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# GUIDE TO TEXAS HMO QUALITY: 2006

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*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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## Introduction

### **A. Health Plan Employer Data and Information Set (HEDIS®)**

The Health Plan Employer Data and Information Set (HEDIS®) consists of standardized performance measures designed for comparing the quality of care of managed care organizations. As reported by the *State of Managed Care Quality (2004)*, this tool is used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS® is developed and maintained by the National Committee for Quality Assurance (NCQA), a private non-profit organization committed to assessing, reporting, and improving the quality of care provided by organized health care delivery systems. NCQA convenes national health care experts to guide the selection and development of HEDIS® measures using three primary criteria: relevance, scientific soundness, and feasibility. The performance measures reflect many significant U.S. public health issues such as cancer, heart disease, smoking, diabetes, and the care of pregnant women and children.

### **B. Texas Subset of HEDIS®**

Basic service HMOs with 5,000 or more members are required under Texas law (Chapter 108 of the Texas Health and Safety Code) to report Health Plan Employer Data and Information Set (HEDIS®) measures annually to the Texas Health Care Information Collection (THCIC) division of the Texas Department of State Health Services Center for Health Statistics (CHS).

THCIC has elected to collect a subset of HEDIS® 2006 in Texas, rather than the entire set of measures developed by NCQA. The process for determining Texas' annual subset of HEDIS® begins the year prior. THCIC has adopted the following principles to guide their recommendations:

- Advice is in direct relation to the types of plans and products currently available in the Texas marketplace.
- Measures collected must be translatable into meaningful information to Texas residents.
- There must be reason to believe that there is sufficient encounter information to make the analysis valuable. If a majority of plans cannot report a specific measure due to a low number of members qualifying for the measure, then that measure is not required to be reported.
- Minimize duplication in reporting to other state agencies.
- All reporting requirements and technical specifications will be consistent with those of NCQA.

### **C. Making Use of This Report**

In using this report, we encourage health plan purchasers and consumers to think about the relevance each HEDIS® measure has to their own needs. For instance, the fact that one HMO performs well on childhood immunization may be more important to a family with young children than to one without. Likewise, a middle-aged couple might prefer a plan that hires providers who routinely screen for diseases for which their age makes them a higher risk.

In the same way that HEDIS® measures undergo constant review and have evolved over time, techniques for communicating the importance and the results of HEDIS® measures have also been changing. This report groups performance measures in meaningful categories-of-care as organized in the *Quality Compass*® published by NCQA. The measures included in each category cover the scope of health care for conditions related in some way. The title of each category characterizes which aspect of health care quality is covered in that category.

Each measure begins with a general description followed by bar charts that graphically display the performance for all HMOs. The bar charts depicting individual Texas HMO performance are presented in both alphabetical and rank order. The health plan names include the service area, shown in parentheses, which is usually the city from which the plan is administered. The narrative provides detail on what data points were included in the measure and in most cases presents two additional points of reference for comparing a given plan's performance: the statewide average of all plan's performances, and the nationwide average of nearly 300 health plans participating in NCQA's Quality Compass® project. Measures of particular importance to the health of the nation are signified by the inclusion of the Healthy People 2010 objective. However, it is important to note the difference between HEDIS® measures and objectives of the Healthy People 2010. HEDIS® measures are designed and used for an insured population. Healthy People 2010 objectives are public health objectives for the entire population, a significant portion of which does not have health insurance. HEDIS® and Healthy People 2010, also use different definitions for measures.

The summary section includes tables that depict whether a plan's performance is significantly higher (+), lower ( - ) or equal (=) to the state average. Calculations for this table are provided in the Methods and Statistical Issues section of the Technical Appendix.

The last section consists of a Technical Appendix. This appendix provides detailed information on the calculation of the rates and the tests of statistical significance, and presents additional characteristics about the HMOs not provided elsewhere in the report. Readers wishing to have a greater understanding of HEDIS® data collection and auditing methodology are directed to NCQA's Technical Specifications for HEDIS® 2006.

#### **D. Data Limitations**

Since the HEDIS® results are not risk adjusted, the data in this document, like most health care statistical reporting, must be interpreted with recognition of variables that may influence the data. For example, differences between individual HMOs may represent different levels of HMO performance or they may represent demographic and other differences among the recipients served by the HMOs.

Although the development of sampling methodology was based upon state-of-the-art practice, and determined by highly qualified professionals in the field, there is still a small chance that the sample does not represent the underlying population. However, the likelihood of this random error occurring is extremely small. It is important to note that HEDIS® is a set of measures, and many of the 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.

More information regarding audit methodology can be found in the Methods and Statistical Issues section.

### **E. Verification of Data**

In order to achieving its full potential, NCQA and CHS require that all HEDIS® and CAHPS™ measures reported by HMOs be audited according to the certified audit program — the NCQA HEDIS® Compliance Audit. All HEDIS® data contained in this report has passed a HEDIS® Compliance Audit.

### **F. Consumer Satisfaction Survey**

For additional information on health plan quality, see the Office of Public Insurance Counsel's annual report *Comparing Texas HMOs*, at [www.opic.state.tx.us](http://www.opic.state.tx.us). This report reflects the experience of Texans in HMO during 2005. The first section of the report illustrates the results of the Consumer Assessment of Health Plans Study, Version 3.0H (CAHPS™ 3.0H). The sections following the survey results contain complaint data, market share, and other statewide information collected by the Texas Department of Insurance.

## Summary Tables

The summary tables on the following pages reflect the results of statistical tests comparing each plan's rate to the state average of all plans in Texas. The table uses the following symbols:

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

Results of the comparisons provided in the tables in this section should be interpreted carefully. Tests of statistical significance account only for random or chance variations in measurements. The size of the denominator (sample size) on which the HMO reports its rates, influences the confidence interval. A large denominator provides more power to the test and demonstrates a more precise estimation of true population rate. For example, on a certain measure, if two plans have equally higher rates than the state average, the plan with higher sample size may get an "above average" designation, where as the plan with lower sample size may be termed as "equal to state average".

HEDIS® does not adjust for differences in plan population characteristics such as age or health status. For some HEDIS® measures this lack of risk adjustment could lead readers to mistakenly believe that superior or inferior plan performance is due to quality of care when, in fact, it may be due to case mix differences in the member populations of the plans.

Not all HEDIS® measures lend themselves to this statistical test. Results are shown for all the measures in Effectiveness of Care Domain, the Well Child Visits in the First 15 Months and 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> years of life, and Adolescent Well-Care Visits. For a more detailed description of the statistical test used, please refer to the Methods and Statistical Issues section of this guide.

## Summary Table

Health Plan Name	Childhood Immunization, DTaP/DT	Childhood Immunization, IPV	Childhood Immunization, MMIR	Childhood Immunization, Hib	Childhood Immunization, HepB	Childhood Immunization, VZV	Reserved for future use.	Childhood Immunization, CMBO 2	Reserved for future use.	Adolescent Immunization, MMIR
*Aetna Health Inc. (Austin)	=	=	=	=	-	=	-	-	-	NR
*Aetna Health Inc. (Dallas/Ft Worth)	-	-	=	-	-	-	-	-	-	NR
*Aetna Health Inc. (El Paso)	-	-	-	-	NR	-	-	NR	-	NR
*Aetna Health Inc. (Houston)	-	-	-	-	-	-	-	-	-	NR
*Aetna Health Inc. (San Antonio)	-	-	-	-	-	-	-	-	-	NR
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
Community First Health Plans (San Antonio)	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
FIRSTCARE (Abilene)	+	+	+	+	+	+	+	+	+	+
FIRSTCARE (Amarillo)	+	+	=	+	+	=	+	+	+	+
FIRSTCARE (Lubbock)	+	+	+	+	+	+	+	+	+	+
FIRSTCARE (Waco)	+	+	=	+	+	=	+	+	+	+
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	+	+	-	=	+	=	+	+	+	+
HMO Blue Texas (Austin)	+	=	-	=	+	-	+	+	+	=
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	+	+	+	+	+	+	+	+	+	+
HMO Blue Texas (Dallas/Ft Worth)	+	+	+	+	+	=	+	+	+	=
HMO Blue Texas (East TX/West TX)	+	+	=	=	+	=	+	+	+	=
HMO Blue Texas (Houston)	+	+	+	+	+	+	+	+	+	+
Humana Health Plan of Texas (Austin)	+	+	+	+	+	+	+	+	+	+
Humana Health Plan of Texas (Corpus Christi)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Humana Health Plan of Texas (Houston)	+	+	+	+	+	+	+	+	+	=
Humana Health Plan of Texas (San Antonio)	+	+	+	+	+	+	+	+	+	+
Mercy Health Plans (Laredo)	+	=	=	+	+	=	+	+	+	+
PacifiCare of Texas (Dallas/Austin)	+	+	+	+	+	=	+	+	+	+
PacifiCare of Texas (San Antonio/Houston)	+	+	=	+	+	=	+	+	+	+
Scott and White Health Plan (Central TX)	+	+	+	+	+	+	+	+	+	+
*UNICARE Health Plans (Southeast TX)	+	+	+	+	+	+	+	+	+	=
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	-	-	=	-	-	=	-	-	-	-
*UnitedHealthcare of Texas - Dallas (Dallas)	-	-	=	-	-	=	-	-	-	-
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	-	-	=	-	-	=	-	-	-	-
Valley Baptist Health Plans (Harlingen)	+	+	=	+	+	+	+	+	+	+

+ 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- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Summary Table

Health Plan Name	Adolescent Immunization, HepB	Adolescent Immunization, VZV	Adolescent Immunization, CMBO 2	Breast Cancer Screening	Cervical Cancer Screening	Controlling High Blood Pressure	Beta-Blocker Treatment After Heart Attack	Persistence of Beta-Blocker Treatment After Heart Attack	LDL-C Screening After Heart Attack	LDL-C level After Heart Attack
*Aetna Health Inc. (Austin)	NR	NR	NR	+	+	NR	NA	NA	=	NR
*Aetna Health Inc. (Dallas/Ft Worth)	NR	NR	NR	+	+	NR	-	=	+	+
*Aetna Health Inc. (El Paso)	NR	NR	NR	=	=	NR	NA	NA	=	=
*Aetna Health Inc. (Houston)	NR	NR	NR	-	=	NR	-	=	=	+
*Aetna Health Inc. (San Antonio)	NR	NR	NR	=	=	NR	NA	NA	=	+
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
Community First Health Plans (San Antonio)	+	+	+	=	=	=	NA	NA	NA	NA
FIRSTCARE (Abilene)	+	+	+	+	-	=	NA	NA	-	+
FIRSTCARE (Amarillo)	+	=	=	+	-	=	NA	NA	=	=
FIRSTCARE (Lubbock)	+	=	=	=	-	=	-	NA	=	=
FIRSTCARE (Waco)	+	+	=	=	-	-	=	NA	=	+
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	=	=	=	=	-	-	NA	NA	=	=
HMO Blue Texas (Austin)	+	+	+	-	+	=	NA	NA	=	=
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	+	+	+	=	=	=	NA	NA	+	+
HMO Blue Texas (Dallas/Ft Worth)	+	+	+	=	+	=	NA	NA	=	+
HMO Blue Texas (East TX/West TX)	=	=	=	-	=	=	NA	NA	=	+
HMO Blue Texas (Houston)	+	+	+	-	=	=	+	+	=	+
Humana Health Plan of Texas (Austin)	+	+	+	+	+	+	NA	NA	=	+
Humana Health Plan of Texas (Corpus Christi)	NA	NA	NA	=	-	=	NA	NA	-	=
Humana Health Plan of Texas (Houston)	=	=	=	-	-	=	NA	NA	=	+
Humana Health Plan of Texas (San Antonio)	+	+	+	+	=	+	=	-	=	+
Mercy Health Plans (Laredo)	+	+	=	=	=	+	NA	NA	=	-
PacifiCare of Texas (Dallas/Austin)	+	+	+	=	=	=	NA	NA	=	+
PacifiCare of Texas (San Antonio/Houston)	+	+	+	=	=	=	NA	NA	+	+
Scott and White Health Plan (Central TX)	+	+	+	+	+	=	+	+	=	+
*UNICARE Health Plans (Southeast TX)	+	+	+	-	-	=	NA	NA	=	+
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	-	-	-	+	+	NR	=	=	=	-
*UnitedHealthcare of Texas - Dallas (Dallas)	-	-	-	+	+	NR	=	=	=	-
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	-	-	-	=	+	NR	=	=	=	-
Valley Baptist Health Plans (Harlingen)	+	+	+	=	-	=	NA	NA	=	=

+ 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- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Summary Table

Health Plan Name	Diabetes Care, HbA1c testing	Diabetes Care, HbA1c poorly controlled	Diabetes Care, eye examination	Diabetes Care, LDL-C screening	Diabetes Care, LDL-C level <130 mg/dL	Diabetes Care Monitoring Nephropathy	Medications for Asthma 5-9 Yr	Medications for Asthma 10-17 Yr	Medications for Asthma 18-56 Yr	Medications for Asthma Total
*Aetna Health Inc. (Austin)	=	NR	=	+	NR	+	NA	NA	=	+
*Aetna Health Inc. (Dallas/Ft Worth)	=	-	=	+	+	=	=	=	=	+
*Aetna Health Inc. (El Paso)	-	=	-	=	=	-	NA	NA	=	+
*Aetna Health Inc. (Houston)	=	=	=	-	+	-	=	=	=	+
*Aetna Health Inc. (San Antonio)	=	=	=	=	+	=	=	=	=	+
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
Community First Health Plans (San Antonio)	=	-	=	+	+	+	NA	NA	NA	NA
FIRSTCARE (Abilene)	-	-	+	-	+	-	NA	NA	-	-
FIRSTCARE (Amarillo)	=	-	=	=	+	-	NA	NA	=	+
FIRSTCARE (Lubbock)	=	-	=	=	+	=	=	=	-	-
FIRSTCARE (Waco)	-	-	+	-	=	=	NA	NA	=	+
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	=	-	=	+	=	=	NA	NA	NA	+
HMO Blue Texas (Austin)	=	-	=	=	+	+	NA	NA	+	+
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	+	-	=	=	+	+	NA	NA	+	+
HMO Blue Texas (Dallas/Ft Worth)	+	-	+	+	+	+	=	=	=	+
HMO Blue Texas (East TX/West TX)	=	-	=	+	+	+	NA	NA	=	+
HMO Blue Texas (Houston)	=	-	+	=	+	+	=	=	=	+
Humana Health Plan of Texas (Austin)	+	-	=	+	+	+	NA	NA	=	+
Humana Health Plan of Texas (Corpus Christi)	=	-	=	=	+	+	NA	NA	NA	NA
Humana Health Plan of Texas (Houston)	=	-	=	=	+	=	=	=	=	+
Humana Health Plan of Texas (San Antonio)	+	-	+	+	+	+	=	=	=	+
Mercy Health Plans (Laredo)	-	=	=	=	=	-	NA	NA	NA	NA
PacifiCare of Texas (Dallas/Austin)	+	-	+	+	+	+	NA	=	=	+
PacifiCare of Texas (San Antonio/Houston)	+	-	+	+	+	+	NA	NA	=	+
Scott and White Health Plan (Central TX)	+	-	+	+	+	+	=	=	-	-
*UNICARE Health Plans (Southeast TX)	=	-	=	=	+	=	NA	NA	+	+
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	=	+	=	=	-	+	=	=	=	+
*UnitedHealthcare of Texas - Dallas (Dallas)	=	+	-	=	-	=	=	+	=	+
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	-	+	-	=	-	-	=	=	=	+
Valley Baptist Health Plans (Harlingen)	=	-	+	+	+	+	NA	NA	+	+

+ 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- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Summary Table

Health Plan Name	Follow-up: Hosp. for Mental Illness, 7-days	Follow-up: Hosp. for Mental Illness, 30-day	Antidepressant Medication Management practitioner contacts	Antidepressant Medication Management acute phase	Antidepressant Medication Management continuation phase	Well Child Visits: First 15 Months of Life	Well Child Visits: 3rd, 4th, 5th & 6th Years	Adolescent Well-Care Visits
*Aetna Health Inc. (Austin)	=	+	=	=	=	-	+	+
*Aetna Health Inc. (Dallas/Ft Worth)	+	+	=	=	=	-	+	+
*Aetna Health Inc. (El Paso)	NA	NA	NA	NA	NA	-	-	-
*Aetna Health Inc. (Houston)	=	=	=	=	=	-	=	+
*Aetna Health Inc. (San Antonio)	=	=	=	=	-	-	=	-
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR	FTR	FTR	FTR	FTR	FTR
Community First Health Plans (San Antonio)	NA	NA	NA	NA	NA	NA	-	-
FIRSTCARE (Abilene)	NA	NA	-	=	=	-	-	-
FIRSTCARE (Amarillo)	=	=	=	=	=	=	-	-
FIRSTCARE (Lubbock)	=	=	-	=	=	-	-	-
FIRSTCARE (Waco)	=	=	-	=	=	=	-	-
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	NA	NA	NA	NA	NA	=	-	-
HMO Blue Texas (Austin)	+	=	=	+	=	=	=	=
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	=	=	=	=	=	=	=	-
HMO Blue Texas (Dallas/Ft Worth)	=	=	=	=	=	+	=	-
HMO Blue Texas (East TX/West TX)	NA	NA	-	=	=	-	-	-
HMO Blue Texas (Houston)	=	=	-	=	=	-	-	+
Humana Health Plan of Texas (Austin)	NA	NA	=	=	=	+	+	+
Humana Health Plan of Texas (Corpus Christi)	NA	NA	NA	NA	NA	NA	-	-
Humana Health Plan of Texas (Houston)	-	=	=	=	=	+	+	=
Humana Health Plan of Texas (San Antonio)	=	=	=	=	=	+	=	-
Mercy Health Plans (Laredo)	NA	NA	NA	NA	NA	=	=	=
PacifiCare of Texas (Dallas/Austin)	=	=	=	=	=	+	=	+
PacifiCare of Texas (San Antonio/Houston)	NA	NA	NA	NA	NA	=	=	-
Scott and White Health Plan (Central TX)	-	=	+	-	=	+	=	+
*UNICARE Health Plans (Southeast TX)	NA	NA	=	=	=	-	-	-
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	=	=	=	=	=	+	+	+
*UnitedHealthcare of Texas - Dallas (Dallas)	=	=	=	+	+	+	+	+
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	-	=	=	=	=	+	+	+
Valley Baptist Health Plans (Harlingen)	NA	NA	NA	NA	NA	=	=	-

+ 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- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

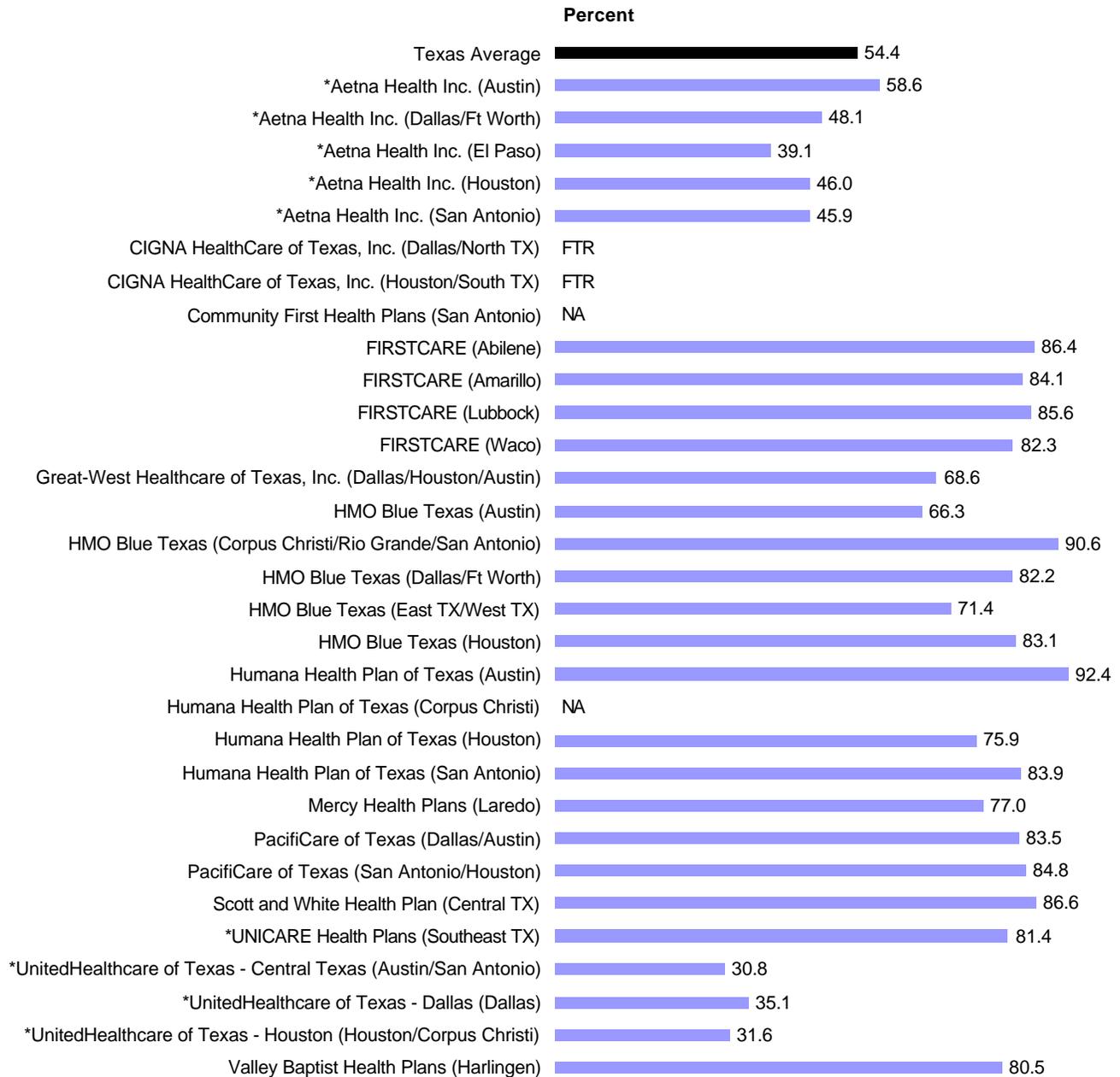
## Childhood Immunization Status: Diphtheria, Tetanus, Pertussis (DTaP/DT)

Definition: The percentage of children using the HMO who received at least four DtaP (diphtheria, tetanus, acellular pertussis) or DT (diphtheria, tetanus) vaccines by two years of age.

Childhood Immunization: DTaP/DT rates					
	2002	2003	2004	2005	2006
Texas Average	70.6%	67.6%	60.6%	61.0%	54.4%
NCQA's Quality Compass®	81.5%	80.1%	84.3%	85.9%	86.1%

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

## Childhood Immunization: DTaP/DT



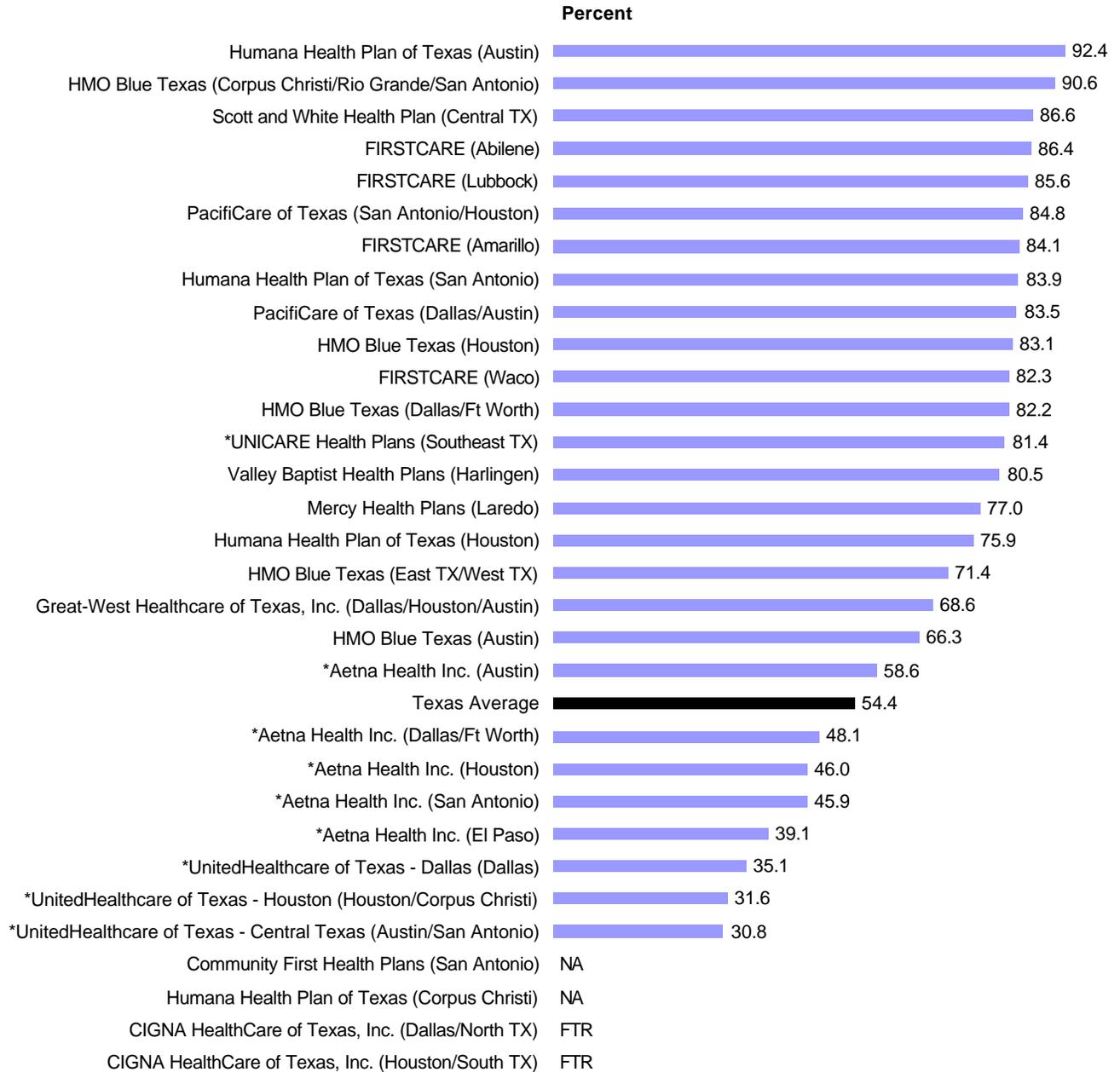
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

NA- The plan did not have a large enough sample to report a valid rate.

NR- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Childhood Immunization: DTaP/DT



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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

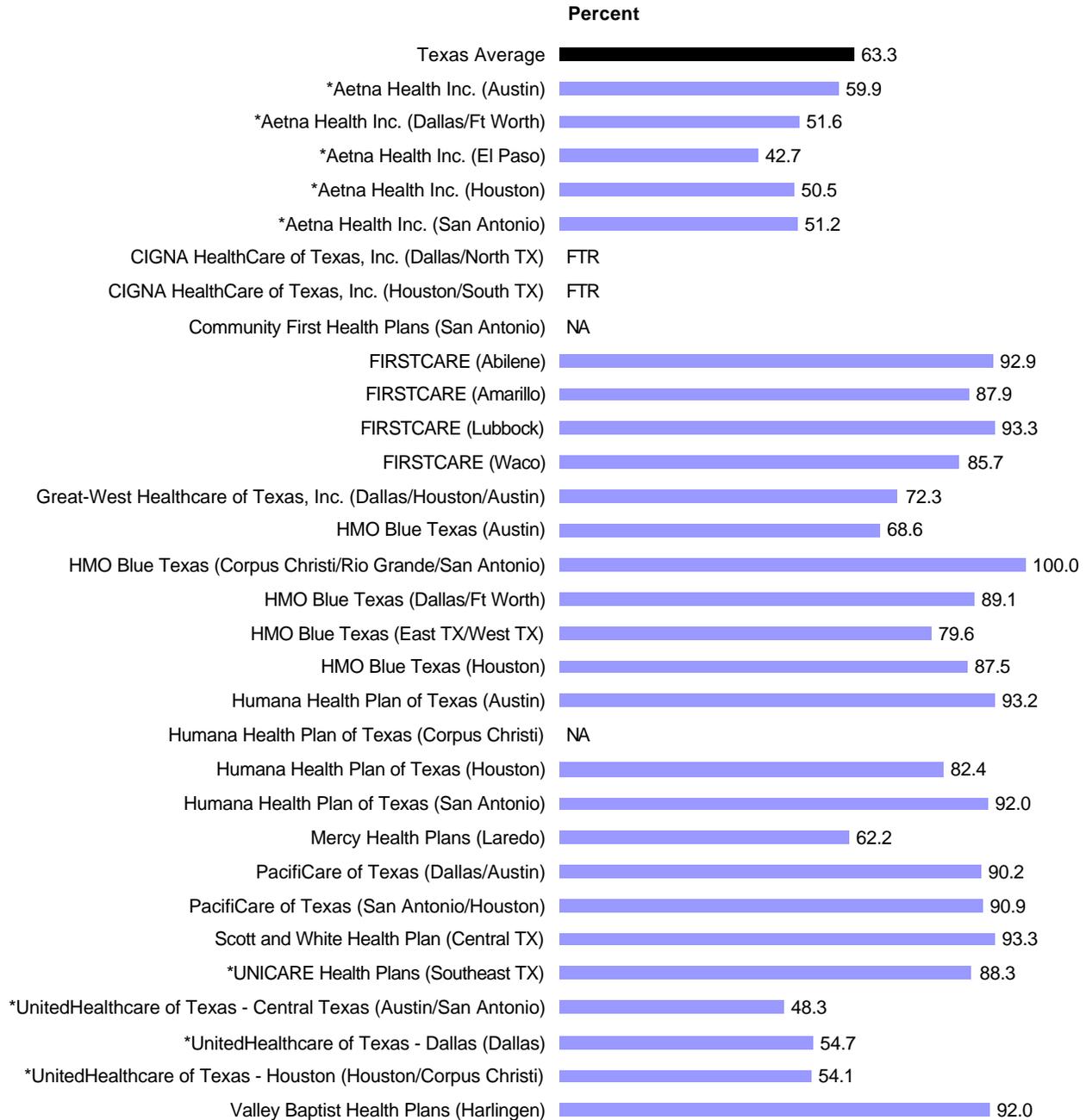
## Childhood Immunization Status: Polio (IPV)

Definition: The percentage of children using the HMO who received at least three polio vaccinations (IPV) by two years of age

Childhood Immunization Status: Polio (IPV) rates					
	2002	2003	2004	2005	2006
<b>Texas Average</b>	76.9%	73.2%	65.6%	65.7%	63.3%
<b>NCQA's Quality Compass®</b>	85.4%	86.0%	88.7%	90.1%	90.3%

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## Childhood Immunization Status: IPV (Polio)



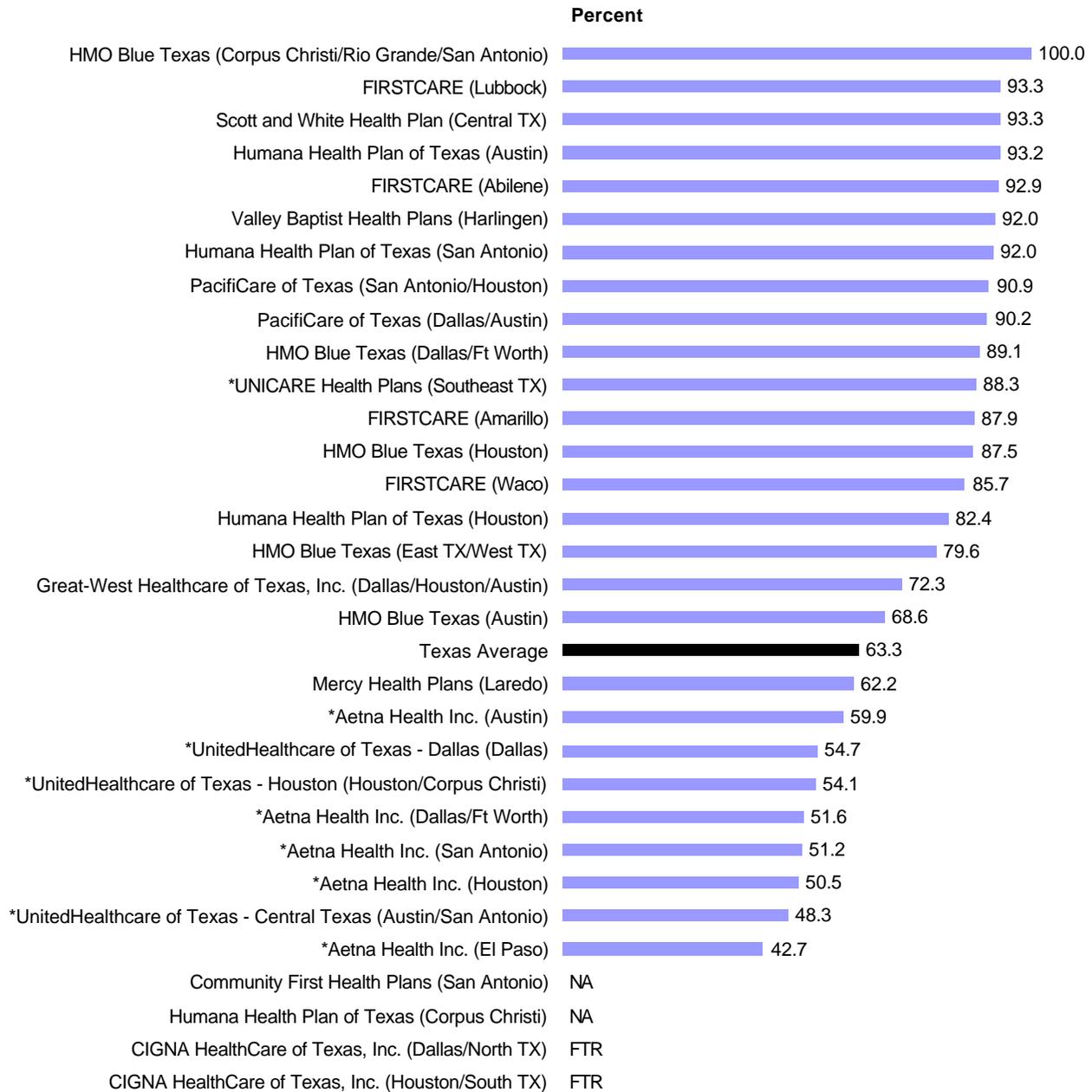
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Childhood Immunization Status: IPV (Polio)



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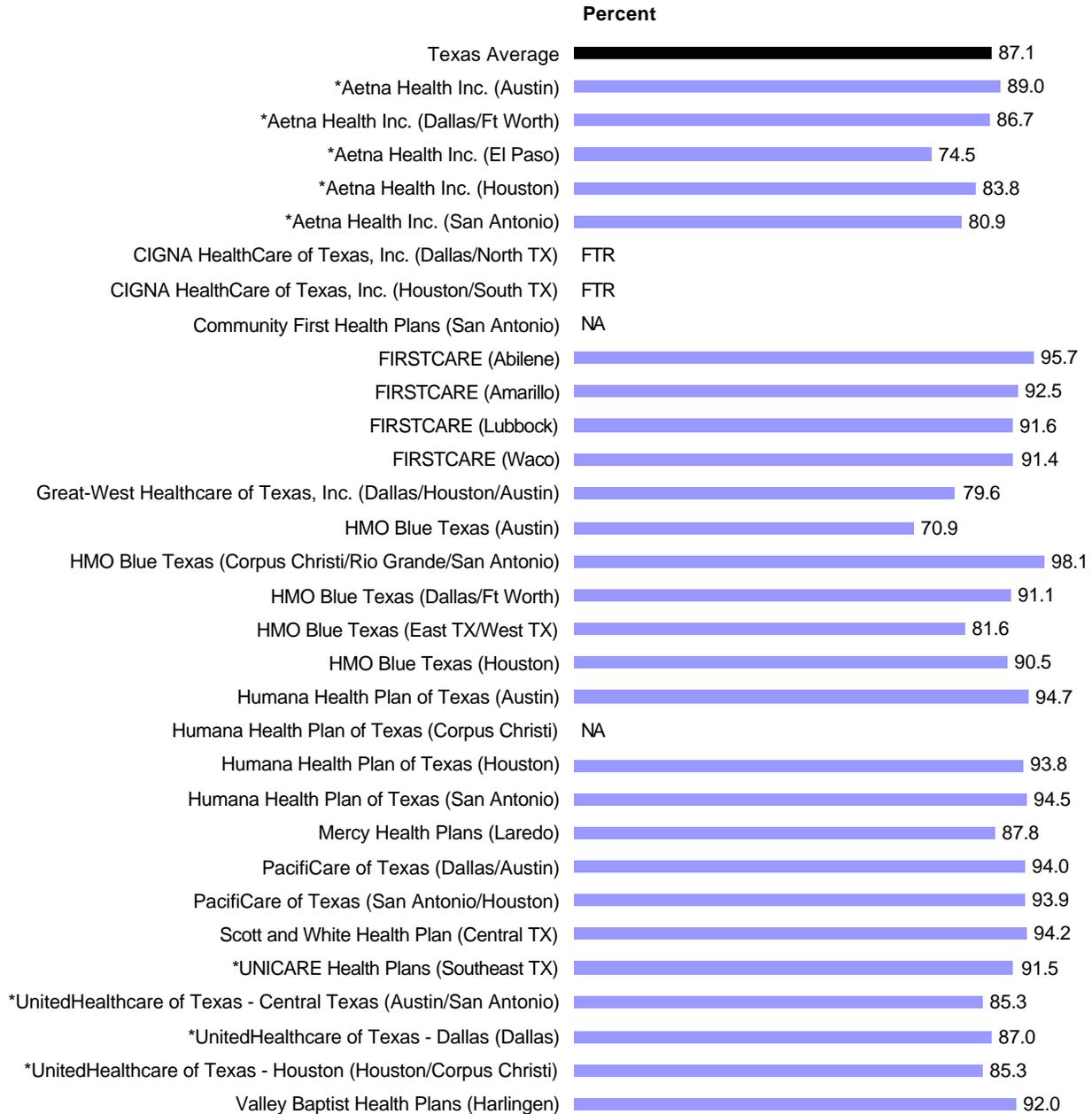
## Childhood Immunization Status: Measles, Mumps, Rubella (MMR)

Definition: The percentage of children using the HMO who received one dose of the measles, mumps, rubella (MMR) vaccine by two years of age.

Childhood Immunization Status: Measles, Mumps, Rubella (MMR) Rates					
	2002	2003	2004	2005	2006
Texas Average	83.5%	86.3%	84.7%	86.7%	87.1%
NCQA's Quality Compass®	89.4%	90.1%	91.5%	92.3%	93.0%

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## Childhood Immunization Status: MMR



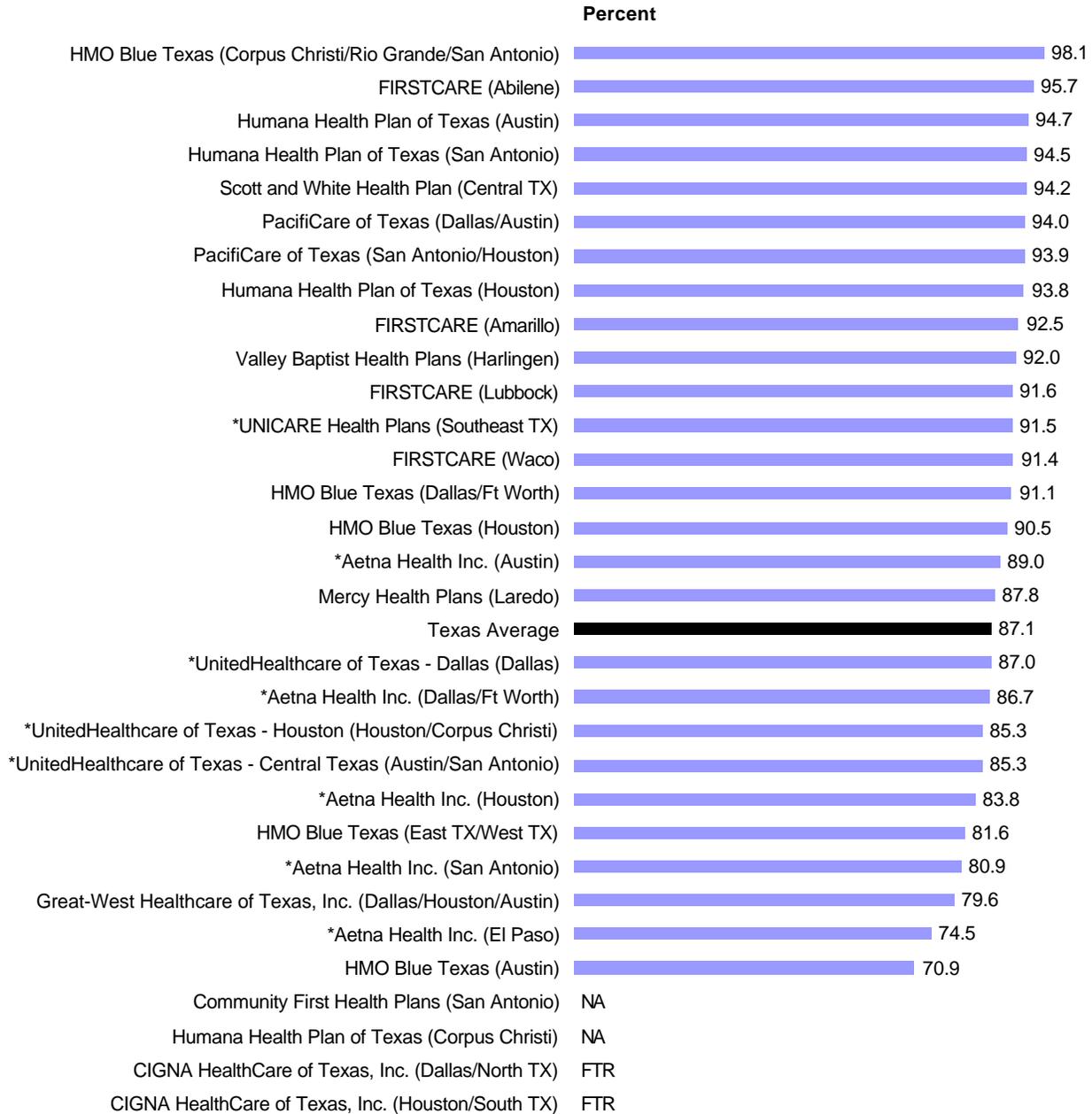
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

NA- The plan did not have a large enough sample to report a valid rate.

NR- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Childhood Immunization Status: MMR



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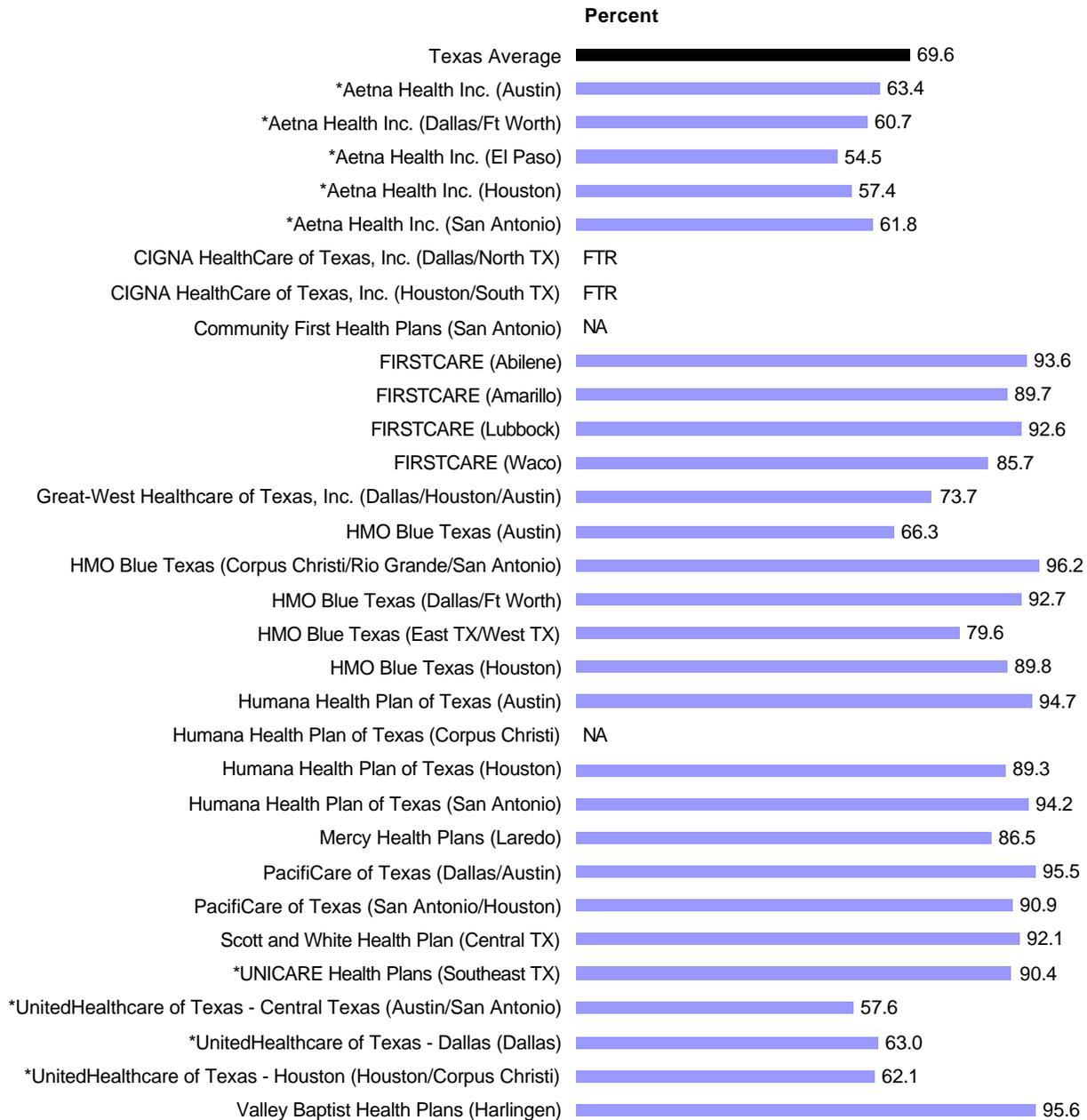
## Childhood Immunization Status: Haemophilus influenzae Type B

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

Childhood Immunization Status: Haemophilus influenzae Type b (HiB) Rates					
	2002	2003	2004	2005	2006
Texas Average	74.6%	71.5%	66.7%	66.8%	69.6%
NCQA's Quality Compass®	83.4%	83.2%	86.1%	87.7%	92.9%

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## Childhood Immunization Status: HiB



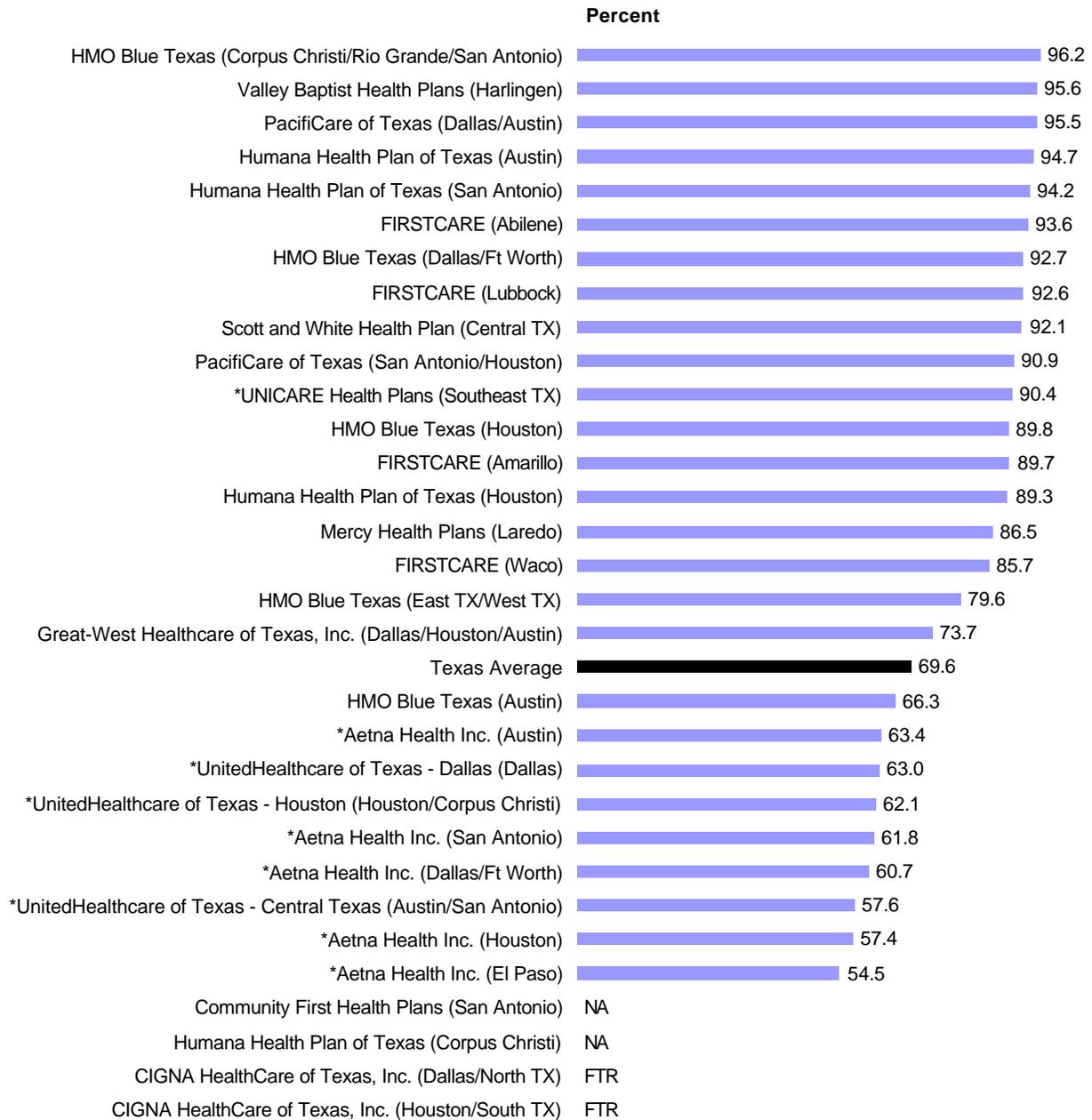
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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NR- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Childhood Immunization Status: HiB



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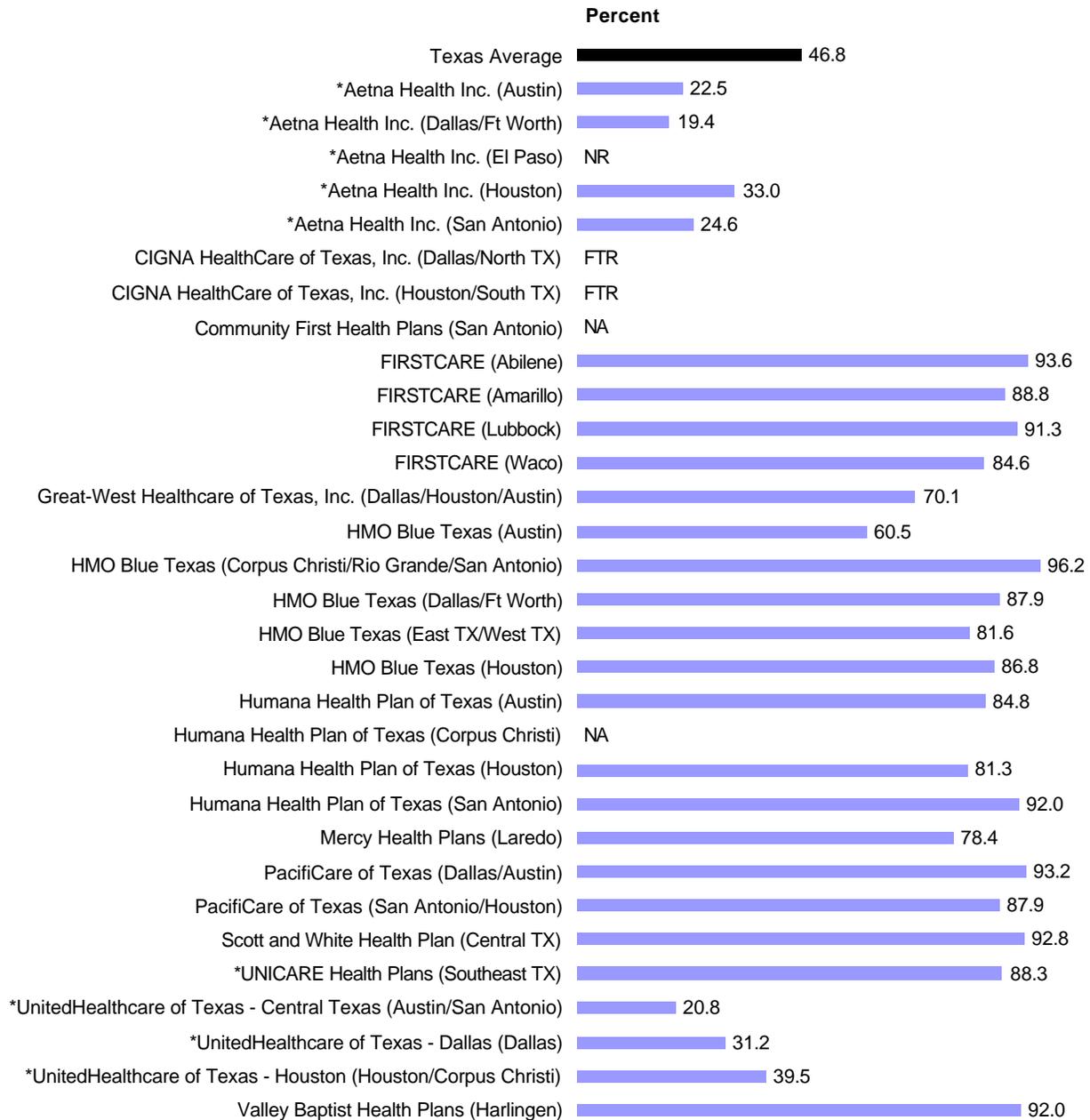
## Childhood Immunization Status: Hepatitis B

Definition: The percentage of children using the HMO who received three hepatitis B vaccinations by two years of age.

Childhood Immunization Status: Hepatitis B Rates					
	2002	2003	2004	2005	2006
<b>Texas Average</b>	69.2%	65.4%	50.0%	47.8%	46.8%
<b>NCQA's Quality Compass®</b>	79.9%	81.9%	85.8%	87.2%	90.0%

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## Childhood Immunization Status: Hepatitis B



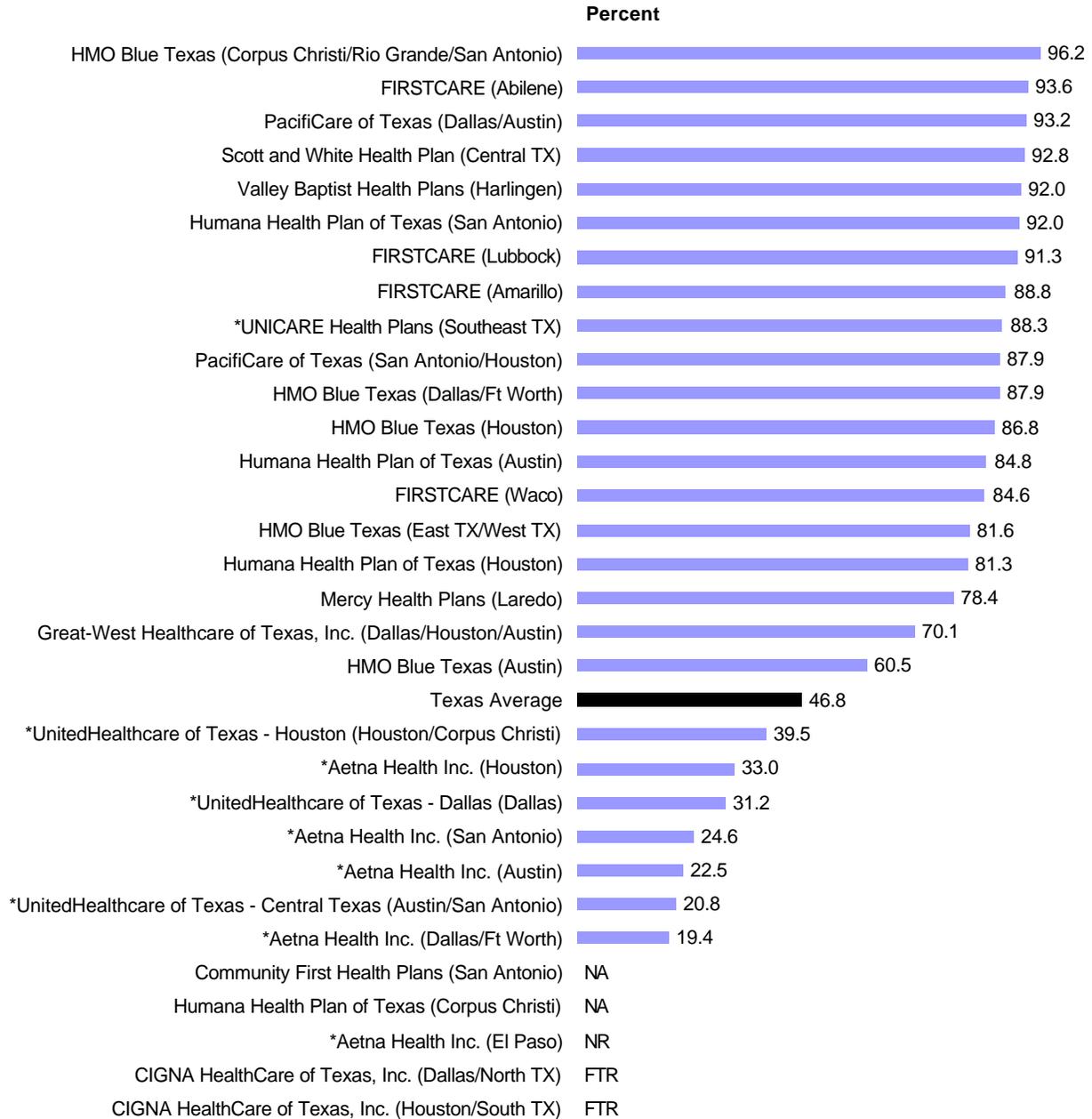
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Childhood Immunization Status: Hepatitis B



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

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

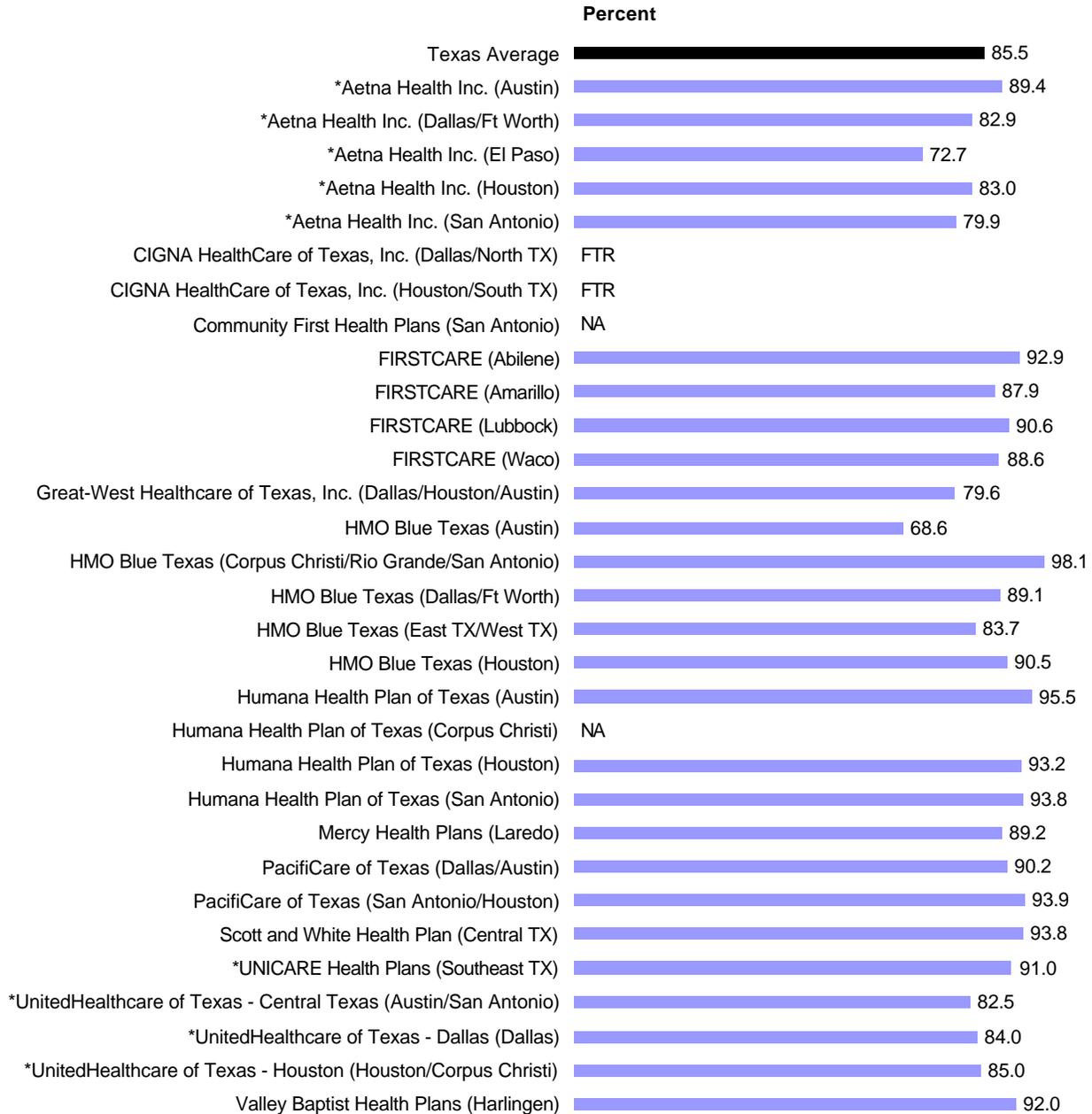
## Childhood Immunization Status: Varicella/Chicken Pox (VZV)

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

Childhood Immunization Status: Varicella/Chicken Pox (VZV) Rates					
	2002	2003	2004	2005	2006
<b>Texas Average</b>	77.0%	83.7%	82.2%	84.5%	85.5%
<b>NCQA's Quality Compass®</b>	75.3%	82.0%	85.7%	87.5%	89.9%

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## Childhood Immunization Status: VZV (Chicken Pox)



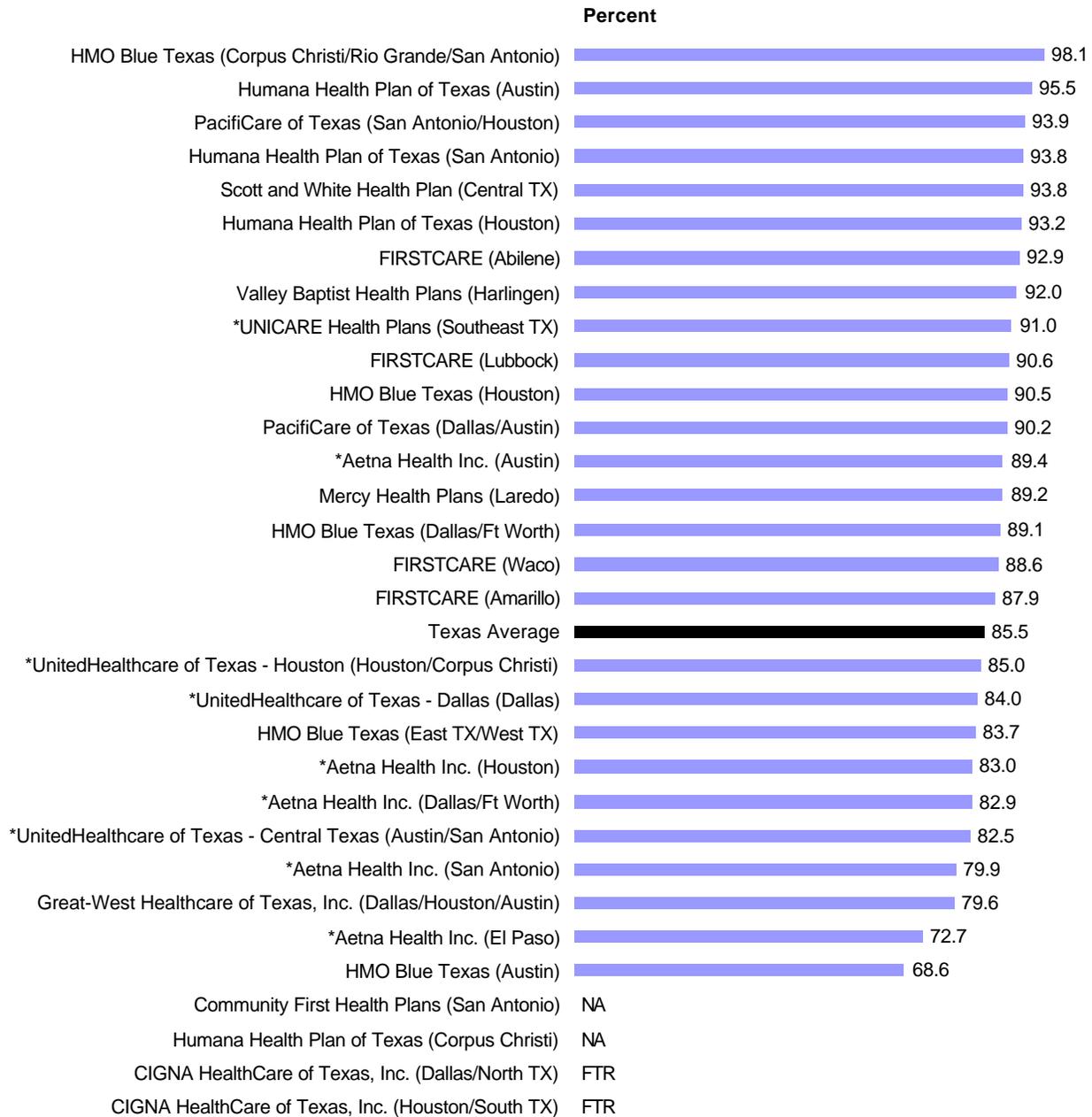
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Childhood Immunization Status: VZV (Chicken Pox)



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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Childhood Immunization Status: Pneumococcal conjugate

Definition: The percentage of children using the HMO who received four pneumococcal conjugate vaccines by two years of age.

Childhood Immunization Status: Pneumococcal conjugate Rates	
	2006
Texas Average	*
NCQA's Quality Compass®	*

This measure is an addition to the Texas Subset for HEDIS® 2006. However, because it is a first year indicator, results are not available for publishing until HEDIS® 2007.

\* Value not established or not obtained.

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Reserved for future use.

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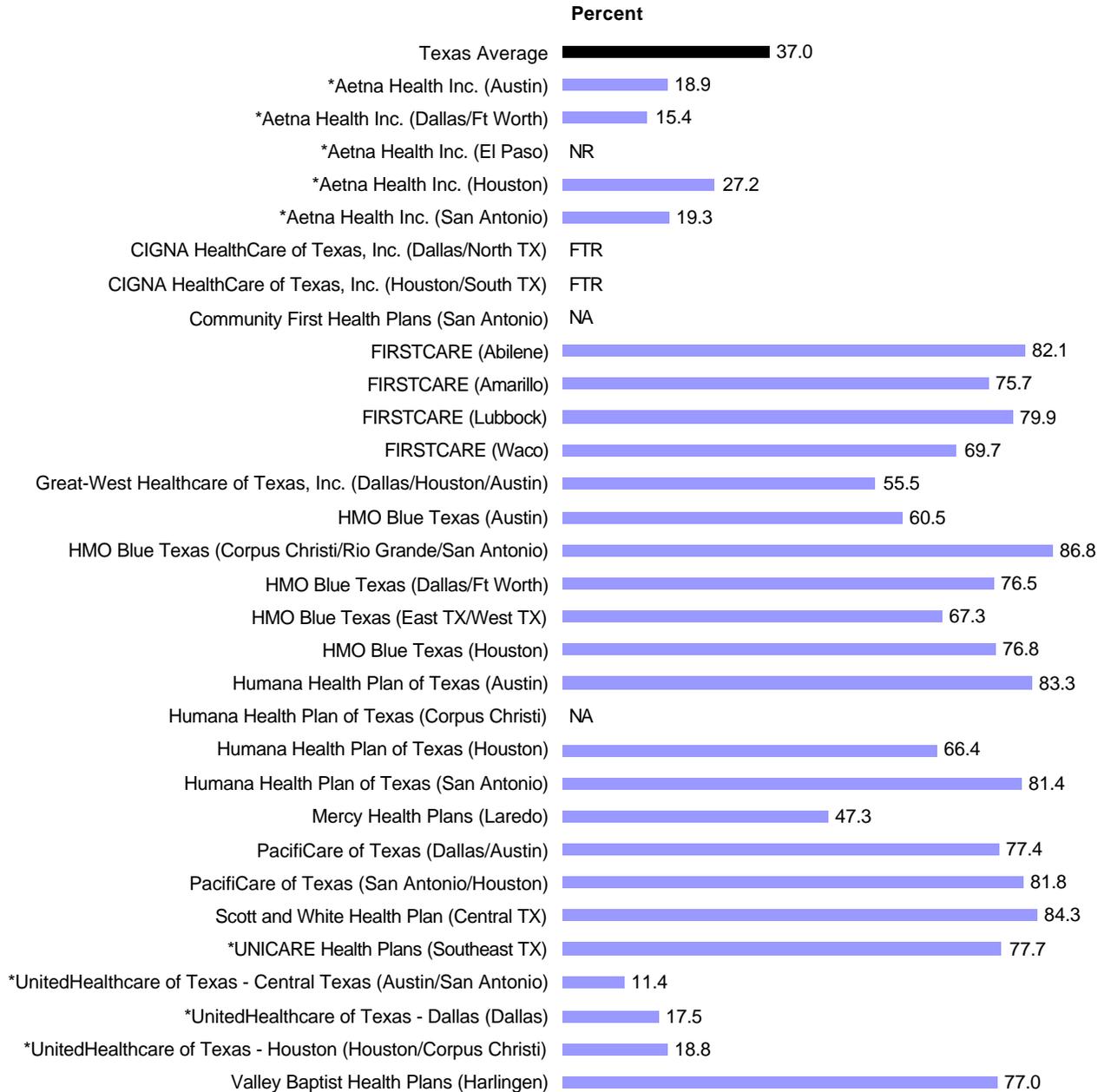
## Childhood Immunization Status: Combination 2

Definition: The percentage of children using the HMO who received all Combination 2 vaccinations [four diphtheria, tetanus, pertussis, three polio, three hepatitis B, one measles, mumps, rubella (MMR), three Haemophilus Influenzae type B, and one Varicella] by two years of age.

