2015

CONSUMER EDITION QUALITY REPORT

Comparing the Performance of Maryland's Commercial Health Benefit Plans

MHCC MARYLAND HEALTH CARE COMMISSION

MARYLAND HEALTH CARE COMMISSION

CONSUMER EDITION QUALITY REPORT 2015

On Commercial HMOs, PPOs, POSs, EPOs, and Other Types of Health Benefit Plans in Maryland

Maryland Health Care Commission*

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MARYLAND HEALTH CARE COMMISSION

Maryland Health Care Commission
Consumer Edition Quality Report 2015

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For additional details on the quality and performance of Maryland's health benefit plans, please refer to the MHCC Comprehensive Quality Report 2015 located at **https://mhcc.maryland.gov/mhcc/pages/CQM_HPQ_2015_Comprehensive_Quality_Report_RPT_20151015.pdf**.

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I. HEALTH BENEFIT PLAN INFORMATION AND OVERVIEW

Health Benefit Plan Delivery Systems

Health Maintenance Organization (HMO) plans, Preferred Provider Organization (PPO) plans, Point-Of-Service (POS) plans, and Exclusive Provider Organization (EPO) plans, all have distinct features. These features are summarized in the table on the right, and typically fall into three main categories that are of importance to consumers: (1) Primary Care Providers, (2) Referrals to specialty care providers, and (3) Out-of-pocket costs, which includes annual premium and cost sharing.

It should be noted that behavioral health care services are provided through the health benefit plan's own provider network or through a contractual arrangement with a behavioral health care services vendor. Members have access to these services based on the benefits package linked to their contract. These behavioral health care services include mental health services as well as services for mood, behavioral and addictive disorders.

Features of the Various Types of Health Benefit Plan Delivery Systems

Topic		HMO	POS	PPO	EPO
Primary Care Providers (PCPs)		Members must choose an in-network PCP to manage their care. For some plans the PCP and all medical personnel work directly for the HMO at one of its medical facilities, so it is necessary to live or work in close proximity to the medical facility(ies).	Depending on the plan, members may need to choose an in-network PCP to manage their care.	Members are not required to have a PCP to manage their care. Members may choose an in-network PCP or out-of-network PCP to manage their care.	Depending on the plan, members may need to choose an in-network PCP to manage their care.
Referrals to specialty care providers		Members need a referral from their PCP to see a specialist and other providers, although some HMOs no longer require referrals.	Referrals may be needed to seek care from specialists or other providers. Members may choose between PCP referral to an in-network specialist or they may choose to see an out-of-network specialist.	No referrals are needed to seek care from specialists or other health care providers. Other than physician office visits and emergency care, services must usually be authorized by the PPO before members receive them.	Referrals may be needed to seek care from specialists or other in-network providers. Members must choose in-network providers if they have a need for a specialist. Some plans may allow referrals to out-of-network providers in emergency situations.
Out-of-pocket costs	**Annual premiums**	Annual premiums tend to be lower than POS and PPO plans.	Annual premiums tend to fall between HMO and PPO plans.	Annual premiums tend to be higher than HMO and POS plans.	Annual premiums tend to be lower than PPO plans.
	Cost sharing	*Cost sharing:* Fixed co-payments with no annual deductible or coinsurance. As long as you see your PCP or have an authorized referral to another provider, your out-of-pocket cost is usually a relatively small copayment per visit. But if you choose to go to another provider without a referral—whether or not the providers are in the HMO network—you'll have to pay 100% of the provider's bills. The exceptions are true emergency situations for which you are covered by the plan.	*Cost sharing:* Fixed co-payments for in-network services; deductibles and coinsurance may apply to in-network services and out-of-network services; higher costs associated with out-of-network services. You pay least when you receive services from your PCP or through an authorized referral to another in-network provider. But unlike an HMO, you may opt out of the network. If you opt out you'll be responsible for paying a higher percent of the provider's bill.	*Cost sharing:* Fixed co-payments for in-network services; deductibles and coinsurance may apply to in-network services and out-of-network services. A PPO plan encourages you to choose doctors, hospitals, and other providers that participate in the plan. They do this by increasing the portion of the bill they pay if you stay "in-network." You may choose to go "out-of-network" at any time, but if you do, you'll have to pay a higher percent of the provider's bill.	*Cost sharing:* Fixed co-payments for in-network services; deductibles and coinsurance may apply to in-network services and out-of-network services, if allowed. In choosing an EPO, it is important to make sure that the program includes enough providers to match your needs. In most EPO plans, as with an HMO, if you choose to go out-of-network, you'll have to pay 100% of the provider's bills.

Sources: Maryland Department of Budget and Management, Health Benefits; National Association of Insurance Commissioners; and Healthcare.gov

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network

Several major commercial health insurance carriers operating in Maryland are required to annually report on their health benefit plans' quality and performance results to the Maryland Health Care Commission. For reporting purposes, all plans fall into one of two categories, either Health Maintenance Organization (HMO) plans or Preferred Provider Organization (PPO) plans. Also, a carrier with multiple health benefit plans may be authorized to combine their plan reporting depending on how the plan is licensed and structured, and how services are delivered to members. These plans may be structured according to any of a number of delivery systems, not only HMO and PPO, but also Point of Service (POS) plans, Exclusive Provider Organization (EPO) plans, or other plans offered through any other type of delivery system. Following is a list of Maryland's reporting plans with the delivery systems they are authorized to combine:

Health Maintenance Organizations (HMOs)

- Aetna (HMO/POS)
- CareFirst BlueChoice (HMO/POS)
- Coventry (HMO/POS)
- Kaiser Permanente (HMO/POS)
- MD-IPA (HMO/POS)
- Optimum Choice (HMO/POS)
- UnitedHealthcare (HMO)

Preferred Provider Organizations (PPOs)

- Aetna (PPO/EPO)
- CareFirst CFMI (PPO/EPO)
- CareFirst GHMSI (PPO)
- Cigna (PPO/POS)
- Coventry (PPO)
- KPIC (PPO)
- MAMSI (PPO)
- UnitedHealthcare (PPO/POS/EPO)

Carrier Information and Provider Network

aetna

PLAN OVERVIEW	
Plan Name	HMO: Aetna (HMO/POS Combined) PPO: Aetna (PPO/EPO Combined)
Legal Name	HMO: Aetna Health, Inc. (Pennsylvania) – Maryland PPO: Aetna Life Insurance Company (MD/DC)
MHBO Name	Aetna Behavioral Health Pennsylvania
Contact Information	1-800-US-AETNA (1-800-872-3862) 7 days a week, 7:00 am–7:00 pm **www.aetna.com**
Tax Status and Ownership	Aetna HMO is a for-profit HMO with POS Aetna PPO is a for-profit PPO and EPO
Accreditation Status	HMO: "Accredited" NCQA Accreditation (exp. 2015) PPO: "Accredited" NCQA Accreditation (exp. 2017) HMO & PPO: "Full" NCQA MBHO Accreditation (exp. 2016)
Wellness Quality Initiatives	Check out Aetna's "Healthier Living Resources" under the "Individuals & Families" tab. **www.aetna.com**

TOTAL BEHAVIORAL HEALTH CARE PROVIDERS (MARYLAND)	Aetna (HMO)	Aetna (PPO)
Psychiatrists	623	637
Physicians, Certified in Addiction Medicine	3	2
Psychologists	459	461
Social Workers	1,420	1,447
Licensed Social Work Associates	0	0
Nurse Psycho-therapists	123	130
Nurse Practitioners	0	0
Registered Nurses	0	0
Licensed Therapists and Counselors	861	912
Alcohol and Drug Counselors	31	32
TOTAL BEHAVIORAL HEALTH CARE PROVIDERS	**3,520**	**3,621**

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

aetna

Aetna: Specialty by County – Frequency in Maryland

County/ Jurisdiction	Aetna – HMO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	1	100%	13	69%	4	100%	3	67%	2	100%	4	100%	54	83%	5	0%
Anne Arundel	470	83%	613	73%	172	99%	258	90%	8	88%	46	83%	3,104	82%	440	0%
Baltimore	636	87%	1,497	76%	300	100%	257	88%	49	84%	219	80%	8,300	80%	820	0%
Baltimore City	354	89%	1,896	74%	405	99%	646	83%	54	63%	291	76%	8,419	75%	381	0%
Calvert	21	67%	76	70%	18	100%	17	82%	1	100%	9	89%	673	84%	86	0%
Caroline	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%	24	88%	1	0%
Carroll	73	93%	88	48%	48	96%	41	85%	2	50%	28	68%	1,422	81%	203	0%
Cecil	48	77%	25	84%	23	100%	21	86%	0	0%	10	70%	146	68%	81	0%
Charles	93	83%	104	66%	18	100%	47	72%	1	100%	3	67%	553	80%	69	0%
Dorchester	1	100%	3	100%	4	100%	3	100%	0	0%	9	100%	43	70%	8	0%
Frederick	106	91%	99	65%	64	89%	161	95%	2	100%	41	83%	1,018	77%	180	0%
Garrett	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	16	88%	1	0%
Harford	165	84%	218	74%	48	100%	92	84%	2	100%	25	92%	1,907	80%	247	0%
Howard	109	86%	308	69%	100	99%	91	87%	7	71%	68	87%	1,707	76%	325	0%
Kent	3	100%	17	88%	5	100%	2	100%	0	0%	0	0%	274	82%	13	0%
Montgomery	295	78%	750	74%	432	97%	358	89%	7	86%	107	85%	3,809	81%	561	0%
Prince George's	192	65%	587	69%	213	98%	193	80%	8	100%	48	69%	2,561	78%	335	0%
Queen Anne's	17	94%	12	50%	15	100%	22	100%	0	0%	5	80%	183	85%	45	0%
Saint Mary's	33	70%	77	86%	8	100%	38	92%	0	0%	9	78%	238	82%	43	0%
Somerset	0	0%	1	100%	9	100%	4	100%	0	0%	2	50%	10	70%	18	0%
Talbot	19	100%	30	87%	10	90%	15	100%	0	0%	6	83%	206	79%	41	0%
Washington	56	84%	86	66%	19	100%	47	83%	0	0%	36	83%	454	79%	143	0%
Wicomico	8	88%	54	76%	30	100%	33	85%	0	0%	16	50%	269	78%	94	0%
Worcester	6	100%	35	54%	0	0%	0	0%	1	100%	2	100%	99	77%	6	0%
TOTAL	**2,712**		**6,589**		**1,945**		**2,349**		**144**		**984**		**35,489**		**4,146**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

aetna

Aetna: Specialty by County – Frequency in Maryland

County/ Jurisdiction	Aetna – PPO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	16	50%	50	74%	13	100%	16	75%	3	100%	9	67%	150	79%	50	0%
Anne Arundel	483	83%	621	72%	176	99%	262	89%	10	80%	47	83%	3,093	82%	436	0%
Baltimore	646	87%	1,495	76%	302	100%	258	89%	53	85%	219	81%	8,193	81%	816	0%
Baltimore City	354	89%	1,909	74%	407	100%	658	82%	58	62%	293	76%	8,477	75%	382	0%
Calvert	24	71%	76	70%	18	100%	17	82%	1	100%	9	78%	668	84%	86	0%
Caroline	18	72%	2	100%	1	100%	1	100%	0	0%	0	0%	26	88%	2	0%
Carroll	74	93%	87	49%	46	100%	41	85%	2	50%	27	67%	1,383	81%	206	0%
Cecil	48	77%	24	83%	24	100%	21	86%	0	0%	10	70%	149	68%	81	0%
Charles	95	83%	110	68%	20	100%	47	72%	1	100%	3	67%	554	80%	72	0%
Dorchester	10	90%	13	54%	6	100%	4	100%	0	0%	11	100%	69	72%	20	0%
Frederick	109	89%	108	68%	63	94%	160	96%	2	100%	42	81%	1,036	76%	180	0%
Garrett	19	84%	4	100%	0	0%	0	0%	2	0%	1	0%	35	86%	5	0%
Harford	170	85%	222	74%	48	100%	96	84%	2	100%	24	92%	1,893	80%	244	0%
Howard	110	86%	301	71%	99	100%	91	88%	9	67%	62	87%	1,705	76%	315	0%
Kent	3	100%	19	89%	6	100%	2	100%	1	0%	0	0%	273	81%	13	0%
Montgomery	306	79%	777	75%	449	98%	392	89%	9	67%	106	84%	4,069	80%	564	0%
Prince George's	198	66%	609	70%	223	99%	194	80%	13	54%	49	69%	2,690	78%	334	0%
Queen Anne's	17	94%	11	45%	15	100%	22	100%	0	0%	5	80%	189	84%	45	0%
Saint Mary's	32	72%	79	85%	8	100%	38	92%	0	0%	8	63%	246	79%	43	0%
Somerset	1	100%	4	75%	9	100%	6	83%	0	0%	2	50%	13	77%	22	0%
Talbot	25	96%	29	86%	10	100%	15	100%	0	0%	6	83%	215	78%	40	0%
Washington	58	84%	88	67%	19	100%	49	84%	0	0%	38	84%	457	79%	143	0%
Wicomico	8	88%	56	75%	30	100%	36	86%	0	0%	16	50%	277	78%	93	0%
Worcester	33	94%	42	69%	4	100%	2	0%	1	100%	3	67%	118	77%	28	0%
TOTAL	**2,857**		**6,736**		**1,996**		**2,428**		**167**		**990**		**35,978**		**4,220**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

CareFirst

PLAN OVERVIEW	
Plan Name	HMO: CareFirst BlueChoice (HMO/POS Combined) PPO: CareFirst CFMI (PPO/EPO Combined) PPO: CareFirst GHMSI (PPO)
Legal Name	HMO: CareFirst BlueChoice, Inc. PPO: CareFirst of Maryland, Inc. PPO: Group Hospitalization and Medical Services, Inc.
MHBO Name	HMO: Magellan Healthcare, Inc. PPOs: Magellan Tristate Care Management Center
Contact Information	1-888-432-4380 7 days a week, 7:00 am–7:00 pm **www.carefirst.com**
Tax Status and Ownership	HMO: CareFirst BlueChoice is a for-profit HMO PPO: CareFirst CFMI is a non-profit PPO with EPO PPO: CareFirst GHMSI is a non-profit PPO
Accreditation Status	HMO: "Accredited" NCQA Accreditation (exp. 2016) PPO: "Commendable" NCQA Accreditation (exp. 2016) HMO & PPOs: "Full" NCQA MBHO Accreditation (exp. 2016) HMO & PPOs: "Full" URAC Health Utilization Management and Case Management Accreditation (exp. 2016)
Wellness Quality Initiatives	Check out CareFirst's "Health and Wellness" information under the "individuals" tab. **www.carefirst.com**

TOTAL BEHAVIORAL HEALTH CARE PROVIDERS (MARYLAND)	BlueChoice (HMO)	CFMI (PPO)	GHMSI (PPO)
Psychiatrists	507	656	656
Physicians, Certified in Addiction Medicine	2	0	0
Psychologists	463	731	731
Social Workers	1,489	1,902	1,902
Licensed Social Work Associates	0	0	0
Nurse Psycho-therapists	36	94	94
Nurse Practitioners	1,875	1,585	1,585
Registered Nurses	49	0	0
Licensed Therapists and Counselors	935	1,023	1,023
Alcohol and Drug Counselors	0	1	1
TOTAL BEHAVIORAL HEALTH CARE PROVIDERS	**3,548**	**5,992**	**5,992**

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

CareFirst

CareFirst: Specialty by County – Frequency in Maryland

County/ Jurisdiction	CareFirst BlueChoice – HMO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	22	86%	49	90%	7	86%	17	82%	8	100%	8	75%	71	89%	42	0%
Anne Arundel	263	91%	493	90%	107	71%	266	92%	21	100%	31	84%	786	87%	282	0%
Baltimore	331	88%	866	90%	145	77%	163	85%	35	91%	132	78%	1,385	86%	567	0%
Baltimore City	197	82%	1,391	87%	234	62%	510	88%	47	94%	50	72%	2,618	74%	278	0%
Calvert	16	100%	81	94%	14	79%	14	79%	7	100%	8	75%	120	91%	54	0%
Caroline	5	100%	2	100%	0	0%	1	100%	0	0%	0	0%	1	100%	2	0%
Carroll	28	96%	99	96%	22	73%	39	90%	3	67%	25	92%	190	92%	145	0%
Cecil	28	89%	43	93%	7	57%	9	100%	2	100%	4	75%	78	92%	59	0%
Charles	57	88%	91	88%	15	93%	22	86%	5	100%	3	100%	146	84%	48	0%
Dorchester	8	100%	17	88%	1	100%	1	100%	0	0%	9	100%	23	96%	24	0%
Frederick	71	93%	99	92%	30	83%	161	93%	12	67%	24	79%	250	88%	134	0%
Garrett	7	100%	1	100%	0	0%	0	0%	0	0%	0	0%	8	63%	2	0%
Harford	130	92%	154	90%	36	86%	74	89%	2	100%	11	64%	293	85%	191	0%
Howard	132	91%	223	90%	39	69%	100	95%	5	100%	42	79%	403	83%	254	0%
Kent	7	100%	21	100%	1	100%	2	100%	1	100%	1	100%	23	96%	11	0%
Montgomery	198	91%	706	93%	266	88%	487	95%	31	77%	69	77%	1,344	88%	418	0%
Prince George's	86	87%	459	93%	106	78%	156	90%	19	95%	35	71%	787	89%	216	0%
Queen Anne's	10	90%	9	89%	15	60%	13	85%	0	0%	3	100%	75	91%	46	0%
Saint Mary's	13	77%	76	95%	6	83%	18	89%	9	100%	8	75%	118	91%	30	0%
Somerset	1	100%	3	100%	8	75%	7	86%	0	0%	3	33%	3	100%	21	0%
Talbot	12	100%	45	96%	5	80%	11	100%	0	0%	7	100%	97	89%	33	0%
Washington	42	95%	92	96%	14	71%	48	94%	3	100%	18	83%	174	89%	93	0%
Wicomico	9	100%	64	92%	21	90%	37	89%	4	100%	15	73%	145	91%	69	0%
Worcester	15	100%	49	100%	3	100%	5	100%	1	100%	1	100%	90	92%	22	0%
TOTAL	**1,688**		**5,133**		**1,102**		**2,161**		**215**		**507**		**9,228**		**3,041**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

CareFirst

CareFirst: Specialty by County – Frequency in Maryland

County/ Jurisdiction	CareFirst CFMI/GHMSI – PPO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	33	94%	76	87%	7	86%	24	92%	9	100%	26	42%	109	80%	89	0%
Anne Arundel	310	90%	622	90%	135	67%	253	90%	27	100%	73	56%	966	88%	561	1%
Baltimore	422	86%	1,044	91%	197	76%	213	87%	53	94%	204	64%	1,759	85%	985	2%
Baltimore City	267	82%	1,787	86%	302	55%	576	87%	71	87%	360	63%	3,435	74%	931	6%
Calvert	23	96%	91	92%	14	79%	22	82%	10	100%	7	29%	150	89%	96	0%
Caroline	8	100%	4	100%	0	0%	1	100%	0	0%	0	0%	2	100%	5	0%
Carroll	44	91%	112	94%	31	87%	37	92%	3	67%	24	54%	220	90%	214	1%
Cecil	40	88%	58	93%	9	67%	10	100%	3	100%	14	71%	110	93%	132	0%
Charles	68	87%	111	93%	19	95%	27	89%	8	100%	5	40%	164	83%	103	1%
Dorchester	6	100%	21	86%	2	100%	4	100%	0	0%	29	76%	39	90%	58	7%
Frederick	99	97%	113	92%	39	90%	185	88%	15	73%	35	69%	332	89%	262	3%
Garrett	11	100%	1	100%	0	0%	0	0%	0	0%	4	75%	15	80%	8	0%
Harford	160	89%	203	89%	40	83%	86	90%	5	100%	21	38%	382	82%	302	1%
Howard	165	91%	265	89%	55	75%	115	92%	10	90%	90	68%	504	82%	423	2%
Kent	7	100%	22	95%	3	100%	3	100%	1	100%	0	0%	37	92%	21	0%
Montgomery	257	91%	844	92%	319	85%	514	95%	43	84%	182	77%	1,789	88%	1,003	4%
Prince George's	125	90%	540	94%	127	79%	190	90%	31	97%	82	56%	922	87%	510	2%
Queen Anne's	21	95%	17	94%	19	68%	17	82%	0	0%	8	63%	101	86%	66	0%
Saint Mary's	25	80%	97	99%	8	88%	29	83%	12	100%	16	63%	152	88%	81	5%
Somerset	1	100%	6	100%	11	73%	7	86%	0	0%	5	20%	6	50%	23	9%
Talbot	12	100%	56	95%	10	70%	11	100%	0	0%	10	80%	131	89%	49	4%
Washington	67	96%	97	96%	22	73%	61	95%	3	100%	36	58%	228	84%	187	3%
Wicomico	11	100%	87	93%	28	86%	37	86%	3	100%	17	53%	186	88%	116	4%
Worcester	22	100%	59	100%	3	100%	6	100%	2	100%	3	67%	111	89%	34	0%
TOTAL	**2,204**		**6,333**		**1,400**		**2,428**		**309**		**1,251**		**11,850**		**6,259**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

