



Statewide Executive Summary Report HealthChoice Participating Organizations HEDIS® MY 2025 Results

presented to

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Introduction

Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) is one of the most widely used sources of healthcare performance measures in the United States (U.S.). The program is maintained by the National Committee for Quality Assurance (NCQA²). NCQA develops and publishes specifications for data collection and result calculation to promote a high degree of standardization of HEDIS measures. Reporting entities are required to register with NCQA and undergo an annual NCQA HEDIS Compliance Audit^{TM3}. 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), an NCQA-Licensed Organization, to conduct HEDIS Compliance Audits of all HealthChoice managed care organizations (MCOs) and to summarize the results.

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

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

³ NCQA HEDIS Compliance AuditTM is a trademark of NCQA.

Background

The Maryland Medicaid program implemented HealthChoice, a comprehensive managed care program, in June 1997 after receiving a waiver from the Centers for Medicare & Medicaid Services based on the requirements in Section §1115 of the Social Security Act. HealthChoice allows eligible Medicaid recipients to enroll in a participating MCO. There are currently nine organizations participating in HealthChoice, with 1,244,594 enrollees as of December 31, 2025.

Within MDH, the Medical Benefits Management Administration is responsible for the quality oversight of the HealthChoice program. MDH continues to measure HealthChoice program clinical quality performance and enrollee satisfaction using initiatives such as HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS®⁴) reporting. Performance is measured at both the organization level and on a statewide basis. HEDIS and CAHPS results are incorporated annually into a HealthChoice Consumer Report Card developed to assist HealthChoice enrollees in making comparisons when selecting a health plan. All nine HealthChoice organizations reported HEDIS in measurement year (MY) 2025.

For HEDIS MY 2025, MDH required HealthChoice MCOs to report the complete HEDIS measure set for services rendered in calendar year 2025 to HealthChoice enrollees. These measures provide meaningful MCO comparative information, and they measure performance relative to MDH's priorities and goals.

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

Accreditation

All MCOs participating in the HealthChoice program as of January 1, 2013, were required to be accredited by NCQA no later than January 1, 2015, to comply with Code of Maryland Regulations (COMAR) §10.67.04.02. In addition, according to COMAR §10.67.03.08, 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.

Accreditation status is based on a combination of adherence to accreditation standards with a comprehensive evaluation and analysis of clinical performance and consumer experience. NCQA uses the Health Plan Ratings to distinguish quality. Accredited plans earned ratings after they submitted HEDIS/CAHPS data to NCQA and can advertise the rating alongside their accreditation seal.

Health Plan Ratings are displayed on the NCQA Report Card as the indicator of HEDIS/CAHPS performance. The overall rating is based on performance on dozens of measures of care and is calculated on a 0 – 5 scale in half points. Performance includes three subcategories (also scored 0 – 5 in half points):

1. Patient Experience: Patient-reported experience of care, including experience with doctors, services, and customer service (measures in the Patient Experience category).
2. Rates for Clinical Measures: The proportion of eligible members who received preventive services (prevention measures) and the proportion of eligible members who received recommended care for certain conditions (treatment measures).
3. NCQA Health Plan Accreditation: For a plan with an Accredited or Provisional status, 0.5 bonus points are added to the overall rating before being rounded to the nearest half point and displayed as stars. A plan with an Interim status receives 0.15 bonus points added to the overall rating before being rounded to the nearest half point and displayed as stars.

Current accreditation status for all HealthChoice organizations is listed below.

HealthChoice Accreditation Status for Organizations Reporting HEDIS in MY 2025

HealthChoice Organization Name	Acronym Used in this Report	Accreditation Status
Aetna Better Health of Maryland	ABH	Accredited
CareFirst Community Health Plan Maryland	CFCHP	Accredited
Jai Medical Systems	JMS	Accredited
Kaiser Permanente of the Mid-Atlantic States	KPMAS	Accredited
Maryland Physicians Care	MPC	Accredited
MedStar Family Choice	MSFC	Accredited
Priority Partners MCO	PPMCO	Accredited
UnitedHealthcare	UHC	Accredited
Wellpoint Maryland	WPM	Accredited

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

NCQA - Accreditation Star Results

NCQA uses a "star" rating system (1 - 5 stars) to measure MCO performance. Rating for performance will be shown with one to five stars. One star indicates lower performance and five stars indicates the highest rating. The overall rating score is the weighted average of all measures, not an average of the three composites (Patient Experience, Prevention and Population, Treatment).

NCQA's 2025 Health Plan Ratings (posted September 2025) are displayed below:

NCQA – Accreditation Star Results

Star Rating	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Overall Rating	3.0	3.5	4.0	4.5	4.0	3.0	3.0	3.0	3.5
Patient Experience	2.5	2.0	3.0	2.0	3.0	2.0	2.0	2.5	3.0
Prevention and Population	2.5	3.0	4.0	5.0	3.5	2.5	4.0	3.0	3.5
Treatment	3.0	3.0	3.5	4.0	3.5	3.0	3.0	2.5	2.5

Source: <https://reportcards.ncqa.org/health-plans>

Section One - Measures Designated for Reporting

Annually, MDH determines the set of measures required for HEDIS reporting by the HealthChoice MCOs. MDH selects these measures because they provide meaningful MCO comparative information, and they measure performance pertinent to MDH's priorities and goals.

Measures Selected by MDH for HealthChoice Reporting

For services rendered in calendar year 2025, MDH required HealthChoice MCOs to report six NCQA domain categories comprised of 55 HEDIS total measures. NCQA's Volume 2 contains technical specifications for the HEDIS measures. There were three new first year HEDIS measures for MY 2025; Documented Assessment After Mammogram (DBM-E), Follow-Up After Abnormal Mammogram Assessment (FMA-E), and Blood Pressure Control for Patients with Hypertension (BPC-E).

The six NCQA domain categories are as follows:

- *Effectiveness of Care* encompasses measures that assess preventive, acute, and chronic care services along with overuse and the safe use of medications.
- *Access/Availability of Care* includes measures that assess the access that members have to specific services to ensure care is being provided on a timely basis.
- *Utilization and Risk Adjusted Utilization* includes measures that assess the frequency of specific services provided by an organization. The goal is to ensure that members are receiving care as outlined by national recommendations and monitor potential for under and overutilization of services.
- *Health Plan Descriptive Information* reports the different characteristics specific to each health plan.
- *Experience of Care* includes a CAHPS survey measure.
- *Measures Reported Using Electronic Clinical Data Systems* includes measures reported using electronic clinical datasets used for patient care and quality improvement.

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

Effectiveness of Care (EOC): 29 Measures

- Chlamydia Screening in Women (CHL)
- Lead Screening in Children (LSC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Topical Fluoride for Children (TFC)
- Asthma Medication Ratio (AMR)
- Appropriate Testing for Pharyngitis (CWP)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Controlling High Blood Pressure (CBP)
- Cardiac Rehabilitation (CRE)
- Persistence of Beta Blocker Treatment after a Heart Attack (PBH)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Blood Pressure Control for Patients with Diabetes (BPD)

- Eye Exam for Patients with Diabetes (EED)
- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Kidney Health Evaluation for Patients with Diabetes (KED)
- Statin Therapy for Patients with Diabetes (SPD)
- Diagnosed Mental Health Disorders (DMH)
- Diagnosed Substance Use Disorders (DSU)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Risk of Continued Opioid Use (COU)
- Use of Opioids at High Dosage (HDO)
- Use of Imaging Studies for Low Back Pain (LBP)
- Use of Opioids from Multiple Providers (UOP)
- Appropriate Treatment for Upper Respiratory Infection (URI)

Access/Availability of Care (AAC): 2 Measures

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Prenatal and Postpartum Care (PPC)

Utilization and Risk Adjusted Utilization (URR): 4 Measures

- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Antibiotic Utilization for Patients with Respiratory Conditions (AXR)
- Plan All-Cause Readmissions (PCR)

Health Plan Descriptive Information: 3 Measures

- Enrollment by Product Line: Total (ENP)
- Language Diversity of Membership (LDM)
- Race/ Ethnicity Diversity of Membership (RDM)

Measures Reported Using Electronic Clinical Data Systems: 16 Measures

- Follow-up Care for Children Prescribed ADHD Medication (ADD-E)
- Adult Immunization Status (AIS-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Breast Cancer Screening (BCS-E)
- Blood Pressure Control for Patients with Hypertension (BPC-E)
- Childhood Immunization Status (CIS-E)
- Cervical Cancer Screening (CCS-E)
- Colorectal Cancer Screening (COL-E)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Documented Assessment After Mammogram (DBM-E)
- Follow-up After Abnormal Mammogram (FMA-E)

- Immunizations for Adolescents (IMA-E)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Prenatal Immunization Status (PRS-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Social Needs Screening and Interventions (SNS-E)

Measures Collected from the Adult CAHPS Survey: 1 Measure

- Medical Assistance with Smoking and Tobacco Use Cessation (MSC) – Advising Smokers and Tobacco Users to Quit Rate Only

No Benefit (NB) Measure Designations: 7 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 seven measures are reported NB and do not appear in measure specific findings of this report.

- Follow-up Care after Hospitalization for Mental Illness (FUH)
- Follow-up After Emergency Department Visit for Mental Illness (FUM)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- 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)
- Follow-up After High Intensity Care for Substance Use Disorder (FUI)
- Oral Evaluation Dental Services (OED)

Measures Exempt from Reporting

- Utilization of the PHQ-9 to Monitor Depression Systems for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-up (ASF-E)

Section Two - HEDIS Methodology

The HEDIS reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS Measurement Year 2025 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.

The following table shows HEDIS MY 2025 measures collected by use of the administrative or hybrid method. Each HealthChoice MCO chooses the administrative versus hybrid method based on available resources, as the hybrid method takes significant resources to perform.

Measures Using Hybrid Reporting Methodology	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
CBP – Controlling High Blood Pressure	H	H	H	H	H	H	H	H	H
LSC – Lead Screening in Children	H	A	H	H	A	H	A	H	H
PPC – Prenatal and Postpartum Care	H	H	H	H	H	H	H	H	H
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	H	H	H	H	H	H	H	H	H
BPD - Blood Pressure Control for Patients with Diabetes	H	H	H	H	H	H	H	H	H
GSD - Glycemic Status Assessment for Patients with Diabetes	H	H	H	H	H	H	H	H	H

H—Hybrid; A—Administrative

Section Three - Measure Specific Findings Explanation

Metrics

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

- Maryland Average Reportable Rate (MARR)
- National HEDIS Mean (NHM)
- 2025 NCQA Benchmarks at the 25th, 50th, 75th, and 90th Percentiles

Maryland Average Reportable Rate (MARR)

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

National HEDIS Mean (NHM) and NCQA Benchmarks

The HEDIS Executive Summary Report compares MCO HEDIS MY 2025 rates to the MY 2024 NHM and identifies whether the MCO is above or below the NHM.

The source for certain health plan measure rates and benchmark (means and percentiles) data is Quality Compass^{®5} 2025 (produced using HEDIS MY 2024 reported data) and is used with the permission of NCQA. Any analysis, interpretation or conclusion based on the data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. The data comprises audited performance rates and associated benchmarks for HEDIS and CAHPS survey measure results. HEDIS measures and specifications were developed by and are owned by NCQA.

HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using HEDIS measures and specifications, and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in Quality Compass and the data and may rescind or alter the data at any time. The data may not be modified by anyone other than NCQA. Anyone desiring to use or reproduce the data without modification for an internal, noncommercial purpose may do so without obtaining approval from NCQA. All other uses, including commercial use and/or external reproduction, distribution, or publication, must be approved by NCQA and are subject to a license at the discretion of NCQA.

Year-to-Year Trending

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

⁵Quality Compass[®] is a registered trademark of NCQA.

When there are significant changes to the measure specifications so that data cannot be compared to the prior year, NCQA will determine there to be a break in trending. For HEDIS MY 2025, NCQA determined that EED and the AIS-E herpes zoster indicator had significant changes in specifications such that a break in trending was required. The measures that have been impacted by trending breaks prior to MY 2025 are noted beneath each table.

Rounding of Figures

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

Organization of Data

The following pages contain the comparative results for HEDIS MY 2025. This report groups the measures into NCQA's HEDIS measure domain and sub-domain categories. Measure acronyms within each category are listed alphabetically.

Effectiveness of Care Measures:

- Prevention and Screening
 - CHL, LSC, TFC, WCC
- Respiratory Conditions
 - AMR, CWP, PCE
- Cardiovascular Conditions
 - CBP, CRE, PBH, SPC
- Diabetes
 - BPD, EED, GSD, KED, SPD
- Behavioral Health
 - DMH, DSU, POD, SAA, SMC, SMD, SSD
- Overuse/Appropriateness
 - AAB, COU, HDO, LBP, UOP, URI

Access/Availability of Care

- AAP, PPC

Utilization and Risk Adjusted Utilization

- AXR, PCR, W30, WCV

Health Plan Descriptive Information

- ENP, LDM, RDM

Measures Reported Using Electronic Clinical Data Systems

- ADD-E
- AIS-E
- APM-E
- BCS-E
- BPC-E

- CIS-E
- CCS-E
- COL-E
- DBM-E
- DSF-E
- FMA-E
- IMA-E
- PND-E
- PDS-E
- PRS-E
- SNS-E

Reference Sources

Description

The source of the information is *NCQA's HEDIS Measurement Year 2025 Volume 2: Technical Specifications*.

Rationale

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

Summary of Changes for HEDIS MY 2025

The source of the text is the *HEDIS Measurement Year 2025 Volume 2: Technical Specifications*, along with additional changes published in the *HEDIS Measurement Year 2025 Volume 2: Technical Update*.

Performance Monitoring Program

In 2011, Maryland introduced an intermediate sanction framework for MCOs known as the HealthChoice MCO Performance Monitoring Policies. The policies included three levels of performance problems (minor, moderate, and major) and provided a list of recommended sanctions for failure to meet performance metrics for consecutive years or a defined number of years within a five-year period. However, MCOs were advised that Maryland has the discretion to impose sanctions without following the prescribed scheme at any time. In 2015, Maryland revisited the policy and defined four quality assurance areas for review: network adequacy, HEDIS measures, EPSDT/Healthy Kids medical record reviews, and the Systems Performance Review. In 2025, Maryland further revised the policy to include ineligibility for PHIP participation based on low HEDIS scores and added a fifth quality assurance activity for performance monitoring: Performance Improvement Project Validation. MDH evaluates the HealthChoice Performance Monitoring Policies regularly to ensure its areas of focus align with current priorities and improve its implementation over time.

Section Four - Measure Specific Findings

Effectiveness of Care Measures

Prevention and Screening

Chlamydia Screening (CHL)

Description

The percentage of members 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 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 adolescents (15 - 19) and young adults (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, 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 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 MY 2025:

- Updated the measure title from Chlamydia Screening in Women to Chlamydia Screening.
- Replaced references to “women” with “members recommended for routine chlamydia screening.”
- Added criteria for “members recommended for routine chlamydia screening” to the eligible population.
- Added an exclusion for members who were assigned male at birth.
- Added a note to clarify that supplemental data can be used to identify members recommended for routine chlamydia screening.

Chlamydia Screening (CHL), 16-20 years

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	57.9%	62.2%	60.1%	58.2%	61.7%	↑
CFCHP	51.3%	52.9%	55.9%	56.8%	61.0%	↑
JMS	86.8%	85.3%	84.5%	84.3%	85.8%	↑
KPMAS	83.4%	82.2%	84.7%	85.0%	87.4%	↑
MPC	52.5%	54.7%	56.6%	55.6%	56.1%	↑
MSFC	52.2%	49.7%	45.5%	47.9%	50.4%	↓
PPMCO	56.9%	57.1%	60.0%	59.6%	60.1%	↑
UHC	57.7%	58.1%	56.6%	58.6%	59.2%	↑
WPM	60.7%	61.8%	64.4%	65.9%	64.3%	↑
MARR	62.1%	62.7%	63.2%	63.5%	65.1%	

Chlamydia Screening (CHL), 21-24 years

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	64.4%	66.0%	63.4%	67.1%	67.9%	↑
CFCHP	62.3%	64.5%	62.1%	64.7%	68.7%	↑
JMS	77.7%	81.0%	82.8%	82.0%	80.0%	↑
KPMAS	80.6%	82.9%	81.5%	81.5%	82.3%	↑
MPC	60.5%	63.9%	67.6%	65.8%	69.7%	↑
MSFC	61.8%	62.6%	59.3%	58.8%	64.5%	↑
PPMCO	66.3%	66.9%	67.5%	67.2%	69.6%	↑
UHC	68.4%	68.6%	65.3%	65.7%	66.4%	↑
WPM	70.3%	70.8%	69.4%	70.0%	69.7%	↑
MARR	68.0%	69.7%	68.8%	69.2%	71.0%	

Chlamydia Screening (CHL), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	62.0%	64.6%	62.1%	62.9%	64.9%	↑
CFCHP	57.3%	59.6%	59.4%	60.9%	64.7%	↑
JMS	82.4%	83.2%	83.7%	83.3%	82.9%	↑
KPMAS	81.9%	82.6%	83.1%	83.4%	85.4%	↑
MPC	56.4%	59.1%	61.7%	60.1%	61.8%	↑
MSFC	57.2%	56.4%	52.4%	53.0%	56.6%	↓
PPMCO	61.3%	61.7%	63.4%	62.8%	63.9%	↑
UHC	62.7%	63.0%	60.7%	61.6%	62.2%	↑
WPM	65.0%	65.9%	66.6%	67.5%	66.3%	↑
MARR	65.1%	66.2%	65.9%	66.2%	67.6%	

Performance Monitoring Measure for MY 2025

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 five hundred thousand (500,000) 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/lead-prevention/about/index.html?](https://www.cdc.gov/lead-prevention/about/index.html?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm) and [CDC_AAref_Val=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 MY 2025:

No changes to this measure.

