



# **Statewide Executive Summary Report HealthChoice Participating Organizations HEDIS® MY 2023 Results**

presented to

## **Maryland Department of Health**

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## Introduction

Healthcare Effectiveness Data and Information Set (HEDIS<sup>®1</sup>) is one of the most widely used sources of healthcare performance measures in the United States. The program is maintained by the National Committee for Quality Assurance (NCQA<sup>2</sup>). NCQA develops and publishes specifications for data collection and result calculation to promote a high degree of standardization of HEDIS measures.

Reporting entities are required to register with NCQA and undergo an annual NCQA HEDIS Compliance Audit<sup>™3</sup>. To ensure audit consistency, only NCQA-licensed organizations using NCQA-certified auditors may conduct a HEDIS Compliance Audit. The audit conveys sufficient integrity to HEDIS data, such that it can be released to the public to provide consumers and purchasers with a means of comparing healthcare organization performance.

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

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

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

<sup>3</sup> NCQA HEDIS Compliance Audit<sup>™</sup> is a trademark of NCQA.

## Background

The Maryland Medicaid program implemented HealthChoice, a comprehensive managed care program, in June 1997 after receiving a waiver from the Centers for Medicare & Medicaid Services based on the requirements in Section §1115 of the Social Security Act. HealthChoice allows eligible Medicaid recipients to enroll in a participating MCO. There are currently nine organizations participating in HealthChoice, with 1,458,870 enrollees as of December 31, 2023.

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<sup>®4</sup>) reporting. Performance is measured at both the organization level and on a statewide basis. HEDIS and CAHPS results are incorporated annually into a HealthChoice Consumer Report Card developed to assist HealthChoice enrollees in making comparisons when selecting a health plan. All nine HealthChoice organizations reported HEDIS in measurement year (MY) 2023.

For HEDIS MY 2023, MDH required HealthChoice MCOs to report the complete HEDIS measure set for services rendered in calendar year 2023 to HealthChoice enrollees. These measures provide meaningful MCO comparative information, and they measure performance relative to MDH's priorities and goals.

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

## Accreditation

All MCOs participating in the HealthChoice program as of January 1, 2013, were required to be accredited by NCQA no later than January 1, 2015, to comply with Code of Maryland Regulations (COMAR) 10.67.04.02. In addition, according to COMAR 10.67.03.08, any HealthChoice organizations that joined the HealthChoice program after January 1, 2013, are required to be NCQA accredited within two years of their effective date as a HealthChoice organization.

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

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

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

Current accreditation status for all HealthChoice organizations is listed below.

Organizations Reporting HEDIS in MY 2023		
Acronym Used in this Report	HealthChoice Organization Name	Accreditation Status
ABH	Aetna Better Health of Maryland	Accredited
CFCHP	CareFirst Community Health Plan Maryland	Accredited
JMS	Jai Medical Systems	Accredited
KPMAS	Kaiser Permanente of the Mid-Atlantic States	Accredited
MPC	Maryland Physicians Care	Accredited
MSFC	MedStar Family Choice	Accredited
PPMCO	Priority Partners MCO	Accredited
UHC	UnitedHealthcare	Accredited
WPM	Wellpoint Maryland	Accredited

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

## NCQA - Accreditation Star Results

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

NCQA's 2024 Health Plan Ratings (posted September 2024) are displayed below:

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

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



## Section One - Measures Designated for Reporting

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

### Measures Selected by MDH for HealthChoice Reporting

For services rendered in calendar year 2023, MDH required HealthChoice MCOs to report 51 HEDIS measures comprised of six NCQA domain categories. NCQA's Volume 2 contains the technical specifications for the HEDIS measures. There were four new first year HEDIS measures for MY 2023.

The six NCQA domain categories are as follows:

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

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

#### **Effectiveness of Care (EOC): 37 Measures**

- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)
- Childhood Immunization (CIS)
- Immunizations for Adolescents (IMA)
- Lead Screening in Children (LSC)
- Colorectal Cancer Screening (COL)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Asthma Medication Ratio (AMR)
- Appropriate Testing for Pharyngitis (CWP)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

- Controlling High Blood Pressure (CBP)
- Cardiac Rehabilitation (CRE)
- Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Eye Exam for Patients with Diabetes (EED)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Kidney Health Evaluation for Patients with Diabetes (KED)
- Statin Therapy for Patients with Diabetes (SPD)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Antidepressant Medication Management (AMM)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Diagnosed Mental Health Disorders (DMH)
- Diagnosed Substance Use Disorders (DSU)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Risk of Continued Opioid Use (COU)
- Use of Opioids at High Dosage (HDO)
- Use of Imaging Studies for Low Back Pain (LBP)
- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Use of Opioids from Multiple Providers (UOP)
- Appropriate Treatment for Upper Respiratory Infection (URI)

#### **Access/Availability of Care (AAC): 2 Measures**

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

#### **Utilization and Risk Adjusted Utilization (URR): 6 Measures**

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

### **Health Plan Descriptive Information: 3 Measures**

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

### **Measures Reported Using Electronic Clinical Data Systems: 3 Measures**

- Adult Immunization Status (AIS-E)
- Colorectal Cancer Screening (COL-E)
- Prenatal Immunization Status (PRS-E)

### **Measures Collected from the Adult CAHPS Survey: 1 Measure**

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

### **No Benefit (NB) Measure Designations: 7 Measures**

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

- Follow-up Care after Hospitalization for Mental Illness (FUH)
- Follow-up After Emergency Department Visit for Mental Illness (FUM)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Follow-up After High Intensity Care for Substance Use Disorder (FUI)
- Oral Evaluation Dental Services (OED)

### **Measures Exempt from Reporting**

- 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)
- Colorectal Cancer Screening (COL-E)

- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Childhood Immunization Status (CIS-E)
- Immunizations for Adolescents (IMA-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

## Section Two - HEDIS Methodology

The HEDIS reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS Measurement Year 2023 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 (IS). 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 2023 measures collected by use of the administrative or hybrid method. Each HealthChoice MCO chooses the administrative versus hybrid method based on available resources, as the hybrid method takes significant resources to perform.

Measure List	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
CBP – Controlling High Blood Pressure	H	H	H	H	H	H	H	H	H
CCS – Cervical Cancer Screening	H	H	A	H	H	H	H	H	H
EED - Eye Exam for Patients with Diabetes	H	H	A	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	A	H	A	H	H	H	A
LSC – Lead Screening in Children	H	H	H	H	A	H	A	A	H
PPC – Prenatal and Postpartum Care	H	H	H	H	H	H	H	H	H
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	H	H	H	H	H	H	H	H	H
BPD - Blood Pressure Control for Patients with Diabetes	H	H	H	H	H	H	H	H	H
HBD - HbA1c Control for Patients with Diabetes	H	H	H	H	H	H	H	H	H

H—Hybrid; A—Administrative

## Section Three - Measure Specific Findings Explanation

### Metrics

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

- Maryland Average Reportable Rate (MARR)
- National HEDIS Mean (NHM)
- 2024 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 2023 rates to the MY 2023 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<sup>®5</sup> 2024 (produced using HEDIS MY 2023 reported data) and is used with the permission of NCQA. Any analysis, interpretation, or conclusion based on the data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. The data comprises audited performance rates and associated benchmarks for HEDIS and CAHPS survey measure results. HEDIS measures and specifications were developed by and are owned by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using HEDIS measures and specifications, and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in Quality Compass and the data and may rescind or alter the data at any time. The data may not be modified by anyone other than NCQA. Anyone desiring to use or reproduce the data without modification for an internal, noncommercial purpose may do so without obtaining approval from NCQA. All other uses, including 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.

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<sup>5</sup> Quality Compass® is a registered trademark of NCQA.

When there are significant changes to the measure specifications so that data cannot be compared to the prior year, NCQA will determine there to be a break in trending. For HEDIS MY 2023, NCQA determined that PBH, AIS-E, and DRR-E had significant changes in specifications such that a break in trending was required. The measures that have been impacted by trending breaks prior to MY 2023 are noted beneath each table.

### **Rounding of Figures**

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

### **Organization of Data**

The following pages contain the comparative results for HEDIS MY 2023. This report groups the measures into NCQA's HEDIS measure domain and sub-domain categories. Measure acronyms within each category are listed alphabetically.

#### ***Effectiveness of Care Measures***

- Prevention and Screening
  - CCS, CHL, CIS, COL, IMA, LSC, WCC
- Respiratory Conditions
  - AMR, CWP, PCE, SPR
- Cardiovascular Conditions
  - CBP, CRE, PBH, SPC
- Diabetes
  - BPD, EED, HBD, KED, SPD
- Behavioral Health
  - ADD, AMM, APM, DMH, DSU, POD, SAA, SMC, SMD, SSD
- Overuse/Appropriateness
  - AAB, COU, HDO, LBP, NCS, UOP, URI

#### ***Access/Availability of Care***

- AAP, PPC

#### ***Utilization and Risk Adjusted Utilization***

- AMB, AXR, IPU, PCR, W30, WCV

#### ***Health Plan Descriptive Information***

- ENP, LDM, RDM

#### ***Measures Reported Using Electronic Clinical Data Systems***

- AIS-E
- BCS-E
- PRS-E



## **Reference Sources**

### **Description**

The source of the information is *NCQA's HEDIS Measurement Year 2023 Volume 2: Technical Specifications*.

### **Rationale**

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

### **Summary of Changes for HEDIS MY 2023**

The source of the text is the *HEDIS Measurement Year 2022 Volume 2: Technical Specifications*, along with additional changes published in the *HEDIS Measurement Year 2023 Volume 2: Technical Update*.

## Section Four - Measure Specific Findings

### Effectiveness of Care Measures

#### Prevention and Screening

#### Cervical Cancer Screening (CCS)

##### Description

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

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

##### Rationale

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

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

##### Summary of Changes to HEDIS 2023:

- Revised the optional exclusions for hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix to be required exclusions.
- Added a required exclusion for members who died during the measurement year.
- Added a direct reference code for palliative care.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

### Cervical Cancer Screening (CCS)

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	38.0%	35.8%	41.6%	44.8%	48.9%	↓
<b>CFCHP</b>	55.7%	49.1%	55.7%	47.2%	49.6%	↓
<b>JMS</b>	74.3%	60.8%	51.9%	62.0%	60.5%	↑
<b>KPMAS</b>	88.0%	84.9%	83.5%	85.5%	78.7%	↑
<b>MPC</b>	60.6%	55.2%	54.7%	57.7%	57.4%	↑
<b>MSFC</b>	64.0%	51.8%	55.0%	51.1%	48.2%	↓
<b>PPMCO</b>	66.9%	61.3%	58.2%	63.8%	58.4%	↑
<b>UHC</b>	58.9%	58.4%	59.1%	60.3%	55.7%	↑
<b>WPM</b>	67.9%	63.9%	63.0%	62.5%	60.6%	↑
<b>MARR</b>	63.8%	57.9%	58.1%	59.4%	57.6%	

## **Chlamydia Screening in Women (CHL)**

### **Description**

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

### **Rationale**

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

Screening is essential because most women who have the condition do not experience symptoms. The main objective of chlamydia screening is to prevent pelvic inflammatory disease, infertility, and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated chlamydia infection. The specifications for this measure are consistent with current clinical guidelines, such as those of the United States 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 2023:**

- Revised the optional exclusions for pregnancy test to be step 3 of the event/diagnosis criteria.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

