Improving Oral Health

Statewide Performance Improvement Project

MO HealthNet Managed Care Health Plans

Blue -Advantage Plus, Children's Mercy Family Health Partners, Harmony Health Plan, Healthcare USA, Molina Healthcare of Missouri, Missouri Care Health Plan

MO HealthNet (MHD) Collaborative Performance Improvement Project (PIP)
Improving Oral Health
Date of Inception: September 2009

Definitions

ADA: American Dental Association
CDT: Current Dental Terminology
Dental Subcontractor: Bridgeport Dental Services, Inc. ("Bridgeport")
Dental Subcontractor: DentaQuest (formerly known as Doral)
NCQA: National Committee for Quality Assurance
EPSDT: Early and Periodic Screening, Diagnostic and Treatment
HRA: Health Risk Assessment
HEDIS: Healthcare Effectiveness Data and Information Set
PCP: Primary Care Physician

Study Topic/Problem Identification

Oral health is an integral component of children's overall health and well-being. Dental care is the most prevalent unmet health need among children. [1] Statistics from the Centers for Disease Control and Prevention (CDC) reveal that over two-thirds of children have decay in their permanent teeth. [2] The Kaiser Commission suggests "oral disease has been linked to ear and sinus infection and weakened immune system, as well as diabetes, and heart and lung disease. Studies found that children with oral diseases are restricted in their daily activities and miss over 51 million hours of school each year". [1]

The connection between oral health and general health is not often made by Medicaid recipients who frequently encounter other socio-economic challenges. Many Medicaid participants have traditionally approached dental care in an episodic rather than preventive manner. The MO HealthNet Managed Care health plans (Blue-Advantage Plus (BA+), Children's Mercy Family Health Partners (CMFHP), Harmony Health Plan (Harmony), Healthcare USA (HCUSA), Molina Healthcare of Missouri (Molina), and Missouri Care Health Plan (Missouri Care)) are facing similar barriers as identified by the 2007 Children's Dental Health Project (CDHP). CDHP identified the following potential barriers for the Medicaid population:

- Provider participation – Fewer dentists are participating in the Medicaid program. Some providers think that Medicaid families are "unreliable and that the paperwork and bureaucracy are excessively burdensome". [4]
- Reimbursement rates – The reimbursement by Medicaid does not meet the cost of much of the dental services that are provided.
- Administrative Issues
    - Complex enrollment forms
    - Non-standard billing forms
    - Excessive prior authorization requirements
    - Slow Payments
    - Inefficient eligibility determinations
- No Shows – According to the American Dental Association (ADA), one-third of Medicaid dental appointments result in 'no shows'. For families with Medicaid-eligible children, a lack of reliable transportation to the dental office and

difficulties arranging for child care or leave from work often lead to missed appointments.

- Geographical Barriers – Competitive market to keep dentists practicing in their locale.
- Personal Behaviors – Parents may not be familiar with the dental delivery system and may not recognize the value of preventive dental care because of their own poor history of dental care. According to Kaiser, "a study showed that parents of children who received preventive dental care were five times more likely to take their children for a dental visit as compared to parents who had received no dental care" [1]. This personal behavior suggests if the parent is receiving dental care; it is more likely, the child will also receive dental care. Parents and caregivers also feel unwelcomed and embarrassed by allowing others in the waiting room to learn of their Medicaid status. [3]

Much has been written regarding dental care and the challenges for access in the Medicaid population. While the literature is not as extensive regarding barriers to care in the private insurance sector, they do exist. In this population barriers are related primarily to coverage issues and the financial burden incurred due to variations in coverage and costs of the services, as well as limitations on specific dental procedures, e.g. dental prophylaxis or periodic examinations provided to young children. [14]

Access to dental services is an ongoing nationwide challenge for many health plans serving the Medicaid population. More than half of the children on Medicaid received no dental service in 2007. During this same time period in Missouri, the rate of dental service utilization was 27.9%. Underutilization of dental services is not a problem specific to the Medicaid population. Nationwide only 58% of children with private insurance receive dental care. [13]

Based on a 2008 site visit at the Department of Social Services/MO HealthNet Division conducted by the Center for Medicare & Medicaid Services (CMS) and subsequent site visit report, it was determined that a statewide Performance Improvement Plan (PIP) for dental screening needed to be initiated. The MO HealthNet Managed Care health plans are collaborating to improve dental care in the MO HealthNet population. Some of the following recommendations discussed by the MO HealthNet Managed Care Plans' Dental Task force include:

- Provide a separate dental handbook for beneficiaries written in appropriate language styles.
- Notify beneficiaries of the contractual time frame for appointment in conjunction of their right for adverse action if they fail to obtain a appointment
- Develop a standard for the timely provision of services within the guideline developed in the State Medicaid Manual and ensure those standards are carried out
- Evaluate each dental benefit administrator network based on the number of total Medicaid beneficiaries in the service area being covered
- Consider reimbursing provider for more frequent application of fluoride varnish for high-risk children

- Incorporate better care coordination and case management to integrate EPSDT service and receipt of dental care
- Consider an outreach program or statewide Performance Improvement Project (PIP) to improve oral health for children and for prenatal or perinatal mothers
- Ensure a dental home for children in Missouri
- Document the oral health needs of special need children and the adequacy of dental specialist in both rural an urban areas

The MO HealthNet Managed Care health plans collaborating in this project provide comprehensive dental care as a part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. All dental services are covered, including diagnostic care, as well as all necessary treatment and follow-up care with no limits on services or costs. Dental benefits are covered for all members from birth through age twenty (20) and for all pregnant women. Non-pregnant members who are twenty-one (21) or older do not have any dental benefits unless there are chronic conditions related to oral health (i.e. cancer, trauma related to oral health, diabetes, etc.).

CMFHP and Harmony contract with Bridgeport Dental Services, Inc. Their mission is to manage Medicaid dental benefits by: [5]

- Ensuring that patients receive the best possible dental care at the lowest possible cost by enhancing their access to dental services as well as their knowledge of good oral health.

- Maximizing the reimbursement to dental providers by honestly, diligently and effectively managing the dental benefits while preserving the dentist's ability to provide care.

- Acting as a resource to the dental providers we serve instead of an obstacle to the care they provide.

- Providing the government entities with whom we work the best possible service and support in enhancing the contents and the delivery of the dental benefits we manage on their behalf.

