STATE OF MARYLAND

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2015 Quality and Performance Reporting Requirements (QPRR)

This document contains the 2015 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 2014 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 2014 calendar year or their last known address.

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

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

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 period)

A carrier may request a *Notice of Exemption* from participating in the Health Benefit Plan Quality and Performance Evaluation System from MHCC. Please forward such requests to the attention of Scharmaine Robinson, Chief, Health Benefit Plan Quality and Performance (scharmaine.robinson@maryland.gov). As part of the 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.

Carriers Required to Submit Performance Data to MHCC in 2015

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. If a carrier has a health benefit plan not listed below that meets the regulatory criteria in COMAR 10.25.08, the carrier is required to notify MHCC. Please forward such notification to the attention of Scharmaine Robinson, Chief, Health Benefit Plan Quality and Performance (scharmaine.robinson@maryland.gov).

	Report Name	Health Plan Name	Individual or Authorized Combination
*Aetna	Aetna HMO	*Aetna Health, Inc. (Pennsylvania) – Maryland*	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	CareFirst BlueChoice HMO	*CareFirst BlueChoice, Inc.*	HMO/POS
	CareFirst CFMI PPO	*CareFirst of Maryland, Inc*	PPO/EPO/ASO
	CareFirst GHMSI PPO	*CareFirst Group Hospitalization and Medical Services, Inc.*	PPO/ASO
*Cigna	Cigna PPO	Cigna Health and Life Insurance Company (formerly Cigna HealthCare Mid-Atlantic, Inc. and Connecticut General Life Insurance Company – MD/DC)	PPO/EPO/POS/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
	Optimum Choice 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 2015 include:

- NCS – Non-Recommended Cervical Cancer Screening in Adolescent Females
- SPR – Use of Spirometry Testing in the Assessment and Diagnosis of COPD

2015 QPRR Table of Required Measures

(HEDIS®, CAHPS®, RELICC™, BHA, and QP, quality measurement instruments)
All measures are subject to audit.

Collection Method	Abbreviation	Measure	Accreditation	Maryland Reporting
HEDIS® 2014, Effectiveness of Care				
Prevention and Screening				
Admin or Hybrid	ABA	Adult BMI Assessment	*	**Required**
Admin or Hybrid	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	*	**Required**
Admin or Hybrid	CIS	Childhood Immunization Status	*	**Required**
Admin or Hybrid	IMA	Immunizations for Adolescents	*	**Required**
Admin or Hybrid	HPV	Human Papillomavirus Vaccine for Female Adolescents	*	**Required**
Admin or Hybrid	LSC	Lead Screening in Children **Medicaid only*		-
Admin only	BCS	Breast Cancer Screening	*	**Required**
Admin or Hybrid	CCS	Cervical Cancer Screening	*	**Required**
Admin or Hybrid	NCS	Non-Recommended Cervical Cancer Screening in Adolescent Females		**Required**
Admin or Hybrid	COL	Colorectal Cancer Screening	*	**Required**
Admin only	CHL	Chlamydia Screening in Women	*	**Required**
Admin only	PSA	Non-Recommended PSA-Based Screening in Older Men **Medicare only*		-
RETIRED	~~GSO~~	~~Glaucoma Screening in Older Adults *Medicare only~~	-	-
Admin or Hybrid	COA	Care for Older Adults **Medicare SNPs only*		-
Respiratory Conditions				
Admin only	CWP	Appropriate Testing for Children With Pharyngitis	*	**Required**
Admin only	URI	Appropriate Treatment for Children With Upper Respiratory Infection	*	**Required**
Admin only	AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	*	**Required**
Admin only	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD		**Required**
Admin only	PCE	Pharmacotherapy Management of COPD Exacerbation	*	**Required**
Admin only	ASM	Use of Appropriate Medications for People With Asthma		**Required**
Admin only	MMA	Medication Management for People With Asthma	*	**Required**
Admin only	AMR	Asthma Medication Ratio		**Required**
Cardiovascular Conditions				
~~Admin or Hybrid~~	~~CMC~~	~~Cholesterol Management for Patients With Cardiovascular Conditions~~	~~**MD Only**~~	~~**Required**~~
Hybrid only	CBP	Controlling High Blood Pressure	*	**Required**
Admin only	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	*	**Required**
Diabetes				
Admin or Hybrid	CDC	Comprehensive Diabetes Care New Rates: BP Control<140/90; HbA1c Control<8.0% ~~(…include LDL-C Screening and LDL-C Control <100 mg/dL- MD Only)~~	*	**Required**
Musculoskeletal Conditions				
Admin only	ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis		**Required**

