

# Statewide Executive Summary Report HealthChoice Participating Organizations HEDIS® 2019 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<sup>®1</sup>) 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 (NCQA<sup>2</sup>). 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<sup>TM3</sup>. 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 a total of 1,190,214 enrollees as of December 31, 2018.

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 Systems (CAHPS<sup>®4</sup>) 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 2019.

For HEDIS 2019, MDH required HealthChoice managed care organizations to report the complete HEDIS measure set for services rendered in calendar year 2018 to HealthChoice enrollees. These measures provide meaningful managed care organization comparative information and they measure performance relative to MDH's priorities and goals.

<sup>1</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup>NCQA is a private, nonprofit organization dedicated to improving healthcare quality.

<sup>3</sup>NCQA HEDIS Compliance Audit<sup>TM</sup> is a trademark of the National Committee for Quality Assurance (NCQA).

<sup>4</sup>CAHPS<sup>®</sup> 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 2019		
Acronym Used in this Report	HealthChoice Organization Name	Accreditation Status
ABH	Aetna Better Health of Maryland	Interim
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	Commendable
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*
<b>Excellent:</b> 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.
<b>Commendable:</b> NCQA awards an accreditation status of Commendable for service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement.
<b>Accredited:</b> 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.
<b>Provisional:</b> 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.
<b>Interim:</b> 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.
<b>Denied:</b> 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. 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 2018, MDH required HealthChoice managed care organizations to report 45 HEDIS measures comprised of four NCQA domain categories and two CAHPS rates. The required set includes a first year HEDIS measure: Risk of Continued Opioid Use (COU).

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-inclusive of 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): 29 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 Children with Upper Respiratory Infection (URI)
- Appropriate Testing for Children with Pharyngitis (CWP)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Chlamydia Screening in Women (CHL)
- Use of Imaging Studies for Low Back Pain (LBP)
- Annual Monitoring for Patients on Persistent Medications (MPM)
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- 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 (UOD)
  - Use of Opioids From Multiple Providers (UOP)
  - **Risk of Continued Opioid Use (COU)\*—New**
- \* First year measure, not publicly reported for HEDIS 2019.

#### **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: 6 Measures**

- Board Certification (BCR)
- 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: 14 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 fourteen measures are reported NB and do not appear in measure specific findings of this report.

- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- 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)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- 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)

### **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 Measure Suspended by NCQA for HEDIS 2019.

#### **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)

**Measures Suspended by NCQA for HEDIS 2019**

- Standardized Healthcare-Associated Infection Ratio (HAI)

## SECTION TWO—HEDIS METHODOLOGY

The HEDIS reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS 2019 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.

## 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)
- 2018 NCQA Benchmarks at the 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> 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 NHM and Benchmarks are taken from NCQA's HEDIS Audit Means, Percentiles and Ratios—Medicaid, released each year to each reporting organization along with a data use license that outlines how this data can be used. The NCQA data set gives prior years' rates for each measure displayed as the mean rate and the benchmarked rate at the 5<sup>th</sup>, 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, 90<sup>th</sup>, and 95<sup>th</sup> percentiles. NCQA averages the rates of all organizations submitting HEDIS results, regardless of the method of calculation (administrative or hybrid). NCQA's method is the same as that used for the MARR, but on a larger scale. **No duplication or distribution of the NHM or benchmarks outside of this report is permitted. Additionally, this report cannot be placed on any website for access by any outside authority.**

### 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.

Prior years' results are retained in the trending tables, regardless of specification changes. Text in *italics* notes when prior years' results fall under different specifications. Performance trends at the organization level are compared with the trends for the MARR and the NHM for the same measurement year.

### Rounding of Figures

Rates are rounded to one decimal point from the rate/ratio reported to NCQA. This rounding corresponds to the rounding used by NCQA for the NHM.

### Organization of Data

The following pages contain the comparative results for HEDIS 2019. 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
- Musculoskeletal Conditions
  - LBP, ART
- Medication Management – Adult and Child
  - MPM, UOP, UOD, COU
- Utilization
  - AMB, FSP, IPU, ABX. PCR
- Health Plan Descriptive Information
  - BCR, ENP, EBS, LDM, RDM, TLM

## **Reference Sources**

### **Description**

The source of the information is *NCQA’s HEDIS 2019 Volume 2: Technical Specifications*.

### **Rationale**

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

**Summary of Changes for HEDIS 2019**— The source of the text is the *HEDIS 2019 Volume 2: Technical Specifications*, along with additional changes published in the *HEDIS 2019 Volume 2: October Technical Update*.

TABLE A—HealthChoice Organizations HEDIS 2019 Results (page 1 of 4)

HEDIS 2019 Results	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2019
HealthChoice Organizations	ABH			ACC			JMS			KPMAS			MPC			MSFC			PPMCO			UHC			UMHP			MARR
Adult BMI Assessment (ABA)	NA	NA	NA <sup>1</sup>	91.0%	92.0%	94.2%	98.0%	98.5%	99.0%	98.0%	98.1%	98.0%	89.3%	87.8%	88.8%	90.6%	96.2%	100.0%	89.6%	91.2%	94.4%	90.3%	93.7%	84.9%	88.6%	92.9%	94.2%	94.2%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	NA	NA	NA <sup>1</sup>	30.0%	31.8%	32.6%	37.0%	43.6%	49.7%	57.1%	71.2%	65.2%	21.3%	26.5%	26.9%	20.7%	30.0%	33.4%	25.5%	30.0%	33.8%	25.9%	31.2%	36.3%	25.0%	33.2%	33.3%	38.9%
Childhood Immunization Status (CIS)– Combination 2 (DTaP, IPV, MMR, HiB, Hep B, VZV)	NA	NA	NA <sup>1</sup>	85.0%	85.2%	82.0%	91.0%	85.4%	83.4%	73.1%	72.5%	81.5%	79.9%	66.2%	73.2%	84.4%	84.2%	81.5%	83.5%	79.8%	76.4%	79.8%	74.5%	74.9%	80.8%	76.6%	84.7%	79.7%
Childhood Immunization Status (CIS)– Combination 3 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV)	NA	NA	NA <sup>1</sup>	83.0%	82.5%	79.6%	88.0%	83.7%	80.5%	70.0%	70.3%	79.6%	78.5%	64.5%	69.6%	81.8%	82.7%	78.6%	82.6%	77.9%	75.2%	77.9%	70.8%	72.7%	79.3%	75.2%	83.1%	77.4%
Childhood Immunization Status (CIS)– Combination 4 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A)	NA	NA	NA <sup>1</sup>	80.0%	80.1%	76.6%	88.0%	83.3%	79.3%	69.5%	70.1%	79.3%	75.7%	62.5%	66.7%	79.3%	81.3%	76.4%	80.9%	76.4%	74.2%	74.7%	67.4%	71.0%	76.6%	73.7%	82.0%	75.7%
Childhood Immunization Status (CIS)– Combination 5 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, RV)	NA	NA	NA <sup>1</sup>	70.0%	69.8%	67.6%	73.0%	71.2%	67.2%	55.0%	62.3%	73.5%	59.5%	52.6%	58.2%	67.9%	67.9%	66.4%	69.5%	68.1%	66.9%	65.2%	57.4%	63.7%	60.6%	58.6%	64.8%	66.1%
Childhood Immunization Status (CIS)– Combination 6 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Influenza)	NA	NA	NA <sup>1</sup>	42.0%	48.7%	49.4%	57.0%	64.4%	56.4%	46.3%	55.7%	66.7%	42.4%	34.1%	37.0%	49.6%	47.7%	49.6%	48.8%	50.9%	51.6%	44.8%	41.6%	41.8%	41.4%	46.7%	47.4%	50.0%
Childhood Immunization Status (CIS)– Combination 7 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV)	NA	NA	NA <sup>1</sup>	68.0%	67.9%	66.7%	73.0%	71.2%	66.4%	55.0%	62.0%	73.2%	57.9%	51.3%	56.0%	66.2%	67.2%	64.7%	68.4%	67.4%	66.2%	63.5%	55.5%	62.8%	59.6%	57.9%	64.3%	65.0%
Childhood Immunization Status (CIS)– Combination 8 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, Influenza)	NA	NA	NA <sup>1</sup>	42.0%	47.7%	48.9%	57.0%	64.4%	55.6%	46.0%	55.7%	66.4%	41.4%	33.1%	35.5%	48.2%	47.5%	48.4%	48.4%	50.9%	51.1%	43.1%	40.4%	41.4%	40.6%	45.7%	47.0%	49.3%
Childhood Immunization Status (CIS)– Combination 9 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, RV, Influenza)	NA	NA	NA <sup>1</sup>	37.0%	44.3%	44.3%	49.0%	55.8%	49.0%	37.5%	49.9%	61.6%	32.9%	27.7%	31.6%	43.8%	41.1%	44.5%	42.6%	46.5%	46.5%	39.7%	36.7%	39.2%	34.1%	37.2%	39.1%	44.5%
Childhood Immunization Status (CIS)– Combination 10 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV, Influenza)	NA	NA	NA <sup>1</sup>	36.0%	43.3%	43.8%	49.0%	55.8%	48.5%	37.5%	49.9%	61.3%	32.2%	27.0%	30.2%	42.3%	40.9%	43.6%	42.3%	46.5%	46.0%	38.7%	35.8%	38.7%	33.8%	36.7%	38.9%	43.9%
Immunizations for Adolescents (IMA)– Combination 1 (Meningococcal, Tdap/Td)	NA	NA	NA <sup>1</sup>	88.0%	89.1%	90.3%	89.0%	89.7%	91.7%	80.5%	83.7%	83.0%	88.2%	84.7%	87.6%	84.2%	88.6%	89.8%	89.1%	87.1%	91.5%	86.7%	87.4%	90.8%	80.5%	87.5%	89.5%	89.3%
Immunizations for Adolescents (IMA)–Combination 2 (Meningococcal, Tdap, HPV)	NA	NA	NA <sup>1</sup>	28.9%	48.9%	49.4%	52.7%	72.2%	65.9%	26.7%	47.5%	51.6%	21.3%	37.7%	40.9%	24.1%	35.5%	43.3%	26.9%	38.4%	51.6%	22.9%	36.5%	38.2%	17.4%	30.4%	28.5%	46.2%
Well-Child Visits in the First 15 months of Life (W15)– No well-child visits <sup>2</sup>	NA	NA	NA <sup>1</sup>	1.0%	0.5%	0.6%	5.0%	0.5%	1.0%	3.6%	2.0%	0.3%	1.4%	2.0%	0.6%	3.2%	2.0%	1.2%	1.5%	5.0%	2.4%	0.3%	2.4%	1.5%	8.5%	2.0%	1.9%	1.2%
Well-Child Visits in the First 15 months of Life (W15)– MDH Five or more visits (constructed by combining HEDIS rates for five and six-or-more visits)	NA	NA	NA <sup>1</sup>	88.7%	88.8%	84.2%	80.7%	85.9%	80.8%	78.4%	86.9%	89.6%	83.6%	84.2%	84.8%	82.7%	86.5%	80.8%	82.0%	76.5%	81.2%	87.1%	87.6%	85.2%	74.2%	81.0%	82.0%	83.6%
Well-Child Visits in the First 15 months of Life (W15)– MDH Six or more visits	NA	NA	NA <sup>1</sup>	67.4%	72.0%	70.4%	70.8%	75.0%	67.7%	56.7%	75.4%	81.3%	68.5%	70.8%	68.7%	70.4%	73.3%	67.7%	60.6%	56.8%	62.8%	70.4%	72.5%	69.1%	52.8%	67.6%	66.4%	69.3%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	NA	NA	64.0%	88.0%	88.8%	87.5%	90.0%	91.3%	90.5%	79.6%	77.6%	85.0%	79.9%	76.6%	71.8%	79.5%	77.1%	76.7%	81.0%	85.6%	80.3%	82.6%	81.5%	83.7%	69.8%	70.3%	81.9%	80.1%
Adolescent Well-Care Visits (AWC)	NA	NA	43.8%	69.0%	73.0%	73.7%	84.0%	80.7%	77.4%	56.0%	59.1%	64.8%	72.7%	54.7%	57.2%	55.8%	59.7%	53.5%	64.4%	65.7%	57.4%	62.6%	63.8%	65.0%	52.6%	56.7%	61.7%	61.6%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)– BMI Percentile- Total Rate	NA	NA	65.6%	73.0%	73.2%	71.8%	92.0%	95.9%	96.4%	100.0%	100.0%	99.0%	60.8%	53.0%	62.0%	74.7%	81.1%	88.9%	68.5%	76.4%	72.3%	76.5%	75.7%	76.6%	54.5%	68.1%	78.9%	79.0%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)– Counseling for Nutrition – Total Rate	NA	NA	75.0%	79.0%	75.7%	77.6%	95.0%	97.6%	95.1%	94.3%	100.0%	100.0%	64.0%	62.3%	63.2%	71.9%	85.3%	82.6%	73.4%	73.7%	69.6%	76.0%	77.1%	77.4%	63.8%	67.6%	79.1%	80.0%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)– Counseling for Physical Activity – Total Rate	NA	NA	71.9%	72.0%	68.1%	70.6%	91.0%	96.6%	94.6%	100.0%	100.0%	100.0%	56.8%	53.0%	60.2%	69.9%	80.2%	78.1%	67.4%	66.2%	65.0%	70.9%	71.8%	71.3%	53.8%	62.0%	75.0%	76.3%
Appropriate Testing for Children with Pharyngitis (CWP)	NA	NA	80.0%	81.0%	79.6%	86.2%	83.0%	92.2%	84.9%	93.4%	91.9%	96.1%	88.3%	87.7%	89.0%	92.2%	93.7%	95.1%	86.0%	86.2%	88.4%	87.8%	89.3%	89.6%	84.0%	86.7%	84.0%	88.2%
Lead Screening in Children (LSC)	NA	NA	NA <sup>1</sup>	80.0%	80.0%	82.0%	91.0%	88.6%	90.9%	66.1%	68.5%	83.5%	72.2%	74.7%	80.1%	84.8%	83.0%	84.4%	78.6%	80.1%	80.5%	73.0%	72.0%	76.7%	70.6%	74.5%	83.9%	82.8%
Medication Management for People With Asthma (MMA)– Total 50% of treatment period	NA	NA	NA <sup>1</sup>	47.0%	50.0%	54.7%	77.0%	75.0%	74.1%	50.5%	61.5%	56.4%	64.4%	60.5%	57.4%	50.1%	53.7%	53.4%	48.1%	49.6%	51.8%	53.6%	55.7%	57.1%	55.9%	59.9%	71.6%	59.6%
Medication Management for People With Asthma (MMA)– Total 75% of treatment period	NA	NA	NA <sup>1</sup>	21.0%	23.8%	26.2%	52.0%	51.0%	47.1%	28.4%	33.3%	30.3%	38.3%	34.1%	33.8%	25.2%	29.4%	29.2%	24.5%	25.2%	27.7%	28.4%	31.5%	33.1%	31.2%	34.8%	41.9%	33.7%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	NA	NA	NA <sup>1</sup>	91.0%	92.0%	93.9%	97.0%	98.0%	96.7%	97.2%	98.1%	96.8%	88.7%	88.6%	89.6%	92.2%	91.5%	93.6%	90.8%	92.0%	93.9%	89.6%	90.1%	92.5%	88.0%	87.7%	92.2%	93.7%
Asthma Medication Ratio (AMR)	NA	NA	NA <sup>1</sup>	67.0%	63.2%	65.5%	70.0%	70.7%	73.0%	72.6%	77.9%	74.0%	63.6%	63.1%	58.0%	67.9%	64.6%	61.8%	62.2%	58.9%	60.2%	63.6%	62.7%	62.4%	47.3%	60.1%	57.1%	64.0%

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TABLE A—HealthChoice Organizations HEDIS 2019 Results (page 2 of 4)

