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Statewide Executive Summary Report HealthChoice Participating Organizations HEDIS® MY 2022 Results

presented to

Maryland Department of Health

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Introduction

Healthcare Effectiveness Data and Information Set (HEDIS®[1]) is one of the most widely used sources of healthcare performance measures in the United States. The program is maintained by the National Committee for Quality Assurance (NCQA[2]). NCQA develops and publishes specifications for data collection and result calculation to promote a high degree of standardization of HEDIS measures. Reporting entities are required to register with NCQA and undergo an annual NCQA HEDIS Compliance Audit™[3]. To ensure audit consistency, only NCQA-licensed organizations using NCQA-certified Auditors may conduct a HEDIS Compliance Audit. The audit conveys sufficient integrity to HEDIS data, such that it can be released to the public to provide consumers and purchasers with a means of comparing healthcare organization performance.

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

Background

The Maryland Medicaid program implemented HealthChoice, a comprehensive managed care program, in June 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 1,528,338 enrollees as of December 31, 2022.

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) 2022.

For HEDIS MY 2022, MDH required HealthChoice MCOs to report the complete HEDIS measure set for services rendered in calendar year 2022 to HealthChoice enrollees. These measures provide meaningful MCO comparative information, and they measure performance relative to MDH's priorities and goals.

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[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 Audit™ is a trademark of NCQA.
[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.

Effective for the 2020 Health Plan Accreditation standards year, evaluation of HEDIS/CAHPS performance is separate from standards scoring. Accreditation status is now based on a combination of adherence to accreditation standards with a comprehensive evaluation and analysis of clinical performance and consumer experience. With this change to scoring, NCQA eliminated the Excellent and Commendable status levels. Instead, 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 on the next page.

Organizations Reporting HEDIS in MY 2022		
Acronym Used in this Report	**HealthChoice Organization Name**	**Accreditation Status**
ABH	Aetna Better Health of Maryland	Accredited
CFCHP	CareFirst Community Health Plan Maryland	Accredited
JMS	Jai Medical Systems	Accredited
KPMAS	Kaiser Permanente of the Mid-Atlantic States	Accredited
MPC	Maryland Physicians Care	Accredited
MSFC	MedStar Family Choice	Accredited
PPMCO	Priority Partners MCO	Provisional – Under Corrective Action
UHC	UnitedHealthcare	Accredited
WPM	Wellpoint Maryland	Accredited

Source: https://reportcards.ncqa.org

NCQA – Accreditation Star Results

Effective 2020, NCQA has converted from a numeric rating (1 – 5) to measure MCO performance to a "star" rating system (1 – 5 stars). 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, Treatment). One MCO, KPMAS, received a five-star Overall Rating.

NCQA's 2023 Health Plan Ratings (posted September 2023) are displayed below:

NCQA – Accreditation Star Results								
Star Rating	**ABH**	**CFCHP**	**JMS**	**KPMAS**	**MPC**	**MSFC**	**PPMCO**	**UHC**	**WPM**
Overall Rating	3.0	3.0	4.0	4.5	3.5	3.5	3.5	3.5	3.5
Patient Experience	2.0	2.0	2.5	2.0	3.0	3.0	3.0	2.5	2.5
Prevention	2.5	3.5	4.5	5.0	3.5	3.0	3.5	3.5	4.0
Treatment	2.5	2.5	3.5	4.5	3.0	3.0	2.5	3.0	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 2022, MDH required HealthChoice MCOs to report 53 HEDIS measures comprised of four NCQA domain categories and two CAHPS measures. NCQA's Volume 2 contains the technical specifications for the HEDIS measures. There were four new first year HEDIS measures for MY 2022.

The four NCQA domain categories are as follows:

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

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

<u>Effectiveness of Care (EOC): 38 Measures</u>

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Colorectal Cancer Screening (COL)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Eye Exam for Patients with Diabetes (EED)
- Statin Therapy for Patients with Diabetes (SPD)
- Appropriate Treatment for Upper Respiratory Infection (URI)
- Appropriate Testing for Pharyngitis (CWP)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Chlamydia Screening in Women (CHL)
- Use of Imaging Studies for Low Back Pain (LBP)
- Controlling High Blood Pressure (CBP)

- Asthma Medication Ratio (AMR)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Persistence of Beta Blocker Treatment after a Heart Attack (PBH)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Lead Screening in Children (LSC)
- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Use of Opioids at High Dosage (HDO)
- Use of Opioids from Multiple Providers (UOP)
- Risk of Continued Opioid Use (COU)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Antidepressant Medication Management (AMM)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Cardiac Rehabilitation (CRE)
- Kidney Health Evaluation for Patients with Diabetes (KED)
- Diagnosed Mental Health Disorders (DMH)
- Diagnosed Substance Use Disorders (DSU)

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): 7 Measures

- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Ambulatory Care: Total (AMB)
- Frequency of Selected Procedures (FSP)
- Inpatient Utilization: Total (IPU)
- 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: 1 Measure

- Prenatal Immunization Status (PRS-E)

Measures Collected from the Adult CAHPS Survey: 2 Measures

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

No Benefit (NB) Measure Designations: 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 Metal Illness (FUM)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- Annual Dental Visit (ADV)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Follow-up After High Intensity Care for Substance Use Disorder (FUI)

Measures Exempt from Reporting

- Depression Screening and Follow-up for Adolescents and Adults (DSF-E)
- 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)
- Adult Immunization Status (AIS-E)
- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Childhood Immunization Status (CIS-E)
- Immunizations for Adolescents (IMA-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Section Two – HEDIS Methodology

The HEDIS reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS Measurement Year 2022 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, inexpensive to acquire, 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 the improvement of administrative data systems.

The following table shows actual HEDIS MY 2022 measures collected by use of the administrative or hybrid method. Each HealthChoice managed care organization chooses the administrative versus hybrid method based on available resources, as the hybrid method takes significant resources to perform.

Measure List	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
CBP – Controlling High Blood Pressure	H	H	H	H	H	H	H	H	H
CCS – Cervical Cancer Screening	H	H	H	H	H	H	H	H	H
CDC – Comprehensive Diabetes Care	H	H	H	H	H	H	H	H	H
CIS – Childhood Immunization Status	H	H	H	H	H	H	H	H	H
IMA– Immunizations for Adolescents	H	A	H	H	H	H	H	H	H
LSC – Lead Screening in Children	H	A	H	H	H	H	A	A	H
PPC – Prenatal and Postpartum Care	H	H	H	A	H	H	H	H	H
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	H	H	H	H	H	H	H	H	H

H—Hybrid; A—Administrative

Section Three – Measure Specific Findings Explanation

Metrics

Three metrics are calculated to accompany the organization-specific scores on the following pages:
- Maryland Average Reportable Rate (MARR)
- National HEDIS Mean (NHM)
- 2023 NCQA Benchmarks at the 25th, 50th, 75th, and 90th Percentiles

<u>Maryland Average Reportable Rate (MARR)</u>

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.

<u>National HEDIS Mean (NHM) and NCQA Benchmarks</u>

The HEDIS Executive Summary Report compares MCO HEDIS MY 2022 rates to the MY 2022 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] 2023 (produced using HEDIS MY 2022 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.

<u>Year-to-Year Trending</u>

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.

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[5] Quality 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 2022, NCQA determined that LBP, FSP, AMB, and IPU 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 2022 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 2022. 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
  - BCS, CCS, COL, CHL, CIS, IMA, LSC, WCC
- Respiratory Conditions
  - AMR, CWP, PCE, SPR
- Cardiovascular Conditions
  - CBP, CRE, PBH, SPC
- Diabetes
  - HBP, BPD, EED, KED, SPD
- Behavioral Health
  - ADD, DMH, AMM, APM, DSU, POD, SAA, SMC, SMD, SSD
- Overuse/Appropriateness
  - AAB, COU, HDO, LBP, NCS, UOP, URI
- Access/Availability of Care
  - AAP, PPC
- Utilization and Risk Adjusted Utilization
  - AXR, AMB, FSP, IPU, PCR, W30, WCV
- Health Plan Descriptive Information
  - ENP, LDM, RDM

Reference Sources

Description

The source of the information is *NCQA's HEDIS Measurement Year 2022 Volume 2: Technical Specifications.*

<u>Rationale</u>

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

<u>Summary of Changes for HEDIS MY 2022</u>

The source of the text is the *HEDIS Measurement Year 2022 Volume 2: Technical Specifications*, along with additional changes published in the *HEDIS Measurement Year 2022 Volume 2: Technical Update.*

Section Four – Measure Specific Findings

Effectiveness of Care Measures

Prevention and Screening

Breast Cancer Screening (BCS)

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

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

The United States Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 – 74 years.

United States Preventive Services Task Force. Retrieved from
https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified in Optional exclusions that unilateral mastectomy and bilateral modifier must be from the same procedure.

Breast Cancer Screening (BCS)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	NA	54.6%	43.8%	47.7%	⇩
CFCHP	76.3%	76.9%	68.0%	67.1%	61.8%	⇧
JMS	75.8%	76.3%	76.2%	76.8%	70.2%	⇧
KPMAS	79.7%	79.2%	76.0%	74.2%	77.5%	⇧
MPC	55.6%	62.6%	61.1%	66.2%	64.0%	⇧
MSFC	69.0%	74.6%	71.1%	70.0%	67.0%	⇧
PPMCO	69.5%	67.8%	60.7%	59.7%	60.6%	⇧
UHC	59.4%	58.1%	55.5%	57.3%	59.7%	⇧
WPM	69.2%	69.2%	63.6%	59.4%	59.5%	⇧
MARR	69.3%	70.6%	65.2%	64.4%	63.1%	

Cervical Cancer Screening (CCS)

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

1. Women ages 21 – 64 who had cervical cytology performed within the last three years.
2. Women ages 30 – 64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
3. Women ages 30 – 64 who had cervical cytology/hrHPV co-testing 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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.

