



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

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2014 Quality and Performance Reporting Requirements (QPRR)

This document contains the 2014 reporting requirements for commercial health benefit plans required to participate in Maryland's Health Benefit Plan Quality and Performance Evaluation System. Commercial health benefit plans including HMOs, POSs, PPOs, EPOs, or other similar entities, shall be required to submit data for quality and performance measures using either the NCQA Interactive Data Submission System (IDSS) tool or the free HDC Benchmarking tool. All reporting will be for services provided during calendar year 2013 and shall continue to include Maryland-only data; in addition, rotation of rates from the prior year, is not authorized. In order to differentiate Maryland-only data from book-of-business data, commercial health benefit plans shall determine whether a member is a Maryland resident based on the member's residency in the State of Maryland on December 31st of the 2013 calendar year or their last known address.

All QPRR measures are derived from the following quality and performance measurement tools to address public health issues of particular importance in the State of Maryland:

- *The Maryland RELICC Assessment* – A newly developed tool customized for the State of Maryland by the MidAtlantic Business Group on Health/National Business Coalition on Health, which focuses on race/ethnicity, language, interpreters, and cultural competency issues
- National Committee for Quality Assurance's *Healthcare Effectiveness Data and Information Set (HEDIS®)* – A widely used tool which focuses on clinical performance
- Agency for Healthcare Research and Quality's *Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey* – A widely used tool which focuses on member satisfaction with their experience of care
- *The Maryland Plan Behavioral Health Assessment* – A Maryland-specific tool which focuses on behavioral health issues and the behavioral healthcare provider network
- *The Maryland Health Plan Quality Profile* – A Maryland-specific tool which focuses on continuous quality improvement initiatives

In accordance with the Code of Maryland Regulations **COMAR 10.25.08**, all carriers are required to **participate** in the Health Benefit Plan Quality and Performance Evaluation System if they meet the following criteria:

- Hold a certificate of authority in the State of Maryland from the Maryland Insurance Administration
- Have a premium volume in Maryland for each category of health benefit plan that exceeds \$1,000,000
- Have 65 percent or fewer of its Maryland enrollees covered through the Medicaid and Medicare Programs (as reported in an annual statement submitted by a carrier to the MHCC that includes premium volume and enrollment percentages for the calendar year preceding the reporting year)

A carrier may request a *Notice of Exemption* from participating in the Health Benefit Plan Quality and Performance Evaluation System from the MHCC. As part of their written request, a carrier must also present clear evidence that shows the carrier does not meet the minimum criteria for participation as defined by COMAR 10.25.08.

Scharmaine Robinson, Chief, Health Benefit Plan Quality and Performance, scharmaine.robinson@maryland.gov

Carriers Required to Submit Performance Data to MHCC

A carrier shall report on products individually or in MHCC-authorized product combinations. The table below indicates the various authorized product combinations of Health Maintenance Organization (HMO) plans, Point Of Service (POS) plans, Exclusive Provider Organization (EPO) plans, or other types of health benefit plans.

Carrier	Report Name	Health Benefit Plan Legal Entity Name	Individual or Authorized Combination
Aetna	*Aetna HMO	Aetna Health, Inc. PA/MD	HMO/POS
	Coventry HMO	Coventry Health Care of Delaware, Inc.	HMO/POS
	*Aetna PPO	Aetna Life Insurance Company MD/DC	PPO/EPO
	Coventry PPO	Coventry Health and Life Insurance Company	PPO
CareFirst	BlueChoice HMO	CareFirst BlueChoice, Inc.	HMO/POS
	BluePreferred PPO	CareFirst of Maryland, Inc	PPO/EPO/ASO
	CareFirst GHMSI PPO	CareFirst Group Hospitalization and Medical Services, Inc.	PPO/ASO
Cigna	*Cigna CHLIC PPO	Cigna Health and Life Insurance Company (formerly Cigna HealthCare Mid-Atlantic, Inc.)	PPO/POS/EPO/OAP/Ind
	*Cigna CGLIC PPO	Connecticut General Life Insurance Company MD/DC	PPO/POS/EPO/OAP/Ind
Kaiser Permanente	*Kaiser Permanente HMO	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	HMO/POS
	*KPIC PPO	Kaiser Permanente Insurance Company	PPO
UnitedHealthcare	UnitedHealthcare HMO	UnitedHealthcare of the Mid-Atlantic, Inc.	HMO
	MD-IPA HMO	MD- Individual Practice Association, Inc.	HMO/POS
	OCI HMO	Optimum Choice, Inc.	HMO/POS
	MAMSI PPO	MAMSI Life and Health Insurance Company	PPO
	UnitedHealthcare PPO	UnitedHealthcare Insurance Company – Mid-Atlantic	PPO/POS/EPO