Admin only	OMW	Osteoporosis Management in Women Who Had a Fracture **Medicare only*		-
Admin only	LBP	Use of Imaging Studies for Low Back Pain	*	**Required**
Behavioral Health				
Admin only	AMM	Antidepressant Medication Management	*	**Required**
Admin only	ADD	Follow-Up Care for Children Prescribed ADHD Medication	*	**Required**
Admin only	FUH	Follow-Up After Hospitalization for Mental Illness	*	**Required**
Admin only	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications **Medicaid only*		-
Admin only	SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia **Medicaid only*		-
Admin only	SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia **Medicaid only*		-
Admin only	SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia **Medicaid only*		-
Admin only	APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents		**Required***
Admin only	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics		**Required***
Medication Management				
Admin only	MPM	Annual Monitoring for Patients on Persistent Medications		**Required**
Admin only	MRP	Medication Reconciliation Post-Discharge **Medicare SNPs only*		-
Admin only	DDE	Potentially Harmful Drug-Disease Interactions in the Elderly **Medicare only*		-
Admin only	DAE	Use of High-Risk Medications in the Elderly **Medicare only*		-
EOC Measures Collected Through Medicare Health Outcomes Survey				
Survey	HOS	Medicare Health Outcomes Survey **Medicare only*		-
Survey	FRM	Fall Risk Management **Medicare only*		-
Survey	MUI	Management of Urinary Incontinence in Older Adults **Medicare only*		-
Survey	*OTO*	Osteoporosis Testing in Older Women **Medicare only*		-
Survey	PAO	Physical Activity in Older Adults **Medicare only*		-
EOC Measures Collected Through the CAHPS Health Plan Survey				
Survey	ASP	Aspirin Use and Discussion		**Required**
RETIRED	~~FSA~~	~~Flu Shots for Adults Ages 50–64~~		-
Survey	FVA	Flu Vaccinations for Adults Ages 18-64	*	**Required**
RETIRED	~~FSO~~	~~Flu Shots for Older Adults **Medicare only*~~		-
Survey	FVO	Flu Vaccinations for Adults Ages 65 and Older *Medicare only		-
Survey	MSC	Medical Assistance With Smoking and Tobacco Use Cessation	*	**Required**
Survey	*PNU*	Pneumococcal Vaccination Status for Older Adults **Medicare only*		-
HEDIS® 2014, Access/Availability of Care				
Admin only	*AAP*	Adults' Access to Preventive/Ambulatory Health Services		**Required**
Admin only	*CAP*	Children and Adolescents' Access to Primary Care Practitioners		**Required**

Admin only	*ADV*	Annual Dental Visit **Medicaid only*		-
Admin only	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	*	**Required**
Admin or Hybrid	PPC	Prenatal and Postpartum Care	*	**Required**
Admin only	CAT	Call Answer Timeliness **Not required to be reported using Maryland-only data*		**Required**
Admin only	APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		**Required***
HEDIS® 2014, Experience of Care				
Survey	CPA	CAHPS Health Plan Survey 5.0H, Adult Version		**Required**
Survey	CPC	CAHPS Health Plan Survey 5.0H, Child Version		-
Survey	CCC	Children With Chronic Conditions		-
	HEDIS® 2014, Utilization and Relative Resource Use			
Utilization				
Admin or Hybrid	FPC	Frequency of Ongoing Prenatal Care **Medicaid only*		-
Admin only	W15	Well-Child Visits in the First 15 Months of Life		**Required**
Admin only	W34	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life		**Required**
Admin only	AWC	Adolescent Well-Care Visits		**Required**
Admin only	FSP	Frequency of Selected Procedures		**Required**
Admin only	AMB	Ambulatory Care		**Required**
Admin only	IPU	Inpatient Utilization—General Hospital/Acute Care		**Required**
Admin only	IAD	Identification of Alcohol and Other Drug Services		**Required**
Admin only	MPT	Mental Health Utilization		**Required**
Admin only	ABX	Antibiotic Utilization		**Required**
Admin only	PCR	Plan All-Cause Readmissions		**Required**
Relative Resource Use				
Admin only	RDI	Relative Resource Use for People With Diabetes		**Required**
Admin only	RCA	Relative Resource Use for People With Cardiovascular Conditions		**Required**
Admin only	RHY	Relative Resource Use for People With Hypertension		**Required**
Admin only	RCO	Relative Resource Use for People With COPD		**Required**
Admin only	RAS	Relative Resource Use for People With Asthma		**Required**
HEDIS® 2014, Health Plan Descriptive Information/Stability				
Admin only	BCR	Board Certification **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.*		**Required**
Admin only	ENP	Enrollment by Product Line		**Required**
Admin only	EBS	Enrollment by State		**Required**
Admin only	LDM	Language Diversity of Membership		**Required**
Admin only	RDM	Race/Ethnicity Diversity of Membership		**Required**
Admin or Hybrid	WOP	Weeks of Pregnancy at Time of Enrollment **Medicaid only*		-
Admin only	TLM	Total Membership		**Required**