- Providing our employees with a positive and rewarding place to work where they can grow professionally and personally and where they can positively contribute to the overall well-being of all the entities we serve.

Blue-Advantage Plus, Healthcare USA, Missouri Care and Molina contract with DentaQuest (formerly known as Doral). Their mission is to direct all our energy and resources to our singular mission: to improve oral health. By providing innovative dental benefits programs, improving the efficiency and effectiveness of care, and working with communities and others to change the perception of oral health.

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Barrier Analysis

There was representation of key community members and health plans involved in this barrier analysis. The health plans identified barriers specific to the MO HealthNet Managed Care population using a computer based meeting program called "Go to Meeting". This allowed for participants to participate on the conference call while following a PowerPoint presentation of the meeting on their individual computers.

During the meeting, the health plans developed potential barriers and basic interventions. The barriers were categorized into 3 groups: 1) member, 2) provider and 3) system. The plans developed basic interventions and ranked them to determine which were achievable and sustainable. The health plans divided into teams to create specific processes for implementing the interventions ranked highest (Attachment A-C).

Interventions include member education and provider support in resolving some of the mentioned barriers. The health plans will partner with respective entities/individuals (i.e. local health departments, state, dental subcontractors, etc) to implement interventions to improve oral health. The interventions will be implemented throughout the study period, beginning in the first quarter of 2010 (1Q10).

Hypotheses

1). MO HealthNet Managed Care health plan parents of children from the ages of two (2) through twenty (20) and pregnant women will be more likely to schedule a dental visit after receiving education regarding the medical risks associated with poor preventive care and missed dental exams, upon increased access to care, and after receiving prompts and reminders for care from their medical providers and health plans.
2). Medical providers will be more effective in promoting oral health with support from the health plans and community organizations in patient outreach, education, and increased access to care.

Study Questions

This study is designed to answer the following question: Will providing the proposed list of interventions (Attachment D) to MO HealthNet Managed Care eligible members from the ages of 2 through 20 years old increase the number of children who receive an annual dental visit by 3% between HEDIS 2010 (data from calendar year 2009) and HEDIS 2011 (data from calendar year 2010)? The 3% increase in the Annual Dental Visit total rates will be measured both as an aggregate of all health plans as well as for each health plan individually.

Study Indicators

The study indicator will be the rate of MO HealthNet Managed Care eligible members from the ages of 2 through 20 who have had at least one dental exam as measured by the HEDIS 2011 (data from calendar year 2010) Annual Dental Visit (ADV) total rate

through the administrative method of measurement. The HEDIS Technical Specifications for the Annual Dental Visit (ADV) measure coinciding with the appropriate measurement year will be used, and at minimum, described below.

Denominator: All MO HealthNet Managed Care health plan eligible members from the ages of 2 through 20 as of December 31 of the measurement year.

Numerator: All MO HealthNet Managed Care health plan eligible members from the ages of 2 through 20 who have had at least one dental visit in the measurement year.

Description of Intervention & Population

The health plans developed sub-groups based on the top 4 interventions:

1. Floating Dentists (Dentist rotate through rural areas)
2. Partner with Community Advocates and Events
3. Collaborate with schools/nurses
4. After hours/weekend incentive

The intervention sub-groups developed specific action steps for each intervention. The MO HealthNet Managed Care Plans' Dental Task Force will further develop interventions throughout the study period based on the recently released State Oral Health Plan and develop a comprehensive list of interventions to be implemented. Interventions will be implemented throughout the study period beginning in the first quarter of 2010. In addition to tracking the interventions on the progress tool (Attachment D), each plan will identify the date the interventions are initiated.

The study population will consist of all MO HealthNet Managed Care health plan eligible members from the ages of 2 through 20 in the measurement year.

Sampling Techniques

The Annual Dental Visit HEDIS measure is an administrative measure across all MO HealthNet Managed Care health plans. The total eligible population that meets the HEDIS criteria will be used.

Data Collection Plan

Each MO HealthNet Managed Care health plan will use their own software system to analyze their claims to determine the rate of compliance with the measure. Each MO HealthNet Managed Care health plan will need to specify their own data collection plan due to the differences in software systems. Although not all of the MO HealthNet Managed Care health plans utilize HEDIS certified software, all are required to be audited by a National Committee for Quality Assurance (NCQA) certified HEDIS auditor. Each MO HealthNet Managed Care health plan is required to collect and report HEDIS measures in accordance with HEDIS specifications.
Each health plan will collect dental data according to the American Dental Academy's (ADA) Current Dental Terminology (CDT). A database report will be generated from

DentaQuest and Bridgeport's claims processing system to determine which participants from ages 2 through 20 years old that have not had a dental claim of any type in the last twelve (12) months of the measurement year using the following CDT codes:

- D0120 - D0999
- D1110 - D2999
- D3110 - D3999
- D4210 - D4999
- D5110 - D5899
- D6010 - D6205
- D7111 - D7999
- D8010 - D8999
- D9110 - D9999

In addition, the baseline data will not follow the HEDIS "allowable gap" criteria. It is imperative for all members in the MO HealthNet population to be educated on proper dental care. All eligible MO HealthNet members who meet the age criteria will be included in this study population. The HEDIS population will likely be impacted as a result of the MO HealthNet Managed Care health plans' efforts.

Each health plan will provide their respective dental subcontractor with a report of eligible members in the study population. Each dental subcontractor will then identify the number of eligible participants, who have not had a dental visit in the measurement year. The progress of each intervention will be tracked and updated on a quarterly basis (Attachment D).

Baseline Data Source and Data

Based on HEDIS 2010 Rates for Annual Dental Visit for the MO HealthNet Managed Care Plans, of the 216,060 eligible members, 84,321 members (39.03%) received an annual dental visit. Chart 1.1 presents annualized ADV HEDIS data for each health plans total rate stratified by service region.