PLAN OVERVIEW	
Plan Name	PPO: Cigna (PPO/POS Combined)
Legal Name	PPO: Cigna Health and Life Insurance Company/ Connecticut General Life Insurance Company
MHBO Name	PPO: Cigna Behavioral Health, Inc.
Contact Information	1-866-GET-Cigna 7 days a week, 24 hours a day **www.cigna.com**
Tax Status and Ownership	Connecticut General Life Insurance Company is doing business as Cigna and is a for-profit PPO and POS
Accreditation Status	PPO: "Commendable" NCQA Accreditation (exp. 2018) PPO: "Full" NCQA MBHO Accreditation (exp. 2017)
Wellness Quality Initiatives	Check out Cigna's "Health & Wellness" information under the "Personal" tab. **www.cigna.com**

TOTAL BEHAVIORAL HEALTH CARE PROVIDERS (MARYLAND)	Cigna (PPO)
Psychiatrists	373
Physicians, Certified in Addiction Medicine	11
Psychologists	348
Social Workers	879
Licensed Social Work Associates	0
Nurse Psycho-therapists	99
Nurse Practitioners	0
Registered Nurses	0
Licensed Therapists and Counselors	495
Alcohol and Drug Counselors	12
TOTAL BEHAVIORAL HEALTH CARE PROVIDERS	**2,217**

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

Cigna: Specialty by County – Frequency in Maryland

County/ Jurisdiction	Cigna – PPO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	11	55%	23	83%	6	100%	10	70%	0	0%	7	86%	72	72%	24	0%
Anne Arundel	65	68%	176	86%	75	72%	76	74%	2	100%	32	78%	452	79%	276	0%
Baltimore	79	61%	347	82%	101	80%	114	70%	9	67%	136	81%	869	76%	556	0%
Baltimore City	43	63%	276	83%	66	71%	64	69%	5	60%	46	65%	805	72%	175	0%
Calvert	11	73%	29	76%	8	63%	7	71%	0	0%	14	100%	65	68%	47	0%
Caroline	10	80%	2	100%	0	0%	0	0%	0	0%	0	0%	0	0%	2	0%
Carroll	24	50%	35	57%	10	80%	18	44%	0	0%	18	61%	90	73%	145	0%
Cecil	20	60%	11	73%	6	67%	6	17%	0	0%	8	63%	52	85%	31	0%
Charles	17	29%	38	79%	16	81%	21	52%	0	0%	3	67%	92	75%	43	0%
Dorchester	3	67%	7	71%	0	0%	0	0%	0	0%	6	100%	16	88%	12	0%
Frederick	37	51%	46	59%	9	78%	31	68%	3	67%	27	67%	191	82%	123	0%
Garrett	13	77%	3	100%	1	0%	0	0%	2	50%	0	0%	19	79%	0	0%
Harford	25	52%	49	80%	14	93%	29	72%	2	50%	15	87%	121	72%	144	0%
Howard	27	74%	74	80%	20	80%	38	66%	3	33%	54	80%	227	75%	192	0%
Kent	10	70%	5	100%	3	100%	1	0%	0	0%	0	0%	16	81%	9	0%
Montgomery	139	50%	337	77%	155	72%	211	71%	5	60%	98	84%	1,111	77%	401	0%
Prince George's	115	37%	212	73%	58	74%	80	53%	4	75%	40	58%	579	74%	150	0%
Queen Anne's	4	75%	8	63%	1	100%	1	100%	0	0%	2	100%	7	57%	37	0%
Saint Mary's	7	71%	8	88%	4	100%	7	43%	0	0%	5	80%	29	62%	27	0%
Somerset	3	67%	4	100%	1	0%	1	100%	0	0%	2	50%	7	43%	3	0%
Talbot	10	80%	20	90%	9	89%	8	100%	0	0%	4	50%	62	89%	16	0%
Washington	39	62%	39	59%	10	80%	25	52%	0	0%	15	93%	158	80%	31	0%
Wicomico	8	50%	33	67%	13	77%	16	56%	0	0%	7	71%	118	86%	23	0%
Worcester	8	50%	10	70%	0	0%	1	100%	0	0%	1	100%	19	74%	10	0%
TOTAL	**728**		**1,792**		**586**		**765**		**35**		**540**		**5,177**		**2,477**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

PLAN OVERVIEW	
Plan Name	HMO: Coventry (HMO/POS Combined) PPO: Coventry (PPO)
Legal Name	HMO: Coventry Health Care of Delaware, Inc. PPO: Coventry Health and Life Insurance Company
MHBO Name	HMO: MHNet Behavioral Health PPO: MHNet Behavioral Health
Contact Information	1-800-833-7423 Monday–Friday, 8:00 am–5:00 pm (EST) **www.coventryhealthcare.com**
Tax Status and Ownership	Coventry Health Care of Delaware, Inc. is a for-profit HMO Coventry Health and Life Insurance Company is a for-profit PPO
Accreditation Status	HMO: "Accredited" NCQA Accreditation (exp. 2016) PPOs: "Accredited" NCQA Accreditation (exp. 2016) HMO & PPO: "Full" NCQA MBHO Accreditation (exp. 2015)
Wellness Quality Initiatives	Check out Coventry's "Wellness Resources" information on the Home page. **www.chcdelaware.coventryhealthcare.com**

TOTAL BEHAVIORAL HEALTH CARE PROVIDERS (MARYLAND)	Coventry (HMO)	Coventry (PPO)
Psychiatrists	188	188
Physicians, Certified in Addiction Medicine	0	0
Psychologists	123	123
Social Workers	451	451
Licensed Social Work Associates	1	1
Nurse Psycho-therapists	0	0
Nurse Practitioners	0	0
Registered Nurses	1	1
Licensed Therapists and Counselors	245	245
Alcohol and Drug Counselors	0	0
TOTAL BEHAVIORAL HEALTH CARE PROVIDERS	**1,009**	**1,009**

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

COVENTRY Health Care

Coventry: Specialty by County – Frequency in Maryland

County/ Jurisdiction	Coventry – HMO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	8	38%	7	71%	3	100%	10	90%	1	100%	0	0%	27	63%	8	0%
Anne Arundel	88	85%	114	82%	56	77%	70	87%	1	100%	13	15%	252	85%	121	0%
Baltimore	116	84%	282	80%	126	76%	126	89%	13	77%	82	17%	679	85%	192	0%
Baltimore City	69	78%	206	83%	148	66%	91	85%	19	68%	27	33%	1,734	81%	102	0%
Calvert	9	78%	17	82%	3	33%	4	100%	1	100%	0	0%	49	80%	15	0%
Caroline	6	50%	2	100%	0	0%	1	100%	0	0%	0	0%	0	0%	1	0%
Carroll	33	85%	28	54%	19	89%	21	86%	2	50%	7	0%	89	84%	29	0%
Cecil	20	80%	6	67%	9	89%	5	100%	1	100%	6	33%	43	84%	44	0%
Charles	18	78%	17	65%	11	73%	18	56%	0	0%	0	0%	46	89%	2	0%
Dorchester	8	75%	3	67%	2	100%	1	100%	0	0%	5	60%	19	89%	14	0%
Frederick	55	84%	11	36%	19	63%	33	91%	1	100%	8	13%	90	83%	32	0%
Garrett	4	100%	1	100%	0	0%	0	0%	0	0%	0	0%	2	100%	0	0%
Harford	41	83%	39	74%	21	71%	34	85%	0	0%	4	75%	126	80%	56	0%
Howard	38	76%	47	85%	37	81%	40	85%	1	100%	9	11%	153	84%	46	0%
Kent	6	83%	5	100%	1	100%	1	100%	0	0%	3	33%	12	83%	10	0%
Montgomery	61	74%	119	80%	97	67%	113	73%	2	100%	1	0%	475	84%	38	0%
Prince George's	71	66%	106	75%	59	78%	55	76%	2	50%	5	40%	262	77%	23	0%
Queen Anne's	11	64%	5	60%	1	100%	5	100%	0	0%	1	100%	13	100%	12	0%
Saint Mary's	15	60%	18	89%	5	80%	11	91%	0	0%	0	0%	50	82%	4	0%
Somerset	2	50%	4	100%	6	50%	4	75%	0	0%	2	0%	1	100%	6	0%
Talbot	12	92%	6	100%	6	83%	9	89%	0	0%	5	40%	66	92%	22	0%
Washington	28	89%	17	71%	14	79%	20	95%	1	100%	1	100%	71	86%	12	0%
Wicomico	5	100%	23	78%	10	80%	16	88%	0	0%	9	11%	91	89%	38	0%
Worcester	18	89%	9	78%	3	67%	3	67%	0	0%	0	0%	32	88%	13	0%
TOTAL	**742**		**1,092**		**656**		**691**		**45**		**188**		**4,382**		**840**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

COVENTRY Health Care

Coventry: Specialty by County – Frequency in Maryland

County/ Jurisdiction	Coventry – PPO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	8	38%	7	71%	3	100%	10	90%	1	100%	0	0%	27	63%	8	0%
Anne Arundel	88	85%	114	82%	56	77%	70	87%	1	100%	13	15%	252	85%	121	0%
Baltimore	116	84%	282	80%	126	76%	126	89%	13	77%	82	17%	679	85%	192	0%
Baltimore City	69	78%	206	83%	148	66%	91	85%	19	68%	27	33%	1,734	81%	102	0%
Calvert	9	78%	17	82%	3	33%	4	100%	1	100%	0	0%	49	80%	15	0%
Caroline	6	50%	2	100%	0	0%	1	100%	0	0%	0	0%	0	0%	1	0%
Carroll	33	85%	28	54%	19	89%	21	86%	2	50%	7	0%	89	84%	29	0%
Cecil	20	80%	6	67%	9	89%	5	100%	1	100%	6	33%	43	84%	44	0%
Charles	18	78%	17	65%	11	73%	18	56%	0	0%	0	0%	46	89%	2	0%
Dorchester	8	75%	3	67%	2	100%	1	100%	0	0%	5	60%	19	89%	14	0%
Frederick	55	84%	11	36%	19	63%	33	91%	1	100%	8	13%	90	83%	32	0%
Garrett	4	100%	1	100%	0	0%	0	0%	0	0%	0	0%	2	100%	0	0%
Harford	41	83%	39	74%	21	71%	34	85%	0	0%	4	75%	126	80%	56	0%
Howard	38	76%	47	85%	37	81%	40	85%	1	100%	9	11%	153	84%	46	0%
Kent	6	83%	5	100%	1	100%	1	100%	0	0%	3	33%	12	83%	10	0%
Montgomery	61	74%	119	80%	97	67%	113	73%	2	100%	1	0%	475	84%	38	0%
Prince George's	71	66%	106	75%	59	78%	55	76%	2	50%	5	40%	262	77%	23	0%
Queen Anne's	11	64%	5	60%	1	100%	5	100%	0	0%	1	100%	13	100%	12	0%
Saint Mary's	15	60%	18	89%	5	80%	11	91%	0	0%	0	0%	50	82%	4	0%
Somerset	2	50%	4	100%	6	50%	4	75%	0	0%	2	0%	1	100%	6	0%
Talbot	12	92%	6	100%	6	83%	9	89%	0	0%	5	40%	66	92%	22	0%
Washington	28	89%	17	71%	14	79%	20	95%	1	100%	1	100%	71	86%	12	0%
Wicomico	5	100%	23	78%	10	80%	16	88%	0	0%	9	11%	91	89%	38	0%
Worcester	18	89%	9	78%	3	67%	3	67%	0	0%	0	0%	32	88%	13	0%
TOTAL	**742**		**1,092**		**656**		**691**		**45**		**188**		**4,382**		**840**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

PLAN OVERVIEW	
Plan Name	HMO: Kaiser Permanente (HMO/POS Combined) PPO: KPIC (POS)
Legal Name	HMO: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. PPO: Kaiser Permanente Insurance Company
MHBO Name	HMO: Kaiser Permanente Health Plan of the Mid-Atlantic States PPO: Kaiser Permanente Health Plan of the Mid-Atlantic States
Contact Information	1-800-245-3181 7 days a week, 24 hours a day **www.kaiserpermanente.org**
Tax Status and Ownership	Permanente Medical Group in Maryland operates as a separate for-profit HMO plan and is primarily funded by reimbursements from the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. Kaiser Permanente Insurance Company is a for-profit POS.
Accreditation Status	HMO: "Excellent" NCQA Accreditation (exp. 2016) HMO: "Excellent" NCQA MBHO Accreditation* (exp. 2016) * MBHO Accreditation by NCQA is through the health plan itself, which operates under a staff model to also address members' behavioral health needs.
Wellness Quality Initiatives	Check out Kaiser Permanente's "Health & Wellness" tab on the Home page. **www.kaiserpermanente.org**

TOTAL BEHAVIORAL HEALTH CARE PROVIDERS (MARYLAND)	Kaiser (HMO)	KPIC (PPO)
Psychiatrists	348	635
Physicians, Certified in Addiction Medicine	1	1
Psychologists	262	523
Social Workers	456	910
Licensed Social Work Associates	0	0
Nurse Psycho-therapists	23	23
Nurse Practitioners	0	0
Registered Nurses	0	0
Licensed Therapists and Counselors	159	407
Alcohol and Drug Counselors	4	7
TOTAL BEHAVIORAL HEALTH CARE PROVIDERS	**1,253**	**2,506**

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

Kaiser: Specialty by County – Frequency in Maryland

County/ Jurisdiction	Kaiser Permanente – HMO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
Anne Arundel	54	85%	100	80%	51	86%	28	89%	4	100%	14	100%	244	87%	82	17%
Baltimore	69	78%	330	85%	92	84%	53	91%	7	100%	169	88%	679	86%	205	17%
Baltimore City	39	82%	463	83%	186	70%	175	87%	27	96%	193	85%	2,118	87%	95	13%
Calvert	10	70%	10	70%	3	67%	8	88%	2	100%	2	100%	23	83%	15	40%
Caroline	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Carroll	6	100%	11	73%	0	0%	6	100%	0	0%	8	75%	35	89%	39	23%
Cecil	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Charles	11	73%	23	78%	2	100%	8	63%	2	100%	2	100%	29	93%	25	24%
Dorchester	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Frederick	7	100%	24	63%	19	89%	2	100%	0	0%	14	71%	69	94%	56	5%
Garrett	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Harford	9	78%	22	59%	5	80%	18	83%	1	100%	2	100%	80	80%	43	16%
Howard	23	91%	91	85%	49	84%	21	95%	1	100%	44	89%	161	86%	104	20%
Kent	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Montgomery	48	85%	280	87%	123	89%	62	94%	5	100%	54	93%	540	91%	191	21%
Prince George's	58	88%	194	84%	41	76%	42	88%	7	100%	31	100%	353	90%	102	27%
Queen Anne's	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	6	83%	1	0%
Saint Mary's	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	5	60%	1	0%
Somerset	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Talbot	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	75%	0	0%
Washington	0	0%	2	100%	11	91%	0	0%	0	0%	0	0%	9	78%	0	0%
Wicomico	0	0%	0	0%	0	0%	4	50%	0	0%	2	50%	7	100%	1	0%
Worcester	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	**335**		**1,553**		**582**		**427**		**56**		**535**		**4,363**		**960**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

Kaiser: Specialty by County – Frequency in Maryland

County/ Jurisdiction	KPIC – PPO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	7	57%	15	73%	6	67%	9	89%	0	0%	3	100%	21	81%	2	0%
Anne Arundel	138	85%	205	82%	82	78%	96	89%	4	100%	26	81%	519	87%	163	9%
Baltimore	180	82%	591	84%	212	82%	177	90%	15	100%	198	88%	1,289	86%	359	10%
Baltimore City	103	79%	817	83%	339	72%	364	84%	56	93%	347	87%	4,388	86%	268	4%
Calvert	14	71%	32	78%	10	60%	17	88%	3	100%	4	100%	70	84%	45	13%
Caroline	6	100%	2	100%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%
Carroll	35	91%	39	69%	12	83%	19	89%	0	0%	10	70%	102	83%	88	10%
Cecil	18	78%	4	100%	2	100%	5	80%	0	0%	2	50%	16	81%	44	0%
Charles	32	69%	48	75%	11	64%	26	62%	2	100%	4	75%	75	92%	45	13%
Dorchester	5	80%	6	67%	0	0%	1	100%	0	0%	5	60%	5	100%	2	0%
Frederick	59	93%	47	66%	39	85%	32	91%	0	0%	17	76%	178	93%	89	3%
Garrett	6	67%	1	100%	0	0%	0	0%	0	0%	0	0%	7	86%	0	0%
Harford	38	92%	71	72%	19	89%	52	90%	1	100%	9	89%	176	82%	102	7%
Howard	59	88%	155	86%	91	82%	63	90%	2	50%	51	86%	301	88%	180	12%
Kent	7	86%	4	100%	0	0%	1	100%	0	0%	0	0%	3	100%	3	0%
Montgomery	146	87%	491	87%	258	87%	216	91%	5	100%	86	86%	1,201	89%	308	14%
Prince George's	112	81%	310	83%	74	81%	106	78%	7	100%	44	98%	633	89%	172	16%
Queen Anne's	9	100%	2	100%	1	100%	1	100%	0	0%	1	100%	7	86%	9	0%
Saint Mary's	15	80%	19	89%	8	88%	13	62%	0	0%	0	0%	61	82%	4	0%
Somerset	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%
Talbot	11	82%	7	100%	4	100%	10	100%	0	0%	1	100%	76	84%	4	0%
Washington	40	88%	36	81%	27	78%	15	93%	0	0%	9	89%	80	88%	26	0%
Wicomico	0	0%	3	100%	2	100%	11	64%	0	0%	4	75%	85	88%	11	0%
Worcester	11	91%	5	100%	2	100%	0	0%	0	0%	1	0%	23	96%	1	0%
TOTAL	**1,051**		**2,910**		**1,199**		**1,235**		**95**		**822**		**9,316**		**1,926**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

UnitedHealthcare

PLAN OVERVIEW	
Plan Name	HMO: MD-IPA (HMO/POS Combined) HMO: Optimum Choice (HMO/POS Combined) HMO: UnitedHealthcare (HMO) PPO: MAMSI (PPO) PPO: UnitedHealthcare (PPO/POS/EPO Combined)
Legal Name	HMO: Maryland Individual Practice Association, Inc. HMO: Optimum Choice, Inc. HMO: UnitedHealthcare of the Mid-Atlantic, Inc. PPO: MAMSI Life and Health Insurance Company PPO: UnitedHealthcare Insurance Company (Maryland)
MHBO Name	HMOs: United Behavioral Health PPOs: United Behavioral Health
Contact Information	1-800-307-7820 TTY: 711 (Maryland only) 7 days a week, 24 hours a day **www.uhc.com**
Tax Status and Ownership	MD-IPA and Optimum Choice, Inc., for-profit HMOs, are owned and operated by a regional holding company and are subsidiaries of UnitedHealth Group, Inc. UnitedHealthcare of the Mid-Atlantic, Inc. is a for-profit HMO plan and a subsidiary of UnitedHealth Group, Inc. MAMSI Life and Health Insurance Company and UnitedHealthcare Insurance Company (Maryland) are both for-profit PPO plans subsidiaries of UnitedHealth Group, Inc.
Accreditation Status	MD-IPA HMO: "Commendable" NCQA Accreditation (exp. 2017) Optimum Choice & UnitedHealthcare HMO: "Accredited" NCQA Accreditation (exp. 2017) MAMSI PPO (Marketplace only): "Accredited" NCQA Accreditation (exp. 2018) UnitedHealthcare PPO: "Commendable" NCQA Accreditation (exp. 2015) HMOs & PPOs: "Full" NCQA MBHO Accreditation (exp. 2017) UnitedHealthcare HMO & PPO: "Full" URAC Health Utilization Management Accreditation (exp. 2017)
Wellness Quality Initiatives	Check out UnitedHealthcare's "Healthy Living" information under the "Individuals and Families" tab. **www.uhc.com**