### Chlamydia Screening in Women (CHL), Total

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	67.7%	61.9%	62.0%	64.6%	62.1%	↑
<b>CFCHP</b>	62.3%	59.8%	57.3%	59.6%	59.4%	↑
<b>JMS</b>	85.6%	83.1%	82.4%	83.2%	83.7%	↑
<b>KPMAS</b>	85.8%	70.1%	81.9%	82.6%	83.1%	↑
<b>MPC</b>	59.3%	56.8%	56.4%	59.1%	61.7%	↑
<b>MSFC</b>	59.5%	60.0%	57.2%	56.4%	52.4%	↓
<b>PPMCO</b>	63.9%	59.5%	61.3%	61.7%	63.4%	↑
<b>UHC</b>	63.8%	61.8%	62.7%	63.0%	60.7%	↑
<b>WPM</b>	68.1%	66.2%	65.0%	65.9%	66.6%	↑
<b>MARR</b>	68.4%	64.3%	65.1%	66.2%	65.9%	

## **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
<b>Combination 3</b>	X	X	X	X	X	X	X			
<b>Combination 7</b>	X	X	X	X	X	X	X	X	X	
<b>Combination 10</b>	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 2023:**

- Added anaphylaxis to a vaccine to select numerators.
- Added a required exclusion for members who died during the measurement year.
- Removed seropositive test results from the numerator criteria in the hybrid specification.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

### Childhood Immunization Status (CIS), Combo 10

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	28.8%	36.7%	34.6%	30.7%	28.2%	↓
CFCHP	38.9%	46.0%	46.0%	34.8%	29.4%	↑
JMS	48.5%	37.0%	40.2%	32.1%	37.5%	↑
KPMAS	63.4%	62.3%	60.3%	60.2%	55.7%	↑
MPC	38.9%	35.8%	33.8%	28.2%	25.1%	↓
MSFC	43.6%	40.2%	35.3%	28.7%	24.8%	↓
PPMCO	46.0%	39.2%	43.1%	36.3%	34.6%	↑
UHC	38.7%	43.8%	39.9%	33.8%	30.9%	↑
WPM	43.8%	41.6%	41.4%	40.6%	35.3%	↑
MARR	43.4%	42.5%	41.6%	36.2%	33.5%	

### Childhood Immunization Status (CIS), Combo 3

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	58.8%	63.5%	61.6%	63.3%	66.4%	↑
CFCHP	83.1%	75.2%	71.3%	63.8%	64.7%	↑
JMS	80.5%	61.6%	66.4%	66.9%	65.0%	↑
KPMAS	79.1%	77.9%	74.8%	79.9%	79.2%	↑
MPC	71.3%	72.0%	64.7%	66.7%	65.9%	↑
MSFC	78.6%	68.6%	68.1%	70.1%	62.5%	↓
PPMCO	75.2%	66.2%	68.9%	70.6%	72.0%	↑
UHC	72.7%	74.5%	67.9%	66.9%	68.4%	↑
WPM	79.6%	72.5%	72.3%	72.0%	75.4%	↑
MARR	75.4%	70.2%	68.4%	68.9%	68.8%	

### Childhood Immunization Status (CIS), Combo 7

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	41.9%	52.1%	53.3%	52.8%	56.0%	↑
CFCHP	64.3%	65.0%	65.0%	58.4%	55.0%	↓
JMS	66.4%	55.8%	56.9%	57.2%	56.2%	↑
KPMAS	74.7%	73.0%	70.4%	74.7%	74.4%	↑
MPC	63.7%	61.3%	56.5%	56.5%	57.2%	↑
MSFC	64.7%	57.2%	55.7%	57.2%	52.1%	↓
PPMCO	66.2%	56.5%	58.4%	60.6%	61.6%	↑
UHC	62.8%	64.2%	57.9%	57.2%	59.4%	↑
WPM	66.7%	62.0%	61.6%	60.6%	64.7%	↑
MARR	63.5%	60.8%	59.5%	59.4%	59.6%	

## **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 2023:**

- Added instructions to report rates stratified by race and ethnicity for each product line.
- Added a required exclusion for members who died during the measurement year.
- Added new data elements tables for race and ethnicity stratification reporting.
- Revised the "Other" criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the "Required exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.



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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	73.6%	70.7%	69.3%	73.2%	76.6%	↓
CFCHP	83.0%	74.2%	75.2%	75.3%	79.6%	↑
JMS	91.7%	82.3%	79.8%	86.1%	84.4%	↑
KPMAS	89.6%	89.5%	84.2%	89.0%	85.7%	↑
MPC	89.5%	83.7%	82.5%	87.4%	86.3%	↑
MSFC	89.8%	84.7%	74.0%	80.5%	75.4%	↓
PPMCO	91.5%	82.5%	86.9%	89.1%	88.3%	↑
UHC	90.8%	88.8%	87.8%	88.6%	87.6%	↑
WPM	90.3%	89.8%	91.0%	92.2%	88.4%	↑
MARR	87.7%	82.9%	81.2%	84.6%	83.6%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	24.1%	25.5%	26.0%	26.3%	23.8%	↓
CFCHP	34.1%	27.0%	34.1%	28.3%	29.7%	↓
JMS	65.9%	56.7%	52.1%	54.8%	51.7%	↑
KPMAS	63.9%	63.8%	59.7%	64.1%	60.0%	↑
MPC	38.9%	35.5%	30.4%	37.2%	33.3%	↓
MSFC	43.3%	44.8%	38.4%	35.3%	32.1%	↓
PPMCO	51.6%	43.1%	40.2%	38.0%	40.4%	↑
UHC	38.2%	40.9%	40.2%	43.6%	40.4%	↑
WPM	49.4%	46.7%	53.3%	49.6%	47.4%	↑
MARR	45.5%	42.7%	41.6%	41.9%	39.9%	

## Lead Screening in Children (LSC)

### Description

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

### Rationale

Studies have concluded that there is evidence of adverse health effects at a blood lead level (BLL) of 5 µg/dL. An estimated 500,000 United States 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/ncch/lead/acclpp/blood\\_lead\\_levels.htm](https://www.cdc.gov/ncch/lead/acclpp/blood_lead_levels.htm)*

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Lead Screening in Children (LSC)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	73.8%	74.5%	65.7%	66.2%	67.9%	↑
CFCHP	83.9%	81.5%	75.9%	67.2%	69.6%	↑
JMS	92.1%	92.1%	83.9%	82.2%	83.2%	↑
KPMAS	89.6%	87.2%	82.0%	84.8%	86.5%	↑
MPC	80.1%	73.8%	68.0%	65.0%	68.7%	↑
MSFC	84.4%	74.7%	75.7%	75.4%	77.3%	↑
PPMCO	83.9%	80.0%	75.0%	72.0%	75.3%	↑
UHC	74.4%	72.4%	71.1%	67.3%	67.6%	↑
WPM	81.4%	80.9%	74.5%	74.0%	76.2%	↑
MARR	82.6%	79.7%	74.6%	72.7%	74.7%	

## Colorectal Cancer Screening (COL)

### Description

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

### Rationale

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

### Summary of Changes to HEDIS MY 2023:

- Revised the optional exclusions for colorectal cancer and total colectomy to be required exclusions.
- Added a required exclusion for members who died during the measurement year.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Added a direct reference code for palliative care.
- Updated the Hybrid Specification to indicate that sample size reduction is allowed.
- Revised the medical record criteria for a completed colonoscopy.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Colorectal Cancer Screening (COL)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH				19.4%	23.0%	↓
CFCHP				25.6%	27.5%	↓
JMS				22.9%	29.5%	↓
KPMAS				60.8%	65.3%	↑
MPC				31.4%	33.7%	↓
MSFC				20.3%	25.5%	↓
PPMCO				33.4%	38.5%	↑
UHC				37.0%	38.5%	↑
WPM				34.4%	36.8%	↓
MARR				31.7%	35.4%	

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

### **Description**

The percentage of members 3 – 17 years of age who had an outpatient visit with a primary care provider or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement year.

1. Body mass index (BMI) percentile documentation\*
2. Counseling for nutrition
3. Counseling for physical activity

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

### **Rationale**

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

*Centers for Medicare & Medicaid Services. Retrieved from [https://cmit.cms.gov/CMIT\\_public/ViewMeasure?MeasureId=2509](https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=2509)*

### **Summary of Changes to HEDIS MY 2023:**

- Revised the optional exclusion for pregnant members to be a required exclusion.
- Replaced the reference to “female members” with “members” in the required exclusions.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	74.5%	80.1%	80.3%	80.3%	82.4%	↑
CFCHP	78.9%	69.3%	73.9%	81.1%	84.2%	↑
JMS	96.4%	94.3%	95.2%	93.4%	93.3%	↑
KPMAS	99.0%	95.0%	95.9%	99.0%	96.4%	↑
MPC	62.0%	71.5%	75.2%	84.9%	87.6%	↑
MSFC	88.9%	80.2%	81.4%	78.7%	73.3%	↓
PPMCO	72.3%	47.9%	50.9%	70.1%	62.5%	↓
UHC	77.6%	71.1%	77.4%	77.4%	80.3%	↑
WPM	71.8%	78.5%	77.4%	73.9%	76.2%	↓
MARR	80.1%	76.4%	73.6%	82.1%	81.8%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	74.2%	76.6%	80.6%	79.6%	78.0%	↑
CFCHP	79.1%	67.4%	69.7%	69.7%	73.7%	↑
JMS	95.1%	97.2%	96.6%	94.3%	89.2%	↑
KPMAS	100.0%	100.0%	98.0%	99.0%	97.2%	↑
MPC	63.2%	68.6%	69.6%	76.6%	75.7%	↑
MSFC	82.6%	72.6%	77.5%	71.0%	62.3%	↓
PPMCO	69.6%	38.7%	44.8%	61.3%	56.2%	↓
UHC	75.7%	70.3%	77.1%	73.2%	75.2%	↑
WPM	77.6%	77.3%	74.9%	70.0%	73.0%	↑
MARR	79.7%	74.3%	70.7%	77.2%	75.6%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	69.4%	72.3%	78.7%	75.9%	77.6%	↑
CFCHP	75.0%	65.2%	64.4%	70.0%	70.1%	↑
JMS	94.6%	97.2%	96.6%	93.4%	85.0%	↑
KPMAS	100.0%	100.0%	98.0%	99.0%	97.2%	↑
MPC	60.2%	65.5%	66.4%	73.2%	74.0%	↑
MSFC	78.1%	68.8%	73.3%	66.8%	56.9%	↓
PPMCO	65.0%	32.4%	40.2%	58.6%	52.6%	↓
UHC	72.3%	65.7%	74.0%	68.9%	70.3%	↑
WPM	70.6%	72.1%	68.6%	68.3%	70.3%	↑
MARR	76.1%	71.0%	67.4%	74.9%	72.7%	

## **Topical Fluoride for Children (TFC)**

### **Description**

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

### **Rationale**

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

*Vital Signs: Dental Sealant Use and Untreated Tooth Decay Among U.S. School-Aged Children / MMWR. Retrieved from [cdc.gov](https://www.cdc.gov).*

### **Summary of Changes to HEDIS MY 2023:**

- This is a first-year measure.

