



MARYLAND HEALTH CONNECTION

QUALITY REPORT 2014



Comparing the Quality and Performance of
Qualified Health Plans available through the
Maryland Health Connection

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MARYLAND HEALTH CONNECTION QUALITY REPORT

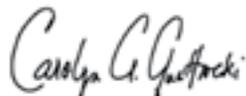
Welcome to the 2014 Maryland Health Connection Quality Report. This report provides a summary of quality and performance information on medical plans offered on Maryland Health Connection, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), point-of-service (POS) plans, and exclusive provider organizations (EPOs). Individuals, families, employers, and employees can use this report to compare qualified health plans on performance measures that are specific to their health care needs and closely linked to high quality, value-based care.

To make it easier for Marylanders to make more informed choices, each qualified health plan being offered on the Maryland Health Connection is assigned a five star rating, with more stars indicating higher quality. The five star rating reflects overall quality of healthcare services provided, satisfaction of enrollees, quality improvement activities performed within the organization, and the organization's ability to provide services to diverse populations.

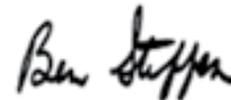
The quality information collected from commercial health benefit plans is based on performance data for 2013, the most recent year for which complete data is available. Since qualified health plans do not have twelve months of coverage data in 2013, parallel health benefit plan data is used as a proxy for qualified health plans offered on Maryland Health Connection. The quality information has been assembled and audited by the Maryland Health Care Commission (MHCC). MHCC is a trusted source of information on health care quality and cost in Maryland government having published performance information on commercial health insurance companies for the past 18 years. Maryland Health Connection is the marketplace for individuals, families and small businesses to compare and enroll in health insurance. Both MHCC and Maryland Health Connection have worked together to develop the 2014 Maryland Health Connection Quality Report as part of Maryland's efforts to implement the Patient Protection and Affordable Care Act.

Shopping for health insurance is an important and often challenging process for individuals, families and small businesses. We hope that you find this report and the five star rating system informative as you make your health insurance purchasing decision.

Sincerely,



Carolyn Quattrocki
Executive Director
Maryland Health Benefit Exchange



Ben Steffen
Executive Director
Maryland Health Care Commission

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HDC 5-Star™ is a trademark of HealthcareData Company (HDC)
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)
RELICC™ is a trademark of the Maryland Health Care Commission (MHCC)

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GENERAL INFORMATION

ACKNOWLEDGEMENT

Maryland Health Benefit Exchange would like to extend appreciation and acknowledgement to the Maryland Health Care Commission for their contributions to this annual Quality Report and for access to information on qualified health plan quality and performance.

TRADEMARKS

CAHPS® refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). According to AHRQ, CAHPS® surveys ask consumers and patients to report on and evaluate their experiences with health care.

HEDIS® refers to the Healthcare Effectiveness Data and Information Set and HEDIS Compliance Audit®, both of which are registered trademarks of the National Committee for Quality Assurance (NCQA). According to NCQA, HEDIS® is a tool used by more than 90 percent of America's health benefit plans to measure performance on important dimensions of care and service.

RELICCTM refers to the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment and is a trademark of the Maryland Health Care Commission (MHCC). According to MHCC, RELICCTM is a quality measurement tool designed specifically to address a core State priority which is to reduce and ultimately eliminate health care disparities. RELICCTM was created for the State of Maryland by the Mid-Atlantic Business Group on Health (MABGH) with support from the National Business Coalition on Health (NBCH).



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FEDERAL LEGISLATION THAT CREATED MARYLAND HEALTH CONNECTION

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law by President Barack Obama. A key provision of the ACA requires each state to establish a health insurance marketplace starting January 1, 2014. The Maryland Health Connection is Maryland's health insurance marketplace. Through the marketplace Marylanders can shop for and compare insurance plans based on price, benefits options, out-of-pocket costs and quality.

Follow-up State Legislation

The Maryland Health Progress Act of 2013, signed by Governor Martin O'Malley on May 2, 2013, adopted plan certification requirements that include meeting standards and providing data related to quality. *Insurance Article § 31-115(k)(2)(v) Annotated Code of Maryland*. In addition, the Maryland Health Benefit Exchange Carrier and Qualified Plan Certification Interim Procedures adopted by the Maryland Health Benefit Exchange Board on October 23, 2013, require that the "carrier will provide quality data and RELICCT™ data, as specified by the Maryland Health Benefit Exchange, to the Maryland Health Care Commission." The Interim Procedures also state that carriers must provide the quality data at least on an annual basis.



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ABOUT MARYLAND HEALTH CONNECTION

The Maryland Health Connection Board of Directors developed policies for operating the core functions of Maryland’s marketplace and adopted seven principles to ensure the health care needs of Maryland individuals, families, employers and employees would be met. These principles continue to guide the policy development and implementation decisions for Maryland Health Connection:

- 1 **Accessibility**—Maryland Health Connection should reduce the number of Marylanders without health insurance and improve access for all Marylanders.
- 2 **Affordability**—The affordability of coverage, within the exchange and within the state, is essential to improving Maryland’s health care system and economy.
- 3 **Sustainability**—Maryland Health Connection will need to be sustainable in order to succeed in the long run.
- 4 **Stability**—Maryland Health Connection should promote solutions that respect existing strengths of our state’s health care system and promote stability within the Exchange.
- 5 **Health Equity**—Maryland Health Connection should work to address longstanding, unjust disparities in health access and health outcomes in Maryland.
- 6 **Flexibility**—Maryland Health Connection should be nimble and flexible in responding to the quickly changing insurance market, health care delivery system, and general economic conditions in Maryland, while being sensitive and responsive to consumer demands.
- 7 **Transparency**—Maryland Health Connection is accountable to the public, and its activities should be transparent, its services easily available, and its information easily understandable by the populations it assists.