TOTAL BEHAVIORAL HEALTH CARE PROVIDERS (MARYLAND)	MD-IPA (HMO)	Optimum Choice (HMO)	United-Healthcare (HMO)	MAMSI (PPO)	United-Healthcare (PPO)
Psychiatrists	472	472	471	472	472
Physicians, Certified in Addiction Medicine	4	4	4	4	4
Psychologists	476	476	476	476	476
Social Workers	1,080	1,080	1,076	1,080	1,080
Licensed Social Work Associates	0	0	0	0	0
Nurse Psycho-therapists	122	122	122	122	122
Nurse Practitioners	10	10	10	10	10
Registered Nurses	2	2	2	2	0
Licensed Therapists and Counselors	494	494	492	494	494
Alcohol and Drug Counselors	0	0	0	0	0
TOTAL BEHAVIORAL HEALTH CARE PROVIDERS	**2,660**	**2,660**	**2,658**	**2,660**	**2,658**

UnitedHealthcare

UnitedHealthcare: Specialty by County – Frequency in Maryland

County/ Jurisdiction	MD-IPA – HMO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	11	55%	33	73%	8	100%	11	91%	1	100%	4	100%	84	64%	2	50%
Anne Arundel	115	83%	192	78%	73	85%	95	85%	3	33%	10	70%	463	85%	10	10%
Baltimore	129	78%	589	83%	174	89%	194	86%	25	88%	30	90%	1,166	82%	22	14%
Baltimore City	99	67%	884	85%	156	78%	332	85%	43	70%	15	80%	1,937	79%	10	0%
Calvert	18	78%	34	82%	8	75%	14	93%	2	100%	6	83%	79	73%	2	100%
Caroline	9	67%	1	100%	0	0%	1	100%	0	0%	0	0%	0	0%	1	0%
Carroll	43	70%	63	65%	21	90%	30	87%	2	50%	3	100%	167	83%	7	14%
Cecil	25	76%	19	53%	8	75%	10	90%	1	100%	3	100%	54	74%	7	0%
Charles	18	67%	46	74%	13	69%	22	64%	2	50%	0	0%	91	81%	2	0%
Dorchester	8	63%	4	50%	4	75%	1	100%	0	0%	3	100%	15	67%	0	0%
Frederick	61	84%	45	60%	20	90%	45	93%	2	50%	9	100%	193	87%	10	0%
Garrett	12	92%	1	100%	3	0%	0	0%	1	0%	0	0%	10	90%	1	0%
Harford	45	82%	87	74%	25	84%	49	90%	3	33%	1	0%	216	82%	3	0%
Howard	41	78%	105	76%	54	89%	65	92%	4	25%	16	94%	263	83%	16	6%
Kent	8	63%	10	70%	3	100%	2	100%	0	0%	0	0%	22	91%	2	0%
Montgomery	129	74%	384	79%	174	89%	202	92%	16	69%	43	91%	1,151	86%	51	2%
Prince George's	93	59%	210	75%	53	83%	90	84%	4	75%	11	100%	444	77%	7	0%
Queen Anne's	20	90%	13	100%	9	100%	11	91%	0	0%	0	0%	50	88%	1	0%
Saint Mary's	17	59%	27	78%	9	89%	18	78%	1	100%	2	100%	55	89%	2	0%
Somerset	2	100%	3	100%	12	75%	7	86%	0	0%	0	0%	5	80%	0	0%
Talbot	8	100%	16	81%	6	100%	9	100%	0	0%	0	0%	71	87%	2	50%
Washington	42	81%	60	70%	24	92%	17	88%	2	100%	9	67%	152	87%	6	0%
Wicomico	13	85%	54	80%	8	88%	17	88%	2	50%	5	40%	91	81%	3	33%
Worcester	18	94%	25	72%	4	100%	2	100%	0	0%	0	0%	85	89%	0	0%
TOTAL	**984**		**2,905**		**869**		**1,244**		**114**		**170**		**6,864**		**167**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

UnitedHealthcare

UnitedHealthcare: Specialty by County – Frequency in Maryland

County/ Jurisdiction	Optimum Choice – HMO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	11	55%	33	73%	8	100%	11	91%	1	100%	4	100%	84	64%	2	50%
Anne Arundel	116	83%	192	78%	73	85%	97	86%	3	33%	10	70%	458	85%	10	10%
Baltimore	129	78%	588	83%	173	89%	194	86%	25	88%	30	90%	1,161	82%	22	14%
Baltimore City	98	67%	884	85%	156	78%	331	85%	43	70%	15	80%	1,936	79%	10	0%
Calvert	18	78%	35	80%	8	75%	14	93%	2	100%	6	83%	78	73%	2	100%
Caroline	9	67%	1	100%	0	0%	1	100%	0	0%	0	0%	0	0%	1	0%
Carroll	43	70%	64	66%	21	90%	30	87%	2	50%	3	100%	169	82%	7	14%
Cecil	25	76%	18	50%	8	75%	10	90%	1	100%	3	100%	53	75%	7	0%
Charles	18	67%	46	74%	13	69%	22	64%	2	50%	0	0%	91	81%	2	0%
Dorchester	8	63%	4	50%	4	75%	1	100%	0	0%	3	100%	15	67%	0	0%
Frederick	61	84%	45	60%	20	90%	45	93%	2	50%	9	100%	194	87%	10	0%
Garrett	12	92%	1	100%	3	0%	0	0%	1	0%	0	0%	10	90%	1	0%
Harford	45	82%	87	74%	25	84%	49	90%	3	33%	1	0%	215	83%	3	0%
Howard	41	78%	105	76%	54	89%	68	93%	4	25%	16	94%	264	83%	16	6%
Kent	8	63%	10	70%	3	100%	2	100%	0	0%	0	0%	22	91%	2	0%
Montgomery	128	75%	382	79%	175	89%	201	92%	17	65%	43	91%	1,151	86%	51	2%
Prince George's	94	60%	212	75%	53	83%	90	84%	4	75%	11	100%	450	76%	7	0%
Queen Anne's	20	90%	13	100%	9	100%	11	91%	0	0%	0	0%	49	88%	1	0%
Saint Mary's	17	59%	27	78%	9	89%	18	78%	1	100%	2	100%	55	89%	2	0%
Somerset	2	100%	3	100%	12	75%	7	86%	0	0%	0	0%	4	75%	0	0%
Talbot	8	100%	16	81%	6	100%	9	100%	0	0%	0	0%	71	87%	2	50%
Washington	42	81%	60	70%	25	92%	17	88%	2	100%	9	67%	149	87%	6	0%
Wicomico	12	83%	54	80%	8	88%	17	88%	2	50%	5	40%	89	81%	3	33%
Worcester	18	94%	25	72%	4	100%	2	100%	0	0%	0	0%	85	89%	0	0%
TOTAL	**983**		**2,905**		**870**		**1,247**		**115**		**170**		**6,853**		**167**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

UnitedHealthcare

UnitedHealthcare: Specialty by County – Frequency in Maryland

County/ Jurisdiction	UnitedHealthcare – HMO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	0	0%	0	0%	0	0%	0	0%	0	0%	4	100%	3	67%	2	50%
Anne Arundel	3	100%	7	71%	6	100%	4	75%	0	0%	10	70%	63	84%	10	10%
Baltimore	9	67%	11	64%	21	90%	4	50%	0	0%	30	90%	44	82%	22	14%
Baltimore City	1	0%	12	75%	4	75%	4	100%	0	0%	15	80%	39	82%	10	0%
Calvert	18	78%	35	80%	8	75%	14	93%	2	100%	6	83%	77	73%	2	100%
Caroline	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%
Carroll	2	0%	2	50%	4	100%	4	100%	0	0%	3	100%	9	56%	7	14%
Cecil	0	0%	0	0%	0	0%	0	0%	0	0%	3	100%	0	0%	7	0%
Charles	9	44%	39	77%	10	80%	21	62%	2	50%	0	0%	81	83%	2	0%
Dorchester	0	0%	1	0%	0	0%	0	0%	0	0%	3	100%	0	0%	0	0%
Frederick	2	100%	2	50%	20	90%	2	100%	0	0%	9	100%	36	94%	10	0%
Garrett	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Harford	2	100%	2	100%	4	50%	0	0%	0	0%	1	0%	10	60%	3	0%
Howard	4	75%	10	60%	7	100%	11	82%	0	0%	16	94%	65	80%	16	6%
Kent	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	0%
Montgomery	116	71%	355	79%	170	89%	191	93%	16	69%	43	91%	1,045	87%	51	2%
Prince George's	81	60%	195	75%	43	84%	84	83%	4	75%	11	100%	381	76%	7	0%
Queen Anne's	0	0%	1	100%	1	100%	0	0%	0	0%	0	0%	2	100%	1	0%
Saint Mary's	16	56%	26	77%	9	89%	17	76%	1	100%	2	100%	49	88%	2	0%
Somerset	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Talbot	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	2	50%
Washington	1	100%	4	100%	8	88%	1	100%	0	0%	9	67%	26	88%	6	0%
Wicomico	1	100%	3	100%	0	0%	1	100%	0	0%	5	40%	0	0%	3	33%
Worcester	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	2	100%	0	0%
TOTAL	**266**		**705**		**316**		**358**		**25**		**170**		**1,933**		**166**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

UnitedHealthcare

UnitedHealthcare: Specialty by County – Frequency in Maryland

County/ Jurisdiction	MAMSI – PPO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	11	55%	33	73%	8	100%	11	91%	1	100%	4	100%	84	64%	2	50%
Anne Arundel	115	83%	192	78%	73	85%	95	85%	3	33%	10	70%	463	85%	10	10%
Baltimore	129	78%	589	83%	174	89%	194	86%	25	88%	30	90%	1,166	82%	22	14%
Baltimore City	99	67%	884	85%	156	78%	332	85%	43	70%	15	80%	1,937	79%	10	0%
Calvert	18	78%	34	82%	8	75%	14	93%	2	100%	6	83%	79	73%	2	100%
Caroline	9	67%	1	100%	0	0%	1	100%	0	0%	0	0%	0	0%	1	0%
Carroll	43	70%	63	65%	21	90%	30	87%	2	50%	3	100%	167	83%	7	14%
Cecil	25	76%	19	53%	8	75%	10	90%	1	100%	3	100%	54	74%	7	0%
Charles	18	67%	46	74%	13	69%	22	64%	2	50%	0	0%	91	81%	2	0%
Dorchester	8	63%	4	50%	4	75%	1	100%	0	0%	3	100%	15	67%	0	0%
Frederick	61	84%	45	60%	20	90%	45	93%	2	50%	9	100%	193	87%	10	0%
Garrett	12	92%	1	100%	3	0%	0	0%	1	0%	0	0%	10	90%	1	0%
Harford	45	82%	87	74%	25	84%	49	90%	3	33%	1	0%	216	82%	3	0%
Howard	41	78%	105	76%	54	89%	65	92%	4	25%	16	94%	263	83%	16	6%
Kent	8	63%	10	70%	3	100%	2	100%	0	0%	0	0%	22	91%	2	0%
Montgomery	129	74%	384	79%	174	89%	202	92%	16	69%	43	91%	1,151	86%	51	2%
Prince George's	93	59%	210	75%	53	83%	90	84%	4	75%	11	100%	444	77%	7	0%
Queen Anne's	20	90%	13	100%	9	100%	11	91%	0	0%	0	0%	50	88%	1	0%
Saint Mary's	17	59%	27	78%	9	89%	18	78%	1	100%	2	100%	55	89%	2	0%
Somerset	2	100%	3	100%	12	75%	7	86%	0	0%	0	0%	5	80%	0	0%
Talbot	8	100%	16	81%	6	100%	9	100%	0	0%	0	0%	71	87%	2	50%
Washington	42	81%	60	70%	24	92%	17	88%	2	100%	9	67%	152	87%	6	0%
Wicomico	13	85%	54	80%	8	88%	17	88%	2	50%	5	40%	91	81%	3	33%
Worcester	18	94%	25	72%	4	100%	2	100%	0	0%	0	0%	85	89%	0	0%
TOTAL	**984**		**2,905**		**869**		**1,244**		**114**		**170**		**6,864**		**167**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

II. HEALTH BENEFIT PLAN QUALITY AND PERFORMANCE COMPARISONS

Carrier Information and Provider Network (continued)

UnitedHealthcare

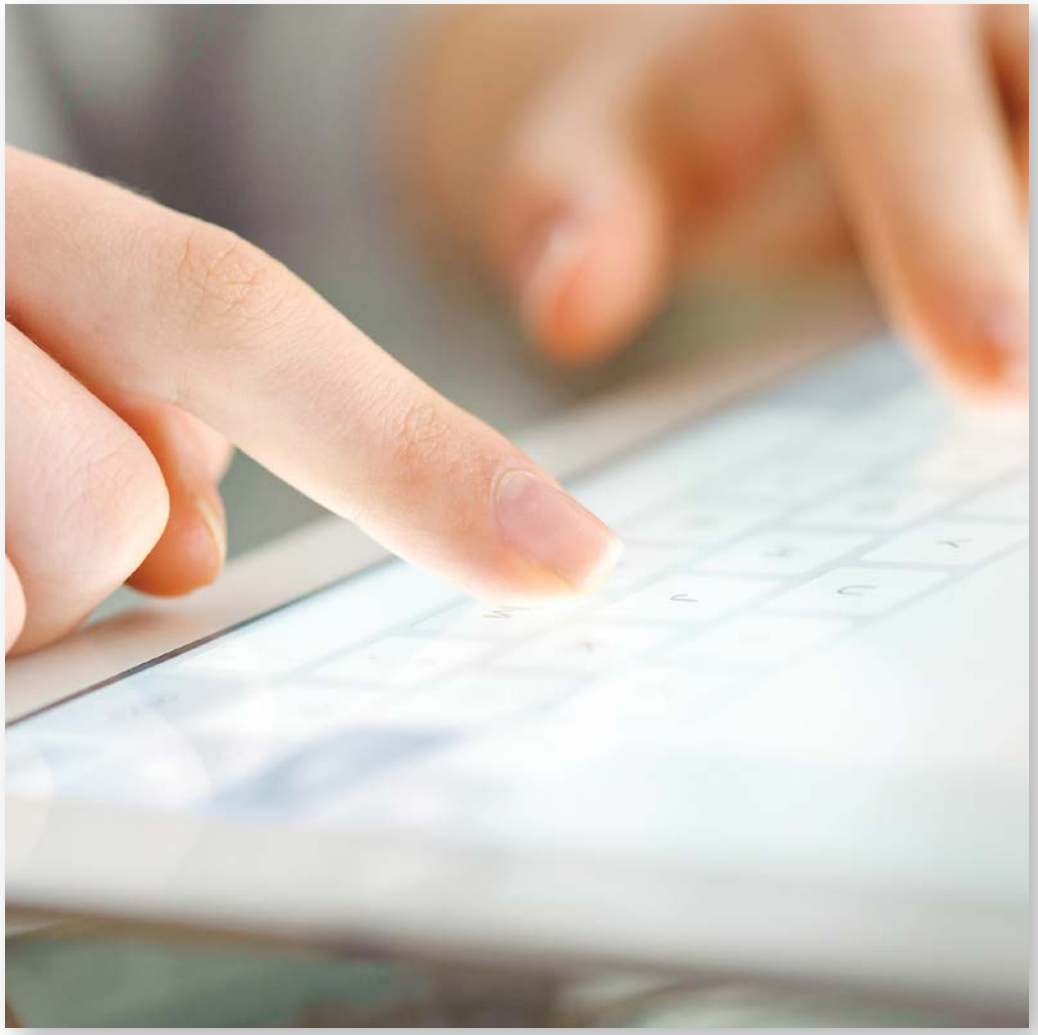
UnitedHealthcare: Specialty by County – Frequency in Maryland

County/ Jurisdiction	UnitedHealthcare – PPO*															
	Family Medicine		Internal Medicine		OB/GYN Physicians		Pediatricians		Geriatricians		Psychiatrists		Other Physician Specialists (non BH)		Behavioral Health Specialists (non MD)	
Allegany	11	55%	33	73%	8	100%	11	91%	1	100%	4	100%	84	64%	2	50%
Anne Arundel	115	83%	192	78%	73	85%	95	85%	3	33%	10	70%	463	85%	10	10%
Baltimore	129	78%	593	83%	174	89%	197	86%	25	88%	30	90%	1,166	82%	22	14%
Baltimore City	100	67%	885	85%	156	78%	332	85%	43	70%	15	80%	1,937	79%	10	0%
Calvert	18	78%	34	82%	8	75%	14	93%	2	100%	6	83%	79	73%	2	100%
Caroline	9	67%	1	100%	0	0%	1	100%	0	0%	0	0%	0	0%	1	0%
Carroll	43	70%	63	65%	21	90%	30	87%	2	50%	3	100%	167	83%	7	14%
Cecil	25	76%	19	53%	8	75%	10	90%	1	100%	3	100%	54	74%	7	0%
Charles	19	63%	46	74%	14	71%	22	64%	2	50%	0	0%	91	81%	2	0%
Dorchester	8	63%	4	50%	4	75%	1	100%	0	0%	3	100%	15	67%	0	0%
Frederick	61	84%	45	60%	20	90%	45	93%	2	50%	9	100%	193	87%	10	0%
Garrett	12	92%	1	100%	3	0%	0	0%	1	0%	0	0%	10	90%	1	0%
Harford	45	82%	87	74%	25	84%	49	90%	3	33%	1	0%	216	82%	3	0%
Howard	41	78%	105	76%	54	89%	65	92%	4	25%	16	94%	263	83%	16	6%
Kent	8	63%	10	70%	3	100%	2	100%	0	0%	0	0%	22	91%	2	0%
Montgomery	130	73%	386	79%	175	89%	202	92%	17	71%	43	91%	1,151	86%	51	2%
Prince George's	93	59%	211	75%	53	83%	90	84%	4	75%	11	100%	444	77%	7	0%
Queen Anne's	20	90%	13	100%	9	100%	11	91%	0	0%	0	0%	50	88%	1	0%
Saint Mary's	18	61%	27	78%	9	89%	18	78%	1	100%	2	100%	55	89%	2	0%
Somerset	2	100%	3	100%	12	75%	7	86%	0	0%	0	0%	5	80%	0	0%
Talbot	8	100%	16	81%	6	100%	9	100%	0	0%	0	0%	71	87%	2	50%
Washington	42	81%	60	70%	24	92%	17	88%	2	100%	9	67%	152	87%	6	0%
Wicomico	13	85%	53	79%	8	88%	17	88%	2	50%	5	40%	91	81%	3	33%
Worcester	18	94%	25	72%	4	100%	2	100%	0	0%	0	0%	85	89%	0	0%
TOTAL	**988**		**2,912**		**871**		**1,247**		**115**		**170**		**6,864**		**167**	

HMO/PPO*: Left column contains the Number of Providers and the Right column contains the Percent of Providers that are Board Certified. Also note that providers with office locations in multiple jurisdictions are counted separately in each jurisdiction where they maintain a practice.*

Member Experience and Satisfaction With Health Benefit Plan

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey program is trademarked and overseen by the United States Department of Health and Human Services – Agency For Healthcare Research and Quality (AHRQ). Maryland Health Care Commission has implemented use of the CAHPS® 5.0H, Adult Health Plan Survey as part of the Health Benefit Plan Quality and Performance Evaluation System. The CAHPS® Surveys each include a myriad of survey questions designed to capture health benefit plan member perspectives on health care quality.



Aspirin Discussion

DESCRIPTION

The percentage of adults in the target population who discussed the risks and benefits of using aspirin with a doctor or other health provider. A single rate is reported for the target population below:

- Women aged 56 to 79 years, regardless of risk factors
- Men aged 46 to 79 years, regardless of risk factors

For this measure, a higher percentage is better, which means more adults in the target population did discuss the risks and benefits of using aspirin as part of their treatment regimen.