* Automated Source Code Review is required for carriers not using HEDIS™ certified software. Automated Source Code Review Measures for 2014 include:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)
- Cervical Cancer Screening (CCS)

2014 QPRR Table of Required Measures

(HEDIS®, CAHPS, Maryland RELICC Assessment, Maryland Behavioral Health Assessment, and Maryland Health Plan Quality Profile measurement tools)

All measures are subject to audit.

LEGEND	Reporting Level	Description	Note
	A	Measure was previously required for standard reporting and is currently required for standard reporting; performance results may be included in MHCC's public report(s).	For all required measures listed below as "A", "B", "C", or "D," all of the indicators (or numerators) are required for reporting (e.g., for the CDC measure, the HbA1c < 7 indicator is required for reporting).
	B	New measure required for standard reporting however, being a first-year measure, performance results will not be included in MHCC's public report(s).	
	C	Measure was previously required for standard reporting and supplemental member-level detail reporting therefore, performance results for standard and supplemental data may be included in MHCC's public report(s).	
	D	Measure was previously required for standard reporting and is a new measure for supplemental member-level detail reporting therefore performance results for standard data only may be included in MHCC's public report(s).	
	<blank>	Measure is not required for 2014 reporting.	

Collection Method	Measure	Accreditation	Reporting Level
HEDIS 2014, Effectiveness of Care ®			
Prevention and Screening			
Admin or Hybrid	Adult BMI Assessment (<i>ABA</i>)	*	A
Admin or Hybrid	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (<i>WCC</i>)	*	A
Admin or Hybrid	Childhood Immunization Status (<i>CIS</i>)	*	A
Admin or Hybrid	Immunizations for Adolescents (<i>IMA</i>)		A
Admin or Hybrid	Human Papillomavirus Vaccine for Female Adolescents (<i>HPV</i>)		A
Admin or Hybrid	Lead Screening in Children (<i>LSC</i>) * <i>Medicaid only</i>		
Admin only	Breast Cancer Screening (<i>BCS</i>)	*	A
Admin or Hybrid	Cervical Cancer Screening (<i>CCS</i>)	*	A
Admin or Hybrid	Non-Recommended Cervical Cancer Screening in Adolescent Females (<i>NCS</i>)		
Admin or Hybrid	Colorectal Cancer Screening (<i>COL</i>)	*	A
Admin only	Chlamydia Screening in Women (<i>CHL</i>)	*	A
Admin only	Glaucoma Screening in Older Adults (<i>GSO</i>) * <i>Medicare only</i>		
Admin or Hybrid	Care for Older Adults (<i>COA</i>) * <i>Medicare SNPs only</i>		
Respiratory Conditions			
Admin only	Appropriate Testing for Children With Pharyngitis (<i>CWP</i>)	*	A
Admin only	Appropriate Treatment for Children With Upper Respiratory Infection (<i>URI</i>)	*	A

