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Statewide Executive Summary Report HealthChoice Participating Organizations HEDIS® MY 2024 Results

presented to

Maryland Department of Health

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Introduction

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

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

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] NCQA is a private, nonprofit organization dedicated to improving healthcare quality.
[3] NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

Background

The Maryland Medical Assistance 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, 2024.

Within MDH, the Office of Medical Benefits Management is responsible for the quality oversight of the HealthChoice program. MDH continues to measure HealthChoice program clinical quality performance and enrollee satisfaction using initiatives such as HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS[®4]) reporting. Performance is measured at both the organizational 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) 2024.

For HEDIS MY 2024, MDH required HealthChoice MCOs to report the complete HEDIS measure set for services rendered in calendar year 2024 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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[4] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

Accreditation

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

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

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

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

Current accreditation status for all HealthChoice organizations is listed below.

Organizations Reporting HEDIS in MY 2024		
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	Suspended
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 indicate 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, 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 2024, 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 no new first year HEDIS measures for MY 2024.

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): 33 Measures
- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)
- Childhood Immunization (CIS)
- Immunizations for Adolescents (IMA)
- Lead Screening in Children (LSC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Topical Fluoride for Children (TFC)
- Asthma Medication Ratio (AMR)
- Appropriate Testing for Pharyngitis (CWP)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Controlling High Blood Pressure (CBP)
- Cardiac Rehabilitation (CRE)
- Persistence of Beta Blocker Treatment after a Heart Attack (PBH)

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

Access/Availability of Care (AAC): 2 Measures
- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Prenatal and Postpartum Care (PPC)

Utilization and Risk Adjusted Utilization (URR): 4 Measures
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Antibiotic Utilization for Patients with Respiratory Conditions (AXR)
- Plan All-Cause Readmissions (PCR)

Health Plan Descriptive Information: 3 Measures
- Enrollment by Product Line: Total (ENP)
- Language Diversity of Membership (LDM)
- Race/ Ethnicity Diversity of Membership (RDM)

Measures Reported Using Electronic Clinical Data Systems: 8 Measures
- Follow-up Care for Children Prescribed ADHD Medication (ADD-E)
- Adult Immunization Status (AIS-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Breast Cancer Screening (BCS-E)
- Cervical Cancer Screening (CCS-E)
- Colorectal Cancer Screening (COL-E)
- Prenatal Immunization Status (PRS-E)
- Social Needs Screening and Interventions (SNS-E)

Measures Collected from the Adult CAHPS Survey: 1 Measure
- Medical Assistance with Smoking and Tobacco Use Cessation (MSC) – Advising Smokers and Tobacco Users to Quit Rate Only

No Benefit (NB) Measure Designations: 7 Measures

MDH contracts with outside vendors to manage behavioral health and dental benefits; therefore, all HealthChoice MCOs are given a "no benefit" designation for the measures listed below. Since these MCOs are not responsible for administering the benefits or coordinating the care of behavioral health or dental benefits/services, they do not have access to the data required to report these measures. The following seven measures are reported NB and do not appear in measure specific findings of this report.
- Follow-up Care after Hospitalization for Mental Illness (FUH)
- Follow-up After Emergency Department Visit for Mental Illness (FUM)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Follow-up After High Intensity Care for Substance Use Disorder (FUI)
- Oral Evaluation Dental Services (OED)

Measures Exempt from Reporting
- 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)
- 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)

Section Two - HEDIS Methodology

The HEDIS reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS Measurement Year 2024 Volume 2: Technical Specifications.*

Data Collection

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

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

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

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

The following table shows actual HEDIS MY 2024 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	H	H	H	H	H	H	H
GSD – Glycemic Status Assessment for Patients with Diabetes	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
EED – Eye Exam for Patients with Diabetes	H	H	H	H	H	H	H	H	H
CIS – Childhood Immunization Status	H	H	H	H	H	H	H	H	H
IMA – Immunizations for Adolescents	H	H	A	H	A	H	H	H	H
LSC – Lead Screening in Children	H	H	H	H	A	H	A	H	H
PPC – Prenatal and Postpartum Care	H	H	H	H	H	H	H	H	H
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	H	H	H	H	H	H	H	H	H

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 2024 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[5] 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.

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 2024, NCQA determined that PCR had significant changes in specifications such that a break in

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

trending was required. The measures that have been impacted by trending breaks prior to MY 2024 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 2024. 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, IMA, LSC, TFC, WCC
- Respiratory Conditions
  - AMR, CWP, PCE
- Cardiovascular Conditions
  - CBP, CRE, PBH, SPC
- Diabetes
  - BPD, EED, GSD, KED, SPD
- Behavioral Health
  - AMM, DMH, DSU, POD, SAA, SMC, SMD, SSD
- Overuse/Appropriateness
  - AAB, COU, HDO, LBP, UOP, URI

Access/Availability of Care
- AAP, PPC

Utilization and Risk Adjusted Utilization
- AXR, PCR, W30, WCV

Health Plan Descriptive Information
- ENP, LDM, RDM

Measures Reported Using Electronic Clinical Data Systems
- ADD-E
- AIS-E
- APM-E
- BCS-E
- CCS-E
- COL-E
- PRS-E
- SNS-E

Reference Sources

Description
The source of the information is *NCQA's HEDIS Measurement Year 2024 Volume 2: Technical Specifications.*

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

Summary of Changes for HEDIS MY 2024
The source of the text is the *HEDIS Measurement Year 2024 Volume 2: Technical Specifications*, along with additional changes published in the *HEDIS Measurement Year 2024 Volume 2: Technical Update.*

Section Four - Measure Specific Findings

Effectiveness of Care Measures

Prevention and Screening

Cervical Cancer Screening (CCS)

Description
The percentage of members 21–64 years of age who were screened for cervical cancer using either of the following criteria:
1. Members ages 21–64 who had cervical cytology performed within the last three years.
2. Members ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
3. Members 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/womens-health/infographics/cervical-cancer-screening

Summary of Changes to HEDIS 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.
- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS.
- Added data elements tables for race and ethnicity stratification reporting.

Cervical Cancer Screening (CCS)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	35.8%	41.6%	44.8%	48.9%	47.5%	⇩
CFCHP	49.1%	55.7%	47.2%	49.6%	57.4%	⇧
JMS	60.8%	51.9%	62.0%	60.5%	67.6%	⇧
KPMAS	84.9%	83.5%	85.5%	78.7%	80.5%	⇧
MPC	55.2%	54.7%	57.7%	57.4%	58.6%	⇧
MSFC	51.8%	55.0%	51.1%	48.2%	55.2%	⇩
PPMCO	61.3%	58.2%	63.8%	58.4%	63.8%	⇧
UHC	58.4%	59.1%	60.3%	55.7%	56.0%	⇧
WPM	63.9%	63.0%	62.5%	60.6%	63.8%	⇧
MARR	57.9%	58.1%	59.4%	57.6%	61.2%	

Chlamydia Screening in Women (CHL)

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

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Chlamydia Screening in Women (CHL), Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	61.9%	62.0%	64.6%	62.1%	62.9%	⇧
CFCHP	59.8%	57.3%	59.6%	59.4%	60.9%	⇧
JMS	83.1%	82.4%	83.2%	83.7%	83.3%	⇧
KPMAS	70.1%	81.9%	82.6%	83.1%	83.4%	⇧
MPC	56.8%	56.4%	59.1%	61.7%	60.1%	⇧
MSFC	60.0%	57.2%	56.4%	52.4%	53.0%	⇩
PPMCO	59.5%	61.3%	61.7%	63.4%	62.8%	⇧
UHC	61.8%	62.7%	63.0%	60.7%	61.6%	⇧
WPM	66.2%	65.0%	65.9%	66.6%	67.5%	⇧
MARR	64.3%	65.1%	66.2%	65.9%	66.2%	

Childhood Immunization Status (CIS)

Description

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

	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Influenza
Combination 3	X	X	X	X	X	X	X			
Combination 7	X	X	X	X	X	X	X	X	X	
Combination 10	X	X	X	X	X	X	X	X	X	X

Rationale

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Expanded the age criteria in the Rules for Allowable Adjustments of HEDIS.

Childhood Immunization Status (CIS), Combo 3						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	63.5%	61.6%	63.3%	66.4%	68.6%	⇧
CFCHP	75.2%	71.3%	63.8%	64.7%	71.5%	⇧
JMS	61.6%	66.4%	66.9%	65.0%	67.5%	⇧
KPMAS	77.9%	74.8%	79.9%	79.2%	77.9%	⇧
MPC	72.0%	64.7%	66.7%	65.9%	72.8%	⇧
MSFC	68.6%	68.1%	70.1%	62.5%	68.4%	⇧
PPMCO	66.2%	68.9%	70.6%	72.0%	76.2%	⇧
UHC	74.5%	67.9%	66.9%	68.4%	70.1%	⇧
WPM	72.5%	72.3%	72.0%	75.4%	75.9%	⇧
MARR	70.2%	68.4%	68.9%	68.8%	72.1%	

Childhood Immunization Status (CIS), Combo 7						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	52.1%	53.3%	52.8%	56.0%	57.2%	⇧
CFCHP	65.0%	65.0%	58.4%	55.0%	62.5%	⇧
JMS	55.8%	56.9%	57.2%	56.2%	56.6%	⇧
KPMAS	73.0%	70.4%	74.7%	74.4%	72.3%	⇧
MPC	61.3%	56.5%	56.5%	57.2%	63.5%	⇧
MSFC	57.2%	55.7%	57.2%	52.1%	57.2%	⇧
PPMCO	56.5%	58.4%	60.6%	61.6%	65.0%	⇧
UHC	64.2%	57.9%	57.2%	59.4%	60.3%	⇧
WPM	62.0%	61.6%	60.6%	64.7%	66.9%	⇧
MARR	60.8%	59.5%	59.4%	59.6%	62.4%	

Childhood Immunization Status (CIS), Combo 10						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	36.7%	34.6%	30.7%	28.2%	28.5%	⇩
CFCHP	46.0%	46.0%	34.8%	29.4%	31.4%	⇧
JMS	37.0%	40.2%	32.1%	37.5%	34.0%	⇧
KPMAS	62.3%	60.3%	60.2%	55.7%	51.8%	⇧
MPC	35.8%	33.8%	28.2%	25.1%	26.3%	⇩
MSFC	40.2%	35.3%	28.7%	24.8%	28.2%	⇩
PPMCO	39.2%	43.1%	36.3%	34.6%	34.6%	⇧
UHC	43.8%	39.9%	33.8%	30.9%	27.0%	⇩
WPM	41.6%	41.4%	40.6%	35.3%	28.7%	⇩
MARR	42.5%	41.6%	36.2%	33.5%	32.3%	

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 2024:
- Expanded the age criteria in the Rules for Allowable Adjustments of HEDIS.