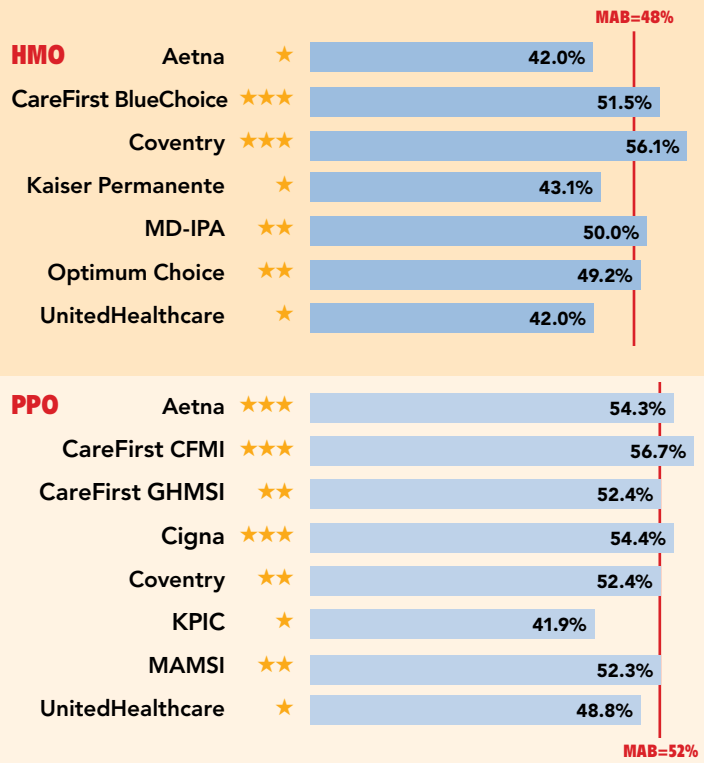
NOTE: No National benchmarks (NAB and NTP) available

RATIONALE

Shared decision making between a patient and their health care provider is a collaborative process that honors the expert knowledge of the provider, as well as the values and preferences of the patient. Shared decision making about the risks and benefits of aspirin therapy should be used especially among patients at an increased risk for a heart attack or stroke. "Risk assessment and discussion should probably be held at least every 5 years with middle-aged and older people or when CVD [cardiovascular disease] risk factors are detected." Modifiable CVD risk factors that can be controlled include hypertension, diabetes, high cholesterol, tobacco use, physical inactivity, unhealthy diet, and obesity. Non-modifiable risk factors include advanced age, family history of CVD as well as men over 45 years of age and post-menopausal women.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Using Aspirin for the Primary Prevention of Cardiovascular Disease, 2009

ASPIRIN DISCUSSION – WOMEN 56 TO 79 AND MEN 46 TO 79 YEARS OF AGE



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BENCHMARKS

MAB MARYLAND AVERAGE BENCHMARK
NAB NATIONAL AVERAGE BENCHMARK
NTP NATIONAL TOP PERFORMERS

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Data Source: HEDIS® Submission or Health Benefit Plan Records

Flu Vaccinations for Adults

DESCRIPTION

The percentage of surveyed adults aged 18 to 64 years who received an influenza vaccination (Flu shot) between July 1 of the 2014 measurement year and the date when the CAHPS® 5.0H Commercial Adult survey was completed.

For this measure, a higher percentage is better, which means that more adults 18 to 64 years of age did receive an annual Flu shot after July 1 of the 2014 measurement year.

NOTE: No National benchmarks (NAB and NTP) available

RATIONALE

The flu vaccine is safe and effective and **recommended for everyone 6 months of age and older**. Flu season starts in the fall and can occur as late as May. Each year, get a flu vaccine as soon as it is available in your area.

Trivalent vaccines protect against 3 strains of the flu, A/H3N2, A/H1N1, and influenza B. Trivalent vaccines are available in:

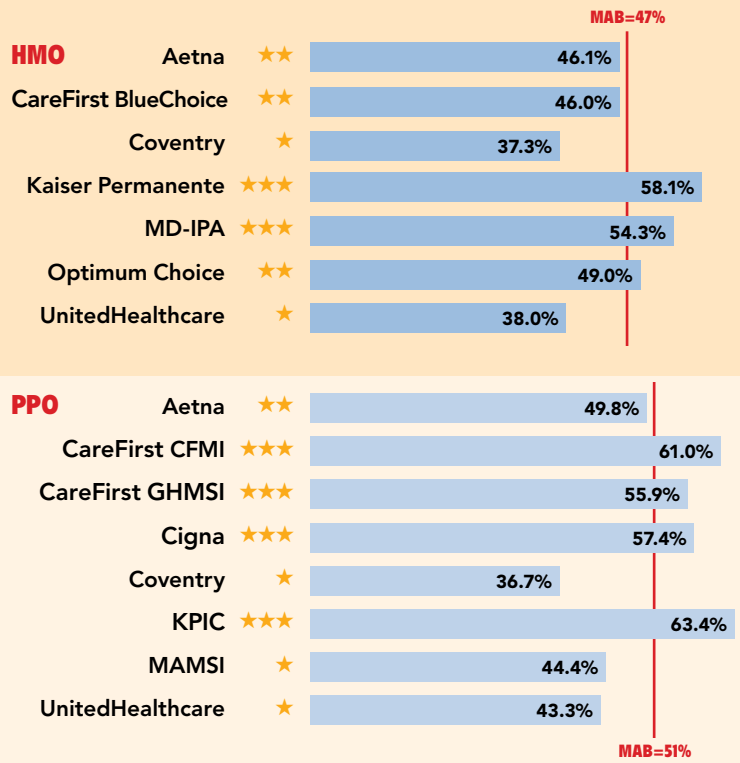
- Traditional flu shots, approved for anyone 6 months and older
- Intradermal shots, which use a shorter needle, approved for anyone 18 to 64 years
- High dose shots approved for people over 65 years
- Cell based shots created using viruses grown in animal cells and approved for anyone over 18 years
- Recombinant shots created using DNA technology, approved for people 18 to 49 years with severe egg allergies

Quadrivalent vaccines protect against 4 strains of the flu, A/H3N2, A/H1N1, and 2 strains of influenza B. Quadrivalent vaccines are available in:

- Traditional flu shots, approved for anyone 6 months and older
- Nasal spray, approved for healthy people from 2 to 49 years, except pregnant women

U.S. Department of Health & Human Services, 2015

FLU SHOTS – 18 TO 64 YEARS OF AGE



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Data Source: HEDIS® Submission or Health Benefit Plan Records

Call Answer Timeliness

DESCRIPTION

The percentage of calls received by the organization's Member Services call centers during operating hours in 2014 that were answered by a live voice within 30 seconds.

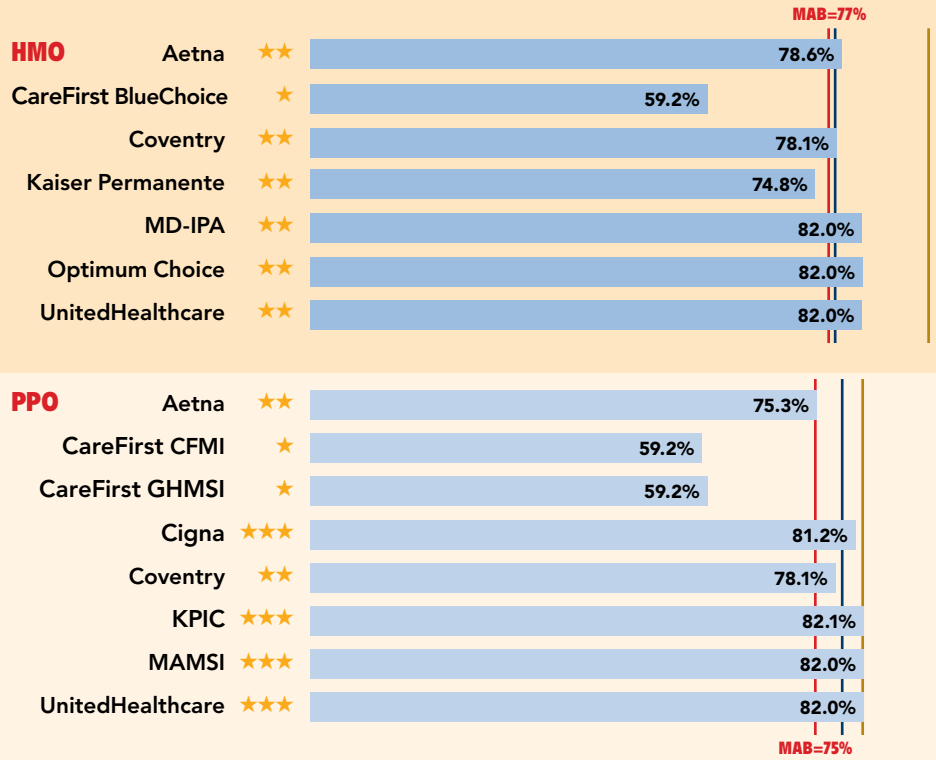
For this measure, a higher percentage is better, which means more members' calls to the organization's Member Services call centers were timely answered by a live voice within 30 seconds.

RATIONALE

Customer service continues to gain importance as health benefit plan members and employers demand improvements in the health care experience. A member's ability to reach out to a health benefit plan through their customer service call center and talk to a live person in a timely manner is the first step toward ensuring that the health benefit plan is meeting the needs of their customers. High performance on this measure by a carrier's health benefit plan(s) should improve health benefit plan member satisfaction.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Quality Measures Clearinghouse, National Committee for Quality Assurance Health Care Effectiveness Data and Information Set (HEDIS®), 2015

CALL ANSWERED WITHIN 30 SECONDS – BY A LIVE VOICE



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Data Source: HEDIS® Submission or Health Benefit Plan Records

Getting Needed Care

DESCRIPTION

A composite measure that assesses member experiences with getting needed care. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- **Q1.** In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?
- **Q2.** In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?

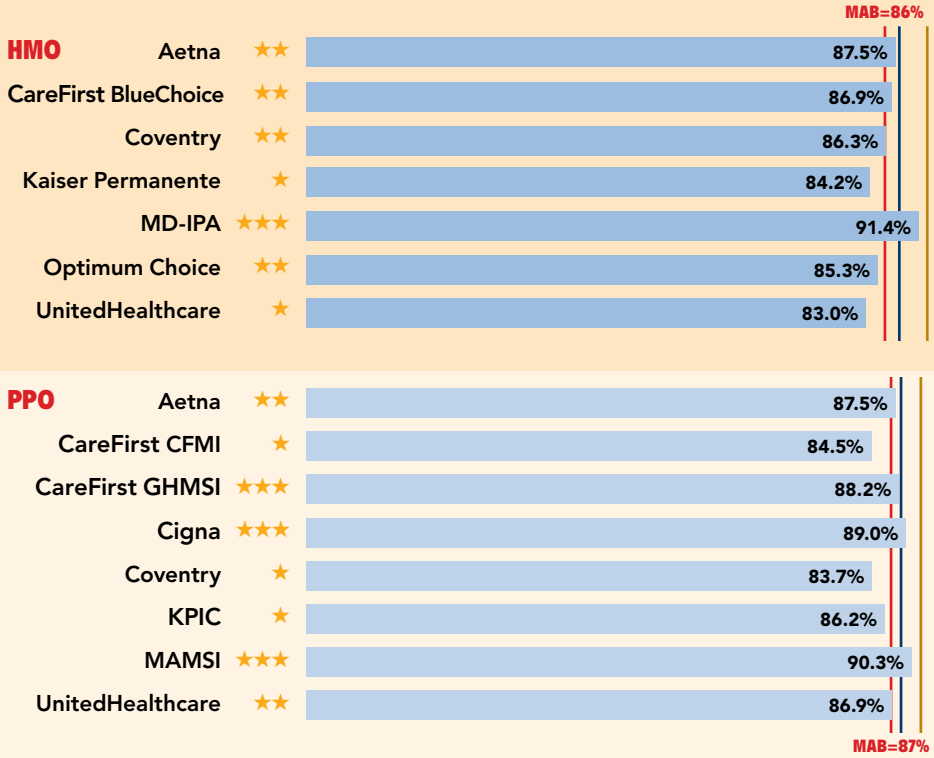
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always got the care they needed.

RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

CARE, TESTS, TREATMENTS, AND TIMELY SPECIALIST APPOINTMENTS – USUALLY OR ALWAYS



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Getting Care Quickly

DESCRIPTION

A composite measure that assesses member experiences with getting care quickly. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- **Q1.** In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?
- **Q2.** In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always got care quickly.

RATIONALE

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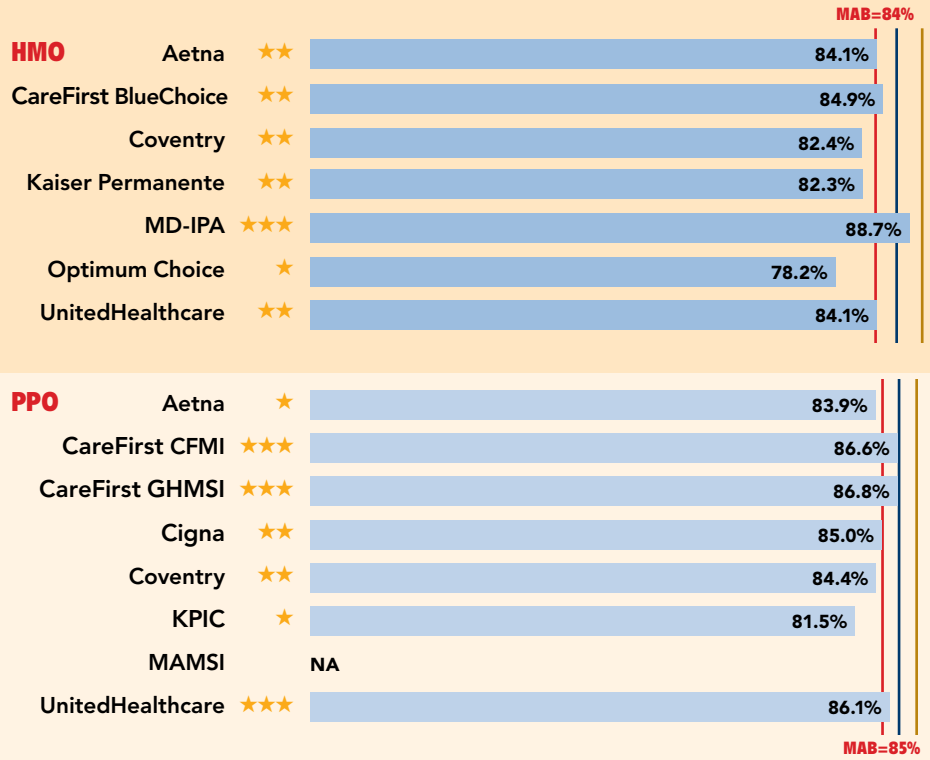
U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

TIMELY CARE AND TIMELY ROUTINE APPOINTMENTS – USUALLY OR ALWAYS



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How Well Doctors Communicate

DESCRIPTION

A composite measure that assesses member experiences with how well doctors communicate. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following four related questions:

- **Q1.** In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
- **Q2.** In the last 12 months, how often did your personal doctor listen carefully to you?
- **Q3.** In the last 12 months, how often did your personal doctor show respect for what you had to say?
- **Q4.** In the last 12 months, how often did your personal doctor spend enough time with you?

For this measure, a higher percentage is better and represents the proportion of survey respondents who feel their personal doctor usually or always communicated well.

RATIONALE

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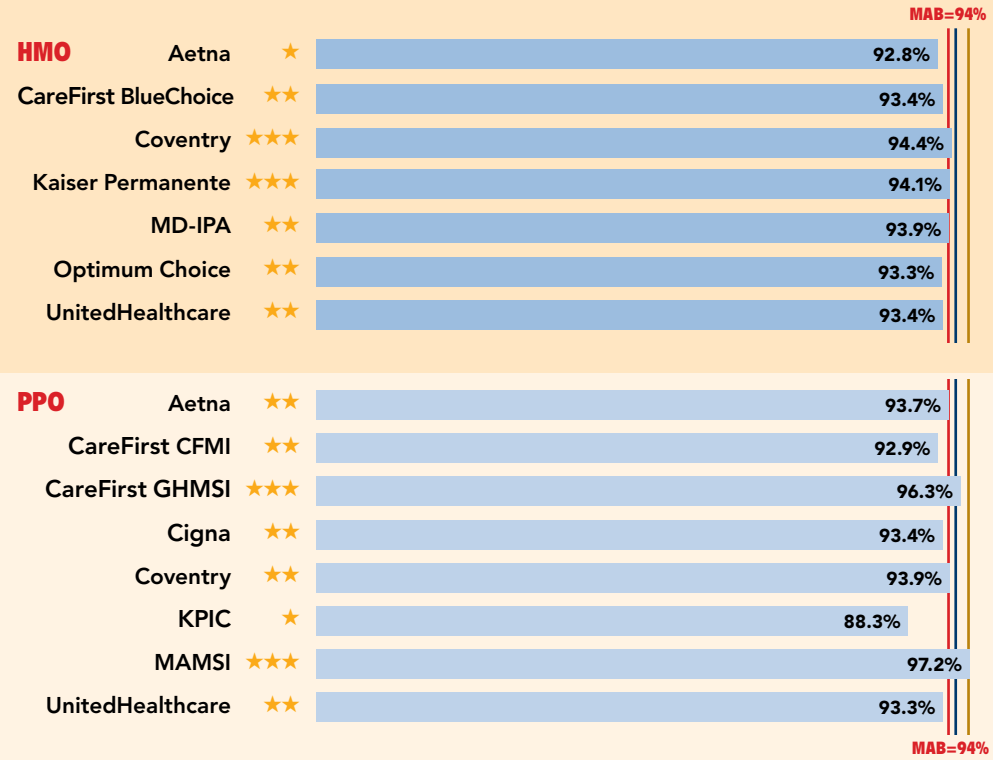
U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

GOOD COMMUNICATION BY PERSONAL DOCTOR – USUALLY OR ALWAYS



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Customer Service

DESCRIPTION

A composite measure that assesses member experiences with customer service. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- **Q1.** In the last 12 months, how often did your health plan's customer service staff give you the information or help you needed?
- **Q2.** In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always had a positive interaction with customer service.

RATIONALE

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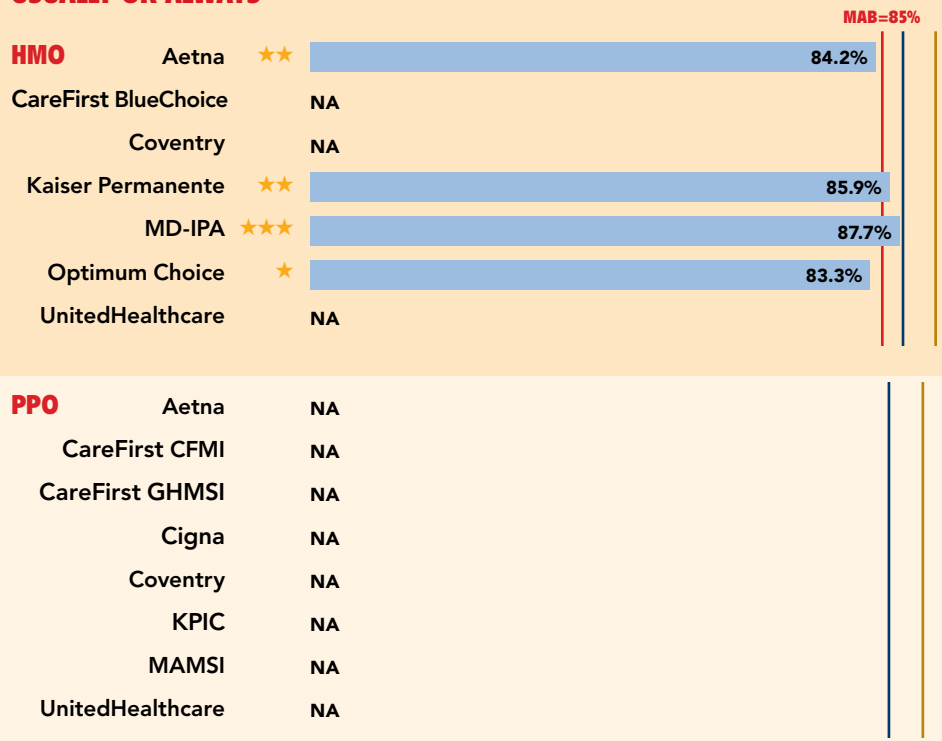
U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

INFORMED, HELPFUL, COURTEOUS, AND RESPECTFUL CUSTOMER SERVICE – USUALLY OR ALWAYS



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Claims Processing

DESCRIPTION

A composite measure that assesses member experiences with claims processing. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- **Q1.** In the last 12 months, how often did your health plan handle your claims quickly?
- **Q2.** In the last 12 months, how often did your health plan handle your claims correctly?

