

# **Statewide Executive Summary Report HealthChoice Participating Organizations HEDIS® MY 2021 Results**

*Presented to*

**Maryland Department of Health**

**August 12, 2022**

**M E T A S T A R**

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## INTRODUCTION

Healthcare Effectiveness Data and Information Set (HEDIS<sup>®1</sup>) is one of the most widely used sources of healthcare performance measures in the United States. The program is maintained by the National Committee for Quality Assurance (NCQA<sup>2</sup>). NCQA develops and publishes specifications for data collection and result calculation to promote a high degree of standardization of HEDIS measures. Reporting entities are required to register with NCQA and undergo an annual NCQA HEDIS Compliance Audit<sup>TM3</sup>. To ensure audit consistency, only NCQA-licensed organizations using NCQA-certified auditors may conduct a HEDIS Compliance Audit. The audit conveys sufficient integrity to HEDIS data, such that it can be released to the public to provide consumers and purchasers with a means of comparing healthcare organization performance.

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

## BACKGROUND

The Maryland Medicaid program implemented HealthChoice, a comprehensive managed care program, in June 1997 after receiving a waiver from the Centers for Medicare & Medicaid Services based on the requirements in Section §1115 of the Social Security Act. HealthChoice allows eligible Medicaid recipients to enroll in a participating MCO. There are currently nine organizations participating in HealthChoice, with 1,435,035 enrollees as of December 31, 2021.

Within MDH, the Medical Benefits Management Administration is responsible for the quality oversight of the HealthChoice program. MDH continues to measure HealthChoice program clinical quality performance and enrollee satisfaction using initiatives such as HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®4</sup>) reporting. Performance is measured at both the organization level and on a statewide basis. HEDIS and CAHPS results are incorporated annually into a HealthChoice Consumer Report Card developed to assist HealthChoice enrollees in making comparisons when selecting a health plan. All nine HealthChoice organizations reported HEDIS in measurement year (MY) 2021.

For HEDIS MY 2021, MDH required HealthChoice MCOs to report the complete HEDIS measure set for services rendered in calendar year 2021 to HealthChoice enrollees. These measures provide meaningful MCO comparative information, and they measure performance relative to MDH's priorities and goals.

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

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

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

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

## ACCREDITATION

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

Effective for the 2020 Health Plan Accreditation standards year, evaluation of HEDIS/CAHPS performance is separate from standards scoring. Accreditation status is now based on a combination of adherence to accreditation standards with a comprehensive evaluation and analysis of clinical performance and consumer experience. With this change to scoring, NCQA eliminated the Excellent and Commendable status levels. Instead, NCQA uses the Health Plan Ratings to distinguish quality. Accredited plans earned ratings after they submitted HEDIS/CAHPS data to NCQA and can advertise the rating alongside their accreditation seal.

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

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

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

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

Current accreditation status for all HealthChoice organizations is listed below.

Organizations Reporting HEDIS in MY 2021		
Acronym Used in this Report	HealthChoice Organization Name	Accreditation Status
ABH	Aetna Better Health of Maryland	Accredited
ACC	AMERIGROUP Community Care	Accredited
CFCHP	CareFirst Community Health Plan Maryland	Accredited
JMS	Jai Medical Systems	Accredited
KPMAS	Kaiser Permanente of the Mid-Atlantic States	Accredited
MPC	Maryland Physicians Care	Accredited
MSFC	MedStar Family Choice	Accredited
PPMCO	Priority Partners MCO	Accredited
UHC	UnitedHealthcare	Accredited

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

## NCQA—Accreditation Star Results

Effective 2020, NCQA has converted from a numeric rating (1 – 5) to measure MCO performance to a “star” rating system (1 – 5 stars). Rating for performance will be shown with one to five stars. One star indicates lower performance and five stars indicates the highest rating. The overall rating score is the weighted average of all measures, not an average of the three composites (Patient Experience, Prevention, Treatment). Two MCOs, JMS and KPMAS, received a five-star rating.

NCQA’s 2021 Health Plan Ratings (posted September 2021) are displayed below:

NCQA—Accreditation Star Results									
Star Rating	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
Overall Rating	3.0	3.5	3.5	5.0	5.0	3.0	3.5	3.5	3.5
Patient Experience	1.0	2.5	I	I	3.0	2.5	3.0	3.0	2.5
Prevention	2.5	4.0	3.5	4.0	5.0	3.0	3.5	3.0	3.5
Treatment	2.5	2.5	2.5	4.0	4.5	2.5	3.0	2.0	3.0

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

I = Insufficient Data

## 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 2021, MDH required HealthChoice MCOs to report 45 HEDIS measures comprised of four NCQA domain categories and two CAHPS measures. NCQA's Volume 2, which contains the technical specifications for the HEDIS measures, was combined for MY 2020 and MY 2021, and there were very few changes between the two measurement year specifications. There were no new first year HEDIS measures for MY 2021.

The four NCQA domain categories are as follows:

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

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

#### **Effectiveness of Care (EOC): 33 Measures**

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC)
- Statin Therapy for Patients with Diabetes (SPD)
- Appropriate Treatment for Upper Respiratory Infection (URI)
- Appropriate Testing for Pharyngitis (CWP)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Chlamydia Screening in Women (CHL)
- Use of Imaging Studies for Low Back Pain (LBP)
- Controlling High Blood Pressure (CBP)
- Asthma Medication Ratio (AMR)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Persistence of Beta Blocker Treatment after a Heart Attack (PBH)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Lead Screening in Children (LSC)



- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Use of Opioids at High Dosage (HDO)
- Use of Opioids from Multiple Providers (UOP)
- Risk of Continued Opioid Use (COU)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Antidepressant Medication Management (AMM)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Cardiac Rehabilitation (CRE)
- Kidney Health Evaluation for Patients with Diabetes (KED)

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

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

#### **Utilization and Risk Adjusted Utilization (URR): 7 Measures**

- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Ambulatory Care: Total (AMBA)
  - Report Only "a" Level of Measure (Total)
- Frequency of Selected Procedures (FSP)
- Inpatient Utilization: Total (IPUA)
  - Report Only "a" Level of Measure (Total)
- Antibiotic Utilization (ABXA)
  - Report Only "a" Level of Measure (Total)
- Plan All-Cause Readmissions (PCR)

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

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

#### **Measures Collected from the Adult CAHPS Survey: 2 Measures**

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

#### **No Benefit (NB) Measure Designations: 9 Measures**

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



report these measures. The following nine measures are reported NB and do not appear in measure specific findings of this report.

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

### **Measures Not Reported by MDH for HealthChoice Reporting**

There are two categories of measures that MDH does not utilize for HealthChoice Reporting. They include Measures Exempt from Reporting and Measures Suspended by NCQA. There were no measures suspended for HEDIS MY 2021.

### **Measures Exempt from Reporting**

- Ambulatory Care
  - Dual Eligible (AMBB)
  - Disabled (AMBC)
  - Other (AMBD)
- Inpatient Utilization
  - General Hospital / Acute Care: Dual Eligible (IPUB)
  - General Hospital / Acute Care: Disabled (IPUC)
  - General Hospital / Acute Care: Other (IPUD)
- Antibiotic Utilization
  - Dual Eligible (ABXB)
  - Disabled (ABXC)
  - Other (ABXD)
- Enrollment by Product Line
  - Dual Eligible (ENPB)
  - Disabled (ENPC)
  - Other (ENPD)
- Depression Screening and Follow-up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Systems for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-up (ASF-E)

- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E)\*
- Breast Cancer Screening (BCS – E)
- Colorectal Cancer Screening (COL – E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Prenatal Depression Screening and Follow-Up (PND)
- Postpartum Depression Screening and Follow-Up (PDS)

\* PRS-E was not required for reporting by MDH, but NCQA did require accredited health plans to report this measure. All nine Maryland MCOs reported PRS-E.

## SECTION TWO—HEDIS METHODOLOGY

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

### **Data Collection**

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

#### **Administrative Data**

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

#### **Supplemental Data**

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

#### **Medical Record Data**

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

The following table shows actual HEDIS MY 2021 measures collected by use of the administrative or hybrid method. Each HealthChoice managed care organization chooses the administrative versus hybrid method based on available resources, as the hybrid method takes significant resources to perform.

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

H—Hybrid; A—Administrative

## SECTION THREE—MEASURE SPECIFIC FINDINGS EXPLANATION

### Metrics

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

- Maryland Average Reportable Rate (MARR)
- National HEDIS Mean (NHM)
- 2021 NCQA Benchmarks at the 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> 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 2021 rates to the MY 2020 NHM and identifies whether the MCO is above or below the NHM.

The source for certain health plan measure rates and benchmark (means and percentiles) data is Quality Compass<sup>®5</sup> 2021 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 2021, NCQA determined that no measure had changes in specifications such that a break in trending was required. The measures that have been impacted by trending breaks prior to MY 2021 are noted beneath each table.

For all measure tables, ABH's MY 2017 data are not available for trending since the MCO did not report HEDIS data until MY 2018.

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

## **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 2021. This report groups the measures into NCQA's HEDIS measure domain and sub-domain categories. Measure acronyms within each category are listed alphabetically.

### Effectiveness of Care Measures:

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

### Access/Availability of Care:

- AAP, PPC

### Utilization and Risk Adjusted Utilization:

- ABX, AMB, FSP, IPU, PCR, W30, WCV

### Health Plan Descriptive Information:

- ENP, LDM, RDM

## **Reference Sources**

### **Description**

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

### **Rationale**

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

### **Summary of Changes for HEDIS MY 2021**

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

## SECTION FOUR—MEASURE SPECIFIC FINDINGS

### Effectiveness of Care Measures

#### Prevention and Screening

##### Breast Cancer Screening (BCS)

###### Description

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

###### Rationale

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

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

*United States Preventive Services Task Force. Retrieved from*

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening>

##### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Breast Cancer Screening (BCS)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	54.6%	43.8%	↓
ACC	69.2%	69.2%	69.2%	63.6%	59.4%	↑
CFCHP	74.9%	76.3%	76.9%	68.0%	67.1%	↑
JMS	77.5%	75.8%	76.3%	76.2%	76.8%	↑
KPMAS	81.5%	79.7%	79.2%	76.0%	74.2%	↑
MPC	59.2%	55.6%	62.6%	61.1%	66.2%	↑
MSFC	67.1%	69.0%	74.6%	71.1%	70.0%	↑
PPMCO	68.5%	69.5%	67.8%	60.7%	59.7%	↑
UHC	59.9%	59.4%	58.1%	55.5%	57.3%	↑
MARR	69.7%	69.3%	70.6%	65.2%	63.8%	

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



## **Cervical Cancer Screening (CCS)**

### **Description**

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

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Cervical Cancer Screening (CCS)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		29.9%	38.0%	35.8%	41.6%	↓
ACC	62.5%	67.9%	67.9%	63.9%	63.0%	↑
CFCHP	45.3%	49.9%	55.7%	49.1%	55.7%	↓
JMS	76.8%	74.3%	74.3%	60.8%	51.9%	↓
KPMAS	80.4%	88.0%	88.0%	84.9%	83.5%	↑
MPC	56.7%	63.5%	60.6%	55.2%	54.7%	↓
MSFC	54.3%	60.9%	64.0%	51.8%	55.0%	↓
PPMCO	64.0%	66.9%	66.9%	61.3%	58.2%	↑
UHC	59.6%	58.9%	58.9%	58.4%	59.1%	↑
MARR	62.5%	62.2%	63.8%	57.9%	58.1%	

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

### **Description**

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

### **Rationale**

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

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Chlamydia Screening in Women (CHL), 16-20 years						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		65.4%	64.6%	54.3%	57.9%	↑
ACC	63.9%	65.0%	65.1%	62.8%	60.7%	↑
CFCHP	55.1%	54.6%	58.2%	56.1%	51.3%	↓
JMS	91.0%	87.6%	87.5%	87.7%	86.8%	↑
KPMAS	71.3%	74.5%	84.3%	69.3%	83.4%	↑
MPC	56.4%	57.8%	55.3%	52.8%	52.5%	↑
MSFC	59.1%	61.0%	55.9%	54.8%	52.2%	↑
PPMCO	60.7%	60.2%	60.5%	56.1%	56.9%	↑
UHC	57.4%	59.4%	59.5%	59.1%	57.7%	↑
MARR	64.4%	65.1%	65.6%	61.4%	62.1%	

Chlamydia Screening in Women (CHL), 21-24 years						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		63.0%	69.9%	66.3%	64.4%	↑
ACC	71.8%	71.8%	72.5%	70.7%	70.3%	↑
CFCHP	67.6%	65.3%	65.5%	62.9%	62.3%	↑
JMS	81.7%	80.8%	83.0%	77.6%	77.7%	↑
KPMAS	80.2%	83.5%	87.3%	70.7%	80.6%	↑
MPC	66.0%	66.5%	64.3%	61.4%	60.5%	↑
MSFC	68.2%	69.3%	63.1%	64.9%	61.8%	↑
PPMCO	68.0%	67.8%	68.3%	63.6%	66.3%	↑
UHC	67.2%	65.9%	69.5%	65.1%	68.4%	↑
MARR	71.3%	70.4%	71.5%	67.0%	68.0%	

Chlamydia Screening in Women (CHL), Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		64.2%	67.7%	61.9%	62.0%	↑
ACC	67.4%	67.9%	68.1%	66.2%	65.0%	↑
CFCHP	62.5%	60.9%	62.3%	59.8%	57.3%	↑
JMS	86.6%	84.4%	85.6%	83.1%	82.4%	↑
KPMAS	77.0%	80.0%	85.8%	70.1%	81.9%	↑
MPC	61.1%	61.9%	59.3%	56.8%	56.4%	↑
MSFC	64.0%	65.3%	59.5%	60.0%	57.2%	↑
PPMCO	64.0%	63.6%	63.9%	59.5%	61.3%	↑
UHC	61.6%	62.2%	63.8%	61.8%	62.7%	↑
MARR	68.0%	67.8%	68.4%	64.3%	65.1%	

## 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 three separate combination rates.

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

### Rationale

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

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

### Summary of Changes to HEDIS MY 2021:

- Changed the measure description to read: The measure calculates a rate for each vaccine and three combination rates.
- Removed Combination 2, Combination 4, Combination 5, Combination 6, Combination 8, and Combination 9 from the specification.

Childhood Immunization Status (CIS), Combo 3						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>		NA <sup>1</sup>	58.8%	63.5%	61.6%	↓
<b>ACC</b>	82.5%	79.6%	79.6%	72.5%	72.3%	↑
<b>CFCHP</b>	75.2%	83.1%	83.1%	75.2%	71.3%	↑
<b>JMS</b>	83.7%	80.5%	80.5%	61.6%	66.4%	↓
<b>KPMAS</b>	70.3%	79.6%	79.1%	77.9%	74.8%	↑
<b>MPC</b>	64.5%	69.6%	71.3%	72.0%	64.7%	↓
<b>MSFC</b>	82.7%	78.6%	78.6%	68.6%	68.1%	↑
<b>PPMCO</b>	77.9%	75.2%	75.2%	66.2%	68.9%	↑
<b>UHC</b>	70.8%	72.7%	72.7%	74.5%	67.9%	↑
<b>MARR</b>	76.0%	77.4%	75.4%	70.2%	68.4%	

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

Childhood Immunization Status (CIS), Combo 7						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	41.9%	52.1%	53.3%	↓
ACC	67.9%	66.7%	66.7%	62.0%	61.6%	↑
CFCHP	57.9%	64.3%	64.3%	65.0%	65.0%	↑
JMS	71.2%	66.4%	66.4%	55.8%	56.9%	↓
KPMAS	62.0%	73.2%	74.7%	73.0%	70.4%	↑
MPC	51.3%	56.0%	63.7%	61.3%	56.5%	↓
MSFC	67.2%	64.7%	64.7%	57.2%	55.7%	↓
PPMCO	67.4%	66.2%	66.2%	56.5%	58.4%	↑
UHC	55.5%	62.8%	62.8%	64.2%	57.9%	↓
MARR	62.6%	65.0%	63.5%	60.8%	59.5%	

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

Childhood Immunization Status (CIS), Combo 10						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	28.8%	36.7%	34.6%	↓
ACC	43.3%	43.8%	43.8%	41.6%	41.4%	↑
CFCHP	36.7%	38.9%	38.9%	46.0%	46.0%	↑
JMS	55.8%	48.5%	48.5%	37.0%	40.2%	↑
KPMAS	49.9%	61.3%	63.4%	62.3%	60.3%	↑
MPC	27.0%	30.2%	38.9%	35.8%	33.8%	↓
MSFC	40.9%	43.6%	43.6%	40.2%	35.3%	↓
PPMCO	46.5%	46.0%	46.0%	39.2%	43.1%	↑
UHC	35.8%	38.7%	38.7%	43.8%	39.9%	↑
MARR	42.0%	43.9%	43.4%	42.5%	41.6%	

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

## 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 13<sup>th</sup> 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 2021:

- No changes to this measure.

