

**South Carolina Department of Health and Human Services  
Proviso Report**

**33.20 Medicaid Cost and Quality Effectiveness**

The following is submitted as required by Proviso 33.20 of the  
SFY 2014 Appropriations Act

The Department of Health and Human Services shall establish a procedure to assess the various forms of managed care (Health Maintenance Organizations and Medical Home Networks, and any other forms authorized by the department) to measure cost effectiveness and quality. These measures must be compiled on an annual basis. The Healthcare Effectiveness Data and Information Set (HEDIS) shall be utilized for quality measurement and must be performed by an independent third party according to HEDIS guidelines. Cost effectiveness shall be determined in an actuarially sound manner and data must be aggregated in a manner to be determined by a third party in order to adequately compare cost effectiveness of the different managed care programs versus Medicaid fee-for-service. The methodology must use appropriate case-mix and actuarial adjustments that allow cost comparison of managed care organizations, medical home networks, and fee-for-service. The department shall issue annual healthcare report cards for each participating Medicaid managed care plan and Medical Home Network operating in South Carolina and the Medicaid fee-for-service program. The report card measures shall be developed by the department and the report card shall be formatted in a clear, concise manner in order to be easily understood by Medicaid beneficiaries. The results of the cost effectiveness calculations, quality measures and the report cards shall be made public on the department's website by December thirty-first for the prior state fiscal year.



15800 Bluemound Road  
Suite 100  
Brookfield, WI 53005  
USA  
Tel +1 262 784 2250  
Fax +1 262 923 3680

[milliman.com](http://milliman.com)

John D. Meerschaert, FSA, MAAA  
Principal and Consulting Actuary

[john.meerschaert@milliman.com](mailto:john.meerschaert@milliman.com)

July 28, 2014

Mr. Anthony Keck  
Director  
State of South Carolina  
Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29202-8206

**Re: Proviso 33.20: Medicaid Cost Effectiveness Analysis**

Dear Mr. Keck:

Thank you for the opportunity to assist the South Carolina Department of Health and Human Services with this important project. Our report summarizes the results of our analysis of the cost effectiveness of South Carolina's Medicaid managed care programs as required by Proviso 33.20. The cost effectiveness analysis included in this report covers the period April 1, 2012 through March 31, 2013.

Please call me at 262-796-3434 if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Meerschaert", with a long, sweeping flourish extending to the right.

John D. Meerschaert, FSA, MAAA  
Principal and Consulting Actuary

JDM/vrr

Attachments



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**State of South Carolina  
Department of Health and Human Services  
Medicaid Cost Effectiveness Analysis  
April 2012 – March 2013**

Prepared for:  
**State of South Carolina  
Department of Health and Human Services**

Prepared by:  
**Milliman, Inc.**

**Mathieu Doucet, FSA, MAAA**  
Consulting Actuary

**John D. Meerschaert, FSA, MAAA**  
Principal and Consulting Actuary

**Susan L. Silseth, FSA, MAAA**  
Actuary

15800 Bluemound Road  
Suite 100  
Brookfield, WI 53005  
USA  
Tel +1 262 784 2250  
Fax +1 262 923 3680

[milliman.com](http://milliman.com)

## TABLE OF CONTENTS

I. EXECUTIVE SUMMARY.....	1
II. BACKGROUND .....	4
III. METHODOLOGY .....	5

## I. EXECUTIVE SUMMARY

This report documents our analysis of the cost effectiveness of South Carolina's Medicaid programs as required by Proviso 33.20 for the period April 1, 2012 through March 31, 2013.

The South Carolina Department of Health and Human Services (SCDHHS) retained Milliman to assess and measure the cost effectiveness of the two forms of Medicaid managed care, Managed Care Organizations (MCOs) and Medical Home Networks (MHNs). We prepared this analysis to assess the cost effectiveness of the two managed care programs compared to the fee-for-service (FFS) program. Our analysis provides SCDHHS with an actuarially sound determination of the programs' cost effectiveness.

Migration of the FFS population into MCOs and MHNs due to mandatory managed care enrollment has made it increasingly difficult to develop a credible cost effectiveness comparison to the shrinking FFS population. Over the past two years, the FFS population decreased from 26% of the total MCO-eligible population in the April 2010 – March 2011 time period to 15% in the April 2012 – March 2013 time period. Given the small size of the FFS population, we modified our methodology to use two years of FFS pharmacy data (April 2011 – March 2013) to enhance the credibility of our analysis. We anticipate that future cost effectiveness analyses will become more unpredictable as the FFS enrollment migration continues to progress.

The results presented in this report are based on information from the most recent period examined.

## RESULTS

We developed the cost effectiveness comparison based on SCDHHS expenses for MCO eligible Medicaid beneficiaries for the period of April 2012 through March 2013. The following expenditures were considered in our analysis:

- MCO capitation payments
- All programs include FFS expenditures for the services included in the MCO capitation rates as of April 1, 2012 plus the DAODAS services added to the capitation rates as of February 1, 2013
- MCO expenditures include the FQHC and RHC wraparound payments SCDHHS made for MCO enrollees
- MHN expenditures include the \$10 PMPM management fee, but do not include MHN shared savings settlements
- FFS and MHN expenditures include an estimate of the additional SCDHHS administrative expenses incurred by the FFS and MHN programs compared to the MCO program. We estimate SCDHHS spends an additional \$4.50 PMPM, or 2% of total program cost, on administrative services for the FFS and MHN programs compared to the MCO program.

As in prior years, our analysis does not reflect the impact of pharmacy rebates.

It is important to note that there exist differences between the MHN and MCO programs that have not been accounted for in this analysis. Specifically, the MCO capitation rates assume reimbursement of facility expenses at a level exceeding Medicaid fee-for-service reimbursement. Additionally, the pharmacy rebate program creates differences in how the prescription drug benefit is managed between

the MCO and MHN programs: the MCOs target their efforts to manage gross costs while DHHS, through the MHN program, aims at reducing net costs. Those differences contribute to the disparity between the cost effectiveness of the MCO and MHN programs as determined in this analysis.

Please refer to our report supplement dated July 28, 2014 for a more detailed discussion of the impact of including pharmacy rebate in the cost effectiveness analysis.

Table 1 shows the results of our analysis. Excluding the impact of pharmacy rebates, we estimate the MHN program saves 6.1% and the MCO program saves 7.1% compared to the FFS program.

Table 1 South Carolina Department of Health and Human Services Risk Adjusted April 2012 – March 2013 Cost Per Member Per Month (PMPM) Excluding Impact of Pharmacy Rebates			
Population	FFS Cost PMPM	MCO Cost PMPM	MHN Cost PMPM
TANF Children	\$132.29	\$122.76	\$118.48
TANF Adult	315.98	351.86	314.13
SSI	848.41	758.22	807.62
<b>Total Population</b>	<b>\$253.38</b>	<b>\$239.61</b>	<b>\$237.69</b>
Marginal SCDHHS Administrative Expenses Compared to MCO Program	4.50	0.00	4.50
<b>Total with Marginal SCDHHS Administrative Expenses</b>	<b>\$257.88</b>	<b>\$239.61</b>	<b>\$242.19</b>
<b>Ratio of Total Cost to Total FFS Cost</b>		<b>92.9%</b>	<b>93.9%</b>

*The infant and pregnant women populations are excluded from our analysis.*

## DATA RELIANCE AND IMPORTANT CAVEATS

We used FFS cost and eligibility data for April 2011 through March 2013 dates of service, and several other analyses to determine the cost effectiveness of the Medicaid managed care programs compared to FFS. This data was provided by SCDHHS. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Milliman prepared this report for the specific purpose of determining the cost effectiveness of the Medicaid managed care programs. This report should not be used for any other purpose. This report was prepared solely for the internal business use of and is only to be relied upon by the management of SCDHHS. We anticipate the report will be shared with contracted MCOs, MHNs, and other interested parties. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work. It should only be reviewed in its entirety.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

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Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

The terms of Milliman's contract with SCDHHS dated July 1, 2013 apply to this report and its use.

## II. BACKGROUND

There are two types of Medicaid managed care plans in South Carolina: Traditional Managed Care Organizations (MCOs) and Medical Home Networks (MHNs).

Medicaid MCOs have been operating in South Carolina since 1996. The MCOs are financially responsible for the services in the MCO contract under a full risk capitated payment arrangement. SCDHHS currently contracts with four MCOs.

The MHN program is a primary care case management program and is composed of a Care Coordination Services Organization (CSO) and the PCPs enrolled in that network. The CSO supports the physicians and enrolled members by providing care coordination, disease management, and data management. The PCPs manage the health care of their members, which includes authorizing services provided by other health care providers. The MHNs receive a monthly payment to manage the services delivered to their enrollees. Services are paid through the FFS system.

With the help of MCOs and MHNs, SCDHHS seeks to increase care coordination and disease prevention methods not found in traditional FFS Medicaid.

The South Carolina General Assembly originally included proviso 33.20 in the fiscal 2014 Appropriations Act:

*“The Department of Health and Human Services shall establish a procedure to assess the various forms of managed care (Health Maintenance Organizations and Medical Home Networks, and any other forms authorized by the department) to measure cost effectiveness and quality. These measures must be compiled on an annual basis. The Healthcare Effectiveness Data and Information Set (HEDIS) shall be utilized for quality measurement and must be performed by an independent third party according to HEDIS guidelines. Cost effectiveness shall be determined in an actuarially sound manner and data must be aggregated in a manner to be determined by a third party in order to adequately compare cost effectiveness of the different managed care programs versus Medicaid fee-for-service. The methodology must use appropriate case-mix and actuarial adjustments that allow cost comparison of managed care organizations, medical home networks, and fee-for-service. The department shall issue annual healthcare report cards for each participating Medicaid managed care plan and Medical Home Network operating in South Carolina and the Medicaid fee-for-service program. The report card measures shall be developed by the department and the report card shall be formatted in a clear, concise manner in order to be easily understood by Medicaid beneficiaries. The results of the cost effectiveness calculations, quality measures and the report cards shall be made public on the department’s website by December 31 for the prior state fiscal year.”*

This report covers the measurement of the cost effectiveness required by proviso 33.20.



### III. METHODOLOGY

This section of our report documents the methodology used in developing an actuarially sound analysis of the cost effectiveness of the Medicaid managed care programs in South Carolina.

#### GENERAL DESCRIPTION

This analysis compares SCDHHS costs for the FFS program to the two managed care options available to Medicaid enrollees in South Carolina during the April 2012 to March 2013 period. In order to consistently assess the cost effectiveness of the two managed care programs compared to FFS, we limited our analysis to a comparable population and a defined set of services.

- We only included individuals that are eligible to enroll in the MCO program.
- We excluded individuals enrolled through the “Express Lane Eligibility” program.
- We included the cost of services included in the MCO capitation rates as of April 1, 2012 plus the DAODAS services added to the capitation rates as of February 1, 2013.
- We risk adjusted the cost of each population to reflect the differences in population acuity for MCO, MHN, and FFS enrollees.

Not all Medicaid recipients are eligible to enroll in the Medicaid managed care program as defined by Payment Category and Waiver Program codes. Table 2 below shows the ineligible payment categories.

Table 2 South Carolina Department of Health and Human Services Excluded Payment Category Codes			
Payment Category	Description	Payment Category	Description
10	MAO (Nursing Home)	54	SSI Nursing Home
14	MAO (General Hospital)	55	Family Planning
15	MAO (CLTC Waiver)	70	Refugee Entrant
33	ABD Nursing Home	90	QMB
48	S2 SLMB	92	Silver Card
50	Qualified Working Disabled	99	Healthy Connections Kids
52	SLMB		

Table 3 shows the only waiver programs eligible for Medicaid Managed Care. All other waiver program enrollees are excluded.

Table 3 South Carolina Department of Health and Human Services Included Waiver Programs	
Waiver Program Code	Description
CHPC	Children’s Personal Care Aid
ISED	Emotionally Disturbed Children
MCPC	Integrated Personal Care Service CRCF Recipients
WAHS	Healthy Start

We excluded the newborn and pregnant women population from our analysis. Our analysis compares costs on an incurred claims basis and the timing of the delivery makes it difficult for analysis since the pre-natal costs may be incurred FFS, while the higher delivery costs may occur in an MCO or under the MHN enrollment period. The cost for newborns presents a similar challenge due to the timing of the more expensive birth month within the TANF 0-2 month rate cell.

We excluded Express Lane Eligibility children from our analysis because a large proportion of that group did not have appropriate data to effectively calculate a risk score and adjust the results of our analysis to a risk neutral comparison. We also exclude the Dual Eligible population due to the retroactive nature of the dual status determination.

Please refer to our May 14, 2012 and January 14, 2013 MCO rate setting reports for a detailed description of the benefits included in the MCO capitation rates during the April 2012 – March 2013 rate period.

### FFS POPULATION COST

To calculate the FFS population cost, we summarized the April 2012 – March 2013 FFS medical expenditures for services included in the MCO capitation rates for FFS enrollees that would be eligible for the MCO program. We used the average of the April 2011 – March 2012 and the April 2012 – March 2013 FFS prescription drug cost rather than the April 2012 – March 2013 period cost alone to enhance the credibility of our analysis. The April 2011 – March 2012 prescription drug cost was trended to April 2012 – March 2013 using annual trend rates consistent with the MCO capitation rate development.

We removed Graduate Medical Education payments and adjusted for incurred but not reported (IBNR) claims. The claims data used in developing the FFS population cost includes claims paid through October 31, 2013 allowing for seven months of run-out for the April 2012 – March 2013 study period. The IBNR adjustment reflects an estimate of the claims that will be paid after October 31, 2013.

The completion factors for the April 2012 – March 2013 study period are shown in Table 4 below.

Table 4 South Carolina Department of Health and Human Services April 2012 – March 2013 Completion Factors				
Service Category	TANF Children	TANF Adult	SSI Children	SSI Adult
Hospital Inpatient	1.003	1.014	1.004	1.073
Hospital Outpatient	1.007	1.006	1.006	1.074
Physician	1.004	1.004	1.004	1.027
Pharmacy	1.000	1.000	1.000	1.000
Other	1.002	1.006	1.007	1.023

We then applied an adjustment for Third Party Liability to reflect recoveries that are not included in the claims data. We used a 0.995 adjustment factor consistent with previous analyses of Third Party Liability for the FFS program enrollees. Finally, we applied an adjustment for hospital administrative days to account for administrative hospital day payments that are not included in the claims data. We used a 1.0007 adjustment factor consistent with previous analyses of administrative day payments for the FFS program enrollees.

No other adjustments were required since the FFS data already reflects the benefit limitations that are assumed in the capitation rate development.

Table 5 below shows the estimated April 2012 – March 2013 FFS population cost. Note that detailed rate cell results are combined into the TANF Children, TANF Adult, and SSI categories using the total MCO-eligible population demographics (including FFS, MCO and MHN enrollees).

<b>Table 5</b> <b>South Carolina Department of Health and Human Services</b> <b>April 2012 – March 2013 FFS Population Cost</b> <b>Excluding the Impact of Pharmacy Rebates</b>					
<b>Rate Cell</b>	<b>Gender</b>	<b>April 2012 – March 2013 MCO Eligible Member Months</b>	<b>Medical Cost PMPM</b>	<b>Gross Rx Cost PMPM</b>	<b>Total Cost PMPM</b>
TANF: Age 1 - 6	Unisex	2,237,007	\$84.89	\$16.20	\$101.09
TANF: Age 7 - 13	Unisex	2,041,326	99.67	45.26	144.93
TANF: Age 14 - 18	Male	560,889	249.34	47.15	296.49
TANF: Age 14 - 18	Female	578,283	223.89	41.61	265.50
TANF: Age 19 - 44	Male	168,975	177.13	38.16	215.29
TANF: Age 19 - 44	Female	781,627	251.33	38.20	289.53
TANF: Age 45+	Unisex	111,998	393.08	80.10	473.18
SSI: Child	Unisex	305,794	485.70	204.82	690.52
SSI: Adult	Unisex	684,840	744.74	155.03	899.77
<b>Prior to Risk Adjustment</b>					
TANF Children		5,417,505	\$122.32	\$33.06	\$155.39
TANF Adult		1,062,600	254.47	42.61	297.08
SSI		990,634	664.78	170.40	835.18
<b>Risk Adjusted</b>					
TANF Children		5,417,505	\$104.14	\$28.15	\$132.29
TANF Adult		1,062,600	270.66	45.32	315.98
SSI		990,634	680.50	167.91	848.41

### MCO POPULATION COST

The cost of the MCO population is comprised of three components:

- The capitation amount paid to the MCOs,
- FQHC and RHC wraparound payments made by SCDHHS for MCO enrollees, and
- FFS expenditures for services included in the MCO capitation rates as of April 1, 2012 plus the DAODAS services added to the capitation rates as of February 1, 2013.

Table 6 below shows the development of the MCO population cost. Note that detailed rate cell results are combined into the TANF Children, TANF Adult, and SSI categories using the total MCO-eligible population demographics (including FFS, MCO and MHN enrollees).

**Table 6**  
**South Carolina Department of Health and Human Services**  
**April 2012 – March 2013 MCO Population Cost**  
**Excluding the Impact of Pharmacy Rebates**

Rate Cell	Gender	April 2012 – March 2013 MCO Eligible Member Months	Medical Capitation PMPM*	Rx Cost	FFS Cost PMPM	Total Cost PMPM
TANF: Age 1 - 6	Unisex	2,237,007	\$98.36	\$17.89	\$1.18	\$117.43
TANF: Age 7 - 13	Unisex	2,041,326	71.18	33.73	3.45	108.36
TANF: Age 14 - 18	Male	560,889	83.76	27.29	7.49	118.53
TANF: Age 14 - 18	Female	578,283	120.65	25.70	8.60	154.96
TANF: Age 19 - 44	Male	168,975	206.12	43.18	0.92	250.22
TANF: Age 19 - 44	Female	781,627	283.94	53.79	5.39	343.12
TANF: Age 45+	Unisex	111,998	423.57	105.76	2.20	531.53
SSI: Child	Unisex	305,794	281.85	101.90	26.72	410.47
SSI: Adult	Unisex	684,840	671.09	196.05	5.22	872.36
<b>Prior to Risk Adjustment</b>						
TANF Children		5,417,505	\$88.99	\$25.66	\$3.48	\$118.13
TANF Adult		1,062,600	286.28	57.58	4.34	348.20
SSI		990,634	550.94	166.99	11.86	729.78
<b>Risk Adjusted</b>						
TANF Children		5,417,505	\$92.47	\$26.67	\$3.62	\$122.76
TANF Adult		1,062,600	289.29	58.18	4.39	351.86
SSI		990,634	570.89	173.93	13.40	758.22

\*Includes \$2.17 PMPM for FQHC / RHC wraparound payments.

For the capitation amount component, we summarized the MCO enrollment during the April 2012 – March 2013 analysis period and developed composite capitation rates PMPM using the April 2012 – October 2012, November 2012 – January 2013, and February 2013 – March 2013 capitation rates for the standard benefit package effective during the study period. We removed the Supplemental Teaching Payment component of the MCO capitation rates.

SCDHHS made FQHC and RHC wraparound payments totaling \$2.17 PMPM for April 2012 – March 2013. We reflected these payments as a flat PMPM amount by rate cell.

For the FFS cost component, we summarized the April 2012 – March 2013 FFS expenditures for services included in the MCO capitation rates as of April 1, 2012 plus the DAODAS services added to the capitation rates as of February 1, 2013. We removed Graduate Medical Education payments and adjusted for IBNR using the completion factors shown in Table 5.

### MHN POPULATION COST

To calculate the MHN population cost, we summarized the April 2012 – March 2013 FFS expenditures for services included in the MCO capitation rates as of April 1, 2012 plus the DAODAS services added to the capitation rates as of February 1, 2013.

We removed Graduate Medical Education payments and adjusted for IBNR claims. The claims data used in developing the FFS cost component includes claims paid through October 31, 2013 allowing for seven months of run-out for the April 2012 – March 2013 study period. The IBNR adjustment reflects an estimate of the claims that will be paid after October 31, 2013. We used the completion factors shown in Table 4.

We then applied an adjustment for Third Party Liability to reflect recoveries that are not included in the claims data. We used a 0.995 adjustment factor consistent with previous analyses of Third Party Liability for the FFS program enrollees. Finally, we applied an adjustment for hospital administrative days to account for administrative hospital day payments that are not included in the claims data. We used a 1.0007 adjustment factor consistent with previous analyses of administrative day payments for the FFS program enrollees.

We also added the \$10 PMPM MHN management fee to all rate cells.

Table 7 below shows the estimated April 2012 – March 2013 MHN population cost. Note that detailed rate cell results are combined into the TANF Children, TANF Adult, and SSI categories using the total MCO-eligible population demographics (including FFS, MCO and MHN enrollees).

Table 7 South Carolina Department of Health and Human Services April 2012 – March 2013 MHN Cost Component Excluding the Impact of Pharmacy Rebates						
Rate Cell	Gender	April 2012 – March 2013 MCO Eligible Member Months	Medical Cost PMPM	Gross Rx Cost PMPM	MHN Management Fee PMPM	Total Cost PMPM
TANF: Age 1 - 6	Unisex	2,237,007	\$82.14	\$22.33	\$10.00	\$114.47
TANF: Age 7 - 13	Unisex	2,041,326	62.79	46.09	10.00	118.88
TANF: Age 14 - 18	Male	560,889	92.96	43.58	10.00	146.54
TANF: Age 14 - 18	Female	578,283	107.80	39.04	10.00	156.84
TANF: Age 19 - 44	Male	168,975	181.06	54.91	10.00	245.97
TANF: Age 19 - 44	Female	781,627	247.00	75.79	10.00	332.79
TANF: Age 45+	Unisex	111,998	363.00	124.09	10.00	497.09
SSI: Child	Unisex	305,794	344.91	177.69	10.00	532.60
SSI: Adult	Unisex	684,840	706.34	272.00	10.00	988.34
<b>Prior to Risk Adjustment</b>						
TANF Children		5,417,505	\$78.71	\$35.27	\$10.00	\$123.97
TANF Adult		1,062,600	248.74	77.56	10.00	336.30
SSI		990,634	594.77	242.89	10.00	847.66
<b>Risk Adjusted</b>						
TANF Children		5,417,505	\$74.91	\$33.57	\$10.00	\$118.48
TANF Adult		1,062,600	231.84	72.29	10.00	314.13
SSI		990,634	566.10	231.51	10.00	807.62

## RISK ADJUSTMENT PROCESS

We used the CPDS+Rx version 5.3 model for the determination of risk adjustment factors used in this analysis. CPDS+Rx is a diagnostic and pharmacy based risk adjustment system developed by the researchers at the University of California, San Diego (UCSD).

The risk scores were developed based on both FFS and encounter pharmacy data. Individual recipients were required to have a minimum of six months of Medicaid eligibility during the data period to be included in the analysis. FFS and MHN enrollees were limited to those meeting MCO eligibility requirements. Retroactive eligibility months were excluded consistent with the MCO rate development methodology as follows:

- Three months of claims and eligibility are removed for SSI and SSI related payment categories,
- Two months of claims and eligibility are removed for all other payment categories

MHN enrollment periods were isolated from FFS enrollment periods. The ELE population is excluded from the risk adjustment process.

Table 8 shows the average risk scores for the various eligibility categories for each program.

Table 8 South Carolina Department of Health and Human Services April 2012 – March 2013 Risk Scores				
Eligibility Group	FFS Population	MCO Population	MHN Population	Total Population
TANF Children	1.175	0.962	1.051	1.000
TANF Adult	0.940	0.990	1.073	1.000
SSI Children	1.219	0.845	1.025	1.000
SSI Adult	0.923	0.992	1.056	1.000



15800 Bluemound Road  
Suite 100  
Brookfield, WI 53005  
USA  
Tel +1 262 784 2250  
Fax +1 262 923 3680

milliman.com

John D. Meerschaert, FSA, MAAA  
Principal and Consulting Actuary

john.meerschaert@milliman.com

July 28, 2014

Mr. Anthony Keck  
Director  
State of South Carolina  
Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29202-8206

**Re: Supplement to Proviso 33.20: Medicaid Cost Effectiveness Analysis – Pharmacy Rebate Discussion**

Dear Mr. Keck:

Thank you for the opportunity to assist the South Carolina Department of Health and Human Services with this important project. The enclosed report is a supplement to the Proviso 33.20 Medicaid Cost Effectiveness Analysis dated July 28, 2014, and discusses the impact of pharmacy rebates on the cost effectiveness of South Carolina's Medicaid managed care programs.

Please call me at 262-796-3434 if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Meerschaert", written over the word "Sincerely".

John D Meerschaert, FSA, MAAA  
Principal and Consulting Actuary

JDM/vrr

Attachments



**State of South Carolina  
Department of Health and Human Services  
Supplement to Medicaid Cost Effectiveness Analysis  
April 2012 – March 2013  
Including Pharmacy Rebates**

Prepared for:  
**State of South Carolina  
Department of Health and Human Services**

Prepared by:  
**Milliman, Inc.**

**Mathieu Doucet, FSA, MAAA**  
Actuary

**John D. Meerschaert, FSA, MAAA**  
Principal and Consulting Actuary

**Marlene Howard, FSA, MAAA**  
Consulting Actuary

15800 Bluemound Road  
Suite 100  
Brookfield, WI 53005  
USA  
Tel +1 262 784 2250  
Fax +1 262 923 3680

[milliman.com](http://milliman.com)



## TABLE OF CONTENTS

I. EXECUTIVE SUMMARY.....	1
II. DISCUSSION OF PHARMACY REBATES .....	3
III. METHODOLOGY .....	4

## I. EXECUTIVE SUMMARY

This report supplements our analysis of the cost effectiveness of South Carolina's Medicaid programs as required by Proviso 33.20 for the period April 1, 2012 through March 31, 2013 (Proviso 33.20 Cost Effectiveness Report), by recognizing the impact of pharmacy rebates on the cost effectiveness results.

Consistent with the Proviso 33.20 Cost Effectiveness Report, this report measures the cost effectiveness of the two forms of Medicaid managed care, Managed Care Organizations (MCOs) and Medical Home Networks (MHNs). We prepared this analysis to assess the cost effectiveness of the two managed care programs compared to the fee-for-service (FFS) program. Our analysis provides SC DHHS with an actuarially sound determination of the programs' cost effectiveness, and discusses the considerations to be applied when integrating pharmacy rebates into the calculation of cost effectiveness.

## RESULTS

We used the results presented in the Proviso 33.20 cost effectiveness report and applied pharmacy rebates to evaluate the cost effectiveness of the managed care programs relative to the FFS program. The considerations associated with applying rebates to pharmacy expenditures are discussed in Section II - Discussion of Pharmacy Rebates. The application of pharmacy rebates to expenditures is outlined in Section III – Methodology.

Table 1 shows the results of our analysis including the impact of pharmacy rebates. Based on results using net pharmacy cost, we estimate the MHN program saves 11.1% and the MCO program saves 5.4% compared to the FFS program. In comparison, the results presented in our Proviso 33.20 cost effectiveness report indicated that the MHN program saves 6.1% and the MCO program saves 7.1% compared to the FFS program. This result is caused by the MHN program's higher pharmacy rebate percentage coupled with the higher prescription drug spend PMPM. For the groups of individuals included in this cost effectiveness analysis, individuals enrolled in the MHN program had, on average, 30% more prescription drug expenditures than those enrolled in the MCO or FFS programs. Additionally, based on information provided by SCDHHS, we estimated that pharmacy rebates were approximately 42% of expenditures for MCO, and approximately 55% of FFS expenditures.

Table 1 South Carolina Department of Health and Human Services Risk Adjusted April 2012 – March 2013 Cost Per Member Per Month (PMPM) Including Impact of Pharmacy Rebates			
Population	FFS Cost PMPM	MCO Cost PMPM	MHN Cost PMPM
TANF Children	\$116.94	\$111.69	\$99.53
TANF Adult	291.26	327.70	273.33
SSI	756.82	686.02	676.96
<b>Total Population</b>	<b>\$226.58</b>	<b>\$218.57</b>	<b>\$200.82</b>
Marginal SC DHHS Administrative Expenses Compared to MCO Program	4.50	0.00	4.50
<b>Total with Marginal SC DHHS Administrative Expenses</b>	<b>\$231.08</b>	<b>\$218.57</b>	<b>\$205.32</b>
<b>Ratio of Total Cost to Total FFS Cost</b>		<b>94.6%</b>	<b>88.9%</b>

*The infant and pregnant women populations are excluded from our analysis.*

## DATA RELIANCE AND IMPORTANT CAVEATS

We used FFS cost and eligibility data for April 2011 through March 2013 dates of service, and several other analyses to determine the cost effectiveness of the Medicaid managed care programs compared to FFS. This data was provided by SC DHHS. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Milliman prepared this report for the specific purpose of determining the cost effectiveness of the Medicaid managed care programs, and is intended to supplement the results of the Proviso 33.20 Cost Effectiveness Report dated July 28, 2014. As a result, it should be reviewed in conjunction with the Proviso 33.20 Cost Effectiveness Report. This report should not be used for any other purpose. This report was prepared solely for the internal business use of and is only to be relied upon by the management of SC DHHS. We anticipate the report will be shared with contracted MCOs, MHNs, and other interested parties. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

The terms of Milliman's contract with SC DHHS dated July 1, 2013 apply to this report and its use.

## II. DISCUSSION OF PHARMACY REBATES

Prior to enactment of the Drug Rebate Equalization Act in March 2010, states were only eligible to receive rebate revenue on prescription drug expenditures in the FFS environment. The Drug Rebate Equalization Act changed the law to allow states to receive OBRA '90 rebates for Medicaid enrollees served by managed care entities.

### CONFLICTING INCENTIVES

The Drug Rebate Equalization Act did not address the conflicting incentives managed care plans may encounter, which are considered in this section.

### DATA QUALITY

Since federal rebates are payable directly to the State, the plans do not have a natural incentive to give this issue significant concern. SC DHHS has addressed this issue with its managed care health plans by contractually obligating the MCOs to ensure the pharmacy encounter data is both timely and complete.

### DRUG SELECTION – COST BEFORE AND AFTER REBATES

Not only do plans lack the financial incentive to be concerned about rebates, but their financial incentives may conflict with those of the State. In cases where the brand name drug and an available generic drug both involve the same molecule, it is generally agreed that there is no clinical reason to prefer one over the other. In these cases, the state would prefer selection of the lower cost drug – *after* rebates. The plans would also prefer the lower cost drug, but since manufacturer rebates would be paid directly to the State, their financial interests would best be served if they chose the lower cost drug *before* rebates. In the Medicaid environment, it is common for single source brand drugs – net of rebates – to be less expensive than the generic equivalent.

### OTHER CONSIDERATIONS

We calculated pharmacy rebates as a percentage of total prescription drug spend for the MCO program and the FFS and MHN programs combined. SC DHHS collects OBRA rebates only for MCO prescription drug utilization while supplemental rebates and diabetic supply rebates are also collected for the FFS and MHN programs. As such, total SC DHHS pharmacy rebates, as a percent of total prescription drug spend, are lower for the MCO program than for the FFS and MHN programs. We estimated SC DHHS pharmacy rebates to be 42% for the MCO program and 55% for the FFS and MHN programs.

### III. METHODOLOGY

This section of our report documents the methodology used in applying pharmacy rebates to the results of the Proviso 33.20 Cost Effectiveness Report, and also provides documentation of the results displayed in Table 1 of this report.

#### FFS POPULATION COST

Using the "Gross Rx Cost PMPM" column from Table 5 of the Proviso 33.20 Cost Effectiveness Report, we estimated SC DHHS pharmacy rebates at 55% of total prescription drug spend. Our pharmacy rebate estimate for the FFS program was based on information provided by SC DHHS and includes OBRA rebates, supplemental rebates, and diabetic supply rebates.

Table 2 below shows the estimated April 2012 – March 2013 pharmacy cost for the FFS population, net of pharmacy rebates. Note that detailed rate cell results are combined into the TANF Children, TANF Adult, and SSI categories using the total MCO-eligible population demographics (including FFS, MCO and MHN enrollees).

Table 2 South Carolina Department of Health and Human Services April 2012 – March 2013 FFS Population Pharmacy Cost Impact of Pharmacy Rebates					
Rate Cell	Gender	April 2012 – March 2013 MCO Eligible Member Months	Gross Rx Cost PMPM	Estimated Rx Rebate PMPM	Net Rx Cost PMPM
TANF: Age 1 - 6	Unisex	2,237,007	\$16.20	(\$8.84)	\$7.36
TANF: Age 7 - 13	Unisex	2,041,326	45.26	(24.69)	20.57
TANF: Age 14 - 18	Male	560,889	47.15	(25.72)	21.43
TANF: Age 14 - 18	Female	578,283	41.61	(22.70)	18.91
TANF: Age 19 - 44	Male	168,975	38.16	(20.81)	17.35
TANF: Age 19 - 44	Female	781,627	38.20	(20.84)	17.36
TANF: Age 45+	Unisex	111,998	80.10	(43.69)	36.41
SSI: Child	Unisex	305,794	204.82	(111.72)	93.10
SSI: Adult	Unisex	684,840	155.03	(84.56)	70.47
<b>Prior to Risk Adjustment</b>					
TANF Children		5,417,505	\$33.06	(\$18.03)	\$15.03
TANF Adult		1,062,600	42.61	(23.24)	19.37
SSI		990,634	170.40	(92.94)	77.46
<b>Risk Adjusted</b>					
TANF Children		5,417,505	\$28.15	(\$15.35)	\$12.80
TANF Adult		1,062,600	45.32	(24.72)	20.60
SSI		990,634	167.91	(91.58)	76.33

Table 3 estimates the total PMPM cost for the FFS population based on the net PMPM pharmacy cost calculated in Table 2.