Immunizations for Adolescents (IMA), Combo 1 - Meningococcal, Tdap						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	70.7%	69.3%	73.2%	76.6%	76.9%	⇩
CFCHP	74.2%	75.2%	75.3%	79.6%	80.3%	⇧
JMS	82.3%	79.8%	86.1%	84.4%	83.9%	⇧
KPMAS	89.5%	84.2%	89.0%	85.7%	88.2%	⇧
MPC	83.7%	82.5%	87.4%	86.3%	87.0%	⇧
MSFC	84.7%	74.0%	80.5%	75.4%	81.5%	⇧
PPMCO	82.5%	86.9%	89.1%	88.3%	89.1%	⇧
UHC	88.8%	87.8%	88.6%	87.6%	85.6%	⇧
WPM	89.8%	91.0%	92.2%	88.4%	90.8%	⇧
MARR	82.9%	81.2%	84.6%	83.6%	84.8%	

Immunizations for Adolescents (IMA), Combo 2 - HPV, Meningococcal, Tdap						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	25.5%	26.0%	26.3%	23.8%	29.4%	⇩
CFCHP	27.0%	34.1%	28.3%	29.7%	30.9%	⇩
JMS	56.7%	52.1%	54.8%	51.7%	53.4%	⇧
KPMAS	63.8%	59.7%	64.1%	60.0%	62.6%	⇧
MPC	35.5%	30.4%	37.2%	33.3%	35.0%	⇩
MSFC	44.8%	38.4%	35.3%	32.1%	37.5%	⇧
PPMCO	43.1%	40.2%	38.0%	40.4%	44.0%	⇧
UHC	40.9%	40.2%	43.6%	40.4%	38.7%	⇧
WPM	46.7%	53.3%	49.6%	47.4%	52.1%	⇧
MARR	42.7%	41.6%	41.9%	39.9%	42.6%	

Lead Screening in Children (LSC)

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

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

Screening is recommended at age two since children that are exposed to lead tend to have highest blood lead levels between 18-24 months.

Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/lead-prevention/about/index.html?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm

Summary of Changes to HEDIS MY 2024:
- Clarified that "Unknown" is not considered a result/finding for medical record reporting.

Lead Screening in Children (LSC)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	74.5%	65.7%	66.2%	67.9%	72.7%	⇧
CFCHP	81.5%	75.9%	67.2%	69.6%	75.4%	⇧
JMS	92.1%	83.9%	82.2%	83.2%	82.9%	⇧
KPMAS	87.2%	82.0%	84.8%	86.5%	86.6%	⇧
MPC	73.8%	68.0%	65.0%	68.7%	76.2%	⇧
MSFC	74.7%	75.7%	75.4%	77.3%	71.5%	⇧
PPMCO	80.0%	75.0%	72.0%	75.3%	79.3%	⇧
UHC	72.4%	71.1%	67.3%	67.6%	74.9%	⇧
WPM	80.9%	74.5%	74.0%	76.2%	79.6%	⇧
MARR	79.7%	74.6%	72.7%	74.7%	77.7%	

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

Description
The percentage of members 3–17 years of age who had an outpatient visit with a primary care provider or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement year.
1. Body mass index (BMI) percentile documentation*
2. Counseling for nutrition
3. Counseling for physical activity

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

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

Centers for Medicare & Medicaid Services. Retrieved from
https://cmit.cms.gov/cmit/#/MeasureView?variantId=1553&sectionNumber=1

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	80.1%	80.3%	80.3%	82.4%	86.8%	⇧
CFCHP	69.3%	73.9%	81.1%	84.2%	82.2%	⇧
JMS	94.3%	95.2%	93.4%	93.3%	94.5%	⇧
KPMAS	95.0%	95.9%	99.0%	96.4%	100.0%	⇧
MPC	71.5%	75.2%	84.9%	87.6%	86.9%	⇧
MSFC	80.2%	81.4%	78.7%	73.3%	79.5%	⇧
PPMCO	47.9%	50.9%	70.1%	62.5%	79.8%	⇧
UHC	71.1%	77.4%	77.4%	80.3%	82.0%	⇧
WPM	78.5%	77.4%	73.9%	76.2%	78.1%	⇩
MARR	76.4%	73.6%	82.1%	81.8%	85.5%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	76.6%	80.6%	79.6%	78.0%	83.1%	⇧
CFCHP	67.4%	69.7%	69.7%	73.7%	70.7%	⇧
JMS	97.2%	96.6%	94.3%	89.2%	95.4%	⇧
KPMAS	100.0%	98.0%	99.0%	97.2%	99.0%	⇧
MPC	68.6%	69.6%	76.6%	75.7%	72.5%	⇧
MSFC	72.6%	77.5%	71.0%	62.3%	68.2%	⇩
PPMCO	38.7%	44.8%	61.3%	56.2%	75.2%	⇧
UHC	70.3%	77.1%	73.2%	75.2%	60.6%	⇩
WPM	77.3%	74.9%	70.0%	73.0%	72.5%	⇧
MARR	74.3%	70.7%	77.2%	75.6%	77.5%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity , Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	72.3%	78.7%	75.9%	77.6%	80.1%	⇧
CFCHP	65.2%	64.4%	70.0%	70.1%	67.8%	⇧
JMS	97.2%	96.6%	93.4%	85.0%	92.7%	⇧
KPMAS	100.0%	98.0%	99.0%	97.2%	99.0%	⇧
MPC	65.5%	66.4%	73.2%	74.0%	69.6%	⇧
MSFC	68.8%	73.3%	66.8%	56.9%	64.9%	⇩
PPMCO	32.4%	40.2%	58.6%	52.6%	70.8%	⇧
UHC	65.7%	74.0%	68.9%	70.3%	54.3%	⇩
WPM	72.1%	68.6%	68.3%	70.3%	68.6%	⇧
MARR	71.0%	67.4%	74.9%	72.7%	74.2%	

Topical Fluoride for Children (TFC)

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

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

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

Summary of Changes to HEDIS MY 2024:
- Updated the age criteria in the Rules for Allowable Adjustments of HEDIS to allow organizations to expand the age range.

Topical Fluoride for Children (TFC)					
Measurement Year	2020	2021	2022	2023	2024
ABH				1.9%	2.0%
CFCHP				1.9%	2.0%
JMS				0.1%	0.1%
KPMAS				0.0%	0.0%
MPC				0.8%	1.0%
MSFC				0.9%	1.3%
PPMCO				0.4%	0.6%
UHC				1.1%	2.3%
WPM				1.6%	1.7%
MARR				1.0%	1.2%

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 2024:
  • Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Asthma Medication Ratio (AMR), Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	69.9%	63.3%	56.2%	56.0%	61.2%	⇩
CFCHP	61.3%	71.2%	75.8%	79.1%	74.1%	⇧
JMS	76.6%	74.4%	68.6%	77.3%	76.4%	⇧
KPMAS	76.9%	86.6%	98.1%	98.7%	97.1%	⇧
MPC	63.6%	64.7%	71.4%	74.6%	81.3%	⇧
MSFC	66.9%	68.2%	65.4%	58.2%	58.2%	⇩
PPMCO	68.1%	67.6%	67.3%	76.7%	77.6%	⇧
UHC	64.0%	58.3%	56.8%	56.6%	58.4%	⇩
WPM	70.1%	69.1%	66.9%	52.1%	51.2%	⇩
MARR	68.6%	69.3%	69.6%	69.9%	70.6%	

Appropriate Testing for Pharyngitis (CWP)

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

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

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

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

Summary of Changes to HEDIS MY 2024:
  • Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Appropriate Testing for Pharyngitis (CWP)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	83.1%	68.6%	72.4%	80.1%	82.8%	⇧
CFCHP	81.0%	70.1%	67.7%	75.7%	84.9%	⇧
JMS	70.4%	57.0%	75.7%	85.5%	90.4%	⇧
KPMAS	70.5%	37.8%	78.9%	91.3%	93.9%	⇧
MPC	85.6%	79.1%	81.6%	87.3%	87.8%	⇧
MSFC	86.3%	75.8%	72.4%	64.5%	67.0%	⇩
PPMCO	82.6%	72.1%	72.2%	73.7%	77.0%	⇩
UHC	84.8%	76.0%	78.3%	85.5%	88.5%	⇧
WPM	82.3%	71.1%	74.7%	71.5%	74.5%	⇩
MARR	80.7%	67.5%	74.9%	79.4%	83.0%	

Pharmacotherapy Management of COPD Exacerbation (PCE)

Description

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

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

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

Rationale

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

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

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

Summary of Changes to HEDIS MY 2024:
- No changes to this measure.

Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	73.0%	90.3%	86.1%	86.5%	81.4%	⇧
CFCHP	80.9%	88.3%	84.8%	90.7%	85.2%	⇧
JMS	90.4%	88.6%	87.7%	89.3%	92.1%	⇧
KPMAS	93.6%	98.2%	91.9%	91.9%	92.6%	⇧
MPC	84.9%	88.0%	87.0%	87.6%	86.3%	⇧
MSFC	87.4%	91.5%	96.5%	94.1%	85.5%	⇧
PPMCO	81.0%	88.4%	86.4%	89.7%	88.8%	⇧
UHC	86.0%	78.7%	78.1%	80.8%	79.1%	⇩
WPM	85.4%	89.4%	87.8%	90.2%	87.2%	⇧
MARR	84.7%	89.0%	87.4%	89.0%	86.5%	

Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	70.3%	82.3%	74.4%	86.5%	78.0%	⇧
CFCHP	75.2%	82.7%	68.2%	76.2%	72.9%	⇧
JMS	60.4%	60.5%	54.8%	67.3%	70.2%	⇧
KPMAS	100.0%	96.4%	87.1%	89.2%	90.7%	⇧
MPC	70.5%	71.4%	66.9%	73.3%	70.4%	⇧
MSFC	71.7%	72.4%	80.2%	77.0%	67.6%	⇩
PPMCO	68.3%	73.1%	65.5%	72.1%	78.1%	⇧
UHC	70.8%	66.4%	66.7%	69.1%	60.5%	⇩
WPM	65.0%	66.1%	75.1%	71.2%	65.9%	⇩
MARR	72.5%	74.6%	71.0%	75.8%	72.7%	

Cardiovascular Conditions

Controlling High Blood Pressure (CBP)

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

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

United States Preventive Services Task Force. Retrieved from
https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertensi on-in-adults- screening

