



2017 HEDIS Aggregate Report for Michigan Medicaid

November 2017



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Introduction

During 2016, the Michigan Department of Health and Human Services (MDHHS) contracted with 11 health plans to provide managed care services to Michigan Medicaid enrollees. MDHHS expects its contracted Medicaid health plans (MHPs) to support healthcare claims systems, membership and provider files, and hardware/software management tools that facilitate accurate and reliable reporting of the Healthcare Effectiveness Data and Information Set (HEDIS[®])¹⁻¹ measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level as well as the statewide performance relative to national Medicaid percentiles. MDHHS uses HEDIS rates for the annual Medicaid consumer guide as well as for the annual performance assessment.

MDHHS selected HEDIS measures to evaluate Michigan MHPs. These measures were grouped under the following eight measure domains:

- Child & Adolescent Care
- Women—Adult Care
- Access to Care
- Obesity
- Pregnancy Care
- Living With Illness
- Health Plan Diversity
- Utilization

Of note, measures in the Health Plan Diversity and Utilization measure domains are provided within this report for information purposes only as they assess the health plans' use of services and/or describe health plan characteristics and are not related to performance. Therefore, most of these rates were not evaluated in comparison to national benchmarks, and changes in these rates across years were not analyzed by HSAG for statistical significance.

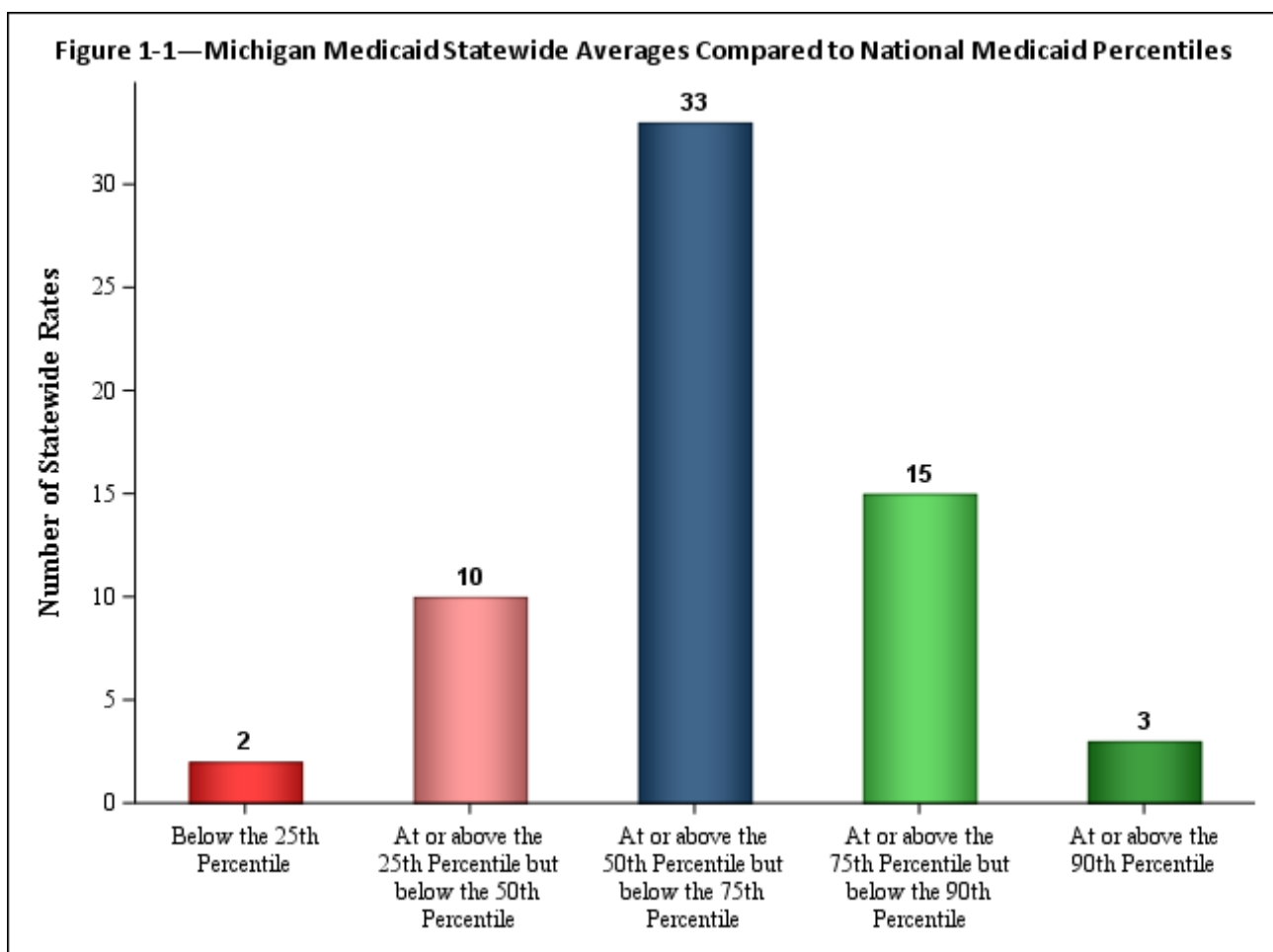
The performance levels were set at specific, attainable rates and are based on national percentiles. MHPs that met the high performance level (HPL) exhibited rates that were among the top in the nation. The low performance level (LPL) was set to identify MHPs with the greatest need for improvement. Details describing these performance levels are presented in Section 2, "How to Get the Most From This Report."

¹⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

In addition, Section 11 (“HEDIS Reporting Capabilities—Information Systems Findings”) provides a summary of the HEDIS data collection processes used by the Michigan MHPs and the audit findings in relation to the National Committee for Quality Assurance’s (NCQA’s) information system (IS) standards.¹⁻²

Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with NCQA’s Quality Compass® national Medicaid HMO percentiles for HEDIS 2016, which are referred to as “national Medicaid percentiles” throughout this report.¹⁻³ For measures that were comparable to national Medicaid percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates that fell into each national Medicaid percentile range.



¹⁻² National Committee for Quality Assurance. *HEDIS® 2017, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

¹⁻³ Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

Of the reported rates that were comparable to national Medicaid percentiles, two of the MWA rates (approximately 3 percent) fell below the national Medicaid 25th percentile, and twelve of the MWA rates (almost 20 percent) fell below the national Medicaid 50th percentile. Eighteen of the MWA rates (about 29 percent) ranked at or above the national Medicaid 75th percentile, and three of the MWA rates (roughly 5 percent) ranked at or above the national Medicaid 90th percentile. A summary of MWA performance for each measure domain is presented on the following pages.

Child & Adolescent Care

For the Child & Adolescent Care domain, half of the MWA rates demonstrated statistically significant improvement from 2016 to 2017. Nearly all MWA rates in this domain ranked at or above the national Medicaid 50th percentile, with three rates ranking at or above the national Medicaid 75th percentile indicating strengths in the areas of well-child visits on or before 15 months of age, lead screenings for children, and administration and documentation of immunizations for adolescents. Additionally, the MWA rates for *Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Lead Screening in Children* demonstrated statistically significant improvements from 2016 to 2017. Although the MWA for *Appropriate Testing for Children With Pharyngitis* fell below the national Medicaid 50th percentile, four MHPs' rates and the MWA rate for this measure demonstrated statistically significant increases from 2016 to 2017, indicating positive improvement in this area at the statewide level and for select MHPs.

Conversely, the MWA for *Appropriate Treatment for Children With Upper Respiratory Infection* fell below the national Medicaid 50th percentile and three MHPs' rates for this measure demonstrated statistically significant declines from 2016 to 2017, suggesting opportunities for improvement. However, caution should be used when comparing the 2017 rates for this measure to national benchmarks and prior years due to changes to the technical measure specifications for HEDIS 2017.

Women—Adult Care

In the Women—Adult Care domain, all five MWA rates ranked at or above the national Medicaid 50th percentile, with four of these rates ranking at or above the national Medicaid 75th percentile, indicating overall positive performance in the measured areas of cancer and chlamydia screenings for women. Further, four MHPs' rates and the MWA for *Breast Cancer Screening* and three MHPs' rates and the MWA for *Chlamydia Screening in Women—Total* demonstrated statistically significant improvement from 2016 to 2017.

Access to Care

All nine MWA rates ranked at or above the national Medicaid 50th percentile, indicating positive performance in the area of Access to Care. Specifically, the MWA and three MHPs' rates related to access to primary care practitioners (PCPs) for members ages 7 through 11 years and members ages 12 through 19 years demonstrated statistically significant improvement from 2016 to 2017. Further, the MWA and four MHPs' rates related to appropriate treatment for adults with bronchitis also

demonstrated statistically significant improvement. However, caution should be used when comparing the 2017 *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* rates to national benchmarks and prior years due to changes to the technical measure specifications for HEDIS 2017.

Despite favorable performance compared to national benchmarks for measures related to access to preventive/ambulatory services for adults, these rates demonstrated statistically significant declines in performance. In particular, seven of the 11 MHPs' rates and the MWA exhibited decreases that were statistically significant from 2016 to 2017 for the *Adults' Access to Preventive/Ambulatory Health Services—Total* measure indicator, suggesting opportunities for improving access to preventive/ambulatory services for adults ages 20 years and above.

Obesity

All MWA rates related to the obesity domain demonstrated statistically significant improvement from 2016 to 2017. The four MWA rates included in the Obesity domain ranked at or above the national Medicaid 50th percentile, with two MWA rates ranking at or above the national Medicaid 75th percentile and one MWA ranking at or above the national Medicaid 90th percentile. Most favorably, rates for body mass index (BMI) percentile assessments for children and adolescents demonstrated statistically significant improvement for seven MHPs and the MWA, rates for nutrition counseling for children and adolescents demonstrated statistically significant improvement for five MHPs and the MWA, and rates for BMI assessments for adults demonstrated statistically significant improvement for three MHPs and the MWA.

Pregnancy Care

One of the three measures in the Pregnancy Care domain, *Prenatal and Postpartum Care—Postpartum Care*, ranked at or above the national Medicaid 75th percentile. Additionally, the MWA and three MHPs' rates for this measure demonstrated statistically significant increases, indicating improvements in postpartum care from 2016 to 2017.

For the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* measures, the MWA rates fell below the national Medicaid 50th percentile, indicating opportunities for improvement in prenatal care. Of note, the MWA and three MHPs' timely prenatal care rates demonstrated statistically significant improvement, and three MHPs' ongoing prenatal care rates demonstrated statistically significant improvement. However, four MHPs' ongoing prenatal care rates demonstrated statistically significant declines, indicating mixed results when comparing 2017 MHP and statewide performance to 2016.

Living With Illness

For the Living With Illness domain, most MWA rates (16 of 23 rates) ranked at or above the national Medicaid 50th percentile. Seven MWA rates ranked at or above the national Medicaid 75th percentile,

one of which ranked at or above the national Medicaid 90th percentile, indicating positive performance related to HbA1c control and eye exams for members with diabetes, managing medications for members with asthma, and cessation assistance for smoking/tobacco use.

Additionally, for the *Medication Management for People With Asthma* measure, *Medication Compliance 75%—Total* rates for the MWA and seven MHPs demonstrated statistically significant improvement, and *Medication Compliance 50%—Total* rates for the MWA and four MHPs demonstrated statistically significant improvement, indicating positive performance in this area. Of note, the MWA and four MHPs' rates for poor HbA1c control for diabetic members demonstrated statistically significant improvement, and the MWA and three MHPs' rates for proper HbA1c control for diabetic members demonstrated statistically significant improvement. Further, blood pressure (BP) control rates for members with diabetes demonstrated statistically significant improvement for three MHPs and the MWA, and BP control rates for members with hypertension demonstrated statistically significant improvement for four MHPs and the MWA.

Conversely, the MWA rates for *Antidepressant Medication Management* and *Annual Monitoring for Patients on Persistent Medications* fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, and the MWA for *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* fell below the national Medicaid 25th percentile. Additionally, rates for effective acute phase treatment for members on an antidepressant medication indicated statistically significant declines in performance for four MHPs and the MWA, and rates for effective continuation phase treatment for members on an antidepressant medication indicated statistically significant declines in performance for three MHPs and the MWA.

Health Plan Diversity

Although measures under this domain are not performance measures and are not compared to national Medicaid percentiles, changes observed in the results may provide insights into how select member characteristics affect the MHPs' provision of services and care. Comparing the HEDIS 2016 and 2017 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2017 rates showed slight changes (most less than 1 percentage point) for almost all categories with the exception of the categories including unknown language of members and members for whom English is the language preferred for written materials. For the *Language Diversity of Membership* measure at the statewide level, the percentage of members using English as the preferred spoken language for healthcare increased slightly from the previous year, with a slight decline in the Unknown category. The percentage of Michigan members reporting English as the language preferred for written materials increased in HEDIS 2017 while the Unknown category showed almost an 8 percent decrease from HEDIS 2016. Regarding other language needs, the percentage of members reporting English in HEDIS 2017 increased slightly while Non-English and Unknown decreased from HEDIS 2016.

Utilization

For *Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits* and *Emergency Department Visits*, the Michigan Medicaid unweighted averages for HEDIS 2017 demonstrated a slight increase.^{1,4} Because the measure of outpatient visits is not linked to performance, the results for this measure are not comparable to national Medicaid percentiles. However, the increase in emergency department visits may indicate a decline in performance. For the *Inpatient Utilization—General Hospital/Acute Care* measure, the discharges per 1,000 member months increased for two inpatient service types (*Total Inpatient* and *Surgery*). The average length of stay decreased for two services (*Surgery* and *Maternity*).

Limitations and Considerations

Due to changes in Michigan's managed care program in 2016, HAP Midwest Health Plan's (MID's) eligible population decreased substantially. Therefore, HSAG suggests that caution be exercised when comparing MID's HEDIS 2017 rates to prior years' results.

¹⁻⁴ For the *Emergency Department Visits* indicator, a lower rate indicates better performance (i.e., low rates of emergency department visits suggest more appropriate service utilization).

2. How to Get the Most From This Report

Introduction

This reader’s guide is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

Michigan Medicaid Health Plan Names

Table 2-1 presents a list of the Michigan MHPs discussed within this report and their corresponding abbreviations.

Table 2-1—2017 Michigan MHP Names and Abbreviations

MHP Name	Abbreviation
Aetna Better Health of Michigan	AET
Blue Cross Complete of Michigan	BCC
Harbor Health Plan	HAR
McLaren Health Plan	MCL
Meridian Health Plan of Michigan	MER
HAP Midwest Health Plan	MID
Molina Healthcare of Michigan	MOL
Priority Health Choice, Inc.	PRI
Total Health Care, Inc.	THC
UnitedHealthcare Community Plan	UNI
Upper Peninsula Health Plan	UPP

Summary of Michigan Medicaid HEDIS 2017 Measures

Within this report, HSAG presents the Michigan Medicaid Weighted Average (MWA) (i.e., statewide average rates) and MHP-specific performance on HEDIS measures selected by MDHHS for HEDIS 2017. These measures were grouped into the following eight domains of care: Child & Adolescent Care, Women—Adult Care, Access to Care, Obesity, Pregnancy Care, Living With Illness, Health Plan Diversity, and Utilization. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages MHPs and MDHHS to consider the measures as a whole rather than in isolation and to develop the strategic and tactical changes required to improve overall performance.

Table 2-2 shows the selected HEDIS 2017 measures and measure indicators as well as the corresponding domains of care and the reporting methodologies for each measure. The data collection or calculation method is specified by NCQA in the *HEDIS 2017 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Michigan Medicaid HEDIS 2017 Required Measures

Performance Measures	HEDIS Data Collection Methodology
Child & Adolescent Care	
<i>Childhood Immunization Status—Combinations 2–10</i>	Hybrid
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	Hybrid
<i>Lead Screening in Children</i>	Administrative
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Hybrid
<i>Adolescent Well-Care Visits</i>	Hybrid
<i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)</i>	Hybrid
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	Administrative
<i>Appropriate Testing for Children With Pharyngitis</i>	Administrative
<i>Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>	Administrative
Women—Adult Care	
<i>Breast Cancer Screening</i>	Administrative
<i>Cervical Cancer Screening</i>	Hybrid
<i>Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total</i>	Administrative
Access to Care	
<i>Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years</i>	Administrative
<i>Adults’ Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</i>	Administrative
Obesity	
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>	Hybrid
<i>Adult BMI Assessment</i>	Hybrid

Performance Measures	HEDIS Data Collection Methodology
Pregnancy Care	
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>	Hybrid
<i>Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits</i>	Hybrid
Living With Illness	
<i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (<140/90 mm Hg)</i>	Hybrid
<i>Medication Management for People with Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total</i>	Administrative
<i>Asthma Medication Ratio—Total</i>	Administrative
<i>Controlling High Blood Pressure</i>	Hybrid
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies</i>	Administrative
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>	Administrative
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	Administrative
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	Administrative
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	Administrative
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	Administrative
<i>Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total</i>	Administrative
Health Plan Diversity	
<i>Race/Ethnicity Diversity of Membership</i>	Administrative
<i>Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and Other Language Needs</i>	Administrative
Utilization	
<i>Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total and Outpatient Visits—Total</i>	Administrative
<i>Inpatient Utilization—General Hospital/Acute Care</i>	Administrative

Data Collection Methods

Administrative Method

The administrative method requires that MHPs identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative data collected during the reporting year. Medical record review data from the prior year may be used as supplemental data. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

Hybrid Method

The hybrid method requires that MHPs identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are used to identify services provided to those members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, the MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure and chooses to use the hybrid method. After randomly selecting 411 eligible members, the MHP finds that 161 members had evidence of a postpartum visit using administrative data. The MHP then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record review. Therefore, the final rate for this measure, using the hybrid method, would be $(161 + 54)/411$, or 52.3 percent, a 13.1 percentage point increase from the administrative only rate of 39.2 percent.

Understanding Sampling Error

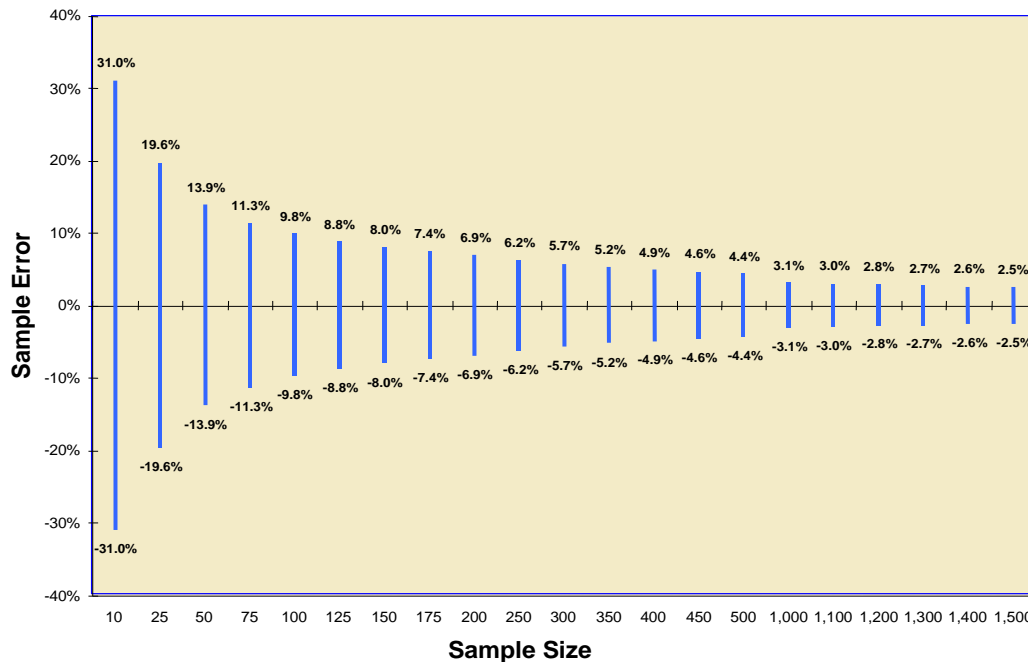
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method include only a sample from the eligible population, and statistical techniques are used to maximize the probability that the sample results reflect the experience of the entire eligible population.

For results to be generalized to the entire eligible population, the process of sample selection must be such that everyone in the eligible population has an equal chance of being selected. The HEDIS hybrid method prescribes a systematic sampling process selecting at least 411 members of the eligible

population. MHP may use a 5 percent, 10 percent, 15 percent, or 20 percent oversample to replace invalid cases (e.g., a male selected for *Postpartum Care*).

Figure 2-1 shows that if 411 members are included in a measure, the margin of error is approximately ± 4.9 percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.

Figure 2-1—Relationship of Sample Size to Sample Error



As Figure 2-1 shows, sample error decreases as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the difference between two measured rates may not be statistically significant but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.

Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files supplied by the MHPs. Prior to HSAG’s receipt of the MHPs’ IDSS files, all of the MHPs were required by MDHHS to have their HEDIS 2017 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by an MHP was assigned an NCQA-defined audit result. HEDIS 2017 measure indicator rates received one of five predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, and *Not Reported (NR)*. The audit results are defined in the “Glossary” section below.

Rates designated as *NA*, *BR*, *NB*, *NQ*, or *NR* are not presented in this report. All measure indicator rates that are presented in this report have been verified as an unbiased estimate of the measure. Please see Section 11 for additional information on NCQA’s Information System (IS) standards and the audit findings for the MHPs.

Calculation of Statewide Averages

For all measures, HSAG collected the audited results, numerator, denominator, rate, and eligible population elements reported in the files submitted for MHPs to calculate the statewide weighted averages. Given that the MHPs varied in membership size, the MWA was calculated for most of the measures based on MHPs’ eligible populations. Weighting the rates by the eligible population sizes ensured that a rate for an MHP with 125,000 members, for example, had a greater impact on the overall MWA rate than a rate for the MHP with only 10,000 members. For MHPs’ rates reported as *NA*, the numerators, denominators, and eligible populations were included in the calculations of the statewide rate. MHP rates reported as *BR*, *NB*, *NQ* or *NR* were excluded from the statewide rate calculation. However, traditional unweighted statewide Medicaid average rates were calculated for utilization-based measures to align with calculations from prior years’ deliverables.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS 2017 MHP and the statewide average rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS 2017 rates: NCQA’s Quality Compass national Medicaid HMO percentiles for HEDIS 2016, which are referred to as “national Medicaid percentiles” throughout this report. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* measure indicator were compared to the NCQA’s Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2016.

For measures for which lower rates indicate better performance (e.g., *Comprehensive Diabetes Care—HbA1c Poor Control [$>9.0\%$]*), HSAG inverted the national percentiles to be consistently applied to these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

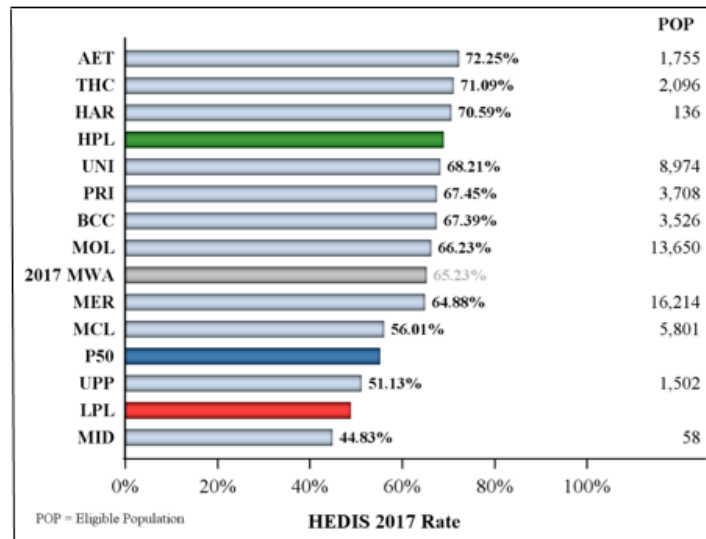
Additionally, benchmarking data (i.e., NCQA’s Quality Compass and NCQA’s Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays.

Figure Interpretation

For each performance measure indicator presented in Sections 3 through 8 of this report, the horizontal bar graph figure positioned on the right side of the page presents each MHP’s performance against the HEDIS 2017 MWA (i.e., the bar shaded gray); the high performance level (HPL) (i.e., the green shaded bar), representing the national Medicaid 90th percentile; the P50 bar (i.e., the blue shaded bar), representing the national Medicaid 50th percentile; and the low performance level (LPL) (i.e., the red shaded bar), representing the national Medicaid 25th percentile.

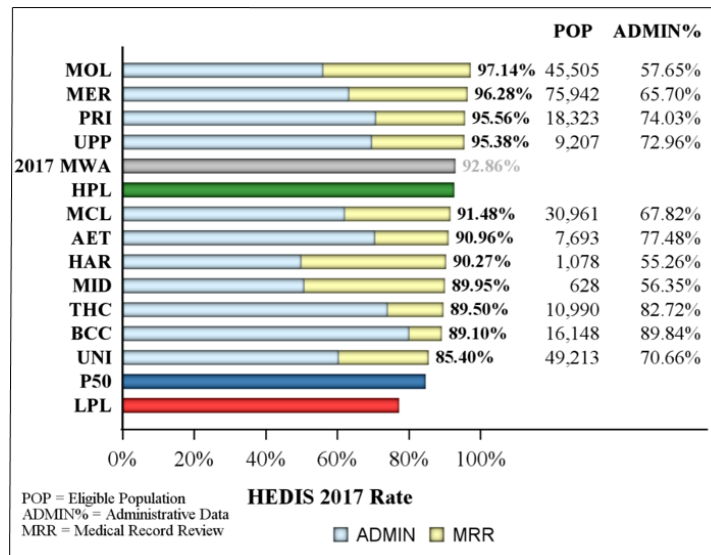
For measures for which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively is shown below in Figure 2-2.

