Children’s Medical Services Network
Evaluation of Healthcare for Title XIX Enrollees

Contract Period 2014-2015

Report Prepared by the Institute for Child Health Policy at the University of Florida

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Introduction

The Children’s Medical Services Network (CMSN) is Florida’s Title V program for children with special health care needs (CSHCN). The CMSN’s unique delivery system focuses on providing the highest quality of care to CSHCN. Primary care physicians, specialists, and CMSN care coordinators each play a role in delivering this care, and the CMSN program has several sub-specialty programs within its domain.

Children must be both medically and income eligible to enroll. Medical eligibility mandates that a child has a special health care need requiring extra or specialized care—e.g., medical services, therapies, supplies or equipment—due to a chronic medical or developmental condition. Income eligibility requirements are those associated with Medicaid for children under age 21 or the State Children’s Health Insurance Program for children under age 19.

On August 1, 2014, CMSN transitioned to a Managed Medical Assistance (MMA) program that offers a statewide specialty plan for children with special health care needs. This report presents the overall satisfaction for all of the Title XIX enrollees for the 2014 calendar year. Due to the transition to MMA, only individuals within the two reform counties (Broward and Duval) who were continuously enrolled (prior to August 1, 2014), and individuals continuously enrolled after August 1, 2014 and met the enrollment criteria, were included in the calculation of performance measures. As such, two separate medical record reviews were conducted: 1) Broward and Duval county participants (and individuals after August 1, 2014, that met enrollment criteria), and 2) state-wide enrollees for the 2014 calendar year.

Additionally, per contract requirements, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey administration was conducted by a National Committee for Quality Assurance (NCQA) certified vendor (The Myers Group). With this transition, only NCQA-certified questions were included within the survey, thus eliminating a number of questions from previous years. Only questions administered for the 2014 evaluation will be presented.
1. Patient Experiences
The patient experiences and outcomes of children with special health care needs, and the satisfaction of their parents, are important indicators of these children’s health and the quality of the services they receive. This section of the report describes parents’ reported satisfaction with Florida’s CMSN program by CMSN region. Regions are depicted in the map below.

PATIENT EXPERIENCES SUMMARY

Parents of children enrolled in CMSN report high levels of satisfaction with the care that their children receive.

CAHPS composites “Health Plan Information and Customer Service” and “Getting Needed Information” meet the benchmarks for both the general population and children with chronic conditions.

CAHPS composites “How Well Doctors Communicate” and “Child’s Specialist” had high scores but fell just below the national benchmarks.
1.1 Data and Methods

For the purposes of this evaluation, an NCQA-certified vendor was used to administer surveys to statewide enrollees.

Eligibility requirements mandated that enrollees had:

- An age of 21 years or younger as of December 31st of the reporting year
- Current enrollment at the time the sample is drawn
- Continuous enrollment for at least the last 6 months
- No more than one gap in enrollment of up to 45 days during the measurement year
- Prescreen Status Code, where the member has claims or encounters during the measurement year or the year prior to the measurement year. The Prescreen Status Code indicates the child is likely to have a chronic condition

Per contract specifications, NCQA methodologies were utilized. A list of all eligible members [per the criteria above] was supplied to the NCQA-certified CAHPS vendor for survey administration. In turn, a sample was pulled based upon NCQA guidelines. Multi-modal (mail and phone) administration of the survey was employed per NCQA guidelines. Eligible participants were contacted in five waves:

- Wave 1: Initial survey is mailed.
- Wave 2: A thank you/reminder postcard is mailed four to ten days after the initial questionnaire.
- Wave 3: A replacement survey is mailed to non-respondents approximately 35 days after the initial questionnaire.
- Wave 4: A thank you/reminder postcard to non-respondents is mailed four to ten days after replacement questionnaire.
- Wave 5: Telephone interviews are conducted with members who have not responded to either survey mailing. Telephone follow-up began approximately 21 days after the replacement survey is mailed.

The major findings from this study are highlighted within this report. All questions and their results can be found within the technical appendix.
1.2 CAHPS QUESTIONNAIRE

The Consumer Assessment of Health Plans Survey (CAHPS), Child Medicaid Survey version 5.0 (for children ages 0-17 only), and the Supplemental Item Set for Children with Chronic Conditions from the CAHPS Health Plan Supplemental Items for Child Surveys Version 4.0 were utilized for the enrollee satisfaction survey. Questions within the Child Medicaid Survey 5.0 include questions within the following categories:

- Child’s Health Care in the last 6 months
- Specialized Services
- The Child’s Personal Doctor
- Health Care from Specialists
- The Child’s Health Plan
- Prescription Medicines
- The Child and the Parent

Potential responses include [1-5 and 1-10]. The CAHPS 5.0 Survey is designed for users to utilize composite scores to interpret findings. Questions are therefore combined into composite categories for care provided by the health plan.

The composite scores for each survey item were then compared to CAHPS benchmarks from 2014. The 2014 national averages from the Agency for Healthcare Research and Quality CAHPS benchmarking database were utilized for both composites and ratings to provide a benchmark to gauge the results.

Per NCQA-certified guidelines, respondents were separated into two categories: 1) general population and 2) children with chronic conditions (CCC) population.

Supplemental Items

A total of 12 NCQA pre-approved questions were included in the questionnaire. These questions included items that covered the following topics:

- Communication with Physician
- Dental Care
- Interpreter
- Coordination of Care
- Emergency Room visits
1.3 Respondents

A total of 3,490 parents or guardians of children under the age of 21 were identified as eligible to participate in the satisfaction survey. 398 eligible general population respondents and 632 chronic condition respondents completed the survey with an overall response rate of 28 percent. The respondent demographics are provided below.

Table 1. Respondent Demographics

<table>
<thead>
<tr>
<th>Respondent Demographics</th>
<th>General Population (n=398)</th>
<th>CCC Population (n=632)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>90.8%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Male</td>
<td>9.2%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18</td>
<td>10.3%</td>
<td>9.8%</td>
</tr>
<tr>
<td>18 to 34</td>
<td>24.9%</td>
<td>23.1%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>34.7%</td>
<td>37.6%</td>
</tr>
<tr>
<td>45 to 54</td>
<td>21.8%</td>
<td>21.2%</td>
</tr>
<tr>
<td>55 or older</td>
<td>8.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Graduate or Less</td>
<td>49.1%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Some College</td>
<td>34.8%</td>
<td>38.7%</td>
</tr>
<tr>
<td>4 Year College Graduate or More</td>
<td>16.1%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Relation to Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or Father</td>
<td>91.1%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>6.3%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Aunt or Uncle</td>
<td>0.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Sibling</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Legal Guardian</td>
<td>1.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Someone else</td>
<td>0%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Language Spoken at Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>76.6%</td>
<td>78.4%</td>
</tr>
<tr>
<td>Spanish</td>
<td>22.5%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Creole</td>
<td>0.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>French</td>
<td>0%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
<table>
<thead>
<tr>
<th>Child Demographics</th>
<th>General Population (n=398)</th>
<th>CCC Population (n=632)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>36.9%</td>
<td>36.4%</td>
</tr>
<tr>
<td>Male</td>
<td>63.1%</td>
<td>63.6%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 or younger</td>
<td>29.1%</td>
<td>33.7%</td>
</tr>
<tr>
<td>9 to 13</td>
<td>37.5%</td>
<td>35.3%</td>
</tr>
<tr>
<td>14 or older</td>
<td>33.3%</td>
<td>31.0%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>58.5%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Black</td>
<td>32.7%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>4.7%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>1.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>2.3%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Other</td>
<td>14.3%</td>
<td>13.8%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>63.5%</td>
<td>65.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>36.5%</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
*Race categories do not sum to 100 as participants were able to choose all that apply.
1.4 CAHPS Core Composite: Getting Needed Care

Key Finding
• Both the GP and the CCC composites for “usually + always” (79 percent and 84 percent respectively) for the composite “Getting Needed Care” fell below the national average of 85 percent (Figure 1).

Figure 1. CAHPS Composite for Getting Needed Care

Table 3. CAHPS Individual Item Frequencies for the Composite Getting Needed Care

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tried to make appointments for child to see specialist</td>
<td>34%</td>
<td>59%</td>
</tr>
<tr>
<td>Ease of getting care, tests, or treatment child needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Usually</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>Always</td>
<td>60%</td>
<td>58%</td>
</tr>
<tr>
<td>Obtained child’s appointment with specialist as soon as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td>Usually</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Always</td>
<td>45%</td>
<td>56%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
1.5 CAHPS Core Composite: Getting Care Quickly

**Key Finding**
- GP respondents have a global proportion of 86 percent (usually + always) for the CAHPS composite, “Getting Care Quickly,” while the CCC composite is 89 percent, both of which fall just below the national average (90 percent) (Figure 2).

**Figure 2. CAHPS Composite Getting Care Quickly**

![Graph showing CAHPS Composite Getting Care Quickly](image)

**Table 4. CAHPS Individual Item Frequencies for the Composite Getting Care Quickly**

<table>
<thead>
<tr>
<th>Child had illness or injury that needed care right away</th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Easy to get care as soon as needed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Usually</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Always</td>
<td>70%</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Made appointments for child’s health care at doctor’s office or clinic</strong></td>
<td>69%</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Got an appointment for child’s health care at doctor’s office or clinic as soon as needed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Usually</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Always</td>
<td>69%</td>
<td>68%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
1.6 CAHPS Core Composite: How Well Doctors Communicate

**Key Finding**
- The core composite score for “How Well Doctors Communicate” (usually + always) for GP respondents (92 percent) fell just below the national benchmark of 93 percent, while the CCC composite (93 percent) met the national benchmark (Figure 3).

**Figure 3. How Well Doctors Communicate Composite Score**

![Graph showing how well doctors communicate composite score for general population and children with chronic conditions.](image)

**Table 5. CAHPS Individual Items for Components of How Well Doctors Communicate**

<table>
<thead>
<tr>
<th>Item</th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child has a personal doctor</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Child’s personal doctor explained things in a way that was easy to understand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Usually</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Always</td>
<td>76%</td>
<td>78%</td>
</tr>
<tr>
<td>Child’s personal doctor listened carefully</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Usually</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Always</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>Child’s personal doctor showed respect for what parent had to say</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Usually</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Always</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Child’s personal doctor spent enough time with child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Usually</td>
<td>22%</td>
<td>26%</td>
</tr>
<tr>
<td>Always</td>
<td>64%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
1.7 CAHPS Core Composite: Health Plan Information and Customer Service

**Key Finding**
- The Health Plan Information and Customer Service composite scores (usually + always) for both the GP (89 percent) and CCC (88 percent) populations met or exceeded the national benchmark of 88 percent (Figure 4).