**Table 3**  
**South Carolina Department of Health and Human Services**  
**April 2012 – March 2013 FFS Population Cost**  
**Including the Impact of Pharmacy Rebates**

Rate Cell	Gender	April 2012 – March 2013 MCO Eligible Member Months	Medical Cost PMPM	Net Rx Cost PMPM*	Total Cost PMPM
TANF: Age 1 - 6	Unisex	2,237,007	\$84.89	\$7.36	\$92.25
TANF: Age 7 - 13	Unisex	2,041,326	99.67	20.57	120.24
TANF: Age 14 - 18	Male	560,889	249.34	21.43	270.77
TANF: Age 14 - 18	Female	578,283	223.89	18.91	242.80
TANF: Age 19 - 44	Male	168,975	177.13	17.35	194.48
TANF: Age 19 - 44	Female	781,627	251.33	17.36	268.69
TANF: Age 45+	Unisex	111,998	393.08	36.41	429.49
SSI: Child	Unisex	305,794	485.70	93.10	578.80
SSI: Adult	Unisex	684,840	744.74	70.47	815.21
<b>Prior to Risk Adjustment</b>					
TANF Children		5,417,505	\$122.32	\$15.03	\$137.35
TANF Adult		1,062,600	254.47	19.37	273.84
SSI		990,634	664.78	77.46	742.24
<b>Risk Adjusted</b>					
TANF Children		5,417,505	\$104.14	\$12.80	\$116.94
TANF Adult		1,062,600	270.66	20.60	291.26
SSI		990,634	680.50	76.33	756.82

\*Net of pharmacy rebates.

### MCO POPULATION COST

Using the "Gross Rx Cost PMPM" column from Table 6 of the Proviso 33.20 Cost Effectiveness Report, we estimated SC DHHS pharmacy rebates at 42% of total prescription drug spend based on data provided by SC DHHS. Our pharmacy rebate estimate for the MCO program only includes OBRA rebates.

Table 4 below shows the estimated April 2012 – March 2013 pharmacy cost for the MCO population, net of pharmacy rebates. Note that detailed rate cell results are combined into the TANF Children, TANF Adult, and SSI categories using the total MCO-eligible population demographics (including FFS, MCO and MHN enrollees).

**Table 4**  
**South Carolina Department of Health and Human Services**  
**April 2012 – March 2013 MCO Population Pharmacy Cost**  
**Impact of Pharmacy Rebates**

Rate Cell	Gender	April 2012 – March 2013 MCO Eligible Member Months	Gross Rx Cost PMPM	Estimated Rx Rebate PMPM	Net Rx Cost PMPM
TANF: Age 1 - 6	Unisex	2,237,007	\$17.89	(\$7.43)	\$10.46
TANF: Age 7 - 13	Unisex	2,041,326	33.73	(14.00)	19.73
TANF: Age 14 - 18	Male	560,889	27.29	(11.33)	15.96
TANF: Age 14 - 18	Female	578,283	25.70	(10.67)	15.03
TANF: Age 19 - 44	Male	168,975	43.18	(17.93)	25.25
TANF: Age 19 - 44	Female	781,627	53.79	(22.33)	31.46
TANF: Age 45+	Unisex	111,998	105.76	(43.90)	61.86
SSI: Child	Unisex	305,794	101.90	(42.30)	59.60
SSI: Adult	Unisex	684,840	196.05	(81.38)	114.67
<b>Prior to Risk Adjustment</b>					
TANF Children		5,417,505	\$25.66	(\$10.65)	\$15.01
TANF Adult		1,062,600	57.58	(23.90)	33.68
SSI		990,634	166.99	(69.32)	97.67
<b>Risk Adjusted</b>					
TANF Children		5,417,505	\$26.67	(\$11.07)	\$15.60
TANF Adult		1,062,600	58.18	(24.15)	34.03
SSI		990,634	173.93	(72.20)	101.73

Table 5 estimates the total PMPM cost for the MCO population based on the net PMPM pharmacy cost calculated in Table 4.

**Table 5**  
**South Carolina Department of Health and Human Services**  
**April 2012 – March 2013 MCO Population Cost**  
**Including the Impact of Pharmacy Rebates**

Rate Cell	Gender	April 2012 – March 2013 MCO Eligible Member Months	Medical Capitation PMPM*	Net Rx Cost PMPM**	FFS Cost PMPM	Total Cost PMPM
TANF: Age 1 - 6	Unisex	2,237,007	\$98.36	\$10.46	\$1.18	\$110.00
TANF: Age 7 - 13	Unisex	2,041,326	71.18	19.73	3.45	94.36
TANF: Age 14 - 18	Male	560,889	83.76	15.96	7.49	107.21
TANF: Age 14 - 18	Female	578,283	120.65	15.03	8.60	144.29
TANF: Age 19 - 44	Male	168,975	206.12	25.25	0.92	232.29
TANF: Age 19 - 44	Female	781,627	283.94	31.46	5.39	320.79
TANF: Age 45+	Unisex	111,998	423.57	61.86	2.20	487.63
SSI: Child	Unisex	305,794	281.85	59.60	26.72	368.17
SSI: Adult	Unisex	684,840	671.09	114.67	5.22	790.98
<b>Prior to Risk Adjustment</b>						
TANF Children		5,417,505	\$88.99	\$15.01	\$3.48	\$107.48
TANF Adult		1,062,600	286.28	33.68	4.34	324.30
SSI		990,634	550.94	97.67	11.86	660.46
<b>Risk Adjusted</b>						
TANF Children		5,417,505	\$92.47	\$15.60	\$3.62	\$111.69
TANF Adult		1,062,600	289.29	34.03	4.39	327.70
SSI		990,634	570.89	101.73	13.40	686.02

\*Includes \$2.17 PMPM for FQHC / RHC wraparound payments.

\*\*Net of pharmacy rebates.



**MHN POPULATION COST**

Using the "Gross Rx Cost PMPM" column from Table 7 of the Proviso 33.20 Cost Effectiveness Report, we estimated SC DHHS pharmacy rebates at 55% of total prescription drug spend. Our pharmacy rebate estimate for the MHN program was based on information provided by SC DHHS and includes OBRA rebates, supplemental rebates, and diabetic supply rebates. The same rebate percentage is applied for both the FFS and MHN programs since information was not available to stratify the rebate amounts applied to prescription drug expenditures paid on a FFS basis between the FFS and MHN delivery systems.

Table 6 below shows the estimated April 2012 – March 2013 pharmacy cost for the MHN population, net of pharmacy rebates. Note that detailed rate cell results are combined into the TANF Children, TANF Adult, and SSI categories using the total MCO-eligible population demographics (including FFS, MCO and MHN enrollees).

<b>Table 6</b>					
<b>South Carolina Department of Health and Human Services</b>					
<b>April 2012 – March 2013 MHN Population Pharmacy Cost</b>					
<b>Impact of Pharmacy Rebates</b>					
<b>Rate Cell</b>	<b>Gender</b>	<b>April 2012 – March 2013 MCO Eligible Member Months</b>	<b>Gross Rx Cost PMPM</b>	<b>Estimated Rx Rebate PMPM</b>	<b>Net Rx Cost PMPM</b>
TANF: Age 1 - 6	Unisex	2,237,007	\$22.33	(\$12.60)	\$9.73
TANF: Age 7 - 13	Unisex	2,041,326	46.09	(26.01)	20.08
TANF: Age 14 - 18	Male	560,889	43.58	(24.60)	18.98
TANF: Age 14 - 18	Female	578,283	39.04	(22.03)	17.01
TANF: Age 19 - 44	Male	168,975	54.91	(30.99)	23.92
TANF: Age 19 - 44	Female	781,627	75.79	(42.77)	33.02
TANF: Age 45+	Unisex	111,998	124.09	(70.03)	54.06
SSI: Child	Unisex	305,794	177.69	(100.28)	77.41
SSI: Adult	Unisex	684,840	272.00	(153.51)	118.49
<b>Prior to Risk Adjustment</b>					
TANF Children		5,417,505	\$35.27	(\$19.91)	\$15.36
TANF Adult		1,062,600	77.56	(43.77)	33.79
SSI		990,634	242.89	(137.08)	105.81
<b>Risk Adjusted</b>					
TANF Children		5,417,505	\$33.57	(\$18.95)	\$14.62
TANF Adult		1,062,600	72.29	(40.80)	31.49
SSI		990,634	231.51	(130.66)	100.85

Table 7 estimates the total PMPM cost for the MHN population based on the net PMPM pharmacy cost calculated in Table 6.

**Table 7**  
**South Carolina Department of Health and Human Services**  
**April 2012 – March 2013 MHN Cost Component**  
**Including the Impact of Pharmacy Rebates**

Rate Cell	Gender	April 2012 – March 2013 MCO Eligible Member Months	Medical Cost PMPM	Net Rx Cost PMPM*	MHN Management Fee PMPM	Total Cost PMPM
TANF: Age 1 - 6	Unisex	2,237,007	\$82.14	\$9.73	\$10.00	\$101.87
TANF: Age 7 - 13	Unisex	2,041,326	62.79	20.08	10.00	92.87
TANF: Age 14 - 18	Male	560,889	92.96	18.98	10.00	121.94
TANF: Age 14 - 18	Female	578,283	107.80	17.01	10.00	134.81
TANF: Age 19 - 44	Male	168,975	181.06	23.92	10.00	214.98
TANF: Age 19 - 44	Female	781,627	247.00	33.02	10.00	290.02
TANF: Age 45+	Unisex	111,998	363.00	54.06	10.00	427.06
SSI: Child	Unisex	305,794	344.91	77.41	10.00	432.32
SSI: Adult	Unisex	684,840	706.34	118.49	10.00	834.83
<b>Prior to Risk Adjustment</b>						
TANF Children		5,417,505	\$78.71	\$15.36	\$10.00	\$104.07
TANF Adult		1,062,600	248.74	33.79	10.00	292.53
SSI		990,634	594.77	105.81	10.00	710.58
<b>Risk Adjusted</b>						
TANF Children		5,417,505	\$74.91	\$14.62	\$10.00	\$99.53
TANF Adult		1,062,600	231.84	31.49	10.00	273.33
SSI		990,634	566.10	\$100.85	10.00	676.96

\*Net of pharmacy rebates.

## RISK ADJUSTMENT PROCESS

The risk adjustment factors used in this report are consistent with the factors used in the Proviso 33.20 Cost Effectiveness Report, by eligibility group and program type.

Table 8 shows the average risk scores for the various eligibility categories for each program.

**Table 8**  
**South Carolina Department of Health and Human Services**  
**April 2012 – March 2013 Risk Scores**

Eligibility Group	FFS Population	MCO Population	MHN Population	Total Population
TANF Children	1.175	0.962	1.051	1.000
TANF Adult	0.940	0.990	1.073	1.000
SSI Children	1.219	0.845	1.025	1.000
SSI Adult	0.923	0.992	1.056	1.000



South Carolina  
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Health Care  
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and Satisfaction

September 2013



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September 2013

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Prepared by the Division of Policy and Research on Medicaid and Medicare  
The Institute for Families in Society  
The University of South Carolina  
under contract to the  
South Carolina Department of Health and Human Services

Ana Lòpez–De Fede, PhD  
Research Professor

John Stewart, MS, MPH  
Senior Research Associate

Kathy Mayfield–Smith, MA, MBA  
Research Associate Professor

Jared Shoultz, MA  
Senior Research Associate

Verna Brantley, MSPH  
Senior Research Associate

Bob Hawks  
GIS Analyst

Serena Zhu, MS, ME  
Senior Research Associate

Xiaohui Zhang, MPH  
Research Associate

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# South Carolina Medicaid Health Care Performance CY 2012

I. Executive Summary .....	1
Figure 1. South Carolina Medicaid CY2012 Managed Care MCO vs. Fee-For-Service (FFS) Rates Compared with National Medicaid Percentiles .....	1
II. Summary of Overall Results .....	2
Figure 2. South Carolina Medicaid CY2012 Managed Care Rates Compared with National Medicaid Percentiles.....	2
Table 1. 2012 South Carolina Medicaid Health Plans Report Card .....	3
III. Methodology .....	5
Data Sources and Year .....	5
IFS Survey Process.....	5
Geographic Presence of Health Plans.....	6
Figure 3. Managed Care Plans by County .....	6
IV. Caveats and Interpretation for Using This Report .....	7
Dimensions of Care .....	7
Calculating Measure Rates .....	7
Rating Method.....	8
Star Ratings.....	8
V. Recommendations .....	9
Table 2. Proposed Performance Measures.....	10
Appendices .....	13
Appendix A: Dimensions of Care.....	14
Appendix A-1: Pediatric Care.....	15
Pediatric Care: Measures and Descriptions.....	16
Pediatric Care: 2012 South Carolina Medicaid Health Plans Report Card.....	17
Pediatric Care: Statewide Trends.....	17
Pediatric Care: SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks .....	18
Adolescent Well-Care Visits: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	19
Appropriate Testing for Children With Pharyngitis: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County.....	20
Appropriate Testing for Children With Upper Respiratory Infection: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	21
Well-Child Visits in the First 15 Months of Life - 5 Visits: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County.....	22
Well-Child Visits in the First 15 Months of Life - 6 or More Visits: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	23
Well-Child Visits in the First 3-6 Years of Life: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	24
Appendix A-2: Women’s Care .....	25
Women’s Care: Measures and Descriptions.....	26
Women’s Care: 2012 South Carolina Medicaid Health Plans Report Card .....	27
Women’s Care: Statewide Trends .....	27
Women’s Care: SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks .....	28
Breast Cancer Screening: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	29
Cervical Cancer Screening: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	30

Chlamydia Screening in Women: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	31
Timeliness of Prenatal Care: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	32
Postpartum Care: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County.....	33
<b>Appendix A-3: Living With Illness .....</b>	<b>34</b>
Living With Illness: Measures and Descriptions .....	35
Living With Illness: 2012 South Carolina Medicaid Health Plans Report Card .....	36
Living With Illness: Statewide Trends .....	36
Living With Illness: SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks.....	37
Comprehensive Diabetes Care - HbA1c Testing: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	38
Comprehensive Diabetes Care - Eye Exam: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	39
Comprehensive Diabetes Care - LDL-C Screening: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	40
Comprehensive Diabetes Care - Medical Attention to Nephropathy: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	41
Use of Appropriate Medications for People With Asthma (Ages 5-11): National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	42
Use of Appropriate Medications for People With Asthma (All Ages): National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	43
<b>Appendix A-4: Behavioral Health.....</b>	<b>44</b>
Behavioral Health: Measures and Descriptions .....	45
Behavioral Health: 2012 South Carolina Medicaid Health Plans Report Card .....	46
Behavioral Health: Statewide Trends.....	46
Behavioral Health: SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks .....	47
Follow-Up Care for Children Prescribed ADHD Medication (Initiation): National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	48
Follow-Up Care for Children Prescribed ADHD Medication (Continuation): National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	49
Initiation of Alcohol and Other Drug Dependent Treatment - Total: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	50
Engagement of Alcohol and Other Drug Dependent Treatment - Total: National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	51
<b>Appendix A-5: Access To Care .....</b>	<b>52</b>
Access to Care: Measures and Descriptions.....	53
Access to Care: 2012 South Carolina Medicaid Health Plans Report Card.....	53
Access to Care: Statewide Trends.....	53
Access to Care: SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks .....	54
Adult Access to Preventative/Ambulatory Services (Ages 20-44): National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	55
Adult Access to Preventative/Ambulatory Services (Ages 45-64): National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	56
Child and Adolescent Access to Primary Care Providers (25 Months to 6 Years): National Percentile Rankings in CY 2011, CY 2012, and Yearly Change by County .....	57
<b>Appendix A-6: Consumer Experience and Satisfaction .....</b>	<b>58</b>
Consumer Experience and Satisfaction: Measures and Descriptions .....	59
Consumer Experience and Satisfaction: South Carolina Medicaid CAHPS® CY2012: Adult Measures .....	60
Consumer Experience and Satisfaction: South Carolina Medicaid CAHPS® CY2012: Child Measures .....	61
<b>Appendix B: Descriptions of Measures.....</b>	<b>62</b>
<b>Appendix C: SC Medicaid Health Plan Performance CY 2012 .....</b>	<b>65</b>

**South Carolina Medicaid Health Care Performance CY 2012**  
**A Report on Quality, Access to Care, and Consumer Experience and Satisfaction**

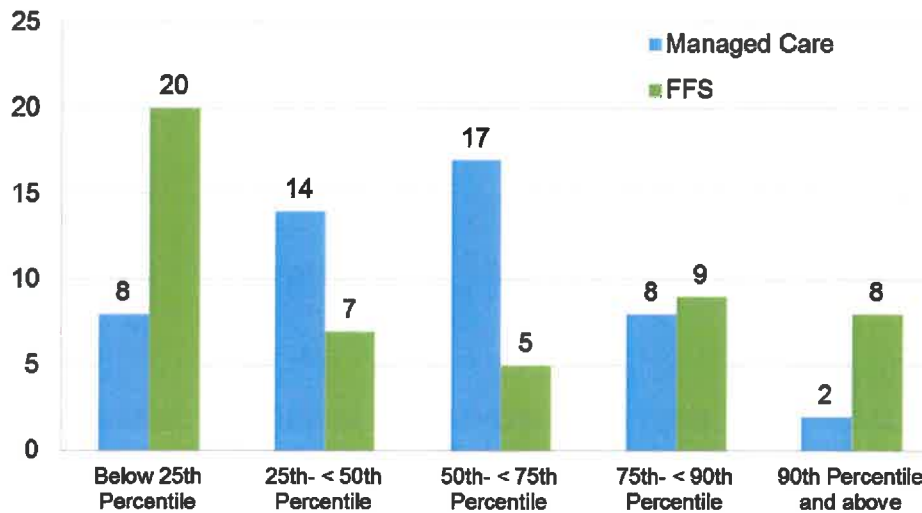
**I. Executive Summary**

In response to Proviso 21.33 of the South Carolina Appropriations Act, the Institute for Families in Society (IFS) at the University of South Carolina is submitting this report documenting the analysis of the quality HEDIS® measures for CY 2012. We prepared this report for the South Carolina Department of Health and Human Services (SCDHHS).

The report provides a comparison of quality of the differing Medicaid health care models, managed care organizations (MCO), medical home networks (MHN), and fee-for-service (FFS). Quality assessment and performance improvement are a central element in South Carolina’s Medicaid value-based purchasing strategy. Reporting on quality and access measures provides information guiding targeted incentives for providers, improvement efforts associated with program activities and policies to reduce poor health outcomes. Another important goal of this report is to measure and improve the quality of care received by Medicaid recipients across different health plans and models.<sup>1</sup>

The report card data presented is a subset of the 2013 Healthcare Effectiveness Data and Information Set (HEDIS®) measures.<sup>2</sup> This assessment examined a broad range of clinical and service areas that are of importance to Medicaid recipients, policy makers, and program staff. The MCOs’ HEDIS® measure rates were based on data provided by each plan. MHNs’ plan rates were derived from claims data to calculate the HEDIS® rates. All rates were based on the 2013 Medicaid National Percentiles established by the National Committee for Quality Assurance (NCQA). Figure 1 shows the overall results of the SC HEDIS® managed care (MCOs and

Figure 1. South Carolina Medicaid CY2012 Managed Care MCO vs. Fee-For-Service (FFS) Rates Compared with National Medicaid Percentiles



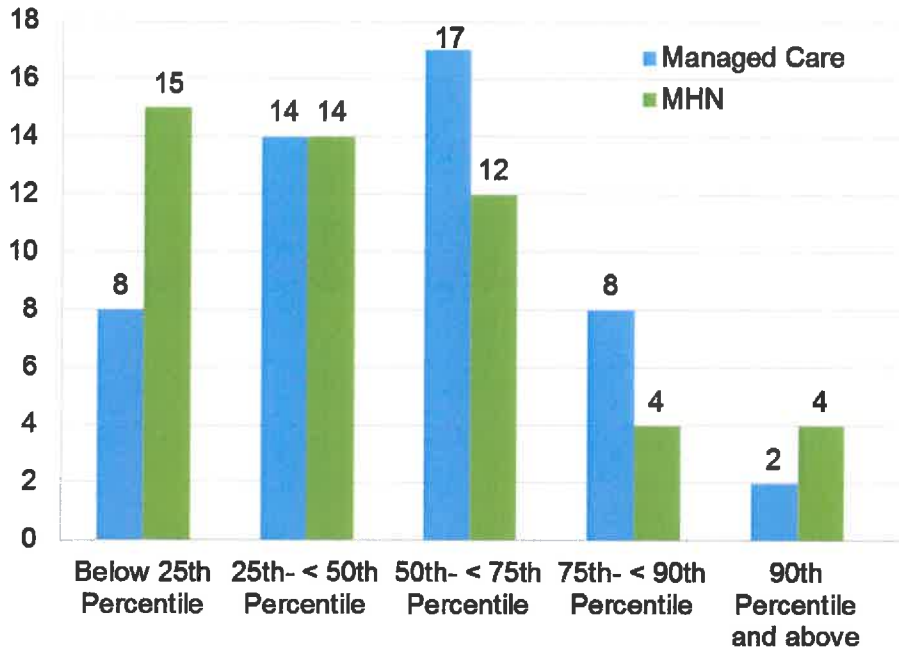
1. Federal law requires various quality monitoring and improvement processes for capitated managed care organizations (MCO) in Medicaid. As in previous reports, the use of administrative claims allows DHHS to measure and monitor quality of care for all recipients applying the same set of evaluation standards to all plans— managed care organization (MCO), medical home networks (MHN), and fee-for-service (FFS).

2. Some measures span a period of three years requiring unique member affiliations. This approach may result in lower or higher rates than those reported by the individual plans.



MHNs) plans at differing NCQA National Medicaid Percentiles. Medicaid recipients in managed care plans obtained better care as measured by HEDIS® rates at or above the 50<sup>th</sup> National Medicaid Percentiles. Collectively MCOs performed better than MHNs with 31 measures compared to 20 at or above the 50<sup>th</sup> National Medicaid Percentiles (Figure 2).

Figure 2. South Carolina Medicaid CY2012 Managed Care Rates Compared with National Medicaid Percentiles



## II. Summary of Overall Results

The results are organized in a report card format summary of the plans (in alphabetic order by name) for each measure by dimension of care compared to National Medicaid Percentile Benchmarks and the state weighted average. For example, a plan with three stars for Well-Child Visits (ages 3 to 6) in the Pediatric Care dimension indicates that the plan performed between the 50<sup>th</sup> and 74<sup>th</sup> percentiles. A plan with a star plus “★+” indicates they are at the upper range of the percentile group. Thus, a plan with three stars and a plus is closer to the 74<sup>th</sup> percentile than the 50<sup>th</sup> percentile. The reader is encouraged to use the legend to interpret the results.

Table 1. 2012 South Carolina Medicaid Health Plans Report Card

	Absolute Total Care	Blue Choice	First Choice	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Average	
<b>PEDIATRIC CARE</b>	Adolescent Well-Care Visits	★	★	★★	★	★	★	★	★	
	Ambulatory Care -ED Visits*									
	Ages <1	★★	★★★	★★	★★	★★	★★★	★★★	☆☆☆☆☆	
	Ages 1-9	★★	★★	★★★	★★	★★	★★★	★★	★★★★	
	Ages 10-19	★★	★★	★★★	★★	★	★	★★	★★★★	
	Appropriate Testing for Children With Pharyngitis	★★★	★★★	★★★★	★★★★	★★★	★★★	★★★★	★★★★	
	Appropriate Treatment for Children With Upper Respiratory Infection†	★★	★	★★	★★★	★★★	★★★	★★★	★★	
	Lead Screening in Children	★★	★★	★★★	★★★	★★	★	★★	★★	
	Well-Child Visits in the First 15 Months of Life									
	Zero visits *	★★★★	★★	★★★	★★	NSI	★	★★	★	
	Five visits	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	★★★★☆☆	NSI	★★★★	★★★★☆	★★★★☆	
	Six or More visits	★★★	★★	★★★	★★	NSI	★	★★★	★★	
	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	★	★	★	★	★	★	★	★	
<b>OVERALL SCORE FOR PEDIATRIC CARE</b>	★★	★★	★★②	★★	★①	★★	★★①	★★★	★★②	
<b>WOMEN'S CARE</b>	Breast Cancer Screening	★★★	★★	☆☆☆☆☆	★★★	★	★	★	★	
	Cervical Cancer Screening	★★	★	★★★	★★	★	★	★	★	
	Chlamydia Screening in Women									
	16-20 Years	★★★	★★	★★★	★★	★★★★	★★	★★	★★★★	
	21-24 Years	★★★	★★	★★★	★★★	★★★★	★★	★★	★★★★	
	Total	★★★	★★	★★★	★★	★★★★	★★	★★	★★★★	
	Prenatal and Postpartum Care ***									
	Timeliness of Prenatal Care ***	★★★	★★★★	★★★	★★	★★	★★	★★	★	
	Postpartum Care ***	★★★	★★★★	★★★★	★★★★	★★★	★★★	★★★	★	
	<b>OVERALL SCORE FOR WOMEN'S CARE</b>	★★★	★★②	★★★④	★★①	★★②	★★	★★	★★	★★①
	<b>LIVING WITH ILLNESS</b>	Comprehensive Diabetes Care								
		HbA1c Testing	★★	★★	★★	★★★	★	★	★	★
		Eye Exams	★★	★	★★	★	★	★	★	★
LDL-C Screening		★★	★★	★★	★★	★	★	★	★	
Med Att Diabetic Nephropathy		★★★	★★	★★★	★★★	★★	★★	★	★	
Use of Appropriate Medications for People with Asthma										
5-11 Years		★★★★	★★	★★★	★★	NSI	NSI	★★★★	★★★★	
12-18 Years		★★★★	★	★★★★	★★★	NSI	NSI	★★★★	★★★★	
19-50 Years		★★★	★	★★★★	★★	NSI	NSI	★★	★★	
Total		★★★★	★	★★★★	★★	NSI	NSI	★★★★	★★★★	
<b>OVERALL SCORE FOR LIVING WITH ILLNESS</b>		★★★③	★★②	★★★	★★	★	★	★★②	★★②	★★②
<b>BEHAVIORAL HEALTH</b>		Follow-Up After Hospitalization for Mental Illness ****								
		7 Days	★★★	★★★	★★★	★★★	★★★	★★★	★★	★★★
	30 Days	★★	★★	★★★★	★★★	★★	★★	★★★	★★★	
	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication									
	Initiation	★★★★	★★★	★★★★	★★	★★	★★★	★★★	★★★★	
	Continuation	★★★★	★★★	★★★★	★★	NSI	NSI	★★★	★★★★	
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment ****									
	Initiation - 13-17 Years	★★★★	★★★★	★★★★	★★★★	NSI	★★★	★★★★	★★★★	
	Engagement - 13-17 Years	★★★★	★★★★	★★★★	★★★★	NSI	★★★★	★★★★	★★★★	
	Initiation - 18+	★★★★	★	★★	★★★	★★★★	★★★	★★	★★★★	
	Engagement - 18+	★★★	★★★	★★★	★★★	★★★★	★★★	★★★	★★★★	
	Initiation - Total	★★★★	★	★★	★★★	★★★★	★★★	★★	★★★★	
	Engagement - Total	★★★	★★★	★★★	★★★	★★★★	★★★	★★★	★★★★	
<b>OVERALL SCORE FOR BEHAVIORAL HEALTH</b>	★★★③	★★②	★★★④	★★★	★★①	★★②	★★★	★★★④	★★★①	
<b>ACCESS TO CARE</b>	Adults' Access to Preventive/Ambulatory Health Services									
	20-44 Years	★★★	★★★	★★★★	★★	★	★	★★	★★	
	45-64 Years	★★	★★★	★★★★	★★	★	★	★	★	
	Children and Adolescents' Access to Primary Care Practitioners									
	12-24 Months	★★★★☆	★★★	★★★★	★★★★	★★	★★★★	★★★★	★★	
	25 Months-6 Years	★★★	★★	★★★★	★★	★	★	★	★★	
	7-11 Years	★★★	★★	★★★★	★★	★	★	★	★★	
12-19 Years	★★	★	★★★★	★★	★	★	★	★★		
<b>OVERALL SCORE FOR ACCESS TO CARE</b>	★★★	★★②	★★★★④	★★②	★	★①	★★②	★★	★★①	
<b>OVERALL PLAN PERFORMANCE</b>	★★★	★★	★★★③	★★①	★①	★★	★★①	★★②		

★★★★★ 90<sup>th</sup> Percentile or above  
 ★★★★ 75<sup>th</sup> to 89<sup>th</sup> Percentile  
 ★★★ 50<sup>th</sup> to 74<sup>th</sup> Percentile  
 ★★ 25<sup>th</sup> to 49<sup>th</sup> Percentile

★ Below 25<sup>th</sup> Percentile  
 ☆ Upper Range of Percentile Group  
 NSI Denominator less than 30  
 NSPI Insufficient Plan Information  
 N/A Not Applicable

† Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]  
 \* Inverted measure: lower rates indicate better performance  
 \*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email  
 \*\*\*\* State Rates substituted where Plan Rates not submitted.

Table 1. 2012 South Carolina Medicaid Health Plans Report Card (continued)

		Absolute Total Care†	Blue Choice†	First Choice†	United Health Care†	Carolina Medical Homes	Palmetto Physicians Connections	SC Solutions	Fee-For-Service	State Average
<b>CONSUMER EXPERIENCE AND SATISFACTION</b>	<b>Ratings of Health Care</b>									
	Adult	★★	★★	★★★★	★★	★★★★	★★★★★	★★★★★	★★★★★	★★★
	Child	★★★★	★★★★	★★★★★	★★★★	★★★	★★★★	★★★★	★★★★★	★★★★
	<b>Ratings of Personal Doctor</b>									
	Adult	★★★★★	★★	★★★★★	★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
	Child	★★★★★	★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★★★★
	<b>Ratings of Specialists</b>									
	Adult	★★★	★	★★★★★	★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★
	Child	★★★★★	★	★★★★★	★	★	★★★★★	★★★★★	★★★	★★★★★
	<b>Ratings of Health Plan</b>									
	Adult	★	★	★★★★	★	★★	★★★	★★★★	★★★★	★★
	Child	★★	★★	★★★★★	★★	★	★★	★★★★	★★★	★★★
	<b>Get Needed Care</b>									
	Adult	★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★	★★★★	★★★★★	★★★★
	Child	★★★★★	★★★★★	★★★★★	★★★★★	★★★	★★★★	★★★★★	★★★★★	★★★★★
	<b>Get Care Quickly</b>									
	Adult	★★	★★★	★★★★	★★	★★★	★★★★	★★★★★	★★★★★	★★★
	Child	★★★★★	★★★★★	★★★★★	★★★★★	★★★	★★★★★	★★★★★	★★★★★	★★★★★
	<b>How Well Doctors Communicate</b>									
	Adult	★★★★★	★★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
	Child	★★★★★	★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★★★	★★★★★	★★★★★
	<b>Customer Service</b>									
Adult	★★★★	★★★★	★★★★★	★★★★	★	★★★★	★	★★★★★	★★★★	
Child	★★★★	★★★★★	★★★★★	★★★★	★	★	★	★★	★★★	

★★★★★ 90<sup>th</sup> Percentile or above  
 ★★★★ 75<sup>th</sup> to 89<sup>th</sup> Percentile  
 ★★★ 50<sup>th</sup> to 74<sup>th</sup> Percentile  
 ★★ 25<sup>th</sup> to 49<sup>th</sup> Percentile  
 ★ Below 25<sup>th</sup> Percentile

† Uses CY 2012 CAHPS® rates supplied by the MCOs

### III. Methodology

The report card represents a broad range of measures that are important to Medicaid recipients, policy makers, stakeholders, and DHHS program staff. IFS develops this annual report by using a subset of HEDIS® measures. Developed by the National Committee for Quality Assurance (NCQA), HEDIS® is the most commonly used set of standardized performance measures for reporting quality of care delivered by health care organizations. HEDIS® includes clinical measures of care, as well as measures of access to care and utilization of services. To conduct the HEDIS® analysis, IFS uses Sightlines™ Performance Measurement, from Verisk Health. Sightlines™ Performance Measurement is a collection of tools for calculating HEDIS® measures, creating and submitting reports, building custom health care quality measures, and translating data into required formats. Lastly, Verisk Health is an NCQA HEDIS® measures beta tester on new measures. The relationship between IFS and Verisk Health facilitates the interpretation of the data across differing health plans. The rates for MHNs, FFS and MCO rates not reported by plans were calculated and reported by IFS. This report is submitted to the SC Department of Health and Human Services as the quality analysis component of the report mandated by the South Carolina General Assembly Proviso 21.33.

#### Data Sources and Year

This report contains information about health plans quality performance including results from standardized quality measures, and consumer experience and satisfaction surveys. The data presented in this report are largely from care provided to members during calendar year 2012 (CY 2012) and obtained through Medicaid administrative claims and encounter records, survey data, or rates provided by the MCOs. IFS followed the guidelines in *HEDIS® 2013 Volume 2: Technical Specifications* or *HEDIS® 2013 Volume 3: Specifications for Survey Measures* in developing this report to measure consumer satisfaction.

The Consumer Assessment of Healthcare Providers and Services (CAHPS®) 5.0H Adult Medicaid and the 5.0H Child Medicaid surveys results are a combination of IFS efforts and rates reported by MCOs. The CAHPS® survey is the national standard for measuring and reporting on the experiences of consumers with their health plan and overall health care. The CAHPS® is a set of survey tools developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the National Council on Quality Assurance (NCQA). It is the most comprehensive tool available and has been used extensively with consumers in Medicaid. The CAHPS® 5.0H Adult Medicaid and 5.0H Child Medicaid Surveys measure those aspects of care for which plan members are the best and/or the only source of information. The CAHPS® examines what consumers think about their experiences with their doctors, specialists, care coordinators, health plans and overall health care. It also includes questions related to the consumer's health and wellness behavior.