<b>Topical Fluoride for Children (TFC)</b>					
<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>ABH</b>					1.9%
<b>CFCHP</b>					1.9%
<b>JMS</b>					0.1%
<b>KPMAS</b>					0.0%
<b>MPC</b>					0.8%
<b>MSFC</b>					0.9%
<b>PPMCO</b>					0.4%
<b>UHC</b>					1.1%
<b>WPM</b>					1.6%
<b>MARR</b>					1.0%

## Respiratory Conditions

### Asthma Medication Ratio (AMR)

#### Description

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

#### Rationale

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

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

#### Summary of Changes to HEDIS MY 2023:

- Added instructions to report rates stratified by race and ethnicity for each product line.
- Clarified in the “Event/diagnosis” criteria that required exclusions are not a step.
- Added a required exclusion for members who died during the measurement year.
- Removed “Dyphylline Guaifenesin Medications Lists” from the Asthma Controller Medications table.
- Added new data elements tables for race and ethnicity stratification reporting.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the Note from the “Event/diagnosis” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Asthma Medication Ratio (AMR), Total						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	69.9%	63.3%	56.2%	56.0%	↓
CFCHP	57.8%	61.3%	71.2%	75.8%	79.1%	↑
JMS	76.8%	76.6%	74.4%	68.6%	77.3%	↑
KPMAS	77.3%	76.9%	86.6%	98.1%	98.7%	↑
MPC	58.5%	63.6%	64.7%	71.4%	74.6%	↑
MSFC	63.8%	66.9%	68.2%	65.4%	58.2%	↓
PPMCO	60.3%	68.1%	67.6%	67.3%	76.7%	↑
UHC	62.4%	64.0%	58.3%	56.8%	56.6%	↓
WPM	63.6%	70.1%	69.1%	66.9%	52.1%	↓
MARR	65.1%	68.6%	69.3%	69.6%	69.9%	

## Appropriate Testing for Pharyngitis (CWP)

### Description

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

### Rationale

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

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

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

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the Note from the “Event/diagnosis” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Appropriate Testing for Pharyngitis (CWP)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	85.9%	83.1%	68.6%	72.4%	80.1%	↑
CFCHP	83.4%	81.0%	70.1%	67.7%	75.7%	↓
JMS	74.3%	70.4%	57.0%	75.7%	85.5%	↑
KPMAS	78.9%	70.5%	37.8%	78.9%	91.3%	↑
MPC	86.0%	85.6%	79.1%	81.6%	87.3%	↑
MSFC	88.0%	86.3%	75.8%	72.4%	64.5%	↓
PPMCO	84.4%	82.6%	72.1%	72.2%	73.7%	↓
UHC	87.1%	84.8%	76.0%	78.3%	85.5%	↑
WPM	85.2%	82.3%	71.1%	74.7%	71.5%	↓
MARR	83.7%	80.7%	67.5%	74.9%	79.4%	



## **Pharmacotherapy Management of COPD Exacerbation (PCE)**

### **Description**

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

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

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

### **Rationale**

While other major causes of death have been decreasing, COPD mortality has risen, making it the fourth leading cause of death in the United States. COPD is characterized by airflow limitation that is not fully reversible, is usually progressive, and is associated with an abnormal inflammatory response of the lung to noxious particles or gases. COPD 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 2023:**

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the first bulleted Note from the “Event/diagnosis” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

**Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	90.2%	73.0%	90.3%	86.1%	86.5%	↑
<b>CFCHP</b>	85.5%	80.9%	88.3%	84.8%	90.7%	↑
<b>JMS</b>	87.9%	90.4%	88.6%	87.7%	89.3%	↑
<b>KPMAS</b>	91.5%	93.6%	98.2%	91.9%	91.9%	↑
<b>MPC</b>	87.4%	84.9%	88.0%	87.0%	87.6%	↑
<b>MSFC</b>	90.2%	87.4%	91.5%	96.5%	94.1%	↑
<b>PPMCO</b>	83.2%	81.0%	88.4%	86.4%	89.7%	↑
<b>UHC</b>	79.5%	86.0%	78.7%	78.1%	80.8%	↓
<b>WPM</b>	84.3%	85.4%	89.4%	87.8%	90.2%	↑
<b>MARR</b>	86.6%	84.7%	89.0%	87.4%	89.0%	

**Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	77.0%	70.3%	82.3%	74.4%	86.5%	↑
<b>CFCHP</b>	73.5%	75.2%	82.7%	68.2%	76.2%	↑
<b>JMS</b>	66.5%	60.4%	60.5%	54.8%	67.3%	↓
<b>KPMAS</b>	93.6%	100.0%	96.4%	87.1%	89.2%	↑
<b>MPC</b>	72.6%	70.5%	71.4%	66.9%	73.3%	↑
<b>MSFC</b>	71.1%	71.7%	72.4%	80.2%	77.0%	↑
<b>PPMCO</b>	67.2%	68.3%	73.1%	65.5%	72.1%	↑
<b>UHC</b>	64.3%	70.8%	66.4%	66.7%	69.1%	↓
<b>WPM</b>	64.6%	65.0%	66.1%	75.1%	71.2%	↑
<b>MARR</b>	72.3%	72.5%	74.6%	71.0%	75.8%	

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

### Description

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

### Rationale

Spirometry is a simple test that measures the amount of air a person can breathe out and the amount of time it takes to do so. Both symptomatic and asymptomatic patients suspected of COPD should have spirometry performed to establish airway limitation and severity. Though several scientific guidelines and specialty societies recommend 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 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the Note from the “Event/diagnosis” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	NA	NA	23.6%	23.2%	↓
CFCHP	23.6%	20.5%	25.4%	17.8%	15.5%	↓
JMS	13.0%	10.5%	7.7%	27.8%	17.0%	↓
KPMAS	35.1%	48.4%	32.8%	35.8%	59.6%	↑
MPC	28.4%	28.2%	26.3%	21.7%	24.1%	↑
MSFC	35.2%	30.0%	24.8%	16.9%	21.2%	↓
PPMCO	27.3%	29.4%	23.1%	21.5%	24.7%	↑
UHC	25.7%	28.4%	21.6%	17.7%	22.5%	↓
WPM	29.8%	30.0%	21.3%	21.7%	18.4%	↓
MARR	27.3%	28.2%	22.9%	22.7%	25.1%	

## **Cardiovascular Conditions**

### **Controlling High Blood Pressure (CBP)**

#### **Description**

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

#### **Rationale**

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

*United States Preventive Services Task Force. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening>*

#### **Summary of Changes to HEDIS MY 2023:**

- Added a required exclusion for members who died during the measurement year.
- Replaced the reference of “female members” to “members” in the required exclusions.
- Added a direct reference code for palliative care.
- Revised the optional exclusions to be required exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

**Controlling High Blood Pressure (CBP)**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	TB <sup>1</sup>	46.7%	57.9%	60.1%	55.4%	↓
<b>CFCHP</b>	TB <sup>1</sup>	49.9%	65.7%	56.7%	65.7%	↑
<b>JMS</b>	TB <sup>1</sup>	67.2%	67.2%	65.2%	65.7%	↑
<b>KPMAS</b>	TB <sup>1</sup>	76.2%	74.3%	73.8%	74.7%	↑
<b>MPC</b>	TB <sup>1</sup>	59.4%	54.7%	66.9%	69.8%	↑
<b>MSFC</b>	TB <sup>1</sup>	54.5%	41.3%	44.3%	56.7%	↓
<b>PPMCO</b>	TB <sup>1</sup>	33.3%	54.5%	57.4%	54.7%	↓
<b>UHC</b>	TB <sup>1</sup>	54.7%	61.1%	60.1%	63.3%	↓
<b>WPM</b>	TB <sup>1</sup>	50.6%	56.0%	55.2%	62.0%	↓
<b>MARR</b>		54.7%	59.2%	60.0%	63.1%	

TB<sup>1</sup> Trending break for MY2020, results cannot be compared to the prior year benchmarks.

## **Cardiac Rehabilitation (CRE)**

### **Description**

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

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

### **Rationale**

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

*National Heart, Lung, and Blood Institute.*

Retrieved from <https://www.nhlbi.nih.gov/health-topics/cardiac-rehabilitation>

### **Summary of Changes to HEDIS MY 2023:**

- Clarified in the “Event/diagnosis” criteria that required exclusions are not a step.
- Added a required exclusion for members who died during the measurement year.
- Added a direct reference code for palliative care.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

### Cardiac Rehabilitation - Achievement (CRE)

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		0.0%	1.8%	2.0%	6.3%	↑
CFCHP		0.0%	1.8%	0.0%	0.8%	↓
JMS		0.0%	0.0%	1.4%	0.0%	↓
KPMAS		0.0%	0.0%	0.0%	1.1%	↓
MPC		1.7%	0.7%	1.0%	2.6%	↑
MSFC		0.0%	0.0%	0.0%	0.0%	↓
PPMCO		1.2%	1.0%	2.1%	2.5%	↑
UHC		0.8%	1.2%	1.8%	0.6%	↓
WPM		0.3%	0.6%	1.6%	2.9%	↑
MARR		0.4%	0.8%	1.1%	1.8%	

### Cardiac Rehabilitation - Engagement1 (CRE)

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		2.1%	3.6%	4.1%	6.3%	↑
CFCHP		1.9%	3.7%	0.0%	4.6%	↓
JMS		0.0%	1.2%	1.4%	0.0%	↓
KPMAS		0.0%	0.0%	0.0%	0.0%	↓
MPC		3.7%	2.4%	2.6%	2.9%	↓
MSFC		0.0%	0.0%	0.0%	0.0%	↓
PPMCO		2.4%	3.0%	3.2%	2.7%	↓
UHC		1.5%	3.1%	3.6%	2.7%	↓
WPM		1.4%	1.4%	1.6%	4.6%	↓
MARR		1.4%	2.0%	1.8%	2.6%	

### Cardiac Rehabilitation - Engagement2 (CRE)

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		4.2%	3.6%	2.0%	8.3%	↑
CFCHP		1.9%	5.5%	0.0%	3.8%	↓
JMS		0.0%	0.0%	1.4%	1.3%	↓
KPMAS		0.0%	0.0%	0.0%	1.1%	↓
MPC		3.1%	2.4%	2.8%	3.6%	↓
MSFC		0.0%	0.0%	0.0%	0.0%	↓
PPMCO		2.0%	2.8%	3.7%	4.7%	↑
UHC		1.5%	3.5%	4.8%	4.4%	↑
WPM		1.0%	0.8%	3.6%	5.8%	↑
MARR		1.5%	2.1%	2.1%	3.7%	

**Cardiac Rehabilitation - Initiation (CRE)**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>		0.0%	0.0%	0.0%	0.0%	↓
<b>CFCHP</b>		0.0%	1.8%	0.0%	3.8%	↓
<b>JMS</b>		0.0%	0.0%	0.0%	0.0%	↓
<b>KPMAS</b>		0.0%	0.0%	0.0%	0.0%	↓
<b>MPC</b>		2.3%	1.0%	0.5%	1.3%	↓
<b>MSFC</b>		0.0%	0.4%	0.7%	0.0%	↓
<b>PPMCO</b>		1.2%	2.2%	2.4%	0.3%	↓
<b>UHC</b>		0.8%	2.3%	2.4%	1.1%	↓
<b>WPM</b>		0.7%	0.8%	0.0%	1.7%	↓
<b>MARR</b>		0.5%	1.0%	0.7%	0.9%	



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

### **Description**

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

### **Rationale**

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

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

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

### **Summary of Changes to HEDIS MY 2023:**

- Added a required exclusion for members who died during the measurement year.
- Revised optional exclusions to be required exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the Note from the “Event/diagnosis” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	NA	
<b>CFCHP</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	NA	
<b>JMS</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	NA	
<b>KPMAS</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	NA	
<b>MPC</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	65.2%	↑
<b>MSFC</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	66.7%	↑
<b>PPMCO</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	40.7%	↓
<b>UHC</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	NA	
<b>WPM</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	45.7%	↓
<b>MARR</b>					54.6%	

TB<sup>1</sup> Trending break for MY2023, results cannot be compared to the prior year benchmarks.

