

**Utah Department of Health
2015 Interim Unanswered Questions**

Unanswered Questions:

1. Senator Christensen
 - a. (1/29/15) For all reported performance measures included in the 2014 General Session Base budget bill (S.B. 8), provide an explanation regarding the choice of the target and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.
 - b. (2/9/15) How do Medicaid hospital inpatient and outpatient rates compare to private pay?
2. Representative Ray
 - a. (1/28/15) Is/did the Department of Health change/lower standards for a new air ambulance company trying to come into Utah?
 - b. (1/30/15) Why not use more Preventive Health and Health Services block grant money in the Department of Health for rape prevention?
3. Representative Redd
 - a. (1/30/15) Is there any epidemiological data that shows that e-cigarettes are safer than traditional cigarettes?
4. Representative Chavez-Houck
 - a. (1/30/15) Where are underage kids getting e-cigarettes from?
 - b. (1/30/15) Please provide more information about the effects to heart and heart rates of youth addicted to e-cigarettes.
5. Senator Madsen
 - a. (1/27/15) For the Baby Watch/Early Intervention program, how do you separate out normal progress (just getting older) vs what the program helped the child to progress with?
6. Representative Tanner
 - a. (2/9/15) Does the Department of Health monitor the amounts of profits returned to shareholders in for-profit operations for Medicaid providers? What are the figures for recent years in Medicaid?
 - b. (2/9/15) Does it cost more to take care of Medicaid patients through for-profit operations than through non-profits?
 - c. (2/3/15) Would it be helpful to provide more bargaining power to Utah Medicaid to know what other states negotiated for their rebates and discounted prices?
7. Representative Ward
 - a. What is the cost to get an equal amount of nicotine in e-cigarettes as a regular cigarette?
 - b. More information about the process to choose and approve a reportable disease as well as who has to report the disease.

DOH Response:

1-a. Response for Performance Measure Target and Actual variance can be found in the separate performance measure document located in Google sheets.

1-b. How do Medicaid hospital inpatient and outpatient rates compare to private pay?
For Medicaid response see; Subcommittee Follow-up Questions on Medicaid/CHIP

2-a. Did the Department of Health change/lower standards for a new air ambulance company trying to come into Utah?

There was a change in the rule to remove the requirement for all air ambulance to be accredited by The Commission on Accreditation of Medical Transport Systems (CAMTS) and replace it with the requirement to be accredited by a Department approved accrediting agency. We did not remove the accreditation requirement we just removed the CAMTS specific reference. CAMTS did apply to the Department and is now the only approved accreditation body; so all air ambulances must still meet CAMTS accreditation.

The Airline Deregulation Act (ADA) 49 U.S.C. §41713(b) preempts certain State and local regulations affecting air carriers, as follows, “A State, political subdivision of a state, or political authority of at least 2 States may not enact or enforce a law, regulation, or other provision having the force and effect of law related to a price, route, or service of an air carrier that may provide air transportation . . .”

We have always had in our EMS Statute and rule the ability for any new air ambulance service to apply for licensure in Utah and be licensed without having an accreditation at the time of licensure. But, according to our rules R426-3-600(h)(i)(j) they must provide, “successful completion of a Department approved accreditation process; and for new air ambulance services licensed under R426-3-200 they must submit an application for accreditation by a Department approved accreditation process within one year of receiving a license under this rule; and air ambulance services licensed under R426-3-200 must achieve accreditation and maintain accreditation.”

This is actually a more stringent requirement in that it requires all Utah licensed air ambulance services to maintain accreditation, which is a change from the old rule. So, instead of lowering the standard we raised it. I think the confusion is more centered on the ADA, which preempts us from having exclusive geographical areas for air ambulance providers and because of that all air ambulance services are licenses for the entire State of Utah and can change locations at their discretion. The second point is that we have never been able to require CAMTS or another accreditation process be completed before licensure, but have made our rules more strict because we require accreditation be maintained at all times and not just at the time of relicensure of an air ambulance service.

Response by Paul Patrick, Director EMS, ph 801 271 6604

2-b. Why not use more Preventive Health and Health Services Block grant money the Department of Health for rape prevention?

In an environment of limited resources, PHHS Block Grant funding is directed towards a small number of priorities determined by data about Utah's public needs and with input from partners, including the local health departments and members of the Utah Department of Health's Health Advisory Committee. Spending more PHHS BG funding on rape prevention has not been deemed a priority.

The PHHS Block Grant provides much of the only funding available for local health departments to address key public health priorities of obesity prevention and injury prevention, including the prevention of suicide and concussions.

The small amount of PHHS Block Grant funding set aside by Congress to address sexual assault prevention complements another, more significant grant Utah receives from the Centers for Disease Control and Prevention. The \$340,000 Rape Prevention and Education Grant funds community based organizations to coordinate sexual assault primary prevention within their respective communities. A 'request for proposals' is released periodically and agencies are invited to submit applications for this funding. Currently, 15 agencies across the state receive funding.

Response prepared by Heather Borski, DCP, BHP, 8-9998, hborski@utah.gov

3-a. Is there epidemiological data that shows that e-cigarettes are safer than traditional cigarettes?

The short answer is no. While e-cigarettes are often promoted as safer alternatives to traditional cigarettes, little is actually known about the short and long term health effects of using these devices. As the FDA states, the safety and efficacy of e-cigarette products have not been fully studied. Consumers have no way of knowing whether e-cigarettes are safe for their intended use, how much nicotine or other potentially harmful chemicals are being inhaled during use, or if there are any benefits associated with using these products.^[1]

It is important to note that e-cigarettes are not a "single" product. There are currently over 250 different brands with over 25 different nicotine strengths and 80 distinct flavorings. Moreover, the terminology for the category we think of as e-cigarettes continues to expand (e.g., e-hookahs, vapor sticks/pens, personal vaporizers).

E-cigarette aerosol is not merely "water vapor" as often claimed in product marketing. Overall, e-cigarettes that have been tested do show much lower levels of most toxicants (but not particles) than traditional cigarettes. However, at least ten of these toxicants are chemicals known to cause cancer, birth defects or other reproductive harm. They

include acetaldehyde, benzene, cadmium, formaldehyde, isoprene, lead, nickel, nicotine, n-nitrosornicotine, and toluene.^[2]

E-cigarette aerosol contains a high concentration of ultrafine particles, and the particle concentration can be higher than in traditional tobacco cigarette smoke.^[3] Exposure to fine and ultrafine particles may exacerbate respiratory ailments like asthma, and constrict arteries which could trigger a heart attack.^[4]

E-cigarette aerosol contains and emits propylene glycol. Short term exposure causes eye, throat, and airway irritation.^[5] Long term inhalation exposure can result in children developing asthma.^[6] Though the FDA states that propylene glycol and glycerin food additives are “generally regarded as safe,” the long-term effects of inhaling rather than ingesting these substances are unknown, especially in the heated vaporized form delivered by an operational e-cigarette.^[7]

E-cigarettes have avoided the scientific scrutiny that nicotine replacement therapies are required to undergo by the FDA. Nicotine is not harmless, which is why strict regulatory measures are in place to control the marketing of Nicotine Replacement Therapy for smoking cessation. Currently, no standards exist to specify how much nicotine e-cigarettes deliver, how consistently they deliver it, or if they are even packaged safely.

Without safety protections, standards for product consistency, or truth-in-labeling requirements, two e-cigarettes produced on the same production line can be dramatically different. Researchers have identified instances of poor quality control and significant variability in nicotine content when testing certain e-cigarette cartridges.^[8]

In a recent Salt Lake County study of e-liquid samples, more than half of the e-liquids tested, differed by at least 10% from the labeled nicotine content. Discrepancies ranged from 88% less to 840% more than stated. This potential variability in nicotine content could be misleading to consumers who believe that they are consuming one level of nicotine but instead may be consuming higher levels in certain instances.

Poison control reports of unintentional nicotine ingestion, usually by children are increasing. Acute poisoning from nicotine is well established, and there has been an increase in documented cases of children being accidentally poisoned by ingesting the liquid content of e-cigarette cartridges. (AMA e-cig report) Calls to the Utah Poison Control Center regarding e-cigarette devices and liquids increased from 16 in 2012 to 131 in 2014. 74% of these calls involve children age 5 and under. In the same Salt

Lake County e-liquid study (stated above), more than ¼ of the samples did not have child-proof caps.

At the present time, no one can predict the long term consequences for individuals and society of e-cigarette use. Until federal regulation of these products is improved and more is understood about the long term health effects of e-cigarette use, UDOH supports appropriate actions protecting youth from initiation and limiting exposure.

[1]FDA (2013). *FDA Warns of Health Risks Posed By E-cigarettes*. Retrieved from: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm>

[2] Goniewicz, M.L.; Knysak, J.; Gawron, M.; Kosmider, L.; Sobczak, A.; Kurek, J.; Prokopowicz, A.; Jablonska-Czapla, M.; RosikDulewska, C.; Havel, C.; Jacob, P.; Benowitz, N., "Levels of selected carcinogens and toxicants in vapour from electronic cigarettes," *Tobacco Control* [Epub ahead of print], March 6, 2013.

Williams, M.; Villarreal, A.; Bozhilov, K.; Lin, S.; Talbot, P., "Metal and silicate particles including nanoparticles are present in electronic cigarette cartomizer fluid and aerosol," *PLoS ONE* 8(3): e57987, March 20, 2013.

[3] Fuoco, F.C.; Buonanno, G.; Stabile, L.; Vigo, P., "Influential parameters on particle concentration and size distribution in the mainstream of e-cigarettes," *Environmental Pollution* 184: 523-529, January 2014.

[4] Grana, R; Benowitz, N; Glantz, S. "Background Paper on E-cigarettes," Center for Tobacco Control Research and Education, University of California, San Francisco and WHO Collaborating Center on Tobacco Control. December 2013

[5] Wieslander, G; Norbäck, D; Lindgren, T. "Experimental exposure to propylene glycol mist in aviation emergency training: acute ocular and respiratory effects." *Occupational and Environmental Medicine* 58:10 649-655, 2001

[6] Choi, H; Schmidbauer, N; Spengler, J; Bornehag, C., "Sources of Propylene Glycol and Glycol Ethers in Air at Home," *International Journal of Environmental Research and Public Health* 7(12): 4213–4237, December 2010.

