

GUIDE TO TEXAS HMO QUALITY: 2008

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 Healthcare Effectiveness 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 Healthcare Effectiveness Data and Information Set (HEDIS®) measures annually to the Texas Health Care Information Collection (THCIC) of the Center for Health Statistics (CHS) division of the Texas Department of State Health Services.

THCIC has elected to collect a subset of HEDIS® 2008 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 introduction 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 more than 250 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[®] 2008.

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 OPIC's annual report ***Comparing Texas HMOs***, at www.opic.state.tx.us. This report reflects the experience of Texans in HMO during 2007. The first section of the report illustrates the results of the Consumer Assessment of Healthcare Providers and Systems, Version 4.0H (CAHPS[™] 4.0H). 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 3rd, 4th, 5th and 6th 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	Childhood Immunization, IPV	Childhood Immunization, MMR	Childhood Immunization, Hib	Childhood Immunization, HepB	Childhood Immunization, VZV	Childhood Immunization, Pneumo-coccal conjugate	Childhood Immunization, CMBO 2	Childhood Immunization, CMBO 3	Colorectal Cancer Screening
*Aetna Health Inc. (Austin)	=	=	=	=	=	=	+	=	=	=
*Aetna Health Inc. (Dallas/Ft Worth)	=	=	=	=	NR	+	=	NR	NR	+
*Aetna Health Inc. (El Paso)	-	-	=	-	=	=	-	=	=	-
*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)	+	+	+	+	+	+	+	+	+	=
FIRSTCARE (Abilene)	+	+	+	+	+	+	+	+	+	+
FIRSTCARE (Amarillo)	+	+	+	+	+	+	+	+	+	=
FIRSTCARE (Lubbock)	+	+	=	+	+	+	+	+	+	+
FIRSTCARE (Waco)	+	+	=	+	+	=	=	+	+	=
HMO Blue Texas (Austin)	+	+	=	=	=	=	+	=	=	-
HMO Blue Texas (Dallas/Ft Worth)	=	=	=	+	-	=	=	-	-	+
HMO Blue Texas (East/West/South 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	-
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	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women	Controlling High Blood Pressure	Persistence of Beta-Blocker Treatment After Heart Attack	Cholesterol Management: LDL-C Screening After Heart Attack	Diabetes Care, HbA1c testing	Diabetes Care, HbA1c poorly controlled	Diabetes Care, HbA1c good control	Diabetes Care, eye examination
*Aetna Health Inc. (Austin)	-	=	-	NR	NA	NR	-	NR	NR	=
*Aetna Health Inc. (Dallas/Ft Worth)	+	+	-	NR	+	-	-	NR	+	+
*Aetna Health Inc. (El Paso)	-	=	=	NR	NA	=	=	NR	=	=
*Aetna Health Inc. (Houston)	-	+	=	NR	=	=	=	NR	+	-
*Aetna Health Inc. (San Antonio)	-	=	+	NR	NA	-	-	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	=	+	-	+	+
FIRSTCARE (Abilene)	=	-	=	-	NA	=	=	-	+	+
FIRSTCARE (Amarillo)	-	-	-	=	NA	=	+	-	+	+
FIRSTCARE (Lubbock)	+	-	=	=	NA	+	+	-	+	+
FIRSTCARE (Waco)	=	-	=	=	NA	=	+	-	+	+
HMO Blue Texas (Austin)	+	+	+	=	NA	+	+	-	=	=
HMO Blue Texas (Dallas/Ft Worth)	=	+	+	=	NA	=	+	-	+	=
HMO Blue Texas (East/West/South TX)	+	=	+	=	NA	=	+	-	+	=
HMO Blue Texas (Houston)	-	+	-	=	=	-	-	+	-	-
Humana Health Plan of Texas (Austin)	=	+	-	+	-	+	+	-	+	=
Humana Health Plan of Texas (Corpus Christi)	=	=	=	+	NA	NA	=	-	+	=
Humana Health Plan of Texas (Houston)	-	-	=	=	-	+	+	-	+	-
Humana Health Plan of Texas (San Antonio)	-	=	-	+	-	+	+	-	+	+
Mercy Health Plans (Laredo)	=	=	=	=	NA	=	+	-	+	=
PacifiCare of Texas (Dallas/Austin)	=	+	=	=	NA	=	+	-	+	+
PacifiCare of Texas (San Antonio/Houston)	-	=	+	=	NA	+	+	-	+	+
Scott and White Health Plan (Central TX)	+	+	+	=	=	+	+	-	+	+
UNICARE Health Plans (Southeast TX)	-	-	=	-	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	=	+	-	+	+

+ Better than Texas Average

= Equivalent to Texas Average

- Lower than Texas Average

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

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Summary Table

Health Plan Name	Diabetes Care, LDL-C screening	Diabetes Care, LDL-C control	Diabetes Care Medical Attention for Nephropathy	Diabetes Care Blood Pressure Control <130/80 mm HG	Diabetes Care Blood Pressure Control <140/90 mm HG	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	NR	NA	=	=	=
*Aetna Health Inc. (Dallas/Ft Worth)	-	+	-	NR	NR	=	=	=	=
*Aetna Health Inc. (El Paso)	=	+	-	NR	NR	NA	NA	NA	=
*Aetna Health Inc. (Houston)	+	+	-	NR	NR	=	=	=	=
*Aetna Health Inc. (San Antonio)	-	+	-	NR	NR	=	=	=	=
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	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
Community First Health Plans (San Antonio)	+	+	+	=	=	=	+	+	+
FIRSTCARE (Abilene)	=	+	=	=	-	NA	NA	-	-
FIRSTCARE (Amarillo)	+	+	=	=	+	NA	=	=	=
FIRSTCARE (Lubbock)	+	+	=	=	=	=	-	=	-
FIRSTCARE (Waco)	+	+	=	-	-	NA	NA	=	=
HMO Blue Texas (Austin)	+	=	+	NR	NR	+	=	=	=
HMO Blue Texas (Dallas/Ft Worth)	+	+	+	NR	NR	=	=	=	=
HMO Blue Texas (East/West/South TX)	+	+	-	NR	NR	NA	NA	=	=
HMO Blue Texas (Houston)	-	-	+	NR	NR	=	=	=	=
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)	+	+	+	-	=	NA	NA	=	=
Humana Health Plan of Texas (San Antonio)	+	+	+	+	=	+	=	+	+
Mercy Health Plans (Laredo)	+	+	-	=	-	NA	NA	NA	NA
PacifiCare of Texas (Dallas/Austin)	+	+	+	=	=	NA	NA	=	=
PacifiCare of Texas (San Antonio/Houston)	+	+	+	=	=	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)	+	-	=	NR	NR	=	=	=	=
*UnitedHealthcare of Texas - Dallas (Dallas)	+	-	+	NR	NR	=	=	+	=
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	+	-	=	NR	NR	+	+	+	+
Valley Baptist Health Plans (Harlingen)	+	+	+	=	+	NA	NA	+	+

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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)	NA	NA	=	=	=	-	+	+
*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)	-	=	=	=	=	-	-	-
FIRSTCARE (Abilene)	NA	NA	-	=	+	=	-	-
FIRSTCARE (Amarillo)	NA	NA	-	=	=	=	-	-
FIRSTCARE (Lubbock)	NA	NA	=	+	+	=	-	-
FIRSTCARE (Waco)	NA	NA	-	=	=	=	-	-
HMO Blue Texas (Austin)	+	+	=	+	+	+	+	+
HMO Blue Texas (Dallas/Ft Worth)	+	=	=	=	=	+	=	-
HMO Blue Texas (East/West/South TX)	=	=	=	=	=	=	=	-
HMO Blue Texas (Houston)	+	+	=	=	=	-	=	+
Humana Health Plan of Texas (Austin)	NA	NA	NA	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	=	=	=	=	+	=
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.

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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.

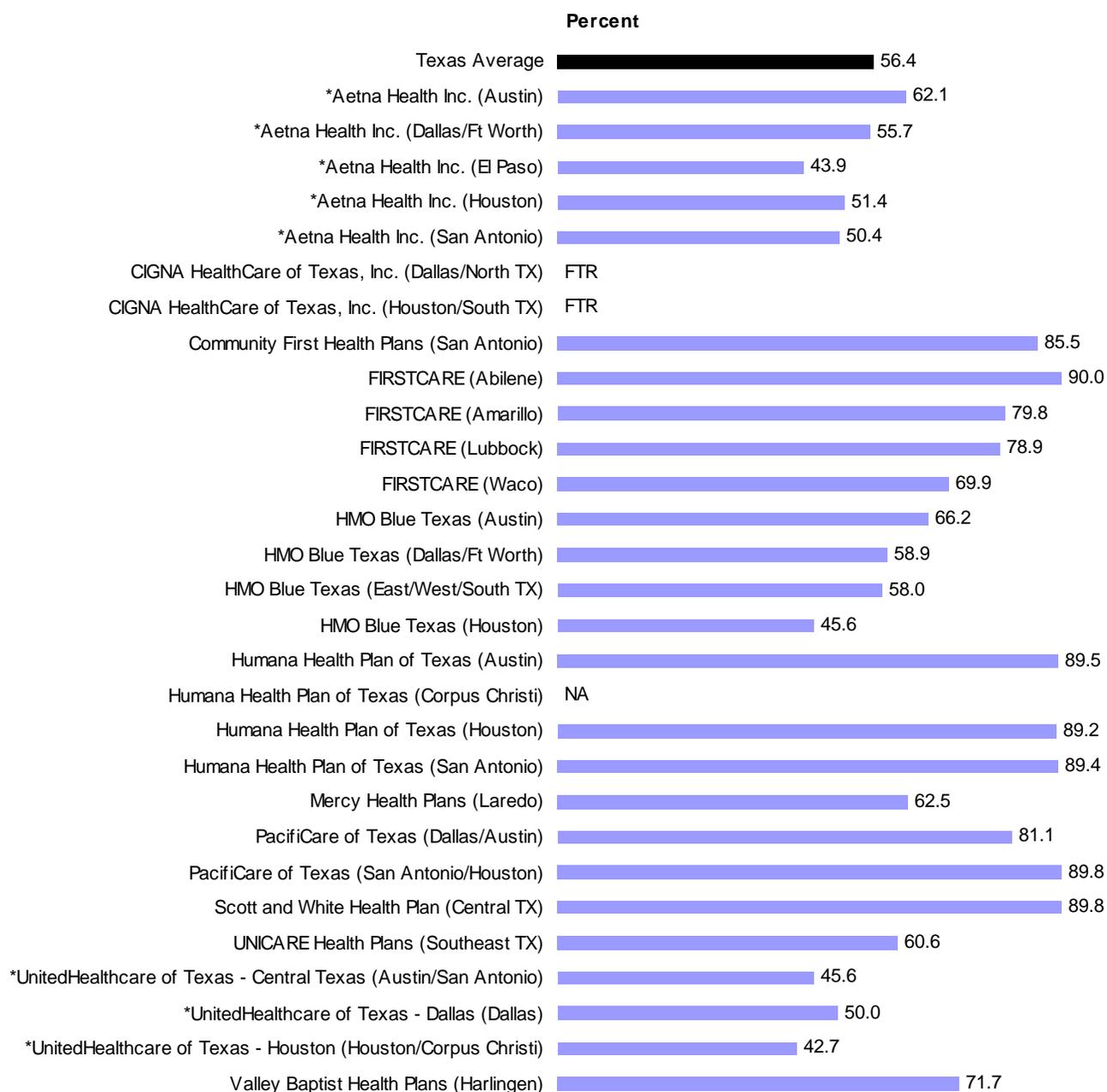
Childhood Immunization Status: Diphtheria, Tetanus, Pertussis (DTaP)

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

Childhood Immunization: DTaP rates					
	2004	2005	2006	2007	2008
Texas Average	60.6%	61.0%	54.4%	63.2%	56.4%
NCQA's Quality Compass®	84.3%	85.9%	86.1%	87.2%	73.1%

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

Childhood Immunization: DTaP



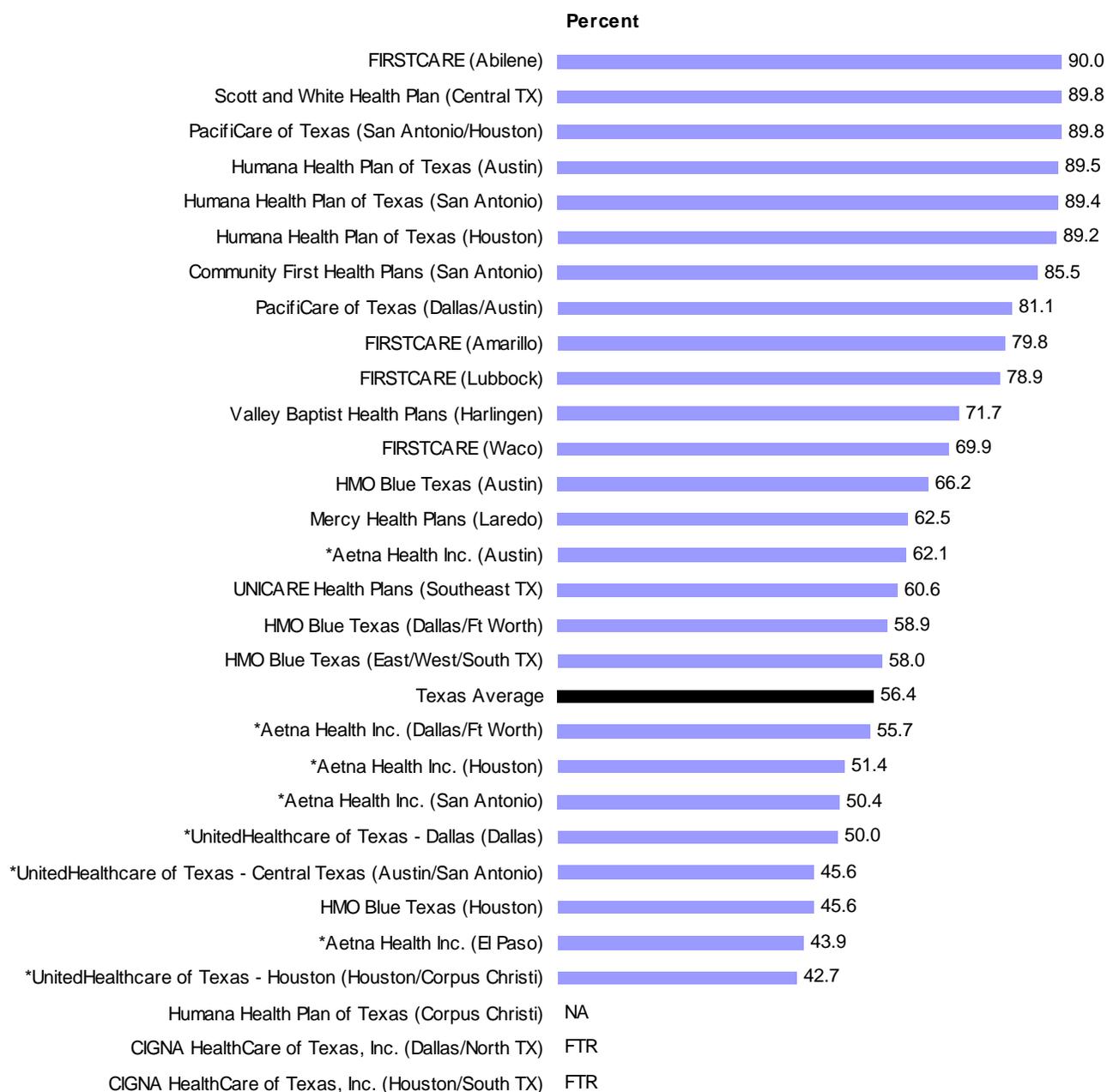
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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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: DTaP



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

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

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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.

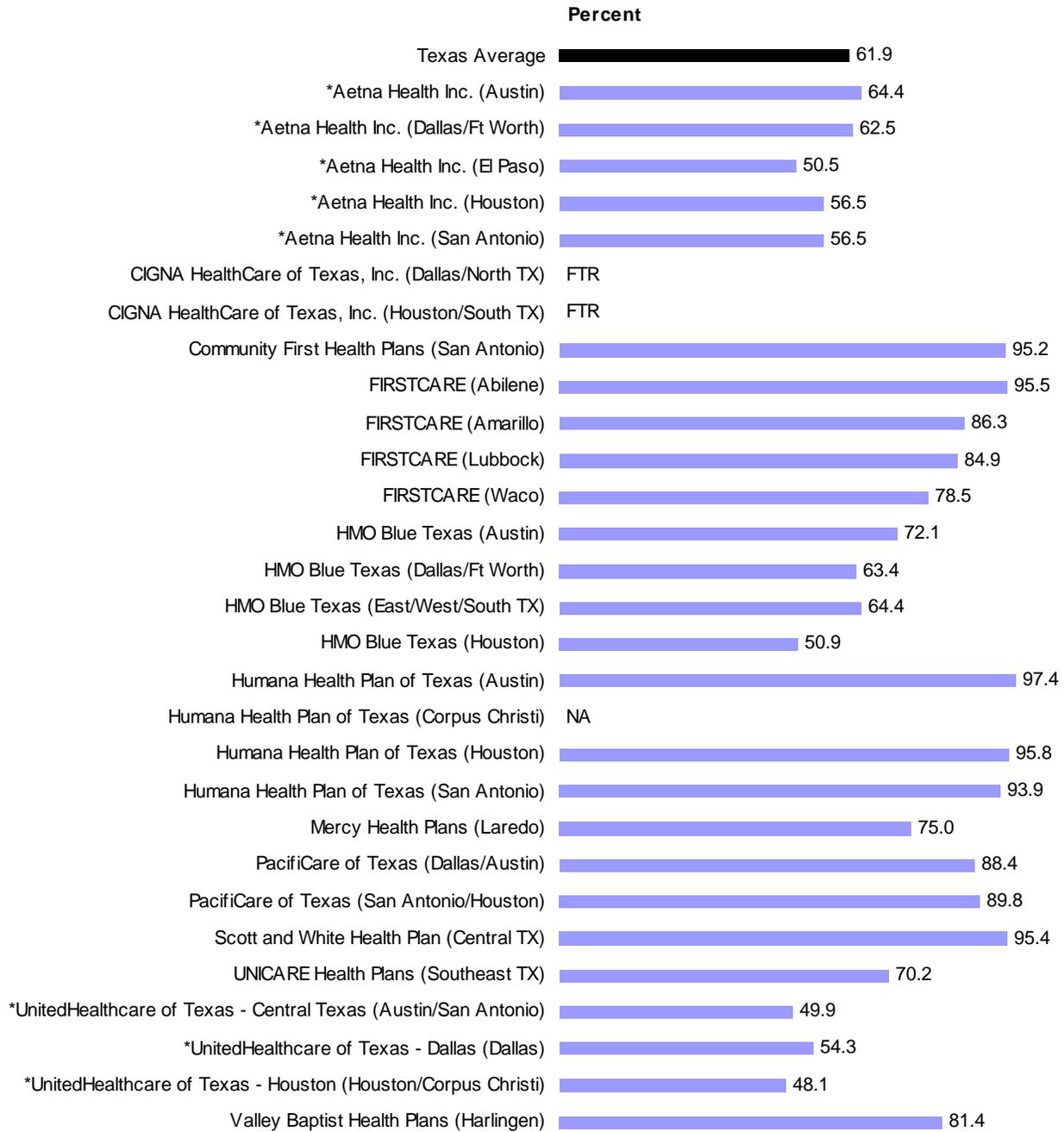
Childhood Immunization Status: Polio (IPV)

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

Childhood Immunization Status: IPV rates					
	2004	2005	2006	2007	2008
Texas Average	65.6%	65.7%	63.3%	67.9%	61.9%
NCQA's Quality Compass®	88.7%	90.1%	90.3%	91.4%	77.9%

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

Childhood Immunization Status: IPV (Polio)



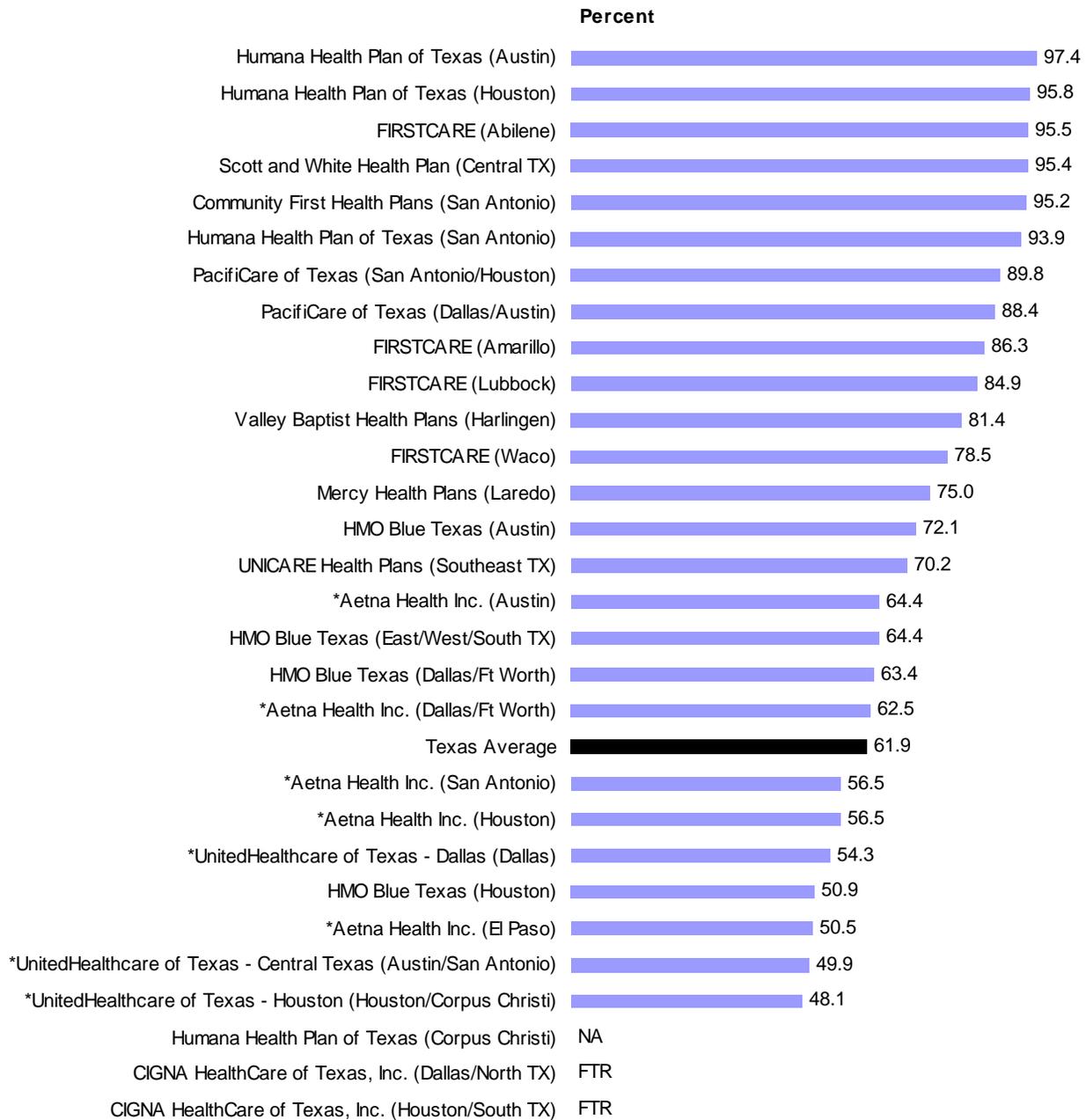
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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Childhood Immunization Status: IPV (Polio)



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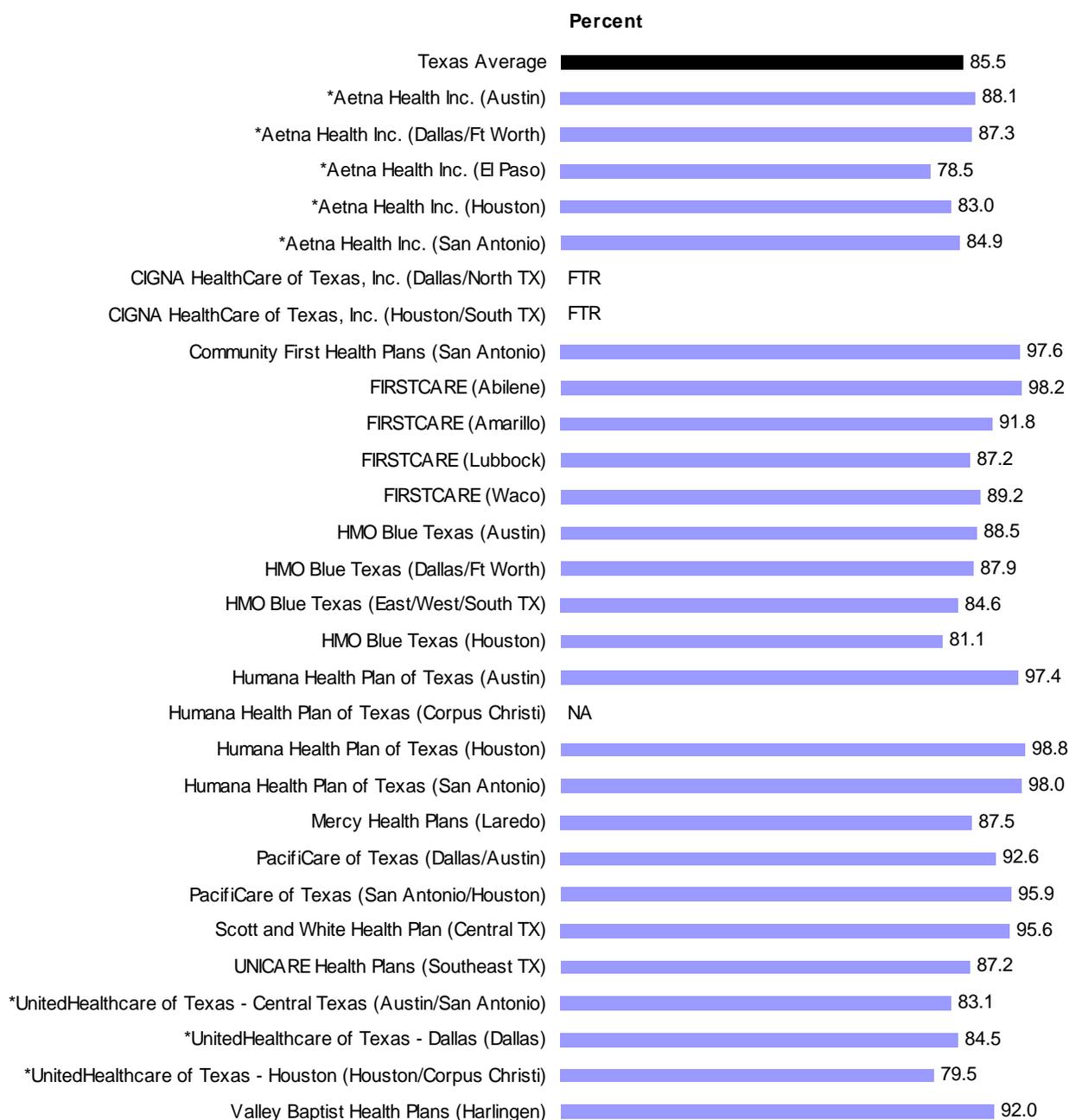
Childhood Immunization Status: Measles, Mumps, Rubella (MMR)

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: MMR Rates					
	2004	2005	2006	2007	2008
Texas Average	84.7%	86.7%	87.1%	88.2%	85.5%
NCQA's Quality Compass®	91.5%	92.3%	93.0%	93.6%	88.2%

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Childhood Immunization Status: MMR



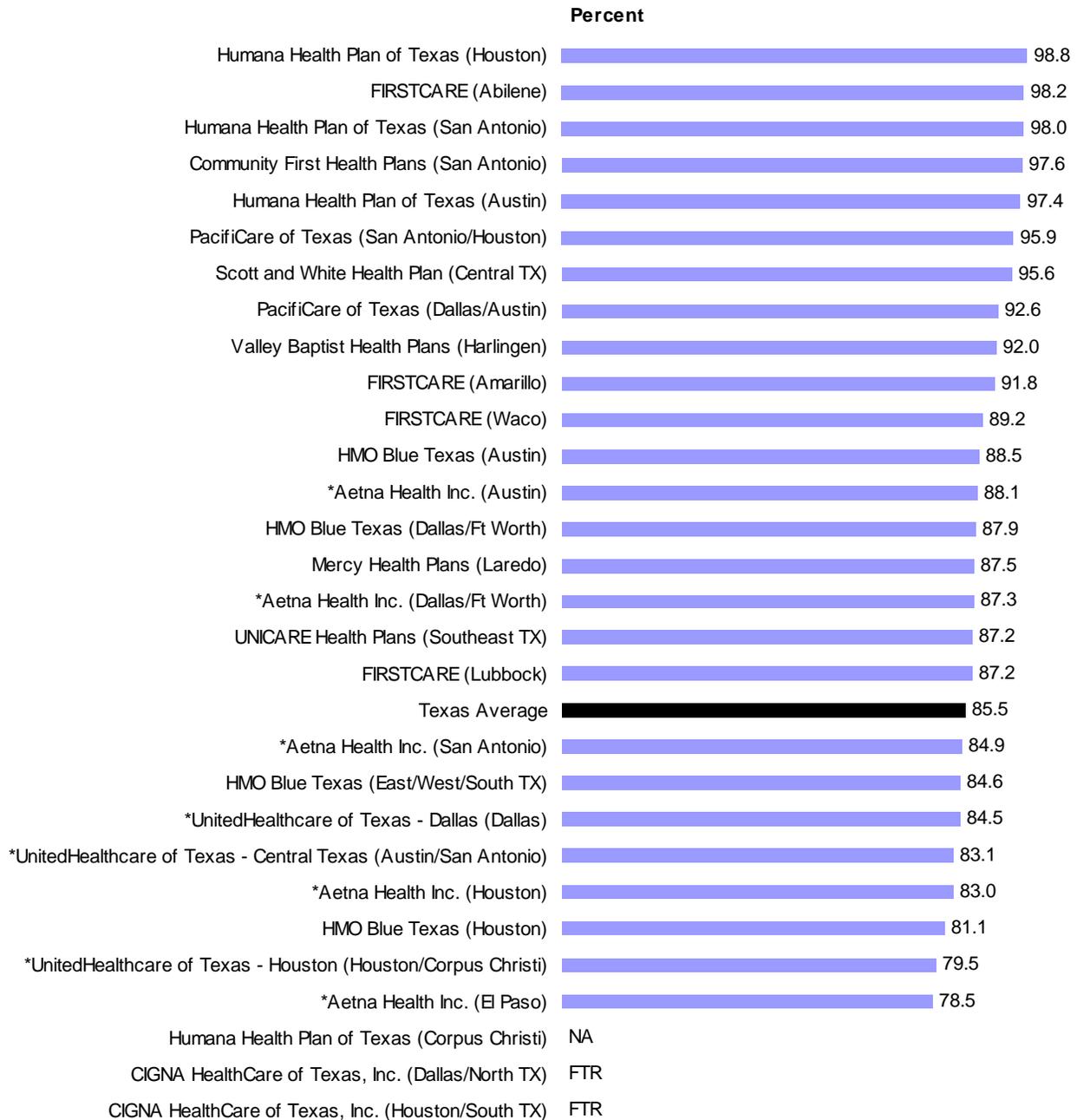
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Childhood Immunization Status: MMR



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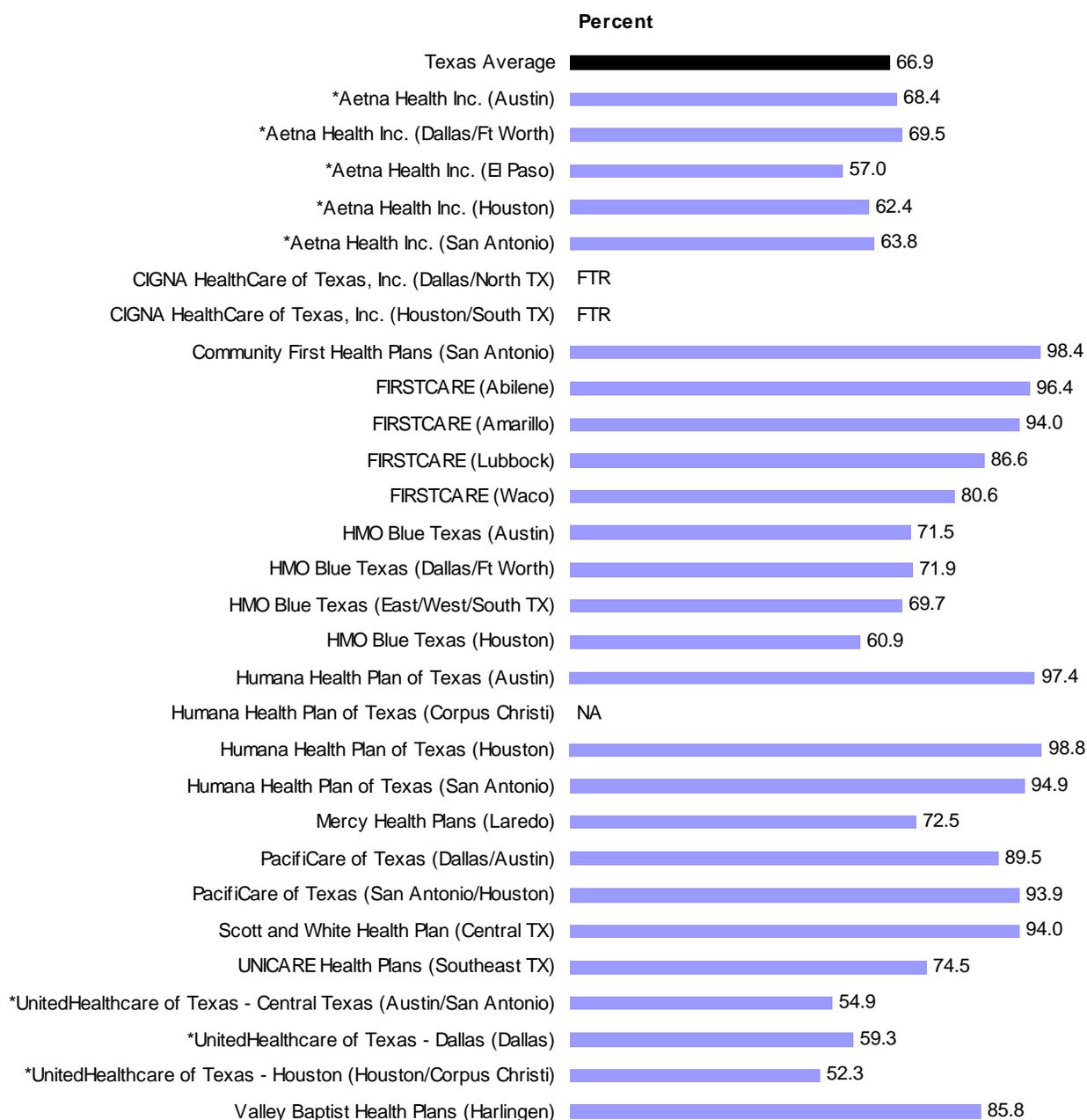
Childhood Immunization Status: H Influenza Type B (HiB)

Definition: The percentage of children using the HMO who received at least three *H influenza* type B (HiB) vaccines by two years of age.

Childhood Immunization Status: HiB Rates					
	2004	2005	2006	2007	2008
Texas Average	66.7%	66.8%	69.6%	70.0%	66.9%
NCQA's Quality Compass®	86.1%	87.7%	92.9%	93.4%	80.9%

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

Childhood Immunization Status: HiB



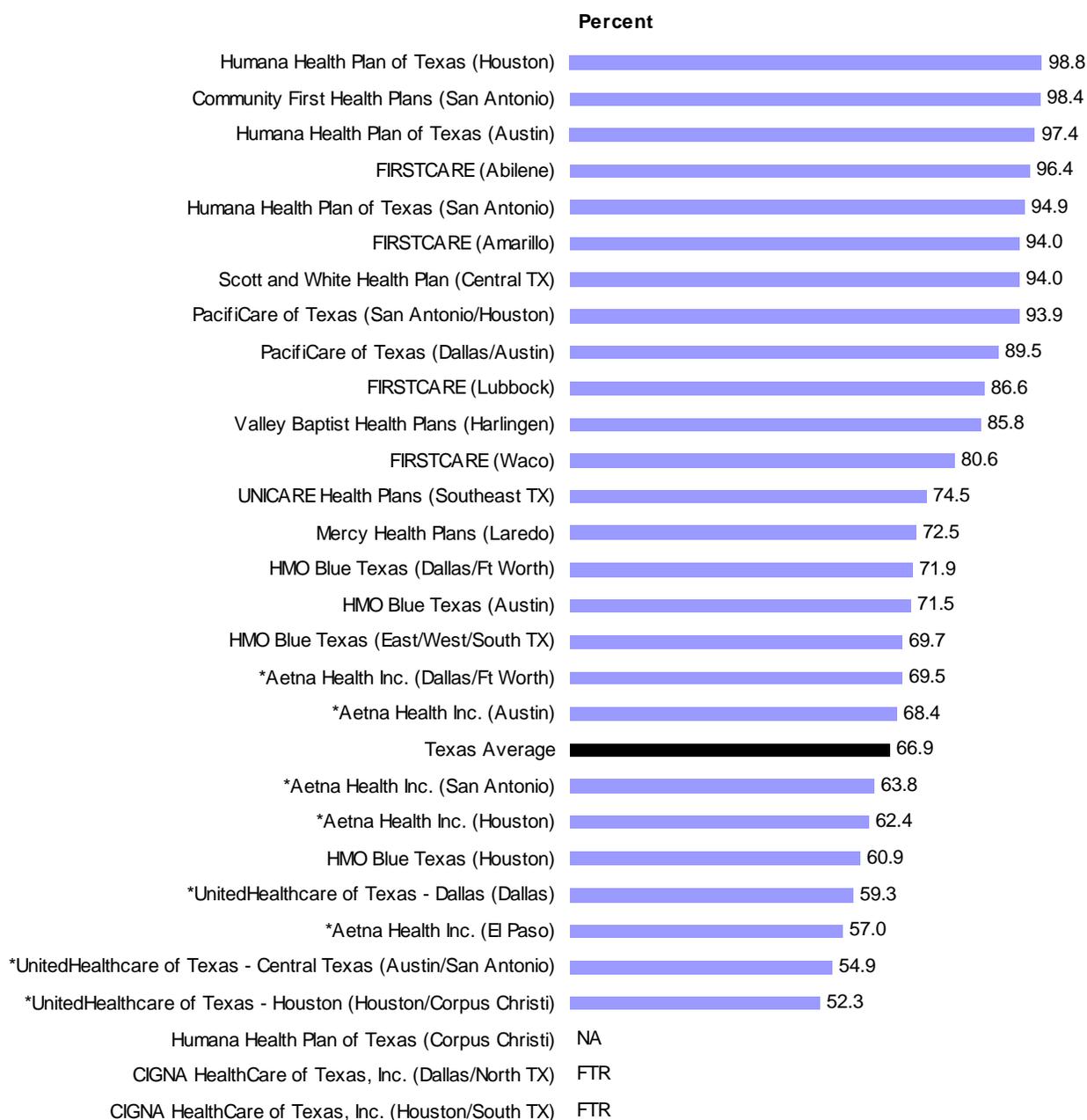
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Childhood Immunization Status: HiB



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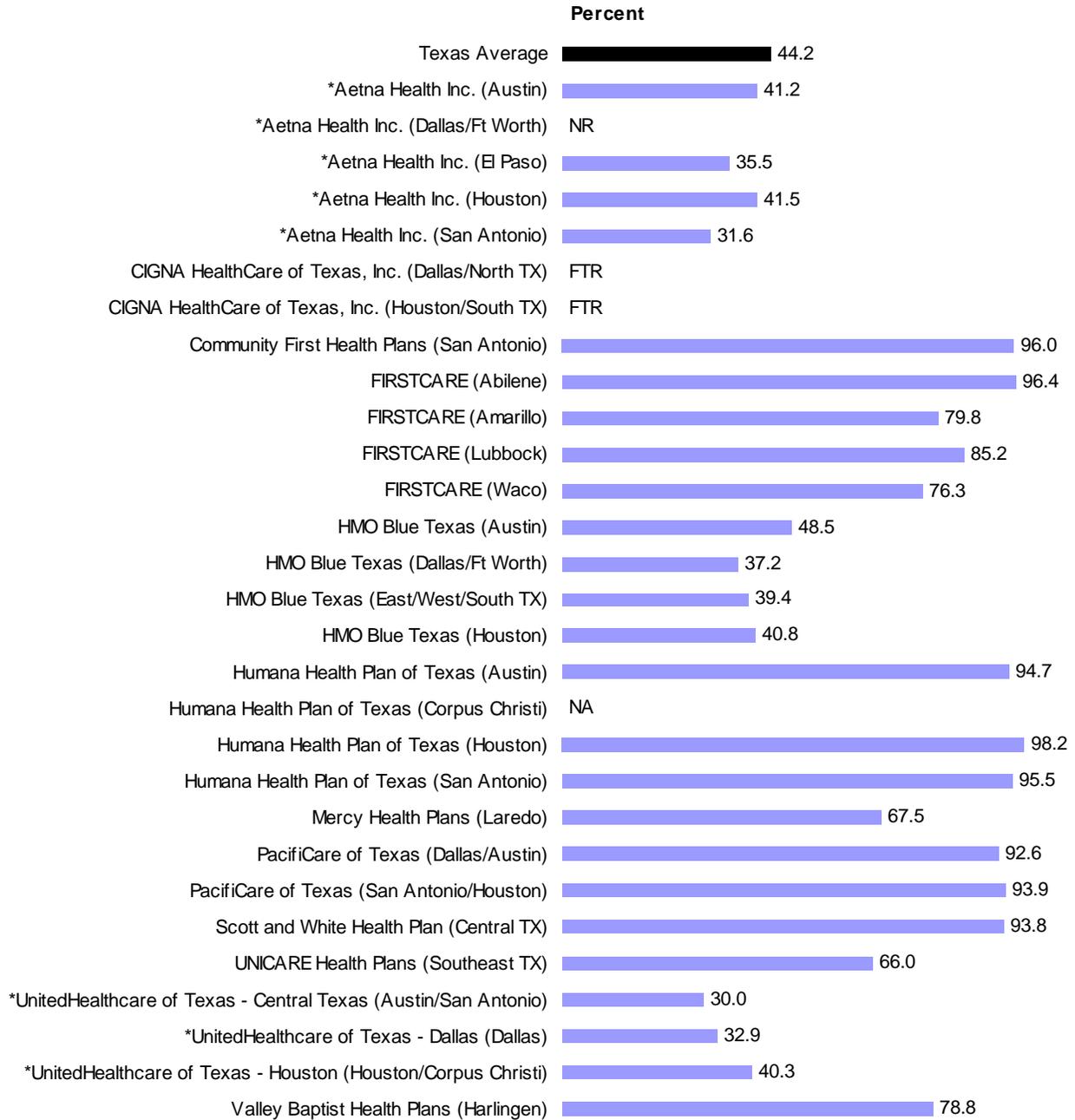
Childhood Immunization Status: Hepatitis B

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					
	2004	2005	2006	2007	2008
Texas Average	50.0%	47.8%	46.8%	50.1%	44.2%
NCQA's Quality Compass®	85.8%	87.2%	90.0%	91.0%	74.6%

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Childhood Immunization Status: Hepatitis B



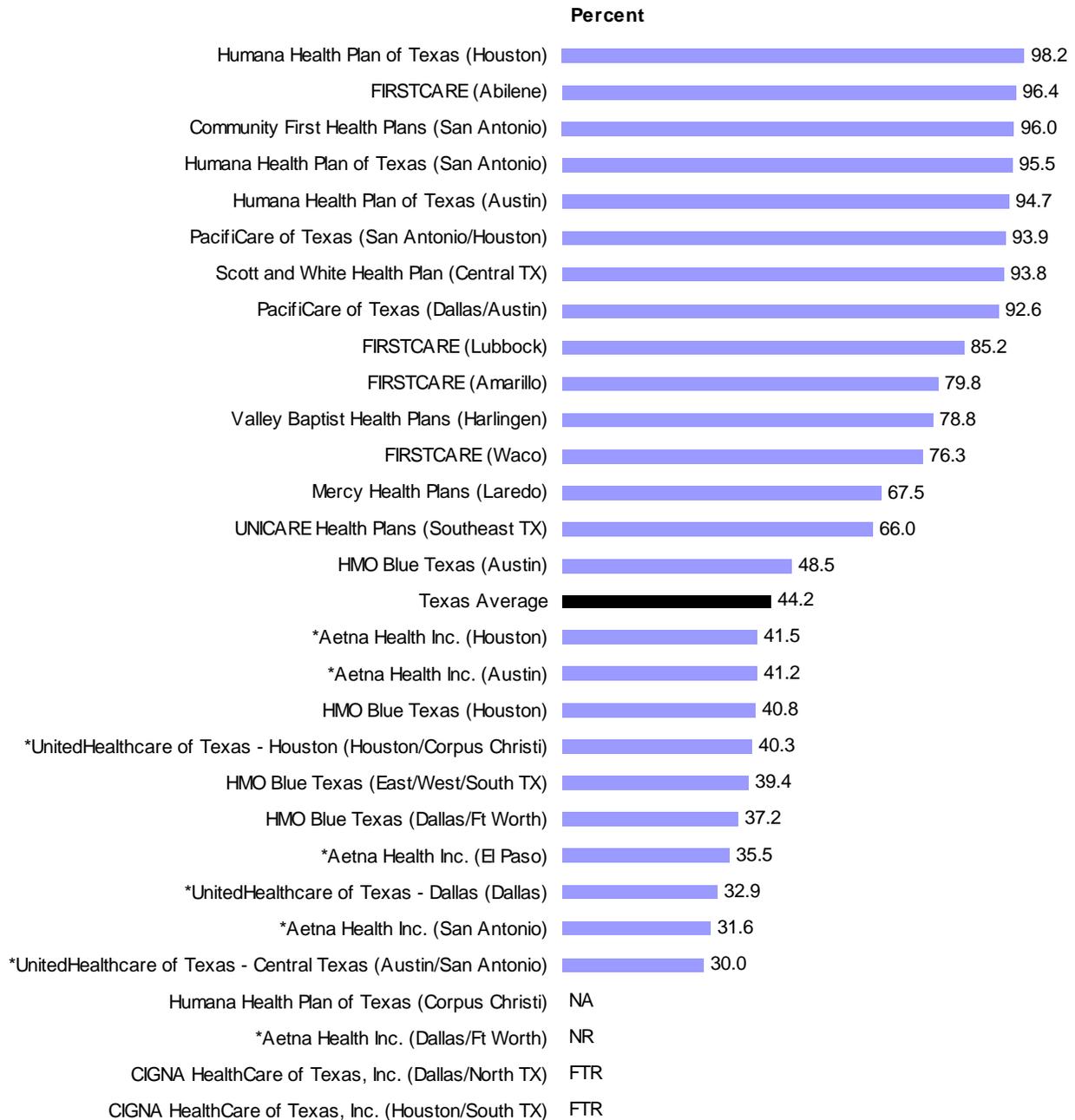
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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Childhood Immunization Status: Hepatitis B



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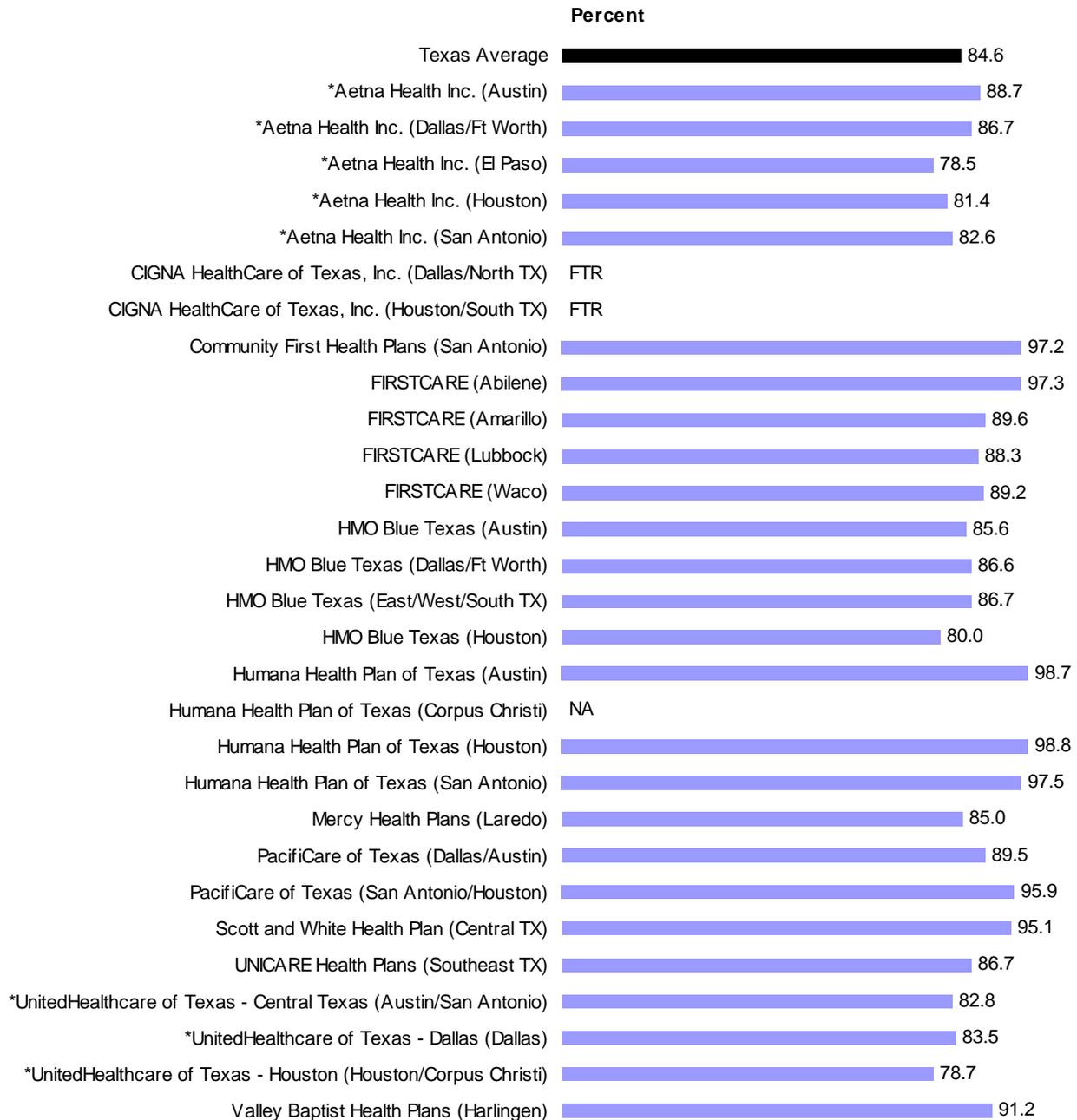
Childhood Immunization Status: Chicken Pox (VZV)

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

Childhood Immunization Status: VZV Rates					
	2004	2005	2006	2007	2008
Texas Average	82.2%	84.5%	85.5%	86.7%	84.6%
NCQA's Quality Compass®	85.7%	87.5%	89.9%	90.9%	86.5%

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

Childhood Immunization Status: VZV (Chicken Pox)



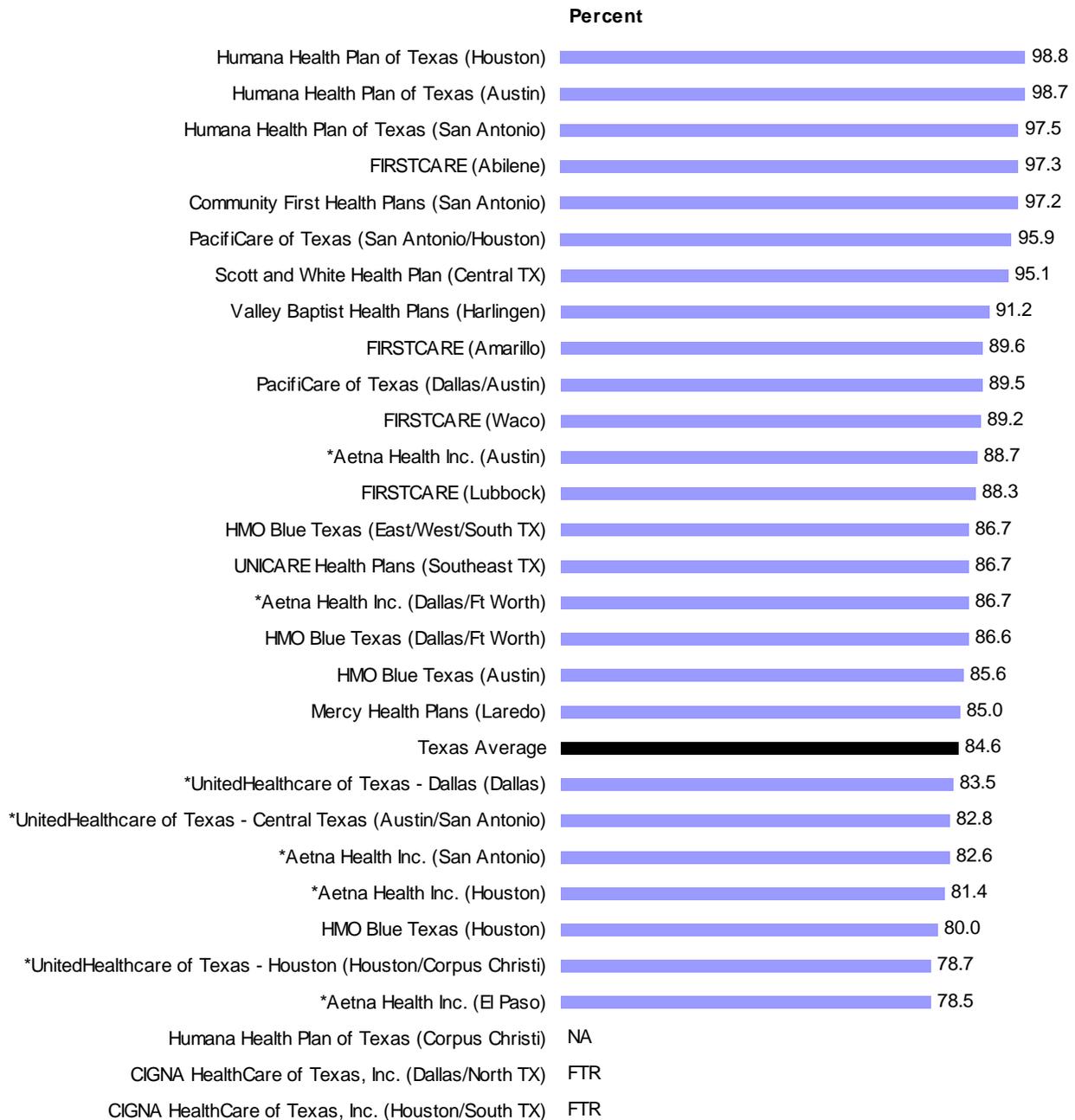
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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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: VZV (Chicken Pox)



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

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

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: Pneumococcal conjugate

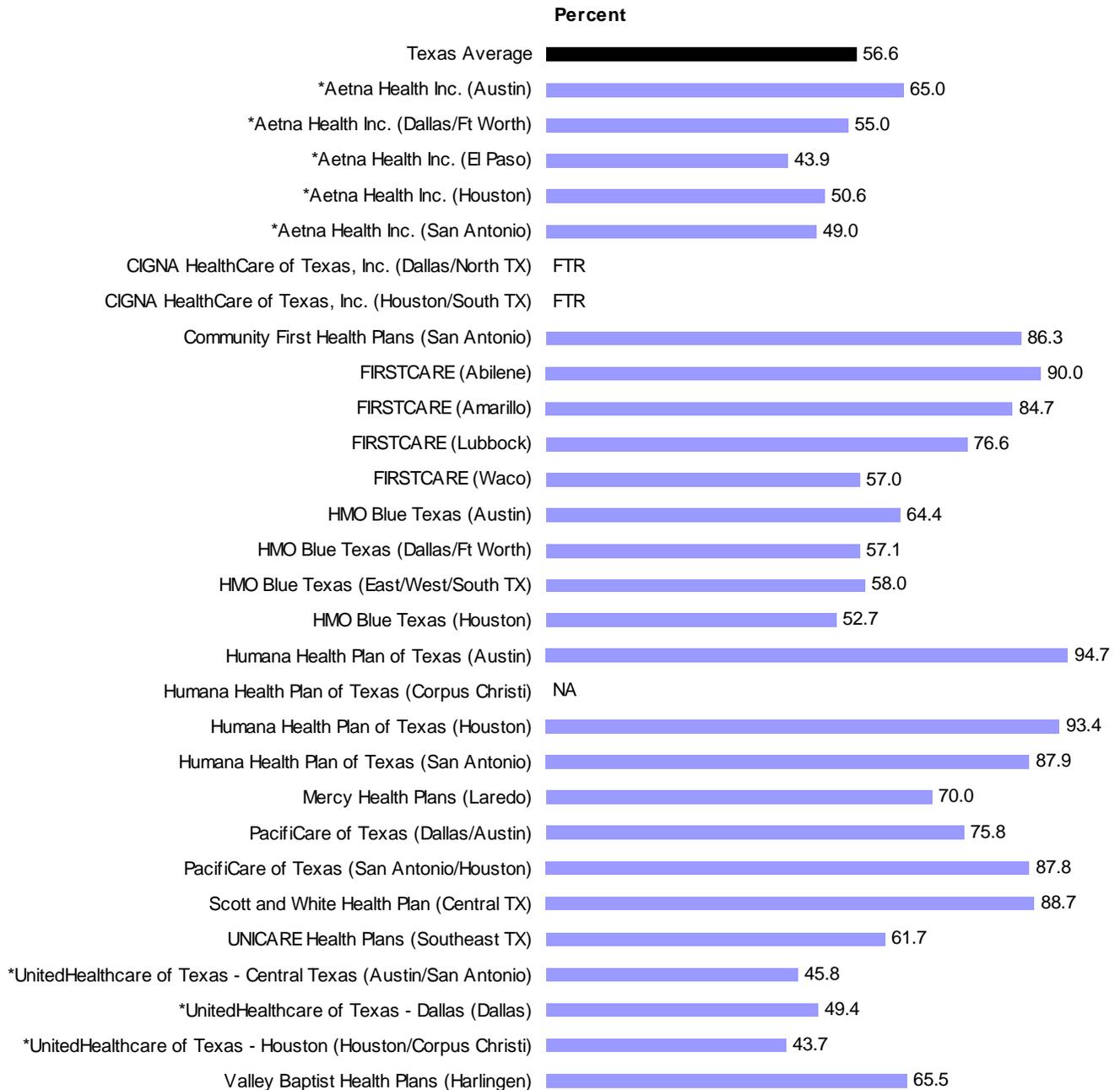
Definition: The percentage of children using the HMO who received four pneumococcal conjugate vaccines by two years of age.

Childhood Immunization Status: Pneumococcal conjugate Rates			
	2006	2007	2008
Texas Average	*	53.5%	56.6%
NCQA's Quality Compass®	*	72.8%	70.9%

This measure was added to the Texas Subset beginning with HEDIS® 2006

* Value not established or not obtained.
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Childhood Immunization Status: Pneumococcal conjugate



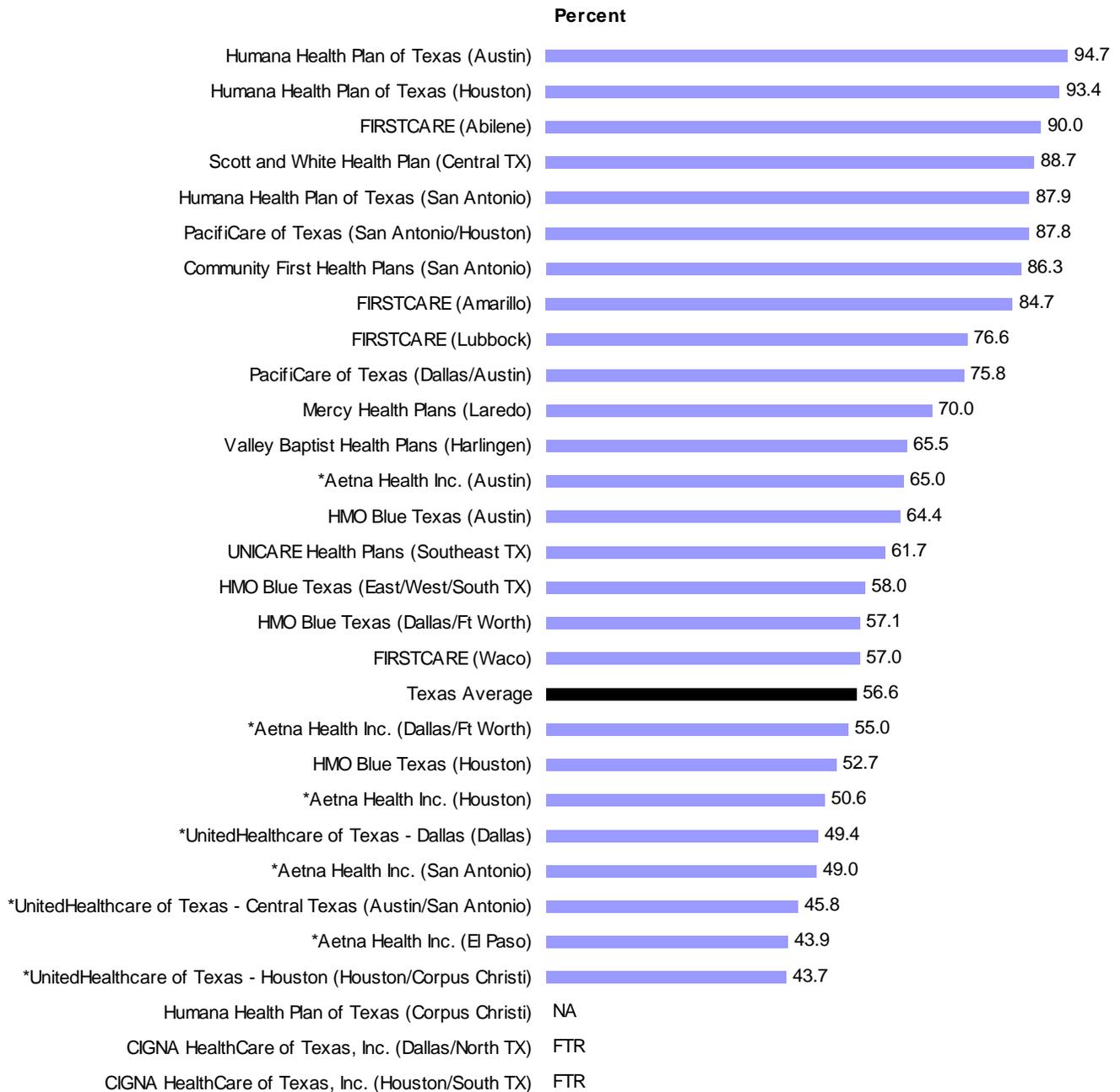
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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Childhood Immunization Status: Pneumococcal conjugate



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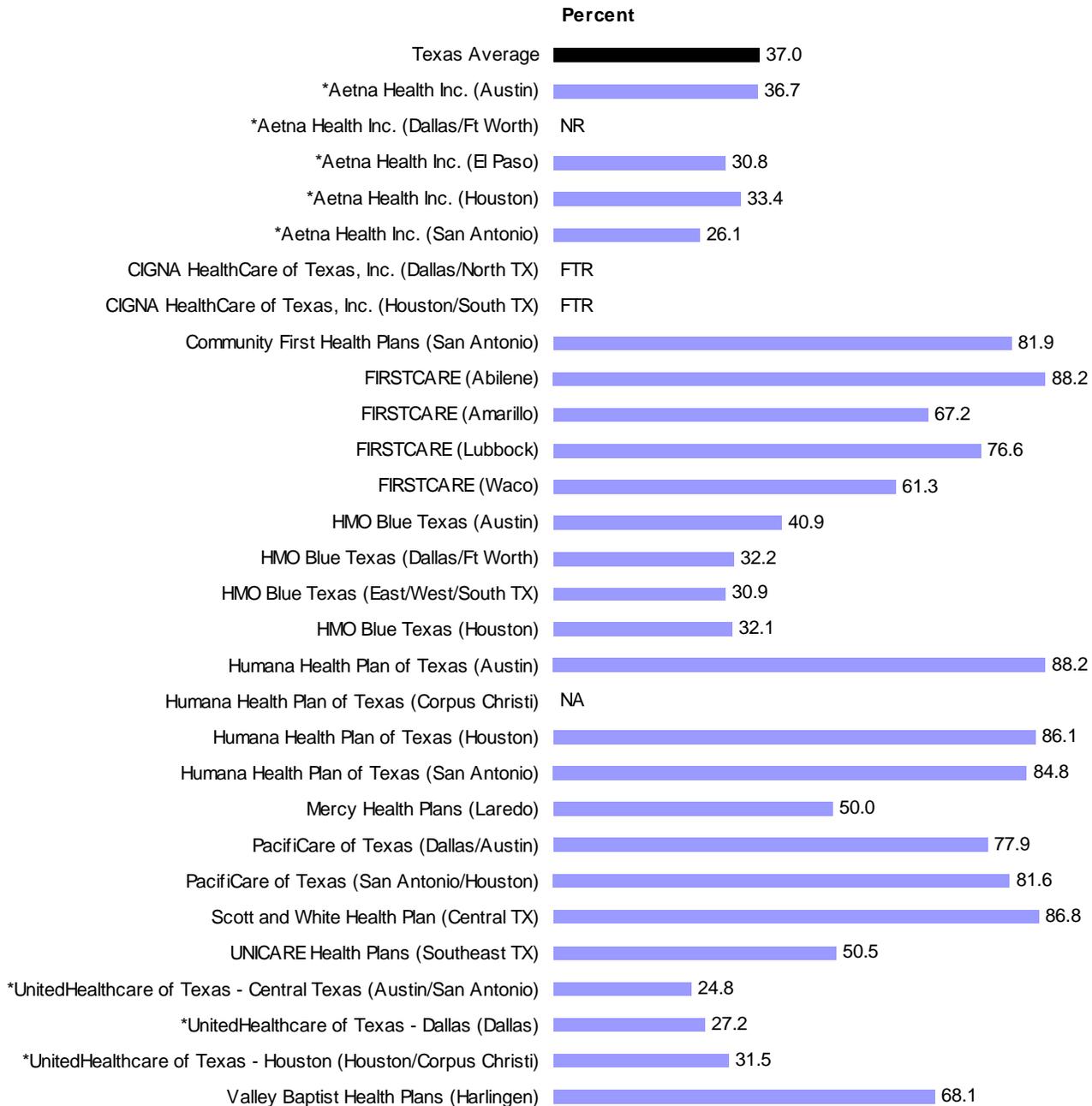
Childhood Immunization Status: Combination 2

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 H Influenza type B, and one Chicken Pox] by two years of age.

