregnancy. Babies of mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die in infancy than those born to mothers who did receive care. Doctors can identify and treat health problems early when they see pregnant women regularly. Doctors can also advise pregnant women about healthy choices during pregnancy to provide their babies a healthy start to life. Ideally, a pregnant woman will have her first prenatal visit during the first trimester of pregnancy.[1]

| Timeliness of Prenatal Care | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 68.6% | 66.4% | 75.8% | 76.1% | 77.3% |
| **NCQA's Quality Compass®** | 77.5% | 92.4% | 93.1% | 91.0% | 91.0% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

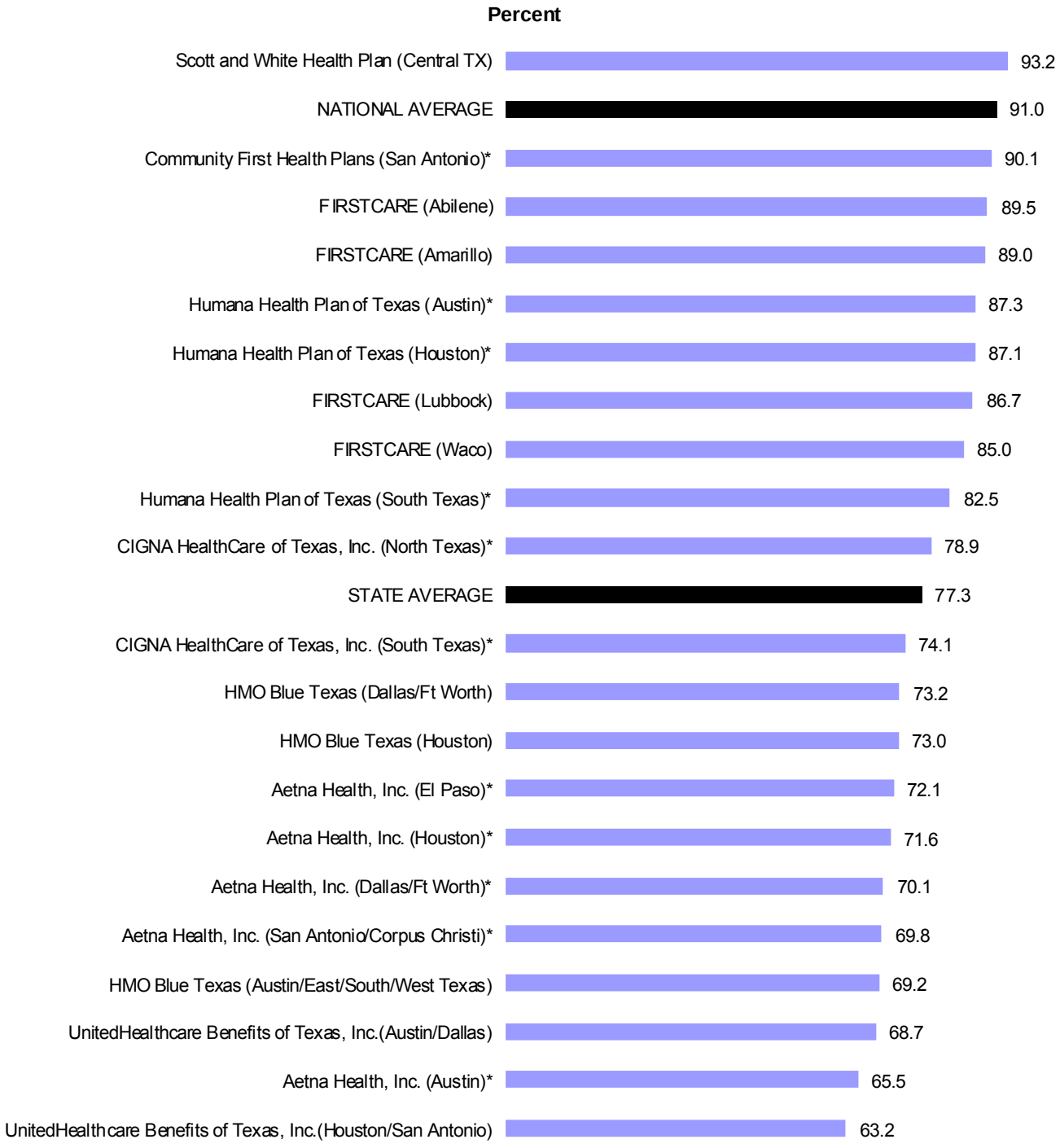
[1] U.S. Department of Health and Human Services, Office on Women's Health. *Prenatal Care.* Washington, DC: U.S. Department of Health and Human Services, 2009.

# Timeliness of Prenatal Care




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Timeliness of Prenatal Care




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Prenatal and Postpartum Care: Postpartum Care

Definition: The percentage of deliveries where the mother had a postpartum visit 21–56 days after delivery.

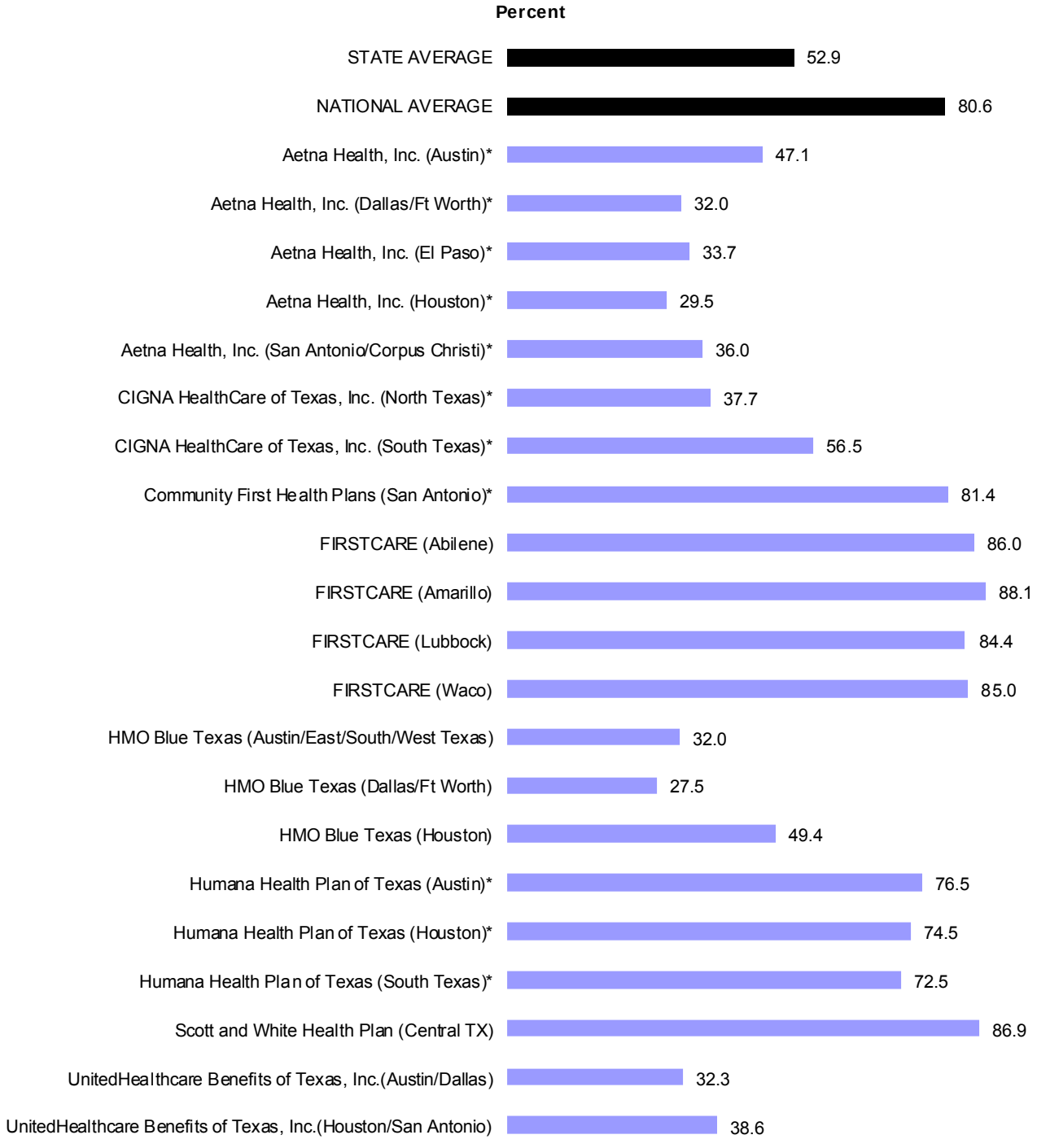
The American College of Obstetricians and Gynecologists recommends that a woman see her health care provider at least once four to six weeks after giving birth. The first postpartum visit should include a physical examination. The visit is also an opportunity for the health care practitioner to answer questions, give family planning guidance, and counsel on nutrition.[1]

| Postpartum Care | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 44.1% | 41.8% | 51.9% | 49.9% | 52.9% |
| **NCQA's Quality Compass®** | 69.0% | 82.8% | 83.6% | 80.7% | 80.6% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

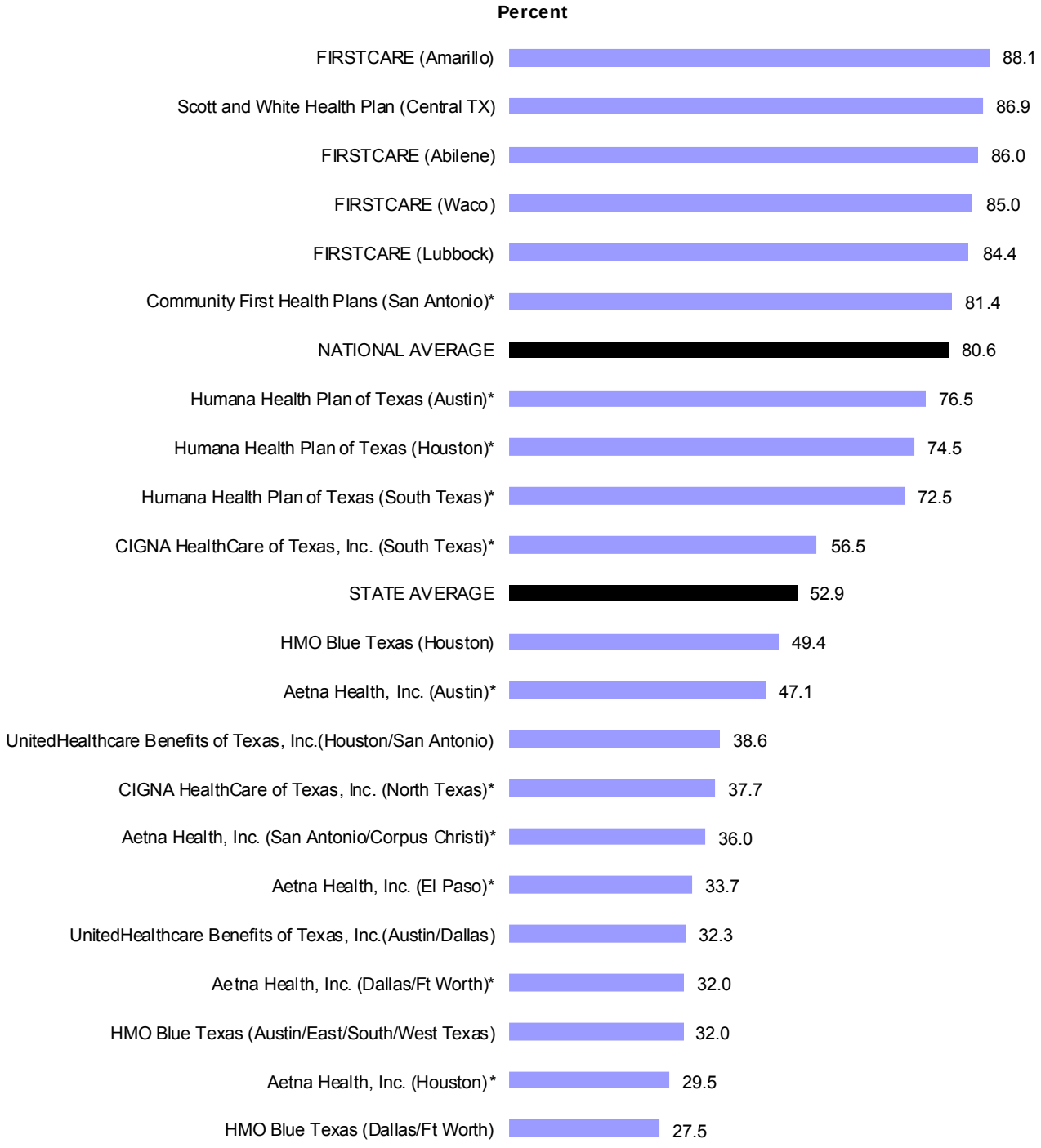
[1] American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care.* 7th ed. Washington, DC: American College of Obstetricians and Gynecologists, 2012.

# Postpartum Care




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Postpartum Care




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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

Definition: The percentage of children who turned 15 months old during the measurement year and received six or more well-child visits during those 15 months.

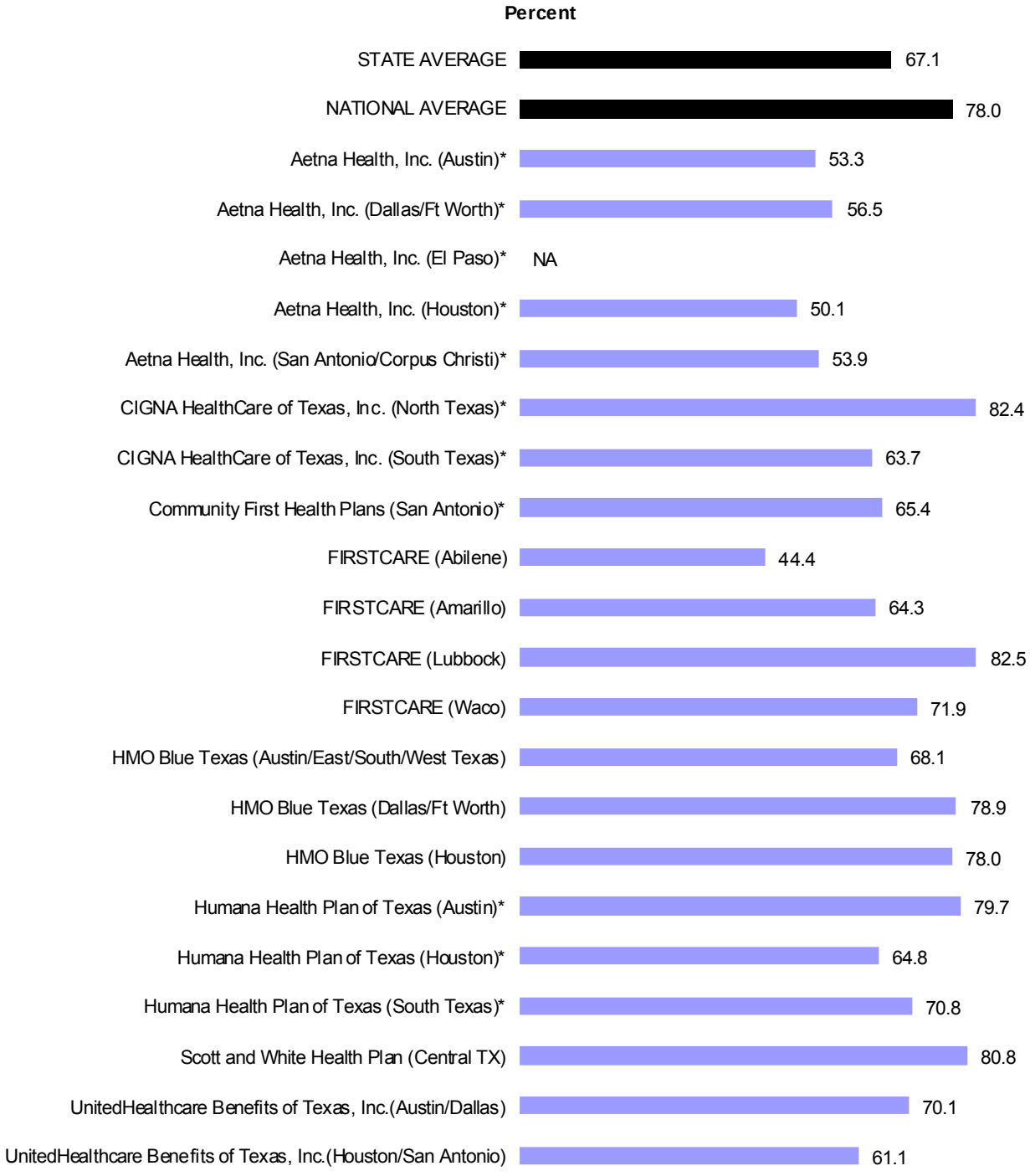
During the first year of life an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination, and social and emotional growth. Regular check-ups allow the clinician to detect and address physical, developmental, behavioral, and emotional problems in children. It also provides an opportunity for the clinician to offer guidance and counseling to the parents. The American Academy of Pediatrics (AAP) recommends six well-child visits in the first year of life: one within the first month of life, and then at around 2, 4, 6, 9, and 12 months of age.[1]

| Well-Child Visits in the First 15 Months of Life: Six or More Visits | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 58.0% | 60.7% | 57.6% | 62.8% | 67.1% |
| **NCQA's Quality Compass®** | 69.0% | 75.2% | 74.5% | 76.3% | 78.0% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

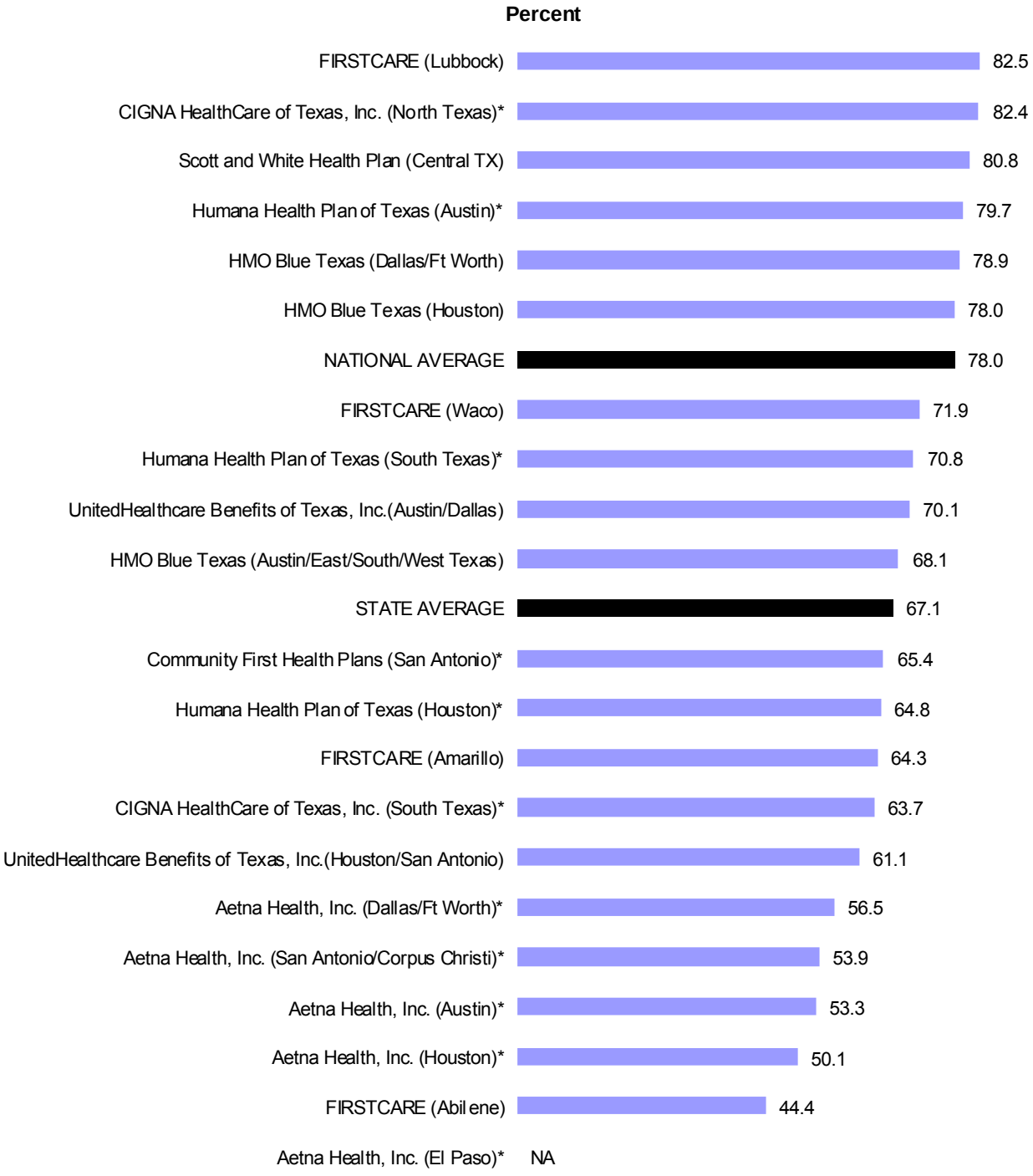
[1] Hagen, Joseph F., Judith S. Shaw, and Paula M. Duncan, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2008.