[7] American Medical Association (2014) Report 2 of the Council on Science and Health. E-cigarettes, Vaping and Health: 2014 Update

[8] Trtchounian, A., Williams, M., & Talbot, P. (July 19, 2010) Conventional and electronic cigarettes (e-cigarettes) have different smoking characteristics. *Nicotine & Tobacco Research Advance Access*. *Doi:10.1093/ntr/ntq114*

Response prepared by Janae Duncan, DCP, BHP, TPCP, 8-9273, janaeduncan@utah.gov

4-a. Where are underage kids getting e-cigarettes from?

To gain a better understanding of the emerging use of e-cigarettes among Utah adults and youth, the Tobacco Prevention and Control Program worked with community partners in 2013 to develop and distribute a short community survey. The results are based on a convenience sample and are not representative of the Utah population, but do give us some insights into the issues surrounding the increase of e-cigarette use.

In the sample, a quarter of youth survey respondents who reported current use of e-cigarettes (25.7%) indicated that somebody age 19 or older usually gave them their e-cigarettes. Another 25.7% reported that they usually bought their e-cigarettes in a vapor or e-cigarette specialty shop (16.0%) or a regular store (convenience store, supermarket, discount store, gas station – 9.7%). Other sources for e-cigarettes included giving somebody else money to buy them (17.3%) and the internet (11.8%).

The majority of those who checked “other” as their source for e-cigarettes listed receiving them from friends or family members.

Female survey respondents were more likely to report that they received e-cigarettes from a person age 19 or older than male survey respondents. Results for all other sources were comparable. Respondents in the high school age group were more likely to report that they bought e-cigarettes in vapor stores, regular stores, or on the internet. Middle school age respondents were more likely to report receiving e-cigarettes from social sources.

This question was added to the Prevention Needs Assessment and more comprehensive and representative results will be available this fall.

Response prepared by Janae Duncan, DCP, BHP, TPCP, 8-9273, janaeduncan@utah.gov

4-b. Please provide more information about the effects to heart and heart rates of youth addicted to e-cigarettes.

Nicotine, the primary psychoactive ingredient in e-liquid, stimulates pleasure/reward pathways in the brain. It is a highly addictive neurotoxin that is as addictive as heroin and cocaine. It affects the cardiovascular and central nervous systems, causing blood vessels to constrict, raising the pulse and blood pressure. Preliminary studies show that using a nicotine containing e-cigarette for just five minutes causes similar lung irritation, inflammation and effect on blood vessels as smoking a traditional cigarette, which may increase the risk of a heart attack.

Exposure to and use of nicotine products by adolescents is of particular concern because adolescence is a critical period for *brain growth and development*. As a consequence, adolescents are especially vulnerable to the toxic effects of nicotine. Exposure to nicotine during adolescence may harm brain development and predispose future tobacco use. Even a brief period of continuous or intermittent nicotine exposure in adolescence elicits lasting neurobehavioral damage.

Information adapted from California Department of Public Health, Health Advisory - January 28, 2015. Electronic Cigarettes: A Summary of the Public Health Risks and Recommendations for Health Care Professionals

Response prepared by Janae Duncan, DCP, BHP, TPCP, 8-9273, janaeduncan@utah.gov

5-a. For the Baby Watch/Early Intervention program, how do you separate out normal progress (just getting older) vs what the program helped the child to progress with?

The OSEP* child outcomes are based on measuring a child's skill level in comparison with his or her same age peers. Their skill level is measured at entry into the program (in comparison

with their same age peers), and at exit, if they have received at least 6 months of service. The child outcome tool measures the child's growth rate (as compared with their same age peers). This is how OSEP describes the meaning of the child outcome rating:

These outcome percentages represent "greater than expected growth." They represents the percentage of children whose growth was greater than expected because their growth rate with intervention was greater than their growth rate before intervention. In other words, these children were acquiring skills at a faster rate when they left the program than when they entered it.

* Office of Special Education Programs, in the US Dept. of Education

6-a1 Ω Does the Department of Health monitor the amounts of profits returned to shareholders in for-profit operations for Medicaid providers? What are the figures for recent years in Medicaid?

For Medicaid response see; Subcommittee Follow-up Questions on Medicaid/CHIP

6-b. Does it cost more to take care of Medicaid patients through for-profit operations than through non-profits?

6-c. Would it be helpful to provide more bargaining power to Utah Medicaid to know what other states negotiated for their rebates and discounted prices?

7-a. What is the cost to get an equal amount of nicotine in e-cigarettes as a regular cigarette?

The cost and nicotine levels of e-cigarettes vary widely. The cost can range from one dollar with a coupon to more than one hundred dollars in a specialty shop with add ons and modifications. Because of the lack of regulation and how e-cigarettes are used it is also impossible to determine how much nicotine a consumer is getting per puff. There is not a standard for nicotine levels per e-cigarette the way there is for cigarettes.

Response prepared by Janae Duncan, DCP, BHP, TPCP, 8-9273, janaeduncan@utah.gov

7-b. Provide more information about the process to choose and approve a reportable disease as well as who has to report the disease.

In 1878, Congress authorized the U.S. Marine Hospital Service (forerunner of the Public Health Service) to collect reports from U.S. consuls overseas about local occurrences of diseases such as cholera, smallpox, plague, and yellow fever. This information was used to institute quarantine measures to prevent introducing or spreading these diseases in the United States.

In 1879, a Congressional appropriation funded collecting and publishing reports of these notifiable diseases. The authority for weekly reporting and publishing of these cases was expanded by Congress in 1893 to include data from states and municipal authorities. In 1912, state and territorial health authorities – in conjunction with the Public Health Service (PHS) – recommended immediate telegraphic reporting of five infectious diseases and the monthly reporting by letter of 10 additional diseases. That year, the first annual summary of The Notifiable Diseases included reports of 10 diseases from 19 states, the District of Columbia, and Hawaii. By 1928, all states, the District of Columbia, Hawaii, and Puerto Rico, were participants in the national reporting of 29 specified diseases. In 1950, Alexander Langmuir, Director of CDC's Bureau of Epidemiology, recognized the importance of state input in reporting communicable diseases, and asked the Association of State and Territorial Health Officials (ASTHO) to convene the state epidemiologists and charge them with the responsibility of deciding which diseases should be reported nationally. A year later, in 1951, a fully documented list of nationally notifiable diseases was generated by a conference of state and territorial epidemiologists. The Conference of State and Territorial Epidemiologists (known today as the Council of State and Territorial Epidemiologists – CSTE) was formally established in 1955. CSTE continues to hold the responsibility for defining and recommending which diseases and conditions are reportable within states and which of these diseases and conditions will be voluntarily reported to CDC. In 1961, CDC assumed responsibility for collecting and publishing data concerning nationally notifiable diseases, and began publishing the *MMWR* with notifiable diseases data on January 13, 1961.

CDC works in partnership every day with 57 state, local, territorial, and health departments to improve National Notifiable Disease Surveillance System (NNDSS). NNDSS staff and health departments also work closely with the [Council of State and Territorial Epidemiologists](#) (CSTE). CSTE, as the voice of the states, works in collaboration with CDC programs to determine changes to the list of nationally notifiable conditions.

Source: <http://wwwn.cdc.gov/nndss/history.html>

In Utah, Rule R386-702. Communicable Disease Rule provides information regarding the list of notifiable conditions as well as the manner and time frame for which they shall be reported. For the complete rule:

(<http://www.rules.utah.gov/publicat/code/r386/r386-702.htm#T5>)

R386-702-4. Reporting.

Each reporting entity shall report each confirmed case and any case who the reporting entity believes, in its professional judgment, is likely to harbor an illness, infection, or condition reportable under R386-702- 3(1), and each outbreak, epidemic, or unusual occurrence described in R386-702-3(1)(yyy) or (zzz) to the local health department or to the Bureau of Epidemiology, Utah Department of Health. Unless otherwise specified, the report of these diseases to the local health department or to the Bureau of Epidemiology, Utah Department of Health shall provide the following information: name, age, sex, address, date of onset, and all

other information as prescribed by the Department. A standard report form has been adopted and is supplied to physicians and other reporting entities by the Department. Upon receipt of a report, the local health department shall promptly forward a written or electronic copy of the report to the Bureau of Epidemiology, Utah Department of Health.

(2)(a) Where immediate reporting is required as noted in R386-702-4 (4), the reporting entity shall report as soon as possible, but not later than 24 hours after identification. Immediate reporting shall be made by telephone to the local health department or to the Bureau of Epidemiology, Utah Department of Health at 801-538-6191 or 888- EPI-UTAH (888-374-8824).

(b) All diseases not required to be reported immediately shall be reported within three working days from the time of identification. Reporting entities shall send reports to the local health department by phone, secured fax, secured email, or mail; or to the Bureau of Epidemiology by phone (801-538-6191), secured fax (801-538-9923), secured email (please contact the Bureau of Epidemiology at 801-538-6191 for information on this option), or by mail (288 North 1460 West, P. O. Box 142104, Salt Lake City, Utah 84114-2104).

(c) Laboratories are encouraged to report case information electronically in a manner approved of by the Department if the laboratory has the capacity to do so. Laboratories should refer to <https://health.utah.gov/phaccess/public/elr/> for information about this option. Please contact the Bureau of Epidemiology at 801-538-6191 for questions regarding this option.

(d) When more than one licensed laboratory is involved in testing a specimen, all laboratories involved are required to report results.

(3) Entities Required to Report Communicable Diseases: Title 26, Chapter 6, Section 6 Utah Code lists those individuals and facilities required to report diseases known or suspected of being communicable.

(a) Physicians, hospitals, health care facilities, home health agencies, health maintenance organizations, and other health care providers shall report details regarding each case.

(b) Schools, child care centers, and citizens shall provide any relevant information.

(c) Laboratories and other testing sites shall report laboratory evidence confirming any of the reportable diseases.

Response by Cristie Chesler, Director Epidemiology, ph 583 6191

Subcommittee Follow-Up Questions on Medicaid/CHIP

(Letter to Dr. Patton dated March 12, 2015)

Unanswered Questions:

1. Senator Christensen
 - a. For all reported performance measures included in the 2014 General Session Base Budget bill (S.B. 8), provide an explanation regarding the choice of the target and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.

