Statewide Executive Summary Report
HealthChoice Participating Organizations
HEDIS® MY 2020 Results

Presented to

Maryland Department of Health

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METASTAR

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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 of 1997 after receiving a waiver from the Centers for Medicare & Medicaid Services (CMS) based on the requirements in Section §1115 of the Social Security Act. HealthChoice allows eligible Medicaid recipients to enroll in a participating managed care organization. There are currently nine organizations participating in HealthChoice, with 1,331,459 enrollees as of December 31, 2020.

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

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

[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 the National Committee for Quality Assurance (NCQA).
[4]CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

ACCREDITATION

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

Effective for 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 will use the Health Plan Ratings to distinguish quality. Accredited plans will earn ratings after they submit HEDIS/CAHPS reporting and can advertise the rating alongside their accreditation seal.

Health Plan Ratings will be 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 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 rounded to the nearest half point and displayed as stars.

Due to COVID-19, NCQA did not release 2020–2021 Health Plan Ratings for any product line. The most current ratings are based upon 2019-2020 Health Plan Ratings. Health plans can continue to use their 2019-2020 Health Plan Ratings for advertising and marketing purposes until the release of the 2021-2022 Health Plan Ratings on September 15, 2021.

For calendar year 2021 only, NCQA is responding to the potential impact of COVID-19 on health plan scores by implementing a Special Overall Rating policy. The calendar year 2021 ratings will display the better of the Overall Rating score between Health Plan Ratings 2019 and Health Plan Ratings 2021 for plans with Accredited, Provisional and Interim status as of June 30, 2021. Individual measures, subcomposites and composites will continue to be scored and displayed using Health Plan Ratings for 2021 performance data (i.e., MY 2020 data) for all plans.

Current accreditation status for all HealthChoice organizations are listed below.

Organizations Reporting HEDIS in MY 2020		
Acronym Used in this Report	**HealthChoice Organization Name**	**Accreditation Status**
ABH	Aetna Better Health of Maryland	Accredited
ACC	AMERIGROUP Community Care	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	Accredited
UHC	UnitedHealthcare	Accredited

Source: https://reportcards.ncqa.org

NCQA—Accreditation Star Results

Effective 2020, NCQA has converted from a numeric rating (1–5) to measure managed care organization 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.

Due to the significant changes to health plan accreditation scoring, and the impact of COVID-19, star ratings are not available for the MY 2020 Executive Summary Report.

SECTION ONE—MEASURES DESIGNATED FOR REPORTING

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

Measures Selected by MDH for HealthChoice Reporting

For services rendered in calendar year 2020, MDH required HealthChoice managed care organizations to report 46 HEDIS measures comprised of four NCQA domain categories and two CAHPS rates. The required set includes first year HEDIS measures: Cardiac Rehabilitation and Kidney Health Evaluation for Patients with Diabetes.

The four NCQA domain categories are as follows:

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

- *Health Plan Descriptive Information* reports the different characteristics specific to each health plan.

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

Effectiveness of Care (EOC): 32 Measures

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC)
- 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)* New
- Kidney Health Evaluation for Patients With Diabetes (KED)* New

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

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)** New
- Child and Adolescent Well-Care Visits (WCV** New
- Ambulatory Care: Total (AMBA)
  - Report Only "a" Level of Measure (Total)
- Frequency of Selected Procedures (FSP)
- Inpatient Utilization- Total (IPUA)
  - Report Only "a" Level of Measure (Total)
- Antibiotic Utilization (ABXA)
  - Report Only "a" Level of Measure (Total)
- Plan All-Cause Readmissions (PCR)

**Designated as a first-year MDH HealthChoice measure due to significant measure specification changes

Health Plan Descriptive Information: 5 Measures

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

Measures Collected From the Adult CAHPS Survey: 2 Rates

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

No Benefit (NB) Measure Designations: 9 Measures

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

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

    - Dual Eligible (IADB)
    - Disabled (IADC)
    - Other (IADD)
- Follow-up After High Intensity Care for Substance Use Disorder (FUI)

Measures Not Reported by MDH for HealthChoice Reporting

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

Measures Exempt from Reporting

- Ambulatory Care
    - Dual Eligible (AMBB)
    - Disabled (AMBC)
    - Other (AMBD)
- Inpatient Utilization
    - General Hospital / Acute Care: Dual Eligible (IPUB)
    - General Hospital / Acute Care: Disabled (IPUC)
    - General Hospital / Acute Care: Other (IPUD)
- Antibiotic Utilization
    - Dual Eligible (ABXB)
    - Disabled (ABXC)
    - Other (ABXD)
- Enrollment by Product Line
    - Dual Eligible (ENPB)
    - Disabled (ENPC)
    - Other (ENPD)
- Depression Screening and Follow-up for Adolescents and Adults (DSF-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)
- Prenatal Immunization Status (PRS-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)
- Postpartum Depression Screening and Follow-Up (PDS)

SECTION TWO—HEDIS METHODOLOGY

The HEDIS reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2: Technical Specifications.*

Data Collection

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

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

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

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

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

Measure List	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
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	H	H	H	H	H	H	H	H
LSC – Lead Screening in Children	H	A	H	H	H	A	H	A	A
PPC – Prenatal and Postpartum Care	H	H	H	H	H	H	H	H	H
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	H	H	H	H	H	H	H	H	H

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)
- 2020 NCQA Benchmarks at the 25th, 50th, 75th, and 90th Percentiles

Maryland Average Reportable Rate (MARR)

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

National HEDIS Mean (NHM) and NCQA Benchmarks

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

The source for certain health plan measure rates and benchmark (means and percentiles) data is Quality Compass®[1] 2020 and is used with the permission of NCQA. Any analysis, interpretation or conclusion based on the data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass is a registered trademark of NCQA. The data comprises audited performance rates and associated benchmarks for Healthcare Effectiveness Data and Information Set measures ("HEDIS®") and HEDIS CAHPS® survey measure results. HEDIS measures and specifications were developed by and are owned by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties or endorsement about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using HEDIS measures and specifications, and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in Quality Compass and the data and may rescind or alter the data at any time. The data may not be modified by anyone other than NCQA. Anyone desiring to use or reproduce the data without modification for an internal, noncommercial purpose may do so without obtaining approval from NCQA. All other uses, including a commercial use and/or external reproduction, distribution or publication, must be approved by NCQA and are subject to a license at the discretion of NCQA.

Year-to-Year Trending

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

When there are significant changes to the measure specifications so that data cannot be compared to the prior year, NCQA will determine there to be a break in trending. For HEDIS MY 2020, NCQA determined a trending break for the following measures:
Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care – Blood Pressure Control (<140/90 mm Hg) indicator, Well-Child Visits in the First 30 Months of Life Rate 1 (Well-Child Visits in the First 15 Months of Life), Child and Adolescent Well-Care Visits (3-6 and 12-21 age cohorts), Enrollment by Product Line (ENP), Race/Ethnicity Diversity of Membership (RDM) – all Hispanic or Latino, Not Hispanic or Latino, Unknown Ethnicity and Declined Ethnicity percentage rates. The measures that have been impacted by a trending break

are noted beneath each table. Prior year results for measures with trending breaks are retained in the tables found in Appendix 2.

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

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

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

- Prevention and Screening – Adult
  - AAB
- Prevention and Screening – Child
  - CIS, IMA, W30, WCV, WCC, CWP, LSC, NCS
- Respiratory Conditions
  - URI, AMR, SPR, PCE
- Member Access
  - AAP
- Women's Health
  - BCS, CCS, CHL
- Prenatal and Postpartum Care
  - PPC
- Cardiovascular Conditions
  - CBP, PBH, SMC, SPC, CRE
- Diabetes
  - CDC, SMD, SPD, SSD, KED
- Musculoskeletal Conditions
  - LBP
- Medication Management – Adult and Child
  - UOP, HDO, COU, POD, AMM, ADD, SAA, APM
- Utilization
  - AMB, FSP, IPU, ABX. PCR
- Health Plan Descriptive Information
  - ENP, EBS, LDM, RDM, TLM

Reference Sources

Description
The source of the information is *NCQA's HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2: Technical Specifications*.

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

Summary of Changes for HEDIS MY 2020
The source of the text is the *HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2: Technical Specifications*, along with additional changes published in the *HEDIS Measurement Year 2020 Volume 2: October Technical Update.*

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

HEDIS MY2020 Results, (Page 1 of 3)	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2020	HEDIS MY2019
HealthChoice Organizations	**ABH**	**ABH**	**ABH**	**ACC**	**ACC**	**ACC**	**CFCHP**	**CFCHP**	**CFCHP**	**JMS**	**JMS**	**JMS**	**KPMAS**	**KPMAS**	**KPMAS**	**MPC**	**MPC**	**MPC**	**MSFC**	**MSFC**	**MSFC**	**PPMCO**	**PPMCO**	**PPMCO**	**UHC**	**UHC**	**UHC**	**MARR**	**NHM Mean**
Childhood Immunization Status (CIS), Combo 2	NA[1]	62.5%	67.2%	82.0%	82.0%	74.9%	84.7%	84.7%	76.9%	83.4%	83.4%	64.9%	81.5%	82.2%	78.8%	73.2%	73.5%	75.2%	81.5%	81.5%	70.8%	76.4%	76.4%	67.2%	74.9%	74.9%	75.7%	72.4%	73.4%
Childhood Immunization Status (CIS), Combo 3	NA[1]	58.8%	63.5%	79.6%	79.6%	72.5%	83.1%	83.1%	75.2%	80.5%	80.5%	61.6%	79.6%	79.1%	77.9%	69.6%	71.3%	72.0%	78.6%	78.6%	68.6%	75.2%	75.2%	66.2%	72.7%	72.7%	74.5%	70.2%	70.3%
Childhood Immunization Status (CIS), Combo 4	NA[1]	56.9%	62.0%	76.6%	76.6%	70.8%	82.0%	82.0%	73.5%	79.3%	79.3%	61.6%	79.3%	78.9%	77.4%	66.7%	69.3%	69.3%	76.4%	76.4%	67.2%	74.2%	74.2%	64.5%	71.0%	71.0%	72.3%	68.7%	68.4%
Childhood Immunization Status (CIS), Combo 5	NA[1]	42.5%	52.8%	67.6%	67.6%	63.5%	64.8%	64.8%	66.2%	67.2%	67.2%	55.8%	73.5%	75.0%	73.5%	58.2%	65.2%	63.3%	66.4%	66.4%	57.7%	66.9%	66.9%	58.2%	63.7%	63.7%	65.9%	61.9%	60.7%
Childhood Immunization Status (CIS), Combo 6	NA[1]	36.3%	44.5%	49.4%	49.4%	47.0%	47.4%	47.4%	51.6%	56.4%	56.4%	40.6%	66.7%	66.2%	66.2%	37.0%	42.3%	39.7%	49.6%	49.6%	46.5%	51.6%	51.6%	44.3%	41.8%	41.8%	49.6%	47.8%	42.8%
Childhood Immunization Status (CIS), Combo 7	NA[1]	41.9%	52.1%	66.7%	66.7%	62.0%	64.3%	64.3%	65.0%	66.4%	66.4%	55.8%	73.2%	74.7%	73.0%	56.0%	63.7%	61.3%	64.7%	64.7%	57.2%	66.2%	66.2%	56.5%	62.8%	62.8%	64.2%	60.8%	59.4%
Childhood Immunization Status (CIS), Combo 8	NA[1]	35.6%	44.0%	48.9%	48.9%	45.7%	47.0%	47.0%	50.9%	55.6%	55.6%	40.6%	66.4%	66.2%	65.9%	35.5%	41.8%	38.2%	48.4%	48.4%	46.0%	51.1%	51.1%	44.0%	41.4%	41.4%	49.2%	47.2%	42.1%
Childhood Immunization Status (CIS), Combo 9	NA[1]	28.8%	37.0%	44.3%	44.3%	42.8%	39.1%	39.1%	46.5%	49.0%	49.0%	37.0%	61.6%	63.4%	62.5%	31.6%	39.4%	37.0%	44.5%	44.5%	40.2%	46.5%	46.5%	39.4%	39.2%	39.2%	44.3%	43.0%	38.2%
Childhood Immunization Status (CIS), Combo 10	NA[1]	28.8%	36.7%	43.8%	43.8%	41.6%	38.9%	38.9%	46.0%	48.5%	48.5%	37.0%	61.3%	63.4%	62.3%	30.2%	38.9%	35.8%	43.6%	43.6%	40.2%	46.0%	46.0%	39.2%	38.7%	38.7%	43.8%	42.5%	38.1%
Immunizations for Adolescents (IMA), Combo 1	NA[1]	73.6%	70.7%	90.3%	90.3%	89.8%	89.5%	83.0%	74.2%	91.7%	91.7%	82.3%	83.0%	89.6%	89.5%	87.6%	89.5%	83.7%	89.8%	89.8%	84.7%	91.5%	91.5%	82.5%	90.8%	90.8%	88.8%	82.9%	80.4%
Immunizations for Adolescents (IMA), Combo 2	NA[1]	24.1%	25.5%	49.4%	49.4%	46.7%	28.5%	34.1%	27.0%	65.9%	65.9%	56.7%	51.6%	63.9%	63.8%	40.9%	38.9%	35.5%	43.3%	43.3%	44.8%	51.6%	51.6%	43.1%	38.2%	38.2%	40.9%	42.7%	37.6%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total	65.6%	74.5%	80.1%	71.8%	71.8%	78.5%	78.9%	78.9%	69.3%	96.4%	96.4%	94.3%	99.0%	99.0%	95.0%	62.0%	62.0%	71.5%	88.9%	88.9%	80.2%	72.3%	72.3%	47.9%	76.6%	77.6%	71.1%	76.4%	76.9%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total	75.0%	74.2%	76.6%	77.6%	77.6%	77.3%	79.1%	79.1%	67.4%	95.1%	95.1%	97.2%	100.0%	100.0%	100.0%	63.2%	63.2%	68.6%	82.6%	82.6%	72.6%	69.6%	69.6%	38.7%	77.4%	75.7%	70.3%	74.3%	68.0%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity , Total	71.9%	69.4%	72.3%	70.6%	70.6%	72.1%	75.0%	75.0%	65.2%	94.6%	94.6%	97.2%	100.0%	100.0%	100.0%	60.2%	60.2%	65.5%	78.1%	78.1%	68.8%	65.0%	65.0%	32.4%	71.3%	72.3%	65.7%	71.0%	63.8%
Appropriate Testing for Pharyngitis (CWP)	TB	85.9%	83.1%	TB	85.2%	82.3%	TB	83.4%	81.0%	TB	74.3%	70.4%	TB	78.9%	70.5%	TB	86.0%	85.6%	TB	88.0%	86.3%	TB	84.4%	82.6%	TB	87.1%	84.8%	80.7%	75.3%
Lead Screening in Children (LSC)	NA[1]	73.8%	74.5%	82.0%	81.4%	80.9%	83.9%	83.9%	81.5%	90.9%	92.1%	92.1%	83.5%	89.6%	87.2%	80.1%	80.1%	73.8%	84.4%	84.4%	74.7%	80.5%	83.9%	80.0%	76.7%	74.4%	72.4%	79.7%	70.0%
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	0.0%	1.0%	1.0%	1.0%	0.9%	0.6%	1.5%	0.6%	0.8%	0.9%	0.4%	0.0%	0.0%	0.0%	0.1%	1.2%	0.8%	0.7%	0.4%	0.1%	0.0%	1.1%	0.7%	0.6%	1.4%	1.2%	1.1%	0.5%	0.8%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total	TB	60.5%	57.3%	TB	48.8%	49.6%	TB	49.8%	48.6%	TB	62.8%	60.6%	TB	73.6%	71.4%	TB	38.8%	46.0%	TB	44.5%	51.2%	TB	50.8%	50.7%	TB	46.3%	49.4%	53.9%	52.3%
Appropriate Treatment for Children with Upper Respiratory Infection (URI), Total	TB	86.3%	87.3%	TB	89.2%	89.6%	TB	85.7%	85.9%	TB	91.9%	91.6%	TB	90.5%	91.7%	TB	83.1%	86.0%	TB	87.9%	88.8%	TB	90.3%	89.5%	TB	87.4%	89.2%	88.8%	87.0%
Asthma Medication Ratio (AMR), Total	NA[1]	NA[1]	69.9%	65.5%	63.6%	70.1%	57.1%	57.8%	61.3%	73.0%	76.8%	76.6%	74.0%	77.3%	76.9%	58.0%	58.5%	63.6%	61.8%	63.8%	66.9%	60.2%	60.3%	68.1%	62.4%	62.4%	64.0%	68.6%	63.0%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NA[1]	NA[1]	NA[1]	28.8%	29.8%	30.0%	33.3%	23.6%	20.5%	14.4%	13.0%	10.5%	29.5%	35.1%	48.4%	30.6%	28.4%	28.2%	38.5%	35.2%	30.0%	31.8%	27.3%	29.4%	31.4%	25.7%	28.4%	28.2%	30.4%
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid	NA[1]	77.0%	70.3%	66.1%	64.6%	65.0%	71.0%	73.5%	75.2%	67.6%	66.5%	60.4%	83.8%	93.6%	100.0%	71.9%	72.6%	70.5%	72.1%	71.1%	71.7%	71.2%	67.2%	68.3%	61.6%	64.3%	70.8%	72.5%	69.8%
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator	NA[1]	90.2%	73.0%	83.5%	84.3%	85.4%	88.2%	85.5%	80.9%	88.3%	87.9%	90.4%	94.6%	91.5%	93.6%	87.2%	87.4%	84.9%	89.0%	90.2%	87.4%	84.8%	83.2%	81.0%	79.0%	79.5%	86.0%	84.7%	82.1%
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years	56.5%	61.5%	58.9%	74.7%	75.0%	71.7%	67.8%	67.7%	61.4%	64.4%	63.1%	60.4%	74.7%	75.8%	75.0%	76.0%	76.4%	73.3%	72.8%	72.9%	69.7%	78.4%	78.3%	75.1%	75.5%	76.0%	67.4%	68.1%	77.0%
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years	68.4%	73.2%	68.1%	84.5%	84.6%	80.9%	79.1%	78.2%	73.2%	83.0%	81.9%	79.4%	82.9%	83.0%	81.7%	84.7%	85.2%	82.3%	83.5%	83.3%	80.4%	87.0%	86.7%	83.7%	86.3%	86.0%	78.3%	78.7%	85.0%
Breast Cancer Screening (BCS)	NA[1]	NA[1]	54.6%	69.2%	69.2%	63.6%	76.3%	76.9%	68.0%	75.8%	76.3%	76.2%	79.7%	79.2%	76.0%	55.6%	62.6%	61.1%	69.0%	74.6%	71.1%	69.5%	67.8%	60.7%	59.4%	58.1%	55.5%	65.2%	58.4%
Cervical Cancer Screening (CCS)	29.9%	38.0%	35.8%	67.9%	67.9%	63.9%	49.9%	55.7%	49.1%	74.3%	74.3%	60.8%	88.0%	88.0%	84.9%	63.5%	60.6%	55.2%	60.9%	64.0%	51.8%	66.9%	66.9%	61.3%	58.9%	58.9%	58.4%	57.9%	60.1%
Chlamydia Screening in Women (CHL), 16-20 years	65.4%	64.6%	54.3%	65.0%	65.1%	62.8%	54.6%	58.2%	56.1%	87.6%	87.5%	87.7%	74.5%	84.3%	69.3%	57.8%	55.3%	52.8%	61.0%	55.9%	54.8%	60.2%	60.5%	56.1%	59.4%	59.5%	59.1%	61.4%	54.7%
Chlamydia Screening in Women (CHL), 21-24 years	63.0%	69.9%	66.3%	71.8%	72.5%	70.7%	65.3%	65.5%	62.9%	80.8%	83.0%	77.6%	83.5%	87.3%	70.7%	66.5%	64.3%	61.4%	69.3%	63.1%	64.9%	67.8%	68.3%	63.6%	65.9%	69.5%	65.1%	67.0%	64.4%
Chlamydia Screening in Women (CHL), Total	64.2%	67.7%	61.9%	67.9%	68.1%	66.2%	60.9%	62.3%	59.8%	84.4%	85.6%	83.1%	80.0%	85.8%	70.1%	61.9%	59.3%	56.8%	65.3%	59.5%	60.0%	63.6%	63.9%	59.5%	62.2%	63.8%	61.8%	64.3%	58.0%

