

Statewide Executive Summary Report HealthChoice Participating Organizations HEDIS® 2020 Results

Presented to

Maryland Department of Health

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M E T A S T A R

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INTRODUCTION

Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) is one of the most widely used sources of healthcare performance measures in the United States. The program is maintained by the National Committee for Quality Assurance (NCQA²). NCQA develops and publishes specifications for data collection and result calculation to promote a high degree of standardization of HEDIS measures. Reporting entities are required to register with NCQA and undergo an annual NCQA HEDIS Compliance Audit^{™3}. To ensure audit consistency, only NCQA-licensed organizations using NCQA-certified Auditors may conduct a HEDIS Compliance Audit. The audit conveys sufficient integrity to HEDIS data, such that it can be released to the public to provide consumers and purchasers with a means of comparing healthcare organization performance.

Maryland Department of Health (MDH) contracted with MetaStar, Inc. (MetaStar), a NCQA-Licensed Organization, to conduct HEDIS Compliance Audits of all HealthChoice managed care organizations and to summarize the results.

BACKGROUND

The Maryland Medicaid program implemented HealthChoice, a comprehensive managed care program, in June of 1997 after receiving a waiver from the Centers for Medicare & Medicaid Services (CMS) based on the requirements in Section §1115 of the Social Security Act. HealthChoice allows eligible Medicaid recipients to enroll in a participating managed care organization. There are currently nine organizations participating in HealthChoice, with 1,187,272 enrollees as of December 31, 2019.

Within MDH, the Medical Benefits Management Administration is responsible for the quality oversight of the HealthChoice program. MDH continues to measure HealthChoice program clinical quality performance and enrollee satisfaction using initiatives such as HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®4}) reporting. Performance is measured at both the organization level and on a statewide basis. HEDIS and CAHPS results are incorporated annually into a HealthChoice Consumer Report Card developed to assist HealthChoice enrollees to make comparisons when selecting a health plan. All nine HealthChoice organizations reported HEDIS in 2020.

For HEDIS 2020, MDH required HealthChoice managed care organizations to report the complete HEDIS measure set for services rendered in calendar year 2019 to HealthChoice enrollees. These measures provide meaningful managed care organization comparative information and they measure performance relative to MDH's priorities and goals.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

²NCQA is a private, nonprofit organization dedicated to improving healthcare quality.

³NCQA HEDIS Compliance Audit[™] is a trademark of the National Committee for Quality Assurance (NCQA).

⁴CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality.

ACCREDITATION

All managed care organizations participating in the HealthChoice program as of January 1, 2013, were required to be accredited by the NCQA no later than January 1, 2015, to comply with COMAR §10.09.65.02. In addition, according to COMAR §10.09.64.08, any HealthChoice organizations that joined the HealthChoice program after January 1, 2013, are required to be NCQA accredited within two years of their effective date as a HealthChoice organization. Current accreditation status for all HealthChoice organizations is listed below.

Organizations Reporting HEDIS in 2020		
Acronym Used in this Report	HealthChoice Organization Name	Accreditation Status
ABH	Aetna Better Health of Maryland	Accredited
ACC	AMERIGROUP Community Care	Commendable
JMS	Jai Medical Systems	Excellent
KPMAS	Kaiser Permanente of the Mid-Atlantic States	Excellent
MPC	Maryland Physicians Care	Accredited
MSFC	MedStar Family Choice	Commendable
PPMCO	Priority Partners MCO	Commendable
UHC	UnitedHealthcare	Accredited
UMHP	University of Maryland Health Partners	Accredited

Source: <https://reportcards.ncqa.org>

Accreditation is based on a combination of adherence to accreditation standards with a comprehensive evaluation and analysis of clinical performance and consumer experience. A total of 100 points is possible with 50 points based on standards and 50 points on performance and consumer experience. The accreditation levels are used to rate the quality of care provided by health plans to their members. Based on the total number of points achieved, NCQA assigns a level of accreditation as described below:

NCQA Accreditation Levels*
Excellent: NCQA awards its highest status of Excellent to organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. HEDIS/CAHPS results are in the highest range of national performance.
Commendable: NCQA awards an accreditation status of Commendable for service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement.
Accredited: NCQA awards an accreditation status of Accredited for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protections and quality improvement.
Provisional: NCQA awards an accreditation status of Provisional to organizations with programs for service and clinical quality that meet some basic requirements for consumer protection and quality improvement.
Interim: NCQA awards an accreditation status of Interim to organizations with basic structure and processes in place to meet expectations for consumer protection and quality improvement. Organizations awarded this status will need to undergo a new review within 18 months to demonstrate they have executed those processes effectively.
Denied: NCQA awards a status of Denied Accreditation to organizations whose programs for service and clinical quality do not meet NCQA requirements.

* Source: <http://www.ncqa.org>

SECTION ONE—MEASURES DESIGNATED FOR REPORTING

Annually, MDH determines the set of measures required for HEDIS reporting by the HealthChoice managed care organizations. MDH selects these measures because they provide meaningful MCO comparative information and they measure performance pertinent to MDH's priorities and goals. A table showing the history of MDH reporting for each measure is included in Appendix 1.

Measures Selected by MDH for HealthChoice Reporting

For services rendered in calendar year 2019, MDH required HealthChoice managed care organizations to report 51 HEDIS measures comprised of four NCQA domain categories and two CAHPS rates. The required set includes a first year HEDIS measure: Pharmacotherapy for Opioid Use Disorder (POD).

The four NCQA domain categories are as follows:

- *Effectiveness of Care* encompasses measures that assess preventive, acute, and chronic care services along with overuse and the safe use of medications.
- *Access/Availability of Care* includes measures that assess the access that members have to specific services to ensure care is being provided on a timely basis.
- *Utilization and Risk Adjusted Utilization* includes measures that assess the frequency of specific services provided by an organization. The goal is to ensure that members are receiving care as outlined by national recommendations and monitor potential for under and overutilization of services.
- *Health Plan Descriptive Information* reports the different characteristics specific to each health plan.

The breakdown of the required measures by domain are listed below.

Effectiveness of Care (EOC): 33 Measures

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC), all indicators except HbA1c Control (<7.0%)
- Statin Therapy for Patients with Diabetes (SPD)
- Appropriate Treatment for Upper Respiratory Infection (URI)
- Appropriate Testing for Pharyngitis (CWP)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Chlamydia Screening in Women (CHL)
- Use of Imaging Studies for Low Back Pain (LBP)
- Medication Management for People with Asthma (MMA)
- Controlling High Blood Pressure (CBP)
- Adult BMI Assessment (ABA)
- Asthma Medication Ratio (AMR)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Persistence of Beta Blocker Treatment after a Heart Attack (PBH)

- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Lead Screening in Children (LSC)
- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Use of Opioids at High Dosage (HDO)
- Use of Opioids From Multiple Providers (UOP)
- Risk of Continued Opioid Use (COU)
- Pharmacotherapy for Opioid Use Disorder (POD)** New
- Antidepressant Medication Management (AMM)* New
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)* New
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)* New
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)* New
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)* New

*First year HealthChoice measure, publicly reported for HEDIS 2020

**First year measure, not publicly reported for HEDIS 2020.

Access/Availability of Care (AAC): 3 Measures

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Prenatal and Postpartum Care (PPC)

Utilization and Risk Adjusted Utilization (URR): 8 Measures

- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)
- Adolescent Well-Care Visits (AWC)
- Ambulatory Care: Total (AMBA)
 - Report Only "a" Level of Measure (Total)
- Frequency of Selected Procedures (FSP)
- Inpatient Utilization- Total (IPUA)
 - Report Only "a" Level of Measure (Total)
- Antibiotic Utilization (ABXA)
 - Report Only "a" Level of Measure (Total)
- Plan All-Cause Readmissions (PCR)

Health Plan Descriptive Information: 5 Measures

- Enrollment by Product Line: Total (ENPA)
 - Report Only "a" Level of Measure (Total)
- Enrollment by State (EBS)
- Language Diversity of Membership (LDM)
- Race/ Ethnicity Diversity of Membership (RDM)
- Total Membership (TLM)

Measures Collected From the Adult CAHPS Survey: 2 Rates

- Flu Vaccinations for Adults Ages 18 - 64 (FVA)
- Medical Assistance with Smoking and Tobacco Use Cessation (MSC) (Advising Smokers and Tobacco Users to Quit Rate Only)

No Benefit (NB) Measure Designations: 9 Measures

MDH contracts with outside vendors to manage behavioral health and dental benefits; therefore, all HealthChoice MCOs are given a “no benefit” designation for the measures listed below. Since these MCOs are not responsible for administering the benefits or coordinating the care of behavioral health or dental benefits/services, they do not have access to the data required to report these measures. The following nine measures are reported NB and do not appear in measure specific findings of this report.

- Follow-up Care after Hospitalization for Mental Illness (FUH)
- Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM)
- Follow-up After ED Visit for Alcohol and Other Drug Dependence (FUA)
- Mental Health Utilization
 - Total (MPTA)
 - Dual Eligible (MPTB)
 - Disabled (MPTC)
 - Other (MPTD)
- Annual Dental Visit (ADV)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Identification of Alcohol and Other Drug Services: Total (IADA)
- Follow-up After High Intensity Care for Substance Use Disorder (FUI)* New

Measures Not Reported by MDH for HealthChoice Reporting

There are two categories of measures that MDH does not utilize for HealthChoice Reporting. They include Measures Exempt from Reporting and Measures Suspended by NCQA. There were no measures suspended for HEDIS 2020.

Measures Exempt from Reporting

- Comprehensive Diabetes Care
 - HbA1c Control (<7.0%)
- Ambulatory Care
 - Dual Eligible (AMBB)
 - Disabled (AMBC)
 - Other (AMBD)
- Inpatient Utilization
 - General Hospital / Acute Care: Dual Eligible (IPUB)
 - General Hospital / Acute Care: Disabled (IPUC)
 - General Hospital / Acute Care: Other (IPUD)
- Identification of Alcohol and Other Drug Services
 - Dual Eligible (IADB)
 - Disabled (IADC)
 - Other (IADD)

- Antibiotic Utilization
 - Dual Eligible (ABXB)
 - Disabled (ABXC)
 - Other (ABXD)
- Enrollment by Product Line
 - Dual Eligible (ENPB)
 - Disabled (ENPC)
 - Other (ENPD)
- Depression Screening and Follow-up for Adolescents and Adults (DSF)
- Utilization of the PHQ-9 to Monitor Depression Systems for Adolescents and Adults (DMS)
- Depression Remission or Response for Adolescents and Adults (DRR)
- Unhealthy Alcohol Use Screening and Follow-up (ASF)
- Adult Immunization Status (AIS)
- Prenatal Immunization Status (PRS)
- Breast Cancer Screening (BCS – E) *First-Year ECDS Version of the Measure
- Colorectal Cancer Screening (COL – E) *First-Year ECDS Version of the measure
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) *First-Year ECDS Version of the Measure
- Prenatal Depression Screening and Follow-Up (PND) *New
- Postpartum Depression Screening and Follow-Up (PDS) *New

SECTION TWO—HEDIS METHODOLOGY

The HEDIS reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS 2020 Volume 2: Technical Specifications*.

Data Collection

The health plan pulls together all data sources to include administrative data, supplemental data, and medical record data, typically into a data warehouse, against which HEDIS software programs are applied to calculate measures. The three data sources that may be utilized are defined below:

Administrative Data:

Administrative data refers to data that is collected, processed, and stored in automated information systems. Administrative data includes enrollment or eligibility information, claims information, and managed care encounters. Examples of services captured on claims and encounters include hospital and other facility services, professional services, prescription drug services, and laboratory services. Administrative data are readily available, are inexpensive to acquire, are computer readable, and typically encompass large populations.

Supplemental Data

NCQA defines supplemental data as atypical administrative data, (i.e., not claims or encounters). Sources include immunization registry files, laboratory results files, case management databases, and electronic health record databases. There are two distinct categories of supplemental data with varying requirements for proof-of-service. The most stable form is Standard Supplemental Data which is from a database with a constant form that does not change over time. Non-standard Supplemental Data is in a less stable form and may be manipulated by human intervention and interaction. Non-standard Supplemental Data must be substantiated by proof-of-service documentation and is subject to primary source verification yearly.

Medical Record Data

Data abstracted from paper or electronic medical records may be applied to certain measures, using the NCQA-defined hybrid methodology. HEDIS specifications describe statistically sound methods of sampling, so that only a subset of the eligible population's medical records is needed. NCQA specifies hybrid calculation methods, in addition to administrative methods, for several measures selected by MDH for HEDIS reporting. Use of the hybrid method is optional. NCQA maintains that no one approach to measure calculation or data collection is considered superior to another. From organization to organization, the percentages of data obtained from one data source versus another are highly variable, making it inappropriate to make across-the-board statements about the need for, or positive impact of, one method versus another. In fact, an organization's yield from the hybrid method may impact the final rate by only a few percentage points, an impact that is also achievable through improvement of administrative data systems.

COVID-19 and HEDIS 2020 Reporting

Due to COVID-19's possible effect on HEDIS hybrid measures, specifically an organization's ability to collect medical record data, NCQA granted a one year exception to allow organizations to consider rotating hybrid rates. This exception was granted to all product lines reporting to NCQA when no other reporting requirements superseded this option (e.g., state reporting requirements). For measures reported using only the hybrid methodology, NCQA allowed organizations to report their audited HEDIS 2019 (measurement year 2018) hybrid rates if they were better than their HEDIS 2020 (MY 2019) hybrid rates. Organizations did not have to do

this for all hybrid measures but did have to rotate entire measures when there were multiple indicators (e.g., CDC, WCC). NCQA considers all reported data to reflect MY 2019 reporting regardless of rotation decisions.

The following table shows actual HEDIS 2020 measures collected by use of the administrative or hybrid method. A HealthChoice organization chooses the administrative versus hybrid method based on available resources, as the hybrid method takes significant resources to perform.

Measure List	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UMHP	UHC
ABA – Adult BMI Assessment	H	H	H	H	H	H	H	H	H
AWC – Adolescent Well-Care Visits	H	H	A	H	H	H	H	H	H
CBP – Controlling High Blood Pressure	H	H	H	H	H	H	H	H	H
CCS – Cervical Cancer Screening	H	H	H	H	H	H	H	H	H
CDC – Comprehensive Diabetes Care	H	H	H	H	H	H	H	H	H
CIS – Childhood Immunization Status	H	H	H	H	H	H	H	A	H
IMA– Immunizations for Adolescents	H	H	H	H	H	H	H	H	H
LSC – Lead Screening in Children	H	A	H	H	H	H	A	H	A
PPC – Prenatal and Postpartum Care	H	H	H	H	H	H	H	H	H
W15 – Well-Child Visits in the First 15 Months of Life	H	H	H	H	H	H	A	H	H
W34 – Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	H	H	H	H	H	H	H	H	H
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	H	H	H	H	H	H	H	H	H

H—Hybrid; A—Administrative

SECTION THREE—MEASURE SPECIFIC FINDINGS EXPLANATION

Metrics

Three metrics are calculated to accompany the organization-specific scores on the following pages:

- Maryland Average Reportable Rate (MARR)
- National HEDIS Mean (NHM)
- 2019 NCQA Benchmarks at the 25th, 50th, 75th, and 90th Percentiles

Maryland Average Reportable Rate (MARR)

The MARR is an average of HealthChoice organizations' rates as reported to NCQA. In most cases, nine organizations contributed a rate to the average. Where one or more organizations reported NA instead of a rate, the average consisted of fewer than nine component rates.

National HEDIS Mean (NHM) and NCQA Benchmarks

The HEDIS Executive Summary Report compares MCO HEDIS 2020 rates to the 2019 NHM and identifies whether the MCO is above or below the NHM.

The source for certain health plan measure rates and benchmark (means and percentiles) data is Quality Compass^{®1} 2019 and is used with the permission of NCQA. Any analysis, interpretation or conclusion based on the data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass is a registered trademark of NCQA. The data comprises audited performance rates and associated benchmarks for Healthcare Effectiveness Data and Information Set measures ("HEDIS[®]") and HEDIS CAHPS[®] survey measure results. HEDIS measures and specifications were developed by and are owned by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties or endorsement about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using HEDIS measures and specifications, and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in Quality Compass and the data and may rescind or alter the data at any time. The data may not be modified by anyone other than NCQA. Anyone desiring to use or reproduce the data without modification for an internal, noncommercial purpose may do so without obtaining approval from NCQA. All other uses, including a commercial use and/or external reproduction, distribution or publication, must be approved by NCQA and are subject to a license at the discretion of NCQA.

Year-to-Year Trending

Year-to-year trending is possible when specifications remain consistent from year-to-year. (Expected updates to industry-wide coding systems are not considered specification changes.) For each measure, the tables display up to five years of results, where available.

When there are significant changes to the measure specifications so that data cannot be compared to the prior year, NCQA will determine there to be a break in trending. For HEDIS 2020, NCQA determined a trending break for the following measures: Appropriate Testing for Pharyngitis (CWP), Appropriate Treatment for Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Use of Opioids at High Dosage (HDO), Prenatal and Postpartum Care (PPC), and Plan All-Cause Readmissions (PCR). The measures that have been impacted by a trending break are noted beneath each table. Prior year results for measures with trending breaks are retained in the tables found in Appendix 1.

¹Quality Compass[®] is a registered trademark of NCQA.

Rounding of Figures

The effectiveness of care and effectiveness of care like measures rates are rounded to one decimal point from the rate/ratio reported to NCQA. Utilization measure rates are rounded to two decimal points from the rate/ratio reported to NCQA.

Organization of Data

The following pages contain the comparative results for HEDIS 2020. This report groups the measures into 12 service categories.

- Prevention and Screening – Adult
 - ABA, AAB
- Prevention and Screening – Child
 - CIS, IMA, W15, W34, AWC, WCC, CWP, LSC, NCS
- Respiratory Conditions
 - MMA, URI, AMR, SPR, PCE
- Member Access
 - CAP, AAP
- Women’s Health
 - BCS, CCS, CHL
- Prenatal and Postpartum Care
 - PPC
- Cardiovascular Conditions
 - CBP, PBH, SMC, SPC
- Diabetes
 - CDC, SMD, SPD, SSD
- Musculoskeletal Conditions
 - LBP
- Medication Management – Adult and Child
 - UOP, HDO, COU, POD, AMM, ADD, SAA, APM
- Utilization
 - AMB, FSP, IPU, ABX, PCR
- Health Plan Descriptive Information
 - ENP, EBS, LDM, RDM, TLM

Reference Sources

Description

The source of the information is *NCQA’s HEDIS 2020 Volume 2: Technical Specifications*.

Rationale

Sources for each rationale are identified at the end of each measure section.

Summary of Changes for HEDIS 2020

The source of the text is the *HEDIS 2020 Volume 2: Technical Specifications*, along with additional changes published in the *HEDIS 2020 Volume 2: October Technical Update*.

TABLE A—HealthChoice Organizations HEDIS 2020 Results (page 1 of 3)