Lead Screening in Children (LSC)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	65.7%	66.2%	67.9%	72.7%	78.2%	↑
CFCHP	75.9%	67.2%	69.6%	75.4%	79.5%	↑
JMS	83.9%	82.2%	83.2%	82.9%	83.5%	↑
KPMAS	82.0%	84.8%	86.5%	86.6%	93.7%	↑
MPC	68.0%	65.0%	68.7%	76.2%	82.7%	↑
MSFC	75.7%	75.4%	77.3%	71.5%	80.4%	↑
PPMCO	75.0%	72.0%	75.3%	79.3%	82.9%	↑
UHC	71.1%	67.3%	67.6%	74.9%	78.4%	↑
WPM	74.5%	74.0%	76.2%	79.6%	84.2%	↑
MARR	74.6%	72.7%	74.7%	77.7%	82.6%	

Performance Monitoring Measure for MY 2025

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 primary care provider or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement year.

1. Body mass index (BMI) percentile documentation*
2. Counseling for nutrition
3. 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 long-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 & Medicaid Services. Retrieved from
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=1553&sectionNumber=1>

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	80.3%	80.3%	82.4%	86.8%	87.8%	↑
CFCHP	73.9%	81.1%	84.2%	82.2%	89.9%	↑
JMS	95.2%	93.4%	93.3%	94.5%	96.3%	↑
KPMAS	95.9%	99.0%	96.4%	100.0%	100.0%	↑
MPC	75.2%	84.9%	87.6%	86.9%	92.5%	↑
MSFC	81.4%	78.7%	73.3%	79.5%	82.9%	↑
PPMCO	50.9%	70.1%	62.5%	79.8%	87.4%	↑
UHC	77.4%	77.4%	80.3%	82.0%	85.2%	↑
WPM	77.4%	73.9%	76.2%	78.1%	83.2%	↑
MARR	73.6%	82.1%	81.8%	85.5%	89.4%	

Performance Monitoring Measure for MY 2025

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	80.6%	79.6%	78.0%	83.1%	84.1%	↑
CFCHP	69.7%	69.7%	73.7%	70.7%	83.1%	↑
JMS	96.6%	94.3%	89.2%	95.4%	94.0%	↑
KPMAS	98.0%	99.0%	97.2%	99.0%	99.0%	↑
MPC	69.6%	76.6%	75.7%	72.5%	72.0%	↑
MSFC	77.5%	71.0%	62.3%	68.2%	67.6%	↓
PPMCO	44.8%	61.3%	56.2%	75.2%	79.1%	↑
UHC	77.1%	73.2%	75.2%	60.6%	63.8%	↓
WPM	74.9%	70.0%	73.0%	72.5%	81.5%	↑
MARR	70.7%	77.2%	75.6%	77.5%	80.5%	

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	78.7%	75.9%	77.6%	80.1%	84.1%	↑
CFCHP	64.4%	70.0%	70.1%	67.8%	81.7%	↑
JMS	96.6%	93.4%	85.0%	92.7%	94.0%	↑
KPMAS	98.0%	99.0%	97.2%	99.0%	99.0%	↑
MPC	66.4%	73.2%	74.0%	69.6%	68.1%	↑
MSFC	73.3%	66.8%	56.9%	64.9%	66.8%	↓
PPMCO	40.2%	58.6%	52.6%	70.8%	78.1%	↑
UHC	74.0%	68.9%	70.3%	54.3%	58.6%	↓
WPM	68.6%	68.3%	70.3%	68.6%	77.9%	↑
MARR	67.4%	74.9%	72.7%	74.2%	78.7%	

Topical Fluoride for Children (TFC)

Description

The percentage of members 1 – 4 years of age who received at least two fluoride varnish applications during the measurement year.

Rationale

Good oral health is a vital component of a child’s overall health. A primary goal of dental or oral health care is to prevent tooth decay, also known as cavities, caused by dental caries. Dental cavities are one of the most common chronic conditions in children in the U.S. Topical fluoride plays an important role in preventing dental cavities caused by dental caries in children. Dental caries is the most common chronic disease in children in the U.S. If untreated, dental caries can lead to difficulties with eating, speaking, and learning.

National Library of Medicine. Retrieved from [Vital Signs: Dental Sealant Use and Untreated Tooth Decay Among U.S. School-Aged Children - PubMed](#)

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Topical Fluoride for Children (TFC)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			1.9%	2.0%	1.8%	↕
CFCHP			1.9%	2.0%	1.5%	↕
JMS			0.1%	0.1%	0.1%	↕
KPMAS			0.0%	0.0%	0.1%	↕
MPC			0.8%	1.0%	0.8%	↕
MSFC			0.9%	1.3%	0.7%	↕
PPMCO			0.4%	0.6%	0.6%	↕
UHC			1.1%	2.3%	1.8%	↕
WPM			1.6%	1.7%	1.7%	↕
MARR			1.0%	1.2%	1.0%	

Respiratory Conditions

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 emergency department visits and hospitalizations in children and adults. Using a cutoff of <0.5 to signal at-risk patients may be an effective way for identifying populations who would benefit from increased use of controller medications to reduce future emergent asthma visits.

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

Summary of Changes to HEDIS MY 2025:

- Technical Update: Deleted albuterol-budesonide as an asthma reliever medication.
- Clarified in the Note to not use RxNorm codes when identifying required exclusions.
- Removed the data source reporting requirement from the race and ethnicity stratification.
- Technical Update: Revised the Asthma Controller Medications table.

Asthma Medication Ratio (AMR), 5-11

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	77.4%	37.2%	57.8%	51.2%	↓
CFCHP	87.0%	84.4%	86.6%	85.0%	92.2%	↑
JMS	81.0%	78.4%	76.1%	77.3%	90.2%	↑
KPMAS	95.3%	98.9%	98.1%	97.1%	99.3%	↑
MPC	74.7%	80.6%	80.4%	86.9%	86.0%	↑
MSFC	73.5%	76.6%	59.5%	55.5%	57.0%	↓
PPMCO	77.7%	72.2%	83.8%	82.5%	85.9%	↑
UHC	69.3%	64.0%	67.3%	66.6%	83.9%	↑
WPM	81.5%	78.9%	53.6%	52.8%	56.9%	↓
MARR	80.0%	79.0%	71.4%	73.5%	78.1%	

Asthma Medication Ratio (AMR), 12-18

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	69.7%	56.8%	68.8%	NA	NA	
CFCHP	66.7%	76.6%	69.4%	69.9%	86.3%	↑
JMS	82.1%	72.2%	NA	NA	NA	
KPMAS	95.7%	98.4%	98.3%	100.0%	96.6%	↑
MPC	72.5%	80.6%	79.8%	82.5%	83.9%	↑
MSFC	78.9%	70.9%	72.6%	66.7%	67.0%	↑
PPMCO	72.4%	69.9%	77.1%	80.3%	82.1%	↑
UHC	63.6%	58.7%	61.4%	62.5%	78.5%	↑
WPM	77.8%	75.1%	53.4%	53.3%	61.9%	↓
MARR	75.5%	73.2%	72.6%	73.6%	79.5%	

Asthma Medication Ratio (AMR), 19-50

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	56.5%	50.7%	57.1%	60.4%	75.4%	↑
CFCHP	68.7%	73.1%	77.1%	71.7%	76.9%	↑
JMS	73.1%	69.8%	76.7%	76.6%	72.3%	↑
KPMAS	83.0%	97.4%	99.0%	96.0%	97.1%	↑
MPC	58.8%	66.3%	70.5%	77.0%	78.9%	↑
MSFC	63.9%	60.3%	54.0%	56.7%	61.8%	↓
PPMCO	61.1%	64.1%	71.9%	73.4%	76.0%	↑
UHC	51.4%	52.2%	49.0%	53.6%	69.7%	↑
WPM	57.3%	55.6%	50.0%	48.7%	54.3%	↓
MARR	63.7%	65.5%	67.3%	68.2%	73.6%	

Asthma Medication Ratio (AMR), 51-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	71.7%	57.4%	61.2%	65.9%	NA	
CFCHP	70.0%	76.9%	81.1%	68.8%	71.4%	↑
JMS	73.3%	63.0%	75.8%	76.6%	70.6%	↑
KPMAS	89.1%	99.2%	98.5%	98.3%	98.9%	↑
MPC	63.3%	66.8%	72.7%	82.2%	81.9%	↑
MSFC	66.6%	65.0%	58.5%	58.7%	61.4%	↓
PPMCO	63.1%	65.5%	74.5%	73.9%	74.0%	↑
UHC	55.7%	57.1%	53.3%	51.6%	72.4%	↑
WPM	56.8%	59.4%	52.8%	51.2%	60.2%	↓
MARR	67.7%	67.8%	69.8%	69.7%	73.8%	

Asthma Medication Ratio (AMR), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	63.3%	56.2%	56.0%	61.2%	64.6%	↑
CFCHP	71.2%	75.8%	79.1%	74.1%	81.2%	↑
JMS	74.4%	68.6%	77.3%	76.4%	75.4%	↑
KPMAS	86.6%	98.1%	98.7%	97.1%	98.0%	↑
MPC	64.7%	71.4%	74.6%	81.3%	82.1%	↑
MSFC	68.2%	65.4%	58.2%	58.2%	61.7%	↓
PPMCO	67.6%	67.3%	76.7%	77.6%	80.1%	↑
UHC	58.3%	56.8%	56.6%	58.4%	75.8%	↑
WPM	69.1%	66.9%	52.1%	51.2%	57.7%	↓
MARR	69.3%	69.6%	69.9%	70.6%	75.2%	

Performance Monitoring Measure for MY 2025

Appropriate Testing for Pharyngitis (CWP)

Description

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

Rationale

Antibiotic resistance is one of the most urgent threats to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in the U.S., 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 in the U.S., which makes improving antibiotic prescribing and use a national priority.

Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/antibiotic-use/>

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Appropriate Testing for Pharyngitis (CWP) 3-17

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	80.3%	83.6%	88.2%	89.8%	92.1%	↑
CFCHP	73.8%	78.2%	80.7%	89.1%	89.7%	↑
JMS	81.4%	91.7%	92.1%	93.4%	95.6%	↑
KPMAS	46.8%	87.4%	96.2%	96.0%	96.7%	↑
MPC	81.1%	86.2%	90.9%	90.0%	91.8%	↑
MSFC	80.9%	81.6%	68.0%	68.9%	67.5%	↓
PPMCO	77.5%	78.6%	78.7%	81.1%	82.4%	↓
UHC	82.0%	83.3%	88.6%	91.2%	91.0%	↑
WPM	75.9%	80.6%	74.8%	76.6%	78.0%	↓
MARR	75.5%	83.5%	84.2%	86.2%	87.2%	

Appropriate Testing for Pharyngitis (CWP) 18-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	64.2%	64.8%	70.8%	73.1%	75.6%	↑
CFCHP	67.7%	57.8%	68.9%	78.5%	78.8%	↑
JMS	46.3%	60.3%	71.6%	82.9%	77.9%	↑
KPMAS	35.9%	76.3%	86.9%	91.3%	90.6%	↑
MPC	77.2%	75.1%	79.5%	82.9%	81.6%	↑
MSFC	72.7%	64.1%	59.4%	63.8%	59.0%	↓
PPMCO	66.4%	61.3%	61.3%	65.7%	67.9%	↓
UHC	69.9%	70.0%	78.7%	82.3%	80.7%	↑
WPM	62.8%	58.4%	61.6%	67.6%	64.5%	↓
MARR	62.6%	65.3%	71.0%	76.4%	75.2%	

Appropriate Testing for Pharyngitis (CWP) Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	68.6%	72.4%	80.1%	82.8%	86.1%	↑
CFCHP	70.1%	67.7%	75.7%	84.9%	85.8%	↑
JMS	57.0%	75.7%	85.5%	90.4%	90.4%	↑
KPMAS	37.8%	78.9%	91.3%	93.9%	94.3%	↑
MPC	79.1%	81.6%	87.3%	87.8%	88.8%	↑
MSFC	75.8%	72.4%	64.5%	67.0%	64.6%	↓
PPMCO	72.1%	72.2%	73.7%	77.0%	78.3%	↓
UHC	76.0%	78.3%	85.5%	88.5%	88.0%	↑
WPM	71.1%	74.7%	71.5%	74.5%	74.9%	↓
MARR	67.5%	74.9%	79.4%	83.0%	83.5%	

Performance Monitoring Measure for MY 2025

Pharmacotherapy Management of COPD Exacerbation (PCE)

Description

The percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department 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 emergency department 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 U.S. 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 MY 2025:

- No changes to this measure.

Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	90.3%	86.1%	86.5%	81.4%	93.1%	↑
CFCHP	88.3%	84.8%	90.7%	85.2%	89.2%	↑
JMS	88.6%	87.7%	89.3%	92.1%	83.4%	↑
KPMAS	98.2%	91.9%	91.9%	92.6%	97.2%	↑
MPC	88.0%	87.0%	87.6%	86.3%	89.5%	↑
MSFC	91.5%	96.5%	94.1%	85.5%	92.0%	↑
PPMCO	88.4%	86.4%	89.7%	88.8%	90.6%	↑
UHC	78.7%	78.1%	80.8%	79.1%	82.6%	↑
WPM	89.4%	87.8%	90.2%	87.2%	89.2%	↑
MARR	89.0%	87.4%	89.0%	86.5%	89.6%	

Performance Monitoring Measure for MY 2025

Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	82.3%	74.4%	86.5%	78.0%	81.6%	↑
CFCHP	82.7%	68.2%	76.2%	72.9%	67.0%	↓
JMS	60.5%	54.8%	67.3%	70.2%	62.4%	↓
KPMAS	96.4%	87.1%	89.2%	90.7%	93.0%	↑
MPC	71.4%	66.9%	73.3%	70.4%	71.6%	↑
MSFC	72.4%	80.2%	77.0%	67.6%	73.8%	↑
PPMCO	73.1%	65.5%	72.1%	78.1%	79.2%	↑
UHC	66.4%	66.7%	69.1%	60.5%	67.4%	↓
WPM	66.1%	75.1%	71.2%	65.9%	66.7%	↓
MARR	74.6%	71.0%	75.8%	72.7%	73.6%	

Performance Monitoring Measure for MY 2025

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 (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Rationale

Nearly one in three U.S. adults has high 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. Retrieved from
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening>

Summary of Changes to HEDIS MY 2025:

- Removed the data source reporting requirement from the race and ethnicity stratification.
- Technical Update: Revised the required exclusions.

Controlling High Blood Pressure (CBP)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	57.9%	60.1%	55.4%	63.5%	72.1%	↑
CFCHP	65.7%	56.7%	65.7%	69.7%	66.4%	↓
JMS	67.2%	65.2%	65.7%	65.2%	65.7%	↓
KPMAS	74.3%	73.8%	74.7%	79.1%	79.3%	↑
MPC	54.7%	66.9%	69.8%	71.3%	75.9%	↑
MSFC	41.3%	44.3%	56.7%	68.2%	64.2%	↓
PPMCO	54.5%	57.4%	54.7%	61.8%	68.4%	↑
UHC	61.1%	60.1%	63.3%	65.7%	68.1%	↑
WPM	56.0%	55.2%	62.0%	58.9%	68.4%	↑
MARR	59.2%	60.0%	63.1%	67.0%	69.8%	

Performance Monitoring Measure for MY 2025

Cardiac Rehabilitation (CRE)

Description

The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement. Four rates are reported:

- *Initiation*. The percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- *Engagement 1*. The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- *Engagement 2*. The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- *Achievement*. The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Rationale

Cardiac rehabilitation involves adopting heart-healthy lifestyle changes to address risk factors for cardiovascular disease (CVD). To help adopt lifestyle changes, the program includes exercise training, education on heart-healthy living, and counseling to reduce stress and assist in a return to an active life. Cardiac rehabilitation can improve one's health and quality of life, reduce the need for medicines to treat heart or chest pain, decrease the change of returning to a hospital or emergency room for a heart problem, prevent future heart problems, and promote longer life.

National Heart, Lung, and Blood Institute. Retrieved from <https://www.nhlbi.nih.gov/health-topics/cardiac-rehabilitation>

Summary of Changes to HEDIS MY 2025

- No changes to this measure.