Childhood Immunization Status: Combination 2 Rates					
	2002	2003	2004	2005	2006
Texas Average	51.9%	51.6%	41.0%	39.8%	37.0%
NCQA's Quality Compass®	57.6%	62.5%	69.8%	72.5%	77.7%

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## Childhood Immunization Status: Combination 2



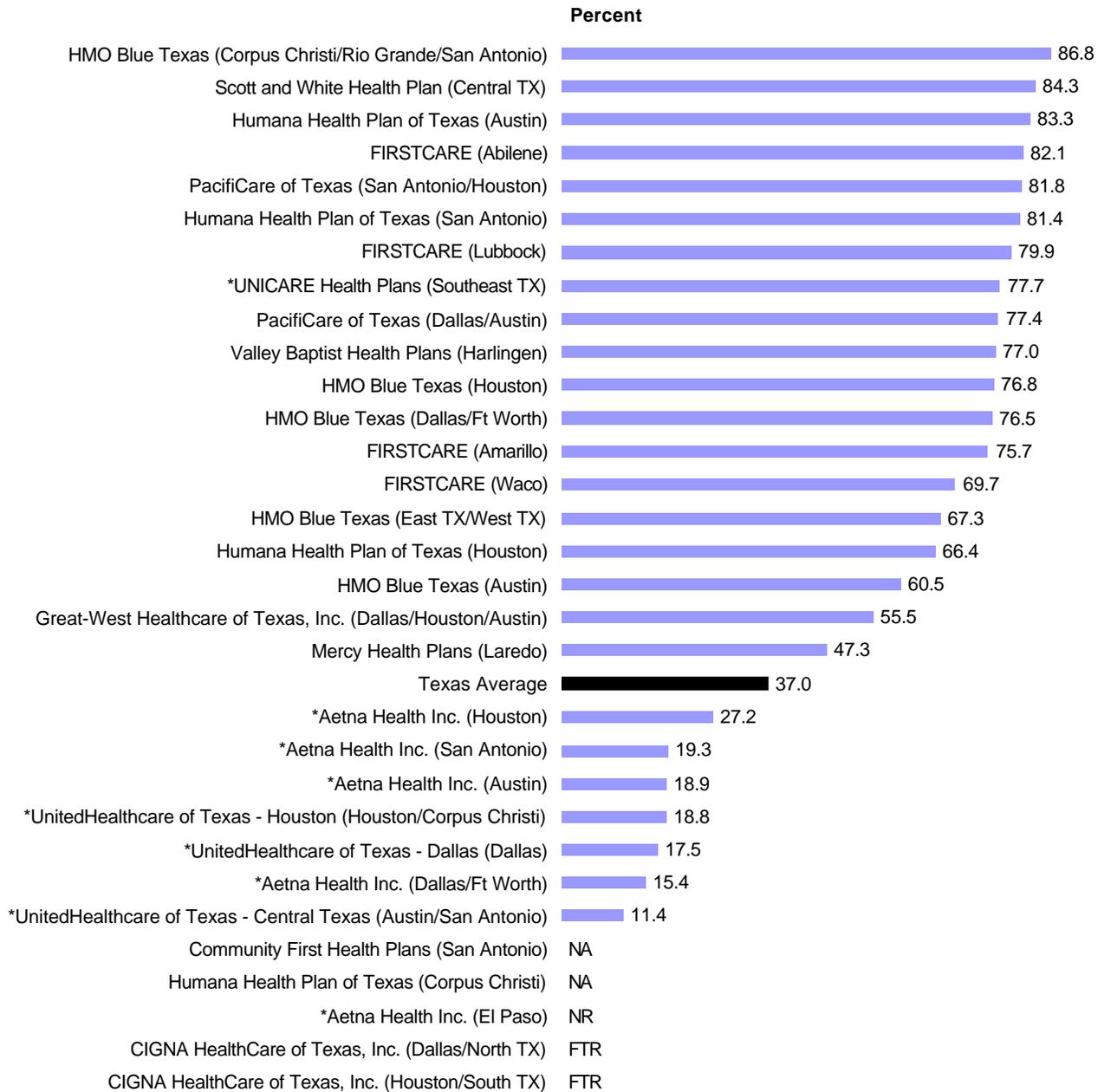
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Childhood Immunization Status: Combination 2



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## Childhood Immunization Status: Combination 3

Definition: The percentage of children using the HMO who received all Combination 2 vaccinations [four diphtheria, tetanus, pertussis, three polio, three hepatitis B, one measles, mumps, rubella (MMR), three Haemophilus Influenzae type B, and one Varicella] and four pneumococcal conjugate vaccinations by two years of age.

Childhood Immunization Status: Combination 3 Rates	
	<b>2006</b>
<b>Texas Average</b>	*
<b>NCQA's Quality Compass®</b>	*

This measure is an addition to the Texas Subset for HEDIS® 2006. However, because it is a first year indicator, results are not available for publishing until HEDIS® 2007.

\* Value not established or not obtained.  
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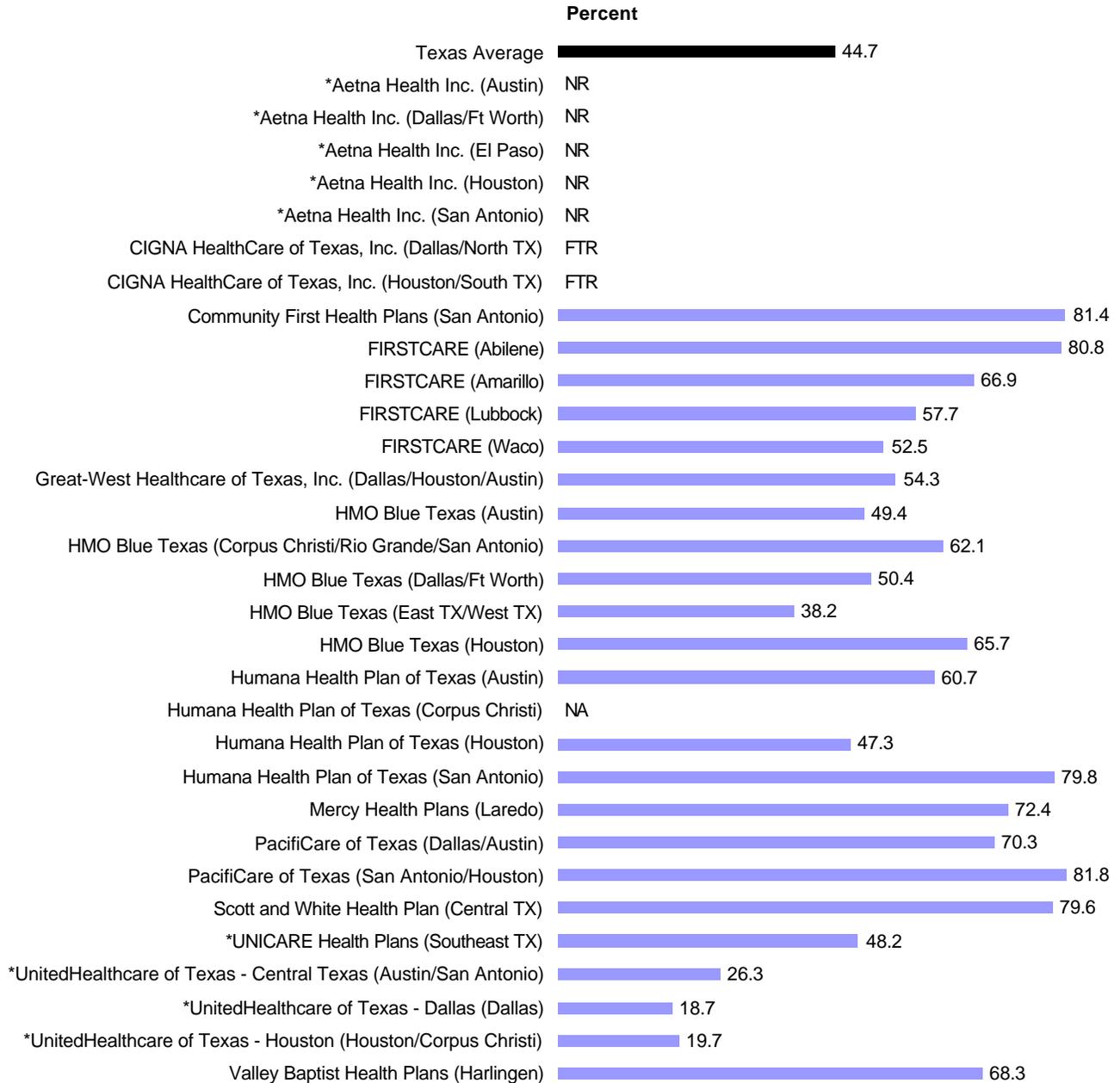
## Adolescent Immunization Status: Measles, Mumps, Rubella (MMR)

Definition: The percentage of children using the HMO who received the second dose of the measles, mumps, rubella (MMR) vaccine by thirteen years of age.

Adolescent Immunization Status: Measles, Mumps, Rubella (MMR) Rates					
	2002	2003	2004	2005	2006
Texas Average	43.9%	43.1%	29.5%	25.3%	44.7%
NCQA's Quality Compass®	65.4%	67.9%	73.9%	76.7%	78.5%

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## Adolescent Immunization: MMR



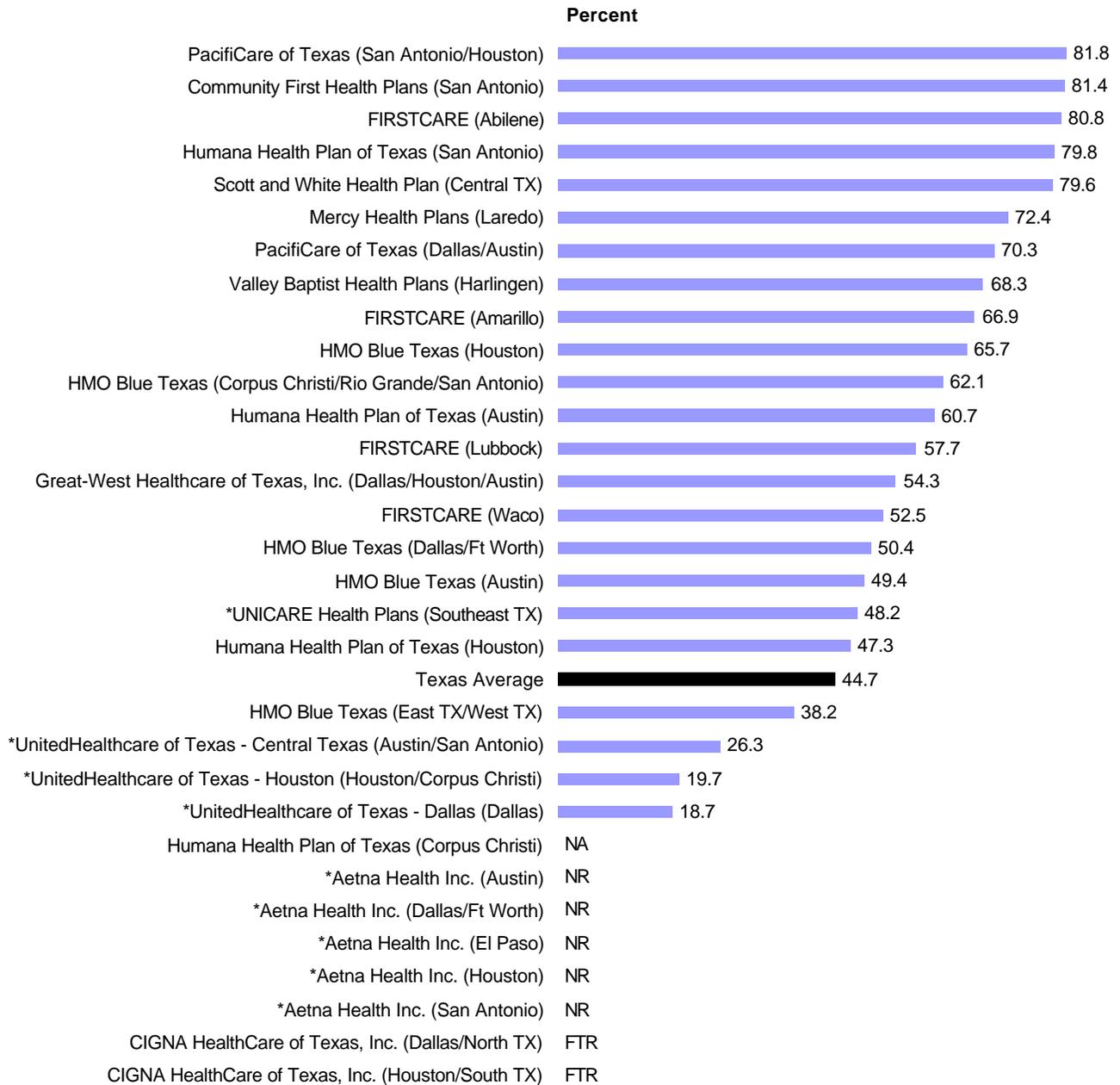
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Adolescent Immunization: MMR



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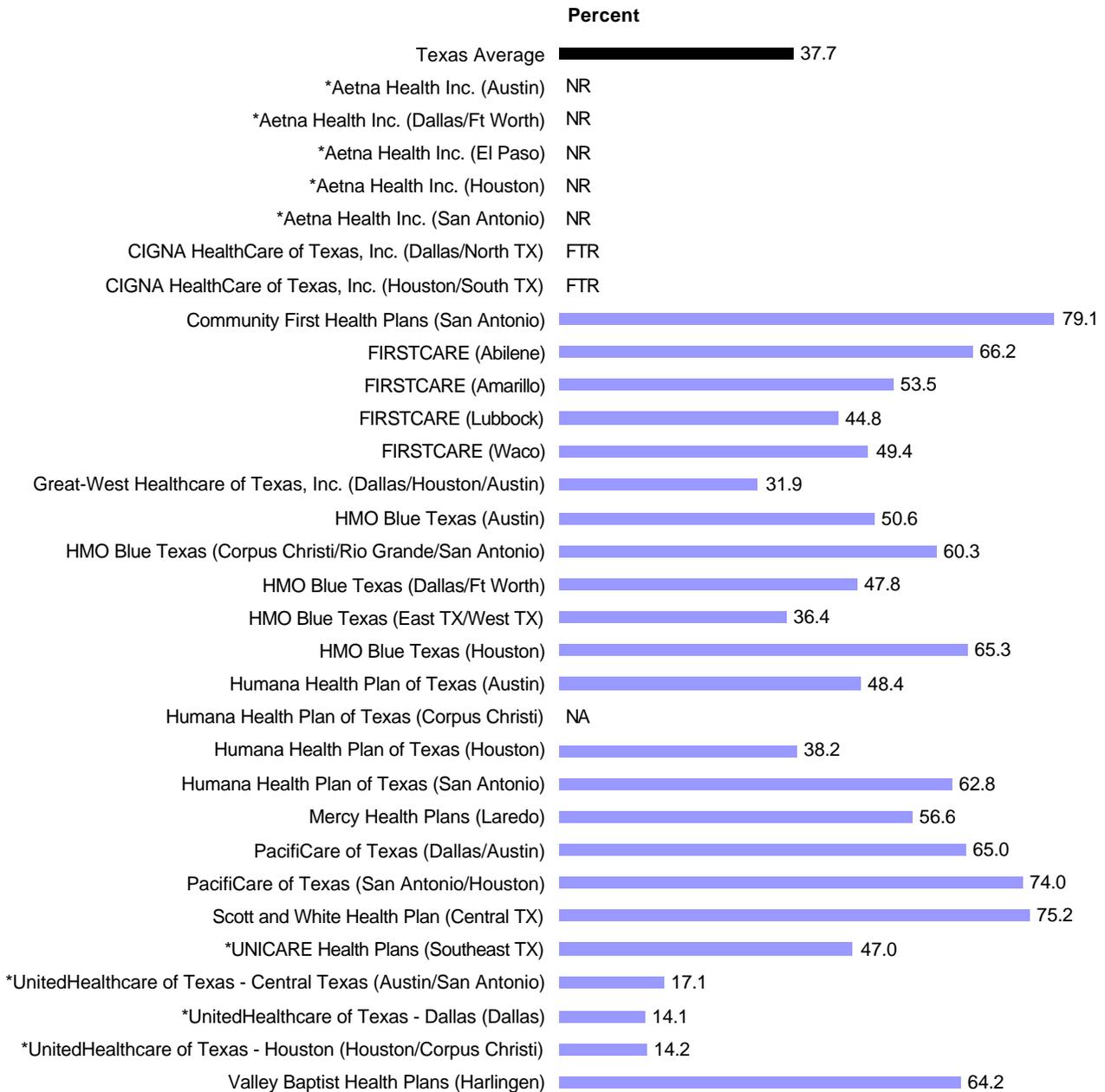
## Adolescent Immunization Status: Hepatitis B

Definition: The percentage of children using the HMO who received three hepatitis B vaccinations by thirteen years of age.

Adolescent Immunization Status: Hepatitis B Rates					
	2002	2003	2004	2005	2006
Texas Average	27.1%	41.8%	31.2%	28.1%	37.7%
NCQA's Quality Compass®	48.3%	54.6%	62.7%	66.7%	71.8%

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## Adolescent Immunization: Hepatitis B



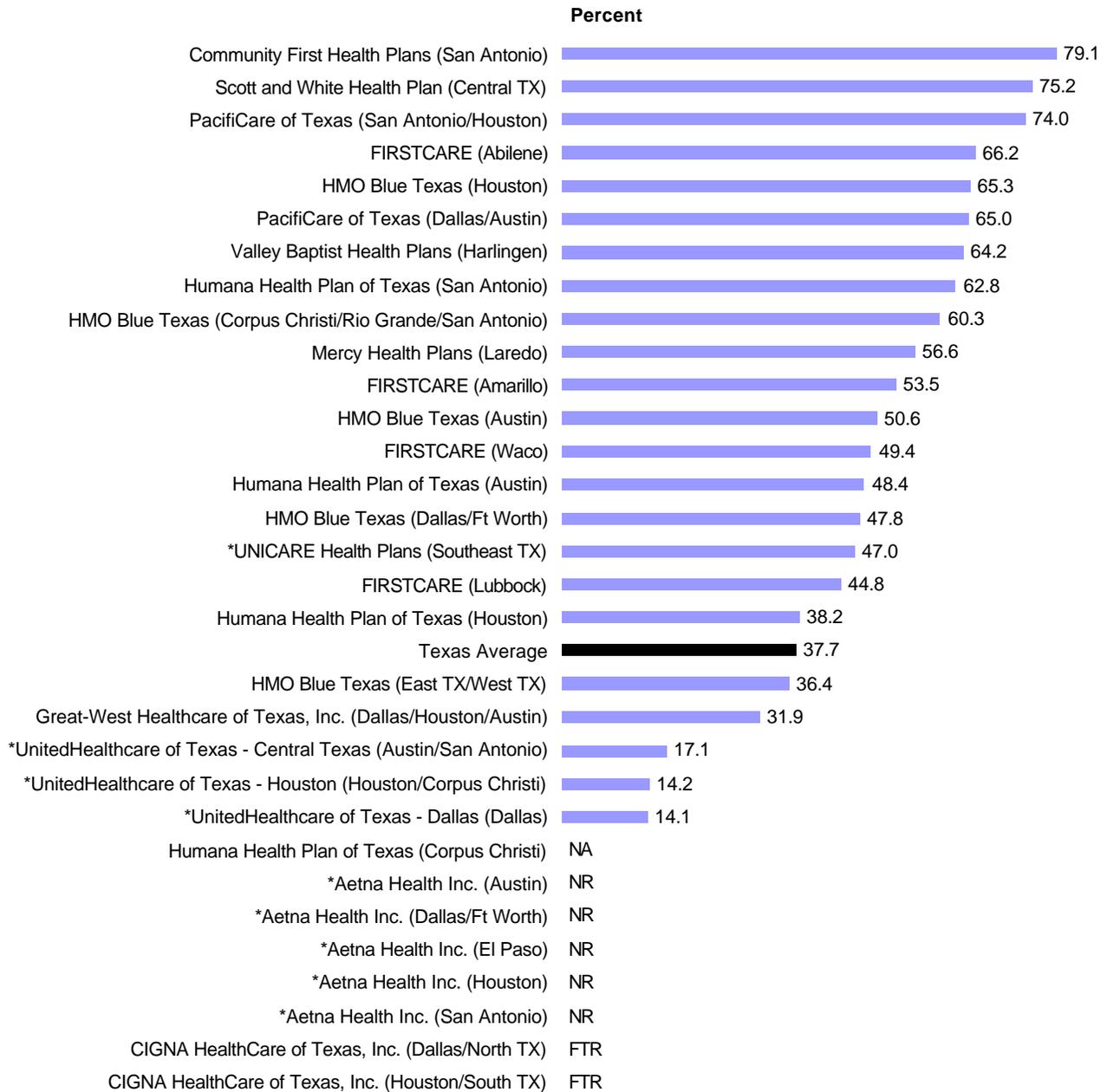
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## Adolescent Immunization: Hepatitis B



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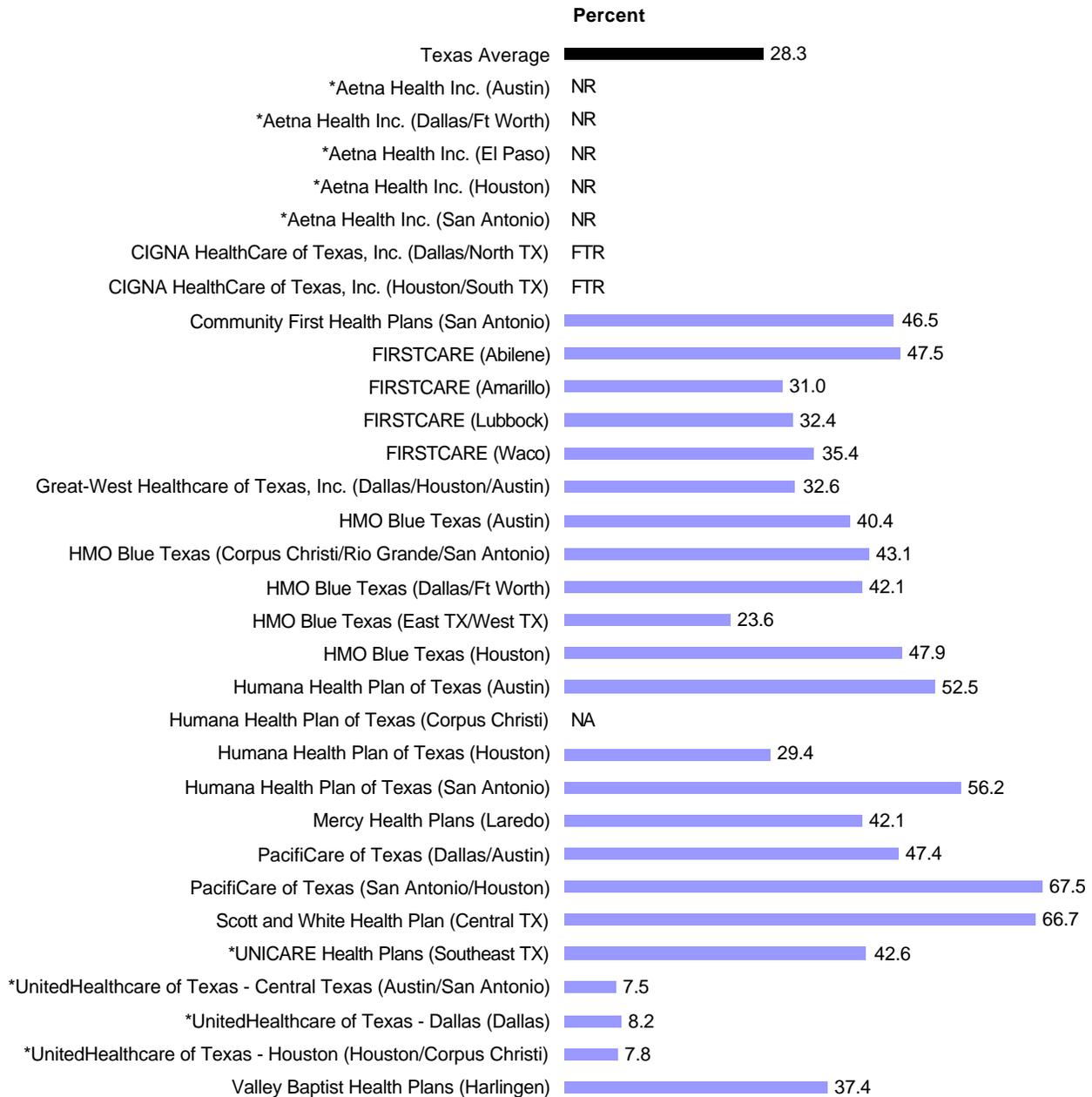
## Adolescent Immunization Status: Varicella/Chicken Pox (VZV)

Definition: The percentage of children using the HMO who received at least one Varicella or chicken pox vaccine by thirteen years of age.

Adolescent Immunization Status: Varicella/Chicken Pox (VZV) Rates					
	2002	2003	2004	2005	2006
Texas Average	20.2%	27.5%	18.6%	16.6%	28.3%
NCQA's Quality Compass®	34.1%	40.5%	50.9%	55.7%	60.2%

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## Adolescent Immunization: Chicken Pox



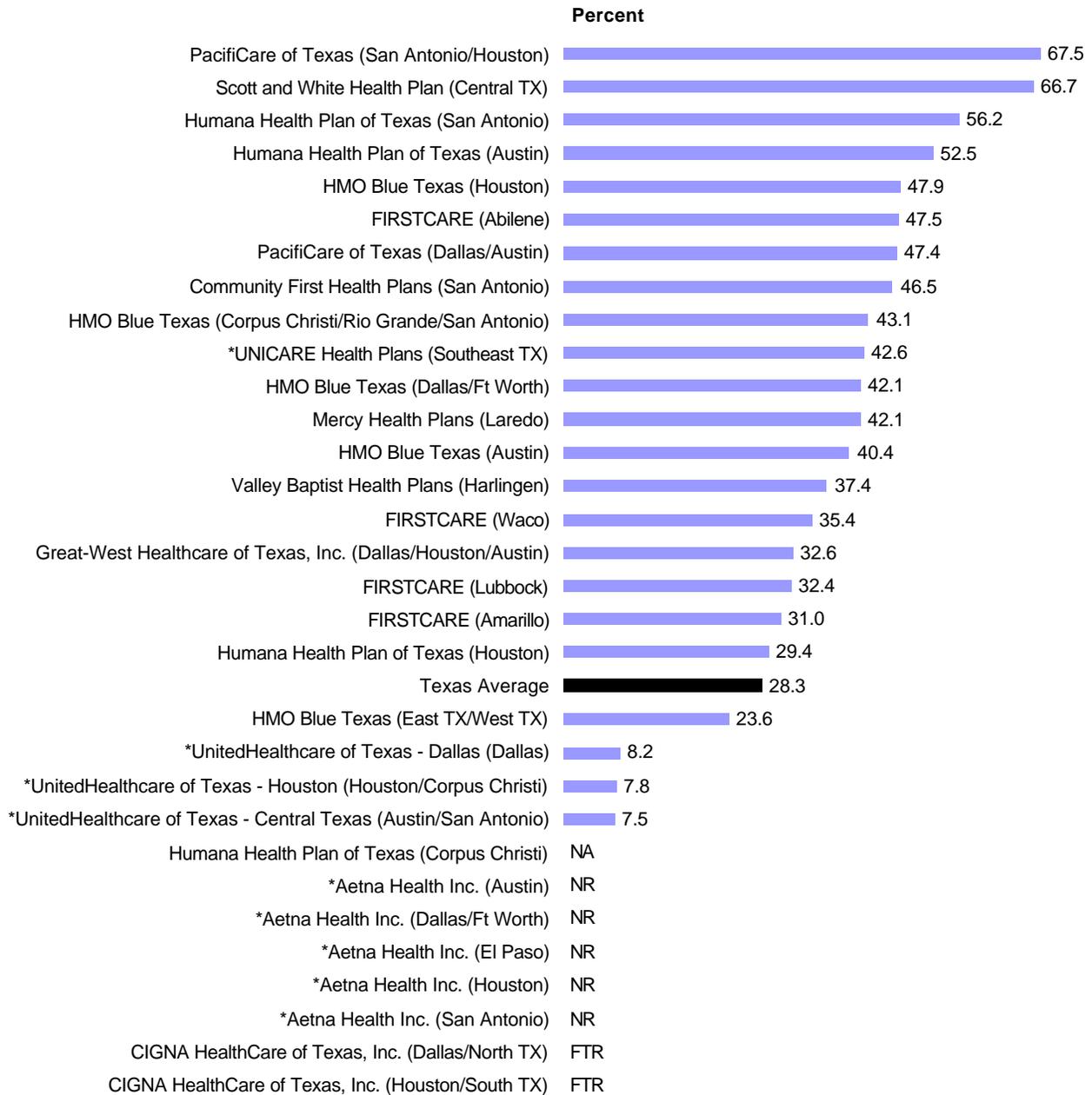
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## Adolescent Immunization: Chicken Pox



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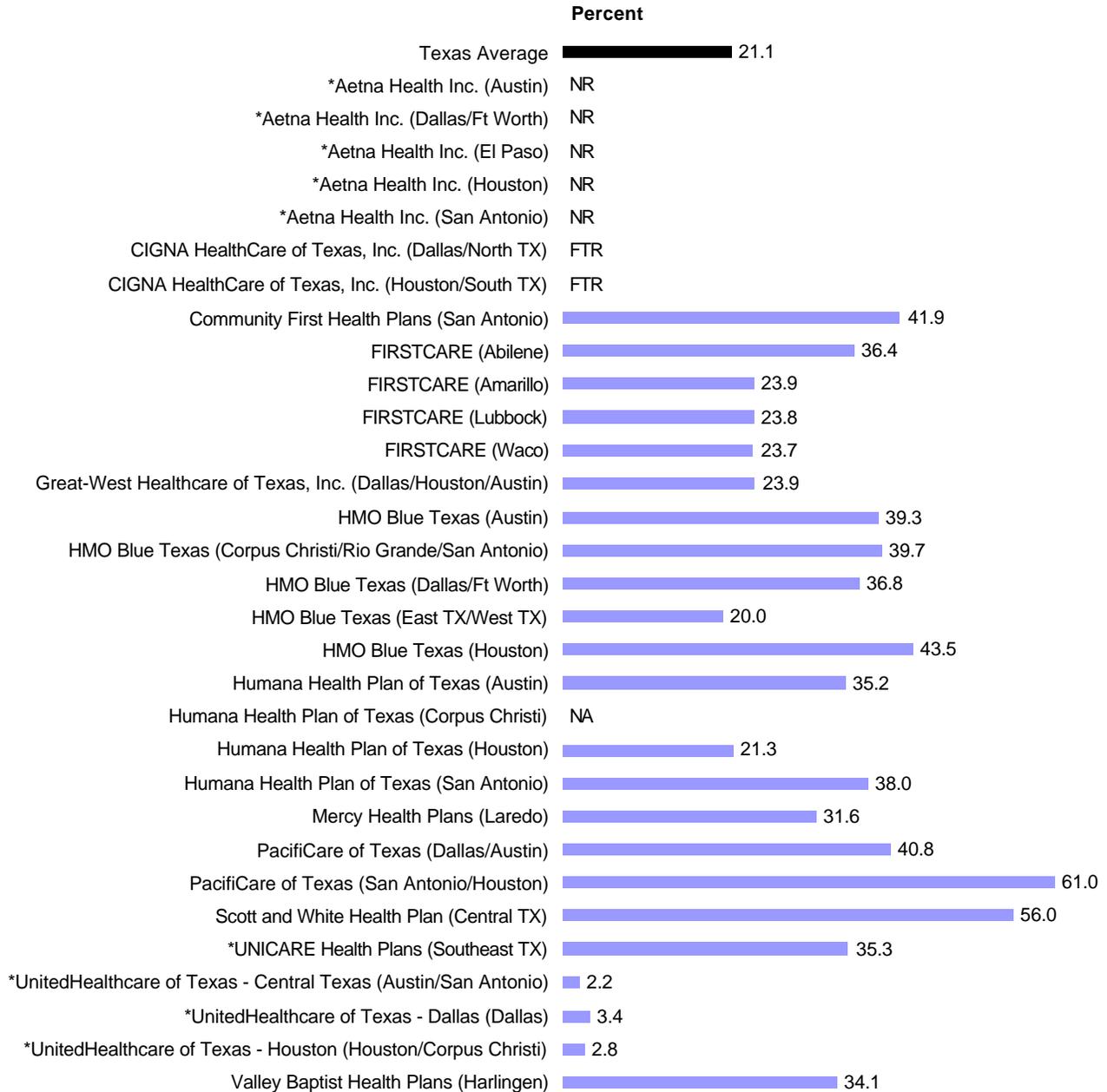
## Adolescent Immunization Status: Combination 2

Definition: The percentage of children using the HMO who received all Combination 2 vaccinations [three hepatitis B vaccines, the second dose of measles, mumps, rubella (MMR) vaccine, and at least one chicken pox vaccine] by thirteen years of age.

Adolescent Immunization Status: Combination 2 Rates					
	2002	2003	2004	2005	2006
Texas Average	10.8%	18.5%	13.4%	12%	21.1%
NCQA's Quality Compass®	24.8%	31.2%	41.6%	46.8%	53.7%

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## Adolescent Immunization: Combination 2



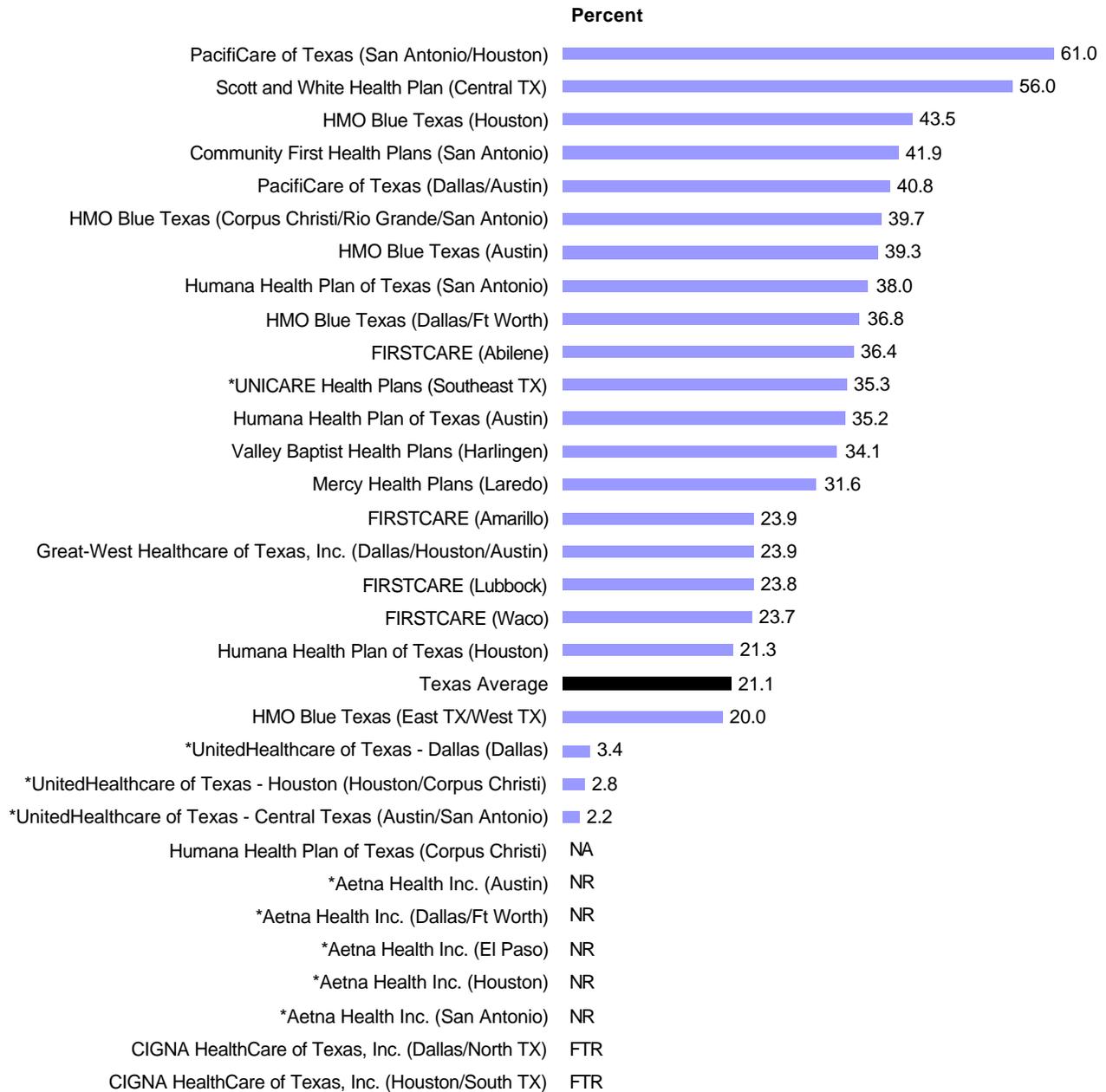
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Adolescent Immunization: Combination 2



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## Breast Cancer Screening

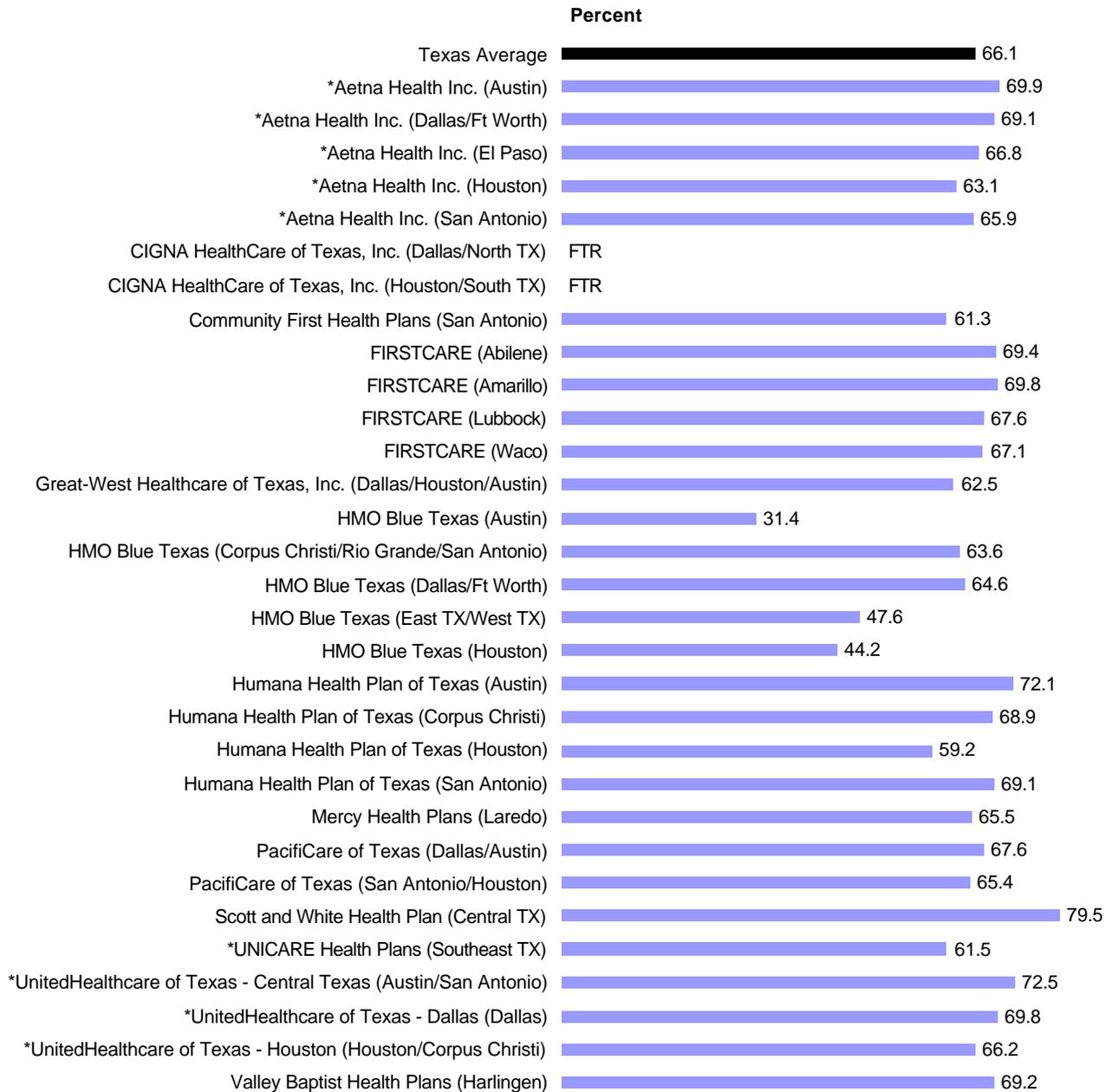
Definition: The percentage of women 50 through 69 years of age using the HMO who received a mammogram during the past two years.

Breast Cancer Screening Rates					
	2002	2003	2004	2005	2006
<b>Texas Average</b>	70.8%	69.7%	69.0%	67.6%	66.1%
<b>NCQA's Quality Compass®</b>	75.5%	74.9%	75.3%	73.4%	72.0%

**Healthy People 2010 Goal\*: 70%**

\*Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to National Committee for Quality Assurance (NCQA).

## Breast Cancer Screening Rate



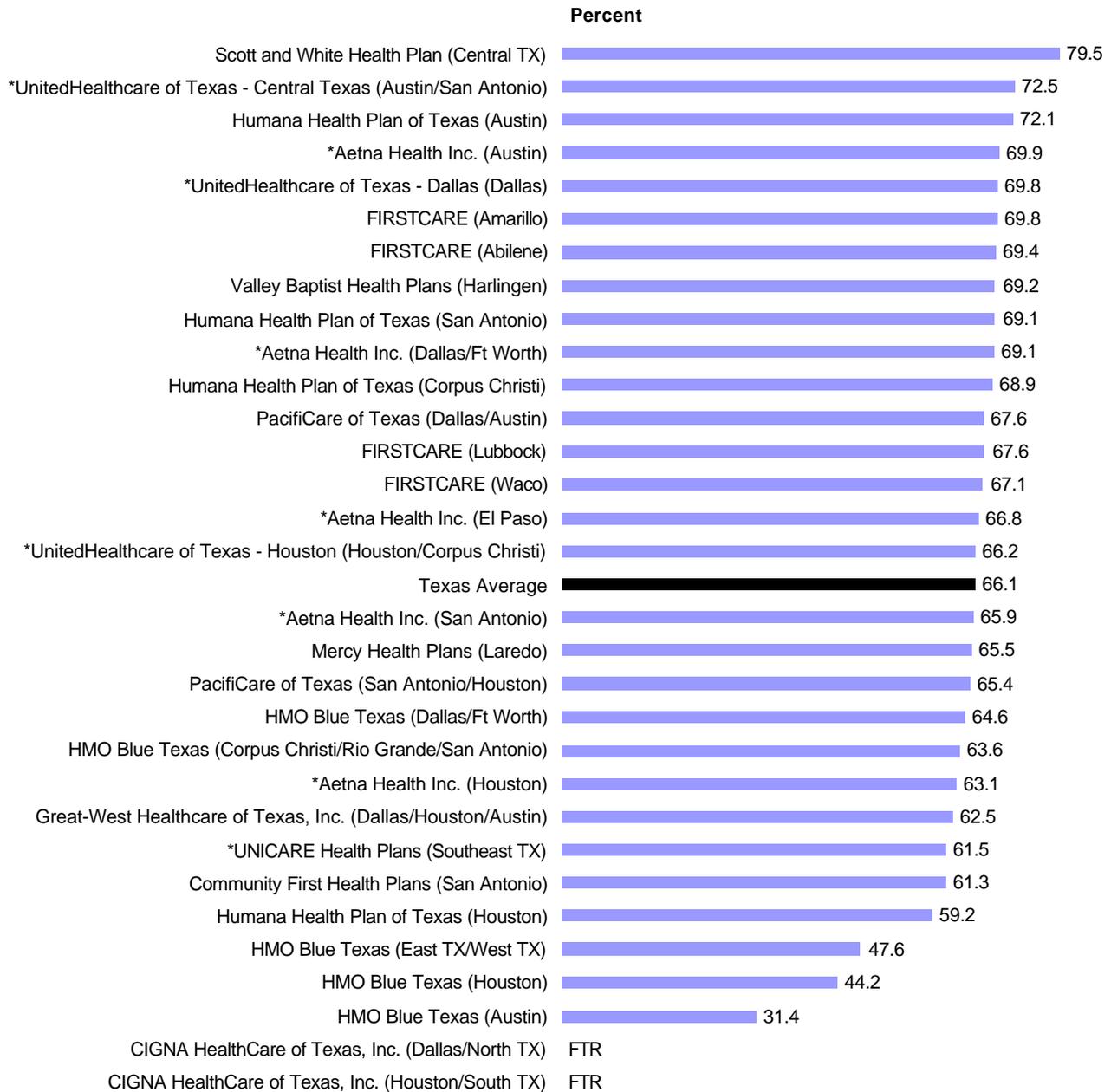
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Breast Cancer Screening Rate



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

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## Cervical Cancer Screening

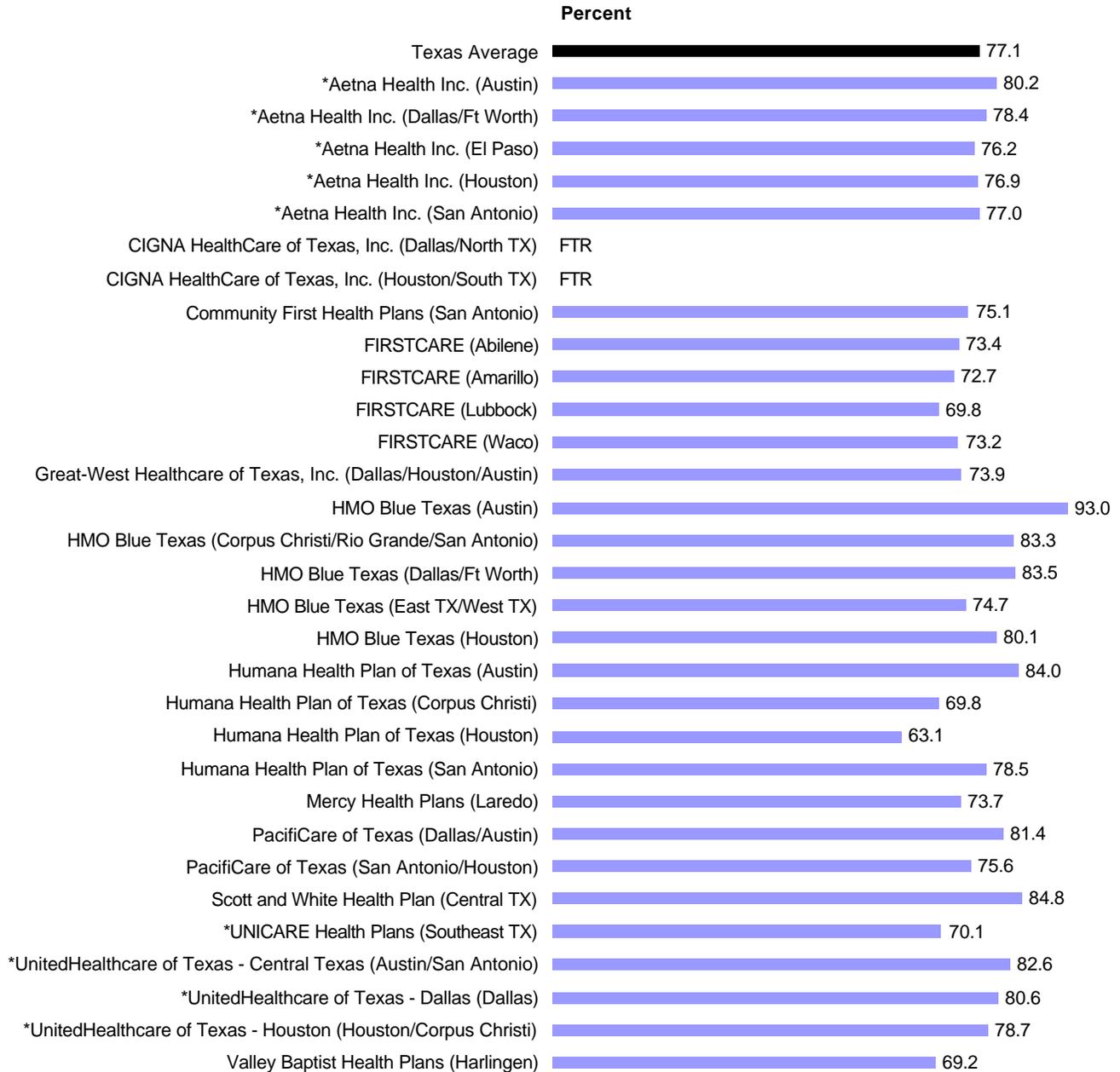
Definition: The percentage of women 18 through 64 years of age using the HMO who received a Pap smear test during the past three years.

Cervical Cancer Screening					
	2002	2003	2004	2005	2006
Texas Average	74.8%	74.9%	72.8%	76.6%	77.1%
NCQA's Quality Compass®	80.0%	80.5%	81.8%	80.9%	81.8%

**Healthy People 2010 Goal\*: 90%**

\*Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.  
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## Cervical Cancer Screening Rate



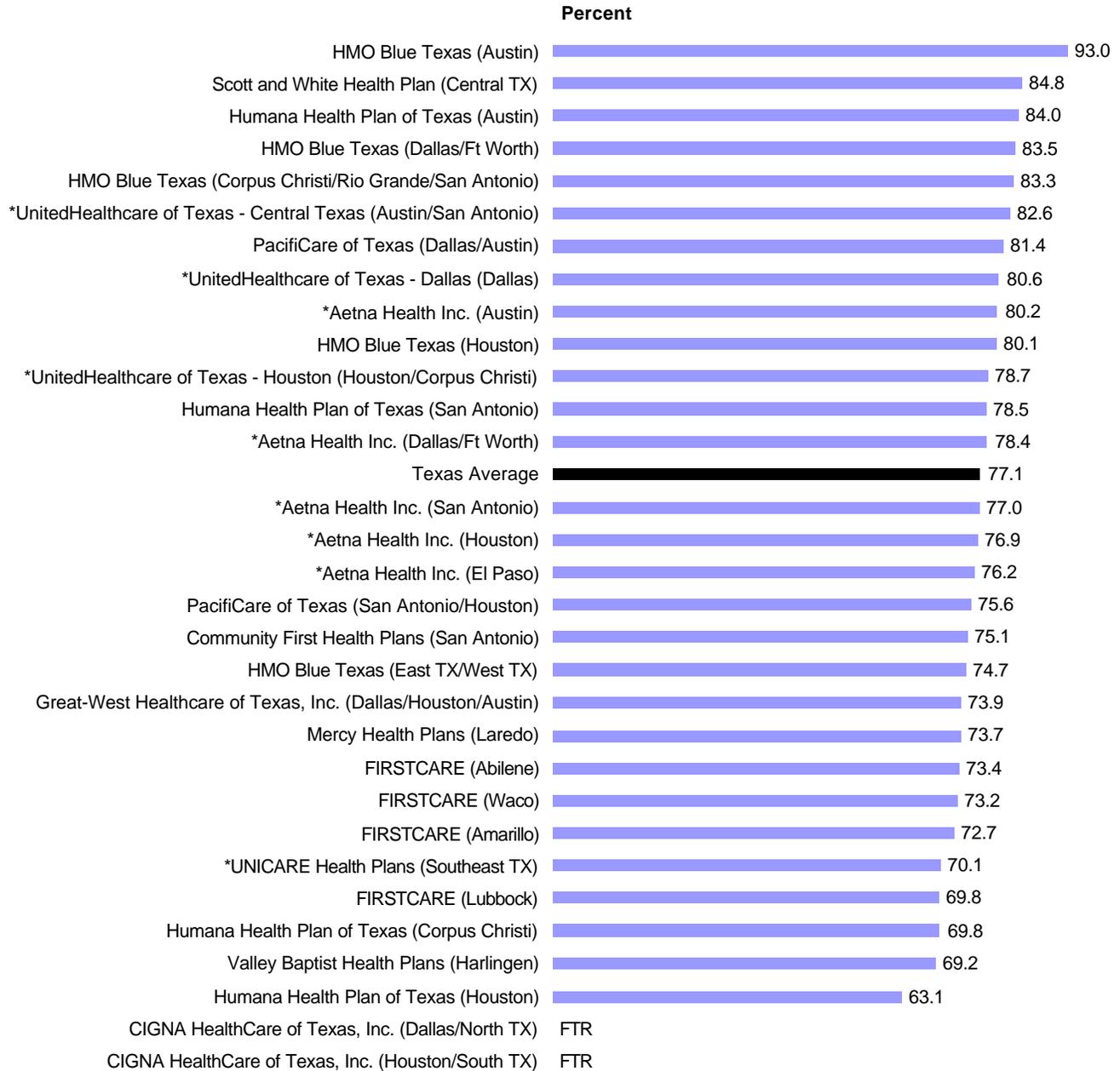
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Cervical Cancer Screening Rate



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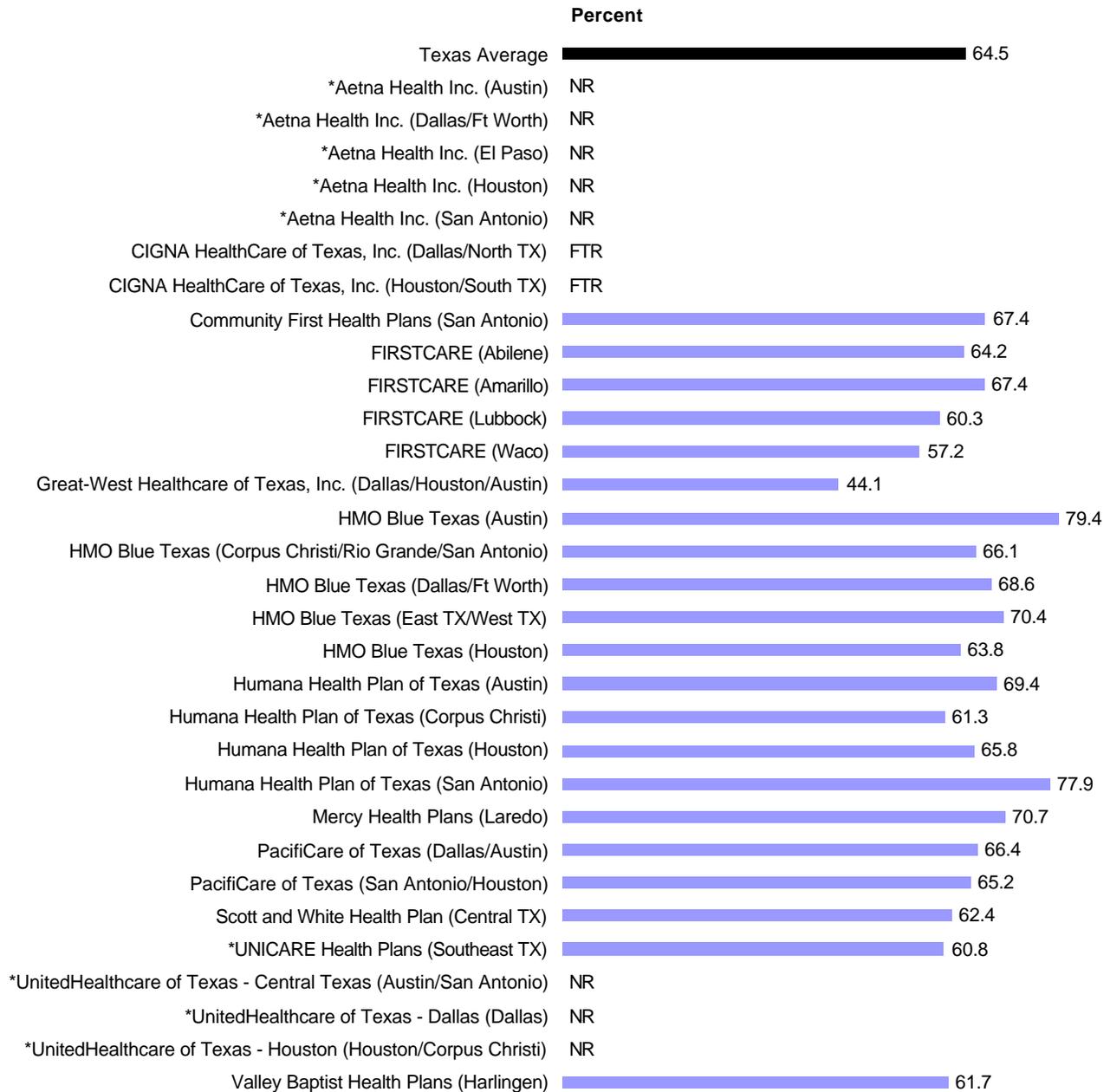
## Controlling High Blood Pressure

Definition: The percentage of members age 46 through 85 years diagnosed with hypertension (high blood pressure), whose blood pressure was controlled during the measurement year. Control was demonstrated by a blood pressure reading below 140 mm Hg systolic and 90 mm Hg diastolic.

Controlling High Blood Pressure					
	2002	2003	2004	2005	2006
<b>Texas Average</b>	50.9%	57.9%	59.2%	64.5%	64.5%
<b>NCQA's Quality Compass®</b>	55.4%	58.4%	62.2%	66.8%	68.8%

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## Controlling High Blood Pressure



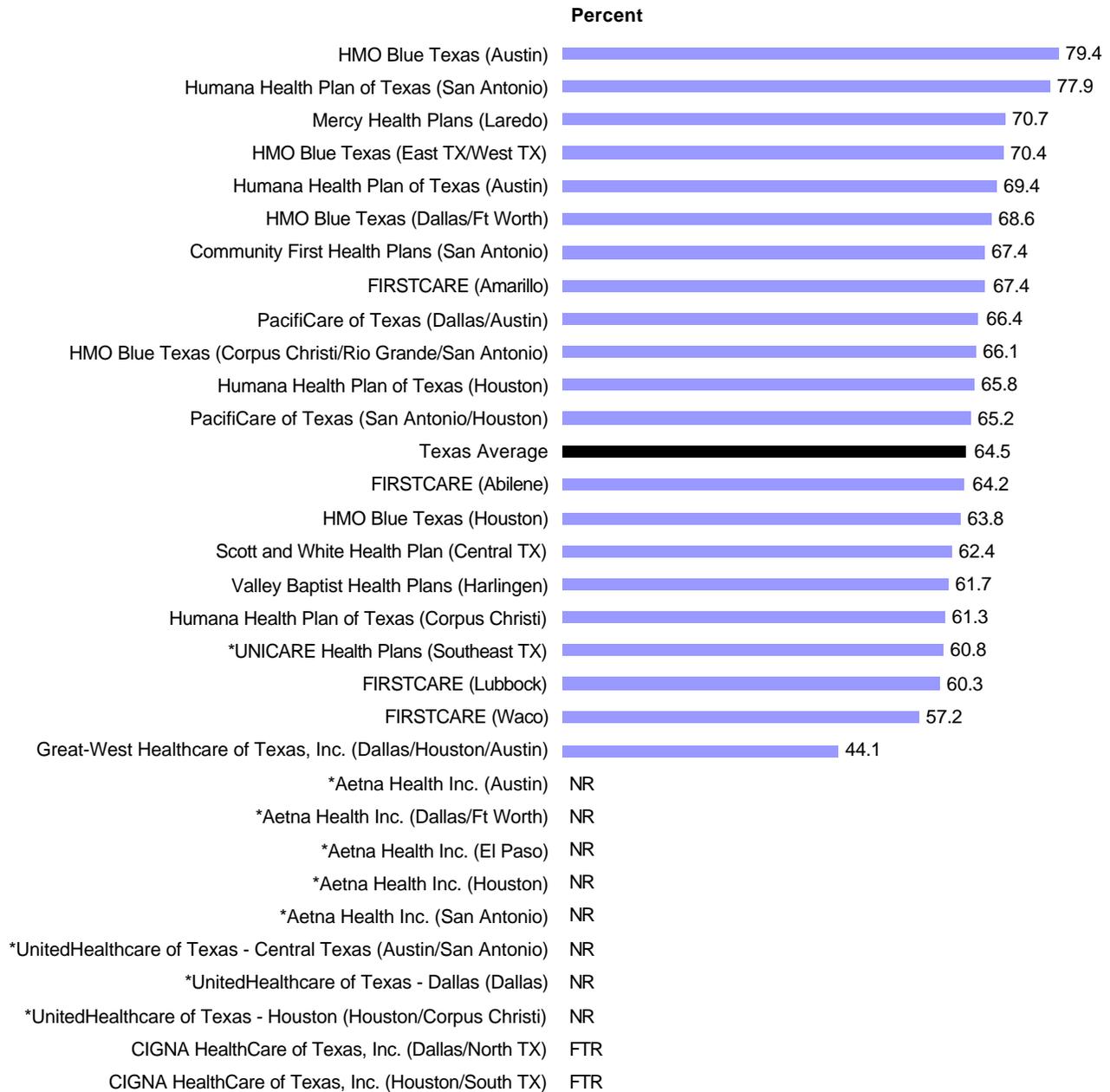
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Controlling High Blood Pressure



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## Beta-Blocker Treatment After a Heart Attack

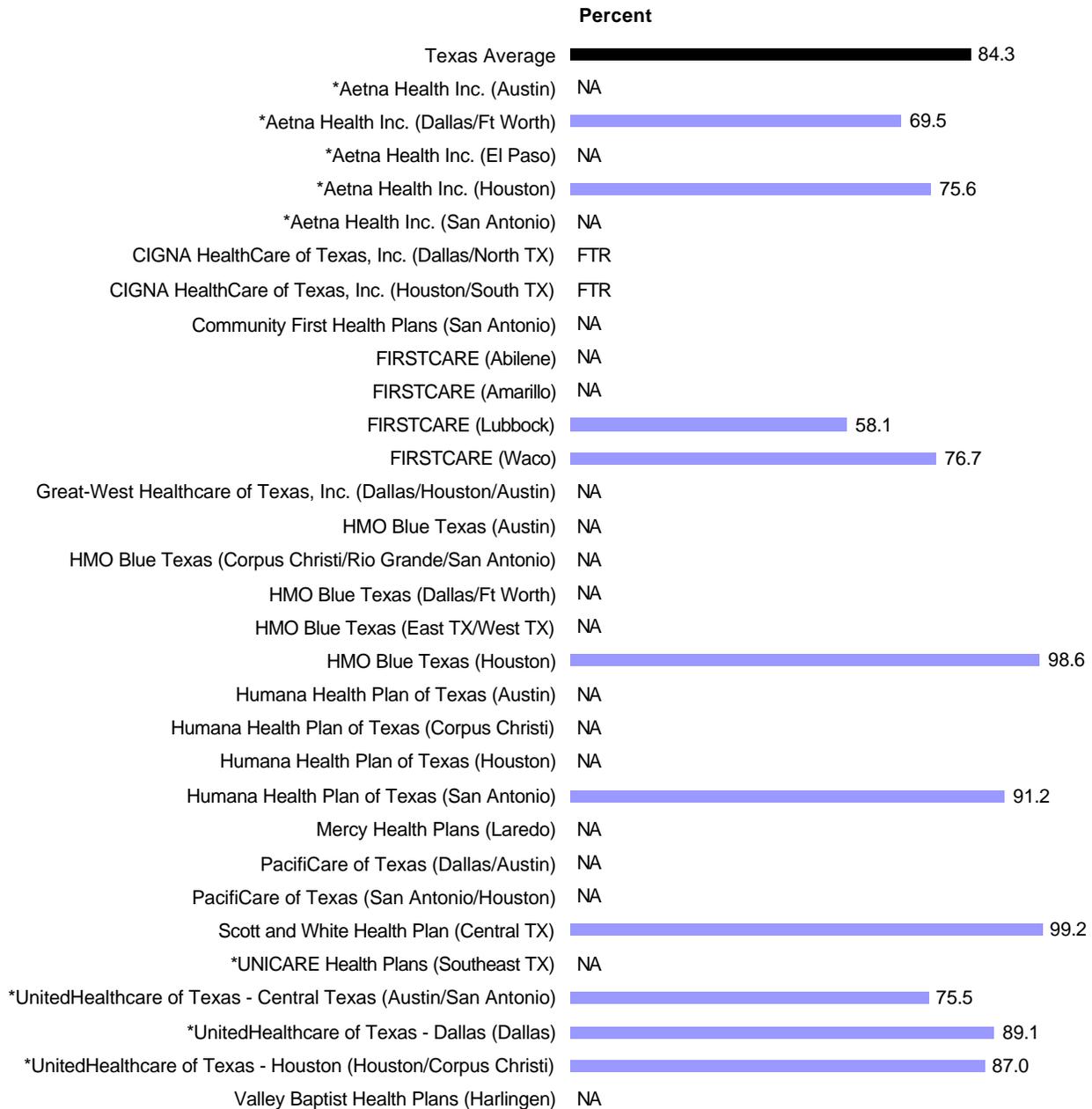
Definition: The percentage of members age 35 years and older who were hospitalized during the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received an ambulatory prescription for beta-blockers upon discharge. Members who have a valid medical reason not to take the drug are excluded.

A number of HMOs have been assigned "NA" (not applicable) for this measure because they had too small eligible member population (less than 30) to report a statistically valid rate.

Beta Blocker Treatment After a Heart Attack					
	2002	2003	2004	2005	2006
Texas Average	90.3%	86.9%	85.2%	83.3%	84.3%
NCQA's Quality Compass®	92.5%	93.5%	94.3%	96.2%	96.6%

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

## Beta Blocker Treatment After Heart Attack



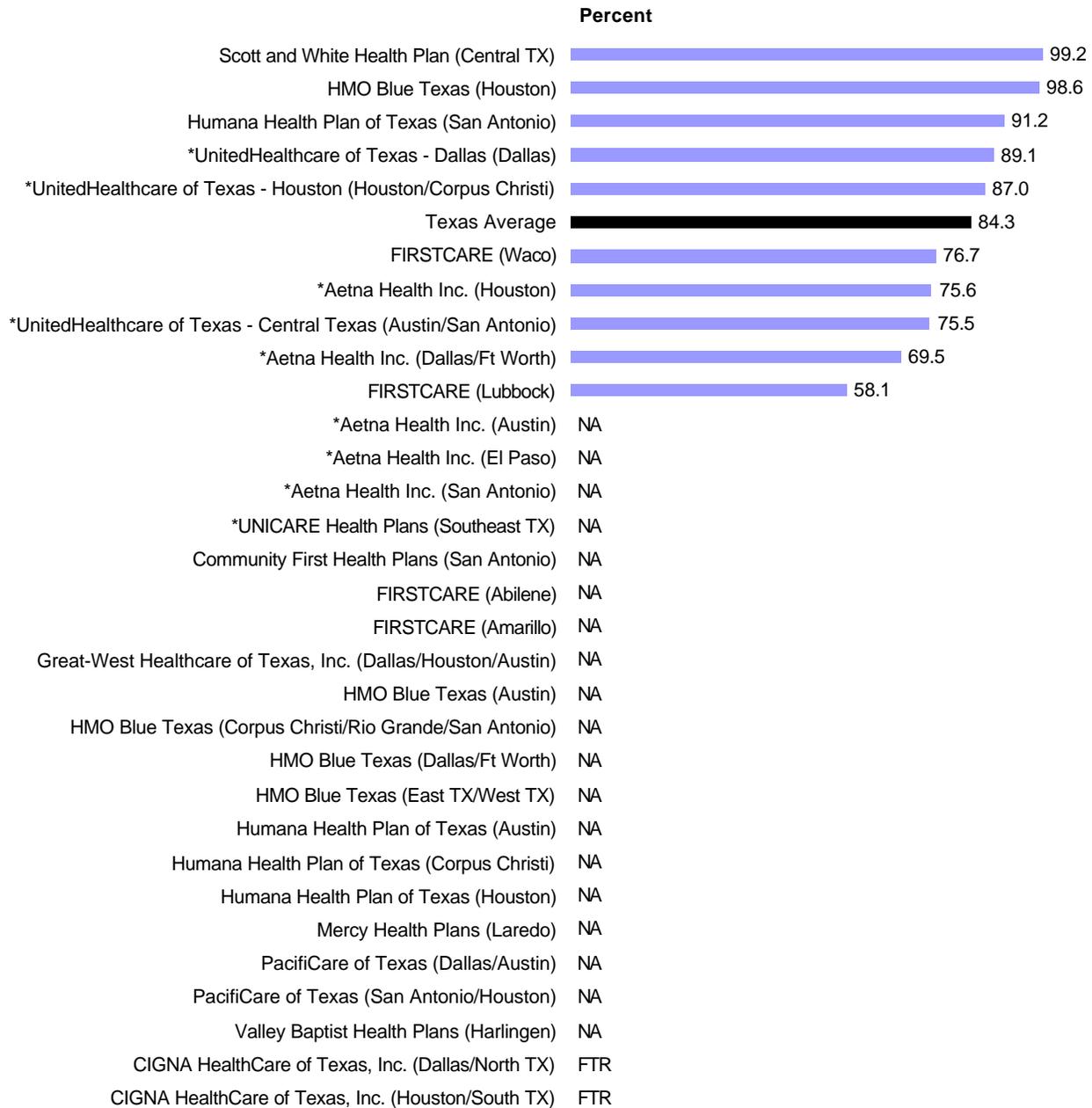
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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NR- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

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## Beta Blocker Treatment After Heart Attack



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

Definition: The percentage of members age 35 years 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.

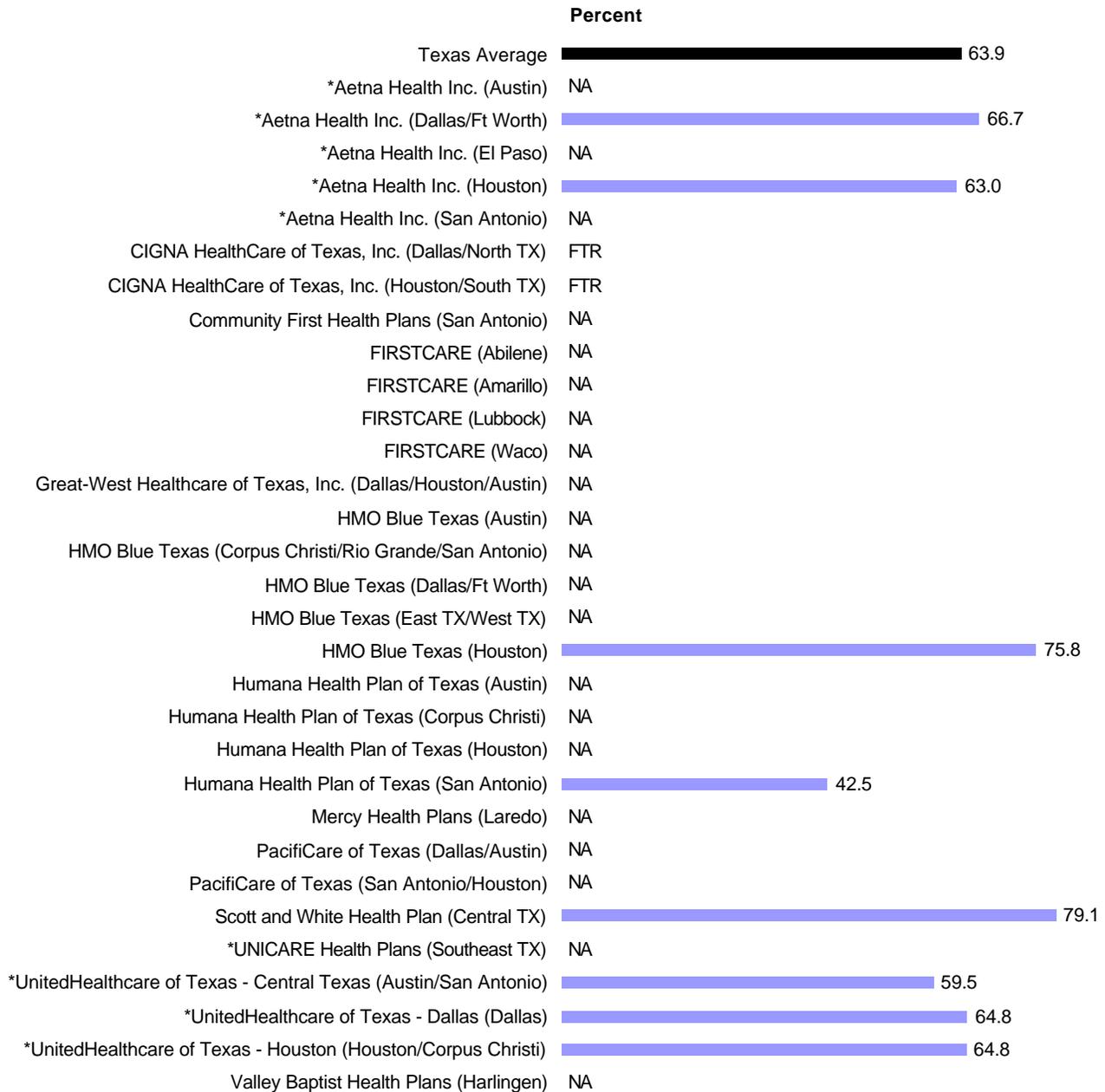
A number of HMOs have been assigned "NA" (not applicable) for this measure because they had too small eligible member population (less than 30) to report a statistically valid rate.