**Figure 4. Health Plan Information and Customer Service Composite Score**

![Health Plan Information and Customer Service Composite Score](image)

**Table 6. Individual Item Frequencies for the Composite Health Plan Information and Customer Service**

<table>
<thead>
<tr>
<th>Item</th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tried to get information from customer service at child’s health plan</td>
<td>37%</td>
<td>44%</td>
</tr>
<tr>
<td>Customer service at child’s health plan gave information needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Usually</td>
<td>28%</td>
<td>23%</td>
</tr>
<tr>
<td>Always</td>
<td>53%</td>
<td>59%</td>
</tr>
<tr>
<td>Customer service staff at child’s health plan treated parent with courtesy and respect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Usually</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Always</td>
<td>82%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
1.8 CAHPS Overall Ratings: Child’s Health Care

Key Finding
• The composite scores for “Child’s Health Care” (rating of nine or ten) was just shy of the national average of 66 percent for CCC respondents (65 percent), while the GP composite score was slightly lower (59 percent) (Figure 5).

Figure 5. CAHPS Composite Score for Child's Health Care

1.9 CAHPS Overall Ratings: Child’s Personal Doctor

Key Finding
• The composite scores for the overall rating of the “Child’s Personal Doctor” (rating of nine or ten) for both GP (68 percent) and CCC (71 percent) fell below the national average of 73 percent (Figure 6).

Figure 6. CAHPS Composite Score for Child's Personal Doctor
1.10 CAHPS Overall Ratings: Child’s Specialist

Key Finding
- The overall rating of the “Child’s Specialist” (rating of nine or ten) for CCC (76 percent) surpassed the national average of 70 percent, while the GP rating (66 percent) fell below the average (Figure 7).

Figure 7. CAHPS Composite Score for Rating of Child's Specialist

1.11 CAHPS Overall Ratings: Child’s Health Plan

Key Finding
- The overall ratings of the “Child’s Health Plan” (rating of nine or ten) for both GP (60 percent) and CCC (64 percent) fell below the national average of 67 percent (Figure 8).

Figure 8. CAHPS Composite Score for Overall Rating of Child's Health Plan
1.12 Children with Chronic Conditions Composite: Getting Prescription Medicine

**Key Finding**
- The chronic conditions composite “Getting Prescription Medicine” (usually + always) for both GP (84 percent) and CCC (90 percent) fell below the national average of 91 percent (Figure 9).

![Figure 9. CAHPS Composite for Getting Prescription Medicine](image)

1.13 Children with Chronic Conditions Composite: Getting Specialized Services

**Key Finding**
- The global proportion for the composite “Getting Specialized Services” (usually + always) for the GP is 62 percent, while the composite for CCC is 68 percent, both of which fall below the benchmark of 76 percent (Figure 10).

![Figure 10. Getting Specialized Services Composite Score](image)
Table 7. CAHPS Individual Item Frequencies for the Composite Getting Specialized Services

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tried to get special medical equipment or devices for child</td>
<td>8%</td>
<td>18%</td>
</tr>
<tr>
<td>Easy to get special medical device or equipment for child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>52%</td>
<td>35%</td>
</tr>
<tr>
<td>Usually</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>Always</td>
<td>33%</td>
<td>46%</td>
</tr>
<tr>
<td>Tried to get special therapy such as physical, occupational, or speech therapy for child</td>
<td>28%</td>
<td>48%</td>
</tr>
<tr>
<td>Easy to get therapy for child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>31%</td>
<td>27%</td>
</tr>
<tr>
<td>Usually</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>Always</td>
<td>46%</td>
<td>49%</td>
</tr>
<tr>
<td>Tried to get treatment for child for an emotional, developmental, or behavioral problem</td>
<td>20%</td>
<td>37%</td>
</tr>
<tr>
<td>Easy to get treatment or counseling for child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never/Sometimes</td>
<td>32%</td>
<td>36%</td>
</tr>
<tr>
<td>Usually</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Always</td>
<td>42%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.

1.14 Children with Chronic Conditions Composite: Personal Doctor Who Knows Child

Key Finding
- The composite score “Personal Doctor Who Knows Child” (selected yes) for CCC (89 percent) met the national average of 89 percent while the GP composite score (83 percent) fell below the national average (Figure 11).
Table 8. Individual Item Frequencies for the Composite Personal Doctor Who Knows Child

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child has a personal doctor</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Child’s personal doctor talked about how child is feeling, growing, or behaving</td>
<td>79%</td>
<td>87%</td>
</tr>
<tr>
<td>Child has medical, behavioral, or other health conditions that have lasted more than three months</td>
<td>53%</td>
<td>79%</td>
</tr>
<tr>
<td>Personal doctor understands how medical, behavioral, or other health conditions affect child’s day-to-day life</td>
<td>86%</td>
<td>92%</td>
</tr>
<tr>
<td>Personal doctor understands how medical, behavioral, or other health conditions affect family’s day-to-day life</td>
<td>84%</td>
<td>88%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.

1.15 CAHPS Children with Chronic Conditions Composite: Getting Needed Information

Key Finding
- The chronic conditions “Getting Needed Information” (usually + always) composite scores for GP (90 percent) and CCC (93 percent) are above the national average of 89 percent (Figure 12).

Figure 12. Getting Needed Information Composite Score
1.16 Children with Chronic Conditions Composite: Coordination of Care and Services

Key Finding
- The CAHPS composite score “Coordination of Care” (selected yes) for CCC (81 percent) was above the national benchmark of 76 percent, while the composite score for GP (71 percent) fell below the average (Figure 13).

Figure 13. Coordination of Care Composite Score

![Coordination of Care Composite Score](image)

Table 9. CAHPS Individual Item Frequencies for the Coordination of Care Composite

<table>
<thead>
<tr>
<th>Item</th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child enrolled in school or daycare</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>Needed child’s doctor/other health providers to contact school or daycare about child’s health/health care</td>
<td>11%</td>
<td>19%</td>
</tr>
<tr>
<td>Got help needed from child’s doctor/other health providers in contacting child’s school or daycare</td>
<td>81%</td>
<td>93%</td>
</tr>
<tr>
<td>Child received care from more than one kind of health care provider/used more than one kind of health care service</td>
<td>28%</td>
<td>50%</td>
</tr>
<tr>
<td>Someone from child’s health plan, doctor’s office, or clinic helped coordinate child’s care among different providers/services</td>
<td>62%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
1.17 CAHPS Composite Score: Shared Decision Making

**Key Finding**
- The overall “Shared Decision Making” composite score for CCC was highest at 82 percent, while the GP composite score was 76 percent (Figure 14).

**Figure 14. CAHPS Composite Score for Shared Decision Making**

Note: Due to revisions to the Shared Decision Making composite for the CAHPS® Health Plan Survey, national benchmarks are unavailable.

**Table 10. Individual Item Frequencies for the Composite Shared Decision Making**

<table>
<thead>
<tr>
<th>Item</th>
<th>General Population</th>
<th>Children with Chronic Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor/health provider spoke to parent about starting/stopping a</td>
<td>34%</td>
<td>45%</td>
</tr>
<tr>
<td>prescription medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor/health provider talked about reasons you might want your</td>
<td>91%</td>
<td>93%</td>
</tr>
<tr>
<td>child to take a medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor/health provider talked about reasons you might not want your</td>
<td>61%</td>
<td>71%</td>
</tr>
<tr>
<td>child to take a medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor/health provider asked you what you thought was best for your</td>
<td>75%</td>
<td>81%</td>
</tr>
<tr>
<td>child when starting or stopping a prescription medicine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Rates may not sum to 100 due to rounding.
2. Quality of Care Measures

2.1 Child Health Check Up

Key Findings

- The overall Florida Child Health Check Up (CHCUP) screening ratio for CMSN is 72 percent, which is below the statewide ratio benchmark of 80 percent. It is also a 15 percent decrease from last year’s screening ratio. Additionally, the screening ratio is below the benchmark for multiple categories (Figure 15).
- The overall federal CHCUP screening ratio for the Integrated Care System (ICS) is 73 percent, which is slightly higher than the benchmark (Figure 16).
- The overall participation ratio for the ICS is below the 80 percent benchmark at 66 percent (Figure 17).

Figure 15. Florida CHCUP Screening Ratio

![Bar chart showing CHCUP screening ratio over different age groups and years, with benchmarks at 80%.]
Figure 16. Federal CHCUP Screening Ratio

Figure 17. Federal Participation Screening Ratio
Due to the transition to MMA in August 2014, we will be providing quality of care measures in two separate manners. First, we will provide the results for the reform counties as a whole (CMSR) and by county (Broward and Duval) and the comparisons to the year(s) prior. Second, we will present the findings for all Title XIX enrollees including individuals who were part of CMSN-reform, and CMS non-reform prior to August 2014 (MMA). As this included members who were not previously part of the reform counties, we will not compare results to previous years.
2.2 Administrative HEDIS® Measures for Broward and Duval (CMSR)

For the 2014 calendar year, the Agency for Health Care Administration (AHCA) required that a total of 14 HEDIS® measures be calculated using administrative data. In order to interpret the findings from the quality of care measures, results were compared to the NCQA 2014 Medicaid HMO benchmarks.

Per AHCA requirements, the following quality of care measures were calculated:

- HEDIS® Adolescent Well-Care Visits (AWC)
- HEDIS® Adult BMI Assessment (ABA)
- HEDIS® Adults’ Access to Preventive Health Services (AAP)
- HEDIS® Ambulatory Care (AMB)
- HEDIS® Annual Dental Visit (ADV)
- HEDIS® Appropriate Testing for Children with Pharyngitis (CWP)
- HEDIS® Children and Adolescents’ Access to Primary Care Practitioners (CAP)
- HEDIS® Chlamydia Screening in Women (CHL)
- HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD)
- HEDIS® Medication Management for People With Asthma (MMA)
- HEDIS® Use of Appropriate Medications for People With Asthma (ASM)
- HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)
- HEDIS® Appropriate Treatment for Children with Upper Respiratory Infection (URI)

HEDIS requires that at least 30 children be included in the eligible population to be calculated. Regardless, the Institute for Child Health Policy calculates the measures to show that the eligible population is in fact less than 30. In light of this, the following measures were not reported for the 2014 calendar year.

- HEDIS® Antidepressant Medication Management (AMM)
- HEDIS® Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- HEDIS® Annual Monitoring for Patients on Persistent Medications (MPM)
- HEDIS® Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (DMARD)
- HEDIS® Use of Imaging Studies for Low Back Pain (LBP)
- HEDIS® Comprehensive Diabetes Care (CDC)
- HEDIS® Frequency of Ongoing Prenatal Care (FPC)

---

1 Eight required measures apply primarily to adults and are not applicable to the CMSN ICS population. These six measures are: Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Controlling High Blood Pressure (CBP), Cholesterol Management for Patients with Cardiovascular Conditions (SMC), Colorectal Cancer Screening (COL), Persistence of Beta-Blocker Treatment after a Heart Attack (PBH), Initiation and Engagement of Alcohol and Other Drug Dependence (IET), and Identification of Alcohol and Other Drug Services (IAD).
1. HEDIS® Adolescent Well Care Visits (AWC)

Overview of Measure
The HEDIS® AWC measure calculates the percentage of enrolled members ages 12 through 21 who had at least one comprehensive well-care visit with a Primary Care Practitioner or an Obstetrics and Gynecology practitioner.

