

Annual Chart Book

Fiscal Year 2006

Texas Medicaid Managed Care STAR+PLUS Quality of Care Measures

Prepared by

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**The Texas External Quality Review Organization
for Medicaid Managed Care and CHIP**

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Introduction

Purpose

The purpose of this report is to provide an annual update of the quality of care provided to enrollees in the STAR+PLUS Managed Care Organizations (MCOs). This update is for September 1, 2005, to August 31, 2006, covering fiscal year 2006. Key points and recommendations are provided in the narrative of the report under the heading "Key Points." Where possible, comparisons between national means and fiscal year 2006 results are provided as key points. Additionally, any significant differences between the fiscal years 2005 and 2006 results are noted as key points.

The quality of care measures used in this chart book require at least one year of health care claims and encounter data for their calculations. Therefore, the time frame used to prepare the measures is September 1, 2005, to August 31, 2006. The only exception is the asthma medication indicator, which requires two years of pharmacy and encounter data to identify a patient as having persistent asthma. A four-month time lag was used for the claims and encounter data. Prior analyses with Texas data found that, on average, approximately 97 percent of the claims and encounters were complete by that time period. A four-month lag was used because the Texas Health and Human Services Commission (HHSC) requested reports that are as close to the actual time of service delivery as possible.

This chart book contains the following quality of care indicators grouped under associated headings:

- 1) Descriptive Information
 - a) HEDIS[®] Total Unduplicated Members
 - b) HEDIS[®] Total Unduplicated Members by Race/Ethnicity
- 2) AHRQ Prevention and Pediatric Quality Indicators
 - a) AHRQ Adult Prevention Quality Indicators
 - b) AHRQ Pediatric Quality Indicators
- 3) Quality of Care
 - a) HEDIS[®] Use of Appropriate Medications for People with Asthma
 - b) HEDIS[®] Follow-Up after Hospitalization for Mental Illness
 - c) Readmission within 30 Days after an Inpatient Stay for Mental Health
 - d) HEDIS[®] Comprehensive Diabetes Care
 - e) HEDIS[®] Controlling High Blood Pressure

Data Sources and Measures

Three data sources were used to calculate the quality of care indicators: (1) person-level enrollment information, (2) person-level health care claims/encounter data, and (3) person-level pharmacy data. The enrollment files contain information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contain Current Procedural Terminology (CPT) codes, International Classification of Diseases, 9th Revision (ICD-9-CM) codes, place of service (POS)

codes, and other information necessary to calculate the quality of care indicators. The person-level pharmacy data contains information about filled prescriptions including the drug name, dose, date filled, and refill information. As previously noted, STAR+PLUS Program claims and encounter data were compiled for the time period of September 1, 2005, to August 31, 2006. Enrollees who switched health plans during the time period studied were not included in the data analysis. Enrollees switching health plans during the time period comprised approximately three percent of the total pool; therefore, omitting this group does not have a significant impact on the results.

Information regarding the calculation of all measures included in this report can be found in the document “Quality of Care Measures Technical Report Specifications, June 2007.” This document, prepared by the Institute for Child Health Policy, provides specifications for both Health Plan Employer Data and Information Set (HEDIS[®]) and other quality of care measures.

Whenever possible, comparisons are provided with Medicaid Managed Care Programs because these data are available nationally. The National Committee for Quality Assurance (NCQA) gathers and compiles data nationally from Medicaid managed care plans.¹ NCQA reports the national results as a mean and at the 10th, 25th, 50th, 75th, and 90th percentiles for the participating plans. For comparison purposes, the NCQA Medicaid Managed Care Plans 2006 mean results are shown and are labeled “HEDIS[®] 2006 Mean” in the graphs. It should be noted that the HEDIS[®] mean is not specific to the unique population seen in the STAR+PLUS Program and most likely represents a significantly healthier enrollee pool. The HEDIS[®] mean is provided as a reference point only. Comparisons between this value and the STAR+PLUS findings should be made cautiously.

New this fiscal year, indicators developed by the Agency for Healthcare Research and Quality (AHRQ) were used to evaluate the performance of STAR+PLUS MCOs related to inpatient admissions for various ambulatory care sensitive conditions (ACSCs). The AHRQ considers ACSCs “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”² The Quality Indicators use hospital inpatient discharge data and are measured as rates of admission to the hospital. Specifically, two sets of indicators were used in the analysis and are reported here: Prevention Quality Indicators (PQIs) for adult enrollees and Pediatric Quality Indicators (PDIs) for child enrollees. Unlike most other measures provided in this chart book, low quality indicator rates are desired as they suggest a better quality of the health care system outside the hospital setting.

There are 14 quality indicators measuring admissions for these adult ambulatory care sensitive conditions: (1) Diabetes Short-term Complications; (2) Perforated Appendix; (3) Diabetes Long-term Complications; (4) Chronic Obstructive Pulmonary Disease; (5) Hypertension; (6) Congestive Heart Failure; (7) Low Birth Weight; (8) Dehydration; (9) Bacterial Pneumonia; (10) Urinary Tract Infection; (11) Angina without Procedure; (12) Uncontrolled Diabetes; (13) Adult Asthma; and (14) Rate of Lower Extremity Amputation among Patients with Diabetes. For these measures, adults are those individuals ages 18 or older.

For children, there are five quality indicators measuring pediatric health care quality of children with admissions for these ambulatory care sensitive conditions: (1) Asthma; (2) Diabetes Short-term Complications; (3) Gastroenteritis; (4) Perforated Appendix; and (5) Urinary Tract Infection. The age eligibility for these measures is 17 years old and younger.

In addition to the narrative and graphs contained in this chart book, technical appendices containing all of the key findings were provided to HHSC. As previously noted, many, but not all, of the quality of care indicator results are presented for each MCO. Some results were not displayed at the

¹ The information that NCQA compiles for Medicaid Managed Care Programs can be viewed at www.ncqa.org.

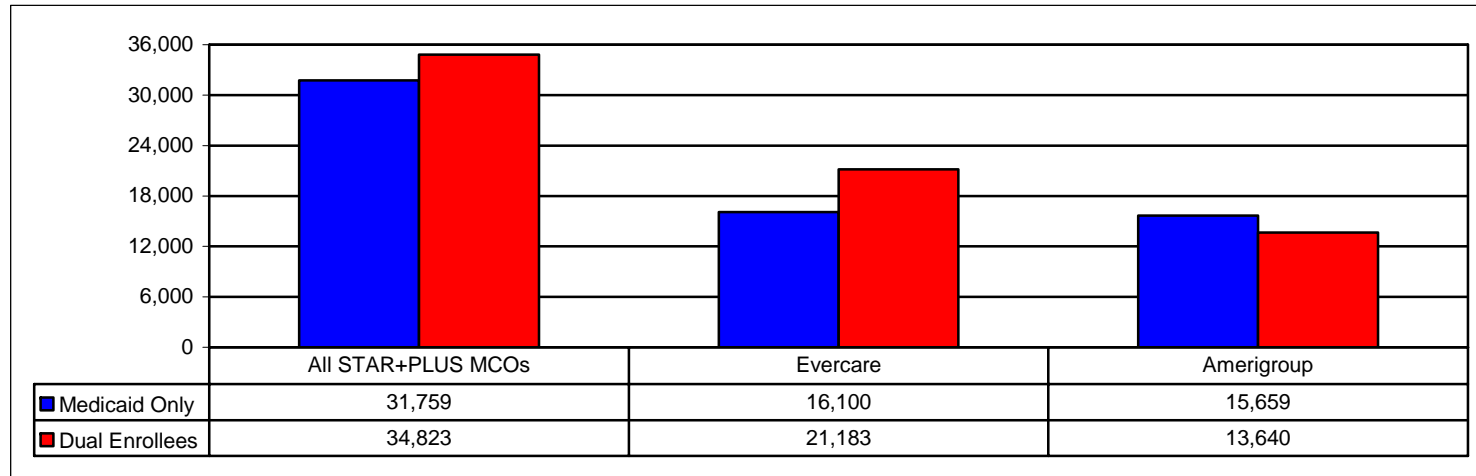
² Agency for Healthcare Research and Quality. 2004. *AHRQ Quality Indicators—Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions*. Rockville, MD: AHRQ. Revision 4. (November 24, 2004). AHRQ Pub. No. 02-R0203.

MCO-level (1) to facilitate ease of presentation and understanding of the material or (2) because the findings were similar for each MCO. However, all of the findings are contained in the technical appendices. The interested reader can review those spreadsheets for more details. The corresponding reference table is listed beneath each graph.

Chart 1. HEDIS® Total Unduplicated Members

STAR+PLUS Total Unduplicated Members = 66,582

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table TX-1

Note: Members who switched plans during the reporting period were not included. This comprised 2.92 percent of the membership.

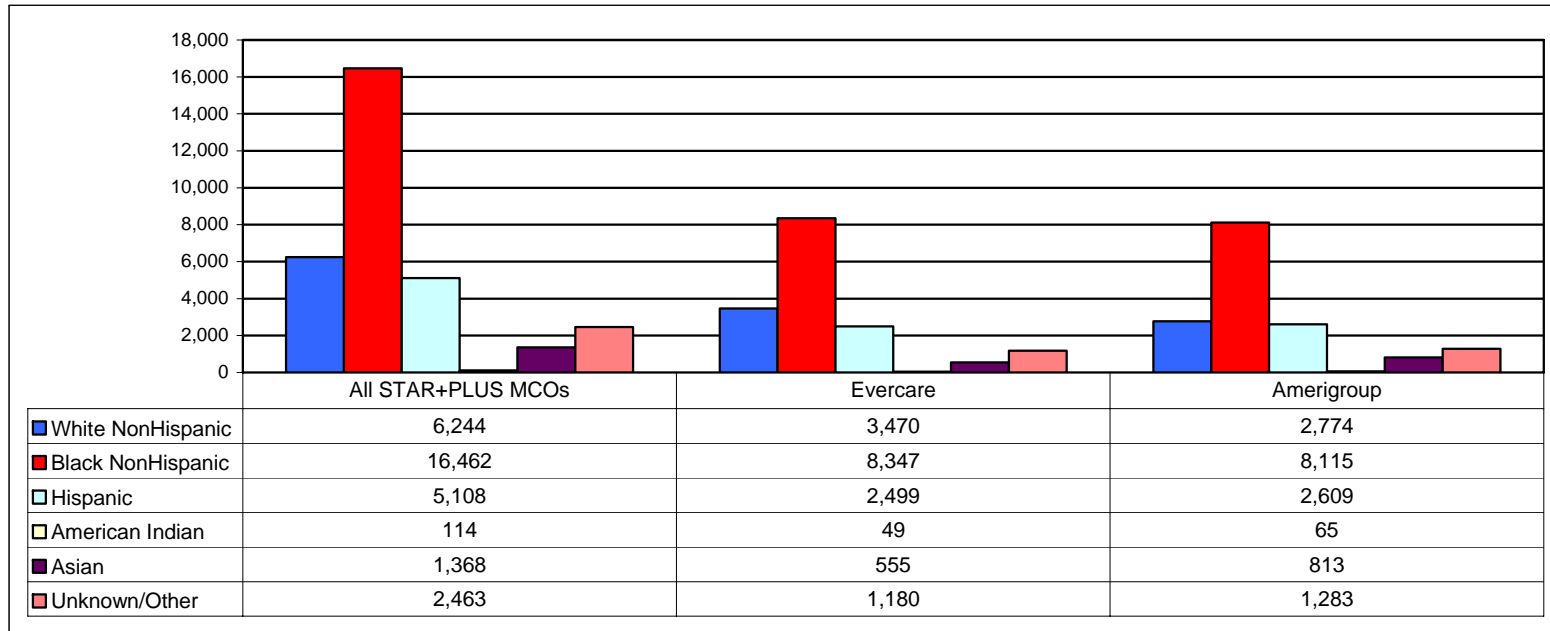
Key Points:

1. During the time period September 1, 2005, to August 31, 2006, there were 66,582 unduplicated members in the STAR+PLUS Program. Medicaid enrollees represented 48 percent of the membership while dual enrollees represented the remaining 52 percent of membership. Evercare serves 56 percent of the combined membership and Amerigroup serves 44 percent of all enrollees.
2. The mean age of the Medicaid only membership is 41 years (standard deviation 17.3 years) which is similar to the previous annual report. Among the dual eligible population, the mean age is 66 years (standard deviation 16.5 years) which is also similar to that reported in the previous annual chart book. Females account for 59 percent of the enrollees across both groups.
3. The STAR+PLUS Medicaid only membership continues to be evenly distributed among the two participating plans.

Chart 2. HEDIS® Total Unduplicated Members by Race/Ethnicity and MCO

STAR+PLUS Total Unduplicated Members, Medicaid Only = 31,759

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table TX-2

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Key Points:

1. Chart 2 provides the race/ethnicity of STAR+PLUS, Medicaid only enrollees. Black NonHispanics comprised a little more than half of the membership (52 percent).

2. The STAR+PLUS membership is racially and ethnically diverse. Delivering health care to such a diverse population can be challenging and complex. Several groups, including the American College of Physicians, have recommended strategies to ensure appropriate care is delivered to racial and ethnic minorities such as using interpreter services, employing racially or linguistically concordant health care providers, and providing cultural competence training and education.³ Additional strategies include involving the community in planning and quality improvement initiatives.

³ American College of Physicians. 2004. "Racial and Ethnic Disparities in Health Care: A Position Paper." *Annals of Internal Medicine* 141 (3) :226-232.

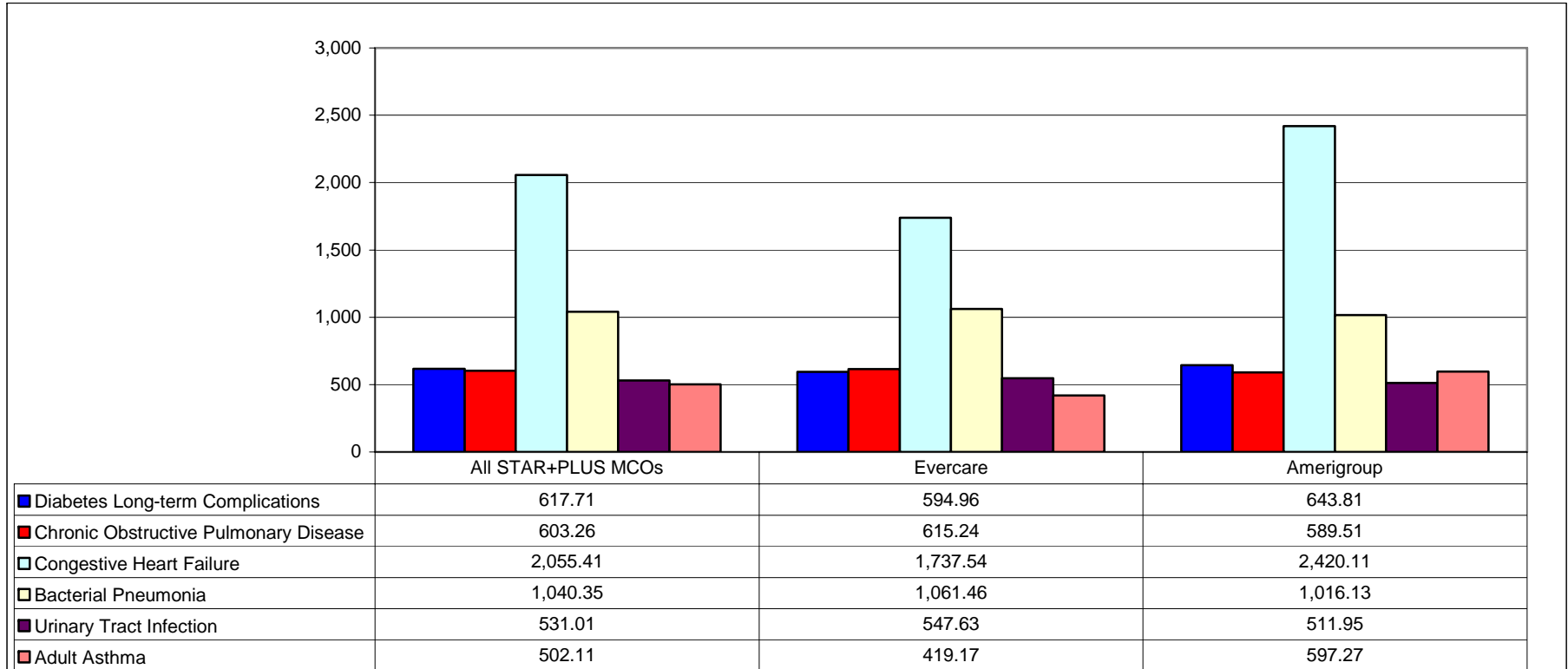
Chart 3A. AHRQ Adult Prevention Quality Indicators by MCO

STAR+PLUS Number of Appendicitis Cases: 23

STAR+PLUS Number of Births: 0

STAR+PLUS Denominator for All Other Measures: 27,683

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table PI-1a

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Note: Rates are per 100,000 enrollees ages 18 and older except for perforated appendix which is per 100 enrollees diagnosed with appendicitis and low birth rate which is per 100 births.

Note: Charts 3A and 3B should be viewed together. Key points follow Chart 3B.

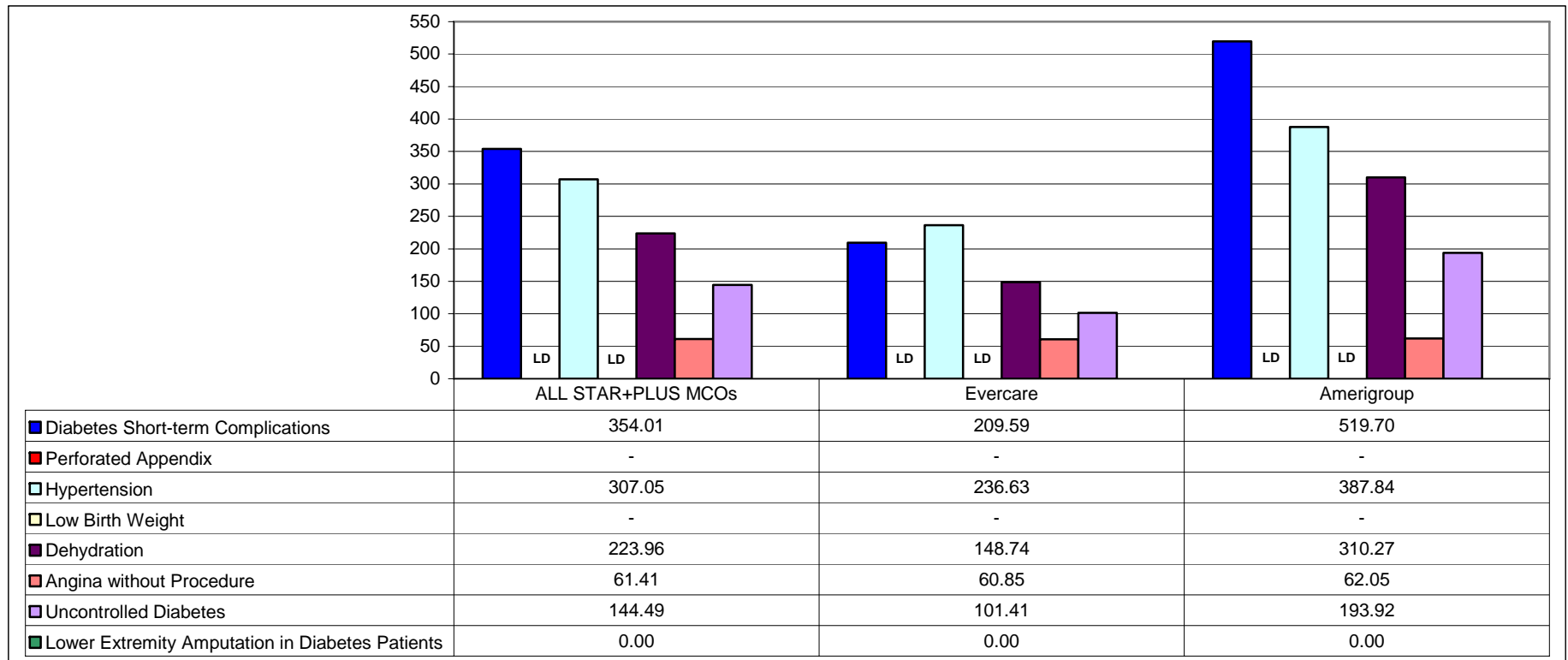
Chart 3B. AHRQ Adult Prevention Quality Indicators by MCO

STAR+PLUS Number of Appendicitis Cases: 23

STAR+PLUS Number of Births: 0

STAR+PLUS Denominator for All Other Measures: 27,683

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table PI-1a

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Note: Rates are per 100,000 enrolees ages 18 and older except for perforated appendix which is per 100 enrolees diagnosed with appendicitis and low birth rate which is per 100 births.

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR+PLUS rates.

Key Points:

1. Charts 3A and 3B compare MCO rates on the Prevention Quality Indicators (PQI) used by the Agency for Healthcare Research and Quality (AHRQ) to the STAR+PLUS Program notes. A table describing each of the indicators follows the key points.
2. The national rates developed by AHRQ are based on a general community population and not a population of those with chronic conditions. Therefore, the national rates are not used as a point of direct comparison to the STAR+PLUS population, which is comprised of individuals with chronic conditions. However, comparisons between participating MCOs can be valuable until HHSC determines if a specific performance goal is warranted.
3. STAR+PLUS contracts effective February 2007 require health plans to have disease management programs addressing several of the chronic diseases included in PQIs. HHSC should monitor these indicators going forward to determine whether the implementation of these programs affects these rates.
4. Evercare and Amerigroup had comparable rates for four of the six prevention quality indicators displayed in Chart 3A.
5. There were two indicators where Evercare's and Amerigroup's rates differed considerably. In Chart 3A, Evercare adult enrollees had a lower rate of hospitalizations for congestive heart failure. Evercare's rate of hospitalizations for adult asthma occurrences also was lower than Amerigroup's. The case-mix for Evercare and Amerigroup reported in the Texas Medicaid Managed Care STAR+PLUS Financial Performance Measures Annual Chart Book was equal to one in both health plans, which indicates that the overall health of enrollees in both plans was similar for 2006. Therefore, the differences seen between the health plans may not be due to a difference in the health of the enrollees. HHSC should continue to review and compare MCO performance as STAR+PLUS expands and, if MCO variation continues, may want to consider focused review to determine possible reasons for differences in performance.
6. In addition to the two indicators described in Chart 3A, Evercare performed better than Amerigroup on five prevention quality indicators presented in Chart 3B: diabetes short-term complications, hypertension, dehydration, angina without procedure, and uncontrolled diabetes.

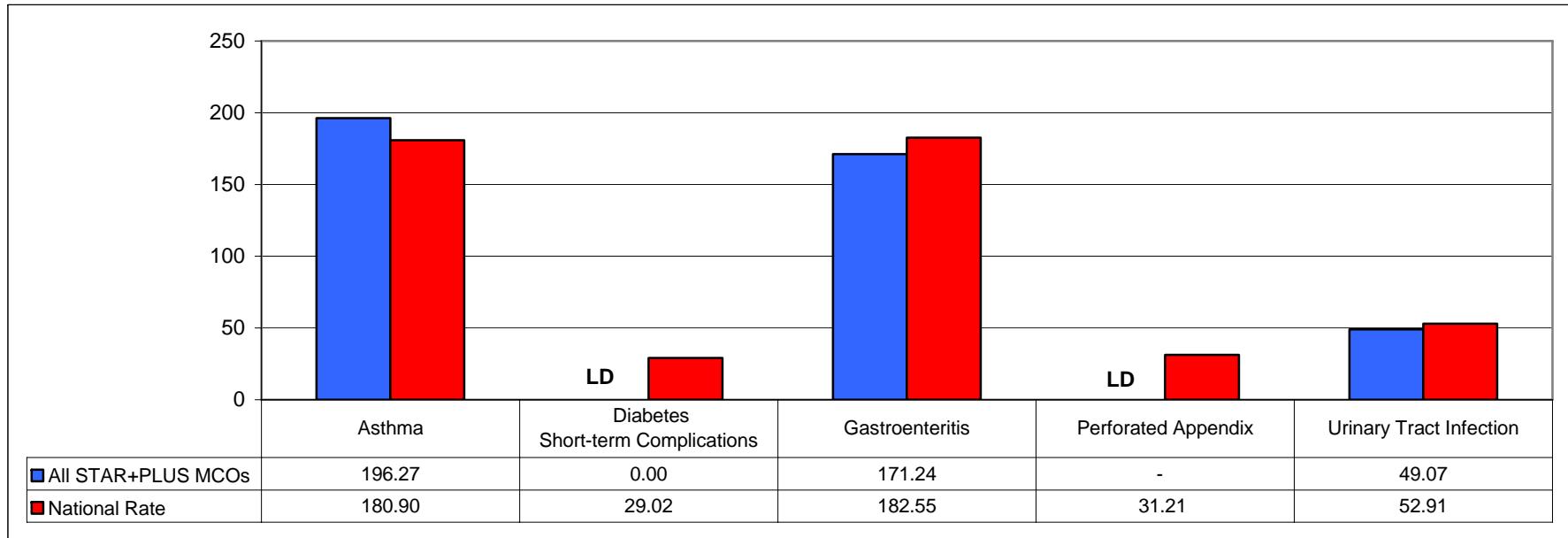
Prevention Quality Indicators

AHRQ Indicator Number	Indicator Name	Description
PQI 1	Diabetes Short-term Complications Admission Rate	Number of admissions for diabetes short-term complications per 100,000 population
PQI 2	Perforated Appendix Admission Rate	Number of admissions for perforated appendix as a share of all admissions for appendicitis within an area
PQI 3	Diabetes Long-term Complications Admission Rate	Number of admissions for long-term diabetes per 100,000 population
PQI 5	Chronic Obstructive Pulmonary Disease Admission Rate	Number of admissions for COPD per 100,000 population
PQI 7	Hypertension Admission Rate	Number of admissions for hypertension per 100,000 population
PQI 8	Congestive Heart Failure Admission Rate	Number of admissions for CHF per 100,000 population
PQI 9	Low Birth Weight Rate	Number of low birth weight births as a share of per 100 births in an area
PQI 10	Dehydration Admission Rate	Number of admissions for dehydration per 100,000 population
PQI 11	Bacterial Pneumonia Admission Rate	Number of admissions for bacterial pneumonia per 100,000 population
PQI 12	Urinary Tract Infection Admission Rate	Number of admissions for urinary infection per 100,000 population
PQI 13	Angina without Procedure Admission Rate	Number of admissions for angina without procedure per 100,000 population
PQI 14	Uncontrolled Diabetes Admission Rate	Number of admissions for uncontrolled diabetes per 100,000 population <i>(This measure is designed to be combined with diabetes short-term complications.)</i>
PQI 15	Adult Asthma Admission Rate	Number of admissions for asthma in adults per 100,000 population
PQI 16	Rate of Lower Extremity Amputation Among Patients with Diabetes	Number of admissions for lower extremity amputation among patients with diabetes per 100,000 population

Chart 4. AHRQ Pediatric Quality Indicators

STAR+PLUS Number of Appendicitis Cases: 3
 STAR+PLUS Denominator for All Other Measures: 4,076

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table PI-1b

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Note: Rates are per 100,000 enrollees ages 17 and younger except for perforated appendix which is per 100 enrollees diagnosed with appendicitis.

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR+PLUS rates.

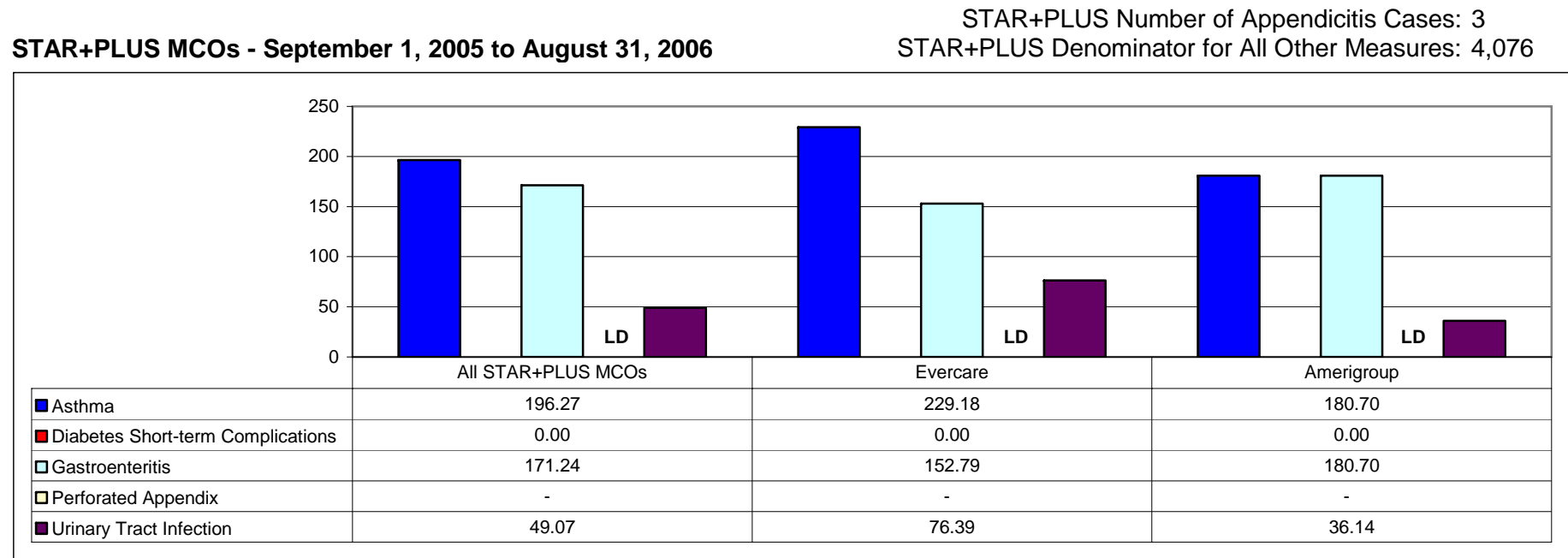
Key Points:

1. This chart compares STAR+PLUS MCOs' rates on pediatric quality indicators used by the Agency for Healthcare Research and Quality (AHRQ) to rates calculated at the national level. The chart is followed by a table describing each of the indicators.
2. STAR+PLUS MCOs' pediatric indicator rates were comparable to the national rates. These rates are provided for comparison because the age range for the pediatric measures ensures better comparability than is possible for the adult measures.

Pediatric Quality Indicators

AHRQ Indicator Number	Indicator Name	Description
PDI 14	Asthma Admission Rate	Number of admissions for long-term asthma per 100,000 population
PDI 15	Diabetes Short-term Complications Admission Rate	Number of admissions for diabetes short-term complications per 100,000 population
PDI 16	Gastroenteritis Admission Rate	Number of admissions for pediatric gastroenteritis per 100,000 population
PDI 17	Perforated Appendix Admission Rate	Number of admissions for perforated appendix as a share of all admissions for appendicitis within an area
PDI 18	Urinary Tract Infection Admission Rate	Number of admissions for urinary infection per 100,000 population

Chart 5. AHRQ Pediatric Quality Indicators by MCO



Reference: STAR+PLUS Table PI-1b

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Note: Rates are per 100,000 enrollees ages 17 and younger except for perforated appendix which is per 100 enrollees diagnosed with appendicitis.

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR+PLUS rates.

Key Points:

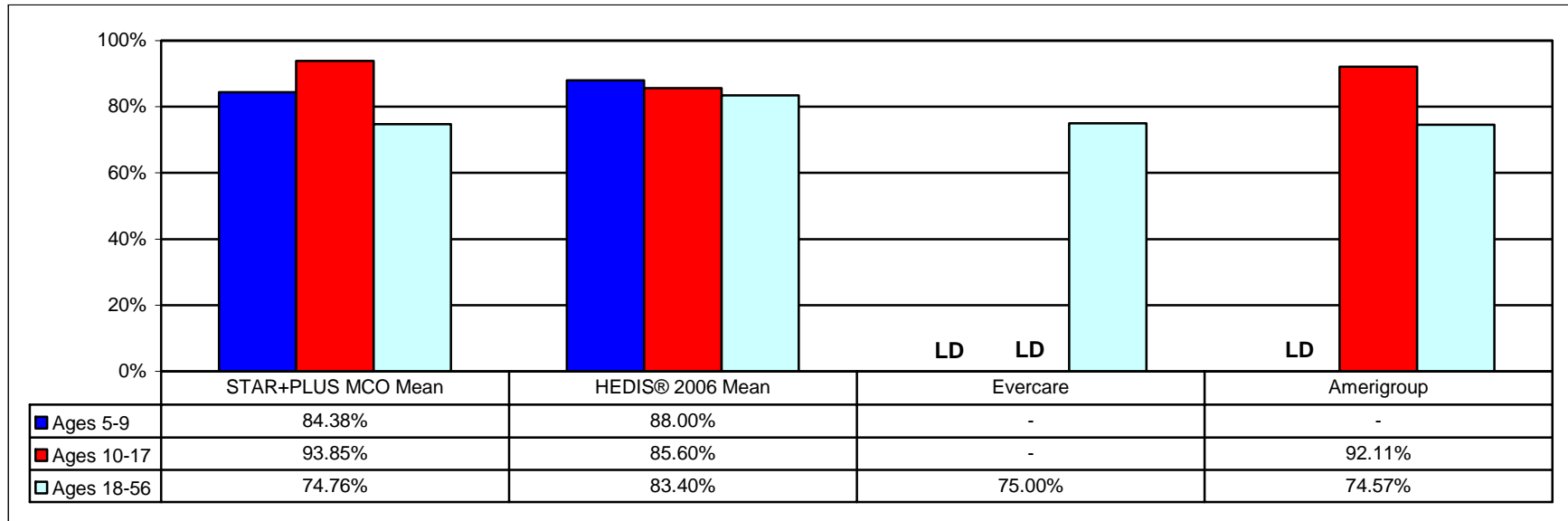
1. This chart compares Evercare's and Amerigroup's pediatric quality indicator rates on five medical conditions: asthma, diabetes short-term complications, gastroenteritis, perforated appendix, and urinary tract infection.
2. Unlike the adult prevention quality indicators, Evercare's rates of occurrence are higher than those of Amerigroup, except for gastroenteritis. However, comparisons on these measures should be made with caution as a small number of measured events can cause wider differences when expressed as a rate per 100,000 due to the small eligible population.

Chart 6. HEDIS® Use of Appropriate Medications for People with Asthma

STAR+PLUS Eligible Members, Medicaid Only:

Children = 32
 Adolescents = 65
 Adults = 848

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table PI-4

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Note: HEDIS® age groups are Children (5 to 9 years old), Adolescents (10 to 17 years old), and Adults (18 to 56 years old).

Note: LD (Low Denominator) indicates number of members eligible for the measure less than 30 with rate not reported. Eligible members are included in overall STAR+PLUS rates.

Key Points:

1. STAR+PLUS MCOs treat very few children (ages 5 to 9) with asthma. There were only 32 members total with this condition in fiscal year 2006. Rates could not be reported by MCO due to the low denominators.
2. Regarding the treatment of STAR+PLUS adolescent members (ages 10 to 17), Amerigroup surpassed the HEDIS® 2006 mean for use of appropriate medication for people with asthma. There were fewer than 30 adolescents in Evercare who qualified for inclusion for this indicator; thus, this MCO's performance could not be reported here.

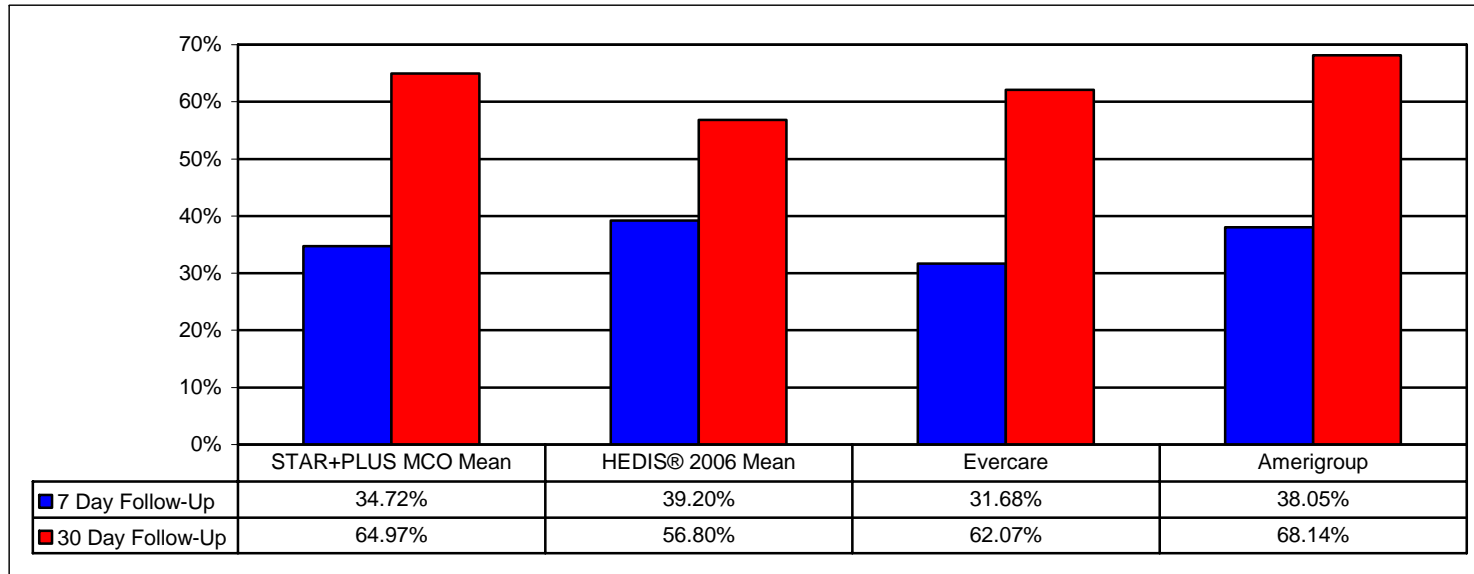
3. Both STAR+PLUS MCOs fell short of the HEDIS[®] mean for enrollees over the age of 18. Strategies to improve compliance with recommended asthma medications for adults include: (1) a written action plan agreed upon by the physician and the patient, (2) education regarding inhaler technique, (3) addressing comorbidities such as vision loss and deteriorating mental health status that may interfere with medication regimen adherence, (4) simplifying medication regimens, (5) strategies to increase communication and adherence to follow-up visits, and (6) addressing systematic barriers to adherence such as financial or logistical access to the medications.⁴ These strategies should be examined with the MCOs to ensure they are included in their Asthma Disease Management Programs.

⁴ Goeman, D.P., and J.A. Douglass. 2007. "Optimal Management of Asthma in Elderly Patients." *Drugs Aging* 24 (5): 381-394.

Chart 7. HEDIS® Follow-Up after Hospitalization for Mental Illness

STAR+PLUS Mental Health Hospitalizations, Medicaid Only = 2,235

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table PI-5

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Key Points:

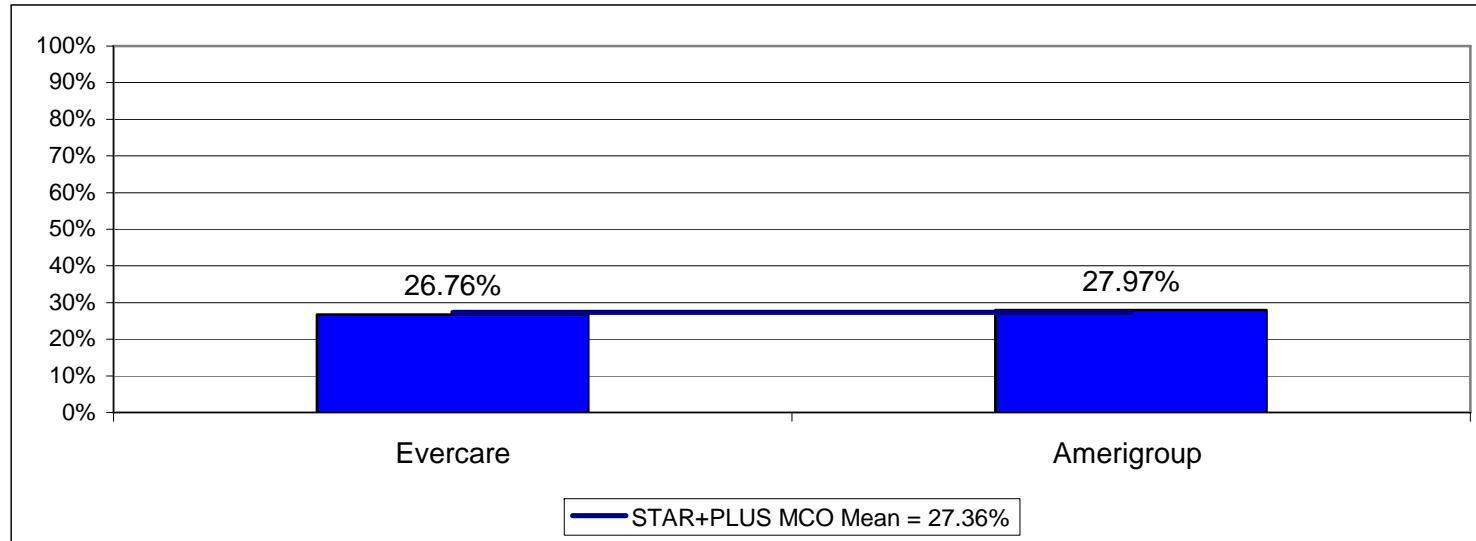
1. Ensuring continuity of care and providing follow-up in the community after inpatient stays for mental illness has been shown to reduce enrollees' health care costs and to improve their outcomes of care.⁵
2. The HEDIS® measure includes follow-up visits with a mental health provider only. Due to difficulty in identifying provider type in the claims and encounter data, the measure reported for STAR+PLUS includes follow-up visits for a mental health diagnosis with any medical provider. Therefore, rates reported for Texas would be expected to be somewhat higher than the HEDIS® reported rates.

⁵ Fortney, J. G. Sullivan, K. Williams, C. Jackson, S. C., Morton, and P. Kogel. 2003. "Measuring Continuity of Care for Clients of Public Mental Health Systems." *Health Services Research* 38 (4): 1157-1175.

3. Thirty-five percent of STAR+PLUS enrollees had an outpatient follow-up within seven days of an inpatient admission for mental illness. Sixty-five percent of enrollees had a follow-up visit within 30 days. While the results for the seven day follow-up fall short of the HEDIS[®] mean of 39 percent, the results for the 30 day follow-up compare favorably with the HEDIS[®] mean for outpatient follow-up of 57 percent.

Chart 8. Readmission within 30 Days after an Inpatient Stay for Mental Health

STAR+PLUS Inpatient Mental Health Stays, Medicaid Only = 3,301
STAR+PLUS MCOs - September 1, 2005 to August 31, 2006



Reference: STAR+PLUS Table PI-6

Note: Members who switched plans during the reporting period were not included.

Note: Table includes Medicaid only.