Beta Blocker Treatment After a Heart Attack	
	<b>2006</b>
<b>Texas Average</b>	63.9%
<b>NCQA's Quality Compass®</b>	70.3%

This measure is an addition to the Texas Subset for HEDIS® 2006.

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## Persistence of Beta Blocker Treatment After a Heart Attack



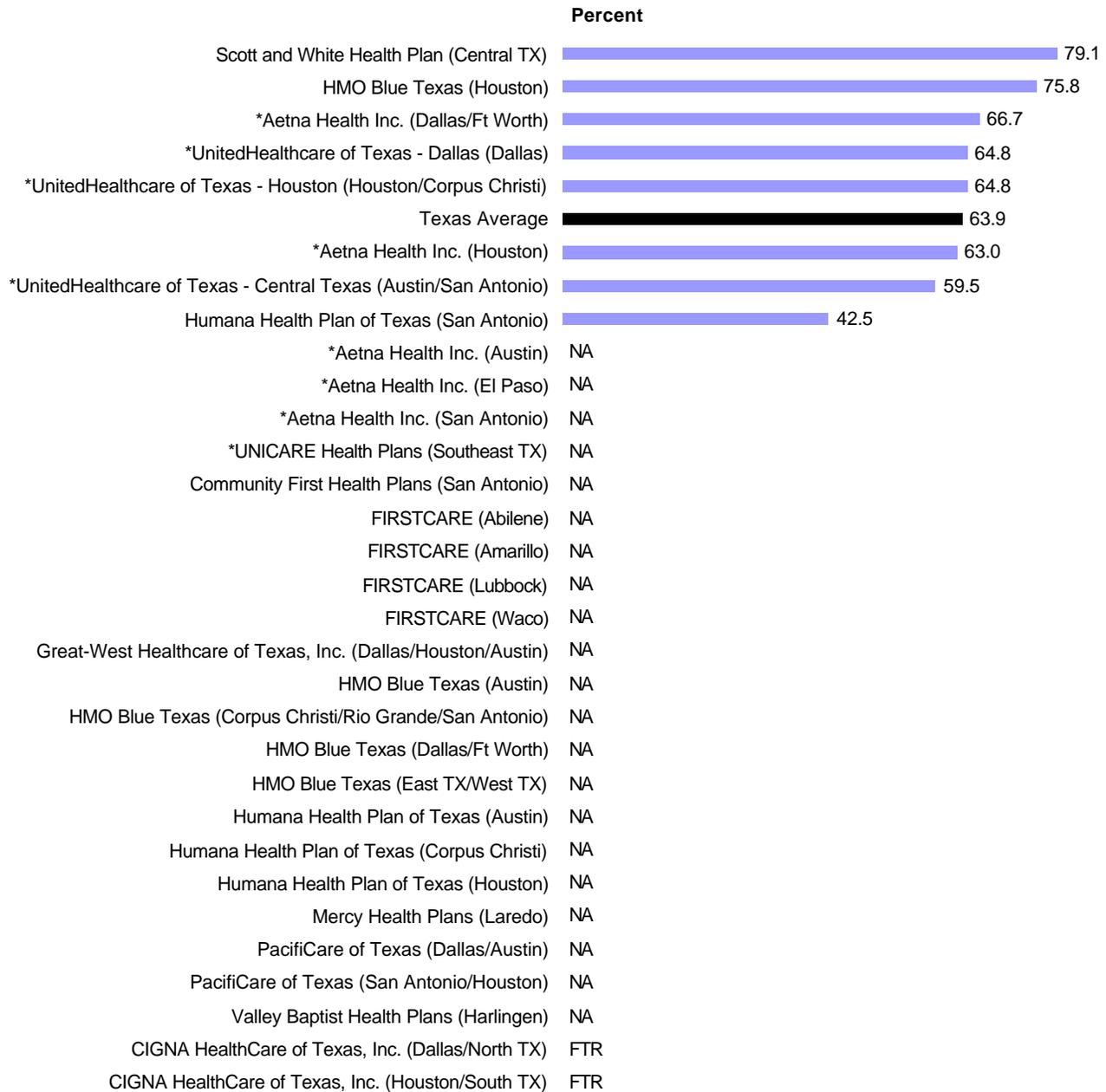
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## Persistence of Beta Blocker Treatment After a Heart Attack



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

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

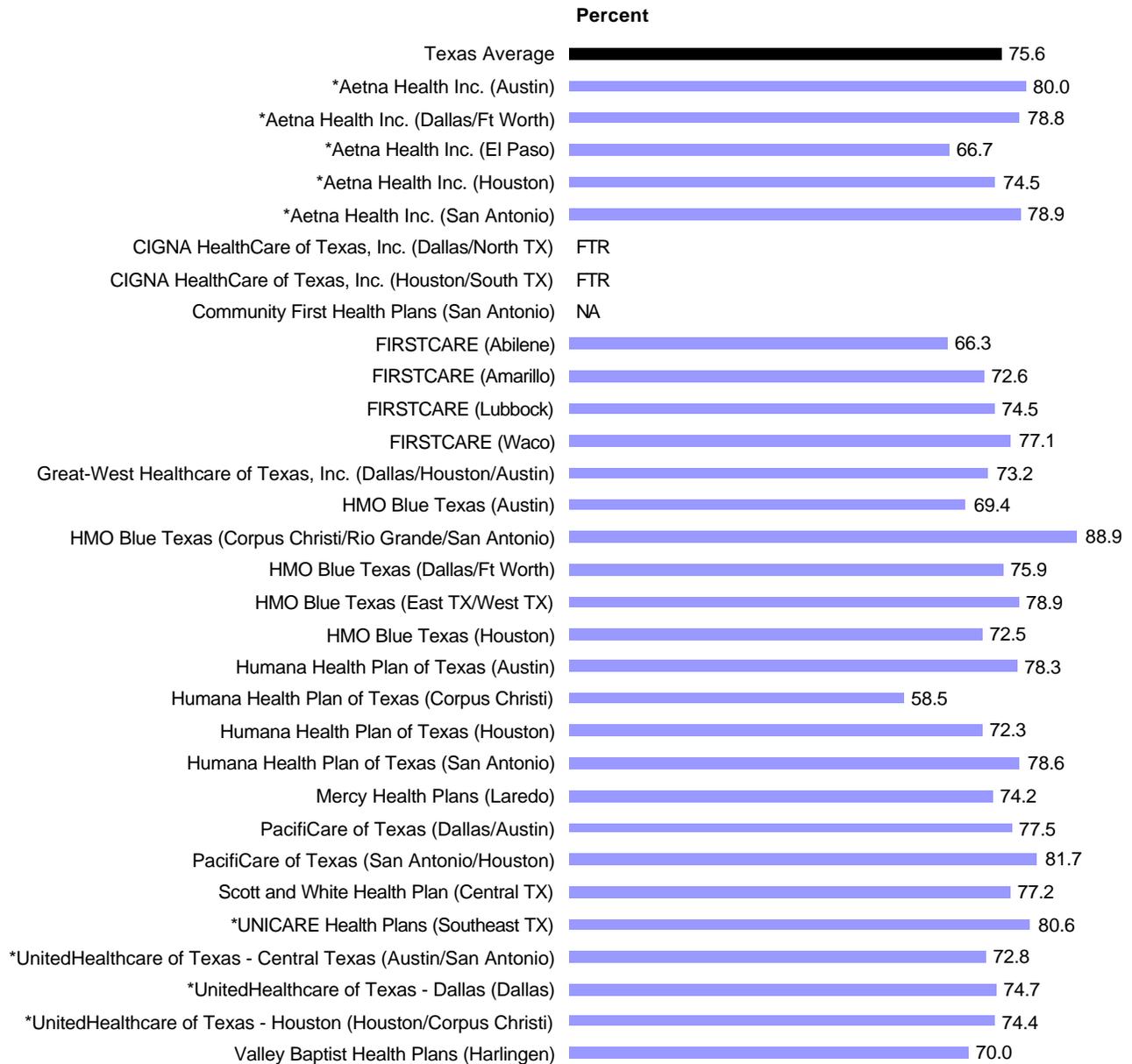
A number of HMOs have been assigned “NA” (not applicable) for this measure because they had too small eligible member population (less than 30) to report a statistically valid rate.

Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening					
	2002	2003	2004	2005	2006
Texas Average	76.2%	77.1%	77.9%	79.4%	75.6%
NCQA's Quality Compass®	77.1%	79.4%	80.3%	81.8%	*

\* Value not established or not obtained.

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## Cholesterol Management: LDL-C Level Screening



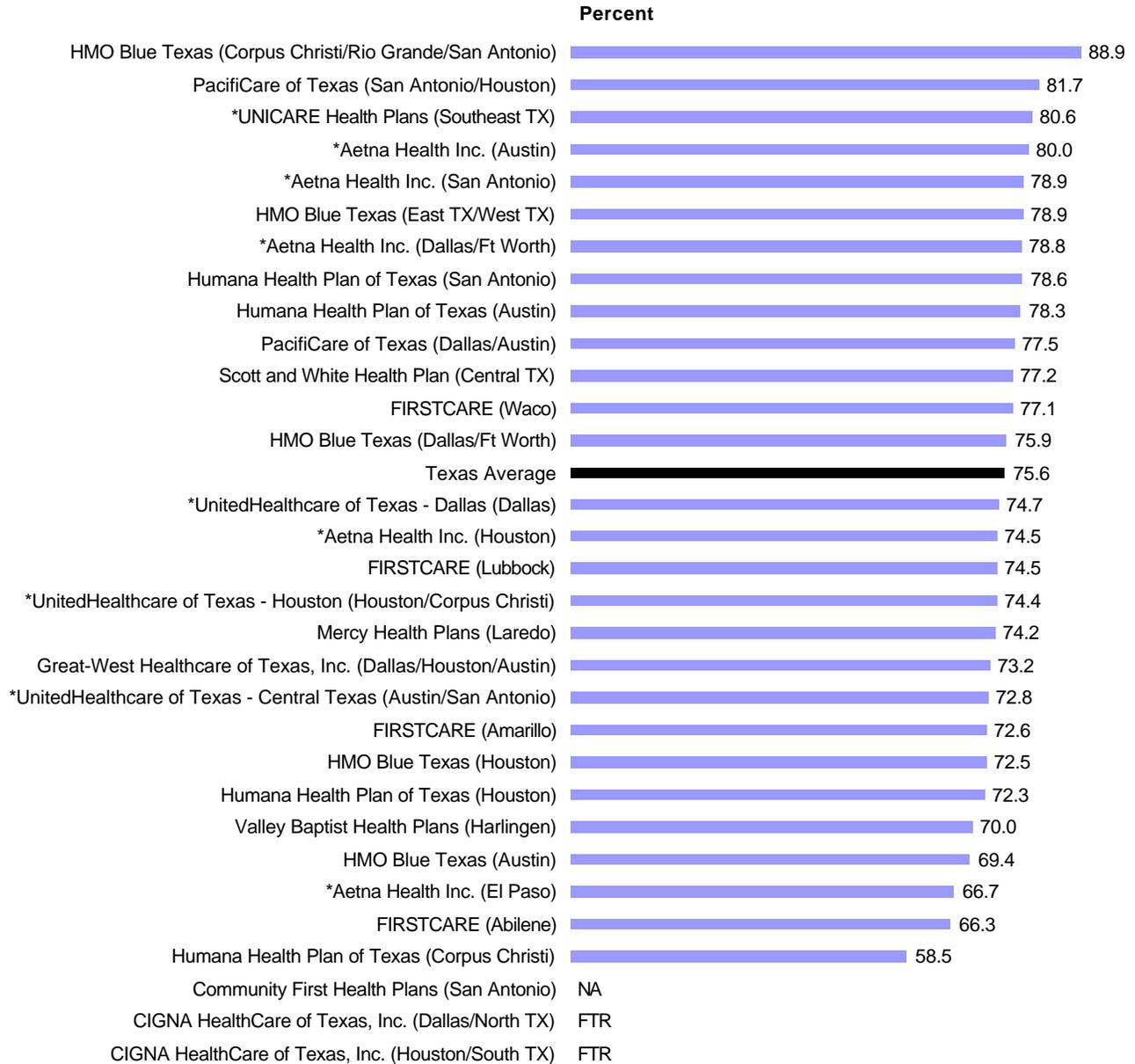
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Cholesterol Management: LDL-C Level Screening



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## Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level < 130 mg/dL

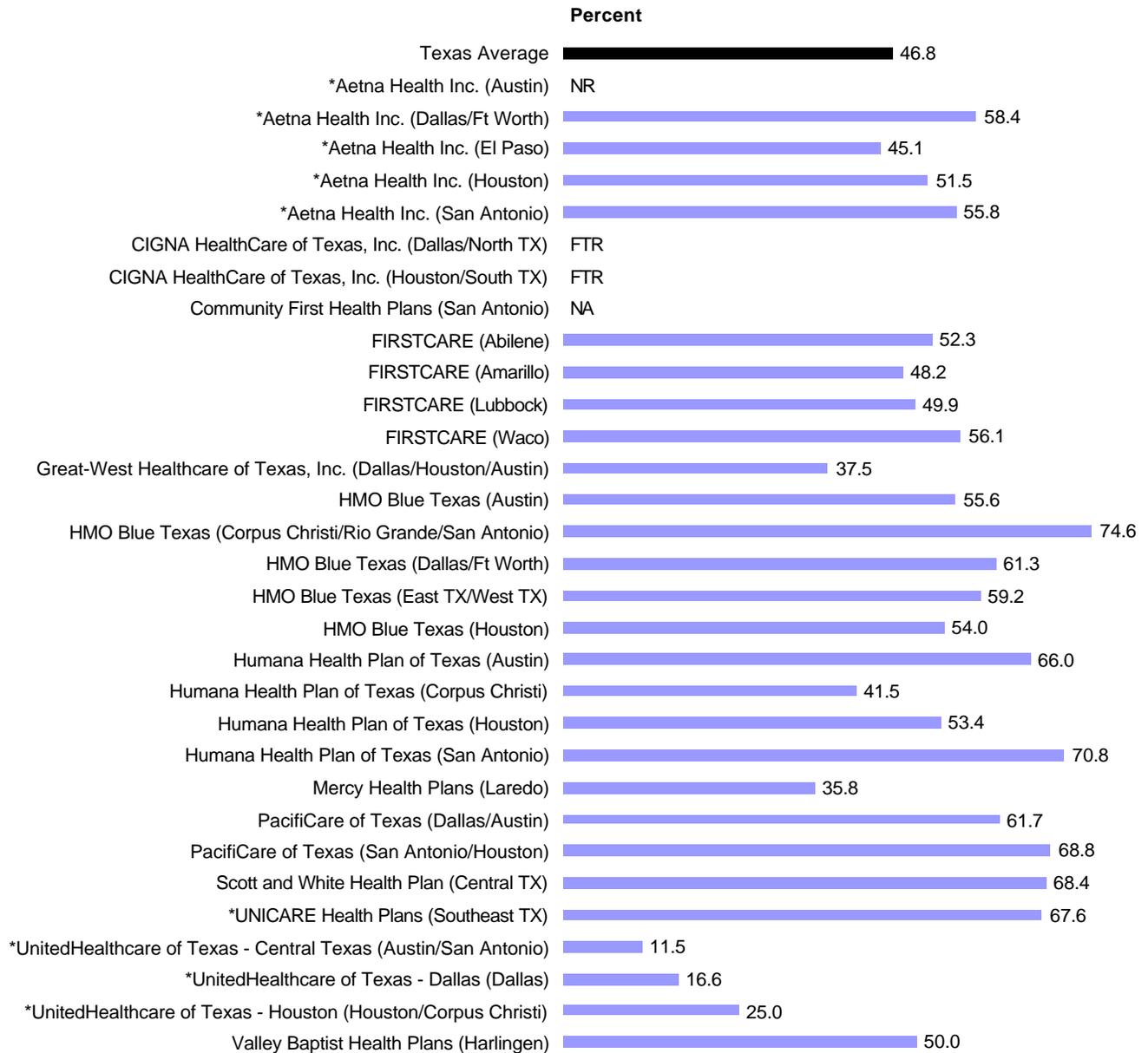
Definition: The percentage of members 18 through 75 years of age who had an LDL-C (low density lipoprotein-cholesterol) level of less than 130 mg/dL during the measurement year, after discharge for an acute cardiovascular event.

A number of HMOs have been assigned "NA" (not applicable) for this measure because they had too small eligible member population (less than 30) to report a statistically valid rate.

Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level					
	2002	2003	2004	2005	2006
Texas Average	42.6%	57.7%	56.3%	55.8%	46.8%
NCQA's Quality Compass®	51.5%	59.3%	65.1%	68.0%	*

\*Value not established or not obtained.  
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## Cholesterol Management: LDL-C Level <130mg/dL



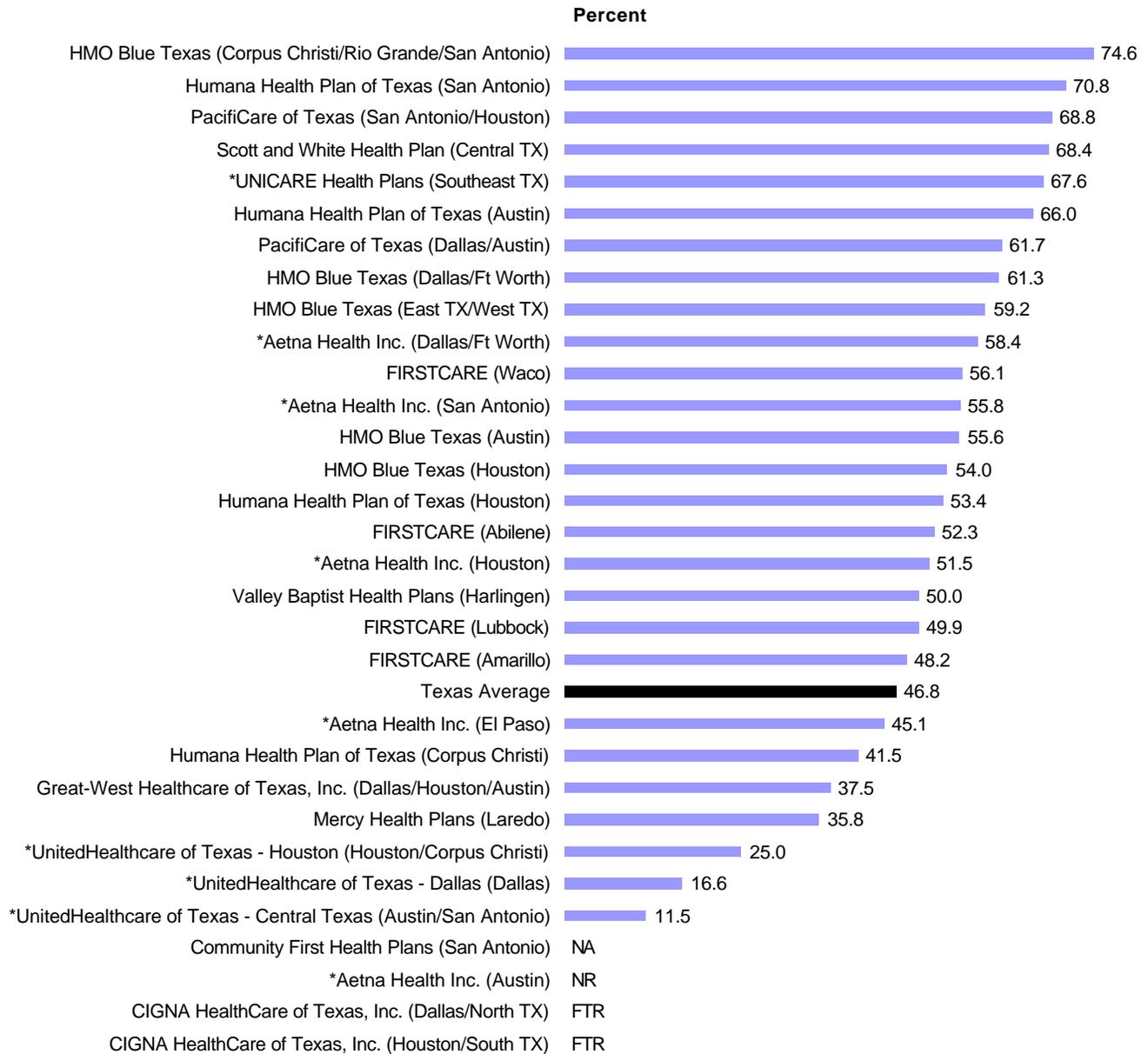
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## Cholesterol Management: LDL-C Level <130mg/dL



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## Comprehensive Diabetes Care: HbA1c Testing

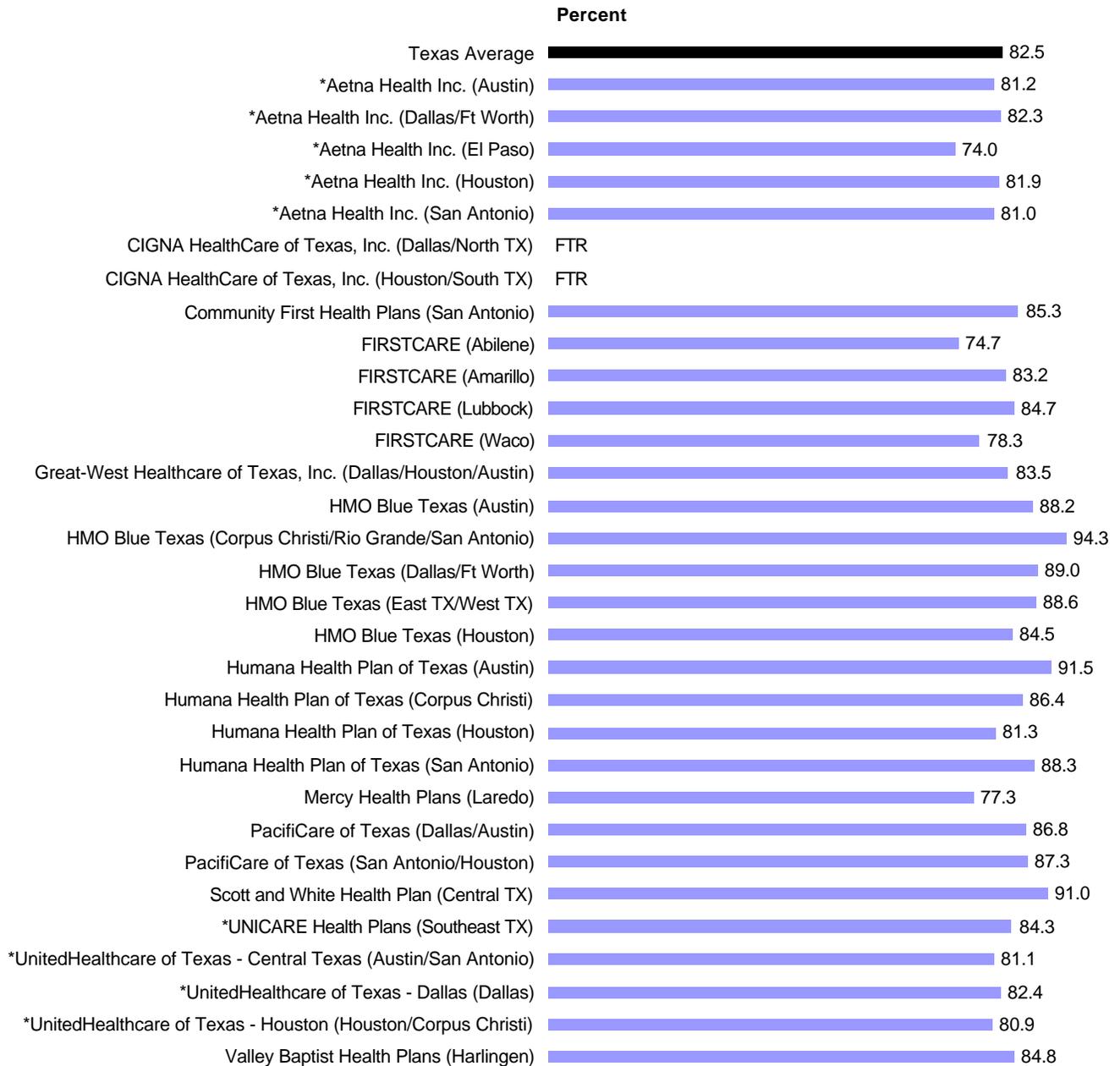
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had one or more HbA1c tests conducted within the past year.

Comprehensive Diabetes Care: HbA1c Testing					
	2002	2003	2004	2005	2006
Texas Average	76.7%	80.0%	79.8%	82.1%	82.5%
NCQA's Quality Compass®	81.4%	82.6%	84.6%	86.5%	87.5%

**Healthy People 2010 Goal\*: 65%**

\*Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.  
Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

## Comprehensive Diabetes Care: HbA1c Testing



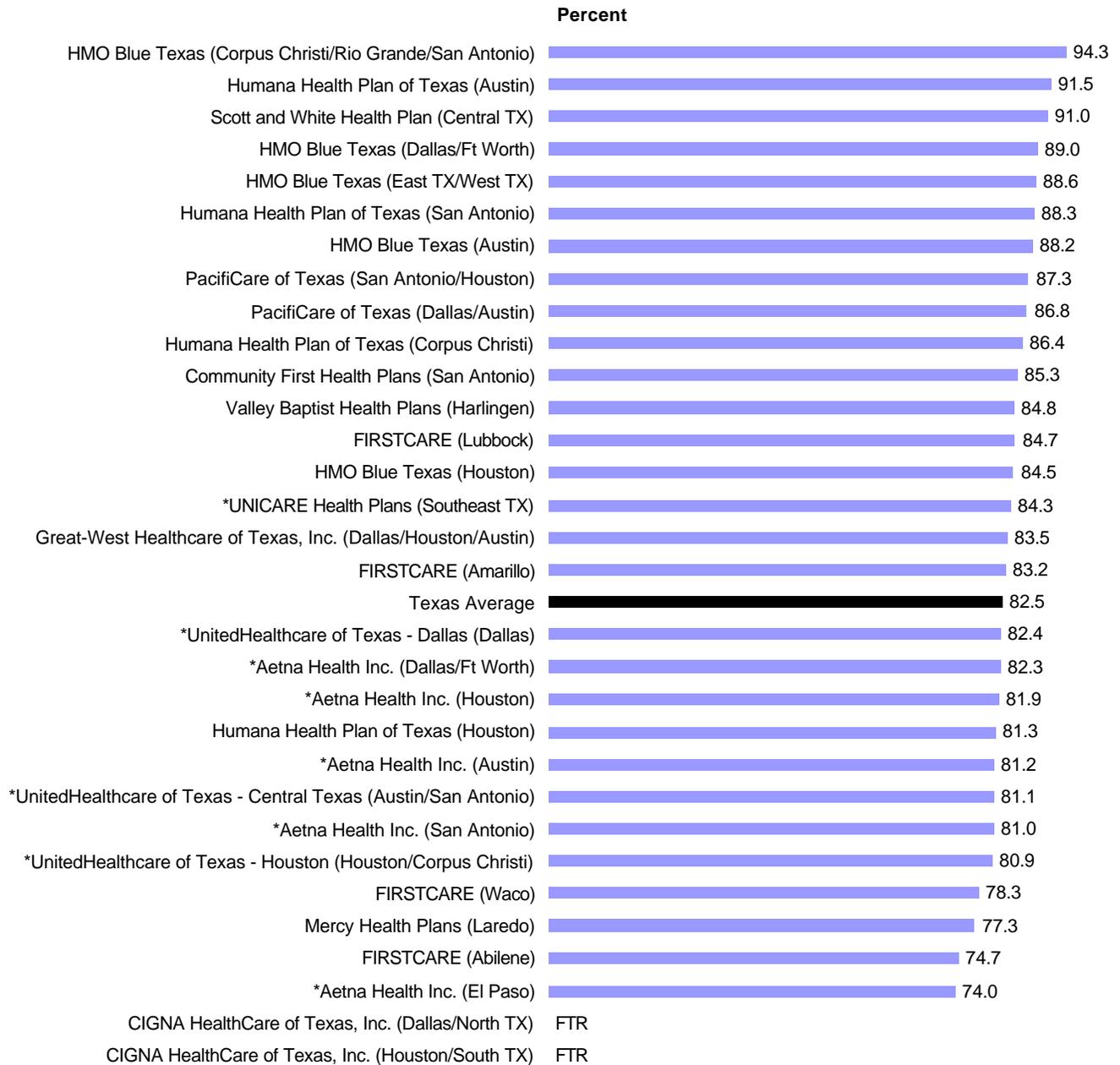
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## Comprehensive Diabetes Care: HbA1c Testing



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## Comprehensive Diabetes Care: Poor HbA1c Control

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

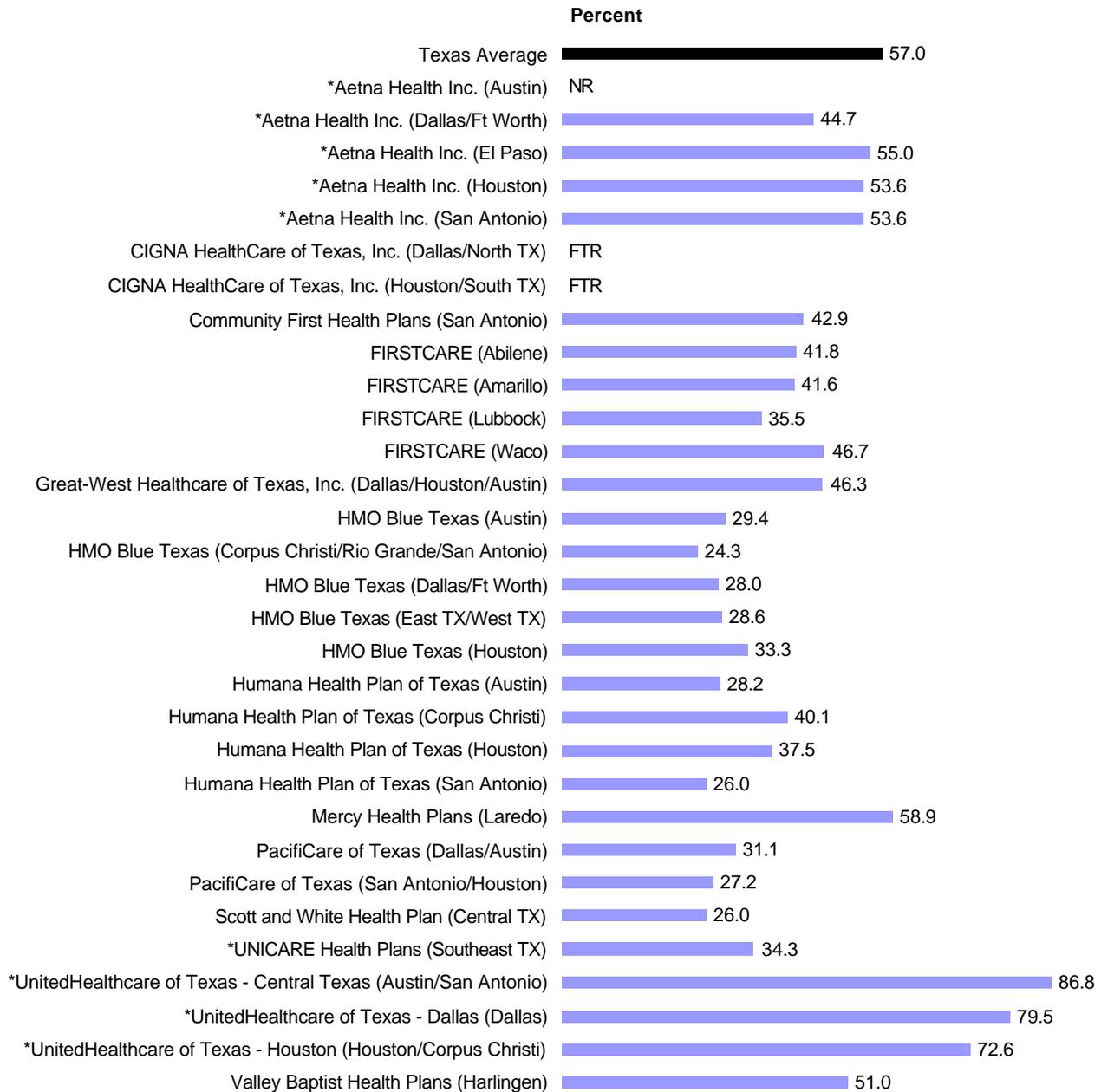
Comprehensive Diabetes Care: Poor HbA1c Control					
	2002	2003	2004	2005	2006
<b>Texas Average</b>	46.2%	52.0%	46.2%	56.6%	57.0%
<b>NCQA's Quality Compass®</b>	36.9%	33.9%	32.0%	30.7%	29.7%

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

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

### Comprehensive Diabetes Care: Poor HbA1c Control



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

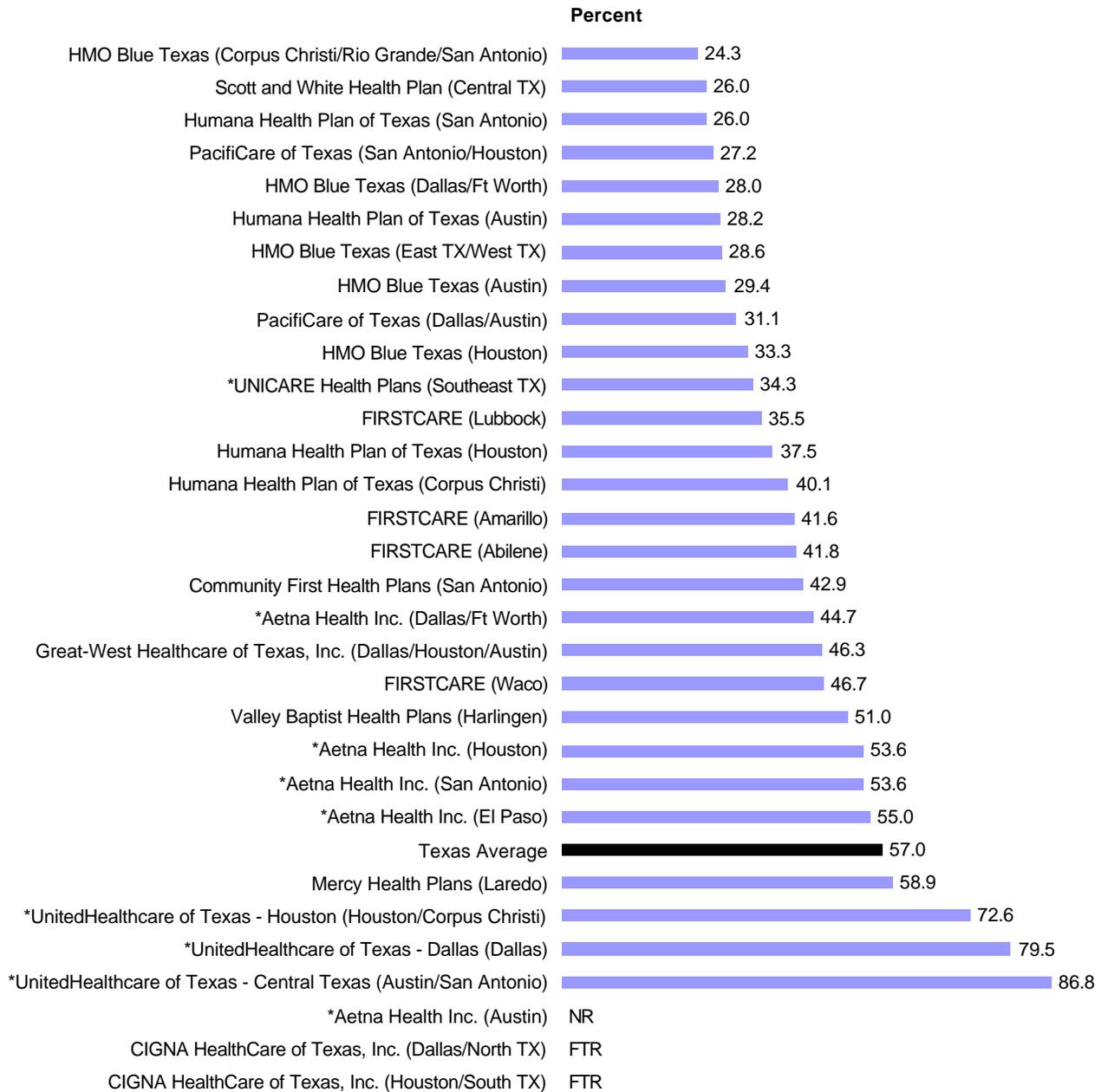
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**Note - Lower rates indicate better performance for this measure.**

## Comprehensive Diabetes Care: Poor HbA1c Control



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## Comprehensive Diabetes Care: Eye Exam

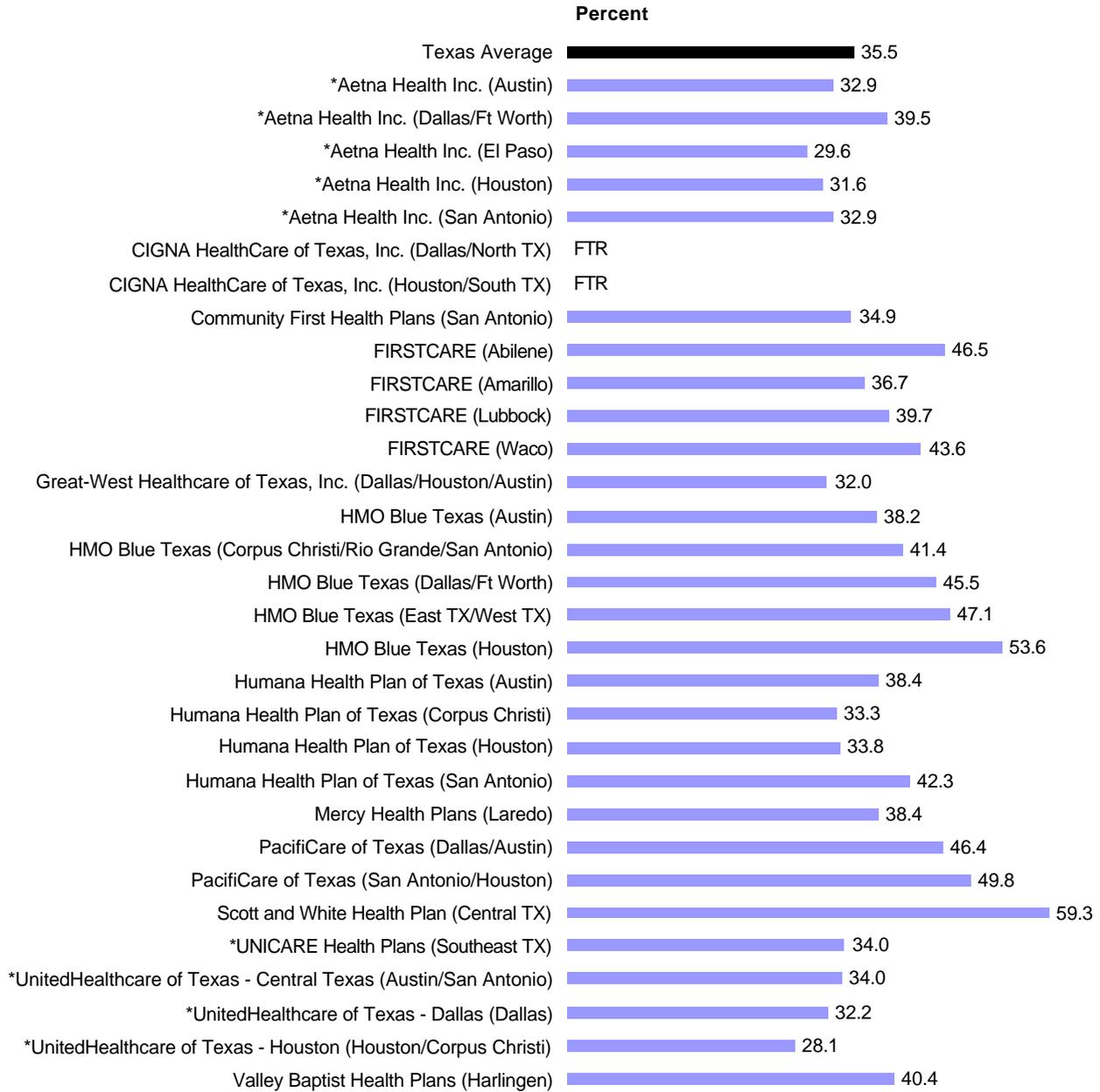
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had an eye screening for diabetic retinal disease within the past year, or a negative retinal exam the year prior.

Comprehensive Diabetes Care: Eye Exam					
	2002	2003	2004	2005	2006
Texas Average	41.1%	41.7%	39.4%	35.0%	35.5%
NCQA's Quality Compass®	52.1%	51.7%	48.8%	60.0%	54.8%

**Healthy People 2010 Goal\*: 91%**

\*Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.  
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## Comprehensive Diabetes Care: Eye Exam



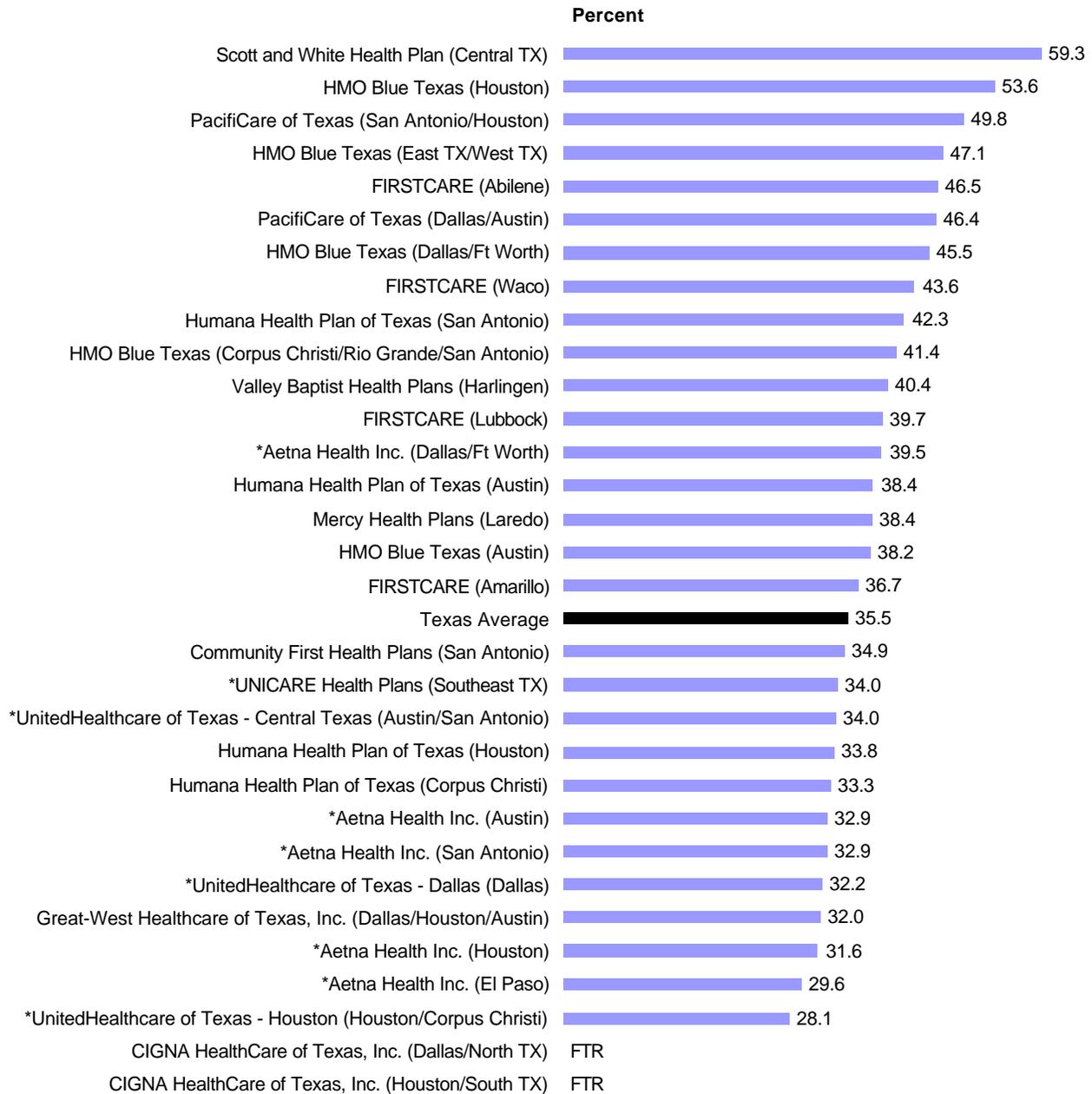
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## Comprehensive Diabetes Care: Eye Exam



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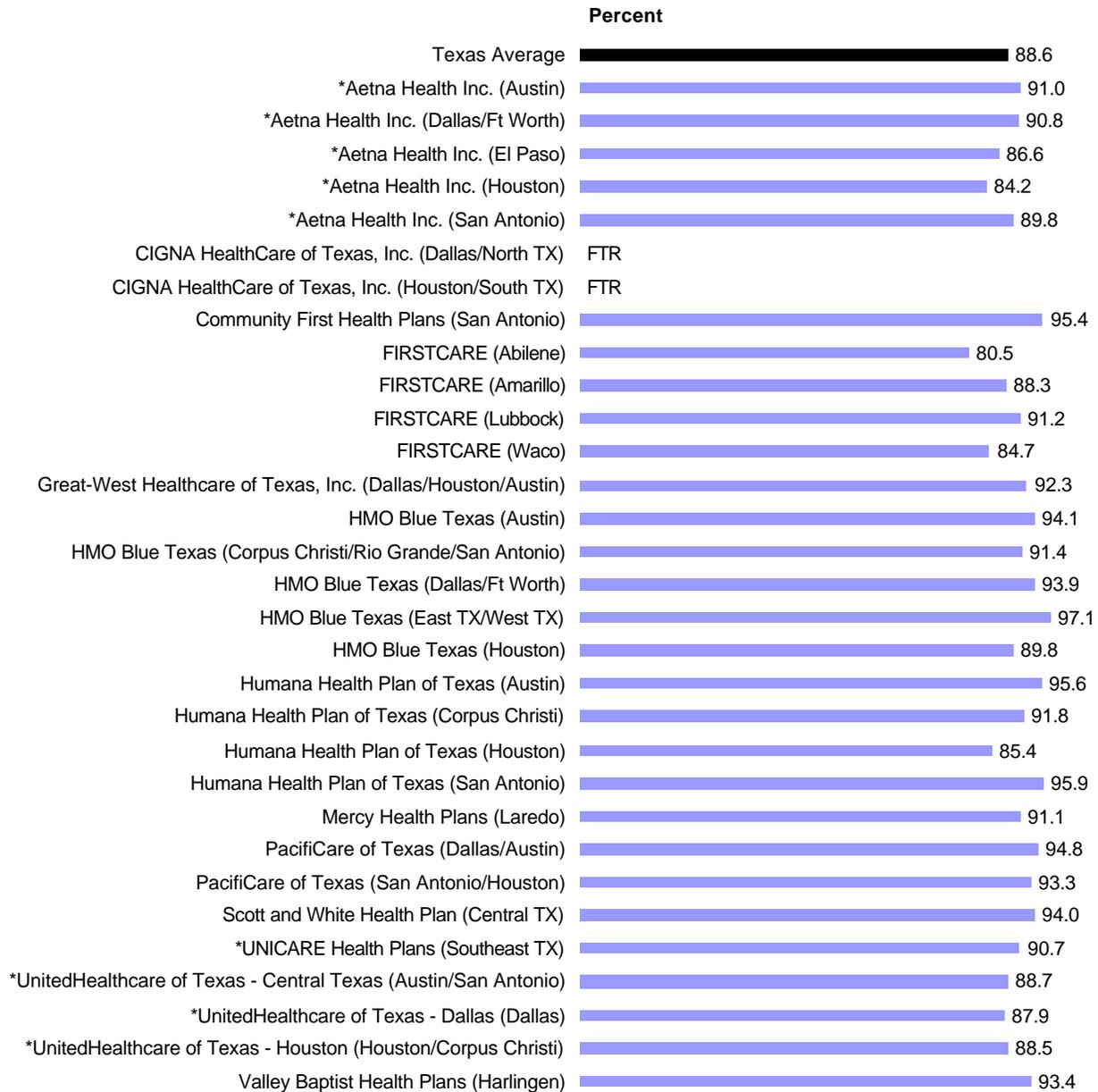
## Comprehensive Diabetes Care: LDL-C Screening

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

Comprehensive Diabetes Care: LDL-C Screening					
	2002	2003	2004	2005	2006
Texas Average	80.7%	85.1%	87.7%	89.1%	88.6%
NCQA's Quality Compass®	81.4%	85.1%	88.4%	91.0%	92.3%

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## Comprehensive Diabetes Care: LDL-C Screening



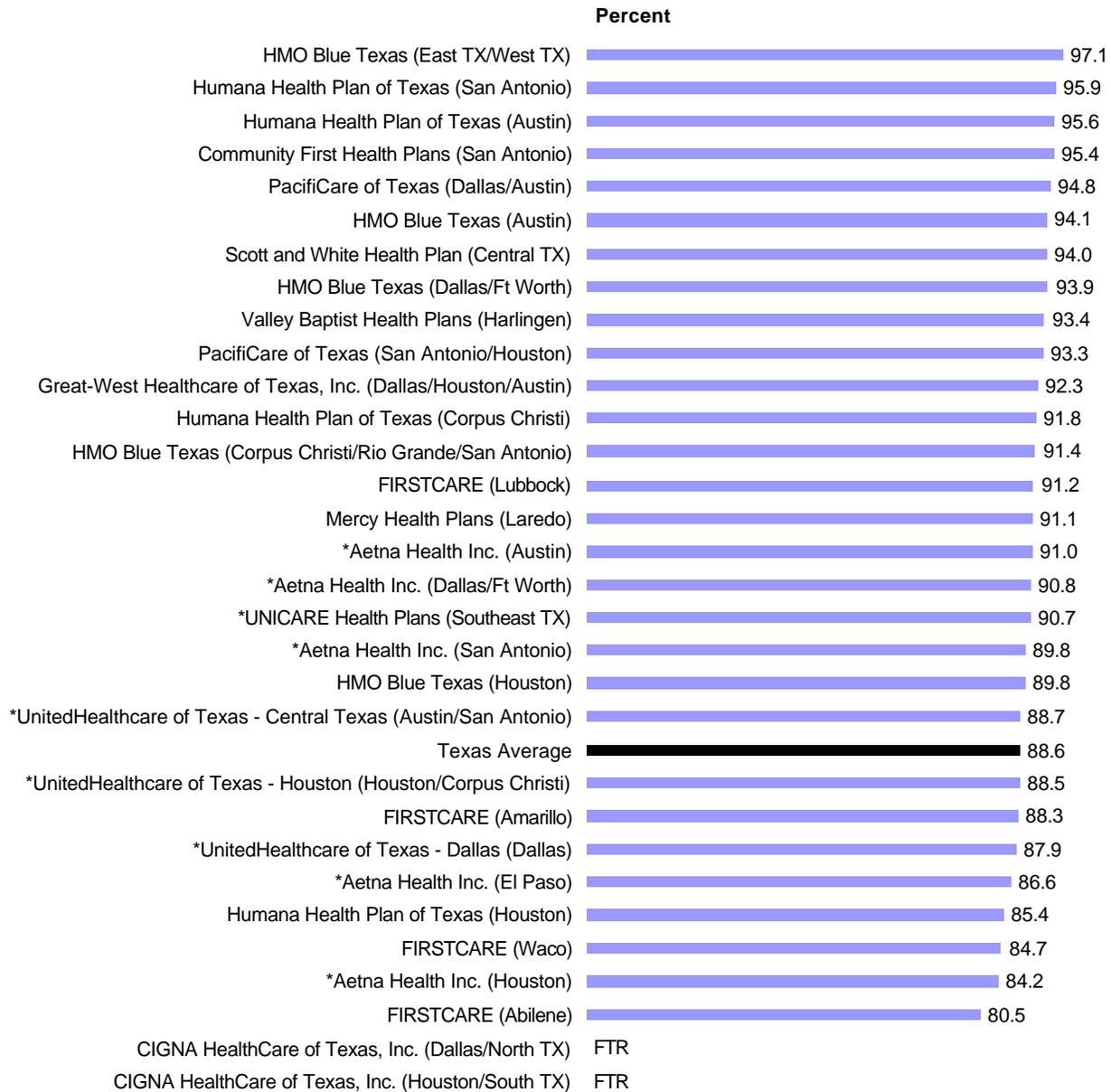
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## Comprehensive Diabetes Care: LDL-C Screening



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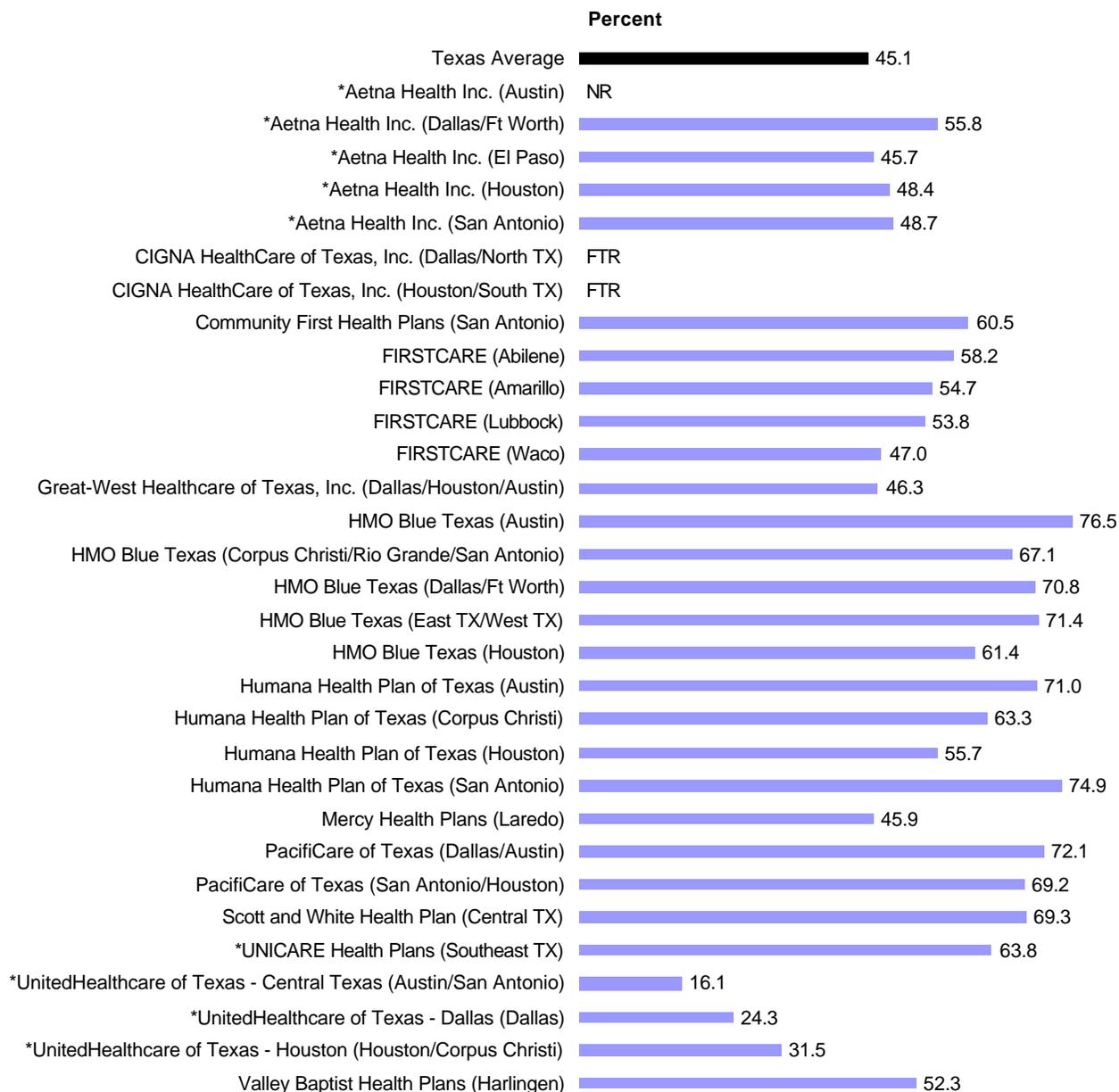
## Comprehensive Diabetes Care: LDL-C Level < 130 mg/dL

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent LDL-C level less than 130 mg/dL within the past two years.

Comprehensive Diabetes Care: LDL-C Level					
	2002	2003	2004	2005	2006
Texas Average	45.5%	43.0%	52.6%	41.1%	45.1%
NCQA's Quality Compass®	49.8%	54.8%	60.4%	64.8%	67.5%

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## Comprehensive Diabetes Care: LDL-C Level < 130mg/dL



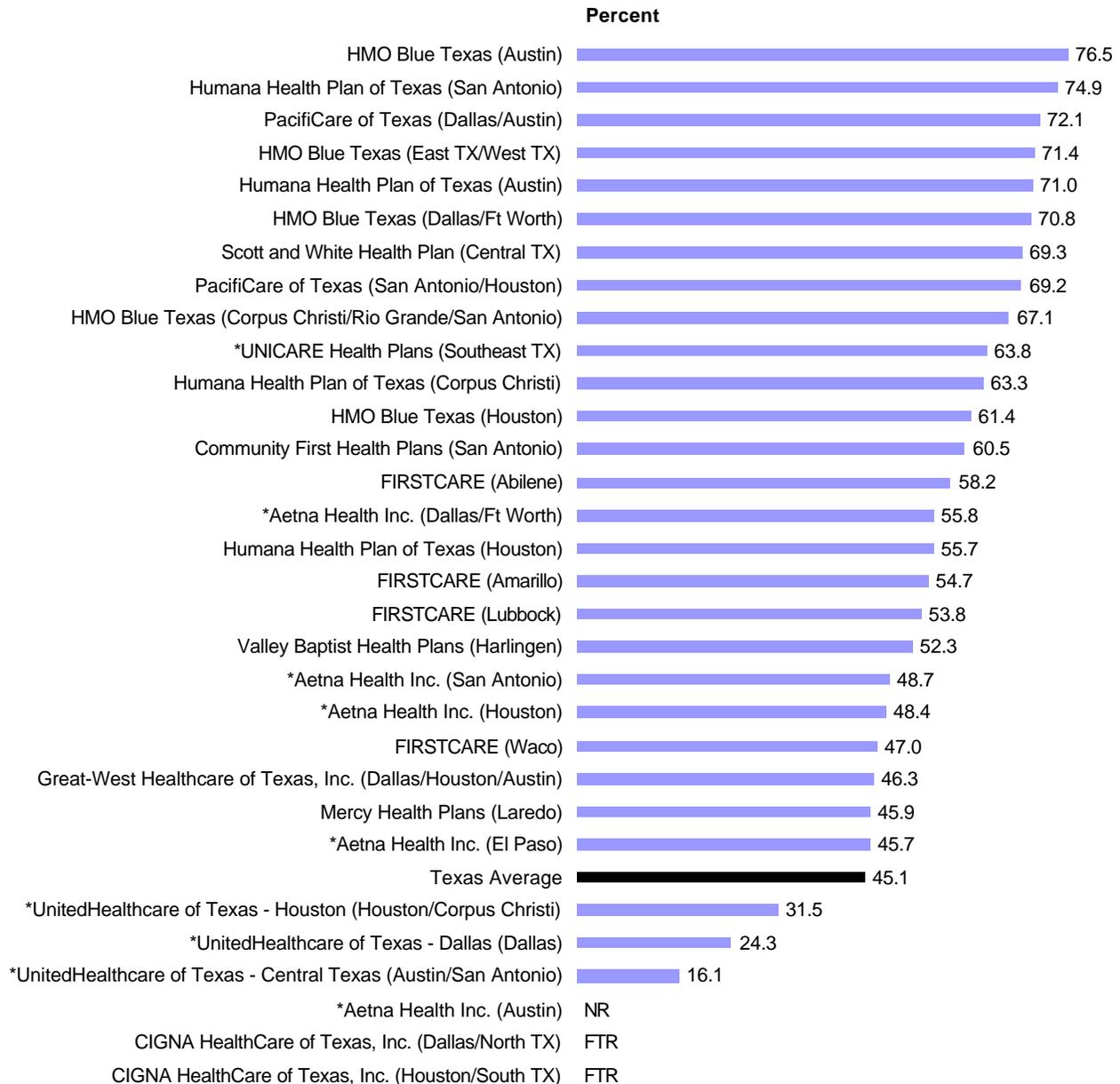
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## Comprehensive Diabetes Care: LDL-C Level < 130mg/dL



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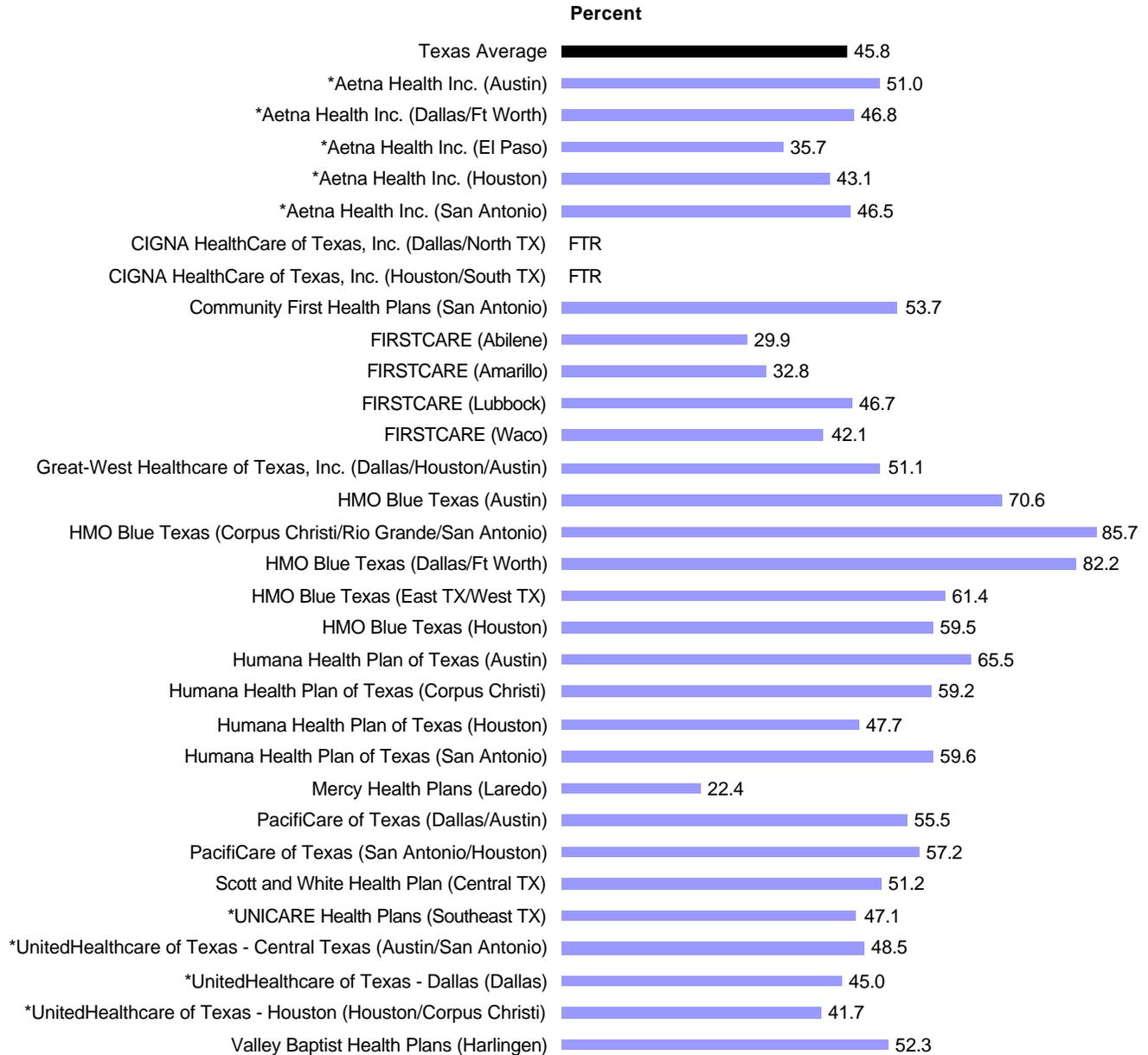
## Comprehensive Diabetes Care: Monitoring for Diabetic Nephropathy (Kidney Disease)

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had screening for nephropathy or evidence of already having nephropathy within the past year.

<b>Comprehensive Diabetes Care: Monitoring for Diabetic Nephropathy</b>					
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Texas Average</b>	43.1%	47.7%	44.4%	45.6%	45.8%
<b>NCQA's Quality Compass®</b>	46.3%	51.8%	48.2%	52.0%	55.1%

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## Comprehensive Diabetes Care: Monitoring Diabetic Nephropathy (Kidney Disease)



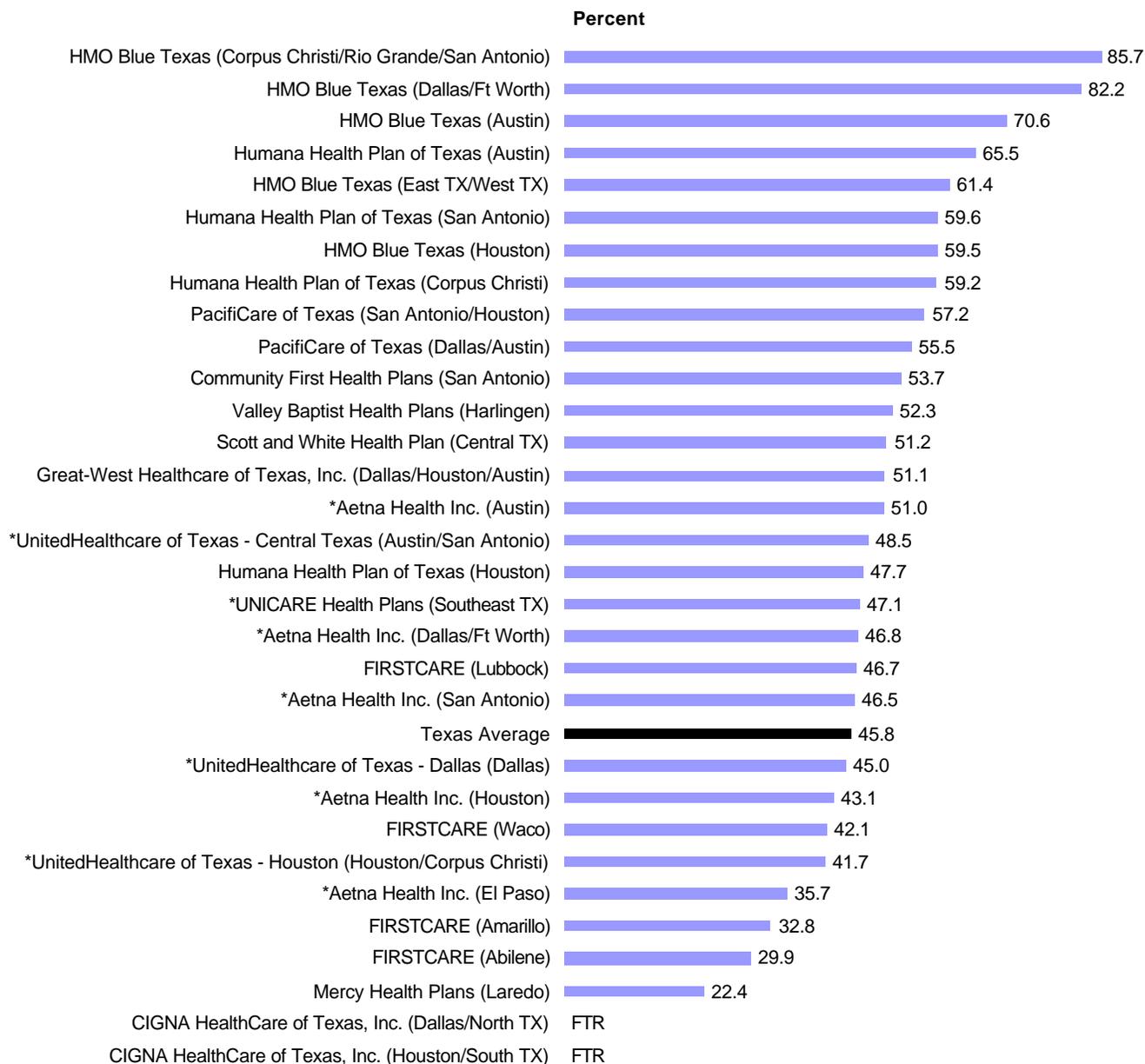
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## Comprehensive Diabetes Care: Monitoring Diabetic Nephropathy (Kidney Disease)



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## Use of Appropriate Medications for People with Asthma

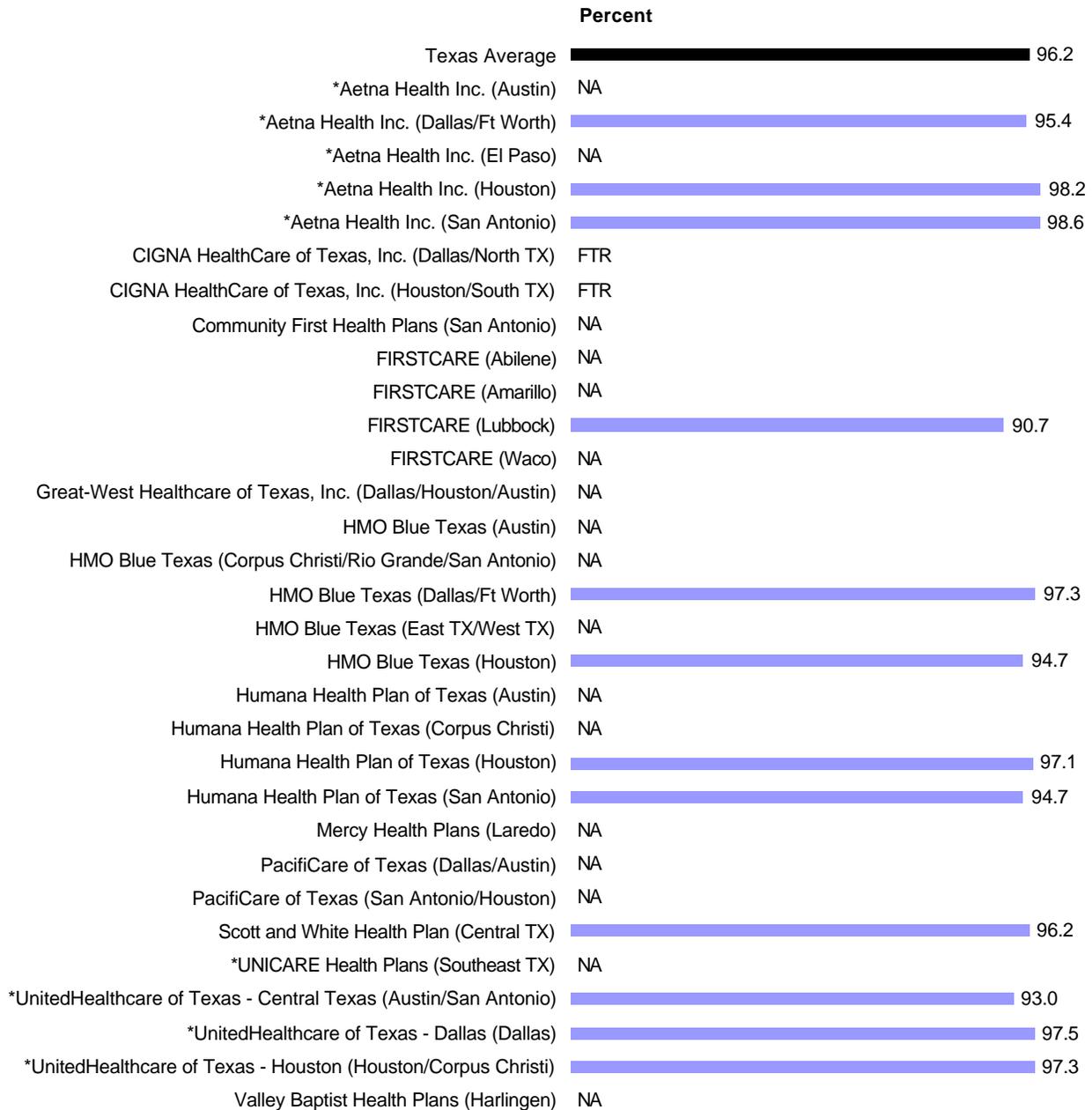
Definition: Percentage of members 5 through 56 years of age with persistent asthma who were being prescribed medications acceptable as primary therapy for long-term control of asthma.