#### IFS Survey Process

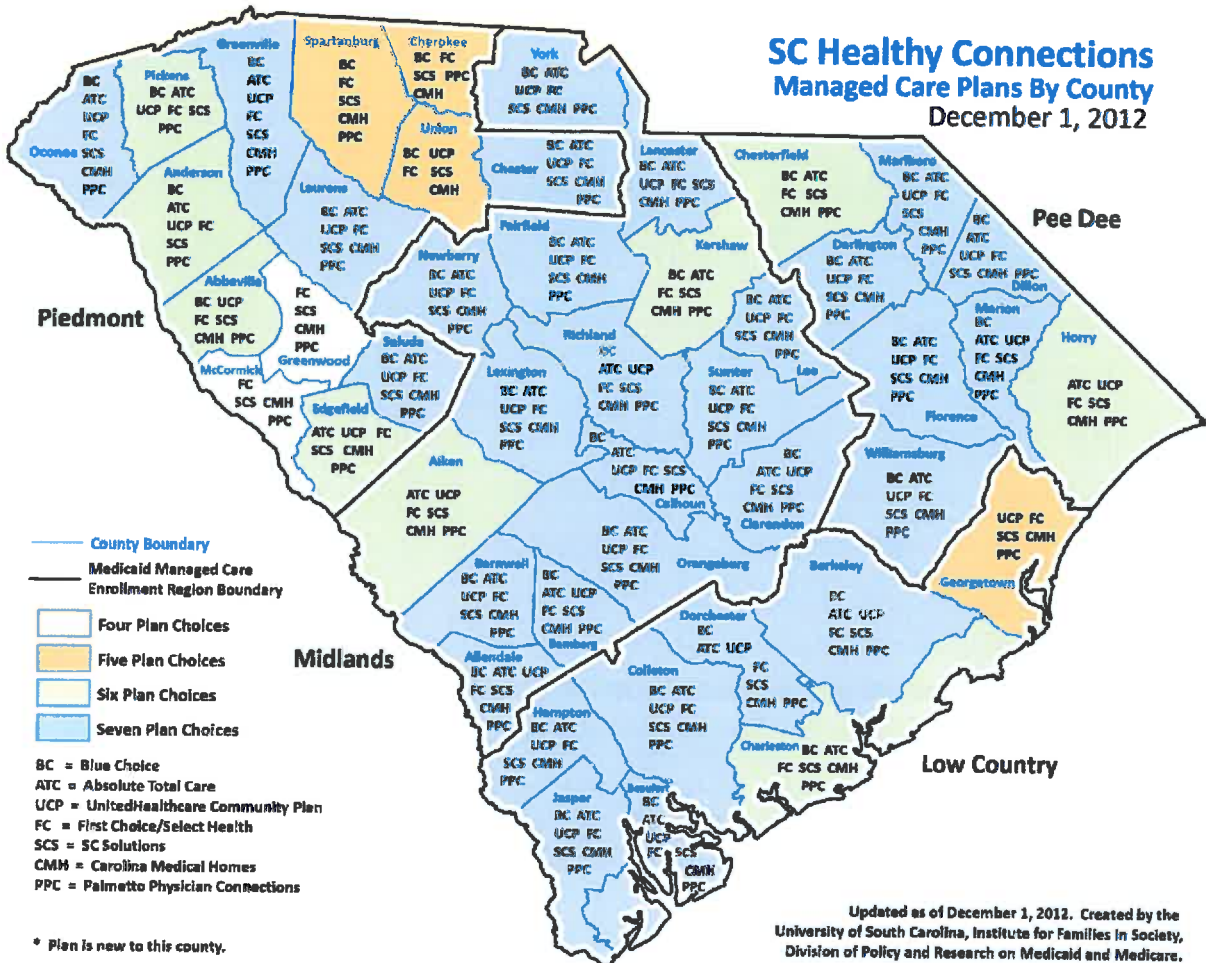
A stratified random sample of child and adult participants enrolled in the Medicaid health plans during CY 2012 was selected. For Medicaid participants, the CAHPS® requires that participants be enrolled for at least six months. Following NCQA requirements, the survey sampled no more than one member per household. The survey was conducted by the University of South Carolina (USC) Institute for Families in Society and the USC Survey Research Lab at the Institute for Public Service and Policy Research (IPSPR), a certified CAHPS® vendor. A minimum of 411 surveys was

completed for adult members and for child members for each health plan and fee-for-service. A total of 7,259 surveys was completed with an overall response rate of 30% (7,259 completed/24,000 sampled).

### Geographic Presence of Health Plans

In 2012, South Carolina Medicaid managed care enrollment grew from 607,591 to 675,811, an increase of 11%. Seven managed care plans serve Medicaid recipients in the state. In January 2012, a minimum of four plans existed in two of the state's 46 counties and all seven were in 30 counties. By year's end, a minimum of four managed care plans still served two counties and all seven plans existed in 31 counties (Figure 3). The presence of multiple managed care plans in individual counties offers Medicaid recipients choice in the acquisition of health care services. Multiple local managed care provider networks, however, also can result in a decreased ability by individual plans to influence health care provider procedures and protocols, particularly when individual providers are affiliated with multiple plans. The presence of multiple managed care plans thus may reduce the leverage individual plans can exert to improve local health outcomes, health care quality, and consumer satisfaction.

Figure 3. Managed Care Plans by County



The number of enrollees within a designated geographic area can influence access to care, network development and quality monitoring. Currently, there are no requirements on the minimum number of enrollees per plan necessary to ensure network adequacy and quality monitoring. As such, all plans are eligible to serve populations statewide.

#### IV. Caveats and Interpretation for Using This Report

##### Dimensions of Care

The CY 2012 Medicaid Health Plans Report Card is organized along six dimensions of care designed to encourage consideration of similar measures together. The dimensions of care are the following:

1. Pediatric Care involves health promotion and disease prevention for children and adolescents;
2. Women's Care examines cancer prevention, use of emergency department visits and timeliness of prenatal and postpartum care;
3. Living With Illness examines comprehensive diabetes care and use of appropriate medications for people with asthma;
4. Behavioral Health addresses compliance with ADHD and follow-up care after an inpatient hospital stay and the initiation and engagement of alcohol and drug dependence treatment;
5. Access to Care reports on children and adolescent access to primary care and adult access to preventive ambulatory health services; and
6. Consumer Experience and Satisfaction With Care provides information on the experiences of consumers with their health plan and overall health care.

Appendix C provides the reader with the individual health plan's performance compared to the 2012 National Medicaid Percentile Benchmarks for each measure at the plan level.

##### Calculating Measure Rates

All measures constructed by IFS uses the HEDIS® and CAHPS® quality performance systems. All of the performance measure rates are based on services, care, and experiences of members who were enrolled in the SC Medicaid Program throughout calendar year 2012. The HEDIS® scores are based on the number of members enrolled in the plan who are eligible and who received the service based on administrative records (claims and encounters). These records do not include information from medical charts or laboratory results available to medical providers and health plans. Restricting the data to administrative records allows for a comparison between managed care organizations and fee-for-service rates. The accuracy of this information relies on the administrative records submitted by providers for services rendered to Medicaid patients in CY 2012. All administrative records were adjudicated through June 30, 2013.

The CAHPS® measures are based on a stratified, randomly selected list of children and adult Medicaid recipients enrolled in a designated health plan for at least six months during CY 2012. These members completed the CAHPS® survey by mail or telephone and were asked to report

their experiences with their health care plans, services, and their doctors. These measures are collected and calculated using survey methodology with detailed specifications contained in *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. MCOs' CAHPS® rates are those calculated by each health plan's CAHPS® vendor.

### Rating Method

The purpose of identifying performance levels is to facilitate the comparison of services provided to South Carolina Medicaid recipients to national percentiles and to foster a climate of continuous value-based quality improvement. Plans should focus their efforts on reaching and/or maintaining the National Medicaid Mean Benchmark for each key measure, rather than the comparison to other South Carolina Plans.

Plans reporting rates at or above the 75<sup>th</sup> National Medicaid percentile are considered high performing and rank in the top 25% of all Medicaid health plans. Similarly, plans reporting rates below the 25<sup>th</sup> National Medicaid percentile are considered low performing and rank in the bottom 25% of all Medicaid health plans.

Plans reporting rates at or above the 75<sup>th</sup> National Medicaid percentile are considered high performing and rank in the top 25% of all Medicaid health plans. Similarly, plans reporting rates below the 25<sup>th</sup> National Medicaid percentile are considered low performing and rank in the bottom 25% of all Medicaid health plans.

### Star Ratings

The performance summary report card presented depicts the performance of each health plan and the overall Medicaid program using a one- to five-star rating. The assignment of stars corresponds to a comparison of each measure's result to NCQA's HEDIS® 2013 National Medicaid Percentile Benchmarks. Rates were rounded to two digits for purposes of star ratings.

- 5 stars – indicates a score at or above the 90<sup>th</sup> percentile
- 4 stars – indicates a score at or between the 75<sup>th</sup> and 89<sup>th</sup> percentiles
- 3 stars – indicates a score at or between the 50<sup>th</sup> and 74<sup>th</sup> percentiles
- 2 stars – indicates a score at or between the 25<sup>th</sup> and 49<sup>th</sup> percentiles
- 1 star – indicates a score at or below the 24<sup>th</sup> percentile

The “Overall Score” measure ratings are calculated by averaging the number of stars for the measures within each dimension. The designation of a plus following an “Overall Score” star indicates a value in the upper level threshold for that dimension. A designation of “Not Sufficient Information” (NSI) means that the health plan has too few members (less than 30) who were enrolled long enough to meet the HEDIS® requirements to be able to report a meaningful score for that performance measure. This is common with newer health plans. An “NSI” designation does not evaluate the quality of the service nor does it mean the services are not being provided for these measures by the health plan.

## V. Recommendations

The CY 2012 analysis is the final report that will allow the SC DHHS to comply with the requirements associated with Proviso 21.33 of the South Carolina Appropriations Act. Several reasons will require a new strategy to be adopted for the reporting of quality and access measures. Among the key factors limiting future reporting are the following:

1. The full conversion of MHNs to MCOs combined with mandatory enrollment in an MCO plan will not allow for a comparison of health plans. Additionally, the numbers of individuals enrolled in FFS will be reduced significantly or will represent populations with less than 11 months of continuous enrollment.
2. Emphasis on comprehensive health with the aim of reducing disparities will require expanding quality and access measures to address program areas not captured solely by HEDIS® reports submitted by MCO plans.
3. CY 2014 requirements by the Centers for Medicare and Medicaid will mandate reporting state measures for adults and children not maintained at the health plan level.
4. A growing emphasis on value-based and ongoing quality improvement will challenge the Medicaid agency to establish measures that can be linked to costs, demographic attributes, special populations and health care needs.
5. Transparency is a key component of consumer choice and provider feedback elements of effective quality improvement efforts.

Due to these changes, it is recommended that the SC Medicaid Program work to implement reporting a series of state measures to address a composite of HEDIS® measures, program initiative measures, National Quality Forum (NQF), Centers for Medicare and Medicaid Services (CMS) and other measures addressing quality and access to care. These measures will be reported quarterly and reviewed annually separately from MCOs' National Committee for Quality Assurance (NCQA) HEDIS® reports and incentive measures. Incentive measures will be based on health plan HEDIS® NCQA certified reports. Table 2 provides a breakdown of the proposed measures with baseline established using CY 2012 data and targeted benchmarks to be at or above the 50<sup>th</sup> percentile.



Table 2. Proposed Performance Measures

Proposed SC Medicaid Core Measures	Centers for Medicare and Medicaid Services (CMS) Adult Measures <sup>1</sup>	Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures <sup>1</sup>
Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT/HEDIS®)		
Initiation and engagement in alcohol and drug treatment (HEDIS®/BOI)	Initiation and engagement of alcohol and other drug dependence treatment [HEDIS®/National Quality Forum (NQF)]	
	Screening for clinical depression and follow-up plan (NQF #0418)	
	Medical assistance with smoking and tobacco use cessation (NQF #0027)	
Follow-up after hospitalization for mental illness within 30 days (HEDIS®)	Follow-up after hospitalization for mental illness within 30 days (HEDIS®/NQF #0576)	Follow-up after hospitalization for mental illness within 30 days (HEDIS®/NQF #0576)
Mental and physical health assessment within 60 days for children in DSS custody (State Measure)		
Follow up care for children prescribed ADHD medication (HEDIS®)		Follow-up care for children prescribed attention deficit hyperactivity disorder (ADHD) medication (HEDIS®/NQF #0108)
	Antidepressant medication management (NQF #0105)	
	Adherence to antipsychotics for individual with schizophrenia	
	Breast cancer screening (HEDIS®/ NQF #0031)	
	Cervical cancer screening (HEDIS®/ NQF #0032)	
	Chlamydia screening in women age 21-24 (HEDIS®/ NQF #0033)	Chlamydia screening in women (HEDIS® NQF #0033)
Prenatal and postpartum care: timeliness of prenatal care (HEDIS®)	Prenatal and postpartum care: postpartum care rate (HEDIS® NQF #1391)	Prenatal and postpartum care: timeliness of prenatal care (HEDIS®/NQF #1517) Frequency of ongoing prenatal care (HEDIS®/NQF #1391)
PC-01: Elective delivery (NQF 0469/ Birth Outcomes Initiative)	PC-01: elective delivery (NQF #0469/ Birth Outcomes Initiative)	Cesarean rate for nulliparous singleton vertex (Birth Outcomes Initiative) Percentage of live births weighing less than 2,500 grams (e.g., low birth weight) (Birth Outcomes Initiative/NQF #1382)
	PC-03: antenatal steroids (NQF #0476/Birth Outcomes Initiative)	
Percent Live Births Delivered in Baby Friendly Hospital		
Percent of Mothers with Lactation Consultation (face-to-face services) within the first 30 days of delivery.		
Developmental screening in the first 36 months of life (NQF 1448)		Developmental screening in the first three years of Life (NQF #1448)
		Well-child visits in the first 15 months of life (HEDIS®/NQF #1392)
		Well-child visits in the 3rd, 4th, 5th, and 6th years of life (HEDIS®/NQF #1516)
		Appropriate testing for children with pharyngitis (HEDIS®/NQF #0002)
Adolescent well care visits (HEDIS®)		Adolescent well-care visits (HEDIS®)

<sup>1</sup> These measures are subject to change by CMS.

Proposed SC Medicaid Core Measures	Centers for Medicare and Medicaid Services (CMS) Adult Measures <sup>1</sup>	Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures <sup>1</sup>
		Annual pediatric hemoglobin A1c testing (NQF #0060)
		Total eligibles who received dental treatment services (ages 1-20)
		Total eligibles who received preventive dental services (ages 1-20)
		Childhood immunization status (NQF #0038)
		Immunization for adolescents (NQF #1407)
		Pediatric central-line associated bloodstream infections – neonatal intensive care unit and pediatric intensive care unit
Controlling high blood pressure (NQF 0018)	Controlling high blood pressure (NQF #0018)	
Diabetes: HbA1c Poor Control (NQF 0059)	Comprehensive diabetes care: hemoglobin A1c testing (HEDIS®/NQF #0057)	
	Comprehensive diabetes care: LCL-C screening (HEDIS®/NQF #0063)	
		Annual percentage of asthma patients with one or more asthma-related emergency department visit (age 2-20) (NQF #1381)
Access to care: getting care quickly (CAHPS® survey composites for adult and child)	CAHPS® Health Plan Survey v5.0 – adult questionnaire with CAHPS® Health Plan Survey v5.0H – NCQA supplemental	CAHPS® 5.0H (child version including Medicaid and children with chronic conditions supplemental items)
<i>"In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?" (Adult)</i>		
<i>"In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?" (Adult)</i>		
<i>"In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?" (Child)</i>		
<i>"In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?" (Child)</i>		
Health plan satisfaction: customer service (CAHPS® survey composites for adult and child) NCQA	CAHPS® Health Plan Survey v5.0 – adult questionnaire with CAHPS® Health Plan Survey v5.0H – NCQA supplemental	
<i>"In the last 6 months, how often did your health plan's customer service give you the information or help you needed?" (Adult)</i>		
<i>"In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?" (Adult)</i>		
<i>"In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?" (Child)</i>		
<i>"In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?" (Child)</i>		
Member health status, adults (CAHPS® health status)		

<sup>1</sup> These measures are subject to change by CMS.

Proposed SC Medicaid Core Measures	Centers for Medicare and Medicaid Services (CMS) Adult Measures <sup>1</sup>	Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures <sup>1</sup>
Rate of obesity among CCO enrollees (State Measure)	Adult BMI assessment	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents
Colorectal cancer screening (HEDIS®)		
	Flu shots for adults ages 50-64 (NQF #0039)	
	Annual HIV/AIDS medical visit (NQF #0403)	
Patient-Centered Primary Care Home (PCPCH) enrollment (State Measure)		
Potentially avoidable ED visits (State Measure)		Child and adolescent access to primary care practitioners
Ambulatory care: outpatient and emergency department utilization (HEDIS®)		Ambulatory care: emergency department visits
	All-cause readmission	
	PQI 01: diabetes, short-term complications admission rate (NQF #0272)	
	PQI 05: chronic obstructive pulmonary disease (COPD) admission rate (NQF #0275)	
	PQI 08: congestive heart failure admission rate (NQF #0277)	
	PQI 15: adult asthma admission rate (NQF #0283)	
	Annual monitoring for patients on persistent medications (NQF #0021)	
	Care transition – transition record transmitted to health care professional (NQF #1391)	

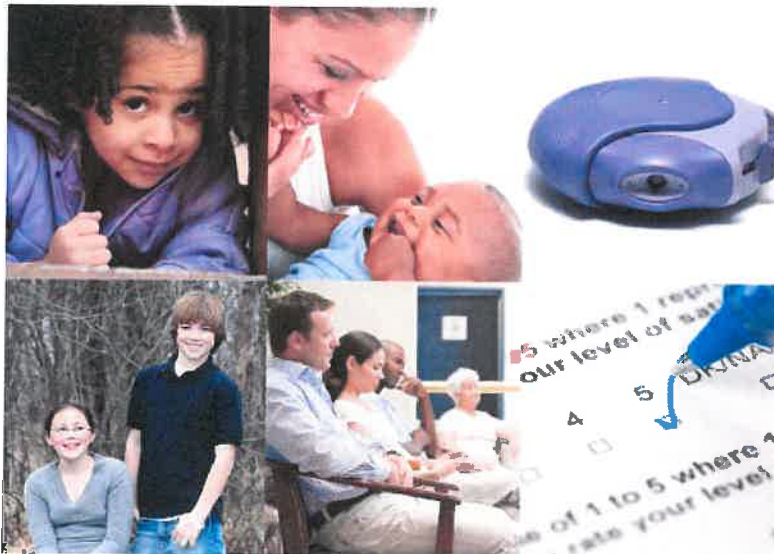
1 These measures are subject to change by CMS.

# APPENDICES



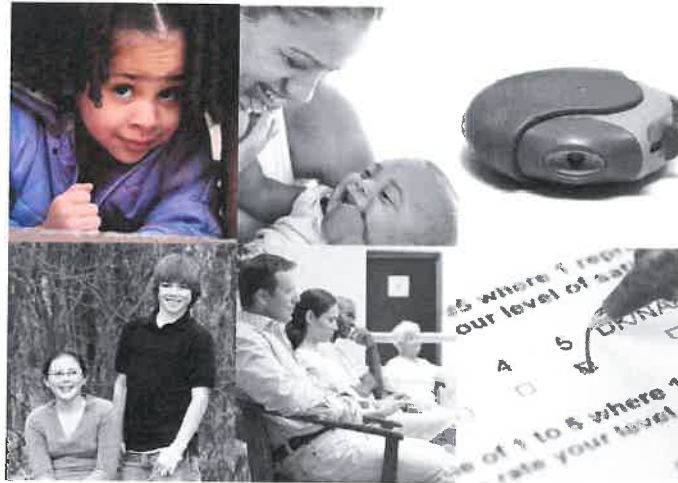
## Appendix A: Dimensions of Care

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## Appendix A-1: Pediatric Care

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## Pediatric Care

Pediatric Care Measures and Descriptions	
Measure	Measure Description
<b>Adolescent Well-Care Visits (AWC)</b>	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
<b>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</b>	The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.
<b>Appropriate Testing for Children With Pharyngitis (CWP)</b>	The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).
<b>Ambulatory Care (AMB)</b>	This measure summarizes utilization of ambulatory care in the following category: Emergency Department Visits.
<b>Lead Screening In Children (LSC)</b>	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
<b>Well-Child Visits in the First 15 Months of Life (W15)</b>	<p>The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:</p> <ul style="list-style-type: none"> <li>• No well-child visits†</li> <li>• Five well-child visits</li> <li>• Six or more well-child visits</li> </ul> <p>†=Inverted measure (lower is better).</p>
<b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</b>	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.

## 2012 South Carolina Medicaid Health Plans Report Card

### Pediatric Care Measures

	Absolute Total Care	Blue Choice	First Choice	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Average
<b>PEDIATRIC CARE</b>									
Adolescent Well-Care Visits	★	★	★★	★	★	★	★	★	★
Ambulatory Care -ED Visits*									
Ages <1	★★	★★★	★★	★★	★★	★★★	★★★	☆☆☆☆☆	★★★
Ages 1-9	★★	★★	★★★	★★	★★	★★★	★★	★★★★	★★★
Ages 10-19	★★	★★	★★★	★★	★	★	★★	★★★★	★★
Appropriate Testing for Children With Pharyngitis	★★★	★★★	★★★★	★★★★	★★★	★★★	★★★★	★★★★	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection†	★★	★	★★	★★★	★★★	★★★	★★★	★★★	★★
Lead Screening in Children	★★	★★	★★★	★★★	★★	★	★★	★★	★★
Well-Child Visits in the First 15 Months of Life									
Zero visits *	★★★★	★★	★★★	★★	NSI	★	★★	★	★★
Five visits	☆☆☆☆☆	☆☆☆☆☆	★★★★★	★★★★★	NSI	★★★★	☆☆☆☆☆	★★★★★	★★★★★
Six or More visits	★★★	★★	★★★	★★	NSI	★	★★★	★	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	★	★	★	★	★	★	★	★	★
<b>OVERALL SCORE FOR PEDIATRIC CARE</b>	★★	★★	★★Ⓢ	★★	★Ⓢ	★★	★★Ⓢ	★★★	★★Ⓢ

☆☆☆☆ 90<sup>th</sup> Percentile or above    ★ Below 25<sup>th</sup> Percentile    † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]  
 ★★★★★ 75<sup>th</sup> to 89<sup>th</sup> Percentile    Ⓢ Upper Range of Percentile Group    \* Inverted measure: lower rates indicate better performance  
 ★★★ 50<sup>th</sup> to 74<sup>th</sup> Percentile    NSI Denominator less than 30    \*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email  
 ★★ 25<sup>th</sup> to 49<sup>th</sup> Percentile    NSPI Insufficient Plan Information    \*\*\*\* State Rates substituted where Plan Rates not submitted  
 N/A Not Applicable

### Pediatric Care Statewide Trends

		Weighted State Rates			NCQA National Medicaid Mean	Change from 2010 to 2011	Change from 2011 to 2012
		2010	2011 Mixed Methodology	2012 Mixed Methodology			
Adolescent Well-Care Visits	Reported Rate	29.0	29.8	31.5	49.7	UP	UP
Ambulatory Care Emergency Department Visits (Visits/1000MM)*	AMB ER <1 Visit/1000	81.8	86.1	86.0	92.7	DOWN	UP
	AMB ER 1-9 Visit/1000	45.7	47.1	47.9	48.7	DOWN	DOWN
	AMB ER 10-19 Visit/1000	43.0	41.7	41.1	40.6	UP	UP
Appropriate Testing for Children With Pharyngitis	Reported Rate	72.3	74.0	72.4	66.7	UP	DOWN
Appropriate Treatment for Children With Upper Respiratory Infection†	Reported Rate	82.8	84.7	84.1	85.3	UP	DOWN
Lead Screening in Children	Reported Rate	47.7	52.1	55.4	67.8	UP	UP
Well-Child Visits in the First 15 Months of Life	Zero Visits*	2.1	1.7	1.8	2.0	UP	DOWN
	Five Visits	23.7	22.4	22.1	16.2	DOWN	DOWN
	Six or More Visits	46.0	53.7	54.4	61.8	UP	UP
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Reported Rate	57.3	57.6	56.1	72.0	UP	DOWN

UP: Indicates the SC State Weighted Rate is higher  
 DOWN: Indicates the SC State Weighted Rate is lower  
 † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]  
 \* Inverted measure: lower rates indicate better performance



# SC Medicaid Health Plan Performance CY2012 by NCOA National Benchmarks

CY2012

PEDIATRIC CARE	CY2012										NCOA National Medicaid Benchmarks							
	Absolute Total Care		Blue Choice		Select Health		United Health Care		Carolina Medical Homes		Palmetto Physician Connections		SC Solutions		Fee For Service			
	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	State Average	CY2012 P25	CY2012 P50	CY2012 P75
Adolescent Well-Care Visits	X	33.9	X	26.1	X	40.0	X	31.6	21.0	24.6	28.6	11.3	31.5	42.1	49.7	57.6		
AMB ER <1 Visit/1000		95.9		91.0		96.0		95.2	104.1	93.0	88.2	63.7	86.0	79.4	94.8	106.3		
Ambulatory Care *		48.8		50.9		47.0		50.1	52.5	48.2	50.1	42.3	47.9	42.9	48.7	55.7		
AMB ER 10-19 Visit/1000		41.9		46.4		39.5		42.3	52.6	47.6	46.4	32.6	41.1	33.5	40.3	46.6		
Appropriate Testing for Children With Pharyngitis		69.1		68.0		73.6		73.7	65.7	66.1	73.5	72.4	72.4	58.5	70.0	76.4		
Appropriate Treatment for Children With Upper Respiratory Infection †		80.4		76.1		79.5		81.1	81.6	83.6	81.2	82.4	80.1	80.6	85.3	90.0		
Lead Screening in Children	X	48.0	X	45.1	X	60.6	X	61.1	44.7	27.1	50.6	41.7	55.4	57.5	71.4	81.9		
Zero visits *	X	0.6	X	1.7	X	0.8	X	1.2	NSI	4.9	1.3	5.7	1.8	0.7	1.2	2.4		
Well-Child Visits in the First 15 Months of Life	X	22.4	X	24.4	X	21.8	X	22.1	NSI	19.5	22.6	20.5	22.1	13.1	16.3	19.7		
Six or More visits	X	55.1	X	52.5	X	59.7	X	54.1	NSI	36.6	55.4	43.1	54.4	54.3	63.0	70.7		
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	X	56.4	X	52.1	X	60.5	X	54.1	45.6	44.1	53.5	37.3	56.1	65.5	72.3	79.3		

Green background: NCOA 75<sup>th</sup> Percentile and above; or for inverted measures, below NCOA 25<sup>th</sup> Percentile

White background: between NCOA 25<sup>th</sup> and 74<sup>th</sup> Percentile

Red background: NCOA 24<sup>th</sup> Percentile and below (\*Inverted measures: NCOA 76<sup>th</sup> Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

\* Inverted measure (lower is better)

\*\*Using 2010 NCOA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories-

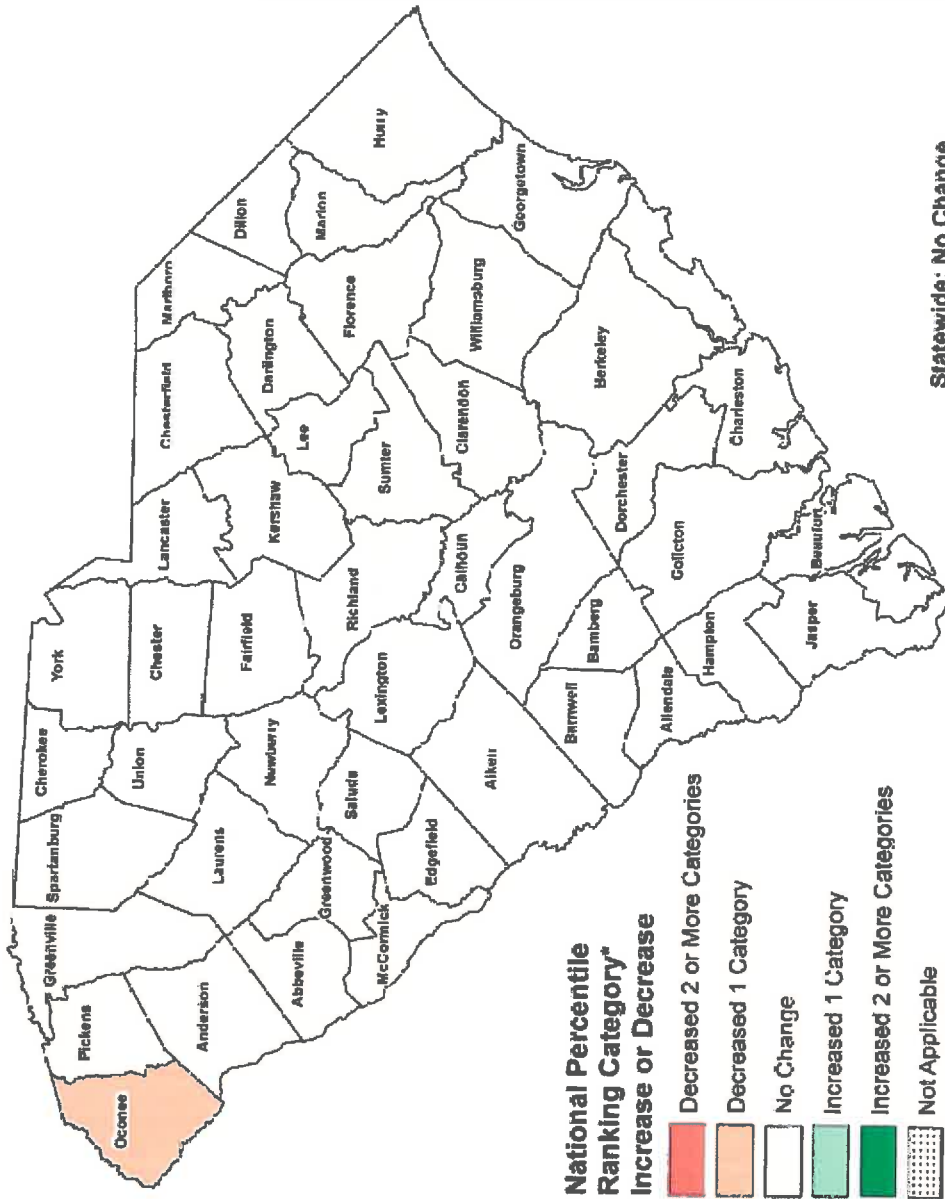
\*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email

\*\*\*\* Plan Rates not provided; IFS Rates substituted

# Adolescent Well-Care Visits

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

**National Percentile Ranking Change from CY2011 to CY2012**

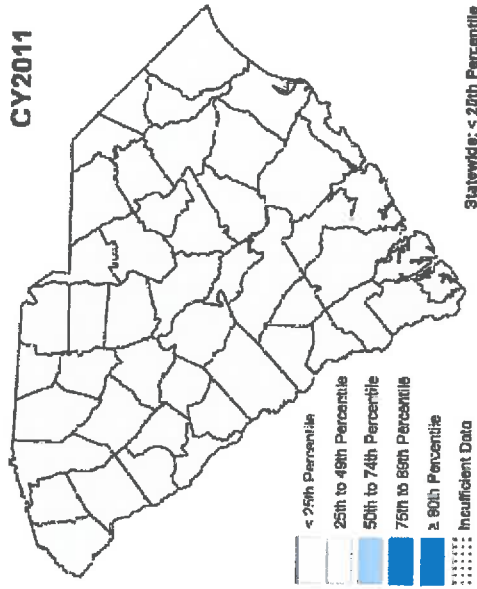


Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

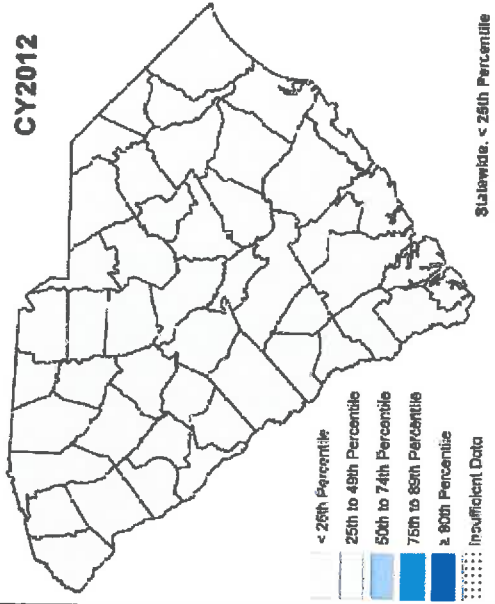


**CY2011**



\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

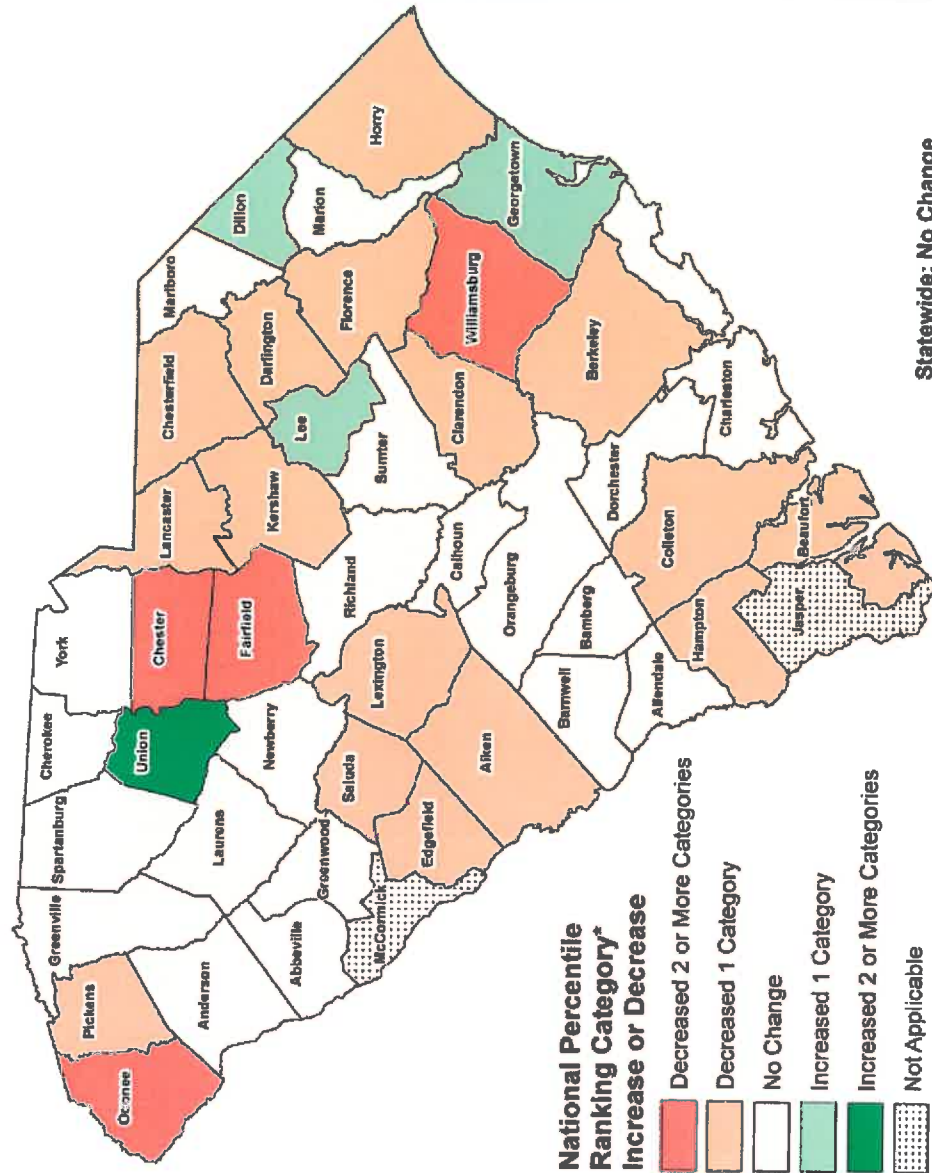
**CY2012**



# Appropriate Testing for Children with Pharyngitis

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

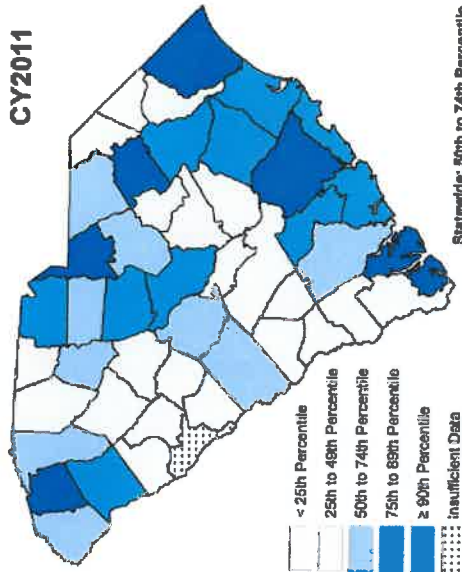
National Percentile Ranking Change from CY2011 to CY2012