Immunizations for Adolescents (IMA), Combo 1						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	73.6%	70.7%	69.3%	↓
ACC	89.1%	90.3%	90.3%	89.8%	91.0%	↑
CFCHP	87.5%	89.5%	83.0%	74.2%	75.2%	↓
JMS	89.7%	91.7%	91.7%	82.3%	79.8%	↑
KPMAS	83.7%	83.0%	89.6%	89.5%	84.2%	↑
MPC	84.7%	87.6%	89.5%	83.7%	82.5%	↑
MSFC	88.6%	89.8%	89.8%	84.7%	74.0%	↓
PPMCO	87.1%	91.5%	91.5%	82.5%	86.9%	↑
UHC	87.4%	90.8%	90.8%	88.8%	87.8%	↑
MARR	87.2%	89.3%	87.7%	82.9%	81.2%	

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

Immunizations for Adolescents (IMA), Combo 2						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	24.1%	25.5%	26.0%	↓
ACC	48.9%	49.4%	49.4%	46.7%	53.3%	↑
CFCHP	30.4%	28.5%	34.1%	27.0%	34.1%	↓
JMS	72.2%	65.9%	65.9%	56.7%	52.1%	↑
KPMAS	47.5%	51.6%	63.9%	63.8%	59.7%	↑
MPC	37.7%	40.9%	38.9%	35.5%	30.4%	↓
MSFC	35.5%	43.3%	43.3%	44.8%	38.4%	↑
PPMCO	38.4%	51.6%	51.6%	43.1%	40.2%	↑
UHC	36.5%	38.2%	38.2%	40.9%	40.2%	↑
MARR	43.4%	46.2%	45.5%	42.7%	41.6%	

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

## **Lead Screening in Children (LSC)**

### **Description**

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

### **Rationale**

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

*Centers for Disease Control and Prevention. Retrieved from [https://www.cdc.gov/nceh/lead/acclpp/blood\\_lead\\_levels.htm](https://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm)*

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Lead Screening in Children (LSC)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	73.8%	74.5%	65.7%	↓
ACC	80.0%	82.0%	81.4%	80.9%	74.5%	↑
CFCHP	74.5%	83.9%	83.9%	81.5%	75.9%	↑
JMS	88.6%	90.9%	92.1%	92.1%	83.9%	↑
KPMAS	68.5%	83.5%	89.6%	87.2%	82.0%	↑
MPC	74.7%	80.1%	80.1%	73.8%	68.0%	↓
MSFC	83.0%	84.4%	84.4%	74.7%	75.7%	↑
PPMCO	80.1%	80.5%	83.9%	80.0%	75.0%	↑
UHC	72.0%	76.7%	74.4%	72.4%	71.1%	↑
MARR	77.7%	82.8%	82.6%	79.7%	74.6%	

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



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

### **Description**

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

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

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		65.6%	74.5%	80.1%	80.3%	↑
ACC	73.2%	71.8%	71.8%	78.5%	77.4%	↑
CFCHP	68.1%	78.9%	78.9%	69.3%	73.9%	↓
JMS	95.9%	96.4%	96.4%	94.3%	95.2%	↑
KPMAS	100.0%	99.0%	99.0%	95.0%	95.9%	↑
MPC	53.0%	62.0%	62.0%	71.5%	75.2%	↑
MSFC	81.1%	88.9%	88.9%	80.2%	81.4%	↑
PPMCO	76.4%	72.3%	72.3%	47.9%	50.9%	↓
UHC	75.7%	76.6%	77.6%	71.1%	77.4%	↑
MARR	77.9%	79.0%	80.1%	76.4%	78.6%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		75.0%	74.2%	76.6%	80.6%	↑
ACC	75.7%	77.6%	77.6%	77.3%	74.9%	↑
CFCHP	67.6%	79.1%	79.1%	67.4%	69.7%	↑
JMS	97.6%	95.1%	95.1%	97.2%	96.6%	↑
KPMAS	100.0%	100.0%	100.0%	100.0%	98.0%	↑
MPC	62.3%	63.2%	63.2%	68.6%	69.6%	↑
MSFC	85.3%	82.6%	82.6%	72.6%	77.5%	↑
PPMCO	73.7%	69.6%	69.6%	38.7%	44.8%	↓
UHC	77.1%	77.4%	75.7%	70.3%	77.1%	↑
MARR	79.9%	80.0%	79.7%	74.3%	76.5%	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity , Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		71.9%	69.4%	72.3%	78.7%	↑
ACC	68.1%	70.6%	70.6%	72.1%	68.6%	↑
CFCHP	62.0%	75.0%	75.0%	65.2%	64.4%	↑
JMS	96.6%	94.6%	94.6%	97.2%	96.6%	↑
KPMAS	100.0%	100.0%	100.0%	100.0%	98.0%	↑
MPC	53.0%	60.2%	60.2%	65.5%	66.4%	↑
MSFC	80.2%	78.1%	78.1%	68.8%	73.3%	↑
PPMCO	66.2%	65.0%	65.0%	32.4%	40.2%	↓
UHC	71.8%	71.3%	72.3%	65.7%	74.0%	↑
MARR	74.7%	76.3%	76.1%	71.0%	73.3%	

## 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 2021:

- No changes to this measure.

Asthma Medication Ratio (AMR), Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	69.9%	63.3%	↓
ACC	63.2%	65.5%	63.6%	70.1%	69.1%	↑
CFCHP	60.1%	57.1%	57.8%	61.3%	71.2%	↑
JMS	70.7%	73.0%	76.8%	76.6%	74.4%	↑
KPMAS	77.9%	74.0%	77.3%	76.9%	86.6%	↑
MPC	63.1%	58.0%	58.5%	63.6%	64.7%	↓
MSFC	64.6%	61.8%	63.8%	66.9%	68.2%	↑
PPMCO	58.9%	60.2%	60.3%	68.1%	67.6%	↑
UHC	62.7%	62.4%	62.4%	64.0%	58.3%	↓
MARR	65.2%	64.0%	65.1%	68.6%	69.3%	

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

## Appropriate Testing for Pharyngitis (CWP)

### Description

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

### Rationale

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

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

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

### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Appropriate Testing for Pharyngitis (CWP) <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			85.9%	83.1%	68.6%	↓
ACC			85.2%	82.3%	71.1%	↓
CFCHP			83.4%	81.0%	70.1%	↓
JMS			74.3%	70.4%	57.0%	↓
KPMAS			78.9%	70.5%	37.8%	↓
MPC			86.0%	85.6%	79.1%	↑
MSFC			88.0%	86.3%	75.8%	↑
PPMCO			84.4%	82.6%	72.1%	↓
UHC			87.1%	84.8%	76.0%	↑
MARR			83.7%	80.7%	67.5%	

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

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

### **Description**

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

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

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

### **Rationale**

While other major causes of death have been decreasing, COPD mortality has risen, making it the fourth leading cause of death in the United States. COPD is characterized by airflow limitation that is not fully reversible, is usually progressive, and is associated with an abnormal inflammatory response of the lung to noxious particles or gases. COPD 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 2021:**

- No changes to this measure.

Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	90.2%	73.0%	90.3%	↑
ACC	82.3%	83.5%	84.3%	85.4%	89.4%	↑
CFCHP	88.7%	88.2%	85.5%	80.9%	88.3%	↑
JMS	87.9%	88.3%	87.9%	90.4%	88.6%	↑
KPMAS	83.3%	94.6%	91.5%	93.6%	98.2%	↑
MPC	85.8%	87.2%	87.4%	84.9%	88.0%	↑
MSFC	88.7%	89.0%	90.2%	87.4%	91.5%	↑
PPMCO	80.9%	84.8%	83.2%	81.0%	88.4%	↑
UHC	80.4%	79.0%	79.5%	86.0%	78.7%	↓
MARR	84.8%	86.8%	86.6%	84.7%	89.0%	

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

Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	77.0%	70.3%	82.3%	↑
ACC	68.2%	66.1%	64.6%	65.0%	66.1%	↓
CFCHP	78.2%	71.0%	73.5%	75.2%	82.7%	↑
JMS	68.4%	67.6%	66.5%	60.4%	60.5%	↓
KPMAS	78.6%	83.8%	93.6%	100.0%	96.4%	↑
MPC	70.8%	71.9%	72.6%	70.5%	71.4%	↑
MSFC	74.8%	72.1%	71.1%	71.7%	72.4%	↑
PPMCO	61.8%	71.2%	67.2%	68.3%	73.1%	↑
UHC	69.0%	61.6%	64.3%	70.8%	66.4%	↓
MARR	71.2%	70.7%	72.3%	72.5%	74.6%	

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

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

### Description

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

### Rationale

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

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

### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC	30.5%	28.8%	29.8%	30.0%	21.3%	↓
CFCHP	36.9%	33.3%	23.6%	20.5%	25.4%	↓
JMS	40.7%	14.4%	13.0%	10.5%	7.7%	↓
KPMAS	NA <sup>1</sup>	29.5%	35.1%	48.4%	32.8%	↑
MPC	32.0%	30.6%	28.4%	28.2%	26.3%	↓
MSFC	38.9%	38.5%	35.2%	30.0%	24.8%	↓
PPMCO	31.1%	31.8%	27.3%	29.4%	23.1%	↓
UHC	32.2%	31.4%	25.7%	28.4%	21.6%	↓
MARR	34.6%	29.8%	27.3%	28.2%	22.9%	

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



## Cardiovascular Conditions

### Controlling High Blood Pressure (CBP)

#### Description

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

#### Rationale

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

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

#### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Controlling High Blood Pressure (CBP) <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				46.7%	57.9%	↑
ACC				50.6%	56.0%	↑
CFCHP				49.9%	65.7%	↑
JMS				67.2%	67.2%	↑
KPMAS				76.2%	74.3%	↑
MPC				59.4%	54.7%	↓
MSFC				54.5%	41.3%	↓
PPMCO				33.3%	54.5%	↓
UHC				54.7%	61.1%	↑
MARR				54.7%	59.2%	

<sup>3</sup> Trending break for HEDIS MY2020, results cannot be compared to the prior year benchmarks.

## **Cardiac Rehabilitation (CRE)**

### **Description**

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

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

### **Rationale**

Cardiac rehabilitation involves adopting heart-healthy lifestyle changes to address risk factors for cardiovascular disease (CVD). To help adopt lifestyle changes, the program includes exercise training, education on heart-healthy living, and counseling to reduce stress and assist in a return to an active life. Cardiac rehabilitation can improve one's health and quality of life, reduce the need for medicines to treat heart or chest pain, decrease the 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 2021**

- No changes to this measure.

Cardiac Rehabilitation - Initiation (CRE)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				0.0%	0.0%	↓
ACC				0.7%	0.8%	↓
CFCHP				0.0%	1.8%	↓
JMS				0.0%	0.0%	↓
KPMAS				0.0%	0.0%	↓
MPC				2.3%	1.0%	↓
MSFC				0.0%	0.4%	↓
PPMCO				1.2%	2.2%	↓
UHC				0.8%	2.3%	↓
MARR				0.5%	1.0%	

Cardiac Rehabilitation - Engagement 1 (CRE)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				2.1%	3.6%	↑
ACC				1.4%	1.4%	↓
CFCHP				1.9%	3.7%	↑
JMS				0.0%	1.2%	↓
KPMAS				0.0%	0.0%	↓
MPC				3.7%	2.4%	↓
MSFC				0.0%	0.0%	↓
PPMCO				2.4%	3.0%	↓
UHC				1.5%	3.1%	↓
MARR				1.4%	2.0%	

Cardiac Rehabilitation - Engagement 2 (CRE)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				4.2%	3.6%	↑
ACC				1.0%	0.8%	↓
CFCHP				1.9%	5.5%	↑
JMS				0.0%	0.0%	↓
KPMAS				0.0%	0.0%	↓
MPC				3.1%	2.4%	↑
MSFC				0.0%	0.0%	↓
PPMCO				2.0%	2.8%	↑
UHC				1.5%	3.5%	↑
MARR				1.5%	2.1%	

Cardiac Rehabilitation - Achievement (CRE)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				0.0%	1.8%	↑
ACC				0.3%	0.6%	↓
CFCHP				0.0%	1.8%	↑
JMS				0.0%	0.0%	↓
KPMAS				0.0%	0.0%	↓
MPC				1.7%	0.7%	↓
MSFC				0.0%	0.0%	↓
PPMCO				1.2%	1.0%	↓
UHC				0.8%	1.2%	↑
MARR				0.4%	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 2021:**

- No changes to this measure.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC	65.2%	69.5%	77.9%	75.0%	73.0%	↓
CFCHP	70.0%	56.7%	82.1%	NA <sup>1</sup>	NA <sup>1</sup>	
JMS	68.8%	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS	81.8%	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	88.4%	↑
MPC	81.6%	84.0%	87.3%	84.2%	84.8%	↑
MSFC	80.8%	62.0%	74.1%	75.5%	82.6%	↑
PPMCO	72.3%	71.9%	77.3%	76.6%	81.4%	↑
UHC	77.6%	71.2%	79.7%	81.0%	81.5%	↑
MARR	74.8%	69.2%	79.7%	78.4%	81.9%	

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

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

### Description

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

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

### Rationale

Decades of research have demonstrated an association between high levels of low-density lipoprotein cholesterol (LDL-C) and an increased risk of ASCVD, including coronary heart disease, stroke, and peripheral arterial disease. Randomized controlled trials 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 2021:

- No changes to this measure.

Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	82.4%	81.5%	↑
ACC	68.3%	72.1%	77.4%	77.7%	76.2%	↓
CFCHP	74.5%	77.3%	79.2%	78.7%	77.6%	↓
JMS	82.1%	82.0%	85.0%	83.5%	87.2%	↑
KPMAS	93.0%	86.7%	92.5%	89.6%	87.2%	↑
MPC	75.1%	76.2%	76.9%	79.3%	79.6%	↑
MSFC	78.6%	75.5%	80.7%	81.9%	82.0%	↑
PPMCO	75.7%	76.9%	79.0%	78.7%	81.1%	↑
UHC	73.8%	73.5%	77.4%	77.7%	78.3%	↑
MARR	77.6%	77.5%	81.0%	81.0%	81.2%	

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

Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>		NA <sup>1</sup>	NA <sup>1</sup>	71.4%	60.0%	↓
<b>ACC</b>	53.6%	53.8%	66.9%	63.2%	57.8%	↓
<b>CFCHP</b>	55.9%	61.5%	62.0%	69.7%	66.4%	↓
<b>JMS</b>	53.7%	55.6%	55.1%	47.7%	50.3%	↓
<b>KPMAS</b>	46.3%	54.7%	64.4%	62.6%	66.5%	↓
<b>MPC</b>	64.3%	65.2%	64.7%	65.7%	64.5%	↓
<b>MSFC</b>	50.0%	54.5%	64.8%	73.0%	73.1%	↑
<b>PPMCO</b>	52.6%	50.8%	56.4%	59.8%	54.9%	↓
<b>UHC</b>	55.4%	54.1%	57.7%	69.3%	67.0%	↓
<b>MARR</b>	54.0%	56.3%	61.5%	64.7%	62.3%	

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

## Diabetes

### **Comprehensive Diabetes Care (CDC)**

#### **Description**

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

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

#### **Rationale**

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

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

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

#### **Summary of Changes to HEDIS MY 2021:**

- Under Administrative Specification Numerators – Eye Exam: Deleted the bullet that reads: “Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a negative result (negative for retinopathy).”
- Under Administrative Specification Numerators – Eye Exam: Replaced the bullet that reads: “Any code in the Eye Exam With Evidence of Retinopathy Value Set or Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the measurement year” with the following: “Any code in the Eye Exam With Evidence of Retinopathy Value Set, Eye Exam Without Evidence of Retinopathy Value Set or Automated Eye Exam Value Set billed by any provider type during the measurement year.”