# Well-Child Visits in First 15 Months of Life




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Well-Child Visits in First 15 Months of Life




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

## Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Definition: The percentage of children 3–6 years of age who received one or more well-child visits with a primary care practitioner during the measurement year.

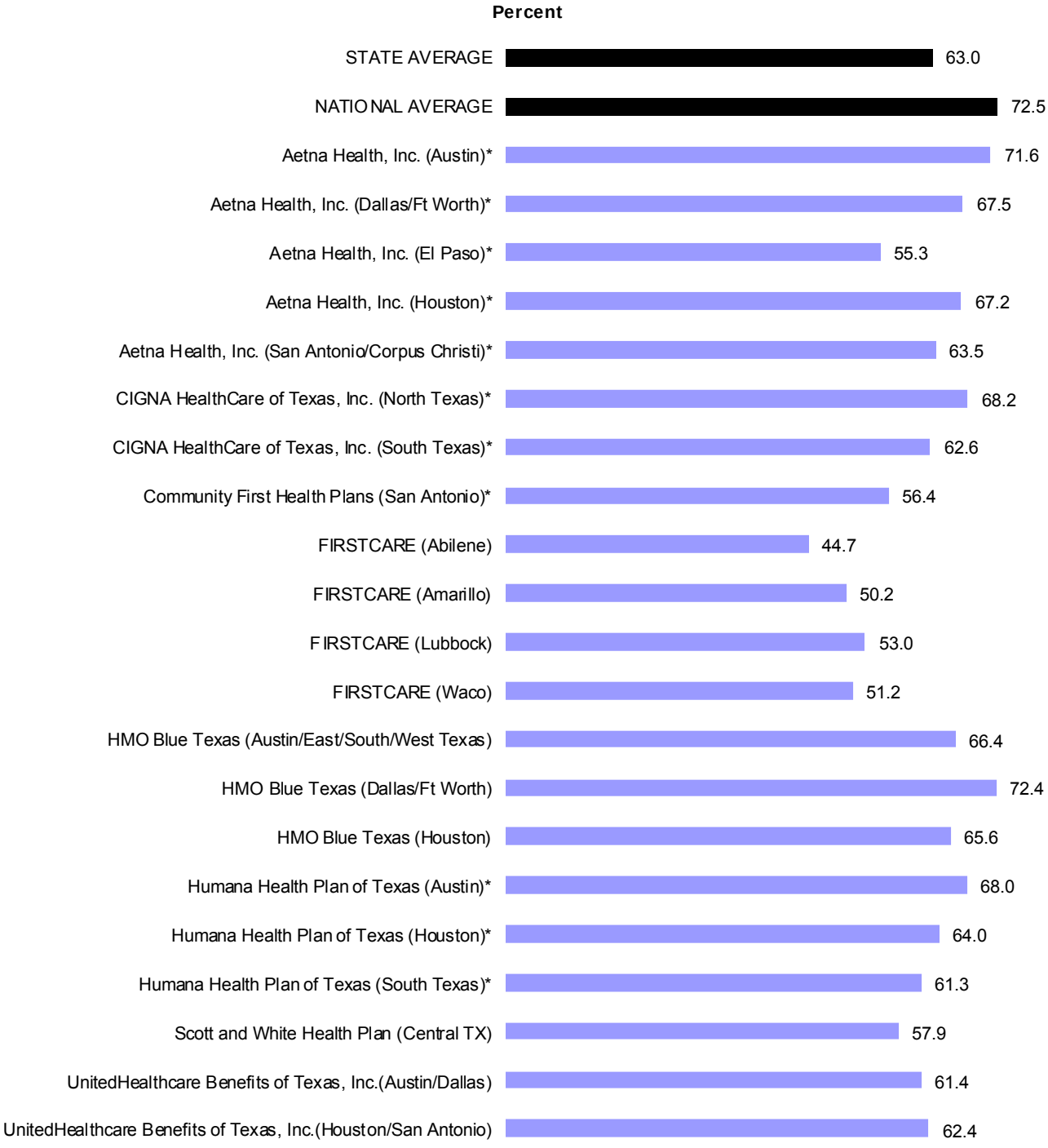
Regular well-child visits during the preschool and early school years allow a clinician to detect vision, speech, and language problems. Early diagnosis and treatment can improve a child's communication skills and identify language and learning problems. The American Academy of Pediatrics (AAP) recommends at least one annual well-child visit for children 2–6 years of age.[1]

| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 61.0% | 62.1% | 62.7% | 63.2% | 63.0% |
| **NCQA's Quality Compass®** | 65.0% | 69.8% | 70.3% | 71.6% | 72.5% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

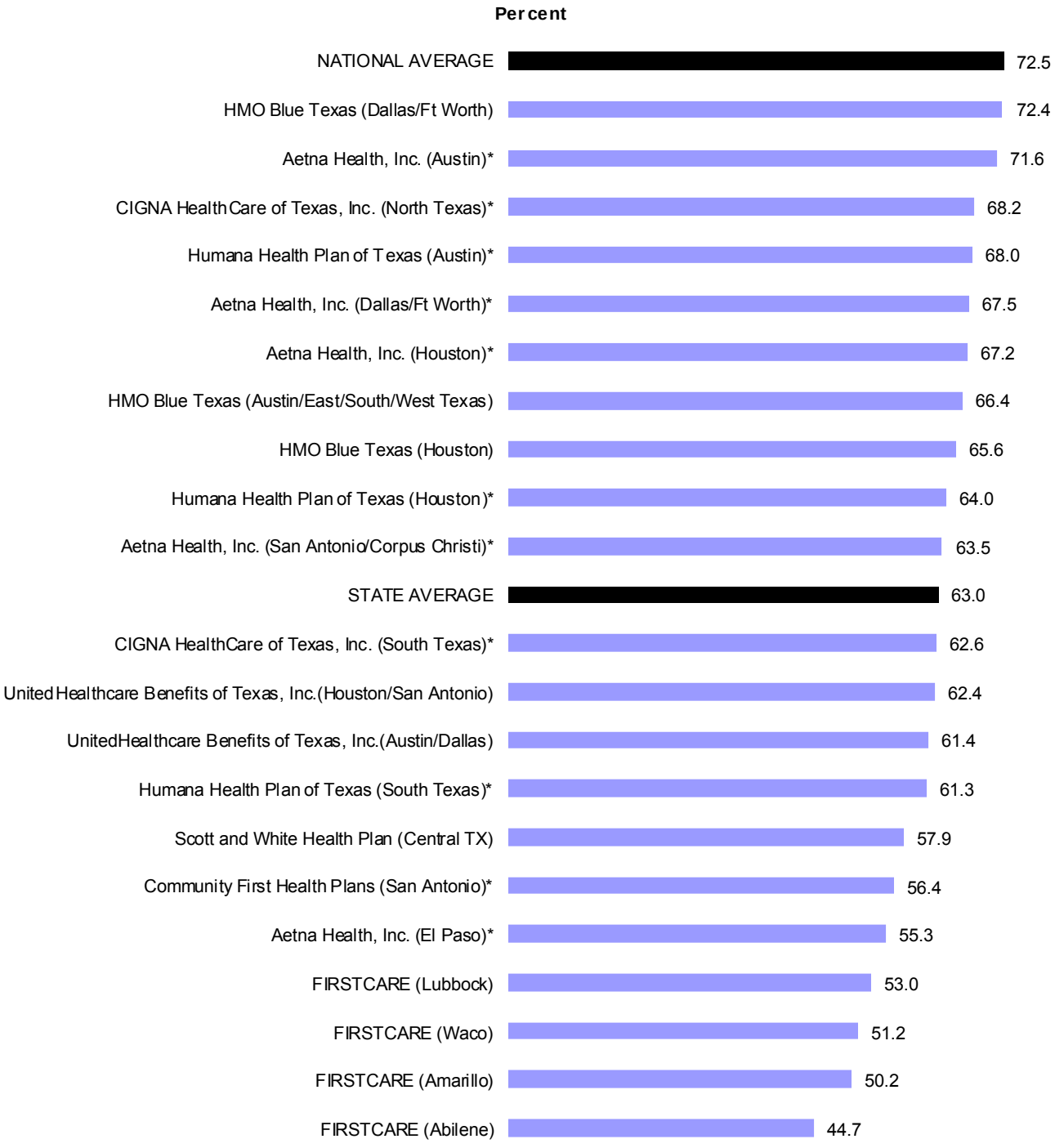
[1] Hagen, Joseph F., Judith S. Shaw, and Paula M. Duncan, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2008.

# Well-Child Visits in 3rd, 4th, 5th and 6th Year of Life




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Well-Child Visits in 3rd, 4th, 5th and 6th Year of Life




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Adolescent Well-Care Visits

Definition: The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an OB/GYN practitioner during the measurement year.

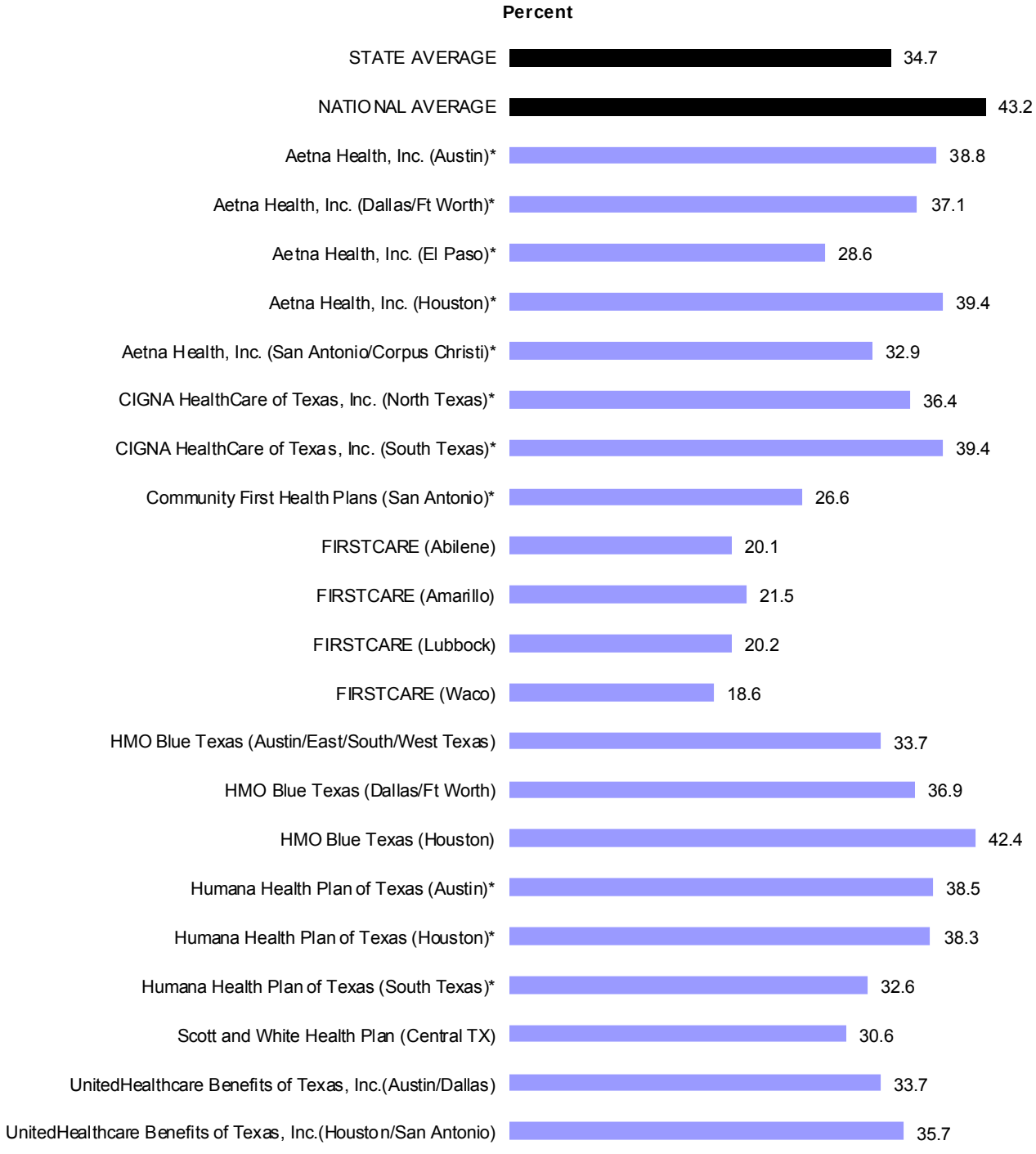
Adolescence is a time of transition between childhood and adult life. Adolescents benefit from an annual preventive health care visit that addresses the physical, emotional, and social aspects of their health. The American Academy of Pediatrics (AAP) recommends at least one annual well-care visit for healthy adolescents 12–21 years of age.[1]

| Adolescent Well-Care Visit | | | | | |
|---|---|---|---|---|---|
| | **2008** | **2009** | **2010** | **2011** | **2012** |
| **Texas Average** | 32.4% | 32.0% | 34.5% | 34.8% | 34.7% |
| **NCQA's Quality Compass®** | 39.0% | 42.9% | 42.5% | 42.7% | 43.2% |

Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

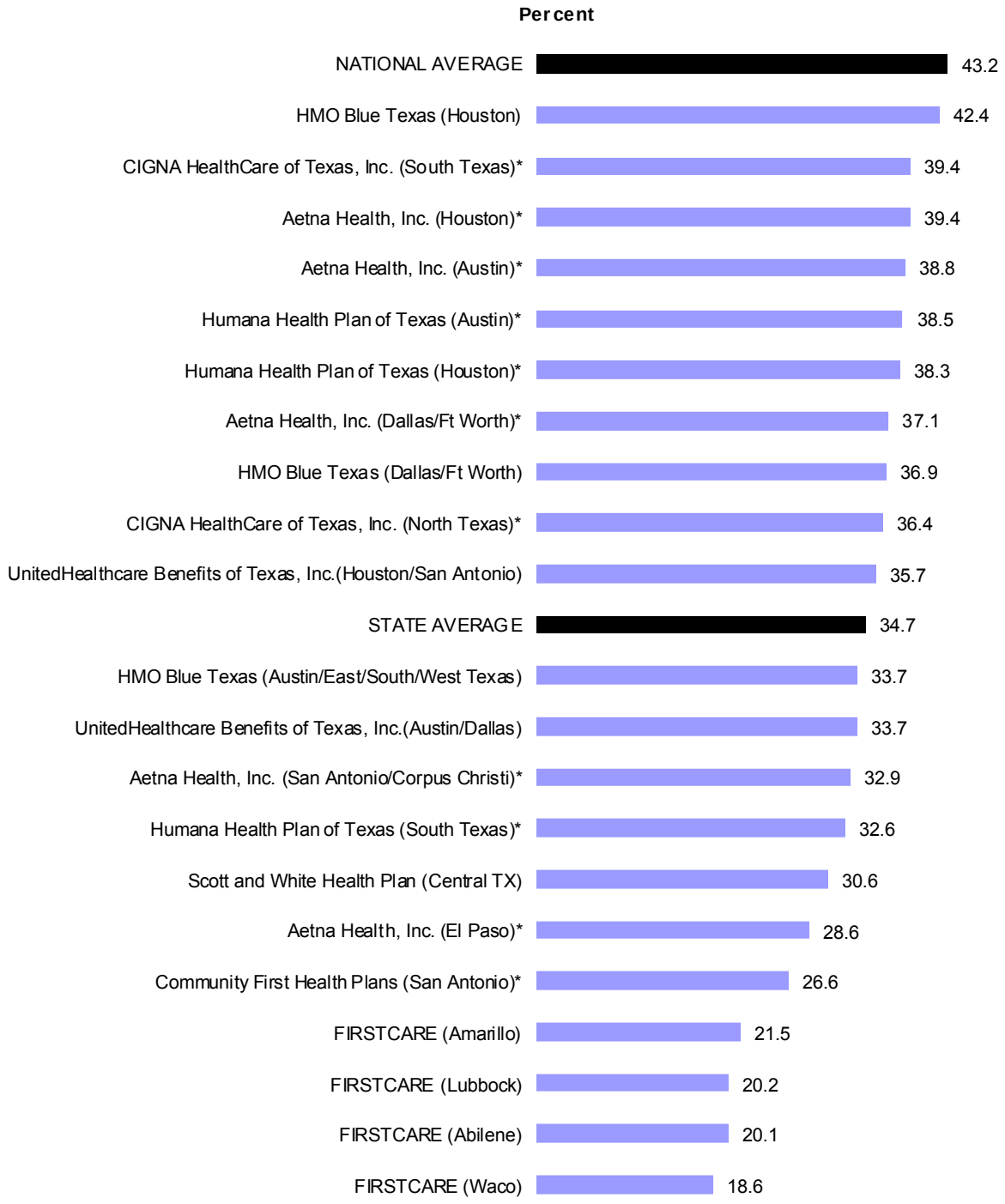
[1] Hagen, Joseph F., Judith S. Shaw, and Paula M. Duncan, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2008.

# Adolescent Well-Child Visits




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Adolescent Well-Child Visits




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Inpatient Utilization—General Hospital/Acute Care: Total

Definition: Discharges per 1,000 members per year and average length of stay for all inpatient acute care services.