Figure 2-2—Sample Horizontal Bar Graph Figure for Administrative Measures



For performance measure rates that were reported using the hybrid method, the “ADMIN%” column presented with each horizontal bar graph figure displays the percentage of the rate derived from administrative data (e.g., claims data and immunization registry). The portion of the bar shaded yellow represents the proportion of the total measure rate attributed to records obtained using the hybrid method, while the portion of the bar shaded light blue indicates the proportion of the measure rate that was derived using the administrative method. This percentage describes the level of claims/encounter data completeness of the MHP data for calculating a particular performance measure. A low administrative data percentage suggests that the MHP relied heavily on medical records to report the rate. Conversely, a high administrative data percentage indicates that the MHP’s claims/encounter data were relatively complete for use in calculating the performance measure indicator rate. An administrative percentage of 100 percent indicates that the MHP did not report the measure indicator rate using the hybrid method. An example of the horizontal bar graph figure for measure indicators reported using the hybrid method is shown in Figure 2-3.

Figure 2-3—Sample Horizontal Bar Graph Figure for Hybrid Measures



Percentile Rankings and Star Ratings

In addition to illustrating MHP and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within Appendix B of this report using the percentile ranking performance levels and star ratings defined below in Table 2-3.

Table 2-3—Percentile Ranking Performance Levels

Star Rating	Performance Level
★★★★★	At or above the National Medicaid 90th Percentile
★★★★	At or above the National Medicaid 75th Percentile but below the National Medicaid 90th Percentile
★★★	At or above the National Medicaid 50th Percentile but below the National Medicaid 75th Percentile
★★	At or above the National Medicaid 25th Percentile but below the National Medicaid 50th Percentile
★	Below the National Medicaid 25th Percentile
NA	NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a <i>Small Denominator (NA)</i> audit designation.
NR	NR indicates that the MHP chose not to report a rate for this measure indicator.
NB	NB indicates that the required benefit to calculate the measure was not offered.
NQ	NQ indicates that this measure was not included in the 2015 aggregate reports; therefore, the MWA is not presented in this report.

Measures in the Health Plan Diversity and Utilization measure domains are designed to capture the frequency of services provided and characteristics of the populations served. Higher or lower rates in these domains do not necessarily indicate better or worse performance. Further, measures under the Health Plan Diversity measure domain provide insight into how member race/ethnicity or language characteristics are compared to national distributions and are not suggestive of plan performance.

Of note, MHP and statewide average rates were rounded to the second decimal place before performance levels were determined. As HSAG assigned star ratings, an em dash (—) was presented to indicate that the measure indicator was not required and not presented in previous years’ HEDIS deliverables or the measure did not have an applicable benchmark; therefore, the performance level was not presented in this report.

Performance Trend Analysis

In addition to the star rating results, HSAG also compared HEDIS 2017 Medicaid statewide weighted averages and MHP rates to the corresponding HEDIS 2016 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05 for MHP rate comparisons and a p value <0.01 for statewide weighted average comparisons. Note that statistical testing could not be performed on the membership diversity and utilization-based measures domain given that variances were not available in the IDSS files for HSAG to use for statistical testing.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. At the statewide level, if the number of MHPs reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted MHPs, and any changes observed across years may need to take this factor into consideration. Nonetheless, changes (regardless of whether they are statistically significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

- Substantial changes in measure specifications. The “Measure Changes Between HEDIS 2016 and HEDIS 2017” section below lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the MHP.

Table and Figure Interpretation

Within Sections 3 through 8 and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS 2016 and HEDIS 2017 are presented in tabular format. HEDIS 2017 rates shaded green with one cross (+) indicate a statistically significant improvement in performance from the previous year. HEDIS 2017 rates shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year. The colors used are provided below for reference:

Green Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

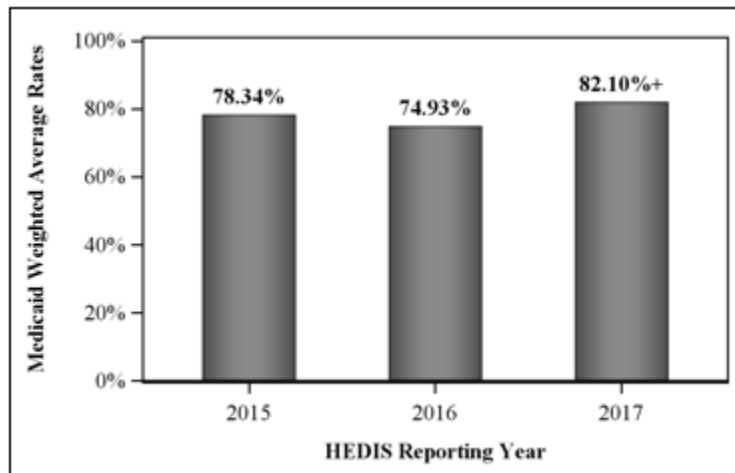
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

Table 2-4—Percentile Ranking Performance Levels

Percentile Ranking and Shading	Performance Level
≥90th	At or above the National Medicaid 90th Percentile
≥75th and ≤89th	At or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile
≥50th and ≤74th	At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile
≥25th and ≤49th	At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile
≤25th	Below the national Medicaid 25th percentile

For each performance measure indicator presented in Sections 3 through 8 of this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS 2015, HEDIS 2016, and HEDIS 2017 MWA rates with significance testing performed between the HEDIS 2016 and HEDIS 2017 weighted averages. Within these figures, HEDIS 2017 rates with one cross (+) indicate a statistically significant improvement in performance from HEDIS 2016. HEDIS 2017 rates with two crosses (++) indicate a statistically significant decline in performance from HEDIS 2016. An example of the vertical bar graph figure for measure indicators reported is included in Figure 2-4.

Figure 2-4—Sample Vertical Bar Graph Figure Showing Statistically Significant Improvement



Interpreting Results Presented in This Report

HEDIS results can differ among MHPs and even across measures for the same MHP.

The following questions should be asked when examining these data:

How accurate are the results?

All Michigan MHPs are required by MDHHS to have their HEDIS results confirmed through an NCQA HEDIS Compliance Audit. As a result, any rate included in this report has been verified as an unbiased estimate of the measure. NCQA's HEDIS protocol is designed so that the hybrid method produces results with a sampling error of ± 5 percent at a 95 percent confidence level.

To show how sampling error affects the accuracy of results, an example was provided in the "Data Collection Methods" section above. When an MHP uses the hybrid method to derive a *Postpartum Care* rate of 52 percent, the true rate is actually ± 5 percent of this rate, due to sampling error. For a 95 percent confidence level, the rate would be between 47 percent and 57 percent. If the target is a rate of 55 percent, it cannot be said with certainty whether the true rate between 47 percent and 57 percent meets or does not meet the target level.

To prevent such ambiguity, this report uses a standardized methodology that requires the reported rate to be at or above the threshold level to be considered as meeting the target. For internal purposes, MHPs should understand and consider the issue of sampling error when evaluating HEDIS results.

How do Michigan Medicaid rates compare to national percentiles?

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS 2016 Medicaid 50th percentile. In addition, the HEDIS 2015, 2016, and 2017 MWA rates are presented for comparison purposes.

Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent nationally for that measure.

How are Michigan MHPs performing overall?

For each domain of care, a performance profile analysis compares the 2017 MWA for each rate with the 2015 and 2016 MWA and the national HEDIS 2016 Medicaid 50th percentile.

Measure Changes Between HEDIS 2016 and HEDIS 2017

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2017.²⁻¹ These changes may have an effect on the HEDIS 2017 rates that are presented in this report.

Childhood Immunization Status

- Added CVX (vaccines administered) codes to the measure.
- Added HIV Type 2 Value Set to the optional exclusions.
- Added optional exclusions for the rotavirus vaccine.

Well-Child Visits in the First 15 Months of Life

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Adolescent Well-Care Visits

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Immunization for Adolescents

- Added the human papillomavirus (HPV) vaccine.
- Added Combination 2 (meningococcal, Tdap, HPV).
- Removed the tetanus, diphtheria toxoids (Td) and meningococcal polysaccharide vaccines.
- Added CVX codes to the measure.

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2017, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

Appropriate Treatment for Children With Upper Respiratory Infection

- Added instructions to identify emergency department (ED) visits and observation visits that result in an inpatient stay.
- Added a requirement to not include denied claims in the numerator.

Appropriate Testing for Children With Pharyngitis

- Added instructions to identify ED visits and observation visits that result in an inpatient stay.

Breast Cancer Screening

- Clarified that diagnostic screenings are not included in the measure.

Cervical Cancer Screening

- Clarified that reflex testing does not meet criteria in step 2 of the hybrid specification.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

- Revised the allowable gap and anchor date criteria.
- Added instructions to identify ED visits and observation visits that result in an inpatient stay.
- Added two value sets to step 3 of the event/diagnosis criteria (HIV Type 2 Value Set; Disorders of the Immune System Value Set).
- Added a requirement to not include denied claims in the numerator.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- Included examples of services specific to the assessment or treatment of an acute or chronic condition that do not count toward the “*Counseling for nutrition*” and “*Counseling for physical activity*” indicators.
- Replaced “Each of the 3 rates” with “✓” for the “Measurement year” row in Table WCC-1/2.

Prenatal and Postpartum Care

- Clarified that the prenatal visit for the *Timeliness of Prenatal Care* numerator can occur on the date of enrollment.
- Clarified in the Note that the estimated date of delivery (EDD) must be on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.
- Added a Note explaining that the organization may use EDD to identify the first trimester for the *Timeliness of Prenatal Care* rate and use the date of delivery for the *Postpartum Care* rate.
- Replaced “Each of the 2 rates” with a “✓” for the “Measurement year” row in Table PPC-1/2.

Frequency of Ongoing Prenatal Care

- Clarified the example calculation in step 2.

Comprehensive Diabetes Care

- Added an administrative method and new value set to identify negative eye exams in the year prior to the measurement year.
- Added glycohemoglobin, glycated hemoglobin and glycosylated hemoglobin as acceptable HbA1c tests.
- Clarified documentation requirements for a negative eye exam.
- Replaced “Each of the 7 rates” with a “✓” for the “Measurement year” row in Table *CDC-1/2/3*.

Controlling High Blood Pressure

- Added a Note clarifying the intent when confirming the diagnosis of hypertension.
- Revised Table *CBP-1/2/3* to include the medical record data elements only.

Medical Assistance With Smoking and Tobacco Use Cessation

- This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in *HEDIS 2017, Volume 3: Specifications for Survey Measures*.

Antidepressant Medication Management

- Added a Note clarifying the intent when confirming the diagnosis of hypertension.
- Revised Table *CBP-1/2/3* to include the medical record data elements only.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Replaced all references to BH ED POS Value Set with ED POS Value Set (the codes in these value sets are the same).
- Added cariprazine to the description of “Miscellaneous antipsychotic agents” in Table *SSD-D*.

Diabetes Monitoring for People With Diabetes and Schizophrenia

- Replaced all references to BH ED POS Value Set with ED POS Value Set (the codes in these value sets are the same).
- Clarified the criteria for optional exclusions.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

- Replaced all references to BH ED POS Value Set with ED POS Value Set (the codes in these value sets are the same).

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Clarified how to calculate number of days covered if both oral medications and long-acting injections are dispensed in the new *Notes* in the Definition section.
- Replaced all references to BH ED POS Value Set with ED POS Value Set (the codes in these value sets are the same).
- Added Cariprazine to the description of “Miscellaneous antipsychotic agents (oral)” in Table SAA-A.

Ambulatory Care (Per 1,000 Member Months)

- Added instructions to identify ED visits that result in an inpatient stay.

Introduction

The Child & Adolescent Care measure domain encompasses the following MDHHS measures:

- *Childhood Immunization Status—Combinations 2–10*
- *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
- *Lead Screening in Children*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Appropriate Testing for Children With Pharyngitis*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuous and Maintenance Phase*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 3-1 presents the MWA performance for the measure indicators under the Child & Adolescent Care measure domain. The table lists the HEDIS 2017 MWA rates and performance levels, a comparison of the HEDIS 2016 MWA to the HEDIS 2017 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2016 to HEDIS 2017.

Table 3-1—HEDIS 2017 MWA Performance Levels and Trend Results for Child & Adolescent Care

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA– HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
Childhood Immunization Status				
<i>Combination 2</i>	76.95%	+0.80	1	0
<i>Combination 3</i>	72.84%	+1.79 ⁺	2	0
<i>Combination 4</i>	70.43%	+2.93 ⁺	1	0
<i>Combination 5</i>	61.73%	+2.95 ⁺	2	0
<i>Combination 6</i>	39.84%	-0.61	0	0
<i>Combination 7</i>	60.05%	+3.90 ⁺	2	0
<i>Combination 8</i>	39.20%	-0.07	0	0
<i>Combination 9</i>	34.47%	-0.50	0	0
<i>Combination 10</i>	33.98%	+0.06	0	0
Well-Child Visits in the First 15 Months of Life				
<i>Six or More Visits</i>	69.79%	+3.57 ⁺	1	0
Lead Screening in Children				
<i>Lead Screening in Children</i>	80.98%	+1.43 ⁺	1	1
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	76.09%	+0.98 ⁺	0	2
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	55.69%	+0.95 ⁺	1	2
Immunizations for Adolescents				
<i>Combination 1</i>	86.73%	-0.26	0	1
Appropriate Treatment for Children With Upper Respiratory Infection³				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	88.94%	-0.15	1	3
Appropriate Testing for Children With Pharyngitis				
<i>Appropriate Testing for Children With Pharyngitis</i>	70.91%	+2.50 ⁺	4	1

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA– HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	42.54%	-0.04	2	2
<i>Continuation and Maintenance Phase</i>	55.03%	+1.07	1	1

¹ 2017 performance levels were based on comparisons of the HEDIS 2017 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2016 benchmarks. 2017 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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² HEDIS 2016 MWA to HEDIS 2017 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

Green Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

³ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

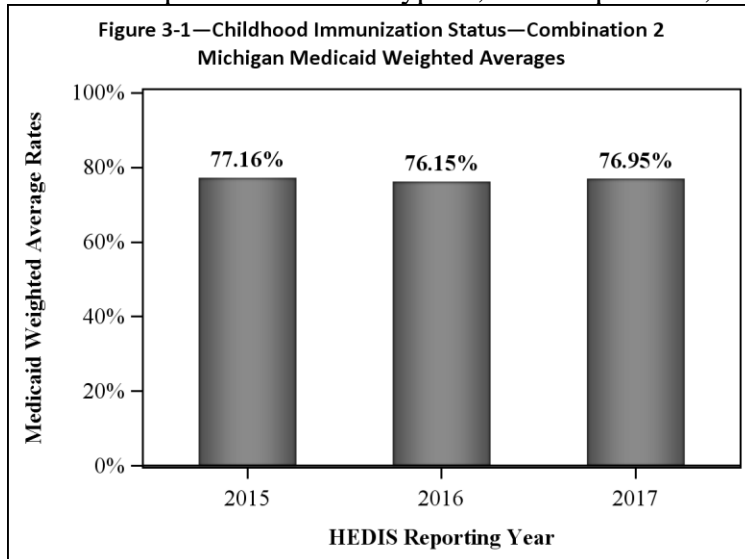
Table 3-1 shows nearly all of the MWA rates pertaining to Child & Adolescent Care ranked at above the national Medicaid 50th percentile, with three rates ranking at or above the national Medicaid 75th percentile, indicating strengths in the areas of well-child visits on or before 15 months of age, lead screenings for children, and administration and documentation of immunizations for adolescents. Additionally, the MWA rates for *Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Lead Screening in Children* demonstrated statistically significant improvement from 2016 to 2017. Although the MWA for *Appropriate Testing for Children With Pharyngitis* fell below the national Medicaid 50th percentile, four MHPs’ rates and the MWA rate for this measure demonstrated statistically significant increases from 2016 to 2017, indicating positive improvement in this area at the statewide level and for select MHPs.

Conversely, the MWA for *Appropriate Treatment for Children With Upper Respiratory Infection* fell below the national Medicaid 50th percentile and three MHPs’ rates for this measure demonstrated statistically significant declines from 2016 to 2017, suggesting opportunities for improvement. However, caution should be used when comparing the 2017 rates for this measure to national benchmarks and prior years due to changes to the technical measure specifications for HEDIS 2017.

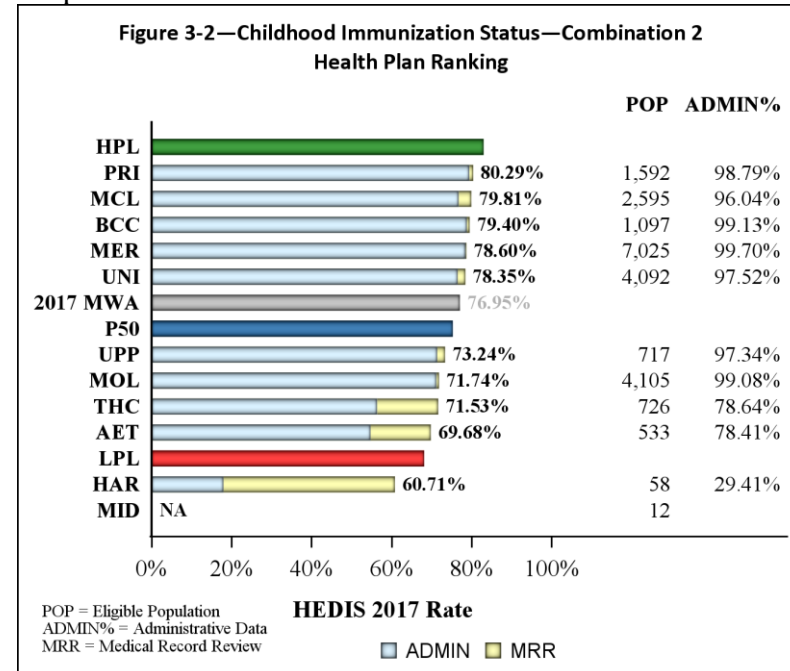
Measure-Specific Findings

Childhood Immunization Status—Combination 2

Childhood Immunization Status—Combination 2 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; and one chicken pox.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

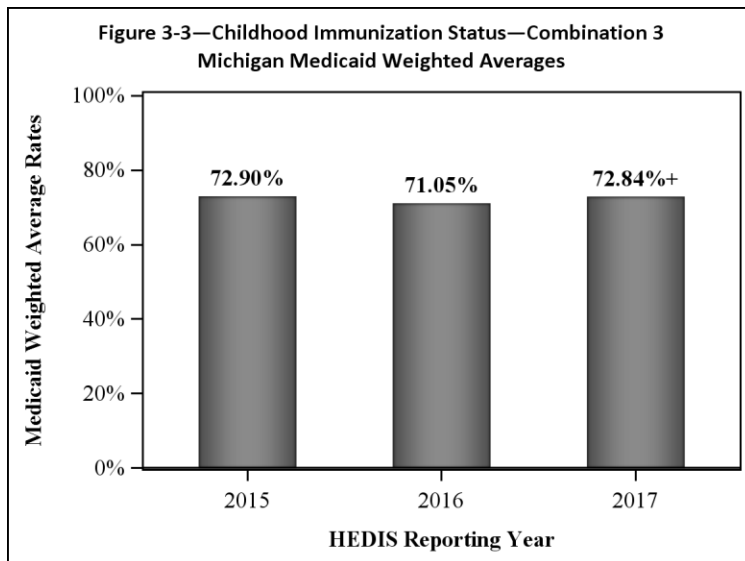


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 80.29 percent to 60.71 percent.

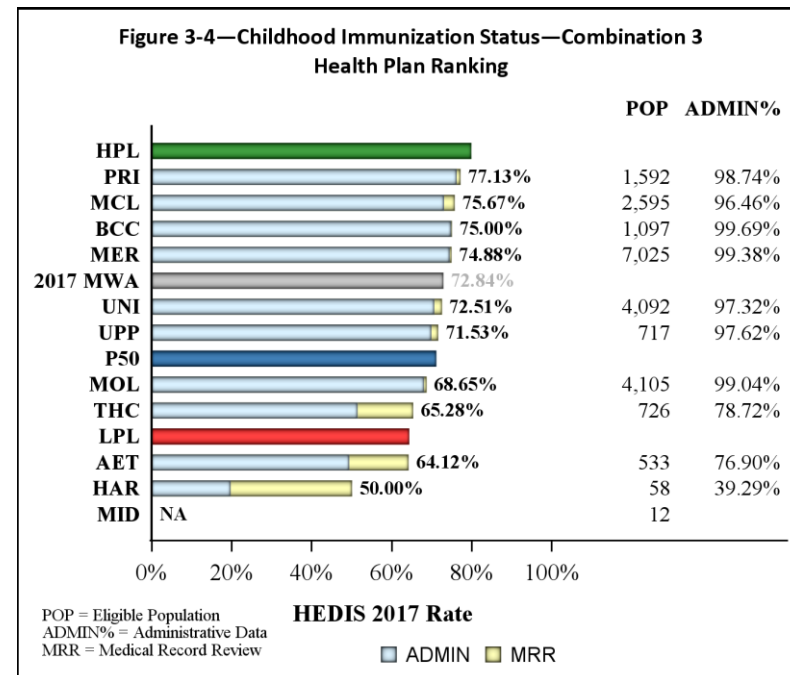
Childhood Immunization Status—Combination 3

Childhood Immunization Status—Combination 3 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; and four pneumococcal conjugate.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

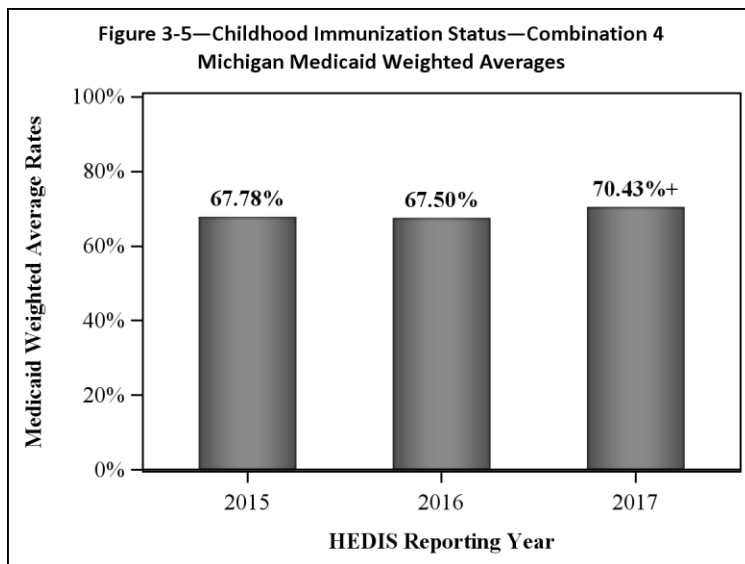


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Six MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Two MHPs fell below the LPL. MHP performance varied from 77.13 percent to 50.00 percent.

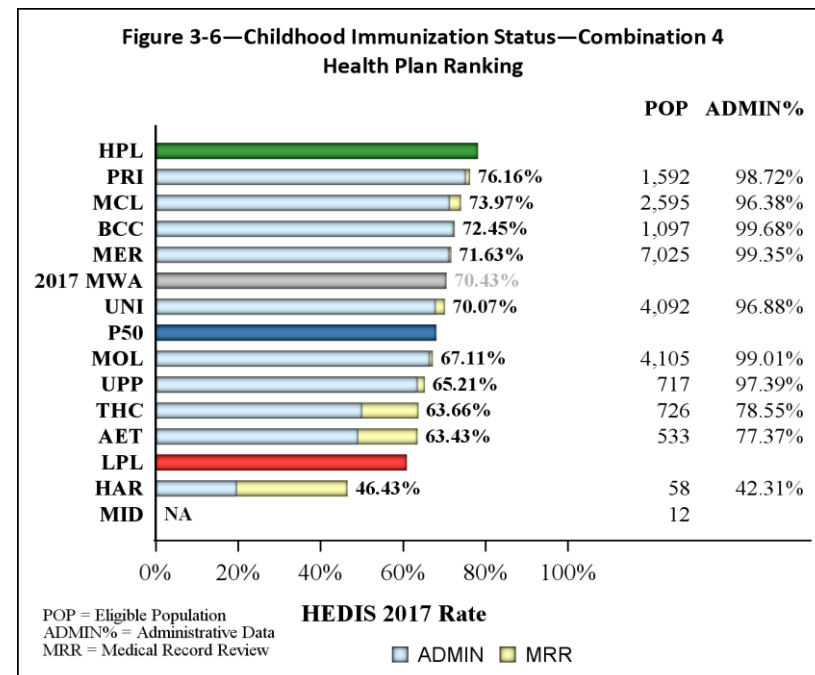
Childhood Immunization Status—Combination 4

Childhood Immunization Status—Combination 4 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; and one hepatitis A.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement from HEDIS 2016.