The ACA requires that all small group and individual health benefit plans must cover a core set of “essential health benefits” as defined by the U.S. Department of Health and Human Services (HHS). Health benefit plans offered on Maryland Health Connection are referred to as Qualified Health Plans (QHPs) and must go through a rigorous review process to ensure the requirements of the ACA are met. Only authorized insurance companies that are approved by the State of Maryland can offer insurance coverage through Maryland Health Connection.



ABOUT MARYLAND HEALTH CONNECTION QUALITY REPORT 2014

For consumers shopping on Maryland Health Connection, 2013 quality and performance data from similar plans that were offered by each insurance company is used to evaluate qualified health plan (QHP) performance. Plan quality scores are displayed in a five-star rating format. The five-star rates are based on information published in the Maryland Health Care Commission Comprehensive Quality Report 2014, which employs the following quality measurement instruments:

- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Maryland Behavioral Health Assessment (BHA)
- Maryland Health Plan Quality Profile (QP)
- Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency (RELICC™)

Using the quality and performance data from similar plans, each QHP has been assigned a score up to five stars. The results are displayed on Maryland Health Connection so consumers can see this information when they are shopping for a qualified health plan. It should be noted that quality data is not yet available for some plans, however a lack of quality data does NOT indicate a poor quality rating. All insurance companies listed on Maryland Health Connection have met all necessary requirements to offer plans to consumers in Maryland. This report outlines the development of the star rating system, components used in the rating system, and the final star rating of QHPs that are offered on Maryland Health Connection.

Consumers interested in viewing the detailed quality and performance information which forms the basis for the star ratings in this report, will need to view a copy of the Maryland Health Care Commission Comprehensive Quality Report 2014. This report is produced annually by the Maryland Health Care Commission and details the quality and performance of various medical plans licensed to operate in Maryland, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), point-of-service plans (POSs), and exclusive provider organizations (EPOs). The Maryland Health Care Commission Comprehensive Quality Report 2014 can be found using the following link: http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_quality/documents/hbp/CQM_HPO_2014_Comprehensive_Quality_Report_RPT_20141022.pdf.

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HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

QUALIFIED PLANS IN MARYLAND HEALTH CONNECTION

2015 QUALIFIED HEALTH PLANS (QHPS)

Only authorized insurance companies (also referred to as “insurance carriers”) can offer health insurance plans through the Maryland Health Connection. Most of these insurance carriers have a history of being evaluated and rated in the State of Maryland. All insurance carriers must meet the same requirements to offer plans on Maryland Health Connection but all insurance carriers do not have a history of being rated on quality metrics in the state. This does not mean these are low quality plans. This simply means Maryland does not yet have data to be able to provide a quality score.

Health Insurance Carrier Legal Name	Plan Type	Report Name
HMO		
CareFirst BlueChoice	HMO/POS	CareFirst BlueChoice Marketplace HMO/POS
Evergreen Health Cooperative	HMO/POS	Evergreen Health Co-Op Marketplace HMO/POS
Kaiser Permanente	HMO	Kaiser Permanente Marketplace HMO
UnitedHealthcare of the Mid-Atlantic	HMO	UnitedHealthcare Marketplace HMO
PPO		
CareFirst of Maryland, Inc.	PPO	CareFirst CFMI Marketplace PPO
(CareFirst’s) Group Hospitalization and Medical Services, Inc.	PPO	CareFirst GHMSI Marketplace PPO
Cigna Health and Life Insurance Company/ Connecticut General Life Insurance Company	PPO	Cigna Marketplace PPO
EPO		
All-Savers UnitedHealthcare	EPO	All-Savers Marketplace EPO



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2015 QUALIFIED DENTAL PLANS (QDPs)

For the Maryland Health Connection, a number of dental carriers have been authorized to offer plans on Maryland Health Connection. At this time, the State of Maryland is not collecting quality data for these carriers. Because of this, no performance data is available on these carriers.