CHART 1.1: Annual Dental Visit Total Rate

Mo HealthNet Health Plans Annual Dental Visit Rates - Total				
Plan	**Region**	**Numerator**	**Denominator**	**2010 HEDIS Rate**
BA+	Western	4,527	14,284	31.69%
CMFHP	Western	13,151	29,033	45.30%
Harmony	Eastern	1,548	5,503	28.13%
HCUSA	Eastern	28,454	70,188	40.54%
HCUSA	Central	7,908	16,669	47.44%
HCUSA	Western	7,633	18,211	41.91%
Missouri Care	Central	8,270	21,642	38.21%
Molina	Eastern	10,589	33,522	31.59%
Molina	Central	1,044	3,290	31.73%
Molina	Western	1,197	3,718	32.19%
Total		**84,321**	**216,060**	**39.03%**

Intervention Implementation

The success of the project will be evaluated by demonstrating an increase in the Annual Dental Visit total HEDIS rate for the MO HealthNet Managed Care health plans combined. The MO HealthNet Managed Care health plans generated a numerator and denominator for the measure based upon the HEDIS Technical Specifications. As required by the MO HealthNet Managed Care State contract, the calculation of the rate is audited by a certified HEDIS auditor. The MO HealthNet Managed Care health plans' report their rate by June 15th of each year. Annual Dental Visit HEDIS 2009 (2008 Measurement Year) rate serves as the baseline rate for the project. Comparisons will be made yearly to identify if there are any statistically significant increases in rates from the previous year and from the baseline.

Data Analysis Plan

Data from each respective dental sub-contractor will be cross-referenced with an information technology claims system to ensure accuracy and validity of the data as well as eligibility of the members. Each health plan will separately report on their eligible members in the study population to determine the percentage of members who had at least one dental visit during the measurement year by analyzing claims data provided by each dental sub-contractor in accordance with HEDIS technical specifications.

Data will be collected and analyzed by qualified personnel. A health plan-specific list of the qualified personnel will be included in each individual report.

Interventions will be implemented by the MO HealthNet Managed Care Plans for the purpose of this project at the beginning of 2010. Any interventions will likely impact the

final HEDIS results; therefore HEDIS 2011 rates will provide the rates for the first measurement period following the baseline of this project.

The interpretation of health plan-specific study results will be detailed in each health plan's individual report.

Data Analysis Goal

The goal of the project is to demonstrate an increase in the HEDIS Annual Dental Visit - total by 3% from the previous measurement year for all MO HealthNet Managed Care health plans as well as demonstrate a statewide aggregate 3% increase. A quarterly assessment of each plans rate will be completed and reported during Dental Task Force work group meetings to determine progress.

The yearly rates will be reported to CMS January 2012 in the Children's Health Insurance Program (CHIP) Annual Report and will be based on the HEDIS 2011 Annual Dental Visit total rate which is drawn from calendar year 2010 data. Each health plan will be responsible for identifying interventions in the statewide collaborative tool (Attachment D) as well as reporting the data analysis associated with the interventions in the individual health plan reports.

HEDIS 2010 MO HealthNet Managed Care Plan's Annual Dental Visit total rates will be used as baseline and to determine the aggregate statewide rate. The goal to increase Annual Dental Visit rates by 3% would result in a MHD aggregate rate of 40.20%. The goal rates for the individual plans are listed below by region as well as health plan total for those plans operating in more than one region.

MO HealthNet Health Plans Annual Dental Visit Total Rates and Target					
Plan	**Region**	**Numerator**	**Denominator**	**2010 HEDIS Rate**	**Target 3% HEDIS 2011 Increase**
BA+	Western	4,527	14,284	31.69%	32.64%
CMFHP	Western	13,151	29,033	45.30%	46.66%
Harmony	Eastern	1,548	5,503	28.13%	28.97%
HCUSA	Eastern	28,454	70,188	40.54%	41.76%
HCUSA	Central	7,908	16,669	47.44%	48.86%
HCUSA	Western	7,633	18,211	41.91%	43.17%
Missouri Care	Central	8,270	21,642	38.21%	39.36%
Molina	Eastern	10,589	33,522	31.59%	32.54%
Molina	Central	1,044	3,290	31.73%	32.68%
Molina	Western	1,197	3,718	32.19%	33.16%
Total		**84,321**	**216,060**	**39.03%**	**40.20%**

Sample Tools/Measures/Surveys

Improvement Strategies

Assessment of Improvement and Sustainability

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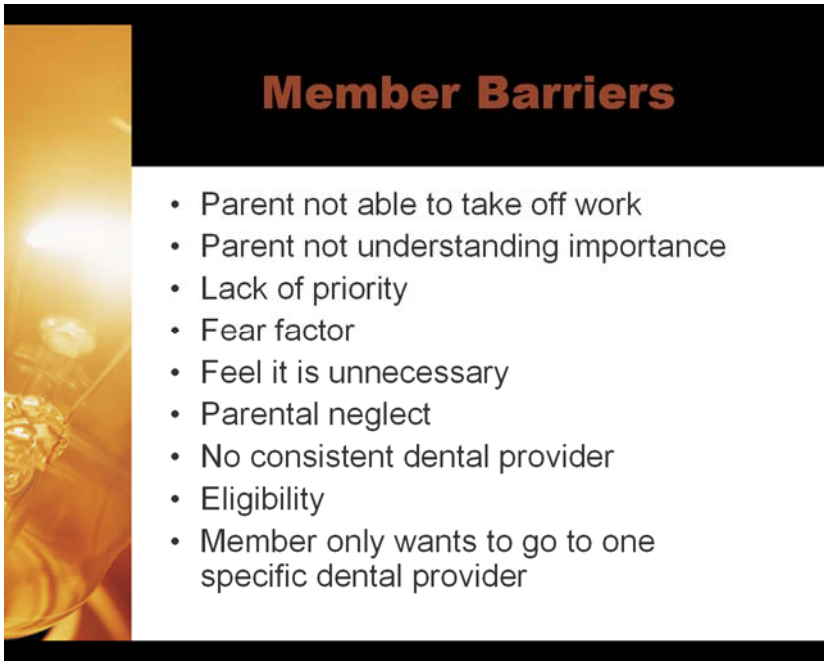
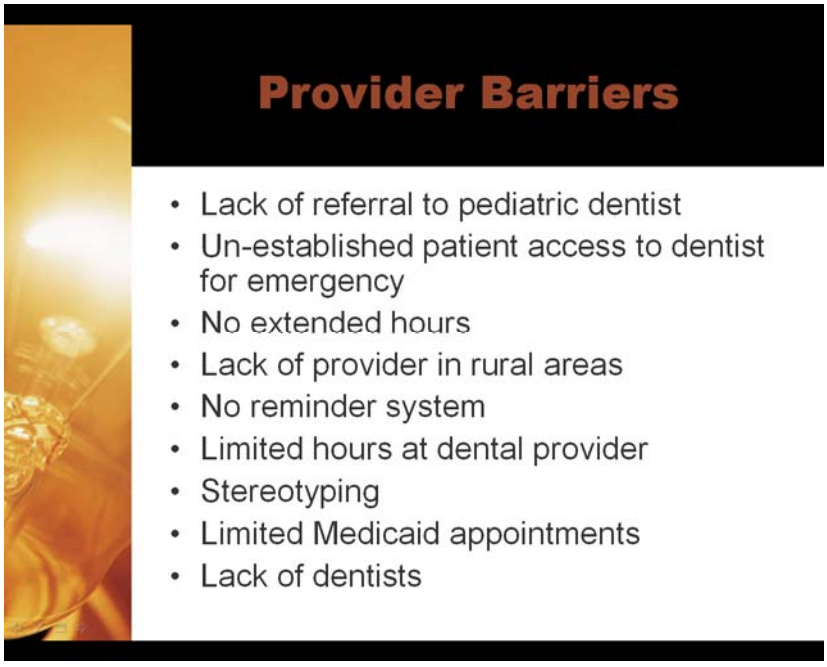
Resources/Literature Review