DMHF Response – Of the twelve performance measures for the Medicaid line items, five have an actual experience greater than 10 percent above the chosen target. Here is an explanation of the choice of the target and a response about possibly increasing the target:

Average decision time in hours on pharmacy prior authorizations – UCA 26-18-105(g)(iii) states that the Department of Health shall approve or deny a prior authorization request within 24 hours of receipt of the request. The 24-hour benchmark was selected so the Department can monitor its compliance with the statute. The Department believes this is a meaningful target and there is no need to change it.

Total count of Medicaid and CHIP clients educated on proper benefit use and plan selection – The 90,000 education benchmark has been the standard for the past five years. In state fiscal year 2013, the actual performance was under the benchmark (88,785). Just because the actual performance in 2014 exceeded the target by 10 percent does not mean that the target was not appropriate. The Department will evaluate the 2015 actual performance and determine if the benchmark needs to be adjusted if actual performance is substantially higher than the benchmark.

Percentage of children less than 15 months old that received at least six or more well-child visits – This benchmark has been in place for over five years. Actual performance has substantially exceeded the benchmark for four years in a row. The benchmark should be increased to **70 percent**.

Annual state General Fund savings from the preferred drug list – The performance measure was last adjusted in state fiscal year 2011, when the statute was revised to allow a more meaningful prior authorization. It has not been adjusted since. The new benchmark should be increased to **\$14 million** in General Fund.

Emergency dental program General Fund savings – The original performance measure target was set based on how much money was anticipated to be saved when the Emergency dental program was started. The actual experience has exceeded the target for two years and

anticipated to exceed the target in the current fiscal year. The target should be increased to **\$850,000** in General Fund.

- b. How do Medicaid hospital inpatient and outpatient rates compare to private pay?

DMHF Response – Federal regulations limit the reimbursement rates that Medicaid can pay for inpatient and outpatient services to be no more than those paid by Medicare for the same services. These limits are referred to as the Upper Payment Limit. As a result, the private pay amounts are irrelevant as Medicaid is limited to what Medicare would pay for similar services. Current Medicaid reimbursement levels are the same as Medicare reimbursement, primarily because of a hospital assessment. Medicare is generally understood to pay less than commercial rates, but not necessarily how much less.

Questions 2-5 do not apply to DMHF

6. Representative Tanner

- a. Does the department of Health monitor the amounts of profits returned to shareholders in for-profit operations for Medicaid providers? What are the figures for recent years in Medicaid?

DMHF Response – No, the Department does not monitor the amount of profits returned to shareholders. The Department collects financial reports from some of the larger provider groups (nursing homes, hospitals, managed care entities).

- b. Does it cost more to take care of Medicaid patients through for-profit operations than through non-profits?

DMHF Response – No. Medicaid sets a fee schedule for provider services. Any provider willing to accept that fee schedule and meets other credentialing requirements is able to enroll as a Medicaid provider and receive the fee schedule for services provided. For managed care entities, capitated rates are set based on enrollee category and underlying health status, regardless of for-profit or not-for-profit status.

- c. Would it be helpful to provide more bargaining power to Utah Medicaid to know what other states negotiated for their rebates and discounted prices?

DMHF Response – Utah belongs to the Sovereign States Drug Consortium (SSDC), which is an entity that negotiates rebates for a group of states (North Dakota, Wyoming, West Virginia, Iowa, Maine, Mississippi, Oregon, Utah and Vermont) thereby providing increased bargaining power for the group in negotiating rebates and discounted prices. Additional information on rebates or discounted prices would be helpful; however, these amounts are typically protected under contractual provisions preventing disclosure.

Questions 7 does not apply to DMHF

Follow up on Information Provided in Committee in 2014:

- Accountable care organizations in Medicaid
 - By spring of this year there should be a report available to measure the quality of care and evaluate how the reforms are working.

DMHF Response – Member satisfaction measures, known as CAHPS (Consumer Assessment of Healthcare Providers & Systems) can be found at the following web site:

<https://health.utah.gov/myhealthcare/reports/cahps/2014/index.php?page=medicaid>

The HEDIS (Healthcare Effectiveness Data and Information Set) quality measures data set will accompany this report as a separate attachment.

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Adolescent Well-Care Visit	Adolescent Well-Care Visit	Percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit.	Healthy U	41.36%	41.70%	Admin+Chart Review
Adolescent Well-Care Visit	Adolescent Well-Care Visit	Percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit.	Molina	41.90%	41.70%	Admin+Chart Review
Adolescent Well-Care Visit	Adolescent Well-Care Visit	Percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit.	SelectHealth	41.85%	41.70%	Admin+Chart Review
Adults' access to preventive/ambulatory services	20 to 44 years old	Percentage of members (20 - 44 years of age) that had an ambulatory or preventative care visit.	Healthy U	81.39%	82.98%	Administrative
Adults' access to preventive/ambulatory services	20 to 44 years old	Percentage of members (20 - 44 years of age) that had an ambulatory or preventative care visit.	Molina	83.14%	82.98%	Administrative
Adults' access to preventive/ambulatory services	20 to 44 years old	Percentage of members (20 - 44 years of age) that had an ambulatory or preventative care visit.	SelectHealth	84.41%	82.98%	Administrative
Adults' access to preventive/ambulatory services	45 to 64 years old	Percentage of members (45 - 64 years of age) that had an ambulatory or preventative care visit.	Healthy U	88.21%	89.24%	Administrative
Adults' access to preventive/ambulatory services	45 to 64 years old	Percentage of members (45 - 64 years of age) that had an ambulatory or preventative care visit.	Molina	89.78%	89.24%	Administrative
Adults' access to preventive/ambulatory services	45 to 64 years old	Percentage of members (45 - 64 years of age) that had an ambulatory or preventative care visit.	SelectHealth	89.73%	89.24%	Administrative
Adults' access to preventive/ambulatory services	65+ years old	Percentage of members (65 years of age and older) that had an ambulatory or preventative care visit.	Healthy U	87.87%	89.29%	Administrative
Adults' access to preventive/ambulatory services	65+ years old	Percentage of members (65 years of age and older) that had an ambulatory or preventative care visit.	Molina	90.17%	89.29%	Administrative
Adults' access to preventive/ambulatory services	65+ years old	Percentage of members (65 years of age and older) that had an ambulatory or preventative care visit.	SelectHealth	89.82%	89.29%	Administrative
Adult BMI Assessment	Adult BMI Assessment	Percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index documented during the measurement year or the prior year.	Healthy U	15.85%	65.82%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Adult BMI Assessment	Adult BMI Assessment	Percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index documented during the measurement year or the prior year.	Molina	86.96%	65.82%	Admin+Chart Review
Adult BMI Assessment	Adult BMI Assessment	Percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index documented during the measurement year or the prior year.	SelectHealth	94.65%	65.82%	Admin+Chart Review
Antidepressant Medication Management	Effective Acute Phase Treatment	Newly diagnosed and treated members who remained on an antidepressant medication for at least 12 weeks	Healthy U	23.88%	38.90%	Administrative
Antidepressant Medication Management	Effective Acute Phase Treatment	Newly diagnosed and treated members who remained on an antidepressant medication for at least 12 weeks	Molina	44.08%	38.90%	Administrative
Antidepressant Medication Management	Effective Acute Phase Treatment	Newly diagnosed and treated members who remained on an antidepressant medication for at least 12 weeks	SelectHealth	48.75%	38.90%	Administrative
Antidepressant Medication Management	Effective Continuation Phase Treatment	Newly diagnosed and treated members who remained on an antidepressant medication for at least 6 months	Healthy U	39.37%	41.61%	Administrative
Antidepressant Medication Management	Effective Continuation Phase Treatment	Newly diagnosed and treated members who remained on an antidepressant medication for at least 6 months	Molina	59.21%	41.61%	Administrative
Antidepressant Medication Management	Effective Continuation Phase Treatment	Newly diagnosed and treated members who remained on an antidepressant medication for at least 6 months	SelectHealth	26.25%	41.61%	Administrative
Appropriate Testing for Children with Pharyngitis	Appropriate Testing for Children with Pharyngitis	Percentage of children (2 -18 years of age) who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Healthy U	67.89%	76.59%	Administrative
Appropriate Testing for Children with Pharyngitis	Appropriate Testing for Children with Pharyngitis	Percentage of children (2 -18 years of age) who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Molina	72.60%	76.59%	Administrative
Appropriate Testing for Children with Pharyngitis	Appropriate Testing for Children with Pharyngitis	Percentage of children (2 -18 years of age) who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	SelectHealth	89.27%	76.59%	Administrative
Appropriate Treatment for Children with Upper Respiratory Infection	Appropriate Treatment for Children with Upper Respiratory Infection	Percentage of children (3 months - 18 years of age) who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.	Healthy U	94.42%	93.51%	Administrative
Appropriate Treatment for Children with Upper Respiratory Infection	Appropriate Treatment for Children with Upper Respiratory Infection	Percentage of children (3 months - 18 years of age) who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.	Molina	92.07%	93.51%	Administrative