Dental Plan Name	Dental Carrier Report Name	Dental Plan Type
Delta Dental Individual & Family DeltaCare USA Basic Plan for Families	Alpha Dental	DHMO
Delta Dental Individual & Family DeltaCare USA Preferred Plan for Families	Alpha Dental	DHMO
BlueDental Preferred High	CareFirst CFMI	DPPO
BlueDental Preferred Low	CareFirst CFMI	DPPO
BlueDental Preferred High	CareFirst GHMSI	DPPO
BlueDental Preferred Low	CareFirst GHMSI	DPPO
Delta Dental Individual & Family Delta Dental PPO Basic Plan for Families	Delta Dental	DPPO
Delta Dental Individual & Family Delta Dental PPO Preferred Plan for Families	Delta Dental	DPPO
DentaQuest EPO Family High	DentaQuest	DEPO
DentaQuest EPO Family Low	DentaQuest	DEPO
DentaQuest EPO Pediatric High	DentaQuest	DEPO
DentaQuest EPO Pediatric Low	DentaQuest	DEPO
Dentegra Dental PPO Family Basic Plan	Dentegra	DPPO
Dentegra Dental PPO Pediatric Basic Plan	Dentegra	DPPO
Access PPO	Dominion Dental	DPPO
Access PPO Kids	Dominion Dental	DPPO
Select Plan	Dominion Dental	DHMO
Select Plan Kids	Dominion Dental	DHMO



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QUALIFIED HEALTH PLAN (QHP) PERFORMANCE RATINGS

RATIONALE FOR HDC 5-STAR™

Maryland Health Connection uses a simple method for rating the performance of each QHP that was developed by HealthcareData Company, LLC (HDC). The rating method provides a visual representation of overall plan quality and performance so that consumers can more easily make comparisons among health plans.

The HDC 5-Star™ Quality and Performance Rating System uses performance measures and indicators currently reported by the insurance carriers to the Maryland Health Care Commission. Each measure and indicator is assigned a weight in order to take account of how important the particular measure or indicator is presumed to be to consumers. For example, an insurance carrier’s performance on health care quality clinical measures and indicators are given a greater weight than their performance on measures and indicators that relate to a consumer satisfaction survey of their members. Insurance carriers are evaluated on each of the weighted performance measures and indicators they report on and are then awarded an overall star rating of 1 to 5 stars, with 5 stars being the highest. It should be noted that this overall star rating is rounded up to the nearest half-star increment.

Consideration should be made when comparing carriers by star rating. A carrier with less than 5 stars is not below standard. When compared to the national average a carrier may have strengths and weaknesses; that same carrier may be providing excellent service when compared with carriers outside of Maryland. It is best to compare those areas that address your individual concerns to ensure the level of care you desire.

The rating method provides a visual representation of overall plan quality and performance so that consumers can more easily make comparisons among health plans.



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DESCRIPTION FOR HDC 5-STAR™

Please refer to Appendix 1 for a diagram of the 5-star rating process.

Three steps are used to produce a star rating for each Qualified Health Plan. The following outline presents how the star rating system works:

Given: 2014 health benefit plan quality and performance data is being used as a “proxy” or close substitute for quality and performance data of similar qualified health plans (QHPs) and quality and performance measures and indicators have been weighted to account for their level of importance.

Step 1: The **Basic Star Score** is determined by comparing plan performance on the selected measure or indicator to the national average benchmark for the same measure or indicator. Each QHP reports on many clinical measures and indicators plus some non-clinical measures. The performance score for each clinical measure and indicator is compared to percentile rankings produced by the National Committee for Quality Assurance (NCQA). Basic Star Scores are assigned to each of these measures and indicators based on QHP performance against the national average benchmark and according to the following percentile schedule:

- 0 to 10th percentile ★
- 11th to 25th percentile ★★
- 26th to 50th percentile ★★★
- 51st to 75th percentile ★★★★
- Above the 75th percentile ★★★★★

Please refer to Appendix 1 for a listing of the clinical and non-clinical measures and indicators.

Step 2: The **Weighted Star Score** is determined by multiplying the Basic Star Score from Step 1 by the weight assigned to the same individual measure or indicator.

Please refer to Appendix 2 for more information on weighting of measures and indicators.

Step 2a: The **HEDIS® Category Weighted Star Score** is determined by calculating the sum of Weighted Star Scores for individual measures and indicators within each of the eight categories of clinical measures and indicators with a fixed weight of 0.81% for each measure and indicator.

Step 2b: The **CAHPS® Category Weighted Star Score** is determined by repeating steps 1 and 2, then calculating the sum of the Weighted Star Scores for measures within each of the fourteen categories of non-clinical measures with a fixed weight of 0.57% for each CAHPS® category.



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Step 2c: The **Sufficiency Category Weighted Star Score** is determined by the comprehensiveness of the non-clinical measure being reported. One star is assigned if insufficient or no information is reported for these measures and five stars if the measure is completely reported. If five stars, then each non-clinical measure is assigned a maximum value that carries a fixed weight of 4.9%. This includes performance on the Maryland Health Plan Quality Profile and the Maryland Plan Behavioral Health Assessment plus a fixed weight of 4.9% for performance on the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment.

Step 3: The final **5-STAR™ Rate** for each QHP is then determined by calculating the sum of the Category Weighted Star Scores from steps 2a, 2b, and 2c, then rounding up to the nearest half-star increment.

Performance Measures Used in Scoring

Please refer to Appendix 1 for a detailed listing of all performance measures/indicators used in calculating the star rating.

Assignment of Weights and Measure Contributions

Please refer to Appendix 2 for a detailed listing of the major performance areas used in the star rating.

Sample of Scoring

For a sample of scoring using the HDC 5-Star™ Performance Evaluation System, please refer to Appendix 3 for a table depicting the star rating process.