Cardiac Rehabilitation - Achievement (CRE)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	1.8%	2.0%	6.3%	4.1%	2.9%	↑
CFCHP	1.8%	0.0%	0.8%	2.0%	4.1%	↑
JMS	0.0%	1.4%	0.0%	0.0%	0.0%	↓
KPMAS	0.0%	0.0%	1.1%	0.0%	0.0%	↓
MPC	0.7%	1.0%	2.6%	1.0%	2.0%	↑
MSFC	0.0%	0.0%	0.0%	1.6%	1.0%	↓
PPMCO	1.0%	2.1%	2.5%	2.8%	2.9%	↑
UHC	1.2%	1.8%	0.6%	2.2%	1.8%	↑
WPM	0.6%	1.6%	2.9%	0.9%	1.4%	↓
MARR	0.8%	1.1%	1.8%	1.6%	1.8%	

Cardiac Rehabilitation - Engagement1 (CRE)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	3.6%	4.1%	6.3%	2.0%	2.9%	↓
CFCHP	3.7%	0.0%	4.6%	4.9%	5.4%	↑
JMS	1.2%	1.4%	0.0%	0.0%	5.4%	↑
KPMAS	0.0%	0.0%	0.0%	0.0%	0.0%	↓
MPC	2.4%	2.6%	2.9%	3.4%	6.4%	↑
MSFC	0.0%	0.0%	0.0%	4.0%	6.1%	↑
PPMCO	3.0%	3.2%	2.7%	5.3%	6.2%	↑
UHC	3.1%	3.6%	2.7%	4.4%	2.8%	↓
WPM	1.4%	1.6%	4.6%	2.7%	2.1%	↓
MARR	2.0%	1.8%	2.6%	3.0%	4.2%	

Cardiac Rehabilitation - Engagement2 (CRE)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	3.6%	2.0%	8.3%	4.1%	5.9%	↑
CFCHP	5.5%	0.0%	3.8%	3.9%	5.4%	↑
JMS	0.0%	1.4%	1.3%	0.0%	8.1%	↑
KPMAS	0.0%	0.0%	1.1%	0.0%	0.0%	↓
MPC	2.4%	2.8%	3.6%	1.7%	7.9%	↑
MSFC	0.0%	0.0%	0.0%	1.6%	6.1%	↑
PPMCO	2.8%	3.7%	4.7%	5.6%	6.7%	↑
UHC	3.5%	4.8%	4.4%	4.4%	6.4%	↑
WPM	0.8%	3.6%	5.8%	2.3%	2.9%	↓
MARR	2.1%	2.1%	3.7%	2.6%	5.5%	

Cardiac Rehabilitation - Initiation (CRE)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	0.0%	0.0%	0.0%	0.0%	2.9%	↓
CFCHP	1.8%	0.0%	3.8%	1.0%	6.8%	↑
JMS	0.0%	0.0%	0.0%	0.0%	0.0%	↓
KPMAS	0.0%	0.0%	0.0%	0.0%	0.0%	↓
MPC	1.0%	0.5%	1.3%	0.0%	3.5%	↓
MSFC	0.4%	0.7%	0.0%	1.6%	3.1%	↓
PPMCO	2.2%	2.4%	0.3%	1.7%	5.2%	↑
UHC	2.3%	2.4%	1.1%	1.1%	0.9%	↓
WPM	0.8%	0.0%	1.7%	1.8%	1.4%	↓
MARR	1.0%	0.7%	0.9%	0.8%	2.6%	

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 MY 2025:

- No changes to this measure.

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	TB ¹	TB ¹	TB ¹	NA	NA	
CFCHP	TB ¹	TB ¹	TB ¹	NA	NA	
JMS	TB ¹	TB ¹	TB ¹	NA	NA	
KPMAS	TB ¹	TB ¹	TB ¹	NA	NA	
MPC	TB ¹	TB ¹	TB ¹	55.3%	66.7%	↑
MSFC	TB ¹	TB ¹	TB ¹	56.7%	NA	
PPMCO	TB ¹	TB ¹	TB ¹	43.3%	42.5%	↓
UHC	TB ¹	TB ¹	TB ¹	NA	NA	
WPM	TB ¹	TB ¹	TB ¹	NA	NA	
MARR				51.8%	54.6%	

TB¹ Trending break for MY2024, results cannot be compared to the prior year benchmarks.

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 have found that treating with statins reduces ASCVD events. Based on these data, the Blood Cholesterol Expert Panel from the American College of Cardiology and the American Heart Association 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 MY 2025:

- Added a required exclusion for muscular reactions to statins.
- Technical Update: Revised the High- and Moderate-Intensity Statin Medications table.

Statin Therapy for Patients with Cardiovascular Disease (SPC), Received Statin Therapy, Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	81.5%	81.0%	83.7%	77.8%	76.5%	↓
CFCHP	77.6%	77.5%	80.8%	81.8%	82.7%	↑
JMS	87.2%	83.9%	90.5%	86.1%	88.2%	↑
KPMAS	87.2%	85.9%	89.8%	88.8%	89.9%	↑
MPC	79.6%	77.7%	79.4%	78.7%	80.8%	↑
MSFC	82.0%	81.1%	84.7%	84.3%	85.8%	↑
PPMCO	81.1%	79.9%	81.2%	80.6%	83.4%	↑
UHC	78.3%	77.9%	78.7%	79.6%	80.4%	↑
WPM	76.2%	77.9%	78.9%	78.7%	77.3%	↓
MARR	81.2%	80.3%	83.1%	81.8%	82.8%	

Performance Monitoring Measure for MY 2025

**Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Adherence 80%,
Total**

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	60.0%	49.2%	53.1%	65.1%	65.4%	↓
CFCHP	66.4%	72.0%	70.0%	74.5%	77.0%	↑
JMS	50.3%	53.1%	54.4%	48.9%	51.8%	↓
KPMAS	66.5%	67.7%	62.9%	60.1%	58.5%	↓
MPC	64.5%	68.2%	71.8%	70.1%	68.7%	↓
MSFC	73.1%	73.0%	69.6%	68.1%	76.8%	↑
PPMCO	54.9%	57.1%	61.8%	68.1%	66.5%	↓
UHC	67.0%	67.4%	65.0%	72.8%	67.5%	↓
WPM	57.8%	60.1%	57.5%	61.6%	58.4%	↓
MARR	62.3%	63.1%	62.9%	65.5%	65.6%	

Performance Monitoring Measure for MY 2025

Diabetes

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 American Diabetes Association. Retrieved from
https://diabetesjournals.org/care/article/48/Supplement_1/S14/157553/1-Improving-Care-and-Promoting-Health-in

Blood Pressure Control for Patients with Diabetes (BPD)

Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Blood Pressure Control for Patients with Diabetes (BPD)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	57.4%	58.2%	61.1%	70.4%	76.7%	↑
CFCHP	58.6%	63.3%	65.9%	68.1%	73.1%	↑
JMS	72.1%	71.5%	74.0%	69.3%	68.1%	↓
KPMAS	77.4%	78.1%	78.8%	83.2%	84.4%	↑
MPC	56.0%	71.5%	74.5%	76.2%	79.6%	↑
MSFC	25.9%	56.0%	61.8%	71.8%	72.5%	↑
PPMCO	56.0%	58.4%	58.4%	69.1%	77.4%	↑
UHC	60.8%	63.5%	65.5%	69.1%	72.3%	↑
WPM	53.3%	51.6%	60.3%	64.5%	67.2%	↓
MARR	57.5%	63.6%	66.7%	71.3%	74.6%	

Performance Monitoring Measure for MY 2025

Eye Exam for Patients with Diabetes (EED)

Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Summary of Changes to HEDIS MY 2025:

- Moved bilateral eye enucleation from the numerator to required exclusions.
- Added new criteria for identifying numerator events.
- Removed the Hybrid Data Collection Method.
- Removed the data source reporting requirement from the race and ethnicity stratification.
- Technical Update: Revised the required exclusions and numerator.

Eye Exam for Patients with Diabetes (EED)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	TB ¹	TB ¹	TB ¹	TB ¹	52.3%	↓
CFCHP	TB ¹	TB ¹	TB ¹	TB ¹	48.6%	↓
JMS	TB ¹	TB ¹	TB ¹	TB ¹	73.0%	↑
KPMAS	TB ¹	TB ¹	TB ¹	TB ¹	88.4%	↑
MPC	TB ¹	TB ¹	TB ¹	TB ¹	55.5%	↓
MSFC	TB ¹	TB ¹	TB ¹	TB ¹	28.6%	↓
PPMCO	TB ¹	TB ¹	TB ¹	TB ¹	54.5%	↓
UHC	TB ¹	TB ¹	TB ¹	TB ¹	50.8%	↓
WPM	TB ¹	TB ¹	TB ¹	TB ¹	49.8%	↓
MARR					55.7%	

TB¹ Trending break for MY2025, results cannot be compared to the prior year benchmarks.

Glycemic Status Assessment for Patients with Diabetes (GSD)

Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%)

Note: A lower rate indicates better performance for HbA1c poor control.

Summary of Changes to HEDIS MY 2025:

- Removed the data source reporting requirement from the race and ethnicity stratification.

Glycemic Status Assessment for Patients with Diabetes (GSD), Control (<8.0%)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	52.8%	55.7%	58.0%	59.6%	63.1%	↑
CFCHP	54.0%	54.0%	63.8%	65.2%	64.9%	↑
JMS	59.5%	62.3%	60.3%	60.6%	58.9%	↑
KPMAS	62.0%	59.0%	60.5%	60.6%	67.3%	↑
MPC	57.4%	56.0%	60.1%	63.5%	65.9%	↑
MSFC	56.6%	61.6%	60.6%	64.5%	61.3%	↑
PPMCO	55.2%	56.7%	53.5%	59.4%	64.5%	↑
UHC	53.0%	55.2%	56.0%	56.5%	64.2%	↑
WPM	55.7%	55.2%	58.4%	54.3%	57.4%	↓
MARR	56.3%	57.3%	59.0%	60.4%	63.1%	

Performance Monitoring Measure for MY 2025

Glycemic Status Assessment for Patients with Diabetes (GSD), Poor Control (>9.0%)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	35.5%	38.0%	34.2%	31.4%	28.9%	↓
CFCHP	38.7%	38.0%	29.0%	26.3%	25.0%	↓
JMS	28.4%	29.2%	31.9%	29.4%	32.1%	↓
KPMAS	29.2%	30.7%	29.1%	28.7%	24.2%	↓
MPC	32.4%	32.9%	29.2%	28.5%	26.5%	↓
MSFC	34.6%	30.7%	31.4%	27.3%	29.7%	↓
PPMCO	35.3%	32.4%	35.3%	33.3%	24.1%	↓
UHC	39.7%	36.3%	34.6%	35.0%	27.5%	↓
WPM	37.5%	37.2%	32.6%	36.0%	36.0%	↑
MARR	34.6%	33.9%	31.9%	30.7%	28.2%	

Performance Monitoring Measure for MY 2025

Kidney Health Evaluation for Patients with Diabetes (KED)

Description

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Rationale

Annual kidney health evaluation in patients with diabetes to determine risk of chronic kidney disease (CKD) using eGFR and uACR is recommended by clinical practice guidelines and has been a focus of various national health care quality improvement initiatives. However, performance of these tests in patients with diabetes remains low. Improved rates of comprehensive kidney health evaluation in patients with diabetes is needed to identify and treat CKD in this high-risk population more consistently.

National Kidney Foundation. Retrieved from <https://www.kidney.org/content/kidney-health-evaluation-measure>

Summary of Changes to HEDIS MY 2025

- Removed the data source reporting requirement from the race and ethnicity stratification.

Kidney Health Evaluation for Patients with Diabetes (KED) 18-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	34.0%	36.3%	37.1%	43.8%	49.8%	↑
CFCHP	37.3%	35.4%	38.8%	45.0%	48.9%	↑
JMS	57.8%	64.7%	58.7%	63.7%	69.0%	↑
KPMAS	77.8%	79.3%	78.3%	79.9%	83.9%	↑
MPC	35.1%	37.0%	39.1%	42.5%	44.4%	↑
MSFC	49.4%	44.8%	41.0%	47.2%	52.0%	↑
PPMCO	33.5%	35.3%	37.6%	44.4%	47.7%	↑
UHC	40.1%	40.2%	42.2%	42.1%	46.3%	↑
WPM	39.1%	39.7%	42.0%	43.6%	46.4%	↑
MARR	44.9%	45.9%	46.1%	50.2%	54.3%	

Performance Monitoring Measure for MY 2025

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 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. 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 American Diabetes Association guidelines) that diabetic individuals with other risk factors should indeed be treated with a statin.

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

Summary of Changes to HEDIS MY 2025:

- Added muscular reactions to statins to the required exclusions.
- Technical Update: Revised the High, Moderate, and Low-Intensity Statin Medications table.

Statin Therapy for Patients with Diabetes (SPD), Received Statin Therapy

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	59.5%	61.2%	60.0%	64.4%	69.8%	↑
CFCHP	64.2%	65.2%	63.5%	66.1%	69.0%	↑
JMS	70.3%	72.9%	75.2%	75.3%	74.5%	↑
KPMAS	77.7%	75.6%	75.5%	78.9%	81.7%	↑
MPC	63.0%	62.0%	61.9%	63.1%	63.7%	↓
MSFC	67.1%	65.8%	64.1%	68.2%	69.8%	↑
PPMCO	63.8%	62.6%	64.3%	66.4%	68.9%	↑
UHC	68.1%	66.9%	67.0%	66.5%	65.0%	↓
WPM	66.7%	64.9%	65.7%	67.6%	68.5%	↑
MARR	66.7%	66.3%	66.4%	68.5%	70.1%	

Performance Monitoring Measure for MY 2025

Statin Therapy for Patients with Diabetes (SPD), Statin Adherence 80%

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	53.4%	48.9%	47.8%	61.0%	51.2%	↓
CFCHP	62.6%	66.6%	63.0%	68.1%	73.7%	↑
JMS	47.9%	52.7%	50.9%	42.0%	47.6%	↓
KPMAS	57.8%	61.0%	64.1%	53.5%	54.7%	↓
MPC	60.4%	61.7%	64.0%	63.5%	63.4%	↓
MSFC	69.1%	71.4%	70.1%	64.4%	69.1%	↑
PPMCO	47.6%	49.6%	56.5%	60.2%	61.7%	↓
UHC	64.6%	63.7%	64.2%	65.9%	63.8%	↓
WPM	50.1%	51.0%	51.3%	52.3%	52.0%	↓
MARR	57.0%	58.5%	59.1%	59.0%	59.7%	

Performance Monitoring Measure for MY 2025

Behavioral Health

Diagnosed Mental Health Disorders (DMH)

Description

The percentage of members one year of age and older who were diagnosed with a mental health disorder during the measurement year.

Note: The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor lower rate indicates better performance.

Rationale

The revisions to the previous MPT measure, moving from a utilization measure to a diagnosed-prevalence measure, enables health plans to gain insight on diagnosed mental health disorders, and gain insight on the potential underdiagnosis of these conditions in their population. The measure's performance scores may also provide an estimate of the population size assessed and affected by complementary behavioral health quality measures.

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Diagnosed Mental Health Disorders (DMH), 1-17

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		10.6%	11.7%	13.2%	14.6%	↓
CFCHP		15.5%	16.0%	19.1%	20.7%	↓
JMS		13.7%	23.6%	26.3%	28.0%	↑
KPMAS		14.4%	14.8%	15.1%	17.7%	↓
MPC		13.8%	14.4%	15.9%	16.9%	↓
MSFC		12.3%	10.6%	11.5%	13.4%	↓
PPMCO		14.9%	15.5%	16.7%	17.8%	↓
UHC		20.0%	20.4%	22.4%	23.7%	↓
WPM		11.9%	12.7%	13.9%	14.9%	↓
MARR		14.1%	15.5%	17.1%	18.6%	

Diagnosed Mental Health Disorders (DMH), 18-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		16.3%	17.1%	21.2%	25.9%	↓
CFCHP		26.8%	27.4%	31.5%	36.9%	↑
JMS		20.6%	33.7%	37.9%	42.7%	↑
KPMAS		16.3%	16.0%	16.4%	23.3%	↓
MPC		23.8%	24.8%	26.5%	29.1%	↓
MSFC		18.7%	16.2%	17.6%	22.2%	↓
PPMCO		23.3%	23.7%	25.4%	28.3%	↓
UHC		30.4%	30.8%	33.7%	37.8%	↑
WPM		17.6%	18.5%	19.7%	21.6%	↓
MARR		21.5%	23.1%	25.5%	29.7%	

Diagnosed Mental Health Disorders (DMH), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		14.5%	15.3%	18.2%	21.2%	↓
CFCHP		23.0%	23.5%	27.0%	30.3%	↓
JMS		18.7%	30.9%	34.5%	37.7%	↑
KPMAS		15.6%	15.6%	15.9%	20.8%	↓
MPC		19.7%	20.6%	22.0%	23.5%	↓
MSFC		16.5%	14.2%	15.3%	18.5%	↓
PPMCO		19.3%	19.8%	21.1%	22.8%	↓
UHC		25.9%	26.3%	28.7%	31.1%	↓
WPM		14.6%	15.5%	16.6%	17.8%	↓
MARR		18.6%	20.2%	22.1%	24.9%	

Diagnosed Substance Use Disorders (DSU)

Description

The percentage of members 13 years of age and older who were diagnosed with a substance use disorder during the measurement year. Four rates are reported:

1. The percentage of members diagnosed with an alcohol disorder.
2. The percentage of members diagnosed with an opioid disorder.
3. The percentage of members diagnosed with a disorder for other or unspecified drugs.
4. The percentage of members diagnosed with any substance use disorder.

Note: The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance.

Rationale

The revisions to the previous IAD measure, moving from a utilization measure to a diagnosed-prevalence measure, enables health plans to gain insight on diagnosed substance use disorders, and gain insight on the potential underdiagnosis of these conditions in their population. The measure's performance scores may also provide an estimate of the population size assessed and affected by complementary behavioral health quality measures.