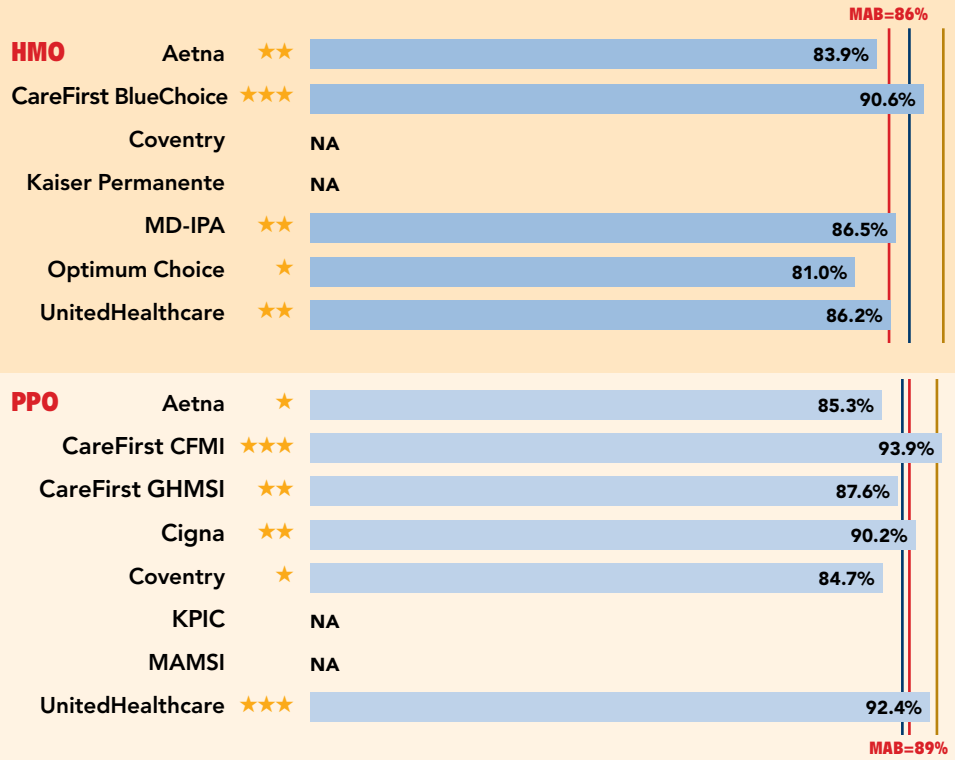
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always had a positive interaction with claims processing.

RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

FAST AND ACCURATE CLAIMS PROCESSING – USUALLY OR ALWAYS



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Shared Decision-Making

DESCRIPTION

A composite measure that assesses member experiences with shared decision-making. The composite score represents the percentage of survey participants who responded with "Yes" for the following three related questions:

- **Q1.** Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
- **Q2.** Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
- **Q3.** Did you and a doctor or other health provider ask you what you thought was best for you?

For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they had a role in the decision making process with their doctor or other health provider.

NOTE: No National benchmarks (NAB and NTP) available

RATIONALE

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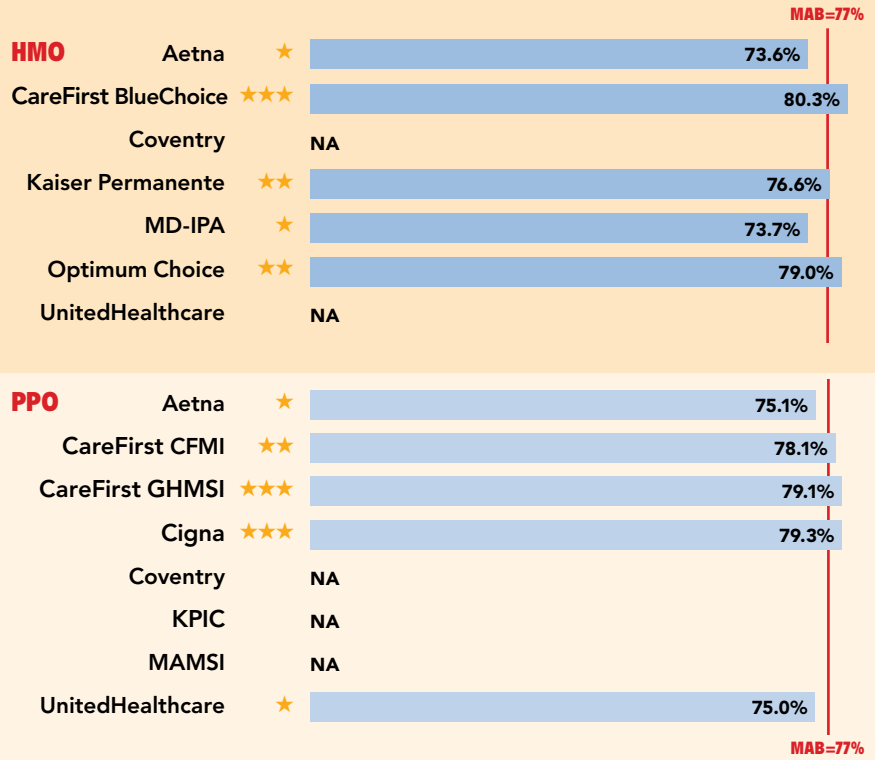
U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

HEALTH PROVIDER FEEDBACK CONCERNING STARTING OR STOPPING A MEDICINE – YES



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Plan Information on Costs

DESCRIPTION

A composite measure that assesses member experiences with plan information on costs. The composite score represents the percentage of survey participants who responded with "Usually" or "Always" for the following two related questions:

- **Q1.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?
- **Q2.** In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

For this measure, a higher percentage is better and represents the proportion of survey respondents who feel they usually or always were able to find information from their plan on costs.

RATIONALE

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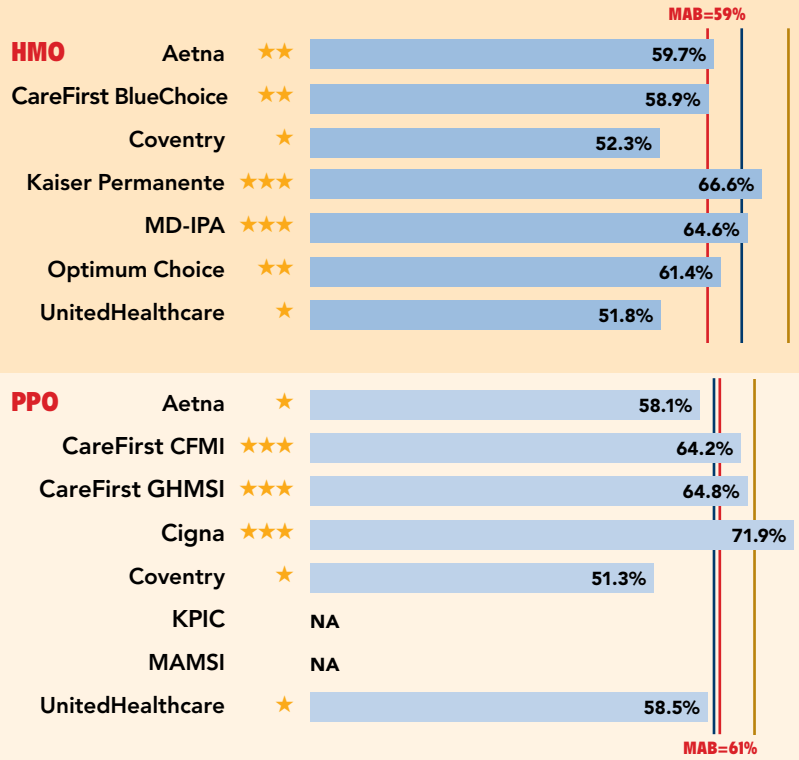
U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

INFORMATION AVAILABLE ON OUT-OF-POCKET COSTS – USUALLY OR ALWAYS



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Health Promotion and Education

DESCRIPTION

A standard measure that assesses member experiences with health promotion and education. The standard score represents the percentage of survey participants who responded with "Yes" for the following question:

- **Q1.** In the last 12 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

For this measure, a higher percentage is better and represents the proportion of survey respondents who spoke with their doctor or other health provider about preventative care.

RATIONALE

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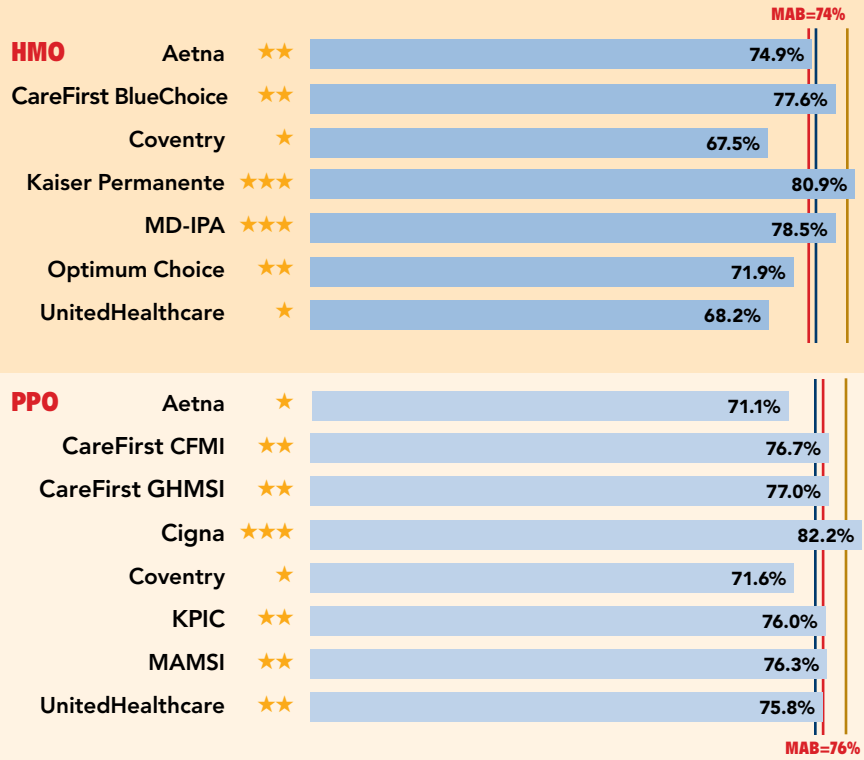
U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

ILLNESS PREVENTION DISCUSSION WITH HEALTH PROVIDER – YES



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Coordination of Care

DESCRIPTION

A standard measure that assesses member experiences with coordination of care. The standard score represents the percentage of survey participants who responded with "Usually" or "Always" for the following question:

- **Q1.** In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these [other] doctors or other health providers?

For this measure, a higher percentage is better and represents the proportion of survey respondents who feel their doctor usually or always coordinated care with other doctors or health providers.

RATIONALE

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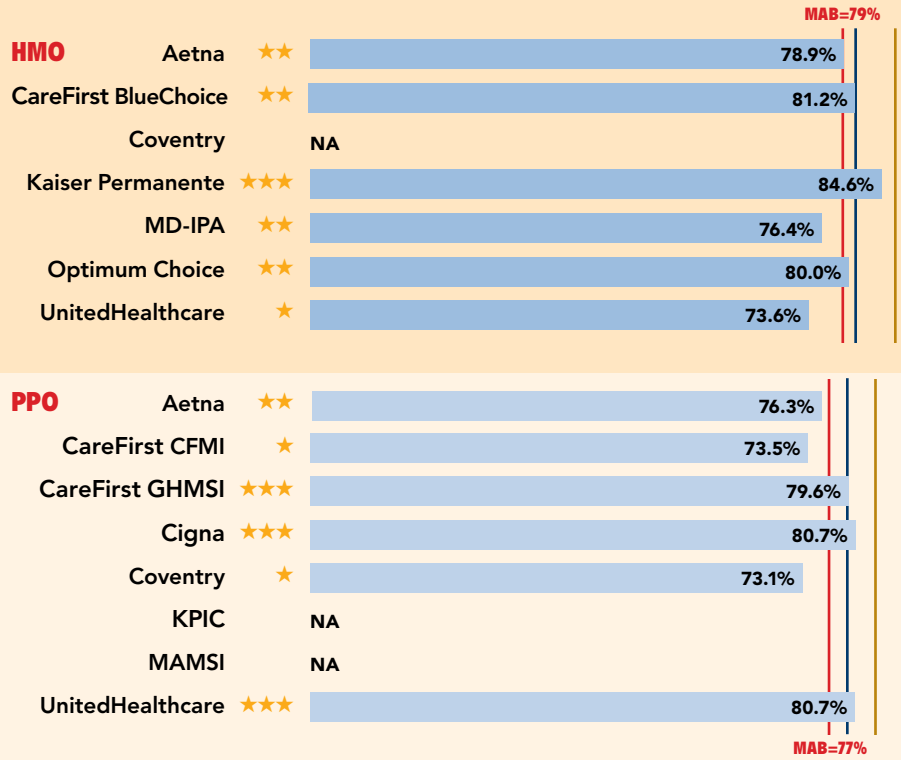
WELL INFORMED PERSONAL DOCTOR – USUALLY OR ALWAYS



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Rating of All Health Care

DESCRIPTION

A standard measure that assesses member experiences with and rating of all health care. The standard score represents the percentage of survey participants who rated their health care an 8, 9 or 10 on a scale of 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible.

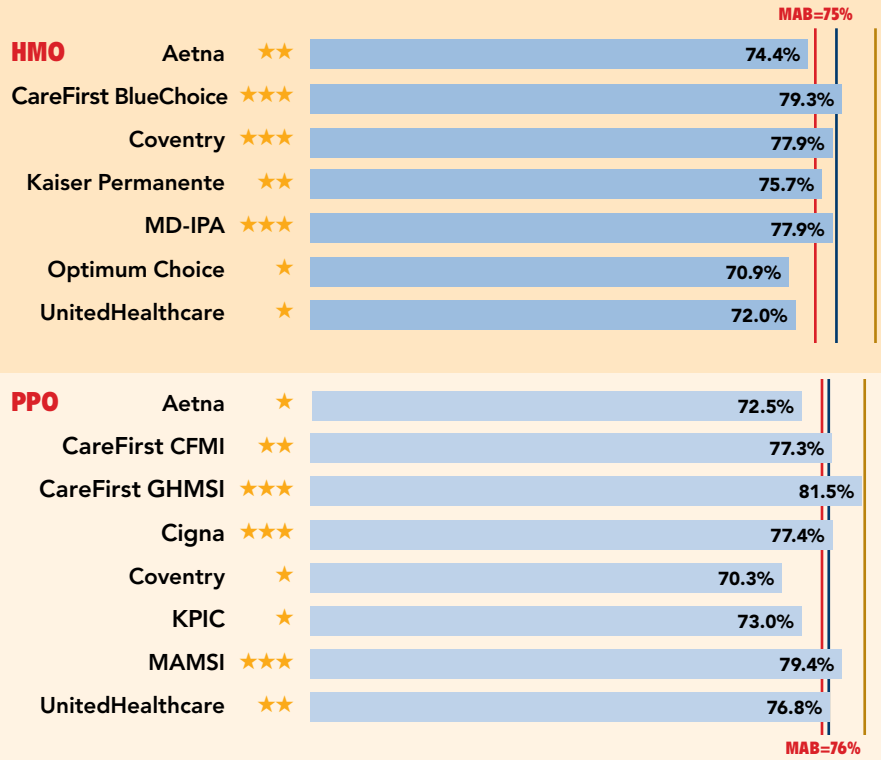
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the health care they receive is good overall.

RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

GOOD OVERALL RATING OF ALL HEALTH CARE – 8, 9, OR 10, OUT OF 10



More stars indicate better health benefit plan performance.

The stars represent the relative comparisons between the health benefit plans and the Maryland Average Benchmark.

PERFORMANCE RATING

★★★ BETTER THAN MARYLAND AVERAGE
★★ EQUIVALENT TO MARYLAND AVERAGE
★ WORSE THAN MARYLAND AVERAGE

BENCHMARKS

MAB MARYLAND AVERAGE BENCHMARK
NAB NATIONAL AVERAGE BENCHMARK
NTP NATIONAL TOP PERFORMERS

QUALITY MEASURE DESIGNATIONS

NA – Not applicable due to insufficient eligible members (fewer than 30) to calculate a rate for a HEDIS® measure, or insufficient survey responses (fewer than 100) to calculate a rate for a CAHPS® measure

NB – No benefit is being offered by the health benefit plan for the given measure

NR – Performance results are **not reported** due to bias in the data from the health benefit plan

NDA – No data available for the year specified due to the measure not being required for quality reporting in the given year

Data Source: CAHPS® Submission or Health Benefit Plan Records

Rating of Personal Doctor

DESCRIPTION

A standard measure that assesses member experiences with and rating of their personal doctor. The standard score represents the percentage of survey participants who rated their personal doctor an 8, 9 or 10 on a scale of 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible.

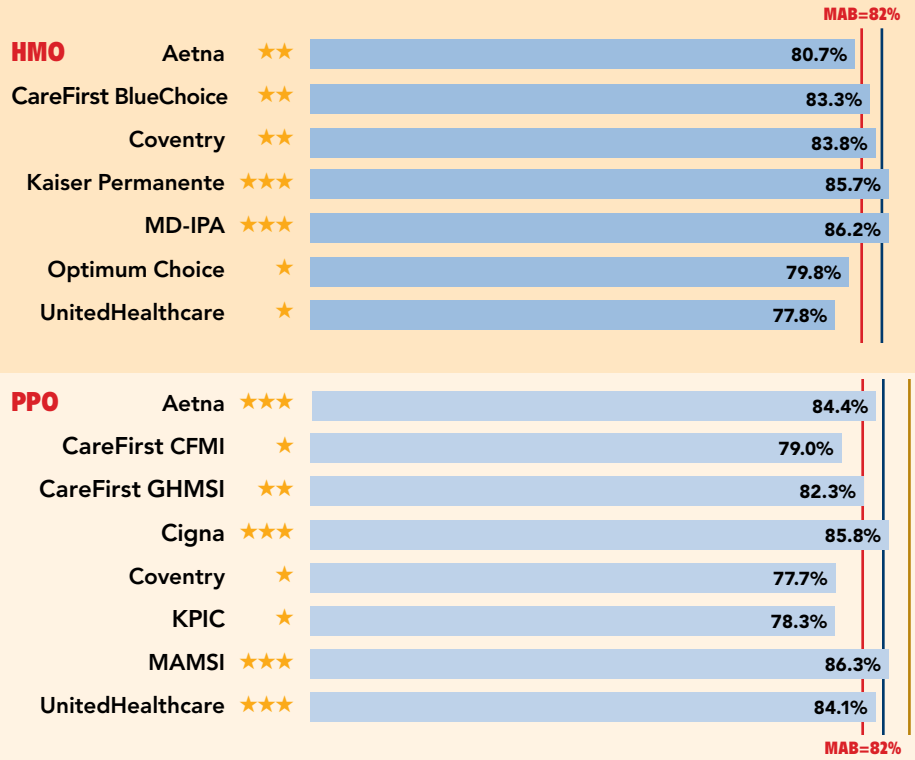
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the care they receive from their personal doctor is good overall.

RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

GOOD OVERALL RATING OF PERSONAL DOCTOR – 8, 9, OR 10, OUT OF 10



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PERFORMANCE RATING

★★★ BETTER THAN MARYLAND AVERAGE
★★ EQUIVALENT TO MARYLAND AVERAGE
★ WORSE THAN MARYLAND AVERAGE

BENCHMARKS

MAB MARYLAND AVERAGE BENCHMARK
NAB NATIONAL AVERAGE BENCHMARK
NTP NATIONAL TOP PERFORMERS

QUALITY MEASURE DESIGNATIONS

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NB – No benefit is being offered by the health benefit plan for the given measure

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NDA – No data available for the year specified due to the measure not being required for quality reporting in the given year

Data Source: CAHPS® Submission or Health Benefit Plan Records

Rating of Specialist Seen Most Often

DESCRIPTION

A standard measure that assesses member experiences with and rating of their specialist seen most often. The standard score represents the percentage of survey participants who rated their specialist seen most often an 8, 9 or 10 on a scale from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible.