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Appropriate Treatment for Children with Upper Respiratory Infection	Appropriate Treatment for Children with Upper Respiratory Infection	Percentage of children (3 months - 18 years of age) who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.	SelectHealth	94.03%	93.51%	Administrative
Asthma Medication Ratio	Asthma Medication Ratio	Percentage of members 5 to 64 year of age with persistent asthma and had a ratio of controller medications to total asthma medications of 50% of greater	Healthy U	61.90%	70.70%	Administrative
Asthma Medication Ratio	Asthma Medication Ratio	Percentage of members 5 to 64 year of age with persistent asthma and had a ratio of controller medications to total asthma medications of 50% of greater	Molina	67.86%	70.70%	Administrative
Asthma Medication Ratio	Asthma Medication Ratio	Percentage of members 5 to 64 year of age with persistent asthma and had a ratio of controller medications to total asthma medications of 50% of greater	SelectHealth	82.35%	70.70%	Administrative
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of adults (12 - 64 years of age) with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	Healthy U	41.89%	42.16%	Administrative
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of adults (12 - 64 years of age) with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	Molina	30.63%	42.16%	Administrative
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of adults (12 - 64 years of age) with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	SelectHealth	53.95%	42.16%	Administrative
BMI Percentile for Children	BMI Percentile for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had their BMI documented	Healthy U	1.70%	45.91%	Admin+Chart Review
BMI Percentile for Children	BMI Percentile for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had their BMI documented	Molina	54.76%	45.91%	Admin+Chart Review
BMI Percentile for Children	BMI Percentile for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had their BMI documented	SelectHealth	81.27%	45.91%	Admin+Chart Review
Breast Cancer Screening	Breast Cancer Screening	Percentage of women (40 - 69 years of age) who had a mammogram to screen for breast cancer.	Healthy U	45.49%	45.77%	Administrative
Breast Cancer Screening	Breast Cancer Screening	Percentage of women (40 - 69 years of age) who had a mammogram to screen for breast cancer.	Molina	46.05%	45.77%	Administrative
Breast Cancer Screening	Breast Cancer Screening	Percentage of women (40 - 69 years of age) who had a mammogram to screen for breast cancer.	SelectHealth	NA	45.77%	
Cervical Cancer Screening	Cervical Cancer Screening	Percentage of women (21 - 64 years of age) who received one or more Pap tests to screen for cervical cancer.	Healthy U	42.82%	52.73%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Cervical Cancer Screening	Cervical Cancer Screening	Percentage of women (21 - 64 years of age) who received one or more Pap tests to screen for cervical cancer.	Molina	57.95%	52.73%	Admin+Chart Review
Cervical Cancer Screening	Cervical Cancer Screening	Percentage of women (21 - 64 years of age) who received one or more Pap tests to screen for cervical cancer.	SelectHealth	57.42%	52.73%	Admin+Chart Review
Childhood Immunization Status	Combo 2	Percentage of children that received four DTaP; three IPV; one MMR; two HiB; three hepatitis B; and one VZV vaccination on or before their second birthday.	Healthy U	80.29%	79.23%	Admin+Chart Review
Childhood Immunization Status	Combo 2	Percentage of children that received four DTaP; three IPV; one MMR; two HiB; three hepatitis B; and one VZV vaccination on or before their second birthday.	Molina	78.24%	79.23%	Admin+Chart Review
Childhood Immunization Status	Combo 2	Percentage of children that received four DTaP; three IPV; one MMR; two HiB; three hepatitis B; and one VZV vaccination on or before their second birthday.	SelectHealth	79.17%	79.23%	Admin+Chart Review
Childhood Immunization Status	Combo 3	Percentage of children that received four DTaP; three IPV; one MMR; two HiB; three hepatitis B; one VZV; and four pneumococcal conjugate vaccinations on or before their second birthday.	Healthy U	76.16%	75.98%	Admin+Chart Review
Childhood Immunization Status	Combo 3	Percentage of children that received four DTaP; three IPV; one MMR; two HiB; three hepatitis B; one VZV; and four pneumococcal conjugate vaccinations on or before their second birthday.	Molina	75.23%	75.98%	Admin+Chart Review
Childhood Immunization Status	Combo 3	Percentage of children that received four DTaP; three IPV; one MMR; two HiB; three hepatitis B; one VZV; and four pneumococcal conjugate vaccinations on or before their second birthday.	SelectHealth	76.56%	75.98%	Admin+Chart Review
Childhood Immunization Status	DTaP/DT	Percentage of children that received four DTaP vaccinations on or before their second birthday.	Healthy U	83.45%	82.42%	Admin+Chart Review
Childhood Immunization Status	DTaP/DT	Percentage of children that received four DTaP vaccinations on or before their second birthday.	Molina	81.25%	82.42%	Admin+Chart Review
Childhood Immunization Status	DTaP/DT	Percentage of children that received four DTaP vaccinations on or before their second birthday.	SelectHealth	82.55%	82.42%	Admin+Chart Review
Childhood Immunization Status	Hepatitis B	Percentage of children that received at least three hepatitis B vaccinations on or before their second birthday.	Healthy U	91.97%	91.00%	Admin+Chart Review
Childhood Immunization Status	Hepatitis B	Percentage of children that received at least three hepatitis B vaccinations on or before their second birthday.	Molina	91.20%	91.00%	Admin+Chart Review
Childhood Immunization Status	Hepatitis B	Percentage of children that received at least three hepatitis B vaccinations on or before their second birthday.	SelectHealth	89.84%	91.00%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Childhood Immunization Status	HiB	Percentage of children that received at least two Hib vaccinations on or before their second birthday.	Healthy U	92.70%	91.07%	Admin+Chart Review
Childhood Immunization Status	HiB	Percentage of children that received at least two Hib vaccinations on or before their second birthday.	Molina	91.44%	91.07%	Admin+Chart Review
Childhood Immunization Status	HiB	Percentage of children that received at least two Hib vaccinations on or before their second birthday.	SelectHealth	89.06%	91.07%	Admin+Chart Review
Childhood Immunization Status	IPV	Percentage of children that received at least three IPV vaccinations on or before their second birthday.	Healthy U	93.43%	91.46%	Admin+Chart Review
Childhood Immunization Status	IPV	Percentage of children that received at least three IPV vaccinations on or before their second birthday.	Molina	91.90%	91.46%	Admin+Chart Review
Childhood Immunization Status	IPV	Percentage of children that received at least three IPV vaccinations on or before their second birthday.	SelectHealth	89.06%	91.46%	Admin+Chart Review
Childhood Immunization Status	MMR	Percentage of children that received at least one MMR vaccination on or before their second birthday.	Healthy U	92.94%	90.49%	Admin+Chart Review
Childhood Immunization Status	MMR	Percentage of children that received at least one MMR vaccination on or before their second birthday.	Molina	90.51%	90.49%	Admin+Chart Review
Childhood Immunization Status	MMR	Percentage of children that received at least one MMR vaccination on or before their second birthday.	SelectHealth	88.02%	90.49%	Admin+Chart Review
Childhood Immunization Status	Pneumococcal Conjugate	Percentage of children that received at least four pneumococcal conjugate vaccinations on or before their second birthday.	Healthy U	83.45%	82.73%	Admin+Chart Review
Childhood Immunization Status	Pneumococcal Conjugate	Percentage of children that received at least four pneumococcal conjugate vaccinations on or before their second birthday.	Molina	82.18%	82.73%	Admin+Chart Review
Childhood Immunization Status	Pneumococcal Conjugate	Percentage of children that received at least four pneumococcal conjugate vaccinations on or before their second birthday.	SelectHealth	82.55%	82.73%	Admin+Chart Review
Childhood Immunization Status	VZV (chicken pox)	Percentage of children that received at least one VZV vaccination on or before their second birthday.	Healthy U	92.94%	89.59%	Admin+Chart Review
Childhood Immunization Status	VZV (chicken pox)	Percentage of children that received at least one VZV vaccination on or before their second birthday.	Molina	89.12%	89.59%	Admin+Chart Review
Childhood Immunization Status	VZV (chicken pox)	Percentage of children that received at least one VZV vaccination on or before their second birthday.	SelectHealth	86.72%	89.59%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Children's Access To Primary Care Providers	12 to 19 years old	Percentage of children (12 - 19 years of age) who had a visit with a primary care practitioner.	Healthy U	85.24%	87.79%	Administrative
Children's Access To Primary Care Providers	12 to 19 years old	Percentage of children (12 - 19 years of age) who had a visit with a primary care practitioner.	Molina	88.25%	87.79%	Administrative
Children's Access To Primary Care Providers	12 to 19 years old	Percentage of children (12 - 19 years of age) who had a visit with a primary care practitioner.	SelectHealth	89.88%	87.79%	Administrative
Children's Access To Primary Care Providers	12 to 24 months old	Percentage of children (12 - 24 months of age) who had a visit with a primary care practitioner.	Healthy U	97.12%	96.90%	Administrative
Children's Access To Primary Care Providers	12 to 24 months old	Percentage of children (12 - 24 months of age) who had a visit with a primary care practitioner.	Molina	96.39%	96.90%	Administrative
Children's Access To Primary Care Providers	12 to 24 months old	Percentage of children (12 - 24 months of age) who had a visit with a primary care practitioner.	SelectHealth	97.20%	96.90%	Administrative
Children's Access To Primary Care Providers	25 months to 6 years old	Percentage of children (25 months - 6 years of age) who had a visit with a primary care practitioner.	Healthy U	84.13%	85.22%	Administrative
Children's Access To Primary Care Providers	25 months to 6 years old	Percentage of children (25 months - 6 years of age) who had a visit with a primary care practitioner.	Molina	85.50%	85.22%	Administrative
Children's Access To Primary Care Providers	25 months to 6 years old	Percentage of children (25 months - 6 years of age) who had a visit with a primary care practitioner.	SelectHealth	86.02%	85.22%	Administrative
Children's Access To Primary Care Providers	7 to 11 years old	Percentage of children (7 - 11 years of age) who had a visit with a primary care practitioner.	Healthy U	87.16%	87.84%	Administrative
Children's Access To Primary Care Providers	7 to 11 years old	Percentage of children (7 - 11 years of age) who had a visit with a primary care practitioner.	Molina	88.07%	87.84%	Administrative
Children's Access To Primary Care Providers	7 to 11 years old	Percentage of children (7 - 11 years of age) who had a visit with a primary care practitioner.	SelectHealth	88.28%	87.84%	Administrative
Chlamydia Screening in Women	Total	Percentage of women (16 -24 years of age) who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Healthy U	24.81%	34.69%	Administrative
Chlamydia Screening in Women	Total	Percentage of women (16 -24 years of age) who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Molina	37.42%	34.69%	Administrative
Chlamydia Screening in Women	Total	Percentage of women (16 -24 years of age) who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	SelectHealth	41.83%	34.69%	Administrative
Cholesterol Management for Patients With Cardiovascular Conditions	LDL-C level controlled (LDL <100 mg/dL)	The percentage of members 18 to 75 with a cardiovascular condition and has manageable cholesterol.	Healthy U	54.00%	52.96%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Cholesterol Management for Patients With Cardiovascular Conditions	LDL-C level controlled (LDL <100 mg/dL)	The percentage of members 18 to 75 with a cardiovascular condition and has manageable cholesterol.	Molina	51.92%	52.96%	Admin+Chart Review
Cholesterol Management for Patients With Cardiovascular Conditions	LDL-C level controlled (LDL <100 mg/dL)	The percentage of members 18 to 75 with a cardiovascular condition and has manageable cholesterol.	SelectHealth	NA	Not Applicable	
Cholesterol Management for Patients With Cardiovascular Conditions	LDL-C screening	Percentage of members with cardiovascular conditions (18 - 75 years of age) who had their LDL-C level under control.	Healthy U	53.76%	67.27%	Admin+Chart Review
Cholesterol Management for Patients With Cardiovascular Conditions	LDL-C screening	Percentage of members with cardiovascular conditions (18 - 75 years of age) who had their LDL-C level under control.	Molina	80.77%	67.27%	Admin+Chart Review
Cholesterol Management for Patients With Cardiovascular Conditions	LDL-C screening	Percentage of members with cardiovascular conditions (18 - 75 years of age) who had their LDL-C level under control.	SelectHealth	NA	Not Applicable	
Comprehensive Diabetes Care	Blood Pressure Controlled <140/90 mm Hg	Percentage of members with diabetes (18 - 75 years of age) who had a blood pressure less than 140/90 Hg	Healthy U	NR	Not Reportable	
Comprehensive Diabetes Care	Blood Pressure Controlled <140/90 mm Hg	Percentage of members with diabetes (18 - 75 years of age) who had a blood pressure less than 140/90 Hg	Molina	67.60%	71.12%	Admin+Chart Review
Comprehensive Diabetes Care	Blood Pressure Controlled <140/90 mm Hg	Percentage of members with diabetes (18 - 75 years of age) who had a blood pressure less than 140/90 Hg	SelectHealth	74.64%	71.12%	Admin+Chart Review
Comprehensive Diabetes Care	Eye Exam	Percentage of members with diabetes (18 - 75 years of age) who had an eye exam.	Healthy U	44.23%	52.64%	Admin+Chart Review
Comprehensive Diabetes Care	Eye Exam	Percentage of members with diabetes (18 - 75 years of age) who had an eye exam.	Molina	57.11%	52.64%	Admin+Chart Review
Comprehensive Diabetes Care	Eye Exam	Percentage of members with diabetes (18 - 75 years of age) who had an eye exam.	SelectHealth	56.57%	52.64%	Admin+Chart Review
Comprehensive Diabetes Care	Hemoglobin A 1c Testing	Percentage of members with diabetes (18 - 75 years of age) who had their Hemoglobin A1c tested.	Healthy U	82.39%	86.37%	Admin+Chart Review
Comprehensive Diabetes Care	Hemoglobin A 1c Testing	Percentage of members with diabetes (18 - 75 years of age) who had their Hemoglobin A1c tested.	Molina	82.75%	86.37%	Admin+Chart Review
Comprehensive Diabetes Care	Hemoglobin A 1c Testing	Percentage of members with diabetes (18 - 75 years of age) who had their Hemoglobin A1c tested.	SelectHealth	93.98%	86.37%	Admin+Chart Review
Comprehensive Diabetes Care	LDL-C level controlled (LDL <100 mg/dL)	Percentage of members with diabetes (18 - 75 years of age) who had their LDL-C level under control.	Healthy U	2.94%	30.91%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Comprehensive Diabetes Care	LDL-C level controlled (LDL <100 mg/dL)	Percentage of members with diabetes (18 - 75 years of age) who had their LDL-C level under control.	Molina	41.26%	30.91%	Admin+Chart Review
Comprehensive Diabetes Care	LDL-C level controlled (LDL <100 mg/dL)	Percentage of members with diabetes (18 - 75 years of age) who had their LDL-C level under control.	SelectHealth	48.54%	30.91%	Admin+Chart Review
Comprehensive Diabetes Care	LDL-C screening performed	Percentage of members with diabetes (18 - 75 years of age) who had their LDL-C screened.	Healthy U	54.99%	66.85%	Admin+Chart Review
Comprehensive Diabetes Care	LDL-C screening performed	Percentage of members with diabetes (18 - 75 years of age) who had their LDL-C screened.	Molina	71.10%	66.85%	Admin+Chart Review
Comprehensive Diabetes Care	LDL-C screening performed	Percentage of members with diabetes (18 - 75 years of age) who had their LDL-C screened.	SelectHealth	74.45%	66.85%	Admin+Chart Review
Comprehensive Diabetes Care	Medical Attention for Nephropathy	Percentage of members with diabetes (18 - 75 years of age) who had a test for diabetic nephropathy.	Healthy U	64.19%	77.85%	Admin+Chart Review
Comprehensive Diabetes Care	Medical Attention for Nephropathy	Percentage of members with diabetes (18 - 75 years of age) who had a test for diabetic nephropathy.	Molina	77.39%	77.85%	Admin+Chart Review
Comprehensive Diabetes Care	Medical Attention for Nephropathy	Percentage of members with diabetes (18 - 75 years of age) who had a test for diabetic nephropathy.	SelectHealth	91.97%	77.85%	Admin+Chart Review
Comprehensive Diabetes Care	Poor HbA 1c Control	Percentage of members with diabetes (18 - 75 years of age) who have poor HbA1c control. (Lower Rate is Better)	Healthy U	46.58%	48.90%	Admin+Chart Review
Comprehensive Diabetes Care	Poor HbA 1c Control	Percentage of members with diabetes (18 - 75 years of age) who have poor HbA1c control. (Lower Rate is Better)	Molina	33.33%	48.90%	Admin+Chart Review
Comprehensive Diabetes Care	Poor HbA 1c Control	Percentage of members with diabetes (18 - 75 years of age) who have poor HbA1c control. (Lower Rate is Better)	SelectHealth	66.79%	48.90%	Admin+Chart Review
Controlling High Blood Pressure	Total	The percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	Healthy U	58.39%	60.79%	Admin+Chart Review
Controlling High Blood Pressure	Total	The percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	Molina	58.53%	60.79%	Admin+Chart Review
Controlling High Blood Pressure	Total	The percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	SelectHealth	65.45%	60.79%	Admin+Chart Review
Frequency of Ongoing Prenatal Care	80% of Expected Visits	Percentage of Medicaid deliveries that received 80% of the number of expected prenatal visits	Healthy U	56.93%	61.37%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Frequency of Ongoing Prenatal Care	80% of Expected Visits	Percentage of Medicaid deliveries that received 80% of the number of expected prenatal visits	Molina	56.38%	61.37%	Admin+Chart Review
Frequency of Ongoing Prenatal Care	80% of Expected Visits	Percentage of Medicaid deliveries that received 80% of the number of expected prenatal visits	SelectHealth	70.80%	61.37%	Admin+Chart Review
Human Papillomavirus Vaccine for Female Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Percentage of female adolescents (13 years of age) who had three doses of the HPV vaccine by their 13th birthday	Healthy U	13.38%	16.88%	Admin+Chart Review
Human Papillomavirus Vaccine for Female Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Percentage of female adolescents (13 years of age) who had three doses of the HPV vaccine by their 13th birthday	Molina	21.30%	16.88%	Admin+Chart Review
Human Papillomavirus Vaccine for Female Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Percentage of female adolescents (13 years of age) who had three doses of the HPV vaccine by their 13th birthday	SelectHealth	15.97%	16.88%	Administrative
Immunizations for Adolescents	Combo 1	Percentage of adolescents who received one meningococcal vaccine, and one TDAP between the members 10th and 13th birthdays.	Healthy U	63.65%	68.09%	Administrative
Immunizations for Adolescents	Combo 1	Percentage of adolescents who received one meningococcal vaccine, and one TDAP between the members 10th and 13th birthdays.	Molina	65.13%	68.09%	Admin+Chart Review
Immunizations for Adolescents	Combo 1	Percentage of adolescents who received one meningococcal vaccine, and one TDAP between the members 10th and 13th birthdays.	SelectHealth	75.48%	68.09%	Admin+Chart Review
Immunizations for Adolescents	Meningococcal	Percentage of adolescents who received one meningococcal vaccine on or between the member's 11th and 13th birthday.	Healthy U	67.94%	70.15%	Administrative
Immunizations for Adolescents	Meningococcal	Percentage of adolescents who received one meningococcal vaccine on or between the member's 11th and 13th birthday.	Molina	66.41%	70.15%	Admin+Chart Review
Immunizations for Adolescents	Meningococcal	Percentage of adolescents who received one meningococcal vaccine on or between the member's 11th and 13th birthday.	SelectHealth	76.11%	70.15%	Admin+Chart Review
Immunizations for Adolescents	Tdap	Percentage of adolescents who received one TDAP vaccine between the member's 10th and 13th birthday.	Healthy U	71.66%	77.08%	Administrative
Immunizations for Adolescents	Tdap	Percentage of adolescents who received one TDAP vaccine between the member's 10th and 13th birthday.	Molina	84.10%	77.08%	Admin+Chart Review
Immunizations for Adolescents	Tdap	Percentage of adolescents who received one TDAP vaccine between the member's 10th and 13th birthday.	SelectHealth	75.48%	77.08%	Admin+Chart Review
Lead Screening in Children	Lead Screening in Children	Percentage of children (2 years of age) who had one or more test for lead poisoning by their 2nd birthday	Healthy U	30.41%	24.83%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Lead Screening in Children	Lead Screening in Children	Percentage of children (2 years of age) who had one or more test for lead poisoning by their 2nd birthday	Molina	24.54%	24.83%	Admin+Chart Review
Lead Screening in Children	Lead Screening in Children	Percentage of children (2 years of age) who had one or more test for lead poisoning by their 2nd birthday	SelectHealth	19.53%	24.83%	Admin+Chart Review
Medication Management for People with Asthma	Medication Compliance 75%	Percentage of members 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the measurement year.	Healthy U	33.64%	39.65%	Administrative
Medication Management for People with Asthma	Medication Compliance 75%	Percentage of members 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the measurement year.	Molina	32.18%	39.65%	Administrative
Medication Management for People with Asthma	Medication Compliance 75%	Percentage of members 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the measurement year.	SelectHealth	53.13%	39.65%	Administrative
Medication Management for People with Asthma	Medication Compliance 50%	Percentage of members 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the measurement year.	Healthy U	56.82%	64.83%	Administrative
Medication Management for People with Asthma	Medication Compliance 50%	Percentage of members 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the measurement year.	Molina	59.54%	64.83%	Administrative
Medication Management for People with Asthma	Medication Compliance 50%	Percentage of members 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the measurement year.	SelectHealth	78.13%	64.83%	Administrative
Nutrition Counseling for Children	Nutrition Counseling for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had evidence of counseling for nutrition	Healthy U	1.70%	45.91%	Admin+Chart Review
Nutrition Counseling for Children	Nutrition Counseling for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had evidence of counseling for nutrition	Molina	54.76%	45.91%	Admin+Chart Review
Nutrition Counseling for Children	Nutrition Counseling for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had evidence of counseling for nutrition	SelectHealth	81.27%	45.91%	Admin+Chart Review
Physical Activity Counseling for Children	Physical Activity Counseling for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had evidence of counseling for physical activity	Healthy U	0.00%	27.66%	Admin+Chart Review