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Diagnosed Substance Use Disorders (DSU), Alcohol (13-17)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		0.0%	0.1%	0.1%	0.1%	↓
CFCHP		0.1%	0.1%	0.1%	0.1%	↓
JMS		0.1%	0.0%	0.1%	0.2%	↓
KPMAS		0.1%	0.1%	0.1%	0.0%	↓
MPC		0.1%	0.1%	0.1%	0.1%	↓
MSFC		0.0%	0.1%	0.1%	0.1%	↓
PPMCO		0.1%	0.1%	0.1%	0.1%	↓
UHC		0.1%	0.2%	0.1%	0.1%	↓
WPM		0.1%	0.1%	0.1%	0.1%	↓
MARR		0.1%	0.1%	0.1%	0.1%	

Diagnosed Substance Use Disorders (DSU), Alcohol (18-64)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		2.5%	2.5%	2.5%	2.8%	↓
CFCHP		3.0%	2.9%	2.9%	3.9%	↑
JMS		4.5%	4.8%	4.8%	7.2%	↑
KPMAS		1.2%	1.1%	1.1%	1.4%	↓
MPC		2.4%	2.5%	2.6%	2.6%	↓
MSFC		2.1%	1.7%	1.7%	1.9%	↓
PPMCO		2.2%	2.2%	2.1%	2.2%	↓
UHC		2.9%	3.0%	2.8%	3.8%	↑
WPM		1.9%	1.9%	1.8%	1.8%	↓
MARR		2.5%	2.5%	2.5%	3.1%	

Diagnosed Substance Use Disorders (DSU), Alcohol (Total)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		2.2%	2.3%	2.2%	2.4%	↓
CFCHP		2.7%	2.6%	2.6%	3.4%	↑
JMS		4.1%	4.3%	4.3%	6.3%	↑
KPMAS		1.1%	1.0%	1.0%	1.2%	↓
MPC		2.0%	2.1%	2.1%	2.1%	↓
MSFC		1.8%	1.5%	1.5%	1.6%	↓
PPMCO		1.7%	1.7%	1.7%	1.7%	↓
UHC		2.4%	2.4%	2.3%	3.0%	↑
WPM		1.5%	1.4%	1.4%	1.3%	↓
MARR		2.2%	2.1%	2.1%	2.5%	

Diagnosed Substance Use Disorders (DSU), Opioid (13-17)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		0.1%	0.0%	0.0%	0.0%	↓
CFCHP		0.1%	0.1%	0.1%	0.0%	↓
JMS		0.0%	0.0%	0.1%	0.1%	↑
KPMAS		0.0%	0.1%	0.0%	0.0%	↓
MPC		0.0%	0.0%	0.0%	0.0%	↓
MSFC		0.0%	0.0%	0.0%	0.1%	↓
PPMCO		0.0%	0.0%	0.1%	0.0%	↓
UHC		0.0%	0.1%	0.1%	0.0%	↓
WPM		0.1%	0.1%	0.1%	0.0%	↓
MARR		0.0%	0.1%	0.0%	0.0%	

Diagnosed Substance Use Disorders (DSU), Opioid (18-64)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		1.6%	1.9%	2.0%	2.6%	↓
CFCHP		3.9%	3.5%	3.8%	5.1%	↑
JMS		5.1%	7.0%	7.2%	12.1%	↑
KPMAS		0.5%	0.5%	0.5%	0.5%	↓
MPC		3.6%	3.9%	3.9%	4.3%	↑
MSFC		1.9%	1.6%	1.9%	2.4%	↓
PPMCO		2.6%	2.6%	2.7%	3.0%	↓
UHC		4.4%	4.3%	4.5%	6.2%	↑
WPM		2.1%	2.3%	2.2%	2.3%	↓
MARR		2.8%	3.0%	3.2%	4.3%	

Diagnosed Substance Use Disorders (DSU), Opioid (Total)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		1.4%	1.7%	1.8%	2.2%	↓
CFCHP		3.4%	3.1%	3.3%	4.4%	↑
JMS		4.6%	6.3%	6.4%	10.6%	↑
KPMAS		0.5%	0.4%	0.4%	0.4%	↓
MPC		3.0%	3.3%	3.2%	3.5%	↑
MSFC		1.7%	1.4%	1.6%	2.0%	↓
PPMCO		2.1%	2.0%	2.1%	2.2%	↓
UHC		3.5%	3.5%	3.6%	4.8%	↑
WPM		1.6%	1.7%	1.6%	1.6%	↓
MARR		2.4%	2.6%	2.7%	3.5%	

Diagnosed Substance Use Disorders (DSU), Other (13-17)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		0.3%	0.6%	0.3%	0.5%	↓
CFCHP		0.4%	0.4%	0.5%	0.6%	↓
JMS		0.4%	0.4%	1.2%	1.8%	↑
KPMAS		0.2%	0.2%	0.2%	0.3%	↓
MPC		0.4%	0.5%	0.5%	0.5%	↓
MSFC		0.3%	0.3%	0.3%	0.4%	↓
PPMCO		0.5%	0.4%	0.5%	0.4%	↓
UHC		0.5%	0.6%	0.5%	0.7%	↓
WPM		0.5%	0.6%	0.6%	0.5%	↓
MARR		0.4%	0.5%	0.5%	0.6%	

Diagnosed Substance Use Disorders (DSU), Other (18-64)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		2.3%	2.2%	2.5%	3.0%	↓
CFCHP		3.0%	2.7%	2.9%	4.3%	↓
JMS		5.8%	6.0%	6.4%	9.2%	↑
KPMAS		1.2%	1.1%	1.0%	1.4%	↓
MPC		3.0%	3.5%	3.5%	3.6%	↓
MSFC		2.1%	1.7%	1.9%	2.0%	↓
PPMCO		2.6%	2.6%	2.7%	2.8%	↓
UHC		3.1%	3.1%	3.3%	4.6%	↓
WPM		2.2%	2.4%	2.3%	2.3%	↓
MARR		2.8%	2.8%	2.9%	3.7%	

Diagnosed Substance Use Disorders (DSU), Other (Total)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		2.1%	2.0%	2.2%	2.6%	↓
CFCHP		2.7%	2.4%	2.6%	3.8%	↓
JMS		5.3%	5.5%	5.8%	8.3%	↑
KPMAS		1.1%	1.0%	0.9%	1.2%	↓
MPC		2.6%	3.0%	3.0%	2.9%	↓
MSFC		1.9%	1.6%	1.7%	1.8%	↓
PPMCO		2.2%	2.2%	2.2%	2.2%	↓
UHC		2.6%	2.6%	2.8%	3.7%	↓
WPM		1.8%	1.9%	1.8%	1.7%	↓
MARR		2.5%	2.5%	2.5%	3.1%	

Diagnosed Substance Use Disorders (DSU), Any (13-17)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		0.3%	0.6%	0.4%	0.5%	↓
CFCHP		0.6%	0.6%	0.6%	0.7%	↓
JMS		0.4%	0.4%	1.3%	2.0%	↑
KPMAS		0.2%	0.3%	0.2%	0.3%	↓
MPC		0.4%	0.6%	0.7%	0.6%	↓
MSFC		0.3%	0.4%	0.3%	0.5%	↓
PPMCO		0.6%	0.6%	0.6%	0.5%	↓
UHC		0.6%	0.8%	0.6%	0.8%	↓
WPM		0.6%	0.8%	0.7%	0.5%	↓
MARR		0.5%	0.6%	0.6%	0.7%	

Diagnosed Substance Use Disorders (DSU), Any (18-64)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		5.0%	5.1%	5.5%	6.7%	↓
CFCHP		7.5%	6.9%	7.4%	9.4%	↑
JMS		11.4%	12.7%	13.2%	18.6%	↑
KPMAS		2.4%	2.2%	2.1%	2.8%	↓
MPC		7.0%	7.4%	7.5%	8.0%	↓
MSFC		5.0%	4.1%	4.6%	5.2%	↓
PPMCO		5.8%	5.8%	5.9%	6.3%	↓
UHC		7.9%	7.8%	8.1%	10.1%	↑
WPM		4.9%	5.1%	5.0%	5.0%	↓
MARR		6.3%	6.3%	6.6%	8.0%	

Diagnosed Substance Use Disorders (DSU), Any (Total)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		4.6%	4.7%	4.9%	5.8%	↓
CFCHP		6.8%	6.2%	6.5%	8.1%	↑
JMS		10.4%	11.5%	11.9%	16.5%	↑
KPMAS		2.2%	2.0%	1.9%	2.4%	↓
MPC		5.9%	6.2%	6.3%	6.5%	↓
MSFC		4.4%	3.6%	3.9%	4.4%	↓
PPMCO		4.8%	4.7%	4.6%	4.8%	↓
UHC		6.5%	6.4%	6.5%	8.1%	↑
WPM		3.8%	3.9%	3.8%	3.7%	↓
MARR		5.5%	5.5%	5.6%	6.7%	

Pharmacotherapy for Opioid Use Disorder (POD)

Description

The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 days among members age 16 and older with a diagnosis of OUD.

Rationale

Millions of Americans suffer from OUD, which also continues to contribute to overdose deaths. Medications such as buprenorphine and naltrexone are effective for the treatment of OUDs. One study found that after buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37 percent.

National Institute on Drug Abuse. Retrieved from <https://nida.nih.gov/research-topics/opioids>

Summary of Changes to HEDIS MY 2025:

- Removed the data source reporting requirement from the race and ethnicity stratification.

Pharmacotherapy for Opioid Use Disorder (POD), 16-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	0.0%	NA	NA	27.3%	↑
CFCHP	NA	NA	25.8%	19.5%	18.4%	↓
JMS	NA	NA	15.9%	16.8%	22.7%	↓
KPMAS	NA	NA	NA	3.1%	NA	
MPC	8.1%	1.4%	25.6%	30.3%	29.6%	↑
MSFC	NA	0.0%	NA	NA	13.9%	↓
PPMCO	22.3%	16.3%	15.3%	12.5%	20.1%	↓
UHC	35.3%	43.5%	23.3%	20.0%	26.3%	↑
WPM	10.7%	5.1%	13.8%	14.6%	15.1%	↓
MARR	19.4%	11.1%	20.0%	16.7%	21.7%	

Pharmacotherapy for Opioid Use Disorder (POD), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	0.0%	NA	NA	27.3%	↑
CFCHP	NA	NA	25.8%	19.5%	18.4%	↓
JMS	NA	NA	15.9%	16.8%	22.7%	↓
KPMAS	NA	NA	NA	3.1%	NA	
MPC	8.1%	1.4%	25.6%	30.3%	29.6%	↑
MSFC	NA	0.0%	NA	NA	13.9%	↓
PPMCO	22.4%	16.3%	15.3%	12.5%	20.1%	↓
UHC	35.3%	43.5%	23.3%	20.0%	26.3%	↑
WPM	10.7%	5.1%	13.8%	14.6%	15.1%	↓
MARR	19.5%	11.0%	20.0%	16.7%	21.7%	

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2025:

- Technical Update: Revised the calculating number of days covered for long-acting injections definition, required exclusions, and numerator.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	NA	36.1%	60.1%	↓
CFCHP	NA	NA	50.3%	62.0%	61.3%	↓
JMS	NA	NA	43.7%	50.7%	39.5%	↓
KPMAS	52.4%	41.9%	35.6%	35.3%	44.9%	↓
MPC	NA	NA	60.2%	67.5%	65.4%	↑
MSFC	NA	NA	NA	NA	52.9%	↓
PPMCO	54.4%	32.7%	41.4%	24.6%	48.5%	↓
UHC	72.1%	63.0%	67.6%	70.5%	72.9%	↑
WPM	NA	NA	56.7%	56.4%	58.4%	↓
MARR	59.6%	45.9%	50.8%	50.4%	56.0%	

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

Description

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and CVD, 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 U.S. population, much of which is due to somatic conditions, especially CVD. Given the disproportionately high prevalence of cardiovascular risk factors in the population with serious mental illness, screening for these conditions is an important first step for timely diagnosis and appropriate treatment.

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

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	NA	NA	NA	
JMS	NA	NA	NA	NA	NA	
KPMAS	NA	NA	NA	NA	NA	
MPC	NA	78.1%	NA	NA	NA	
MSFC	NA	NA	NA	NA	NA	
PPMCO	78.4%	66.7%	75.0%	NA	NA	
UHC	NA	NA	NA	NA	NA	
WPM	NA	NA	NA	NA	NA	
MARR	78.4%	72.4%	75.0%	NA	NA	

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Description

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

Rationale

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

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

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

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	NA	NA	88.9%	↑
CFCHP	NA	75.0%	78.3%	79.6%	88.5%	↑
JMS	NA	NA	86.7%	75.0%	NA	
KPMAS	NA	NA	NA	NA	NA	
MPC	58.4%	71.8%	77.6%	80.9%	71.7%	↓
MSFC	60.3%	63.6%	60.8%	72.7%	58.6%	↓
PPMCO	65.4%	61.2%	65.1%	70.1%	70.3%	↓
UHC	73.5%	72.0%	68.4%	76.1%	69.6%	↓
WPM	63.1%	70.6%	69.8%	73.7%	79.9%	↑
MARR	64.2%	69.0%	72.4%	75.4%	75.4%	

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

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	NA	93.0%	91.1%	↑
CFCHP	NA	NA	89.1%	90.4%	95.1%	↑
JMS	NA	NA	95.2%	97.7%	97.0%	↑
KPMAS	88.4%	94.2%	96.9%	98.0%	95.9%	↑
MPC	93.2%	94.3%	91.2%	92.8%	93.2%	↑
MSFC	83.5%	NA	NA	NA	87.3%	↑
PPMCO	86.3%	84.9%	86.4%	88.5%	87.6%	↑
UHC	74.9%	71.6%	88.0%	83.1%	86.3%	↑
WPM	92.1%	88.9%	85.5%	88.4%	90.2%	↑
MARR	86.4%	86.8%	90.3%	91.5%	91.5%	

Overuse/Appropriateness

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

Description

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

Rationale

Antibiotic resistance is one of the most urgent threats to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in the U.S., at least two million people become 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 in the U.S., which makes improving antibiotic prescribing and use a national priority.

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

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	56.8%	57.9%	59.5%	58.0%	56.0%	↓
CFCHP	47.0%	60.1%	57.6%	56.4%	53.3%	↓
JMS	64.0%	68.1%	79.5%	67.9%	65.5%	↑
KPMAS	64.3%	80.4%	87.2%	90.0%	91.9%	↑
MPC	42.2%	52.5%	53.8%	53.8%	48.3%	↓
MSFC	54.7%	57.1%	56.3%	55.1%	50.9%	↓
PPMCO	46.4%	58.0%	58.4%	57.5%	51.4%	↓
UHC	51.3%	56.1%	56.8%	55.8%	52.8%	↓
WPM	52.2%	60.7%	60.3%	59.2%	54.8%	↓
MARR	53.2%	61.2%	63.3%	61.5%	58.3%	

Performance Monitoring Measure for MY 2025

Risk of Continued Opioid Use (COU)

Description

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

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

Note: A lower rate indicates better performance.

Rationale

Every day, more than 130 people in the U.S. 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 CDC estimates that the total "economic burden" of prescription opioid misuse alone in the U.S. 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; Opioids. Retrieved from <https://nida.nih.gov/research-topics/opioids>

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Risk of Continued Opioid Use (COU), 15 Days, Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	4.6%	5.1%	4.6%	4.9%	4.9%	↓
CFCHP	5.4%	4.8%	4.4%	4.6%	4.1%	↓
JMS	7.9%	6.2%	7.2%	7.5%	6.3%	↓
KPMAS	3.3%	2.1%	2.0%	2.1%	2.1%	↓
MPC	6.8%	6.2%	6.6%	7.1%	6.7%	↑
MSFC	4.1%	3.7%	4.1%	4.7%	4.9%	↓
PPMCO	7.2%	6.1%	5.8%	5.7%	5.7%	↓
UHC	5.6%	5.3%	5.5%	6.1%	5.3%	↓
WPM	3.1%	3.7%	3.4%	3.7%	3.8%	↓
MARR	5.3%	4.8%	4.8%	5.2%	4.9%	

Risk of Continued Opioid Use (COU), 31 Days, 18-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	3.0%	3.5%	2.9%	3.5%	4.0%	↑
CFCHP	3.7%	3.4%	3.4%	3.5%	3.6%	↓
JMS	6.0%	3.9%	4.3%	4.3%	4.5%	↑
KPMAS	1.1%	0.8%	0.8%	1.3%	0.9%	↓
MPC	4.6%	3.8%	4.0%	4.7%	4.5%	↑
MSFC	2.3%	2.3%	2.6%	2.8%	2.7%	↓
PPMCO	3.6%	3.9%	3.6%	3.8%	3.8%	↓
UHC	3.5%	3.4%	4.0%	4.1%	3.2%	↓
WPM	2.1%	2.4%	2.3%	2.7%	2.5%	↓
MARR	3.3%	3.0%	3.1%	3.4%	3.3%	

Performance Monitoring Measure for MY 2025

Use of Opioids at High Dosage (HDO)

Description

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

Note: A lower rate indicates better performance.

Rationale

Every day, more than 130 people in the U.S. 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 CDC estimates that the total "economic burden" of prescription opioid misuse alone in the U.S. 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; Opioids. Retrieved from <https://nida.nih.gov/research-topics/opioids>

Summary of Changes for HEDIS MY 2025:

- No changes to this measure.

Use of Opioids at High Dosage (HDO)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	6.7%	6.0%	6.1%	5.6%	6.3%	↑
CFCHP	10.5%	8.8%	10.5%	9.1%	8.0%	↑
JMS	3.8%	4.1%	3.4%	2.4%	1.8%	↓
KPMAS	1.6%	2.1%	0.8%	1.5%	1.6%	↓
MPC	13.3%	10.2%	8.0%	7.6%	6.8%	↑
MSFC	4.8%	4.4%	4.3%	4.4%	3.3%	↓
PPMCO	11.2%	11.9%	10.5%	11.2%	9.8%	↑
UHC	7.3%	7.3%	7.8%	8.2%	9.3%	↑
WPM	6.3%	5.5%	5.1%	6.0%	6.1%	↑
MARR	7.3%	6.7%	6.3%	6.2%	5.9%	

Performance Monitoring Measure for MY 2025

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 U.S. 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 MY 2025:

- Revised step 1 of the event/diagnosis to no longer require a diagnosis of uncomplicated low back pain to be in conjunction with a specific visit type.
- Added a diagnosis of osteoporosis to required exclusions.
- Technical Update: Revised the event/diagnosis.