Childhood Immunization Status: Combination 2 Rates					
	2004	2005	2006	2007	2008
Texas Average	41.0%	39.8%	37.0%	42.6%	37.0%
NCQA's Quality Compass®	69.8%	72.5%	77.7%	79.8%	66.9%

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Childhood Immunization Status: Combination 2



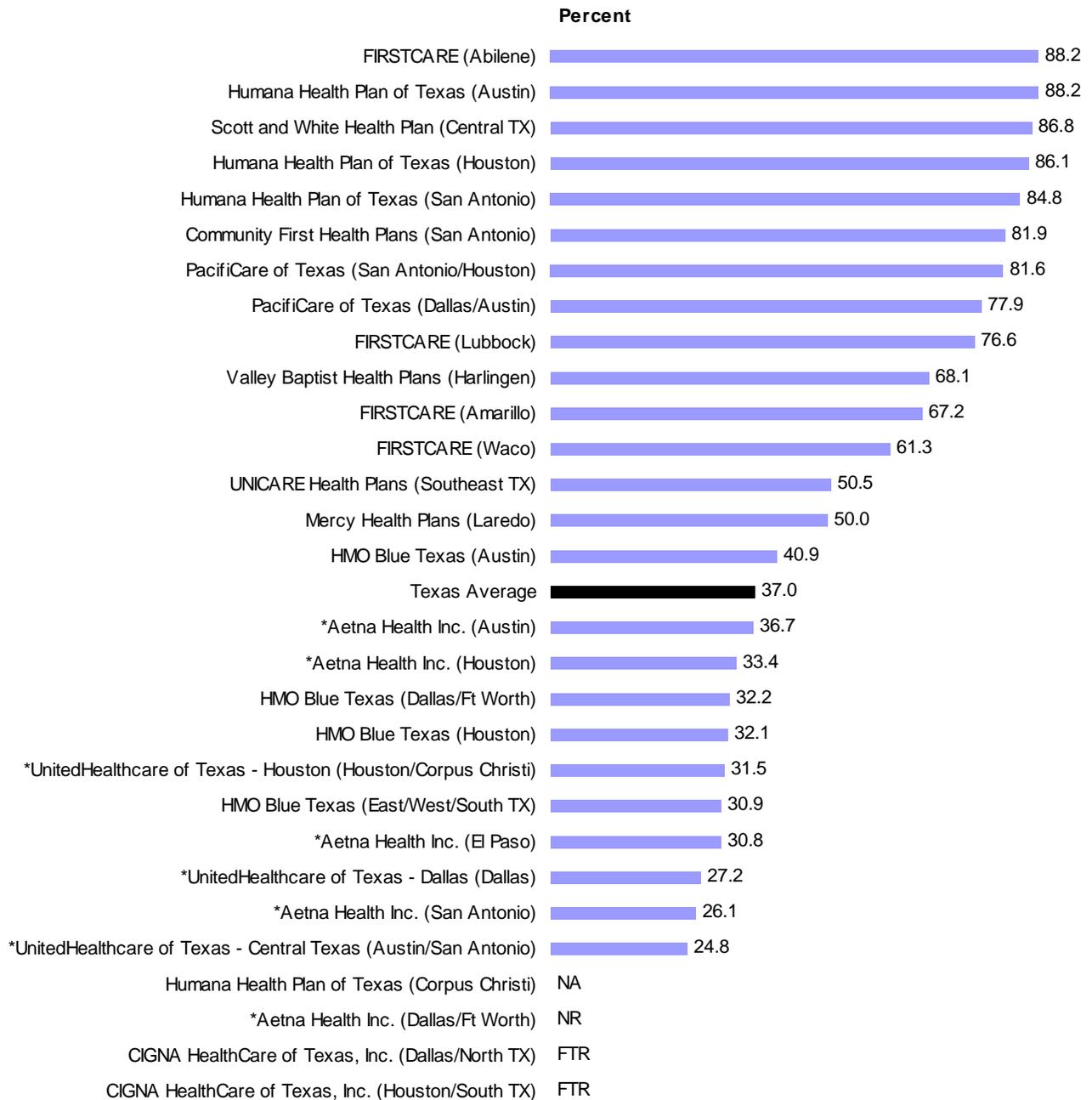
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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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



* 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 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 H Influenza type B, and one Chicken Pox] and four pneumococcal conjugate vaccinations by two years of age.

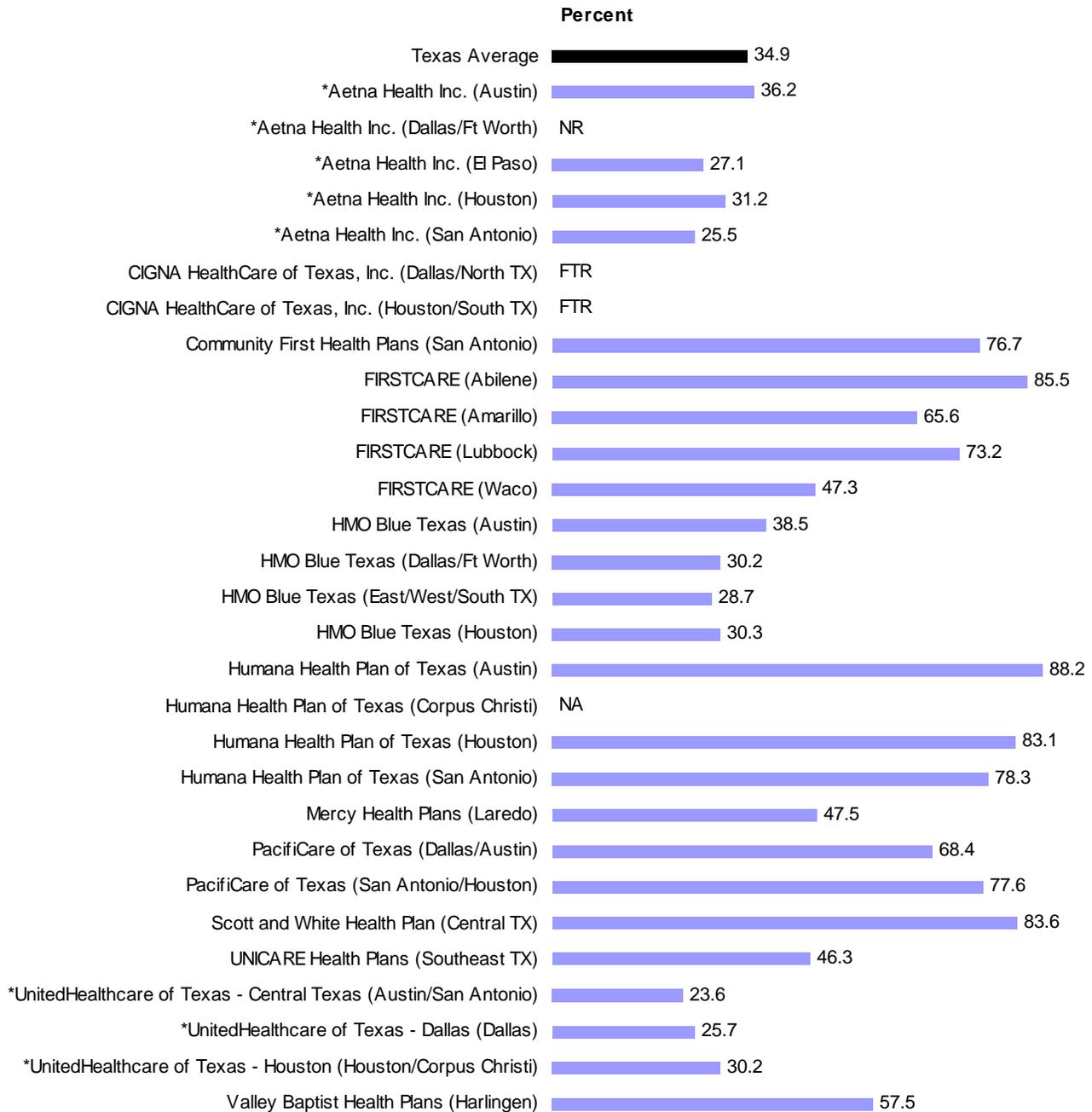
Childhood Immunization Status: Combination 3 Rates			
	2006	2007	2008
Texas Average	*	33.6%	34.9%
NCQA's Quality Compass®	*	65.7%	62.3%

This measure was added to the Texas Subset beginning with HEDIS® 2006

* Value not established or not obtained.

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Childhood Immunization Status: Combination 3



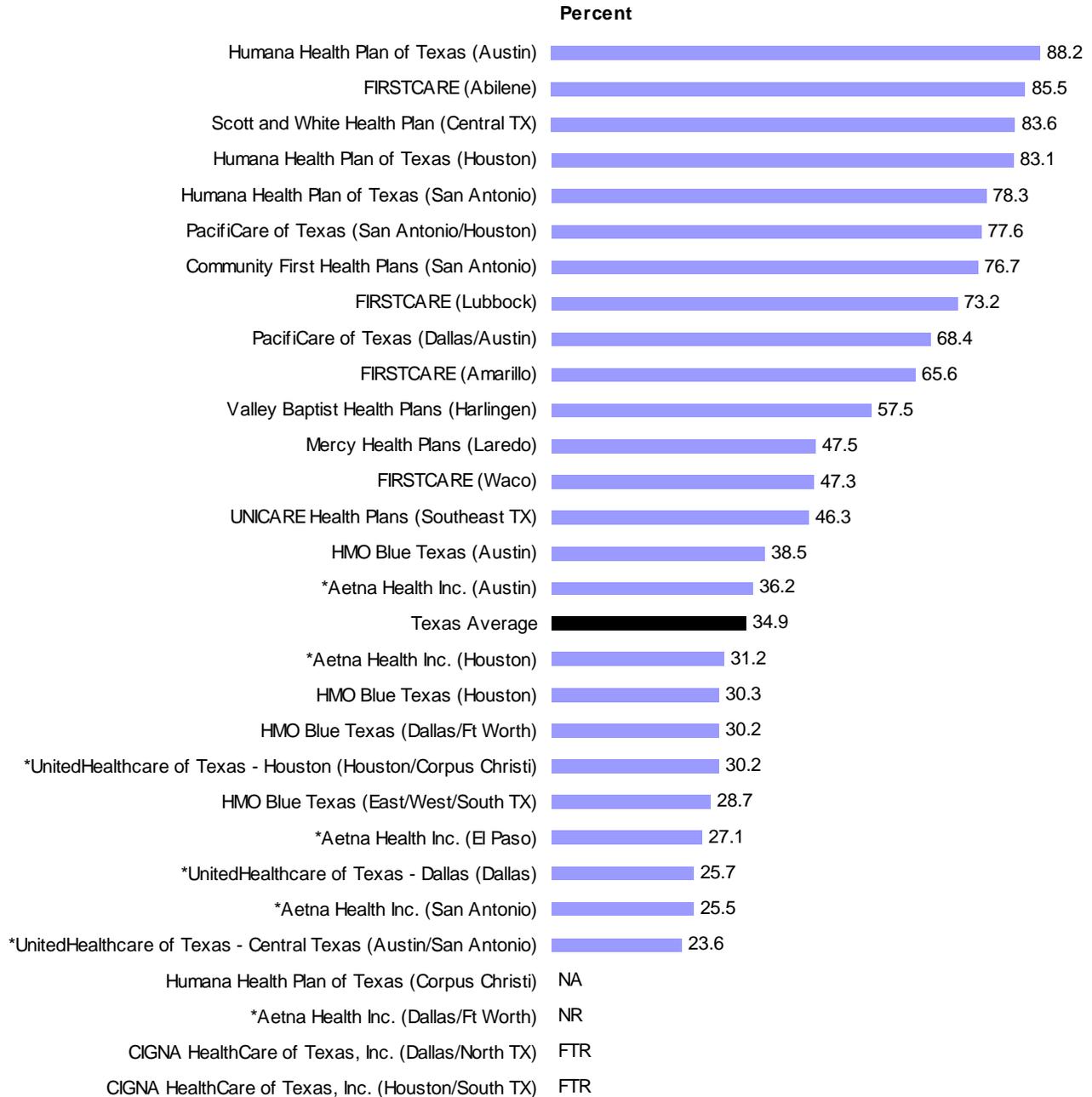
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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Childhood Immunization Status: Combination 3



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Colorectal Cancer Screening

Definition: The percentage of adults 50 to 80 years of age using the HMO who had an appropriate screening for colorectal cancer.

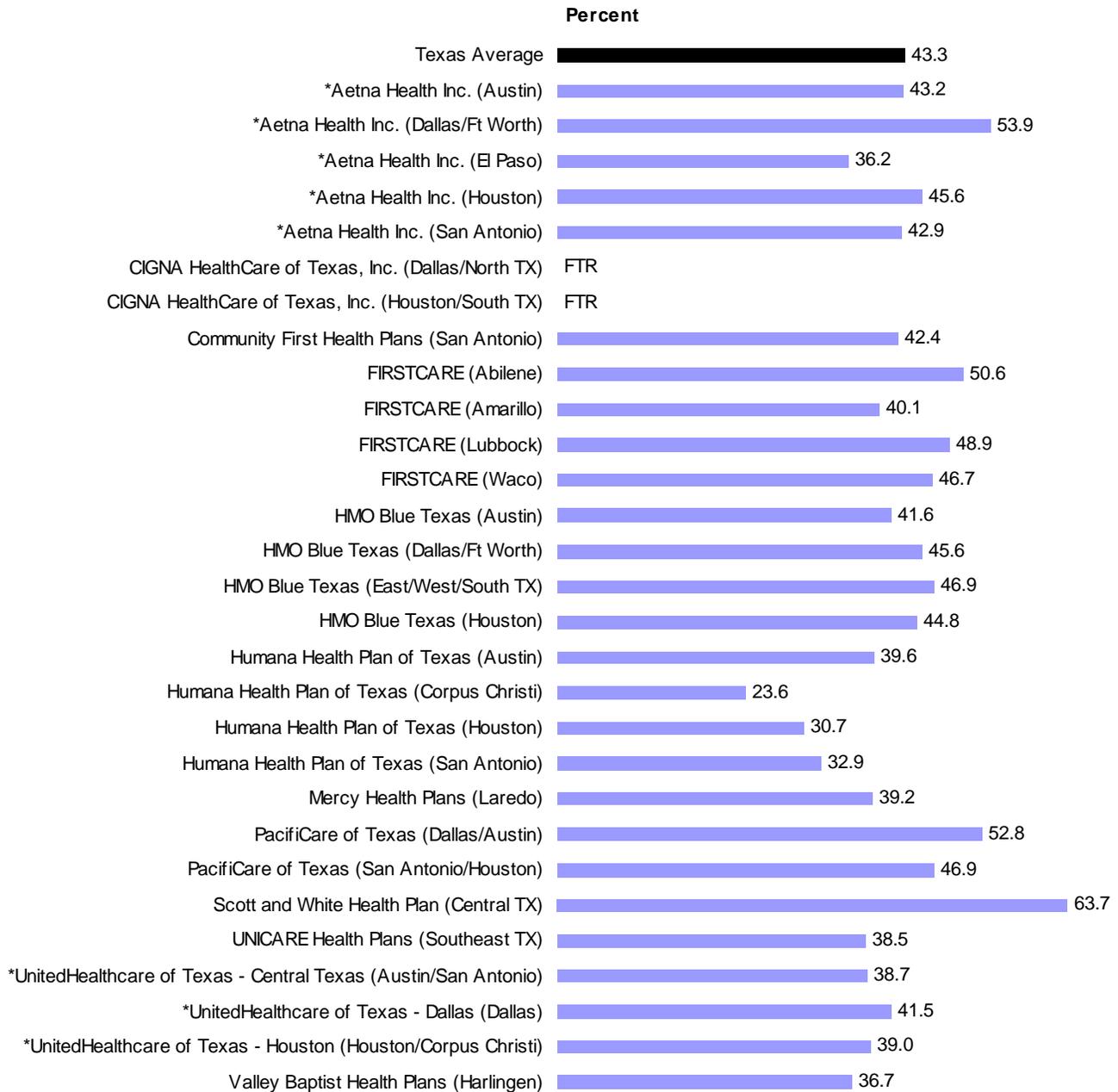
Colorectal Cancer Screening Rates		
	2007	2008
Texas Average	45.3%	43.3%
NCQA's Quality Compass®	54.5%	51.3%

Healthy People 2010 Goal*: 50%

This measure was added to the Texas Subset beginning with HEDIS® 2007.

*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.

Colorectal Cancer Screening Rate



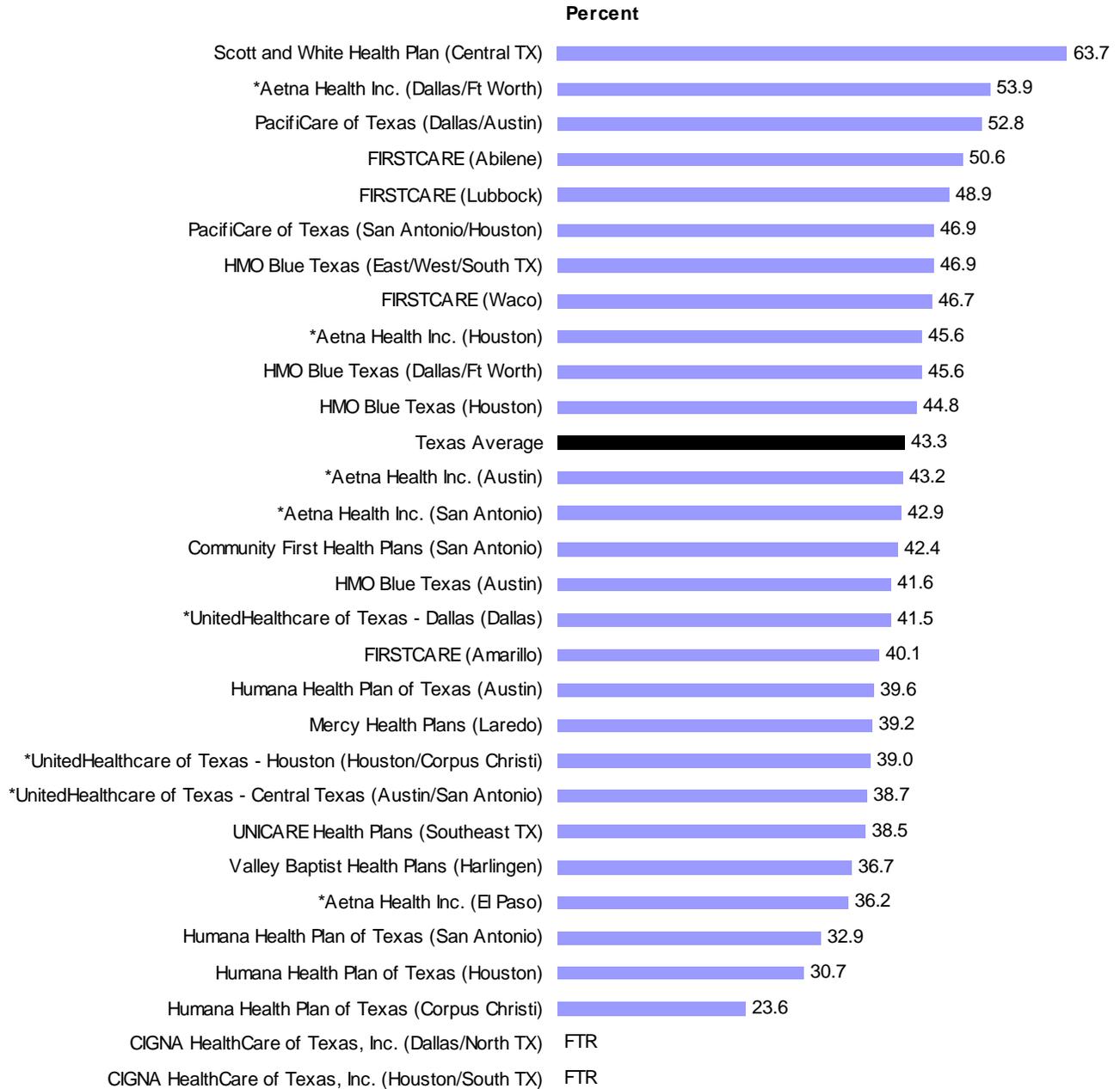
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Colorectal Cancer Screening Rate



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Breast Cancer Screening

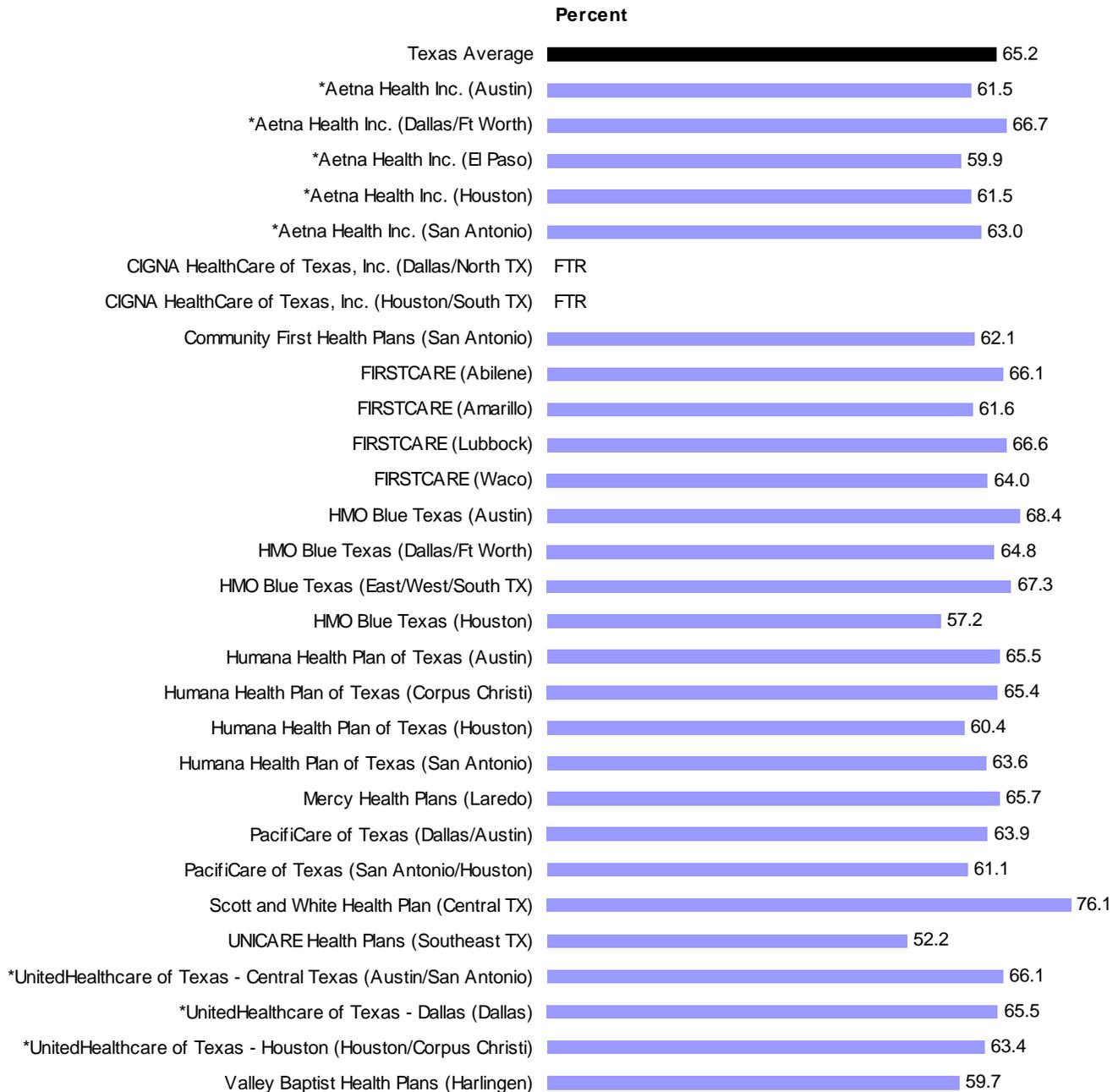
Definition: The percentage of women 40 through 69 years of age using the HMO who received a mammogram to screen for breast cancer.

Breast Cancer Screening Rates					
	2004	2005	2006	2007	2008
Texas Average	69.0%	67.6%	66.1%	63.3%	65.2%
NCQA's Quality Compass®	75.3%	73.4%	72.0%	68.9%	67.3%

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.
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Breast Cancer Screening Rate



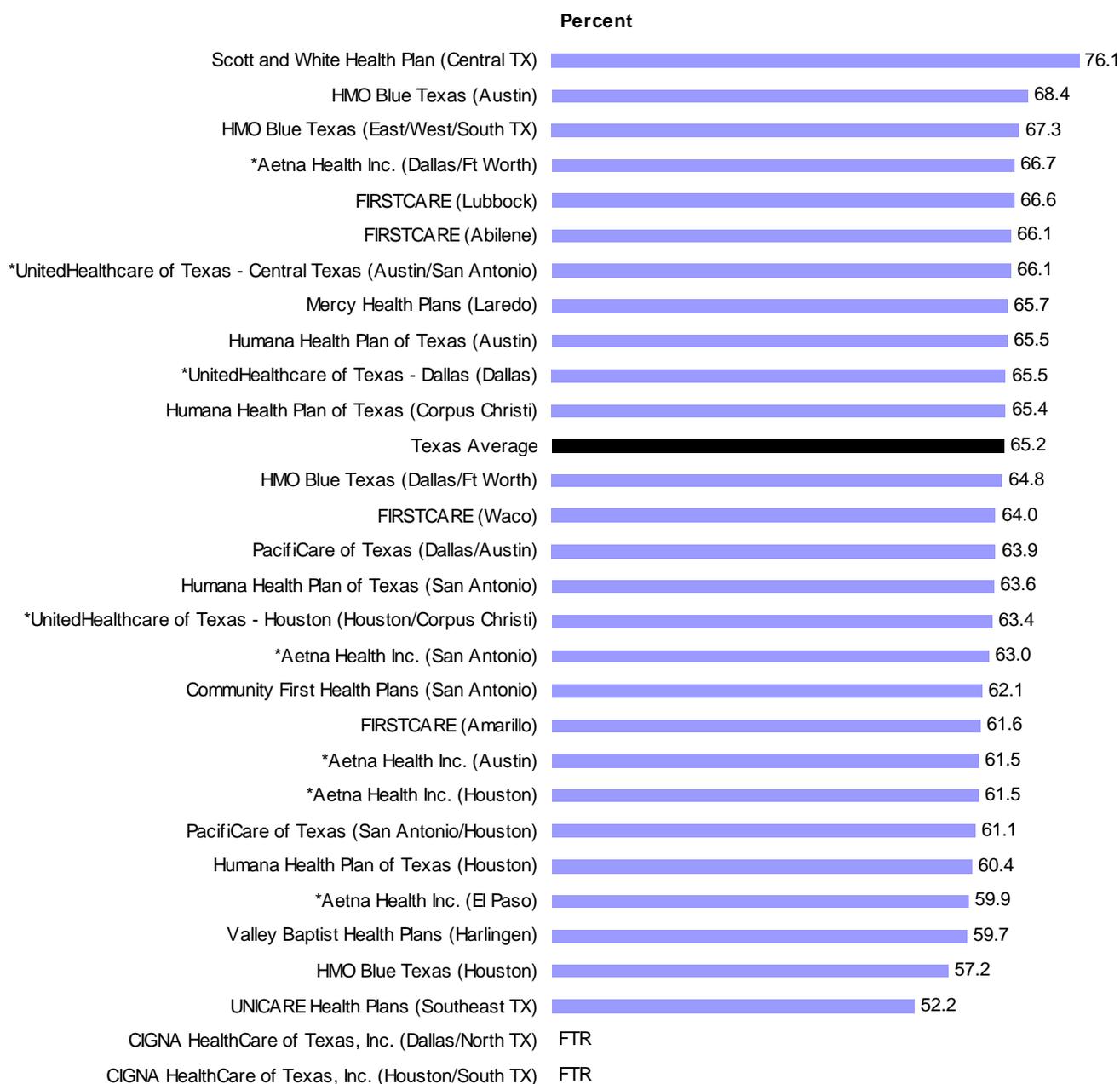
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Breast Cancer Screening Rate



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Cervical Cancer Screening

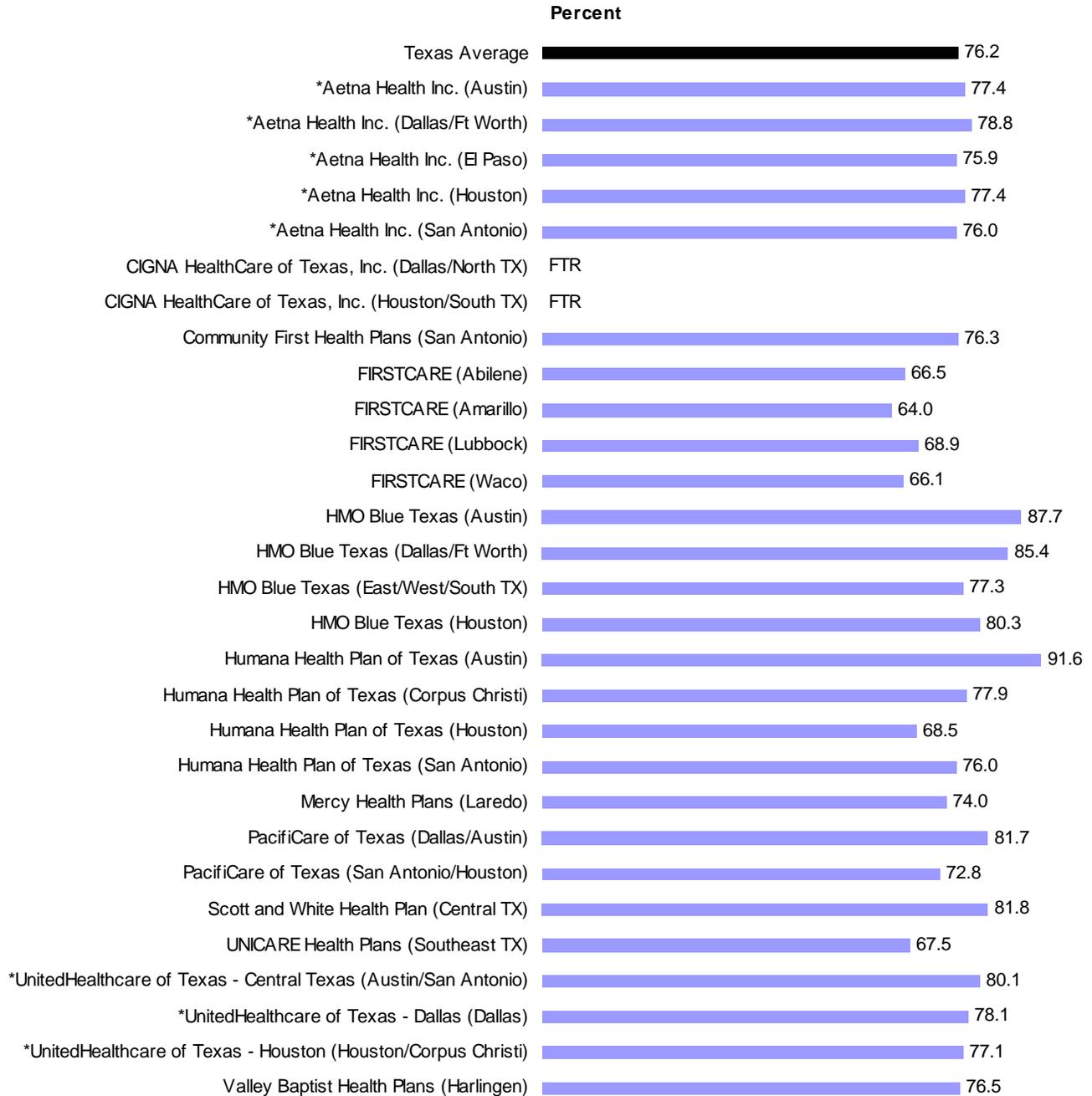
Definition: The percentage of women 21 through 64 years of age using the HMO who received one or more Pap tests to screen for cervical cancer.

Cervical Cancer Screening					
	2004	2005	2006	2007	2008
Texas Average	72.8%	76.6%	77.1%	74.7%	76.2%
NCQA's Quality Compass®	81.8%	80.9%	81.8%	81.0%	78.4%

Healthy People 2010 Goal*: 90%

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Cervical Cancer Screening Rate



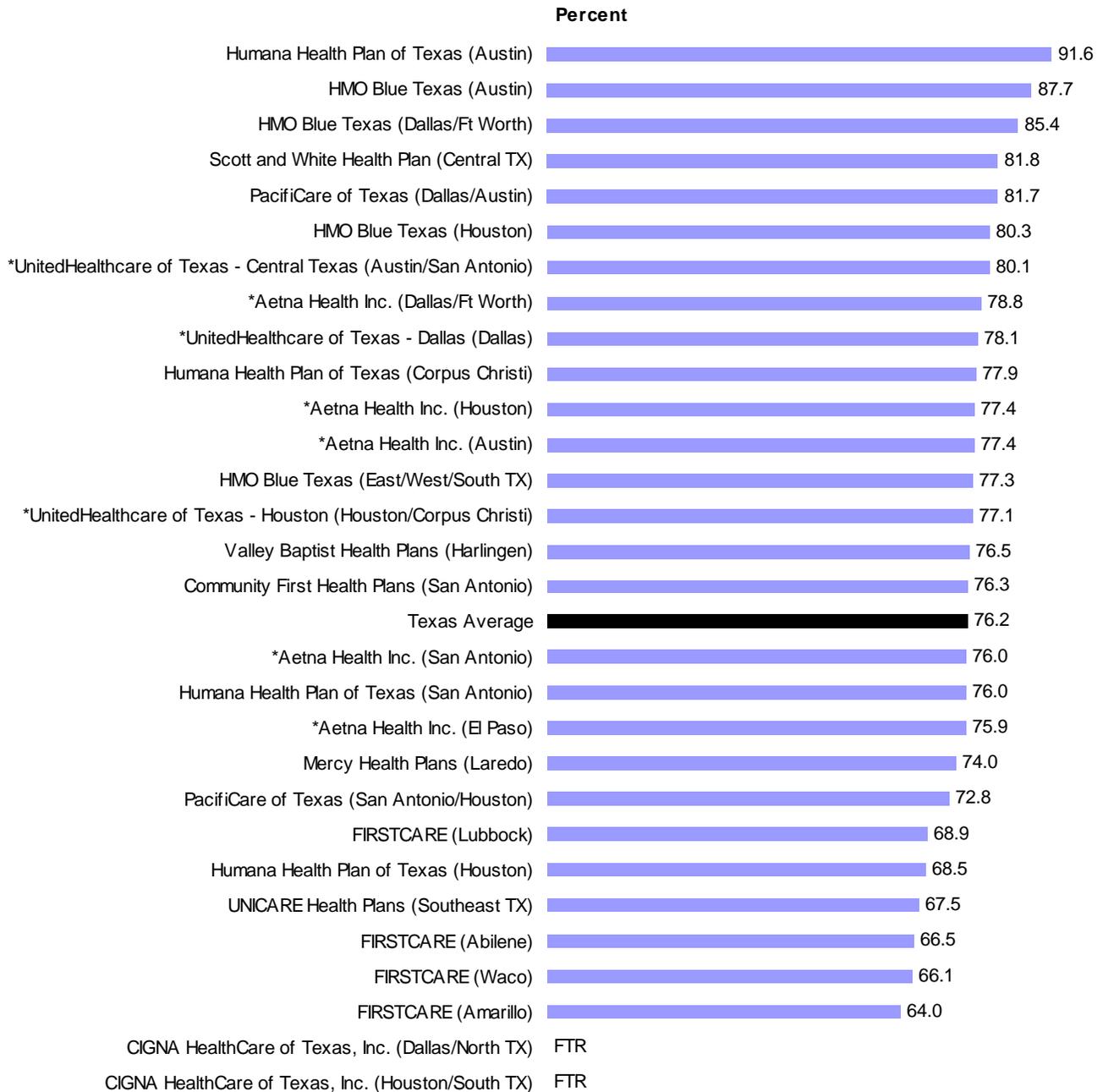
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Cervical Cancer Screening Rate



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Chlamydia Screening in Women

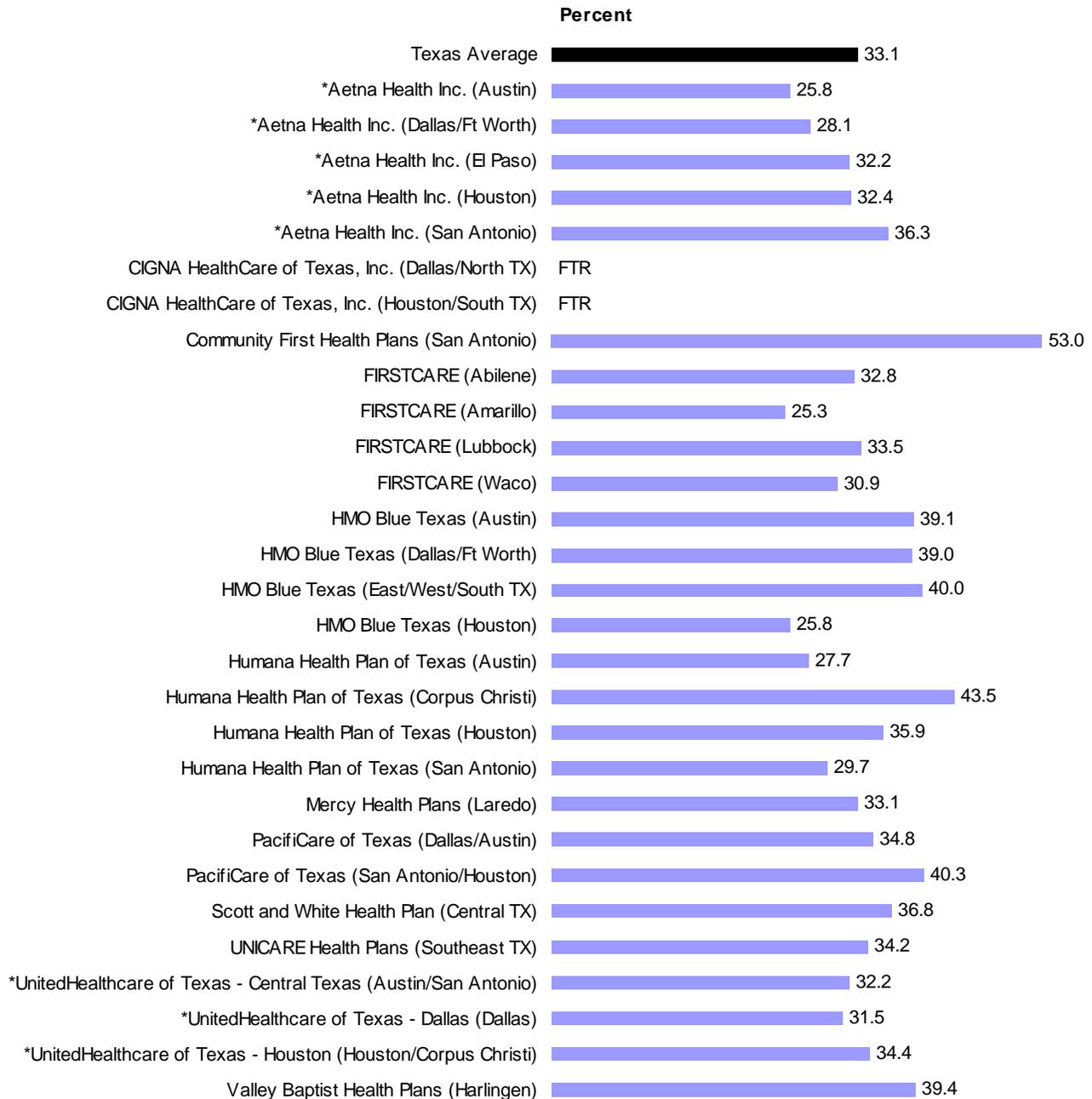
Definition: The percentage of women 16 to 25 years of age using the HMO who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Chlamydia Screening Rates		
	2007	2008
Texas Average	34.0%	33.1%
NCQA's Quality Compass®	37.3%	36.4%

This measure was added to the Texas Subset beginning with HEDIS® 2007.

*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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Chlamydia Screening Rate



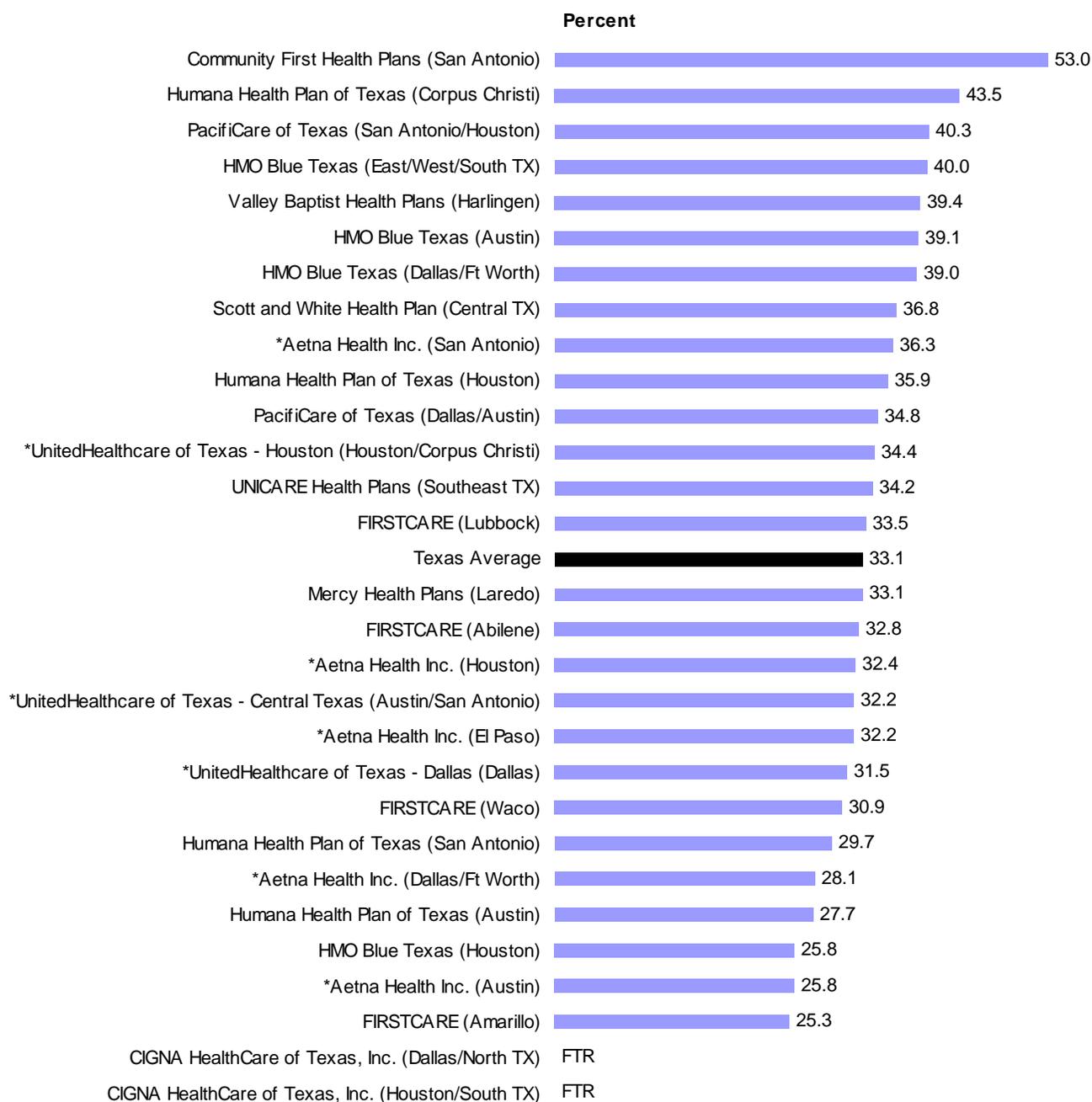
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Chlamydia Screening Rate



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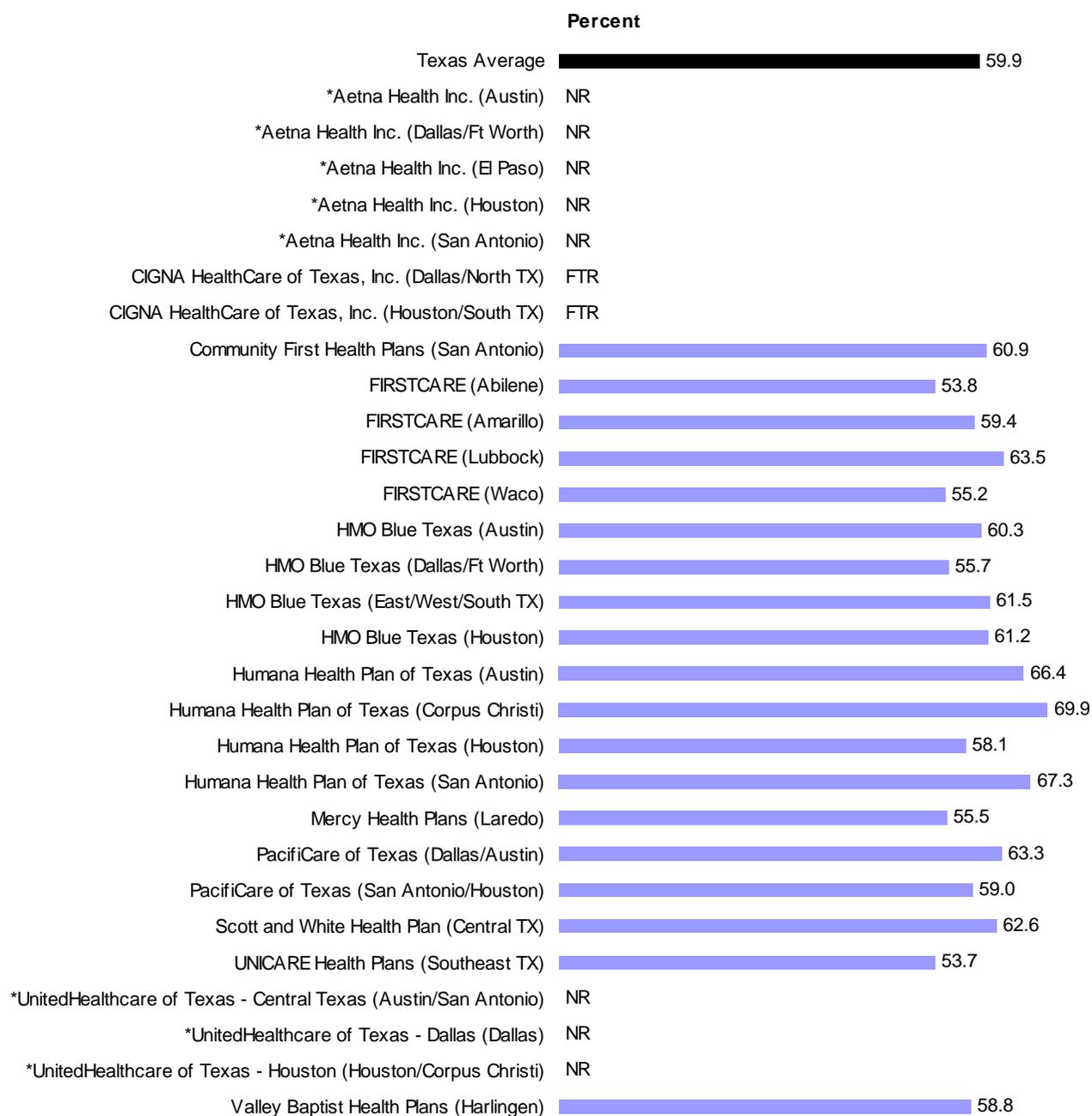
Controlling High Blood Pressure

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

Controlling High Blood Pressure					
	2004	2005	2006	2007	2008
Texas Average	59.2%	64.5%	64.5%	57.7%	59.9%
NCQA's Quality Compass®	62.2%	66.8%	68.8%	59.7%	62.2%

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Controlling High Blood Pressure



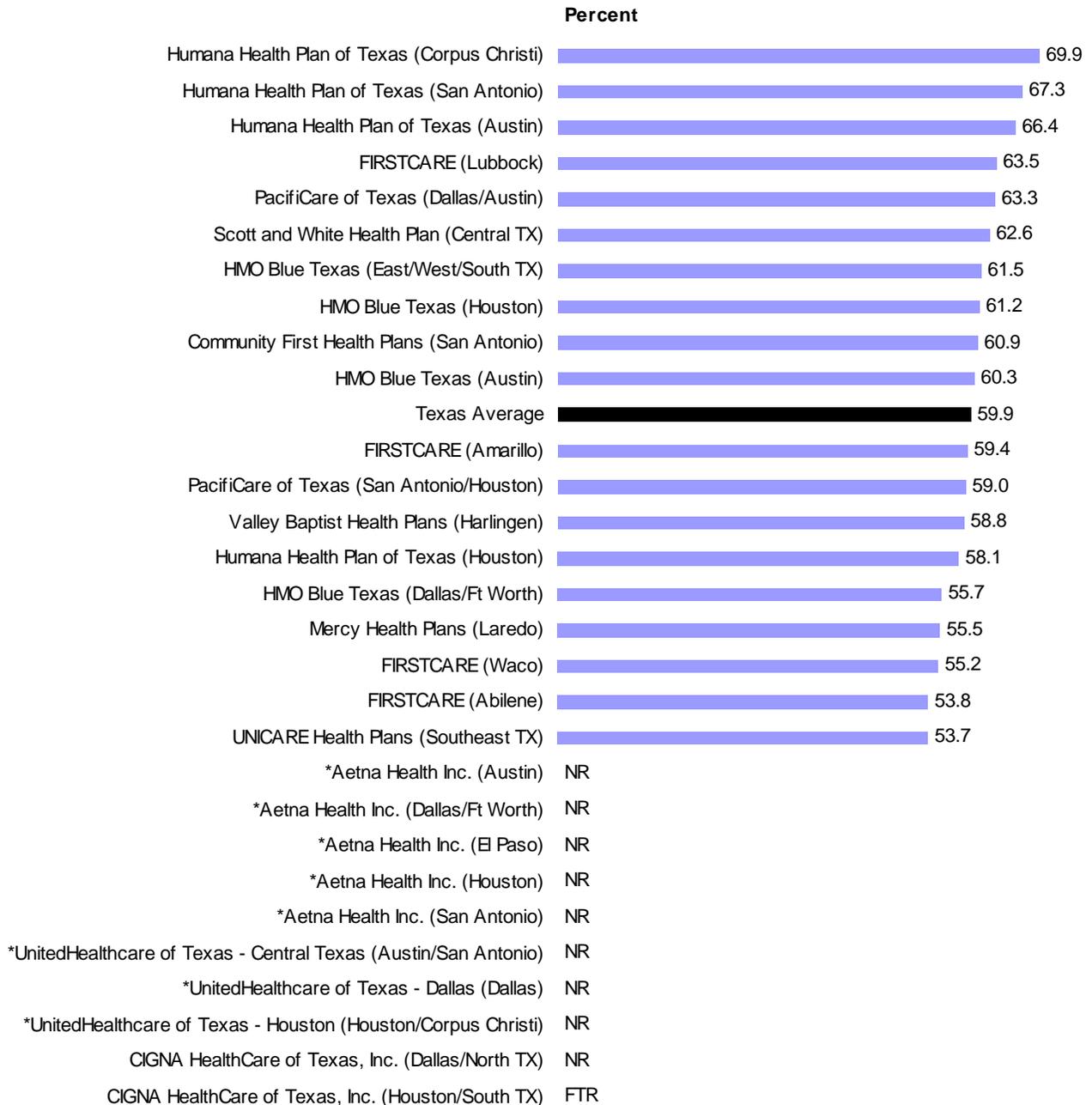
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Controlling High Blood Pressure



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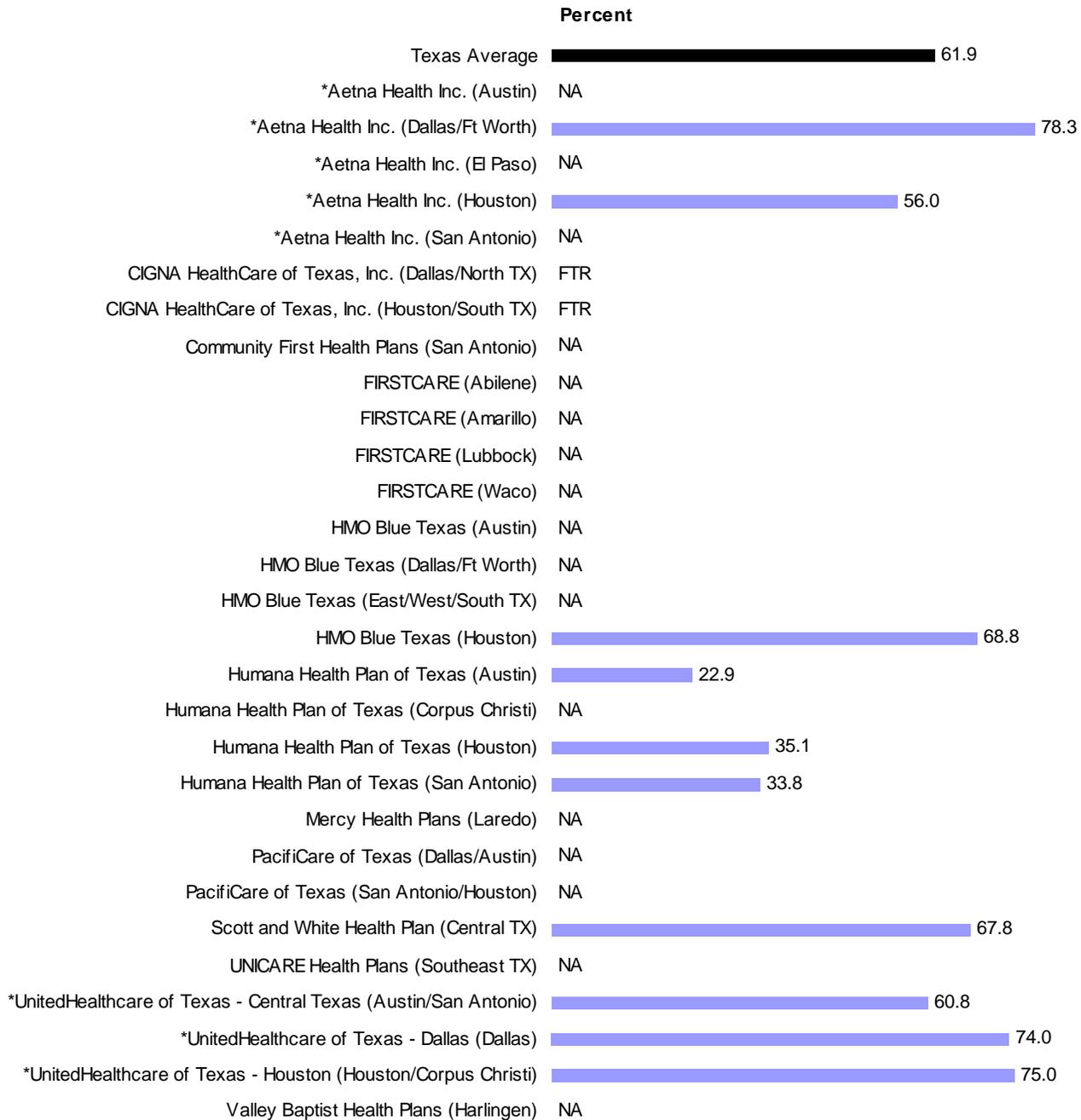
Persistence of Beta-Blocker Treatment After a Heart Attack

Definition: The percentage of members age 18 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. Please note that the lower age limit changed from 35 years of age to 18 years of age beginning with HEDIS® 2008.