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

HEDIS MY2020 Results, (Page 2 of 3)	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2018	MY2019	MY2020	MY2020	HEDIS MY2019
HealthChoice Organizations	ABH	ABH	ABH	ACC	ACC	ACC	CFCHP	CFCHP	CFCHP	JMS	JMS	JMS	KPMAS	KPMAS	KPMAS	MPC	MPC	MPC	MSFC	MSFC	MSFC	PPMCO	PPMCO	PPMCO	UHC	UHC	UHC	MARR	NHM Mean
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	TB	90.6%	83.9%	TB	90.5%	89.1%	TB	88.3%	88.6%	TB	83.9%	85.5%	TB	93.7%	95.9%	TB	87.6%	89.5%	TB	82.7%	82.0%	TB	87.1%	81.3%	TB	89.3%	87.1%	87.0%	87.4%
Prenatal and Postpartum Care (PPC), Postpartum Care	TB	81.8%	78.1%	TB	82.0%	80.5%	TB	86.9%	84.4%	TB	88.7%	90.3%	TB	90.8%	90.3%	TB	75.2%	77.4%	TB	82.2%	83.7%	TB	70.8%	64.5%	TB	73.5%	79.1%	80.9%	75.2%
Controlling High Blood Pressure (CBP)	TB	TB	46.7%	TB	TB	50.6%	TB	TB	49.9%	TB	TB	67.2%	TB	TB	76.2%	TB	TB	59.4%	TB	TB	54.5%	TB	TB	33.3%	TB	TB	54.7%	54.7%	60.8%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	NA[1]	NA[1]	NA[1]	69.5%	77.9%	75.0%	56.7%	82.1%	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	84.0%	87.3%	84.2%	62.0%	74.1%	75.5%	71.9%	77.3%	76.6%	71.2%	79.7%	81.0%	78.4%	80.9%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	80.0%	77.4%	76.7%	NA[1]	NA[1]	NA[1]	76.7%	77.4%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total	NA[1]	NA[1]	82.4%	72.1%	77.4%	77.7%	77.3%	79.2%	78.7%	82.0%	85.0%	83.5%	86.7%	92.5%	89.6%	76.2%	76.9%	79.3%	75.5%	80.7%	81.9%	76.9%	79.0%	78.7%	73.5%	77.4%	77.7%	81.0%	78.0%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total	NA[1]	NA[1]	71.4%	53.8%	66.9%	63.2%	61.5%	62.0%	69.7%	55.6%	55.1%	47.7%	54.7%	64.4%	62.6%	65.2%	64.7%	65.7%	54.5%	64.8%	73.0%	50.8%	56.4%	59.8%	54.1%	57.7%	69.3%	64.7%	67.8%
Comprehensive Diabetes Care (CDC), Hemoglobin A1c (HbA1c) Testing	93.0%	86.1%	80.1%	85.9%	85.9%	82.5%	88.8%	86.1%	80.8%	95.2%	94.6%	91.5%	93.3%	94.1%	88.2%	81.3%	86.4%	78.8%	90.4%	88.8%	86.4%	87.3%	87.3%	79.6%	84.4%	85.2%	78.4%	82.9%	88.2%
Comprehensive Diabetes Care (CDC), HbA1c Poor Control (>9.0%)	40.4%	38.7%	45.3%	38.2%	38.2%	37.2%	32.6%	33.6%	38.9%	28.1%	27.3%	35.7%	28.0%	26.0%	31.7%	48.4%	36.0%	43.6%	33.3%	33.0%	34.2%	42.6%	42.6%	51.1%	40.4%	37.5%	41.9%	39.9%	40.4%
Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)	52.6%	49.6%	47.0%	51.8%	51.8%	55.0%	59.4%	57.9%	51.8%	63.8%	65.0%	56.6%	61.1%	63.8%	56.8%	42.6%	54.3%	48.2%	54.3%	57.5%	53.9%	47.7%	47.7%	41.9%	49.1%	52.8%	47.9%	51.0%	49.5%
Comprehensive Diabetes Care (CDC), Eye Exam (Retinal) Performed	21.1%	33.6%	38.7%	54.7%	54.7%	46.0%	45.5%	40.6%	42.3%	71.9%	65.5%	57.1%	88.1%	86.0%	82.1%	39.9%	46.2%	46.5%	57.0%	63.3%	59.1%	50.6%	50.6%	44.0%	57.9%	51.3%	49.6%	51.7%	57.2%
Comprehensive Diabetes Care (CDC), BP Control (<140/90 mm Hg)	TB	TB	45.0%	TB	TB	52.8%	TB	TB	57.7%	TB	TB	70.8%	TB	TB	71.8%	TB	TB	55.2%	TB	TB	57.1%	TB	TB	34.8%	TB	TB	57.9%	55.9%	62.1%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	NA[1]	NA[1]	NA[1]	75.7%	70.2%	67.3%	63.2%	NA[1]	NA[1]	81.8%	89.1%	67.7%	NA[1]	NA[1]	NA[1]	74.5%	62.5%	60.6%	77.2%	62.7%	57.1%	66.0%	62.0%	60.7%	79.4%	75.7%	68.8%	63.7%	70.7%
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	NA[1]	NA[1]	58.8%	61.5%	63.9%	65.0%	58.2%	59.8%	62.9%	66.6%	67.2%	69.0%	80.6%	82.3%	78.3%	60.6%	61.2%	62.4%	63.7%	65.7%	65.9%	60.6%	62.5%	63.5%	59.0%	62.4%	61.1%	65.2%	64.0%
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	NA[1]	NA[1]	53.6%	48.5%	60.9%	55.0%	66.7%	56.9%	61.3%	50.3%	49.0%	50.8%	51.7%	59.4%	57.5%	59.2%	61.5%	62.9%	49.0%	54.4%	66.1%	50.1%	49.9%	56.2%	49.3%	54.9%	63.9%	58.6%	64.1%
Use of Imaging Studies for Low Back Pain (LBP)	NA[1]	79.1%	82.1%	75.7%	80.2%	82.5%	72.5%	76.9%	77.2%	76.7%	82.4%	82.8%	82.0%	84.3%	86.8%	76.7%	79.2%	80.1%	73.0%	76.7%	79.7%	79.8%	82.2%	82.7%	76.5%	76.9%	81.1%	81.7%	74.7%
Use of Opioids at High Dosage (HDO)	TB	3.2%	6.1%	TB	7.7%	7.0%	TB	14.4%	12.6%	TB	4.8%	3.9%	TB	4.1%	2.4%	TB	14.8%	14.5%	TB	9.0%	7.9%	TB	13.8%	13.3%	TB	8.5%	7.9%	8.4%	7.7%
Use of Opioids From Multiple Providers (UOP), Multiple Prescribers	23.8%	26.7%	26.0%	28.4%	27.5%	25.1%	30.4%	26.6%	24.6%	22.1%	20.4%	18.6%	25.7%	27.7%	23.5%	19.6%	20.2%	23.5%	41.6%	30.7%	26.5%	31.0%	28.9%	26.3%	27.8%	25.4%	24.2%	24.3%	20.7%
Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies	14.3%	20.3%	5.3%	7.1%	6.8%	4.2%	10.1%	6.7%	5.7%	9.3%	8.8%	7.1%	5.0%	1.4%	1.7%	0.0%	8.5%	5.5%	9.3%	7.5%	4.6%	11.0%	9.1%	5.2%	6.8%	5.3%	3.4%	4.7%	6.3%
Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies	7.1%	8.6%	3.7%	4.3%	4.2%	2.7%	6.4%	4.1%	3.2%	6.3%	4.9%	3.4%	3.7%	0.6%	1.0%	0.0%	4.0%	3.0%	7.4%	4.8%	2.9%	7.2%	5.8%	3.3%	4.0%	3.2%	2.3%	2.8%	3.2%
Risk of Continued Opioid Use (COU), 15 Days, Total	10.0%	6.3%	6.0%	2.2%	3.0%	3.3%	7.1%	7.9%	7.3%	20.1%	13.6%	8.9%	8.5%	6.7%	6.3%	12.7%	10.8%	7.4%	11.2%	8.7%	4.0%	9.9%	9.6%	9.0%	11.7%	6.3%	6.3%	6.5%	7.3%
Risk of Continued Opioid Use (COU), 31 Days, Total	4.3%	3.2%	3.3%	1.6%	2.1%	2.2%	3.9%	5.5%	4.8%	9.8%	7.3%	7.3%	2.4%	2.1%	1.8%	6.2%	5.3%	4.6%	4.3%	3.6%	2.8%	4.3%	4.6%	4.3%	4.4%	4.1%	4.0%	3.9%	3.8%