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Physical Activity Counseling for Children	Physical Activity Counseling for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had evidence of counseling for physical activity	Molina	29.93%	27.66%	Admin+Chart Review
Physical Activity Counseling for Children	Physical Activity Counseling for Children	The percentage of members (3 - 17 years of age) who had an outpatient visit and who had evidence of counseling for physical activity	SelectHealth	53.04%	27.66%	Admin+Chart Review
Prenatal and Postpartum care	Postpartum care	Percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	Healthy U	60.10%	68.38%	Admin+Chart Review
Prenatal and Postpartum care	Postpartum care	Percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	Molina	69.62%	68.38%	Admin+Chart Review
Prenatal and Postpartum care	Postpartum care	Percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	SelectHealth	75.43%	68.38%	Admin+Chart Review
Prenatal and Postpartum care	Timeliness of prenatal care	Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.	Healthy U	72.26%	81.15%	Admin+Chart Review
Prenatal and Postpartum care	Timeliness of prenatal care	Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.	Molina	82.37%	81.15%	Admin+Chart Review
Prenatal and Postpartum care	Timeliness of prenatal care	Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.	SelectHealth	88.81%	81.15%	Admin+Chart Review
Use of Appropriate Medications for People With Asthma	12 to 18 years old	Percentage of members (12 - 18 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	Healthy U	81.94%	85.89%	Administrative
Use of Appropriate Medications for People With Asthma	12 to 18 years old	Percentage of members (12 - 18 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	Molina	89.83%	86.82%	Administrative
Use of Appropriate Medications for People With Asthma	12 to 18 years old	Percentage of members (12 - 18 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	SelectHealth	NA	Not Applicable	Administrative
Use of Appropriate Medications for People With Asthma	5 to 11 years old	Percentage of members (5 - 11 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	Healthy U	88.68%	90.29%	Administrative
Use of Appropriate Medications for People With Asthma	5 to 11 years old	Percentage of members (5 - 11 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	Molina	91.90%	90.29%	Administrative