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the method for identifying advanced illness.
- Moved previously listed Exclusions to Required exclusions.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).
- Revised the "Denominator Exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Controlling High Blood Pressure (CBP)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	46.7%	57.9%	60.1%	55.4%	63.5%	⇩
CFCHP	49.9%	65.7%	56.7%	65.7%	69.7%	⇧
JMS	67.2%	67.2%	65.2%	65.7%	65.2%	⇧
KPMAS	76.2%	74.3%	73.8%	74.7%	79.1%	⇧
MPC	59.4%	54.7%	66.9%	69.8%	71.3%	⇧
MSFC	54.5%	41.3%	44.3%	56.7%	68.2%	⇧
PPMCO	33.3%	54.5%	57.4%	54.7%	61.8%	⇩
UHC	54.7%	61.1%	60.1%	63.3%	65.7%	⇧
WPM	50.6%	56.0%	55.2%	62.0%	58.9%	⇩
MARR	54.7%	59.2%	60.0%	63.1%	67.0%	

Cardiac Rehabilitation (CRE)

Description
The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement. Four rates are reported:
- *Initiation.* The percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- *Engagement 1.* The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- *Engagement 2.* The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- *Achievement.* The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the method for identifying advanced illness.
- Moved previously listed Exclusions to Required exclusions.
- Revised the "Denominator Exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Cardiac Rehabilitation - Achievement (CRE)						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	0.0%	1.8%	2.0%	6.3%	4.1%	⇧
CFCHP	0.0%	1.8%	0.0%	0.8%	2.0%	⇧
JMS	0.0%	0.0%	1.4%	0.0%	0.0%	⇩
KPMAS	0.0%	0.0%	0.0%	1.1%	0.0%	⇩
MPC	1.7%	0.7%	1.0%	2.6%	1.0%	⇩
MSFC	0.0%	0.0%	0.0%	0.0%	1.6%	⇩
PPMCO	1.2%	1.0%	2.1%	2.5%	2.8%	⇧
UHC	0.8%	1.2%	1.8%	0.6%	2.2%	⇧
WPM	0.3%	0.6%	1.6%	2.9%	0.9%	⇩
MARR	0.4%	0.8%	1.1%	1.8%	1.6%	

Cardiac Rehabilitation - Engagement1 (CRE)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	2.1%	3.6%	4.1%	6.3%	2.0%	⇩
CFCHP	1.9%	3.7%	0.0%	4.6%	4.9%	⇩
JMS	0.0%	1.2%	1.4%	0.0%	0.0%	⇩
KPMAS	0.0%	0.0%	0.0%	0.0%	0.0%	⇩
MPC	3.7%	2.4%	2.6%	2.9%	3.4%	⇩
MSFC	0.0%	0.0%	0.0%	0.0%	4.0%	⇩
PPMCO	2.4%	3.0%	3.2%	2.7%	5.3%	⇧
UHC	1.5%	3.1%	3.6%	2.7%	4.4%	⇩
WPM	1.4%	1.4%	1.6%	4.6%	2.7%	⇩
MARR	1.4%	2.0%	1.8%	2.6%	3.0%	

Cardiac Rehabilitation - Engagement2 (CRE)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	4.2%	3.6%	2.0%	8.3%	4.1%	⇩
CFCHP	1.9%	5.5%	0.0%	3.8%	3.9%	⇩
JMS	0.0%	0.0%	1.4%	1.3%	0.0%	⇩
KPMAS	0.0%	0.0%	0.0%	1.1%	0.0%	⇩
MPC	3.1%	2.4%	2.8%	3.6%	1.7%	⇩
MSFC	0.0%	0.0%	0.0%	0.0%	1.6%	⇩
PPMCO	2.0%	2.8%	3.7%	4.7%	5.6%	⇧
UHC	1.5%	3.5%	4.8%	4.4%	4.4%	⇧
WPM	1.0%	0.8%	3.6%	5.8%	2.3%	⇩
MARR	1.5%	2.1%	2.1%	3.7%	2.6%	

Cardiac Rehabilitation - Initiation (CRE)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	0.0%	0.0%	0.0%	0.0%	0.0%	⇩
CFCHP	0.0%	1.8%	0.0%	3.8%	1.0%	⇩
JMS	0.0%	0.0%	0.0%	0.0%	0.0%	⇩
KPMAS	0.0%	0.0%	0.0%	0.0%	0.0%	⇩
MPC	2.3%	1.0%	0.5%	1.3%	0.0%	⇩
MSFC	0.0%	0.4%	0.7%	0.0%	1.6%	⇩
PPMCO	1.2%	2.2%	2.4%	0.3%	1.7%	⇩
UHC	0.8%	2.3%	2.4%	1.1%	1.1%	⇩
WPM	0.7%	0.8%	0.0%	1.7%	1.8%	⇩
MARR	0.5%	1.0%	0.7%	0.9%	0.8%	

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 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the method for identifying advanced illness.
- Moved previously listed Exclusions to Required exclusions.
- Revised the "Denominator Exclusions" 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	2020	2021	2022	2023	2024	NHM
ABH	TB[1]	TB[1]	TB[1]	NA	NA	
CFCHP	TB[1]	TB[1]	TB[1]	NA	NA	
JMS	TB[1]	TB[1]	TB[1]	NA	NA	
KPMAS	TB[1]	TB[1]	TB[1]	NA	NA	
MPC	TB[1]	TB[1]	TB[1]	65.2%	55.3%	⇩
MSFC	TB[1]	TB[1]	TB[1]	66.7%	56.7%	⇧
PPMCO	TB[1]	TB[1]	TB[1]	40.7%	43.3%	⇩
UHC	TB[1]	TB[1]	TB[1]	NA	NA	
WPM	TB[1]	TB[1]	TB[1]	45.7%	NA	
MARR				54.6%	51.8%	

TB[1] 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:

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the method for identifying advanced illness.
- Moved previously listed Exclusions to Required exclusions.
- Revised the "Denominator 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	2020	2021	2022	2023	2024	NHM
ABH	82.4%	81.5%	81.0%	83.7%	77.8%	⇩
CFCHP	78.7%	77.6%	77.5%	80.8%	81.8%	⇧
JMS	83.5%	87.2%	83.9%	90.5%	86.1%	⇧
KPMAS	89.6%	87.2%	85.9%	89.8%	88.8%	⇧
MPC	79.3%	79.6%	77.7%	79.4%	78.7%	⇩
MSFC	81.9%	82.0%	81.1%	84.7%	84.3%	⇧
PPMCO	78.7%	81.1%	79.9%	81.2%	80.6%	⇧
UHC	77.7%	78.3%	77.9%	78.7%	79.6%	⇧
WPM	77.7%	76.2%	77.9%	78.9%	78.7%	⇩
MARR	81.0%	81.2%	80.3%	83.1%	81.8%	

Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	71.4%	60.0%	49.2%	53.1%	65.1%	⇩
CFCHP	69.7%	66.4%	72.0%	70.0%	74.5%	⇧
JMS	47.7%	50.3%	53.1%	54.4%	48.9%	⇩
KPMAS	62.6%	66.5%	67.7%	62.9%	60.1%	⇩
MPC	65.7%	64.5%	68.2%	71.8%	70.1%	⇩
MSFC	73.0%	73.1%	73.0%	69.6%	68.1%	⇩
PPMCO	59.8%	54.9%	57.1%	61.8%	68.1%	⇩
UHC	69.3%	67.0%	67.4%	65.0%	72.8%	⇧
WPM	63.2%	57.8%	60.1%	57.5%	61.6%	⇩
MARR	64.7%	62.3%	63.1%	62.9%	65.5%	

Diabetes

Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk reduction strategies beyond glycemic control. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications. Significant evidence exists that supports a range of interventions to improve diabetes outcomes. The recommendations include screening, diagnostic, and therapeutic actions that are known or believed to favorably affect health outcomes of patients with diabetes. Many of these interventions have also been shown to be cost-effective.

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

Blood Pressure Control for Patients with Diabetes (BPD)

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

Summary of Changes to HEDIS MY 2024:
- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who do not have a diagnosis of diabetes.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Moved previously listed Exclusions to Required exclusions.
- Revised the method for identifying advanced illness.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).
- Clarified that "Unknown" is not considered a result/finding.
- Revised the "Denominator Exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Blood Pressure Control for Patients With Diabetes (BPD)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	45.0%	57.4%	58.2%	61.1%	70.4%	⇧
CFCHP	57.7%	58.6%	63.3%	65.9%	68.1%	⇧
JMS	70.8%	72.1%	71.5%	74.0%	69.3%	⇧
KPMAS	71.8%	77.4%	78.1%	78.8%	83.2%	⇧
MPC	55.2%	56.0%	71.5%	74.5%	76.2%	⇧
MSFC	57.1%	25.9%	56.0%	61.8%	71.8%	⇧
PPMCO	34.8%	56.0%	58.4%	58.4%	69.1%	⇧
UHC	57.9%	60.8%	63.5%	65.5%	69.1%	⇧
WPM	52.8%	53.3%	51.6%	60.3%	64.5%	⇩
MARR	55.9%	57.5%	63.6%	66.7%	71.3%	

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 2024:
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who did not have a diagnosis of diabetes.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Moved previously listed Exclusions to Required exclusions.
- Revised the method for identifying advanced illness.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).
- Clarified in the notes that inaccessibility of one eye is not considered a result/finding.
- Revised the "Denominator Exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Eye Exam for Patients With Diabetes (EED)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	38.7%	35.3%	35.8%	44.5%	52.8%	⇧
CFCHP	42.3%	37.5%	45.7%	50.1%	51.6%	⇩
JMS	57.1%	50.6%	64.0%	60.4%	63.3%	⇧
KPMAS	82.1%	84.9%	85.2%	85.8%	92.8%	⇧
MPC	46.5%	47.9%	50.6%	58.9%	59.4%	⇧
MSFC	59.1%	49.0%	45.5%	50.4%	47.5%	⇩
PPMCO	44.0%	53.0%	51.8%	41.6%	55.0%	⇧
UHC	49.6%	45.0%	50.9%	56.0%	54.0%	⇧
WPM	46.0%	49.6%	48.4%	52.6%	50.6%	⇩
MARR	51.7%	50.3%	53.1%	55.6%	58.5%	

Glycemic Status Assessment for Patients with Diabetes (GSD)

Description

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

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

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

Summary of Changes to HEDIS MY 2024:

- Updated the measure title.
- Added glucose management indicator as an option to meet numerator criteria.
- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who did not have a diagnosis of diabetes.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Moved previously listed Exclusions to Required exclusions.
- Revised the method for identifying advanced illness.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).
- Clarified that "Unknown" is not considered a result/finding.
- Revised the "Denominator Exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Glycemic Status Assessment for Patients With Diabetes (GSD), Control (<8.0%)						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	47.0%	52.8%	55.7%	58.0%	59.6%	⇧
CFCHP	51.8%	54.0%	54.0%	63.8%	65.2%	⇧
JMS	56.6%	59.5%	62.3%	60.3%	60.6%	⇧
KPMAS	56.8%	62.0%	59.0%	60.5%	60.6%	⇧
MPC	48.2%	57.4%	56.0%	60.1%	63.5%	⇧
MSFC	53.9%	56.6%	61.6%	60.6%	64.5%	⇧
PPMCO	41.9%	55.2%	56.7%	53.5%	59.4%	⇧
UHC	47.9%	53.0%	55.2%	56.0%	56.5%	⇧
WPM	55.0%	55.7%	55.2%	58.4%	54.3%	⇩
MARR	51.0%	56.3%	57.3%	59.0%	60.4%	

Glycemic Status Assessment for Patients With Diabetes (GSD), Poor Control (>9.0%)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	45.3%	35.5%	38.0%	34.2%	31.4%	⇩
CFCHP	38.9%	38.7%	38.0%	29.0%	26.3%	⇩
JMS	35.7%	28.4%	29.2%	31.9%	29.4%	⇩
KPMAS	31.7%	29.2%	30.7%	29.1%	28.7%	⇩
MPC	43.6%	32.4%	32.9%	29.2%	28.5%	⇩
MSFC	34.2%	34.6%	30.7%	31.4%	27.3%	⇩
PPMCO	51.1%	35.3%	32.4%	35.3%	33.3%	⇩
UHC	41.9%	39.7%	36.3%	34.6%	35.0%	⇩
WPM	37.2%	37.5%	37.2%	32.6%	36.0%	⇧
MARR	39.9%	34.6%	33.9%	31.9%	30.7%	

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 2024:
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Updated the age stratifications to align with the National Kidney Foundation.
- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who did not have a diagnosis of diabetes.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Moved previously listed Exclusions to Required exclusions.
- Revised the method for identifying advanced illness.
- Revised the "Denominator Exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Kidney Health Evaluation for Patients With Diabetes (KED)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	31.5%	34.0%	36.2%	37.1%	43.8%	⇧
CFCHP	34.2%	37.3%	35.4%	38.8%	45.0%	⇧
JMS	66.2%	57.8%	64.7%	58.7%	63.7%	⇧
KPMAS	72.4%	77.8%	79.3%	78.3%	79.9%	⇧
MPC	32.0%	35.1%	37.0%	39.1%	42.5%	⇧
MSFC	47.0%	49.4%	44.8%	41.0%	47.2%	⇧
PPMCO	29.8%	33.5%	35.3%	37.6%	44.4%	⇧
UHC	34.0%	40.1%	40.2%	42.2%	42.1%	⇧
WPM	33.9%	39.1%	39.7%	42.0%	43.6%	⇧
MARR	42.3%	44.9%	45.8%	46.1%	50.2%	

Statin Therapy for Patients with Diabetes (SPD)

Description
The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical ASCVD who met the following criteria. Two rates are reported:
1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. *Statin Adherence 80 percent.* Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period.

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

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

Summary of Changes to HEDIS MY 2024:
- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Moved previously listed Exclusions to Required exclusions.
- Revised the method for identifying advanced illness.
- Revised the "Denominator Exclusions" 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	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	58.8%	59.5%	61.2%	60.0%	64.4%	⇧
CFCHP	62.9%	64.2%	65.2%	63.5%	66.1%	⇧
JMS	69.0%	70.3%	72.9%	75.2%	75.3%	⇧
KPMAS	78.3%	77.7%	75.6%	75.5%	78.9%	⇧
MPC	62.4%	63.0%	62.0%	61.9%	63.1%	⇩
MSFC	65.9%	67.1%	65.8%	64.1%	68.2%	⇧
PPMCO	63.5%	63.8%	62.6%	64.3%	66.4%	⇧
UHC	61.1%	68.1%	66.9%	67.0%	66.5%	⇧
WPM	65.0%	66.7%	64.9%	65.7%	67.6%	⇧
MARR	65.2%	66.7%	66.3%	66.4%	68.5%	

Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	53.6%	53.4%	48.9%	47.8%	61.0%	⇩
CFCHP	61.3%	62.6%	66.6%	63.0%	68.1%	⇧
JMS	50.8%	47.9%	52.7%	50.9%	42.0%	⇩
KPMAS	57.5%	57.8%	61.0%	64.1%	53.5%	⇩
MPC	62.9%	60.4%	61.7%	64.0%	63.5%	⇩
MSFC	66.1%	69.1%	71.4%	70.1%	64.4%	⇩
PPMCO	56.2%	47.6%	49.6%	56.5%	60.2%	⇩
UHC	63.9%	64.6%	63.7%	64.2%	65.9%	⇩
WPM	55.0%	50.1%	51.0%	51.3%	52.3%	⇩
MARR	58.6%	57.0%	58.5%	59.1%	59.0%	

Antidepressant Medication Management (AMM)

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

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

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

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

Summary of Changes to HEDIS MY 2024:
- No changes to this measure.

Antidepressant Medication Management (AMM), Acute Phase						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	NA	67.6%	53.0%	⇩
JMS	NA	NA	NA	45.8%	34.6%	⇩
KPMAS	34.0%	41.2%	37.0%	37.3%	38.8%	⇩
MPC	NA	NA	NA	51.7%	55.3%	⇩
MSFC	NA	NA	2.2%	NA	NA	
PPMCO	45.1%	51.1%	50.2%	39.2%	38.2%	⇩
UHC	NA	NA	74.6%	50.4%	52.1%	⇩
WPM	NA	NA	56.3%	44.0%	46.3%	⇩
MARR	39.6%	46.2%	44.0%	48.0%	45.5%	

Antidepressant Medication Management (AMM), Continuation Phase						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	NA	60.4%	39.4%	⇩
JMS	NA	NA	NA	28.0%	16.0%	⇩
KPMAS	18.3%	24.6%	22.9%	24.9%	25.2%	⇩
MPC	NA	NA	NA	36.3%	37.8%	⇩
MSFC	NA	NA	0.0%	NA	NA	
PPMCO	28.2%	34.2%	32.2%	23.4%	21.5%	⇩
UHC	NA	NA	63.9%	32.0%	36.7%	⇩
WPM	NA	NA	43.8%	26.5%	27.2%	⇩
MARR	23.2%	29.4%	32.5%	33.1%	29.1%	

Diagnosed Mental Health Disorders (DMH)

Description

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

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 2024:

- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Diagnosed Mental Health Disorders (DMH), Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH			14.5%	15.3%	18.2%	⇩
CFCHP			23.0%	23.5%	27.0%	⇩
JMS			18.7%	30.9%	34.5%	⇧
KPMAS			15.6%	15.6%	15.9%	⇩
MPC			19.7%	20.6%	22.0%	⇩
MSFC			16.5%	14.2%	15.3%	⇩
PPMCO			19.3%	19.8%	21.1%	⇩
UHC			25.9%	26.3%	28.7%	⇩
WPM			14.6%	15.5%	16.6%	⇩
MARR			18.6%	20.2%	22.1%	

Diagnosed Substance Use Disorders (DSU)

Description

The percentage of members 13 years of age and older who were diagnosed with a substance use disorder during the measurement year. Four rates are reported:
1. The percentage of members diagnosed with an alcohol disorder.
2. The percentage of members diagnosed with an opioid disorder.
3. The percentage of members diagnosed with a disorder for other or unspecified drugs.
4. The percentage of members diagnosed with any substance use disorder.

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

Rationale

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Diagnosed Substance Use Disorders (DSU), Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH			4.6%	4.7%	4.9%	⇩
CFCHP			6.8%	6.2%	6.5%	⇩
JMS			10.4%	11.5%	11.9%	⇧
KPMAS			2.2%	2.0%	1.9%	⇩
MPC			5.9%	6.2%	6.3%	⇩
MSFC			4.4%	3.6%	3.9%	⇩
PPMCO			4.8%	4.7%	4.6%	⇩
UHC			6.5%	6.4%	6.5%	⇩
WPM			3.8%	3.9%	3.8%	⇩
MARR			5.5%	5.5%	5.6%	

Pharmacotherapy for Opioid Use Disorder (POD)

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Pharmacotherapy for Opioid Use Disorder (POD), Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	0.0%	NA	NA	
CFCHP	NA	NA	NA	25.8%	19.5%	⇩
JMS	0.0%	NA	NA	15.9%	16.8%	⇩
KPMAS	NA	NA	NA	NA	3.1%	⇩
MPC	1.6%	8.1%	1.4%	25.6%	30.3%	⇧
MSFC	NA	NA	0.0%	NA	NA	
PPMCO	13.6%	22.4%	16.3%	15.3%	12.5%	⇩
UHC	0.0%	35.3%	43.5%	23.3%	20.0%	⇩
WPM	0.0%	10.7%	5.1%	13.8%	14.6%	⇩
MARR	3.0%	19.5%	11.0%	20.0%	16.7%	

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Moved previously listed Exclusions to Required exclusions.
- Revised the method for identifying advanced illness.
- Revised the "Denominator Exclusions" criteria in the Clinical Components table under Rules for Allowable Adjustments of HEDIS.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	NA	36.1%	⇩
CFCHP	NA	NA	NA	50.3%	62.0%	⇧
JMS	NA	NA	NA	43.7%	50.7%	⇩
KPMAS	NA	52.4%	41.9%	35.6%	35.3%	⇩
MPC	NA	NA	NA	60.2%	67.5%	⇧
MSFC	NA	NA	NA	NA	NA	
PPMCO	49.0%	54.4%	32.7%	41.4%	24.6%	⇩
UHC	NA	72.1%	63.0%	67.6%	70.5%	⇧
WPM	NA	NA	NA	56.7%	56.4%	⇩
MARR	49.0%	59.6%	45.9%	50.8%	50.4%	