Domains of Care
Utilization and Relative Resource Use

Key Finding
- The rates for CMSR and Broward County dropped slightly from the 2013 CY, whereas the rate for Duval County rose.
- The Broward rate is above the HEDIS® 75th benchmark percentile.
- The CMSR and Duval rates are between the HEDIS® 2014 50th and 75th benchmark percentiles.

Figure 18. Compliance Rates for Adolescent Well-Care Visits (AWC)
2. Adult BMI Assessment (ABA)

Overview of Measure
The HEDIS® ABA measure calculates the percentage of members ages 18-74 years who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Domain of Care
Effectiveness of Care

Key Findings
- The CMSR rate declined drastically from the 2013 CY.
- The rates for CMSR and Broward are well below the HEDIS® 5th percentile.

Table 11. Compliance Rates for Adult BMI Assessment (ABA)

<table>
<thead>
<tr>
<th></th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA</td>
<td>5.4*</td>
<td>7.5</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30. *Medical Record Review was used in years prior thus accounting in part the large drop in compliance rate.
Figure 20. Compliance Rates for Adult BMI Assessment (ABA) by Year

Note: The county rates are not comparable over time due to an eligible population <30.

3. HEDIS® Adults’ Access to Preventive/Ambulatory Health Services (AAP)

Overview of Measure
The HEDIS AAP measure calculates the percentage of members 20 years and older who had an ambulatory or preventive care visit.

Domains of Care
Access/Availability of Care

Key Findings
- Both the CMSR and Broward rates fell from the rates in the 2013 CY.
- The CMSR rate fell below the HEDIS® 25th benchmark percentile.
- The Broward rate fell between the HEDIS® 25th and 50th benchmark percentile.

Table 12. Compliance Rates for Adults' Access to Preventive/Ambulatory Health Services: 20-21 years (AAP)

<table>
<thead>
<tr>
<th></th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-21 years</td>
<td>76.0%</td>
<td>78.9%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

4. HEDIS® Ambulatory Care (AMB)

Overview of the Measure
The HEDIS® AMB measure summarizes utilization of ambulatory care in the forms of outpatient visits and Emergency Department (ED) visits.

Domains of Care
Utilization and Relative Resource Use
Key Findings

- Regardless of group, the outpatient and emergency department visits were highest for enrollees between the ages of one and nine.
- The outpatient visit rates for all three groups were above the HEDIS® 90th benchmark percentile.
- The emergency department visit rates for all groups were above the HEDIS® 75th benchmark percentile.

<table>
<thead>
<tr>
<th>Table 13. HEDIS® Ambulatory Care, Outpatient Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMSR</td>
</tr>
<tr>
<td>Total Visits</td>
</tr>
<tr>
<td>Visits/1,000</td>
</tr>
<tr>
<td>Member Months</td>
</tr>
<tr>
<td>&lt;1 Year</td>
</tr>
<tr>
<td>1 - 9 Years</td>
</tr>
<tr>
<td>10-19 Years</td>
</tr>
<tr>
<td>20-21 Years</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 14. HEDIS® Ambulatory Care, Emergency Department Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMSR</td>
</tr>
<tr>
<td>Total Visits</td>
</tr>
<tr>
<td>Visits/1,000</td>
</tr>
<tr>
<td>Member Months</td>
</tr>
<tr>
<td>&lt;1 Year</td>
</tr>
<tr>
<td>1 - 9 Years</td>
</tr>
<tr>
<td>10-19 Years</td>
</tr>
<tr>
<td>20-21 Years</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

6. HEDIS® Annual Dental Visit (ADV)

Overview of Measure
The HEDIS® ADV measure calculates the percentage of members between the ages of two and twenty-one who had at least one dental visit during 2014.

Domains of Care
Access/Availability of Care
Key Findings

- The CMSR, Broward, and Duval rates all fell just below the HEDIS® 50th percentile (Figure 21).
- The CMSR rate dropped 2.8 percent from the 2013 CY, while the Duval rate dropped by 7.3 percent.

Table 15. Compliance Rates for HEDIS® Annual Dental Visits (ADV)

<table>
<thead>
<tr>
<th>Age</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 years</td>
<td>28.5%</td>
<td>30.5%</td>
<td>22.6%</td>
</tr>
<tr>
<td>4-6 years</td>
<td>49.0%</td>
<td>48.7%</td>
<td>50.0%</td>
</tr>
<tr>
<td>7-10 years</td>
<td>59.4%</td>
<td>57.9%</td>
<td>62.9%</td>
</tr>
<tr>
<td>11-14 years</td>
<td>53.8%</td>
<td>54.3%</td>
<td>52.8%</td>
</tr>
<tr>
<td>15-18 years</td>
<td>47.8%</td>
<td>46.8%</td>
<td>49.9%</td>
</tr>
<tr>
<td>19-21 years</td>
<td>36.6%</td>
<td>36.5%</td>
<td>36.8%</td>
</tr>
<tr>
<td>Total</td>
<td>50.2%</td>
<td>49.8%</td>
<td>51.2%</td>
</tr>
</tbody>
</table>

Figure 21. Compliance Rates for Annual Dental Visits (ADV) - Total

![Bar chart showing compliance rates for CMSR, Broward, and Duval]
8. HEDIS® Appropriate Testing for Children with Pharyngitis (CWP)

Overview of Measure
The HEDIS® CWP measure calculates the percentage of children ages two through 18 who have been diagnosed with pharyngitis and prescribed an antibiotic. It measures the percentage of these children who received a group A streptococcus (strep) test at the time the antibiotic was prescribed.

Domains of Care
Effectiveness of Care

Key Findings
- Duval had the highest rate of all three groups at 83.3 percent.
- The CMSR, Broward, and Duval rates are all above the HEDIS® 75th percentile.
- The rate for CMSR rose by 4.2 percent, whereas the Duval rate increased by 14.2 percent from the 2013 CY.
Figure 23. Compliance Rates for Children with Pharyngitis (CWP)

Note: CWP measure calculation became mandatory in 2010; therefore, 2009 data is not available for comparison.

9. HEDIS® Children and Adolescents’ Access to Primary Care Practitioners (CAP)

Overview of Measure
The HEDIS® CAP measure calculates the percentage of members ages 12 months to 19 years who visited a primary care practitioner (PCP).
Domains of Care
Access/Availability of Care

Key Finding
- The rates for all three groups are above the HEDIS® 75th percentile.
- The rates for all three groups rose from the 2013 CY.

Table 16. Compliance Rates for Children and Adolescents’ Access to Primary Care Practitioners (CAP)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-24 months</td>
<td>98.5%</td>
<td>98.1%</td>
<td>100%</td>
</tr>
<tr>
<td>25 months-6 years</td>
<td>95.6%</td>
<td>95.9%</td>
<td>94.7%</td>
</tr>
<tr>
<td>7-11 years</td>
<td>97.1%</td>
<td>97.6%</td>
<td>95.9%</td>
</tr>
<tr>
<td>12-19 years</td>
<td>95.6%</td>
<td>95.7%</td>
<td>95.5%</td>
</tr>
<tr>
<td>All Ages</td>
<td>96.2%</td>
<td>96.4%</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

10. HEDIS® Chlamydia Screening in Women (CHL)

Overview of Measure
The HEDIS® CHL measures the percentage of women ages 16 to 24 years who were identified as sexually active and received at least one test for chlamydia.

Domain of Care
Effectiveness of Care

Key Findings
- The Broward rate was the highest of the three groups at 54.6 percent.
- The CMSR rate fell between the HEDIS® 25th and 50th percentiles, while the Broward rate was above the HEDIS® 50th percentile.
- The Duval rate, however, was below the HEDIS® 5th percentile.

Table 17. Compliance Rates for Chlamydia Screening in Women (CHL)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20 years</td>
<td>45.5%</td>
<td>54.6%</td>
<td>30.9%</td>
</tr>
<tr>
<td>21-24 years</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>45.5%</td>
<td>54.6%</td>
<td>30.9%</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.
Figure 25. Compliance Rates for Chlamydia Screening in Women (CHL) by Year

Note: CHL measure calculation became mandatory in 2010; therefore, 2009 data is not available for comparison.

11. HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD)

Overview of Measure
This measure calculates the percentage of children with new prescriptions for attention-deficit/hyperactivity disorder (ADHD) medication that had a follow-up visit within 30 days, along with at least two additional follow-up visits (for a total of three visits) within ten months of when ADHD medication was first dispensed.

Two rates are reported: Initiation Phase and Continuation and Maintenance (C&M) Phase.

Key Findings
- The Duval rate within the Initiation Phase rose 4.4 percent from the 2013 CY, whereas the Broward rate for the Continuation and Maintenance Phase dropped 11.8 percent.
- The rates for all three groups in the Initiation Phase, and the two groups in the Continuation and Maintenance Phase were above the HEDIS® 75th percentile.

Table 18. Compliance Rates for Follow-up Care for Children Prescribed ADHD Medication

<table>
<thead>
<tr>
<th></th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation Phase</td>
<td>50.7%</td>
<td>50.0%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Continuation and Maintenance Phase</td>
<td>66.0%</td>
<td>57.6%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population <30.
Figure 26. Compliance Rates for Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase

![Graph showing compliance rates for follow-up care for children prescribed ADHD medication.]

CMSR 50.7%
Broward 50.0%
Duval 51.8%

Figure 27. Compliance Rates for Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase by Year

![Graph showing compliance rates for follow-up care for children prescribed ADHD medication by year.]

Note: In 2009 the county rates were not reportable due to an eligible population <30.

12. Medication Management for People with Asthma (AMR)

Overview of Measure
The HEDIS® AMR measure captures the percentage of members five to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.
Domains of Care
Effectiveness of Care

Key Findings
- The rates for Broward were highest for both the individual age groups and overall.
- The CMSR and Broward rates are both above the HEDIS® 50th percentile. However, the Duval rate fell below the 25th percentile.

Table 19. Rates of People with Asthma Medication Management Ration >50% (AMR)

<table>
<thead>
<tr>
<th></th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11 years</td>
<td>76.1%</td>
<td>80.6%</td>
<td>67.7%</td>
</tr>
<tr>
<td>12-18 years</td>
<td>60.5%</td>
<td>65.4%</td>
<td>52.9%</td>
</tr>
<tr>
<td>19-21 years</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>69.1%</td>
<td>74.6%</td>
<td>59.7%</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

13. Use of Appropriate Medications for People with Asthma (ASM)

Overview of Measure
The HEDIS® ASM measure calculates the percentage of members ages five through 64 years with persistent asthma who were appropriately prescribed medication during the measurement year.