Beta Blocker Treatment After a Heart Attack			
	2006	2007	2008
Texas Average	63.9%	70.4%	61.9%
NCQA's Quality Compass®	70.3%	72.5%	68.3%

Persistence of Beta Blocker Treatment After a Heart Attack



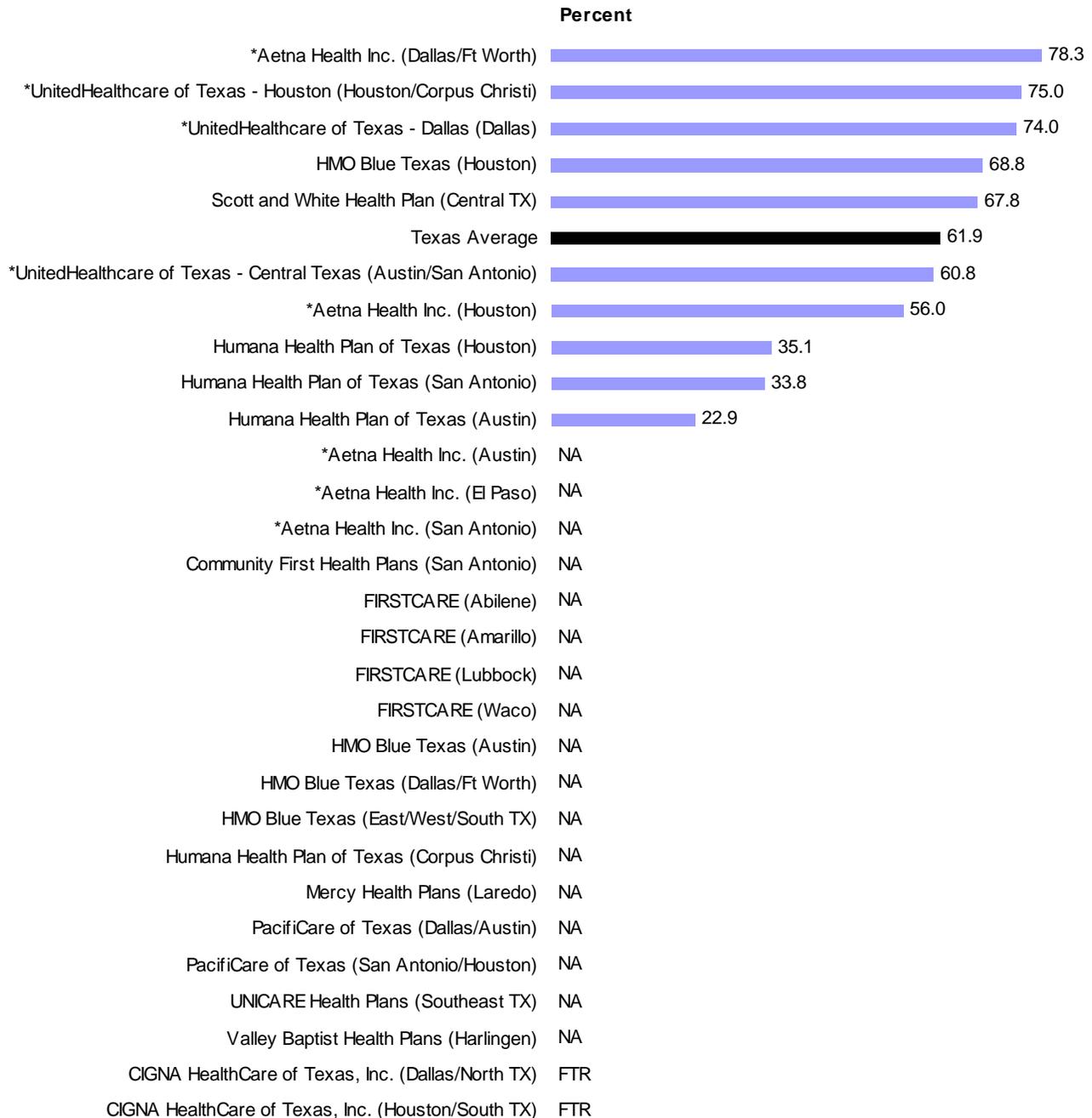
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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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

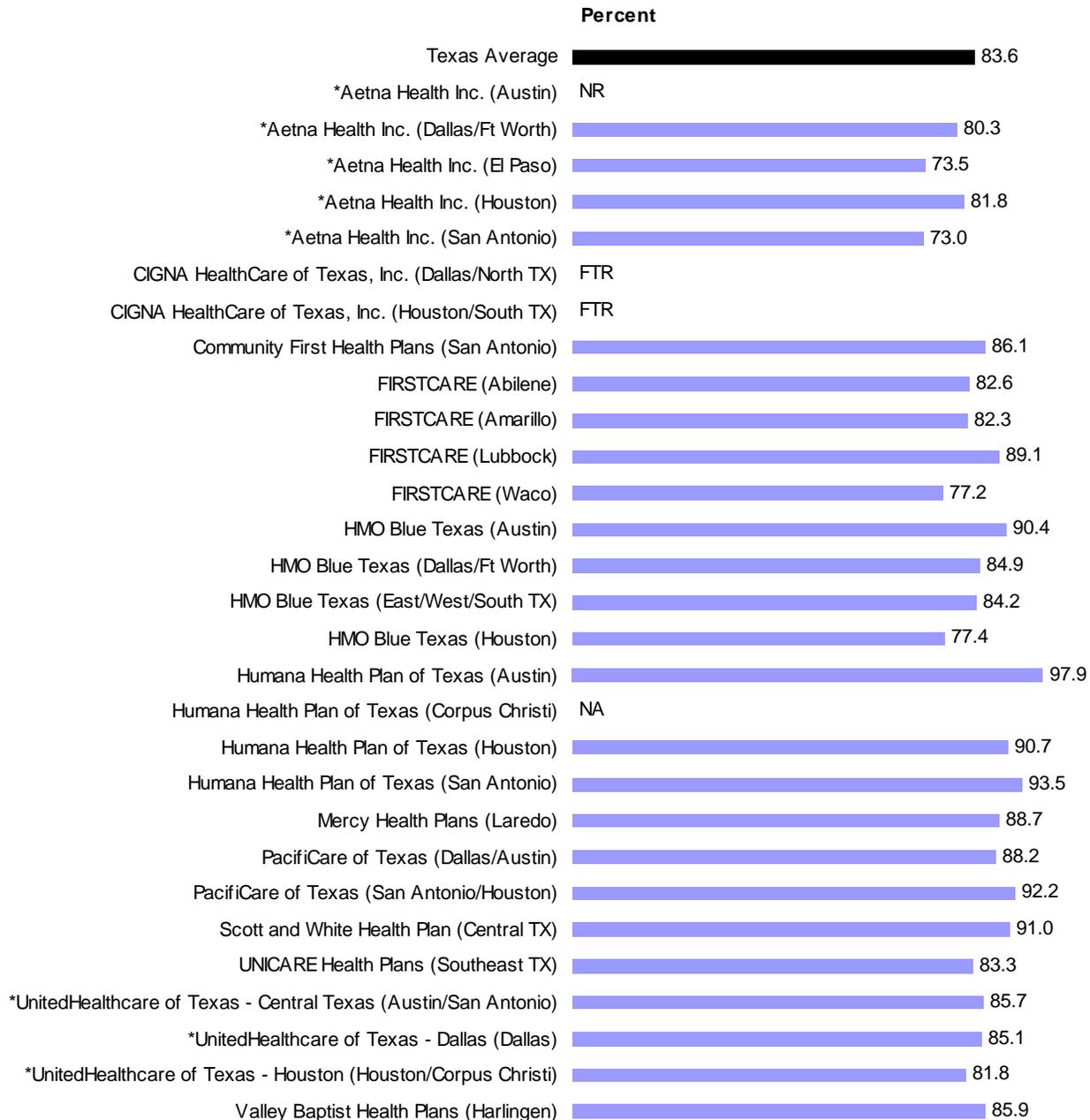
Definition: The percentage of members age 18 through 75 years of age who had an LDL-C (low density lipoprotein-cholesterol) screening during the measurement year and the year prior, after discharge for an acute cardiovascular event.

Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening					
	2004	2005	2006	2007	2008
Texas Average	77.9%	79.4%	75.6%	82.3%	83.6%
NCQA's Quality Compass®	80.3%	81.8%	*	87.5%	82.7%

* Value not established or not obtained.

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

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



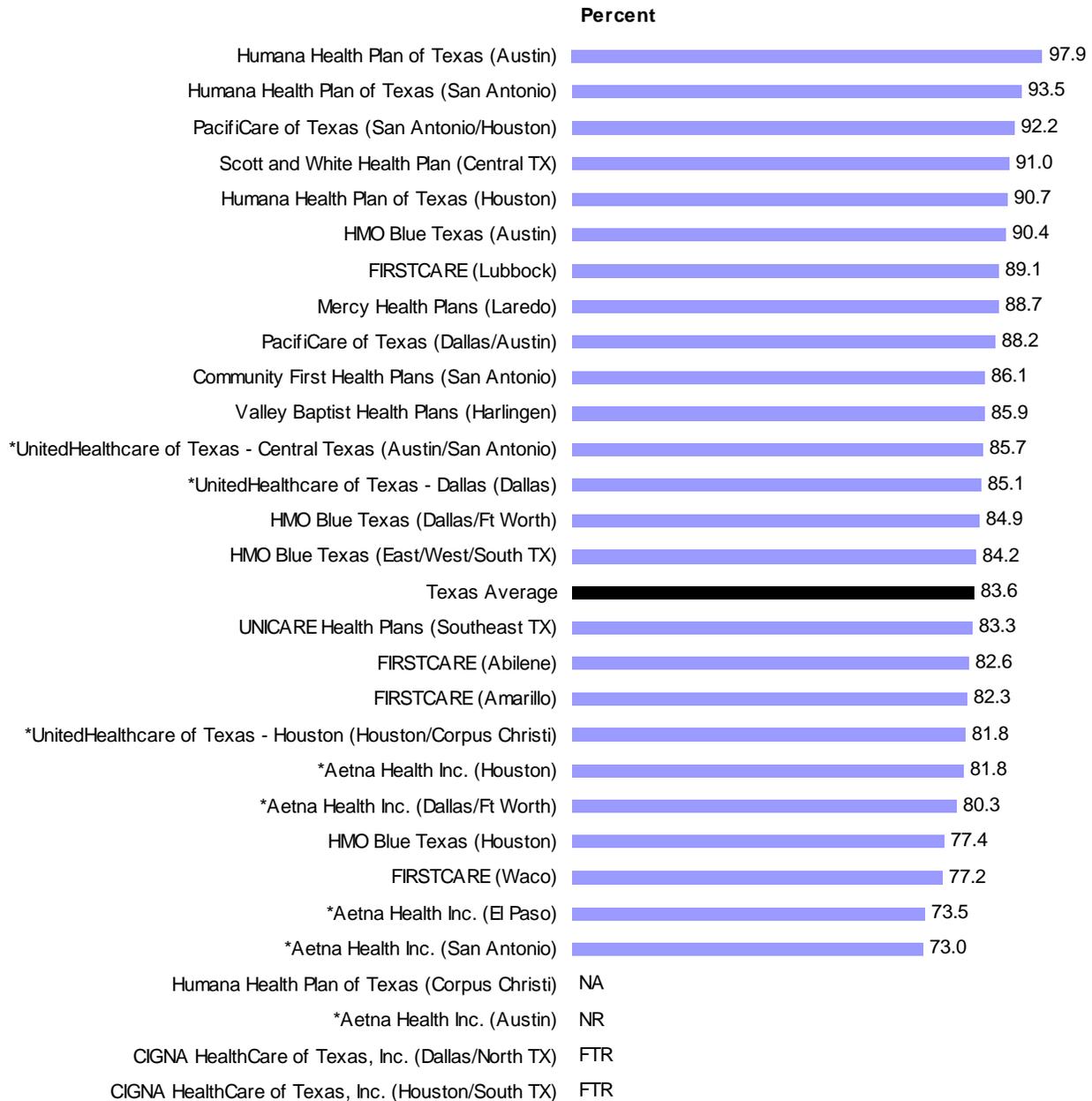
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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



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Comprehensive Diabetes Care: HbA1cTesting

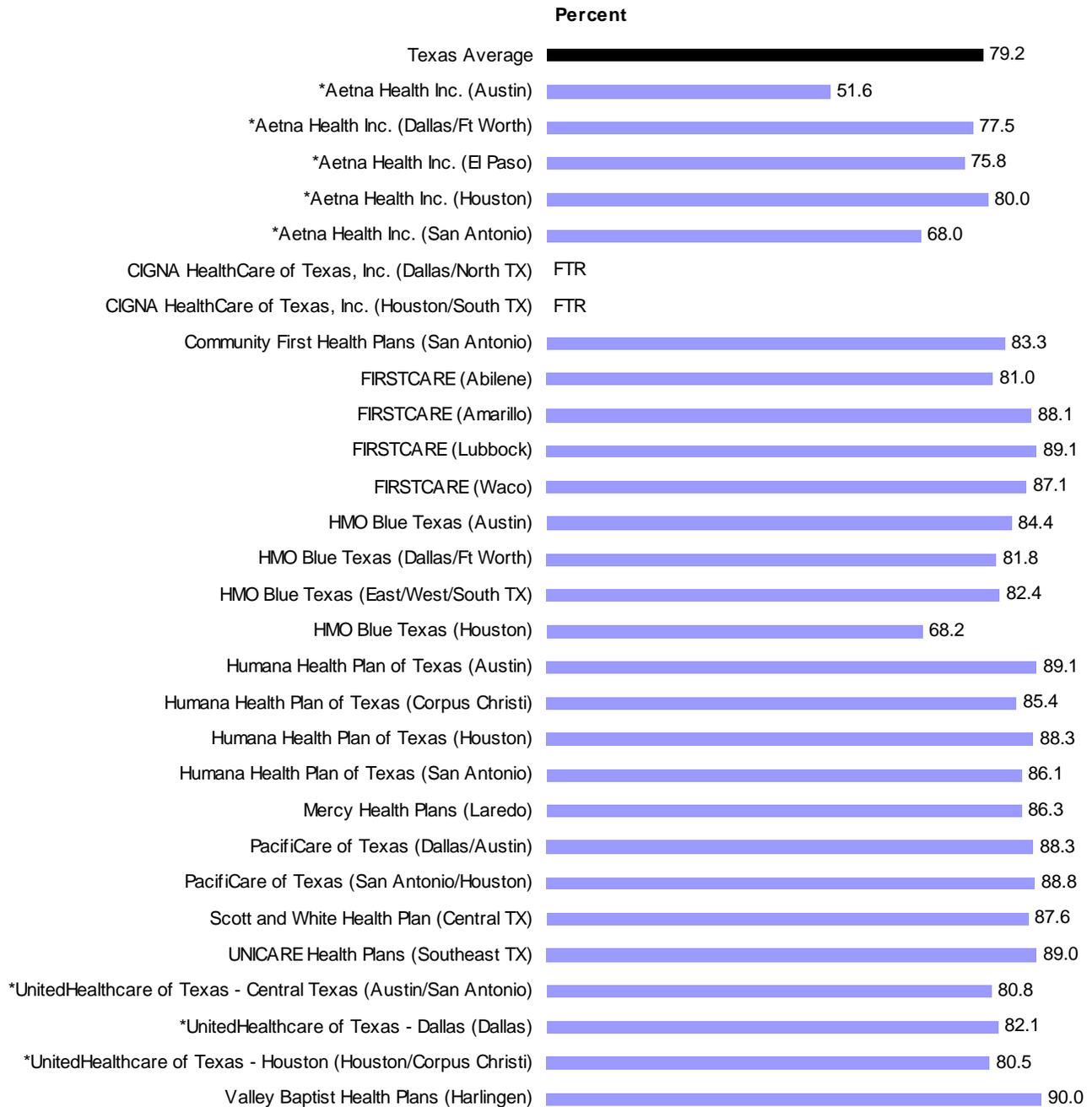
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had one or more HbA1c tests conducted within the past year.

Comprehensive Diabetes Care: HbA1cTesting					
	2004	2005	2006	2007	2008
Texas Average	79.8%	82.1%	82.5%	78.2%	79.2%
NCQA's Quality Compass®	84.6%	86.5%	87.5%	87.5%	83.2%

Healthy People 2010 Goal*: 50%

*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



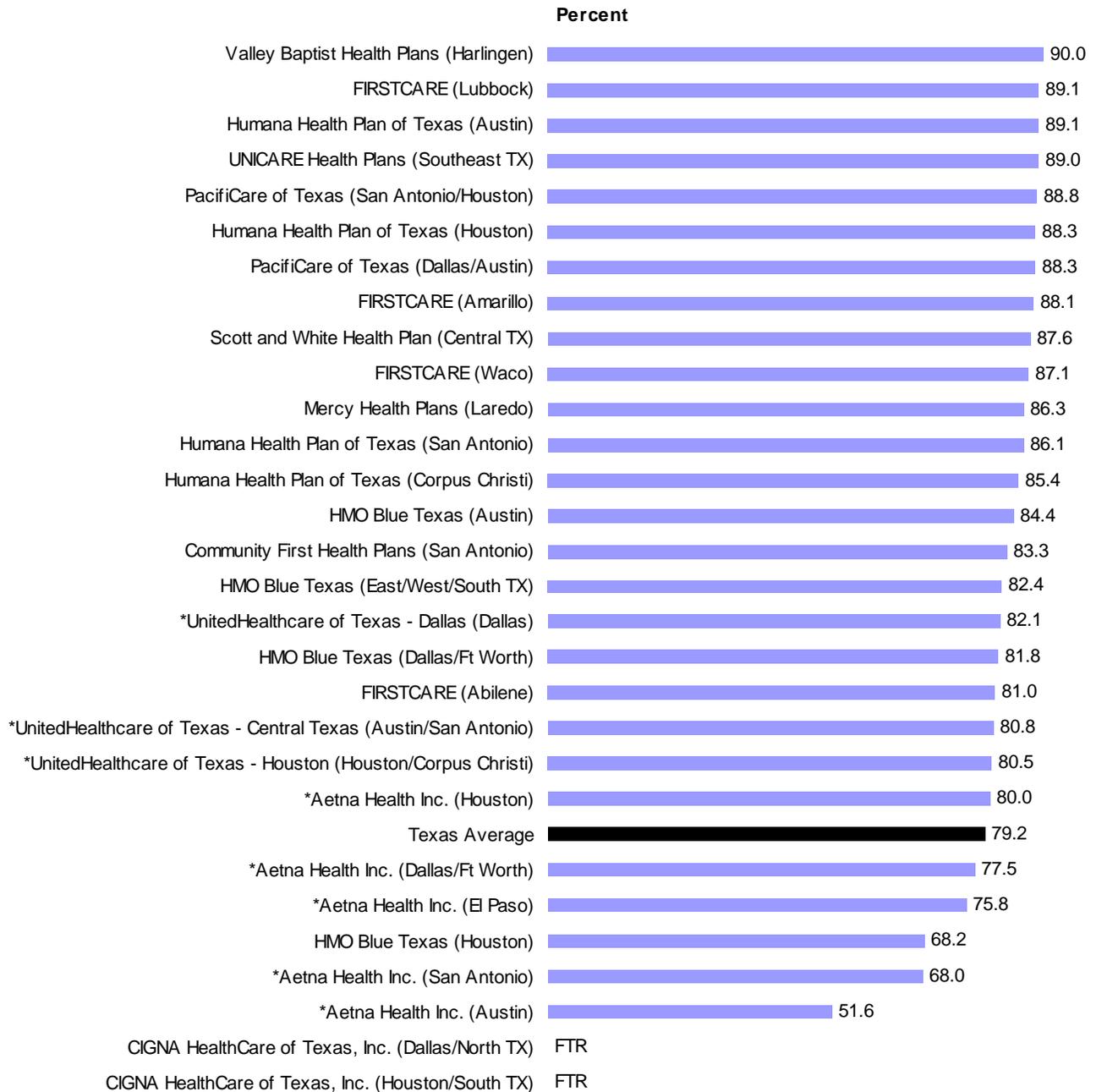
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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Comprehensive Diabetes Care: HbA1c Testing



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

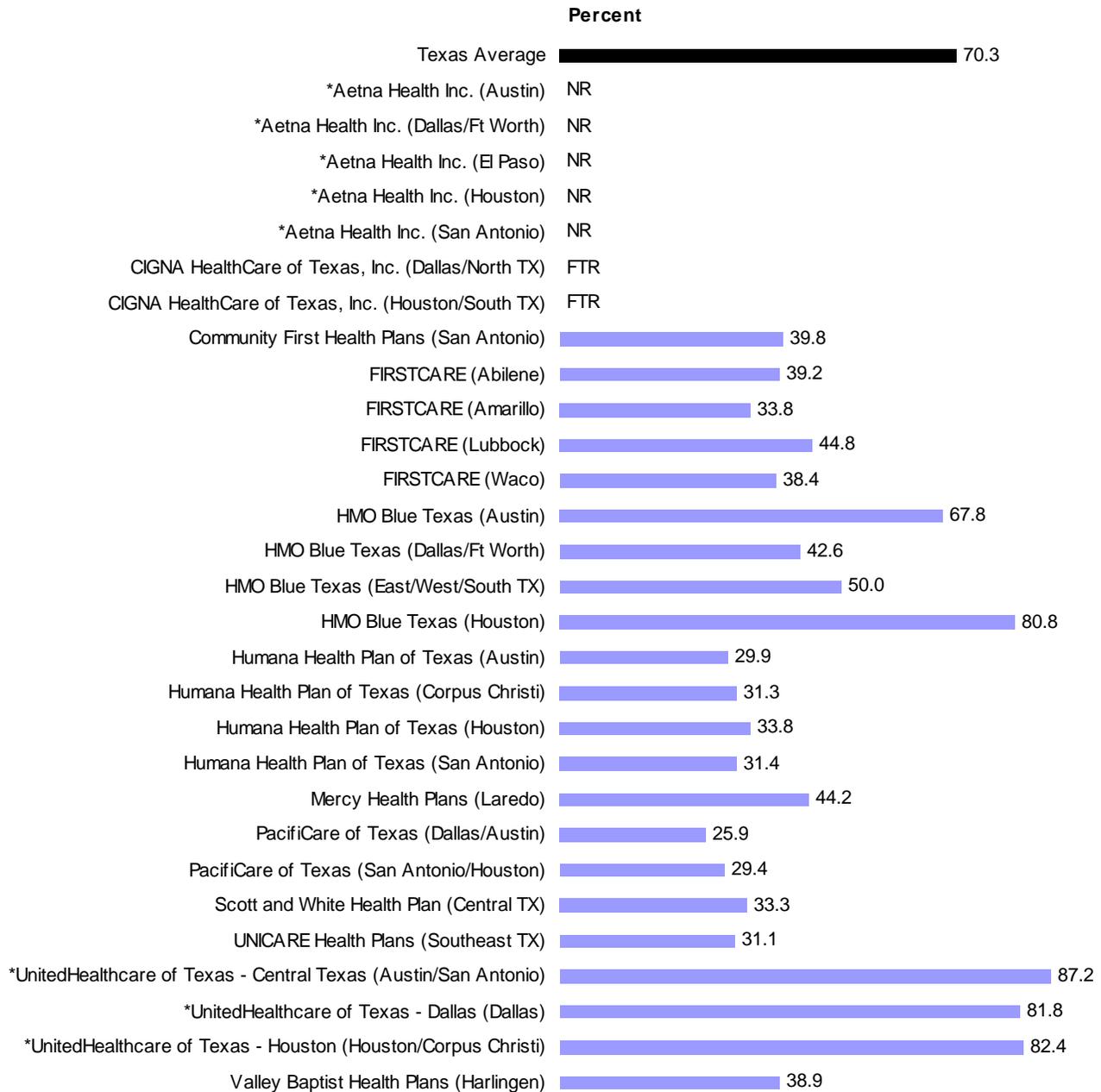
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent HbA1c level greater than 9.0 percent during the past year.

Comprehensive Diabetes Care: Poor HbA1c Control					
	2004	2005	2006	2007	2008
Texas Average	46.2%	56.6%	57.0%	55.8%	70.3%
NCQA's Quality Compass®	32.0%	30.7%	29.7%	29.6%	43.4%

Note - Lower rates indicate better performance for this measure.

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Comprehensive Diabetes Care: Poor HbA1c Control



Note - Lower rates indicate better performance for this measure.

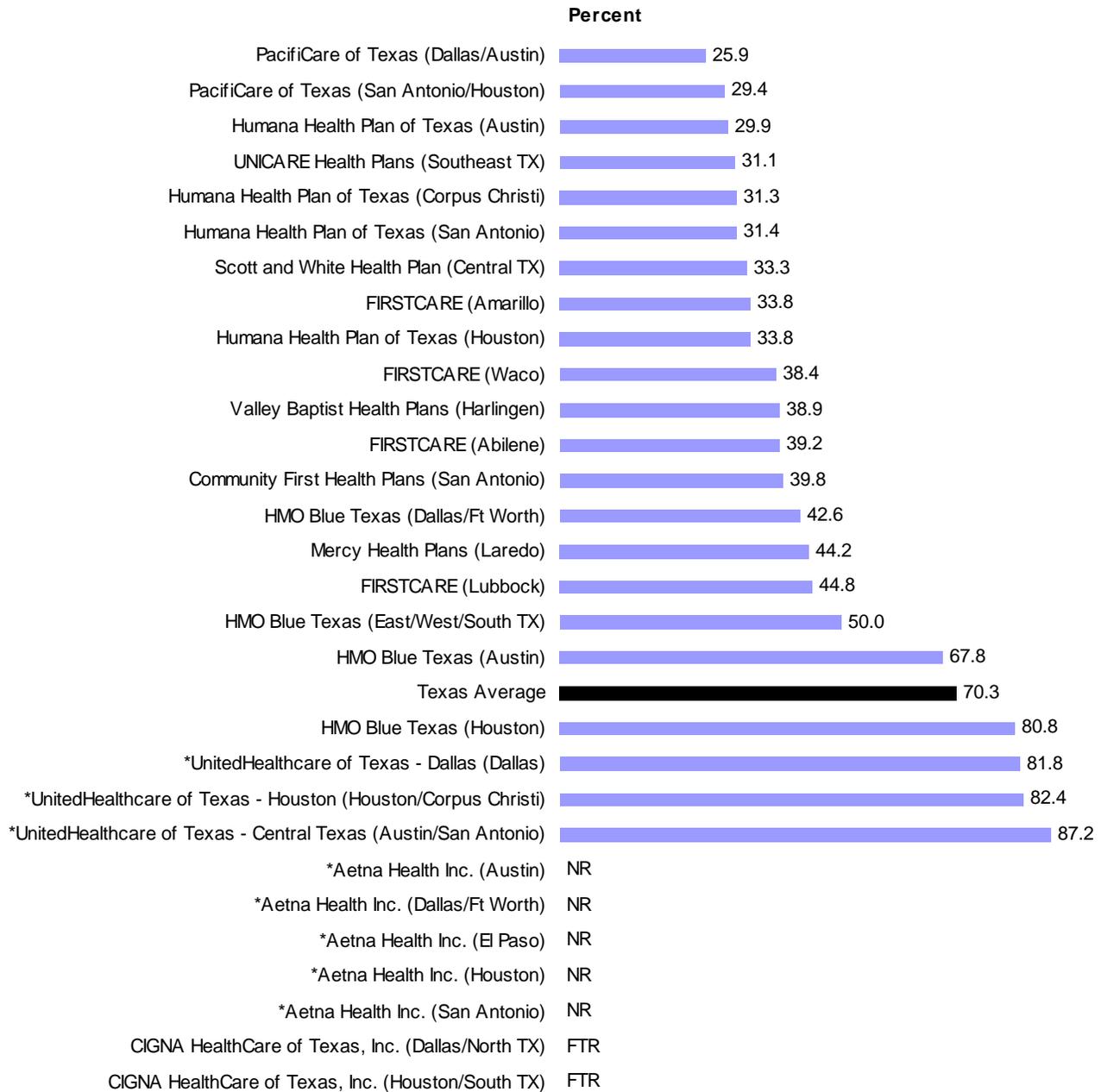
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Comprehensive Diabetes Care: Poor HbA1c Control



Note - Lower rates indicate better performance for this measure.

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

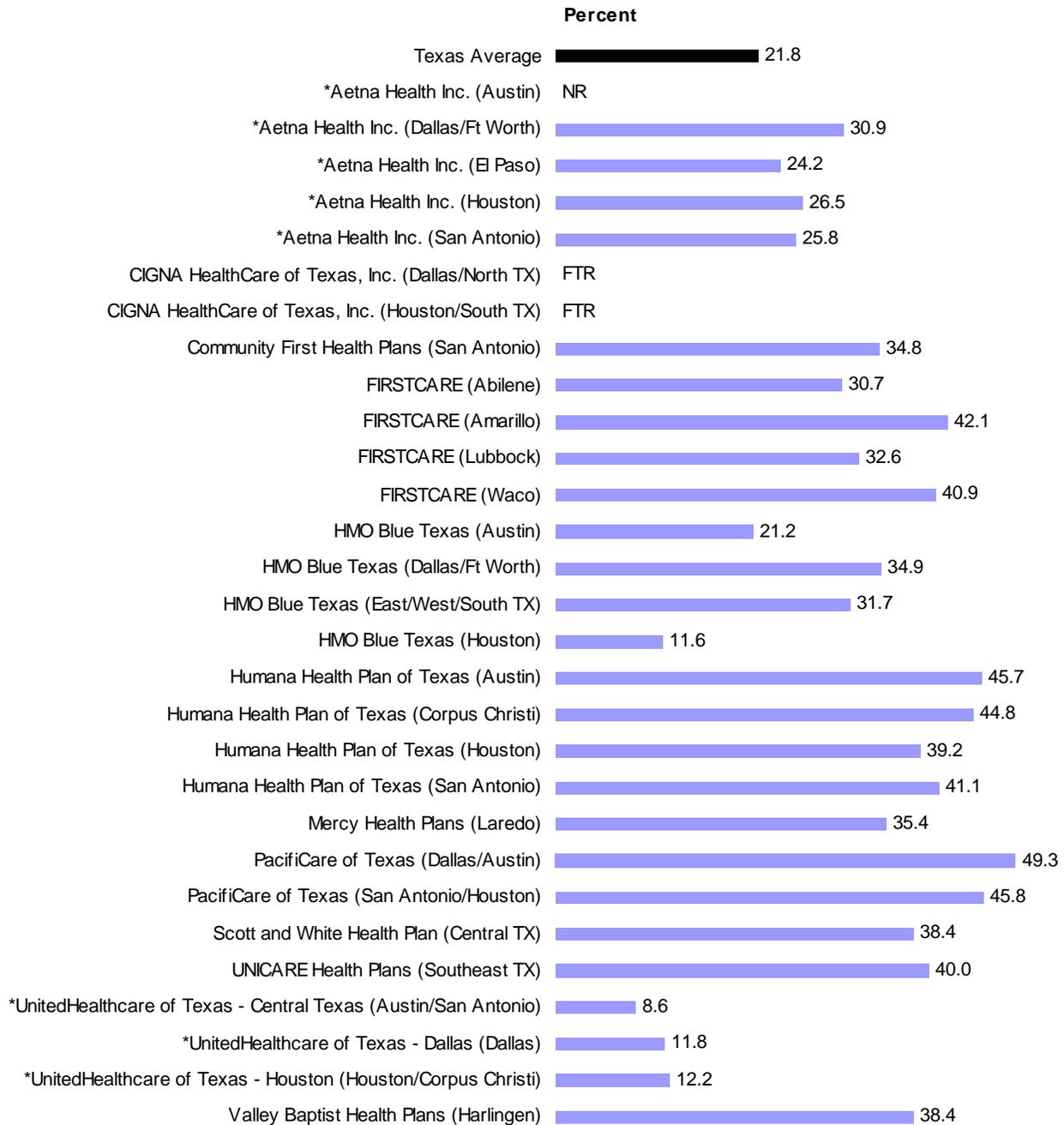
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent HbA1c level less than 7.0 percent during the past year.

Comprehensive Diabetes Care: Good HbA1c Control	
	2008
Texas Average	21.8%
NCQA's Quality Compass®	*

This measure is an addition to the Texas Subset for HEDIS® 2008.

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

Comprehensive Diabetes Care: Good HbA1c Control



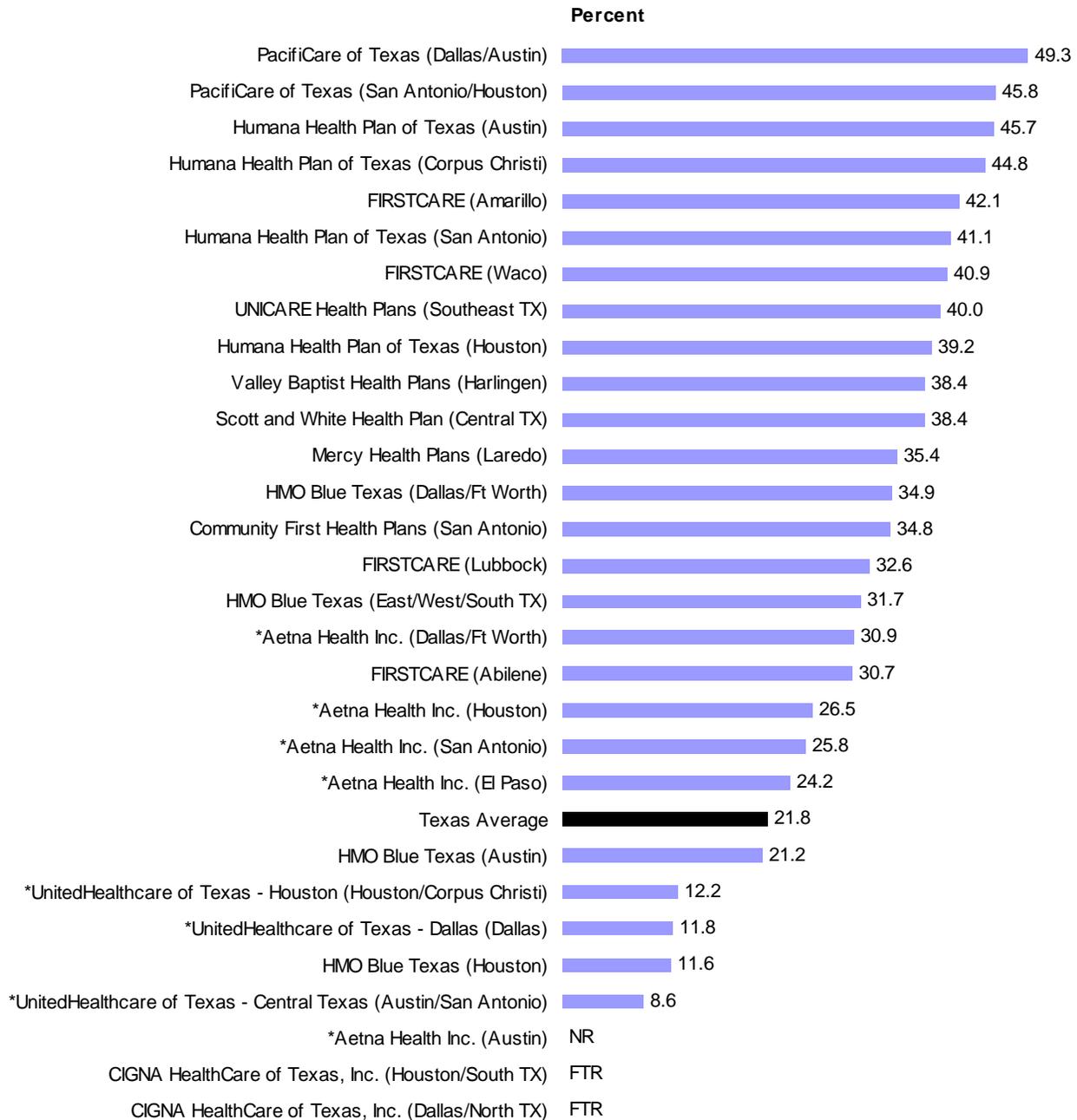
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Comprehensive Diabetes Care: Good HbA1c Control



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Comprehensive Diabetes Care: Eye Exam

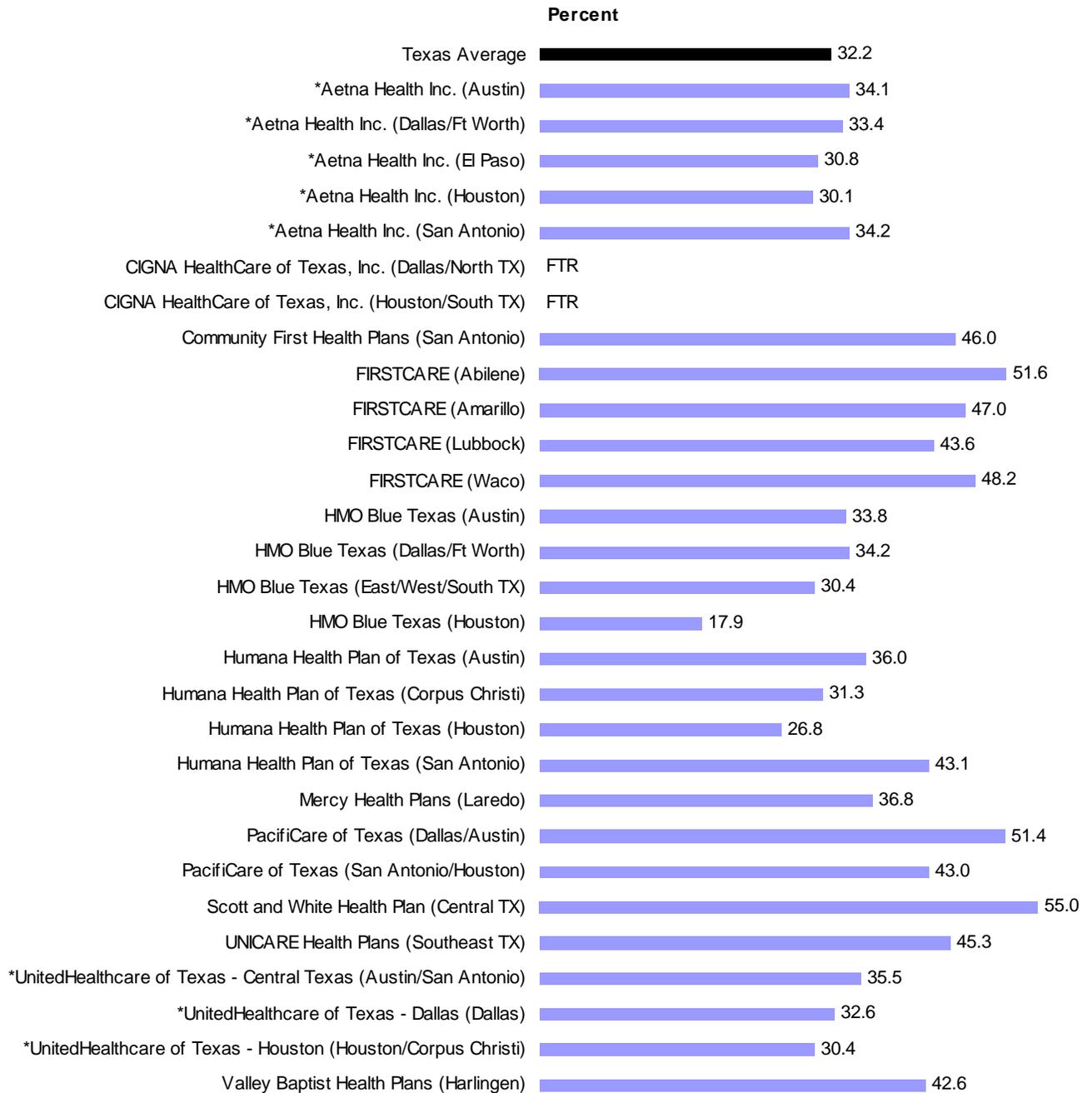
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had an eye screening for diabetic retinal disease within the past year, or a negative retinal exam the year prior.

Comprehensive Diabetes Care: Eye Exam					
	2004	2005	2006	2007	2008
Texas Average	39.4%	35.0%	35.5%	33.8%	32.2%
NCQA's Quality Compass®	48.8%	60.0%	54.8%	54.7%	46.9%

Healthy People 2010 Goal*: 75%

*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



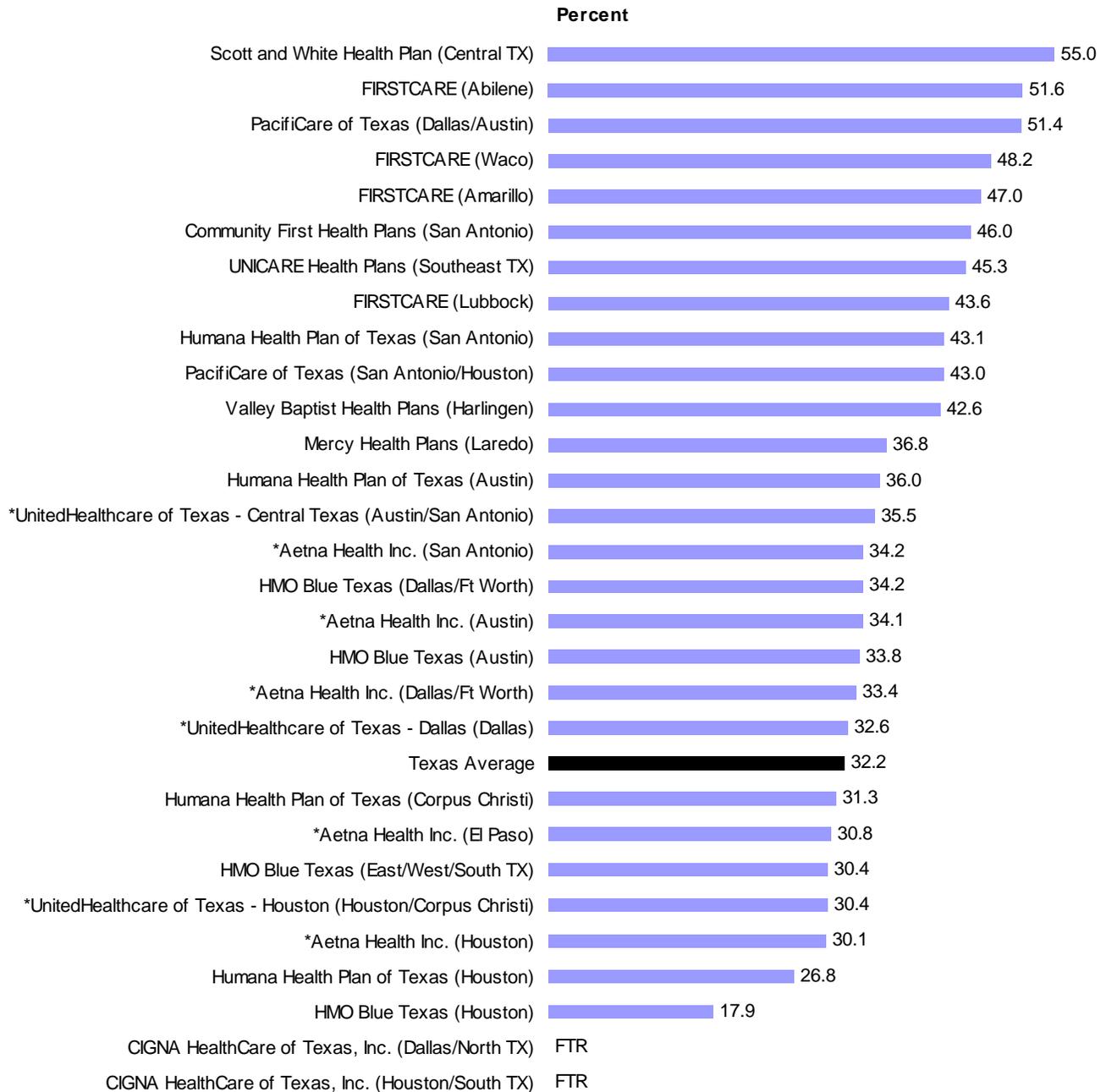
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Comprehensive Diabetes Care: Eye Exam



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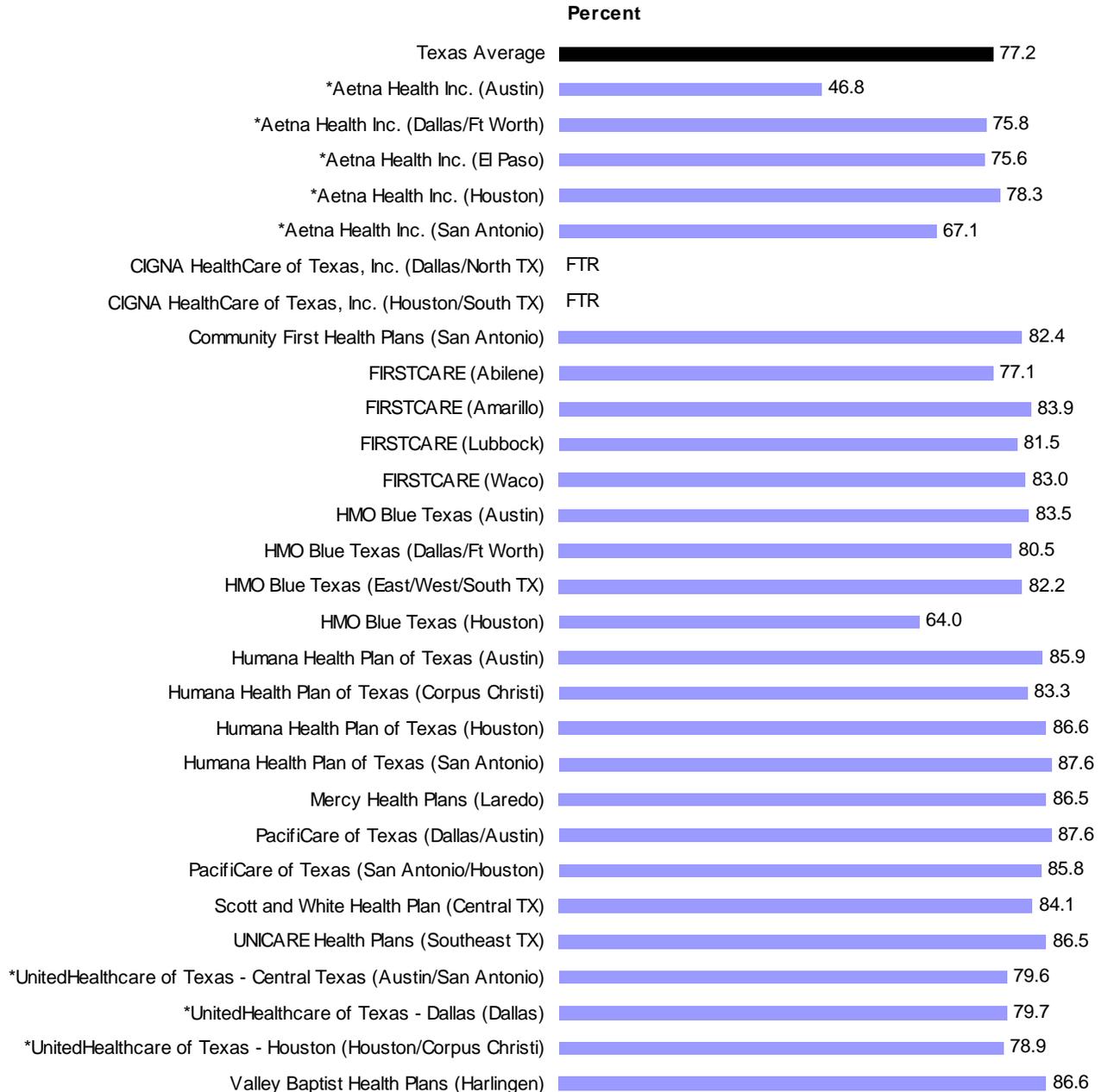
Comprehensive Diabetes Care: LDL-C Screening

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					
	2004	2005	2006	2007	2008
Texas Average	87.7%	89.1%	88.6%	75.4%	77.2%
NCQA's Quality Compass®	88.4%	91.0%	92.3%	83.4%	79.5%

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Comprehensive Diabetes Care: LDL-C Screening



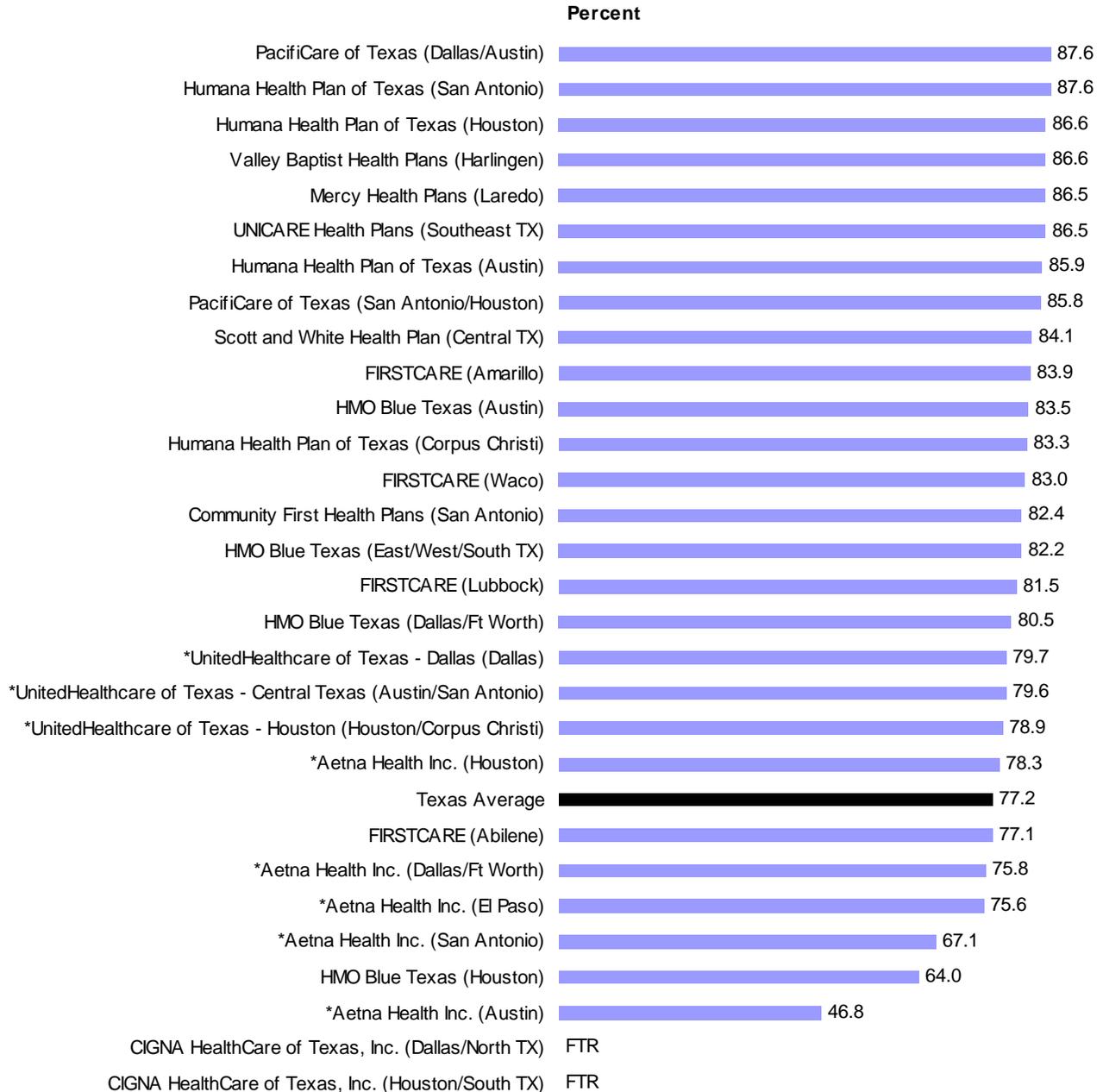
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Comprehensive Diabetes Care: LDL-C Screening



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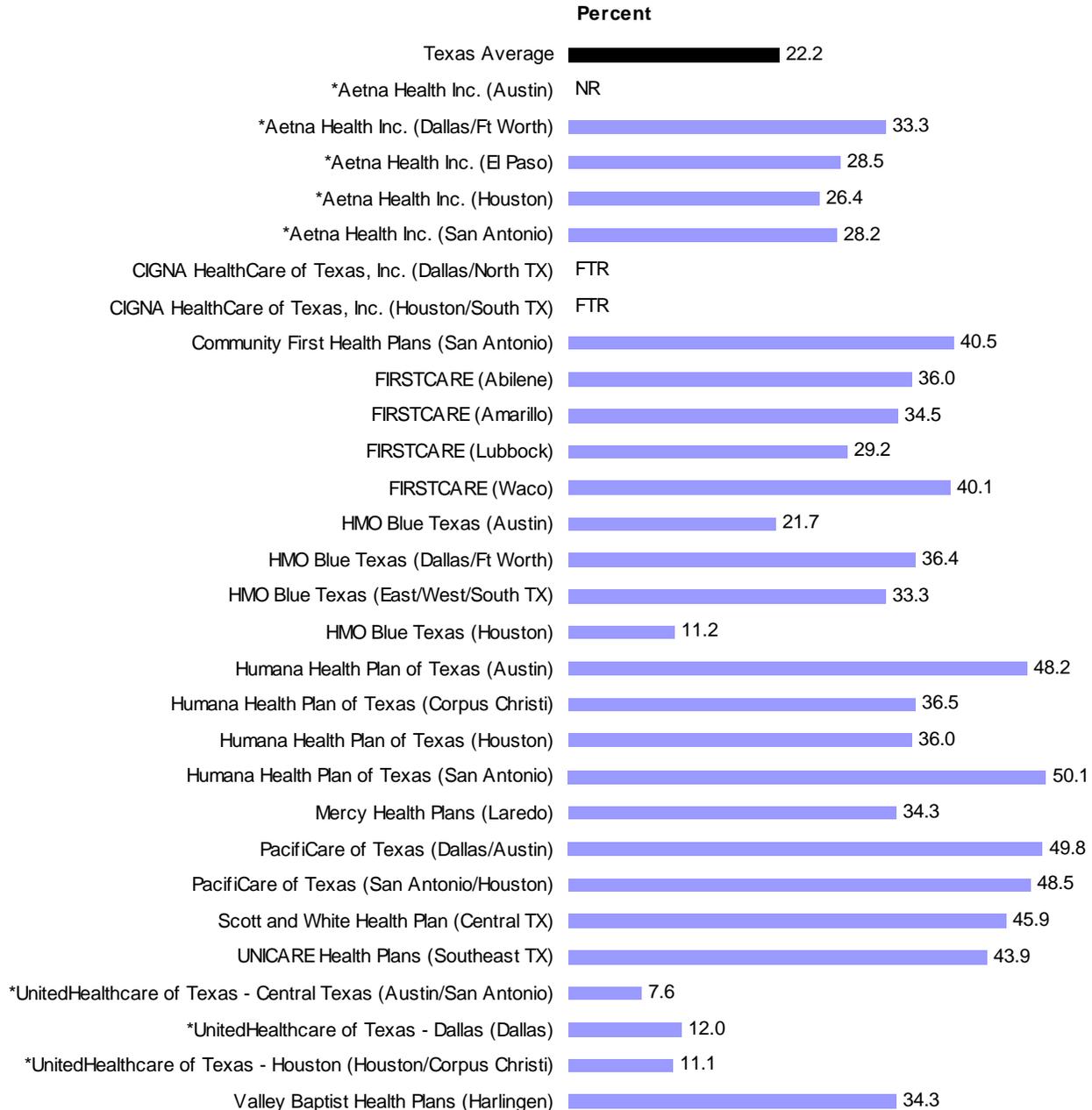
Comprehensive Diabetes Care: LDL-C Control (<100 mg/dL)

Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had a LDL-C test done with a level reading of less than 100 mg/dL during the last year.

Comprehensive Diabetes Care: LDL-C Control (<100 mg/dL)	
	2008
Texas Average	22.2%
NCQA's Quality Compass®	35.0%

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



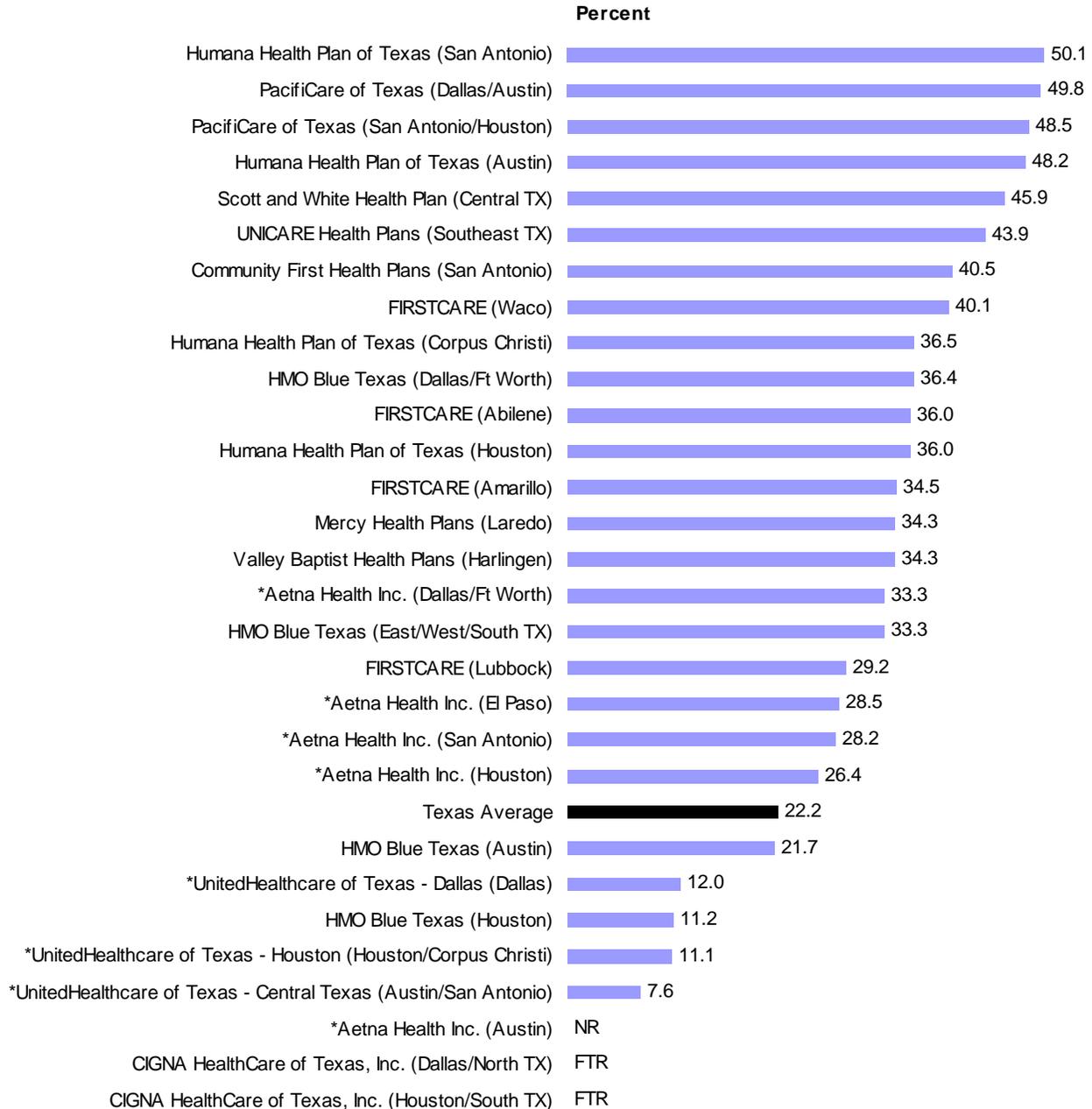
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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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.

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



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

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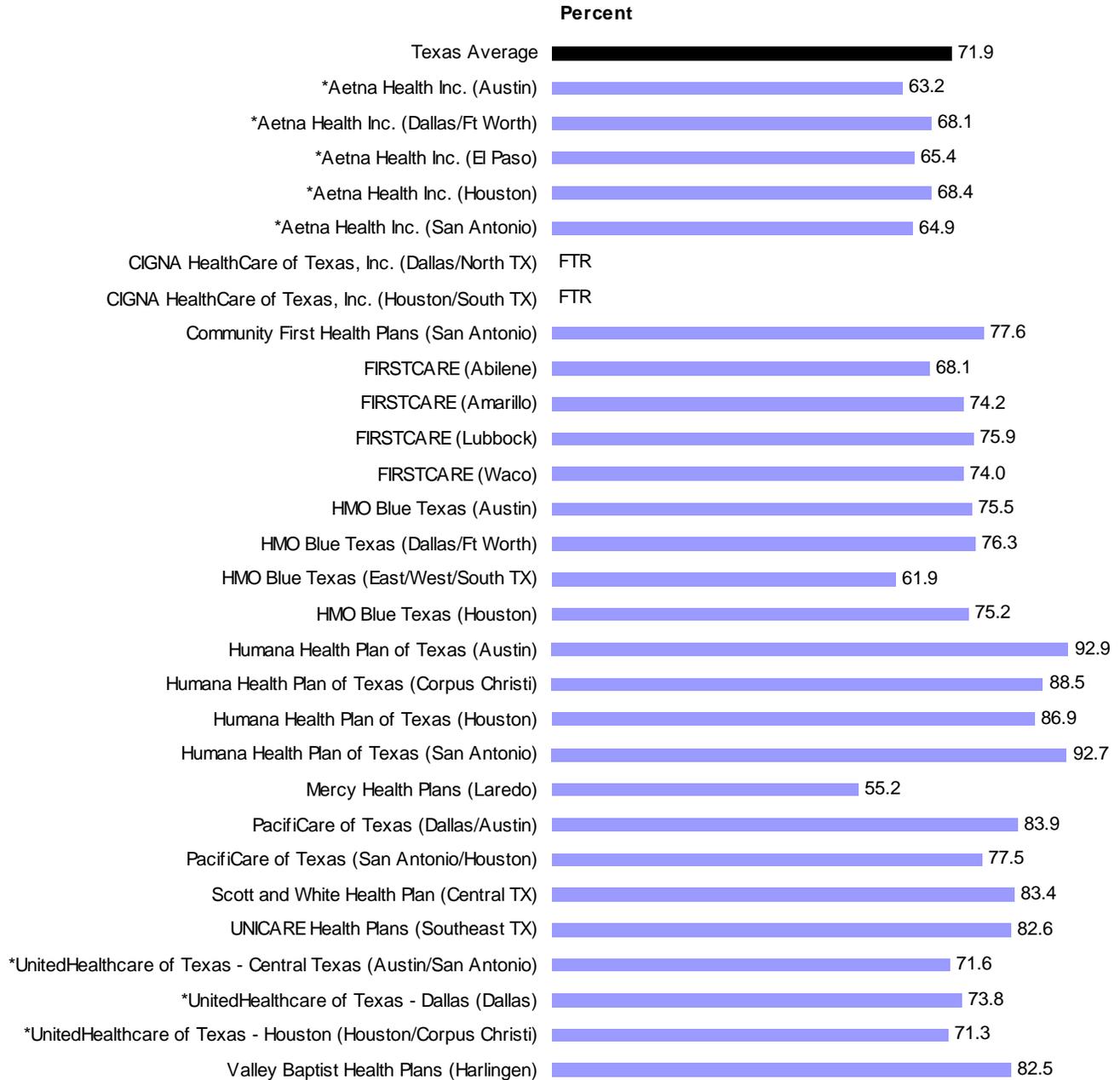
Comprehensive Diabetes Care: Medical Attention for Diabetic Nephropathy (Kidney Disease)

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

Comprehensive Diabetes Care: Medical Attention for Diabetic Nephropathy					
	2004	2005	2006	2007	2008
Texas Average	44.4%	45.6%	45.8%	71.2%	71.9%
NCQA's Quality Compass®	48.2%	52.0%	55.1%	79.7%	74.1%

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

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



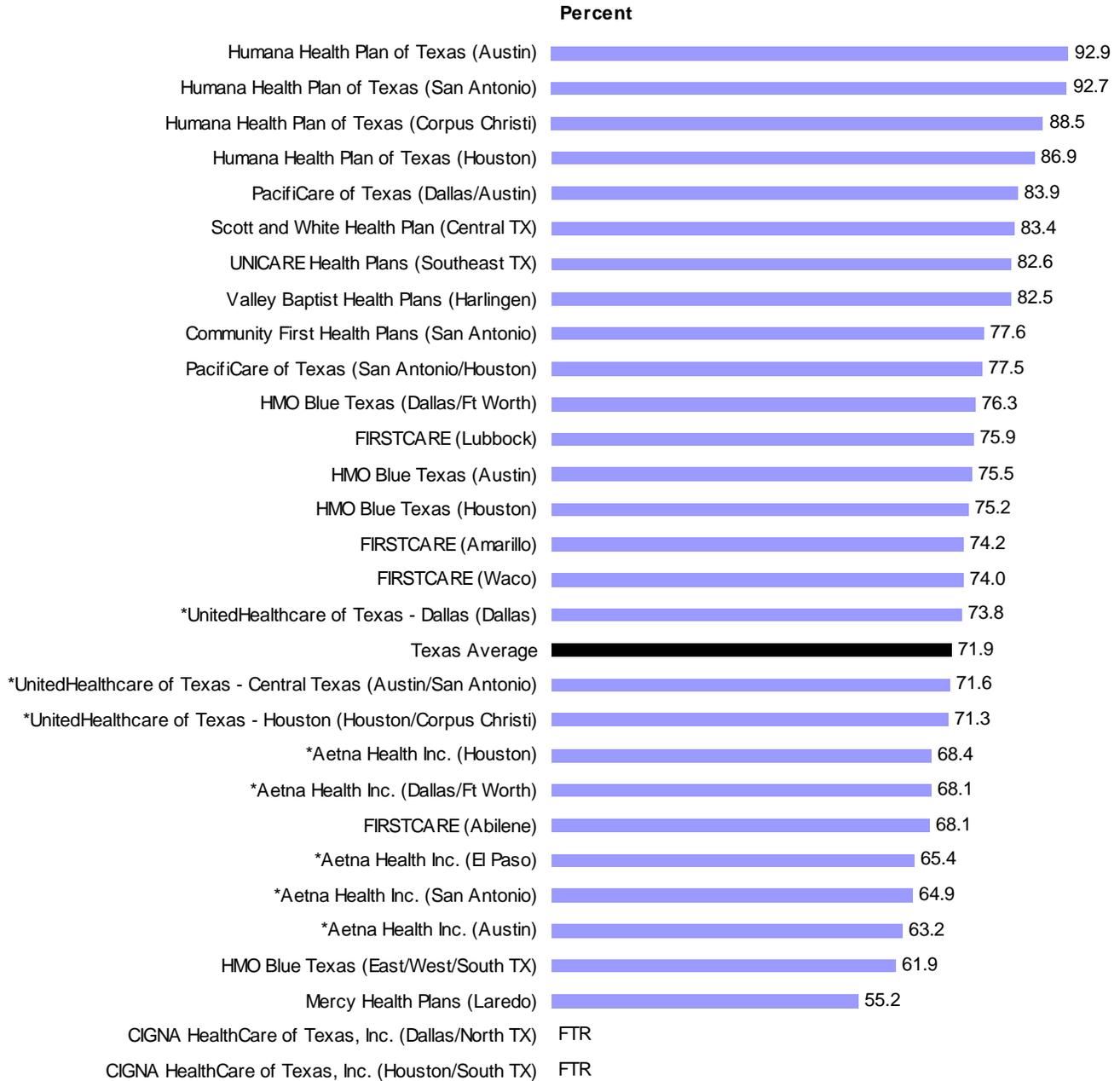
* Plans reporting HMO/POS membership combined. Others are HMO membership only.