## **Statin Therapy for Patients with Cardiovascular Disease (SPC)**

### **Description**

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

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2023:**

- Clarified in the “Event/diagnosis” criteria that required exclusions are not a step.
- Replaced the reference to “female members” with “members” in the pregnancy-required exclusion.
- Added a required exclusion for members who died during the measurement year.
- Added a direct reference code for palliative care.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	82.4%	81.5%	81.0%	83.7%	↑
CFCHP	79.2%	78.7%	77.6%	77.5%	80.8%	↑
JMS	85.0%	83.5%	87.2%	83.9%	90.5%	↑
KPMAS	92.5%	89.6%	87.2%	85.9%	89.8%	↑
MPC	76.9%	79.3%	79.6%	77.7%	79.4%	↑
MSFC	80.7%	81.9%	82.0%	81.1%	84.7%	↑
PPMCO	79.0%	78.7%	81.1%	79.9%	81.2%	↑
UHC	77.4%	77.7%	78.3%	77.9%	78.7%	↓
WPM	77.4%	77.7%	76.2%	77.9%	78.9%	↓
MARR	81.0%	81.0%	81.2%	80.3%	83.1%	

### Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	71.4%	60.0%	49.2%	53.1%	↓
CFCHP	62.0%	69.7%	66.4%	72.0%	70.0%	↓
JMS	55.1%	47.7%	50.3%	53.1%	54.4%	↓
KPMAS	64.4%	62.6%	66.5%	67.7%	62.9%	↓
MPC	64.7%	65.7%	64.5%	68.2%	71.8%	↑
MSFC	64.8%	73.0%	73.1%	73.0%	69.6%	↓
PPMCO	56.4%	59.8%	54.9%	57.1%	61.8%	↓
UHC	57.7%	69.3%	67.0%	67.4%	65.0%	↓
WPM	66.9%	63.2%	57.8%	60.1%	57.5%	↓
MARR	61.5%	64.7%	62.3%	63.1%	62.9%	

## Diabetes

Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications.

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

*The 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>.*

### **Blood Pressure Control for Patients with Diabetes (BPD)**

#### **Description**

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

#### **Summary of Changes to HEDIS MY 2023:**

- Added a required exclusion for members who died during the measurement year.
- Added a direct reference code for palliative care.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Blood Pressure Control for Patients With Diabetes (BPD)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	TB <sup>1</sup>	45.0%	57.4%	58.2%	61.1%	↓
CFCHP	TB <sup>1</sup>	57.7%	58.6%	63.3%	65.9%	↓
JMS	TB <sup>1</sup>	70.8%	72.1%	71.5%	74.0%	↑
KPMAS	TB <sup>1</sup>	71.8%	77.4%	78.1%	78.8%	↑
MPC	TB <sup>1</sup>	55.2%	56.0%	71.5%	74.5%	↑
MSFC	TB <sup>1</sup>	57.1%	25.9%	56.0%	61.8%	↓
PPMCO	TB <sup>1</sup>	34.8%	56.0%	58.4%	58.4%	↓
UHC	TB <sup>1</sup>	57.9%	60.8%	63.5%	65.5%	↓
WPM	TB <sup>1</sup>	52.8%	53.3%	51.6%	60.3%	↓
MARR		55.9%	57.5%	63.6%	66.7%	

TB<sup>1</sup> Trending break for MY2020, results cannot be compared to the prior year benchmarks.

## Eye Exam for Patients With Diabetes (EED)

### Description

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

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Added a direct reference code for palliative care.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Added a note to clarify that an eye exam result documented as “unknown” does not meet criteria.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Eye Exam for Patients With Diabetes (EED)						
Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	33.6%	38.7%	35.3%	35.8%	44.5%	↓
<b>CFCHP</b>	40.6%	42.3%	37.5%	45.7%	50.1%	↓
<b>JMS</b>	65.5%	57.1%	50.6%	64.0%	60.4%	↑
<b>KPMAS</b>	86.0%	82.1%	84.9%	85.2%	85.8%	↑
<b>MPC</b>	46.2%	46.5%	47.9%	50.6%	58.9%	↑
<b>MSFC</b>	63.3%	59.1%	49.0%	45.5%	50.4%	↓
<b>PPMCO</b>	50.6%	44.0%	53.0%	51.8%	41.6%	↓
<b>UHC</b>	51.3%	49.6%	45.0%	50.9%	56.0%	↑
<b>WPM</b>	54.7%	46.0%	49.6%	48.4%	52.6%	↓
<b>MARR</b>	54.7%	51.7%	50.3%	53.1%	55.6%	

## Hemoglobin A1c Control for Patients with Diabetes (HBD)

### Description

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

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

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

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Added a direct reference code for palliative care.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Hemoglobin A1c Control for Patients With Diabetes (HBD), Control (<8.0%)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	49.6%	47.0%	52.8%	55.7%	58.0%	↑
CFCHP	57.9%	51.8%	54.0%	54.0%	63.8%	↑
JMS	65.0%	56.6%	59.5%	62.3%	60.3%	↑
KPMAS	63.8%	56.8%	62.0%	59.0%	60.5%	↑
MPC	54.3%	48.2%	57.4%	56.0%	60.1%	↑
MSFC	57.5%	53.9%	56.6%	61.6%	60.6%	↑
PPMCO	47.7%	41.9%	55.2%	56.7%	53.5%	↓
UHC	52.8%	47.9%	53.0%	55.2%	56.0%	↑
WPM	51.8%	55.0%	55.7%	55.2%	58.4%	↑
MARR	55.6%	51.0%	56.3%	57.3%	59.0%	

**Hemoglobin A1c Control for Patients With Diabetes (HBD), Poor Control (>9.0%)**

<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>NHM</b>
<b>ABH</b>	38.7%	45.3%	35.5%	38.0%	34.2%	↓
<b>CFCHP</b>	33.6%	38.9%	38.7%	38.0%	29.0%	↓
<b>JMS</b>	27.3%	35.7%	28.4%	29.2%	31.9%	↓
<b>KPMAS</b>	26.0%	31.7%	29.2%	30.7%	29.1%	↓
<b>MPC</b>	36.0%	43.6%	32.4%	32.9%	29.2%	↓
<b>MSFC</b>	33.0%	34.2%	34.6%	30.7%	31.4%	↓
<b>PPMCO</b>	42.6%	51.1%	35.3%	32.4%	35.3%	↓
<b>UHC</b>	37.5%	41.9%	39.7%	36.3%	34.6%	↓
<b>WPM</b>	38.2%	37.2%	37.5%	37.2%	32.6%	↓
<b>MARR</b>	34.8%	39.9%	34.6%	33.9%	31.9%	



## **Kidney Health Evaluation for Patients with Diabetes (KED)**

### **Description**

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

### **Rationale**

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

*National Kidney Foundation.*

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

### **Summary of Changes to HEDIS MY 2023:**

- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.
- Added a required exclusion for members who died during the measurement year.
- Added a direct reference code for palliative care.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>						
<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>NHM</b>
<b>ABH</b>		31.5%	34.0%	36.2%	37.1%	↓
<b>CFCHP</b>		34.2%	37.3%	35.4%	38.8%	↑
<b>JMS</b>		66.2%	57.8%	64.7%	58.7%	↑
<b>KPMAS</b>		72.4%	77.8%	79.3%	78.3%	↑
<b>MPC</b>		32.0%	35.1%	37.0%	39.1%	↑
<b>MSFC</b>		47.0%	49.4%	44.8%	41.0%	↑
<b>PPMCO</b>		29.8%	33.5%	35.3%	37.6%	↓
<b>UHC</b>		34.0%	40.1%	40.2%	42.2%	↑
<b>WPM</b>		33.9%	39.1%	39.7%	42.0%	↑
<b>MARR</b>		42.3%	44.9%	45.8%	46.1%	

## **Statin Therapy for Patients with Diabetes (SPD)**

### **Description**

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

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2023:**

- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.
- Replaced the reference to “female members” with “members” in the required exclusions.
- Added a required exclusion for members who died during the measurement year.
- Simplified the required exclusion language for cardiovascular events and diagnoses.
- Added a direct reference code for palliative care.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the Note from the “Event/diagnosis” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

**Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	58.8%	59.5%	61.2%	60.0%	↓
<b>CFCHP</b>	59.8%	62.9%	64.2%	65.2%	63.5%	↓
<b>JMS</b>	67.2%	69.0%	70.3%	72.9%	75.2%	↑
<b>KPMAS</b>	82.3%	78.3%	77.7%	75.6%	75.5%	↑
<b>MPC</b>	61.2%	62.4%	63.0%	62.0%	61.9%	↓
<b>MSFC</b>	65.7%	65.9%	67.1%	65.8%	64.1%	↑
<b>PPMCO</b>	62.5%	63.5%	63.8%	62.6%	64.3%	↑
<b>UHC</b>	62.4%	61.1%	68.1%	66.9%	67.0%	↑
<b>WPM</b>	63.9%	65.0%	66.7%	64.9%	65.7%	↑
<b>MARR</b>	65.6%	65.2%	66.7%	66.3%	66.4%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	53.6%	53.4%	48.9%	47.8%	↓
<b>CFCHP</b>	56.9%	61.3%	62.6%	66.6%	63.0%	↓
<b>JMS</b>	49.0%	50.8%	47.9%	52.7%	50.9%	↓
<b>KPMAS</b>	59.4%	57.5%	57.8%	61.0%	64.1%	↓
<b>MPC</b>	61.5%	62.9%	60.4%	61.7%	64.0%	↓
<b>MSFC</b>	54.4%	66.1%	69.1%	71.4%	70.1%	↑
<b>PPMCO</b>	49.9%	56.2%	47.6%	49.6%	56.5%	↓
<b>UHC</b>	54.9%	63.9%	64.6%	63.7%	64.2%	↓
<b>WPM</b>	60.9%	55.0%	50.1%	51.0%	51.3%	↓
<b>MARR</b>	55.9%	58.6%	57.0%	58.5%	59.1%	

## Behavioral Health

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

#### **Description**

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

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

#### **Rationale**

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

*American Psychiatric Association.*

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

#### **Summary of Changes to HEDIS MY 2023:**

- Added instructions for calculating covered days.
- Replaced “discharge date” with “admission date” in step 4 of the event/diagnosis in both Rate 1 and Rate 2.
- Modified medication lists to make them compatible with digital measure formatting.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	NA	NA	NA	NA	
<b>CFCHP</b>	NA	NA	NA	NA	NA	
<b>JMS</b>	NA	NA	NA	NA	NA	
<b>KPMAS</b>	NA	NA	NA	NA	23.5%	↓
<b>MPC</b>	25.2%	24.8%	16.5%	24.7%	31.0%	↓
<b>MSFC</b>	NA	0.0%	0.0%	0.0%	0.0%	↓
<b>PPMCO</b>	29.3%	27.7%	26.2%	30.0%	29.9%	↓
<b>UHC</b>	22.6%	32.1%	29.8%	40.6%	39.2%	↓
<b>WPM</b>	24.7%	21.4%	11.1%	17.2%	28.4%	↓
<b>MARR</b>	25.4%	21.2%	16.7%	22.5%	25.3%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	NA	NA	NA	NA	
<b>CFCHP</b>	36.6%	NA	15.9%	41.2%	32.6%	↓
<b>JMS</b>	NA	NA	NA	NA	17.6%	↓
<b>KPMAS</b>	33.8%	36.7%	48.5%	47.0%	46.7%	↑
<b>MPC</b>	25.4%	26.9%	19.7%	26.1%	30.5%	↓
<b>MSFC</b>	0.0%	0.0%	0.0%	0.0%	0.0%	↓
<b>PPMCO</b>	27.5%	29.3%	24.3%	30.0%	30.3%	↓
<b>UHC</b>	21.3%	37.7%	32.3%	39.0%	35.3%	↓
<b>WPM</b>	27.1%	28.0%	20.7%	21.7%	27.7%	↓
<b>MARR</b>	24.5%	26.4%	23.0%	29.3%	27.6%	