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HealthChoice Organizations	ABH	ABH	ABH	ACC	ACC	ACC	CFCHP	CFCHP	CFCHP	JMS	JMS	JMS	KPMAS	KPMAS	KPMAS	MPC	MPC	MPC	MSFC	MSFC	MSFC	PPMCO	PPMCO	PPMCO	UHC	UHC	UHC	MARR	NHM Mean
Ambulatory Care (AMB), Emergency department (ED) visits per 1,000 member months	257.4	290.7	262.4	346.5	348.5	290.0	339.2	337.1	290.2	335.4	314.4	275.7	276.9	322.2	303.8	400.7	404.8	332.4	354.6	354.8	305.3	394.9	381.6	311.2	336.1	345.5	283.2	294.9	3.8
Ambulatory Care (AMB), Outpatient visits per 1,000 member months	50.1	47.6	34.4	47.1	45.5	29.9	58.2	54.8	37.7	78.1	73.7	53.3	23.8	24.4	19.2	59.1	57.9	40.8	52.1	51.1	35.5	55.0	54.2	37.3	48.6	47.3	31.5	35.5	0.6
Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Average Length of Stay	6.01	5.64	5.08	4.58	4.47	3.94	7.03	6.83	5.72	8.83	8.97	7.69	5.27	5.58	4.97	6.44	6.33	5.38	6.35	6.17	5.27	6.20	6.04	5.19	4.21	4.40	3.95	5.24	7.15
Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Discharges /1000 MM	4.22	3.90	3.85	4.34	4.49	4.76	3.62	3.64	3.70	4.80	5.42	5.65	3.31	3.31	3.45	4.54	4.58	4.82	4.22	4.05	4.28	4.21	4.44	4.47	4.68	4.47	4.48	4.38	4.48
Antibiotic Utilization (ABX), Average Scrips PMPY for Antibiotics	0.62	0.73	0.57	0.76	0.77	0.55	0.80	0.75	0.58	0.74	0.73	0.59	0.57	0.62	0.49	1.00	1.00	0.74	0.84	0.86	0.66	0.90	0.90	0.62	0.80	0.78	0.56	0.60	0.87
Antibiotic Utilization (ABX) , Average Days Supplied per Antibiotic Script	8.54	8.30	8.31	9.25	9.17	9.27	9.13	9.14	9.15	8.51	8.34	8.19	9.36	9.36	9.41	9.19	9.14	9.19	8.90	8.86	8.94	9.31	9.28	9.79	9.21	9.79	9.22	9.05	9.42
Antibiotic Utilization (ABX), Average Scrips PMPY for Antibiotics of Concern	0.26	0.30	0.21	0.28	0.28	0.20	0.32	0.30	0.23	0.25	0.25	0.20	0.20	0.22	0.16	0.40	0.39	0.29	0.32	0.32	0.24	0.35	0.34	0.24	0.33	0.31	0.22	0.22	0.35
Antibiotic Utilization (ABX), Percentage of Antibiotics of Concern of All Antibiotic	41.2%	40.8%	37.6%	37.6%	37.0%	35.9%	40.4%	40.3%	39.2%	33.5%	34.5%	33.9%	35.8%	36.0%	32.6%	40.1%	39.3%	38.6%	37.6%	37.5%	36.1%	38.9%	38.4%	39.7%	40.9%	40.0%	38.9%	36.9%	39.1%
Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 F	0.12	0.13	0.11	0.12	0.17	0.15	0.14	0.36	0.15	0.02	0.07	0.05	0.13	0.00	0.10	0.14	0.16	0.14	0.27	0.30	0.33	0.17	0.23	0.18	0.15	0.17	0.17	0.15	0.00
Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 M	0.00	0.00	0.03	0.03	0.04	0.02	0.05	0.00	0.03	0.02	0.00	0.04	0.04	0.12	0.03	0.02	0.02	0.02	0.05	0.03	0.05	0.03	0.04	0.05	0.02	0.04	0.01	0.03	0.00
Frequency of Selected Procedures (FSP), Tonsillectomy 0-9	0.00	0.20	0.09	0.46	0.48	0.29	0.26	0.24	0.23	0.30	0.37	0.20	0.21	0.30	0.15	0.56	0.50	0.30	0.49	0.47	0.27	0.49	0.50	0.27	0.49	0.42	0.21	0.22	0.01
Frequency of Selected Procedures (FSP), Tonsillectomy 10-19	0.06	0.05	0.06	0.17	0.17	0.10	0.10	0.11	0.18	0.16	0.04	0.08	0.11	0.14	0.10	0.24	0.17	0.08	0.16	0.19	0.08	0.20	0.17	0.11	0.17	0.15	0.08	0.10	0.00
Frequency of Selected Procedures (FSP), Hysterectomy Abdominal 45-64	0.47	0.21	0.11	0.25	0.26	0.21	0.12	0.15	0.15	0.12	0.07	0.10	0.15	0.19	0.12	0.15	0.18	0.16	0.22	0.19	0.17	0.24	0.18	0.13	0.21	0.19	0.14	0.14	0.00
Frequency of Selected Procedures (FSP), Hysterectomy Vaginal 45-64	0.00	0.13	0.30	0.16	0.14	0.11	0.06	0.13	0.11	0.02	0.05	0.02	0.05	0.05	0.03	0.15	0.08	0.11	0.13	0.13	0.04	0.17	0.12	0.12	0.11	0.09	0.12	0.11	0.00
Frequency of Selected Procedures (FSP), Cholecystectomy Open 30-64 M	0.00	0.02	0.00	0.04	0.02	0.01	0.02	0.01	0.01	0.02	0.02	0.02	0.01	0.01	0.01	0.02	0.02	0.02	0.01	0.04	0.00	0.02	0.02	0.02	0.02	0.01	0.01	0.01	0.00
Frequency of Selected Procedures (FSP), Cholecystectomy Open 45-64 F	0.00	0.04	0.00	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.05	0.00	0.02	0.06	0.00	0.02	0.04	0.03	0.01	0.00	0.03	0.04	0.08	0.02	0.03	0.02	0.01	0.01	0.00
Frequency of Selected Procedures (FSP), Cholecystectomy Lap 30-64 M	0.44	0.19	0.14	0.14	0.18	0.12	0.10	0.15	0.06	0.09	0.06	0.09	0.08	0.10	0.08	0.17	0.18	0.16	0.13	0.14	0.10	0.20	0.22	0.17	0.13	0.13	0.18	0.12	0.00
Frequency of Selected Procedures (FSP), Cholecystectomy Lap 45-64 F	0.23	0.47	0.19	0.41	0.35	0.30	0.45	0.28	0.30	0.07	0.29	0.15	0.25	0.36	0.13	0.43	0.40	0.31	0.43	0.41	0.24	0.43	0.41	0.37	0.33	0.38	0.28	0.25	0.01
Frequency of Selected Procedures (FSP), Back Surgery 45-64F	0.23	0.34	0.33	0.40	0.36	0.37	0.82	0.69	0.55	0.69	0.51	0.42	0.12	0.08	0.06	0.65	0.62	0.62	0.54	0.60	0.43	0.67	0.65	0.56	0.61	0.65	0.48	0.42	0.01
Frequency of Selected Procedures (FSP), Back Surgery 45-64M	0.34	0.35	0.39	0.36	0.36	0.36	0.47	0.50	0.48	0.45	0.36	0.33	0.16	0.16	0.19	0.66	0.57	0.57	0.57	0.38	0.51	0.65	0.60	0.56	0.54	0.55	0.53	0.44	0.01
Frequency of Selected Procedures (FSP), Mastectomy 15-44	0.00	0.04	0.02	0.03	0.04	0.04	0.05	0.04	0.03	0.01	0.04	0.05	0.02	0.02	0.03	0.04	0.05	0.03	0.07	0.06	0.06	0.03	0.06	0.03	0.02	0.04	0.02	0.03	0.00
Frequency of Selected Procedures (FSP), Mastectomy 45-64	0.23	0.13	0.14	0.09	0.10	0.19	0.10	0.02	0.06	0.05	0.10	0.20	0.09	0.11	0.06	0.13	0.15	0.07	0.14	0.23	0.14	0.11	0.11	0.17	0.07	0.15	0.13	0.13	0.00
Frequency of Selected Procedures (FSP), Lumpectomy 15-44	0.08	0.04	0.01	0.10	0.09	0.06	0.10	0.09	0.08	0.12	0.08	0.01	0.09	0.07	0.06	0.09	0.07	0.09	0.12	0.06	0.09	0.12	0.11	0.09	0.08	0.07	0.08	0.06	0.00
Frequency of Selected Procedures (FSP), Lumpectomy 45-64	0.59	0.17	0.27	0.30	0.27	0.25	0.37	0.26	0.18	0.12	0.17	0.07	0.33	0.33	0.21	0.25	0.24	0.24	0.59	0.36	0.35	0.32	0.32	0.28	0.20	0.31	0.27	0.24	0.00
Plan All-Cause Readmissions (PCR) - Observed / Expected	TB	14.5%	11.1%	TB	9.5%	10.1%	TB	11.1%	10.0%	TB	8.2%	9.8%	TB	6.9%	7.2%	TB	10.3%	10.0%	TB	11.0%	12.5%	TB	10.6%	8.9%	TB	10.5%	11.2%	10.1%	10.2%
Plan All-Cause Readmissions (PCR) - Observed	TB	1.43	1.17	TB	0.97	1.03	TB	1.10	0.99	TB	0.78	0.92	TB	0.80	0.98	TB	1.05	1.03	TB	1.12	1.28	TB	1.09	0.94	TB	1.04	1.11	1.05	0.01
Antidepressant Medication Management (AMM), Acute Phase	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	41.3%	34.0%	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	47.5%	45.1%	NA	NA[1]	NA[1]	39.6%	55.0%
Antidepressant Medication Management (AMM), Continuation Phase	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	25.9%	18.3%	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	31.8%	28.2%	NA	NA[1]	NA[1]	23.2%	39.3%
Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Continuation Phase	NA	NA[1]	NA[1]	NA	24.7%	21.4%	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	25.2%	24.8%	NA	NA[1]	0.0%	NA	29.3%	27.7%	NA	22.6%	32.1%	21.2%	53.1%
Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Acute Phase	NA	NA[1]	NA[1]	NA	27.1%	28.0%	NA	36.6%	NA[1]	NA	NA[1]	NA[1]	NA	33.8%	36.7%	NA	25.4%	26.9%	NA	0.0%	0.0%	NA	27.5%	29.3%	NA	21.3%	37.7%	26.4%	42.3%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose 1-11 years	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	71.9%	58.4%	NA	NA[1]	NA[1]	58.4%	47.1%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose 12-17 years	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	77.9%	62.7%	NA	NA[1]	NA[1]	62.7%	61.0%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol 1-11 years	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	63.5%	50.0%	NA	NA[1]	NA[1]	50.0%	33.9%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol 12-17 years	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	66.9%	50.7%	NA	NA[1]	NA[1]	50.7%	40.0%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	65.9%	50.5%	NA	NA[1]	NA[1]	50.5%	37.8%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Total	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	76.1%	61.4%	NA	NA[1]	NA[1]	61.4%	56.1%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol 1-11 years	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	65.2%	51.1%	NA	NA[1]	NA[1]	51.1%	36.2%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol 12-17 years	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	67.8%	52.2%	NA	NA[1]	NA[1]	52.2%	41.8%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Total	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	67.0%	51.9%	NA	NA[1]	NA[1]	51.9%	39.7%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	55.4%	49.0%	NA	NA[1]	NA[1]	49.0%	60.8%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	NA	NA[1]	NA[1]	NA	91.2%	NA[1]	NA	NA[1]	NA[1]	NA	NA[1]	NA[1]	NA	90.6%	80.8%	NA	96.1%	NA[1]	NA	NA[1]	NA[1]	NA	88.7%	84.6%	NA	NA[1]	NA[1]	82.7%	81.7%
Pharmacotherapy for Opioid Use Disorder (POD), Total	NA	NA[1]	NA[1]	NA	NA[1]	0.0%	NA	NA[1]	NA[1]	NA	NA[1]	0.0%	NA	NA[1]	NA[1]	NA	0.0%	1.6%	NA	NA[1]	NA[1]	NA	13.6%	13.6%	NA	NA[1]	0.0%	3.0%	31.7%

1 When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.

TB = Trending Break Data Excluded.

ABH: Aetna Better Health of Maryland
ACC: AMERIGROUP Community Care
CFCHP: CareFirst BlueCross BlueShield Community Health Plan of Maryland
JMS: Jai Medical Systems
KPMAS: Kaiser Permanente of the Mid-Atlantic States
MPC: Maryland Physicians Care
MSFC: MedStar Family Choice
PPMCO: Priority Partners
UHC: UnitedHealthcare

Table A1—Health Plan Descriptive Information

	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
Enrollment by State (EBS) – Maryland Only	43,755	296,352	53,007	29,003	89,939	227,917	99,767	976,935	156,845
Enrollment by Product Line (ENP) – member months for Female	219,986	1,820,453	286,017	154,378	507,399	1,429,099	602,098	2,032,505	969,935
Enrollment by Product Line (ENP) – member months for Male	205,805	1,575,944	295,721	177,979	431,692	1,185,889	521,437	1,680,053	847,189
Enrollment by Product Line (ENP) – member months Total	425,791	3,396,397	581,738	332,357	939,091	2,614,988	1,123,535	3,712,558	1,817,124
Language Diversity (LDM) – Declined Number	0	0	0	0	23	0	0	0	0
Language Diversity (LDM) – English Number	0	51	0	0	70,469	240,838	53,893	0	137,114
Language Diversity (LDM) – Non-English Number	0	15,718	99	0	13,867	2,970	1,396	0	3,905
Language Diversity (LDM) – Unknown Number	51,665	296,744	59,708	32,592	11,672	0	53,757	1,037,589	27,002
Language Diversity (LDM) – Declined Percent	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%
Language Diversity (LDM) – English Percent	0.00%	0.02%	0.00%	0.00%	73.38%	98.78%	49.42%	0.00%	81.61%
Language Diversity (LDM) – Non-English Percent	0.00%	5.03%	0.17%	0.00%	14.44%	1.22%	1.28%	0.00%	2.32%
Language Diversity (LDM) – Unknown Percent	100.00%	94.95%	99.83%	100.00%	12.15%	0.00%	49.30%	100.00%	16.07%
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Total	0	0	0	133	248	0	0	6	0
Race/Ethnicity Diversity (RDM) – Asian / Total	3,875	15,170	0	1,328	8,093	9,311	6,545	0	9,434
Race/Ethnicity Diversity (RDM) – Black / Total	16,611	109,711	19,670	17,607	48,595	84,772	42,671	343,128	59,832
Race/Ethnicity Diversity (RDM) – Declined / Total	16,512	0	0	0	196	0	0	345,963	0
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Total	151	513	3,304	52	88	0	268	43,299	344
Race/Ethnicity Diversity (RDM) – Other / Total	0	0	0	0	2,504	371	0	0	0
Race/Ethnicity Diversity (RDM) – 2+ Races / Total	0	0	0	0	621	0	0	0	0
Race/Ethnicity Diversity (RDM) – Unknown / Total	2,523	137,886	21,276	9,415	24,508	73,510	34,261	6,966	57,518
Race/Ethnicity Diversity (RDM) – White / Total	11,993	49,233	15,557	4,057	11,178	75,844	25,301	298,227	40,893
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Percent	0.00%	0.00%	0.00%	0.41%	0.26%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – Asian / Percent	7.50%	4.85%	0.00%	4.07%	8.43%	3.82%	6.00%	0.00%	5.61%
Race/Ethnicity Diversity (RDM) – Black / Percent	32.15%	35.11%	32.89%	54.02%	50.60%	34.77%	39.13%	33.07%	35.61%
Race/Ethnicity Diversity (RDM) – Declined / Percent	31.96%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	33.34%	0.00%
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Percent	0.29%	0.16%	5.52%	0.16%	0.09%	0.00%	0.25%	4.17%	0.20%
Race/Ethnicity Diversity (RDM) – Other / Percent	0.00%	0.00%	0.00%	0.00%	2.61%	0.15%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – 2+ Races / Percent	0.00%	0.00%	0.00%	0.00%	0.65%	0.00%	0.00%	0.00%	0.00%
Race/Ethnicity Diversity (RDM) – Unknown / Percent	4.88%	44.12%	35.57%	28.89%	25.52%	30.15%	31.42%	0.67%	34.23%
Race/Ethnicity Diversity (RDM) – White / Percent	23.21%	15.75%	26.01%	12.45%	11.64%	31.11%	23.20%	28.74%	24.34%
Total Membership – Total membership numbers	43,775	8,692,731	53,154	29,010	90,185	228,034	100,126	325,952	156,876

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Prevention and Screening-Adult

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

Description

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

Rationale

Antibiotic resistance is one of the most urgent threats to the public's health. Antibiotic resistance occurs when bacteria develop the ability to defeat the drugs designed to kill them. Each year in the United States, at least 2 million people get infected with antibiotic-resistant bacteria, and at least 23,000 people die as a result.

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

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

Summary of Changes to HEDIS MY 2020:

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the *Rules for Allowable Adjustments* section, clarified that the numerator criteria may be adjusted with limits.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				60.5%	57.3%	⇧
ACC				48.8%	49.6%	⇩
CFCHP				49.8%	48.6%	⇩
JMS				62.8%	60.6%	⇧
KPMAS				73.6%	71.4%	⇧
MPC				38.8%	46.0%	⇩
MSFC				44.5%	51.2%	⇩
PPMCO				50.8%	50.7%	⇩
UHC				46.3%	49.4%	⇩
MARR				52.9%	53.9%	

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Prevention and Screening—Child

Childhood Immunization Status (CIS)

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Added a requirement that LAIV (influenza) vaccination must occur on the child's second birthday.