Domain of Care
Effectiveness of Care

Key Findings
- The Duval rates for the individual age groups and the total rate are the highest of the three groups.
- While the rates for CMSR and Duval dropped slightly from the 2013 CY, the Broward rate rose minimally.
- The total rates for all three groups are above the HEDIS® 75th percentile.

Table 20. Compliance Rates for Use of Appropriate Medications for People with Asthma (ASM)

<table>
<thead>
<tr>
<th></th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11 years</td>
<td>92.2%</td>
<td>91.9%</td>
<td>92.8%</td>
</tr>
<tr>
<td>12-18 years</td>
<td>89.2%</td>
<td>88.5%</td>
<td>90.4%</td>
</tr>
<tr>
<td>19-21 years</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>90.6%</td>
<td>89.8%</td>
<td>92.1%</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.
Figure 28. Compliance Rates for Use of Appropriate Medications for People with Asthma (ASM) - Total

<table>
<thead>
<tr>
<th>Year</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>90.6%</td>
<td>89.8%</td>
<td>92.1%</td>
</tr>
</tbody>
</table>

Figure 29. Compliance Rates for Use of Appropriate Medications for People with Asthma (ASM) - Total over Time

Note: In 2009 Duval’s rate was not reportable due to an eligible population <30.

14. HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Overview of Measure
The HEDIS W34 measure calculates the percentage of members ages three through six years who have had one or more well-child visits with a PCP.
Domains of Care
Utilization and Relative Resource Use

Key Findings
- The Broward rate was the highest among all three groups (79.5 percent).
- The rates for all three groups dropped slightly from the 2013 CY.
- The Duval rate fell below the HEDIS® 50th percentile, while both the rates for CMSR and Broward were above the HEDIS® 50th percentile.

Figure 30. Compliance Rates for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Figure 31. Compliance Rates for Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) Over Time
15. HEDIS® Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Overview of Measure
Children three months – eighteen years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription in the measurement year. Higher scores demonstrate poor performance.

Domains of Care
Clinical Quality Measures

Key Findings
- The Duval rate was the highest among all three groups.
- The rates for each of the groups fell well below the HEDIS® 5th percentile.

Figure 32. Compliance Rates for Appropriate Treatment for Children with Upper Respiratory Infection

![Bar chart showing compliance rates for CMSR, Broward, and Duval regions.](image)
2.3 Administrative Non-HEDIS® Measures CMSR

There are four AHCA-defined administrative measures reportable for the ICS in 2014:
- Follow-up After Hospitalization for a Mental Illness (FHM)
- HIV-related Outpatient Medical Visits (HIVV)
- Mental Health Readmission Rate (RER)
- Plan All-Cause Readmissions

Prenatal Care Frequency (PCF), Highly Active Anti-Retroviral Treatment (HAART), and Viral Load Suppression are unable to be reported as the eligible populations are below 30.

Results for FHM, HIVV, RER, and Plan All-Cause Readmissions are produced using Quality Spectrum Insight (QSI) software, while results for TRA and TRT are produced using auditor-approved Statistical Analysis System (SAS) code.

1. Follow-up after Hospitalization for a Mental Illness (FHM)

Overview of Measure
The AHCA FHM measure calculates the percentage of acute care facility discharges for enrollees who were hospitalized for a mental health diagnosis and discharged to the community, and then seen on an outpatient basis by a mental health practitioner within seven days and within 30 days.

Key Findings
- The rate for Broward is the highest among the three groups for both seven and thirty day follow-up.
- The rates for both CMSR and Broward rose from the 2013 CY [the Duval rate was not able to be calculated for the 2013 CY].

| Table 21. Compliance Rates for Follow-up after Hospitalization for a Mental Illness (FHM) |
|----------------------------------|------------------|------------------|
|                                  | CMSR             | Broward          | Duval            |
| 7-day Follow-up                  | 46.5%            | 51.6%            | 36.7%            |
| 30-day Follow-up                 | 61.0%            | 64.4%            | 53.1%            |

2. HIV-related Outpatient Medical Visits

Overview of Measure
This HIVV measure calculates the percentage of enrollees who were seen on an outpatient basis with HIV/AIDS as the primary diagnosis by a physician, Physician Assistant, or Advanced Registered Nurse Practitioner for an HIV-related medical visit within the measurement year.

Key Findings
- Five percent of patients did not receive a HIV-related visit during 2014, which is up three percent from the 2013 CY.
- Nearly 87 percent of HIV/AIDS enrollees had two or more HIV-related medical visits.
Table 22. Compliance Rates for HIV-related Outpatient Medical Visits

<table>
<thead>
<tr>
<th>No. of Visits</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Visits</td>
<td>5.4%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>1 Visit</td>
<td>8.1%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2+ Visits</td>
<td>86.5%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2+ Visits*</td>
<td>40.5%</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: *This represents enrollees who had two or more visits more than 182 days apart.
Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

3. Mental Health Readmission Rate (RER)

Overview of Measure
The AHCA RER measure calculates the percentage of discharges from acute care facilities that resulted in readmission for mental health diagnoses within 30 days (for enrollees who were hospitalized for mental health diagnoses).

Key Finding
- Eighteen percent of CMSR enrollees who were hospitalized in an acute care facility for a mental health diagnosis are readmitted within 30 days (Table 23).

Table 23. Compliance Rates for Mental Health Readmission Rate (RER)

<table>
<thead>
<tr>
<th>RER</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.1%</td>
<td>17.6%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

4. Plan All-Cause Readmissions

Overview of Measure
For Medicaid enrollees age 18 and older, the number of acute inpatient stays during the measurement year that was followed by an unplanned acute readmission for any diagnosis within 30 days.

Key Findings
- Less than ten individuals per gender and group were readmitted within thirty days.

Table 24. Count of Plan All-Cause Readmissions within 30 Days

<table>
<thead>
<tr>
<th></th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 Male</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>18-44 Female</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>18-44 Male and Female</td>
<td>12</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>
2.4 CHIPRA Measures CMSR

With the ending of CHIPRA, a number of measures were absolved by the CMSN project to assess care. The three CHIPRA measures included in this year’s quality of care assessment were:

- Human Papillomavirus Vaccine for Female Adolescents (HPV)
- Developmental Screening in the First Three Years of Life (DEVSCR)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The following measure contained less than 30 eligible members and was, therefore, unable to be calculated:
- Prenatal and Postpartum Care (PPC)

1. Human Papillomavirus Vaccine for Female Adolescents (HPV)

Overview of Measure
This measure calculates the percentage of female adolescents 13 years old who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Key Findings
- The Duval rate exceeded the HEDIS® 75th percentile, while the CMSR and Broward rates fell below the HEDIS® 50th percentile.
- Exceedingly, the Duval rate was the highest among all three groups.

Figure 33. Compliance Rates for Human Papillomavirus Vaccine for Female Adolescents (HPV)
2. Developmental Screening in the First Three Years of Life (DEVSCR)

**Overview of Measure**
The CHIPRA DEVSCR measure captures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.

**Key Findings**
- The Broward rates were the highest of all three groups for both individual age groups and all ages overall.
- Compliance rates were higher for children at 24 months than any other age group.

**Table 25. Compliance Rates for Developmental Screening in the First Three Years of Life (DEVSCR)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 12 months</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Age 24 months</td>
<td>38.8%</td>
<td>50.0%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Age 36 months</td>
<td>22.9%</td>
<td>31.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Total All Ages</td>
<td>31.0%</td>
<td>41.7%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

3. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

**Overview of Measure**
This measure calculates the percentage of children ages three to seventeen who had an outpatient visit with a PCP or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of BMI percentile documentation during the measurement year. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

**Key Findings**
- All rates fell well below the HEDIS® 5th percentile.
- BMI documentation was higher between ages twelve and seventeen.

**Table 26. Compliance Rates for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 3 to 11</td>
<td>7.8%</td>
<td>7.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Ages 12 to 17</td>
<td>9.8%</td>
<td>10.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Total All Ages</td>
<td>8.5%</td>
<td>8.7%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>
2.5 Hybrid HEDIS® Measures for CMSR

The four hybrid HEDIS® quality of care measures are:
- HEDIS® Childhood Immunization Status (CIS)
- HEDIS® Immunizations for Adolescents (IMA)
- HEDIS® Lead Screening in Children (LSC)
- HEDIS® Well-Child Visits in the First 15 Months of Life (W15)

These measures are hybrid because they are calculated using both administrative data and data abstracted from medical records. Administrative data generally under-report these measures. MRR helps to augment administrative data, resulting in a more accurate view of provided care.

The Institute uses QSI software to determine the MRR eligible members for the four measures. The Institute uses Quality Spectrum Hybrid Reporter (QSHR) for medical record data abstraction. Florida State Health Online Tracking System (FL SHOTS™) was also used to extract immunization records.

Some providers may have members eligible for more than one measure or record requests for multiple members. CIS, LSC, and IMA, and W15 requests were collated by provider to avoid multiple requests. In total, 86 providers were identified and sent MRRs for non-compliant members (286 for CIS, 134 for IMA, 86 for LSC, and 49 for W15). The results of the MRR are presented in Table 27.

Table 27. Medical Record Review Response Rates

<table>
<thead>
<tr>
<th>Measure</th>
<th>Requested</th>
<th>Received</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS</td>
<td>286</td>
<td>247</td>
<td>86%</td>
</tr>
<tr>
<td>IMA</td>
<td>134</td>
<td>109</td>
<td>81%</td>
</tr>
<tr>
<td>LSC</td>
<td>86</td>
<td>64</td>
<td>74%</td>
</tr>
<tr>
<td>W15</td>
<td>49</td>
<td>38</td>
<td>78%</td>
</tr>
<tr>
<td>Overall</td>
<td>555</td>
<td>458</td>
<td>83%</td>
</tr>
</tbody>
</table>

In March 2015, 86 providers were sent medical record requests each accompanied by letters from the Deputy Secretary of CMS, and from the Institute. Per HEDIS® specifications, providers were asked to copy and submit the specified members’ immunizations records, and all documentation relating to blood lead screening tests within certain date ranges, and all visits from birth to 15 months of age for W15.