## **Antidepressant Medication Management (AMM)**

### **Description**

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

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

### **Rationale**

Major depression can lead to serious impairment in daily functioning, including changes 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 2023:**

- Revised age criteria to require 18 years and older as of the IPSD.
- Added a required exclusion for members who died during the measurement year.
- Revised the "Other" criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the "Required exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the Note from the "Event/diagnosis" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

**Antidepressant Medication Management (AMM), Acute Phase**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	NA	NA	NA	NA	
<b>CFCHP</b>	NA	NA	NA	NA	NA	
<b>JMS</b>	NA	NA	NA	NA	45.8%	↓
<b>KPMAS</b>	41.3%	34.0%	41.2%	37.0%	37.3%	↓
<b>MPC</b>	NA	NA	NA	NA	51.7%	↓
<b>MSFC</b>	NA	NA	NA	2.2%	NA	
<b>PPMCO</b>	47.5%	45.1%	51.1%	50.2%	39.2%	↓
<b>UHC</b>	NA	NA	NA	74.6%	50.4%	↓
<b>WPM</b>	NA	NA	NA	56.3%	44.0%	↓
<b>MARR</b>	44.4%	39.6%	46.2%	44.0%	44.7%	

**Antidepressant Medication Management (AMM), Continuation Phase**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	NA	NA	NA	NA	
<b>CFCHP</b>	NA	NA	NA	NA	NA	
<b>JMS</b>	NA	NA	NA	NA	28.0%	↓
<b>KPMAS</b>	25.9%	18.3%	24.6%	22.9%	24.9%	↓
<b>MPC</b>	NA	NA	NA	NA	36.3%	↓
<b>MSFC</b>	NA	NA	NA	0.0%	NA	
<b>PPMCO</b>	31.8%	28.2%	34.2%	32.2%	23.4%	↓
<b>UHC</b>	NA	NA	NA	63.9%	32.0%	↓
<b>WPM</b>	NA	NA	NA	43.8%	26.5%	↓
<b>MARR</b>	28.8%	23.2%	29.4%	32.5%	28.5%	

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

### Description

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

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

### Rationale

Antipsychotic medication prescribing has increased in children and adolescents. Antipsychotic medication can increase a child’s risk 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 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	NA	NA	NA	
JMS	NA	NA	NA	NA	NA	
KPMAS	NA	NA	75.0%	61.5%	70.7%	↑
MPC	NA	NA	NA	NA	66.0%	↑
MSFC	NA	NA	NA	NA	NA	
PPMCO	65.9%	50.5%	51.7%	58.0%	58.5%	↑
UHC	NA	NA	60.2%	59.3%	65.2%	↑
WPM	NA	NA	NA	NA	NA	
MARR	65.9%	50.5%	62.3%	59.6%	65.1%	



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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	NA	NA	NA	NA	
<b>CFCHP</b>	NA	NA	NA	NA	NA	
<b>JMS</b>	NA	NA	NA	NA	NA	
<b>KPMAS</b>	NA	NA	88.9%	71.8%	80.5%	↑
<b>MPC</b>	NA	NA	NA	NA	80.5%	↑
<b>MSFC</b>	NA	NA	NA	NA	NA	
<b>PPMCO</b>	76.1%	61.4%	64.1%	69.7%	71.2%	↑
<b>UHC</b>	NA	NA	69.6%	72.7%	75.0%	↑
<b>WPM</b>	NA	NA	NA	NA	NA	
<b>MARR</b>	76.1%	61.4%	74.2%	71.4%	76.8%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	NA	NA	NA	NA	
<b>CFCHP</b>	NA	NA	NA	NA	NA	
<b>JMS</b>	NA	NA	NA	NA	NA	
<b>KPMAS</b>	NA	NA	75.0%	64.1%	70.7%	↑
<b>MPC</b>	NA	NA	NA	NA	67.6%	↑
<b>MSFC</b>	NA	NA	NA	NA	NA	
<b>PPMCO</b>	67.0%	51.9%	53.8%	59.1%	59.6%	↑
<b>UHC</b>	NA	NA	62.2%	60.7%	66.2%	↑
<b>WPM</b>	NA	NA	NA	NA	NA	
<b>MARR</b>	67.0%	51.9%	63.7%	61.3%	66.0%	

## Diagnosed Mental Health Disorders (DMH)

### Description

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

### Rationale

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

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Diagnosed Mental Health Disorders (DMH), Total						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH				14.5%	15.3%	↓
CFCHP				23.0%	23.5%	↓
JMS				18.7%	30.9%	↑
KPMAS				15.6%	15.6%	↓
MPC				19.7%	20.6%	↓
MSFC				16.5%	14.2%	↓
PPMCO				19.3%	19.8%	↓
UHC				25.9%	26.3%	↓
WPM				14.6%	15.5%	↓
MARR				18.6%	20.2%	

## Diagnosed Substance Use Disorders (DSU)

### Description

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

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

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

### Rationale

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

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Diagnosed Substance Use Disorders (DSU), Total						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH				4.6%	4.7%	↓
CFCHP				6.8%	6.2%	↓
JMS				10.4%	11.5%	↑
KPMAS				2.2%	2.0%	↓
MPC				5.9%	6.2%	↓
MSFC				4.4%	3.6%	↓
PPMCO				4.8%	4.7%	↓
UHC				6.5%	6.4%	↓
WPM				3.8%	3.9%	↓
MARR				5.5%	5.5%	

## **Pharmacotherapy for Opioid Use Disorder (POD)**

### **Description**

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2023:**

- Revised age criteria to 16 years and older as of the treatment period start date.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Added guidance to identify start and end dates for OUD dispensing events and OUD medication administration events in step 3 of the event/diagnosis.
- Added a required exclusion for members who died during the measurement year.
- Added new data elements tables for race and ethnicity stratification reporting.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

<b>Pharmacotherapy for Opioid Use Disorder (POD), Total</b>						
<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>NHM</b>
<b>ABH</b>	NA	NA	NA	0.0%	NA	
<b>CFCHP</b>	NA	NA	NA	NA	NA	
<b>JMS</b>	NA	0.0%	NA	NA	15.9%	↓
<b>KPMAS</b>	NA	NA	NA	NA	NA	
<b>MPC</b>	0.0%	1.6%	8.1%	1.4%	25.6%	↑
<b>MSFC</b>	NA	NA	NA	0.0%	NA	
<b>PPMCO</b>	13.6%	13.6%	22.4%	16.3%	15.3%	↓
<b>UHC</b>	NA	0.0%	35.3%	43.5%	23.3%	↓
<b>WPM</b>	NA	0.0%	10.7%	5.1%	13.8%	↓
<b>MARR</b>	6.8%	3.0%	19.5%	11.0%	18.8%	

## Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

### Description

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

### Rationale

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

*National Center for Biotechnology Information.*

*Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805432/>*

### Summary of Changes to HEDIS MY 2023:

- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Clarified in the “Event/diagnosis” criteria that required exclusions are not a step.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Removed the Note from the “Eligible population” and “Numerator” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	NA	NA	NA	
JMS	NA	NA	NA	NA	43.7%	↓
KPMAS	NA	NA	52.4%	41.9%	35.6%	↓
MPC	NA	NA	NA	NA	60.2%	↓
MSFC	NA	NA	NA	NA	NA	
PPMCO	55.4%	49.0%	54.4%	32.7%	41.4%	↓
UHC	NA	NA	72.1%	63.0%	67.6%	↑
WPM	NA	NA	NA	NA	NA	
MARR	55.4%	49.0%	59.6%	45.9%	49.7%	

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

### Description

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

### Rationale

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

*The National Center for Biotechnology Information.*

Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4376086/>

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	NA	NA	NA	
JMS	NA	NA	NA	NA	NA	
KPMAS	NA	NA	NA	NA	NA	
MPC	NA	NA	NA	78.1%	NA	
MSFC	NA	NA	NA	NA	NA	
PPMCO	77.4%	76.7%	78.4%	66.7%	75.0%	↓
UHC	NA	NA	NA	NA	NA	
WPM	NA	NA	NA	NA	NA	
MARR	77.4%	76.7%	78.4%	72.4%	75.0%	

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

### **Description**

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

### **Rationale**

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

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

*The National Center for Biotechnology Information.*

*Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3193776/>*

### **Summary of Changes to HEDIS MY 2023:**

- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes to be required exclusions.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	NA	NA	NA	NA	NA	
<b>CFCHP</b>	NA	NA	NA	75.0%	78.3%	↑
<b>JMS</b>	89.1%	67.7%	NA	NA	86.7%	↑
<b>KPMAS</b>	NA	NA	NA	NA	NA	
<b>MPC</b>	62.5%	60.6%	58.4%	71.8%	77.6%	↑
<b>MSFC</b>	62.7%	57.1%	60.3%	63.6%	60.8%	↓
<b>PPMCO</b>	62.0%	60.7%	65.4%	61.2%	65.1%	↓
<b>UHC</b>	75.7%	68.8%	73.5%	72.0%	68.4%	↓
<b>WPM</b>	70.2%	67.3%	63.1%	70.6%	69.8%	↓
<b>MARR</b>	70.4%	63.7%	64.2%	69.0%	72.4%	



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

**Description**

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

**Rationale**

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

*The National Center for Biotechnology Information.*

Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6718373/>

**Summary of Changes to HEDIS MY 2023:**

- Clarified in the “Event/diagnosis” criteria that required exclusions are not a step.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	NA	NA	NA	
JMS	NA	NA	NA	NA	95.2%	↑
KPMAS	90.6%	80.8%	88.4%	94.2%	96.9%	↑
MPC	96.1%	NA	93.2%	94.3%	91.2%	↑
MSFC	NA	NA	83.5%	NA	NA	
PPMCO	88.7%	84.6%	86.3%	84.9%	86.4%	↑
UHC	NA	NA	74.9%	71.6%	88.0%	↑
WPM	91.2%	NA	92.1%	88.9%	85.5%	↑
MARR	91.6%	82.7%	86.4%	86.8%	90.5%	

## Overuse/Appropriateness

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

#### Description

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

#### Rationale

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

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

*Centers for Disease Control and Prevention.*

Retrieved from <https://www.cdc.gov/antibiotic-use/index.html>

#### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	60.5%	57.3%	56.8%	57.9%	59.5%	↓
CFCHP	49.8%	48.6%	47.0%	60.1%	57.6%	↓
JMS	62.8%	60.6%	64.0%	68.1%	79.5%	↑
KPMAS	73.6%	71.4%	64.3%	80.4%	87.2%	↑
MPC	38.8%	46.0%	42.2%	52.5%	53.8%	↓
MSFC	44.5%	51.2%	54.7%	57.1%	56.3%	↓
PPMCO	50.8%	50.7%	46.4%	58.0%	58.4%	↓
UHC	46.3%	49.4%	51.3%	56.1%	56.8%	↓
WPM	48.8%	49.6%	52.2%	60.7%	60.3%	↓
MARR	52.9%	53.9%	53.2%	61.2%	63.3%	