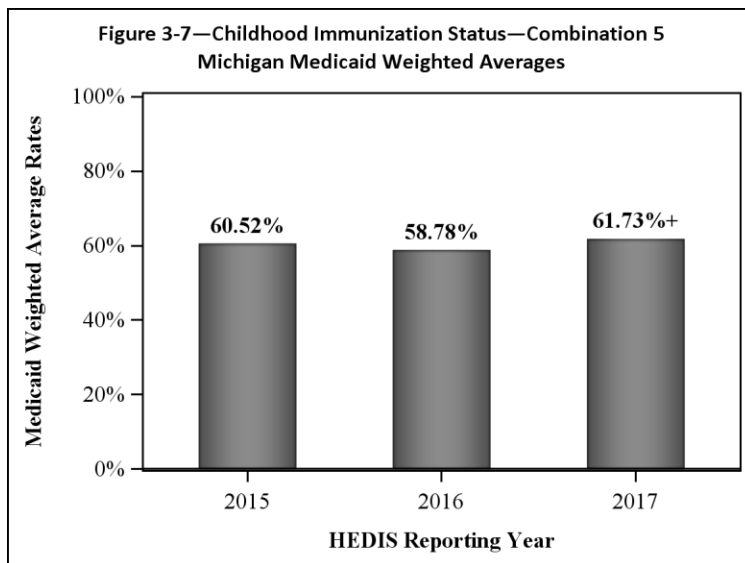


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 76.16 percent to 46.43 percent.

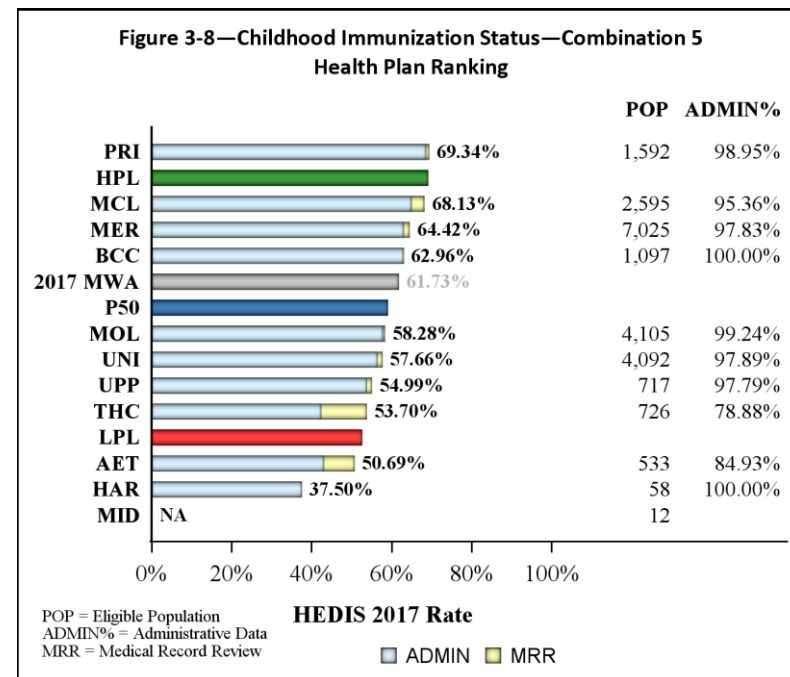
Childhood Immunization Status—Combination 5

Childhood Immunization Status—Combination 5 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; and two or three rotavirus.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

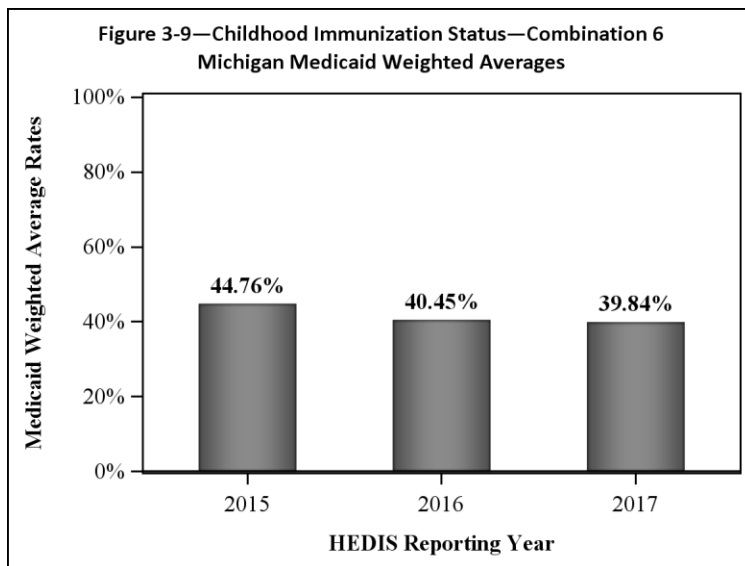


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

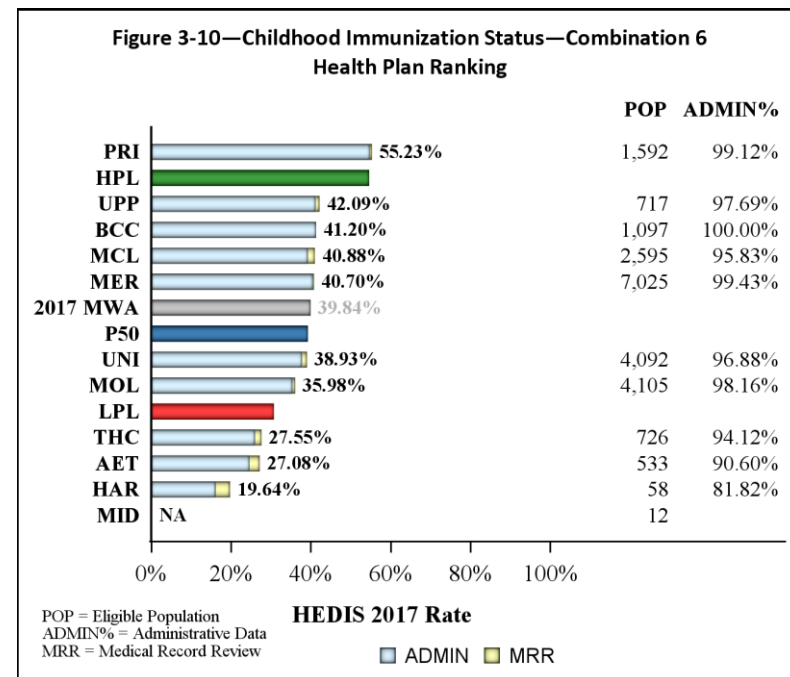
One MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 69.34 percent to 37.50 percent.

Childhood Immunization Status—Combination 6

Childhood Immunization Status—Combination 6 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; and two influenza.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

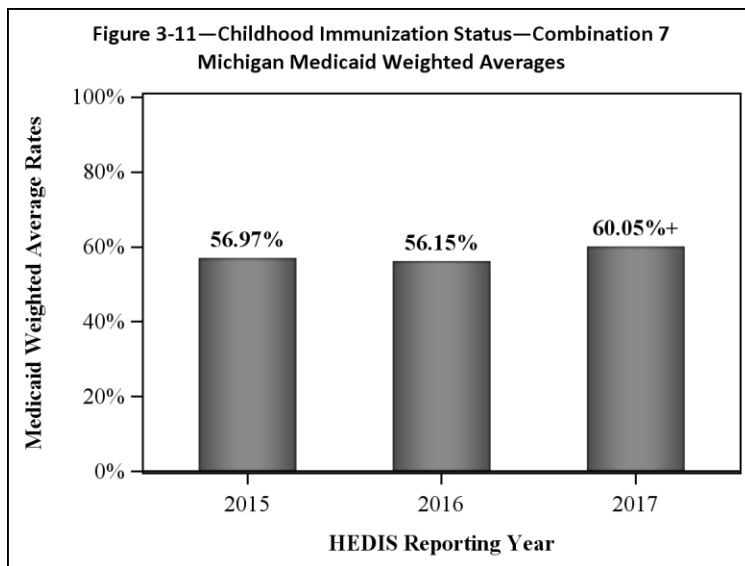


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 55.23 percent to 19.64 percent.

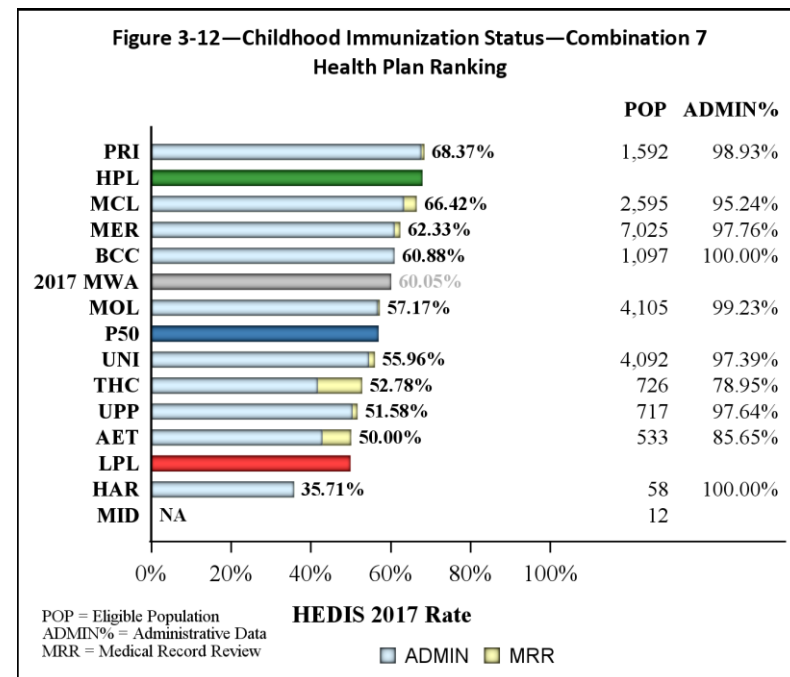
Childhood Immunization Status—Combination 7

Childhood Immunization Status—Combination 7 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; and two or three rotavirus.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

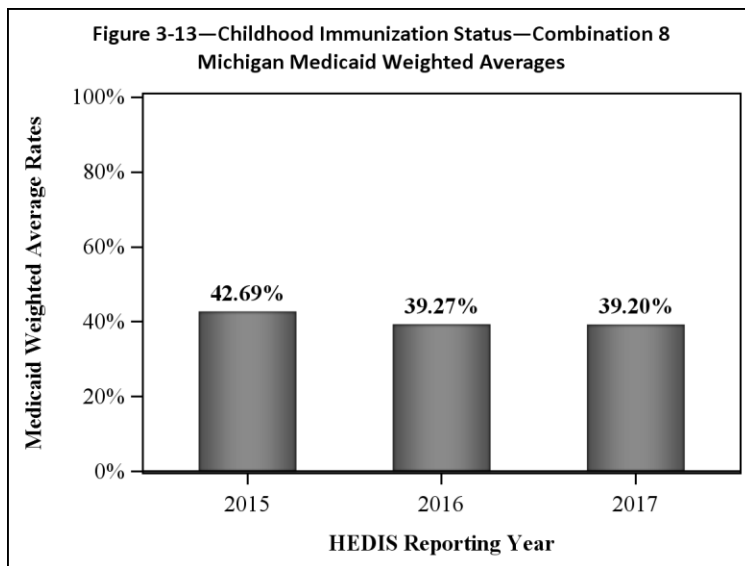


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

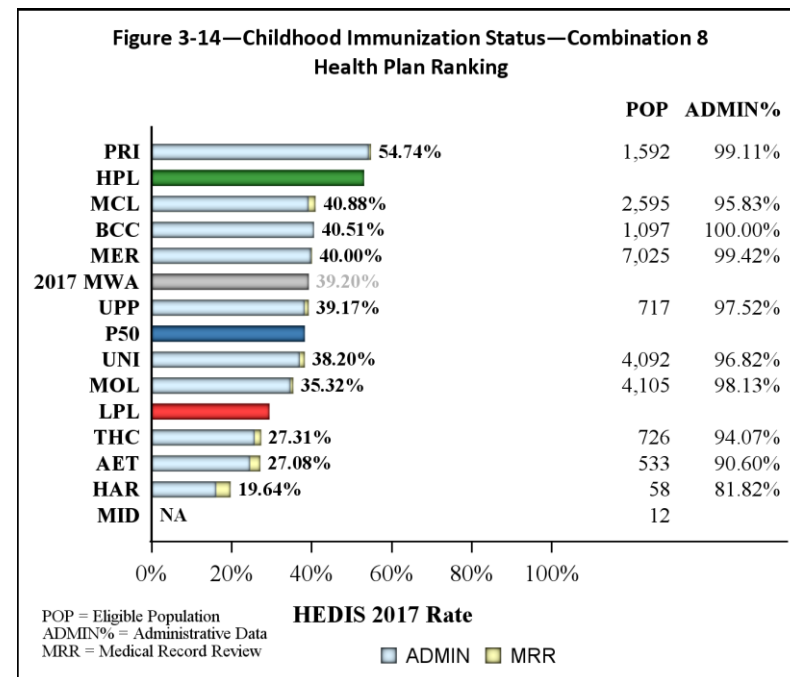
One MHP ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 68.37 percent to 35.71 percent.

Childhood Immunization Status—Combination 8

Childhood Immunization Status—Combination 8 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; and two influenza.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

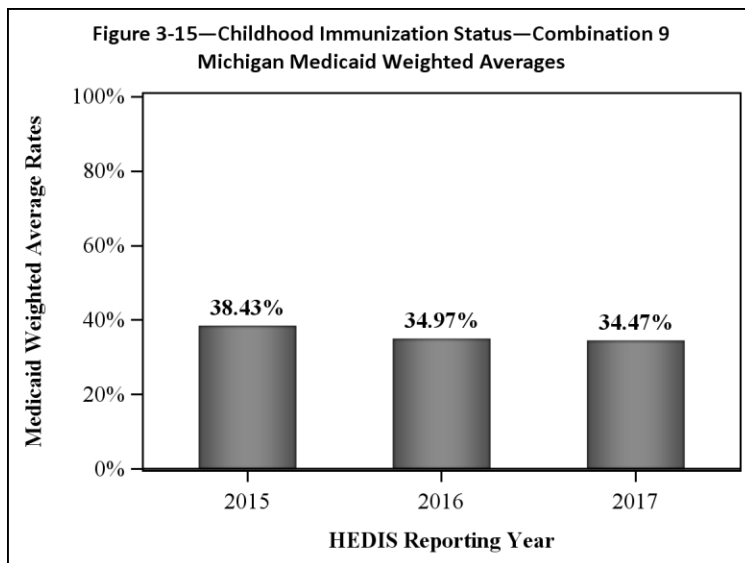


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

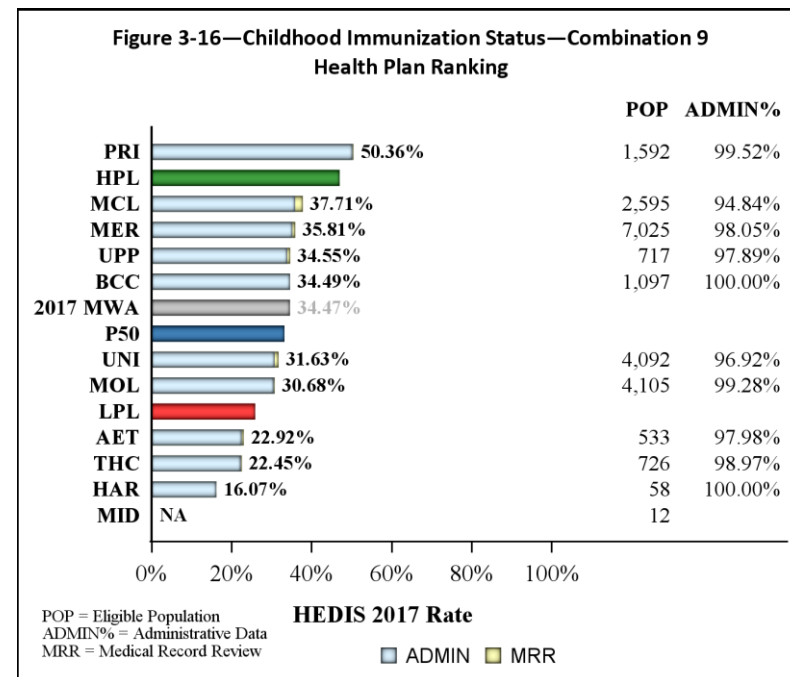
One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 54.74 percent to 19.64 percent.

Childhood Immunization Status—Combination 9

Childhood Immunization Status—Combination 9 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; two or three rotavirus; and two influenza.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

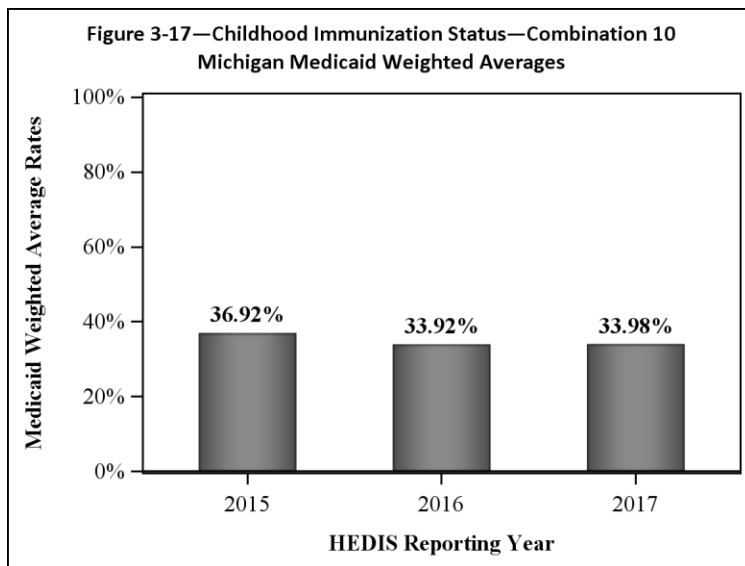


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

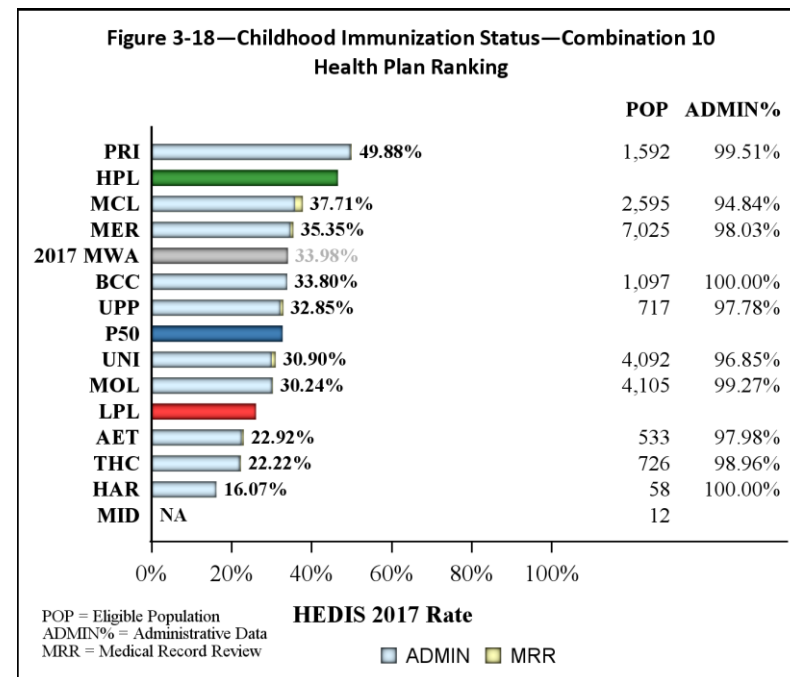
One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 50.36 percent to 16.07 percent.

Childhood Immunization Status—Combination 10

Childhood Immunization Status—Combination 10 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenzae type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

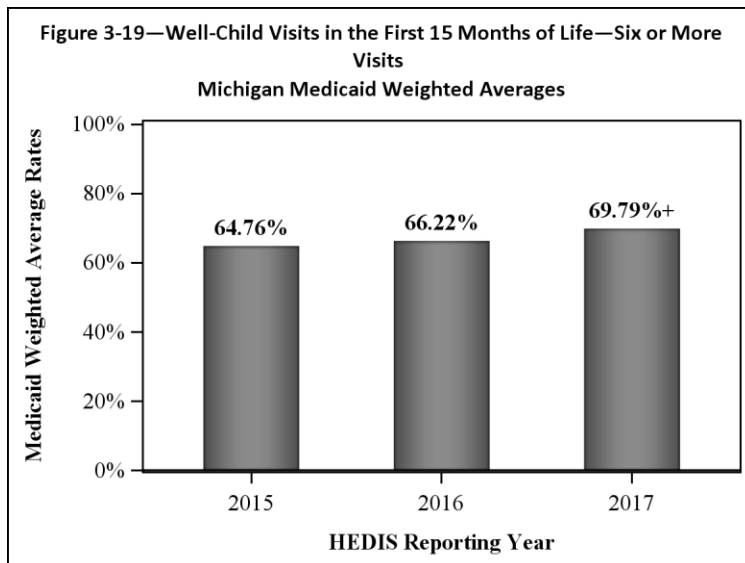


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 49.88 percent to 16.07 percent.

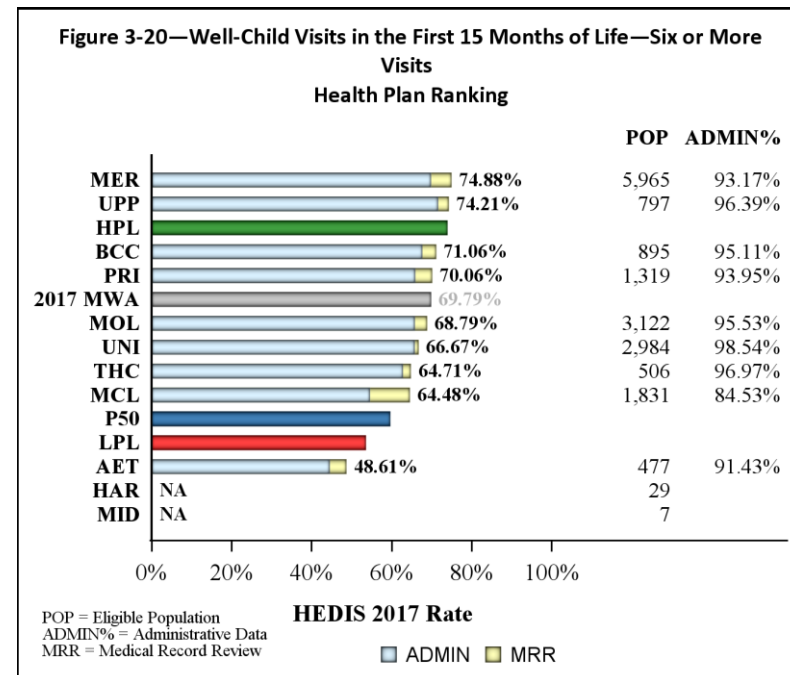
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits

Well-Child Visits in the First 15 Months of Life—Six or More Visits assesses the percentage of members who turned 15 months old during the measurement year and who received six or more well-child visits with a PCP during their first 15 months of life.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

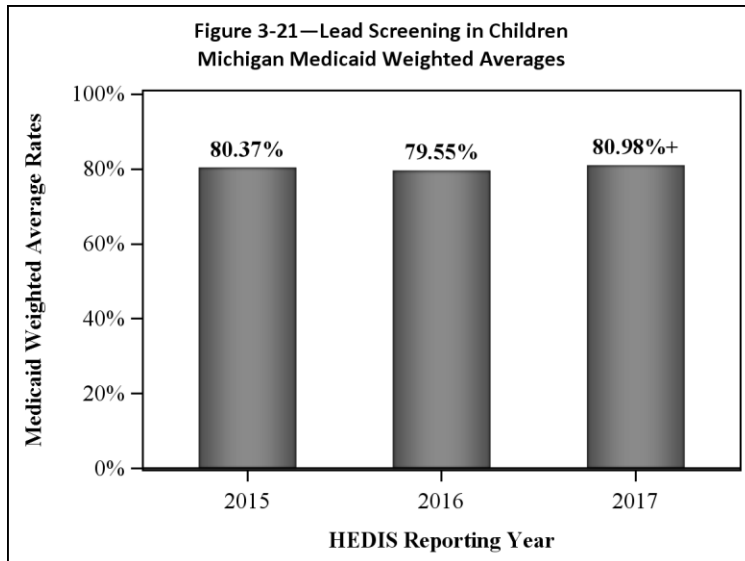


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Two MHPs ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 74.88 percent to 48.61 percent.