1. *The Kaiser Commission on Medicaid and the Uninsured: Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP*. August 2007. The Henry J. Kaiser Family Foundation
2. *Children's Oral Health*. 2007. CDC Oral Health Resources.
3. Edelstein, Burton L DDS, MPH, *At-A-Glance: Barriers to Medicaid Dental Care.* Children's Dental Health Project
4. Williamson, David. 2001. *Study: Many Poor Children Live in Pain Because Barriers to Dental Care Too Great.* UNC News Services
5. Bridgeport Dental Services: www.bridgeport.com [electronic version]
6. *Oral Health as a Reflection of Overall Health***.** 2000. American Medical Student Association (AMSA).
7. *Oral health: A window to your overall Health*. Feb, 2007. Mayo Clinic
8. *Diabetes: A Growing Epidemic of all Age.* 2003. Moore, Paul A., Ph.D., M.P.H.; Zgibor, Janice C., R. Ph., Ph.D.; Dasanayake, Ananda P., B.D.S., M.P.H., Ph.D. American Dental Association (ADA)
9. *Oral Health in America: A Report of the Surgeon General*. 2000. Surgeon General Report, National Institute of Dental and Craniofacial Research, National Institutes of Health, U.S. Dept. of Health and Human Services.
10. *National Center for Chronic Disease Prevention and Health Promotion. Cost Effectiveness of Chronic Disease prevention,* 2005. CDC.
11. *Oral Health*: *Factors Contributing to Low Use of Dental Services by Low-Income Populations.* 2000. GAO
12. Soh, W. A Ismail et. al. 2007. *Determinants of Dental Care Visits Among Low-Income African-American Children.* JADA.
13. *The Cost of Delay State Dental Policies Fail One in Five Children.* 2010. The Pew Center on the United States.
14. Edelstein, B. L., 2002. *Dental considerations for Young Children*. Spec Care Dentist.

Attachment A – Barrier Identification





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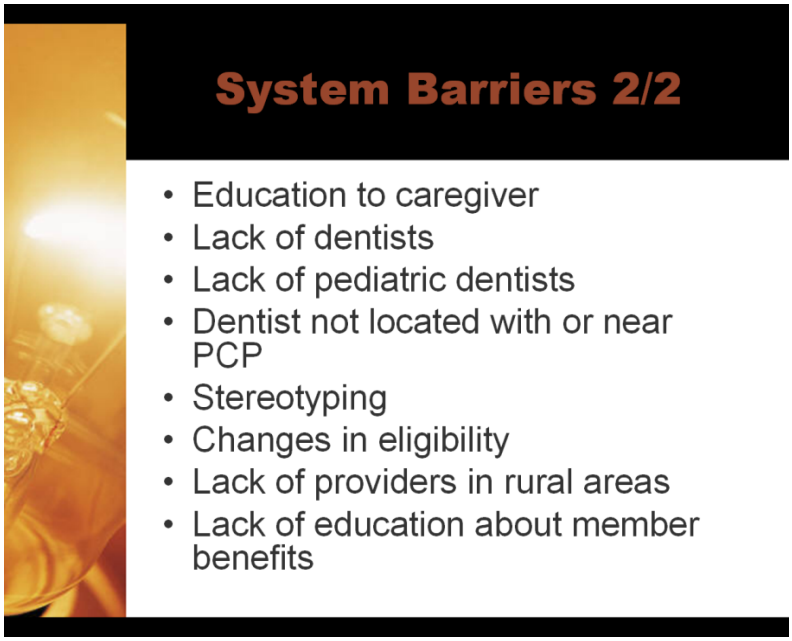