## **Risk of Continued Opioid Use (COU)**

### **Description**

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

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

*Note: A lower rate indicates better performance.*

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2023:**

- Clarified in the “Event/diagnosis” criteria that required exclusions are not a step.
- Added a direct reference code for palliative care.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	6.3%	6.0%	4.6%	5.1%	4.6%	↓
CFCHP	7.9%	7.3%	5.4%	4.8%	4.4%	↓
JMS	13.6%	8.9%	7.9%	6.2%	7.2%	↑
KPMAS	6.7%	6.3%	3.3%	2.1%	2.0%	↓
MPC	10.8%	7.4%	6.8%	6.2%	6.6%	↑
MSFC	8.7%	4.0%	4.1%	3.7%	4.1%	↓
PPMCO	9.6%	9.0%	7.2%	6.1%	5.8%	↓
UHC	6.3%	6.3%	5.6%	5.3%	5.5%	↓
WPM	3.0%	3.3%	3.1%	3.7%	3.4%	↓
MARR	8.1%	6.5%	5.3%	4.8%	4.8%	

**Risk of Continued Opioid Use (COU), 31 Days, Total**

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	3.2%	3.3%	3.0%	3.5%	2.9%	↓
CFCHP	5.5%	4.8%	3.7%	3.4%	3.4%	↓
JMS	7.3%	7.3%	6.0%	3.9%	4.3%	↑
KPMAS	2.1%	1.8%	1.1%	0.8%	0.8%	↓
MPC	5.3%	4.6%	4.6%	3.8%	4.0%	↑
MSFC	3.6%	2.8%	2.3%	2.3%	2.6%	↓
PPMCO	4.6%	4.3%	3.6%	3.9%	3.6%	↓
UHC	4.1%	4.0%	3.5%	3.4%	4.0%	↑
WPM	2.1%	2.2%	2.1%	2.4%	2.3%	↓
MARR	4.2%	3.9%	3.3%	3.0%	3.1%	

## 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]  $\geq 90$  for  $\geq 15$  days during the measurement year.

*Note: A lower rate indicates better performance.*

### Rationale

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

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

### Summary of Changes for HEDIS MY 2023:

- Clarified that the measure is reported as the “percentage” of members.
- Added a direct reference code for palliative care.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Use of Opioids at High Dosage (HDO)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	3.2%	6.1%	6.7%	6.0%	6.1%	↓
CFCHP	14.4%	12.6%	10.5%	8.8%	10.5%	↑
JMS	4.8%	3.9%	3.8%	4.1%	3.4%	↓
KPMAS	4.1%	2.4%	1.6%	2.1%	0.8%	↓
MPC	14.8%	14.5%	13.3%	10.2%	8.0%	↑
MSFC	9.0%	7.9%	4.8%	4.4%	4.3%	↓
PPMCO	13.8%	13.3%	11.2%	11.9%	10.5%	↑
UHC	8.5%	7.9%	7.3%	7.3%	7.8%	↑
WPM	7.7%	7.0%	6.3%	5.5%	5.1%	↓
MARR	8.9%	8.4%	7.3%	6.7%	6.3%	

## 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 2023:

- Added a direct reference code for palliative care.
- Added a required exclusion for members who died during the measurement year.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Use of Imaging Studies for Low Back Pain (LBP)						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	77.5%	73.6%	↑
CFCHP	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	76.5%	72.6%	↑
JMS	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	84.0%	82.0%	↑
KPMAS	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	79.5%	78.9%	↑
MPC	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	80.6%	76.0%	↑
MSFC	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	75.8%	73.0%	↑
PPMCO	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	77.5%	80.0%	↑
UHC	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	78.9%	78.0%	↑
WPM	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	76.7%	74.9%	↑
MARR				78.6%	76.6%	

TB<sup>1</sup> Trending break for MY2022, results cannot be compared to the prior year benchmarks.

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

### **Description**

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

*Note: A lower rate indicates better performance.*

### **Rationale**

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

The USPSTF recommends against screening for cervical cancer in women younger than 21 years. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

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

### **Summary of Changes to HEDIS MY 2023:**

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

<b>Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)</b>						
<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>NHM</b>
<b>ABH</b>	1.0%	1.0%	0.5%	0.4%	0.3%	↓
<b>CFCHP</b>	0.6%	0.8%	0.6%	0.5%	0.5%	↑
<b>JMS</b>	0.4%	0.0%	0.1%	0.1%	0.1%	↓
<b>KPMAS</b>	0.0%	0.1%	0.0%	0.1%	0.1%	↓
<b>MPC</b>	0.8%	0.7%	0.5%	0.4%	0.3%	↓
<b>MSFC</b>	0.1%	0.0%	0.1%	0.0%	0.1%	↓
<b>PPMCO</b>	0.7%	0.6%	0.6%	0.6%	0.4%	↓
<b>UHC</b>	1.2%	1.1%	0.7%	0.6%	0.5%	↑
<b>WPM</b>	0.9%	0.6%	0.5%	0.4%	0.3%	↓
<b>MARR</b>	0.6%	0.5%	0.4%	0.3%	0.3%	

## **Use of Opioids from Multiple Providers (UOP)**

### **Description**

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

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

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

### **Rationale**

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

*NIH National Institute on Drug Abuse; Opioid Overdose Crisis-revised January 2019.*

*Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>*

### **Summary of Changes for HEDIS MY 2023:**

- Clarified that the measure is reported as the “percentage” of members.
- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.



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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	20.3%	5.3%	4.2%	4.1%	5.8%	↑
CFCHP	6.7%	5.7%	5.0%	3.4%	3.7%	↓
JMS	8.8%	7.1%	6.6%	5.8%	3.2%	↓
KPMAS	1.4%	1.7%	0.8%	0.9%	0.8%	↓
MPC	8.5%	5.5%	4.3%	3.2%	4.2%	↑
MSFC	7.5%	4.6%	5.1%	2.8%	2.9%	↓
PPMCO	9.1%	5.2%	14.1%	3.5%	4.8%	↑
UHC	5.3%	3.4%	2.4%	1.9%	3.1%	↓
WPM	6.8%	4.2%	3.8%	3.2%	2.9%	↓
MARR	8.3%	4.7%	5.1%	3.2%	3.5%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	26.7%	26.0%	25.3%	24.1%	24.2%	↑
CFCHP	26.6%	24.6%	22.5%	23.0%	21.9%	↑
JMS	20.4%	18.6%	19.5%	20.0%	18.4%	↓
KPMAS	27.7%	23.5%	26.6%	26.5%	27.9%	↑
MPC	20.2%	23.5%	24.2%	20.9%	21.6%	↑
MSFC	30.7%	26.5%	26.5%	25.5%	24.7%	↑
PPMCO	28.9%	26.3%	23.9%	25.0%	22.5%	↑
UHC	25.4%	24.2%	22.7%	19.9%	21.6%	↑
WPM	27.5%	25.1%	25.2%	23.2%	23.7%	↑
MARR	26.0%	24.3%	24.0%	23.1%	22.9%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	8.6%	3.7%	2.3%	2.6%	4.3%	↑
CFCHP	4.1%	3.2%	2.9%	2.2%	2.5%	↑
JMS	4.9%	3.4%	3.9%	2.8%	2.3%	↑
KPMAS	0.6%	1.0%	0.5%	0.6%	0.8%	↓
MPC	4.0%	3.0%	2.3%	2.0%	2.6%	↑
MSFC	4.8%	2.9%	3.5%	2.0%	2.0%	↓
PPMCO	5.8%	3.3%	6.5%	2.3%	3.0%	↑
UHC	3.2%	2.3%	1.4%	1.1%	2.1%	↓
WPM	4.2%	2.7%	2.3%	2.4%	2.2%	↓
MARR	4.5%	2.8%	2.8%	2.0%	2.4%	

## Appropriate Treatment for Upper Respiratory Infection (URI)

### Description

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

### Rationale

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

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

*Centers for Disease Control and Prevention.*

Retrieved from <https://www.cdc.gov/antibiotic-use/index.html>

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Appropriate Treatment for Upper Respiratory Infection (URI), Total						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	86.3%	87.3%	88.6%	89.0%	87.5%	↓
CFCHP	85.7%	85.9%	86.6%	87.8%	87.2%	↓
JMS	91.9%	91.6%	92.7%	92.6%	92.5%	↑
KPMAS	90.5%	91.7%	93.8%	95.2%	95.5%	↑
MPC	83.1%	86.0%	86.1%	87.9%	86.4%	↓
MSFC	87.9%	88.8%	90.5%	91.0%	87.5%	↓
PPMCO	90.3%	89.5%	90.1%	91.4%	88.9%	↑
UHC	87.4%	89.2%	90.5%	91.4%	88.9%	↑
WPM	89.2%	89.6%	89.7%	91.3%	89.6%	↑
MARR	88.0%	88.8%	89.8%	90.8%	89.3%	

## Access/Availability of Care

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

#### Description

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

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

#### Rationale

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

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

#### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	61.5%	58.9%	59.6%	54.5%	53.3%	↓
<b>CFCHP</b>	67.7%	61.4%	64.2%	61.8%	60.1%	↓
<b>JMS</b>	63.1%	60.4%	60.4%	58.2%	57.5%	↓
<b>KPMAS</b>	75.8%	75.0%	72.8%	70.9%	77.0%	↑
<b>MPC</b>	76.4%	73.3%	73.7%	71.8%	72.0%	↑
<b>MSFC</b>	72.9%	69.7%	71.0%	65.6%	62.4%	↓
<b>PPMCO</b>	78.3%	75.1%	75.5%	69.9%	66.5%	↓
<b>UHC</b>	76.0%	67.4%	77.2%	72.5%	69.8%	↓
<b>WPM</b>	75.0%	71.7%	72.6%	69.2%	68.4%	↓
<b>MARR</b>	71.8%	68.1%	69.7%	66.0%	65.2%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	73.2%	68.1%	69.6%	66.2%	65.8%	↓
<b>CFCHP</b>	78.2%	73.2%	75.5%	73.7%	73.1%	↓
<b>JMS</b>	81.9%	79.4%	79.8%	78.1%	76.7%	↓
<b>KPMAS</b>	83.0%	81.7%	80.5%	80.2%	83.8%	↑
<b>MPC</b>	85.2%	82.3%	82.6%	81.3%	81.5%	↑
<b>MSFC</b>	83.3%	80.4%	81.4%	77.8%	76.1%	↓
<b>PPMCO</b>	86.7%	83.7%	83.6%	80.5%	78.2%	↓
<b>UHC</b>	86.0%	78.3%	85.0%	82.6%	80.9%	↑
<b>WPM</b>	84.6%	80.9%	82.1%	79.5%	78.7%	↓
<b>MARR</b>	82.4%	78.7%	80.0%	77.8%	77.2%	

## **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 2023:**

- Replaced all references of “women” to “member” throughout the measure specification.
- Added a required exclusion for members who died during the measurement year.
- Clarified continuous enrollment requirements for step 2 of the Timeliness of Prenatal Care numerator.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