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PERFORMANCE RATING TABLE FOR MARYLAND QHPs

Report-Level Name	QHP Name (\$-Annual Individual Deductible/%-Co-Insurance)	Carrier	Plan Type	Embedded Pediatric Dental Only or Embedded Adult and Pediatric Dental	Overall Star Rating
HMO					
CareFirst BlueChoice	BlueChoice Silver (\$2,000/Co-Insurance varies*)	CareFirst BlueChoice Inc	HMO	Pediatric	★★★★☆
	BlueChoice Gold (\$0/Co-Insurance varies*)	CareFirst BlueChoice Inc	HMO	Pediatric	★★★★☆
	BlueChoice Gold (\$1,000/Co-Insurance varies*)	CareFirst BlueChoice Inc	HMO	Pediatric	★★★★☆
	BlueChoice Young Adult (\$6,350/Co-Insurance varies*)	CareFirst BlueChoice Inc	HMO	Pediatric	★★★★☆
	BlueChoice HSA Bronze (\$4,000/Co-Insurance varies*)	CareFirst BlueChoice Inc	HMO	Pediatric	★★★★☆
	BlueChoice HSA Bronze (\$6,000/Co-Insurance varies*)	CareFirst BlueChoice Inc	HMO	Pediatric	★★★★☆
	BlueChoice HSA Silver (\$1,300/Co-Insurance varies*)	CareFirst BlueChoice Inc	HMO	Pediatric	★★★★☆
	BlueChoice Plus Bronze (\$5,500/Co-Insurance varies*)	CareFirst BlueChoice Inc	POS	Pediatric	★★★★☆
	BlueChoice Plus Silver (\$2,500/Co-Insurance varies*)	CareFirst BlueChoice Inc	POS	Pediatric	★★★★☆
	HealthyBlue Gold (\$1,500/Co-Insurance varies*)	CareFirst BlueChoice Inc	POS	Pediatric	★★★★☆
	HealthyBlue Platinum (\$0/Co-Insurance varies*)	CareFirst BlueChoice Inc	POS	Pediatric	★★★★☆
Evergreen Health Cooperative	Evergreen Health HMO Gold (\$1,100/Co-Insurance varies*)	Evergreen Health Cooperative	HMO	Pediatric	2013 Quality Data Not Available
	Evergreen Health HMO Silver (\$4,500/Co-Insurance varies*)	Evergreen Health Cooperative	HMO	Pediatric	2013 Quality Data Not Available
	Evergreen Health HMO Silver HSA/HRA (\$1,700/Co-Insurance varies*)	Evergreen Health Cooperative	HMO	Pediatric	2013 Quality Data Not Available
	Evergreen Health HMO Bronze (\$5,750/Co-Insurance varies*)	Evergreen Health Cooperative	HMO	Pediatric	2013 Quality Data Not Available
	Evergreen Health HMO Bronze HSA/HRA (\$6,300/Co-Insurance varies*)	Evergreen Health Cooperative	HMO	Pediatric	2013 Quality Data Not Available
	Evergreen Health HMO The Basics (\$6,600/Co-Insurance varies*)	Evergreen Health Cooperative	HMO	Pediatric	2013 Quality Data Not Available
	Evergreen Health POS Platinum (\$0/Co-Insurance varies*)	Evergreen Health Cooperative	POS	Pediatric	2013 Quality Data Not Available
	Evergreen Health POS Gold (\$500/Co-Insurance varies*)	Evergreen Health Cooperative	POS	Pediatric	2013 Quality Data Not Available
	Evergreen Health POS Gold HSA/HRA (\$1,400/Co-Insurance varies*)	Evergreen Health Cooperative	POS	Pediatric	2013 Quality Data Not Available
	Evergreen Health POS Silver (\$3,000/Co-Insurance varies*)	Evergreen Health Cooperative	POS	Pediatric	2013 Quality Data Not Available
	Evergreen Health POS Bronze (\$4,500/Co-Insurance varies*)	Evergreen Health Cooperative	POS	Pediatric	2013 Quality Data Not Available
Evergreen Health POS Bronze HSA/HRA (\$5,350/Co-Insurance varies*)	Evergreen Health Cooperative	POS	Pediatric	2013 Quality Data Not Available	

Co-Insurance varies*—The percent of a members co-insurance charges varies based on whether health or dental services are rendered by in-network or out-of-network provider(s); base co-insurance will be displayed if provided

HSA—Health Services Account established by individuals to pay for qualified health care expenses

HRA—Healthcare Reimbursement Account used by employers to reimburse employees' health care expenses