CAHPS® 5.0H, Adult Version Survey				
Member Survey	CAHPS	Overall Ratings (of Healthcare, Personal Doctor, Specialist, Health Plan)		**Required**
		Composite Care Scores (for Health Promotion and Education, Coordination of Care, Getting Care Quickly, Getting Needed Care, Shared Decision Making, How Well Doctors Communicate)		**Required**
		Composite Carrier Scores (of Customer Service, Claims Processing, and Plan Information on Costs)		**Required**
		Other Individual Survey Questions – Cultural Competency		**Required**
Maryland RELICC Assessment™				
Admin only	Standard	Plan Profile		**Required**
Admin only	Standard	Race/Ethnicity, Language, Interpreters & Cultural Competency		**Required**
Admin only	Supplemental	Member Level Detail File (on TLM measure)		**Required**
Maryland Plan Behavioral Health Assessment				
Behavioral Health Measures (Mental Health/Chemical Dependency)				
The template for each of these measures shall be provided by the audit vendor	BHA	Provide the percentage of enrolled Maryland members that have behavioral health benefits with your health benefit plan.		**Required**
		Provide the percentage of enrolled Maryland members with behavioral health benefits with your health benefit plan that are served by an external provider/MBHO.		**Required**
		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).		**Required**
		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.		**Required**
		For each healthcare discipline including behavioral health, 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).		**Required**
		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.		**Required**

Maryland Health Plan Quality Profile				
Plan shall provide a Quality Profile to the audit vendor	QP	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 overarching theme of: "Understanding and Addressing Disparities." The theme shall focus on actions taken by each carrier toward implementing progressive programs that respond to improving methods for collecting and reporting RELICC-related information.		**Required**
		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 or small group market, whether inside or outside the Exchange, or both, 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.		**Required**

NOTE:

- Measures that are listed as "Required" for Maryland reporting by plans may be included in annual quality reports released to the public.
- First-year measures that are listed as "Required*" for Maryland reporting by plans are required for reporting to MHCC, but will not be included in annual quality reports released to the public.

2015 Required Measures for
RELICC Supplemental Member Level Detail File Submissions

1. **TLM Detail File – Total Membership**
2. **-none-**

For each IDSS or HDC Benchmarking submission, the carrier will submit one Race/Ethnicity, Language, Interpreters, and Cultural Competency (RELICC) Member Level Detail File (MLDF) for the required measure(s) highlighted above. Using a payer-encryption process that maintains the privacy of a member's protected health information, each RELICC MLDF shall contain separate member specific data for each member that is counted in the eligible population for the required measure. This RELICC MLDF submission is similar to the Patient-Level Data File required for Medicare Managed Care Contractor organizations. The RELICC MLDF submissions shall be due by July 1st, 2015.

Regarding all RELICC data elements being reported, the direct method of reporting is preferred and Health Benefit Plans should make every reasonable effort to obtain direct information when sources are available. Through a collaborative process, MHCC has chosen to allow individual carriers to define what entails a "reasonable" effort. The method for determination of RELICC data elements shall be reported as a direct method only when the member self-reports or reports for dependants, via survey, telephone calls, etc. Probability of race/ethnicity, language, etc. shall be reported at 100% only when using the direct method. For Health Benefit Plans that do not have information related to the RELICC data elements directly available on the commercial population, the use of indirect methods to gather and report on this information has been authorized. The method for determination of RELICC data elements shall be reported as an indirect method if a program or process is being used to ascertain a probability of race/ethnicity, language, etc. via geo-coding, surname analysis, etc. Probability of race/ethnicity, language, etc. shall also be reported when using the indirect method and shall be rounded to the nearest one hundredths of a percent.