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

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

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

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

Summary of Changes to HEDIS MY 2024:
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)						
Measurement Year	2020	2021	2022	2023	2024	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	78.1%	NA	NA	
MSFC	NA	NA	NA	NA	NA	
PPMCO	76.7%	78.4%	66.7%	75.0%	NA	
UHC	NA	NA	NA	NA	NA	
WPM	NA	NA	NA	NA	NA	
MARR	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 2024:
- Updated step two of the event/diagnosis.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who did not have a diagnosis of diabetes.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).
- Revised the "Denominator 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	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	NA	NA	NA	NA	NA	
CFCHP	NA	NA	75.0%	78.3%	79.6%	⇧
JMS	67.7%	NA	NA	86.7%	75.0%	⇧
KPMAS	NA	NA	NA	NA	NA	
MPC	60.6%	58.4%	71.8%	77.6%	80.9%	⇧
MSFC	57.1%	60.3%	63.6%	60.8%	72.7%	⇧
PPMCO	60.7%	65.4%	61.2%	65.1%	70.1%	⇩
UHC	68.8%	73.5%	72.0%	68.4%	76.1%	⇧
WPM	67.3%	63.1%	70.6%	69.8%	73.7%	⇧
MARR	63.7%	64.2%	69.0%	72.4%	75.4%	

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

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

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

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

Summary of Changes to HEDIS MY 2024:
- Updated the Required exclusions.
- Updated the Diabetes Medications table.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	NA	93.0%	⇧
CFCHP	NA	NA	NA	89.1%	90.4%	⇧
JMS	NA	NA	NA	95.2%	97.7%	⇧
KPMAS	80.8%	88.4%	94.2%	96.9%	98.0%	⇧
MPC	NA	93.2%	94.3%	91.2%	92.8%	⇧
MSFC	NA	83.5%	NA	NA	NA	
PPMCO	84.6%	86.3%	84.9%	86.4%	88.5%	⇧
UHC	NA	74.9%	71.6%	88.0%	83.1%	⇧
WPM	NA	92.1%	88.9%	85.5%	88.4%	⇧
MARR	82.7%	86.4%	86.8%	90.3%	91.5%	

Overuse/Appropriateness

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

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

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the second note to clarify that supplemental data can be used for required exclusions.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	57.3%	56.8%	57.9%	59.5%	58.0%	⇩
CFCHP	48.6%	47.0%	60.1%	57.6%	56.4%	⇩
JMS	60.6%	64.0%	68.1%	79.5%	67.9%	⇧
KPMAS	71.4%	64.3%	80.4%	87.2%	90.0%	⇧
MPC	46.0%	42.2%	52.5%	53.8%	53.8%	⇩
MSFC	51.2%	54.7%	57.1%	56.3%	55.1%	⇩
PPMCO	50.7%	46.4%	58.0%	58.4%	57.5%	⇩
UHC	49.4%	51.3%	56.1%	56.8%	55.8%	⇩
WPM	49.6%	52.2%	60.7%	60.3%	59.2%	⇩
MARR	53.9%	53.2%	61.2%	63.3%	61.5%	

Risk of Continued Opioid Use (COU)

Description
The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:
1. The percentage of members with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.

Note: A lower rate indicates better performance.

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Risk of Continued Opioid Use (COU), 15 Days, Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	6.0%	4.6%	5.1%	4.6%	4.9%	⇓
CFCHP	7.3%	5.4%	4.8%	4.4%	4.6%	⇓
JMS	8.9%	7.9%	6.2%	7.2%	7.5%	⇑
KPMAS	6.3%	3.3%	2.1%	2.0%	2.1%	⇓
MPC	7.4%	6.8%	6.2%	6.6%	7.1%	⇑
MSFC	4.0%	4.1%	3.7%	4.1%	4.7%	⇓
PPMCO	9.0%	7.2%	6.1%	5.8%	5.7%	⇓
UHC	6.3%	5.6%	5.3%	5.5%	6.1%	⇓
WPM	3.3%	3.1%	3.7%	3.4%	3.7%	⇓
MARR	6.5%	5.3%	4.8%	4.8%	5.2%	

Risk of Continued Opioid Use (COU), 31 Days, Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	3.3%	3.0%	3.5%	2.9%	3.5%	⇩
CFCHP	4.8%	3.7%	3.4%	3.4%	3.5%	⇩
JMS	7.3%	6.0%	3.9%	4.3%	4.3%	⇧
KPMAS	1.8%	1.1%	0.8%	0.8%	1.3%	⇩
MPC	4.6%	4.6%	3.8%	4.0%	4.7%	⇧
MSFC	2.8%	2.3%	2.3%	2.6%	2.8%	⇩
PPMCO	4.3%	3.6%	3.9%	3.6%	3.8%	⇧
UHC	4.0%	3.5%	3.4%	4.0%	4.1%	⇧
WPM	2.2%	2.1%	2.4%	2.3%	2.7%	⇩
MARR	3.9%	3.3%	3.0%	3.1%	3.4%	

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

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

Summary of Changes for HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Use of Opioids at High Dosage (HDO)						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	6.1%	6.7%	6.0%	6.1%	5.6%	⇩
CFCHP	12.6%	10.5%	8.8%	10.5%	9.1%	⇧
JMS	3.9%	3.8%	4.1%	3.4%	2.4%	⇩
KPMAS	2.4%	1.6%	2.1%	0.8%	1.5%	⇩
MPC	14.5%	13.3%	10.2%	8.0%	7.6%	⇧
MSFC	7.9%	4.8%	4.4%	4.3%	4.4%	⇩
PPMCO	13.3%	11.2%	11.9%	10.5%	11.2%	⇧
UHC	7.9%	7.3%	7.3%	7.8%	8.2%	⇧
WPM	7.0%	6.3%	5.5%	5.1%	6.0%	⇩
MARR	8.4%	7.3%	6.7%	6.3%	6.2%	

Use of Imaging Studies for Low Back Pain (LBP)

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

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

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

Summary of Changes to HEDIS MY 2024:
- Revised the age criteria to 18–75 years as of December 31 of the measurement year.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the method for identifying advanced illness.
- Moved previously listed Exclusions to Required exclusions.

Use of Imaging Studies for Low Back Pain (LBP)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	TB[1]	TB[1]	77.5%	73.6%	75.9%	⇧
CFCHP	TB[1]	TB[1]	76.5%	72.6%	73.3%	⇧
JMS	TB[1]	TB[1]	84.0%	82.0%	77.4%	⇧
KPMAS	TB[1]	TB[1]	79.5%	78.9%	78.8%	⇧
MPC	TB[1]	TB[1]	80.6%	76.0%	74.8%	⇧
MSFC	TB[1]	TB[1]	75.8%	73.0%	72.9%	⇧
PPMCO	TB[1]	TB[1]	77.5%	80.0%	78.8%	⇧
UHC	TB[1]	TB[1]	78.9%	78.0%	77.6%	⇧
WPM	TB[1]	TB[1]	76.7%	74.9%	73.9%	⇧
MARR			78.6%	76.6%	75.9%	

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

Use of Opioids from Multiple Providers (UOP)

Description

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

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

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

Rationale

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

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

Summary of Changes for HEDIS MY 2024:

- Revised the second note to clarify that supplemental data can be used for required exclusions.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	26.0%	25.3%	24.1%	24.2%	26.7%	⇧
CFCHP	24.6%	22.5%	23.0%	21.9%	22.8%	⇧
JMS	18.6%	19.5%	20.0%	18.4%	14.5%	⇩
KPMAS	23.5%	26.6%	26.5%	27.9%	28.5%	⇧
MPC	23.5%	24.2%	20.9%	21.6%	21.1%	⇧
MSFC	26.5%	26.5%	25.5%	24.7%	22.5%	⇧
PPMCO	26.3%	23.9%	25.0%	22.5%	21.1%	⇧
UHC	24.2%	22.7%	19.9%	21.6%	21.6%	⇧
WPM	25.1%	25.2%	23.2%	23.7%	24.1%	⇧
MARR	24.3%	24.0%	23.1%	22.9%	22.5%	

Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	5.3%	4.2%	4.1%	5.8%	4.4%	⇧
CFCHP	5.7%	5.0%	3.4%	3.7%	2.7%	⇩
JMS	7.1%	6.6%	5.8%	3.2%	3.0%	⇩
KPMAS	1.7%	0.8%	0.9%	0.8%	0.6%	⇩
MPC	5.5%	4.3%	3.2%	4.2%	3.4%	⇩
MSFC	4.6%	5.1%	2.8%	2.9%	1.0%	⇩
PPMCO	5.2%	14.1%	3.5%	4.8%	3.2%	⇩
UHC	3.4%	2.4%	1.9%	3.1%	1.9%	⇩
WPM	4.2%	3.8%	3.2%	2.9%	2.6%	⇩
MARR	4.7%	5.1%	3.2%	3.5%	2.5%	

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	3.7%	2.3%	2.6%	4.3%	3.8%	⇧
CFCHP	3.2%	2.9%	2.2%	2.5%	2.1%	⇩
JMS	3.4%	3.9%	2.8%	2.3%	1.6%	⇩
KPMAS	1.0%	0.5%	0.6%	0.8%	0.6%	⇩
MPC	3.0%	2.3%	2.0%	2.6%	2.6%	⇧
MSFC	2.9%	3.5%	2.0%	2.0%	0.7%	⇩
PPMCO	3.3%	6.5%	2.3%	3.0%	2.2%	⇩
UHC	2.3%	1.4%	1.1%	2.1%	1.0%	⇩
WPM	2.7%	2.3%	2.4%	2.2%	1.8%	⇩
MARR	2.8%	2.8%	2.0%	2.4%	1.8%	

Appropriate Treatment for Upper Respiratory Infection (URI)

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

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the second note to clarify that supplemental data can be used for required exclusions.

Appropriate Treatment for Upper Respiratory Infection (URI), Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	87.3%	88.6%	89.0%	87.5%	88.3%	⇧
CFCHP	85.9%	86.6%	87.8%	87.2%	87.0%	⇩
JMS	91.6%	92.7%	92.6%	92.5%	91.0%	⇧
KPMAS	91.7%	93.8%	95.2%	95.5%	97.0%	⇧
MPC	86.0%	86.1%	87.9%	86.4%	86.6%	⇩
MSFC	88.8%	90.5%	91.0%	87.5%	87.2%	⇩
PPMCO	89.5%	90.1%	91.4%	88.9%	88.8%	⇧
UHC	89.2%	90.5%	91.4%	88.9%	89.3%	⇧
WPM	89.6%	89.7%	91.3%	89.6%	90.0%	⇧
MARR	88.8%	89.8%	90.8%	89.3%	89.5%	

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://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

Summary of Changes to HEDIS MY 2024:
-   Updated the required exclusion criteria for identifying conditions for which first-line antipsychotic medications may be clinically appropriate.
-   Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
-   Added Residential Behavioral Health Treatment Value Set to the numerator.

Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	58.9%	59.6%	54.5%	53.3%	61.7%	⇩
CFCHP	61.4%	64.2%	61.8%	60.1%	67.4%	⇩
JMS	60.4%	60.4%	58.2%	57.5%	64.9%	⇩
KPMAS	75.0%	72.8%	70.9%	77.0%	74.9%	⇧
MPC	73.3%	73.7%	71.8%	72.0%	75.8%	⇧
MSFC	69.7%	71.0%	65.6%	62.4%	66.8%	⇩
PPMCO	75.1%	75.5%	69.9%	66.5%	71.4%	⇧
UHC	67.4%	77.2%	72.5%	69.8%	73.1%	⇧
WPM	71.7%	72.6%	69.2%	68.4%	72.7%	⇧
MARR	68.1%	69.7%	66.0%	65.2%	69.8%	

Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	68.1%	69.6%	66.2%	65.8%	73.6%	⇓
CFCHP	73.2%	75.5%	73.7%	73.1%	79.4%	⇓
JMS	79.4%	79.8%	78.1%	76.7%	82.5%	⇑
KPMAS	81.7%	80.5%	80.2%	83.8%	83.2%	⇑
MPC	82.3%	82.6%	81.3%	81.5%	84.9%	⇑
MSFC	80.4%	81.4%	77.8%	76.1%	79.2%	⇓
PPMCO	83.7%	83.6%	80.5%	78.2%	82.1%	⇑
UHC	78.3%	85.0%	82.6%	80.9%	83.8%	⇑
WPM	80.9%	82.1%	79.5%	78.7%	82.9%	⇑
MARR	78.7%	80.0%	77.8%	77.2%	81.3%	

Prenatal and Postpartum Care

Prenatal and Postpartum Care (PPC)

Description
The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.
1. *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
2. *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

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

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

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

Summary of Changes to HEDIS MY 2024:
- Updated the event/diagnosis criteria to clarify which delivery is counted when there are multiple deliveries.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Prenatal and Postpartum Care (PPC), Postpartum Care						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	78.1%	80.6%	78.6%	83.3%	83.3%	⇧
CFCHP	84.4%	81.7%	83.5%	88.3%	89.1%	⇧
JMS	90.3%	87.5%	85.3%	86.6%	87.8%	⇧
KPMAS	90.3%	93.0%	87.3%	91.3%	95.2%	⇧
MPC	77.4%	83.7%	83.5%	85.4%	81.8%	⇧
MSFC	83.7%	82.8%	88.0%	83.8%	85.0%	⇧
PPMCO	64.5%	83.5%	82.0%	78.1%	84.2%	⇧
UHC	79.1%	77.4%	74.9%	77.6%	79.6%	⇧
WPM	80.5%	83.3%	80.4%	83.2%	84.4%	⇧
MARR	80.9%	83.7%	82.6%	84.2%	85.6%	

Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	83.9%	83.7%	84.2%	89.6%	87.9%	⇧
CFCHP	88.6%	86.9%	88.9%	93.3%	95.1%	⇧
JMS	85.5%	88.9%	87.7%	83.4%	88.3%	⇧
KPMAS	95.9%	98.3%	88.6%	94.4%	94.6%	⇧
MPC	89.5%	88.6%	89.1%	91.5%	92.7%	⇧
MSFC	82.0%	88.0%	83.2%	85.0%	83.8%	⇧
PPMCO	81.3%	85.6%	92.2%	85.6%	89.8%	⇧
UHC	87.1%	88.3%	87.4%	86.6%	85.4%	⇧
WPM	89.1%	91.5%	90.0%	82.0%	87.8%	⇧
MARR	87.0%	88.9%	87.9%	87.9%	89.5%	

Antibiotic Utilization for Respiratory Conditions (AXR)

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a note to the description to clarify that higher or lower service counts do not indicate better or worse performance.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Revised the first note to clarify that supplemental data can be used for required exclusions.
- Added a note to clarify which services count.

Antibiotic Utilization for Respiratory Conditions (AXR)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH			16.5%	24.2%	25.4%	⇩
CFCHP			17.7%	25.4%	27.5%	⇧
JMS			13.7%	16.5%	17.7%	⇩
KPMAS			9.7%	18.7%	20.5%	⇩
MPC			19.3%	27.9%	29.3%	⇧
MSFC			16.1%	24.9%	27.9%	⇧
PPMCO			16.3%	24.7%	26.0%	⇩
UHC			15.1%	22.7%	24.9%	⇩
WPM			15.2%	24.0%	26.4%	⇧
MARR			15.5%	23.2%	25.1%	

Plan All-Cause Readmissions (PCR)

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

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

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

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

Summary of Changes to HEDIS MY 2024:
- Added a note to the Product line section.
- Revised the last note to clarify that supplemental data can be used for required exclusions.

Plan All-Cause Readmissions (PCR) - Observed					
Measurement Year	2020	2021	2022	2023	2024
ABH	11.1%	9.2%	10.0%	13.5%	13.4%
CFCHP	10.0%	9.3%	12.2%	9.3%	11.7%
JMS	9.8%	9.8%	9.8%	7.8%	8.7%
KPMAS	7.2%	7.8%	7.9%	7.5%	7.7%
MPC	10.0%	10.2%	10.5%	10.5%	10.7%
MSFC	12.5%	10.5%	10.7%	9.0%	8.6%
PPMCO	8.9%	8.4%	9.0%	8.6%	8.7%
UHC	11.2%	10.2%	10.2%	9.8%	11.0%
WPM	10.1%	9.7%	8.9%	8.3%	9.0%
MARR	10.1%	9.5%	9.9%	9.4%	9.9%

Plan All-Cause Readmissions (PCR) - Observed / Expected					
Measurement Year	2020	2021	2022	2023	2024
ABH	TB[1]	TB[1]	TB[1]	TB[1]	1.54
CFCHP	TB[1]	TB[1]	TB[1]	TB[1]	1.33
JMS	TB[1]	TB[1]	TB[1]`	TB[1]	0.92
KPMAS	TB[1]	TB[1]	TB[1]`	TB[1]	0.95
MPC	TB[1]	TB[1]	TB[1]	TB[1]	1.25
MSFC	TB[1]	TB[1]	TB[1]`	TB[1]	1.04
PPMCO	TB[1]	TB[1]	TB[1]	TB[1]	1.04
UHC	TB[1]	TB[1]	TB[1]	TB[1]	1.26
WPM	TB[1]	TB[1]	TB[1]	TB[1]	1.09
MARR					1.16

TB[1] Trending break for MY 2024; results cannot be compared to the prior years' benchmarks.

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

Description
The percentage of members who had the following number of well-child visits with a primary care provider during the last 15 months. The following rates are reported:
1. *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months – 30 Months.* Children who turned 30 months old during the measurement year: Two or more well-child visits.

Rationale
The American Academy of Pediatrics (AAP) recommends six well-child visits in the first year of life: the first within the first month of life, and then at around 2, 4, 6, 9, and 12 months of age. These visits are particularly important during the first year of life, when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination, and social and emotional growth. Regular check-ups during the first year of life and beyond are one of the best ways to detect physical, developmental, behavioral, and emotional problems. They also provide an opportunity for the clinician to offer guidance and counseling to the parents.

American Academy of Pediatrics. Retrieved from AAP Schedule of Well-Child Care Visits - HealthyChildren.org

Summary of Changes to HEDIS MY 2024:
*   Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Well-Child Visits in the First 30 Months of Life (W30), 15 months						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	42.0%	43.0%	48.8%	51.5%	53.3%	⇩
CFCHP	71.6%	47.9%	52.0%	52.8%	68.1%	⇧
JMS	72.8%	53.4%	56.1%	59.8%	54.6%	⇩
KPMAS	73.2%	68.2%	74.9%	72.7%	79.1%	⇧
MPC	60.2%	54.2%	58.7%	58.8%	60.9%	⇧
MSFC	58.5%	54.1%	53.4%	54.3%	58.1%	⇩
PPMCO	58.0%	56.6%	57.1%	58.9%	62.6%	⇧
UHC	54.1%	58.5%	58.9%	59.5%	64.0%	⇧
WPM	59.6%	56.9%	57.2%	57.2%	61.0%	⇧
MARR	61.1%	54.8%	57.5%	58.4%	62.4%	

Well-Child Visits in the First 30 Months of Life (W30), 15-30 months						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	76.9%	67.8%	65.3%	68.6%	71.4%	⇧
CFCHP	79.1%	73.9%	66.2%	66.2%	70.9%	⇧
JMS	75.6%	72.2%	70.1%	73.1%	74.7%	⇧
KPMAS	72.7%	74.1%	74.4%	75.6%	79.6%	⇧
MPC	74.8%	70.3%	67.5%	68.8%	72.2%	⇧
MSFC	77.5%	73.0%	67.9%	70.9%	76.8%	⇧
PPMCO	77.4%	75.2%	71.7%	71.2%	75.7%	⇧
UHC	75.5%	76.5%	72.1%	71.5%	76.3%	⇧
WPM	81.2%	77.9%	75.6%	75.3%	80.1%	⇧
MARR	76.7%	73.4%	70.1%	71.2%	75.3%	

Child and Adolescent Well-Care Visits (WCV)

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

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

American Academy of Pediatrics. Retrieved from AAP Schedule of Well-Child Care Visits - HealthyChildren.org

Summary of Changes to HEDIS MY 2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.