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



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**Comprehensive Diabetes Care:
Blood Pressure Control (<130/80 mm Hg)**

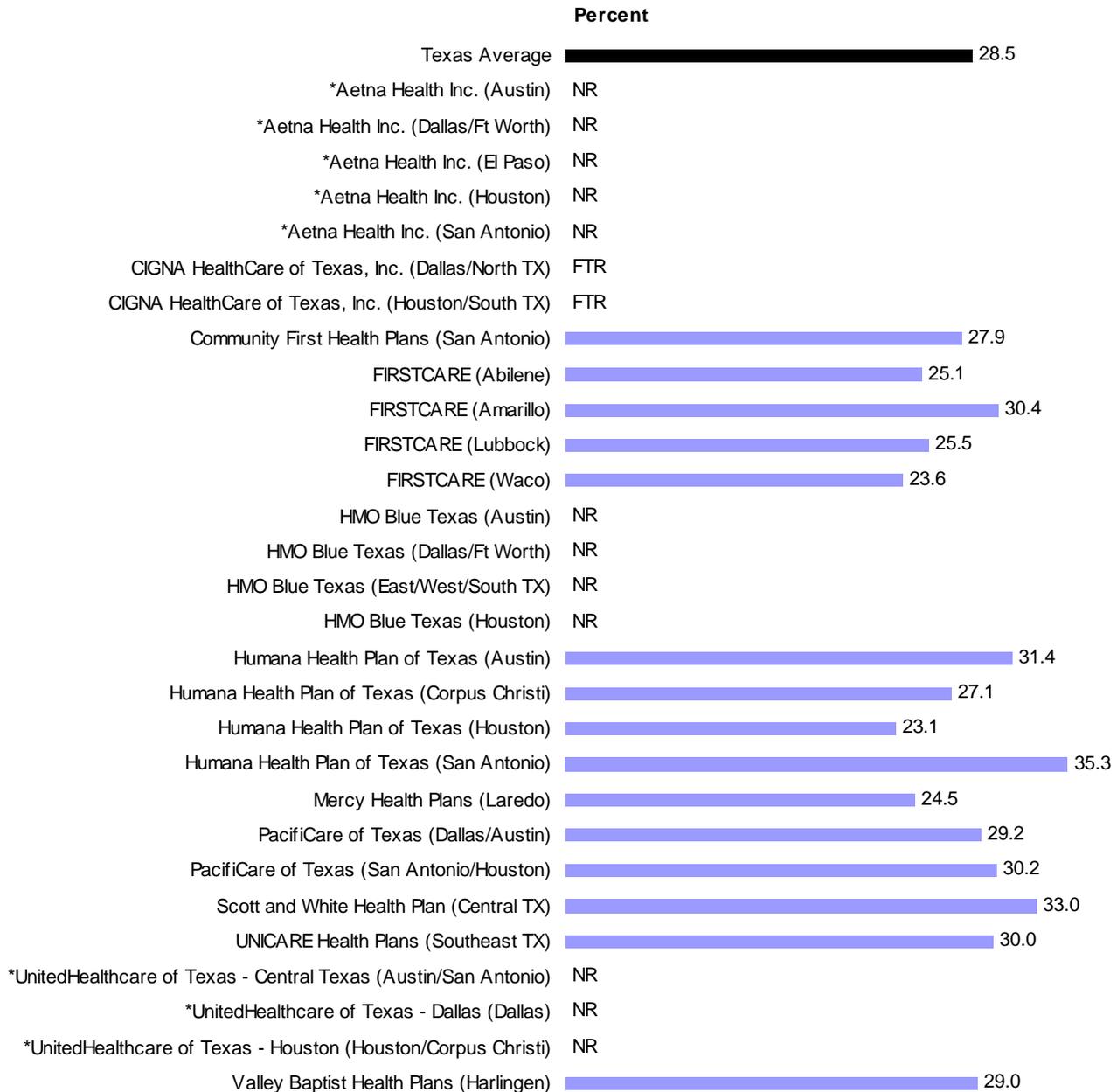
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent blood pressure reading at less than 130 mm Hg systolic and 80 mm Hg diastolic during the past year.

Comprehensive Diabetes Care: Blood Pressure Control (<130/80 mm Hg)	
	2008
Texas Average	28.5%
NCQA's Quality Compass®	28.5%

This measure is an addition to the Texas Subset for HEDIS® 2008.

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

Comprehensive Diabetes Care: Blood Pressure Control (<130/80 mm Hg)



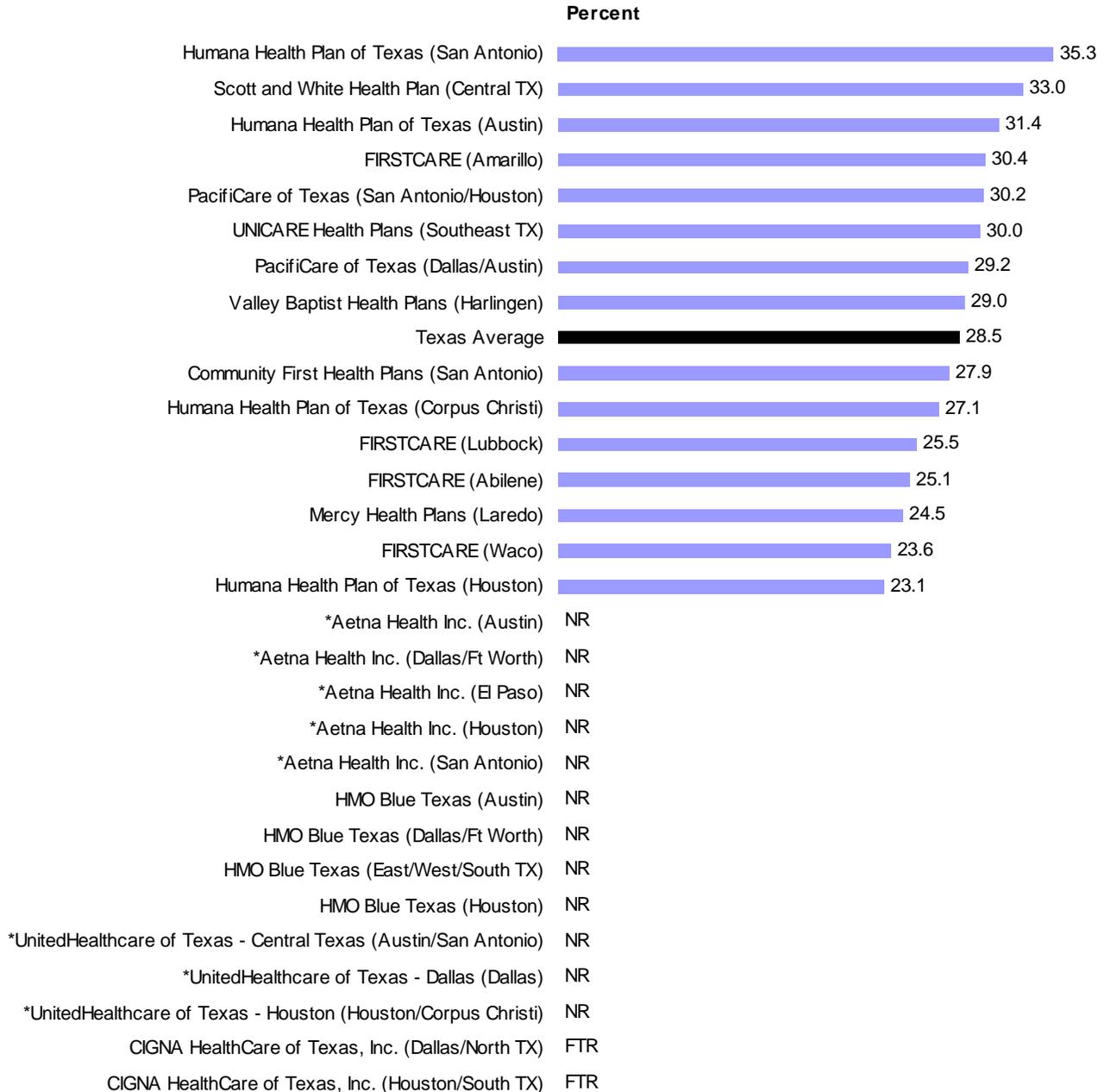
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Comprehensive Diabetes Care: Blood Pressure Control (<130/80 mm Hg)



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

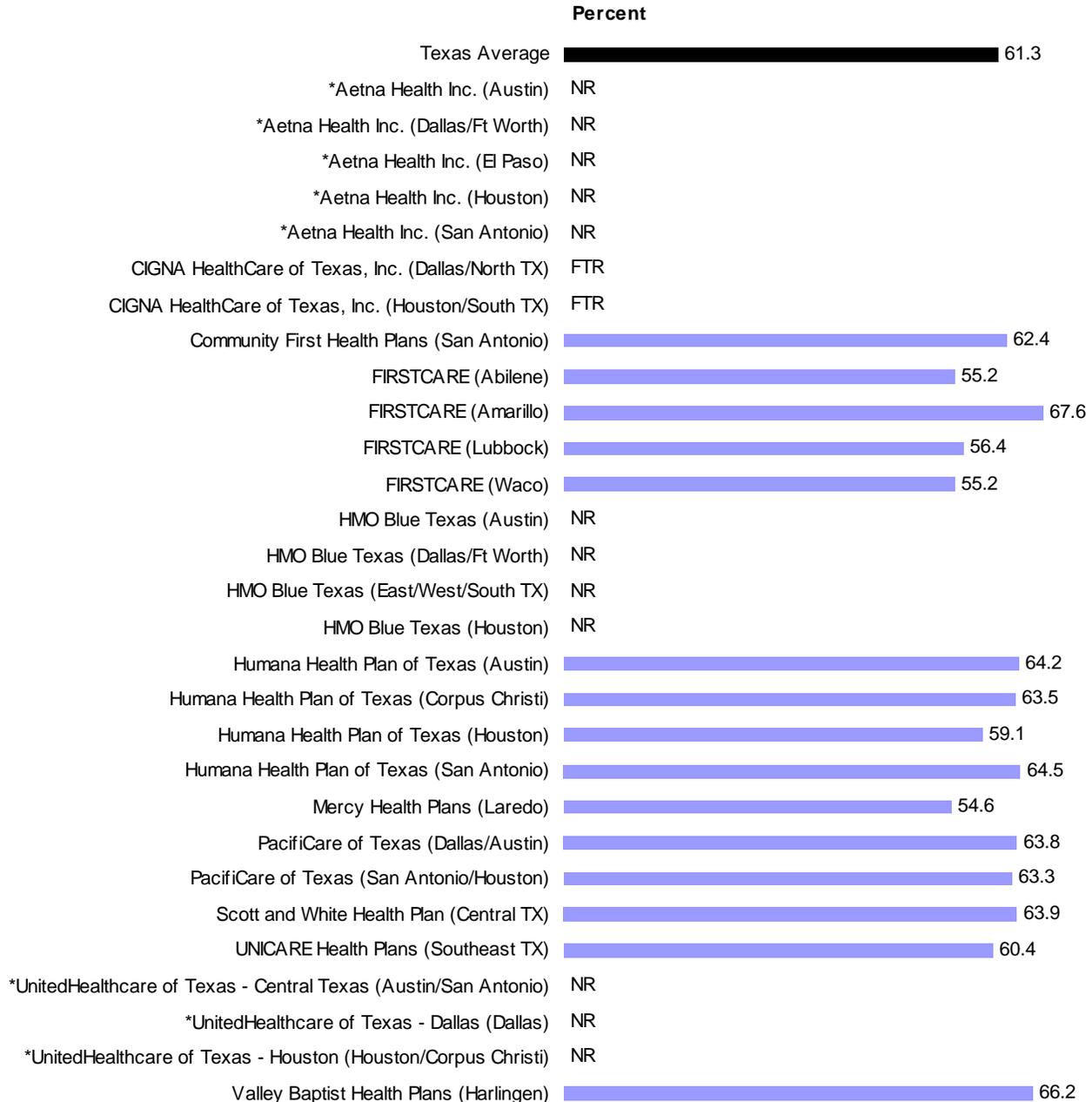
Definition: The percentage of members 18 through 75 years of age with Type 1 or Type 2 diabetes using the HMO who had their most recent blood pressure reading at less than 140 mm Hg systolic and 90 mm Hg diastolic during the past year.

Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	
	2008
Texas Average	61.3%
NCQA's Quality Compass®	56.8%

This measure is an addition to the Texas Subset for HEDIS® 2008.

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



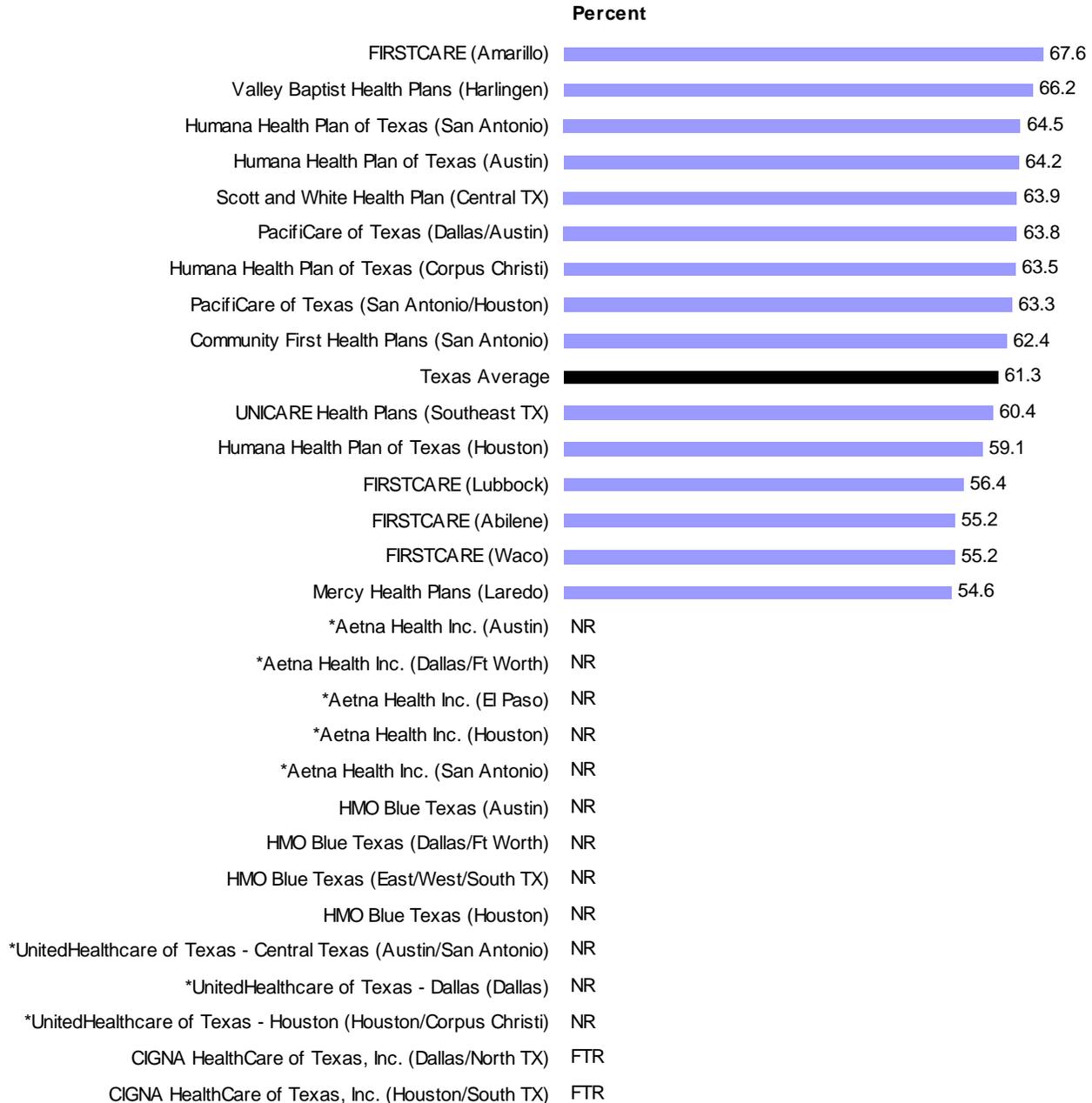
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Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)



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Use of Appropriate Medications for People with Asthma

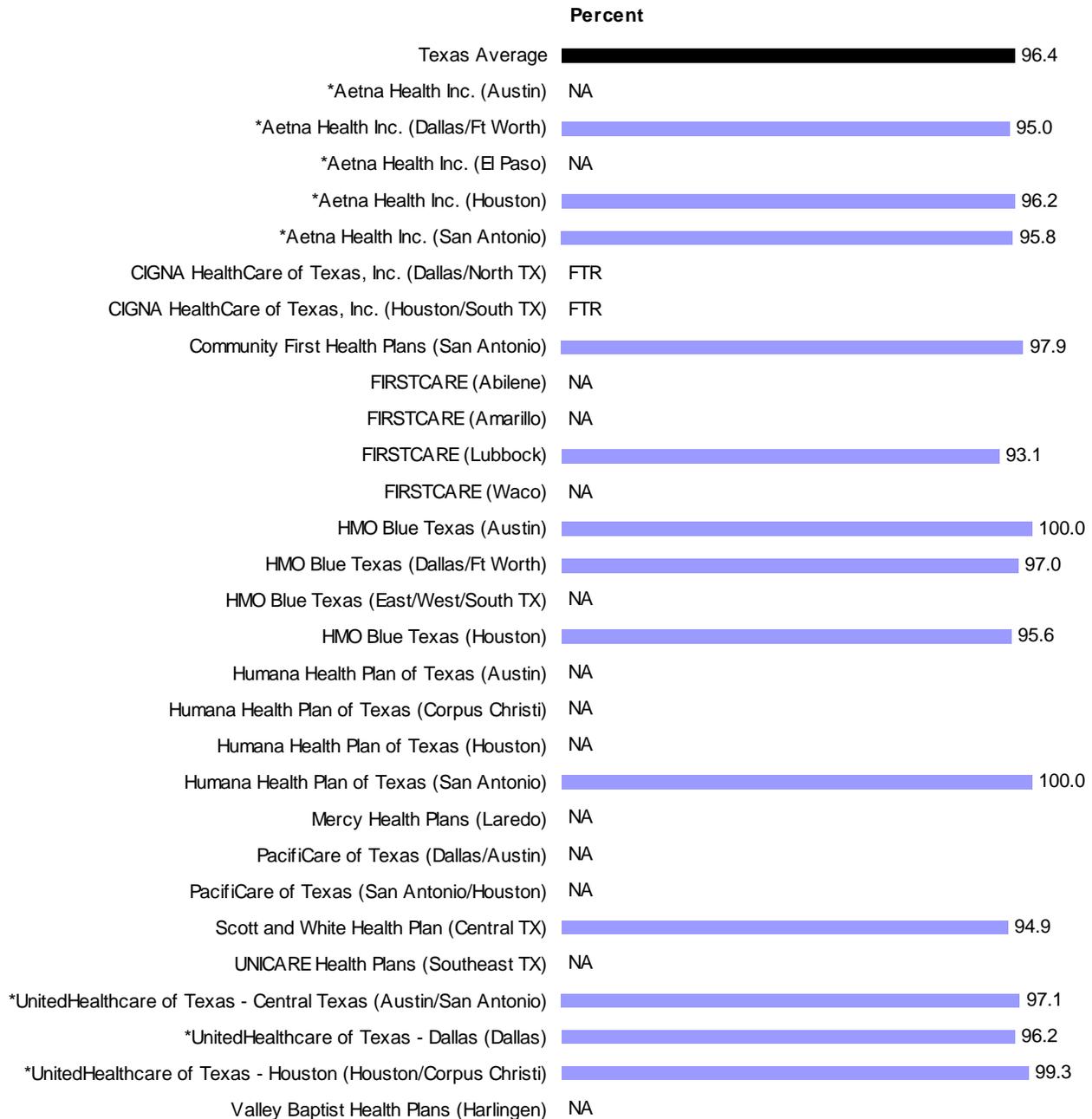
Definition: Percentage of members 5 through 56 years of age with persistent asthma who were being prescribed medications acceptable as primary therapy for long-term control of asthma.

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)					
	2004	2005	2006	2007	2008
Texas Average	67.8%	71.8%	90.6%	91.4%	92.2%
NCQA's Quality Compass®	71.5%	72.9%	89.9%	91.6%	92.5%

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Medication for People with Asthma: 5-9 Years



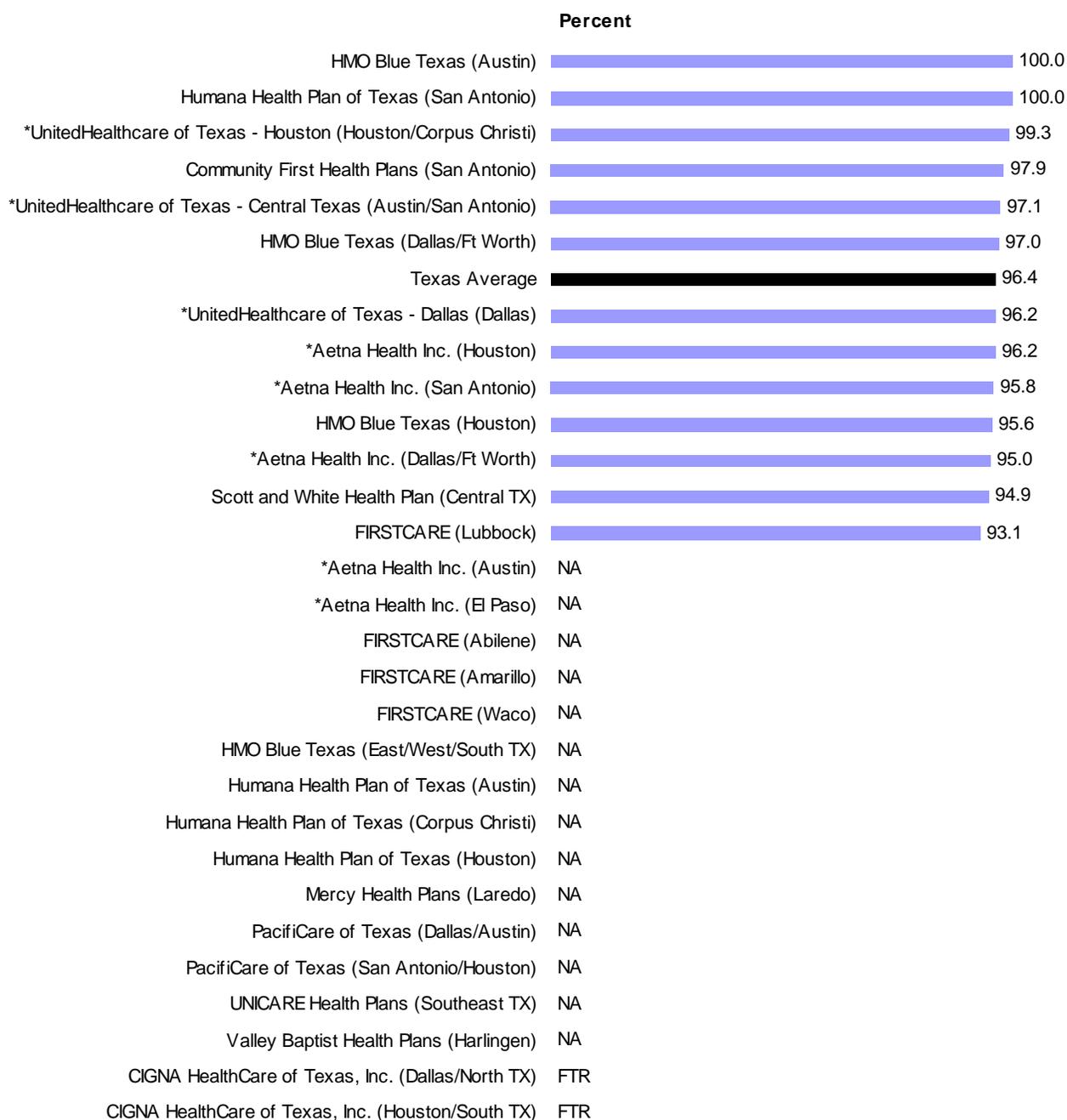
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Medication for People with Asthma: 5-9 Years



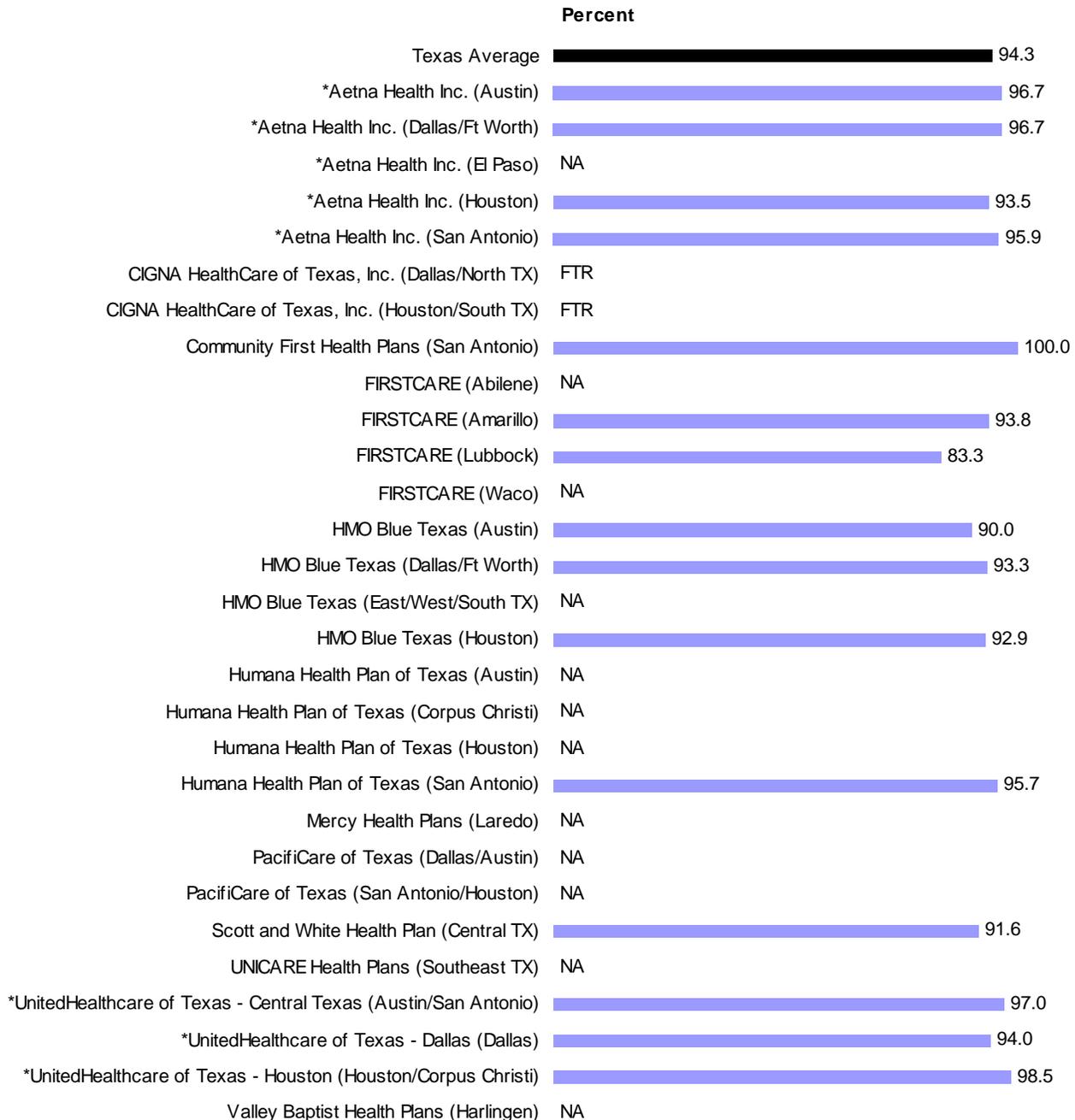
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Medication for People with Asthma: 10-17 Years



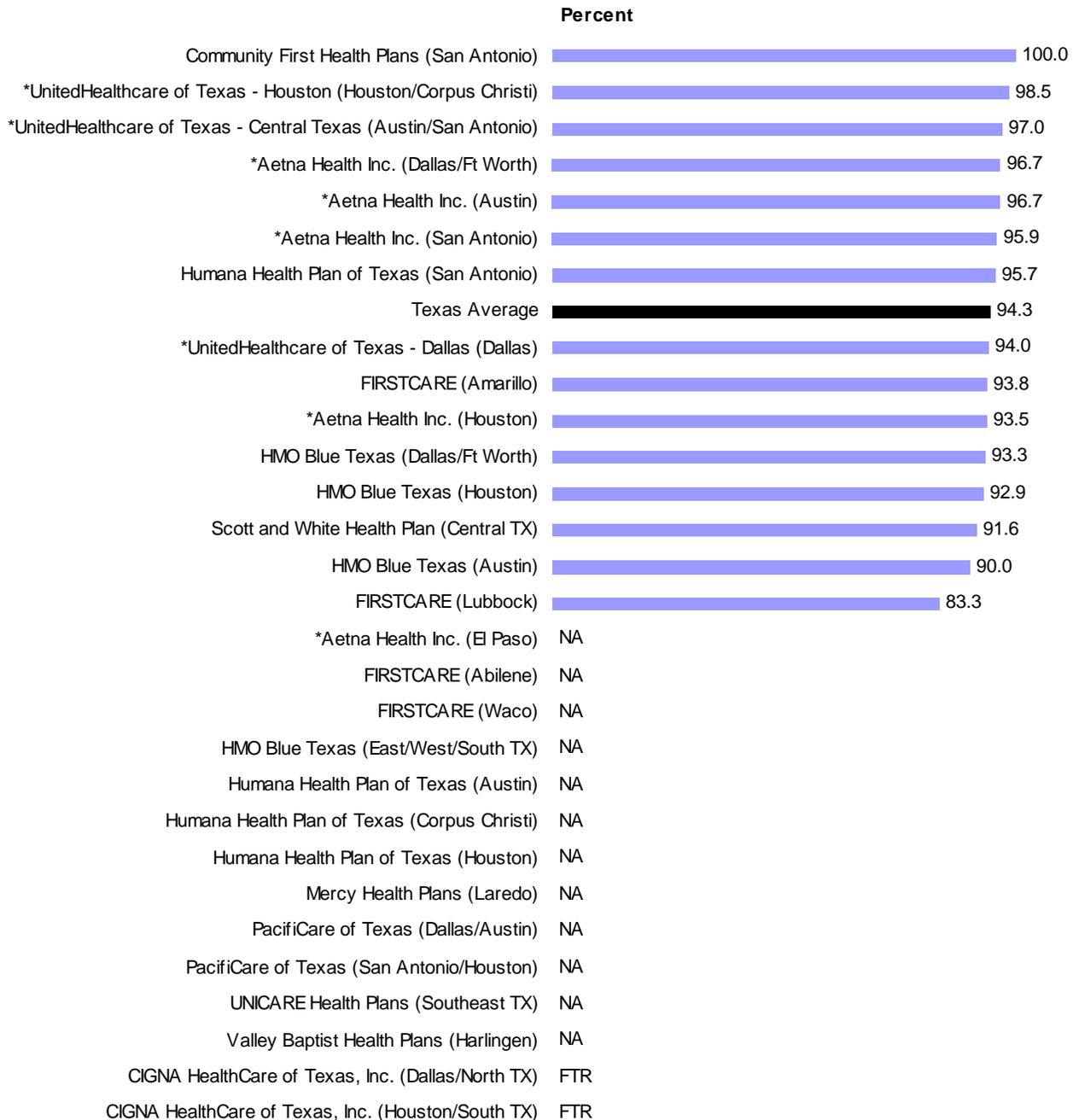
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Medication for People with Asthma: 10-17 Years



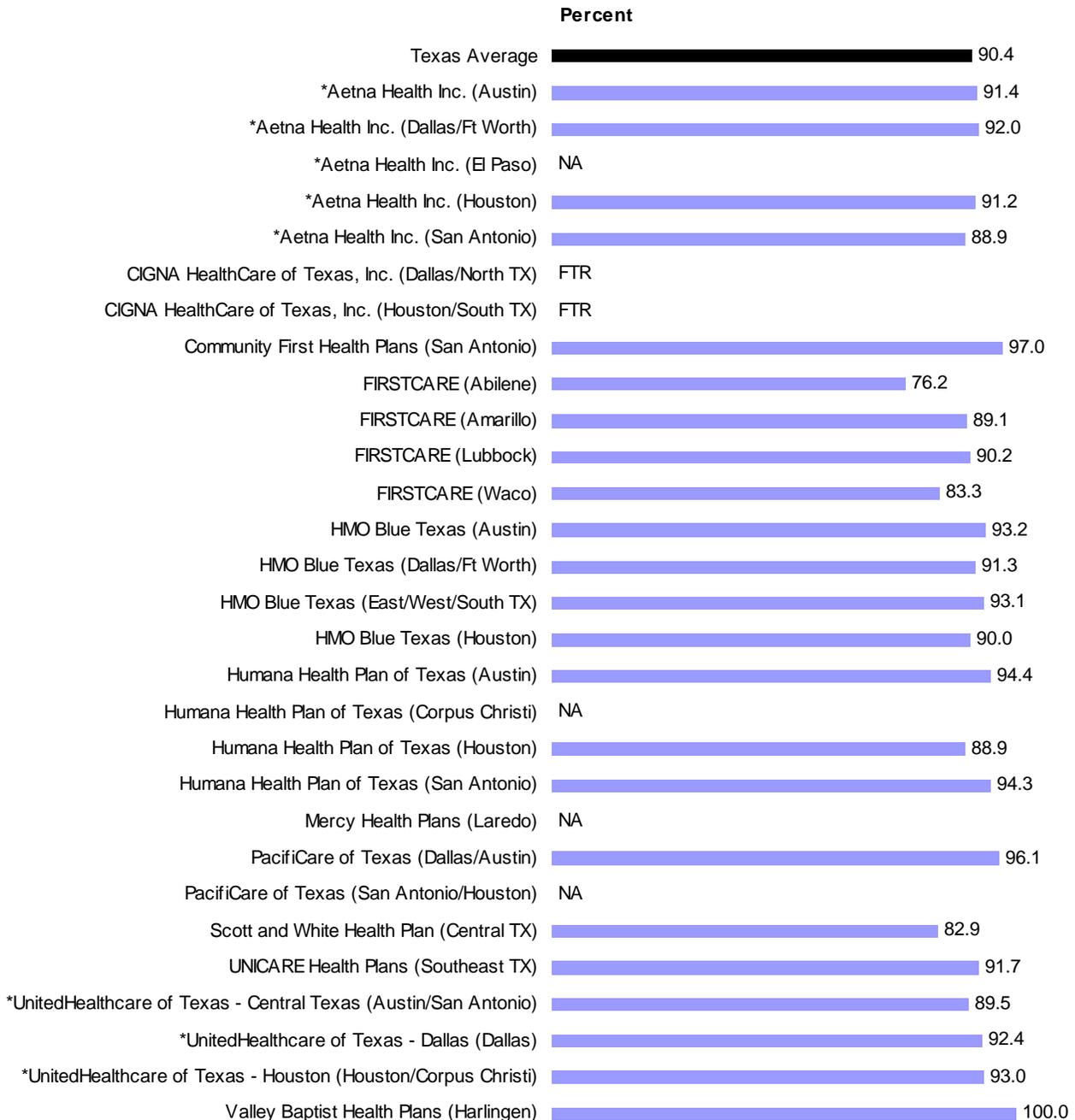
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Medication for People with Asthma: 18-56 Years



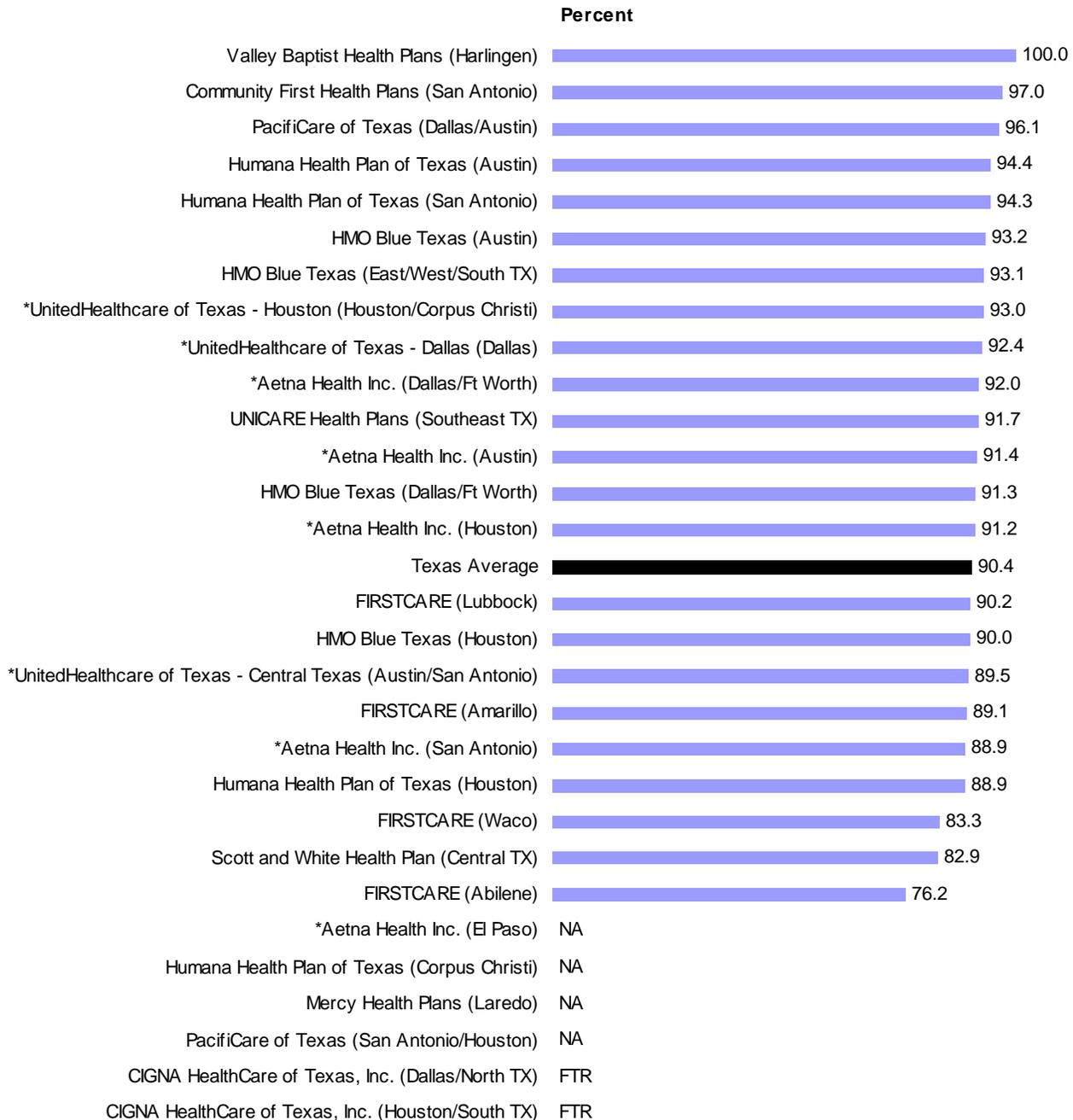
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Medication for People with Asthma: 18-56 Years



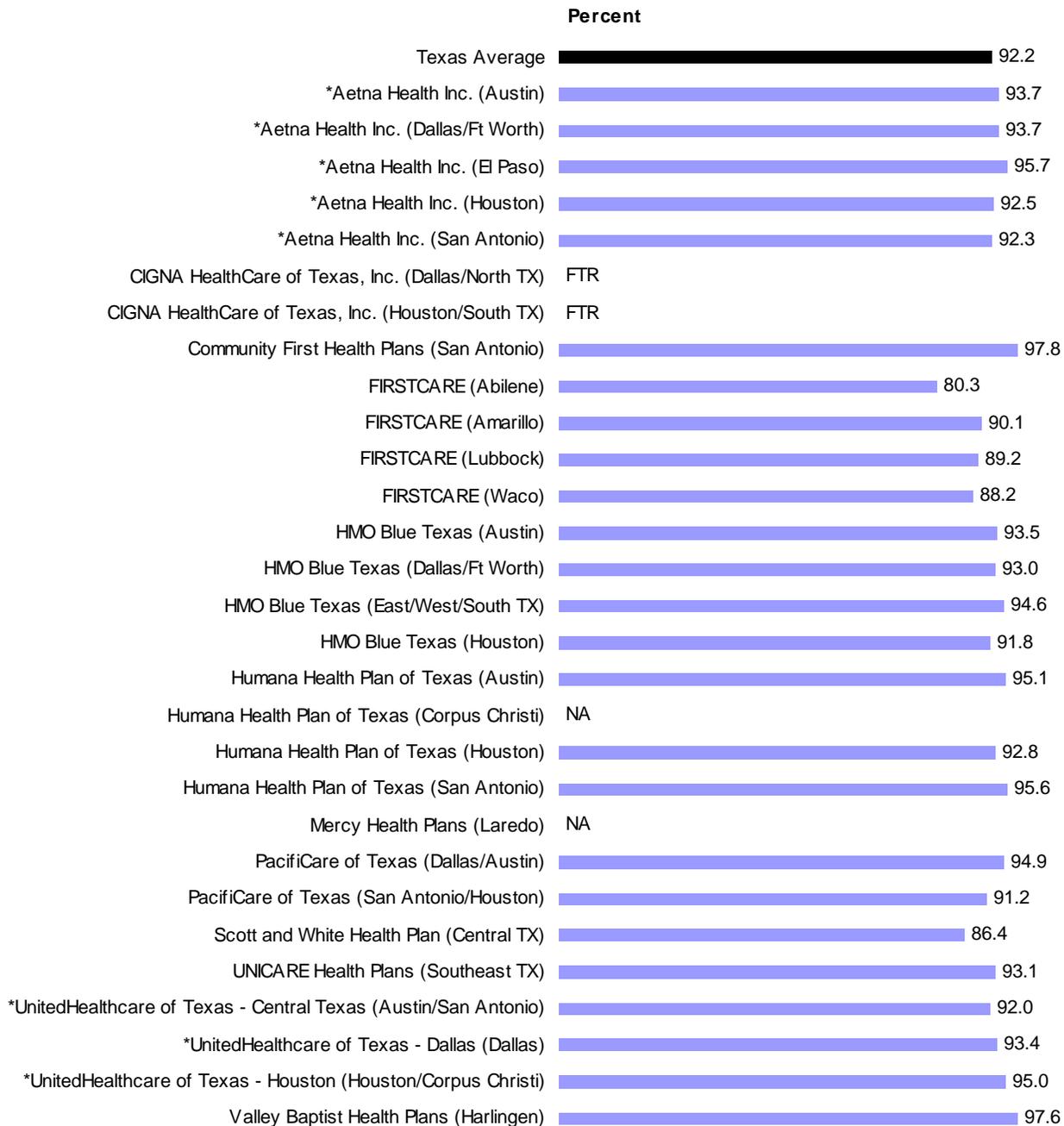
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Medication for People with Asthma: Total (5-56 Years)



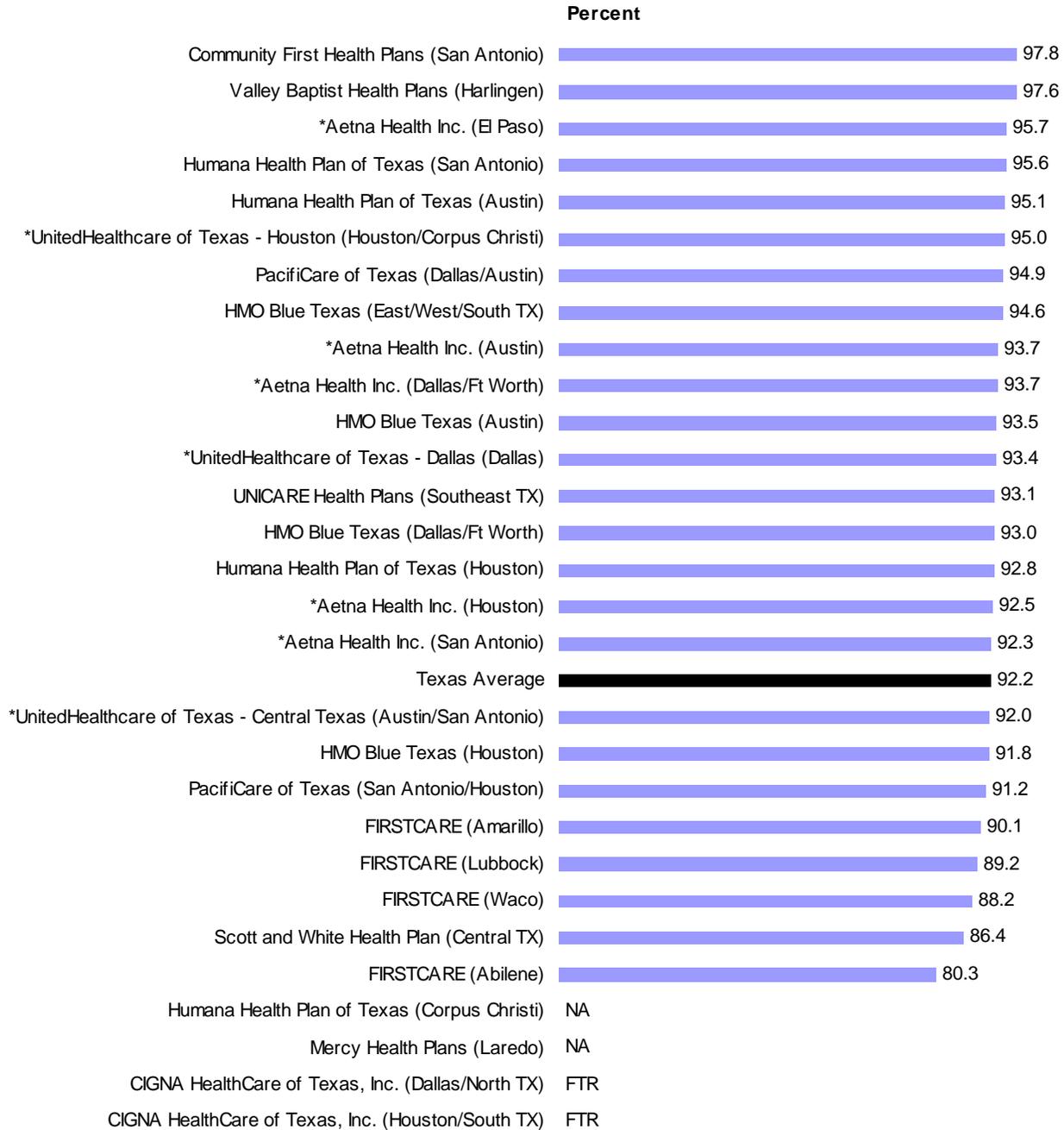
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Medication for People with Asthma: Total (5-56 Years)



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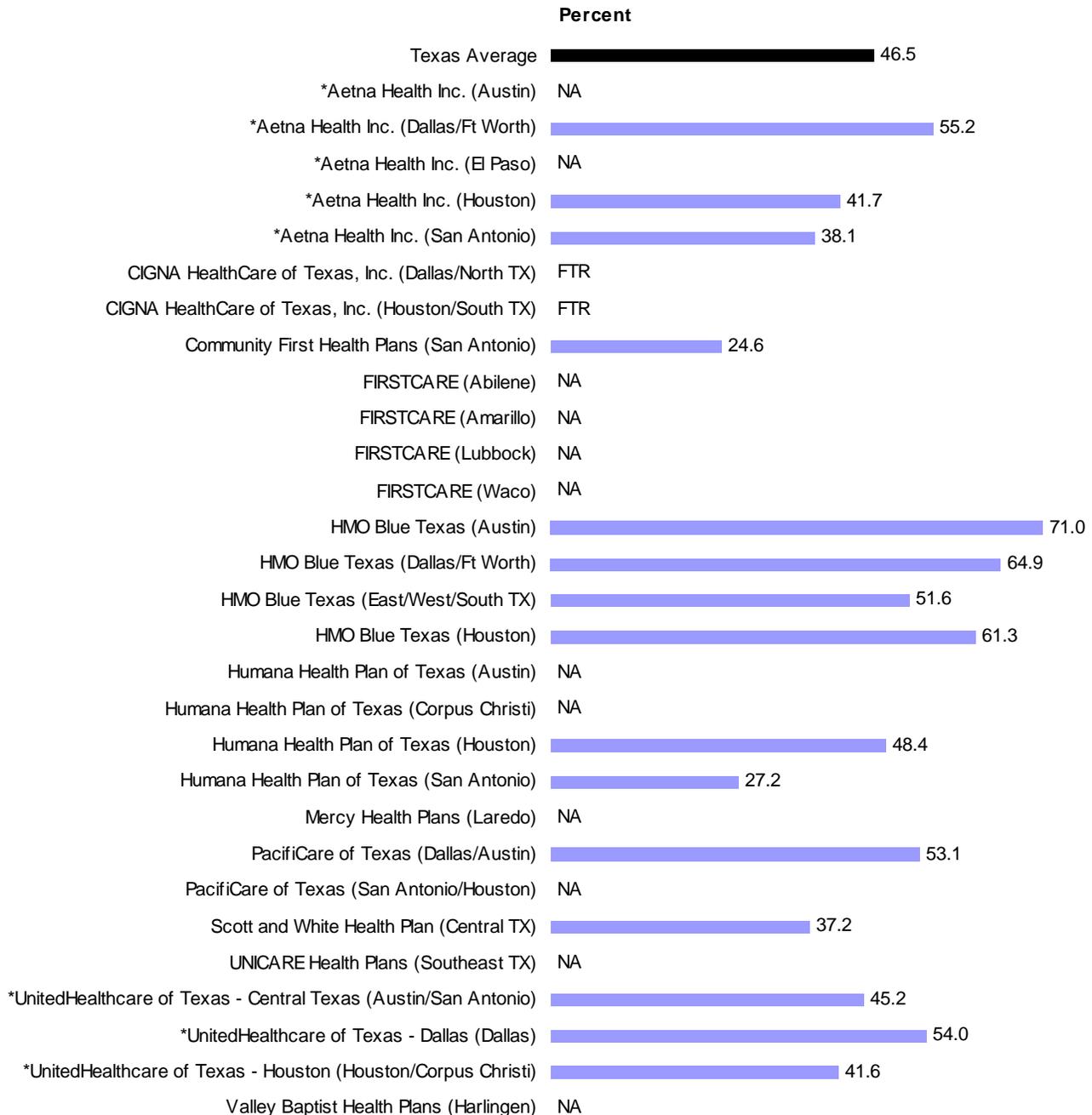
Follow-up After Hospitalization for Mental Illness

Definition: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days, or within 7 days after their discharge from the hospital.

Follow-up After Hospitalization for Mental Illness					
	2004	2005	2006	2007	2008
Texas Average (within 7 days)	48.3%	48.7%	47.6%	50.6%	46.5%
NCQA's Quality Compass® (within 7 days)	54.4%	55.9%	55.8%	56.7%	49.9%
Texas Average (within 30 days)	71.0%	71.1%	72.3%	72.9%	65.7%
NCQA's Quality Compass® (within 30 days)	74.4%	76.0%	75.9%	75.8%	69.6%

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Hospitalization for Mental Illness: 7 Day Follow-up



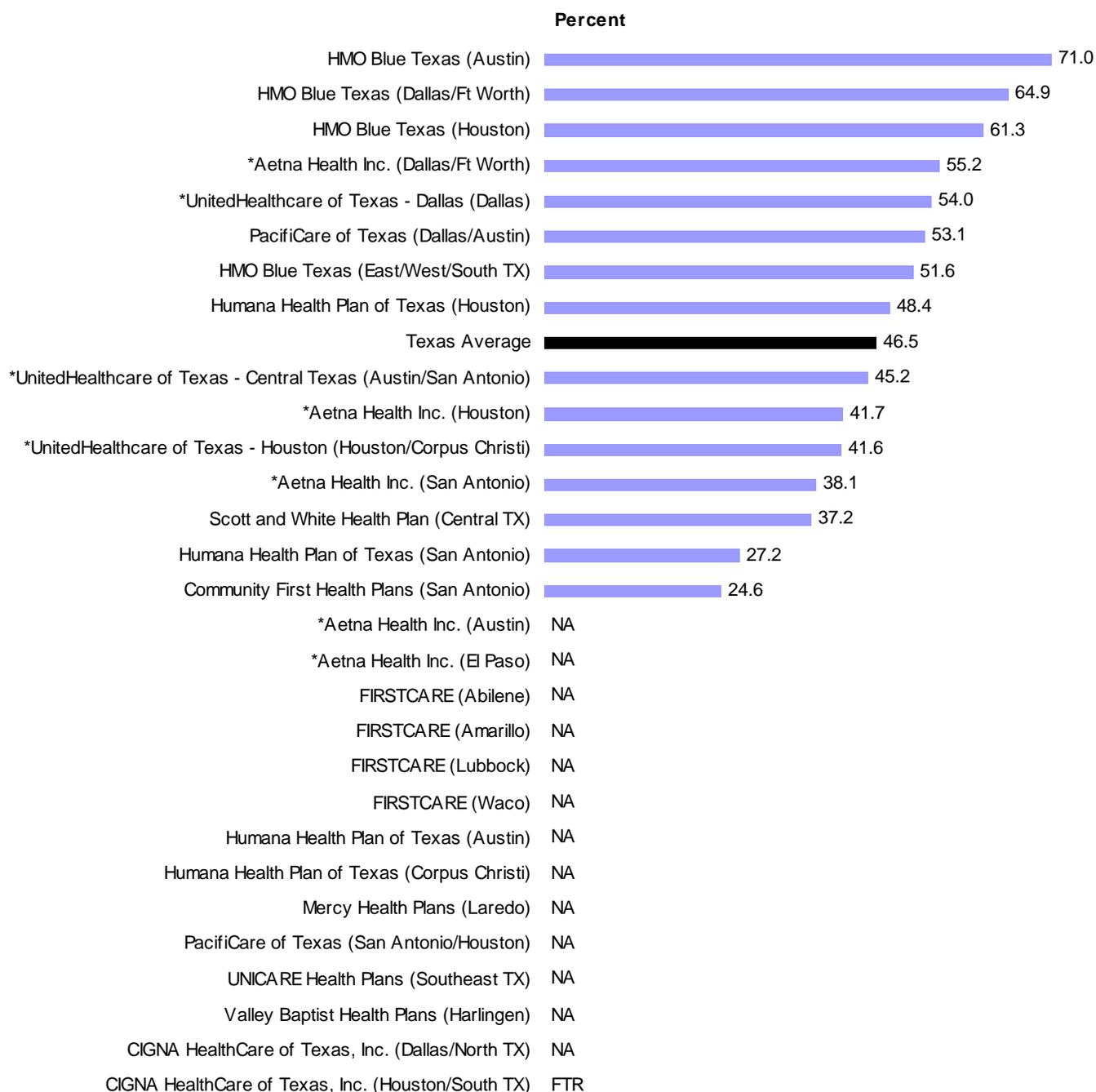
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Hospitalization for Mental Illness: 7 Day Follow-up



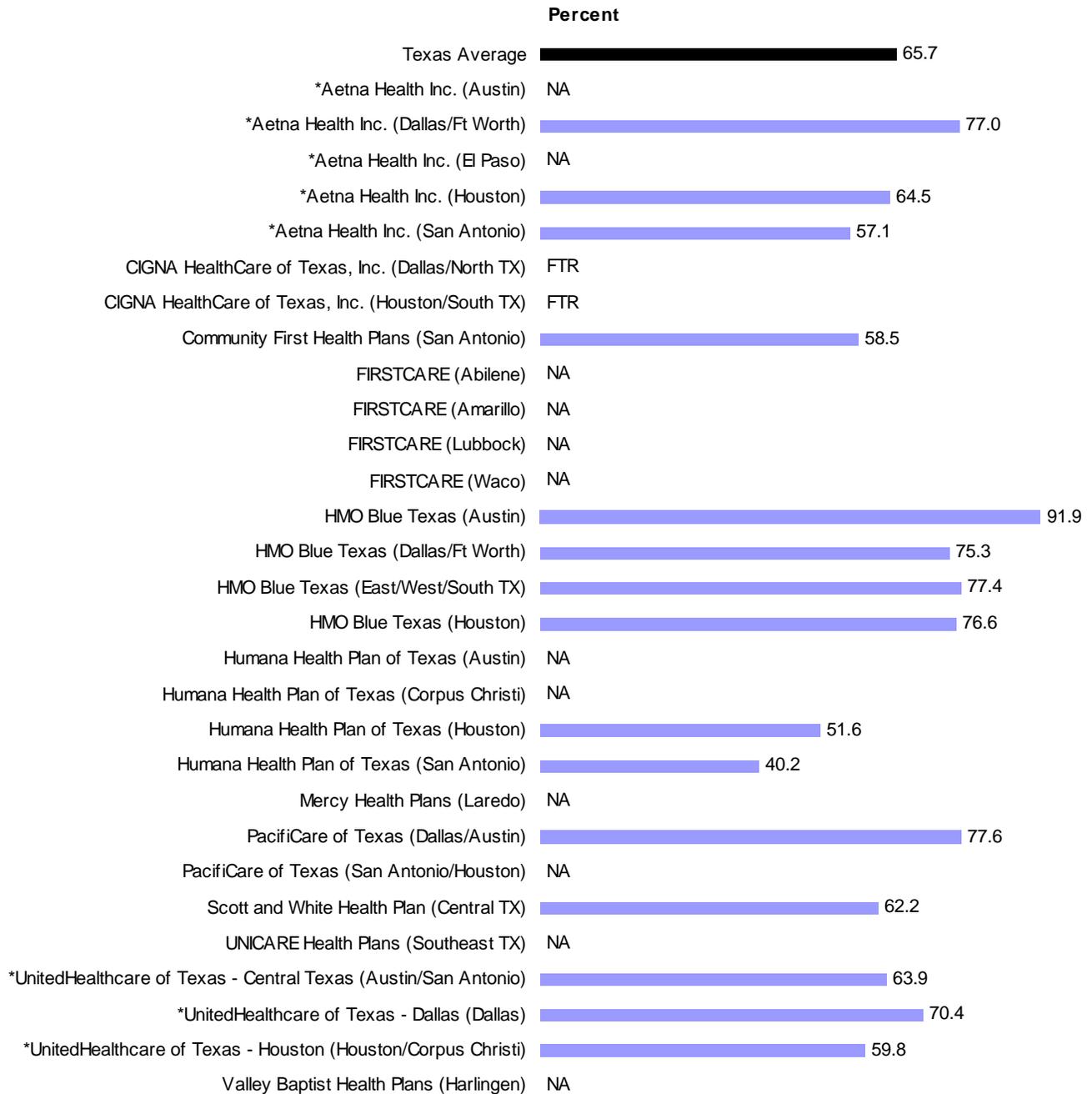
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Hospitalization for Mental Illness: 30 Day Follow-up



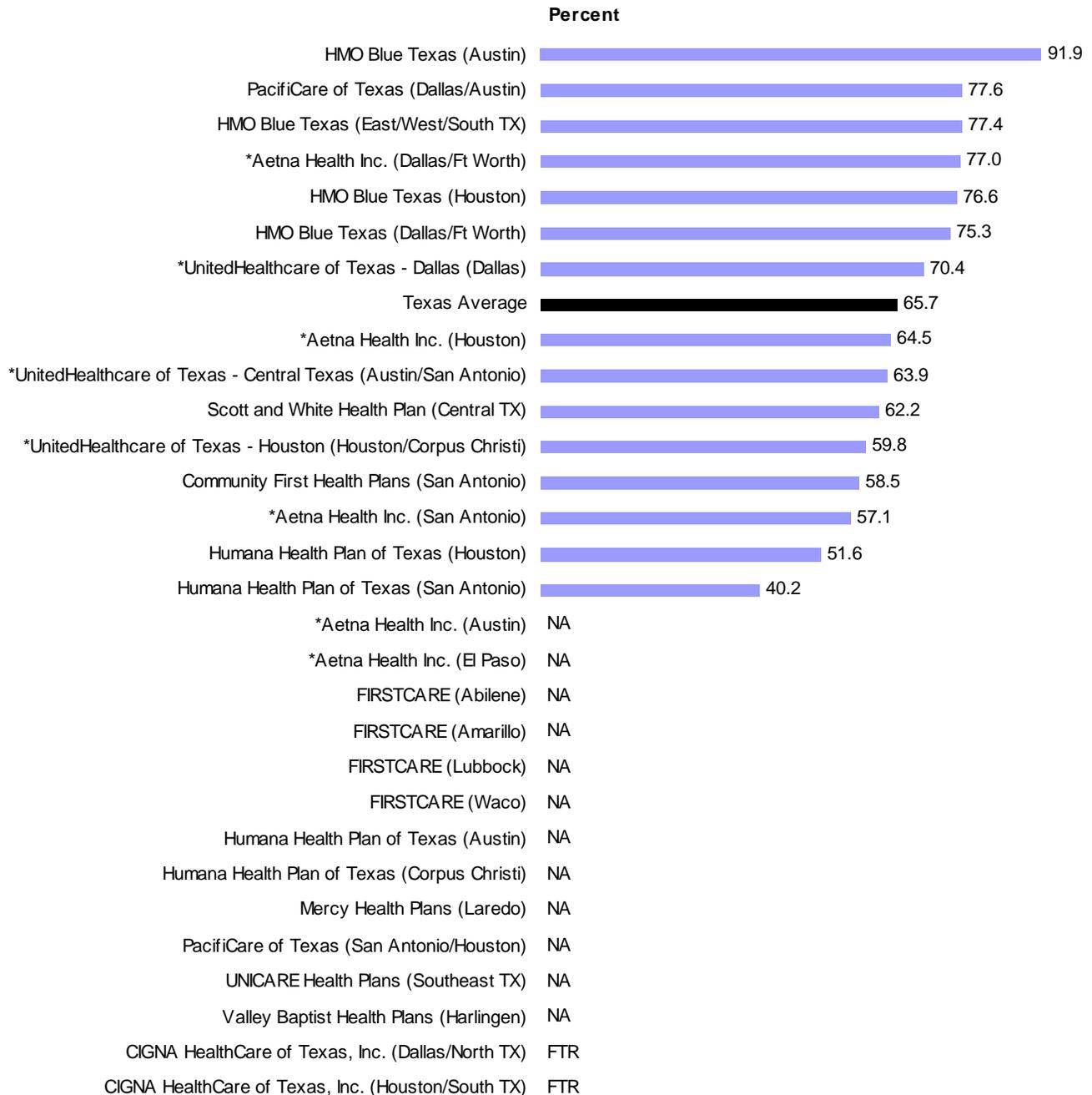
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Hospitalization for Mental Illness: 30 Day Follow-up



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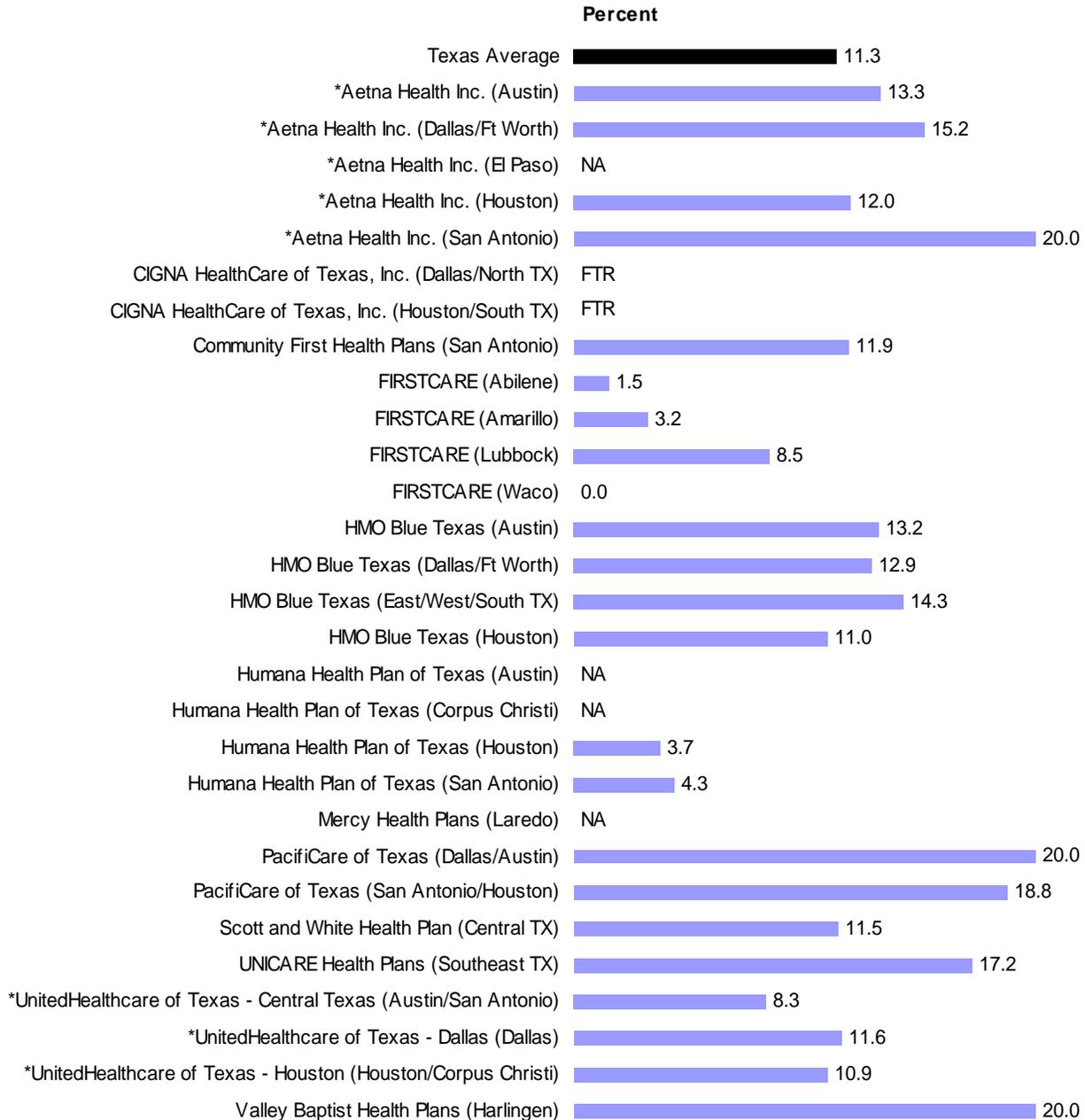
Antidepressant Medication Management: Optimal Practitioner Contacts

Definition: The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who had at least three follow-up visits with a practitioner (at least one of which is a prescribing practitioner) during the 12 week Acute Treatment Phase.