HEDIS Measure Name	Sub-measure Name	Sub-measure definition	HMO Name	Computed Value	State Average	Method
Use of Appropriate Medications for People With Asthma	5 to 11 years old	Percentage of members (5 - 11 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	SelectHealth	NA	Not Applicable	Administrative
Use of Appropriate Medications for People With Asthma	Total	Percentage of members (5 - 50 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	Healthy U	79.71%	86.66%	Administrative
Use of Appropriate Medications for People With Asthma	Total	Percentage of members (5 - 50 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	Molina	86.14%	86.66%	Administrative
Use of Appropriate Medications for People With Asthma	Total	Percentage of members (5 - 50 years of age) during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication.	SelectHealth	94.12%	86.66%	Administrative
Use of Imaging Studies for Low Back Pain	Use of Imaging Studies for Low Back Pain	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (X-ray, MRI, CT scan) within 28 days of the diagnosis.	Healthy U	71.72%	76.35%	Administrative
Use of Imaging Studies for Low Back Pain	Use of Imaging Studies for Low Back Pain	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (X-ray, MRI, CT scan) within 28 days of the diagnosis.	Molina	76.86%	76.35%	Administrative
Use of Imaging Studies for Low Back Pain	Use of Imaging Studies for Low Back Pain	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (X-ray, MRI, CT scan) within 28 days of the diagnosis.	SelectHealth	80.47%	76.35%	Administrative
Well-child visits in the 3rd/4th/5th/ & 6th yr of life	Well-child visits in the 3rd/4th/5th/ & 6th yr of life	Percentage of children (3 - 6 years of age) who received one or more well-child visits.	Healthy U	62.04%	62.23%	Admin+Chart Review
Well-child visits in the 3rd/4th/5th/ & 6th yr of life	Well-child visits in the 3rd/4th/5th/ & 6th yr of life	Percentage of children (3 - 6 years of age) who received one or more well-child visits.	Molina	60.89%	62.23%	Admin+Chart Review
Well-child visits in the 3rd/4th/5th/ & 6th yr of life	Well-child visits in the 3rd/4th/5th/ & 6th yr of life	Percentage of children (3 - 6 years of age) who received one or more well-child visits.	SelectHealth	63.75%	62.23%	Admin+Chart Review
Well-Child Visits In The First 15 Months of Life	6 or more visits	Percentage of children (less than 15 months old) that received at least six or more well-child visits.	Healthy U	58.64%	62.42%	Admin+Chart Review
Well-Child Visits In The First 15 Months of Life	6 or more visits	Percentage of children (less than 15 months old) that received at least six or more well-child visits.	Molina	54.70%	62.42%	Admin+Chart Review
Well-Child Visits In The First 15 Months of Life	6 or more visits	Percentage of children (less than 15 months old) that received at least six or more well-child visits.	SelectHealth	73.91%	62.42%	Admin+Chart Review

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014	2015 or FY 2015
Executive Director's Operations	Conduct risk assessments for each information system in operation that processes restricted data.	Target		123	123	123	120	120
		Actual	n/a	n/a	n/a	n/a	119	
	95% of births occurring in a hospital are entered accurately by hospital staff into the electronic birth registration system (Target = 10 calendar days or less)	Target		95%	95%	95%	95%	95%
		Actual	85.8%	88.2%	92.2%	89.4%	97.0%	
		Target		75%	75%	75%	75%	75%
	percentage of all deaths registered using the electronic death registration system	Actual	51.9%	54.6%	56.9%	57.1%	81.0%	

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014	2015 or FY 2015
Family Health and Preparedness	The percent of children who demonstrated improvement in social-emotional skills, including social relationships	Target		70%	70%	70%	70%	65.0%
		Actual		71.37%	69.18%	69%	68.20%	
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in acquisition and use of knowledge and skills, including early language/communication and early literacy	Target		75%	75%	75%	75%	72.5%
		Actual		78.29%	78.14%	76.79%	75.45%	

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014	2015 or FY 2015
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs	Target		75%	75%	75%	75%	73.5%
		Actual		75.50%	77.06%	76.33%	76.14%	
Disease Control and Prevention	Gonorrhea cases per 100,000 population	Target		18.9	18.9	18.9	18.9	42.7
		Actual		8.7	12.1	22	42.7	N/A
	Percentage of Adults Who Are Current Smokers	Target		9%	9%	9%	9%	9%
		Actual		11.3%	10.2%	10.2%	N/A	N/A
		Target		100%	100%	100%	100%	100%

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014	2015 or FY 2015
	Percentage of Toxicology Cases Completed within 14 day Goal	Actual		60%	60%	50%	42%	57%
Local Health Departments	Number of local health departments that maintain a board of health that annually adopts a budget, appoints a local health officer (LHO), conducts an annual performance review for the LHO, and reports to county commissioners on health issues	Target		12	12	12	12	12
		Actual		12	12	12	12	12
	Number of local health departments that provide communicable disease epidemiology and control services including disease reporting, response to outbreaks, and measures to control tuberculosis	Target		12	12	12	12	12
		Actual		12	12	12	12	12
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	Target		12	12	12	12	12
		Actual		12	12	12	12	12

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014	2015 or FY 2015
Medicaid and Health Financing	average decision time in hours on pharmacy prior authorizations	Target		24	24	24	24	24
		Actual			9	1.3	0.87	
	percent of clean claims adjudicated within 30 days of submission	Target		98%	98%	98%	98%	98%
		Actual		99.6%	99.4%	99.4%	99.2%	
Medicaid and Health Financing	total count of Medicaid and CHIP clients educated on proper benefit use and plan selection	Target		90,000	90,000	90,000	90,000	90,000
		Actual		102,775	96,385	88,785	133,441	
Medicaid Sanctions	report on how expenditures from the Medicaid Sanctions line item met federal	Target						
		Actual						
Children's Health Insurance Program	percentage of children (less than 15 months old) that received at least six or more well-child visits	Target	52%	52%	52%	52%	52%	52%
		Actual	66%	66%	72%	71%	HEDIS data for 2014 is not available until Fall	
	percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit	Target	39%	39%	39%	39%	39%	39%
		Actual	38%	37%	42%	39%	HEDIS data for 2014 is not available until Fall	
	percentage of children 5-11 years of age with persistent asthma who were appropriately prescribed medication	Target		94%	94%	94%	94%	94%
		Actual		92%	95%	96%	HEDIS data for 2014 is not available until Fall	
	percent of adults age 45-64 with ambulatory or preventive care visits	Target	88%	88%	88%	88%	88%	88%
		Actual	90%	90%	90%	88%	HEDIS data for 2014 is not available until Fall	
	Target	60%	60%	60%	60%	60%	60%	

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014	2015 or FY 2015	
Medicaid Mandatory Services	percent of deliveries that had a post partum visit between 21 and 56 days after delivery	Actual	71%	69%	67%	59%	HEDIS data for 2014 is not available until Fall		
		Target		90.0%	90.0%	90.0%	85%	85%	
	percent of customers satisfied with their managed care plan	Actual		85.5%	84.5%		CAHPS data for 2014 is not available until Fall		
		Target							
Medicaid Optional Services	annual state general funds saved through preferred drug list	Target		\$8,500,000	\$8,500,000	\$8,500,000	\$8,500,000	\$8,500,000	
		Actual		\$7,935,300	\$9,835,600	\$13,020,600	\$14,083,700		
	count of new choices waiver clients coming out of nursing homes into community based care	Target			390	390	390	390	390
		Actual	328	361	414	396	419		
	emergency dental program General Fund savings	Target			\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
		Actual			N/A	N/A	\$835,709	\$1,048,303	

Line Item	Measure	June 1, 2015 Provide an explanation regarding the choice of the target (perf. level) and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.
Executive Director's Operations	Conduct risk assessments for each information system in operation that processes restricted data.	The Department of Health is a data-driven organization that relies on numerous information systems containing sensitive mission critical information. As stewards of this information it is the Department's responsibility to ensure appropriate protections are in place to address risk to data and systems that process, transmit and store individually identifiable data classified as restricted. As a result, the Department selected to include all systems that store individually identifiable data for this measure and has changed this measure to 100% of restricted classified systems. The overall number of systems may change year to year as systems are decommissioned or new systems are brought into production and as such 100% more appropriately represents the preferred measure for the Department going forward for SFY 2016.
	95% of births occurring in a hospital are entered accurately by hospital staff into the electronic birth registration system (Target = 10 calendar days or less)	The deadline for hospital staff to enter a hospital birth is 10 days following the birth because this is a statutory deadline established in Utah Code 26-2-5 (2). 95% is the target because, despite the efforts of vital records staff to train hospital staff, there continues to be a small percentage of births that hospital staff enter late. FY2014 has a significant improvement 97% (only 2% higher than the target). We are not sure whether the improvement is stable. Vital records staff continues to train hospital employees and hopes that the 95% goal will be achieved again in 2015.
	percentage of all deaths registered using the electronic death registration system	The 75% target was chosen because it is a national standard recommended by the National Association of Public Health Statistics and Information Systems (NAPHSIS).