HEDIS 2019 Results	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2019
HealthChoice Organizations	ABH			ACC			JMS			KPMAS			MPC			MSFC			PPMCO			UHC			UMHP			MARR
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NA	NA	NA <sup>1</sup>	30.0%	30.5%	28.8%	32.0%	40.7%	14.4%	50.0%	NA	29.5%	31.5%	32.0%	30.6%	40.7%	38.9%	38.5%	29.9%	31.1%	31.8%	32.9%	32.2%	31.4%	37.5%	36.9%	33.3%	29.8%
Pharmacotherapy Management of COPD Exacerbation (PCE)– Systemic Corticosteroid Rate	NA	NA	NA <sup>1</sup>	68.0%	68.2%	66.1%	65.0%	68.4%	67.6%	55.2%	78.6%	83.8%	73.9%	70.8%	71.9%	71.6%	74.8%	72.1%	66.7%	61.8%	71.2%	65.0%	69.0%	61.6%	80.7%	78.2%	71.0%	70.7%
Pharmacotherapy Management of COPD Exacerbation (PCE)– Bronchodilator Rate	NA	NA	NA <sup>1</sup>	81.0%	82.3%	83.5%	86.0%	87.9%	88.3%	75.9%	83.3%	94.6%	86.9%	85.8%	87.2%	87.3%	88.7%	89.0%	81.5%	80.9%	84.8%	81.5%	80.4%	79.0%	89.3%	88.7%	88.2%	86.8%
Children and Adolescents’ Access to Primary Care Practitioners (CAP)– Age 12–24 months	NA	NA	87.2%	98.0%	97.5%	97.3%	93.0%	92.5%	94.3%	92.5%	95.7%	96.4%	96.4%	96.1%	97.4%	94.3%	95.5%	95.7%	97.0%	93.6%	97.0%	96.2%	96.8%	96.7%	89.2%	94.0%	96.0%	95.3%
Children and Adolescents’ Access to Primary Care Practitioners (CAP)– Age 25 months–6 years	NA	NA	75.9%	93.0%	93.5%	93.9%	92.0%	91.8%	91.1%	87.5%	86.3%	91.4%	90.8%	88.7%	89.8%	87.6%	86.9%	88.3%	93.1%	89.5%	91.2%	92.0%	90.5%	90.3%	83.5%	83.4%	86.7%	88.7%
Children and Adolescents’ Access to Primary Care Practitioners (CAP)– Age 7–11 years	NA	NA	NA <sup>1</sup>	96.0%	96.0%	95.8%	94.0%	94.3%	92.1%	92.5%	91.7%	91.9%	94.0%	92.4%	92.3%	92.8%	91.9%	91.6%	95.4%	90.9%	93.1%	94.8%	93.9%	93.3%	83.5%	84.3%	83.6%	91.7%
Children and Adolescents’ Access to Primary Care Practitioners (CAP)– Age 12–19 years	NA	NA	NA <sup>1</sup>	94.0%	93.6%	94.0%	95.0%	93.8%	92.6%	91.5%	90.4%	90.0%	91.8%	89.9%	89.8%	90.7%	89.2%	89.5%	94.1%	89.6%	91.2%	93.4%	92.1%	90.9%	85.0%	83.5%	84.2%	90.3%
Adults’ Access to Preventive/Ambulatory Health Services (AAP)– Age 20–44 years	NA	NA	56.5%	76.0%	74.3%	74.7%	68.0%	64.4%	64.4%	75.3%	73.7%	74.7%	79.9%	75.7%	76.0%	72.5%	71.1%	72.8%	80.4%	76.5%	78.4%	76.7%	75.1%	75.5%	65.4%	65.6%	67.8%	71.2%
Adults’ Access to Preventive/Ambulatory Health Services (AAP)– Age 45–64 years	NA	NA	68.4%	86.0%	84.6%	84.5%	86.0%	83.7%	83.0%	82.1%	81.5%	82.9%	87.3%	85.1%	84.7%	83.2%	81.9%	83.5%	88.4%	86.0%	87.0%	86.7%	86.1%	86.3%	77.5%	77.9%	79.1%	82.2%
Breast Cancer Screening (BCS)	NA	NA	NA <sup>1</sup>	66.0%	69.2%	69.2%	74.0%	77.5%	75.8%	87.9%	81.5%	79.7%	68.2%	59.2%	55.6%	65.5%	67.1%	69.0%	69.2%	68.5%	69.5%	60.2%	59.9%	59.4%	67.3%	74.9%	76.3%	69.3%
Cervical Cancer Screening (CCS)	NA	NA	29.9%	66.0%	62.5%	67.9%	73.0%	76.8%	74.3%	79.2%	80.4%	88.0%	66.3%	56.7%	63.5%	55.9%	54.3%	60.9%	64.7%	64.0%	66.9%	68.6%	59.6%	58.9%	45.3%	45.3%	49.9%	62.2%
Chlamydia Screening in Women (CHL)– Age 16–20 years	NA	NA	65.4%	62.0%	63.9%	65.0%	89.0%	91.0%	87.6%	69.8%	71.3%	74.5%	57.6%	56.4%	57.8%	56.0%	59.1%	61.0%	60.0%	60.7%	60.2%	56.0%	57.4%	59.4%	50.1%	55.1%	54.6%	65.1%
Chlamydia Screening in Women (CHL)– Age 21–24 years	NA	NA	63.0%	70.0%	71.8%	71.8%	85.0%	81.7%	80.8%	82.1%	80.2%	83.5%	68.7%	66.0%	66.5%	66.3%	68.2%	69.3%	68.0%	68.0%	67.8%	65.4%	67.2%	65.9%	60.4%	67.6%	65.3%	70.4%
Chlamydia Screening in Women (CHL)– Total (16–24) years	NA	NA	64.2%	66.0%	67.4%	67.9%	87.0%	86.6%	84.4%	77.5%	77.0%	80.0%	62.8%	61.1%	61.9%	61.3%	64.0%	65.3%	63.6%	64.0%	63.6%	60.0%	61.6%	62.2%	56.3%	62.5%	60.9%	67.8%
Prenatal and Postpartum Care (PPC)– Timeliness of Prenatal Care	NA	NA	85.0%	89.0%	87.4%	83.5%	79.0%	78.3%	81.1%	96.7%	93.7%	94.1%	89.5%	82.7%	87.0%	83.6%	78.9%	85.1%	89.3%	84.4%	87.1%	87.6%	85.2%	83.5%	86.4%	88.3%	88.4%	86.1%
Prenatal and Postpartum Care (PPC)– Postpartum Care	NA	NA	64.0%	73.7%	72.0%	77.9%	81.3%	83.6%	90.4%	84.1%	85.2%	84.0%	67.1%	69.1%	66.9%	71.2%	74.0%	77.7%	71.3%	69.1%	70.8%	70.6%	66.4%	65.9%	71.0%	74.0%	79.0%	75.2%
Controlling High Blood Pressure (CBP) <sup>3</sup>	NA	NA	51.0%	63.0%	62.0%	58.6%	72.0%	74.9%	72.6%	84.4%	85.2%	79.9%	68.7%	46.2%	46.2%	72.8%	72.8%	59.6%	51.1%	53.3%	49.9%	64.9%	64.7%	57.4%	NA	52.3%	65.5%	60.1%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	NA	NA	NA <sup>1</sup>	71.0%	65.2%	69.5%	87.0%	68.8%	NA <sup>1</sup>	90.5%	81.8%	NA <sup>1</sup>	83.2%	81.6%	84.0%	80.5%	80.8%	62.0%	75.0%	72.3%	71.9%	81.0%	77.6%	71.2%	81.0%	70.0%	56.7%	69.2%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	NA	NA	NA <sup>1</sup>	77.0%	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	53.9%	NA <sup>1</sup>	NA <sup>1</sup>	76.9%	NA <sup>1</sup>	NA <sup>1</sup>	75.0%	NA <sup>1</sup>	NA <sup>1</sup>	57.1%	66.7%	80.0%	70.8%	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	80.0%
Statin Therapy for Patients With Cardiovascular Disease (SPC) – –Received Statin Therapy – Total	NA	NA	NA <sup>1</sup>	70.1%	68.3%	72.1%	80.8%	82.1%	82.0%	89.5%	93.0%	86.7%	75.4%	75.1%	76.2%	80.2%	78.6%	75.5%	72.1%	75.7%	76.9%	73.5%	73.8%	73.5%	71.9%	74.5%	77.3%	77.5%
Statin Therapy for Patients With Cardiovascular Disease (SPC) – –Statin Adherence 80% - Total	NA	NA	NA <sup>1</sup>	48.7%	53.6%	53.8%	54.6%	53.7%	55.6%	44.1%	46.3%	54.7%	64.6%	64.3%	65.2%	44.4%	50.0%	54.5%	50.2%	52.6%	50.8%	48.0%	55.4%	54.1%	56.5%	55.9%	61.5%	56.3%
Comprehensive Diabetes (CDC)– Hemoglobin A1c (HbA1c) Testing	NA	NA	93.0%	85.0%	90.5%	85.9%	95.0%	94.9%	95.2%	92.7%	91.6%	93.3%	88.7%	80.8%	81.3%	91.7%	90.0%	90.4%	89.3%	88.1%	87.3%	86.1%	85.9%	84.4%	82.5%	81.8%	88.8%	88.8%
Comprehensive Diabetes (CDC)– HbA1c Poor Control (>9.0%) <sup>2</sup>	NA	NA	40.4%	40.0%	34.1%	38.2%	27.0%	29.9%	28.1%	27.8%	28.0%	28.0%	34.4%	47.9%	48.4%	29.5%	31.4%	33.3%	34.0%	38.9%	42.6%	35.6%	35.5%	40.4%	42.1%	49.2%	32.6%	36.9%
Comprehensive Diabetes (CDC)– HbA1c Control (< 8.0%)	NA	NA	52.6%	52.0%	59.4%	51.8%	63.0%	61.1%	63.8%	60.0%	60.9%	61.1%	56.5%	46.0%	42.6%	58.1%	56.7%	54.3%	53.5%	49.6%	47.7%	51.1%	54.5%	49.1%	48.7%	42.6%	59.4%	53.6%
Comprehensive Diabetes (CDC)– Eye Exam (Retinal) Performed	NA	NA	21.1%	49.9%	55.7%	54.7%	74.0%	75.7%	71.9%	87.8%	84.5%	88.1%	51.9%	42.8%	39.9%	49.8%	63.7%	57.0%	55.7%	38.4%	50.6%	56.9%	62.3%	57.9%	31.2%	39.2%	45.5%	54.1%
Comprehensive Diabetes (CDC)– Medical Attention for Nephropathy	NA	NA	93.0%	87.0%	90.5%	87.1%	94.0%	94.2%	93.4%	94.2%	92.2%	94.0%	87.9%	86.4%	89.1%	92.4%	91.0%	92.1%	99.8%	86.9%	89.8%	90.3%	89.8%	89.1%	85.6%	88.1%	88.6%	90.7%
Comprehensive Diabetes (CDC)– Blood Pressure Control (<140/90 mm Hg)	NA	NA	54.4%	64.0%	64.7%	64.5%	78.0%	76.5%	78.3%	84.5%	82.3%	82.0%	55.6%	49.9%	54.7%	62.9%	69.8%	65.4%	55.5%	56.7%	54.0%	59.9%	65.2%	59.6%	41.6%	58.6%	63.5%	64.1%

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TABLE A—HealthChoice Organizations HEDIS 2019 Results (page 3 of 4)

HEDIS 2019 Results	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2019
HealthChoice Organizations	ABH			ACC			JMS			KPMAS			MPC			MSFC			PPMCO			UHC			UMHP			MARR
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	NA	NA	NA <sup>1</sup>	74.0%	66.7%	75.7%	77.0%	82.9%	81.8%	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	62.7%	60.1%	74.5%	58.6%	66.0%	77.2%	70.2%	65.0%	66.0%	75.4%	76.3%	79.4%	57.7%	59.5%	63.2%	74.0%
Statin Therapy for Patients With Diabetes (SPD) —Received Statin Therapy	NA	NA	NA <sup>1</sup>	59.4%	60.0%	61.5%	63.3%	65.3%	66.6%	84.4%	78.9%	80.6%	59.2%	59.1%	60.6%	59.5%	62.9%	63.7%	58.6%	59.2%	60.6%	58.2%	60.3%	59.0%	53.8%	57.8%	58.2%	63.9%
Statin Therapy for Patients With Diabetes (SPD) – Statin Adherence 80%	NA	NA	NA <sup>1</sup>	49.2%	44.9%	48.5%	50.7%	43.7%	50.3%	50.3%	52.1%	51.7%	59.7%	58.6%	59.2%	48.8%	47.4%	49.0%	48.9%	46.1%	50.1%	48.7%	48.7%	49.3%	57.9%	55.7%	66.7%	53.1%
Use of Imaging Studies for Low Back Pain (LBP)	NA	NA	NA <sup>1</sup>	76.0%	76.7%	75.7%	69.0%	79.9%	76.7%	76.9%	77.1%	82.0%	72.7%	75.0%	76.7%	66.1%	72.7%	73.0%	77.8%	77.7%	79.8%	73.3%	75.4%	76.5%	70.4%	70.4%	72.5%	76.6%
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	NA	NA	NA <sup>1</sup>	80.0%	74.7%	77.9%	73.0%	69.7%	77.4%	93.6%	87.8%	84.1%	69.3%	70.1%	69.9%	78.9%	82.5%	80.4%	77.6%	78.3%	77.9%	72.1%	69.9%	73.1%	73.5%	62.8%	77.1%	77.2%
Annual Monitoring for Patients on Persistent Medications (MPM)– –Members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)	NA	NA	83.3%	90.0%	88.9%	88.7%	97.0%	94.7%	95.8%	92.0%	90.3%	91.7%	88.5%	86.2%	87.7%	89.3%	90.0%	89.0%	88.4%	88.1%	88.3%	89.4%	89.3%	88.3%	85.6%	85.2%	87.9%	89.0%
Annual Monitoring for Patients on Persistent Medications (MPM)– Members on diuretics	NA	NA	80.4%	89.0%	88.0%	88.3%	95.0%	93.7%	94.9%	90.5%	88.6%	88.9%	88.0%	86.0%	86.8%	87.5%	88.3%	88.4%	88.2%	88.3%	87.8%	88.8%	88.0%	87.1%	86.6%	84.9%	87.9%	87.8%
Annual Monitoring for Patients on Persistent Medications (MPM)– Total rate	NA	NA	82.2%	89.9%	88.5%	88.5%	96.0%	94.2%	95.4%	91.4%	89.6%	90.6%	88.1%	86.1%	87.4%	88.4%	89.3%	88.7%	88.1%	88.2%	88.1%	88.9%	88.7%	87.8%	85.9%	85.1%	87.9%	88.5%
Ambulatory Care (AMB)– Outpatient visits per 1,000 member months	NA	NA	257.4	366.9	354.3	346.5	350.6	328.7	335.4	336.6	315.9	276.9	420.4	397.5	400.7	359.8	356.2	354.6	NA	390.3	394.9	367.5	345.1	336.1	247.3	332.2	339.2	338.0
Ambulatory Care (AMB)– Emergency department (ED) visits per 1,000 member months <sup>3</sup>	NA	NA	50.1	53.4	50.6	47.1	93.6	83.0	78.1	26.3	26.6	23.8	68.5	61.9	59.1	55.6	53.5	52.1	NA	58.0	55.0	56.8	51.7	48.6	86.4	60.7	58.2	52.5
Frequency of Selected Procedures (FSP)– Bariatric weight loss surgery /1000 MM 45-64 F	NA	NA	0.12	0.05	0.07	0.12	0.59	0.02	0.02	0.05	0.07	0.13	0.04	0.04	0.14	0.07	0.05	0.27	0.03	0.05	0.17	0.05	0.04	0.15	0.07	0.02	0.14	0.14
Frequency of Selected Procedures (FSP)– Bariatric weight loss surgery /1000 MM 45-64 M	NA	NA	0.00	0.01	0.00	0.03	0.02	0.00	0.02	0.00	0.00	0.04	0.01	0.00	0.02	0.01	0.00	0.05	0.00	0.00	0.03	0.01	0.00	0.02	0.00	0.00	0.05	0.03
Frequency of Selected Procedures (FSP)– Tonsillectomy /1000 MM 0-9 T	NA	NA	0.00	0.48	0.53	0.46	0.21	0.10	0.30	0.23	0.26	0.21	0.62	0.58	0.56	0.48	0.48	0.49	0.58	0.58	0.49	0.51	0.50	0.49	0.37	0.36	0.26	0.36
Frequency of Selected Procedures (FSP)– Tonsillectomy /1000 MM 10-19 T	NA	NA	0.06	0.14	0.16	0.17	0.17	0.05	0.16	0.20	0.14	0.11	0.26	0.20	0.24	0.24	0.17	0.16	0.24	0.23	0.20	0.20	0.21	0.17	0.34	0.22	0.10	0.15
Frequency of Selected Procedures (FSP)– Hysterectomy , abdominal /1000 MM 45-64 F	NA	NA	0.47	0.27	0.28	0.25	0.31	0.16	0.12	0.26	0.25	0.15	0.27	0.24	0.15	0.27	0.27	0.22	0.26	0.31	0.24	0.28	0.20	0.21	0.32	0.36	0.12	0.21
Frequency of Selected Procedures (FSP)– Hysterectomy , vaginal /1000 MM 45-64 F	NA	NA	0.00	0.15	0.11	0.16	0.02	0.00	0.02	0.20	0.23	0.05	0.19	0.11	0.15	0.27	0.17	0.13	0.17	0.20	0.17	0.17	0.12	0.11	0.17	0.15	0.06	0.09
Frequency of Selected Procedures (FSP)– Cholecystectomy , open /1000 MM 30-64 M	NA	NA	0.00	0.04	0.02	0.04	0.02	0.05	0.02	0.03	0.02	0.01	0.07	0.04	0.02	0.06	0.03	0.01	0.04	0.03	0.02	0.04	0.03	0.02	0.05	0.00	0.02	0.02
Frequency of Selected Procedures (FSP)– Cholecystectomy , open /1000 MM 45-64 F	NA	NA	0.00	0.51	0.04	0.02	0.05	0.02	0.02	0.02	0.00	0.02	0.08	0.04	0.02	0.04	0.03	0.01	0.03	0.04	0.04	0.04	0.03	0.03	0.05	0.09	0.02	0.02
Frequency of Selected Procedures (FSP)– Laparoscopic/1000 MM 30-64 M	NA	NA	0.44	0.19	0.20	0.14	0.06	0.04	0.09	0.12	0.07	0.08	0.29	0.24	0.17	0.15	0.14	0.13	0.23	0.21	0.20	0.22	0.19	0.13	0.18	0.19	0.10	0.16
Frequency of Selected Procedures (FSP)– Laparoscopic/1000 MM 45-64 F	NA	NA	0.23	0.51	0.49	0.41	0.19	0.30	0.07	0.24	0.38	0.25	0.55	0.53	0.43	0.56	0.27	0.43	0.51	0.53	0.43	0.42	0.36	0.33	0.32	0.60	0.45	0.34
Frequency of Selected Procedures (FSP)– Back Surgery /1000 MM 45-64 F	NA	NA	0.23	0.53	0.50	0.40	0.59	0.33	0.69	0.14	0.05	0.12	0.86	0.72	0.65	0.58	0.46	0.54	0.62	0.69	0.67	0.54	0.55	0.61	0.39	0.54	0.82	0.53
Frequency of Selected Procedures (FSP)– Back Surgery /1000 MM 45-64 M	NA	NA	0.34	0.42	0.50	0.36	0.50	0.56	0.45	0.16	0.15	0.16	0.84	0.72	0.66	0.68	0.71	0.57	0.82	0.77	0.65	0.70	0.63	0.54	0.39	0.47	0.47	0.47
Frequency of Selected Procedures (FSP)– Mastectomy /1000 MM 15-44 F	NA	NA	0.00	0.03	0.04	0.03	0.00	0.00	0.01	0.00	0.00	0.02	0.02	0.04	0.04	0.04	0.05	0.07	0.02	0.04	0.03	0.03	0.03	0.02	0.04	0.00	0.05	0.03
Frequency of Selected Procedures (FSP)– Mastectomy /1000 MM 45-64 F	NA	NA	0.23	0.18	0.12	0.09	0.02	0.02	0.05	0.15	0.09	0.09	0.08	0.10	0.13	0.06	0.11	0.14	0.11	0.12	0.11	0.13	0.10	0.07	0.07	0.10	0.13	0.11
Frequency of Selected Procedures (FSP)– Lumpectomy /1000 MM 15-44 F	NA	NA	0.08	0.09	0.10	0.10	0.05	0.06	0.12	0.06	0.04	0.09	0.12	0.10	0.09	0.12	0.13	0.12	0.12	0.13	0.12	0.11	0.10	0.08	0.08	0.08	0.10	0.10
Frequency of Selected Procedures (FSP)– Lumpectomy /1000 MM 45-64 F	NA	NA	0.59	0.33	0.34	0.30	0.19	0.14	0.12	0.41	0.28	0.33	0.37	0.26	0.25	0.36	0.45	0.59	0.32	0.35	0.32	0.29	0.33	0.20	0.37	0.31	0.37	0.34