Child and Adolescent Well-Care Visits (WCV), 3-11 years						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	45.6%	53.4%	53.1%	57.4%	61.7%	⇧
CFCHP	53.0%	57.2%	54.6%	54.3%	58.7%	⇩
JMS	66.2%	69.8%	70.4%	69.3%	76.5%	⇧
KPMAS	58.1%	70.1%	65.3%	68.8%	72.3%	⇧
MPC	53.9%	60.7%	59.1%	60.7%	64.3%	⇧
MSFC	55.8%	64.0%	56.9%	58.9%	60.8%	⇧
PPMCO	58.7%	64.0%	62.6%	62.8%	65.8%	⇧
UHC	58.4%	68.2%	64.8%	64.6%	68.9%	⇧
WPM	67.2%	71.2%	67.0%	69.8%	73.3%	⇧
MARR	57.4%	64.3%	61.5%	62.9%	66.9%	

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

Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	37.0%	44.6%	43.8%	46.9%	49.9%	⇩
CFCHP	44.4%	45.7%	45.0%	44.0%	49.4%	⇩
JMS	75.4%	66.6%	65.2%	62.4%	70.9%	⇧
KPMAS	57.8%	60.2%	54.3%	58.7%	62.0%	⇧
MPC	47.4%	54.0%	51.8%	54.0%	56.5%	⇧
MSFC	49.8%	57.7%	49.2%	51.5%	52.6%	⇩
PPMCO	54.0%	58.5%	56.2%	56.5%	60.0%	⇧
UHC	54.9%	62.7%	59.2%	58.4%	61.2%	⇧
WPM	62.3%	66.8%	62.2%	66.1%	68.1%	⇧
MARR	53.7%	57.4%	54.1%	55.4%	58.9%	

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

Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	25.9%	26.1%	24.3%	27.4%	32.3%	⇧
CFCHP	28.3%	28.1%	25.8%	24.4%	28.9%	⇩
JMS	71.1%	59.5%	57.4%	54.2%	58.5%	⇧
KPMAS	35.4%	38.9%	32.5%	36.6%	39.2%	⇧
MPC	28.9%	31.9%	31.4%	32.5%	36.1%	⇧
MSFC	38.8%	41.3%	34.8%	34.2%	35.9%	⇧
PPMCO	35.8%	36.7%	35.1%	35.2%	39.0%	⇧
UHC	36.9%	41.8%	38.1%	38.4%	42.4%	⇧
WPM	41.3%	42.4%	38.7%	42.4%	45.8%	⇧
MARR	38.0%	38.5%	35.4%	36.1%	39.8%	

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

Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	39.2%	45.7%	45.3%	50.0%	54.3%	⇧
CFCHP	46.8%	49.2%	46.9%	46.5%	51.6%	⇩
JMS	69.9%	66.8%	66.2%	64.3%	71.4%	⇧
KPMAS	54.2%	62.0%	56.7%	61.3%	64.7%	⇧
MPC	47.7%	53.5%	51.7%	53.6%	56.9%	⇧
MSFC	51.0%	57.9%	50.4%	52.2%	54.0%	⇧
PPMCO	53.8%	57.8%	55.8%	56.2%	59.5%	⇧
UHC	53.5%	61.6%	57.8%	57.7%	61.5%	⇧
WPM	62.0%	65.2%	60.6%	64.0%	66.8%	⇧
MARR	53.1%	57.7%	54.6%	56.2%	60.1%	

Measures Reported Using Electronic Clinical Data Systems (ECDS)

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

Description
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.
1. *Initiation Phase.* The percentage of members 6–12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
2. *Continuation and Maintenance Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.

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

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

Summary of Changes to HEDIS MY 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage.
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.
- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS.

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) , Continuation Phase						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH	NA	0.0%	33.3%	12.5%	25.0%	⇩
CFCHP	NA	NA	50.0%	NA	29.3%	⇩
JMS	NA	NA	NA	NA	25.0%	⇩
KPMAS	NA	NA	NA	NA	67.9%	⇧
MPC	NA	NA	NA	NA	33.9%	⇩
MSFC	NA	NA	NA	0.0%	27.7%	⇩
PPMCO	NA	NA	29.0%	NA	31.5%	⇩
UHC	32.7%	28.6%	40.6%	NA	47.0%	⇩
WPM	NA	NA	NA	NA	31.4%	⇩
MARR	32.7%	14.3%	38.2%	6.3%	35.4%	

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) , Acute Phase						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	0.0%	19.1%	17.2%	31.0%	⇩
CFCHP	NA	NA	41.2%	NA	34.3%	⇩
JMS	NA	NA	NA	NA	17.7%	⇩
KPMAS	NA	NA	NA	NA	66.7%	⇧
MPC	NA	NA	NA	NA	30.5%	⇩
MSFC	NA	NA	NA	0.0%	27.0%	⇩
PPMCO	NA	NA	30.2%	NA	32.2%	⇩
UHC	36.2%	31.9%	39.0%	NA	37.7%	⇩
WPM	NA	NA	NA	NA	33.7%	⇩
MARR	36.2%	15.9%	32.4%	8.6%	34.5%	

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 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage.
- Expanded the ages criteria in the Rules for Allowable Adjustments.
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.
- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS

Adult Immunization Status (AIS-E), Pneumococcal						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH				NA	NA	
CFCHP				0.0%	NA	
JMS				NA	NA	
KPMAS				0.0%	NA	
MPC				NA	NA	
MSFC				NA	NA	
PPMCO				NA	100.0%	⇧
UHC				0.0%	50.0%	⇧
WPM				NA	NA	
MARR				0.0%	75.0%	

Adult Immunization Status (AIS-E), Influenza						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH				4.8%	13.4%	⇩
CFCHP				15.5%	16.2%	⇩
JMS				18.3%	19.7%	⇧
KPMAS				31.9%	29.1%	⇧
MPC				16.0%	15.4%	⇩
MSFC				8.3%	7.9%	⇩
PPMCO				17.6%	17.4%	⇧
UHC				8.9%	8.5%	⇩
WPM				16.7%	17.1%	⇧
MARR				15.3%	16.1%	

Adult Immunization Status (AIS-E), Td/Tdap						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH				14.1%	38.0%	⇩
CFCHP				38.2%	44.0%	⇧
JMS				44.8%	47.0%	⇧
KPMAS				79.3%	75.9%	⇧
MPC				48.8%	50.4%	⇧
MSFC				14.3%	15.1%	⇩
PPMCO				52.8%	56.3%	⇧
UHC				34.5%	36.2%	⇩
WPM				48.3%	50.4%	⇧
MARR				41.7%	45.9%	

Adult Immunization Status (AIS-E), Zoster						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH				1.9%	11.7%	⇧
CFCHP				10.6%	14.4%	⇧
JMS				11.4%	18.3%	⇧
KPMAS				46.0%	48.9%	⇧
MPC				12.4%	13.7%	⇧
MSFC				1.9%	1.9%	⇩
PPMCO				14.2%	17.1%	⇧
UHC				11.3%	13.0%	⇧
WPM				10.8%	14.6%	⇧
MARR				13.4%	17.1%	

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

Description

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

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

Rationale

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

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

Summary of Changes to HEDIS MY 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage.
- Expanded the ages criteria in the Rules for Allowable Adjustments.
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.
- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	100.0%	67.5%	⇧
CFCHP	NA	NA	100.0%	NA	79.8%	⇧
JMS	NA	NA	NA	NA	68.2%	⇧
KPMAS	NA	NA	NA	NA	90.2%	⇧
MPC	NA	NA	NA	NA	77.0%	⇧
PPMCO	NA	NA	69.7%	NA	70.4%	⇧
UHC	NA	NA	NA	NA	73.1%	⇧
WPM	NA	NA	NA	NA	77.9%	⇧
MARR			84.9%	100.0%	75.5%	

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	0.0%	57.5%	⇧
CFCHP	NA	NA	50.0%	NA	68.7%	⇧
JMS	NA	NA	NA	NA	68.2%	⇧
KPMAS	NA	NA	NA	NA	75.6%	⇧
MPC	NA	NA	NA	NA	66.2%	⇧
PPMCO	NA	NA	59.1%	NA	61.4%	⇧
UHC	NA	NA	NA	NA	64.3%	⇧
WPM	NA	NA	NA	NA	68.0%	⇧
MARR			54.5%	0.0%	66.2%	

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Total						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	0.0%	57.5%	⇧
CFCHP	NA	NA	50.0%	NA	67.5%	⇧
JMS	NA	NA	NA	NA	68.2%	⇧
KPMAS	NA	NA	NA	NA	75.6%	⇧
MPC	NA	NA	NA	NA	64.8%	⇧
PPMCO	NA	NA	58.0%	NA	59.4%	⇧
UHC	NA	NA	NA	NA	63.2%	⇧
WPM	NA	NA	NA	NA	67.7%	⇧
MARR			54.0%	0.0%	65.5%	

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 U.S. 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 United States Preventive Services Task Force recommends screening women 50–74 years of age for breast cancer every two years.

United States Preventive Services Task Force. Retrieved from Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce

Summary of Changes to HEDIS MY 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage.
- Expanded the ages criteria in the Rules for Allowable Adjustments.
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.
- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS.

Breast Cancer Screening (BCS-E)						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH				48.7%	52.1%	⇩
CFCHP				54.0%	58.5%	⇧
JMS				63.0%	61.8%	⇧
KPMAS				73.0%	75.8%	⇧
MPC				60.3%	60.3%	⇧
MSFC				61.6%	61.8%	⇧
PPMCO				57.3%	58.3%	⇧
UHC				57.8%	58.8%	⇧
WPM				57.4%	60.9%	⇧
MARR				59.2%	60.9%	

Cervical Cancer Screening (CCS-E)

Description
The percentage of members 21–64 years of age who were screened for cervical cancer using either of the following criteria:
- Members ages 21–64 who had cervical cytology performed within the last three years.
- Members ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Members 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 2024:
- Replaced references to "women" with "members recommended for routine cervical cancer screening."
- Added criteria for "members recommended for routine cervical cancer screening" to the eligible population.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Added an exclusion for members who were assigned male at birth.
- Clarified that "Unknown" is not considered a result/finding for medical record reporting.

Cervical Cancer Screening (CCS-E)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH	NA	NA	NA	43.0%	46.7%	⇩
CFCHP	NA	NA	NA	NA	50.7%	⇩
JMS	NA	NA	NA	NA	67.5%	⇧
KPMAS	NA	NA	NA	NA	78.8%	⇧
MPC	NA	NA	NA	NA	56.0%	⇧
MSFC	NA	NA	NA	47.2%	48.0%	⇩
PPMCO	NA	NA	NA	NA	55.9%	⇧
UHC	NA	NA	NA	NA	53.7%	⇧
WPM	NA	NA	NA	NA	59.5%	⇧
MARR				45.1%	57.4%	

Colorectal Cancer Screening (COL-E)

Description

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

Rationale

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

Summary of Changes to HEDIS MY 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage.
- Expanded the ages criteria in the Rules for Allowable Adjustments of HEDIS.
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.
- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS.

Colorectal Cancer Screening (COL-E)						
Measurement Year	**2020**	**2021**	**2022**	**2023**	**2024**	**NHM**
ABH			19.1%	23.0%	28.7%	⇩
CFCHP			24.4%	NA	33.4%	⇩
JMS			NA	NA	32.6%	⇩
KPMAS			NA	NA	61.6%	⇧
MPC			NA	NA	37.9%	⇩
MSFC			NA	25.5%	30.0%	⇩
PPMCO			32.9%	NA	42.7%	⇧
UHC			36.5%	NA	41.2%	⇧
WPM			NA	NA	41.4%	⇧
MARR			28.2%	24.3%	38.8%	

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 for HEDIS MY 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage.
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.
- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS.
- Added data elements tables for race and ethnicity stratification reporting.