HEDIS 2020 Results (Page 1)	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2020
HealthChoice Organizations	ABH			ACC			JMS			KPMAS			MPC			MSFC			PPMCO			UHC			UMHP			MARR
Adult BMI Assessment (ABA)	NA	NA ¹	80.5%	92.0%	94.2%	94.2%	98.5%	99.0%	99.0%	98.1%	98.0%	97.0%	87.8%	88.8%	88.8%	96.2%	100.0%	100.0%	91.2%	94.4%	94.4%	93.7%	84.9%	90.3%	92.9%	94.2%	95.6%	93.3%
Adolescent Well-Care Visits (AWC)	NA	43.8%	41.6%	73.0%	73.7%	73.7%	80.7%	77.4%	75.5%	59.1%	64.8%	72.3%	54.7%	57.2%	59.1%	59.7%	53.5%	58.0%	65.7%	57.4%	61.8%	63.8%	65.0%	65.0%	56.7%	61.7%	72.7%	64.4%
Childhood Immunization Status (CIS), Combo 2	NA	NA ¹	62.5%	85.2%	82.0%	82.0%	85.4%	83.4%	83.4%	72.5%	81.5%	82.2%	66.2%	73.2%	73.5%	84.2%	81.5%	81.5%	79.8%	76.4%	76.4%	74.5%	74.9%	74.9%	76.6%	84.7%	84.7%	77.9%
Childhood Immunization Status (CIS), Combo 3	NA	NA ¹	58.8%	82.5%	79.6%	79.6%	83.7%	80.5%	80.5%	70.3%	79.6%	79.1%	64.5%	69.6%	71.3%	82.7%	78.6%	78.6%	77.9%	75.2%	75.2%	70.8%	72.7%	72.7%	75.2%	83.1%	83.1%	75.4%
Childhood Immunization Status (CIS), Combo 4	NA	NA ¹	56.9%	80.1%	76.6%	76.6%	83.3%	79.3%	79.3%	70.1%	79.3%	78.9%	62.5%	66.7%	69.3%	81.3%	76.4%	76.4%	76.4%	74.2%	74.2%	67.4%	71.0%	71.0%	73.7%	82.0%	82.0%	73.8%
Childhood Immunization Status (CIS), Combo 5	NA	NA ¹	42.5%	69.8%	67.6%	67.6%	71.2%	67.2%	67.2%	62.3%	73.5%	75.0%	52.6%	58.2%	65.2%	67.9%	66.4%	66.4%	68.1%	66.9%	66.9%	57.4%	63.7%	63.7%	58.6%	64.8%	64.8%	64.4%
Childhood Immunization Status (CIS), Combo 6	NA	NA ¹	36.3%	48.7%	49.4%	49.4%	64.4%	56.4%	56.4%	55.7%	66.7%	66.2%	34.1%	37.0%	42.3%	47.7%	49.6%	49.6%	50.9%	51.6%	51.6%	41.6%	41.8%	41.8%	46.7%	47.4%	47.4%	49.0%
Childhood Immunization Status (CIS), Combo 7	NA	NA ¹	41.9%	67.9%	66.7%	66.7%	71.2%	66.4%	66.4%	62.0%	73.2%	74.7%	51.3%	56.0%	63.7%	67.2%	64.7%	64.7%	67.4%	66.2%	66.2%	55.5%	62.8%	62.8%	57.9%	64.3%	64.3%	63.5%
Childhood Immunization Status (CIS), Combo 8	NA	NA ¹	35.6%	47.7%	48.9%	48.9%	64.4%	55.6%	55.6%	55.7%	66.4%	66.2%	33.1%	35.5%	41.8%	47.5%	48.4%	48.4%	50.9%	51.1%	51.1%	40.4%	41.4%	41.4%	45.7%	47.0%	47.0%	48.5%
Childhood Immunization Status (CIS), Combo 9	NA	NA ¹	28.8%	44.3%	44.3%	44.3%	55.8%	49.0%	49.0%	49.9%	61.6%	63.4%	27.7%	31.6%	39.4%	41.1%	44.5%	44.5%	46.5%	46.5%	46.5%	36.7%	39.2%	39.2%	37.2%	39.1%	39.1%	43.8%
Childhood Immunization Status (CIS), Combo 10	NA	NA ¹	28.8%	43.3%	43.8%	43.8%	55.8%	48.5%	48.5%	49.9%	61.3%	63.4%	27.0%	30.2%	38.9%	40.9%	43.6%	43.6%	46.5%	46.0%	46.0%	35.8%	38.7%	38.7%	36.7%	38.9%	38.9%	43.4%
Appropriate Testing for Pharyngitis (CWP) ²	TB	TB	85.9%	TB	TB	85.2%	TB	TB	74.3%	TB	TB	78.9%	TB	TB	86.0%	TB	TB	88.0%	TB	TB	84.4%	TB	TB	87.1%	TB	TB	83.4%	83.7%
Immunizations for Adolescents (IMA), Combo 1	NA	NA ¹	73.6%	89.1%	90.3%	90.3%	89.7%	91.7%	91.7%	83.7%	83.0%	89.6%	84.7%	87.6%	89.5%	88.6%	89.8%	89.8%	87.1%	91.5%	91.5%	87.4%	90.8%	90.8%	87.5%	89.5%	83.0%	87.7%
Immunizations for Adolescents (IMA), Combo 2 ²	NA	NA ¹	24.1%	48.9%	49.4%	49.4%	72.2%	65.9%	65.9%	47.5%	51.6%	63.9%	37.7%	40.9%	38.9%	35.5%	43.3%	43.3%	38.4%	51.6%	51.6%	36.5%	38.2%	38.2%	30.4%	28.5%	34.1%	45.5%
Lead Screening in Children (LSC)	NA	NA ¹	73.8%	80.0%	82.0%	81.4%	88.6%	90.9%	92.1%	68.5%	83.5%	89.6%	74.7%	80.1%	80.1%	83.0%	84.4%	84.4%	80.1%	80.5%	83.9%	72.0%	76.7%	74.4%	74.5%	83.9%	83.9%	82.6%
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) ²	NA	0.0%	1.0%	2.1%	1.0%	0.9%	2.0%	0.9%	0.4%	0.0%	0.0%	0.0%	1.4%	1.2%	0.8%	1.1%	0.4%	0.1%	1.4%	1.1%	0.7%	2.5%	1.4%	1.2%	1.3%	1.5%	0.6%	0.6%
Well-Child Visits in the First 15 months of Life (W15), 0 well-child visits ²	NA	NA ¹	5.9%	0.5%	0.6%	0.6%	0.5%	1.0%	0.4%	2.0%	0.3%	1.1%	2.0%	0.6%	0.0%	2.0%	1.2%	0.3%	5.0%	2.4%	1.0%	2.4%	1.5%	1.5%	2.0%	1.9%	0.5%	1.3%
Well-Child Visits in the First 15 months of Life (W15), MDH Five or more visits	NA	NA ¹	72.5%	88.8%	84.2%	84.2%	85.9%	80.8%	84.1%	86.9%	89.6%	89.6%	84.2%	84.8%	84.7%	86.5%	80.8%	84.2%	76.5%	81.2%	87.3%	87.6%	85.2%	86.1%	81.0%	82.0%	91.4%	84.9%
Well-Child Visits in the First 15 months of Life (W15), 6+ well-child visits	NA	NA ¹	41.2%	72.0%	70.4%	70.4%	75.0%	67.7%	74.1%	75.4%	81.3%	83.7%	70.8%	68.7%	70.8%	73.3%	67.7%	70.2%	56.8%	62.8%	72.5%	72.5%	69.1%	73.0%	67.6%	66.4%	84.9%	71.2%
Well-Child Visits in the First 15 months of Life (W15), 5 well-child visits	NA	NA	31.4%	16.8%	13.7%	13.7%	10.8%	13.1%	10.0%	11.4%	8.3%	5.9%	13.4%	16.1%	13.9%	13.2%	13.1%	13.9%	19.7%	18.3%	14.8%	15.1%	16.1%	13.1%	13.4%	15.6%	6.5%	13.7%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	NA	64.0%	66.7%	88.8%	87.5%	87.5%	91.3%	90.5%	90.5%	77.6%	85.0%	90.0%	76.6%	71.8%	75.4%	77.1%	76.7%	80.0%	85.6%	80.3%	80.3%	81.5%	83.7%	83.7%	70.3%	81.9%	81.9%	81.8%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total	NA	65.6%	74.5%	73.2%	71.8%	71.8%	95.9%	96.4%	96.4%	100.0%	99.0%	99.0%	53.0%	62.0%	62.0%	81.1%	88.9%	88.9%	76.4%	72.3%	72.3%	75.7%	76.6%	77.6%	68.1%	78.9%	78.9%	80.1%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total	NA	75.0%	74.2%	75.7%	77.6%	77.6%	97.6%	95.1%	95.1%	100.0%	100.0%	100.0%	62.3%	63.2%	63.2%	85.3%	82.6%	82.6%	73.7%	69.6%	69.6%	77.1%	77.4%	75.7%	67.6%	79.1%	79.1%	79.7%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity, Total	NA	71.9%	69.4%	68.1%	70.6%	70.6%	96.6%	94.6%	94.6%	100.0%	100.0%	100.0%	53.0%	60.2%	60.2%	80.2%	78.1%	78.1%	66.2%	65.0%	65.0%	71.8%	71.3%	72.3%	62.0%	75.0%	75.0%	76.1%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total ³	TB	TB	60.5%	TB	TB	48.8%	TB	TB	62.8%	TB	TB	73.6%	TB	TB	38.8%	TB	TB	44.5%	TB	TB	50.8%	TB	TB	46.3%	TB	TB	49.8%	52.9%
Asthma Medication Ratio (AMR), Total	NA	NA ¹	NA ¹	63.2%	65.5%	63.6%	70.7%	73.0%	76.8%	77.9%	74.0%	77.3%	63.1%	58.0%	58.5%	64.6%	61.8%	63.8%	58.9%	60.2%	60.3%	62.7%	62.4%	62.4%	60.1%	57.1%	57.8%	65.1%
Medication Management for People With Asthma (MMA), 50% Compliance, Total	NA	NA ¹	NA ¹	50.0%	54.7%	56.8%	75.0%	74.1%	72.1%	61.5%	56.4%	61.8%	60.5%	57.4%	59.7%	53.7%	53.4%	65.6%	49.6%	51.8%	52.7%	55.7%	57.1%	58.9%	59.9%	71.6%	65.1%	61.6%
Medication Management for People With Asthma (MMA), 75% Compliance, Total	NA	NA ¹	NA ¹	23.8%	26.2%	32.3%	51.0%	47.1%	44.0%	33.3%	30.3%	32.0%	34.1%	33.8%	35.8%	29.4%	29.2%	39.3%	25.2%	27.7%	28.9%	31.5%	33.1%	33.8%	34.8%	41.9%	36.2%	35.3%
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid	NA	NA ¹	77.0%	68.2%	66.1%	64.6%	68.4%	67.6%	66.5%	78.6%	83.8%	93.6%	70.8%	71.9%	72.6%	74.8%	72.1%	71.1%	61.8%	71.2%	67.2%	69.0%	61.6%	64.3%	78.2%	71.0%	73.5%	72.3%
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator	NA	NA ¹	90.2%	82.3%	83.5%	84.3%	87.9%	88.3%	87.9%	83.3%	94.6%	91.5%	85.8%	87.2%	87.4%	88.7%	89.0%	90.2%	80.9%	84.8%	83.2%	80.4%	79.0%	79.5%	88.7%	88.2%	85.5%	86.6%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NA	NA ¹	NA ¹	30.5%	28.8%	29.8%	40.7%	14.4%	13.0%	NA	29.5%	35.1%	32.0%	30.6%	28.4%	38.9%	38.5%	35.2%	31.1%	31.8%	27.3%	32.2%	31.4%	25.7%	36.9%	33.3%	23.6%	27.3%
Appropriate Treatment for Children with Upper Respiratory Infection (URI), Total ³	TB	TB	86.3%	TB	TB	89.2%	TB	TB	91.9%	TB	TB	90.5%	TB	TB	83.1%	TB	TB	87.9%	TB	TB	90.3%	TB	TB	87.4%	TB	TB	85.7%	88.0%

Aetna Better Health AMERIGROUP Community Care Jai Medical Systems Kaiser Permanente of the Mid-Atlantic States Maryland Physicians Care MedStar Family Choice Priority Partners UnitedHealthcare University of Maryland Health Partners

1 When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.
 2 A lower rate indicates better performance.
 3 Trending break due to measure specification changes. HEDIS results cannot be compared to the prior year benchmarks.
 TB = Trending Break Data Excluded.

TABLE A—HealthChoice Organizations HEDIS 2020 Results (page 2 of 3)

HEDIS 2020 Results (Page 2)	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2020
HealthChoice Organizations	ABH			ACC			JMS			KPMAS			MPC			MSFC			PPMCO			UHC			UMHP			MARR
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years	NA	56.5%	61.5%	74.3%	74.7%	75.0%	64.4%	64.4%	63.1%	73.7%	74.7%	75.8%	75.7%	76.0%	76.4%	71.1%	72.8%	72.9%	76.5%	78.4%	78.3%	75.1%	75.5%	76.0%	65.6%	67.8%	67.7%	71.8%
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years	NA	68.4%	73.2%	84.6%	84.5%	84.6%	83.7%	83.0%	81.9%	81.5%	82.9%	83.0%	85.1%	84.7%	85.2%	81.9%	83.5%	83.3%	86.0%	87.0%	86.7%	86.1%	86.3%	86.0%	77.9%	79.1%	78.2%	82.4%
Children and Adolescents' Access to Primary Care Practitioners (CAP), 12-24 Months	NA	87.2%	89.4%	97.5%	97.3%	97.2%	92.5%	94.3%	95.3%	95.7%	96.4%	97.8%	96.1%	97.4%	97.0%	95.5%	95.7%	96.9%	93.6%	97.0%	96.8%	96.8%	96.7%	96.6%	94.0%	96.0%	97.2%	96.0%
Children and Adolescents' Access to Primary Care Practitioners (CAP), 25 Months-6 Years	NA	75.9%	78.4%	93.5%	93.9%	93.7%	91.8%	91.1%	87.2%	86.3%	91.4%	92.6%	88.7%	89.8%	90.4%	86.9%	88.3%	90.0%	89.5%	91.2%	90.5%	90.5%	90.3%	89.0%	83.4%	86.7%	86.7%	88.7%
Children and Adolescents' Access to Primary Care Practitioners (CAP), 7-11 Years	NA	NA ¹	76.9%	96.0%	95.8%	95.9%	94.3%	92.1%	91.1%	91.7%	91.9%	92.4%	92.4%	92.3%	92.9%	91.9%	91.6%	90.8%	90.9%	93.1%	93.3%	93.9%	93.3%	91.5%	84.3%	83.6%	85.6%	90.0%
Children and Adolescents' Access to Primary Care Practitioners (CAP), 12-19 Years	NA	NA ¹	76.3%	93.6%	94.0%	94.2%	93.8%	92.6%	91.1%	90.4%	90.0%	92.0%	89.9%	89.8%	90.3%	89.2%	89.5%	90.1%	89.6%	91.2%	91.1%	92.1%	90.9%	89.1%	83.5%	84.2%	84.8%	88.8%
Breast Cancer Screening (BCS) ³	NA	NA ¹	NA ¹	69.2%	69.2%	69.2%	77.5%	75.8%	76.3%	81.5%	79.7%	79.2%	59.2%	55.6%	62.6%	67.1%	69.0%	74.6%	68.5%	69.5%	67.8%	59.9%	59.4%	58.1%	74.9%	76.3%	76.9%	70.6%
Cervical Cancer Screening (CCS)	NA	29.9%	38.0%	62.5%	67.9%	67.9%	76.8%	74.3%	74.3%	80.4%	88.0%	88.0%	56.7%	63.5%	60.6%	54.3%	60.9%	64.0%	64.0%	66.9%	66.9%	59.6%	58.9%	58.9%	45.3%	49.9%	55.7%	63.8%
Chlamydia Screening in Women (CHL), 16-20 years	NA	65.4%	64.6%	63.9%	65.0%	65.1%	91.0%	87.6%	87.5%	71.3%	74.5%	84.3%	56.4%	57.8%	55.3%	59.1%	61.0%	55.9%	60.7%	60.2%	60.5%	57.4%	59.4%	59.5%	55.1%	54.6%	58.2%	65.6%
Chlamydia Screening in Women (CHL), 21-24 years	NA	63.0%	69.9%	71.8%	71.8%	72.5%	81.7%	80.8%	83.0%	80.2%	83.5%	87.3%	66.0%	66.5%	64.3%	68.2%	69.3%	63.1%	68.0%	67.8%	68.3%	67.2%	65.9%	69.5%	67.6%	65.3%	65.5%	71.5%
Chlamydia Screening in Women (CHL), Total	NA	64.2%	67.7%	67.4%	67.9%	68.1%	86.6%	84.4%	85.6%	77.0%	80.0%	85.8%	61.1%	61.9%	59.3%	64.0%	65.3%	59.5%	64.0%	63.6%	63.9%	61.6%	62.2%	63.8%	62.5%	60.9%	62.3%	68.4%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care ²	TB	TB	90.6%	TB	TB	90.5%	TB	TB	83.9%	TB	TB	93.7%	TB	TB	87.6%	TB	TB	82.7%	TB	TB	87.1%	TB	TB	89.3%	TB	TB	88.3%	88.2%
Prenatal and Postpartum Care (PPC), Postpartum Care ²	TB	TB	81.8%	TB	TB	82.0%	TB	TB	88.7%	TB	TB	90.8%	TB	TB	75.2%	TB	TB	82.2%	TB	TB	70.8%	TB	TB	73.5%	TB	TB	86.9%	81.3%
Controlling High Blood Pressure (CBP) ³	TB	51.0%	59.1%	TB	58.6%	58.6%	TB	72.6%	70.1%	TB	79.9%	82.4%	TB	46.2%	48.2%	TB	59.6%	61.6%	TB	49.9%	49.9%	TB	57.4%	61.8%	TB	65.5%	69.3%	62.3%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	NA	NA ¹	NA ¹	65.2%	69.5%	77.9%	68.8%	NA ¹	NA ¹	81.8%	NA ¹	NA ¹	81.6%	84.0%	87.3%	80.8%	62.0%	74.1%	72.3%	71.9%	77.3%	77.6%	71.2%	79.7%	70.0%	56.7%	82.1%	79.7%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	NA	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	66.7%	80.0%	77.4%	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	77.4%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total	NA	NA ¹	NA ¹	68.3%	72.1%	77.4%	82.1%	82.0%	85.0%	93.0%	86.7%	92.5%	75.1%	76.2%	76.9%	78.6%	75.5%	80.7%	75.7%	76.9%	79.0%	73.8%	73.5%	77.4%	74.5%	77.3%	79.2%	81.0%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total	NA	NA ¹	NA ¹	53.6%	53.8%	66.9%	53.7%	55.6%	55.1%	46.3%	54.7%	64.4%	64.3%	65.2%	64.7%	50.0%	54.5%	64.8%	52.6%	50.8%	56.4%	55.4%	54.1%	57.7%	55.9%	61.5%	62.0%	61.5%
Comprehensive Diabetes Care (CDC), Hemoglobin A1c (HbA1c) Testing	NA	93.0%	86.1%	90.5%	85.9%	85.9%	94.9%	95.2%	94.6%	91.6%	93.3%	94.1%	80.8%	81.3%	86.4%	90.0%	90.4%	88.8%	88.1%	87.3%	87.3%	85.9%	84.4%	85.2%	81.8%	88.8%	86.1%	88.3%
Comprehensive Diabetes Care (CDC), HbA1c Poor Control (>9.0%) ²	NA	40.4%	38.7%	34.1%	38.2%	38.2%	29.9%	28.1%	27.3%	28.0%	28.0%	26.0%	47.9%	48.4%	36.0%	31.4%	33.3%	33.0%	38.9%	42.6%	42.6%	35.5%	40.4%	37.5%	49.2%	32.6%	33.6%	34.8%
Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)	NA	52.6%	49.6%	59.4%	51.8%	51.8%	61.1%	63.8%	65.0%	60.9%	61.1%	63.8%	46.0%	42.6%	54.3%	56.7%	54.3%	57.5%	49.6%	47.7%	47.7%	54.5%	49.1%	52.8%	42.6%	59.4%	57.9%	55.6%
Comprehensive Diabetes Care (CDC), Eye Exam (Retinal) Performed	NA	21.1%	33.6%	55.7%	54.7%	54.7%	75.7%	71.9%	65.5%	84.5%	88.1%	86.0%	42.8%	39.9%	46.2%	63.7%	57.0%	63.3%	38.4%	50.6%	50.6%	62.3%	57.9%	51.3%	39.2%	45.5%	40.6%	54.7%
Comprehensive Diabetes Care (CDC), Medical Attention for Nephropathy	NA	93.0%	91.2%	90.5%	87.1%	87.1%	94.2%	93.4%	91.5%	92.2%	94.0%	93.7%	86.4%	89.1%	87.1%	91.0%	92.1%	89.0%	86.9%	89.8%	89.8%	89.8%	89.1%	87.3%	88.1%	88.6%	86.4%	89.2%
Comprehensive Diabetes Care (CDC), BP Control (<140/90 mm Hg)	NA	54.4%	52.3%	64.7%	64.5%	64.5%	76.5%	78.3%	70.6%	82.3%	82.0%	82.1%	49.9%	54.7%	55.0%	69.8%	65.4%	64.1%	56.7%	54.0%	54.0%	65.2%	59.6%	65.0%	58.6%	63.5%	66.4%	63.8%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	NA	NA ¹	NA ¹	66.7%	75.7%	70.2%	82.9%	81.8%	89.1%	NA ¹	NA ¹	NA ¹	60.1%	74.5%	62.5%	66.0%	77.2%	62.7%	65.0%	66.0%	62.0%	76.3%	79.4%	75.7%	59.5%	63.2%	NA ¹	70.4%
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	NA	NA ¹	NA ¹	60.0%	61.5%	63.9%	65.3%	66.6%	67.2%	78.9%	80.6%	82.3%	59.1%	60.6%	61.2%	62.9%	63.7%	65.7%	59.2%	60.6%	62.5%	60.3%	59.0%	62.4%	57.8%	58.2%	59.8%	65.6%
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	NA	NA ¹	NA ¹	44.9%	48.5%	60.9%	43.7%	50.3%	49.0%	52.1%	51.7%	59.4%	58.6%	59.2%	61.5%	47.4%	49.0%	54.4%	46.1%	50.1%	49.9%	48.7%	49.3%	54.9%	55.7%	66.7%	56.9%	55.9%
Use of Imaging Studies for Low Back Pain (LBP)	NA	NA ¹	79.1%	76.7%	75.7%	80.2%	79.9%	76.7%	82.4%	77.1%	82.0%	84.3%	75.0%	76.7%	79.2%	72.7%	73.0%	76.7%	77.7%	79.8%	82.2%	75.4%	76.5%	76.9%	70.4%	72.5%	76.9%	79.8%
Risk of Continued Opioid Use (COU), 15 Days, Total ²	NA	10.0%	6.3%	NA	2.2%	3.0%	NA	20.1%	13.6%	NA	8.5%	6.7%	NA	12.7%	10.8%	NA	11.2%	8.7%	NA	9.9%	9.6%	NA	11.7%	6.3%	NA	7.1%	7.9%	8.1%
Risk of Continued Opioid Use (COU), 31 Days, Total ²	NA	4.3%	3.2%	NA	1.6%	2.1%	NA	9.8%	7.3%	NA	2.4%	2.1%	NA	6.2%	5.3%	NA	4.3%	3.6%	NA	4.3%	4.6%	NA	4.4%	4.1%	NA	3.9%	5.5%	4.2%
Use of Opioids at High Dosage (HDO) ²³	TB	TB	3.2%	TB	TB	7.7%	TB	TB	4.8%	TB	TB	4.1%	TB	TB	14.8%	TB	TB	9.0%	TB	TB	13.8%	TB	TB	8.5%	TB	TB	14.4%	8.9%
Use of Opioids From Multiple Providers (UOP), Multiple Prescribers ²³	TB	23.8%	26.7%	TB	28.4%	27.5%	TB	22.1%	20.4%	TB	25.7%	27.7%	TB	19.6%	20.2%	TB	41.6%	30.7%	TB	31.0%	28.9%	TB	27.8%	25.4%	TB	30.4%	26.6%	26.0%
Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies ²³	TB	14.3%	20.3%	TB	7.1%	6.8%	TB	9.3%	8.8%	TB	5.0%	1.4%	TB	0.0%	8.5%	TB	9.3%	7.5%	TB	11.0%	9.1%	TB	6.8%	5.3%	TB	10.1%	6.7%	8.3%
Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies ²³	TB	7.1%	8.6%	TB	4.3%	4.2%	TB	6.3%	4.9%	TB	3.7%	0.6%	TB	0.0%	4.0%	TB	7.4%	4.8%	TB	7.2%	5.8%	TB	4.0%	3.2%	TB	6.4%	4.1%	4.5%

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 2 A lower rate indicates better performance.
 3 Trending break due to measure specification changes. HEDIS results cannot be compared to the prior year benchmarks.
 TB = Trending Break Data Excluded.