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TABLE A—HealthChoice Organizations HEDIS 2019 Results (page 4 of 4)

HEDIS 2019 Results	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2019
HealthChoice Organizations	ABH			ACC			JMS			KPMAS			MPC			MSFC			PPMCO			UHC			UMHP			MARR
Inpatient Utilization - General Hospital Acute Care (IPU)– Total Inpatient: Total Discharges /1000 MM	NA	NA	6.01	5.23	5.05	4.58	9.53	9.19	8.83	5.33	5.62	5.27	6.58	6.46	6.44	6.83	6.56	6.35	6.49	6.81	6.20	4.91	5.58	4.21	6.91	7.20	7.03	6.10
Inpatient Utilization - General Hospital Acute Care (IPU)– Total Inpatient: Total Average Length of Stay	NA	NA	4.22	4.17	4.21	4.34	4.47	4.64	4.80	3.36	3.45	3.31	3.87	2.53	4.54	4.18	4.78	4.22	4.09	4.44	4.21	4.44	4.4	4.68	3.51	3.54	3.62	4.22
Antibiotic Utilization (ABX)– Average Scripts PMPY for Antibiotics	NA	NA	0.62	0.84	0.79	0.76	0.79	0.80	0.74	0.58	0.60	0.57	1.09	1.01	1.00	0.90	0.86	0.84	0.98	0.93	0.90	0.91	0.85	0.80	0.86	0.81	0.80	0.78
Antibiotic Utilization (ABX)– Average Days Supplied per Antibiotic Script	NA	NA	8.54	9.28	9.26	9.25	8.67	7.74	8.51	9.29	9.28	9.36	9.30	9.24	9.19	8.94	8.86	8.90	9.32	9.34	9.31	9.09	9.25	9.21	9.32	9.22	9.13	9.04
Antibiotic Utilization (ABX)– Average Scripts PMPY for Antibiotics of Concern	NA	NA	0.26	0.34	0.31	0.28	0.26	0.26	0.25	0.22	0.22	0.20	0.45	0.41	0.40	0.36	0.33	0.32	0.40	0.37	0.35	0.40	0.35	0.33	0.38	0.34	0.32	0.30
Antibiotic Utilization (ABX)– Percentage of Antibiotics of Concern of all Antibiotics	NA	NA	41.2%	40.4%	38.8%	37.6%	33.1%	32.5%	33.5%	38.2%	35.9%	35.8%	41.3%	40.4%	40.1%	40.5%	39.0%	37.6%	41.5%	39.3%	38.9%	43.7%	41.6%	40.9%	44.3%	42.2%	40.4%	38.4%
Use of Opioids at High Dosage (UOD) <sup>23</sup>	NA	NA	NA <sup>1</sup>	NA	76.0	5.5	NA	38.6	3.5	NA	22.4	2.7	NA	119.9	9.8	NA	76.2	7.0	NA	105.1	9.9	NA	72.2	4.9	NA	135.3	11.7	6.9
Use of Opioids From Multiple Providers (UOP) - Multiple Prescribers <sup>23</sup>	NA	NA	23.8	NA	313.3	28.4	NA	267.5	22.1	NA	262.8	25.7	NA	195.7	19.6	NA	387.5	41.6	NA	329.4	31.0	NA	250	27.8	NA	321.1	30.4	27.8
Use of Opioids From Multiple Providers (UOP) - Multiple Pharmacies <sup>23</sup>	NA	NA	14.3	NA	109.1	7.1	NA	126.8	9.3	NA	69.6	5.0	NA	0	0	NA	105.9	9.3	NA	129.3	11.0	NA	62.3	6.8	NA	124.7	10.1	8.1
Use of Opioids From Multiple Providers (UOP) - Multiple Prescribers and Multiple Pharmacies <sup>23</sup>	NA	NA	7.1	NA	69.4	4.3	NA	93.9	6.3	NA	39.0	3.7	NA	0	0	NA	80.0	7.4	NA	88.4	7.2	NA	35.4	4.0	NA	89.4	6.4	5.2
Observed Readmission Rate Total (PCR)	NA	NA	0.00%	NA	16.50%	14.5%	NA	15.60%	13.0%	NA	NA	11.3%	NA	16.60%	16.2%	NA	12.60%	14.0%	NA	17.00%	13.6%	NA	14.50%	10.9%	NA	17.80%	17.4%	12.3%
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) <sup>2</sup>	NA	NA	0.00%	3.0%	2.1%	1.0%	2.0%	2.0%	0.9%	0.1%	0.0%	0.0%	1.8%	1.4%	1.2%	1.3%	1.1%	0.4%	2.0%	1.4%	1.1%	3.0%	2.5%	1.4%	1.9%	1.3%	1.5%	0.84%
Well-Child Visits in the First 15 months of Life (W15)– MDH Five visits	NA	NA	NA	21.30%	16.79%	13.73%	9.94%	10.85%	13.13%	21.74%	11.44%	8.33%	15.05%	13.38%	16.09%	12.40%	13.22%	13.11%	21.40%	19.70%	18.31%	16.72%	15.09%	16.06%	21.41%	13.38%	15.57%	14.29%

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Table A1—Health Plan Descriptive Information

	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP
Board Certification (BCR) – Family Medicine: Number of Physicians	315	935	80	222	579	320	625	1985	744
Board Certification (BCR) – Family Medicine: Number Board Certified	209	546	65	205	460	234	568	1432	565
Board Certification (BCR) – Family Medicine: Percent Board Certified	66.35%	58.40%	81.25%	92.34%	79.45%	73.13%	90.88%	72.14%	75.94%
Board Certification (BCR) – Internal Medicine: Number of Physicians	512	3271	616	351	1446	492	990	4455	893
Board Certification (BCR) – Internal Medicine: Number Board Certified	376	2278	534	317	1172	358	824	3284	711
Board Certification (BCR) – Internal Medicine: Percent Board Certified	73.44%	69.64%	86.69%	90.31%	81.05%	72.76%	83.23%	73.71%	79.62%
Board Certification (BCR) – OB/GYN: Number of Physicians	379	761	163	182	580	158	838	1235	670
Board Certification (BCR) – OB/GYN: Number Board Certified	272	610	163	160	472	85	791	1030	454
Board Certification (BCR) – OB/GYN: Percent Board Certified	71.77%	80.16%	100.00%	87.91%	81.38%	53.80%	94.39%	83.40%	67.76%
Board Certification (BCR) – Pediatrician: Number of Physicians	297	1690	217	110	1128	330	880	2028	658
Board Certification (BCR) – Pediatrician: Number Board Certified	224	1364	197	98	949	225	849	1650	499
Board Certification (BCR) – Pediatrician: Percent Board Certified	75.42%	80.71%	90.78%	89.09%	84.13%	68.18%	96.48%	81.36%	75.84%
Board Certification (BCR) – Geriatricians: Number of Physicians	30	134	39	4	34	8	59	168	37
Board Certification (BCR) – Geriatricians: Number Board Certified	24	85	35	4	30	7	52	98	27
Board Certification (BCR) – Geriatricians: Percent Board Certified	80.00%	63.43%	89.74%	100.00%	88.24%	87.50%	88.14%	58.33%	72.97%
Board Certification (BCR) – Other Specialists: Number of Physicians	1324	5697	1935	1112	5477	2255	13066	9665	4410
Board Certification (BCR) – Other Specialists: Number Board Certified	1073	4469	1705	1046	4768	1556	12407	7502	2515
Board Certification (BCR) – Other Specialists: Percent Board Certified	81.04%	78.44%	88.11%	94.06%	87.05%	69.00%	94.96%	77.62%	57.03%
Enrollment by Product Line (ENP) – Shows only total member months for Female	48208	1760498	145883	418574	1410508	584457	1958070	957583	262781
Enrollment by Product Line (ENP) – Shows only total member months for Male	47970	1514373	168069	361498	1159165	497732	1594966	836493	273952
Enrollment by Product Line (ENP) – Shows only total member months Total	96178	3274871	313952	780072	2569673	1082189	3553036	1794076	536733
Enrollment by State (EBS) – Maryland Only	16656	272034	26833	63670	214656	91452	299480	146338	48131

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	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP
Language Diversity (LDM) – Spoken - English Number	0	16	0	66776	250453	0	0	53392	0
Language Diversity (LDM) – Spoken - English Percent	0.00%	0.00%	0.00%	84.86%	96.45%	0.00%	0.00%	29.35%	0.00%
Language Diversity (LDM) – Spoken - Non-English Number	0	16066	0	10059	3403	0	0	4373	0
Language Diversity (LDM) – Spoken - Non-English Percent	0.00%	4.98%	0.00%	12.78%	1.31%	0.00%	0.00%	2.40%	0.00%
Language Diversity (LDM) – Spoken - Unknown Number	21966	306678	33369	1828	5810	115528	356354	124146	63089
Language Diversity (LDM) – Spoken - Unknown Percent	100.00%	95.02%	100.00%	2.32%	2.24%	100.00%	100.00%	68.25%	100.00%
Language Diversity (LDM) – Spoken - Declined Number	0	0	0	26	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	4758	54593	0	14682	83509	28646	105129	56653	17595
Race/Ethnicity Diversity (RDM) – White / Percent	21.66%	16.91%	0.00%	18.66%	32.16%	24.80%	29.50%	31.14%	27.89%
Race/Ethnicity Diversity (RDM) – Black / Total	7174	119104	0	41764	92864	46644	122305	75244	21271
Race/Ethnicity Diversity (RDM) – Black / Percent	32.66%	36.90%	0.00%	53.07%	35.76%	40.37%	34.32%	41.36%	33.72%
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Total	0	0	0	185	0	0	2	0	0
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Percent	0.00%	0.00%	0.00%	0.24%	0.00%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – Asian / Total	1503	14475	0	6643	9759	6249	0	10920	2962
Race/Ethnicity Diversity (RDM) – Asian / Percent	6.84%	4.48%	0.00%	8.44%	3.76%	5.41%	0.00%	6.00%	4.69%
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Total	44	440	0	69	344	0	14216	337	143
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Percent	0.20%	0.14%	0.00%	0.09%	0.13%	0.00%	3.99%	0.19%	0.23%
Race/Ethnicity Diversity (RDM) – Other / Total	0	0	0	2030	870	1075	0	0	0
Race/Ethnicity Diversity (RDM) – Other / Percent	0.00%	0.00%	0.00%	2.58%	0.34%	0.93%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – 2+ Races / Total	0	0	0	451	0	0	0	0	0
Race/Ethnicity Diversity (RDM) – 2+ Races / Percent	0.00%	0.00%	0.00%	0.57%	0.00%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – Unknown / Total	720	134148	33369	12675	72320	32607	2188	38757	625
Race/Ethnicity Diversity (RDM) – Unknown / Percent	3.28%	41.56%	100.00%	16.11%	27.85%	28.22%	0.61%	21.31%	0.99%
Race/Ethnicity Diversity (RDM) – Declined / Total	7767	0	0	190	0	307	112514	0	20493
Race/Ethnicity Diversity (RDM) – Declined / Percent	35.36%	0.00%	0.00%	0.24%	0.00%	0.27%	31.57%	0.00%	32.48%
Total Membership – Total membership numbers for each plan	21966	322760	33369	78689	259666	115528	356354	181911	63089



## 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](https://www.nhlbi.nih.gov/health/educational/lose_wt/risk.htm)*

##### Summary of Changes to HEDIS 2019

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Adult BMI Assessment (ABA)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	82.4%	85.2%	91.0%	92.0%	94.2%	↑
JMS	98.5%	96.6%	98.0%	98.5%	99.0%	↑
KPMAS	98.4%	100.0%	98.0%	98.1%	98.0%	↑
MPC	84.9%	82.4%	89.3%	87.8%	88.8%	↑
MSFC	86.4%	90.3%	90.6%	96.2%	100.0%	↑
PPMCO	89.6%	86.1%	89.6%	91.2%	94.4%	↑
UHC	81.9%	92.7%	90.3%	93.7%	84.9%	↑
UMHP	NA□	85.4%	88.6%	92.9%	94.2%	↑
MARR	88.9%	89.8%	91.9%	93.8%	94.2%	

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

## **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)**

### **Description**

The percentage of adults 18 – 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

### **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 2019:**

- Incorporated telehealth into the measure specification.
- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Added a note to indicate that supplemental data may not be used for this measure.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	24.5%	25.9%	30.0%	31.8%	32.6%	↓
<b>JMS</b>	34.1%	33.0%	37.0%	43.6%	49.7%	↑
<b>KPMAS</b>	NA□	NA□	57.1%	71.2%	65.2%	↑
<b>MPC</b>	21.9%	19.5%	21.3%	26.5%	26.9%	↓
<b>MSFC</b>	19.9%	22.8%	20.7%	30.0%	33.4%	↓
<b>PPMCO</b>	24.4%	22.2%	25.5%	30.0%	33.8%	↑
<b>UHC</b>	23.7%	26.0%	25.9%	31.2%	36.3%	↑
<b>UMHP</b>	NA□	23.1%	25.0%	33.2%	33.3%	↓
<b>MARR</b>	24.8%	24.6%	30.3%	37.2%	38.9%	

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

## **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 2019:**

- Revised the MMR, VZV and Hep A numerators in the Administrative Specification to indicate that vaccinations administered on or between the child’s first and second birthdays meet numerator criteria.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Childhood Immunization Status (CIS) – Combination 2 (DTaP, IPV, MMR, HiB, Hep B, VZV)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	83.8%	83.1%	85.0%	85.2%	82.0%	↑
JMS	88.4%	88.7%	91.0%	85.4%	83.4%	↑
KPMAS	NA□	79.5%	73.1%	72.5%	81.5%	↑
MPC	70.8%	84.7%	79.9%	66.2%	73.2%	↑
MSFC	81.8%	85.9%	84.4%	84.2%	81.5%	↑
PPMCO	83.6%	84.5%	83.5%	79.8%	76.4%	↑
UHC	77.4%	83.5%	79.8%	74.5%	74.9%	↑
UMHP	50.0%	80.9%	80.8%	76.6%	84.7%	↑
MARR	76.5%	83.9%	82.2%	78.1%	79.7%	

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

Childhood Immunization Status (CIS) – Combination 3 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	81.9%	81.9%	83.0%	82.5%	79.6%	↑
JMS	87.6%	87.3%	88.0%	83.7%	80.5%	↑
KPMAS	NA□	78.2%	70.0%	70.3%	79.6%	↑
MPC	68.2%	82.1%	78.5%	64.5%	69.6%	↑
MSFC	79.3%	83.2%	81.8%	82.7%	78.6%	↑
PPMCO	80.1%	83.0%	82.6%	77.9%	75.2%	↑
UHC	73.7%	80.5%	77.9%	70.8%	72.7%	↑
UMHP	43.8%	80.2%	79.3%	75.2%	83.1%	↑
MARR	73.5%	82.1%	80.1%	76.0%	77.4%	

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

Childhood Immunization Status (CIS) – Combination 4 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	77.6%	78.9%	80.0%	80.1%	76.6%	↑
JMS	85.2%	86.8%	88.0%	83.3%	79.3%	↑
KPMAS	NA□	78.2%	69.5%	70.1%	79.3%	↑
MPC	64.7%	78.0%	75.7%	62.5%	66.7%	↓
MSFC	76.6%	80.5%	79.3%	81.3%	76.4%	↑
PPMCO	78.5%	79.7%	80.9%	76.4%	74.2%	↑
UHC	67.9%	75.7%	74.7%	67.4%	71.0%	↑
UMHP	43.8%	78.2%	76.6%	73.7%	82.0%	↑
MARR	70.6%	79.5%	78.1%	74.4%	75.7%	

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

Childhood Immunization Status (CIS) – Combination 5 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, RV)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	63.7%	68.3%	70.0%	69.8%	67.6%	↑
<b>JMS</b>	68.0%	76.4%	73.0%	71.2%	67.2%	↑
<b>KPMAS</b>	NA□	68.0%	55.0%	62.3%	73.5%	↑
<b>MPC</b>	57.1%	59.9%	59.5%	52.6%	58.2%	↓
<b>MSFC</b>	64.5%	67.9%	67.9%	67.9%	66.4%	↑
<b>PPMCO</b>	68.5%	69.0%	69.5%	68.1%	66.9%	↑
<b>UHC</b>	60.1%	61.6%	65.2%	57.4%	63.7%	↑
<b>UMHP</b>	37.5%	58.0%	60.6%	58.6%	64.8%	↑
<b>MARR</b>	59.9%	66.1%	65.1%	63.5%	66.1%	

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

Childhood Immunization Status (CIS) – Combination 6 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Influenza)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	53.0%	52.6%	42.0%	48.7%	49.4%	↑
<b>JMS</b>	46.8%	47.6%	57.0%	64.4%	56.4%	↑
<b>KPMAS</b>	NA□	52.6%	46.3%	55.7%	66.7%	↑
<b>MPC</b>	40.6%	41.8%	42.4%	34.1%	37.0%	↓
<b>MSFC</b>	51.6%	47.9%	49.6%	47.7%	49.6%	↑
<b>PPMCO</b>	54.2%	59.7%	48.8%	50.9%	51.6%	↑
<b>UHC</b>	48.4%	42.6%	44.8%	41.6%	41.8%	↑
<b>UMHP</b>	28.1%	41.0%	41.4%	46.7%	47.4%	↑
<b>MARR</b>	46.1%	48.2%	46.5%	48.7%	50.0%	

