



Medicaid Managed Care Quality: HEDIS Measure Comparisons for Five States

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The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of quality indicators used to measure performance on aspects of care and services provided by health plans. Currently, there are 71 HEDIS measures related to 8 healthcare domains, including effectiveness of care, access/availability of care, and use of services.¹ Measures include: (1) asthma medication use; (2) breast and cervical cancer screening; (3) childhood and adolescent immunization status; (4) various aspects of diabetes care; and (6) antidepressant medication management.²

HEDIS, originally called the Health Plan Employer Data and Information Set, is developed and published by the non-profit National Committee for Quality Assurance (NCQA). NCQA created and published the first version of the HEDIS measures in 1991.³ The primary purpose of HEDIS is to enable purchasers and consumers to reliably compare the performance of health care plans. They serve other purposes by providing valuable data that can help improve the quality of care and by stimulating providers' efforts to improve quality. The measures were originally created for commercial health plans; a later version was adapted for Medicaid plans. By 1997, HEDIS contained performance measures reported by Medicaid, Medicare, and commercial managed care entities (MCEs). The most recent version, HEDIS 2010, became available in October 2009. In addition to developing the HEDIS measures, NCQA accredits managed care organizations and verifies physician organizations. Many large employers will not contract with health plans that are not NCQA accredited.⁴ In order to be accredited, plans must voluntarily submit to rigorous review by a third party, during which they are evaluated on how they measure up on clinical quality, service, structure, and organization.⁵

In 2008, 979 health plans submitted HEDIS data to NCQA – more than ever before. Combined, these plans cover 116 million Americans - two in five people.⁶ Nearly three quarters of the nation's largest employers use HEDIS information to evaluate the plans serving their employees.⁷ In addition, CMS requires managed care plans participating in Medicare to report audited summary data on specified HEDIS measures.⁸ CMS encourages but does not require

¹ NCQA, "What is HEDIS?" <http://www.ncqa.org>. The other five domains are (1) satisfaction with experience of care; (2) health plan descriptive information; (3) cost of care; (4) health plan stability; and (5) informed health care choices. This paper does not discuss measures related to these domains.

² NCQA, "What is HEDIS?" *id.*

³ Andrea Ohldin and Adrienne Mims, *The Search for Value in Health Care: A Review of the National Committee for Quality Assurance Efforts*, JAMA (2002); 94(5):344-350.

⁴ *Id.*

⁵ NCQA, "Health Plan Report Card: How to Choose a Health Plan," <http://reportcard.ncqa.org/plan/external/Resources.aspx?Header=yes> (last visited Nov. 30, 2009).

⁶ National Committee on Quality Assurance, *The State of Health Care Quality 2009*, p. 7, <http://www.ncqa.org/tabid/836/Default.aspx>.

⁷ William E. Berger, *et al.*, *The Utility of the Health Plan Employer and Data Information Set (HEDIS) asthma measure to predict asthma-related outcomes*, ANNALS OF ALLERGY, ASTHMA & IMMUNOLOGY (2004); 93:538-545.

⁸ 42 C.F.R. § 422.152, .516.

states to report HEDIS data from Medicaid managed care plans. Many states do report on some HEDIS measures, but there is no guarantee of uniformity among the measures reported. While many commercial MCEs are accredited by NCQA, only 25% of Medicaid beneficiaries are in HEDIS accredited plans.⁹

In September 2008, the National Health Law Program (NHeLP) launched its Sunshine and Accountability Project. The purpose of the project is to collect data related to Medicaid managed care that is, at least theoretically, available to the public. We were joined in our efforts by partners from six states – Connecticut, Florida, Missouri, New Mexico, Virginia and Washington.¹⁰ These states were chosen in part because a high proportion of their Medicaid population is served through risk-based managed care.

In December 2008 and January 2009 our partners sent out requests for information to the state Medicaid agencies and the Medicaid-participating managed care organizations operating in their states. Among other information, the partners requests a list of the HEDIS performance measures used by the agency to measure MCO performance in 2006, 2007, 2008, and 2009 as well as specific HEDIS performance results, as reported by each Medicaid-participating MCO for the three most recent years available.