Antidepressant Medication Management: Optimal Practitioner Contacts					
	2004	2005	2006	2007	2008
Texas Average	16.7%	16.4%	16.2%	13.8%	11.3%
NCQA's Quality Compass®	20.3%	19.9%	20.6%	20.3%	17.7%

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Antidepressant Medication Management: Optimal Practitioner Contacts



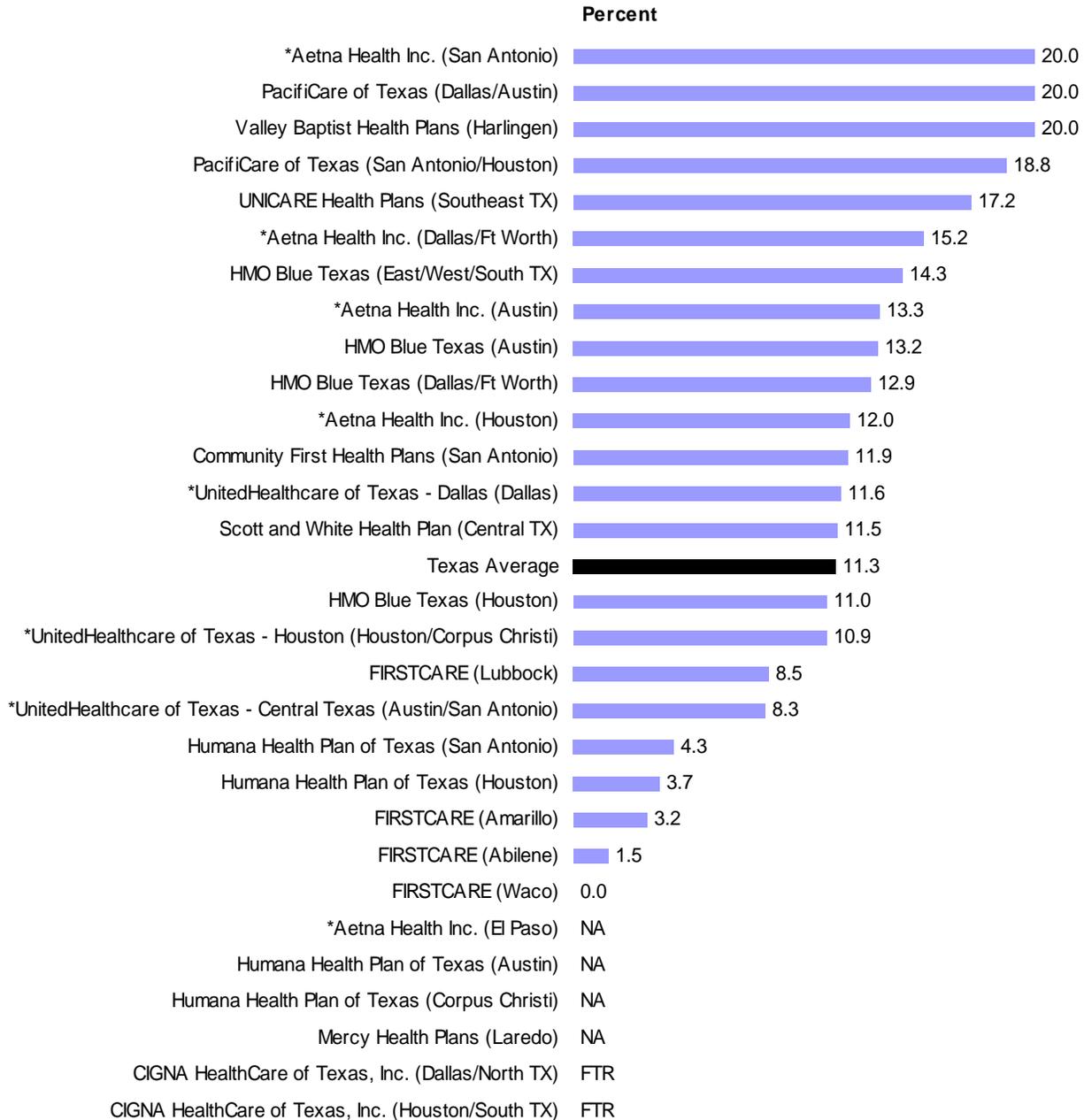
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Antidepressant Medication Management: Optimal Practitioner Contacts



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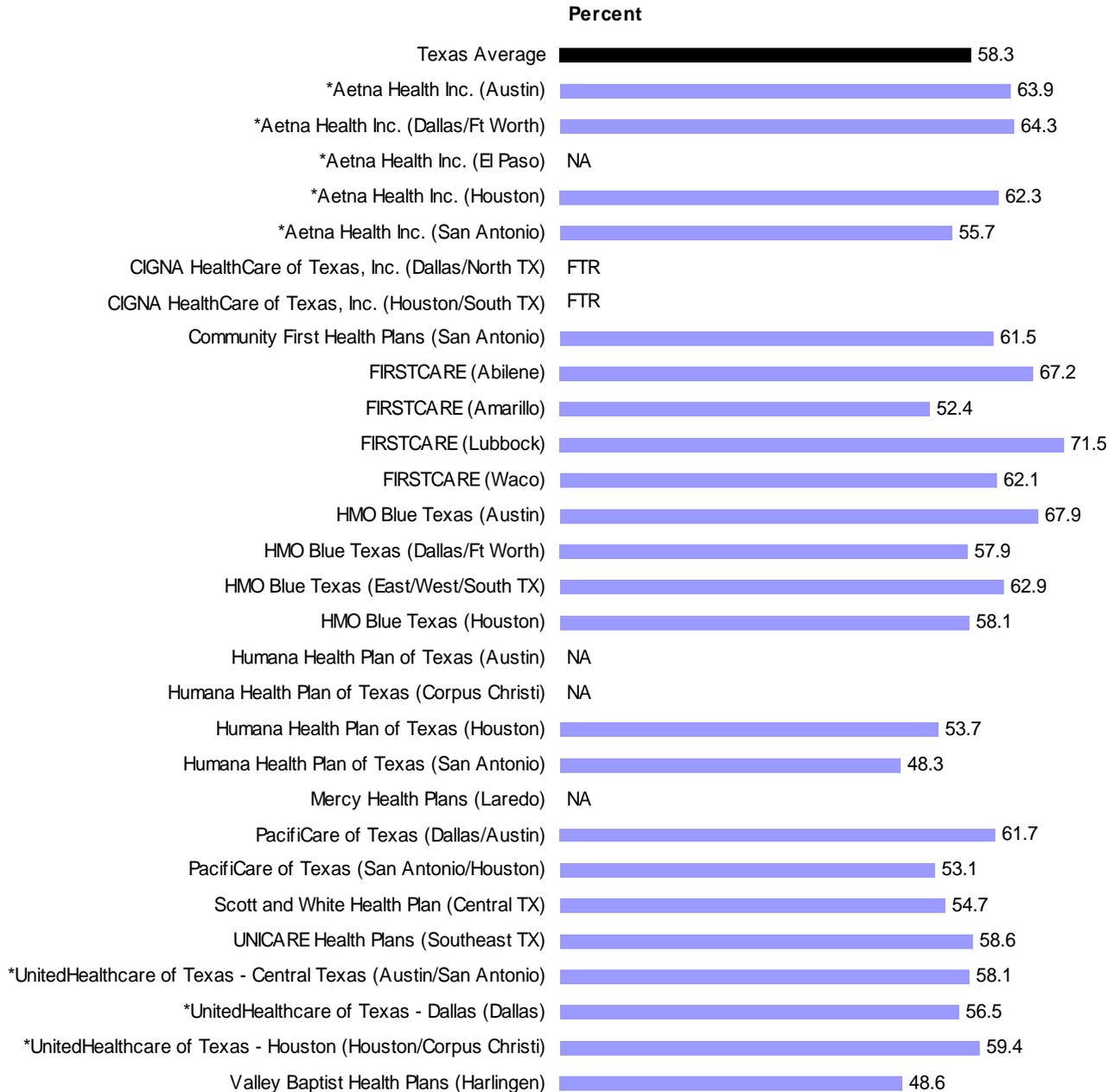
Antidepressant Medication Management: Effective Acute Phase Treatment

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

Antidepressant Medication Management: Effective Acute Phase Treatment					
	2004	2005	2006	2007	2008
Texas Average	53.9%	53.7%	56.5%	56.9%	58.3%
NCQA's Quality Compass®	60.7%	60.9%	61.4%	61.1%	63.2%

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Antidepressant Medication Management: Effective Acute Phase Treatment



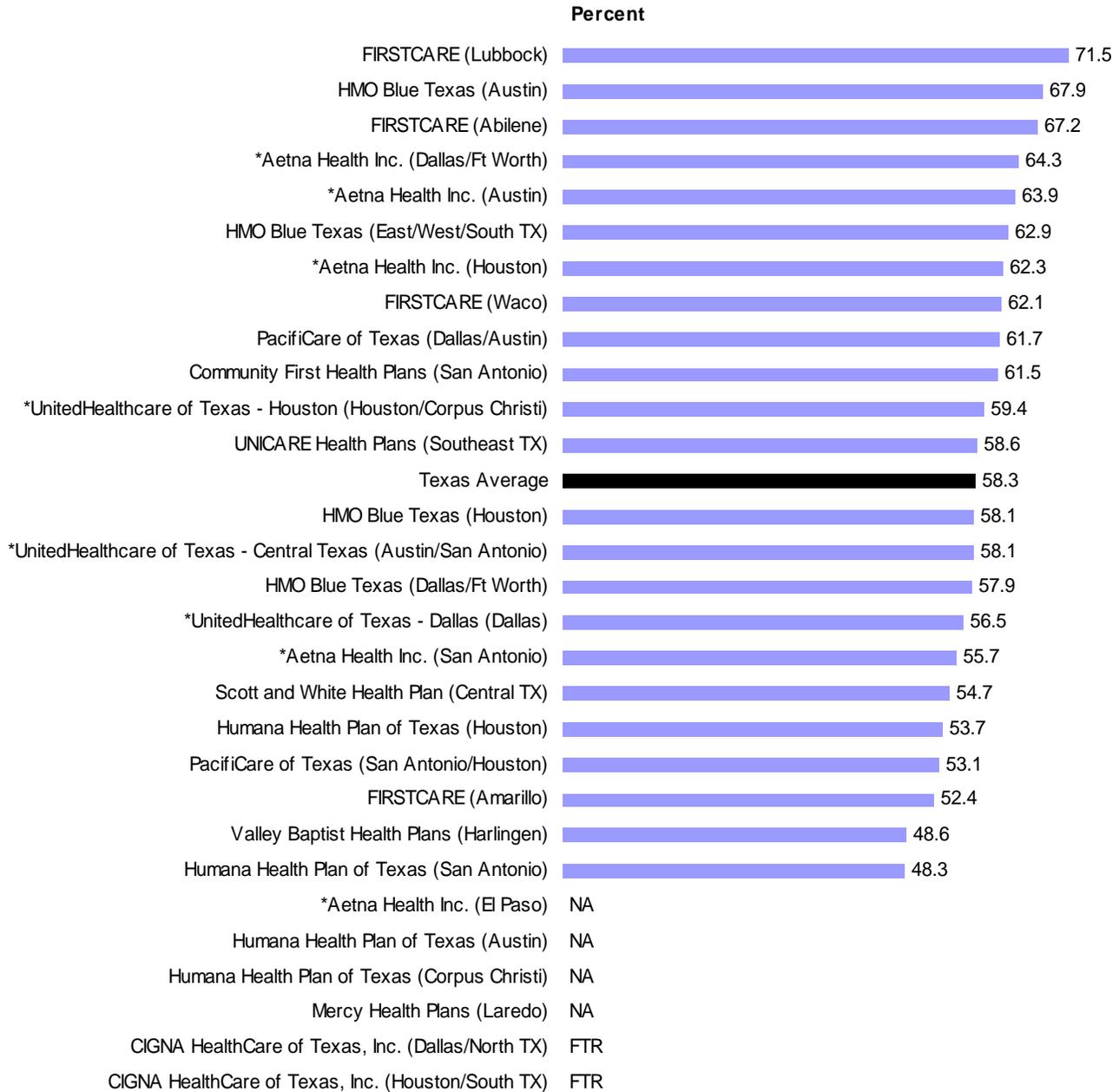
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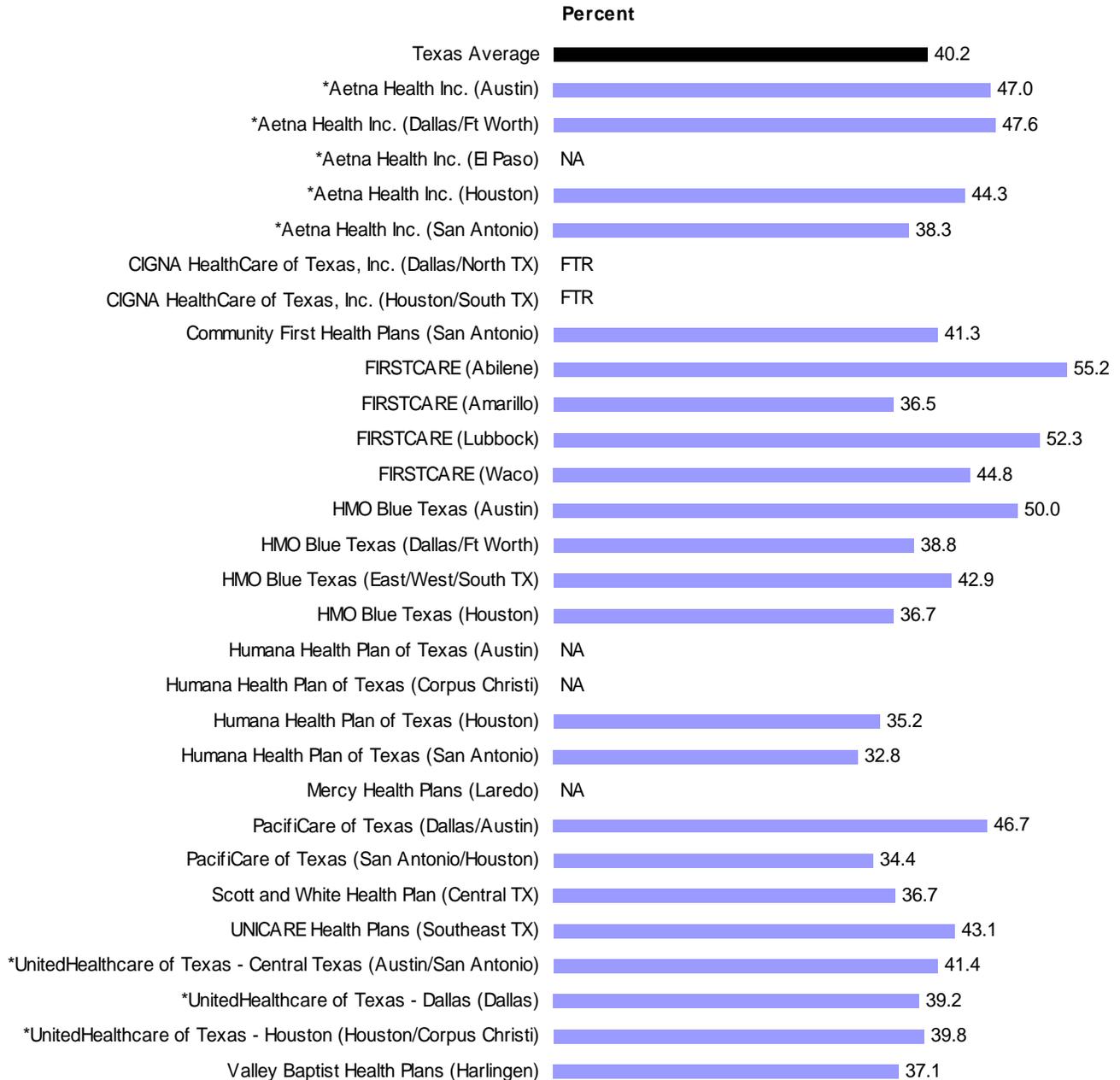
Antidepressant Medication Management: Effective Continuation Phase Treatment

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

Antidepressant Medication Management: Effective Continuation Phase Treatment					
	2004	2005	2006	2007	2008
Texas Average	36.6%	37.6%	39.7%	41.5%	40.2%
NCQA's Quality Compass®	44.1%	44.3%	45.0%	45.1%	46.7%

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Antidepressant Medication Management: Effective Continuation Phase Treatment



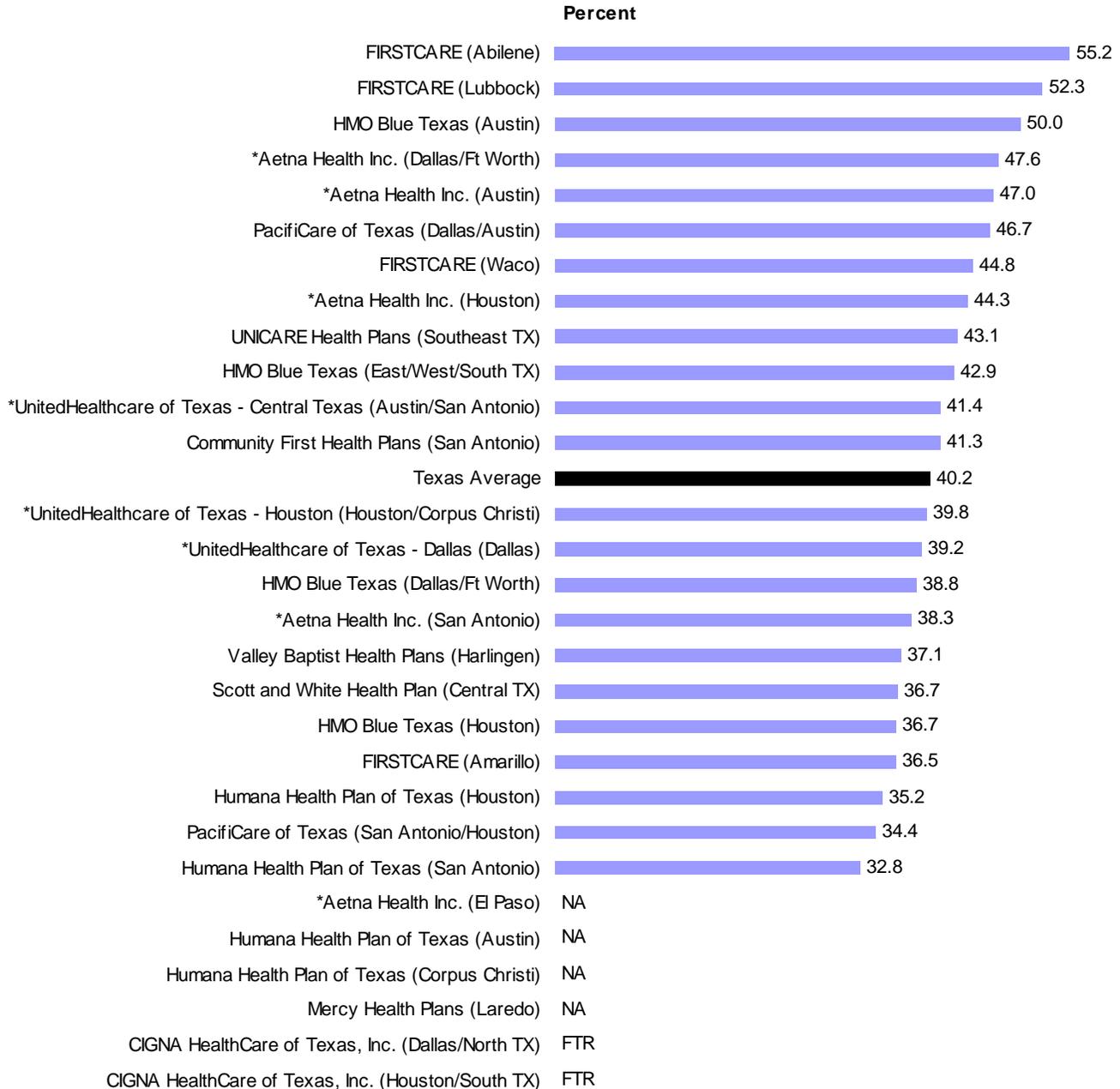
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Antidepressant Medication Management: Effective Continuation Phase Treatment



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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	2007	2008
Texas Average	60.8%	61.3%	65.7%	71.3%	*
NCQA's Quality Compass®	68.7%	69.6%	71.2%	73.8%	75.3%

* Value not established or not obtained.

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Medical Assistance with Smoking Cessation: Advising Smokers to Quit

	Percent
Texas Average	NA
*Aetna Health Inc. (Austin)	NA
*Aetna Health Inc. (Dallas/Ft Worth)	NA
*Aetna Health Inc. (El Paso)	NA
*Aetna Health Inc. (Houston)	NA
*Aetna Health Inc. (San Antonio)	NA
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR
Community First Health Plans (San Antonio)	NA
FIRSTCARE (Abilene)	NA
FIRSTCARE (Amarillo)	NA
FIRSTCARE (Lubbock)	NA
FIRSTCARE (Waco)	NA
HMO Blue Texas (Austin)	NA
HMO Blue Texas (Dallas/Ft Worth)	NA
HMO Blue Texas (East/West/South TX)	NA
HMO Blue Texas (Houston)	NA
Humana Health Plan of Texas (Austin)	NA
Humana Health Plan of Texas (Corpus Christi)	NA
Humana Health Plan of Texas (Houston)	NA
Humana Health Plan of Texas (San Antonio)	NA
Mercy Health Plans (Laredo)	NA
PacifiCare of Texas (Dallas/Austin)	NA
PacifiCare of Texas (San Antonio/Houston)	NA
Scott and White Health Plan (Central TX)	NA
UNICARE Health Plans (Southeast TX)	NA
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	NA
*UnitedHealthcare of Texas - Dallas (Dallas)	NA
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	NA
Valley Baptist Health Plans (Harlingen)	NA

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Medical Assistance with Smoking Cessation: Advising Smokers to Quit

	Percent
Texas Average	NA
*Aetna Health Inc. (Austin)	NA
*Aetna Health Inc. (Dallas/Ft Worth)	NA
*Aetna Health Inc. (El Paso)	NA
*Aetna Health Inc. (Houston)	NA
*Aetna Health Inc. (San Antonio)	NA
CIGNA HealthCare of Texas, Inc. (Dallas/North TX)	FTR
CIGNA HealthCare of Texas, Inc. (Houston/South TX)	FTR
Community First Health Plans (San Antonio)	NA
FIRSTCARE (Abilene)	NA
FIRSTCARE (Amarillo)	NA
FIRSTCARE (Lubbock)	NA
FIRSTCARE (Waco)	NA
HMO Blue Texas (Austin)	NA
HMO Blue Texas (Dallas/Ft Worth)	NA
HMO Blue Texas (East/West/South TX)	NA
HMO Blue Texas (Houston)	NA
Humana Health Plan of Texas (Austin)	NA
Humana Health Plan of Texas (Corpus Christi)	NA
Humana Health Plan of Texas (Houston)	NA
Humana Health Plan of Texas (San Antonio)	NA
Mercy Health Plans (Laredo)	NA
PacifiCare of Texas (Dallas/Austin)	NA
PacifiCare of Texas (San Antonio/Houston)	NA
Scott and White Health Plan (Central TX)	NA
UNICARE Health Plans (Southeast TX)	NA
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	NA
*UnitedHealthcare of Texas - Dallas (Dallas)	NA
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	NA
Valley Baptist Health Plans (Harlingen)	NA

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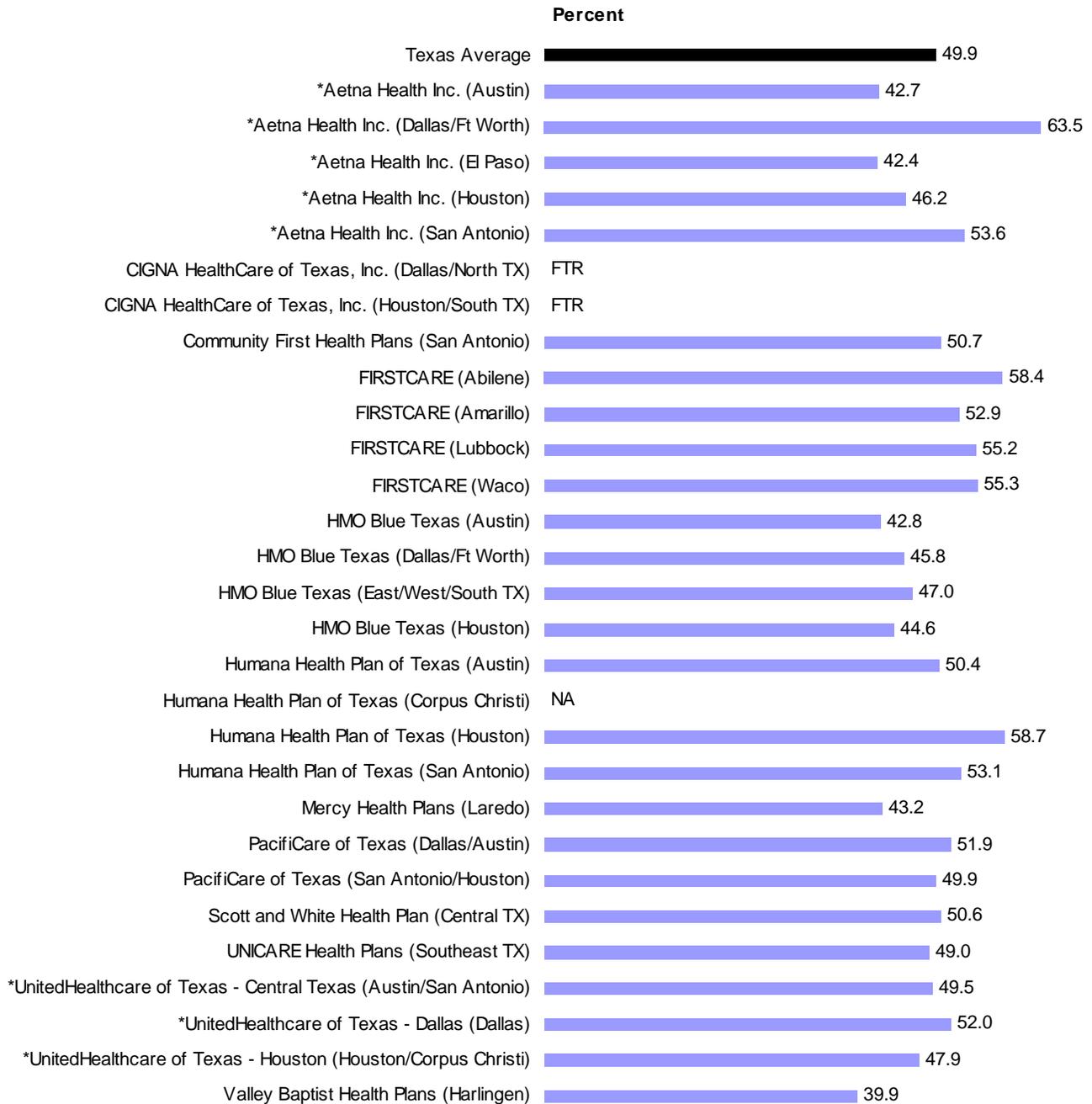
Flu Shots for Adults Ages 50-64

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	2007	2008
Texas Average	48.7%	39.5%	34.9%	45.2%	49.9%
NCQA's Quality Compass[®]	48.0%	38.9%	36.3%	45.6%	48.4%

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

Flu Shots for Adults Ages 50-64



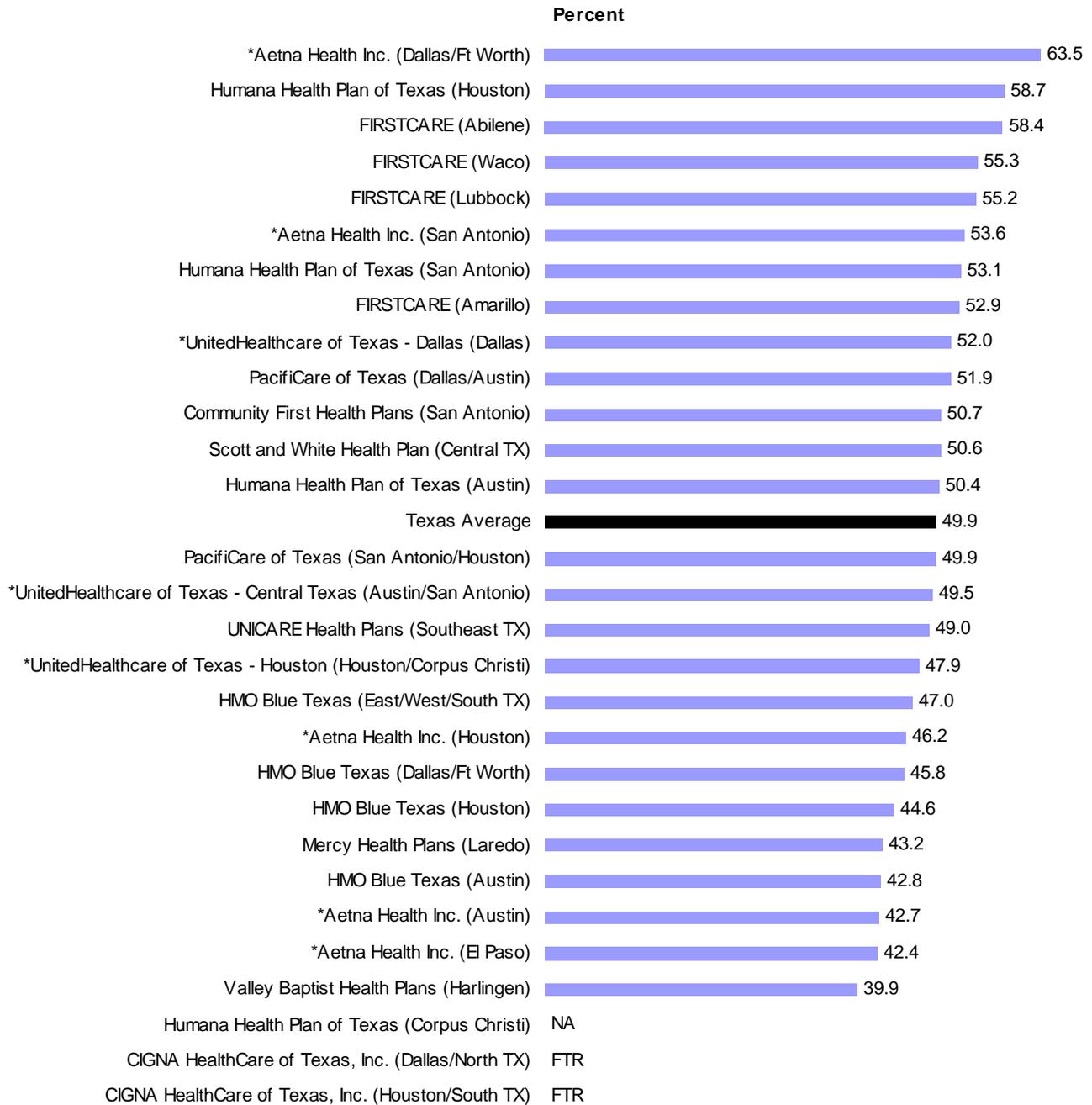
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Flu Shots for Adults Ages 50-64



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Prenatal and Postpartum Care: Timeliness of Prenatal Care

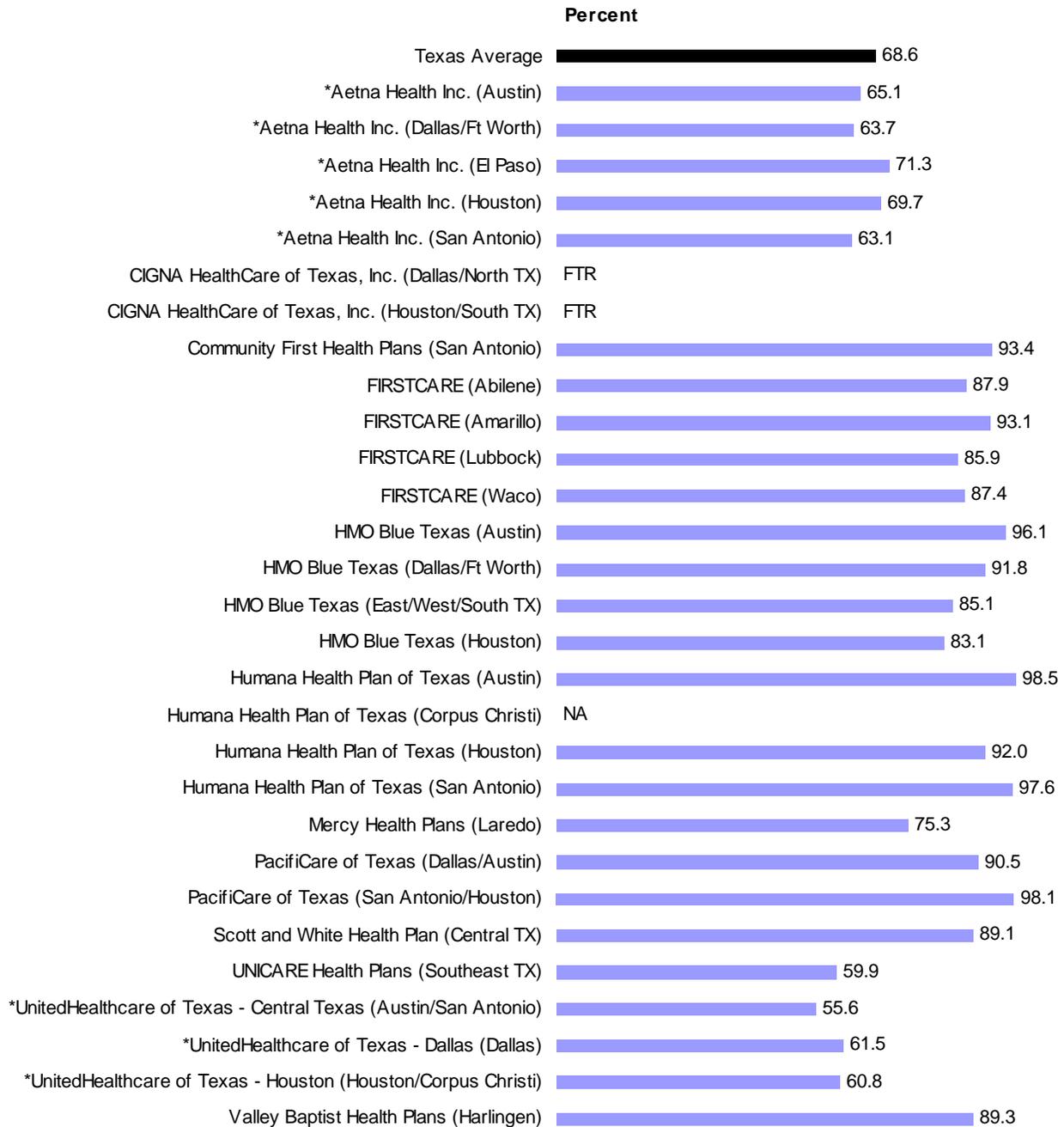
Definition: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

Timeliness of Prenatal Care					
	2004	2005	2006	2007	2008
Texas Average	78.5%	68.4%	71.5%	65.6%	68.6%
NCQA's Quality Compass®	89.4%	90.8%	91.8%	90.6%	77.5%

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



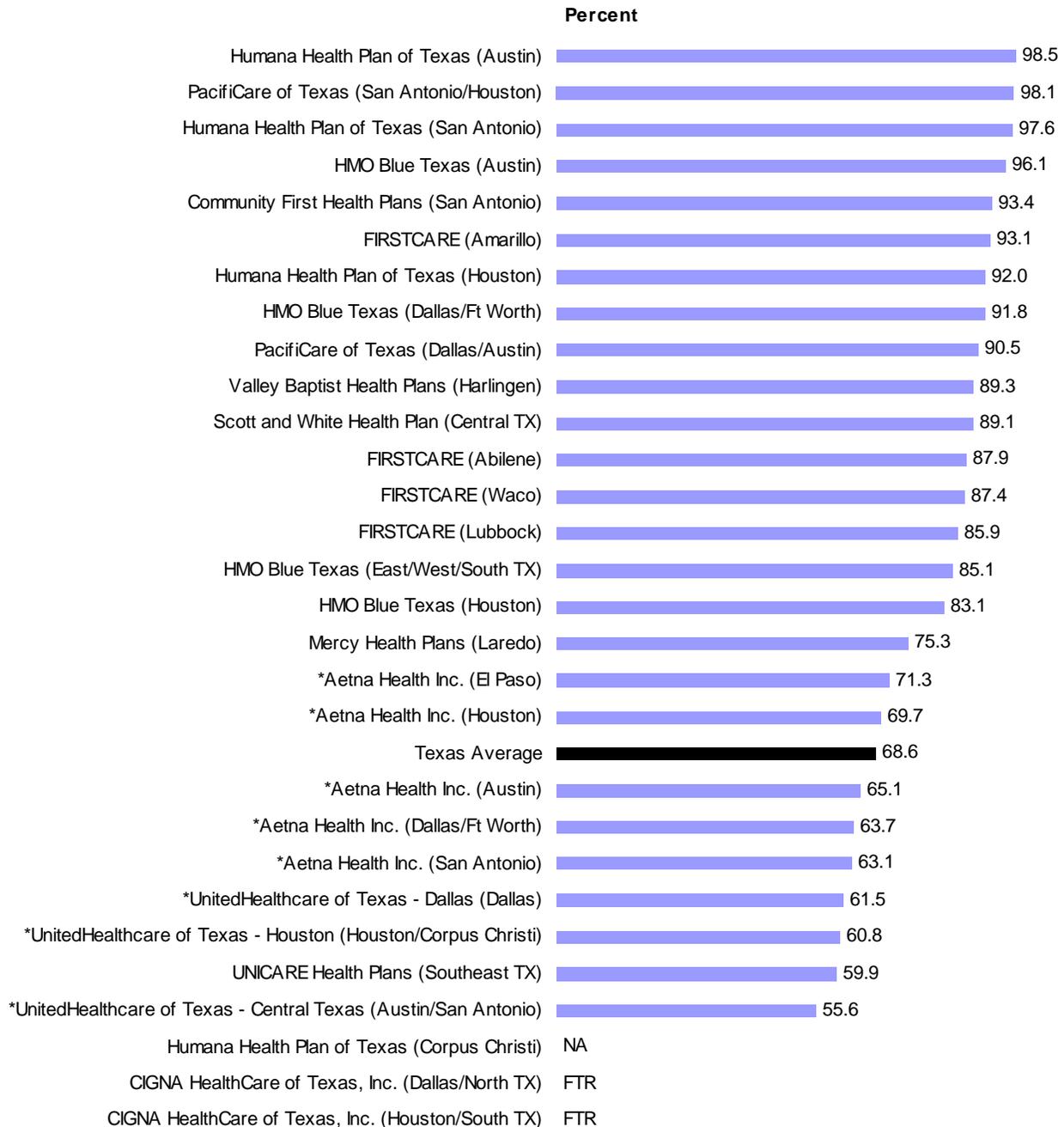
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Timeliness of Prenatal Care



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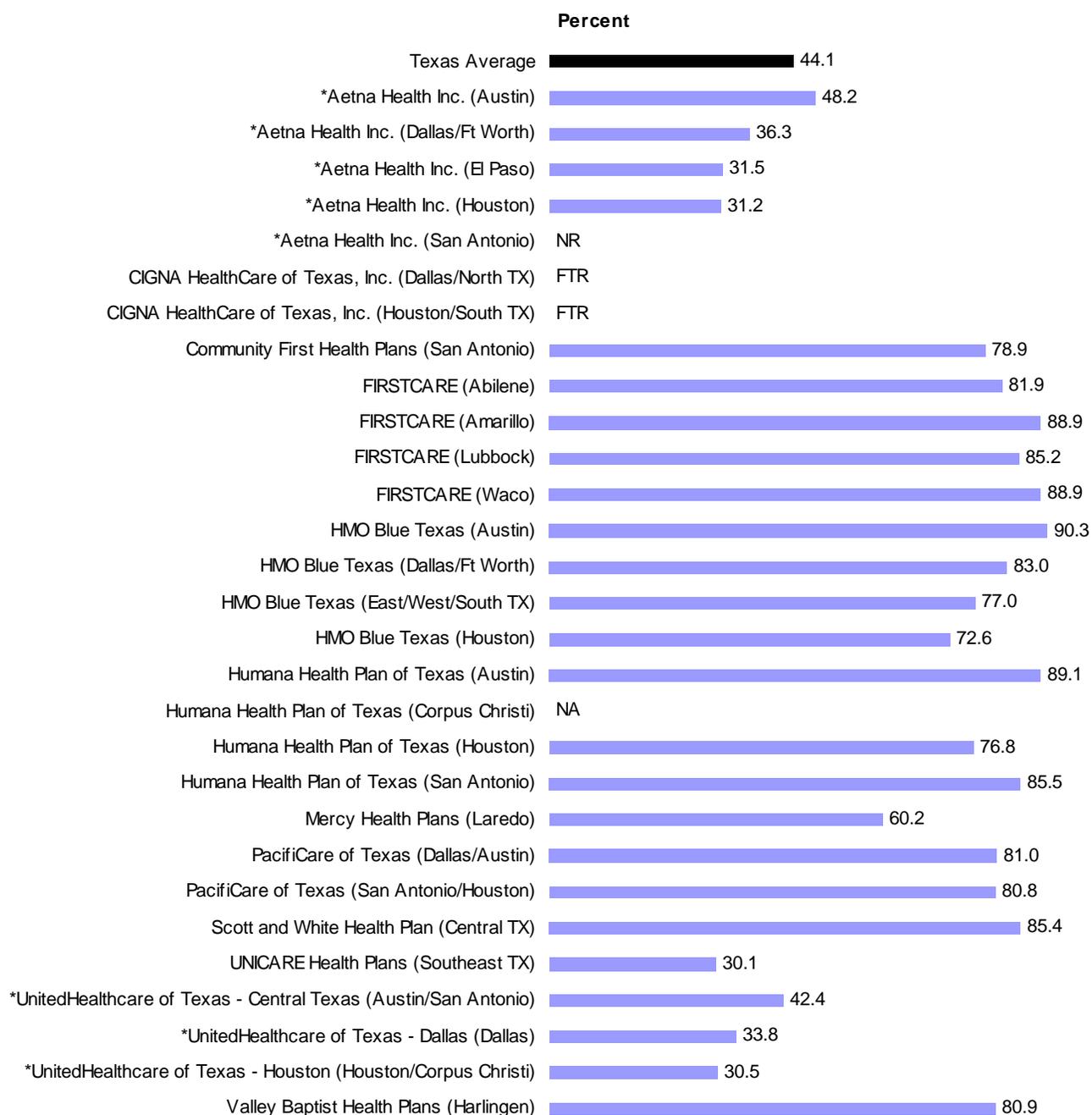
Prenatal and Postpartum Care: Postpartum Care

Definition: The percentage of deliveries that had a postpartum visit on or between 21 days and 56 days after delivery.

Postpartum Care					
	2004	2005	2006	2007	2008
Texas Average	65.2%	47.0%	48.0%	41.0%	44.1%
NCQA's Quality Compass®	80.3%	80.7%	81.5%	79.9%	69.0%

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Postpartum Care



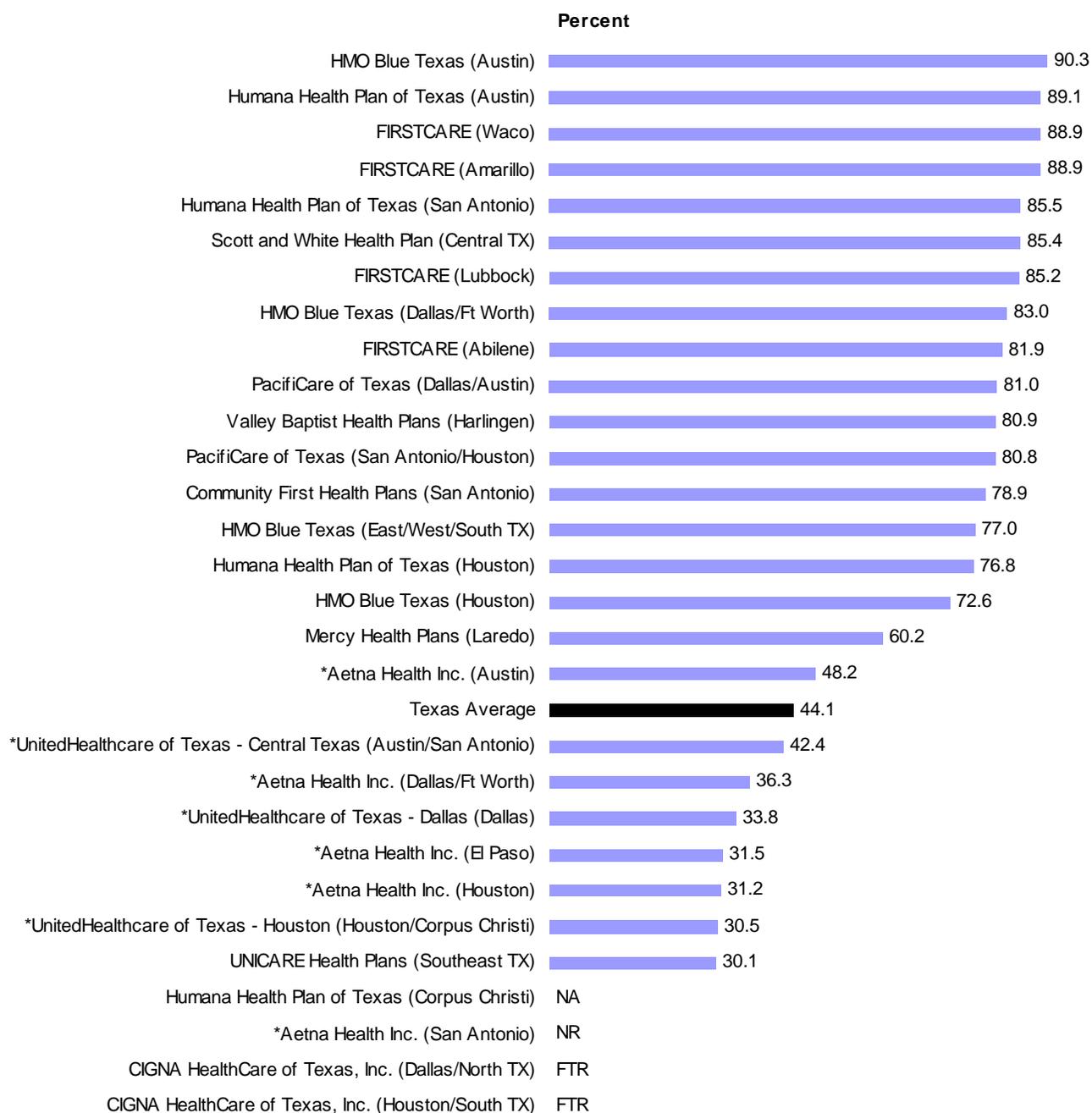
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Postpartum Care



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Initiation of Alcohol and Other Drug Dependence Treatment

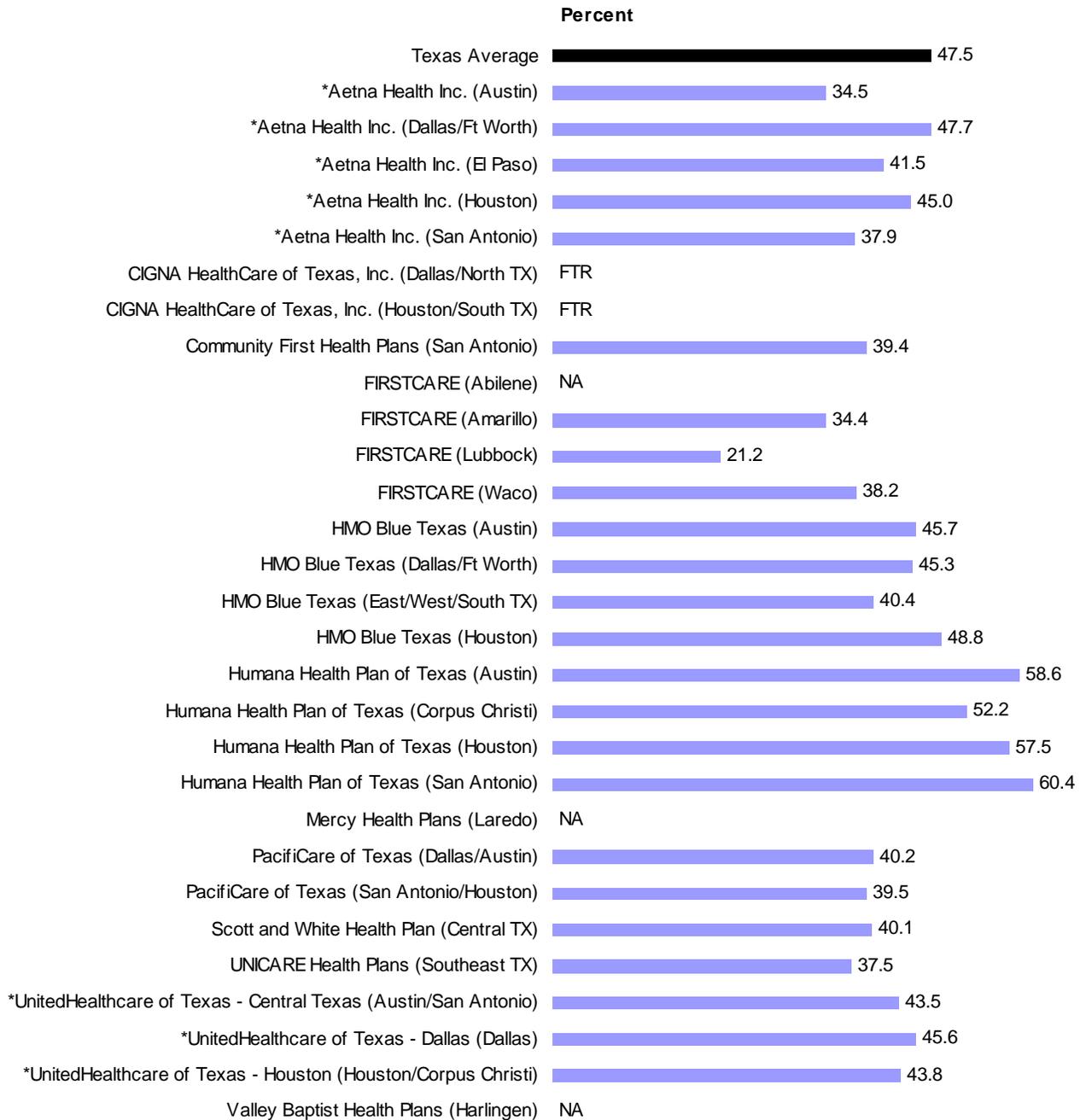
Definition: The percentage of members diagnosed with alcohol and other drug dependence (AOD) who initiate treatment during the measurement year through either an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

Initiation of Alcohol and Other Drug Dependence Treatment			
	2006	2007	2008
Texas Average	47.6%	44.6%	47.5%
NCQA's Quality Compass®	44.5%	43.2%	45.1%

This measure was added to the Texas Subset beginning with HEDIS® 2006.

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Initiation of Alcohol and Other Drug Dependence Treatment



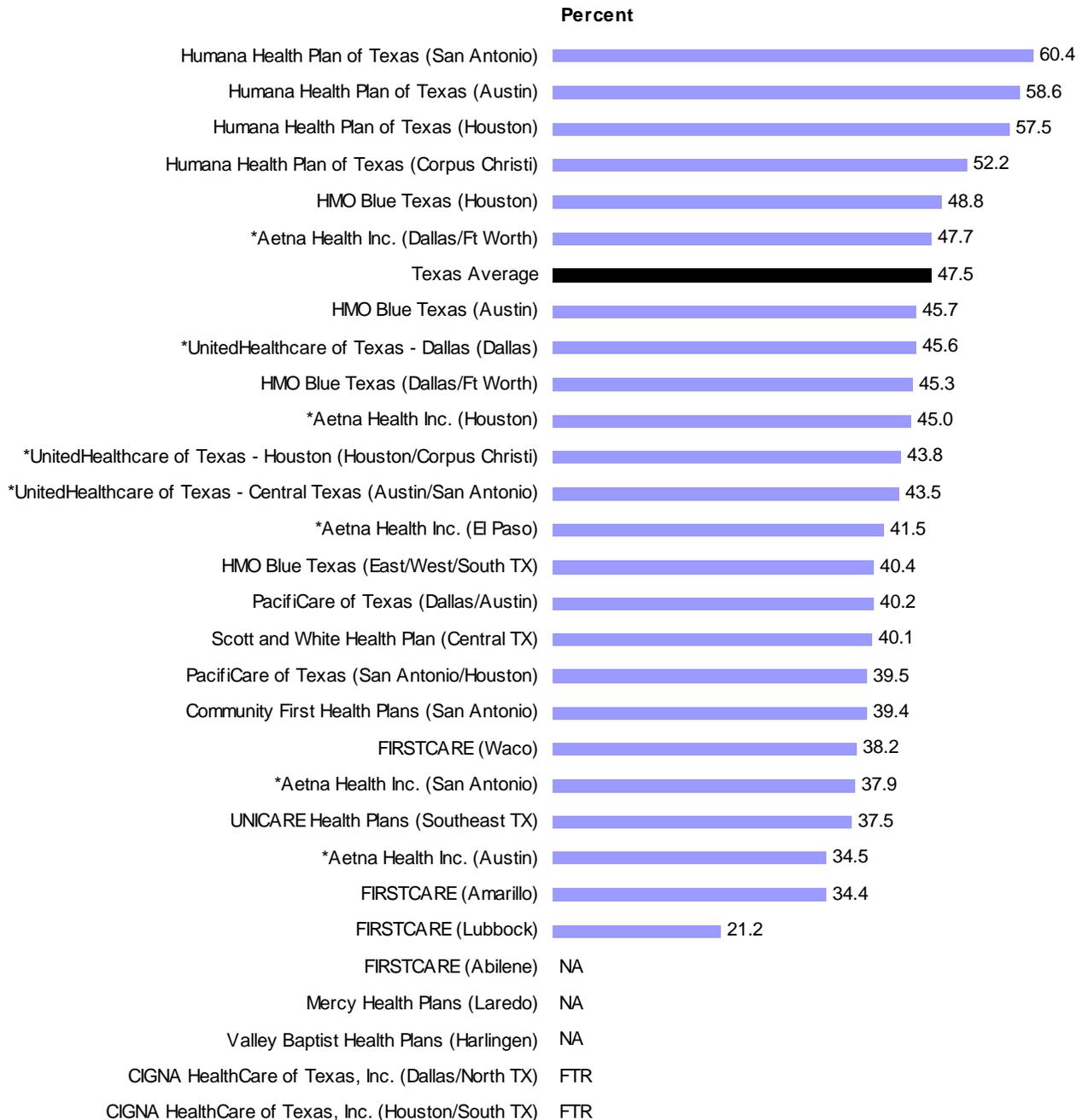
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Initiation of Alcohol and Other Drug Dependence Treatment



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Engagement of Alcohol and Other Drug Dependence Treatment

Definition: The percentage of members diagnosed with alcohol and other drug dependence (AOD) who undergo initiation treatment with two additional AOD services within 30 days of the initiation visit.

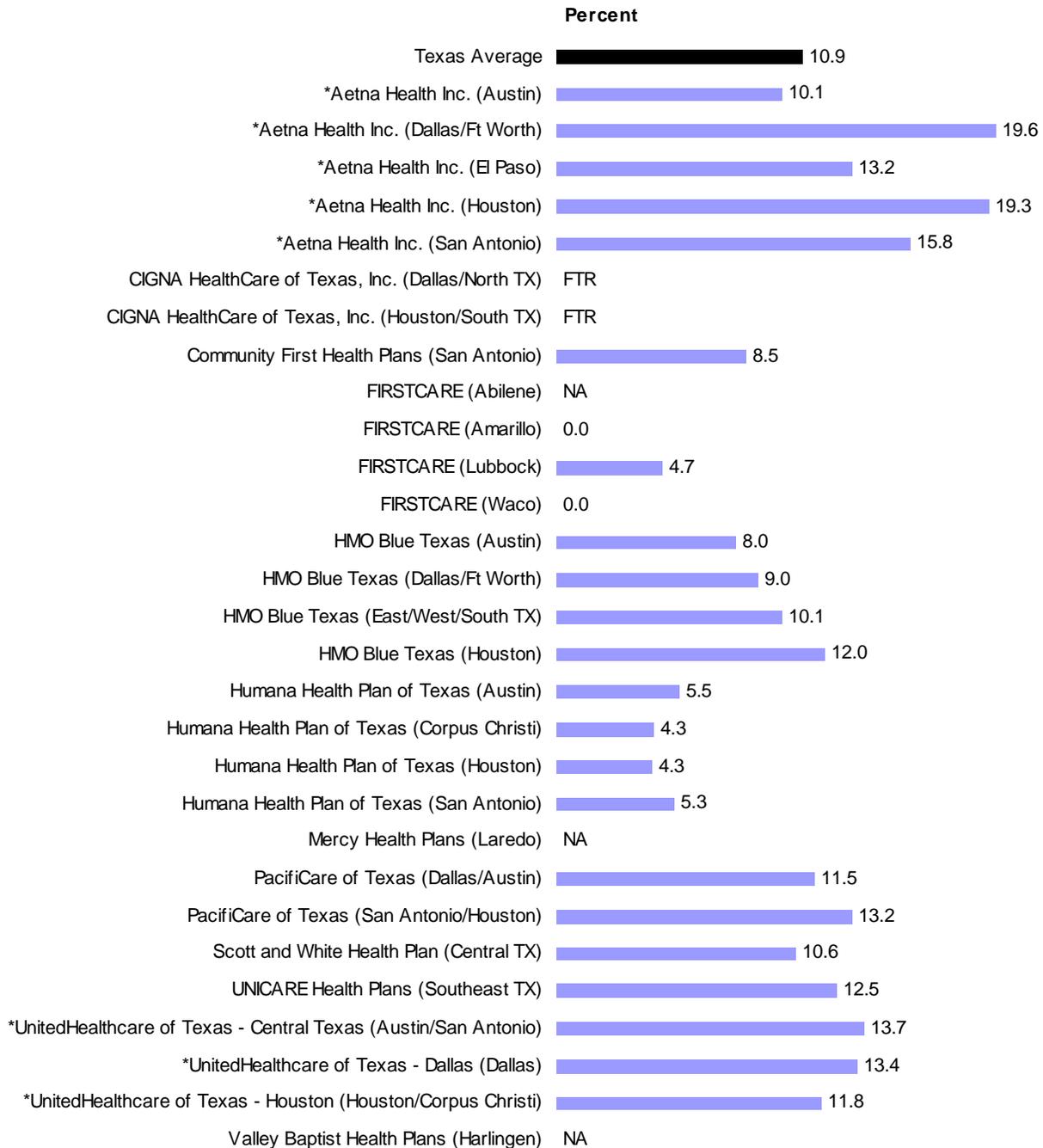
Engagement of AOD Treatment is an intermediate step between initially accessing care (initiation treatment) and completing a full course treatment.

