

## Attachment P- Quality Improvement Tables

**Table I**

The implementation of Managed Care has improved access to PCPs and specialists sufficient to meet the needs of the Medicaid population.

	2010	2011
<b>Number of Participating Primary Care Providers</b>	1,056	1,056
<b>Number of OB/GYN Providers</b>	173	177
<b>Number of Anesthesiologists</b>	463	496
<b>Number of Cardiologists</b>	163	162
<b>Number of Orthopedists</b>	103	123

**Table II**

### Summary of PIP Validation conducted by the EQRO

DMMA encourages the MCOs to utilize HEDIS specifications whenever appropriate.

*Table II*

PIP Topic	Specification
Prenatal/postpartum	HEDIS specifications and MCO-specific measures
Reducing ED Utilization	HEDIS specifications and MCO-specific measures
Reducing Asthma Related ED and Inpatient Utilization	HEDIS specifications and MCO-specific measures

### Summary of Results: Prenatal/Postpartum PIP

MCO has improved the overall project documentation, barrier analysis, and statistical effort required for ongoing performance improvement. Recommendation to identify and implement interventions early ( i.e., early identification of pregnant members ) to ensure timely follow up in the postpartum period.

### Summary of Results: Reduction of Emergency Department Utilization

This topic has been important to Delaware because of it has implications for a multi-system issue: poor or fragmented ambulatory care, absence of a medical home or issues with access to availability of appropriate primary or specialty care providers.

- While ED utilization is trending down, the incidence of inappropriate utilization of ED is increasing.
- Recommendation to further examine the population who are consistently accessing the ED for non-emergent services and determine areas that can be addressed through implementation of appropriate interventions.

**Table III**

<b>PIP Topic</b>	<b>Specifications</b>
Maternity Care and outcomes	HEDIS 2011 specifications and MCO-developed specifications
Reducing ED Utilization	HEDIS 2011 specifications and MCO-developed specifications
Lead Screening in Children	HEDIS 2011 specifications

**Summary of Results: Asthma Care: Reducing Emergency Department and Inpatient Utilization**

2011 was the first measurement year for this PIP.

- The initial re-measurement results encouraging and demonstrate improvement.
- Recommended to examine social-cultural barriers that may exist relate to a patient’s expectation of health and wellness having now been diagnosed with a chronic disease such as asthma.
- Recommended that MCO explore other avenues and interventions that promote self-efficacy in asthma management.

**Summary of Results: Maternity Care and outcomes PIP**

- Re-measurement results articulate a decline in outcomes for all of the four measures, especially for timeliness of prenatal and postpartum care.
- Improvements in the process of barrier analysis; selection and implementation of interventions and documentation continue. Continuation of this improvement and the provider incentive offered for completion of the risk assessment form within five days of the prenatal visit are encouraged and should be sustained in order to improve outcomes and increase the validity of PIPs year over year. Development of a more robust and timely data/barrier analysis could help drive improvement in outcomes.

**Summary of Results: Reducing ED Utilization**

- Year over year results of this PIP remain constant for the non-emergent ED utilization measure while the overall ED utilization decreased during the same time period.
- This PIP has begin to identify additional barriers to appropriate ED utilization, including the need for improved integrated PH and BH care and more intensive CM for frequent ED utilizers. Additional interventions need to be identified to address the new barriers.

**Summary of Results: Lead Screening in Children**

- The measure results improved by 5.26%. (Not statistically significant as it is not validated if the improvement is a result of the impact of the interventions or as the result of the increase in the eligible population for this study.
- Recommended that MCO identify and implement more robust and aggressive interventions to address all the defined barriers at the member, provider and plan level.