Comprehensive Diabetes Care (CDC), BP Control (<140/90 mm Hg) <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				45.0%	57.4%	↓
ACC				52.8%	53.3%	↓
CFCHP				57.7%	58.6%	↑
JMS				70.8%	72.1%	↑
KPMAS				71.8%	77.4%	↑
MPC				55.2%	56.0%	↓
MSFC				57.1%	25.9%	↓
PPMCO				34.8%	56.0%	↓
UHC				57.9%	60.8%	↑
MARR				55.9%	57.5%	

<sup>3</sup> Trending break for HEDIS MY2020, results cannot be compared to the prior year benchmarks.

Comprehensive Diabetes Care (CDC), Eye Exam (Retinal) Performed						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		21.1%	33.6%	38.7%	35.3%	↓
ACC	55.7%	54.7%	54.7%	46.0%	49.6%	↓
CFCHP	39.2%	45.5%	40.6%	42.3%	37.5%	↓
JMS	75.7%	71.9%	65.5%	57.1%	50.6%	↓
KPMAS	84.5%	88.1%	86.0%	82.1%	84.9%	↑
MPC	42.8%	39.9%	46.2%	46.5%	47.9%	↓
MSFC	63.7%	57.0%	63.3%	59.1%	49.0%	↓
PPMCO	38.4%	50.6%	50.6%	44.0%	53.0%	↑
UHC	62.3%	57.9%	51.3%	49.6%	45.0%	↓
MARR	57.8%	54.1%	54.7%	51.7%	50.3%	

Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		52.6%	49.6%	47.0%	52.8%	↑
ACC	59.4%	51.8%	51.8%	55.0%	55.7%	↑
CFCHP	42.6%	59.4%	57.9%	51.8%	54.0%	↑
JMS	61.1%	63.8%	65.0%	56.6%	59.5%	↑
KPMAS	60.9%	61.1%	63.8%	56.8%	62.0%	↑
MPC	46.0%	42.6%	54.3%	48.2%	57.4%	↑
MSFC	56.7%	54.3%	57.5%	53.9%	56.6%	↑
PPMCO	49.6%	47.7%	47.7%	41.9%	55.2%	↑
UHC	54.5%	49.1%	52.8%	47.9%	53.0%	↑
MARR	53.9%	53.6%	55.6%	51.0%	56.3%	

Comprehensive Diabetes Care (CDC), Hemoglobin A1c (HbA1c) Testing						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		93.0%	86.1%	80.1%	84.2%	↑
ACC	90.5%	85.9%	85.9%	82.5%	86.1%	↑
CFCHP	81.8%	88.8%	86.1%	80.8%	82.7%	↓
JMS	94.9%	95.2%	94.6%	91.5%	93.3%	↑
KPMAS	91.6%	93.3%	94.1%	88.2%	91.7%	↑
MPC	80.8%	81.3%	86.4%	78.8%	85.6%	↑
MSFC	90.0%	90.4%	88.8%	86.4%	87.3%	↑
PPMCO	88.1%	87.3%	87.3%	79.6%	88.8%	↑
UHC	85.9%	84.4%	85.2%	78.4%	84.2%	↑
MARR	88.0%	88.8%	88.3%	82.9%	87.1%	

Comprehensive Diabetes Care (CDC), HbA1c Poor Control (>9.0%) <sup>2</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		40.4%	38.7%	45.3%	35.5%	↓
ACC	34.1%	38.2%	38.2%	37.2%	37.5%	↓
CFCHP	49.2%	32.6%	33.6%	38.9%	38.7%	↓
JMS	29.9%	28.1%	27.3%	35.7%	28.4%	↓
KPMAS	28.0%	28.0%	26.0%	31.7%	29.2%	↓
MPC	47.9%	48.4%	36.0%	43.6%	32.4%	↓
MSFC	31.4%	33.3%	33.0%	34.2%	34.6%	↓
PPMCO	38.9%	42.6%	42.6%	51.1%	35.3%	↓
UHC	35.5%	40.4%	37.5%	41.9%	39.7%	↓
MARR	36.9%	36.9%	34.8%	39.9%	34.6%	

<sup>2</sup> A lower rate indicates better performance.

## **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 2021**

- No changes to this measure.

Kidney Health Evaluation for Patients With Diabetes (KED)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				31.5%	34.0%	↑
ACC				33.9%	39.1%	↑
CFCHP				34.2%	37.3%	↑
JMS				66.2%	57.8%	↑
KPMAS				72.4%	77.8%	↑
MPC				32.0%	35.1%	↑
MSFC				47.0%	49.4%	↑
PPMCO				29.8%	33.5%	↑
UHC				34.0%	40.1%	↑
MARR				42.3%	44.9%	

## Statin Therapy for Patients with Diabetes (SPD)

### Description

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

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

### Rationale

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

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

### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	58.8%	59.5%	↓
ACC	60.0%	61.5%	63.9%	65.0%	66.7%	↑
CFCHP	57.8%	58.2%	59.8%	62.9%	64.2%	↓
JMS	65.3%	66.6%	67.2%	69.0%	70.3%	↑
KPMAS	78.9%	80.6%	82.3%	78.3%	77.7%	↑
MPC	59.1%	60.6%	61.2%	62.4%	63.0%	↓
MSFC	62.9%	63.7%	65.7%	65.9%	67.1%	↑
PPMCO	59.2%	60.6%	62.5%	63.5%	63.8%	↓
UHC	60.3%	59.0%	62.4%	61.1%	68.1%	↑
MARR	62.9%	63.9%	65.6%	65.2%	66.7%	

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

Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>		NA <sup>1</sup>	NA <sup>1</sup>	53.6%	53.4%	↓
<b>ACC</b>	44.9%	48.5%	60.9%	55.0%	50.1%	↓
<b>CFCHP</b>	55.7%	66.7%	56.9%	61.3%	62.6%	↓
<b>JMS</b>	43.7%	50.3%	49.0%	50.8%	47.9%	↓
<b>KPMAS</b>	52.1%	51.7%	59.4%	57.5%	57.8%	↓
<b>MPC</b>	58.6%	59.2%	61.5%	62.9%	60.4%	↓
<b>MSFC</b>	47.4%	49.0%	54.4%	66.1%	69.1%	↑
<b>PPMCO</b>	46.1%	50.1%	49.9%	56.2%	47.6%	↓
<b>UHC</b>	48.7%	49.3%	54.9%	63.9%	64.6%	↓
<b>MARR</b>	49.7%	53.1%	55.9%	58.6%	57.0%	

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

## Behavioral Health

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

#### Description

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

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

#### Rationale

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

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

#### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Acute Phase						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			27.1%	28.0%	20.7%	↓
CFCHP			36.6%	NA <sup>1</sup>	15.9%	↓
JMS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS			33.8%	36.7%	48.5%	↑
MPC			25.4%	26.9%	19.7%	↓
MSFC			0.0%	0.0%	0.0%	↓
PPMCO			27.5%	29.3%	24.3%	↓
UHC			21.3%	37.7%	32.3%	↓
MARR			24.5%	26.4%	23.0%	

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

Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Continuation Phase						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>ACC</b>			24.7%	21.4%	11.1%	↓
<b>CFCHP</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>JMS</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>KPMAS</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>MPC</b>			25.2%	24.8%	16.5%	↓
<b>MSFC</b>			NA <sup>1</sup>	0.0%	0.0%	↓
<b>PPMCO</b>			29.3%	27.7%	26.2%	↓
<b>UHC</b>			22.6%	32.1%	29.8%	↓
<b>MARR</b>			25.4%	21.2%	16.7%	

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

## Antidepressant Medication Management (AMM)

### Description

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

1. *Effective Acute Phase Treatment*. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. *Effective Continuation Phase Treatment*. The percentage of members who remained on an antidepressant medication for at least 180 days (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 2021:

- No changes to this measure.

Antidepressant Medication Management (AMM), Acute Phase						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
CFCHP			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS			41.3%	34.0%	41.2%	↓
MPC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MSFC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
PPMCO			47.5%	45.1%	51.1%	↓
UHC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MARR			44.4%	39.6%	46.2%	

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



Antidepressant Medication Management (AMM), Continuation Phase						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>ACC</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>CFCHP</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>JMS</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>KPMAS</b>			25.9%	18.3%	24.6%	↓
<b>MPC</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>MSFC</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>PPMCO</b>			31.8%	28.2%	34.2%	↓
<b>UHC</b>			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
<b>MARR</b>			28.8%	23.2%	29.4%	

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

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

### **Description**

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

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

### **Rationale**

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

*The Journal of the American Medical Association-Pediatrics. Retrieved from:*

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/383055>

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
CFCHP			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS			NA <sup>1</sup>	NA <sup>1</sup>	88.9%	↑
MPC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MSFC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
PPMCO			76.1%	61.4%	64.1%	↑
UHC			NA <sup>1</sup>	NA <sup>1</sup>	69.6%	↑
MARR			76.1%	61.4%	74.2%	

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

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
CFCHP			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS			NA <sup>1</sup>	NA <sup>1</sup>	75.0%	↑
MPC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MSFC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
PPMCO			67.0%	51.9%	53.8%	↑
UHC			NA <sup>1</sup>	NA <sup>1</sup>	62.2%	↑
MARR			67.0%	51.9%	63.7%	

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

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
CFCHP			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS			NA <sup>1</sup>	NA <sup>1</sup>	75.0%	↑
MPC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MSFC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
PPMCO			65.9%	50.5%	51.7%	↑
UHC			NA <sup>1</sup>	NA <sup>1</sup>	60.2%	↑
MARR			65.9%	50.5%	62.3%	

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

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

### **Description**

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Pharmacotherapy for Opioid Use Disorder (POD), Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			NA <sup>1</sup>	0.0%	10.7%	↓
CFCHP			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS			NA <sup>1</sup>	0.0%	NA <sup>1</sup>	
KPMAS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MPC			0.0%	1.6%	8.1%	↓
MSFC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
PPMCO			13.6%	13.6%	22.4%	↓
UHC			NA <sup>1</sup>	0.0%	35.3%	↑
MARR			6.8%	3.0%	19.1%	

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

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

### **Description**

The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 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 2021:**

- No changes to this measure.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
CFCHP			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS			NA <sup>1</sup>	NA <sup>1</sup>	52.4%	↓
MPC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MSFC			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
PPMCO			55.4%	49.0%	54.4%	↓
UHC			NA <sup>1</sup>	NA <sup>1</sup>	72.1%	↑
MARR			55.4%	49.0%	59.6%	

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

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

### **Description**

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
CFCHP	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MPC	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MSFC	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
PPMCO	66.7%	80.0%	77.4%	76.7%	78.4%	↑
UHC	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MARR	66.7%	80.0%	77.4%	76.7%	78.4%	

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

## **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 2021:**

- No changes to this measure.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC	66.7%	75.7%	70.2%	67.3%	63.1%	↓
CFCHP	59.5%	63.2%	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS	82.9%	81.8%	89.1%	67.7%	NA <sup>1</sup>	
KPMAS	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
MPC	60.1%	74.5%	62.5%	60.6%	58.4%	↓
MSFC	66.0%	77.2%	62.7%	57.1%	60.3%	↓
PPMCO	65.0%	66.0%	62.0%	60.7%	65.4%	↑
UHC	76.3%	79.4%	75.7%	68.8%	73.5%	↑
MARR	68.1%	74.0%	70.4%	63.7%	64.2%	

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

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

### **Description**

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

### **Rationale**

The prevalence of diabetes is 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 2021:**

- No changes to this measure.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
ACC			91.2%	NA <sup>1</sup>	92.1%	↑
CFCHP			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
JMS			NA <sup>1</sup>	NA <sup>1</sup>	NA <sup>1</sup>	
KPMAS			90.6%	80.8%	88.4%	↑
MPC			96.1%	NA <sup>1</sup>	93.2%	↑
MSFC			NA <sup>1</sup>	NA <sup>1</sup>	83.5%	↑
PPMCO			88.7%	84.6%	86.3%	↑
UHC			NA <sup>1</sup>	NA <sup>1</sup>	74.9%	↓
MARR			91.6%	82.7%	86.4%	

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



## Overuse/Appropriateness

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

#### Description

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

#### Rationale

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

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

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

#### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			60.5%	57.3%	56.8%	↑
ACC			48.8%	49.6%	52.2%	↓
CFCHP			49.8%	48.6%	47.0%	↓
JMS			62.8%	60.6%	64.0%	↑
KPMAS			73.6%	71.4%	64.3%	↑
MPC			38.8%	46.0%	42.2%	↓
MSFC			44.5%	51.2%	54.7%	↓
PPMCO			50.8%	50.7%	46.4%	↓
UHC			46.3%	49.4%	51.3%	↓
MARR			52.9%	53.9%	53.2%	

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

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

### **Description**

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

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

*Note: A lower rate indicates better performance.*

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Risk of Continued Opioid Use (COU), 15 Days, Total <sup>2</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		10.0%	6.3%	6.0%	4.6%	↓
ACC		2.2%	3.0%	3.3%	3.1%	↓
CFCHP		7.1%	7.9%	7.3%	5.4%	↓
JMS		20.1%	13.6%	8.9%	7.9%	↑
KPMAS		8.5%	6.7%	6.3%	3.3%	↓
MPC		12.7%	10.8%	7.4%	6.8%	↓
MSFC		11.2%	8.7%	4.0%	4.1%	↓
PPMCO		9.9%	9.6%	9.0%	7.2%	↑
UHC		11.7%	6.3%	6.3%	5.6%	↓
MARR		10.4%	8.1%	6.5%	5.3%	

<sup>2</sup> A lower rate indicates better performance.

Risk of Continued Opioid Use (COU), 31 Days, Total <sup>2</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>		4.3%	3.2%	3.3%	3.0%	↓
<b>ACC</b>		1.6%	2.1%	2.2%	2.1%	↓
<b>CFCHP</b>		3.9%	5.5%	4.8%	3.7%	↓
<b>JMS</b>		9.8%	7.3%	7.3%	6.0%	↑
<b>KPMAS</b>		2.4%	2.1%	1.8%	1.1%	↓
<b>MPC</b>		6.2%	5.3%	4.6%	4.6%	↑
<b>MSFC</b>		4.3%	3.6%	2.8%	2.3%	↓
<b>PPMCO</b>		4.3%	4.6%	4.3%	3.6%	↓
<b>UHC</b>		4.4%	4.1%	4.0%	3.5%	↓
<b>MARR</b>		4.6%	4.2%	3.9%	3.3%	

<sup>2</sup> A lower rate indicates better performance.

## Use of Opioids at High Dosage (HDO)

### Description

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

*Note: A lower rate indicates better performance.*

### Rationale

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

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

### Summary of Changes for HEDIS MY 2021:

- Table HDO-A: Opioid Medications; Changes to Levorphanol, Meperidine, Morphine, Oxycodone, and Tramadol medications.

Use of Opioids at High Dosage (HDO) <sup>23</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			3.2%	6.1%	6.7%	↓
ACC			7.7%	7.0%	6.3%	↓
CFCHP			14.4%	12.6%	10.5%	↑
JMS			4.8%	3.9%	3.8%	↓
KPMAS			4.1%	2.4%	1.6%	↓
MPC			14.8%	14.5%	13.3%	↑
MSFC			9.0%	7.9%	4.8%	↓
PPMCO			13.8%	13.3%	11.2%	↑
UHC			8.5%	7.9%	7.3%	↑
MARR			8.9%	8.4%	7.3%	

<sup>2</sup> A lower rate indicates better performance.

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

## Use of Imaging Studies for Low Back Pain (LBP)

### Description

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

### Rationale

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

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

### Summary of Changes to HEDIS MY 2021:

- In the Cortisol Medications table, in the “Corticosteroid” row, replace “Betamethasone” with “Betamethasone/Betamethasone acetate.”