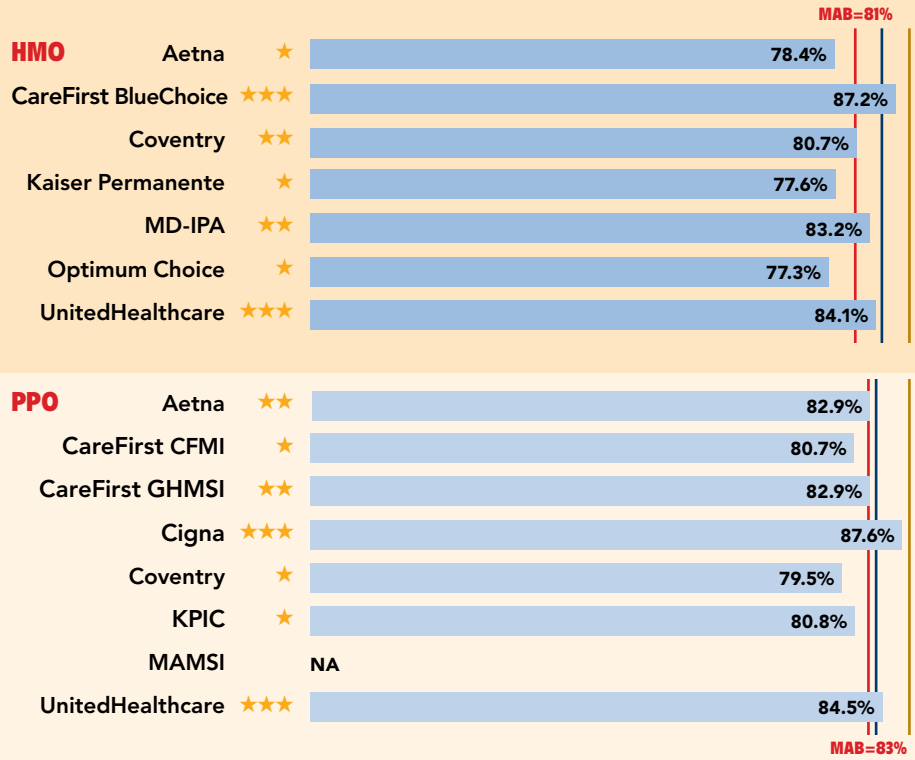
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the care they receive from their specialist is good overall.

RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

GOOD OVERALL RATING OF SPECIALIST SEEN MOST OFTEN – 8, 9, OR 10, OUT OF 10



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★★ EQUIVALENT TO MARYLAND AVERAGE
★ WORSE THAN MARYLAND AVERAGE

BENCHMARKS

MAB MARYLAND AVERAGE BENCHMARK
NAB NATIONAL AVERAGE BENCHMARK
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NDA – No data available for the year specified due to the measure not being required for quality reporting in the given year

Data Source: CAHPS® Submission or Health Benefit Plan Records

Rating of Health Benefit Plan

DESCRIPTION

A standard measure that assesses member experiences with and rating of their health benefit plan. The standard score represents the percentage of survey participants who rated their health benefit plan an 8, 9, or 10 on a scale from 0 to 10, where 0 is the worst health benefit plan possible and 10 is the best health benefit plan possible.

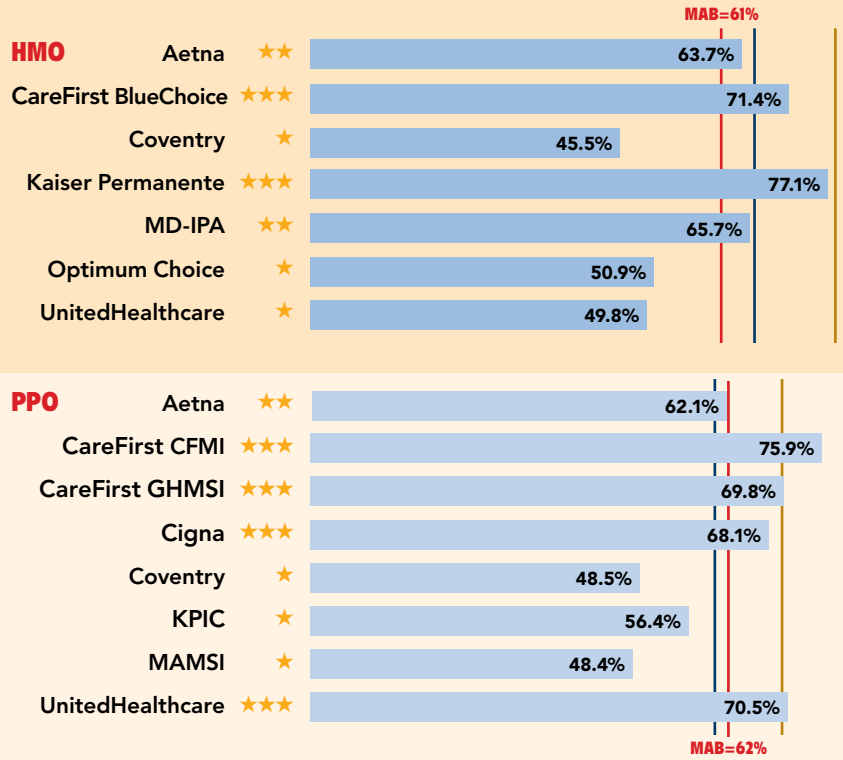
For this measure, a higher percentage is better and represents the proportion of survey respondents who feel the care they receive through their health benefit plan is good overall.

RATIONALE

The CAHPS® 5.0H Adult Health Plan Survey is a national survey designed to capture valuable information from consumers about their experiences with health care through their health benefit plan. The survey includes a core set of questions, with some questions grouped into composite areas of health care. A few additional questions were included for health benefit plans operating in the State of Maryland. Survey results give health benefit plans the opportunity for continuous improvement in member care.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2015

GOOD OVERALL RATING OF HEALTH BENEFIT PLAN – 8, 9, OR 10, OUT OF 10



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PERFORMANCE RATING

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Data Source: CAHPS® Submission or Health Benefit Plan Records

III. INFORMATION ON CHRONIC DISEASES

Chronic diseases or conditions are prolonged illnesses that usually last more than six months, are not able to be spread to others like an infection, require treatment because they do not resolve on their own, and are rarely cured completely. They affect people of all ages and ethnicities but are more common among older adults, especially those belonging to ethnic minority groups. Empowering patients to appropriately manage their chronic conditions is a leading health priority for the State of Maryland. There is mounting evidence that a comprehensive approach to care management can save tremendous costs and unnecessary suffering. Five chronic conditions impacting Maryland residents include Obesity, Cardiovascular Disease, Diabetes, Asthma, and Chronic Obstructive Pulmonary Disease (COPD).

"The key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses."

Centers for Disease Control and Prevention

Obesity

What is Obesity?

When we say someone is obese, what does it mean? It means the person has too much body fat. It is different from being overweight, which means weighing too much. The weight may come from more than just fat. Both mean that a person weighs more than what we think is healthy for his or her height. Obesity happens as a person eats more calories than he or she uses. Each person is different in the amount of calories they need and how many are too much. Things that might affect your weight include your genes, overeating, eating high-fat foods, and not getting enough exercise. Being obese increases your risk of diabetes, heart disease, stroke, arthritis, some cancers, and other problems you don't want to have.

How do I know if I'm obese?

Are your clothes getting tight? Does the scale show you are gaining weight? Are you feeling fatter around your waist? There are tools you can use to get some idea of where you are. Visit the web pages of the National Heart, Lung, and Blood Institute. There is information there on tools such as body mass index (BMI). See your doctor to check all of this and to determine your health risk.

What can I do about it?

If you need to lose weight, remember to set realistic goals that you can meet. You also should plan to lose the weight slowly. A pound or two a week is realistic for most adults. You also want to focus on lifestyle changes so you eat fewer calories and get more exercise. Medicine and surgery are options for people who just can't lose the weight through lifestyle changes.

Sources and additional information:

MedLinePlus
http://www.nlm.nih.gov/medlineplus/obesity.html

National Heart, Lung, and Blood Institute
http://www.nhlbi.nih.gov/health/health-topics/topics/obe

Centers for Disease Control and Prevention
http://www.cdc.gov/healthyweight/index.html
http://www.cdc.gov/obesity/index.html

III. INFORMATION ON CHRONIC DISEASES

"In the United States, someone has a heart attack every 43 seconds. Each minute, someone in the United States dies from a heart disease-related event."

Centers for Disease Control and Prevention

Cardiovascular Disease

What is cardiovascular disease?

Cardiovascular disease is a name given to a group of problems with the heart and the blood vessels. The World Health Organization says that cardiovascular disease is the number 1 cause of death in the world today. The list of cardiovascular diseases includes:

- **Coronary heart disease** – disease of the blood vessels carrying blood to the heart muscle
- **Cerebrovascular disease** – disease of the blood vessels carrying blood to the brain
- **Peripheral artery disease** – disease of the blood vessels carrying blood to the arms and/or the legs
- **Rheumatic heart disease** – damage to the heart caused by rheumatic fever
- **Congenital heart disease** – problems with the heart that a person had at birth
- **Deep vein thrombosis and pulmonary embolism** – blood clots in the legs that can move to the heart and lungs

Heart attacks and strokes may occur suddenly and can be life-threatening emergencies. They are often caused by fat that builds up inside the blood vessels and stops the blood from getting to the heart or the brain.

What increases the risk?

The risk of heart disease and stroke is increased by unhealthy behavior. Eating an unhealthy diet, not getting enough exercise, using tobacco, and harmful use of alcohol can all increase your risk.

Medications can be used to help reduce the risk. However, there are things you can do as well to reduce your risk. Don't use tobacco in any form. Try to reduce the amount of salt you eat. Eat plenty of fresh fruits and vegetables. Get plenty of exercise. Watch how much alcohol you drink and keep it from getting out of control.

Talk to your doctor about ways you can reduce your risk and about any treatment you need.

Source: World Health Organization
http://www.who.int/mediacentre/factsheets/fs317/en/

"Today and every day, strive to balance your food, physical activity, and medicine. Test your own blood glucose (also called blood sugar) to see how this balance is working out. Then make choices that help you feel well every day to protect your health."

Centers for Disease Control and Prevention

Diabetes

What is Diabetes?

Diabetes is a disease where you have too much blood glucose (blood sugar). You get glucose from the food you eat. Insulin is something in your body that helps your cells get energy from the glucose. With type 1 diabetes, your body isn't able to make insulin. With type 2 diabetes, the more common type, your body isn't able to make or to use insulin well. Without enough insulin, the glucose stays in your blood and that can cause some very serious problems. If you have more sugar in your blood than normal, but not enough to call it diabetes, you have what's called pre-diabetes and that can put you at higher risk for getting type 2 diabetes. There is also a type called gestational diabetes that affects pregnant women, but that goes away after the baby is born.

Some of the problems caused over time by too much glucose in the blood include:

- Damage to your eyes, kidneys, and nerves
- Heart disease
- Stroke
- Loss of a limb

It's very important to remember that losing weight and getting enough exercise can delay or prevent type 2 diabetes.

How can I tell if I have Diabetes?

Common signs and symptoms of diabetes are:

- being very thirsty
- urinating often
- feeling very hungry
- feeling very tired
- losing weight without trying
- sores that heal slowly
- dry, itchy skin
- feelings of pins and needles in your feet
- losing feeling in your feet
- blurry eyesight

However, you will need a blood test to see if you might have diabetes so you need to see your doctor.

What can I do if I have diabetes?

Be sure to follow all the instructions given by your healthcare team including your diet plan. Take the medicines as your doctor tells you to take them. Be sure to get plenty of exercise. Watch your weight.

Sources:

US National Library of Medicine – MedLinePlus
http://www.nlm.nih.gov/medlineplus/diabetes.html

National Institute of Diabetes and Digestive and Kidney Disease
http://www.niddk.nih.gov/health-information/health-topics/Diabetes/your-guide-diabetes/Pages/index.aspx#what

National Diabetes Education Program
http://ndep.nih.gov/i-have-diabetes/ManageYourDiabetes.aspx

"Remember – *you can control your asthma.* With your healthcare provider's help, make your own asthma action plan. Decide who should have a copy of your plan and where he or she should keep it. Take your long-term control medicine even when you don't have symptoms."

Centers for Disease Control and Prevention

Asthma

What is Asthma?

Asthma is a disease that makes people short of breath. It can cause a wheezing or whistling noise when the person with it tries to breathe. The person's chest might feel tight and it may cause that person to cough. These breathing problems happen because the airways, the tubes that carry air in and out of the lungs, become narrower so air can't flow through them as well as it normally flows. The airways become narrow because asthma makes them inflamed so they become swollen and sensitive. In that condition, they react strongly to certain things that a person may inhale. That can make the muscles around them contract making the airways even more narrow. It can get even worse if all this causes the airways to have more mucus in them. Anyone with asthma can have problems anytime the airways are inflamed.

Who Gets Asthma?

Though it usually starts at childhood, asthma can affect anyone at any age. Sometimes, the person with asthma has a mild case that goes away on its own or with a little treatment. When problems don't go away and continue to get worse, they cause asthma attacks. These attacks can cause an emergency and can be deadly.

What Can Be Done?

There is no cure for asthma. If you have asthma, it's very important to treat the symptoms as soon as you are aware of them to try to avoid a severe asthma attack. That means it's very important to work with your doctor and others taking care of you to make sure you have a way to treat the problem. There are things they can do to help you manage asthma since with the treatments available today, people with asthma can have a normal life!

Source:

National Heart, Lung, and Blood Institute
http://www.nhlbi.nih.gov/health/health-topics/topics/asthma

"Tobacco use is the primary cause of COPD in the United States, but air pollutants at home (such as secondhand smoke and some heating fuels) and at work (such as dusts, gases, and fumes), and genetic predisposition also can cause COPD."

Centers for Disease Control and Prevention

Chronic Obstructive Pulmonary Disease (COPD)

What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is a disease that makes it hard to breathe. It is a life-threatening condition. You may have heard people call it emphysema or chronic bronchitis. The primary cause of COPD is tobacco smoke. It could be because the person with it smoked or it could be due to second-hand smoke. It can also come from breathing other toxic chemicals in the air. Its symptoms include chronic coughing that some people refer to as smoker's cough. Other symptoms include feeling like you can't breathe and excess sputum (a mix of saliva and mucus).

What puts me at risk for COPD?

COPD is commonly found in people over 40 who smoke or have smoked, since smoking is the most common cause of COPD. However, smoking is not the only cause. COPD can also come from exposure to anything that irritates your lungs. For example, dust and toxic fumes in the workplace, second-hand smoke, or air pollution can be causes, so try to protect yourself from them. There is also a genetic condition that causes COPD.

How do I know if I have COPD?

The common symptoms of COPD include shortness of breath, a chronic cough, frequent respiratory infections, blue lips or fingernail beds, having a lot of mucus, and wheezing.

There is a test called spirometry that measures how much and how fast you can breathe. Since COPD generally takes a long time to develop, people are usually at least 40 when they are diagnosed with COPD. See your doctor to see if you need this and other tests.

Be sure not to just write off your shortness of breath to age or being out of shape. See your doctor so that you can get the right treatment for your symptoms.

Sources:

National Heart, Lung, and Blood Institute
http://www.nhlbi.nih.gov/health/educational/copd/what-is-copd/index.htm

World Health Organization
http://www.who.int/mediacentre/factsheets/fs315/en/

American Lung Association
http://www.lung.org/lung-disease/copd/about-copd/symptoms-diagnosis-treatment.html

Maryland Health Benefit Exchange (MHBE)

On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law by President Barack Obama. A key provision of the law required all states to participate in health insurance exchanges beginning January 1, 2014. A health insurance exchange is a marketplace to help individuals, families and small businesses shop for coverage through easy comparison of available plan options based on price, benefits and services, and quality.

Maryland's Health Benefit Exchange model is a state-based marketplace called Maryland Health Connection. As a state-based exchange, Maryland is responsible for the development and operation of the following core functions:

- Consumer support for coverage decisions
- Approval of participating carriers
- Certification of plans as Qualified Health Plans (QHPs)
- Eligibility determinations for individuals and calculations of cost sharing reductions and tax subsidies
- Enrollment in qualified health plans (QHPs) and qualified dental plans (QDPs)

The ACA requires that QHPs meet all applicable federal and state laws in order to be certified. Additionally, all QHPs operating via Maryland Health Connection and available to consumers must offer a core set of "essential health benefits" as defined by the U.S. Department of Health and Human Services. The State of Maryland performs a review to ensure compliance with all areas required in the ACA.

To assist consumers with plan selection when they shop for plans on Maryland Health Connection, MHCC and MHBE have an agreement that enables MHBE to utilize quality data from carriers in this report as a proxy for quality data by the same carrier with similar product offerings inside the exchange. Each carrier's aggregated results from this report form the basis of a 5-star rate for each QHP in the Maryland Health Connection Quality Report 2015, for consumer use during open enrollment beginning on November 1, 2015. Each QHP's 5-star rate will also be displayed on the Maryland Health Connection website. Carriers new to the individual market in Maryland will not be assigned a 5-star rate.

Quality is just one of the plan selection tools that consumers may utilize on Maryland Health Connection. Other plan selection tools include a provider search, a Summary of Benefits and Coverage (SBC) for each plan, side-by-side plan comparison, icons that indicate whether or not a plan includes dental benefits for children or adults, and the ability to sort on premium price, annual cost, and carrier.

Individual consumers may shop for health insurance coverage using Maryland Health Connection. Open enrollment to buy a plan for 2015 ended. Open enrollment for 2016 runs from November 1, 2015 to January 31, 2016. Individuals may enroll outside of Open Enrollment if they experience a qualifying life event, such as a change in household composition or a change in income.

For more information about how to enroll, visit the Maryland Health Connection website at *http://www.marylandhealthconnection.gov*. Here you will find many enrollment resources as well as the eligibility and enrollment portal. In order to speak directly to a Customer Service Representative, please call the Consumer Support Center at 1-855-642-8572 or 1-855-642-8573 (TTY services for deaf and hard of hearing).

You may also visit any Connector Entity for in-person assistance: **http://marylandhealthconnection.gov/health-insurance-in-maryland/help-with-health-insurance/health-insurance-support/connector-organizations/**.

For more information about the Maryland Health Benefit Exchange, such as policy documents and information on public meetings, visit the stakeholder website at *http://marylandhbe.com*.

Medicaid, Maryland Children's Health Program (MCHP), and MCHP Premium

Medicaid is a joint state-federal program. Each state establishes its own eligibility standards, benefits package, provider requirements, payment rates, and program administration under broad federal guidelines. In Maryland, Medicaid (also called Medical Assistance or "MA") is administered by the Department of Health and Mental Hygiene. Maryland Medicaid provides free or low-cost benefits for an average of more than 1.2 million people—approximately one in six Marylanders. The program provides health coverage, long term care, and supplemental assistance with Medicare costs (e.g., payment of Medicare premiums and cost sharing).

Most individuals can apply for benefits using Maryland Health Connection, including:

- low-income children;
- adults without dependent children;
- parents and caretaker relatives; and
- pregnant women.

Individuals who qualify due to one of the circumstances listed below can apply at a Local Department of Social Services (LDSS) or using **www.marylandsail.org**:

- the aged, blind, and disabled;
- the medically needy; and
- populations for whom income is not an eligibility factor, such as foster care children.

Adults under 65 with income under 138% of the federal poverty level (FPL) qualify for Medicaid. Pregnant women are covered up to 250% FPL. Coverage for children is available through either Medicaid or the Maryland Children's Health Program (MCHP) up to 300% FPL. MCHP provides access to health insurance for higher income uninsured children up to age 19, under 200% FPL through the Maryland Managed Care Program, HealthChoice. MCHP does not require the payment of a premium.

Maryland Children's Health Program Premium (MCHP Premium) is low-cost health insurance for higher-income children up to age 19 between 200% FPL and 300% FPL. MCHP Premium provides access to health insurance for eligible uninsured children through the Maryland Managed Care Program, HealthChoice, for a modest monthly premium.

The premium amount charged for MCHP Premium is assessed per family, not per child. The 2015 premium amounts are:

- Premium for families between 200-250% FPL: $53 per month
- Premium for families between 250-300% FPL: $66 per month
- American Indians do not have to pay a monthly premium to enroll in MCHP Premium.

Most individuals can qualify for Medicaid/MCHP through Maryland Health Connection. Enrollment in Medicaid/MCHP is not subject to an open enrollment period and is therefore offered year-round. Individuals can apply for Medicaid/MCHP at any time. Once an applicant is found eligible for Medicaid/MCHP, coverage will be effective back to the first day of the month in which the person applied.