Cervical Cancer Screening (CCS)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	29.9%	38.0%	35.8%	41.6%	44.8%	⇩
CFCHP	49.9%	55.7%	49.1%	55.7%	47.2%	⇩
JMS	74.3%	74.3%	60.8%	51.9%	62.0%	⇧
KPMAS	88.0%	88.0%	84.9%	83.5%	85.5%	⇧
MPC	63.5%	60.6%	55.2%	54.7%	57.7%	⇧
MSFC	60.9%	64.0%	51.8%	55.0%	51.1%	⇩
PPMCO	66.9%	66.9%	61.3%	58.2%	63.8%	⇧
UHC	58.9%	58.9%	58.4%	59.1%	60.3%	⇧
WPM	67.9%	67.9%	63.9%	63.0%	62.5%	⇧
MARR	62.2%	63.8%	57.9%	58.1%	59.4%	

Chlamydia Screening in Women (CHL)

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

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

Screening is essential because most women who have the condition do not experience symptoms. The main objective of chlamydia screening is to prevent pelvic inflammatory disease, 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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

Chlamydia Screening in Women (CHL), 16-20 years						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	64.6%	54.3%	57.9%	62.2%	⇧
CFCHP	54.6%	58.2%	56.1%	51.3%	52.9%	⇧
JMS	87.6%	87.5%	87.7%	86.8%	85.3%	⇧
KPMAS	74.5%	84.3%	69.3%	83.4%	82.2%	⇧
MPC	57.8%	55.3%	52.8%	52.5%	54.7%	⇧
MSFC	61.0%	55.9%	54.8%	52.2%	49.7%	⇩
PPMCO	60.2%	60.5%	56.1%	56.9%	57.1%	⇧
UHC	59.4%	59.5%	59.1%	57.7%	58.1%	⇧
WPM	65.0%	65.1%	62.8%	60.7%	61.8%	⇧
MARR	65.0%	65.6%	61.4%	62.1%	62.7%	

Chlamydia Screening in Women (CHL), 21-24 years						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	NA	69.9%	66.3%	64.4%	66.0%	⇧
CFCHP	65.3%	65.5%	62.9%	62.3%	64.5%	⇧
JMS	80.8%	83.0%	77.6%	77.7%	81.0%	⇧
KPMAS	83.5%	87.3%	70.7%	80.6%	82.9%	⇧
MPC	66.5%	64.3%	61.4%	60.5%	63.9%	⇧
MSFC	69.3%	63.1%	64.9%	61.8%	62.6%	⇧
PPMCO	67.8%	68.3%	63.6%	66.3%	66.9%	⇧
UHC	65.9%	69.5%	65.1%	68.4%	68.6%	⇧
WPM	71.8%	72.5%	70.7%	70.3%	70.8%	⇧
MARR	71.4%	71.5%	67.0%	68.0%	69.7%	

Chlamydia Screening in Women (CHL), Total						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	64.2%	67.7%	61.9%	62.0%	64.6%	⇧
CFCHP	60.9%	62.3%	59.8%	57.3%	59.6%	⇧
JMS	84.4%	85.6%	83.1%	82.4%	83.2%	⇧
KPMAS	80.0%	85.8%	70.1%	81.9%	82.6%	⇧
MPC	61.9%	59.3%	56.8%	56.4%	59.1%	⇧
MSFC	65.3%	59.5%	60.0%	57.2%	56.4%	⇧
PPMCO	63.6%	63.9%	59.5%	61.3%	61.7%	⇧
UHC	62.2%	63.8%	61.8%	62.7%	63.0%	⇧
WPM	67.9%	68.1%	66.2%	65.0%	65.9%	⇧
MARR	67.8%	68.4%	64.3%	65.1%	66.2%	

Childhood Immunization Status (CIS)

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

	DTap	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Influenza
Combination 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 United States.

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Revised optional exclusions for immunocompromising conditions (e.g., immunodeficiency) to be required exclusions.
- Revised optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators.
- Updated value sets and logic for the MMR numerator, because single antigen vaccines are no longer used.
- Added required exclusions and removed optional exclusions in the Rules for Allowable Adjustments.

Childhood Immunization Status (CIS), Combo 10

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	28.8%	36.7%	34.6%	30.7%	⇩
CFCHP	38.9%	38.9%	46.0%	46.0%	34.8%	⇧
JMS	48.5%	48.5%	37.0%	40.2%	32.1%	⇧
KPMAS	61.3%	63.4%	62.3%	60.3%	60.2%	⇧
MPC	30.2%	38.9%	35.8%	33.8%	28.2%	⇩
MSFC	43.6%	43.6%	40.2%	35.3%	28.7%	⇩
PPMCO	46.0%	46.0%	39.2%	43.1%	36.3%	⇧
UHC	38.7%	38.7%	43.8%	39.9%	33.8%	⇧
WPM	43.8%	43.8%	41.6%	41.4%	40.6%	⇧
MARR	43.9%	43.4%	42.5%	41.6%	36.2%	

Childhood Immunization Status (CIS), Combo 3

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	58.8%	63.5%	61.6%	63.3%	⇧
CFCHP	83.1%	83.1%	75.2%	71.3%	63.8%	⇧
JMS	80.5%	80.5%	61.6%	66.4%	66.9%	⇧
KPMAS	79.6%	79.1%	77.9%	74.8%	79.9%	⇧
MPC	69.6%	71.3%	72.0%	64.7%	66.7%	⇧
MSFC	78.6%	78.6%	68.6%	68.1%	70.1%	⇧
PPMCO	75.2%	75.2%	66.2%	68.9%	70.6%	⇧
UHC	72.7%	72.7%	74.5%	67.9%	66.9%	⇧
WPM	79.6%	79.6%	72.5%	72.3%	72.0%	⇧
MARR	77.4%	75.4%	70.2%	68.4%	68.9%	

Childhood Immunization Status (CIS), Combo 7

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	41.9%	52.1%	53.3%	52.8%	⇩
CFCHP	64.3%	64.3%	65.0%	65.0%	58.4%	⇧
JMS	66.4%	66.4%	55.8%	56.9%	57.2%	⇧
KPMAS	73.2%	74.7%	73.0%	70.4%	74.7%	⇧
MPC	56.0%	63.7%	61.3%	56.5%	56.5%	⇧
MSFC	64.7%	64.7%	57.2%	55.7%	57.2%	⇧
PPMCO	66.2%	66.2%	56.5%	58.4%	60.6%	⇧
UHC	62.8%	62.8%	64.2%	57.9%	57.2%	⇧
WPM	66.7%	66.7%	62.0%	61.6%	60.6%	⇧
MARR	65.0%	63.5%	60.8%	59.5%	59.4%	

Immunizations for Adolescents (IMA)

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

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

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Revised the optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators.
- Clarified in the example for the two-dose HPV vaccination series that the second vaccine must be on or after July 25.
- Added required exclusions and removed optional exclusions in the Rules for Allowable Adjustments.

Immunizations for Adolescents (IMA), Combo 1						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	NA	73.6%	70.7%	69.3%	73.2%	⇩
CFCHP	89.5%	83.0%	74.2%	75.2%	75.3%	⇩
JMS	91.7%	91.7%	82.3%	79.8%	86.1%	⇧
KPMAS	83.0%	89.6%	89.5%	84.2%	89.0%	⇧
MPC	87.6%	89.5%	83.7%	82.5%	87.4%	⇧
MSFC	89.8%	89.8%	84.7%	74.0%	80.5%	⇧
PPMCO	91.5%	91.5%	82.5%	86.9%	89.1%	⇧
UHC	90.8%	90.8%	88.8%	87.8%	88.6%	⇧
WPM	90.3%	90.3%	89.8%	91.0%	92.2%	⇧
MARR	89.3%	87.7%	82.9%	81.2%	84.6%	

Immunizations for Adolescents (IMA), Combo 2						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	24.1%	25.5%	26.0%	26.3%	⇩
CFCHP	28.5%	34.1%	27.0%	34.1%	28.3%	⇩
JMS	65.9%	65.9%	56.7%	52.1%	54.8%	⇧
KPMAS	51.6%	63.9%	63.8%	59.7%	64.1%	⇧
MPC	40.9%	38.9%	35.5%	30.4%	37.2%	⇧
MSFC	43.3%	43.3%	44.8%	38.4%	35.3%	⇩
PPMCO	51.6%	51.6%	43.1%	40.2%	38.0%	⇧
UHC	38.2%	38.2%	40.9%	40.2%	43.6%	⇧
WPM	49.4%	49.4%	46.7%	53.3%	49.6%	⇧
MARR	46.2%	45.5%	42.7%	41.6%	41.9%	

Lead Screening in Children (LSC)

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

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

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

Lead Screening in Children (LSC)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	NA	73.8%	74.5%	65.7%	66.2%	⇧
CFCHP	83.9%	83.9%	81.5%	75.9%	67.2%	⇧
JMS	90.9%	92.1%	92.1%	83.9%	82.2%	⇧
KPMAS	83.5%	89.6%	87.2%	82.0%	84.8%	⇧
MPC	80.1%	80.1%	73.8%	68.0%	65.0%	⇧
MSFC	84.4%	84.4%	74.7%	75.7%	75.4%	⇧
PPMCO	80.5%	83.9%	80.0%	75.0%	72.0%	⇧
UHC	76.7%	74.4%	72.4%	71.1%	67.3%	⇧
WPM	82.0%	81.4%	80.9%	74.5%	74.0%	⇧
MARR	82.8%	82.6%	79.7%	74.6%	72.7%	

Colorectal Cancer Screening (COL)

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 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 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 2022:

This is a first-year measure for Medicaid reporting.

Colorectal Cancer Screening (COL)					
Measurement Year	2018	2019	2020	2021	2022
ABH					19.4%
CFCHP					25.6%
JMS					22.9%
KPMAS					60.8%
MPC					31.4%
MSFC					20.3%
PPMCO					33.4%
UHC					37.0%
WPM					34.4%
MARR					31.7%

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_public/ViewMeasure?MeasureId=2509

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified in the Notes that services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the BMI Percentile indicator.
- Revised the Reporting Instructions for the "NumeratorByAdminElig" data element in Table WCC-1/2 to read "For each Metric and Stratification," to indicate that the value is stratified.
- Added required exclusions to the Rules for Allowable Adjustments.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	65.6%	74.5%	80.1%	80.3%	80.3%	⇧
CFCHP	78.9%	78.9%	69.3%	73.9%	81.1%	⇧
JMS	96.4%	96.4%	94.3%	95.2%	93.4%	⇧
KPMAS	99.0%	99.0%	95.0%	95.9%	99.0%	⇧
MPC	62.0%	62.0%	71.5%	75.2%	84.9%	⇧
MSFC	88.9%	88.9%	80.2%	81.4%	78.7%	⇧
PPMCO	72.3%	72.3%	47.9%	50.9%	70.1%	⇩
UHC	76.6%	77.6%	71.1%	77.4%	77.4%	⇧
WPM	71.8%	71.8%	78.5%	77.4%	73.9%	⇩
MARR	79.0%	80.1%	76.4%	73.6%	82.1%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	75.0%	74.2%	76.6%	80.6%	79.6%	⇧
CFCHP	79.1%	79.1%	67.4%	69.7%	69.7%	⇧
JMS	95.1%	95.1%	97.2%	96.6%	94.3%	⇧
KPMAS	100.0%	100.0%	100.0%	98.0%	99.0%	⇧
MPC	63.2%	63.2%	68.6%	69.6%	76.6%	⇧
MSFC	82.6%	82.6%	72.6%	77.5%	71.0%	⇧
PPMCO	69.6%	69.6%	38.7%	44.8%	61.3%	⇩
UHC	77.4%	75.7%	70.3%	77.1%	73.2%	⇧
WPM	77.6%	77.6%	77.3%	74.9%	70.0%	⇧
MARR	80.0%	79.7%	74.3%	70.7%	77.2%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity , Total						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	71.9%	69.4%	72.3%	78.7%	75.9%	⇧
CFCHP	75.0%	75.0%	65.2%	64.4%	70.0%	⇧
JMS	94.6%	94.6%	97.2%	96.6%	93.4%	⇧
KPMAS	100.0%	100.0%	100.0%	98.0%	99.0%	⇧
MPC	60.2%	60.2%	65.5%	66.4%	73.2%	⇧
MSFC	78.1%	78.1%	68.8%	73.3%	66.8%	⇧
PPMCO	65.0%	65.0%	32.4%	40.2%	58.6%	⇩
UHC	71.3%	72.3%	65.7%	74.0%	68.9%	⇧
WPM	70.6%	70.6%	72.1%	68.6%	68.3%	⇧
MARR	76.3%	76.1%	71.0%	67.4%	74.9%	

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 to identify 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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Updated the exclusions criteria in the Rules for Allowable Adjustments.