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 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

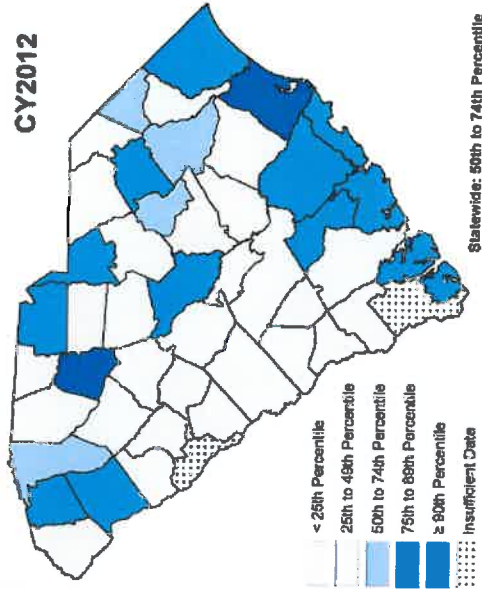


CY2011



\*The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile

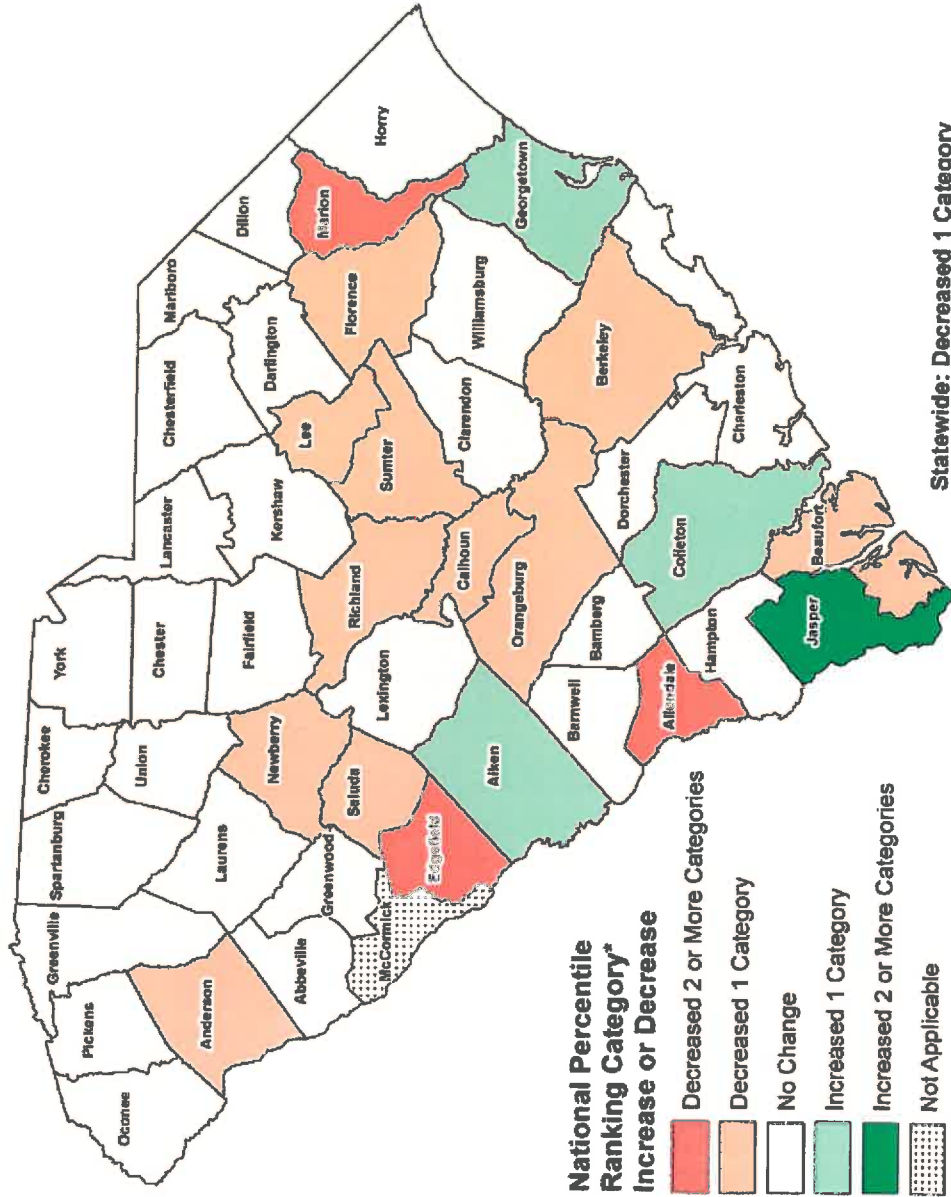
CY2012



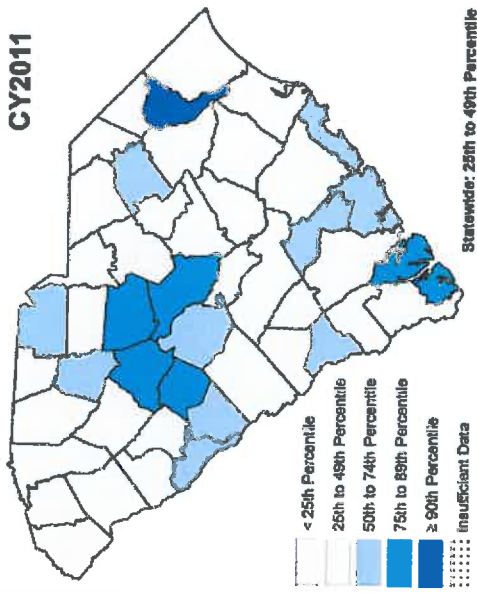
# Appropriate Testing for Children with Upper Respiratory Infection

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

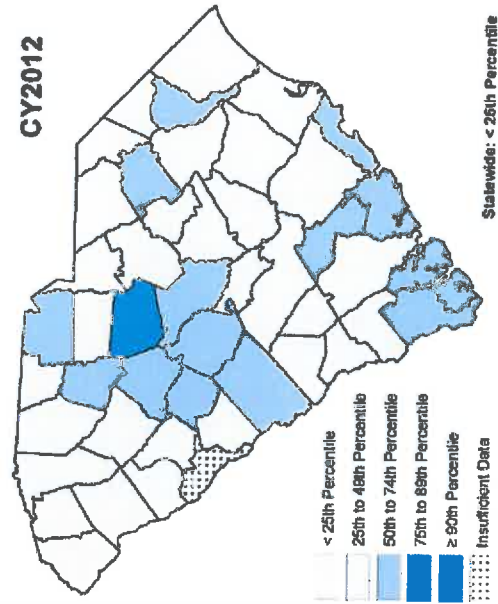
**National Percentile Ranking Change from CY2011 to CY2012**



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 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.



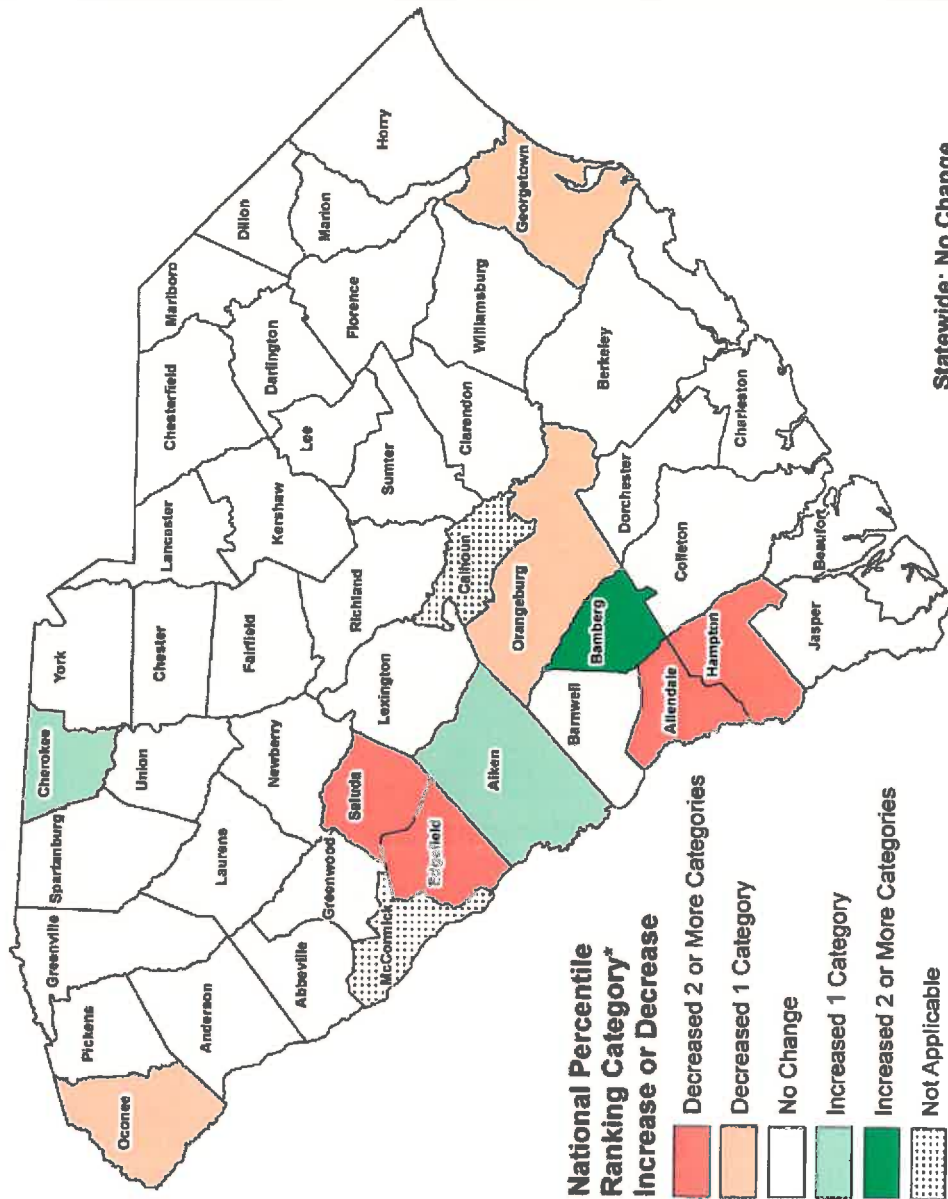
The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.



# Well-Child Visits in the First 15 Months of Life: 5 Visits

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012

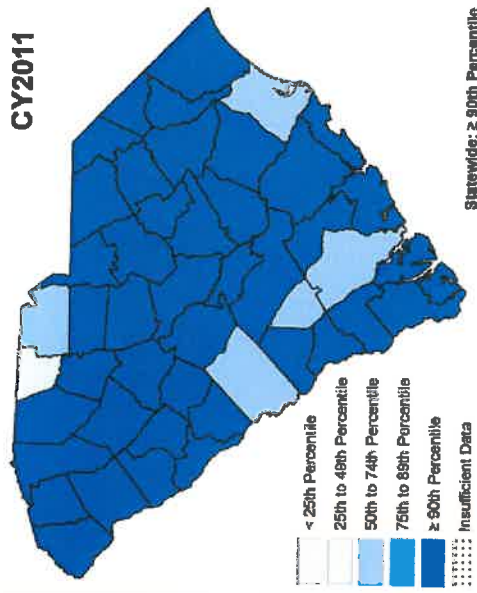


Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

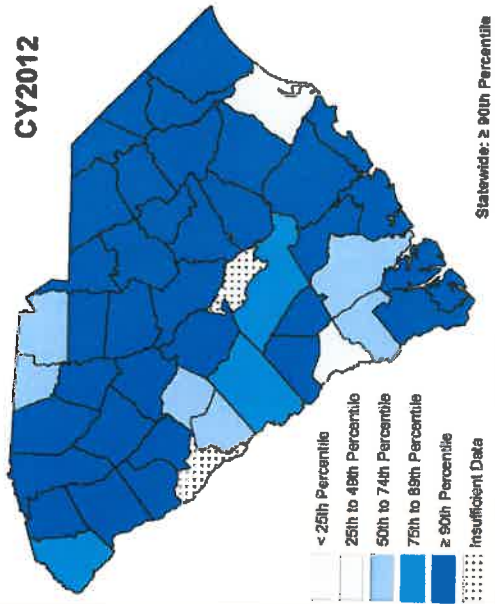


CY2011



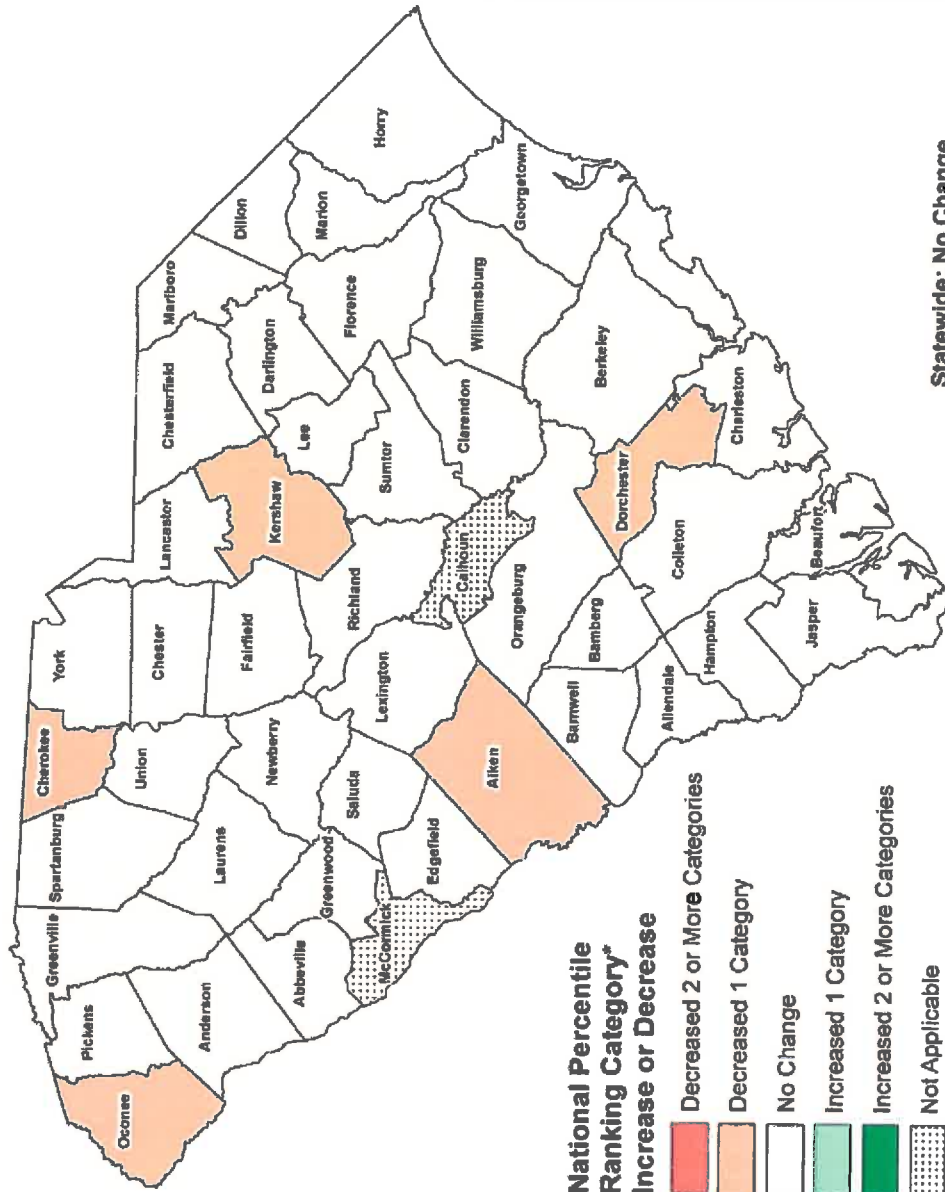
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: ≥ 90th Percentile (CY2011) to ≥ 90th Percentile (CY2012); Decreased 1 Category: ≥ 90th Percentile (CY2011) to 75th to 88th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 48th Percentile, 50th to 74th Percentile, 75th to 88th Percentile, ≥ 90th Percentile.

CY2012



# Well-Child Visits in the First 15 Months of Life: 6 or More Visits National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



**National Percentile Ranking Category\***

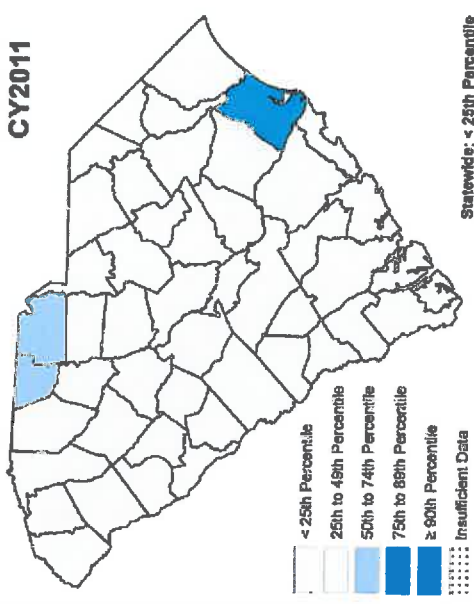
- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

Statewide: No Change

Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.



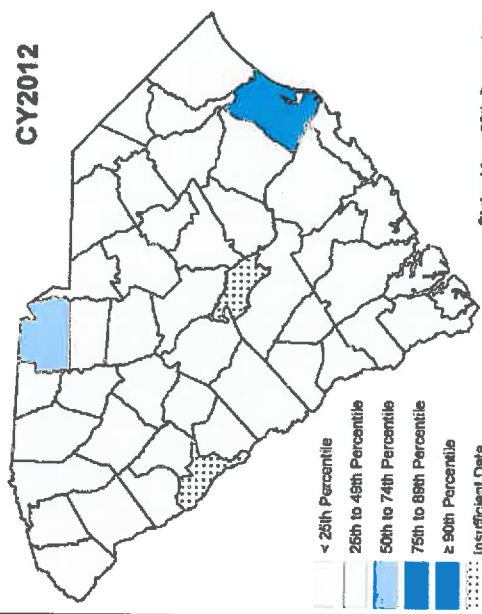
CY2011



Statewide: < 25th Percentile

\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012

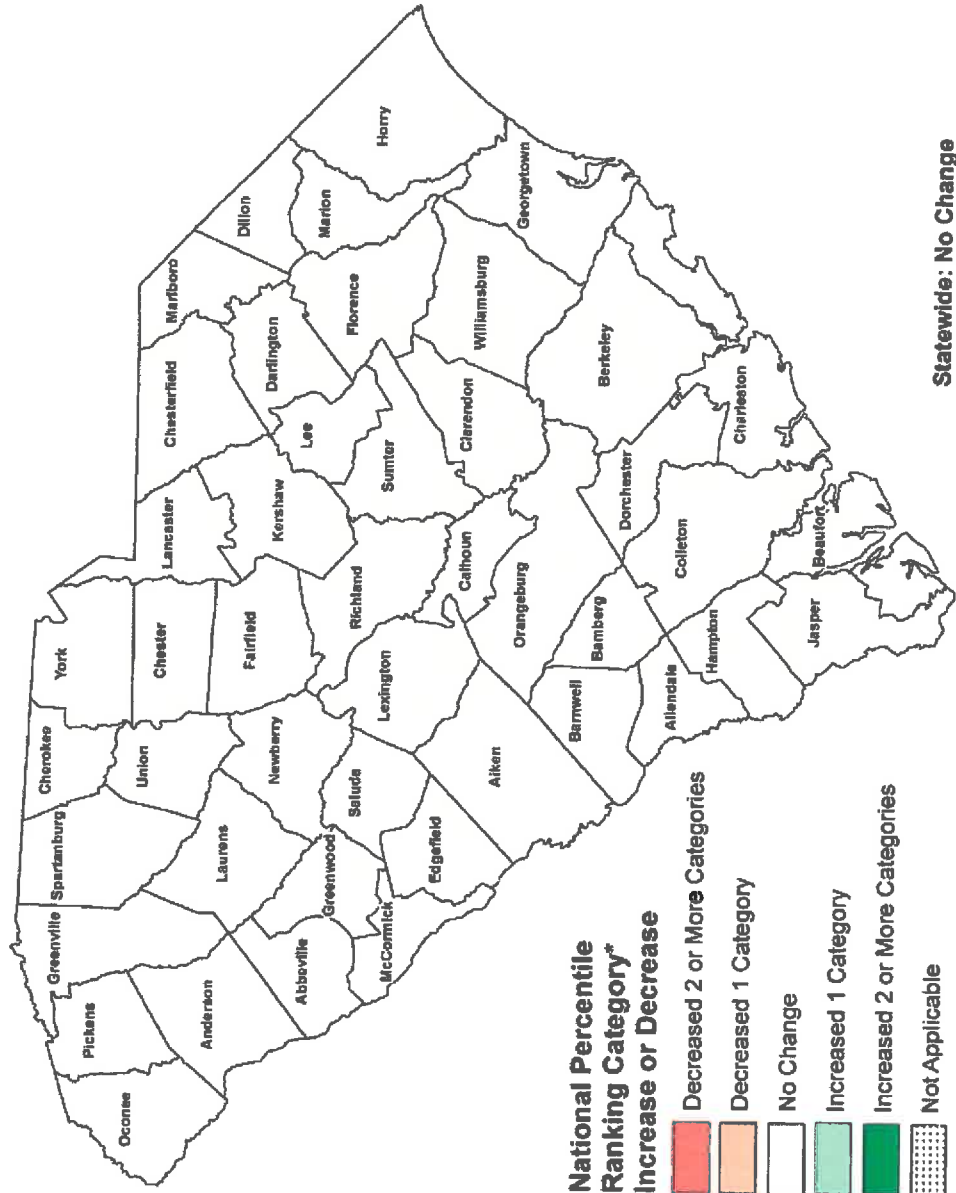


Statewide: < 25th Percentile

# Well-Child Visits in the First 3-6 Years of Life

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

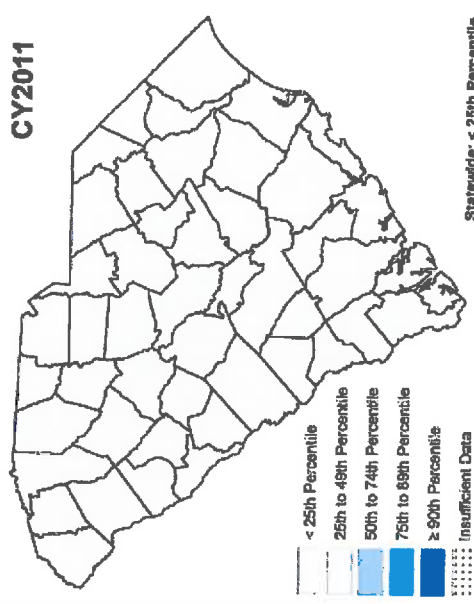
**National Percentile Ranking Change from CY2011 to CY2012**



**PRM**  
 Division of Policy and Research on Medicaid and Medicare  
 Institute for Families in Society | University of South Carolina  
 Map created December 2013.

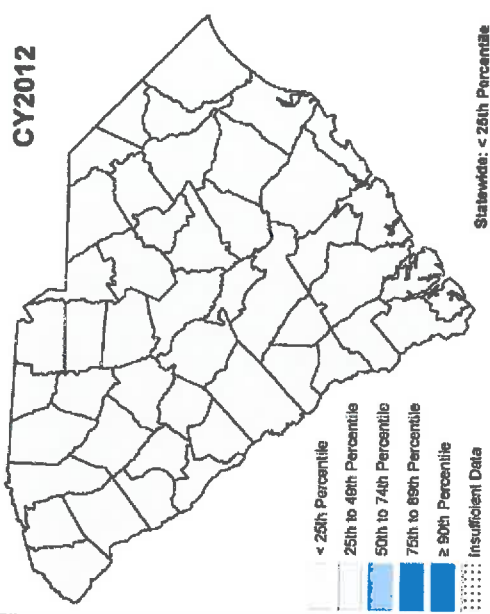
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 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

**CY2011**



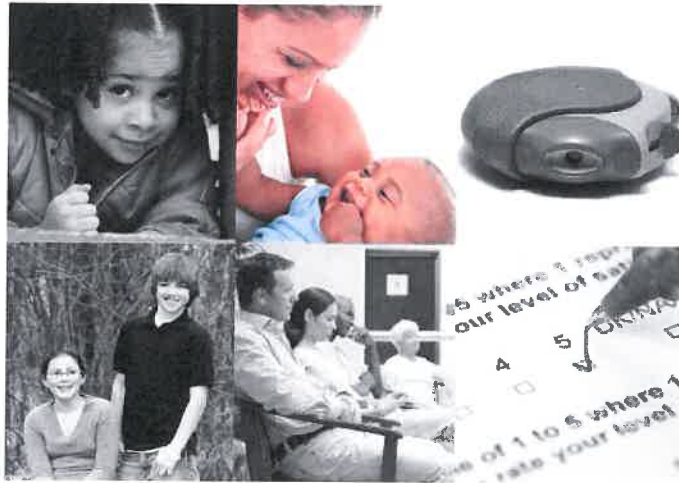
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 99th Percentile, ≥ 90th Percentile.

**CY2012**



## Appendix A-2: Women's Care

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## Women's Care

Women's Care Measures and Descriptions	
Measure	Description
<b>Breast Cancer Screening (BCS)</b>	The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.
<b>Cervical Cancer Screening (CCS)</b>	The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.
<b>Chlamydia Screening in Women (CHL)</b>	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
<b>Prenatal and Postpartum Care (PPC)</b>	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li>• <i>Timeliness of Prenatal Care:</i> The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.</li> <li>• <i>Postpartum Care:</i> The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</li> </ul>
<b>Ambulatory Care (AMB)</b>	<p>This measure summarizes utilization of ambulatory care in the following category:</p> <p>Emergency Department Visits</p> <ul style="list-style-type: none"> <li>• AMB – Ages 20-44</li> <li>• AMB – Ages 45-64</li> <li>• AMB – Ages 65-74</li> </ul>

## 2012 South Carolina Medicaid Health Plans Report Card

### Women's Care Measures

	Absolute Total Care	Blue Choice	First Choice	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Average
<b>WOMEN'S CARE</b> Breast Cancer Screening	★★★	★★	★☆☆☆☆	★★★	★	★	★	★	★
Cervical Cancer Screening	★★	★	★★★	★★	★	★	★	★	★
Chlamydia Screening in Women									
16-20 Years	★★★	★★	★★★	★★	★★★★	★★	★★	★★★★	★★★★
21-24 Years	★★★	★★	★★★	★★★	★★★★	★★	★★	★★	★★★★
Total	★★★	★★	★★★	★★	★★★★	★★	★★	★★★★	★★★★
Prenatal and Postpartum Care									
Timeliness of Prenatal Care	★★★	★★★★	★★★	★★	★★	★★	★★	★	★★
Postpartum Care	★★★	★★★★	★★★★	★★★★	★★★	★★★★	★★★★	★	★★★★
<b>OVERALL SCORE FOR WOMEN'S CARE</b>	★★★	★★⊕	★★★⊕	★★⊕	★★⊕	★★	★★	★★	★★⊕

#### Ambulatory Care/ Emergency Department Visits Per 1,000\*

	Absolute Total Care	Blue Choice	First Choice	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Average
Ages 20-44	★	★	★	★	★	★	★	★★★★★	★★★★
Ages 45-64	★	★	★	★	★	★	★	★★★	★★
Ages 65-74	★	NSI	★★★	NSI	★★	★★	★	★★	★★

- ★★★★★ 90<sup>th</sup> Percentile or above
- ★★★★ 75<sup>th</sup> to 89<sup>th</sup> Percentile
- ★★★ 50<sup>th</sup> to 74<sup>th</sup> Percentile
- ★★ 25<sup>th</sup> to 49<sup>th</sup> Percentile
- ★ Below 25<sup>th</sup> Percentile
- ⊕ Upper Range of Percentile Group
- NSI Denominator less than 30
- NSPI Insufficient Plan Information
- N/A Not Applicable
- † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]
- \* Inverted measure: lower rates indicate better performance
- \*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email
- \*\*\*\* State Rates substituted where Plan Rates not submitted

### Women's Care Statewide Trends

		Weighted State Rates			NCQA National Medicaid Mean	Change from 2010 to 2011	Change from 2011 to 2012
		2010	2011 Mixed Methodology	2012 Mixed Methodology			
Breast Cancer Screening	Reported Rate	44.3	38.2	23.3	50.4	DOWN	DOWN
Cervical Cancer Screening	Reported Rate	46.6	46.4	45.9	66.7	DOWN	DOWN
Chlamydia Screening in Women	16-20 Years	52.2	56.9	54.5	54.9	UP	DOWN
	21-24 Years	58.4	54.2	51.0	63.4	DOWN	DOWN
	Total	54.6	60.6	59.7	58.0	UP	DOWN
Prenatal and Postpartum Care	Timeliness of Prenatal Care	79.2	80.8	77.7	82.8	UP	DOWN
	Postpartum Care	65.6	63.7	61.0	64.1	DOWN	DOWN
Ambulatory Care/ Emergency Department Visits Per 1,000*	Ages 20-44 Visit/1000	97.0	90.4	90.2	100.2	UP	UP
	Ages 45-64 Visit/1000	92.2	89.1	86.7	78.2	UP	UP
	Ages 65-74 Visit/1000	48.8	48.2	39.0	41.8	UP	UP
	Ages 75-84 Visit/1000	36.8	40.8	32.8	31.6	DOWN	UP
	Ages 85+ Visit/1000	33.6	36.1	28.3	27.5	DOWN	UP

UP: Indicates the SC State Weighted Rate is higher

DOWN: Indicates the SC State Weighted Rate is lower

\* Inverted measure: lower rates indicate better performance

# SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks

CY2012

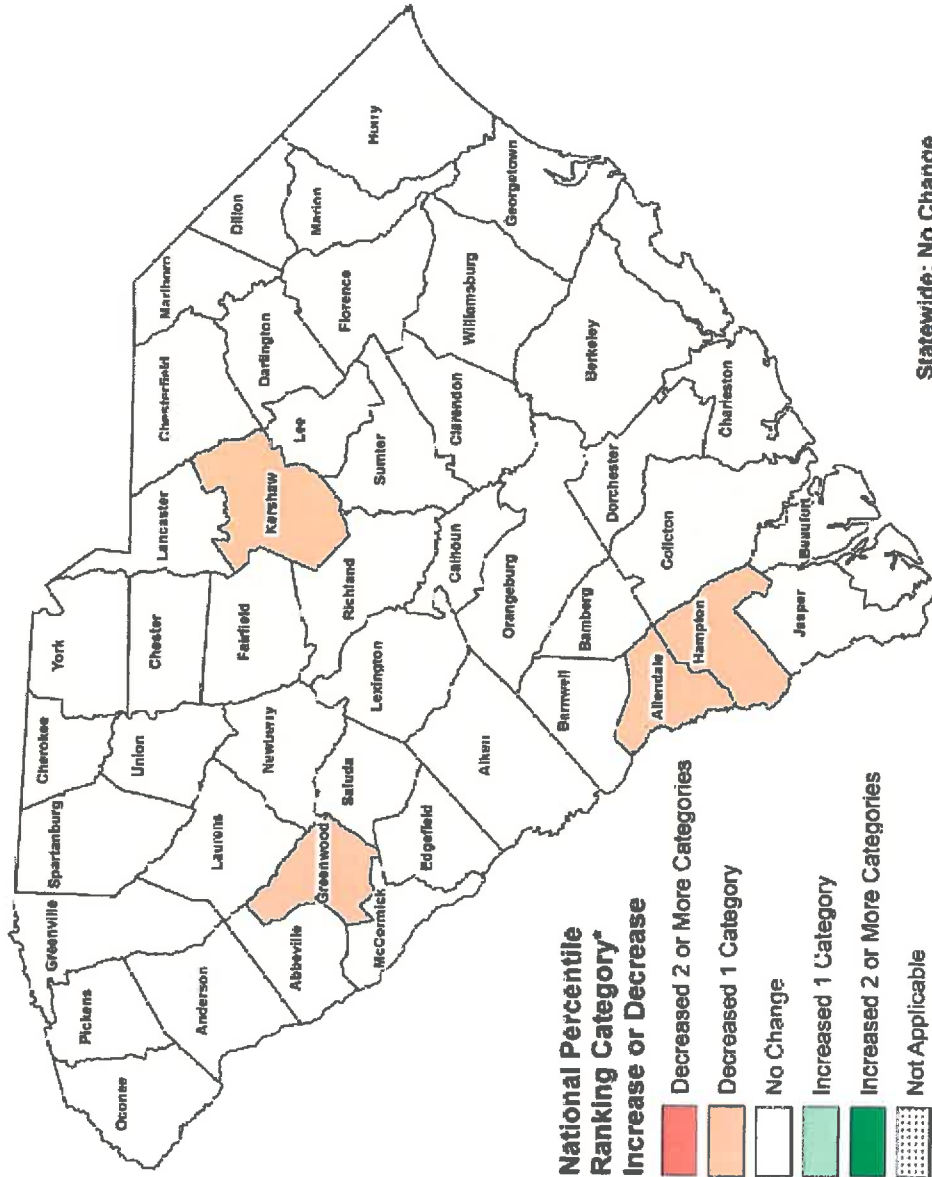
	Absolute Total Care		Blue Choice		Select Health		United Health Care		Carolina Medical Homes		Palmetto Physician Connections		SC Solutions		Fee For Service		NCQA National Medicaid Benchmarks			
	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	State Average	CY2012 P25	CY2012 P50	CY2012 P75
<b>WOMEN'S CARE</b>																				
Breast Cancer Screening	X	50.0	X	42.6	X	57.1	X	49.7	27.6	30.5	30.9	11.2	23.3	44.8	50.5	56.6				
Cervical Cancer Screening		54.9		44.0		62.2		57.5	44.0	43.8	43.9	37.4	45.9	61.8	69.1	73.2				
Total		57.1		51.2		53.2		51.9	62.8	51.1	50.0	57.6	54.5	52.7	58.4	63.9				
Chlamydia Screening in Women		53.0		47.3		50.3		47.5	60.5	47.2	47.9	56.0	51.0	48.8	54.2	61.2				
21-24 Years		63.9		58.3		63.2		59.7	67.9	59.0	57.3	58.6	59.7	59.1	64.4	69.9				
Timeliness of Prenatal Care	X	84.9	X	87.4	X	85.6	X	78.7	79.7	79.0	77.6	19.8	77.7	80.5	86.1	90.4				
Postpartum Care	X	64.1	X	69.1	X	66.0	X	66.1	61.2	59.5	62.3	16.9	61.0	58.7	65.0	71.1				

Green background: NCQA 75<sup>th</sup> Percentile and above; or for Inverted measures, below NCQA 25<sup>th</sup> Percentile  
 White background: between NCQA 25<sup>th</sup> and 74<sup>th</sup> Percentile  
 Red background: NCQA 24<sup>th</sup> Percentile and below (\*Inverted measures: NCQA 76<sup>th</sup> Percentile and above)  
 NSI: denominator less than 30  
 N/A: Not Available  
 † Inverse rate  
 \* Inverted measure (lower is better)  
 \*\*Using 2010 NCQA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories  
 \*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email  
 \*\*\*\*\* Plan Rates not provided; IFS Rates substituted

# Breast Cancer Screening

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

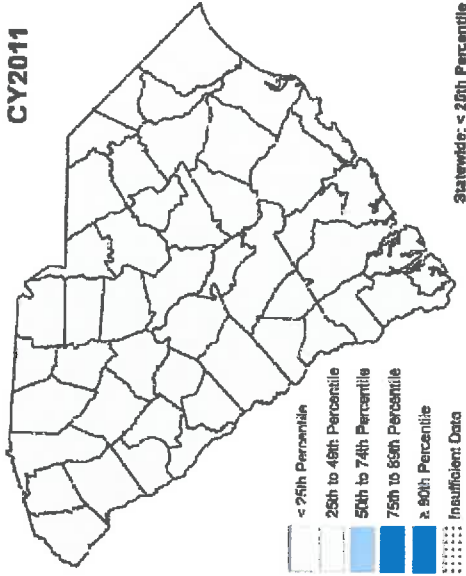
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

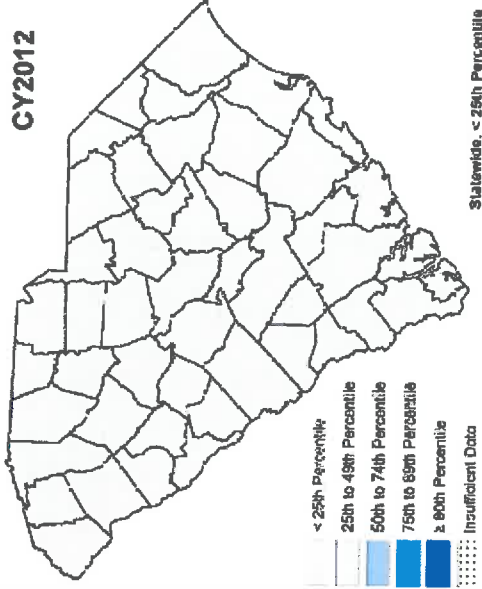
Division of Policy and Research on Medicaid and Medicare  
 University of South Carolina  
 Map created December 2013.

