



MARYLAND HEALTH CARE COMMISSION

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2020 Quality and Performance Reporting Requirements (QPRR)

This document contains the 2020 reporting requirements for commercial health benefit plans required to participate in Maryland's Health Benefit Plan Quality and Performance Evaluation System. NCQA Interactive Data Submission System (IDSS) shall be used to submit data for quality and performance measures on commercial health benefit plans including HMOs, POSs, PPOs, EPOs, or other similar products. Reporting of Maryland-only data was discontinued effective with HEDIS 2019. Health Benefit Plans (HBP) are only required to report on those plans/products reported to NCQA as part of their NCQA accreditation submission scoring. Health Benefit Plans are required to provide the MHCC report vendor HealthcareData Company (HDC) with all required state specific reports, CAHPS results, and HEDIS report bulk downloads from the IDSS system. All reporting will be for services provided during calendar year 2019. It is the Health Benefit Plan's responsibility to contract with an NCQA licensed audit firm and also an NCQA certified CAHPS vendor.

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 Plan Behavioral Health Assessment* – A Maryland-specific quality measurement instrument which focuses on the medical and behavioral health care provider network
- 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 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 Division Chief, Long Term Care Provider and Health Plan 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 2020

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 Chief, Long Term Care and Health Plan Performance.

	Report Name	Health Plan Name	Individual or Authorized Combination
Aetna	Aetna HMO	<i>Aetna Health, Inc. (Pennsylvania) – Maryland</i>	HMO/POS
	Aetna PPO	Aetna Life Insurance Company MD/DC	PPO/EPO
CareFirst	CareFirst BlueChoice HMO	<i>CareFirst BlueChoice, Inc.</i>	HMO/POS
	CareFirst GHMSI PPO	<i>CareFirst Group Hospitalization and Medical Services, Inc.</i>	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
Kaiser Permanente	Kaiser Permanente HMO	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	HMO
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
	UnitedHealthcare PPO	UnitedHealthcare Insurance Company – Mid-Atlantic	PPO/POS/EPO

2020 QPRR Table of Required Measures

(HEDIS®, CAHPS®, and BHA quality measurement instruments)

All measures are subject to audit.

First year measures are not publicly reported by MHCC as indicated with NPR.

Each plan may use their existing corporate auditor or contract with HDC to audit their HEDIS 2020 report. Each plan must submit the appropriate HEDIS and CAHPS metrics to HDC. HEDIS data files are due no later than July 1st and CAHPS scored results are due no later than August 1st of each reporting year. All required reports will be defined in the QPRR.

Collection Method	Measure Abbreviation	Measure Name	NCQA Accreditation	Required
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 only	BCS	Breast Cancer Screening	*	Required
Admin or Hybrid	CCS	Cervical Cancer Screening	*	Required
Admin or Hybrid	COL	Colorectal Cancer Screening	*	Required
Admin only	CHL	Chlamydia Screening in Women	*	Required
Respiratory Conditions				
Admin only	CWP	Appropriate Testing for Pharyngitis	*	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 or Hybrid	CBP	Controlling High Blood Pressure	*	Required
Admin only	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	*	Required
Admin only	SPC	Statin Therapy for Patients With Cardiovascular Disease	*	Required
Diabetes				
Admin or Hybrid	CDC	Comprehensive Diabetes Care (excludes HbA1c <7)	*	Required
Admin only	SPD	Statin Therapy for Patients With Diabetes	*	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	FUM	Follow-Up After Emergency Department Visit for Mental Illness	*	Required
Admin Only	FUI	Follow-Up After High-Intensity Care for Substance Use Disorder		Required NPR
Admin only	FUA	Follow-Up after Emergency Department Visit for Alcohol and Other Drug Dependence	*	Required
Admin Only	POD	Pharmacotherapy for Opioid Use Disorder		Required NPR
Admin Only	SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia		Required NPR
Admin only	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	*	Required
Overuse and Appropriateness				
Admin only	NCS	Non-Recommended Cervical Cancer Screening in Adolescent Females	*	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	LBP	Use of Imaging Studies for Low Back Pain	*	Required
Admin only	HDO	Use of Opioids at High Dosage	*	Required
Admin only	UOP	Use of Opioids From Multiple Providers	*	Required
Admin Only	COU	Risk of Continued Opioid Use		Required
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	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	*	Required
Admin or Hybrid	PPC	Prenatal and Postpartum Care	*	Required
Admin only	APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	*	Required

HEDIS® Experience of Care				
EOC Measures Collected Through the CAHPS Health Plan Survey				
Survey	FVA	Flu Vaccinations for Adults Ages 18-64	*	Required
Survey	MSC	Medical Assistance With Smoking and Tobacco Use Cessation		Required
Survey	CPA	CAHPS Health Plan Survey 5.0H, Adult Version		Required
HEDIS® Utilization and Risk Adjusted Utilization				
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	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
Admin only	AHU	Acute Hospital Utilization (Risk adjusted/predicted)	*	Required
Admin only	EDU	Emergency Department Utilization (Risk adjusted/predicted)	*	Required
HEDIS® Health Plan Descriptive Information/Stability				
Admin only	BCR	Board Certification		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 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
Maryland Plan Behavioral Health Assessment				
Behavioral Health Measures (Mental Health/Chemical Dependency)				
		Provide the percentage of enrolled members that have behavioral health benefits with your health benefit plan		Required
		Provide the percentage of enrolled 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

The template for each of these measures shall be provided by the audit vendor	BHA	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 (by county) 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 (by county) and in the health benefit plan's overall service area who are Board Certified		Required