Use of Imaging Studies for Low Back Pain (LBP)						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		NA <sup>1</sup>	79.1%	82.1%	76.6%	↑
ACC	76.7%	75.7%	80.2%	82.5%	79.0%	↑
CFCHP	70.4%	72.5%	76.9%	77.2%	76.3%	↑
JMS	79.9%	76.7%	82.4%	82.8%	81.9%	↑
KPMAS	77.1%	82.0%	84.3%	86.8%	84.2%	↑
MPC	75.0%	76.7%	79.2%	80.1%	79.4%	↑
MSFC	72.7%	73.0%	76.7%	79.7%	74.9%	↓
PPMCO	77.7%	79.8%	82.2%	82.7%	83.2%	↑
UHC	75.4%	76.5%	76.9%	81.1%	79.9%	↑
MARR	75.6%	76.6%	79.8%	81.7%	79.5%	

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

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

### **Description**

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

*Note: A lower rate indicates better performance.*

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) <sup>2</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.0%	1.0%	1.0%	0.5%	↓
ACC	2.1%	1.0%	0.9%	0.6%	0.5%	↓
CFCHP	1.3%	1.5%	0.6%	0.8%	0.6%	↓
JMS	2.0%	0.9%	0.4%	0.0%	0.1%	↓
KPMAS	0.0%	0.0%	0.0%	0.1%	0.0%	↓
MPC	1.4%	1.2%	0.8%	0.7%	0.5%	↓
MSFC	1.1%	0.4%	0.1%	0.0%	0.1%	↓
PPMCO	1.4%	1.1%	0.7%	0.6%	0.6%	↓
UHC	2.5%	1.4%	1.2%	1.1%	0.7%	↑
MARR	1.5%	0.8%	0.6%	0.5%	0.4%	

<sup>2</sup> A lower rate indicates better performance.

## Use of Opioids from Multiple Providers (UOP)

### Description

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

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

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

### Rationale

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

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

### Summary of Changes for HEDIS MY 2021:

- No changes to this measure.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers <sup>23</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		23.8%	26.7%	26.0%	25.3%	↑
ACC		28.4%	27.5%	25.1%	25.2%	↑
CFCHP		30.4%	26.6%	24.6%	22.5%	↑
JMS		22.1%	20.4%	18.6%	19.5%	↑
KPMAS		25.7%	27.7%	23.5%	26.6%	↑
MPC		19.6%	20.2%	23.5%	24.2%	↑
MSFC		41.6%	30.7%	26.5%	26.5%	↑
PPMCO		31.0%	28.9%	26.3%	23.9%	↑
UHC		27.8%	25.4%	24.2%	22.7%	↑
MARR		27.8%	26.0%	24.3%	24.0%	

<sup>2</sup> A lower rate indicates better performance.

<sup>3</sup> Trending break for HEDIS MY2018, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies <sup>23</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		14.3%	20.3%	5.3%	4.2%	↓
ACC		7.1%	6.8%	4.2%	3.8%	↓
CFCHP		10.1%	6.7%	5.7%	5.0%	↑
JMS		9.3%	8.8%	7.1%	6.6%	↑
KPMAS		5.0%	1.4%	1.7%	0.8%	↓
MPC		0.0%	8.5%	5.5%	4.3%	↓
MSFC		9.3%	7.5%	4.6%	5.1%	↑
PPMCO		11.0%	9.1%	5.2%	14.1%	↑
UHC		6.8%	5.3%	3.4%	2.4%	↓
MARR		8.1%	8.3%	4.7%	5.1%	

<sup>2</sup> A lower rate indicates better performance.

<sup>3</sup> Trending break for HEDIS MY2018, results cannot be compared to the prior year benchmarks.

Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies <sup>23</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		7.1%	8.6%	3.7%	2.3%	↓
ACC		4.3%	4.2%	2.7%	2.3%	↓
CFCHP		6.4%	4.1%	3.2%	2.9%	↑
JMS		6.3%	4.9%	3.4%	3.9%	↑
KPMAS		3.7%	0.6%	1.0%	0.5%	↓
MPC		0.0%	4.0%	3.0%	2.3%	↓
MSFC		7.4%	4.8%	2.9%	3.5%	↑
PPMCO		7.2%	5.8%	3.3%	6.5%	↑
UHC		4.0%	3.2%	2.3%	1.4%	↓
MARR		5.2%	4.5%	2.8%	2.8%	

<sup>2</sup> A lower rate indicates better performance.

<sup>3</sup> Trending break for HEDIS MY2018, results cannot be compared to the prior year benchmarks.



## Appropriate Treatment for Upper Respiratory Infection (URI)

### Description

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

### Rationale

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

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

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

### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Appropriate Treatment for Children with Upper Respiratory Infection (URI), Total <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			86.3%	87.3%	88.6%	↑
ACC			89.2%	89.6%	89.7%	↑
CFCHP			85.7%	85.9%	86.6%	↓
JMS			91.9%	91.6%	92.7%	↑
KPMAS			90.5%	91.7%	93.8%	↑
MPC			83.1%	86.0%	86.1%	↓
MSFC			87.9%	88.8%	90.5%	↑
PPMCO			90.3%	89.5%	90.1%	↑
UHC			87.4%	89.2%	90.5%	↑
MARR			88.0%	88.8%	89.8%	

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

## Access/Availability of Care

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

#### Description

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

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

#### Rationale

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

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

#### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		56.5%	61.5%	58.9%	59.6%	↓
ACC	74.3%	74.7%	75.0%	71.7%	72.6%	↓
CFCHP	65.6%	67.8%	67.7%	61.4%	64.2%	↓
JMS	64.4%	64.4%	63.1%	60.4%	60.4%	↓
KPMAS	73.7%	74.7%	75.8%	75.0%	72.8%	↓
MPC	75.7%	76.0%	76.4%	73.3%	73.7%	↓
MSFC	71.1%	72.8%	72.9%	69.7%	71.0%	↓
PPMCO	76.5%	78.4%	78.3%	75.1%	75.5%	↑
UHC	75.1%	75.5%	76.0%	67.4%	77.2%	↑
MARR	72.1%	71.2%	71.8%	68.1%	69.7%	

Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>		68.4%	73.2%	68.1%	69.6%	↓
<b>ACC</b>	84.6%	84.5%	84.6%	80.9%	82.1%	↓
<b>CFCHP</b>	77.9%	79.1%	78.2%	73.2%	75.5%	↓
<b>JMS</b>	83.7%	83.0%	81.9%	79.4%	79.8%	↓
<b>KPMAS</b>	81.5%	82.9%	83.0%	81.7%	80.5%	↓
<b>MPC</b>	85.1%	84.7%	85.2%	82.3%	82.6%	↑
<b>MSFC</b>	81.9%	83.5%	83.3%	80.4%	81.4%	↓
<b>PPMCO</b>	86.0%	87.0%	86.7%	83.7%	83.6%	↑
<b>UHC</b>	86.1%	86.3%	86.0%	78.3%	85.0%	↑
<b>MARR</b>	83.4%	82.2%	82.4%	78.7%	80.0%	

## **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 2021:**

- No changes to this measure.

Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			90.6%	83.9%	83.7%	↓
ACC			90.5%	89.1%	91.5%	↑
CFCHP			88.3%	88.6%	86.9%	↑
JMS			83.9%	85.5%	88.9%	↑
KPMAS			93.7%	95.9%	98.3%	↑
MPC			87.6%	89.5%	88.6%	↑
MSFC			82.7%	82.0%	88.0%	↑
PPMCO			87.1%	81.3%	85.6%	↑
UHC			89.3%	87.1%	88.3%	↑
MARR			88.2%	87.0%	88.9%	

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Prenatal and Postpartum Care (PPC), Postpartum Care <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			81.8%	78.1%	80.6%	↑
ACC			82.0%	80.5%	83.3%	↑
CFCHP			86.9%	84.4%	81.7%	↑
JMS			88.7%	90.3%	87.5%	↑
KPMAS			90.8%	90.3%	93.0%	↑
MPC			75.2%	77.4%	83.7%	↑
MSFC			82.2%	83.7%	82.8%	↑
PPMCO			70.8%	64.5%	83.5%	↑
UHC			73.5%	79.1%	77.4%	↑
MARR			81.3%	80.9%	83.7%	

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

## Utilization and Risk Adjusted Utilization

### Ambulatory Care (AMB)

#### Description

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

1. Outpatient Visits including telehealth
2. Emergency Department Visits

#### Rationale

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

#### Summary of Changes to HEDIS MY 2021:

- No changes to this measure.

Ambulatory Care (AMB), Outpatient visits per 1,000 member months						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		257.4	290.7	262.4	267.4	↓
ACC	354.3	346.5	348.5	290.0	318.2	↓
CFCHP	332.2	339.2	337.1	290.2	293.4	↓
JMS	328.7	335.4	314.4	275.7	285.6	↓
KPMAS	315.9	276.9	322.2	303.8	477.9	↑
MPC	397.5	400.7	404.8	332.4	339.5	↑
MSFC	356.2	354.6	354.8	305.3	320.5	↑
PPMCO	390.3	394.9	381.6	311.2	326.7	↑
UHC	345.1	336.1	345.5	283.2	318.9	↓
MARR	352.5	338.0	344.4	294.9	327.6	

Ambulatory Care (AMB), Emergency department (ED) visits per 1,000 member months						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		50.1	47.6	34.4	37.5	↓
ACC	50.6	47.1	45.5	29.9	34.6	↓
CFCHP	60.7	58.2	54.8	37.7	40.0	↑
JMS	83.0	78.1	73.7	53.3	56.0	↑
KPMAS	26.6	23.8	24.4	19.2	17.9	↓
MPC	61.9	59.1	57.9	40.8	42.6	↑
MSFC	53.5	52.1	51.1	35.5	38.3	↑
PPMCO	58.0	55.0	54.2	37.3	40.9	↑
UHC	51.7	48.6	47.3	31.5	37.6	↓
MARR	55.8	52.5	50.7	35.5	38.4	

## **Antibiotic Utilization (ABX)**

### **Description**

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

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Antibiotic Utilization (ABX), Average Scripts PMPY for Antibiotics						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.62	0.73	0.57	0.55	↓
ACC	0.79	0.76	0.77	0.55	0.53	↓
CFCHP	0.81	0.80	0.75	0.58	0.57	↓
JMS	0.80	0.74	0.73	0.59	0.57	↓
KPMAS	0.60	0.57	0.62	0.49	0.45	↓
MPC	1.01	1.00	1.00	0.74	0.70	↑
MSFC	0.86	0.84	0.86	0.66	0.62	↑
PPMCO	0.93	0.90	0.90	0.62	0.59	↓
UHC	0.85	0.80	0.78	0.56	0.58	↓
MARR	0.83	0.78	0.79	0.60	0.57	

Antibiotic Utilization (ABX) , Average Days Supplied per Antibiotic Script						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		8.54	8.30	8.31	8.16	↓
ACC	9.26	9.25	9.17	9.27	9.38	↑
CFCHP	9.22	9.13	9.14	9.15	9.22	↑
JMS	7.74	8.51	8.34	8.19	8.47	↓
KPMAS	9.28	9.36	9.36	9.41	9.76	↑
MPC	9.24	9.19	9.14	9.19	9.28	↑
MSFC	8.86	8.90	8.86	8.94	8.99	↑
PPMCO	9.34	9.31	9.28	9.79	9.46	↑
UHC	9.25	9.21	9.79	9.22	9.34	↑
MARR	9.02	9.04	9.04	9.05	9.12	

Antibiotic Utilization (ABX), Percentage of Antibiotics of Concern of All Antibiotics						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		41.2%	40.8%	37.6%	36.7%	↑
ACC	38.8%	37.6%	37.0%	35.9%	34.1%	↑
CFCHP	42.2%	40.4%	40.3%	39.2%	36.8%	↑
JMS	32.5%	33.5%	34.5%	33.9%	32.0%	↓
KPMAS	35.9%	35.8%	36.0%	32.6%	29.9%	↓
MPC	40.4%	40.1%	39.3%	38.6%	36.7%	↑
MSFC	39.0%	37.6%	37.5%	36.1%	33.4%	↓
PPMCO	39.3%	38.9%	38.4%	39.7%	35.5%	↑
UHC	41.6%	40.9%	40.0%	38.9%	35.8%	↑
MARR	38.7%	38.4%	38.2%	36.9%	34.6%	

Antibiotic Utilization (ABX), Average Scripts PMPY for Antibiotics of Concern						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.26	0.30	0.21	0.20	↓
ACC	0.31	0.28	0.28	0.20	0.18	↓
CFCHP	0.34	0.32	0.30	0.23	0.21	↑
JMS	0.26	0.25	0.25	0.20	0.18	↓
KPMAS	0.22	0.20	0.22	0.16	0.13	↓
MPC	0.41	0.40	0.39	0.29	0.26	↑
MSFC	0.33	0.32	0.32	0.24	0.21	↑
PPMCO	0.37	0.35	0.34	0.24	0.21	↑
UHC	0.35	0.33	0.31	0.22	0.21	↑
MARR	0.32	0.30	0.30	0.22	0.20	



## **Frequency of Selected Procedures (FSP)**

### **Description**

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

### **Rationale**

This measure lists several frequently performed procedures (mostly surgical) that contribute substantially to overall cost. Wide variations among geographic regions in medical procedure rates appear to have little correlation with health outcomes. The reasons for this are unclear.

Some variation is because of unnecessary procedures; conversely, some procedures may not be performed often enough. These rates are likely to be strongly influenced by how the organization manages care.

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 F						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.12	0.13	0.11	0.18	↑
ACC	0.07	0.12	0.17	0.15	0.21	↑
CFCHP	0.02	0.14	0.36	0.15	0.13	↓
JMS	0.02	0.02	0.07	0.05	0.05	↓
KPMAS	0.07	0.13	0.00	0.10	0.00	↓
MPC	0.04	0.14	0.16	0.14	0.17	↑
MSFC	0.05	0.27	0.30	0.33	0.24	↑
PPMCO	0.05	0.17	0.23	0.18	0.21	↑
UHC	0.04	0.15	0.17	0.17	0.25	↑
MARR	0.05	0.14	0.18	0.15	0.16	

Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 M						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.00	0.00	0.03	0.06	↑
ACC	0.00	0.03	0.04	0.02	0.03	↑
CFCHP	0.00	0.05	0.00	0.03	0.00	↓
JMS	0.00	0.02	0.00	0.04	0.00	↓
KPMAS	0.00	0.04	0.12	0.03	0.00	↓
MPC	0.00	0.02	0.02	0.02	0.02	↓
MSFC	0.00	0.05	0.03	0.05	0.03	↑
PPMCO	0.00	0.03	0.04	0.05	0.02	↓
UHC	0.00	0.02	0.04	0.01	0.05	↑
MARR	0.00	0.03	0.03	0.03	0.02	

Frequency of Selected Procedures (FSP), Tonsillectomy 0-9						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.00	0.20	0.09	0.12	↓
ACC	0.53	0.46	0.48	0.29	0.19	↓
CFCHP	0.36	0.26	0.24	0.23	0.16	↓
JMS	0.10	0.30	0.37	0.20	0.07	↓
KPMAS	0.26	0.21	0.30	0.15	0.00	↓
MPC	0.58	0.56	0.50	0.30	0.20	↓
MSFC	0.48	0.49	0.47	0.27	0.16	↓
PPMCO	0.58	0.49	0.50	0.27	0.21	↓
UHC	0.50	0.49	0.42	0.21	0.16	↓
MARR	0.42	0.36	0.38	0.22	0.14	

Frequency of Selected Procedures (FSP), Tonsillectomy 10-19						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.06	0.05	0.06	0.08	↓
ACC	0.16	0.17	0.17	0.10	0.08	↓
CFCHP	0.22	0.10	0.11	0.18	0.05	↓
JMS	0.05	0.16	0.04	0.08	0.06	↓
KPMAS	0.14	0.11	0.14	0.10	0.00	↓
MPC	0.20	0.24	0.17	0.08	0.11	↓
MSFC	0.17	0.16	0.19	0.08	0.06	↓
PPMCO	0.23	0.20	0.17	0.11	0.09	↓
UHC	0.21	0.17	0.15	0.08	0.12	↓
MARR	0.17	0.15	0.13	0.10	0.07	