After four weeks, the Institute made telephone calls and faxed additional requests to non-responsive providers. Medical record chases were considered bad chases only if there was either no record of the patients on file, no contact details for the primary care physicians, no visit during the qualifying period, or the provider did not respond.
1. HEDIS® Childhood Immunization Status (CIS)

Overview of Measure
The HEDIS® CIS measure calculates the percentage of children two years of age who had four DTaP, three polio (IPV), one MMR, three HiB, three hepatitis B, one chicken pox (VZV), four pneumococcal conjugate, one hepatitis A, two influenza, and two or three doses of rotavirus vaccines by their second birthday. The Combination two measure assesses whether children received six immunizations (DTaP, HiB, hepatitis B, IPV, MMR, and VZV) in accordance with the periodicity schedule. The Combination three measure assesses whether children received the pneumococcal conjugate vaccine in addition to the Combination two measure. The ICS is required to report on the two combo sub-measures.

Domain of Care
Effectiveness of Care

Key Findings
- The Duval rate for Combo two was above the HEDIS® 90th percentile and Combo three was above the HEDIS® 50th percentile.
- The CMSR and Broward rates for Combo 2 and Combo 3 were below the HEDIS® 50th percentile.
- The rates for Combo two and three for CMSR and Broward declined from the 2013 CY and were an all-time low for both (Figure 35).
- The Combo three rate for Duval increased from the 2013 CY (Figure 37).

Figure 34. Compliance Rates for Childhood Immunization Status (CIS) - Combo 2
Figure 35. Compliance Rates for Childhood Immunization Status (CIS) - Combo 2 by Year

Figure 36. Compliance Rates for Childhood Immunization Status (CIS) - Combo 3
2. HEDIS\textsuperscript{®} Immunizations for Adolescents (IMA)

**Overview of Measure**
The HEDIS\textsuperscript{®} IMA measure calculates the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine on or between their 11\textsuperscript{th} and 13\textsuperscript{th} birthdays, and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), or one tetanus, diphtheria toxoids vaccine (Td) on or between their 10\textsuperscript{th} and 13\textsuperscript{th} birthdays. The IMA measure consists of a rate for each of these two vaccines and a combined measure that assesses whether adolescents receive the two vaccines in accordance with the periodicity schedule. There are a total of three sub-measures for IMA.

**Domain of Care**
Effectiveness of Care

**Key Findings**
- Compliance rates were highest for the Tdap/Td Immunizations regardless of group.
- The CMSR and Broward rates for Meningococcal were above the HEDIS\textsuperscript{®} 50\textsuperscript{th} percentile while the Duval rate was below the HEDIS\textsuperscript{®} 25\textsuperscript{th} percentile.
- The Tdap/TD compliance rates for all three groups were above the HEDIS\textsuperscript{®} 50\textsuperscript{th} percentile.
- The Combo one rate for CMSR and Broward were above the HEDIS\textsuperscript{®} 50\textsuperscript{th} percentile while the Duval rate was below the HEDIS\textsuperscript{®} 25\textsuperscript{th} percentile.
- The combo one rate for Broward increased from the 2013 CY while the rates for CMSR and Duval declined.
Table 28. Compliance Rates for Immunization for Adolescents (IMA)

<table>
<thead>
<tr>
<th></th>
<th>CMSR %</th>
<th>Broward %</th>
<th>Duval %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal</td>
<td>77.6%</td>
<td>84.9%</td>
<td>60.7%</td>
</tr>
<tr>
<td>Tdap/TD</td>
<td>89.2%</td>
<td>89.7%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Combo 1</td>
<td>76.3%</td>
<td>83.0%</td>
<td>60.7%</td>
</tr>
</tbody>
</table>

Figure 38. Compliance Rates for Immunizations for Adolescents (IMA) - Combo 1 by Year

3. HEDIS® Lead Screening in Children (LSC)

Overview of Measure
The HEDIS® LSC measure calculates the percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning on or before their second birthday.

Domain of Care
Effectiveness of Care

Key Findings
- The lead screening rate for Broward was the highest of all groups and was an all-time high (Figure 40).
- The CMSR and Broward rates were above the HEDIS® 50th percentile while Duval was below the HEDIS® 25th percentile.
- The compliance rates for Duval and CMSR were lower than the rates in the 2013 CY (Figure 40).
Figure 39. Compliance Rates for Lead Screening in Children (LSC)

Figure 40. Compliance Rates for Lead Screening in Children (LSC) Over Time
4. HEDIS® Well-Child Visits in the First 15 Months of Life (W15)

Overview of Measure
The HEDIS® W15 measure calculates the percentage of members who turned 15 months old during the measurement year and who had between zero to six or more well-child visits with a PCP during their first 15 months of life. There are a total of seven sub-measures for W15 measure. According to AHCA, the ICS is requested to compare results against the HEDIS® benchmarks for zero visit and six or more visits. The lower the rate for zero visits, the better the performance.

Domains of Care
Utilization and Relative Resource Use

Key Findings
• The overall CMSR and Broward rates for zero visits were above the HEDIS® 50th benchmark percentile (Table 29).
• The overall CMSR and Broward rates fell below the HEDIS® 25th benchmark percentile for six or greater visits (Table 29).

Table 29. Compliance Rates for Well-Child Visits in the First 15 Months of Life (W15)

<table>
<thead>
<tr>
<th>Visits</th>
<th>CMSR</th>
<th>Broward</th>
<th>Duval</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 visits</td>
<td>2.2%</td>
<td>1.6%</td>
<td>NA</td>
</tr>
<tr>
<td>1 visit</td>
<td>2.2%</td>
<td>3.1%</td>
<td>NA</td>
</tr>
<tr>
<td>2 visits</td>
<td>3.3%</td>
<td>3.1%</td>
<td>NA</td>
</tr>
<tr>
<td>3 visits</td>
<td>7.7%</td>
<td>9.4%</td>
<td>NA</td>
</tr>
<tr>
<td>4 visits</td>
<td>12.1%</td>
<td>10.9%</td>
<td>NA</td>
</tr>
<tr>
<td>5 visits</td>
<td>25.3%</td>
<td>21.9%</td>
<td>NA</td>
</tr>
<tr>
<td>6+ visits</td>
<td>47.3%</td>
<td>50.0%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.
2.6 Administrative HEDIS® Measures for all Counties (MMA)

For the 2014 calendar year, AHCA required that a total of 17 HEDIS® measures be calculated using administrative data. In order to interpret the findings from the quality of care measures, results were compared to the NCQA 2014 Medicaid HMO benchmarks. As this is the first year that rates will be calculated with state-wide enrollees, comparisons to rates from previous years will not be made.

Per AHCA requirements, the following quality of care measures were calculated.

- HEDIS® Adolescent Well-Care Visits (AWC)
- HEDIS® Adults’ Access to Preventive Health Services (AAP)
- HEDIS® Ambulatory Care (AMB)
- HEDIS® Antidepressant Medication Management (AMM)
- HEDIS® Annual Dental Visit (ADV)
- HEDIS® Annual Monitoring for Patients on Persistent Medications (MPM)
- HEDIS® Appropriate Testing for Children with Pharyngitis (CWP)
- HEDIS® Call Abandonment (CAB)
- HEDIS® Call Timeliness (CAT)
- HEDIS® Children and Adolescents’ Access to Primary Care Practitioners (CAP)
- HEDIS® Chlamydia Screening in Women (CHL)
- HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD)
- HEDIS® Medication Management for People With Asthma (MMA)
- HEDIS® Use of Appropriate Medications for People With Asthma (ASM)
- HEDIS® Use of Imaging Studies for Low Back Pain (LBP)
- HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)
- HEDIS® Appropriate Treatment for Children with Upper Respiratory Infection (URI)

HEDIS requires that at least 30 children be included in the eligible population to be calculated. Regardless, the Institute for Child Health Policy calculates the measures to show that the eligible population is in fact less than 30. In light of this, the following measures were not reported for the 2014 calendar year.

- HEDIS® Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- HEDIS® Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

---

2 Eight required measures apply primarily to adults and are not applicable to the CMSN ICS population. These six measures are: Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Controlling High Blood Pressure (CBP), Cholesterol Management for Patients with Cardiovascular Conditions (SMC), Colorectal Cancer Screening (COL), Persistence of Beta-Blocker Treatment after a Heart Attack (PBH), Initiation and Engagement of Alcohol and Other Drug Dependence (IET), Identification of Alcohol and Other Drug Services (IAD).
1. HEDIS® Adolescent Well Care Visits (AWC)

**Overview of Measure**
The HEDIS® AWC measure calculates the percentage of enrolled members ages 12 through 21 who had at least one comprehensive well-care visit with a Primary Care Practitioner or an Obstetrics and Gynecology practitioner.

**Domains of Care**
Utilization and Relative Resource Use

**Key Findings**
- SFCCN had the highest compliance rate whereas Ped-I-Care had the lowest.
- The rates for MMA, Ped-I-Care, and SFCCN were above the HEDIS® 50th benchmark percentile.

![Figure 41. Compliance Rates for Adolescent Well-Care Visits (AWC)](image)

2. Adult BMI Assessment (ABA)

**Overview of Measure**
The HEDIS® ABA measure calculates the percentage of members ages 18-74 years who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

**Domain of Care**
Effectiveness of Care
Key Findings
• SFCCN had the highest compliance rates for BMI assessment.
• The compliance rates for all three groups were well below the HEDIS® 5th benchmark percentile.

Table 30. Compliance Rates for Adult BMI Assessment (ABA)

<table>
<thead>
<tr>
<th>ABA</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.3%</td>
<td>3.9%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

3. HEDIS® Adults’ Access to Preventive/Ambulatory Health Services (AAP)

Overview of Measure
The HEDIS® AAP measure calculates the percentage of members 20 years and older who had an ambulatory or preventive care visit.

Domains of Care
Access/Availability of Care

Key Findings
• The rates for all three groups were above the HEDIS® 75th benchmark percentile.

Table 31. Compliance Rates for Adults’ Access to Preventive/Ambulatory Health Services: 20-21 years (AAP)

<table>
<thead>
<tr>
<th>20-21 years</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87.8%</td>
<td>88.4%</td>
<td>86.5%</td>
</tr>
</tbody>
</table>

4. HEDIS® Ambulatory Care (AMB)

Overview of the Measure
The HEDIS® AMB measure summarizes utilization of ambulatory care in the forms of outpatient visits and Emergency Department (ED) visits.