Line Item	Measure	June 1, 2015 Provide an explanation regarding the choice of the target (perf. level) and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.
Family Health and Preparedness	The percent of children who demonstrated improvement in social-emotional skills, including social relationships	The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in acquisition and use of knowledge and skills, including early language/communication and early literacy	The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.

Line Item	Measure	June 1, 2015 Provide an explanation regarding the choice of the target (perf. level) and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs	<p>The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.</p>
Disease Control and Prevention	Gonorrhea cases per 100,000 population	Utah is currently experiencing a gonorrhea outbreak with rates increasing 399% from 2011 to 2014. The target number has not been reviewed and adjusted since 2011. Rates have increased dramatically over the past few years, and this new target reflects a more appropriate goal.
	Percentage of Adults Who Are Current Smokers	<p>The target is based on the National Healthy People 2020 Goal.</p> <p>Utah did not see a decrease in adult smokers for FY2013, but looking over the past several years there is a positive declining trend. Early data analysis demonstrates that in FY 2014 the decline will continue. Utah is leading the way with the lowest tobacco use rates in the nation. Because of this leading role, we believe it is important to set a high bar and feel like the target set is appropriate.</p>

Line Item	Measure	June 1, 2015 Provide an explanation regarding the choice of the target (perf. level) and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.
	Percentage of Toxicology Cases Completed within 14 day Goal	The Forensic Toxicology Program is committed to providing the fastest and most accurate service to law enforcement agencies and the Office of the Medical Examiner. They have participated in a Lean Six Sigma program and continue to thrive under the SUCCESS initiative. (57% in SFY2015 is calculated on first 10 months, a/o April 30, 2015).
Local Health Departments	Number of local health departments that maintain a board of health that annually adopts a budget, appoints a local health officer (LHO), conducts an annual performance review for the LHO, and reports to county commissioners on health issues	These performance measures were made to ensure that all the local health departments are meeting minimum performance standards as set forth in UCA 26A.
	Number of local health departments that provide communicable disease epidemiology and control services including disease reporting, response to outbreaks, and measures to control tuberculosis	These performance measures were made to ensure that all the local health departments are meeting minimum performance standards as set forth in UCA 26A.
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	These performance measures were made to ensure that all the local health departments are meeting minimum performance standards as set forth in UCA 26A.

Line Item	Measure	June 1, 2015 Provide an explanation regarding the choice of the target (perf. level) and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.
Medicaid and Health Financing	average decision time in hours on pharmacy prior authorizations	See Medicaid response in Subcommittee follow-up questions Medicaid/CHIP document
	percent of clean claims adjudicated within 30 days of submission	
Medicaid and Health Financing	total count of Medicaid and CHIP clients educated on proper benefit use and plan selection	
Medicaid Sanctions	report on how expenditures from the Medicaid Sanctions line item met federal	
Children's Health Insurance Program	percentage of children (less than 15 months old) that received at least six or more well-child visits	
	percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit	
	percentage of children 5-11 years of age with persistent asthma who were appropriately prescribed medication	
	percent of adults age 45-64 with ambulatory or preventive care visits	

Line Item	Measure	June 1, 2015 Provide an explanation regarding the choice of the target (perf. level) and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.
Medicaid Mandatory Services	percent of deliveries that had a post partum visit between 21 and 56 days after delivery	
	percent of customers satisfied with their managed care plan	
Medicaid Optional Services	annual state general funds saved through preferred drug list	
	count of new choices waiver clients coming out of nursing homes into community based care	
	emergency dental program General Fund savings	

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
	Conduct risk assessments for each information system in operation that processes restricted data.	Target		123	123	123	120
		Actual	n/a	n/a	n/a	n/a	119
	95% of births occurring in a hospital are entered accurately by hospital staff into the electronic birth registration system (Target = 10 calendar days or less)	Target		95%	95%	95%	95%
		Actual	85.8%	88.2%	92.2%	89.4%	97.0%

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
Executive Director's Operations	percentage of all deaths registered using the electronic death registration system	Target		75%	75%	75%	75%
		Actual	51.9%	54.6%	56.9%	57.1%	81.0%

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
Family Health and Preparedness	The percent of children who demonstrated improvement in social- emotional skills, including social relationships	Target		70%	70%	70%	70%
		Actual		71.37%	69.18%	69%	68.20%

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in acquisition and use of knowledge and skills, including early language/communication and early literacy	Target		75%	75%	75%	75%
		Actual		78.29%	78.14%	76.79%	75.45%

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs	Target		75%	75%	75%	75%
		Actual		75.50%	77.06%	76.33%	76.14%
Disease Control and Prevention	Gonorrhea cases per 100,000 population	Target		18.9	18.9	18.9	18.9
		Actual		8.7	12.1	22	42.7
	Percentage of Adults Who Are Current Smokers	Target		9%	9%	9%	9%
		Actual		11.3%	10.2%	10.2%	N/A
	Percentage of Toxicology Cases Completed within 14 day Goal	Target		100%	100%	100%	100%
		Actual		60%	60%	50%	42%

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
Local Health Departments	Number of local health departments that maintain a board of health that annually adopts a budget, appoints a local health officer (LHO), conducts an annual performance review for the LHO, and reports to county commissioners on health issues	Target		12	12	12	12
		Actual		12	12	12	12
	Number of local health departments that provide communicable disease epidemiology and control services including disease reporting, response to outbreaks, and measures to control tuberculosis	Target		12	12	12	12
		Actual		12	12	12	12
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	Target		12	12	12	12
		Actual		12	12	12	12
Medicaid and Health Financing	average decision time in hours on pharmacy prior authorizations	Target		24	24	24	24

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
	percent of clean claims adjudicated within 30 days of submission	Actual			9	1.3	0.87
		Target		98%	98%	98%	98%
		Actual		99.6%	99.4%	99.4%	99.2%
Medicaid and Health Financing	total count of Medicaid and CHIP clients educated on proper benefit use and plan selection	Target		90,000	90,000	90,000	90,000
		Actual		102,775	96,385	88,785	133,441
Medicaid Sanctions	report on how expenditures from the Medicaid Sanctions line item met	Target					
		Actual					
Children's Health Insurance Program	percentage of children (less than 15 months old) that received at least six or more well-child visits	Target	52%	52%	52%	52%	52%
		Actual	66%	66%	72%	71%	HEDIS data for 2014 is not available until Fall 2015
	percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit	Target	39%	39%	39%	39%	39%
		Actual	38%	37%	42%	39%	HEDIS data for 2014 is not available until Fall 2015
	percentage of children 5-11 years of age with persistent asthma who were appropriately prescribed medication	Target		94%	94%	94%	94%
		Actual		92%	95%	96%	HEDIS data for 2014 is not available until Fall 2015

Line Item	Measure		2010	2011 or FY 2011	2012 or FY 2012	2013 or FY 2013	2014 or FY 2014
Medicaid Mandatory Services	percent of adults age 45-64 with ambulatory or preventive care visits	Target	88%	88%	88%	88%	88%
		Actual	90%	90%	90%	88%	HEDIS data for 2014 is not available until Fall 2015
	percent of deliveries that had a post partum visit between 21 and 56 days after delivery	Target	60%	60%	60%	60%	60%
		Actual	71%	69%	67%	59%	HEDIS data for 2014 is not available until Fall 2015
	percent of customers satisfied with their managed care plan	Target		90.0%	90.0%	90.0%	85%
		Actual		85.5%	84.5%		CAHPS data for 2014 is not available until Fall 2015
Medicaid Optional Services	annual state general funds saved through preferred drug list	Target		\$8,500,000	\$8,500,000	\$8,500,000	\$8,500,000
		Actual		\$7,935,300	\$9,835,600	\$13,020,600	\$14,083,700
	count of new choices waiver clients coming out of nursing homes into	Target		390	390	390	390
		Actual	328	361	414	396	419
	emergency dental program General Fund savings	Target		\$250,000	\$250,000	\$250,000	\$250,000
		Actual		N/A	N/A	\$835,709	\$1,048,303

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
	Conduct risk assessments for each information system in operation that processes restricted data.	120	We are approaching our goal as the necessary risk assessments are performed annually.
	95% of births occurring in a hospital are entered accurately by hospital staff into the electronic birth registration system (Target = 10 calendar days or less)	95%	The upward trend in births entered accurately by hospital staff is the result of continued training of hospital staff by VR staff.