Childhood Immunization Status (CIS), Combo 2						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	62.5%	67.2%	⇩
ACC	85.0%	85.2%	82.0%	82.0%	74.9%	⇧
CFCHP	80.8%	76.6%	84.7%	84.7%	76.9%	⇧
JMS	91.0%	85.4%	83.4%	83.4%	64.9%	⇩
KPMAS	73.1%	72.5%	81.5%	82.2%	78.8%	⇧
MPC	79.9%	66.2%	73.2%	73.5%	75.2%	⇧
MSFC	84.4%	84.2%	81.5%	81.5%	70.8%	⇩
PPMCO	83.5%	79.8%	76.4%	76.4%	67.2%	⇩
UHC	79.8%	74.5%	74.9%	74.9%	75.7%	⇧
MARR	82.2%	78.1%	79.7%	77.9%	72.4%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 3						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	58.8%	63.5%	⇩
ACC	83.0%	82.5%	79.6%	79.6%	72.5%	⇧
CFCHP	79.3%	75.2%	83.1%	83.1%	75.2%	⇧
JMS	88.0%	83.7%	80.5%	80.5%	61.6%	⇩
KPMAS	70.0%	70.3%	79.6%	79.1%	77.9%	⇧
MPC	78.5%	64.5%	69.6%	71.3%	72.0%	⇧
MSFC	81.8%	82.7%	78.6%	78.6%	68.6%	⇩
PPMCO	82.6%	77.9%	75.2%	75.2%	66.2%	⇩
UHC	77.9%	70.8%	72.7%	72.7%	74.5%	⇧
MARR	80.1%	76.0%	77.4%	75.4%	70.2%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 4						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	56.9%	62.0%	⇩
ACC	80.0%	80.1%	76.6%	76.6%	70.8%	⇧
CFCHP	76.6%	73.7%	82.0%	82.0%	73.5%	⇧
JMS	88.0%	83.3%	79.3%	79.3%	61.6%	⇩
KPMAS	69.5%	70.1%	79.3%	78.9%	77.4%	⇧
MPC	75.7%	62.5%	66.7%	69.3%	69.3%	⇧
MSFC	79.3%	81.3%	76.4%	76.4%	67.2%	⇩
PPMCO	80.9%	76.4%	74.2%	74.2%	64.5%	⇩
UHC	74.7%	67.4%	71.0%	71.0%	72.3%	⇧
MARR	78.1%	74.4%	75.7%	73.8%	68.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 5						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	42.5%	52.8%	⇩
ACC	70.0%	69.8%	67.6%	67.6%	63.5%	⇧
CFCHP	60.6%	58.6%	64.8%	64.8%	66.2%	⇧
JMS	73.0%	71.2%	67.2%	67.2%	55.8%	⇩
KPMAS	55.0%	62.3%	73.5%	75.0%	73.5%	⇧
MPC	59.5%	52.6%	58.2%	65.2%	63.3%	⇧
MSFC	67.9%	67.9%	66.4%	66.4%	57.7%	⇩
PPMCO	69.5%	68.1%	66.9%	66.9%	58.2%	⇩
UHC	65.2%	57.4%	63.7%	63.7%	65.9%	⇧
MARR	65.1%	63.5%	66.1%	64.4%	61.9%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 6						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	36.3%	44.5%	⇧
ACC	42.0%	48.7%	49.4%	49.4%	47.0%	⇧
CFCHP	41.4%	46.7%	47.4%	47.4%	51.6%	⇧
JMS	57.0%	64.4%	56.4%	56.4%	40.6%	⇩
KPMAS	46.3%	55.7%	66.7%	66.2%	66.2%	⇧
MPC	42.4%	34.1%	37.0%	42.3%	39.7%	⇩
MSFC	49.6%	47.7%	49.6%	49.6%	46.5%	⇧
PPMCO	48.8%	50.9%	51.6%	51.6%	44.3%	⇧
UHC	44.8%	41.6%	41.8%	41.8%	49.6%	⇧
MARR	46.5%	48.7%	50.0%	49.0%	47.8%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 7						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	41.9%	52.1%	⇩
ACC	68.0%	67.9%	66.7%	66.7%	62.0%	⇧
CFCHP	59.6%	57.9%	64.3%	64.3%	65.0%	⇧
JMS	73.0%	71.2%	66.4%	66.4%	55.8%	⇩
KPMAS	55.0%	62.0%	73.2%	74.7%	73.0%	⇧
MPC	57.9%	51.3%	56.0%	63.7%	61.3%	⇧
MSFC	66.2%	67.2%	64.7%	64.7%	57.2%	⇩
PPMCO	68.4%	67.4%	66.2%	66.2%	56.5%	⇩
UHC	63.5%	55.5%	62.8%	62.8%	64.2%	⇧
MARR	64.0%	62.6%	65.0%	63.5%	60.8%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 8						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	35.6%	44.0%	⇧
ACC	42.0%	47.7%	48.9%	48.9%	45.7%	⇧
CFCHP	40.6%	45.7%	47.0%	47.0%	50.9%	⇧
JMS	57.0%	64.4%	55.6%	55.6%	40.6%	⇩
KPMAS	46.0%	55.7%	66.4%	66.2%	65.9%	⇧
MPC	41.4%	33.1%	35.5%	41.8%	38.2%	⇩
MSFC	48.2%	47.5%	48.4%	48.4%	46.0%	⇧
PPMCO	48.4%	50.9%	51.1%	51.1%	44.0%	⇧
UHC	43.1%	40.4%	41.4%	41.4%	49.2%	⇧
MARR	45.8%	48.2%	49.3%	48.5%	47.2%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 9						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	28.8%	37.0%	⇩
ACC	37.0%	44.3%	44.3%	44.3%	42.8%	⇧
CFCHP	34.1%	37.2%	39.1%	39.1%	46.5%	⇧
JMS	49.0%	55.8%	49.0%	49.0%	37.0%	⇩
KPMAS	37.5%	49.9%	61.6%	63.4%	62.5%	⇧
MPC	32.9%	27.7%	31.6%	39.4%	37.0%	⇩
MSFC	43.8%	41.1%	44.5%	44.5%	40.2%	⇧
PPMCO	42.6%	46.5%	46.5%	46.5%	39.4%	⇧
UHC	39.7%	36.7%	39.2%	39.2%	44.3%	⇧
MARR	39.6%	42.4%	44.5%	43.8%	43.0%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Childhood Immunization Status (CIS), Combo 10						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	28.8%	36.7%	⇩
ACC	36.0%	43.3%	43.8%	43.8%	41.6%	⇧
CFCHP	33.8%	36.7%	38.9%	38.9%	46.0%	⇧
JMS	49.0%	55.8%	48.5%	48.5%	37.0%	⇩
KPMAS	37.5%	49.9%	61.3%	63.4%	62.3%	⇧
MPC	32.2%	27.0%	30.2%	38.9%	35.8%	⇩
MSFC	42.3%	40.9%	43.6%	43.6%	40.2%	⇧
PPMCO	42.3%	46.5%	46.0%	46.0%	39.2%	⇧
UHC	38.7%	35.8%	38.7%	38.7%	43.8%	⇧
MARR	39.0%	42.0%	43.9%	43.4%	42.5%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Immunizations for Adolescents (IMA)

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Immunizations for Adolescents (IMA), Combo 1						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	73.6%	70.7%	⇩
ACC	88.0%	89.1%	90.3%	90.3%	89.8%	⇧
CFCHP	80.5%	87.5%	89.5%	83.0%	74.2%	⇩
JMS	89.0%	89.7%	91.7%	91.7%	82.3%	⇧
KPMAS	80.5%	83.7%	83.0%	89.6%	89.5%	⇧
MPC	88.2%	84.7%	87.6%	89.5%	83.7%	⇧
MSFC	84.2%	88.6%	89.8%	89.8%	84.7%	⇧
PPMCO	89.1%	87.1%	91.5%	91.5%	82.5%	⇧
UHC	86.7%	87.4%	90.8%	90.8%	88.8%	⇧
MARR	85.8%	87.2%	89.3%	87.7%	82.9%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Immunizations for Adolescents (IMA), Combo 2 [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	24.1%	25.5%	⇩
ACC		48.9%	49.4%	49.4%	46.7%	⇧
CFCHP		30.4%	28.5%	34.1%	27.0%	⇩
JMS		72.2%	65.9%	65.9%	56.7%	⇧
KPMAS		47.5%	51.6%	63.9%	63.8%	⇧
MPC		37.7%	40.9%	38.9%	35.5%	⇩
MSFC		35.5%	43.3%	43.3%	44.8%	⇧
PPMCO		38.4%	51.6%	51.6%	43.1%	⇧
UHC		36.5%	38.2%	38.2%	40.9%	⇧
MARR		43.4%	46.2%	45.5%	42.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

[3] Trending break for HEDIS MY2017, results cannot be compared to the prior year benchmarks.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

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

Description

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

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Removed the exclusion of member-reported biometric values (body mass index, height and weight).
- Added a *Note* to clarify that services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			65.6%	74.5%	80.1%	⇧
ACC	73.0%	73.2%	71.8%	71.8%	78.5%	⇧
CFCHP	54.5%	68.1%	78.9%	78.9%	69.3%	⇩
JMS	92.0%	95.9%	96.4%	96.4%	94.3%	⇧
KPMAS	100.0%	100.0%	99.0%	99.0%	95.0%	⇧
MPC	60.8%	53.0%	62.0%	62.0%	71.5%	⇩
MSFC	74.7%	81.1%	88.9%	88.9%	80.2%	⇧
PPMCO	68.5%	76.4%	72.3%	72.3%	47.9%	⇩
UHC	76.5%	75.7%	76.6%	77.6%	71.1%	⇩
MARR	75.0%	77.9%	79.0%	80.1%	76.4%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			75.0%	74.2%	76.6%	⇧
ACC	79.0%	75.7%	77.6%	77.6%	77.3%	⇧
CFCHP	63.8%	67.6%	79.1%	79.1%	67.4%	⇩
JMS	95.0%	97.6%	95.1%	95.1%	97.2%	⇧
KPMAS	94.3%	100.0%	100.0%	100.0%	100.0%	⇧
MPC	64.0%	62.3%	63.2%	63.2%	68.6%	⇧
MSFC	71.9%	85.3%	82.6%	82.6%	72.6%	⇧
PPMCO	73.4%	73.7%	69.6%	69.6%	38.7%	⇩
UHC	76.0%	77.1%	77.4%	75.7%	70.3%	⇧
MARR	77.2%	79.9%	80.0%	79.7%	74.3%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity , Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			71.9%	69.4%	72.3%	⇧
ACC	72.0%	68.1%	70.6%	70.6%	72.1%	⇧
CFCHP	53.8%	62.0%	75.0%	75.0%	65.2%	⇧
JMS	91.0%	96.6%	94.6%	94.6%	97.2%	⇧
KPMAS	100.0%	100.0%	100.0%	100.0%	100.0%	⇧
MPC	56.8%	53.0%	60.2%	60.2%	65.5%	⇧
MSFC	69.9%	80.2%	78.1%	78.1%	68.8%	⇧
PPMCO	67.4%	66.2%	65.0%	65.0%	32.4%	⇩
UHC	70.9%	71.8%	71.3%	72.3%	65.7%	⇧
MARR	72.7%	74.7%	76.3%	76.1%	71.0%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Appropriate Testing for Pharyngitis (CWP)

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

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

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

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

Summary of Changes to HEDIS MY 2020:
- Updated the instructions for excluding visits that result in an inpatient stay.
- Deleted step 8; this step is unnecessary because these members are removed in step 5.

Appropriate Testing for Pharyngitis (CWP) [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				85.9%	83.1%	⇧
ACC				85.2%	82.3%	⇧
CFCHP				83.4%	81.0%	⇧
JMS				74.3%	70.4%	⇩
KPMAS				78.9%	70.5%	⇩
MPC				86.0%	85.6%	⇧
MSFC				88.0%	86.3%	⇧
PPMCO				84.4%	82.6%	⇧
UHC				87.1%	84.8%	⇧
MARR				83.7%	80.7%	

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Lead Screening in Children (LSC)

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Removed the limits to the Ages column in the *Rules for Allowable Adjustment of HEDIS* section.

Lead Screening in Children (LSC)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	73.8%	74.5%	⇧
ACC	80.0%	80.0%	82.0%	81.4%	80.9%	⇧
CFCHP	70.6%	74.5%	83.9%	83.9%	81.5%	⇧
JMS	91.0%	88.6%	90.9%	92.1%	92.1%	⇧
KPMAS	66.1%	68.5%	83.5%	89.6%	87.2%	⇧
MPC	72.2%	74.7%	80.1%	80.1%	73.8%	⇧
MSFC	84.8%	83.0%	84.4%	84.4%	74.7%	⇧
PPMCO	78.6%	80.1%	80.5%	83.9%	80.0%	⇧
UHC	73.0%	72.0%	76.7%	74.4%	72.4%	⇧
MARR	77.0%	77.7%	82.8%	82.6%	79.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

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

Description

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

Note: A lower rate indicates better performance.

Rationale

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

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

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

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) [2]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.0%	1.0%	1.0%	⇧
ACC	3.0%	2.1%	1.0%	0.9%	0.6%	⇩
CFCHP	1.9%	1.3%	1.5%	0.6%	0.8%	⇧
JMS	2.0%	2.0%	0.9%	0.4%	0.0%	⇩
KPMAS	0.1%	0.0%	0.0%	0.0%	0.1%	⇩
MPC	1.8%	1.4%	1.2%	0.8%	0.7%	⇩
MSFC	1.3%	1.1%	0.4%	0.1%	0.0%	⇩
PPMCO	2.0%	1.4%	1.1%	0.7%	0.6%	⇩
UHC	3.0%	2.5%	1.4%	1.2%	1.1%	⇧
MARR	1.9%	1.5%	0.8%	0.6%	0.5%	

[2] A lower rate indicates better performance.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Respiratory Conditions—Adult and Child

Appropriate Treatment for Upper Respiratory Infection (URI)

Description

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

Rationale

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

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

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

Summary of Changes to HEDIS MY 2020:

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the *Rules for Allowable Adjustments* section, clarified that the numerator criteria may be adjusted with limits.

Appropriate Treatment for Children with Upper Respiratory Infection (URI), Total [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				86.3%	87.3%	⇧
ACC				89.2%	89.6%	⇧
CFCHP				85.7%	85.9%	⇩
JMS				91.9%	91.6%	⇧
KPMAS				90.5%	91.7%	⇧
MPC				83.1%	86.0%	⇩
MSFC				87.9%	88.8%	⇧
PPMCO				90.3%	89.5%	⇧
UHC				87.4%	89.2%	⇧
MARR				88.0%	88.8%	

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Asthma Medication Ratio (AMR)

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Removed the restriction that only three of the four visits with an asthma diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Clarified in step 1 when the diagnosis must be on the discharge claim.
- Added Dupilumab to the "Anti-interleukin-4" description in the Dupilumab Medications List.
- Clarified NDC code mapping requirements in the *Notes.*

Asthma Medication Ratio (AMR), Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	69.9%	⇧
ACC	67.0%	63.2%	65.5%	63.6%	70.1%	⇧
CFCHP	47.3%	60.1%	57.1%	57.8%	61.3%	⇩
JMS	70.0%	70.7%	73.0%	76.8%	76.6%	⇧
KPMAS	72.6%	77.9%	74.0%	77.3%	76.9%	⇧
MPC	63.6%	63.1%	58.0%	58.5%	63.6%	⇧
MSFC	67.9%	64.6%	61.8%	63.8%	66.9%	⇧
PPMCO	62.2%	58.9%	60.2%	60.3%	68.1%	⇧
UHC	63.6%	62.7%	62.4%	62.4%	64.0%	⇧
MARR	64.3%	65.2%	64.0%	65.1%	68.6%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

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

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis and removed the requirement to exclude telehealth.
- Updated the instructions for excluding visits that result in an inpatient stay (step 2).

