

NCQA's Health Insurance Plan Rankings 2011-12 Methodology Overview October 20, 2011

1 Introduction

This document summarizes how NCQA proposes to analyze HEDIS®¹, CAHPS®² and NCQA Accreditation data for *NCQA's Health Insurance Plan Rankings* (HPR) in 2011-12. This document also highlights milestones in the schedule that might affect health plans that are being ranked.

2 Definitions

HEDIS – For the purposes of the Health Insurance Plan Rankings, HEDIS refers to a collection of performance metrics specified by NCQA for the services provided by a health plan collected through a review of administrative data (such as claims or laboratory) or medical records. The specifications are detailed in HEDIS Volume 2: Technical Specifications.

CAHPS – The Consumer Assessment of Healthcare Providers and Systems. It is a survey of health plan members' experiences and services received through their health plan. Additional details for the scoring of the items from the survey are available in <u>HEDIS Volume 3</u>: <u>Specifications for Survey Measures</u>.

HOS – the Medicare Health Outcomes Survey (HOS). It is a survey of the mental and health status of elderly members of Medicare Advantage health plans. Additional details of the survey and questionnaire are available in HEDIS Volume 6: Medicare Health Outcomes Survey.

NCQA Accreditation – For the purposes of this project, NCQA Accreditation refers to scores that plans that have achieved on their NCQA's Managed Care Organization (MCO), Preferred Provider Organization (PPO), Health Plan (HP) or New Health Plan (NHP) accreditation standards.

Health Plans – Health Maintenance (HMO), Point of Service (POS) and Preferred Provider (PPO) organizations with coverage in the 50 states and DC (i.e. plans in Guam or Puerto Rico will not be included). For the purposes of this project, "PPO plans" are identified as PPOs that may be offered as fully insured products to employer plan sponsors or other clients. They may also be offered to self-insured employers or other plan sponsors. They may or may not include various managed care services as part of an integrated insurance product or as carve-outs. PPO networks are not considered PPO plans for the purpose of the rankings.

3 Methodology

NCQA will use the following methodology to rank and assign 1-5 ratings to health plans that provide HEDIS data to NCQA for public reporting. Overall scores and ranks will be calculated only for plans with sufficient data. A plan is considered to have insufficient data if any of the following occurs:

- Plan submits HEDIS and CAHPS data for public reporting, but has "missing values" (i.e. "NA", "NB", or "NR") in more than 50% of the measures used in the methodology
- Plan submits HEDIS data for public reporting but does not submit CAHPS data, or vice versa
- Plan has achieved a "standards only" NCQA Accreditation (i.e., MCO/HP Standards Only, PPO or NHP accreditation) and has not submitted HEDIS and/or CAHPS data for public reporting

Plans that do not allow their results to be publicly reported or report no information to NCQA will be given a ranking status of "No Data."

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¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

² CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Important methodological issues include:

- · Reporting Products
- Reporting Categories
- · Measures Included
- Handling Missing Values
- Methodology to Compare Plan Performance

3.1 Reporting Products

The 2011 edition of NCQA's Health Insurance Plan Rankings will apply to managed care organizations (HMO/POS) and—for the first time—to preferred provider organizations (PPO). HMO/POS and PPO plans will be ranked using the same methodology and displayed together in one list. Only the private and Medicare product lines will include PPOs; not enough Medicaid PPOs report the data necessary to produce meaningful rankings.

3.2 Reporting Categories

NCQA will use the following categories to present complex data in a meaningful way for consumers. Measures in each category differ slightly for commercial/private, Medicare, and Medicaid plans because membership characteristics differ. Each overall category generally has at least one subcategory for which drill-down results will be available.