PERFORMANCE RATING TABLE FOR MARYLAND QHPs CONTINUED

Report-Level Name	QHP Name (\$-Annual Individual Deductible/%-Co-Insurance)	Carrier	Plan Type	Embedded Pediatric Dental Only or Embedded Adult and Pediatric Dental	Overall Star Rating
HMO					
Kaiser Permanente	KP MD Platinum (\$0/10% Co-Insurance)	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Gold (\$0/20% Co-Insurance)	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Gold (\$1,000/20% Co-Insurance)	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Silver (\$1,500/30% Co-Insurance)	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Silver (\$2,500/30% Co-Insurance)	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Silver (\$1,750/25% Co-Insurance)/HSA	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Bronze (\$4,500/50% Co-Insurance)/HSA	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Bronze (\$4,500/50% Co-Insurance)/HSA	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Bronze (\$5,000/30% Co-Insurance)/HSA	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
	KP MD Catastrophic (\$6,600/0% Co-Insurance)	Kaiser Permanente	HMO	Adult & Pediatric	★★★★★
UnitedHealthcare of the Mid-Atlantic	UnitedHealthcare Gold Compass (\$500/Co-Insurance varies*)	UnitedHealthcare of the Mid-Atlantic	HMO	Pediatric	★★★★
	UnitedHealthcare Silver Compass (\$5,000/Co-Insurance varies*)	UnitedHealthcare of the Mid-Atlantic	HMO	Pediatric	★★★★
	UnitedHealthcare Silver Compass HSA (\$1,600/Co-Insurance varies*)	UnitedHealthcare of the Mid-Atlantic	HMO	Pediatric	★★★★
	UnitedHealthcare Bronze Compass HSA (\$4,900/Co-Insurance varies*)	UnitedHealthcare of the Mid-Atlantic	HMO	Pediatric	★★★★
	UnitedHealthcare Bronze Compass (\$5,500/Co-Insurance varies*)	UnitedHealthcare of the Mid-Atlantic	HMO	Pediatric	★★★★

Co-Insurance varies*—
The percent of a members co-insurance charges varies based on whether health or dental services are rendered by in-network or out-of-network provider(s); base co-insurance will be displayed if provided

HSA—Health Services Account established by individuals to pay for qualified health care expenses

HRA—Healthcare Reimbursement Account used by employers to reimburse employees' health care expenses

PERFORMANCE RATING TABLE FOR MARYLAND QHPs CONTINUED

Report-Level Name	QHP Name (\$—Annual Individual Deductible/%—Co-Insurance)	Carrier	Plan Type	Embedded Pediatric Dental Only or Embedded Adult and Pediatric Dental	Overall Star Rating
PPO					
CareFirst of Maryland, Inc.	BlueCross BlueShield Preferred, A Multi-State Plan (\$500/Co-Insurance varies*)	CareFirst of Maryland, Inc.	PPO	Pediatric	★★★★☆
	BluePreferred Platinum (\$0/Co-Insurance varies*)	CareFirst of Maryland, Inc.	PPO	Pediatric	★★★★☆
	BluePreferred HSA Bronze (\$3,500/Co-Insurance varies*)	CareFirst of Maryland, Inc.	PPO	Pediatric	★★★★☆
	BlueCross BlueShield Preferred, A Multi-State Plan (\$1,500/Co-Insurance varies*)	CareFirst of Maryland, Inc.	PPO	Pediatric	★★★★☆
Cigna Health and Life Insurance Company	myCigna Health Savings (\$6,000/Co-Insurance varies*)	Cigna Health and Life Insurance Company	PPO	Pediatric	★★★★★
	myCigna Health Savings (\$3,400/Co-Insurance varies*)	Cigna Health and Life Insurance Company	PPO	Pediatric	★★★★★
	myCigna Health Flex (\$1,250/Co-Insurance varies*)	Cigna Health and Life Insurance Company	PPO	Pediatric	★★★★★
CareFirst's GHMSI	BluePreferred Platinum (\$0/Co-Insurance varies*)	Group Hospitalization and Medical Services, Inc.	PPO	Pediatric	★★★★★
	BluePreferred HSA Bronze (\$3,500/Co-Insurance varies*)	Group Hospitalization and Medical Services, Inc.	PPO	Pediatric	★★★★★
	BlueCross BlueShield Preferred, A Multi-State Plan (\$500/Co-Insurance varies*)	Group Hospitalization and Medical Services, Inc.	PPO	Pediatric	★★★★★
	BlueCross BlueShield Preferred, A Multi-State Plan (\$1,500/Co-Insurance varies*)	Group Hospitalization and Medical Services, Inc.	PPO	Pediatric	★★★★★
EPO					
All-Savers UnitedHealthcare	UnitedHealthcare Gold Choice (\$500/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available
	UnitedHealthcare Silver Choice (\$5,000/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available
	UnitedHealthcare Silver Choice (\$2,500/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available
	UnitedHealthcare Silver Choice (\$3,500/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available
	UnitedHealthcare Silver Choice HSA (\$3,650/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available
	UnitedHealthcare Bronze Choice HSA (\$6,350/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available
	UnitedHealthcare Bronze Choice (\$5,500/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available
	UnitedHealthcare Catastrophic Choice (\$6,350/Co-Insurance varies*)	All-Savers UnitedHealthcare	EPO	Pediatric	2013 Quality Data Not Available

Co-Insurance varies*—
The percent of a members co-insurance charges varies based on whether health or dental services are rendered by in-network or out-of-network provider(s); base co-insurance will be displayed if provided

HSA—Health Services Account established by individuals to pay for qualified health care expenses

HRA—Healthcare Reimbursement Account used by employers to reimburse employees' health care expenses

INFORMATION ON KEY REPORTING METHODOLOGIES

PLAN RATING METHODS—HEDIS®

Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool developed by the National Committee for Quality Assurance (NCQA) to gather information on how well health plans provide a standard set of services. The set of services are called HEDIS® measures. Ratings based on the HEDIS® measures help consumers compare health plans' performance on each measure or indicator.