Asthma Medication Ratio (AMR), Total						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	NA	69.9%	63.3%	56.2%	⇩
CFCHP	57.1%	57.8%	61.3%	71.2%	75.8%	⇧
JMS	73.0%	76.8%	76.6%	74.4%	68.6%	⇧
KPMAS	74.0%	77.3%	76.9%	86.6%	98.1%	⇧
MPC	58.0%	58.5%	63.6%	64.7%	71.4%	⇧
MSFC	61.8%	63.8%	66.9%	68.2%	65.4%	⇩
PPMCO	60.2%	60.3%	68.1%	67.6%	67.3%	⇧
UHC	62.4%	62.4%	64.0%	58.3%	56.8%	⇩
WPM	65.5%	63.6%	70.1%	69.1%	66.9%	⇧
MARR	64.0%	65.1%	68.6%	69.2%	69.6%	

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

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

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

Summary of Changes to HEDIS MY 2022:

- Added step 8 to the event/diagnosis.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory).
- Removed "Dicloxacillin" from the CWP Antibiotics Medications List.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Added required exclusions to the Rules for Allowable Adjustments.

Appropriate Testing for Pharyngitis (CWP)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	85.9%	83.1%	68.6%	72.4%	⇧
CFCHP	TB[1]	83.4%	81.0%	70.1%	67.7%	⇩
JMS	TB[1]	74.3%	70.4%	57.0%	75.7%	⇧
KPMAS	TB[1]	78.9%	70.5%	37.8%	78.9%	⇧
MPC	TB[1]	86.0%	85.6%	79.1%	81.6%	⇧
MSFC	TB[1]	88.0%	86.3%	75.8%	72.4%	⇧
PPMCO	TB[1]	84.4%	82.6%	72.1%	72.2%	⇧
UHC	TB[1]	87.1%	84.8%	76.0%	78.3%	⇧
WPM	TB[1]	85.2%	82.3%	71.1%	74.7%	⇧
MARR		83.7%	80.7%	67.5%	74.9%	

TB[1] - Trending break for MY2019; results cannot be compared to the prior year benchmarks.

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 United States. COPD is characterized by airflow limitation that is not fully reversible, is usually progressive, and is associated with an abnormal inflammatory response of the lung to noxious particles or gases. COPD is defined as 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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Moved Olodaterol from the "Bronchodilator combinations" description to the "Beta 2-agonists" description in the Bronchodilator Medications List.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Added required exclusions to the Rules for Allowable Adjustments.

Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	90.2%	73.0%	90.3%	86.1%	⇧
CFCHP	88.2%	85.5%	80.9%	88.3%	84.8%	⇧
JMS	88.3%	87.9%	90.4%	88.6%	87.7%	⇧
KPMAS	94.6%	91.5%	93.6%	98.2%	91.9%	⇧
MPC	87.2%	87.4%	84.9%	88.0%	87.0%	⇧
MSFC	89.0%	90.2%	87.4%	91.5%	96.5%	⇧
PPMCO	84.8%	83.2%	81.0%	88.4%	86.4%	⇧
UHC	79.0%	79.5%	86.0%	78.7%	78.1%	⇩
WPM	83.5%	84.3%	85.4%	89.4%	87.8%	⇧
MARR	86.8%	86.6%	84.7%	89.0%	87.4%	

Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	77.0%	70.3%	82.3%	74.4%	⇧
CFCHP	71.0%	73.5%	75.2%	82.7%	68.2%	⇩
JMS	67.6%	66.5%	60.4%	60.5%	54.8%	⇩
KPMAS	83.8%	93.6%	100.0%	96.4%	87.1%	⇧
MPC	71.9%	72.6%	70.5%	71.4%	66.9%	⇩
MSFC	72.1%	71.1%	71.7%	72.4%	80.2%	⇧
PPMCO	71.2%	67.2%	68.3%	73.1%	65.5%	⇩
UHC	61.6%	64.3%	70.8%	66.4%	66.7%	⇩
WPM	66.1%	64.6%	65.0%	66.1%	75.1%	⇧
MARR	70.7%	72.3%	72.5%	74.6%	71.0%	

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

Description
The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

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

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Added required exclusions to the Rules for Allowable Adjustments.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	NA	NA	NA	23.6%	⇧
CFCHP	33.3%	23.6%	20.5%	25.4%	17.8%	⇩
JMS	14.4%	13.0%	10.5%	7.7%	27.8%	⇧
KPMAS	29.5%	35.1%	48.4%	32.8%	35.8%	⇧
MPC	30.6%	28.4%	28.2%	26.3%	21.7%	⇩
MSFC	38.5%	35.2%	30.0%	24.8%	16.9%	⇩
PPMCO	31.8%	27.3%	29.4%	23.1%	21.5%	⇩
UHC	31.4%	25.7%	28.4%	21.6%	17.7%	⇩
WPM	28.8%	29.8%	30.0%	21.3%	21.7%	⇩
MARR	29.8%	27.3%	28.2%	22.9%	22.7%	

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 United States 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 the 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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Updated the Administrative Specification to make it consistent with the Hybrid Specification; replaced the visit type requirement with a visit type exclusion.
- Clarified in the numerator of the Hybrid Specification that BP readings taken by the member are eligible for use in reporting.
- Clarified in the numerator of the Hybrid Specification that ranges and thresholds do not meet criteria.
- Clarified in the numerator of the Hybrid Specification that a BP documented as an "average BP" (e.g., "average BP: 139/70") is eligible for use.
- Added new data elements tables for race and ethnicity stratification reporting.

Controlling High Blood Pressure (CBP)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	46.7%	57.9%	60.1%	⇩
CFCHP	TB[1]	TB[1]	49.9%	65.7%	56.7%	⇩
JMS	TB[1]	TB[1]	67.2%	67.2%	65.2%	⇧
KPMAS	TB[1]	TB[1]	76.2%	74.3%	73.8%	⇧
MPC	TB[1]	TB[1]	59.4%	54.7%	66.9%	⇧
MSFC	TB[1]	TB[1]	54.5%	41.3%	44.3%	⇩
PPMCO	TB[1]	TB[1]	33.3%	54.5%	57.4%	⇩
UHC	TB[1]	TB[1]	54.7%	61.1%	60.1%	⇩
WPM	TB[1]	TB[1]	50.6%	56.0%	55.2%	⇩
MARR			54.7%	59.2%	60.0%	

TB[1] - Trending break for MY2020, results cannot be compared to the prior year benchmarks.

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 chance 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 2022

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.

Cardiac Rehabilitation – Achievement (CRE)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH			0.0%	1.8%	2.0%	⇧
CFCHP			0.0%	1.8%	0.0%	⇩
JMS			0.0%	0.0%	1.4%	⇩
KPMAS			0.0%	0.0%	0.0%	⇩
MPC			1.7%	0.7%	1.0%	⇩
MSFC			0.0%	0.0%	0.0%	⇩
PPMCO			1.2%	1.0%	2.1%	⇧
UHC			0.8%	1.2%	1.8%	⇧
WPM			0.3%	0.6%	1.6%	⇩
MARR			0.4%	0.8%	1.1%	

Cardiac Rehabilitation – Engagement 1 (CRE)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH			2.1%	3.6%	4.1%	⇩
CFCHP			1.9%	3.7%	0.0%	⇩
JMS			0.0%	1.2%	1.4%	⇩
KPMAS			0.0%	0.0%	0.0%	⇩
MPC			3.7%	2.4%	2.6%	⇩
MSFC			0.0%	0.0%	0.0%	⇩
PPMCO			2.4%	3.0%	3.2%	⇩
UHC			1.5%	3.1%	3.6%	⇩
WPM			1.4%	1.4%	1.6%	⇩
MARR			1.4%	2.0%	1.8%	

Cardiac Rehabilitation – Engagement 2 (CRE)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH			4.2%	3.6%	2.0%	⇩
CFCHP			1.9%	5.5%	0.0%	⇩
JMS			0.0%	0.0%	1.4%	⇩
KPMAS			0.0%	0.0%	0.0%	⇩
MPC			3.1%	2.4%	2.8%	⇩
MSFC			0.0%	0.0%	0.0%	⇩
PPMCO			2.0%	2.8%	3.7%	⇩
UHC			1.5%	3.5%	4.8%	⇧
WPM			1.0%	0.8%	3.6%	⇩
MARR			1.5%	2.1%	2.1%	

Cardiac Rehabilitation – Initiation (CRE)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH			0.0%	0.0%	0.0%	⇩
CFCHP			0.0%	1.8%	0.0%	⇩
JMS			0.0%	0.0%	0.0%	⇩
KPMAS			0.0%	0.0%	0.0%	⇩
MPC			2.3%	1.0%	0.5%	⇩
MSFC			0.0%	0.4%	0.7%	⇩
PPMCO			1.2%	2.2%	2.4%	⇩
UHC			0.8%	2.3%	2.4%	⇩
WPM			0.7%	0.8%	0.0%	⇩
MARR			0.5%	1.0%	0.7%	

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 ß-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, ß-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 2022:

- Corrected the example in the definition of treatment days (covered days).
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Added required exclusions to the Rules for Allowable Adjustments.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	56.7%	82.1%	NA	NA	88.1%	⇧
JMS	NA	NA	NA	NA	NA	
KPMAS	NA	NA	NA	88.4%	81.6%	⇧
MPC	84.0%	87.3%	84.2%	84.8%	83.3%	⇧
MSFC	62.0%	74.1%	75.5%	82.6%	77.4%	⇩
PPMCO	71.9%	77.3%	76.6%	81.4%	76.6%	⇩
UHC	71.2%	79.7%	81.0%	81.5%	74.5%	⇩
WPM	69.5%	77.9%	75.0%	73.0%	75.4%	⇩
MARR	69.2%	79.7%	78.4%	81.9%	79.6%	

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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.

Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	NA	NA	82.4%	81.5%	81.0%	⇧
CFCHP	77.3%	79.2%	78.7%	77.6%	77.5%	⇩
JMS	82.0%	85.0%	83.5%	87.2%	83.9%	⇧
KPMAS	86.7%	92.5%	89.6%	87.2%	85.9%	⇧
MPC	76.2%	76.9%	79.3%	79.6%	77.7%	⇩
MSFC	75.5%	80.7%	81.9%	82.0%	81.1%	⇧
PPMCO	76.9%	79.0%	78.7%	81.1%	79.9%	⇧
UHC	73.5%	77.4%	77.7%	78.3%	77.9%	⇩
WPM	72.1%	77.4%	77.7%	76.2%	77.9%	⇩
MARR	77.5%	81.0%	81.0%	81.2%	80.3%	

Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	NA	NA	71.4%	60.0%	49.2%	⇩
CFCHP	61.5%	62.0%	69.7%	66.4%	72.0%	⇧
JMS	55.6%	55.1%	47.7%	50.3%	53.1%	⇩
KPMAS	54.7%	64.4%	62.6%	66.5%	67.7%	⇩
MPC	65.2%	64.7%	65.7%	64.5%	68.2%	⇩
MSFC	54.5%	64.8%	73.0%	73.1%	73.0%	⇧
PPMCO	50.8%	56.4%	59.8%	54.9%	57.1%	⇩
UHC	54.1%	57.7%	69.3%	67.0%	67.4%	⇩
WPM	53.8%	66.9%	63.2%	57.8%	60.1%	⇩
MARR	56.3%	61.5%	64.7%	62.3%	63.1%	

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 the health outcomes of patients with diabetes. Many of these interventions have also been shown to be cost-effective. The Journal of Clinical and Applied Research and Education. Diabetes Care.

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

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 2022:

- This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.
- Updated the Administrative Specification to make it consistent with the Hybrid Specification; replaced the visit type requirement with a visit type exclusion.
- Updated the Hybrid Specification to clarify the rules for sample size reduction.
- Clarified in the numerator of the Hybrid Specification that BP readings taken by the member are eligible for use in reporting.
- Clarified in the numerator of the Hybrid Specification that ranges and thresholds do not meet criteria.
- Clarified in the numerator of the Hybrid Specification that a BP documented as an "average BP" (e.g., "average BP: 139/70") is eligible for use.
- Updated the required exclusions criteria and removed optional exclusions in the Rules for Allowable Adjustments.

Blood Pressure Control for Patients With Diabetes (BPD)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	TB¹	45.0%	57.4%	58.2%	⇩
CFCHP	TB¹	TB¹	57.7%	58.6%	63.3%	⇩
JMS	TB¹	TB¹	70.8%	72.1%	71.5%	⇧
KPMAS	TB¹	TB¹	71.8%	77.4%	78.1%	⇧
MPC	TB¹	TB¹	55.2%	56.0%	71.5%	⇧
MSFC	TB¹	TB¹	57.1%	25.9%	56.0%	⇩
PPMCO	TB¹	TB¹	34.8%	56.0%	58.4%	⇩
UHC	TB¹	TB¹	57.9%	60.8%	63.5%	⇩
WPM	TB¹	TB¹	52.8%	53.3%	51.6%	⇩
MARR			55.9%	57.5%	63.6%	

TB¹ - Trending break for MY2020; results cannot be compared to the prior year benchmarks.

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 2022:

- This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.
- Updated the Hybrid Specification to clarify the rules for sample size reduction.
- Revised the Reporting Instructions for the "NumeratorByAdminElig" data element in Table EED-3: Data Elements for Eye Exam for Patients With Diabetes to "For each Stratification" to indicate that it is a stratified value.
- Updated the required exclusions criteria and removed optional exclusions in the Rules for Allowable Adjustments.

Eye Exam for Patients With Diabetes (EED)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	21.1%	33.6%	38.7%	35.3%	35.8%	⇩
CFCHP	45.5%	40.6%	42.3%	37.5%	45.7%	⇩
JMS	71.9%	65.5%	57.1%	50.6%	64.0%	⇧
KPMAS	88.1%	86.0%	82.1%	84.9%	85.2%	⇧
MPC	39.9%	46.2%	46.5%	47.9%	50.6%	⇩
MSFC	57.0%	63.3%	59.1%	49.0%	45.5%	⇩
PPMCO	50.6%	50.6%	44.0%	53.0%	51.8%	⇧
UHC	57.9%	51.3%	49.6%	45.0%	50.9%	⇩
WPM	54.7%	54.7%	46.0%	49.6%	48.4%	⇩
MARR	54.1%	54.7%	51.7%	50.3%	53.1%	

Hemoglobin A1c control for Patients with Diabetes (HBD)

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%)

Summary of Changes to HEDIS MY 2022:

- This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure.
- Removed the Hemoglobin A1c (HbA1c) Testing indicator.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.
- Updated the Hybrid Specification to clarify the rules for sample size reduction.
- Added new data elements tables for race and ethnicity stratification reporting.
- Updated the required exclusions criteria and removed optional exclusions in the Rules for Allowable Adjustments.

Hemoglobin A1c Control for Patients With Diabetes (HBD), Control (<8.0%)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	52.6%	49.6%	47.0%	52.8%	55.7%	⇧
CFCHP	59.4%	57.9%	51.8%	54.0%	54.0%	⇧
JMS	63.8%	65.0%	56.6%	59.5%	62.3%	⇧
KPMAS	61.1%	63.8%	56.8%	62.0%	59.0%	⇧
MPC	42.6%	54.3%	48.2%	57.4%	56.0%	⇧
MSFC	54.3%	57.5%	53.9%	56.6%	61.6%	⇧
PPMCO	47.7%	47.7%	41.9%	55.2%	56.7%	⇧
UHC	49.1%	52.8%	47.9%	53.0%	55.2%	⇧
WPM	51.8%	51.8%	55.0%	55.7%	55.2%	⇧
MARR	53.6%	55.6%	51.0%	56.3%	57.3%	

Hemoglobin A1c Control for Patients With Diabetes (HBD), Poor Control (>9.0%)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	40.4%	38.7%	45.3%	35.5%	38.0%	⇩
CFCHP	32.6%	33.6%	38.9%	38.7%	38.0%	⇩
JMS	28.1%	27.3%	35.7%	28.4%	29.2%	⇩
KPMAS	28.0%	26.0%	31.7%	29.2%	30.7%	⇩
MPC	48.4%	36.0%	43.6%	32.4%	32.9%	⇩
MSFC	33.3%	33.0%	34.2%	34.6%	30.7%	⇩
PPMCO	42.6%	42.6%	51.1%	35.3%	32.4%	⇩
UHC	40.4%	37.5%	41.9%	39.7%	36.3%	⇩
WPM	38.2%	38.2%	37.2%	37.5%	37.2%	⇩
MARR	36.9%	34.8%	39.9%	34.6%	33.9%	

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 the 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 are 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 2022

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.

Kidney Health Evaluation for Patients With Diabetes (KED)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH			31.5%	34.0%	36.2%	⇧
CFCHP			34.2%	37.3%	35.4%	⇧
JMS			66.2%	57.8%	64.7%	⇧
KPMAS			72.4%	77.8%	79.3%	⇧
MPC			32.0%	35.1%	37.0%	⇧
MSFC			47.0%	49.4%	44.8%	⇧
PPMCO			29.8%	33.5%	35.3%	⇧
UHC			34.0%	40.1%	40.2%	⇧
WPM			33.9%	39.1%	39.7%	⇧
MARR			42.3%	44.9%	45.8%	

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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.

Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	NA	NA	58.8%	59.5%	61.2%	⇩
CFCHP	58.2%	59.8%	62.9%	64.2%	65.2%	⇧
JMS	66.6%	67.2%	69.0%	70.3%	72.9%	⇧
KPMAS	80.6%	82.3%	78.3%	77.7%	75.6%	⇧
MPC	60.6%	61.2%	62.4%	63.0%	62.0%	⇩
MSFC	63.7%	65.7%	65.9%	67.1%	65.8%	⇧
PPMCO	60.6%	62.5%	63.5%	63.8%	62.6%	⇩
UHC	59.0%	62.4%	61.1%	68.1%	66.9%	⇧
WPM	61.5%	63.9%	65.0%	66.7%	64.9%	⇧
MARR	63.9%	65.6%	65.2%	66.7%	66.3%	

Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	NA	53.6%	53.4%	48.9%	⇩
CFCHP	66.7%	56.9%	61.3%	62.6%	66.6%	⇧
JMS	50.3%	49.0%	50.8%	47.9%	52.7%	⇩
KPMAS	51.7%	59.4%	57.5%	57.8%	61.0%	⇩
MPC	59.2%	61.5%	62.9%	60.4%	61.7%	⇩
MSFC	49.0%	54.4%	66.1%	69.1%	71.4%	⇧
PPMCO	50.1%	49.9%	56.2%	47.6%	49.6%	⇩
UHC	49.3%	54.9%	63.9%	64.6%	63.7%	⇩
WPM	48.5%	60.9%	55.0%	50.1%	51.0%	⇩
MARR	53.1%	55.9%	58.6%	57.0%	58.5%	

Behavioral Health

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

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

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

Summary of Changes to HEDIS MY 2022:

- Removed the definition of new episode.
- Corrected the example in the definition of treatment days (covered days).
- Updated the time frame for continuous medication treatment to include dispensing events on the IPSD
  in the count of treatment days.
- Revised the optional exclusion for narcolepsy to a required exclusion and updated the Data Element
  Table to indicate that this exclusion is only reported for Rate 1.
- Clarified that members in hospice or using hospice services anytime during the measurement year are
  a required exclusion.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Added required exclusions and removed optional exclusions in the Rules for Allowable Adjustments.
- Removed adjustments to the Continuation and Management Phase in the Rules for Allowable Adjustments

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Continuation Phase					
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	NA	NA	
MPC		25.2%	24.8%	16.5%	24.7%	⇩
MSFC		NA	0.0%	0.0%	0.0%	⇩
PPMCO		29.3%	27.7%	26.2%	30.0%	⇩
UHC		22.6%	32.1%	29.8%	40.6%	⇩
WPM		24.7%	21.4%	11.1%	17.2%	⇩
MARR		25.4%	21.2%	16.7%	22.5%	

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Acute Phase					
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH		NA	NA	NA	NA	
CFCHP		36.6%	NA	15.9%	41.2%	⇩
JMS		NA	NA	NA	NA	
KPMAS		33.8%	36.7%	48.5%	47.0%	⇧
MPC		25.4%	26.9%	19.7%	26.1%	⇩
MSFC		0.0%	0.0%	0.0%	0.0%	⇩
PPMCO		27.5%	29.3%	24.3%	30.0%	⇩
UHC		21.3%	37.7%	32.3%	39.0%	⇩
WPM		27.1%	28.0%	20.7%	21.7%	⇩
MARR		24.5%	26.4%	23.0%	29.3%	

Antidepressant Medication Management (AMM)

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

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

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

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

Summary of Changes to HEDIS MY 2022:

- Corrected the example in the definition of treatment days.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Updated the exclusions criteria in the Rules for Allowable Adjustments.