Domains of Care
Utilization and Relative Resource Use

Key Findings
• Regardless of ICS, the highest number of outpatient visits and emergency department visits occurred for enrollees between the ages of one and nine.
• Due to the population within CMSN, it is not surprising that the outpatient visit rates for all groups was above the HEDIS® 95th benchmark percentile and that the emergency department visit rates for all groups were above the HEDIS® 75th benchmark percentile.
Table 32. HEDIS® Ambulatory Care, Outpatient Visits

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Visits</td>
<td>Visits/1,000 Member</td>
<td>Total Visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Months</td>
<td>Membrn</td>
</tr>
<tr>
<td>&lt;1 Year</td>
<td>25,475</td>
<td>1,185</td>
<td>13,989</td>
</tr>
<tr>
<td>1 - 9 Years</td>
<td>185,506</td>
<td>597</td>
<td>106,528</td>
</tr>
<tr>
<td>10-19 Years</td>
<td>123,752</td>
<td>415</td>
<td>77,312</td>
</tr>
<tr>
<td>20-21 Years</td>
<td>3,100</td>
<td>397</td>
<td>1,927</td>
</tr>
<tr>
<td>Total</td>
<td>337,833</td>
<td>530</td>
<td>199,756</td>
</tr>
</tbody>
</table>

Table 33. HEDIS® Ambulatory Care, Emergency Department Visits

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Visits</td>
<td>Visits/1,000 Member</td>
<td>Total Visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Months</td>
<td>Membrn</td>
</tr>
<tr>
<td>&lt;1 Year</td>
<td>3,348</td>
<td>156</td>
<td>1,938</td>
</tr>
<tr>
<td>1 - 9 Years</td>
<td>27,623</td>
<td>89</td>
<td>16,828</td>
</tr>
<tr>
<td>10-19 Years</td>
<td>19,217</td>
<td>64</td>
<td>12,433</td>
</tr>
<tr>
<td>20-21 Years</td>
<td>644</td>
<td>82</td>
<td>438</td>
</tr>
<tr>
<td>Total</td>
<td>50,832</td>
<td>80</td>
<td>31,637</td>
</tr>
</tbody>
</table>

5. HEDIS® Antidepressant Medication Management (AMM)

Overview of Measure

This measure assesses the percentage of adults 18 years of age and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment** – The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment** – The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Domains of Care

Behavioral Health Domain

Key Findings

- The overall MMA rate for the effective acute phase treatment is above the HEDIS® 95th benchmark percentile.
- The overall MMA rate for the effective continuation phase treatment is above the HEDIS® 90th benchmark percentile.
Table 34. Antidepressant Medication Management by Treatment Phase

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Acute Phase Treatment</td>
<td>70.0%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Effective Continuation Phase Treatment</td>
<td>52.5%</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

6. HEDIS® Annual Dental Visit (ADV)

Overview of Measure
The HEDIS® ADV measure calculates the percentage of members between the ages of two and twenty-one who had at least one dental visit during 2014.

Domains of Care
Access/Availablity of Care

Key Findings
- The rates for all ages among the three groups fall just below the HEDIS® 50th benchmark percentiles.
- The highest compliance rates, regardless of group, were enrollees between the ages of seven and ten.

Table 35. Compliance Rates for Annual Dental Visits (ADV)

<table>
<thead>
<tr>
<th>Age</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 years</td>
<td>28.6%</td>
<td>24.3%</td>
<td>30.5%</td>
</tr>
<tr>
<td>4-6 years</td>
<td>49.2%</td>
<td>49.8%</td>
<td>48.9%</td>
</tr>
<tr>
<td>7-10 years</td>
<td>59.0%</td>
<td>61.9%</td>
<td>57.4%</td>
</tr>
<tr>
<td>11-14 years</td>
<td>53.3%</td>
<td>51.8%</td>
<td>54.2%</td>
</tr>
<tr>
<td>15-18 years</td>
<td>47.5%</td>
<td>49.4%</td>
<td>46.2%</td>
</tr>
<tr>
<td>19-21 years</td>
<td>37.4%</td>
<td>38.2%</td>
<td>36.9%</td>
</tr>
<tr>
<td>Total</td>
<td>50.0%</td>
<td>50.8%</td>
<td>49.6%</td>
</tr>
</tbody>
</table>
7. HEDIS® Annual Monitoring for Patients on Persistent Medications (MPM)

Overview of Measure
This measure calculates the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

Key Findings
- The combined rates for all groups were below the HEDIS® 5th percentile.

Table 36. Annual Monitoring Rates for Patients on Persistent Medications

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Rate</td>
<td>76.3%</td>
<td>76.5%</td>
<td>76.0%</td>
</tr>
</tbody>
</table>

8. HEDIS® Appropriate Testing for Children with Pharyngitis (CWP)

Overview of Measure
The HEDIS® CWP measure calculates the percentage of children ages two through 18 who have been diagnosed with pharyngitis and prescribed an antibiotic. It measures the percentage of these children who received a group A streptococcus (strep) test at the time the antibiotic was prescribed.

Domains of Care
Effectiveness of Care
Key Findings

- The compliance rates for MMA and Ped-I-Care were above the HEDIS® 50th benchmark percentile.
- The SFCCN rate was below the HEDIS® 50th benchmark percentile.

Figure 43. Compliance Rates for Children with Pharyngitis (CWP)

![Bar chart showing compliance rates for MMA, Ped-I-Care, and SFCCN](chart)

9. HEDIS® Call Abandonment (CAB)

Overview of Measure

The HEDIS® CAB measure calculates the percentage of calls received by the organization’s member services call centers during operating hours that were abandoned by the caller before being answered by a live voice. Lower rates represent better performance.

Domains of Care

Access/Availability of Care

Key Findings

- The call abandonment rates for both Ped-I-Care and SFCCN are below ten percent.
10. HEDIS® Call Timeliness (CAT)

Overview of Measure
The HEDIS® CAT measures the percentage of calls received by the organization’s Member Services call centers during operating hours that were answered by a live voice within 30 seconds.

Domains of Care
Access/Availability of Care

Key Findings
- The Ped-I-Care rate is above the HEDIS® 50th benchmark percentile.
- The compliance rate for SFCCN is below the HEDIS® 5th benchmark percentile.
11. HEDIS® Children and Adolescents’ Access to Primary Care Practitioners (CAP)

Overview of Measure
The HEDIS® CAP measure calculates the percentage of members ages 12 months to 19 years who visited a PCP.

Domains of Care
Access/Availability of Care

Key Finding
• The compliance rates for enrollees of every age group for both ICS and overall MMA are above the HEDIS® 95th benchmark percentile.

Table 37. Compliance Rates for Children and Adolescents’ Access to Primary Care Practitioners (CAP)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-24 months</td>
<td>99.2%</td>
<td>99.3%</td>
<td>99.0%</td>
</tr>
<tr>
<td>25 months-6 years</td>
<td>95.8%</td>
<td>95.7%</td>
<td>96.0%</td>
</tr>
<tr>
<td>7-11 years</td>
<td>97.9%</td>
<td>97.7%</td>
<td>98.1%</td>
</tr>
<tr>
<td>12-19 years</td>
<td>96.9%</td>
<td>97.0%</td>
<td>96.7%</td>
</tr>
<tr>
<td>All Ages</td>
<td>96.9%</td>
<td>96.9%</td>
<td>97.0%</td>
</tr>
</tbody>
</table>
12. HEDIS® Chlamydia Screening in Women (CHL)

Overview of Measure
The HEDIS® CHL measures the percentage of women ages 16 to 24 years who were identified as sexually active and received at least one test for chlamydia.

Domain of Care
Effectiveness of Care

Key Findings
- The compliance rates for all groups are below the HEDIS® 25th benchmark percentile.
- SFCCN has the highest compliance rate (Table 38).

Table 38. Compliance Rates for Chlamydia Screening in Women (CHL)

<table>
<thead>
<tr>
<th>Age</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20 years</td>
<td>38.3%</td>
<td>36.0%</td>
<td>42.9%</td>
</tr>
<tr>
<td>21-24 years</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>38.3%</td>
<td>36.0%</td>
<td>42.9%</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

13. HEDIS® Comprehensive Diabetes Care (CDC)

Overview of Measure
This measure captures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following on file:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<9)
- HbA1c adequate control (<8.0%)
- HbA1c good control (<7.0%)
- Eye exam (retinal) performed
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- Blood pressure control (<130/80 mm Hg)
- Blood pressure control (<140/90 mm Hg)

Domains of Care
Effectiveness of Care (Diabetes)

Key Findings
- HbA1c testing compliance rates for all groups fell below the HEDIS® 10th benchmark percentile.
- The compliance rates for receiving an eye exam and monitoring for nephropathy were below the HEDIS® 5th benchmark percentile for all groups.
Table 39. Compliance Rates for Comprehensive Diabetes Care (CDC)

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Testing</td>
<td>76.5%</td>
<td>76.3%</td>
<td>76.7%</td>
</tr>
<tr>
<td>HbA1c Poor control (&lt;9)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>HbA1c Control (&lt;9)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>HbA1c Adequate Control (&lt;8)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>HbA1c Good Control (&lt;7)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>30.1%</td>
<td>30.1%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Monitoring for Nephropathy</td>
<td>53.6%</td>
<td>54.8%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Blood Pressure Control (&lt;140/90)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Met all criteria</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

15. HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD)

Overview of Measure

This measure calculates the percentage of children with new prescriptions for attention-deficit/hyperactivity disorder (ADHD) medication that had a follow-up visit within 30 days, along with at least two additional follow-up visits (for a total of three visits) within ten months of when ADHD medication was first dispensed.

Two rates are reported: Initiation Phase and Continuation and Maintenance (C&M) Phase.

Key Findings

- The initiation phase rates for SFCCN and the overall MMA are above the HEDIS® 75th benchmark percentile, while the Ped-I-Care initiation phase rate is above the HEDIS® 90th benchmark percentile.
- The continuation and maintenance phase rates for the overall MMA is above the HEDIS® 95th benchmark percentile while the SFCCN rate is between the HEDIS® 50th and 75th percentile.

Table 40. Compliance Rates for Follow-up Care for Children Prescribed ADHD Medication

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation Phase</td>
<td>51.1%</td>
<td>53.6%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Continuation and Maintenance Phase</td>
<td>68.0%</td>
<td>NA</td>
<td>56.3%</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population <30.
16. HEDIS® Medication Management for People with Asthma (AMR)

Overview of Measure
The AMR measure calculates the percentage of members five to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

Domains of Care
Effectiveness of Care

Key Findings
- The overall MMA and Ped-I-Care rates for all ages are above the HEDIS® 50th percentile, while the SFCCN rate for all ages is above the HEDIS® 75th percentile.
- Enrollees between the ages of five and eleven within the SFCCN integrated care system have the highest rate of medication management over 50 percent.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11 years</td>
<td>74.1%</td>
<td>71.8%</td>
<td>78.1%</td>
</tr>
<tr>
<td>12-18 years</td>
<td>66.7%</td>
<td>66.4%</td>
<td>67.4%</td>
</tr>
<tr>
<td>19-21 years</td>
<td>58.7%</td>
<td>55.8%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Total</td>
<td>70.6%</td>
<td>69.0%</td>
<td>73.6%</td>
</tr>
</tbody>
</table>
17. Use of Appropriate Medications for People with Asthma (ASM)

Overview of Measure
The HEDIS® ASM measure calculates the percentage of members ages five through 64 years with persistent asthma who were appropriately prescribed medication during the measurement year.