TABLE A—HealthChoice Organizations HEDIS 2020 Results (page 3 of 3)

HEDIS 2020 Results (Page 3)	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2020
HealthChoice Organizations	ABH			ACC			JMS			KPMAS			MPC			MSFC			PPMCO			UHC			UMHP			MARR
Antibiotic Utilization (ABX), Average Scripts PMPY for Antibiotics	NA	0.62	0.73	0.79	0.76	0.77	0.80	0.74	0.73	0.60	0.57	0.62	1.01	1.00	1.00	0.86	0.84	0.86	0.93	0.90	0.90	0.85	0.80	0.78	0.81	0.80	0.75	0.79
Antibiotic Utilization (ABX), Average Days Supplied per Antibiotic Script	NA	8.54	8.30	9.26	9.25	9.17	7.74	8.51	8.34	9.28	9.36	9.36	9.24	9.19	9.14	8.86	8.90	8.86	9.34	9.31	9.28	9.25	9.21	9.79	9.22	9.13	9.14	9.04
Antibiotic Utilization (ABX), Average Scripts PMPY for Antibiotics of Concern	NA	0.26	0.30	0.31	0.28	0.28	0.26	0.25	0.25	0.22	0.20	0.22	0.41	0.40	0.39	0.33	0.32	0.32	0.37	0.35	0.34	0.35	0.33	0.31	0.34	0.32	0.30	0.30
Antibiotic Utilization (ABX), Percentage of Antibiotics of Concern of all Antibiotic	NA	41.2%	40.8%	38.8%	37.6%	37.0%	32.5%	33.5%	34.5%	35.9%	35.8%	36.0%	40.4%	40.1%	39.3%	39.0%	37.6%	37.5%	39.3%	38.9%	38.4%	41.6%	40.9%	40.0%	42.2%	40.4%	40.3%	38.2%
Ambulatory Care (AMB), Outpatient visits per 1,000 member months	NA	257.4	290.7	354.3	346.5	348.5	328.7	335.4	314.4	315.9	276.9	322.2	397.5	400.7	404.8	356.2	354.6	354.8	390.3	394.9	381.6	345.1	336.1	345.5	332.2	339.2	337.1	344.4
Ambulatory Care (AMB), Emergency department (ED) visits per 1,000 member months	NA	50.1	47.6	50.6	47.1	45.5	83.0	78.1	73.7	26.6	23.8	24.4	61.9	59.1	57.9	53.5	52.1	51.1	58.0	55.0	54.2	51.7	48.6	47.3	60.7	58.2	54.8	50.7
Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Discharges /1000 MM	NA	6.01	5.64	5.05	4.58	4.47	9.19	8.83	8.97	5.62	5.27	5.58	6.46	6.44	6.33	6.56	6.35	6.17	6.81	6.20	6.04	5.58	4.21	4.40	7.20	7.03	6.83	6.05
Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Average Length of Stay	NA	4.22	3.90	4.21	4.34	4.49	4.64	4.80	5.42	3.45	3.31	3.31	2.53	4.54	4.58	4.78	4.22	4.05	4.44	4.21	4.44	4.44	4.68	4.47	3.54	3.62	3.64	4.25
Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 F	NA	0.12	0.13	0.07	0.12	0.17	0.02	0.02	0.07	0.07	0.13	0.00	0.04	0.14	0.16	0.05	0.27	0.30	0.05	0.17	0.23	0.04	0.15	0.17	0.02	0.14	0.36	0.18
Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 M	NA	0.00	0.00	0.00	0.03	0.04	0.00	0.02	0.00	0.00	0.04	0.12	0.00	0.02	0.02	0.00	0.05	0.03	0.00	0.03	0.04	0.00	0.02	0.04	0.00	0.05	0.00	0.03
Frequency of Selected Procedures (FSP), Tonsillectomy 0-9	NA	0.00	0.20	0.53	0.46	0.48	0.10	0.30	0.37	0.26	0.21	0.30	0.58	0.56	0.50	0.48	0.49	0.47	0.58	0.49	0.50	0.50	0.49	0.42	0.36	0.26	0.24	0.38
Frequency of Selected Procedures (FSP), Tonsillectomy 10-19	NA	0.06	0.05	0.16	0.17	0.17	0.05	0.16	0.04	0.14	0.11	0.14	0.20	0.24	0.17	0.17	0.16	0.19	0.23	0.20	0.17	0.21	0.17	0.15	0.22	0.10	0.11	0.13
Frequency of Selected Procedures (FSP), Hysterectomy Abdominal 45-64	NA	0.47	0.21	0.28	0.25	0.26	0.16	0.12	0.07	0.25	0.15	0.19	0.24	0.15	0.18	0.27	0.22	0.19	0.31	0.24	0.18	0.20	0.21	0.19	0.36	0.12	0.15	0.18
Frequency of Selected Procedures (FSP), Hysterectomy Vaginal 45-64	NA	0.00	0.13	0.11	0.16	0.14	0.00	0.02	0.05	0.23	0.05	0.05	0.11	0.15	0.08	0.17	0.13	0.13	0.20	0.17	0.12	0.12	0.11	0.09	0.15	0.06	0.13	0.10
Frequency of Selected Procedures (FSP), Cholecystectomy Open 30-64	NA	0.00	0.02	0.02	0.04	0.02	0.05	0.02	0.02	0.02	0.01	0.01	0.04	0.02	0.02	0.03	0.01	0.04	0.03	0.02	0.02	0.03	0.02	0.01	0.00	0.02	0.01	0.02
Frequency of Selected Procedures (FSP), Cholecystectomy Open 45-64	NA	0.00	0.04	0.04	0.02	0.02	0.02	0.02	0.05	0.00	0.02	0.06	0.04	0.02	0.04	0.03	0.01	0.00	0.04	0.04	0.08	0.03	0.03	0.02	0.09	0.02	0.02	0.04
Frequency of Selected Procedures (FSP), Cholecystectomy Lap 30-64	NA	0.44	0.19	0.20	0.14	0.18	0.04	0.09	0.06	0.07	0.08	0.10	0.24	0.17	0.18	0.14	0.13	0.14	0.21	0.20	0.22	0.19	0.13	0.13	0.19	0.10	0.15	0.15
Frequency of Selected Procedures (FSP), Cholecystectomy Lap 45-64	NA	0.23	0.47	0.49	0.41	0.35	0.30	0.07	0.29	0.38	0.25	0.36	0.53	0.43	0.40	0.27	0.43	0.41	0.53	0.43	0.41	0.36	0.33	0.38	0.60	0.45	0.28	0.37
Frequency of Selected Procedures (FSP), Back Surgery 45-64F	NA	0.23	0.34	0.50	0.40	0.36	0.33	0.69	0.51	0.05	0.12	0.08	0.72	0.85	0.62	0.46	0.54	0.60	0.69	0.67	0.65	0.55	0.61	0.65	0.54	0.82	0.69	0.50
Frequency of Selected Procedures (FSP), Back Surgery 45-64M	NA	0.34	0.35	0.50	0.36	0.36	0.56	0.45	0.36	0.15	0.16	0.16	0.72	0.66	0.57	0.71	0.57	0.38	0.77	0.65	0.60	0.63	0.54	0.55	0.47	0.47	0.50	0.42
Frequency of Selected Procedures (FSP), Mastectomy 15-44	NA	0.00	0.04	0.04	0.03	0.04	0.00	0.01	0.04	0.00	0.02	0.02	0.04	0.04	0.05	0.05	0.07	0.06	0.04	0.03	0.06	0.03	0.02	0.04	0.00	0.05	0.04	0.04
Frequency of Selected Procedures (FSP), Mastectomy 45-64	NA	0.23	0.13	0.12	0.09	0.10	0.02	0.05	0.10	0.09	0.09	0.11	0.10	0.13	0.15	0.11	0.14	0.23	0.12	0.11	0.11	0.10	0.07	0.15	0.13	0.10	0.02	0.12
Frequency of Selected Procedures (FSP), Lumpectomy 15-44	NA	0.08	0.04	0.10	0.10	0.09	0.06	0.12	0.08	0.04	0.09	0.07	0.10	0.09	0.07	0.13	0.12	0.06	0.13	0.12	0.11	0.10	0.08	0.07	0.08	0.10	0.09	0.08
Frequency of Selected Procedures (FSP), Lumpectomy 45-64	NA	0.59	0.17	0.34	0.30	0.27	0.14	0.12	0.17	0.28	0.33	0.33	0.26	0.25	0.24	0.45	0.59	0.36	0.35	0.32	0.32	0.33	0.20	0.31	0.30	0.37	0.26	0.27
Plan All-Cause Readmissions (PCR) - Observed ¹	TB	TB	14.5%	TB	TB	9.5%	TB	TB	8.2%	TB	TB	6.9%	TB	TB	10.3%	TB	TB	11.0%	TB	TB	10.6%	TB	TB	10.5%	TB	TB	11.1%	10.3%
Plan All-Cause Readmissions (PCR) - Observed / Expected ²	TB	TB	1.43	TB	TB	0.97	TB	TB	0.78	TB	TB	0.80	TB	TB	1.05	TB	TB	1.12	TB	TB	1.09	TB	TB	1.04	TB	TB	1.10	1.04

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 3 Trending break due to measure specification changes. HEDIS results cannot be compared to the prior year benchmarks.
 TB = Trending Break Data Excluded.

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Table A1—Health Plan Descriptive Information

	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP
Enrollment by Product Line (ENP) – Shows only total member months for Female	138704	1749837	148971	416099	1383357	579772	1955376	929381	275726
Enrollment by Product Line (ENP) – Shows only total member months for Male	131935	1515900	173079	359593	1146487	500470	1612084	813606	286635
Enrollment by Product Line (ENP) – Shows only total member months Total	270639	3265737	322050	775692	2529844	1080242	3567460	1742987	562361
Enrollment by State (EBS) – Maryland Only	28540	273635	27166	66953	213202	90476	300830	143035	45852
Language Diversity (LDM) – Spoken - English Number	0	19	0	60476	231671	50714	0	121577	0
Language Diversity (LDM) – Spoken - English Percent	0.00%	0.01%	0.00%	73.89%	92.28%	45.28%	0.00%	69.66%	0.00%
Language Diversity (LDM) – Spoken - Non-English Number	0	15291	129	11378	3055	1349	0	3988	117
Language Diversity (LDM) – Spoken - Non-English Percent	0.00%	4.80%	0.39%	13.90%	1.22%	1.20%	0.00%	2.29%	0.18%
Language Diversity (LDM) – Spoken - Unknown Number	40844	303070	33038	9975	16321	59945	351810	48959	63317
Language Diversity (LDM) – Spoken - Unknown Percent	100.00%	95.19%	99.61%	12.19%	6.50%	53.52%	100.00%	28.05%	99.82%
Language Diversity (LDM) – Spoken - Declined Number	0	0	0	22	0	0	0	0	0
Language Diversity (LDM) – Spoken - Declined Percent	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – White / Total	9483	51550	4044	10664	79318	24467	101481	46103	16720
Race/Ethnicity Diversity (RDM) – White / Percent	23.22%	16.19%	12.19%	13.03%	31.59%	21.84%	28.85%	26.42%	26.36%
Race/Ethnicity Diversity (RDM) – Black / Total	13261	114043	18456	40852	88698	41078	118554	64815	21259
Race/Ethnicity Diversity (RDM) – Black / Percent	32.47%	35.82%	55.65%	49.91%	35.33%	36.67%	33.70%	37.14%	33.51%
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Total	0	0	127	195	0	0	2	0	0
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Percent	0.00%	0.00%	0.38%	0.24%	0.00%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – Asian / Total	2686	14643	1174	6649	9752	5863	0	9565	0
Race/Ethnicity Diversity (RDM) – Asian / Percent	6.58%	4.60%	3.54%	8.12%	3.88%	5.23%	0.00%	5.48%	0.00%
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Total	95	497	38	70	383	247	14121	339	3257
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Percent	0.23%	0.16%	0.11%	0.09%	0.15%	0.22%	4.01%	0.19%	5.13%
Race/Ethnicity Diversity (RDM) – Other / Total	0	0	0	2097	844	0	0	0	0
Race/Ethnicity Diversity (RDM) – Other / Percent	0.00%	0.00%	0.00%	2.56%	0.34%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – 2+ Races / Total	0	0	0	532	0	0	0	0	0
Race/Ethnicity Diversity (RDM) – 2+ Races / Percent	0.00%	0.00%	0.00%	0.65%	0.00%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – Unknown / Total	1599	137647	9328	20614	72052	40353	2148	53702	22198
Race/Ethnicity Diversity (RDM) – Unknown / Percent	3.91%	43.23%	28.12%	25.18%	28.70%	36.03%	0.61%	30.77%	34.99%
Race/Ethnicity Diversity (RDM) – Declined / Total	13720	0	0	178	0	0	115504	0	0
Race/Ethnicity Diversity (RDM) – Declined / Percent	33.59%	0.00%	0.00%	0.22%	0.00%	0.00%	32.83%	0.00%	0.00%
Total Membership – Total membership numbers for each plan	40844	318380	33167	81851	251047	112008	351810	174524	63434

ABH: Aetna Better Health of Maryland
ACC: AMERIGROUP Community Care
MPC: Maryland Physicians Care

UHC: UnitedHealthcare
JMS: Jai Medical Systems
MSFC: MedStar Family Choice

UMHP: University of Maryland Health Partners
KPMAS: Kaiser Permanente of the Mid-Atlantic States
PPMCO: Priority Partners

SECTION FOUR—MEASURE SPECIFIC FINDINGS

Prevention and Screening-Adult

Adult BMI Assessment (ABA)

Description

The percentage of members 18 – 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Rationale

BMI is a useful measure of overweight and obesity. It is calculated from your height and weight. BMI is an estimate of body fat and a good gauge of your risk for diseases that can occur with more body fat. The higher a person’s BMI, the higher the risk for certain diseases such as heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers.

National Heart, Lung, and Blood Institute (NIH). Retrieved from https://www.nhlbi.nih.gov/health/educational/lose_wt/risk.htm

Summary of Changes to HEDIS 2020:

- Added the Rules for Allowable Adjustments of HEDIS section.

Adult BMI Assessment (ABA)						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	80.5%	↓
ACC	85.2%	91.0%	92.0%	94.2%	94.2% *	↑
JMS	96.6%	98.0%	98.5%	99.0%	99.0% *	↑
KPMAS	100.0%	98.0%	98.1%	98.0%	97.0%	↑
MPC	82.4%	89.3%	87.8%	88.8%	88.8% *	↑
MSFC	90.3%	90.6%	96.2%	100.0%	100.0% *	↑
PPMCO	86.1%	89.6%	91.2%	94.4%	94.4% *	↑
UHC	92.7%	90.3%	93.7%	84.9%	90.3%	↑
UMHP	85.4%	88.6%	92.9%	94.2%	95.6%	↑
MARR	89.8%	91.9%	93.8%	94.2%	93.3%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Description

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Rationale

Antibiotic resistance is one of the most urgent threats to the public’s health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in

the United States, at least 2 million people get infected with antibiotic-resistant bacteria, and at least 23,000 people die as a result.

Antibiotics save lives, but any time antibiotics are used, they can cause side effects and lead to antibiotic resistance. About 30 percent of antibiotics, or 47 million prescriptions, are prescribed unnecessarily in doctors’ offices and EDs in the United States, which makes improving antibiotic prescribing and use a national priority.

Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/features/antibioticuse/index.html>

Summary of Changes to HEDIS 2020:

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Intake Period.
- Removed the IESD definition.
- Revised the Negative Competing Diagnosis time frame.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Updated the continuous enrollment and allowable gap requirements.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Deleted the Cystic Fibrosis Value Set from step 3 in the event/diagnosis criteria (codes for cystic fibrosis were moved to the Comorbid Conditions Value Set).
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total ³						
	2016	2017	2018	2019	2020	NHM
ABH					60.5%	
ACC					48.8%	
JMS					62.8%	
KPMAS					73.6%	
MPC					38.8%	
MSFC					44.5%	
PPMCO					50.8%	
UHC					46.3%	
UMHP					49.8%	
MARR					52.9%	

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Prevention and Screening—Child

Childhood Immunization Status (CIS)

Description

The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Influenza
Combination 2	X	X	X	X	X	X				
Combination 3	X	X	X	X	X	X	X			
Combination 4	X	X	X	X	X	X	X	X		
Combination 5	X	X	X	X	X	X	X		X	
Combination 6	X	X	X	X	X	X	X			X
Combination 7	X	X	X	X	X	X	X	X	X	
Combination 8	X	X	X	X	X	X	X	X		X
Combination 9	X	X	X	X	X	X	X		X	X
Combination 10	X	X	X	X	X	X	X	X	X	X

Rationale

A basic method for prevention of serious illness is immunization. Childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy and avoid the potentially harmful effects of childhood diseases like mumps and measles. Even preventing “mild” diseases saves hundreds of lost school days and workdays, in addition to millions of dollars. Immunizations are considered one of the most successful and cost-effective public health interventions and are responsible for dramatically reducing pediatric morbidity and mortality in the United States.

Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/vaccines/parents/index.html>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Added live attenuated influenza vaccine (LAIV) as numerator compliant for the influenza rate.
- Reformatted/reorganized the MMR numerator (MMR numerator requirements were not changed).
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Childhood Immunization Status (CIS), Combo 2

	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	62.5%	↓
ACC	83.1%	85.0%	85.2%	82.0%	82.0% *	↑
JMS	88.7%	91.0%	85.4%	83.4%	83.4% *	↑
KPMAS	79.5%	73.1%	72.5%	81.5%	82.2%	↑
MPC	84.7%	79.9%	66.2%	73.2%	73.5%	↑
MSFC	85.9%	84.4%	84.2%	81.5%	81.5% *	↑
PPMCO	84.5%	83.5%	79.8%	76.4%	76.4% *	↑
UHC	83.5%	79.8%	74.5%	74.9%	74.9% *	↑
UMHP	80.9%	80.8%	76.6%	84.7%	84.7% *	↑
MARR	83.9%	82.2%	78.1%	79.7%	77.9%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 3

	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	58.8%	↓
ACC	81.9%	83.0%	82.5%	79.6%	79.6% *	↑
JMS	87.3%	88.0%	83.7%	80.5%	80.5% *	↑
KPMAS	78.2%	70.0%	70.3%	79.6%	79.1%	↑
MPC	82.1%	78.5%	64.5%	69.6%	71.3%	↑
MSFC	83.2%	81.8%	82.7%	78.6%	78.6% *	↑
PPMCO	83.0%	82.6%	77.9%	75.2%	75.2% *	↑
UHC	80.5%	77.9%	70.8%	72.7%	72.7% *	↑
UMHP	80.2%	79.3%	75.2%	83.1%	83.1% *	↑
MARR	82.1%	80.1%	76.0%	77.4%	75.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 4

	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	56.9%	↓
ACC	78.9%	80.0%	80.1%	76.6%	76.6% *	↑
JMS	86.8%	88.0%	83.3%	79.3%	79.3% *	↑
KPMAS	78.2%	69.5%	70.1%	79.3%	78.9%	↑
MPC	78.0%	75.7%	62.5%	66.7%	69.3%	↑
MSFC	80.5%	79.3%	81.3%	76.4%	76.4% *	↑
PPMCO	79.7%	80.9%	76.4%	74.2%	74.2% *	↑
UHC	75.7%	74.7%	67.4%	71.0%	71.0% *	↑
UMHP	78.2%	76.6%	73.7%	82.0%	82.0% *	↑
MARR	79.5%	78.1%	74.4%	75.7%	73.8%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 5						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	42.5%	↓
ACC	68.3%	70.0%	69.8%	67.6%	67.6% *	↑
JMS	76.4%	73.0%	71.2%	67.2%	67.2% *	↑
KPMAS	68.0%	55.0%	62.3%	73.5%	75.0%	↑
MPC	59.9%	59.5%	52.6%	58.2%	65.2%	↑
MSFC	67.9%	67.9%	67.9%	66.4%	66.4% *	↑
PPMCO	69.0%	69.5%	68.1%	66.9%	66.9% *	↑
UHC	61.6%	65.2%	57.4%	63.7%	63.7% *	↑
UMHP	58.0%	60.6%	58.6%	64.8%	64.8% *	↑
MARR	66.1%	65.1%	63.5%	66.1%	64.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 6						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	36.3%	↓
ACC	52.6%	42.0%	48.7%	49.4%	49.4% *	↑
JMS	47.6%	57.0%	64.4%	56.4%	56.4% *	↑
KPMAS	52.6%	46.3%	55.7%	66.7%	66.2%	↑
MPC	41.8%	42.4%	34.1%	37.0%	42.3%	↑
MSFC	47.9%	49.6%	47.7%	49.6%	49.6% *	↑
PPMCO	59.7%	48.8%	50.9%	51.6%	51.6% *	↑
UHC	42.6%	44.8%	41.6%	41.8%	41.8% *	↑
UMHP	41.0%	41.4%	46.7%	47.4%	47.4% *	↑
MARR	48.2%	46.5%	48.7%	50.0%	49.0%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 7						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	41.9%	↓
ACC	65.7%	68.0%	67.9%	66.7%	66.7% *	↑
JMS	76.4%	73.0%	71.2%	66.4%	66.4% *	↑
KPMAS	68.0%	55.0%	62.0%	73.2%	74.7%	↑
MPC	57.8%	57.9%	51.3%	56.0%	63.7%	↑
MSFC	65.7%	66.2%	67.2%	64.7%	64.7% *	↑
PPMCO	67.3%	68.4%	67.4%	66.2%	66.2% *	↑
UHC	58.9%	63.5%	55.5%	62.8%	62.8% *	↑
UMHP	56.7%	59.6%	57.9%	64.3%	64.3% *	↑
MARR	64.6%	64.0%	62.6%	65.0%	63.5%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 8						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	35.6%	↓
ACC	51.4%	42.0%	47.7%	48.9%	48.9% *	↑
JMS	47.2%	57.0%	64.4%	55.6%	55.6% *	↑
KPMAS	52.6%	46.0%	55.7%	66.4%	66.2%	↑
MPC	40.1%	41.4%	33.1%	35.5%	41.8%	↑
MSFC	47.2%	48.2%	47.5%	48.4%	48.4% *	↑
PPMCO	57.5%	48.4%	50.9%	51.1%	51.1% *	↑
UHC	40.9%	43.1%	40.4%	41.4%	41.4% *	↑
UMHP	40.3%	40.6%	45.7%	47.0%	47.0% *	↑
MARR	47.2%	45.8%	48.2%	49.3%	48.5%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 9						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	28.8%	↓
ACC	46.8%	37.0%	44.3%	44.3%	44.3% *	↑
JMS	42.5%	49.0%	55.8%	49.0%	49.0% *	↑
KPMAS	46.2%	37.5%	49.9%	61.6%	63.4%	↑
MPC	32.5%	32.9%	27.7%	31.6%	39.4%	↑
MSFC	40.2%	43.8%	41.1%	44.5%	44.5% *	↑
PPMCO	51.1%	42.6%	46.5%	46.5%	46.5% *	↑
UHC	35.0%	39.7%	36.7%	39.2%	39.2% *	↑
UMHP	30.0%	34.1%	37.2%	39.1%	39.1% *	↑
MARR	40.5%	39.6%	42.4%	44.5%	43.8%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Childhood Immunization Status (CIS), Combo 10						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	28.8%	↓
ACC	45.6%	36.0%	43.3%	43.8%	43.8% *	↑
JMS	42.5%	49.0%	55.8%	48.5%	48.5% *	↑
KPMAS	46.2%	37.5%	49.9%	61.3%	63.4%	↑
MPC	31.6%	32.2%	27.0%	30.2%	38.9%	↑
MSFC	39.4%	42.3%	40.9%	43.6%	43.6% *	↑
PPMCO	50.0%	42.3%	46.5%	46.0%	46.0% *	↑
UHC	33.8%	38.7%	35.8%	38.7%	38.7% *	↑
UMHP	29.4%	33.8%	36.7%	38.9%	38.9% *	↑
MARR	39.8%	39.0%	42.0%	43.9%	43.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Immunizations for Adolescents (IMA)

Description

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Rationale

The adolescent period heralds the pediatric patient’s transition into adulthood. It is a time of dynamic development during which effective preventive care measures can promote safe behaviors and the development of lifelong health habits. One of the foundations of preventive adolescent health care is timely vaccination, and every visit can be viewed as an opportunity to update and complete an adolescent’s immunizations.