With Maryland law extending marriage to same-sex couples, in addition to recognizing same-sex marriages performed in other jurisdictions, emerging important elements of demographic data include the following: relationship status, sexual orientation, sex, and gender identity. Another important element of demographic data is disability status, which include the following disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. For each of these demographic data elements please use the appropriate options listed in the Value Codes table. Particular attention must be paid to sex and gender identity data to ensure that the data collected are useful, comprehensible and reflective of the lived experiences of all Marylanders. Health Benefit Plans should consider opportunities to gather and report more accurately on these emerging important elements of demographic data. (See Appendix A)

For the purpose of promoting health equity and eliminating health disparities, health benefit plans shall employ every reasonable effort to be more comprehensive in collecting voluntary RELICC data from their members. Following are the data elements required for reporting:

Organization Name
Product Type
Payer-Encrypted Member ID
Payer-Encrypted Member UUID
Residence Zip Code+4
Residence County
Gender (on enrollment)
Relationship Status
Sexual Orientation
Sex Assigned At Birth
Current Gender Identity
Date of Birth
Method of Determination for Race/Ethnicity
Stated or Imputed Race/Ethnicity (≥1 race option is allowed)
Corresponding Probabilities - Race/Ethnicity (all categories)
Country of Birth (write in)
Method of Determination for Preferred Spoken Language
Preferred Spoken Language (for health-related encounter)
Corresponding Probabilities - Preferred Spoken Language
Disability Status (Yes/No/Decline)
Member Months

Format for RELICC Member Level File Submissions

Please submit each Member Level Detail File as a fixed-width ASCII text file with all fields completed using the format described below, and also using appropriate value codes described in the Value Codes Table

Data Element	Position	Description/Value Codes
Organization Name	1-30	List name of organization, truncate or abbreviate only if needed to fit in the space provided. Up to 30 alpha-numeric characters. (Left justified)
Product Type	31-55	List the product type using the following options: • HMO • HMO Combo (POS/EPO/other) • PPO • PPO Combo (POS/EPO/other) If there are unique products that require additional options not listed above, please specify and provide a mapping document so that the data file(s) can be normalized for analysis. Up to 25 alpha-numeric characters. (Left justified)
Payer-Encrypted Member ID	56-85	List the member's randomly generated, unique payer-encrypted identification number. Rather than using the names of each member, the payer-encrypted ID shall be generated by the Health Benefit Plan to identify each of the members in the file. Up to 30 alpha-numeric characters. (Left justified)
Payer-Encrypted Member UUID	86-115	List the member's universally unique identifier. The UUID shall be generated by the Health Benefit Plan and shall be consistent with the UUID number used by the Health Benefit Plan for Medical Care DataBase (MCDB) reporting to the Maryland Health Care Commission (MHCC). Every member in the member level files is required to have both a unique payer-encrypted ID and UUID. Please check for and reconcile all duplicates before completing your submission. Up to 30 alpha-numeric characters. (Left justified)
Residence Zip Code+4	116-124	List the member's primary residential Maryland zip code plus four-digit add on code. Up to 9 numeric characters. (Left justified)
Residence County	125-126	List the member's primary Maryland county of residence using the appropriate value code as defined in the Value Codes table below. Up to 2 alpha characters. (Left justified)
Gender (on enrollment)	127-128	List the member's gender identified on the enrollment application using the appropriate value code as defined in the Value Codes table below. Up to 2 alpha characters. (Left justified)

Relationship Status	129-130	List the member's relationship status using the appropriate value code as defined in the Value Codes table below. Up to 2 alpha characters. (Left justified)
Sexual Orientation	131-132	List the member's sexual orientation using the appropriate value code as defined in the Value Codes table below. Up to 2 alpha characters. (Left justified)
Sex Assigned At Birth	133	List the member's sex assigned at birth using the appropriate value code as defined in the Value Codes table below. Up to 1 alpha character. (Left justified)
Current Gender Identity	134-135	List the member's current gender identity using the appropriate value code as defined in the Value Codes table below. Up to 2 alpha characters. (Left justified)
Date of Birth	136-143	List the member's date of birth and substitute two zeros for the day component of the member's date of birth, in the format mm00yyyy. Every member shall have a populated date of birth. Up to 8 numeric characters. (Left justified)
Method of Determination for Member's Race	144	List "D" to indicate that race determination was by a direct method; "I" to indicate that race determination was by any indirect method; or "0" if you are not using any program to establish probability of race and you do not know the member's race via the direct or indirect method. Up to 1 alpha-numeric character. (Left justified)