**Table IV**

Performance Measure by Quality Strategy Goals

Measure	Required Service/ Data Source	REQUIRED DOCUMENTATION/ ACCEPTABLE CPT-4/ICD-9 CODES*	FREQUENCY
<b>Goal 1: To improve timely access to appropriate care and services for adults and children with an emphasis on primary and preventive care, and to remain in a safe and least-restrictive environment.</b>			
<b>Adult Access to Primary and</b>	Claims data	HEDIS specifications	Annually
<b>100% of case management files audited demonstrate that a member was offered choice between Institutional and HCBS services</b>	Presence of choice form within member’s chart, signed and dated by the member.	Choice form from the member’s case management record	Semi-Annual
<b>100% of case management files audited demonstrate that members receiving HCBS services have a back-up plan created or updated within the past year</b>	Presence of an established back-up plan signed and dated by the member.	Back-up Plan Form from the member’s case management record.	Semi-annual
<b>Number and percent of member’s receiving HCBS services who have not had a service in the past 30 days</b>	Tracked and reported based on submission of the Unable to Reach Form and workflow.	Unable to Reach Form	Monthly
<b>Grievances broken down by Quality of Care (QOC) and Quality of Service (QOS) per</b>	Tracked and reported based on the Quality and Care Management Measurement Reporting (QCMMR) guide.	QCMMR reporting template and on the QCMMR Plus reporting template for DSHP Plus population	Quarterly
<b>Appeals both pre-service and post-service per 1000 members</b>	Tracked and reported based on the Quality and Care Management Measurement Reporting (QCMMR) guide.	QCMMR reporting template and on the QCMMR Plus reporting template for DSHP Plus population	Quarterly
<b>Critical Incident reporting:</b> <ul style="list-style-type: none"> <li>• First year—Total incidents reported (HCBS and Institutional)</li> <li>• Second &amp; Third years--per 1000 enrollees total and by population (HCBS and Institutional)</li> </ul>	Tracked and reported based on the Quality and Care Management Measurement Reporting (QCMMR) guide.	QCMMR reporting template and on the QCMMR Plus reporting template for DSHP Plus population	Monthly
<b>Goal 2: To improve quality of care and services provided to DSHP, DSHP Plus and CHIP members.</b>			
<b>Flu Shots for Adults by age band (aged 50 – 64 and 65 and older)</b>	Claims data/Hybrid data MCOs will collect data	HEDIS specifications	Annually
<b>Pneumonia Vaccination Status for Older Adults</b>	Claims data/Hybrid data	HEDIS specifications	Annually
<b>Inpatient days/1000 by population (HCBS and Institutional)</b>	Claims data/Hybrid data MCOs will collect data	HEDIS specifications	Quarterly

<b>Average length of stay (ALOS) by populations (HCBS and Institutional)</b>	Claims data MCOs will collect data	HEDIS specifications	Quarterly
<b>Care for Older Adults residing in LTC Nursing Facility</b>	Members 66 years of age and older should receive the following: <ul style="list-style-type: none"> <li>• Advance care planning</li> <li>• Medication review</li> <li>• Functional status assessment</li> <li>• Pain screening</li> </ul>	Audit of Institutional records	Annually
<b>Comprehensive Diabetes Care (lipid screening, retinal eye exam, and HbA1C testing)</b>	Claims data MCOs will collect data	HEDIS specifications	Annually
<b>Average number of medicines by member</b>	Pharmacy data	Discreet count of specific medication with at least a 30 day supply	Annually
<b>Use of High Risk Medications by age band (18-65 and 66 and older)</b>	Pharmacy data	Modified HEDIS specifications	Annually
<b>HIV/AIDS Comprehensive Care Measure (HCC)</b>	<ul style="list-style-type: none"> <li>• <b>Engaged in Care</b> – two outpatient visits for physician services of primary care or HIV related care, one visit occurring on or between January 1 – June 30 and second visit occurring on or between July 1 – December 31 of the measurement year</li> <li>• <b>Viral Load Monitoring</b> – two viral load tests conducted on or between January 1 – June 30 and second test occurring on or between July 1 – December 31 of the measurement year</li> <li>• <b>Syphilis Screening Rate</b> – one syphilis screening test performed within the measurement year for members 19 years or older</li> <li>• <b>Cervical Cancer Screening</b> – one cervical cancer screen performed during the measurement year for female members ages 19-64</li> </ul>	<u>Engaged in Care</u> ICD-9 codes: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 <u>Viral Load Monitoring</u> CPT-4: 87534-87536 <u>Syphilis Screening</u> CPT-4: 86592-86593; 86780 <u>Cervical Cancer Screening</u> CPT-4: 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175 ICD-9 codes: V72.32, V76.2	Annually
<b>100% of case management files audited demonstrate a member's plan of care is reviewed and updated within 30 days (pre/post) the member's annual review date</b>	Plan of care	Case management file	Semi-Annual