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

Childhood Immunization Status (CIS) – Combination 7 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	61.3%	65.7%	68.0%	67.9%	66.7%	↑
<b>JMS</b>	67.2%	76.4%	73.0%	71.2%	66.4%	↑
<b>KPMAS</b>	NA□	68.0%	55.0%	62.0%	73.2%	↑
<b>MPC</b>	55.0%	57.8%	57.9%	51.3%	56.0%	↓
<b>MSFC</b>	62.5%	65.7%	66.2%	67.2%	64.7%	↑
<b>PPMCO</b>	68.5%	67.3%	68.4%	67.4%	66.2%	↑
<b>UHC</b>	57.4%	58.9%	63.5%	55.5%	62.8%	↑
<b>UMHP</b>	37.5%	56.7%	59.6%	57.9%	64.3%	↑
<b>MARR</b>	58.5%	64.6%	64.0%	62.6%	65.0%	

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



Childhood Immunization Status (CIS) – Combination 8 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, Influenza)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	50.9%	51.4%	42.0%	47.7%	48.9%	↑
JMS	45.6%	47.2%	57.0%	64.4%	55.6%	↑
KPMAS	NA□	52.6%	46.0%	55.7%	66.4%	↑
MPC	38.5%	40.1%	41.4%	33.1%	35.5%	↓
MSFC	49.4%	47.2%	48.2%	47.5%	48.4%	↑
PPMCO	53.5%	57.5%	48.4%	50.9%	51.1%	↑
UHC	46.2%	40.9%	43.1%	40.4%	41.4%	↑
UMHP	28.1%	40.3%	40.6%	45.7%	47.0%	↑
MARR	44.6%	47.2%	45.8%	48.2%	49.3%	

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

Childhood Immunization Status (CIS) – Combination 9 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, RV, Influenza)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	43.5%	46.8%	37.0%	44.3%	44.3%	↑
JMS	36.4%	42.5%	49.0%	55.8%	49.0%	↑
KPMAS	NA□	46.2%	37.5%	49.9%	61.6%	↑
MPC	34.3%	32.5%	32.9%	27.7%	31.6%	↓
MSFC	44.3%	40.2%	43.8%	41.1%	44.5%	↑
PPMCO	48.4%	51.1%	42.6%	46.5%	46.5%	↑
UHC	41.4%	35.0%	39.7%	36.7%	39.2%	↑
UMHP	23.4%	30.0%	34.1%	37.2%	39.1%	↑
MARR	38.8%	40.5%	39.6%	42.4%	44.5%	

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

Childhood Immunization Status (CIS) – Combination 10 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV, Influenza)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	42.1%	45.6%	36.0%	43.3%	43.8%	↑
JMS	36.0%	42.5%	49.0%	55.8%	48.5%	↑
KPMAS	NA□	46.2%	37.5%	49.9%	61.3%	↑
MPC	33.0%	31.6%	32.2%	27.0%	30.2%	↓
MSFC	42.8%	39.4%	42.3%	40.9%	43.6%	↑
PPMCO	48.4%	50.0%	42.3%	46.5%	46.0%	↑
UHC	40.2%	33.8%	38.7%	35.8%	38.7%	↑
UMHP	23.4%	29.4%	33.8%	36.7%	38.9%	↑
MARR	38.0%	39.8%	39.0%	42.0%	43.9%	

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

## **Immunizations for Adolescents (IMA)**

### **Description**

The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13<sup>th</sup> 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 2019:**

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Immunizations for Adolescents (IMA) – Combination 1 (Meningococcal, Tdap/Td)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	74.8%	86.8%	88.0%	89.1%	90.3%	↑
<b>JMS</b>	76.7%	82.1%	89.0%	89.7%	91.7%	↑
<b>KPMAS</b>	NA□	82.7%	80.5%	83.7%	83.0%	↑
<b>MPC</b>	74.1%	85.4%	88.2%	84.7%	87.6%	↑
<b>MSFC</b>	72.4%	80.0%	84.2%	88.6%	89.8%	↑
<b>PPMCO</b>	74.1%	89.2%	89.1%	87.1%	91.5%	↑
<b>UHC</b>	66.2%	84.8%	86.7%	87.4%	90.8%	↑
<b>UMHP</b>	64.7%	82.7%	80.5%	87.5%	89.5%	↑
<b>MARR</b>	71.8%	84.2%	85.8%	87.2%	89.3%	

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

Immunizations for Adolescents (IMA) –Combination 2 (Meningococcal, Tdap, HPV)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>			28.9%	48.9%	49.4%	↑
<b>JMS</b>			52.7%	72.2%	65.9%	↑
<b>KPMAS</b>			26.7%	47.5%	51.6%	↑
<b>MPC</b>			21.3%	37.7%	40.9%	↑
<b>MSFC</b>			24.1%	35.5%	43.3%	↑
<b>PPMCO</b>			26.9%	38.4%	51.6%	↑
<b>UHC</b>			22.9%	36.5%	38.2%	↑
<b>UMHP</b>			17.4%	30.4%	28.5%	↓
<b>MARR</b>			27.6%	43.4%	46.2%	

NA□ 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)**

### **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 (AAP) 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 2019:**

- Clarified that children who turn 15 months old during the measurement year are included in the measure.
- Clarified in the numerator to not count visits that occur after the member's 15-month birthday.
- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that does not meet criteria for the numerator.
- Removed "Lower 95 percent confidence interval" and "Upper 95 percent confidence interval" data elements from the Data Elements for Reporting tables.

Well-Child Visits in the First 15 months of Life (W15) – No well-child visits *						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	2.1%	0.9%	1.0%	0.5%	0.6%	↓
JMS	1.9%	4.4%	5.0%	0.5%	1.0%	↓
KPMAS	NA□	2.0%	3.6%	2.0%	0.3%	↓
MPC	1.6%	1.2%	1.4%	2.0%	0.6%	↓
MSFC	3.5%	3.5%	3.2%	2.0%	1.2%	↓
PPMCO	1.6%	1.5%	1.5%	5.0%	2.4%	↑
UHC	0.9%	2.5%	0.3%	2.4%	1.5%	↓
UMHP	10.9%	8.5%	8.5%	2.0%	1.9%	↓
MARR	3.2%	3.1%	3.1%	2.1%	1.2%	

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

2 A lower rate indicates better performance.

Well-Child Visits in the First 15 months of Life (W15) – MDH Five or more visits (constructed by combining HEDIS rates for five and six-or-more visits)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	85.1%	88.9%	88.7%	88.8%	84.2%	
JMS	81.6%	82.4%	80.7%	85.9%	80.8%	
KPMAS	NA□	78.2%	78.4%	86.9%	89.6%	
MPC	84.9%	85.9%	83.6%	84.2%	84.8%	
MSFC	82.8%	82.7%	82.7%	86.5%	80.8%	
PPMCO	81.9%	82.2%	82.0%	76.5%	81.2%	
UHC	83.6%	87.2%	87.1%	87.6%	85.2%	
UMHP	56.6%	67.0%	74.2%	81.0%	82.0%	
MARR	79.5%	81.8%	82.2%	84.7%	83.6%	

NA□ 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) – MDH Six or more visits						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC		74.3%	67.4%	72.0%	70.4%	↑
JMS		72.3%	70.8%	75.0%	67.7%	↑
KPMAS		49.5%	56.7%	75.4%	81.3%	↑
MPC		73.8%	68.5%	70.8%	68.7%	↑
MSFC		66.8%	70.4%	73.3%	67.7%	↑
PPMCO		61.3%	60.6%	56.8%	62.8%	↓
UHC		72.5%	70.4%	72.5%	69.1%	↑
UMHP		48.7%	52.8%	67.6%	66.4%	↑
MARR		64.9%	64.7%	70.4%	69.3%	

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

## **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 AAP 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 2019:**

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that does not meet criteria for the numerator.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)						
	2015	2016	2017	2018	2019	NHM
ABH					64.0%	↓
ACC	83.7%	85.8%	88.0%	88.8%	87.5%	↑
JMS	90.6%	90.9%	90.0%	91.3%	90.5%	↑
KPMAS	84.6%	82.6%	79.6%	77.6%	85.0%	↑
MPC	87.0%	88.7%	79.9%	76.6%	71.8%	↓
MSFC	86.7%	85.5%	79.5%	77.1%	76.7%	↑
PPMCO	86.8%	85.2%	81.0%	85.6%	80.3%	↑
UHC	79.2%	80.7%	82.6%	81.5%	83.7%	↑
UMHP	57.4%	62.3%	69.8%	70.3%	81.9%	↑
MARR	82.0%	82.7%	81.3%	81.1%	80.1%	

## 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 AA{ 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/state-health-system-performance/prevention-and-treatment/adolescent-well-care/index.html>*

### Summary of Changes to HEDIS 2019:

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added a *Note* that includes examples of documentation that does not meet criteria for the numerator.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Adolescent Well-Care Visits (AWC)						
	2015	2016	2017	2018	2019	NHM
ABH					43.8%	↓
ACC	64.7%	67.9%	69.0%	73.0%	73.7%	↑
JMS	80.3%	82.6%	84.0%	80.7%	77.4%	↑
KPMAS	63.5%	57.1%	56.0%	59.1%	64.8%	↑
MPC	68.3%	73.2%	72.7%	54.7%	57.2%	↑
MSFC	61.2%	64.0%	55.8%	59.7%	53.5%	↑
PPMCO	68.8%	72.8%	64.4%	65.7%	57.4%	↑
UHC	58.5%	64.8%	62.6%	63.8%	65.0%	↑
UMHP	31.8%	42.6%	52.6%	56.7%	61.7%	↑
MARR	62.1%	65.6%	64.6%	64.2%	61.6%	



## **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/ReportMeasure?measureId=2509](https://cmit.cms.gov/CMIT_public/ReportMeasure?measureId=2509)*

### **Summary of Changes to HEDIS 2019:**

- Clarified in the *Notes* that services rendered for obesity or eating disorders may be used to meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – BMI Percentile- Total Rate						
	2015	2016	2017	2018	2019	NHM
ABH					65.6%	↓
ACC	60.9%	56.4%	73.0%	73.2%	71.8%	↓
JMS	94.7%	92.7%	92.0%	95.9%	96.4%	↑
KPMAS	99.0%	98.6%	100.0%	100.0%	99.0%	↑
MPC	58.3%	56.7%	60.8%	53.0%	62.0%	↓
MSFC	67.3%	62.4%	74.7%	81.1%	88.9%	↑
PPMCO	72.5%	70.1%	68.5%	76.4%	72.3%	↓
UHC	57.9%	61.0%	76.5%	75.7%	76.6%	↑
UMHP	41.5%	32.1%	54.5%	68.1%	78.9%	↑
MARR	69.0%	66.3%	75.0%	77.9%	79.0%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – Counseling for Nutrition – Total Rate						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					75.0%	↑
<b>ACC</b>	71.5%	66.0%	79.0%	75.7%	77.6%	↑
<b>JMS</b>	97.6%	97.6%	95.0%	97.6%	95.1%	↑
<b>KPMAS</b>	98.1%	94.5%	94.3%	100.0%	100.0%	↑
<b>MPC</b>	66.4%	66.7%	64.0%	62.3%	63.2%	↓
<b>MSFC</b>	72.9%	73.5%	71.9%	85.3%	82.6%	↑
<b>PPMCO</b>	73.6%	74.3%	73.4%	73.7%	69.6%	↑
<b>UHC</b>	64.5%	69.5%	76.0%	77.1%	77.4%	↑
<b>UMHP</b>	50.8%	36.7%	63.8%	67.6%	79.1%	↑
<b>MARR</b>	74.4%	72.4%	77.2%	79.9%	80.0%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – Counseling for Physical Activity – Total Rate						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					71.9%	↑
<b>ACC</b>	61.3%	58.1%	72.0%	68.1%	70.6%	↑
<b>JMS</b>	91.2%	93.4%	91.0%	96.6%	94.6%	↑
<b>KPMAS</b>	98.1%	94.5%	100.0%	100.0%	100.0%	↑
<b>MPC</b>	60.0%	63.9%	56.8%	53.0%	60.2%	↓
<b>MSFC</b>	67.8%	65.5%	69.9%	80.2%	78.1%	↑
<b>PPMCO</b>	70.1%	70.1%	67.4%	66.2%	65.0%	↑
<b>UHC</b>	63.0%	62.8%	70.9%	71.8%	71.3%	↑
<b>UMHP</b>	43.1%	30.4%	53.8%	62.0%	75.0%	↑
<b>MARR</b>	69.3%	67.3%	72.7%	74.7%	76.3%	

## Appropriate Testing for Children with Pharyngitis (CWP)

### Description

The percentage of children 3 – 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance, (i.e., appropriate testing).

### 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 2019:

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Appropriate Testing for Children with Pharyngitis (CWP)						
	2015	2016	2017	2018	2019	NHM
ABH					80.0%	↑
ACC	79.8%	82.4%	81.0%	79.6%	86.2%	↑
JMS	80.2%	85.6%	83.0%	92.2%	84.9%	↑
KPMAS	NA□	98.3%	93.4%	91.9%	96.1%	↑
MPC	82.9%	86.3%	88.3%	87.7%	89.0%	↑
MSFC	90.5%	94.5%	92.2%	93.7%	95.1%	↑
PPMCO	83.1%	85.9%	86.0%	86.2%	88.4%	↑
UHC	86.0%	86.6%	87.8%	89.3%	89.6%	↑
UMHP	76.4%	87.1%	84.0%	86.7%	84.0%	↑
MARR	82.7%	88.3%	87.0%	88.4%	88.2%	

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

## **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](https://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm)

### **Summary of Changes to HEDIS 2019:**

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for reporting tables.

Lead Screening in Children (LSC)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	77.1%	79.4%	80.0%	80.0%	82.0%	↑
<b>JMS</b>	87.2%	92.1%	91.0%	88.6%	90.9%	↑
<b>KPMAS</b>	NA□	64.5%	66.1%	68.5%	83.5%	↑
<b>MPC</b>	70.0%	73.8%	72.2%	74.7%	80.1%	↑
<b>MSFC</b>	88.6%	82.6%	84.8%	83.0%	84.4%	↑
<b>PPMCO</b>	71.9%	75.7%	78.6%	80.1%	80.5%	↑
<b>UHC</b>	68.6%	74.9%	73.0%	72.0%	76.7%	↑
<b>UMHP</b>	53.1%	67.7%	70.6%	74.5%	83.9%	↑
<b>MARR</b>	73.8%	76.3%	77.0%	77.7%	82.8%	

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

## **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 2019:**

- Added a note to indicate that supplemental data can be used for only required exclusions for this measure.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)*						
	2015	2016	2017	2018	2019	NHM
ABH					0.0%	↓
ACC	5.3%	3.9%	3.0%	2.1%	1.0%	↓
JMS	2.1%	1.9%	2.0%	2.0%	0.9%	↓
KPMAS	1.0%	0.6%	0.1%	0.0%	0.0%	↓
MPC	4.2%	2.0%	1.8%	1.4%	1.2%	↓
MSFC	2.9%	1.9%	1.3%	1.1%	0.4%	↓
PPMCO	3.7%	2.4%	2.0%	1.4%	1.1%	↓
UHC	5.8%	3.2%	3.0%	2.5%	1.4%	↓
UMHP	5.2%	4.0%	1.9%	1.3%	1.5%	↑
MARR	3.9%	2.5%	1.9%	1.5%	0.8%	

<sup>2</sup> 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 2019:

- Incorporated telehealth into the measure specifications.
- Removed “Mast cell stabilizers” from the Asthma Controller Medications List.
- Revised step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.
- Removed “Lower 95 percent confidence interval” and “Upper 95percent confidence interval” data elements from the Data Elements for Reporting tables.