The American Academy of Pediatrics. Retrieved from <https://pediatrics.aappublications.org/content/139/3/e20164186>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Clarified in the Hybrid Specification that immunizations documented under a generic header of “meningococcal conjugate vaccine” or “meningococcal polysaccharide vaccine” meet criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Immunizations for Adolescents (IMA), Combo 1						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	73.6%	↓
ACC	86.8%	88.0%	89.1%	90.3%	90.3% *	↑
JMS	82.1%	89.0%	89.7%	91.7%	91.7% *	↑
KPMAS	82.7%	80.5%	83.7%	83.0%	89.6%	↑
MPC	85.4%	88.2%	84.7%	87.6%	89.5%	↑
MSFC	80.0%	84.2%	88.6%	89.8%	89.8% *	↑
PPMCO	89.2%	89.1%	87.1%	91.5%	91.5% *	↑
UHC	84.8%	86.7%	87.4%	90.8%	90.8% *	↑
UMHP	82.7%	80.5%	87.5%	89.5%	83.0%	↑
MARR	84.2%	85.8%	87.2%	89.3%	87.7%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Immunizations for Adolescents (IMA), Combo 2 ³						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	24.1%	↓
ACC			48.9%	49.4%	49.4% *	↑
JMS			72.2%	65.9%	65.9% *	↑
KPMAS			47.5%	51.6%	63.9%	↑
MPC			37.7%	40.9%	38.9%	↑
MSFC			35.5%	43.3%	43.3% *	↑
PPMCO			38.4%	51.6%	51.6% *	↑
UHC			36.5%	38.2%	38.2% *	↑
UMHP			30.4%	28.5%	34.1%	↓
MARR			43.4%	46.2%	45.5%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

³ Trending break for HEDIS 2018, results cannot be compared to the prior year benchmarks.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Well-Child Visits in the First 15 Months of Life (W15)

Description

The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a Primary Care Physician (PCP) during their first 15 months of life:

- No well-child visits
- One well-child visit
- Two well-child visits
- Three well-child visits
- Four well-child visits
- Five well-child visits
- Five and six or more well child visits (custom)
- Six or more well-child visits

Rationale

The American Academy of Pediatrics recommends six well-child visits in the first year of life: the first within the first month of life, and then at around 2, 4, 6, 9, and 12 months of age. These visits are particularly important during the first year of life, when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination, and social and emotional growth. Regular check-ups are one of the best ways to detect physical, developmental, behavioral, and emotional problems. They also provide an opportunity for the clinician to offer guidance and counseling to the parents.

American Academy of Pediatrics. Retrieved from

<https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>

Summary of Changes to HEDIS 2020:

- Added instructions to not count services provided via telehealth when reporting this measure.

- Added a *Note* to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Well-Child Visits in the First 15 months of Life (W15), 0 well-child visits ²						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	5.9%	↑
ACC	0.9%	1.0%	0.5%	0.6%	0.6% *	↓
JMS	4.4%	5.0%	0.5%	1.0%	0.4%	↓
KPMAS	2.0%	3.6%	2.0%	0.3%	1.1%	↓
MPC	1.2%	1.4%	2.0%	0.6%	0.0%	↓
MSFC	3.5%	3.2%	2.0%	1.2%	0.3%	↓
PPMCO	1.5%	1.5%	5.0%	2.4%	1.0%	↓
UHC	2.5%	0.3%	2.4%	1.5%	1.5%	↓
UMHP	8.5%	8.5%	2.0%	1.9%	0.5%	↓
MARR	3.1%	3.1%	2.1%	1.2%	1.3%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

² A lower rate indicates better performance.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Well-Child Visits in the First 15 months of Life (W15), MDH Five or more visits						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	72.5%	
ACC	88.9%	88.7%	88.8%	84.2%	84.2%	
JMS	82.4%	80.7%	85.9%	80.8%	84.1%	
KPMAS	78.2%	78.4%	86.9%	89.6%	89.6%	
MPC	85.9%	83.6%	84.2%	84.8%	84.7%	
MSFC	82.7%	82.7%	86.5%	80.8%	84.2%	
PPMCO	82.2%	82.0%	76.5%	81.2%	87.3%	
UHC	87.2%	87.1%	87.6%	85.2%	86.1%	
UMHP	67.0%	74.2%	81.0%	82.0%	91.4%	
MARR	81.8%	82.2%	84.7%	83.6%	84.9%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Well-Child Visits in the First 15 months of Life (W15), 6+ well-child visits						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	41.2%	↓
ACC	74.3%	67.4%	72.0%	70.4%	70.4% *	↑
JMS	72.3%	70.8%	75.0%	67.7%	74.1%	↑
KPMAS	49.5%	56.7%	75.4%	81.3%	83.7%	↑
MPC	73.8%	68.5%	70.8%	68.7%	70.8%	↑
MSFC	66.8%	70.4%	73.3%	67.7%	70.2%	↑
PPMCO	61.3%	60.6%	56.8%	62.8%	72.5%	↑
UHC	72.5%	70.4%	72.5%	69.1%	73.0%	↑
UMHP	48.7%	52.8%	67.6%	66.4%	84.9%	↑
MARR	64.9%	64.7%	70.4%	69.3%	71.2%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Description

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

Rationale

Well-child visits during the preschool and early school years are particularly important. A child can be helped through early detection of vision, speech and language problems. Intervention can improve communication skills and avoid or reduce language and learning problems. The American Academy of Pediatrics recommends annual well-child visits for 2–6 year-olds.

American Academy of Pediatrics. Retrieved from

<https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>

Summary of Changes to HEDIS 2020:

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a *Note* to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)						
	2016	2017	2018	2019	2020	NHM
ABH				64.0%	66.7%	↓
ACC	85.8%	88.0%	88.8%	87.5%	87.5% *	↑
JMS	90.9%	90.0%	91.3%	90.5%	90.5% *	↑
KPMAS	82.6%	79.6%	77.6%	85.0%	90.0%	↑
MPC	88.7%	79.9%	76.6%	71.8%	75.4%	↑
MSFC	85.5%	79.5%	77.1%	76.7%	80.0%	↑
PPMCO	85.2%	81.0%	85.6%	80.3%	80.3% *	↑
UHC	80.7%	82.6%	81.5%	83.7%	83.7%	↑
UMHP	62.3%	69.8%	70.3%	81.9%	81.9% *	↑
MARR	82.7%	81.3%	81.1%	80.1%	81.8%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Adolescent Well-Care Visits (AWC)

Description

The percentage of enrolled members 12 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Rationale

The American Academy of Pediatrics and Bright Futures recommend annual well-care visits during adolescence. Annual well-care visits during adolescence promote healthy behaviors, prevent risky ones, and detect conditions that can interfere with physical, social, and emotional development.

Medicaid.Gov. Retrieved from <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html>

Summary of Changes to HEDIS 2020:

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a *Note* to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Adolescent Well-Care Visits (AWC)						
	2016	2017	2018	2019	2020	NHM
ABH				43.8%	41.6%	↓
ACC	67.9%	69.0%	73.0%	73.7%	73.7% *	↑
JMS	82.6%	84.0%	80.7%	77.4%	75.5%	↑
KPMAS	57.1%	56.0%	59.1%	64.8%	72.3%	↑
MPC	73.2%	72.7%	54.7%	57.2%	59.1%	↑
MSFC	64.0%	55.8%	59.7%	53.5%	58.0%	↑
PPMCO	72.8%	64.4%	65.7%	57.4%	61.8%	↑
UHC	64.8%	62.6%	63.8%	65.0%	65.0% *	↑
UMHP	42.6%	52.6%	56.7%	61.7%	72.7%	↑
MARR	65.6%	64.6%	64.2%	61.6%	64.4%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Description

The percentage of members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation*
- Counseling for nutrition
- Counseling for physical activity

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Rationale

Obesity and poor nutrition or physical activity habits in children and adolescents are associated both with immediate health concerns and longer term morbidity (e.g., asthma, orthopedic problems, adverse cardiovascular and metabolic outcomes, and mental health issues). For children who are overweight or obese, obesity in adulthood is likely to be more severe and lead to obesity-related morbidity (i.e., type 2 diabetes).

Centers for Medicare and Medicaid Services. Retrieved from https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=2509

Summary of Changes to HEDIS 2020:

- Clarified in the *Notes* that referral to WIC may be used to meet criteria for the Counseling for Nutrition indicator.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC),
BMI Percentile Documentation, Total**

	2016	2017	2018	2019	2020	NHM
ABH				65.6%	74.5%	↑
ACC	56.4%	73.0%	73.2%	71.8%	71.8% *	↓
JMS	92.7%	92.0%	95.9%	96.4%	96.4% *	↑
KPMAS	98.6%	100.0%	100.0%	99.0%	99.0%	↑
MPC	56.7%	60.8%	53.0%	62.0%	62.0% *	↓
MSFC	62.4%	74.7%	81.1%	88.9%	88.9% *	↑
PPMCO	70.1%	68.5%	76.4%	72.3%	72.3% *	↓
UHC	61.0%	76.5%	75.7%	76.6%	77.6%	↑
UMHP	32.1%	54.5%	68.1%	78.9%	78.9% *	↑
MARR	66.3%	75.0%	77.9%	79.0%	80.1%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC),
Counseling for Nutrition, Total**

	2016	2017	2018	2019	2020	NHM
ABH				75.0%	74.2%	↑
ACC	66.0%	79.0%	75.7%	77.6%	77.6% *	↑
JMS	97.6%	95.0%	97.6%	95.1%	95.1% *	↑
KPMAS	94.5%	94.3%	100.0%	100.0%	100.0%	↑
MPC	66.7%	64.0%	62.3%	63.2%	63.2% *	↓
MSFC	73.5%	71.9%	85.3%	82.6%	82.6% *	↑
PPMCO	74.3%	73.4%	73.7%	69.6%	69.6% *	↑
UHC	69.5%	76.0%	77.1%	77.4%	75.7%	↑
UMHP	36.7%	63.8%	67.6%	79.1%	79.1% *	↑
MARR	72.4%	77.2%	79.9%	80.0%	79.7%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC),
Counseling for Physical Activity , Total**

	2016	2017	2018	2019	2020	NHM
ABH				71.9%	69.4%	↑
ACC	58.1%	72.0%	68.1%	70.6%	70.6% *	↑
JMS	93.4%	91.0%	96.6%	94.6%	94.6% *	↑
KPMAS	94.5%	100.0%	100.0%	100.0%	100.0%	↑
MPC	63.9%	56.8%	53.0%	60.2%	60.2% *	↓
MSFC	65.5%	69.9%	80.2%	78.1%	78.1% *	↑
PPMCO	70.1%	67.4%	66.2%	65.0%	65.0% *	↑
UHC	62.8%	70.9%	71.8%	71.3%	72.3%	↑
UMHP	30.4%	53.8%	62.0%	75.0%	75.0% *	↑
MARR	67.3%	72.7%	74.7%	76.3%	76.1%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Appropriate Testing for Pharyngitis (CWP)

Description

The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Rationale

Antibiotic resistance is one of the most urgent threats to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in the United States, at least two million people get infected with antibiotic-resistant bacteria, and at least 23,000 people die as a result.

Antibiotics save lives, but any time antibiotics are used, they can cause side effects and lead to antibiotic resistance. About 30 percent of antibiotics, or 47 million prescriptions, are prescribed unnecessarily in doctors' offices and Emergency Departments (ED) in the United States, which makes improving antibiotic prescribing and use a national priority.

Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/features/antibioticuse/index.html>

Summary of Changes to HEDIS 2020:

- Revised the measure name.
- Expanded the age range to members 3 years of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the IESD definition and added the Negative Comorbid Condition History and Negative Competing Diagnosis definitions.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than pharyngitis on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added *Penicillin G Benzathine* to the "Natural penicillins" description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added a competing diagnosis exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Appropriate Testing for Pharyngitis (CWP) ³						
	2016	2017	2018	2019	2020	NHM
ABH					85.9%	
ACC					85.2%	
JMS					74.3%	
KPMAS					78.9%	
MPC					86.0%	
MSFC					88.0%	
PPMCO					84.4%	
UHC					87.1%	
UMHP					83.4%	
MARR					83.7%	

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Lead Screening in Children (LSC)

Description

The percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Rationale

Studies have concluded that there is evidence of adverse health effects at a blood lead level (BLL) of 5 µg/dL. An estimated 500 hundred thousand U.S. children had a BLL greater than or equal to 5 µg/dL in 2017. BLLs of African American children and among low-income families remain significantly higher than those of other races and those of other income status. Lead poisoning in childhood can result in learning disabilities, decreased IQ, hypertension, renal effects, and reproductive concerns. Screening is recommended at age 2 since children that are exposed to lead tend to have highest blood lead levels between 18-24 months.

Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm

Summary of Changes to HEDIS 2020:

- Added the *Rules for Allowable Adjustments of HEDIS* section.

Lead Screening in Children (LSC)						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	73.8%	↑
ACC	79.4%	80.0%	80.0%	82.0%	81.4%	↑
JMS	92.1%	91.0%	88.6%	90.9%	92.1%	↑
KPMAS	64.5%	66.1%	68.5%	83.5%	89.6%	↑
MPC	73.8%	72.2%	74.7%	80.1%	80.1% *	↑
MSFC	82.6%	84.8%	83.0%	84.4%	84.4% *	↑
PPMCO	75.7%	78.6%	80.1%	80.5%	83.9%	↑
UHC	74.9%	73.0%	72.0%	76.7%	74.4%	↑
UMHP	67.7%	70.6%	74.5%	83.9%	83.9% *	↑
MARR	76.3%	77.0%	77.7%	82.8%	82.6%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

Description

The percentage of adolescent females 16 – 20 years of age who were screened unnecessarily for cervical cancer.

Note: A lower rate indicates better performance.

Rationale

Cervical cancer is rare before age 21 years. Exposure of cervical cells to HPV during vaginal intercourse may lead to cervical carcinogenesis, but the process has multiple steps, involves regression, and is generally not rapid. Because of the progression of disease and the high likelihood of regression in this age group, evidence suggests that screening earlier than age 21 years, regardless of sexual history, would lead to more harm than benefit. Treatment of cervical intraepithelial neoplasia (CIN) 2 or CIN 3 among women younger than 21 years may increase risk for adverse pregnancy outcomes.

The United States Preventive Services Task Force (USPSTF) recommends against screening for cervical cancer in women younger than 21 years. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

United States Preventive Services Task Force. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) ²						
	2016	2017	2018	2019	2020	NHM
ABH				0.0%	1.0%	↑
ACC	3.9%	3.0%	2.1%	1.0%	0.9%	↓
JMS	1.9%	2.0%	2.0%	0.9%	0.4%	↓
KPMAS	0.6%	0.1%	0.0%	0.0%	0.0%	↓
MPC	2.0%	1.8%	1.4%	1.2%	0.8%	↓
MSFC	1.9%	1.3%	1.1%	0.4%	0.1%	↓
PPMCO	2.4%	2.0%	1.4%	1.1%	0.7%	↓
UHC	3.2%	3.0%	2.5%	1.4%	1.2%	↑
UMHP	4.0%	1.9%	1.3%	1.5%	0.6%	↓
MARR	2.5%	1.9%	1.5%	0.8%	0.6%	

² A lower rate indicates better performance.

Respiratory Conditions—Adult and Child

Medication Management for People with Asthma (MMA)

Description

The percentage of members 5 – 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50 percent of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75 percent of their treatment period.

Rationale

Inhaled corticosteroids (ICS) are the most important therapy for asthma, including mild intermittent asthma, due to their ability to control airway inflammation. The efficacy of ICS therapy includes reducing asthma symptoms, improving lung function, decreasing the frequency and severity of exacerbations, as well as improving quality of life. These findings have been highlighted in numerous studies as well as Cochrane reviews.

National Center for Biotechnology Information (NCBI). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3047902/>

Summary of Changes to HEDIS 2020:

- Updated value sets to identify acute inpatient events for the event/diagnosis.
- Modified medication lists to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Added Benralizumab to the “Anti-interleukin-5” description in the Asthma Controller Medications List.
- Clarified in step 4 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Medication Management for People With Asthma (MMA), 50% Compliance, Total						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	48.5%	47.0%	50.0%	54.7%	56.8%	↓
JMS	73.9%	77.0%	75.0%	74.1%	72.1%	↑
KPMAS	NA ¹	50.5%	61.5%	56.4%	61.8%	↑
MPC	61.5%	64.4%	60.5%	57.4%	59.7%	↓
MSFC	48.8%	50.1%	53.7%	53.4%	65.6%	↑
PPMCO	46.8%	48.1%	49.6%	51.8%	52.7%	↓
UHC	54.0%	53.6%	55.7%	57.1%	58.9%	↓
UMHP	64.5%	55.9%	59.9%	71.6%	65.1%	↑
MARR	56.9%	55.8%	58.2%	59.6%	61.6%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Medication Management for People With Asthma (MMA), 75% Compliance, Total						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	25.1%	21.0%	23.8%	26.2%	32.3%	↓
JMS	51.4%	52.0%	51.0%	47.1%	44.0%	↑
KPMAS	NA ¹	28.4%	33.3%	30.3%	32.0%	↓
MPC	35.6%	38.3%	34.1%	33.8%	35.8%	↓
MSFC	25.8%	25.2%	29.4%	29.2%	39.3%	↑
PPMCO	23.7%	24.5%	25.2%	27.7%	28.9%	↓
UHC	28.5%	28.4%	31.5%	33.1%	33.8%	↓
UMHP	48.4%	31.2%	34.8%	41.9%	36.2%	↓
MARR	34.1%	31.1%	32.9%	33.7%	35.3%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Appropriate Treatment for Upper Respiratory Infection (URI)

Description

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Rationale

Antibiotic resistance is one of the most urgent threats to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in the United States, at least two million people get infected with antibiotic-resistant bacteria, and at least 23,000 people die as a result.

Antibiotics save lives, but any time antibiotics are used, they can cause side effects and lead to antibiotic resistance. About 30 percent of antibiotics, or 47 million prescriptions, are prescribed unnecessarily in doctors' offices and EDs in the United States, which makes improving antibiotic prescribing and use a national priority.

Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/features/antibioticuse/index.html>

Summary of Changes to HEDIS 2020:

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the IESD definition and added the Negative Comorbid Condition History definition.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than upper respiratory infection on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added *Penicillin G Benzathine* to the “Natural penicillins” description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Appropriate Treatment for Children with Upper Respiratory Infection (URI), Total ³						
	2016	2017	2018	2019	2020	NHM
ABH					86.3%	
ACC					89.2%	
JMS					91.9%	
KPMAS					90.5%	
MPC					83.1%	
MSFC					87.9%	
PPMCO					90.3%	
UHC					87.4%	
UMHP					85.7%	
MARR					88.0%	

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Asthma Medication Ratio (AMR)

Description

The percentage of members 5 – 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Rationale

The asthma medication ratio is a significant predictor of ED visits and hospitalizations in children. Using a cutoff of <0.5 to signal at-risk patients may be an effective way for populations who would benefit from increased use of controller medications to reduce future emergent asthma visits.

Summary of Changes to HEDIS 2020:

- Updated value sets to identify acute inpatient events for the event/diagnosis.
- Modified medication lists to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Added *Benralizumab* to the “Anti-interleukin-5” description in the Asthma Controller Medications List.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Asthma Medication Ratio (AMR), Total						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	63.0%	67.0%	63.2%	65.5%	63.6%	↑
JMS	61.9%	70.0%	70.7%	73.0%	76.8%	↑
KPMAS	NA ¹	72.6%	77.9%	74.0%	77.3%	↑
MPC	64.0%	63.6%	63.1%	58.0%	58.5%	↓
MSFC	69.3%	67.9%	64.6%	61.8%	63.8%	↑
PPMCO	64.7%	62.2%	58.9%	60.2%	60.3%	↓
UHC	64.0%	63.6%	62.7%	62.4%	62.4%	↓
UMHP	52.4%	47.3%	60.1%	57.1%	57.8%	↓
MARR	62.8%	64.3%	65.2%	64.0%	65.1%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Description

The percentage of members 40 years of age and older with a new diagnosis of Chronic Obstructive Lung Disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Rationale

Spirometry is a simple test that measures the amount of air a person can breathe out and the amount of time it takes to do so. Both symptomatic and asymptomatic patients suspected of COPD should have spirometry performed to establish airway limitation and severity. Though several scientific guidelines and specialty societies recommend use of spirometry testing to confirm COPD diagnosis and determine severity of airflow limitation, spirometry tests are largely underutilized. Earlier diagnosis using spirometry testing might protect against worsening symptoms and decrease the number of exacerbations.

Global Initiative for Chronic Obstructive Lung Disease. Retrieved from <https://goldcopd.org/gold-spirometry-guide/>

Summary of Changes to HEDIS 2020:

- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added value sets so that that both professional and facility claims are used to identify the event/ diagnosis (steps 1 and 2).