Frequency of Selected Procedures (FSP), Hysterectomy Abdominal 45-64						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.47	0.21	0.11	0.12	↓
ACC	0.28	0.25	0.26	0.21	0.19	↑
CFCHP	0.36	0.12	0.15	0.15	0.16	↑
JMS	0.16	0.12	0.07	0.10	0.12	↓
KPMAS	0.25	0.15	0.19	0.12	0.00	↓
MPC	0.24	0.15	0.18	0.16	0.16	↑
MSFC	0.27	0.22	0.19	0.17	0.14	↑
PPMCO	0.31	0.24	0.18	0.13	0.18	↑
UHC	0.20	0.21	0.19	0.14	0.16	↑
MARR	0.26	0.21	0.18	0.14	0.14	

Frequency of Selected Procedures (FSP), Hysterectomy Vaginal 45-64						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.00	0.13	0.30	0.14	↑
ACC	0.11	0.16	0.14	0.11	0.14	↑
CFCHP	0.15	0.06	0.13	0.11	0.07	↓
JMS	0.00	0.02	0.05	0.02	0.00	↓
KPMAS	0.23	0.05	0.05	0.03	0.00	↓
MPC	0.11	0.15	0.08	0.11	0.13	↑
MSFC	0.17	0.13	0.13	0.04	0.15	↑
PPMCO	0.20	0.17	0.12	0.12	0.10	↑
UHC	0.12	0.11	0.09	0.12	0.14	↑
MARR	0.14	0.09	0.10	0.11	0.10	

Frequency of Selected Procedures (FSP), Cholecystectomy Open 45-64 F						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.00	0.04	0.00	0.04	↑
ACC	0.04	0.02	0.02	0.02	0.02	↑
CFCHP	0.09	0.02	0.02	0.02	0.00	↓
JMS	0.02	0.02	0.05	0.00	0.02	↑
KPMAS	0.00	0.02	0.06	0.00	0.00	↓
MPC	0.04	0.02	0.04	0.03	0.03	↑
MSFC	0.03	0.01	0.00	0.03	0.00	↓
PPMCO	0.04	0.04	0.08	0.02	0.01	↓
UHC	0.03	0.03	0.02	0.01	0.01	↓
MARR	0.04	0.02	0.04	0.01	0.01	

Frequency of Selected Procedures (FSP), Cholecystectomy Open 30-64 M						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.00	0.02	0.00	0.03	↑
ACC	0.02	0.04	0.02	0.01	0.03	↑
CFCHP	0.00	0.02	0.01	0.01	0.02	↑
JMS	0.05	0.02	0.02	0.02	0.01	↓
KPMAS	0.02	0.01	0.01	0.01	0.00	↓
MPC	0.04	0.02	0.02	0.02	0.01	↓
MSFC	0.03	0.01	0.04	0.00	0.02	↑
PPMCO	0.03	0.02	0.02	0.02	0.03	↑
UHC	0.03	0.02	0.01	0.01	0.02	↑
MARR	0.03	0.02	0.02	0.01	0.02	

Frequency of Selected Procedures (FSP), Cholecystectomy Lap 45-64 F						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.23	0.47	0.19	0.18	↓
ACC	0.49	0.41	0.35	0.30	0.35	↓
CFCHP	0.60	0.45	0.28	0.30	0.40	↓
JMS	0.30	0.07	0.29	0.15	0.17	↓
KPMAS	0.38	0.25	0.36	0.13	0.00	↓
MPC	0.53	0.43	0.40	0.31	0.39	↓
MSFC	0.27	0.43	0.41	0.24	0.31	↓
PPMCO	0.53	0.43	0.41	0.37	0.45	↑
UHC	0.36	0.33	0.38	0.28	0.28	↓
MARR	0.43	0.34	0.37	0.25	0.28	

Frequency of Selected Procedures (FSP), Cholecystectomy Lap 30-64 M						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.44	0.19	0.14	0.16	↓
ACC	0.20	0.14	0.18	0.12	0.11	↓
CFCHP	0.19	0.10	0.15	0.06	0.17	↓
JMS	0.04	0.09	0.06	0.09	0.06	↓
KPMAS	0.07	0.08	0.10	0.08	0.00	↓
MPC	0.24	0.17	0.18	0.16	0.16	↓
MSFC	0.14	0.13	0.14	0.10	0.08	↓
PPMCO	0.21	0.20	0.22	0.17	0.17	↓
UHC	0.19	0.13	0.13	0.18	0.12	↓
MARR	0.16	0.16	0.15	0.12	0.11	

Frequency of Selected Procedures (FSP), Back Surgery 45-64F						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.23	0.34	0.33	0.22	↓
ACC	0.50	0.40	0.36	0.37	0.31	↓
CFCHP	0.54	0.82	0.69	0.55	0.42	↓
JMS	0.33	0.69	0.51	0.42	0.39	↓
KPMAS	0.05	0.12	0.08	0.06	0.00	↓
MPC	0.72	0.65	0.62	0.62	0.53	↑
MSFC	0.46	0.54	0.60	0.43	0.40	↓
PPMCO	0.69	0.67	0.65	0.56	0.51	↑
UHC	0.55	0.61	0.65	0.48	0.40	↓
MARR	0.48	0.53	0.50	0.42	0.35	

Frequency of Selected Procedures (FSP), Back Surgery 45-64M						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.34	0.35	0.39	0.35	↓
ACC	0.50	0.36	0.36	0.36	0.47	↑
CFCHP	0.47	0.47	0.50	0.48	0.45	↓
JMS	0.56	0.45	0.36	0.33	0.26	↓
KPMAS	0.15	0.16	0.16	0.19	0.00	↓
MPC	0.72	0.66	0.57	0.57	0.57	↑
MSFC	0.71	0.57	0.38	0.51	0.47	↑
PPMCO	0.77	0.65	0.60	0.56	0.61	↑
UHC	0.63	0.54	0.55	0.53	0.55	↑
MARR	0.56	0.47	0.42	0.44	0.41	

Frequency of Selected Procedures (FSP), Mastectomy 15-44						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.00	0.04	0.02	0.06	↑
ACC	0.04	0.03	0.04	0.04	0.05	↑
CFCHP	0.00	0.05	0.04	0.03	0.05	↑
JMS	0.00	0.01	0.04	0.05	0.00	↓
KPMAS	0.00	0.02	0.02	0.03	0.00	↓
MPC	0.04	0.04	0.05	0.03	0.02	↓
MSFC	0.05	0.07	0.06	0.06	0.05	↑
PPMCO	0.04	0.03	0.06	0.03	0.04	↑
UHC	0.03	0.02	0.04	0.02	0.05	↑
MARR	0.03	0.03	0.04	0.03	0.04	

Frequency of Selected Procedures (FSP), Mastectomy 45-64						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.23	0.13	0.14	0.02	↓
ACC	0.12	0.09	0.10	0.19	0.10	↓
CFCHP	0.13	0.10	0.02	0.06	0.07	↓
JMS	0.02	0.05	0.10	0.20	0.10	↓
KPMAS	0.09	0.09	0.11	0.06	0.00	↓
MPC	0.10	0.13	0.15	0.07	0.12	↓
MSFC	0.11	0.14	0.23	0.14	0.18	↓
PPMCO	0.12	0.11	0.11	0.17	0.17	↓
UHC	0.10	0.07	0.15	0.13	0.18	↓
MARR	0.10	0.11	0.12	0.13	0.10	

Frequency of Selected Procedures (FSP), Lumpectomy 15-44						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.08	0.04	0.01	0.09	↑
ACC	0.10	0.10	0.09	0.06	0.09	↑
CFCHP	0.08	0.10	0.09	0.08	0.09	↑
JMS	0.06	0.12	0.08	0.01	0.02	↓
KPMAS	0.04	0.09	0.07	0.06	0.00	↓
MPC	0.10	0.09	0.07	0.09	0.09	↑
MSFC	0.13	0.12	0.06	0.09	0.08	↑
PPMCO	0.13	0.12	0.11	0.09	0.08	↑
UHC	0.10	0.08	0.07	0.08	0.10	↑
MARR	0.09	0.10	0.08	0.06	0.07	

Frequency of Selected Procedures (FSP), Lumpectomy 45-64						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		0.59	0.17	0.27	0.14	↓
ACC	0.34	0.30	0.27	0.25	0.27	↑
CFCHP	0.30	0.37	0.26	0.18	0.21	↓
JMS	0.14	0.12	0.17	0.07	0.20	↓
KPMAS	0.28	0.33	0.33	0.21	0.00	↓
MPC	0.26	0.25	0.24	0.24	0.28	↑
MSFC	0.45	0.59	0.36	0.35	0.41	↑
PPMCO	0.35	0.32	0.32	0.28	0.27	↑
UHC	0.33	0.20	0.31	0.27	0.37	↑
MARR	0.31	0.34	0.27	0.24	0.24	

## **Inpatient Utilization - General Hospital/Acute Care (IPU)**

### **Description**

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

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

### **Rationale**

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

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Discharges /1000 MM						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH		4.22	3.90	3.85	4.73	↑
ACC	4.21	4.34	4.49	4.76	4.78	↑
CFCHP	3.54	3.62	3.64	3.70	4.17	↓
JMS	4.64	4.80	5.42	5.65	5.83	↑
KPMAS	3.45	3.31	3.31	3.45	3.90	↓
MPC	2.53	4.54	4.58	4.82	5.01	↑
MSFC	4.78	4.22	4.05	4.28	4.55	↑
PPMCO	4.44	4.21	4.44	4.47	4.84	↑
UHC	4.44	4.68	4.47	4.48	4.96	↑
MARR	4.00	4.22	4.25	4.38	4.75	

Inpatient Utilization - General Hospital Acute Care (IPU), Total Inpatient: Total Average Length of Stay						
Measurement Year	2017	2018	2019	2020	2021	NHM
<b>ABH</b>		6.01	5.64	5.08	4.44	↓
<b>ACC</b>	5.05	4.58	4.47	3.94	3.94	↓
<b>CFCHP</b>	7.20	7.03	6.83	5.72	5.50	↑
<b>JMS</b>	9.19	8.83	8.97	7.69	7.46	↑
<b>KPMAS</b>	5.62	5.27	5.58	4.97	4.64	↓
<b>MPC</b>	6.46	6.44	6.33	5.38	5.37	↑
<b>MSFC</b>	6.56	6.35	6.17	5.27	5.05	↑
<b>PPMCO</b>	6.81	6.20	6.04	5.19	4.94	↓
<b>UHC</b>	5.58	4.21	4.40	3.95	4.17	↓
<b>MARR</b>	6.56	6.10	6.05	5.24	5.06	



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

### **Description**

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

*Note: For Commercial and Medicaid, report only members 18–64 years of age.*

### **Rationale**

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

*The New England Journal of Medicine: Readmissions, Observation, and the Hospital Readmissions Reduction Program. Retrieved from*  
<https://www.nejm.org/doi/full/10.1056/NEJMsal513024#t=articleTop>

### **Summary of Changes to HEDIS MY 2021:**

- Under “Definitions: Plan Population”, the following text was added as the second paragraph: Members must be 18 and older as of the earliest Index Discharge Date. (Note: The plan population definition was revised in the HEDIS MY 2020 Technical Update. The HEDIS MY 2020 Technical Update changes must be made prior to making this change.)
- Under “Reporting: Number of Members in Plan Population”, replace the text in Step 1 with the following text: Determine the member's age as of the earliest Index Discharge Date.
- Under “Reporting: Number of Outliers”, replace the text in Step 1 with the following text: Determine the member's age as of the earliest Index Discharge Date.

Plan All-Cause Readmissions (PCR) - Observed <sup>3</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			14.5%	11.1%	9.2%	↓
ACC			9.5%	10.1%	9.7%	↓
CFCHP			11.1%	10.0%	9.3%	↓
JMS			8.2%	9.8%	9.8%	↓
KPMAS			6.9%	7.2%	7.8%	↓
MPC			10.3%	10.0%	10.2%	↑
MSFC			11.0%	12.5%	10.5%	↑
PPMCO			10.6%	8.9%	8.4%	↓
UHC			10.5%	11.2%	10.2%	↑
MARR			10.3%	10.1%	9.5%	

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

Plan All-Cause Readmissions (PCR) - Observed / Expected <sup>23</sup>						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH			1.43	1.17	0.97	↓
ACC			0.97	1.03	1.01	↑
CFCHP			1.10	0.99	0.93	↓
JMS			0.78	0.92	0.92	↓
KPMAS			0.80	0.98	0.88	↓
MPC			1.05	1.03	1.05	↑
MSFC			1.12	1.28	1.06	↑
PPMCO			1.09	0.94	0.88	↓
UHC			1.04	1.11	1.03	↑
MARR			1.04	1.05	0.97	

<sup>2</sup> A lower rate indicates better performance.

<sup>3</sup> Trending break for HEDIS MY2019, results cannot be compared to the prior year benchmarks.

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

### **Description**

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

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

### **Rationale**

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

*American Academy of Pediatrics. Retrieved from*

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Well-Child Visits in the First 30 Months of Life (W30), 15 months						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				42.0%	43.0%	↓
ACC				59.6%	56.9%	↑
CFCHP				71.6%	47.9%	↓
JMS				72.8%	53.4%	↑
KPMAS				73.2%	68.2%	↑
MPC				60.2%	54.2%	↑
MSFC				58.5%	54.1%	↑
PPMCO				58.0%	56.6%	↑
UHC				54.1%	58.5%	↑
MARR				61.1%	54.8%	

Well-Child Visits in the First 30 Months of Life (W30), 15-30 months						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				76.9%	67.8%	↓
ACC				81.2%	77.9%	↑
CFCHP				79.1%	73.9%	↑
JMS				75.6%	72.2%	↑
KPMAS				72.7%	74.1%	↑
MPC				74.8%	70.3%	↓
MSFC				77.5%	73.0%	↑
PPMCO				77.4%	75.2%	↑
UHC				75.5%	76.5%	↑
MARR				76.7%	73.4%	

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

### **Description**

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

### **Rationale**

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

*American Academy of Pediatrics. Retrieved from*

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

### **Summary of Changes to HEDIS MY 2021:**

- No changes to this measure.

Child and Adolescent Well-Care Visits (WCV), 3-11 years						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				45.6%	53.4%	↑
ACC				67.2%	71.2%	↑
CFCHP				53.0%	57.2%	↑
JMS				66.2%	69.8%	↑
KPMAS				58.1%	70.1%	↑
MPC				53.9%	60.7%	↑
MSFC				55.8%	64.0%	↑
PPMCO				58.7%	64.0%	↑
UHC				58.4%	68.2%	↑
MARR				57.4%	64.3%	

Child and Adolescent Well-Care Visits (WCV), 12-17 years						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				37.0%	44.6%	↓
ACC				62.3%	66.8%	↑
CFCHP				44.4%	45.7%	↓
JMS				75.4%	66.6%	↑
KPMAS				57.8%	60.2%	↑
MPC				47.4%	54.0%	↑
MSFC				49.8%	57.7%	↑
PPMCO				54.0%	58.5%	↑
UHC				54.9%	62.7%	↑
MARR				53.7%	57.4%	

Child and Adolescent Well-Care Visits (WCV), 18-21 years						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				25.9%	26.1%	↓
ACC				41.3%	42.4%	↑
CFCHP				28.3%	28.1%	↑
JMS				71.1%	59.5%	↑
KPMAS				35.4%	38.9%	↑
MPC				28.9%	31.9%	↑
MSFC				38.8%	41.3%	↑
PPMCO				35.8%	36.7%	↑
UHC				36.9%	41.8%	↑
MARR				38.0%	38.5%	

Child and Adolescent Well-Care Visits (WCV), Total						
Measurement Year	2017	2018	2019	2020	2021	NHM
ABH				39.2%	45.7%	↓
ACC				62.0%	65.2%	↑
CFCHP				46.8%	49.2%	↑
JMS				69.9%	66.8%	↑
KPMAS				54.2%	62.0%	↑
MPC				47.7%	53.5%	↑
MSFC				51.0%	57.9%	↑
PPMCO				53.8%	57.8%	↑
UHC				53.5%	61.6%	↑
MARR				53.1%	57.7%	

## 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 2021:

- Replace the description with the following text: The total number of members enrolled in the product line, stratified by age.
- Under “Calculations – Product Lines”, replace the first sentence with the following text: Report the following tables for each applicable product line, stratified by age.
- In “Table ENP-1/2/3: Member Years of Enrollment by Product Line”; delete the entire “Male” and “Female” columns for “Member Months” and “Member Years.” This table should only include “Total” columns for “Member Months” and “Member Years.”; and in the remaining “Total” column for the “Member Months” column, remove the shading from all “Age” rows, starting at “<1 age range through the “Unknown”. The only shading in the table should be for the “Member Years” column and the “Total” row for “Member Years”.