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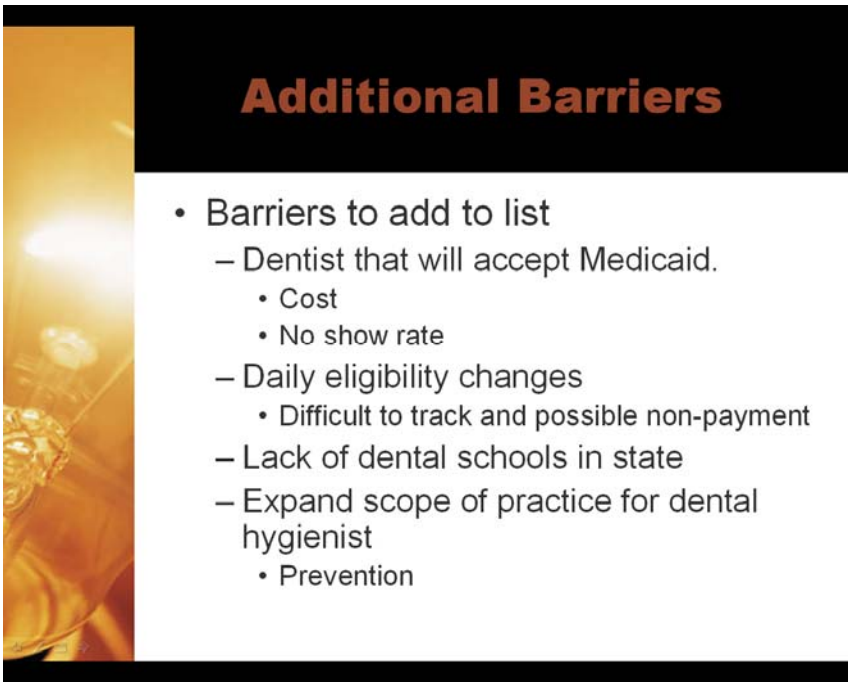
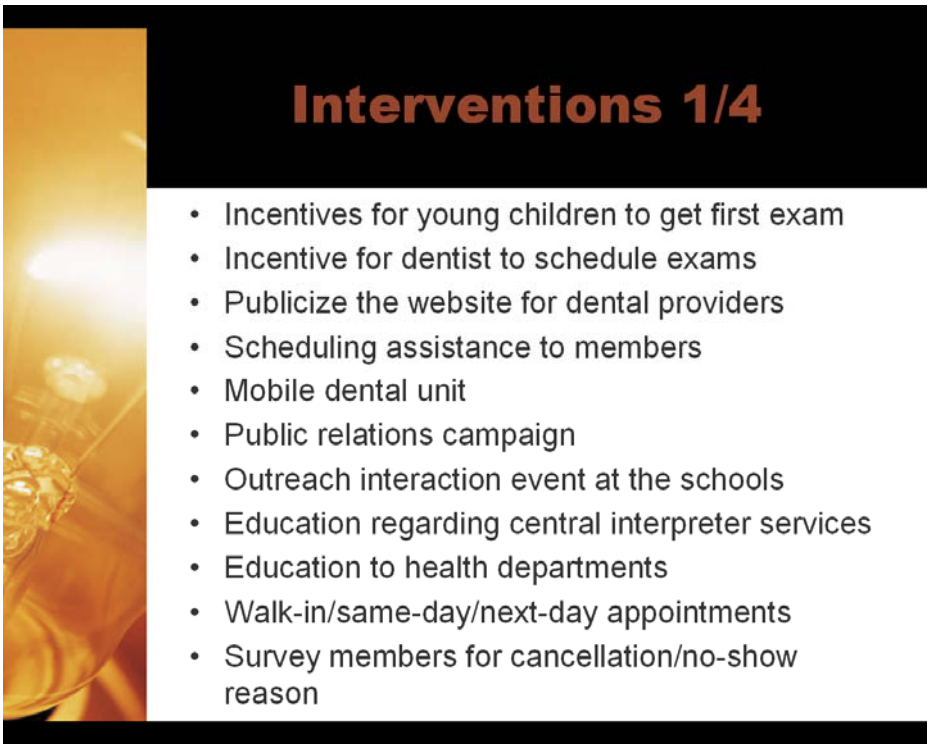
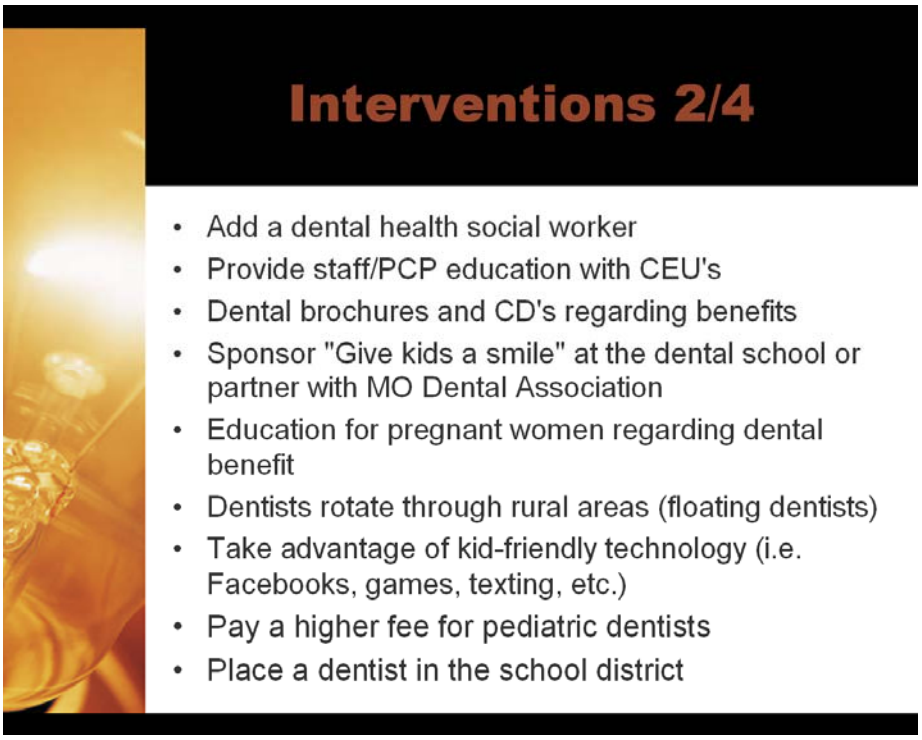


Attachment B – Intervention Identification





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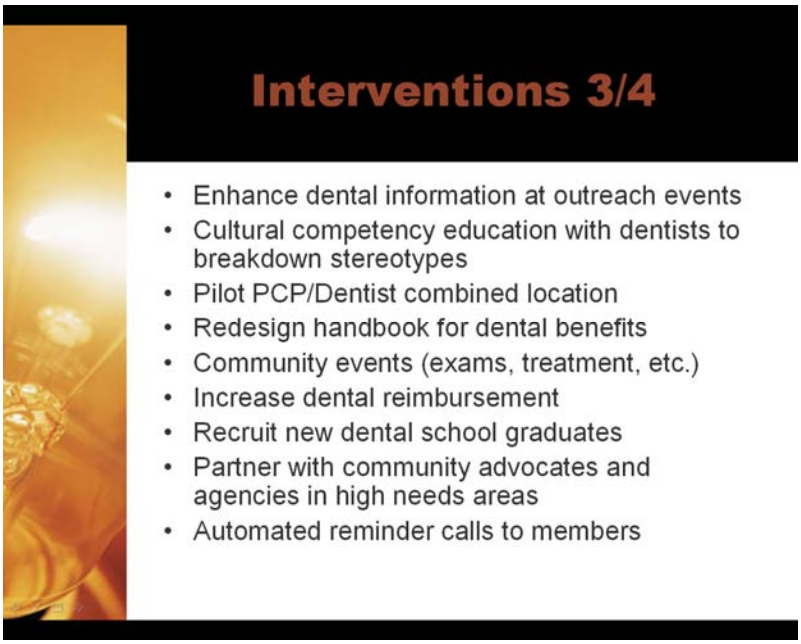