Antidepressant Medication Management (AMM), Acute Phase						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		41.3%	34.0%	41.2%	37.0%	⇩
MPC		NA	NA	NA	NA	
MSFC		NA	NA	NA	2.2%	⇩
PPMCO		47.5%	45.1%	51.1%	50.2%	⇩
UHC		NA	NA	NA	74.6%	⇧
WPM		NA	NA	NA	56.3%	⇩
MARR		44.4%	39.6%	46.2%	44.0%	

Antidepressant Medication Management (AMM), Continuation Phase						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		25.9%	18.3%	24.6%	22.9%	⇩
MPC		NA	NA	NA	NA	
MSFC		NA	NA	NA	0.0%	⇩
PPMCO		31.8%	28.2%	34.2%	32.2%	⇩
UHC		NA	NA	NA	63.9%	⇧
WPM		NA	NA	NA	43.8%	⇩
MARR		28.8%	23.2%	29.4%	32.5%	

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Description

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

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

Rationale

Antipsychotic medication prescribing has increased in children and adolescents. Antipsychotic medication can increase a child's risk of 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 antipsychotic medications.

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	75.0%	61.5%	⇧
MPC		NA	NA	NA	NA	
MSFC		NA	NA	NA	NA	
PPMCO		65.9%	50.5%	51.7%	58.0%	⇧
UHC		NA	NA	60.2%	59.3%	⇧
WPM		NA	NA	NA	NA	
MARR		65.9%	50.5%	62.3%	59.6%	

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Total					
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	88.9%	71.8%	⇧
MPC		NA	NA	NA	NA	
MSFC		NA	NA	NA	NA	
PPMCO		76.1%	61.4%	64.1%	69.7%	⇧
UHC		NA	NA	69.6%	72.7%	⇧
WPM		NA	NA	NA	NA	
MARR		76.1%	61.4%	74.2%	71.4%	

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Total					
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	75.0%	64.1%	⇧
MPC		NA	NA	NA	NA	
MSFC		NA	NA	NA	NA	
PPMCO		67.0%	51.9%	53.8%	59.1%	⇧
UHC		NA	NA	62.2%	60.7%	⇧
WPM		NA	NA	NA	NA	
MARR		67.0%	51.9%	63.7%	61.3%	

Diagnosed Mental Health Disorders (DMH)

Description
The percentage of members 1 year of age and older who were diagnosed with a mental health disorder during the measurement year.

Rationale
The revisions to the previous MPT measure, moving from a utilization measure to a diagnosed-prevalence measure, enable health plans to gain insight into diagnosed mental health disorders, and gain insight into 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 2022:

- Revised the measure's name from Mental Health Utilization to Diagnosed Mental Health Disorders.
- Moved the measure from the Utilization domain to the Effectiveness of Care domain.
- Revised the measure from a utilization measure to a diagnosed prevalence measure.
- Changed the measure from a member-months measure to a member-based measure.
- Combined the "0–12" and "13–17" age stratifications.
- Removed stratified reporting based on eligibility categories for Medicaid.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Removed the service setting stratifications.
- Removed procedure code requirements from the numerator.
- Removed mental health practitioner requirements from the numerator.
- Removed the requirement that the mental health diagnosis must be in the "principal" position.
- Revised the Rules for Allowable Adjustments.

Diagnosed Mental Health Disorders (DMH)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH					14.5%	⇩
CFCHP					23.0%	⇩
JMS					18.7%	⇩
KPMAS					15.6%	⇩
MPC					19.7%	⇩
MSFC					16.5%	⇩
PPMCO					19.3%	⇩
UHC					25.9%	⇩
WPM					14.6%	⇩
MARR					18.6%	

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, enable health plans to gain insight into diagnosed substance use disorders, and gain insight into 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 2022:

- Revised the measure's name from Identification of Alcohol and Other Drug Use Services (IAD) to Diagnosed Substance Use Disorders.
- Moved the measure from the Utilization domain to the Effectiveness of Care domain.
- Revised the measure from a utilization measure to a diagnosed prevalence measure.
- Changed the measure from a member-months measure to a member-based measure.
- Aligned the diagnosis codes in the measure with those used in the Initiation and Engagement of Substance Use Disorder Treatment measure.
- Removed the service setting stratifications.
- Collapsed age stratifications to report three age groups and a total group: "13–17," "18–64," "65 and older" and "Total."
- Removed stratified reporting based on eligibility categories for Medicaid.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Removed procedure code requirements from the numerator.
- Revised the Rules for Allowable Adjustments section.

Diagnosed Substance Use Disorders (DSU)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH					4.6%	⇩
CFCHP					6.8%	⇧
JMS					10.4%	⇧
KPMAS					2.2%	⇩
MPC					5.9%	⇩
MSFC					4.4%	⇩
PPMCO					4.8%	⇩
UHC					6.5%	⇧
WPM					3.8%	⇩
MARR					5.5%	

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 Institutes of Health (NIH) National Institute on Drug Abuse. Retrieved from: https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified in step 4 of the event/diagnosis to count overlapping direct transfer days only once and added an example.
- Added required exclusions to the Rules for Allowable Adjustments.

Pharmacotherapy for Opioid Use Disorder (POD), Total						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH		NA	NA	NA	0.0%	⇩
CFCHP		NA	NA	NA	NA	
JMS		NA	0.0%	NA	NA	
KPMAS		NA	NA	NA	NA	
MPC		0.0%	1.6%	8.1%	1.4%	⇩
MSFC		NA	NA	NA	0.0%	⇩
PPMCO		13.6%	13.6%	22.4%	16.3%	⇩
UHC		NA	0.0%	35.3%	43.5%	⇧
WPM		NA	0.0%	10.7%	5.1%	⇩
MARR		6.8%	3.0%	19.5%	11.0%	

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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Replaced language specific to "J codes or NDCs" with generic language as the value sets and medications lists are not limited to these codes.
- Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
- Updated the exclusions criteria in the Rules for Allowable Adjustments.
- Clarified allowable adjustments to numerator criteria in the Rules for Allowable Adjustments.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		NA	NA	52.4%	41.9%	⇩
MPC		NA	NA	NA	NA	
MSFC		NA	NA	NA	NA	
PPMCO		55.4%	49.0%	54.4%	32.7%	⇩
UHC		NA	NA	72.1%	63.0%	⇧
WPM		NA	NA	NA	NA	
MARR		55.4%	49.0%	59.6%	45.9%	

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 United States 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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)						
Measurement Year	2018	2019	2020	2021	2022	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	NA	NA	NA	78.1%	⇧
MSFC	NA	NA	NA	NA	NA	
PPMCO	80.0%	77.4%	76.7%	78.4%	66.7%	⇩
UHC	NA	NA	NA	NA	NA	
WPM	NA	NA	NA	NA	NA	
MARR	80.0%	77.4%	76.7%	78.4%	72.4%	

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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	63.2%	NA	NA	NA	75.0%	⇧
JMS	81.8%	89.1%	67.7%	NA	NA	
KPMAS	NA	NA	NA	NA	NA	
MPC	74.5%	62.5%	60.6%	58.4%	71.8%	⇧
MSFC	77.2%	62.7%	57.1%	60.3%	63.6%	⇩
PPMCO	66.0%	62.0%	60.7%	65.4%	61.2%	⇩
UHC	79.4%	75.7%	68.8%	73.5%	72.0%	⇧
WPM	75.7%	70.2%	67.3%	63.1%	70.6%	⇧
MARR	74.0%	70.4%	63.7%	64.2%	69.0%	

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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Updated the exclusions criteria in the Rules for Allowable Adjustments.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH		NA	NA	NA	NA	
CFCHP		NA	NA	NA	NA	
JMS		NA	NA	NA	NA	
KPMAS		90.6%	80.8%	88.4%	94.2%	⇧
MPC		96.1%	NA	93.2%	94.3%	⇧
MSFC		NA	NA	83.5%	NA	
PPMCO		88.7%	84.6%	86.3%	84.9%	⇧
UHC		NA	NA	74.9%	71.6%	⇩
WPM		91.2%	NA	92.1%	88.9%	⇧
MARR		91.6%	82.7%	86.4%	86.8%	

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 United States, 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 United States, 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 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory).
- Added required exclusions to the Rules for Allowable Adjustments.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	60.5%	57.3%	56.8%	57.9%	⇩
CFCHP	TB[1]	49.8%	48.6%	47.0%	60.1%	⇩
JMS	TB[1]	62.8%	60.6%	64.0%	68.1%	⇧
KPMAS	TB[1]	73.6%	71.4%	64.3%	80.4%	⇧
MPC	TB[1]	38.8%	46.0%	42.2%	52.5%	⇩
MSFC	TB[1]	44.5%	51.2%	54.7%	57.1%	⇩
PPMCO	TB[1]	50.8%	50.7%	46.4%	58.0%	⇩
UHC	TB[1]	46.3%	49.4%	51.3%	56.1%	⇩
WPM	TB[1]	48.8%	49.6%	52.2%	60.7%	⇩
MARR		52.9%	53.9%	53.2%	61.2%	

TB[1] - Trending break for MY2019; results cannot be compared to the prior year benchmarks.

Risk of Continued Opioid Use (COU)

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

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

Note: A lower rate indicates better performance.

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

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.

Risk of Continued Opioid Use (COU), 15 Days, Total						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	10.0%	6.3%	6.0%	4.6%	5.1%	⇩
CFCHP	7.1%	7.9%	7.3%	5.4%	4.8%	⇩
JMS	20.1%	13.6%	8.9%	7.9%	6.2%	⇩
KPMAS	8.5%	6.7%	6.3%	3.3%	2.1%	⇩
MPC	12.7%	10.8%	7.4%	6.8%	6.2%	⇩
MSFC	11.2%	8.7%	4.0%	4.1%	3.7%	⇩
PPMCO	9.9%	9.6%	9.0%	7.2%	6.1%	⇩
UHC	11.7%	6.3%	6.3%	5.6%	5.3%	⇩
WPM	2.2%	3.0%	3.3%	3.1%	3.7%	⇩
MARR	10.4%	8.1%	6.5%	5.3%	4.8%	

Risk of Continued Opioid Use (COU), 31 Days, Total						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	4.3%	3.2%	3.3%	3.0%	3.5%	⇩
CFCHP	3.9%	5.5%	4.8%	3.7%	3.4%	⇩
JMS	9.8%	7.3%	7.3%	6.0%	3.9%	⇧
KPMAS	2.4%	2.1%	1.8%	1.1%	0.8%	⇩
MPC	6.2%	5.3%	4.6%	4.6%	3.8%	⇧
MSFC	4.3%	3.6%	2.8%	2.3%	2.3%	⇩
PPMCO	4.3%	4.6%	4.3%	3.6%	3.9%	⇧
UHC	4.4%	4.1%	4.0%	3.5%	3.4%	⇩
WPM	1.6%	2.1%	2.2%	2.1%	2.4%	⇩
MARR	4.6%	4.2%	3.9%	3.3%	3.0%	

Use of Opioids at High Dosage (HDO)

Description

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

Note: A lower rate indicates better performance.

Rationale

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

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

Summary of Changes for HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.

Use of Opioids at High Dosage (HDO)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	TB[1]	3.2%	6.1%	6.7%	6.0%	⇩
CFCHP	TB[1]	14.4%	12.6%	10.5%	8.8%	⇧
JMS	TB[1]	4.8%	3.9%	3.8%	4.1%	⇩
KPMAS	TB[1]	4.1%	2.4%	1.6%	2.1%	⇩
MPC	TB[1]	14.8%	14.5%	13.3%	10.2%	⇧
MSFC	TB[1]	9.0%	7.9%	4.8%	4.4%	⇩
PPMCO	TB[1]	13.8%	13.3%	11.2%	11.9%	⇧
UHC	TB[1]	8.5%	7.9%	7.3%	7.3%	⇧
WPM	TB[1]	7.7%	7.0%	6.3%	5.5%	⇩
MARR		8.9%	8.4%	7.3%	6.7%	

TB[1] - Trending break for MY2019; results cannot be compared to the prior year benchmarks.

