



# Medicaid and CHIP Quality Rating System

Prototype A

**Regulatory Text Citations**

**1** - A statement of the purpose of the Medicaid managed care quality rating system as proposed at § 438.520(a)(1)(i).

**2** - Relevant information on Medicaid, CHIP and Medicare as proposed at § 438.520(a)(1)(i).

**3** - Overview of how to use the information available in the display to select a quality managed care plan as proposed at § 438.520(a)(1)(i).

**4** - Information on how to access the beneficiary support system identified in § 438.71 to answer questions about using the State's managed care quality rating system to select a managed care plan as proposed at § 438.520(a)(1)(ii).

**6** - All available managed care programs and plans for which a user may be eligible based on the user's age, geographic location, and dually eligible status, if applicable, as well as other demographic data identified by CMS as proposed at § 438.520(a)(2)(i).

**7** - A description of the drug coverage for each managed care plan, including the formulary information specified in § 438.10(i) and other similar information as specified by CMS as proposed at § 438.520(a)(2)(ii).

**8** - Provider directory information for each managed care plan including all information required by § 438.10(h)(1) and (2) and such other provider information as specified by CMS as proposed at § 438.520(a)(2)(iii).

**9** - Quality ratings described at § 438.515(a)(4) that are calculated by the State for each managed care plan in accordance with § 438.515 of this subpart for mandatory measures identified by CMS as proposed at § 438.520(a)(2)(iv).

**10** - The quality ratings described in 438.520(a)(iv) calculated by the State for each managed care plan in accordance with 438.515 of this subpart for mandatory measures identified by CMS stratified by dual eligibility status, race and ethnicity, and sex as proposed at § 438.520(a)(2)(v).

**11** - The name of each managed care plan as proposed at § 438.520(a)(3)(i).

**12** - An internet hyperlink to each managed care plan's website as proposed at § 438.520(a)(3)(ii).

**13** - Each available managed care plan's toll-free customer service telephone number as proposed at § 438.520(a)(3)(ii).

**14** - Premium and cost-sharing information among available managed care plans within a single program as proposed at § 438.520(a)(3)(iii).

**15** - Premium and cost-sharing information including differences in premium and cost-sharing among available managed care plans within a single program as proposed at § 438.520(a)(3)(iii).

**16** - A summary of benefits including differences in benefits among available managed care plans within a single program as proposed at § 438.520(a)(3)(iv).

**17** - Certain of the metrics, as specified by CMS, of managed care plan performance that States must make available to the public under § 438 subparts B and D, including data most recently reported to CMS on each managed care program pursuant to § 438.66(e) and the results of the secret shopper survey specified in § 438.68(f) of this part as proposed at § 438.520(a)(3)(v).

**22** - Information or hyperlinks directing users to resources on how and where to apply for Medicaid and enroll in a Medicaid or CHIP plan as proposed at § 438.520(a)(5).

**Welcome!**

**Choosing a managed care plan can be confusing.**

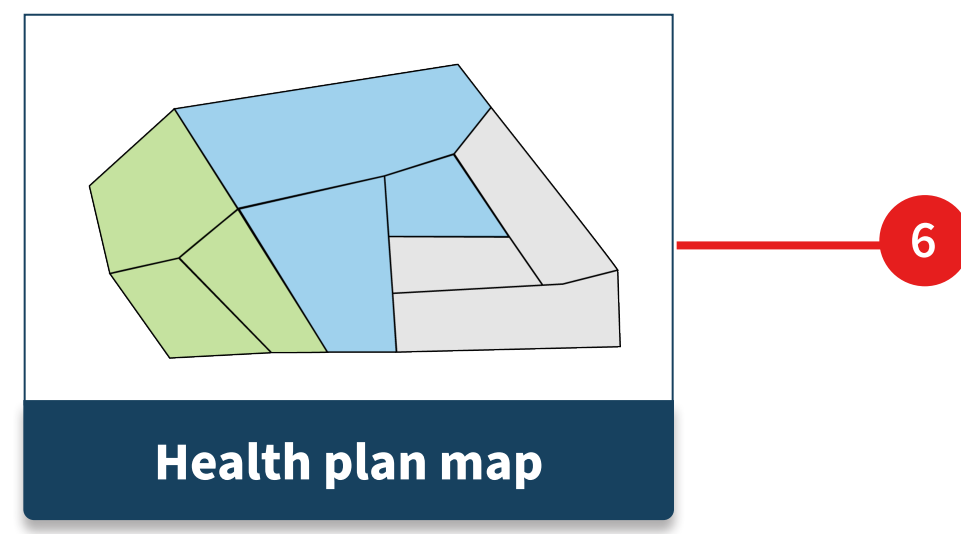
- ▶ Compare health plans available in your area on covered benefits, cost, and quality of care.
- ▶ Search for health plans that cover your doctors, medications, and the health care services you need.
- ▶ Compare out of pocket expenses you'll pay under each plan.
- ▶ View experience ratings from current health plan members and compare plans on how well they provide the services that matter the most for you and your family.

**2** Learn more about Medicaid and CHIP eligibility

**22** Apply for Medicaid and CHIP

**Get started comparing managed care plans.**

**3** Step 1: Find the health plans that are available where you live.



**3** Step 2: Find providers and drugs that are covered by each plan.

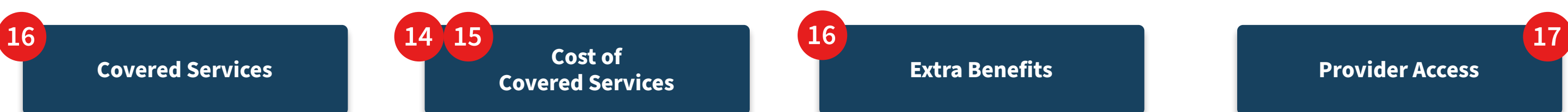
- ✓ Check the provider directory to see if doctors or other providers you are interested in are covered.
- ✓ Check the plan drug list to see if your medications are covered and if there is a copay.

<p><b>11 12 13</b></p> <p><b>Acme Health</b> acmehealth.com (212) 312-9182</p>	<p><b>Blue Ribbon</b> blueribbon.com (646) 123-0456</p>	<p><b>PrimeHealth</b> primehealth.com (212) 867-5309</p>
<p><b>7 8</b></p> <ul style="list-style-type: none"> <li>View Plan Provider Directory</li> <li>View Plan Drug List</li> </ul>	<ul style="list-style-type: none"> <li>View Plan Provider Directory</li> <li>View Plan Drug List</li> </ul>	<ul style="list-style-type: none"> <li>View Plan Provider Directory</li> <li>View Plan Drug List</li> </ul>
<p><b>Acme Health</b> is for people age 65 and older and those 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid.</p>	<p><b>Blue Ribbon</b> is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.</p>	<p><b>PrimeHealth</b> is for children and adolescents under age 18.</p>

**3** Step 3: Compare covered services, costs, extra benefits, and ease of accessing providers for each plan.

All plans cover certain services and many plans offer extra services. Find the plan that covers the services that meet the needs of you and your family.

- ✓ Check the services covered by all plans.
- ✓ Compare the cost of covered services for each plan.
- ✓ Compare the extra benefits for each plan.
- ✓ Compare how easy it is to access a plan's providers with data on wait times and accuracy of provider directories.



**Step 4: Compare health plan ratings by selecting the links of interest to you or your family.**

People across the state shared their thoughts about their health plan and rated them on the services their plan provided. You can also compare the quality of care people got through their health plan.



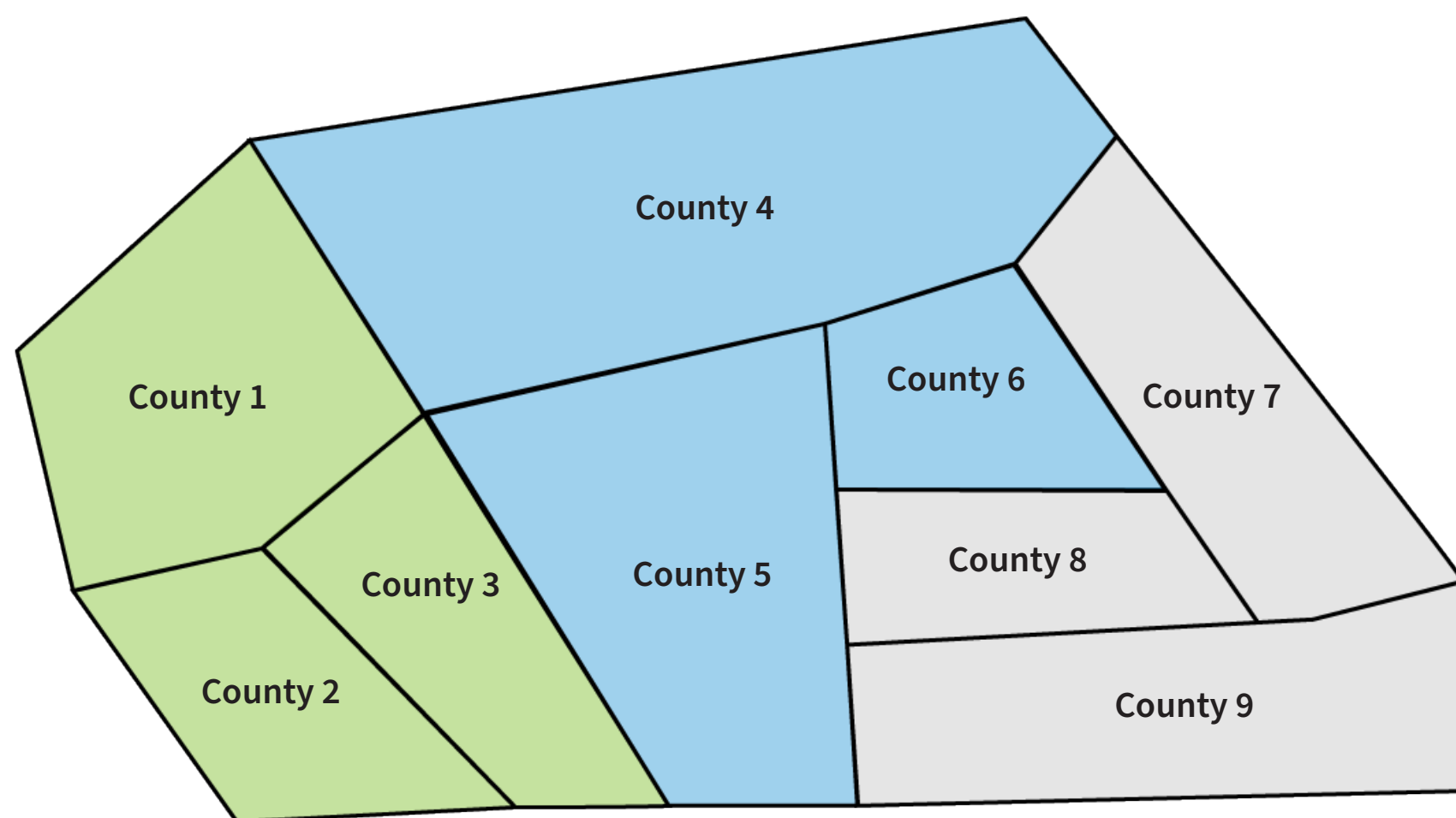
**22** Step 5: Enroll in a plan.





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## State A: Health Plan Service Areas



### Plans available by district

	District A County 1 County 2 County 3	District B County 4 County 5 County 6	District C County 7 County 8 County 9
<span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px;">6</span> <span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px;">11</span> <span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px;">12</span> <span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px;">13</span>			
<p> <b>Acme Health</b>  <a href="http://acmehealth.com">acmehealth.com</a> (212) 312-9182  <b>Acme Health</b> is for people age 65 and older and those 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid.</p>	✓	✓	✓
<p> <b>Blue Ribbon</b>  <a href="http://blueribbon.com">blueribbon.com</a> (646) 123-0456  <b>Blue Ribbon</b> is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.</p>	✓	✓	✗
<p> <b>PrimeHealth</b>  <a href="http://primehealth.com">primehealth.com</a> (212) 867-5309  <b>PrimeHealth</b> is for children and adolescents under age 18.</p>	✗	✓	✓

✓ Plan is available in this district
 
✗ Plan is not available in this district

## Regulatory Text Citations

**6** - All available managed care programs and plans for which a user may be eligible based on the user's age, geographic location, and dually eligible status, if applicable, as well as other demographic data identified by CMS as proposed at § 438.520(a)(2)(i).

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## Services Covered by All Plans

### Services covered by all plans 16

Behavioral health services: mental health and substance use services	Certified pediatric and family nurse practitioner services	Emergency department and urgent care services
EPSDT: early and periodic screening, diagnostic, and treatment services	Family planning services	Freestanding birth center services (when licensed or otherwise recognized by state)
Federally qualified health center services	Inpatient hospital services	Home health services
Laboratory and x-ray services	Nursing facility services	Nurse midwife services
Outpatient hospital services	Physician services	Rural health clinic services
Tobacco cessation counseling for pregnant women	Transportation to medical care (emergent and non-emergent)	

## Cost of Covered Services

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12
13

  
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 blueribbon.com  
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 primehealth.com  
 (212) 867-5309

### Cost of covered services for available plans 14 15

<b>Ambulance</b>	Per trip \$0	Per trip \$0	Per trip \$0
<b>Dental care</b>	\$0	\$0	\$0
<b>Inpatient hospital</b>	Per day \$3 Maximum with limits \$21	Per day \$3 Maximum with limits \$21	Per day \$3 Maximum with limits \$0
<b>Emergency department and urgent care services</b>			
Emergency care	\$9 copay per visit (always covered)	\$5 copay per visit (always covered)	\$9 copay per visit (always covered)
Urgent care	\$5 copay per visit (always covered)	\$4 copay per visit (always covered)	\$4 copay per visit (always covered)
<b>Medical centers</b>			
Ambulatory surgical center	\$3	\$3	\$0
Federally qualified health center/regional health center	\$0	\$0	\$0
Independent medical/surgical center	\$3	\$3	\$0
Short procedure unit	\$3	\$3	\$0
<b>Medical equipment</b>			
Purchase	\$3	\$1 to \$3	\$0
Rental	\$0	\$0	\$0
<b>Medical visits</b>			
Certified nurse practitioner	\$0	\$0 if PCP \$1 if not PCP	\$1
Chiropractor	\$1	\$1	\$1
Doctor	\$0	\$0 if PCP \$1 if not PCP	\$0
Specialist	\$0	\$1	\$0
<b>Outpatient hospital</b>	\$0 if PCP \$1 if not PCP	\$0 if PCP \$1 if not PCP	\$0 if PCP \$1 if not PCP
<b>X-rays</b>	Per service \$1	Per service \$1	Per service \$0
<b>EPSDT: early &amp; periodic screening, diagnostic, and treatment services</b>	Covers care for those under the age of 21 at no cost to you	Covers care for those under the age of 21 at no cost to you	Covers care for those under the age of 21 at no cost to you
<b>Family planning &amp; pregnancy related services</b>	\$0	\$0	\$0
Nurse midwife services	\$0	\$0	\$0
Freestanding birth center services (when licensed or otherwise recognized by state)	\$0	\$0	\$0
Tobacco cessation counseling for pregnant women	\$0	\$0	\$0
<b>Transportation to medical care (emergent and non-emergent)</b>	Free rides to and from your health care visits if you need transportation	Free rides to and from your health care visits if you need transportation	Free rides to and from your health care visits if you need transportation

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## Extra Benefits

Extra benefits are free services offered by plans in addition to basic Medicaid benefits. These are sometimes called value-added services.

**11** **12** **13**



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**PrimeHealth**  
[primehealth.com](http://primehealth.com)  
(212) 867-5309

### 16 Extra benefits

<b>Education</b>	\$120 GED voucher, including GED testing, tutoring, and reading scholarships	Up to \$160 GED exam voucher, materials, and life skills training	\$50 annual gift card for school supplies 24 hours of online tutoring for eligible members ages 6 to 18, if qualified
<b>Prenatal</b>	Up to \$450 in rewards for baby products; stroller, playpen, car seat, or diapers	Up to \$100 in rewards for baby products Free electric breast pump	1 safe sleep kit yearly for members who are pregnant, members with infants under age 1, or members under age 1
<b>Wellness</b>	\$75 per year rewards gift cards 24-week voucher for weight loss program 20% pharmacy discount card	\$75 per year rewards gift cards 13-week voucher for weight loss program	\$75 per year rewards for doctor visits 3 months of fresh fruits and vegetables for qualifying members
<b>Youth</b>	Not applicable (youth are not covered by this plan)	Not applicable (youth are not covered by this plan)	Up to \$150 for after-school activities
<b>Other</b>	Cell phone with 350 monthly minutes, free texts 3 GB data \$100 yearly value in alternative healing, acupuncture, massage therapy Hearing aid (up to \$300) Up to \$120 yearly for over-the-counter drugs	Cell phone with free minutes, data, and texts \$100 yearly value in alternative healing, acupuncture, massage therapy 14 prepared home-delivered meals after a qualified hospital or nursing facility stay, if qualified	Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma Pain management education and support

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## Adult Quality Measures

This page shows how the health plans performed on a wide range of adult quality measures. The measures are organized by different topics called domains.

20 These ratings are based on data collected from January to December 2021.  
21 These quality ratings have been reviewed and accuracy has been confirmed by independent organizations not related to the health plans.

6 11 12 13

<b>Acme Health</b> acmehealth.com (212) 312-9182 Acme Health is for people age 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid. View the plan's five-star quality rating for Medicare services here.	<b>Blue Ribbon</b> blueribbon.com (646) 123-0456 Blue Ribbon is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.	<b>PrimeHealth</b> primehealth.com (212) 867-5309 PrimeHealth is for children and adolescents under age 18.
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18

### Behavioral Health and Substance Use

#### Timely Treatment for Substance Dependence

Percentage of people with substance dependence who initiated treatment within 14 days of their diagnosis. Ages: 18 and older

Higher is better

52%	47%	This measure does not apply to the population covered by this plan.
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Why it matters: Treatment, including Medication Assisted Treatment, along with counseling or other behavioral therapies is shown to reduce alcohol and drug-associated deaths and to improve health and productivity. 19

#### Depression Screening and Follow-up Plan

Percentage of people who were checked for depression and had a follow-up plan if they were determined to be depressed. Ages: 18 and older

Higher is better

2%	7%	This measure does not apply to the population covered by this plan.
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Why it matters: Depression is among the leading causes of disability in persons 15 years and older and screening allows for early treatment. 19

#### Follow-Up After Hospitalization for Mental Illness

Percentage of people who had a follow-up visit with a mental health provider within 7 days after discharge from hospitalization for treatment of mental illness or intentional self-harm. Ages: 18 and older

Higher is better

32%	37%	This measure does not apply to the population covered by this plan.
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Why it matters: People who are hospitalized for a mental illness may be less likely to be rehospitalized if they receive follow-up care within a month. 19

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19 - A plain language description of the importance and impact of each performance measure assigned a quality rating as proposed at § 438.520(a)(4)(i).

20 - The measurement period during which the data used to calculate the quality rating was produced as proposed at § 438.520(a)(4)(ii).

21 - Information on quality ratings data validation, including a plain language description of when, how and by whom the data were validated as proposed at § 438.520(a)(4)(iii).

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### Chronic Conditions

#### Controlling Diabetes

Percentage of people whose diabetes was not controlled (HBA1c >9%). Ages: 18 - 75

Lower is better

41%	39%	This measure does not apply to the population covered by this plan.
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Why it matters: Managing diabetes correctly is the best way to avoid serious medical problems resulting from diabetes. 19

#### Asthma Medication

Percentage of people with asthma who had the right level of medication. Ages: 19 - 64

Higher is better

54%	49%	This measure does not apply to the population covered by this plan.
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Why it matters: Asthma is a treatable and reversible condition and when properly managed people may avoid having to use emergency medications, visits to the emergency department, and missed days of work or school. 19

#### Controlling High Blood Pressure

Percentage of people with hypertension whose blood pressure was controlled (140/90 or less). Ages: 18 - 85

Higher is better

67%	65%	This measure does not apply to the population covered by this plan.
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Why it matters: Controlling high blood pressure is important for preventing stroke and heart disease. 19

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### Home and Community Based Services

#### People assessed for items for which they may need support

Percentage of people for whom an assessment is performed that evaluates core items for which they may need support (like bathing and dressing) within 90 days of enrollment or once a year. Ages: 18 - 75

Higher is better

41%	39%	This measure does not apply to the population covered by this plan.
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Percentage of people for whom an assessment is performed that evaluates core items for which they may need support (like bathing and dressing) and some supplemental items (like grocery shopping) within 90 days of enrollment or once a year. Ages: 18 - 75

Higher is better

54%	35%	This measure does not apply to the population covered by this plan.
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Why it matters: Assessing people's needs in a timely manner promotes person-centered care and reduces risk for the person. 19

#### People discharged in a timely manner to their home or other community residence with Medicaid long-term services and supports

Among people participating in a Medicaid LTSS program, the percentage admitted to a facility and discharged within 100 days of admission to their home or community residence where they remain for 60 or more days. Ages: 18 and older

Higher is better

51%	49%	This measure does not apply to the population covered by this plan.
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Why it matters: People who are discharged in a timely manner to their home after staying in a facility may lead to more autonomy and independence in making life choices. 19

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### Preventive Health Care

#### Screening for Breast Cancer

Percentage of women who got checked with a mammogram for breast cancer in the last 2 years. Ages: 50 - 74

Higher is better

41%	39%	This measure does not apply to the population covered by this plan.
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Why it matters: The American Cancer Society recommends that women follow specific guidelines to help find breast cancer early for treatment to be most successful. 19

#### Screening for Cervical Cancer

Percentage of women who were screened for cervical cancer. Ages: 21-64

Higher is better

67%	65%	This measure does not apply to the population covered by this plan.
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Why it matters: The American Cancer Society recommends that women follow specific guidelines to help find cervical cancer early for treatment to be most successful.

#### Screening for Colorectal Cancer

Percentage of people who got tested for colorectal cancer. Ages: 50 - 75

Higher is better

57%	55%	This measure does not apply to the population covered by this plan.
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Why it matters: Treatment for colorectal cancer in its earliest stage can lead to a 90 percent survival rate after five years. Colorectal cancer screening of people without symptoms in that age group can catch pre-cancers or detect colorectal cancer in its early stages, when treatment is most effective. 19

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### Member Experience with Plan

#### Overall Health Plan Rating

Percentage of people who rated their health plan a 9 or 10 out of a 10-point scale. Ages: 18 and older

Higher is better

65%	63%	This measure does not apply to the population covered by this plan.
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#### Getting Care Quickly

Percentage of people who rated their doctor as 'always' providing the care they needed right away. Ages: 18 and older

Higher is better

64%	62%	This measure does not apply to the population covered by this plan.
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#### Getting Needed Care

Percentage of people who rated their doctor as 'always' getting them the care they needed (e.g., tests, treatments, etc.). Ages: 18 and older

Higher is better

61%	59%	This measure does not apply to the population covered by this plan.
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#### Customer Service

Percentage of people who rated the health plan customer service providers as 'always' giving them the care they needed. Ages: 18 and older

Higher is better

75%	73%	This measure does not apply to the population covered by this plan.
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#### How Well Doctors Communicate

Percentage of people who rated their doctor as 'always' explaining things clearly, listening carefully, being respectful, and spending enough time with them. Ages: 18 and older

Higher is better

81%	79%	This measure does not apply to the population covered by this plan.
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## Quality Measures by Sex of Plan Enrollees

This page shows how each health plan performed on quality measures by sex of the health plan enrollee. For each measure shown, the plan rating is based on care provided only to those members with the identified sex.

- 20** - These ratings are based on data collected from January to December 2021.
- 21** - These quality ratings have been reviewed and accuracy has been confirmed by independent organizations not related to the health plans.

**6 11 12 13**

 <b>Acme Health</b> <a href="http://acmehealth.com">acmehealth.com</a> (212) 312-9182 <b>Acme Health</b> is for people age 65 and older and those 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid. View the plan's five-star quality rating for Medicare services <a href="#">here</a> .	 <b>Blue Ribbon</b> <a href="http://blueribbon.com">blueribbon.com</a> (646) 123-0456 <b>Blue Ribbon</b> is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.	 <b>PrimeHealth</b> <a href="http://primehealth.com">primehealth.com</a> (212) 867-5309 <b>PrimeHealth</b> is for children and adolescents under age 18.
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**18**

### Chronic Conditions

#### Controlling Diabetes

Percentage of people whose diabetes was not controlled (HbA1C >9%)  
Ages: 18 - 75

↓ Lower is better

**Why it matters:** Managing diabetes correctly is the best way to avoid serious medical problems resulting from diabetes.

**19**

**10**

<b>Male</b>	50%	44%	This measure does not apply to the population covered by this plan.
<b>Female</b>	60%	64%	This measure does not apply to the population covered by this plan.

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- 21** - Information on quality ratings data validation, including a plain language description of when, how and by whom the data were validated as proposed at § 438.520(a)(4)(iii).

## Quality Measures by Race and Ethnicity of Plan Enrollees

This page shows how each health plan performed on quality measures by race and ethnicity. For each measure shown, the plan's rating is based on care provided only to those members with the identified race or ethnicity. Race and ethnicity data are self-reported by plan members. Members are given the option not to identify their race or ethnicity; therefore, race and ethnicity are missing or unknown for some members.

**20** These ratings are based on data collected from January to December 2021.  
**21** These quality ratings have been reviewed and accuracy has been confirmed by independent organizations not related to the health plans.

<p><b>Acme Health</b>  <a href="http://acmehealth.com">acmehealth.com</a>                  (212) 312-9182</p> <p><b>Acme Health</b> is for people age 65 and older and those 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid. View the plan's five-star quality rating for Medicare services <a href="#">here</a>.</p>	<p><b>Blue Ribbon</b>  <a href="http://blueribbon.com">blueribbon.com</a>                  (646) 123-0456</p> <p><b>Blue Ribbon</b> is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.</p>	<p><b>PrimeHealth</b>  <a href="http://primehealth.com">primehealth.com</a>                  (212) 867-5309</p> <p><b>PrimeHealth</b> is for children and adolescents under age 18.</p>
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**6 11 12 13**

**18**

### Chronic Conditions

#### Controlling Diabetes

Percentage of people whose diabetes was not controlled (HbA1C >9%)  
 Ages: 18 - 75  
 Lower is better

**Why it matters:** Managing diabetes correctly is the best way to avoid serious medical problems resulting from diabetes. **19**

#### Race **10**

Race	Acme Health	Blue Ribbon	PrimeHealth
<b>American Indian or Alaska Native</b> <i>Data Suppressed – Due to privacy concerns, this category cannot be reported due to the small number of members included in the rate.</i>	DS	DS	This measure does not apply to the population covered by this plan.
Asian	47%	46%	This measure does not apply to the population covered by this plan.
Black or African American	59%	57%	This measure does not apply to the population covered by this plan.
Native Hawaiian or Other Pacific Islander	55%	56%	This measure does not apply to the population covered by this plan.
White	62%	57%	This measure does not apply to the population covered by this plan.
Some Other Race	62%	56%	This measure does not apply to the population covered by this plan.
Two or More Races	55%	50%	This measure does not apply to the population covered by this plan.
Missing or Unknown	62%	61%	This measure does not apply to the population covered by this plan.

#### Ethnicity **10**

Hispanic or Latino	77%	76%	This measure does not apply to the population covered by this plan.
Not Hispanic or Latino	82%	81%	This measure does not apply to the population covered by this plan.
Missing or Unknown	70%	71%	This measure does not apply to the population covered by this plan.