Domain of Care
Effectiveness of Care

Key Findings
- The total compliance rates for all groups are above the HEDIS® 90th percentile.
- Enrollees between the ages of five and eleven had the highest compliance rates regardless of group.

Table 42. Compliance Rates for Use of Appropriate Medications for People with Asthma (ASM)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11 years</td>
<td>94.0%</td>
<td>93.8%</td>
<td>94.2%</td>
</tr>
<tr>
<td>12-18 years</td>
<td>91.9%</td>
<td>91.4%</td>
<td>92.9%</td>
</tr>
<tr>
<td>19-21 years</td>
<td>83.1%</td>
<td>86.4%</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>92.8%</td>
<td>92.6%</td>
<td>93.2%</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

Figure 47. Compliance Rates for Use of Appropriate Medications for People with Asthma (ASM) - Total
18. HEDIS® Use of Imaging for Lower Back Pain (LBP)

Overview of Measure
The measure is used to assess the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, magnetic resonance imaging [MRI], or computed tomography [CT] scan) within 28 days of the diagnosis.

Domains of Care
Clinical Quality Measures

Key Finding
- The rates for both overall MMA and Ped-I-Care are well below the HEDIS® 5th benchmark percentile.

Table 43. Compliance Rates for Lower Back Pain Imaging

<table>
<thead>
<tr>
<th>Imaging for Low Back Pain</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34.2%</td>
<td>36.7%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population <30.

19. HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Overview of Measure
The HEDIS® W34 measure calculates the percentage of members’ ages three through six years who have had one or more well-child visits with a PCP during the measurement year.

Domains of Care
Utilization and Relative Resource Use

Key Findings
- The Ped-I-Care rate for W34 falls below the HEDIS® 50th benchmark percentile.
- The overall MMA rate is between the HEDIS® 50th and 75th benchmark percentile.
- The SFCCN rate is the highest and is above the HEDIS® 75th benchmark percentile.
20. HEDIS® Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Overview of Measure
This measure captures the percentage of children three months to eighteen years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription in the measurement year. Lower rates indicate higher compliance.

Domains of Care
Clinical Quality Measures

Key Findings
- The compliance rates for all groups fall well below the HEDIS® 5th benchmark percentile.
- Ped-I-Care rates are the highest among the three groups (Figure 49).
Figure 49. Compliance Rates for Appropriate Treatment for Children with Upper Respiratory Infections

- MMA: 15.4%
- PED-I-CARE: 17.3%
- SFCCN: 12.7%
2.7 Administrative Non-HEDIS® Measures MMA

There are eight AHCA-defined administrative measures reportable for the ICS in 2014:
- Highly Active Anti-Retroviral Treatment (HAART)
- HIV-related Outpatient Medical Visits (HIVV)
- Follow-up After Hospitalization for a Mental Illness (FHM)
- Prenatal Care Frequency (PCF)
- Mental Health Readmission Rate (RER)
- Transportation Availability (TRA)
- Transportation Timeliness (TRT)
- Plan All-Cause Readmissions

Results for HAART, FHM, CD4/VL, PCF, RER, and Plan All-Cause Readmissions are produced using Quality Spectrum Insight (QSI) software, while results for TRA and TRT are produced using auditor-approved Statistical Analysis System (SAS) code.

1. Highly Active Anti-Retroviral Treatment (HAART)

Overview of Measure
The AHCA HAART measure calculates the percentage of enrollees with an AIDS diagnosis that have been prescribed Highly Active Anti-Retroviral Treatment.

Key Finding
- SFCCN had the highest compliance rates among all groups, while Ped-I-Care had the lowest.

| Table 44. Compliance Rates for Highly Active Anti-Retroviral Treatment (HAART) |
|-----------------------------------|-----------------|-----------------|-----------------|
|                                   | MMA             | PED-I-CARE      | SFCCN           |
| HAART                             | 84.2%           | 83.0%           | 85.3%           |

2. HIV-related Outpatient Medical Visits (HIVV)

Overview of Measure
This measure calculates the percentage of enrollees who were seen on an outpatient basis with HIV/AIDS as the primary diagnosis by a physician, Physician Assistant, or Advanced Registered Nurse Practitioner for an HIV-related medical visit within the measurement year.

Key Findings
- Four percent of enrollees did not receive a HIV-related visit during the 2014 CY.
- Approximately 82 percent of HIV/AIDS enrollees had two or more HIV-related medical visits in the 2014 CY (Table 45).
Table 45. Compliance Rates for HIV-related Outpatient Medical Visits

<table>
<thead>
<tr>
<th>No. of Visits</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Visits</td>
<td>4.0%</td>
<td>4.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>1 Visit</td>
<td>14.0%</td>
<td>19.1%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2+ Visits</td>
<td>82.0%</td>
<td>76.5%</td>
<td>88.4%</td>
</tr>
<tr>
<td>2+ Visits*</td>
<td>60.3%</td>
<td>56.8%</td>
<td>64.5%</td>
</tr>
</tbody>
</table>

Note: *This represents enrollees who had two or more visits more than 182 days apart

3. Viral Load Suppression (VLS)

Overview of Measure
The AHCA VLS measure calculates the percentage of Medicaid enrollees age 18 and older with a diagnosis of HIV who had a HIV viral load <200 copies/mL at last HIV viral load test during the measurement year.

Key Finding
- While there were eligible enrollees in the MMA population, no individuals had a HIV viral load <200 copies/mL at last HIV viral load test.

Table 46. Compliance Rates for Viral Load Suppression (VLS)

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age ≥18 years of age</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

4. Follow-up after Hospitalization for a Mental Illness (FHM)

Overview of Measure
The AHCA FHM measure calculates the percentage of acute care facility discharges for enrollees who were hospitalized for a mental health diagnosis and discharged to the community, and then seen on an outpatient basis by a mental health practitioner within seven days and within 30 days.

Key Finding
- Enrollees were more likely to see a mental health practitioner within 30 days as opposed to a seven-day follow-up (Table 47).

Table 47. Compliance Rates for Follow-up after Hospitalization for a Mental Illness (FHM)

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-day Follow-up</td>
<td>43.1%</td>
<td>40.4%</td>
<td>49.0%</td>
</tr>
<tr>
<td>30-day Follow-up</td>
<td>63.2%</td>
<td>61.6%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>
5. Prenatal Care Frequency (PCF)

Overview of Measure
This measure captures the percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received greater than or equal to 81 percent of expected visits.

Key Findings
- Approximately 42 percent of enrollees received greater than or equal to 81 percent of expected prenatal care visits (Table 48).
- Fourteen percent of enrollees attended fewer than 21 percent of prenatal visits (Table 48).

<table>
<thead>
<tr>
<th>Visits</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 21% of expected visits</td>
<td>14.0%</td>
<td>13.3%</td>
<td>NA</td>
</tr>
<tr>
<td>21-40% of expected visits</td>
<td>16.3%</td>
<td>16.7%</td>
<td>NA</td>
</tr>
<tr>
<td>41-60% of expected visits</td>
<td>23.3%</td>
<td>26.7%</td>
<td>NA</td>
</tr>
<tr>
<td>61-80% of expected visits</td>
<td>4.7%</td>
<td>3.3%</td>
<td>NA</td>
</tr>
<tr>
<td>&gt;81% of expected visits</td>
<td>41.9%</td>
<td>40.0%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “NA” indicates that the measure is not reportable due to an eligible population < 30.

6. Mental Health Readmission Rate (RER)

Overview of Measure
The AHCA RER measure calculates the percentage of discharges from acute care facilities that resulted in readmission for mental health diagnoses within 30 days (for enrollees who were hospitalized for mental health diagnoses).

Key Finding
- Enrollees in Ped-I-Care had the highest compliance rates at 22.7 percent (Table 49).

<table>
<thead>
<tr>
<th>RER</th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>RER</td>
<td>21.3%</td>
<td>22.7%</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

7. Transportation Availability (TRA)

Overview of Measure
The AHCA TRA measure calculates the percentage of requests for transport that resulted in a transport.

Key Finding
- Enrollees’ requests for transportation were always met (Figure 50).
Figure 50. Compliance Rates for Transportation Availability (TRA)

8. Transportation Timeliness (TRT)

Overview of Measure
The AHCA TRT measure calculates the percentage of transports that delivered the enrollee to the service provider at or before the scheduled appointment time.

Key Findings
- Almost 44 percent of transports in the overall MMA resulted in the enrollee being delivered to the service provider at or before the scheduled appointment time (Figure 51).
- The timeliness of transportation for SFCCN (52.2 percent) was drastically higher than the timeliness rate for Ped-I-Care (27.5 percent).
9. Plan All-Cause Readmissions

Overview of Measure
For Medicaid enrollees age 18 and older, this measure calculates the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Key Findings
- Enrollees within Ped-I-Care had the highest rate of readmissions within 30 days (Table 50).
- Females over the age of 18 had a higher amount of readmissions within 30 days.

Table 50. Count of Plan All-Cause Readmissions within 30 Days

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 Male</td>
<td>33</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>18-44 Female</td>
<td>40</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>18-44 Male and Female</td>
<td>73</td>
<td>47</td>
<td>26</td>
</tr>
</tbody>
</table>
2.8 CHIPRA Measures MMA

With the ending of CHIPRA, a number of measures were absolved by the CMSN project to assess care. The five CHIPRA measures include:

- Human Papillomavirus Vaccine for Female Adolescents (HPV)
- Developmental Screening in the First Three Years of Life (DEVSCR)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Preventive Dental Services (PDENT)
- Dental Treatment Services (TDENT)

The following measures contained less than 30 eligible members and were therefore unable to be calculated:

- Prenatal and Postpartum Care (PPC)

1. Human Papillomavirus Vaccine for Female Adolescents (HPV)

Overview of Measure
The CHIPRA HPV measure calculates the percentage of female adolescents 13 years old who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Key Findings
- The SFCCN rate for HPV is between the HEDIS® 50th and 75th percentile.
- The rates for both MMA and Ped-I-Care are above the HEDIS® 75th percentile.
- The Ped-I-Care rate was the highest at approximately 27 percent.

Figure 52. Compliance Rates for Human Papillomavirus Vaccine for Female Adolescents (HPV)
2. Developmental Screening in the First Three Years of Life (DEVSCR)

Overview of Measure
This measure captures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.

Key Findings
- The SFCCN rates were the highest of all three groups for both individual age groups and all ages overall.
- Compliance rates were higher for children at 24 months than any other age group.