Hospitalization is one of the largest contributors to overall healthcare costs. This measure reports plan member use of inpatient hospital services for surgical, medical, and maternity admissions. The measure excludes non-acute care, mental health, chemical dependency, and newborn care admissions.

| Inpatient Utilization–General Hospital/Acute Care: Total | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS |
| **TX Average** | 58.7 | 3.7 | 56.3 | 3.8 | 57.4 | 3.9 | 53.0 | 3.9 | 50.9 | 3.9 |
| **NCQA's Quality Compass®** | 56.2 | 3.5 | 57.0 | 3.7 | 56.7 | 3.7 | 54.7 | 3.7 | 52.9 | 3.8 |

DIS–Discharges per 1,000 members per year
ALOS–Average length of stay in days

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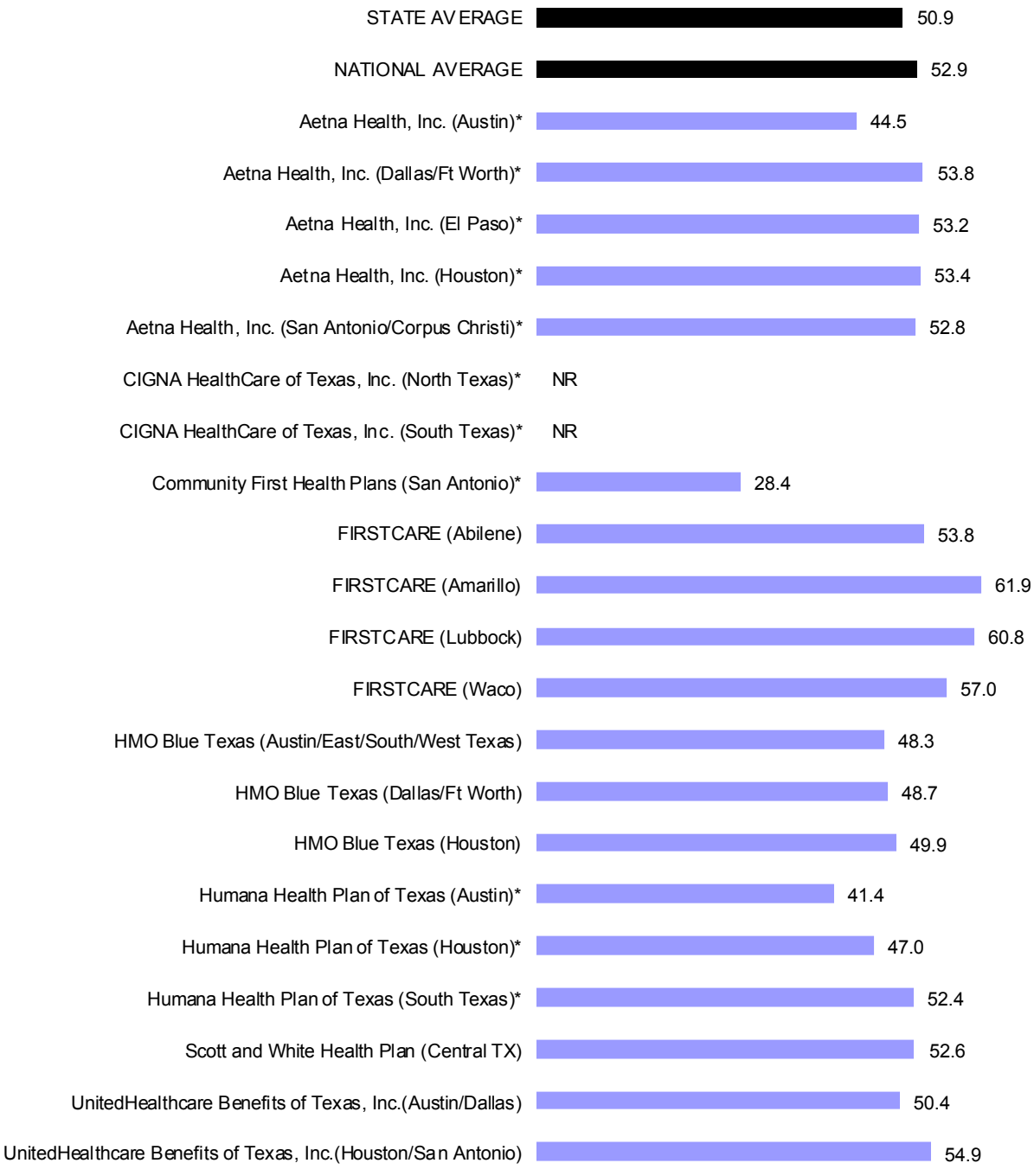
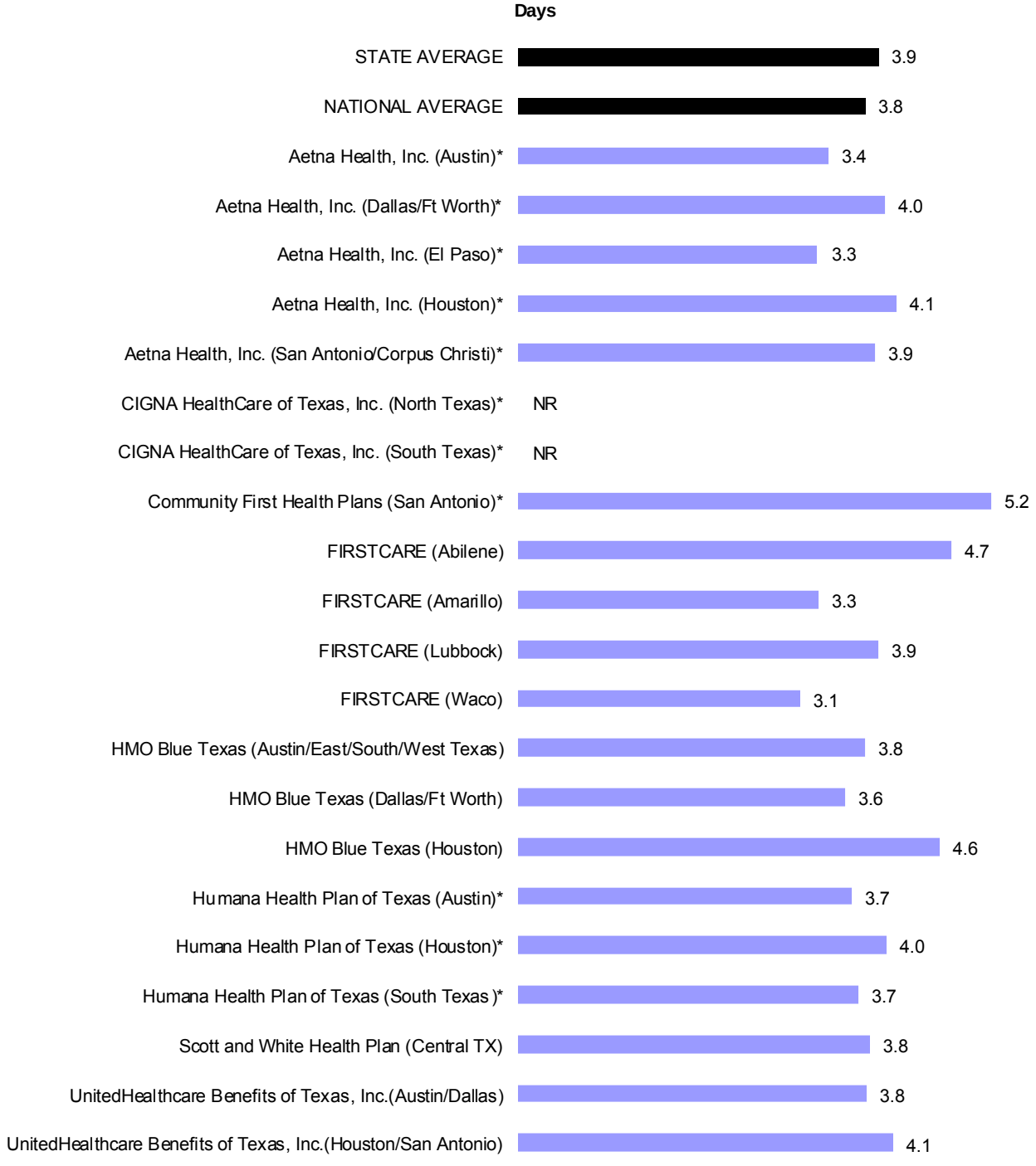
# Inpatient Utilization - Acute Care: Total Discharge

**Per 1,000 Members Per Year**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Inpatient Utilization - Acute Care: Total Average Length of Stay




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Inpatient Utilization—General Hospital/Acute Care: Medicine

Definition: Discharges per 1,000 members per year and average length of stay for inpatient hospital services for non-surgical medical treatment.

This measure reports the extent to which health plan members received inpatient hospital services for non-surgical medical treatment. When interpreting this information, it is important to remember that these results are not risk-adjusted for the demographic characteristics of HMO members or use of outpatient alternatives.

| Inpatient Utilization – General Hospital/ Acute Care: Medicine | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS |
| **TX Average** | 23.0 | 3.8 | 21.7 | 3.9 | 22.9 | 4.1 | 21.0 | 4.1 | 21.0 | 4.2 |
| **NCQA's Quality Compass®** | 23.2 | 3.5 | 23.7 | 3.6 | 24.2 | 3.6 | 22.3 | 3.6 | 22.5 | 3.8 |

DIS–Discharges per 1,000 members per year
ALOS–Average length of stay in days

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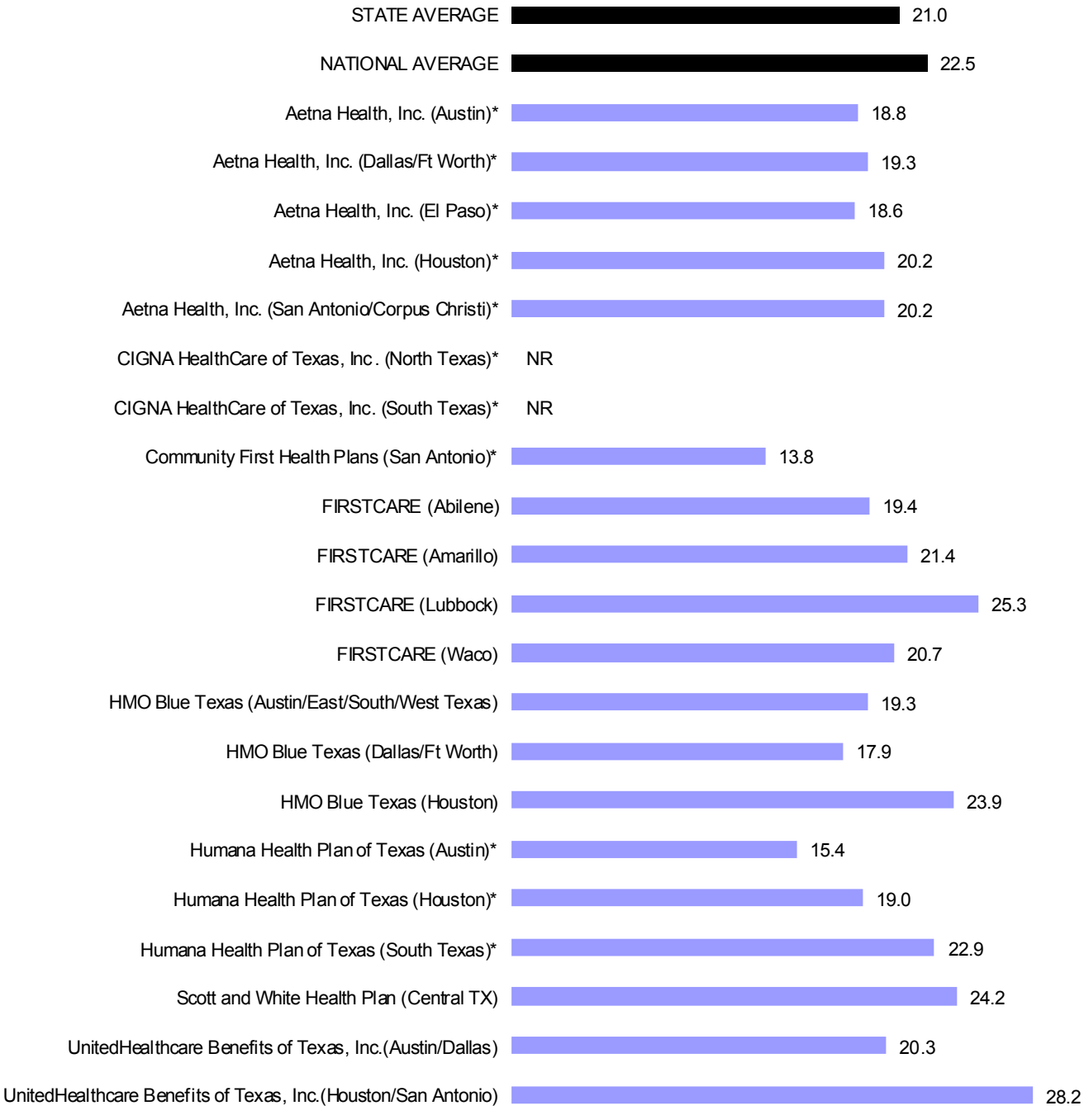
# Inpatient Utilization - Acute Care: Medicine Discharge

**Per 1,000 Members Per Year**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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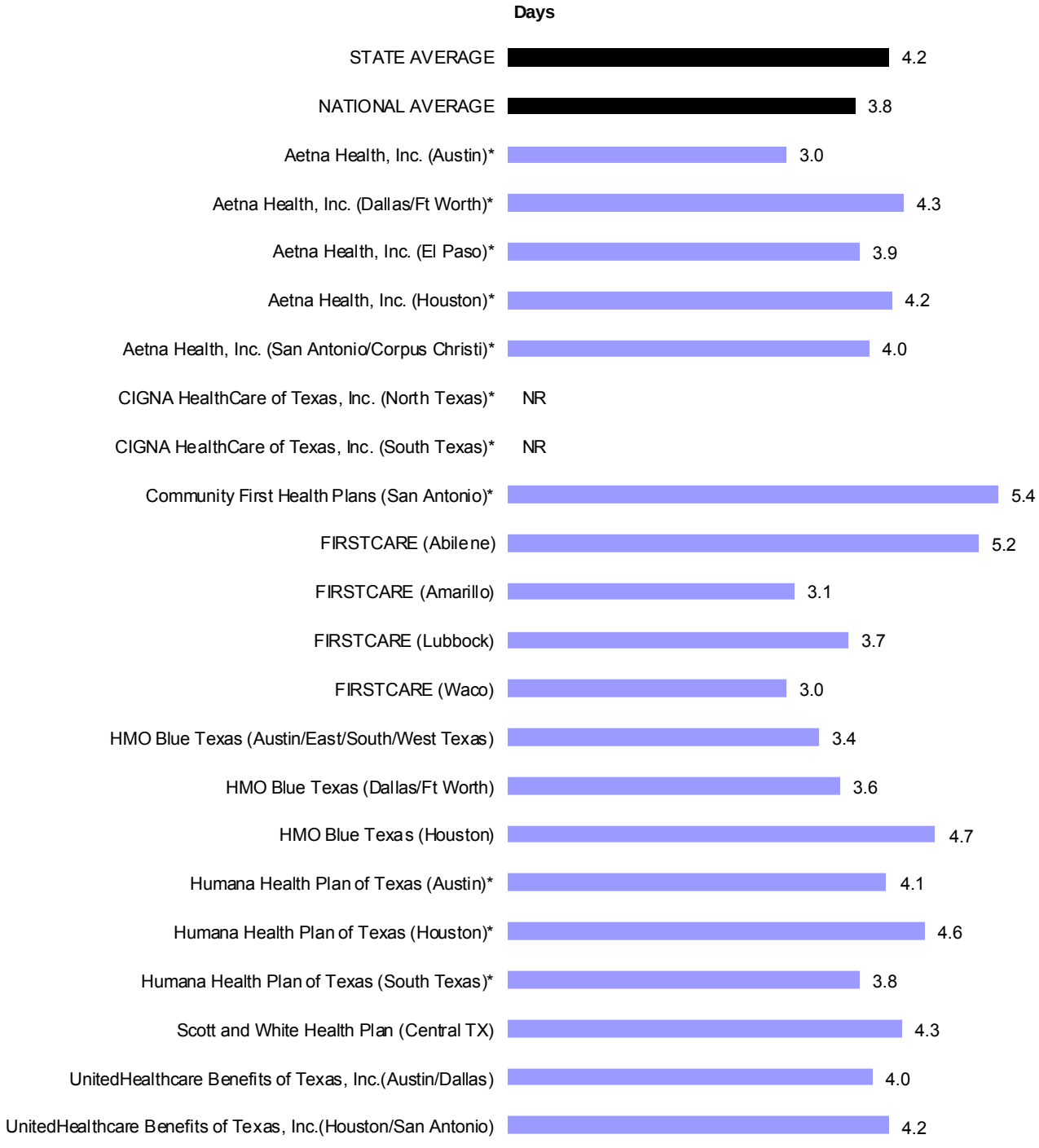
# Inpatient Utilization - Acute Care: Medicine Average Length of Stay




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Inpatient Utilization—General Hospital/Acute Care: Surgery

Definition: Discharges per 1,000 members per year and average length of stay for all surgical acute care services.

This measure reports the extent to which health plan members received surgical inpatient hospital services. When interpreting this information, it is important to remember that these results are not risk-adjusted for the demographic characteristics of HMO members or use of outpatient alternatives.

| Inpatient Utilization – General Hospital/Acute Care: Surgery | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS |
| **TX Average** | 20.0 | 4.4 | 19.7 | 4.3 | 19.7 | 4.6 | 17.9 | 4.8 | 16.4 | 4.6 |
| **NCQA's Quality Compass®** | 19.8 | 4.2 | 20.4 | 4.3 | 20.0 | 4.4 | 20.1 | 4.4 | 18.5 | 4.4 |

DIS–Discharges per 1,000 members per year
ALOS–Average length of stay in days

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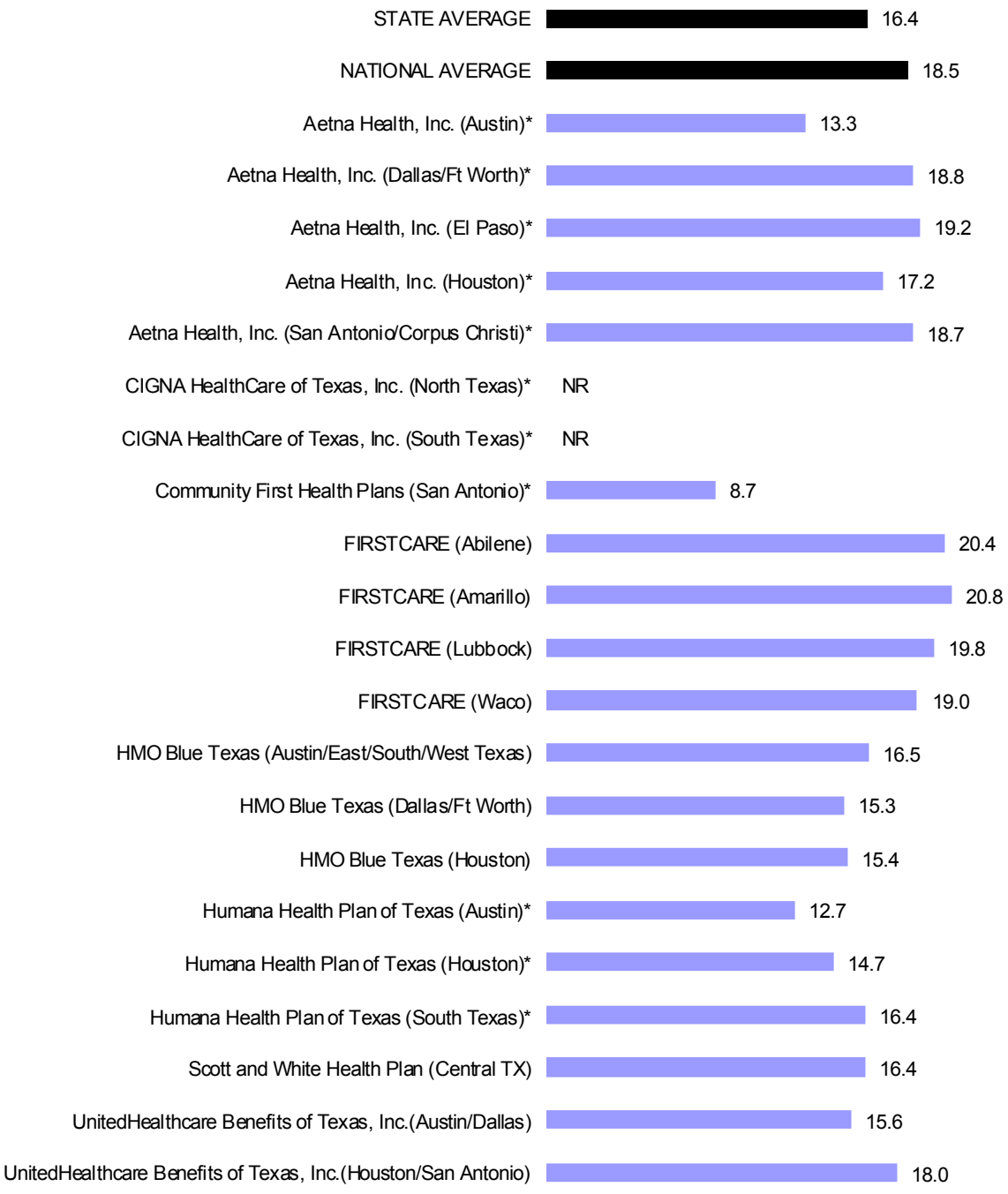
# Inpatient Utilization - Acute Care: Surgery Discharge

**Per 1,000 Members Per Year**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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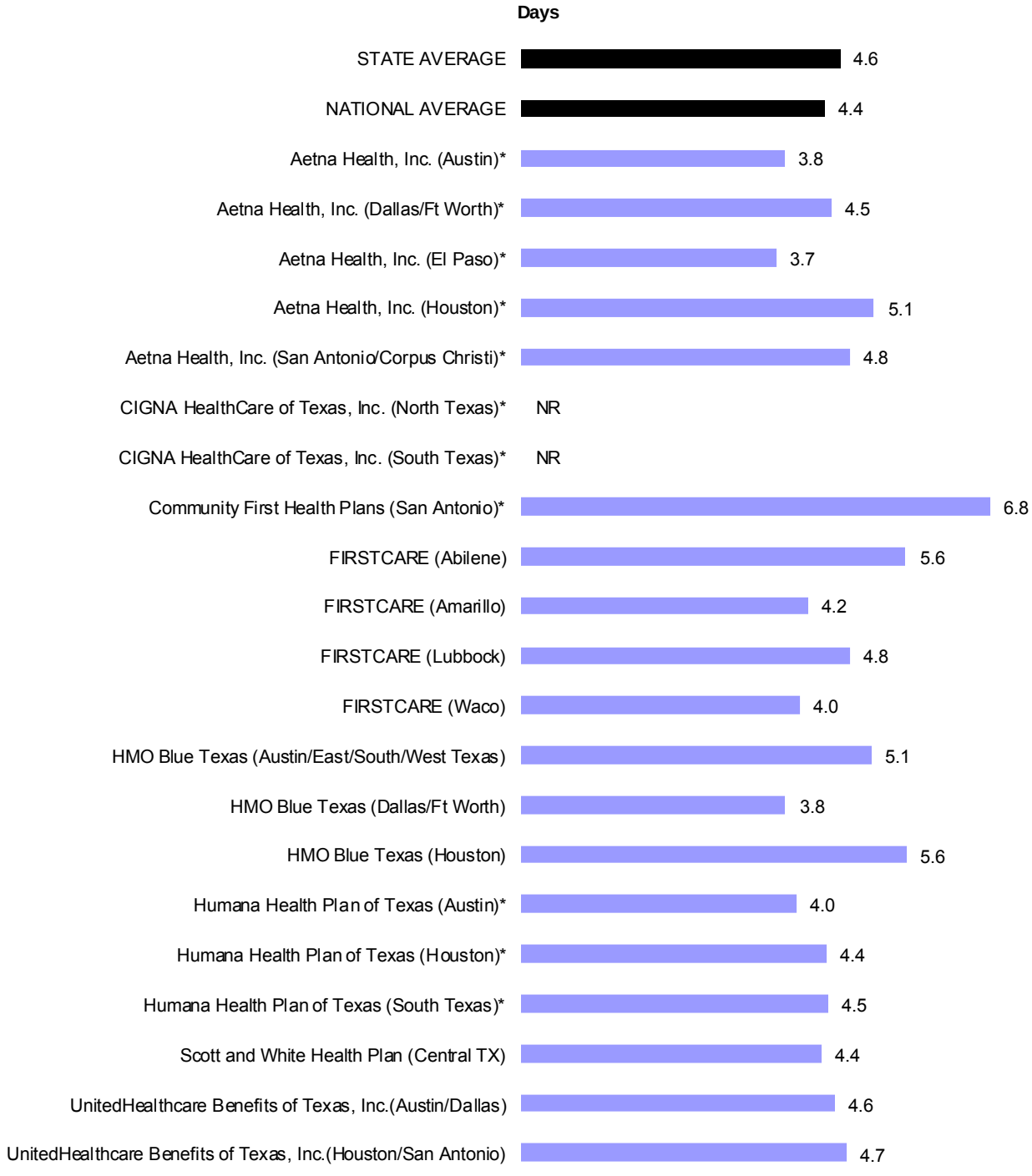
# Inpatient Utilization - Acute Care: Surgery Average Length of Stay




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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## Inpatient Utilization—General Hospital/Acute Care: Maternity

Definition: Discharges per 1,000 members per year and average length of stay for maternity acute care services.