Most recipients qualify for Maryland Medicaid's Managed Care Program, HealthChoice, a statewide mandatory managed care program. Eligible Medicaid/MCHP/MCHP Premium participants enroll in a Managed Care Organization (MCO) of their choice and select a primary care provider (PCP) to oversee their medical care.

IV. STATE AND FEDERAL HEALTH BENEFIT PROGRAMS

Medicaid, Maryland Children's Health Program (MCHP), and MCHP Premium

MCOs must provide or arrange for a comprehensive range of health care services; some services, however, are carved out of the MCO benefit package and are offered through the Medicaid fee-for-service (FFS) system (e.g., dental, behavioral health, and substance use disorder services).

The following MCOs currently participate in HealthChoice:

- AMERIGROUP Community Care – **www.amerigroupcorp.com**
- Jai Medical Systems – **www.jaimedicalsystems.com**
- Kaiser Permanente– **www.kp.org/medicaid/md**
- Maryland Physicians Care – **www.marylandphysicianscare.com**
- MedStar Family Choice – **www.medstarfamilychoice.net**
- Priority Partners – **www.ppmco.org**
- Riverside Health of Maryland – **http://www.myriversidehealth.com**
- UnitedHealthcare – **www.uhccommunityplan.com**

Maryland specific benefits and guidance can be found at: **https://mmcp.dhmh.maryland.gov/SitePages/Home.aspx**.

Application information and enrollment help can be found at: **https://www.marylandhealthconnection.gov/medicaid-basics-benefits/**, or through SAIL at **https://www.marylandsail.org**.

Individuals who are already enrolled and have questions about their coverage can call the HealthChoice Enrollee Help Line at **1-800-284-4510**.

IV. STATE AND FEDERAL HEALTH BENEFIT PROGRAMS

Medicare

Medicare is a health insurance program for:

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

PART A INSURANCE for hospital services and skilled nursing facilities – Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

PART B INSURANCE for doctors' services and outpatient care – Most people pay a monthly premium for Part B. Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

PART C MEDICARE ADVANTAGE PLANS – These plans are sometimes called "Part C" or "MA Plans," and are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, you still have Medicare. You'll get your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan and not Original Medicare. Medicare Advantage Plans cover all Medicare services. Medicare Advantage Plans may also offer extra coverage. Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). These rules can change each year.

Some Part C Medicare Advantage Plans will cover prescription drugs but if not, you will be required to obtain Part D coverage.

PART D INSURANCE for prescription drug coverage – Most people will pay a monthly premium for this coverage. Medicare prescription drug coverage is available to everyone with Medicare. Coverage may help lower prescription drug costs and help protect against higher costs in the future. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. Beneficiaries choose the drug plan and pay a monthly premium. Like other insurance, if a beneficiary decides not to enroll in a drug plan when they are first eligible, they may pay a penalty if they choose to join later.

MEDICARE SUPPLEMENTAL INSURANCE (Medigap) policy, sold by private companies, can help pay some of the health care costs that *Original Medicare* doesn't cover, like copayments, coinsurance, and deductibles.

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care **when you travel outside the U.S.** If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Then your Medigap policy pays its share.

A Medigap policy is different from a **Medicare Advantage Plan**. Those plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits.

More information about the Medicare Program can be obtained from the Centers for Medicare and Medicaid Services at:
http://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html

Additional information about Medicare Supplemental Insurance or Medigap policies can be obtained from the Centers for Medicare and Medicaid Services at:
http://www.medicare.gov/supplement-other-insurance/medigap/whats-medigap.html

V. CONSUMER RESOURCES

Links to MHCC Resources

Publications on the performance of health care facilities are available on the MHCC website, including the following web-based, interactive guides:

A Consumer's Guide to Getting and Keeping Health Insurance in Maryland is a 45-page guide that explains rights and protections that apply to health insurance coverage in Maryland. Information is provided for individuals who buy their own health insurance or who get coverage through an employer, or for small business owners who offer health insurance to their employees.
http://mhcc.maryland.gov/mhcc/pages/plr/plr_Insurance/documents/CQM_SGM_2010_ConsumerGuide_Getting_Keeping_Health_Insurance_GUID_20100701.pdf

Maryland Guide to Long Term Care Services helps consumers locate and compare Maryland long-term care services: nursing homes, assisted-living residences, home health agencies, adult day care facilities, and hospice programs. Users can sort by services offered and by county or zip code; view recent results from Maryland Office of Health Care Quality's health and safety inspections; annual family satisfaction surveys; and find Internet links to many resources of interest to seniors, such as preparing for long term care needs.
http://mhcc.maryland.gov/consumerinfo/longtermcare/Default.aspx

Maryland Health Care Quality Reports compares information on hospital characteristics, patient satisfaction ratings, quality scores, and selected health care associated infections (HAI) information. The site features a pricing guide and other information about hospital services in Maryland. In addition, the site also includes informtion on physician services, long term care, health benefit plans, and surgery centers.
http://healthcarequality.mhcc.maryland.gov

Maryland Ambulatory Surgery Facility Consumer Guide provides useful information for selecting an ambulatory surgery center. Users can find a surgical center by name, zip code, or medical specialty; download a checklist of questions to consider when having surgery in an outpatient center; and find information on what to do if they have a complaint.
http://mhcc.maryland.gov/consumerinfo/amsurg/

V. CONSUMER RESOURCES

Links to Additional Information and Assistance

Inquiries and Complaints About Health Care Facilities and Practitioners

Assisted Living, Hospice, Hospitals, Labs, Nursing Homes –
Contact the Office of Health Care Quality
410-402-8000
http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx

Physicians – *Contact the Board of Physicians*
410-764-4777
http://www.mbp.state.md.us/

Vaccinations

Local Health Department
http://msa.maryland.gov/msa/mdmanual/01glance/html/healloc.html

Vaccines for Children Program
http://phpa.dhmh.maryland.gov/OIDEOR/IMMUN/SitePages/vaccines-for-children-program.aspx

Inquiries and Complaints About Health Insurance for Consumers

Maryland Health Connection
https://www.marylandhealthconnection.gov/

Maryland Health Insurance Plan *(for residents without health insurance)*
http://www.marylandhealthinsuranceplan.state.md.us/

Maryland Insurance Administration
1-800-492-6116 or 410-468-2000
http://www.mdinsurance.state.md.us

Children's Health Insurance Program (CHIP)
1-800-456-8900
http://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx

Has your health benefit plan refused to cover a medical procedure or pay for a medical service that has already been provided?
Contact the Maryland Attorney General's Health Education and Advocacy Unit
1-410-528-1840
http://www.oag.state.md.us/consumer/heau.htm

Bill Information/legislative/budget/statute questions?
Contact the Maryland General Assembly
http://mgaleg.maryland.gov/webmga/frm1st.aspx?tab=home

Maryland Links

Maryland Department of Health and Mental Hygiene
http://dhmh.maryland.gov

Maryland Health Benefit Exchange
http://marylandhbe.com

Medicaid Waivers
http://mmcp.dhmh.maryland.gov/waiverprograms/SitePages/Home.aspx

Maryland Office of Health Care Quality
http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx

Maryland Licensed Health Care Facilities
http://dhmh.maryland.gov/ohcq/SitePages/Licensee%20Directory.aspx

Maryland Children's Health Programs
http://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx

Maryland Local Health Departments
http://msa.maryland.gov/msa/mdmanual/01glance/html/healloc.html

Maryland Health Insurance Plan *(for residents without health insurance)*
http://www.marylandhealthinsuranceplan.state.md.us/

Maryland Insurance Administration
http://www.mdinsurance.state.md.us/sa/jsp/Mia.jsp

Maryland Board of Physicians
http://www.mbp.state.md.us/

V. CONSUMER RESOURCES

Links to Additional Information and Assistance (continued)

Maryland Links continued

Maryland Board of Nursing
http://www.mbon.org/main.php

Maryland Pharmacy Board
410-764-4755
http://dhmh.maryland.gov/pharmacy/SitePages/Home.aspx

Maryland State Board of Dental Examiners
http://dhmh.maryland.gov/dental/SitePages/Home.aspx

Maryland Department of Aging
http://www.aging.maryland.gov/

Senior Health Insurance Assistance Program (SHIP)
http://www.aging.maryland.gov/StateHealthInsuranceProgram.html

Maryland Health Services Cost Review Commission
http://www.hscrc.state.md.us/

Maryland Vital Records *(birth, death, marriage, divorce certificates)*
http://dhmh.maryland.gov/vsa/SitePages/Home.aspx

Long Term Care Provider Contacts

Health Facilities Association of Maryland
http://www.hfam.org

LifeSpan Network
http://www.lifespan-network.org

Maryland Association for Adult Day Services
http://www.maads.org

Maryland National Capital Homecare Association
http://www.mncha.org

The Hospice & Palliative Care Network of Maryland
http://www.hnmd.org

COMAR Online

Title 10 – Department of Health and Mental Hygiene
http://www.dsd.state.md.us/comar/searchtitle.aspx?scope=10

Patient Safety

Maryland Patient Safety Center
http://www.marylandpatientsafety.org

Hospital Information

Maryland Hospital Association
http://www.mhaonline.org

CMS Hospital Compare
http://www.hospitalcompare.hhs.gov/

Joint Commission on Accreditation of Health Care Organizations
http://www.jointcommission.org

Hospital Quality Alliance
http://www.cms.hhs.gov/HospitalQualityInits/33_HospitalQualityAlliance.asp

Assisted Living Information

Assisted Living Federation of America
http://www.alfa.org/alfa/Consumer_Corner.asp

National Center for Assisted Living
http://www.ahcancal.org/ncal/Pages/index.aspx

Assisted Living Facilities Organization
http://www.assistedlivingfacilities.org/

V. CONSUMER RESOURCES

Links to Additional Information and Assistance (continued)

Federal Links

CMS Nursing Home Compare
http://www.medicare.gov/nursinghomecompare/search.html

Department of Health and Human Services Administration on Aging
http://www.aoa.gov/

Medicaid
http://www.cms.hhs.gov/home/medicaid.asp

Medicare
http://www.medicare.gov

U.S. Department of Health and Human Services
http://www.hhs.gov/

U.S. Census Bureau
http://www.census.gov

National Links

American Association of Homes and Services for the Aging
http://www.leadingage.org/

Health Savings Accounts
http://www.nahu.org/consumer/HSAGuide.cfm

http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx

Data Sources

The Commonwealth Fund
Maps with county-level and hospital referral region statistics, quality measures, health information technology adoption, population health, utilization & costs, eadmission rates, mortality rates, as well as prevention and inpatient quality indicators
http://whynotthebest.org/maps

VI. INFORMATION ON METHODOLOGIES

CAHPS® Methodology

CAHPS® 5.0H Survey: Background

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey program is overseen by the United States Department of Health and Human Services – Agency for Healthcare Research and Quality (AHRQ) and includes a myriad of survey products designed to capture consumer, patient and health benefit plan member perspectives on health care quality. Maryland Health Care Commission (MHCC) has implemented use of the *CAHPS® Health Plan Survey 5.0H, Adult Version* as part of the Health Benefit Plan Quality and Performance Evaluation System.

The core of the CAHPS® survey is a set of questions used to measure satisfaction with the experience of care and includes questions that reflect overall satisfaction and multi-question composites that summarize responses in key areas. Survey respondents are also asked to use a scale of 0 to 10 to rate their doctor, their specialist, their experience with all health care, and their health benefit plan.

MHCC contracted with WBA Research, a survey vendor specializing in health care and other consumer satisfaction surveys, to administer the survey to members of the various health benefit plans included in this report.

In addition, MHCC contracted with a licensed HEDIS® audit firm, HealthcareData Company, LLC, to review programming codes used to create the list of eligible members to take part in the survey and to validate the integrity of the sample frame of those members before WBA Research randomly drew from the sample and administered the survey. Survey data collection began in mid-February 2015 and lasted into May 2015.

Summary-level data files generated by NCQA were distributed in June 2015 to each health benefit plan for a review of data before the authorized health benefit plan representative signed off attesting to the accuracy of the data pertaining to their health benefit plan that are now included in this public report.

Survey Methods and Procedures

Sampling: Eligibility and Selection Procedures

Health benefit plan members who are eligible to participate in the *CAHPS® Health Plan Survey 5.0H, Adult Version* had to be Maryland residents 18 years of age or older as of December 31 of the 2014 measurement year. They also had to be continuously enrolled in the commercial health benefit plan for at least 11 of the 12 months of 2014, and remain enrolled in the health benefit plan in 2015. Enrollment data sets submitted to the CAHPS® vendor are sets of all eligible members – the relevant population. All health benefit plans are required to have their CAHPS® data set (sample frame) audited by the licensed HEDIS® auditor before the data is sent to the survey vendor.

Survey Protocol

The CAHPS® survey employs a rigorous, multistage contact protocol that features a mixed-mode methodology consisting of a mail process and telephone follow-up attempts. This protocol is designed to maximize response rates and give different types of responders a chance to reply to the survey in a way that they find comfortable. For example, telephone responders are more likely to be younger, healthier, and male.

APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

2015 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV	IPV						IPV
				Influenza (Yearly)*						
					MMR					MMR
					Varicella					Varicella
					HepA§					

Shaded boxes indicate the vaccine can be given during shown age range.

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
http://www.cdc.gov/vaccines

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APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated January 26, 2015 • CS245366-A -

APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

2015 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad

al nacer	1 mes	2 meses	4 meses	6 meses	12 meses	15 meses	18 meses	19–23 meses	2–3 años	4–6 años
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV	IPV						IPV
				Influenza (anual)*						
					MMR					MMR
					Varicela					Varicela
					HepA, 2 dosis§					

¿Está creciendo su familia?
Para protegerse y proteger a su nuevo bebé contra la tosferina, debe recibir la vacuna Tdap en el tercer trimestre de cada embarazo. Consulte a su médico para obtener más detalles.

Las casillas coloreadas indican que la vacuna se puede dar durante el rango de edad mostrado.

NOTA:
Si su hijo no recibió una de las dosis, no se necesita volver a empezar, solo llévelo al pediatra para que le apliquen la siguiente. Consulte al médico de su hijo si tiene preguntas sobre las vacunas.

NOTAS A PIE DE PÁGINA:

* Se recomiendan dos dosis con un intervalo de por lo menos cuatro semanas para los niños de 6 meses a 8 años que reciben por primera vez la vacuna contra la influenza y para otros niños en este grupo de edad.

§ Se requieren 2 dosis de la vacuna HepA para brindar una protección duradera. La primera dosis de la vacuna HepA se debe administrar durante los 12 y los 23 meses de edad. La segunda dosis se debe administrar 6 a 18 meses después. La vacuna HepA se puede administrar a todos los niños de 12 meses de edad o más para protegerlos contra la hepatitis A. Los niños y adolescentes que no recibieron la vacuna HepA y tienen un riesgo alto, deben vacunarse contra la hepatitis A.

Si su niño tiene alguna afección que lo pone en riesgo de contraer infecciones o si va a viajar al extranjero, consulte al pediatra sobre otras vacunas que pueda necesitar.

MÁS INFORMACIÓN AL REVERSO SOBRE ENFERMEDADES PREVENIBLES CON LAS VACUNAS Y LAS VACUNAS PARA PREVENIRLAS.

Para más información, llame a la línea de atención gratuita
1-800-CDC-INFO (1-800-232-4636)
o visite
http://www.cdc.gov/vaccines

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APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

Enfermedades prevenibles con las vacunas y vacunas para prevenirlas

Enfermedad	Vacuna	Enfermedad transmitida por	Signos y síntomas de la enfermedad	Complicaciones de la enfermedad
Varicela	Vacuna contra la varicela.	Aire, contacto directo	Sarpullido, cansancio, dolor de cabeza, fiebre	Ampollas infectadas, trastornos hemorrágicos, encefalitis (inflamación del cerebro), neumonía (infección en los pulmones)
Difteria	La vacuna DTaP* protege contra la difteria.	Aire, contacto directo	Dolor de garganta, fiebre moderada, debilidad, inflamación de los ganglios del cuello	Inflamación del músculo cardiaco, insuficiencia cardiaca, coma, parálisis, muerte
Hib	La vacuna contra la Hib protege contra *Haemophilus influenzae* serotipo b.	Aire, contacto directo	Puede no causar síntomas a menos que la bacteria entre en la sangre	Meningitis (infección en las membranas que recubren el cerebro y la médula espinal), discapacidad intelectual, epiglotitis (infección que puede ser mortal en la que se bloquea la tráquea y origina graves problemas respiratorios) y neumonía (infección en los pulmones), muerte
Hepatitis A	La vacuna HepA protege contra la hepatitis A.	Contacto directo, comida o agua contaminada	Puede no causar síntomas, fiebre, dolor de estómago, pérdida del apetito, cansancio, vómito, ictericia (coloración amarilla de la piel y los ojos), orina oscura	Insuficiencia hepática, artralgia (dolor en las articulaciones), trastorno renal, pancreático y de la sangre
Hepatitis B	La vacuna HepB protege contra la hepatitis B.	Contacto con sangre o líquidos corporales	Puede no causar síntomas, fiebre, dolor de cabeza, debilidad, vómito, ictericia (coloración amarilla de los ojos y la piel) dolor en las articulaciones	Infección crónica del hígado, insuficiencia hepática, cáncer de hígado
Influenza (gripe)	La vacuna influenza protege contra la gripe o influenza.	Aire, contacto directo	Fiebre, dolor muscular, dolor de garganta, tos, cansancio extremo	Neumonía (infección en los pulmones)
Sarampión	La vacuna MMR** protege contra el sarampión.	Aire, contacto directo	Sarpullido, fiebre, tos, moqueo, conjuntivitis	Encefalitis (inflamación del cerebro), neumonía (infección en los pulmones), muerte
Paperas	La vacuna MMR**protege contra las paperas.	Aire, contacto directo	Inflamación de glándulas salivales (debajo de la mandíbula), fiebre, dolor de cabeza, cansancio, dolor muscular	Meningitis (infección en las membranas que recubren el cerebro y la médula espina), encefalitis (inflamación del cerebro), inflamación de los testículos o los ovarios, sordera
Tosferina	La vacuna DTaP* protege contra la tosferina (*pertussis*).	Aire, contacto directo	Tos intensa, moqueo, apnea (interrupción de la respiración en los bebés)	Neumonía (infección en los pulmones), muerte
Poliomielitis	La vacuna IPV protege contra la poliomielitis.	Aire, contacto directo, por la boca	Puede no causar síntomas, dolor de garganta, fiebre, náuseas, dolor de cabeza	Parálisis, muerte
Infección neumocócica	La vacuna PCV protege contra la infección neumocócica.	Aire, contacto directo	Puede no causar síntomas, neumonía (infección en los pulmones)	Bacteriemia (infección en la sangre), meningitis (infección en las membranas que recubren el cerebro y la médula espinal), muerte
Rotavirus	La vacuna RV protege contra el rotavirus.	Por la boca	Diarrea, fiebre, vómito	Diarrea intensa, deshidratación
Rubéola	La vacuna MMR** protege contra la rubéola.	Aire, contacto directo	Los niños infectados por rubéola a veces presentan sarpullido, fiebre y ganglios linfáticos inflamados	Muy grave en las mujeres embarazadas: puede causar aborto espontáneo, muerte fetal, parto prematuro, defectos de nacimiento
Tétano	La vacuna DTaP* protege contra el tétano.	Exposición a través de cortaduras en la piel	Rigidez del cuello y los músculos abdominales, dificultad para tragar, espasmos musculares, fiebre	Fractura de huesos, dificultad para respirar, muerte

* La vacuna DTaP combina la protección contra la difteria, el tétano y la tosferina.
** La vacuna MMR combina la protección contra el sarampión, las paperas y la rubéola.

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APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

2015 Recommended Immunizations for Children 7 Through 18 Years Old

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children **can** get the HepA series[6]. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.

FOOTNOTES

[1] Tdap vaccine is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7 -10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.

[2] All 11 or 12 year olds – both girls *and* boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. The full HPV vaccine series should be given as recommended for best protection.

[3] Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.

[4] Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.

[5] Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23) are recommended for some children 6 through 18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccines and what factors may place your child at high risk for pneumococcal disease.