Use of Imaging Studies for Low Back Pain (LBP)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	TB ¹	TB ¹	73.6%	75.9%	72.1%	↑
CFCHP	TB ¹	TB ¹	72.6%	73.3%	68.0%	↓
JMS	TB ¹	TB ¹	82.0%	77.4%	70.5%	↓
KPMAS	TB ¹	TB ¹	78.9%	78.8%	79.5%	↑
MPC	TB ¹	TB ¹	76.0%	74.8%	72.1%	↑
MSFC	TB ¹	TB ¹	73.0%	72.9%	63.4%	↓
PPMCO	TB ¹	TB ¹	80.0%	78.8%	72.8%	↑
UHC	TB ¹	TB ¹	78.0%	77.6%	67.2%	↓
WPM	TB ¹	TB ¹	74.9%	73.9%	70.6%	↓
MARR			76.6%	75.9%	70.7%	

Performance Monitoring Measure for MY 2025.

TB¹ Trending break for MY2023, results cannot be compared to the prior year benchmarks.

Use of Opioids from Multiple Providers (UOP)

Description

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

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

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

Rationale

Every day, more than 130 people in the U.S. 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 CDC estimates that the total “economic burden” of prescription opioid misuse alone in the U.S. 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; Opioids. Retrieved from <https://nida.nih.gov/research-topics/opioids>

Summary of Changes for HEDIS MY 2025:

- No changes to this measure.

Use of Opioids from Multiple Providers (UOP), Multiple Pharmacies

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	4.2%	4.1%	5.8%	4.4%	3.6%	↑
CFCHP	5.0%	3.4%	3.7%	2.7%	3.3%	↑
JMS	6.6%	5.8%	3.2%	3.0%	5.8%	↑
KPMAS	0.8%	0.9%	0.8%	0.6%	0.2%	↓
MPC	4.3%	3.2%	4.2%	3.4%	3.2%	↑
MSFC	5.1%	2.8%	2.9%	1.0%	2.2%	↓
PPMCO	14.1%	3.5%	4.8%	3.2%	3.9%	↑
UHC	2.4%	1.9%	3.1%	1.9%	2.5%	↓
WPM	3.8%	3.2%	2.9%	2.6%	3.1%	↑
MARR	5.1%	3.2%	3.5%	2.5%	3.1%	

Performance Monitoring Measure for MY 2025

Use of Opioids from Multiple Providers (UOP), Multiple Prescribers

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	25.3%	24.1%	24.2%	26.7%	23.8%	↑
CFCHP	22.5%	23.0%	21.9%	22.8%	20.2%	↑
JMS	19.5%	20.0%	18.4%	14.5%	16.9%	↓
KPMAS	26.6%	26.5%	27.9%	28.5%	30.5%	↑
MPC	24.2%	20.9%	21.6%	21.1%	18.7%	↓
MSFC	26.5%	25.5%	24.7%	22.5%	17.3%	↓
PPMCO	23.9%	25.0%	22.5%	21.1%	23.1%	↑
UHC	22.7%	19.9%	21.6%	21.6%	19.4%	↓
WPM	25.2%	23.2%	23.7%	24.1%	19.6%	↓
MARR	24.0%	23.1%	22.9%	22.5%	21.1%	

Use of Opioids from Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	2.3%	2.6%	4.3%	3.8%	2.4%	↑
CFCHP	2.9%	2.2%	2.5%	2.1%	2.1%	↑
JMS	3.9%	2.8%	2.3%	1.6%	2.8%	↑
KPMAS	0.5%	0.6%	0.8%	0.6%	0.2%	↓
MPC	2.3%	2.0%	2.6%	2.6%	1.8%	↓
MSFC	3.5%	2.0%	2.0%	0.7%	1.3%	↓
PPMCO	6.5%	2.3%	3.0%	2.2%	2.7%	↑
UHC	1.4%	1.1%	2.1%	1.0%	1.3%	↓
WPM	2.3%	2.4%	2.2%	1.8%	2.1%	↑
MARR	2.8%	2.0%	2.4%	1.8%	1.9%	

Appropriate Treatment for Upper Respiratory Infection (URI)

Description

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

Rationale

Antibiotic resistance is one of the most urgent threats to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in the U.S., 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 in the U.S., which makes improving antibiotic prescribing and use a national priority.

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

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Appropriate Treatment for Upper Respiratory Infection (URI), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	88.6%	89.0%	87.5%	88.3%	87.4%	↓
CFCHP	86.6%	87.8%	87.2%	87.0%	86.9%	↓
JMS	92.7%	92.6%	92.5%	91.0%	87.3%	↓
KPMAS	93.8%	95.2%	95.5%	97.0%	97.7%	↑
MPC	86.1%	87.9%	86.4%	86.6%	84.9%	↓
MSFC	90.5%	91.0%	87.5%	87.2%	86.8%	↓
PPMCO	90.1%	91.4%	88.9%	88.8%	88.0%	↓
UHC	90.5%	91.4%	88.9%	89.3%	88.4%	↑
WPM	89.7%	91.3%	89.6%	90.0%	89.8%	↑
MARR	89.8%	90.8%	89.3%	89.5%	88.6%	

Access/Availability of Care

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.

1. Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
2. 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.

Healthy People 2030. Retrieved from <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	59.6%	54.5%	53.3%	61.7%	69.4%	↓
CFCHP	64.2%	61.8%	60.1%	67.4%	74.3%	↓
JMS	60.4%	58.2%	57.5%	64.9%	73.5%	↓
KPMAS	72.8%	70.9%	77.0%	74.9%	82.1%	↑
MPC	73.7%	71.8%	72.0%	75.8%	81.2%	↑
MSFC	71.0%	65.6%	62.4%	66.8%	71.6%	↓
PPMCO	75.5%	69.9%	66.5%	71.4%	76.4%	↑
UHC	77.2%	72.5%	69.8%	73.1%	78.3%	↑
WPM	72.6%	69.2%	68.4%	72.7%	76.7%	↑
MARR	69.7%	66.0%	65.2%	69.8%	75.9%	

Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	69.6%	66.2%	65.8%	73.6%	79.2%	↓
CFCHP	75.5%	73.7%	73.1%	79.4%	84.7%	↑
JMS	79.8%	78.1%	76.7%	82.5%	87.7%	↑
KPMAS	80.5%	80.2%	83.8%	83.2%	88.6%	↑
MPC	82.6%	81.3%	81.5%	84.9%	89.4%	↑
MSFC	81.4%	77.8%	76.1%	79.2%	83.7%	↑
PPMCO	83.6%	80.5%	78.2%	82.1%	86.0%	↑
UHC	85.0%	82.6%	80.9%	83.8%	87.4%	↑
WPM	82.1%	79.5%	78.7%	82.9%	86.2%	↑
MARR	80.0%	77.8%	77.2%	81.3%	85.9%	

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

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	62.3%	57.6%	56.7%	65.1%	72.2%	↓
CFCHP	68.0%	65.8%	64.3%	71.4%	77.8%	↓
JMS	68.3%	66.0%	65.0%	72.0%	79.3%	↑
KPMAS	75.3%	73.9%	79.2%	77.6%	84.3%	↑
MPC	76.4%	74.7%	74.9%	78.7%	83.9%	↑
MSFC	74.5%	69.5%	66.9%	71.0%	75.8%	↓
PPMCO	77.9%	72.9%	69.8%	74.5%	79.2%	↑
UHC	80.0%	75.9%	73.5%	76.7%	81.4%	↑
WPM	75.3%	72.0%	71.2%	75.5%	79.4%	↑
MARR	73.1%	69.8%	69.1%	73.6%	79.3%	

Prenatal and Postpartum Care (PPC)

Description

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

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

Rationale

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

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

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

Summary of Changes to HEDIS MY 2025:

- Removed the data source reporting requirement from the race and ethnicity stratification.

Prenatal and Postpartum Care (PPC), Postpartum Care

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	80.6%	78.6%	83.3%	83.3%	87.1%	↑
CFCHP	81.7%	83.5%	88.3%	89.1%	89.0%	↑
JMS	87.5%	85.3%	86.6%	87.8%	86.9%	↑
KPMAS	93.0%	87.3%	91.3%	95.2%	93.7%	↑
MPC	83.7%	83.5%	85.4%	81.8%	84.2%	↑
MSFC	82.8%	88.0%	83.8%	85.0%	86.3%	↑
PPMCO	83.5%	82.0%	78.1%	84.2%	85.9%	↑
UHC	77.4%	74.9%	77.6%	79.6%	82.2%	↑
WPM	83.3%	80.4%	83.2%	84.4%	84.4%	↑
MARR	83.7%	82.6%	84.2%	85.6%	86.6%	

Performance Monitoring Measure for MY 2025

Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	83.7%	84.2%	89.6%	87.9%	91.3%	↑
CFCHP	86.9%	88.9%	93.3%	95.1%	93.6%	↑
JMS	88.9%	87.7%	83.4%	88.3%	88.1%	↑
KPMAS	98.3%	88.6%	94.4%	94.6%	96.2%	↑
MPC	88.6%	89.1%	91.5%	92.7%	91.2%	↑
MSFC	88.0%	83.2%	85.0%	83.8%	85.4%	↑
PPMCO	85.6%	92.2%	85.6%	89.8%	91.0%	↑
UHC	88.3%	87.4%	86.6%	85.4%	88.1%	↑
WPM	91.5%	90.0%	82.0%	87.8%	90.0%	↑
MARR	88.9%	87.9%	87.9%	89.5%	90.5%	

Performance Monitoring Measure for MY 2025

Utilization and Risk Adjusted Utilization

Antibiotic Utilization for Respiratory Conditions (AXR)

Description

The percentage of episodes for members three months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

Rationale

Measures in the HEDIS Utilization domain gather information about how organizations manage the provision of member care and how they use and manage resources. Measure rates are 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.

The AXR measure focuses on antibiotic prescribing specifically for respiratory conditions. Research has shown that antibiotic prescribing for respiratory conditions sometimes varies by nonclinical factors such as geography, provider characteristics, or patient expectations. These factors may lead to the misdiagnosis or overdiagnosis of respiratory conditions—and subsequent overtreatment with antibiotics. Tracking appropriate and inappropriate prescribing for respiratory conditions together may offer a tool for understanding prescribing in the face of misdiagnosis and overdiagnosis of these conditions. When used with the HEDIS antibiotic overuse measures, AXR can help paint a better picture of a health plan's overall antibiotic stewardship efforts.

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Antibiotic Utilization for Respiratory Conditions (AXR), 3-17

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		17.3%	24.9%	26.8%	27.1%	↓
CFCHP		18.8%	27.0%	29.1%	28.8%	↓
JMS		18.0%	23.0%	23.9%	22.8%	↓
KPMAS		10.2%	20.5%	22.4%	24.7%	↓
MPC		19.8%	29.8%	30.9%	31.0%	↑
MSFC		16.1%	25.8%	29.4%	29.8%	↓
PPMCO		16.3%	25.8%	27.2%	26.3%	↓
UHC		15.7%	23.7%	25.9%	26.4%	↓
WPM		15.8%	24.8%	27.2%	27.1%	↓
MARR		16.4%	25.0%	27.0%	27.1%	

Antibiotic Utilization for Respiratory Conditions (AXR), 18-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		15.8%	23.4%	23.7%	22.9%	↓
CFCHP		16.7%	23.5%	25.6%	24.9%	↑
JMS		10.8%	11.4%	12.6%	13.6%	↓
KPMAS		9.4%	16.8%	18.3%	19.1%	↓
MPC		18.7%	25.2%	26.9%	26.3%	↑
MSFC		16.1%	23.9%	26.3%	26.3%	↑
PPMCO		16.4%	22.6%	23.7%	23.5%	↓
UHC		14.3%	21.0%	23.1%	24.4%	↑
WPM		13.9%	22.0%	24.6%	24.1%	↑
MARR		14.7%	21.1%	22.7%	22.8%	

Antibiotic Utilization for Respiratory Conditions (AXR), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		16.5%	24.2%	25.4%	25.3%	↓
CFCHP		17.7%	25.4%	27.5%	27.1%	↓
JMS		13.7%	16.5%	17.7%	18.0%	↓
KPMAS		9.7%	18.7%	20.5%	22.2%	↓
MPC		19.3%	27.9%	29.3%	29.1%	↑
MSFC		16.1%	24.9%	27.9%	28.3%	↑
PPMCO		16.3%	24.7%	26.0%	25.4%	↓
UHC		15.1%	22.7%	24.9%	25.6%	↓
WPM		15.2%	24.0%	26.4%	26.2%	↓
MARR		15.5%	23.2%	25.1%	25.2%	

Plan All-Cause Readmissions (PCR)

Description

For members 18 years of age and older, the number of acute inpatient and observation 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.

Note: For Commercial and Medicaid, report only members 18–64 years of age. A lower rate indicates better performance for Observed/Expected indicator.

Rationale

A “readmission” occurs when a patient is discharged from the hospital and then admitted back into the hospital within a short period of time. A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or a lack of appropriate post-discharge planning and care coordination. Unplanned readmissions are associated with increased mortality and higher health care costs. Unplanned readmissions can be prevented by standardizing and improving care coordination after discharge and increasing support for patient self-management.

Amritphale, Amod, Gregg C. Fonarow, Nupur Amritphale, Bassam Omar, and Errol D. Crook. 2023. “All-Cause Unplanned Readmissions in the United States: Insights from the Nationwide Readmission Database.” Internal Medicine Journal 53(2):262–70. doi: [1111/imj.15581](https://doi.org/10.1111/imj.15581).

Summary of Changes to HEDIS MY 2025:

- Expanded the age and outlier criteria in the Observed Measurement in the Rules for Allowable Adjustments.

Plan All-Cause Readmissions (PCR) - Observed

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	TB ¹	TB ¹	TB ¹	13.4%	9.2%	↓
CFCHP	TB ¹	TB ¹	TB ¹	11.7%	10.1%	↓
JMS	TB ¹	TB ¹	TB ¹	8.7%	7.9%	↓
KPMAS	TB ¹	TB ¹	TB ¹	7.7%	7.0%	↓
MPC	TB ¹	TB ¹	TB ¹	10.7%	10.7%	↑
MSFC	TB ¹	TB ¹	TB ¹	8.6%	9.5%	↓
PPMCO	TB ¹	TB ¹	TB ¹	8.7%	9.1%	↓
UHC	TB ¹	TB ¹	TB ¹	11.0%	11.2%	↑
WPM	TB ¹	TB ¹	TB ¹	9.0%	9.0%	↓
MARR				9.9%	9.3%	

TB¹ Trending break for MY2024, results cannot be compared to the prior year benchmarks.

Plan All-Cause Readmissions (PCR) - Observed / Expected

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	TB ¹	TB ¹	TB ¹	1.54	1.05	↓
CFCHP	TB ¹	TB ¹	TB ¹	1.33	1.15	↓
JMS	TB ¹	TB ¹	TB ¹	0.92	0.84	↓
KPMAS	TB ¹	TB ¹	TB ¹	0.95	0.87	↓
MPC	TB ¹	TB ¹	TB ¹	1.25	1.22	↑
MSFC	TB ¹	TB ¹	TB ¹	1.04	1.12	↓
PPMCO	TB ¹	TB ¹	TB ¹	1.04	1.07	↓
UHC	TB ¹	TB ¹	TB ¹	1.26	1.27	↑
WPM	TB ¹	TB ¹	TB ¹	1.09	1.08	↓
MARR				1.16	1.07	

Performance Monitoring Measure for MY 2025.

TB¹ Trending break for MY2024, results cannot be compared to the prior year benchmarks.

Well-Child Visits in the First 30 Months of Life (W30)

Description

The percentage of members who had the following number of well-child visits with a primary care provider during the last 15 months. The following rates are reported:

1. *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months – 30 Months.* Children who turned 30 months old during the measurement year: Two 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 during the first year of life and beyond 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 [AAP Schedule of Well-Child Care Visits - Healthychildren.org](https://www.aap.org/schedule-of-well-child-care-visits)

Summary of Changes to HEDIS MY 2025:

- Removed telehealth well visits from the numerator.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Well-Child Visits in the First 30 Months of Life (W30), 15 months

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	43.0%	48.8%	51.5%	53.3%	72.0%	↑
CFCHP	47.9%	52.0%	52.8%	68.1%	71.0%	↑
JMS	53.4%	56.1%	59.8%	54.6%	68.3%	↑
KPMAS	68.2%	74.9%	72.7%	79.1%	85.6%	↑
MPC	54.2%	58.7%	58.8%	60.9%	67.6%	↑
MSFC	54.1%	53.4%	54.3%	58.1%	66.0%	↑
PPMCO	56.6%	57.1%	58.9%	62.6%	72.1%	↑
UHC	58.5%	58.9%	59.5%	64.0%	71.3%	↑
WPM	56.9%	57.2%	57.2%	61.0%	74.0%	↑
MARR	54.8%	57.5%	58.4%	62.4%	72.0%	

Performance Monitoring Measure for MY 2025

Well-Child Visits in the First 30 Months of Life (W30), 15-30 months

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	67.8%	65.3%	68.6%	71.4%	80.2%	⬆
CFCHP	73.9%	66.2%	66.2%	70.9%	78.2%	⬆
JMS	72.2%	70.1%	73.1%	74.7%	76.1%	⬆
KPMAS	74.1%	74.4%	75.6%	79.6%	87.7%	⬆
MPC	70.3%	67.5%	68.8%	72.2%	80.4%	⬆
MSFC	73.0%	67.9%	70.9%	76.8%	79.7%	⬆
PPMCO	75.2%	71.7%	71.2%	75.7%	82.0%	⬆
UHC	76.5%	72.1%	71.5%	76.3%	83.4%	⬆
WPM	77.9%	75.6%	75.3%	80.1%	84.6%	⬆
MARR	73.4%	70.1%	71.2%	75.3%	81.4%	

Performance Monitoring Measure for MY 2025

Child and Adolescent Well-Care Visits (WCV)

Description

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year.