All of the states responded to the information requests. Response times ranged from a speedy 14 days for Virginia to 160 days for Connecticut. Substantively, all of the states except Connecticut ultimately provided all of the information that was requested. Notably, Connecticut does not require HEDIS reporting for its Medicaid population and it is therefore not possible to compare the state’s Medicaid plan with outside benchmarks.¹¹

We wanted to compare the various states’ performances on the HEDIS measures. We faced challenges in comparing states’ and plans’ performances. In addition, because states are free to choose which HEDIS measures they will report on, if any, there is no guarantee that states will report on the same measures and allow comparisons. Thus, for the purpose of this comparison, to the greatest extent possible, we chose the scores that were reported by each of the states in our survey. Even so, because some of the states changed which measures they used from one year to the next, we were left with gaps in our data.

We chose seven measures to compare across states, described in Chart 1. These measures were collected and reported by each of the states (except Connecticut) and measure important health information.

CHART 1: Selected HEDIS Measures	
Well-Child Visits/First 15 months/6 visits	6 well-care visits (at least 2 weeks apart) with a PCP. Must show evidence of all of the following: <ul style="list-style-type: none"> • Health and developmental history (physical and mental)

⁹ NCQA, *The State of Health Care Quality 2009*, at 8.

¹⁰ The state partners are New Haven Legal Association, Inc.; Florida Legal Services; Legal Services of Eastern Missouri; St. Louis University School of Law; New Mexico Center on Law and Poverty; Virginia Poverty Law Center; and Northwest Health Law Advocates. For the story of the data collection process, see NHeLP, *The Sunshine and Accountability Project: The Pursuit of Managed Care Quality in Six States*, (January 2010), <http://www.healthlaw.org>.

¹¹ Lewin Group, “Assessment of HUSKY, Connecticut’s Medicaid Managed Care Program,” p. 28 (Jan. 22, 2007), <http://www.lewin.com/content/publications/CTMedicaidMCFinalRpt.pdf> (last visited Dec. 4, 2009).

	<ul style="list-style-type: none"> • Physical exam • Health education/anticipatory guidance
Well-Child Visits/3 rd , 4 th , 5 th , & 6 th year of life	<p>Annual well-care visit with a PCP each year. Must show evidence of all of the following:</p> <ul style="list-style-type: none"> • Health and developmental history (physical and mental) • Physical exam • Health education/anticipatory guidance
Adolescent Well Care Visit	<p>Annual well-care visit with a PCP or OB/GYN. Must show evidence of all of the following:</p> <ul style="list-style-type: none"> • Health and developmental history (physical and mental) • Physical exam • Health education/anticipatory guidance
Childhood Immunization Combo 2	<p>The percentage of children who turned 2 years old during the measurement year that received the following vaccinations by their second birthday:</p> <ul style="list-style-type: none"> • Four doses of DTaP (diphtheria-tetanus) • Three doses of IPV (polio) • One doses MMR (measles-mumps-rubella) • Two doses of Hib (Haemophilus influenza type b) • One dose of VZV (chicken pox)
Timeliness of Prenatal Care	Prenatal visit within first trimester or within 42 days of enrollment.
Postpartum Care	Postpartum visit between 21 and 56 days after delivery.
Comprehensive Diabetes Care - Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a dilated or retinal eye exam during the measurement year or a negative retinal eye exam during the prior year.

The results for the states for years 2005-2007 are summarized in Charts 2-4, below. For the purpose of interpreting these tables, it is important to note that a HEDIS reporting year reflects data from the preceding year. For example, HEDIS 2008 results reflect results from “measurement year” 2007, the calendar year in which care is given.¹²

¹² See, www.ncqa.org.