This measure reports the extent to which health plan members received inpatient care for maternity related services. When interpreting this information, it is important to remember that these results are not risk-adjusted for demographic characteristics such as age of the mother.

| Inpatient Utilization – General Hospital/Acute Care: Maternity | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS | DIS | ALOS |
| **TX Average** | 18.3 | 2.7 | 14.9 | 2.8 | 14.8 | 2.7 | 14.1 | 2.7 | 13.5 | 2.7 |
| **NCQA's Quality Compass®** | 15.5 | 2.7 | 15.1 | 2.8 | 14.7 | 2.7 | 14.3 | 2.7 | 13.8 | 2.8 |

DIS–Discharges per 1,000 members per year
ALOS–Average length of stay in days

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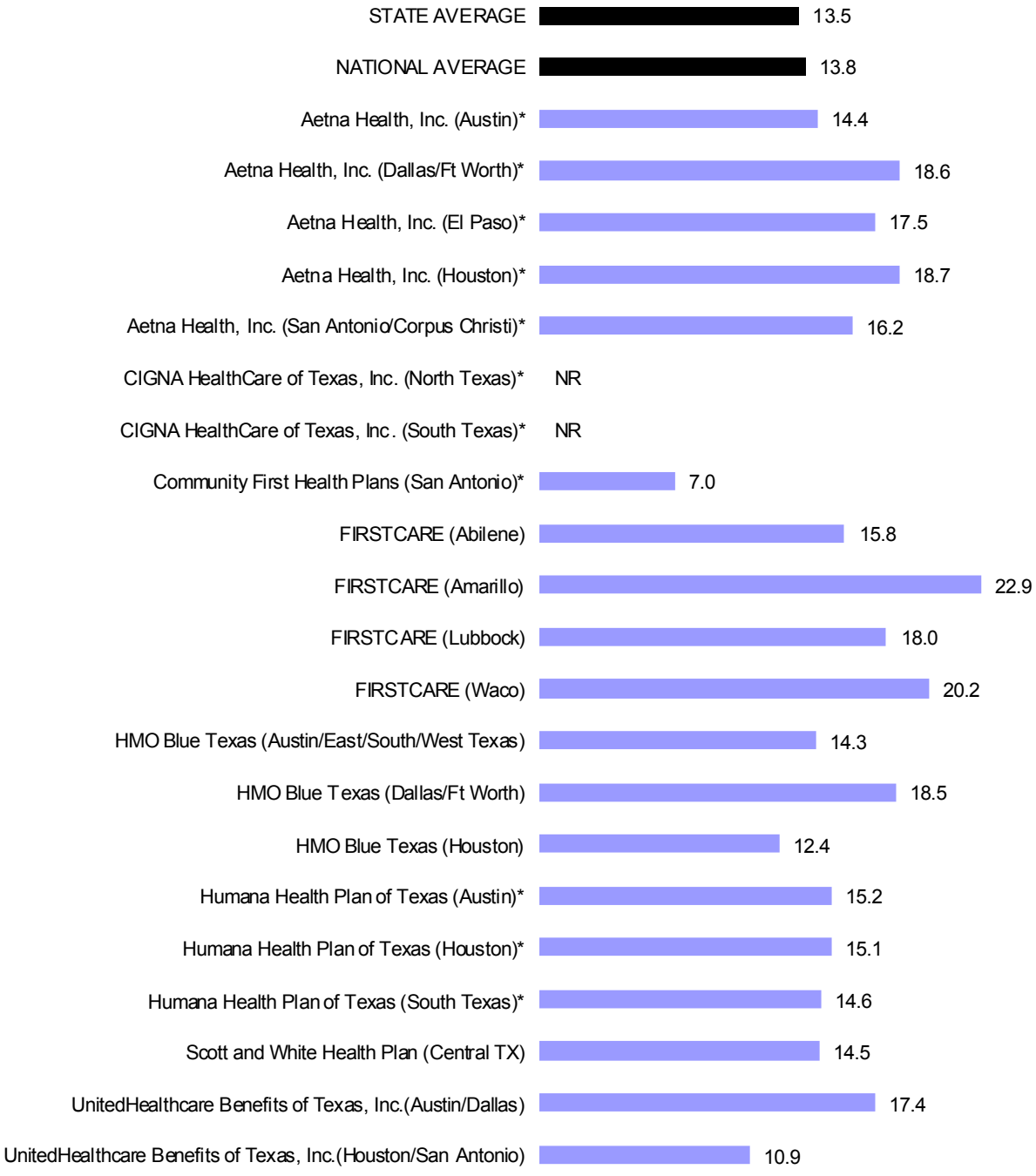
# Inpatient Utilization - Acute Care: Maternity Discharge

**Per 1,000 Members Per Year**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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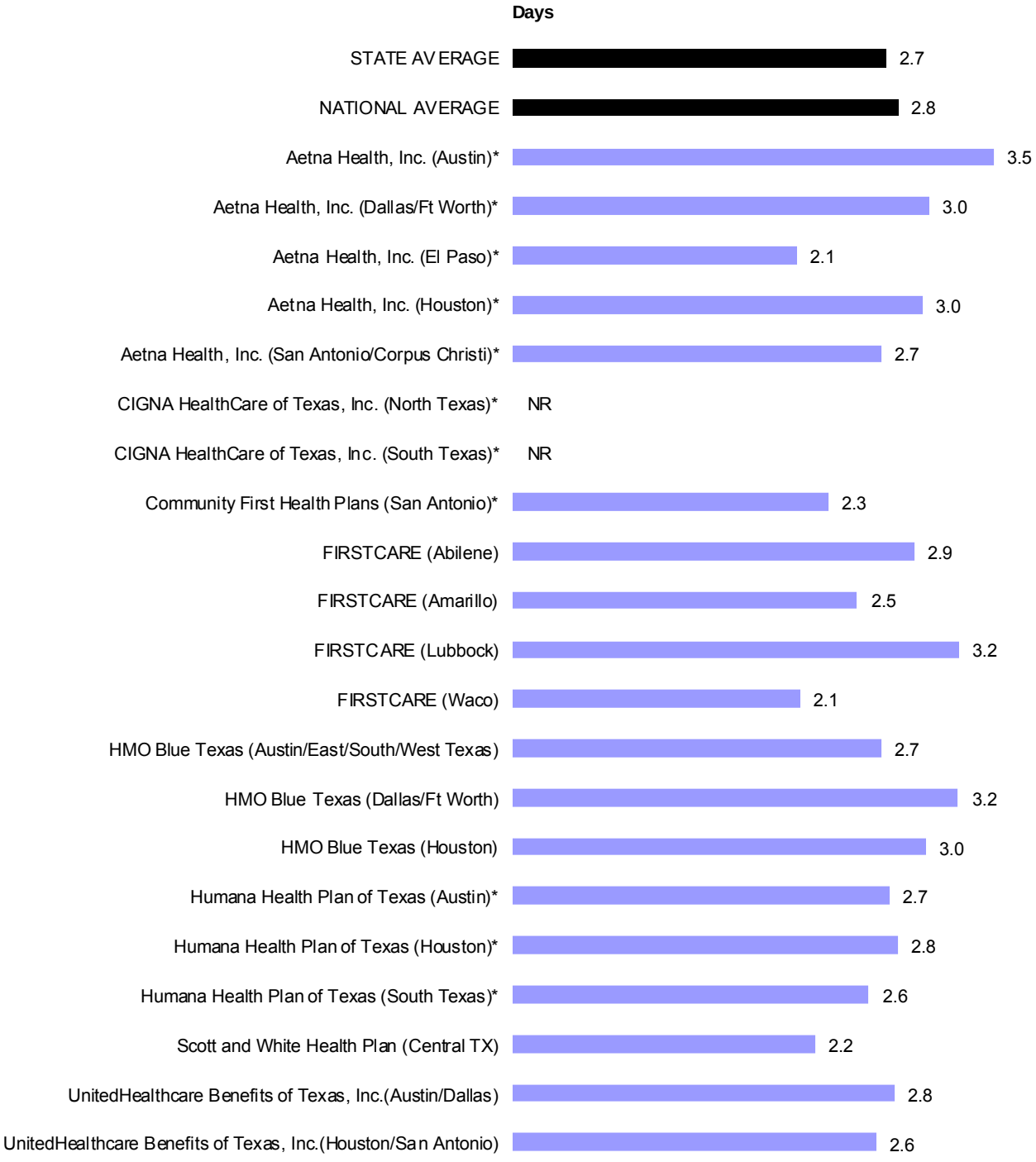
# Inpatient Utilization - Acute Care: Maternity Average Length of Stay




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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## Ambulatory Care

Definition: The number of ambulatory care services per 1,000 members per year. Ambulatory services are divided into the following categories: (1) Outpatient Visits and (2) Emergency Department Visits.

**Outpatient Visits:** This category reports face-to-face encounters between the practitioner and patient for office visits or routine visits to hospital outpatient departments. It provides a reasonable proxy for professional ambulatory encounters.

**Emergency Department Visits:** This category reports the use of emergency department services, which are sometimes used as a substitute for ambulatory clinic encounters. The decision to use an emergency department rather than a clinic or physician's office may be the result of insufficient access to primary care, rather than a patient's behavior. However, emergency department visits are often more costly than outpatient visits. Therefore, it is important to note unusual trends in emergency department utilization.

| Ambulatory care services per 1,000 members per year | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| Average | Texas | QC | Texas | QC | Texas | QC | Texas | QC | Texas | QC |
| Outpatient Visits | 3336 | 3627 | 3687 | 3932 | 4006 | 4106 | 3772 | 3862 | 3940 | 3914 |
| ED Visits | 171 | 197 | 179 | 195 | 190 | 197 | 183 | 187 | 181 | 193 |

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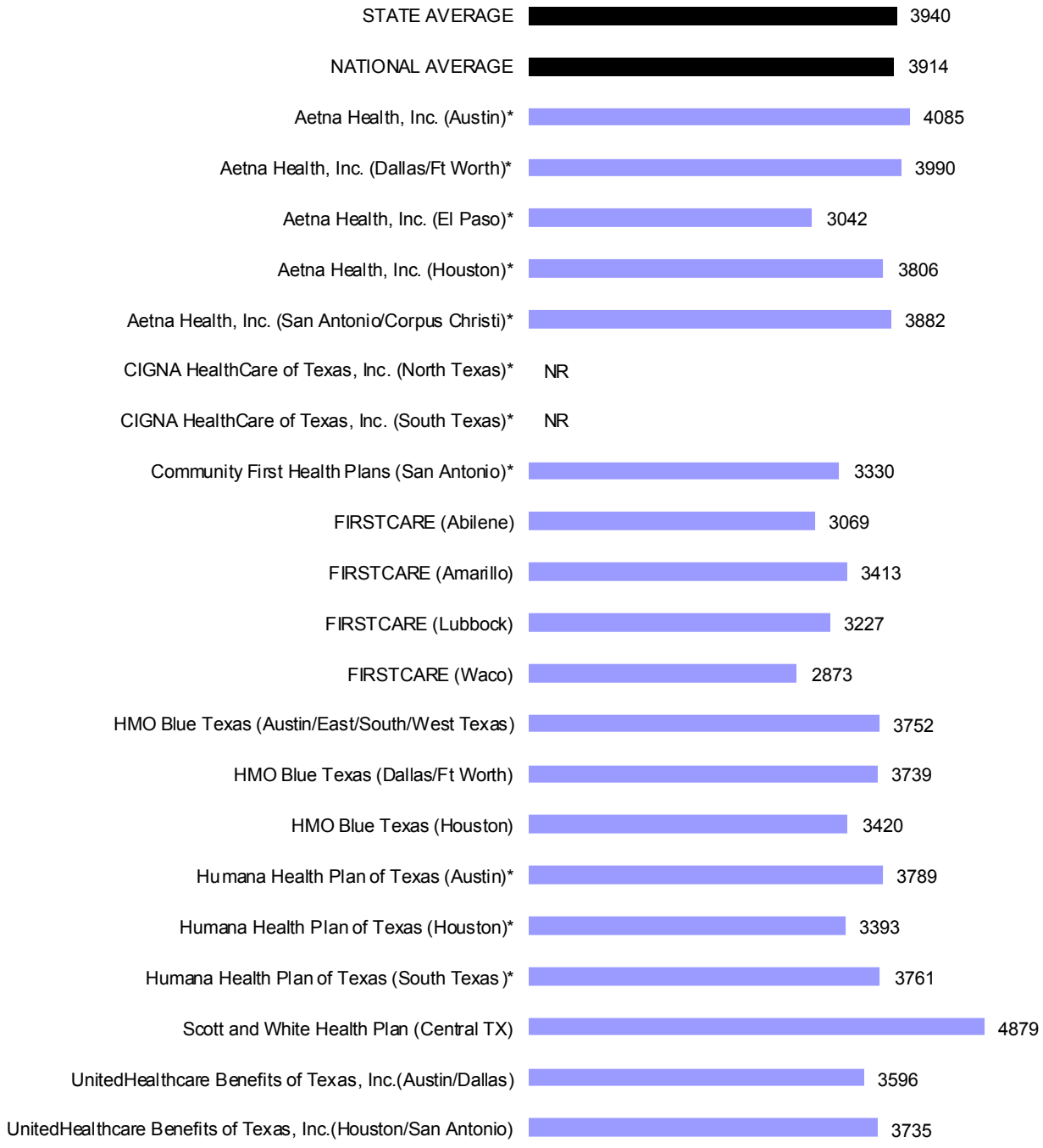
# Ambulatory Care: Outpatient Visits

**Per 1,000 Members Per Year**

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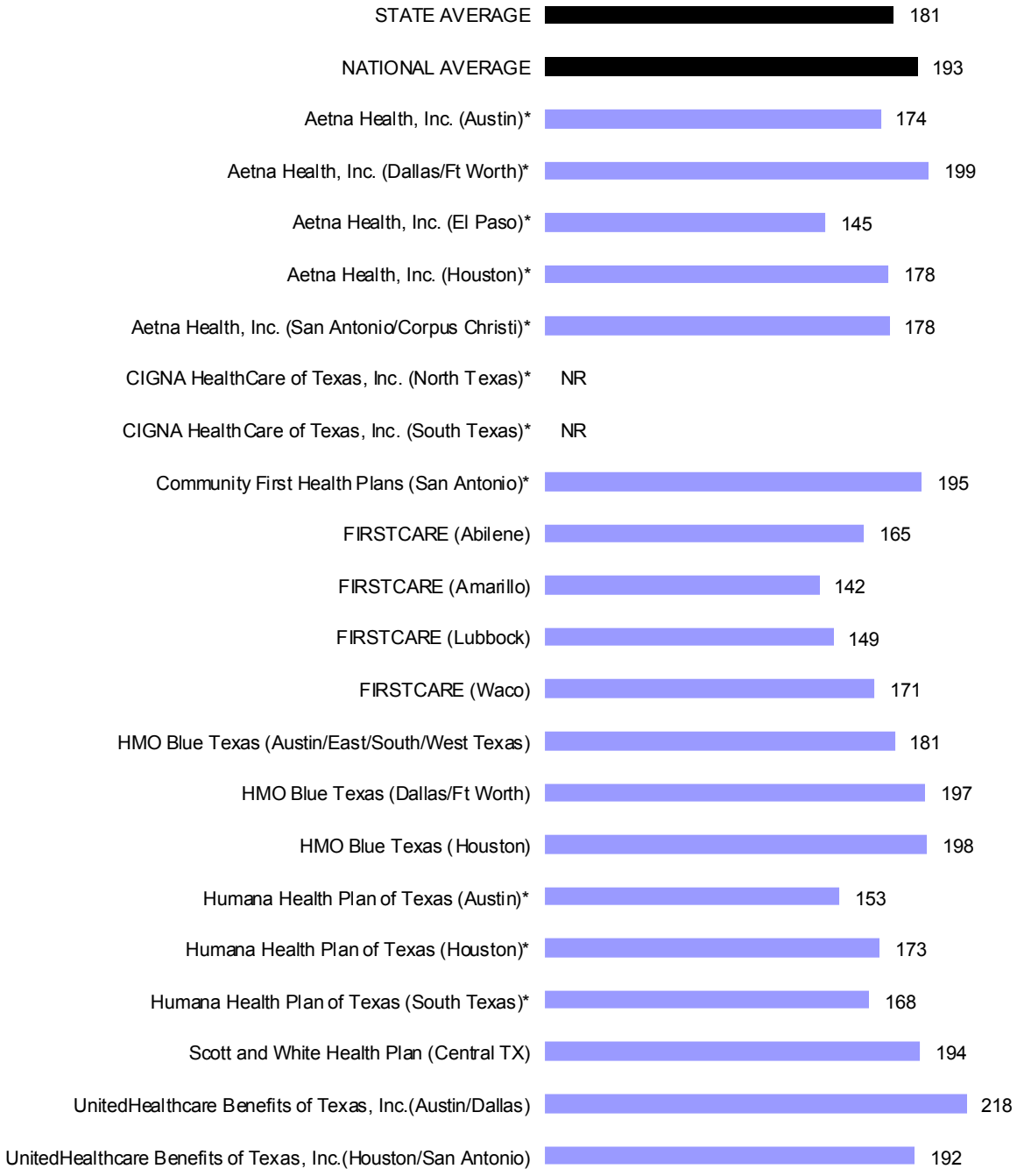
# Ambulatory Care: Emergency Department Visits

**Per 1,000 Members Per Year**




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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## Antibiotic Utilization

Definition: The average number of antibiotic prescriptions per member per year (PMPY), the average days supplied for all antibiotic prescriptions, the average number of antibiotic prescriptions PMPY for antibiotics of concern, and the percentage of antibiotics of concern prescribed during the measurement year for outpatient utilization.