- **Consumer Experience:** Includes CAHPS® measures about consumer experience with getting care, as well as satisfaction with plan physicians and with health plan services.
- Prevention: Includes clinical HEDIS and HOS measures of how often preventive services are
 provided (e.g., childhood and adolescent immunizations, women's reproductive health, and
 cancer screenings), as well as measures of children and adolescents access to primary and
 preventive visits.
- **Treatment:** Includes clinical HEDIS and HOS measures of how well health plans care for people with conditions, such as asthma, diabetes, heart disease, hypertension, osteoporosis, alcohol and drug dependence, mental illness and whether physicians advised smokers to quit.

3.3 Medicaid CAHPS components

In accordance with the NCQA's Health Plan Accreditation (HPA) policy, Medicaid plans that have achieved HPA, Managed Care Organization (MCO), or New Health Plan (NHP) accreditation or plans that are scheduled for HPA 2011 are allowed to select the CAHPS component NCQA will use to calculate their accreditation scoring. NCQA will use the CAHPS component selected for accreditation for calculation of NCQA's Health Insurance Plan Rankings.

Medicaid plans with current HPA or MCO accreditation will select their preferred CAHPS component in the Healthcare Organization Questionnaire (HOQ) 2011. In order to meet the 2011 data deadline, currently unaccredited plans must submit a signed contract and application fee to NCQA's Application and Scheduling staff, and select the CAHPS component, by **July 1, 2011**. Medicaid plans with NHP accreditation must also notify NCQA by **July 1, 2011** if they wish to select a CAHPS component for use in the rankings. The CAHPS Component selected for accreditation cannot be modified once the selection is made.

Plans which are not accredited and/or have not chosen their CAHPS Component by July 1, 2011 will be defaulted based on the CAHPS component(s) submitted, as follows:

- If Adult CAHPS is submitted, then Adult CAHPS will be used in the rankings.
- If Adult CAHPS is NOT submitted and Child CAHPS is submitted, then Child CAHPS will be used in the rankings.
- If only Child CCC CAHPS is submitted, then Child CCC CAHPS will be used in the rankings

3.4 Measures Included

All measures eligible for public reporting are considered for inclusion. The measures in each category vary across the product lines (commercial/private, Medicare, and Medicaid) due to the differences in membership and plan characteristics. Analyses have been conducted to determine the most appropriate way to group these measures into categories and subcategories. See the Appendix (Section 5) for the full list of measures and indicators that are combined to create these ratings. This list is the same as the one used in the 2010-11 rankings with the following exceptions:

- Changes for the commercial/private product line:
 - Prevention:
 - ADD: Immunizations for adolescents
 - ADD: Weight assessment and counseling for nutrition and physical activity
 - Adolescent BMI percentile
 - Counseling on nutrition
 - Counseling on physical activity
 - ADD: Flu shots for adults ages 50 to 64
 - ADD: Adult BMI
 - Treatment
 - ADD: Use of Imaging Studies for Low Back Pain
 - REMOVE: Blood pressure control (<130/80)
- Changes for the Medicaid product line:
 - Consumer Experience
 - REMOVE: Customer Service
 - o Prevention:
 - ADD: Immunizations for adolescents
 - ADD: Weight assessment and counseling for nutrition and physical activity
 - Adolescent BMI percentile
 - · Counseling on nutrition
 - · Counseling on physical activity
 - ADD: Adult BMI
 - o Treatment
 - ADD: Use of Imaging Studies for Low Back Pain
 - ADD: Smoking cessation
 - Asking smokers to guit
 - Strategies for quitting
 - Medications for guitting
 - REMOVE: Blood pressure control (<130/80)
- Changes for the Medicare product line:
 - o Prevention:
 - ADD: Adult BMI
 - o Treatment:
 - REMOVE Blood pressure control (<130/80)
 - REMOVE Persistence of Beta Blocker Treatment

All measures are subject to removal because of low response rates. If NCQA receives missing measure values (i.e. NA, NB, or NR) in more than 50% of the responses for a specific measure, the measure will be removed from the methodology. NCQA has completed the validation of the HEDIS data received, so this document contains the final list of measures for the 2011 Health Insurance Plan Rankings.