Table 51. Compliance Rates for Developmental Screening in the First Three Years of Life (DEVSCR)

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 12 months</td>
<td>8.8%</td>
<td>1.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Age 24 months</td>
<td>20.7%</td>
<td>8.6%</td>
<td>36.4%</td>
</tr>
<tr>
<td>Age 36 months</td>
<td>13.6%</td>
<td>7.4%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Total All Ages</td>
<td>16.6%</td>
<td>7.6%</td>
<td>28.9%</td>
</tr>
</tbody>
</table>

3. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Overview of Measure
The CHIPRA WCC measure calculates the percentage of children ages three to seventeen who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and who had evidence of BMI percentile documentation during the measurement year. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. There are two other sub-measures within the WCC measure, but per CHIPRA specification, the focus for this particular evaluation focused on the BMI sub-measure.

Key Findings
- All rates fell well below the HEDIS® 5th percentile.
- BMI documentation was higher between ages twelve and seventeen.

Table 52. Compliance Rates for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 3 to 11</td>
<td>8.7%</td>
<td>9.1%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Ages 12 to 17</td>
<td>9.8%</td>
<td>9.5%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Total All Ages</td>
<td>9.1%</td>
<td>9.2%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>
4. Preventive Dental Services

Overview of Measure
This measure calculates the percentage of individuals ages one to twenty who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.

Key Findings
• Ped-I-Care had a higher compliance rate for preventive dental services at 28.9 percent.

Table 53. Compliance Rates for Preventive Dental Services

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDENT</td>
<td>28.9%</td>
<td>29.5%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

5. Dental Treatment

Overview of Measure
This measure captures the percentage of individuals ages one to twenty who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one dental treatment service during the reporting period. This measure was retired by CHIPRA on January 1, 2015.

Key Findings
• Enrollees in Ped-I-Care had a higher rate for receipt of dental treatment.

Table 54. Compliance Rates for Dental Treatment

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
<th>PED-I-CARE</th>
<th>SFCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDENT</td>
<td>12.6%</td>
<td>13.1%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>


2.9 Hybrid HEDIS® Measures MMA

The four hybrid HEDIS® quality of care measures are:

- HEDIS® Childhood Immunization Status (CIS)
- HEDIS® Immunizations for Adolescents (IMA)
- HEDIS® Lead Screening in Children (LSC)
- HEDIS® Well-Child Visits in the First 15 Months of Life (W15)

These measures are hybrid because they are calculated using both administrative data and data abstracted from medical records. Administrative data generally under-report these measures. MRR helps to augment administrative data, resulting in a more accurate view of provided care.

The Institute uses QSI software to determine the MRR eligible members for the four measures. The Institute uses Quality Spectrum Hybrid Reporter (QSHR) for medical record data abstraction. Florida State Health Online Tracking System (FL SHOTS™) was also used to extract immunization records.

Some providers may have members eligible for more than one measure or record requests for multiple members. CIS, LSC, IMA, and W15 requests were collated by provider to avoid multiple requests. In total, 326 providers were identified and sent MRRs for non-compliant members (385 for CIS, 170 for IMA, 161 for LSC, and 218 for W15). The results of the MRR are presented in Error! Reference source not found.55.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Requested</th>
<th>Received</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS</td>
<td>385</td>
<td>315</td>
<td>82%</td>
</tr>
<tr>
<td>IMA</td>
<td>170</td>
<td>135</td>
<td>79%</td>
</tr>
<tr>
<td>LSC</td>
<td>161</td>
<td>124</td>
<td>77%</td>
</tr>
<tr>
<td>W15</td>
<td>218</td>
<td>157</td>
<td>71%</td>
</tr>
<tr>
<td>Overall</td>
<td>934</td>
<td>731</td>
<td>78%</td>
</tr>
</tbody>
</table>

In April 2015, 326 providers were sent medical record requests each accompanied by letters from the Deputy Secretary of CMS and the Institute. Per HEDIS® specifications, providers were asked to copy and submit the specified members’ immunizations records, and all documentation relating to blood lead screening tests within certain date ranges, and visits from birth to 15 months for the W15 members.

After four weeks, the Institute made telephone calls and faxed additional requests to non-responsive providers. Medical record chases were considered bad chases only if there was either no record of the patients on file, no contact details for the primary care physicians, no visit during the qualifying period, or the provider did not respond.
1. HEDIS® Childhood Immunization Status (CIS)

Overview of Measure
The HEDIS® CIS measure calculates the percentage of children two years of age who had four DTaP, three polio (IPV), one MMR, three HiB, three hepatitis B, one chicken pox (VZV), four pneumococcal conjugate, one hepatitis A, two influenza, and two or three doses of rotavirus vaccines by their second birthday. The Combination two measure assesses whether children received six immunizations (DTaP, HiB, hepatitis B, IPV, MMR, and VZV) in accordance with the periodicity schedule. The Combination three measure assesses whether children received the pneumococcal conjugate vaccine in addition to the Combination two measure. CMSN is required to report on the combo 2 and combo 3 sub-measures.

Domain of Care
Effectiveness of Care

Key Finding
- The compliance rate for CMSN for combination two was above the HEDIS® 50th percentile, while the combination three was below the HEDIS® 50th percentile.

Figure 53. Compliance Rates for Childhood Immunization Status (CIS)
2. HEDIS® Immunizations for Adolescents (IMA)

**Overview of Measure**
The HEDIS® IMA measure calculates the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine on or between their 11th and 13th birthdays, and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), or one tetanus, diphtheria toxoids vaccine (Td) on or between their 10th and 13th birthdays. The IMA measure consists of a rate for each of these two vaccines and a combined measure that assesses whether adolescents receive the two vaccines in accordance with the periodicity schedule. There are a total of three sub-measures for IMA.

**Domain of Care**
Effectiveness of Care

**Key Findings**
- The meningococcal compliance rate for MMA was below the HEDIS® 50th benchmark percentile.
- The Tdap/TD rate for MMA was above the HEDIS® 50th benchmark percentile.
- The Combination one rate for MMA falls just below the HEDIS® 50th benchmark percentile.

<table>
<thead>
<tr>
<th></th>
<th>MMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal</td>
<td>72.5</td>
</tr>
<tr>
<td>Tdap/TD</td>
<td>88.8</td>
</tr>
<tr>
<td>Combo 1</td>
<td>71.1</td>
</tr>
</tbody>
</table>

3. HEDIS® Lead Screening in Children (LSC)

**Overview of Measure**
The HEDIS® LSC measure calculates the percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning on or before their second birthday.

**Domain of Care**
Effectiveness of Care

**Key Finding**
- The compliance rate for MMA falls below the HEDIS® 50th benchmark percentile.
4. HEDIS® Well-Child Visits in the First 15 Months of Life (W15)

Overview of Measure
The HEDIS® W15 measure calculates the percentage of members who turned 15 months old during the measurement year and who had between zero to six or more well-child visits with a PCP during their first 15 months of life. There are a total of seven sub-measures for W15 measure. According to AHCA, the ICS is requested to compare results against the HEDIS® benchmarks for zero visits and six or more visits. The lower the rate for zero visits, the better the performance.

Domains of Care
Utilization and Relative Resource Use

Key Findings
- The overall MMA rates for zero visits was above the HEDIS® 50th benchmark percentile (Table 57).
- The overall MMA rate falls below the HEDIS® 25th benchmark percentile for six or greater visits (Table 57).

Table 57. Compliance Rates for Well-Child Visits in the First 15 Months of Life (W15)

<table>
<thead>
<tr>
<th>Visits</th>
<th>MMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 visits</td>
<td>2.4%</td>
</tr>
<tr>
<td>1 visit</td>
<td>4.4%</td>
</tr>
<tr>
<td>2 visits</td>
<td>3.4%</td>
</tr>
<tr>
<td>3 visits</td>
<td>6.1%</td>
</tr>
<tr>
<td>4 visits</td>
<td>12.4%</td>
</tr>
<tr>
<td>5 visits</td>
<td>23.1%</td>
</tr>
<tr>
<td>6+ visits</td>
<td>48.2%</td>
</tr>
</tbody>
</table>
ABBREVIATIONS

AAB – HEDIS® Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
AAP – HEDIS® Adults’ Access to Preventive Health Services
ABA – HEDIS® Adult BMI Assessment
ADHD – Attention-Deficit/Hyperactivity Disorder
ADD – HEDIS® Follow-up Care for Children Prescribed ADHD Medication
AHCA – Agency for Health Care Administration AMB – HEDIS® Ambulatory Care
ADV – HEDIS® Annual Dental Visit
AMM - HEDIS® Antidepressant Medication Management
ART - HEDIS® Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
ASM - HEDIS® Use of Appropriate Medications for People with Asthma
AWC – HEDIS® Adolescent Well-Care Visits
BMI – Body Mass Index
C&M – Continuation and Maintenance
CAB – HEDIS® Call Abandonment
CAHPS – Consumer Assessment of Healthcare Providers and Systems
CAP – HEDIS® Children and Adolescents’ Access to Primary Care Practitioners
CAT – HEDIS® Call Timeliness
CCC – Children with Chronic Conditions
CHL – HEDIS® Chlamydia Screening in Women
CHCUP – Child Health Check Up
CIS - HEDIS® Childhood Immunization Status
CMSN – Children’s Medical Services Network
CSHCN – Children with Special Health Care Needs
CT – Computed Tomography
CWP – HEDIS® Appropriate Testing for Children with Pharyngitis
CY – Calendar Year
DEVSCR – Developmental Screening in the First Three Years of Life
ED – Emergency Department
EPSDT – Early and Periodic Screening, Diagnostic and Treatment
FHM – Follow-up After Hospitalization for a Mental Illness
GP – General Population
HAART – Highly Active Anti-Retroviral Treatment
HbA1c – Hemoglobin A1c
HPV – Human Papillomavirus Vaccine for Female Adolescents
ICS – Integrated Care System
IMA - HEDIS® Immunizations for Adolescents
LBP - HEDIS® Use of Imaging Studies for Low Back Pain
LSC - HEDIS® Lead Screening in Children
MMA – Managed Medical Assistance
MPM - HEDIS® Annual Monitoring for Patients on Persistent Medications
MMA² – HEDIS® Medication Management for People with Asthma
MRI – Magnetic Resonance Imaging
MRR – Medical Record Review
NCQA – National Committee for Quality Assurance
OB/GYN – Obstetrical/Gynecological
PCF – Prenatal Care Frequency
PCP – Primary Care Practitioner
PDENT – Preventive Dental Services
PPC – Prenatal and Postpartum Care
QSHR – Quality Spectrum Hybrid Reporter
RER – Mental Health Readmission Rate
SAS – Statistical Analysis System
SFCCN – South Florida Community Care Network
TDENT – Dental Treatment Services
TRA – Transportation Availability
TRT – Transportation Timeliness
URI – Upper Respiratory Infection
W15 - HEDIS® Well-Child Visits in the First 15 Months of Life
W34 - HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents