

Section II Clinical

A. OVERVIEW OF HEALTH PLAN EMPLOYER DATA AND INFORMATION SET AND STATE DEFINED PERFORMANCE MEASURE RESULTS

Healthcare Effectiveness Data and Information Set (HEDIS)

OBJECTIVE:

HEDIS is a collection of performance measures developed and maintained by NCQA. Participation in the program enables organizations to collect and submit verified data in a standardized format. In 2014, IlliniCare Health submitted HEDIS data in accordance with the performance measure specifications and design, and implemented key interventions to increase the Plan's HEDIS annual rates for the ICP population:

- Submitted HEDIS reporting documentation to Centene Corporate
- Ongoing monitoring of HEDIS rates in the Quality Spectrum Insight (QSI) system
- Contracted vendors to perform HEDIS medical record audits
- HEDIS data verification and submission process audited by certified audit firm

The FHP/ACA population began generating HEDIS data in October 2014. The 2014 rates are not included in this report since most of the performance measures did not meet the continuous enrollment criteria for a full measurement year. In 2015, processes and initiatives were developed based upon the limited 2014 data to assist in meeting the HEDIS performance measures.

METRICS: ICP POPULATION/ HEDIS SPECIFICATIONS

The following HEDIS/State defined performance measures are a result of IlliniCare Health's ability to: 1) Attain NCQA/Quality Compass' 75th percentile for HEDIS performance measures; 2) Attain and/or exceed the state-defined goals for the Pay-for-Performance measures (indicated by *); 3) Attain the State-defined or HEDIS goals for the State's Non-Pay-for-Performance measures; 4) Achieve 75% Overall improvement in 2014 HEDIS and State-Defined Performance measures in comparison to 2013.

HEDIS & STATE-DEFINED PERFORMANCE RATES: MEASUREMENT YEAR 2013 VS. 2014

	Performance Measure	2013 CY Rate	2014 CY Rate	Year over Year Change 2014 vs. 2013	2014 NCQA/Quality Compass 75th Percentile	RY 2015 State-Defined P4P Goals (QISMIC)
PREVENTION AND SCREENING						
ABA	Adult BMI (State BMI Percentile only) (2Yr CE)	11.28*	66.30	↑	85.23	72.08
BCS	Breast CA Screening (2Yr CE)	47.56*	51.01	↑	65.12	52.82
CCS	Cervical CA Screening	38.40*	38.21%	↔	71.96	46.73
COL	Colorectal Screening (2Yr CE)	26.44*	28.04	↑	Not listed	39.97
RESPIRATORY CONDITIONS						
SPR	Spirometry Testing with COPD (2Yr CE)	23.08	16.30%	↓	36.73	36.70
PCE	Pharm Mgt. of COPD Exacerbation – Steroid	76.51	79.87%	↑	74.94	79.40
	Pharm Mgt of COPD Exacerbation – Bronchodilator	88.38	88.72%	↔	87.61	91.71
CARDIOVASCULAR CONDITIONS						
PBH	Persistence of BB TX after MI	96.43	84.85%	↓	91.18	96.79
CDC	A1C Testing	82.6	88.86%	↑	87.59	86.88
	LDL Screen (NCQA Retired)	79.72	54.76%	NCQA Retired	80.18	Retired
	Medical Attention for Nephropathy	82.03	87.70%	↑	83.11	87.09
	Eye Exam (Retinal)	45.93	50.65	N/A	63.14	51.34
BEHAVIORAL HEALTH						
AMM	Antidepressant Med Mgt. – Acute Phase	50.0	50.17%	↔	54.31	56.85
	Antidepressant Med Mgt. – Continuation Phase	36.21	37.13%	↑	38.23	47.37
FUH	FU after Hospitalization for Mental Illness – 30 days	53.48	60.50	↑	74.09	59.88
MEDICATION MANAGEMENT						
MPM	Annual Monitoring for Pts. on Persistent Meds – Total	89.27	90.38%	↑	88.25	85.71
	Annual Monitoring for Pts. on Persistent Meds – ACE/ARB	90.56	90.70%	↔	89.94	87.40
	Annual Monitoring for Pts. on Persistent Meds – Digoxin	93.29	62.35%	↓	94.12	83.31
	Annual Monitoring for Pts. on Persistent Meds – Diuretics	91.67	91.23%	↔	90.57	90.69
	Annual Monitoring for Pts. on Persistent Meds – Anticonvulsants	80.26	N/A	N/A	69.53	80.89
ACCESS / AVAILABILITY OF CARE						
AOD	Initiation/Engagement of ETOH/Drug TX Initial	49.69	50.78%	↑	43.48	51.14
	Initiation/Engagement of ETOH/Drug TX Engagement	6.23	9.57%	↑	14.97	18.07
PPC	Prenatal Post Care – Timeliness	53.52	36.36%	↓	89.62	53.22
	Prenatal Post Care – Postpartum Care	26.76	63.64%	↑	69.47	14.19

Performance Measure		2013 CY Rate	2014 CY Rate	Year over Year Change 2014 vs. 2013	2014 NCQA/Quality Compass 75th Percentile	RY 2015 State-Defined P4P Goals (QISMC)
USE OF SERVICES						
AMB	Ambulatory Care – ED Visits Only (Per State)	83.99	78.82	↑	73.97	72.50
IPU	Inpt. Utilization – Hospital/Acute Care – Total (Days/1000)	N/A	137.66	N/A	35.55	
	Inpt Utilization – Hospital/Acute Care – Med	N/A	71.90	N/A	16.07	27.71
	Inpt Utilization – Hospital/Acute Care – Surg.	N/A	64.62	N/A	12.04	19.84
	Inpt Utilization – Hospital/Acute Care – Maternity	N/A	1.54	N/A	15.88	35.01
	Mental Health Utilization – Any Sx.	N/A	18.82	N/A		28.77
	Mental Health Utilization – OP/ED	N/A	16.21	N/A	14.75	27.49
	Mental Health Utilization – IP	N/A	5.61	N/A	1.19	14.58
	Mental Health Utilization – IOP/PHP	N/A	0.16	N/A	0.52	12.05
	Behavioral Health Risk Assessment – Completion	44.0	N/A	N/A	N/A	30.47
	Behavioral Health Risk Assessment – Finding	38.0	67	↑	N/A	42.65
BHRA	Behavioral Health Risk Assessment – Follow-up		66			
FUP	F/U with Provider within 30 Days After BH Dx	57.84	N/A	N/A	N/A	Placed on hold
CCI	Influenza Immunization Rate	18.93	N/A	N/A	N/A	
	Annual Dental Visit – DD population	31.52	N/A	N/A	N/A	
	19-21 YR Olds – DD Members	28.0	25.15	↓	N/A	27.98*
	21 & Up	31.61	22.14	↓	N/A	22.04*
	Annual Dental Visit – All Members	18.12	22.17	↑	61.23	23.68
	Diabetes Care – Statin Therapy	41.52	56.54	↑	N/A	37.94*
	Diabetes Care – ACE/ARB Therapy	39.46	58.24	↑	N/A	37.72*
	ACE/ARB Use – State Measure Retired	38.29	N/A	Retired	N/A	36.12*
	Beta-Blocker Use – State Measure Retired	81.83	N/A	Retired	N/A	N/A
	Diuretic Use – State Measure Retired	44.73	N/A	Retired	N/A	N/A
	Cholesterol Testing	79.80	82.21	↑	N/A	81.81
	Statin Therapy	47.22	59.77	↑	N/A	49.04*
	ACE/ARB Therapy	38.55	54.99	↑	N/A	43.92*
APE	Amb F/U within 14 Days of ED Visit	40.01	43.13	↑	N/A	39.25*
API	Amb F/U within 14 Days of IP Discharge	54.27	55.89	↑	N/A	50.45*
IHR	IP Hospital 30-Day Readmit Rate w/same d/c dx	11.64	11.15	↔	N/A	11.72
IMR	IP Mental Hospital 30-Day Readmit Rate w/same d/c dx	25.07	13.20	↑	N/A	25.55
UTI	LTC UTI Admission Rate	10.23	0.40	↑	N/A	N/A
BPR	LTC Bacterial Pneumonia Admission Rate	10.23	0.60	↑	N/A	N/A
SAA	Adherence to antipsychotic medications for individuals with Schizophrenia	76.23	76.09	↔	N/A	78.94
IPPU	Prevalence of Hospital Acquired Pressure Ulcers	0.97	0	↑	NA	0.87

	Performance Measure	2013 CY Rate	2014 CY Rate	Year over Year Change 2014 vs. 2013	2014 NCQA/Quality Compass 75th Percentile	RY 2015 State-Defined P4P Goals (QISMIC)
IMWS	Movement Within Service Population	N/A	N/A	N/A	NA	N/A
AAP	Changed from AMP Access to Assigned PCP- to AAP- Ambulatory or Preventive Visit during measurement year	51.27	80.63	↑	N/A	49.79*

LEGEND

- ↑ 2014 Rates Improved compared to 2013
- ↔ 2014 Rate Unchanged compared to 2013
- ↓ 2014 Rate Declined in comparison to 2014

HEDIS OPPORTUNITIES ANALYSIS:

IlliniCare Health’s goal for the HEDIS Performance Measures was to meet or exceed NCQA/Quality Compass’ 75th percentile.

OVERALL ANALYSIS:

Met P4P goal attainment of 50%. Of the 36 HEDIS and State-defined performance measures that had data available during the preliminary review, 27 or 75% of the measures showed overall improvement in rates in comparison to 2013. A preliminary review of the HEDIS measures yielded a total of 7 measures that were within the 75th percentile or greater, 2 within the 50th – 75th percentile and 7 below the 50th percentile. Upon receipt of final rates, a final analysis will be completed.

75-90%

IlliniCare Health exceeded the 75th percentile in the following areas; these composites ranged between the 75th – 90th percentiles:

- a. Pharmacological management of COPD exacerbation with Steroids
- b. Pharmacological management of COPD exacerbation with Bronchodilators
- c. CDC- Diabetes HBA1C Testing
- d. Medical Attention for Nephropathy
- e. Medication Persistent Usage – Ace/ARB
- f. Medication Persistent Usage - Diuretics
- g. Annual Monitoring of Patients on Persistent Meds.
- h. Initiation/Engagement of ETOH/Drug Treatment- Initial

50-75%

Between the 50th – 75th percentile:

- i. Antidepressant Medical Management- Acute Phase
- j. Antidepressant Medical Management- Continuation Phase

25-50%

Between 25th -50th percentile:

- k. Follow-up after hospitalization for Mental Illness within 7 days

- l. Follow-up after hospitalization for Mental Illness within 30 days
- m. Breast Cancer Screening

<25%

Below 25th percentile:

- n. Prenatal Care – Timeliness
- o. Prenatal – Post – Partum Care
- p. Adult BMI
- q. Cervical Cancer Screening

STATE-DEFINED

OPPORTUNITIES ANALYSIS:

IlliniCare Health’s goal for the State-defined Performance Measures was to meet or exceed the State’s (MPS) baseline for 50% of the measures. The following performance measure rates met the state-defined goals. A final analysis will be completed June 30, 2015 when the final data is received.

PERFORMANCE MEASURES THAT MET THE STATE-DEFINED P4P BASELINES:

- 1) AAP- Adult Ambulatory/Preventive Screening Visit
- 2) CDC- Diabetic Hgb. A1C & CDC Diabetic Nephropathy Screening. Since this P4P requires successful attainment of Diabetic Eye exam as well to attain the measure, the final determination will be made June 30, 2015.
- 3) IPPU- Prevalence of Pressure Ulcers
- 4) FUH- Follow-up within 30 days after hospitalization for mental illness
- 5) CAD- Cholesterol, Ace/ARB, and Statin Therapy
 - API- Follow-up within 14 days after Inpatient hospitalization

PERFORMANCE MEASURES BELOW STATES' BASELINE

- 1) Antidepressant Medical Management- Acute Phase & Antidepressant Continuation Phase - (counted as one P4P measure)
- 2) Persistence of Beta Blocker treatment after MI
- 3) COPD- Spirometry testing (may be excluded-sample size less than 30) & Management of COPD exacerbation with Steroids – (counted as one P4P measure)
- 4) Ambulatory Care – Reduction in ED visits
- 5) Follow-up within 14 days after ED visit

HEDIS & STATE-DEFINED

PERFORMANCE MEASURES

BARRIERS:

- Practitioner lack of knowledge for HEDIS measures
- Practitioner lack of knowledge of clinical practice and preventive health guidelines
- Member lack of knowledge of preventive guidelines reflected in HEDIS measures
- Ineffective member outreach efforts due to inaccurate and/or unavailable member contact information

2015 INTERVENTIONS FOR

THE ICP INCLUDE:

- Continued the HEDIS Steering Committee comprised of senior management to review results, conduct barrier analysis and create an action plan for interventions that address opportunities identified
- Analyzed the effectiveness of the 2014 incentive programs and developed an ongoing incentive program for 2015
- Continued member education initiatives to receive necessary services
- Continued targeted interventions to practitioners and members identifying those in need of specific services

- Continued work with provider network to ensure that practitioners were educated on metrics and specific coding requirements
- Continued to meet applicable HEDIS technical specifications throughout 2014, and 2015
- Focused attention on Preventive Screenings: BMI, Breast Cancer, Cervical Cancer, Chlamydia, & Colorectal Screening
- Continued focus on Behavioral Health measures to decrease readmissions via adherence to medication management and follow-up PCP appointments and developed new strategies for monitoring:
 - AMM – Antidepressant Acute
 - AMM – Continuation
 - FUH – Follow-up after M.H. Discharge

METRICS:

HEDIS SPECIFICATIONS

FHP/ACA POPULATION

The following HEDIS/Stated defined performance measures are reflective of the available 2015 data for Illini-Care Health's FHP/ACA population. In addition, the 2015 P4P measures for the FHP/ACA population are shown in a separate grid. Our goals are as follow:

1

Attain NCQA/Quality Compass' 75th percentile for HEDIS performance measures

2

Attain and/or exceed the State-Defined goals for the Pay-for- Performance measures

3

Attain the State-Defined or HEDIS goals for the State's Non-Pay – for-Performance measures

FHP/ACA POPULATION HEDIS & STATE-DEFINED PERFORMANCE RATES: MEASUREMENT YEAR 2015

		January 1, 2015 – June 30, 2015 CY Rate	2014 NCQA Quality Compass Performance Measure
PREVENTION AND SCREENING			
ABA	Adult BMI	No data	85.23
BCS	Breast CA Screening	No data	N/A
CCS	Cervical CA Screening	12.49%	N/A
SCOL	Colorectal Screening	No data	N/A
CHL	Chlamydia Screening	36.52%	62.75
APPROPRIATE CARE MEASURES			
MCDC	A1C Testing	57.34%	87.59
	Nephropathy Screening (microalbumin)	60.00%	83.11
	Eye Exam (Retinal)	17.46%	63.14
PPC	Timeliness of Prenatal Care	81.70%	89.62
	Postpartum Care	28.91%	69.47
PQ108	Heart Failure Readmission Rate	No data	N/A
MCVC	CAD: LDL Screening	46.49%	84.91
	CAD: Statin Therapy 80% Compliance	No data	49.04
	CAD: ACE/ARB therapy 80% Compliance	28.11%	43.92
	PHB: Persistent treatment with a beta blocker	17.65%	91.18
MCOP	SPR: Spirometry Testing with COPD (2Yr CE)	No data	N/A
	PCE: Corticosteroid Rx for COPD	79.31%	74.94
	PCE: Bronchodilator Rx for COPD	86.21%	87.61
MPM	Annual Monitoring for Patients on Persistent Medications Total	54.95%	88.25
	Annual Monitoring for Pts. on Persistent Meds – ACE/ARB	56.49%	89.94
	Annual Monitoring for Pts. on Persistent Meds – Diuretics	53.10%	90.57
SADE	High Risk Medications for the Elderly At least one medication ages 60 – 65	12.37%	N/A
	At least one medication ages 66+	No Data	N/A
	At least two medication ages 60 – 65	1.34%	N/A
	At least two medication ages 66+	No Data	N/A
BEHAVIORAL HEALTH			
AMM	Antidepressant Med Mgt. --Acute Phase	40.94%	54.31
	Antidepressant Med Mgt. —Continuation Phase	6.71%	38.23
SAA	Antipsychotic Medication Compliance 80% of treatment period	No data	N/A
IMMAI	Medication Monitoring for Patients with Psychotic Disorders	No data	N/A
SSD	Diabetes screening for Schizophrenic/bipolar on antipsychotic medications	No data	N/A
IET	Initial treatment within 14 days of diagnosis of Alcohol or drug	41.39%	43.48
	Engagement of ETOH/Drug TX-two additional services within 30 days of	11.61%	14.97
FUH	F/U after Hospitalization for Mental Illness- 7 days	40.05%	54.45
	F/U after Hospitalization for Mental Illness- 30 days	57.14%	74.09
MPT	Mental Health Utilization	No data	1.19
IHBR	Behavioral Health Risk Assessment	No data	N/A

		January 1, 2015 – June 30, 2015 CY Rate	2014 NCQA Quality Compass Performance Measure
ACCESS AND UTILIZATION OF CARE MEASURES			
AAP	Adult Access to Preventive/Ambulatory visits per measurement year	56.00%	88.11
AMB	Ambulatory Care – ED Visits Only (Per State)	22.74%	73.97
IAPE	Ambulatory Care F/U within 14 Days of ED Visit	24.37%	39.25
IAPI	Ambulatory Care F/U within 14 Days of IP Discharge	42.28%	50.45
IIHR	Inpatient Hospital 30 Day Readmission Rates	4.28%	N/A
IPU	Inpatient Utilization- General Hospital/Acute Care	No data	N/A
SADV	Annual Dental Visit 19-21 YR Olds	No data	41.02
	Annual Dental Visit ≥22 YRS	No data	N/A
IDER	Dental ER Visits	No data	N/A
IMWS	Movement Within Service Population	No data	N/A
LONG TERM CARE MEASURES			
IUTI	LTC UTI Admission Rate	No data	N/A
IBPR	LTC Bacterial Pneumonia Admission Rate	No data	N/A
IPPU	Prevalence of Hospital Acquired Pressure Ulcers	No data	N/A

PRELIMINARY RATES FOR 2015 (JANUARY 2015 THROUGH JUNE 30, 2015)

MWCV	WELL CHILD VISITS	JANUARY 1, 2015 – JUNE 30, 2015 CY RATE	2014 NCQA QUALITY COMPASS
Zero Well Child Visits		5.88	2.64
One Well Child Visit		4.71	2.35
Two Well Child visits		30.59	3.7
Three Well Child Visits		34.12	6.34
Four Well Child Visits		22.35	11.88
Five Well Child Visits		2.35	18.73
Six Well Child Visits		No Data	69.75
CIS	COMBINATION 3 IMMUNIZATIONS		
Childhood Immunizations Status			
SDEV	Developmental Screening in the First 3 years of Life	No Data	77.78
PRENATAL AND POSTPARTUM CARE			
	Timeliness of prenatal care	81.70	89.62
	Postpartum care	28.91	69.47

ACCESS AND UTILIZATION OF CARE MEASURES

CAP	Children and Adolescents' Access to PCP		92.17
MWCV	Well Child Visits		77.26
AWC	Adolescent Well-Care Visit	14.09	59.21
AMB	Ambulatory Care		73.97
SADV	Annual Dental Visits	1.88	61.13

PREVENTIVE SCREENING MEASURES

WCC	Weight Assessment Counseling for Nutrition and Physical Activity for Children/Adolescents	1.30	60.82
IMA	Immunizations for Adolescents	0.92	80.9
HPV	Human Papillomavirus Vaccine for Female Adolescents	No Data	23.62
MLSC	Lead Screening for Children	17.05	80.83
MMA	Medication Management for People with Asthma	No Data	34.96

BEHAVIORAL HEALTH MEASURES

ADD	F/U for Children prescribed ADHD Medication	80.00	46.99
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IlliniCare Health exceeded the 75th percentile in the following areas; these composites ranged between the 75th -90th percentiles:

- F/U for Children prescribed ADHD Medication
- Well Child Visits (Zero, One, Two, Three, and Four well child visits)
- PCE: Corticosteroid Rx for COPD

HEDIS OPPORTUNITIES

ANALYSIS:

IlliniCare Health's goal for the HEDIS Performance Measures is to meet or exceed NCQA Quality Compass' 75th percentile. The HEDIS rates for the ACA population were updated June 30, 2015.

OVERALL ANALYSIS:

The HEDIS Measurement Year 2015 is still in progress. Thus, evaluation of goal attainment at this time would not be valid. Multiple factors impact the accuracy of the rates as presented above, i.e. member eligibility as it related to continuous enrollment, claims lag and hybrid data availability.