In addition to considering the limitations of the data we collected, it is important to place this information in the national context. Overall, according to NCQA, performance on many key HEDIS indicators has been flat. 2008 was the third consecutive year of stagnation in HEDIS scores in Medicaid and Medicare plans.¹³ Only 36% of Medicaid HEDIS measures showed a statistically improvement in 2008.¹⁴ In particular, performance on mental health and substance abuse indicators are “dreadful,” lagging below 50%, which NCQA deemed “unacceptable.”¹⁵ This included not only behavioral health measures, but on diagnostic measures such as colon cancer and chlamydia screening.¹⁶

Interestingly, contrary to the trend noted by NCQA, none of the national average scores for our seven measures declined between 2005 and 2007. (See Tables 1-3). Our sample states showed some improvement over a three year period, but also had many scores below average and several below 50%. All but one of Virginia’s scores improved between 2005 and 2007. The three well-child visits scores each gained about 10%. The prenatal care timeliness measure declined .3%, which is likely not statistically significant. At the same time, the adolescent well-care visit and the eye exam scores remained below 50%. Missouri’s scores were notably poor. In 2005, none of the scores exceeded 60%. By 2007, scores on two measures (immunization and well child visits in 3-6th year of life) actually declined. At the same time, however, the score on prenatal care jumped almost 20%, from 56% to 78%. Performances on the remaining measures remained dismal; in particular, the adolescent well-child visit rate was 33.4%.

New Mexico and Washington both showed improvement over the three year period. Washington’s scores on five measures either improved or remained the same (the exceptions were prenatal care, which was discontinued in 2007, and eye exam, which was added in 2006). Some of New Mexico’s scores improved as well, some dramatically: Immunization rates jumped from 67.4% in 2005 to 77.7% in 2007, and well child visits in the first 15 months jumped from 43.1% to 62.4% over the same period. It is important to note, however, New Mexico’s HEDIS scores were at a particularly low point in 2005, having decreased significantly since 2003.¹⁷ Prenatal care dipped very slightly, probably not statistically significant, while the others remained stable.

Each of the states had very low adolescent well-child visits – all were in the “unacceptable” below-50% range and several were, to quote NCQA, “dreadful.” Missouri, Tennessee, and Washington all had scores in the 30s.

Four of these states – New Mexico, Virginia, Washington, and Missouri - report results for all of the HEDIS measures. Florida reports on a number of other measures as well, and also has devised its own rating system.¹⁸ Florida also posts reports and ratings on its website, but they are hard to decipher. In addition, it is very hard to make comparisons across years because Florida has changed the list of HEDIS measures it

¹³ NCQA, *State of Health Care Quality 2009*, at 7-8.

¹⁴ *Id.* at 7.

¹⁵ *Id.* at 8.

¹⁶ *Id.* at 9.

¹⁷ See New Mexico Health Services Department, “HEDIS Reports,” <http://www.hsd.state.nm.us/mad/HedisReports.html>; see also NHeLP, *Medicaid Managed Care and the State of New Mexico*, (Dec. 2009), www.healthlaw.org. According to advocates, this dramatic dip was due to aggressive cost containment measures.

¹⁸ http://ahca.myflorida.com/medicaid/quality_mc/index.shtml.


requires. Notably, Florida is at a critical stage in its five year 1115 Waiver referred to as "Medicaid Reform." The current pilot project is operating in several counties and the 2010 Legislature must determine whether it intends to terminate the project or seek re-authorization. A fundamental difference between the Reform and Non-reform counties is that virtually everyone in a Reform counties is required to be in a managed care plan and there is no fee-for-service option, as in the Non-reform counties.


For more information, New Mexico and Washington post detailed reports on their websites.¹⁹ Data for Missouri, Virginia, and Florida are available from NHeLP on their Government Accountability page at www.healthlaw.org.

¹⁹ New Mexico Human Services Dep't, "Health Plan Employer Data and Information Sets (HEDIS Reports), <http://www.hsd.state.nm.us/mad/HedisReports.html> (last visited Dec. 4, 2009); Washington State Dep't of Health and Social Servs., Health and Recovery Services Admin., "Reports," <http://maa.dshs.wa.gov/healthyoptions/newwho/reports/reports.htm> (last visited Dec. 4, 2009).