Key Points:

1. With the increase of managed care in behavioral health services, there is an increasing emphasis placed on time-limited treatment in both inpatient and outpatient psychiatric settings. Some have argued that while decreased length of stay does help contain behavioral health care costs, quality of care can be compromised.^{6,7} For that reason, mental health readmissions are frequently used as a measure of an adverse outcome.⁸

⁶ Lieberman, P. B., S. Wiitala, B. Elliott, et al. 1998. "Decreasing Length of Stay: Are There Effects on Outcomes of Psychiatric Hospitalization?" *American Journal of Psychiatry* 155: 905-909.

⁷ Pincus H. A., D. Zarin, and J. West. 1996. "Peering into the 'Black Box'. Measuring Outcomes of Managed Care." *Archives of General Psychiatry* 53: 870-877.

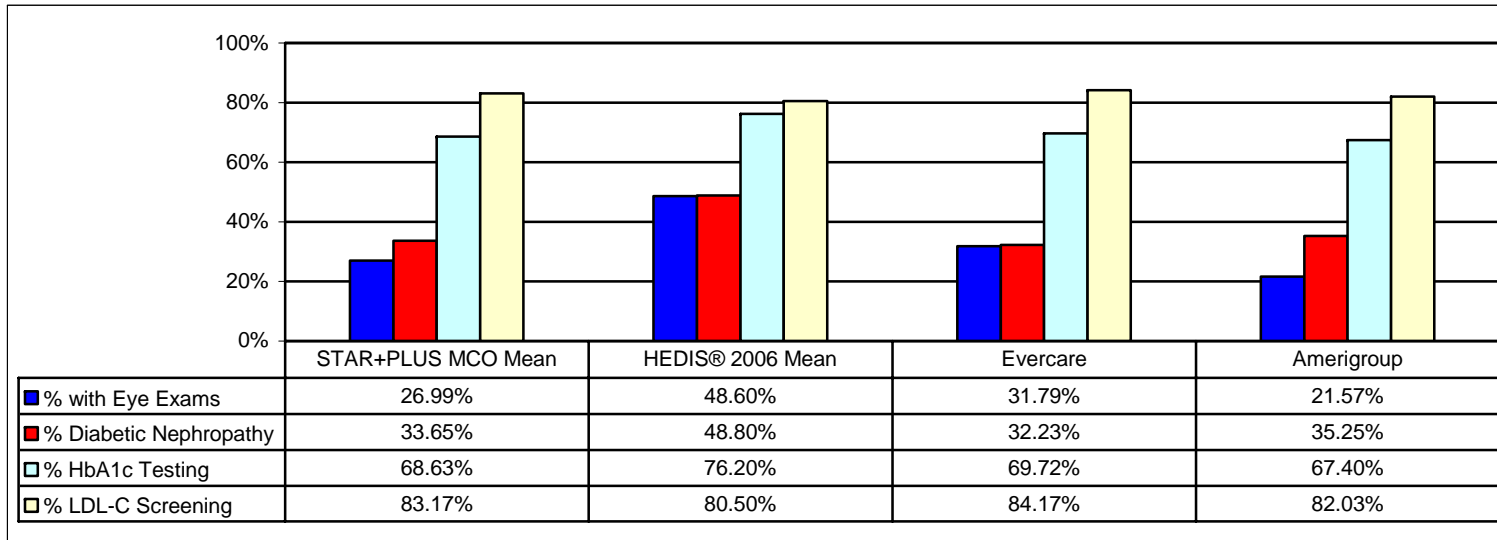
⁸ Figueroa, R., J. Harman, and J. Engberg. 2004. "Use of Claims Data to Examine the Impact of Length of Inpatient Psychiatric Stay on Readmission Rate." *Psychiatric Services* 55 (5): 560-5.

2. Twenty-seven percent of STAR+PLUS enrollees who were hospitalized for a mental health problem were readmitted to an inpatient facility within 30 days of discharge. This is slightly lower than the 29 percent who were re-hospitalized within 30 days for the previous annual chart book. This is not a HEDIS[®] measure; therefore, national comparison information is not available.

Chart 9. HEDIS® Comprehensive Diabetes Care (administrative data component only)

STAR+PLUS MCOs - September 1, 2005 to August 31, 2006

Eligible Enrollees, Medicaid Only = 4,265



Reference: STAR+PLUS Table PI-7

Note: Members who switched plans during the reporting period were not included.

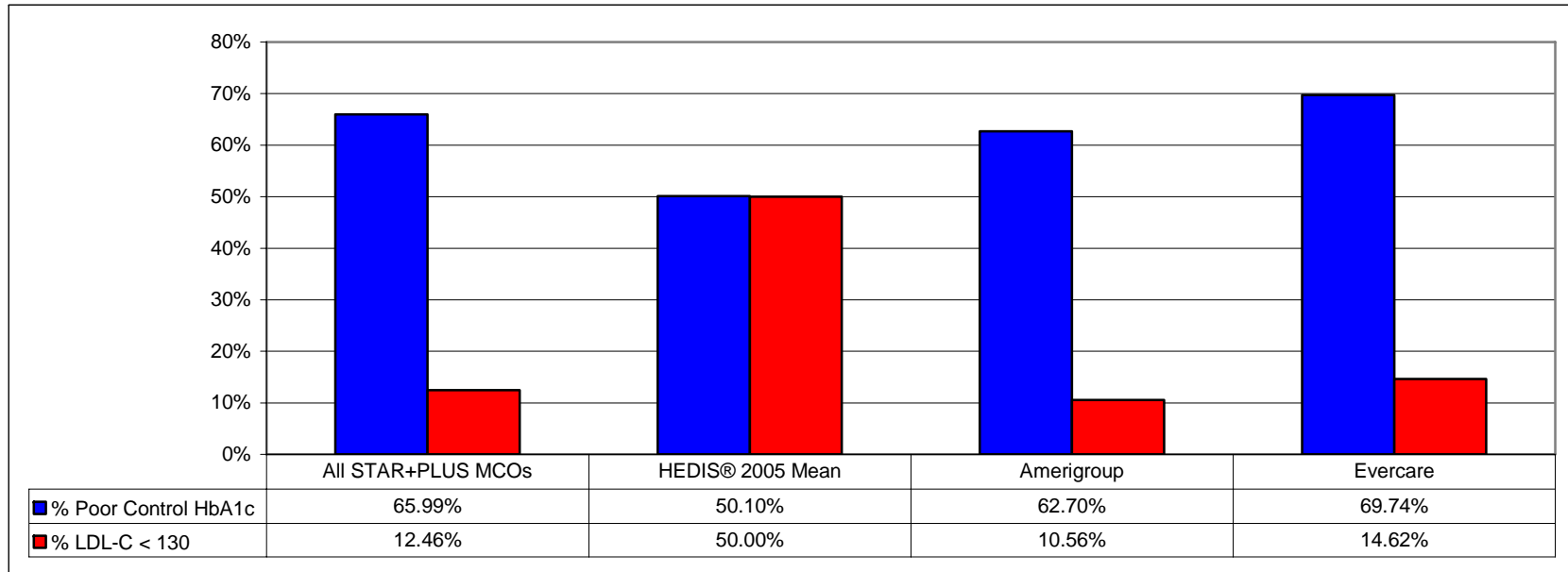
Note: Table includes Medicaid only.

Note: Charts 9 and 10 need to be viewed together. Key points follow Chart 10.