The Maryland Health Care Commission contracted HDC to audit all of Maryland Health Connection plans based on 2014 HEDIS® measures. The audit reviewed how well each insurance company collected data on its benefit services, and how well each company performed on the measures.

HEDIS® software is used to evaluate each health plan's data. Health plans gather and report on several types of data:

- 1 Administrative data from patient claims, visits, encounters, and even pharmacy or behavior health encounters
- 2 Supplemental data from immunization registries, lab results, case management files and medical records
- 3 Medical record data from paper or electronic medical records

The percentages of data obtained from one data source versus another vary widely among health benefit plans, making it inappropriate to make across-the-board statements about the need for, or positive impact of, one method versus another. In fact, an organization's yield from the hybrid method may impact the final rate by only a few percentage points, an impact that is also achievable through improvement of administrative data collection systems.

Upon completion, the auditor approves the rate/result of each measure included in the HEDIS® report. If the auditor determines that a measure is biased, the organization cannot report a rate for that measure and the auditor assigns the designation of NR. Bias is based on the degree of error or data completeness for the data collection method used. The performance scores presented in this report reflect only measures deemed "Reportable" by the HEDIS® auditor.



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PLAN RATING METHOD - MEMBER EXPERIENCE AND SATISFACTION (CAHPS® & HEDIS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a set of surveys overseen by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ). These surveys capture patient, health plan member and consumer satisfaction about their healthcare experiences. The Maryland Health Care Commission used *CAHPS® Health Plan Survey 5.0H Adult Version*.

The core of the CAHPS® survey is a set of questions used to measure satisfaction with the experience of care and includes questions that reflect overall satisfaction and multi-question composites that summarize responses in key areas. Respondents are asked to use various scales (e.g., 1–10 or Usually/Always) to rate their doctors, specialists, experience with all health care, and their health benefit plan.

MHCC contracted with WBA Research, a survey vendor specializing in health care and other consumer satisfaction surveys, to administer the survey to members of the various health benefit plans included in this report.

In addition, MHCC contracted with a licensed HEDIS® audit firm, HealthcareData Company, LLC, to review programming codes used to create the list of eligible members to take part in the survey and to validate the integrity of the sample frame of those members before WBA Research randomly drew from the sample and administered the survey. Survey data collection began in mid-February 2014 and lasted into May 2014. Summary-level data files generated by NCOA were distributed in June 2014 to each health benefit plan for a review of data before the authorized health benefit plan representative signed off attesting to the accuracy of the data pertaining to their health benefit plan that are now included in this public report.

Included in the Member Experience and Satisfaction is one HEDIS® measure—Call Answer Timeliness. This measure calculates the percentage of calls received by the organization's member services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds. The rationale for inclusion is that healthcare providers, organization members, and purchasers increasingly recognize the importance of customer service as a factor in patient satisfaction. The collected data provides opportunities for organization comparisons, as well as quality improvement initiatives.

SURVEY METHODS AND PROCEDURES

Sampling: Eligibility and Selection Procedures

Health benefit plan members who are eligible to participate in the *CAHPS® Health Plan Survey 5.0H, Adult Version* had to be 18 years of age or older as of December 31 of the 2013 measurement year. They also had to be continuously enrolled in the commercial health benefit plan for at least 11 of the 12 months of 2013, and remain enrolled in the health benefit plan in 2014. Enrollment data sets submitted to the CAHPS® vendor are sets of all eligible members—the relevant population. All health benefit plans are required to have their CAHPS® data set (sample frame) audited by the licensed HEDIS® auditor before the data is sent to the survey vendor.

Survey Protocol

The CAHPS® survey employs a rigorous, multistage contact protocol that features a mixed-mode methodology consisting of a mail process and telephone follow-up attempts. This protocol is designed to maximize response rates and give different types of responders a chance to reply to the survey in a way that they find comfortable. For example, telephone responders are more likely to be younger, healthier, and male.

RELICC™

The Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment™, or RELICC™, is a quality and performance measurement tool customized for the State of Maryland by the MidAtlantic Business Group on Health/National Business Coalition on Health. The tool focuses on how plans are working to eliminate health disparities in the State of Maryland by targeting issues surrounding race/ethnicity, language, interpreter need, and cultural competency.

QUALITY PROFILE

The Maryland Health Plan Quality Profile is also a Maryland-specific quality tool that offers a summary of current quality improvement initiatives implemented by each carrier. The Maryland initiatives described by carriers focus on a core theme of “understanding and addressing health care disparities.” Many of the initiatives include a focus on actions taken by each organization toward implementing progressive programs that respond to improving methods for collecting and reporting RELICC™-related information and promoting continuous quality improvement.

BEHAVIORAL HEALTH ASSESSMENT

The Maryland Plan Behavioral Health Assessment is another Maryland-specific quality tool that details the plan’s behavioral health care provider network. Information provided in the tool includes total members with behavioral health benefits, Maryland counties where plan operates, total behavioral health providers available, accreditation status of behavioral health vendor, and percentage of psychiatrists who are board certified.