HEDIS & STATE-DEFINED

PERFORMANCE MEASURES BARRIERS:

- Practitioner lack of knowledge for HEDIS measures
- Practitioner lack of knowledge of clinical practice and preventive health guidelines
- Member lack of knowledge of preventive guidelines reflected in HEDIS measures
- Need for increased provider/member outreach efforts
- Difficulty engaging hard to reach members secondary to inaccurate and/or unavailable member contact information

INTERVENTIONS INCLUDE:

- Continue member education initiatives to receive necessary services
- Continue targeted interventions to practitioners and members identifying those in need of specific services
- Continue to identify issues.
- Monitor and improve data capture & reporting opportunities
- Continue to work with provider network to ensure that practitioners are educated on performance measures and specific billing and coding requirements

P4P HEDIS 2015 (ICP)

MEMBER COUNT	29700			29206			28975			29116		
PERFORMANCE MEASURE	APRIL RUN			MAY RUN			JUNE RUN			JULY RUN		
	Num	Deno	Rate	Num	Deno	Rate	Num	Deno	Rate	Num	Deno	Rate
AAP												
Adults' Access to preventive/ Ambulatory Health Services	17109	28752	59.5%	18848	27734	68.0%	19006	27358	69.5%	19419	27037	71.8%
IAPI												
Ambulatory Care Follow-up with a Provider within 14 Days of Inpatient Discharge	751	1610	46.6%	1126	2266	49.7%	1197	2635	45.4%	1337	3112	43.0%
MCDC Diabetes Care (ALL THREE)												
1) HbA1c Testing 1x per year	2522	5893	42.8%	3452	5846	59.0%	3592	5824	61.7%	3778	5860	64.5%
2) Microalbuminuria testing 1x per year	4124	5893	70.0%	4362	5846	74.6%	4418	5824	75.9%	4492	5860	76.7%
3) EYE EXAM (retinal) performed	1127	5893	19.1%	1477	5846	25.3%	1590	5824	27.3%	1851	5860	31.6%
AMM												
Effective Acute Phase Treatment	386	862	44.8%	411	920	44.7%	430	925	46.5%	446	917	48.6%
Effective Continuous Phase Treatment	209	862	24.2%	244	920	26.5%	258	925	27.9%	282	917	30.8%
FUH												
Follow-up for MH in 30 days	200	408	49.0%	294	558	52.7%	334	639	52.3%	386	739	52.2%
MOVEMENT (IMWS)												
LTC to Community												
LTC to HCBS												

P4P HEDIS 2015 (FHP/ACA)

MEMBER COUNT	170137			176711			177628			181651		
PERFORMANCE MEASURE	APRIL RUN			MAY RUN			JUNE RUN			JULY RUN		
	Num	Deno	Rate	Num	Deno	Rate	Num	Deno	Rate	Num	Deno	Rate
APP												
Adults' Access to preventive/ Ambulatory Health Services	21819	53267	41.0%	25853	50071	51.6%	26087	49218	53.0%	26700	47699	56.0%
IAP1												
Ambulatory Care Follow-up with a Provider within 14 Days of Inpatient Discharge	455	935	48.7%	800	1586	50.4%	868	1892	45.9%	1008	2410	41.8%
MWCV - Well-Child Visits												
Well Child Visits in the First 15 Months of Life												
1) Zero Well Child Visits	10	87	11.5%	8	87	9.2%	6	87	6.9%	5	85	5.9%
2) One Well Child Visits	14	87	16.1%	7	87	8.0%	7	87	8.0%	4	85	4.7%
3) Two Well Child Visits	34	87	39.1%	27	87	31.0%	29	87	33.3%	26	85	30.6%
4) Three Well Child Visits	20	87	23.0%	30	87	34.5%	31	87	35.6%	29	85	34.1%
5) Four Well Child Visits	11	87	12.6%	13	87	14.9%	13	87	14.9%	19	85	22.4%
6) Five Well Child Visits	2	87	2.3%	2	87	2.3%	1	87	1.1%	2	85	2.4%
7) Six Well Child Visits	0	87	0.0%	0	87	0.0%	0	87	0.0%	0	85	0.0%
Well-Child Visits in Third, Fourth, Fifth, and Sixth Years of Life	1821	13663	13.3%	2693	13049	20.6%	2880	12928	22.3%	3341	12686	26.3%
CIS - Combination 3 Immunizations												
Childhood Immunization Status	0	483	0.0%	0	453	0.0%	0	442	0.0%	0	434	0.0%
SDEV												
Developmental Screening in the First Three Years of Life				19	1005	1.9%	18	987	1.8%	0	965	0.0%
Prenatal & Postpartum Care												
Timeliness of prenatal care	328	429	76.5%	583	729	80.0%	701	857	81.8%	934	1147	81.4%
Postpartum Care	91	429	21.2%	216	729	29.6%	245	857	28.6%	329	1147	28.7%

The MMAI population will not be receiving a Star rating for 2016 nor will the plan be required to report on Star measures for HEDIS 2015.