<b>100% of case management files audited demonstrate that member's with a behavioral health diagnosis demonstrate the MCO care manager's semi-annual discussion and coordination of the member's needs with the member's behavioral health provider.</b>	Case manager documentation and/or provider note	Case Management file	Semi-Annual
<b>Goal 3: To control the growth of health care expenditures.</b>			
<b>Emergency department utilization per 1000 members total and by population (HCBS and Institutional)</b>	Claims data MCOs will collect data	HEDIS specifications	Annual
<b>Non-elective inpatient admissions per 1000 members total and by population (HCBS and Institutional)</b>	Claims data MCOs will collect data	HEDIS specifications	Annual
<b>All cause re-admission rate per 1000 members total and by population (HCBS and Institutional)</b>	Claims data MCOs will collect data	HEDIS specifications	Annual
<b>Number and percent of new members meeting Nursing Facility Level of Care criteria who opt for HCBS over Institutional placement</b>	Enrollment data Choice form	Delaware specifications	Monthly
<b>Mix of services: number and percent of individuals who are receiving HCBS versus Institutional services</b>	Enrollment data Claims data	Delaware specifications	Annual
<b>Goal 4: To assure member satisfaction with services.</b>			
<b>Number and percent of members who rate their experience of care as Good or Very Good</b>	Member perception of care survey	Delaware survey	Annual

**Table V**

Quality Care Management and Monitoring Report Requirements

<b>Quality and Care Management (QCM)</b>			
<b>Frequency</b>	<b>Report Item</b>	<b>Applicable Program</b>	<b>Notes</b>

Annual	<b>Member Satisfaction Survey</b>	DSHP, DSHP Plus, CHIPS	CAHPS survey and DMMA-approved survey for LTC recipients
	Provider Satisfaction Survey	All	Includes HCBS providers
	HEDIS	All	Refer to Appendix C for full set of performance measures
Bi-Annual	Geo Access	All	
Quarterly	Grievances	DSHP, DSHP Plus, CHIPS	
	Appeals	DSHP, DSHP Plus, CHIPS	
	EPSDT outreach efforts		
	Eligibility, enrollment, disenrollment reports	DSHP Plus	
	Choice between institutional and	DSHP Plus	
Monthly	HRAs	All, except those meeting NH level of care	
	Case management/Disease management	All	See Appendix D for full set of case management reports
	Network availability/Appointment	All	
	Call center/Customer service	All	
	Utilization Management	All	
	Education and outreach	All	Chapter II of Contract
	Level of Care determinations	DSHP Plus	
	Plan of Care completion with back-	DSHP Plus	

Table VI

Summary of State-defined access standards

<b>Appointment standard</b>					
General	Specialty	Maternity	Behavioral Health	EPSDT	SHCN/ Foster Care
<b>Emergency services</b> <ul style="list-style-type: none"> <li>Available 24 hours a day, seven days a week</li> </ul>	<b>Emergency Services</b> <ul style="list-style-type: none"> <li>Immediate</li> </ul>	<b>Emergency services</b> <ul style="list-style-type: none"> <li>Immediate</li> </ul>	<b>Emergency services</b> <ul style="list-style-type: none"> <li>Within 24 hours of request; immediate treatment for a potentially suicidal individual</li> </ul>	<b>EPSDT Screening</b> <ul style="list-style-type: none"> <li>Available no more than two weeks after the initial request</li> </ul>	<b>Division of Family Services (DFS) suspects physical and/or sexual abuse</b> <ul style="list-style-type: none"> <li>Within 24 hours</li> </ul>

<b>Emergency PCP</b> <ul style="list-style-type: none"> <li>Available same day</li> </ul>	<b>Urgent care PCP</b> <ul style="list-style-type: none"> <li>Available within 48 hours of referral</li> </ul>	<b>Initial prenatal care</b> <ul style="list-style-type: none"> <li>First trimester Within three weeks of first request</li> </ul>	<b>Routine care</b> <ul style="list-style-type: none"> <li>Within seven calendar days of request</li> </ul>	<b>Initial visit for Newborns</b> <ul style="list-style-type: none"> <li>Newborn physical examination</li> </ul>	<b>DFS All other Cases</b> <ul style="list-style-type: none"> <li>Within five days of notification that the child was removed from home</li> </ul>
<b>Urgent care PCP</b> <ul style="list-style-type: none"> <li>Available within two calendar days</li> </ul>	<b>Routine care –</b> <ul style="list-style-type: none"> <li>Available within three weeks of member request</li> </ul>	<b>Initial prenatal care</b> <ul style="list-style-type: none"> <li>Second trimester</li> <li>Within seven calendar days of first request</li> </ul>		<b>Preventive pediatric visit</b> <ul style="list-style-type: none"> <li>According to the American Academy of Pediatrics periodicity schedule, up to age 21</li> </ul>	<b>DFS – Child access to screening tool</b> <ul style="list-style-type: none"> <li>Within 30 days of notification the child was removed from home; whenever possible, should be completed within five days' time frame</li> </ul>
<b>Routine care</b> <ul style="list-style-type: none"> <li>Available within three weeks of member request</li> </ul>		<b>Initial prenatal care</b> <ul style="list-style-type: none"> <li>Third trimester</li> <li>Within three calendar days of first request Initial prenatal care</li> <li>High-risk pregnancies</li> <li>Within three calendar days of identification of high risk</li> </ul>			

**Table VII**

<b>HEDIS Access and Effectiveness of Care performance measures 2010 (calendar year 2009)</b>					
Measure		DPCI 2009		UHPDE 2009	2009 75th percentile Medicaid HMO
<b>Use of Services</b>					
Well-Child Visits in the First 15 months of Life (W15)					
0 visits		0.73		0.49	3.15
1 visit		0.13		0.24	3.29
2 visits		1.95		1.22	4.85
3 visits		1.95		5.35	7.11

4 visits		9.25		11.19	12.44
5 visits		16.30		19.95	19.45
6 or more visits		69.10		61.56	67.39
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)		76.70		73.22	75.86

#### Access/ Availability of Care

Children and Adolescents' Access to PCPs (CAP)					
12 - 24 months		97.48		96.57	97.85
25 months -6 years		91.45		90.47	91.04
7-11 years		94.10		92.53	92.46
12-19 years		88.88		84.15	90.22
Childhood Immunization Status (CIS)					
Combination 2 (DTaP, IPV, MMR HiB, hepatitis B, VZV)	81.71	80.05	NA <sup>2</sup>	73.97	82.06
Lead Screening in Children (LSC)	61.46	64.48	55.15	64.23	79.32
Appropriate Treatment for Children with Upper Respiratory Infection (UR!)	85.47	85.52	86.40	88.21	91.23

#### DSHP adult quality measures

#### HEDIS Access and Effectiveness of Care performance measures 2010 (calendar year 2009)

Adults' Access to Preventive/Ambulatory Health Services (AAP)		DPCI 2009		UHPDE 2009	2009 75 <sup>th</sup> percentile Medical HMO
20-44 years		89.05		85.14	85.58
45 -64 years		92.82		88.28	89.62

<sup>2</sup>2008 Unison measures were not populated due to the required HEDIS two-year look back period. The Plan started operation in July of 2007.