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APPENDICES

APPENDIX 1 – SAMPLE OF SCORING USING THE HDC 5-STAR™ PERFORMANCE EVALUATION SYSTEM

Code	Measures	Categories	Rate %	Stars 1-5	Weight	Value	Notes
Primary Care and Wellness for Children and Adolescents							
CAP	Children and Adolescent's Access to Primary Care Providers:						STEP 2
	• 12–24 months		98.72%	4 x	0.00811	0.03244	STEP 1
	• 25 months–6 years		93.65%	4	0.00811	0.03244	
	• 7–11 years		94.95%	5	0.00811	0.04055	STEP 2a
	• 12–19 years		89.36%	3	0.00811	0.02433	
						Category Total	0.51093
Chronic Disease for Children and Adolescents							
						Category Total	0.22708
Womens Health							
						Category Total	0.12165
Primary Care and Wellness for Adults							
						Category Total	0.34873
Chronic Disease for Adults							
						Category Total	0.73801
Behavioral Health							
						Category Total	0.21897
(Special Emphasis Areas: HEDIS® Measures) Wellness & Prevention							
						Category Total	0.21086
(Special Emphasis Areas: HEDIS® Measures) Chronic Diseases							
						Category Total	0.25141
Member Experience and Satisfaction Measures							
r42	Rating of Health Plan		66.25%	3	0.01500	0.045	
rsvc	Customer Service Composite		84.97%	3	0.01500	0.045	
rgcq	Getting Care Quickly Composite		83.91%	2	0.01500	0.030	
rgnc	Getting Needed Care Composite		84.67%	3	0.01500	0.045	STEP 2b
rdoc	How Well Doctors Communicate Composite		92.51%	2	0.01500	0.030	
						Category Total	0.19500
Maryland Plan Behavioral Health Assessment							
	Reported		100.00%	5	0.02450	0.1225	
						Category Total	0.12250
Maryland Health Plan Quality Profile							
	Reported		100.00%	5	0.02450	0.1225	STEP 2c
						Category Total	0.12250
Qualified Health Plan Focus on Cultural and Ethnic Diversity of Membership (RELICC)							
	Reported		100.00%	5	0.04900	0.245	STEP 3
						Category Total	0.24500
						Value Total	3.31264

Given: 2013 health benefit plan quality and performance data is being used as a “proxy” or close substitute for quality and performance data of similar qualified health plans (QHPs) and quality and performance measures and indicators have been weighted to account for their level of importance.

STEP 1: Basic Star Score is based on QHP performance against the national average benchmark—4 stars here

STEP 2: Weighted Star Score is based on multiplying the Basic Star Score by the weight of the measure or indicator—about 0.032 of a star here

STEP 2a: HEDIS® Category Weighted Star Score is based on the sum of the Weighted Star Scores in each of eight HEDIS categories—about 0.511 of a star here...plus 7 more category totals

STEP 2b: CAHPS® Category Weighted Star Score is based on the sum of the Weighted Star Scores in each of five CAHPS categories—about 0.195 of a star here...for all category totals (5 shown here)

STEP 2c: Sufficiency Category Weighted Star Score is based on the sufficient completion of the 3 Maryland-specific quality tools—about 0.12, 0.12 & 0.25 of a star here... for the 3 category totals

STEP 3: 5-STAR Rate for each QHP is based on the sum of the Category Weighted Star Scores—about 3.31 stars here

APPENDIX 2 – ASSIGNMENT OF WEIGHTS AND MEASURE CONTRIBUTIONS

- 1 Each HEDIS® measure is assigned a weight of 0.81%. *(Note: Some measures have multiple components; each component is assigned a weight of 0.81%.)*
- 2 These measures, of which 14.6% are “Special Emphasis” measures selected in consultation with Maryland state government officials who identified the areas of interest (see item (3), below), account for 82.7% of the scoring.
- 3 The percentages by HEDIS® category are:

■ Primary Care and Wellness for Children and Adolescents	14.6%
■ Chronic Disease for Children and Adolescents	8.1%
■ Women’s Health	4.1%
■ Primary Care and Wellness for Adults	10.5%
■ Chronic Disease for Adults	24.3%
■ Behavioral Health	6.5%
■ “Special Emphasis” on Wellness and Prevention	6.5%
■ “Special Emphasis” on Chronic Diseases	8.1%
- 4 The 13 CAHPS® categories and one HEDIS® measure in the Member Experience and Satisfaction category are each assigned a 0.57% weight for a total of 7.5% of the scoring. See complete list of all fourteen CAHPS® categories in Appendix 3.
- 5 In total, the HEDIS® and CAHPS® measures account for 90.2% of the total scoring.
- 6 Combined performance on the Maryland Health Plan Quality Profile and the Maryland Plan Behavioral Health Assessment is assigned a weight of 4.9% of the total scoring—and the scoring is based on the sufficiency of QHP’s completion of the two quality tools.
- 7 Performances on the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment™ (RELICC™) is assigned a weight of 4.9% of the total scoring—and this scoring is based on the sufficiency of QHP’s submission of a completed RELICC™ assessment evaluation instrument.