Admin only	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (<i>AAB</i>)	*	A
Admin only	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (<i>SPR</i>)	*	A
Admin only	Pharmacotherapy Management of COPD Exacerbation (<i>PCE</i>)	*	A
Admin only	Use of Appropriate Medications for People With Asthma (<i>ASM</i>)		A
Admin only	Medication Management for People With Asthma (<i>MMA</i>)		A
Admin only	Asthma Medication Ratio (AMR)		A
Cardiovascular Conditions			
Admin or Hybrid	Cholesterol Management for Patients With Cardiovascular Conditions (<i>CMC</i>)	*	A
Hybrid only	Controlling High Blood Pressure (<i>CBP</i>)	*	A
Admin only	Persistence of Beta-Blocker Treatment After a Heart Attack (<i>PBH</i>)	*	A
Diabetes			
Admin or Hybrid	Comprehensive Diabetes Care (<i>CDC</i>)	*	A
Musculoskeletal Conditions			
Admin only	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (<i>ART</i>)		A
Admin only	Osteoporosis Management in Women Who Had a Fracture (<i>OMW</i>) *Medicare only		
Admin only	Use of Imaging Studies for Low Back Pain (<i>LBP</i>)	*	A
Behavioral Health			
Admin only	Antidepressant Medication Management (<i>AMM</i>)	*	A
Admin only	Follow-Up Care for Children Prescribed ADHD Medication (<i>ADD</i>)	*	A
Admin only	Follow-Up After Hospitalization for Mental Illness (<i>FUH</i>)	*	A
Admin only	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (<i>SSD</i>) *Medicaid only		
Admin only	Diabetes Monitoring for People With Diabetes and Schizophrenia (<i>SMD</i>) *Medicaid only		
Admin only	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (<i>SMC</i>) *Medicaid only		
Admin only	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (<i>SAA</i>) *Medicaid only		
Medication Management			
Admin only	Annual Monitoring for Patients on Persistent Medications (<i>MPM</i>)		A
Admin only	Medication Reconciliation Post-Discharge (<i>MRP</i>) *Medicare SNPs only		
Admin only	Potentially Harmful Drug-Disease Interactions in the Elderly (<i>DDE</i>) *Medicare only		
Admin only	Use of High-Risk Medications in the Elderly (<i>DAE</i>) *Medicare only		
EOC Measures Collected Through Medicare Health Outcomes Survey			
Survey	Medicare Health Outcomes Survey (<i>HOS</i>) *Medicare only		
Survey	Fall Risk Management (<i>FRM</i>) *Medicare only		

Survey	Management of Urinary Incontinence in Older Adults (<i>MUI</i>) <i>*Medicare only</i>		
Survey	Osteoporosis Testing in Older Women (<i>OTO</i>) <i>*Medicare only</i>		
Survey	Physical Activity in Older Adults (<i>PAO</i>) <i>*Medicare only</i>		
EOC Measures Collected Through the CAHPS Health Plan Survey			
Survey	Aspirin Use and Discussion (<i>ASP</i>)		A
Survey	Flu Shots for Adults Ages 50–64 (<i>FSA</i>)	*	A
Survey	Flu Shots for Older Adults (<i>FSO</i>) <i>*Medicare only</i>		
Survey	Medical Assistance With Smoking and Tobacco Use Cessation (<i>MSC</i>)	*	A
Survey	Pneumococcal Vaccination Status for Older Adults (<i>PNU</i>) <i>*Medicare only</i>		
HEDIS 2014, Access/Availability of Care ®			
Admin only	Adults' Access to Preventive/Ambulatory Health Services (<i>AAP</i>)		C
Admin only	Children and Adolescents' Access to Primary Care Practitioners (<i>CAP</i>)		C
Admin only	Annual Dental Visit (<i>ADV</i>) <i>*Medicaid only</i>		
Admin only	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (<i>IET</i>)		A
Admin or Hybrid	Prenatal and Postpartum Care (<i>PPC</i>)		A
Admin only	Call Answer Timeliness (<i>CAT</i>) <i>*Not required to be reported using Maryland-only data</i>		A
HEDIS 2014, Experience of Care ®			
Survey	CAHPS Health Plan Survey 5.0H, Adult Version (<i>CPA</i>)		A
Survey	CAHPS Health Plan Survey 5.0H, Child Version (<i>CPC</i>)		
Survey	Children With Chronic Conditions (<i>CCC</i>)		
HEDIS 2014, Utilization and Relative Resource Use ®			
Utilization			
Admin or Hybrid	Frequency of Ongoing Prenatal Care (<i>FPC</i>) <i>*Medicaid only</i>		
Admin only	Well-Child Visits in the First 15 Months of Life (<i>W15</i>)		A
Admin only	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (<i>W34</i>)		A
Admin only	Adolescent Well-Care Visits (<i>AWC</i>)		A
Admin only	Frequency of Selected Procedures (<i>FSP</i>)		A
Admin only	Ambulatory Care (<i>AMB</i>)		A
Admin only	Inpatient Utilization—General Hospital/Acute Care (<i>IPU</i>)		A
Admin only	Identification of Alcohol and Other Drug Services (<i>IAD</i>)		A
Admin only	Mental Health Utilization (<i>MPT</i>)		A
Admin only	Antibiotic Utilization (<i>ABX</i>)		A
Admin only	Plan All-Cause Readmissions (<i>PCR</i>)		A
Relative Resource Use			
Admin only	Relative Resource Use for People With Diabetes (<i>RDI</i>)		A
Admin only	Relative Resource Use for People With Cardiovascular Conditions (<i>RCA</i>)		A
Admin only	Relative Resource Use for People With Hypertension (<i>RHY</i>)		A
Admin only	Relative Resource Use for People With COPD (<i>RCO</i>)		A
Admin only	Relative Resource Use for People With Asthma (<i>RAS</i>)		A