**Prenatal and Postpartum Care (PPC), Postpartum Care**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	81.8%	78.1%	80.6%	78.6%	83.3%	↑
<b>CFCHP</b>	86.9%	84.4%	81.7%	83.5%	88.3%	↑
<b>JMS</b>	88.7%	90.3%	87.5%	85.3%	86.6%	↑
<b>KPMAS</b>	90.8%	90.3%	93.0%	87.3%	91.3%	↑
<b>MPC</b>	75.2%	77.4%	83.7%	83.5%	85.4%	↑
<b>MSFC</b>	82.2%	83.7%	82.8%	88.0%	83.8%	↑
<b>PPMCO</b>	70.8%	64.5%	83.5%	82.0%	78.1%	↓
<b>UHC</b>	73.5%	79.1%	77.4%	74.9%	77.6%	↓
<b>WPM</b>	82.0%	80.5%	83.3%	80.4%	83.2%	↑
<b>MARR</b>	81.3%	80.9%	83.7%	82.6%	84.2%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	90.6%	83.9%	83.7%	84.2%	89.6%	↑
<b>CFCHP</b>	88.3%	88.6%	86.9%	88.9%	93.3%	↑
<b>JMS</b>	83.9%	85.5%	88.9%	87.7%	83.4%	↑
<b>KPMAS</b>	93.7%	95.9%	98.3%	88.6%	94.4%	↑
<b>MPC</b>	87.6%	89.5%	88.6%	89.1%	91.5%	↑
<b>MSFC</b>	82.7%	82.0%	88.0%	83.2%	85.0%	↑
<b>PPMCO</b>	87.1%	81.3%	85.6%	92.2%	85.6%	↑
<b>UHC</b>	89.3%	87.1%	88.3%	87.4%	86.6%	↑
<b>WPM</b>	90.5%	89.1%	91.5%	90.0%	82.0%	↓
<b>MARR</b>	88.2%	87.0%	88.9%	87.9%	87.9%	

## Utilization and Risk Adjusted Utilization

### Ambulatory Care (AMB)

#### Description

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

1. Outpatient Visits including telehealth
2. Emergency Department Visits

#### Rationale

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

#### Summary of Changes to HEDIS MY 2023:

- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.

Ambulatory Care (AMB), Emergency department (ED) visits per 1,000 member months						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	424.58	433.49	↓
CFCHP	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	439.24	416.17	↓
JMS	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	609.88	591.91	↑
KPMAS	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	208.86	212.01	↓
MPC	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	498.89	516.45	↓
MSFC	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	425.80	420.24	↓
PPMCO	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	488.29	481.75	↓
UHC	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	446.95	449.56	↓
WPM	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	414.15	413.88	↓
MARR				439.63	437.27	

TB<sup>1</sup> Trending break for MY2022, results cannot be compared to the prior year benchmarks.

**Ambulatory Care (AMB), Outpatient visits per 1,000 member months**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	2,978.68	3,130.77	↓
<b>CFCHP</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	3,518.27	3,439.41	↓
<b>JMS</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	3,100.21	2,973.04	↓
<b>KPMAS</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	4,713.05	6,568.90	↑
<b>MPC</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	3,952.61	4,151.97	↓
<b>MSFC</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	3,371.67	3,263.74	↓
<b>PPMCO</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	3,893.67	3,675.72	↓
<b>UHC</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	3,602.70	3,589.46	↓
<b>WPM</b>	TB <sup>1</sup>	TB <sup>1</sup>	TB <sup>1</sup>	3,733.98	3,995.00	↓
<b>MARR</b>				3,651.65	3,865.33	

TB<sup>1</sup> Trending break for MY2022, results cannot be compared to the prior year benchmarks.



## **Antibiotic Utilization for Respiratory Conditions (AXR)**

### **Description**

The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2023:**

- Clarified in the “Event/diagnosis” criteria that required exclusions are not a step.
- Added the Rules for Allowable Adjustments of HEDIS section.

<b>Antibiotic Utilization for Respiratory Conditions (AXR)</b>						
<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>NHM</b>
<b>ABH</b>				16.5%	24.2%	↓
<b>CFCHP</b>				17.7%	25.4%	↓
<b>JMS</b>				13.7%	16.5%	↓
<b>KPMAS</b>				9.7%	18.7%	↓
<b>MPC</b>				19.3%	27.9%	↑
<b>MSFC</b>				16.1%	24.9%	↓
<b>PPMCO</b>				16.3%	24.7%	↓
<b>UHC</b>				15.1%	22.7%	↓
<b>WPM</b>				15.2%	24.0%	↓
<b>MARR</b>				15.5%	23.2%	

## **Plan All-Cause Readmissions (PCR)**

### **Description**

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

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

### **Rationale**

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

*The New England Journal of Medicine: Readmissions, Observation, and the Hospital Readmissions Reduction Program. Retrieved from*

<https://www.nejm.org/doi/full/10.1056/NEJMSa1513024#t=articleTop>

### **Summary of Changes to HEDIS MY 2023:**

- Replaced “female members” with “members” in the pregnancy exclusion.
- Clarified truncating and rounding rules in steps 6 and 8 of the Risk Adjustment Weighting section.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS for Observed Measurement.

**Plan All-Cause Readmissions (PCR) - Observed**

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	14.5%	11.1%	9.2%	10.0%	13.5%	↑
<b>CFCHP</b>	11.1%	10.0%	9.3%	12.2%	9.3%	↑
<b>JMS</b>	8.2%	9.8%	9.8%	9.8%	7.8%	↑
<b>KPMAS</b>	6.9%	7.2%	7.8%	7.9%	7.5%	↑
<b>MPC</b>	10.3%	10.0%	10.2%	10.5%	10.5%	↑
<b>MSFC</b>	11.0%	12.5%	10.5%	10.7%	9.0%	↑
<b>PPMCO</b>	10.6%	8.9%	8.4%	9.0%	8.6%	↑
<b>UHC</b>	10.5%	11.2%	10.2%	10.2%	9.8%	↑
<b>WPM</b>	9.5%	10.1%	9.7%	8.9%	8.3%	↑
<b>MARR</b>	10.3%	10.1%	9.5%	9.9%	9.4%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
<b>ABH</b>	1.43	1.17	0.97	1.08	1.39	↑
<b>CFCHP</b>	1.10	0.99	0.93	1.20	0.96	↓
<b>JMS</b>	0.78	0.92	0.92	0.90	0.75	↓
<b>KPMAS</b>	0.80	0.98	0.88	0.89	0.85	↓
<b>MPC</b>	1.05	1.03	1.05	1.03	1.05	↑
<b>MSFC</b>	1.12	1.28	1.06	1.05	0.91	↓
<b>PPMCO</b>	1.09	0.94	0.88	0.93	0.92	↓
<b>UHC</b>	1.04	1.11	1.03	1.03	0.98	↓
<b>WPM</b>	0.97	1.03	1.01	0.94	0.91	↓
<b>MARR</b>	1.04	1.05	0.97	1.01	0.97	

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

### **Description**

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

1. *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months – 30 Months.* Children who turned 30 months old during the measurement year: Two or more well-child visits.

### **Rationale**

The American Academy of Pediatrics (AAP) recommends six well-child visits in the first year of life: the first within the first month of life, and then at around 2, 4, 6, 9, and 12 months of age. These visits are particularly important during the first year of life when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination, and social and emotional growth.

Regular check-ups during the first year of life and beyond are one of the best ways to detect physical, developmental, behavioral, and emotional problems. They also provide an opportunity for the clinician to offer guidance and counseling to the parents.

*American Academy of Pediatrics. Retrieved from*

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

### **Summary of Changes to HEDIS MY 2023:**

- Added instructions to report rates stratified by race and ethnicity for each product line.
- Added a required exclusion for members who died during the measurement year.
- Added new data elements tables for race and ethnicity stratification reporting.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		42.0%	43.0%	48.8%	51.5%	↓
CFCHP		71.6%	47.9%	52.0%	52.8%	↓
JMS		72.8%	53.4%	56.1%	59.8%	↑
KPMAS		73.2%	68.2%	74.9%	72.7%	↑
MPC		60.2%	54.2%	58.7%	58.8%	↓
MSFC		58.5%	54.1%	53.4%	54.3%	↓
PPMCO		58.0%	56.6%	57.1%	58.9%	↓
UHC		54.1%	58.5%	58.9%	59.5%	↑
WPM		59.6%	56.9%	57.2%	57.2%	↓
MARR		61.1%	54.8%	57.5%	58.4%	

TB<sup>1</sup> Trending break for MY2020, results cannot be compared to the prior year benchmarks.

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		76.9%	67.8%	65.3%	68.6%	↓
CFCHP		79.1%	73.9%	66.2%	66.2%	↓
JMS		75.6%	72.2%	70.1%	73.1%	↑
KPMAS		72.7%	74.1%	74.4%	75.6%	↑
MPC		74.8%	70.3%	67.5%	68.8%	↓
MSFC		77.5%	73.0%	67.9%	70.9%	↑
PPMCO		77.4%	75.2%	71.7%	71.2%	↑
UHC		75.5%	76.5%	72.1%	71.5%	↑
WPM		81.2%	77.9%	75.6%	75.3%	↑
MARR		76.7%	73.4%	70.1%	71.2%	

## Child and Adolescent Well-Care Visits (WCV)

### Description

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

### Rationale

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

*American Academy of Pediatrics.*

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

### Summary of Changes to HEDIS MY 2023:

- Added a required exclusion for members who died during the measurement year.
- Revised the “Required exclusions” criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.

Child and Adolescent Well-Care Visits (WCV), 12-17 years						
Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		37.0%	44.6%	43.8%	46.9%	↓
CFCHP		44.4%	45.7%	45.0%	44.0%	↓
JMS		75.4%	66.6%	65.2%	62.4%	↑
KPMAS		57.8%	60.2%	54.3%	58.7%	↑
MPC		47.4%	54.0%	51.8%	54.0%	↑
MSFC		49.8%	57.7%	49.2%	51.5%	↓
PPMCO		54.0%	58.5%	56.2%	56.5%	↑
UHC		54.9%	62.7%	59.2%	58.4%	↑
WPM		62.3%	66.8%	62.2%	66.1%	↑
MARR		53.7%	57.4%	54.1%	55.4%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		25.9%	26.1%	24.3%	27.4%	↓
CFCHP		28.3%	28.1%	25.8%	24.4%	↓
JMS		71.1%	59.5%	57.4%	54.2%	↑
KPMAS		35.4%	38.9%	32.5%	36.6%	↑
MPC		28.9%	31.9%	31.4%	32.5%	↑
MSFC		38.8%	41.3%	34.8%	34.2%	↑
PPMCO		35.8%	36.7%	35.1%	35.2%	↑
UHC		36.9%	41.8%	38.1%	38.4%	↑
WPM		41.3%	42.4%	38.7%	42.4%	↑
MARR		38.0%	38.5%	35.4%	36.1%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		45.6%	53.4%	53.1%	57.4%	↓
CFCHP		53.0%	57.2%	54.6%	54.3%	↓
JMS		66.2%	69.8%	70.4%	69.3%	↑
KPMAS		58.1%	70.1%	65.3%	68.8%	↑
MPC		53.9%	60.7%	59.1%	60.7%	↑
MSFC		55.8%	64.0%	56.9%	58.9%	↓
PPMCO		58.7%	64.0%	62.6%	62.8%	↑
UHC		58.4%	68.2%	64.8%	64.6%	↑
WPM		67.2%	71.2%	67.0%	69.8%	↑
MARR		57.4%	64.3%	61.5%	62.9%	

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

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH		39.2%	45.7%	45.3%	50.0%	↓
CFCHP		46.8%	49.2%	46.9%	46.5%	↓
JMS		69.9%	66.8%	66.2%	64.3%	↑
KPMAS		54.2%	62.0%	56.7%	61.3%	↑
MPC		47.7%	53.5%	51.7%	53.6%	↑
MSFC		51.0%	57.9%	50.4%	52.2%	↑
PPMCO		53.8%	57.8%	55.8%	56.2%	↑
UHC		53.5%	61.6%	57.8%	57.7%	↑
WPM		62.0%	65.2%	60.6%	64.0%	↑
MARR		53.1%	57.7%	54.6%	56.2%	

## Measures Reported Using Electronic Clinical Data Systems (ECDS)

### Adult Immunization Status (AIS-E)

#### Description

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

#### Rationale

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

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

#### Summary of Changes to HEDIS MY 2023:

- Added new data elements tables for race and ethnicity stratification reporting.
- Refer to the Technical Release Notes file in the Digital Measures Package for a comprehensive list of changes.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.