CY2011



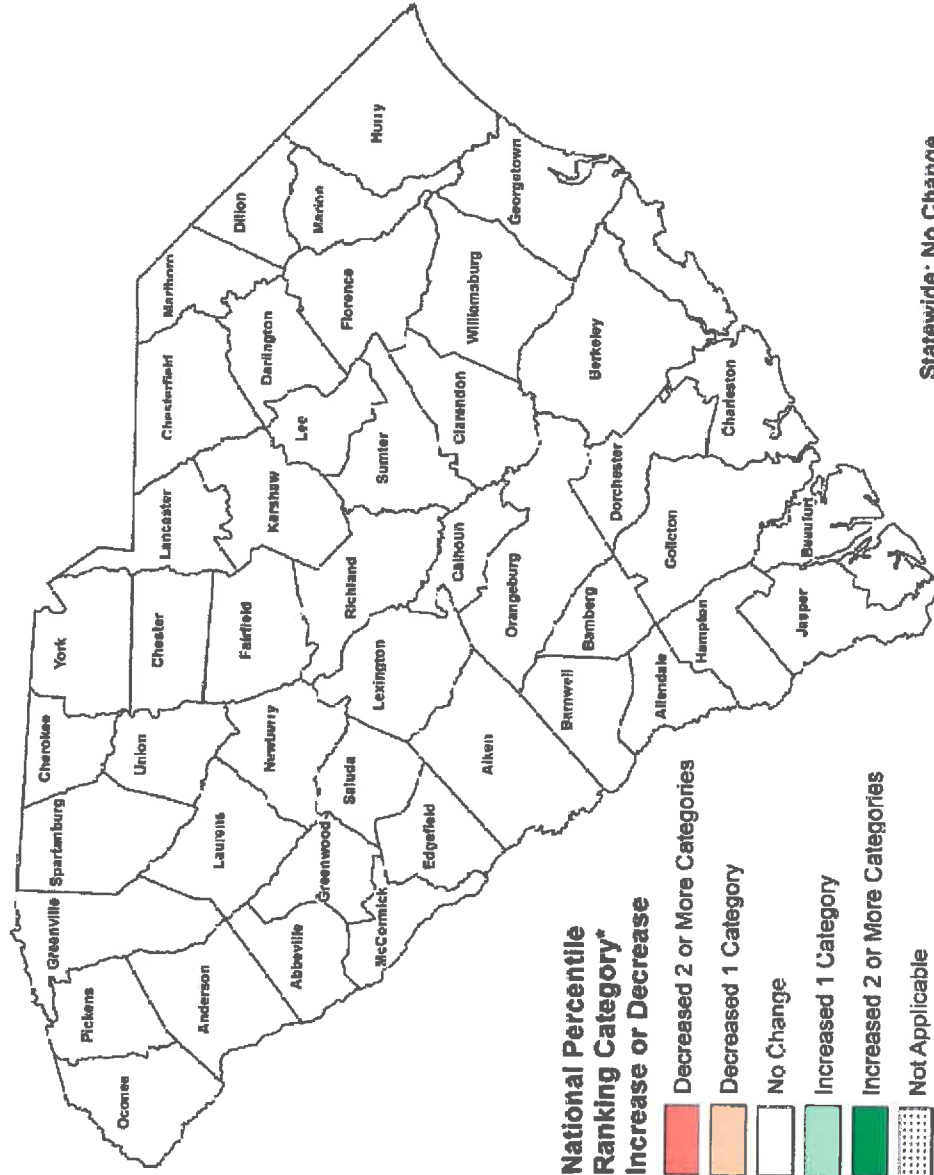
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012), Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012



# Cervical Cancer Screening National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

## National Percentile Ranking Change from CY2011 to CY2012

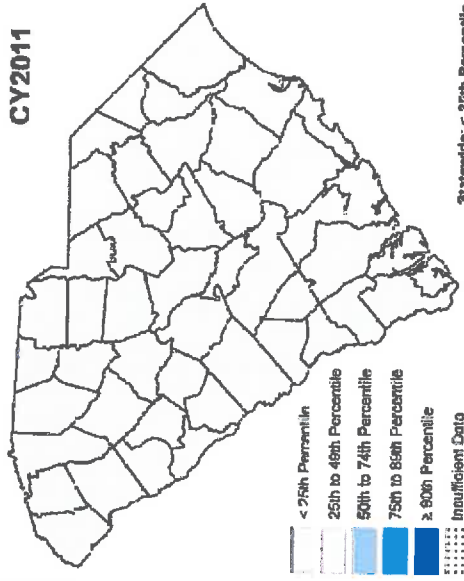


Insufficient Data represents counties with a population denominator less than 30.  
Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

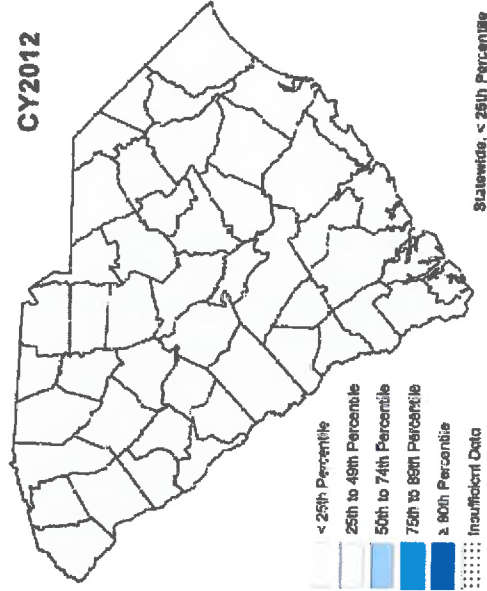


## CY2011



\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

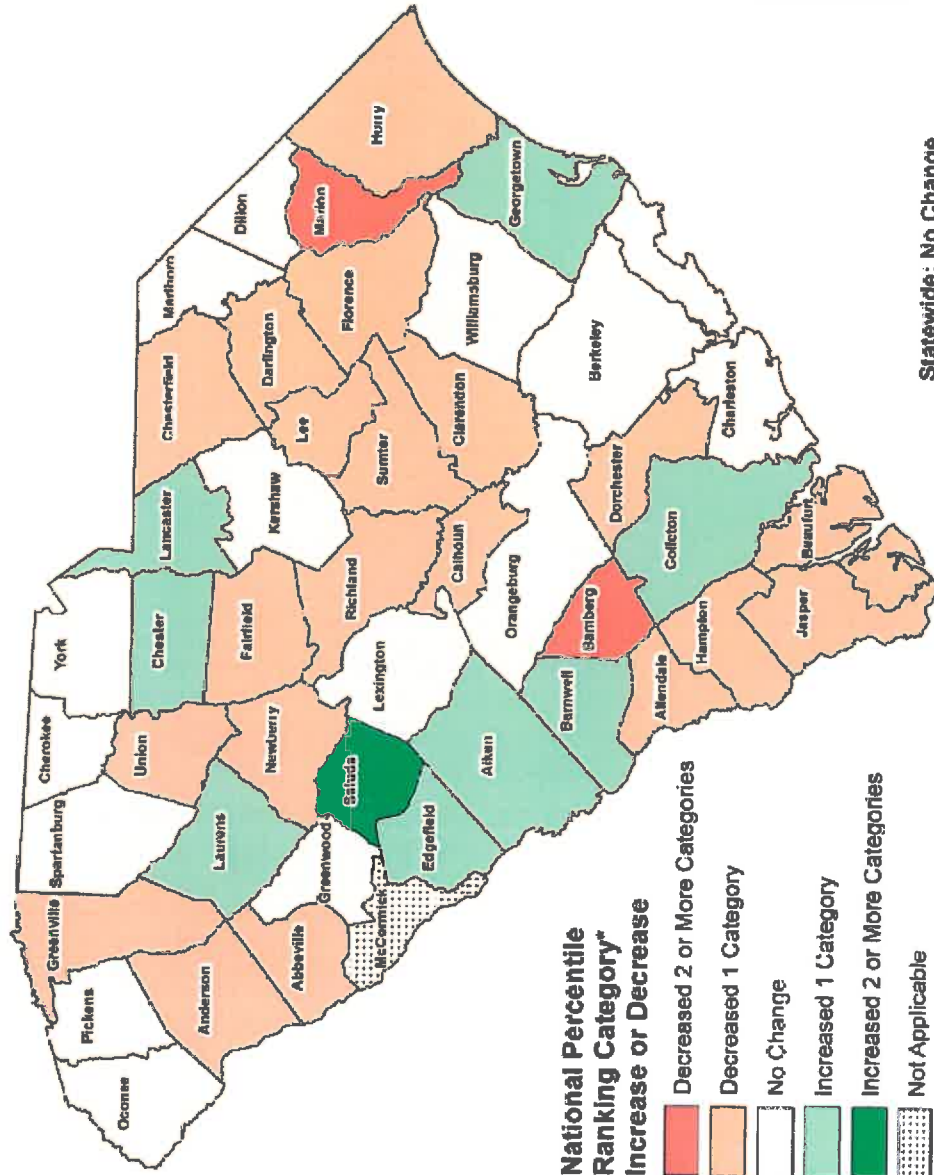
## CY2012



# Chlamydia Screening in Women

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

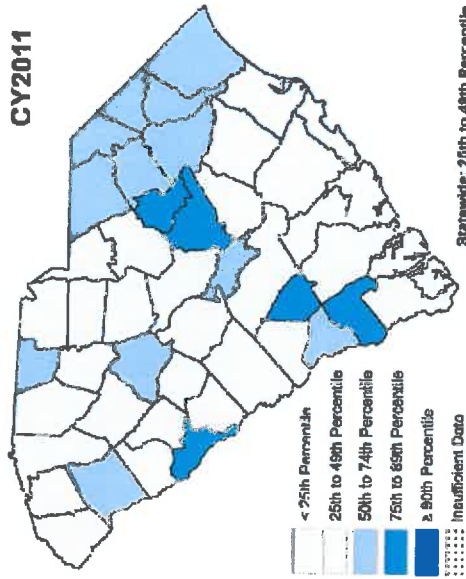
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

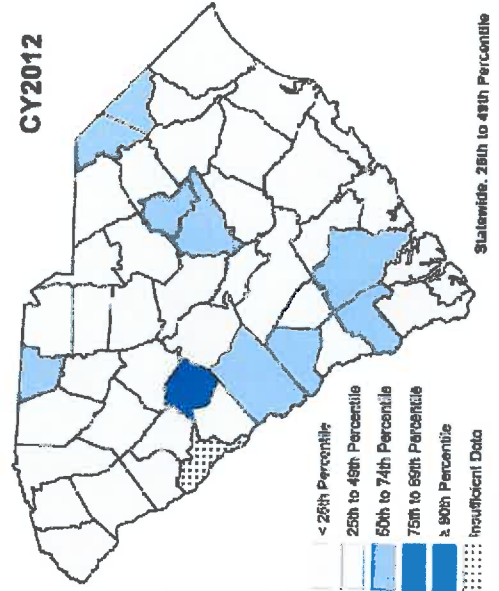
**PRIM**  
 Division of Policy and Research on Medicaid and Medicare  
 Institute for Families in Society | University of South Carolina  
 Map created December 2013.

CY2011



\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

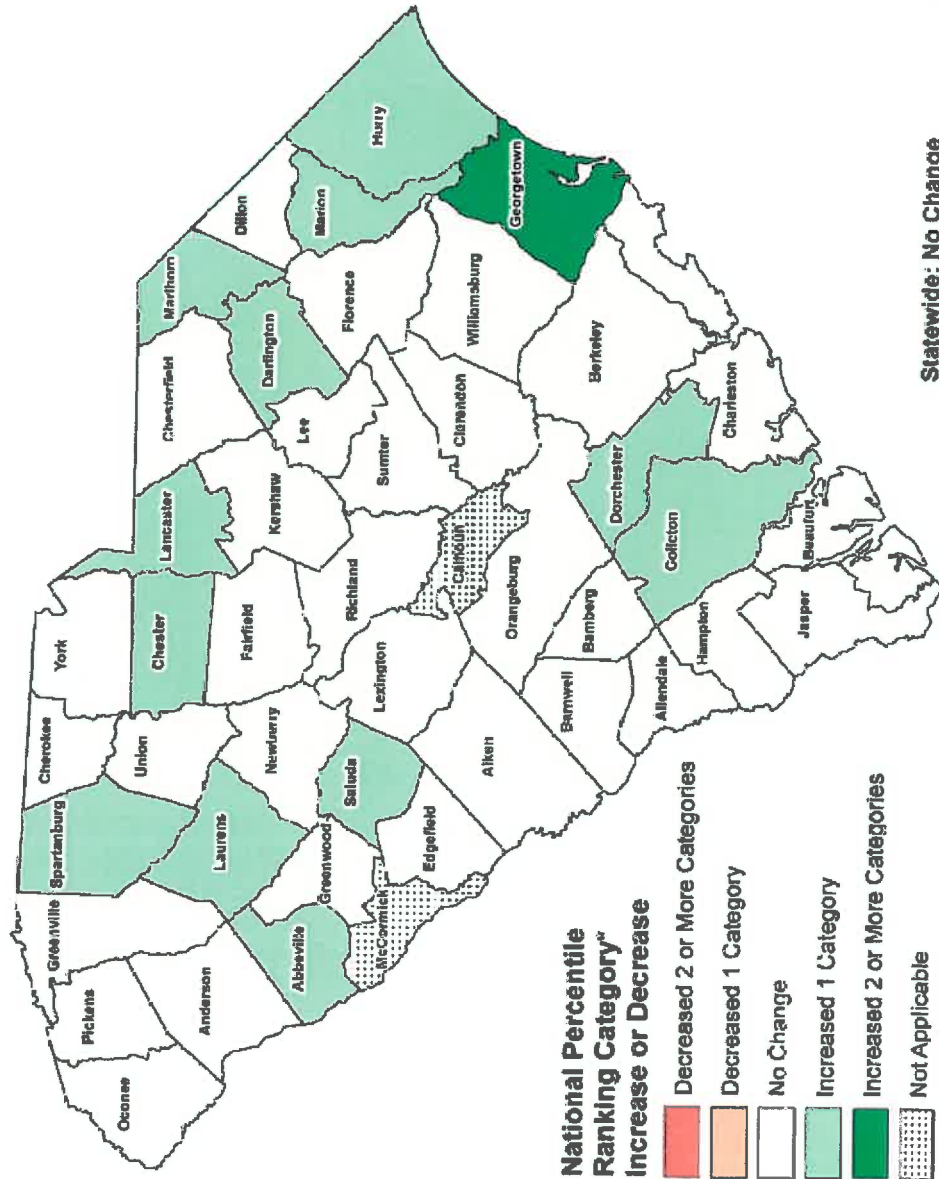
CY2012



# Timeliness of Prenatal Care

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



**National Percentile Ranking Category\*\***

- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

Statewide: No Change

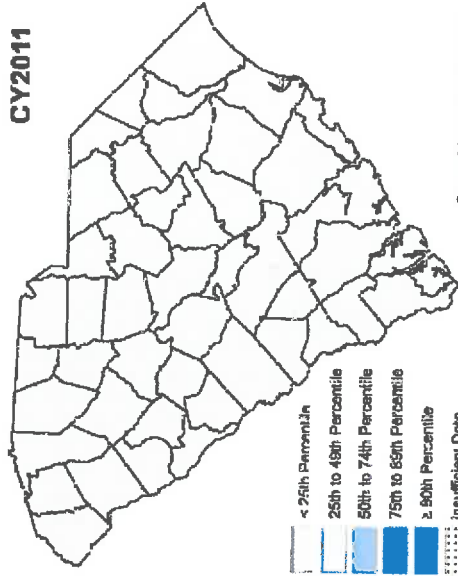


Division of Policy and Research on Medicaid and Medicare  
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 Map created December 2013.

Insufficient Data represents counties with a population denominator less than 30.  
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Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

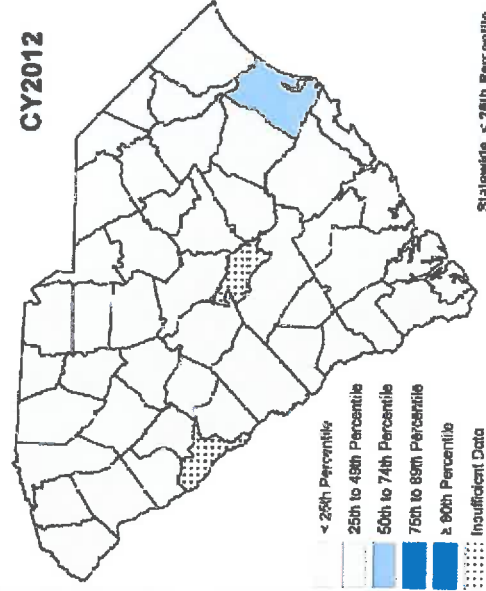
CY2011



Statewide: < 25th Percentile

\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 99th Percentile, > 90th Percentile.

CY2012

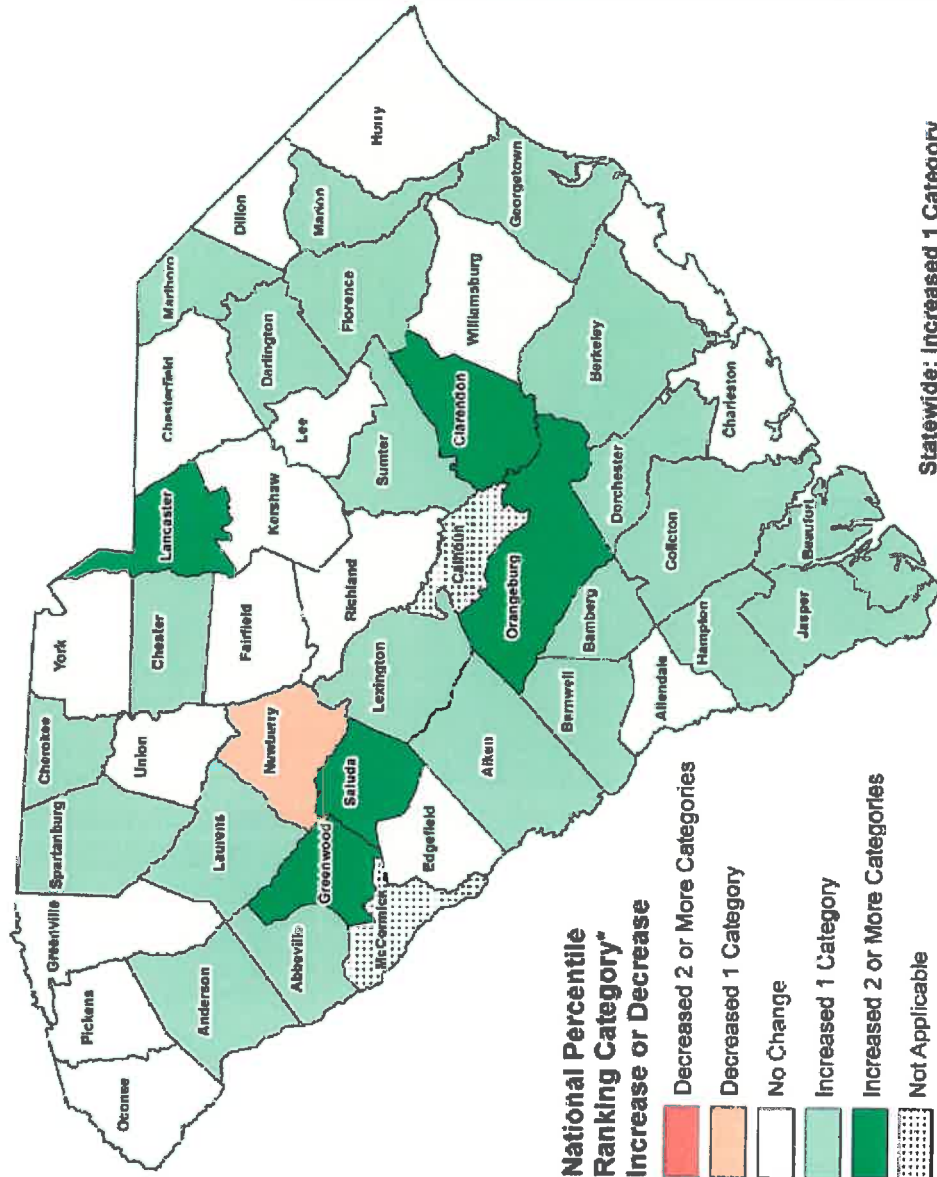


Statewide: < 25th Percentile

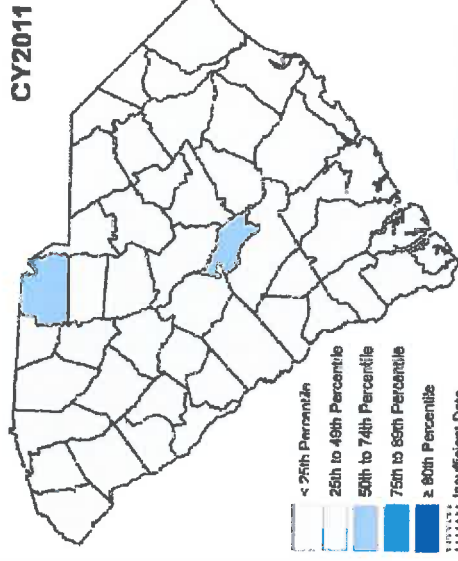
# Postpartum Care

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

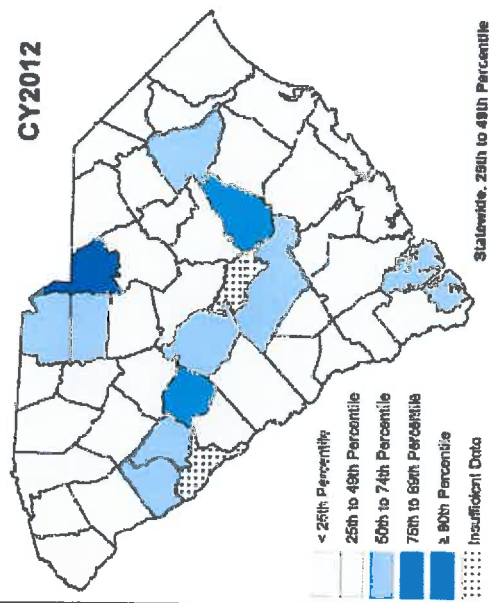
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.



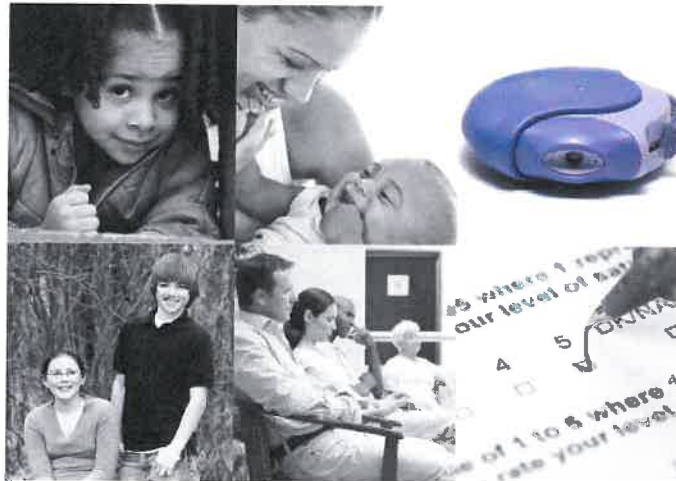
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.





## Appendix A-3: Living With Illness

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## Living With Illness

Living With Illness Measures and Descriptions	
Measure	Description
<b>Comprehensive Diabetes Care (CDC)</b>	<p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> <li>• Hemoglobin A1c (HbA1c) testing</li> <li>• Eye exam (retinal) performed</li> <li>• LDL-C screening</li> <li>• Medical attention for nephropathy</li> </ul>
<b>Use of Appropriate Medications for People With Asthma (ASM)</b>	<p>The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.</p> <ul style="list-style-type: none"> <li>• ASM - Rate - 5-11 Years</li> <li>• ASM - Rate - 12-18 Years</li> <li>• ASM - Rate - 19-50 Years</li> <li>• ASM - Rate - 51-64 Years</li> <li>• ASM - Rate - Total</li> </ul>

## 2012 South Carolina Medicaid Health Plans Report Card

### Living With Illness Measures

	Absolute Total Care	Blue Choice	First Choice	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Average
<b>Living With Illness</b>									
<b>Comprehensive Diabetes Care</b>									
HbA1c Testing	★★	★★	★★	★★★★	★	★	★	★	★
Eye Exams	★★	★	★★	★	★	★	★	★	★
LDL-C Screening	★★	★★	★★	★★	★	★	★	★	★
Med Att Diabetic Nephropathy	★★★★	★★	★★★★	★★★★	★★	★★	★	★	★
<b>Use of Appropriate Medications for People with Asthma</b>									
5-11 Years	★★★★	★★	★★★★	★★	NSI	NSI	★★★★★★★★★★★★★★★★	★★★★★★★★★★★★★★★★	★★★★★★★★★★★★★★★★
12-18 Years	★★★★★	★	★★★★★	★★★★	NSI	NSI	★★★★★★★★★★★★★★★★	★★★★★★★★★★★★★★★★	★★★★★★★★★★★★★★★★
19-50 Years	★★★	★	★★★★	★	NSI	NSI	★★	★	★★
Total	★★★★★	★	★★★★★	★	NSI	NSI	★★★★★	★★★★★	★★★★★
<b>OVERALL SCORE FOR LIVING WITH ILLNESS</b>	★★★★⊕	★⊕	★★★	★★	★	★	★★⊕	★★⊕	★★⊕

★★★★★ 90<sup>th</sup> Percentile or above    ★ Below 25<sup>th</sup> Percentile    † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]  
 ★★★★ 75<sup>th</sup> to 89<sup>th</sup> Percentile    ⊕ Upper Range of Percentile Group    \* Inverted measure: lower rates indicate better performance  
 ★★★ 50<sup>th</sup> to 74<sup>th</sup> Percentile    NSI Denominator less than 30    \*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email  
 ★★ 25<sup>th</sup> to 49<sup>th</sup> Percentile    NSPI Insufficient Plan Information    \*\*\*\* State Rates substituted where Plan Rates not submitted  
 N/A Not Applicable

### Living With Illness Statewide Trends

		Weighted State Rates			NCQA National Medicaid Mean	Change from 2010 to 2011	Change from 2011 to 2012
		2010	2011 Mixed Methodology	2012 Mixed Methodology			
Comprehensive Diabetes Care	HbA1c Testing	42.1	43.0	42.8	82.5	UP	DOWN
	Eye Exams	35.9	25.3	33.9	53.4	DOWN	UP
	LDL-C Screening	35.9	33.6	35.2	75.0	DOWN	UP
	Med Att Diabetic Neph.	58.4	57.3	58.0	77.8	DOWN	UP
Use of Appropriate Medications for People with Asthma**	5-11 years	94.1	93.4	91.7	90.5	DOWN	DOWN
	12-18 years	90.2	89.9	89.2	86.6	DOWN	DOWN
	19-50 years	73.2	70.5	66.8	74.7	DOWN	DOWN
	51-64 years	72.2	70.0	65.8	72.9	DOWN	DOWN
	Total	89.6	89.3	88.1	85.0	DOWN	DOWN

**UP:** Indicates the SC State Weighted Rate is higher  
**DOWN:** Indicates the SC State Weighted Rate is lower

\*\* Using 2010 NCQA National Medicaid Benchmarks. 2011 National Benchmark not available due to definitional change in Age Categories

# SC Medicaid Health Plan Performance CY2012 by NCOA National Benchmarks

CY2012

	Absolute Total Care				Blue Choice		Select Health		United Health Care		Carolina Medical Homes		Palmetto Physician Connections		SC Solutions		NCOA National Medicaid Benchmarks			
	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	State Average	CY2012 P25	CY2012 P50	CY2012 P75
<b>LIVING WITH ILLNESS</b>																				
HbA1c Testing		77.7		74.9		78.4		78.7		53.4		53.6		51.5		20.6	42.8	78.5	82.4	87.0
Eye Exams		37.2		29.5		37.8		22.4		34.8		28.2		27.7		17.8	23.9	45.0	52.9	61.8
LDLC Screening		66.4		66.3		68.6		66.4		49.4		47.8		45.8		13.9	35.2	70.3	76.2	80.9
Med Att		74.9		71.1		76.4		73.7		72.7		68.5		63.2		42.8	56.0	73.5	78.7	83.0
Diabetic Neph.		92.8	X	86.9	X	90.4	X	85.1	X	NSI		NSI		94.5	96.3	91.7	88.8	91.6	93.8	
5-11 years		90.5		80.7		87.9		86.0		NSI		NSI		91.2	93.5	89.2	83.7	87.0	89.6	
12-18 years		72.6	X	53.3	X	73.6	X	58.5	X	NSI		NSI		69.1	58.0	66.8	69.3	75.5	81.0	
19-50 years		NSI		NSI		70.0		NSI		NSI		N/A		70.4	50.0	65.8	66.0	73.8	81.5	
51-64 years		89.8	X	79.0	X	88.3	X	79.2	X	NSI		NSI		90.9	88.1	88.1	82.5	85.9	88.2	
Total																				

**Green background:** NCOA 75<sup>th</sup> Percentile and above; or for inverted measures, below NCOA 25<sup>th</sup> Percentile