- Clarified that the diagnosis must be on the discharge claim when identifying the denominator event/ diagnosis (step 1) and negative diagnosis history (step 2).
- Revised the instructions in step 2 (when assessing for negative diagnosis history) to only exclude outpatient, ED and observation visits that result in an acute inpatient stay (do not exclude these visits if they result in a nonacute inpatient stay).
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	30.0%	30.0%	30.5%	28.8%	29.8%	↓
JMS	34.9%	32.0%	40.7%	14.4%	13.0%	↓
KPMAS	NA ¹	50.0%		29.5%	35.1%	↑
MPC	25.5%	31.5%	32.0%	30.6%	28.4%	↓
MSFC	30.8%	40.7%	38.9%	38.5%	35.2%	↑
PPMCO	28.0%	29.9%	31.1%	31.8%	27.3%	↓
UHC	31.2%	32.9%	32.2%	31.4%	25.7%	↓
UMHP	NA ¹	37.5%	36.9%	33.3%	23.6%	↓
MARR	30.1%	35.6%	34.6%	29.8%	27.3%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Pharmacotherapy Management of COPD Exacerbation (PCE)

Description

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 – November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

Rationale

While other major causes of death have been decreasing, Chronic Obstructive Lung Disease (COPD) mortality has risen, making it the fourth leading cause of death in the United States. COPD is characterized by airflow limitation that is not fully reversible, is usually progressive, and is associated with an abnormal inflammatory response of the lung to noxious particles or gases. COPD defines a group of diseases that includes chronic bronchitis and emphysema, and patients are prone to frequent exacerbations of symptoms that range from chronic cough and sputum production to severe disabling shortness of breath, leading to significant impairment of quality of life.

In addition to being a major cause of chronic disability, COPD is a driver of significant health care service use. The disease results in both high direct and high indirect costs, and exacerbations of COPD account for the greatest burden on the health care system, though studies have shown that proper management of exacerbations may have the greatest potential to reduce the clinical, social, and economic impact of the disease. Pharmacotherapy is an essential component of proper management.

Global Initiative for Chronic Obstructive Lung Disease. Retrieved from <https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.7-FINAL-14Nov2018-WMS.pdf>

Summary of Changes to HEDIS 2020:

- Clarified that the diagnosis must be on the discharge claim when identifying the denominator event/ diagnosis (step 1).
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	77.0%	↑
ACC	70.3%	68.0%	68.2%	66.1%	64.6%	↓
JMS	73.3%	65.0%	68.4%	67.6%	66.5%	↓
KPMAS	NA ¹	55.2%	78.6%	83.8%	93.6%	↑
MPC	74.4%	73.9%	70.8%	71.9%	72.6%	↑
MSFC	71.0%	71.6%	74.8%	72.1%	71.1%	↑
PPMCO	75.7%	66.7%	61.8%	71.2%	67.2%	↓
UHC	70.2%	65.0%	69.0%	61.6%	64.3%	↓
UMHP	70.3%	80.7%	78.2%	71.0%	73.5%	↑
MARR	72.2%	68.3%	71.2%	70.7%	72.3%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	90.2%	↑
ACC	84.9%	81.0%	82.3%	83.5%	84.3%	↑
JMS	88.6%	86.0%	87.9%	88.3%	87.9%	↑
KPMAS	NA ¹	75.9%	83.3%	94.6%	91.5%	↑
MPC	87.4%	86.9%	85.8%	87.2%	87.4%	↑
MSFC	84.5%	87.3%	88.7%	89.0%	90.2%	↑
PPMCO	83.7%	81.5%	80.9%	84.8%	83.2%	↑
UHC	80.8%	81.5%	80.4%	79.0%	79.5%	↓
UMHP	86.1%	89.3%	88.7%	88.2%	85.5%	↑
MARR	85.1%	83.7%	84.8%	86.8%	86.6%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Member Access

Children and Adolescents' Access to Primary Care Practitioners (CAP)

Description

The percentage of members 12 months – 19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

- Children 12 – 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year.
- Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Rationale

Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings. However, disparities in access to primary health care exist, and many people face barriers that decrease access to services and increase the risk of poor health outcomes. Some of these obstacles include lack of health insurance, language-related barriers, disabilities, inability to take time off work to attend appointments, geographic and transportation-related barriers, and a shortage of primary care providers. These barriers may intersect to further reduce access to primary care.

HealthyPeople.gov. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>

Summary of Changes to HEDIS 2020:

- Added telehealth to the measure numerator.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Children and Adolescents' Access to Primary Care Practitioners (CAP), 12-24 Months						
	2016	2017	2018	2019	2020	NHM
ABH				87.2%	89.4%	↓
ACC	97.9%	98.0%	97.5%	97.3%	97.2%	↑
JMS	91.5%	93.0%	92.5%	94.3%	95.3%	↑
KPMAS	91.3%	92.5%	95.7%	96.4%	97.8%	↑
MPC	97.2%	96.4%	96.1%	97.4%	97.0%	↑
MSFC	95.3%	94.3%	95.5%	95.7%	96.9%	↑
PPMCO	97.8%	97.0%	93.6%	97.0%	96.8%	↑
UHC	97.0%	96.2%	96.8%	96.7%	96.6%	↑
UMHP	84.9%	89.2%	94.0%	96.0%	97.2%	↑
MARR	94.1%	94.6%	95.2%	95.3%	96.0%	

Children and Adolescents' Access to Primary Care Practitioners (CAP), 25 Months-6 Years						
	2016	2017	2018	2019	2020	NHM
ABH				75.9%	78.4%	↓
ACC	94.1%	93.0%	93.5%	93.9%	93.7%	↑
JMS	93.0%	92.0%	91.8%	91.1%	87.2%	↑
KPMAS	89.1%	87.5%	86.3%	91.4%	92.6%	↑
MPC	91.6%	90.8%	88.7%	89.8%	90.4%	↑
MSFC	90.0%	87.6%	86.9%	88.3%	90.0%	↑
PPMCO	94.2%	93.1%	89.5%	91.2%	90.5%	↑
UHC	92.6%	92.0%	90.5%	90.3%	89.0%	↑
UMHP	77.5%	83.5%	83.4%	86.7%	86.7%	↑
MARR	90.3%	89.9%	88.8%	88.7%	88.7%	

Children and Adolescents' Access to Primary Care Practitioners (CAP), 7-11 Years						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	76.9%	↓
ACC	96.1%	96.0%	96.0%	95.8%	95.9%	↑
JMS	93.8%	94.0%	94.3%	92.1%	91.1%	↑
KPMAS	98.1%	92.5%	91.7%	91.9%	92.4%	↑
MPC	93.5%	94.0%	92.4%	92.3%	92.9%	↑
MSFC	92.0%	92.8%	91.9%	91.6%	90.8%	↑
PPMCO	95.3%	95.4%	90.9%	93.1%	93.3%	↑
UHC	94.4%	94.8%	93.9%	93.3%	91.5%	↑
UMHP	76.8%	83.5%	84.3%	83.6%	85.6%	↓
MARR	92.5%	92.9%	91.9%	91.7%	90.0%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Children and Adolescents' Access to Primary Care Practitioners (CAP), 12-19 Years						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	76.3%	↓
ACC	93.0%	94.0%	93.6%	94.0%	94.2%	↑
JMS	94.2%	95.0%	93.8%	92.6%	91.1%	↑
KPMAS	96.6%	91.5%	90.4%	90.0%	92.0%	↑
MPC	91.6%	91.8%	89.9%	89.8%	90.3%	↑
MSFC	90.6%	90.7%	89.2%	89.5%	90.1%	↑
PPMCO	93.7%	94.1%	89.6%	91.2%	91.1%	↑
UHC	92.1%	93.4%	92.1%	90.9%	89.1%	↑
UMHP	75.2%	85.0%	83.5%	84.2%	84.8%	↓
MARR	90.9%	91.9%	90.3%	90.3%	88.8%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Adults' Access to Preventive/Ambulatory Health Services (AAP)

Description

The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

Rationale

Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings. However, disparities in access to primary health care exist, and many people face barriers that decrease access to services and increase the risk of poor health outcomes. Some of these obstacles include lack of health insurance, language-related barriers, disabilities, inability to take time off work to attend appointments, geographic and transportation-related barriers, and a shortage of primary care providers. These barriers may intersect to further reduce access to primary care.

HealthyPeople.gov. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>

Summary of Changes to HEDIS 2020:

- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years						
	2016	2017	2018	2019	2020	NHM
ABH				56.5%	61.5%	↓
ACC	79.7%	76.0%	74.3%	74.7%	75.0%	↓
JMS	69.3%	68.0%	64.4%	64.4%	63.1%	↓
KPMAS	82.7%	75.3%	73.7%	74.7%	75.8%	↓
MPC	82.8%	79.9%	75.7%	76.0%	76.4%	↓
MSFC	75.8%	72.5%	71.1%	72.8%	72.9%	↓
PPMCO	82.6%	80.4%	76.5%	78.4%	78.3%	↑
UHC	79.0%	76.7%	75.1%	75.5%	76.0%	↓
UMHP	69.3%	65.4%	65.6%	67.8%	67.7%	↓
MARR	77.7%	74.3%	72.1%	71.2%	71.8%	

Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years						
	2016	2017	2018	2019	2020	NHM
ABH				68.4%	73.2%	↓
ACC	88.2%	86.0%	84.6%	84.5%	84.6%	↓
JMS	87.8%	86.0%	83.7%	83.0%	81.9%	↓
KPMAS	87.0%	82.1%	81.5%	82.9%	83.0%	↓
MPC	89.4%	87.3%	85.1%	84.7%	85.2%	↑
MSFC	85.7%	83.2%	81.9%	83.5%	83.3%	↓
PPMCO	90.0%	88.4%	86.0%	87.0%	86.7%	↑
UHC	88.0%	86.7%	86.1%	86.3%	86.0%	↑
UMHP	79.6%	77.5%	77.9%	79.1%	78.2%	↓
MARR	87.0%	84.7%	83.4%	82.2%	82.4%	

Women's Health

Breast Cancer Screening (BCS)

Description

The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.

Rationale

Breast cancer is the second-leading cause of cancer death among women in the United States. In 2015, an estimated 232,000 women were diagnosed with the disease and 40,000 women died of it. It is most frequently diagnosed among women aged 55 – 64 years, and the median age of death from breast cancer is 68 years. The USPSTF recommends biennial screening mammography for women aged 50 – 74 years.

United States Preventive Services Task Force. Retrieved from

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Updated value sets used to identify advanced illness.
- Deleted value set combinations for unilateral mastectomy where laterality (bilateral, left, right) is not specified.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Breast Cancer Screening (BCS) ³						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC			69.2%	69.2%	69.2%	↑
JMS			77.5%	75.8%	76.3%	↑
KPMAS			81.5%	79.7%	79.2%	↑
MPC			59.2%	55.6%	62.6%	↑
MSFC			67.1%	69.0%	74.6%	↑
PPMCO			68.5%	69.5%	67.8%	↑
UHC			59.9%	59.4%	58.1%	↓
UMHP			74.9%	76.3%	76.9%	↑
MARR			69.7%	69.3%	70.6%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

³ Trending break for HEDIS 2018, results cannot be compared to the prior year benchmarks.

Cervical Cancer Screening (CCS)

Description

The percentage of women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria:

1. Women age 21 – 64 who had cervical cytology performed within the last 3 years.
2. Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
3. Women age 30 – 64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

Rationale

Cervical cancer can be detected in its early stages by regular screening using a Pap (cervical cytology) test, and for some women, a high-risk human papillomavirus (hrHPV) test. Several organizations, including the American College of Obstetricians and Gynecologists (ACOG), recommend Pap testing every one to three years for all women who have been sexually active or who are between 21 – 64 years of age and Pap test with hrHPV co-testing every five years.

The American College of Obstetricians and Gynecologists. Retrieved from <https://www.acog.org/Patients/FAQs/Cervical-Cancer-Screening>

Summary of Changes to HEDIS 2020:

- Updated screening methods to include primary high-risk human papillomavirus testing.
- Modified value sets to make them compatible with digital measure formatting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Cervical Cancer Screening (CCS)						
	2016	2017	2018	2019	2020	NHM
ABH				29.9%	38.0%	↓
ACC	67.5%	66.0%	62.5%	67.9%	67.9% *	↑
JMS	77.3%	73.0%	76.8%	74.3%	74.3% *	↑
KPMAS	79.2%	79.2%	80.4%	88.0%	88.0% *	↑
MPC	65.2%	66.3%	56.7%	63.5%	60.6%	↑
MSFC	61.5%	55.9%	54.3%	60.9%	64.0%	↑
PPMCO	69.3%	64.7%	64.0%	66.9%	66.9% *	↑
UHC	60.1%	68.6%	59.6%	58.9%	58.9% *	↓
UMHP	41.1%	45.3%	45.3%	49.9%	55.7%	↓
MARR	65.2%	64.9%	62.5%	62.2%	63.8%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Chlamydia Screening in Women (CHL)

Description

The percentage of women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Rationale

Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States (U.S.). The Centers for Disease Control and Prevention (CDC) estimates that approximately three million people are infected with chlamydia each year. Risk factors associated with becoming infected with chlamydia are the same as risks for contracting other STDs (e.g., multiple sex partners). Chlamydia is more prevalent among adolescent (15 – 19) and young adult (20 – 24) women.

Screening is essential because most women who have the condition do not experience symptoms. The main objective of chlamydia screening is to prevent pelvic inflammatory disease (PID), infertility, and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated chlamydia infection. The specifications for this measure are consistent with current clinical guidelines, such as those of the U.S. Preventive Services Task Force (USPSTF).

United States Preventive Services Task Force. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>

Summary of Changes to HEDIS 2020:

- Added the *Rules for Allowable Adjustments of HEDIS* section.

Chlamydia Screening in Women (CHL), 16-20 years						
	2016	2017	2018	2019	2020	NHM
ABH				65.4%	64.6%	↑
ACC	61.0%	62.0%	63.9%	65.0%	65.1%	↑
JMS	87.6%	89.0%	91.0%	87.6%	87.5%	↑
KPMAS	69.2%	69.8%	71.3%	74.5%	84.3%	↑
MPC	56.8%	57.6%	56.4%	57.8%	55.3%	↑
MSFC	52.2%	56.0%	59.1%	61.0%	55.9%	↑
PPMCO	57.5%	60.0%	60.7%	60.2%	60.5%	↑
UHC	52.1%	56.0%	57.4%	59.4%	59.5%	↑
UMHP	49.5%	50.1%	55.1%	54.6%	58.2%	↑
MARR	60.7%	62.6%	64.4%	65.1%	65.6%	

Chlamydia Screening in Women (CHL), 21-24 years						
	2016	2017	2018	2019	2020	NHM
ABH				63.0%	69.9%	↑
ACC	68.6%	70.0%	71.8%	71.8%	72.5%	↑
JMS	72.8%	85.0%	81.7%	80.8%	83.0%	↑
KPMAS	84.7%	82.1%	80.2%	83.5%	87.3%	↑
MPC	68.7%	68.7%	66.0%	66.5%	64.3%	↑
MSFC	65.3%	66.3%	68.2%	69.3%	63.1%	↓
PPMCO	67.5%	68.0%	68.0%	67.8%	68.3%	↑
UHC	65.4%	65.4%	67.2%	65.9%	69.5%	↑
UMHP	61.2%	60.4%	67.6%	65.3%	65.5%	↑
MARR	69.3%	70.7%	71.3%	70.4%	71.5%	

Chlamydia Screening in Women (CHL), Total						
	2016	2017	2018	2019	2020	NHM
ABH				64.2%	67.7%	↑
ACC	64.2%	66.0%	67.4%	67.9%	68.1%	↑
JMS	80.3%	87.0%	86.6%	84.4%	85.6%	↑
KPMAS	79.6%	77.5%	77.0%	80.0%	85.8%	↑
MPC	62.0%	62.8%	61.1%	61.9%	59.3%	↑
MSFC	58.6%	61.3%	64.0%	65.3%	59.5%	↑
PPMCO	61.5%	63.6%	64.0%	63.6%	63.9%	↑
UHC	57.9%	60.0%	61.6%	62.2%	63.8%	↑
UMHP	56.3%	56.3%	62.5%	60.9%	62.3%	↑
MARR	65.1%	66.8%	68.0%	67.8%	68.4%	

Prenatal and Postpartum Care

Prenatal and Postpartum Care (PPC)

Description

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

1. *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
2. *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Rationale

Timeliness of Prenatal Care: Preventive medicine is fundamental to prenatal care. Healthy diet, counseling, vitamin supplements, identification of maternal risk factors, and health promotion must occur early in pregnancy to have an optimal effect on outcome. Poor outcomes include spontaneous abortion, low-birth-weight babies, large-for-gestational-age babies, and neonatal infection. Early prenatal care is also an essential part of helping a pregnant woman prepare to become a mother. Ideally, a pregnant woman will have her first prenatal visit during the first trimester of pregnancy. Some women enroll in an organization at a later stage of pregnancy; in this case, it is essential for the health plan to begin providing prenatal care as quickly as possible.

Postpartum Care: The American College of Obstetricians and Gynecologists recommends that women see their healthcare provider at least once between four and six weeks after giving birth. The first postpartum visit should include a physical examination and an opportunity for the healthcare practitioner to answer parents' questions and give family planning guidance and counseling on nutrition.

Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/pregnancy/index.html>

Summary of Changes to HEDIS 2020:

- Revised the timing of the event/diagnosis criteria.
- Revised the *Timeliness of Prenatal Care* numerator to allow for visits that occur before the enrollment start date.
- Revised the timing of the *Postpartum Care* numerator.
- Added a *Definitions* section.
- Revised the *Continuous Enrollment* criteria.
- Added a *Note* to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge is used if the date of delivery cannot be interpreted on the claim.
- Deleted the decision rules and standardized the prenatal care visit requirements in the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Timeliness of Prenatal Care* and *Postpartum Care* numerators to not count visits that occur on the date of delivery.

- Updated the *Postpartum Care* numerator to exclude services provided in an acute inpatient setting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added bullets to the Hybrid Specification of the *Postpartum Care* numerator to meet criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care ³						
	2016	2017	2018	2019	2020	NHM
ABH					90.6%	
ACC					90.5%	
JMS					83.9%	
KPMAS					93.7%	
MPC					87.6%	
MSFC					82.7%	
PPMCO					87.1% *	
UHC					89.3%	
UMHP					88.3%	
MARR					88.2%	

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Prenatal and Postpartum Care (PPC), Postpartum Care ³						
	2016	2017	2018	2019	2020	NHM
ABH					81.8%	
ACC					82.0%	
JMS					88.7%	
KPMAS					90.8%	
MPC					75.2%	
MSFC					82.2%	
PPMCO					70.8% *	
UHC					73.5%	
UMHP					86.9%	
MARR					81.3%	

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Cardiovascular Conditions

Controlling High Blood Pressure (CBP)

Description

The percentage of members 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Rationale

Nearly one in three United States adults has high blood pressure (BP), including two thirds of those aged 60 years or older. Elevated BP is the largest contributing risk factor to all-cause and cardiovascular mortality. Despite the clear importance of accurate diagnosis of high BP, recommendations for BP measurement protocols and rescreening intervals are not based on systematic reviews of the literature, and recommended protocols, such as repeated measurements, are rarely followed in routine health care settings. To help address these issues, newer measurement methods have been developed to reduce error, simplify performance of repeated measurements, evaluate BP throughout the 24-hour cycle, and allow use in nonmedical settings. Evidence-based measurement methods and rescreening intervals could improve the benefits and efficiency of BP screening.

United States Preventive Services Task Force (USPTF). Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/evidence-summary19/high-blood-pressure-in-adults-screening>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added value sets to identify outpatient telehealth visits for the event/diagnosis.
- Updated value sets used to identify advanced illness.
- Updated the Hybrid specification to indicate that sample size reduction is allowed.
- Clarified optional exclusion criteria apply to both the Administrative and Hybrid data collection methods.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Controlling High Blood Pressure (CBP) ³						
	2016	2017	2018	2019	2020	NHM
ABH				51.0%	59.1%	↑
ACC				58.6%	58.6% *	↓
JMS				72.6%	70.1%	↑
KPMAS				79.9%	82.4%	↑
MPC				46.2%	48.2%	↓
MSFC				59.6%	61.6%	↑
PPMCO				49.9%	49.9% *	↓
UHC				57.4%	61.8%	↑
UMHP				65.5%	69.3%	↑
MARR				60.1%	62.3%	

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)

Description

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction and who received persistent beta-blocker treatment for six months after discharge.

Rationale

Care of patients with heart failure has been revolutionized throughout the past decade. A paradigm shift in the strategy for treating heart failure caused by systolic dysfunction is in progress. Despite the initial perception about β -blockers' safety, they are now the most extensively studied class of agents in the treatment of heart failure and have emerged as an important intervention to improve the clinical outcomes of heart failure patients.

A medication once thought to be dangerous for patients with heart failure, β -blockers have been shown to reduce morbidity and mortality and are strongly supported by consensus recommendations and clinical guidelines.

JAMA Network. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/194661>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Clarified that the diagnosis must be on the discharge claim when identifying the denominator event/ diagnosis.
- Updated value sets used to identify advanced illness.
- Revised the timing for the I-SNP, long-term care and frailty exclusions.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	84.9%	71.0%	65.2%	69.5%	77.9%	↑
JMS	NA ¹	87.0%	68.8%	NA ¹	NA ¹	
KPMAS	NA ¹	90.5%	81.8%	NA ¹	NA ¹	
MPC	84.3%	83.2%	81.6%	84.0%	87.3%	↑
MSFC	67.7%	80.5%	80.8%	62.0%	74.1%	↓
PPMCO	85.7%	75.0%	72.3%	71.9%	77.3%	↑
UHC	77.9%	81.0%	77.6%	71.2%	79.7%	↑
UMHP	NA ¹	81.0%	70.0%	56.7%	82.1%	↑
MARR	80.1%	81.2%	74.8%	69.2%	79.7%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Description

The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

Rationale

Adults with serious mental illness have a mortality rate two to three times higher than the overall United States population, much of which is due to somatic conditions, especially cardiovascular disease. Given the disproportionately high prevalence of cardiovascular risk factors in the population with SMI, screening for these conditions is an important first step for timely diagnosis and appropriate treatment.

The National Center for Biotechnology Information (NCBI). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4376086/>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Updated value sets to identify IVD acute inpatient events.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	NA ¹	77.0%	NA ¹	NA ¹	NA ¹	
JMS	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	
KPMAS	NA ¹	53.9%	NA ¹	NA ¹	NA ¹ *	
MPC	NA ¹	76.9%	NA ¹	NA ¹	NA ¹	
MSFC	NA ¹	75.0%	NA ¹	NA ¹	NA ¹	
PPMCO	NA ¹	57.1%	66.7%	80.0%	77.4%	↑
UHC	NA ¹	70.8%	NA ¹	NA ¹	NA ¹	
UMHP	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	
MARR		68.5%	66.7%	80.0%	77.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Description

The percentage of males 21 – 75 years of age and females 40 – 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

1. *Received Statin Therapy*. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. *Statin Adherence 80 percent*. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80 percent of the treatment period.