The rates are presented in three age stratifications, 5-9, 10-17, and 18-56, and a combined rate for all ages.

Use of Appropriate Medications for People with Asthma (5-56 Years)					
	2002	2003	2004	2005	2006
Texas Average	64.4%	70.3%	67.8%	71.8%	90.6%
NCQA's Quality Compass®	65.6%	67.9%	71.5%	72.9%	89.9%

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## Medication for People with Asthma: 5-9 Years



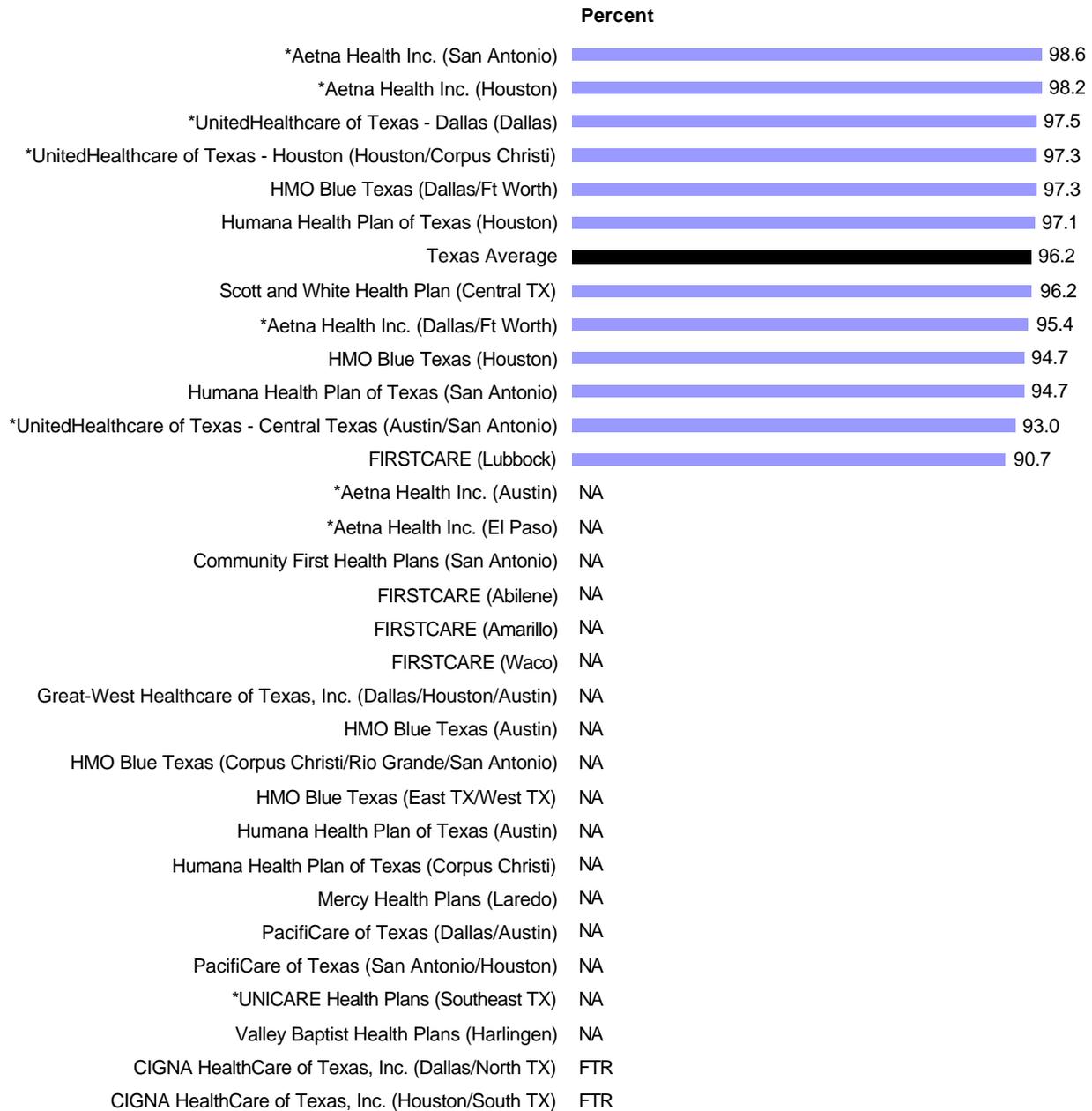
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## Medication for People with Asthma: 5-9 Years



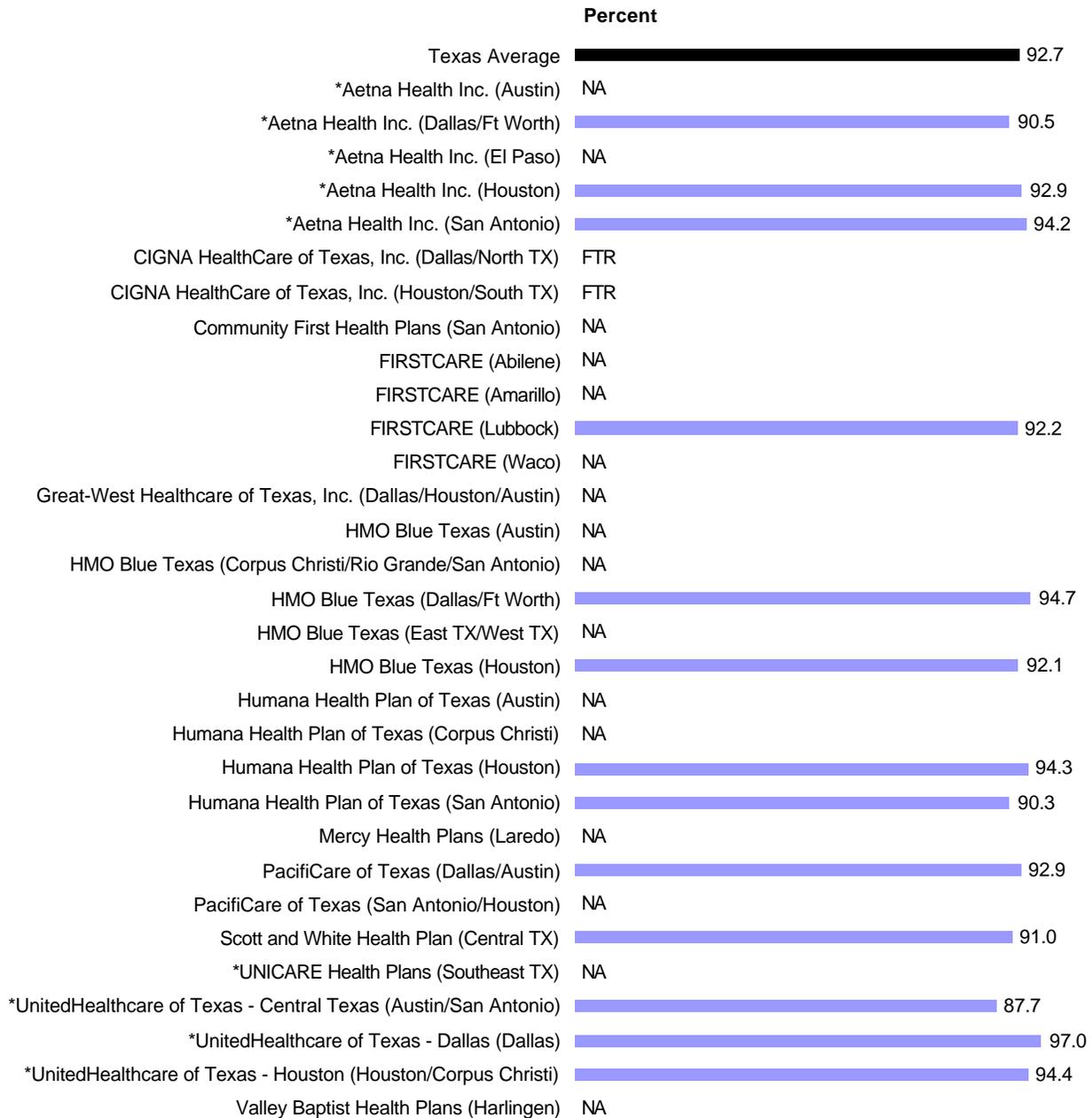
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## Medication for People with Asthma: 10-17 Years



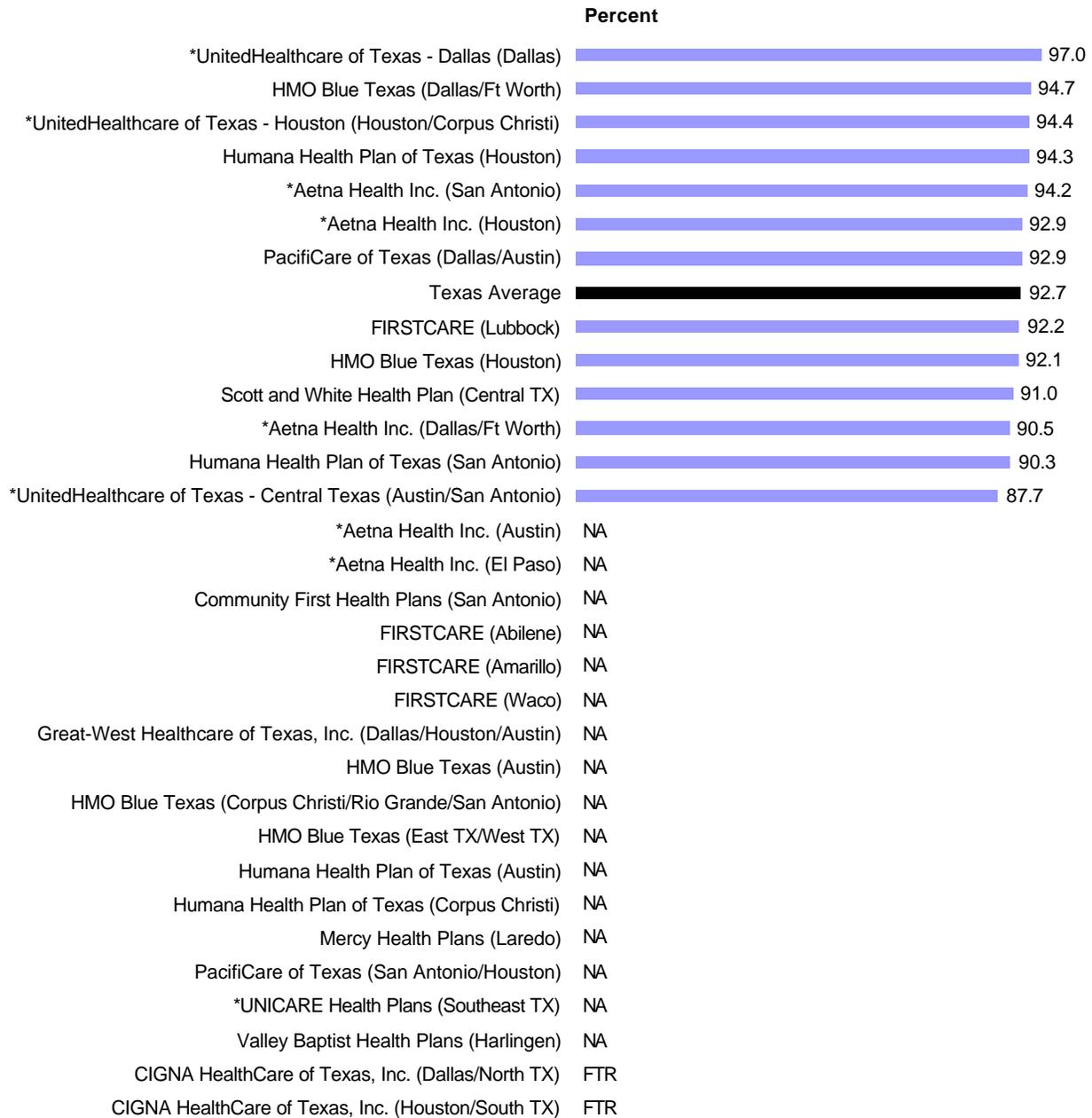
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## Medication for People with Asthma: 10-17 Years



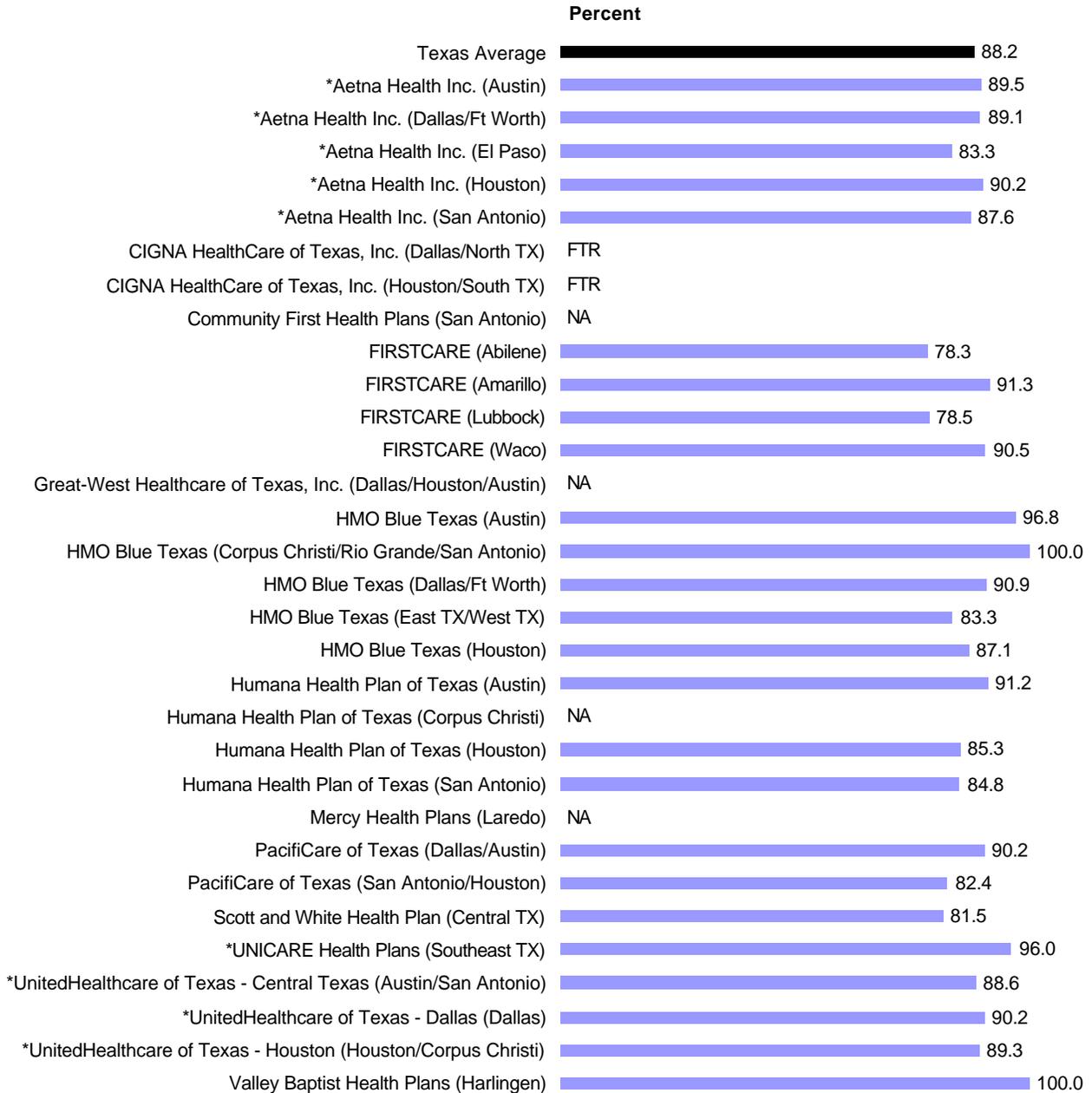
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## Medication for People with Asthma: 18-56 Years



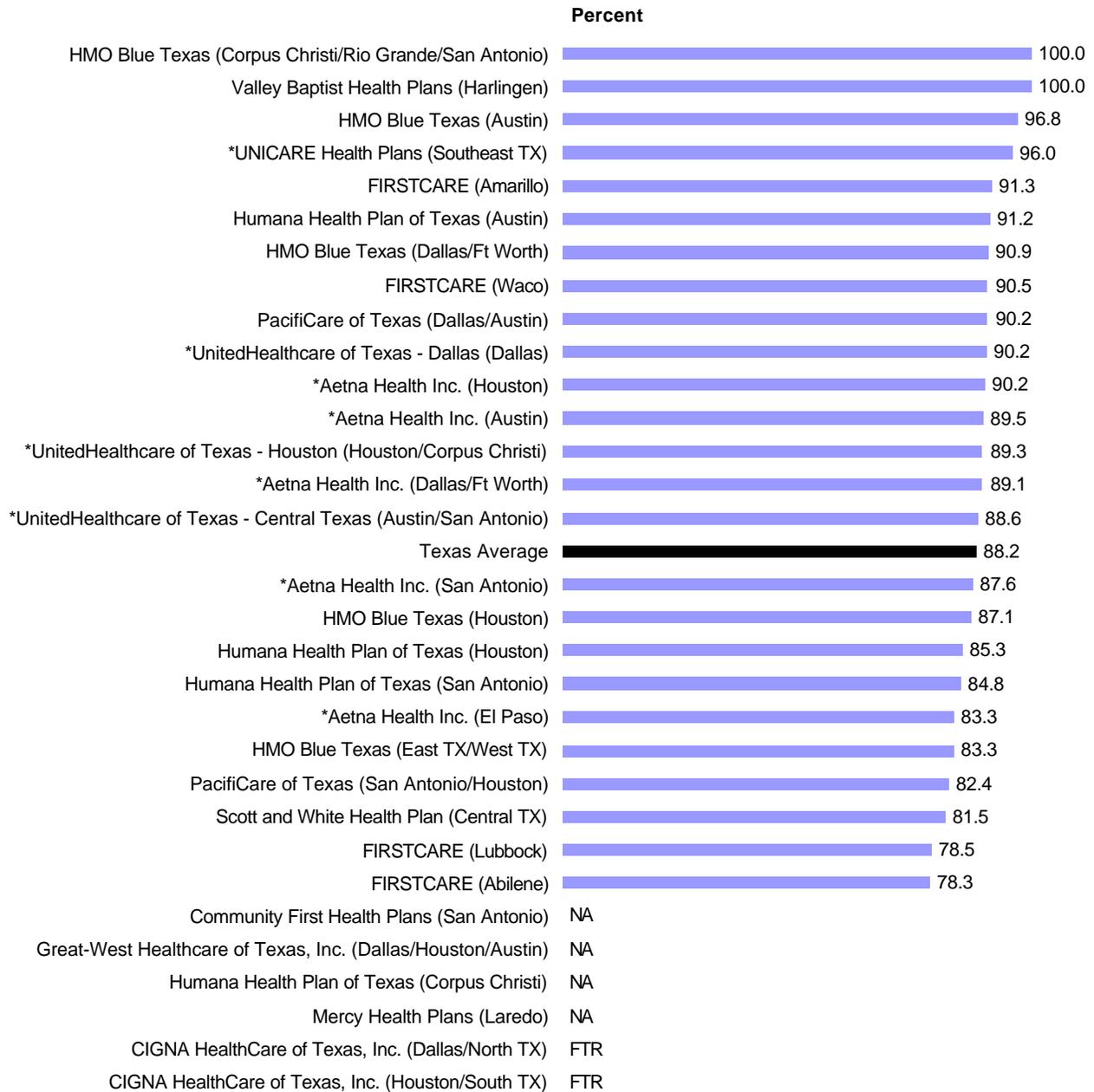
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## Medication for People with Asthma: 18-56 Years



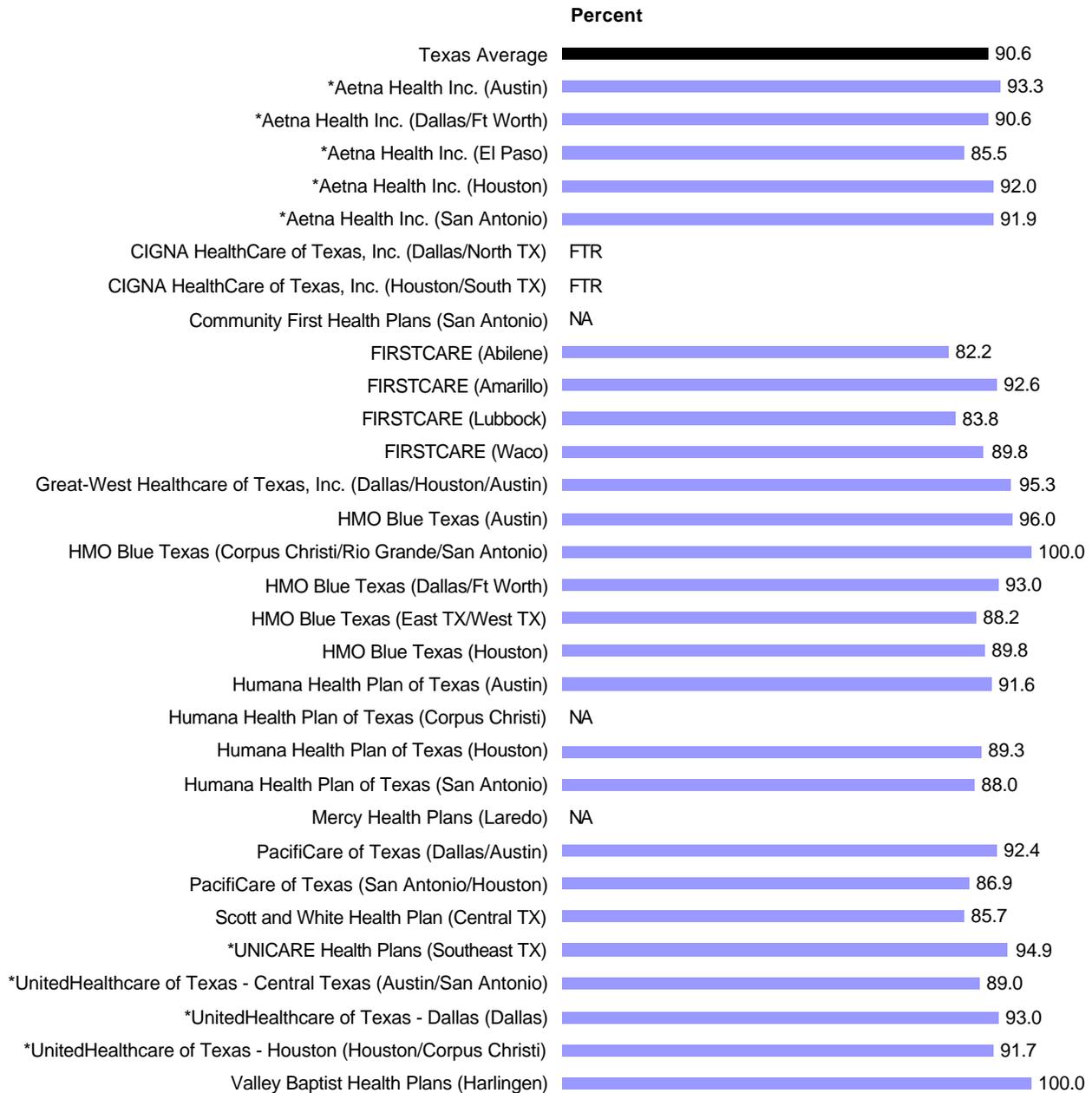
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## Medication for People with Asthma: Total (5-56 Years)



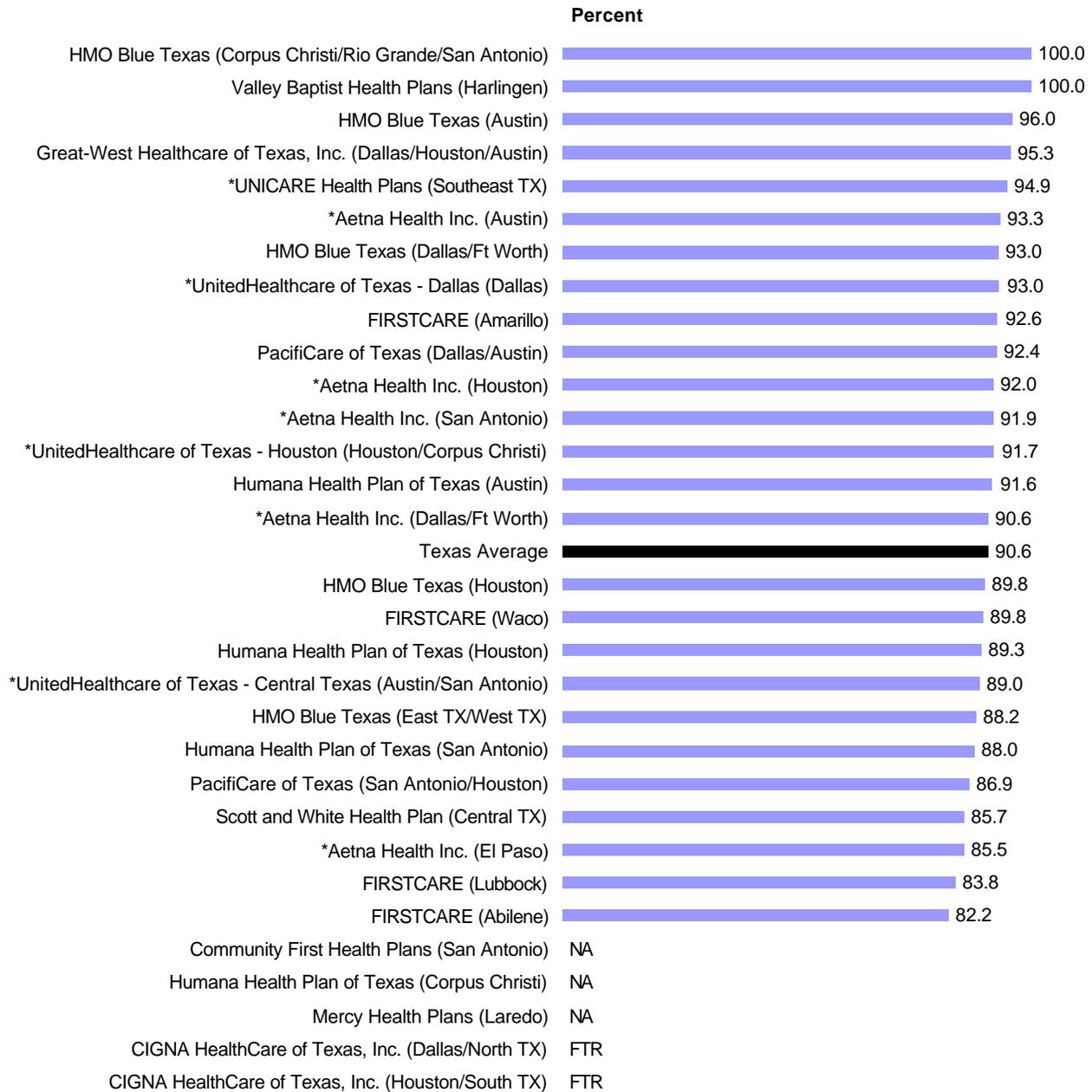
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## Medication for People with Asthma: Total (5-56 Years)



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## Follow-up After Hospitalization for Mental Illness

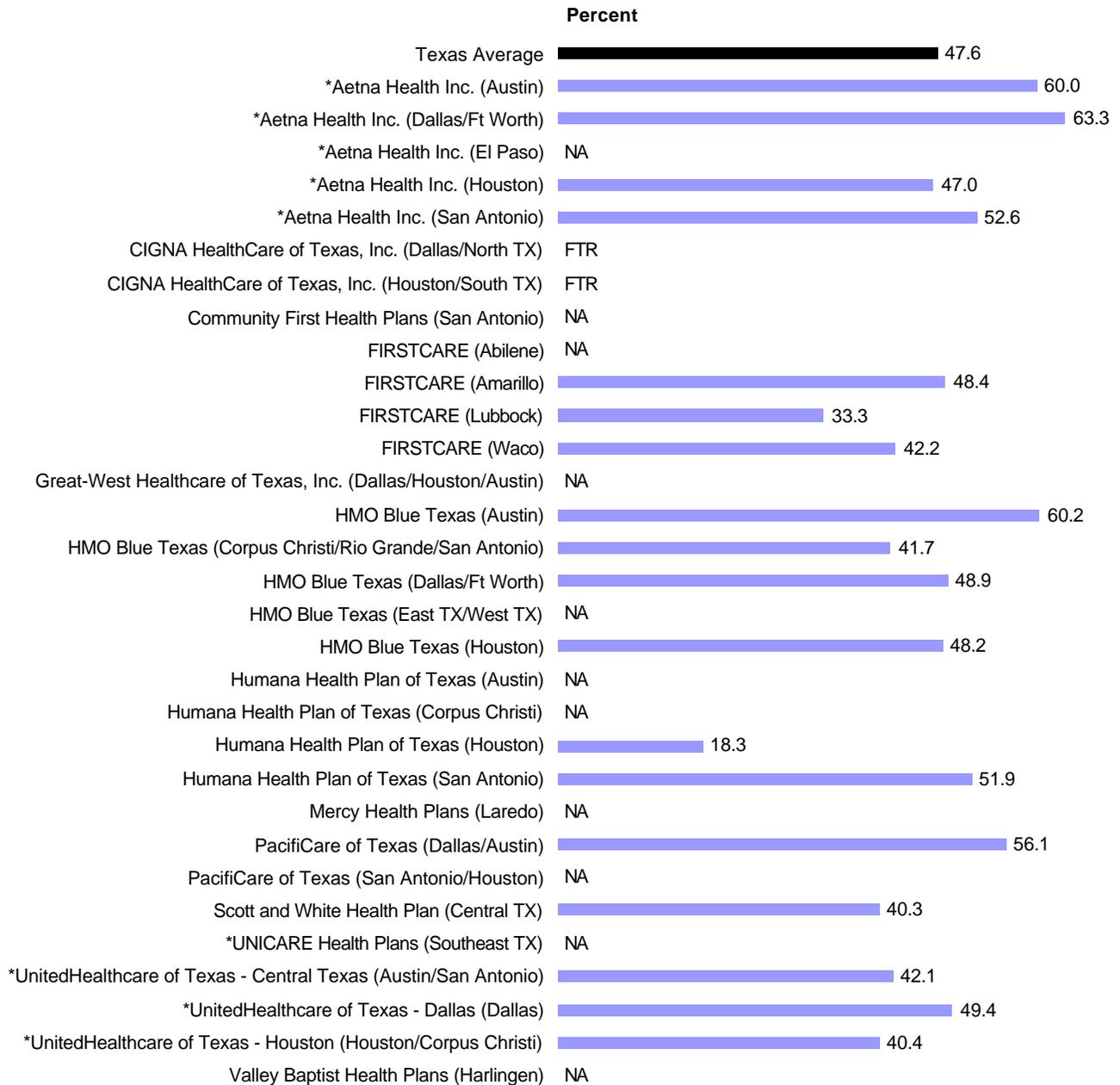
Definition: The percentage of members 6 years of age and older who were hospitalized for selected mental disorders and who were seen on an outpatient basis by a mental health provider within 30 days, or within 7 days after their discharge from the hospital.

The bar charts show the percentage of members hospitalized for mental health disorders who were seen on an ambulatory care basis within 7 days and 30 days of discharge from the hospital.

Follow-up After Hospitalization for Mental Illness					
	2002	2003	2004	2005	2006
<b>Texas Average (within 7 days)</b>	50.5%	49.6%	48.3%	48.7%	47.6%
<b>NCQA's Quality Compass® (within 7 days)</b>	51.3%	52.7%	54.4%	55.9%	55.8%
<b>Texas Average (within 30 days)</b>	70.7%	71.5%	71.0%	71.1%	72.3%
<b>NCQA's Quality Compass® (within 30 days)</b>	73.2%	73.6%	74.4%	76.0%	75.9%

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## Hospitalization for Mental Illness: 7 Day Follow-up



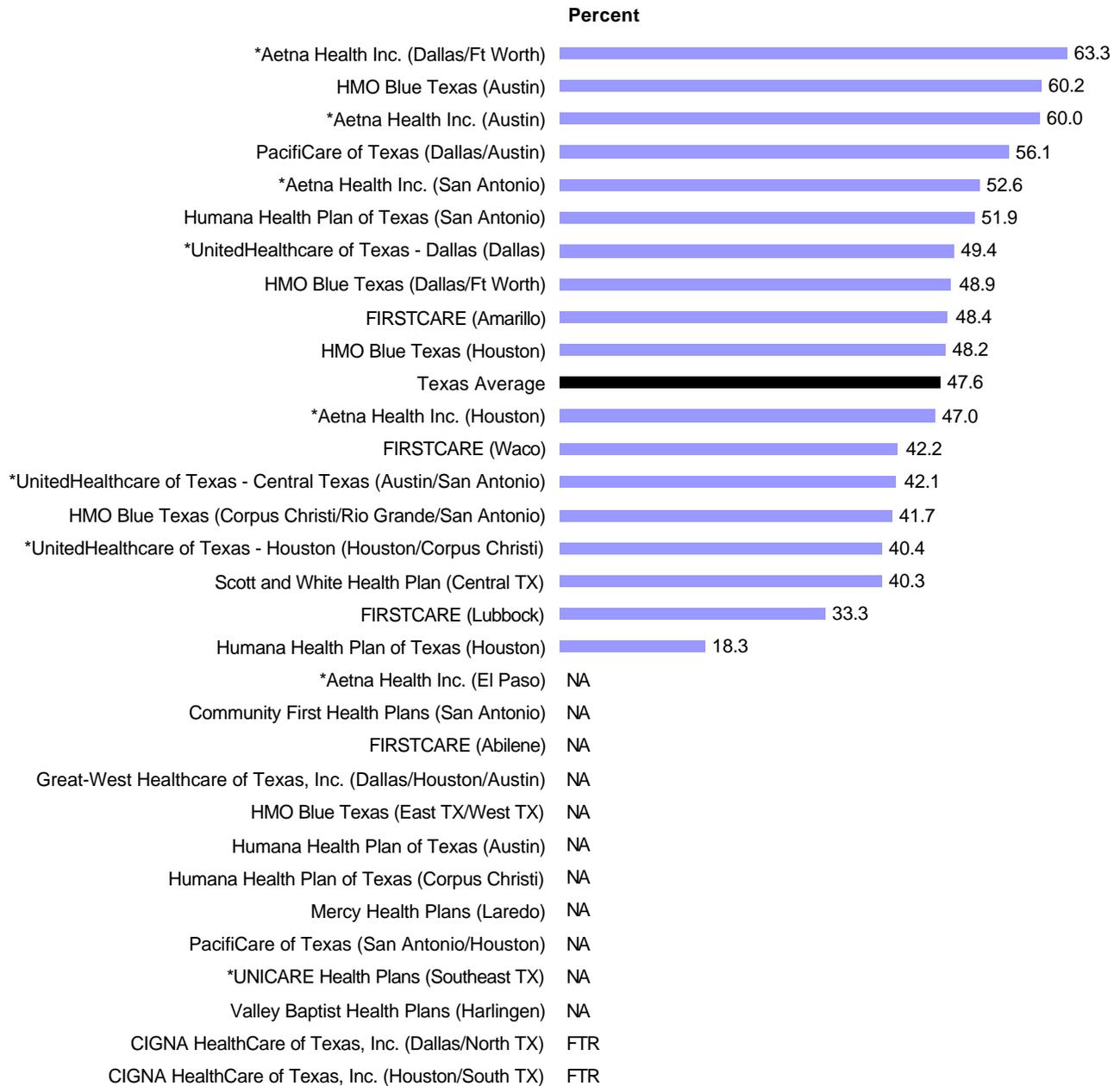
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## Hospitalization for Mental Illness: 7 Day Follow-up



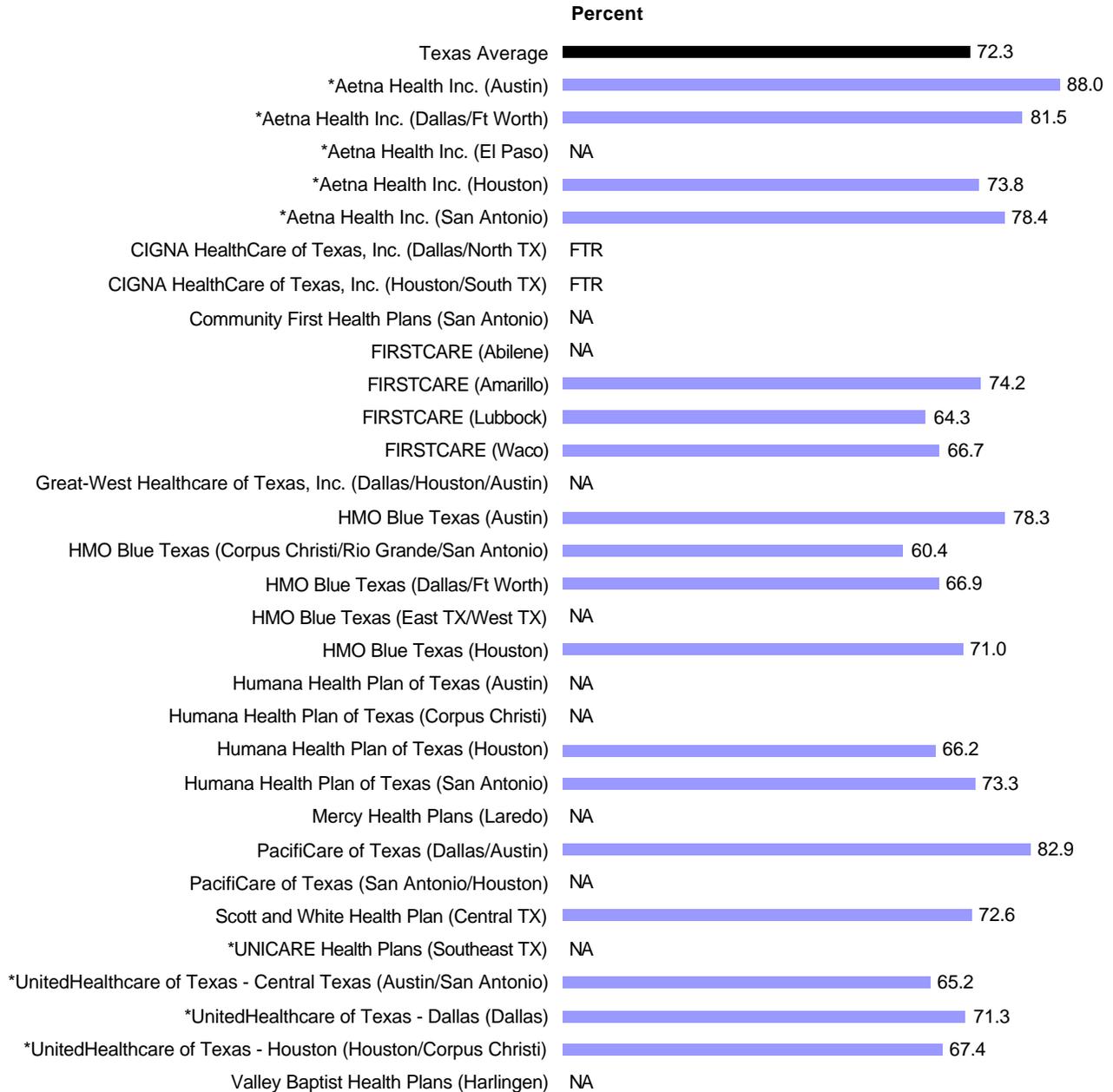
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## Hospitalization for Mental Illness: 30 Day Follow-up



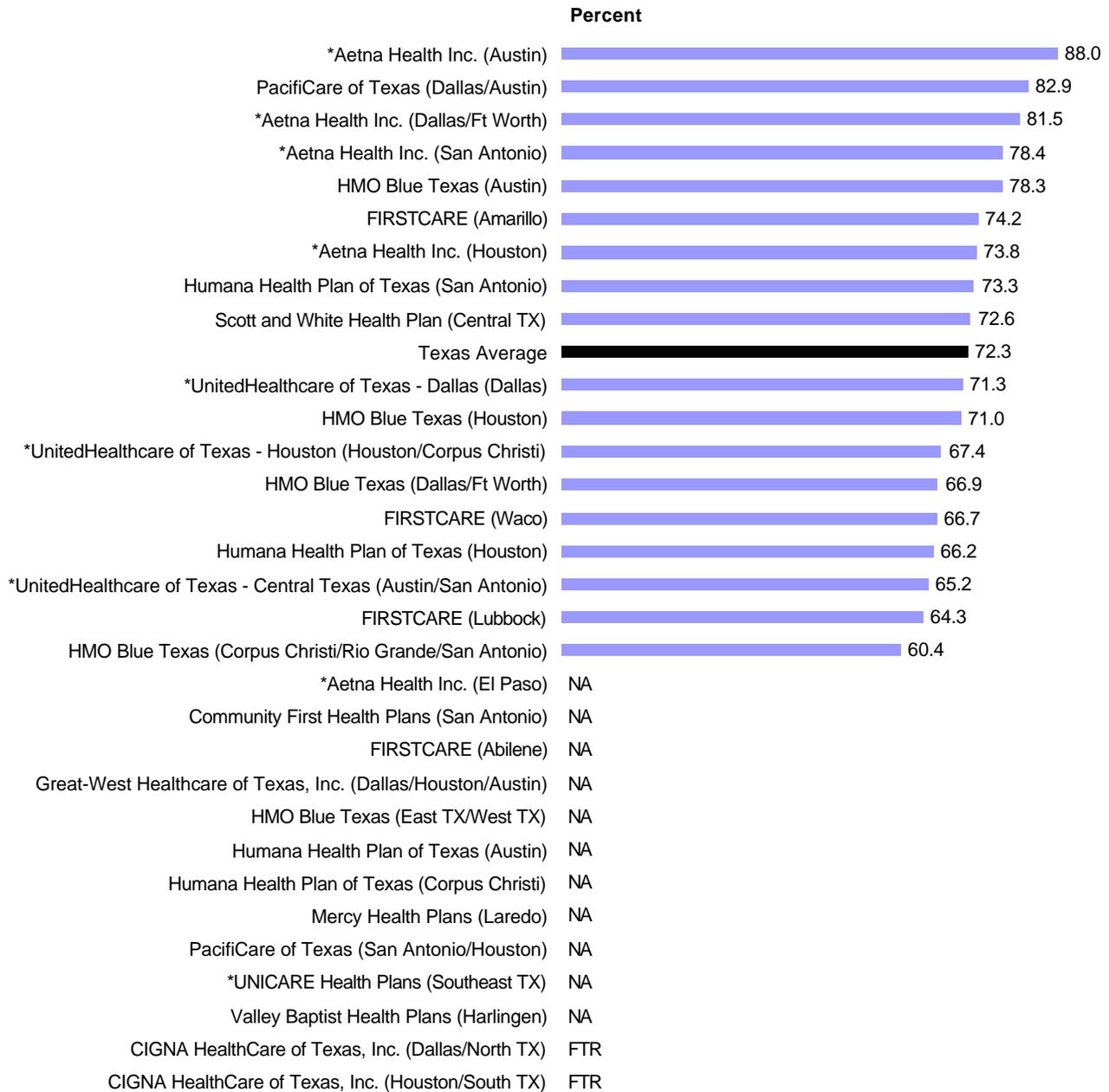
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## Hospitalization for Mental Illness: 30 Day Follow-up



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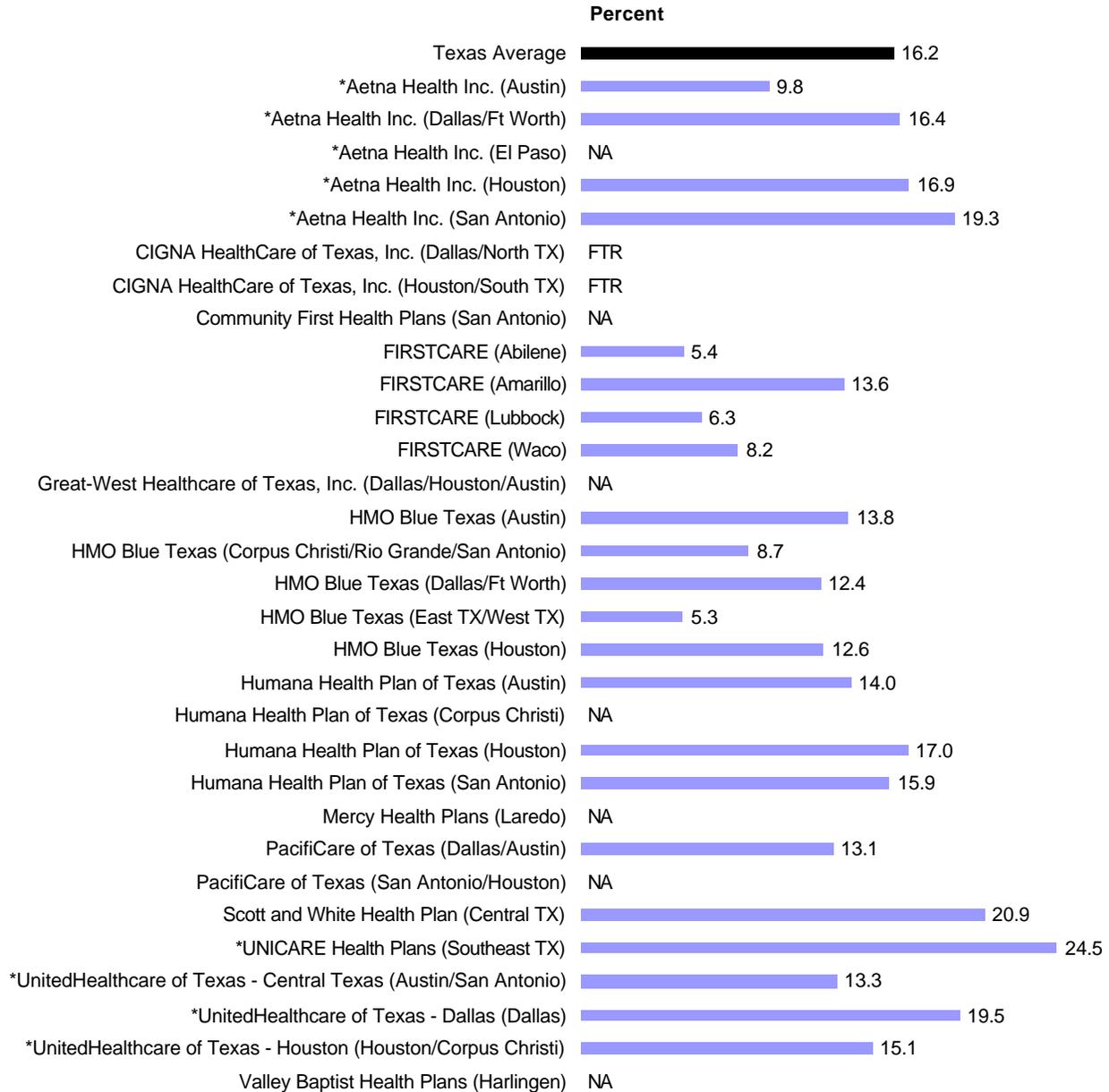
## Antidepressant Medication Management: Optimal Practitioner Contacts

Definition: The percentage of members 18 years of age and older who were diagnosed with a new episode of depression, treated with antidepressant medication, and who had at least three follow-up contacts with a primary care practitioner or mental health practitioner during the 12 week Acute Treatment Phase.

Antidepressant Medication Management: Optimal Practitioner Contacts					
	2002	2003	2004	2005	2006
Texas Average	14.4%	15.1%	16.7%	16.4%	16.2%
NCQA's Quality Compass®	19.8%	19.2%	20.3%	19.9%	20.6%

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## Antidepressant Medication Management: Optimal Practitioner Contacts



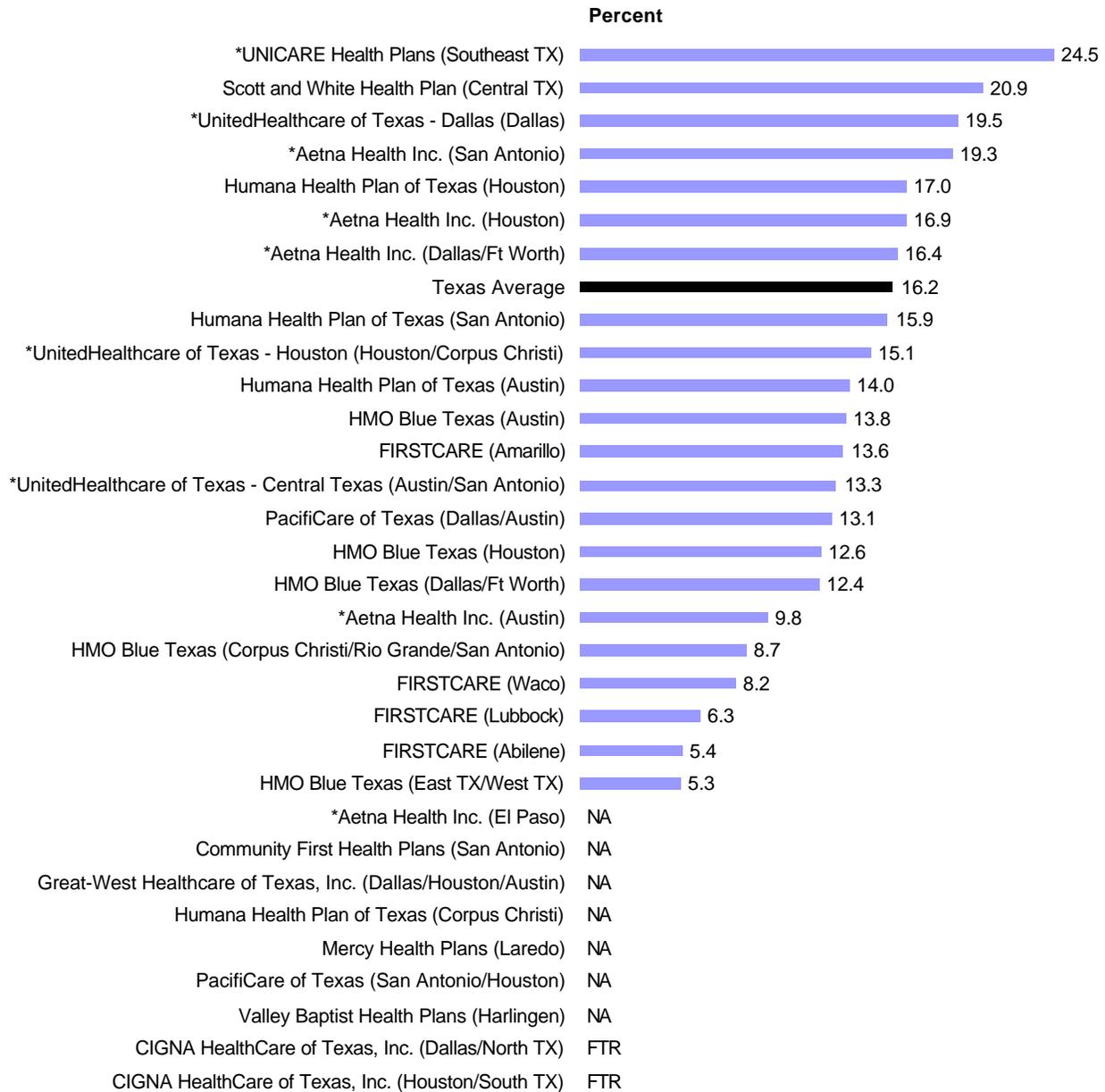
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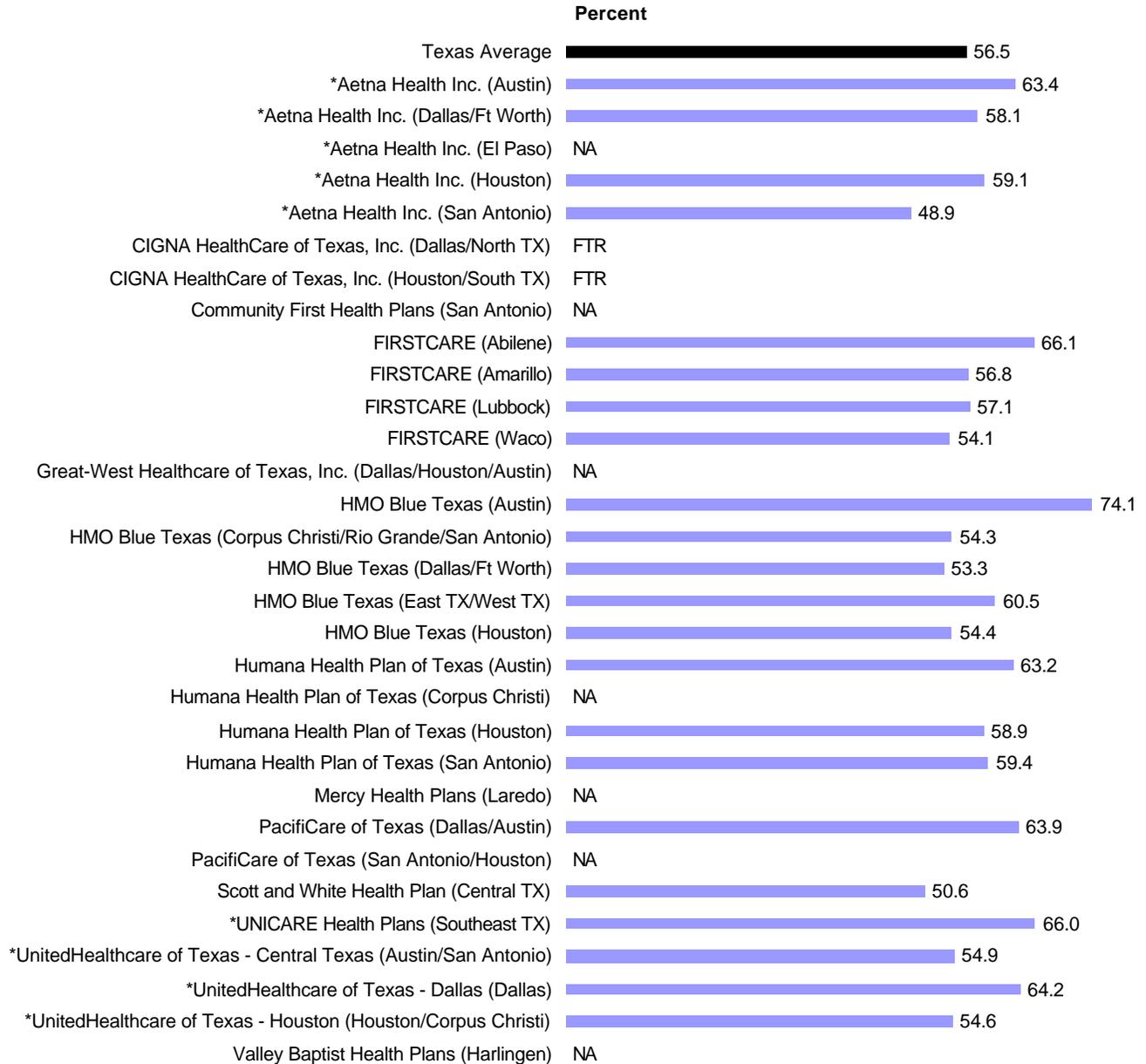
## Antidepressant Medication Management: Effective Acute Phase Treatment

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

Antidepressant Medication Management: Effective Acute Phase Treatment					
	2002	2003	2004	2005	2006
Texas Average	50.7%	53.9%	53.9%	53.7%	56.5%
NCQA's Quality Compass®	56.9%	59.8%	60.7%	60.9%	61.4%

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## Antidepressant Medication Management: Effective Acute Phase Treatment



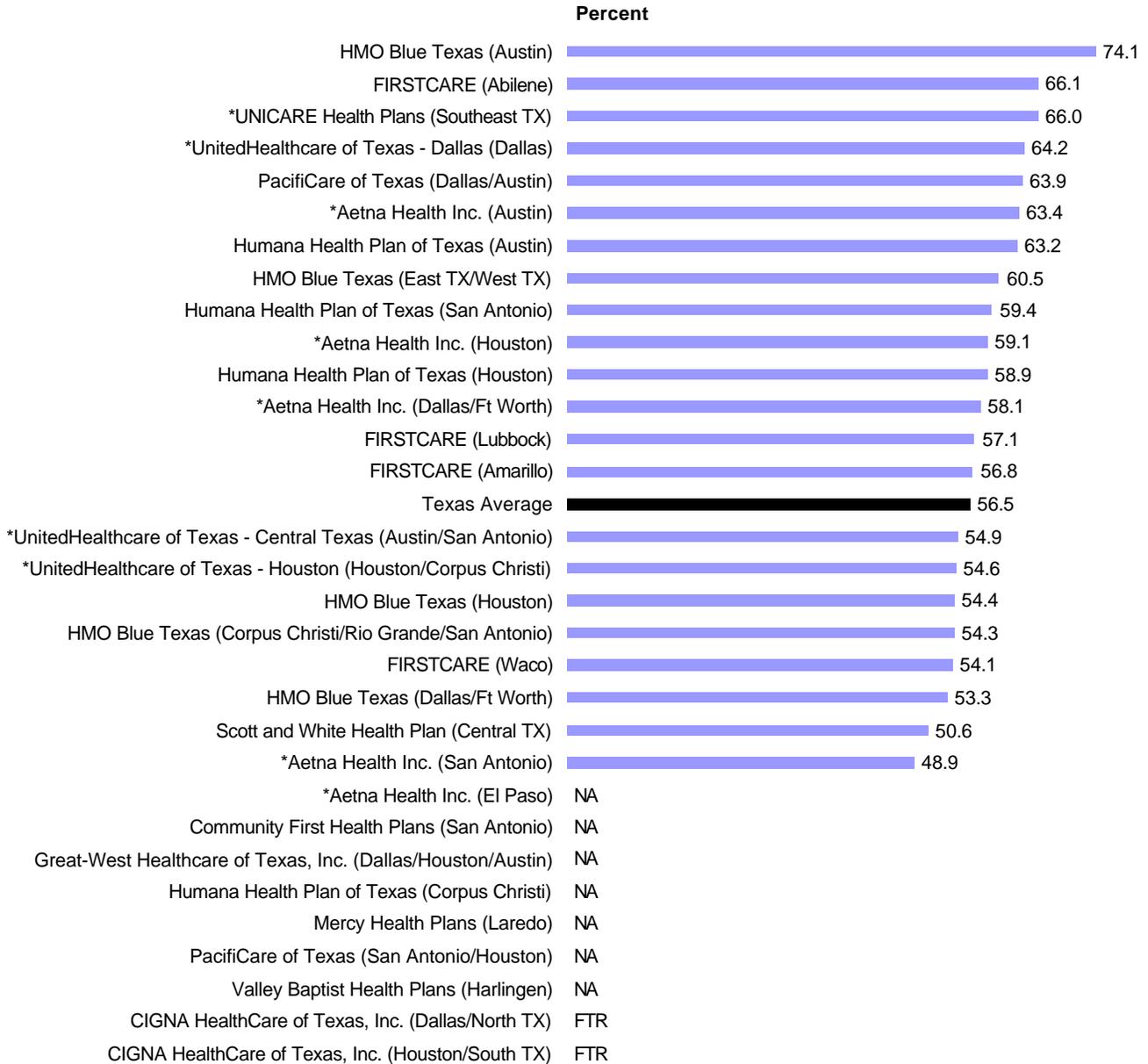
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## Antidepressant Medication Management: Effective Acute Phase Treatment



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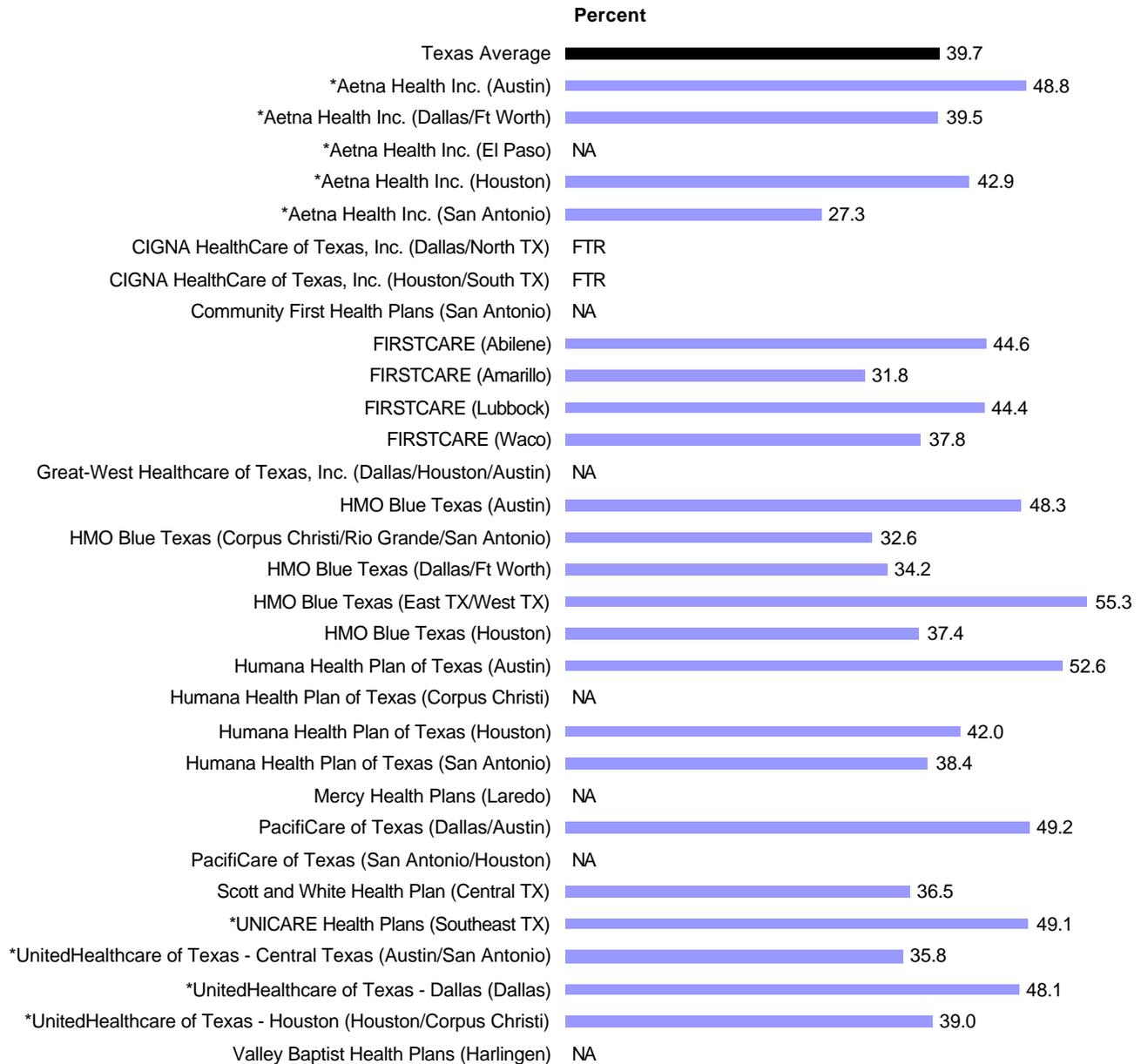
## Antidepressant Medication Management: Effective Continuation Phase Treatment

Definition: The percentage of members 18 years of age and older using the HMO who were diagnosed with a new episode of depression, treated with antidepressant medication, and who remained on an antidepressant drug for at least six months.

Antidepressant Medication Management: Effective Continuation Phase Treatment					
	2002	2003	2004	2005	2006
Texas Average	33.5%	37.2%	36.6%	37.6%	39.7%
NCQA's Quality Compass®	40.1%	42.8%	44.1%	44.3%	45.0%

\* Due to an omission in the specifications, NCQA decided to exclude this measure from 2001 Quality Compass® reporting. Quality Compass® is a national database of health plan specific performance information voluntarily reported to NCQA.

## Antidepressant Medication Management: Effective Continuation Phase Treatment



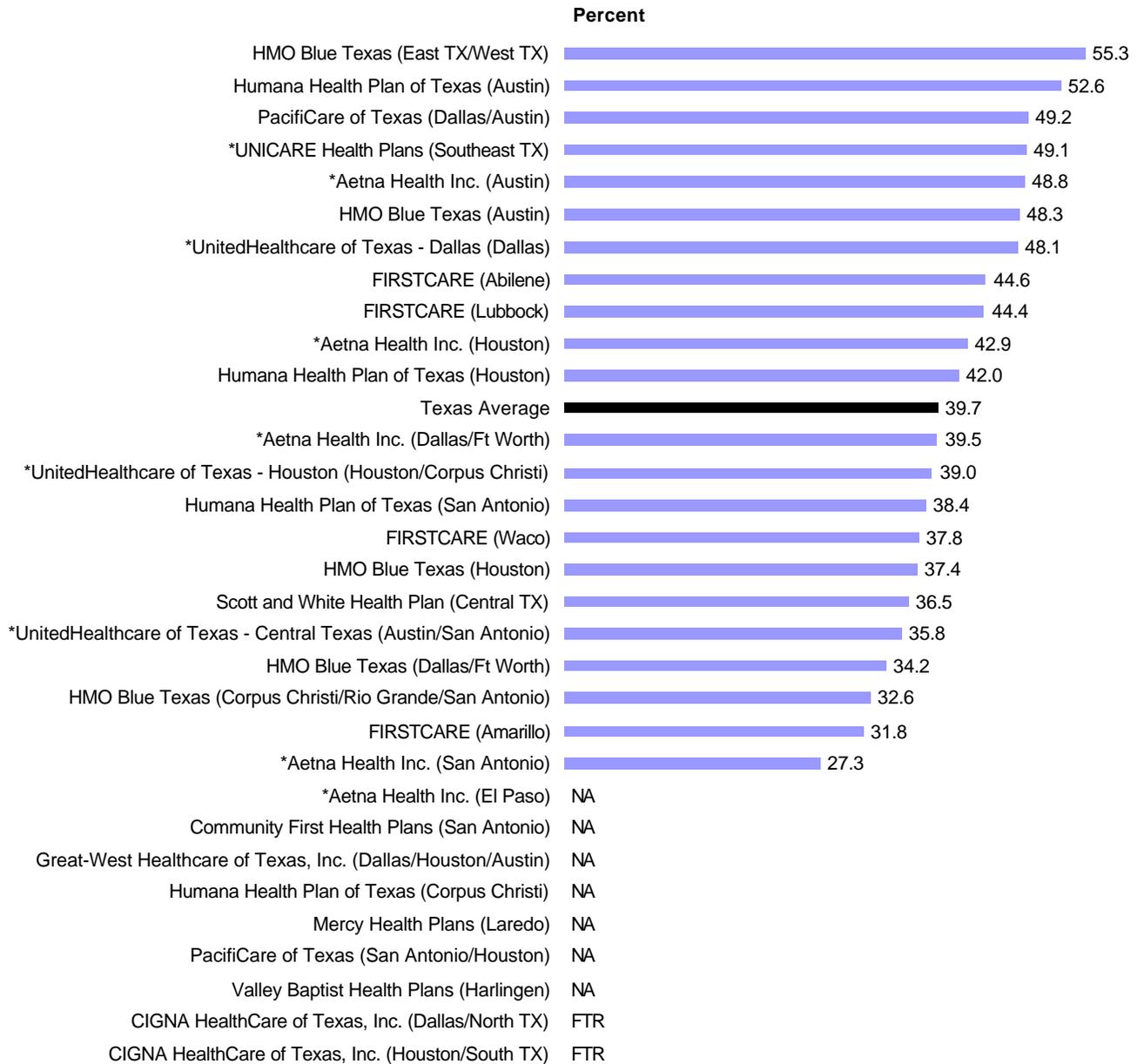
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## Antidepressant Medication Management: Effective Continuation Phase Treatment



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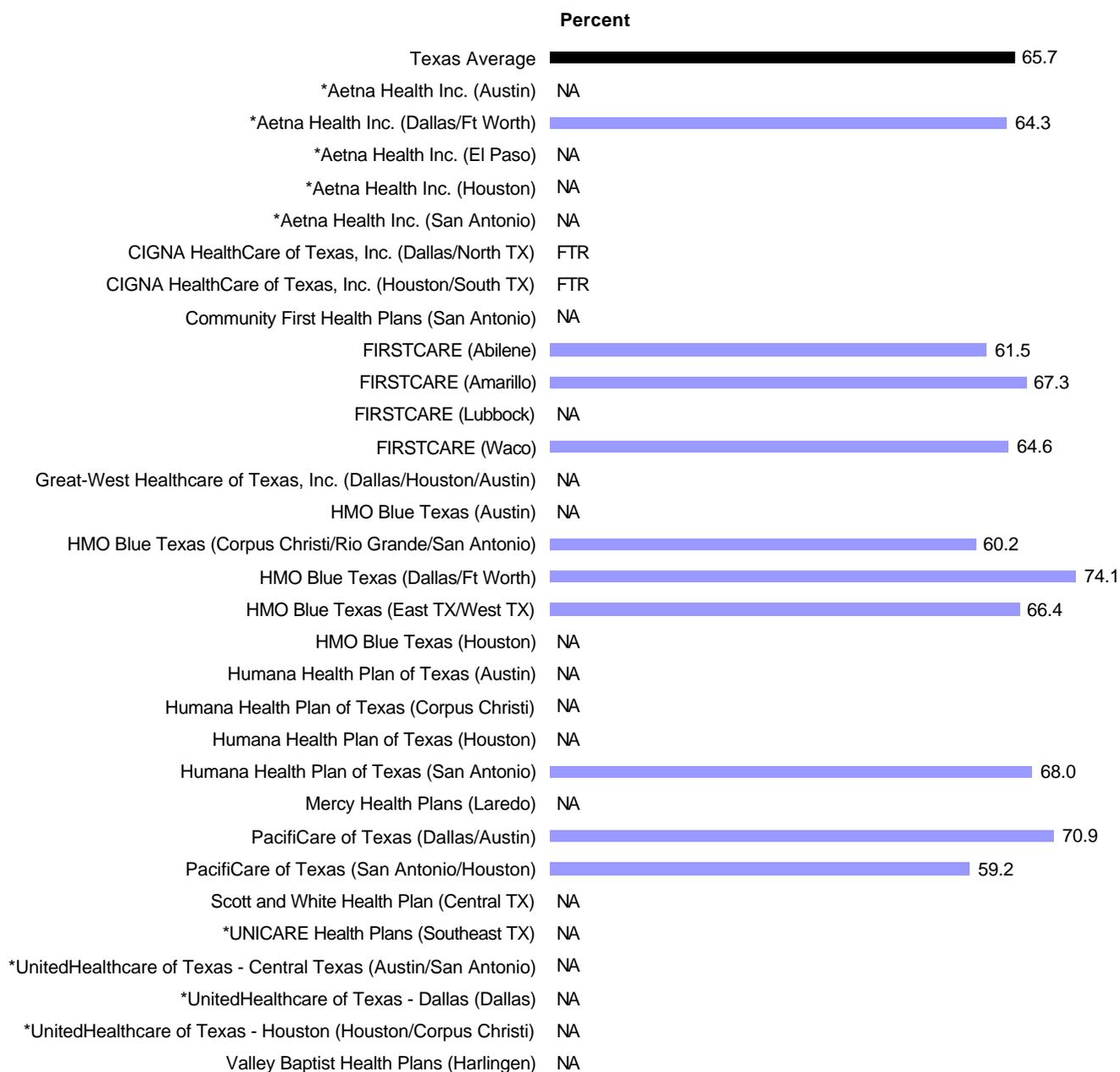
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## Medical Assistance with Smoking Cessation

Definition: This is a three-part survey measure that looks at the percentage of members 18 years of age and older using who were current smokers or recent quitters, who were seen by a medical practitioner and received advice to quit smoking, discussed smoking cessation medications, and discussed smoking cessation strategies.