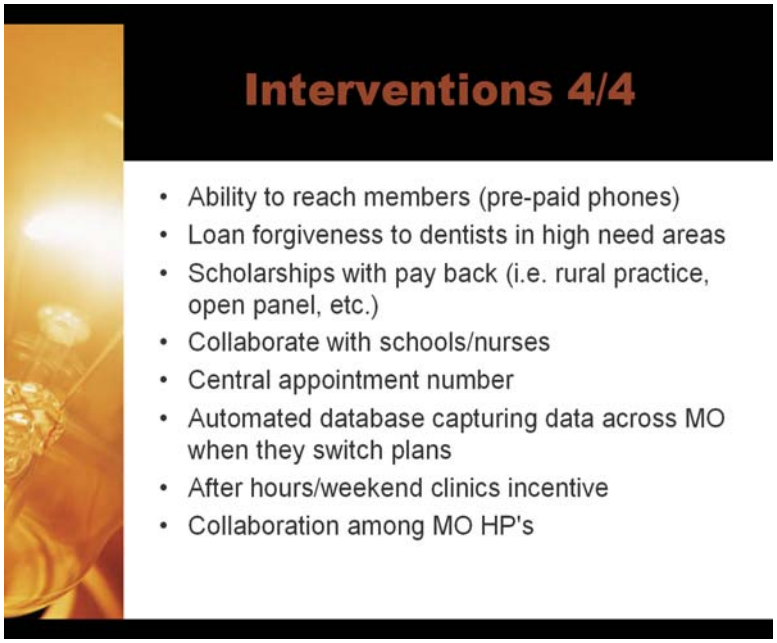

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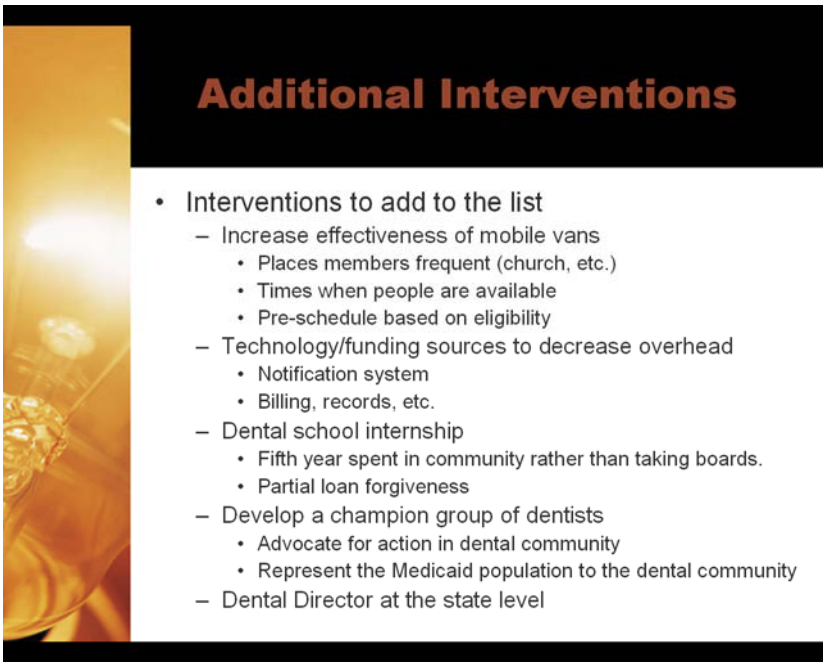
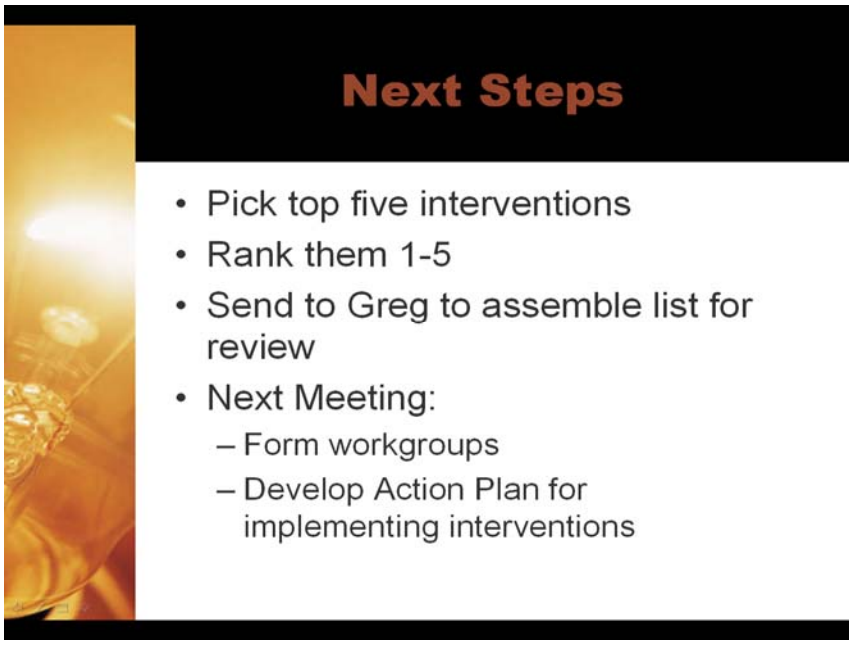
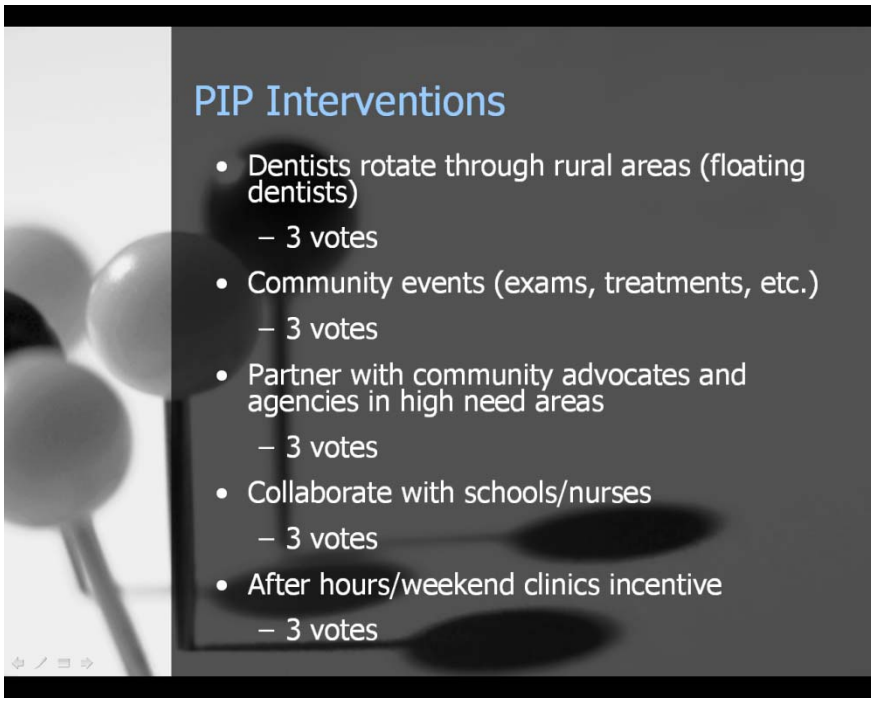
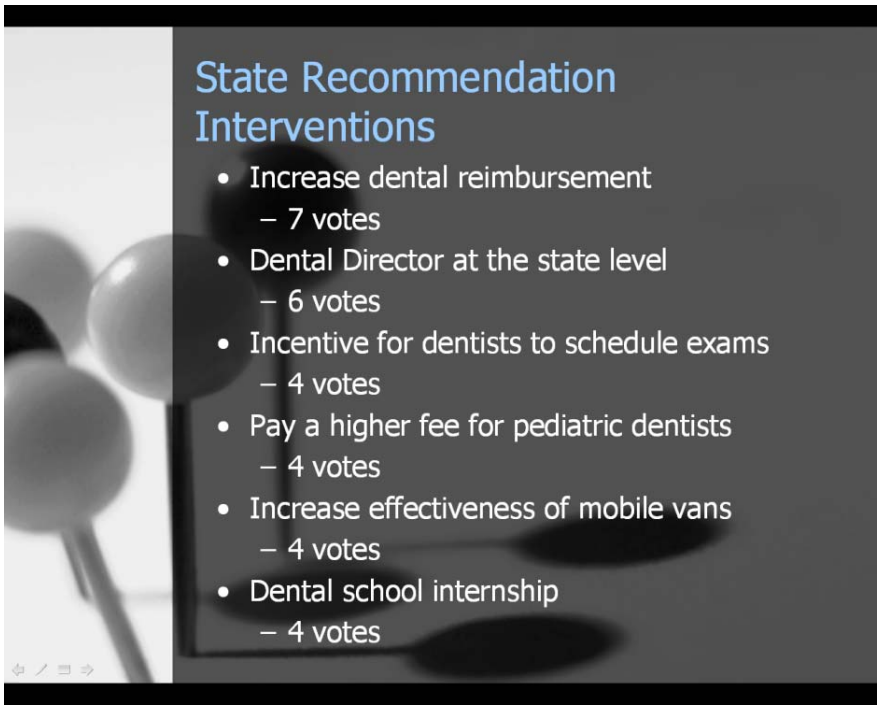