Medication Management for People With Asthma (MMA) – Total 50% of treatment period						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	48.8%	48.5%	47.0%	50.0%	54.7%	↓
JMS	59.6%	73.9%	77.0%	75.0%	74.1%	↑
KPMAS	NA□	NA□	50.5%	61.5%	56.4%	↓
MPC	57.9%	61.5%	64.4%	60.5%	57.4%	↓
MSFC	49.9%	48.8%	50.1%	53.7%	53.4%	↓
PPMCO	44.5%	46.8%	48.1%	49.6%	51.8%	↓
UHC	48.4%	54.0%	53.6%	55.7%	57.1%	↓
UMHP	NA□	64.5%	55.9%	59.9%	71.6%	↑
MARR	51.5%	56.9%	55.8%	58.2%	59.6%	

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

Medication Management for People With Asthma (MMA) – Total 75% of treatment period						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	23.2%	25.1%	21.0%	23.8%	26.2%	↓
<b>JMS</b>	34.8%	51.4%	52.0%	51.0%	47.1%	↑
<b>KPMAS</b>	NA□	NA□	28.4%	33.3%	30.3%	↓
<b>MPC</b>	34.0%	35.6%	38.3%	34.1%	33.8%	↓
<b>MSFC</b>	24.1%	25.8%	25.2%	29.4%	29.2%	↓
<b>PPMCO</b>	20.5%	23.7%	24.5%	25.2%	27.7%	↓
<b>UHC</b>	25.2%	28.5%	28.4%	31.5%	33.1%	↓
<b>UMHP</b>	NA□	48.4%	31.2%	34.8%	41.9%	↑
<b>MARR</b>	27.0%	34.1%	31.1%	32.9%	33.7%	

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



## **Appropriate Treatment for Children with Upper Respiratory Infection (URI)**

### **Description**

The percentage of children 3 months – 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

### **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 2019:**

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Added a note to indicate that supplemental data may not be used for this measure.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Appropriate Treatment for Children with Upper Respiratory Infection (URI)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	88.0%	89.4%	91.0%	92.0%	93.9%	↑
<b>JMS</b>	92.4%	97.1%	97.0%	98.0%	96.7%	↑
<b>KPMAS</b>	NA□	97.5%	97.2%	98.1%	96.8%	↑
<b>MPC</b>	85.6%	88.7%	88.7%	88.6%	89.6%	↑
<b>MSFC</b>	89.5%	90.0%	92.2%	91.5%	93.6%	↑
<b>PPMCO</b>	89.0%	90.6%	90.8%	92.0%	93.9%	↑
<b>UHC</b>	85.2%	88.8%	89.6%	90.1%	92.5%	↑
<b>UMHP</b>	86.4%	85.5%	88.0%	87.7%	92.2%	↑
<b>MARR</b>	88.0%	91.0%	91.8%	92.3%	93.7%	

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

## **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.

*National Center for Biotechnology Information (NCBI). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011648/>*

### **Summary of Changes to HEDIS 2019:**

- Incorporated telehealth into the measure specifications.
- Added instructions in step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.
- Removed “Mast cell stabilizers” from the Asthma Controller Medications List.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Asthma Medication Ratio (AMR)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	56.5%	63.0%	67.0%	63.2%	65.5%	↑
JMS	56.5%	61.9%	70.0%	70.7%	73.0%	↑
KPMAS	NA□	NA□	72.6%	77.9%	74.0%	↑
MPC	65.0%	64.0%	63.6%	63.1%	58.0%	↓
MSFC	68.1%	69.3%	67.9%	64.6%	61.8%	↑
PPMCO	63.8%	64.7%	62.2%	58.9%	60.2%	↓
UHC	63.4%	64.0%	63.6%	62.7%	62.4%	↑
UMHP	NA□	52.4%	47.3%	60.1%	57.1%	↓
MARR	62.2%	62.8%	64.3%	65.2%	64.0%	

NA□ 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 2019:

- Incorporated telehealth into the measure specifications.
- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	23.6%	30.0%	30.0%	30.5%	28.8%	↓
JMS	32.6%	34.9%	32.0%	40.7%	14.4%	↓
KPMAS	NA□	NA□	50.0%		29.5%	↓
MPC	20.8%	25.5%	31.5%	32.0%	30.6%	↓
MSFC	29.2%	30.8%	40.7%	38.9%	38.5%	↑
PPMCO	27.2%	28.0%	29.9%	31.1%	31.8%	↑
UHC	25.6%	31.2%	32.9%	32.2%	31.4%	↓
UMHP	NA□	NA□	37.5%	36.9%	33.3%	↑
MARR	26.5%	30.1%	35.6%	34.6%	29.8%	

NA□ 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, 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 2019:**

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Removed “Betamethasone” from the list of prescriptions for Glucocorticoids in the Systemic Corticosteroid Medications List.
- Removed Methylxanthines from the Bronchodilator Medications List.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Pharmacotherapy Management of COPD Exacerbation (PCE) – Systemic Corticosteroid Rate						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	69.0%	70.3%	68.0%	68.2%	66.1%	↓
<b>JMS</b>	73.6%	73.3%	65.0%	68.4%	67.6%	↓
<b>KPMAS</b>	NA□	NA□	55.2%	78.6%	83.8%	↑
<b>MPC</b>	72.1%	74.4%	73.9%	70.8%	71.9%	↑
<b>MSFC</b>	72.2%	71.0%	71.6%	74.8%	72.1%	↑
<b>PPMCO</b>	69.7%	75.7%	66.7%	61.8%	71.2%	↑
<b>UHC</b>	73.0%	70.2%	65.0%	69.0%	61.6%	↓
<b>UMHP</b>	78.1%	70.3%	80.7%	78.2%	71.0%	↑
<b>MARR</b>	72.5%	72.2%	68.3%	71.2%	70.7%	

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

Pharmacotherapy Management of COPD Exacerbation (PCE) – Bronchodilator Rate						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	84.8%	84.9%	81.0%	82.3%	83.5%	↑
<b>JMS</b>	85.4%	88.6%	86.0%	87.9%	88.3%	↑
<b>KPMAS</b>	NA□	NA□	75.9%	83.3%	94.6%	↑
<b>MPC</b>	85.1%	87.4%	86.9%	85.8%	87.2%	↑
<b>MSFC</b>	92.4%	84.5%	87.3%	88.7%	89.0%	↑
<b>PPMCO</b>	85.0%	83.7%	81.5%	80.9%	84.8%	↑
<b>UHC</b>	86.3%	80.8%	81.5%	80.4%	79.0%	↓
<b>UMHP</b>	81.3%	86.1%	89.3%	88.7%	88.2%	↑
<b>MARR</b>	85.8%	85.1%	83.7%	84.8%	86.8%	

NA□ 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 2019:**

- Removed “Lower 95% confidence interval” and “Upper 95% confidence interval” data elements from the Data Elements for Reporting tables.

Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12–24 months						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					87.2%	↓
<b>ACC</b>	97.7%	97.9%	98.0%	97.5%	97.3%	↑
<b>JMS</b>	96.2%	91.5%	93.0%	92.5%	94.3%	↓
<b>KPMAS</b>	100.0%	91.3%	92.5%	95.7%	96.4%	↑
<b>MPC</b>	96.9%	97.2%	96.4%	96.1%	97.4%	↑
<b>MSFC</b>	93.9%	95.3%	94.3%	95.5%	95.7%	↑
<b>PPMCO</b>	97.6%	97.8%	97.0%	93.6%	97.0%	↑
<b>UHC</b>	96.6%	97.0%	96.2%	96.8%	96.7%	↑
<b>UMHP</b>	87.8%	84.9%	89.2%	94.0%	96.0%	↑
<b>MARR</b>	95.8%	94.1%	94.6%	95.2%	95.3%	

Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 25 months–6 years						
	2015	2016	2017	2018	2019	NHM
ABH					75.9%	↓
ACC	93.1%	94.1%	93.0%	93.5%	93.9%	↑
JMS	91.8%	93.0%	92.0%	91.8%	91.1%	↑
KPMAS	98.0%	89.1%	87.5%	86.3%	91.4%	↑
MPC	90.3%	91.6%	90.8%	88.7%	89.8%	↑
MSFC	88.4%	90.0%	87.6%	86.9%	88.3%	↑
PPMCO	93.3%	94.2%	93.1%	89.5%	91.2%	↑
UHC	91.3%	92.6%	92.0%	90.5%	90.3%	↑
UMHP	69.4%	77.5%	83.5%	83.4%	86.7%	↑
MARR	89.5%	90.3%	89.9%	88.8%	88.7%	

Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 7–11 years						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	95.3%	96.1%	96.0%	96.0%	95.8%	↑
JMS	92.7%	93.8%	94.0%	94.3%	92.1%	↑
KPMAS	98.4%	98.1%	92.5%	91.7%	91.9%	↑
MPC	92.6%	93.5%	94.0%	92.4%	92.3%	↑
MSFC	92.6%	92.0%	92.8%	91.9%	91.6%	↑
PPMCO	94.4%	95.3%	95.4%	90.9%	93.1%	↑
UHC	93.6%	94.4%	94.8%	93.9%	93.3%	↑
UMHP	NA□	76.8%	83.5%	84.3%	83.6%	↓
MARR	94.2%	92.5%	92.9%	91.9%	91.7%	

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

Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12–19 years						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	91.9%	93.0%	94.0%	93.6%	94.0%	↑
JMS	92.9%	94.2%	95.0%	93.8%	92.6%	↑
KPMAS	94.2%	96.6%	91.5%	90.4%	90.0%	↑
MPC	89.7%	91.6%	91.8%	89.9%	89.8%	↑
MSFC	91.7%	90.6%	90.7%	89.2%	89.5%	↑
PPMCO	92.5%	93.7%	94.1%	89.6%	91.2%	↑
UHC	90.9%	92.1%	93.4%	92.1%	90.9%	↑
UMHP	NA□	75.2%	85.0%	83.5%	84.2%	↓
MARR	92.0%	90.9%	91.9%	90.3%	90.3%	

NA□ 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 2019:**

- Incorporated telehealth into the measure specification.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Adults' Access to Preventive/Ambulatory Health Services (AAP) – Age 20–44 years						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					56.5%	↓
<b>ACC</b>	79.4%	79.7%	76.0%	74.3%	74.7%	↓
<b>JMS</b>	71.0%	69.3%	68.0%	64.4%	64.4%	↓
<b>KPMAS</b>	92.9%	82.7%	75.3%	73.7%	74.7%	↓
<b>MPC</b>	80.9%	82.8%	79.9%	75.7%	76.0%	↓
<b>MSFC</b>	76.3%	75.8%	72.5%	71.1%	72.8%	↓
<b>PPMCO</b>	82.3%	82.6%	80.4%	76.5%	78.4%	↑
<b>UHC</b>	80.0%	79.0%	76.7%	75.1%	75.5%	↓
<b>UMHP</b>	63.6%	69.3%	65.4%	65.6%	67.8%	↓
<b>MARR</b>	78.3%	77.7%	74.3%	72.1%	71.2%	



Adults' Access to Preventive/Ambulatory Health Services (AAP) – Age 45–64 years						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					68.4%	↓
<b>ACC</b>	86.7%	88.2%	86.0%	84.6%	84.5%	↓
<b>JMS</b>	86.8%	87.8%	86.0%	83.7%	83.0%	↓
<b>KPMAS</b>	95.7%	87.0%	82.1%	81.5%	82.9%	↓
<b>MPC</b>	87.4%	89.4%	87.3%	85.1%	84.7%	↓
<b>MSFC</b>	85.1%	85.7%	83.2%	81.9%	83.5%	↓
<b>PPMCO</b>	89.0%	90.0%	88.4%	86.0%	87.0%	↑
<b>UHC</b>	88.0%	88.0%	86.7%	86.1%	86.3%	↑
<b>UMHP</b>	75.9%	79.6%	77.5%	77.9%	79.1%	↓
<b>MARR</b>	86.8%	87.0%	84.7%	83.4%	82.2%	

## 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 2019:

- Added methods to identify bilateral mastectomy for the optional exclusion.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Breast Cancer Screening (BCS)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	66.0%	65.9%	66.0%	69.2%	69.2%	↑
JMS	72.1%	72.6%	74.0%	77.5%	75.8%	↑
KPMAS	87.2%	88.5%	87.9%	81.5%	79.7%	↑
MPC	65.9%	72.1%	68.2%	59.2%	55.6%	↓
MSFC	63.4%	66.0%	65.5%	67.1%	69.0%	↑
PPMCO	62.5%	68.3%	69.2%	68.5%	69.5%	↑
UHC	58.1%	62.3%	60.2%	59.9%	59.4%	↑
UMHP	NA□	63.8%	67.3%	74.9%	76.3%	↑
MARR	67.9%	69.9%	69.8%	69.7%	69.3%	

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

## **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 every three years.
2. Women age 30 – 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five 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 human papillomavirus (HPV) 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 HPV 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 2019:**

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Cervical Cancer Screening (CCS)						
	2015	2016	2017	2018	2019	NHM
ABH					29.9%	↓
ACC	67.8%	67.5%	66.0%	62.5%	67.9%	↑
JMS	66.8%	77.3%	73.0%	76.8%	74.3%	↑
KPMAS	90.8%	79.2%	79.2%	80.4%	88.0%	↑
MPC	65.8%	65.2%	66.3%	56.7%	63.5%	↑
MSFC	66.2%	61.5%	55.9%	54.3%	60.9%	↑
PPMCO	74.4%	69.3%	64.7%	64.0%	66.9%	↑
UHC	58.8%	60.1%	68.6%	59.6%	58.9%	↓
UMHP	35.5%	41.1%	45.3%	45.3%	49.9%	↓
MARR	65.8%	65.2%	64.9%	62.5%	62.2%	

## **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 2019:**

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Chlamydia Screening in Women (CHL) – Age 16–20 years						
	2015	2016	2017	2018	2019	NHM
ABH					65.4%	↑
ACC	61.4%	61.0%	62.0%	63.9%	65.0%	↑
JMS	87.6%	87.6%	89.0%	91.0%	87.6%	↑
KPMAS	76.9%	69.2%	69.8%	71.3%	74.5%	↑
MPC	58.9%	56.8%	57.6%	56.4%	57.8%	↑
MSFC	57.2%	52.2%	56.0%	59.1%	61.0%	↑
PPMCO	59.2%	57.5%	60.0%	60.7%	60.2%	↑
UHC	55.2%	52.1%	56.0%	57.4%	59.4%	↑
UMHP	61.1%	49.5%	50.1%	55.1%	54.6%	↑
MARR	64.7%	60.7%	62.6%	64.4%	65.1%	

Chlamydia Screening in Women (CHL) – Age 21–24 years						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					63.0%	↑
<b>ACC</b>	71.7%	68.6%	70.0%	71.8%	71.8%	↑
<b>JMS</b>	65.0%	72.8%	85.0%	81.7%	80.8%	↑
<b>KPMAS</b>	80.8%	84.7%	82.1%	80.2%	83.5%	↑
<b>MPC</b>	67.3%	68.7%	68.7%	66.0%	66.5%	↑
<b>MSFC</b>	66.5%	65.3%	66.3%	68.2%	69.3%	↑
<b>PPMCO</b>	68.0%	67.5%	68.0%	68.0%	67.8%	↑
<b>UHC</b>	63.2%	65.4%	65.4%	67.2%	65.9%	↑
<b>UMHP</b>	58.7%	61.2%	60.4%	67.6%	65.3%	↑
<b>MARR</b>	67.7%	69.3%	70.7%	71.3%	70.4%	

Chlamydia Screening in Women (CHL) – Total (16–24) years						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					64.2%	↑
<b>ACC</b>	66.0%	64.2%	66.0%	67.4%	67.9%	↑
<b>JMS</b>	77.3%	80.3%	87.0%	86.6%	84.4%	↑
<b>KPMAS</b>	79.5%	79.6%	77.5%	77.0%	80.0%	↑
<b>MPC</b>	62.6%	62.0%	62.8%	61.1%	61.9%	↑
<b>MSFC</b>	61.3%	58.6%	61.3%	64.0%	65.3%	↑
<b>PPMCO</b>	62.7%	61.5%	63.6%	64.0%	63.6%	↑
<b>UHC</b>	58.8%	57.9%	60.0%	61.6%	62.2%	↑
<b>UMHP</b>	59.7%	56.3%	56.3%	62.5%	60.9%	↑
<b>MARR</b>	66.0%	65.1%	66.8%	68.0%	67.8%	

# Prenatal and Postpartum Care

## Prenatal and Postpartum Care (PPC)

### Description

The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 21 and 56 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.

\*The postpartum measure is based off the former American College of Obstetricians and Gynecologists' guideline which recommended that women see their health care provider at least once between four – six weeks after giving birth.

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

### Summary of Changes to HEDIS 2019:

- Deleted prenatal visits with internal organization codes for LMP/EDD and obstetrical history/risk assessment counseling from Decision Rule 3 of the Administrative specification. Internal organization codes are supplemental data and are in the scope of the hybrid specification.
- Clarified that documentation in the medical record of gestational age with either prenatal risk assessment and counseling/education or complete obstetrical history meets criteria for the Timeliness of Prenatal Care numerator.
- Clarified in the *Notes* that no-ancillary services must be delivered by the required provider type.

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					85.0%	↑
<b>ACC</b>	85.7%	83.9%	89.0%	87.4%	83.5%	↑
<b>JMS</b>	83.2%	87.2%	79.0%	78.3%	81.1%	↑
<b>KPMAS</b>	88.0%	92.9%	96.7%	93.7%	94.1%	↑
<b>MPC</b>	80.3%	81.5%	89.5%	82.7%	87.0%	↑
<b>MSFC</b>	79.2%	84.5%	83.6%	78.9%	85.1%	↑
<b>PPMCO</b>	88.2%	90.3%	89.3%	84.4%	87.1%	↑
<b>UHC</b>	84.1%	80.7%	87.6%	85.2%	83.5%	↑
<b>UMHP</b>	73.3%	74.5%	86.4%	88.3%	88.4%	↑
<b>MARR</b>	82.8%	84.4%	87.6%	84.9%	86.1%	

Prenatal and Postpartum Care (PPC) – Postpartum Care						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					64.0%	↓
<b>ACC</b>	66.0%	73.7%	73.7%	72.0%	77.9%	↑
<b>JMS</b>	83.6%	88.0%	81.3%	83.6%	90.4%	↑
<b>KPMAS</b>	86.0%	83.8%	84.1%	85.2%	84.0%	↑
<b>MPC</b>	65.0%	68.9%	67.1%	69.1%	66.9%	↑
<b>MSFC</b>	71.1%	69.2%	71.2%	74.0%	77.7%	↑
<b>PPMCO</b>	70.7%	73.7%	71.3%	69.1%	70.8%	↑
<b>UHC</b>	62.5%	66.2%	70.6%	66.4%	65.9%	↑
<b>UMHP</b>	47.4%	62.3%	71.0%	74.0%	79.0%	↑
<b>MARR</b>	69.0%	73.2%	73.8%	74.2%	75.2%	

# 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 2019:

- Removed requirement to identify and use different thresholds for members 60 – 85 without a diagnosis of diabetes.
- Revised the definition of representative BP to indicate that the BP reading must occur on or after the second diagnosis of hypertension.
- Revised the event/diagnosis criteria to include members who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.
- Removed the diabetes flag identification from the event/diagnosis criteria.
- Incorporated telehealth into the measure specifications.
- Added administrative method for reporting.
- Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Removed the requirement to confirm the hypertension diagnosis.
- Updated the *Notes* to clarify that BP readings taken the same day as lidocaine injections and wart or mole removals should not be excluded for the numerator.
- Revised the Data Elements for Reporting table.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.