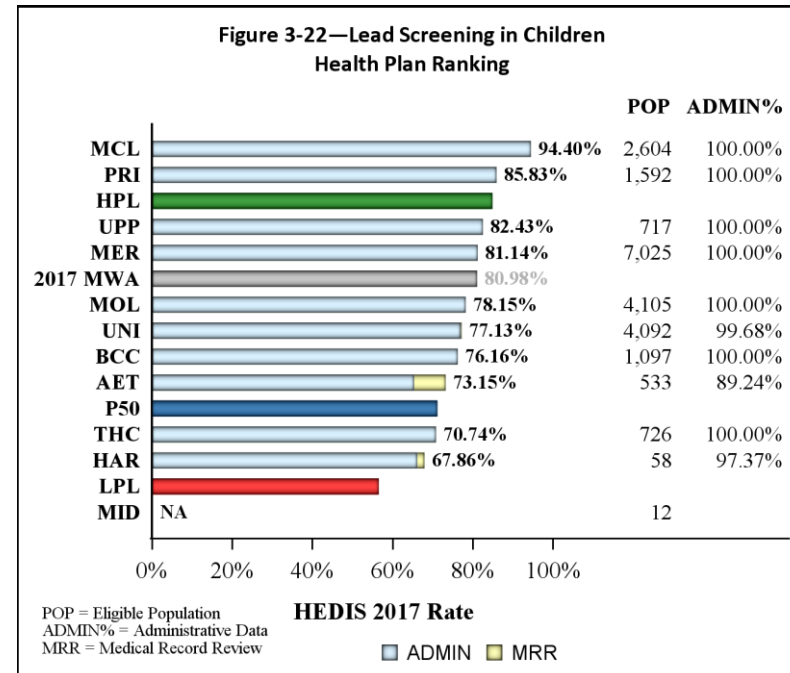
Lead Screening in Children

Lead Screening in Children assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

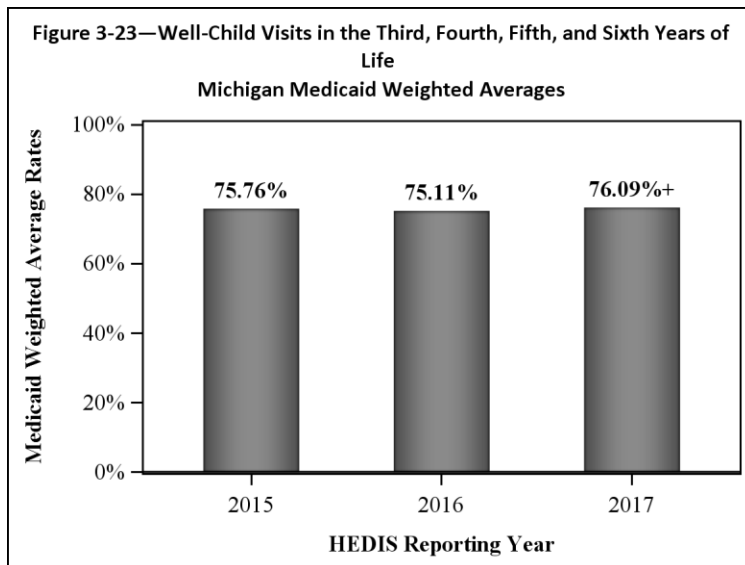


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 94.40 percent to 67.86 percent.

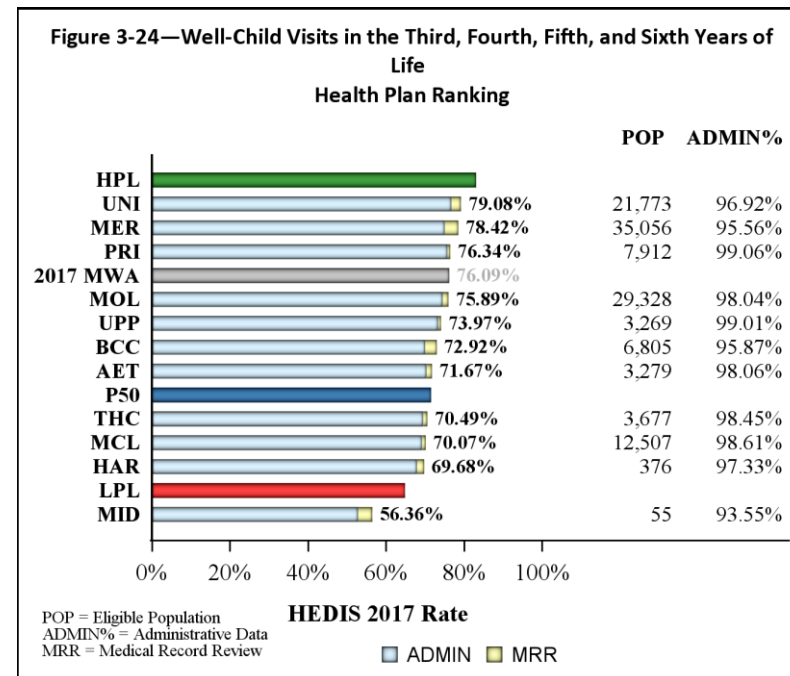
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life is a measure of the percentage of members who were 3, 4, 5, or 6 years old and received one or more well-child visits with a PCP during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

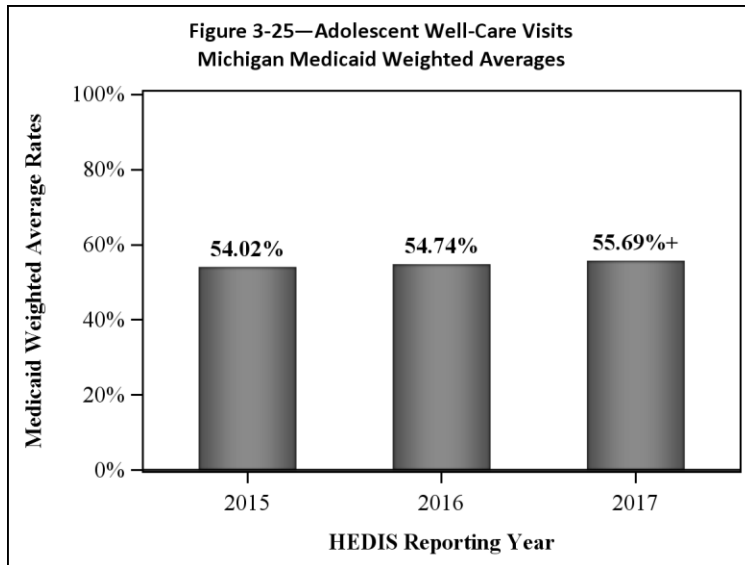
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Seven MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 79.08 percent to 56.36 percent.

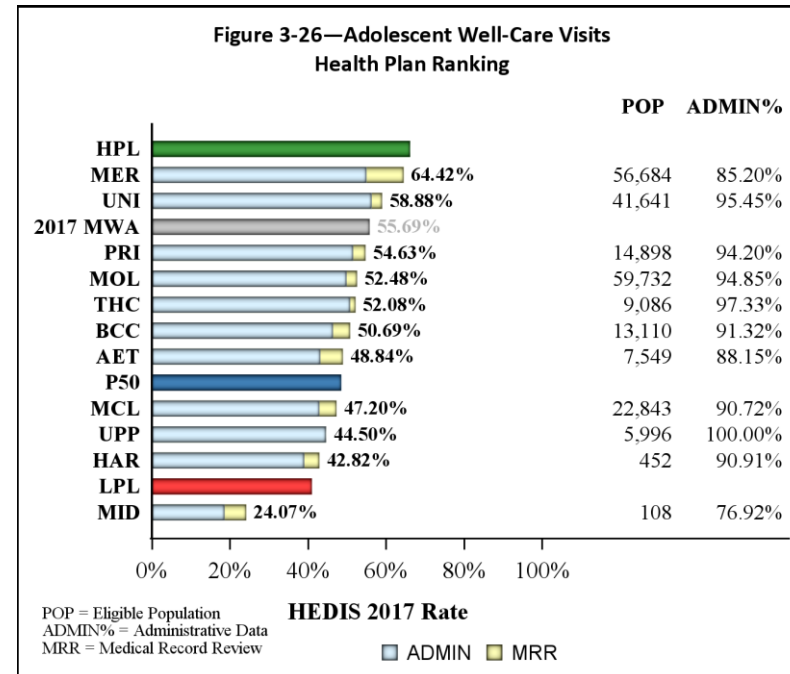
Adolescent Well-Care Visits

Adolescent Well-Care Visits assesses the percentage of members who were 12 to 21 years of age and who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

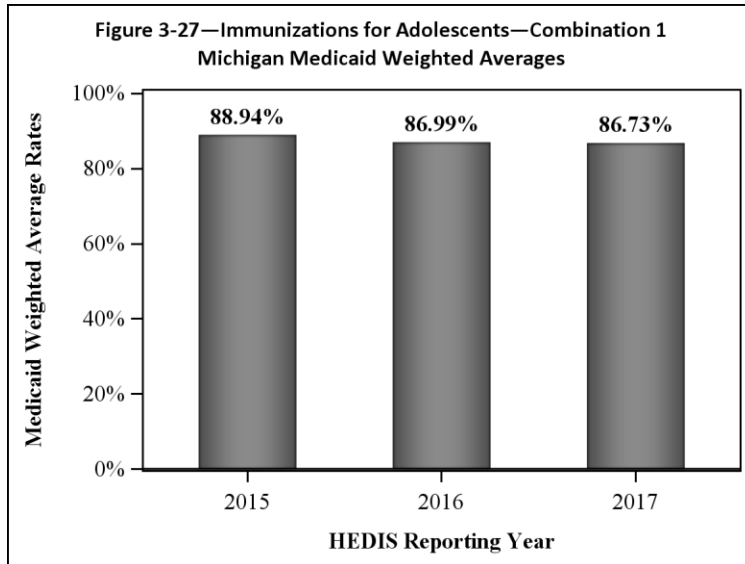
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



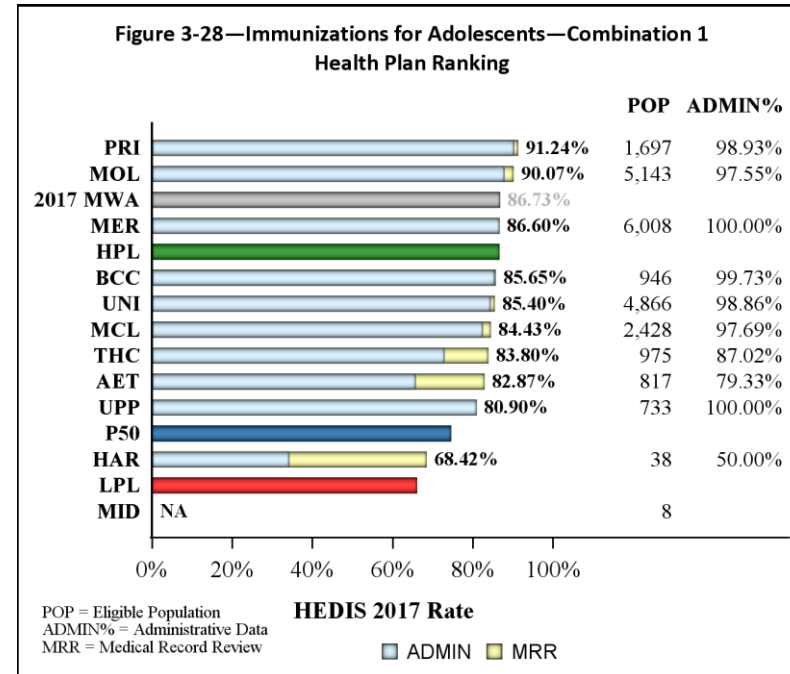
Seven MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 64.42 percent to 24.07 percent.

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) assesses the percentage of adolescents 13 years of age who had the following by their 13th birthday: one dose of meningococcal vaccine and acellular pertussis vaccine (Tdap).



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

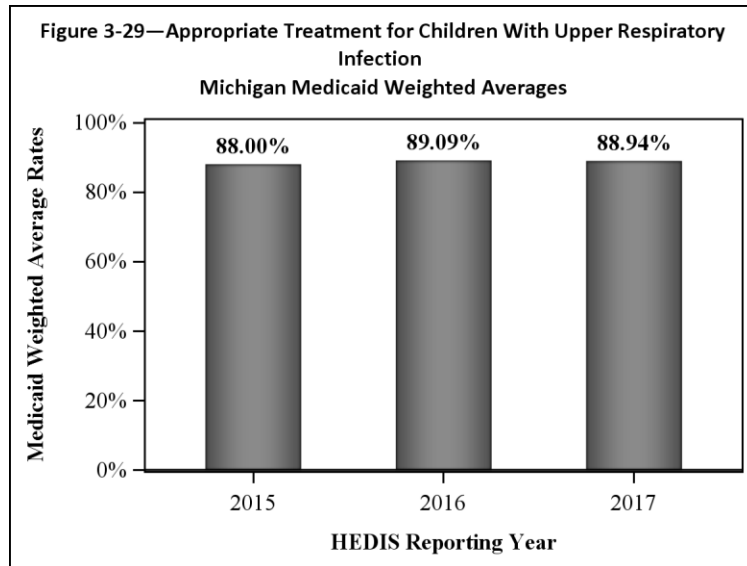


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Three MHPs and the MWA ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 91.24 percent to 68.42 percent.

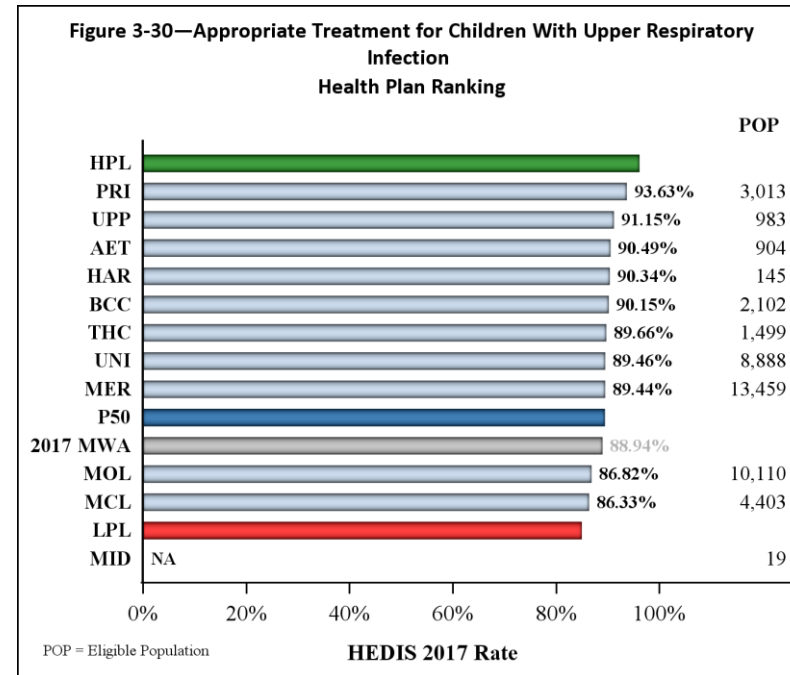
Appropriate Treatment for Children With Upper Respiratory Infection

Appropriate Treatment for Children With Upper Respiratory Infection assesses the percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure indicator, exercise caution when trending rates between 2017 and prior years.



Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

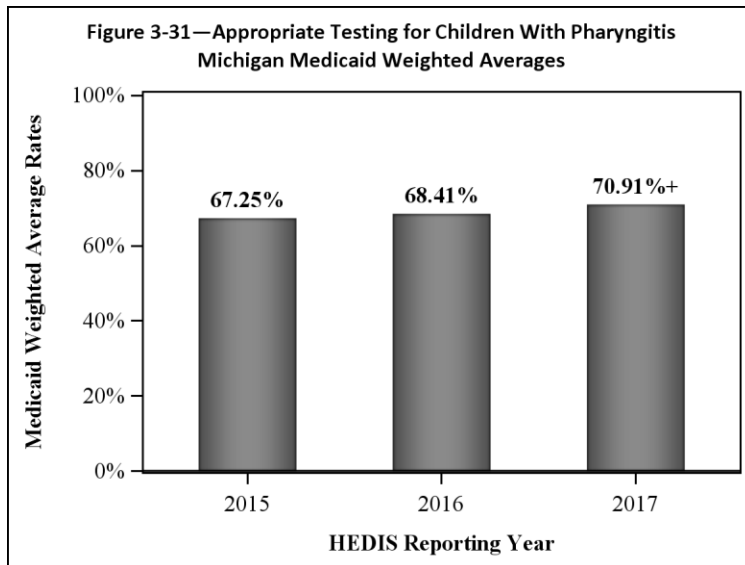


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Eight MHPs ranked above the national Medicaid 50th percentile but below the HPL. No MHPs fell below the LPL. MHP performance varied from 93.63 percent to 86.33 percent.

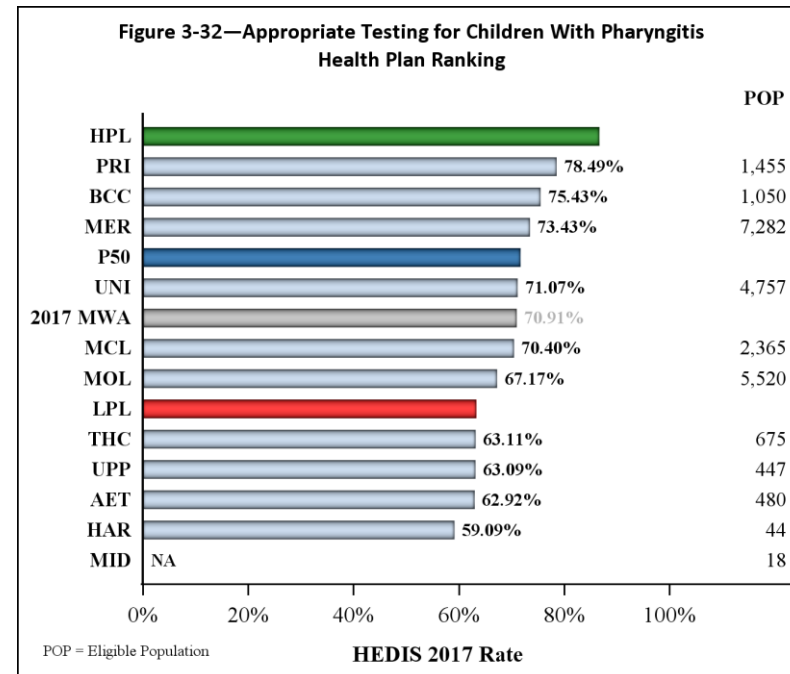
Appropriate Testing for Children With Pharyngitis

Appropriate Testing for Children With Pharyngitis assesses the percentage of children 3–18 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

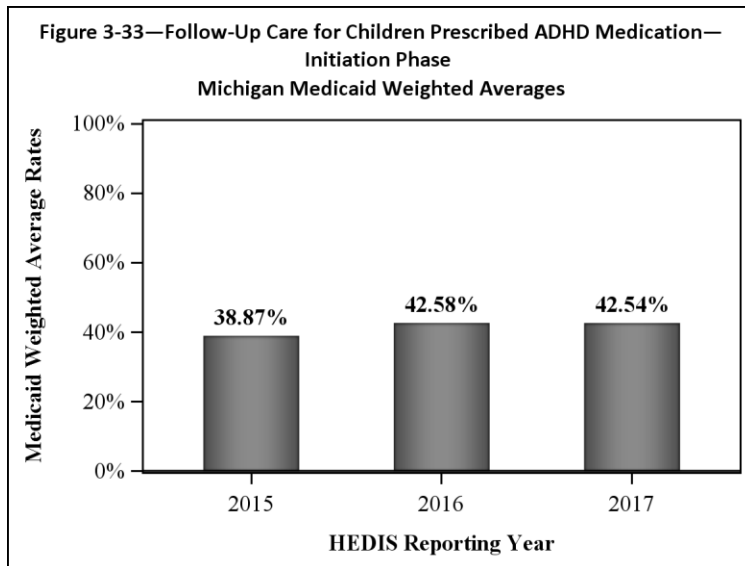


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

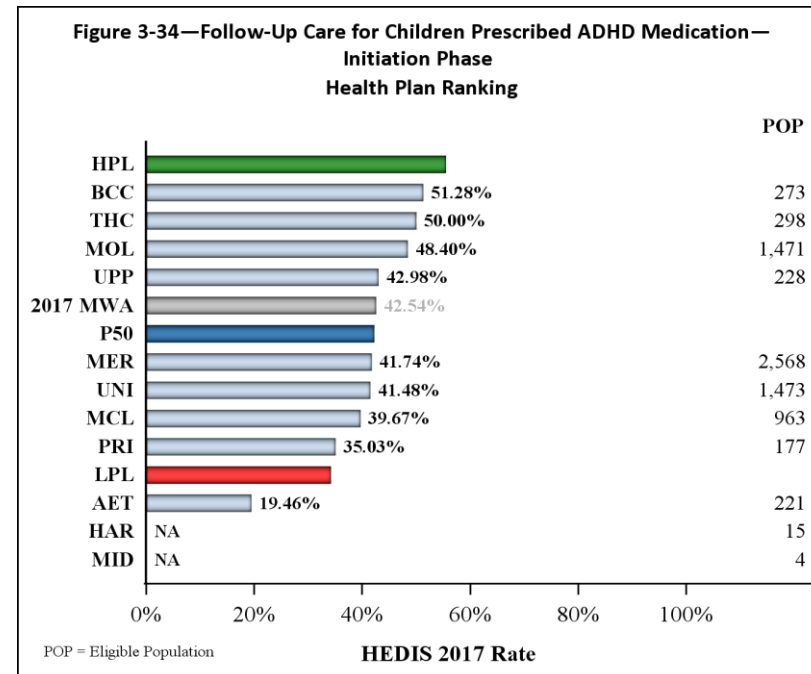
Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. Four MHPs fell below the LPL. MHP performance varied from 78.49 percent to 59.09 percent.

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase assesses the percentage of children 6 to 12 years of age who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

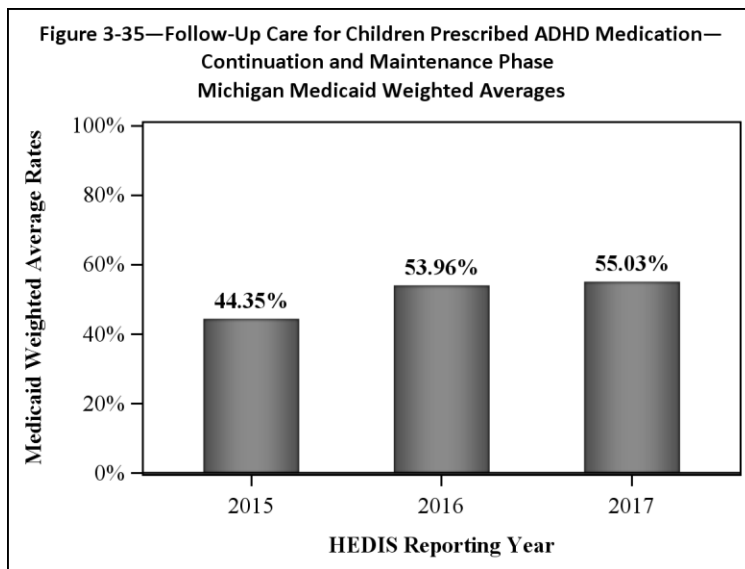


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

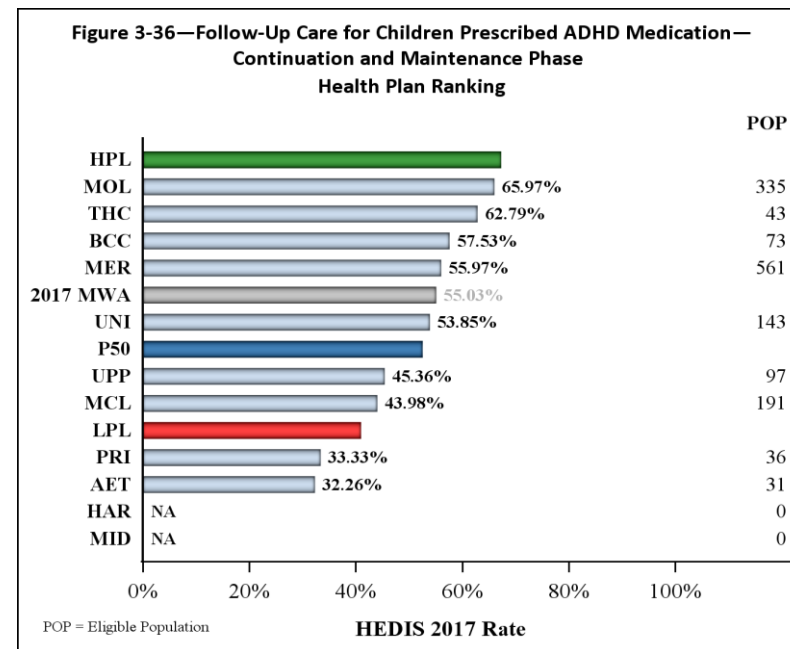
Four MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 51.28 percent to 19.46 percent.

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase assesses the percentage of children 6 to 12 years of age newly prescribed 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.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.



NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Two MHPs fell below the LPL. MHP performance varied from 65.97 percent to 32.26 percent.