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APPENDIX 3 – PERFORMANCE MEASURES USED IN STAR RATING SCORING

Primary Care and Wellness for Children and Adolescents

- Children and Adolescent's Access to Primary Care Providers
 - 4 Age Groups
 - 12–24 months
 - 25 months–6 years
 - 7–11 years
 - 12–19 years
- Well Child Visits in the First 15 Months of Life—0 visits with a PCP
- Well Child Visits Age 3, 4, 5, 6 Years of Age
- Childhood Immunization Services—Combo 10
- Adolescent Well Care Visits
- Immunization for Adolescents—Combo 1
- Human Papillomavirus Vaccine for Female Adolescents
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
 - 3 Indicators—Two age groups per indicator (3–11 years, 12–17 years)
 - BMI Percentile
 - Counseling for Nutrition
 - Counseling for Physical Activity
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection

Chronic Disease for Children and Adolescents

- Follow-up Care For Children Prescribed ADHD Medications
 - 2 Indicators
 - Initiation Phase
 - Continuation Phase
- Use of Appropriate Medications for People with Asthma**
- Asthma Medication Ratio**

** Note: Two age groups reported for each measure: 19–50 years and 51–64 years

Chronic Disease for Children and Adolescents continued

- Medication Management for People with Asthma (2 rates for each age group—50%, 75%)**

Women's Health

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Prenatal and Postpartum Care—Prenatal Visit
- Prenatal and Postpartum Care—Postpartum Visit

Primary Care and Wellness for Adults

- Adults' Access to Preventive/Ambulatory Health Services
 - 3 Age Groups
 - 20–44 years
 - 45–64 years
 - 65 years +
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Use of Imaging Services for Low Back Pain
- Adult Body Mass Index Assessment
- Colorectal Cancer Screening
- Annual Monitoring for Patients on Anticonvulsants
- Flu Vaccinations for Adults Age 18–64
- Medical Assistance With Smoking and Tobacco Use Cessation
 - Advising Smokers and Tobacco Users to Quit
 - Discussing Cessation Medications
 - Discussing Cessation Strategies



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** Note: Two age groups reported for each measure: 0–11 years and 12–18 years

Chronic Diseases for Adults

Asthma

- Use of Appropriate Medications for People with Asthma**
- Asthma Medication Ratio**
- Medication Management for People with Asthma (2 rates for each age group—50%, 75%)**

Cardiovascular Conditions

- Cholesterol Management for Patients with Cardiovascular Conditions
 - 2 Indicators*
 - LDL Screening
 - LDL Level < 100 mg/dL
- Persistence of Beta Blocker Treatment after Heart Attack
- Annual Monitoring for Patients on
 - Digoxin
 - Angiotensin receptor blockers
 - Diuretics
- Aspirin Use and Discussion
 - Aspirin Use
 - Discussing Aspirin Risks and Benefits

COPD

- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Pharmacotherapy Management of COPD Exacerbation
 - 2 Indicators*
 - Corticosteroid
 - Bronchodilator

Diabetes

■ Comprehensive Diabetes Care

10 Indicators

- Hemoglobin HbA1c testing
- HbA1c Poor Control > 9
- HbA1c control < 8
- HbA1c control < 7 for a selected population
- Dilated Eye Exam Performed
- LDL-C Screening
- LDL-C Control < 100
- Medical Attention for Nephropathy
- BP Control < 140/80
- BP Control < 140/90

Hypertension

■ Controlling High Blood Pressure

Behavioral Health

■ Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

4 Indicators

- Initiation: Age Groups 13–17 and 18+
- Engagement: Age Groups 13–17 and 18+

■ Antidepressant Medication Management

2 Indicators

- 84 days medication coverage
- 180 days medication coverage

■ Follow-up After Hospitalization for Mental Illness

2 Indicators

- Follow-up within 7 days of discharge
- Follow-up within 30 days of discharge

Member Experience & Satisfaction (CAHPS® and HEDIS® Measures)

- Rating of Health Plan
- Customer Service Composite
- Getting Care Quickly Composite
- Getting Needed Care Composite
- How Well Doctors Communicate Composite
- Claims Processing
- Shared Decision Making
- Plan Information on Costs
- Health Promotion and Education
- Coordination of Care
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Call Answer Timeliness

Special Emphasis Areas:

Wellness & Prevention—HEDIS® Measures

- Well child visits in the first 15 months of life—0 visits with a PCP
- Well child visits age 3, 4, 5, 6 years of age
- Childhood immunization services—combo 10
- Adolescent well care visits
- Immunization for adolescents—combo 1
- Children and adolescent's access to primary care providers—age group 12 to 19 years
- Adults' access to preventive/ambulatory health services—age group 20 to 44 years
- Percent of members who rated their QHP at 8, 9 or 10 (where 10 is the highest score)

Chronic Diseases—HEDIS® Measures

- Asthma (3 measures—use Total Rate for each measure)
- Cardiovascular Conditions (2 measures)
- COPD (2 measures)
- Diabetes (1 measure)—use HbA1c < 7
- Hypertension (1 measure)

Maryland Specific Performance Measures

- Qualified Health Plan quality initiatives
- Qualified Health Plan focus on cultural and ethnic diversity of membership (RELICC™)



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