Engagement of Alcohol and Other Drug Dependence Treatment			
	2006	2007	2008
Texas Average	12.4%	12.1%	10.9%
NCQA's Quality Compass®	14.1%	13.8%	15.2%

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Engagement of Alcohol and Other Drug Dependence Treatment



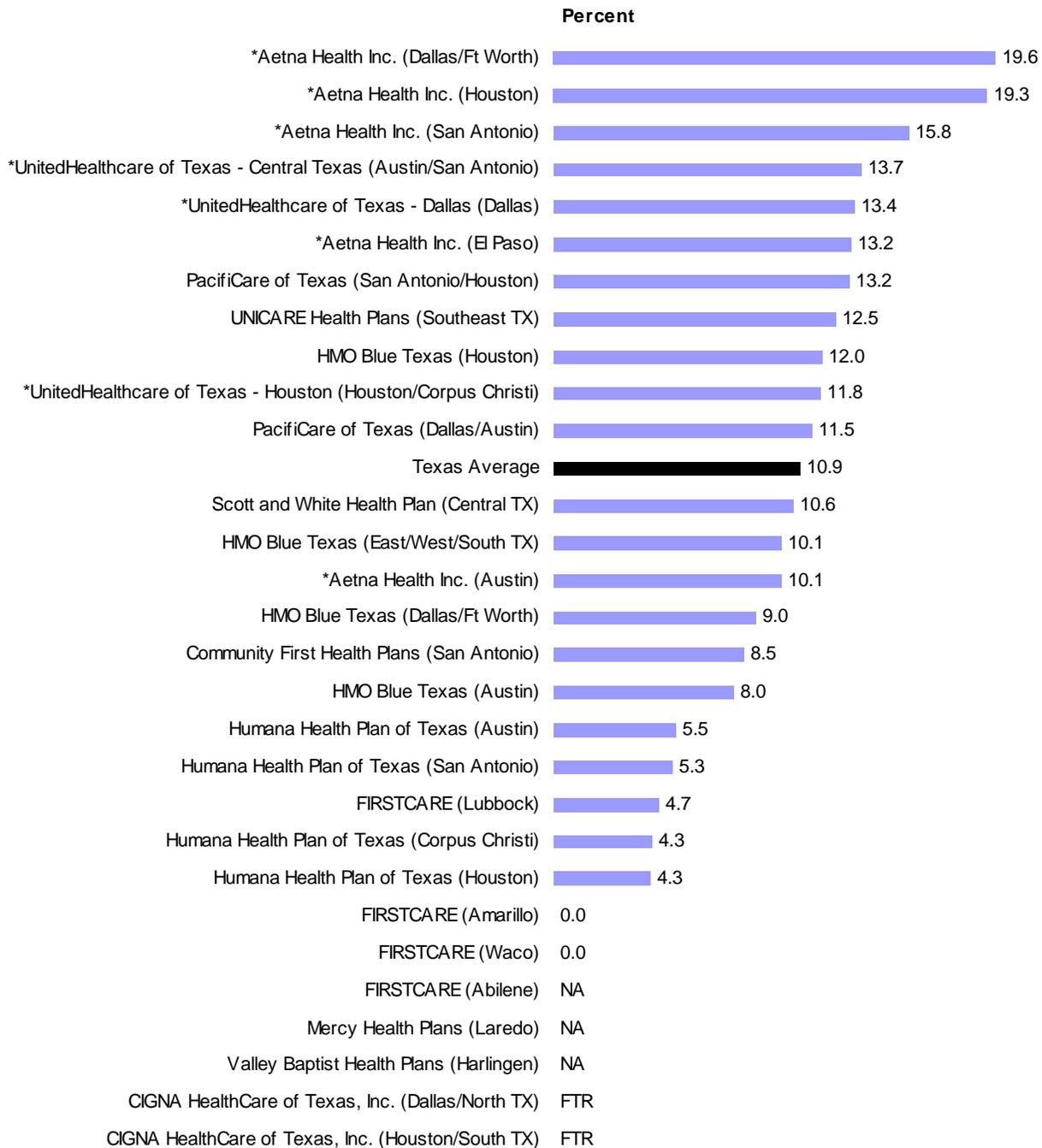
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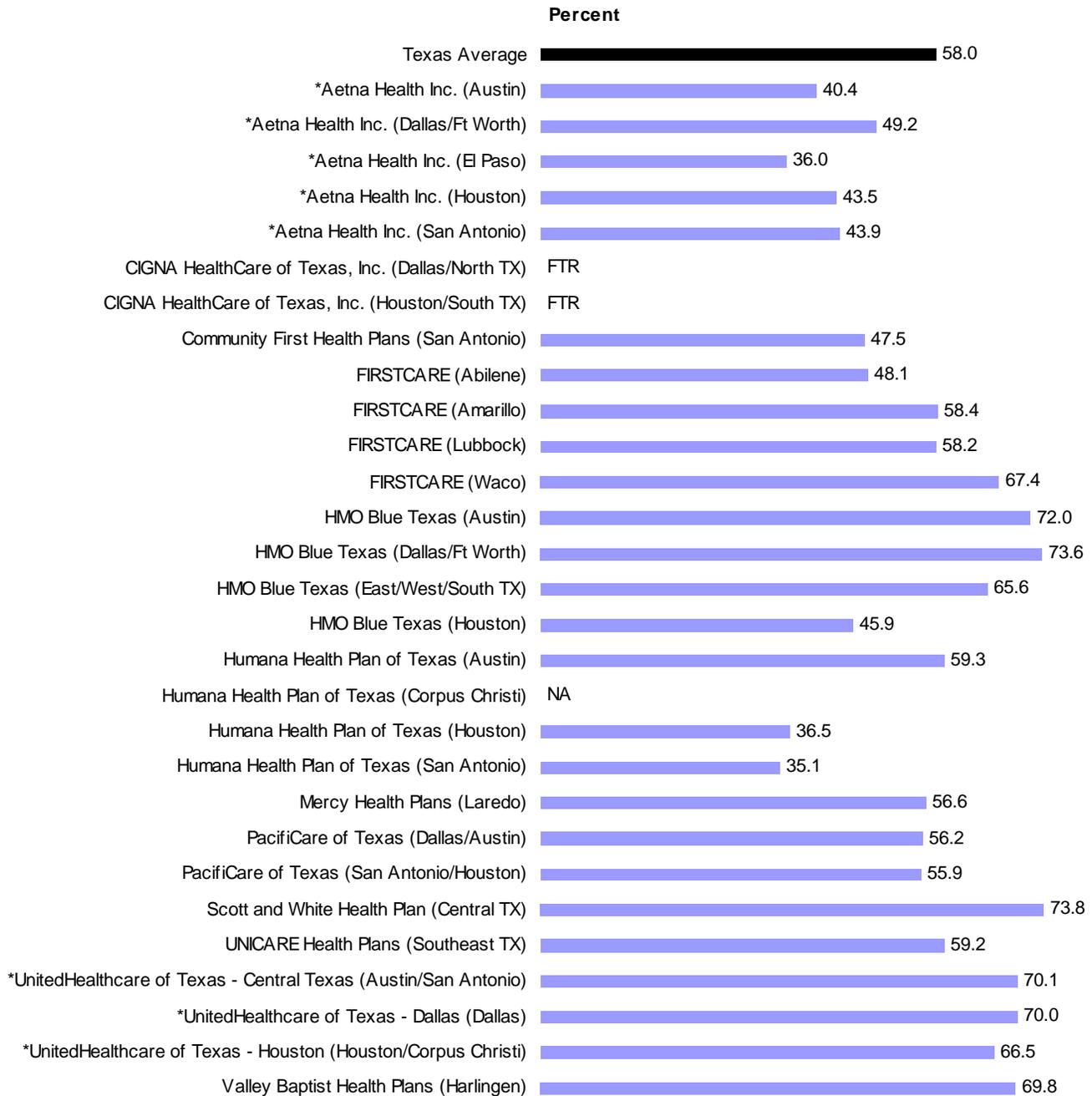
Well-Child Visits in the First 15 Months of Life: Six or More Visits

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					
	2004	2005	2006	2007	2008
Texas Average	50.5%	54.0%	51.8%	55.7%	58.0%
NCQA's Quality Compass®	66.6%	68.7%	71.1%	72.9%	69.0%

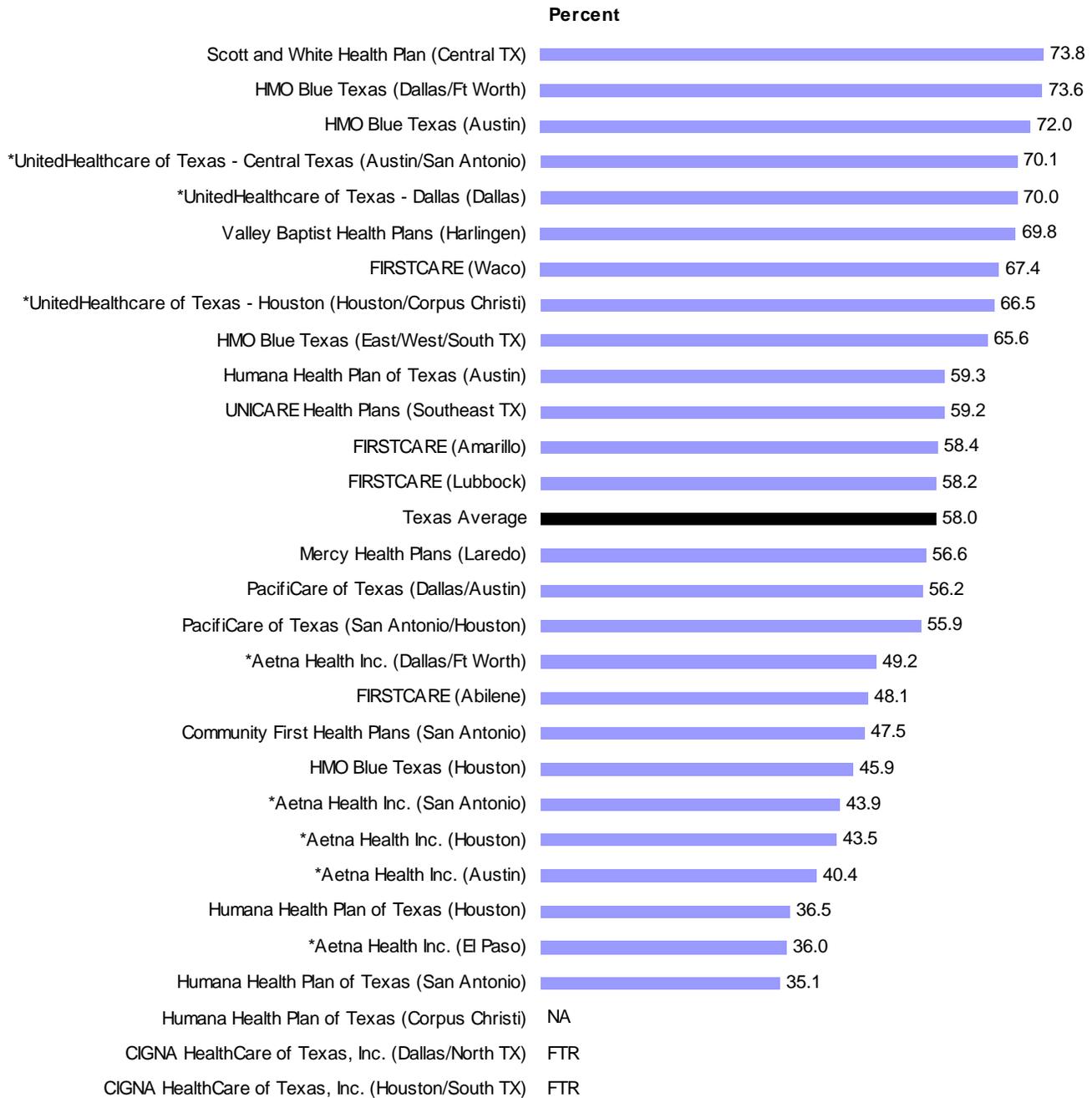
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Well-Child Visits in First 15 Months of Life



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Well-Child Visits in First 15 Months of Life



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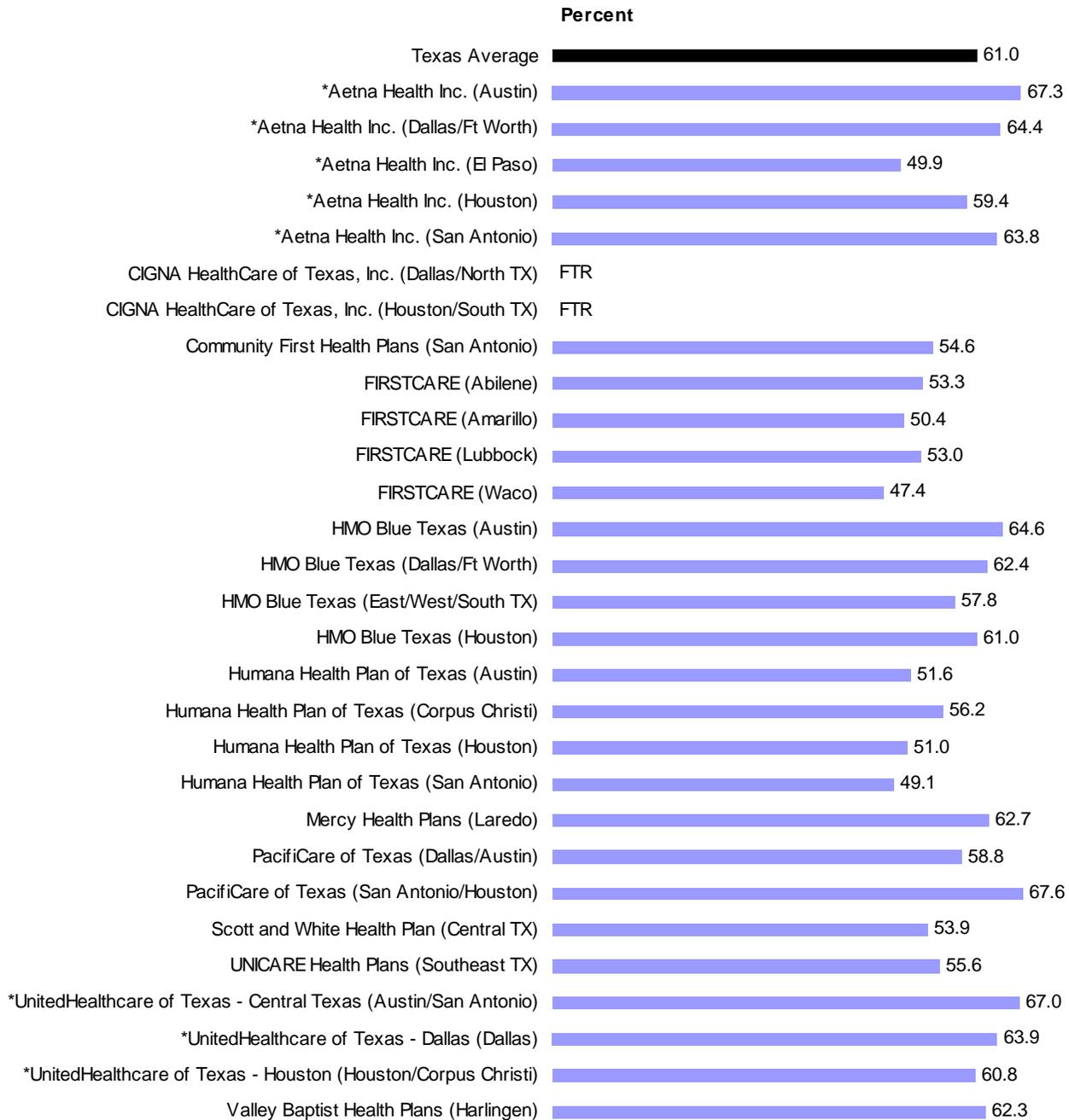
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

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

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life					
	2004	2005	2006	2007	2008
Texas Average	50.8%	53.2%	56.4%	59.2%	61.0%
NCQA's Quality Compass®	62.7%	64.3%	65.6%	66.7%	65.0%

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



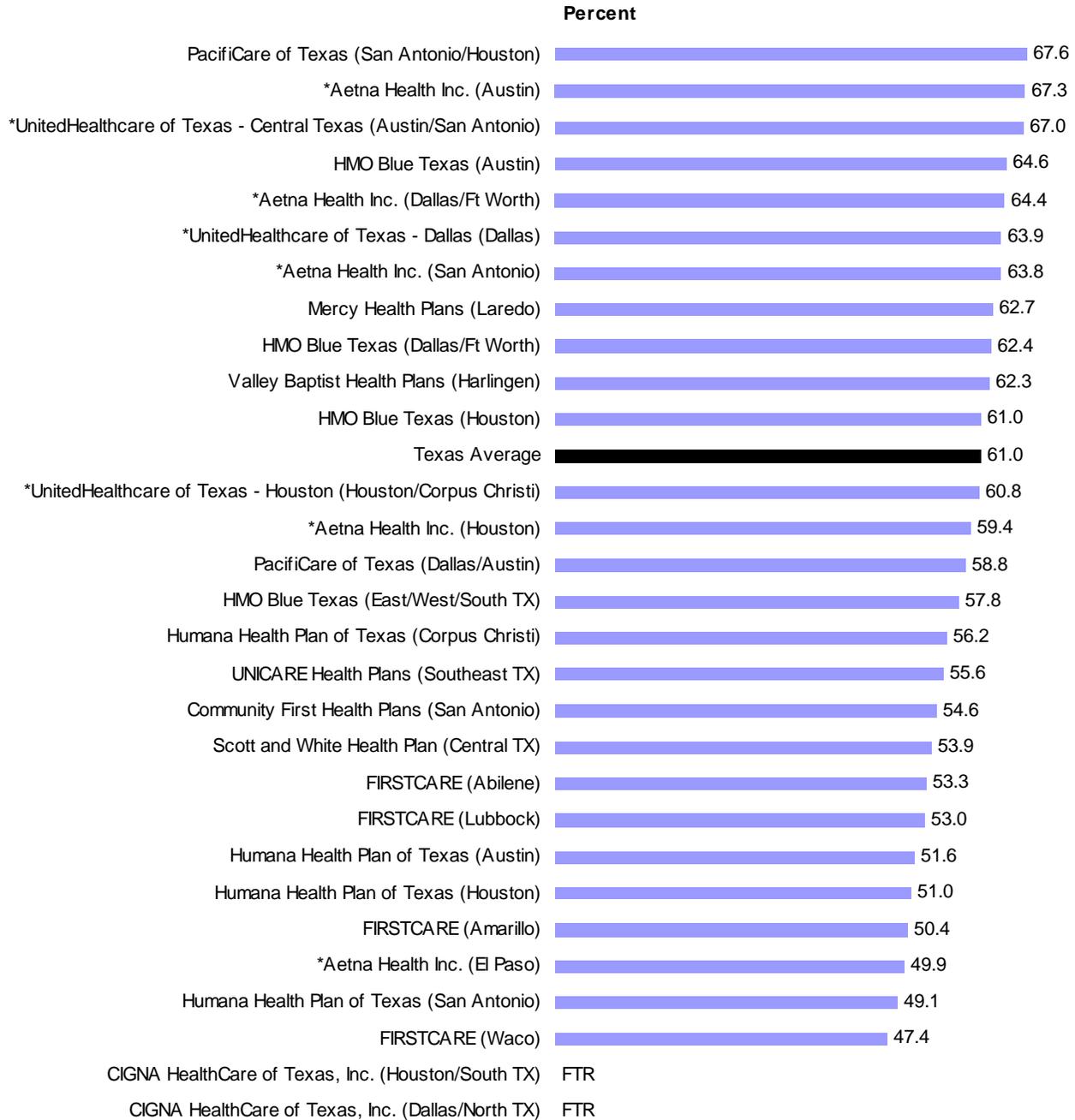
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Well-Child Visits in 3rd, 4th, 5th and 6th Year of Life



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Adolescent Well-Care Visits

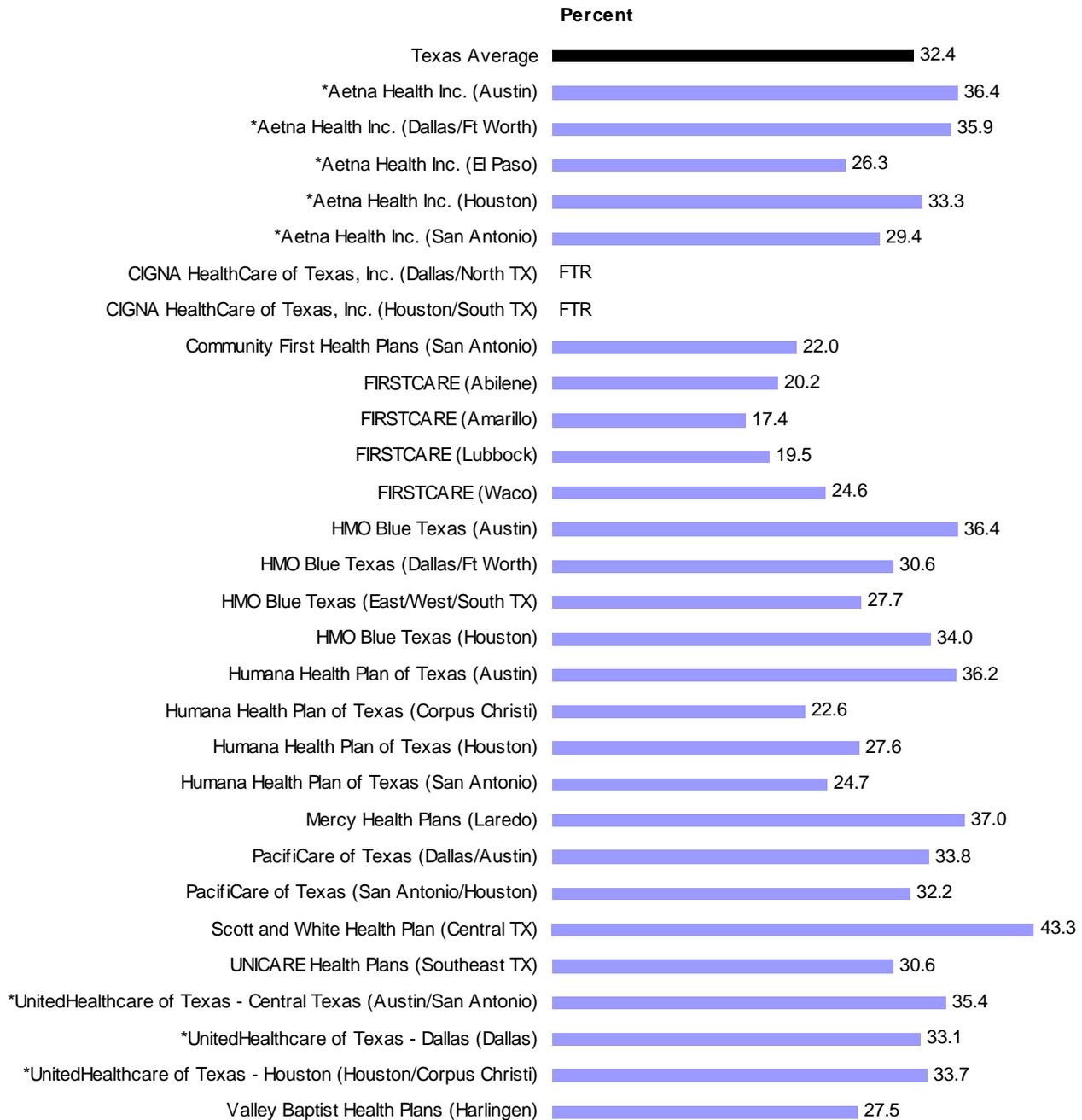
Definition: The percentage of members using the HMO between 12 through 21 years of age that received one or more comprehensive well-care visits with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Adolescent Well-Care Visit			
	2006	2007	2008
Texas Average	28.5%	30.8%	32.4%
NCQA's Quality Compass®	38.8%	40.3%	39.0%

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Adolescent Well-Child Visits



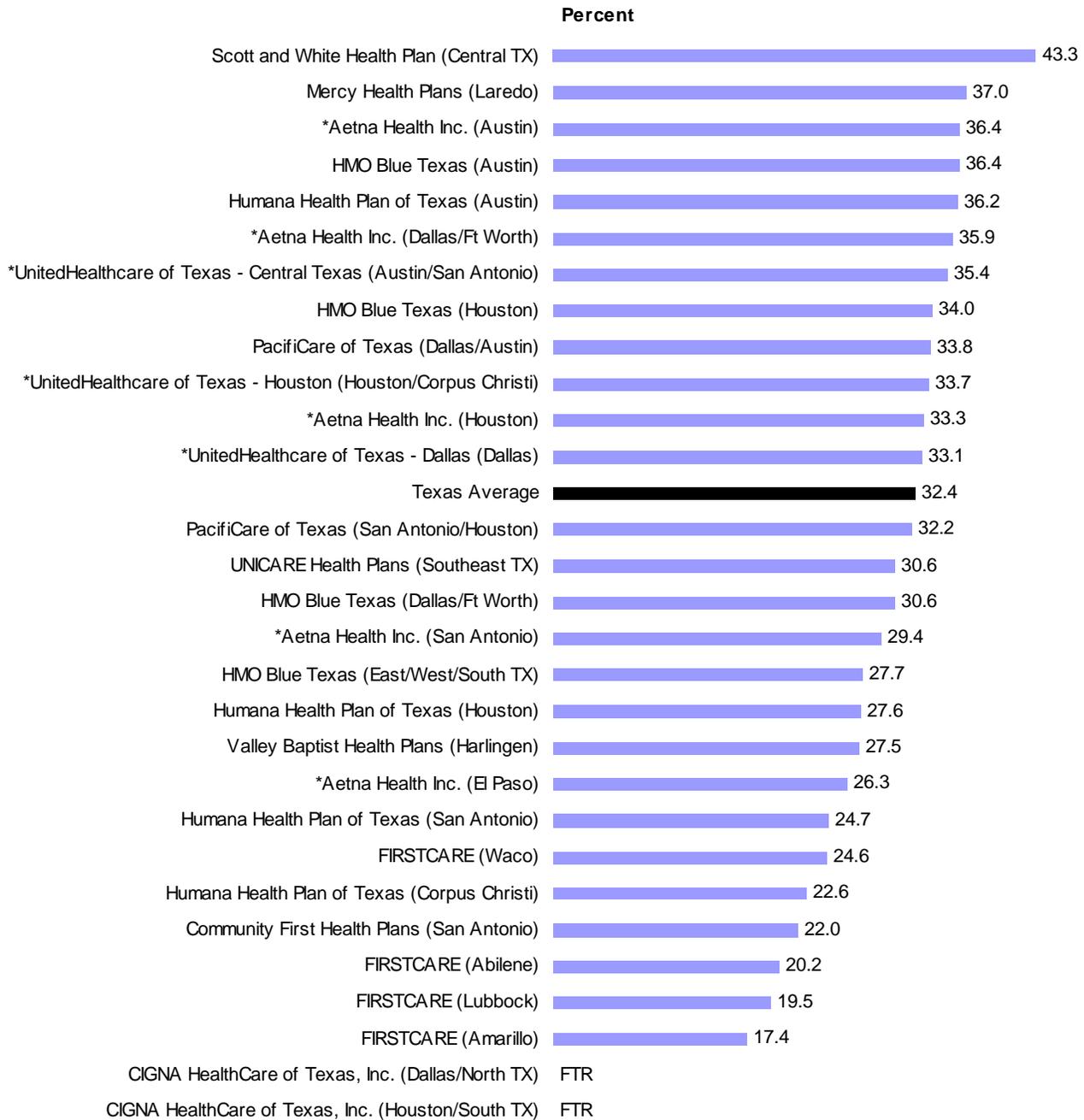
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Adolescent Well-Child Visits



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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.

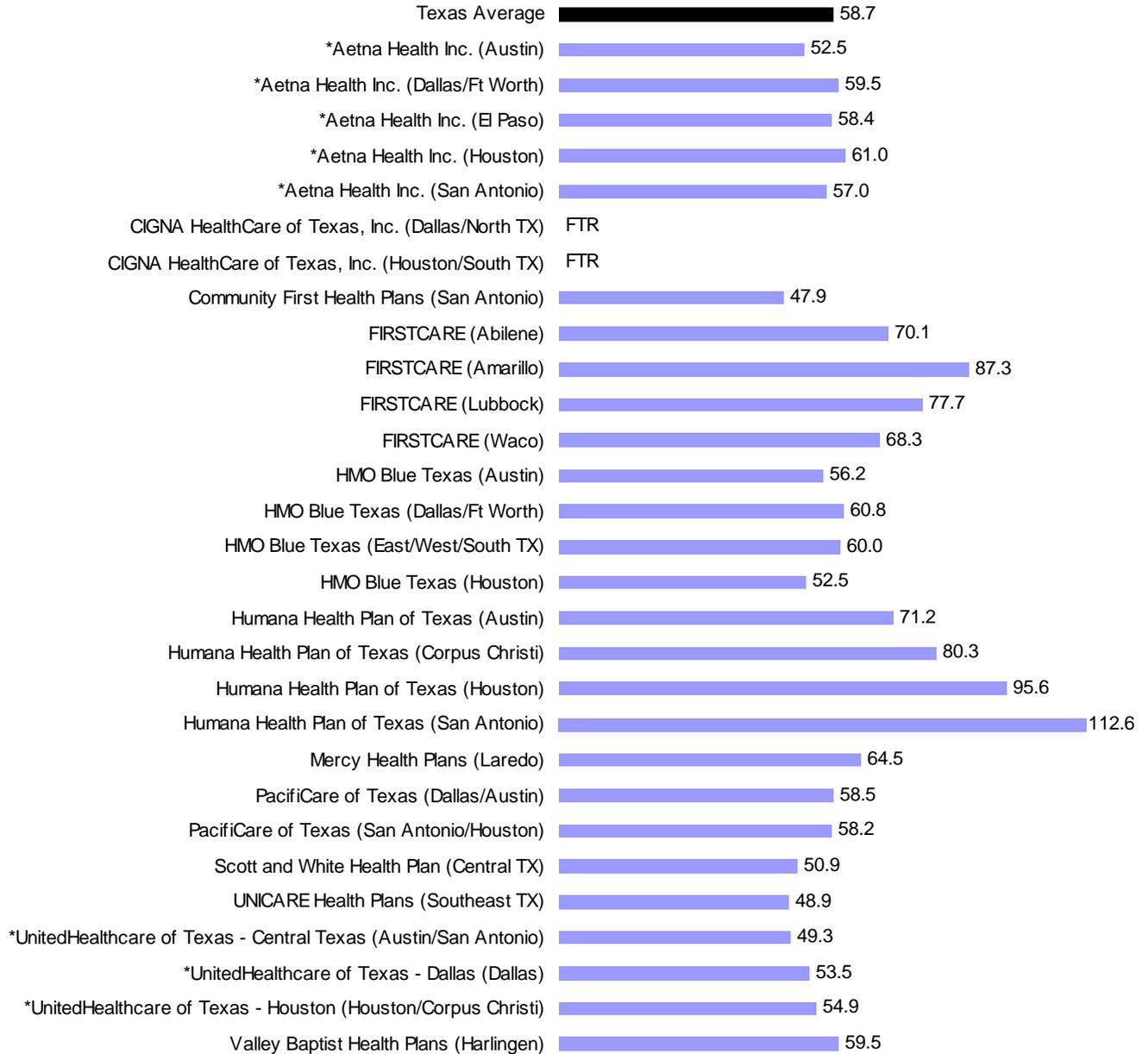
Inpatient Utilization – General Hospital/Acute Care: Total										
	2004		2005		2006		2007		2008	
	DIS	ALOS								
TX Average	65.4	3.9	65.9	3.8	61.4	3.7	58.6	3.8	58.7	3.7
NCQA's Quality Compass Ave	58.2	3.7	58.7	3.7	57.4	3.6	56.7	3.6	56.2	3.5

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

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

Inpatient Utilization - Acute Care: Total Discharge

Per 1,000 Members Per Year



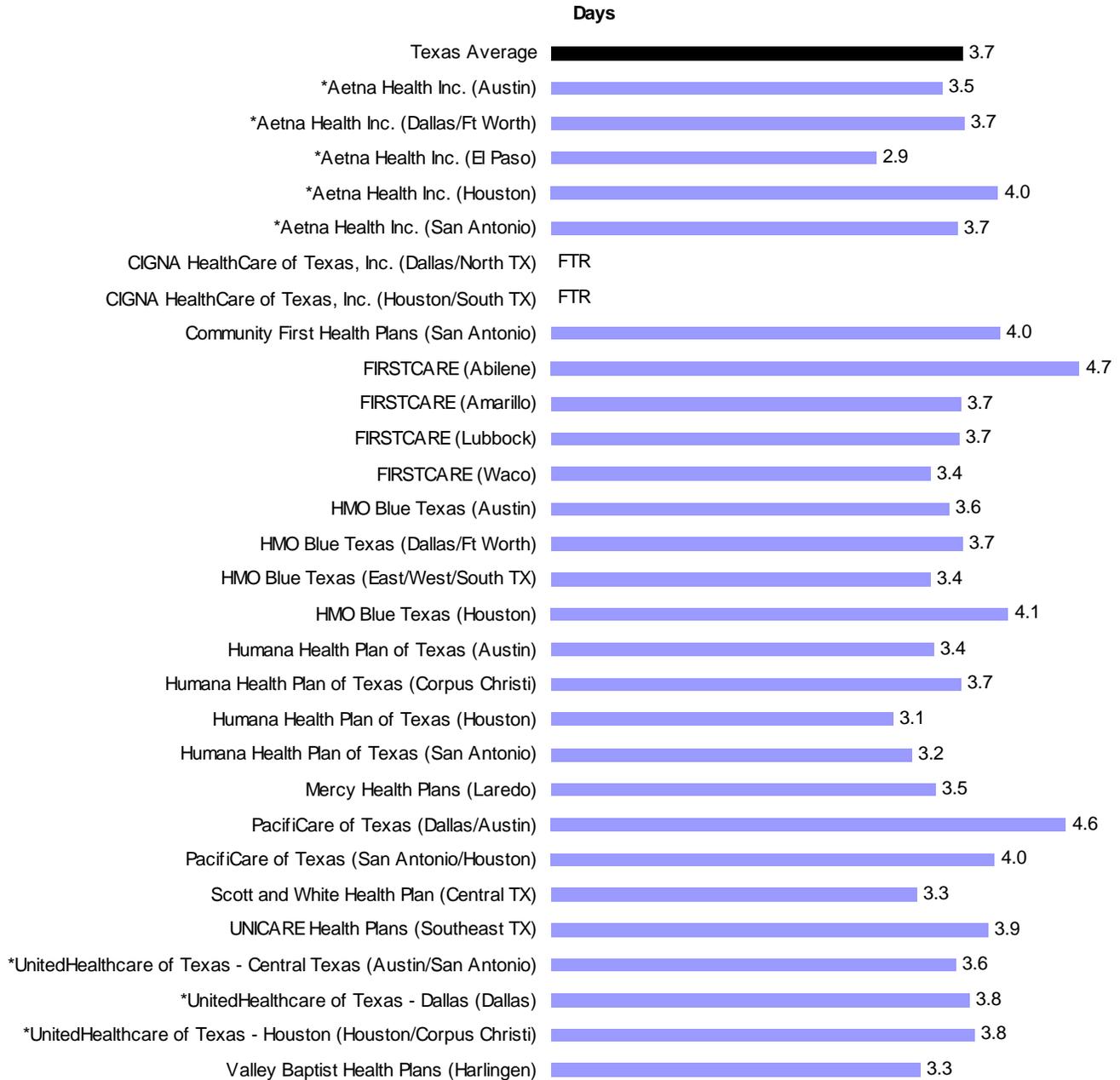
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Inpatient Utilization - Acute Care: Total Average Length of Stay



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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.

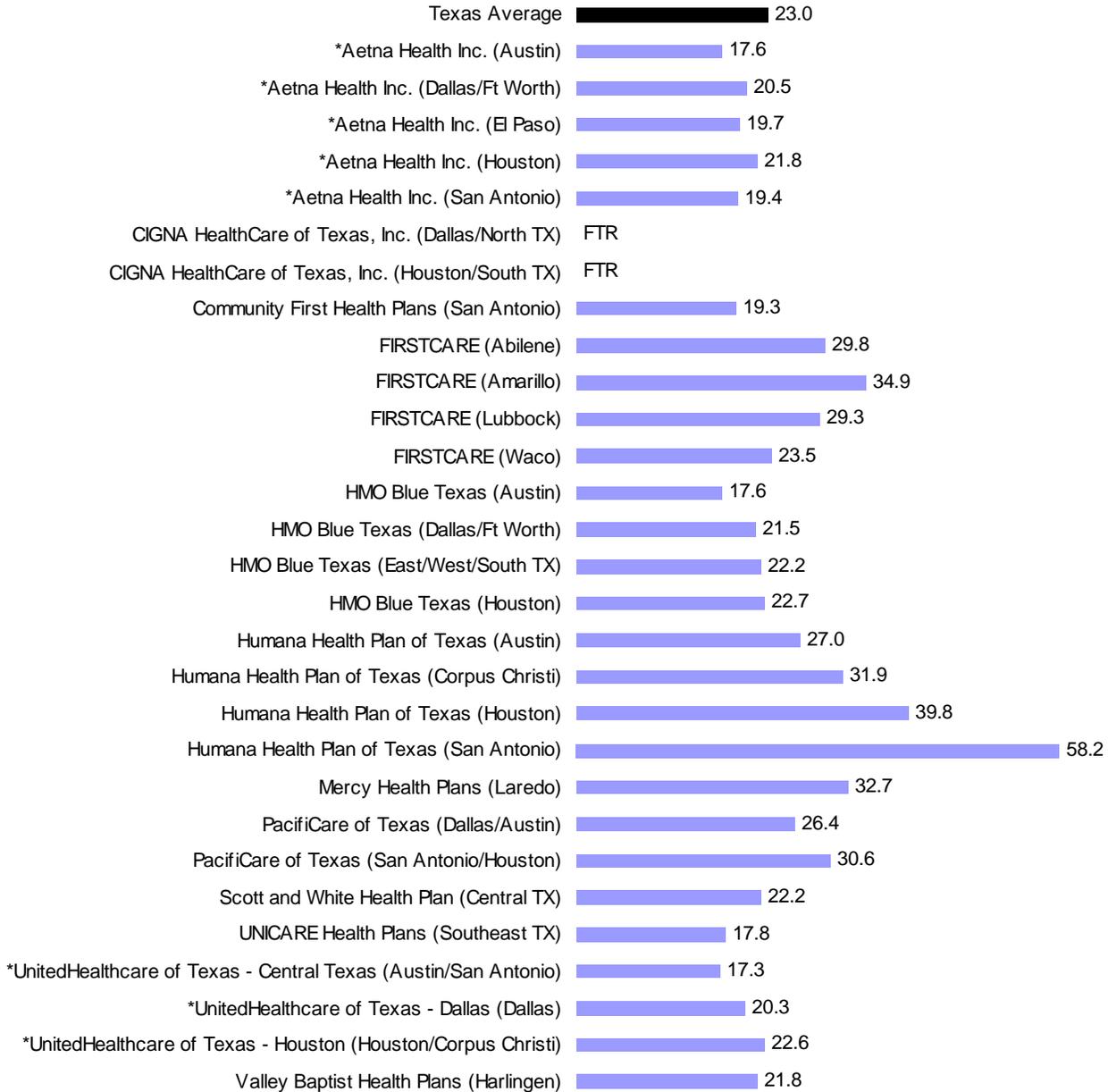
Inpatient Utilization – General Hospital/ Acute Care: Medicine										
	2004		2005		2006		2007		2008	
	DIS	ALOS								
TX Average	27.1	3.8	26.9	3.9	24.1	3.6	22.7	3.8	23.0	3.8
NCQA's Quality Compass Ave.	24.3	3.6	24.9	3.7	23.5	3.5	23.0	3.5	23.2	3.5

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

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Inpatient Utilization - Acute Care: Medicine Discharge

Per 1,000 Members Per Year



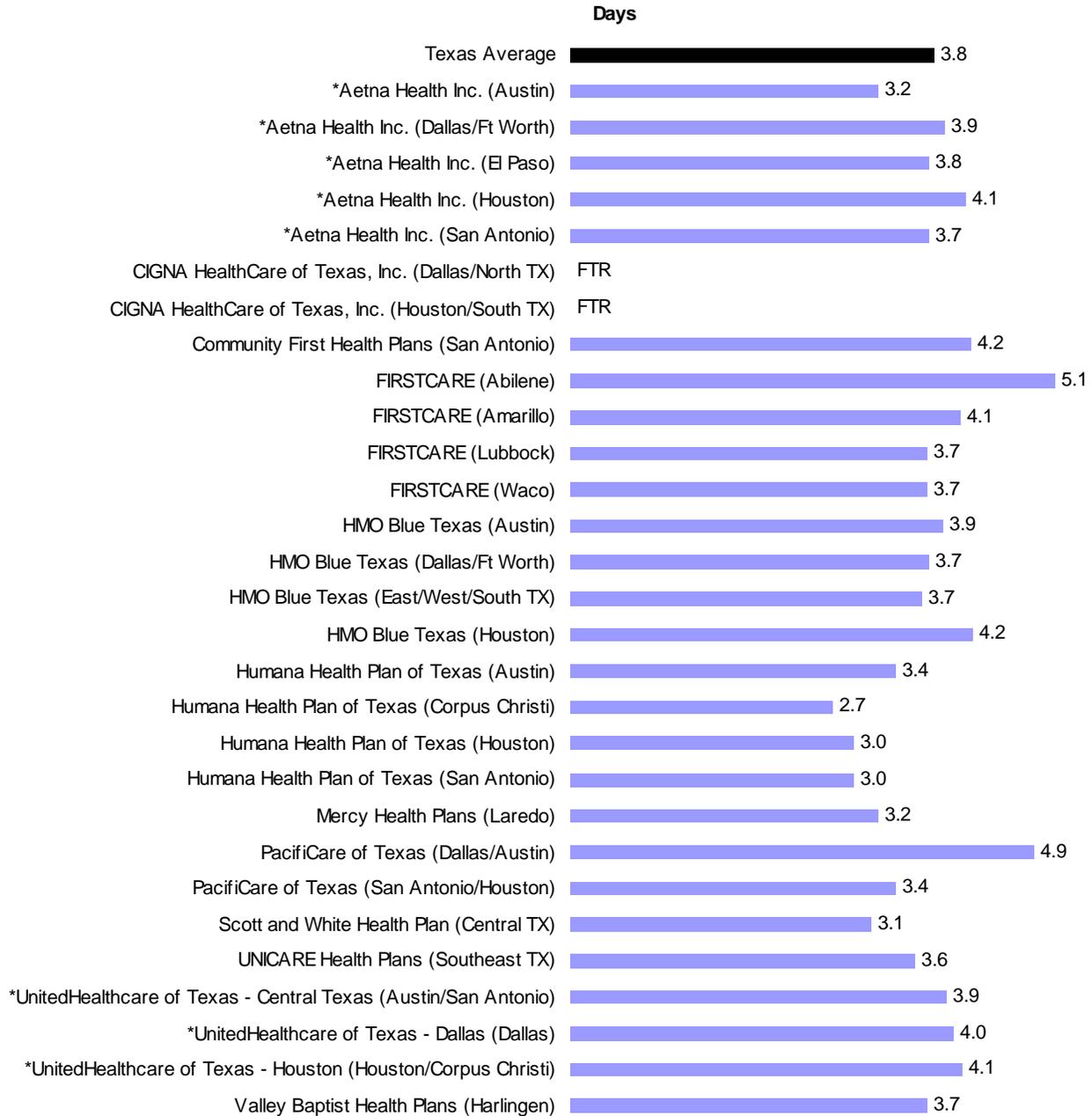
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Inpatient Utilization - Acute Care: Medicine Average Length of Stay



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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.

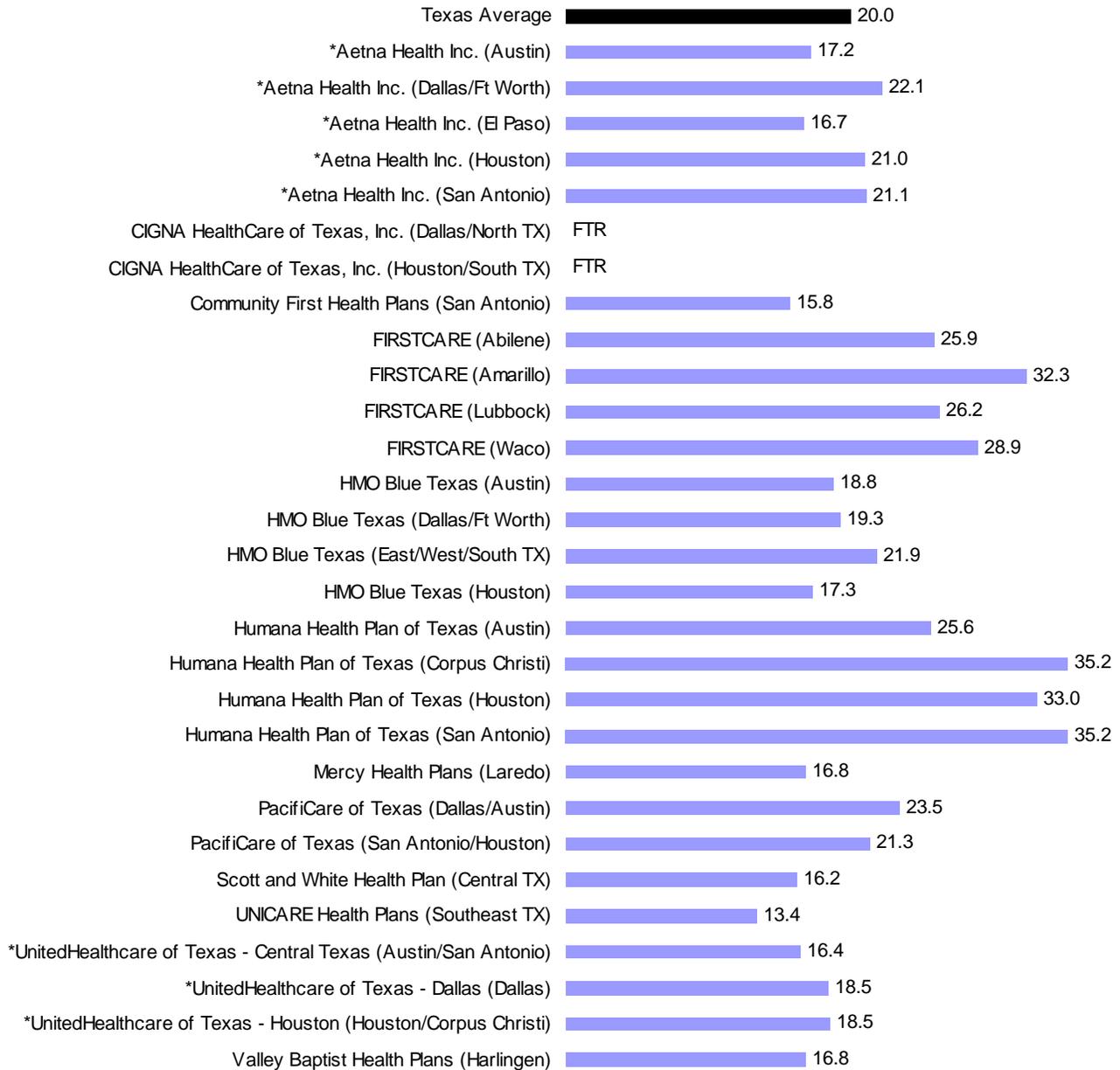
Inpatient Utilization – General Hospital/Acute Care: Surgery										
	2004		2005		2006		2007		2008	
	DIS	ALOS								
TX Average	20.9	4.8	21.9	4.6	21.0	4.4	20.1	4.5	20.0	4.4
NCQA's Quality Compass Ave.	19.1	4.5	19.7	4.4	19.8	4.6	20.0	4.3	19.8	4.2

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

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Inpatient Utilization - Acute Care: Surgery Discharge

Per 1,000 Members Per Year



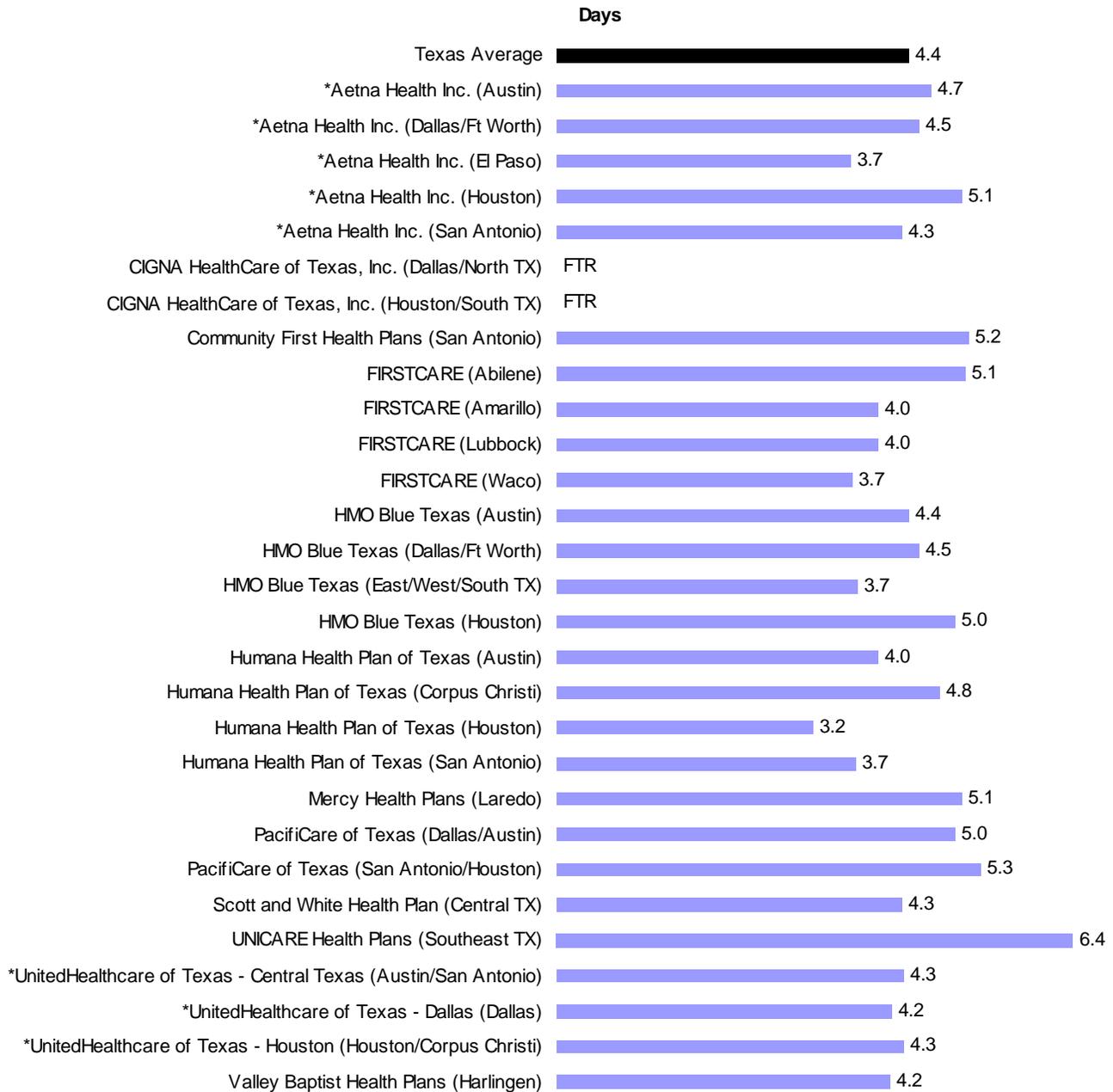
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FTR- Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

Inpatient Utilization - Acute Care: 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										
	2004		2005		2006		2007		2008	
	DIS	ALOS								
TX Average	16.8	2.7	17.0	2.8	16.8	2.8	18.6	2.8	18.3	2.7
NCQA's Quality Compass Ave.	*	*	16.1	2.7	16.8	2.7	16.0	2.7	15.5	2.7

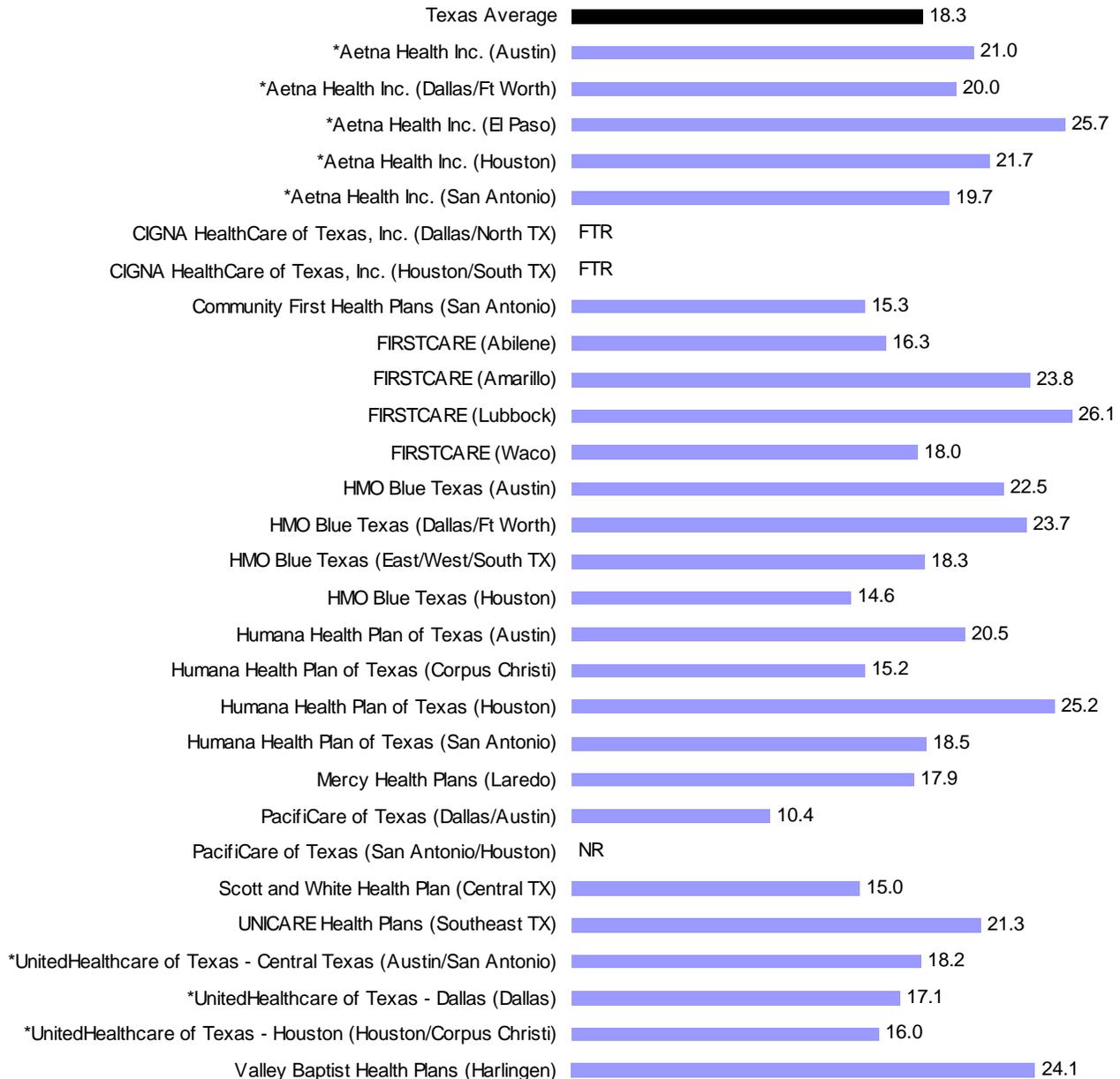
DIS - Discharges per 1,000 members per year
ALOS - Average length of stay in days

* 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: Maternity Discharge

Per 1,000 Members Per Year



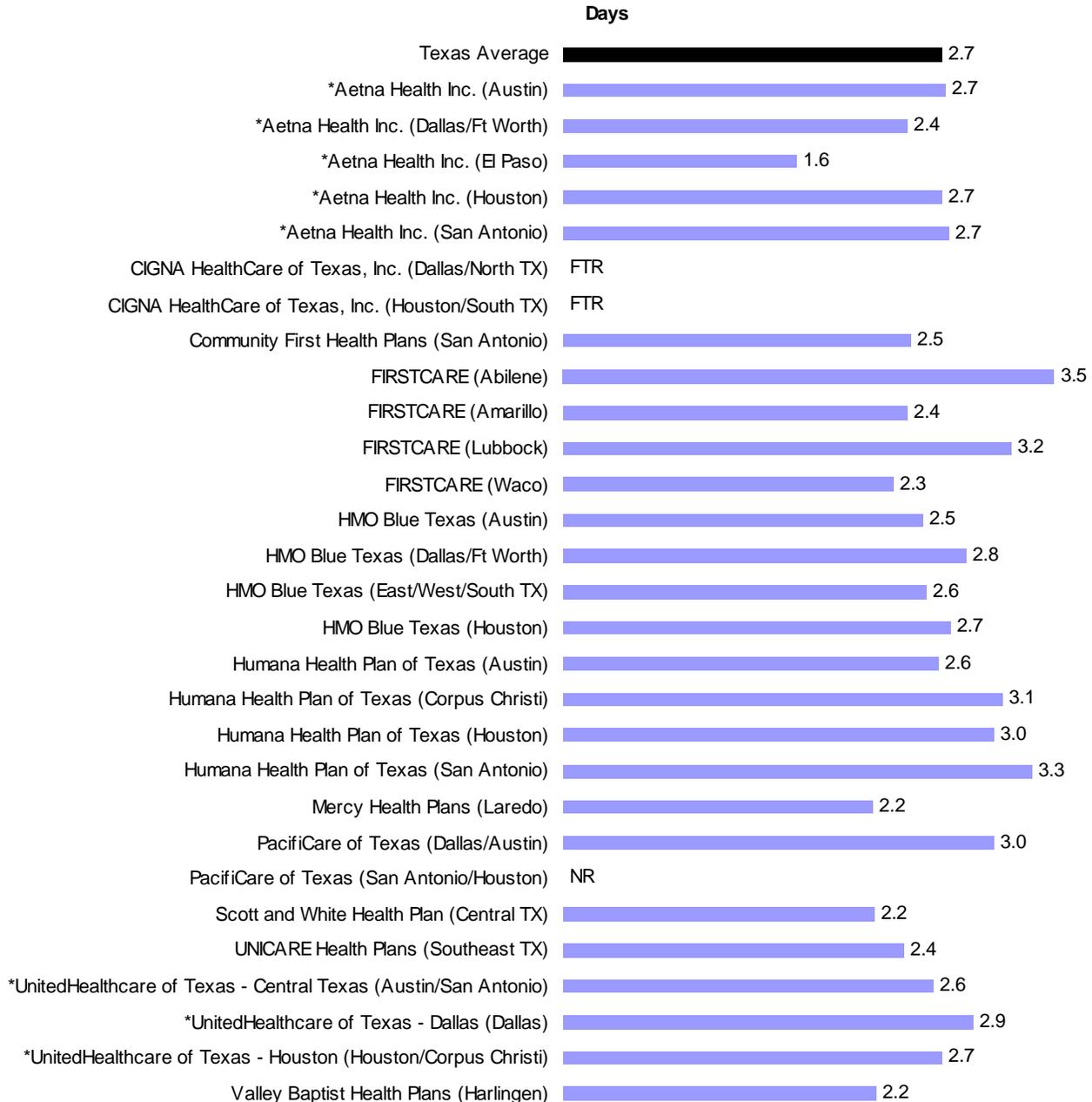
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Inpatient Utilization - Acute Care: Maternity Average Length of Stay



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Ambulatory Care

Definition: The number of ambulatory care services per 1,000 members per year. Ambulatory services are divided into the following categories: 1) Outpatient Visits, 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 Department Visits: This category reports the use of emergency department services, which are sometimes, be used as a substitute for ambulatory clinic encounters. The decision to use an emergency department rather than a clinic or physician's office may be the result of insufficient access to primary care, rather than a patient's behavior. However emergency department visits are often more costly than outpatient visits. Therefore, it is important to note unusual trends in emergency department utilization.

Ambulatory 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.

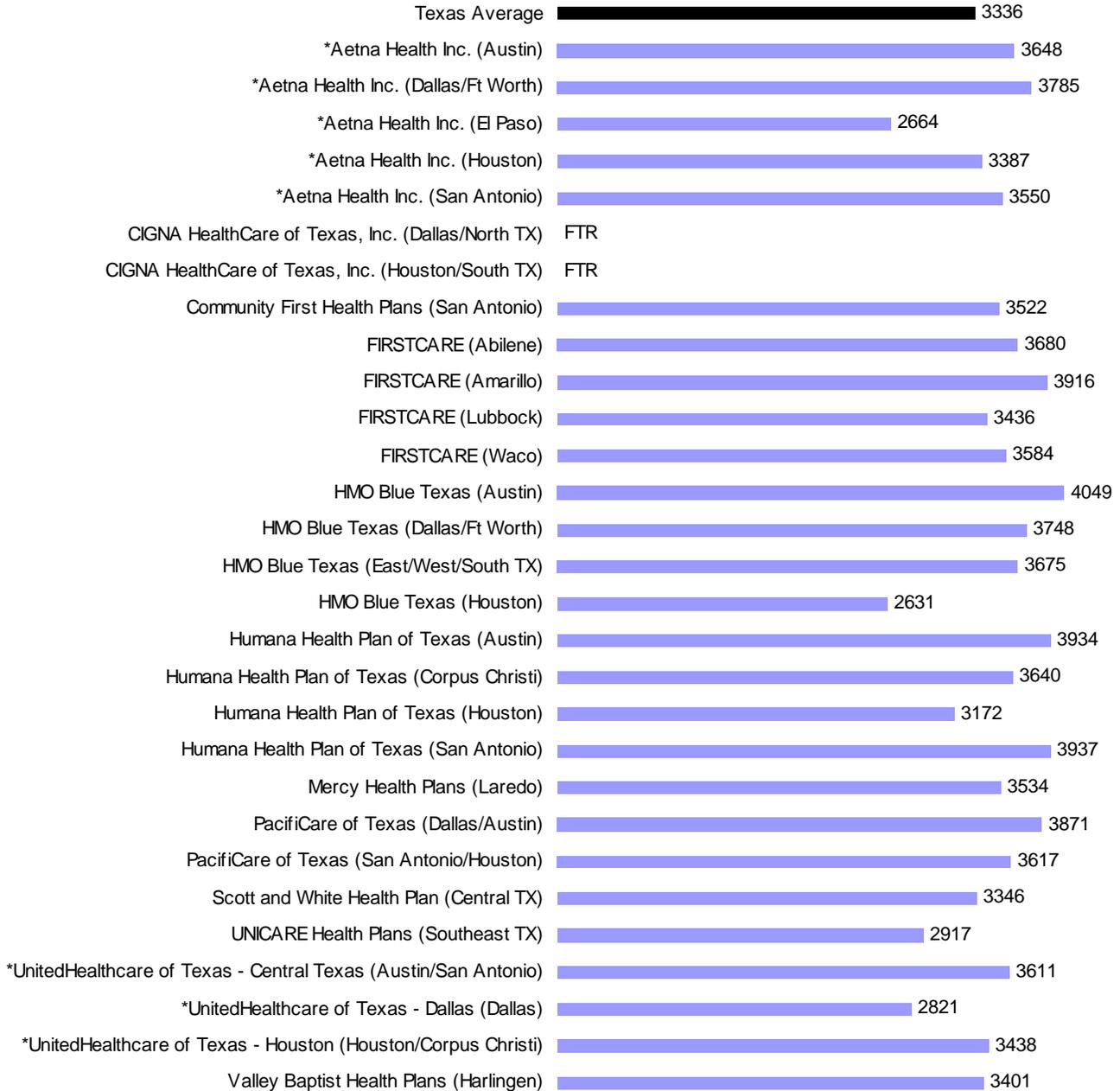
Observation Room Stays: This category reports observation room stays resulting in discharge of the patient. The observation room is generally part of the outpatient department of a hospital where patients stay for observation until the physician can determine whether inpatient admission is necessary.

