



MARYLAND HEALTH CARE COMMISSION

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Final 2016 Quality and Performance Reporting Requirements (QPRR) This document contains the 2016 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 2015 and shall continue to include Maryland-only data. 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 2015 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 Mid-Atlantic 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 the medical and behavioral health care provider network*
- *The Maryland Health Plan Quality Profile – A Maryland-specific quality measurement instrument which focuses on disparities reduction efforts within the State 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 the Chief, Health Benefit Plan Quality and Performance. 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 2016

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 the Health Benefit Plan Quality and Performance Chief or appointed representative.

	Report Name	Health Plan Name	Individual or Authorized Combination
*Aetna	Aetna HMO	<i>Aetna Health, Inc. (Pennsylvania) – Maryland</i>	HMO/POS
	Coventry HMO	<i>Coventry Health Care of Delaware, Inc.</i>	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	<i>CareFirst BlueChoice, Inc.</i>	HMO/POS
	CareFirst CFMI HMO & CareFirst CFMI PPO	<i>CareFirst of Maryland, Inc.</i>	HMO & PPO/EPO/ASO
	CareFirst GHMSI HMO & CareFirst GHMSI PPO	<i>CareFirst Group Hospitalization and Medical Services, Inc.</i>	HMO & 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	POS
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 2016 include:

- MMA – Medication Management for People With Asthma
- SPC – Statin Therapy for People with Cardiovascular Disease

2016 QPRR Table of Required Measures

(HEDIS®, CAHPS®, RELICC™, BHA, and QP, quality measurement instruments)

All measures are subject to audit unless not applicable to Commercial or not required to be reported in 2016.

Collection Method	Abbreviation	Measure	Accreditation	Maryland Reporting
HEDIS® 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 <i>*Medicaid only</i>		-
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 <i>*Medicare only</i>		-
Admin or Hybrid	COA	Care for Older Adults <i>*Medicare SNPs only</i>		-
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	MMA	Medication Management for People With Asthma	*	Required
Admin only	AMR	Asthma Medication Ratio		Required
Cardiovascular Conditions				
Admin only	2016-SPC	Statin Therapy for Patients With Cardiovascular Disease		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 (includes HbA1c <7)	*	Required
Admin only	2016-SPD	Statin Therapy for Patients With Diabetes		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 <i>*Medicare only</i>		-
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 <i>*Medicaid only</i>		-
Admin only	SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia <i>*Medicaid only</i>		-
Admin only	SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia <i>*Medicaid only</i>		-
Admin only	SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia <i>*Medicaid only</i>		-
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
Measures Collected Using Electronic Clinical Data Systems				
Admin only	2016-DMS	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (HEDIS 2016 pilot)		Not Required
Medication Management				
Admin only	MPM	Annual Monitoring for Patients on Persistent Medications		Required
Admin only	MRP	Medication Reconciliation Post-Discharge <i>*Medicare SNPs only</i>		-
Admin only	DDE	Potentially Harmful Drug-Disease Interactions in the Elderly <i>*Medicare only</i>		-
Admin only	DAE	Use of High-Risk Medications in the Elderly <i>*Medicare only</i>		-
EOC Measures Collected Through Medicare Health Outcomes Survey				
Survey	HOS	Medicare Health Outcomes Survey <i>*Medicare only</i>		-
Survey	FRM	Fall Risk Management <i>*Medicare only</i>		-
Survey	MUI	Management of Urinary Incontinence in Older Adults <i>*Medicare only</i>		-
Survey	OTO	Osteoporosis Testing in Older Women <i>*Medicare only</i>		-
Survey	PAO	Physical Activity in Older Adults <i>*Medicare only</i>		-
EOC Measures Collected Through the CAHPS Health Plan Survey				
Survey	ASP	Aspirin Use and Discussion		Required
Survey	FVA	Flu Vaccinations for Adults Ages 18-64	*	Required
Survey	FVO	Flu Vaccinations for Adults Ages 65 and Older <i>*Medicare only</i>		-
Survey	MSC	Medical Assistance With Smoking and Tobacco Use Cessation	*	Required
Survey	PNU	Pneumococcal Vaccination Status for Older Adults <i>*Medicare only</i>		-

HEDIS® 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 *May use plan-wide data and plans are not required to use Maryland-only data		Required
Admin only	APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		Required
HEDIS® 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® 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	2016-IHU	Inpatient Hospital Utilization (Risk adjusted/predicted utilization)		Not Required
Admin only	2016-EDU	Emergency Department Utilization (Risk adjusted/predicted utilization)		Not Required
Admin only	2016-HPC	Hospitalization for Potentially Preventable Complications *Medicare only		-
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® Health Plan Descriptive Information/Stability				
Admin only	BCR	Board Certification <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>		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 <i>*Medicaid only</i>		-
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 2016 Focus: Network adequacy/provider directory accuracy		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 – TLM measure <i>(use 2015 format using updated variable values as highlighted in this QPRR for HEDIS 2016 reporting)</i>		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		Required
		(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		Required

Maryland Health Plan Quality Profile

Plan shall provide a Quality Profile to the audit vendor	QP	<p>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.</p> <p>2016 Theme Focus is on: Network adequacy/provider directory accuracy Note: Per request, new due date is January 31.</p>		Required
		<p>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.</p>		Required

2016 Required Measure for RELICC Supplemental Member Level Detail File Submissions

TLM Detail File – Total Membership

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 1, 2016.

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 dependents, 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 hundredth 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	Date of Birth
Product Type	Method of Determination for Race/Ethnicity
Payer-Encrypted Member ID	Stated or Imputed Race/Ethnicity (≥1 race option is allowed)
Payer-Encrypted Member UUID	Corresponding Probabilities - Race/Ethnicity (all categories)
Residence Zip Code+4	Country of Birth (write in)
Residence County	Method of Determination for Preferred Spoken Language
Relationship Status	Preferred Spoken Language (for health-related encounter)
Sexual Orientation	Corresponding Probabilities - Preferred Spoken Language
Sex Assigned At Birth	Disability Status (Yes/No/Decline)
Current Gender Identity	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: <ul style="list-style-type: none"> • 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 Data Base (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)
Relationship Status	127-128	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)

VALUE CODES
Required for Use in Supplemental Reporting

County				
Western MD: AL - Allegany GA - Garrett WA - Washington	Baltimore Region: AA - Anne Arundel CA - Carroll BA - Baltimore BC - Baltimore City HA - Harford HO - Howard	National Capital: FR - Frederick MO - Montgomery PG - Prince George's	Southern MD: CV - Calvert CH - Charles SM - St. Mary's	Eastern Shore: CL - Caroline CE - Cecil DO - Dorchester KE - Kent QA - Queen Anne's SO - Somerset TA - Talbot WI - Wicomico 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 to opposite-sex spouse MS - Married to same-sex spouse OD - In opposite-sex domestic partnership or civil union SD - In same-sex domestic partnership or civil union MU - Married (unspecified) DI - Divorced WI - Widowed NS - Not Specified	SH - Straight or heterosexual GL - Gay or lesbian BI - Bisexual SE - Something else (write in) NS - Not Specified	M - Male F - Female NS - Not Specified	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 Bureau⁴ 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 surveys⁶ 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 surveys⁹ 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 disability¹²:

- 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:

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

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

³Ibid.

⁴Theresa 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>

⁵Sexual 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>

⁶See 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 from http://hsc.unm.edu/programs/diversity/2010_LGBT_Report.pdf

⁷Department 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