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	NA[1]	
ACC	30.0%	30.5%	28.8%	29.8%	30.0%	⇩
CFCHP	37.5%	36.9%	33.3%	23.6%	20.5%	⇩
JMS	32.0%	40.7%	14.4%	13.0%	10.5%	⇩
KPMAS	50.0%		29.5%	35.1%	48.4%	⇧
MPC	31.5%	32.0%	30.6%	28.4%	28.2%	⇩
MSFC	40.7%	38.9%	38.5%	35.2%	30.0%	⇩
PPMCO	29.9%	31.1%	31.8%	27.3%	29.4%	⇩
UHC	32.9%	32.2%	31.4%	25.7%	28.4%	⇩
MARR	35.6%	34.6%	29.8%	27.3%	28.2%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Pharmacotherapy Management of COPD Exacerbation (PCE)

Description

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

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

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

Rationale

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

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

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

Summary of Changes to HEDIS MY 2020:

- Moved the instructions from step 1 to step 2 to exclude ED visits that result in an inpatient stay.
- Added Fluticasone furoate-umeclidinium-vilanterol to the "Bronchodilator combinations" description in the Bronchodilator Medications List.
- Added Formoterol-aclidinium to the "Bronchodilator combinations" description in the Bronchodilator Medications List.

Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	77.0%	70.3%	⇧
ACC	68.0%	68.2%	66.1%	64.6%	65.0%	⇩
CFCHP	80.7%	78.2%	71.0%	73.5%	75.2%	⇧
JMS	65.0%	68.4%	67.6%	66.5%	60.4%	⇩
KPMAS	55.2%	78.6%	83.8%	93.6%	100.0%	⇧
MPC	73.9%	70.8%	71.9%	72.6%	70.5%	⇧
MSFC	71.6%	74.8%	72.1%	71.1%	71.7%	⇧
PPMCO	66.7%	61.8%	71.2%	67.2%	68.3%	⇩
UHC	65.0%	69.0%	61.6%	64.3%	70.8%	⇧
MARR	68.3%	71.2%	70.7%	72.3%	72.5%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	90.2%	73.0%	⇩
ACC	81.0%	82.3%	83.5%	84.3%	85.4%	⇧
CFCHP	89.3%	88.7%	88.2%	85.5%	80.9%	⇩
JMS	86.0%	87.9%	88.3%	87.9%	90.4%	⇧
KPMAS	75.9%	83.3%	94.6%	91.5%	93.6%	⇧
MPC	86.9%	85.8%	87.2%	87.4%	84.9%	⇧
MSFC	87.3%	88.7%	89.0%	90.2%	87.4%	⇧
PPMCO	81.5%	80.9%	84.8%	83.2%	81.0%	⇩
UHC	81.5%	80.4%	79.0%	79.5%	86.0%	⇧
MARR	83.7%	84.8%	86.8%	86.6%	84.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Member Access

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

Description

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

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			56.5%	61.5%	58.9%	⇩
ACC	76.0%	74.3%	74.7%	75.0%	71.7%	⇩
CFCHP	65.4%	65.6%	67.8%	67.7%	61.4%	⇩
JMS	68.0%	64.4%	64.4%	63.1%	60.4%	⇩
KPMAS	75.3%	73.7%	74.7%	75.8%	75.0%	⇩
MPC	79.9%	75.7%	76.0%	76.4%	73.3%	⇩
MSFC	72.5%	71.1%	72.8%	72.9%	69.7%	⇩
PPMCO	80.4%	76.5%	78.4%	78.3%	75.1%	⇩
UHC	76.7%	75.1%	75.5%	76.0%	67.4%	⇩
MARR	74.3%	72.1%	71.2%	71.8%	68.1%	

Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			68.4%	73.2%	68.1%	⇩
ACC	86.0%	84.6%	84.5%	84.6%	80.9%	⇩
CFCHP	77.5%	77.9%	79.1%	78.2%	73.2%	⇩
JMS	86.0%	83.7%	83.0%	81.9%	79.4%	⇩
KPMAS	82.1%	81.5%	82.9%	83.0%	81.7%	⇩
MPC	87.3%	85.1%	84.7%	85.2%	82.3%	⇩
MSFC	83.2%	81.9%	83.5%	83.3%	80.4%	⇩
PPMCO	88.4%	86.0%	87.0%	86.7%	83.7%	⇩
UHC	86.7%	86.1%	86.3%	86.0%	78.3%	⇩
MARR	84.7%	83.4%	82.2%	82.4%	78.7%	

Women's Health

Breast Cancer Screening (BCS)

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

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

United States Preventive Services Task Force. Retrieved from https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1

Summary of Changes to HEDIS MY 2020:
- Added palliative care as a required exclusion.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the *Rules for Allowable Adjustments* section.

Breast Cancer Screening (BCS) [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	54.6%	⇩
ACC		69.2%	69.2%	69.2%	63.6%	⇧
CFCHP		74.9%	76.3%	76.9%	68.0%	⇧
JMS		77.5%	75.8%	76.3%	76.2%	⇧
KPMAS		81.5%	79.7%	79.2%	76.0%	⇧
MPC		59.2%	55.6%	62.6%	61.1%	⇧
MSFC		67.1%	69.0%	74.6%	71.1%	⇧
PPMCO		68.5%	69.5%	67.8%	60.7%	⇧
UHC		59.9%	59.4%	58.1%	55.5%	⇩
MARR		69.7%	69.3%	70.6%	65.2%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

[3] Trending break for HEDIS MY2017, results cannot be compared to the prior year benchmarks.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Cervical Cancer Screening (CCS)

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Added palliative care as a required exclusion.
- Updated the Hybrid Specification to indicate that sample size reduction is allowed.
- Clarified that documentation of "vaginal hysterectomy" meets criteria for documentation of hysterectomy with no residual cervix (optional exclusion).
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the *Rules for Allowable Adjustments* section.

Cervical Cancer Screening (CCS)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			29.9%	38.0%	35.8%	⇩
ACC	66.0%	62.5%	67.9%	67.9%	63.9%	⇧
CFCHP	45.3%	45.3%	49.9%	55.7%	49.1%	⇩
JMS	73.0%	76.8%	74.3%	74.3%	60.8%	⇧
KPMAS	79.2%	80.4%	88.0%	88.0%	84.9%	⇧
MPC	66.3%	56.7%	63.5%	60.6%	55.2%	⇩
MSFC	55.9%	54.3%	60.9%	64.0%	51.8%	⇩
PPMCO	64.7%	64.0%	66.9%	66.9%	61.3%	⇧
UHC	68.6%	59.6%	58.9%	58.9%	58.4%	⇩
MARR	64.9%	62.5%	62.2%	63.8%	57.9%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Chlamydia Screening in Women (CHL)

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

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

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

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

Summary of Changes to HEDIS MY 2020:
- No changes to this measure.

Chlamydia Screening in Women (CHL), 16-20 years						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			65.4%	64.6%	54.3%	⇩
ACC	62.0%	63.9%	65.0%	65.1%	62.8%	⇧
CFCHP	50.1%	55.1%	54.6%	58.2%	56.1%	⇧
JMS	89.0%	91.0%	87.6%	87.5%	87.7%	⇧
KPMAS	69.8%	71.3%	74.5%	84.3%	69.3%	⇧
MPC	57.6%	56.4%	57.8%	55.3%	52.8%	⇩
MSFC	56.0%	59.1%	61.0%	55.9%	54.8%	⇧
PPMCO	60.0%	60.7%	60.2%	60.5%	56.1%	⇧
UHC	56.0%	57.4%	59.4%	59.5%	59.1%	⇧
MARR	62.6%	64.4%	65.1%	65.6%	61.4%	

Chlamydia Screening in Women (CHL), 21-24 years						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			63.0%	69.9%	66.3%	⇧
ACC	70.0%	71.8%	71.8%	72.5%	70.7%	⇧
CFCHP	60.4%	67.6%	65.3%	65.5%	62.9%	⇩
JMS	85.0%	81.7%	80.8%	83.0%	77.6%	⇧
KPMAS	82.1%	80.2%	83.5%	87.3%	70.7%	⇧
MPC	68.7%	66.0%	66.5%	64.3%	61.4%	⇩
MSFC	66.3%	68.2%	69.3%	63.1%	64.9%	⇧
PPMCO	68.0%	68.0%	67.8%	68.3%	63.6%	⇩
UHC	65.4%	67.2%	65.9%	69.5%	65.1%	⇧
MARR	70.7%	71.3%	70.4%	71.5%	67.0%	

Chlamydia Screening in Women (CHL), Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			64.2%	67.7%	61.9%	⇧
ACC	66.0%	67.4%	67.9%	68.1%	66.2%	⇧
CFCHP	56.3%	62.5%	60.9%	62.3%	59.8%	⇧
JMS	87.0%	86.6%	84.4%	85.6%	83.1%	⇧
KPMAS	77.5%	77.0%	80.0%	85.8%	70.1%	⇧
MPC	62.8%	61.1%	61.9%	59.3%	56.8%	⇩
MSFC	61.3%	64.0%	65.3%	59.5%	60.0%	⇧
PPMCO	63.6%	64.0%	63.6%	63.9%	59.5%	⇧
UHC	60.0%	61.6%	62.2%	63.8%	61.8%	⇧
MARR	66.8%	68.0%	67.8%	68.4%	64.3%	

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 2020:

- Revised the definition of last enrollment segment.
- Clarified that visits that occur prior to the enrollment start date (during the pregnancy) meet criteria.
- Added telephone visits (Telephone Visits Value Set) e-visits and virtual check-ins (Online Assessments Value Set) to the Timeliness of Prenatal Care rate (administrative specification) and clarified in the *Notes* that services provided via telephone, e-visit or virtual check-in are eligible for use in reporting both rates.
- Updated the Hybrid specification to indicate that sample size reduction is allowed using only the current year's administrative rate for MY 2020; for MY 2021, organizations may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate.
- Added examples of "pregnancy diagnosis" in the Hybrid specification of the Timeliness of Prenatal Care indicator.

Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				90.6%	83.9%	⇩
ACC				90.5%	89.1%	⇧
CFCHP				88.3%	88.6%	⇧
JMS				83.9%	85.5%	⇩
KPMAS				93.7%	95.9%	⇧
MPC				87.6%	89.5%	⇧
MSFC				82.7%	82.0%	⇩
PPMCO				87.1%	81.3%	⇩
UHC				89.3%	87.1%	⇩
MARR				88.2%	87.0%	

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Prenatal and Postpartum Care (PPC), Postpartum Care [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				81.8%	78.1%	⇧
ACC				82.0%	80.5%	⇧
CFCHP				86.9%	84.4%	⇧
JMS				88.7%	90.3%	⇧
KPMAS				90.8%	90.3%	⇧
MPC				75.2%	77.4%	⇧
MSFC				82.2%	83.7%	⇧
PPMCO				70.8%	64.5%	⇩
UHC				73.5%	79.1%	⇧
MARR				81.3%	80.9%	

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Cardiovascular Conditions

Controlling High Blood Pressure (CBP)

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Revised the time frame in the event/diagnosis criteria to look for two outpatient visits with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year.
- Removed the restriction that only one of the two visits with a hypertension diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added palliative care as a required exclusion.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.

- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- In the Administrative Specification, added telephone visits, e-visits and virtual check-ins as appropriate settings for BP readings.
- Updated the Hybrid Specification to indicate that sample size reduction is not allowed for MY 2020; sample size reduction is allowed for MY 2021.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance for adjusting required exclusions in the *Rules for Allowable Adjustments* section.

Controlling High Blood Pressure (CBP) [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH					46.7%	⇩
ACC					50.6%	⇩
CFCHP					49.9%	⇩
JMS					67.2%	⇧
KPMAS					76.2%	⇧
MPC					59.4%	⇩
MSFC					54.5%	⇩
PPMCO					33.3%	⇩
UHC					54.7%	⇩
MARR					54.7%	

[3] Trending break for HEDIS MY2020, results cannot be compared to the prior year benchmarks.

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

Description

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

Rationale

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

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

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

Summary of Changes to HEDIS MY 2020:

- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	NA[1]	
ACC	71.0%	65.2%	69.5%	77.9%	75.0%	⇩
CFCHP	81.0%	70.0%	56.7%	82.1%	NA[1]	
JMS	87.0%	68.8%	NA[1]	NA[1]	NA[1]	
KPMAS	90.5%	81.8%	NA[1]	NA[1]	NA[1]	
MPC	83.2%	81.6%	84.0%	87.3%	84.2%	⇧
MSFC	80.5%	80.8%	62.0%	74.1%	75.5%	⇩
PPMCO	75.0%	72.3%	71.9%	77.3%	76.6%	⇩
UHC	81.0%	77.6%	71.2%	79.7%	81.0%	⇧
MARR	81.2%	74.8%	69.2%	79.7%	78.4%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

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

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Clarified in step 2 when the diagnosis must be on the discharge claim.
- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	NA[1]	
ACC	77.0%	NA[1]	NA[1]	NA[1]	NA[1]	
CFCHP	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	
JMS	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	
KPMAS	53.9%	NA[1]	NA[1]	NA[1]	NA[1]	
MPC	76.9%	NA[1]	NA[1]	NA[1]	NA[1]	
MSFC	75.0%	NA[1]	NA[1]	NA[1]	NA[1]	
PPMCO	57.1%	66.7%	80.0%	77.4%	76.7%	⇩
UHC	70.8%	NA[1]	NA[1]	NA[1]	NA[1]	
MARR	68.5%	66.7%	80.0%	77.4%	76.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- In the *Rules for Allowable Adjustments* section, clarified that the required exclusions criteria may be adjusted with limits.

Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	82.4%	⇧
ACC	70.1%	68.3%	72.1%	77.4%	77.7%	⇩
CFCHP	71.9%	74.5%	77.3%	79.2%	78.7%	⇧
JMS	80.8%	82.1%	82.0%	85.0%	83.5%	⇧
KPMAS	89.5%	93.0%	86.7%	92.5%	89.6%	⇧
MPC	75.4%	75.1%	76.2%	76.9%	79.3%	⇧
MSFC	80.2%	78.6%	75.5%	80.7%	81.9%	⇧
PPMCO	72.1%	75.7%	76.9%	79.0%	78.7%	⇧
UHC	73.5%	73.8%	73.5%	77.4%	77.7%	⇩
MARR	76.7%	77.6%	77.5%	81.0%	81.0%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	71.4%	⇧
ACC	48.7%	53.6%	53.8%	66.9%	63.2%	⇩
CFCHP	56.5%	55.9%	61.5%	62.0%	69.7%	⇧
JMS	54.6%	53.7%	55.6%	55.1%	47.7%	⇩
KPMAS	44.1%	46.3%	54.7%	64.4%	62.6%	⇩
MPC	64.6%	64.3%	65.2%	64.7%	65.7%	⇩
MSFC	44.4%	50.0%	54.5%	64.8%	73.0%	⇧
PPMCO	50.2%	52.6%	50.8%	56.4%	59.8%	⇩
UHC	48.0%	55.4%	54.1%	57.7%	69.3%	⇧
MARR	51.4%	54.0%	56.3%	61.5%	64.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Diabetes

Comprehensive Diabetes Care (CDC)

Description

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

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

*Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.
**This indicator is only reported for the Medicare product line.