Ambulatory care services per 1,000 members per year										
Average Rates	2004		2005		2006		2007		2008	
	Texas	QC*								
Outpatient Visits	3477	3541	3636	3604	3629	3720	3376	3561	3336	3627
ED Visits	189	181	166	177	172	188	172	201	171	197
Ambulatory Surgery/ Procedures	102	108	109	114	117	119	118	126	109	124
Observation Room Stays	11	8	14	10	14	10	15	10	12	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.

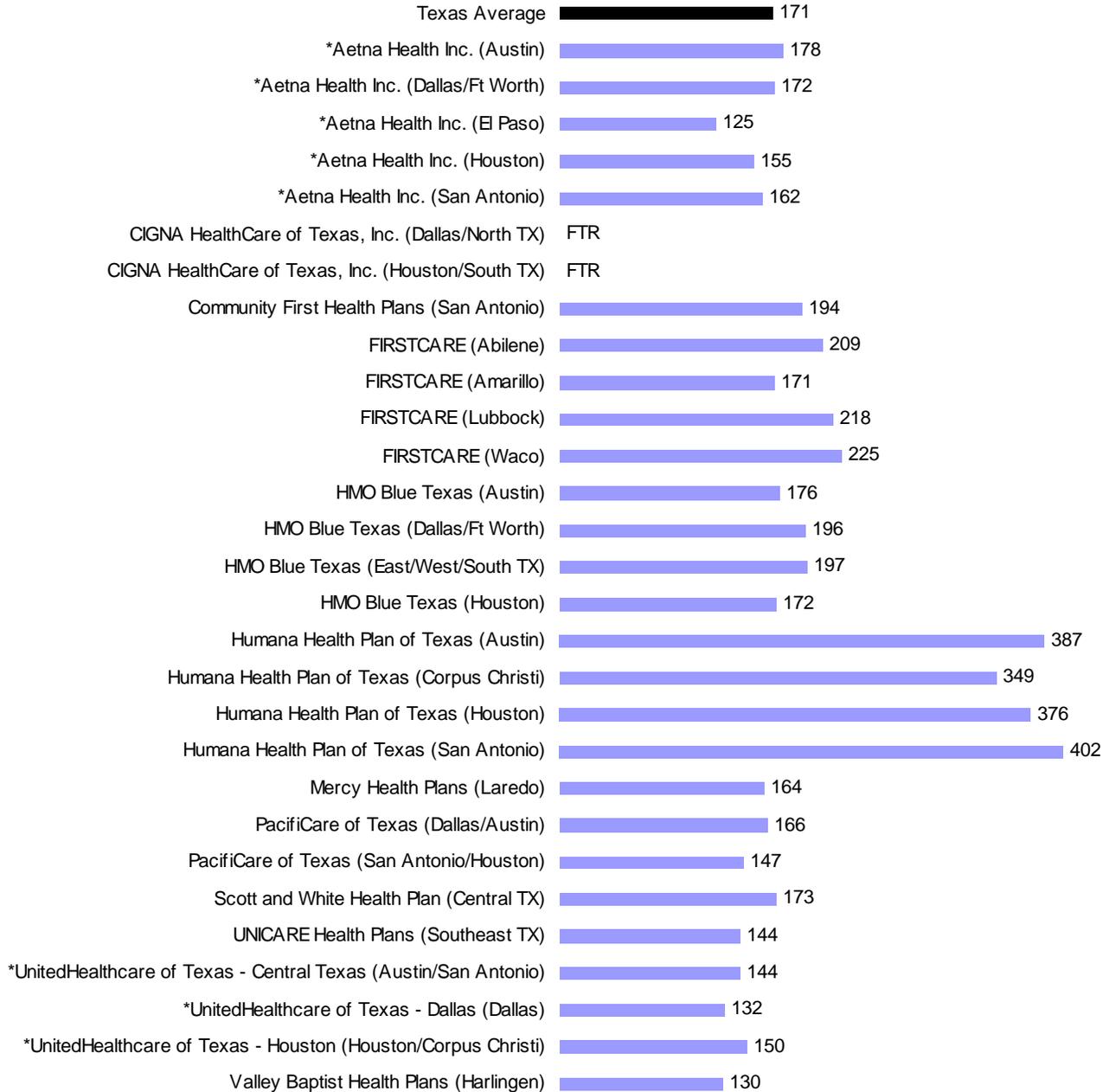
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Ambulatory Care: Emergency Department Visits

Per 1,000 Members Per Year



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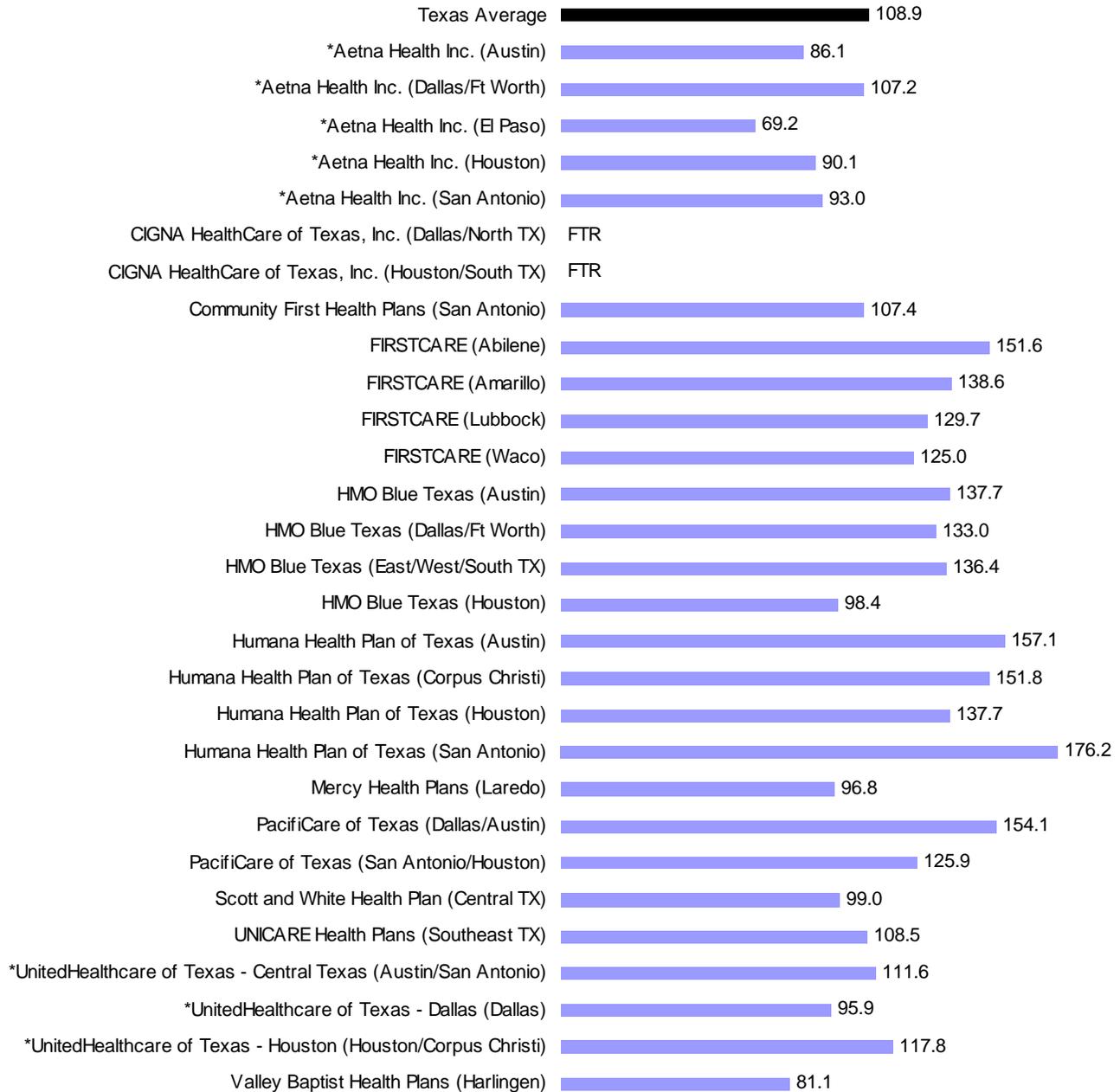
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Ambulatory Care: Ambulatory Surgery/Procedures

Per 1,000 Members Per Year



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

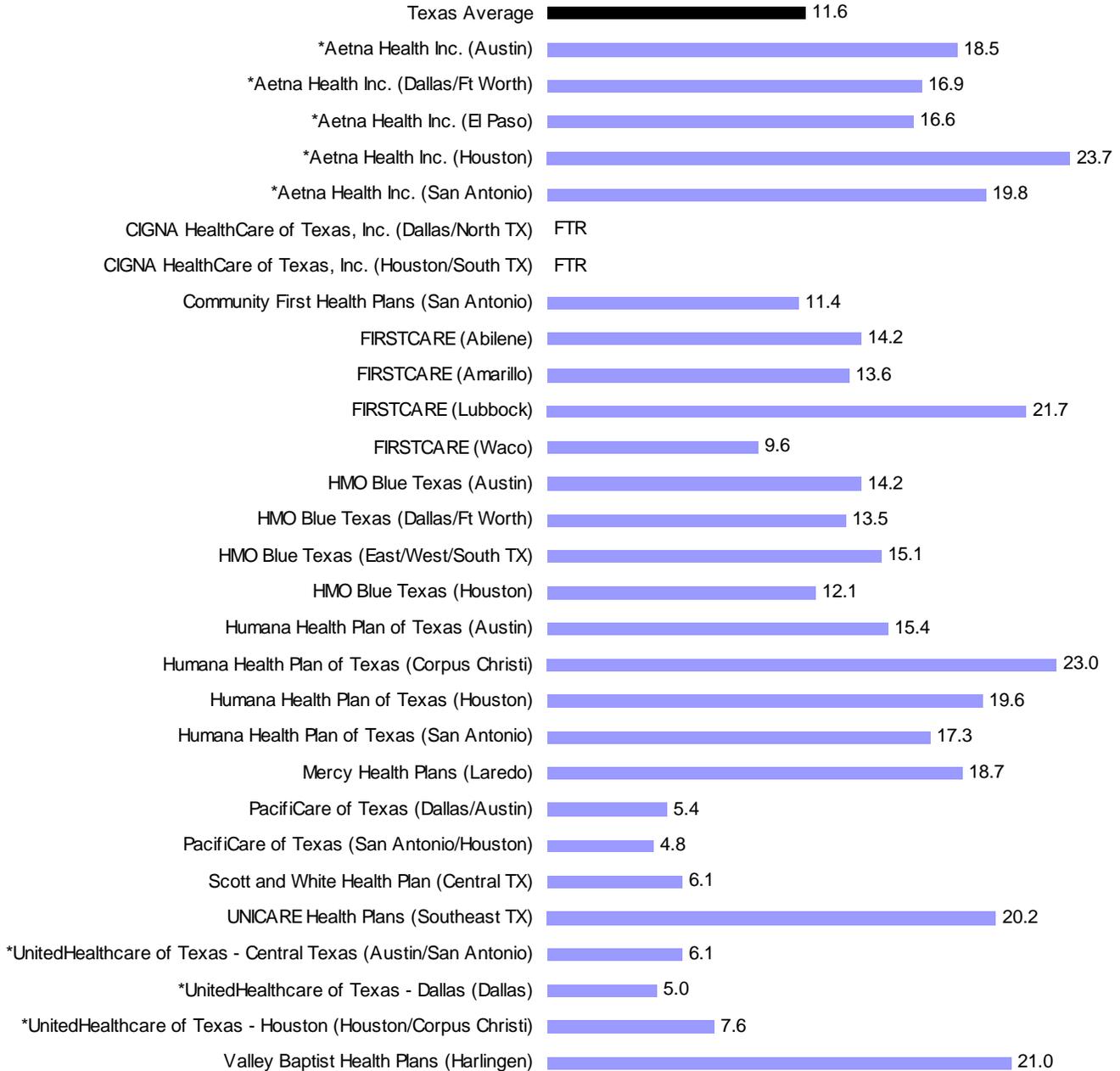
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Ambulatory Care: Observation Room Stays

Per 1,000 Members Per Year



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Mental Health Utilization: Percentage of Members Receiving Mental Health Services

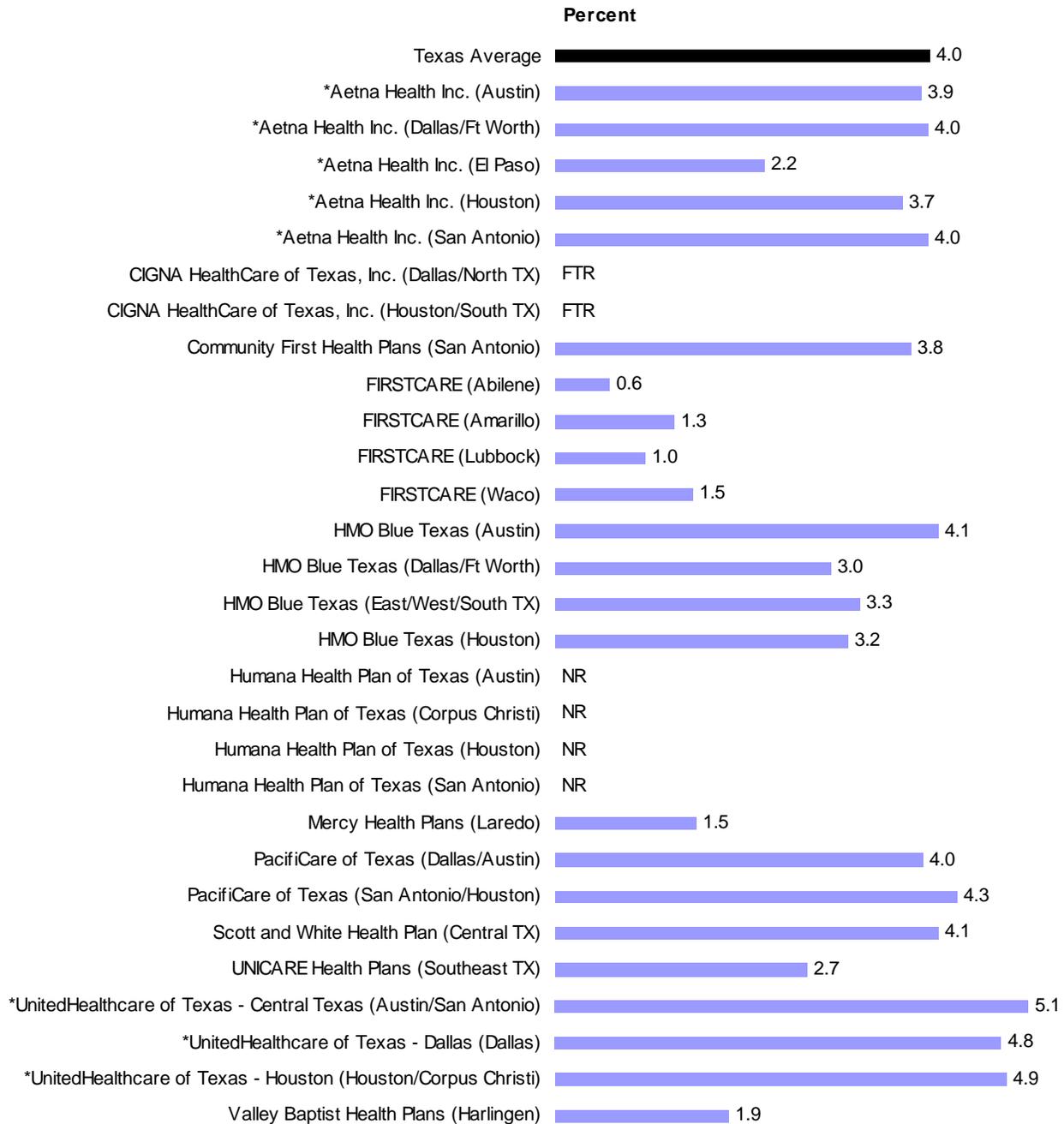
Definition: The percentage of members with a mental health benefit receiving any mental health services (inpatient, intensive outpatient or partial hospitalization, or outpatient and emergency department mental health services).

Mental Health Utilization – Percentage of Members Receiving Inpatient, Intensive outpatient or partial hospitalization, and Outpatient or emergency department services.						
Mental Health Services Received	2006		2007		2008	
	Texas	QC*	Texas	QC*	Texas	QC*
Any	4.1	5.6	4.2	5.8	4.0	5.5
Inpatient	0.2	0.2	0.2	0.3	0.2	0.2
Intensive Outpatient or Partial Hospitalization	0.1	0.1	0.1	0.1	0.1	0.1
Outpatient or Emergency Department	4.1	5.6	4.2	5.7	4.0	5.4

This measure was added to the Texas Subset beginning with 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



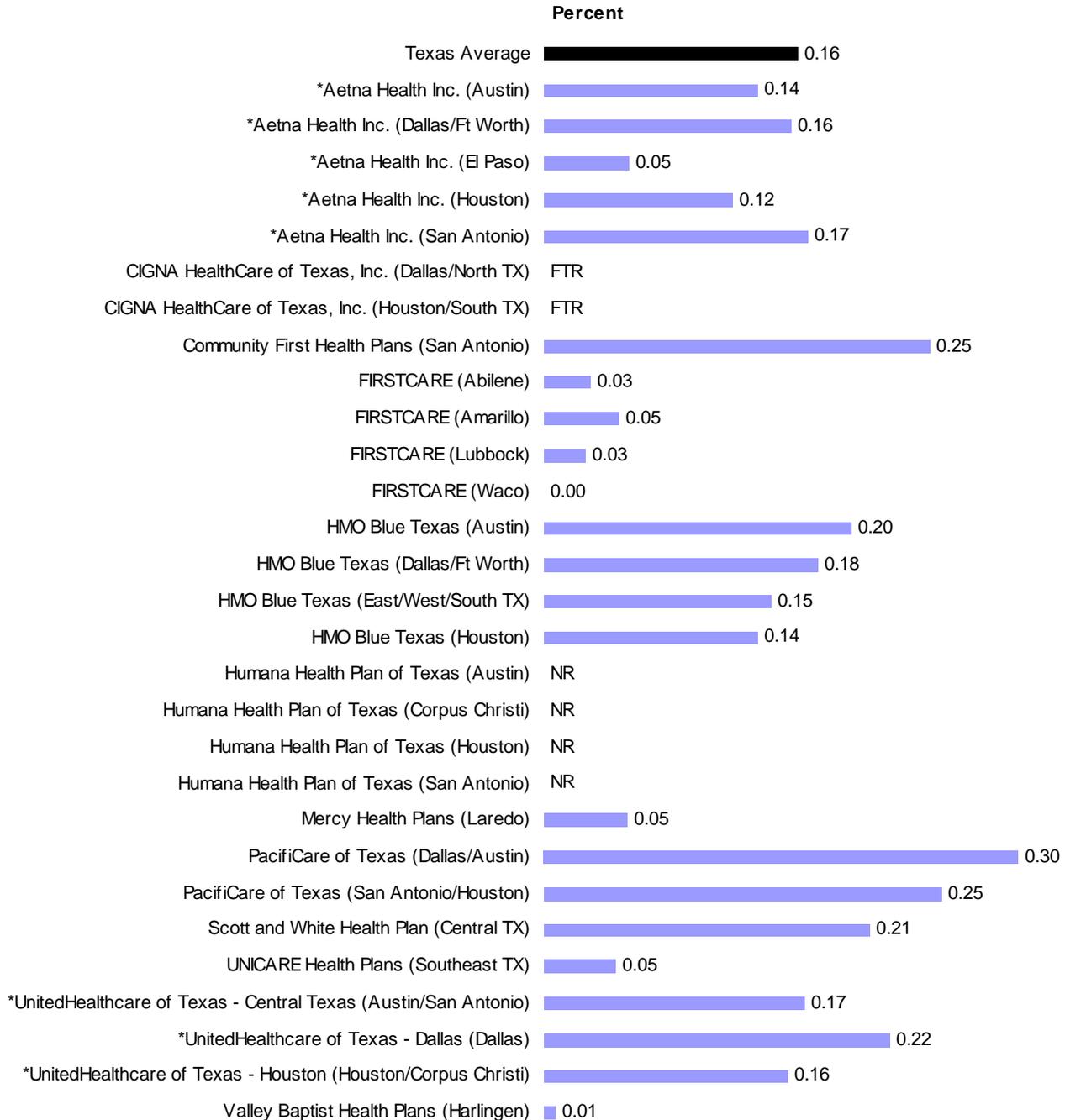
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Mental Health Utilization: Members Receiving Inpatient Services



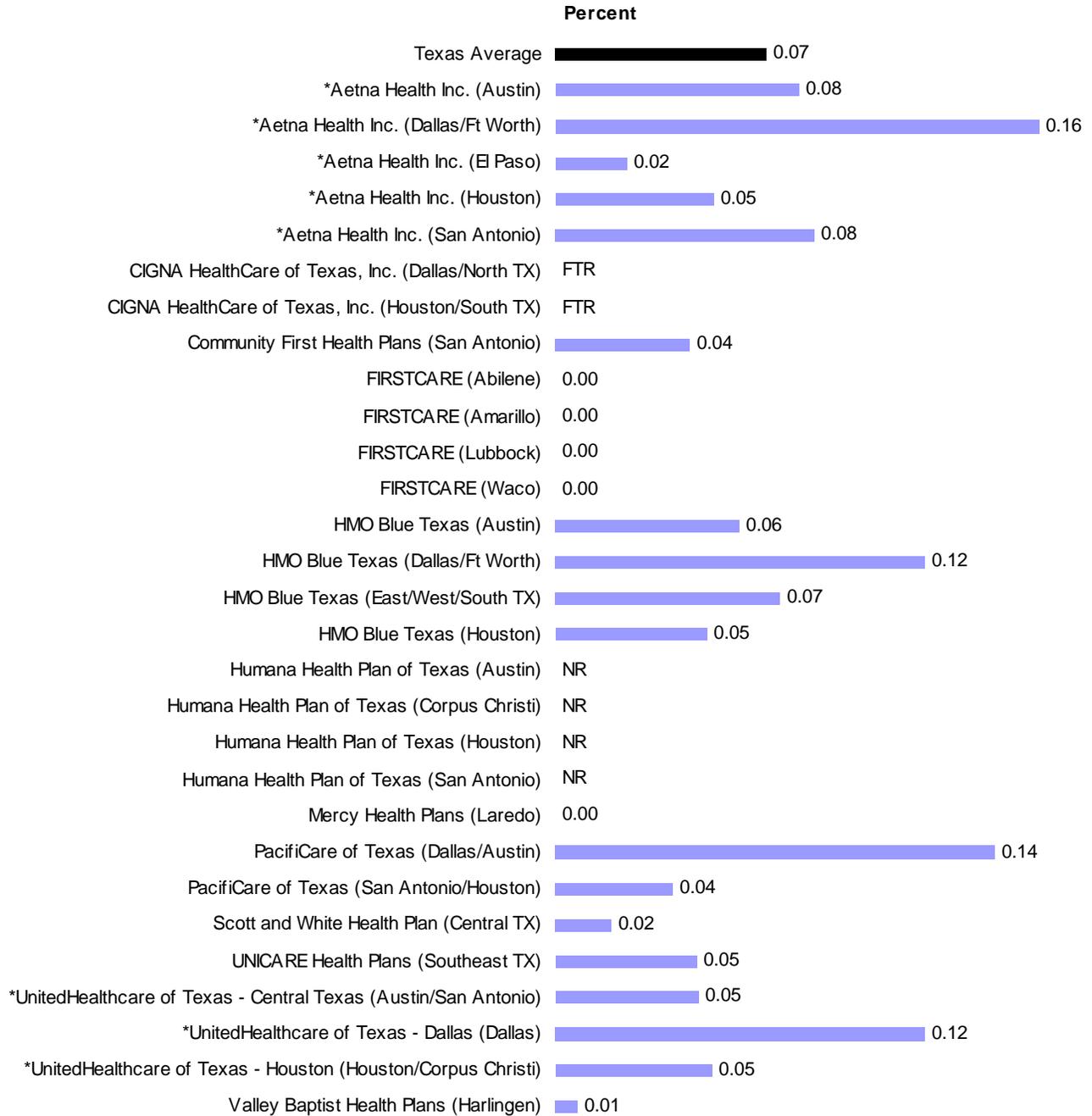
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Mental Health Utilization: Members Receiving Intensive Outpatient or Partial Hospitalization



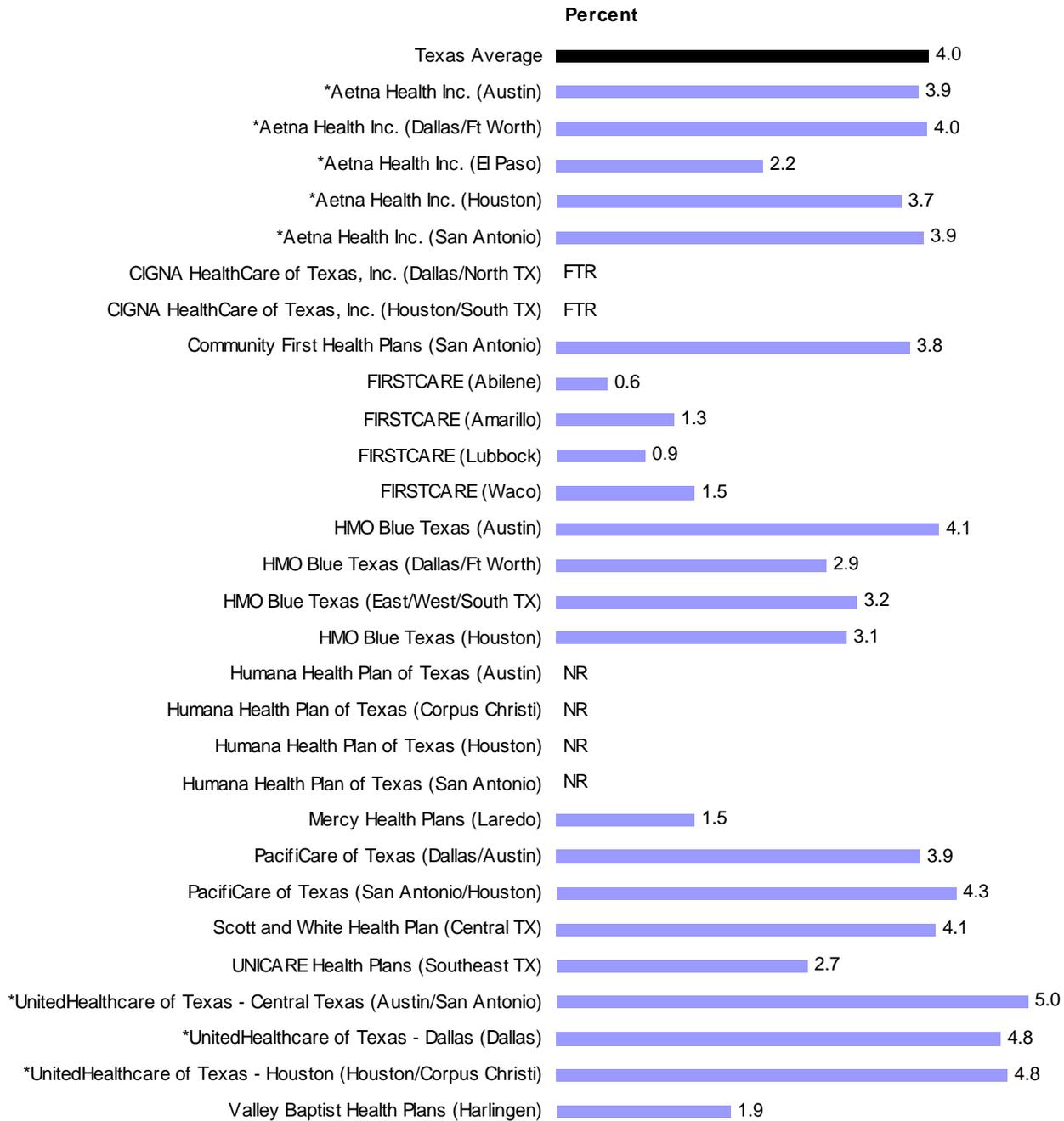
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Mental Health Utilization: Members Receiving Outpatient or Emergency Department Mental Health Services



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Antibiotic Utilization

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

Antibiotic Utilization: Outpatient Utilization of Antibiotic Prescriptions		
Outpatient Antibiotic Utilization	2008	
	Texas	QC**
Average Number of Antibiotic Prescriptions PMPY	1.02	*
Average Days Supplied for All Antibiotic Prescriptions	9.4	*
Average Number of Prescriptions PMPY for Antibiotics of Concern***	.56	*
Percentage of Antibiotics of Concern For All Antibiotic Prescriptions	54.7%	*

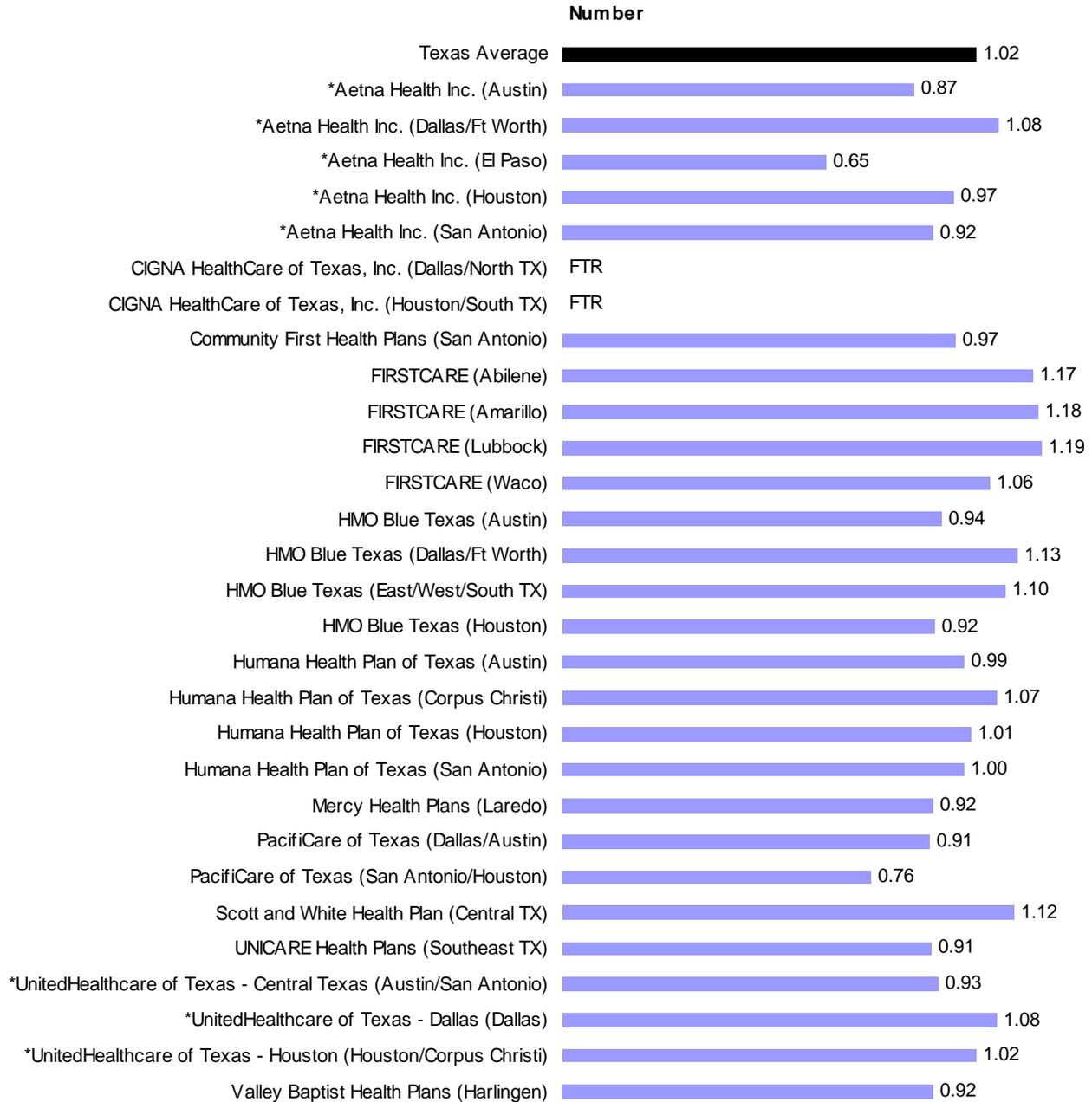
This measure was added to the Texas Subset beginning with HEDIS® 2008.

* Value not established or not obtained.

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

*** Certain classes of antibiotics determined by NCQA to be "of concern" because of inappropriate usage and/or contributing to antibiotic drug resistance.

Antibiotic Utilization: Average Number of Prescriptions PMPY



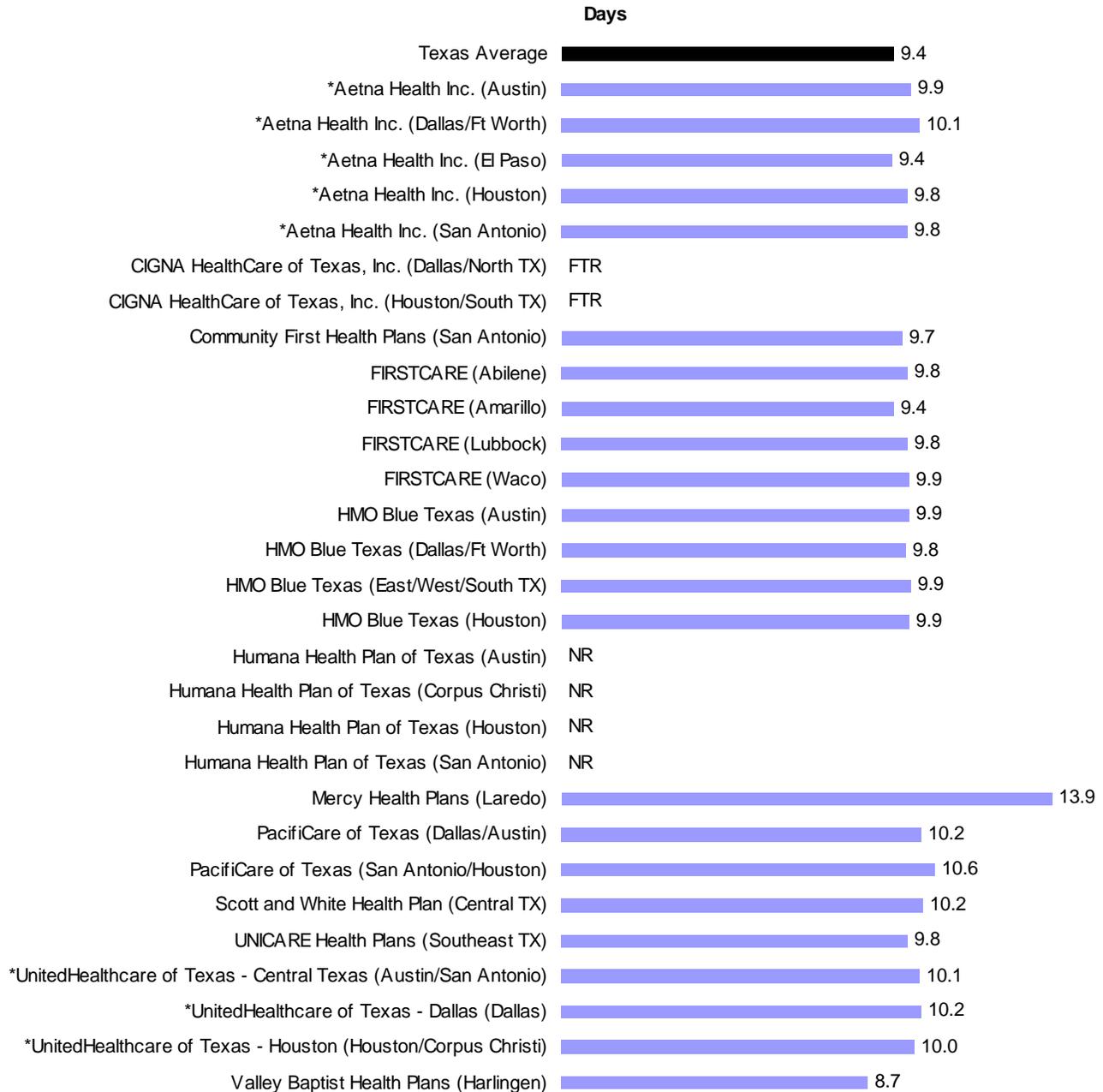
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Antibiotic Utilization: Average Days Supplied Per Antibiotic Prescription



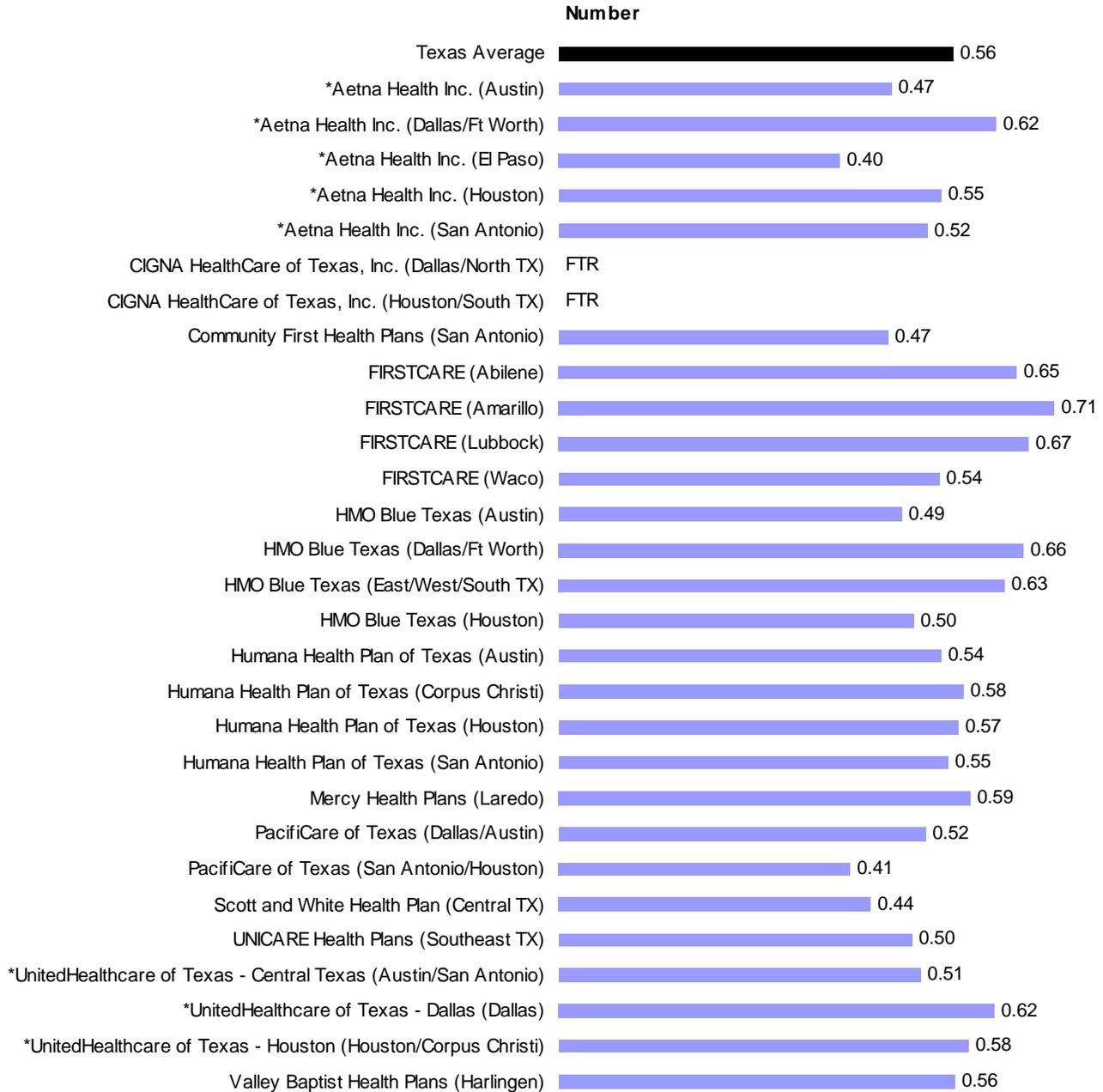
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Antibiotic Utilization: Ave. Number of Prescriptions for Antibiotics of Concern PMPY



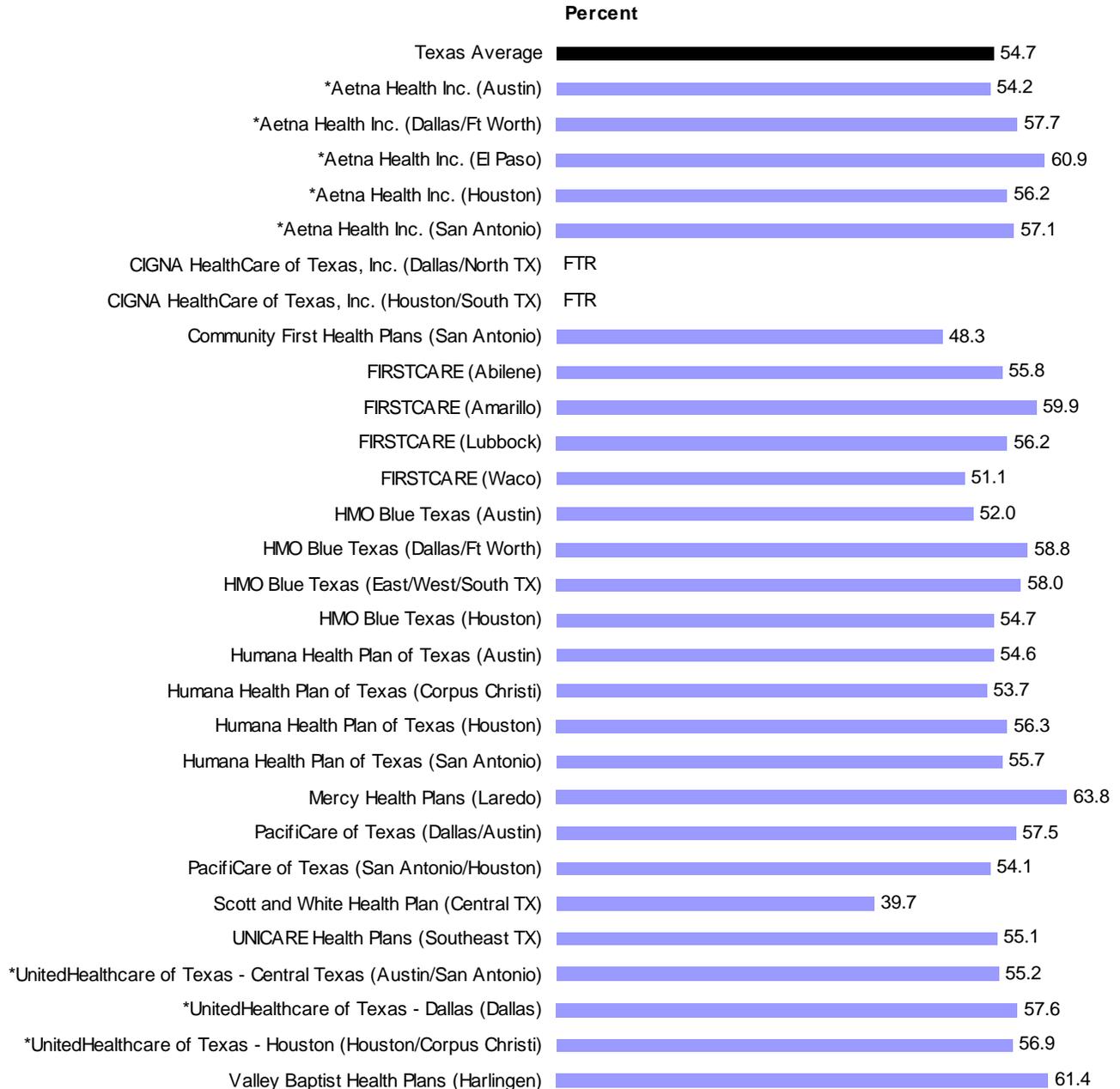
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Antibiotic Utilization: Percent Antibiotics of Concern for All Antibiotic Prescriptions



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Identification of Alcohol and Other Drug Services

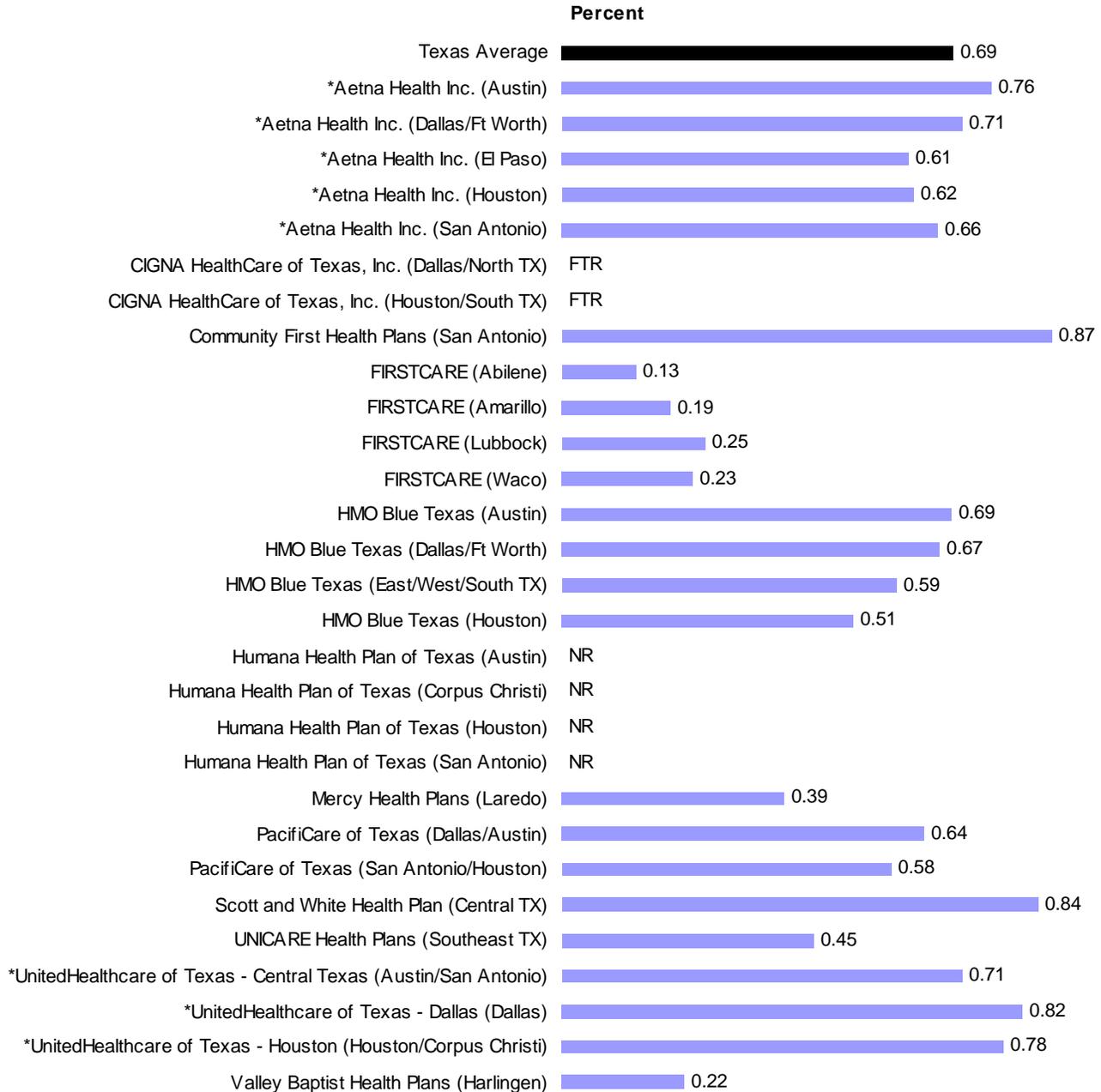
Definition: The percentage of members with a chemical dependency benefit with a diagnosis of alcohol and other drug abuse or dependence receiving any chemical dependency services (includes inpatient, intensive outpatient or partial hospitalization, and outpatient or emergency department services).

Identification of Alcohol and Other Drug Services: Percent Receiving Services						
Chemical Dependency Services Received	2006		2007		2008	
	Texas	QC*	Texas	QC*	Texas	QC*
Any	0.5	0.8	0.6	0.8	0.7	0.9
Inpatient	0.2	0.2	0.2	0.3	0.2	0.3
Intensive Outpatient or Partial Hospitalization	0.1	0.04	0.00	0.04	0.09	0.09
Outpatient or Emergency Department	0.4	0.6	0.4	0.7	0.6	0.7

This measure was added to the Texas Subset beginning with HEDIS® 2006.

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Alcohol and Other Drug Services: Members Receiving Any Services



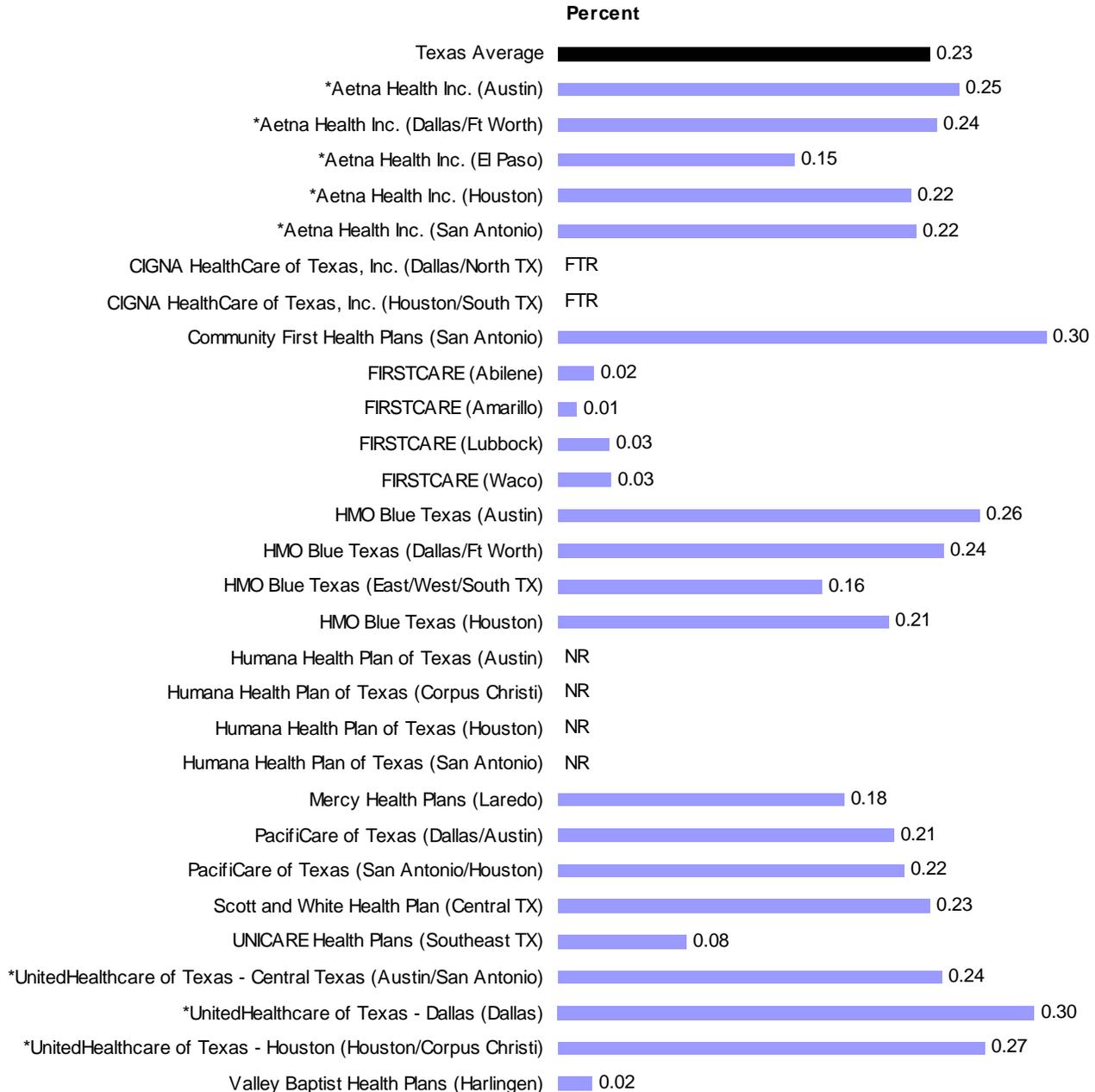
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Alcohol and Other Drug Services: Members Receiving Inpatient Services



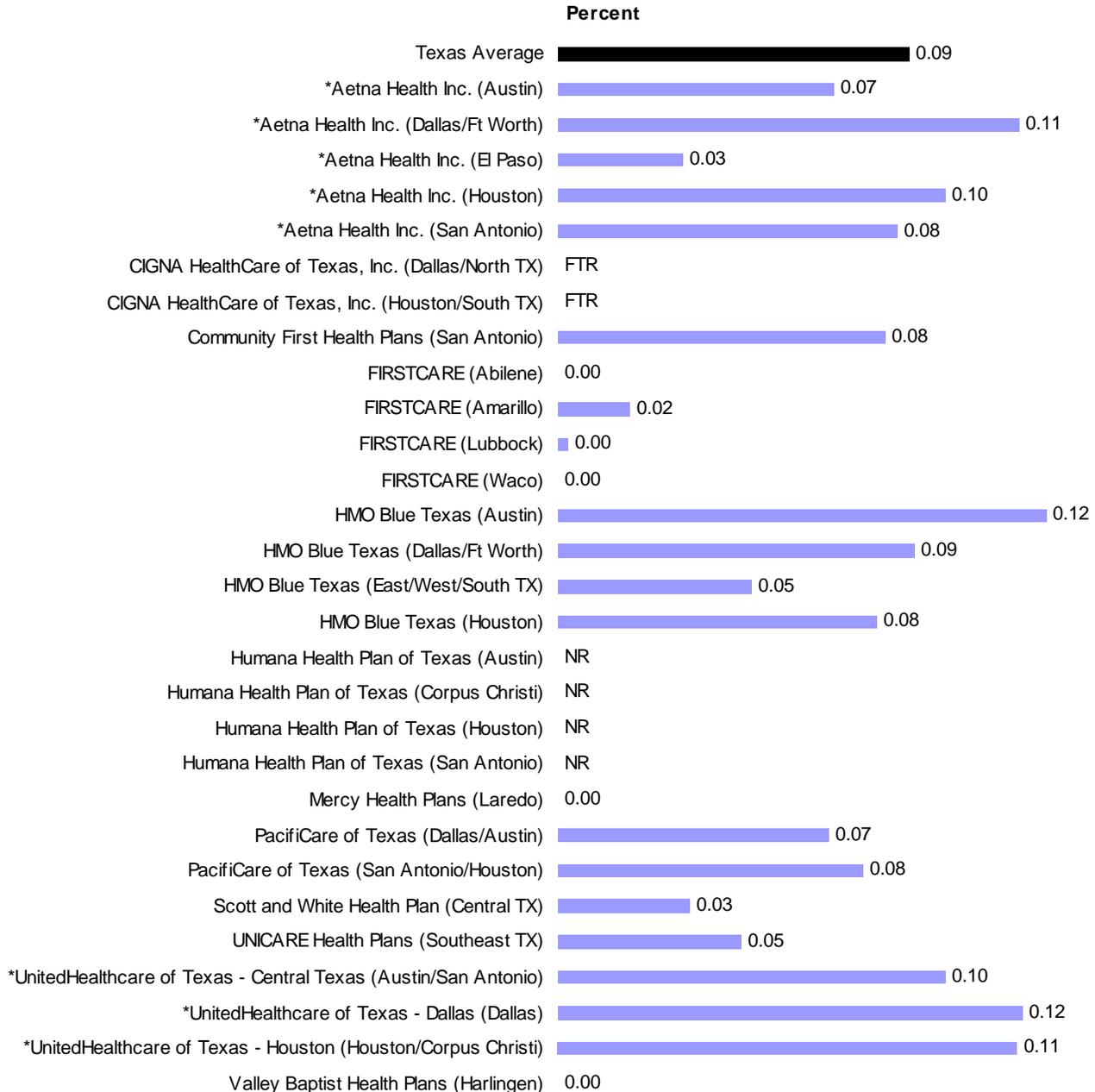
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Alcohol and Other Drug Services: Members Receiving Intensive Outpatient & Partial Hospitalization



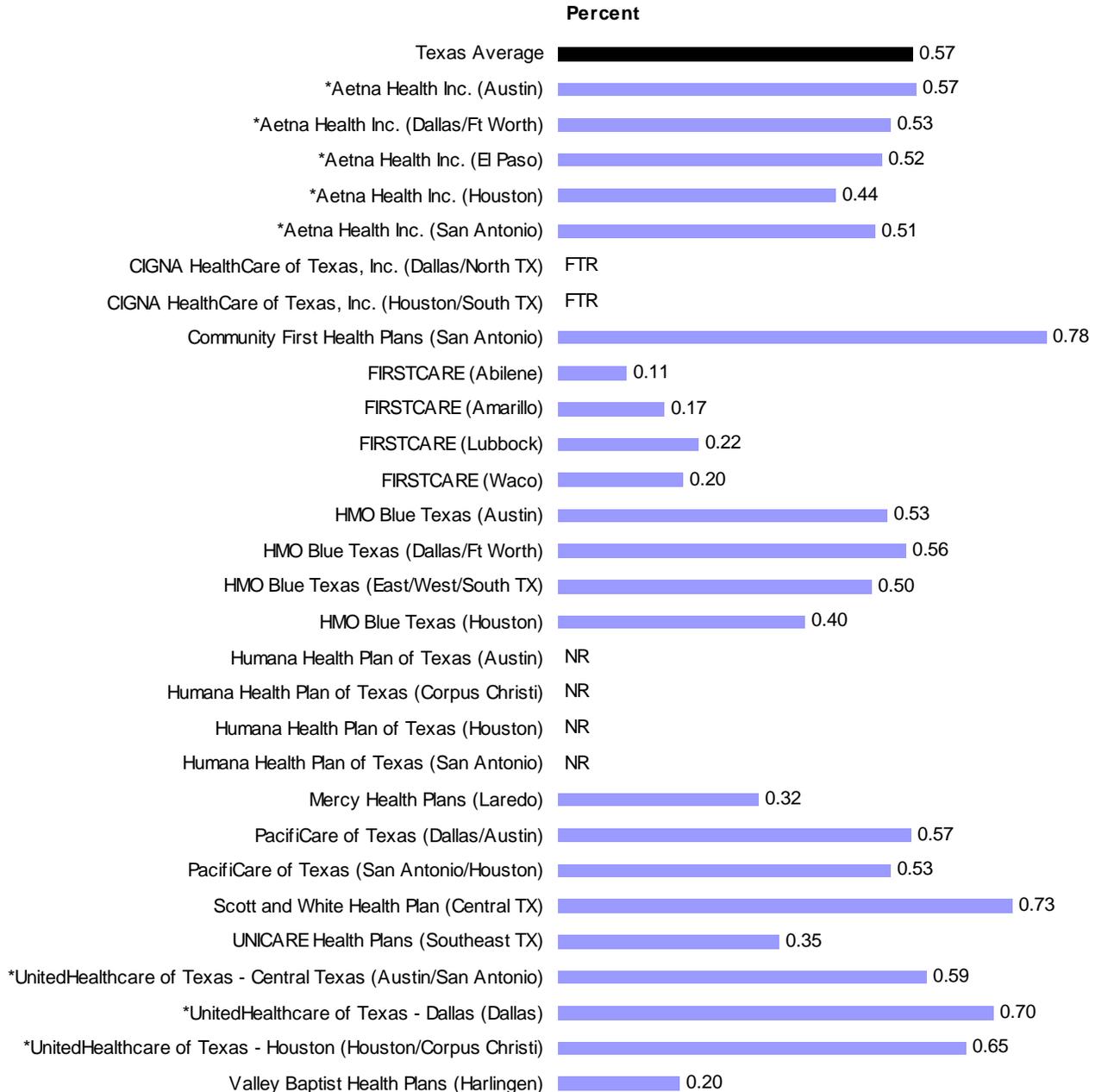
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Alcohol and Other Drug Services: Members Receiving Outpatient and ED



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Outpatient Drug Utilization

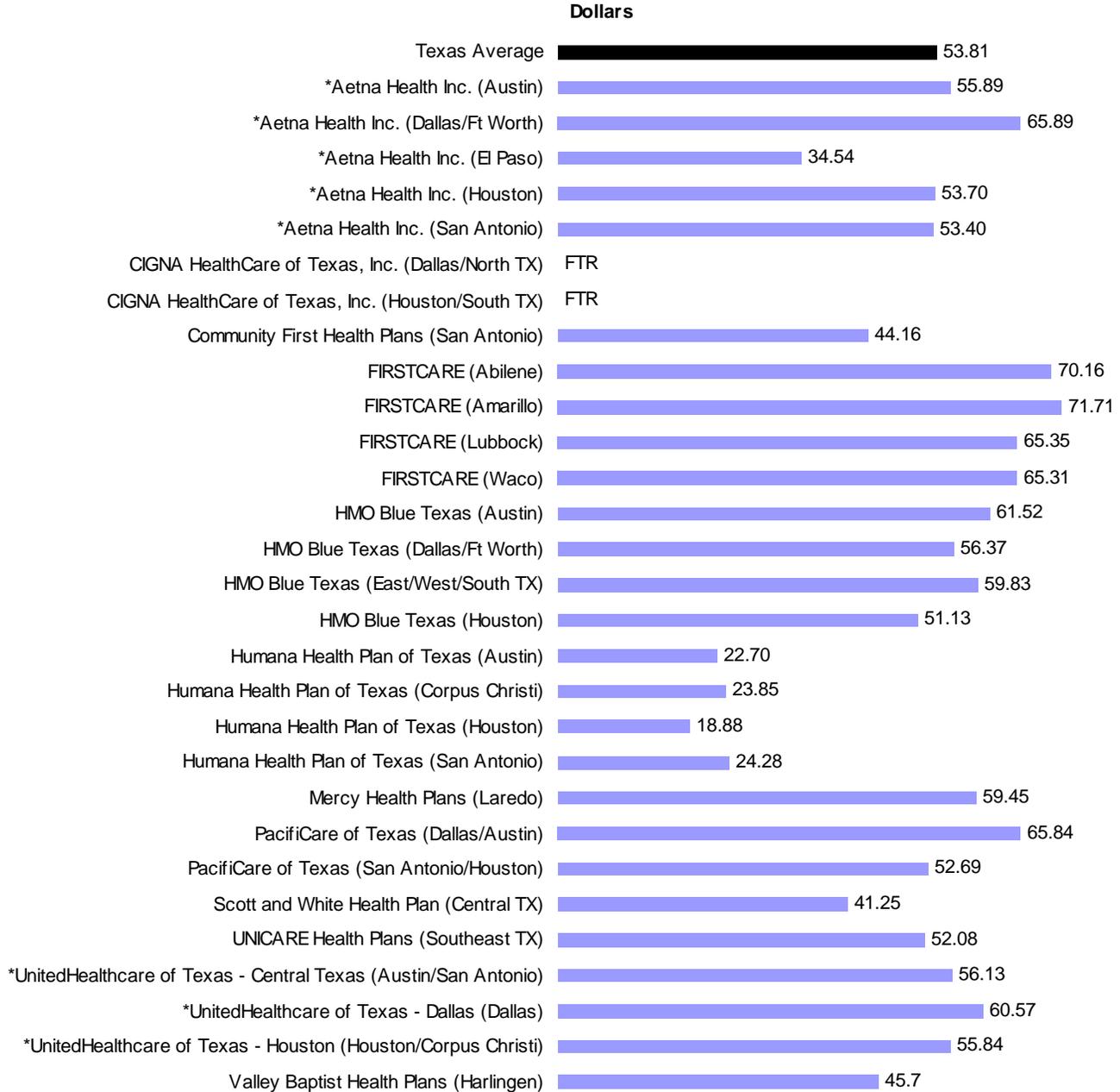
Definition: The average cost of prescriptions per member per month (PMPM) and the average number of prescriptions per member per year (PMPY) during the measurement year for outpatient utilization of drug prescriptions.