Antibiotics can effectively treat diseases caused by bacteria, but not those caused by viruses. The overuse of antibiotics has increased bacterial resistance. In 1995, the Centers for Disease Control and Prevention began a campaign to educate physicians and patients on appropriate antibiotic use. While inappropriate antibiotic use has decreased, it still remains high.[1] Utilization of antibiotics for an organization's total population provides a comprehensive picture of trends in antibiotic prescribing.

| Antibiotic Utilization: Outpatient Utilization of Antibiotic Prescriptions | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| **Outpatient Antibiotic Utilization** | **Texas** | **QC** | **Texas** | **QC** | **Texas** | **QC** | **Texas** | **QC** | **Texas** | **QC** |
| **Average Number of Antibiotic Prescriptions PMPY** | 1.02 | ** | 0.98 | ** | 0.98 | ** | 1.00 | ** | 0.97 | ** |
| **Average Days Supplied for All Antibiotic Prescriptions** | 9.4 | ** | 9.9 | ** | 9.8 | ** | 9.9 | ** | 10.0 | ** |
| **Average Number of Prescriptions PMPY for Antibiotics of Concern*** ** | 0.56 | ** | 0.56 | ** | 0.53 | ** | 0.54 | ** | 0.51 | ** |
| **Percentage of Antibiotics of Concern For All Antibiotic Prescriptions** | 54.7% | ** | 57.0% | ** | 54.0% | ** | 54.0% | ** | 53.0% | ** |

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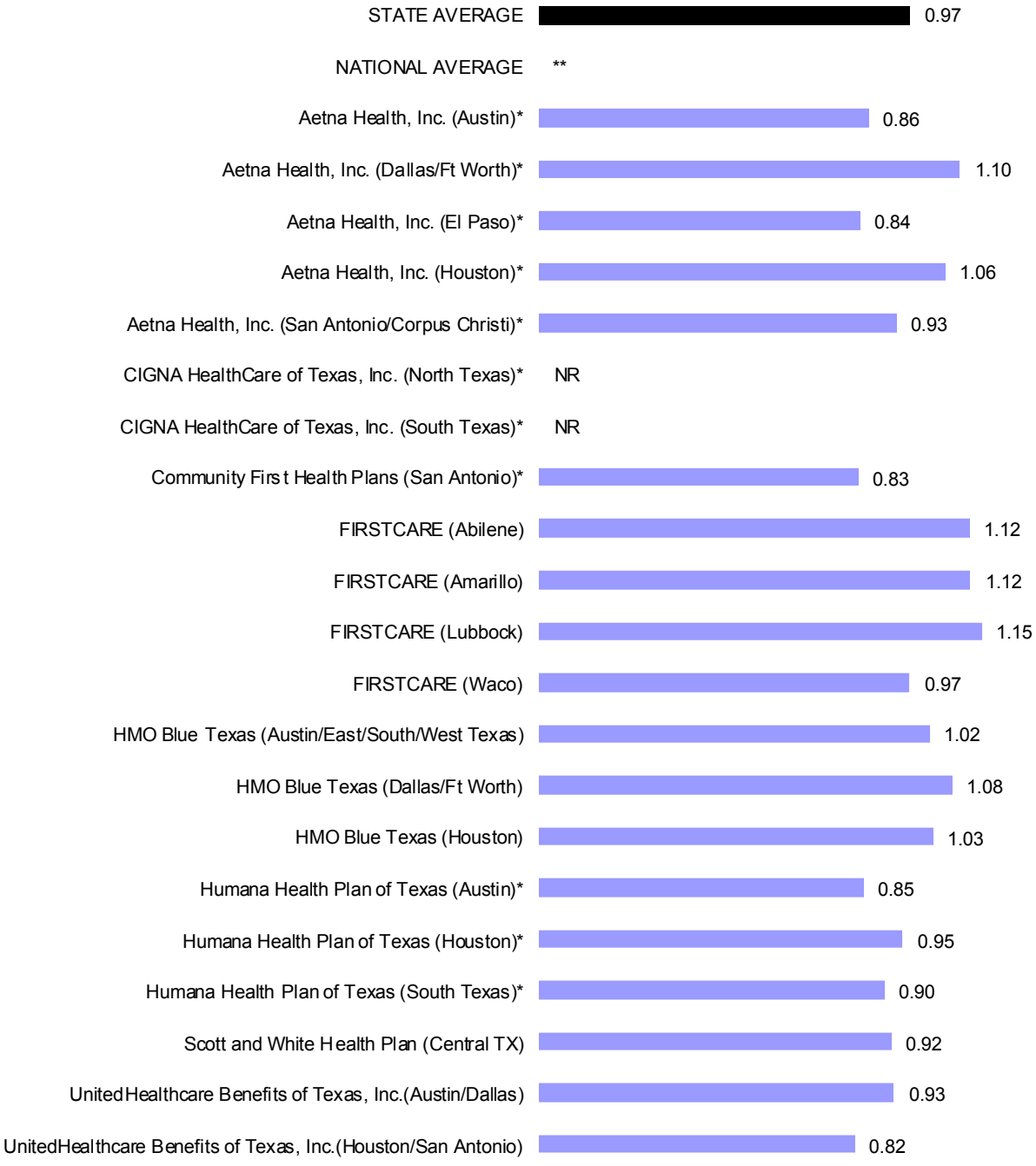
** Value not established or not obtained.
*** NCQA classifies certain antibiotics as "antibiotics of concern" because of the drug's more prolific role in antibiotic drug resistance.

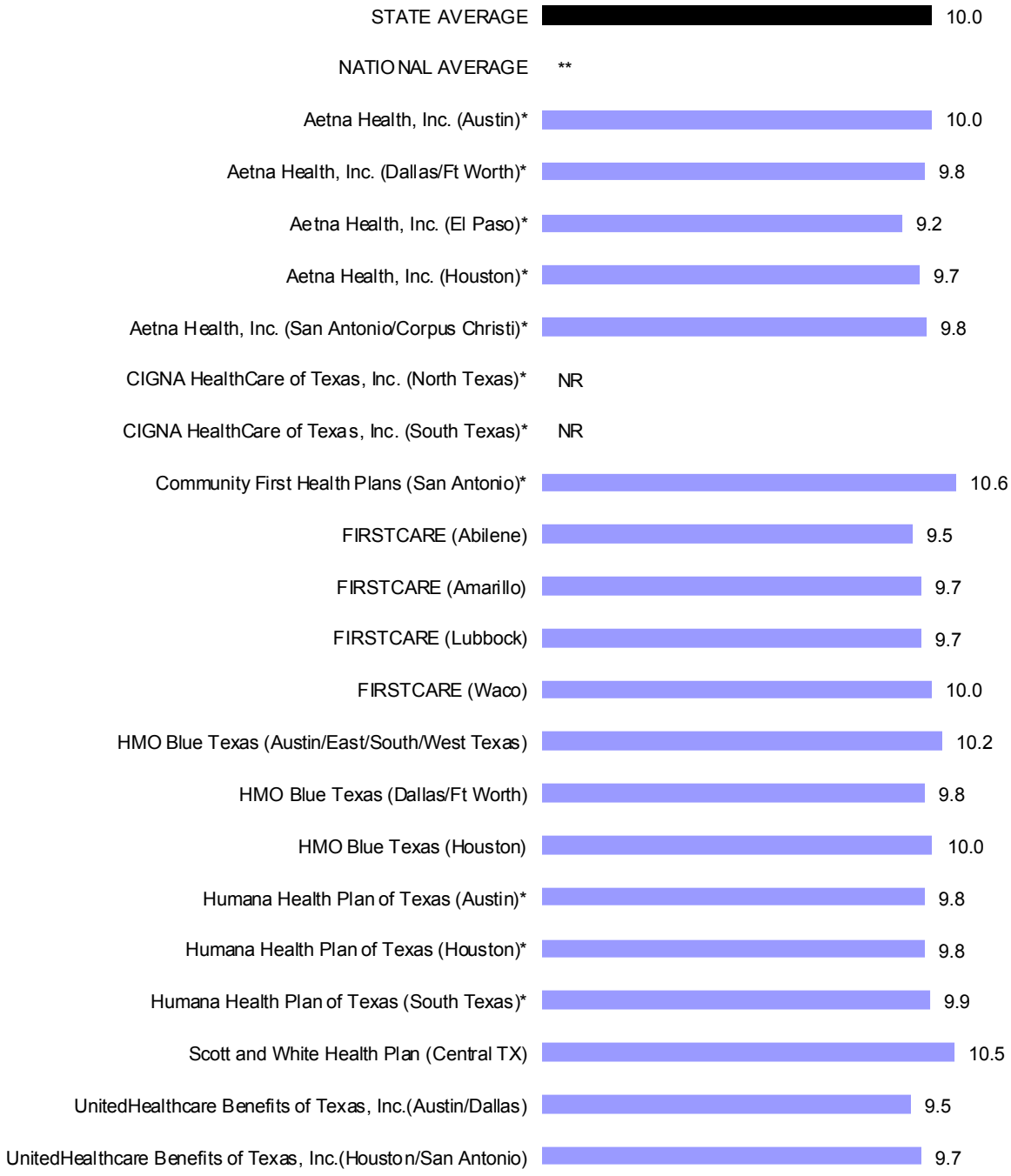
[1] Centers for Disease Control and Prevention. "Office-Related Antibiotic Prescribing for Persons Aged ≤ 14 Years—States, 1993–1994 to 2007–2008." *Morbidity and Mortality Weekly Report.* 60: 1153–1156 (2011).

# Antibiotic Utilization:
# Average Number of Prescriptions PMPY




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Antibiotic Utilization:
# Average Days Supplied Per Antibiotic Prescription




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
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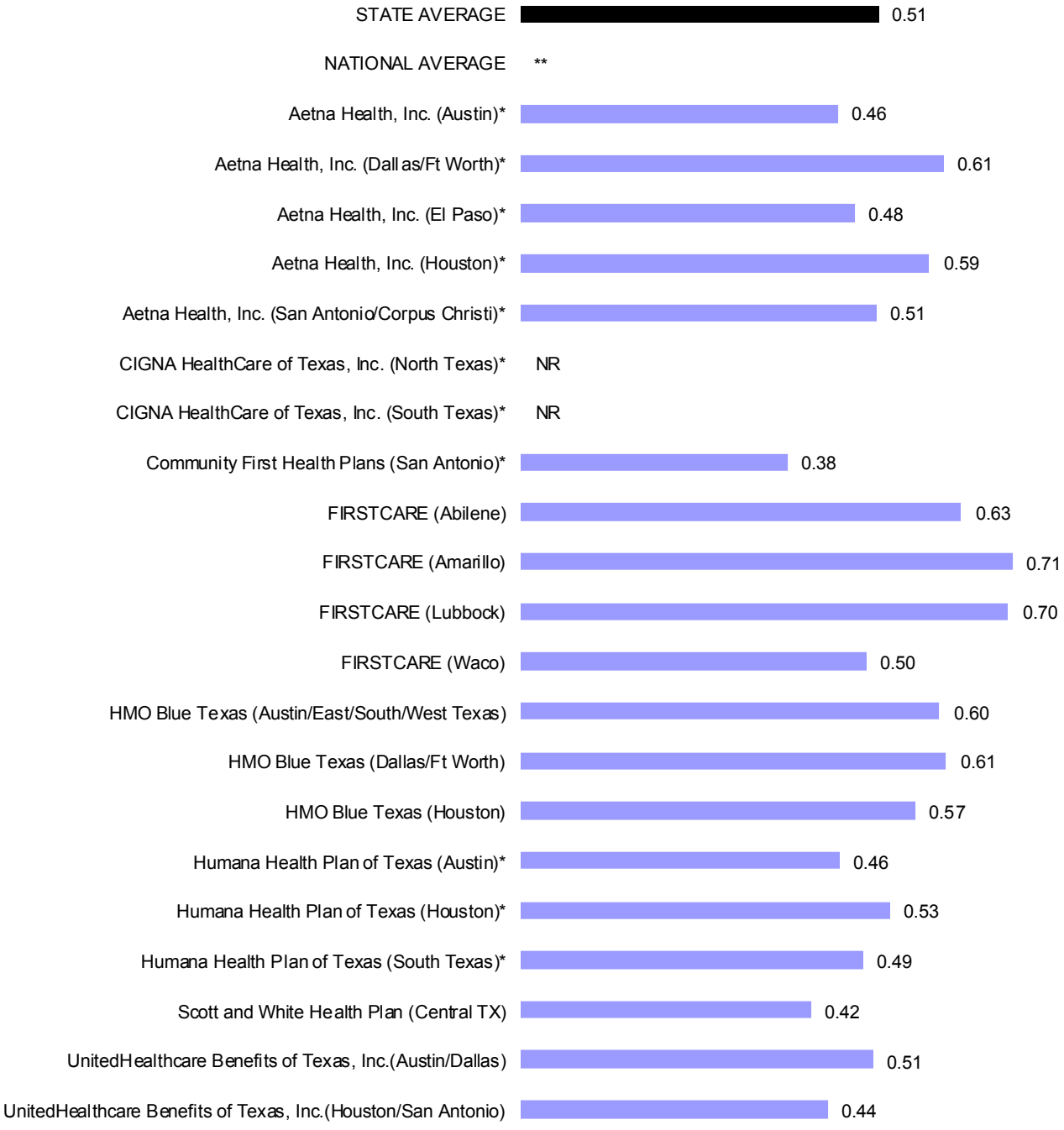
# Antibiotic Utilization:
# Ave. Number of Prescriptions for Antibiotics of Concern
# PMPY




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
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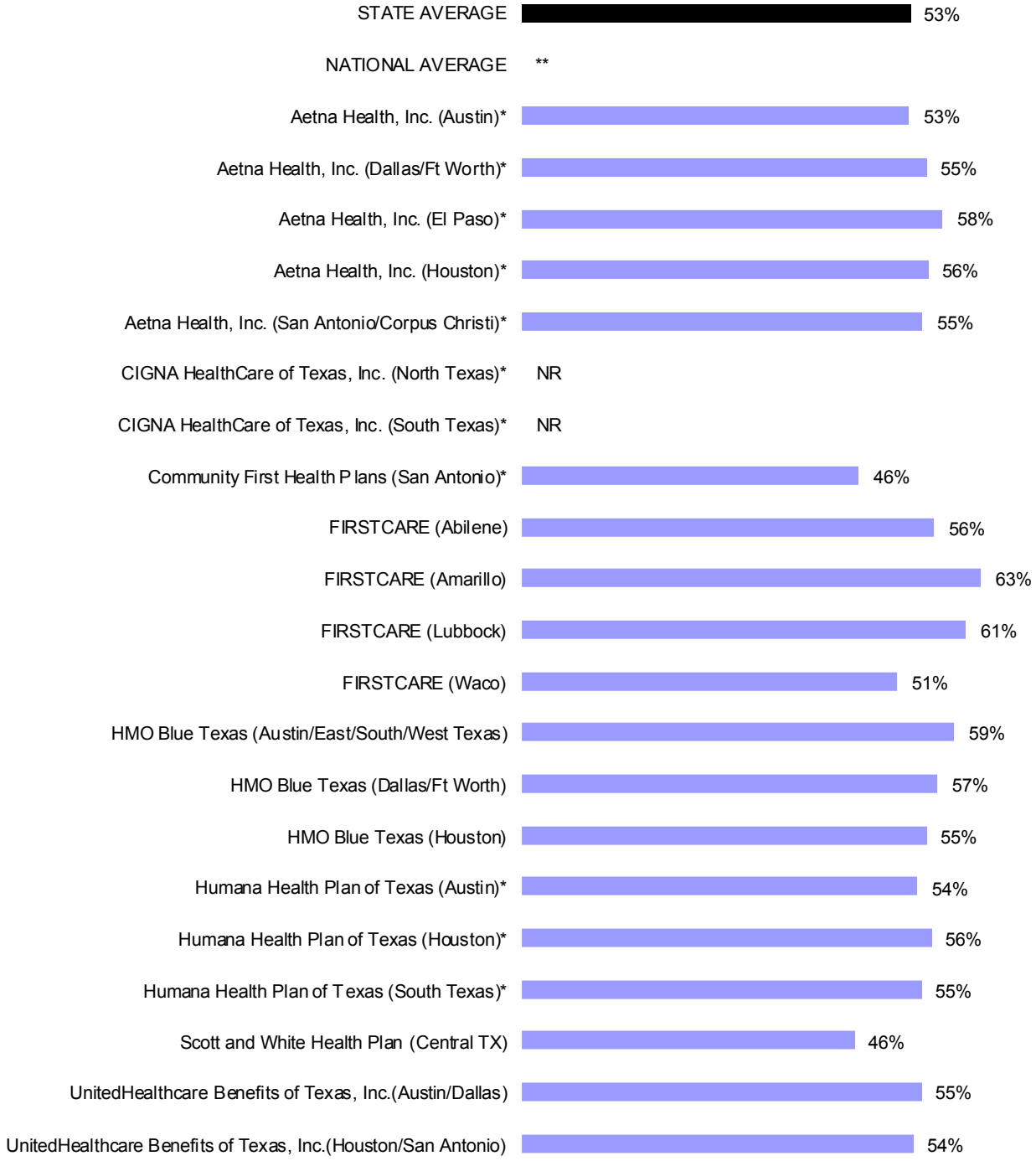
# Antibiotic Utilization: Percent Antibiotics of Concern for All Antibiotic Prescriptions




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
** Value not established or not obtained.
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## Board Certification

Definition: The percentage of physicians whose board certification is active as of December 31st of the measurement year.

Board certified physicians have completed residency training and a certification program in their specific field of practice. The percentage of board certified physicians in each plan does not directly measure the quality of every doctor in the plan. However, it does provide basic information about the credentials of the plan's physicians.