Member's Stated Race (at 100% probability) or Imputed Race (at <100% probability) with Corresponding Probability	145-208	For each race option, use the appropriate 2-character value code(s) as defined in the Value Codes table below, to list the member's stated or imputed race(s) with corresponding 6-character probability percent rounded to the nearest one hundredths percent. Stated race, which is known via direct means, shall be listed with a corresponding probability of 100.00%. Please allow for multiple race options and report each race option in the order stated in the Value Codes table with "00" listed for a race option that is not known by direct means (e.g., In the order "WH-BL-AI-AS-NH-OT-DA-UN," if a member reports they are white and African American, report the race as follows "WH100.00BL100.0000000.0000000.0000000.0000000.0000000.0000000.00", and if a member's race is altogether unknown by direct and indirect means, report the stated and imputed race with corresponding probabilities using all zeros as follows 000000000000000000000000000000000000000000000000000000000000000000000000). Up to 64 alpha-numeric characters. (Left justified).
Method of Determination for Member's Ethnicity	209	List "D" that ethnicity determination was by any direct method or "I" to indicate that ethnicity determination was by indirect method; put a "0" if you are not using any program to establish the probability of ethnicity or you do not know it via the direct or indirect method; up to 1 alpha-numeric character. (Left justified)
Member's Stated Ethnicity (at 100% probability) or Imputed Ethnicity (at <100% probability) with Corresponding Probability	210-245	For each ethnicity option, use the appropriate 3-character value code(s) as defined in the Value Codes table below, to list the member's stated or imputed race(s) with corresponding 6-character probability percent rounded to the nearest one hundredths percent. Stated ethnicity, which is known via direct means, shall be listed with a corresponding probability of 100.00%. Please allow for multiple ethnicity options and report each ethnicity option in the order stated in the Value Codes table with "00" listed for an ethnicity option that is not known by direct means (e.g., In the order "HIS-NOT-DTA-UNK," if a member reports they are not Hispanic, report the ethnicity as follows "000000.00NOT100.00000000.00000000.00", and if a member's ethnicity is altogether unknown by direct and indirect means, report the stated and imputed ethnicity with corresponding probabilities using all zeros as follows 000000000000000000000000000000000000). Up to 36 alpha-numeric characters. (Left justified)

Member's Country of Birth	246-275	Write in birth country; truncate or abbreviate only if needed to fit in the space provided. (e.g., if member is associated with US military and born in the Democratic Republic of the Congo, list Democratic Republic - Congo as country of birth because by virtue of having a significant international experience, that member is likely to possess a greater degree of cultural competence.) Up to 30 alpha characters. (Left justified)
Method of Determination for Member's Preferred Spoken Language	276	List "D" that preferred spoken language determination was by any direct method or "I" to indicate that preferred spoken language determination was by indirect method; put a "0" if you are not using any program to establish the probability of preferred spoken language or you do not know it via the direct or indirect method. Up to 1 alpha-numeric character. (Left justified)
Member's Preferred Spoken Language (at 100% probability) or Imputed Preferred Spoken Language (at <100% probability) with Corresponding Probability	277-321	For each Preferred Spoken Language for a health-related encounter option, use the appropriate 3-character value code(s) as defined in the Value Codes table below, to list the member's stated or imputed Preferred Spoken Language with corresponding 6-character probability percent rounded to the nearest one hundredths percent. Stated Preferred Spoken Language, which is known via direct means, shall be listed with a corresponding probability of 100.00%. Please allow for multiple Preferred Spoken Language options and report each Preferred Spoken Language option in the order stated in the Value Codes table with "00" listed for a Preferred Spoken Language option that is not known by direct means (e.g., In the order "ENG-SPA-NOT-DTA-UNK," if a member reports their preferred spoken language is Spanish, report the Preferred Spoken Language as follows "000000.00SPA100.00000000.00000000.00000000", and if a member's Preferred Spoken Language is altogether unknown by direct and indirect means, report the stated and imputed Preferred Spoken Language with corresponding probabilities using all zeros as follows 000000000000000000000000000000000000000000000000). Up to 45 alpha-numeric characters. (Left justified)