**White background:** between NCOA 25<sup>th</sup> and 74<sup>th</sup> Percentile

**Red background:** NCOA 24<sup>th</sup> Percentile and below (\*inverted measures: NCOA 76<sup>th</sup> Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

\* Inverted measure (lower is better)

\*\* Using 2010 NCOA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories

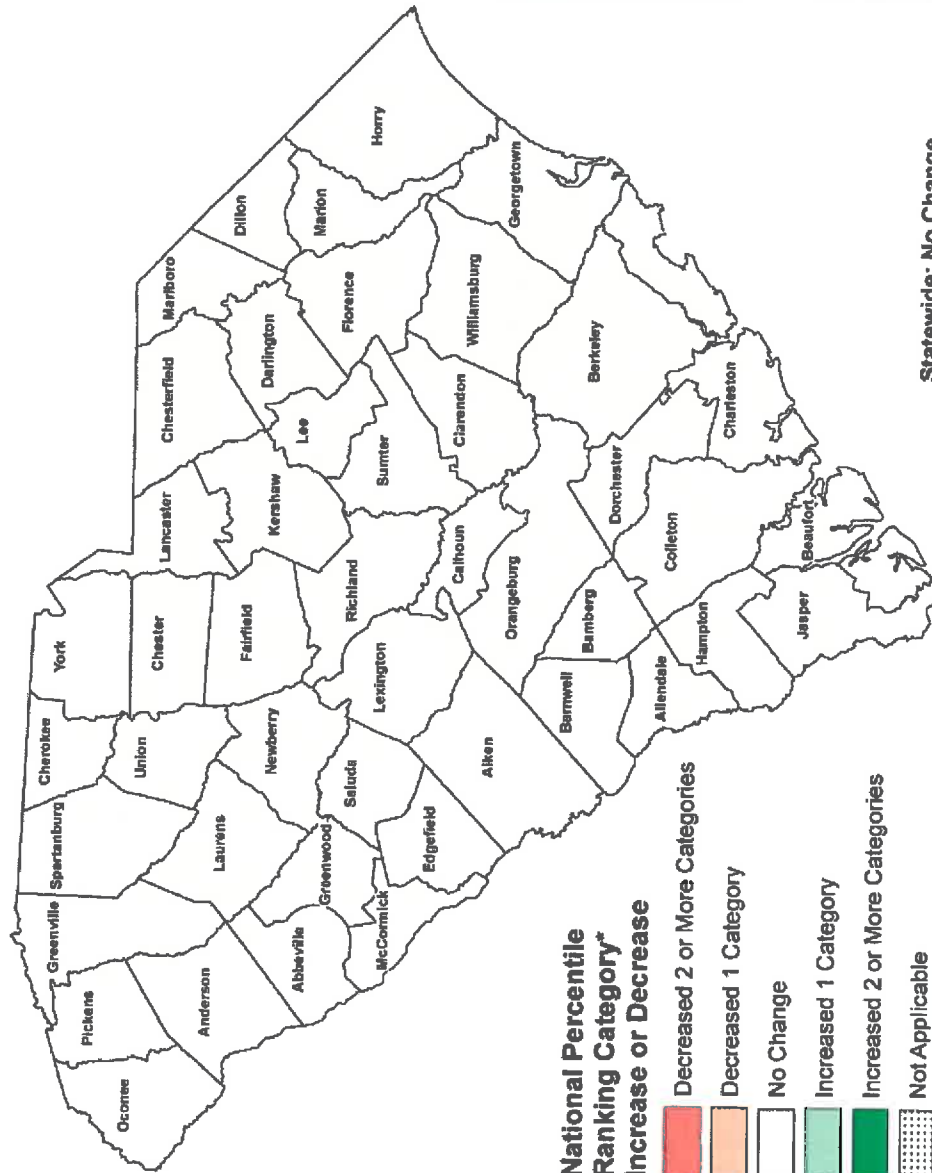
\*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email

\*\*\*\* Plan Rates not provided; IFS Rates substituted

# Comprehensive Diabetes Care: HbA1c Testing

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

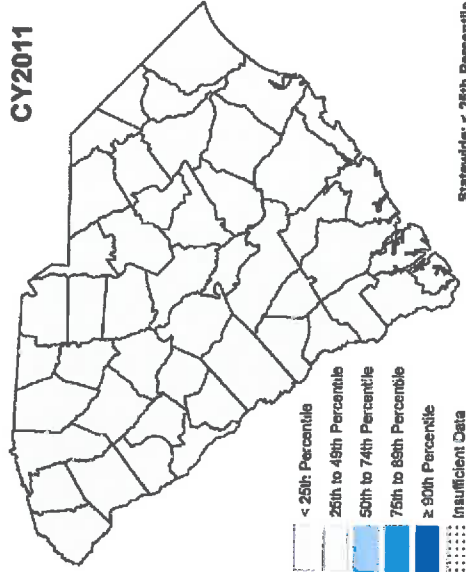
**National Percentile Ranking Change from CY2011 to CY2012**



Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

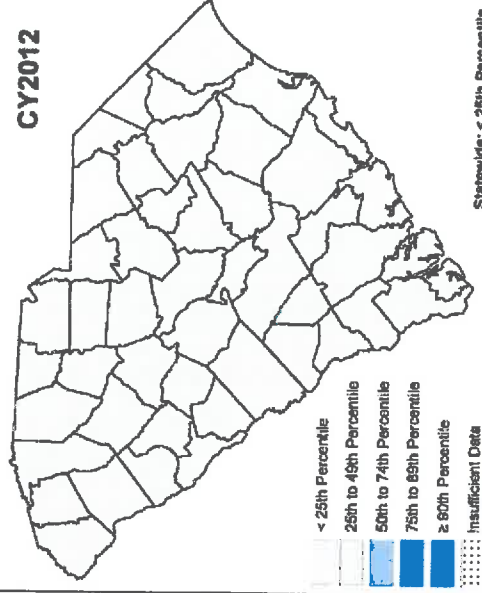


**CY2011**



\*The number represents the change in national percentile ranking category from CY2011 to CY2012. Example, No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

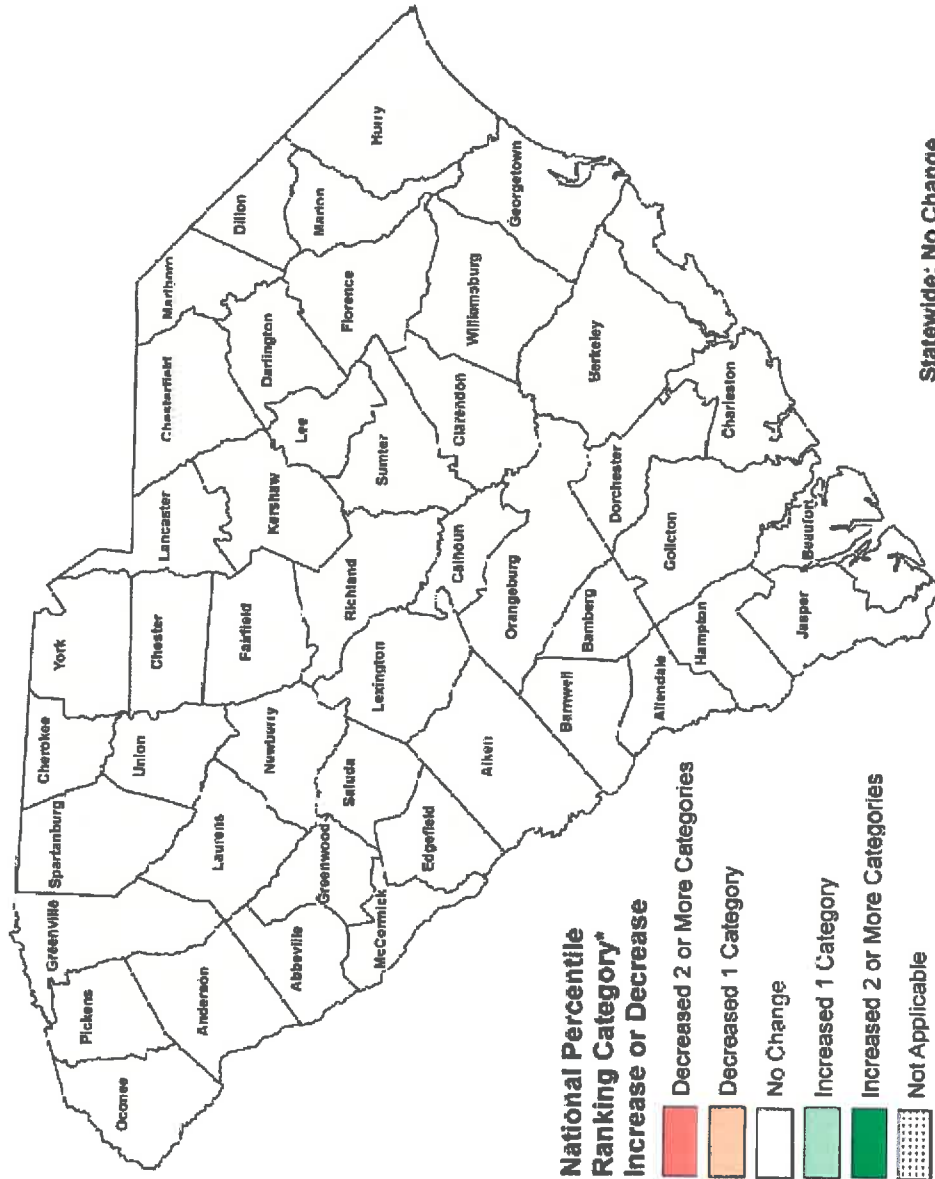
**CY2012**



# Comprehensive Diabetes Care: Eye Exam

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

**National Percentile Ranking Change from CY2011 to CY2012**

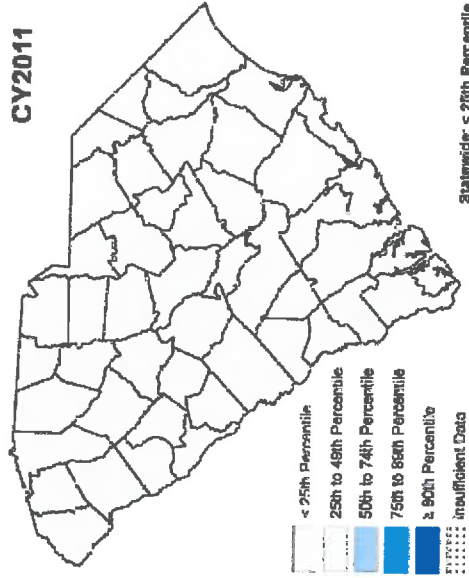


**PRM**  
 Division of Policy and Research on Medicaid and Medicare  
 Institute for Families in Society | University of South Carolina  
 Map created December 2013.

Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

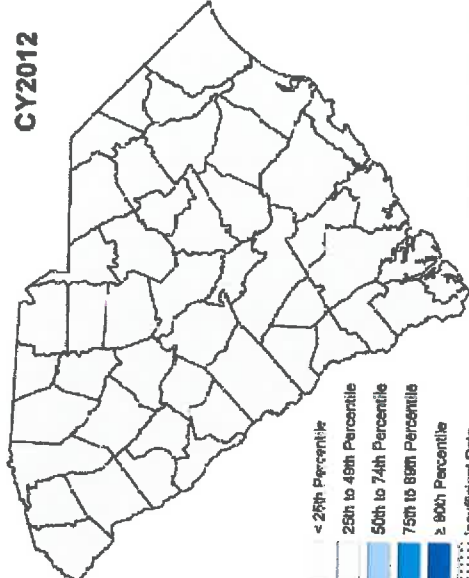
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

**CY2011**



\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

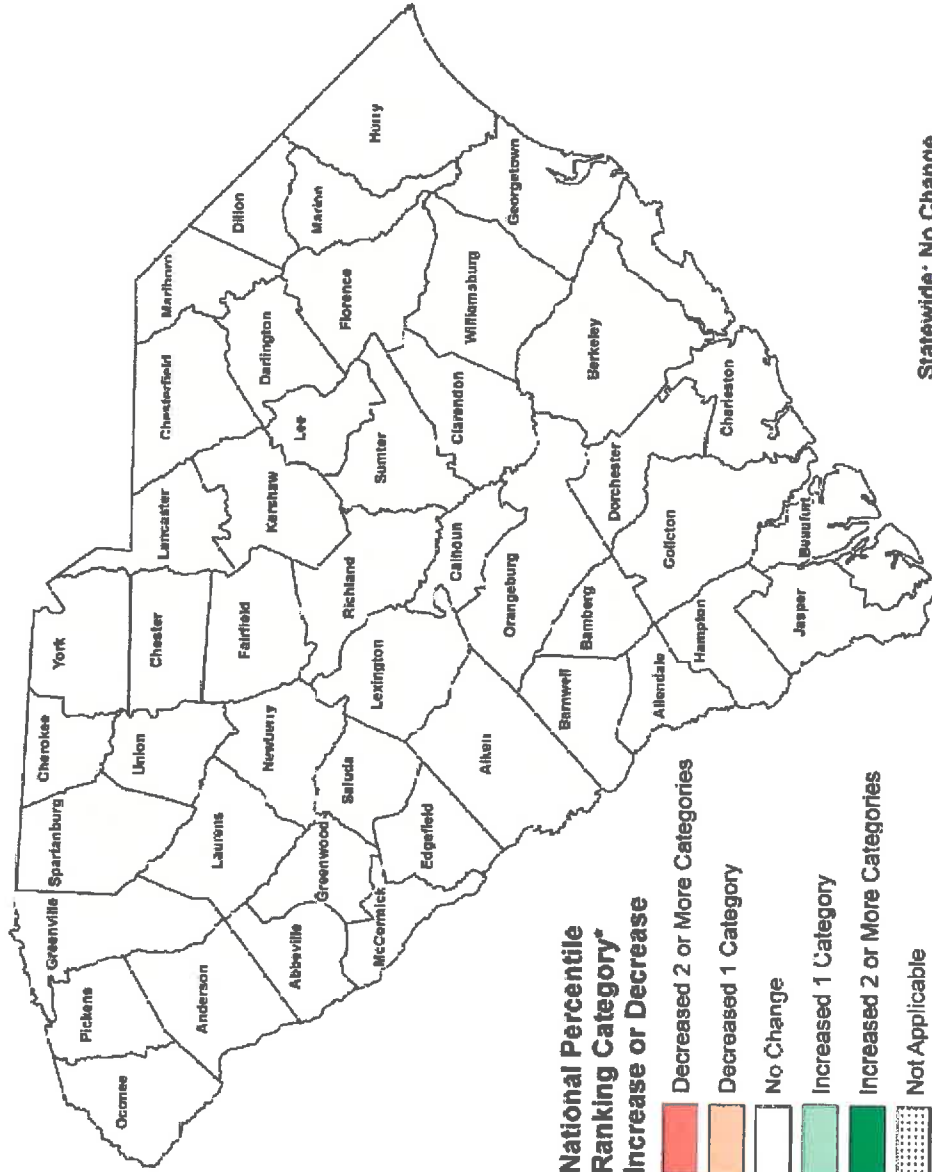
**CY2012**



# Comprehensive Diabetes Care: LDL-C Screening

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

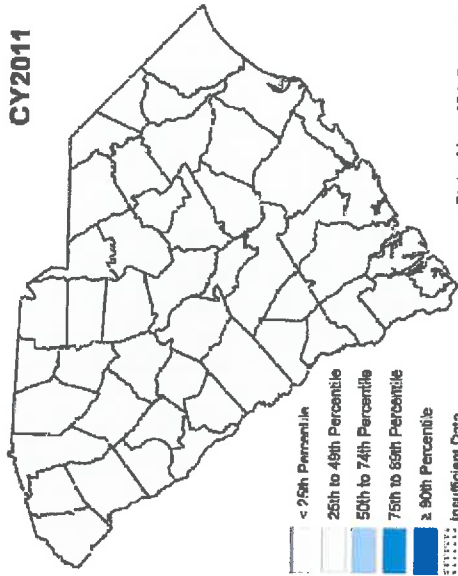
**National Percentile Ranking Change from CY2011 to CY2012**



Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

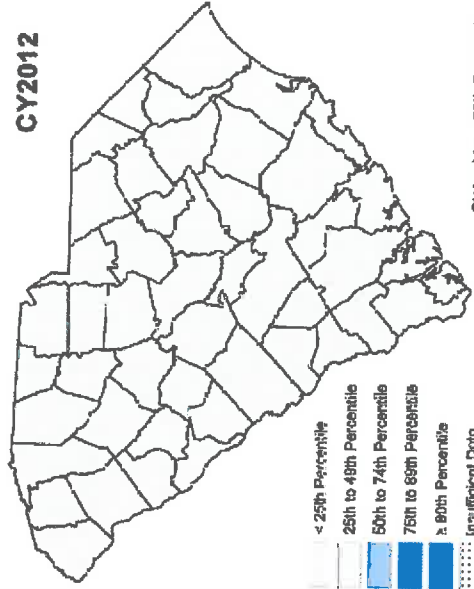


**CY2011**



**CY2012**

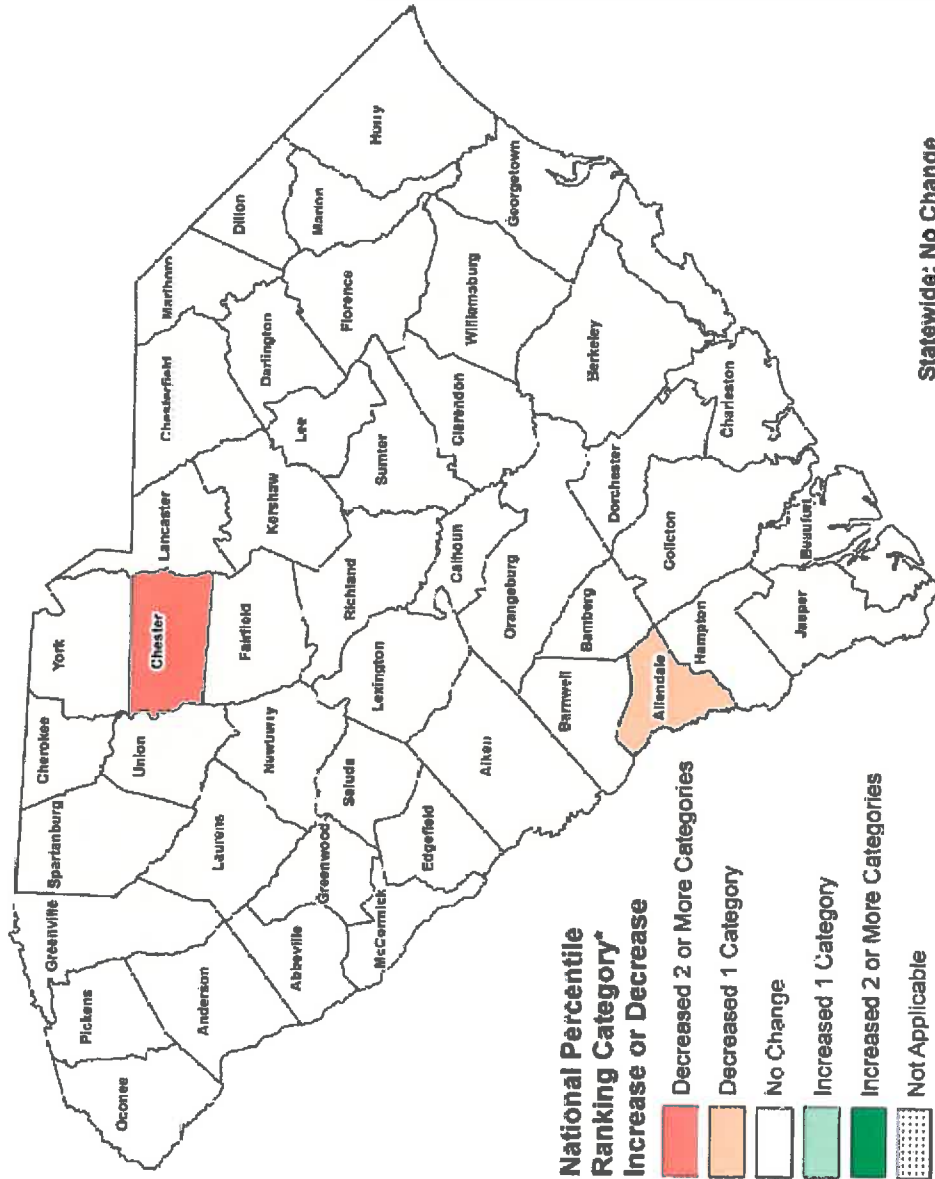
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.



# Comprehensive Diabetes Care: Medical Attention to Nephropathy

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012

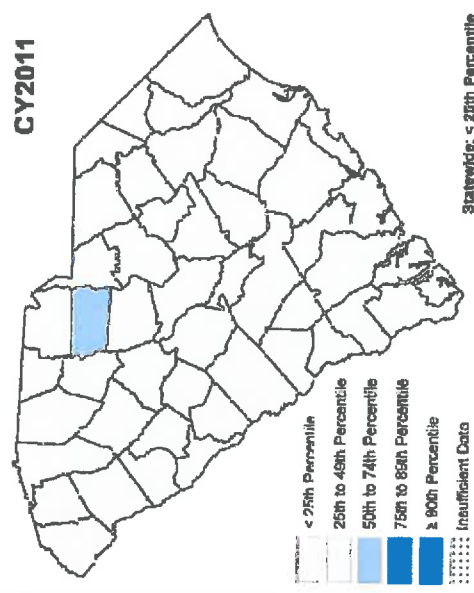


Statewide: No Change

Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

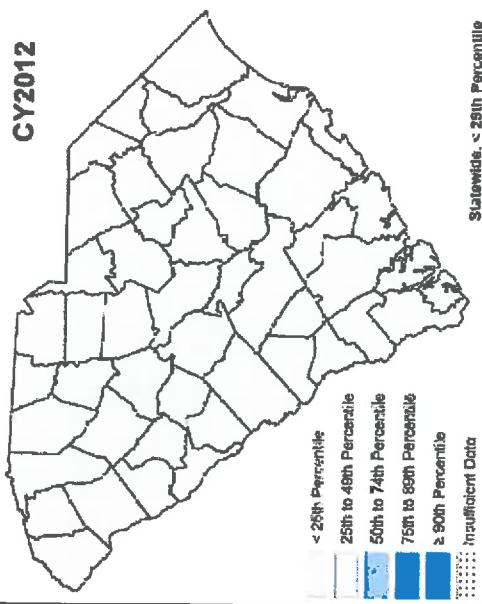


CY2011



\*The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 99th Percentile, > 99th Percentile.

CY2012

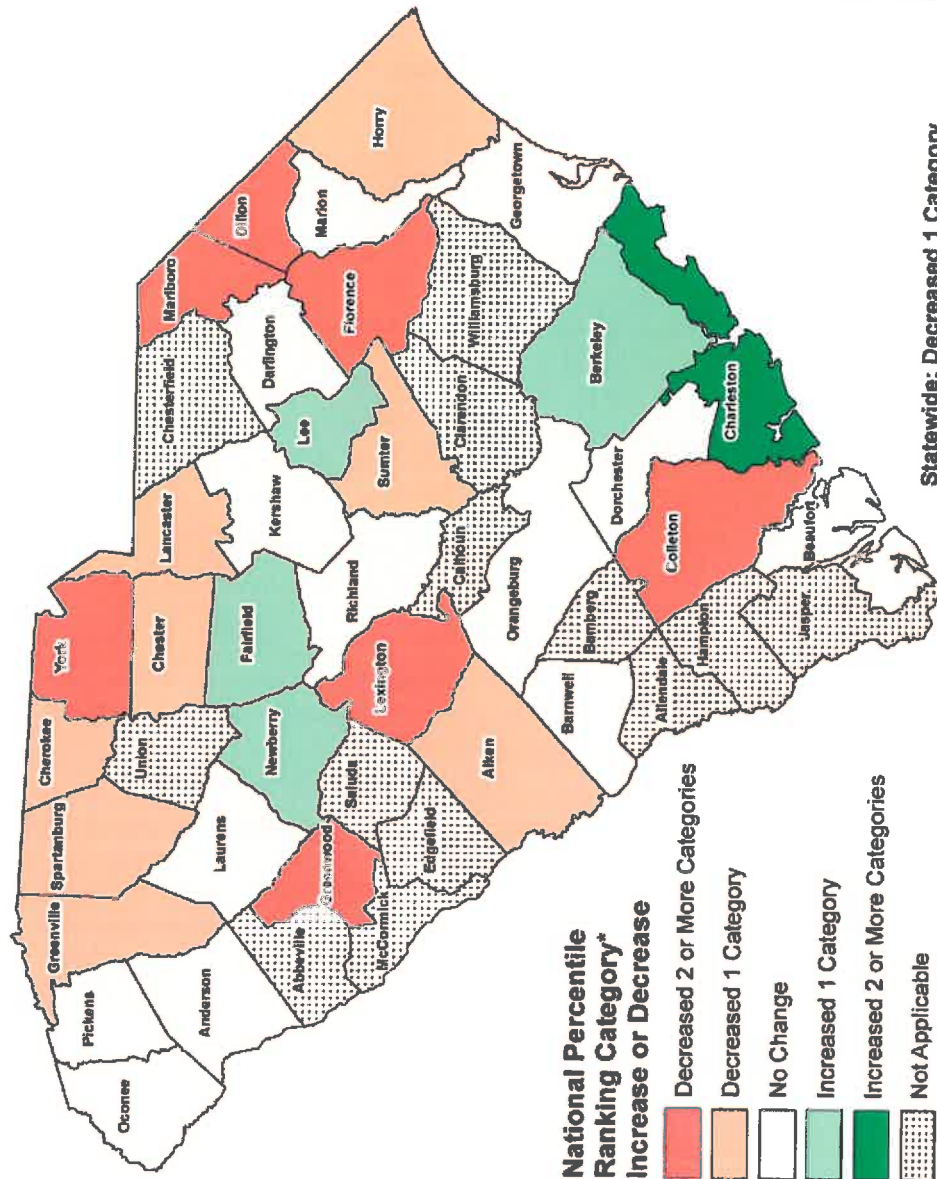




# Use of Appropriate Medications for People with Asthma: Ages 5-11

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

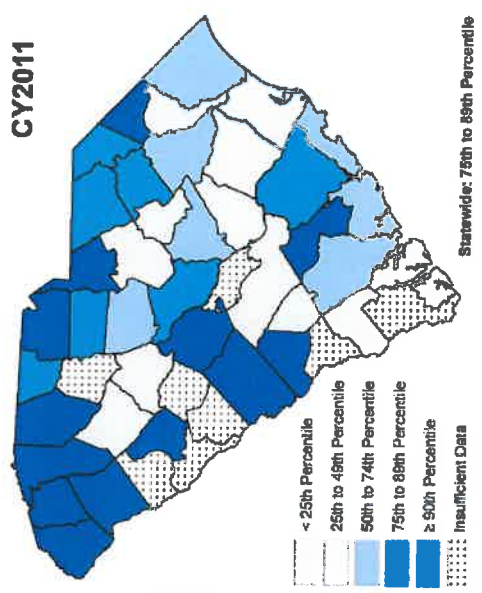
National Percentile Ranking Change from CY2011 to CY2012



**PRM**  
 Division of Policy and Research on Medicaid and Medicare  
 Institute for Families in Society  
 University of South Carolina  
 Map created December 2013.

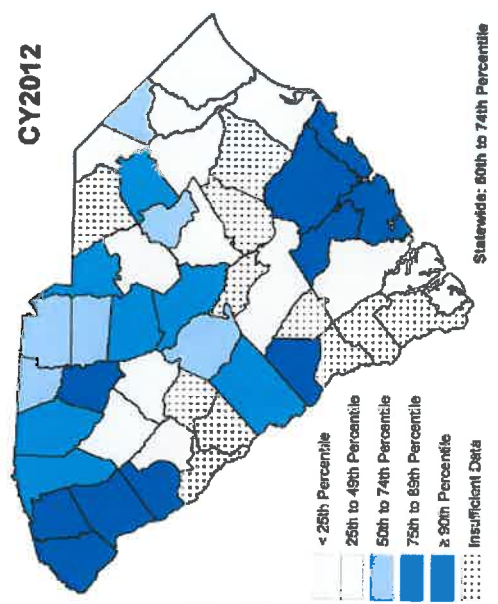
Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: Decreased 1 Category: 50th to 74th Percentile (CY2011) to 25th to 49th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

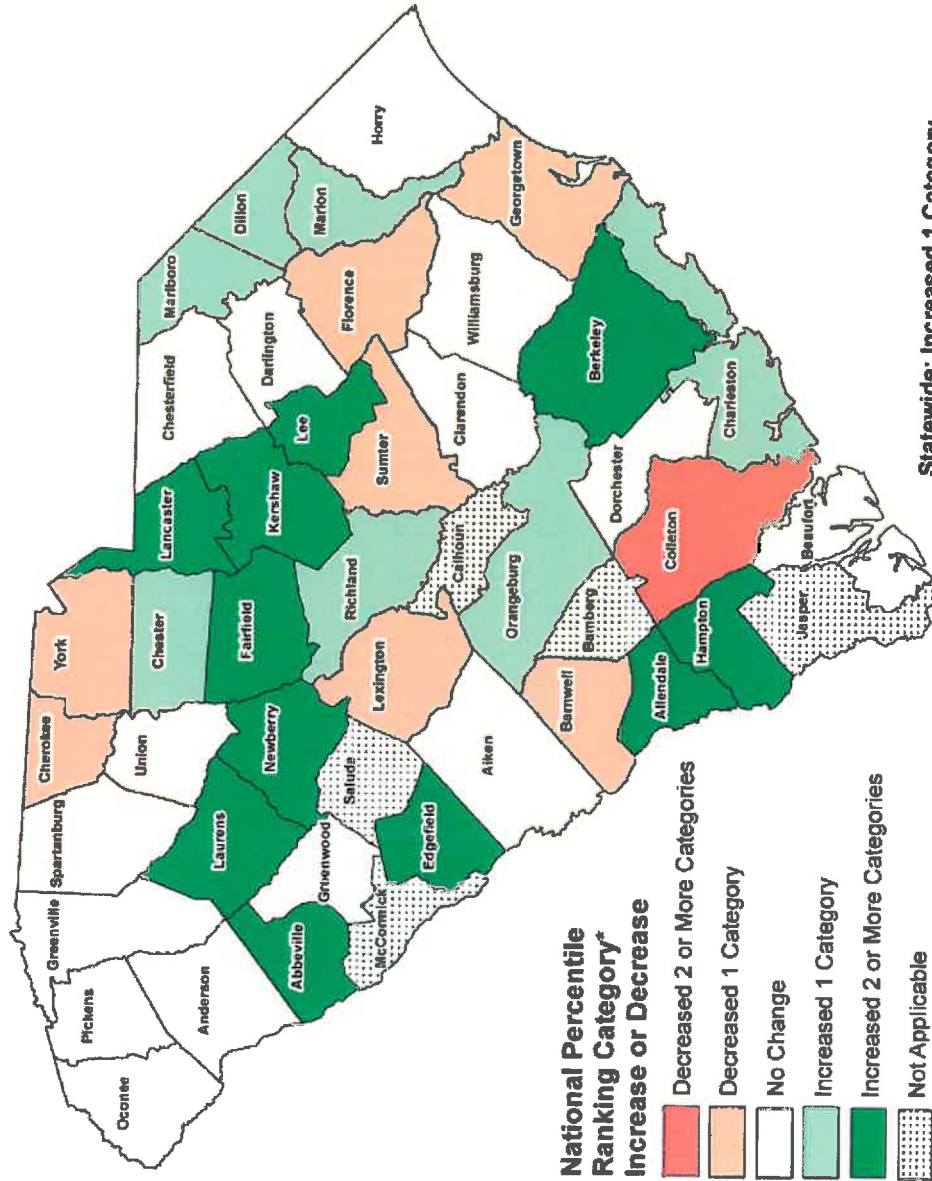
CY2012



# Use of Appropriate Medications for People with Asthma: All Ages

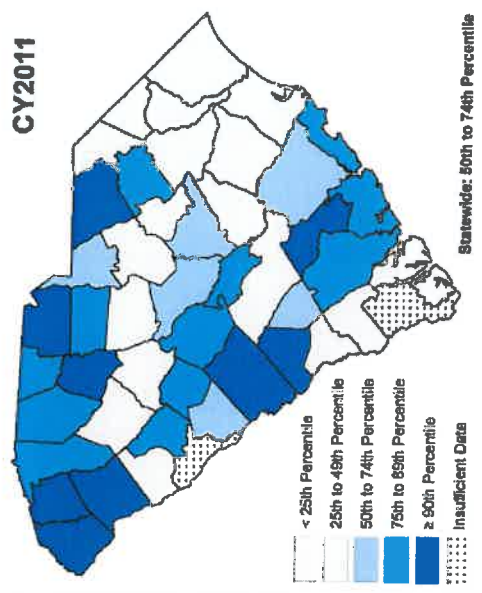
## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



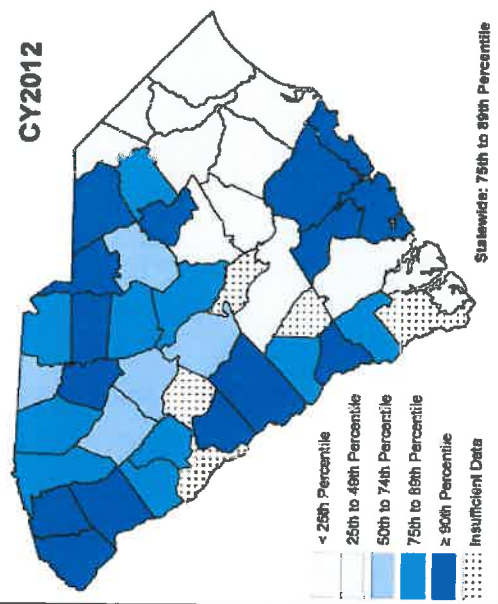
Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011



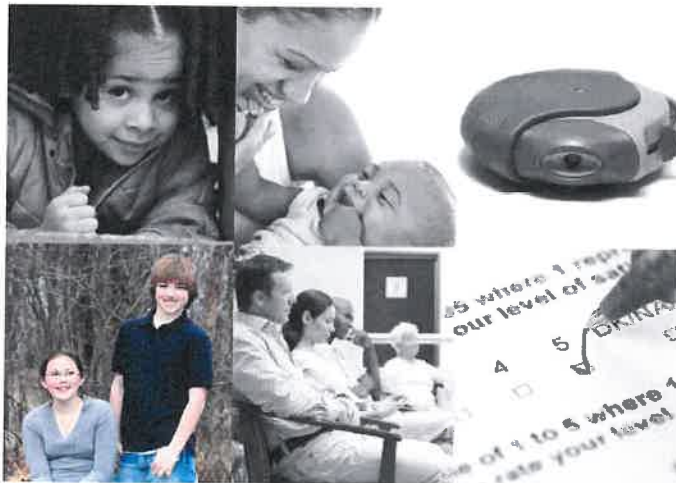
\*The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: Decreased 1 Category: 50th to 74th Percentile (CY2011) to 25th to 49th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 99th Percentile, ≥ 90th Percentile.