Prenatal Immunization Status (PRS-E)						
Measurement Year	2020	2021	2022	2023	2024	NHM
ABH		12.6%	13.3%	13.0%	20.0%	⇩
CFCHP		14.9%	19.7%	19.2%	24.3%	⇧
JMS		27.4%	24.6%	28.3%	28.4%	⇧
KPMAS		64.1%	60.7%	58.7%	56.6%	⇧
MPC		18.9%	21.5%	22.8%	23.0%	⇧
MSFC		7.2%	7.1%	7.5%	7.2%	⇩
PPMCO		16.1%	15.4%	24.4%	28.3%	⇧
UHC		16.1%	15.9%	13.2%	14.0%	⇩
WPM		13.7%	14.5%	21.3%	25.5%	⇧
MARR		21.2%	21.4%	23.1%	25.2%	

Social Need Screening and Intervention (SNS-E)

Description
The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.
- *Food Screening.* The percentage of members who were screened for food insecurity.
  - *Food Intervention.* The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.
- *Housing Screening.* The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.
  - *Housing Intervention.* The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.
- *Transportation Screening.* The percentage of members who were screened for transportation insecurity.
  - *Transportation Intervention.* The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

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

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

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

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

National Library of Medicine. "Standards of Medical Care in Diabetes 2022".
Retrieved from Summary of Revisions: Standards of Medical Care in Diabetes-2022 - PubMed

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

Summary of Changes to HEDIS MY 2024:
- Refer to the Technical Release Notes file on the HEDIS webpage.
- Revised the headers in the Clinical Components section of the Rules for Allowable Adjustments of HEDIS.

- Revised the exclusion criteria in the Rules for Allowable Adjustments of HEDIS.
- Added a Denominator section to the Rules for Allowable Adjustments of HEDIS.

Social Need Screening and Intervention, Food Screening (SNS-E)					
Measurement Year	2020	2021	2022	2023	2024
ABH		NA	NA	NA	2.24%
CFCHP		NA	NA	NA	0.05%
JMS		NA	NA	NA	5.11%
KPMAS		NA	NA	NA	6.23%
MPC		NA	NA	NA	NA
MSFC		NA	NA	NA	NA
PPMCO		NA	NA	NA	NA
UHC		NA	NA	NA	0.19%
WPM		NA	NA	NA	0.11%
MARR					2.32%

Social Need Screening and Intervention, Food Intervention (SNS-E)					
Measurement Year	2020	2021	2022	2023	2024
ABH		NA	NA	NA	33.33%
CFCHP		NA	NA	NA	50.00%
JMS		NA	NA	NA	51.77%
KPMAS		NA	NA	NA	58.99%
MPC		NA	NA	NA	NA
MSFC		NA	NA	NA	NA
PPMCO		NA	NA	NA	NA
UHC		NA	NA	NA	NA
WPM		NA	NA	NA	3.70%
MARR					39.56%

Social Need Screening and Intervention, Housing Screening (SNS-E)					
Measurement Year	2020	2021	2022	2023	2024
ABH		NA	NA	NA	5.18%
CFCHP		NA	NA	NA	0.04%
JMS		NA	NA	NA	5.11%
KPMAS		NA	NA	NA	5.51%
MPC		NA	NA	NA	NA
MSFC		NA	NA	NA	NA
PPMCO		NA	NA	NA	NA
UHC		NA	NA	NA	0.19%
WPM		NA	NA	NA	2.20%
MARR					3.04%

Social Need Screening and Intervention, Housing Intervention (SNS-E)					
Measurement Year	2020	2021	2022	2023	2024
ABH		NA	NA	NA	NA
CFCHP		NA	NA	NA	NA
JMS		NA	NA	NA	40.17%
KPMAS		NA	NA	NA	51.47%
MPC		NA	NA	NA	NA
MSFC		NA	NA	NA	NA
PPMCO		NA	NA	NA	NA
UHC		NA	NA	NA	NA
WPM		NA	NA	NA	2.20%
MARR					31.28%

Social Need Screening and Intervention, Transportation Screening (SNS-E)					
Measurement Year	2020	2021	2022	2023	2024
ABH		NA	NA	NA	3.09%
CFCHP		NA	NA	NA	0.04%
JMS		NA	NA	NA	5.11%
KPMAS		NA	NA	NA	6.27%
MPC		NA	NA	NA	NA
MSFC		NA	NA	NA	NA
PPMCO		NA	NA	NA	NA
UHC		NA	NA	NA	0.14%
WPM		NA	NA	NA	2.20%
MARR					2.81%

Social Need Screening and Intervention, Transportation Intervention (SNS-E)					
Measurement Year	2020	2021	2022	2023	2024
ABH		NA	NA	NA	1.16%
CFCHP		NA	NA	NA	16.67%
JMS		NA	NA	NA	56.19%
KPMAS		NA	NA	NA	60.38%
MPC		NA	NA	NA	NA
MSFC		NA	NA	NA	NA
PPMCO		NA	NA	NA	NA
UHC		NA	NA	NA	3.85%
WPM		NA	NA	NA	2.69%
MARR					23.49%

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 2024:
  - Updated the "Member Months" definition under Calculations to clarify how to calculate member months.

Enrollment by Product Line (ENP), in Member Months	
Plan	**Total**
ABH	636,285
CFCHP	1,141,349
JMS	340,393
KPMAS	1,305,517
MPC	2,567,948
MSFC	1,160,815
PPMCO	3,982,190
UHC	1,734,179
WPM	3,586,260

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 2024:
- No changes to this measure.

	Variable	Declined	English	Non-English	Unknown
ABH	Number	0	489	0	20,498
	Percent	0.00%	0.66%	0.00%	27.72%
CFCHP	Number	0	0	0	125,990
	Percent	0.00%	0.00%	0.00%	99.91%
JMS	Number	4,547	303	0	0
	Percent	12.75%	0.85%	0.00%	0.00%
KPMAS	Number	13	994	0	11,031
	Percent	0.01%	0.77%	0.00%	8.57%
MPC	Number	0	2,407	0	0
	Percent	0.00%	0.97%	0.00%	0.00%
MSFC	Number	95	777	0	33,839
	Percent	0.08%	0.66%	0.00%	28.95%
PPMCO	Number	0	1,284	0	234,129
	Percent	0.00%	0.33%	0.00%	60.80%
UHC	Number	0	1,512	0	14,308
	Percent	0.00%	0.87%	0.00%	8.20%
WPM	Number	0	1,437	0	161,961
	Percent	0.00%	0.41%	0.00%	46.59%

Table title: Language Diversity of Membership (LDM)

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 2024:
- No changes to this measure.

	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	3,101	40,299	0	83	0	1	18,654	11,800
	Percent	0.00%	4.19%	54.50%	0.00%	0.11%	0.00%	0.00%	25.23%	15.96%
CFCHP	Number	128	818	92,975	19,297	482	3,222	889	1,385	6,910
	Percent	0.10%	0.65%	73.73%	15.30%	0.38%	2.55%	0.70%	1.10%	5.48%
JMS	Number	73	1,540	21,518	5,668	98	873	1,254	0	4,647
	Percent	0.20%	4.32%	60.32%	15.89%	0.27%	2.45%	3.52%	0.00%	13.03%
KPMAS	Number	400	11,767	67,570	370	122	24,008	1,936	10,776	11,819
	Percent	0.31%	9.14%	52.47%	0.29%	0.09%	18.64%	1.50%	8.37%	9.18%
MPC	Number	644	10,697	92,477	47,527	295	17,101	0	1,683	78,644
	Percent	0.26%	4.29%	37.13%	19.08%	0.12%	6.87%	0.00%	0.68%	31.58%
MSFC	Number	0	7,181	49,338	0	0	10,977	0	22,908	26,485
	Percent	0.00%	6.14%	42.21%	0.00%	0.00%	9.39%	0.00%	19.60%	22.66%
PPMCO	Number	1,049	16,194	134,528	93,805	512	28,237	0	1,360	109,402
	Percent	0.27%	4.21%	34.93%	24.36%	0.13%	7.33%	0.00%	0.35%	28.41%
UHC	Number	547	9,863	67,376	0	215	13,111	0	42,904	40,521
	Percent	0.31%	5.65%	38.60%	0.00%	0.12%	7.51%	0.00%	24.58%	23.22%
WPM	Number	3,494	21,830	148,946	0	1,211	36,187	0	44,682	91,297
	Percent	1.01%	6.28%	42.84%	0.00%	0.35%	10.41%	0.00%	12.85%	26.26%

Implications and Discussion

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

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

HealthChoice Plans: HEDIS MY 2024 Summary

- There were several measures/indicators where eight of nine MCO rates were above/better than the NHM: CHL, BCS-E, IMA Combo 1, BPD, PCE Bronchodilator indicator, WCV, GSD <8 and >9 indicator, and SPD Received Statin Therapy indicator.
- All nine MCOs scored above/better than the NHM for CIS Combos 3 and 7, KED, WCC BMI indicator, PPC Timeliness of Prenatal Care and Postpartum indicators, LBP, and W30 15-30 Months indicator.
- In addition, for LSC, all nine MCO rates benchmarked above the 75th percentile, and of those seven, three MCO rates benchmarked above the 90th percentile.
- Seven of nine MCO PPC Postpartum indicator rates benchmarked above the 75th percentile, and of the seven, three benchmarked above the 90th percentile.
- Four of nine MCO PPC Timeliness of Prenatal Care indicator rates benchmarked above the 75th percentile, and of the four, three MCO rates benchmarked above the 90th percentile.

PHIP Measure Summary:

MetaStar was not required to conduct a detailed analysis related to PHIP performance. The table on the following page displays MCO rate performance for the HEDIS MY 2024 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 2024 PHIP Benchmarks and Percentiles

Measure	ABH MY2024	CFCHP MY2024	JMS MY2024	KPMAS MY2024	MPC MY2024	MSFC MY2024	PPMCO MY2024	UHC MY2024	WPM MY2024
Lead Screening in Children (LSC)	72.68%	75.43%	82.86%	86.62%	76.21%	71.53%	79.32%	74.94%	79.56%
Risk of Continued Opioid Use (COU), 31 Days, Total [1]	3.51%	3.45%	4.29%	1.25%	4.74%	2.83%	3.79%	4.09%	2.68%
Asthma Medication Ratio (AMR), Total	61.17%	74.14%	76.37%	97.13%	81.27%	58.21%	77.57%	58.37%	51.22%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	87.85%	95.11%	88.34%	94.56%	92.70%	83.75%	89.78%	85.40%	87.83%
Prenatal and Postpartum Care (PPC), Postpartum Care	83.33%	89.13%	87.82%	95.24%	81.75%	85.00%	84.18%	79.56%	84.43%
Glycemic Status Assessment for Patients with Diabetes (GSD), Poor Control (>9.0%) [1]	31.39%	26.28%	29.44%	28.71%	28.47%	27.25%	33.33%	35.04%	36.01%

[1] *Lower is better*