Chart 10. HEDIS® Comprehensive Diabetes Care (medical record review component only)

Total Sample Reviewed = 835
Eligible Enrollees = 3,872

STAR+PLUS MCOs - January 1, 2005 to December 31, 2005



Reference: STAR+PLUS Table PI-7

Note: Members who switched plans during the reporting period were not included.

Note: Medical record review includes Medicaid only and Dual Eligibles.

Note: "Poor Control HbA1c" means a lower rate indicates better performance (i.e., low rates of poor control indicate better care).

Note: Measurement period differs because HEDIS® is conducted for a calendar measurement year.

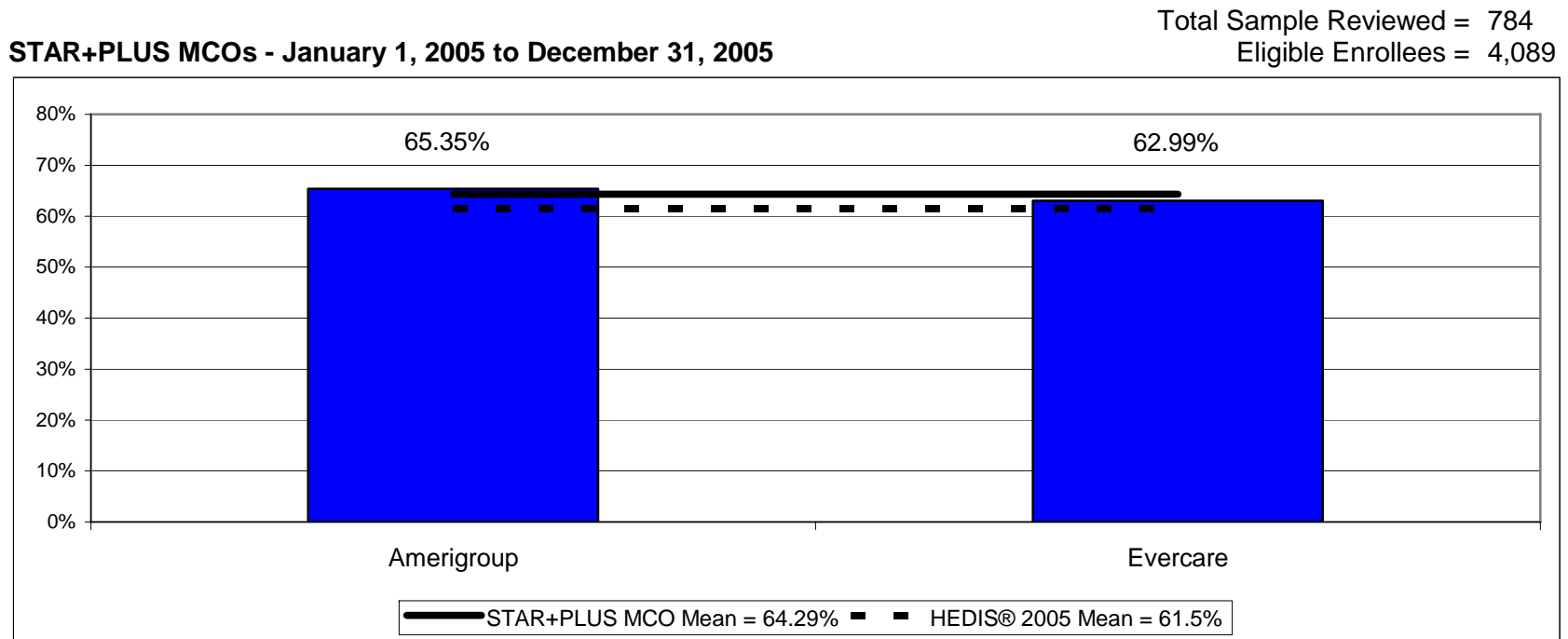
Key Points:

1. Diabetes is one of the leading causes of death in the United States. Diabetes can lead to long term complications such as heart disease, stroke, blindness, high blood pressure, kidney disease, amputation, and even death.⁹

⁹ Nathan, D.M. 1993. "Long-Term Complications of Diabetes Mellitus." *New England Journal of Medicine* 328 (23): 1676-1685.

2. HEDIS[®] technical specifications for the Comprehensive Diabetes Care measures allow for the use of administrative data or medical record review. Two of the diabetes measures, relating to control of Hemoglobin A1C (HbA1c) and LDL-C, are based solely upon medical record review. For this report, the following components of diabetes care were assessed using only administrative data: screening for diabetic retinal disease, screening for diabetic nephropathy, and testing for HbA1c and LDL-C.
3. The percentage of STAR+PLUS enrollees with diabetes who received appropriate monitoring tests varied by the component of diabetes care (these percentages were derived from administrative data). The STAR+PLUS mean for HbA1c testing was lower than the HEDIS[®] national average while the mean for LDL-C testing exceeded the HEDIS[®] national average (See Chart 9). The findings may reflect the more severe case-mix seen among the STAR+PLUS population relative to the population that comprises the HEDIS[®] mean. The HEDIS[®] mean is based on a general Medicaid population with diabetes as opposed to the STAR+PLUS population who may have more comorbidities and be older than the typical Medicaid beneficiary. However, both MCOs improved their rates for the four administrative data measures when compared to the previous fiscal year.
4. A higher percentage of STAR+PLUS enrollees had poor control of HbA1c compared to the HEDIS[®] national mean. In addition, a lower percentage had LDL-C levels controlled below 130. It is also noted that MCO performance for both of the record review measures demonstrated poorer performance this year when compared to the previous year. Other external evaluations using medical record review for the same year also resulted in poorer performance. Results may have been affected by changes in the process for requesting records from Texas providers and further assessment is underway to determine the possible impact.

Chart 11. HEDIS® Controlling High Blood Pressure



Reference: STAR+PLUS Table PI-15

Note: Members who switched plans during the reporting period were not included.

Note: Medical record review includes Medicaid only and Dual Eligibles.

Note: Measurement period differs because HEDIS® is conducted for a calendar measurement year.

Key Points:

1. Data from the National Health and Nutrition Examination Survey (NHANES) show that over 50 million Americans have high blood pressure warranting some form of medical treatment.¹⁰ Also, the World Health Organization reports that suboptimal blood pressure is responsible for 62 percent of cerebrovascular disease and 49 percent of ischemic heart disease. Additionally, suboptimal blood pressure is the number one risk factor for death worldwide.¹¹

¹⁰ Hajjar II., and T.A. Kotchen 2003. "Trends in Prevalence, Awareness, Treatment, and Control of Hypertension in the United States, 1988–2000." *Journal of the American Medical Association* 2290: 199–206.

¹¹ World Health Report 2002: Reducing Risks, Promoting Healthy Life. Geneva, Switzerland: World Health Organization, 2002. <http://www.who.int/whr/2002>.

2. Chart 11 provides information on the percentage of enrolled members 46-85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (less than or equal to 140/90) during the measurement year. This measure is based solely upon medical record review. Because of the need to obtain and review records, the measurement period for the medical record review is the HEDIS[®] measurement year of January 1, 2005, through December 31, 2005.
3. Overall, 64 percent of eligible STAR+PLUS MCO Program enrollees had adequately controlled high blood pressure. This figure compares favorably with the 62 percent of eligible enrollees who had controlled high blood pressure in the Medicaid programs reporting to NCQA.