Controlling High Blood Pressure (CBP) *						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					51.0%	
<b>ACC</b>	63.9%	54.1%	63.0%	62.0%	58.6%	
<b>JMS</b>	69.3%	76.4%	72.0%	74.9%	72.6%	
<b>KPMAS</b>	87.8%	86.0%	84.4%	85.2%	79.9%	
<b>MPC</b>	61.4%	55.9%	68.7%	46.2%	46.2%	
<b>MSFC</b>	69.2%	71.2%	72.8%	72.8%	59.6%	
<b>PPMCO</b>	59.5%	60.2%	51.1%	53.3%	49.9%	
<b>UHC</b>	50.9%	56.9%	64.9%	64.7%	57.4%	
<b>UMHP</b>	32.1%	48.2%		52.3%	65.5%	
<b>MARR</b>	61.8%	63.6%	68.1%	63.9%	60.1%	

3 Trending break for HEDIS 2019 due to measure specification changes. HEDIS 2019 results cannot be compared to the prior year benchmarks

## **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  $\beta$ -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,  $\beta$ -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 2019:**

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	91.5%	84.9%	71.0%	65.2%	69.5%	↓
JMS	NA□	NA□	87.0%	68.8%	NA□	
KPMAS	NA0	NA□	90.5%	81.8%	NA□	
MPC	90.2%	84.3%	83.2%	81.6%	84.0%	↑
MSFC	NA□	67.7%	80.5%	80.8%	62.0%	↓
PPMCO	84.6%	85.7%	75.0%	72.3%	71.9%	↓
UHC	87.8%	77.9%	81.0%	77.6%	71.2%	↓
UMHP	NA□	NA□	81.0%	70.0%	56.7%	↓
MARR	88.5%	80.1%	81.2%	74.8%	69.2%	

NA□ 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 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 2019:**

- Clarified that schizoaffective disorder is included in the measure in the description and step 1 of the event/diagnosis.
- Incorporated telehealth into the measure specification.
- Restructured the codes and value sets for identifying members with schizophrenia (step 1). Refer to the Value Set Directory for a detailed summary of changes.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	NA0	NA□	77.0%	NA□	NA□	
JMS	NA□	NA□	NA□	NA□	NA□	
KPMAS	NA□	NA□	53.9%	NA□	NA□	
MPC	NA□	NA□	76.9%	NA□	NA□	
MSFC	NA□	NA□	75.0%	NA□	NA□	
PPMCO	NA□	NA□	57.1%	66.7%	80.0%	↑
UHC	NA□	NA□	70.8%	NA□	NA□	
UMHP	NA□	NA□	NA□	NA□	NA□	
MARR			68.5%	66.7%	80.0%	

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

## **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 2019:**

- Incorporated telehealth into the measure specifications.
- Revised step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Statin Therapy for Patients With Cardiovascular Disease (SPC) – Received Statin Therapy – Total						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC		66.0%	70.1%	68.3%	72.1%	↓
JMS		78.4%	80.8%	82.1%	82.0%	↑
KPMAS			89.5%	93.0%	86.7%	↑
MPC		72.2%	75.4%	75.1%	76.2%	↑
MSFC		77.5%	80.2%	78.6%	75.5%	↓
PPMCO		72.1%	72.1%	75.7%	76.9%	↑
UHC		71.0%	73.5%	73.8%	73.5%	↓
UMHP			71.9%	74.5%	77.3%	↑
MARR		72.9%	76.7%	77.6%	77.5%	

NA□ 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						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>		76.5%	48.7%	53.6%	53.8%	↓
<b>JMS</b>		56.7%	54.6%	53.7%	55.6%	↓
<b>KPMAS</b>			44.1%	46.3%	54.7%	↓
<b>MPC</b>		66.8%	64.6%	64.3%	65.2%	↑
<b>MSFC</b>		55.0%	44.4%	50.0%	54.5%	↓
<b>PPMCO</b>		74.7%	50.2%	52.6%	50.8%	↓
<b>UHC</b>		45.1%	48.0%	55.4%	54.1%	↓
<b>UMHP</b>			56.5%	55.9%	61.5%	↓
<b>MARR</b>		62.5%	51.4%	54.0%	56.3%	

NA□ 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 2019:

- Incorporated telehealth into the measure specifications.
- Added methods to identify bilateral eye enucleation.
- Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance.
- Updated the *Notes* to clarify that BP readings taken the same day as lidocaine injections and wart or mole removals should not be excluded for the numerator.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.
- Added data element table CDC-3-B: Data Elements for Comprehensive Diabetes Care and clarified that it is for the “Eye Exam (retinal) performed” indicator only.

Comprehensive Diabetes (CDC) – Hemoglobin A1c (HbA1c) Testing						
	2015	2016	2017	2018	2019	NHM
ABH					93.0%	↑
ACC	88.7%	87.4%	85.0%	90.5%	85.9%	↓
JMS	90.7%	94.3%	95.0%	94.9%	95.2%	↑
KPMAS	96.4%	94.5%	92.7%	91.6%	93.3%	↑
MPC	87.9%	85.9%	88.7%	80.8%	81.3%	↓
MSFC	88.0%	87.8%	91.7%	90.0%	90.4%	↑
PPMCO	89.4%	89.4%	89.3%	88.1%	87.3%	↓
UHC	85.9%	82.5%	86.1%	85.9%	84.4%	↓
UMHP	84.6%	88.3%	82.5%	81.8%	88.8%	↑
MARR	89.0%	88.8%	88.9%	88.0%	88.8%	

Comprehensive Diabetes (CDC) – HbA1c Poor Control (>9.0%) *						
	2015	2016	2017	2018	2019	NHM
ABH					40.4%	↓
ACC	38.5%	42.2%	40.0%	34.1%	38.2%	↓
JMS	37.2%	26.6%	27.0%	29.9%	28.1%	↓
KPMAS	21.8%	28.2%	27.8%	28.0%	28.0%	↓
MPC	40.8%	40.8%	34.4%	47.9%	48.4%	↑
MSFC	44.5%	31.6%	29.5%	31.4%	33.3%	↓
PPMCO	35.6%	35.6%	34.0%	38.9%	42.6%	↑
UHC	41.1%	39.7%	35.6%	35.5%	40.4%	↓
UMHP	60.8%	39.2%	42.1%	49.2%	32.6%	↓
MARR	40.0%	35.5%	33.8%	36.9%	36.9%	

2 A lower rate indicates better performance.

Comprehensive Diabetes (CDC) – HbA1c Control (< 8.0%)						
	2015	2016	2017	2018	2019	NHM
ABH					52.6%	↑
ACC	51.4%	49.2%	52.0%	59.4%	51.8%	↑
JMS	52.4%	60.4%	63.0%	61.1%	63.8%	↑
KPMAS	60.0%	57.6%	60.0%	60.9%	61.1%	↑
MPC	50.8%	49.7%	56.5%	46.0%	42.6%	↓
MSFC	43.5%	59.9%	58.1%	56.7%	54.3%	↑
PPMCO	54.3%	55.1%	53.5%	49.6%	47.7%	↓
UHC	46.2%	51.6%	51.1%	54.5%	49.1%	↓
UMHP	38.8%	48.2%	48.7%	42.6%	59.4%	↑
MARR	49.7%	54.0%	55.4%	53.9%	53.6%	

Comprehensive Diabetes (CDC) – Eye Exam (Retinal) Performed						
	2015	2016	2017	2018	2019	NHM
ABH					21.1%	↓
ACC	48.6%	53.9%	49.9%	55.7%	54.7%	↓
JMS	64.1%	71.9%	74.0%	75.7%	71.9%	↑
KPMAS	87.3%	84.7%	87.8%	84.5%	88.1%	↑
MPC	65.7%	65.8%	51.9%	42.8%	39.9%	↓
MSFC	54.0%	52.6%	49.8%	63.7%	57.0%	↓
PPMCO	69.0%	62.9%	55.7%	38.4%	50.6%	↓
UHC	58.6%	55.2%	56.9%	62.3%	57.9%	↑
UMHP	44.8%	35.0%	31.2%	39.2%	45.5%	↓
MARR	61.5%	60.3%	57.2%	57.8%	54.1%	

Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy						
	2015	2016	2017	2018	2019	NHM
ABH					93.0%	↑
ACC	80.3%	90.7%	87.0%	90.5%	87.1%	↓
JMS	93.4%	96.9%	94.0%	94.2%	93.4%	↑
KPMAS	100.0%	95.3%	94.2%	92.2%	94.0%	↑
MPC	75.9%	89.9%	87.9%	86.4%	89.1%	↓
MSFC	80.9%	91.0%	92.4%	91.0%	92.1%	↑
PPMCO	82.5%	89.4%	99.8%	86.9%	89.8%	↓
UHC	81.5%	91.2%	90.3%	89.8%	89.1%	↓
UMHP	74.8%	90.8%	85.6%	88.1%	88.6%	↓
MARR	83.7%	91.9%	91.4%	89.9%	90.7%	

Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/90 mm Hg)						
	2015	2016	2017	2018	2019	NHM
ABH					54.4%	↓
ACC	65.3%	60.0%	64.0%	64.7%	64.5%	↑
JMS	69.7%	76.8%	78.0%	76.5%	78.3%	↑
KPMAS	83.6%	87.1%	84.5%	82.3%	82.0%	↑
MPC	56.4%	55.2%	55.6%	49.9%	54.7%	↓
MSFC	69.0%	67.6%	62.9%	69.8%	65.4%	↑
PPMCO	60.7%	62.6%	55.5%	56.7%	54.0%	↓
UHC	55.2%	46.0%	59.9%	65.2%	59.6%	↓
UMHP	39.9%	36.5%	41.6%	58.6%	63.5%	↑
MARR	62.5%	61.5%	62.8%	65.5%	64.1%	



## **Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)**

### **Description**

The percentage of members 18 – 64 years of age with schizophrenia 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 presents the guidelines 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 2019:**

- Clarified that schizoaffective disorder is included in the measure in the description and step 1 of the event/diagnosis.
- Incorporated telehealth into the measure specification.
- Restructured the codes and value sets for identifying members with schizophrenia (step 1). Refer to the Value Set Directory for a detailed summary of changes.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>	76.7%	68.9%	74.0%	66.7%	75.7%	↑
<b>JMS</b>	NA□	NA□	77.0%	82.9%	81.8%	↑
<b>KPMAS</b>	NA□	NA□	NA□	NA□	NA□	
<b>MPC</b>	NA□	65.5%	62.7%	60.1%	74.5%	↑
<b>MSFC</b>	NA□	NA□	58.6%	66.0%	77.2%	↑
<b>PPMCO</b>	68.7%	68.7%	70.2%	65.0%	66.0%	↓
<b>UHC</b>	74.6%	72.2%	75.4%	76.3%	79.4%	↑
<b>UMHP</b>	NA□	NA□	57.7%	59.5%	63.2%	↓
<b>MARR</b>	73.3%	68.8%	67.9%	68.1%	74.0%	

NA□ 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 (4, 5).

*American Diabetes Association. Retrieved from*  
[https://care.diabetesjournals.org/content/32/suppl\\_2/S384](https://care.diabetesjournals.org/content/32/suppl_2/S384)

### **Summary of Changes to HEDIS 2019:**

- Incorporated telehealth into the measure specifications.
- Revised step 4 of the numerator calculation to indicate that the ratio should be rounded to the nearest whole number using the .5 rule.
- Removed “Lower 95 percent confidence interval” and “Upper 95percent confidence interval” data elements from the Data Elements for Reporting tables.

Statin Therapy for Patients With Diabetes (SPD) —Received Statin Therapy						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC		58.3%	59.4%	60.0%	61.5%	↓
JMS		59.4%	63.3%	65.3%	66.6%	↑
KPMAS		79.1%	84.4%	78.9%	80.6%	↑
MPC		59.3%	59.2%	59.1%	60.6%	↓
MSFC		58.8%	59.5%	62.9%	63.7%	↑
PPMCO		57.6%	58.6%	59.2%	60.6%	↓
UHC		59.0%	58.2%	60.3%	59.0%	↓
UMHP		50.5%	53.8%	57.8%	58.2%	↓
MARR		60.3%	62.1%	62.9%	63.9%	

NA□ 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%						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>		54.1%	49.2%	44.9%	48.5%	↓
<b>JMS</b>		49.5%	50.7%	43.7%	50.3%	↓
<b>KPMAS</b>		55.9%	50.3%	52.1%	51.7%	↓
<b>MPC</b>		60.0%	59.7%	58.6%	59.2%	↑
<b>MSFC</b>		54.3%	48.8%	47.4%	49.0%	↓
<b>PPMCO</b>		50.6%	48.9%	46.1%	50.1%	↓
<b>UHC</b>		48.6%	48.7%	48.7%	49.3%	↓
<b>UMHP</b>		58.3%	57.9%	55.7%	66.7%	↑
<b>MARR</b>		53.9%	51.8%	49.7%	53.1%	

NA□ 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 2019:

- Deleted the instructions for identifying ED/observation visits that result in an inpatient stay; refer to *General Guideline 44* for new instructions.
- Clarified in step 4 required exclusions that for multiple prescriptions on the same day assume the member started taking the second prescription after exhausting the first prescription.
- Added a note to indicate that supplemental data can be used for only required exclusions for this measure.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Use of Imaging Studies for Low Back Pain (LBP)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	74.2%	74.6%	76.0%	76.7%	75.7%	↑
JMS	69.2%	77.7%	69.0%	79.9%	76.7%	↑
KPMAS	NA□	71.5%	76.9%	77.1%	82.0%	↑
MPC	76.7%	75.5%	72.7%	75.0%	76.7%	↑
MSFC	71.8%	72.7%	66.1%	72.7%	73.0%	↑
PPMCO	76.0%	76.0%	77.8%	77.7%	79.8%	↑
UHC	74.3%	73.2%	73.3%	75.4%	76.5%	↑
UMHP	78.1%	74.2%	70.4%	70.4%	72.5%	↑
MARR	74.3%	74.4%	72.8%	75.6%	76.6%	

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

## **Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)**

### **Description**

The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

### **Rationale**

Rheumatoid arthritis (RA) primarily affects the lining of the synovial joints and can cause progressive disability, premature death, and socioeconomic burdens. The clinical manifestations of symmetrical joint involvement include arthralgia, swelling, redness, and even limiting the range of motion. Early diagnosis is considered as the key improvement index for the most desirable outcomes, (i.e., reduced joint destruction, less radiologic progression, no functional disability, and disease modifying anti-rheumatic drugs (DMARD)-free remission) as well as cost-effectiveness as the first 12 weeks after early symptoms occur is regarded as the optimal therapeutic window. However, early diagnosis remains challenging as it relies heavily on the clinical information gathered from the patient's history and physical examination supported by blood tests, and imaging analysis. The reasons for a delayed diagnosis vary markedly between countries with differing healthcare systems, while the reasons for a delay in initiating DMARD therapy in RA patients appear to be both patient- and physician-dependent. Noticeably, patient awareness of RA, the willingness of patients to seek medical advice, the time for the patients from symptom onset to receiving appropriate treatment, and the diagnostic capability of the physician all influence the treatment and outcome of RA. With poorly controlled or severe disease, there is risk that extra-articular manifestations such as keratitis, pulmonary granulomas (rheumatoid nodules), pericarditis/pleuritis, small vessel vasculitis, and other non-specific extra-articular symptoms will develop.

*The National Center for Biotechnology Information (NCBI). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920070/>*

### **Summary of Changes for HEDIS 2019:**

- Incorporated telehealth into the measure specifications.
- Clarified when to count non-acute-to-non-acute direct transfers as two discharges.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)						
	2015	2016	2017	2018	2019	NHM
ABH					NA□	
ACC	62.8%	78.0%	80.0%	74.7%	77.9%	↑
JMS	NA□	NA□	73.0%	69.7%	77.4%	↑
KPMAS	NA□	NA□	93.6%	87.8%	84.1%	↑
MPC	65.8%	67.5%	69.3%	70.1%	69.9%	↓
MSFC	89.2%	77.4%	78.9%	82.5%	80.4%	↑
PPMCO	83.1%	83.1%	77.6%	78.3%	77.9%	↑
UHC	61.5%	69.8%	72.1%	69.9%	73.1%	↓
UMHP	NA□	NA□	73.5%	62.8%	77.1%	↑
MARR	72.5%	75.2%	77.3%	74.5%	77.2%	

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

## Medication Management

### Annual Monitoring for Patients on Persistent Medications (MPM)

#### Description

The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the three rates separately and as a total rate.

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
- Annual monitoring for members on digoxin.
- Annual monitoring for members on diuretics.
- Total rate (the sum of the three numerators divided by the sum of the three denominators).

#### Rationale

Adverse drug events cause approximately 1.3 million ED visits each year. About 350,000 patients each year need to be hospitalized for further treatment after emergency visits for adverse drug events. People typically take more medicines as they age, and the risk of adverse events may increase as more people take more medicines.

Centers for Disease Control and Prevention). Retrieved from  
[https://www.cdc.gov/MedicationSafety/Adult\\_AdverseDrugEvents.html](https://www.cdc.gov/MedicationSafety/Adult_AdverseDrugEvents.html)

#### Summary of Changes for HEDIS 2019:

- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Annual Monitoring for Patients on Persistent Medications (MPM) – Members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)						
	2015	2016	2017	2018	2019	NHM
ABH					83.3%	↓
ACC	89.4%	90.5%	90.0%	88.9%	88.7%	↑
JMS	94.4%	96.5%	97.0%	94.7%	95.8%	↑
KPMAS	95.0%	92.8%	92.0%	90.3%	91.7%	↑
MPC	88.4%	89.0%	88.5%	86.2%	87.7%	↓
MSFC	90.0%	90.3%	89.3%	90.0%	89.0%	↑
PPMCO	89.0%	89.0%	88.4%	88.1%	88.3%	↓
UHC	89.2%	88.7%	89.4%	89.3%	88.3%	↑
UMHP	86.1%	86.1%	85.6%	85.2%	87.9%	↓
MARR	90.2%	90.4%	90.0%	89.1%	89.0%	

Annual Monitoring for Patients on Persistent Medications (MPM) – Members on diuretics						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					80.4%	↓
<b>ACC</b>	88.4%	89.6%	89.0%	88.0%	88.3%	↓
<b>JMS</b>	93.9%	95.6%	95.0%	93.7%	94.9%	↑
<b>KPMAS</b>	NA□	90.8%	90.5%	88.6%	88.9%	↑
<b>MPC</b>	86.5%	88.5%	88.0%	86.0%	86.8%	↓
<b>MSFC</b>	89.0%	88.3%	87.5%	88.3%	88.4%	↑
<b>PPMCO</b>	88.3%	88.3%	88.2%	88.3%	87.8%	↓
<b>UHC</b>	88.4%	87.8%	88.8%	88.0%	87.1%	↓
<b>UMHP</b>	90.5%	84.4%	86.6%	84.9%	87.9%	↓
<b>MARR</b>	89.3%	89.2%	89.2%	88.2%	87.8%	

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

Annual Monitoring for Patients on Persistent Medications (MPM) – Total rate						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					82.2%	↓
<b>ACC</b>	88.9%	89.9%	89.9%	88.5%	88.5%	↑
<b>JMS</b>	94.0%	95.9%	96.0%	94.2%	95.4%	↑
<b>KPMAS</b>	94.2%	91.8%	91.4%	89.6%	90.6%	↑
<b>MPC</b>	87.2%	88.6%	88.1%	86.1%	87.4%	↓
<b>MSFC</b>	89.3%	89.4%	88.4%	89.3%	88.7%	↑
<b>PPMCO</b>	88.5%	88.5%	88.1%	88.2%	88.1%	↓
<b>UHC</b>	88.7%	88.1%	88.9%	88.7%	87.8%	↓
<b>UMHP</b>	87.9%	85.2%	85.9%	85.1%	87.9%	↓
<b>MARR</b>	89.8%	89.7%	89.6%	88.7%	88.5%	



## **Use of Opioids at High Dosage (UOD)**

### **Description**

The proportion of members 18 years and older, receiving prescription opioids for  $\geq 15$  days during the measurement year at a high dosage (average milligram morphine dose [MME]  $> 120$  mg).