Medical Assistance with Smoking Cessation			
	2004	2005	2006
Texas Average	60.8%	61.3%	65.7%
NCQA's Quality Compass®	68.7%	69.6%	71.2%

## Medical Assistance with Smoking Cessation: Advising Smokers to Quit



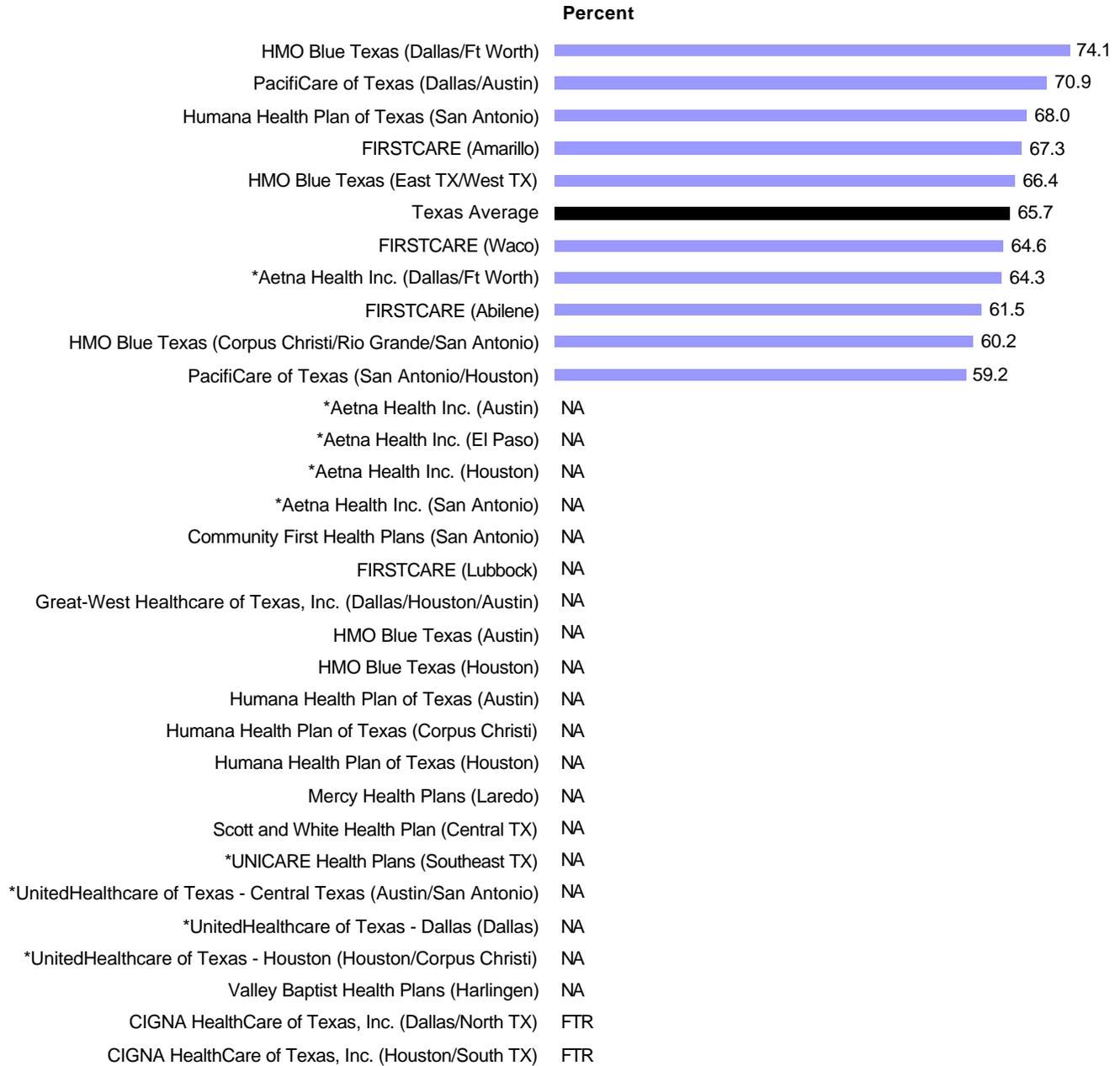
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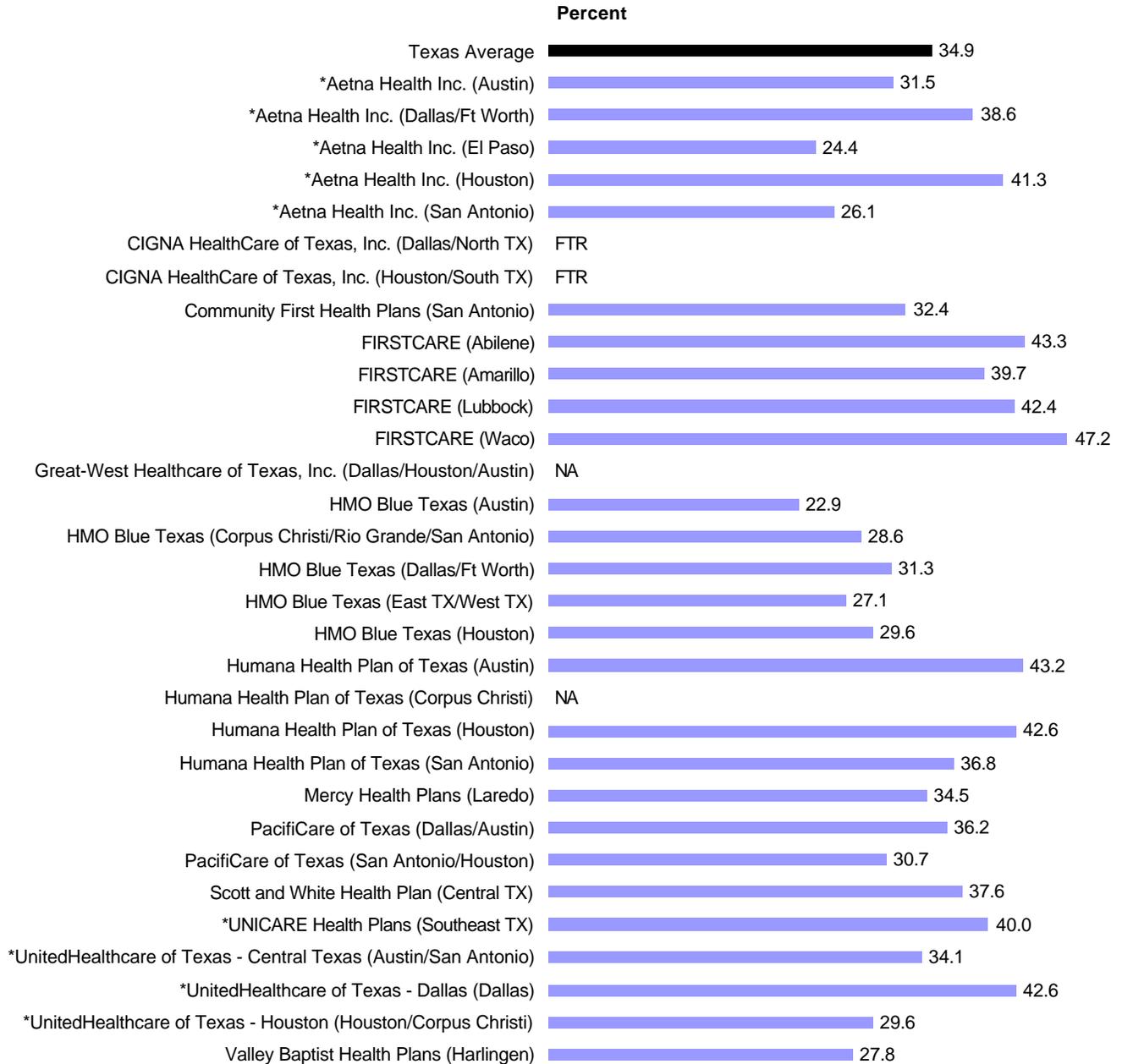
## Flu Shots for Adults Ages 50-64

Definition: The percentage of members 50-64 years of age and older who received an influenza vaccination

Flu Shots for Adults Ages 50-64			
	2004	2005	2006
Texas Average	48.7%	39.5%	34.9%
NCQA's Quality Compass®	48.0%	38.9%	36.3%

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## Flu Shots for Adults Ages 50-64



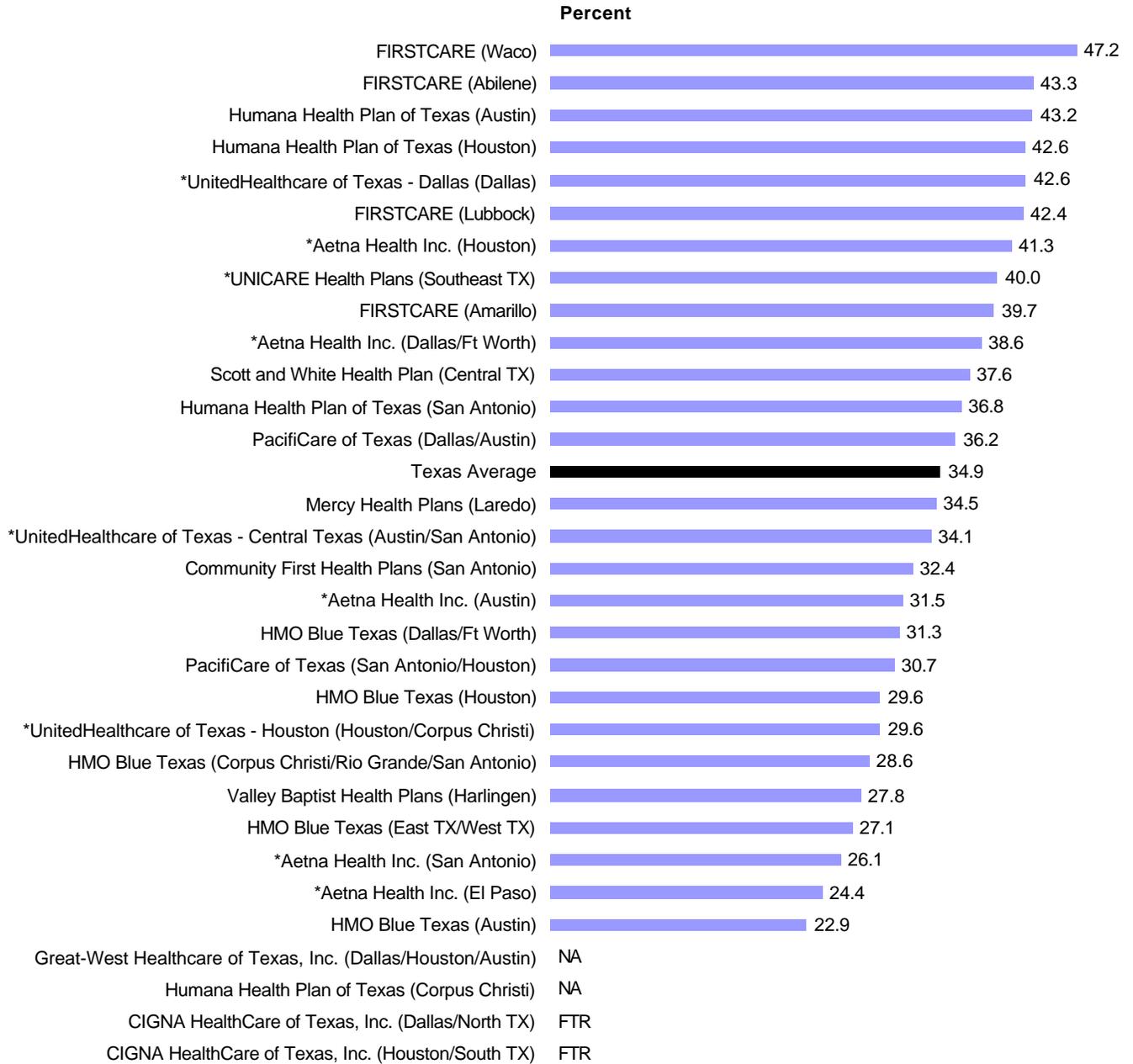
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## Flu Shots for Adults Ages 50-64



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## Prenatal and Postpartum Care: Timeliness of Prenatal Care

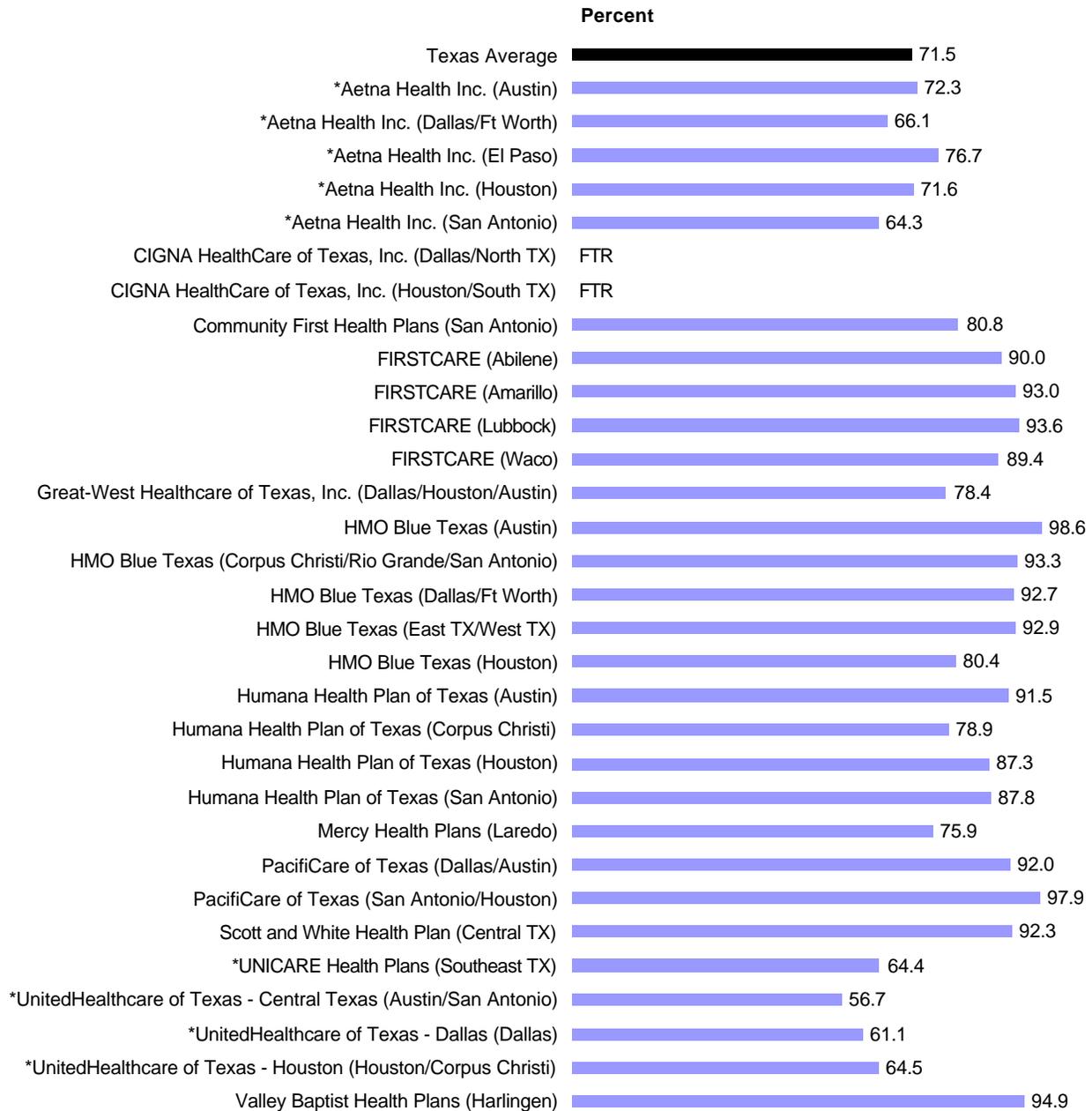
Definition: The percentage of women using the HMO who delivered a live birth during the year and had a prenatal visit in the first trimester of pregnancy or within 42 days of enrollment.

Timeliness of Prenatal Care					
	2002	2003	2004	2005	2006
Texas Average	81.6%	74.7%	78.5%	68.4%	71.5%
NCQA's Quality Compass®	85.1%	86.7%	89.4%	90.8%	91.8%

**Healthy People 2010 Goal\*: 90%**

\*Healthy People 2010: a project of the U.S. Department of Health and Human Services that advocates a national objective for most of the health care quality indicators, to be achieved by year 2010.  
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## Timeliness of Prenatal Care



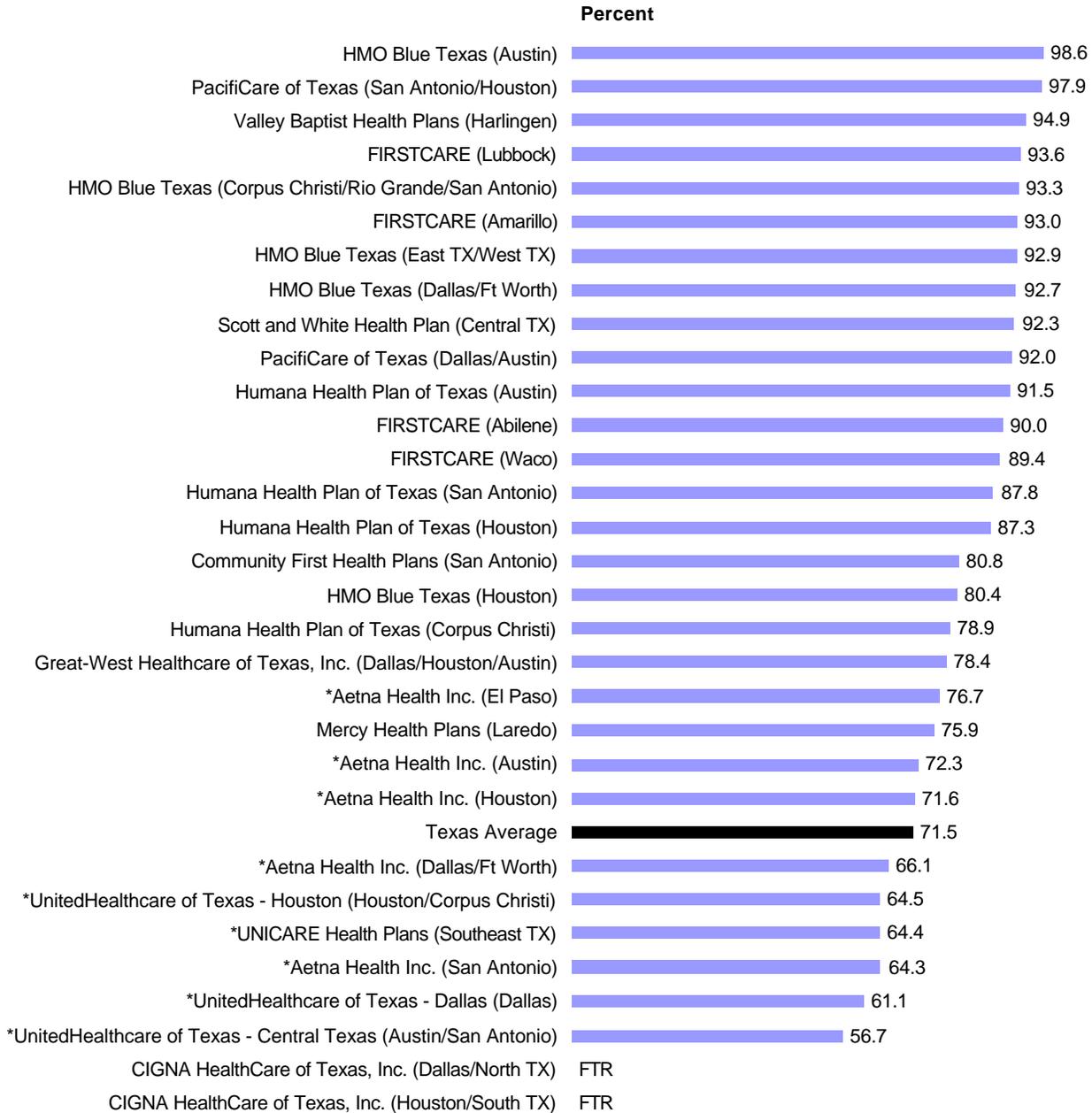
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## Timeliness of Prenatal Care



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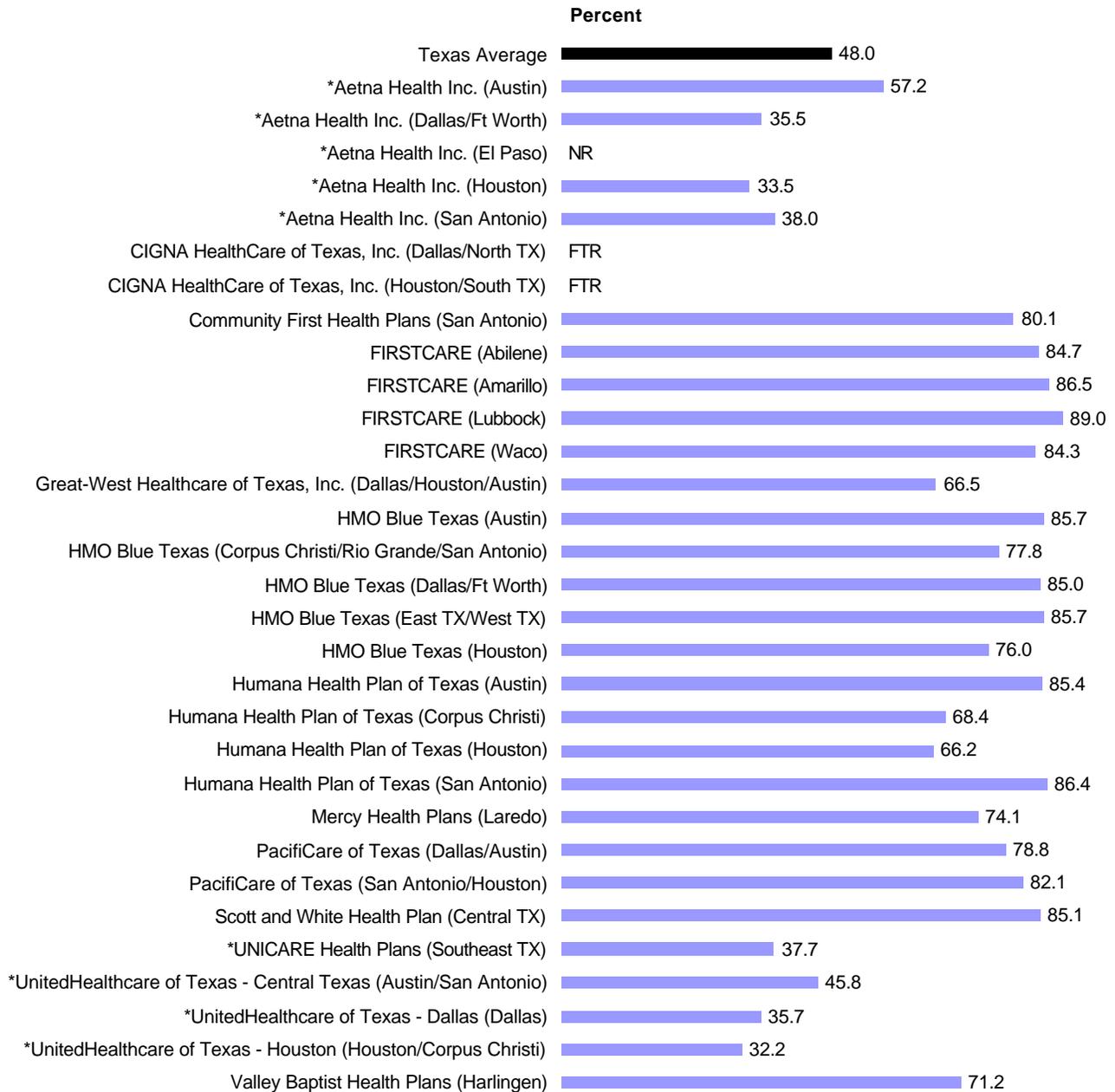
## Prenatal and Postpartum Care: Postpartum Care

Definition: The percentage of women who delivered a live birth during the year and received a postpartum check-up between 21 days and 56 days after delivery.

Postpartum Care					
	2002	2003	2004	2005	2006
<b>Texas Average</b>	74.0%	62.2%	65.2%	47.0%	48.0%
<b>NCQA's Quality Compass®</b>	77.0%	77.0%	80.3%	80.7%	81.5%

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## Postpartum Care



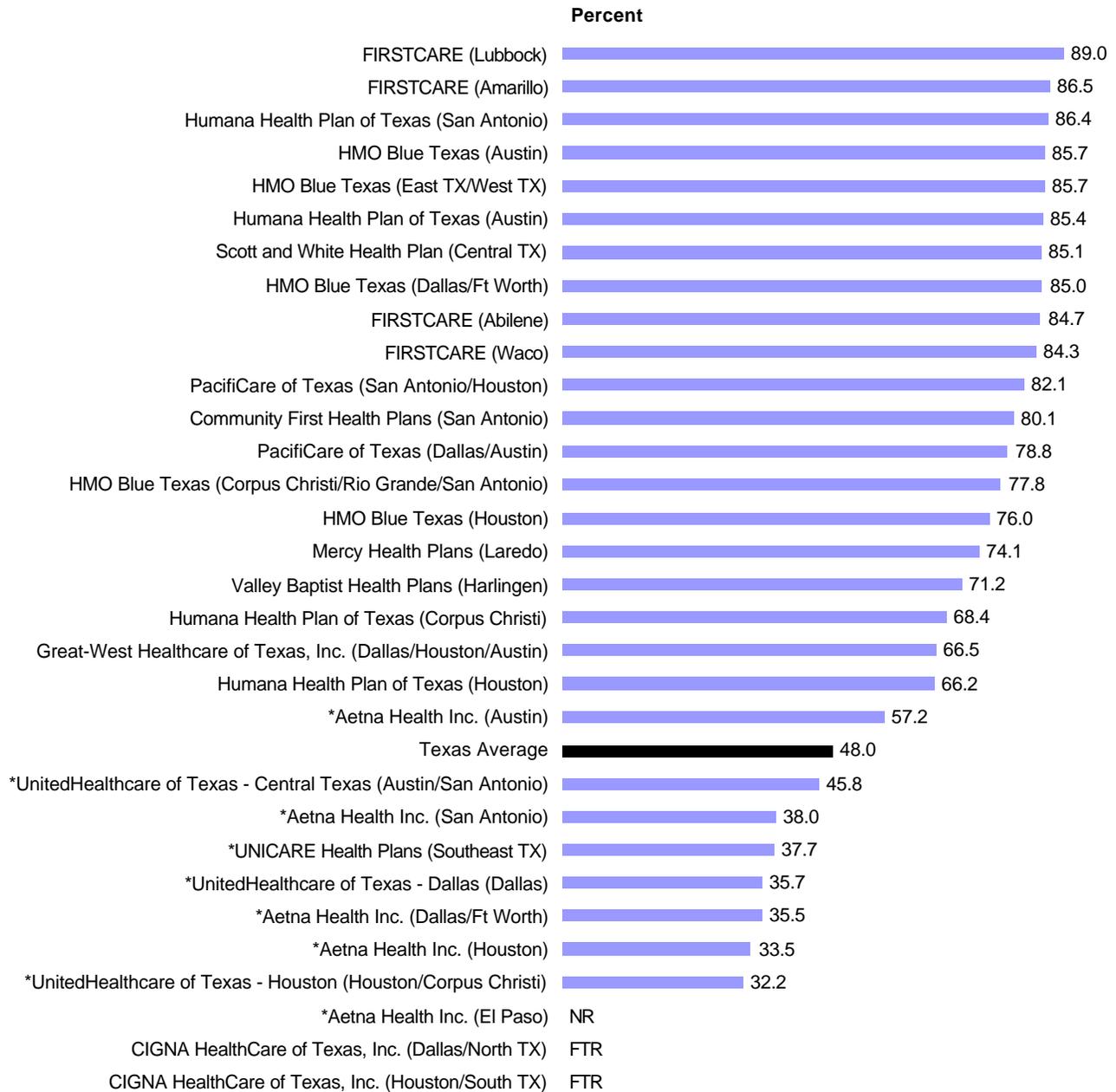
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## Initiation of Alcohol and Other Drug Dependence Treatment

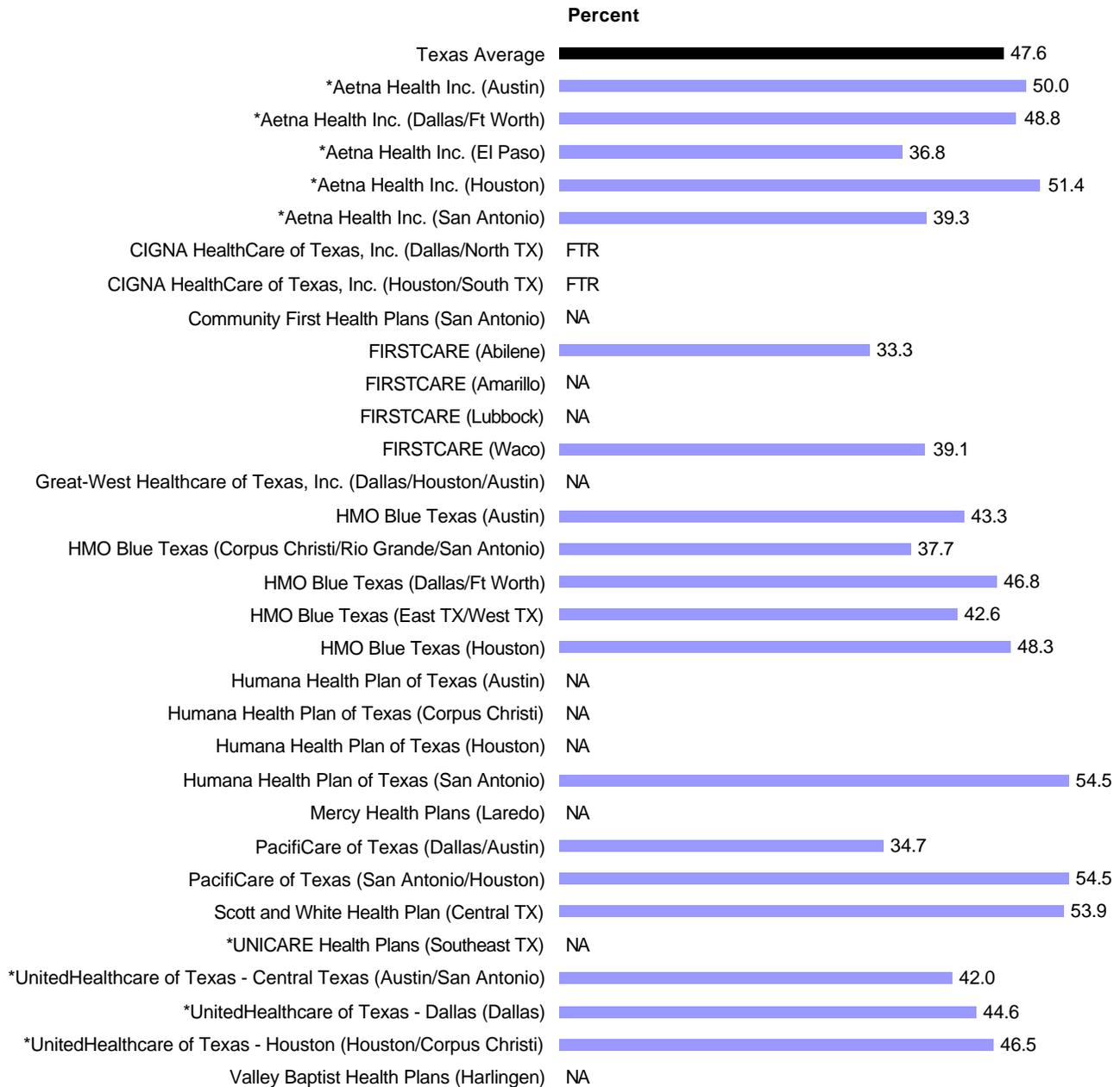
Definition: The percentage of members ages 13 and older diagnosed with alcohol and other drug dependence (AOD) who initiate treatment through either an inpatient AOD admission, or an outpatient service for AOD dependence and an additional AOD service within 14 days.

Initiation of Alcohol and Other Drug Dependence Treatment	
	<b>2006</b>
<b>Texas Average</b>	47.6%
<b>NCQA's Quality Compass®</b>	44.5%

This measure is an addition to the Texas Subset for HEDIS® 2006.

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## Initiation of Alcohol and Other Drug Dependence Treatment



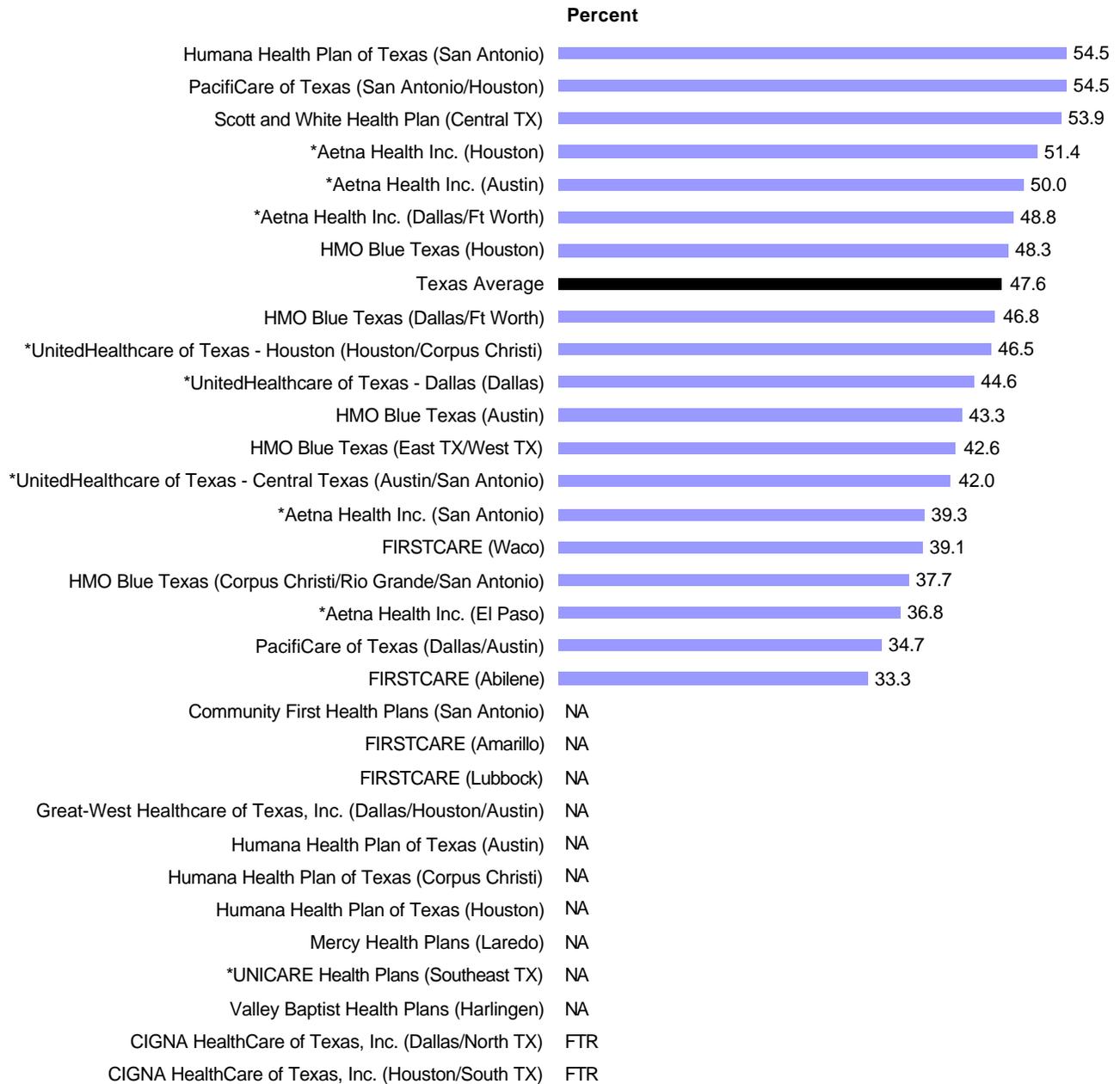
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## Initiation of Alcohol and Other Drug Dependence Treatment



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# Engagement of Alcohol and Other Drug Dependence Treatment

Definition: The percentage of members ages 13 and older diagnosed with alcohol and other drug dependence (AOD) who undergo initiation treatment (initiate treatment through either an inpatient AOD admission, or an outpatient service for AOD dependence and an additional AOD services within 14 days), with two additional AOD services within 30 days after initiation.

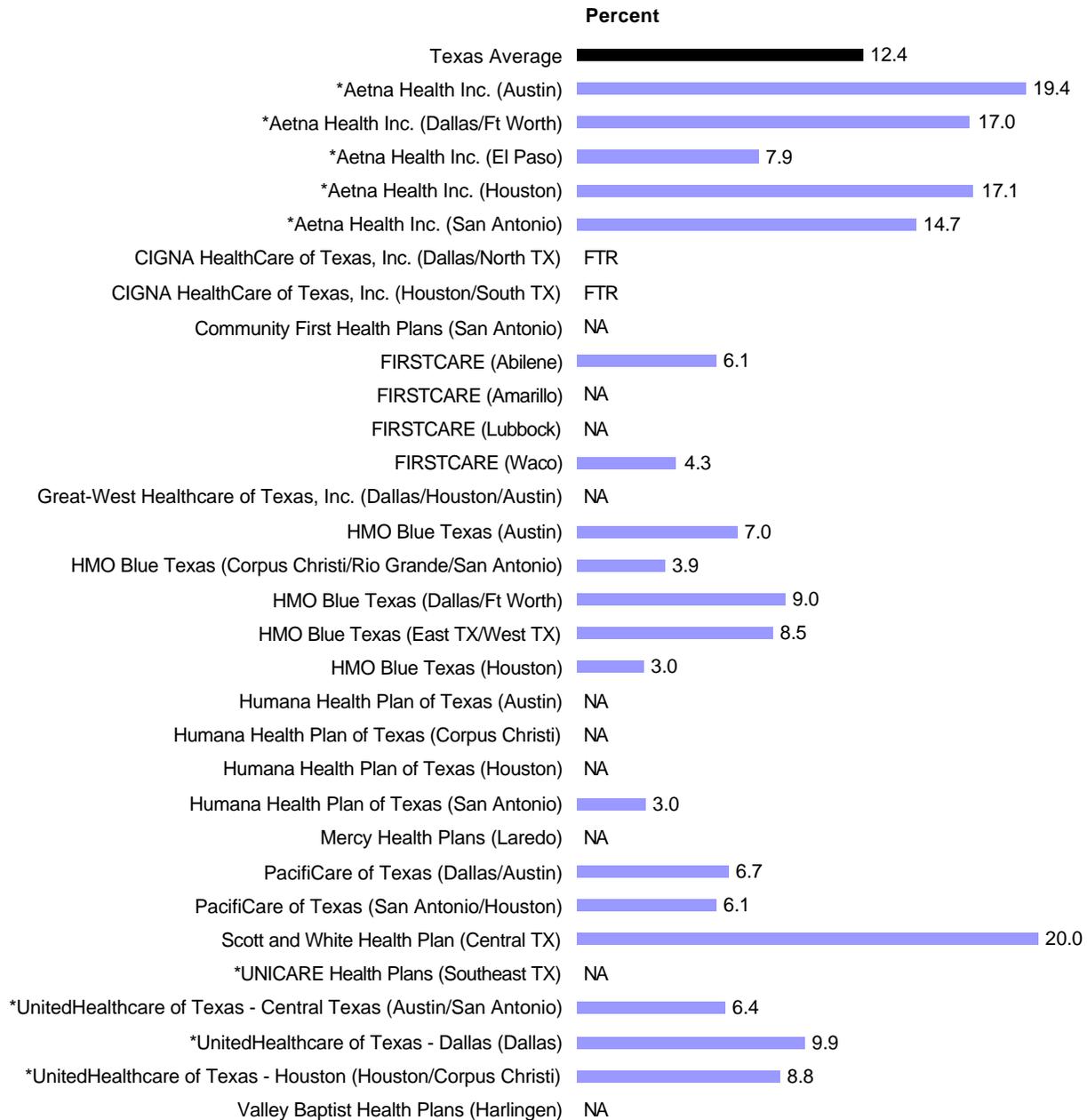
Engagement of AOD Treatment is an intermediate step between initially accessing care (initiation treatment) and completing a full course treatment.

Engagement of Alcohol and Other Drug Dependence Treatment	
	<b>2006</b>
<b>Texas Average</b>	12.4%
<b>NCQA's Quality Compass®</b>	14.1%

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## Engagement of Alcohol and Other Drug Dependence Treatment



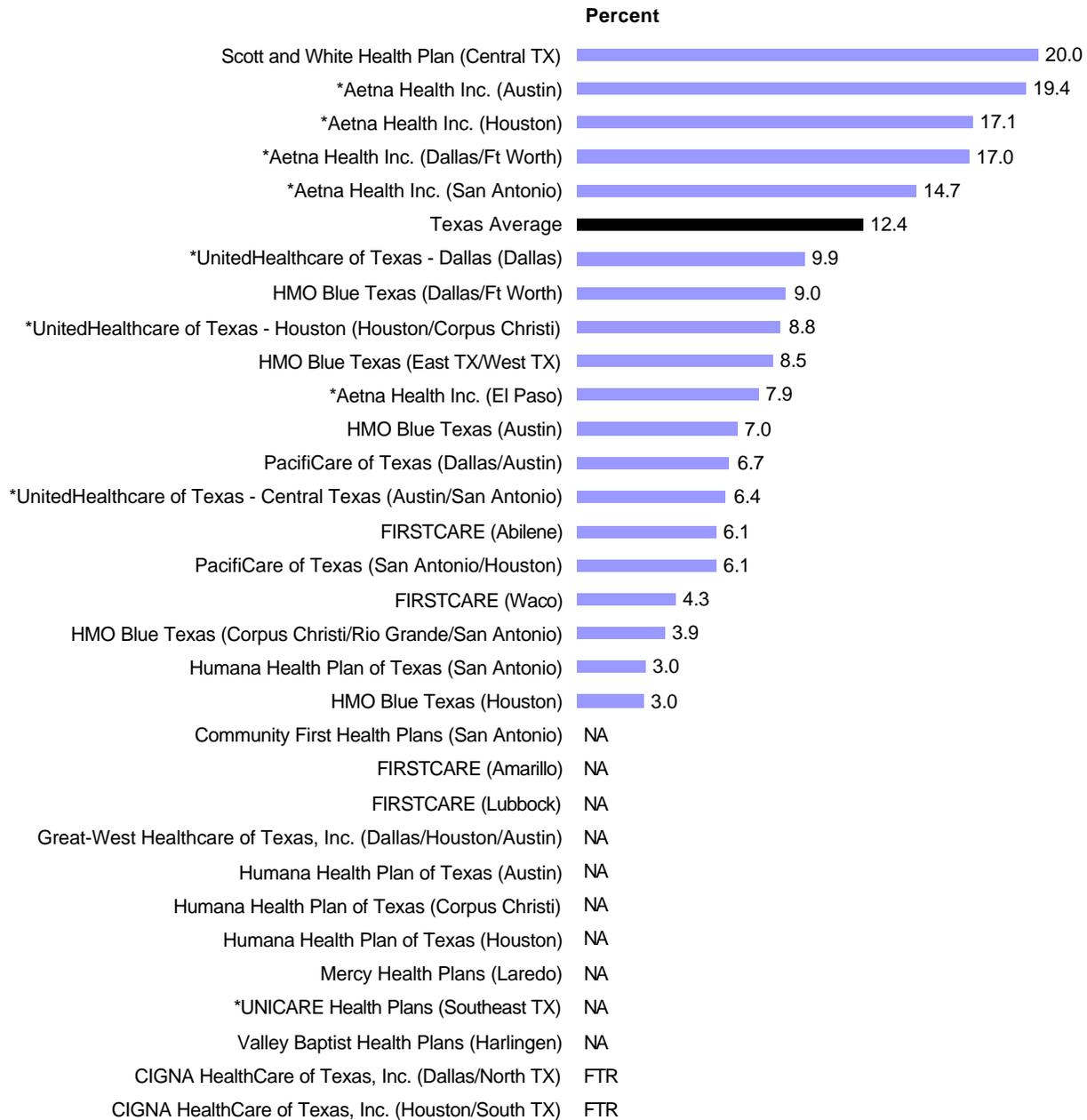
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## Practitioner Turnover: Primary Care Physicians

Definition: The percentage of primary care practitioners (primary care physicians) who were affiliated with a plan as of December 31, 2004 and who were not affiliated with the plan as of December 31, 2005.

If you are interested in a plan with a large provider turnover, you may wish to check the results from the customer satisfaction survey *Comparing Texas HMOs 2006* to see if there are problems, such as provider accessibility, which may affect your ability to obtain care.

Because practitioner turnover rates are influenced by numerous factors—both good and bad—potential plan members are encouraged to use this information as a guide for asking questions of the plan.

The bar charts show the percentage of primary care practitioners in each HMO who left the plan during the year 2005.

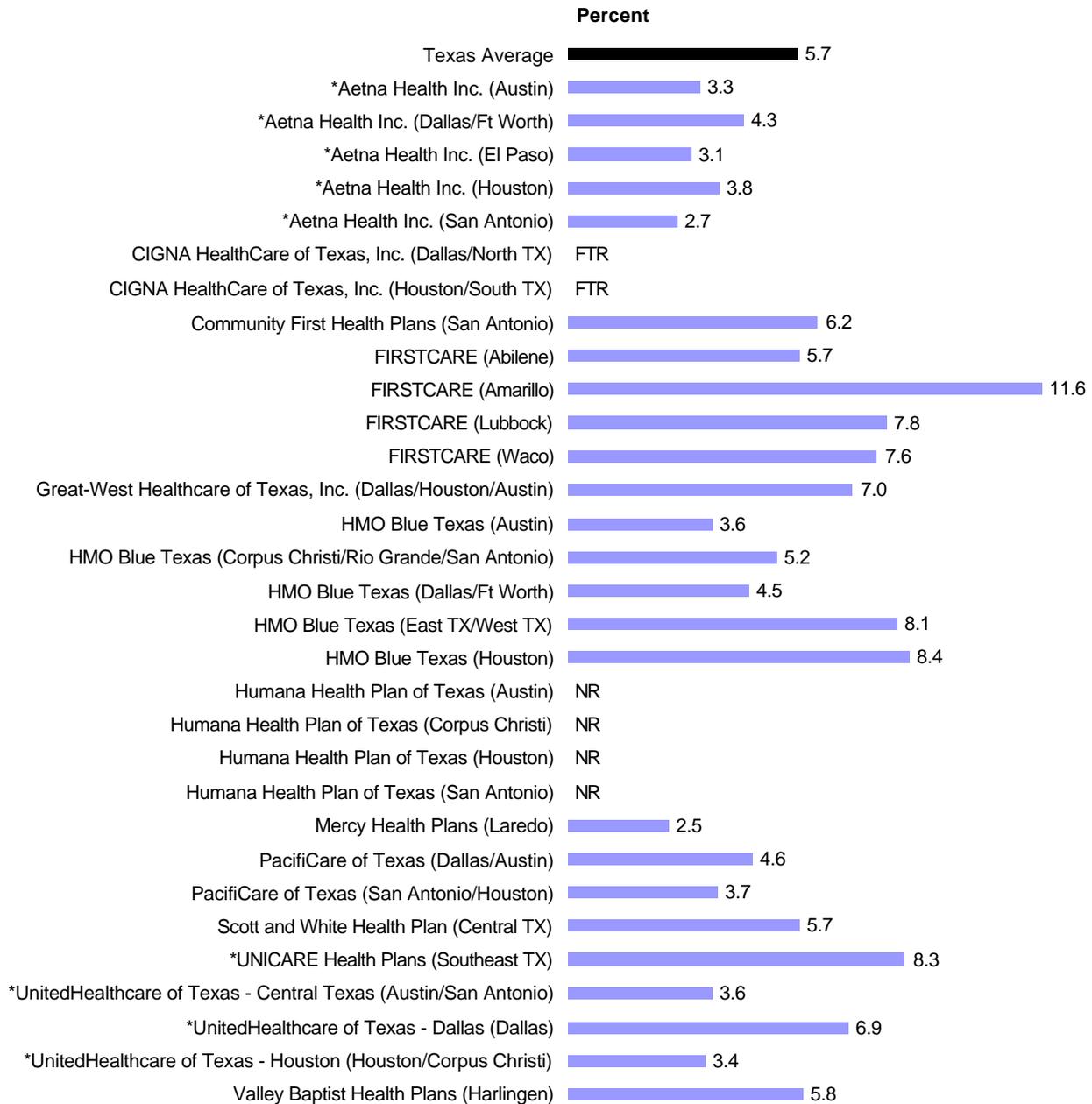
Practitioner Turnover: Primary Care Physicians					
	2002	2003	2004	2005	2006
Texas Average	10.9%	10.1%	6.5%	5.2%	5.7%
NCQA's Quality Compass®	11.3%	7.6%	6.5%	6.0%	5.6%

Note - Lower rates indicate better performance for this measure.

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### Practitioner Turnover: Primary Care Physicians



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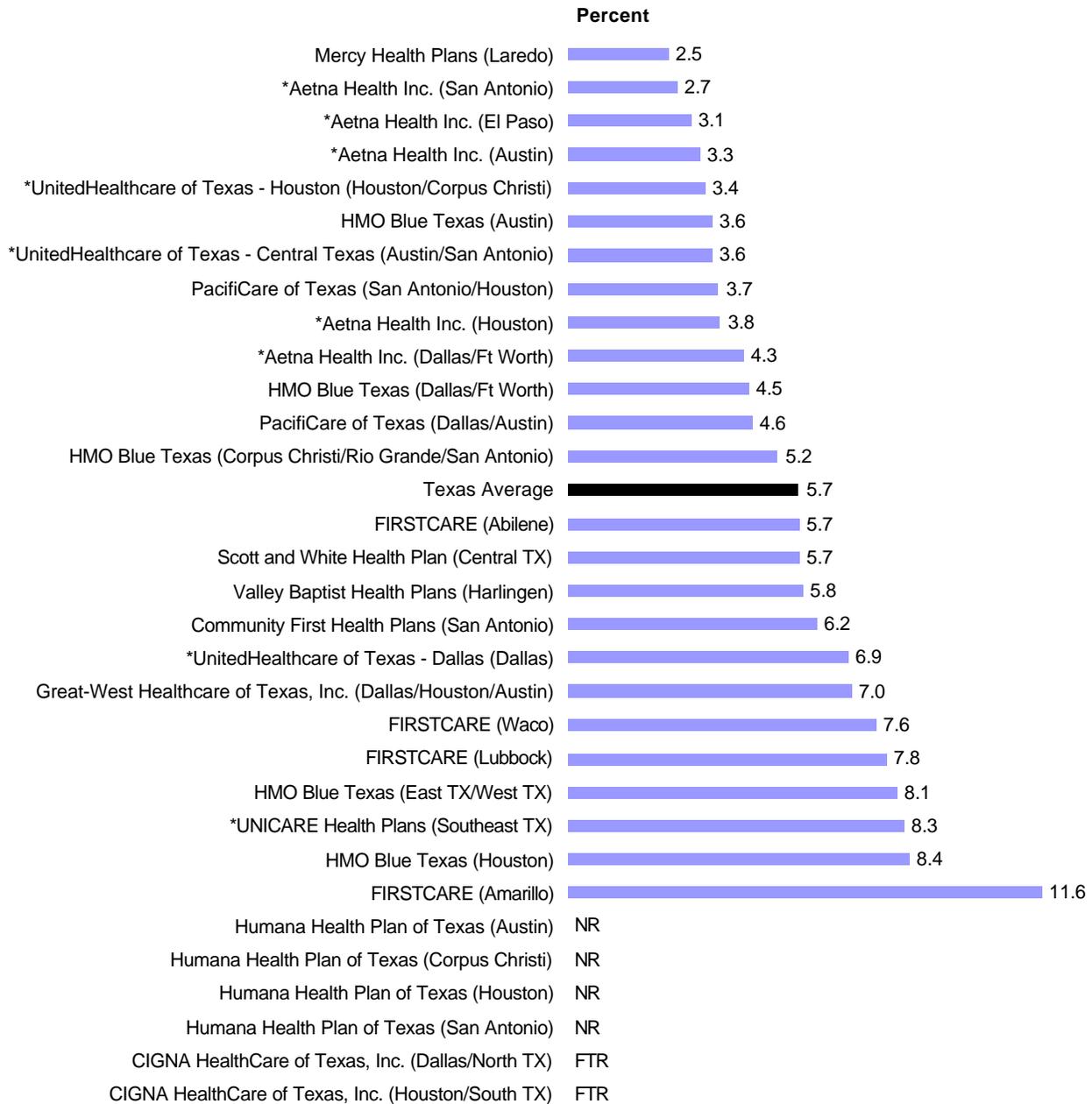
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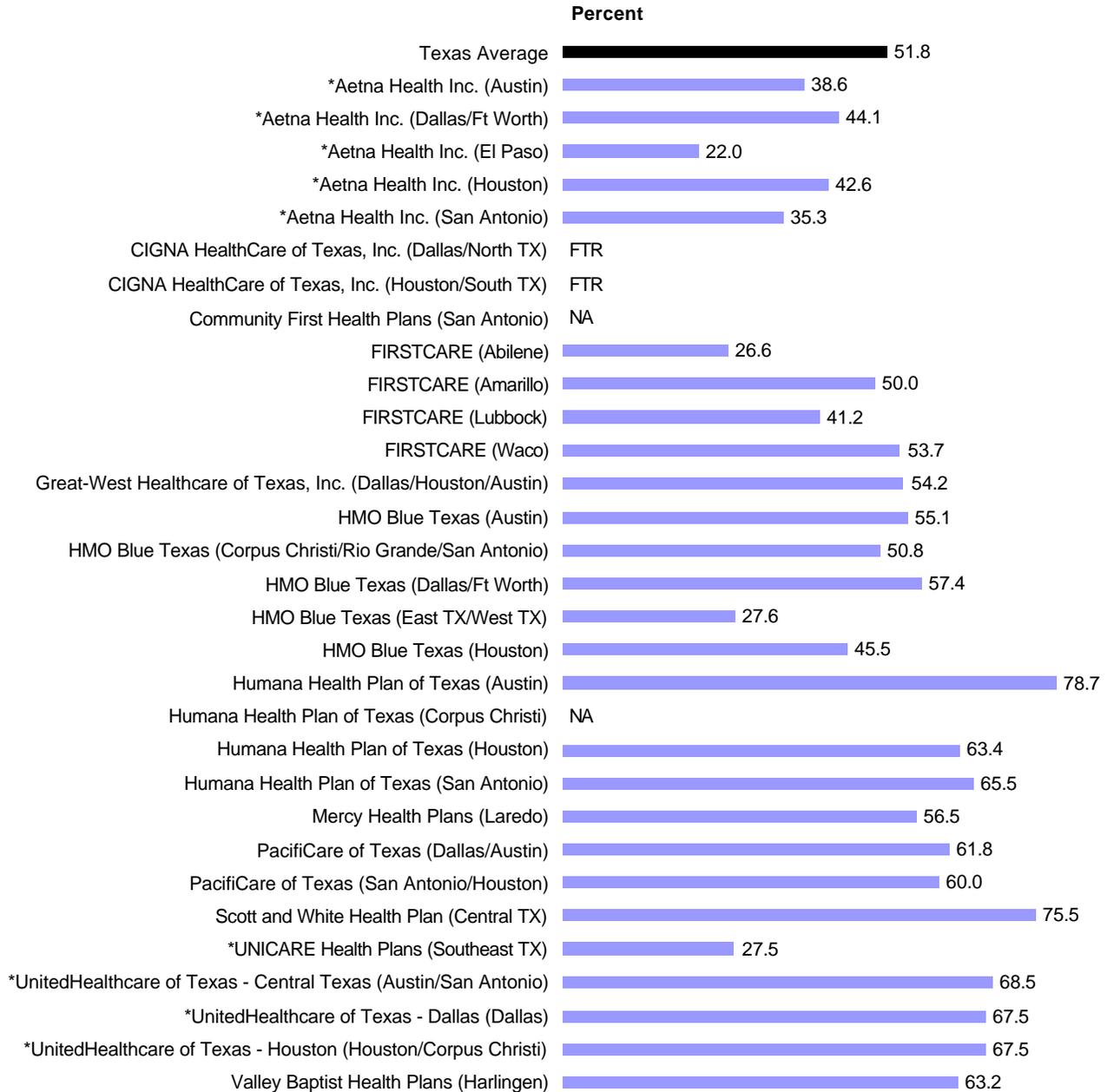
## Well-Child Visits in the First 15 Months of Life: Six or More Visits

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

Well-Child Visits in the First 15 Months of Life: Six or More Visits					
	2002	2003	2004	2005	2006
Texas Average	45.3%	47.2%	50.5%	54.0%	51.8%
NCQA's Quality Compass®	59.6%	64.4%	66.6%	68.7%	71.1%

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## Well-Child Visits in First 15 Months of Life



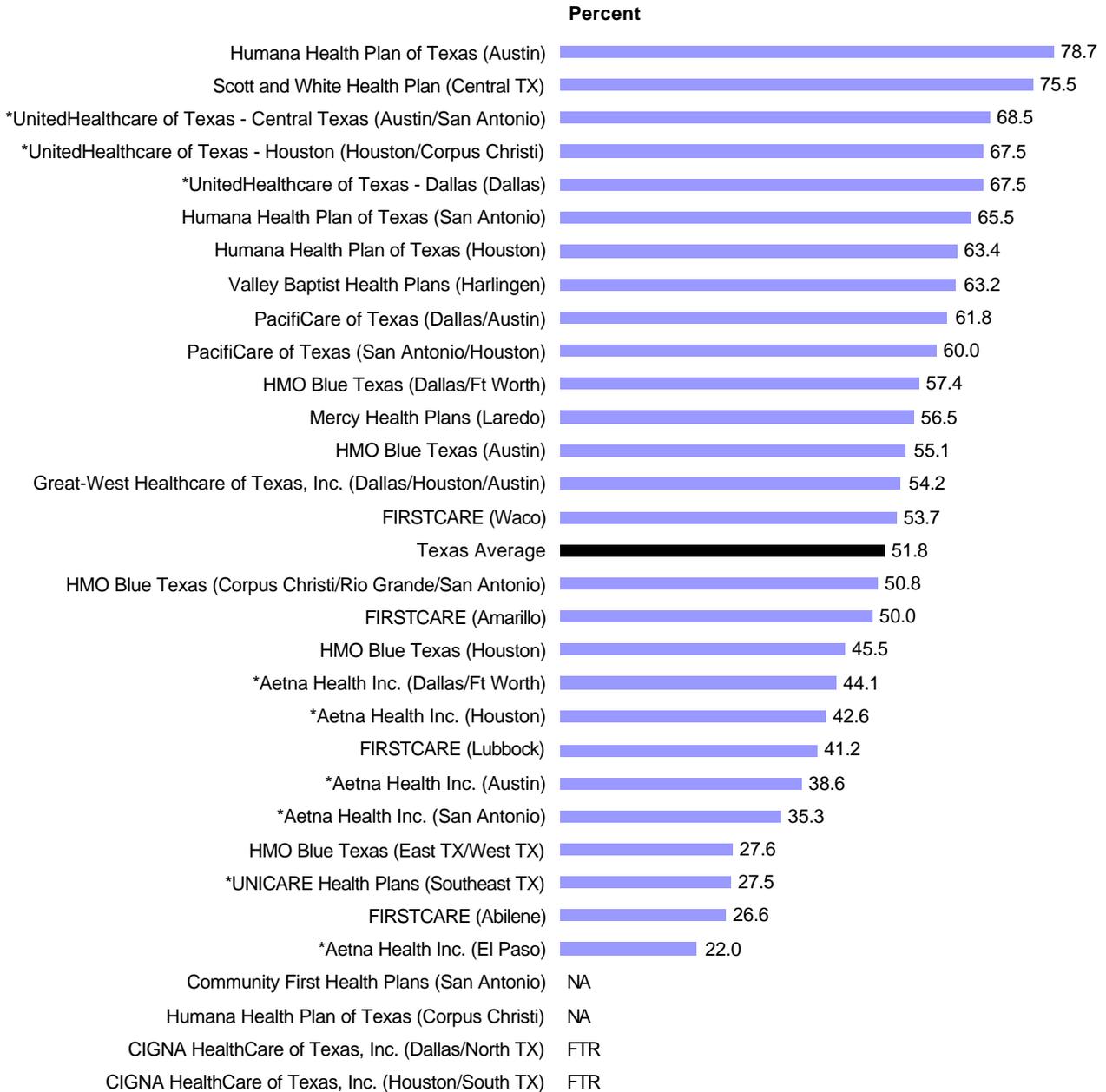
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## Well-Child Visits in First 15 Months of Life



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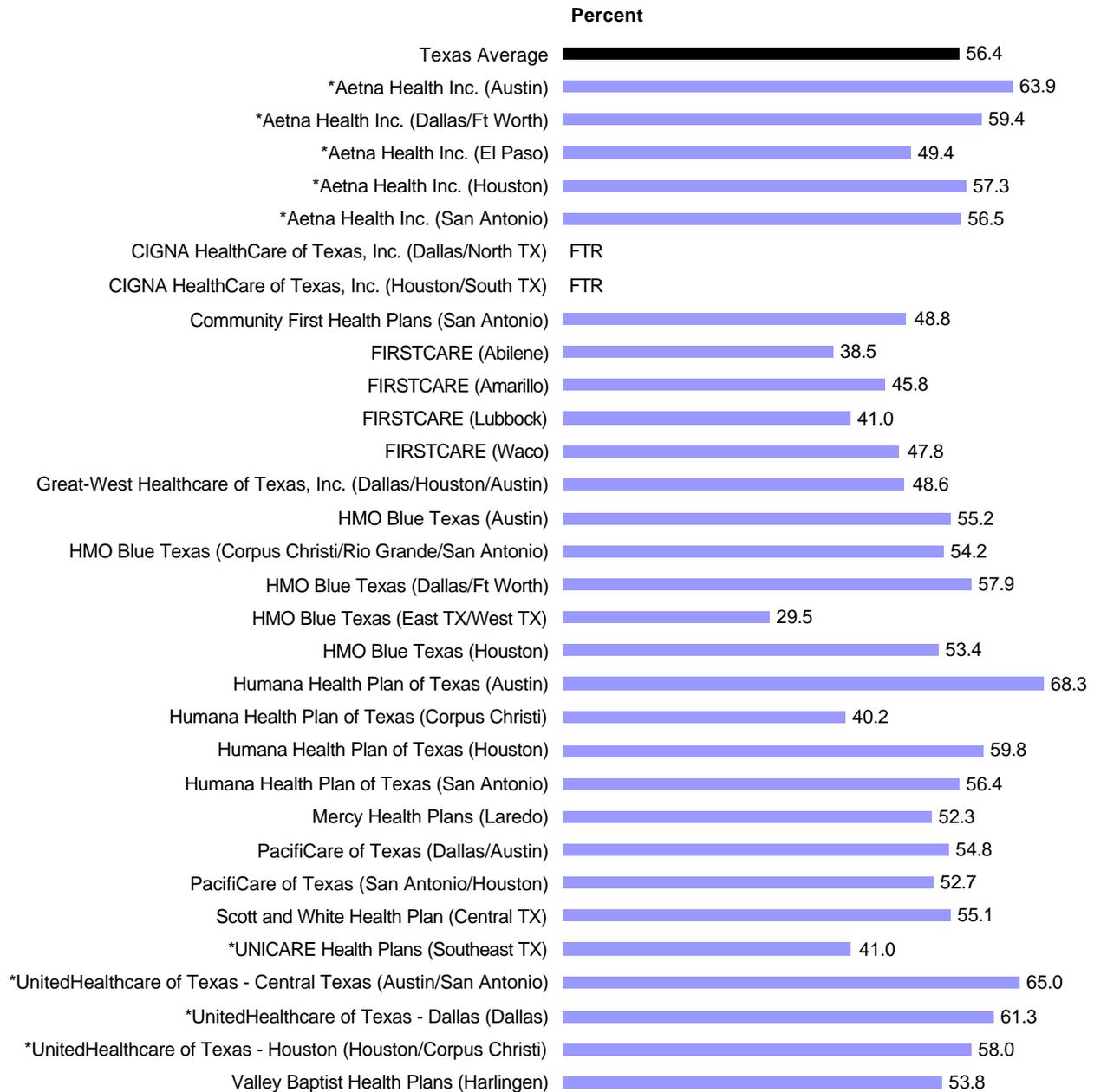
## Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Definition: The percentage of children using the HMO between three and six years of age during the measurement year that received one or more well-child visit(s) with a primary care practitioner during the year.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life					
	2002	2003	2004	2005	2006
Texas Average	42.0%	44.5%	50.8%	53.2%	56.4%
NCQA's Quality Compass®	57.5%	60.4%	62.7%	64.3%	65.6%

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



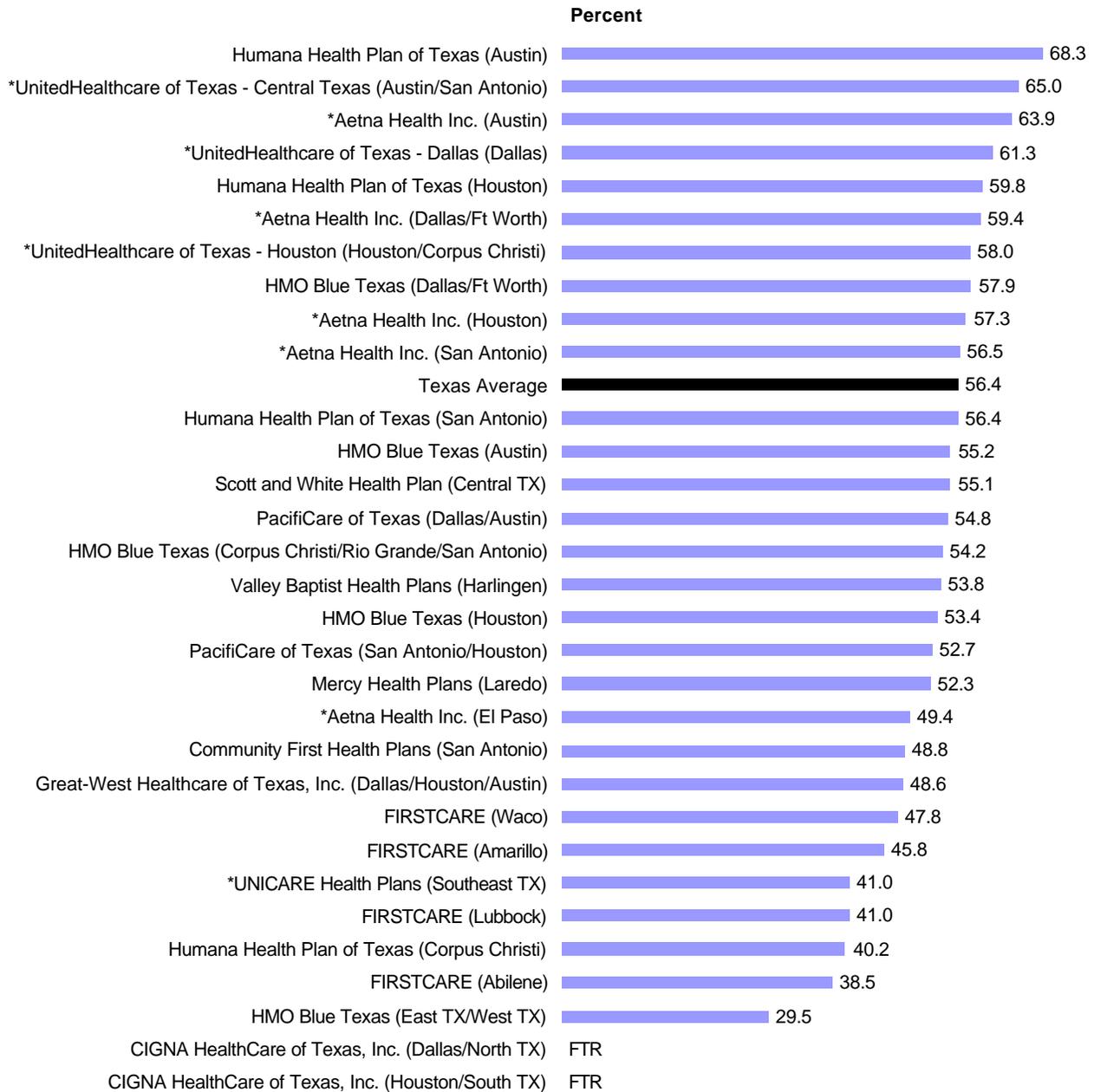
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## Well-Child Visits in 3rd, 4th, 5th and 6th Year of Life



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## Adolescent Well-Care Visits

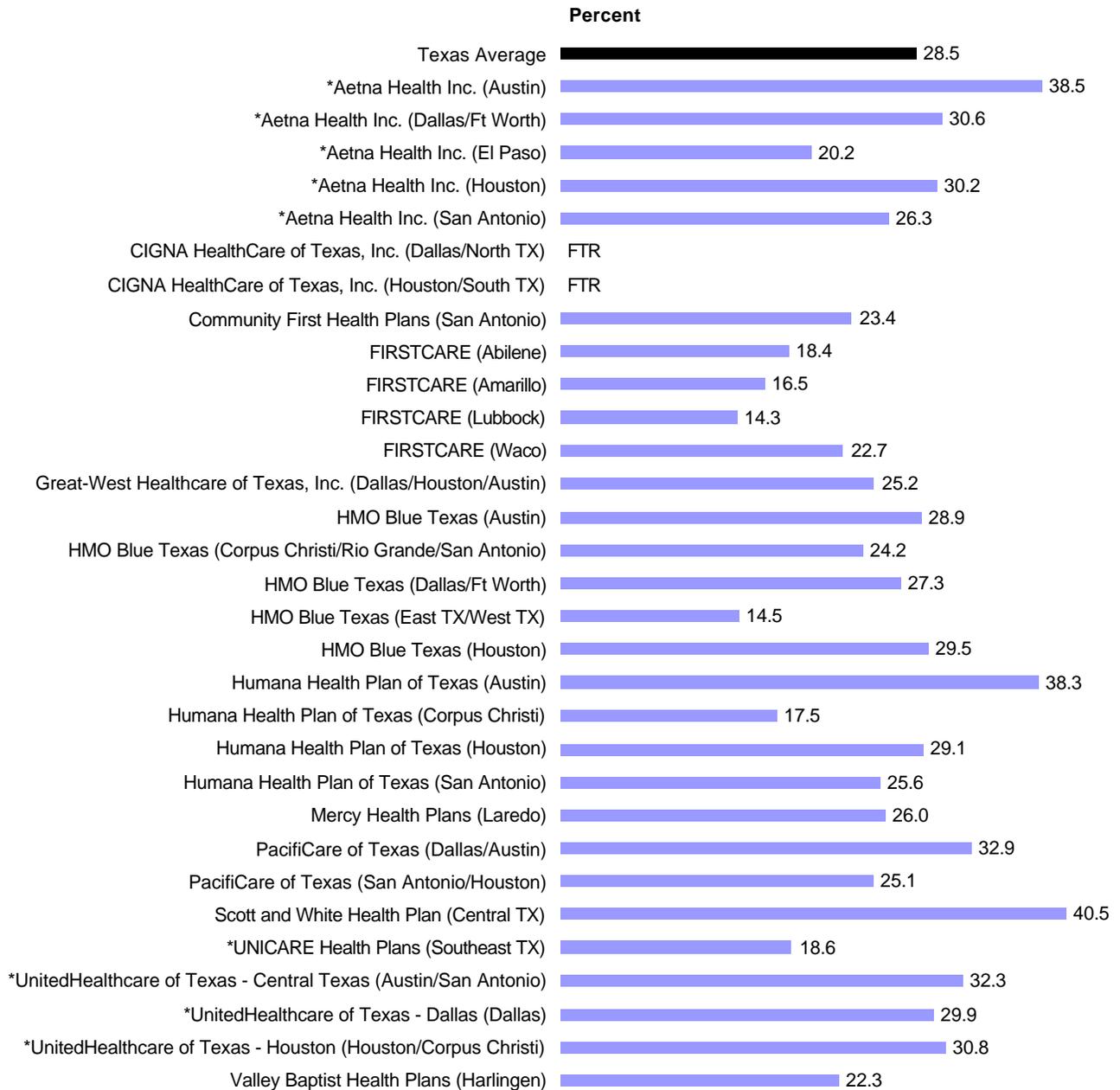
Definition: The percentage of members using the HMO between 12 through 21 years of age during the measurement year that received one or more comprehensive well-care visit(s) with a primary care practitioner or an OB/GYN practitioner during the year.