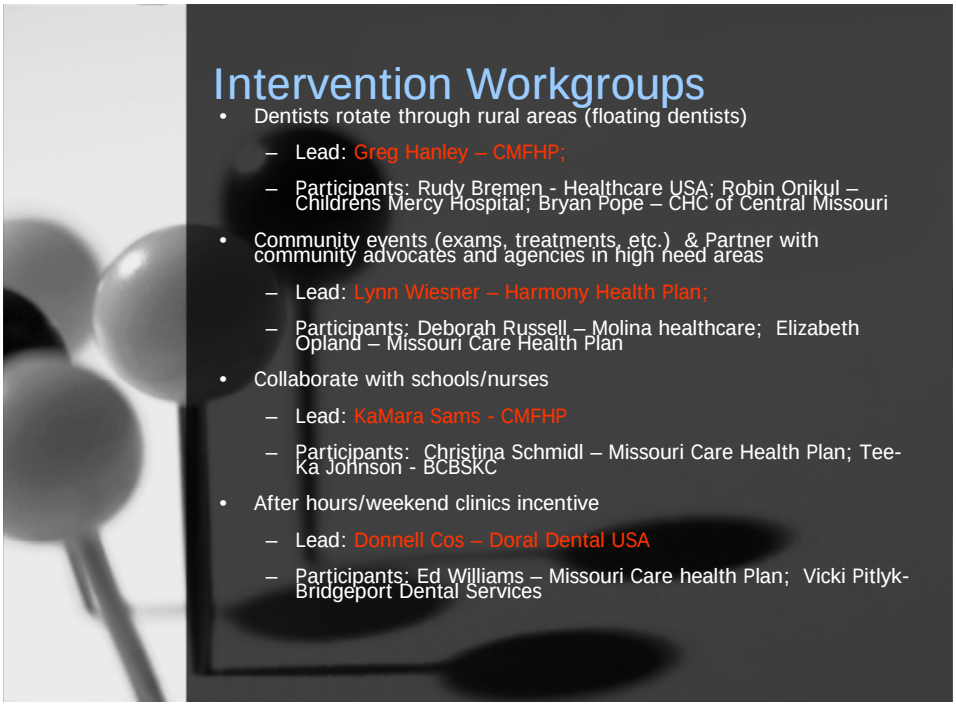


Attachment C – Intervention Voting





Attachment C – Intervention Voting (cont.)