Please note that the "Primary Care Practitioners" category was replaced with the "Family Medicine Physicians" and "Internal Medicine Physicians" categories in 2008.

| Physicians with Board Certification | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| | Texas | QC | Texas | QC | Texas | QC | Texas | QC | Texas | QC |
| **Family Medicine Physicians** | 63.7% | 75.0% | 66.1% | 77.5% | 68.4% | 77.9% | 66.9% | 79.2% | 73.2% | 79.4% |
| **Internal Medicine Physicians** | 61.8% | 77.0% | 69.8% | 79.9% | 72.7% | 81.1% | 70.8% | 80.3% | 76.5% | 80.8% |
| **OB/GYNs** | 64.2% | 73.6% | 67.8% | 76.1% | 77.1% | 80.6% | 75.9% | 80.4% | 78.4% | 80.6% |
| **Pediatricians** | 72.4% | 79.2% | 74.7% | 82.0% | 78.0% | 83.6% | 75.4% | 83.7% | 81.6% | 84.2% |
| **Geriatricians** | 48.9% | 67.5% | 44.9% | 68.8% | 48.1% | 67.7% | 44.4% | 68.3% | 52.7% | 66.5% |
| **Other Physician Specialists** | 66.8% | 74.3% | 68.9% | 77.2% | 72.9% | 78.5% | 70.3% | 77.35 | 69.0% | 78.1% |

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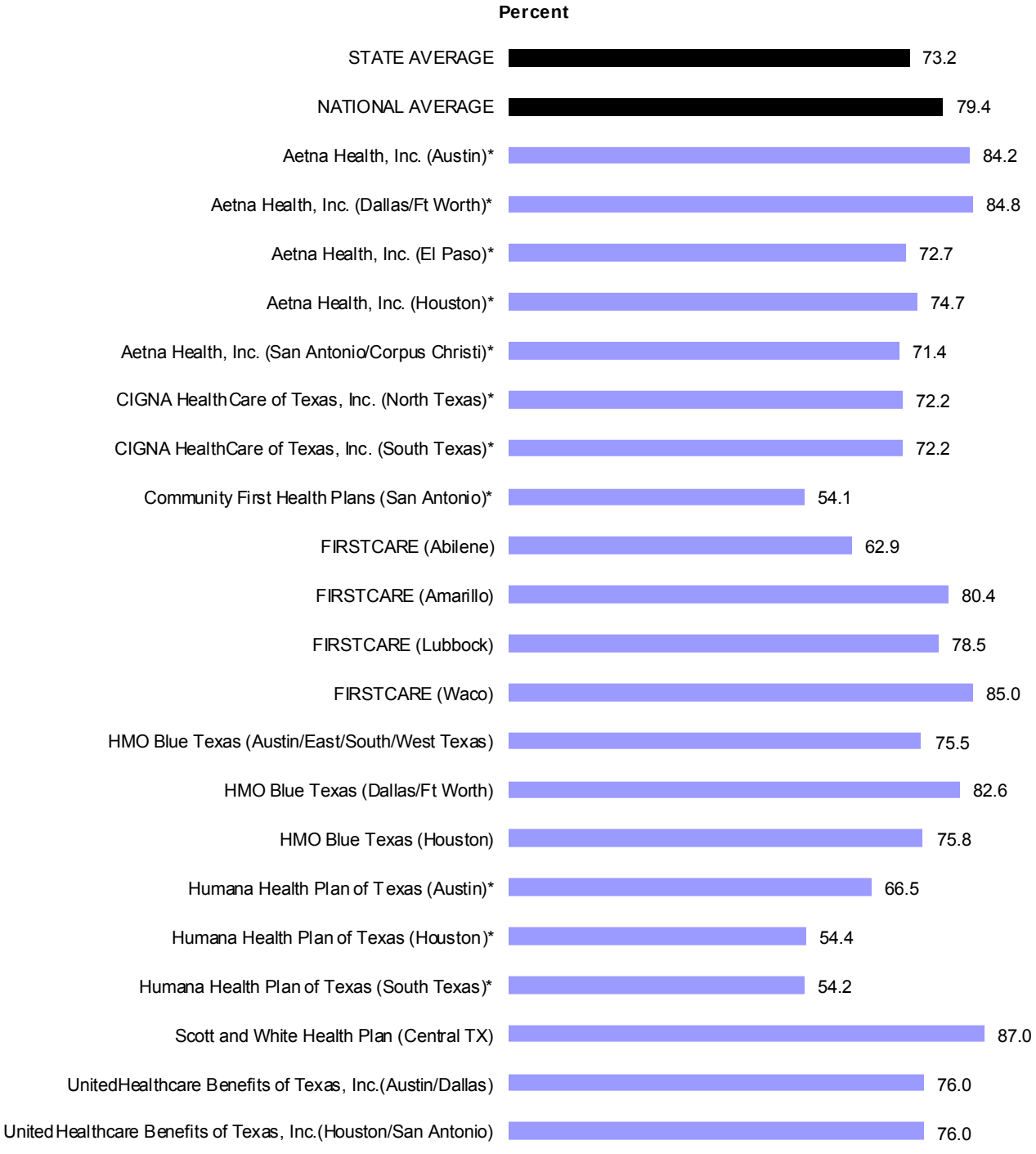
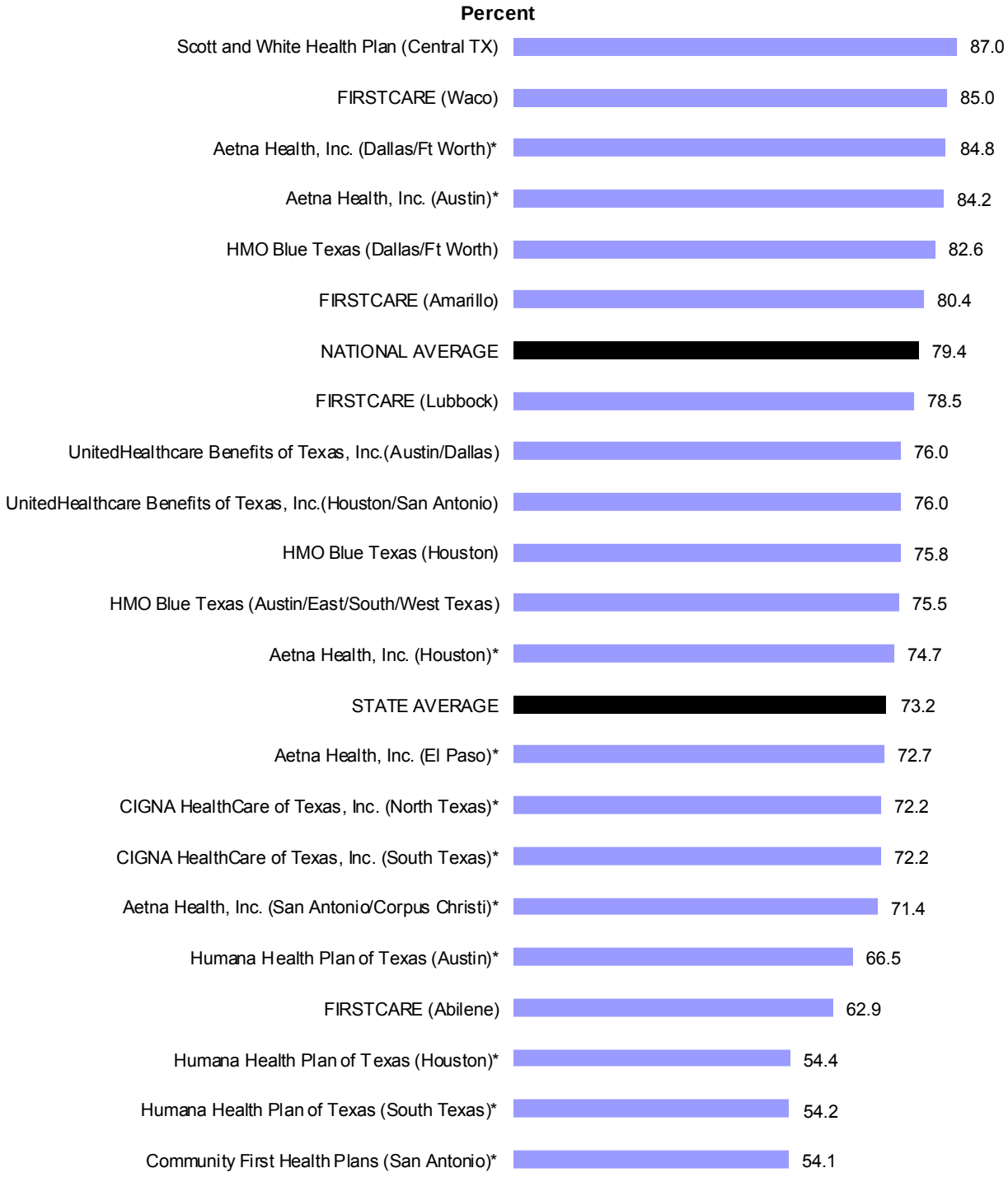
# Board Certification Rate: Family Medicine Physicians



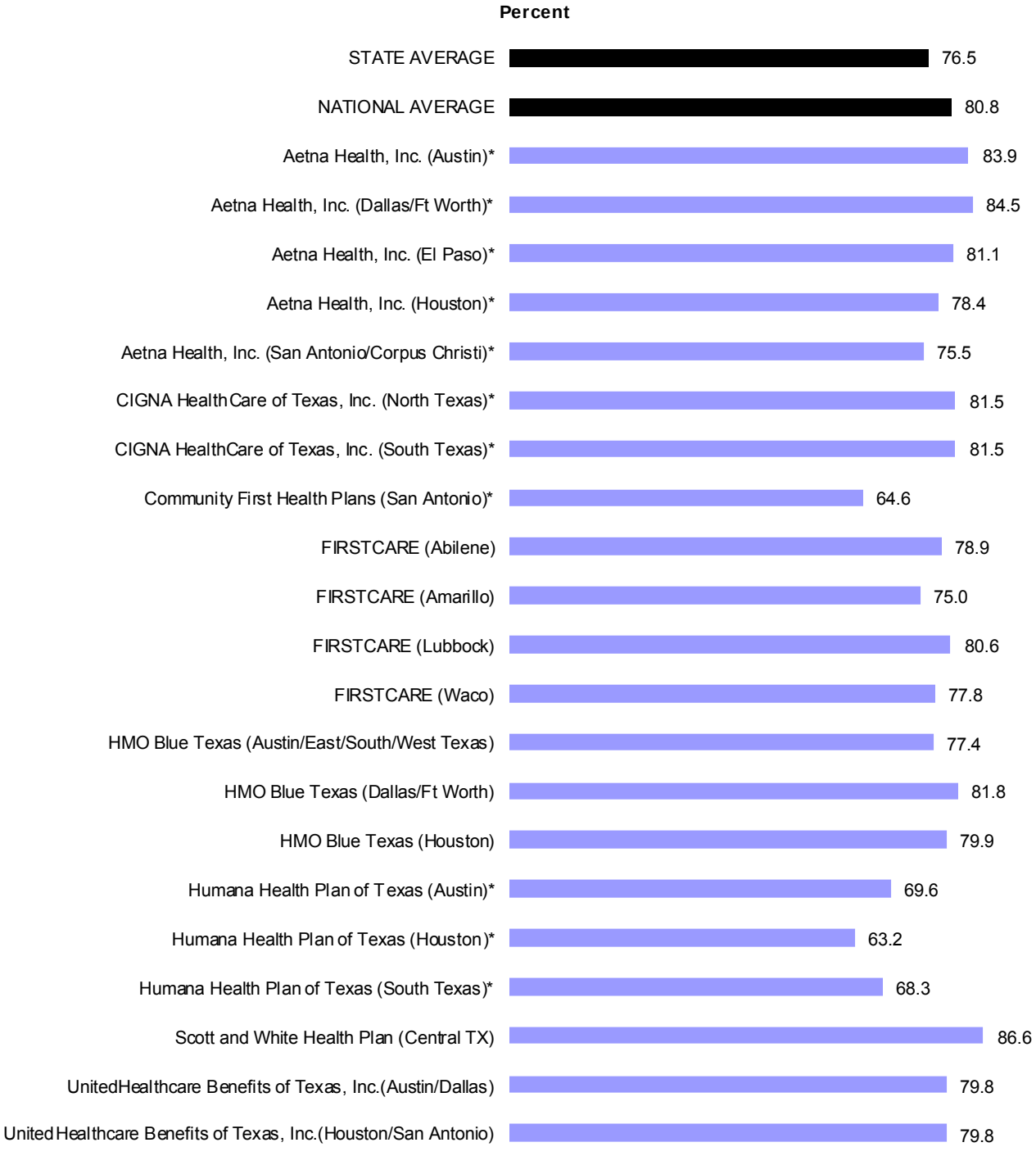

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Board Certification Rate: Family Medicine Physicians



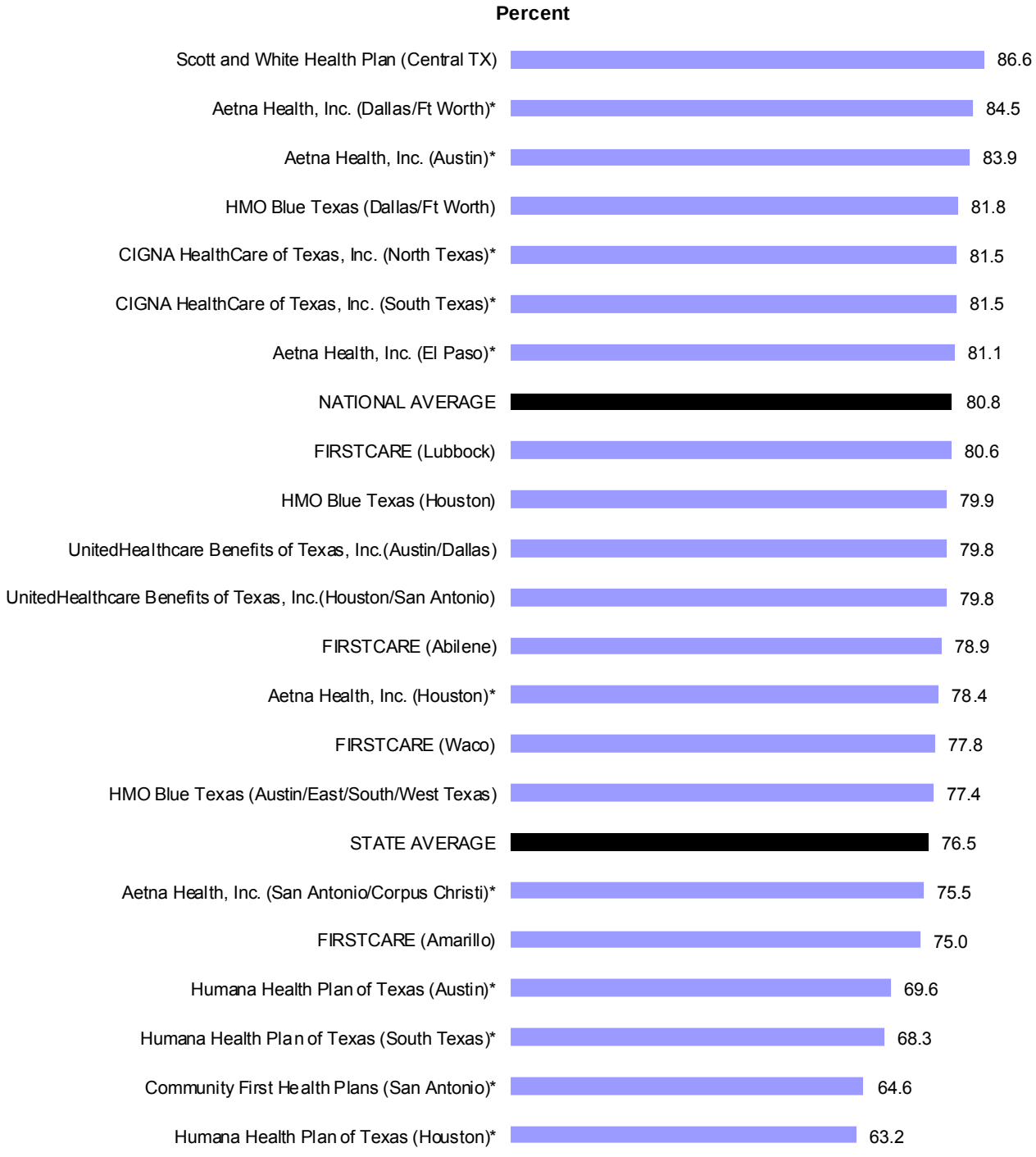

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Board Certification Rate: Internal Medicine Physicians



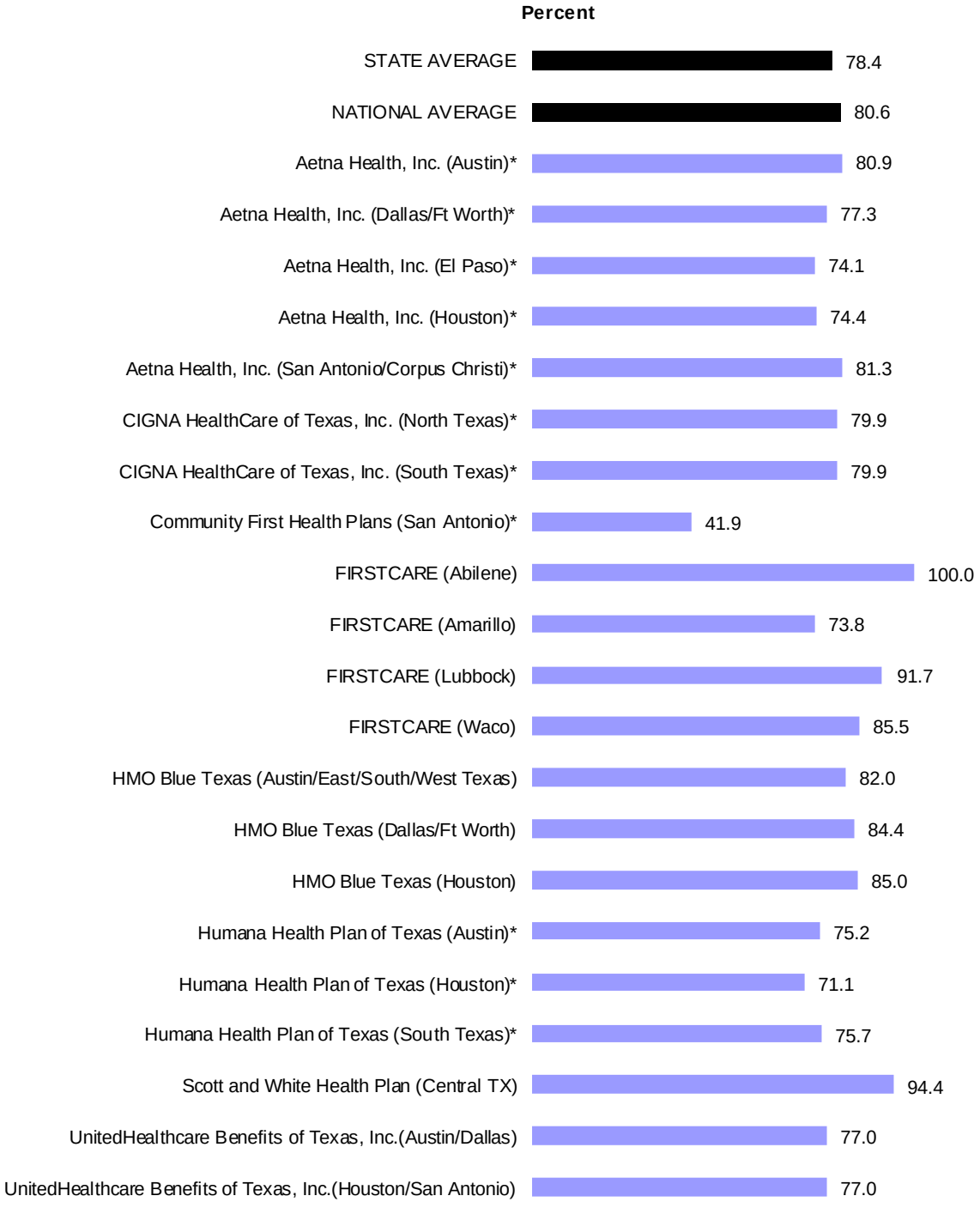

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Board Certification Rate: Internal Medicine Physicians




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Board Certification Rate: OB/GYN Physicians




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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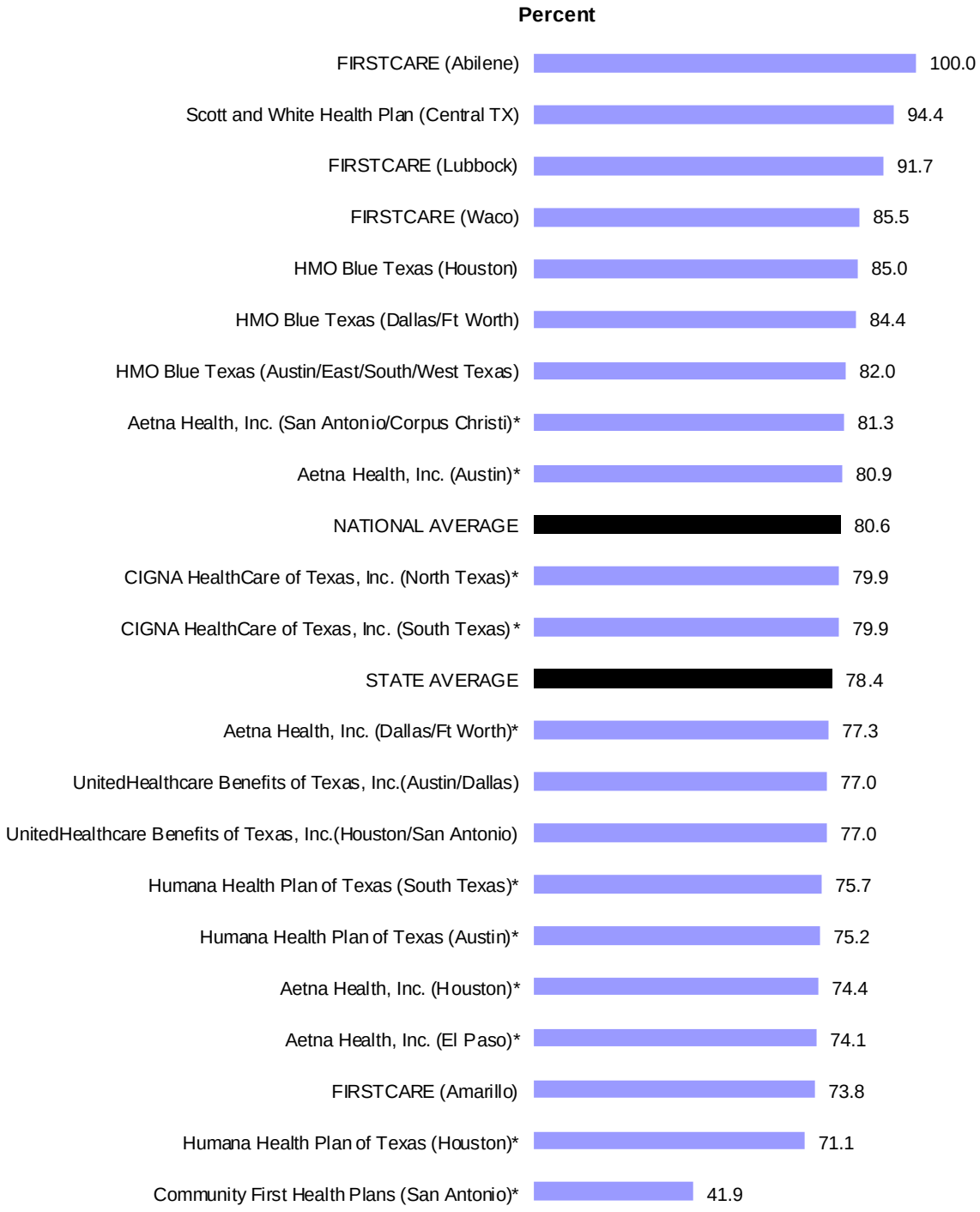
# Board Certification Rate: OB/GYN Physicians




* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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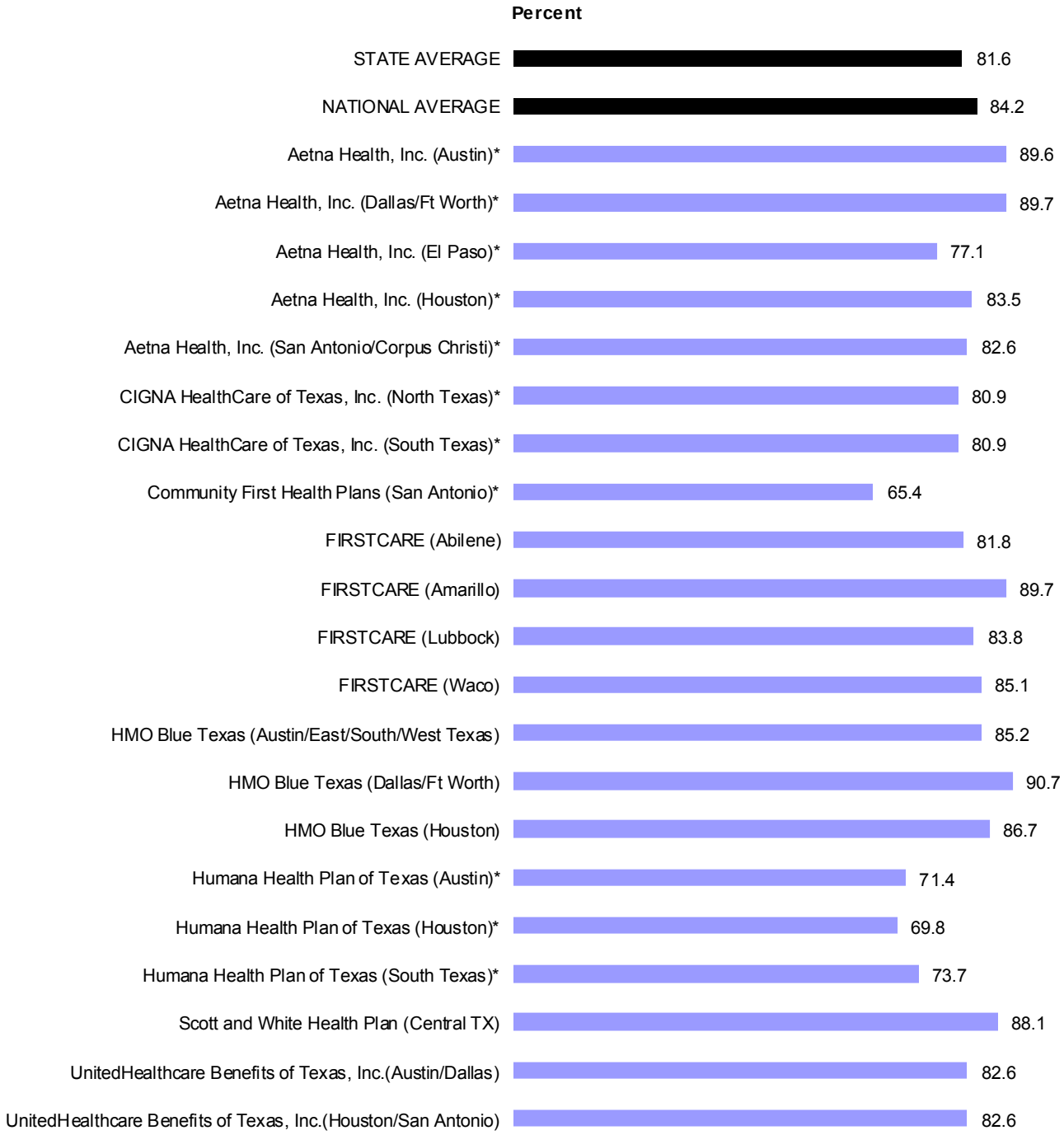
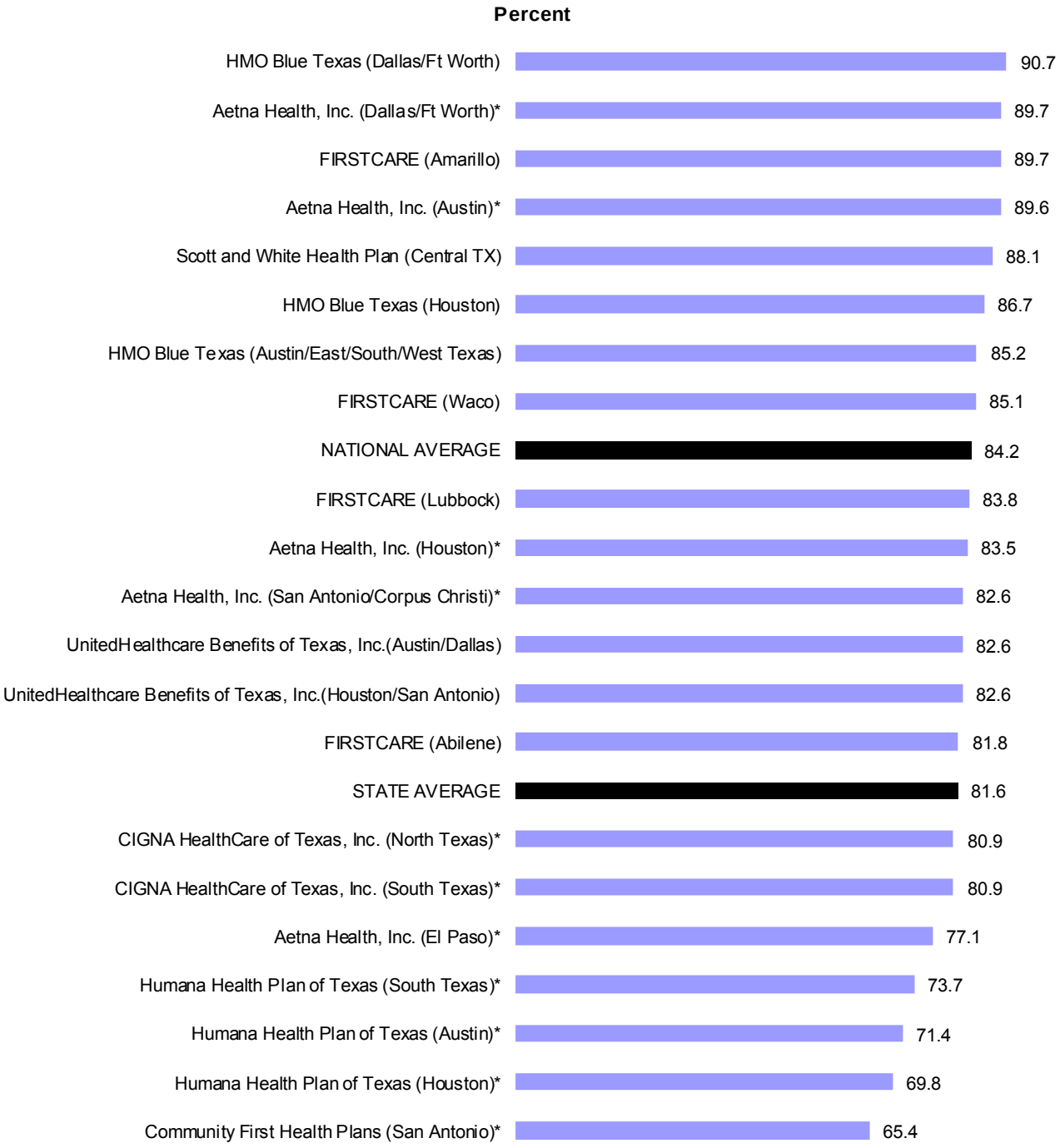
# Board Certification Rate: Pediatricians



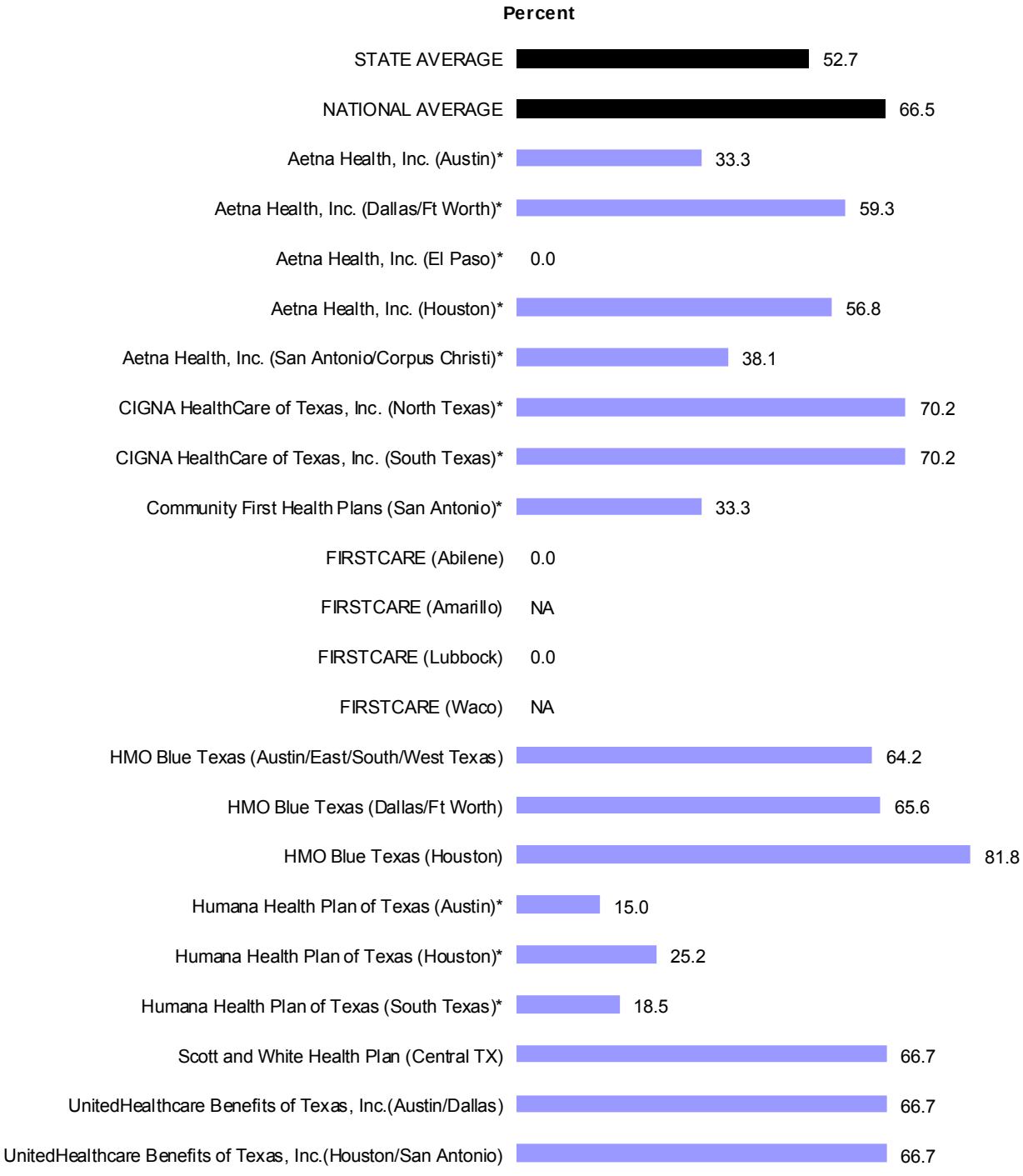

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Board Certification Rate: Pediatricians



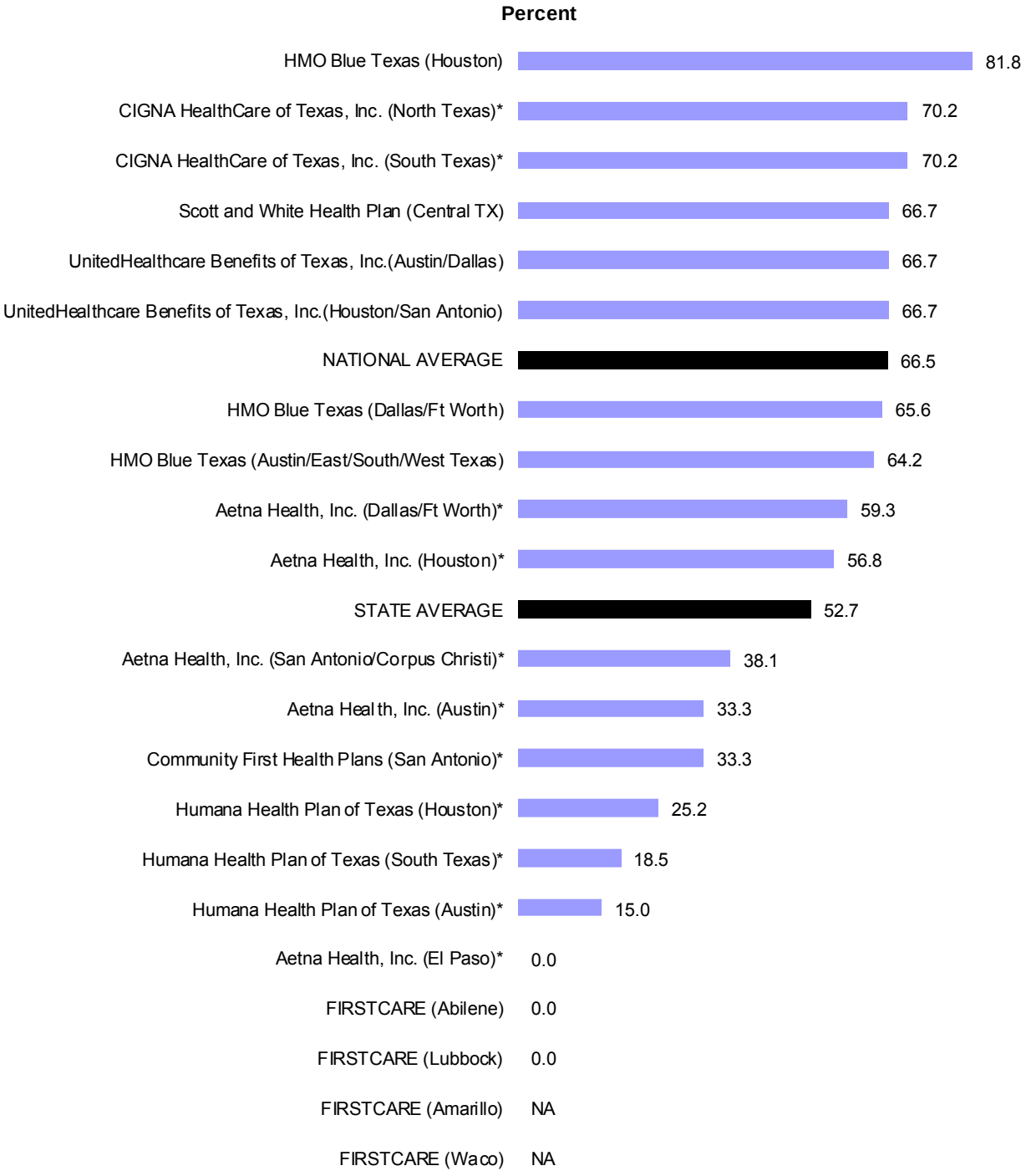

* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Board Certification Rate: Geriatricians



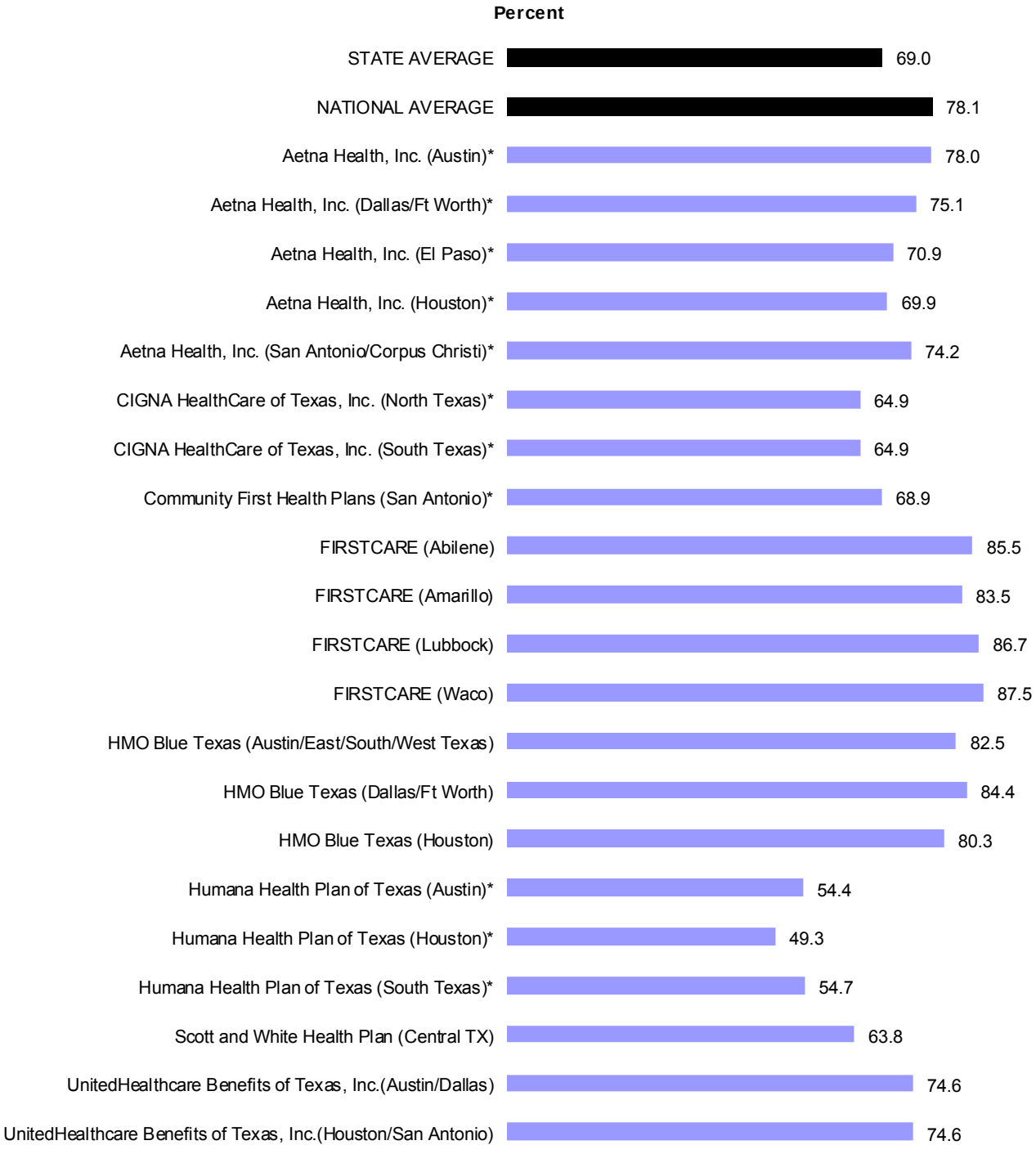

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Board Certification Rate: Geriatricians