3.4.1 Benchmarks

3.4.1.1 HMO/POS and PPO

HMO/POS and PPO plans will be benchmarked separately on the Colorectal Cancer Screening measure to be consistent with accreditation scoring. HMO/POS plans will continue to be benchmarked on the full hybrid rate of all other HMO/POS plans on this measure. PPO plans will be benchmarked on the administrative portion of the rate of all other PPO plans. HMO/POS missing values on this measure will continue to be imputed for with the regional minimum or mean of the HMO/POS hybrid rates. PPO missing values on this measure will be imputed for with the regional minimum or mean of PPO administrative rates on this measure.

3.4.1.2 Medicaid CAHPS

Medicaid CAHPS measures will be benchmarked based on the component selected by the plan, as follows:

- Adult CAHPS benchmarks will be based on the Adult rates only
- Child and Child CCC CAHPS benchmarks will be based on the combined general population rates for both Child components

3.4.2 Public Reporting

All submitting plans must attest to the validity of their data by the data submission deadlines listed in Section 4.1. Plans specify on the attestation whether or not NCQA may publicly report their data in the products NCQA publishes that year. The 2011 attestation and public reporting selection apply to the HEDIS, CAHPS and HOS data used in NCQA's Health Insurance Plan Rankings 2011-12, including the 2010 Medicare CAHPS data.

3.5 Handling Missing Values

For plans that submit missing measure values (i.e. NA, NB, or NR) in commercial/private or Medicare data, NCQA will substitute regional means and minimums. When Medicaid plans submit missing measure values, NCQA will substitute national means and minimums. This approach, which is consistent with how NCQA accounts for missing values in its Accreditation process, avoids penalizing plans in high-scoring regions. It also avoids rewarding plans in low-scoring regions.

In developing category and subcategory composite ratings and the overall score, NCQA will handle the missing values for measures and indicators as follows:

- Rates with an NR ('not reported' designation) will be assigned the minimum value.
- Rates with an NA ('not applicable' designation) or NB ('no benefit' designation) will be assigned the mean value.

Additionally, NCQA will only impute for missing values where a plan has reported data for at least 50% of the indicators in a category or subcategory. If a plan lacks valid rates for more than 50% of the indicators in a category or subcategory, the plan will be given a designation of "insufficient data" for that category or subcategory. That status will be displayed as "I" or "Insufficient," rather than a 1-5 rating, in the NCQA's Health Insurance Plan Rankings report.

The report will display missing values for individual measures and indicators as follows:

- Measures with an NR ('not reported') designation will be displayed as "NR".
- Measures with an NA ('not applicable') or NB ('no benefit') designation will be displayed as "NA".

3.5.1.1 Medicare CAHPS

Using Medicare CAHPS data in the rankings depends on yearly approval from the Centers for Medicare and Medicaid Services (CMS). Because the submission schedule for Medicare CAHPS measures is different from the HEDIS submission schedule, NCQA will use the previous year's Medicare data for the

following measures. For Medicare plans that were not required to submit CAHPS data in the previous year, the following measures will be displayed as "NA."

Medicare CAHPS Measures

NCQA Measure Name	HPR Display Name	Category
Getting Needed Care	Getting care easily	Consumer Experience/Getting Care
Getting Care Quickly	Getting care quickly	Consumer Experience/Getting Care
How Well Doctors Communicate	How well doctors	Consumer Experience/Satisfaction with
	communicate	Plan Physicians
Rating of Personal Doctor (9 and	Rating personal doctor	Consumer Experience/Satisfaction with
10)		Plan Physicians
Rating of Specialist (9 and 10)	Rating specialists	Consumer Experience/Satisfaction with
		Plan Physicians
Rating of Overall Health Care (9 and	Rating care received	Consumer Experience/Satisfaction with
10)		Plan Services
Overall Rating of Health Plan (9 and	Rating health plan	Consumer Experience/Satisfaction with
10)		Plan Services
Flu Shots for Older Adults	Flu shots	Prevention/
Pneumonia Vaccination Status for	Pneumonia shots	Prevention/
Older Adults		
Medical Assistance with Smoking	Advising smokers to	Treatment/Heart Disease
Cessation - Advising Smokers to	quit	
Quit		