Use of Imaging Studies for Low Back Pain (LBP)

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

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

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

Summary of Changes to HEDIS MY 2022:

- Added the Medicare product line.
- Expanded the age range to increase the upper age limit to 75 years.
- Added age stratifications.
- Added required exclusions for osteoporosis, lumbar surgery, spondylopathy, fragility fractures, and palliative care.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added exclusions for members with advanced illness and frailty.
- Updated the exclusions criteria in the Rules for Allowable Adjustments.

Use of Imaging Studies for Low Back Pain (LBP)						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	77.5%	⇧
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	76.5%	⇧
JMS	TB[1]	TB[1]	TB[1]	TB[1]	84.0%	⇧
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	79.5%	⇧
MPC	TB[1]	TB[1]	TB[1]	TB[1]	80.6%	⇧
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	75.8%	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	77.5%	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	78.9%	⇧
WPM	TB[1]	TB[1]	TB[1]	TB[1]	76.7%	⇧
MARR					78.6%	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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

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

Note: A lower rate indicates better performance.

Rationale
Cervical cancer is rare before age 21 years. Exposure of cervical cells to HPV during vaginal intercourse may lead to cervical carcinogenesis, but the process has multiple steps, involves regression, and is generally not rapid. Because of the progression of disease and the high likelihood of regression in this age group, evidence suggests that screening earlier than age 21 years, regardless of sexual history, would lead to more harm than benefit. Treatment of cervical intraepithelial neoplasia (CIN) 2 or CIN 3 among women younger than 21 years may increase the risk for adverse pregnancy outcomes. The USPSTF recommends against screening for cervical cancer in women younger than 21 years. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

United States Preventive Services Task Force. Retrieved from
https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	0.0%	1.0%	1.0%	0.5%	0.4%	⇩
CFCHP	1.5%	0.6%	0.8%	0.6%	0.5%	⇩
JMS	0.9%	0.4%	0.0%	0.1%	0.1%	⇩
KPMAS	0.0%	0.0%	0.1%	0.0%	0.1%	⇩
MPC	1.2%	0.8%	0.7%	0.5%	0.4%	⇩
MSFC	0.4%	0.1%	0.0%	0.1%	0.0%	⇩
PPMCO	1.1%	0.7%	0.6%	0.6%	0.6%	⇧
UHC	1.4%	1.2%	1.1%	0.7%	0.6%	⇧
WPM	1.0%	0.9%	0.6%	0.5%	0.4%	⇩
MARR	0.8%	0.6%	0.5%	0.4%	0.3%	

Use of Opioids from Multiple Providers (UOP)

Description

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

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

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

Rationale

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

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

Summary of Changes for HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	14.3%	20.3%	5.3%	4.2%	4.1%	⇧
CFCHP	10.1%	6.7%	5.7%	5.0%	3.4%	⇧
JMS	9.3%	8.8%	7.1%	6.6%	5.8%	⇧
KPMAS	5.0%	1.4%	1.7%	0.8%	0.9%	⇩
MPC	0.0%	8.5%	5.5%	4.3%	3.2%	⇧
MSFC	9.3%	7.5%	4.6%	5.1%	2.8%	⇩
PPMCO	11.0%	9.1%	5.2%	14.1%	3.5%	⇧
UHC	6.8%	5.3%	3.4%	2.4%	1.9%	⇩
WPM	7.1%	6.8%	4.2%	3.8%	3.2%	⇧
MARR	8.1%	8.3%	4.7%	5.1%	3.2%	

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	23.8%	26.7%	26.0%	25.3%	24.1%	⇧
CFCHP	30.4%	26.6%	24.6%	22.5%	23.0%	⇧
JMS	22.1%	20.4%	18.6%	19.5%	20.0%	⇧
KPMAS	25.7%	27.7%	23.5%	26.6%	26.5%	⇧
MPC	19.6%	20.2%	23.5%	24.2%	20.9%	⇧
MSFC	41.6%	30.7%	26.5%	26.5%	25.5%	⇧
PPMCO	31.0%	28.9%	26.3%	23.9%	25.0%	⇧
UHC	27.8%	25.4%	24.2%	22.7%	19.9%	⇧
WPM	28.4%	27.5%	25.1%	25.2%	23.2%	⇧
MARR	27.8%	26.0%	24.3%	24.0%	23.1%	

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	7.1%	8.6%	3.7%	2.3%	2.6%	⇧
CFCHP	6.4%	4.1%	3.2%	2.9%	2.2%	⇧
JMS	6.3%	4.9%	3.4%	3.9%	2.8%	⇧
KPMAS	3.7%	0.6%	1.0%	0.5%	0.6%	⇩
MPC	0.0%	4.0%	3.0%	2.3%	2.0%	⇧
MSFC	7.4%	4.8%	2.9%	3.5%	2.0%	⇧
PPMCO	7.2%	5.8%	3.3%	6.5%	2.3%	⇧
UHC	4.0%	3.2%	2.3%	1.4%	1.1%	⇩
WPM	4.3%	4.2%	2.7%	2.3%	2.4%	⇧
MARR	5.2%	4.5%	2.8%	2.8%	2.0%	

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

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

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Replaced all references to "CWP Antibiotic Medications List" with "AAB Antibiotic Medications List.".
- Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory).
- Added required exclusions to the Rules for Allowable Adjustments.

Appropriate Treatment for Upper Respiratory Infection (URI), Total						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	TB[1]	86.3%	87.3%	88.6%	89.0%	⇩
CFCHP	TB[1]	85.7%	85.9%	86.6%	87.8%	⇩
JMS	TB[1]	91.9%	91.6%	92.7%	92.6%	⇧
KPMAS	TB[1]	90.5%	91.7%	93.8%	95.2%	⇧
MPC	TB[1]	83.1%	86.0%	86.1%	87.9%	⇩
MSFC	TB[1]	87.9%	88.8%	90.5%	91.0%	⇧
PPMCO	TB[1]	90.3%	89.5%	90.1%	91.4%	⇧
UHC	TB[1]	87.4%	89.2%	90.5%	91.4%	⇧
WPM	TB[1]	89.2%	89.6%	89.7%	91.3%	⇧
MARR		88.0%	88.8%	89.8%	90.8%	

TB[1] - Trending break for MY2019; results cannot be compared to the prior year benchmarks.

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.

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments

Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	56.5%	61.5%	58.9%	59.6%	54.5%	⇩
CFCHP	67.8%	67.7%	61.4%	64.2%	61.8%	⇩
JMS	64.4%	63.1%	60.4%	60.4%	58.2%	⇩
KPMAS	74.7%	75.8%	75.0%	72.8%	70.9%	⇧
MPC	76.0%	76.4%	73.3%	73.7%	71.8%	⇧
MSFC	72.8%	72.9%	69.7%	71.0%	65.6%	⇩
PPMCO	78.4%	78.3%	75.1%	75.5%	69.9%	⇧
UHC	75.5%	76.0%	67.4%	77.2%	72.5%	⇧
WPM	74.7%	75.0%	71.7%	72.6%	69.2%	⇩
MARR	71.2%	71.8%	68.1%	69.8%	66.0%	

Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	68.4%	73.2%	68.1%	69.6%	66.2%	⇩
CFCHP	79.1%	78.2%	73.2%	75.5%	73.7%	⇩
JMS	83.0%	81.9%	79.4%	79.8%	78.1%	⇩
KPMAS	82.9%	83.0%	81.7%	80.5%	80.2%	⇧
MPC	84.7%	85.2%	82.3%	82.6%	81.3%	⇧
MSFC	83.5%	83.3%	80.4%	81.4%	77.8%	⇩
PPMCO	87.0%	86.7%	83.7%	83.6%	80.5%	⇧
UHC	86.3%	86.0%	78.3%	85.0%	82.6%	⇧
WPM	84.5%	84.6%	80.9%	82.1%	79.5%	⇧
MARR	82.2%	82.4%	78.7%	80.2%	77.8%	

Prenatal and Postpartum Care

Prenatal and Postpartum Care (PPC)

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

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

Rationale

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

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

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

Summary of Changes to HEDIS MY 2022:

- Added instructions to report rates stratified by race and ethnicity for each product line.
- Removed the definition of last enrollment segment and clarified continuous enrollment requirements for steps 1 and 2 of the Timeliness of Prenatal Care numerator.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Clarified that services provided during a telephone visit, e-visit, or virtual check-in may be used for Administrative and Hybrid collection methods.
- Added required exclusions to the Rules for Allowable Adjustments.
- Added new data elements tables for race and ethnicity stratification reporting.

Prenatal and Postpartum Care (PPC), Postpartum Care

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	81.8%	78.1%	80.6%	78.6%	⇧
CFCHP	TB¹	86.9%	84.4%	81.7%	83.5%	⇧
JMS	TB¹	88.7%	90.3%	87.5%	85.3%	⇧
KPMAS	TB¹	90.8%	90.3%	93.0%	87.3%	⇧
MPC	TB¹	75.2%	77.4%	83.7%	83.5%	⇧
MSFC	TB¹	82.2%	83.7%	82.8%	88.0%	⇧
PPMCO	TB¹	70.8%	64.5%	83.5%	82.0%	⇧
UHC	TB¹	73.5%	79.1%	77.4%	74.9%	⇩
WPM	TB¹	82.0%	80.5%	83.3%	80.4%	⇧
MARR		81.3%	80.9%	83.7%	82.6%	

TB¹ - Trending break for MY2019; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	90.6%	83.9%	83.7%	84.2%	⇧
CFCHP	TB¹	88.3%	88.6%	86.9%	88.9%	⇧
JMS	TB¹	83.9%	85.5%	88.9%	87.7%	⇧
KPMAS	TB¹	93.7%	95.9%	98.3%	88.6%	⇧
MPC	TB¹	87.6%	89.5%	88.6%	89.1%	⇧
MSFC	TB¹	82.7%	82.0%	88.0%	83.2%	⇧
PPMCO	TB¹	87.1%	81.3%	85.6%	92.2%	⇧
UHC	TB¹	89.3%	87.1%	88.3%	87.4%	⇧
WPM	TB¹	90.5%	89.1%	91.5%	90.0%	⇧
MARR		88.2%	87.0%	88.9%	87.9%	

TB¹ - Trending break for MY2019; results cannot be compared to the prior year benchmarks.

Utilization and Risk Adjusted Utilization

Ambulatory Care (AMB)

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

- Outpatient Visits including telehealth
- Emergency Department Visits

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. This measure assesses member use of two kinds of ambulatory services. Outpatient visits include office visits or routine visits to hospital outpatient departments. Emergency rooms often deliver nonemergency care.