Rationale

Decades of research have demonstrated an association between high levels of low-density lipoprotein cholesterol (LDL-C) and an increased risk of ASCVD, including coronary heart disease, stroke, and peripheral arterial disease. Randomized controlled trials (RCTs) have found that treating with statins reduces ASCVD events. Based on these data, the Blood Cholesterol Expert Panel from the American College of Cardiology (ACC) and the American Heart Association (AHA) issued an updated evidence-based guideline in 2013 that addresses the use of fixed doses of cholesterol-lowering drugs (statins) to reduce the risk of ASCVD in adults 21 years and older.

American Family Physician. Retrieved from <https://www.aafp.org/afp/2014/0815/p260.html>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Clarified that the diagnosis must be on the discharge claim when identifying members discharged from an inpatient setting with an MI.
- Updated value sets to identify IVD acute inpatient events.
- Updated value sets used to identify advanced illness.
- Modified medication lists to make them compatible with digital measure formatting.
- Updated the method for identifying the same or different medications; high and moderate doses of a medication are considered different medications.
- Clarified in step 4 of the administrative specification of Rate 2 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	66.0%	70.1%	68.3%	72.1%	77.4%	↑
JMS	78.4%	80.8%	82.1%	82.0%	85.0%	↑
KPMAS		89.5%	93.0%	86.7%	92.5%	↑
MPC	72.2%	75.4%	75.1%	76.2%	76.9%	↑
MSFC	77.5%	80.2%	78.6%	75.5%	80.7%	↑
PPMCO	72.1%	72.1%	75.7%	76.9%	79.0%	↑
UHC	71.0%	73.5%	73.8%	73.5%	77.4%	↑
UMHP		71.9%	74.5%	77.3%	79.2%	↑
MARR	72.9%	76.7%	77.6%	77.5%	81.0%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	76.5%	48.7%	53.6%	53.8%	66.9%	↑
JMS	56.7%	54.6%	53.7%	55.6%	55.1%	↓
KPMAS		44.1%	46.3%	54.7%	64.4%	↓
MPC	66.8%	64.6%	64.3%	65.2%	64.7%	↑
MSFC	55.0%	44.4%	50.0%	54.5%	64.8%	↑
PPMCO	74.7%	50.2%	52.6%	50.8%	56.4%	↓
UHC	45.1%	48.0%	55.4%	54.1%	57.7%	↓
UMHP		56.5%	55.9%	61.5%	62.0%	↓
MARR	62.5%	51.4%	54.0%	56.3%	61.5%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Diabetes

Comprehensive Diabetes Care (CDC)

Description

The percentage of members 18 –75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%) for a selected population*
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (<140/90 mm Hg)

*HbA1c control (<7.0%) is exempted from HealthChoice reporting.

Rationale

Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. Significant evidence exists that supports a range of interventions to improve diabetes outcomes.

The recommendations include screening, diagnostic, and therapeutic actions that are known or believed to favorably affect health outcomes of patients with diabetes. Many of these interventions have also been shown to be cost-effective.

The Journal of Clinical and Applied Research and Education. Diabetes Care. Retrieved from <https://diabetesed.net/wp-content/uploads/2017/12/2018-ADA-Standards-of-Care.pdf>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Updated value sets to identify acute and nonacute inpatient events for the event/diagnosis.
- Updated value sets used to identify advanced illness.
- Updated value sets to identify IVD acute inpatient events.
- Updated value sets to identify thoracic aortic aneurysm inpatient events.
- Clarified the telehealth requirements.
- Removed the telehealth exclusion from ESRD.
- Reformatted the denominator of the Hybrid Specification.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Comprehensive Diabetes Care (CDC), Hemoglobin A1c (HbA1c) Testing						
	2016	2017	2018	2019	2020	NHM
ABH				93.0%	86.1%	↓
ACC	87.4%	85.0%	90.5%	85.9%	85.9% *	↓
JMS	94.3%	95.0%	94.9%	95.2%	94.6%	↑
KPMAS	94.5%	92.7%	91.6%	93.3%	94.1%	↑
MPC	85.9%	88.7%	80.8%	81.3%	86.4%	↓
MSFC	87.8%	91.7%	90.0%	90.4%	88.8%	↑
PPMCO	89.4%	89.3%	88.1%	87.3%	87.3% *	↓
UHC	82.5%	86.1%	85.9%	84.4%	85.2%	↓
UMHP	88.3%	82.5%	81.8%	88.8%	86.1%	↓
MARR	88.8%	88.9%	88.0%	88.8%	88.3%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Comprehensive Diabetes Care (CDC), HbA1c Poor Control (>9.0%) ²						
	2016	2017	2018	2019	2020	NHM
ABH				40.4%	38.7%	↓
ACC	42.2%	40.0%	34.1%	38.2%	38.2% *	↓
JMS	26.6%	27.0%	29.9%	28.1%	27.3%	↓
KPMAS	28.2%	27.8%	28.0%	28.0%	26.0%	↓
MPC	40.8%	34.4%	47.9%	48.4%	36.0%	↓
MSFC	31.6%	29.5%	31.4%	33.3%	33.0%	↓
PPMCO	35.6%	34.0%	38.9%	42.6%	42.6% *	↑
UHC	39.7%	35.6%	35.5%	40.4%	37.5%	↓
UMHP	39.2%	42.1%	49.2%	32.6%	33.6%	↓
MARR	35.5%	33.8%	36.9%	36.9%	34.8%	

² A lower rate indicates better performance.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)

	2016	2017	2018	2019	2020	NHM
ABH				52.6%	49.6%	↑
ACC	49.2%	52.0%	59.4%	51.8%	51.8% *	↑
JMS	60.4%	63.0%	61.1%	63.8%	65.0%	↑
KPMAS	57.6%	60.0%	60.9%	61.1%	63.8%	↑
MPC	49.7%	56.5%	46.0%	42.6%	54.3%	↑
MSFC	59.9%	58.1%	56.7%	54.3%	57.5%	↑
PPMCO	55.1%	53.5%	49.6%	47.7%	47.7% *	↓
UHC	51.6%	51.1%	54.5%	49.1%	52.8%	↑
UMHP	48.2%	48.7%	42.6%	59.4%	57.9%	↑
MARR	54.0%	55.4%	53.9%	53.6%	55.6%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Comprehensive Diabetes Care (CDC), Eye Exam (Retinal) Performed

	2016	2017	2018	2019	2020	NHM
ABH				21.1%	33.6%	↓
ACC	53.9%	49.9%	55.7%	54.7%	54.7% *	↓
JMS	71.9%	74.0%	75.7%	71.9%	65.5%	↑
KPMAS	84.7%	87.8%	84.5%	88.1%	86.0%	↑
MPC	65.8%	51.9%	42.8%	39.9%	46.2%	↓
MSFC	52.6%	49.8%	63.7%	57.0%	63.3%	↑
PPMCO	62.9%	55.7%	38.4%	50.6%	50.6% *	↓
UHC	55.2%	56.9%	62.3%	57.9%	51.3%	↓
UMHP	35.0%	31.2%	39.2%	45.5%	40.6%	↓
MARR	60.3%	57.2%	57.8%	54.1%	54.7%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Comprehensive Diabetes Care (CDC), Medical Attention for Nephropathy

	2016	2017	2018	2019	2020	NHM
ABH				93.0%	91.2%	↑
ACC	90.7%	87.0%	90.5%	87.1%	87.1% *	↓
JMS	96.9%	94.0%	94.2%	93.4%	91.5%	↑
KPMAS	95.3%	94.2%	92.2%	94.0%	93.7%	↑
MPC	89.9%	87.9%	86.4%	89.1%	87.1%	↓
MSFC	91.0%	92.4%	91.0%	92.1%	89.0%	↓
PPMCO	89.4%	99.8%	86.9%	89.8%	89.8% *	↓
UHC	91.2%	90.3%	89.8%	89.1%	87.3%	↓
UMHP	90.8%	85.6%	88.1%	88.6%	86.4%	↓
MARR	91.9%	91.4%	89.9%	90.7%	89.2%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Comprehensive Diabetes Care (CDC), BP Control (<140/90 mm Hg)						
	2016	2017	2018	2019	2020	NHM
ABH				54.4%	52.3%	↓
ACC	60.0%	64.0%	64.7%	64.5%	64.5% *	↑
JMS	76.8%	78.0%	76.5%	78.3%	70.6%	↑
KPMAS	87.1%	84.5%	82.3%	82.0%	82.1%	↑
MPC	55.2%	55.6%	49.9%	54.7%	55.0%	↓
MSFC	67.6%	62.9%	69.8%	65.4%	64.1%	↑
PPMCO	62.6%	55.5%	56.7%	54.0%	54.0% *	↓
UHC	46.0%	59.9%	65.2%	59.6%	65.0%	↑
UMHP	36.5%	41.6%	58.6%	63.5%	66.4%	↑
MARR	61.5%	62.8%	65.5%	64.1%	63.8%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS 2019 audited rates for HEDIS 2020 hybrid measures.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Description

The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Rationale

Association of psychotic disorders (including schizophrenia) and diabetes is well established. Overall risk of type 2 diabetes in people with schizophrenia is between two and four times that in the general population. Family history of type 2 diabetes is significantly higher even among the first-degree relatives of patients of schizophrenia. Similarly, a positive family history may increase the risk of developing diabetes in individuals with schizophrenia up to threefold. It has been shown that people with diabetes and schizophrenia have higher mortality rates than individuals with diabetes alone. Additionally, the presence of type 2 diabetes is associated with increased mortality risk in patients with schizophrenia.

Schizophrenia is associated with impaired glucose tolerance and insulin resistance. The prevalence of impaired glucose tolerance in people with schizophrenia may be as high as 30 percent, depending upon age. The likely contributors to increased risk of diabetes in schizophrenia include both genetic and environmental factors. Physical inactivity, poor diet, poor healthcare, and treatment with antipsychotic medications are some of these factors. There are some preliminary reports that suggest that schizophrenia is an independent risk factor for diabetes. Moreover schizophrenia is associated with a treatment non-adherence rate to the tune of 50 percent. This has significant management implications for such individuals. The association between antipsychotic medications and diabetes has been presented in the guidelines found within in the article below for managing diabetes risks in people with schizophrenia.

The National Center for Biotechnology Information (NCBI). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3193776/>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Clarified the telehealth requirements for identifying the event/diagnosis.

- Updated value sets used to identify acute and nonacute inpatient events with a diagnosis of diabetes.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	68.9%	74.0%	66.7%	75.7%	70.2%	↓
JMS	NA ¹	77.0%	82.9%	81.8%	89.1%	↑
KPMAS	NA ¹	NA ¹	NA ¹	NA ¹	NA ¹	
MPC	65.5%	62.7%	60.1%	74.5%	62.5%	↓
MSFC	NA ¹	58.6%	66.0%	77.2%	62.7%	↓
PPMCO	68.7%	70.2%	65.0%	66.0%	62.0%	↓
UHC	72.2%	75.4%	76.3%	79.4%	75.7%	↑
UMHP	NA ¹	57.7%	59.5%	63.2%	NA ¹	
MARR	68.8%	67.9%	68.1%	74.0%	70.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)

Description

The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Rationale

The prevalence of diabetes is 2-3 times higher in people with severe mental illness than the general population. There are also concerns that antipsychotics increase the risk of diabetes. Antipsychotics likely increase the risk of diabetes through weight gain and directly by adversely affecting insulin sensitivity and secretion. Overall, it is important to implement measures to prevent diabetes, to screen for diabetes to ensure prompt diagnosis and to provide effective diabetes care.

The National Center for Biotechnology Information (NCBI). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6718373/>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Updated value sets used to identify acute and nonacute inpatient events with a diagnosis of diabetes.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					91.2%	↑
JMS					NA ¹	
KPMAS					90.6%	↑
MPC					96.1%	↑
MSFC					NA ¹	
PPMCO					88.7%	↑
UHC					NA ¹	
UMHP					NA ¹	
MARR					91.6%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Statin Therapy for Patients with Diabetes (SPD)

Description

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. *Statin Adherence 80 percent.* Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period.

Rationale

Diabetes is a significant cardiovascular risk factor (conferring a three time absolute adjusted risk of CVD death). Furthermore, in individuals with diabetes, a log linear relationship exists between cholesterol levels and CVD regardless of the baseline LDL (20). Thus, it was assumed, that regardless of the baseline cholesterol level, reducing the LDL will reduce the occurrence of CVD. This led to a number of primary cardiovascular prevention trials using statin therapy as the principal intervention. It has been clearly shown (and thus clearly incorporated into the ADA guidelines) that diabetic individuals with other risk factors should indeed be treated with a statin.

American Diabetes Association. Retrieved from https://care.diabetesjournals.org/content/32/suppl_2/S384

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Updated value sets to identify acute and nonacute inpatient events for the event/diagnosis.
- Clarified that the diagnosis must be on the discharge claim when identifying members discharged from an inpatient setting with an MI.
- Updated value sets to identify IVD acute inpatient events.
- Removed the telehealth exclusion from ESRD.
- Updated value sets used to identify advanced illness.
- Modified medication lists to make them compatible with digital measure formatting.

- Updated the method for identifying the same or different medications. High, moderate and low doses of a medication are considered different medications.
- Clarified in step 4 of the administrative specification of Rate 2 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	58.3%	59.4%	60.0%	61.5%	63.9%	↑
JMS	59.4%	63.3%	65.3%	66.6%	67.2%	↑
KPMAS	79.1%	84.4%	78.9%	80.6%	82.3%	↑
MPC	59.3%	59.2%	59.1%	60.6%	61.2%	↓
MSFC	58.8%	59.5%	62.9%	63.7%	65.7%	↑
PPMCO	57.6%	58.6%	59.2%	60.6%	62.5%	↑
UHC	59.0%	58.2%	60.3%	59.0%	62.4%	↑
UMHP	50.5%	53.8%	57.8%	58.2%	59.8%	↓
MARR	60.3%	62.1%	62.9%	63.9%	65.6%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	NA ¹	
ACC	54.1%	49.2%	44.9%	48.5%	60.9%	↓
JMS	49.5%	50.7%	43.7%	50.3%	49.0%	↓
KPMAS	55.9%	50.3%	52.1%	51.7%	59.4%	↓
MPC	60.0%	59.7%	58.6%	59.2%	61.5%	↑
MSFC	54.3%	48.8%	47.4%	49.0%	54.4%	↓
PPMCO	50.6%	48.9%	46.1%	50.1%	49.9%	↓
UHC	48.6%	48.7%	48.7%	49.3%	54.9%	↓
UMHP	58.3%	57.9%	55.7%	66.7%	56.9%	↓
MARR	53.9%	51.8%	49.7%	53.1%	55.9%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Musculoskeletal Conditions

Use of Imaging Studies for Low Back Pain (LBP)

Description

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Rationale

Low back pain is a common reason for United States primary care visits. Patients seeking primary care for low back pain often receive x-rays and other imaging studies, but such imaging rarely improves care and can incur unnecessary radiation exposure and costs.

The National Center for Biotechnology Information. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4867822/>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Clarified the timing of the prolonged use of corticosteroids exclusion in step 4 of the event/diagnosis criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Imaging Studies for Low Back Pain (LBP)						
	2016	2017	2018	2019	2020	NHM
ABH				NA ¹	79.1%	↑
ACC	74.6%	76.0%	76.7%	75.7%	80.2%	↑
JMS	77.7%	69.0%	79.9%	76.7%	82.4%	↑
KPMAS	71.5%	76.9%	77.1%	82.0%	84.3%	↑
MPC	75.5%	72.7%	75.0%	76.7%	79.2%	↑
MSFC	72.7%	66.1%	72.7%	73.0%	76.7%	↑
PPMCO	76.0%	77.8%	77.7%	79.8%	82.2%	↑
UHC	73.2%	73.3%	75.4%	76.5%	76.9%	↑
UMHP	74.2%	70.4%	70.4%	72.5%	76.9%	↑
MARR	74.4%	72.8%	75.6%	76.6%	79.8%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Medication Management

Use of Opioids at High Dosage (HDO)

Description

The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

Note: A lower rate indicates better performance.

Rationale

Every day, more than 130 people in the United States die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total “economic burden” of prescription opioid misuse alone in the United States is \$78.5 billion a

year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

NIH National Institute on Drug Abuse; *Opioid Overdose Crisis*-revised January 2019. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

Summary of Changes for HEDIS 2020:

- Changed the measure acronym from UOD to HDO.
- Updated the average daily MME threshold from >120 to ≥90.
- Deleted the IPSD definition and the former step 4 of the numerator.
- Revised treatment period definition used to calculate the numerator.
- Modified medication lists to make them compatible with digital measure formatting.
- Updated Table HDO-A to include medication lists and strength (for use in the MME calculation).
- Added a *Note* to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Opioids at High Dosage (HDO) ²³						
	2016	2017	2018	2019	2020	NHM
ABH					3.2%	
ACC					7.7%	
JMS					4.8%	
KPMAS					4.1%	
MPC					14.8%	
MSFC					9.0%	
PPMCO					13.8%	
UHC					8.5%	
UMHP					14.4%	
MARR					8.9%	

² A lower rate indicates better performance.

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Use of Opioids from Multiple Providers (UOP)

Description

The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.

1. *Multiple Prescribers*. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. *Multiple Pharmacies*. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. *Multiple Prescribers and Multiple Pharmacies*. The proportion of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: A lower rate indicates better performance for all three rates.

Rationale

Every day, more than 130 people in the United States die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

NIH National Institute on Drug Abuse; Opioid Overdose Crisis-revised January 2019. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

Summary of Changes for HEDIS 2020:

- Modified medication lists to make them compatible with digital measure formatting.
- Updated the method for identifying the same or different medications; the definition of “same” and “different” remains the same (drugs that were the “same” in prior years will remain “same” and drugs that were “different” in prior years will remain “different”).
- Added a *Note* to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers²³						
	2016	2017	2018	2019	2020	NHM
ABH				23.8%	26.7%	↑
ACC				28.4%	27.5%	↑
JMS				22.1%	20.4%	↓
KPMAS				25.7%	27.7%	↑
MPC				19.6%	20.2%	↓
MSFC				41.6%	30.7%	↑
PPMCO				31.0%	28.9%	↑
UHC				27.8%	25.4%	↑
UMHP				30.4%	26.6%	↑
MARR				27.8%	26.0%	

² A lower rate indicates better performance.

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies ²³						
	2016	2017	2018	2019	2020	NHM
ABH				14.3%	20.3%	↑
ACC				7.1%	6.8%	↓
JMS				9.3%	8.8%	↑
KPMAS				5.0%	1.4%	↓
MPC				0.0%	8.5%	↑
MSFC				9.3%	7.5%	↓
PPMCO				11.0%	9.1%	↑
UHC				6.8%	5.3%	↓
UMHP				10.1%	6.7%	↓
MARR				8.1%	8.3%	

² A lower rate indicates better performance.

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies ²³						
	2016	2017	2018	2019	2020	NHM
ABH				7.1%	8.6%	↑
ACC				4.3%	4.2%	↓
JMS				6.3%	4.9%	↑
KPMAS				3.7%	0.6%	↓
MPC				0.0%	4.0%	↓
MSFC				7.4%	4.8%	↑
PPMCO				7.2%	5.8%	↑
UHC				4.0%	3.2%	↓
UMHP				6.4%	4.1%	↓
MARR				5.2%	4.5%	

² A lower rate indicates better performance.

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

Risk of Continued Opioid Use (COU)

Description

The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. The percentage of members with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.

Note: A lower rate indicates better performance.

Rationale

Every day, more than 130 people in the United States die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social

and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

NIH National Institute on Drug Abuse; *Opioid Overdose Crisis-revised January 2019*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

Summary of Changes to HEDIS 2020:

- Modified medication lists to make them compatible with digital measure formatting.
- Updated the method for identifying the same or different medications; the definition of “same” and “different” remains the same (drugs that were the “same” in prior years will remain “same” and drugs that were “different” in prior years will remain “different”).
- Added a *Note* to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Risk of Continued Opioid Use (COU), 15 Days, Total ²						
	2016	2017	2018	2019	2020	NHM
ABH				10.0%	6.3%	↓
ACC				2.2%	3.0%	↓
JMS				20.1%	13.6%	↑
KPMAS				8.5%	6.7%	↓
MPC				12.7%	10.8%	↑
MSFC				11.2%	8.7%	↓
PPMCO				9.9%	9.6%	↑
UHC				11.7%	6.3%	↓
UMHP				7.1%	7.9%	↓
MARR				10.4%	8.1%	

² A lower rate indicates better performance.

Risk of Continued Opioid Use (COU), 31 Days, Total ²						
	2016	2017	2018	2019	2020	NHM
ABH				4.3%	3.2%	↓
ACC				1.6%	2.1%	↓
JMS				9.8%	7.3%	↑
KPMAS				2.4%	2.1%	↓
MPC				6.2%	5.3%	↑
MSFC				4.3%	3.6%	↓
PPMCO				4.3%	4.6%	↑
UHC				4.4%	4.1%	↓
UMHP				3.9%	5.5%	↑
MARR				4.6%	4.2%	

² A lower rate indicates better performance.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

1. *Initiation Phase*. The percentage of members 6–12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
2. *Continuation and Maintenance (C&M) Phase*. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Rationale

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. The main features include hyperactivity, impulsiveness and an inability to sustain attention or concentration. When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

American Psychiatric Association. Retrieved from: <https://www.psychiatry.org/patients-families/adhd/what-is-adhd>

Summary of Changes to HEDIS 2020:

- Updated the exclusions (step 4) for both rates.
- Clarified in the continuous enrollment criteria of Rate 2 how to handle members who switch between products.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Acute Phase						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					27.1%	↓
JMS					NA ¹	
KPMAS					33.8%	↓
MPC					25.4%	↓
MSFC					0.0%	↓
PPMCO					27.5%	↓
UHC					21.3%	↓
UMHP					36.6%	↓
MARR					24.5%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Continuation Phase						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					24.7%	↓
JMS					NA ¹	
KPMAS					NA ¹	
MPC					25.2%	↓
MSFC					NA ¹	
PPMCO					29.3%	↓
UHC					22.6%	↓
UMHP					NA ¹	
MARR					25.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Antidepressant Medication Management (AMM)

Description

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

1. *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Rationale

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects. Effective medication treatment can improve a person's daily functioning and well-being and can reduce the risk of suicide.