4. Women—Adult Care

Introduction

The Women—Adult Care measure domain encompasses the following MDHHS measures:

- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 4-1 presents the Michigan MWA performance for the measure indicators under the Women—Adult Care measure domain. The table lists the HEDIS 2017 MWA rates and performance levels, a comparison of the HEDIS 2016 MWA to the HEDIS 2017 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2016 to HEDIS 2017.

Table 4-1—HEDIS 2017 MWA Performance Levels and Trend Results for Women—Adult Care

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA—HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
<i>Breast Cancer Screening</i>				
<i>Breast Cancer Screening</i>	62.60%	+3.02 ⁺	4	1
<i>Cervical Cancer Screening</i>				
<i>Cervical Cancer Screening</i>	64.84%	+1.05 ⁺	1	1

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA—HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
Chlamydia Screening in Women				
Ages 16 to 20 Years	62.27%	+1.52 ⁺	2	1
Ages 21 to 24 Years	68.89%	+1.04	1	1
Total	65.23%	+1.37 ⁺	3	1

¹ 2017 performance levels were based on comparisons of the HEDIS 2017 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2016 benchmarks. 2017 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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² HEDIS 2016 MWA to HEDIS 2017 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

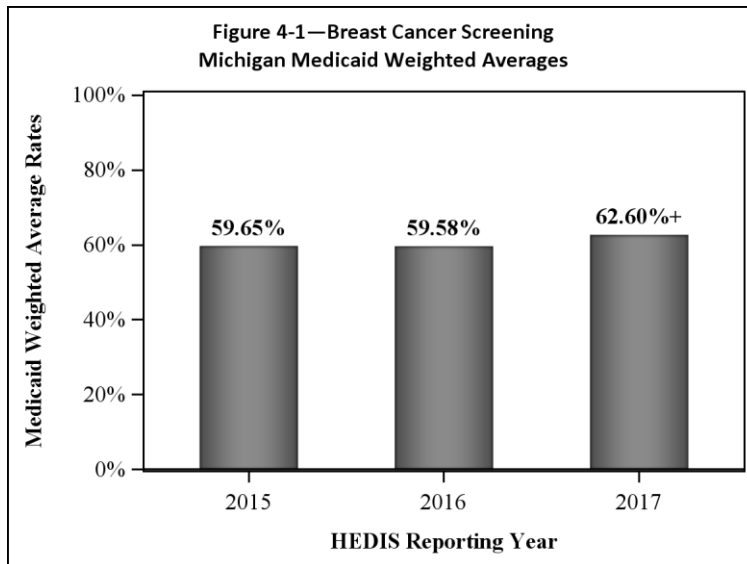
Green Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.
Red Shading⁺⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

Table 4-1 shows that in the Women—Adult Care domain, all five MWA rates ranked at or above the national Medicaid 50th percentile, with four of these rates ranking at or above the national Medicaid 75th percentile, indicating overall positive performance in the measured areas of cancer and chlamydia screenings for women. Further, four MHPs’ rates and the MWA for *Breast Cancer Screening* and three MHPs’ rates and the MWA for *Chlamydia Screening in Women—Total* demonstrated statistically significant improvement from 2016 to 2017.

Measure-Specific Findings

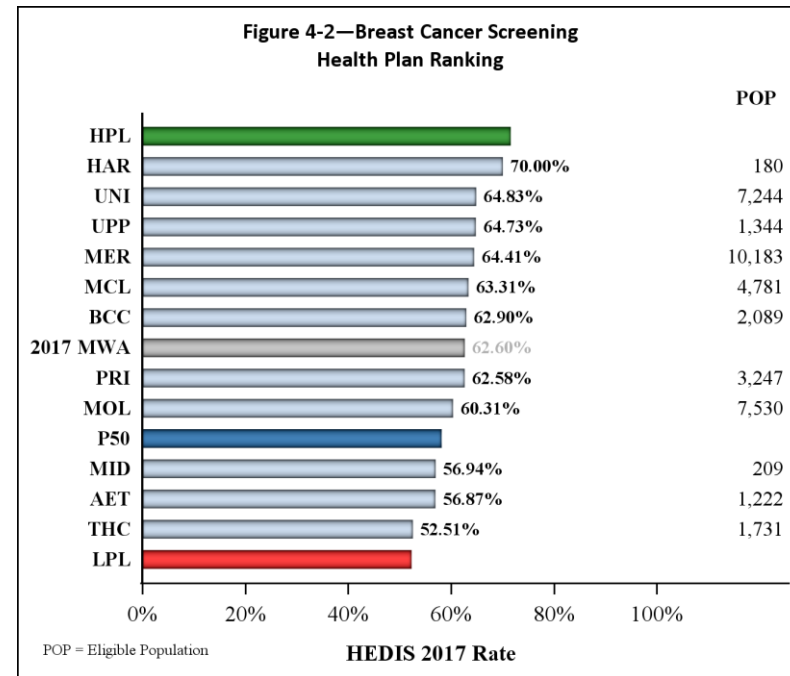
Breast Cancer Screening

Breast Cancer Screening assesses the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer on or after October 1 two years prior to the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

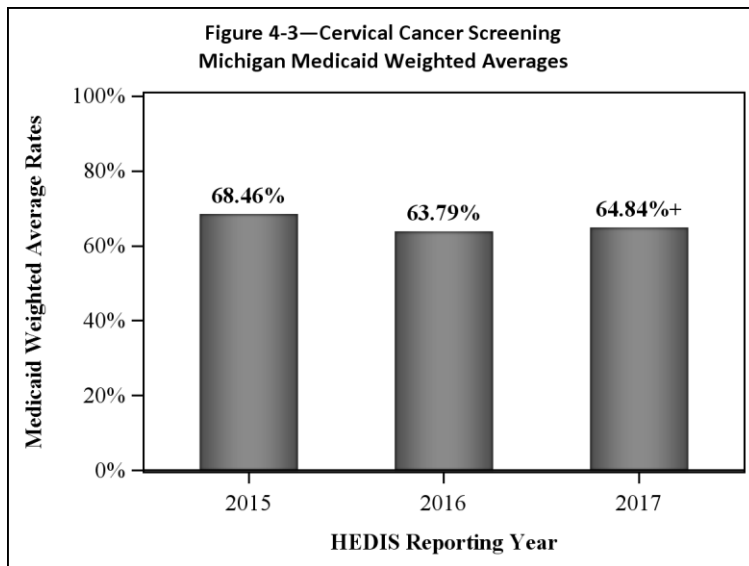


Eight MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. No MHPs fell below the LPL. MHP performance varied from 70.00 percent to 52.51 percent.

Cervical Cancer Screening

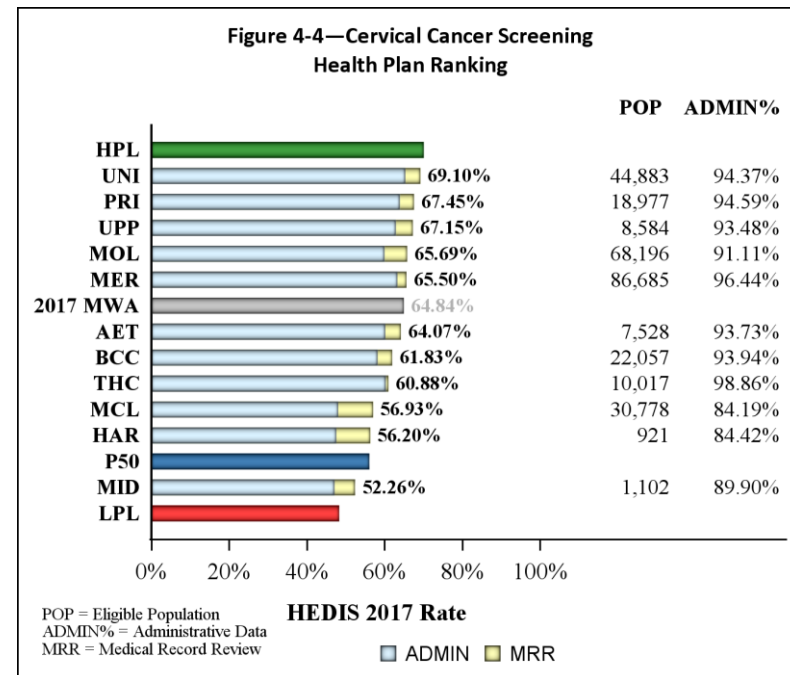
Cervical Cancer Screening assesses the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed every three years.
- Women ages 30-64 who had cervical cytology/human papillomavirus co-testing every five years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

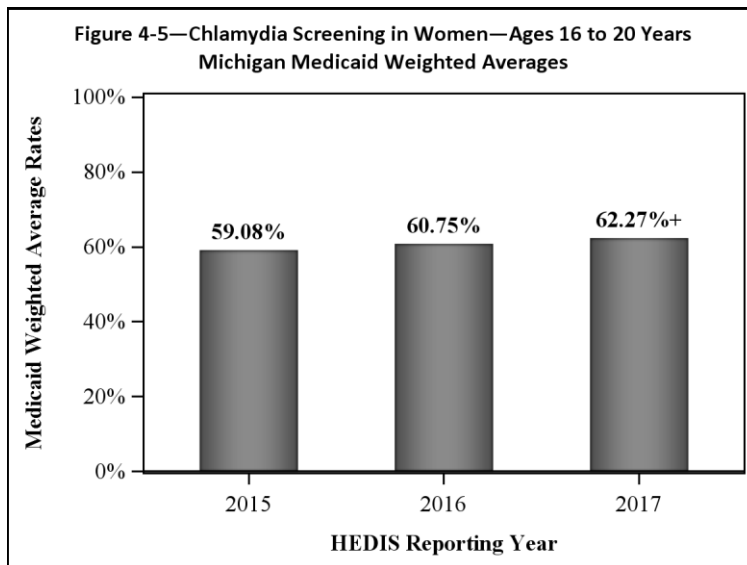
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Ten MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. No MHPs fell below the LPL. MHP performance varied from 69.10 percent to 52.26 percent.

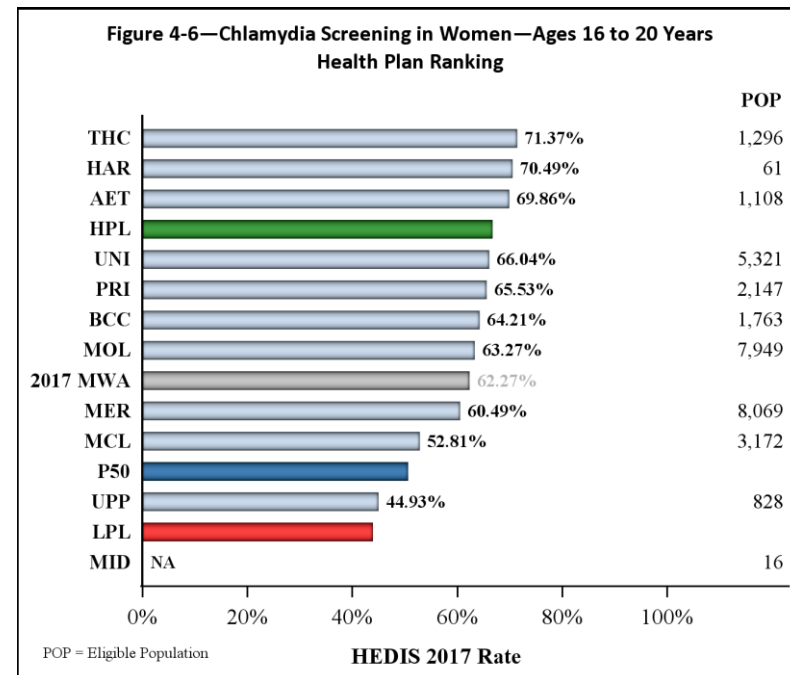
Chlamydia Screening in Women—Ages 16–20 Years

Chlamydia Screening in Women—Ages 16–20 Years assesses the percentage of women 16 to 20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

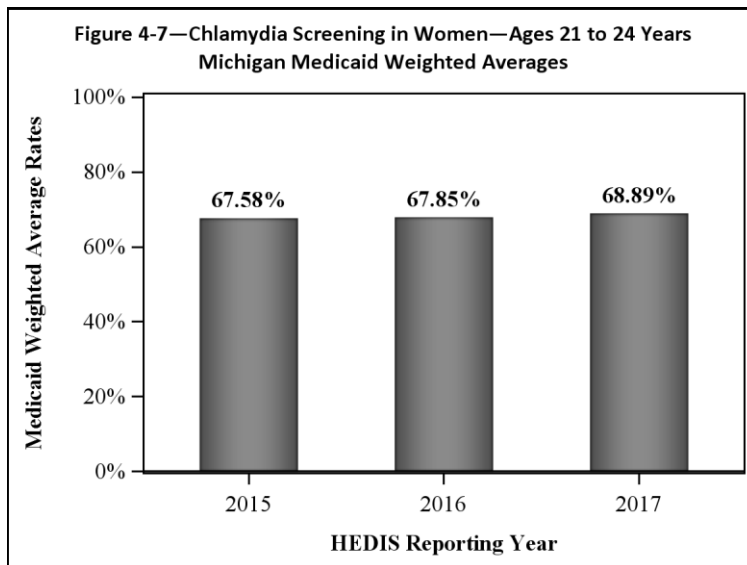


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

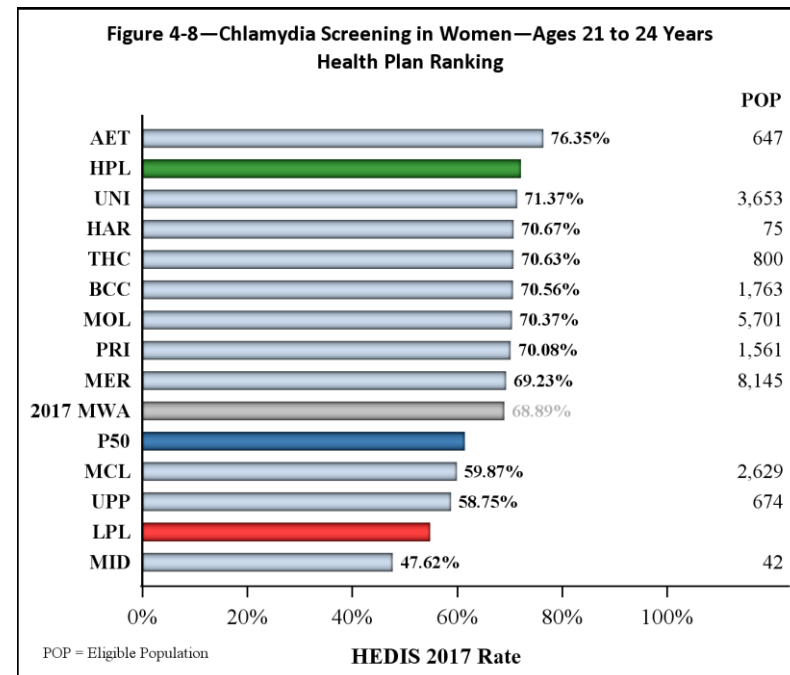
Three MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 71.37 percent to 44.93 percent.

Chlamydia Screening in Women—21–24 Years

Chlamydia Screening in Women—21–24 Years assesses the percentage of women 21 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.



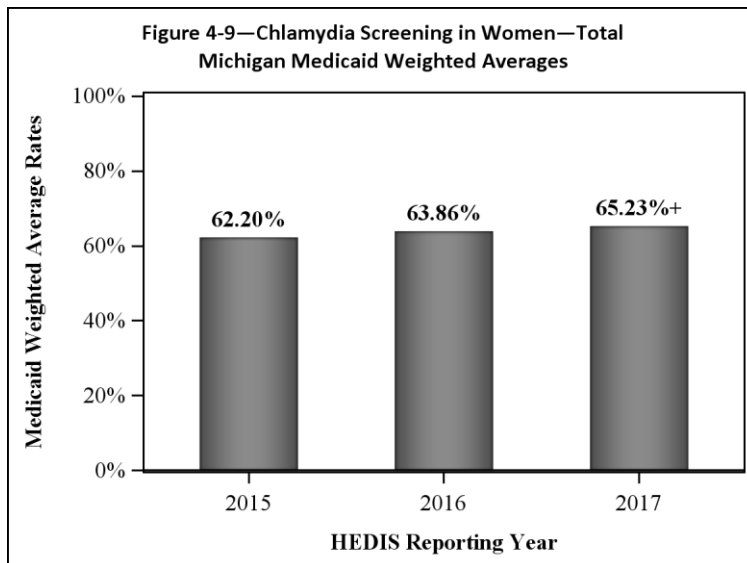
The HEDIS 2017 MWA rate did not demonstrate a statistically significant change from HEDIS 2016.



One MHP ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 76.35 percent to 47.62 percent.

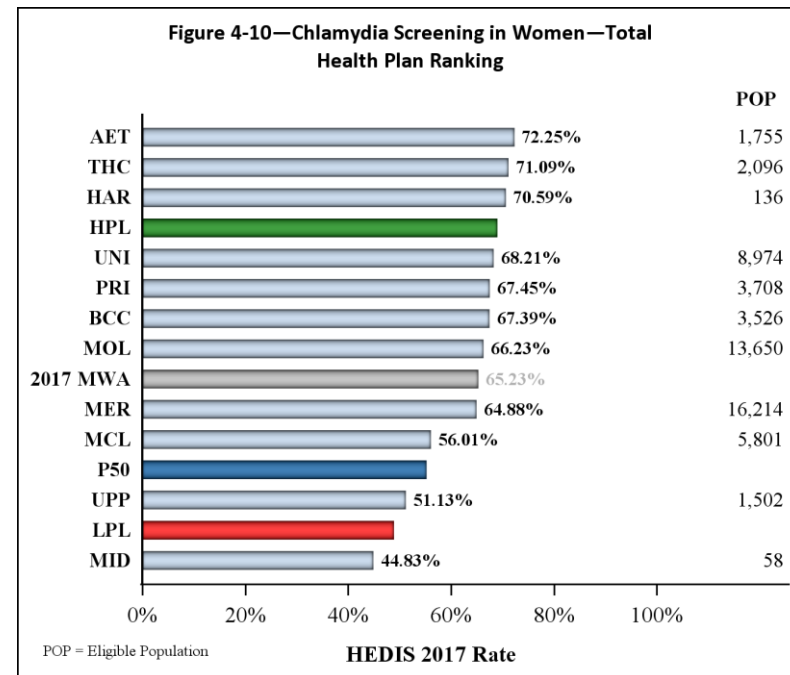
Chlamydia Screening in Women—Total

Chlamydia Screening in Women—Total represents the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Three MHPs ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 72.25 percent to 44.83 percent.

Introduction

The Access to Care measure domain encompasses the following MDHHS measures:

- *Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years*
- *Adults’ Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 and Older, and Total*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 5-1 presents the Michigan MWA performance for the measure indicators under the Access to Care measure domain. The table lists the HEDIS 2017 MWA rates and performance levels, a comparison of the HEDIS 2016 MWA to the HEDIS 2017 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2016 to HEDIS 2017.

Table 5-1—HEDIS 2017 MWA Performance Levels and Trend Results for Access to Care

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA– HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>				
<i>Ages 12 to 24 Months</i>	96.06%	-0.14	1	1
<i>Ages 25 Months to 6 Years</i>	89.08%	+0.29	3	2
<i>Ages 7 to 11 Years</i>	91.39%	+0.54⁺	3	2
<i>Ages 12 to 19 Years</i>	90.79%	+0.93⁺	3	1

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA– HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	81.68%	-1.08 ⁺⁺	0	8
Ages 45 to 64 Years	89.21%	-0.60 ⁺⁺	2	4
Ages 65+ Years	90.26%	-0.89	0	3
Total	84.73%	-0.89 ⁺⁺	1	7
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	29.23%	+2.29 ⁺	4	1

¹ 2017 performance levels were based on comparisons of the HEDIS 2017 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2016 benchmarks. 2017 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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² HEDIS 2016 MWA to HEDIS 2017 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

Green Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

³ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

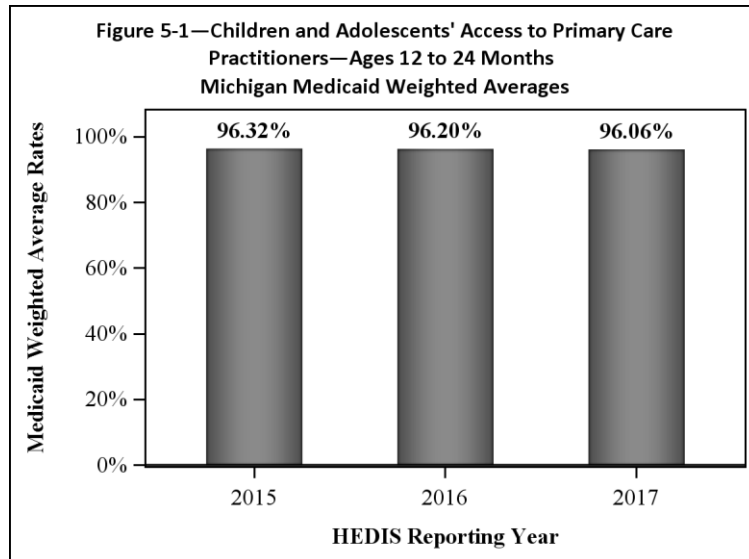
Table 5-1 shows that all nine MWA rates ranked at or above the national Medicaid 50th percentile, indicating positive performance in the area of Access to Care. Specifically, the MWA and three MHPs' rates related to access to primary care practitioners (PCPs) for members ages 7 to 11 years and 12 to 19 years demonstrated statistically significant improvement from 2016 to 2017. Further, the MWA and four MHPs' rates related to appropriate treatment for adults with bronchitis also demonstrated statistically significant improvement. However, caution should be used when comparing the 2017 *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* rates to national benchmarks and prior years due to changes to the technical measure specifications for HEDIS 2017.

Despite favorable performance compared to national benchmarks for measures related to access to preventive/ambulatory services for adults, these rates demonstrated statistically significant declines in performance. In particular, seven of the 11 MHPs' rates and the MWA exhibited decreases that were statistically significant from 2016 to 2017 for the *Adults' Access to Preventive/Ambulatory Health Services—Total* measure indicator, suggesting opportunities for improving access to preventive/ambulatory services for adults ages 20 years and above.

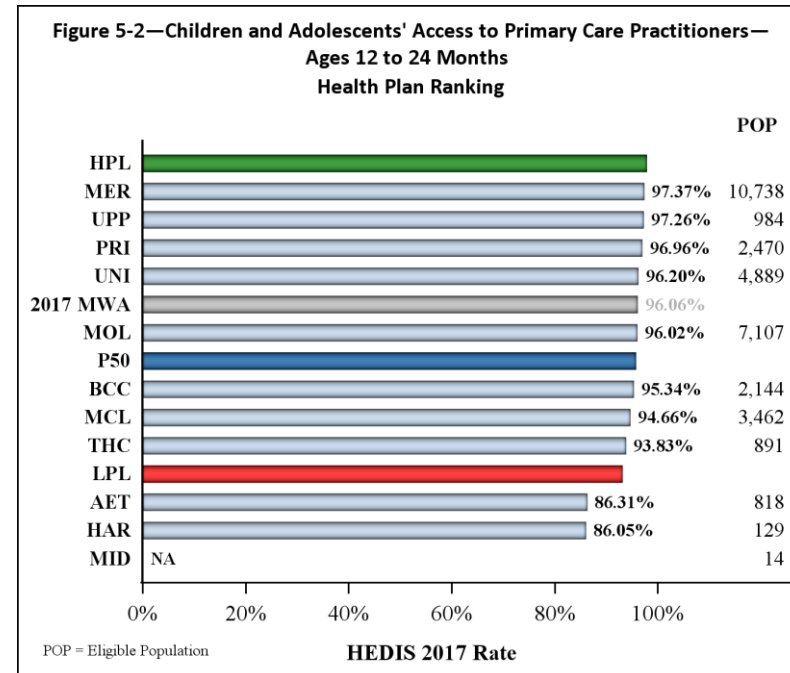
Measure-Specific Findings

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months assesses the percentage of members 12 to 24 months of age who had a visit with a PCP during the measurement year.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change from HEDIS 2016.