## Regulatory Text Citations

- 6** - All available managed care programs and plans for which a user may be eligible based on the user's age, geographic location, and dually eligible status, if applicable, as well as other demographic data identified by CMS as proposed at § 438.520(a)(2)(i).
- 10** - The quality ratings described in 438.520(a)(iv) calculated by the State for each managed care plan in accordance with 438.515 of this subpart for mandatory measures identified by CMS stratified by dual eligibility status, race and ethnicity, and sex as proposed at § 438.520(a)(2)(v).
- 11** - The name of each managed care plan as proposed at § 438.520(a)(3)(i).
- 12** - An internet hyperlink to each managed care plan's website as proposed at § 438.520(a)(3)(ii).
- 13** - Each available managed care plan's toll-free customer service telephone number as proposed at § 438.520(a)(3)(ii).
- 18** - If a managed care plan offers an integrated Medicare-Medicaid plan, or a highly or fully integrated Medicare Advantage D-SNP, a denotation that an integrated plan is available and a link to the integrated plan's most recent rating under the Medicare Advantage 5-Star Rating System as proposed at § 438.520(a)(3)(vi).
- 19** - A plain language description of the importance and impact of each performance measure assigned a quality rating as proposed at § 438.520(a)(4)(i).
- 20** - The measurement period during which the data used to calculate the quality rating was produced as proposed at § 438.520(a)(4)(ii).
- 21** - Information on quality ratings data validation, including a plain language description of when, how and by whom the data were validated as proposed at § 438.520(a)(4)(iii).






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## Quality Measures by Dual Eligibility for Medicare and Medicaid

This page shows how each health plan performed on quality measures by a member's dual eligibility status. A member is dually eligible when they receive coverage through both Medicare and Medicaid. Dually eligible individuals often have unique health concerns as compared to other members.

- 20** These ratings are based on data collected from January to December 2021.
- 21** These quality ratings have been reviewed and accuracy has been confirmed by independent organizations not related to the health plans.

**6 11 12 13**

 <b>Acme Health</b> <a href="http://acmehealth.com">acmehealth.com</a> (212) 312-9182	 <b>Blue Ribbon</b> <a href="http://blueribbon.com">blueribbon.com</a> (646) 123-0456	 <b>PrimeHealth</b> <a href="http://primehealth.com">primehealth.com</a> (212) 867-5309
<b>Acme Health</b> is for people age 65 and older and those 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid. View the plan's five-star quality rating for Medicare services <a href="#">here</a> .	<b>Blue Ribbon</b> is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.	<b>PrimeHealth</b> is for children and adolescents under age 18.

**18**

### Chronic Conditions

#### Controlling Diabetes

Percentage of people whose diabetes was not controlled (HbA1C >9%)  
Ages: 18 - 75

↓ Lower is better

**Why it matters:** Managing diabetes correctly is the best way to avoid serious medical problems resulting from diabetes.

**19**

**10**

Dually Eligible for Medicare and Medicaid	50%	This measure does not apply to the population covered by this plan.	This measure does not apply to the population covered by this plan.
Not Dually Eligible for Medicare and Medicaid	60%	64%	This measure does not apply to the population covered by this plan.

## Regulatory Text Citations

**6** - All available managed care programs and plans for which a user may be eligible based on the user's age, geographic location, and dually eligible status, if applicable, as well as other demographic data identified by CMS as proposed at § 438.520(a)(2)(i).

**10** - The quality ratings described in 438.520(a)(iv) calculated by the State for each managed care plan in accordance with 438.515 of this subpart for mandatory measures identified by CMS stratified by dual eligibility status, race and ethnicity, and sex as proposed at § 438.520(a)(2)(v).

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**19** - A plain language description of the importance and impact of each performance measure assigned a quality rating as proposed at § 438.520(a)(4)(i).

**20** - The measurement period during which the data used to calculate the quality rating was produced as proposed at § 438.520(a)(4)(ii).

**21** - Information on quality ratings data validation, including a plain language description of when, how and by whom the data were validated as proposed at § 438.520(a)(4)(iii).