Enrollment by Product Line (ENP), in member months	
Plan	Total
ABH	558,193
ACC	3,692,769
CFCHP	722,147
JMS	353,670
KPMAS	1,206,217
MPC	2,835,664
MSFC	1,241,401
PPMCO	4,029,080
UHC	1,803,859

## 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 2021:

- No changes to this measure.

Language Diversity of Membership (LDM) – Spoken					
Plan		Declined	English	Non-English	Unknown
ABH	Number	0	0	0	57,675
	Percent	0.0%	0.0%	0.0%	100.0%
ACC	Number	0	969	18,870	307,670
	Percent	0.0%	0.3%	5.8%	93.9%
CFCHP	Number	0	0	100	74,323
	Percent	0.0%	0.0%	0.1%	99.9%
JMS	Number	0	0	0	32,646
	Percent	0.0%	0.0%	0.0%	100.0%
KPMAS	Number	22	87,947	14,007	13,601
	Percent	0.0%	76.1%	12.1%	11.8%
MPC	Number	0	154,902	2,020	98,328
	Percent	0.0%	60.7%	0.8%	38.5%
MSFC	Number	0	55,908	1,429	56,347
	Percent	0.0%	49.2%	1.3%	49.6%
PPMCO	Number	0	1	3,975	356,490
	Percent	0.0%	0.0%	1.1%	98.9%
UHC	Number	0	137,808	3,867	24,278
	Percent	0.0%	83.0%	2.3%	14.6%



## 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 2021:

- No changes to this measure.

Race/Ethnicity Diversity of Membership (RDM)										
Plan		American Indian & Alaska Native	Asian	Black	Declined	Native Hawaiian - Pacific Islander	Other	2+ Races	Unknown	White
ABH	Number	0	4,403	18,705	17,996	184	0	0	3,201	13,186
	Percent	0.0%	7.6%	32.4%	31.2%	0.3%	0.0%	0.0%	5.6%	22.9%
ACC	Number	2	16,342	113,527	0	582	2,449	0	143,316	51,291
	Percent	0.0%	5.0%	34.7%	0.0%	0.2%	0.8%	0.0%	43.8%	15.7%
CFCHP	Number	0	0	24,891	0	4,529	0	0	25,869	19,134
	Percent	0.0%	0.0%	33.5%	0.0%	6.1%	0.0%	0.0%	34.8%	25.7%
JMS	Number	135	1,369	17,250	0	51	99	0	9,711	4,031
	Percent	0.4%	4.2%	52.8%	0.0%	0.2%	0.3%	0.0%	29.8%	12.4%
KPMAS	Number	293	9,974	58,754	223	109	18,623	1,433	13,615	12,553
	Percent	0.3%	8.6%	50.8%	0.2%	0.1%	16.1%	1.2%	11.8%	10.9%
MPC	Number	781	10,318	87,234	0	256	0	0	77,571	79,090
	Percent	0.3%	4.0%	34.2%	0.0%	0.1%	0.0%	0.0%	30.4%	31.0%
MSFC	Number	0	6,800	46,561	0	271	0	0	35,436	24,616
	Percent	0.0%	6.0%	41.0%	0.0%	0.2%	0.0%	0.0%	31.2%	21.7%
PPMCO	Number	2	0	117,702	121,922	15,647	0	0	2,147	103,046
	Percent	0.0%	0.0%	32.7%	33.8%	4.3%	0.0%	0.0%	0.6%	28.6%
UHC	Number	0	9,659	59,120	0	346	0	0	57,224	39,604
	Percent	0.0%	5.8%	35.6%	0.0%	0.2%	0.0%	0.0%	34.5%	23.9%

## Implications and Discussion

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

Maryland utilizes Value-Based Purchasing (VBP) designed to improve MCO performance by applying incentives and disincentives to a set of performance measures.

### **HealthChoice Plans: HEDIS MY 2021 Summary**

- Maryland MCOs had high overall performance in their HEDIS rates prior to the COVID-19 pandemic. COVID is likely to have continuing impact to healthcare delivery and measure performance for the foreseeable future.
- The NCQA benchmarks and HEDIS means used to gauge performance for MY 2021 were derived from reported rates during the first year of the COVID pandemic. With a few exceptions, the NHM decreased for most measures. Also, since the pandemic has persisted, it is likely that benchmark data will be impacted for at least another year.
- Eligible populations for CWP, URI, and AAB were noted to have decreased significantly for many health plans across the nation. NCQA evaluated this with the licensed organizations conducting HEDIS audits, and it is suspected that this shift may have been due to several factors, including provider billing procedures and diagnosis code assignments in the context of COVID.
- The MARR for CWP decreased from 80.7 percent to 67.5 percent, potentially as a result of the shifts observed in the eligible populations.
- The MARR increased for many measures compared to prior year performance (year one of COVID).
- Utilization measure rates rebounded somewhat, but still remained low. For example, AMBA outpatient and emergency department visits per 1000 MM rates were higher than last year for all MCOs, but most were still lower than pre-pandemic rates.
- There were several measures/indicators where eight of nine MCO rates were above/better than the NHM: WCC-Physical Activity, WCC – Nutrition, PCE – Bronchodilator, CDC – HbA1c testing, LBP, NCS, PPC – Prenatal, and WCV – total rate.
- All nine MCOs scored above/better than the NHM for CHL, CDC – HbA1c Poor Control, CDC – HbA1c control <8, KED, and PPC – Postpartum.

### **VBP Measure Summary:**

- AMR: The NHM increased over two percent, and six of the nine MCO rates – ACC, CFCHP, JMS, KPMAS, MSFC, and PPMCO – were above the NHM. The MARR increased very slightly, less than one percent. Three MCO rates – CFCHP, JMS, and KPMAS – were above the MARR.
- BCS: Eight of nine MCOs' rates – ACC, CFCHP, JMS, KPMAS, MPC, MSFC, PPMCO, and UHC – were above the NHM, which was observed to be 53.7 percent, lower than the historical NHM range of 58.3 – 58.4 percent. The MARR decreased from 65.2 to 63.8 percent; five of the nine MCOs' rates – CFCHP, JMS, KPMAS, MPC, and MSFC – were above the MARR, and these five MCO rates were also above the 90<sup>th</sup> percentile.

- **CBP:** The NHM was 55.9 percent, and because of significant changes to the measure the prior year, there was a break in trending. Six MCOs' rates – ABH, ACC, CFCHP, JMS, KPMAS, and UHC – were above the NHM. The MARR increased four percent, and four MCOs' rates – CFCHP, JMS, KPMAS, and UHC – were above the MARR. Six MCOs' rates – ABH, ACC, CFCHP, KPMAS, PPMCO, and UHC – were higher than their MY 2020 rates for CBP.
- **CDC HbA1Control (<8 percent):** The NHM decreased four percent, likely a result of year one of COVID. All nine MCOs' rates were above the NHM, and six MCOs – ACC, JMS, KPMAS, MPC, MSFC, and PPMCO – had rates above the 90<sup>th</sup> percentile. The MARR bounced back from the MY 2020 decrease and is now somewhat higher than MY 2019 rates. Four MCOs' rates – JMS, KPMAS, MPC, and MSFC – were above the MARR.
- **W30 – 15 Month indicator:** The W30 (formerly W15) measure underwent a complete revision last year, so the NHM was not able to be trended from the previous years. Seven of nine MCOs' rates – ACC, JMS, KPMAS, MPC, MSFC, PPMCO, and UHC – were above the NHM. The MARR rate was observed to be lower this year, and four MCO rates – ACC, KPMAS, PPMCO, and UHC – were above the MARR.
- **W30 – 15-30 Month indicator:** The W30 (formerly W15) measure underwent a complete revision last year, so the NHM was not able to be trended from the previous years. Seven of the nine MCOs' rates – ACC, CFCHP, JMS, KPMAS, MSFC, PPMCO, and UHC – were above the NHM. The MARR was lower than the prior year and five MCO rates – ACC, CFCHP, KPMAS, PPMCO, and UHC – were above the MARR.
- **WCV total:** The WCV (formerly W34 and AWC) measure underwent a complete revision last year, so the NHM was not able to be trended from the previous years. It was noted that the NHM was lower than the MARR by more than 10 percent and the MARR is four percent higher than last year. Eight of the nine MCOs' rates – ACC, CFCHP, JMS, KPMAS, MPC, MSFC, PPMCO and UHC – were above the NHM. Six MCOs' rates – ACC, JMS, KPMAS, MSFC, PPMCO, and UHC – were above the MARR.

TABLE 1: HEALTH CHOICE ORGANIZATIONS HEDIS MY2021 RESULTS

HEDIS MY2021 Results, (Page 1 of 3)	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021
HealthChoice Organizations	ABH	ABH	ABH	ACC	ACC	ACC	CFCHP	CFCHP	CFCHP	JMS	JMS	JMS	KPMAS	KPMAS	KPMAS	MPC	MPC	MPC	MSFC	MSFC	MSFC	PPMCO	PPMCO	PPMCO	UHC	UHC	UHC	MARR		
Breast Cancer Screening (BCS)	NA¹	54.6%	43.8%	69.2%	63.6%	59.4%	76.9%	68.0%	67.1%	76.3%	76.2%	76.8%	79.2%	76.0%	74.2%	62.6%	61.1%	66.2%	74.6%	71.1%	70.0%	67.8%	60.7%	59.7%	58.1%	55.5%	57.3%	63.8%		
Cervical Cancer Screening (CCS)	38.0%	35.8%	41.6%	67.9%	63.9%	63.0%	55.7%	49.1%	55.7%	74.3%	60.8%	51.9%	88.0%	84.9%	83.5%	60.6%	55.2%	54.7%	64.0%	51.8%	55.0%	66.9%	61.3%	58.2%	58.9%	58.4%	59.1%	58.1%		
Chlamydia Screening in Women (CHL), 16-20 years	64.6%	54.3%	57.9%	65.1%	62.8%	60.7%	58.2%	56.1%	51.3%	87.5%	87.7%	86.8%	84.3%	69.3%	83.4%	55.3%	52.8%	52.5%	55.9%	54.8%	52.2%	60.5%	56.1%	56.9%	59.5%	59.1%	57.7%	62.1%		
Chlamydia Screening in Women (CHL), 21-24 years	69.9%	66.3%	64.4%	72.5%	70.7%	70.3%	65.5%	62.9%	62.3%	83.0%	77.6%	77.7%	87.3%	70.7%	80.6%	64.3%	61.4%	60.5%	63.1%	64.9%	61.8%	68.3%	63.6%	66.3%	69.5%	65.1%	68.4%	68.0%		
Chlamydia Screening in Women (CHL), Total	67.7%	61.9%	62.0%	68.1%	66.2%	65.0%	62.3%	59.8%	57.3%	85.6%	83.1%	82.4%	85.8%	70.1%	81.9%	59.3%	56.8%	56.4%	59.5%	60.0%	57.2%	63.9%	59.5%	61.3%	63.8%	61.8%	62.7%	65.1%		
Childhood Immunization Status (CIS), Combo 3	58.8%	63.5%	61.6%	79.6%	72.5%	72.3%	83.1%	75.2%	71.3%	80.5%	61.6%	66.4%	79.1%	77.9%	74.8%	71.3%	72.0%	64.7%	78.6%	68.6%	68.1%	75.2%	66.2%	68.9%	72.7%	74.5%	67.9%	68.4%		
Childhood Immunization Status (CIS), Combo 7	41.9%	52.1%	53.3%	66.7%	62.0%	61.6%	64.3%	65.0%	65.0%	66.4%	55.8%	56.9%	74.7%	73.0%	70.4%	63.7%	61.3%	56.5%	64.7%	57.2%	55.7%	66.2%	56.5%	58.4%	62.8%	64.2%	57.9%	59.5%		
Childhood Immunization Status (CIS), Combo 10	28.8%	36.7%	34.6%	43.8%	41.6%	41.4%	38.9%	46.0%	46.0%	48.5%	37.0%	40.2%	63.4%	62.3%	60.3%	38.9%	35.8%	33.8%	43.6%	40.2%	35.3%	46.0%	39.2%	43.1%	38.7%	43.8%	39.9%	41.6%		
Immunizations for Adolescents (IMA), Combo 1	73.6%	70.7%	69.3%	90.3%	89.8%	91.0%	83.0%	74.2%	75.2%	91.7%	82.3%	79.8%	89.6%	89.5%	84.2%	89.5%	83.7%	82.5%	89.8%	84.7%	74.0%	91.5%	82.5%	86.9%	90.8%	88.8%	87.8%	81.2%		
Immunizations for Adolescents (IMA), Combo 2	24.1%	25.5%	26.0%	49.4%	46.7%	53.3%	34.1%	27.0%	34.1%	65.9%	56.7%	52.1%	63.9%	63.8%	59.7%	38.9%	35.5%	30.4%	43.3%	44.8%	38.4%	51.6%	43.1%	40.2%	38.2%	40.9%	40.2%	41.6%		
Lead Screening in Children (LSC)	73.8%	74.5%	65.7%	81.4%	80.9%	74.5%	83.9%	81.5%	75.9%	92.1%	92.1%	83.9%	89.6%	87.2%	82.0%	80.1%	73.8%	68.0%	84.4%	74.7%	75.7%	83.9%	80.0%	75.0%	74.4%	72.4%	71.1%	74.6%		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total	74.5%	80.1%	80.3%	71.8%	78.5%	77.4%	78.9%	69.3%	73.9%	96.4%	94.3%	95.2%	99.0%	95.0%	95.9%	62.0%	71.5%	75.2%	88.9%	80.2%	81.4%	72.3%	47.9%	50.9%	77.6%	71.1%	77.4%	78.6%		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total	74.2%	76.6%	80.6%	77.6%	77.3%	74.9%	79.1%	67.4%	69.7%	95.1%	97.2%	96.6%	100.0%	100.0%	98.0%	63.2%	68.6%	69.6%	82.6%	72.6%	77.5%	69.6%	38.7%	44.8%	75.7%	70.3%	77.1%	76.5%		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity , Total	69.4%	72.3%	78.7%	70.6%	72.1%	68.6%	75.0%	65.2%	64.4%	94.6%	97.2%	96.6%	100.0%	100.0%	98.0%	60.2%	65.5%	66.4%	78.1%	68.8%	73.3%	65.0%	32.4%	40.2%	72.3%	65.7%	74.0%	73.3%		
Asthma Medication Ratio (AMR), Total	NA¹	69.9%	63.3%	63.6%	70.1%	69.1%	57.8%	61.3%	71.2%	76.8%	76.6%	74.4%	77.3%	76.9%	86.6%	58.5%	63.6%	64.7%	63.8%	66.9%	68.2%	60.3%	68.1%	67.6%	62.4%	64.0%	58.3%	69.3%		
Appropriate Testing for Pharyngitis (CWP)	85.9%	83.1%	68.6%	85.2%	82.3%	71.1%	83.4%	81.0%	70.1%	74.3%	70.4%	57.0%	78.9%	70.5%	37.8%	86.0%	85.6%	79.1%	88.0%	86.3%	75.8%	84.4%	82.6%	72.1%	87.1%	84.8%	76.0%	67.5%		
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator	90.2%	73.0%	90.3%	84.3%	85.4%	89.4%	85.5%	80.9%	88.3%	87.9%	90.4%	88.6%	91.5%	93.6%	98.2%	87.4%	84.9%	88.0%	90.2%	87.4%	91.5%	83.2%	81.0%	88.4%	79.5%	86.0%	78.7%	89.0%		
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid	77.0%	70.3%	82.3%	64.6%	65.0%	66.1%	73.5%	75.2%	82.7%	66.5%	60.4%	60.5%	93.6%	100.0%	96.4%	72.6%	70.5%	71.4%	71.1%	71.7%	72.4%	67.2%	68.3%	73.1%	64.3%	70.8%	66.4%	74.6%		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NA¹	NA¹	NA¹	29.8%	30.0%	21.3%	23.6%	20.5%	25.4%	13.0%	10.5%	7.7%	35.1%	48.4%	32.8%	28.4%	28.2%	26.3%	35.2%	30.0%	24.8%	27.3%	29.4%	23.1%	25.7%	28.4%	21.6%	22.9%		
Controlling High Blood Pressure (CBP)	TB	46.7%	57.9%	TB	50.6%	56.0%	TB	49.9%	65.7%	TB	67.2%	67.2%	TB	76.2%	74.3%	TB	59.4%	54.7%	TB	54.5%	41.3%	TB	33.3%	54.5%	TB	54.7%	61.1%	59.2%		
Cardiac Rehabilitation - Initiation (CRE)	NA	0.00%	0.00%	NA	0.67%	0.84%	NA	0.00%	1.83%	NA	0.00%	0.00%	NA	0.00%	0.00%	NA	2.28%	0.95%	NA	0.00%	0.41%	NA	1.21%	2.23%	NA	0.76%	2.33%	0.95%		
Cardiac Rehabilitation - Engagement1 (CRE)	NA	2.08%	3.57%	NA	1.35%	1.40%	NA	1.92%	3.67%	NA	0.00%	1.15%	NA	0.00%	0.00%	NA	3.70%	2.38%	NA	0.00%	0.00%	NA	2.43%	3.04%	NA	1.52%	3.10%	2.03%		
Cardiac Rehabilitation - Engagement2 (CRE)	NA	4.17%	3.57%	NA	1.01%	0.84%	NA	1.92%	5.50%	NA	0.00%	0.00%	NA	0.00%	0.00%	NA	3.13%	2.38%	NA	0.00%	0.00%	NA	2.02%	2.83%	NA	1.52%	3.49%	2.07%		
Cardiac Rehabilitation - Achievement (CRE)	NA	0.00%	1.79%	NA	0.34%	0.56%	NA	0.00%	1.83%	NA	0.00%	0.00%	NA	0.00%	0.00%	NA	1.71%	0.71%	NA	0.00%	0.00%	NA	1.21%	1.01%	NA	0.76%	1.16%	0.78%		
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	NA¹	NA¹	NA¹	77.9%	75.0%	73.0%	82.1%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	88.4%	87.3%	84.2%	84.8%	74.1%	75.5%	82.6%	77.3%	76.6%	81.4%	79.7%	81.0%	81.5%	81.9%		
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy , Total	NA¹	82.4%	81.5%	77.4%	77.7%	76.2%	79.2%	78.7%	77.6%	85.0%	83.5%	87.2%	92.5%	89.6%	87.2%	76.9%	79.3%	79.6%	80.7%	81.9%	82.0%	79.0%	78.7%	81.1%	77.4%	77.7%	78.3%	81.2%		
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total	NA¹	71.4%	60.0%	66.9%	63.2%	57.8%	62.0%	69.7%	66.4%	55.1%	47.7%	50.3%	64.4%	62.6%	66.5%	64.7%	65.7%	64.5%	64.8%	73.0%	73.1%	56.4%	59.8%	54.9%	57.7%	69.3%	67.0%	62.3%		
Comprehensive Diabetes Care (CDC), BP Control (<140/90 mm Hg)	TB	45.0%	57.4%	TB	52.8%	53.3%	TB	57.7%	58.6%	TB	70.8%	72.1%	TB	71.8%	77.4%	TB	55.2%	56.0%	TB	57.1%	25.9%	TB	34.8%	56.0%	TB	57.9%	60.8%	57.5%		
Comprehensive Diabetes Care (CDC), Eye Exam (Retinal) Performed	33.6%	38.7%	35.3%	54.7%	46.0%	49.6%	40.6%	42.3%	37.5%	65.5%	57.1%	50.6%	86.0%	82.1%	84.9%	46.2%	46.5%	47.9%	63.3%	59.1%	49.0%	50.6%	44.0%	53.0%	51.3%	49.6%	45.0%	50.3%		
Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)	49.6%	47.0%	52.8%	51.8%	55.0%	55.7%	57.9%	51.8%	54.0%	65.0%	56.6%	59.5%	63.8%	56.8%	62.0%	54.3%	48.2%	57.4%	57.5%	53.9%	56.6%	47.7%	41.9%	55.2%	52.8%	47.9%	53.0%	56.3%		
Comprehensive Diabetes Care (CDC), Hemoglobin A1c (HbA1c) Testing	86.1%	80.1%	84.2%	85.9%	82.5%	86.1%	86.1%	80.8%	82.7%	94.6%	91.5%	93.3%	94.1%	88.2%	91.7%	86.4%	78.8%	85.6%	88.8%	86.4%	87.3%	87.3%	79.6%	88.8%	85.2%	78.4%	84.2%	87.1%		
Comprehensive Diabetes Care (CDC), HbA1c Poor Control (>9.0%)	38.7%	45.3%	35.5%	38.2%	37.2%	37.5%	33.6%	38.9%	38.7%	27.3%	35.7%	28.4%	26.0%	31.7%	29.2%	36.0%	43.6%	32.4%	33.0%	34.2%	34.6%	42.6%	51.1%	35.3%	37.5%	41.9%	39.7%	34.6%		
Kidney Health Evaluation for Patients With Diabetes (KED)	NA	31.5%	34.0%	NA	33.9%	39.1%	NA	34.2%	37.3%	NA	66.2%	57.8%	NA	72.4%	77.8%	NA	32.0%	35.1%	NA	47.0%	49.4%	NA	29.8%	33.5%	NA	34.0%	40.1%	44.9%		
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	NA¹	58.8%	59.5%	63.9%	65.0%	66.7%	59.8%	62.9%	64.2%	67.2%	69.0%	70.3%	82.3%	78.3%	77.7%	61.2%	62.4%	63.0%	65.7%	65.9%	67.1%	62.5%	63.5%	63.8%	62.4%	61.1%	68.1%	66.7%		
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	NA¹	53.6%	53.4%	60.9%	55.0%	50.1%	56.9%	61.3%	62.6%	49.0%	50.8%	47.9%	59.4%	57.5%	57.8%	61.5%	62.9%	60.4%	54.4%	66.1%	69.1%	49.9%	56.2%	47.6%	54.9%	63.9%	64.6%	57.0%		