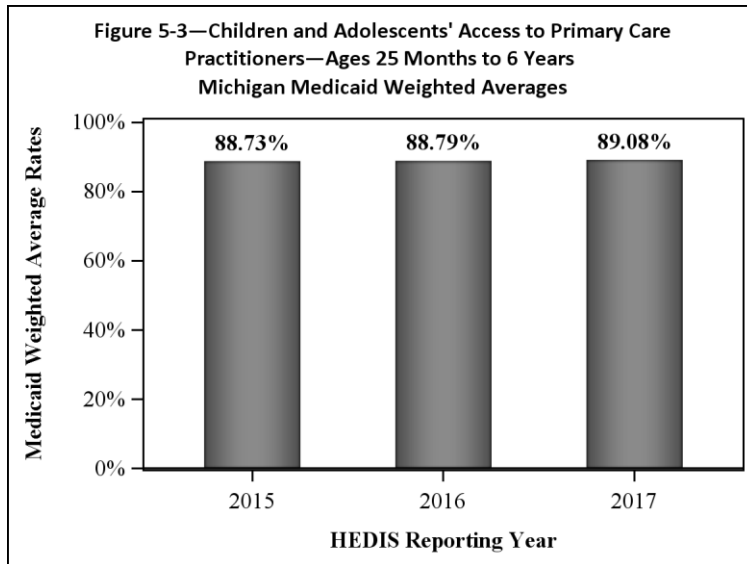


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

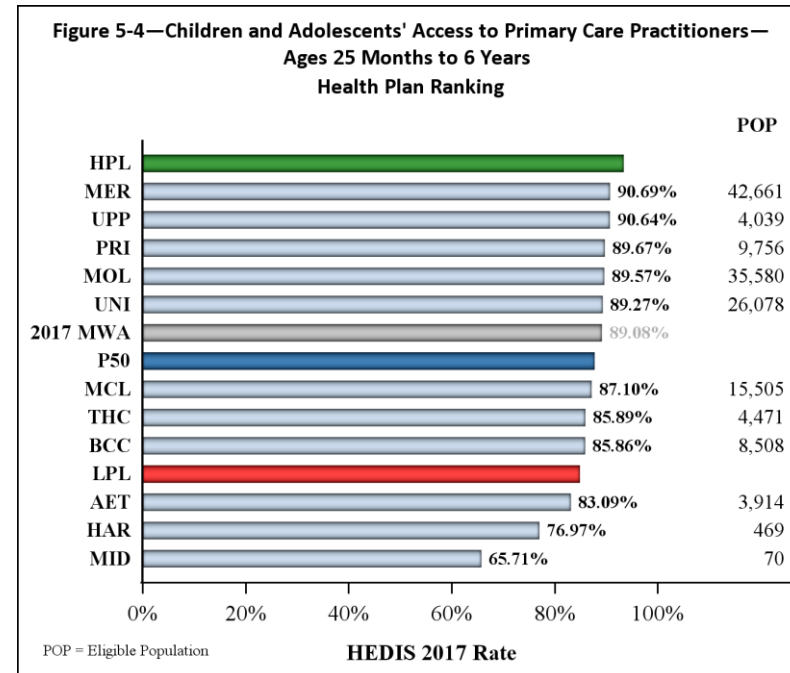
Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Two MHPs fell below the LPL. MHP performance varied from 97.37 percent to 86.05 percent.

Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years assesses the percentage of members 25 months to 6 years of age who had a visit with a PCP during the measurement year.



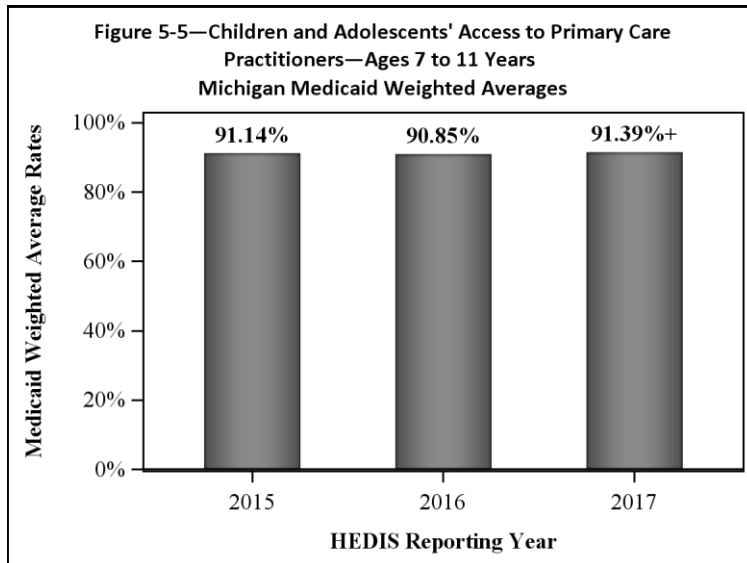
The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.



Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 90.69 percent to 65.71 percent.

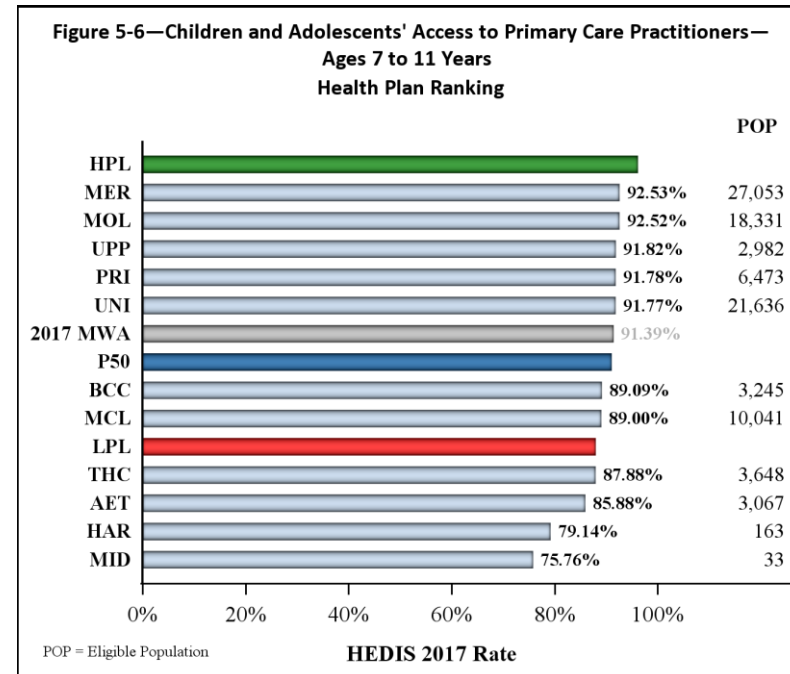
Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years

Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years assesses the percentage of members 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

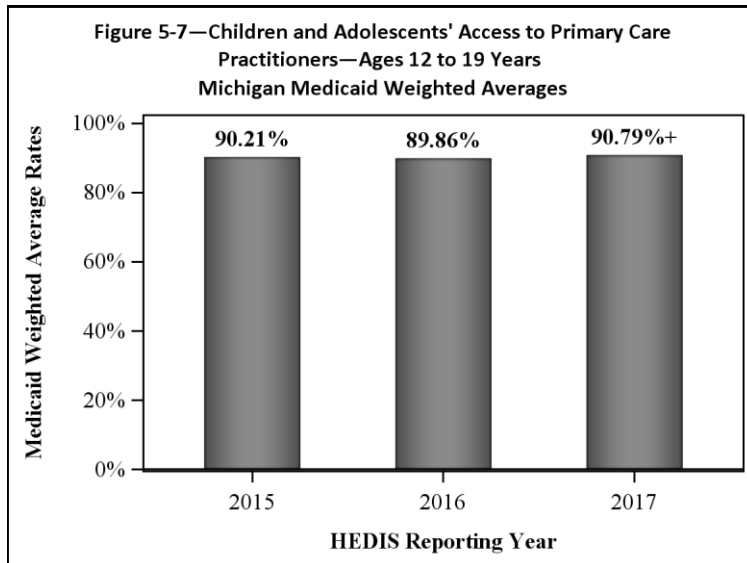
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Four MHPs fell below the LPL. MHP performance varied from 92.53 percent to 75.76 percent.

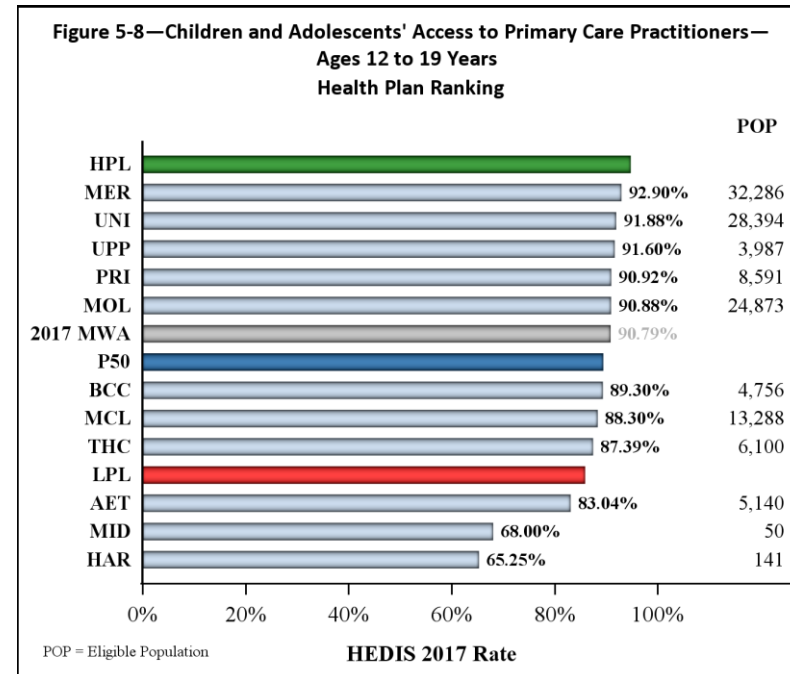
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years assesses the percentage of members 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

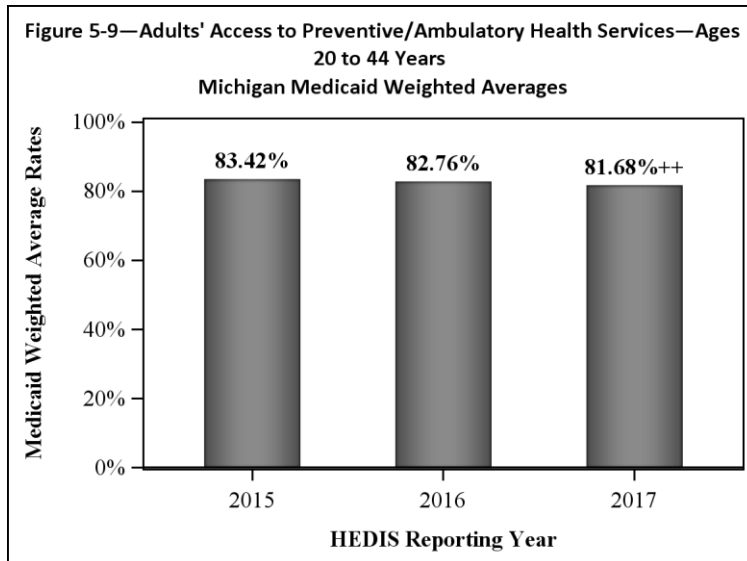
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 92.90 percent to 65.25 percent.

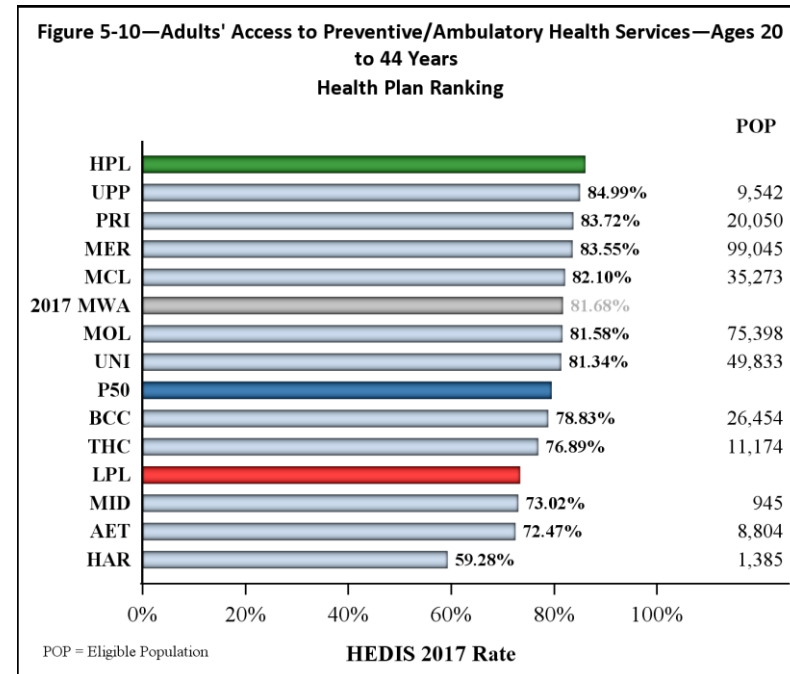
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years assesses the percentage of members 20 to 44 years of age who had an ambulatory or preventive care visit during the measurement year.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

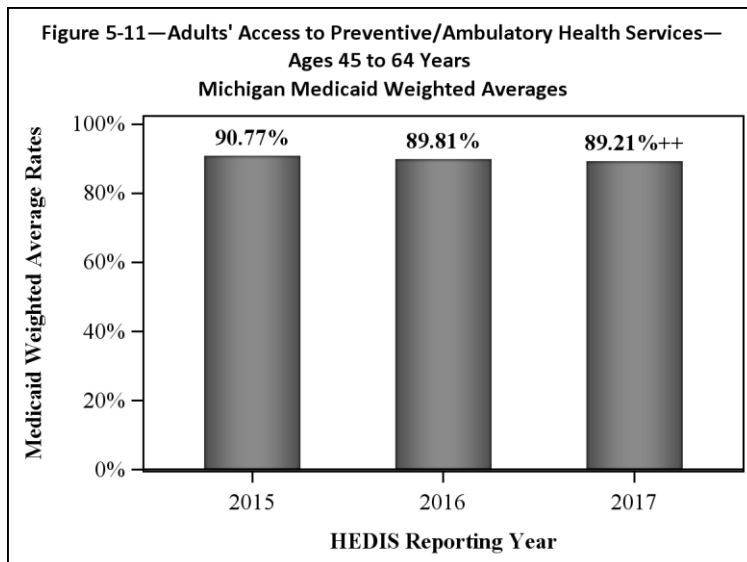
The HEDIS 2017 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2016.



Six MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 84.99 percent to 59.28 percent.

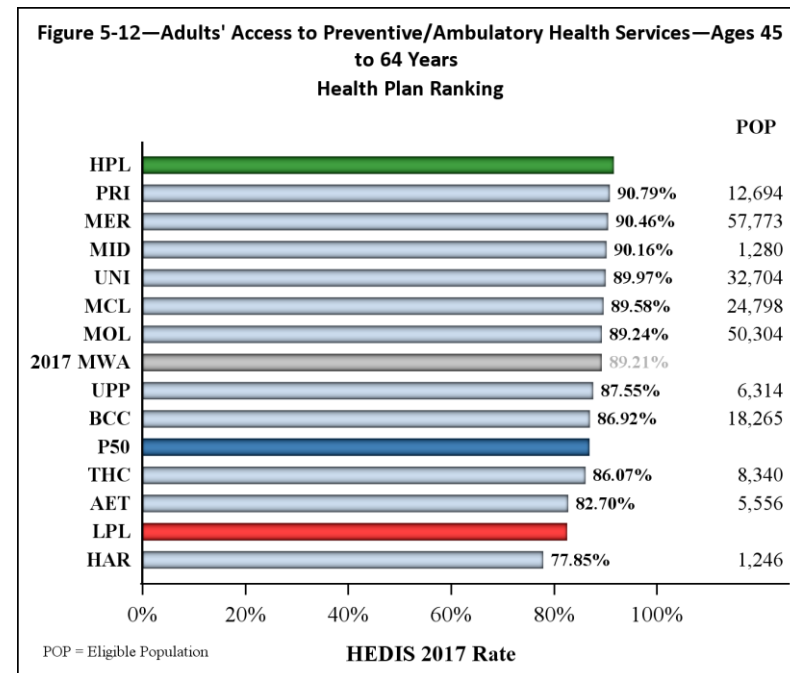
Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years

Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years assesses the percentage of members 45 to 64 years of age who had an ambulatory or preventive care visit during the measurement year.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

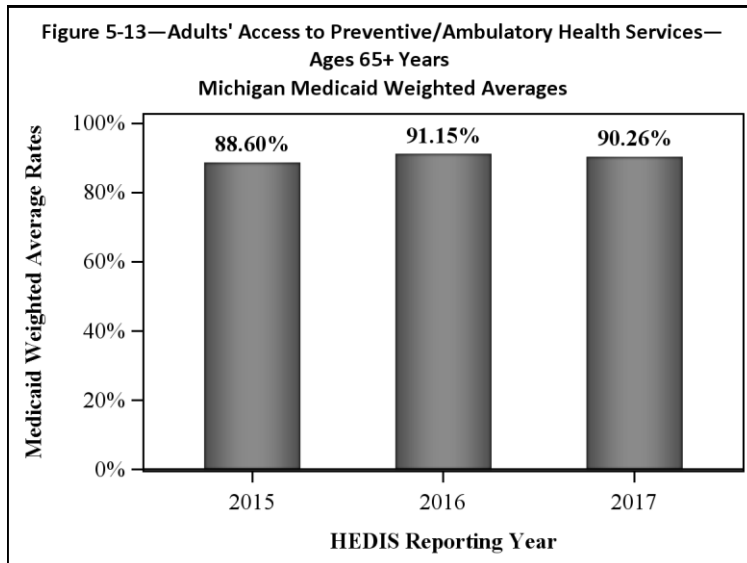
The HEDIS 2017 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2016.



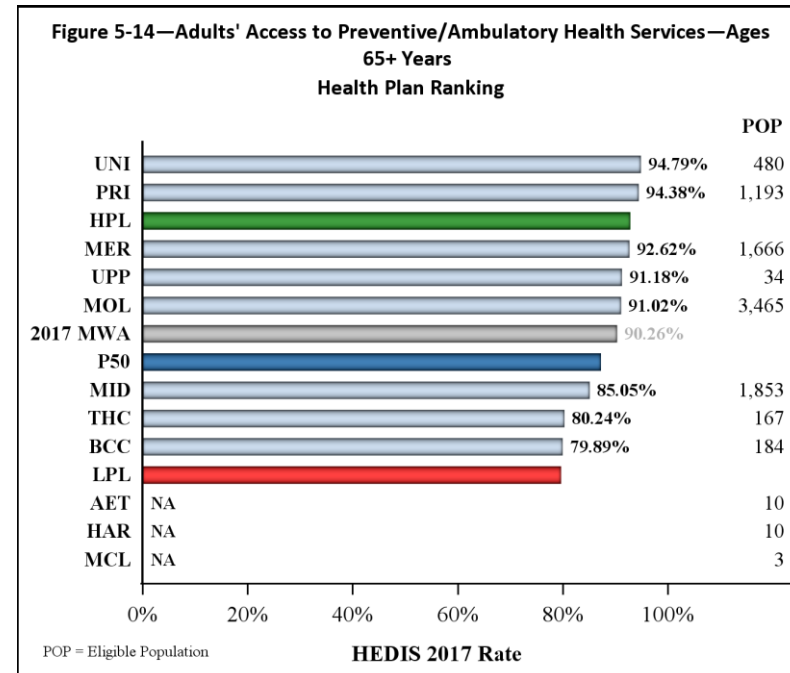
Eight MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 90.79 percent to 77.85 percent.

Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older

Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older assesses the percentage of members 65 years of age or older who had an ambulatory or preventive care visit during the measurement year.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

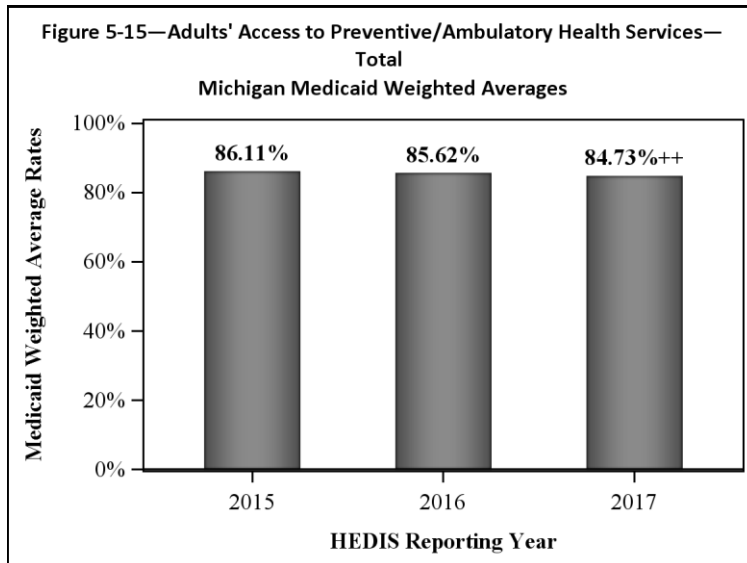


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 94.79 percent to 79.89 percent.

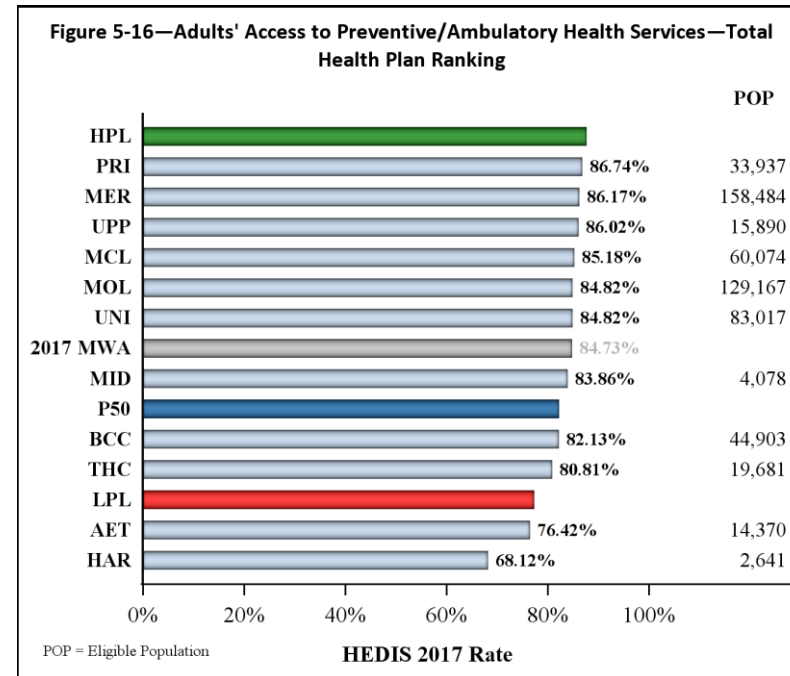
Adults' Access to Preventive/Ambulatory Health Services—Total

Adults' Access to Preventive/Ambulatory Health Services—Total assesses the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

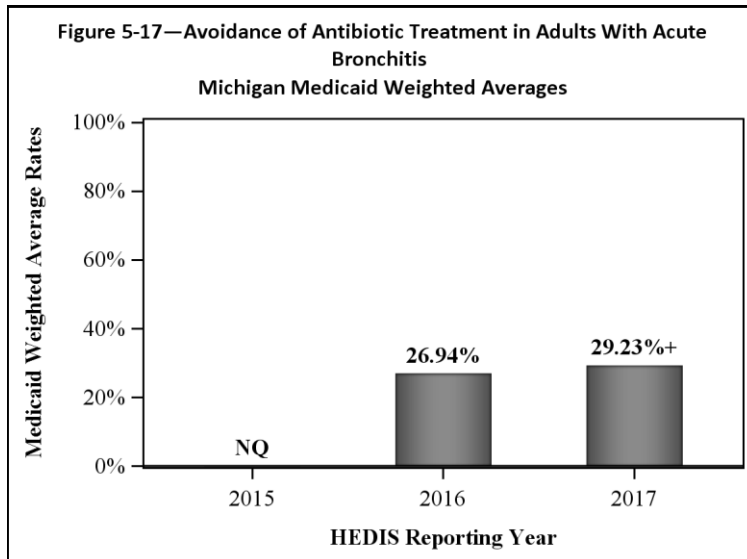
The HEDIS 2017 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2016.



Seven MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Two MHPs fell below the LPL. MHP performance varied from 86.74 percent to 68.12 percent.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

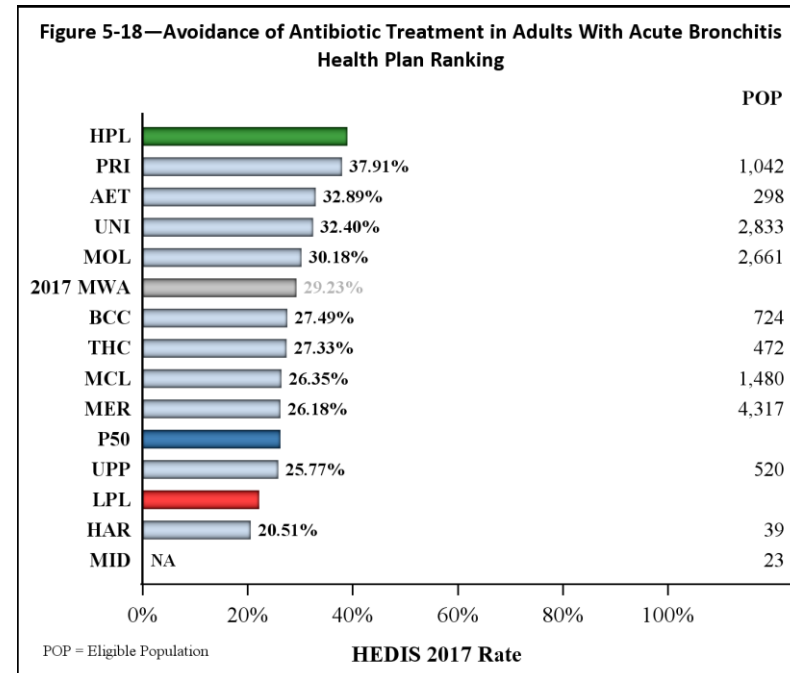
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis assesses the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure indicator, exercise caution when trending rates between 2017 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year. NQ indicates that this measure was not included in the HEDIS aggregate report for 2015.

Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Eight MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 37.91 percent to 20.51 percent.

Introduction

The Obesity measure domain encompasses the following MDHHS measures:

- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total*
- *Adult BMI Assessment*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 6-1 presents the Michigan MWA performance for the measure indicators under the Obesity measure domain. The table lists the HEDIS 2017 MWA rates and performance levels, a comparison of the HEDIS 2016 MWA to the HEDIS 2017 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2016 to HEDIS 2017.

Table 6-1—HEDIS 2017 MWA Performance Levels and Trend Results for Obesity

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA—HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Percentile Documentation—Total</i>	82.10%	+7.17 ⁺	7	0
<i>Counseling for Nutrition—Total</i>	72.21%	+6.44 ⁺	5	0
<i>Counseling for Physical Activity—Total</i>	61.24%	+3.36 ⁺	1	1

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA– HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
Adult BMI Assessment				
Adult BMI Assessment	92.86%	+2.94 ⁺	3	0

¹ 2017 performance levels were based on comparisons of the HEDIS 2017 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2016 benchmarks. 2017 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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² HEDIS 2016 MWA to HEDIS 2017 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

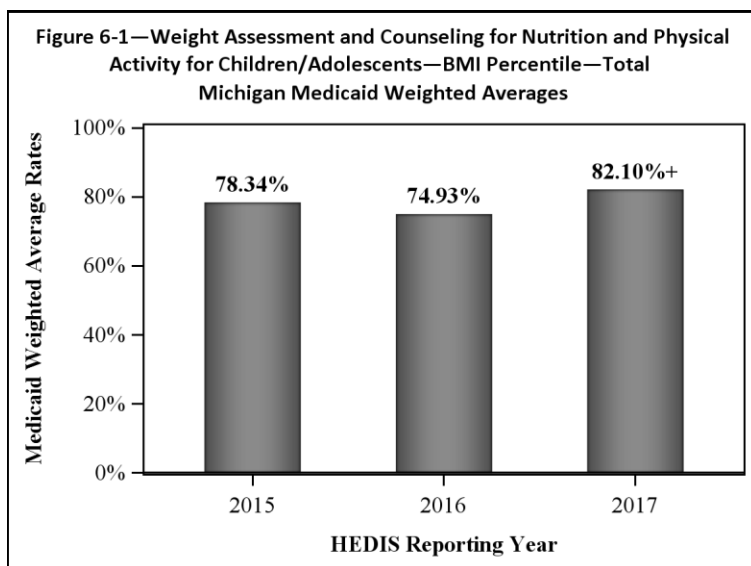
Green Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.
Red Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

Table 6-1 shows that the four MWA rates included in the Obesity domain ranked at or above the national Medicaid 50th percentile, with two MWA rates ranking at or above the national Medicaid 75th percentile and one MWA rate ranking at or above the national Medicaid 90th percentile. Most favorably, rates for the documentation of body mass index (BMI) percentile assessments for children and adolescents demonstrated statistically significant improvement for seven MHPs and the MWA, rates for nutrition counseling for children and adolescents demonstrated statistically significant improvement for five MHPs and the MWA, and rates for BMI assessments for adults demonstrated statistically significant improvement for three MHPs and the MWA.

Measure-Specific Findings

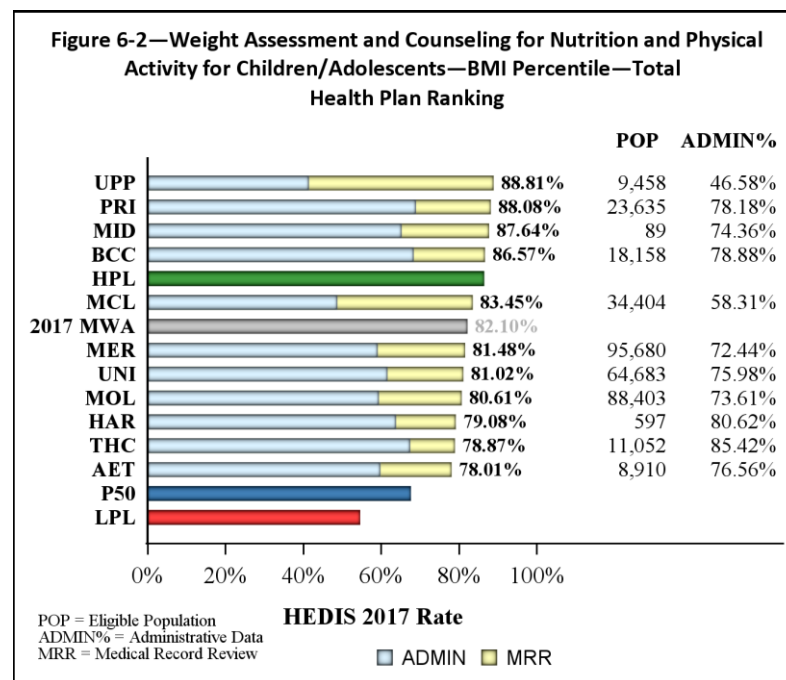
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

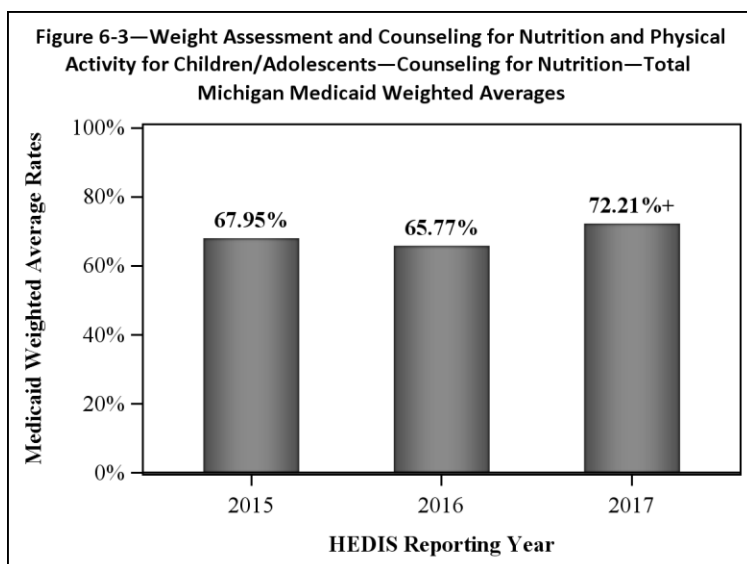
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Four MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 88.81 percent to 78.01 percent.

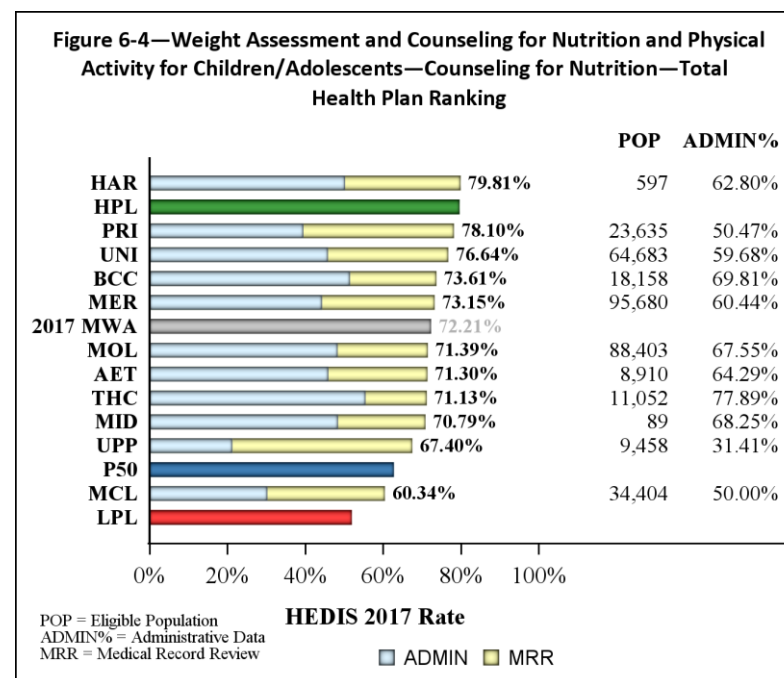
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

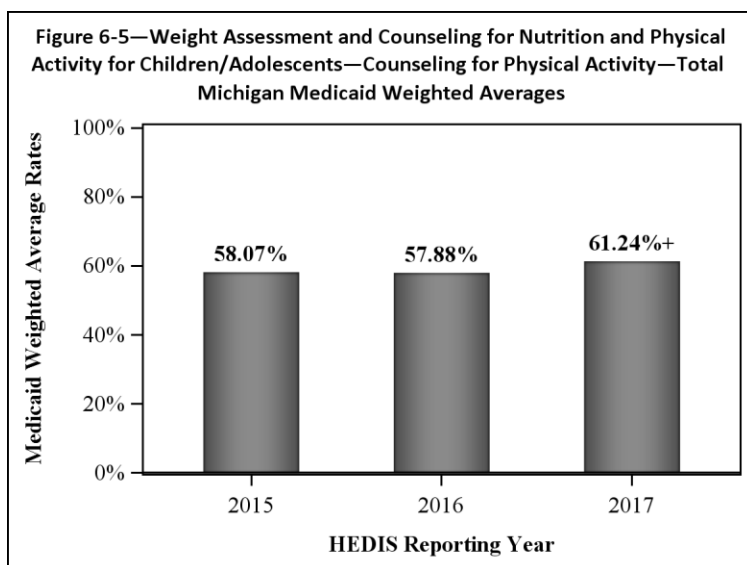
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 79.81 percent to 60.34 percent.

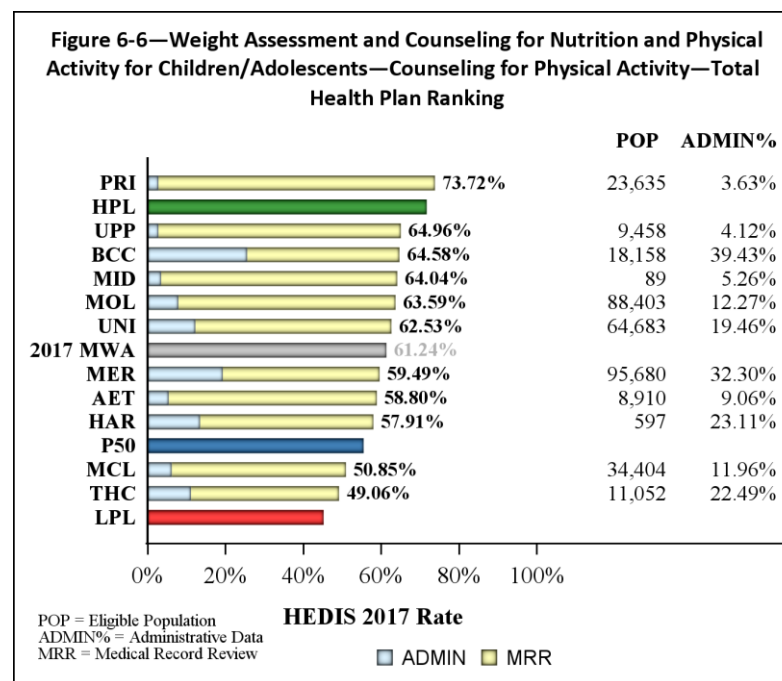
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year. Due to changes in the technical specifications for this measure indicator, exercise caution when trending rates between 2016 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

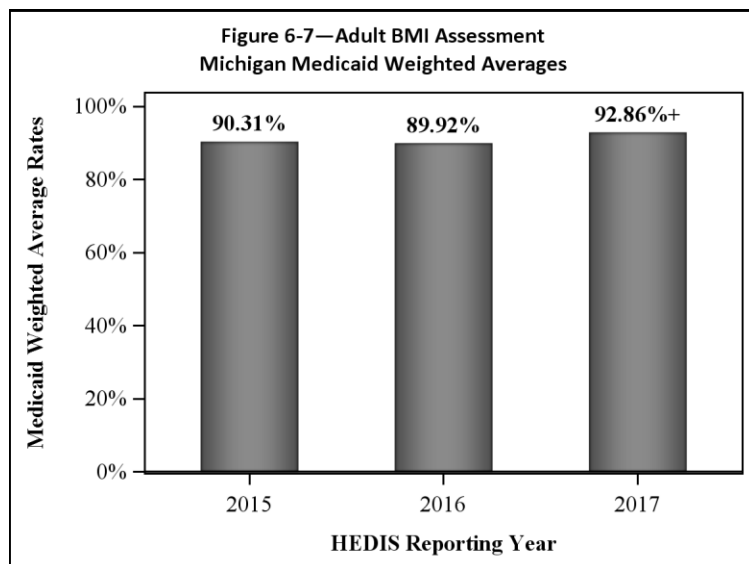
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement from HEDIS 2016.



One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 73.72 percent to 49.06 percent.

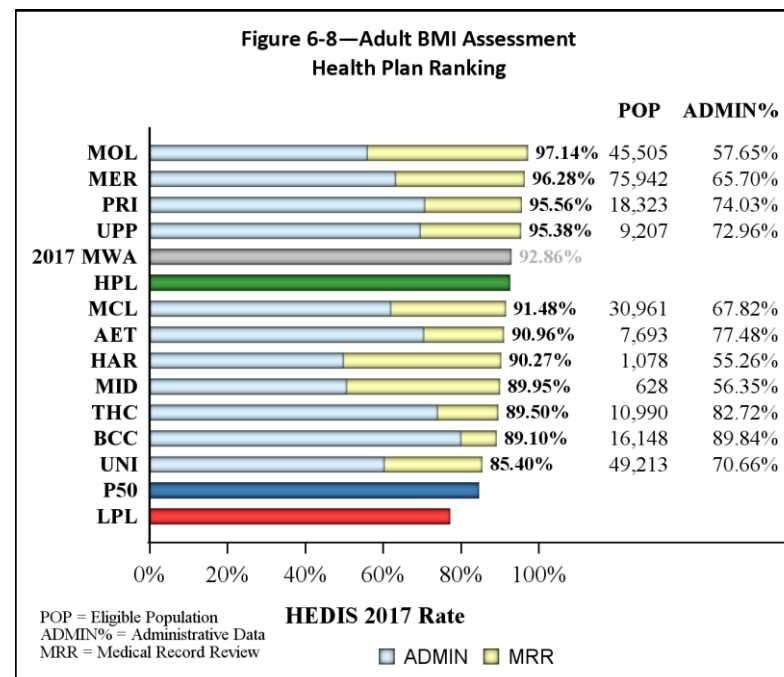
Adult BMI Assessment

Adult BMI Assessment assesses the percentage of members 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Four MHPs and the MWA ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 97.14 percent to 85.40 percent.

Introduction

The Pregnancy Care measure domain encompasses the following MDHHS measures:

- *Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care*
- *Frequency of Ongoing Prenatal Care— ≥ 81 Percent of Expected Visits*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section.

For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 7-1 on the following page presents the Michigan MWA performance for the measure indicators under the Pregnancy Care measure domain. The table lists the HEDIS 2017 MWA rates and performance levels, a comparison of the HEDIS 2016 MWA to the HEDIS 2017 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2016 to HEDIS 2017.

Table 7-1—HEDIS 2017 MWA Performance Levels and Trend Results for Pregnancy Care

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA–HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
<i>Prenatal and Postpartum Care</i>				
<i>Timeliness of Prenatal Care</i>	81.57%	+2.94 ⁺	3	2
<i>Postpartum Care</i>	68.96%	+7.23 ⁺	3	0
<i>Frequency of Ongoing Prenatal Care</i>				
<i>≥81 Percent of Expected Visits</i>	56.10%	-0.30	3	4

¹ 2017 performance levels were based on comparisons of the HEDIS 2017 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2016 benchmarks. 2017 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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² HEDIS 2016 MWA to HEDIS 2017 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

Green Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

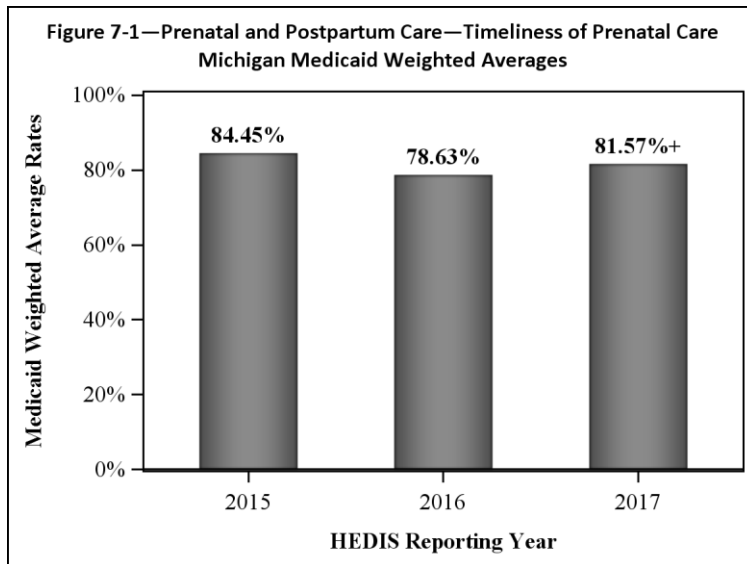
Table 7-1 shows that one of the three measures in the Pregnancy Care domain, *Prenatal and Postpartum Care—Postpartum Care*, ranked at or above the national Medicaid 75th percentile. Additionally, the MWA and three MHPs’ rates for this measure demonstrated statistically significant increases, indicating improvements in postpartum care from 2016 to 2017.

For the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* measures, the MWA rates fell below the national Medicaid 50th percentile, indicating opportunities for improvement in prenatal care. Of note, the MWA and three MHPs’ timeliness of prenatal care rates demonstrated statistically significant improvement, and three MHPs’ ongoing prenatal care rates demonstrated statistically significant improvement. However, four MHPs’ ongoing prenatal care rates demonstrated statistically significant declines, indicating mixed results when comparing 2017 MHP and statewide performance to 2016.

Measure-Specific Findings

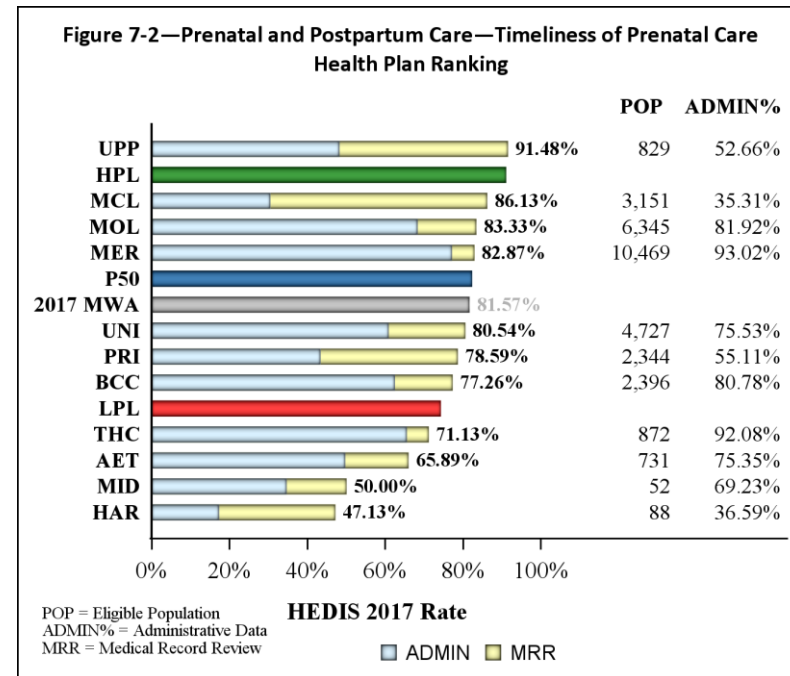
Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care assesses the percentage of deliveries that received a prenatal care visit as a member of the MHP in the first trimester or within 42 days of enrollment in the MHP.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

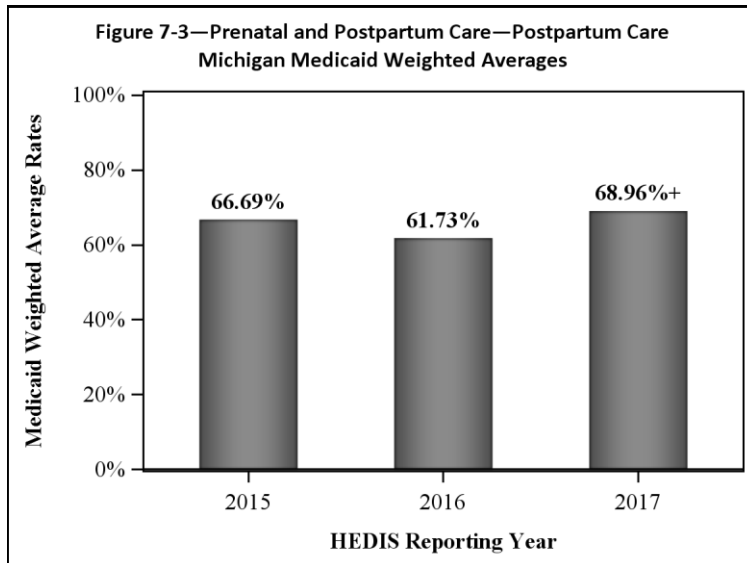
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



One MHP ranked above the HPL. Four MHPs fell below the LPL. MHP performance varied from 91.48 percent to 47.13 percent.

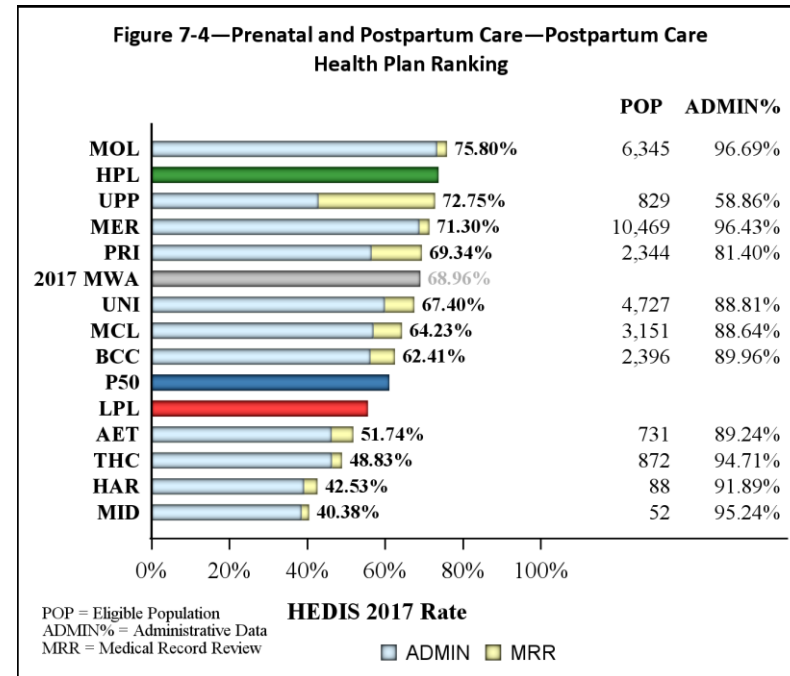
Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care represents the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

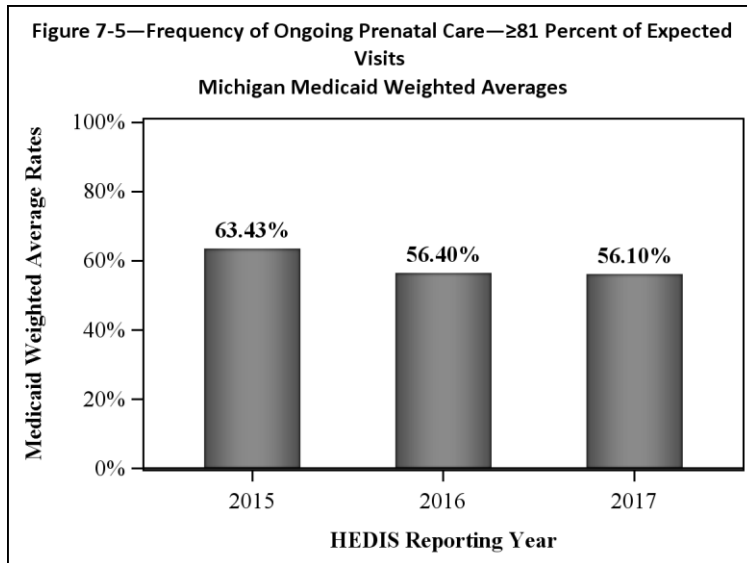
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



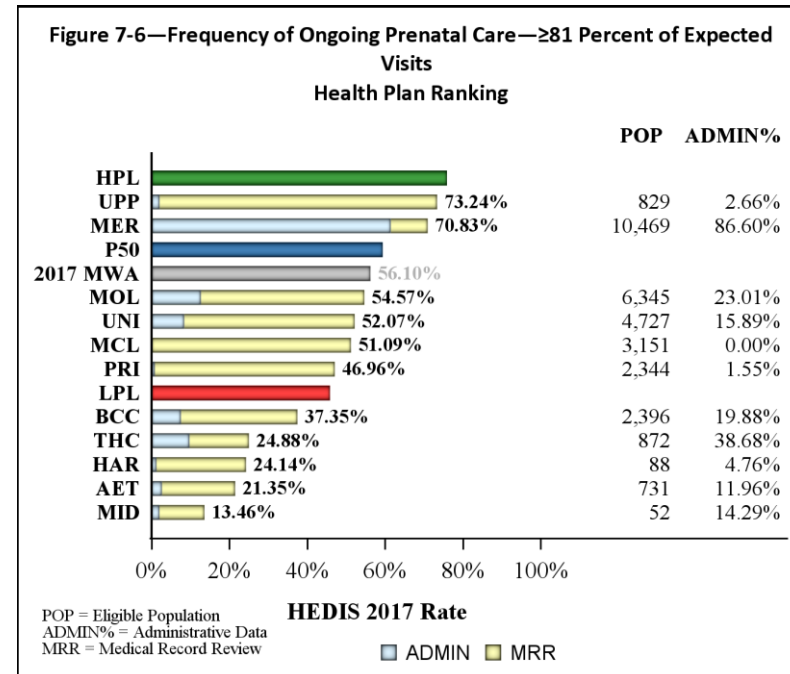
One MHP ranked above the HPL. Four MHPs fell below the LPL. MHP performance varied from 75.80 percent to 40.38 percent.