Member's Disability Status	322-324	For each Disability Status option, use the appropriate 3-digit value code as defined in the Value Codes table below, to list the member's stated Disability Status. Note that members who report yes to any one of the six disability types are considered to have a disability (hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty)
Member Months	325-326	The number of months the member was enrolled during the measurement year. The member specific data should be consistent with the total membership as reflected in the Total Membership (TLM) measure. Up to 2 numeric characters. (Left justified)

VALUE CODES
Required for Use in Supplemental Reporting

County

Western Region:	Northern Region:	Central Region:	Southern Region:	Eastern Region:
GA- Garrett	**CA**- Carroll	**HO**- Howard	**CH**- Charles	**KE**- Kent
AL- Allegany	**BA**- Baltimore	**AA**- Anne Arundel	**CV**- Calvert	**QA**- Queen Anne's
WA- Washington	**BC**- Baltimore City	**MO**- Montgomery	**SM**- St. Mary's	**CL**- Caroline
	HA- Harford	**PG**- Prince George's		**TA**- Talbot
	CE- Cecil			**DO**- Dorchester
				WI- Wicomico
				SO- Somerset
				WO- Worcester

Race	Ethnicity	Preferred Spoken Language	Disability Status
WH- White/Caucasian **BL**- Black or African American **AI**- American Indian/Alaska Native **AS**- Asian **NH** - Native Hawaiian or Other Pacific Islander **OT**- Some other race **DA**- Declined to answer **UN**- Unknown and not asked (Allow for multiple race selections; see Detailed Race Definitions below)	**HIS**- Hispanic/Latino/Spanish origin (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) **NOT**-Not Hispanic/Latino/Spanish origin **DTA**-Declined to answer **UNK**-Unknown and not asked	**ENG**- English **SPA**- Spanish **NOT**- Not English or Spanish but any other specified language **DTA**- Declined to answer **UNK**- Unknown and not asked	**YES**- Yes Disability **NOD**- No Disability **DTA**- Declined to answer **UNK**- Unknown and not asked (Respondents who report yes to any one of the six disability types including hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty, are considered to have a disability)

Detailed Race Definitions:

White/Caucasian- Having origins in any of the original peoples of Europe, the Middle East, or North Africa
Black or African American- Having origins in any of the black racial groups of Africa; terms such as "Haitian," "Dominican," or "Somali" can be used in addition to "Black or African American"
American Indian/Alaska Native- Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
Asian- Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
Native Hawaiian or Other Pacific Islander- Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Gender (on enrollment)	Relationship Status	Sexual Orientation	Sex Assigned At Birth	Current Gender Identity
M- Male **F**- Female	**SI**- Single **MO**- Married; opposite-sex spouse **MS**- Married; same-sex spouse **OD**- In an opposite-sex domestic partnership or civil union **SD**- In a same-sex domestic partnership or civil union **MU**- Married(unspecified) **DI**- Divorced **WI**- Widowed	**SH**- Straight or heterosexual **GL**- Gay or lesbian **BI**- Bisexual **SE**- Something else (write in) **NS**- Not Specified	**M**- Male **F**- Female	**MA**- Male **FE**- Female **FM**- Transgender, female to male **MF**- Transgender, male to female **NS**- Not Specified

APPENDIX A

With Maryland law now extending marriage to same-sex couples in addition to recognizing same-sex marriages performed in other jurisdictions, emerging important elements of demographic data include the following: relationship status, sexual orientation, sex, and gender identity. Particular attention must be paid to sex and gender identity data to ensure that the data collected are useful, comprehensible, and reflective of the lived experiences of all Marylanders. Health Benefit Plans should consider opportunities to gather and report more accurately on these emerging important elements of demographic data.