#### HEDIS Access and Effectiveness of Care performance measures 2010 (calendar year 2009)

65 plus years		87.77		82.35	89.37
Breast Cancer Screening (BCS) Total <sup>3</sup>		55.30		52.63	57.36
Cervical Cancer Screening (CCS)		70.07		64.32	72.99
<b>Comprehensive Diabetes Care (CDC)</b>					
Lipid Screening		75.91		66.67	79.52
HbA1C Screening		78.10		70.80	86.24
Retinal eye examination screening		61.86		56.20	62.30
<b>Cholesterol Management of Patients with Cardiovascular Conditions (CIVIC)</b>					
LDL-C Screening		83.21		82.76	85.17
LDL -C Control (<100 mg/dl)		50.36		39.08	48.61
Controlling High Blood Pressure (CBP)		60.83		47.17	62.26



### Antidepressant Medication Management (AMM)

Effective acute phase treatment		45.58		47.64	52.63
Effective continuation phase treatment <sup>4</sup>		28.05		27.95	35.64

HEDIS measure changed to only reporting Breast Cancer Screening rate versus being separated into the age bands. Optimal Practitioner Contacts for Medication Management were discontinued.

<sup>5</sup> Due to the inverse relationship of the HEDIS use of services measures, DMM selected the 25th percentile as a benchmark.

**Table XII**

### HEDIS Use of Services performance measures 2010 (calendar year 2009)

Measure	DPCI 2009	UHPDE 2009	2009 25th Percentile Medicaid HM0 <sup>5</sup>
Emergency Department Visits/1,000	69.98	76.81	48.46
Observation room stays/1,000	0.75	1.78	0.95
Outpatient Visits/1,000	463.81	428.76	301.16
Surgery Procedures/1,000	11.72	10.54	6.42
<b>Inpatient Utilization</b>			
Maternity Days/1,000	12.22	17.66	11.05
Maternity Discharges/1,000	4.09	5.89	4.03
Maternity ALOS	2.99	3.00	2.47
Medicine Days/1,000	12.95	14.31	8.74
Medicine Discharges/1,000	3.29	3.31	2.53
Medicine ALOS	3.94	4.35	3.14
Surgery Days/1,000	16.47	13.86	4.44
Surgery Discharges/1,000	2.04	1.80	0.83
Surgery ALOS	8.06	7.70	4.82
Non-acute care Days/1,000	2.67	4.57	0.53
Non-acute care Discharges/1,000	0.21	0.20	0.04
Non-acute care ALOS	12.96	23.32	11.33
Total IP Days/1,000	37.28	39.78	23.52
Total IP Discharges/1,000	7.96	8.98	6.56
Total IP ALOS	4.68	4.43	3.12
Inpatient Services	2.83		0.54
Intensive OP and Partial Hospitalization	1.29		0.02

<sup>6</sup> Inpatient Total ALOS and Inpatient Total Discharges/1,000 are no longer MI-1-utilization specific

### HEDIS Use of Services performance measures 2010 (calendar year 2009)

Measure	DPCI 2009	UHPDE 2009	2009 25th Percentile Medicaid HMO <sup>s</sup>
Outpatient and ED	13.82	10.76	4.21
Any Services	14.17	11.36	4.63
* Two-year continuous eligibility criteria not met			

### HEDIS Access and Effectiveness of Care performance measures 2010 (calendar year 2009)

Use of Appropriate Medications for People with Asthma (ASM)	DPCI 2009	UHPDE 2009	2009 75th percentile Medicaid HMO
5- 9 years of age	94.98	92.50	94.58
10 - 17 years of age			92.00
18-56 years of age	87.49	85.63	89.05
Combined Rate	90.63	88.57	91.12
New age band for the 2010 HEDIS specifications indicate that measures should be ages 5 – IT 12-55 and combined rate			