CY2012



## Appendix A-4: Behavioral Health

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## Behavioral Health

Behavioral Health Measures and Descriptions	
Measure	Description
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>	<p>The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• The percentage of members who received follow-up within 30 days of discharge.</li> <li>• The percentage of members who received follow-up within 7 days of discharge.</li> </ul>
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b>	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• <b>Initiation Phase.</b> The percentage of members 6–12 years of age as of the IPSPD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>• <b>Continuation and Maintenance (C&amp;M) Phase.</b> The percentage of members 6–12 years of age as of the IPSPD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ul>
<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</b>	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> <li>• <b>Initiation of AOD Treatment.</b> The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.</li> <li>• <b>Engagement of AOD Treatment.</b> The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.</li> </ul>

## 2012 South Carolina Medicaid Health Plans Report Card

### Behavioral Health Measures

	Absolute Total Care	Blue Choice	First Choice	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Average
<b>BEHAVIORAL HEALTH</b>									
Follow-Up After Hospitalization for Mental Illness ****									
7 Days	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★	★★★
30 Days	★★	★★	★★★★	★★★	★★	★★	★★★	★★	★★★
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication									
Initiation	★★★★	★★★	★★★★	★★	★★	★★★	★★★	★★★★★	★★★★
Continuation	★★★★★	★★★	★★★★	★★	NSI	NSI	★★★	★★★★	★★★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment									
Initiation - 13-17 Years	★★★★	★★★★	★★★★	★★★★	NSI	★★★	★★★★	★★★★★	★★★★
Engagement - 13-17 Years	★★★★	★★★★	★★★★	★★★★★	NSI	★★★★	★★★★★	★★★★★	★★★★★
Initiation - 18+	★★★★	★	★★	★★★	★★★★	★★★	★★	★★★★	★★★
Engagement - 18+	★★★	★★★	★★★	★★★	★★★★	★★★	★★★	★★★	★★★
Initiation - Total	★★★★	★	★★	★★★	★★★★	★★★	★★	★★★★	★★★
Engagement - Total	★★★	★★★	★★★★	★★★★	★★★★	★★★	★★★	★★★	★★★
<b>OVERALL SCORE FOR BEHAVIORAL HEALTH</b>	★★★★⊕	★★⊕	★★★★⊕	★★★	★★⊕	★★⊕	★★★	★★★★⊕	★★★★⊕

★★★★★ 90<sup>th</sup> Percentile or above  
 ★★★★ 75<sup>th</sup> to 89<sup>th</sup> Percentile  
 ★★★ 50<sup>th</sup> to 74<sup>th</sup> Percentile  
 ★★ 25<sup>th</sup> to 49<sup>th</sup> Percentile

★ Below 25<sup>th</sup> Percentile  
 ⊕ Upper Range of Percentile Group  
 NSI Denominator less than 30  
 NSPI Insufficient Plan Information  
 N/A Not Applicable

† Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]  
 \* Inverted measure: lower rates indicate better performance  
 \*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email  
 \*\*\*\* State Rates substituted where Plan Rates not submitted

### Behavioral Health Statewide Trends

		Weighted State Rates			NCQA National Medicaid Mean	Change from 2010 to 2011	Change from 2011 to 2012
		2010	2011 Mixed Methodology	2012 Mixed Methodology			
Follow-Up After Hospitalization for Mental Illness	7 Days	37.1	47.9	45.2	46.5	UP	DOWN
	30 Days	60.3	71.1	67.5	65.0	UP	DOWN
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Initiation	45.5	44.1	42.4	38.8	DOWN	DOWN
	Continuation	52.8	53.9	53.5	45.9	UP	DOWN
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation-13-17 Years	51.6	48.4	46.2	40.5	DOWN	DOWN
	Engagement-13-17 Years	30.5	29.0	27.4	17.4	DOWN	DOWN
	Initiation-18+	40.4	38.8	35.6	39.4	DOWN	DOWN
	Engagement-18+	10.7	10.7	9.3	11.5	EQUAL	DOWN
	Initiation-Total	41.6	39.8	36.7	39.2	DOWN	DOWN
	Engagement-Total	12.9	12.6	11.2	11.9	DOWN	DOWN

**UP:** Indicates the SC State Weighted Rate is higher  
**DOWN:** Indicates the SC State Weighted Rate is lower

# SC Medicaid Health Plan Performance CY2012 by NCOA National Benchmarks

CY2012

	Absolute Total Care				Blue Choice		Select Health		United Health Care		Carolina Medical Homes		Palmetto Physician Connections		SC Solutions		Fee For Service			NCOA National Medicaid Benchmarks		
	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Selected Measures	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	Plan Rate	State Average	CY2012 P25	CY2012 P50	CY2012 P75	
<b>BEHAVIORAL HEALTH</b>																						
7 Days	38.8	35.1	43.9	37.1	33.3	32.7	38.2	30.3	36.2	32.2	46.1	57.7										
Follow-Up After Hospitalization for Mental Illness****	57.2	X	57.0	69.4	53.3	49.0	63.7	50.9	58.5	57.3	67.7	77.5										
Initiation	42.8	34.6	42.6	29.7	27.1	38.0	38.1	44.6	40.4	32.9	39.2	44.5										
Continuation	59.2	41.4	54.1	35.9	NSI	NSI	45.0	54.5	50.5	38.4	47.1	56.1										
Initiation - 13-17 Years	44.4	43.4	43.3	42.2	NSI	NSI	40.0	46.5	46.2	32.8	42.0	48.1										
Engagement - 13-17 Years	25.2	23.6	25.4	31.4	NSI	16.7	27.8	33.8	27.4	9.1	16.6	27.1										
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment****	39.6	27.8	31.2	34.7	40.6	38.0	32.7	41.9	35.6	34.6	39.0	43.6										
Engagement - 18+	9.0	8.2	9.1	10.9	11.9	9.2	9.1	9.5	9.3	5.4	11.4	17.8										
Initiation - Total	40.0	29.0	33.3	35.4	40.9	38.2	34.2	43.0	36.7	34.3	38.8	43.6										
Engagement - Total	10.5	9.4	11.9	12.7	11.7	9.8	11.2	11.3	11.2	5.8	11.7	18.6										

Green background: NCOA 75<sup>th</sup> Percentile and above; or for inverted measures, below NCOA 25<sup>th</sup> Percentile

White background: between NCOA 25<sup>th</sup> and 74<sup>th</sup> Percentile

Red background: NCOA 24<sup>th</sup> Percentile and below (\*inverted measures: NCOA 76<sup>th</sup> Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

\* Inverted measure (lower is better)

\*\*Using 2010 NCOA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories-

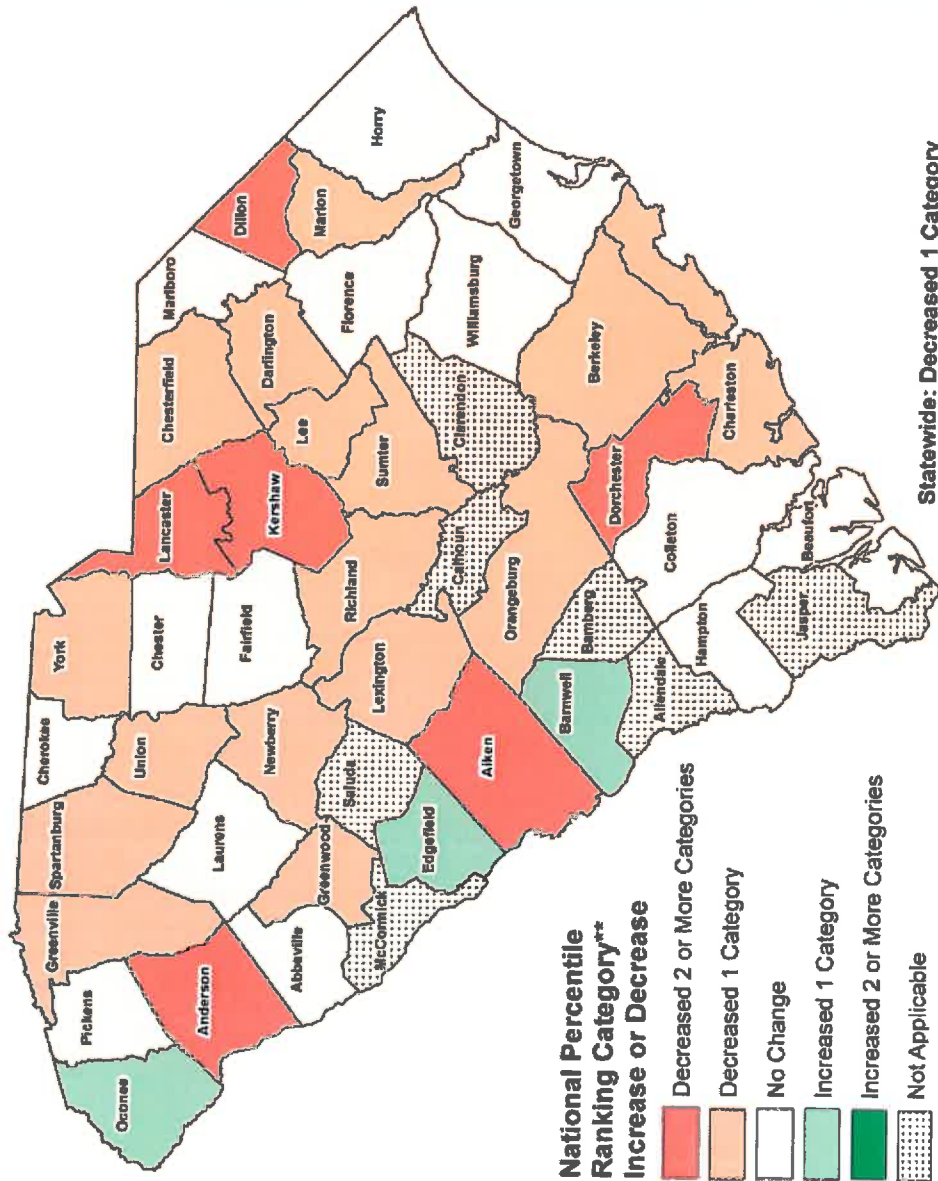
\*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email

\*\*\*\* Plan Rates not provided; IFS Rates substituted

# Follow-Up Care for Children Prescribed ADHD\* Medication: Initiation

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



**National Percentile Ranking Category\*\***

- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

Statewide: Decreased 1 Category

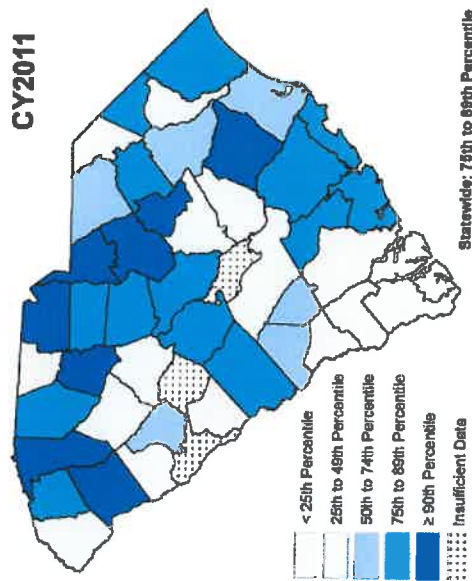


Division of Policy and Research on Medicaid and Medicare  
 Institute for Families in Society | University of North Carolina  
 Map created December 2013.

Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

CY2011

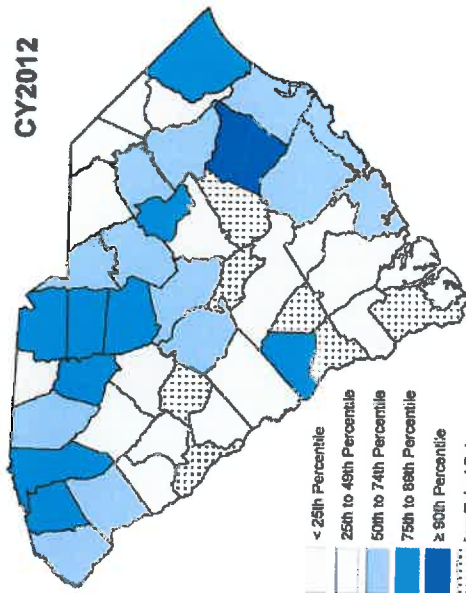


Statewide: 76th to 89th Percentile

\* Attention Deficit Hyperactivity Disorder

\*\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012); There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012

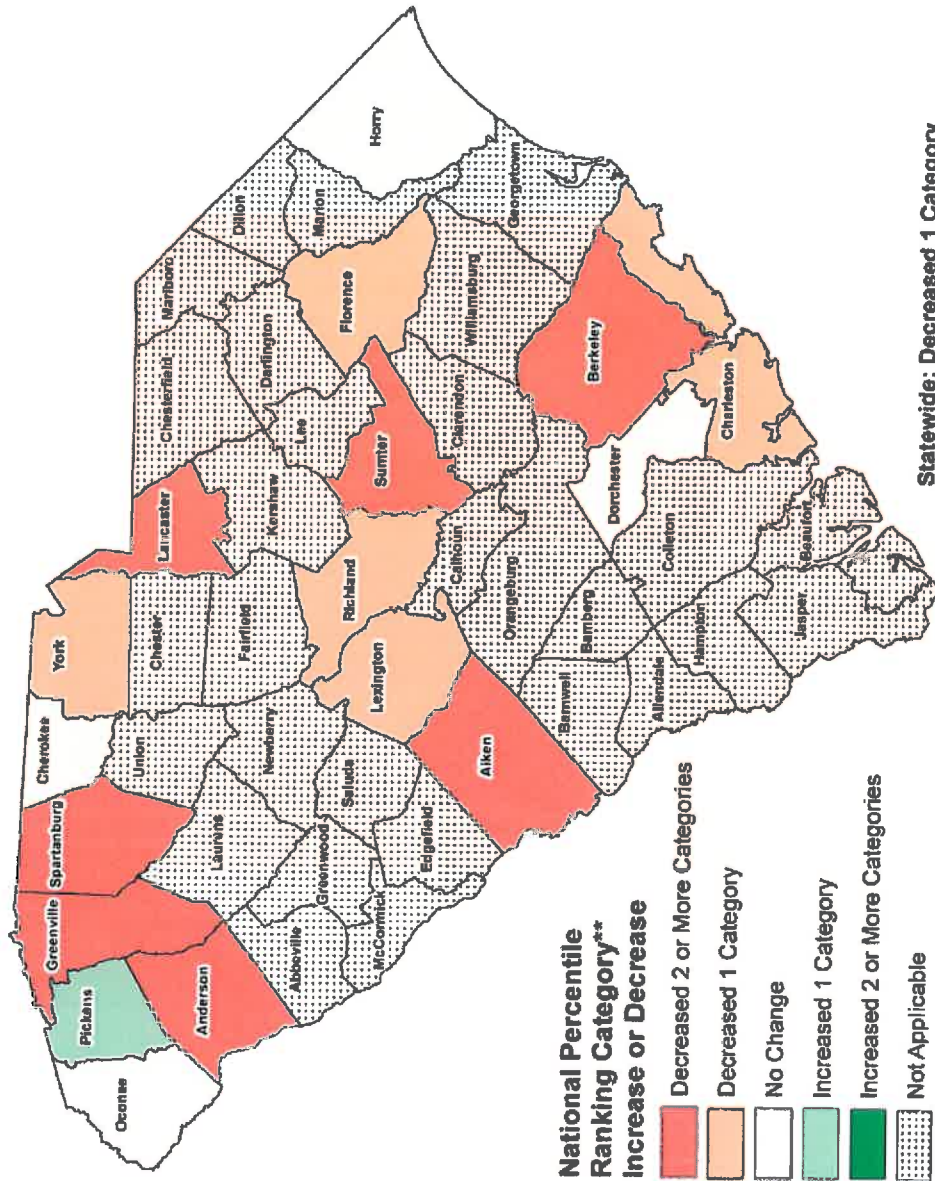


Statewide: 80th to 74th Percentile

# Follow-Up Care for Children Prescribed ADHD\* Medication: Continuation

National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



**National Percentile Ranking Category\*\***  
**Increase or Decrease**

- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

Statewide: Decreased 1 Category

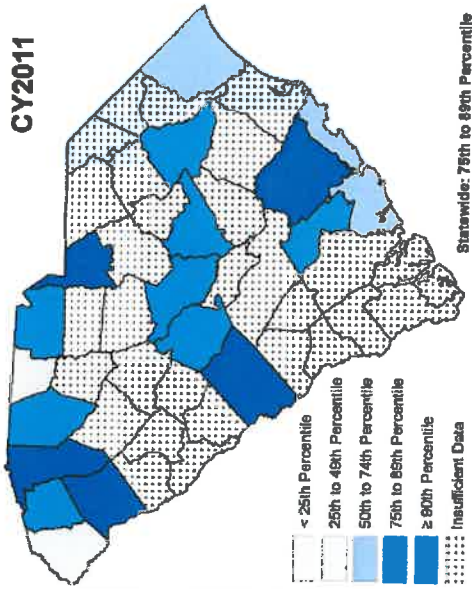


Division of Policy and Research on Medicaid and Medicare  
 Institute for Families in Society | University of South Carolina  
 Map created December 2013.

Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

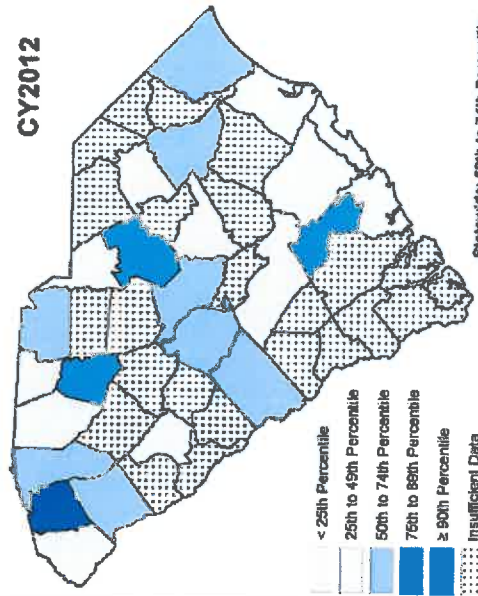
CY2011



Statewide: 78th to 89th Percentile

\*Attention Deficit Hyperactivity Disorder  
 \*\*The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012

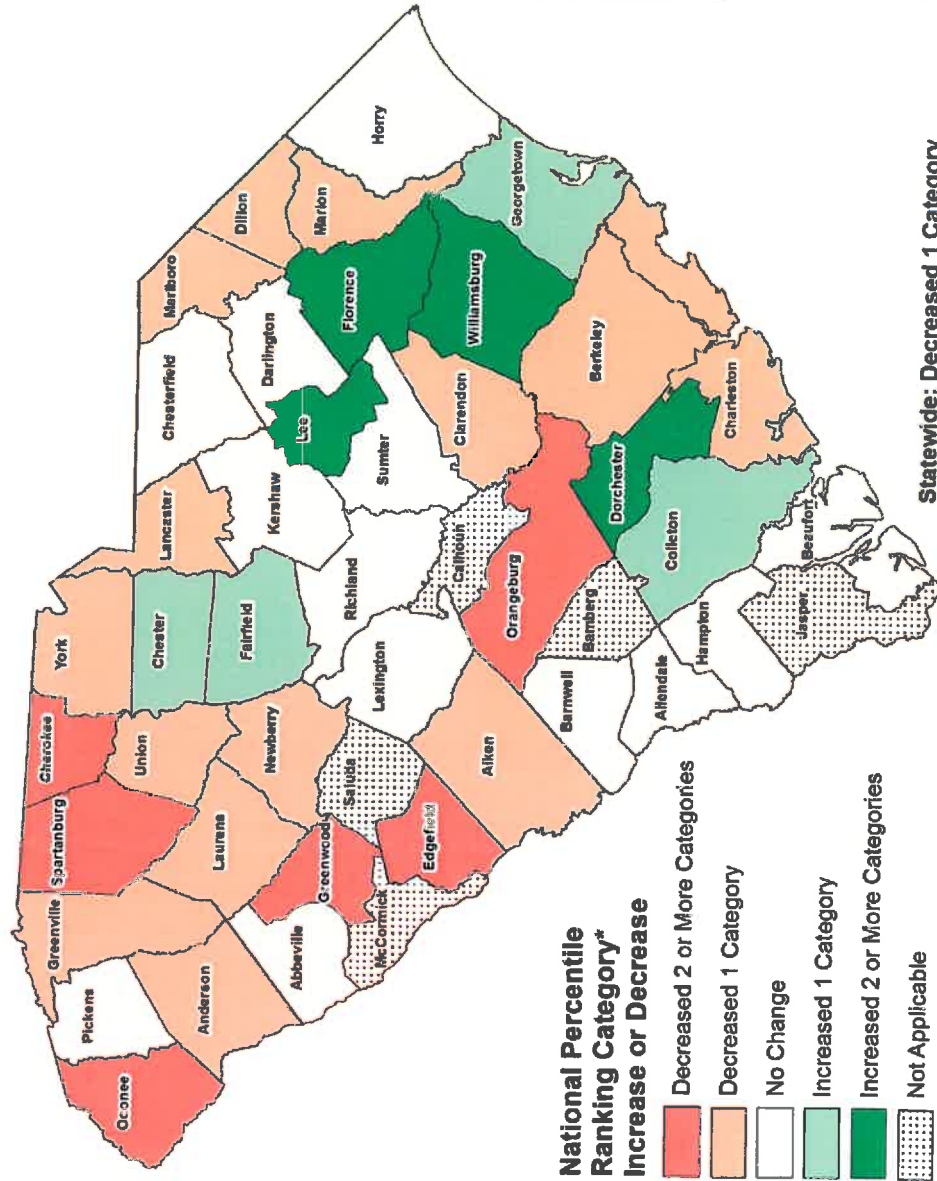


Statewide: 60th to 74th Percentile

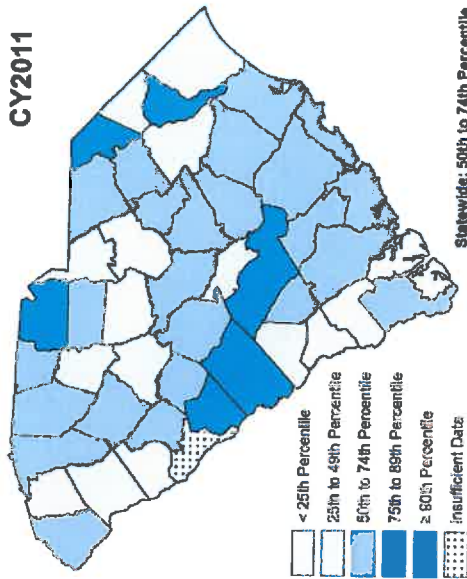


# Initiation of Alcohol and Other Drug Dependent Treatment - Total National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

## National Percentile Ranking Change from CY2011 to CY2012

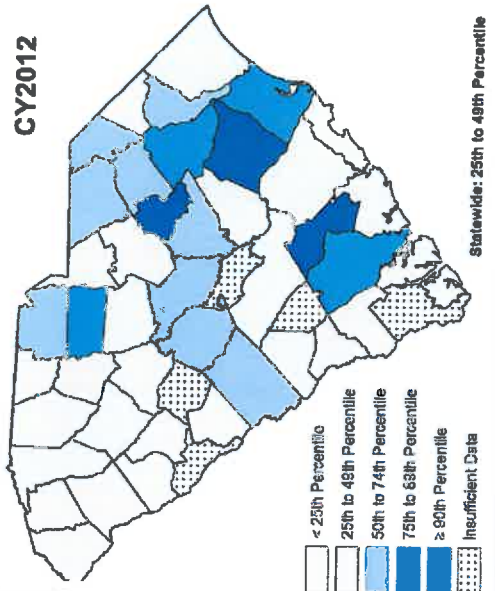


## CY2011



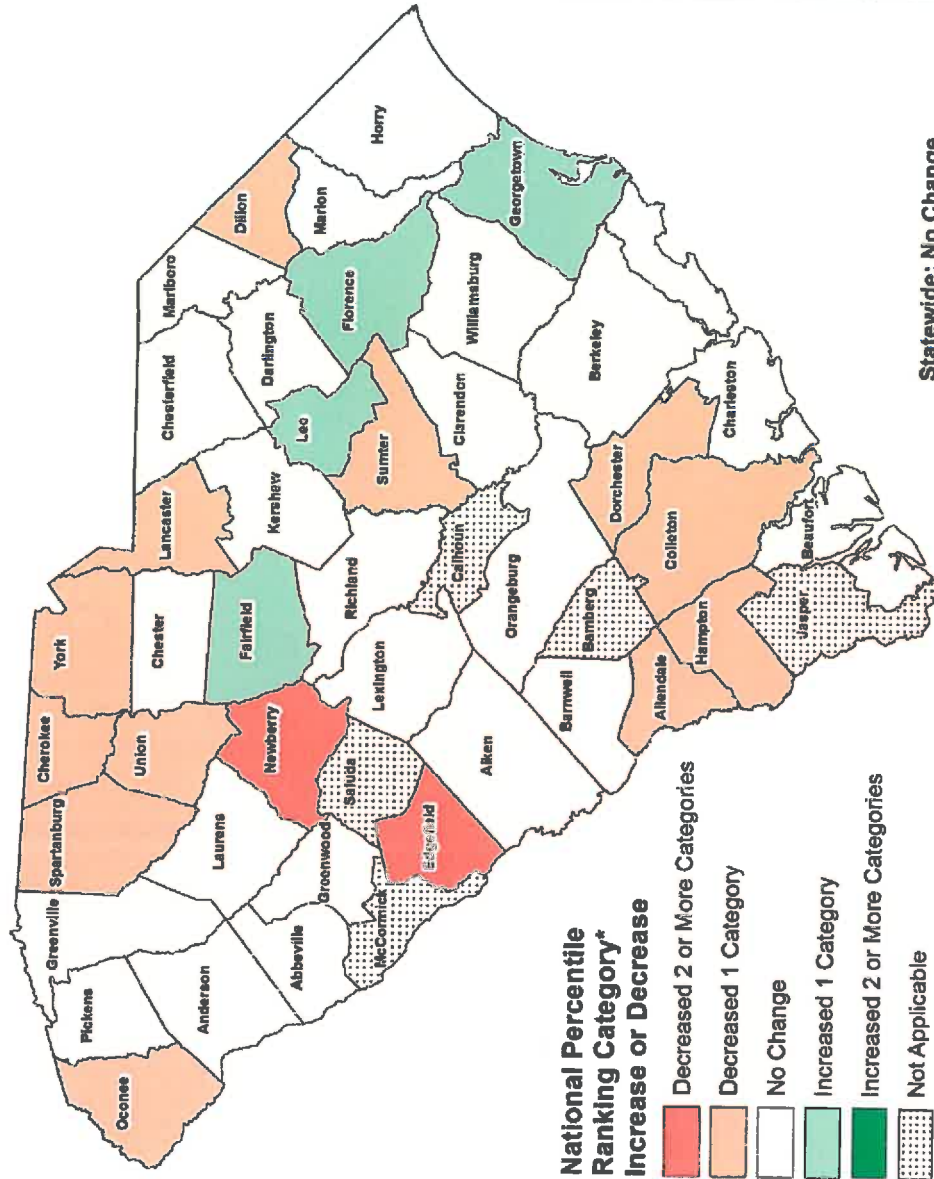
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: Decreased 1 Category: 50th to 74th Percentile (CY2011) to 25th to 49th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

## CY2012



# Engagement of Alcohol and Other Drug Dependent Treatment - Total National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

## National Percentile Ranking Change from CY2011 to CY2012



**National Percentile Ranking Category\***

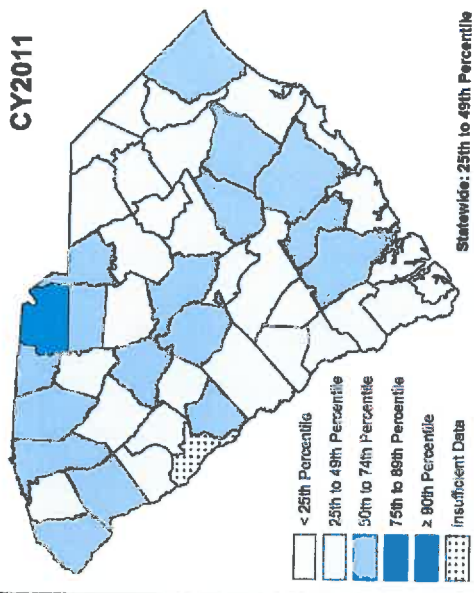
- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

Statewide: No Change



Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

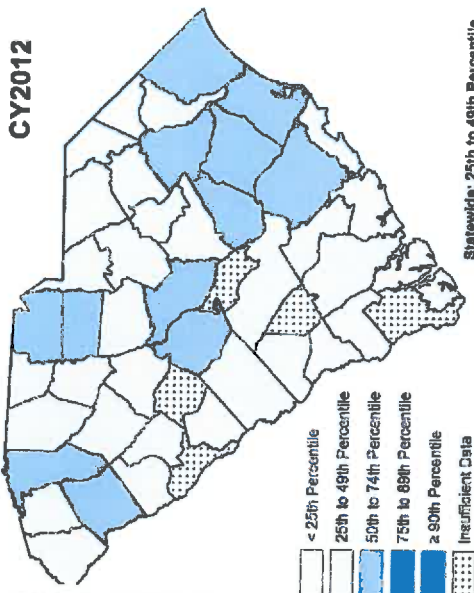
## CY2011



Statewide: 25th to 49th Percentile

\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Decreased 1 Category: 25th to 49th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

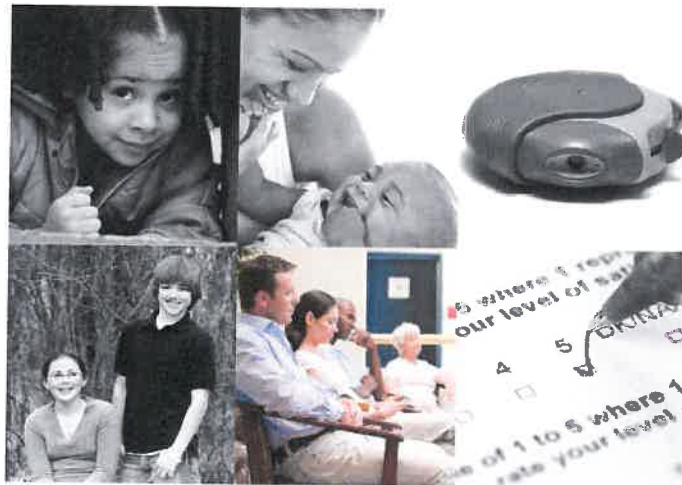
## CY2012



Statewide: 25th to 49th Percentile

## Appendix A-5 Access To Care

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## Access to Care

Access to Care Measures and Descriptions	
Measure	Description
<b>Children and Adolescents' Access to Primary Care Practitioners (CAP)</b>	The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line: <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year</li> <li>• Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>	The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

## 2012 South Carolina Medicaid Health Plans Report Card

### Access to Care Measures

	Absolute Total Care	Blue Choice	First Choice	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Average
<b>ACCESS TO CARE</b> Adults' Access to Preventive/Ambulatory Health Services									
20-44 Years	★★★	★★★	★★★★★	★★	★	★	★★	★	★★
45-64 Years	★★	★★★	★★★★★	★★	★	★	★	★	★
Children and Adolescents' Access to Primary Care Practitioners									
12-24 Months	★★★★★	★★★	★★★★★	★★★★★	★★	★★★★★	★★★★★	★	★★★★★
25 Months-6 Years	★★★	★★	★★★★★	★★	★	★	★	★	★★
7-11 Years	★★★	★★	★★★★★	★★	★	★★	★	★	★★★★
12-19 Years	★★	★	★★★★★	★★	★	★	★	★	★★
<b>OVERALL SCORE FOR ACCESS TO CARE</b>	★★★	★★	★★★★★	★★	★	★★	★★	★	★★

★★★★★ 90<sup>th</sup> Percentile or above    ★ Below 25<sup>th</sup> Percentile    † Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]  
 ★★★★ 75<sup>th</sup> to 89<sup>th</sup> Percentile    Ⓢ Upper Range of Percentile Group    \* Inverted measure: lower rates indicate better performance  
 ★★★ 50<sup>th</sup> to 74<sup>th</sup> Percentile    NSI Denominator less than 30    \*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email  
 ★★ 25<sup>th</sup> to 49<sup>th</sup> Percentile    NSPI Insufficient Plan Information    \*\*\*\* State Rates substituted where Plan Rates not submitted  
 N/A Not Applicable

### Access to Care Statewide Trends

		Weighted State Rates			NCQA National Medicaid Mean	Change from 2010 to 2011	Change from 2011 to 2012
		2010	2011 Mixed Methodology	2012 Mixed Methodology			
Adults' Access to Preventive/Ambulatory Health Services	20-44 Years	75.2	71.6	67.9	80.0	DOWN	DOWN
	45-64 Years	75.3	69.7	67.4	86.1	DOWN	DOWN
Children and Adolescents' Access to Primary Care Practitioners	12-24 Months	97.8	97.7	97.6	96.1	DOWN	DOWN
	25 Months-6 Years	86.7	87.4	86.5	88.2	UP	DOWN
	7-11 Years	87.8	87.9	87.9	89.5	UP	EQUAL
	12-19 Years	85.1	85.0	84.8	87.9	DOWN	DOWN

**UP:** Indicates the SC State Weighted Rate is higher  
**DOWN:** Indicates the SC State Weighted Rate is lower

# SC Medicaid Health Plan Performance CY2012 by NCQA National Benchmarks

CY2012

ACCESS TO CARE	Plan Selected Measures	Absolute Total Care	Blue Choice	Plan Selected Measures	Plan Rate	Select Health	Plan Selected Measures	Plan Rate	United Health Care	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee For Service	NCQA National Medicaid Benchmarks			
														CY2012 P25	CY2012 P50	CY2012 P75	
Adult's Access to Preventive/Ambulatory Health Services	20-44 Years	X	81.7	X	80.9	X	85.3	X	77.6	60.3	64.6	70.5	54.6	67.9	78.0	82.3	85.4
	45-64 Years	X	83.7	X	85.1	X	90.5	X	83.0	66.4	69.1	71.0	54.9	67.4	84.1	87.3	89.9
	12-24 Months	X	97.9	X	96.8	X	98.7	X	97.6	93.3	97.3	97.4	92.6	97.6	95.6	97.0	97.9
Children and Adolescents' Access to Primary Care Practitioners	25 Months-6 Years		88.3		84.8		90.8		86.1	69.3	69.8	81.6	75.7	86.5	86.6	89.2	91.4
	7-11 Years	X	89.3	X	84.6	X	92.9	X	86.7	73.0	83.5	80.4	81.7	87.9	87.6	90.6	92.9
	12-19 Years		85.0		81.3		90.2		83.1	77.1	71.3	78.9	78.1	84.8	86.0	89.2	91.6

Green background: NCQA 75<sup>th</sup> Percentile and above; or for inverted measures, below NCQA 25<sup>th</sup> Percentile

White background: between NCQA 25<sup>th</sup> and 74<sup>th</sup> Percentile

Red background: NCQA 24<sup>th</sup> Percentile and below (\*inverted measures: NCQA 76<sup>th</sup> Percentile and above)

NSI: denominator less than 30

N/A: Not Available

† Inverse rate

\* Inverted measure (lower is better)

\*\*Using 2010 NCQA National Medicaid Benchmarks for CY2011 rates. 2011 National Benchmarks not available due to definitional change in Age Categories.