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

TB = Trending Break Data Excluded.

ABH: Aetna Better Health of Maryland

ACC: AMERIGROUP Community Care

CFCHP: CareFirst BlueCross BlueShield Community Health Plan of Maryland

JMS: Jai Medical Systems

KPMAS: Kaiser Permanente of the Mid-Atlantic States

MPC: Maryland Physicians Care

MSFC: MedStar Family Choice

PPMCO: Priority Partners

UHC: UnitedHealthcare

HEDIS MY2021 Results, (Page 2 of 3)	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2021
HealthChoice Organizations	ABH	ABH	ABH	ACC	ACC	ACC	CFCHP	CFCHP	CFCHP	JMS	JMS	JMS	KPMAS	KPMAS	KPMAS	MPC	MPC	MPC	MSFC	MSFC	MSFC	PPMCO	PPMCO	PPMCO	UHC	UHC	UHC	MARR
Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Acute Phase	NA¹	NA¹	NA¹	27.1%	28.0%	20.71%	36.6%	NA¹	15.91%	NA¹	NA¹	NA¹	33.8%	36.7%	48.45%	25.4%	26.9%	19.67%	0.0%	0.0%	0.00%	27.5%	29.3%	24.34%	21.3%	37.7%	32.26%	23.05%
Follow-Up Care for Children Prescribed ADHD Medication (ADD) , Continuation Phase	NA¹	NA¹	NA¹	24.7%	21.4%	11.11%	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA¹	25.2%	24.8%	16.52%	NA¹	0.0%	0.00%	29.3%	27.7%	26.18%	22.6%	32.1%	29.82%	16.73%
Antidepressant Medication Management (AMM), Acute Phase	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	41.3%	34.0%	41.21%	NA¹	NA¹	NA	NA¹	NA¹	NA	47.5%	45.1%	51.14%	NA¹	NA¹	NA¹	46.18%
Antidepressant Medication Management (AMM), Continuation Phase	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	25.9%	18.3%	24.62%	NA¹	NA¹	NA	NA¹	NA¹	NA	31.8%	28.2%	34.22%	NA¹	NA¹	NA¹	29.42%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Total	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	88.89%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	76.1%	61.4%	64.06%	NA¹	NA¹	69.57%	74.17%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Total	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	75.00%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	67.0%	51.9%	53.75%	NA¹	NA¹	62.21%	63.65%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	75.00%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	65.9%	50.5%	51.69%	NA¹	NA¹	60.20%	62.30%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose 1-11 years	NA¹	NA¹	NA	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA	71.9%	58.4%	60.06%	NA¹	NA¹	71.26%	65.66%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose 12-17 years	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	87.50%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	77.9%	62.7%	65.66%	NA¹	NA¹	68.87%	74.01%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol 1-11 years	NA¹	NA¹	NA	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA	65.2%	51.1%	54.02%	NA¹	NA¹	62.07%	58.05%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol 12-17 years	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	75.00%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	67.8%	52.2%	53.64%	NA¹	NA¹	62.26%	63.63%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol 1-11 years	NA¹	NA¹	NA	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA	63.5%	50.0%	51.15%	NA¹	NA¹	60.92%	56.04%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol 12-17 years	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA	NA¹	NA¹	75.00%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	66.9%	50.7%	51.91%	NA¹	NA¹	59.91%	62.27%
Pharmacotherapy for Opioid Use Disorder (POD), Total	NA¹	NA¹	NA¹	NA¹	0.0%	10.71%	NA¹	NA¹	NA¹	NA¹	0.0%	NA¹	NA¹	NA¹	NA¹	0.0%	1.6%	8.06%	NA¹	NA¹	NA¹	13.6%	13.6%	22.37%	NA¹	0.0%	35.28%	19.11%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	52.38%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	55.4%	49.0%	54.39%	NA¹	NA¹	72.07%	59.61%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	NA	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	77.4%	76.7%	78.4%	NA¹	NA¹	NA¹	78.4%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	NA¹	NA¹	NA¹	70.2%	67.3%	63.1%	NA¹	NA¹	NA¹	89.1%	67.7%	NA¹	NA¹	NA¹	NA¹	62.5%	60.6%	58.4%	62.7%	57.1%	60.3%	62.0%	60.7%	65.4%	75.7%	68.8%	73.5%	64.2%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	NA¹	NA¹	NA¹	91.2%	NA¹	92.11%	NA¹	NA¹	NA¹	NA¹	NA¹	NA¹	90.6%	80.8%	88.43%	96.1%	NA¹	93.18%	NA¹	NA¹	83.49%	88.7%	84.6%	86.28%	NA¹	NA¹	74.86%	86.39%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total	60.5%	57.3%	56.8%	48.8%	49.6%	52.2%	49.8%	48.6%	47.0%	62.8%	60.6%	64.0%	73.6%	71.4%	64.3%	38.8%	46.0%	42.2%	44.5%	51.2%	54.7%	50.8%	50.7%	46.4%	46.3%	49.4%	51.3%	53.2%
Risk of Continued Opioid Use (COU), 15 Days, Total	6.3%	6.0%	4.6%	3.0%	3.3%	3.1%	7.9%	7.3%	5.4%	13.6%	8.9%	7.9%	6.7%	6.3%	3.3%	10.8%	7.4%	6.8%	8.7%	4.0%	4.1%	9.6%	9.0%	7.2%	6.3%	6.3%	5.6%	5.3%
Risk of Continued Opioid Use (COU), 31 Days, Total	3.2%	3.3%	3.0%	2.1%	2.2%	2.1%	5.5%	4.8%	3.7%	7.3%	7.3%	6.0%	2.1%	1.8%	1.1%	5.3%	4.6%	4.6%	3.6%	2.8%	2.3%	4.6%	4.3%	3.6%	4.1%	4.0%	3.5%	3.3%
Use of Opioids at High Dosage (HDO)	3.2%	6.1%	6.7%	7.7%	7.0%	6.3%	14.4%	12.6%	10.5%	4.8%	3.9%	3.8%	4.1%	2.4%	1.6%	14.8%	14.5%	13.3%	9.0%	7.9%	4.8%	13.8%	13.3%	11.2%	8.5%	7.9%	7.3%	7.3%
Use of Imaging Studies for Low Back Pain (LBP)	79.1%	82.1%	76.6%	80.2%	82.5%	79.0%	76.9%	77.2%	76.3%	82.4%	82.8%	81.9%	84.3%	86.8%	84.2%	79.2%	80.1%	79.4%	76.7%	79.7%	74.9%	82.2%	82.7%	83.2%	76.9%	81.1%	79.9%	79.5%
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	1.0%	1.0%	0.5%	0.9%	0.6%	0.5%	0.6%	0.8%	0.6%	0.4%	0.0%	0.1%	0.0%	0.1%	0.0%	0.8%	0.7%	0.5%	0.1%	0.0%	0.1%	0.7%	0.6%	0.6%	1.2%	1.1%	0.7%	0.4%
Use of Opioids From Multiple Providers (UOP), Multiple Prescribers	26.7%	26.0%	25.3%	27.5%	25.1%	25.2%	26.6%	24.6%	22.5%	20.4%	18.6%	19.5%	27.7%	23.5%	26.6%	20.2%	23.5%	24.2%	30.7%	26.5%	26.5%	28.9%	26.3%	23.9%	25.4%	24.2%	22.7%	24.0%
Use of Opioids From Multiple Providers (UOP), Multiple Pharmacies	20.3%	5.3%	4.2%	6.8%	4.2%	3.8%	6.7%	5.7%	5.0%	8.8%	7.1%	6.6%	1.4%	1.7%	0.8%	8.5%	5.5%	4.3%	7.5%	4.6%	5.1%	9.1%	5.2%	14.1%	5.3%	3.4%	2.4%	5.1%
Use of Opioids From Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies	8.6%	3.7%	2.3%	4.2%	2.7%	2.3%	4.1%	3.2%	2.9%	4.9%	3.4%	3.9%	0.6%	1.0%	0.5%	4.0%	3.0%	2.3%	4.8%	2.9%	3.5%	5.8%	3.3%	6.5%	3.2%	2.3%	1.4%	2.8%
Appropriate Treatment for Children with Upper Respiratory Infection (URI), Total	86.3%	87.3%	88.6%	89.2%	89.6%	89.7%	85.7%	85.9%	86.6%	91.9%	91.6%	92.7%	90.5%	91.7%	93.8%	83.1%	86.0%	86.1%	87.9%	88.8%	90.5%	90.3%	89.5%	90.1%	87.4%	89.2%	90.5%	89.8%
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years	61.5%	58.9%	59.6%	75.0%	71.7%	72.6%	67.7%	61.4%	64.2%	63.1%	60.4%	60.4%	75.8%	75.0%	72.8%	76.4%	73.3%	73.7%	72.9%	69.7%	71.0%	78.3%	75.1%	75.5%	76.0%	67.4%	77.2%	69.7%
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years	73.2%	68.1%	69.6%	84.6%	80.9%	82.1%	78.2%	73.2%	75.5%	81.9%	79.4%	79.8%	83.0%	81.7%	80.5%	85.2%	82.3%	82.6%	83.3%	80.4%	81.4%	86.7%	83.7%	83.6%	86.0%	78.3%	85.0%	80.0%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	90.6%	83.9%	83.7%	90.5%	89.1%	91.5%	88.3%	88.6%	86.9%	83.9%	85.5%	88.9%	93.7%	95.9%	98.3%	87.6%	89.5%	88.6%	82.7%	82.0%	88.0%	87.1%	81.3%	85.6%	89.3%	87.1%	88.3%	88.9%
Prenatal and Postpartum Care (PPC), Postpartum Care	81.8%	78.1%	80.6%	82.0%	80.5%	83.3%	86.9%	84.4%	81.7%	88.7%	90.3%	87.5%	90.8%	90.3%	93.0%	75.2%	77.4%	83.7%	82.2%	83.7%	82.8%	70.8%	64.5%	83.5%	73.5%	79.1%	77.4%	83.7%