[6] Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your healthcare provider about HepA vaccine and what factors may place your child at high risk for HepA.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit http://www.cdc.gov/vaccines/teens

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APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by Tdap vaccine)

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diptheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

Hepatitis A (Can be prevented by HepA vaccine)

Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by HepB vaccine)

Hepatitis B is an infection of the liver caused by hepatits B virus. The virus spreads through exchange of blood or other body fluids, for example, from sharing personal items, such as razors or during sex. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

Human Papillomavirus (Can be prevented by HPV vaccine)

Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

Influenza (Can be prevented by annual flu vaccine)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccine)

Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Meningococcal Disease (Can be prevented by MCV vaccine)

Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing or kissing. Symptoms include nausea, vomiting, sensitivity to light, confusion and sleepiness. Meningococcal disease also causes blood infections. About one of every ten people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

Mumps (Can be prevented by MMR vaccine)

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headaches, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely can lead to sterility in men.

Pertussis (Whooping Cough) (Can be prevented by Tdap vaccine)

Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease

(Can be prevented by Pneumococcal vaccine)

Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), bacteremia and sepsis (blood stream infection). Sinus and ear infections are usually mild and are much more common than the more severe forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss and limb loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

Polio (Can be prevented by IPV vaccine)

Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

Rubella (German Measles) (Can be prevented by MMR vaccine)

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by Tdap vaccine)

Tetanus is caused by bacteria found in soil. The bacteria enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. Three of ten people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by varicella vaccine)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

If you have any questions about your child's vaccines, talk to your healthcare provider.

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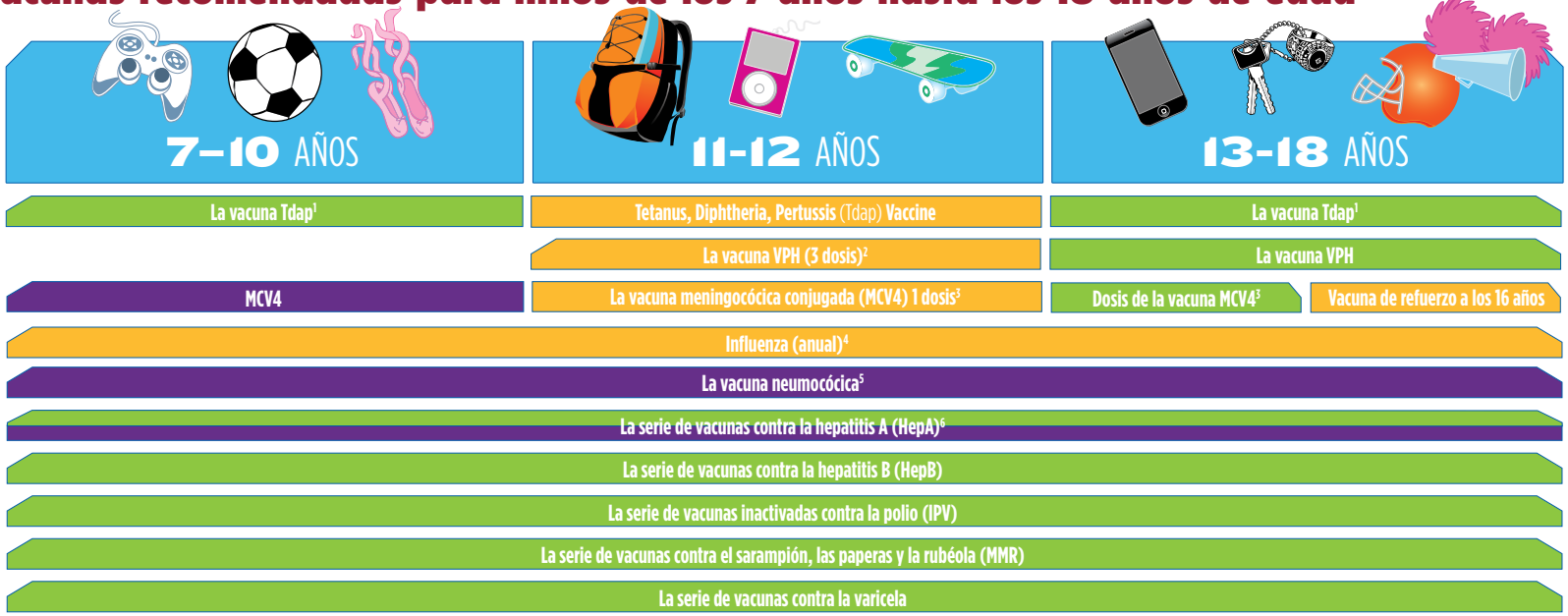
APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

2015 Vacunas recomendadas para niños de los 7 años hasta los 18 años de edad



Los casilleros sombreados de este color indican cuándo se recomienda la vacuna para todos los niños, a menos que su médico le indique que a su hijo no se le puede administrar la vacuna de manera segura.

Los casilleros sombreados de este color indican que se esta vacuna se le debe poner a los niños que se están poniendo al día con las vacunas que no se ha puesto.

Los casilleros sombreados de este color indican que la vacuna se recomienda para los niños que tienen ciertas afecciones de salud que los ponen en alto riesgo de contagiarse de enfermedades graves. Tenga en cuenta que los niños sanos se pueden poner la serie de las vacunas HepA6 Vea las recomendaciones específicas para cada vacuna en: **www.cdc.gov/vaccines/pubs/ACIP-list.htm**.

NOTAS A PIE DE PÁGINA

1. La vacuna Tdap se recomienda a los 11 o 12 años de edad para proteger contra el tétanos, la difteria y la pertusis. Si a su hijo no le han puesto ninguna vacuna de la serie DTaP, o si usted no sabe si a su niño le han puesto estas vacunas, su hijo necesita una sola dosis de la vacuna Tdap cuando tiene entre 7 a 10 años de edad. Converse con el proveedor médico de su niño para ver si necesita vacunas de actualización.
2. A todos los niños de 11 o 12 años de edad, tanto varones como mujeres, se les debe poner 3 dosis de la vacuna HPV para protegerlos contra enfermedades relacionadas con el HPV [Virus del papiloma humano]. Para la mejor protección, todos deben recibir la serie completa de vacuna HPV (de acuerdo con las recomendaciones).
3. La vacuna meningocócica conjugada (MCV) se recomienda a la edad de 11 o 12 años. A los 16 años de edad se recomienda una vacuna de refuerzo. A los adolescentes que se les puso la vacuna MCV por primera vez entre los 13 y 15 años de edad se les tiene que poner una dosis de refuerzo entre los 16 y 18 años de edad. Si su adolescente no sepuso la vacuna, pídale a su proveedor de salud que se la ponga ahora, especialmente si su adolescente está por mudarse a una residencia universitaria o barracas militares.
4. Todas las personas de 6 meses de edad en adelante, entre ellos, los preadolescentes y los adolescentes, deben ponerse una vacuna contra la influenza todos los años. Los niños menores de 9 años de edad podrían necesitar ponerse más de una dosis. Hable con el proveedor de salud de su niño para saber si necesita ponerse más de una dosis.
5. La vacuna antineumocócica conjugada 13-valente (PVC13) y la vacuna antineumocócica polisacárida 23-valente (PPSV23) están recomendadas para algunos niños de entre 6 y 18 años que poseen ciertas afecciones médicas que los ponen en riesgo de contraer esta enfermedad. Consulte a su proveedor de atención médica sobre las vacunas antineumocócicas y qué factores pueden poner en riesgo a su hijo de contraer una enfermedad neumocócica.
6. La vacuna contra la hepatitis A se recomienda para los niños mayores que tienen ciertas condiciones médicas que los ponen en mayor riesgo. La vacuna HepA está autorizada, es segura y eficaz para niños de todas las edades. Incluso si su niño no se encuentra en alto riesgo de contagiarse de esta enfermedad, usted podría desear proteger a su hijo contra la HepA. Converse con su proveedor médico sobre la vacuna HepA y sobre qué factores podrían poner a su niño en mayor riesgo de contraer la HepA.

Para obtener mayor información, llame gratuitamente al 1-800-CDC-INFO (1-800-232-4636) o visite el sitio web: http://www.cdc.gov/vaccines/teens

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

APPENDIX A: CHILDHOOD IMMUNIZATION INFORMATION FOR CONSUMERS

Enfermedades que se pueden prevenir con vacunas y las vacunas que las previenen

La difteria (Se puede prevenir con la vacuna Tdap)

La difteria es una enfermedad muy contagiosa producida por una bacteria que afecta al sistema respiratorio, incluso los pulmones. La bacteria de la difteria se puede propagar de una persona a otra a través del contacto directo con las micro-gotas de la tos o el estornudo de una persona infectada. Cuando las personas están infectadas, la bacteria de la difteria produce una toxina (veneno) en el cuerpo que puede causar debilidad, dolor de la garganta, fiebre baja e inflamación de las glándulas en el cuello. Los efectos de esta toxina también pueden conllevar inflamación del músculo del corazón y, en algunos casos, falla cardíaca. En los casos graves, la enfermedad puede causar coma, parálisis y hasta la muerte.

La hepatitis A (Se puede prevenir con la vacuna HepA)

La hepatitis A es una infección del hígado causada por el virus de la hepatitis A. El virus se transmite principalmente de persona a persona a través de la ruta fecal-oral. En otras palabras, el virus se recibe por la boca a partir del contacto con objetos, alimentos o bebidas contaminadas por las heces (excremento) de una persona infectada. Entre los síntomas se encuentran: fiebre, cansancio, pérdida del apetito, náuseas, malestar abdominal, orine de color oscuro e ictericia (color amarillento de la piel y los ojos). Una persona infectada por el virus puede no tener síntomas, puede tener un caso leve de la enfermedad por una semana o dos, o puede tener un caso grave de la enfermedad por varios meses que requiere de hospitalización. En los Estados Unidos, alrededor de 100 personas al año mueren a consecuencia de la hepatitis A.

La hepatitis B (Se puede prevenir con la vacuna HepB)

La hepatitis B es una infección del hígado causada por el virus de la B. El virus se transmite a través del intercambio de sangre u otros fluidos corporales, como por ejemplo, el intercambio de artículos personales, tales como navajas de afeitar o mediante el contacto sexual (coito). La hepatitis B causa una enfermedad parecida a la gripe, con pérdida del apetito, náuseas, vómitos, sarpullidos, dolor de las articulaciones e ictericia. El virus se aloja en el hígado de algunas personas por el resto de sus vidas y puede resultar en enfermedades hepáticas graves, entre ellas, el cáncer fatal.

El virus del papiloma humano (Se puede prevenir con la vacuna VPH)

El virus del papiloma humano es un virus bastante común. El VPH es más común en las personas durante los años de la adolescencia y principios de sus 20 años. Es la causa principal del cáncer del cuello del útero en las mujeres y de las verrugas genitales tanto en las mujeres como en los hombres. Las cepas del VPH que causan cáncer del cuello del útero y verrugas genitales se transmiten por contacto sexual (coito).

La influenza (Se puede prevenir con la vacuna anual contra la influenza)

La influenza es una infección viral de la nariz, la garganta y los pulmones altamente contagiosa. El virus se transmite fácilmente a través de las micro-gotas de la tos o el estornudo de una persona infectada y puede causar una enfermedad que oscila de leve a grave. Entre los síntomas típicos se encuentran: fiebre alta repentina, escalofríos, tos seca, dolor de cabeza, secreción nasal, dolor de garganta y dolores musculares y de las articulaciones. La fatiga aguda puede durar de varios días a semanas. La influenza puede conllevar a la hospitalización o hasta causar la muerte, incluso en niños que anteriormente hayan sido sanos.

El sarampión (Se puede prevenir con la vacuna MMR)

El sarampión es una de las enfermedades virales más contagiosas que existen. El virus del sarampión se transmite mediante el contacto directo con las micro-gotas respiratorias suspendidas en el aire de una persona infectada. El sarampión es tan contagioso que el tan solo estar en la misma habitación en la que haya estado una persona con sarampión puede resultar en una infección. Entre los síntomas comunes se encuentran: sarpullido, fiebre, tos y ojos enrojecidos y llorosos. La fiebre puede ser persistente, el sarpullido puede durar hasta una semana y la tos puede durar alrededor de 10 días. El sarampión paperas también puede causar neumonía, convulsiones, daños cerebrales o la muerte.

La enfermedad meningocócica (Se puede prevenir con la vacuna MCV)

La enfermedad meningocócica es causada por una bacteria y es la causa principal de la meningitis bacteriana (la infección de las membranas que cubren el cerebro y la espina dorsal) en los niños. Las bacterias se transmiten a través del intercambio de micro-gotas nasales y de la garganta al toser, estornudar y besarse. Entre los síntomas se encuentran: náuseas, vómitos, sensibilidad a la luz, confusión y somnolencia. La enfermedad meningocócica también causa infecciones sanguíneas. Alrededor de una de cada diez personas que contrae la enfermedad muere a consecuencia de ella. Los sobrevivientes de la enfermedad meningocócica pueden perder los brazos o las piernas, quedarse sordos, tener problemas en el sistema nervioso, tener discapacidades del desarrollo, o sufrir convulsiones o derrames cerebrales (apoplejías).

Las paperas (Se pueden prevenir con la vacuna MMR)

Las paperas son una enfermedad infecciosa causada por el virus de las paperas, el cual se transmite por el aire cuando una persona infectada tose o estornuda. Un niño también puede infectarse con las paperas al estar en contacto con un objeto contaminado por el virus, como un juguete por ejemplo. Las paperas causan fiebre, dolores de cabeza, inflamación dolorosa de las glándulas salivares debajo de mandíbula, fiebre, dolores musculares, cansancio y pérdida del apetito. Las complicaciones graves para los niños que tienen paperas son poco comunes, pero pueden incluir meningitis (infección de las membranas que cubren el cerebro y la espina dorsal), encefalitis (inflamación del cerebro), pérdida auditiva permanente, o inflamación de los testículos, que en raras ocasiones puede generar esterilidad en los hombres.

La pertusis (tos ferina) (Se puede prevenir con la vacuna Tdap)

La pertusis es una enfermedad causada por una bacteria que se transmite a través del contacto directo con las micro-gotas respiratorias de una persona infectada al toser o estornudar. Al principio, los síntomas de la tos ferina son similares a los del resfrío común, entre ellos: secreción nasal, estornudos y tos. Después de 1 a 2 semanas, la tos ferina puede causar períodos violentos de tos y ahogo, que dificultan respirar, beber o comer. Esta tos puede durar semanas. La pertusis es una enfermedad muy grave para los bebés, quienes pueden tener neumonía, convulsiones, daños cerebrales, e incluso, morir. Alrededor de dos tercios de los niños menores de 1 año de edad que se contagian de la tos ferina tienen que ser hospitalizados.

La enfermedad neumocócica

(Se puede prevenir con la vacuna neumocócica)

La neumonía es una infección de los pulmones que puede ser causada por la bacteria llamada neumococo. Esta bacteria también puede causar otros tipos de infecciones tales como infecciones del oído, infecciones de los senos nasales, meningitis (infección de las membranas que cubren el cerebro y la espina dorsal), bacteriemia y sepsis (infección del torrente sanguíneo). Las infecciones de los senos nasales y del oído normalmente son leves y son mucho más comunes que las formas más graves de la enfermedad neumocócica. No obstante, en algunos casos la enfermedad neumocócica puede ser fatal o traer consigo problemas de largo plazo tales como daños cerebrales, pérdida de la audición y de las extremidades. La enfermedad neumocócica se transmite cuando las personas infectadas tosen o estornudan. Sin embargo, muchas personas tienen la bacteria en la nariz o la garganta en un momento u otro sin estar enfermas, eso se conoce por el nombre de ser portador de la enfermedad.

La polio (Se puede prevenir con la vacuna IPV)

La polio es una enfermedad causada por un virus que vive en la garganta o los intestinos de una persona infectada. Se transmite a través del contacto con las heces (excremento) de una persona infectada y a través de las micro-gotas de un estornudo o tos. Entre los síntomas más comunes se encuentran: fiebre repentina, dolor de garganta, dolor de cabeza, debilidad y dolor muscular. En alrededor del 1% de los casos, la polio puede causar parálisis. Entre las personas que resultan paralizadas, hasta el 5% de los niños pueden morir porque no pueden respirar.

La rubéola (Sarampión alemán) (Se puede prevenir con la vacuna MMR)

La rubéola es una enfermedad causada por un virus que se transmite a través de la tos y el estornudo. En los niños, la rubéola normalmente causa una enfermedad leve con fiebre, inflamación de las glándulas y un sarpullido que dura alrededor de 3 días. La rubéola raras veces causa una enfermedad grave o complicaciones en los niños, pero puede ser muy grave para un bebé en el vientre. Si una mujer embarazada se contagia de la enfermedad, el resultado de la misma en el bebé puede ser devastador, entre ellos: aborto espontáneo, defectos cardíacos graves, retardo mental y pérdida de la audición y de la vista.

El tétanos (Trismo) (Se puede prevenir con la vacuna Tdap)

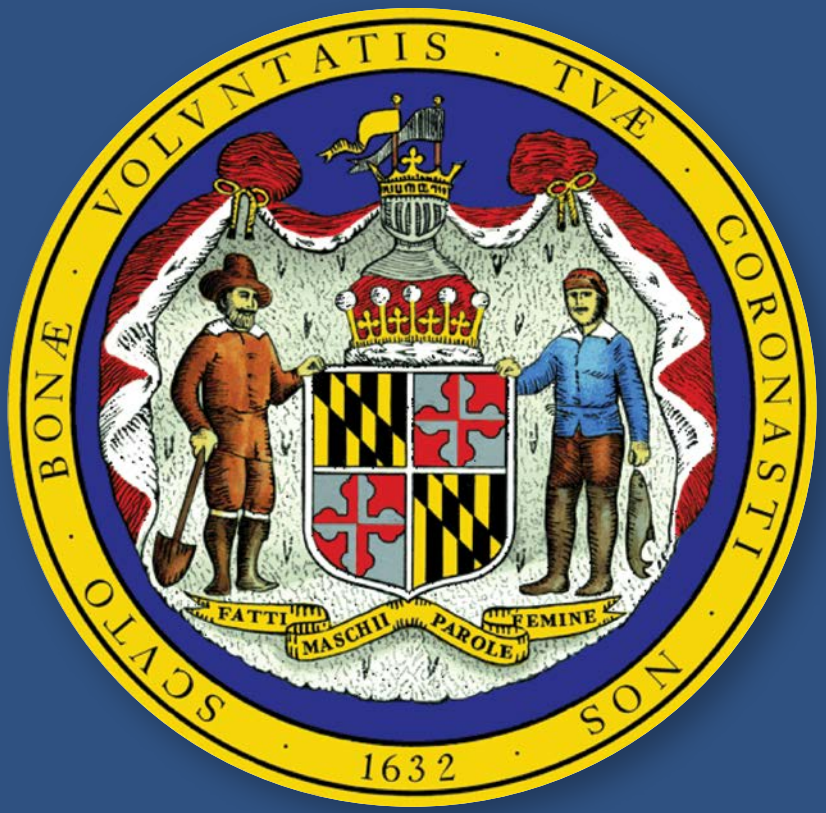
El tétanos es una enfermedad causada por bacterias que se encuentran en la tierra. La bacteria ingresa al cuerpo a través de una herida, tal como una cortadura profunda. Cuando las personas se infectan, la bacteria produce una toxina (veneno) en el cuerpo que causa espasmos graves y rigidez dolorosa de todos los músculos del cuerpo. Esto puede conllevar al "cierre y bloqueo" de la mandíbula de modo que la persona no puede abrir la boca, ni tragar, ni respirar. La recuperación total del tétanos puede tomar meses. Tres de cada diez personas que tienen tétanos mueren a consecuencia de la enfermedad.

La varicela (Se puede prevenir con la vacuna contra la varicela)

La varicela es una enfermedad causada por el virus de la varicela-zóster. La varicela es altamente contagiosa y se transmite con mucha facilidad a partir de las personas infectadas. El virus se puede transmitir a partir de la tos o el estornudo. También se puede transmitir a partir de las ampollas en la piel, ya sea al tocarlas o al respirar estas partículas virales. Entre los síntomas más comunes de la varicela se encuentran: sarpullido con picazón y ampollas, cansancio, dolor de cabeza y fiebre. Normalmente, la varicela es una enfermedad leve, pero puede conllevar a infecciones de la piel graves, neumonía, encefalitis (inflamación del cerebro) o incluso, la muerte.

Si tiene alguna pregunta acerca de las vacunas de su niño, hable con su proveedor médico.

Last updated on 02/02/2015 • *CS254242-B*



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