Adolescent Well-Care Visit	
	<b>2006</b>
Texas Average	28.5%
NCQA's Quality Compass®	38.8%

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## Adolescent Well-Child Visits



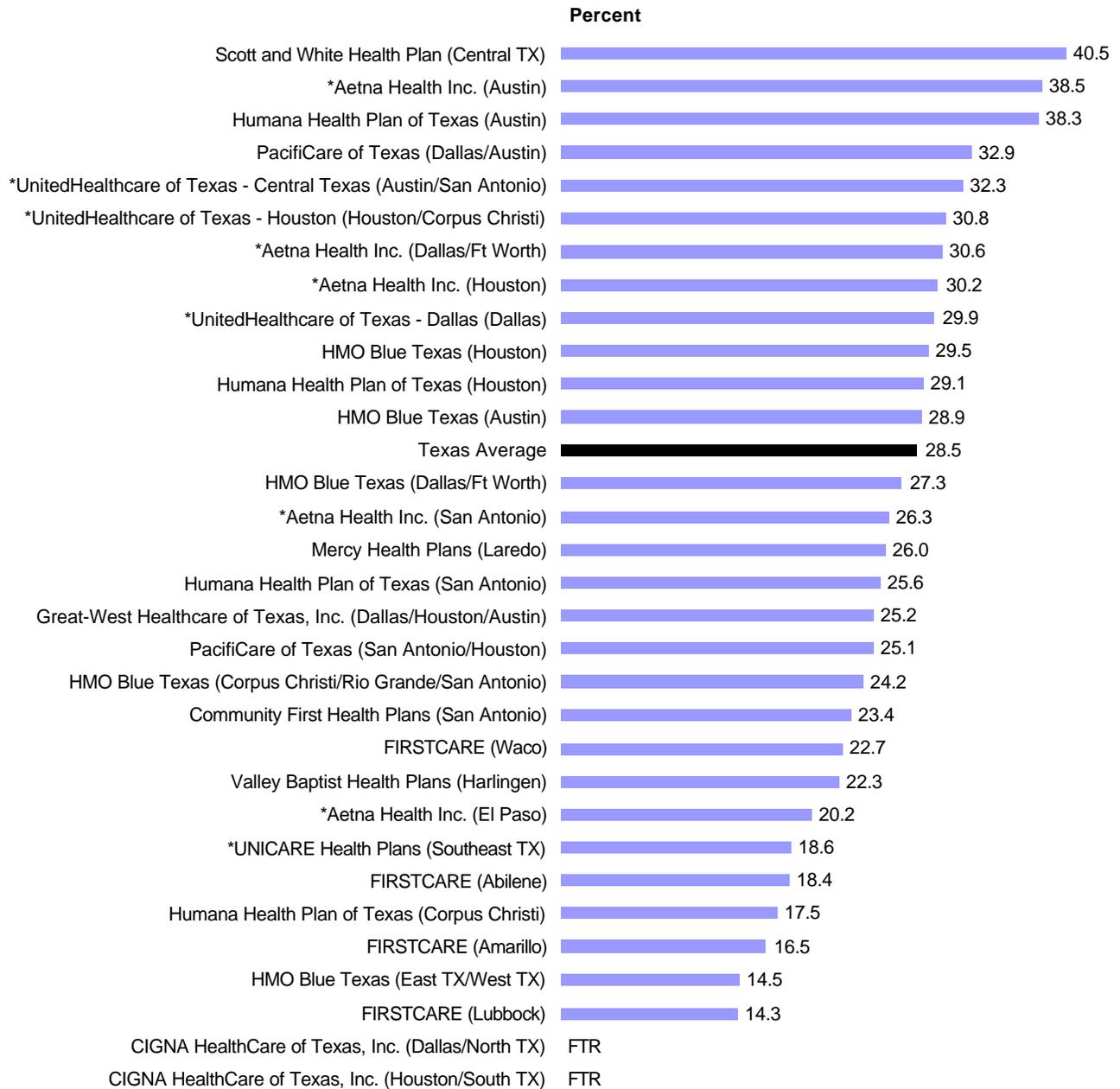
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## Inpatient Utilization – General Hospital/Acute Care: Total

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

The bar charts show 1) the total number of discharges per 1,000 members per year in each HMO and 2) the average length of stay for total inpatient utilization.

Inpatient Utilization – General Hospital/Acute Care: Total										
	2002		2003		2004		2005		2006	
	DIS	ALOS								
<b>TX Average</b>	63.1	3.7	64.1	3.7	65.4	3.9	65.9	3.8	61.4	3.7
<b>NCQA's Quality Compass Ave</b>	56.4	3.7	57.1	3.7	58.2	3.7	58.7	3.7	57.4	3.6

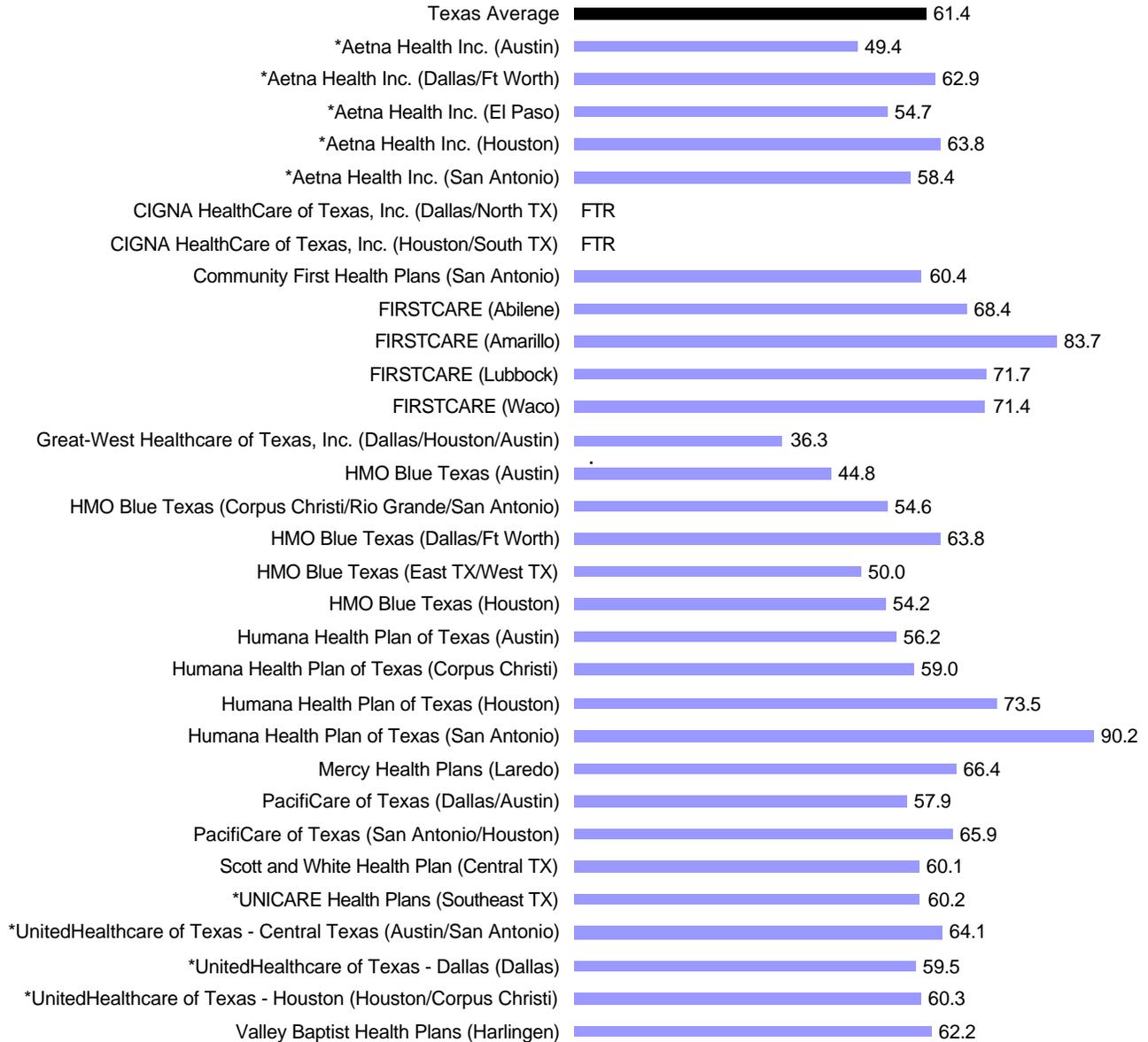
DIS - Discharges per 1,000 members per year

ALOS - Average length of stay in days

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## Inpatient Utilization - Acute Care: Total Discharge

### Per 1,000 Members Per Year



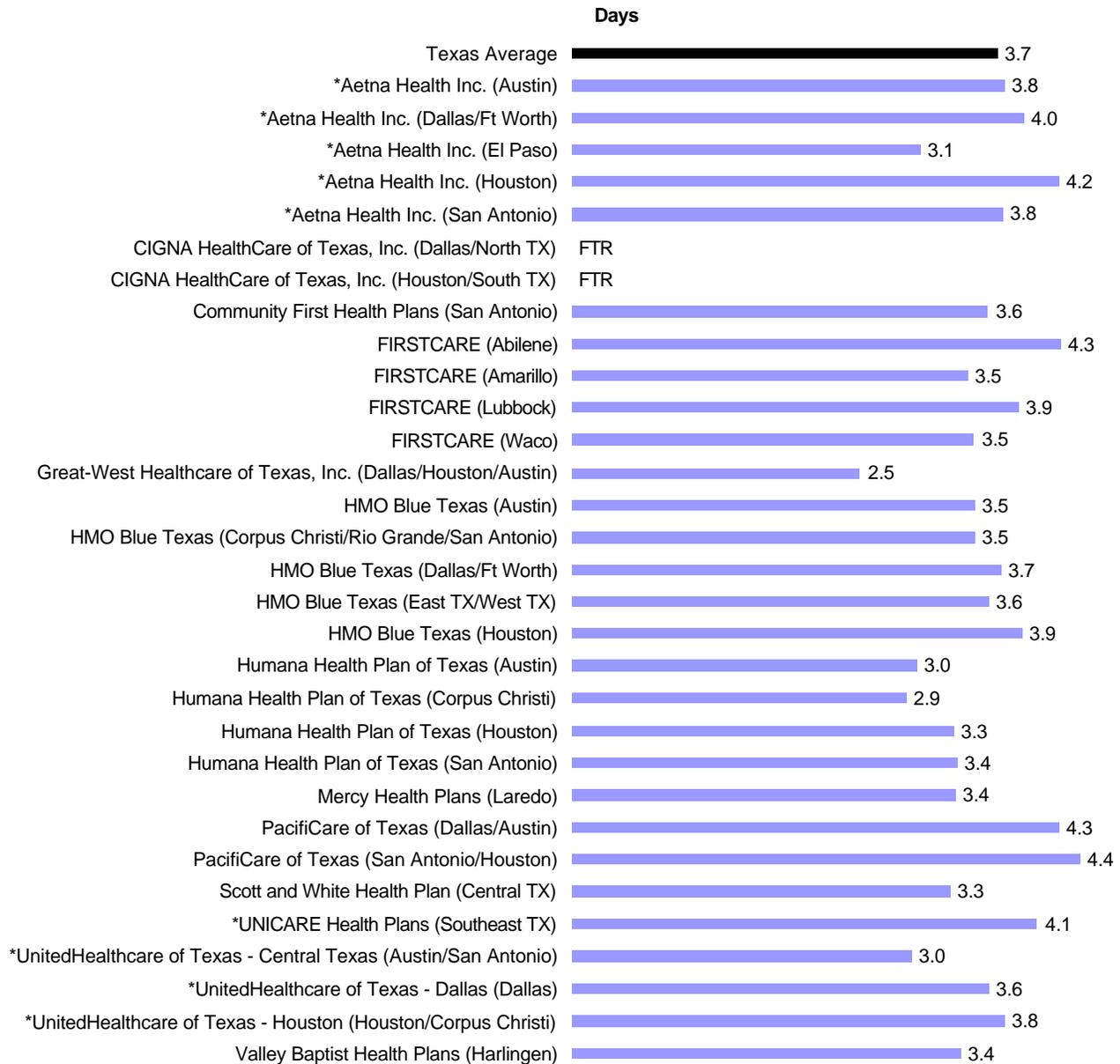
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## Inpatient Utilization - Acute Care: Total Average Length of Stay



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

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

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

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

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 and use of outpatient alternatives.

Inpatient Utilization – General Hospital/ Acute Care: Medicine										
	2002		2003		2004		2005		2006	
	DIS	ALOS								
<b>TX Average</b>	27.2	3.8	25.5	3.7	27.1	3.8	26.9	3.9	24.1	3.6
<b>NCQA's Quality Compass Ave.</b>	24.3	3.7	*	*	24.3	3.6	24.9	3.7	23.5	3.5

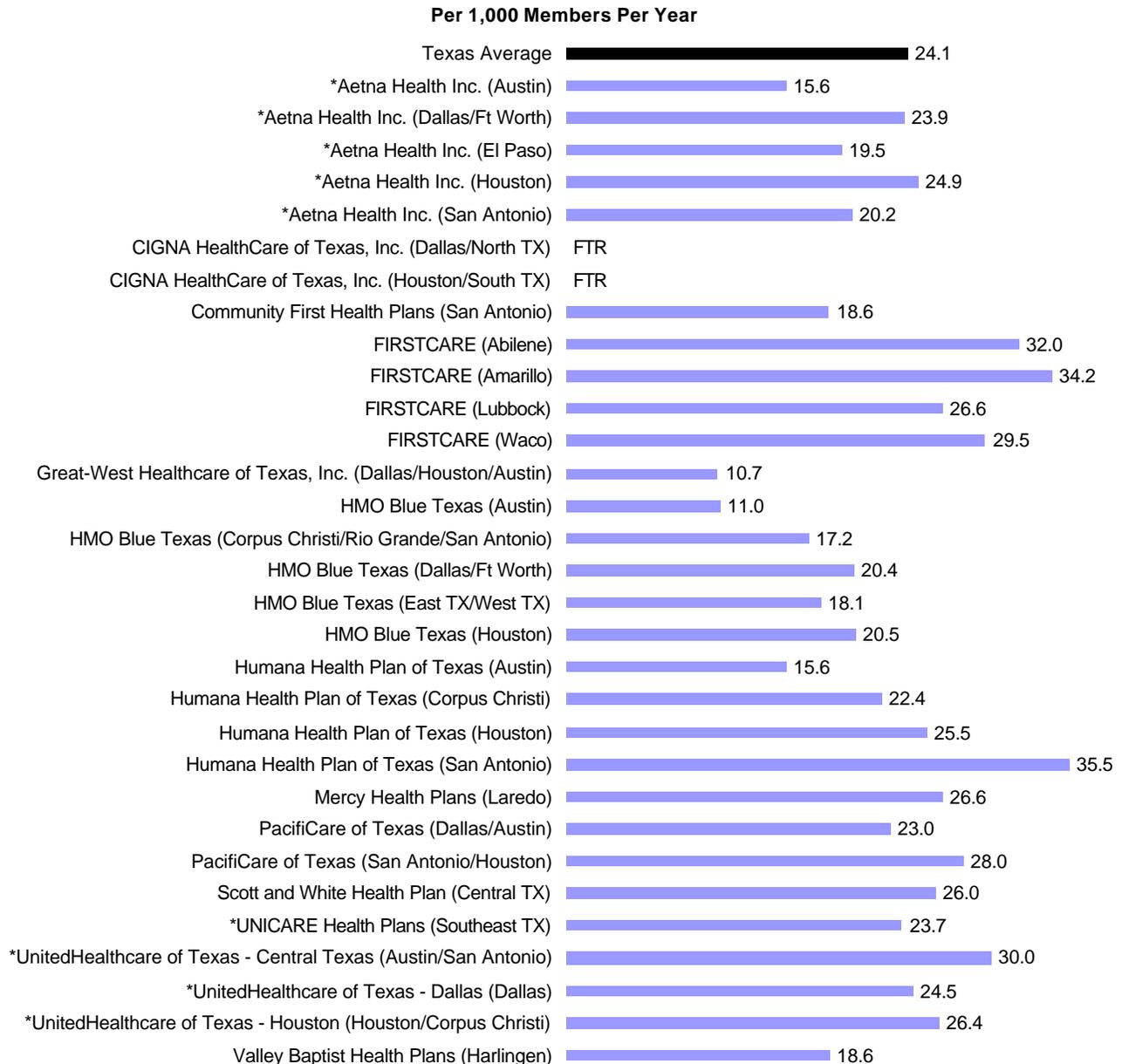
DIS - Discharges per 1,000 members per year

ALOS - Average length of stay in days

\* Value not established or not obtained.

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

## Inpatient Utilization - Acute Care: Medicine Discharge



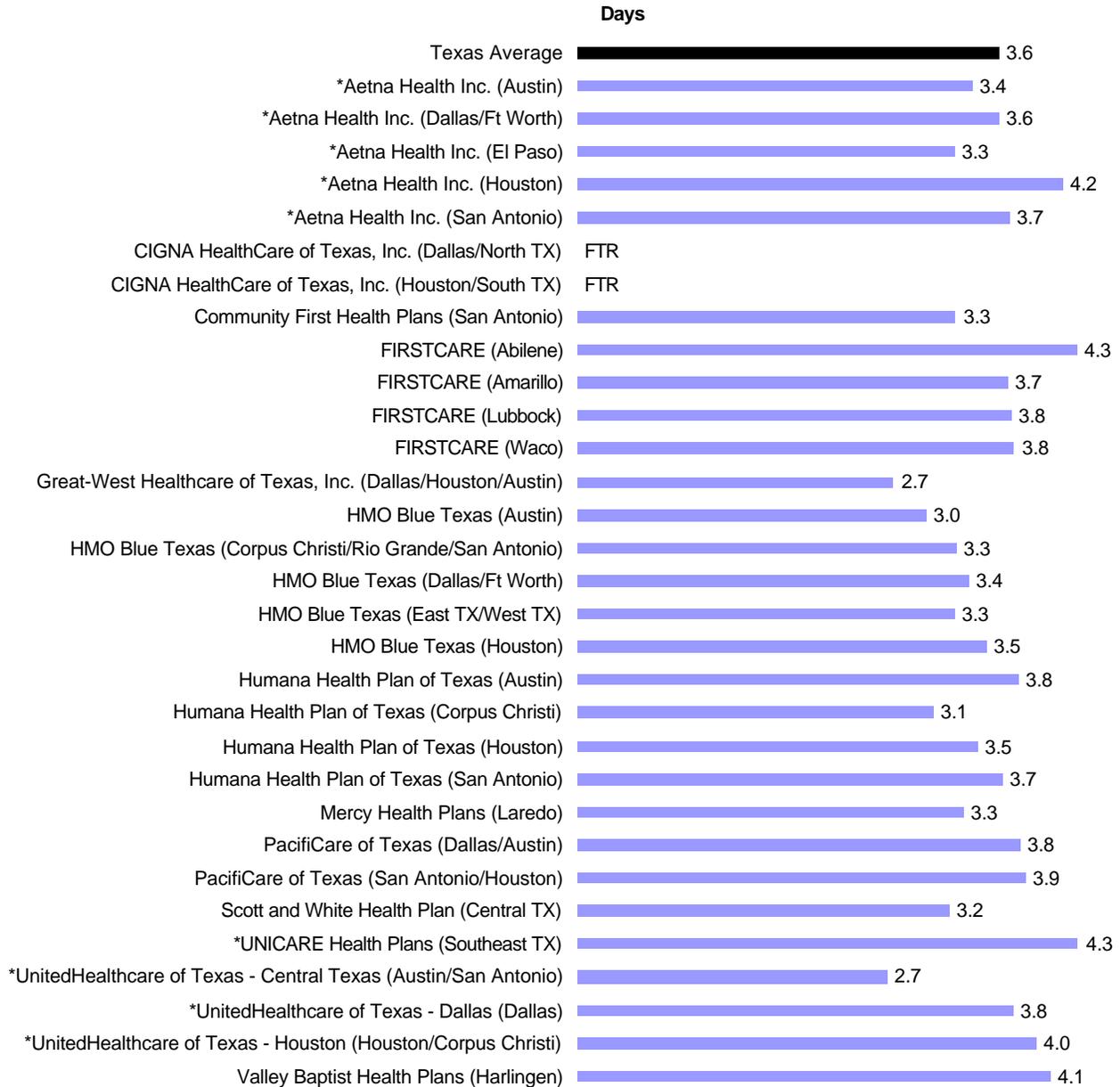
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

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



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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## 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 and their use of outpatient alternatives.

Inpatient Utilization – General Hospital/Acute Care: Surgery										
	2002		2003		2004		2005		2006	
	DIS	ALOS								
<b>TX Average</b>	18.1	4.5	21.1	4.5	20.9	4.8	21.9	4.6	21.0	4.4
<b>NCQA's Quality Compass Ave.</b>	17.2	4.5	*	*	19.1	4.5	19.7	4.4	19.8	4.6

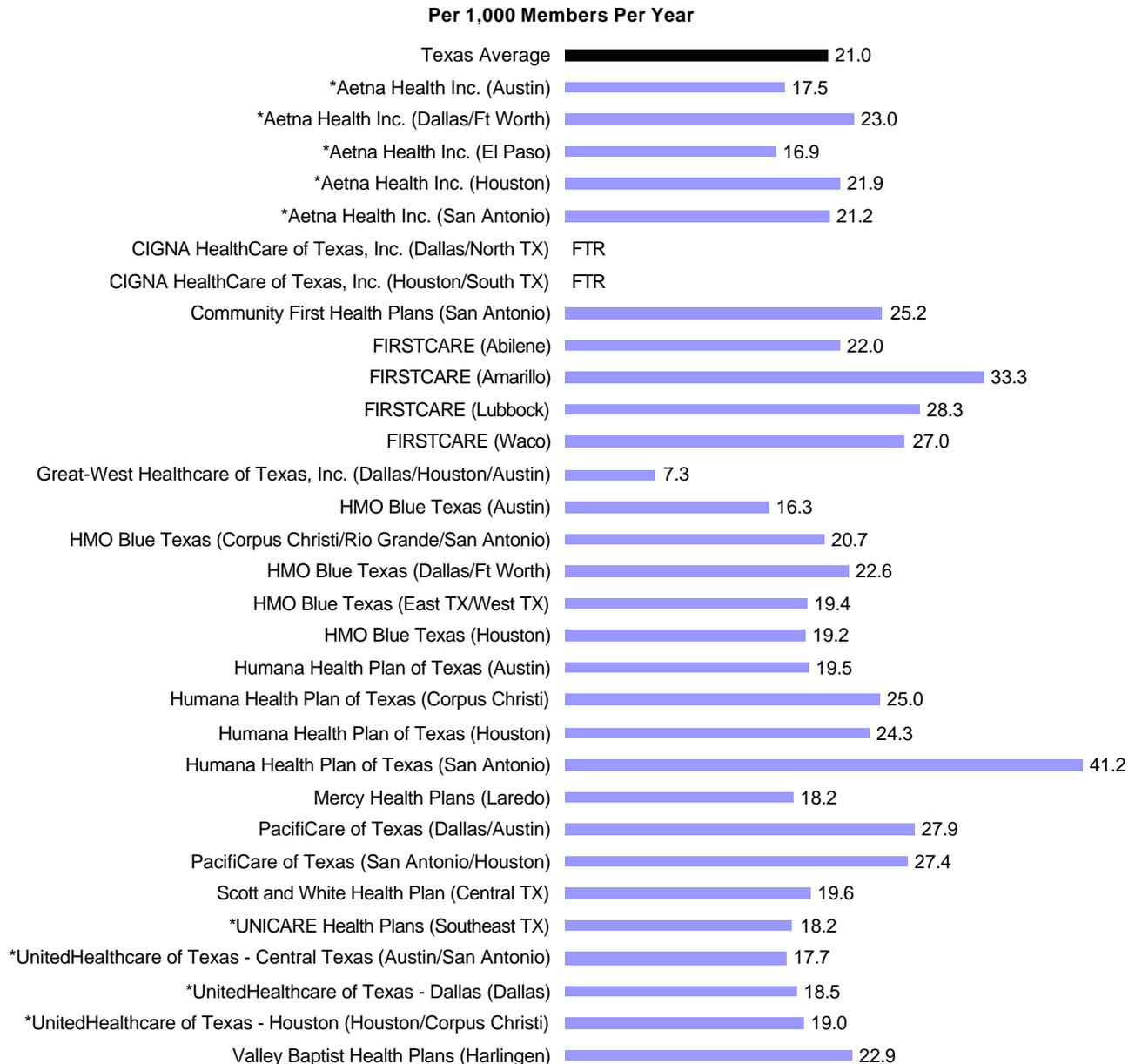
DIS - Discharges per 1,000 members per year

ALOS - Average length of stay in days

\* Value not established or not obtained.

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## Inpatient Utilization - Acute Care: Surgery Discharge



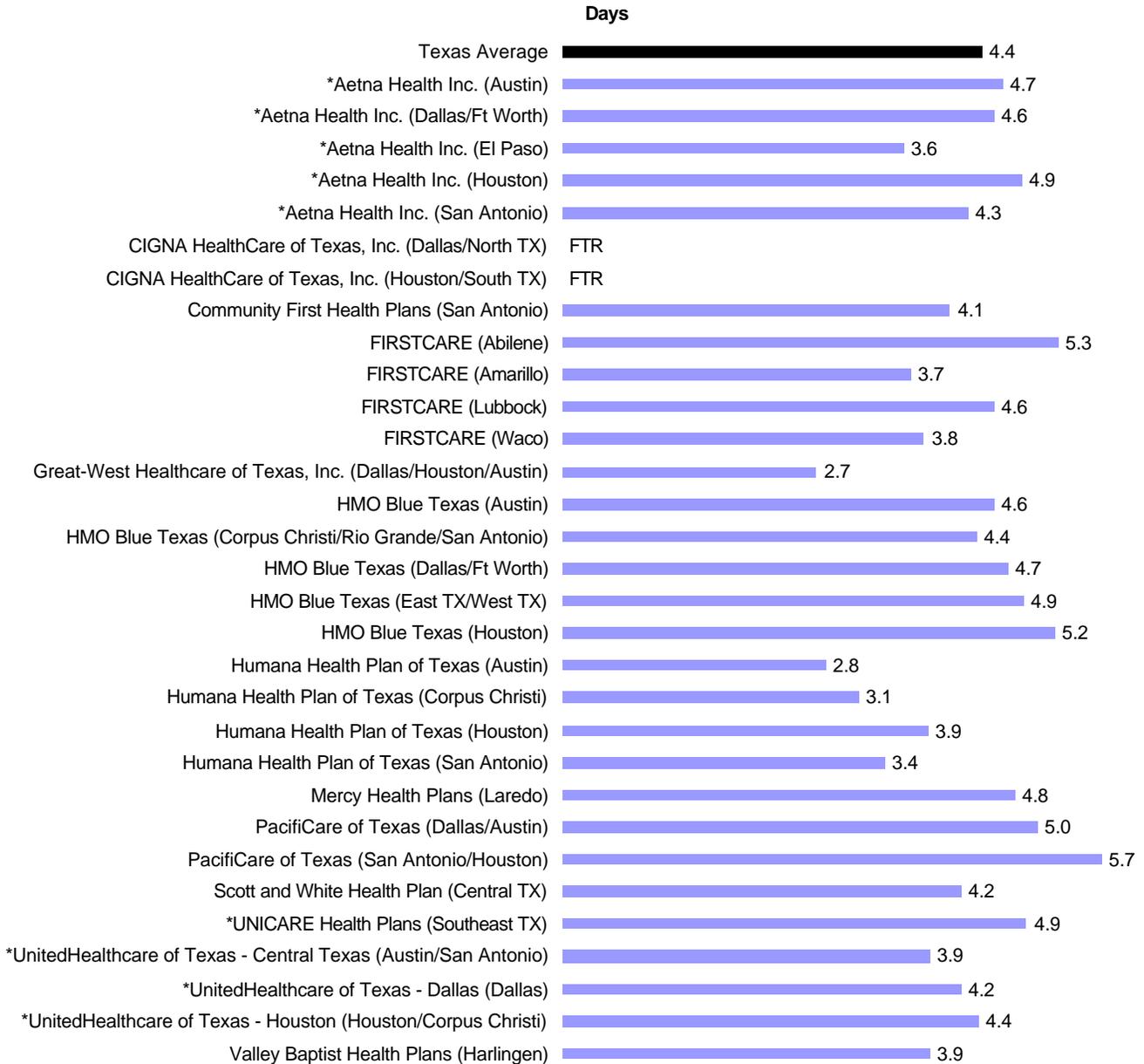
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## Inpatient Utilization - Acute Care: Surgery Average Length of Stay



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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										
	2002		2003		2004		2005		2005	
	DIS	ALOS								
<b>TX Average</b>	17.0	2.6	16.8	2.7	17.0	2.8	16.8	2.8	16.1	2.9
<b>NCQA's Quality Compass Ave.</b>	14.4	2.6	*	*	16.1	2.7	16.8	2.7	16.2	2.8

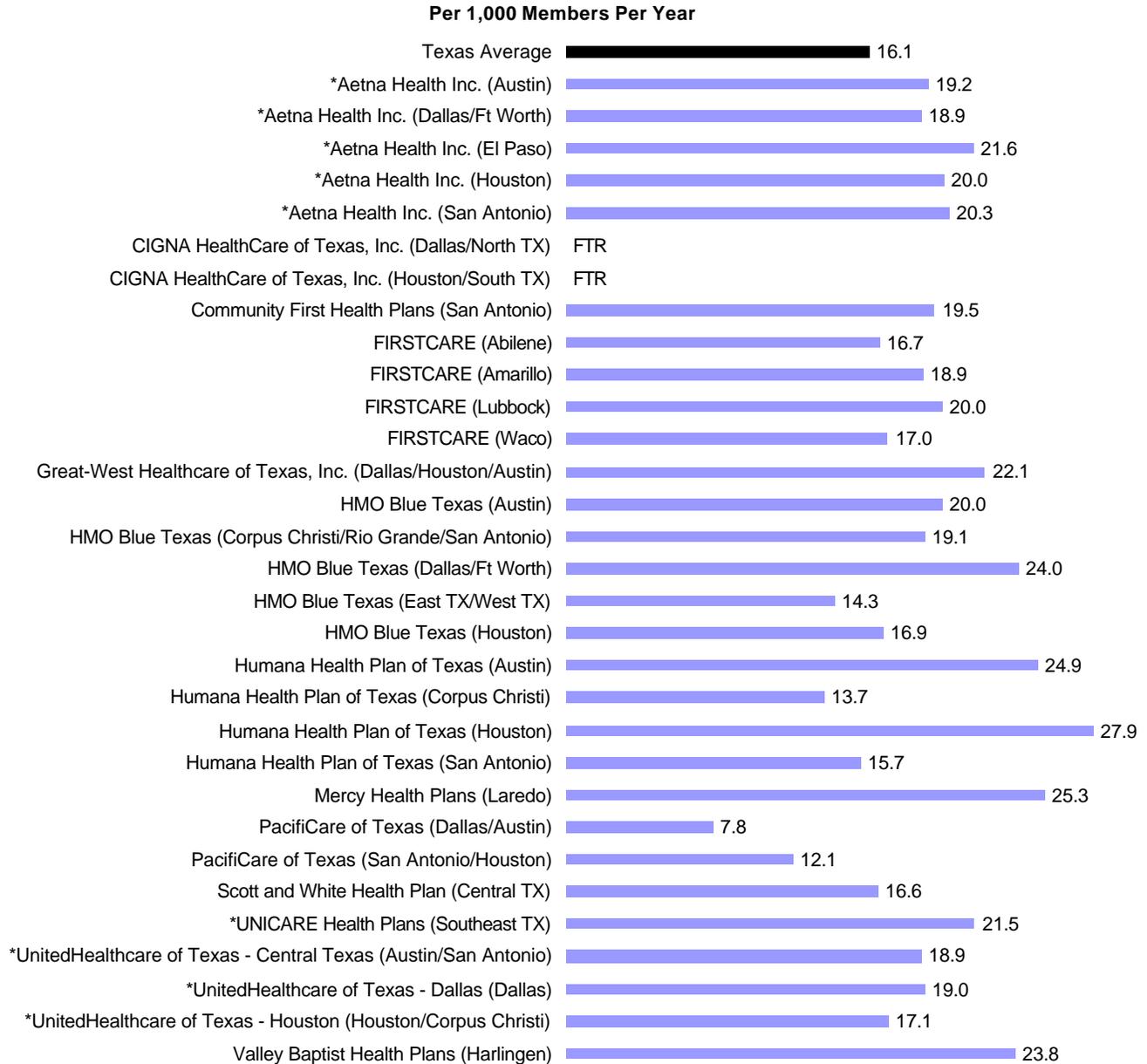
DIS - Discharges per 1,000 members per year

ALOS - Average length of stay in days

\* Value not established or not obtained.

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## Inpatient Utilization - Acute Care: Maternity Discharge



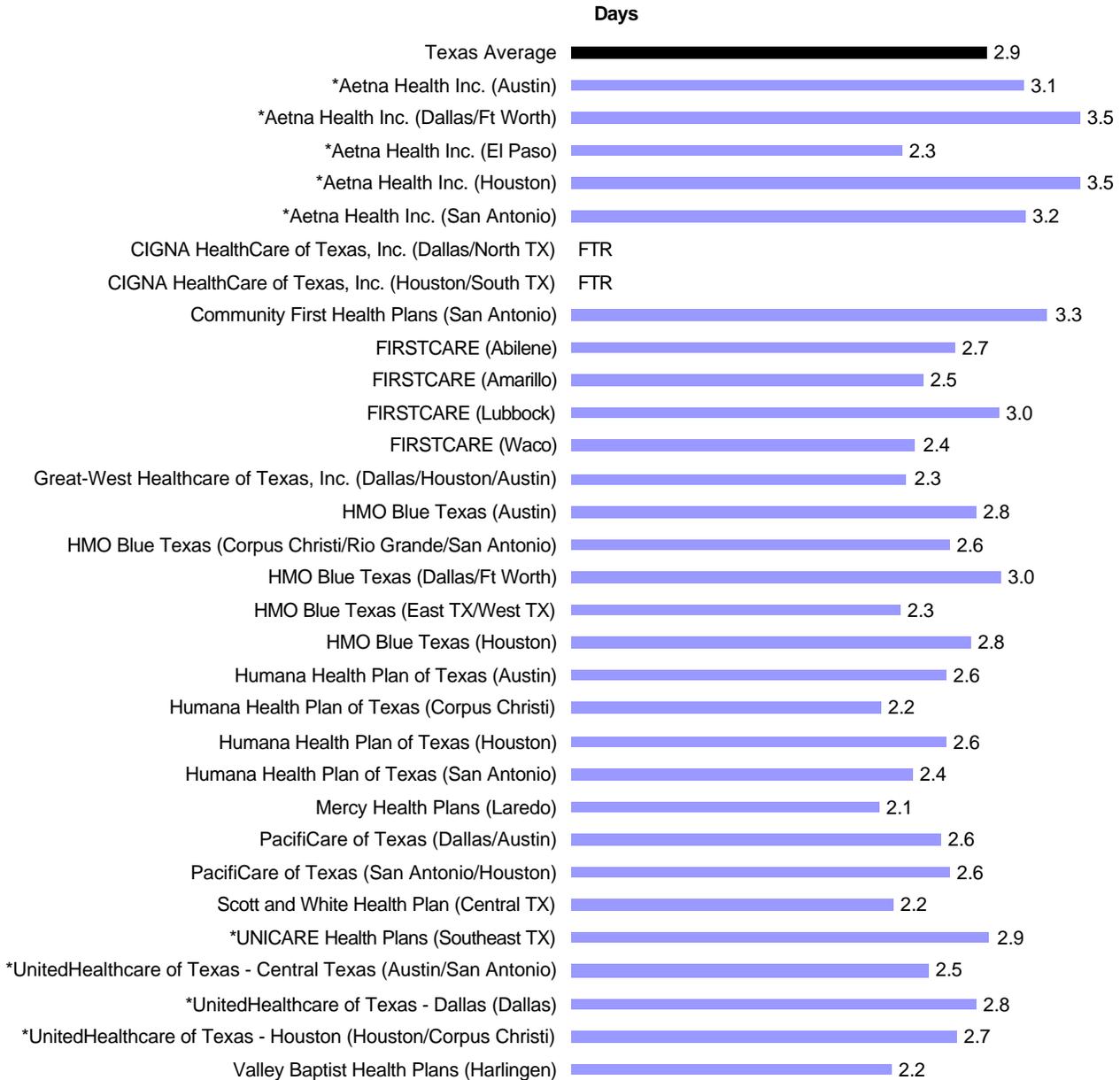
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## Inpatient Utilization - Acute Care: Maternity Average Length of Stay



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

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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## 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, 2) Emergency Department Visits, 3) Ambulatory Surgery/Procedures performed in hospital outpatient facilities or freestanding surgical centers, and 4) Observatory Room Stays that result in discharge.

**Outpatient Visits:** This category reports face-to-face encounters between the practitioner and patient for office visits or routine visits to hospital outpatient departments.

**Emergency Room Visits:** This category reports the use of emergency room services, which are sometimes, be used as a substitute for ambulatory clinic encounters. The decision to use an emergency room 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 room visits are often more costly than outpatient visits. Therefore, it is important to note unusual trends in emergency room utilization.

**Ambulatory Surgery/Procedures:** This category reports only ambulatory surgery/ procedures performed at a hospital outpatient facility or at a freestanding surgical center. Office-based surgeries/procedures are not included in this measure but are reported under Outpatient Visits.

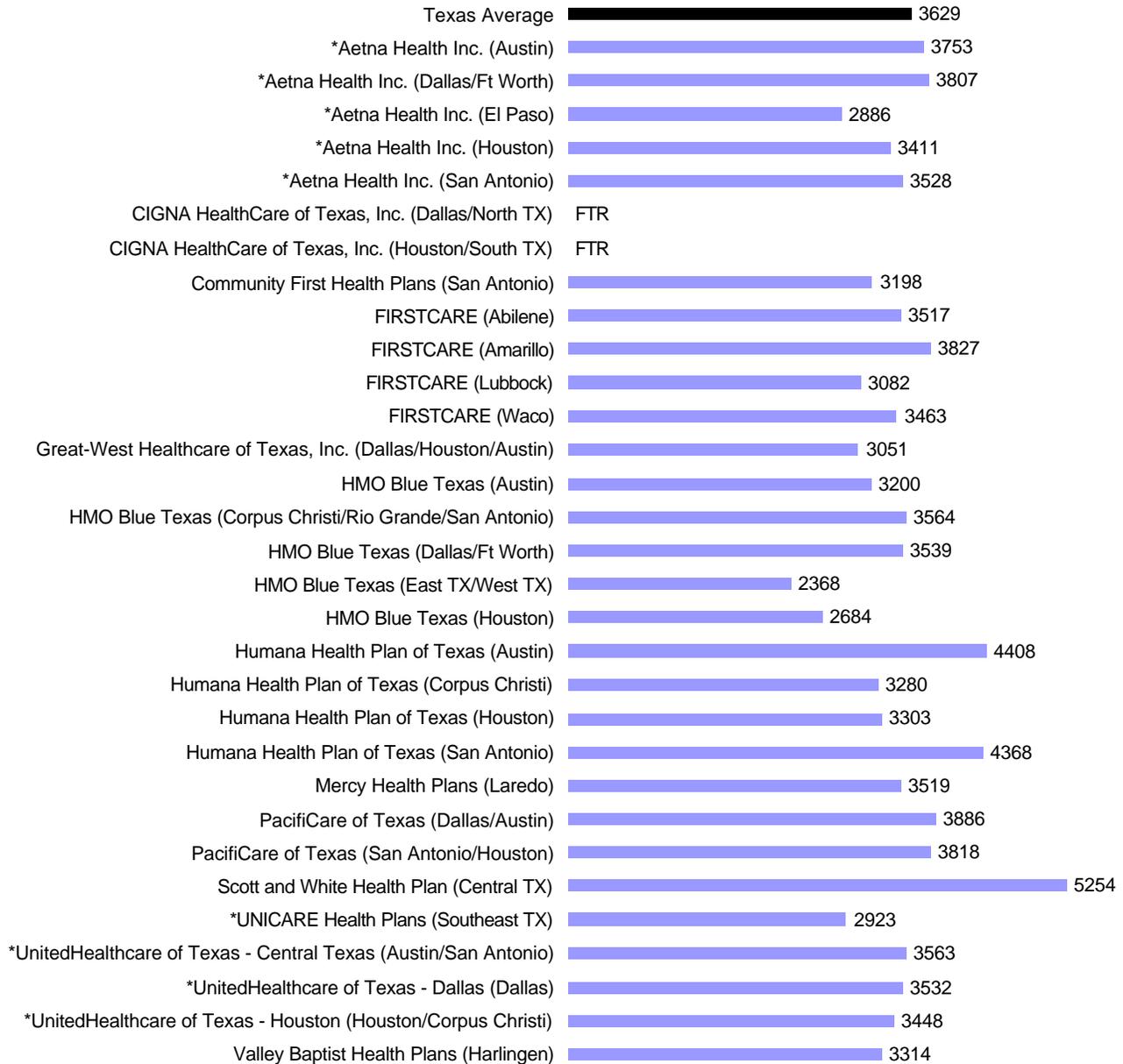
**Observation Room Stays:** This category reports observation room stays resulting in discharge of the patient. The observation room is generally part of the outpatient department of a hospital where patients stay for observation until the physician can determine whether inpatient admission is necessary.

Ambulatory care services per 1,000 members per year										
	2002		2003		2004		2005		2006	
	Texas	QC*								
<b>Outpatient Visits</b>	3,292	3,383	3,396	3,520	3,477	3,541	3,636	3,604	3,629	3,720
<b>ER Visits</b>	182	177	189	183	189	181	166	177	172	188
<b>Ambulatory Surgery/ Procedures</b>	103	94	95	101	102	108	109	114	117	119
<b>Observation Room Stays</b>	12	8	9	9	11	8	14	10	14	10

\* QC- Quality Compass®- a national database of health plan specific performance information voluntarily reported to NCQA.

## Ambulatory Care: Outpatient Visits

### Per 1,000 Members Per Year



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

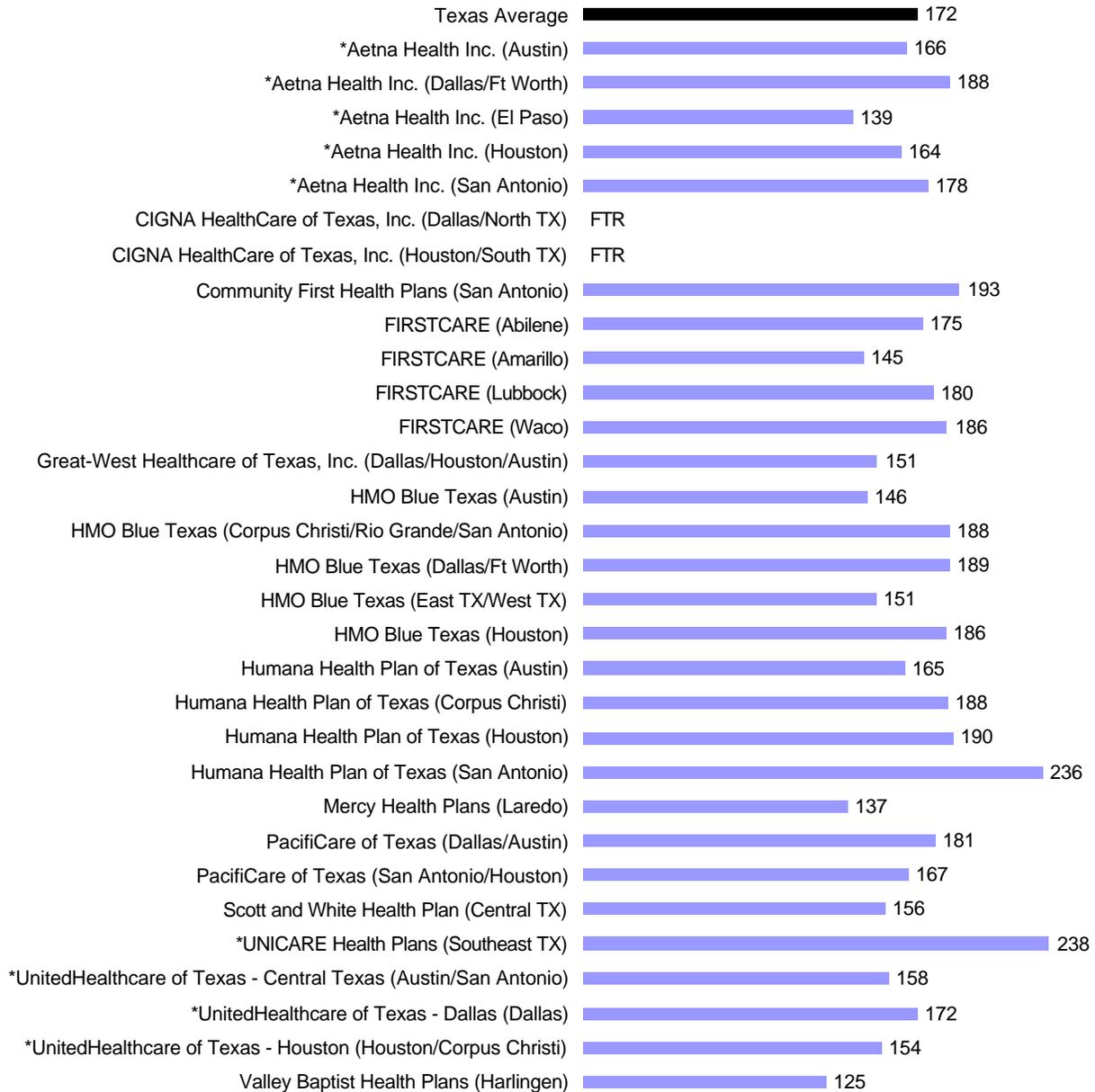
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## Ambulatory Care: Emergency Room Visits

**Per 1,000 Members Per Year**



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

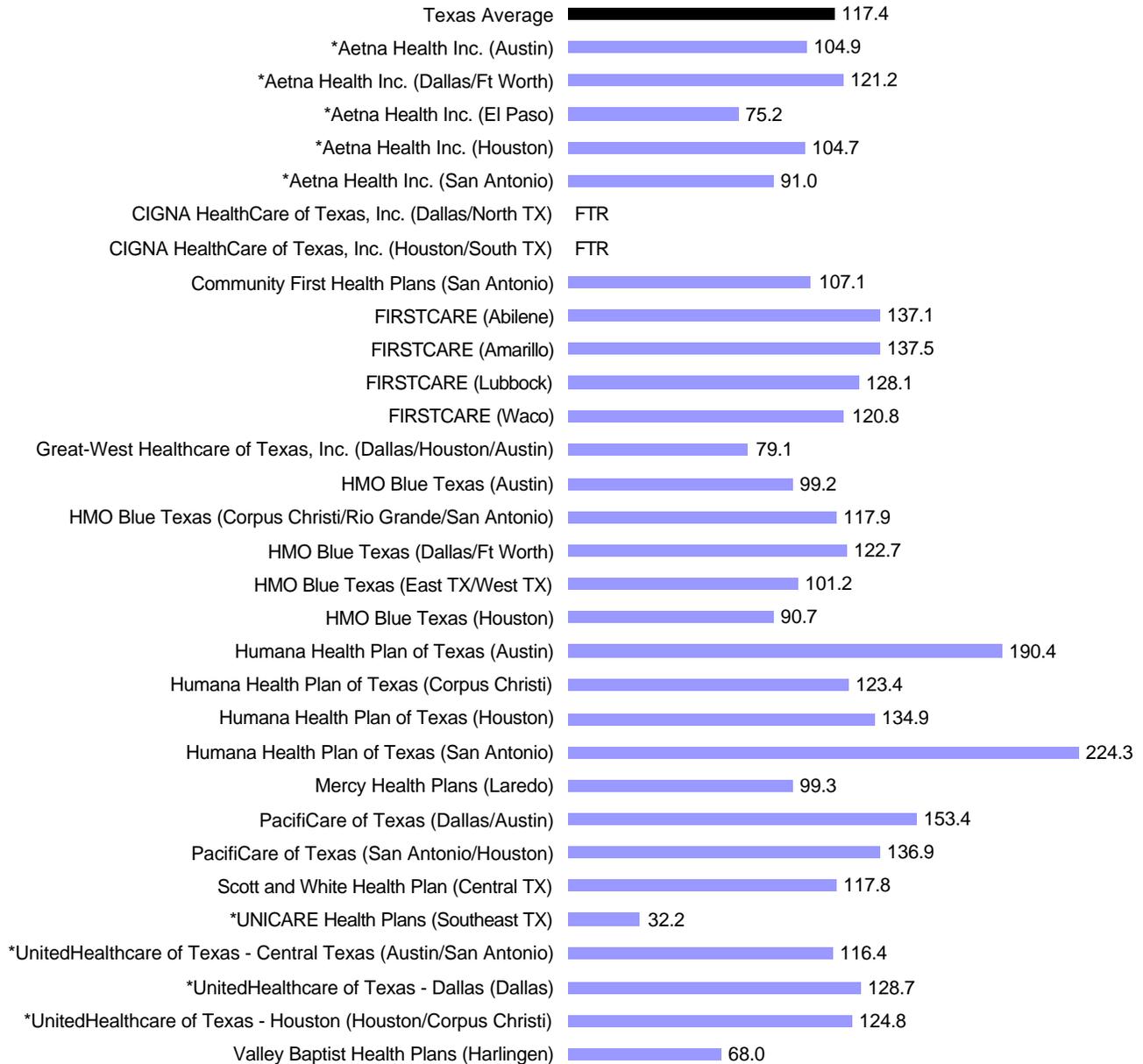
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## Ambulatory Care: Ambulatory Surgery/Procedures

**Per 1,000 Members Per Year**



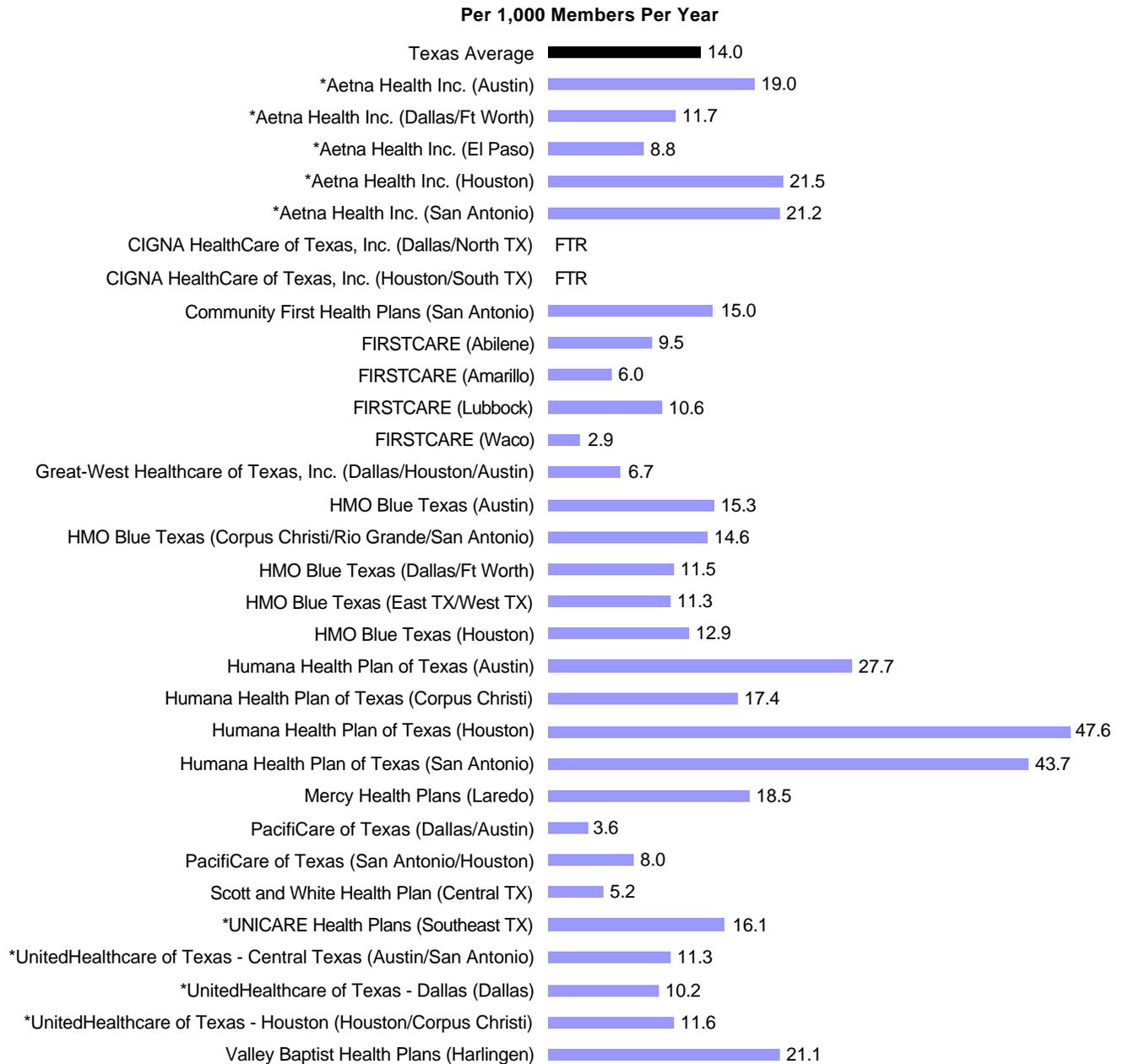
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## Ambulatory Care: Observation Room Stays



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## Discharge and Average Length of Stay — Maternity Care

Definition: This measure summarizes utilization information on maternity-related care for enrolled females who had live births during the measurement year. This information is reported for total deliveries, vaginal deliveries, and Cesarean section (C-section) deliveries.

The bar charts on the next pages show total deliveries and average length of stay for vaginal and C-section deliveries.

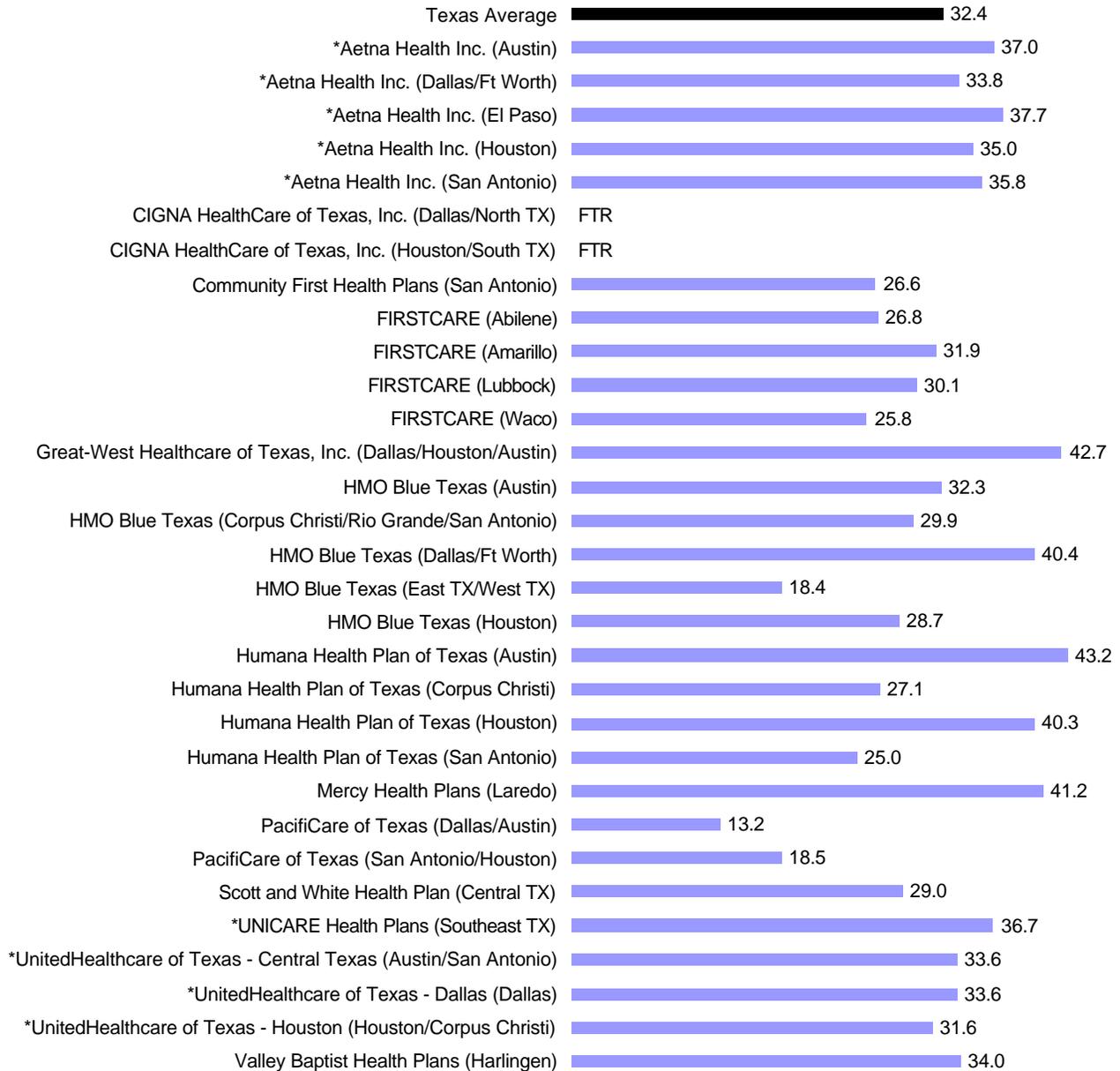
Discharge and Average Length of Stay- Maternity Care							
	Year	Total Deliveries		Vaginal Deliveries		C-section Deliveries	
		DIS	ALOS	DIS	ALOS	DIS	ALOS
<b>Texas Average</b>	<b>2002</b>	29.3	2.5	20.8	2.1	8.5	3.5
	<b>2003</b>	29.0	2.6	20.2	2.2	8.9	3.7
	<b>2004</b>	32.9	2.7	22.5	2.2	10.4	3.8
	<b>2005</b>	34.1	2.7	23.3	2.2	10.9	3.8
	<b>2006</b>	32.4	2.9	20.5	2.3	11.9	3.9
	<b>NCQA's Quality Compass</b>	<b>2002</b>	25.2	2.6	18.7	2.2	6.5
<b>2003</b>		24.4	2.6	17.7	2.2	6.8	3.8
<b>2004</b>		27.9	2.7	19.8	2.2	8.1	3.8
<b>2005</b>		29.0	2.7	20.1	2.2	8.9	3.8
<b>2006</b>		27.7	2.8	18.9	2.3	8.9	3.8

DIS- Discharges (rates are calculated for 1,000 female members per year)  
ALOS- Average Length of Hospital Stay (in days)

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

## Maternity Care Discharges: Total Deliveries

### Per 1,000 Female Member Years



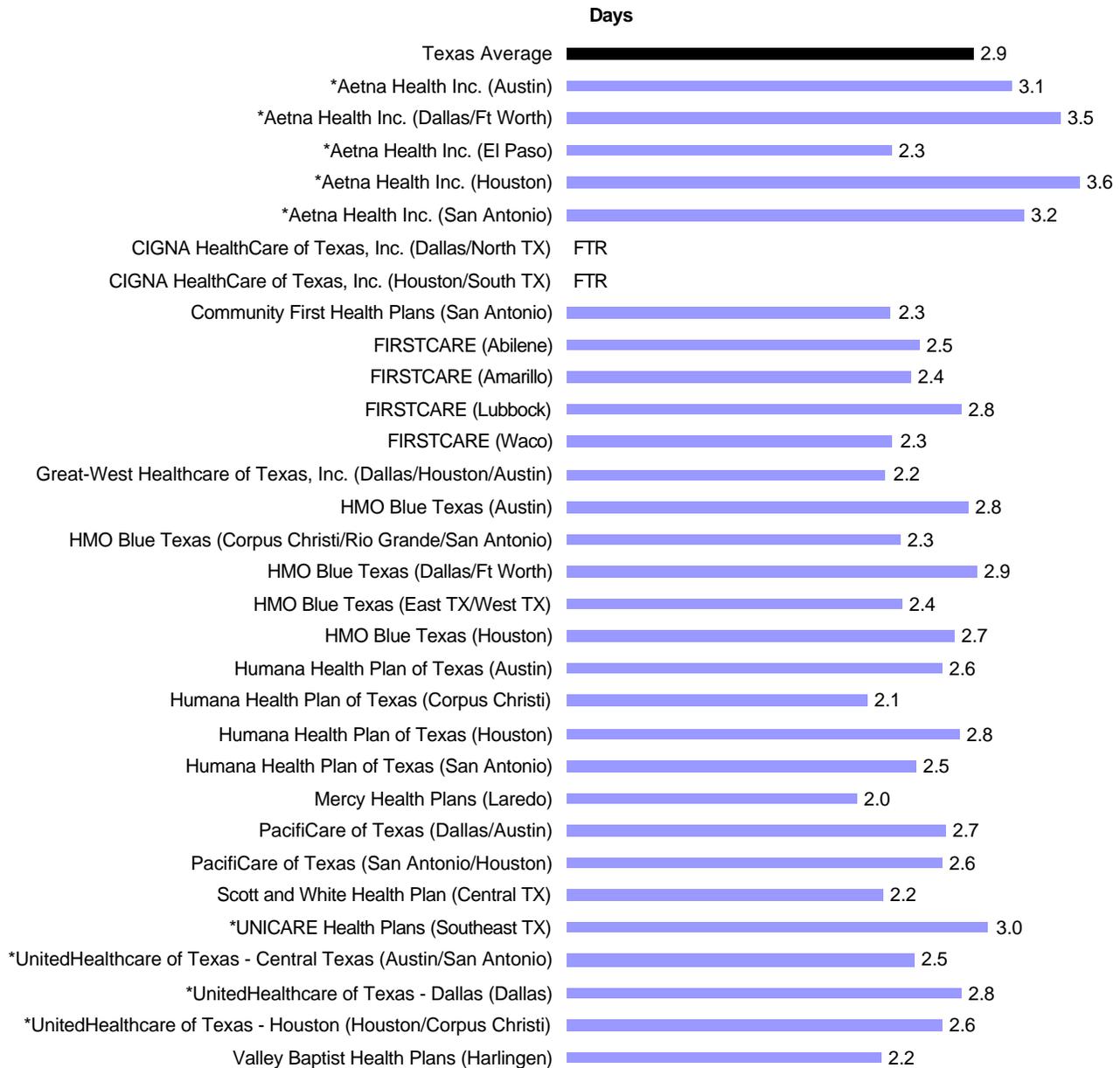
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## Maternity Care Average Length of Stay: Total Deliveries



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

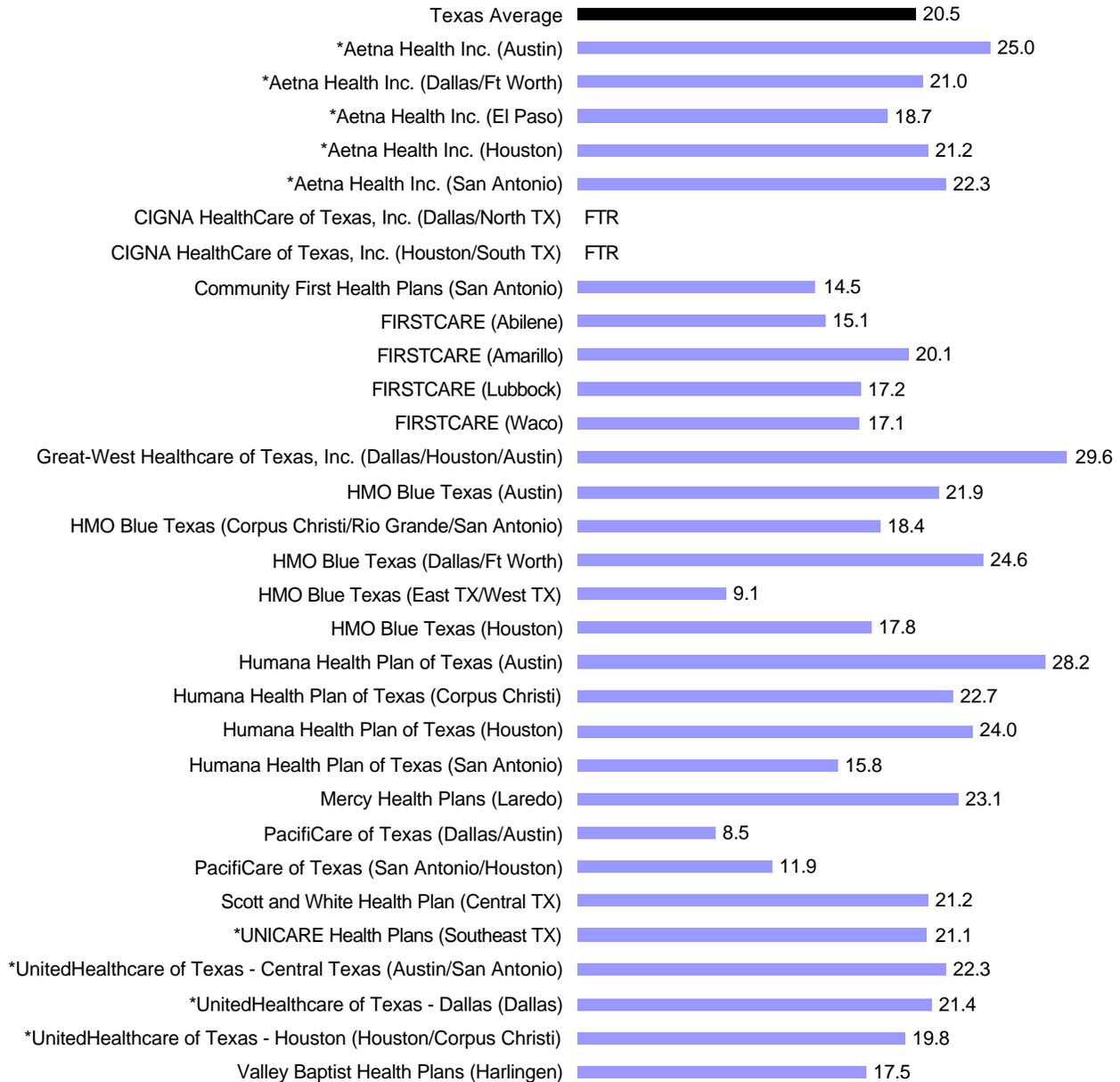
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## Maternity Care Discharges: Vaginal Deliveries

### Per 1,000 Female Member Years



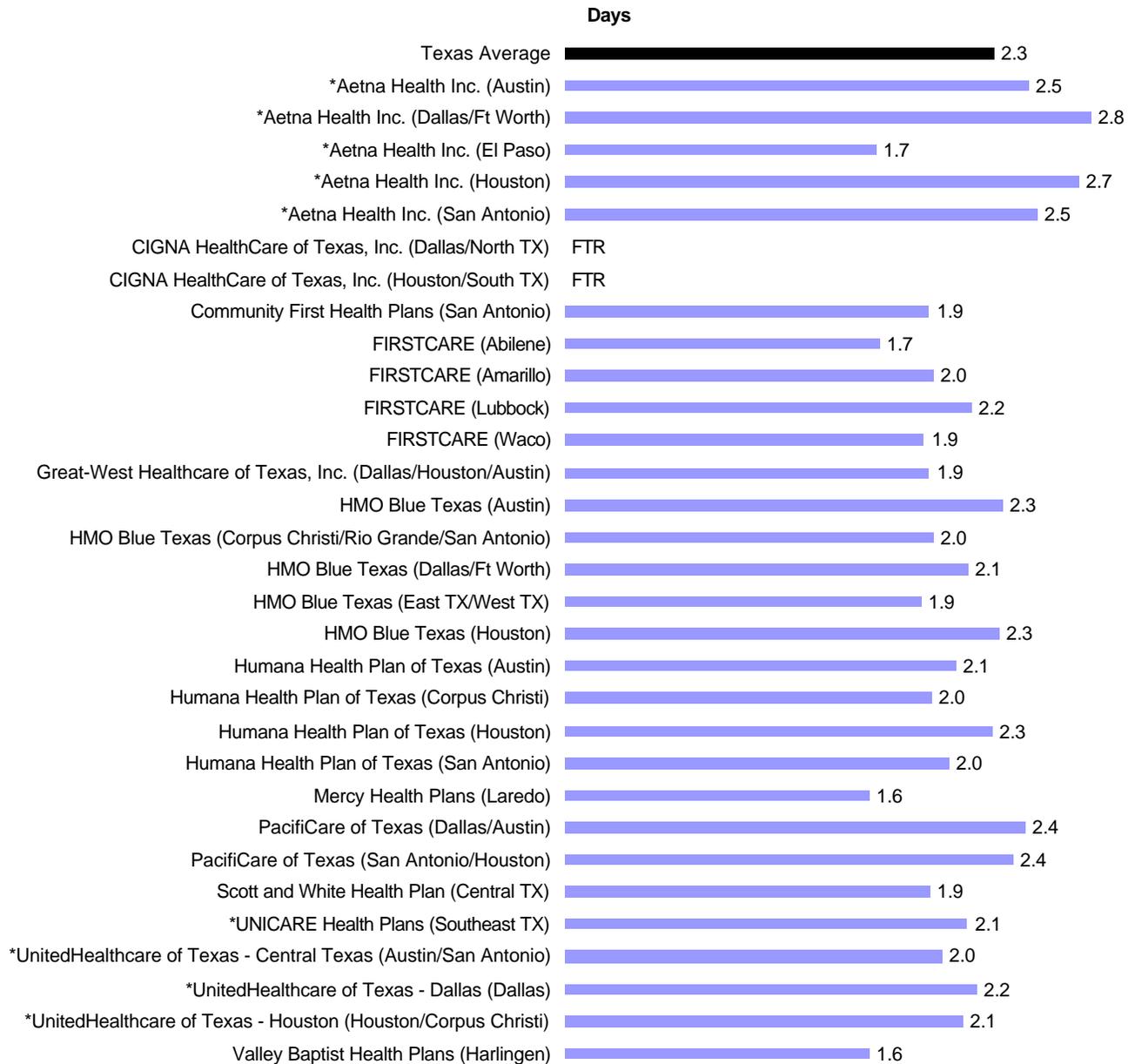
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## Maternity Care Average Length of Stay: Vaginal Deliveries



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

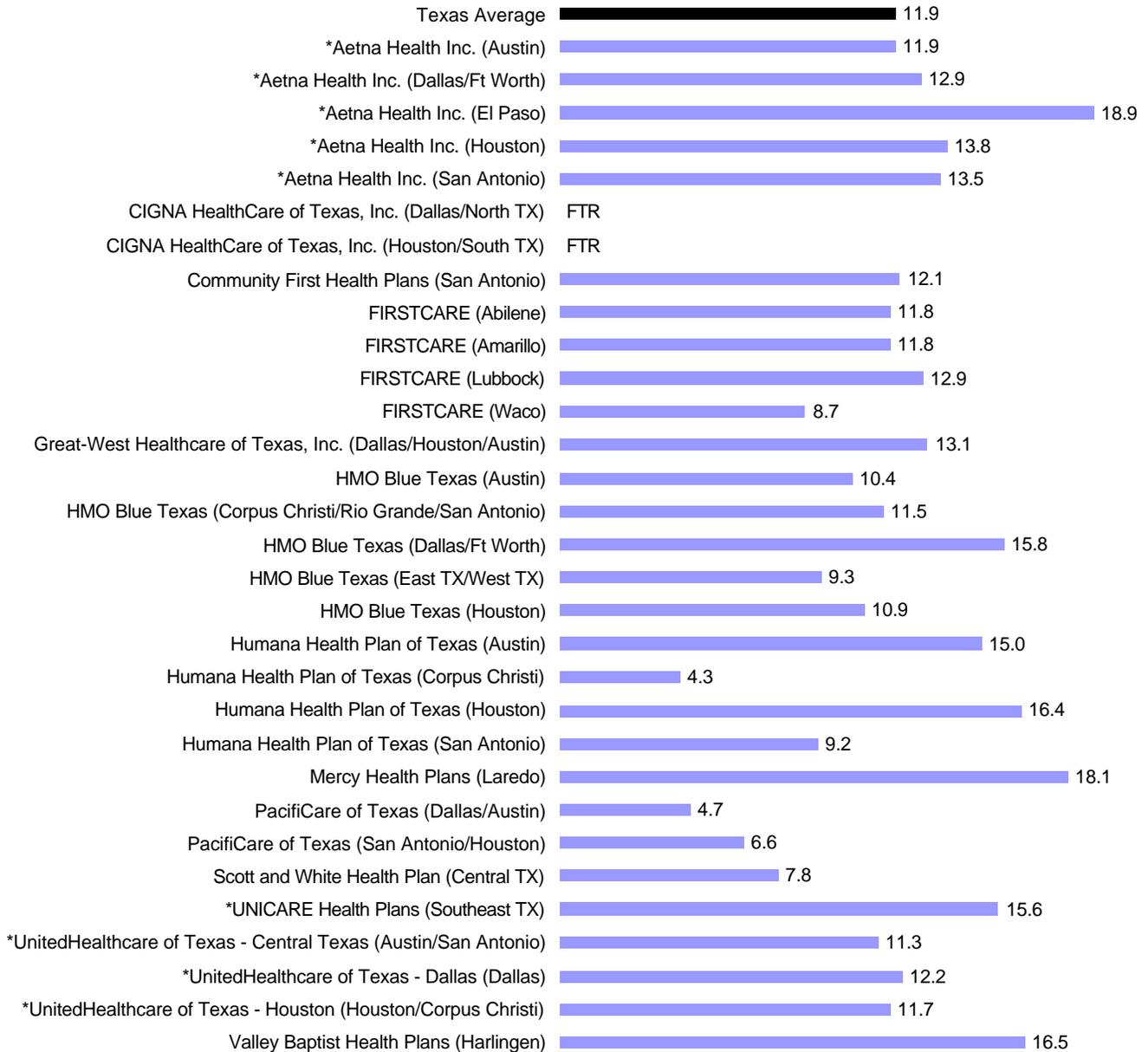
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## Maternity Care Discharges: C-Section Deliveries

### Per 1,000 Female Member Years



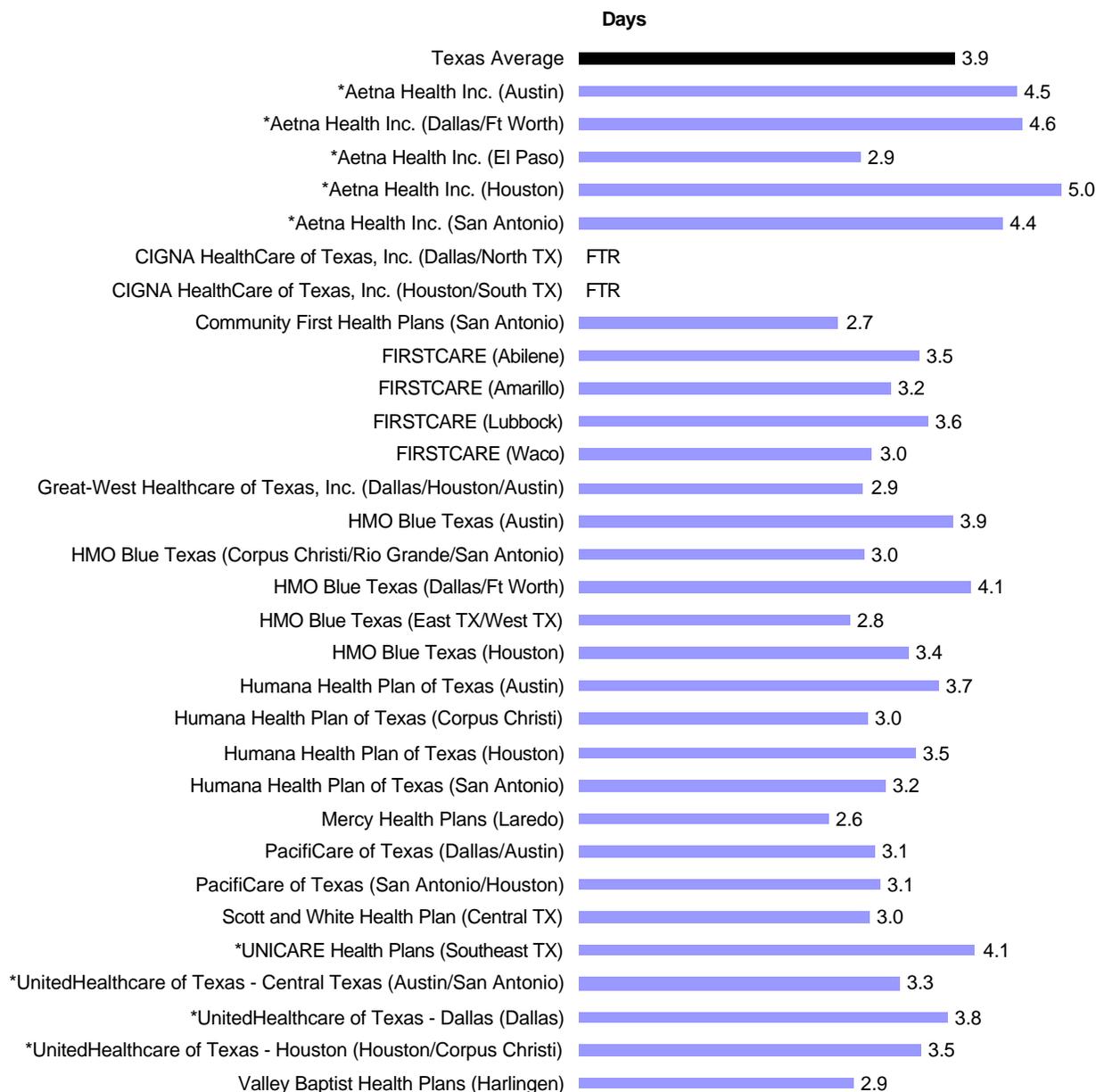
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Maternity Care Average Length of Stay: C-Section Deliveries



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## Births and Average Length of Stay — Newborns

Definition: The number of discharges per 1,000 members per year and average length of stay (ALOS) for newborns discharged during the measurement year.