National Alliance on Mental Illness. Retrieved from: <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Depression/Overview>

Summary of Changes to HEDIS 2020:

- Added value sets so that both professional and facility claims are used to identify the major depression diagnosis (*step 2: Required exclusions*).
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Antidepressant Medication Management (AMM), Acute Phase						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					NA ¹	
JMS					NA ¹	
KPMAS					41.3%	↓
MPC					NA ¹	
MSFC					NA ¹	
PPMCO					47.5%	↓
UHC					NA ¹	
UMHP					NA ¹	
MARR					44.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Antidepressant Medication Management (AMM), Continuation Phase						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					NA ¹	
JMS					NA ¹	
KPMAS					25.9%	↓
MPC					NA ¹	
MSFC					NA ¹	
PPMCO					31.8%	↓
UHC					NA ¹	
UMHP					NA ¹	
MARR					28.8%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Description

The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Rationale

Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Symptoms include hallucinations, illogical thinking, memory impairment and incoherent speech. Medication nonadherence is a major and common concern. Improving adherence in schizophrenia may have a considerable positive impact on patients.

National Center for Biotechnology. Retrieved from:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805432/>

Summary of Changes to HEDIS 2020:

- Added the Medicare and commercial product lines.
- Expanded the age range to 18 years of age and older.

- Added exclusions for members with advanced illness and frailty.
- Added exclusions for the Medicare product line for members 66 years of age and older enrolled in an I-SNP or living long-term in an institutional setting.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Clarified in step 4 that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					NA ¹	
JMS					NA ¹	
KPMAS					NA ¹	
MPC					NA ¹	
MSFC					NA ¹	
PPMCO					55.4%	↓
UHC					NA ¹	
UMHP					NA ¹	
MARR					55.4%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Description

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Rationale

Antipsychotic medication prescribing has increased in children and adolescents. Antipsychotic medication can increase a child’s risk for developing serious metabolic health complications, which could have potential life-long consequences. Because of these risks, it is important to ensure appropriate management of children and adolescents on antipsychotics medications.

The Journal of the American Medical Association-Pediatrics. Retrieved from:
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/383055>

Summary of Changes to HEDIS 2020:

- Modified value sets to make them compatible with digital measure formatting.
- Removed “Prochlorperazine” from the Antipsychotic Medications List and added a Prochlorperazine Medications List.
- Added Blood Glucose and Cholesterol indicators.
- Combined the 1–5 years and 6–11 years age stratification.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Total						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					NA ¹	
JMS					NA ¹	
KPMAS					NA ¹	
MPC					NA ¹	
MSFC					NA ¹	
PPMCO					76.1%	
UHC					NA ¹	
UMHP					NA ¹	
MARR					76.1%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Total						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					NA ¹	
JMS					NA ¹	
KPMAS					NA ¹	
MPC					NA ¹	
MSFC					NA ¹	
PPMCO					67.0%	
UHC					NA ¹	
UMHP					NA ¹	
MARR					67.0%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total						
	2016	2017	2018	2019	2020	NHM
ABH					NA ¹	
ACC					NA ¹	
JMS					NA ¹	
KPMAS					NA ¹	
MPC					NA ¹	
MSFC					NA ¹	
PPMCO					65.9%	↑
UHC					NA ¹	
UMHP					NA ¹	
MARR					65.9%	

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Ambulatory Care (Utilization)

Ambulatory Care (AMB)

Description

This measure summarizes utilization of ambulatory care in the following categories:

1. Outpatient Visits including telehealth
2. ED Visits

Rationale

Measures in the HEDIS Use of Services domain gather information about how organizations manage the provision of member care and how they use and manage resources. Use of services is affected by many member characteristics, which can vary greatly among organizations, and include age and sex, current medical condition, socioeconomic status and regional practice patterns. This measure assesses member use of two kinds of ambulatory services. Outpatient visits include office visits or routine visits to hospital outpatient departments. Emergency rooms often deliver nonemergency care.

Summary of Changes to HEDIS 2020:

- Retired the Medicare and commercial product lines.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added a *Note* to indicate that supplemental data may not be used for this measure.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments* of HEDIS section.

Ambulatory Care (AMB), Outpatient visits per 1,000 member months						
	2016	2017	2018	2019	2020	NHM
ABH				257.4	290.7	↓
ACC	372.6	366.9	354.3	346.5	348.5	↓
JMS	345.1	350.6	328.7	335.4	314.4	↓
KPMAS	324.9	336.6	315.9	276.9	322.2	↓
MPC	406.4	420.4	397.5	400.7	404.8	↑
MSFC	358.6	359.8	356.2	354.6	354.8	↓
PPMCO	406.5		390.3	394.9	381.6	↑
UHC	378.1	367.5	345.1	336.1	345.5	↓
UMHP	332.6	247.3	332.2	339.2	337.1	↓
MARR	365.6	349.9	352.5	338.0	344.4	

Ambulatory Care (AMB), Emergency department (ED) visits per 1,000 member months						
	2016	2017	2018	2019	2020	NHM
ABH				50.1	47.6	↓
ACC	55.1	53.4	50.6	47.1	45.5	↓
JMS	94.0	93.6	83.0	78.1	73.7	↑
KPMAS	24.9	26.3	26.6	23.8	24.4	↓
MPC	71.0	68.5	61.9	59.1	57.9	↓
MSFC	56.1	55.6	53.5	52.1	51.1	↓
PPMCO	60.1		58.0	55.0	54.2	↓
UHC	59.5	56.8	51.7	48.6	47.3	↓
UMHP	89.8	86.4	60.7	58.2	54.8	↓
MARR	63.8	63.0	55.8	52.5	50.7	

Frequency of Selected Procedures (FSP)

Description

This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.

Rationale

This measure lists several frequently performed procedures (mostly surgical) that contribute substantially to overall cost. Wide variations among geographic regions in medical procedure rates appear to have little correlation with health outcomes. The reasons for this are unclear. Some variation is because of unnecessary procedures; conversely, some procedures may not be performed often enough. These rates are likely to be strongly influenced by how the organization manages care.

Variation in procedure rates presents a starting point in examining the kind of care that is being rendered to members. Coding practices, epidemiology, demographics and practice patterns may be responsible for variation. Examining these measures may help eliminate unwarranted variation in the delivery of medical care.

Summary of Changes to HEDIS 2020:

- Revised the “Count as one procedure...” definition under *Calculations* to address double counting procedures.
- Added a *Note* section.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added a “0-19” row and deleted the footnotes in data element tables FSP-1 and FSP-2.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 F						
	2016	2017	2018	2019	2020	NHM
ABH				0.12	0.13	↓
ACC	0.05	0.05	0.07	0.12	0.17	↓
JMS	0.00	0.59	0.02	0.02	0.07	↓
KPMAS	0.00	0.05	0.07	0.13	0.00	↓
MPC	0.07	0.04	0.04	0.14	0.16	↓
MSFC	0.10	0.07	0.05	0.27	0.30	↑
PPMCO	0.06	0.03	0.05	0.17	0.23	↑
UHC	0.04	0.05	0.04	0.15	0.17	↓
UMHP	0.12	0.07	0.02	0.14	0.36	↑
MARR	0.05	0.12	0.05	0.14	0.18	

Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 M						
	2016	2017	2018	2019	2020	NHM
ABH				0.00	0.00	↓
ACC	0.01	0.01	0.00	0.03	0.04	↑
JMS	0.00	0.02	0.00	0.02	0.00	↓
KPMAS	0.00	0.00	0.00	0.04	0.12	↑
MPC	0.02	0.01	0.00	0.02	0.02	↓
MSFC	0.02	0.01	0.00	0.05	0.03	↓
PPMCO	0.03	0.00	0.00	0.03	0.04	↑
UHC	0.01	0.01	0.00	0.02	0.04	↑
UMHP	0.00	0.00	0.00	0.05	0.00	↓
MARR	0.01	0.01	0.00	0.03	0.03	

Frequency of Selected Procedures (FSP), Tonsillectomy 0-9

	2016	2017	2018	2019	2020	NHM
ABH				0.00	0.20	↓
ACC	0.48	0.48	0.53	0.46	0.48	↓
JMS	0.13	0.21	0.10	0.30	0.37	↓
KPMAS	0.00	0.23	0.26	0.21	0.30	↓
MPC	0.55	0.62	0.58	0.56	0.50	↓
MSFC	0.45	0.48	0.48	0.49	0.47	↓
PPMCO	0.64	0.58	0.58	0.49	0.50	↓
UHC	0.51	0.51	0.50	0.49	0.42	↓
UMHP	0.31	0.37	0.36	0.26	0.24	↓
MARR	0.38	0.44	0.42	0.36	0.38	

Frequency of Selected Procedures (FSP), Tonsillectomy 10-19

	2016	2017	2018	2019	2020	NHM
ABH				0.06	0.05	↓
ACC	0.19	0.14	0.16	0.17	0.17	↓
JMS	0.18	0.17	0.05	0.16	0.04	↓
KPMAS	0.00	0.20	0.14	0.11	0.14	↓
MPC	0.26	0.26	0.20	0.24	0.17	↓
MSFC	0.19	0.24	0.17	0.16	0.19	↓
PPMCO	0.25	0.24	0.23	0.20	0.17	↓
UHC	0.19	0.20	0.21	0.17	0.15	↓
UMHP	0.16	0.34	0.22	0.10	0.11	↓
MARR	0.18	0.22	0.17	0.15	0.13	

Frequency of Selected Procedures (FSP), Hysterectomy Abdominal 45-64

	2016	2017	2018	2019	2020	NHM
ABH				0.47	0.21	↑
ACC	0.31	0.27	0.28	0.25	0.26	↑
JMS	0.36	0.31	0.16	0.12	0.07	↓
KPMAS	0.00	0.26	0.25	0.15	0.19	↑
MPC	0.32	0.27	0.24	0.15	0.18	↓
MSFC	0.47	0.30	0.27	0.22	0.19	↑
PPMCO	0.45	0.26	0.31	0.24	0.18	↓
UHC	0.28	0.28	0.20	0.21	0.19	↑
UMHP	0.23	0.32	0.36	0.12	0.15	↓
MARR	0.30	0.28	0.26	0.21	0.18	

Frequency of Selected Procedures (FSP), Hysterectomy Vaginal 45-64

	2016	2017	2018	2019	2020	NHM
ABH				0.00	0.13	↓
ACC	0.15	0.15	0.11	0.16	0.14	↑
JMS	0.00	0.02	0.00	0.02	0.05	↓
KPMAS	0.00	0.20	0.23	0.05	0.05	↓
MPC	0.24	0.19	0.11	0.15	0.08	↓
MSFC	0.22	0.27	0.17	0.13	0.13	↓
PPMCO	0.31	0.17	0.20	0.17	0.12	↓
UHC	0.15	0.17	0.12	0.11	0.09	↓
UMHP	0.17	0.17	0.15	0.06	0.13	↓
MARR	0.16	0.17	0.14	0.09	0.10	

Frequency of Selected Procedures (FSP), Cholecystectomy Open 30-64

	2016	2017	2018	2019	2020	NHM
ABH				0.00	0.02	↑
ACC	0.02	0.04	0.02	0.04	0.02	↑
JMS	0.06	0.02	0.05	0.02	0.02	↑
KPMAS	0.00	0.03	0.02	0.01	0.01	↓
MPC	0.04	0.07	0.04	0.02	0.02	↑
MSFC	0.06	0.06	0.03	0.01	0.04	↑
PPMCO	0.03	0.04	0.03	0.02	0.02	↑
UHC	0.02	0.04	0.03	0.02	0.01	↓
UMHP	0.00	0.05	0.00	0.02	0.01	↓
MARR	0.03	0.04	0.03	0.02	0.02	

Frequency of Selected Procedures (FSP), Cholecystectomy Open 45-64

	2016	2017	2018	2019	2020	NHM
ABH				0.00	0.04	↑
ACC	0.01	0.51	0.04	0.02	0.02	↓
JMS	0.05	0.05	0.02	0.02	0.05	↑
KPMAS	0.00	0.02	0.00	0.02	0.06	↑
MPC	0.05	0.08	0.04	0.02	0.04	↑
MSFC	0.01	0.04	0.03	0.01	0.00	↓
PPMCO	0.06	0.03	0.04	0.04	0.08	↑
UHC	0.02	0.04	0.03	0.03	0.02	↓
UMHP	0.00	0.05	0.09	0.02	0.02	↓
MARR	0.02	0.10	0.04	0.02	0.04	

Frequency of Selected Procedures (FSP), Cholecystectomy Lap 30-64

	2016	2017	2018	2019	2020	NHM
ABH				0.44	0.19	↓
ACC	0.20	0.19	0.20	0.14	0.18	↓
JMS	0.05	0.06	0.04	0.09	0.06	↓
KPMAS	0.00	0.12	0.07	0.08	0.10	↓
MPC	0.31	0.29	0.24	0.17	0.18	↓
MSFC	0.24	0.15	0.14	0.13	0.14	↓
PPMCO	0.29	0.23	0.21	0.20	0.22	↓
UHC	0.26	0.22	0.19	0.13	0.13	↓
UMHP	0.21	0.18	0.19	0.10	0.15	↓
MARR	0.20	0.18	0.16	0.16	0.15	

Frequency of Selected Procedures (FSP), Cholecystectomy Lap 45-64

	2016	2017	2018	2019	2020	NHM
ABH				0.23	0.47	↓
ACC	0.36	0.51	0.49	0.41	0.35	↓
JMS	0.29	0.19	0.30	0.07	0.29	↓
KPMAS	0.00	0.24	0.38	0.25	0.36	↓
MPC	0.62	0.55	0.53	0.43	0.40	↓
MSFC	0.40	0.56	0.27	0.43	0.41	↓
PPMCO	0.69	0.51	0.53	0.43	0.41	↓
UHC	0.44	0.42	0.36	0.33	0.38	↓
UMHP	0.43	0.32	0.60	0.45	0.28	↓
MARR	0.40	0.41	0.43	0.34	0.37	

Frequency of Selected Procedures (FSP), Back Surgery 45-64F

	2016	2017	2018	2019	2020	NHM
ABH				0.23	0.34	↓
ACC	0.46	0.53	0.50	0.40	0.36	↓
JMS	0.56	0.59	0.33	0.69	0.51	↑
KPMAS	0.00	0.14	0.05	0.12	0.08	↓
MPC	0.81	0.86	0.72	0.65	0.62	↑
MSFC	0.67	0.58	0.46	0.54	0.60	↑
PPMCO	0.74	0.62	0.69	0.67	0.65	↑
UHC	0.60	0.54	0.55	0.61	0.65	↑
UMHP	0.43	0.39	0.54	0.82	0.69	↑
MARR	0.53	0.53	0.48	0.53	0.50	

Frequency of Selected Procedures (FSP), Back Surgery 45-64M						
	2016	2017	2018	2019	2020	NHM
ABH				0.34	0.35	↓
ACC	0.58	0.42	0.50	0.36	0.36	↓
JMS	0.41	0.50	0.56	0.45	0.36	↓
KPMAS	0.00	0.16	0.15	0.16	0.16	↓
MPC	0.85	0.84	0.72	0.66	0.57	↑
MSFC	0.69	0.68	0.71	0.57	0.38	↓
PPMCO	0.80	0.82	0.77	0.65	0.60	↑
UHC	0.83	0.70	0.63	0.54	0.55	↑
UMHP	0.47	0.39	0.47	0.47	0.50	↓
MARR	0.58	0.56	0.56	0.47	0.42	

Frequency of Selected Procedures (FSP), Mastectomy 15-44						
	2016	2017	2018	2019	2020	NHM
ABH				0.00	0.04	↑
ACC	0.02	0.03	0.04	0.03	0.04	↑
JMS	0.05	0.00	0.00	0.01	0.04	↑
KPMAS	0.00	0.00	0.00	0.02	0.02	↓
MPC	0.05	0.02	0.04	0.04	0.05	↑
MSFC	0.01	0.04	0.05	0.07	0.06	↑
PPMCO	0.03	0.02	0.04	0.03	0.06	↑
UHC	0.02	0.03	0.03	0.02	0.04	↑
UMHP	0.05	0.04	0.00	0.05	0.04	↑
MARR	0.03	0.02	0.03	0.03	0.04	

Frequency of Selected Procedures (FSP), Mastectomy 45-64						
	2016	2017	2018	2019	2020	NHM
ABH				0.23	0.13	↓
ACC	0.13	0.18	0.12	0.09	0.10	↓
JMS	0.07	0.02	0.02	0.05	0.10	↓
KPMAS	0.00	0.15	0.09	0.09	0.11	↓
MPC	0.12	0.08	0.10	0.13	0.15	↑
MSFC	0.10	0.06	0.11	0.14	0.23	↑
PPMCO	0.23	0.11	0.12	0.11	0.11	↓
UHC	0.17	0.13	0.10	0.07	0.15	↑
UMHP	0.17	0.07	0.13	0.10	0.02	↓
MARR	0.12	0.10	0.10	0.11	0.12	

Frequency of Selected Procedures (FSP), Lumpectomy 15-44						
	2016	2017	2018	2019	2020	NHM
ABH				0.08	0.04	↓
ACC	0.11	0.09	0.10	0.10	0.09	↓
JMS	0.07	0.05	0.06	0.12	0.08	↓
KPMAS	0.00	0.06	0.04	0.09	0.07	↓
MPC	0.11	0.12	0.10	0.09	0.07	↓
MSFC	0.20	0.12	0.13	0.12	0.06	↓
PPMCO	0.14	0.12	0.13	0.12	0.11	↑
UHC	0.11	0.11	0.10	0.08	0.07	↓
UMHP	0.05	0.08	0.08	0.10	0.09	↓
MARR	0.10	0.09	0.09	0.10	0.08	

Frequency of Selected Procedures (FSP), Lumpectomy 45-64						
	2016	2017	2018	2019	2020	NHM
ABH				0.59	0.17	↓
ACC	0.27	0.33	0.34	0.30	0.27	↓
JMS	0.25	0.19	0.14	0.12	0.17	↓
KPMAS	0.00	0.41	0.28	0.33	0.33	↑
MPC	0.28	0.37	0.26	0.25	0.24	↓
MSFC	0.52	0.36	0.45	0.59	0.36	↑
PPMCO	0.42	0.32	0.35	0.32	0.32	↓
UHC	0.38	0.29	0.33	0.20	0.31	↓
UMHP	0.14	0.37	0.30	0.37	0.26	↓
MARR	0.28	0.33	0.31	0.34	0.27	

Inpatient Utilization—General Hospital/Acute Care (IPU)

Description

This measure summarizes utilization of acute inpatient care and services in the following categories:

1. Total inpatient
2. Maternity
3. Surgery
4. Medicine

Rationale

Measures in the HEDIS Use of Services domain gather information about how organizations manage the provision of member care and how they use and manage resources. Use of services is affected by many member characteristics, which can vary greatly among organizations, and include age and sex, current medical condition, socioeconomic status, and regional practice patterns.

This measure assesses the extent to which the organization's members receive inpatient hospital treatment because of pregnancy and childbirth, for surgery, or for nonsurgical medical treatment.

The organization reports how many hospital stays occurred during the measurement year and the length of hospitalization.

Summary of Changes to HEDIS 2020:

- Retired the Medicare and Commercial product lines.
- Clarified in step 2 to use the diagnosis on the discharge claim.
- Added a *Note* section.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments of HEDIS* section

Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Discharges /1000 MM						
	2016	2017	2018	2019	2020	NHM
ABH				6.01	5.64	↓
ACC	5.83	5.23	5.05	4.58	4.47	↓
JMS	10.06	9.53	9.19	8.83	8.97	↑
KPMAS	5.49	5.33	5.62	5.27	5.58	↓
MPC	6.84	6.58	6.46	6.44	6.33	↓
MSFC	6.67	6.83	6.56	6.35	6.17	↓
PPMCO	6.75	6.49	6.81	6.20	6.04	↓
UHC	6.60	4.91	5.58	4.21	4.40	↓
UMHP	8.59	6.91	7.20	7.03	6.83	↓
MARR	7.10	6.48	6.56	6.10	6.05	

Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Average Length of Stay						
	2016	2017	2018	2019	2020	NHM
ABH				4.22	3.90	↓
ACC	4.14	4.17	4.21	4.34	4.49	↑
JMS	4.81	4.47	4.64	4.80	5.42	↑
KPMAS	3.34	3.36	3.45	3.31	3.31	↓
MPC	3.75	3.87	2.53	4.54	4.58	↑
MSFC	4.22	4.18	4.78	4.22	4.05	↓
PPMCO	4.06	4.09	4.44	4.21	4.44	↑
UHC	4.23	4.40	4.44	4.68	4.47	↑
UMHP	3.47	3.51	3.54	3.62	3.64	↓
MARR	4.00	4.01	4.00	4.22	4.25	

Antibiotic Utilization (ABX)

Description

This measure summarizes the following data on outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender:

- Total number of antibiotic prescriptions.
- Average number of antibiotic prescriptions per member per year (PMPY).
- Total days supplied for all antibiotic prescriptions.

- Average days supplied per antibiotic prescription.
- Total number of prescriptions for antibiotics of concern.
- Average number of prescriptions PMPY for antibiotics of concern.
- Percentage of antibiotics of concern for all antibiotic prescriptions.
- Average number of antibiotics PMPY reported by drug class:
 - For selected “antibiotics of concern.”
 - For all other antibiotics.

Rationale

Measures in the HEDIS Use of Services domain gather information about how organizations manage the provision of member care and how they use and manage resources. Use of services is affected by many member characteristics, which can vary greatly among organizations, and include age and sex, current medical condition, socioeconomic status, and regional practice patterns.

This measure assesses the number of all antibiotic prescriptions to enrolled members, as well as antibiotics of concern, to encourage plans to reduce potential overuse, which may contribute to drug resistance.