3.5.1.2 Medicare HOS

Using Medicare HOS data in the rankings depends on yearly approval from the Centers for Medicare and Medicaid Services (CMS). Because of the submission schedule for Medicare HOS measures, Medicare plans that were not required to submit HOS data will receive an "NA" for the following measures in the rankings.

NCQA Measure Name	HPR Display Name	Category
Health Outcomes - Mental	Evaluating mental health status	Prevention
Health Outcomes – Physical	Evaluating physical health status	Prevention
Fall Risk Management – Strategies	Managing risk of falls	Treatment
Osteoporosis testing in older women	Testing for osteoporosis	Treatment
Urinary Incontinence	Discussing urinary incontinence	Treatment

3.6 Methodology to Compare Plan Performance

3.6.1 Categories, Subcategories, and Measures

NCQA will compare each plan's score for each reporting category, subcategory, and individual measure or indicator to the national plan average for the product line and assign a rating on a five-level scale. The rating will be represented with a graphical indicator. The rating levels are:

- 5 = the top 10 percent of plans and statistically different from the mean
- 4 = the top one-third of plans (not in the top 10 percent) and statistically different from the mean
- 3 = the middle one-third of plans and not statistically significantly different from the mean
- 2 = the bottom one-third (not in the bottom 10 percent) and statistically different from the mean
- 1 = the bottom 10 percent of plans and statistically different from the mean

3.6.2 Overall Score

The overall quality score has three components:

- Standardized score for all Satisfaction measures/indicators (i.e. Consumer Experience measures): 25%.
- Standardized score for Clinical measures, (i.e. Prevention and Treatment measures): 60%.
- NCQA Accreditation Standards score (i.e. actual Standards score divided by possible Standards score): 15%.

The total score is based on the standardized rates for each component (Satisfaction, Clinical, and NCQA Accreditation), which are then weighted as indicated above and represented as a 0-100 score. The weighting of individual measures/indicators within these components is described in the Appendix.

4 Schedule Highlights

4.1 Data Collection

To allow time for quality assurance, all HEDIS and CAHPS data and Accreditation standards scoring results will be frozen at COB on **July 29, 2011** for the purposes of calculating the rankings.

- The June submission deadlines for HEDIS and CAHPS data still apply, as defined in the <u>HEDIS 2011</u>
 <u>Data Submission Timeline</u> available on the NCQA HEDIS Data Submission website (http://www.ncqa.org/tabid/219/Default.aspx).
- The CAHPS component used in the rankings will be the Adult CAHPS component or the one selected for accreditation by plans that:
 - o Hold current Medicaid HPA, MCO or NHP accreditation, or
 - Apply for Medicaid HPA2011 by July 1, including submission of a signed contract and application fee

4.2 Plan Communications

To help ensure plans are identified and ranked correctly, plans that submitted HEDIS and/or CAHPS data will receive four notifications during the rankings project. Unless otherwise noted, all plan communications are emailed to the plan's Primary and Secondary HEDIS Contacts, Accreditation Contact, and Medical Director as assigned in the HOQ or by Accreditation application.