*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 2019:**

- Revised the measure description and added a note to indicate that the proportion will be calculated and displayed as a permillage.
- Replaced all references to “Morphine equivalent dose” and “MED” with “Milligram morphine equivalent” and “MME.”
- Clarified the definitions for “IPSD” and “Total Daily MME.”
- Revised the MME Daily Dose calculation to clarify that multiple dosage unit types, (e.g., mg, mcg) can be used for strength and added examples.
- Revised steps 1 and 2 in the event/diagnosis criteria.
- Renamed the medication list and changed references to (UOD Opioid Medications List) for this measure.
- Removed buprenorphine from the UOD Opioid Medications List and in Table UOD-A.
- Revised steps 2 and 3 in the numerator.
- Revised Table UOD-A to clarify that conversion factor 3 should be used for methadone.
- Added a note to indicate that supplemental data can be used for only required exclusions for this measure.
- Revised the *Note* section to not include denied claims when identifying the eligible population (except for required exclusions) or assessing the numerator.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.

Use of Opioids at High Dosage (UOD)*						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					NA□	
<b>ACC</b>				76.00	5.50	
<b>JMS</b>				38.60	3.50	
<b>KPMAS</b>				22.40	2.70	
<b>MPC</b>				119.90	9.80	
<b>MSFC</b>				76.20	7.00	
<b>PPMCO</b>				105.10	9.90	
<b>UHC</b>				72.20	4.90	
<b>UMHP</b>				135.30	11.70	
<b>MARR</b>				80.71	6.88	

NA□ 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 2019 due to measure specification changes. HEDIS 2019 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  $\geq 15$  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.<sup>1</sup> 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 2019:

- Revised the measure description and added a note to indicate that the proportion will be calculated and displayed as a permillage.
- Revised steps 1 and 2 in the event/diagnosis criteria.
- Added a note to indicate that supplemental data may not be used for this measure.
- Revised the *Note* section to not include denied claims when identifying the eligible population or assessing the numerator.
- Removed "Number of required exclusions" data element from the Data Elements for Reporting tables.
- Removed "Lower 95 percent confidence interval" and "Upper 95 percent confidence interval" data elements from the Data Elements for Reporting tables

Use of Opioids From Multiple Providers (UOP) - Multiple Prescribers*						
	2015	2016	2017	2018	2019	NHM
ABH					23.80	
ACC				313.30	28.40	
JMS				267.50	22.10	
KPMAS				262.80	25.70	
MPC				195.70	19.60	
MSFC				387.50	41.60	
PPMCO				329.40	31.00	
UHC				250.00	27.80	
UMHP				321.10	30.40	
MARR				290.91	27.82	

2 A lower rate indicates better performance.

3 Trending break for HEDIS 2019 due to measure specification changes. HEDIS 2019 results cannot be compared to the prior year benchmarks

Use of Opioids From Multiple Providers (UOP) - Multiple Pharmacies*						
	2015	2016	2017	2018	2019	NHM
ABH					14.30	
ACC				109.10	7.10	
JMS				126.80	9.30	
KPMAS				69.60	5.00	
MPC				0.00	0.00	
MSFC				105.90	9.30	
PPMCO				129.30	11.00	
UHC				62.30	6.80	
UMHP				124.70	10.10	
MARR				90.96	8.10	

2 A lower rate indicates better performance.

3 Trending break for HEDIS 2019 due to measure specification changes. HEDIS 2019 results cannot be compared to the prior year benchmarks

Use of Opioids From Multiple Providers (UOP) - Multiple Prescribers and Multiple Pharmacies*						
	2015	2016	2017	2018	2019	NHM
ABH					7.10	
ACC				69.40	4.30	
JMS				93.90	6.30	
KPMAS				39.00	3.70	
MPC				0.00	0.00	
MSFC				80.00	7.40	
PPMCO				88.40	7.20	
UHC				35.40	4.00	
UMHP				89.40	6.40	
MARR				61.94	5.16	

2 A lower rate indicates better performance.

3 Trending break for HEDIS 2019 due to measure specification changes. HEDIS 2019 results cannot be compared to the prior year benchmarks

## Ambulatory Care (Utilization)

### Ambulatory Care (AMB)

#### Description

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

- Outpatient Visits
- 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 2019:

- Incorporated telehealth into the measure specification.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence

Ambulatory Care (AMB) – Outpatient visits per 1,000 member months						
	2015	2016	2017	2018	2019	NHM
ABH					257.40	↑
ACC	356.01	372.60	366.90	354.30	346.50	↑
JMS	315.50	345.10	350.60	328.70	335.40	↑
KPMAS	404.40	324.90	336.59	315.90	276.86	↑
MPC	365.02	406.40	420.40	397.50	400.68	↑
MSFC	360.00	358.60	359.78	356.20	354.55	↑
PPMCO	390.70	406.50		390.30	394.92	↑
UHC	381.60	378.10	367.49	345.10	336.12	↑
UMHP	296.80	332.60	247.26	332.20	339.16	↑
MARR	358.75	365.60	349.86	352.53	337.96	

Ambulatory Care (AMB) – Emergency department (ED) visits per 1,000 member months *						
	2015	2016	2017	2018	2019	NHM
ABH					50.12	
ACC	58.20	55.10	53.43	50.60	47.08	
JMS	96.40	94.00	93.62	83.00	78.15	
KPMAS	23.20	24.90	26.28	26.60	23.83	
MPC	70.90	71.00	68.50	61.90	59.08	
MSFC	57.40	56.10	55.64	53.50	52.09	
PPMCO	62.00	60.10		58.00	55.02	
UHC	63.10	59.50	56.84	51.70	48.58	
UMHP	64.90	89.80	86.43	60.70	58.23	
MARR	62.01	63.81	62.96	55.75	52.46	

<sup>3</sup> Trending break for HEDIS 2019 due to measure specification changes. HEDIS 2019 results cannot be compared to the prior year benchmarks

## **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 2019:**

- No changes to this measure.

Frequency of Selected Procedures (FSP) – Bariatric weight loss surgery /1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.12	↓
ACC	0.05	0.05	0.05	0.07	0.12	↓
JMS	0.02	0.00	0.59	0.02	0.02	↓
KPMAS	0.00	0.00	0.05	0.07	0.13	↓
MPC	0.06	0.07	0.04	0.04	0.14	↓
MSFC	0.07	0.10	0.07	0.05	0.27	↓
PPMCO	0.06	0.06	0.03	0.05	0.17	↓
UHC	0.04	0.04	0.05	0.04	0.15	↓
UMHP	0.04	0.12	0.07	0.02	0.14	↓
MARR	0.04	0.05	0.12	0.05	0.14	

Frequency of Selected Procedures (FSP) – Bariatric weight loss surgery /1000 MM 45-64 M						
	2015	2016	2017	2018	2019	NHM
ABH					0.00	↓
ACC	0.00	0.01	0.01	0.00	0.03	↓
JMS	0.02	0.00	0.02	0.00	0.02	↓
KPMAS	0.00	0.00	0.00	0.00	0.04	↓
MPC	0.00	0.02	0.01	0.00	0.02	↓
MSFC	0.00	0.02	0.01	0.00	0.05	↓
PPMCO	0.01	0.03	0.00	0.00	0.03	↓
UHC	0.02	0.01	0.01	0.00	0.02	↓
UMHP	0.04	0.00	0.00	0.00	0.05	↓
MARR	0.01	0.01	0.01	0.00	0.03	

Frequency of Selected Procedures (FSP) – Tonsillectomy /1000 MM 0-9 T						
	2015	2016	2017	2018	2019	NHM
ABH					0.00	↓
ACC	0.42	0.48	0.48	0.53	0.46	↓
JMS	0.18	0.13	0.21	0.10	0.30	↓
KPMAS	0.13	0.00	0.23	0.26	0.21	↓
MPC	0.47	0.55	0.62	0.58	0.56	↓
MSFC	0.39	0.45	0.48	0.48	0.49	↓
PPMCO	0.60	0.64	0.58	0.58	0.49	↓
UHC	0.43	0.51	0.51	0.50	0.49	↓
UMHP	0.21	0.31	0.37	0.36	0.26	↓
MARR	0.35	0.38	0.44	0.42	0.36	

Frequency of Selected Procedures (FSP) – Tonsillectomy /1000 MM 10-19 T						
	2015	2016	2017	2018	2019	NHM
ABH					0.06	↓
ACC	0.16	0.19	0.14	0.16	0.17	↓
JMS	0.05	0.18	0.17	0.05	0.16	↓
KPMAS	0.20	0.00	0.20	0.14	0.11	↓
MPC	0.21	0.26	0.26	0.20	0.24	↓
MSFC	0.17	0.19	0.24	0.17	0.16	↓
PPMCO	0.24	0.25	0.24	0.23	0.20	↓
UHC	0.19	0.19	0.20	0.21	0.17	↓
UMHP	0.09	0.16	0.34	0.22	0.10	↓
MARR	0.16	0.18	0.22	0.17	0.15	

Frequency of Selected Procedures (FSP) – Hysterectomy, abdominal /1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.47	↓
ACC	0.46	0.31	0.27	0.28	0.25	↓
JMS	0.44	0.36	0.31	0.16	0.12	↓
KPMAS	0.01	0.00	0.26	0.25	0.15	↓
MPC	0.50	0.32	0.27	0.24	0.15	↓
MSFC	0.53	0.47	0.27	0.27	0.22	↓
PPMCO	0.35	0.45	0.26	0.31	0.24	↓
UHC	0.47	0.28	0.28	0.20	0.21	↓
UMHP	0.45	0.23	0.32	0.36	0.12	↓
MARR	0.40	0.30	0.28	0.26	0.21	

Frequency of Selected Procedures (FSP) – Hysterectomy, vaginal /1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.00	↓
ACC	0.19	0.15	0.15	0.11	0.16	↓
JMS	0.02	0.00	0.02	0.00	0.02	↓
KPMAS	0.00	0.00	0.20	0.23	0.05	↓
MPC	0.16	0.24	0.19	0.11	0.15	↓
MSFC	0.17	0.22	0.27	0.17	0.13	↓
PPMCO	0.20	0.31	0.17	0.20	0.17	↓
UHC	0.19	0.15	0.17	0.12	0.11	↓
UMHP	0.11	0.17	0.17	0.15	0.06	↓
MARR	0.13	0.16	0.17	0.14	0.09	

Frequency of Selected Procedures (FSP) – Cholecystectomy, open /1000 MM 30-64 M						
	2015	2016	2017	2018	2019	NHM
ABH					0.00	↓
ACC	0.05	0.02	0.04	0.02	0.04	↓
JMS	0.03	0.06	0.02	0.05	0.02	↓
KPMAS	0.00	0.00	0.03	0.02	0.01	↓
MPC	0.08	0.04	0.07	0.04	0.02	↓
MSFC	0.06	0.06	0.06	0.03	0.01	↓
PPMCO	0.06	0.03	0.04	0.03	0.02	↓
UHC	0.04	0.02	0.04	0.03	0.02	↓
UMHP	0.00	0.00	0.05	0.00	0.02	↓
MARR	0.04	0.03	0.04	0.03	0.02	

Frequency of Selected Procedures (FSP) – Cholecystectomy, open /1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.00	↓
ACC	0.07	0.01	0.51	0.04	0.02	↓
JMS	0.06	0.05	0.05	0.02	0.02	↓
KPMAS	0.00	0.00	0.02	0.00	0.02	↓
MPC	0.04	0.05	0.08	0.04	0.02	↓
MSFC	0.06	0.01	0.04	0.03	0.01	↓
PPMCO	0.06	0.06	0.03	0.04	0.04	↓
UHC	0.04	0.02	0.04	0.03	0.03	↓
UMHP	0.00	0.00	0.05	0.09	0.02	↓
MARR	0.04	0.02	0.10	0.04	0.02	



Frequency of Selected Procedures (FSP) – Laparoscopic/1000 MM 30-64 M						
	2015	2016	2017	2018	2019	NHM
ABH					0.44	↓
ACC	0.21	0.20	0.19	0.20	0.14	↓
JMS	0.11	0.05	0.06	0.04	0.09	↓
KPMAS	0.17	0.00	0.12	0.07	0.08	↓
MPC	0.34	0.31	0.29	0.24	0.17	↓
MSFC	0.17	0.24	0.15	0.14	0.13	↓
PPMCO	0.19	0.29	0.23	0.21	0.20	↓
UHC	0.19	0.26	0.22	0.19	0.13	↓
UMHP	0.12	0.21	0.18	0.19	0.10	↓
MARR	0.19	0.20	0.18	0.16	0.16	

Frequency of Selected Procedures (FSP) – Laparoscopic/1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.23	↓
ACC	0.49	0.36	0.51	0.49	0.41	↓
JMS	0.19	0.29	0.19	0.30	0.07	↓
KPMAS	0.00	0.00	0.24	0.38	0.25	↓
MPC	0.67	0.62	0.55	0.53	0.43	↓
MSFC	0.69	0.40	0.56	0.27	0.43	↓
PPMCO	0.65	0.69	0.51	0.53	0.43	↓
UHC	0.60	0.44	0.42	0.36	0.33	↓
UMHP	0.34	0.43	0.32	0.60	0.45	↓
MARR	0.45	0.40	0.41	0.43	0.34	

Frequency of Selected Procedures (FSP) – Back Surgery /1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.23	↓
ACC	0.41	0.46	0.53	0.50	0.40	↓
JMS	0.58	0.56	0.59	0.33	0.69	↓
KPMAS	0.00	0.00	0.14	0.05	0.12	↓
MPC	0.66	0.81	0.86	0.72	0.65	↓
MSFC	0.56	0.67	0.58	0.46	0.54	↓
PPMCO	0.78	0.74	0.62	0.69	0.67	↓
UHC	0.55	0.60	0.54	0.55	0.61	↓
UMHP	0.30	0.43	0.39	0.54	0.82	↓
MARR	0.48	0.53	0.53	0.48	0.53	

Frequency of Selected Procedures (FSP) – Back Surgery /1000 MM 45-64 M						
	2015	2016	2017	2018	2019	NHM
ABH					0.34	↓
ACC	0.43	0.58	0.42	0.50	0.36	↓
JMS	0.42	0.41	0.50	0.56	0.45	↓
KPMAS	0.00	0.00	0.16	0.15	0.16	↓
MPC	0.65	0.85	0.84	0.72	0.66	↓
MSFC	0.52	0.69	0.68	0.71	0.57	↓
PPMCO	0.66	0.80	0.82	0.77	0.65	↓
UHC	0.62	0.83	0.70	0.63	0.54	↓
UMHP	0.39	0.47	0.39	0.47	0.47	↓
MARR	0.46	0.58	0.56	0.56	0.47	

Frequency of Selected Procedures (FSP) – Mastectomy /1000 MM 15-44 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.00	↓
ACC	0.02	0.02	0.03	0.04	0.03	↓
JMS	0.03	0.05	0.00	0.00	0.01	↓
KPMAS	0.00	0.00	0.00	0.00	0.02	↓
MPC	0.03	0.05	0.02	0.04	0.04	↓
MSFC	0.02	0.01	0.04	0.05	0.07	↓
PPMCO	0.04	0.03	0.02	0.04	0.03	↓
UHC	0.04	0.02	0.03	0.03	0.02	↓
UMHP	0.00	0.05	0.04	0.00	0.05	↓
MARR	0.02	0.03	0.02	0.03	0.03	

Frequency of Selected Procedures (FSP) – Mastectomy /1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
ABH					0.23	↓
ACC	0.16	0.13	0.18	0.12	0.09	↓
JMS	0.04	0.07	0.02	0.02	0.05	↓
KPMAS	0.00	0.00	0.15	0.09	0.09	↓
MPC	0.14	0.12	0.08	0.10	0.13	↓
MSFC	0.11	0.10	0.06	0.11	0.14	↓
PPMCO	0.21	0.23	0.11	0.12	0.11	↓
UHC	0.20	0.17	0.13	0.10	0.07	↓
UMHP	0.19	0.17	0.07	0.10	0.13	↓
MARR	0.13	0.12	0.10	0.10	0.11	

Frequency of Selected Procedures (FSP) – Lumpectomy /1000 MM 15-44 F						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					0.08	↓
<b>ACC</b>	0.15	0.11	0.09	0.10	0.10	↓
<b>JMS</b>	0.00	0.07	0.05	0.06	0.12	↓
<b>KPMAS</b>	0.00	0.00	0.06	0.04	0.09	↓
<b>MPC</b>	0.14	0.11	0.12	0.10	0.09	↓
<b>MSFC</b>	0.18	0.20	0.12	0.13	0.12	↓
<b>PPMCO</b>	0.16	0.14	0.12	0.13	0.12	↓
<b>UHC</b>	0.13	0.11	0.11	0.10	0.08	↓
<b>UMHP</b>	0.11	0.05	0.08	0.08	0.10	↓
<b>MARR</b>	0.11	0.10	0.09	0.09	0.10	

Frequency of Selected Procedures (FSP) – Lumpectomy /1000 MM 45-64 F						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					0.59	↓
<b>ACC</b>	0.37	0.27	0.33	0.34	0.30	↓
<b>JMS</b>	0.21	0.25	0.19	0.14	0.12	↓
<b>KPMAS</b>	0.01	0.00	0.41	0.28	0.33	↓
<b>MPC</b>	0.29	0.28	0.37	0.26	0.25	↓
<b>MSFC</b>	0.41	0.52	0.36	0.45	0.59	↓
<b>PPMCO</b>	0.49	0.42	0.32	0.35	0.32	↓
<b>UHC</b>	0.37	0.38	0.29	0.33	0.20	↓
<b>UMHP</b>	0.27	0.14	0.37	0.31	0.37	↓
<b>MARR</b>	0.30	0.28	0.33	0.31	0.34	

## **Inpatient Utilization—General Hospital/Acute Care (IPU)**

### **Description**

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

- Total inpatient
- Maternity
- Surgery
- 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 2019:**

- Removed use of MS-DRGs for identification of inpatient discharges.
- Clarified that member months for maternity rates are reported for members 10 – 64 years of age.