This measure summarizes information collected on the number of newborns delivered during the reporting year and how long they remained in the hospital after delivery. These summary data are presented in three parts: discharges and average length of stay for all newborns, discharges and average length of stay for *well* newborns, and discharges and average length of stay for *complex* newborns. Well newborns are defined as having a length of stay of less than five days. Complex newborns are defined as having a length of stay greater than or equal to 5 days or expiring in less than five days.

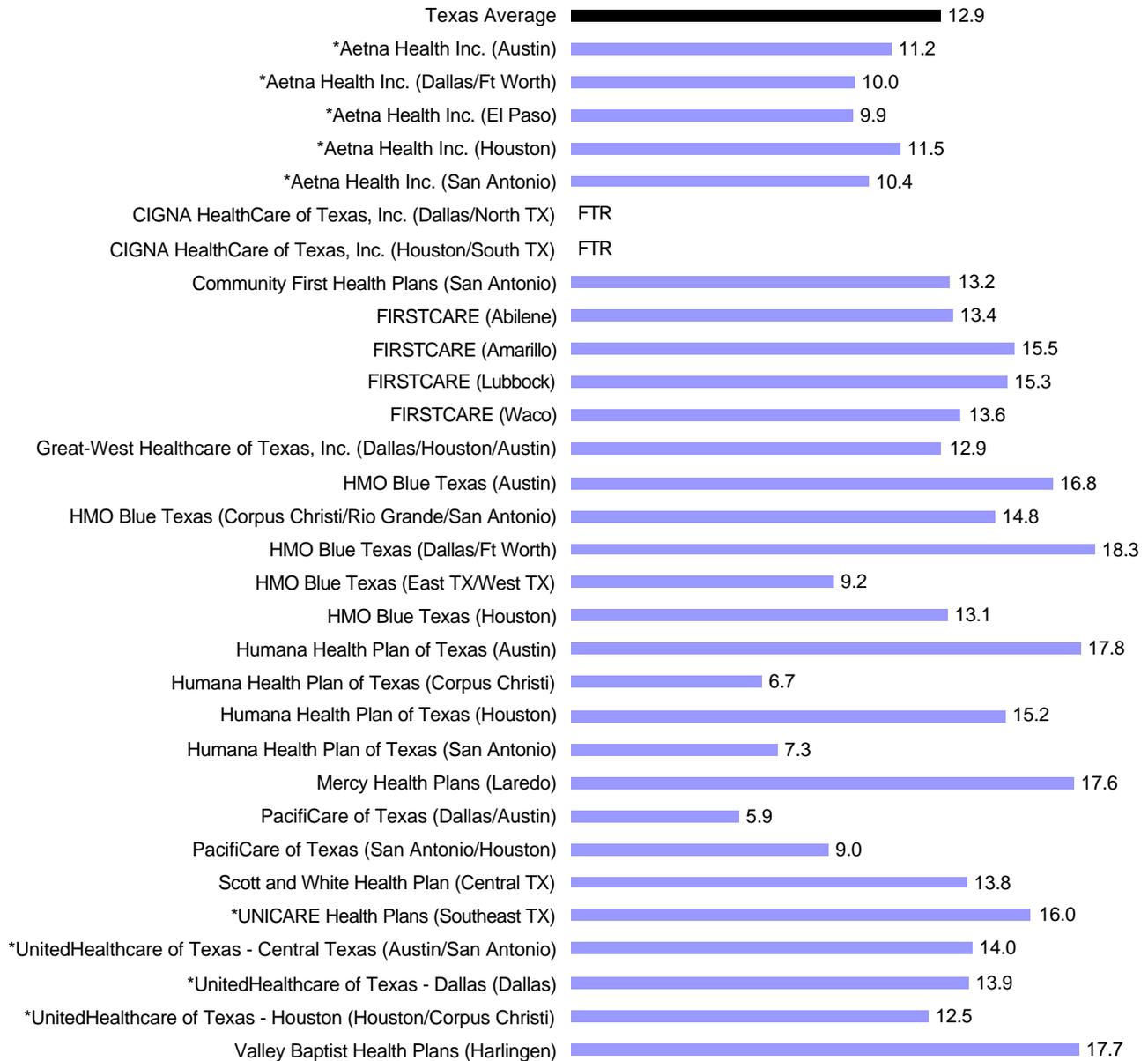
The bar charts show discharges per 1,000 members per year and average length of stay for total newborns.

Births and Average Length of Stay (ALOS), Newborns										
	2002		2003		2004		2005		2006	
	Texas	QC*								
<b>Total Newborn Discharges</b>	13.6	12.4	13.7	12.1	13.8	12.3	13.1	12.5	12.9	12.0
<b>Well Newborn Discharges</b>	12.5	11.5	12.6	11.3	12.6	11.3	12.2	11.6	11.9	11.1
<b>Complex Newborn Discharges</b>	1.0	0.8	1.1	0.9	1.2	0.9	0.9	0.9	1.0	0.9
<b>Total Newborn ALOS</b>	3.4	3.1	3.6	3.2	3.6	3.3	3.4	3.3	3.7	3.3
<b>Well Newborn ALOS</b>	2.1	2.1	2.2	2.2	2.3	2.2	2.2	2.2	2.2	2.2
<b>Complex Newborn ALOS</b>	19.8	17.0	19.9	16.7	18.1	16.1	18.9	16.5	20.6	16.6

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

## Total Newborn Average Discharges

### Per 1,000 Member Years (Males and Females)



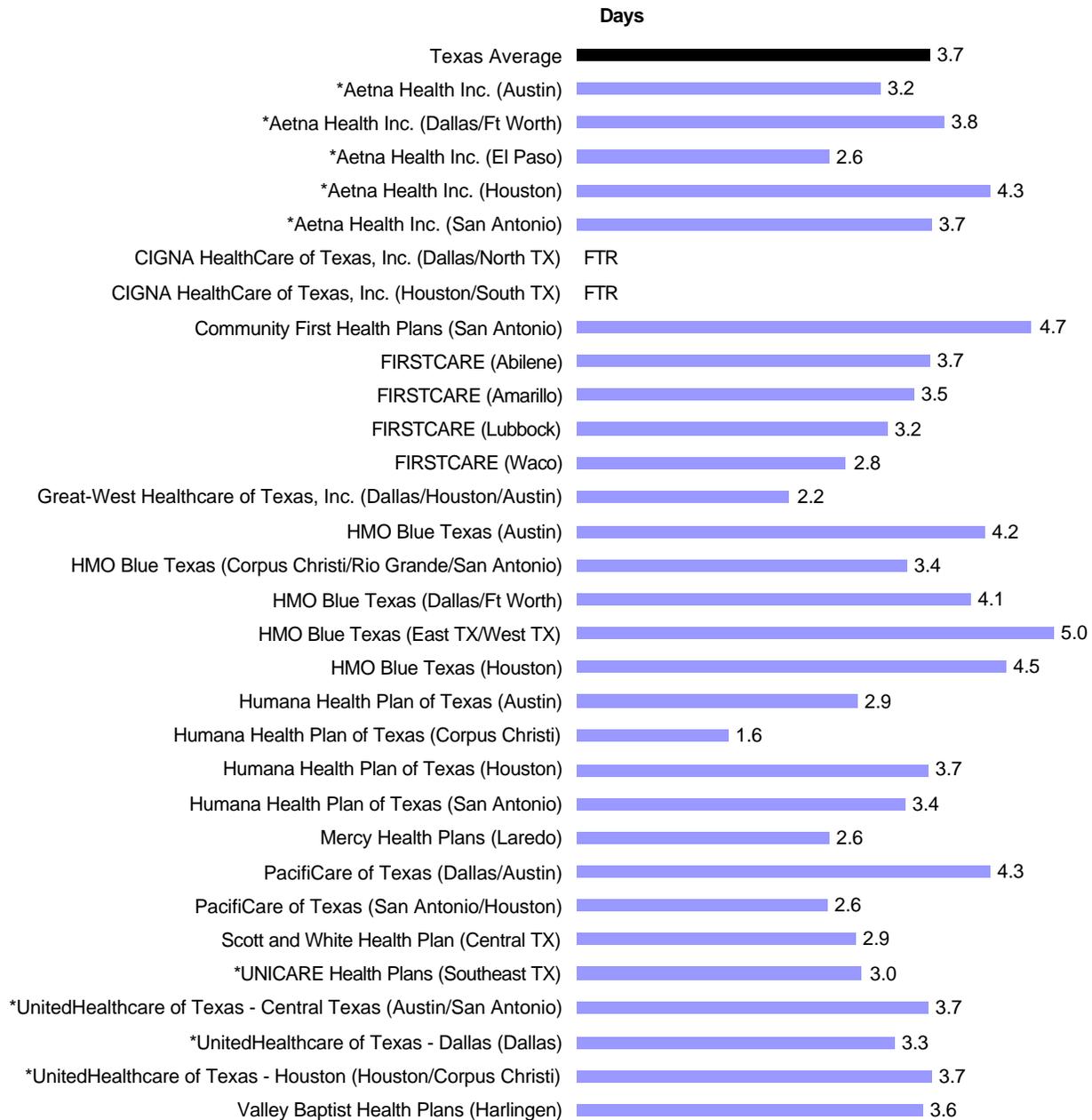
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## Total Newborn Average Length of Stay



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

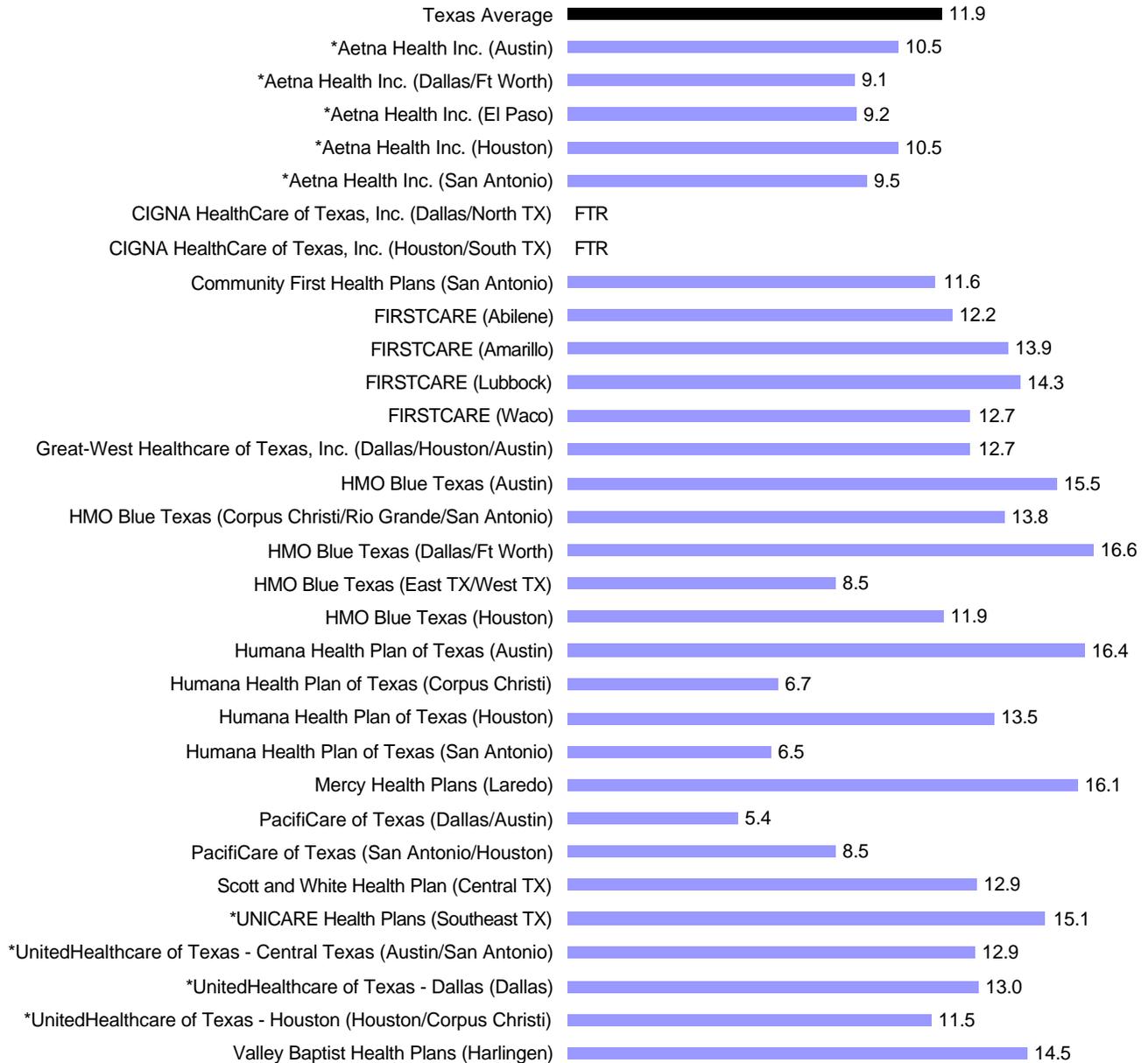
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## Well Newborn Average Discharges

### Per 1,000 Member Years (Males and Females)



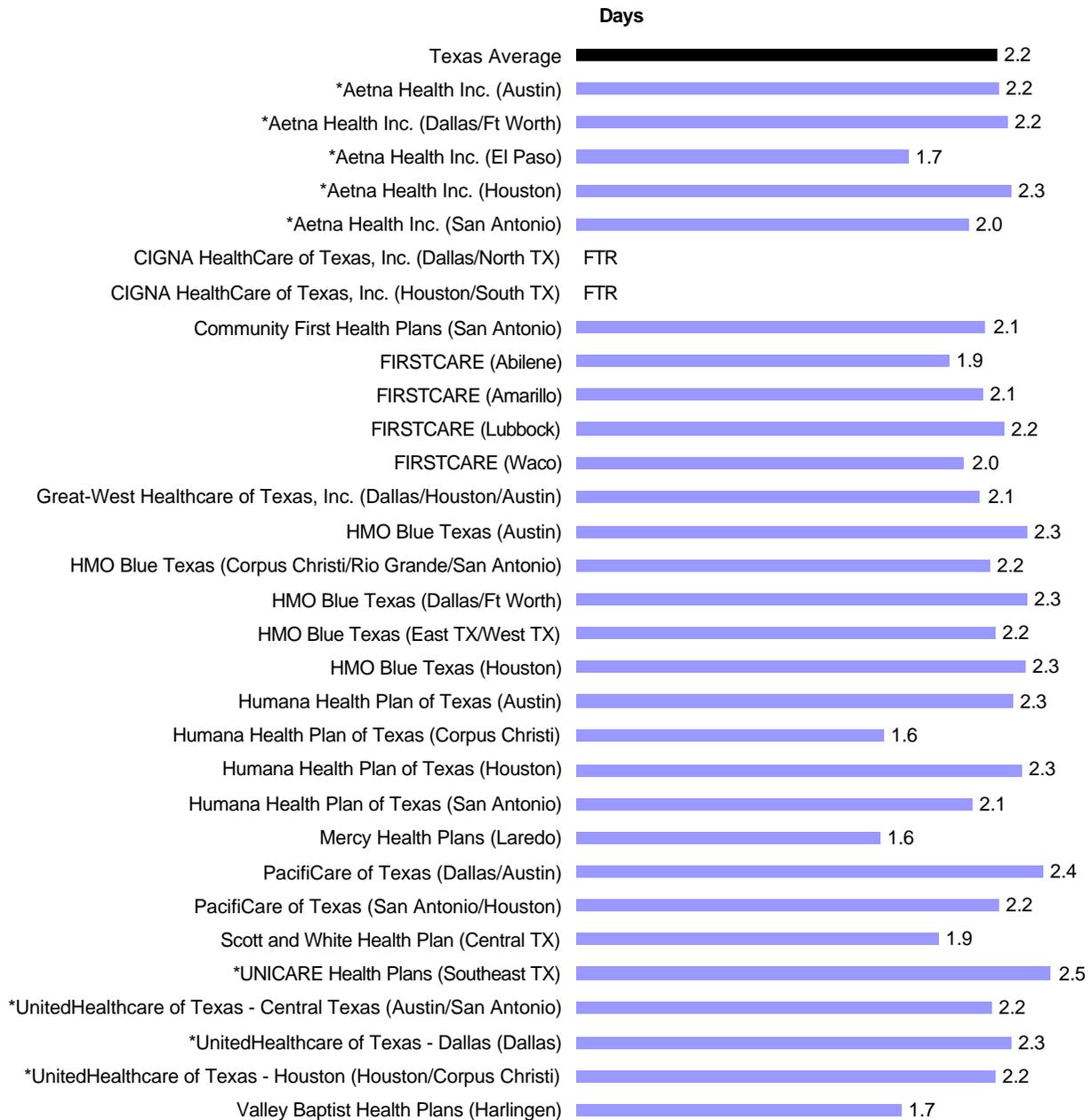
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Well Newborn Average Length of Stay



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

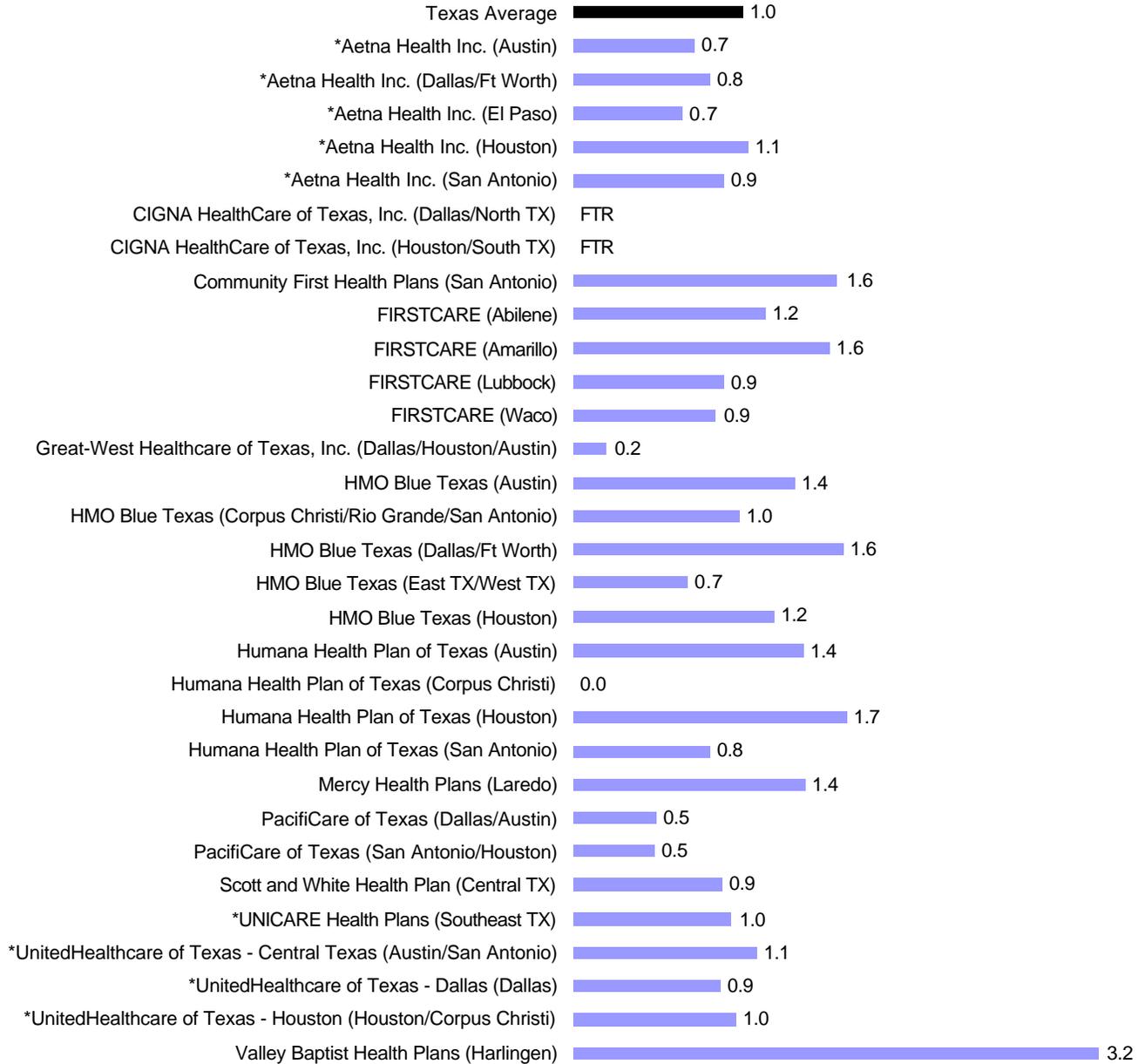
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## Complex Newborn Average Discharges

### Per 1,000 Member Years (Males and Females)



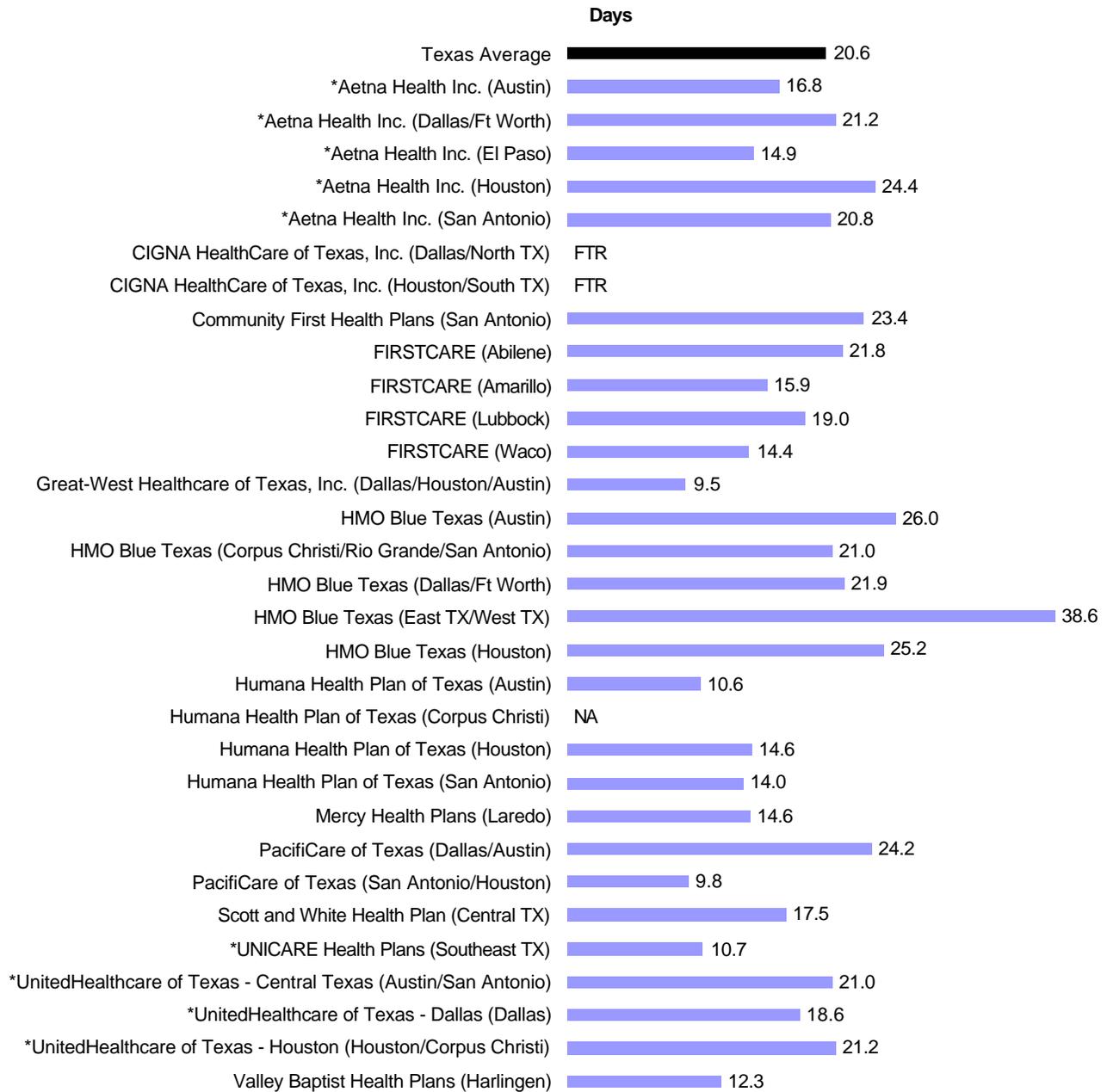
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## Complex Newborn Average Length of Stay



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## Mental Health Utilization: Inpatient Discharges and Average Length of Stay

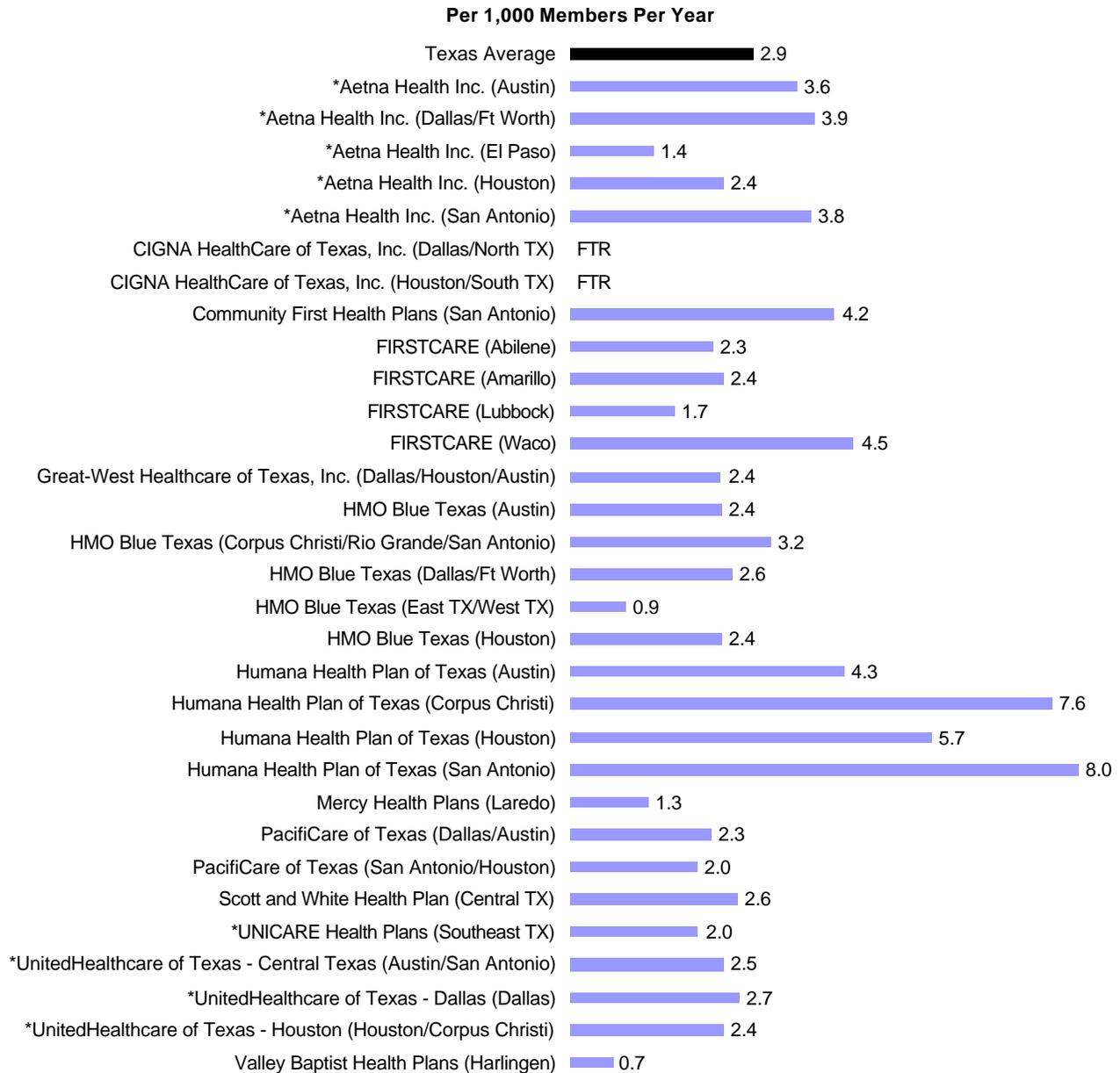
Definition: Discharges per 1,000 members per year and average length of stay for mental health related inpatient hospitalization.

The bar charts show the discharges per 1,000 members per year and average length of stay for mental health hospitalizations. The measure includes only those members for whom inpatient mental health services are included in their benefit coverage.

Mental Health Utilization – Inpatient Discharges and Average Length of Stay (ALOS)										
	2002		2003		2004		2005		2006	
	Texas	QC*								
<b>Mental Health Discharges</b>	2.4	2.8	2.7	2.8	2.6	2.8	2.8	2.9	2.9	3.2
<b>Mental Health ALOS</b>	6.2	6.1	5.7	6.0	5.9	6.0	6.5	6.2	5.4	7.2

\* QC- Quality Compass®, a national database of health plan specific performance information voluntarily reported to NCQA.

## Mental Health Inpatient Utilization: Discharges



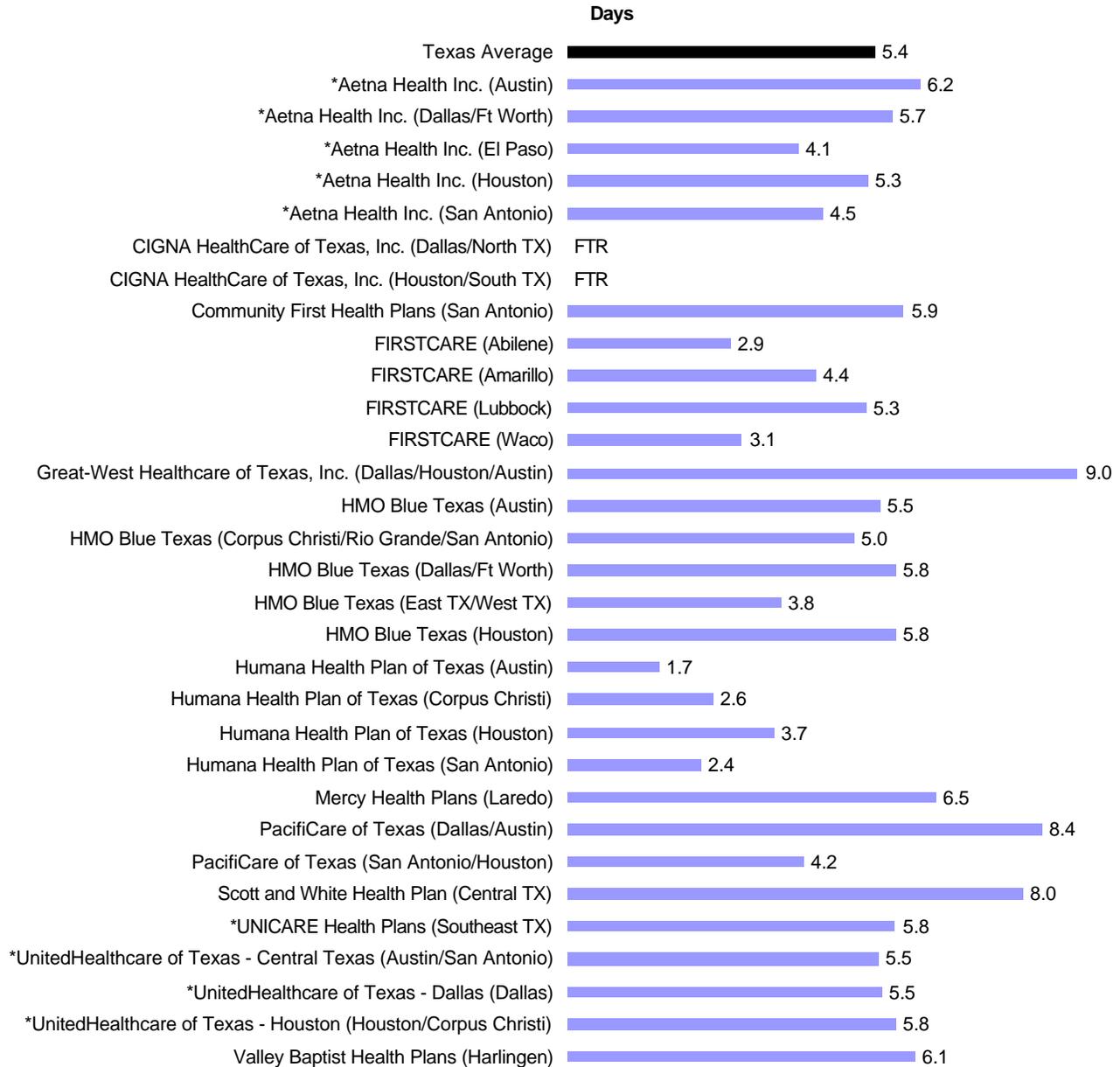
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Mental Health Inpatient Utilization: Average Length of Stay



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## Mental Health Utilization: Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services

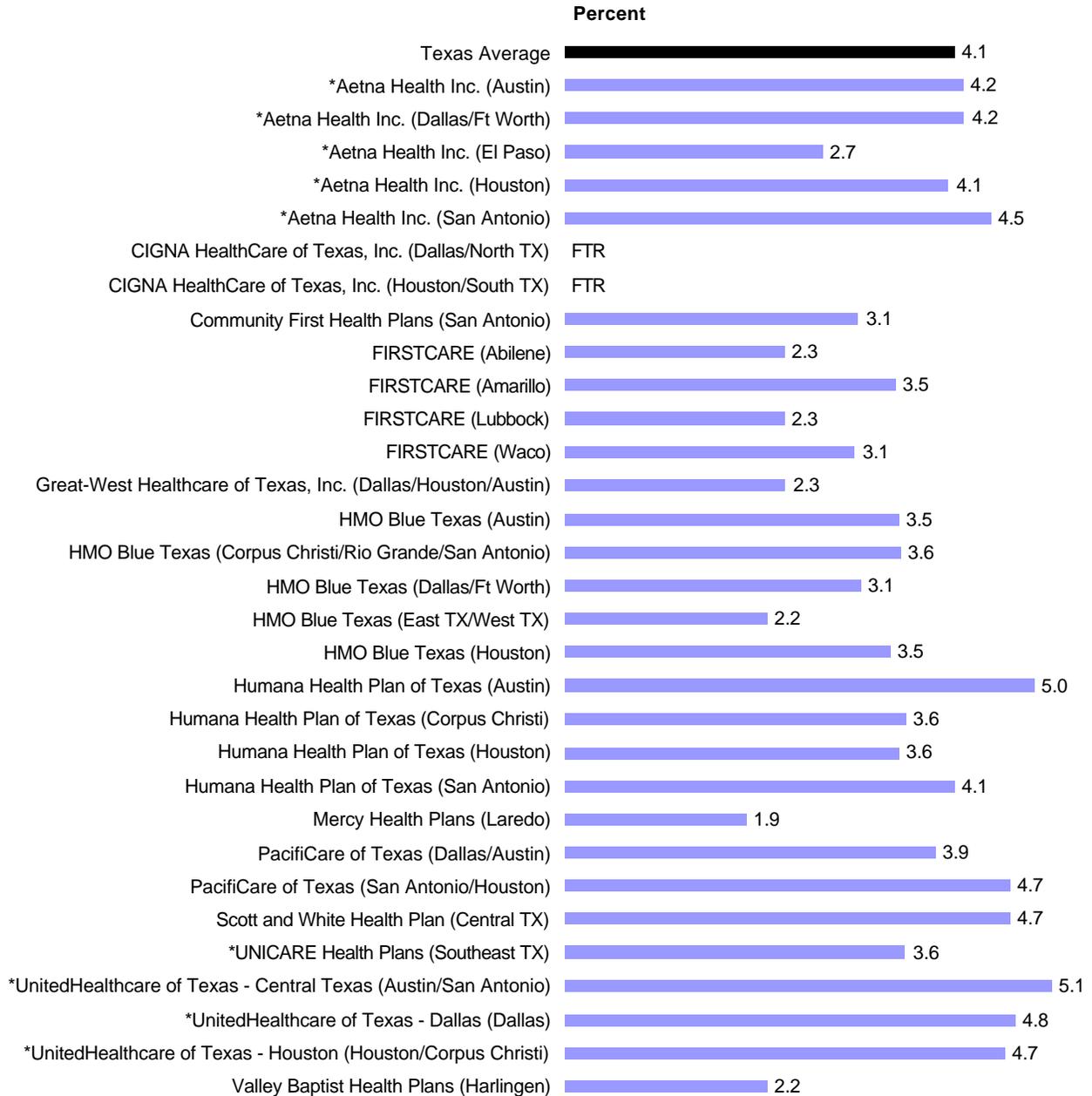
Definition: The percentage of members with a mental health benefit receiving any mental health services (inpatient, intermediate, and ambulatory mental health services).

<b>Mental Health Utilization – Percentage of Members Receiving Inpatient, Intermediate Care, and Ambulatory Services</b>		
<b>Mental Health Services Received</b>	<b>2006</b>	
	<b>Texas</b>	<b>QC*</b>
<b>Any</b>	4.1	5.6
<b>Inpatient</b>	0.2	0.2
<b>Intermediate Care</b>	0.1	0.1
<b>Ambulatory</b>	4.1	5.6

This measure is an addition to the Texas Subset for HEDIS® 2006.

\* QC- Quality Compass®, a national database of health plan specific performance information voluntarily reported to NCQA.

## Mental Health Utilization: Members Receiving Any Services



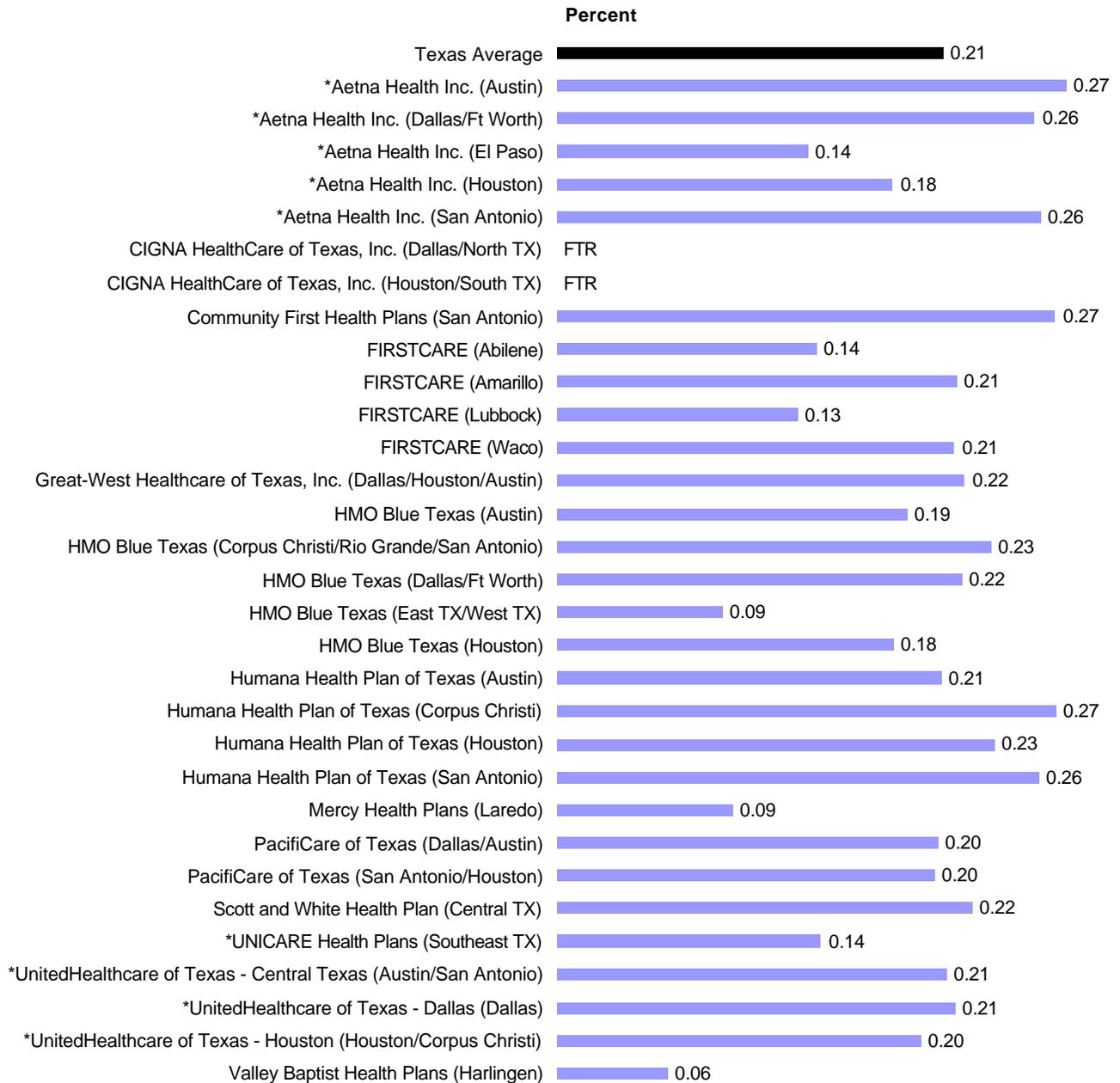
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Mental Health Utilization: Members Receiving Inpatient Services



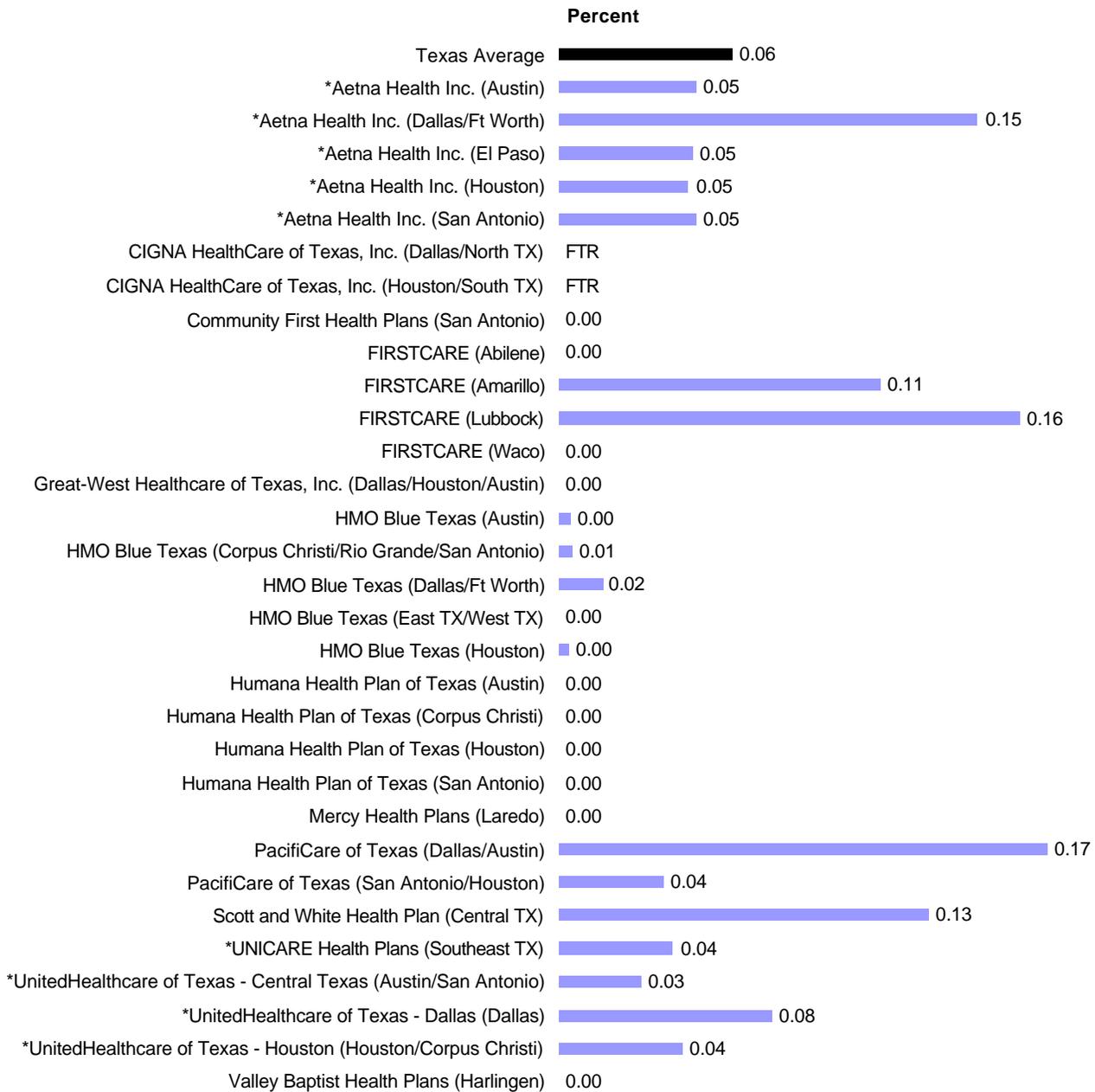
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## Mental Health Utilization: Members Receiving Intermediate Services



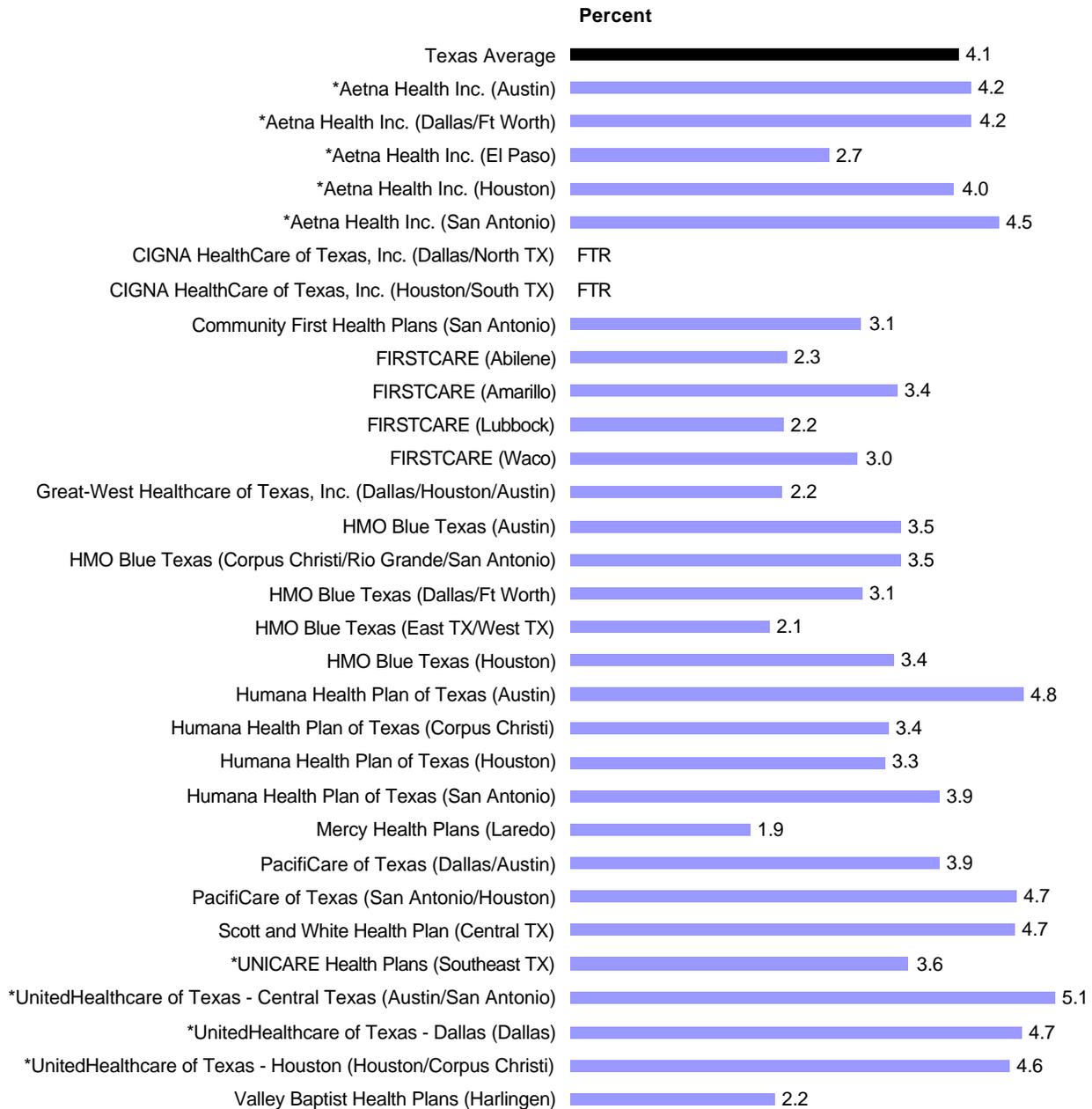
\* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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## Mental Health Utilization: Members Receiving Ambulatory Services



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## Chemical Dependency Utilization: Inpatient Discharges and Average Length of Stay

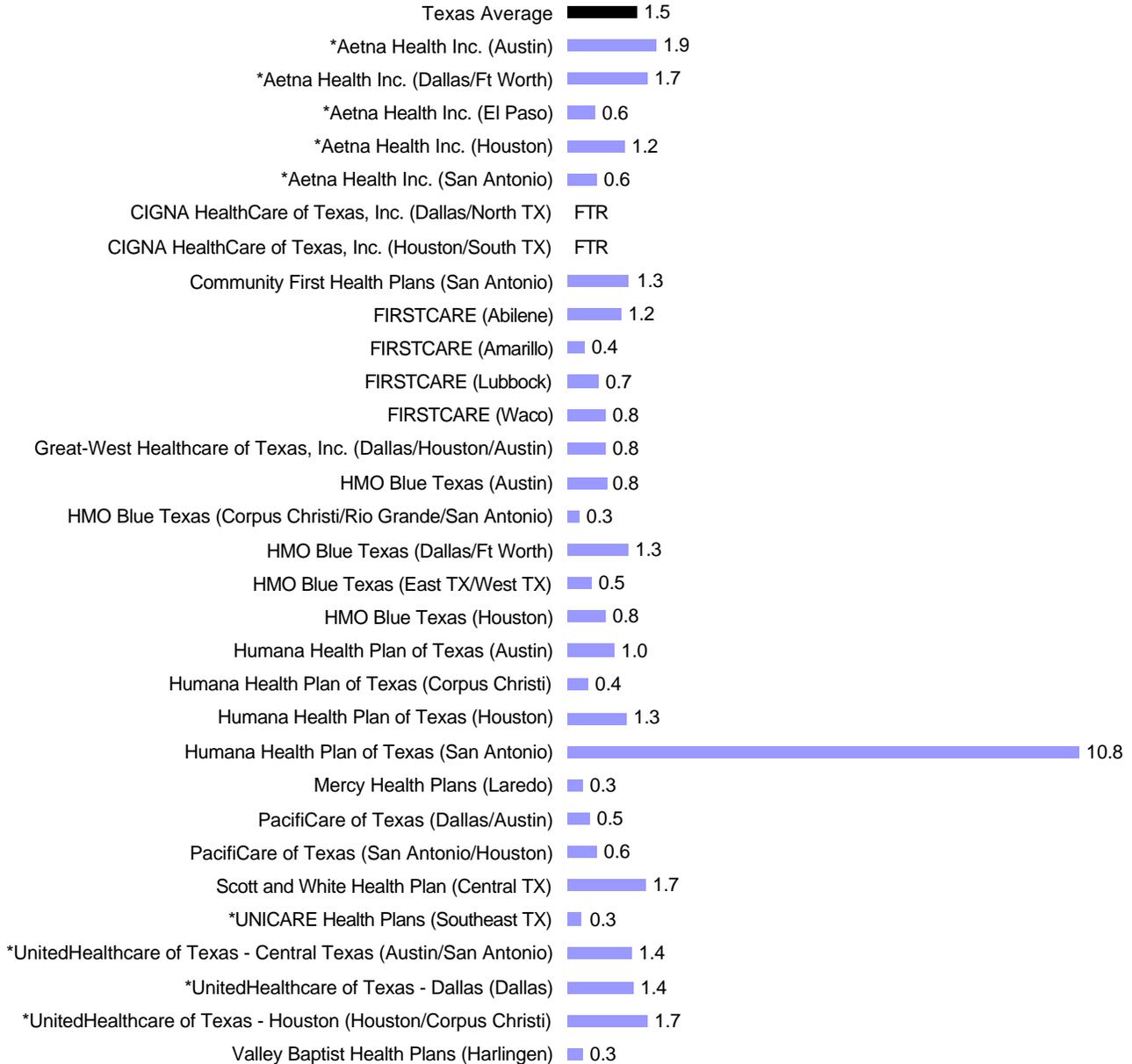
Definition: The number of discharges per 1,000 members per year and average length of stay for chemical dependency discharged during the measurement year.

Chemical Dependency Utilization- Inpatient Discharges and Average Length of Stay (ALOS)										
	2002		2003		2004		2005		2006	
	Texas	QC*								
<b>Chemical Dependency Discharges</b>	1.0	1.1	1.0	1.2	0.9	1.2	1.1	1.3	1.5	1.6
<b>Chemical Dependency ALOS</b>	5.9	5.1	5.8	5.1	6.5	4.8	6.4	5.1	5.6	5.4

\*QC- Quality Compass®, a national database of health plan specific performance information voluntarily reported to NCQA.

## Chemical Dependency Discharges

**Per 1,000 Members Per Year**



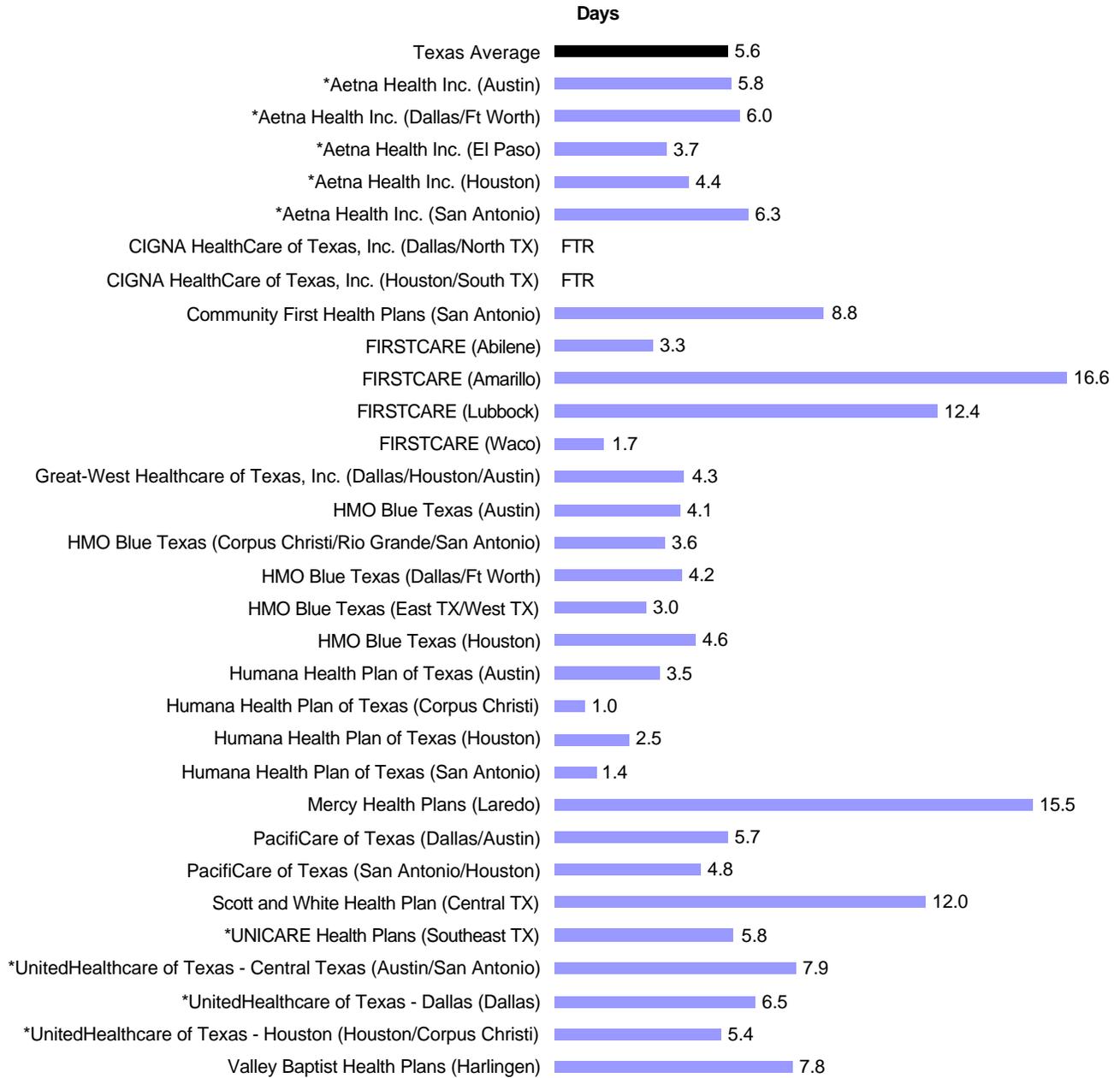
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## Chemical Dependency Average Length of Stay



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## Identification of Alcohol and Other Drug Services

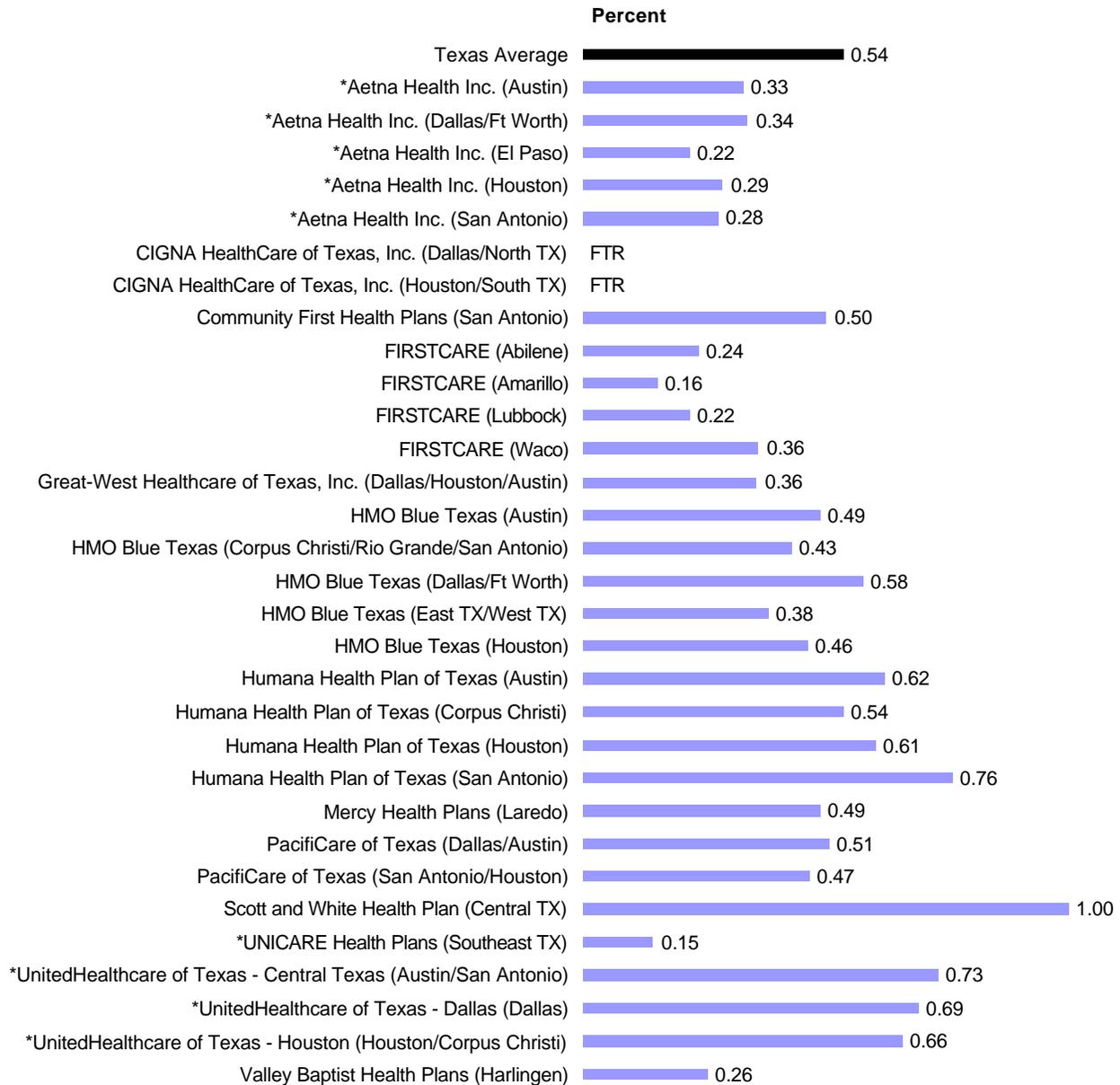
Definition: The percentage of members with a chemical dependency benefit with a diagnosis of alcohol and other drug abuse or dependence receiving any chemical dependency services (includes inpatient, intermediate, and ambulatory).

Mental Health Utilization – Inpatient Discharges and Average Length of Stay (ALOS)		
Chemical Dependency Services Recieved	2006	
	Texas	QC*
Any	0.5	0.8
Inpatient	0.2	0.2
Intermediate Care	0.1	0.04
Ambulatory	0.4	0.6

This measure is an addition to the Texas Subset for HEDIS® 2006.

\* QC- Quality Compass®, a national database of health plan specific performance information voluntarily reported to NCQA.