### HEDIS Performance Measures RESULTS 2010 and 2011

Measure	DPCI 2010	DPCI 2011	UHC 2010	UHC 2011
<b>USE OF SERVICES</b>				
Well-child visits in the First15 months of life ( W15)				
0 visits	1.37	1.37	2.3	2.00
1 visit	0.27	0.27	1.28	1.28
2 visits	1.64	1.64	0.57	0.51
3 visits	3.84	3.84	3.83	3.83
4 visits	9.04	9.04	7.4	7.4
5 visits	16.16	16.16	19.39	19.39
6 or more visits	67.67	67.67	65.31	65.31
Well-child visits in the third, fourth, fifth and sixth years of life (W34)	79.42	79.42	76.83	76.83
<b>ACCESS/AVAILABILITY OF CARE</b>				
Children and adolescents' access to Primary Care Practitioners (CAP)				
12-14 months	96.78	96.78	96.09	96.09
25 months-6 years	90.23	90.23	90.80	90.80
7-11 years	94.00	94.00	93.49	93.49
12-19 years	90.27	90.27	87.15	87.15
<b>ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)</b>				
20-44 years	88.22	88.22	84.60	84.60
45-64 years	92.29	92.29	87.18	87.18
65 plus years	85.89	85.89	83.97	83.97
<b>EFFECTIVENESS OF CARE-QUALITY</b>				
Childhood Immunization Status (CIS)				
Combination 2 (DTaP, IPV, MMR, HiB, hepatitis B, VZV)	74.30	74.30	73.48	73.48

Lead Screening in Children (LSC)	68.22	68.22	69.10	69.10
BREAST CANCER SCREENING (BSC)				
Ages 42-51	*		*	
Ages 52-69	*		*	
Total	54.93	53.36	53.86	53.86
CERVICAL CANCER SCREENING (CCS)	68.35	68.35	70.21	70.21
USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA (ASM)				
DPCI 5-9 yrs of age UHC 5-11 yrs of age	94.20	94.20	94.17	94.17
DPCI 10-17 yrs of age UHC 12-50	*	*	88.03	88.03
DPCI 18-56 yrs of age	89.89	89.89	*	*
Combined Rate	91.68	90.49	90.49	90.49
COMPREHENSIVE DIABETES CARE (CDC)				
Lipid Screening	77.25	77.25	66.91	66.91
HbA1c	79.89	79.89	71.53	71.53
Retinal Eye Exam Screening	69.66	69.66	54.74	54.54
Cholesterol Management of Patients with Cardiovascular Conditions (CMC)				
LDL-C SCREENING	*	83.53	79.59	79.59
LDL-C CONTROL (<100mg/dl)	*	48.71	42.18	42.18
Controlling High Blood Pressure (CBP)	*	62.03	47.45	47.45
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	84.03	84.03	87.75	87.75
ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)				
Effective acute phase treatment	50.06	50.06	49.01	49.01
Effective continuation phase treatment (United 180 day treatment)	34.86	34.86	32.76	32.76
Optimal practitioner contacts for medication management	NA	NA	NA	NA

HEDIS 2011 Outcomes and Utilization

	DPCI	UHC
Total Discharges by Service		
Medicine	3.67	3.35
Surgery	2.22	1.87
Maternity	3.07	5.24
TOTAL DISCHARGES in all SERVICE CATEGORIES		
<1	11.74	10.66
1-9 yrs	1.66	2.35
10-19 yrs	2.69	4.35
20-44 yrs	9.27	13.79
45-64 yrs	12.06	15.33
65-74 yrs	7.63	15.87
75-84 yrs	16.97	18.22
85 + yrs	9.48	10.75
TOTAL BED DAYS BY SERVICE CATEGORY		
Medicine	18.51	11.82
Surgery	0.55	15.54