Rationale

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

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

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

Summary of Changes to HEDIS MY 2020:

- Retired the "HbA1c control (<7.0%) for a selected population" indicator.
- Retired the "Medical Attention for Nephropathy" indicator for the commercial and Medicaid product lines.
- Clarified in the measure description that organizations must use the same data collection method for the HbA1c testing and control indicators (this information was previously included in the General Guidelines).
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Deleted the HbA1c Level 7.0–9.0 Value Set.
- Updated the Administrative Specification logic and value sets for the Eye Exam indicator.
- Added telephone visits, e-visits and virtual check-ins to the Administrative Specification as appropriate settings for BP readings.
- Added Nebivolol-valsartan to the "Antihypertensive combinations" description in the ACE inhibitor and ARB Medications List.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- Added polycystic ovarian syndrome to the optional exclusions.
- Added a *Note* to the *Denominator-Sample Size Reduction* section in the Hybrid Specification.
- Clarified that documentation of "HB1c" meets criteria for the Hybrid Specification of the HbA1c testing indicator.
- Clarified that eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.
- Revised the Data Elements for Reporting tables.
- In the *Rules for Allowable Adjustments* section, clarified that the required exclusions criteria may be adjusted with limits.

Comprehensive Diabetes Care (CDC), Hemoglobin A1c (HbA1c) Testing						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			93.0%	86.1%	80.1%	⇩
ACC	85.0%	90.5%	85.9%	85.9%	82.5%	⇩
CFCHP	82.5%	81.8%	88.8%	86.1%	80.8%	⇩
JMS	95.0%	94.9%	95.2%	94.6%	91.5%	⇧
KPMAS	92.7%	91.6%	93.3%	94.1%	88.2%	⇧
MPC	88.7%	80.8%	81.3%	86.4%	78.8%	⇩
MSFC	91.7%	90.0%	90.4%	88.8%	86.4%	⇩
PPMCO	89.3%	88.1%	87.3%	87.3%	79.6%	⇩
UHC	86.1%	85.9%	84.4%	85.2%	78.4%	⇩
MARR	88.9%	88.0%	88.8%	88.3%	82.9%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Comprehensive Diabetes Care (CDC), HbA1c Poor Control (>9.0%) [2]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			40.4%	38.7%	45.3%	⇧
ACC	40.0%	34.1%	38.2%	38.2%	37.2%	⇩
CFCHP	42.1%	49.2%	32.6%	33.6%	38.9%	⇩
JMS	27.0%	29.9%	28.1%	27.3%	35.7%	⇩
KPMAS	27.8%	28.0%	28.0%	26.0%	31.7%	⇩
MPC	34.4%	47.9%	48.4%	36.0%	43.6%	⇧
MSFC	29.5%	31.4%	33.3%	33.0%	34.2%	⇩
PPMCO	34.0%	38.9%	42.6%	42.6%	51.1%	⇧
UHC	35.6%	35.5%	40.4%	37.5%	41.9%	⇧
MARR	33.8%	36.9%	36.9%	34.8%	39.9%	

[2] A lower rate indicates better performance.

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			52.6%	49.6%	47.0%	⇩
ACC	52.0%	59.4%	51.8%	51.8%	55.0%	⇧
CFCHP	48.7%	42.6%	59.4%	57.9%	51.8%	⇧
JMS	63.0%	61.1%	63.8%	65.0%	56.6%	⇧
KPMAS	60.0%	60.9%	61.1%	63.8%	56.8%	⇧
MPC	56.5%	46.0%	42.6%	54.3%	48.2%	⇩
MSFC	58.1%	56.7%	54.3%	57.5%	53.9%	⇧
PPMCO	53.5%	49.6%	47.7%	47.7%	41.9%	⇩
UHC	51.1%	54.5%	49.1%	52.8%	47.9%	⇩
MARR	55.4%	53.9%	53.6%	55.6%	51.0%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Comprehensive Diabetes Care (CDC), Eye Exam (Retinal) Performed						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			21.1%	33.6%	38.7%	⇩
ACC	49.9%	55.7%	54.7%	54.7%	46.0%	⇩
CFCHP	31.2%	39.2%	45.5%	40.6%	42.3%	⇩
JMS	74.0%	75.7%	71.9%	65.5%	57.1%	⇩
KPMAS	87.8%	84.5%	88.1%	86.0%	82.1%	⇧
MPC	51.9%	42.8%	39.9%	46.2%	46.5%	⇩
MSFC	49.8%	63.7%	57.0%	63.3%	59.1%	⇧
PPMCO	55.7%	38.4%	50.6%	50.6%	44.0%	⇩
UHC	56.9%	62.3%	57.9%	51.3%	49.6%	⇩
MARR	57.2%	57.8%	54.1%	54.7%	51.7%	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Comprehensive Diabetes Care (CDC), BP Control (<140/90 mm Hg) [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH					45.0%	⇩
ACC					52.8%	⇩
CFCHP					57.7%	⇩
JMS					70.8%	⇧
KPMAS					71.8%	⇧
MPC					55.2%	⇩
MSFC					57.1%	⇩
PPMCO					34.8%	⇩
UHC					57.9%	⇩
MARR					55.9%	

[3] Trending break for HEDIS MY2020, results cannot be compared to the prior year benchmarks.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Description

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

Rationale

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

Schizophrenia is associated with impaired glucose tolerance and insulin resistance. The prevalence of impaired glucose tolerance in people with schizophrenia may be as high as 30 percent, depending upon

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

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

Summary of Changes to HEDIS MY 2020:

- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added polycystic ovarian syndrome to the optional exclusions.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	NA[1]	
ACC	74.0%	66.7%	75.7%	70.2%	67.3%	⇩
CFCHP	57.7%	59.5%	63.2%	NA[1]	NA[1]	
JMS	77.0%	82.9%	81.8%	89.1%	67.7%	⇩
KPMAS	NA[1]	NA[1]	NA[1]	NA[1]	NA[1]	
MPC	62.7%	60.1%	74.5%	62.5%	60.6%	⇩
MSFC	58.6%	66.0%	77.2%	62.7%	57.1%	⇩
PPMCO	70.2%	65.0%	66.0%	62.0%	60.7%	⇩
UHC	75.4%	76.3%	79.4%	75.7%	68.8%	⇩
MARR	67.9%	68.1%	74.0%	70.4%	63.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

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

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis, step 2 required exclusions.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				91.2%	NA[1]	
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				90.6%	80.8%	⇩
MPC				96.1%	NA[1]	
MSFC				NA[1]	NA[1]	
PPMCO				88.7%	84.6%	⇧
UHC				NA[1]	NA[1]	
MARR				91.6%	82.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Statin Therapy for Patients with Diabetes (SPD)

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Added polycystic ovarian syndrome to the optional exclusions.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.

- Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis, step 2 required exclusions.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- Added Pitavastatin 1 mg to the Pitavastatin Moderate Intensity Medications List and deleted the Pitavastatin Low Intensity Medications List.
- In the *Rules for Allowable Adjustments* section, clarified that the required exclusions criteria may be adjusted with limits.

Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	58.8%	⇩
ACC	59.4%	60.0%	61.5%	63.9%	65.0%	⇧
CFCHP	53.8%	57.8%	58.2%	59.8%	62.9%	⇩
JMS	63.3%	65.3%	66.6%	67.2%	69.0%	⇧
KPMAS	84.4%	78.9%	80.6%	82.3%	78.3%	⇧
MPC	59.2%	59.1%	60.6%	61.2%	62.4%	⇩
MSFC	59.5%	62.9%	63.7%	65.7%	65.9%	⇧
PPMCO	58.6%	59.2%	60.6%	62.5%	63.5%	⇩
UHC	58.2%	60.3%	59.0%	62.4%	61.1%	⇩
MARR	62.1%	62.9%	63.9%	65.6%	65.2%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	NA[1]	53.6%	⇩
ACC	49.2%	44.9%	48.5%	60.9%	55.0%	⇩
CFCHP	57.9%	55.7%	66.7%	56.9%	61.3%	⇩
JMS	50.7%	43.7%	50.3%	49.0%	50.8%	⇩
KPMAS	50.3%	52.1%	51.7%	59.4%	57.5%	⇩
MPC	59.7%	58.6%	59.2%	61.5%	62.9%	⇩
MSFC	48.8%	47.4%	49.0%	54.4%	66.1%	⇧
PPMCO	48.9%	46.1%	50.1%	49.9%	56.2%	⇩
UHC	48.7%	48.7%	49.3%	54.9%	63.9%	⇩
MARR	51.8%	49.7%	53.1%	55.9%	58.6%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Musculoskeletal Conditions

Use of Imaging Studies for Low Back Pain (LBP)

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

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

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

Summary of Changes to HEDIS MY 2020:
- In the *Rules for Allowable Adjustments* section, clarified that the numerator criteria may be adjusted with limits.

Use of Imaging Studies for Low Back Pain (LBP)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			NA[1]	79.1%	82.1%	⇧
ACC	76.0%	76.7%	75.7%	80.2%	82.5%	⇧
CFCHP	70.4%	70.4%	72.5%	76.9%	77.2%	⇧
JMS	69.0%	79.9%	76.7%	82.4%	82.8%	⇧
KPMAS	76.9%	77.1%	82.0%	84.3%	86.8%	⇧
MPC	72.7%	75.0%	76.7%	79.2%	80.1%	⇧
MSFC	66.1%	72.7%	73.0%	76.7%	79.7%	⇧
PPMCO	77.8%	77.7%	79.8%	82.2%	82.7%	⇧
UHC	73.3%	75.4%	76.5%	76.9%	81.1%	⇧
MARR	72.8%	75.6%	76.6%	79.8%	81.7%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Medication Management

Use of Opioids at High Dosage (HDO)

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

Note: A lower rate indicates better performance.

Rationale

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

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

Summary of Changes for HEDIS MY 2020:

- Clarified the instructions for calculating covered days for the numerator.
- Clarified the instructions for treatment period.
- Added palliative care as a required exclusion.
- Added medication lists for acetaminophen benzhydrocodone, aspirin codeine and codeine phosphate.
- In the *Rules for Allowable Adjustments* section, clarified that the event/diagnosis, required exclusions and numerator criteria may be adjusted with limits.

Use of Opioids at High Dosage (HDO) [2,3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				3.2%	6.1%	⇩
ACC				7.7%	7.0%	⇩
CFCHP				14.4%	12.6%	⇧
JMS				4.8%	3.9%	⇩
KPMAS				4.1%	2.4%	⇩
MPC				14.8%	14.5%	⇧
MSFC				9.0%	7.9%	⇧
PPMCO				13.8%	13.3%	⇧
UHC				8.5%	7.9%	⇧
MARR				8.9%	8.4%	

[2] A lower rate indicates better performance.

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Use of Opioids from Multiple Providers (UOP)

Description

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

1. *Multiple Prescribers.* The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. *Multiple Pharmacies.* The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. *Multiple Prescribers and Multiple Pharmacies.* The proportion of members receiving prescriptions for opioids from four or more different prescribers ***and*** four or more different

pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

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

Rationale

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

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

Summary of Changes for HEDIS MY 2020:

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
- In the *Rules for Allowable Adjustments* section, clarified that the event/diagnosis and numerator criteria may be adjusted with limits.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers [2,3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			23.8%	26.7%	26.0%	⇧
ACC			28.4%	27.5%	25.1%	⇧
CFCHP			30.4%	26.6%	24.6%	⇧
JMS			22.1%	20.4%	18.6%	⇩
KPMAS			25.7%	27.7%	23.5%	⇧
MPC			19.6%	20.2%	23.5%	⇧
MSFC			41.6%	30.7%	26.5%	⇧
PPMCO			31.0%	28.9%	26.3%	⇧
UHC			27.8%	25.4%	24.2%	⇧
MARR			27.8%	26.0%	24.3%	

[2] A lower rate indicates better performance.

[3] Trending break for HEDIS MY2018, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies [2,3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			14.3%	20.3%	5.3%	⇩
ACC			7.1%	6.8%	4.2%	⇩
CFCHP			10.1%	6.7%	5.7%	⇩
JMS			9.3%	8.8%	7.1%	⇧
KPMAS			5.0%	1.4%	1.7%	⇩
MPC			0.0%	8.5%	5.5%	⇩
MSFC			9.3%	7.5%	4.6%	⇩
PPMCO			11.0%	9.1%	5.2%	⇩
UHC			6.8%	5.3%	3.4%	⇩
MARR			8.1%	8.3%	4.7%	

[2] A lower rate indicates better performance.

[3] Trending break for HEDIS MY2018, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies [2,3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			7.1%	8.6%	3.7%	⇧
ACC			4.3%	4.2%	2.7%	⇩
CFCHP			6.4%	4.1%	3.2%	⇧
JMS			6.3%	4.9%	3.4%	⇧
KPMAS			3.7%	0.6%	1.0%	⇩
MPC			0.0%	4.0%	3.0%	⇩
MSFC			7.4%	4.8%	2.9%	⇩
PPMCO			7.2%	5.8%	3.3%	⇧
UHC			4.0%	3.2%	2.3%	⇩
MARR			5.2%	4.5%	2.8%	

[2] A lower rate indicates better performance.

[3] Trending break for HEDIS MY2018, results cannot be compared to the prior year benchmarks.

Risk of Continued Opioid Use (COU)

Description

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

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

Note: A lower rate indicates better performance.

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
- Added palliative care as a required exclusion.
- In the *Rules for Allowable Adjustments* section clarified that the event/diagnosis, required exclusions and numerator criteria may be adjusted with limits.

Risk of Continued Opioid Use (COU), 15 Days, Total [2]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			10.0%	6.3%	6.0%	⇩
ACC			2.2%	3.0%	3.3%	⇩
CFCHP			7.1%	7.9%	7.3%	⇧
JMS			20.1%	13.6%	8.9%	⇧
KPMAS			8.5%	6.7%	6.3%	⇩
MPC			12.7%	10.8%	7.4%	⇧
MSFC			11.2%	8.7%	4.0%	⇩
PPMCO			9.9%	9.6%	9.0%	⇧
UHC			11.7%	6.3%	6.3%	⇩
MARR			10.4%	8.1%	6.5%	

[2] A lower rate indicates better performance.

Risk of Continued Opioid Use (COU), 31 Days, Total [2]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			4.3%	3.2%	3.3%	⇩
ACC			1.6%	2.1%	2.2%	⇩
CFCHP			3.9%	5.5%	4.8%	⇧
JMS			9.8%	7.3%	7.3%	⇧
KPMAS			2.4%	2.1%	1.8%	⇩
MPC			6.2%	5.3%	4.6%	⇧
MSFC			4.3%	3.6%	2.8%	⇩
PPMCO			4.3%	4.6%	4.3%	⇧
UHC			4.4%	4.1%	4.0%	⇧
MARR			4.6%	4.2%	3.9%	

[2] A lower rate indicates better performance.

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 opioid use disorder, which also continues to contribute to overdose deaths. Medications such as buprenorphine and naltrexone are effective fro the treatment of opioid use

disorders. One study found that after buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37 percent.

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 2020:

- Added value sets to the Opioid Use Disorder Treatment Medications table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Pharmacotherapy for Opioid Use Disorder (POD), Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				NA[1]	0.0%	⇩
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	0.0%	⇩
KPMAS				NA[1]	NA[1]	
MPC				0.0%	1.6%	⇩
MSFC				NA[1]	NA[1]	
PPMCO				13.6%	13.6%	⇩
UHC				NA[1]	0.0%	⇩
MARR				6.8%	3.0%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

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

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Clarified in step 4 (of both rates) when the diagnosis must be on the discharge claim.
- Added telehealth and telephone visits to the Rate 1 numerator.
- Added e-visits and virtual check-ins to the Rate 2 numerator and modified the telehealth restrictions.