- The first notice will simply advise the plans that NCQA will produce and publish Health Plan rankings in 2011. This notification will also be sent to the plan's CEO.
- Plan confirmation: The confirmation notification will include plans' identification, demographic and accreditation information. Plans are asked to confirm the following information and notify NCQA of any discrepancies within a specific timeframe. To ensure that all submitting plans have confirmed their information, NCQA will follow-up by telephone with the primary HEDIS contact at any plans that do not respond by email.
 - Plan identification information
 - OrganizationID
 - SubmissionID
 - Product Line
 - Reporting Product
 - Special Area (if applicable)
 - Special Project (if applicable)
 - o Plan demographic information
 - Plan Name
 - State coverage

- Additional plan information
 - Accreditation (Yes/No)
 - Accreditation Type (Health Plan with HEDIS, Health Plan Standards Only, New Health Plan)
- Ranking status notification. The third notification will identify the plan's projected ranking status (Rankable, Insufficient Data, No Data Reported), based on the plan's submission, accreditation, and public reporting status. NCQA will send this notification in late July and . ask plans to notify NCQA of discrepancies within a specific timeframe. To ensure that all submitting plans have confirmed their information, NCQA will follow-up by telephone with the primary HEDIS contacts at plans that do not respond by e-mail.
 - o Plan identification information (as described in the previous notification)
 - Plan public reporting status (Yes/No display only)
 - Plan's projected ranking status (Rankable, Insufficient Data, No Data Reported)
- The final rankings will be sent to all submitting plans on or before September 9, 2011. Plans will have until September 16, 2011 to submit marketing and public relations material for review and approval prior to the publication date, September 20, 2011. NCQA will continue to review submissions received after 5:00pm (ET), September 16, but will not be able to guarantee a response prior to the embargo date (5:00pm (ET), September 20, 2011).

4.3 Embargo Date

Note that scores, rankings and associated data are strictly embargoed and may not be made public until the rankings go live on NCQA's Web site (www.ncqa.org/rankings) by 5:00pm (ET), September 20, 2011.

5 Appendix

The following lists include all measures included in the 2011-12 NCQA's Health Insurance Plan Rankings methodology for each product line. These lists are the same as the ones used in the 2010-11 rankings, except for the changes identified in Section 3.4).

The **Weight** column indicates the weight of the item (maximum value = 1) in the overall score calculation (measure indicators are worth a fraction of the overall measure). NOTE: New measures are in italics and highlighted in yellow. Measures in red strike-out are retired or have been removed because of low response rates.

5.1 Commercial/private product line

Description	Weight
CAHPS SURVEY MEASURES (25% OF OVERALL SCORE)	
CONSUMER EXPERIENCE	
Getting Care	
Getting Needed Care	1
Getting Care Quickly	1
Satisfaction with Plan Physicians	
How Well Doctors Communicate	1
Rating of Personal Doctor (9 and 10)	1
Rating of Specialist (9 and 10)	1
Rating of Overall Health Care (9 and 10)	1
Satisfaction with Plan Services	
Claims Processing	1
Overall Rating of Health Plan (9 and 10)	1
Customer Service	
HEDIS EOC and ACCESS MEASURES (60% OF OVERALL SCORE)	
PREVENTION	
Children and Adolescents Well-care	
Well-child Visits 1st 15 Months	1
Well-child Visits 3-6 Years	
Children's Access 7-11 Years	
Adolescent Well-care Visits	
Childhood Immunization Status (Combo 2)	
Immunizations for Adolescents (Combo 1)	
WCC - Weight Assessment - BMI Percentile - Total	
WCC - Counseling for Nutrition - Total	
WCC - Counseling for Physical Activity - Total	
Women's Reproductive Health	
Prenatal Timeliness	1/2
Postpartum Care	1/2