Rationale

The American Academy of Pediatrics and Bright Futures recommend annual well-care visits from ages 3–21. Benefits of well-child visits include preventing illness, tracking growth and development, addressing concerns as they arise, and creating relationships between the practitioner, parent, and child or adolescent.

American Academy of Pediatrics. Retrieved from [AAP Schedule of Well-Child Care Visits - HealthyChildren.org](https://www.aap.org/schedule-of-well-child-care-visits)

Summary of Changes to HEDIS MY 2025:

- Removed telehealth well visits from the numerator.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Child and Adolescent Well-Care Visits (WCV), 3-11 years

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	53.4%	53.1%	57.4%	61.7%	68.2%	↑
CFCHP	57.2%	54.6%	54.3%	58.7%	63.6%	↑
JMS	69.8%	70.4%	69.3%	76.5%	77.1%	↑
KPMAS	70.1%	65.3%	68.8%	72.3%	75.3%	↑
MPC	60.7%	59.1%	60.7%	64.3%	66.1%	↑
MSFC	64.0%	56.9%	58.9%	60.8%	64.4%	↑
PPMCO	64.0%	62.6%	62.8%	65.8%	69.8%	↑
UHC	68.2%	64.8%	64.6%	68.9%	70.3%	↑
WPM	71.2%	67.0%	69.8%	73.3%	75.3%	↑
MARR	64.3%	61.5%	62.9%	66.9%	70.0%	

Child and Adolescent Well-Care Visits (WCV), 12-17 years

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	44.6%	43.8%	46.9%	49.9%	56.9%	↑
CFCHP	45.7%	45.0%	44.0%	49.4%	53.1%	↓
JMS	66.6%	65.2%	62.4%	70.9%	69.3%	↑
KPMAS	60.2%	54.3%	58.7%	62.0%	66.1%	↑
MPC	54.0%	51.8%	54.0%	56.5%	58.0%	↑
MSFC	57.7%	49.2%	51.5%	52.6%	55.0%	↓
PPMCO	58.5%	56.2%	56.5%	60.0%	63.4%	↑
UHC	62.7%	59.2%	58.4%	61.2%	63.0%	↑
WPM	66.8%	62.2%	66.1%	68.1%	70.0%	↑
MARR	57.4%	54.1%	55.4%	58.9%	61.7%	

Child and Adolescent Well-Care Visits (WCV), 18-21 years

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	26.1%	24.3%	27.4%	32.3%	35.5%	↑
CFCHP	28.1%	25.8%	24.4%	28.9%	35.1%	↑
JMS	59.5%	57.4%	54.2%	58.5%	61.3%	↑
KPMAS	38.9%	32.5%	36.6%	39.2%	42.4%	↑
MPC	31.9%	31.4%	32.5%	36.1%	38.6%	↑
MSFC	41.3%	34.8%	34.2%	35.9%	37.0%	↑
PPMCO	36.7%	35.1%	35.2%	39.0%	42.5%	↑
UHC	41.8%	38.1%	38.4%	42.4%	41.9%	↑
WPM	42.4%	38.7%	42.4%	45.8%	48.9%	↑
MARR	38.5%	35.4%	36.1%	39.8%	42.6%	

Child and Adolescent Well-Care Visits (WCV), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	45.7%	45.3%	50.0%	54.3%	60.7%	↑
CFCHP	49.2%	46.9%	46.5%	51.6%	56.5%	↑
JMS	66.8%	66.2%	64.3%	71.4%	71.8%	↑
KPMAS	62.0%	56.7%	61.3%	64.7%	68.4%	↑
MPC	53.5%	51.7%	53.6%	56.9%	58.8%	↑
MSFC	57.9%	50.4%	52.2%	54.0%	57.0%	↑
PPMCO	57.8%	55.8%	56.2%	59.5%	63.2%	↑
UHC	61.6%	57.8%	57.7%	61.5%	62.7%	↑
WPM	65.2%	60.6%	64.0%	66.8%	68.9%	↑
MARR	57.7%	54.6%	56.2%	60.1%	63.1%	

Performance Monitoring Measure for MY 2025

Measures Reported Using Electronic Clinical Data Systems (ECDS)

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

Description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

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

Rationale

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

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

Summary of Changes to HEDIS MY 2025:

- Removed “Programming Guidance” from the Characteristics section.
- Technical Update: Deleted ADHD medications: Dexmethylphenidate Serdexmethylphenidate Medications List from the identifying same or different drugs definition.
- Added ADHD medication: viloxazine.
- Clarified the age criteria in step 1 of the Initial Population 1.
- Removed the Data criteria (element level) section.

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Continuation Phase

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	0.0%	33.3%	12.5%	25.0%	22.6%	↓
CFCHP	NA	50.0%	NA	29.3%	46.7%	↓
JMS	NA	NA	NA	25.0%	18.2%	↓
KPMAS	NA	NA	NA	67.9%	56.8%	↑
MPC	NA	NA	NA	33.9%	27.5%	↓
MSFC	NA	NA	0.0%	27.7%	38.0%	↓
PPMCO	NA	29.0%	NA	31.5%	30.2%	↓
UHC	28.6%	40.6%	NA	47.0%	40.4%	↓
WPM	NA	NA	NA	31.4%	30.3%	↓
MARR	14.3%	38.2%	6.3%	35.4%	34.5%	

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Acute Phase

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	0.0%	19.1%	17.2%	31.0%	27.6%	↓
CFCHP	NA	41.2%	NA	34.3%	37.5%	↓
JMS	NA	NA	NA	17.7%	23.9%	↓
KPMAS	NA	NA	NA	66.7%	68.6%	↑
MPC	NA	NA	NA	30.5%	30.8%	↓
MSFC	NA	NA	0.0%	27.0%	28.6%	↓
PPMCO	NA	30.2%	NA	32.2%	31.2%	↓
UHC	31.9%	39.0%	NA	37.7%	36.6%	↓
WPM	NA	NA	NA	33.7%	33.8%	↓
MARR	15.9%	32.4%	8.6%	34.5%	35.4%	

Adult Immunization Status (AIS-E)

Description

The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, and hepatitis B.

Rationale

Vaccines are recommended for adults to prevent serious disease, hospitalization, and death. Specifically, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommends adults ages 19 and older receive an annual influenza vaccine and booster doses every 10 years of either tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. ACIP also recommends routine zoster vaccination for adults ages 50 and older and pneumococcal vaccination for adults ages 65 and older. Many adults are not fully vaccinated and improving adult vaccination is a national priority. For instance, the National Adult Immunization Plan outlines a set of actions needed to achieve optimal prevention of infectious disease and specifically recommends regular monitoring of recommended adult vaccines.

Freedman M.S., Hunter P., Ault K., Kroger A. 2020. "Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2020." MMWR Morb Mortal Wkly Rep 2020;69:133–135. DOI: <http://dx.doi.org/10.15585/mmwr.mm6905a4>.

Summary of Changes to HEDIS MY 2025:

- Added a hepatitis B immunization indicator.
- Updated clinical recommendation statement and citations.
- Updated the denominator age range for the pneumococcal immunization indicator.
- Removed the herpes zoster live vaccine from the herpes zoster immunization indicator.
- Technical Update: Revised the numerator criteria of the herpes zoster vaccine to on or after October 20, 2017, through the end of the measurement period.
- Updated age stratifications for the influenza, Td/Tdap and zoster immunization indicators.
- Removed data criteria (element level).
- Removed programming guidance.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Adult Immunization Status (AIS-E), Influenza 19-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			4.8%	13.4%	15.8%	↓
CFCHP			15.5%	16.2%	17.3%	↑
JMS			18.3%	19.7%	18.3%	↑
KPMAS			31.9%	29.1%	32.4%	↑
MPC			16.0%	15.4%	16.3%	↑
MSFC			8.3%	7.9%	9.0%	↓
PPMCO			17.6%	17.4%	18.6%	↑
UHC			8.9%	8.5%	14.7%	↓
WPM			16.7%	17.1%	18.9%	↑
MARR			15.3%	16.1%	17.9%	

Performance Monitoring Measure for MY 2025

Adult Immunization Status (AIS-E), Pneumococcal

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			NA	NA	NA	
CFCHP			NA	NA	NA	
JMS			NA	NA	NA	
KPMAS			NA	NA	NA	
MPC			NA	NA	NA	
MSFC			NA	NA	NA	
PPMCO			NA	NA	NA	
UHC			NA	NA	NA	
WPM			NA	NA	NA	
MARR						

Adult Immunization Status (AIS-E), Td/Tdap 19-64

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			14.1%	38.0%	42.5%	↓
CFCHP			38.2%	44.0%	46.4%	↑
JMS			44.8%	47.0%	54.6%	↑
KPMAS			79.3%	75.9%	78.3%	↑
MPC			48.8%	50.4%	52.8%	↑
MSFC			14.3%	15.1%	19.3%	↓
PPMCO			52.8%	56.3%	59.1%	↑
UHC			34.5%	36.2%	39.6%	↓
WPM			48.3%	50.4%	53.1%	↑
MARR			41.7%	45.9%	49.5%	

Performance Monitoring Measure for MY 2025

Adult Immunization Status (AIS-E), Zoster

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			TB ¹	TB ¹	15.1%	↑
CFCHP			TB ¹	TB ¹	15.9%	↑
JMS			TB ¹	TB ¹	22.3%	↑
KPMAS			TB ¹	TB ¹	53.6%	↑
MPC			TB ¹	TB ¹	16.4%	↑
MSFC			TB ¹	TB ¹	3.8%	↓
PPMCO			TB ¹	TB ¹	18.6%	↑
UHC			TB ¹	TB ¹	14.9%	↑
WPM			TB ¹	TB ¹	17.4%	↑
MARR					19.8%	

TB¹ Trending break for MY 2025, results cannot be compared to the prior year benchmarks.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2025:

- Removed “Programming Guidance” from the Characteristics section.
- Removed the Data criteria (element level) section.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	100.0%	67.5%	81.6%	↑
CFCHP		100.0%	NA	79.8%	79.7%	↑
JMS		NA	NA	68.2%	70.4%	↑
KPMAS		NA	NA	90.2%	85.1%	↑
MPC		NA	NA	77.0%	79.5%	↑
MSFC		NA	NA	NA	71.9%	↑
PPMCO		69.7%	NA	70.4%	70.7%	↑
UHC		NA	NA	73.1%	71.0%	↑
WPM		NA	NA	77.9%	79.3%	↑
MARR		84.9%	100.0%	75.5%	76.6%	

**Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E),
Cholesterol Total**

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	0.0%	57.5%	71.4%	⬆
CFCHP		50.0%	NA	68.7%	71.8%	⬆
JMS		NA	NA	68.2%	66.7%	⬆
KPMAS		NA	NA	75.6%	82.1%	⬆
MPC		NA	NA	66.2%	68.0%	⬆
MSFC		NA	NA	NA	59.9%	⬆
PPMCO		59.1%	NA	61.4%	61.9%	⬆
UHC		NA	NA	64.3%	65.1%	⬆
WPM		NA	NA	68.0%	71.4%	⬆
MARR		54.5%	0.0%	66.2%	68.7%	

**Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E),
Blood Glucose and Cholesterol Total**

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	0.0%	57.5%	70.4%	⬆
CFCHP		50.0%	NA	67.5%	71.2%	⬆
JMS		NA	NA	68.2%	63.0%	⬆
KPMAS		NA	NA	75.6%	80.6%	⬆
MPC		NA	NA	64.8%	66.7%	⬆
MSFC		NA	NA	NA	58.9%	⬆
PPMCO		58.0%	NA	59.4%	60.8%	⬆
UHC		NA	NA	63.2%	64.8%	⬆
WPM		NA	NA	67.7%	70.4%	⬆
MARR		54.0%	0.0%	65.5%	67.4%	

Breast Cancer Screening (BCS-E)

Description

The percentage of women 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Note: In 2019, NCQA added the ECDS reporting standard to the Breast Cancer Screening HEDIS measure for optional use alongside the existing administrative method of reporting. This gave health plans an opportunity to assess their ECDS reporting capabilities using a familiar measure. When comparing measure performance rates captured using each reporting method, results showed minimal to no difference between the rates. The traditional BCS measure was retired for MY 2023.

Rationale

The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 40–74 years.

U.S. Preventive Services Task Force. Nicholson, W.K., M. Silverstein, J.B. Wong, M.J. Barry, D. Chelmow, T.R. Coker, et al. June 11, 2024. "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement." JAMA 331, no. 22: 1918.

<https://doi.org/10.100/jama.2024.5534>

Summary of Changes to HEDIS MY 2025:

- Removed "Programming Guide" from the Characteristics section.
- Added a laboratory claim exclusion to the Absence of Left Breast Value Set and Absence of Right Breast Value Set.
- Removed the Data Criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.
- Technical Update: Revised the description, clinical recommendation statement, citations, stratification, initial population, Data Elements for Reporting tables and Rules for Allowable Adjustments of HEDIS.

Breast Cancer Screening (BCS-E) 42-51

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH					50.0%	
CFCHP					51.6%	
JMS					49.9%	
KPMAS					72.2%	
MPC					48.6%	
MSFC					58.3%	
PPMCO					49.5%	
UHC					50.3%	
WPM					54.6%	
MARR					53.9%	

Breast Cancer Screening (BCS-E) 52-74

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	43.6%	47.6%	48.7%	52.1%	58.9%	↑
CFCHP	NA	60.3%	54.0%	58.5%	61.6%	↑
JMS	NA	70.2%	63.0%	61.8%	66.7%	↑
KPMAS	NA	NA	73.0%	75.8%	79.7%	↑
MPC	NA	NA	60.3%	60.3%	64.0%	↑
MSFC	NA	NA	61.6%	61.8%	69.0%	↑
PPMCO	NA	60.5%	57.3%	58.3%	60.0%	↑
UHC	57.2%	59.7%	57.8%	58.8%	60.5%	↑
WPM	NA	NA	57.4%	60.9%	63.7%	↑
MARR	50.4%	59.6%	59.2%	60.9%	64.9%	

Breast Cancer Screening (BCS-E) Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH					54.6%	
CFCHP					57.1%	
JMS					60.1%	
KPMAS					76.3%	
MPC					55.9%	
MSFC					63.7%	
PPMCO					54.6%	
UHC					55.7%	
WPM					58.7%	
MARR					59.6%	

Blood Pressure Control for Patients with Hypertension (BPC-E)

Description

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent BP was <140/90 mm Hg during the measurement period.

Rationale

The American Academy of Family Physicians (AAFP) strongly recommends clinicians treat adults who have hypertension to a standard BP target (<140/90 mm Hg) to reduce the risk of all-cause and cardiovascular mortality.

The Joint National Committee recommends that pharmacologic treatment be initiated in the general population <60 years, to lower systolic BP $\geq$ 140 mm Hg (and treat to a goal of systolic BP <140 mm Hg) and to lower diastolic BP $\geq$ 90 mm Hg (and treat to a goal of diastolic BP <90 mm Hg).

The American College of Cardiology (ACC) and American Heart Association (AHA) recommend a target BP of less than 130/80 mm Hg for adults with confirmed hypertension and known cardiovascular disease (CVD) or 10-year atherosclerotic CVD event risk of 10 percent or higher. In addition, they have determined that a reasonable target BP for adults with confirmed hypertension, without additional markers of increased CVD risk, is less than 130/80 mm Hg.

Summary of Changes:

- This is a first-year measure.

Blood Pressure Control <140/90 mm Hg (BPC-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH					54.4%	
CFCHP					52.8%	
JMS					56.1%	
KPMAS					76.0%	
MPC					41.8%	
MSFC					49.6%	
PPMCO					50.3%	
UHC					47.9%	
WPM					38.4%	
MARR					51.9%	

Cervical Cancer Screening (CCS-E)

Description

The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria:

- Members ages 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last three years.
- Members ages 30–64 who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Members ages 30–64 who were recommended for routine cervical cancer screening and had cervical cytology/hrHPV cotesting within the last 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 hrHPV test. Several organizations, including the American College of Obstetricians and Gynecologists, recommend Pap testing every one to three years for all women who have been sexually active or who are between 21 and 64 years of age and Pap test with hrHPV co- testing every five years.

The American College of Obstetricians and Gynecologists. Retrieved from <https://www.acog.org/patient-resources/faqs/special-procedures/cervical-cancer-screening>

Summary of Changes to HEDIS 2025:

- Removed "Programming Guidance" from the Characteristics section.
- Removed the Data criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Cervical Cancer Screening (CCS-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			43.0%	46.7%	49.0%	↓
CFCHP			NA	50.7%	54.5%	↑
JMS			NA	67.5%	67.2%	↑
KPMAS			NA	78.8%	82.1%	↑
MPC			NA	56.0%	57.5%	↑
MSFC			47.2%	48.0%	52.1%	↑
PPMCO			NA	55.9%	58.0%	↑
UHC			NA	53.7%	55.4%	↑
WPM			NA	59.5%	61.3%	↑
MARR			45.1%	57.4%	59.7%	

Performance Monitoring Measure for MY 2025

Childhood Immunization Status (CIS-E)

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 3	X	X	X	X	X	X	X			
Combination 7	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 U.S.