Attachment D
MO HealthNet Collaborative Performance Improvement Project
Improving Oral Health
Individual Plan Progress Tool

Plan Name		Blue-Advantage Plus	CMFHP	Harmony	Healthcare USA	Molina Healthcare	Missouri Care	Statewide
2010	**Proposed Interventions**	1. Utilize Provider toolkit to educate providers on the State Dental Plan; the current HEDIS Rates and the goal to increase by 3% the number of children who receive annual dental visits. 2. Member notification reminder of services due. 3 School Nurse Collaboration	1. Add dental info to the website — include dental pod cast (12/18/09) 2. Dental info on Facebook in Feb– National Dental Month (9/21/10) 3. Dental info in the member, provider, and teen newsletters 4. Dental posters/education materials in provider offices, WIC offices, YMCA's, Head Starts',	1. Educate providers on the State Dental Plan; the current HEDIS Rates and the goal to increase by 3% the number of children who receive annual dental visits. 2. Educate members during monthly Harmony Birthday Club Party 3. School Nurse collaboration 4. Dental Incentive for	1. Revise member EPSDT/HEDIS well care and compliance mailers to include dental information. 2. Add dental reminder to wait/hold message. 3. Investigate the ability to include "Reach Out America" dental vendor to Back to School health fairs in 2010. 4. HEDIS/EPSDT birthday reminders and missed appointment reminders were revised to include dental health, including the need for a dental home	1. School Nurse Collaboration 2. Use of website to provide information on ADV 3. Collaboration w/ Head Start - Oral Health Roundtable in April 2010 4. Consider scheduling events and utilization of the Dental Van. 5. Educate on ADV at Health Fairs.	**Show Me Smiles: Head Start Collaboration** 1. Dental month campaign (February, 2010) 2. Onsite interactive parent/child education sessions and dental screening 3. Member giveaways (toothbrushes/toothpaste) 4. Identification of children in need of dental visits to provide "prescriptions for care" 5. Member dental visit	

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Individual Plan Progress Tool

Plan Name		Blue-Advantage Plus	CMFHP	Harmony	Healthcare USA	Molina Healthcare	Missouri Care	Statewide
			schools, etc. 5. Dental provider education to rural areas in MO – from PR reps 6. Collaborate w/ CR to teach proper dental hygiene (pass out toothbrushes, toothpaste, etc (ongoing) 7. Collaborate w/ Bridgeport /DentaQuest to share materials and information to dental providers via email. 8. Collaborati	members who complete ADV. 5. Education on ADV in both Member and Provider newsletters.	5. Monthly HEDIS/EPSDT notice to all Providers started in 2009 and includes Members on panel with a missed dental visit. 6. Importance of good oral hygiene and preventive dental care included in High Risk OB Disease Management program Peer to Peer educational baby showers and in the updated/revised member education booklet. Nurse's help members identify a dental provider who will accept FFS		due reminder postcards mailed to homes 6. Member newsletter articles **PCP and Dentist Provider Support** 1. Dental visit "prescription pads" for PCPs to distribute to patients 2. Partnership with key dental providers to offer additional appointment times 3. Incentive program for dentists who bring new Medicaid patients	

Plan Name		Blue-Advantage Plus	CMFHP	Harmony	Healthcare USA	Molina Healthcare	Missouri Care	Statewide
			on w/ Head Start - Oral Health Roundtable in April 2010 (4/10, 9/10)		Medicaid and get the appointment scheduled. 7. Community Development activities to include Participated in Healthy Smiles; Dental Vans at local Schools with Dental Education and Reach Out programs in Rural Missouri		into their practice 4. Program to decrease ER visits associated with dental problems 5. Website **Other Outreach Activities** 1. Dental van rural outreach 2. School nurse collaboration 3. Health Fairs	

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Individual Plan Progress Tool

Plan Name		Blue-Advantage Plus	CMFHP	Harmony	Healthcare USA	Molina Healthcare	Missouri Care	Statewide
	Recipient population, date and frequency							
2011	Intervention							
	Recipient population, date and frequency							
2012	Intervention							
	Recipient population, date and frequency							

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Plan Name		Blue-Advantage Plus	CMFHP	Harmony	Healthcare USA	Molina Healthcare	Missouri Care	Statewide
Description of Data Pull (plan specific)								
Results - Quarterly results based on study population	**2010 Qtr 1**	Pending	Denom: 27,790 Numerator: 5,384 (19.37%)	185	EMO: Denom: 93,368 Numerator: 13,985 (14.98%) CMO: Denom: 93,368 Numerator 13,985 (14.98%) WMO: Denom 25,498 Numerator 4,015 (15.75%) SW: Denom 142,710 Numerator 22,458 (15.74%)	10014 or 24.95% of eligible mbrs	problems with data; nothing to report	
	2010 Qtr 2	Pending	Denom: 26,612 Numerator:	592	EMO: Denom: 86,143	12830 or 31.84% of eligible mbrs	problems with data; nothing to	

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Individual Plan Progress Tool

Plan Name		Blue-Advantage Plus	CMFHP	Harmony	Healthcare USA	Molina Healthcare	Missouri Care	Statewide
Results - Quarterly results by Region **(Administrative Data Only)**			4,878 (18.33%)		Numerator: 20,691 (24.02%) CMO: Denom: 21,631 Numerator 6,255 (28.92%) WMO: Denom 22,660 Numerator 5,612 (24.77%) SW: Denom 130,434 Numerator 32,558 (24.96%)		report	
	2010 Qtr 3							
	2010 Qtr 4							
	2011 Qtr 1							
	2011 Qtr 2							

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	2011 Qtr 3							
	2011 Qtr 4	**Western:** Numerator - 6,529 Denominator – 15,956 (40.92%)	**Western:** Numerator – 15788 Denominator – 33072 (47.74%)		**Eastern:** Numerator- 76,511 Denominator – 31,923 (42.07%) **Central:** Numerator – 18,559 Denominator – 8,957 (48.98%) **Western:** Numerator - 19,265 Denominator- 8,403 (44.32%)	**Eastern:** Numerator – 13,523 Denominator – 36,352 (37.20%) **Central:** Numerator – 1,545 Denominator - 3,962 (39.00%) **Western:** Numerator – 1,748 Denominator – 4,916 (35.56%)	**Eastern:** Numerator – 230 Denominator – 792 (29.04%) **Central:** Numerator – 9,634 Denominator – 22,856 (42.15%) **Western:** Numerator – 211 Denominator – 723 (29.18%)	
	2012 Qtr 1							

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	2012 Qtr 2							
	2012 Qtr 3							
	2012 Qtr4							
2011 ADV Goal		32.64%	46.66%	28.97%	41.87%	31.66%	39.36%	39.03%
2011 HEDIS Rate (Administrative Measure)		Western: 40.92%	Western: 47.74%		Eastern: 42.07% Central: 48.98% Western: 44.32%	Eastern: 37.20% Central: 39.00% Western: 35.56%	Eastern: 29.04% Central: 42.15% Western: 29.18%	

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2012 ADV Goal							
2012 HEDIS Rate (Administrative Measure)							
2013 ADV Goal							
2013 HEDIS Rate (Administrative Measure)							
Success Stories, Lessons Learned, Comments, Ideas							