Description	Weight
Cancer Screening	
Breast Cancer Screening	1
Cervical Cancer Screening	1
Colorectal Cancer Screening	1
(No subcategory rating)	
ABA - Reported Rate	1
Chlamydia Screening	1
Flu Shots for Adults age 50-64	1
TREATMENT	
Asthma	
Use of Appropriate Medications for People with Asthma - Age 5-11	1/2
Use of Appropriate Medications for People with Asthma - Age 12-50	1/2
Diabetes Care	,
Blood pressure control (< 130/80)	_
Blood pressure control (< 140/90)	2/7
Eye Exams	2/7
HbA1c Screening	2/7
HbA1c (poor) control (> 9%) (lower is better, invert before use)	
LDL-C Screening	
LDL-C Controlled < 100 mg/dL	
Nephropathy Monitoring	
Heart Disease	
Persistence of Beta-Blocker Treatment	1
Controlling High Blood Pressure	1
Cholesterol Management Screening	
Cholesterol Management LDL < 100	
Mental and Behavioral Health	
Antidepressant Medication Management – Acute Phase	1/2
Antidepressant Medication Management - Continuation Phase	
7-Day Follow-up after Mental Illness	
Alcohol/Drug Dependence Treatment - Initiation of Treatment	
Alcohol/Drug Dependence Treatment - Engagement of Treatment	
Follow-up Care for Children with Prescribed ADHD Medication - Initiation	
Follow-up Care for Children with Prescribed ADHD Medication - Continuation and	
Maintenance	1/2
(No Subcategory rating)	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (revised, no	1
need to invert, higher is better)	
Children with Pharyngitis	1

Description		
Medication for Rheumatoid Arthritis	1	
Monitoring of Persistent Medications	1	
Pharmacotherapy Mgt of COPD Exacerbation Systemic Corticosteroid		
Pharmacotherapy Mgt of COPD Exacerbation Bronchodilator		
Spirometry Use with COPD		
Upper Respiratory Infection		
Use of Imaging Studies for Low Back Pain		
ACCREDITATION POINTS (15% OF OVERALL SCORE)		

5.2 Medicaid product line

Description		
CAHPS SURVEY MEASURES (25% OF OVERALL SCORE)		
CONSUMER EXPERIENCE		
Getting Care		
Getting Needed Care	1	
Getting Care Quickly	1	
Satisfaction with Plan Physicians		
How Well Doctors Communicate	1	
Rating of Personal Doctor (9 and 10)	1	
Rating of Specialist (9 and 10)	1	
Rating of Overall Health Care (9 and 10)	1	
Satisfaction with Plan Services		
Overall Rating of Health Plan (9 and 10)		
Customer Service		
HEDIS EOC and ACCESS MEASURES (60% OF OVERALL SCORE)		
PREVENTION		
Children and Adolescents Well-care		
Well-child Visits 1st 15 Months	1	
Well-child Visits 3-6 Years		
Children's Access 7-11 Years		
Adolescent Well-care Visits		
Childhood Immunization Status (Combo 2)		
Immunizations for Adolescents (Combo 1)		
WCC - Weight Assessment - BMI Percentile - Total		
WCC - Counseling for Nutrition - Total		
WCC - Counseling for Physical Activity - Total		
Women's Reproductive Health		
Prenatal Timeliness	1/2	
Postpartum Care		

Description		
Cancer Screening		
Breast Cancer Screening	1	
Cervical Cancer Screening	1	
(No Subcategory rating)		
ABA - Reported Rate	1	
Chlamydia Screening	1	
Lead Screening in Children	1	
TREATMENT		
Asthma		
Use of Appropriate Medications for People with Asthma - Age 5-11	1/2	
Use of Appropriate Medications for People with Asthma - Age 12-50	1/2	
Diabetes Care		
Blood pressure control (<130/80)	_	
Blood pressure control (<140/90)	2/7	
Eye Exams	2/7	
HbA1c Screening		
HbA1c (poor) control (> 9%) (lower is better, invert before use)		
LDL-C Testing		
LDL-C Controlled < 100 mg/dL		
Nephropathy Monitoring		
Heart Disease		
Controlling High Blood Pressure	1	
Cholesterol Management Screening		
Cholesterol Management LDL < 100		
Medical Assistance with Smoking Cessation – Advising Smokers to Quit		
Medical Assistance with Smoking Cessation – Strategies for Quitting		
Medical Assistance with Smoking Cessation – Medications for Quitting		
(No Subcategory rating)		
Follow-up Care for Children with Prescribed ADHD Medication - Initiation		
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		
Children with Pharyngitis		
Monitoring of Persistent Medications		
Upper Respiratory Infection		
Use of Imaging Studies for Low Back Pain	1	
ACCREDITATION POINTS (15% OF OVERALL SCORE)		