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Acute Phase						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				27.1%	28.0%	⇩
CFCHP				36.6%	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				33.8%	36.7%	⇩
MPC				25.4%	26.9%	⇩
MSFC				0.0%	0.0%	⇩
PPMCO				27.5%	29.3%	⇩
UHC				21.3%	37.7%	⇩
MARR				24.5%	26.4%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Continuation Phase						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				24.7%	21.4%	⇩
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				NA[1]	NA[1]	
MPC				25.2%	24.8%	⇩
MSFC				NA[1]	0.0%	⇩
PPMCO				29.3%	27.7%	⇩
UHC				22.6%	32.1%	⇩
MARR				25.4%	21.2%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Antidepressant Medication Management (AMM)

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Added e-visits and virtual check-ins to the event/diagnosis (step 2 required exclusion

Antidepressant Medication Management (AMM), Acute Phase						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				NA[1]	NA[1]	
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				41.3%	34.0%	⇩
MPC				NA[1]	NA[1]	
MSFC				NA[1]	NA[1]	
PPMCO				47.5%	45.1%	⇩
UHC				NA[1]	NA[1]	
MARR				44.4%	39.6%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Antidepressant Medication Management (AMM), Continuation Phase						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				NA[1]	NA[1]	
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				25.9%	18.3%	⇩
MPC				NA[1]	NA[1]	
MSFC				NA[1]	NA[1]	
PPMCO				31.8%	28.2%	⇩
UHC				NA[1]	NA[1]	
MARR				28.8%	23.2%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Description

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Relabeled step 2 to "Required exclusions" and moved the exclusions for members with advanced illness, frailty, enrolled in an I-SNP or living long-term in an institutional setting to a new step 3 labeled as "exclusions."
- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				NA[1]	NA[1]	
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				NA[1]	NA[1]	
MPC				NA[1]	NA[1]	
MSFC				NA[1]	NA[1]	
PPMCO				55.4%	49.0%	⇩
UHC				NA[1]	NA[1]	
MARR				55.4%	49.0%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Description

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

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- Clarified in the *Rules for Allowable Adjustments of HEDIS* that when adjusting ages, the upper age range may be expanded or there may be no upper age limit.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				NA[1]	NA[1]	
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				NA[1]	NA[1]	
MPC				NA[1]	NA[1]	
MSFC				NA[1]	NA[1]	
PPMCO				76.1%	61.4%	⇧
UHC				NA[1]	NA[1]	
MARR				76.1%	61.4%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				NA[1]	NA[1]	
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				NA[1]	NA[1]	
MPC				NA[1]	NA[1]	
MSFC				NA[1]	NA[1]	
PPMCO				67.0%	51.9%	⇧
UHC				NA[1]	NA[1]	
MARR				67.0%	51.9%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				NA[1]	NA[1]	
ACC				NA[1]	NA[1]	
CFCHP				NA[1]	NA[1]	
JMS				NA[1]	NA[1]	
KPMAS				NA[1]	NA[1]	
MPC				NA[1]	NA[1]	
MSFC				NA[1]	NA[1]	
PPMCO				65.9%	50.5%	⇧
UHC				NA[1]	NA[1]	
MARR				65.9%	50.5%	

NA[1] This measure is Not Applicable due to an insufficient eligible population (e.g. <30 members).

Ambulatory Care (Utilization)

Ambulatory Care (AMB)

Description

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

1. Outpatient Visits including telehealth
2. ED Visits

Rationale

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

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Ambulatory Care (AMB), Outpatient visits per 1,000 member months						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			50.1	47.6	34.4	⇧
ACC	53.4	50.6	47.1	45.5	29.9	⇧
CFCHP	86.4	60.7	58.2	54.8	37.7	⇧
JMS	93.6	83.0	78.1	73.7	53.3	⇧
KPMAS	26.3	26.6	23.8	24.4	19.2	⇧
MPC	68.5	61.9	59.1	57.9	40.8	⇧
MSFC	55.6	53.5	52.1	51.1	35.5	⇧
PPMCO		58.0	55.0	54.2	37.3	⇧
UHC	56.8	51.7	48.6	47.3	31.5	⇧
MARR	63.0	55.8	52.5	50.7	35.5	

Ambulatory Care (AMB), Emergency department (ED) visits per 1,000 member months						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			257.4	290.7	262.4	⇧
ACC	366.9	354.3	346.5	348.5	290.0	⇧
CFCHP	247.3	332.2	339.2	337.1	290.2	⇧
JMS	350.6	328.7	335.4	314.4	275.7	⇧
KPMAS	336.6	315.9	276.9	322.2	303.8	⇧
MPC	420.4	397.5	400.7	404.8	332.4	⇧
MSFC	359.8	356.2	354.6	354.8	305.3	⇧
PPMCO		390.3	394.9	381.6	311.2	⇧
UHC	367.5	345.1	336.1	345.5	283.2	⇧
MARR	349.9	352.5	338.0	344.4	294.9	

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 2020:
- Updated the "Count as one procedure…" definition in the *Calculations* section.

Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 F						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.12	0.13	0.11	⇧
ACC	0.05	0.07	0.12	0.17	0.15	⇧
CFCHP	0.07	0.02	0.14	0.36	0.15	⇧
JMS	0.59	0.02	0.02	0.07	0.05	⇧
KPMAS	0.05	0.07	0.13	0.00	0.10	⇧
MPC	0.04	0.04	0.14	0.16	0.14	⇧
MSFC	0.07	0.05	0.27	0.30	0.33	⇧
PPMCO	0.03	0.05	0.17	0.23	0.18	⇧
UHC	0.05	0.04	0.15	0.17	0.17	⇧
MARR	0.12	0.05	0.14	0.18	0.15	

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

Frequency of Selected Procedures (FSP), Tonsillectomy 0-9						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.00	0.20	0.09	⇧
ACC	0.48	0.53	0.46	0.48	0.29	⇧
CFCHP	0.37	0.36	0.26	0.24	0.23	⇧
JMS	0.21	0.10	0.30	0.37	0.20	⇧
KPMAS	0.23	0.26	0.21	0.30	0.15	⇧
MPC	0.62	0.58	0.56	0.50	0.30	⇧
MSFC	0.48	0.48	0.49	0.47	0.27	⇧
PPMCO	0.58	0.58	0.49	0.50	0.27	⇧
UHC	0.51	0.50	0.49	0.42	0.21	⇧
MARR	0.44	0.42	0.36	0.38	0.22	

Frequency of Selected Procedures (FSP), Tonsillectomy 10-19						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.06	0.05	0.06	⇧
ACC	0.14	0.16	0.17	0.17	0.10	⇧
CFCHP	0.34	0.22	0.10	0.11	0.18	⇧
JMS	0.17	0.05	0.16	0.04	0.08	⇧
KPMAS	0.20	0.14	0.11	0.14	0.10	⇧
MPC	0.26	0.20	0.24	0.17	0.08	⇧
MSFC	0.24	0.17	0.16	0.19	0.08	⇧
PPMCO	0.24	0.23	0.20	0.17	0.11	⇧
UHC	0.20	0.21	0.17	0.15	0.08	⇧
MARR	0.22	0.17	0.15	0.13	0.10	

Frequency of Selected Procedures (FSP), Hysterectomy Abdominal 45-64						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.47	0.21	0.11	⇧
ACC	0.27	0.28	0.25	0.26	0.21	⇧
CFCHP	0.32	0.36	0.12	0.15	0.15	⇧
JMS	0.31	0.16	0.12	0.07	0.10	⇧
KPMAS	0.26	0.25	0.15	0.19	0.12	⇧
MPC	0.27	0.24	0.15	0.18	0.16	⇧
MSFC	0.30	0.27	0.22	0.19	0.17	⇧
PPMCO	0.26	0.31	0.24	0.18	0.13	⇧
UHC	0.28	0.20	0.21	0.19	0.14	⇧
MARR	0.28	0.26	0.21	0.18	0.14	

Frequency of Selected Procedures (FSP), Hysterectomy Vaginal 45-64						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.00	0.13	0.30	⇧
ACC	0.15	0.11	0.16	0.14	0.11	⇧
CFCHP	0.17	0.15	0.06	0.13	0.11	⇧
JMS	0.02	0.00	0.02	0.05	0.02	⇧
KPMAS	0.20	0.23	0.05	0.05	0.03	⇧
MPC	0.19	0.11	0.15	0.08	0.11	⇧
MSFC	0.27	0.17	0.13	0.13	0.04	⇧
PPMCO	0.17	0.20	0.17	0.12	0.12	⇧
UHC	0.17	0.12	0.11	0.09	0.12	⇧
MARR	0.17	0.14	0.09	0.10	0.11	

Frequency of Selected Procedures (FSP), Cholecystectomy Open 30-64 M						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.00	0.02	0.00	⇧
ACC	0.04	0.02	0.04	0.02	0.01	⇧
CFCHP	0.05	0.00	0.02	0.01	0.01	⇧
JMS	0.02	0.05	0.02	0.02	0.02	⇧
KPMAS	0.03	0.02	0.01	0.01	0.01	⇧
MPC	0.07	0.04	0.02	0.02	0.02	⇧
MSFC	0.06	0.03	0.01	0.04	0.00	⇧
PPMCO	0.04	0.03	0.02	0.02	0.02	⇧
UHC	0.04	0.03	0.02	0.01	0.01	⇧
MARR	0.04	0.03	0.02	0.02	0.01	

Frequency of Selected Procedures (FSP), Cholecystectomy Open 45-64 F						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.00	0.04	0.00	⇧
ACC	0.51	0.04	0.02	0.02	0.02	⇧
CFCHP	0.05	0.09	0.02	0.02	0.02	⇧
JMS	0.05	0.02	0.02	0.05	0.00	⇧
KPMAS	0.02	0.00	0.02	0.06	0.00	⇧
MPC	0.08	0.04	0.02	0.04	0.03	⇧
MSFC	0.04	0.03	0.01	0.00	0.03	⇧
PPMCO	0.03	0.04	0.04	0.08	0.02	⇧
UHC	0.04	0.03	0.03	0.02	0.01	⇧
MARR	0.10	0.04	0.02	0.04	0.01	

Frequency of Selected Procedures (FSP), Cholecystectomy Lap 30-64 M						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.44	0.19	0.14	⇧
ACC	0.19	0.20	0.14	0.18	0.12	⇧
CFCHP	0.18	0.19	0.10	0.15	0.06	⇧
JMS	0.06	0.04	0.09	0.06	0.09	⇧
KPMAS	0.12	0.07	0.08	0.10	0.08	⇧
MPC	0.29	0.24	0.17	0.18	0.16	⇧
MSFC	0.15	0.14	0.13	0.14	0.10	⇧
PPMCO	0.23	0.21	0.20	0.22	0.17	⇧
UHC	0.22	0.19	0.13	0.13	0.18	⇧
MARR	0.18	0.16	0.16	0.15	0.12	

Frequency of Selected Procedures (FSP), Cholecystectomy Lap 45-64 F						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.23	0.47	0.19	⇧
ACC	0.51	0.49	0.41	0.35	0.30	⇧
CFCHP	0.32	0.60	0.45	0.28	0.30	⇧
JMS	0.19	0.30	0.07	0.29	0.15	⇧
KPMAS	0.24	0.38	0.25	0.36	0.13	⇧
MPC	0.55	0.53	0.43	0.40	0.31	⇧
MSFC	0.56	0.27	0.43	0.41	0.24	⇧
PPMCO	0.51	0.53	0.43	0.41	0.37	⇧
UHC	0.42	0.36	0.33	0.38	0.28	⇧
MARR	0.41	0.43	0.34	0.37	0.25	

Frequency of Selected Procedures (FSP), Back Surgery 45-64F						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.23	0.34	0.33	⇧
ACC	0.53	0.50	0.40	0.36	0.37	⇧
CFCHP	0.39	0.54	0.82	0.69	0.55	⇧
JMS	0.59	0.33	0.69	0.51	0.42	⇧
KPMAS	0.14	0.05	0.12	0.08	0.06	⇧
MPC	0.86	0.72	0.65	0.62	0.62	⇧
MSFC	0.58	0.46	0.54	0.60	0.43	⇧
PPMCO	0.62	0.69	0.67	0.65	0.56	⇧
UHC	0.54	0.55	0.61	0.65	0.48	⇧
MARR	0.53	0.48	0.53	0.50	0.42	

Frequency of Selected Procedures (FSP), Back Surgery 45-64M						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.34	0.35	0.39	⇧
ACC	0.42	0.50	0.36	0.36	0.36	⇧
CFCHP	0.39	0.47	0.47	0.50	0.48	⇧
JMS	0.50	0.56	0.45	0.36	0.33	⇧
KPMAS	0.16	0.15	0.16	0.16	0.19	⇧
MPC	0.84	0.72	0.66	0.57	0.57	⇧
MSFC	0.68	0.71	0.57	0.38	0.51	⇧
PPMCO	0.82	0.77	0.65	0.60	0.56	⇧
UHC	0.70	0.63	0.54	0.55	0.53	⇧
MARR	0.56	0.56	0.47	0.42	0.44	

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

Frequency of Selected Procedures (FSP), Mastectomy 45-64						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.23	0.13	0.14	⇧
ACC	0.18	0.12	0.09	0.10	0.19	⇧
CFCHP	0.07	0.13	0.10	0.02	0.06	⇧
JMS	0.02	0.02	0.05	0.10	0.20	⇧
KPMAS	0.15	0.09	0.09	0.11	0.06	⇧
MPC	0.08	0.10	0.13	0.15	0.07	⇧
MSFC	0.06	0.11	0.14	0.23	0.14	⇧
PPMCO	0.11	0.12	0.11	0.11	0.17	⇧
UHC	0.13	0.10	0.07	0.15	0.13	⇧
MARR	0.10	0.10	0.11	0.12	0.13	

Frequency of Selected Procedures (FSP), Lumpectomy 15-44						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.08	0.04	0.01	⇧
ACC	0.09	0.10	0.10	0.09	0.06	⇧
CFCHP	0.08	0.08	0.10	0.09	0.08	⇧
JMS	0.05	0.06	0.12	0.08	0.01	⇧
KPMAS	0.06	0.04	0.09	0.07	0.06	⇧
MPC	0.12	0.10	0.09	0.07	0.09	⇧
MSFC	0.12	0.13	0.12	0.06	0.09	⇧
PPMCO	0.12	0.13	0.12	0.11	0.09	⇧
UHC	0.11	0.10	0.08	0.07	0.08	⇧
MARR	0.09	0.09	0.10	0.08	0.06	

Frequency of Selected Procedures (FSP), Lumpectomy 45-64						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.59	0.17	0.27	⇧
ACC	0.33	0.34	0.30	0.27	0.25	⇧
CFCHP	0.37	0.30	0.37	0.26	0.18	⇧
JMS	0.19	0.14	0.12	0.17	0.07	⇧
KPMAS	0.41	0.28	0.33	0.33	0.21	⇧
MPC	0.37	0.26	0.25	0.24	0.24	⇧
MSFC	0.36	0.45	0.59	0.36	0.35	⇧
PPMCO	0.32	0.35	0.32	0.32	0.28	⇧
UHC	0.29	0.33	0.20	0.31	0.27	⇧
MARR	0.33	0.31	0.34	0.27	0.24	

Inpatient Utilization—General Hospital/Acute Care (IPU)

Description

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

1. Total inpatient (the sum of Maternity, Surgery, and Medicine)
2. Maternity

3. Surgery
4. Medicine

Rationale

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

This measure assesses the extent to which the organization's members receive inpatient hospital treatment because of pregnancy and childbirth, for surgery, or for nonsurgical medical treatment. The organization reports how many hospital stays occurred during the measurement year and the length of hospitalization.