## Alcohol and Other Drug Services: Members Receiving Any Services



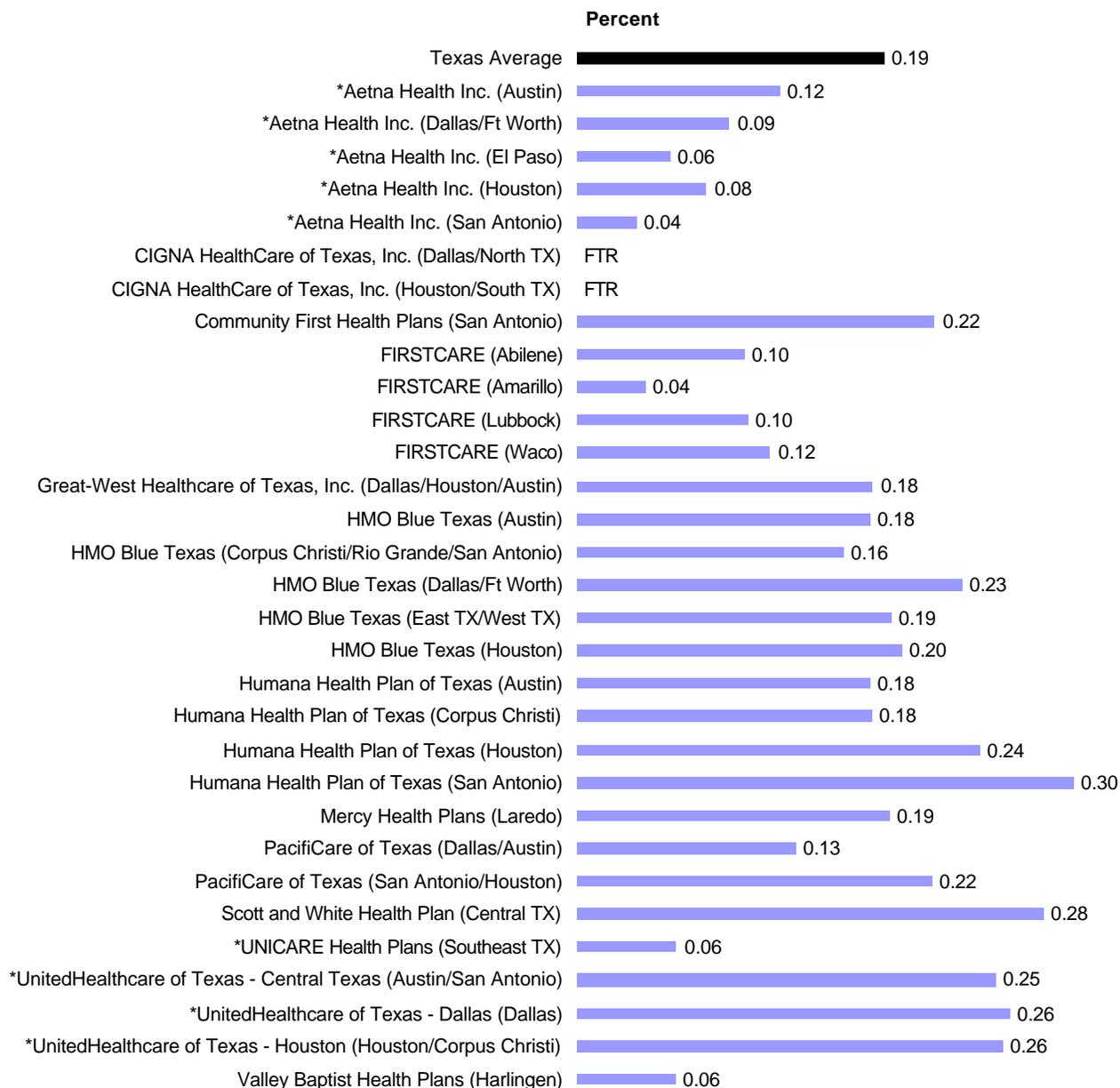
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## Alcohol and Other Drug Services: Members Receiving Inpatient Services



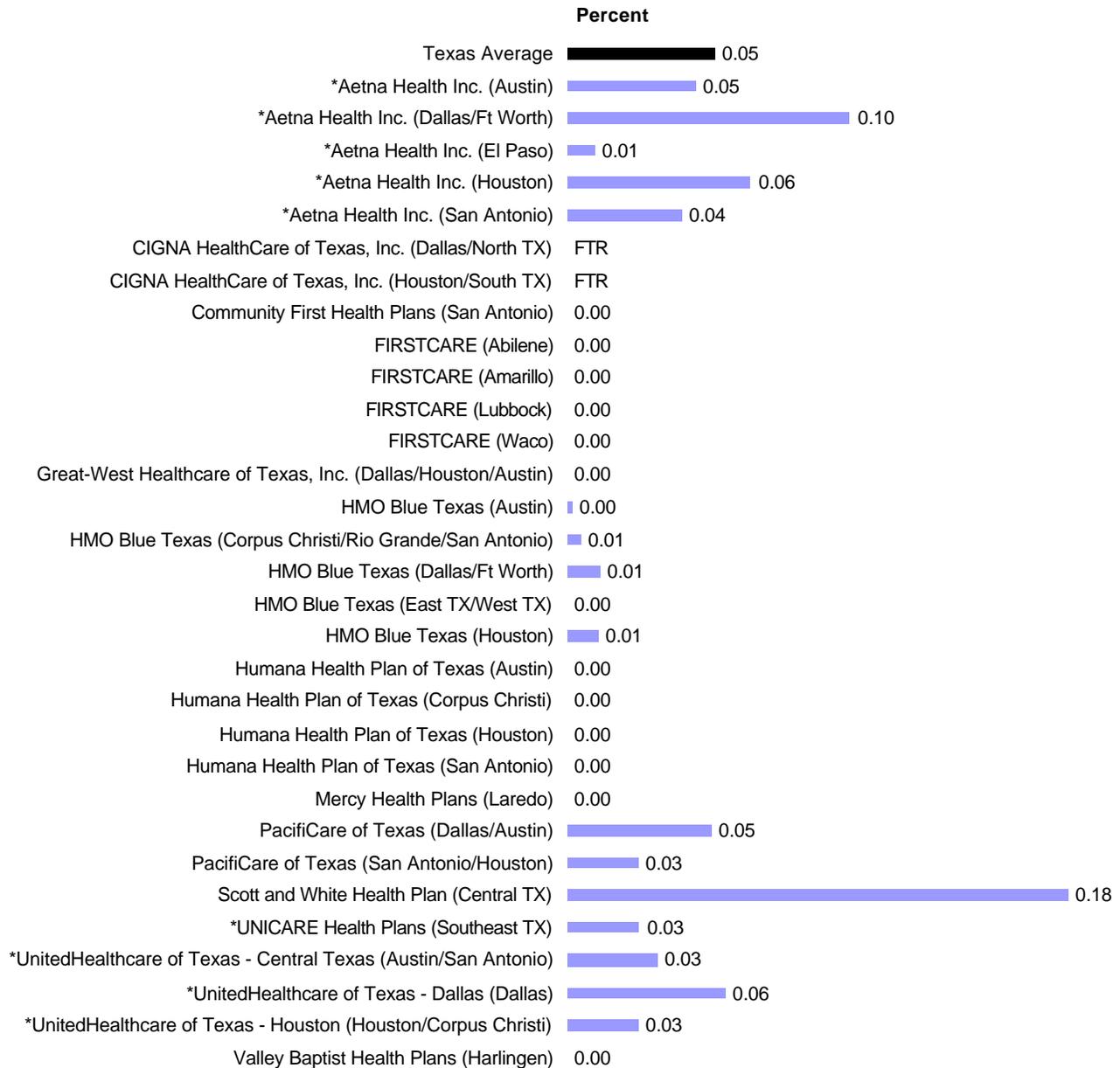
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## Alcohol and Other Drug Services: Members Receiving Intermediate Services



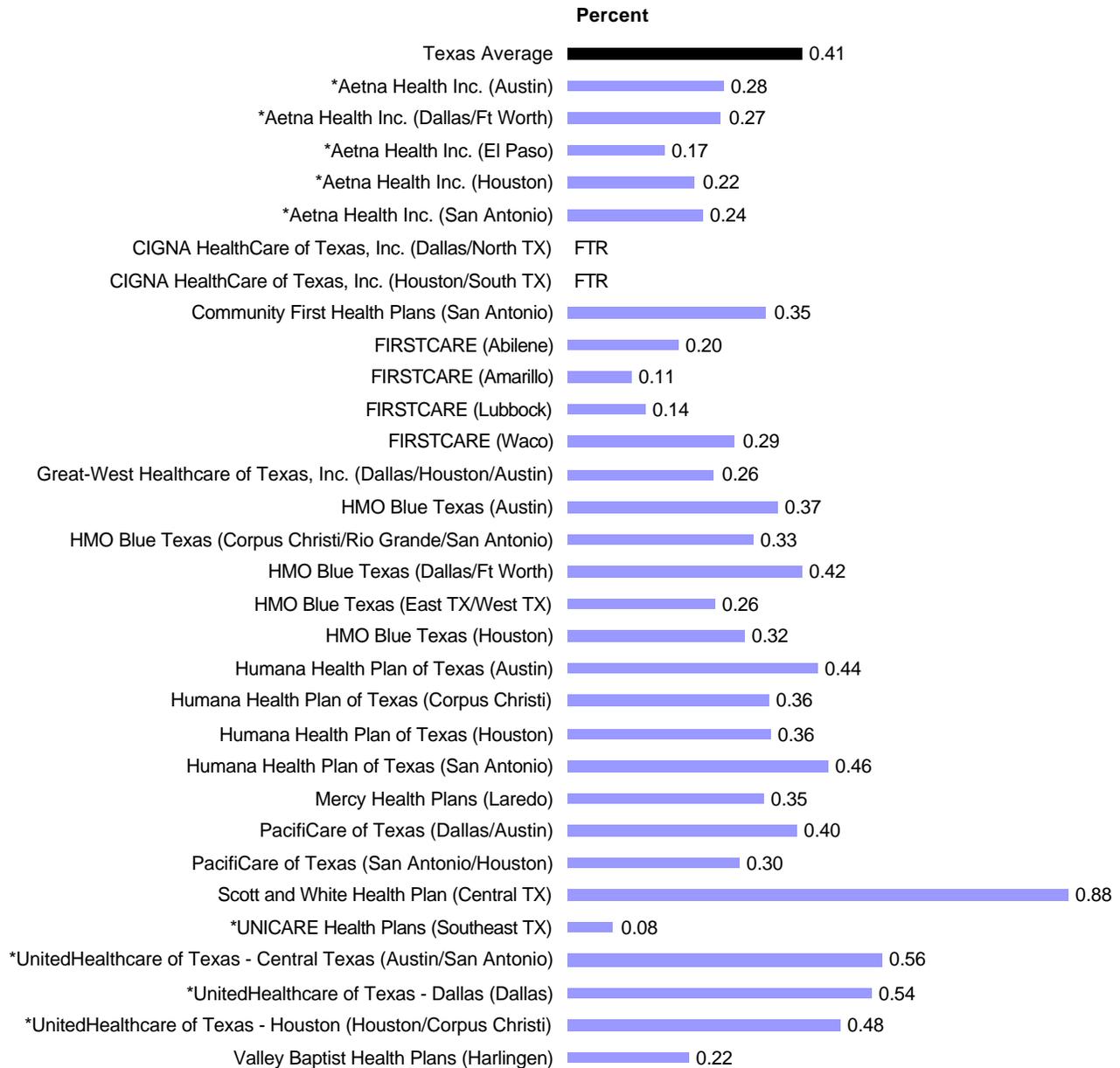
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## Alcohol and Other Drug Services: Members Receiving Ambulatory Services



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## Outpatient Drug Utilization

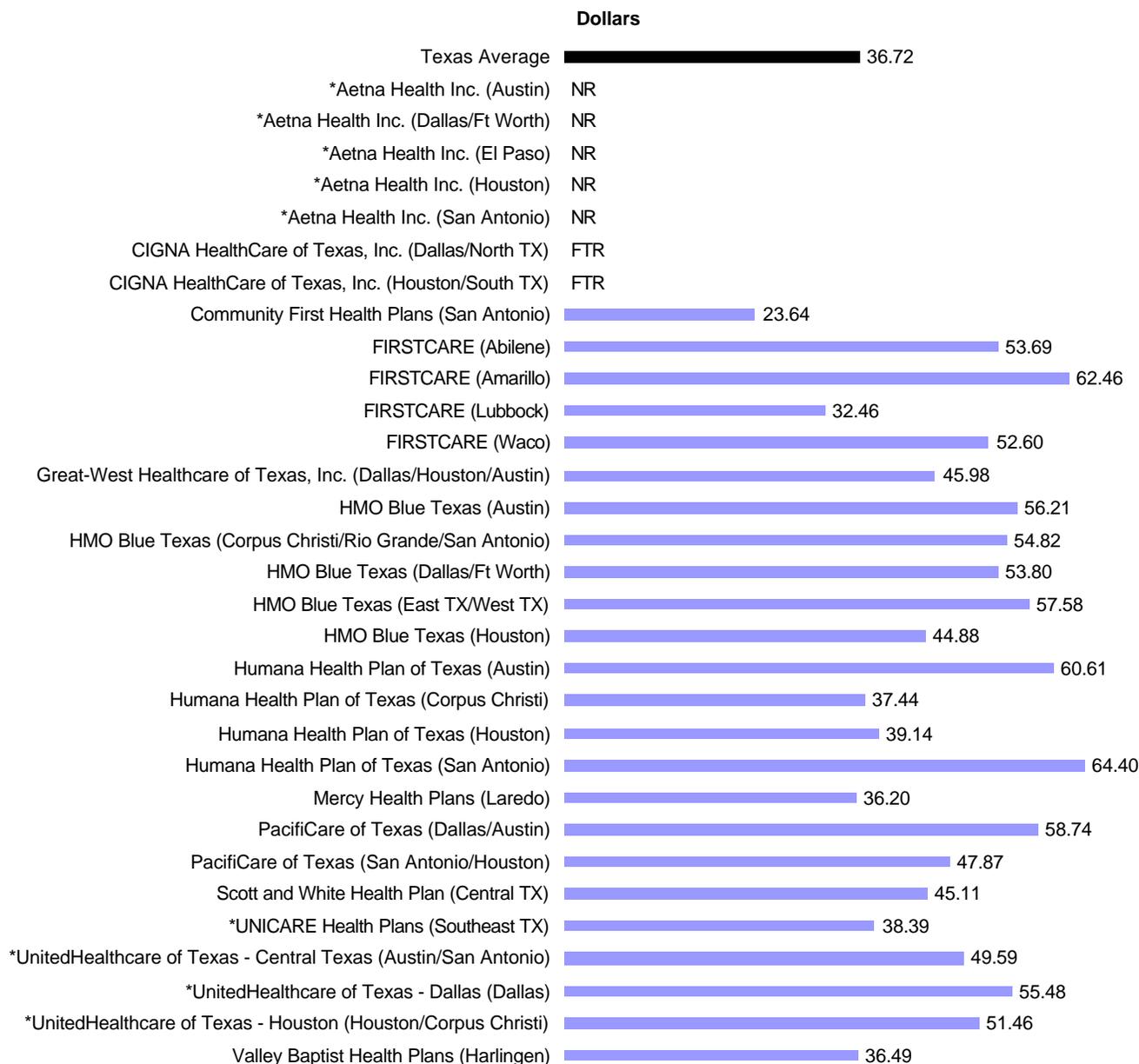
Definition: The average cost of prescriptions per member per month (PMPM) and the average number of prescriptions per member per year (PMPY) during the measurement year for outpatient utilization of drug prescriptions.

Outpatient Drug Utilization		
	2006	
	Texas	QC*
Average Cost of Prescriptions PMPM	\$36.70	\$49.82
Average Number of Prescriptions PMPY	11.1	11.1

This measure is an addition to the Texas Subset for HEDIS® 2006.

\* QC- Quality Compass®, a national database of health plan specific performance information voluntarily reported to NCQA.

## Outpatient Drug Utilization: Average Cost of Prescriptions PMPM



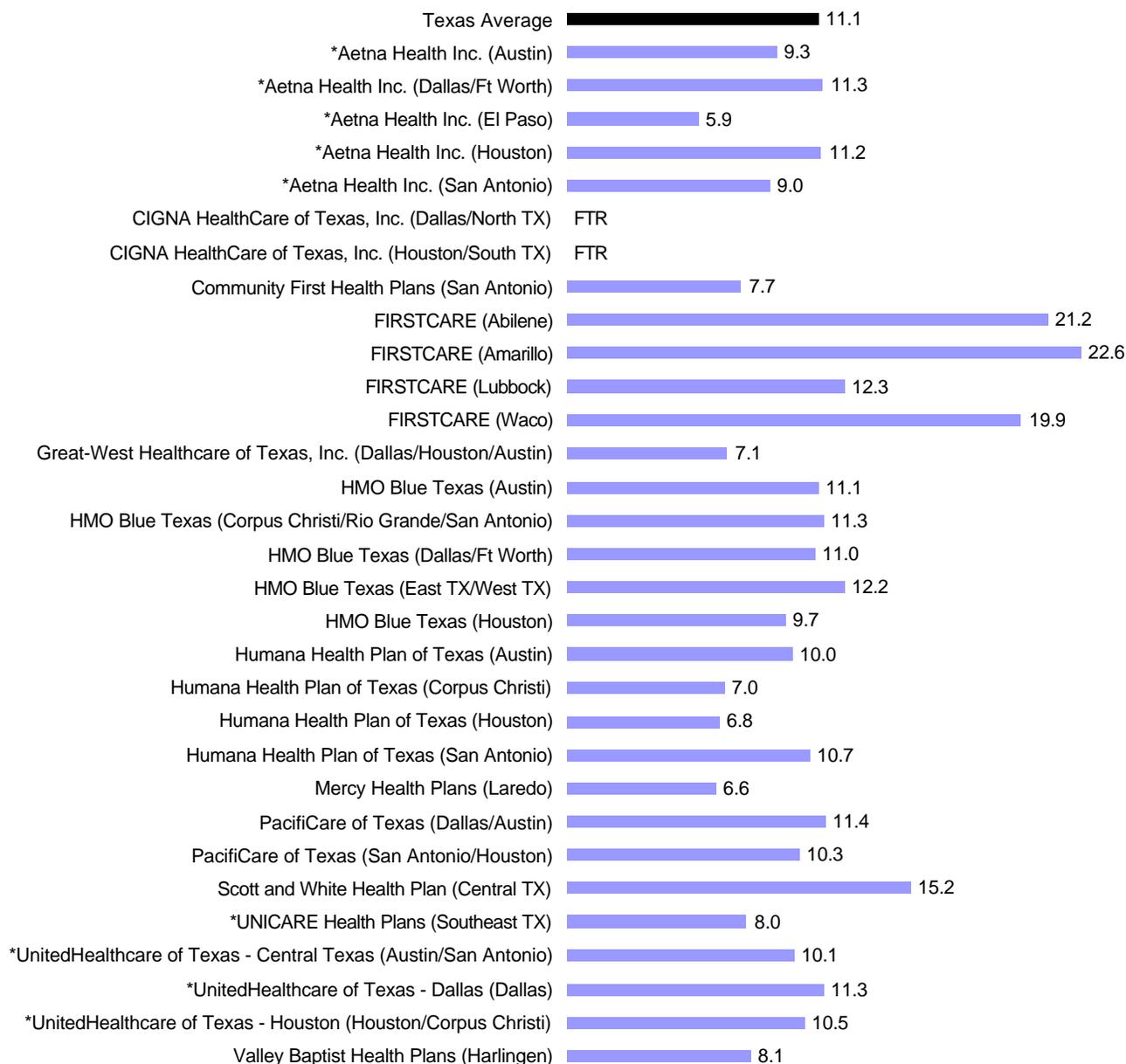
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## Outpatient Drug Utilization: Average Number of Prescriptions PMPY



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## Board Certification

Definition: The percentage of primary care practitioners, OB/GYN practitioners, pediatric practitioner specialists, and other practitioner specialists who are board certified.

Board certification provides information on the credentials of the physicians who belong to the plan. If physicians are board certified, it means they 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. It provides basic information about the credentials of the plan's physicians.

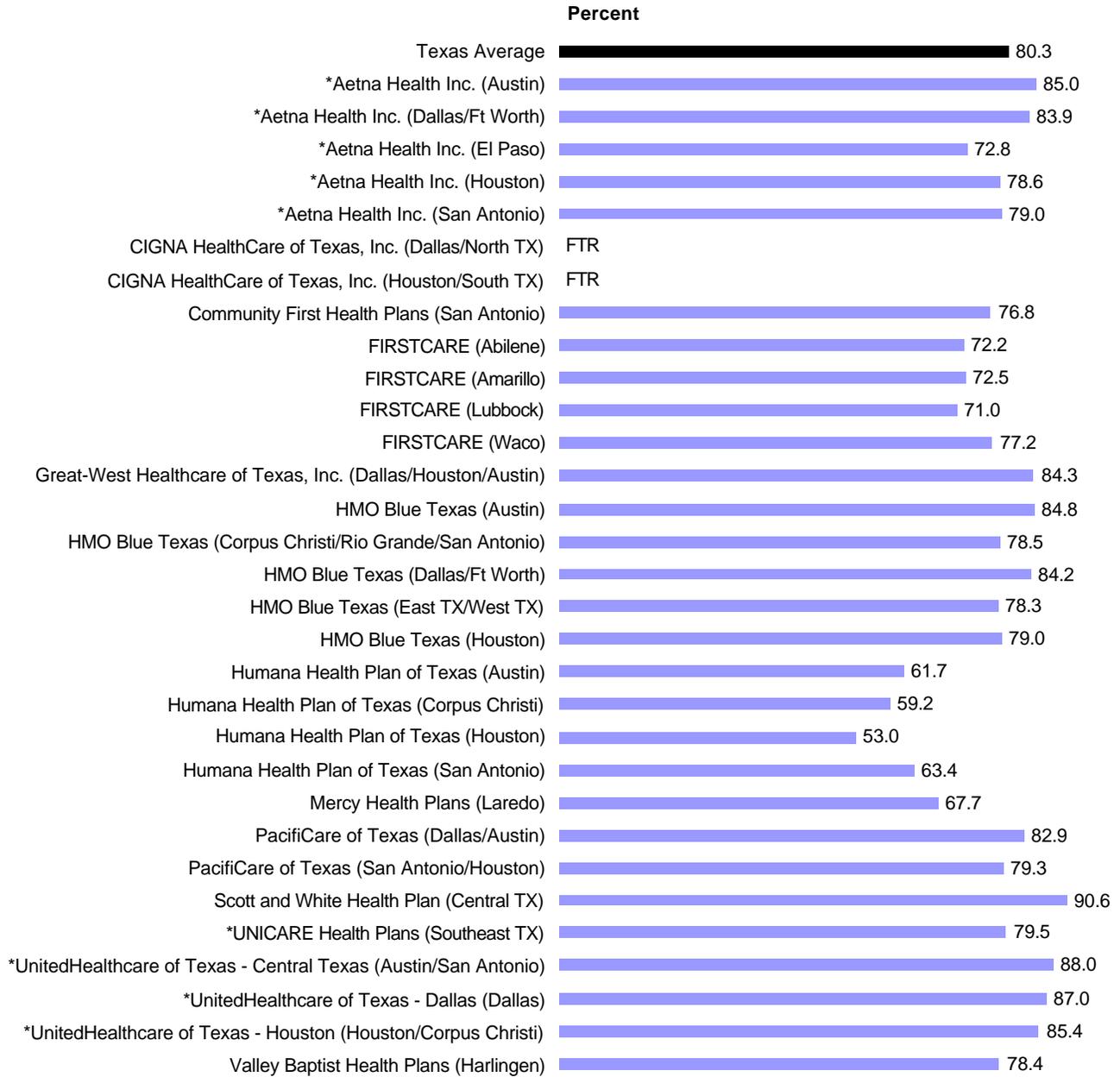
The bar charts show the percentage of plan physicians who have sought and obtained board certification for each specialty area of care in each HMO.

Percent of Practitioners with Board Certification										
	2002		2003		2004		2005		2006	
	Texas	QC**								
<b>Primary Care Physicians</b>	78.4	81.7	79.6	82.6	79.6	83.5	78.3	84.0	80.3	84.0
<b>OB/GYN Specialists</b>	78.3	79.8	76.6	80.2	78.2	80.4	80.4	81.2	77.5	81.5
<b>Pediatric Specialists</b>	74.0	78.5	74.7	78.7	76.5	79.0	80.1	78.2	69.7	76.4
<b>Geriatric Specialists</b>	*	*	77.8	78.0	69.7	76.6	76.8	74.6	66.9	72.6
<b>Other Specialists</b>	71.7	81.5	79.9	81.0	79.1	81.5	78.2	81.1	77.8	80.6

\* Value not established or not obtained.

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

## Board Certification Rate: Primary Care Physicians



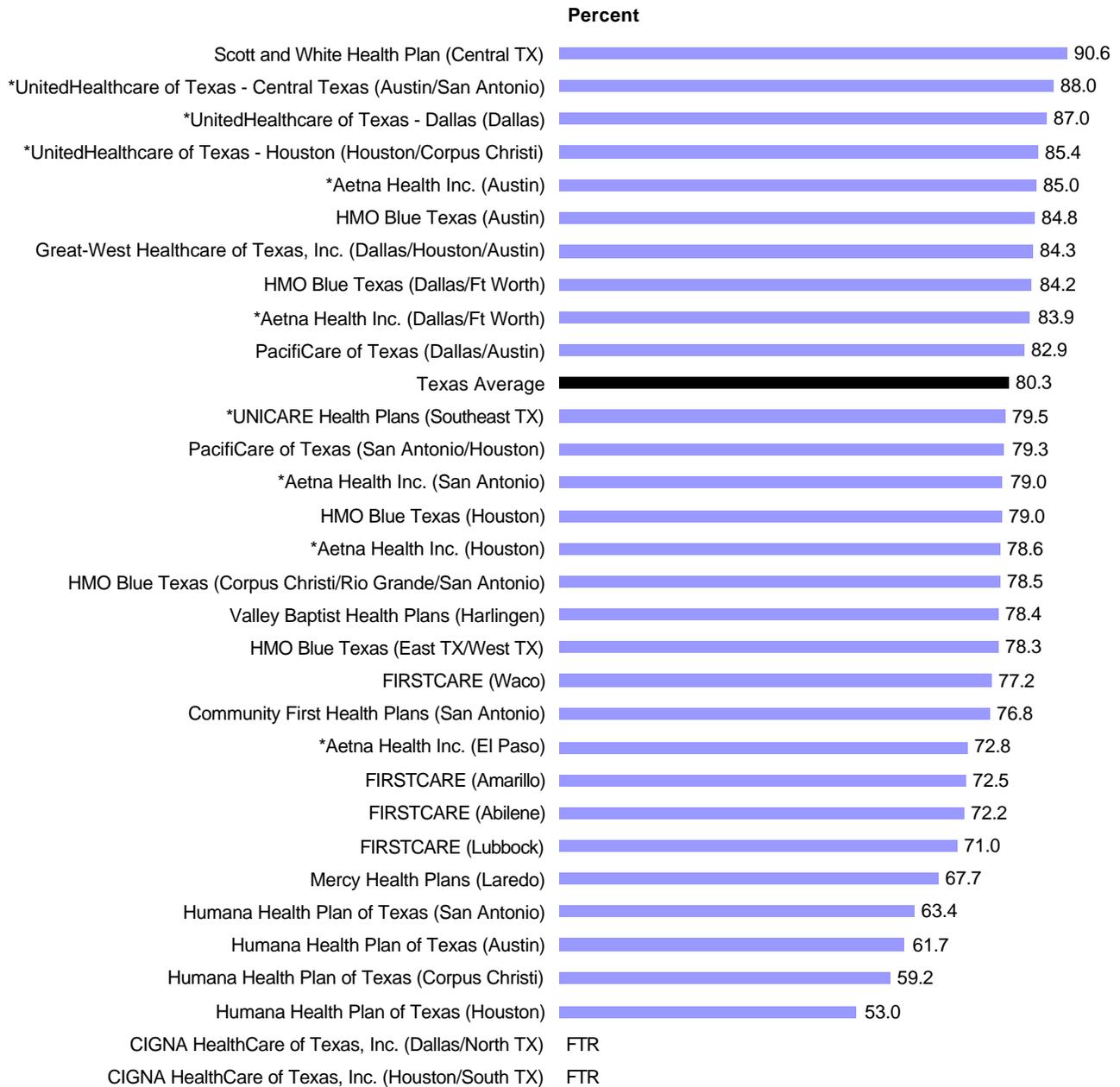
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## Board Certification Rate: Primary Care Physicians



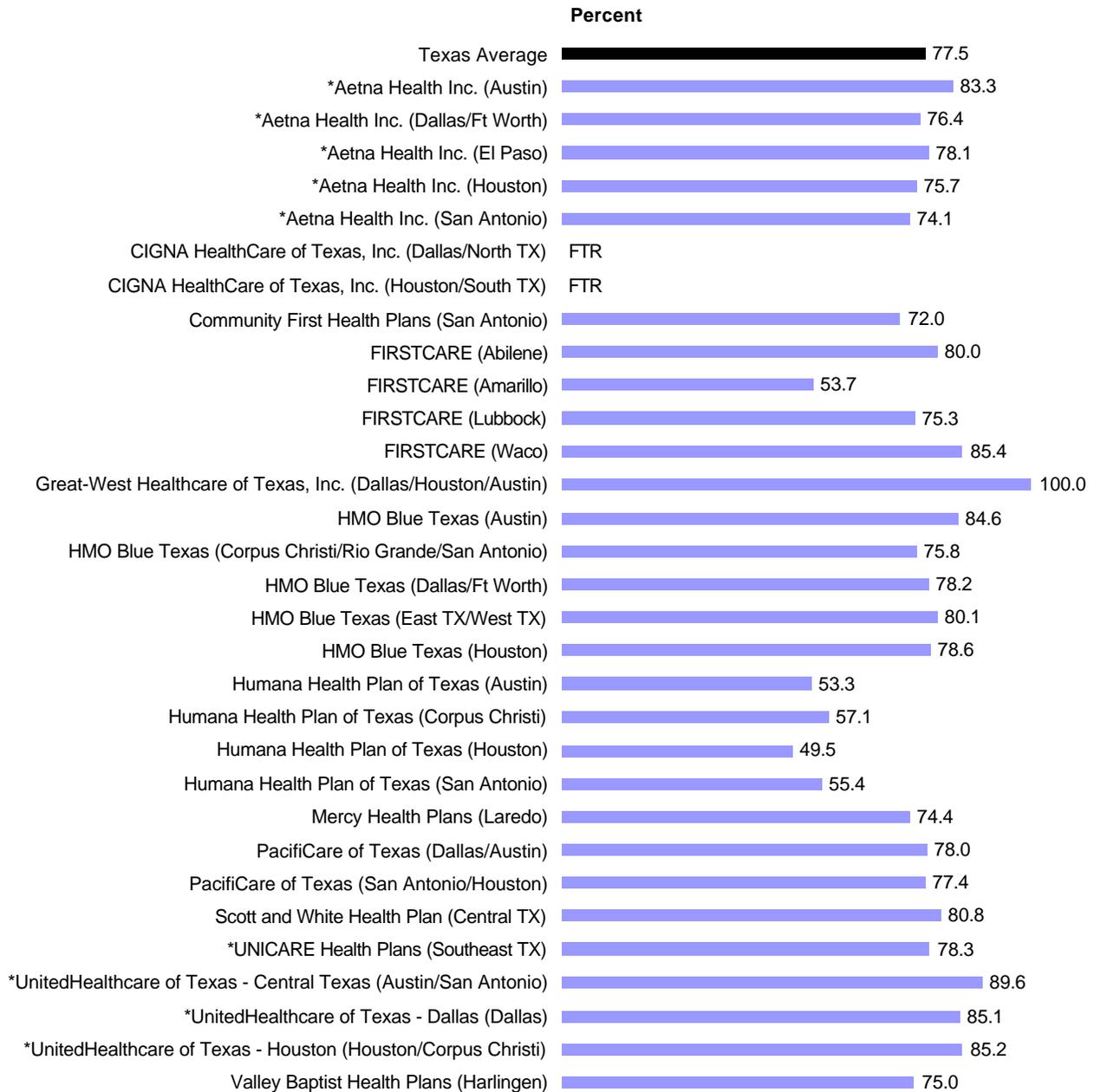
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## Board Certification Rate: OB/GYN Practitioners



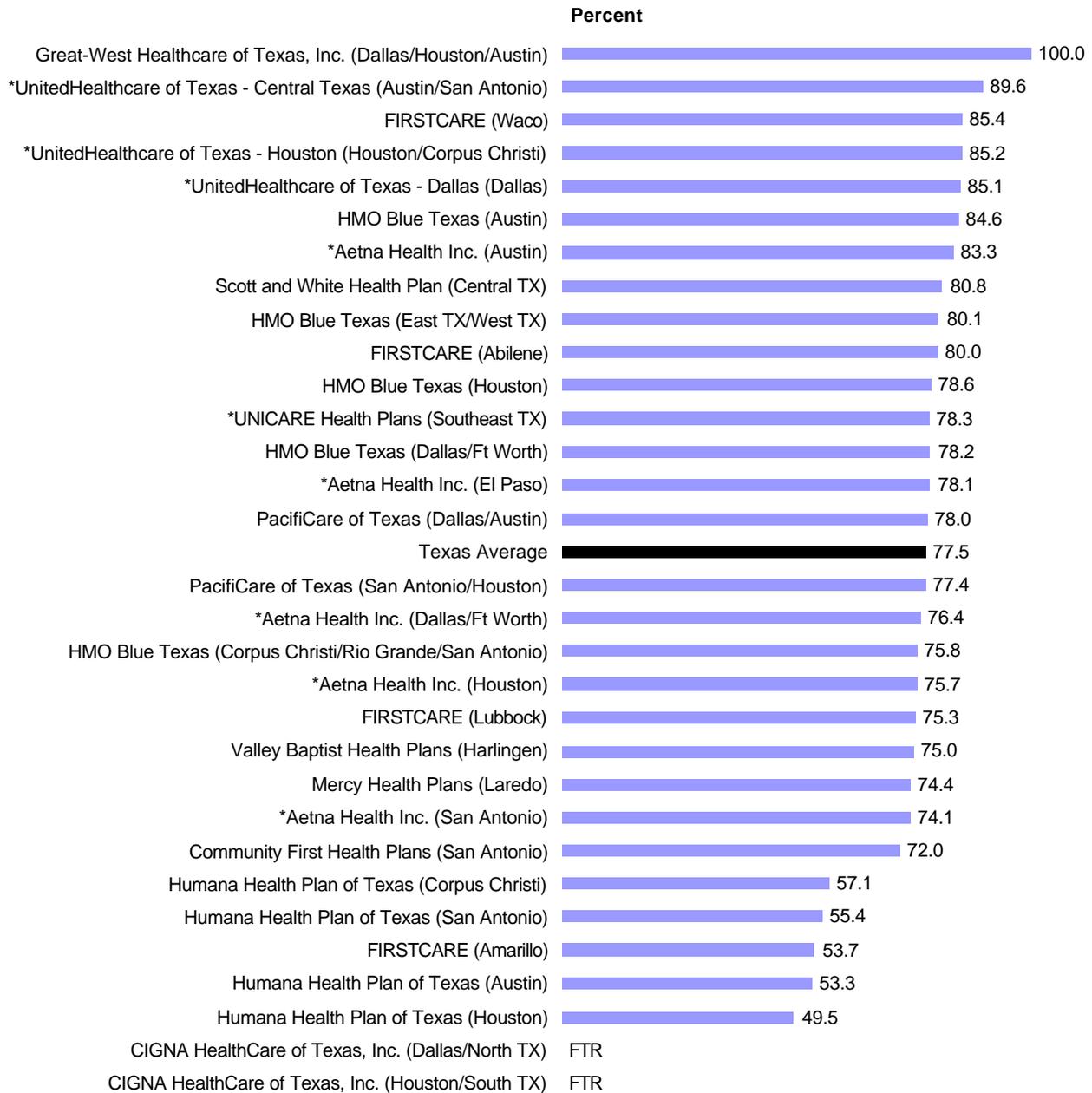
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## Board Certification Rate: OB/GYN Practitioners



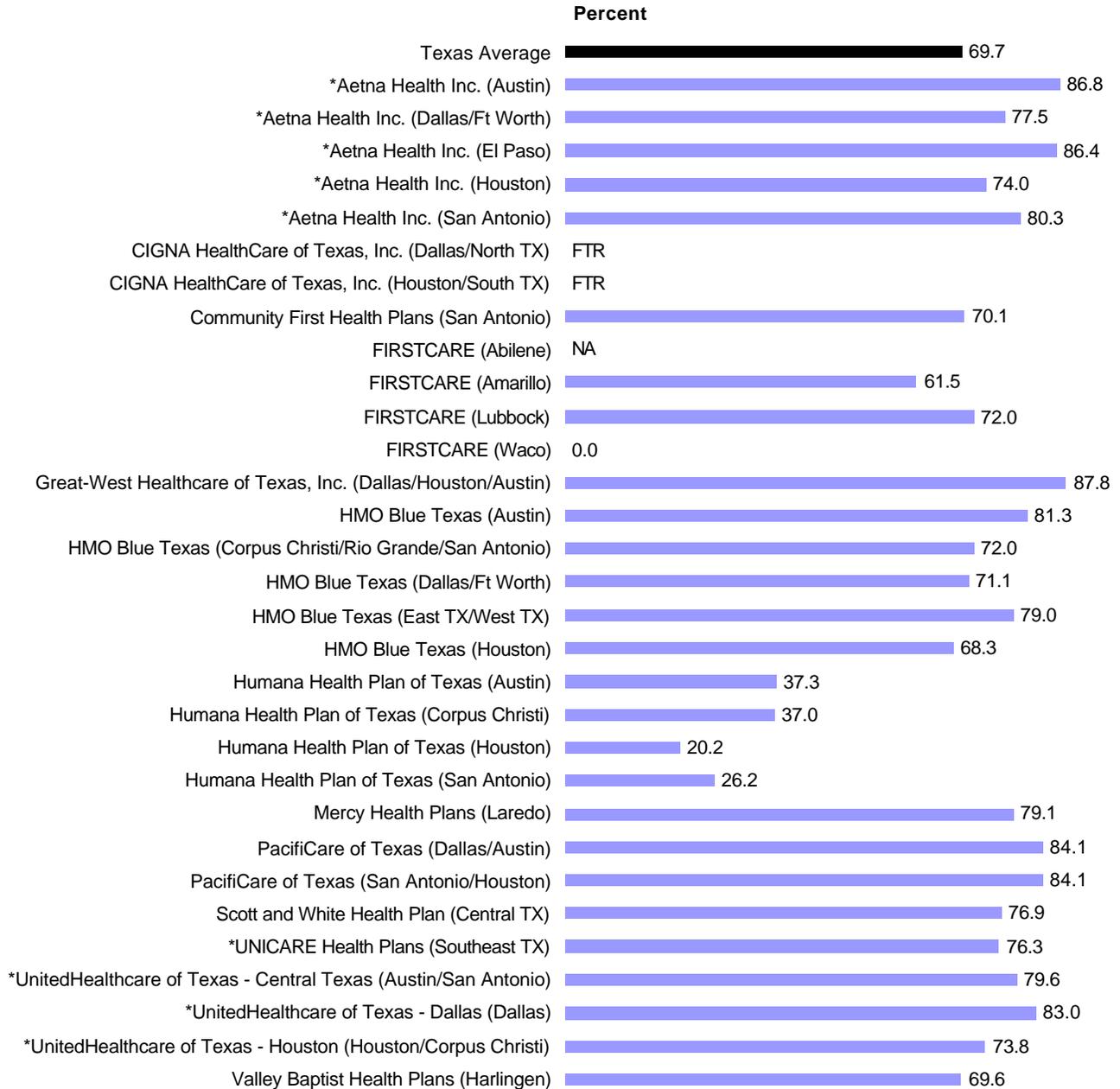
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## Board Certification Rate: Pediatric Physicians



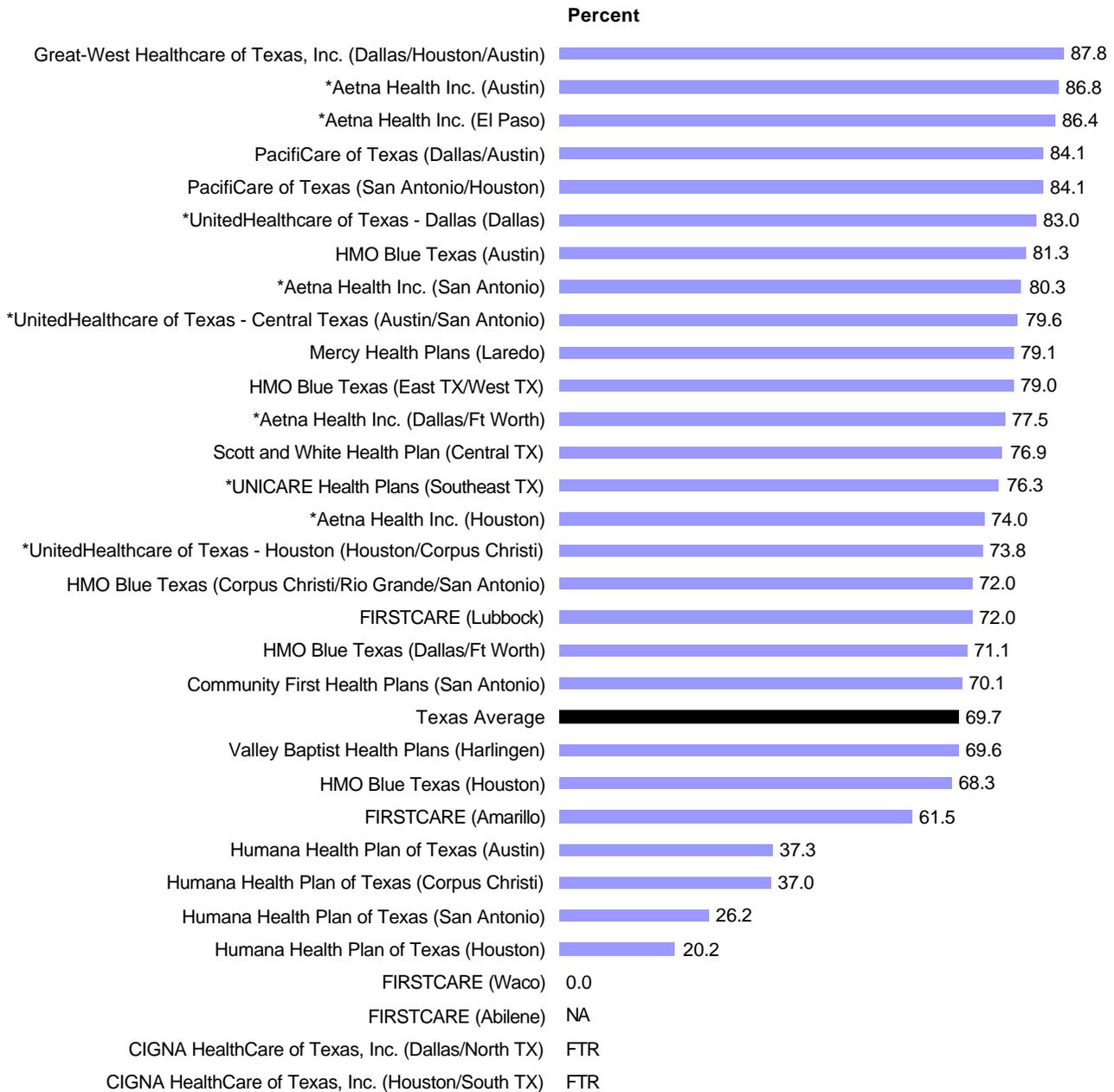
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## Board Certification Rate: Pediatric Physicians



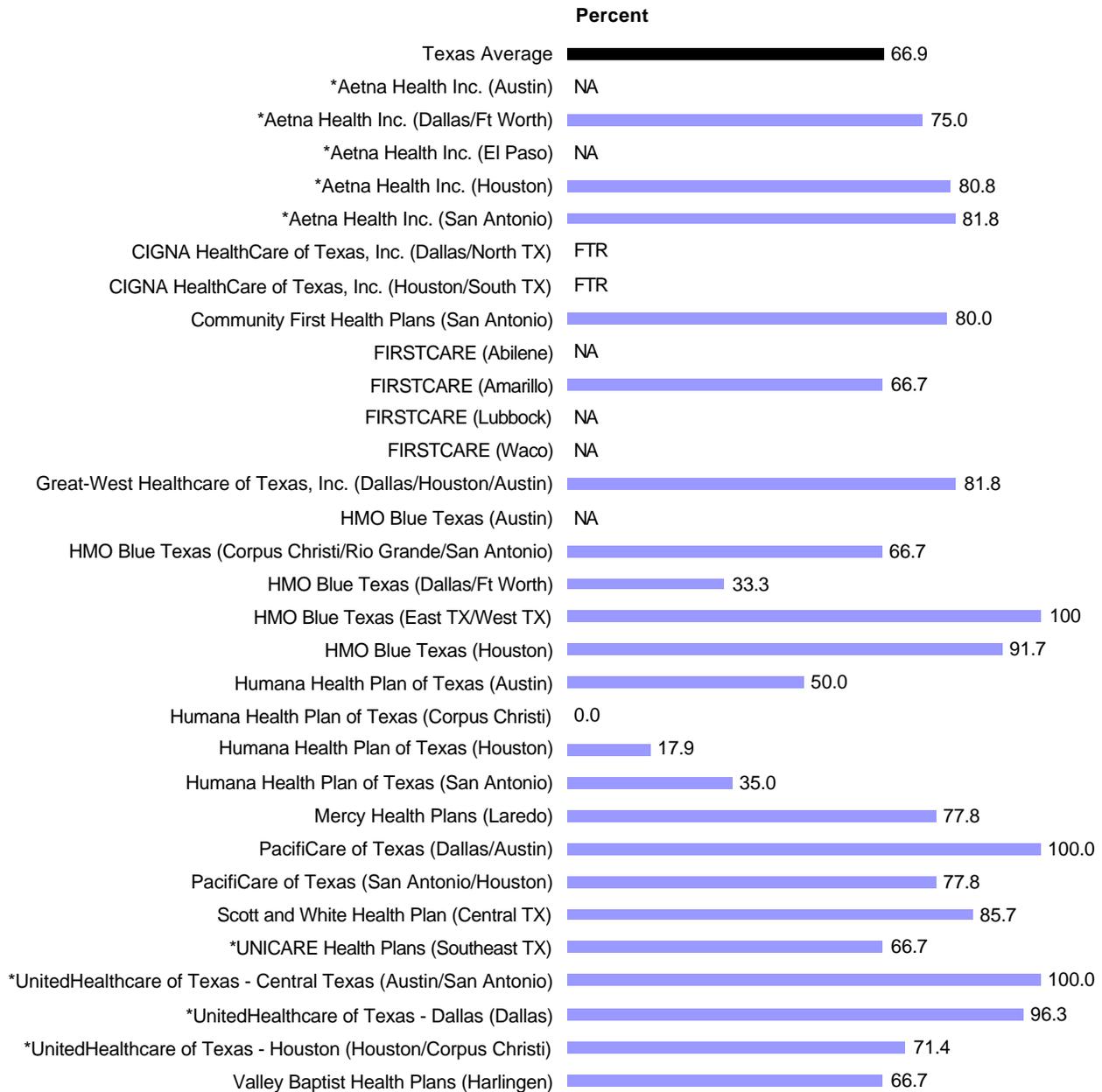
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## Board Certification Rate: Geriatric Physicians



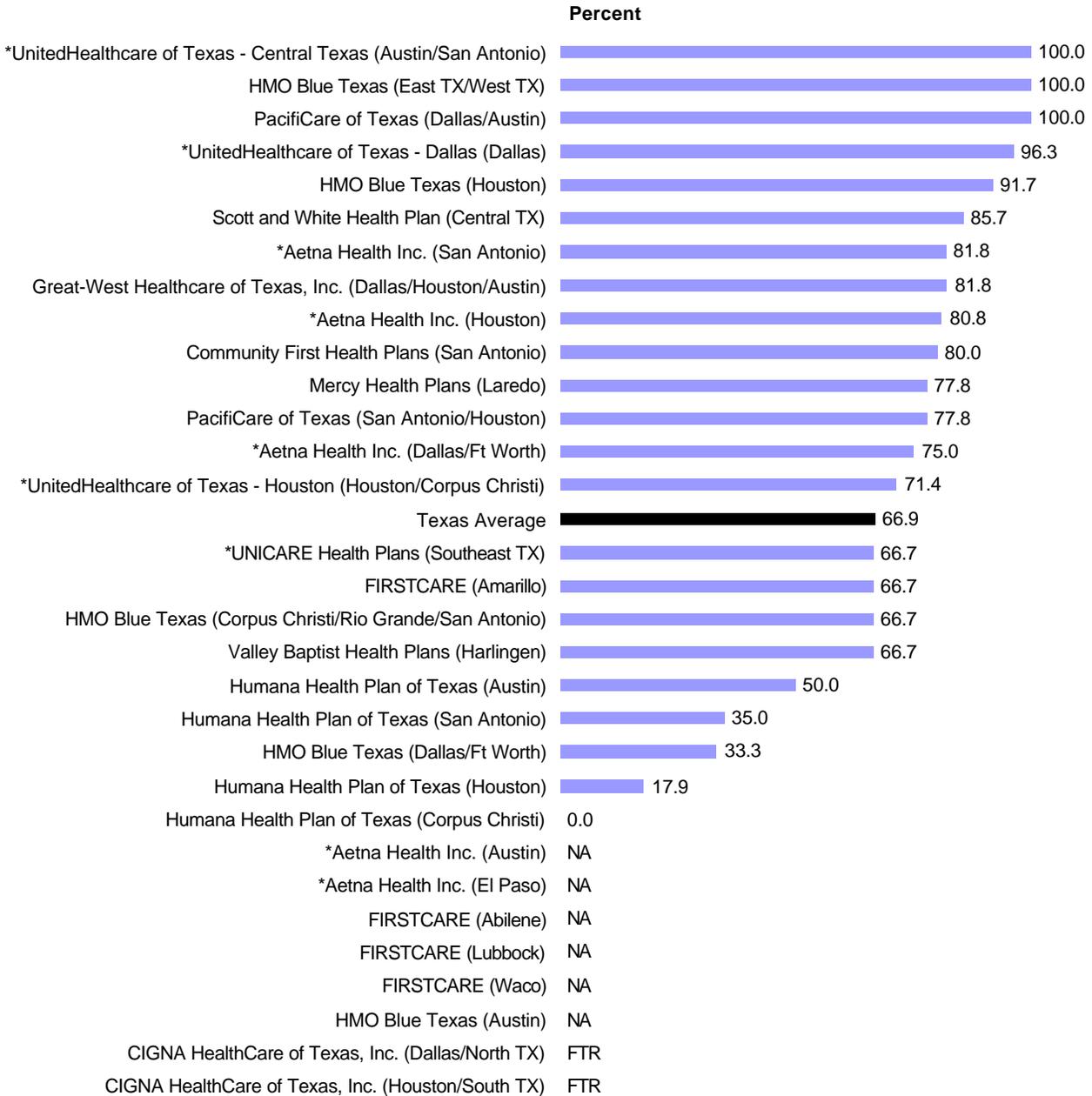
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## Board Certification Rate: Geriatric Physicians



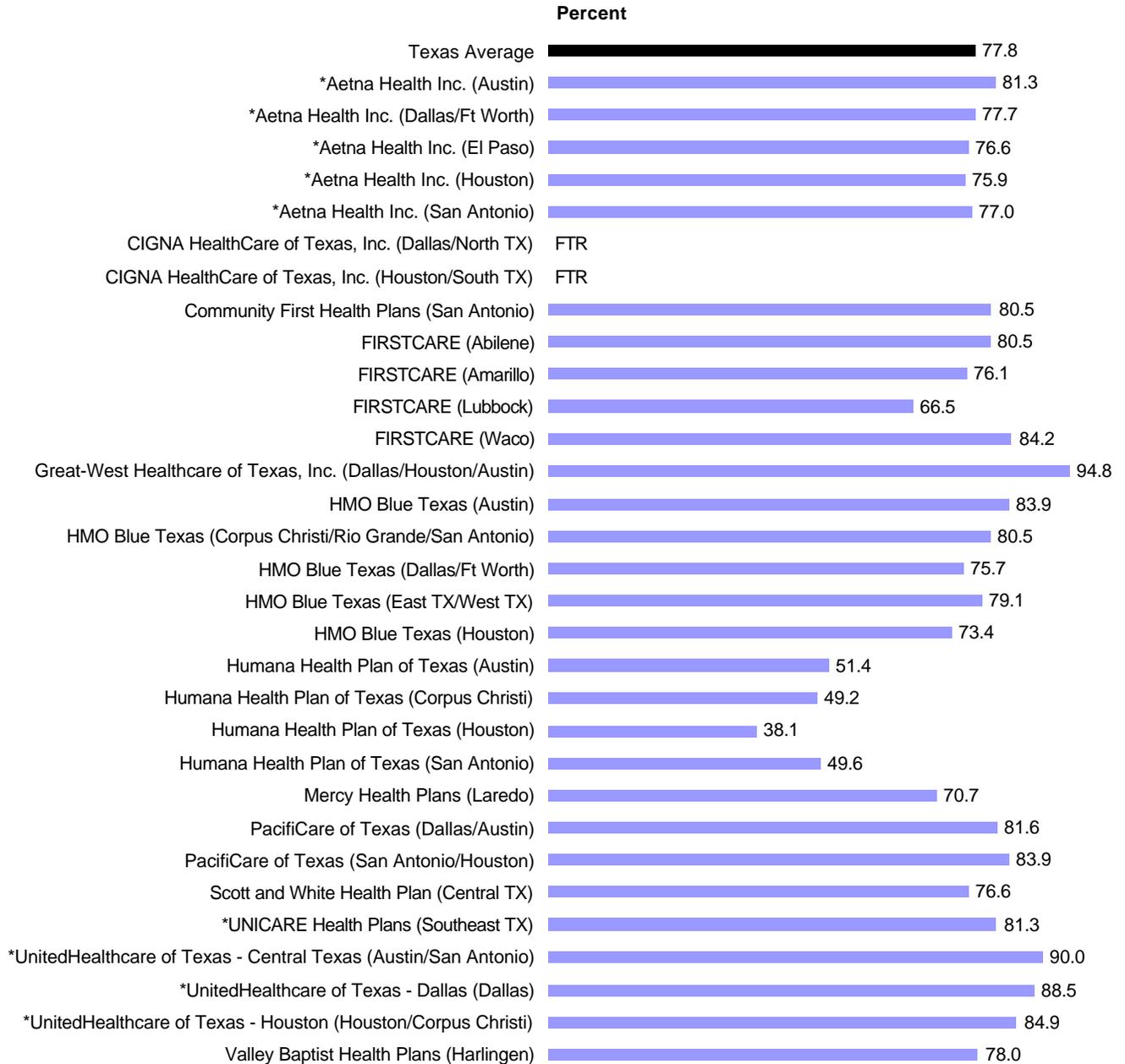
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## Board Certification Rate: Other Specialists



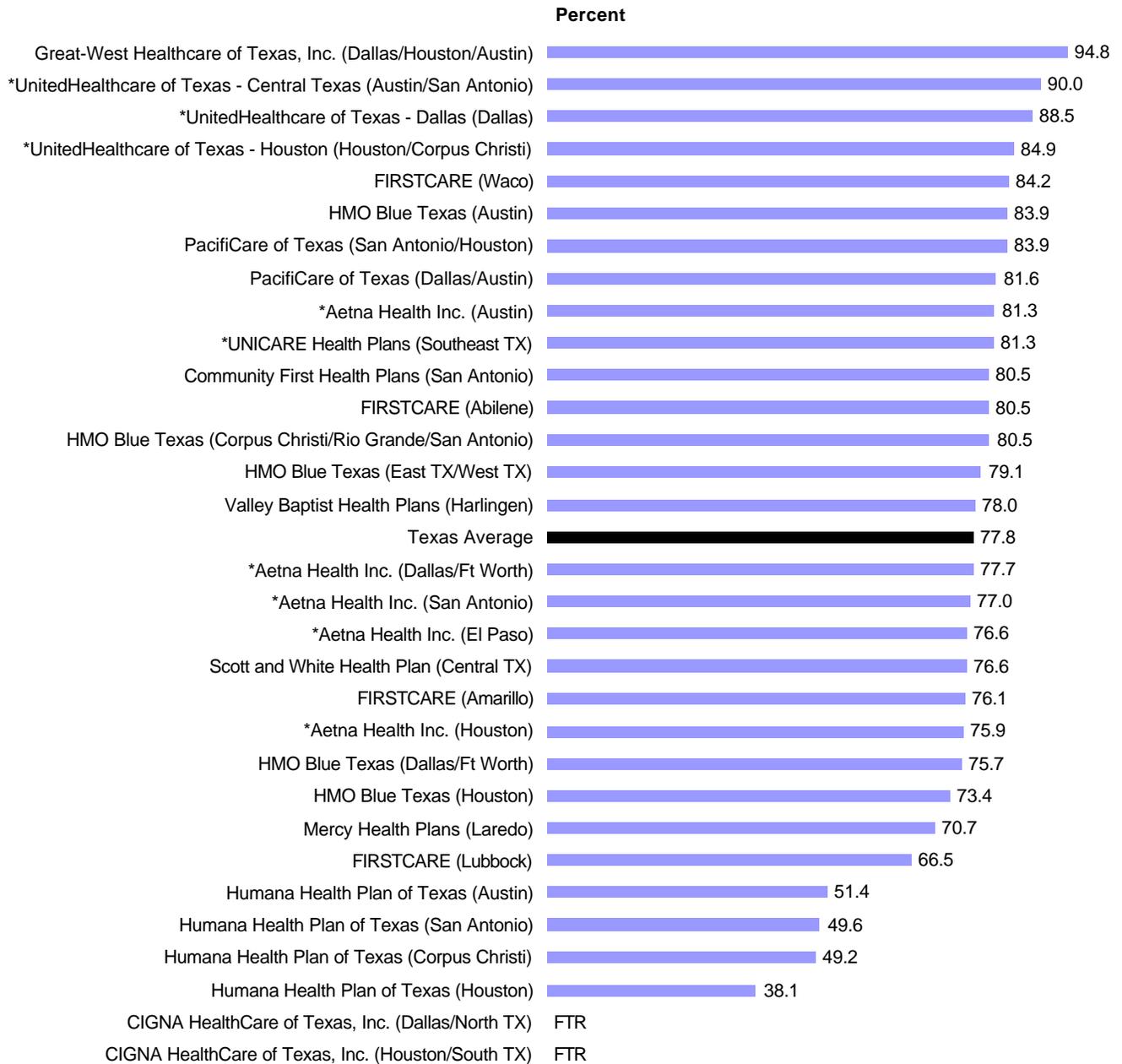
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## Board Certification Rate: Other Specialists



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## Total Enrollment by Percentage

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

Generally speaking, there are four product lines offered by Texas HMOs: Commercial, Medicare, Medicaid, and Self-insured. While this report only compares HEDIS® data on commercial members, the tables show what proportion of the HMO's total business is represented in each product line, and percentage of members enrolled in different types of managed care plans, e.g. HMO, PPO, and POS. 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 (CMS) and the health plan. Medicaid members are enrolled through a contract between the state Medicaid agency (Texas Health and Human Services Commission) and the health plan. These product line percentages provide information on which populations are insured by a specific plan. This information gives a sense of member demographics by plan. For example, Commercial members generally fall between 18-64 (plus their under-age dependents). Medicaid members are primarily women and their 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 %	Self Insured %	Others %
*Aetna Health Inc. (Austin)	62	0	0	38	0
*Aetna Health Inc. (Dallas/Ft Worth)	52	0	0	48	0
*Aetna Health Inc. (El Paso)	86	0	0	14	0
*Aetna Health Inc. (Houston)	70	0	0	30	0
*Aetna Health Inc. (San Antonio)	72	0	0	28	0
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR	FTR	FTR
Community First Health Plans (San Antonio)	7	57	0	17	19
FIRSTCARE (Abilene)	84	16	0	NR	NR
FIRSTCARE (Amarillo)	84	16	0	NR	NR
FIRSTCARE (Lubbock)	84	16	0	NR	NR
FIRSTCARE (Waco)	84	16	0	NR	NR
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	100	0	0	0	0
HMO Blue Texas (Austin)	89	0	0	11	0
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	89	0	0	11	0
HMO Blue Texas (Dallas/Ft Worth)	89	0	0	11	0
HMO Blue Texas (East TX/West TX)	89	0	0	11	0
HMO Blue Texas (Houston)	89	0	0	11	0
Humana Health Plan of Texas (Austin)	100	0	0	0	0
Humana Health Plan of Texas (Corpus Christi)	20	0	80	0	0
Humana Health Plan of Texas (Houston)	100	0	0	0	0
Humana Health Plan of Texas (San Antonio)	71	0	29	0	0
Mercy Health Plans (Laredo)	100	NR	NR	NR	NR
PacifiCare of Texas (Dallas/Austin)	100	NR	NR	NR	NR
PacifiCare of Texas (San Antonio/Houston)	100	NR	NR	NR	NR
Scott and White Health Plan (Central TX)	87	0	13	0	0
*UNICARE Health Plans (Southeast TX)	100	NR	NR	NR	NR
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	100	0	0	0	0
*UnitedHealthcare of Texas - Dallas (Dallas)	100	0	0	0	0
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	100	0	0	0	0
Valley Baptist Health Plans (Harlingen)	100	NR	NR	NR	NR

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## Percentage of members enrolled by product type

Health Plan Name	HMO %	PPO %	POS %
*Aetna Health Inc. (Austin)	95	NR	5
*Aetna Health Inc. (Dallas/Ft Worth)	96	NR	4
*Aetna Health Inc. (El Paso)	92	NR	8
*Aetna Health Inc. (Houston)	90	NR	10
*Aetna Health Inc. (San Antonio)	93	NR	7
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR
Community First Health Plans (San Antonio)	82	18	0
FIRSTCARE (Abilene)	100	0	0
FIRSTCARE (Amarillo)	100	0	0
FIRSTCARE (Lubbock)	100	0	0
FIRSTCARE (Waco)	100	0	0
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	100	0	0
HMO Blue Texas (Austin)	100	0	0
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	100	0	0
HMO Blue Texas (Dallas/Ft Worth)	100	0	0
HMO Blue Texas (East TX/West TX)	100	0	0
HMO Blue Texas (Houston)	100	0	0
Humana Health Plan of Texas (Austin)	15	85	0
Humana Health Plan of Texas (Corpus Christi)	22	78	0
Humana Health Plan of Texas (Houston)	22	78	0
Humana Health Plan of Texas (San Antonio)	36	64	0
Mercy Health Plans (Laredo)	100	NR	NR
PacifiCare of Texas (Dallas/Austin)	100	NR	NR
PacifiCare of Texas (San Antonio/Houston)	100	NR	NR
Scott and White Health Plan (Central TX)	100	0	0
*UNICARE Health Plans (Southeast TX)	99	NR	1
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	10	0	90
*UnitedHealthcare of Texas - Dallas (Dallas)	3	0	97
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	9	0	91
Valley Baptist Health Plans (Harlingen)	100	NR	NR

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## Enrollment by Product Line: Commercial

Definition: The percentage of total members stratified 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 gender and age breakdowns can help explain differences in the type of care provided and the total volume of services provided.

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

Males Age 0 - 19  
Males Age 20 - 44  
Males Age 45 - 64  
Males Age 65+

Females Age 0 - 19  
Females Age 20 - 44  
Females Age 45 - 64  
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)	31.1	40.9	26.8	1.1
*Aetna Health Inc. (Dallas/Ft Worth)	33.1	38.4	27.0	1.5
*Aetna Health Inc. (El Paso)	33.5	43.9	21.5	1.1
*Aetna Health Inc. (Houston)	32.9	38.5	26.9	1.6
*Aetna Health Inc. (San Antonio)	35.5	40.1	23.1	1.2
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR	FTR
Community First Health Plans (San Antonio)	38.5	35.2	24.9	1.3
FIRSTCARE (Abilene)	33.5	33.1	30.5	3.0
FIRSTCARE (Amarillo)	34.6	32.9	28.8	3.6
FIRSTCARE (Lubbock)	37.3	35.6	25.0	2.2
FIRSTCARE (Waco)	31.7	32.8	31.9	3.6
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	32.8	47.4	19.0	0.9
HMO Blue Texas (Austin)	32.8	39.4	27.5	0.2
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	33.0	37.2	29.3	0.4
HMO Blue Texas (Dallas/Ft Worth)	31.2	42.0	26.3	0.5
HMO Blue Texas (East TX/West TX)	34.1	36.0	29.6	0.3
HMO Blue Texas (Houston)	35.1	35.4	29.3	0.3
Humana Health Plan of Texas (Austin)	33.0	40.9	23.9	2.2
Humana Health Plan of Texas (Corpus Christi)	30.2	36.7	29.9	3.2
Humana Health Plan of Texas (Houston)	35.9	38.9	24.1	1.1
Humana Health Plan of Texas (San Antonio)	31.3	27.8	32.8	8.2
Mercy Health Plans (Laredo)	34.0	42.4	22.3	1.3
PacifiCare of Texas (Dallas/Austin)	30.5	28.4	37.2	3.9
PacifiCare of Texas (San Antonio/Houston)	29.5	28.5	33.9	8.1
Scott and White Health Plan (Central TX)	32.2	36.8	27.8	3.2
*UNICARE Health Plans (Southeast TX)	31.3	40.9	26.0	1.7
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	26.6	46.5	25.5	1.3
*UnitedHealthcare of Texas - Dallas (Dallas)	26.6	44.9	26.8	1.6
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	26.3	44.0	28.0	1.6
Valley Baptist Health Plans (Harlingen)	31.7	40.3	26.5	1.4

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## 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)	29.5	43.1	26.5	0.9
*Aetna Health Inc. (Dallas/Ft Worth)	30.5	41.6	26.8	1.1
*Aetna Health Inc. (El Paso)	28.5	48.9	21.8	0.8
*Aetna Health Inc. (Houston)	28.9	43.2	26.8	1.1
*Aetna Health Inc. (San Antonio)	30.8	44.6	23.7	1.0
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR	FTR	FTR	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR	FTR	FTR	FTR
Community First Health Plans (San Antonio)	28.8	39.3	30.8	1.0
FIRSTCARE (Abilene)	27.1	37.9	33.0	1.9
FIRSTCARE (Amarillo)	28.6	37.4	31.0	3.0
FIRSTCARE (Lubbock)	28.0	42.4	28.0	1.6
FIRSTCARE (Waco)	24.5	38.8	34.0	2.7
Great-West Healthcare of Texas, Inc. (Dallas/Houston/Austin)	32.4	49.1	17.8	0.7
HMO Blue Texas (Austin)	24.6	44.9	30.2	0.2
HMO Blue Texas (Corpus Christi/Rio Grande/San Antonio)	26.3	42.2	31.2	0.3
HMO Blue Texas (Dallas/Ft Worth)	28.9	44.3	26.4	0.3
HMO Blue Texas (East TX/West TX)	28.4	40.9	30.2	0.4
HMO Blue Texas (Houston)	32.8	38.2	28.7	0.3
Humana Health Plan of Texas (Austin)	24.8	46.4	27.1	1.6
Humana Health Plan of Texas (Corpus Christi)	31.2	41.1	25.8	1.9
Humana Health Plan of Texas (Houston)	27.1	45.6	26.7	0.7
Humana Health Plan of Texas (San Antonio)	25.0	33.7	34.2	7.1
Mercy Health Plans (Laredo)	28.4	49.2	21.8	0.6
PacifiCare of Texas (Dallas/Austin)	29.0	31.4	36.4	3.2
PacifiCare of Texas (San Antonio/Houston)	26.9	32.2	33.1	7.8
Scott and White Health Plan (Central TX)	27.9	39.6	29.8	2.7
*UNICARE Health Plans (Southeast TX)	28.4	44.3	26.3	1.1
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	26.1	46.3	26.6	1.1
*UnitedHealthcare of Texas - Dallas (Dallas)	26.8	44.6	27.3	1.3
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	28.0	43.7	27.2	1.1
Valley Baptist Health Plans (Harlingen)	22.8	47.7	28.9	0.7

\* 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- Plan failed to submit the required data or data not certified by an NCQA licensed auditor.

FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

## Methods and Statistical Issues

In order to accommodate differences in HMO data systems and technical capabilities, HEDIS® 2006 gives plans a choice to use either an administrative records or a hybrid method to calculate many of the performance measures reported in this publication. The administrative records approach involves the following steps:

- All records in a health plan's administrative database are queried to determine the eligible population for a certain measure, and this becomes the denominator for the measure.
- The selected records are reviewed to identify the members who availed the service/procedure and included in the numerator.
- The members with contra indication to the service/procedure are excluded from the denominator.
- A rate is calculated.

The hybrid method, on the other hand, is sample driven and requires random selection of enrollees to form the denominator followed by examination of administrative and medical records for evidence of a numerator event. NCQA has specified a systematic sampling scheme for those who chose to use hybrid method. Proper utilization and implementation of this methodology ensures high integrity of HEDIS® data.

A third data gathering and analysis method, survey research, is used for the Satisfaction with the Experience of Care domain and for the Medical Assistance with Smoking Cessation (Advising Smokers to Quit) measure presented in the Effectiveness of Care domain. The standardized survey instrument employed for HEDIS® 2006 is the Consumer Assessment of Health Plans Study, Version 3.0 (CAHPS™ 3.0H). This survey is administered primarily through mail with a telephone follow-up to members not responding by mail. It asks consumers to score various aspects of their experience with their health plan. Health plans are required to contract with independent survey vendors certified by NCQA to administer the survey. A report on the survey measures may be viewed at our agency website <http://www.opic.state.tx.us/health.php>.

HEDIS® 2006 requires continuous enrollment of members counted in rate denominators. Continuous enrollment criteria are measure specific, but typically this condition is satisfied when an individual is 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 employment.

HEDIS® measures reported in this publication meet rigorous standards for public release. All health plan data submissions are required to be reviewed by an NCQA licensed auditor. Data not certified through this process are denoted with an "NR" (Not Reportable). Other data may meet NCQA audit standards but are suppressed due to statistical considerations. These situations, which include rates calculated from less than 30 denominator observations, are designated as "NA" (Not Applicable). Plans which failed to report by service area as required by Chapter 108.009 (o) of the Texas Health and Safety Code 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 the State. NCQA suggests the following formula for statistical significance testing on HEDIS® measures:

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

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

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) 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. The summary section reports measures with an “=” sign when plan performance is not rated as statistically different from the average of all plans in the state. Otherwise, the performance of the measure is reported as either better (+) or worse (-) than the state average.

Results of HEDIS® statistical significance testing should be interpreted carefully as should any conclusions drawn from direct comparisons of plans. 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 HEDIS® measures this lack of risk adjustment could lead readers to erroneously accept the proposition that apparent superior or inferior performance is due to quality of care when in fact it derives from a positive or negative case mix in member enrollment.

State averages for specific measures were calculated by dividing the arithmetic mean of individual denominators and numerators when denominators were greater than 30 observations.

This publication reports benchmarks from NCQA's National Summary Statistics and the U.S. Public Health Service's *Healthy People 2010* where appropriate. NCQA's National Averages are based on HEDIS® data voluntarily reported to NCQA by nearly 300 health plans throughout the country.

NCQA intends its HEDIS® database to serve primarily as a decision and management support tool for benefits managers, consultants, policy makers, and health plans. *Healthy People 2010* is a set of national objectives for the improved health of Americans set by the United States Public Health Service. *Healthy People 2010* standards are reported in this publication because they are widely accepted as goals for public and private health care organizations. However, readers should bear in mind that 1) HEDIS® indicates current health plan performance; *Healthy People 2010* represent expected future performance, 2) HEDIS® measures are for an insured population; *Healthy People 2010* are for the entire population and 3) precise definitions and methods used in HEDIS® and *Healthy People 2010* vary for some measures.

## Texas Subset of HEDIS® Commercial 2006 Measures

### Effectiveness of Care Domain:

Childhood Immunization Status  
Adolescent Immunization Status  
Breast Cancer Screening  
Cervical Cancer Screening  
Controlling High Blood Pressure  
Beta Blocker Treatment After Acute Heart Attack  
*Persistence of Beta Blocker Treatment After a Heart Attack*  
Cholesterol Management for Patients with Cardiovascular Conditions  
Comprehensive Diabetes Care  
Use of Appropriate Medication for People with Asthma  
Follow-Up after Hospitalization for Mental Illness  
Antidepressant Medication Management  
Medical Assistance with Smoking Cessation  
Flu Shots for Adults Ages 50-64

**Measures shown in italics are additions to the Texas Subset for HEDIS® 2006.**

### Access/Availability of Care Domain:

Prenatal and Postpartum Care  
*Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*

### Satisfaction with the Experience of Care Domain:

CAHPS™ 3.0H Adult Survey  
(Results of the survey are published in **Comparing Texas HMOs 2006**. It is published by the State of Texas Office of Public Insurance Counsel and is available via our website [www.opic.state.tx.us/health.php](http://www.opic.state.tx.us/health.php)).

### Health Plan Stability Domain:

Practitioner Turnover  
Years in Business/Total Membership

### Use of Services Domain

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  
Discharges and Average Length of Stay— Maternity  
Births and Average Length of Stay— Newborns  
Mental Health Utilization— Inpatient Discharges and Average Length of Stay  
*Mental Health Utilization— Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services*  
Chemical Dependency Utilization— Inpatient Discharges and Average Length of Stay  
*Identification of Alcohol and Other Drug Services*  
*Outpatient Drug Utilization*

### Health Plan Descriptive Information Domain:

Board Certification  
Enrollment by Product Line  
Total Enrollment by Percentage





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