5.3 Medicare product line

Description	Weight
CAHPS SURVEY MEASURES (25% OF OVERALL SCORE)	

Description		
CONSUMER EXPERIENCE		
Getting Care		
Getting Needed Care		
Getting Care Quickly	1	
Satisfaction with Plan Physicians		
How Well Doctors Communicate	1	
Rating of Personal Doctor (9 and 10)	1	
Rating of Specialist (9 and 10)	1	
Rating of Overall Health Care (9 and 10)	1	
Satisfaction with Plan Services		
Overall Rating of Health Plan (9 and 10)	1	
Customer Service	1	
HEDIS EOC and ACCESS MEASURES (60% OF OVERALL SCORI	E)	
PREVENTION		
(No Subcategory rating)		
Breast Cancer Screening	1	
Colorectal Cancer Screening		
Glaucoma Screening		
Health Outcomes – Mental (HOS index)		
Health Outcomes – Physical (HOS index)		
Flu Shots		
Pneumonia Shots		
Adult BMI Assessment - Reported Rate	1	
TREATMENT		
Diabetes		
Blood pressure control (<130/80)	_	
Blood pressure control (<140/90)	2/7	
Eye Exams	2/7	
HbA1c Screening	2/7	
HbA1c (poor) control (> 9%) (lower is better, invert before use)	2/7	
LDL-C Testing		
LDL-C Controlled < 100 mg/dL		
Nephropathy Monitoring		
Heart Disease		
Persistence of Beta-Blocker Treatment	1	
Controlling High Blood Pressure		
Advising Smokers to Quit		
Cholesterol Management Screening		

Description	Weight
Cholesterol Management LDL < 100	
Mental and Behavioral Health	
Antidepressant Medication Management - Acute Phase	1/2
Antidepressant Medication Management - Continuation Phase	1/2
7-Day Follow-up after Mental Illness	1
Alcohol/Drug Dependence Treatment - Initiation of Treatment	1/2
Alcohol/Drug Dependence Treatment - Engagement of Treatment	1/2
(No Subcategory rating)	
Fall Risk Management – Strategies	
Potentially Harmful Drug-Disease Interactions in the Elderly (lower is better, invert	
before use)	
Use of High-Risk Medications in the Elderly (lower is better, invert before use)	1
Medication for Rheumatoid Arthritis	
Monitoring of Persistent Medications	1
Pharmacotherapy Mgt of COPD Exacerbation Systemic Corticosteroid	
Pharmacotherapy Mgt of COPD Exacerbation Bronchodilator	
Osteoporosis testing in older women	
Osteoporosis Management in older women	
Spirometry Use with COPD	
Urinary Incontinence	
ACCREDITATION POINTS (15% OF OVERALL SCORE)	

6 Regions

Regions are assigned based on the plan's state coverage enrollment.

ID	Region	States
1	Boston	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
2	New York	New York, New Jersey
3	Philadelphia	Pennsylvania, Delaware, Maryland, Washington DC, West Virginia, Virginia
4	Atlanta	Kentucky, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi,
		Tennessee
5	Chicago	Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota
6	Dallas	Arkansas, Louisiana, Oklahoma, Texas, New Mexico
7	Kansas City	Iowa, Missouri, Kansas, Nebraska
8	Denver	North Dakota, South Dakota, Colorado, Wyoming, Montana, Utah
9	San Francisco	Nevada, Arizona, California, Hawaii
10	Seattle	Oregon, Washington, Idaho, Alaska