Outpatient Drug Utilization						
	2006		2007		2008	
	Texas	QC*	Texas	QC*	Texas	QC*
Average Cost of Prescriptions PMPM	\$36.70	\$49.82	\$57.34	\$53.89	\$53.81	\$52.97
Average Number of Prescriptions PMPY	11.1	11.1	11.3	11.6	11.9	11.7

This measure was added to the Texas Subset beginning with HEDIS® 2006.

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Outpatient Drug Utilization: Average Cost of Prescriptions PMPM



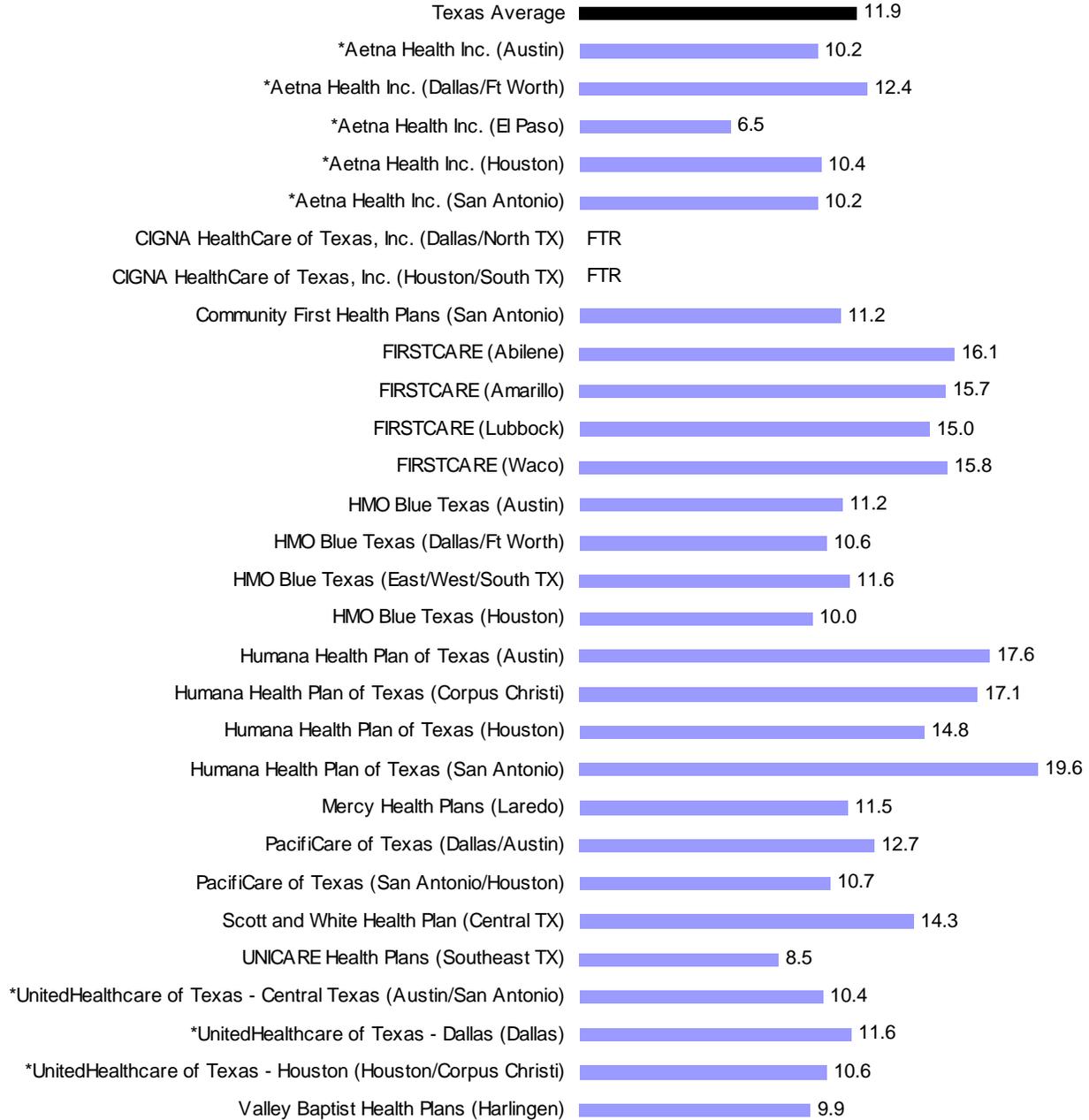
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Outpatient Drug Utilization: Average Number of Prescriptions PMPY



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Board Certification

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

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.

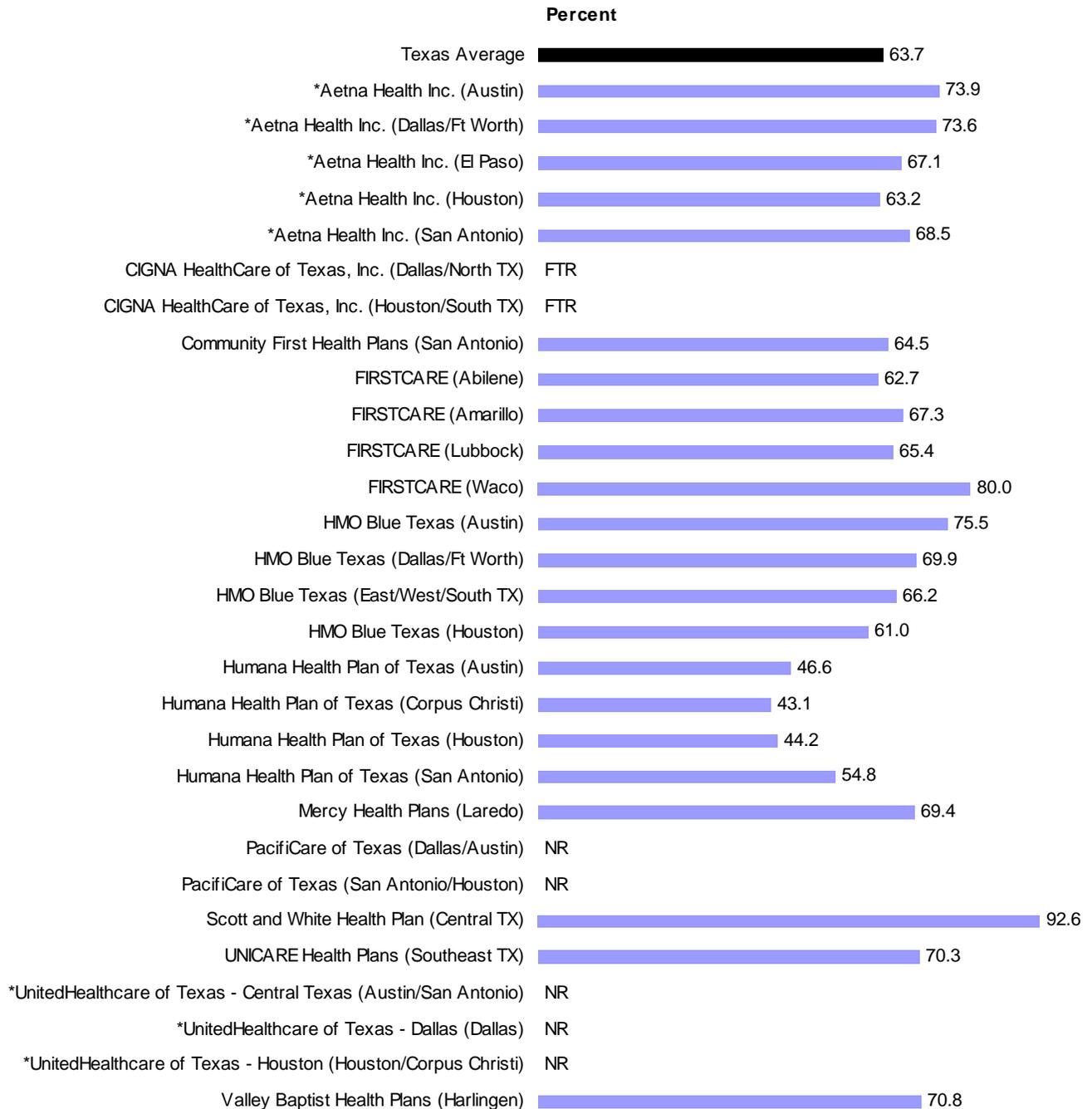
For 2008 Primary Care Practitioners was replaced with Family Medicine Physicians and Internal Medicine Physicians categories.

Percent of Physicians with Board Certification										
	2004		2005		2006		2007		2008	
	Texas	QC**								
Family Medicine Physicians	*	*	*	*	*	*	*	*	63.7	75.0
Internal Medicine Physicians	*	*	*	*	*	*	*	*	61.8	77.0
OB/GYNs	78.2	80.4	80.4	81.2	77.5	81.5	74.9	80.1	64.2	73.6
Pediatricians	76.5	79.0	80.1	78.2	69.7	76.4	61.7	74.1	72.4	79.2
Geriatricians	69.7	76.6	76.8	74.6	66.9	72.6	57.3	71.6	48.9	67.5
Other Physician Specialists	79.1	81.5	78.2	81.1	77.8	80.6	74.5	79.1	66.8	74.3

* Value not established or not obtained.

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Board Certification Rate: Family Medicine Physicians



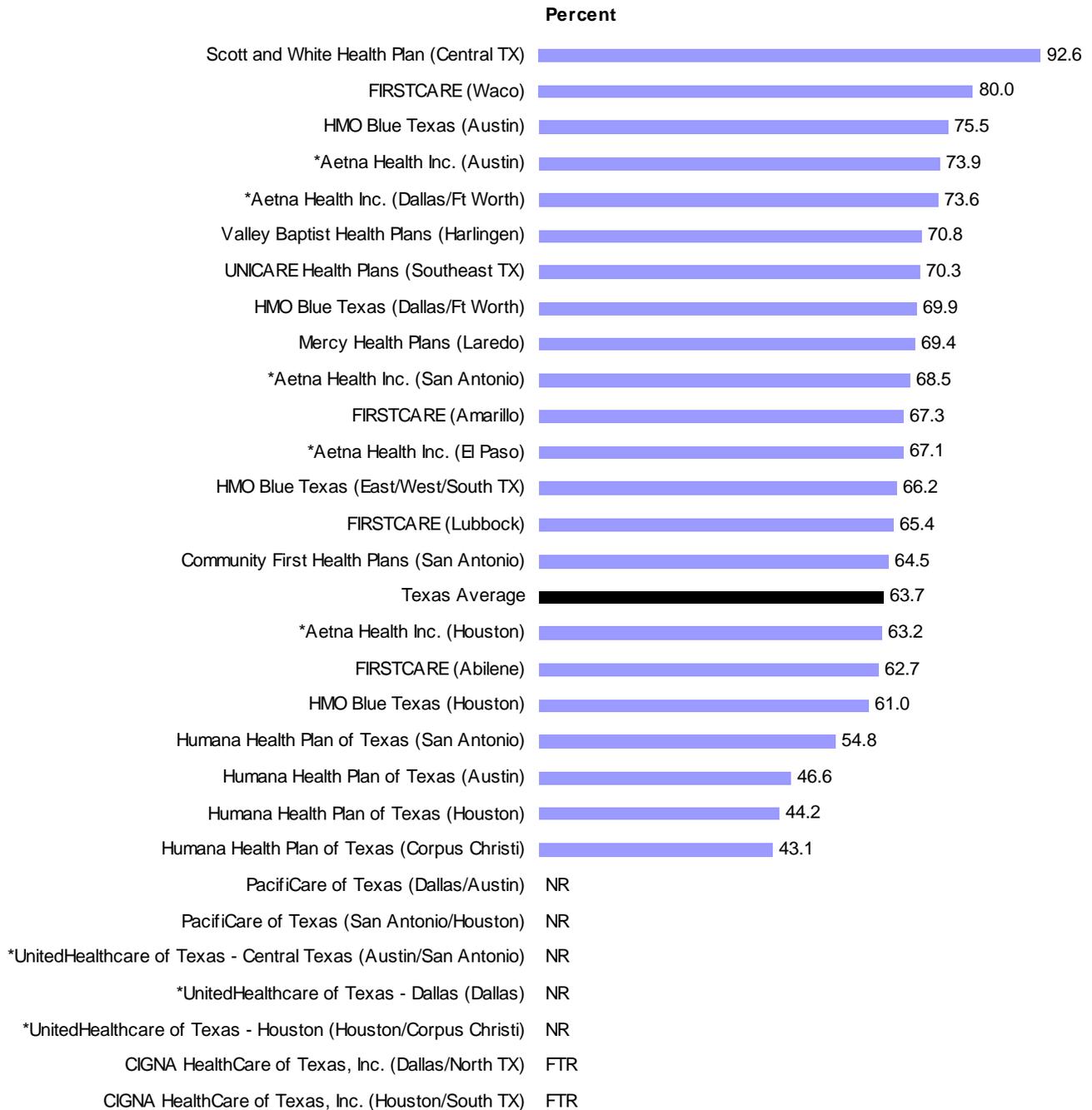
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Board Certification Rate: Family Medicine Physicians



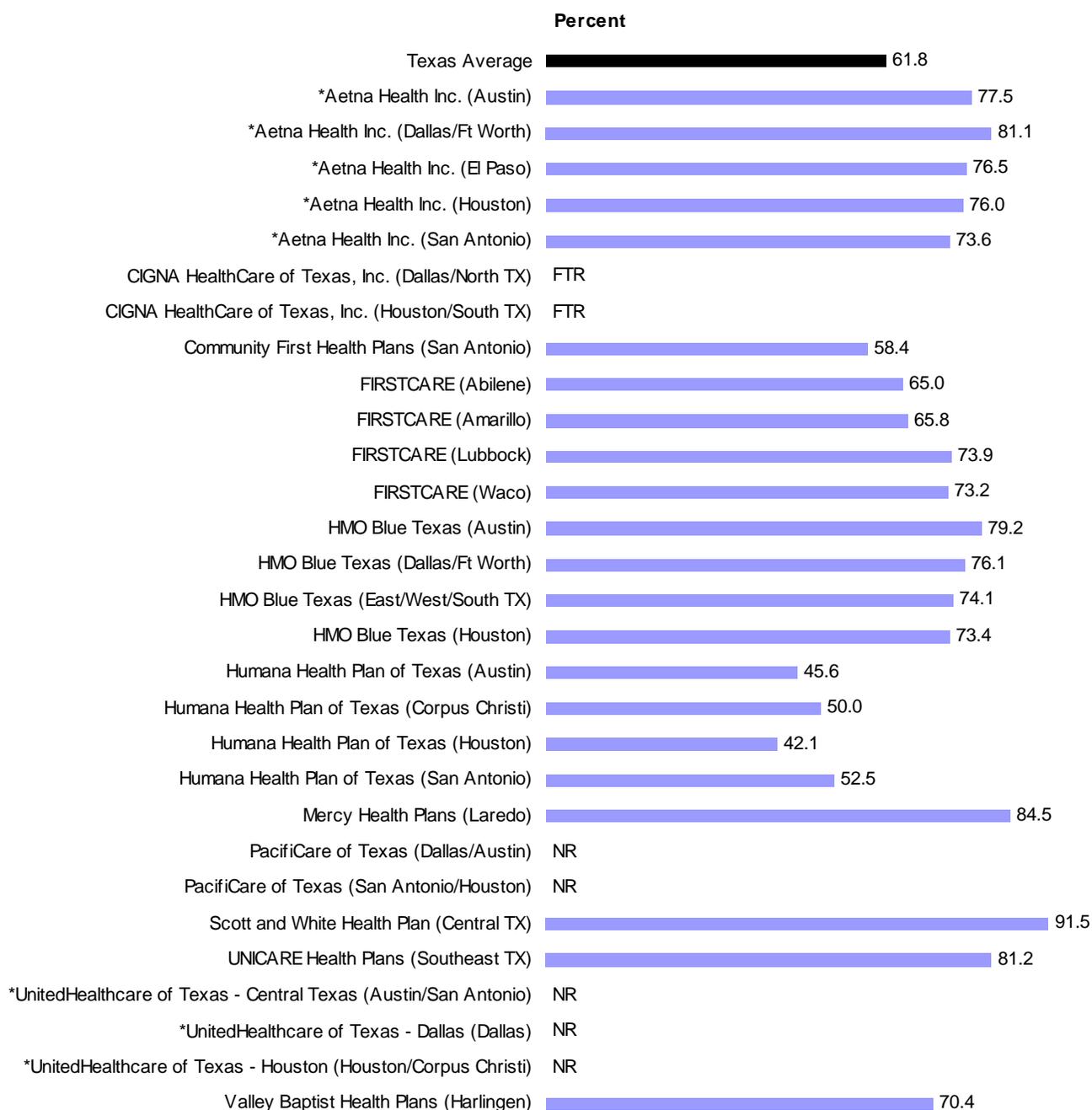
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Board Certification Rate: Internal Medicine Physicians



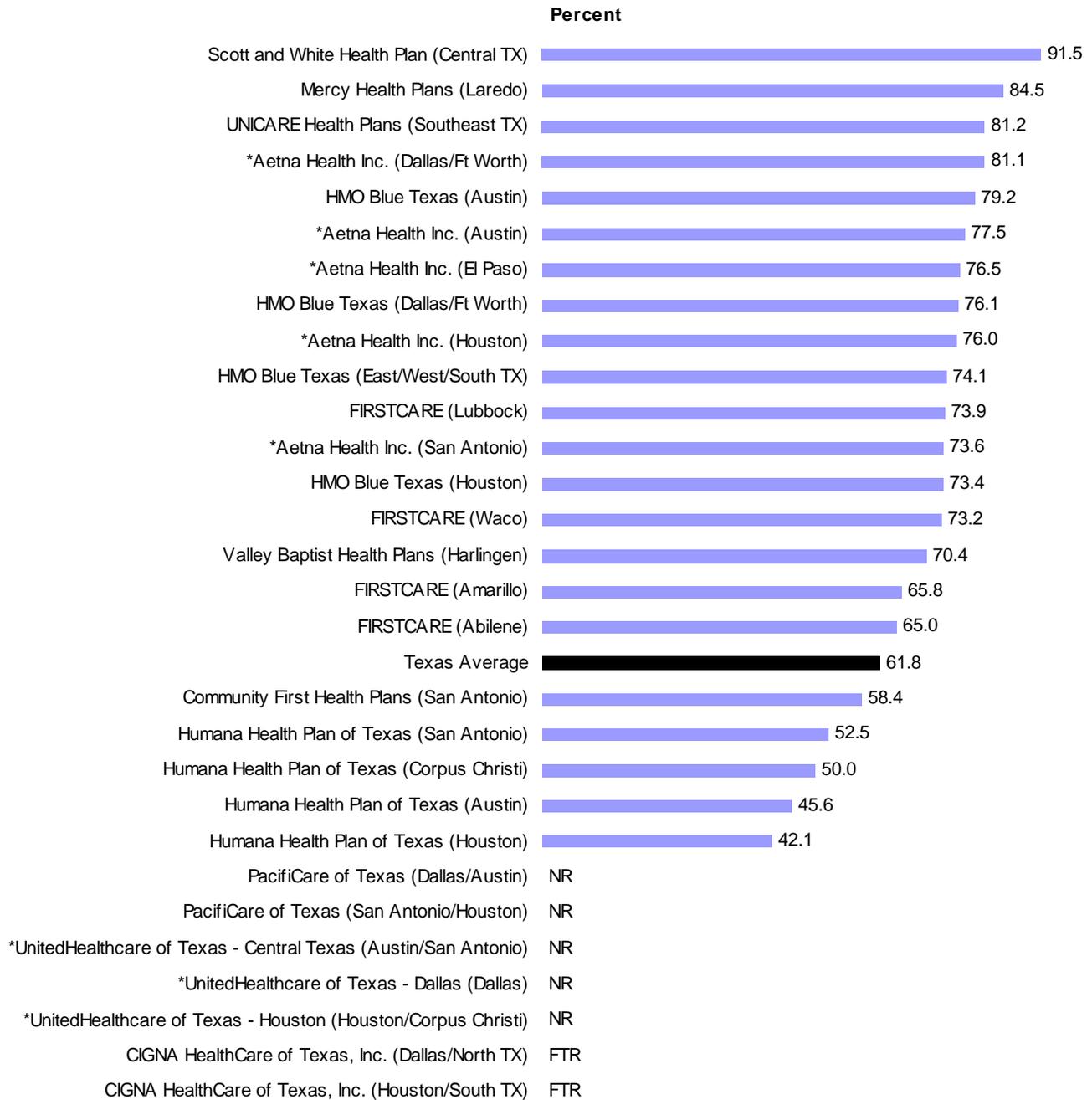
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Board Certification Rate: Internal Medicine Physicians



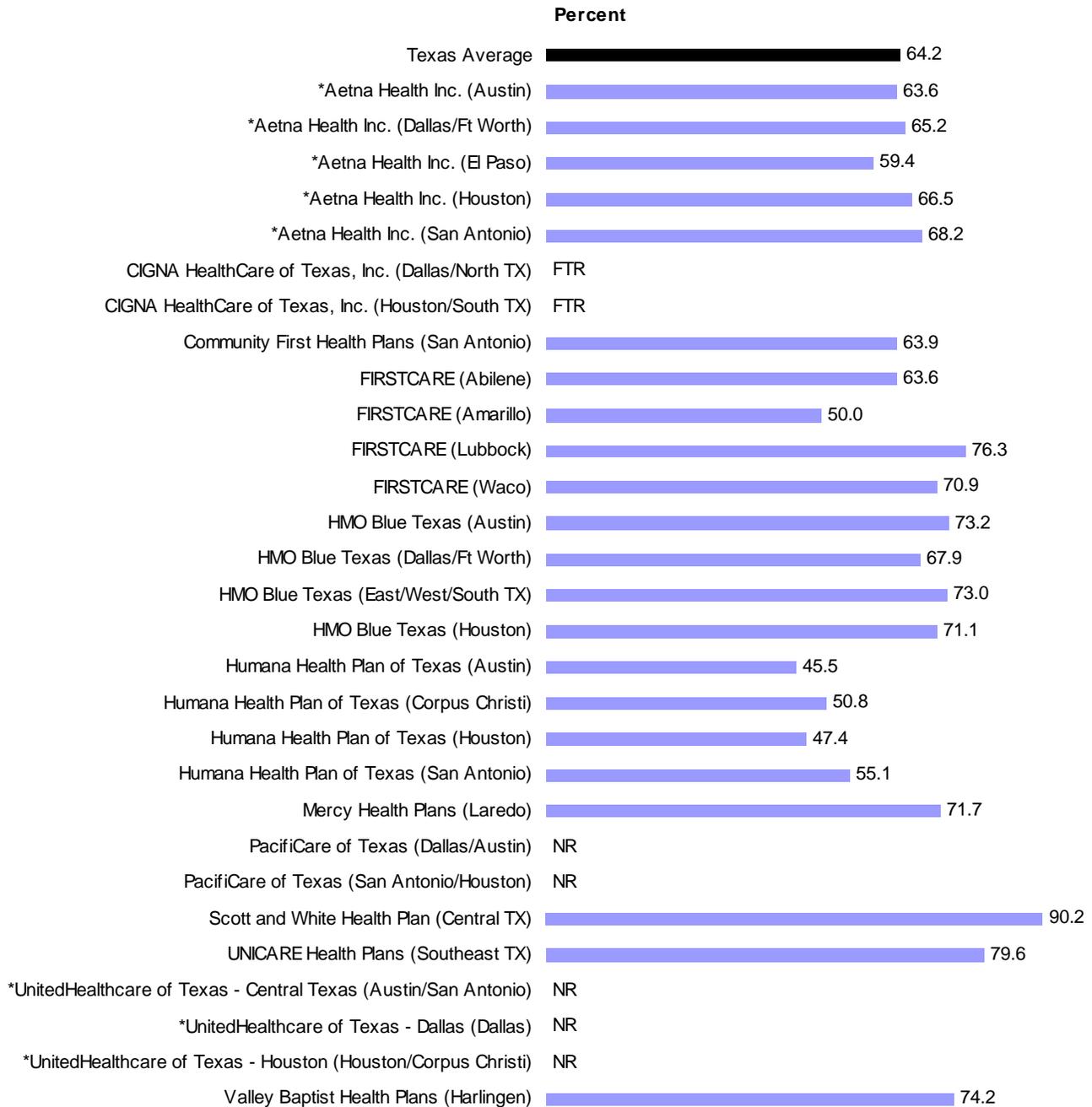
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Board Certification Rate: OB/GYN Physicians



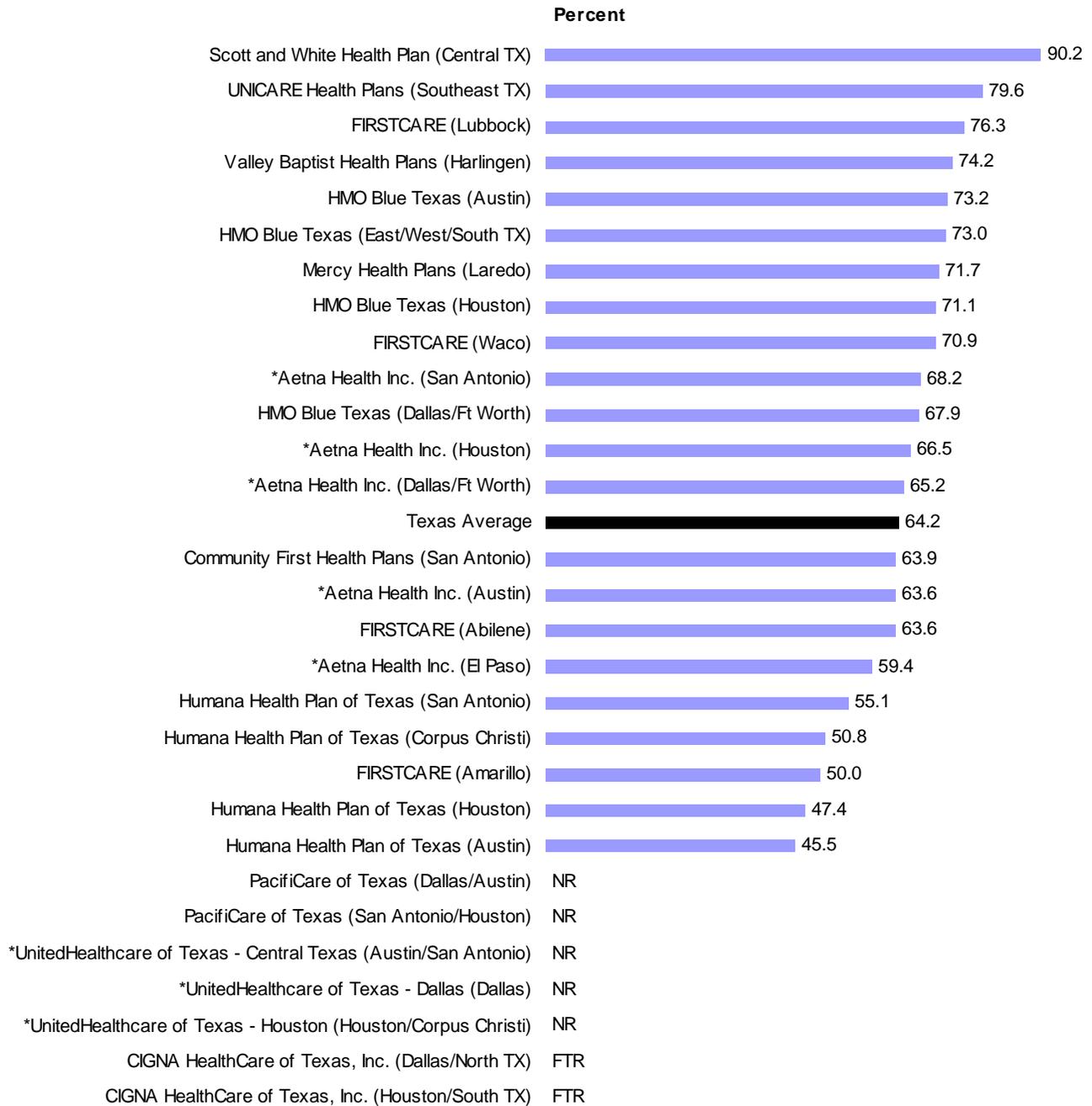
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Board Certification Rate: OB/GYN Physicians



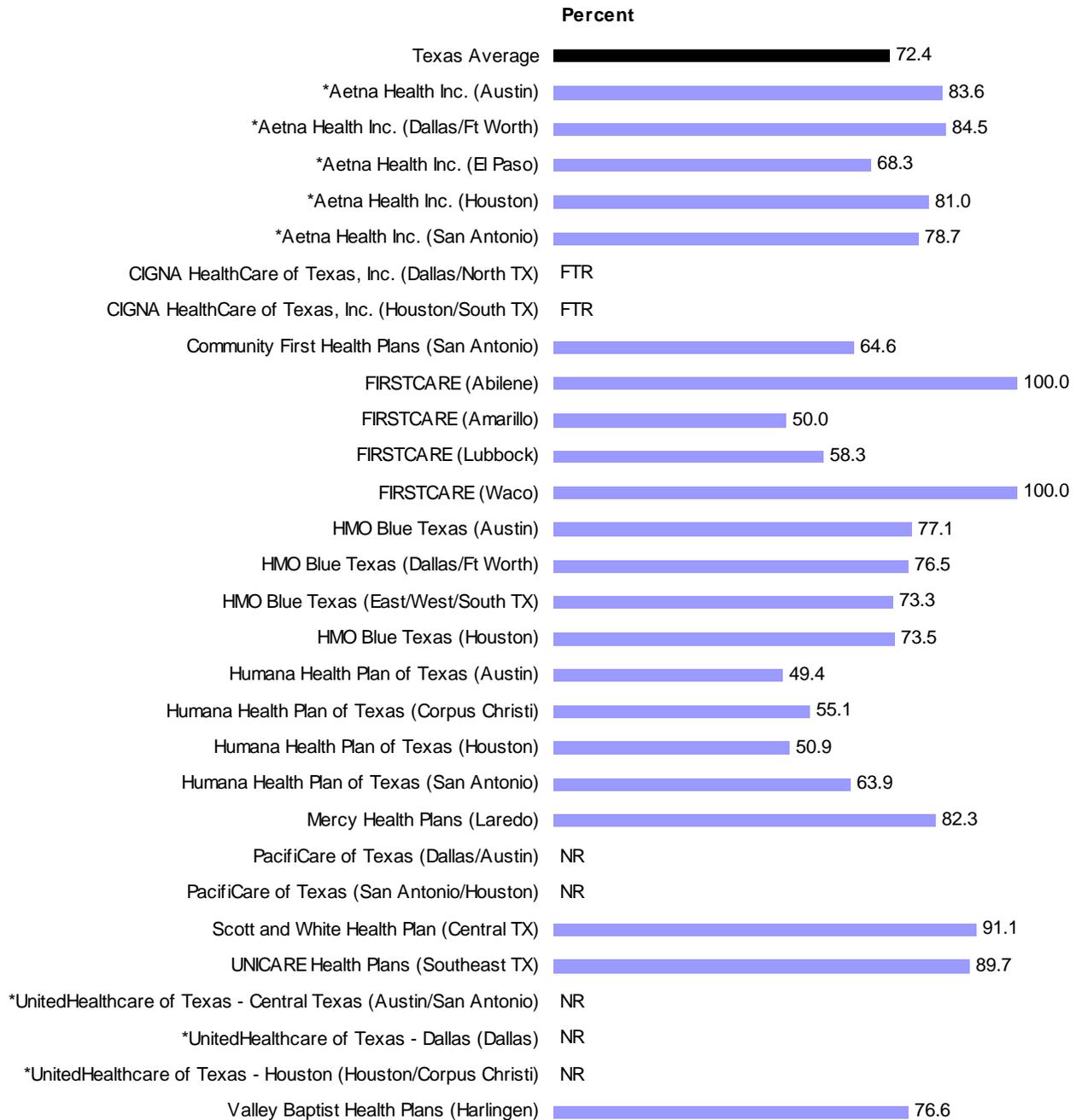
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Board Certification Rate: Prediatricians



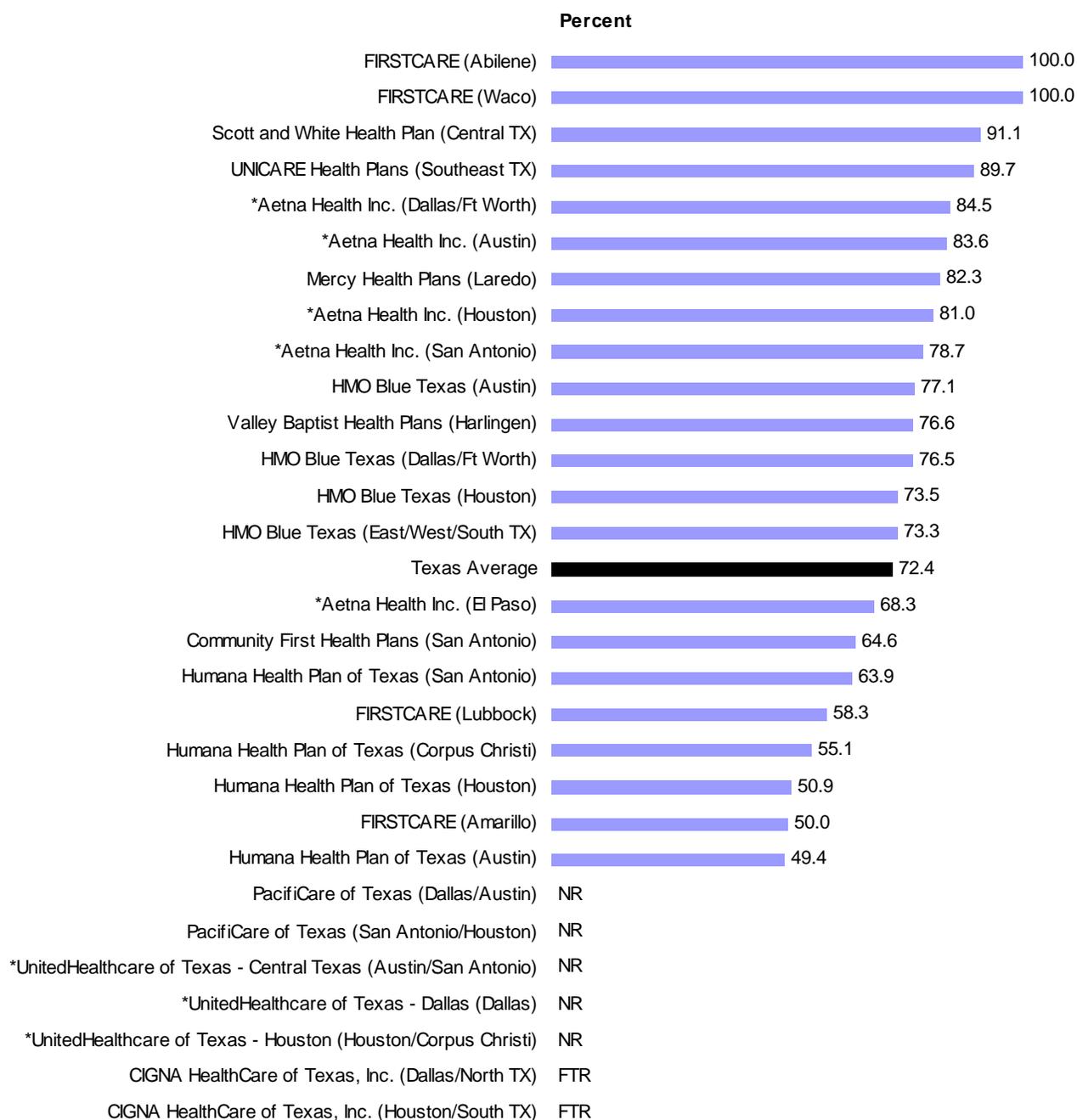
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Board Certification Rate: Pediatricians



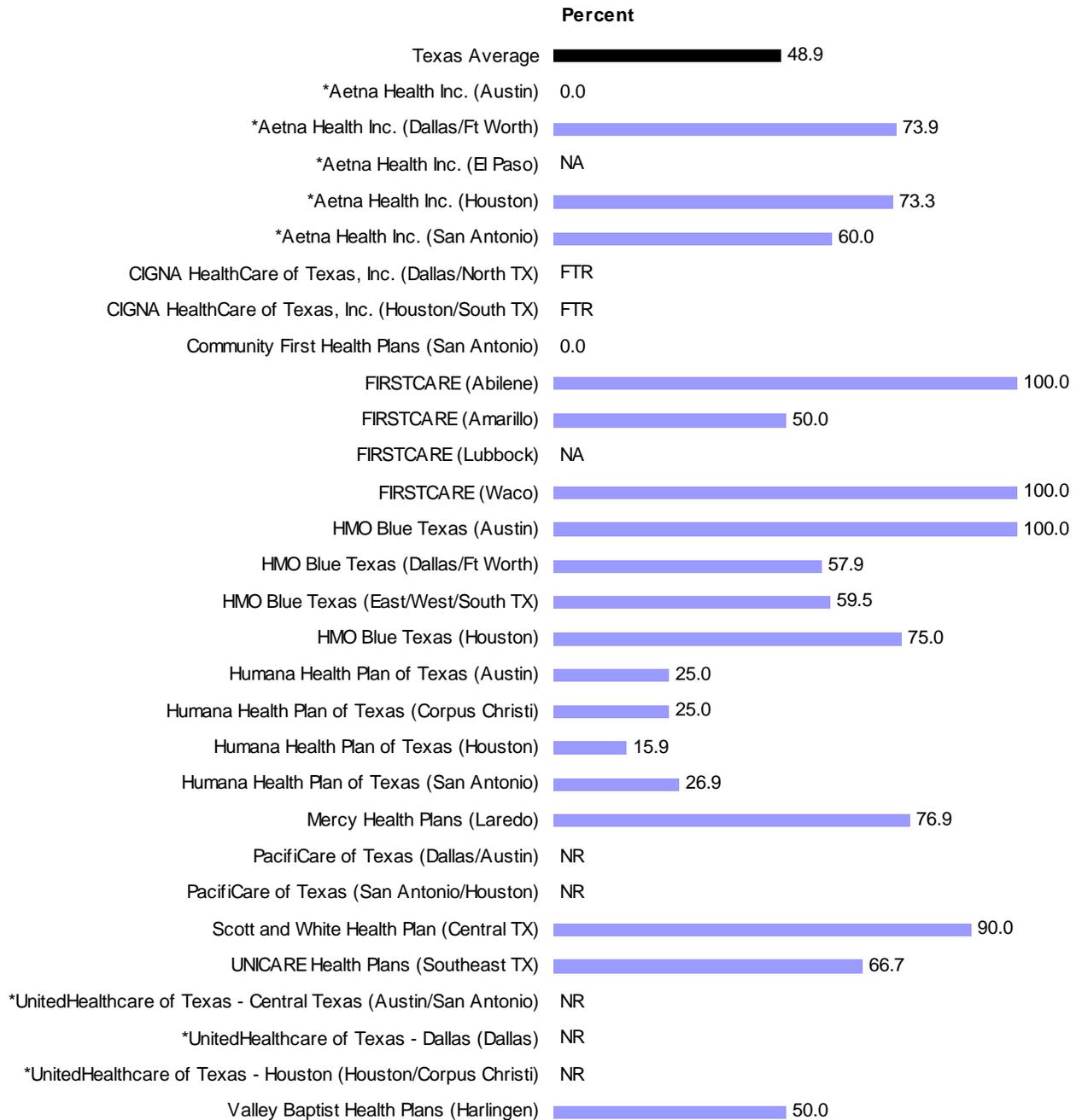
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Board Certification Rate: Geriatricians



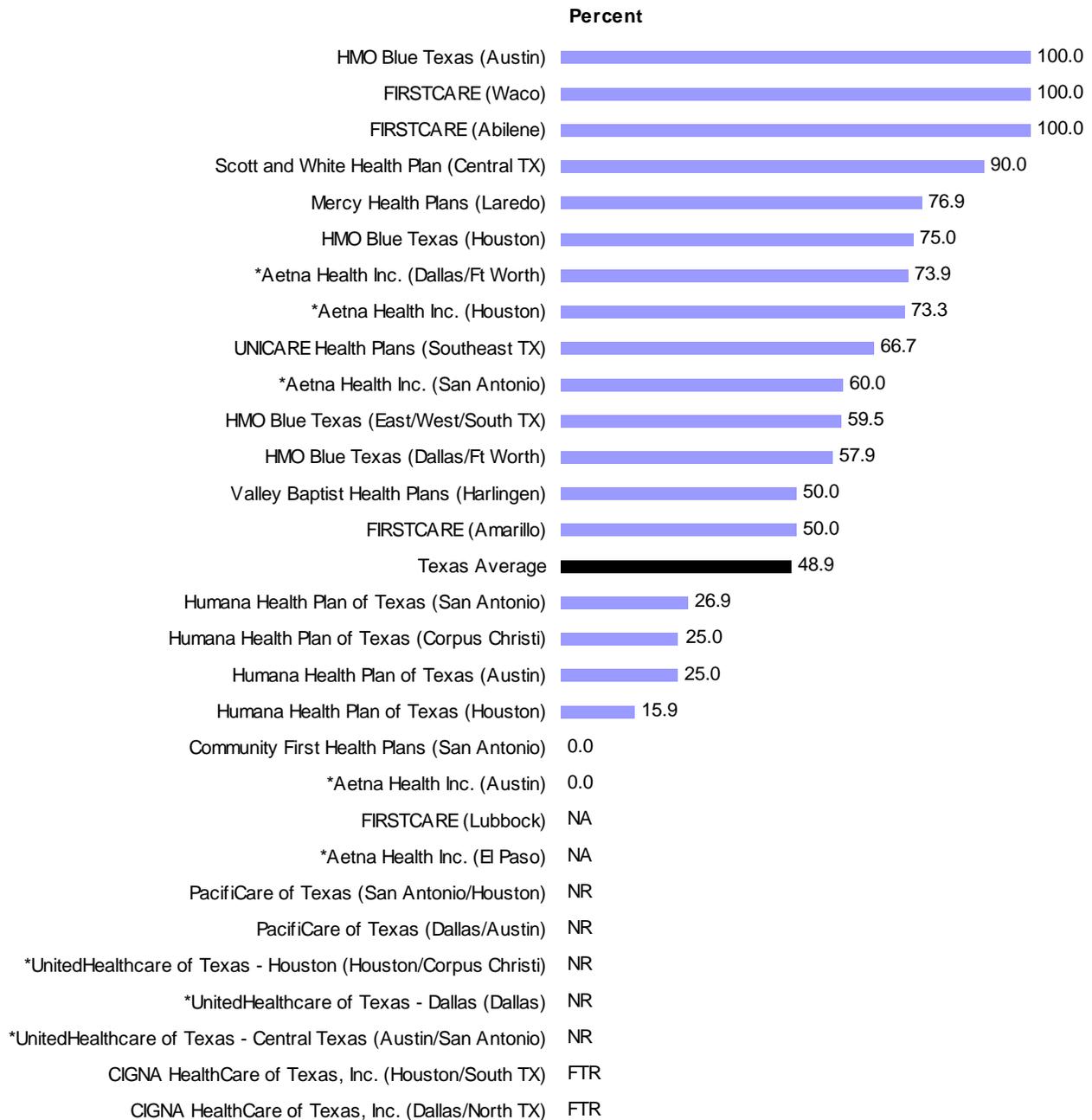
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Board Certification Rate: Geriatricians



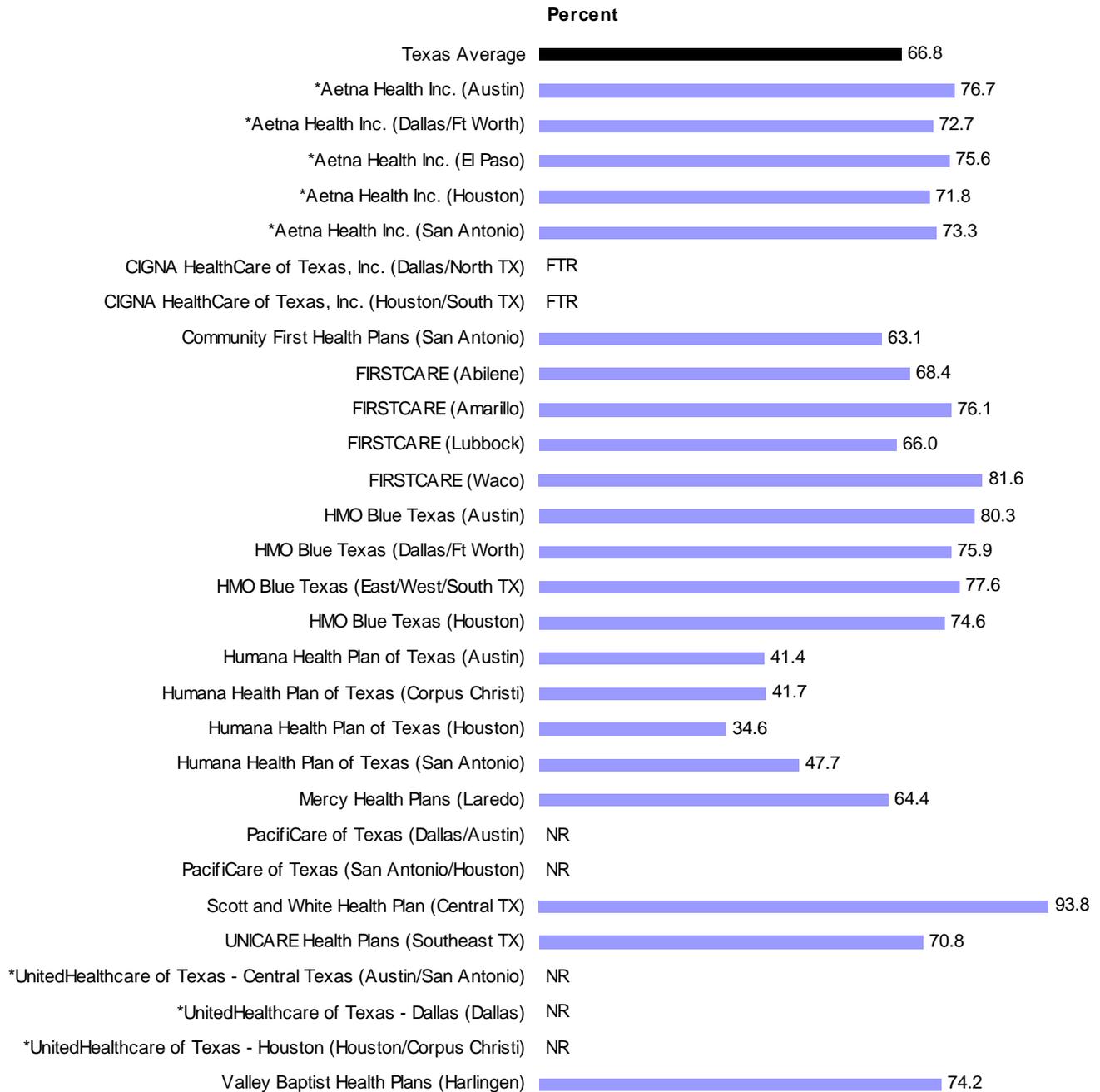
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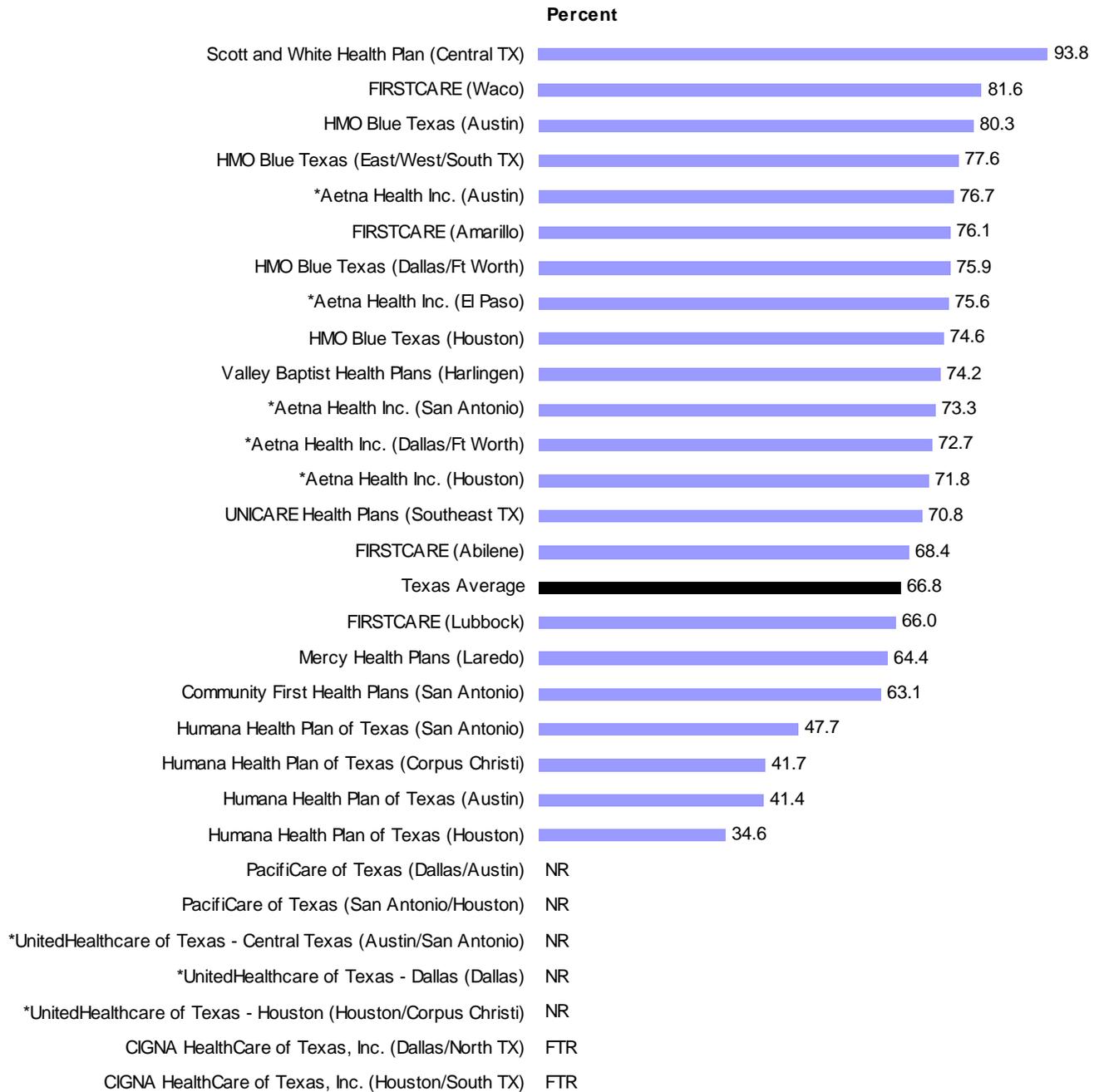
FTR– Failure to report by service areas as required by Chapter 108.009 (o) of the Texas Health and Safety Code.

Board Certification Rate: Other Physician Specialists



* Plans reporting HMO/POS membership combined. Others are HMO membership only.
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Board Certification Rate: Other Physician 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 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)	75	NR	NR	25	NR
*Aetna Health Inc. (Dallas/Ft Worth)	39	NR	NR	61	NR
*Aetna Health Inc. (El Paso)	88	NR	NR	12	NR
*Aetna Health Inc. (Houston)	57	NR	NR	43	NR
*Aetna Health Inc. (San Antonio)	71	NR	NR	29	NR
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	63	0	15	16
FIRSTCARE (Abilene)	78	19	3	NR	NR
FIRSTCARE (Amarillo)	76	23	1	0	0
FIRSTCARE (Lubbock)	76	23	1	0	0
FIRSTCARE (Waco)	76	23	1	0	0
HMO Blue Texas (Austin)	91	0	0	9	0
HMO Blue Texas (Dallas/Ft Worth)	91	0	0	9	0
HMO Blue Texas (East/West /South TX)	91	0	0	9	0
HMO Blue Texas (Houston)	91	0	0	9	0
Humana Health Plan of Texas (Austin)	100	0	0	0	0
Humana Health Plan of Texas (Corpus Christi)	29	0	71	0	0
Humana Health Plan of Texas (Houston)	100	0	0	0	0
Humana Health Plan of Texas (San Antonio)	78	0	21	1	0
Mercy Health Plans (Laredo)	85	4	10	0	0
PacifiCare of Texas (Dallas/Austin)	11	0	89	0	0
PacifiCare of Texas (San Antonio/Houston)	6	0	94	0	0
Scott and White Health Plan (Central TX)	87	0	13	0	0
UNICARE Health Plans (Southeast TX)	44	56	0	0	0
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	20	0	80	0	0
*UnitedHealthcare of Texas - Dallas (Dallas)	24	0	76	0	0
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	22	0	78	0	0
Valley Baptist Health Plans (Harlingen)	87	0	13	0	0

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Percentage of members enrolled by product type

Health Plan Name	HMO %	PPO %	POS %
*Aetna Health Inc. (Austin)	87	NR	13
*Aetna Health Inc. (Dallas/Ft Worth)	91	NR	9
*Aetna Health Inc. (El Paso)	64	NR	36
*Aetna Health Inc. (Houston)	84	NR	16
*Aetna Health Inc. (San Antonio)	77	NR	23
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)	84	16	0
FIRSTCARE (Abilene)	97	0	3
FIRSTCARE (Amarillo)	96	0	4
FIRSTCARE (Lubbock)	96	0	4
FIRSTCARE (Waco)	96	0	4
HMO Blue Texas (Austin)	5	85	10
HMO Blue Texas (Dallas/Ft Worth)	5	85	10
HMO Blue Texas (East/West/South TX)	5	85	10
HMO Blue Texas (Houston)	5	85	10
Humana Health Plan of Texas (Austin)	100	0	0
Humana Health Plan of Texas (Corpus Christi)	100	0	0
Humana Health Plan of Texas (Houston)	100	0	0
Humana Health Plan of Texas (San Antonio)	100	0	0
Mercy Health Plans (Laredo)	73	27	0
PacifiCare of Texas (Dallas/Austin)	100	0	0
PacifiCare of Texas (San Antonio/Houston)	100	0	0
Scott and White Health Plan (Central TX)	100	0	0
UNICARE Health Plans (Southeast TX)	100	0	0
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	1	94	5
*UnitedHealthcare of Texas - Dallas (Dallas)	1	86	13
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	1	87	13
Valley Baptist Health Plans (Harlingen)	100	0	0

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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 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+

Table Showing 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)	30.7	41.9	25.9	1.5
*Aetna Health Inc. (Dallas/Ft Worth)	31.3	35.9	30.6	2.2
*Aetna Health Inc. (El Paso)	30.5	43.1	25.1	1.3
*Aetna Health Inc. (Houston)	32.7	37.2	28.0	2.2
*Aetna Health Inc. (San Antonio)	32.2	38.1	27.6	2.1
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)	36.5	36.3	25.5	1.7
FIRSTCARE (Abilene)	30.9	32.3	33.5	3.3
FIRSTCARE (Amarillo)	33.9	33.0	29.1	3.9
FIRSTCARE (Lubbock)	33.6	35.8	28.3	2.3
FIRSTCARE (Waco)	31.0	31.6	33.3	4.1
HMO Blue Texas (Austin)	30.0	37.4	32.3	0.2
HMO Blue Texas (Dallas/Ft Worth)	31.6	42.2	25.8	0.3
HMO Blue Texas (East/West/South TX)	32.4	35.4	31.9	0.3
HMO Blue Texas (Houston)	32.6	34.7	32.2	0.4
Humana Health Plan of Texas (Austin)	27.1	43.8	27.6	1.6
Humana Health Plan of Texas (Corpus Christi)	25.1	38.9	33.0	3.0
Humana Health Plan of Texas (Houston)	31.3	40.2	27.1	1.4
Humana Health Plan of Texas (San Antonio)	28.1	33.4	32.6	5.9
Mercy Health Plans (Laredo)	33.8	41.7	23.0	1.5
PacifiCare of Texas (Dallas/Austin)	31.0	27.6	37.0	4.4
PacifiCare of Texas (San Antonio/Houston)	31.6	25.1	35.5	7.8
Scott and White Health Plan (Central TX)	32.1	35.7	28.6	3.5
UNICARE Health Plans (Southeast TX)	31.6	41.1	25.3	2.0
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	26.4	45.6	26.6	1.4
*UnitedHealthcare of Texas - Dallas (Dallas)	26.6	43.2	28.5	1.7
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	26.4	42.7	29.2	1.7
Valley Baptist Health Plans (Harlingen)	31.1	40.3	27.0	1.6

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Table Showing 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)	28.6	43.8	26.3	1.2
*Aetna Health Inc. (Dallas/Ft Worth)	29.0	39.1	30.2	1.6
*Aetna Health Inc. (El Paso)	25.9	48.3	24.8	1.0
*Aetna Health Inc. (Houston)	28.0	41.9	28.6	1.5
*Aetna Health Inc. (San Antonio)	28.0	41.7	28.7	1.6
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	40.3	29.1	1.8
FIRSTCARE (Abilene)	24.9	36.4	36.3	2.4
FIRSTCARE (Amarillo)	27.6	37.3	32.2	2.8
FIRSTCARE (Lubbock)	26.6	41.8	29.9	1.7
FIRSTCARE (Waco)	23.5	36.7	36.7	3.2
HMO Blue Texas (Austin)	21.3	44.1	34.4	0.2
HMO Blue Texas (Dallas/Ft Worth)	29.2	44.5	25.9	0.3
HMO Blue Texas (East/West/South TX)	27.7	39.5	32.5	0.3
HMO Blue Texas (Houston)	32.5	35.8	31.2	0.4
Humana Health Plan of Texas (Austin)	24.6	45.3	28.7	1.4
Humana Health Plan of Texas (Corpus Christi)	26.1	40.6	31.4	1.8
Humana Health Plan of Texas (Houston)	26.0	45.3	27.9	0.8
Humana Health Plan of Texas (San Antonio)	24.6	36.5	33.4	5.5
Mercy Health Plans (Laredo)	29.0	45.6	24.5	1.0
PacifiCare of Texas (Dallas/Austin)	28.4	31.3	36.2	4.1
PacifiCare of Texas (San Antonio/Houston)	28.8	27.8	36.1	7.3
Scott and White Health Plan (Central TX)	27.9	38.5	30.7	2.9
UNICARE Health Plans (Southeast TX)	28.6	43.2	27.0	1.3
*UnitedHealthcare of Texas - Central Texas (Austin/San Antonio)	25.3	45.7	27.9	1.1
*UnitedHealthcare of Texas - Dallas (Dallas)	26.5	43.4	28.9	1.3
*UnitedHealthcare of Texas - Houston (Houston/Corpus Christi)	27.2	43.0	28.6	1.2
Valley Baptist Health Plans (Harlingen)	22.9	46.7	29.6	0.9

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Methods and Statistical Issues

In order to accommodate differences in HMO data systems and technical capabilities, HEDIS[®] 2008 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 Advising Smokers to Quit and Flu Shots for Adults measures presented in the Effectiveness of Care domain. The standardized survey instrument employed for HEDIS[®] 2008 is the Consumer Assessment of Healthcare Providers and Systems, Version 4.0 (CAHPS[®] 4.0H). This survey is administered 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, **Comparing Texas HMOs**, may be viewed at our agency website <http://www.opic.state.tx.us/health.php>

HEDIS[®] 2008 requires continuous enrollment of members counted for 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 a “=” 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.

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 more than 250 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 2008 Measures

Effectiveness of Care Domain

Childhood Immunization Status
Colorectal Cancer Screening
Breast Cancer Screening
Cervical Cancer Screening
Chlamydia Screening in Women
Controlling High Blood Pressure
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 18-64

Measures shown in italics are additions to the Texas Subset for HEDIS® 2008.

Access/Availability of Care

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

Satisfaction with the Experience of Care Domain

CAHPS® 4.0H Adult Survey
(Results of the survey are published in “Comparing Texas HMOs 2008.”
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)

Health Plan Stability Domain

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
Mental Health Utilization – Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services
Identification of Alcohol and Other Drug Services
Antibiotic Utilization
Outpatient Drug Utilization

Health Plan Descriptive Information

Board Certification
Enrollment by Product Line
Total Enrollment by Percentage



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