A. Relationship Status. Research shows that family structures in America today are increasingly varied:
   - Only 25 percent of American households consist of a married man and woman and their children.[1]
   - According to 2010 Census data, Maryland is home to over 12,500 same-sex couples.[2]
   - Over 2,500 of these couples are raising children.[3]

   In order to accurately reflect Maryland's families, Health Benefit Plans must work toward being able to capture information about diverse family structures. The question below is based on relationship status questions developed by the U.S. Census Bureau[4] and is reflective of the diversity of relationships legally recognized by Maryland, which include same- and different-sex domestic partnerships, civil unions, and marriages. As a corollary to the expansion of demographic data elements, in the relationship status question, Health Benefit Plans may want to consider the use of "Parent 1" and "Parent 2" instead of "Mother" and "Father."

   Health Benefit Plans shall consider the following possible responses to the question: What is your relationship status?
   - Single
   - Married to an opposite-sex spouse
   - Married to a same-sex spouse
   - In an opposite-sex domestic partnership or civil union
   - In a same-sex domestic partnership or civil union
   - Divorced
   - Widowed

B. Sexual Orientation. In order to better understand the significant health disparities associated with minority sexual orientation, Health Benefit Plans may want to consider collecting optional data on the sexual orientation of applicants. The question below is based on research by the Williams Institute, a national sexual orientation and gender identity law and policy think tank at the UCLA School of Law.[5] It is currently being used on numerous state and local surveys[6] and in administrative data collection efforts by federally supported health programs. It is also the basis for current efforts by the National Center for Health Statistics to develop a sexual orientation question for federally supported health surveys.[7] This question, similar to questions asking about race or ethnicity, should be accompanied by appropriate training for the staff involved in collecting and processing these data to ensure that responses are accurately collected, recorded, and interpreted.

   Health benefit plans shall consider the following possible responses to the question: Do you consider yourself to be…
   - Straight or heterosexual
   - Gay or lesbian
   - Bisexual
   - Something else (write in)

C. Sex. As mentioned above, the data collected are important tools for ensuring that the Health Benefit Plans fully comply with the nondiscrimination requirements of federal regulations and ACA §1557. Section 1557 includes protections on the basis of sex, which the Office for Civil Rights at the Department of Health and Human Services has indicated includes gender identity.[8] In order to do so, the question regarding sex should specify sex assigned at birth, which is the sex listed on the original birth certificate. The responses to this question are the traditional concepts of sex as male or female, meaning that the question will be comprehensible to all people and that the long-term usefulness of existing sex data will not be compromised. The responses to this question are read in combination with the responses to the question on gender identity described below in order to provide accurate information on the total population.

Health Benefit Plans shall consider the following possible responses to the question:
Sex assigned at birth (sex listed on the original birth certificate)?
- Male
- Female

D. Gender Identity. Like race, ethnicity, and sexual orientation, Health Benefit Plans should consider addressing the question of gender identity. Because the Affordable Care Act prohibits rating on the basis of sex, including gender identity, and health status, including a transgender medical history, this question is purely for demographic purposes. The question described below is based on questions already in use on some state and local health surveys[9] and federally supported health programs.[10] This question should also be accompanied by appropriate training for the staff involved in collecting and processing these data to ensure that responses are accurately collected, recorded, and interpreted. Information on correctly using the gender identity question can be found in the 2012 "Guidance for HIV Surveillance Programs: Working with Transgender-Specific Data" developed by the Centers for Disease Control and Prevention.[11]

Health Benefit Plans shall consider the following possible responses to the question:
What is your current gender identity? (Where gender identity is one's internal understanding of one's own gender.)
- Male
- Female
- Transgender, female to male
- Transgender, male to female

E. Disability Status. The United States' Census Bureau's American Community Survey (ACS) began in the early 1990's as a vision for continuous measurement of the U.S. population and to reduce the scope, cost, and complexity of the decennial census. The ACS would replace the Census "long-form" (sample survey) and allow the decennial count to focus on "a basic headcount and minimal demographic data." During the late 1990's, the ACS tested questionnaires and operations at test sites across the United States. In 1999, the ACS adopted the disability questions being developed for the Census 2000 sample survey. Shortly after the 2000 Census, there was a growing consensus that the ACS questions on disability did not coincide with recent models of disability. The questions focused on the presence of specific conditions, rather than the impact those conditions might have on basic functioning. An interagency group was formed to develop a new set of questions which were introduced in 2008 and remain the same questions found in the current ACS questionnaires. The ACS questions cover the following six disability types; respondents who report affirmatively for any one of the six disability types are considered to have a disability[12]:

- *Hearing difficulty-* Deaf or having serious difficulty hearing (asked of all ages):
  - 16a. Is this person deaf or does he/she have serious difficulty hearing?
- *Vision difficulty-* Blind or having serious difficulty seeing, even when wearing glasses (asked of all ages):

- 16b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- *Cognitive difficulty*- Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (asked of persons ages 5 or older):
  - 17a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
- *Ambulatory difficulty*- Having serious difficulty walking or climbing stairs (asked of persons ages 5 or older):
  - 17b. Does this person have serious difficulty walking or climbing stairs?
- *Self-care difficulty*- Having difficulty bathing or dressing (asked of persons ages 5 or older):
  - 17c. Does this person have difficulty dressing or bathing?
- *Independent living difficulty*- Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (asked of persons ages 15 or older):
  - 18. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

It should be noted that the U.S. Census Bureau refers to each of the individual types as "difficulty" while on DisabilityStatistics.org the term "disability" is used.

NOTES:

[1]Talaris Institute. 2010. "Parenting in a Changing World." Available from http://www.talaris.org/our-research/parenting-in-a-changing-world/

[2] The Williams Institute. 2011. "Maryland Census Snapshot: 2010." Available from http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_Maryland_v2.pdf

[3] Ibid.

[4] Theresa J. DeMaio and Nancy Bates. 2012. "New Relationship and Marital Status Questions: A Reflection of Changes to the Social and Legal Recognition of Same-Sex Couples." Center for Survey Measurement, Research and Methodology Directorate Research Report Series (Survey Methodology #2012-02). U.S. Census Bureau. Available from http://www.census.gov/srd/papers/pdf/rsm2012-02.pdf

[5] Sexual Minority Assessment Research Team. The Williams Institute. 2009. "Best Practices for Asking Questions about Sexual Orientation on Surveys." Available from http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf

[6] *See e.g.* California Health Interview Survey. 2011. "CHIS 2009 Adult Questionnaire Version 3.4." Available from http://healthpolicy.ucla.edu/chis/design/Documents/CHIS2009adultquestionnaire.pdf; New Mexico Department of Health. 2010. "New Mexico's Progress in Collecting Lesbian, Gay, Bisexual, and Transgender Health Data and its Implications for Addressing Health Disparities." Available fromhttp://hsc.unm.edu/programs/diversity/2010_LGBT_Report.pdf

[7] Department of Health and Human Services. 2011. "Plan for Health Data Collection on Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations." Available from http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=57

[8] Letter from Leon Rodriguez to Maya Rupert. 2012. Available from https://www.scribd.com/doc/101981113/Response-on-LGBT-People-in-Sec-1557-in-the-Affordable-Care-Act-from-the-U-S-Dept-of-Health-and-Human-Services

[9] *See e.g.* Landers, S. and P. Gilsanz. 2009. *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) Persons in Massachusetts. A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts*. Massachusetts Department of Public Health. Available from http://www.masstpc.org/wp-content/uploads/2012/10/DPH-2009-lgbt-health-report.pdf

[10] *See e.g.* Health Resources and Services Administration. 2012. "Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual." Available from http://hab.hrsa.gov/manageyourgrant/manuals.html; Substance Abuse and Mental Health Services Administration. 2013. Government Performance and Results Act (GPRA) "Client Outcome Measures for Discretionary Programs Question-By-Question Instruction Guide." Available from https://www.samhsa-gpra.samhsa.gov/csat/view/docs/sais_gpra_services_tool_qxq_final.pdf

[11] Centers for Disease Control and Prevention. 2012. "Guidance for HIV Surveillance Programs: Working with Transgender-Specific Data." http://www.cdc.gov/hiv/statistics/surveillance/index.html

[12] United States' Census Bureau. 2008. "American Community Survey" http://www.census.gov/people/disability/methodology/acs.html

Additional information on data to help eliminate health disparities included in items A-D has been provided by The Center for American Progress, The Maryland Citizens' Health Initiative Education Fund, Inc. (MCHI) and the Health Care for All! Coalition.

For more general information on the ACS see the following website: www.census.gov/acs/www/

For more information regarding rationale and testing of the ACS 2013 disability questions, see the following Census Bureau document: "2006 American Community Survey Content Test Report P.4 - Evaluation Report Covering Disability" http://www.census.gov/acs/www/Downloads/methodology/content_test/P4_Disability.pdf