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

Summary of Changes to HEDIS MY 2025:

- Updated the clinical recommendation statement and citations.
- Removed “Programming Guidance” from the Characteristics section.
- Added organ and bone marrow transplants to the Exclusions section.
- Removed the Data criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Childhood Immunization Status (CIS-E), Combo 3

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			48.6%	59.2%	67.1%	↑
CFCHP			NA	NA	69.9%	↑
JMS			NA	NA	63.7%	↑
KPMAS			NA	NA	79.7%	↑
MPC			NA	NA	68.6%	↑
MSFC			52.9%	NA	49.4%	↓
PPMCO			NA	NA	73.1%	↑
UHC			NA	NA	63.8%	↑
WPM			NA	66.5%	71.5%	↑
MARR			50.8%	62.8%	67.4%	

Childhood Immunization Status (CIS-E), Combo 7

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			41.7%	50.7%	56.9%	↑
CFCHP			NA	NA	58.5%	↑
JMS			NA	NA	53.4%	↑
KPMAS			NA	NA	75.6%	↑
MPC			NA	NA	59.2%	↑
MSFC			46.6%	NA	44.1%	↓
PPMCO			NA	NA	64.1%	↑
UHC			NA	NA	54.9%	↑
WPM			NA	57.3%	62.6%	↑
MARR			44.2%	54.0%	58.8%	

Childhood Immunization Status (CIS-E), Combo 10

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			21.2%	24.3%	26.9%	↑
CFCHP			NA	NA	26.5%	↑
JMS			NA	NA	27.6%	↑
KPMAS			NA	NA	55.9%	↑
MPC			NA	NA	25.5%	↑
MSFC			22.4%	NA	25.7%	↑
PPMCO			NA	NA	33.8%	↑
UHC			NA	NA	25.0%	↑
WPM			NA	28.5%	29.7%	↑
MARR			21.8%	26.4%	30.7%	

Colorectal Cancer Screening (COL-E)

Description

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer (annual fecal occult blood test, flexible sigmoidoscopy every five years, colonoscopy every ten years, computed tomography colonography every five years, stool DNA test every three years).

Rationale

Treatment for colorectal cancer in its earliest stage can lead to a 90 percent survival rate after five years. However, according to the American Cancer Society, more than a third of adults ages 50–75 do not get recommended screenings. Colorectal cancer screening of asymptomatic adults in that age group can catch polyps before they become cancerous or detect colorectal cancer in its early stages, when treatment is most effective.

Summary of Changes to HEDIS MY 2025:

- Removed “Programming Guidance” from the Characteristics section.
- Removed the Data criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Colorectal Cancer Screening (COL-E), 46-50

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		11.4%	15.1%	19.7%	27.5%	↓
CFCHP		12.7%	NA	24.0%	31.8%	↑
JMS		NA	NA	19.3%	23.3%	↓
KPMAS		NA	NA	50.4%	57.3%	↑
MPC		NA	NA	27.6%	32.6%	↑
MSFC		NA	21.0%	26.2%	37.4%	↑
PPMCO		19.4%	NA	31.2%	37.1%	↑
UHC		20.7%	NA	29.8%	36.4%	↑
WPM		NA	NA	30.6%	37.2%	↑
MARR		16.0%	18.0%	28.8%	35.6%	

Colorectal Cancer Screening (COL-E), 51-75

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		21.3%	26.1%	32.0%	41.6%	↓
CFCHP		27.5%	NA	36.6%	43.4%	↓
JMS		NA	NA	36.0%	37.9%	↓
KPMAS		NA	NA	65.5%	72.9%	↑
MPC		NA	NA	42.0%	46.5%	↑
MSFC		NA	27.3%	31.4%	51.9%	↑
PPMCO		36.7%	NA	47.2%	51.0%	↑
UHC		40.3%	NA	45.0%	49.4%	↑
WPM		NA	NA	45.8%	50.6%	↑
MARR		31.4%	26.7%	42.4%	49.5%	

Colorectal Cancer Screening (COL-E), Total

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		19.1%	23.0%	28.7%	37.7%	↓
CFCHP		24.4%	NA	33.4%	40.5%	↓
JMS		NA	NA	32.6%	34.8%	↓
KPMAS		NA	NA	61.6%	68.9%	↑
MPC		NA	NA	37.9%	42.5%	↑
MSFC		NA	25.5%	30.0%	47.9%	↑
PPMCO		32.9%	NA	42.7%	47.1%	↑
UHC		36.5%	NA	41.2%	46.1%	↑
WPM		NA	NA	41.4%	46.7%	↑
MARR		28.2%	24.3%	38.8%	45.8%	

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

Description

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- *Depression Screening*: The percentage of members who were screened for clinical depression using a standardized instrument.
- *Follow-Up on Positive Screen*: The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Rationale

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents 12–18 years and the general adult population, including pregnant and postpartum women. The USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

U.S. Preventive Services Task Force. 2016. "Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement." Annals of Internal Medicine 164:360–6. U.S. Preventive Services Task Force. 2016. "Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement." Journal of the American Medical Association 315(4):380–7.

Summary of Changes to HEDIS MY 2025:

- Removed "Programming Guidance" from the Characteristics section.
- Removed the Data criteria (element level) section.
- Added a laboratory claim exclusion to a direct reference code.

Depression Screening and Follow-Up for Adolescents and Adults, Depression Screening (12-17)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	0.09%	0.21%	2.84%	↓
CFCHP		NA	NA	NA	5.11%	↓
JMS		NA	NA	NA	0.28%	↓
KPMAS		NA	NA	55.79%	60.29%	↑
MPC		NA	NA	NA	0.23%	↓
MSFC		NA	NA	NA	NA	
PPMCO		NA	NA	NA	0.03%	↓
UHC		0.18%	NA	NA	3.40%	↓
WPM		NA	NA	0.35%	0.59%	↓
MARR		0.18%	0.09%	18.78%	9.10%	

Depression Screening and Follow-Up for Adolescents and Adults, Depression Screening (18-64)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	1.19%	8.96%	14.77%	↑
CFCHP		NA	NA	NA	5.67%	↓
JMS		NA	NA	NA	1.91%	↓
KPMAS		NA	NA	54.85%	60.43%	↑
MPC		NA	NA	NA	2.49%	↓
MSFC		NA	NA	NA	NA	
PPMCO		NA	NA	NA	0.75%	↓
UHC		0.43%	NA	NA	7.63%	↓
WPM		NA	NA	1.28%	1.79%	↓
MARR		0.43%	1.19%	21.70%	11.93%	

Depression Screening and Follow-Up for Adolescents and Adults, Depression Screening (Total)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	1.05%	7.64%	12.61%	↑
CFCHP		NA	NA	NA	5.57%	↓
JMS		NA	NA	NA	1.60%	↓
KPMAS		NA	NA	55.02%	60.40%	↑
MPC		NA	NA	NA	1.86%	↓
MSFC		NA	NA	NA	NA	
PPMCO		NA	NA	NA	0.51%	↓
UHC		0.37%	NA	NA	6.32%	↓
WPM		NA	NA	0.95%	1.32%	↓
MARR		0.37%	1.05%	21.20%	11.27%	

Depression Screening and Follow-Up for Adolescents and Adults, Follow-Up on Positive Screen (12-17)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	NA	NA	83.33%	↑
CFCHP		NA	NA	NA	81.97%	↑
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	61.08%	58.56%	↓
MPC		NA	NA	NA	NA	
MSFC		NA	NA	NA	NA	
PPMCO		NA	NA	NA	NA	
UHC		NA	NA	NA	83.05%	↑
WPM		NA	NA	71.43%	52.38%	↓
MARR				66.26%	71.86%	

Depression Screening and Follow-Up for Adolescents and Adults, Follow-Up on Positive Screen (18-64)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	77.42%	86.78%	87.34%	↑
CFCHP		NA	NA	NA	70.66%	↑
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	59.18%	62.44%	↓
MPC		NA	NA	NA	37.78%	↓
MSFC		NA	NA	NA	NA	
PPMCO		NA	NA	NA	55.84%	↓
UHC		84.62%	NA	NA	62.67%	↓
WPM		NA	NA	62.07%	64.34%	↓
MARR		84.62%	77.42%	69.34%	63.01%	

Depression Screening and Follow-Up for Adolescents and Adults, Follow-Up on Positive Screen (Total)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		NA	77.42%	86.78%	87.23%	↑
CFCHP		NA	NA	NA	71.93%	↑
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	59.40%	61.87%	↓
MPC		NA	NA	NA	38.46%	↓
MSFC		NA	NA	NA	NA	
PPMCO		NA	NA	NA	56.41%	↓
UHC		86.67%	NA	NA	67.03%	↓
WPM		NA	NA	63.08%	62.80%	↓
MARR		86.67%	77.42%	69.75%	63.68%	

Documented Assessment After Mammogram (DBM-E)

Description

The percentage of episodes of mammograms documented in the form of a Breast Imaging Reporting and Data System (BI-RADS) assessment within 14 days of the mammogram for members 40–74 years of age.

Rationale

The National Comprehensive Cancer Network (NCCN) recommends breast cancer screening follow-up actions in alignment with the BI-RADS scoring categories. The BI-RADS categorization offers specific recommendations for different findings:

- Category 0: Incomplete; need additional imaging evaluation and/or prior mammograms for comparison, advises additional imaging.
- Category 1: Negative finding
- Category 2: Benign; advises resuming routine screening.
- Category 3: Probably Benign; recommends diagnostic mammograms at 6 months, followed by repeat screenings every 6–12 months for 1–2 years, if appropriate.
- Category 4: Suspicious
- Category 5: Highly Suggestive of Malignancy; the recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph. When a needle biopsy (aspiration or core needle biopsy) is performed, obtaining concordance between the pathology report and the imaging finding is crucial.
- Category 6: Known Biopsy-Proven Malignancy; the recommendation depends on the primary tumor, size of the invasive component, estimated disease volume, histological grade, and other relevant characteristics.

All recommendations are Category 2A recommendations. Based on lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Summary of Changes:

- This is a first-year measure.

Documented Assessment After Mammogram (DBM-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH					0.8%	
CFCHP					0.0%	
JMS					0.0%	
KPMAS					99.9%	
MPC					0.0%	
MSFC					0.0%	
PPMCO					0.0%	
UHC					0.0%	
WPM					0.0%	
MARR					11.2%	

Follow-Up After Abnormal Mammogram Assessment (FMA-E)

Description

The percentage of episodes for members 40-74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.

Rationale

The NCCN recommends breast cancer screening follow-up, in alignment with the BI-RADS scoring categories, which offer recommendations for different findings:

- Category 0: Incomplete; need additional imaging evaluation and/or prior mammograms for comparison, advises additional imaging.
- Category 1: Negative finding
- Category 2: Benign; advises resuming routine screening.
- Category 3: Probably Benign; recommends diagnostic mammograms at 6 months, followed by repeat screenings every 6–12 months for 1–2 years, if appropriate.
- Category 4: Suspicious
- Category 5: Highly Suggestive of Malignancy; the recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph. When a needle biopsy (aspiration or core needle biopsy) is performed, obtaining concordance between the pathology report and the imaging finding is crucial.
- Category 6: Known Biopsy-Proven Malignancy; the recommendation depends on the primary tumor, size of the invasive component, estimated disease volume, histological grade, and other relevant characteristics.

All recommendations are Category 2A recommendations. Based on lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Summary of Changes:

- This is a first-year measure.

Follow-Up After Abnormal Mammogram Assessment (FMA-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH					100.0%	
CFCHP					NA	
JMS					NA	
KPMAS					97.4%	
MPC					NA	
MSFC					NA	
PPMCO					NA	
UHC					NA	
WPM					NA	
MARR					98.7%	

Immunizations for Adolescents (IMA-E)

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2025:

- Updated the clinical recommendation statement and citations.
- Removed "Programming Guidance" from the Characteristics section.
- Added the pentavalent meningococcal vaccine to the meningococcal indicator numerator and expanded the age range from 11–13 to 10–13.
- Removed the Data criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Immunizations for Adolescents (IMA-E), Combo 1 - Meningococcal, Tdap

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		54.1%	68.0%	70.7%	79.0%	↑
CFCHP		75.2%	NA	NA	79.5%	↑
JMS		NA	NA	NA	87.1%	↑
KPMAS		NA	NA	NA	87.7%	↑
MPC		NA	NA	NA	87.6%	↑
MSFC		NA	71.5%	NA	77.9%	↑
PPMCO		NA	NA	NA	90.3%	↑
UHC		82.8%	NA	NA	85.0%	↑
WPM		NA	NA	89.7%	92.2%	↑
MARR		70.7%	69.7%	80.2%	85.1%	

Immunizations for Adolescents (IMA-E), Combo 2 - HPV, Meningococcal, Tdap

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH		15.6%	24.3%	29.2%	35.1%	↑
CFCHP		28.1%	NA	NA	30.0%	↓
JMS		NA	NA	NA	54.6%	↑
KPMAS		NA	NA	NA	62.4%	↑
MPC		NA	NA	NA	36.4%	↑
MSFC		NA	31.1%	NA	39.9%	↑
PPMCO		NA	NA	NA	45.0%	↑
UHC		38.6%	NA	NA	39.2%	↑
WPM		NA	NA	50.0%	53.3%	↑
MARR		27.4%	27.7%	39.6%	44.0%	

Postpartum Depression Screening and Follow-Up (PDS-E)

Description

The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- *Depression Screening*: The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- *Follow-Up on Positive Screen*: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Rationale

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women. The American College of Obstetricians and Gynecologists (ACOG) recommends multiple postpartum visits no later than 12 weeks after birth that include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument. The American Academy of Pediatrics recommends that pediatricians screen mothers for postpartum depression at the infant's 1-, 2-, 4- and 6-month visits. The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

American College of Obstetricians and Gynecologists. 2018. "Screening for Perinatal Depression. ACOG Committee Opinion No. 757." Obstetrics & Gynecology 132(5):e208-12.
Stone, J., & Allen, L. 2021. Increasing Postpartum Depression Screening in the Pediatric Setting. Carolina Journal of Interdisciplinary Medicine, 1(1), 43–52.
<https://doi.org/10.47265/cjim.v1i1.539> U.S. Preventive Services Task Force et al. 2023. "Screening for Depression and Suicide Risk in Adults: U.S. Preventive Task Force Recommendation Statement." *JAMA* vol. 329,23: 2057–67. U.S. Preventive Services Task Force et al. 2022. "Screening for Depression and Suicide Risk in Children and Adolescents: U.S. Preventive Task Force Recommendation Statement." *JAMA* vol. 328,15: 1534–42.

Summary of Changes to HEDIS MY 2025:

- Removed "Programming Guidance" from the Characteristics section.
- Removed the Data criteria (element level) section.
- Added a laboratory claim exclusion to a direct reference code.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Postpartum Depression Screening and Follow-Up (PDS-E) - Screening

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	0.12%	32.67%	14.90%	↑
CFCHP	NA	NA	NA	NA	8.05%	↓
JMS	NA	NA	NA	NA	18.78%	↑
KPMAS	NA	NA	NA	85.93%	84.37%	↑
MPC	NA	NA	NA	NA	6.03%	↓
MSFC	NA	NA	NA	NA	NA	
PPMCO	NA	NA	NA	NA	11.79%	↑
UHC	NA	0.05%	NA	NA	11.52%	↑
WPM	NA	NA	NA	1.31%	3.43%	↓
MARR		0.05%	0.12%	39.97%	19.86%	

Postpartum Depression Screening and Follow-Up (PDS-E) - Follow-Up

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	NA	50.00%	77.78%	↑
CFCHP	NA	NA	NA	NA	66.04%	↓
JMS	NA	NA	NA	NA	83.33%	↑
KPMAS	NA	NA	NA	69.63%	72.46%	↑
MPC	NA	NA	NA	NA	66.67%	↓
MSFC	NA	NA	NA	NA	NA	
PPMCO	NA	NA	NA	NA	47.78%	↓
UHC	NA	NA	NA	NA	60.00%	↓
WPM	NA	NA	NA	57.14%	26.67%	↓
MARR				58.92%	62.59%	

Prenatal Depression Screening and Follow-Up (PND-E)

Description

The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- *Depression Screening*: The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- *Follow-Up on Positive Screen*: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Rationale

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women. The American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen patients at least once during pregnancy or the postpartum period for depression and anxiety symptoms using a standardized, validated tool. The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.

American College of Obstetricians and Gynecologists. 2018. "Screening for Perinatal Depression. ACOG Committee Opinion No. 757." Obstetrics & Gynecology 132(5):e208–12. U.S. Preventive Services Task Force et al. 2023. "Screening for Depression and Suicide Risk in Adults: U.S. Preventive Task Force Recommendation Statement." JAMA vol. 329,23: 2057–2067. U.S. Preventive Services Task Force et al. 2022. "Screening for Depression and Suicide Risk in Children and Adolescents: U.S. Preventive Task Force Recommendation Statement." JAMA vol. 328,15: 1534–1542.

Summary of Changes to HEDIS MY 2025:

- Removed "Programming Guidance" from the Characteristics section.
- Removed the Data criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.
- Added a laboratory claim exclusion to a direct reference code.