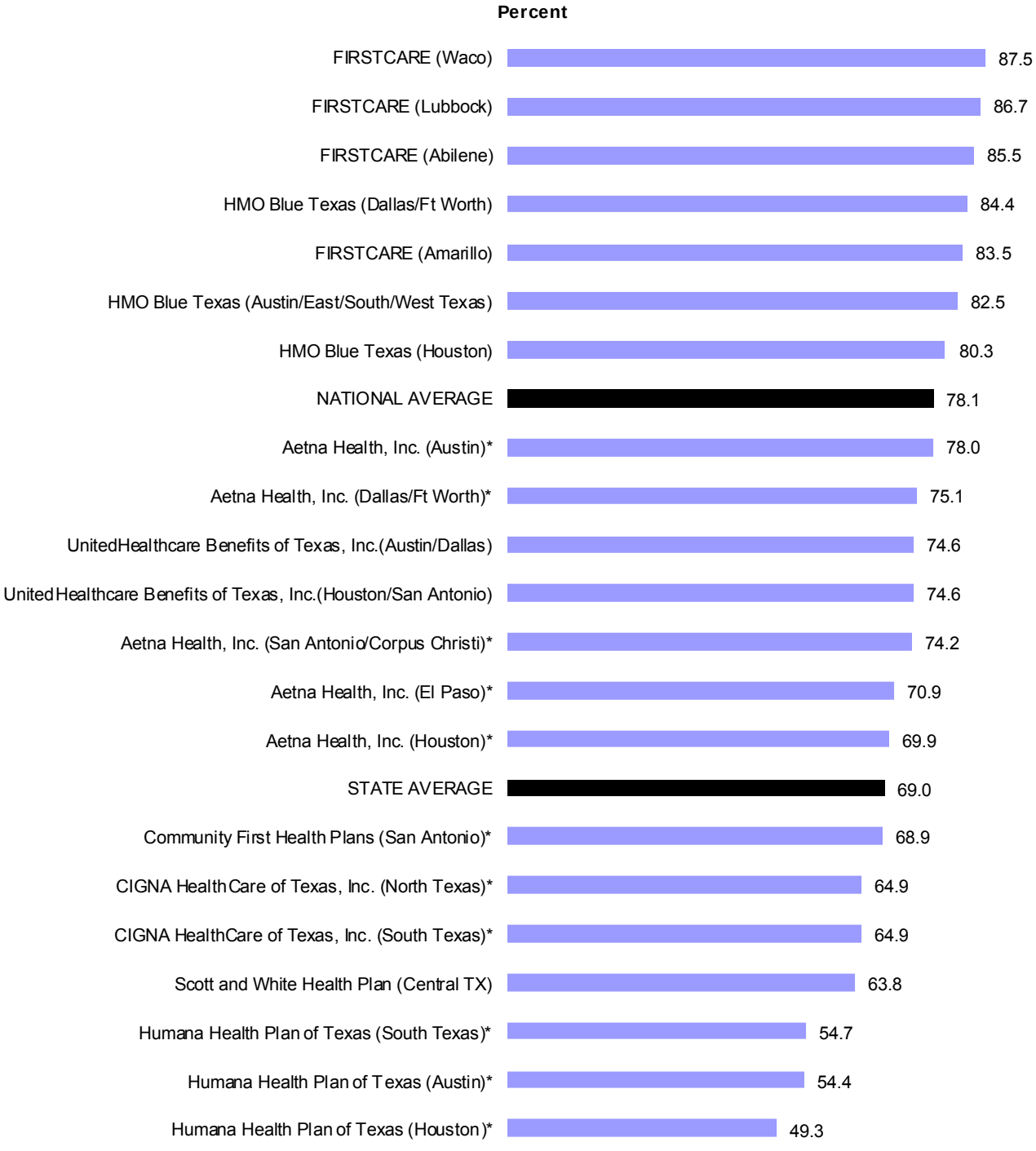

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NA–The plan did not have a large enough sample to report a valid rate.

# Board Certification Rate: Other Physician Specialists




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

# Board Certification Rate: Other Physician Specialists




* Plans reporting HMO/POS membership combined. Others are HMO membership only.

## Total Membership by product line and product type

Definition: The percentage of plan members enrolled by product line and product type.

Texas HMOs offer four product lines: Commercial, Medicare, Medicaid, and Self-Insured. The following tables report the percentage of members enrolled in an HMO by product line and by product type. Commercial members may be enrolled through an employer group policy or through an individual policy. Medicare members are enrolled through a contract between the Centers for Medicare and Medicaid Services and the health plan. Medicaid members are enrolled through a contract between the Texas Health and Human Services Commission and the health plan.

Product line percentages provide a sense of member demographics by providing information on which populations a specific plan insurers. For example, commercial members generally fall between 18–64 (plus their under-age dependents). Medicaid members are primarily women and children. Medicare members are generally 65 and older.

## Percentage of Plan's Members Enrolled in an HMO by Product Line

| Health Plan Name | Commercial % | Medicaid % | Medicare % | Others % |
|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | 100 | NR | NR | NR |
| Aetna Health, Inc. (Dallas/Ft Worth)* | 100 | NR | NR | NR |
| Aetna Health, Inc. (El Paso)* | 100 | NR | NR | NR |
| Aetna Health, Inc. (Houston)* | 100 | NR | NR | NR |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | 100 | NR | NR | NR |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | NR | NR | NR | NR |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | NR | NR | NR | NR |
| Community First Health Plans (San Antonio)* | 100 | 0 | 0 | 0 |
| FIRSTCARE (Abilene) | 10 | 84 | 5 | NR |
| FIRSTCARE (Amarillo) | 12 | 83 | 5 | NR |
| FIRSTCARE (Lubbock) | 22 | 73 | 5 | NR |
| FIRSTCARE (Waco) | 100 | NR | NR | NR |
| HMO Blue Texas (Austin/East/South/West Texas) | 100 | 0 | 0 | 0 |
| HMO Blue Texas (Dallas/Ft Worth) | 100 | 0 | 0 | 0 |
| HMO Blue Texas (Houston) | 100 | 0 | 0 | 0 |
| Humana Health Plan of Texas (Austin)* | 16 | 37 | 46 | NR |
| Humana Health Plan of Texas (Houston)* | 16 | 37 | 46 | NR |
| Humana Health Plan of Texas (South Texas)* | 16 | 37 | 46 | NR |
| Scott and White Health Plan (Central TX) | 85 | 0 | 15 | 0 |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | 100 | 0 | 0 | 0 |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | 100 | 0 | 0 | 0 |

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Percentage of Members Enrolled by Product Type

| Health Plan Name | HMO % | PPO % | POS % |
|---|---|---|---|
| Aetna Health, Inc. (Austin)* | 76 | NR | 24 |
| Aetna Health, Inc. (Dallas/Ft Worth)* | 73 | NR | 27 |
| Aetna Health, Inc. (El Paso)* | 35 | NR | 65 |
| Aetna Health, Inc. (Houston)* | 77 | NR | 23 |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | 77 | NR | 23 |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | NR | NR | NR |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | NR | NR | NR |
| Community First Health Plans (San Antonio)* | 35 | 0 | 65 |
| FIRSTCARE (Abilene) | 100 | 0 | 0 |
| FIRSTCARE (Amarillo) | 100 | 0 | 0 |
| FIRSTCARE (Lubbock) | 100 | 0 | 0 |
| FIRSTCARE (Waco) | 100 | 0 | 0 |
| HMO Blue Texas (Austin/East/South/West Texas) | 100 | 0 | 0 |
| HMO Blue Texas (Dallas/Ft Worth) | 100 | 0 | 0 |
| HMO Blue Texas (Houston) | 100 | 0 | 0 |
| Humana Health Plan of Texas (Austin)* | 42 | 39 | 12 |
| Humana Health Plan of Texas (Houston)* | 42 | 39 | 12 |
| Humana Health Plan of Texas (South Texas)* | 42 | 39 | 12 |
| Scott and White Health Plan (Central TX) | 100 | 0 | 0 |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | 100 | 0 | 0 |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | 100 | 0 | 0 |

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Enrollment by Product Line: Commercial

Definition: The percentage of total members organized by gender and age for the commercial product line.

Membership data by gender and age can be used by purchasers and consumers to learn the enrollment characteristics of the health plan. The demographic data can help explain differences in the type of care provided and the total volume of services provided.

The following tables show the percentage of members in the plan by the following age group and gender categories:

| | |
|---|---|
| Males Age 0–19 | Females Age 0–19 |
| Males Age 20–44 | Females Age 20–44 |
| Males Age 45–64 | Females Age 45–64 |
| Males Age 65+ | Females Age 65+ |

## Percentage of Male Members (Commercial Product) by Age Group

| Health Plan Name | 0-19 Years % | 20-44 Years % | 45-64 Years % | 65+ Years % |
|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | 24.7 | 42.0 | 30.9 | 2.3 |
| Aetna Health, Inc. (Dallas/Ft Worth)* | 30.2 | 39.4 | 28.1 | 2.4 |
| Aetna Health, Inc. (El Paso)* | 26.0 | 38.7 | 33.6 | 1.7 |
| Aetna Health, Inc. (Houston)* | 27.8 | 38.8 | 31.2 | 2.2 |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | 29.5 | 39.7 | 27.8 | 2.9 |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | NR | NR | NR | NR |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | NR | NR | NR | NR |
| Community First Health Plans (San Antonio)* | 34.5 | 36.2 | 26.1 | 3.2 |
| FIRSTCARE (Abilene) | 25.6 | 34.7 | 37.6 | 2.1 |
| FIRSTCARE (Amarillo) | 33.9 | 33.7 | 28.8 | 3.6 |
| FIRSTCARE (Lubbock) | 26.5 | 37.1 | 34.3 | 2.1 |
| FIRSTCARE (Waco) | 33.8 | 38.0 | 27.1 | 1.1 |
| HMO Blue Texas (Austin/East/South/West Texas) | 32.1 | 33.9 | 32.7 | 1.2 |
| HMO Blue Texas (Dallas/Ft Worth) | 35.3 | 39.5 | 24.1 | 1.1 |
| HMO Blue Texas (Houston) | 31.7 | 35.0 | 32.3 | 1.0 |
| Humana Health Plan of Texas (Austin)* | 25.2 | 44.1 | 29.5 | 1.2 |
| Humana Health Plan of Texas (Houston)* | 23.8 | 43.5 | 31.3 | 1.5 |
| Humana Health Plan of Texas (South Texas)* | 24.7 | 38.4 | 35.3 | 1.7 |
| Scott and White Health Plan (Central TX) | 29.4 | 34.8 | 31.1 | 4.7 |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | 36.5 | 36.7 | 25.1 | 1.7 |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | 33.1 | 31.8 | 28.2 | 6.8 |

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

## Percentage of Female Members (Commercial Product) by Age Group

| Health Plan Name | 0-19 Years % | 20-44 Years % | 45-64 Years % | 65+ Years % |
|---|---|---|---|---|
| Aetna Health, Inc. (Austin)* | 22.5 | 45.7 | 29.5 | 2.3 |
| Aetna Health, Inc. (Dallas/Ft Worth)* | 27.7 | 42.9 | 27.6 | 1.8 |
| Aetna Health, Inc. (El Paso)* | 21.6 | 46.5 | 30.8 | 1.1 |
| Aetna Health, Inc. (Houston)* | 25.1 | 41.9 | 31.5 | 1.6 |
| Aetna Health, Inc. (San Antonio/Corpus Christi)* | 25.4 | 44.1 | 28.4 | 2.1 |
| CIGNA HealthCare of Texas, Inc. (North Texas)* | NR | NR | NR | NR |
| CIGNA HealthCare of Texas, Inc. (South Texas)* | NR | NR | NR | NR |
| Community First Health Plans (San Antonio)* | 25.1 | 40.4 | 30.9 | 3.6 |
| FIRSTCARE (Abilene) | 19.1 | 40.2 | 39.2 | 1.5 |
| FIRSTCARE (Amarillo) | 24.8 | 39.6 | 32.8 | 2.8 |
| FIRSTCARE (Lubbock) | 22.1 | 40.9 | 35.3 | 1.7 |
| FIRSTCARE (Waco) | 26.1 | 41.8 | 30.9 | 1.3 |
| HMO Blue Texas (Austin/East/South/West Texas) | 29.3 | 37.4 | 32.3 | 1.1 |
| HMO Blue Texas (Dallas/Ft Worth) | 30.8 | 42.5 | 26.0 | 0.7 |
| HMO Blue Texas (Houston) | 31.2 | 35.8 | 32.1 | 0.8 |
| Humana Health Plan of Texas (Austin)* | 23.8 | 44.8 | 30.4 | 0.9 |
| Humana Health Plan of Texas (Houston)* | 24.8 | 42.8 | 31.4 | 1.0 |
| Humana Health Plan of Texas (South Texas)* | 20.9 | 40.7 | 36.9 | 1.4 |
| Scott and White Health Plan (Central TX) | 25.7 | 36.5 | 33.8 | 4.1 |
| UnitedHealthcare Benefits of Texas, Inc. (Austin/Dallas) | 34.0 | 39.7 | 25.3 | 1.0 |
| UnitedHealthcare Benefits of Texas, Inc. (Houston/San Antonio) | 31.5 | 32.7 | 28.7 | 7.0 |

* Plans reporting HMO/POS membership combined. Others are HMO membership only.
NR–The plan failed to submit the required data or the data was not certified by an NCQA licensed auditor.

# Methods and Statistical Issues

The Healthcare Effectiveness Data and Information Set (HEDIS®) consists of standardized performance measures used to compare the quality of care of managed care organizations. The National Committee for Quality Assurance (NCQA)—a private, nonprofit organization—developed and maintains HEDIS®. NCQA convenes national healthcare experts to guide the selection and development of HEDIS® measures based on three primary criteria: relevance, scientific soundness, and feasibility. The performance measures reflect many current public health issues affecting Americans, including cancer, heart disease, smoking, diabetes, and the care of pregnant women and children.

Texas law requires basic service HMOs to report HEDIS® measures to the Texas Health Care Information Collection (THCIC) on an annual basis. THCIC is a part of the Center for Health Statistics (CHS) division of the Department of State Health Services.

Each year THCIC collects a subset of HEDIS® measures in Texas. THCIC uses the following principles to guide its recommendations:

- The measures must reflect the types of plans and products currently available in the Texas marketplace.
- The measures must translate into meaningful information for Texas residents.
- Sufficient encounter information must be available. If a majority of plans cannot report a specific measure due to a low number of members qualifying for the measure, the measure is not required to be reported.
- The reporting requirements must minimize duplication in reporting to other state agencies.
- The reporting requirements and technical specifications must be consistent with those of NCQA.

To accommodate differences in HMO data systems and technical capabilities, HEDIS® 2012 gives plans a choice of two methods to calculate performance measures: (1) an administrative records method or (2) a hybrid method. The administrative records approach involves three steps. First, all records in a health plan's administrative database are queried to determine the eligible population for a certain measure. This becomes the denominator for the measure. Second, the selected records are reviewed to identify the members who utilized the service/procedure. This number is included in the numerator. Third, the members with a contraindication to the service/procedure are excluded from the denominator. The hybrid method utilizes a random sample of enrollees for the denominator. The selected records are reviewed to identify the individuals who used the service. NCQA has developed a systematic sampling scheme for health plans who choose to use the hybrid method.

A third data gathering and analysis method, survey research, is used for the Medical Assistance with Smoking Cessation and Flu Shots for Adults measures in the Effectiveness of Care domain. The standardized survey instrument employed for HEDIS® 2012 is the Consumer Assessment of Healthcare Providers and Systems, Version 4.0 (CAHPS 4.0H). The survey asks consumers to score various aspects of their experience with their health plan. Health plans must contract with independent survey vendors certified by NCQA to administer the survey. A report on the survey measures, ***Comparing Texas HMOs***, is available on OPIC's website at http://www.opic.state.tx.us/health/comparing-texas-hmos.

Plan members must be continuously enrolled to be counted for rate denominators. Continuous enrollment criteria typically require an individual to be an active plan member for the duration of time under review—usually one year. One break in enrollment of up to 45 days per year is usually allowed to account for a change in enrollment.

NCQA developed the sampling methodology using established practices, however there is a small chance that the sample does not represent the underlying population. When interpreting data, keep in mind that many HEDIS® measures are best understood in the context of others. It is always more meaningful to compare health plans across a group of related measures than any single measure.

Certified auditors review HEDIS® results using a process designed by NCQA. Data not certified through this process are denoted as "NR" (not reportable). Data that may meet NCQA audit standards but are calculated from fewer than 30 denominator observations are designated as "NA" (not applicable). Plans that fail to report a measure by service area as required are designated as "FTR" (failure to report).

Measures from Effectiveness of Care, Health Plan Stability, Health Plan Descriptive, and Use of Services domains were tested using a 95% confidence interval to determine if they differ significantly from the average of all HMOs in Texas. NCQA suggests the following formula for statistical significance testing on HEDIS® measures:

$$(\text{Plan rate} - \text{*Stateavg}) \pm 1.96 \sqrt{(\text{SE plan})^2 + (\text{SE *Stateavg})^2}$$

Where:

Planrate = rate reported for the plan
*Stateavg = unweighted mean for all plans in Texas minus the comparison plan
SE plan = standard error for the plan
SE *Stateavg = standard error for the average for all plans in Texas minus the comparison plan

The equation for a plan standard error (SE plan) is as follows:

$$\sqrt{\frac{p\,(1 - p)}{m - 1}}$$

Where:

$m$ = number of members in the sample
$p$ = plan rate

The standard error for all plans in Texas minus the comparison plan (SE *Stateavg) is calculated like this:

$$\sqrt{\frac{1}{n^2} \sum_{i}^{n} \frac{1}{m_i - 1}\; p_i (1 - p_i)}$$

Where:

$n$ = number of plans with valid rates minus 1
$i$ = a plan
$m$ = number of members in the sample
$p$ = plan rate

Rates are considered statistically significant if the interval produced by the above test does not include zero.

For ease of computation, the formula for calculating the 95 percent confidence interval around an organization's HEDIS® rate is:

$$\text{lower} = p - 1.96 \sqrt{\frac{p\,(1 - p)}{n} - \frac{1}{2n}}$$

$$\text{upper} = p + 1.96 \sqrt{\frac{p\,(1 - p)}{n} + \frac{1}{2n}}$$

For example, suppose the organization has a sample size of 96 eligible women for its *Cervical Cancer Screening* rate. Of these, 50 receive a Pap test during the year. The calculation would proceed as follows:

$$p = \frac{50}{96} = 52\%$$

$$\text{lower} = .52 - 1.96 \sqrt{\frac{.52\,(1 - .52)}{96} - \frac{1}{196}} = 41.5\%$$

$$\text{upper} = .52 + 1.96 \sqrt{\frac{.52\,(1 - .52)}{96} + \frac{1}{196}} = 62.5\%$$

The user can be 95 percent certain that the organization's true Pap test rate is between 41.5 percent and 62.5 percent.

The summary tables (pages 4–8) report plan performance on specific measures in relation to the Texas state average. Plan performance is "equivalent" to the state average if it is not rated as statistically different from the average of all plans in the state (i.e. the interval includes the state average). Otherwise, the plan's performance is reported as either better (+) or worse (-) than the state average.

Results of HEDIS® statistical significance testing should be interpreted with care. Statistical tests account only for random or chance variations in measurement. HEDIS® does not control for underlying differences in plan population characteristics such as age or health status. For some measures, the difference between HMOs may represent differences in quality of care, while others may represent a different mix of member enrollment.

This publication reports benchmarks from NCQA's National Summary Statistics. NCQA's national averages are based on HEDIS® data voluntarily reported to NCQA by more than 400 health plans throughout the country.

NCQA intends its HEDIS® database to serve primarily as a decision and management support tool for benefits managers, consumers, policy makers, and health plans.

# Texas Subset of HEDIS® Commercial 2012 Measures

**Effectiveness of Care**

**Prevention and Screening**

- Childhood Immunization Status
- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women

**Cardiovascular Conditions**

- Controlling High Blood Pressure
- Persistence of Beta Blocker Treatment After a Heart Attack
- Cholesterol Management for Patients with Cardiovascular Conditions

**Diabetes**

- Comprehensive Diabetes Care

**Respiratory Conditions**

- Appropriate Testing for Children With Pharyngitis
- Appropriate Treatment for Children With Upper Respiratory Infection
- Use of Appropriate Medication for People with Asthma

**Behavioral Health**

- Follow-Up after Hospitalization for Mental Illness
- Antidepressant Medication Management

**Measures Collected Through the CAHPS Health Plan Survey**

- Medical Assistance with Smoking Cessation
- Flu Shots for Adults Ages 50–64

**Access/Availability of Care**

- Prenatal and Postpartum Care

**Experience of Care**

- CAHPS® Health Plan Survey 4.0H, Adult Version
  (A report on the survey measures, ***Comparing Texas HMOs 2012*** is available on OPIC's website at http://www.opic.state.tx.us/health/comparing-texas-hmos)

**Utilization and Relative Resource Use**

**Utilization**

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life
- Adolescent Well-Care Visits
- Inpatient Utilization–General Hospital/Acute Care
- Ambulatory Care
- Antibiotic Utilization

**Health Plan Descriptive Information**

- Board Certification
- Enrollment by Product Line
- Total Membership

***Please send questions or comments to:***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