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Removed stratified reporting by Medicaid eligibility category.
- Updated the "Member Months" definition in Calculations to indicate that IDSS produces member years data for all product lines.
- Clarified in the Note that supplemental data may not be used for the mental health and chemical dependency required exclusion.
- Clarified the clinical components headers in the Rules for Allowable Adjustments.
- Added required exclusions to the Rules for Allowable Adjustments.
- Clarified allowable adjustments to the calculations criteria in the Rules for Allowable Adjustments

Ambulatory Care (AMB), Outpatient Visits Per 1,000 Member Months

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	424.6	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	439.2	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	609.9	⇧
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	208.9	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	498.9	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	425.8	⇩
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	488.3	⇩
UHC	TB[1]	TB[1]	TB[1]	TB[1]	447.0	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	414.2	⇩
MARR					439.6	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Ambulatory Care (AMB), Emergency Department (ED) Visits Per 1,000 Member Months

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	2,978.7	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	3,518.3	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	3,100.2	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	4,713.1	⇧
MPC	TB[1]	TB[1]	TB[1]	TB[1]	3,952.6	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	3,371.7	⇩
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	3,893.7	⇩
UHC	TB[1]	TB[1]	TB[1]	TB[1]	3,602.7	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	3,734.0	⇩
MARR					3,651.6	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Antibiotic Utilization for Respiratory Conditions (AXR)

Description

The percentage of episodes for members 3 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 2022:

This is a first-year measure.

Antibiotic Utilization for Respiratory Conditions (AXR)					
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**
ABH					16.5%
CFCHP					17.7%
JMS					13.7%
KPMAS					9.7%
MPC					19.3%
MSFC					16.1%
PPMCO					16.3%
UHC					15.1%
WPM					15.2%
MARR					15.5%

Frequency of Selected Procedures (FSP)

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

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

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Updated the "Member Months" definition in the Calculations section to indicate that IDSS produces member years data for all product lines.
- Clarified the clinical components headers in the Rules for Allowable Adjustments.
- Added required exclusions to the Rules for Allowable Adjustments.
- Clarified allowable adjustments to the calculations criteria in the Rules for Allowable Adjustments.

Frequency of Selected Procedures (FSP), Back Surgery 45-64F						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH	TB[1]	TB[1]	TB[1]	TB[1]	4.01	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	5.81	⇧
JMS	TB[1]	TB[1]	TB[1]	TB[1]	6.96	⇧
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	4.88	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	6.05	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	4.81	⇩
UHC	TB[1]	TB[1]	TB[1]	TB[1]	4.86	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	3.29	⇩
MARR					4.52	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	4.54	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	5.83	⇧
JMS	TB[1]	TB[1]	TB[1]	TB[1]	4.00	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	5.44	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	5.83	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	3.74	⇩
UHC	TB[1]	TB[1]	TB[1]	TB[1]	5.73	⇧
WPM	TB[1]	TB[1]	TB[1]	TB[1]	3.78	⇩
MARR					4.32	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 F

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	0.89	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	2.02	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.91	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	2.40	⇧
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	3.15	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	3.29	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	1.92	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	3.53	⇧
MARR					2.01	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 M

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	0.62	⇧
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	0.16	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	0.59	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	0.53	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	0.25	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	0.30	⇩
MARR					0.27	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	0.45	⇧
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	0.14	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	0.18	⇩
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	0.30	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	0.21	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	0.24	⇩
MARR					0.17	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	0.45	⇧
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	0.29	⇧
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.45	⇧
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	0.36	⇧
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	0.23	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	0.28	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	0.26	⇧
WPM	TB[1]	TB[1]	TB[1]	TB[1]	0.18	⇩
MARR					0.28	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	2.89	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	2.91	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	3.03	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	3.84	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	3.15	⇩
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	4.62	⇩
UHC	TB[1]	TB[1]	TB[1]	TB[1]	4.38	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	3.34	⇩
MARR					3.13	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Cholecystectomy Lap 30-64 M						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	1.36	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	1.70	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.56	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	1.65	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	1.45	⇩
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	1.81	⇩
UHC	TB[1]	TB[1]	TB[1]	TB[1]	1.47	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	1.91	⇩
MARR					1.32	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Hysterectomy Abdominal 45-64						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	1.78	⇧
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	1.39	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.61	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	1.67	⇧
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	2.02	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	1.78	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	1.64	⇧
WPM	TB[1]	TB[1]	TB[1]	TB[1]	1.81	⇧
MARR					1.41	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Hysterectomy Vaginal 45-64						
Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	0.45	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	0.38	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.91	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	1.08	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	1.84	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	0.85	⇩
UHC	TB[1]	TB[1]	TB[1]	TB[1]	0.75	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	1.19	⇧
MARR					0.83	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Lumpectomy 15-44

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	0.55	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	0.69	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	1.12	⇧
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	0.85	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	0.93	⇩
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	1.02	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	0.83	⇩
WPM	TB[1]	TB[1]	TB[1]	TB[1]	0.89	⇩
MARR					0.76	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Lumpectomy 45-64

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	2.89	⇩
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	2.27	⇩
JMS	TB[1]	TB[1]	TB[1]	TB[1]	2.42	⇩
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	2.58	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	3.07	⇩
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	3.51	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	3.22	⇧
WPM	TB[1]	TB[1]	TB[1]	TB[1]	2.82	⇩
MARR					2.53	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Mastectomy 15-44

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB[1]	TB[1]	TB[1]	TB[1]	1.04	⇧
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	0.79	⇧
JMS	TB[1]	TB[1]	TB[1]	TB[1]	0.56	⇧
KPMAS	TB[1]	TB[1]	TB[1]	TB[1]	0.00	⇩
MPC	TB[1]	TB[1]	TB[1]	TB[1]	0.42	⇩
MSFC	TB[1]	TB[1]	TB[1]	TB[1]	0.56	⇧
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	0.61	⇧
UHC	TB[1]	TB[1]	TB[1]	TB[1]	0.55	⇧
WPM	TB[1]	TB[1]	TB[1]	TB[1]	0.23	⇩
MARR					0.53	

TB[1] - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

Frequency of Selected Procedures (FSP), Mastectomy 45-64

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	TB¹	TB¹	TB¹	0.67	⇩
CFCHP	TB¹	TB¹	TB¹	TB¹	2.02	⇧
JMS	TB¹	TB¹	TB¹	TB¹	0.91	⇩
KPMAS	TB¹	TB¹	TB¹	TB¹	0.00	⇩
MPC	TB¹	TB¹	TB¹	TB¹	1.08	⇩
MSFC	TB¹	TB¹	TB¹	TB¹	2.37	⇧
PPMCO	TB¹	TB¹	TB¹	TB¹	1.52	⇩
UHC	TB¹	TB¹	TB¹	TB¹	0.55	⇩
WPM	TB¹	TB¹	TB¹	TB¹	1.67	⇩
MARR					1.20	

TB¹ - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	TB¹	TB¹	TB¹	2.35	⇩
CFCHP	TB¹	TB¹	TB¹	TB¹	1.73	⇩
JMS	TB¹	TB¹	TB¹	TB¹	2.85	⇩
KPMAS	TB¹	TB¹	TB¹	TB¹	0.00	⇩
MPC	TB¹	TB¹	TB¹	TB¹	3.85	⇩
MSFC	TB¹	TB¹	TB¹	TB¹	1.93	⇩
PPMCO	TB¹	TB¹	TB¹	TB¹	3.59	⇩
UHC	TB¹	TB¹	TB¹	TB¹	2.76	⇩
WPM	TB¹	TB¹	TB¹	TB¹	2.78	⇩
MARR					2.43	

TB¹ - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	TB¹	TB¹	TB¹	0.69	⇩
CFCHP	TB¹	TB¹	TB¹	TB¹	1.02	⇩
JMS	TB¹	TB¹	TB¹	TB¹	0.45	⇩
KPMAS	TB¹	TB¹	TB¹	TB¹	0.00	⇩
MPC	TB¹	TB¹	TB¹	TB¹	1.35	⇩
MSFC	TB¹	TB¹	TB¹	TB¹	1.05	⇩
PPMCO	TB¹	TB¹	TB¹	TB¹	1.17	⇩
UHC	TB¹	TB¹	TB¹	TB¹	1.11	⇩
WPM	TB¹	TB¹	TB¹	TB¹	0.87	⇩
MARR					0.86	

TB¹ - Trending break for MY2022; results cannot be compared to the prior year benchmarks.

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.

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

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

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added Rules for Allowable Adjustments of HEDIS.

Plan All-Cause Readmissions (PCR) – Observed

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	14.5%	11.1%	9.2%	10.0%	⇧
CFCHP	TB¹	11.1%	10.0%	9.3%	12.2%	⇧
JMS	TB¹	8.2%	9.8%	9.8%	9.8%	⇧
KPMAS	TB¹	6.9%	7.2%	7.8%	7.9%	⇧
MPC	TB¹	10.3%	10.0%	10.2%	10.5%	⇧
MSFC	TB¹	11.0%	12.5%	10.5%	10.7%	⇧
PPMCO	TB¹	10.6%	8.9%	8.4%	9.0%	⇧
UHC	TB¹	10.5%	11.2%	10.2%	10.2%	⇧
WPM	TB¹	9.5%	10.1%	9.7%	8.9%	⇧
MARR		10.3%	10.1%	9.5%	9.9%	

TB¹ - Trending break for MY2019; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH	TB¹	1.43	1.17	0.97	1.08	⇧
CFCHP	TB¹	1.10	0.99	0.93	1.20	⇧
JMS	TB¹	0.78	0.92	0.92	0.90	⇩
KPMAS	TB¹	0.80	0.98	0.88	0.89	⇩
MPC	TB¹	1.05	1.03	1.05	1.03	⇧
MSFC	TB¹	1.12	1.28	1.06	1.05	⇧
PPMCO	TB¹	1.09	0.94	0.88	0.93	⇩
UHC	TB¹	1.04	1.11	1.03	1.03	⇧
WPM	TB¹	0.97	1.03	1.01	0.94	⇩
MARR		1.04	1.05	0.97	1.01	

TB¹ - Trending break for MY2019; 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
https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx

Summary of Changes to HEDIS MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added required exclusions to the Rules for Allowable Adjustments.
- Added well-care visit stratifications to the Rules for Allowable Adjustments.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH			42.0%	43.0%	48.8%	⇩
CFCHP			71.6%	47.9%	52.0%	⇩
JMS			72.8%	53.4%	56.1%	⇩
KPMAS			73.2%	68.2%	74.9%	⇧
MPC			60.2%	54.2%	58.7%	⇧
MSFC			58.5%	54.1%	53.4%	⇩
PPMCO			58.0%	56.6%	57.1%	⇧
UHC			54.1%	58.5%	58.9%	⇧
WPM			59.6%	56.9%	57.2%	⇧
MARR			61.1%	54.8%	57.5%	

TB¹ - Trending break for MY2020; results cannot be compared to the prior year benchmarks.