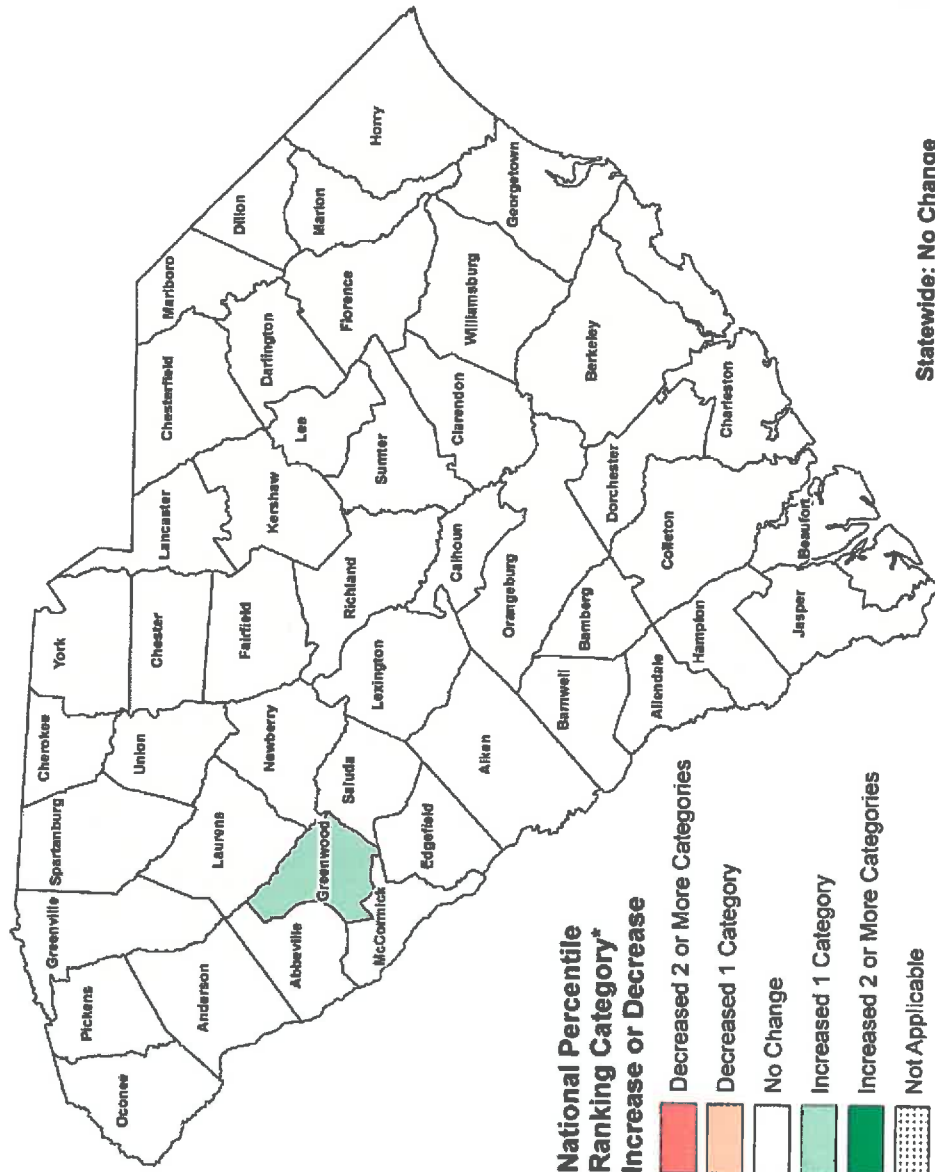
\*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email

\*\*\*\* Plan Rates not provided; IFS Rates substituted

# Adult Access to Preventative/Ambulatory Services: Ages 20-44

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

National Percentile Ranking Change from CY2011 to CY2012



**National Percentile Ranking Category\***

- Decreased 2 or More Categories
- Decreased 1 Category
- No Change
- Increased 1 Category
- Increased 2 or More Categories
- Not Applicable

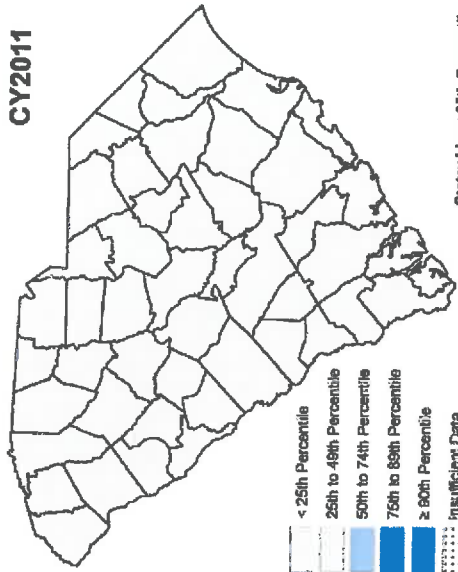
Statewide: No Change

Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.

Sources: South Carolina Medicaid Information System, CY2011 and CY2012.



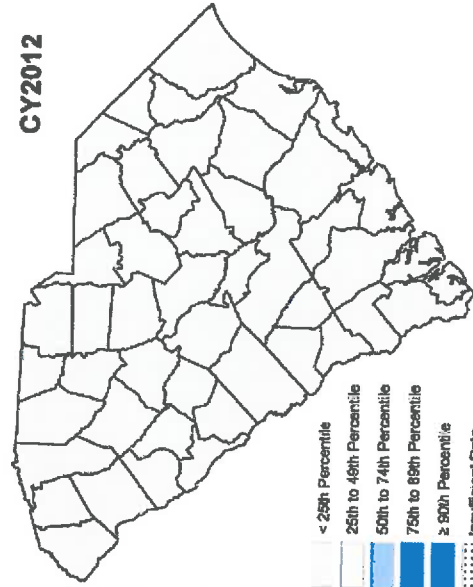
CY2011



Statewide: < 25th Percentile

\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile.

CY2012

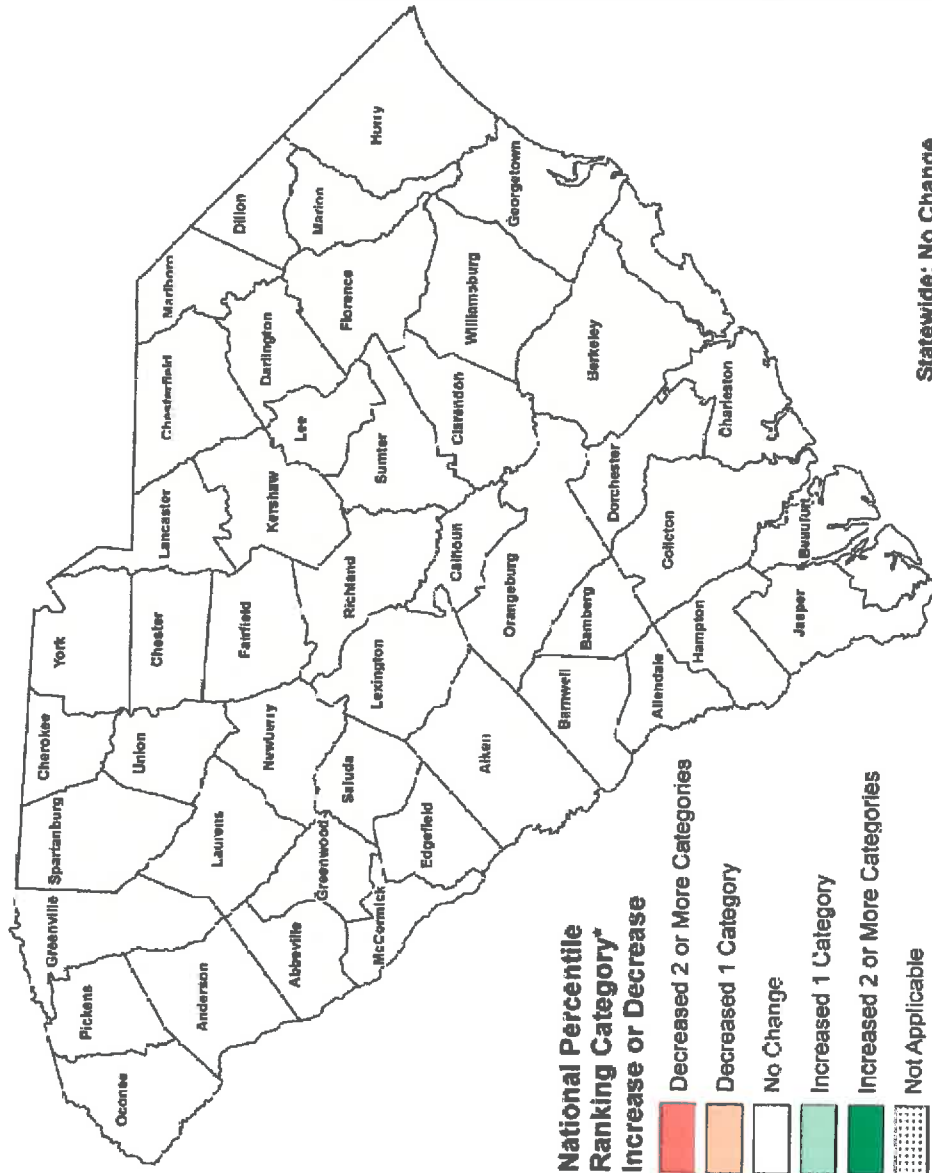


Statewide: < 28th Percentile

# Adult Access to Preventative/Ambulatory Services: Ages 45-64

## National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

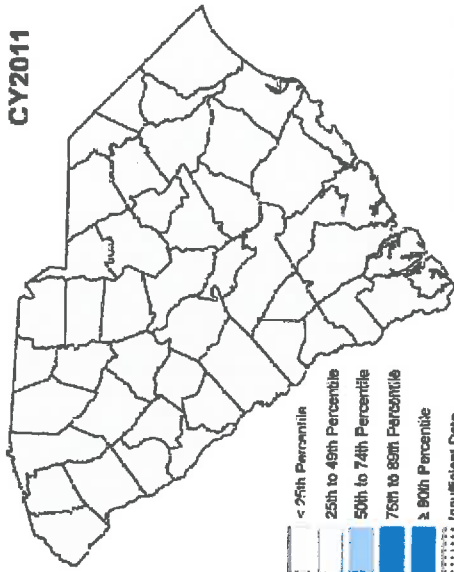
National Percentile Ranking Change from CY2011 to CY2012



Insufficient Data represents counties with a population denominator less than 30.  
 Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
 Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

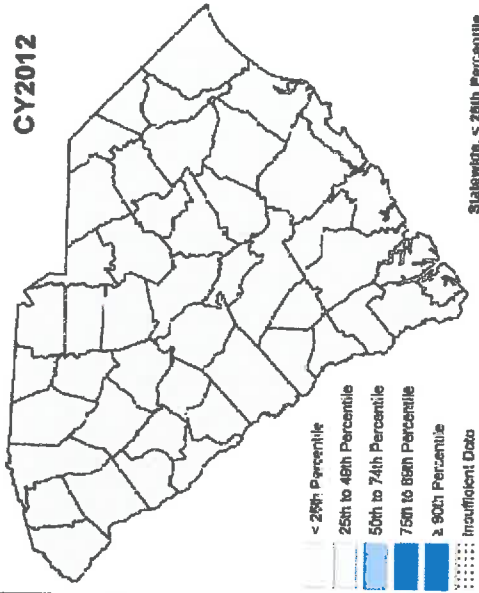


CY2011



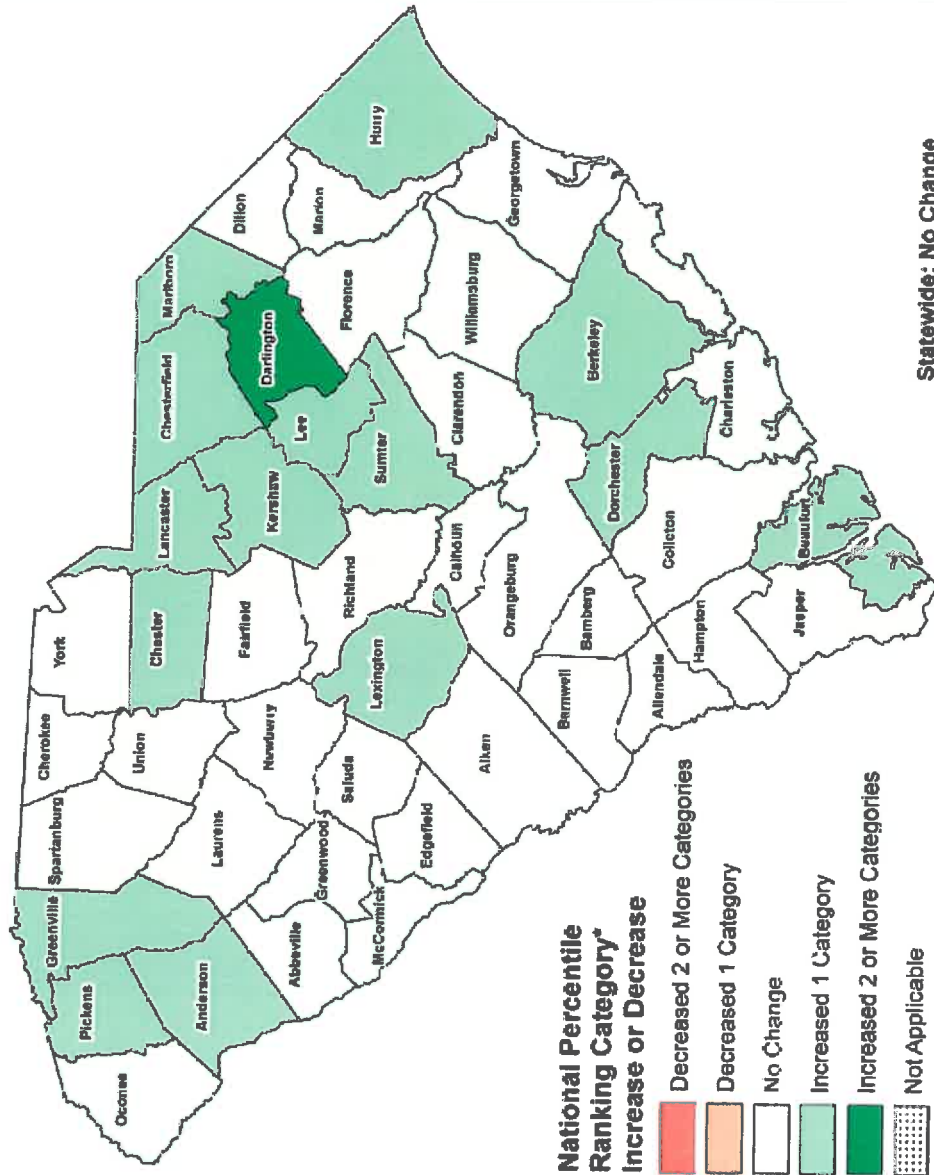
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, and ≥ 90th Percentile.

CY2012



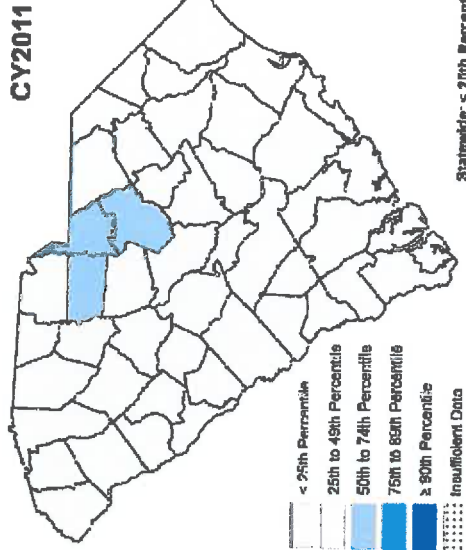
# Child and Adolescent Access to Primary Care Providers: 25 Months to 6 Years National Percentile Rankings in CY2011, CY2012, and Yearly Change by County

## National Percentile Ranking Change from CY2011 to CY2012

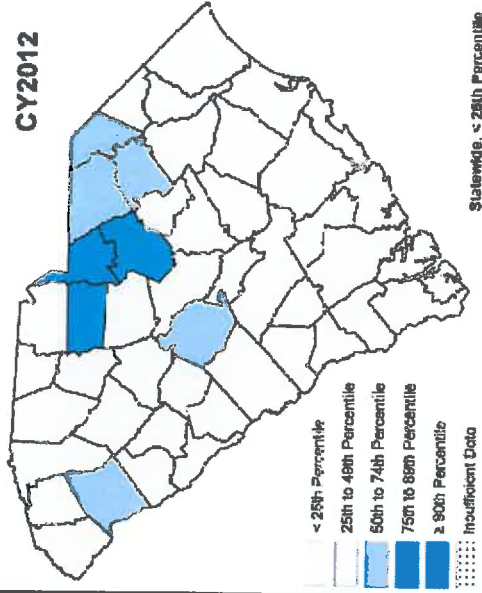


Insufficient Data represents counties with a population denominator less than 30.  
Not Applicable represents counties with a population denominator less than 30 in either CY2011 or CY2012.  
Sources: South Carolina Medicaid Information System, CY2011 and CY2012.

**PRM**  
Division of Policy and Research on Medicaid and Medicare  
Institute for Families in Society | University of North Carolina  
Map created December 2013.



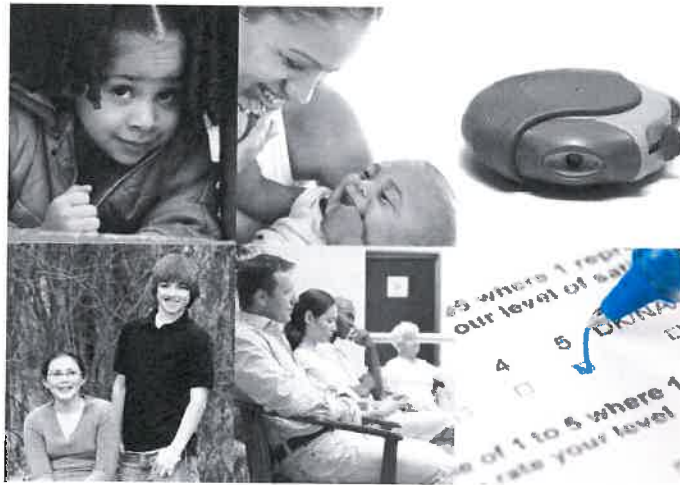
\* The number represents the change in national percentile ranking category from CY2011 to CY2012. Examples: No Change: < 25th Percentile (CY2011) to < 25th Percentile (CY2012); Increased 1 Category: < 25th Percentile (CY2011) to 25th to 49th Percentile (CY2012). There are 5 National Percentile Ranking Categories. They include the following: < 25th Percentile, 25th to 49th Percentile, 50th to 74th Percentile, 75th to 89th Percentile, ≥ 90th Percentile





## Appendix A-6: Consumer Experience and Satisfaction

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## Consumer Experience and Satisfaction

Consumer Experience and Satisfaction Measures and Descriptions	
Measure	Measure Description
Satisfaction and Experience with Provider Network (Adults and Children)	
<b>Satisfaction with Provider Communication</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them.
<b>Satisfaction with Personal Doctor</b>	The average of member responses on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor, when asked “How would you rate your personal doctor?”
<b>Satisfaction with Specialist</b>	The average of member responses on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, when asked “How would you rate your specialist?”
Satisfaction and Experience with Access to Care and Health Plan (Adults and Children)	
<b>Getting Needed Care</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked, in the last 6 months, how often was it easy to get appointments with specialists, and the care, test or treatments they needed.
<b>Getting Care Quickly</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months, they were able to get care or get an appointment for health care at a doctor’s office or clinic as soon as needed.
<b>Satisfaction with Customer Service</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months when they used their health plan’s customer service, they received the information they needed and were treated with courtesy and respect.
<b>Rating of Health Plan</b>	The average of member responses on scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, when asked “How would you rate your health plan?”
Satisfaction and Experience With Care (Adults and Children)	
<b>Rating of Health Care</b>	The average of member responses on scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, when asked “How would you rate your health care?”

## South Carolina Medicaid CAHPS® CY2012: Adult Measures

Measure	Absolute TotalCare		BlueChoice		FirstChoice		United Healthcare	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Overall	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>
	Selected Measure	Rate	Selected Measure	Rate	Selected Measure	Rate										
Satisfaction and Experience with Provider Networks																
How Well Doctors Communicate		2.67		2.60	X	2.65	2.61	2.76	2.66	2.73	2.78	2.68	2.48	2.54	2.58	2.64
Rating of Personal Doctor		2.57		2.45		2.58	2.43	2.63	2.62	2.73	2.70	2.59	2.42	2.46	2.51	2.57
Rating of Specialists		2.48		2.39		2.60	2.42	2.67	2.60	2.60	2.68	2.55	2.43	2.47	2.52	2.56
Satisfaction and Experience With Access to Care and Health Plan																
Get Needed Care		2.35	X	2.43		2.46	2.36	2.41	2.38	2.41	2.58	2.42	2.18	2.28	2.35	2.43
Get Care Quickly		2.36		2.40		2.44	2.33	2.43	2.46	2.48	2.53	2.43	2.33	2.40	2.44	2.48
Customer Service		2.50		2.52		2.60	2.48	2.29	2.48	2.33	2.55	2.47	2.34	2.42	2.47	2.55
Rating of Health Plan		2.20		2.29		2.51	2.17	2.36	2.42	2.47	2.53	2.37	2.32	2.40	2.46	2.54
Satisfaction and Experience With Care																
Rating of Health Care		2.27		2.28		2.38	2.25	2.37	2.41	2.47	2.45	2.36	2.25	2.31	2.37	2.41

Red background: NCOA 24th Percentile and below  
 Green background: NCOA 75th Percentile and above  
 Individual MCO Plan rates submitted by MCO Plan  
 MHN rates calculated by state  
 State rate based on MCO Plans submitted rates and MHN calculated rates

## South Carolina Medicaid CAHPS® CY2012: Child Measures

Measure	Absolute TotalCare		BlueChoice		FirstChoice		United Healthcare	Carolina Medical Homes	Palmetto Physician Connections	SC Solutions	Fee-For-Service	State Overall	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>
	Selected Measure	Rate	Selected Measure	Rate	Selected Measure	Rate										
Satisfaction and Experience with Provider Networks																
How Well Doctors Communicate		2.79		2.73		2.79	2.75	2.74	2.77	2.74	2.81	2.76	2.63	2.68	2.72	2.75
Rating of Personal Doctor	X	2.69		2.60		2.77	2.68	2.71	2.71	2.67	2.78	2.70	2.58	2.62	2.65	2.69
Rating of Specialists		2.73		N/A		2.71	N/A	2.41	2.77	2.73	2.61	2.66	2.53	2.59	2.62	2.66
Satisfaction and Experience With Access to Care and Health Plan																
Get Needed Care		2.58	X	2.50		2.65	2.54	2.40	2.46	2.53	2.60	2.53	2.29	2.36	2.45	2.50
Get Care Quickly		2.73		2.72		2.73	2.74	2.64	2.74	2.73	2.76	2.72	2.54	2.61	2.66	2.69
Customer Service		2.57		2.59	X	2.62	2.55	2.28	2.34	2.37	2.45	2.47	2.40	2.46	2.51	2.58
Rating of Health Plan	X	2.56		2.56		2.73	2.55	2.46	2.51	2.62	2.58	2.57	2.51	2.57	2.62	2.67
Satisfaction and Experience With Care																
Rating of Health Care		2.58		2.54		2.68	2.52	2.54	2.57	2.58	2.64	2.58	2.49	2.52	2.57	2.59

**Red background:** NCQA 24th Percentile and below

**Green background:** NCQA 75th Percentile and above

N/A: Not available

Individual MCO Plan rates submitted by MCO Plan

MHN rates calculated by state

State rate based on MCO Plans submitted rates and MHN calculated rates

## Appendix B: Descriptions of Measures

Measure	Description
<b>Pediatric Care</b>	
<b>Adolescent Well-Care Visits (AWC)</b>	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
<b>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</b>	The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.
<b>Appropriate Testing for Children With Pharyngitis (CWP)</b>	The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).
<b>Ambulatory Care (AMB)</b>	This measure summarizes utilization of ambulatory care in the following category: Emergency Department Visits.
<b>Lead Screening in Children (LSC)</b>	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
<b>Well-Child Visits in the First 15 Months of Life (W15)</b>	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: <ul style="list-style-type: none"> <li>• No well-child visits†</li> <li>• Five well-child visits</li> <li>• Six or more well-child visits</li> </ul> †=Inverted measure (lower is better).
<b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</b>	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.

<b>Women's Care</b>	
Measure	Description
<b>Breast Cancer Screening (BCS)</b>	The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.
<b>Cervical Cancer Screening (CCS)</b>	The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.
<b>Chlamydia Screening in Women (CHL)</b>	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
<b>Prenatal and Postpartum Care (PPC)</b>	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. <ul style="list-style-type: none"> <li>• <i>Timeliness of Prenatal Care:</i> The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.</li> <li>• <i>Postpartum Care:</i> The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</li> </ul>
<b>Ambulatory Care (AMB)</b>	This measure summarizes utilization of ambulatory care in the following category: Emergency Department Visits <ul style="list-style-type: none"> <li>• AMB - Ages 20-44</li> <li>• AMB - Ages 45-64</li> <li>• AMB - Ages 65-74</li> </ul>

## Appendix B: Descriptions of Measures *(continued)*

Measure	Description
<b>Living With Illness</b>	
<b>Comprehensive Diabetes Care (CDC)</b>	<p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> <li>• Hemoglobin A1c (HbA1c) testing</li> <li>• Eye exam (retinal) performed</li> <li>• LDL-C screening</li> <li>• Medical attention for nephropathy</li> </ul>
<b>Use of Appropriate Medications for People With Asthma (ASM)</b>	<p>The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.</p> <ul style="list-style-type: none"> <li>• ASM - Rate - 5-11 Years</li> <li>• ASM - Rate - 12-18 Years</li> <li>• ASM - Rate - 19-50 Years</li> <li>• ASM - Rate - 51-64 Years</li> <li>• ASM - Rate - Total</li> </ul>
<b>Behavioral Health</b>	
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>	<p>The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• The percentage of members who received follow-up within 30 days of discharge.</li> <li>• The percentage of members who received follow-up within 7 days of discharge.</li> </ul>
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b>	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Initiation Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>• Continuation and Maintenance (C&amp;M) Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ul>
<b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</b>	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> <li>• Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.</li> <li>• Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.</li> </ul>

## Appendix B: Descriptions of Measures *(continued)*

Access to Care	
<b>Children and Adolescents' Access to Primary Care Practitioners (CAP)</b>	The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line: <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> </ul>
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>	The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.
Consumer Measures and Descriptions	
Measure	Measure Description
<b>Satisfaction and Experience with Provider Network (Adults and Children)</b>	
<b>Satisfaction with Provider Communication</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them.
<b>Satisfaction with Personal Doctor</b>	The average of member responses on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor, when asked “How would you rate your personal doctor?”
<b>Satisfaction with Specialist</b>	The average of member responses on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, when asked “How would you rate your specialist?”
<b>Satisfaction and Experience with Access to Care and Health Plan (Adults and Children)</b>	
<b>Getting Needed Care</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked, in the last 6 months, how often was it easy to get appointments with specialists, and the care, test or treatments they needed.
<b>Getting Care Quickly</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months, they were able to get care or get an appointment for health care at a doctor’s office or clinic as soon as needed.
<b>Satisfaction with Customer Service</b>	The average of the responses “never,” “sometimes,” “usually,” or “always” when members were asked if, in the last 6 months when they used their health plan’s customer service, they received the information they needed and were treated with courtesy and respect.
<b>Rating of Health Plan</b>	The average of member responses on scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, when asked “How would you rate your health plan?”
<b>Satisfaction and Experience With Care (Adults and Children)</b>	
<b>Rating of Health Care</b>	The average of member responses on scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, when asked “How would you rate your health care?”

Appendix C:  
SC Medicaid Health Plan Performance CY 2012

		Weighted State Average (Mixed Methodology)	CY2012 P25	CY2012 P50	CY2012 P75
<b>PEDIATRIC CARE</b>					
Adolescent Well-Care Visits	Reported Rate	31.5	42.1	49.7	57.6
Ambulatory Care *	Ages <1 Visit/1000	86.0	79.4	94.8	106.3
	Ages 1-9 Visit/1000	47.9	42.9	48.7	55.7
	Ages 10-19 Visit/1000	41.1	33.5	40.3	46.6
Appropriate Testing for Children With Pharyngitis	Reported Rate	72.4	58.5	70.0	76.4
Appropriate Treatment for Children With Upper Respiratory Infection†	Reported Rate	80.1	80.6	85.3	90.0
Lead Screening In Children	Reported Rate	55.4	57.5	71.4	81.9
Well-Child Visits in the First 15 Months of Life	Zero visits *	1.8	0.7	1.2	2.4
	Five visits	22.1	13.1	16.3	19.7
	Six or More visits	54.4	54.3	63.0	70.7
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Reported Rate	56.1	65.5	72.3	79.3
<b>WOMEN'S CARE</b>					
Breast Cancer Screening	Reported Rate	23.3	44.8	50.5	56.6
Cervical Cancer Screening	Reported Rate	45.9	61.8	69.1	73.2
Chlamydia Screening in Women	16-20 Years	51.0	48.8	54.2	61.2
	21-24 Years	59.7	59.1	64.4	69.9
	Total	54.5	52.7	58.4	63.9
Prenatal and Postpartum Care***	Timeliness of Prenatal Care	77.7	80.5	86.1	90.4
	Postpartum Care	61.0	58.7	65.0	71.1
<b>LIVING WITH ILLNESS</b>					
Comprehensive Diabetes Care	HbA1c Testing	42.6	78.5	82.4	87.0
	Eye Exams	23.9	45.0	52.9	61.8
	LDL-C Screening	35.2	70.3	76.2	80.9
	Med Att Diabetic Neph.	56.0	73.5	78.7	83.0
Use of Appropriate Medications for People with Asthma	5-11 Years	91.7	88.8	91.6	93.8
	12-18 Years	89.2	83.7	87.0	89.6
	19-50 Years	66.8	69.3	75.5	81.0
	51-64 Years	65.8	66.0	73.8	81.5
	Total	88.1	82.5	85.9	88.2
<b>BEHAVIORAL HEALTH</b>					
Follow-Up After Hospitalization for Mental Illness****	7 Days	36.2	32.2	46.1	57.7
	30 Days	58.5	57.3	67.7	77.5
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Initiation	40.4	32.9	39.2	44.5
	Continuation	50.5	38.4	47.1	56.1
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment****	Initiation - 13-17 Years	46.2	32.8	42.0	48.1
	Engagement - 13-17 Years	27.4	9.1	16.6	27.1
	Initiation - 18+	35.6	34.6	39.0	43.6
	Engagement - 18+	9.3	5.4	11.4	17.8
	Initiation - Total	36.7	34.3	38.8	43.6
	Engagement - Total	11.2	5.8	11.7	18.6
<b>ACCESS TO CARE</b>					
Adults' Access to Preventive/Ambulatory Health Services	20-44 Years	67.9	78.0	82.3	85.4
	45-64 Years	67.4	84.1	87.3	89.9
Children and Adolescents' Access to Primary Care Practitioners	12-24 Months	97.6	95.6	97.0	97.9
	25 Months-6 Years	86.5	86.6	89.2	91.4
	7-11 Years	87.9	87.6	90.6	92.9
	12-19 Years	84.8	86.0	89.2	91.6

Green background: NCQA 75<sup>th</sup> Percentile and above (\*Inverted measures: NCQA 25<sup>th</sup> Percentile and below)

Red background: NCQA 24<sup>th</sup> Percentile and below (\*Inverted measures: NCQA 76<sup>th</sup> Percentile and above)

N/A: Not Available

† Inverse rate: the measure is reported as an inverted rate [1 - (numerator/eligible population)]

\* Inverted measure: lower rates indicate better performance

\*\*\* Updated Administrative Rates provided by plan via 10/21/2013 email

\*\*\*\* Plan Rates not provided; IFS Rates substituted