Adult Immunization Status (AIS-E), Pneumococcal						
Measurement Year	2019	2020	2021	2022	2023	NHM
CFCHP					0.0%	↓
KPMAS					0.0%	↓
UHC					0.0%	↓
MARR					0.0%	



**Adult Immunization Status (AIS-E), Influenza**

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH					4.8%	↓
CFCHP					15.5%	↓
JMS					18.3%	↑
KPMAS					31.9%	↑
MPC					16.0%	↓
MSFC					8.3%	↓
PPMCO					17.6%	↑
UHC					8.9%	↓
WPM					16.7%	↑
MARR					15.3%	

**Adult Immunization Status (AIS-E), TdTdap**

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH					14.1%	↓
CFCHP					38.2%	↓
JMS					44.8%	↑
KPMAS					79.3%	↑
MPC					48.8%	↑
MSFC					14.3%	↓
PPMCO					52.8%	↑
UHC					34.5%	↓
WPM					48.3%	↑
MARR					41.7%	

**Adult Immunization Status (AIS-E), Zoster**

Measurement Year	2019	2020	2021	2022	2023	NHM
ABH					1.9%	↓
CFCHP					10.6%	↓
JMS					11.4%	↑
KPMAS					46.0%	↑
MPC					12.4%	↑
MSFC					1.9%	↓
PPMCO					14.2%	↑
UHC					11.3%	↑
WPM					10.8%	↓
MARR					13.4%	

## **Breast Cancer Screening (BCS-E)**

### **Description**

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

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

### **Rationale**

Among all United States women, breast cancer is the second most common cancer and the second most common cause of cancer death. In 2023, an estimated 43,170 women died of breast cancer. The USPSTF recommends screening women 50–74 years of age for breast cancer every two years.

*United States Preventive Services Task Force. 2016. “Screening for Breast Cancer: United States Preventive Services Task Force Recommendation Statement. Ann Intern Med 164(4):279–96. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening-january-2016>*

### **Summary of Changes to HEDIS MY 2023:**

- Added new data elements tables for race and ethnicity stratification reporting.
- Refer to the Technical Release Notes file in the Digital Measures Package for a comprehensive list of changes.
- Revised the “other” criteria of the Nonclinical Components in the Rules for Allowable Adjustments.

<b>Breast Cancer Screening (BCS-E)</b>						
<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>NHM</b>
<b>ABH</b>					48.7%	↓
<b>CFCHP</b>					54.0%	↑
<b>JMS</b>					63.0%	↑
<b>KPMAS</b>					73.0%	↑
<b>MPC</b>					60.3%	↑
<b>MSFC</b>					61.6%	↑
<b>PPMCO</b>					57.3%	↑
<b>UHC</b>					57.8%	↑
<b>WPM</b>					57.4%	↑
<b>MARR</b>					59.2%	

## **Prenatal Immunization Status (PRS-E)**

### **Description**

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

### **Rationale**

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

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

<http://dx.doi.org/10.15585/mmwr.mm6905a4>

### **Summary of Changes to HEDIS MY 2023:**

- Refer to the Technical Release Notes file in the Digital Measures Package for a comprehensive list of changes.
- Revised the “Other” criteria in the Nonclinical Components table under Rules for Allowable Adjustments of HEDIS.

<b>Prenatal Immunization Status (PRS-E)</b>						
<b>Measurement Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>NHM</b>
<b>ABH</b>			12.6%	13.3%	13.0%	↓
<b>CFCHP</b>			14.9%	19.7%	19.2%	↓
<b>JMS</b>			27.4%	24.6%	28.3%	↑
<b>KPMAS</b>			64.1%	60.7%	58.7%	↑
<b>MPC</b>			18.9%	21.5%	22.8%	↑
<b>MSFC</b>			7.2%	7.1%	7.5%	↓
<b>PPMCO</b>			16.1%	15.4%	24.4%	↑
<b>UHC</b>			16.1%	15.9%	13.2%	↓
<b>WPM</b>			13.7%	14.5%	21.3%	↓
<b>MARR</b>			21.2%	21.4%	23.1%	

## Health Plan Descriptive Information

### Enrollment by Product Line (ENP)

#### Description

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

#### Summary of Changes to HEDIS MY 2023:

- Replaced all references to “women” with “member” throughout the measure specification.

Enrollment by Product Line (ENP), in member months	
Plan	Total
ABH	625,444
CFCHP	1,093,305
JMS	360,884
KPMAS	1,404,968
MPC	2,789,482
MSFC	1,300,709
PPMCO	4,271,326
UHC	1,854,653
WPM	3,901,736

## 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 2023:

- No changes to this measure.

Language Diversity of Membership (LDM)					
	Variable	Declined	English	Non-English	Unknown
ABH	Number	0	0	0	66,851
	Percent	0.00%	0.00%	0.00%	100.00%
CFCHP	Number	0	0	0	111,917
	Percent	0.00%	0.00%	0.00%	99.88%
JMS	Number	0	0	344	34,372
	Percent	0.00%	0.00%	1.00%	100.00%
KPMAS	Number	13	1,046	0	997
	Percent	0.01%	0.85%	0.00%	0.81%
MPC	Number	0	1,192	0	134,048
	Percent	0.00%	0.47%	0.00%	52.39%
MSFC	Number	0	0	0	120,906
	Percent	0.00%	0.00%	0.00%	100.00%
PPMCO	Number	0	1,517	0	235,254
	Percent	0.00%	0.39%	0.00%	59.79%
UHC	Number	0	1,515	0	20,475
	Percent	0.00%	0.86%	0.00%	11.59%
WPM	Number	0	961	0	237,921
	Percent	0.00%	0.27%	0.00%	66.93%

## 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 2023:

- No changes to this measure.

Race/Ethnicity Diversity of Membership (RDM)										
	Variable	American-Indian and Alaska Native	Asian	Black or African American	Declined	Native Hawaiian and Other Pacific Islanders	Some Other Race	Two or More Races	Unknown	White
ABH	Number	1	3,424	28,524	0	121	0	1	25,177	9,603
	Percent	0.00%	5.12%	42.67%	0.00%	0.18%	0.00%	0.00%	37.66%	14.36%
CFCHP	Number	121	787	81,204	16,275	748	2,976	1,147	1,111	7,682
	Percent	0.11%	0.70%	72.47%	14.52%	0.67%	2.66%	1.02%	0.99%	6.86%
JMS	Number	69	1,317	18,632	7,695	159	671	1,492	0	4,337
	Percent	0.20%	3.83%	54.21%	22.39%	0.46%	1.95%	4.34%	0.00%	12.62%
KPMAS	Number	395	12,364	70,100	365	127	24,135	1,835	254	13,316
	Percent	0.32%	10.06%	57.04%	0.30%	0.10%	19.64%	1.49%	0.21%	10.84%
MPC	Number	421	8,577	51,115	28,666	251	14,876	0	97,229	54,748
	Percent	0.16%	3.35%	19.98%	11.20%	0.10%	5.81%	0.00%	38.00%	21.40%
MSFC	Number	0	0	48,164	0	3	5,028	0	40,686	27,028
	Percent	0.00%	0.00%	39.83%	0.00%	0.00%	4.16%	0.00%	33.65%	22.35%
PPMCO	Number	950	0	130,951	96,302	17,112	33,359	0	1,709	113,113
	Percent	0.24%	0.00%	33.28%	24.47%	4.35%	8.48%	0.00%	0.43%	28.75%
UHC	Number	467	10,096	65,139	0	241	13,896	0	45,378	41,468
	Percent	0.26%	5.71%	36.87%	0.00%	0.14%	7.86%	0.00%	25.68%	23.47%
WPM	Number	1,679	22,193	143,196	0	764	21,684	0	86,110	79,838
	Percent	0.47%	6.24%	40.28%	0.00%	0.21%	6.10%	0.00%	24.22%	22.46%

## Implications and Discussion

### Implications and Discussion

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

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

#### HealthChoice Plans: HEDIS MY 2023 Summary

- There were several measures/indicators where eight of nine MCO rates were above/better than the NHM: BCS-E, CIS combos 3 and 7, PCE bronchodilator, PPC Timeliness of Prenatal Care, W30 15-30 months, and WCV.
- All nine MCOs scored above/better than the NHM for HBD A1c good control <8, HBD A1c poor control >9, KED, LSC, and SPC.
- In addition, seven of nine MCOs performed above the 75th percentile for HBD A1c good control <8 and PPC Postpartum. CareFirst, JMS, and Kaiser performed at or above the 90<sup>th</sup> percentile for PPC Postpartum, and CareFirst performed above the 90<sup>th</sup> percentile for HBD good control <8.

#### PHIP Measure Summary

MetaStar was not required to conduct a detailed analysis related to PHIP performance. The table on the following page displays MCO rates for the HEDIS MY 2023 measures included in the PHIP program.

Please refer to the site below for PHIP program information:

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

**Final CY 2023 PHIP Benchmark Percentiles**

	<b>ABH</b>	<b>CFCHP</b>	<b>JMS</b>	<b>KPMAS</b>	<b>MPC</b>	<b>MSFC</b>	<b>PPMCO</b>	<b>UHC</b>	<b>WPM</b>
<b>Measure</b>	<b>MY2023</b>	<b>MY2023</b>	<b>MY2023</b>	<b>MY2023</b>	<b>MY2023</b>	<b>MY2023</b>	<b>MY2023</b>	<b>MY2023</b>	<b>MY2023</b>
Lead Screening in Children (LSC)	67.92%	69.59%	83.21%	86.54%	68.74%	77.32%	75.29%	67.61%	76.16%
Risk of Continued Opioid Use (COU), 31 Days, Total	2.92%	3.40%	4.34%	0.76%	3.97%	2.60%	3.62%	3.98%	2.27%
Asthma Medication Ratio (AMR), Total	55.97%	79.10%	77.34%	98.73%	74.62%	58.24%	76.66%	56.63%	52.08%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	89.58%	93.33%	83.44%	94.39%	91.48%	85.00%	85.64%	86.62%	82.00%
Prenatal and Postpartum Care (PPC), Postpartum Care	83.33%	88.33%	86.56%	91.33%	85.40%	83.75%	78.10%	77.62%	83.21%
Hemoglobin A1c Control for Patients With Diabetes (HBD), Poor Control (>9.0%)	34.15%	28.95%	31.87%	29.14%	29.20%	31.39%	35.28%	34.55%	32.60%