Prenatal Depression Screening and Follow-Up (PND-E) - Screening

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	15.22%	16.52%	6.69%	↓
CFCHP	NA	NA	NA	NA	7.87%	↓
JMS	NA	NA	NA	NA	39.15%	↑
KPMAS	NA	NA	NA	97.41%	98.89%	↑
MPC	NA	NA	NA	NA	10.22%	↓
MSFC	NA	NA	NA	NA	NA	
PPMCO	NA	NA	NA	NA	3.35%	↓
UHC	NA	0.15%	NA	NA	22.57%	↑
WPM	NA	NA	NA	2.51%	3.49%	↓
MARR		0.15%	15.22%	38.81%	24.03%	

Prenatal Depression Screening and Follow-Up (PND-E) - Follow-Up

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	NA	NA	40.00%	45.45%	71.43%	↑
CFCHP	NA	NA	NA	NA	61.54%	↑
JMS	NA	NA	NA	NA	42.86%	↓
KPMAS	NA	NA	NA	60.15%	55.76%	↑
MPC	NA	NA	NA	NA	55.00%	↑
MSFC	NA	NA	NA	NA	NA	
PPMCO	NA	NA	NA	NA	40.74%	↓
UHC	NA	NA	NA	NA	61.76%	↑
WPM	NA	NA	NA	44.44%	44.44%	↓
MARR			40.00%	50.01%	54.19%	

Prenatal Immunization Status (PRS-E)

Description

The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

Rationale

Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive inactivated influenza vaccines. ACIP also recommends that pregnant women receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

Murthy, N., A.P. Wodi, V.V. McNally, M.F. Daley, S. Cineas, 2024. “Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2024.” MMWR Morb Mortal Wkly Rep 73:11–15. DOI: <http://dx.doi.org/10.15585/mmwr.mm7301a3>

Summary of changes for HEDIS MY 2025:

- Removed “Programming Guidance” from the Characteristics section.
- Removed the Data criteria (element level) section.
- Removed the data source reporting requirement from the race and ethnicity stratification.

Prenatal Immunization Status (PRS-E), Combination

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	12.6%	13.3%	13.0%	20.0%	23.0%	↑
CFCHP	14.9%	19.7%	19.2%	24.3%	23.9%	↑
JMS	27.4%	24.6%	28.3%	28.4%	26.7%	↑
KPMAS	64.1%	60.7%	58.7%	56.6%	57.0%	↑
MPC	18.9%	21.5%	22.8%	23.0%	23.7%	↑
MSFC	7.2%	7.1%	7.5%	7.2%	11.4%	↓
PPMCO	16.1%	15.4%	24.4%	28.3%	28.4%	↑
UHC	16.1%	15.9%	13.2%	14.0%	21.2%	↓
WPM	13.7%	14.5%	21.3%	25.5%	27.1%	↑
MARR	21.2%	21.4%	23.1%	25.2%	26.9%	

Performance Monitoring Measure for MY 2025

Prenatal Immunization Status (PRS-E), Influenza

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	16.0%	15.4%	16.4%	23.8%	26.6%	↑
CFCHP	17.7%	25.4%	23.5%	28.3%	28.5%	↑
JMS	33.3%	28.4%	36.9%	32.6%	32.4%	↑
KPMAS	65.8%	61.6%	60.1%	57.4%	58.5%	↑
MPC	23.8%	25.4%	26.8%	26.7%	27.8%	↑
MSFC	11.2%	10.4%	10.5%	10.7%	15.3%	↓
PPMCO	20.1%	18.5%	29.2%	31.8%	32.3%	↑
UHC	21.1%	20.2%	16.1%	17.2%	25.6%	↑
WPM	18.7%	18.3%	27.6%	30.2%	31.3%	↑
MARR	25.3%	24.8%	27.5%	28.7%	30.9%	

Prenatal Immunization Status (PRS-E), Tdap

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH	45.6%	44.2%	41.8%	57.8%	63.9%	↑
CFCHP	54.3%	54.9%	57.4%	61.8%	61.4%	↑
JMS	61.8%	70.9%	64.8%	66.3%	67.3%	↑
KPMAS	92.5%	92.4%	90.9%	91.5%	90.0%	↑
MPC	59.8%	62.8%	61.4%	63.3%	65.5%	↑
MSFC	36.3%	33.2%	36.2%	34.7%	43.3%	↓
PPMCO	55.0%	56.8%	62.1%	68.3%	67.8%	↑
UHC	50.3%	51.3%	49.0%	52.2%	57.0%	↑
WPM	43.4%	44.4%	48.1%	61.2%	64.7%	↑
MARR	55.4%	56.8%	56.8%	61.9%	64.5%	

Social Need Screening and Intervention (SNS-E)

Description

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

- *Food Screening.* The percentage of members who were screened for food insecurity.
 - *Food Intervention.* The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.
- *Housing Screening.* The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.
 - *Housing Intervention.* The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.
- *Transportation Screening.* The percentage of members who were screened for transportation insecurity.
 - *Transportation Intervention.* The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

Rationale

The American Academy of Family Physicians (AAFP) urges health insurers and payers to provide appropriate payment to support health care practices to identify, monitor, assess, and address SDoH. The American Academy of Pediatrics (AAP) recommends surveillance for risk factors related to social determinants of health during all patient encounters.

The American Diabetes Association (ADA) recommends assessing food insecurity, housing insecurity/homelessness, financial barriers, and social capital/social community support to inform treatment decisions, with referral to appropriate local community resources.

American Academy of Family Physicians. Retrieved from
<https://www.aafp.org/about/policies/all/health-equity.html>

American Academy of Pediatrics. Retrieved from
<https://publications.aap.org/pediatrics/article/137/4/e20160339/81482/Poverty-and-Child-Health-in-the-United-States#sec-12>

National Library of Medicine. "Standards of Medical Care in Diabetes 2022." Retrieved from
[Summary of Revisions: Standards of Medical Care in Diabetes-2022 - PubMed](https://pubmed.ncbi.nlm.nih.gov/35461201/)

The Gravity Project. "Terminology Workstream." Retrieved from
<https://confluence.hl7.org/spaces/GRAV/pages/91994234/Terminology+Workstream>

Summary of Changes to HEDIS MY 2025:

- Removed “Programming Guidance” from the Characteristics section.
- Updated the description of the intervention categories.
- Removed the Data criteria (element level) section.
- Technical Update: Revised the housing instability, homelessness, and housing inadequacy screening instruments definition.

Social Need Screening and Intervention, Food Screening (SNS-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			NA	2.24%	6.60%	↑
CFCHP			NA	0.05%	NA	
JMS			NA	5.11%	6.29%	↑
KPMAS			NA	6.23%	8.32%	↑
MPC			NA	NA	1.33%	↓
MSFC			NA	NA	0.17%	↓
PPMCO			NA	NA	0.02%	↓
UHC			NA	0.19%	1.37%	↓
WPM			NA	0.11%	0.50%	↓
MARR			NA	2.32%	3.08%	

Social Need Screening and Intervention, Food Intervention (SNS-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			NA	33.33%	27.34%	↑
CFCHP			NA	50.00%	NA	
JMS			NA	51.77%	40.21%	↑
KPMAS			NA	58.99%	52.02%	↑
MPC			NA	NA	1.55%	↓
MSFC			NA	NA	NA	
PPMCO			NA	NA	NA	
UHC			NA	NA	2.71%	↓
WPM			NA	3.70%	4.46%	↓
MARR			NA	39.56%	21.38%	

Social Need Screening and Intervention, Housing Screening (SNS-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			NA	5.18%	6.57%	↑
CFCHP			NA	0.04%	NA	
JMS			NA	5.11%	6.29%	↑
KPMAS			NA	5.51%	7.61%	↑
MPC			NA	NA	1.48%	↓
MSFC			NA	NA	0.02%	↓
PPMCO			NA	NA	0.14%	↓
UHC			NA	0.19%	0.80%	↓
WPM			NA	2.20%	1.80%	↓
MARR			NA	3.04%	3.09%	

Social Need Screening and Intervention, Housing Intervention (SNS-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			NA	NA	3.66%	↓
CFCHP			NA	NA	NA	
JMS			NA	40.17%	36.47%	↑
KPMAS			NA	51.47%	44.28%	↑
MPC			NA	NA	0.91%	↓
MSFC			NA	NA	NA	
PPMCO			NA	NA	NA	
UHC			NA	NA	3.14%	↓
WPM			NA	2.20%	3.45%	↓
MARR			NA	31.28%	15.32%	

Social Need Screening and Intervention, Transportation Screening (SNS-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			NA	3.09%	6.50%	↑
CFCHP			NA	0.04%	NA	
JMS			NA	5.11%	6.29%	↑
KPMAS			NA	6.27%	8.35%	↑
MPC			NA	NA	1.48%	↓
MSFC			NA	NA	0.01%	↓
PPMCO			NA	NA	0.14%	↓
UHC			NA	0.14%	0.25%	↓
WPM			NA	2.20%	1.79%	↓
MARR			NA	2.81%	3.10%	

Social Need Screening and Intervention, Transportation Intervention (SNS-E)

Measurement Year	2021	2022	2023	2024	2025	NHM
ABH			NA	1.16%	NA	
CFCHP			NA	16.67%	NA	
JMS			NA	56.19%	27.08%	↑
KPMAS			NA	60.38%	55.78%	↑
MPC			NA	NA	0.78%	↓
MSFC			NA	NA	NA	
PPMCO			NA	NA	NA	
UHC			NA	3.85%	NA	
WPM			NA	2.69%	1.11%	↓
MARR			NA	23.49%	21.19%	

Health Plan Descriptive Information

Enrollment by Product Line (ENP)

Description

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

Summary of Changes to HEDIS MY 2025:

- No changes to this measure.

Enrollment by Product Line (ENP), in Member Months

Plan	Total
ABH	665,516
CFCHP	1,177,292
JMS	329,890
KPMAS	1,113,576
MPC	2,348,831
MSFC	1,015,301
PPMCO	3,496,180
UHC	1,592,134
WPM	3,274,902

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 MY 2025:

- Technical Update: Revised the Data Elements for Reporting table and Note section that follows.

Language Diversity of Membership (LDM)

Plan		Declined	English	Non-English	Unknown
ABH	Number	0	677	0	2,296
	Percent	0.00%	0.86%	0.00%	2.93%
CFCHP	Number	0	1,104	0	12,975
	Percent	0.00%	0.82%	0.00%	9.62%
JMS	Number	1,780	328	0	0
	Percent	4.88%	0.90%	0.00%	0.00%
KPMAS	Number	12	913	0	9,548
	Percent	0.01%	0.77%	0.00%	8.03%
MPC	Number	0	2,175	0	0
	Percent	0.00%	0.93%	0.00%	0.00%
MSFC	Number	143	926	0	4,746
	Percent	0.13%	0.87%	0.00%	4.48%
PPMCO	Number	0	2,672	17	140
	Percent	0.00%	0.80%	0.01%	0.04%
UHC	Number	0	1,407	0	3,063
	Percent	0.00%	0.86%	0.00%	1.88%
WPM	Number	0	2,207	3	24,874
	Percent	0.00%	0.68%	0.00%	7.64%

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 MY 2025:

- Updated the data source reporting categories for race and ethnicity.

Race/Ethnicity Diversity of Membership (RDM)

Plan		American-Indian and Alaska Native	Asian	Black or African American	Declined	Native Hawaiian and Other Pacific Islanders	Some Other Race	Two or More Races	Unknown	White
ABH	Number	75	2,560	49,352	115	85	749	5	13,827	11,562
	Percent	0.10%	3.27%	63.01%	0.15%	0.11%	0.96%	0.01%	17.65%	14.76%
CFCHP	Number	303	652	102,209	11,423	253	6,890	1,132	4,661	7,399
	Percent	0.22%	0.48%	75.75%	8.47%	0.19%	5.11%	0.84%	3.45%	5.48%
JMS	Number	91	1,503	19,856	8,217	56	738	1,388	0	4,639
	Percent	0.25%	4.12%	54.42%	22.52%	0.15%	2.02%	3.80%	0.00%	12.71%
KPMAS	Number	433	11,584	63,460	416	108	3,658	0	28,734	10,566
	Percent	0.36%	9.74%	53.35%	0.35%	0.09%	3.08%	0.00%	24.15%	8.88%
MPC	Number	583	9,817	88,702	31,061	235	16,017	0	15,912	72,289
	Percent	0.25%	4.18%	37.81%	13.24%	0.10%	6.83%	0.00%	6.78%	30.81%
MSFC	Number	0	6,108	45,650	0	168	10,574	0	20,298	23,200
	Percent	0.00%	5.76%	43.07%	0.00%	0.16%	9.98%	0.00%	19.15%	21.89%
PPMCO	Number	902	13,600	118,624	40,099	402	59,866	0	7,161	94,500
	Percent	0.27%	4.06%	35.39%	11.96%	0.12%	17.86%	0.00%	2.14%	28.20%
UHC	Number	460	9,008	64,200	0	175	12,494	0	39,699	36,771
	Percent	0.28%	5.53%	39.43%	0.00%	0.11%	7.67%	0.00%	24.38%	22.59%
WPM	Number	4,889	17,679	135,591	64	882	29,421	7	56,578	80,458
	Percent	1.50%	5.43%	41.65%	0.02%	0.27%	9.04%	0.00%	17.38%	24.71%

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.

In addition to HEDIS, Maryland utilizes the Population Health Incentive Program (PHIP) designed to improve MCO performance by applying incentives and disincentives to a set of performance measures.

HealthChoice Plans: HEDIS MY 2025 Summary

- All MCO rates were above the NHM for the following measures: LSC, WCC BMI, PCE-Bronchodilator, KED, PPC Prenatal and Postpartum, W30 (0-15 and 15-30 indicators), and WCV. Noteworthy observations for this group of measures were as follows:
 - All of the nine MCOs' LSC rates were above the 75th percentile, and of the nine, four MCO rates were above the 90th percentile. This includes one MCO whose unrounded rate was higher than the unrounded 90th percentile.
 - Eight of nine MCO rates performed above the 75th percentile for PCE Bronchodilator and both W30 indicators. For PCE Bronchodilator and W30 15-30 indicators, three MCO rates were above the 90th percentile.
 - For W30 0-15 indicator, four MCO rates were above the 90th percentile. It was also noted that all MCOs saw increased rates across the board for W30 compared to the previous year, in particular for the 0-15 indicator. This may have been a result of MCOs utilizing additional data sources to increase rates.
 - The two PPC indicator rates as well as the KED rate benchmarked above the 75th percentile for six of nine MCOs, and two of the six MCOs' rates benchmarked above the 90th percentile.
- A second group of measures were observed to have high performance compared to the NHM.
 - Eight of nine MCO rates were above the NHM for CHL, both GSD indicators, and CCS-E.
 - Four MCOs' performance for GSD >9 and CCS-E were above/better than the 75th percentile. For GSD >9, CFCHP, KPMAS, MPC, and PPMCO rates were above/better than the 75th percentile, while JMS, KPMAS, PPMCO and WPM were above the 75th percentile for CCS-E. In addition, JMS and KPMAS' CCS-E rates were above the 90th percentile.
 - CFCHP, KPMAS, and MPC's performance for GSD <8 was above the 75th percentile, and JMS, KPMAS, and WPM's performance for CHL was above the 75th percentile. In addition, JMS and KPMAS' rates were above the 90th percentile for CHL.
 - Seven of nine MCO rates were above the NHM for AMR, SPC received - total, BPD, SPD received – total, and PRS-E combo.
 - Of the seven MCOs above the NHM, AMR rates for six MCOs, CFCHP, JMS, KPMAS, MPC, PPMCO and UHC were above the 75th percentile,

and four MCO rates, CFCHP, KPMAS, MPC and PPMCO were above 90th percentile.

- SPC received – total rates were above the 75th percentile for three MCOs, JMS, KPMAS, MSFC, and above the 90th for two MCOs, JMS and KPMAS.
- BPD rates for four MCOs, ABH, KPMAS, MPC, and PPMCO, were above the 75th percentile, and two MCO rates, KPMAS and MPC, were above the 90th percentile.
- SPD received – total rates exceeded the 75th percentile for two MCOs, JMS and KPMAS, while KPMAS' rate exceeded the 90th percentile.
- PRS-E combo rates exceeded the 75th percentile for two MCOs, KPMAS and PPMCO, while KPMAS' rate exceeded the 90th percentile.

PHIP Measure Summary:

MetaStar was not required to conduct a detailed analysis related to PHIP performance. The table on the following page displays MCO rate performance for the HEDIS MY 2025 measures included in the PHIP program.

Please refer to the site below for PHIP program information:

<https://dsd.maryland.gov/regulations/Pages/10.67.04.03-2.aspx>

Final CY 2025 PHIP Measure Summary

	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Measure	MY2025	MY2025	MY2025	MY2025	MY2025	MY2025	MY2025	MY2025	MY2025
Lead Screening in Children (LSC)	78.21%	79.45%	83.46%	93.72%	82.71%	80.41%	82.88%	78.35%	84.18%
Risk of Continued Opioid Use (COU), 31 Days, Total ¹	3.95%	3.55%	4.46%	0.94%	4.45%	2.72%	3.79%	3.24%	2.54%
Asthma Medication Ratio (AMR), Total	64.56%	81.18%	75.39%	97.97%	82.07%	61.71%	80.08%	75.75%	57.69%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	91.25%	93.60%	88.08%	96.23%	91.24%	85.42%	91.00%	88.08%	90.02%
Prenatal and Postpartum Care (PPC), Postpartum Care	87.08%	88.95%	86.86%	93.71%	84.18%	86.25%	85.89%	82.24%	84.43%
Glycemic Status Assessment for Patients with Diabetes (GSD), Poor Control (>9.0%) ¹	28.89%	25.00%	32.12%	24.23%	26.52%	29.68%	24.09%	27.49%	36.01%

¹ Lower is better