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Discharges /1000 MM						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			4.22	3.90	3.85	⇩
ACC	4.17	4.21	4.34	4.49	4.76	⇧
CFCHP	3.51	3.54	3.62	3.64	3.70	⇩
JMS	4.47	4.64	4.80	5.42	5.65	⇧
KPMAS	3.36	3.45	3.31	3.31	3.45	⇩
MPC	3.87	2.53	4.54	4.58	4.82	⇧
MSFC	4.18	4.78	4.22	4.05	4.28	⇩
PPMCO	4.09	4.44	4.21	4.44	4.47	⇩
UHC	4.40	4.44	4.68	4.47	4.48	⇧
MARR	4.01	4.00	4.22	4.25	4.38	

* Due to the impact of COVID-19, NCQA allowed health plans to report HEDIS MY2018 audited rates for HEDIS MY2019 hybrid measures.

Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Average Length of Stay						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			6.01	5.64	5.08	⇩
ACC	5.23	5.05	4.58	4.47	3.94	⇩
CFCHP	6.91	7.20	7.03	6.83	5.72	⇩
JMS	9.53	9.19	8.83	8.97	7.69	⇧
KPMAS	5.33	5.62	5.27	5.58	4.97	⇩
MPC	6.58	6.46	6.44	6.33	5.38	⇩
MSFC	6.83	6.56	6.35	6.17	5.27	⇩
PPMCO	6.49	6.81	6.20	6.04	5.19	⇩
UHC	4.91	5.58	4.21	4.40	3.95	⇩
MARR	6.48	6.56	6.10	6.05	5.24	

Antibiotic Utilization (ABX)

Description

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

- Total number of antibiotic prescriptions.
- Average number of antibiotic prescriptions per member per year (PMPY).
- Total days supplied for all antibiotic prescriptions.
- Average days supplied per antibiotic prescription.
- Total number of prescriptions for antibiotics of concern.
- Average number of prescriptions PMPY for antibiotics of concern.
- Percentage of antibiotics of concern for all antibiotic prescriptions.
- Average number of antibiotics PMPY reported by drug class:
  - For selected "antibiotics of concern."
  - For all other antibiotics.

Rationale

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

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

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Antibiotic Utilization (ABX), Average Scrips PMPY for Antibiotics						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.62	0.73	0.57	⇩
ACC	0.84	0.79	0.76	0.77	0.55	⇩
CFCHP	0.86	0.81	0.80	0.75	0.58	⇩
JMS	0.79	0.80	0.74	0.73	0.59	⇩
KPMAS	0.58	0.60	0.57	0.62	0.49	⇩
MPC	1.09	1.01	1.00	1.00	0.74	⇩
MSFC	0.90	0.86	0.84	0.86	0.66	⇩
PPMCO	0.98	0.93	0.90	0.90	0.62	⇩
UHC	0.91	0.85	0.80	0.78	0.56	⇩
MARR	0.87	0.83	0.78	0.79	0.60	

Antibiotic Utilization (ABX) , Average Days Supplied per Antibiotic Script						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			8.54	8.30	8.31	⇩
ACC	9.28	9.26	9.25	9.17	9.27	⇩
CFCHP	9.32	9.22	9.13	9.14	9.15	⇩
JMS	8.67	7.74	8.51	8.34	8.19	⇩
KPMAS	9.29	9.28	9.36	9.36	9.41	⇩
MPC	9.30	9.24	9.19	9.14	9.19	⇩
MSFC	8.94	8.86	8.90	8.86	8.94	⇩
PPMCO	9.32	9.34	9.31	9.28	9.79	⇧
UHC	9.09	9.25	9.21	9.79	9.22	⇩
MARR	9.15	9.02	9.04	9.04	9.05	

Antibiotic Utilization (ABX), Average Scrips PMPY for Antibiotics of Concern						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			0.26	0.30	0.21	⇩
ACC	0.34	0.31	0.28	0.28	0.20	⇩
CFCHP	0.38	0.34	0.32	0.30	0.23	⇩
JMS	0.26	0.26	0.25	0.25	0.20	⇩
KPMAS	0.22	0.22	0.20	0.22	0.16	⇩
MPC	0.45	0.41	0.40	0.39	0.29	⇩
MSFC	0.36	0.33	0.32	0.32	0.24	⇩
PPMCO	0.40	0.37	0.35	0.34	0.24	⇩
UHC	0.40	0.35	0.33	0.31	0.22	⇩
MARR	0.35	0.32	0.30	0.30	0.22	

Antibiotic Utilization (ABX), Percentage of Antibiotics of Concern for All Antibiotic Prescriptions						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH			41.2%	40.8%	37.6%	⇩
ACC	40.4%	38.8%	37.6%	37.0%	35.9%	⇩
CFCHP	44.3%	42.2%	40.4%	40.3%	39.2%	⇧
JMS	33.1%	32.5%	33.5%	34.5%	33.9%	⇩
KPMAS	38.2%	35.9%	35.8%	36.0%	32.6%	⇩
MPC	41.3%	40.4%	40.1%	39.3%	38.6%	⇩
MSFC	40.5%	39.0%	37.6%	37.5%	36.1%	⇩
PPMCO	41.5%	39.3%	38.9%	38.4%	39.7%	⇧
UHC	43.7%	41.6%	40.9%	40.0%	38.9%	⇩
MARR	40.4%	38.7%	38.4%	38.2%	36.9%	

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 (ACA), which was passed in March 2010, created the Hospital Readmissions Reduction Program. Since October 2012 the start of fiscal year (FY) 2013, the program has penalized hospitals with higher-than-expected 30-day readmission rates for selected clinical conditions. In FY 2013 and 2014, these conditions were acute myocardial infarction, heart failure, and pneumonia. Total hip or knee replacement and COPD were added in FY 2015. The program penalizes hospitals that have readmission rates that are higher than would be expected on the basis of readmission performance over three previous years. For example, FY 2015 penalties are based on readmissions from July 2010 through June 2013. Initially, in FY 2013, the maximum penalty was one percent of a hospital's Medicare base diagnosis-related-group (DRG) payments, but the penalty has been increased to three percent for FY 2015 and the years beyond.

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

Summary of Changes to HEDIS MY 2020:

- Revised the measure description.
- Added a *Note* to the definition of "plan population" to clarify that it should be used as a denominator for the outlier rate.
- Removed "Risk Adjustment Tables" from the Definitions.
- Replaced references to "Table HCC-Surg" with references to the "Surgery Procedure Value Set" in the *Risk Adjustment Determination* section.
- Replaced references to "Table PCR-DischCC" with "Table CC_Mapping" in the *Risk Adjustment Determination* section.
- Updated the *Note* in the *Risk Adjustment Weighting* section for IHS that are discharged or transferred to skilled nursing care.
- Removed references to specific risk weight tables in the *Risk Adjustment Weighting* section.
- Clarified rounding rules in step 8 of the *Risk Adjustment Weighting* section.
- Revised the data element tables to separate the Medicaid and commercial product lines from the Medicare product line.

Plan All-Cause Readmissions (PCR) - Observed / Expected [2,3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				1.43	1.17	⇧
ACC				0.97	1.03	⇧
CFCHP				1.10	0.99	⇧
JMS				0.78	0.92	⇧
KPMAS				0.80	0.98	⇧
MPC				1.05	1.03	⇧
MSFC				1.12	1.28	⇧
PPMCO				1.09	0.94	⇧
UHC				1.04	1.11	⇧
MARR				1.04	1.05	

[2] A lower rate indicates better performance.

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Plan All-Cause Readmissions (PCR) - Observed [3]						
Measurement Year	2016	2017	2018	2019	2020	NHM
ABH				14.5%	11.1%	⇧
ACC				9.5%	10.1%	⇩
CFCHP				11.1%	10.0%	⇩
JMS				8.2%	9.8%	⇩
KPMAS				6.9%	7.2%	⇩
MPC				10.3%	10.0%	⇩
MSFC				11.0%	12.5%	⇧
PPMCO				10.6%	8.9%	⇩
UHC				10.5%	11.2%	⇧
MARR				10.3%	10.1%	

[3] Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Enrollment by Product Line (ENP)

Description

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

Summary of Changes to HEDIS MY 2020:

- Revised the Data Elements for Reporting table.

Enrollment by Product Line (ENP) (in member months)			
Plan	**Female**	**Male**	**Total**
ABH	219,986	205,805	425,791
ACC	1,820,453	1,575,944	3,396,397
CFCHP	286,017	295,721	581,738
JMS	154,378	177,979	332,357
KPMAS	507,399	431,692	939,091
MPC	1,429,099	1,185,889	2,614,988
MSFC	602,098	521,437	1,123,535
PPMCO	2,032,505	1,680,053	3,712,558
UHC	969,935	847,189	1,817,124

Enrollment by State (EBS)

Description

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

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

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Enrollment by State (EBS) – Maryland only	
Plan	
ABH	43,755
ACC	296,352
CFCHP	53,007
JMS	29,003
KPMAS	89,939
MPC	227,917
MSFC	99,767
PPMCO	976,935
UHC	156,845

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 2020:

- Revised the Data Elements for Reporting tables.

Language Diversity of Membership (LDM) – Spoken					
Plan		**Declined**	**English**	**Non-English**	**Unknown**
ABH	Number	0	0	0	51,665
	Percent	0.00%	0.00%	0.00%	100.00%
ACC	Number	0	51	15,718	296,744
	Percent	0.00%	0.02%	5.03%	94.95%
CFCHP	Number	0	0	99	59,708
	Percent	0.00%	0.00%	0.17%	99.83%
JMS	Number	0	0	0	32,592
	Percent	0.00%	0.00%	0.00%	100.00%
KPMAS	Number	23	70,469	13,867	11,672
	Percent	0.02%	73.38%	14.44%	12.15%
MPC	Number	0	240,838	2,970	0
	Percent	0.00%	98.78%	1.22%	0.00%
MSFC	Number	0	53,893	1,396	53,757
	Percent	0.00%	49.42%	1.28%	49.30%
PPMCO	Number	0	0	0	1,037,589
	Percent	0.00%	0.00%	0.00%	100.00%
UHC	Number	0	137,114	3,905	27,002
	Percent	0.00%	81.61%	2.32%	16.07%

Race/Ethnicity Diversity of Membership (RDM)

Description

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

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

Summary of Changes to HEDIS MY 2020:

- Revised the note referring to total member counts.
- Revised the Data Elements for Reporting tables.

Race/Ethnicity Diversity of Membership (RDM)										
Plan		**American Indian & Alaska Native**	**Asian**	**Black**	**Declined**	**Native Hawaiian - Pacific Islander**	**Other**	**2+ Races**	**Unknown**	**White**
ABH	Number	0	3,875	16,611	16,512	151	0	0	2,523	11,993
	Percent	0.00%	7.50%	32.15%	31.96%	0.29%	0.00%	0.00%	4.88%	23.21%
ACC	Number	0	15,170	109,711	0	513	0	0	137,886	49,233
	Percent	0.00%	4.85%	35.11%	0.00%	0.16%	0.00%	0.00%	44.12%	15.75%
CFCHP	Number	0	0	19,670	0	3,304	0	0	21,276	15,557
	Percent	0.00%	0.00%	32.89%	0.00%	5.52%	0.00%	0.00%	35.57%	26.01%
JMS	Number	133	1,328	17,607	0	52	0	0	9,415	4,057
	Percent	0.41%	4.07%	54.02%	0.00%	0.16%	0.00%	0.00%	28.89%	12.45%
KPMAS	Number	248	8,093	48,595	196	88	2,504	621	24,508	11,178
	Percent	0.26%	8.43%	50.60%	0.20%	0.09%	2.61%	0.65%	25.52%	11.64%
MPC	Number	0	9,311	84,772	0	0	371	0	73,510	75,844
	Percent	0.00%	3.82%	34.77%	0.00%	0.00%	0.15%	0.00%	30.15%	31.11%
MSFC	Number	0	6,545	42,671	0	268	0	0	34,261	25,301
	Percent	0.00%	6.00%	39.13%	0.00%	0.25%	0.00%	0.00%	31.42%	23.20%
PPMCO	Number	6	0	343,128	345,963	43,299	0	0	6,966	298,227
	Percent	0.00%	0.00%	33.07%	33.34%	4.17%	0.00%	0.00%	0.67%	28.74%
UHC	Number	0	9,434	59,832	0	344	0	0	57,518	40,893
	Percent	0.00%	5.61%	35.61%	0.00%	0.20%	0.00%	0.00%	34.23%	24.34%

Total Membership (TLM)

Description

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

Summary of Changes to HEDIS MY 2020:

- No changes to this measure.

Total Membership (TLM) – Medicaid only	
ABH	43,775
ACC	8,692,731
CFCHP	53,154
JMS	29,010
KPMAS	90,815
MPC	228,034
MSFC	100,126
PPMCO	325,952
UHC	156,876

IMPLICATIONS AND DISCUSSION

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

HealthChoice Plans: HEDIS MY 2020 Summary

- Maryland MCOs have historically had high performance in their HEDIS rates. For MY 2020, COVID-19 caused performance to decrease across multiple measure domains, primarily for access to care, prevention and screening measures. In addition, it should be noted that due to COVID-19, NCQA allowed MCOs to rotate hybrid measure rates using HEDIS MY 2018 audited results for reporting in MY 2019. Therefore, some HEDIS MY 2020 hybrid rate changes appear to be even more significant than what they may have been if hybrid rotation had not been allowed for HEDIS MY 2019.
- The NHM used to gauge performance for MY 2020 was derived from a pre-COVID healthcare environment, so we suspect that the NCQA HEDIS means and percentiles for MY 2020 will change as a result of COVID-19's impact to healthcare.
- Telehealth was added to some measure specifications which may have helped to bump up measure rates so performance would not be quite so low, for example, for SPD, AMM, and ADD to name a few. Telehealth was also added to the new WCV and W30 measures. Though no direct comparison can be made to the previous W15, W34, and AWC measures, this change no doubt helped to boost rates where they may have substantially lower. In addition, although telehealth was added to the AMB outpatient indicator, utilization rates for all MCOs were down sharply.
- There were several measures where eight of nine MCO rates were above/better than the NHM; WCC-PA, LSC, AMR, CHL – Total, PPC-Post, and UOP – Multiple pharmacies.
- All MCOs scored above the NHM for LBP
- ADD acute phase– despite COVID, with the addition of telehealth visits to the specifications, each MCO that had a denominator of 30 or greater had a higher rate than the previous year.
- The MARR increased for several medication–related measures/indicators, such as AMR, SPD 80% compliance and SPC 80% compliance.

VBP Measure Summary:

- AMR: The MARR increased from 65.1% to 68.6%, and eight of nine MCOs scored above the NHM. Two MCOs, JMS and KPMAS, scored above the NCQA 90th percentile benchmark. Six MCOs reported higher AMR rates than the previous year.
- AWC: This measure was combined with the revised WCV measure, along with W34. Due to significant measure changes, performance for this measure cannot be compared to prior year performance.
- BCS: The MARR decreased from 70.6% to 65.2%. However, seven of nine MCOs scored above the NHM, and three MCOs, JMS, KPMAS, and MSFC, scored above the 2020 NCQA 90th percentile benchmark.
- CBP: Due to significant measure changes, performance for this measure cannot be compared to prior year performance.

- CDC HbA1c Control (< 8%): The MARR decreased from 55.6% to 51.0%. However, five of nine MCOs scored above the NHM. Two MCOs, JMS and KPMAS, scored above the 2020 NCQA 75th percentile.
- W15 6 visits indicator: This indicator was combined with the revised W30 measure. Due to significant measure changes, performance for this measure cannot be compared to prior year performance.