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH			76.9%	67.8%	65.3%	⇩
CFCHP			79.1%	73.9%	66.2%	⇩
JMS			75.6%	72.2%	70.1%	⇧
KPMAS			72.7%	74.1%	74.4%	⇧
MPC			74.8%	70.3%	67.5%	⇧
MSFC			77.5%	73.0%	67.9%	⇧
PPMCO			77.4%	75.2%	71.7%	⇧
UHC			75.5%	76.5%	72.1%	⇧
WPM			81.2%	77.9%	75.6%	⇧
MARR			76.7%	73.4%	70.1%	

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

Summary of Changes to HEDIS MY 2022:

- Added a Note in the Description to clarify that the Guidelines for Effectiveness of Care Measures should be used when calculating this measure.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Added new data elements tables for race and ethnicity stratification reporting.
- Added required exclusions to the Rules for Allowable Adjustments.

Child and Adolescent Well-Care Visits (WCV), 12-17 years						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH			37.0%	44.6%	43.8%	⇩
CFCHP			44.4%	45.7%	45.0%	⇩
JMS			75.4%	66.6%	65.2%	⇧
KPMAS			57.8%	60.2%	54.3%	⇧
MPC			47.4%	54.0%	51.8%	⇧
MSFC			49.8%	57.7%	49.2%	⇩
PPMCO			54.0%	58.5%	56.2%	⇧
UHC			54.9%	62.7%	59.2%	⇧
WPM			62.3%	66.8%	62.2%	⇧
MARR			53.7%	57.4%	54.1%	

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH			25.9%	26.1%	24.3%	⇩
CFCHP			28.3%	28.1%	25.8%	⇩
JMS			71.1%	59.5%	57.4%	⇧
KPMAS			35.4%	38.9%	32.5%	⇧
MPC			28.9%	31.9%	31.4%	⇧
MSFC			38.8%	41.3%	34.8%	⇧
PPMCO			35.8%	36.7%	35.1%	⇧
UHC			36.9%	41.8%	38.1%	⇧
WPM			41.3%	42.4%	38.7%	⇧
MARR			38.0%	38.5%	35.4%	

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH			45.6%	53.4%	53.1%	⇩
CFCHP			53.0%	57.2%	54.6%	⇩
JMS			66.2%	69.8%	70.4%	⇧
KPMAS			58.1%	70.1%	65.3%	⇧
MPC			53.9%	60.7%	59.1%	⇧
MSFC			55.8%	64.0%	56.9%	⇧
PPMCO			58.7%	64.0%	62.6%	⇧
UHC			58.4%	68.2%	64.8%	⇧
WPM			67.2%	71.2%	67.0%	⇧
MARR			57.4%	64.3%	61.5%	

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

Measurement Year	2018	2019	2020	2021	2022	NHM
ABH			39.2%	45.7%	45.3%	⇩
CFCHP			46.8%	49.2%	46.9%	⇩
JMS			69.9%	66.8%	66.2%	⇧
KPMAS			54.2%	62.0%	56.7%	⇧
MPC			47.7%	53.5%	51.7%	⇧
MSFC			51.0%	57.9%	50.4%	⇧
PPMCO			53.8%	57.8%	55.8%	⇧
UHC			53.5%	61.6%	57.8%	⇧
WPM			62.0%	65.2%	60.6%	⇧
MARR			53.1%	57.8%	54.6%	

Measures Reported Using Electronic Clinical Data Systems (ECDS)

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.

Freedman, M.S., P. Hunter, K. Ault, A. Kroger. 2020. "Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2020." MMWR Morb Mortal Wkly Rep 69:133–5. DOI:
http://dx.doi.org/10.15585/mmwr.mm6905a4

Summary of Changes to HEDIS MY 2022:

- Updated the logic for the measure to be expressed in FHIR.
- Refer to the Technical Release Notes file in the Digital Measures Package for a comprehensive list of changes.

Prenatal Immunization Status (PRS-E)						
Measurement Year	**2018**	**2019**	**2020**	**2021**	**2022**	**NHM**
ABH				12.6%	13.3%	⇩
CFCHP				14.9%	19.7%	⇩
JMS				27.4%	24.6%	⇧
KPMAS				64.1%	60.7%	⇧
MPC				18.9%	21.5%	⇩
MSFC				NA	7.1%	⇩
PPMCO				16.1%	15.4%	⇩
UHC				16.1%	15.9%	⇩
WPM				13.7%	14.5%	⇩
MARR				23.0%	21.4%	

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 2022:

- Removed stratified reporting by Medicaid eligibility category.

Enrollment by Product Line (ENP), in Member Months	
Plan	**Total**
ABH	621,130
CFCHP	930,127
JMS	359,598
KPMAS	1,346,205
MPC	2,980,888
MSFC	1,308,452
PPMCO	4,221,651
UHC	1,851,915
WPM	3,918,955

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 2022:

- Updated the Note after Table LDM-B-1/2/3: Preferred Language Data.

Language Diversity of Membership (LDM)					
	Variable	**Declined**	**English**	**Non-English**	**Unknown**
ABH	Number	0	0	0	60,820
	Percent	0.00%	0.00%	0.00%	100.00%
CFCHP	Number	0	0	0	92,620
	Percent	0.00%	0.00%	0.00%	100.00%
JMS	Number	0	0	0	33,083
	Percent	0.00%	0.00%	0.00%	100.00%
KPMAS	Number	16	993	143	12,342
	Percent	1.00%	78.80%	11.39%	9.80%
MPC	Number	0	1,408	21	123,322
	Percent	0.00%	52.88%	0.80%	46.32%
MSFC	Number	0	0	0	118,009
	Percent	0.00%	0.00%	0.00%	100.00%
PPMCO	Number	0	1,378	43	233,171
	Percent	0.00%	36.71%	1.16%	62.13%
UHC	Number	0	1,417	40	23,221
	Percent	0.00%	83.89%	2.36%	13.75%
WPM	Number	0	469	194	279,514
	Percent	0.00%	13.57%	5.61%	80.82%

Race/Ethnicity Diversity of Membership (RDM)

<u>Description</u>
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).

<u>Summary of Changes to HEDIS MY 2022:</u>

- Updated the measure to align with and reference General Guideline 33: Race and Ethnicity (RES) Stratification.
- Replaced detailed definitions of reporting categories with reference to General Guideline 33.
- Replaced tables RDM-A-1 (CMS Categories Crosswalked to HEDIS/OMB Race and Ethnicity) and RDM-A-2 (Combined Categories Crosswalked to HEDIS/OMB Race and Ethnicity) with reference to corresponding General Guideline 33 tables (RES-A-1/2/3 and RES-B-1/2/3, respectively).
- Updated "Declined" category label to "Asked but No Answer" to align with category labels in General Guideline 33.
- Updated Reporting Category notes to align with corresponding notes in General Guideline 33.

		Race/Ethnicity Diversity of Membership (RDM)								
	Variable	**American-Indian and Alaska Native**	**Asian**	**Black or African American**	**Asked but No Answer**	**Native Hawaiian and Other Pacific Islander**	**Some Other Race**	**Two or More Races**	**Unknown**	**White**
ABH	Number	0	4,127	21,832	18,120	159	0	0	4,548	12,034
	Percent	0.00%	6.79%	35.90%	29.79%	0.26%	0.00%	0.00%	7.48%	19.79%
CFCHP	Number	0	0	53,993	0	1,949	0	0	28,549	8,129
	Percent	0.00%	0.00%	58.30%	0.00%	2.10%	0.00%	0.00%	30.82%	8.78%
JMS	Number	24	534	17,496	8,503	812	294	1,303	0	4,117
	Percent	0.07%	1.61%	52.89%	25.70%	2.45%	0.89%	3.94%	0.00%	12.44%
KPMAS	Number	347	11,286	65,815	276	118	21,356	1,602	11,960	13,201
	Percent	0.28%	8.96%	52.25%	0.22%	0.09%	16.95%	1.27%	9.50%	10.48%
MPC	Number	314	8,539	51,942	0	280	3,672	8,746	136,545	56,227
	Percent	0.12%	3.21%	19.51%	0.00%	0.11%	1.38%	3.28%	51.28%	21.12%
MSFC	Number	0	613	6,818	0	7	376	0	108,247	1,948
	Percent	0.00%	0.52%	5.78%	0.00%	0.01%	0.32%	0.00%	91.73%	1.65%
PPMCO	Number	386	0	120,799	101,471	15,341	30,414	0	1,383	105,472
	Percent	0.10%	0.00%	32.19%	27.04%	4.09%	8.10%	0.00%	0.37%	28.11%
UHC	Number	0	9,334	57,069	0	338	2	0	64,935	37,260
	Percent	0.00%	5.53%	33.78%	0.00%	0.20%	0.00%	0.00%	38.44%	22.06%
WPM	Number	343	22,292	138,518	0	604	92,271	0	18,387	73,418
	Percent	0.10%	6.45%	40.05%	0.00%	0.17%	26.68%	0.00%	5.32%	21.23%

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.

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 2022 Summary

- Although COVID-19 waxed and waned during the 2022 measurement period, health care delivery overall was not impacted as significantly as it had been in 2020 and 2021. Broadly speaking, Maryland MCO performance for their HEDIS rates normalized somewhat to performance prior to the COVID-19 pandemic.
- There were several measures/indicators where eight of nine MCO rates were above/better than the NHM: BCS, CIS Combo 10, CWP, PCE Bronchodilator, POD, PPC-Postpartum Care, WCC Nutrition Counseling, and WCC Physical Activity.
- All nine MCOs scored above/better than the NHM for CHL, HBD Hemoglobin A1c control <8, HBD Hemoglobin A1c poor control >9, CIS Combo 3, COU 15 days, KED, LSC, and PPC – Timeliness of Prenatal Care.

PHIP Measure Summary:

MetaStar was not required to conduct detailed analysis related to PHIP performance. The table on the following page displays MCO rate performance for the HEDIS MY 2022 measures included in the PHIP program.

Please refer to the Code of Maryland Regulations (COMAR) for PHIP program information: https://dsd.maryland.gov/Pages/COMARSearch.aspx#k=PHIP#l=1033

Final CY 2022 PHIP Benchmark Percentiles

	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Lead (LSC)	66.2%	67.2%	82.2%	84.8%	65.0%	75.4%	72.0%	67.3%	74.0%
Continued Opioid Use (COU)	3.5%	3.4%	3.9%	0.8%	3.8%	2.3%	3.9%	3.4%	2.4%
Asthma Medication Ratio (AMR)	56.2%	75.8%	68.6%	98.1%	71.4%	65.4%	67.3%	56.8%	66.9%
Prenatal and Postpartum Care (PPC), AD	78.6%	83.5%	85.3%	87.3%	83.5%	88.0%	82.0%	74.9%	80.4%
Prenatal and Postpartum Care (PPC), CH	84.2%	88.9%	87.7%	88.6%	89.1%	83.2%	92.2%	87.4%	90.0%
HPC (HBD), AD	38.0%	38.0%	29.2%	30.7%	32.9%	30.7%	32.4%	36.3%	37.2%

Key
< 50th
< 75th (strong)
< 90th (very strong)
≥ 90th (superlative)