Chart 2: Selected Measures from Partner States in Measurement Year 2007

HEDIS 2008 ⁱ	Immunizations-Child Combo 2		Well-child Visit – First 15 Months (6 or more visits)		Well-Child Visit- 3 rd , 4 th , 5 th , and 6 th Year of Life		Adolescent Well-Child Visit		Prenatal Care (Timeliness)		Post-Partum Care		Eye Exam (Diabetes Care)	
National Medicaid ⁱⁱ	72.1%		52.8%		65.3%		42.1%		81.2%		58.5%		49.79%	
Florida ⁱⁱⁱ	Reform	Non-ref.	Reform	Non-ref.	Reform	Non-ref.	Reform	Non-Ref.	Reform	Non-ref.	Reform	Non.Ref.	Reform	Non-Ref.
	n/a	n/a	44.4%	44.0%	71.3%	71.1%	44.2%	41.9%	66.6%	71.7%	53.0%	58.5%	35.7%	36.3%
Missouri	55.7%		51.2%		53.7%		33.4%		78.0%		58.7%		n/a	
New Mexico ^{iv}	77.7%		62.4%		63.1%		49.4%		83.5%		56.4%		55.3%	
Virginia ^v	70.0%		56.2%		68.3%		41.9%		84.3%		63.9%		40.9%	
Washington	70.3%		53.3%		58.7%		36.2%		n/a		62.5%		54.8%	

More than 10 % below national average = 

+/- 1% of national average = 

≤ 9% and ≥ 1% below national average = 

>1% above national average = 

ⁱ The HEDIS report indicates the year the report was issued. The data reflect care given in the preceding year.

ⁱⁱ We were unable to obtain this data directly from NCQA. These scores come from the Washington and New Mexico state reports of the NCQA national Medicaid plan average.

ⁱⁱⁱ Florida began a Medicaid Reform project in 2007. Some managed care plans participated in Medicaid under the new rules established by the Reform. Florida reports the HEDIS scores for these Reform plans separately from pre-existing, or non-Reform, plans. After the Reform began, Florida no longer reported average scores for the entire state.

^{iv} New Mexico does not report statewide average HEDIS scores, but only reports individual scores for three managed care plans. We inquired whether they calculate statewide averages. A specialist in the quality control section informed us that, if they needed a statewide average, they would add the three percentages together and divide by three. We did so in preparing these charts.

^v Virginia's scores were reported to the hundredth of a percent; figures were rounded up to the tenth of a percent.

Chart 3: Selected Measures from Partner States in Measure Year 2006

HEDIS 2007	Immunizations-Child Combo 2	Well-child Visit – First 15 Months (6 or more visits)	Well-Child Visit- 3 rd , 4 th , 5 th , and 6 th Year of Life	Adolescent Well-Child Visit	Prenatal Care (Timeliness)	Post-Partum Care	Eye Exam (Diabetes Care)
National Medicaid	73.4%	55.6%	66.8%	43.6%	81.2%	59.1%	51.4%
Florida	n/a	n/a	n/a	n/a	79.6%	n/a	55.2%
Missouri	60%	51.7%	57.8%	35.7%	79.9%	61.7%	n/a
New Mexico	77.1%	56.4%	54.2%	47.3%	83.0%	55.4%	56.8%
Virginia	63.8%	59.2%	66.4%	38.2%	85.6%	61.3%	42.4%
Washington	66.9%	48.2%	58.5%	36.2%	84.0%	61.7%	57.7%

Chart 4: Selected Measures from Partner States in Measurement Year 2005

HEDIS 2006	Immunizations-Child Combo 2	Well-child Visit – First 15 Months (6 or more visits)	Well-Child Visit- 3 rd , 4 th , 5 th , and 6 th Year of Life	Adolescent Well-Child Visit	Prenatal Care (Timeliness)	Post-Partum Care	Eye Exam (Diabetes Care)
National Medicaid	70.4%	48.6%	63.3%	40.6%	79.1%	57.0%	48.6%
Florida	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Missouri	59.8%	49.7%	58.1%	32.7%	56.3%	50.2%	n/a
New Mexico	67.4%	43.1 %	61.5%	41.0%	84.2 %	55.9%	55.2%
Virginia	68.0%	45.0 %	59.6 %	29.6 %	84.6%	59.6 %	39.4%
Washington	63.6%	47.0%	55.0%	32.0 %	85.3 %	62.6%	n/a