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

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HEDIS MY2021 Results, (Page 3 of 3)	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2019	MY2020	MY2021	MY2021
HealthChoice Organizations	ABH	ABH	ABH	ACC	ACC	ACC	CFCHP	CFCHP	CFCHP	JMS	JMS	JMS	KPMAS	KPMAS	KPMAS	MPC	MPC	MPC	MSFC	MSFC	MSFC	PPMCO	PPMCO	PPMCO	UHC	UHC	UHC	MARR
Antibiotic Utilization (ABX), Average Scripts PMPY for Antibiotics	0.73	0.57	0.55	0.77	0.55	0.53	0.75	0.58	0.57	0.73	0.59	0.57	0.62	0.49	0.45	1.00	0.74	0.70	0.86	0.66	0.62	0.90	0.62	0.59	0.78	0.56	0.58	0.57
Antibiotic Utilization (ABX) , Average Days Supplied per Antibiotic Script	8.30	8.31	8.16	9.17	9.27	9.38	9.14	9.15	9.22	8.34	8.19	8.47	9.36	9.41	9.76	9.14	9.19	9.28	8.86	8.94	8.99	9.28	9.79	9.46	9.79	9.22	9.34	9.12
Antibiotic Utilization (ABX), Percentage of Antibiotics of Concern of All Antibiotic	40.8%	37.6%	36.7%	37.0%	35.9%	34.1%	40.3%	39.2%	36.8%	34.5%	33.9%	32.0%	36.0%	32.6%	29.9%	39.3%	38.6%	36.7%	37.5%	36.1%	33.4%	38.4%	39.7%	35.5%	40.0%	38.9%	35.8%	34.6%
Antibiotic Utilization (ABX), Average Scripts PMPY for Antibiotics of Concern	0.30	0.21	0.20	0.28	0.20	0.18	0.30	0.23	0.21	0.25	0.20	0.18	0.22	0.16	0.13	0.39	0.29	0.26	0.32	0.24	0.21	0.34	0.24	0.21	0.31	0.22	0.21	0.20
Ambulatory Care (AMB), Emergency department (ED) visits per 1,000 member months	47.6	34.4	37.5	45.5	29.9	34.6	54.8	37.7	40.0	73.7	53.3	56.0	24.4	19.2	17.9	57.9	40.8	42.6	51.1	35.5	38.3	54.2	37.3	40.9	47.3	31.5	37.6	38.4
Ambulatory Care (AMB), Outpatient visits per 1,000 member months	290.7	262.4	267.4	348.5	290.0	318.2	337.1	290.2	293.4	314.4	275.7	285.6	322.2	303.8	477.9	404.8	332.4	339.5	354.8	305.3	320.5	381.6	311.2	326.7	345.5	283.2	318.9	327.6
Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 F	0.13	0.11	0.18	0.17	0.15	0.21	0.36	0.15	0.13	0.07	0.05	0.05	0.00	0.10	0.00	0.16	0.14	0.17	0.30	0.33	0.24	0.23	0.18	0.21	0.17	0.17	0.25	0.16
Frequency of Selected Procedures (FSP), Bariatric Weight Loss Surgery 45-64 M	0.00	0.03	0.06	0.04	0.02	0.03	0.00	0.03	0.00	0.00	0.04	0.00	0.12	0.03	0.00	0.02	0.02	0.02	0.03	0.05	0.03	0.04	0.05	0.02	0.04	0.01	0.05	0.02
Frequency of Selected Procedures (FSP), Tonsillectomy 0-9	0.20	0.09	0.12	0.48	0.29	0.19	0.24	0.23	0.16	0.37	0.20	0.07	0.30	0.15	0.00	0.50	0.30	0.20	0.47	0.27	0.16	0.50	0.27	0.21	0.42	0.21	0.16	0.14
Frequency of Selected Procedures (FSP), Tonsillectomy 10-19	0.05	0.06	0.08	0.17	0.10	0.08	0.11	0.18	0.05	0.04	0.08	0.06	0.14	0.10	0.00	0.17	0.08	0.11	0.19	0.08	0.06	0.17	0.11	0.09	0.15	0.08	0.12	0.07
Frequency of Selected Procedures (FSP), Hysterectomy Abdominal 45-64	0.21	0.11	0.12	0.26	0.21	0.19	0.15	0.15	0.16	0.07	0.10	0.12	0.19	0.12	0.00	0.18	0.16	0.16	0.19	0.17	0.14	0.18	0.13	0.18	0.19	0.14	0.16	0.14
Frequency of Selected Procedures (FSP), Hysterectomy Vaginal 45-64	0.13	0.30	0.14	0.14	0.11	0.14	0.13	0.11	0.07	0.05	0.02	0.00	0.05	0.03	0.00	0.08	0.11	0.13	0.13	0.04	0.15	0.12	0.12	0.10	0.09	0.12	0.14	0.10
Frequency of Selected Procedures (FSP), Cholecystectomy Open 45-64 F	0.04	0.00	0.04	0.02	0.02	0.02	0.02	0.02	0.00	0.05	0.00	0.02	0.06	0.00	0.00	0.04	0.03	0.03	0.00	0.03	0.00	0.08	0.02	0.01	0.02	0.01	0.01	0.01
Frequency of Selected Procedures (FSP), Cholecystectomy Open 30-64 M	0.02	0.00	0.03	0.02	0.01	0.03	0.01	0.01	0.02	0.02	0.02	0.01	0.01	0.01	0.00	0.02	0.02	0.01	0.04	0.00	0.02	0.02	0.02	0.03	0.01	0.01	0.02	0.02
Frequency of Selected Procedures (FSP), Cholecystectomy Lap 45-64 F	0.47	0.19	0.18	0.35	0.30	0.35	0.28	0.30	0.40	0.29	0.15	0.17	0.36	0.13	0.00	0.40	0.31	0.39	0.41	0.24	0.31	0.41	0.37	0.45	0.38	0.28	0.28	0.28
Frequency of Selected Procedures (FSP), Cholecystectomy Lap 30-64 M	0.19	0.14	0.16	0.18	0.12	0.11	0.15	0.06	0.17	0.06	0.09	0.06	0.10	0.08	0.00	0.18	0.16	0.16	0.14	0.10	0.08	0.22	0.17	0.17	0.13	0.18	0.12	0.11
Frequency of Selected Procedures (FSP), Back Surgery 45-64F	0.34	0.33	0.22	0.36	0.37	0.31	0.69	0.55	0.42	0.51	0.42	0.39	0.08	0.06	0.00	0.62	0.62	0.53	0.60	0.43	0.40	0.65	0.56	0.51	0.65	0.48	0.40	0.35
Frequency of Selected Procedures (FSP), Back Surgery 45-64M	0.35	0.39	0.35	0.36	0.36	0.47	0.50	0.48	0.45	0.36	0.33	0.26	0.16	0.19	0.00	0.57	0.57	0.57	0.38	0.51	0.47	0.60	0.56	0.61	0.55	0.53	0.55	0.41
Frequency of Selected Procedures (FSP), Mastectomy 15-44	0.04	0.02	0.06	0.04	0.04	0.05	0.04	0.03	0.05	0.04	0.05	0.00	0.02	0.03	0.00	0.05	0.03	0.02	0.06	0.06	0.05	0.06	0.03	0.04	0.04	0.02	0.05	0.04
Frequency of Selected Procedures (FSP), Mastectomy 45-64	0.13	0.14	0.02	0.10	0.19	0.10	0.02	0.06	0.07	0.10	0.20	0.10	0.11	0.06	0.00	0.15	0.07	0.12	0.23	0.14	0.18	0.11	0.17	0.17	0.15	0.13	0.18	0.10
Frequency of Selected Procedures (FSP), Lumpectomy 15-44	0.04	0.01	0.09	0.09	0.06	0.09	0.09	0.08	0.09	0.08	0.01	0.02	0.07	0.06	0.00	0.07	0.09	0.09	0.06	0.09	0.08	0.11	0.09	0.08	0.07	0.08	0.10	0.07
Frequency of Selected Procedures (FSP), Lumpectomy 45-64	0.17	0.27	0.14	0.27	0.25	0.27	0.26	0.18	0.21	0.17	0.07	0.20	0.33	0.21	0.00	0.24	0.24	0.28	0.36	0.35	0.41	0.32	0.28	0.27	0.31	0.27	0.37	0.24
Inpatient Utilization - General Hospital Acute Care (IPU) , Total Inpatient: Total Discharges /1000 MM	3.90	3.85	4.73	4.49	4.76	4.78	3.64	3.70	4.17	5.42	5.65	5.83	3.31	3.45	3.90	4.58	4.82	5.01	4.05	4.28	4.55	4.44	4.47	4.84	4.47	4.48	4.96	4.75
Inpatient Utilization - General Hospital Acute Care (IPU) , Total Inpatient: Total Average Length of Stay	5.64	5.08	4.44	4.47	3.94	3.94	6.83	5.72	5.50	8.97	7.69	7.46	5.58	4.97	4.64	6.33	5.38	5.37	6.17	5.27	5.05	6.04	5.19	4.94	4.40	3.95	4.17	5.06
Plan All-Cause Readmissions (PCR) - Observed	14.5%	11.1%	9.2%	9.5%	10.1%	9.7%	11.1%	10.0%	9.3%	8.2%	9.8%	9.8%	6.9%	7.2%	7.8%	10.3%	10.0%	10.2%	11.0%	12.5%	10.5%	10.6%	8.9%	8.4%	10.5%	11.2%	10.2%	9.5%
Plan All-Cause Readmissions (PCR) - Observed / Expected	1.43	1.17	0.97	0.97	1.03	1.01	1.10	0.99	0.93	0.78	0.92	0.92	0.80	0.98	0.88	1.05	1.03	1.05	1.12	1.28	1.06	1.09	0.94	0.88	1.04	1.11	1.03	0.97
Well-Child Visits in the First 30 Months of Life (W30), 15 months	NA	42.0%	43.0%	NA	59.6%	56.9%	NA	71.6%	47.9%	NA	72.8%	53.4%	NA	73.2%	68.2%	NA	60.2%	54.2%	NA	58.5%	54.1%	NA	58.0%	56.6%	NA	54.1%	58.5%	54.8%
Well-Child Visits in the First 30 Months of Life (W30), 15-30 months	NA	76.9%	67.8%	NA	81.2%	77.9%	NA	79.1%	73.9%	NA	75.6%	72.2%	NA	72.7%	74.1%	NA	74.8%	70.3%	NA	77.5%	73.0%	NA	77.4%	75.2%	NA	75.5%	76.5%	73.4%
Child and Adolescent Well-Care Visits (WCV), 3-11 years	NA	45.6%	53.4%	NA	67.2%	71.2%	NA	53.0%	57.2%	NA	66.2%	69.8%	NA	58.1%	70.1%	NA	53.9%	60.7%	NA	55.8%	64.0%	NA	58.7%	64.0%	NA	58.4%	68.2%	64.3%
Child and Adolescent Well-Care Visits (WCV), 12-17 years	NA	37.0%	44.6%	NA	62.3%	66.8%	NA	44.4%	45.7%	NA	75.4%	66.6%	NA	57.8%	60.2%	NA	47.4%	54.0%	NA	49.8%	57.7%	NA	54.0%	58.5%	NA	54.9%	62.7%	57.4%
Child and Adolescent Well-Care Visits (WCV), 18-21 years	NA	25.9%	26.1%	NA	41.3%	42.4%	NA	28.3%	28.1%	NA	71.1%	59.5%	NA	35.4%	38.9%	NA	28.9%	31.9%	NA	38.8%	41.3%	NA	35.8%	36.7%	NA	36.9%	41.8%	38.5%
Child and Adolescent Well-Care Visits (WCV), Total	NA	39.2%	45.7%	NA	62.0%	65.2%	NA	46.8%	49.2%	NA	69.9%	66.8%	NA	54.2%	62.0%	NA	47.7%	53.5%	NA	51.0%	57.9%	NA	53.8%	57.8%	NA	53.5%	61.6%	57.7%

1 When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.  
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# TABLE A1—HEALTH PLAN DESCRIPTIVE INFORMATION

**Table A1—Health Plan Descriptive Information**

Descriptor	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
Enrollment by Product Line (ENP) – member months Total	558,193	3,692,769	722,147	353,670	1,206,217	2,835,664	1,241,401	4,029,080	1,803,859
Language Diversity (LDM) – Declined Number	0	0	0	0	22	0	0	0	0
Language Diversity (LDM) – English Number	0	969	0	0	87,947	154,902	55,908	1	137,808
Language Diversity (LDM) – Non-English Number	0	18,870	100	0	14,007	2,020	1,429	3,975	3,867
Language Diversity (LDM) – Unknown n Number	57,675	307,670	74,323	32,646	13,601	98,328	56,347	356,490	24,278
Language Diversity (LDM) – Declined Percent	0	0	0	0	0.0002	0	0	0	0
Language Diversity (LDM) – English Percent	0	0.003	0	0	0.7609	0.6069	0.4918	0	0.8304
Language Diversity (LDM) – Non-English Percent	0	0.0576	0.0013	0	0.1212	0.0079	0.0126	0.011	0.0233
Language Diversity (LDM) – Unknown n Percent	1	0.9394	0.9987	1	0.1177	0.3852	0.4956	0.989	0.1463
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Percent	0	2	0	135	293	781	0	2	0
Race/Ethnicity Diversity (RDM) – Asian / Total	4,403	16,342	0	1,369	9,974	10,318	6,800	0	9,659
Race/Ethnicity Diversity (RDM) – Black / Total	18,705	113,527	24,891	17,250	58,754	87,234	46,561	117,702	59,120
Race/Ethnicity Diversity (RDM) – Declined / Total	17,996	0	0	0	223	0	0	121,922	0
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Percent	184	582	4,529	51	109	256	271	15,647	346
Race/Ethnicity Diversity (RDM) – Other / Total	0	2,449	0	99	18,623	0	0	0	0
Race/Ethnicity Diversity (RDM) – 2+ Races / Total	0	0	0	0	1,433	0	0	0	0
Race/Ethnicity Diversity (RDM) – Unknown n / Total	3,201	143,316	25,869	9,711	13,615	77,571	35,436	2,147	57,224
Race/Ethnicity Diversity (RDM) – White / Total	13,186	51,291	19,134	4,031	12,553	79,090	24,616	103,046	39,604
Race/Ethnicity Diversity (RDM) – American Indian & Alaska Native / Total	0	0	0	0.0041	0.0025	0.0031	0	0	0
Race/Ethnicity Diversity (RDM) – Asian / Percent	0.0763	0.0499	0	0.0419	0.0863	0.0404	0.0598	0	0.0582
Race/Ethnicity Diversity (RDM) – Black / Percent	0.3243	0.3466	0.3345	0.5284	0.5084	0.3418	0.4096	0.3265	0.3562
Race/Ethnicity Diversity (RDM) – Declined / Percent	0.312	0	0	0	0.0019	0	0	0.3382	0
Race/Ethnicity Diversity (RDM) – Native Hawaiian - Pacific Islander / Total	0.0032	0.0018	0.0609	0.0016	0.0009	0.001	0.0024	0.0434	0.0021
Race/Ethnicity Diversity (RDM) – Other / Percent	0	0.0075	0	0.003	0.1611	0	0	0	0
Race/Ethnicity Diversity (RDM) – 2+ Races / Percent	0	0	0	0	0.0124	0	0	0	0
Race/Ethnicity Diversity (RDM) – Unknown n / Percent	0.0555	0.4376	0.3476	0.2975	0.1178	0.3039	0.3117	0.006	0.3448
Race/Ethnicity Diversity (RDM) – White / Percent	0.2286	0.1566	0.2571	0.1235	0.1086	0.3099	0.2165	0.2859	0.2386

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