Summary of Changes to HEDIS 2020:

- Added a *Note* section.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Antibiotic Utilization (ABX), Average Scrips PMPY for Antibiotics						
	2016	2017	2018	2019	2020	NHM
ABH				0.62	0.73	↓
ACC	0.85	0.84	0.79	0.76	0.77	↓
JMS	0.87	0.79	0.80	0.74	0.73	↓
KPMAS	0.67	0.58	0.60	0.57	0.62	↓
MPC	1.10	1.09	1.01	1.00	1.00	↑
MSFC	0.88	0.90	0.86	0.84	0.86	↑
PPMCO	0.97	0.98	0.93	0.90	0.90	↑
UHC	0.92	0.91	0.85	0.80	0.78	↓
UMHP	0.85	0.86	0.81	0.80	0.75	↓
MARR	0.89	0.87	0.83	0.78	0.79	

Antibiotic Utilization (ABX) , Average Days Supplied per Antibiotic Script						
	2016	2017	2018	2019	2020	NHM
ABH				8.54	8.30	↓
ACC	9.35	9.28	9.26	9.25	9.17	↓
JMS	9.00	8.67	7.74	8.51	8.34	↓
KPMAS	9.46	9.29	9.28	9.36	9.36	↑
MPC	9.32	9.30	9.24	9.19	9.14	↓
MSFC	9.10	8.94	8.86	8.90	8.86	↓
PPMCO	9.42	9.32	9.34	9.31	9.28	↓
UHC	9.35	9.09	9.25	9.21	9.79	↑
UMHP	9.28	9.32	9.22	9.13	9.14	↓
MARR	9.28	9.15	9.02	9.04	9.04	

Antibiotic Utilization (ABX), Average Scripts PMPY for Antibiotics of Concern						
	2016	2017	2018	2019	2020	NHM
ABH				0.26	0.30	↓
ACC	0.35	0.34	0.31	0.28	0.28	↓
JMS	0.29	0.26	0.26	0.25	0.25	↓
KPMAS	0.25	0.22	0.22	0.20	0.22	↓
MPC	0.45	0.45	0.41	0.40	0.39	↑
MSFC	0.35	0.36	0.33	0.32	0.32	↓
PPMCO	0.39	0.40	0.37	0.35	0.34	↑
UHC	0.41	0.40	0.35	0.33	0.31	↓
UMHP	0.38	0.38	0.34	0.32	0.30	↓
MARR	0.36	0.35	0.32	0.30	0.30	

Antibiotic Utilization (ABX), Percentage of Antibiotics of Concern of all Antibiotic						
	2016	2017	2018	2019	2020	NHM
ABH				41.2%	40.8%	↑
ACC	40.8%	40.4%	38.8%	37.6%	37.0%	↓
JMS	33.7%	33.1%	32.5%	33.5%	34.5%	↓
KPMAS	37.8%	38.2%	35.9%	35.8%	36.0%	↓
MPC	40.8%	41.3%	40.4%	40.1%	39.3%	↑
MSFC	40.1%	40.5%	39.0%	37.6%	37.5%	↓
PPMCO	40.7%	41.5%	39.3%	38.9%	38.4%	↓
UHC	44.3%	43.7%	41.6%	40.9%	40.0%	↑
UMHP	44.6%	44.3%	42.2%	40.4%	40.3%	↑
MARR	40.4%	40.4%	38.7%	38.4%	38.2%	

Plan All-Cause Readmissions (PCR)

Description

For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

1. Count of Index Hospital Stays (IHS) (denominator).
2. Count of Observed 30-Day Readmissions (numerator).
3. Count of Expected 30-Day Readmissions.

Rationale

Hospital readmissions within 30 days after discharge have drawn national policy attention because they are very costly, accounting for more than \$17 billion in avoidable Medicare expenditures, and are associated with poor outcomes. In response to these concerns, the Affordable Care Act (ACA), which was passed in March 2010, created the Hospital Readmissions Reduction Program. Since October 2012 the start of fiscal year (FY) 2013, the program has penalized hospitals with higher-than-expected 30-day readmission rates for selected clinical conditions. In FY 2013 and 2014, these conditions were acute myocardial infarction, heart failure, and pneumonia. Total hip or knee replacement and COPD were added in FY 2015. The program penalizes hospitals that have readmission rates that are higher than would be expected on the basis of readmission performance over three previous years. For example, FY 2015 penalties are based on readmissions from July 2010 through June 2013. Initially, in FY 2013, the maximum penalty was one percent of a hospital's Medicare base diagnosis-related-group (DRG) payments, but the penalty has been increased to three percent for FY 2015 and the years beyond.

The New England Journal of Medicine: Readmissions, Observation, and the Hospital Readmissions Reduction Program. Retrieved from <https://www.nejm.org/doi/full/10.1056/NEJMsa1513024#t=articleTop>

Summary of Changes to HEDIS 2020:

- Added definitions of “outlier,” “nonoutlier” and “plan population.”
- Added observation stays to inpatient admissions.
- Revised direct transfers to include observation discharges.
- Moved instructions for direct transfer to *Guideline 6* in the *Guidelines for Risk Adjusted Utilization Measures*.
- Added steps to remove hospitalizations for outlier members and report a count of outlier members.
- Removed the high-frequency hospitalization stratification for Medicaid.
- Added a step in the Risk Adjustment Weighting section for observation stay IHS.
- Removed the base weight variable from the Risk Adjustment Weighting.
- Removed Sample Table: PCR—Risk Adjustment Weighting in Risk Adjustment Weighting.
- Added a *Note* to step 4 in the numerator.
- Revised the data element tables to combine the 18–64 and 65+ populations.
- Added instructions and data element tables to report plan population and outlier rate.
- Removed the “Total 18-64 Medicare” and “Total 65+ Medicare” rows from Table PCR-B-3 and removed associated footnotes.

Added instructions and data element tables to report the rate among index stays discharged or transferred to skilled nursing care.

Plan All-Cause Readmissions (PCR) - Observed ³						
	2016	2017	2018	2019	2020	NHM
ABH					14.5%	
ACC					9.5%	
JMS					8.2%	
KPMAS					6.9%	
MPC					10.3%	
MSFC					11.0%	
PPMCO					10.6%	
UHC					10.5%	
UMHP					11.1%	
MARR					10.3%	

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Plan All-Cause Readmissions (PCR) - Observed / Expected ²³						
	2016	2017	2018	2019	2020	NHM
ABH					1.43	
ACC					0.97	
JMS					0.78	
KPMAS					0.80	
MPC					1.05	
MSFC					1.12	
PPMCO					1.09	
UHC					1.04	
UMHP					1.10	
MARR					1.04	

² A lower rate indicates better performance.

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Enrollment by Product Line (ENP)

Description

The total number of members enrolled in the product line, stratified by age and gender.

Summary of Changes to HEDIS 2020:

- No changes to this measure.

Enrollment by Product Line (ENP) (in member months)			
	Male	Female	Total
ABH	138,704	131,935	270,639
ACC	1,749,837	1,515,900	3,265,737
JMS	148,971	173,079	322,050
KPMAS	416,099	359,593	775,692
MPC	1,383,357	1,146,487	2,529,844
MSFC	579,772	500,470	1,080,242
PPMCO	1,955,376	1,612,084	3,567,460
UHC	929,381	813,606	1,742,987
UMHP	275,726	286,635	562,361

Enrollment by State (EBS)

Description

The number of members enrolled as of December 31 of the measurement year, by state.

- *Product lines:* Commercial, Medicaid, Medicare (report each product line separately).
- *Anchor Date:* December 31 of the measurement year.

Summary of Changes to HEDIS 2020:

- No changes to this measure.

Enrollment by State (EBS)—Maryland only	
ABH	28,540
ACC	273,635
JMS	27,166
KPMAS	66,953
MPC	213,202
MSFC	90,476
PPMCO	300,830
UHC	143,035
UMHP	45,852

Language Diversity of Membership (LDM)

Description

An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials.

- *Product lines:* Commercial, Medicaid, Medicare (report each product line separately).

Summary of Changes to HEDIS 2020:

- No changes to this measure.

Language Diversity of Membership (LDM)— – Spoken					
		English	Non-English	Unknown	Declined
ABH	Number	0	0	40,844	0
	Percent	0.00%	0.00%	100.00%	0.00%
ACC	Number	19	15,291	303,070	0
	Percent	0.01%	4.80%	95.19%	0.00%
JMS	Number	0	129	33,038	0
	Percent	0.00%	0.39%	99.61%	0.00%
KPMAS	Number	60,476	11,378	9,975	22
	Percent	73.89%	13.90%	12.19%	0.03%
MPC	Number	231,671	3,055	16,321	0
	Percent	92.28%	1.22%	6.50%	0.00%
MSFC	Number	50,714	1,349	59,945	0
	Percent	45.28%	1.20%	53.52%	0.00%
PPMCO	Number	0	0	351,810	0
	Percent	0.00%	0.00%	100.00%	0.00%
UHC	Number	121,577	3,988	48,959	0
	Percent	69.66%	2.29%	28.05%	0.00%
UMHP	Number	0	117	63,317	0
	Percent	0.00%	0.18%	99.82%	0.00%

Race/Ethnicity Diversity of Membership (RDM)

Description

An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.

- *Product lines:* Commercial, Medicaid, Medicare (report each product line separately).

Summary of Changes to HEDIS 2020:

- No changes to this measure.

Race/Ethnicity Diversity of Membership (RDM)

		White/ Total	Black/ Total	American Indian and Alaska Native/ Total	Asian/ Total	Native Hawaiian/ Pacific Islander/Total	Other/ Total	Two plus Races/ Total	Unknown/ Total	Declined /Total
ABH	Number	9,483	13,261	0	2,686	95	0	0	1,599	13,720
	Percent	23.22%	32.47%	0.00%	6.58%	0.23%	0.00%	0.00%	3.91%	33.59%
ACC	Number	51,550	114,043	0	14,643	497	0	0	137,647	0
	Percent	16.19%	35.82%	0.00%	4.60%	0.16%	0.00%	0.00%	43.23%	0.00%
JMS	Number	4,044	18,456	127	1,174	38	0	0	9,328	0
	Percent	12.19%	55.65%	0.38%	3.54%	0.11%	0.00%	0.00%	28.12%	0.00%
KPMAS	Number	10,664	40,852	195	6,649	70	2,097	532	20,614	178
	Percent	13.03%	49.91%	0.24%	8.12%	0.09%	2.56%	0.65%	25.18%	0.22%
MPC	Number	79,318	88,698	0	9,752	383	844	0	72,052	0
	Percent	31.59%	35.33%	0.00%	3.88%	0.15%	0.34%	0.00%	28.70%	0.00%
MSFC	Number	24,467	41,078	0	5,863	247	0	0	40,353	0
	Percent	21.84%	36.67%	0.00%	5.23%	0.22%	0.00%	0.00%	36.03%	0.00%
PPMCO	Number	101,481	118,554	2	0	14,121	0	0	2,148	115,504
	Percent	28.85%	33.70%	0.00%	0.00%	4.01%	0.00%	0.00%	0.61%	32.83%
UHC	Number	46,103	64,815	0	9,565	339	0	0	53,702	0
	Percent	26.42%	37.14%	0.00%	5.48%	0.19%	0.00%	0.00%	30.77%	0.00%
UMHP	Number	16,720	21,259	0	0	3,257	0	0	22,198	0
	Percent	26.36%	33.51%	0.00%	0.00%	5.13%	0.00%	0.00%	34.99%	0.00%

Total Membership (TLM)

Description

The number of members enrolled as of December 31 of the measurement year.

Summary of Changes to HEDIS 2020:

- Added guidance for dually enrolled members and dual Medicaid/Medicare members in the Calculation section.
- Replaced references to “Marketplace” with “Exchange” in Table TLM-1/2/3.

Total Membership (TLM)—Medicaid Only	
ABH	28,558
ACC	7,131,504
JMS	27,181
KPMAS	67,123
MPC	213,334
MSFC	90,849
PPMCO	301,074
UHC	143,123
UMHP	45,923

IMPLICATIONS AND DISCUSSION

HEDIS consists of a set of performance measures utilized by more than 90 percent of American health plans. The HEDIS rates allow providers, employers and consumers to compare how well health plans perform in the areas of quality, access and member satisfaction. State purchasers of health care use the aggregated HEDIS rates to evaluate a managed care plan's ability to demonstrate an improvement in preventive health outreach to its members.

HealthChoice Plans: HEDIS Year 2020 Highlights

- Maryland MCOs are high performing across the majority of measures and within each measure domain. There were 27 measures/measure indicators where at least eight out of the nine MCOs performed above the National HEDIS Mean. This level of performance demonstrates that superior care is delivered to HealthChoice participants.
- For Statin Therapy for Patients with Cardiovascular Disease (SPC) total statin adherence sub measure, ACC was the sole plan that was above the NCQA 50th percentile benchmark. The MARR did, however, increase by over 5% from the prior year. The increase in the MARR was due to six of the eight MCOs having an increase in their rate as compared to the prior year. Of the MCOs who had an increase in their rates, ACC had the largest increase at over 13%, followed by MSFC at over 10%, and KPMAS had an increase of almost 10%.
- The Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) MARR increased by more than 10% for the 2019 measurement year. This increase was due to all plans that were able to report data (six total) having an increase in their rates compared to the prior year. UMHP had the largest increase at over 25.4%, followed by MSFC with an increase at over 12.1%.
- Summary of the Value Based Purchasing measures are as follows:
 - Comprehensive Diabetes Care (CDC) HbA1C Control (> 8%) sub measure results indicated that all nine MCOs were above the NHM. JMS and KPMAS were above the 2019 NCQA 90th percentile benchmark. Five of the nine MCOs had increases in their rates as compared to last year, and MPC had the largest increase at over 11%.
 - The Asthma Medication Ratio (AMR) measure results indicated that four of the eight MCOs reporting were above the NHM. JMS and KPMAS demonstrated rates that were above the 2019 NCQA 90th percentile benchmark. This year, six of the eight MCOs had an increase in their rates as compared to the previous year's data.
 - The Well-child Visits in the First 15 Months of Life (W15) 6+ visits sub measure results showed eight MCOs had rates that were greater than the NHM. JMS, KPMAS and UMHP were above the 2019 NCQA 90th percentile benchmark. Additionally, seven of the eight MCOs had an increase in rates as compared to last year's data, while UMHP had the largest increase at 18.5%.
 - Breast Cancer Screening (BCS) results indicated that seven of the eight MCOs reporting were above the NHM. Additionally, five of the eight MCOs reported a rate that was at or above the NCQA Medicaid HMO 90th percentile. Four of the eight MCOs had an increase in their rates as compared to the previous year.
 - The Adolescent Well Care (AWC) measure resulted in eight of nine MCOs reporting rates that were above the NHM. ACC, JMS, KPMAS and UMHP demonstrated rates that were above the NCQA Medicaid HMO 90th percentile, while one MCO fell below the 25th percentile. There MARR increased slightly from 61.6% in 2019 to 64.4% in 2020. Five of the nine MCOs showed an increase in their rates compared to the prior year.

- Controlling High Blood Pressure (CBP) results indicated that six out of nine MCOs performance improved from the prior year. Six out of nine MCOs reported rates that were above the NHM. ACC, PPMCO, and MPC were the three MCOs with reported rates below the NHM. One MCO, KPMAS, reported a rate above the NCQA Medicaid HMO 90th percentile.

Appendix 1 – Trending Break Data

Historical Data for Measures with Trending Breaks

The following tables serve a historical reference of measure performance prior to an NCQA determined trending break. Please reference Section 5: Section Five—Measure Specific Findings for current year MCO performance.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total ³					
	2016	2017	2018	2019	2020
ABH				NA ¹	TB
ACC	25.9%	30.0%	31.8%	32.6%	TB
JMS	33.0%	37.0%	43.6%	49.7%	TB
KPMAS	NA ¹	57.1%	71.2%	65.2%	TB
MPC	19.5%	21.3%	26.5%	26.9%	TB
MSFC	22.8%	20.7%	30.0%	33.4%	TB
PPMCO	22.2%	25.5%	30.0%	33.8%	TB
UHC	26.0%	25.9%	31.2%	36.3%	TB
UMHP	23.1%	25.0%	33.2%	33.3%	TB

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Immunizations for Adolescents (IMA), Combo 2 ³					
	2016	2017	2018	2019	2020
ABH			TB	TB	TB
ACC		28.9%	TB	TB	TB
JMS		52.7%	TB	TB	TB
KPMAS		26.7%	TB	TB	TB
MPC		21.3%	TB	TB	TB
MSFC		24.1%	TB	TB	TB
PPMCO		26.9%	TB	TB	TB
UHC		22.9%	TB	TB	TB
UMHP		17.4%	TB	TB	TB

³ Trending break for HEDIS 2018, results cannot be compared to the prior year benchmarks.

Appropriate Treatment for Children with Upper Respiratory Infection (URI), Total ³					
	2016	2017	2018	2019	2020
ABH				NA ¹	TB
ACC	89.4%	91.0%	92.0%	93.9%	TB
JMS	97.1%	97.0%	98.0%	96.7%	TB
KPMAS	97.5%	97.2%	98.1%	96.8%	TB
MPC	88.7%	88.7%	88.6%	89.6%	TB
MSFC	90.0%	92.2%	91.5%	93.6%	TB
PPMCO	90.6%	90.8%	92.0%	93.9%	TB
UHC	88.8%	89.6%	90.1%	92.5%	TB
UMHP	85.5%	88.0%	87.7%	92.2%	TB

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Appropriate Testing for Pharyngitis (CWP) ³					
	2016	2017	2018	2019	2020
ABH				80.0%	TB
ACC	82.4%	81.0%	79.6%	86.2%	TB
JMS	85.6%	83.0%	92.2%	84.9%	TB
KPMAS	98.3%	93.4%	91.9%	96.1%	TB
MPC	86.3%	88.3%	87.7%	89.0%	TB
MSFC	94.5%	92.2%	93.7%	95.1%	TB
PPMCO	85.9%	86.0%	86.2%	88.4%	TB
UHC	86.6%	87.8%	89.3%	89.6%	TB
UMHP	87.1%	84.0%	86.7%	84.0%	TB

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Breast Cancer Screening (BCS) ³					
	2016	2017	2018	2019	2020
ABH			TB	TB	TB
ACC	65.9%	66.0%	TB	TB	TB
JMS	72.6%	74.0%	TB	TB	TB
KPMAS	88.5%	87.9%	TB	TB	TB
MPC	72.1%	68.2%	TB	TB	TB
MSFC	66.0%	65.5%	TB	TB	TB
PPMCO	68.3%	69.2%	TB	TB	TB
UHC	62.3%	60.2%	TB	TB	TB
UMHP	63.8%	67.3%	TB	TB	TB

³ Trending break for HEDIS 2018, results cannot be compared to the prior year benchmarks.

Controlling High Blood Pressure (CBP) ³					
	2016	2017	2018	2019	2020
ABH				TB	TB
ACC	54.1%	63.0%	62.0%	TB	TB
JMS	76.4%	72.0%	74.9%	TB	TB
KPMAS	86.0%	84.4%	85.2%	TB	TB
MPC	55.9%	68.7%	46.2%	TB	TB
MSFC	71.2%	72.8%	72.8%	TB	TB
PPMCO	60.2%	51.1%	53.3%	TB	TB
UHC	56.9%	64.9%	64.7%	TB	TB
UMHP	48.2%		52.3%	TB	TB

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care³					
	2016	2017	2018	2019	2020
ABH				85.0%	TB
ACC	83.9%	89.0%	87.4%	83.5%	TB
JMS	87.2%	79.0%	78.3%	81.1%	TB
KPMAS	92.9%	96.7%	93.7%	94.1%	TB
MPC	81.5%	89.5%	82.7%	87.0%	TB
MSFC	84.5%	83.6%	78.9%	85.1%	TB
PPMCO	90.3%	89.3%	84.4%	87.1%	TB
UHC	80.7%	87.6%	85.2%	83.5%	TB
UMHP	74.5%	86.4%	88.3%	88.4%	TB

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Prenatal and Postpartum Care (PPC), Postpartum Care³					
	2016	2017	2018	2019	2020
ABH				64.0%	TB
ACC	73.7%	73.7%	72.0%	77.9%	TB
JMS	88.0%	81.3%	83.6%	90.4%	TB
KPMAS	83.8%	84.1%	85.2%	84.0%	TB
MPC	68.9%	67.1%	69.1%	66.9%	TB
MSFC	69.2%	71.2%	74.0%	77.7%	TB
PPMCO	73.7%	71.3%	69.1%	70.8%	TB
UHC	66.2%	70.6%	66.4%	65.9%	TB
UMHP	62.3%	71.0%	74.0%	79.0%	TB

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Use of Opioids at High Dosage (HDO) ²³					
	2016	2017	2018	2019	2020
ABH				NA ¹	TB
ACC			76.0	5.5%	TB
JMS			38.6	3.5%	TB
KPMAS			22.4	2.7%	TB
MPC			119.9	9.8%	TB
MSFC			76.2	7.0%	TB
PPMCO			105.1	9.9%	TB
UHC			72.2	4.9%	TB
UMHP			135.3	11.7%	TB

NA¹ This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

² A lower rate indicates better performance.

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers²³					
	2016	2017	2018	2019	2020
ABH				TB	TB
ACC			313.3	TB	TB
JMS			267.5	TB	TB
KPMAS			262.8	TB	TB
MPC			195.7	TB	TB
MSFC			387.5	TB	TB
PPMCO			329.4	TB	TB
UHC			250.0	TB	TB
UMHP			321.1	TB	TB

² A lower rate indicates better performance.

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies²³					
	2016	2017	2018	2019	2020
ABH				TB	TB
ACC			109.1	TB	TB
JMS			126.8	TB	TB
KPMAS			69.6	TB	TB
MPC			0.0	TB	TB
MSFC			105.9	TB	TB
PPMCO			129.3	TB	TB
UHC			62.3	TB	TB
UMHP			124.7	TB	TB

² A lower rate indicates better performance.

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies^{2,3}

	2016	2017	2018	2019	2020
ABH				TB	TB
ACC			69.4	TB	TB
JMS			93.9	TB	TB
KPMAS			39.0	TB	TB
MPC			0.0	TB	TB
MSFC			80.0	TB	TB
PPMCO			88.4	TB	TB
UHC			35.4	TB	TB
UMHP			89.4	TB	TB

² A lower rate indicates better performance.

³ Trending break for HEDIS 2019, results cannot be compared to the prior year benchmarks.

Plan All-Cause Readmissions (PCR) - Observed³

	2016	2017	2018	2019	2020
ABH					TB
ACC			0.17	0.14	TB
JMS			0.16	0.13	TB
KPMAS				0.11	TB
MPC			0.17	0.16	TB
MSFC			0.13	0.14	TB
PPMCO			0.17	0.14	TB
UHC			0.15	0.11	TB
UMHP			0.18	0.17	TB

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.

Plan All-Cause Readmissions (PCR) - Observed / Expected²³					
	2016	2017	2018	2019	2020
ABH					TB
ACC			0.80	0.68	TB
JMS			0.77	0.61	TB
KPMAS			0.00	0.71	TB
MPC			0.82	0.70	TB
MSFC			0.74	0.79	TB
PPMCO			0.82	0.66	TB
UHC			0.74	0.54	TB
UMHP			1.01	0.90	TB

² A lower rate indicates better performance.

³ Trending break for HEDIS 2020, results cannot be compared to the prior year benchmarks.