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
Executive Director's Operations	percentage of all deaths registered using the electronic death registration system	75%	<p>Two initiatives of CHD offices (the Office of Vital Records and Statistics and the Office of Public Health Informatics) working together account for the upward trend in Deaths Registered Electronically. 1) The software for registering deaths, the Electronic Death Entry Network, or EDEN was modified in close consultation with Utah physicians to improve ease of use. We call this modified version of the software "EDEN MD." The proportion of physicians doing death certificates electronically versus on paper increased dramatically. 2) Public Health Informatics teamed up with Intermountain to develop the capability for Intermountain physicians to create the death certificate information right inside of the Intermountain HELP2 software that physicians are already familiar with. These death records are sent to the Utah Department of Health, using health industry standard electronic messages, where they link with information that Funeral Directors have gathered from the family to become official death certificates. Many more Intermountain physicians now participate in the electronic system.</p>

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
Family Health and Preparedness	The percent of children who demonstrated improvement in social-emotional skills, including social relationships	65.0%	<p>The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.</p> <p>We report on children who are over six and less than 30 months of age at entry, and who have received at least six months of service. Each year the number of children in the cohort increased, and the trend for the outcome measures went downward. Also, each year different children are measured, as children enter and exit the program. Therefore, there may be more severely disabled children in a cohort in any particular year - thus potentially bringing down the outcome measurement. Nationally, most all states are falling below their originally set targets.</p>
			Trend consistent with target percentages

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in acquisition and use of knowledge and skills, including early language/communication and early literacy	72.5%	<p>The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.</p> <p>We report on children who are over six and less than 30 months of age at entry, and who have received at least six months of service. Each year the number of children in the cohort increased, and the trend for the outcome measures went downward. Also, each year different children are measured, as children enter and exit the program. Therefore, there may be more severely disabled children in a cohort in any particular year - thus potentially bringing down the outcome measurement. Nationally, most all states are falling below their originally set targets.</p>
			Trend consistent with target percentages

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs	73.5%	<p>The outcomes and targets (goals) were set in 2005 when the federal government required states to create a State Performance Plan with targets for all outcome indicators. With stakeholder involvement we made an educated guess as to what the targets should be. At the same time the standardized process and tool for determining individual child outcomes was created. There was a learning curve for fidelity to the model and instrument over a two year period.</p> <p>We report on children who are over six and less than 30 months of age at entry, and who have received at least six months of service. Each year the number of children in the cohort increased, and the trend for the outcome measures went downward. Also, each year different children are measured, as children enter and exit the program. Therefore, there may be more severely disabled children in a cohort in any particular year - thus potentially bringing down the outcome measurement. Nationally, most all states are falling below their originally set targets.</p>
			Trend consistent with target percentages
Disease Control and Prevention	Gonorrhea cases per 100,000 population	18.9	
		N/A	The increase in Gonorrhea has been primarily in a population that has not been previously identified as a high risk population for GC i.e. Heterosexual men and women.
	Percentage of Adults Who Are Current Smokers	9%	
		N/A	2014/2015 Survey data not available
	Percentage of Toxicology Cases Completed within 14 day Goal	100%	
		Goals have not been achieved due to 2 FTE vacancies.	

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
Local Health Departments	Number of local health departments that maintain a board of health that annually adopts a budget, appoints a local health officer (LHO), conducts an annual performance review for the LHO, and reports to county commissioners on health issues	12	
	Number of local health departments that provide communicable disease epidemiology and control services including disease reporting, response to outbreaks, and measures to control tuberculosis	12	Goals have been achieved as they are minimum performance measures established for the Local Health Departments
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	12	
	Number of local health departments that provide communicable disease epidemiology and control services including disease reporting, response to outbreaks, and measures to control tuberculosis	12	Goals have been achieved as they are minimum performance measures established for the Local Health Departments
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	12	Goals have been achieved as they are minimum performance measures established for the Local Health Departments
Medicaid and Health Financing	average decision time in hours on pharmacy prior authorizations	24	Up until 2013, PA's undergoing review were pended into a queue that lasted as long as the review. This prolonged the calculation time for an approval/denial designation. Now, they are no longer pended, but are designated denied or approved and are sent through an appeal process for PA's needing to undergo further review. This is due to a conflict that exists between federal and state law with regard to PA requirements as they pertain to PA 24 hr turnaround time.

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
			The actual hours for both data points are below the 24 hour goal.
	percent of clean claims adjudicated within 30 days of submission	98%	
			The clean claims adjudicated percent is flat at 99%.
		90,000	
Medicaid and Health Financing	total count of Medicaid and CHIP clients educated on proper benefit use and plan selection		The educations for the CHIP and Medicaid programs have been exceeding the target in 2011 and 2012 and were approximately 1% under the target in 2013. Medicaid expects to be above the target in 2014 based on increased educations related to the ACA changes.
Medicaid Sanctions	report on how expenditures from the Medicaid Sanctions line item met		
		52%	
	percentage of children (less than 15 months old) that received at least six or more well-child visits		The trend of six or more well-child visits has been trending higher from 2010 to 2013.
		39%	
Children's Health Insurance Program	percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit		The well care visits for members 12-21 has either been slightly over or slightly under the target each year. The trend is essentially flat.
		94%	
	percentage of children 5-11 years of age with persistent asthma who were appropriately prescribed medication		The percentage of children 5-11 who were appropriately prescribed medication has either been slightly over or slightly under the target each year. The trend is essentially flat.

Line Item	Measure	2015 or FY 2015	Please explain the trend. (how are you meeting your goal or why were you not able to meet your goal?)
Medicaid Mandatory Services	percent of adults age 45-64 with ambulatory or preventive care visits	88%	
			The trend is flat and Medicaid is meeting the target.
	percent of deliveries that had a post partum visit between 21 and 56 days after delivery	60%	
			Molina's rate for 2013 was 69.62%, while Healthy U was 48.64% and brought down the Utah average.
	percent of customers satisfied with their managed care plan	85%	
Medicaid Optional Services	annual state general funds saved through preferred drug list	\$8,500,000	
	count of new choices waiver clients coming out of nursing homes into emergency dental program General Fund savings	390	
	\$250,000		
			Only one data point. The program was implemented for SFY 2013

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
	<p>Conduct risk assessments for each information system in operation that processes restricted data.</p>	<p>We request that the wording of the measure be modified to reflect that with available resources, OHDS' focus is on assessing risk for all system that process the most sensitive information, that is restricted data. That number of systems that meet this requirement (currently 120) changes from year to year as systems are decommissioned or taken off-line. Currently 119 systems have a completed risk assessment.</p>
	<p>95% of births occurring in a hospital are entered accurately by hospital staff into the electronic birth registration system (Target = 10 calendar days or less)</p>	<p>Although we have reached our target, we will keep the current target level since we have only surpassed it once.</p>

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
Executive Director's Operations	percentage of all deaths registered using the electronic death registration system	Although we have reached our target, we will keep the current target level since we have only surpassed it once.

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
Family Health and Preparedness	The percent of children who demonstrated improvement in social-emotional skills, including social relationships	<p>The Office of Special Education (OSEP) is giving states the opportunity at this time to reset their targets. The new targets we will be submitting to OSEP in our Annual State Performance Plan on February 1, 2015 for FY15 -- FY18 are:</p> <p>Outcome A, social-emotional development - 65%</p> <p>Outcome B, acquisition and use of knowledge/skills - 72.50%</p> <p>Outcome C, behaviors to meet their own needs - 73.50%</p>
		No

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in acquisition and use of knowledge and skills, including early language/communication and early literacy	<p>The Office of Special Education (OSEP) is giving states the opportunity at this time to reset their targets. The new targets we will be submitting to OSEP in our Annual State Performance Plan on February 1, 2015 for FY15 -- FY18 are:</p> <p>Outcome A, social-emotional development - 65%</p> <p>Outcome B, acquisition and use of knowledge/skills - 72.50%</p> <p>Outcome C, behaviors to meet their own needs - 73.50%</p>
		No

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
Family Health and Preparedness	The percent of children who demonstrated improvement in their rate of growth in the use of appropriate behaviors to meet their needs	<p>The Office of Special Education (OSEP) is giving states the opportunity at this time to reset their targets. The new targets we will be submitting to OSEP in our Annual State Performance Plan on February 1, 2015 for FY15 -- FY18 are:</p> <p>Outcome A, social-emotional development - 65%</p> <p>Outcome B, acquisition and use of knowledge/skills - 72.50%</p> <p>Outcome C, behaviors to meet their own needs - 73.50%</p>
		No
Disease Control and Prevention	Gonorrhea cases per 100,000 population	No change
	Percentage of Adults Who Are Current Smokers	No change
	Percentage of Toxicology Cases Completed within 14 day Goal	

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
Local Health Departments	Number of local health departments that maintain a board of health that annually adopts a budget, appoints a local health officer (LHO), conducts an annual performance review for the LHO, and reports to county commissioners on health issues	Yes, the measure should be changed. Replacement measure: Achieve and maintain a turnaround time goal of 21 days.
	Number of local health departments that provide communicable disease epidemiology and control services including disease reporting, response to outbreaks, and measures to control tuberculosis	Yes, the measure should be changed. Replacement measure: Achieve and maintain an effective coverage target level of 90% for universally recommended vaccinations among young children (35 months of age).
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	Yes, the measure should be changed. Replacement measure: Reduce the number of cases of pertussis among children under 1 year of age, and among adolescents aged 11 to 18 years.
	Number of local health departments that maintain a program of environmental sanitation which provides oversight of restaurants food safety, swimming pools, and the indoor clean air act	Yes, the measure should be changed. Replacement measure: increase the number of health and safety related school buildings and premises inspections by 10% (from 80% to 90%).
Medicaid and Health Financing	average decision time in hours on pharmacy prior authorizations	

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
		No, this is the target stated in statute.
	percent of clean claims adjudicated within 30 days of submission	No, this is a reasonable target.
Medicaid and Health Financing	total count of Medicaid and CHIP clients educated on proper benefit use and plan selection	No, this is a reasonable target.
Medicaid Sanctions	report on how expenditures from the Medicaid Sanctions line item met	
Children's Health Insurance Program	percentage of children (less than 15 months old) that received at least six or more well-child visits	The actual well child visits has exceeded the target for each year. It may be appropriate to consider raising the target percentage.
	percentage of members (12 - 21 years of age) who had at least one comprehensive well-care visit	No- the target appears appropriate.
	percentage of children 5-11 years of age with persistent asthma who were appropriately prescribed medication	No- the target appears appropriate.

Line Item	Measure	Do you think the measure should be changed? (different measure, raise or lower goal, etc.)
Medicaid Mandatory Services	percent of adults age 45-64 with ambulatory or preventive care visits	No- the target appears appropriate.
	percent of deliveries that had a post partum visit between 21 and 56 days after delivery	No- the target appears appropriate.
	percent of customers satisfied with their managed care plan	No, we would still like to achieve 90 percent satisfaction. By contrast, most private plans show satisfaction of about 60 percent satisfaction.
Medicaid Optional Services	annual state general funds saved through preferred drug list	Yes, it should be raised to \$14 million.
	count of new choices waiver clients coming out of nursing homes into	No, the 390 is appropriate.
	emergency dental program General Fund savings	No- there is not enough data to determine if the target is reasonable.