Inpatient Utilization - General Hospital Acute Care (IPU) – Total Inpatient: Total Discharges /1000 MM						
	2015	2016	2017	2018	2019	NHM
ABH					6.01	↑
ACC	5.95	5.83	5.23	5.05	4.58	↑
JMS	9.89	10.06	9.53	9.19	8.83	↑
KPMAS	6.40	5.49	5.33	5.62	5.27	↑
MPC	6.47	6.84	6.58	6.46	6.44	↑
MSFC	7.01	6.67	6.83	6.56	6.35	↑
PPMCO	6.61	6.75	6.49	6.81	6.20	↑
UHC	7.17	6.60	4.91	5.58	4.21	↑
UMHP	6.73	8.59	6.91	7.20	7.03	↑
MARR	7.03	7.10	6.48	6.56	6.10	

Inpatient Utilization - General Hospital Acute Care (IPU) – Total Inpatient: Total Average Length of Stay						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					4.22	↑
<b>ACC</b>	3.96	4.14	4.17	4.21	4.34	↑
<b>JMS</b>	4.12	4.81	4.47	4.64	4.80	↑
<b>KPMAS</b>	4.59	3.34	3.36	3.45	3.31	↑
<b>MPC</b>	3.66	3.75	3.87	2.53	4.54	↑
<b>MSFC</b>	4.03	4.22	4.18	4.78	4.22	↑
<b>PPMCO</b>	3.85	4.06	4.09	4.44	4.21	↑
<b>UHC</b>	4.12	4.23	4.44	4.40	4.68	↑
<b>UMHP</b>	3.72	3.47	3.51	3.54	3.62	↑
<b>MARR</b>	4.01	4.00	4.01	4.00	4.22	

## **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 2019:**

- No changes to this measure.

Antibiotic Utilization (ABX) – Average Scripts PMPY for Antibiotics						
	2015	2016	2017	2018	2019	NHM
ABH					0.62	↓
ACC	0.87	0.85	0.84	0.79	0.76	↓
JMS	0.88	0.87	0.79	0.80	0.74	↓
KPMAS	0.68	0.67	0.58	0.60	0.57	↓
MPC	1.03	1.10	1.09	1.01	1.00	↑
MSFC	0.86	0.88	0.90	0.86	0.84	↓
PPMCO	0.97	0.97	0.98	0.93	0.90	↑
UHC	0.98	0.92	0.91	0.85	0.80	↓
UMHP	0.77	0.85	0.86	0.81	0.80	↓
MARR	0.88	0.89	0.87	0.83	0.78	

Antibiotic Utilization (ABX) – Average Days Supplied per Antibiotic Script						
	2015	2016	2017	2018	2019	NHM
ABH					8.54	↑
ACC	9.29	9.35	9.28	9.26	9.25	↑
JMS	8.98	9.00	8.67	7.74	8.51	↑
KPMAS	8.98	9.46	9.29	9.28	9.36	↑
MPC	9.40	9.32	9.30	9.24	9.19	↑
MSFC	9.23	9.10	8.94	8.86	8.90	↑
PPMCO	9.39	9.42	9.32	9.34	9.31	↑
UHC	9.26	9.35	9.09	9.25	9.21	↑
UMHP	9.21	9.28	9.32	9.22	9.13	↑
MARR	9.22	9.29	9.15	9.02	9.04	

Antibiotic Utilization (ABX) – Average Scripts PMPY for Antibiotics of Concern						
	2015	2016	2017	2018	2019	NHM
ABH					0.26	↓
ACC	0.35	0.35	0.34	0.31	0.28	↓
JMS	0.29	0.29	0.26	0.26	0.25	↓
KPMAS	0.27	0.25	0.22	0.22	0.20	↓
MPC	0.41	0.45	0.45	0.41	0.40	↓
MSFC	0.34	0.35	0.36	0.33	0.32	↓
PPMCO	0.39	0.39	0.40	0.37	0.35	↓
UHC	0.43	0.41	0.40	0.35	0.33	↓
UMHP	0.32	0.38	0.38	0.34	0.32	↓
MARR	0.35	0.36	0.35	0.32	0.30	

Antibiotic Utilization (ABX) – Percentage of Antibiotics of Concern of all Antibiotics						
	2015	2016	2017	2018	2019	NHM
ABH					41.2%	↑
ACC	40.4%	40.8%	40.4%	38.8%	37.6%	↓
JMS	33.0%	33.7%	33.1%	32.5%	33.5%	↓
KPMAS	40.5%	37.8%	38.2%	35.9%	35.8%	↓
MPC	39.8%	40.8%	41.3%	40.4%	40.1%	↓
MSFC	40.2%	40.1%	40.5%	39.0%	37.6%	↓
PPMCO	40.4%	40.7%	41.5%	39.3%	38.9%	↓
UHC	43.2%	44.3%	43.7%	41.6%	40.9%	↑
UMHP	42.1%	44.6%	44.3%	42.2%	40.4%	↑
MARR	40.0%	40.4%	40.4%	38.7%	38.4%	

## **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 2019:**

- Revised the Planned Hospital Stay definition.
- Added a Note to the eligible population to refer to General Guideline 10 when reporting for small denominator limits.
- Removed former step 5 in the denominator and added language about planned admissions to step 3 in the numerator.
- Revised steps 6 and 7 in Risk Adjustment Weighting.
- Renamed “Expected Readmission Rate” to “Estimated Readmission Risk” in step 8.
- Renamed “Total Variance” to “Variance.”
- Revised the Data Elements for Reporting tables.
- Added shading to the Data Elements for Reporting tables to indicate how data are reported.
- Removed “Lower 95 percent confidence interval” and “Upper 95 percent confidence interval” data elements from the Data Elements for Reporting tables.



Observed Readmission Rate Total (PCR)						
	2015	2016	2017	2018	2019	NHM
<b>ABH</b>					0.0%	↓
<b>ACC</b>				16.5%	14.5%	↓
<b>JMS</b>				15.6%	13.0%	↓
<b>KPMAS</b>					11.3%	↓
<b>MPC</b>				16.6%	16.2%	↑
<b>MSFC</b>				12.6%	14.0%	↓
<b>PPMCO</b>				17.0%	13.6%	↓
<b>UHC</b>				14.5%	10.9%	↓
<b>UMHP</b>				17.8%	17.4%	↑
<b>MARR</b>				15.8%	12.3%	

\* KPMAS did not report PCR for HEDIS 2018.

## **Board Certification (BCR)**

### **Description**

The percentage of the following physicians whose board certification is *active* as of December 31 of the measurement year:

- Family medicine physicians
- Internal medicine physicians. Pediatricians
- OB/GYN physicians. Geriatricians
- Other physician specialists

### **Summary of Changes to HEDIS 2019:**

- No changes to this measure.

Board Certification (BCR )							
		Family Medicine	Internal Medicine	OB/GYN	Pediatrician	Geriatricians	Other Specialists
ABH	# of Physicians	315	512	379	297	30	1324
	# Board Certified	209	376	272	224	24	1073
	Percentage	66.35%	73.44%	71.77%	75.42%	80.00%	81.04%
ACC	# of Physicians	935	3271	761	1690	134	5697
	# Board Certified	546	2278	610	1364	85	4469
	Percentage	58.40%	69.64%	80.16%	80.71%	63.43%	78.44%
JMS	# of Physicians	80	616	163	217	39	1935
	# Board Certified	65	534	163	197	35	1705
	Percentage	81.25%	86.69%	100.00%	90.78%	89.74%	88.11%
KPMAS	# of Physicians	222	351	182	110	4	1112
	# Board Certified	205	317	160	98	4	1046
	Percentage	92.34%	90.31%	87.91%	89.09%	100.00%	94.06%
MPC	# of Physicians	579	1446	580	1128	34	5477
	# Board Certified	460	1172	472	949	30	4768
	Percentage	79.45%	81.05%	81.38%	84.13%	88.24%	87.05%
MSFC	# of Physicians	320	492	158	330	8	2255
	# Board Certified	234	358	85	225	7	1556
	Percentage	73.13%	72.76%	53.80%	68.18%	87.50%	69.00%
PPMCO	# of Physicians	625	990	838	880	59	13066
	# Board Certified	568	824	791	849	52	12407
	Percentage	90.88%	83.23%	94.39%	96.48%	88.14%	94.96%
UHC	# of Physicians	1985	4455	1235	2028	168	9665
	# Board Certified	1432	3284	1030	1650	98	7502
	Percentage	72.14%	73.71%	83.40%	81.36%	58.33%	77.62%
UMHP	# of Physicians	744	893	670	658	37	4410
	# Board Certified	565	711	454	499	27	2515
	Percentage	75.94%	79.62%	67.76%	75.84%	72.97%	57.03%

## **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 2019:**

- No changes to this measure.

<b>Enrollment by Product Line (ENP) (in member months)</b>			
	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>ABH</b>	48,208	47,970	96,178
<b>ACC</b>	1,760,498	1,514,373	3,274,871
<b>JMS</b>	145,883	168,069	313,952
<b>KPMAS</b>	418,574	361,498	780,072
<b>MPC</b>	1,410,508	1,159,165	2,569,673
<b>MSFC</b>	584,457	497,732	1,082,189
<b>PPMCO</b>	1,958,070	1,594,966	3,553,036
<b>UHC</b>	957,583	836,493	1,794,076
<b>UMHP</b>	262,781	273,952	536,733

## **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 2019:**

- No changes to this measure.

<b>Enrollment by State (EBS)—Maryland only</b>	
<b>ABH</b>	16,656
<b>ACC</b>	272,034
<b>JMS</b>	26,833
<b>KPMAS</b>	63,670
<b>MPC</b>	214,656
<b>MSFC</b>	91,452
<b>PPMCO</b>	299,480
<b>UHC</b>	146,338
<b>UMHP</b>	48,131

## **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 2019:**

- No changes to this measure.

<b>Language Diversity of Membership (LDM)— – Spoken</b>					
		<b>English</b>	<b>Non-English</b>	<b>Unknown</b>	<b>Declined</b>
<b>ABH</b>	Number	0	0	21,966	0
	Percent	0.00%	0.00%	100.00%	0.00%
<b>ACC</b>	Number	16	16,066	306,678	0
	Percent	0.00%	4.98%	95.02%	0.00%
<b>JMS</b>	Number	0	0	33,369	0
	Percent	0.00%	0.00%	100.00%	0.00%
<b>KPMAS</b>	Number	66,776	10,059	1,828	26
	Percent	84.86%	12.78%	2.32%	0.03%
<b>MPC</b>	Number	250,453	3,403	5,810	0
	Percent	96.45%	1.31%	2.24%	0.00%
<b>MSFC</b>	Number	0	0	115,528	0
	Percent	0.00%	0.00%	100.00%	0.00%
<b>PPMCO</b>	Number	0	0	356,354	0
	Percent	0.00%	0.00%	100.00%	0.00%
<b>UHC</b>	Number	53,392	4,373	124,146	0
	Percent	29.35%	2.40%	68.25%	0.00%
<b>UMHP</b>	Number	0	0	63,089	0
	Percent	0.00%	0.00%	100.00%	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 2019:

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	4,758	7,174	0	1,503	44	0	0	720	7,767
	Percent	21.66%	32.66%	0.00%	6.84%	0.20%	0.00%	0.00%	3.28%	35.36%
ACC	Number	54,593	119,104	0	14,475	440	0	0	134,148	0
	Percent	16.91%	36.90%	0.00%	4.48%	0.14%	0.00%	0.00%	41.56%	0.00%
JMS	Number	0	0	0	0	0	0	0	33,369	0
	Percent	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%
KPMAS	Number	14,682	41,764	185	6,643	69	2,030	451	12,675	190
	Percent	18.66%	53.07%	0.24%	8.44%	0.09%	2.58%	0.57%	16.11%	0.24%
MPC	Number	83,509	92,864	0	9,759	344	870	0	72,320	0
	Percent	32.16%	35.76%	0.00%	3.76%	0.13%	0.34%	0.00%	27.85%	0.00%
MSFC	Number	28,646	46,644	0	6,249	0	1,075	0	32,607	307
	Percent	24.80%	40.37%	0.00%	5.41%	0.00%	0.93%	0.00%	28.22%	0.27%
PPMCO	Number	105,129	122,305	2	0	14,216	0	0	2,188	112,514
	Percent	29.50%	34.32%	0.00%	0.00%	3.99%	0.00%	0.00%	0.61%	31.57%
UHC	Number	56,653	75,244	0	10,920	337	0	0	38,757	0
	Percent	31.14%	41.36%	0.00%	6.00%	0.19%	0.00%	0.00%	21.31%	0.00%
UMHP	Number	17,595	21,271	0	2,962	143	0	0	625	20,493
	Percent	27.89%	33.72%	0.00%	4.69%	0.23%	0.00%	0.00%	0.99%	32.48%

## **Total Membership (TLM)**

### **Description**

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

### **Summary of Changes to HEDIS 2019:**

- No changes to this measure.

<b>Total Membership (TLM)—Medicaid Only</b>	
<b>ABH</b>	21,966
<b>ACC</b>	322,760
<b>JMS</b>	33,369
<b>KPMAS</b>	78,689
<b>MPC</b>	259,666
<b>MSFC</b>	115,528
<b>PPMCO</b>	356,354
<b>UHC</b>	181,911
<b>UMHP</b>	63,089

## 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 2019 Highlights

- HEDIS 2019 was Aetna Better Health's first year reporting Maryland Medicaid data. Due to continuous enrollment criteria, thirty-seven measures and/or sub measures found in the Executive Summary Report had denominators of less than thirty and therefore are not included in the MARR.
- All MCOs that were able to report the rate for Chlamydia Screening (CHL), Childhood Immunization Status (CIS) Combo 2 & 3, Appropriate Testing for Children with Pharyngitis (CWP), Lead Screening in Children (LSC), and Timeliness of Prenatal Care (PPC) were above the national HEDIS mean.
- The Persistence of Beta-Blocker Treatment after a Heart Attack (PBH) MARR decreased by more than 5% for measurement year 2018. Many MCOs had significant decreases in the reported rate with one MCO experiencing an 18.8% decline from the prior year. It should be noted, that the eligible populations are relatively small for each MCO, which can result in volatility of the reported rate.
- Summary of the Value Based Purchasing measures are as follows:
  - Comprehensive Diabetes Care (CDC) testing sub measure results showed three of nine MCOs were above the 2018 NCQA 90<sup>th</sup> percentile benchmark. Four of the nine MCOs had results that were below the NHM, while UMHP had the largest increase of 7%.
  - The prior year's report indicated most of the MCOs experienced a decline in the Childhood Immunization Status (CIS) Combination 3 rate; however, this year's report shows significant improvement for three MCOs. KPMAS improved by 9.3%, UMHP improved by 7.9%, and MPC improved by 5.1%.
  - The Asthma Medication Ratio (AMR) measure results indicated five of eight MCOs were above the NHM. Even though over half of the MCOs were above the NHM five MCOs did exhibit a decline in their rate from the previous year. MCOs JMS and KPMAS demonstrated rates above the 2018 NCQA 90<sup>th</sup> percentile benchmark.



- Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) measure results showed that all but two of the MCOs were above the NHM and that seven were at or above the 2018 NCQA 90<sup>th</sup> percentile benchmark. KPMAS was above the 90<sup>th</sup> percentile and had over a 7% increase in their measure results from the prior year. UMHP also had a significant increase of over 11%.
- Postpartum Care had eight of nine of the MCOs above the NHM. Five of the nine MCOs were above the 2018 NCQA 90<sup>th</sup> percentile benchmark. All but three of the MCOs that were able to report a comparison from the prior year showed an improvement in their rates with ACC, JMS, and UMHP showing over a 5% increase from the prior year.
- Despite a slight decrease in the MARR due to four MCOs experiencing a decrease in the reported rate for Breast Cancer Screening (BCS), overall performance remains high. Six out of eight MCOs reported a rate for BCS that was above the NCQA Medicaid HMO 90<sup>th</sup> percentile. Please note, ABH was not included in this measure summary due to not meeting the continuous enrollment criteria.
- The Controlling Blood Pressure (CBP) measure was significantly revised for HEDIS 2019. The changes to the measure specifications resulted in a trending break for HEDIS 2019. The impact of the specification changes varied by MCO. Six out of eight MCOs experienced a decline in the percentage of members that were identified as having adequate blood pressure control. The declines ranged from a 2.3% change to a 13.2% change. One MCO, UMHP had a significant increase of 13%.
- The Adult BMI Assessment (ABA) measure results indicated eight of the eight MCOs reporting were above the NHM. Three of those same MCOs were above the NCQA Medicaid HMO 90<sup>th</sup> percentile. Those MCOs are MSFC (100.0%), JMS (99.0%), and KPMAS (98.0%).
- The Adolescent Well Care (AWC) measure resulted in eight of the nine MCOs reporting rates that were above the NHM. JMS and ACC demonstrated rates that are above the NCQA Medicaid HMO 90<sup>th</sup> percentile while one MCO fell below the 25<sup>th</sup> percentile. The MARR showed a slight drop from 64.2% in 2018 to 61.6% in 2019. Five of the eight MCOs that were able to compare data to the prior year did show an increase in their rates.
- Immunizations for Adolescents (IMA) Combo 1 shows all eight of the MCOs that were able to report were performing above the NHM. Six of the eight MCOs evidenced results above the NCQA Medicaid HMO 90<sup>th</sup> percentile. The MARR showed an overall improvement of 2.1% from the prior year and seven of the eight MCOs were able to demonstrate improvement in their rates from the prior year. The only MCO that did not show improvement evidenced a minimal decline from the prior year of only .7%.