HEDIS 2014, Health Plan Descriptive Information/Stability ®			
Admin only	Board Certification (<i>BCR</i>) <i>*Report results for this measure by limiting the reporting to include only providers that are actively licensed to practice by the Maryland Board of Physicians and have an office or a physical presence in the State of Maryland.</i>		A
Admin only	Enrollment by Product Line (<i>ENP</i>)		A
Admin only	Enrollment by State (<i>EBS</i>)		A
Admin only	Language Diversity of Membership (<i>LDM</i>)		A
Admin only	Race/Ethnicity Diversity of Membership (<i>RDM</i>)		A
Admin or Hybrid	Weeks of Pregnancy at Time of Enrollment (<i>WOP</i>) <i>*Medicaid only</i>		
Admin only	Total Membership (<i>TLM</i>)		A
CAHPS 5.0H, Adult Version Survey			
Member Survey	Overall Ratings (of Healthcare, Personal Doctor, Specialist, Health Plan)		A
	Composite Care Scores (for Health Promotion and Education, Coordination of Care, Getting Care Quickly, Getting Needed Care, Shared Decision Making, How Well Doctors Communicate)		A
	Composite Carrier Scores (of Customer Service, Claims Processing, and Plan Information on Costs)		A
	Other Individual Survey Questions		A
Maryland RELICC Assessment			
Admin only Due Feb 14, 2014	Plan Profile		A
Admin only Due Mar 14, 2014	Race/Ethnicity, Language, Interpreters, & Cultural Competency measures (with Plan response to follow up due Apr 25, 2014)		A
Admin only Due July 1, 2014	RELICC Member Level Detail File Submissions: <ul style="list-style-type: none"> • AAP Detail File • CAP Detail File 		A
Maryland Plan Behavioral Health Assessment			
Behavioral Health Measures (Mental Health/Chemical Dependency)			
Plan shall provide a Behavioral Health Assessment to the audit vendor with signed attestation The template for each of these measures shall be provided by the audit vendor Due Apr 18, 2014	Provide the percentage of enrolled Maryland members that have behavioral health benefits with your health benefit plan		A
	Provide the percentage of enrolled Maryland members with behavioral health benefits with your health benefit plan that are served by an external provider/MBHO		A
	Provide all accreditation information for any segment of your health benefit plan directly responsible for behavioral health services that has received accreditation (Name, Accreditation Status, and Date of Accreditation Expiration)		A
	Provide Name, Accreditation Status, and Date of Accreditation Expiration for any external entity that provides behavioral health services to health benefit plan members through a contractual arrangement with your health benefit plan		A
	For each healthcare discipline including behavioral health,		A

	provide the number of network providers located in Maryland and in the health benefit plan's overall service area (Psychiatry, Psychology, Social Work, Nurse Psychotherapists, Certified Professional Counselors, and Licensed Clinical Alcohol and Drug Counselors, plus, corresponding to the BCR measure, family medicine, internal medicine, OB/GYN physicians, Pediatricians, Geriatricians, and other physician specialists)		
	Provide the percentage of network physicians including psychiatrists, plus, corresponding to the BCR measure, family medicine, internal medicine, OB/GYN physicians, Pediatricians, Geriatricians, and other physician specialists, located in Maryland and in the health benefit plan's overall service area who are Board Certified		A
Maryland Health Plan Quality Profile			
Plan shall provide a Quality Profile to the audit vendor with signed attestation	Each carrier shall submit a two to three page summary of their quality assurance and quality improvement initiatives. The summary shall be consistent with the 2014 theme of: "Understanding and Addressing Disparities." The theme shall focus on actions taken by each organization toward implementing progressive programs that respond to improving methods for collecting and reporting RELICC-related information.		A
The template for each of these measures shall be provided by the audit vendor Due Dec 31, 2013	Each carrier shall submit a Product Summary Table listing each of the products being marketed under each health benefit plan legal entity name. For each of the listed products, the carrier shall specify whether the product is offered in the individual, small group or large group market, and shall identify the type of delivery system (HMO, POS, PPO, EPO, or other – please specify). In addition, the number of enrolled members and annual premium volume for each product shall be specified; plus the tax status and ownership of the legal entity shall also be described.		A