Maternity	8.28	14.83
TOTAL BED DAYS BY AGE		
<1	82.06	86.12
1-9 yrs	6.14	10.02
10-19 yrs	9.21	14.34
20-44 yrs	30.98	47.38
45-64 yrs	65.03	88.00
65-74 yrs	51.30	148.38
75-84 yrs	86.83	309.79
85+ yrs	37.91	64.52
TOTAL AVERAGE LENGTH OF STAY BY SERVICE CATEGORY		
Medicine	5.04	3.53
Surgery	2.98	8.03
Maternity	2.69	2.83
TOTAL AVERAGE LENGTH OF STAY BY AGE		
<1	6.99	8.08
1-9 yrs	3.69	4.27
10-19 yrs	3.42	3.30
20-44 yrs	3.34	3.44
45-64 yrs	5.39	5.74
65-74 yrs	6.72	9.35
75-84 yrs	5.12	17.00
85+ yrs	4.00	6.00
TOTAL AMBULATORY CARE SERVICES UTILIZATION		
Outpatient Visits	375.78	404.69
ER Visits	58.10	69.77
Ambulatory Surgery Procedures	retired	retired
Observation Room Stays	retired	retired

### HEDIS Performance Measures 2012 calendar year 2011 Data

Measure	DPCI 2011	DPCI 2012	United 2011	United 2012
<b>Use of Services</b>				
Well-Child Visits in the First 15 months of Life (W15)				
0 visits	1.37	.69	2.00	0.69
1 visit	0.27	.69	1.28	0.69
2 visits	1.64	1.39	0.51	2.06
3 visits	3.84	3.47	3.83	0.04
4 visits	9.04	7.87	7.4	6.19
5 visits	16.16	18.29	19.39	11.01
6 or more visits	67.67	67.59	65.31	75.46
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)				
	79.42	75.23	76.83	77.35
<b>Access/ Availability of Care</b>				
Children and Adolescents' Access to Primary Care Practitioners (CAP)				
12 - 14 months United 12-24 months	96.78	97.53	96.09	96.76
25 months - 6 years	90.23	90.65	90.80	90.18

7 - 11 years	94.00	96.63	93.49	93.30
12 - 19 years	90.27	90.08	87.15	87.99
Adults' Access to Preventive/Ambulatory Health Services (AAP)				
20 - 44 years	88.22	87.00	84.60	83.47
45 -64 years	92.29	91.16	87.18	87.27
65 plus years	85.89	87.74	83.97	83.46
Effectiveness of Care - Quality				
Childhood Immunization Status (CIS)				
Combination 2 (DTaP, IPV, MMR HiB, hepatitis B, VZV)	74.30	65.51	73.48	74.52
Lead Screening in Children (LSC)	68.22	69.44	69.10	68.09
Breast Cancer Screening (BCS)				
Ages 42 - 51	*	*	*	*
Ages 52 - 69	*	*	*	*
Total	54.93	53.36	53.86	54.86
Cervical Cancer Screening (CCS)	68.35	68.22	70.21	70.40
Use of Appropriate Medications for People with Asthma (ASM) new age bands 2011				
DPCI 5 - 9 years of age United Healthcare 5- 11	94.20	93.02	94.17	93.49
DPCI 12 -18 years of age	*	89.60	88.03	88.67
DPCI 18 - 56 years of age( 2011) United and DPCI 19 - 50 (2012)	89.89	77.07	*	72.67
DPCI 51 - 64	*	80.60		*
Combined Rate	91.68	87.84	90.49	85.64
Comprehensive Diabetes Care (CDC)				
Lipid Screening LDL -C screening	77.25	80.17	66.91	70.56
HbA1C Screening	79.89	80.51	71.53	74.21
Retinal Eye Exam Screening	69.66	50.85	54.74	48.91
Cholesterol Management of Patients with Cardiovascular Conditions (CMC)				
LDL -C Screening	83.53	81.67	79.59	83.67
LDL -C Control (<100 mg/dl)	48.71	44.55	42.18	41.84
Controlling High Blood Pressure (CBP)	62.03	54.95	47.45	48.91
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	84.03	82.87	87.75	86.85
Antidepressant Medication Management (AMM)				
Effective acute phase treatment (United 84 day treatment)	50.06	46.36	49.01	45.25
Effective continuation phase treatment (United 180 day treatment)	34.86	30.61	32.76	29.49
Optimal practitioner contacts for medication management	NA	NA	NA	NA

3/16/11 Updated United Healthcare Community columns

3/16/12 Updated DPCI columns