Frequency of Ongoing Prenatal Care— ≥ 81 Percent of Expected Visits

Frequency of Ongoing Prenatal Care— ≥ 81 Percent of Expected Visits represents the percentage of deliveries that had at least 81 percent of the expected prenatal visits.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.



Two MHPs ranked above the national Medicaid 50th percentile but below the HPL. Five MHPs fell below the LPL. MHP performance varied from 73.24 percent to 13.46 percent.

Introduction

The Living With Illness measure domain encompasses the following MDHHS measures:

- *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c control (<8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (<140/90 mm Hg)*
- *Medication Management for People with Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total*
- *Asthma Medication Ratio—Total*
- *Controlling High Blood Pressure*
- *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessations Strategies*
- *Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 8-1 presents the Michigan MWA performance for the measure indicators under the Living With Illness measure domain. The table lists the HEDIS 2017 MWA rates and performance levels, a comparison of the HEDIS 2016 MWA to the HEDIS 2017 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2016 to HEDIS 2017.

Table 8-1—HEDIS 2017 MWA Performance Levels and Trend Results for Living With Illness

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA—HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
Comprehensive Diabetes Care				
<i>Hemoglobin A1c (HbA1c) Testing</i>	87.79%	+0.90 ⁺	1	0
<i>HbA1c Poor Control (>9.0%)*</i>	36.07%	-3.23 ⁺	4	1
<i>HbA1c Control (<8.0%)</i>	53.16%	+2.25 ⁺	3	2
<i>Eye Exam (Retinal) Performed</i>	62.85%	+3.24 ⁺	2	0
<i>Medical Attention for Nephropathy</i>	91.14%	-0.14	1	0
<i>Blood Pressure Control (<140/90 mm Hg)</i>	61.73%	+2.35 ⁺	3	0
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Total³</i>	71.33%	+4.20 ⁺	4	1
<i>Medication Compliance 75%—Total</i>	49.96%	+6.17 ⁺	7	2
Asthma Medication Ratio				
<i>Total</i>	62.63%	+0.45	0	0
Controlling High Blood Pressure				
<i>Controlling High Blood Pressure</i>	56.75%	+1.21 ⁺	4	1
Medical Assistance With Smoking and Tobacco Use Cessation⁴				
<i>Advising Smokers and Tobacco Users to Quit</i>	80.15%	+0.40 ⁺	0	0
<i>Discussing Cessation Medications</i>	55.95%	+0.91 ⁺	0	0
<i>Discussing Cessation Strategies</i>	45.89%	+0.69 ⁺	0	0
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	52.72%	-7.64 ⁺⁺	2	4
<i>Effective Continuation Phase Treatment</i>	36.03%	-6.18 ⁺⁺	2	3
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.09%	+0.48	1	2
Diabetes Monitoring for People With Diabetes and Schizophrenia				
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	69.01%	-0.97	0	1
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	69.64%	-4.82	0	1

Measure	HEDIS 2017 MWA and Performance Level ¹	HEDIS 2016 MWA– HEDIS 2017 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2017	Number of MHPs With Statistically Significant Decline in HEDIS 2017
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	61.16%	+2.40 ⁺	2	1
Annual Monitoring for Patients on Persistent Medications				
<i>ACE Inhibitors or ARBs</i>	87.00%	-0.20	2	3
<i>Digoxin</i>	53.56%	+1.09	0	0
<i>Diuretics</i>	87.08%	+0.20	2	0
<i>Total</i>	86.84%	0.00	3	2

¹ 2017 performance levels were based on comparisons of the HEDIS 2017 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2016 benchmarks. 2017 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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² HEDIS 2016 MWA to HEDIS 2017 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

Green Shading⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

³ 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to national Medicaid Quality Compass HEDIS 2016 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2016 benchmark.

⁴ To align with calculations from prior years, the weighted average for this measure used the eligible population for the survey rather than the number of people who responded as being smokers.

* For this indicator, a lower rate indicates better performance.

Table 8-1 shows that for the Living With Illness domain, most MWA rates (16 of 23 rates) ranked at or above the national Medicaid 50th percentile. Seven MWA rates ranked at or above the national Medicaid 75th percentile, one of which ranked at or above the national Medicaid 90th percentile, indicating positive performance related to HbA1c control and eye exams for members with diabetes, managing medications for members with asthma, and cessation assistance for smoking/tobacco use.

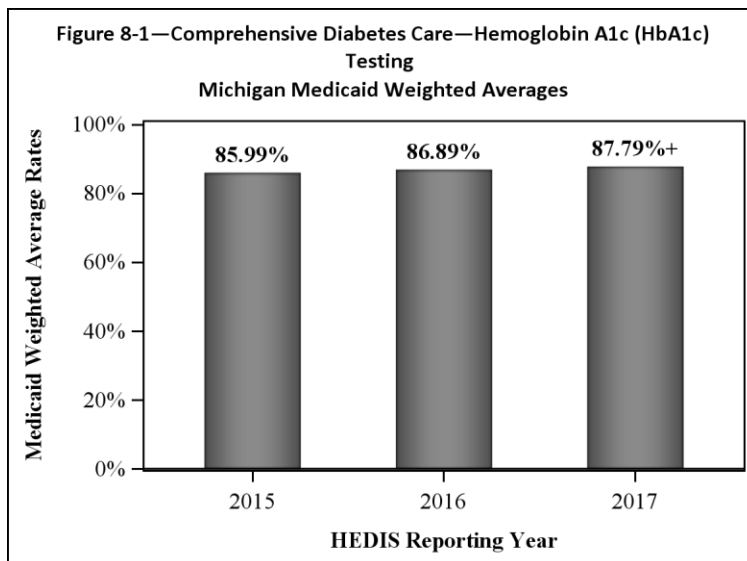
Additionally, for the *Medication Management for People With Asthma* measure, *Medication Compliance 75%—Total* rates for the MWA and seven MHPs demonstrated statistically significant improvement and *Medication Compliance 50%—Total* rates for the MWA and four MHPs demonstrated statistically significant improvement, indicating positive performance in this area. Of note, the MWA and four MHPs’ rates for poor HbA1c control for diabetic members demonstrated statistically significant improvement, and the MWA and three MHPs’ rates for proper HbA1c control for diabetic members demonstrated statistically significant improvement from HEDIS 2016 to HEDIS 2017. Further, blood pressure (BP) control rates for members with diabetes demonstrated statistically significant improvement for three MHPs and the MWA, and BP control rates for members with hypertension demonstrated statistically significant improvement for four MHPs and the MWA.

Conversely, the MWA rates for *Antidepressant Medication Management* and *Annual Monitoring for Patients on Persistent Medications* fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, and the MWA for *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* fell below the national Medicaid 25th percentile. Additionally, rates for effective acute phase treatment for members on an antidepressant medication indicated statistically significant declines in performance for four MHPs and the MWA, and rates for effective continuation phase treatment for members on an antidepressant medication indicated statistically significant declines in performance for three MHPs and the MWA.

Measure-Specific Findings

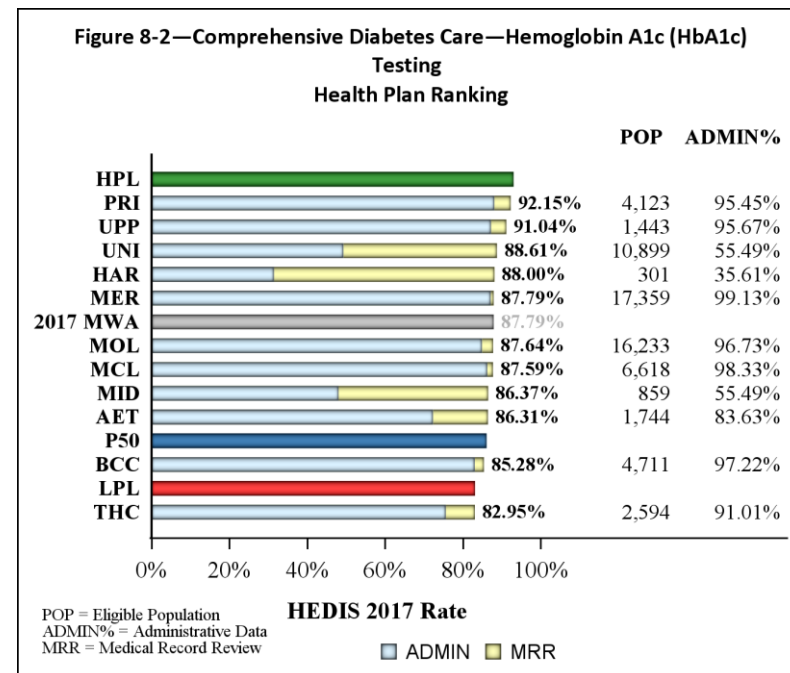
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing

Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c testing. Due to changes in the technical specifications for this measure indicator, exercise caution when trending rates between 2016 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

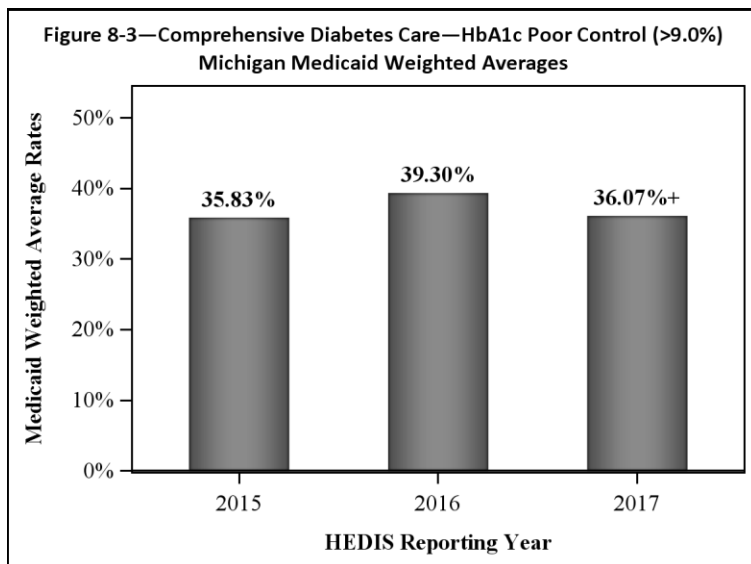
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Nine MHPs and the MWA ranked above the national Medicaid 50th percentile, but below the HPL. One MHP fell below the LPL. MHP performance varied from 92.15 percent to 82.95 percent.

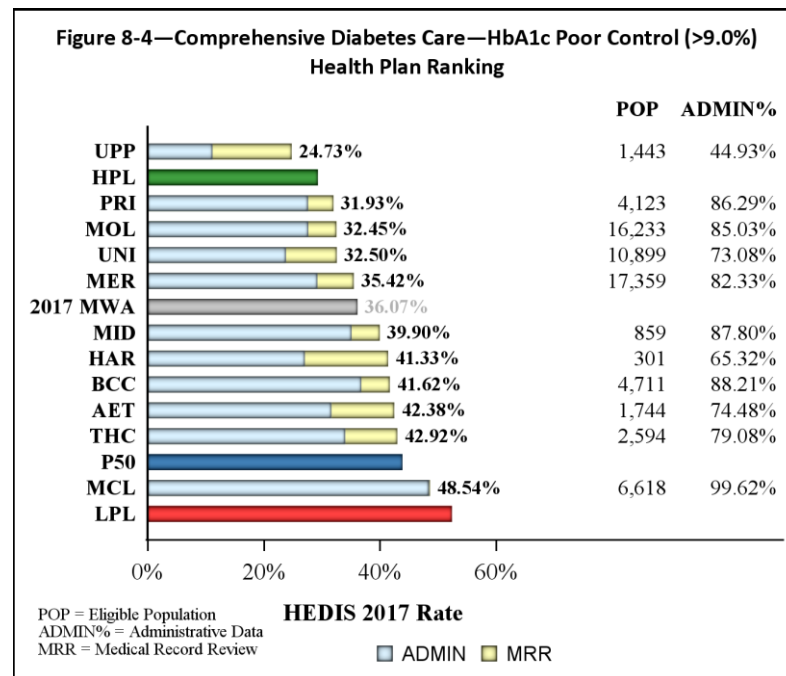
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c poor control. For this measure, a lower rate indicates better performance. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

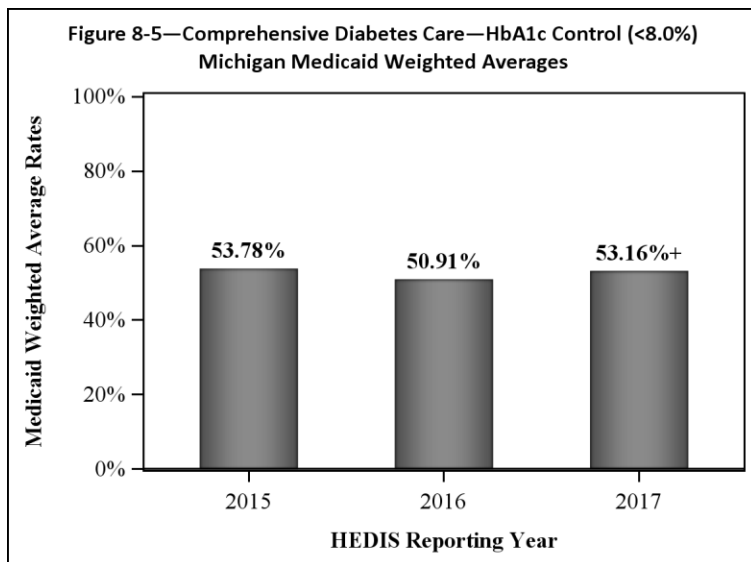
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 48.54 percent to 24.73 percent.

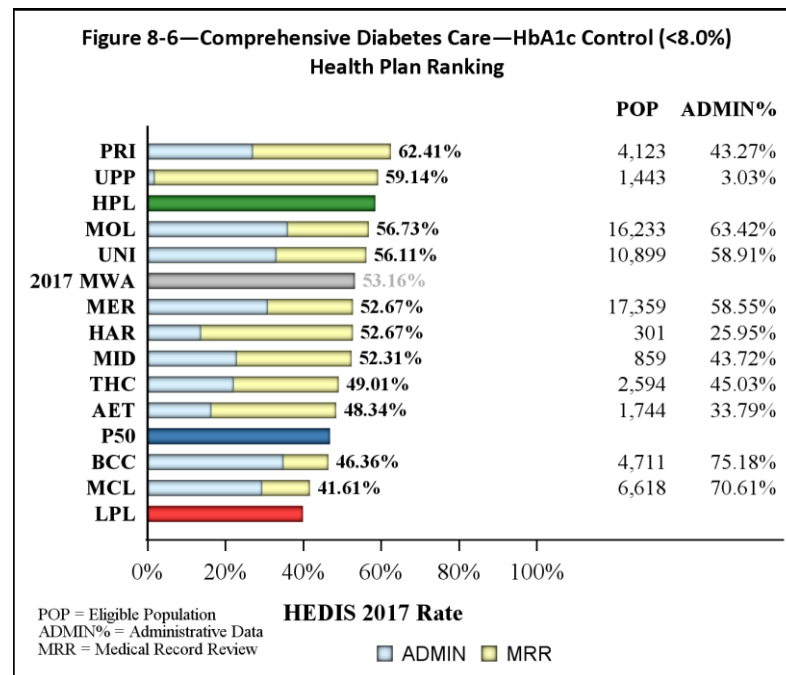
Comprehensive Diabetes Care—HbA1c Control (<8.0%)

Comprehensive Diabetes Care—HbA1c Control (<8.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%). Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

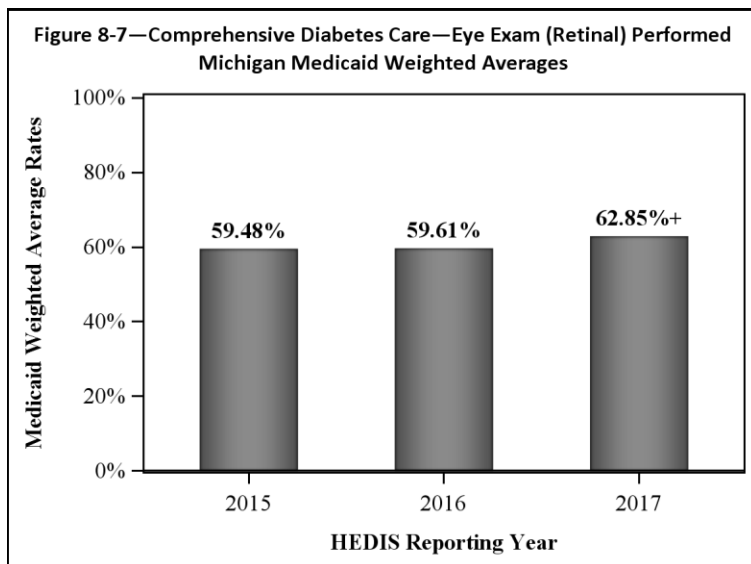
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 62.41 percent to 41.61 percent.

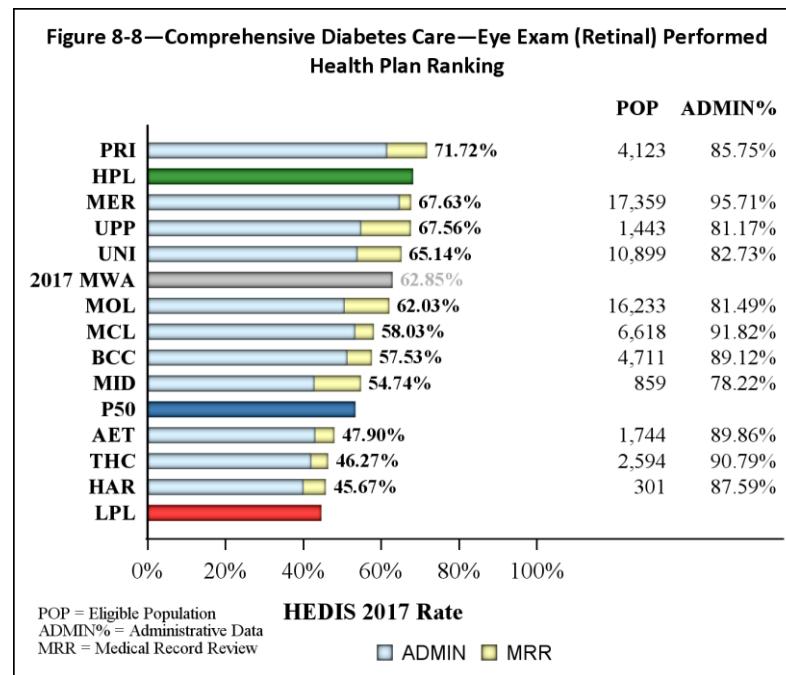
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

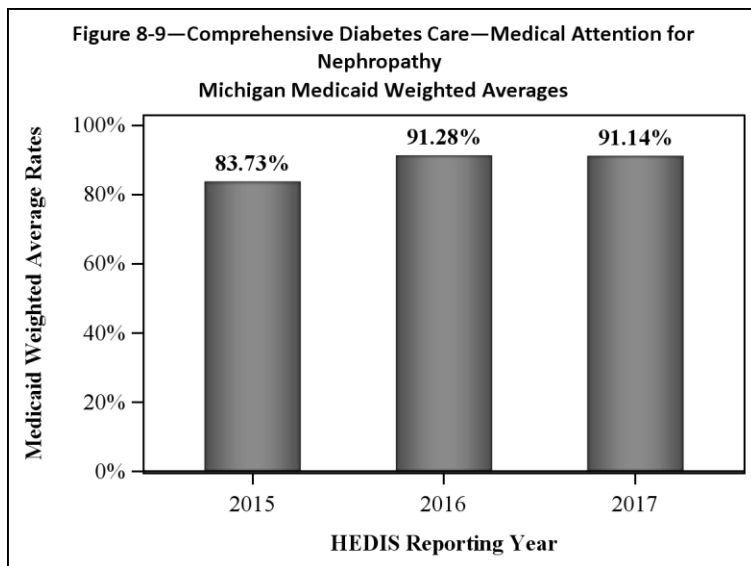
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement from HEDIS 2016.



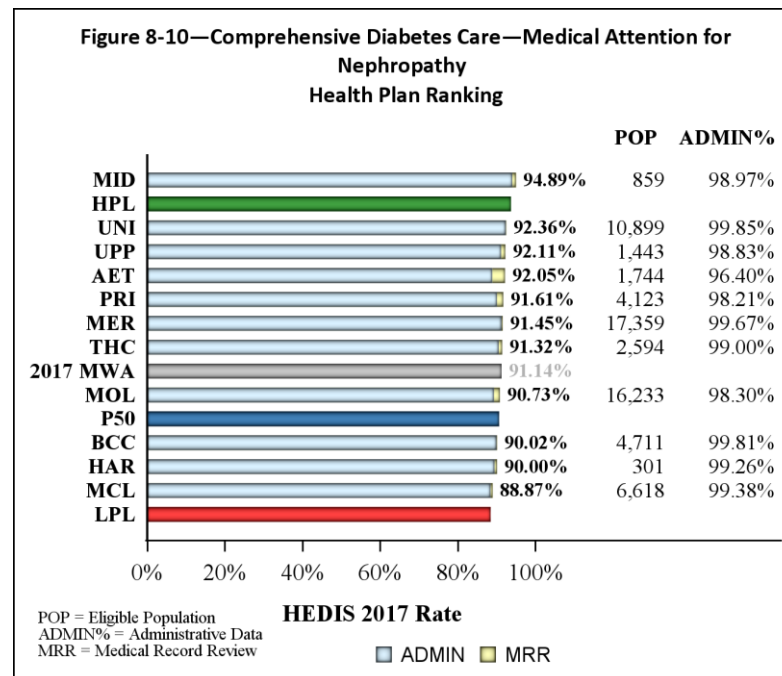
One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 71.72 percent to 45.67 percent.

Comprehensive Diabetes Care—Medical Attention for Nephropathy

Comprehensive Diabetes Care—Medical Attention for Nephropathy assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.



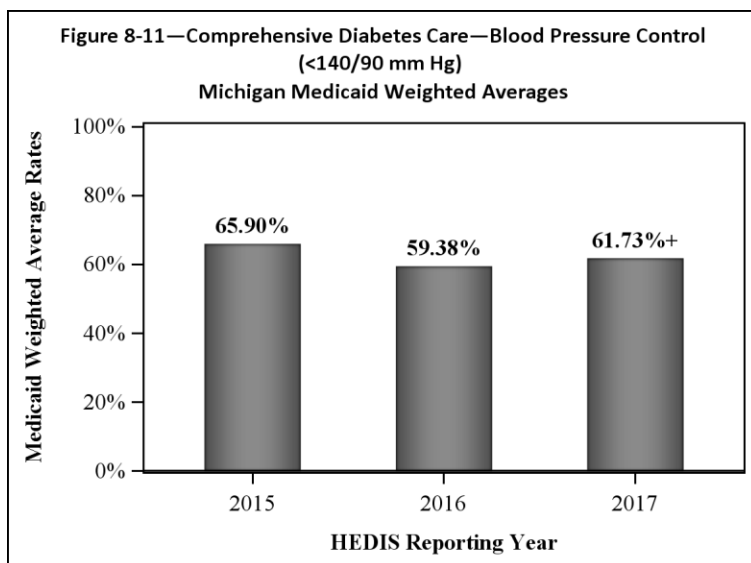
The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.



One MHP ranked above the HPL. No MHPs ranked below the LPL. MHP performance varied from 94.89 percent to 88.87 percent.

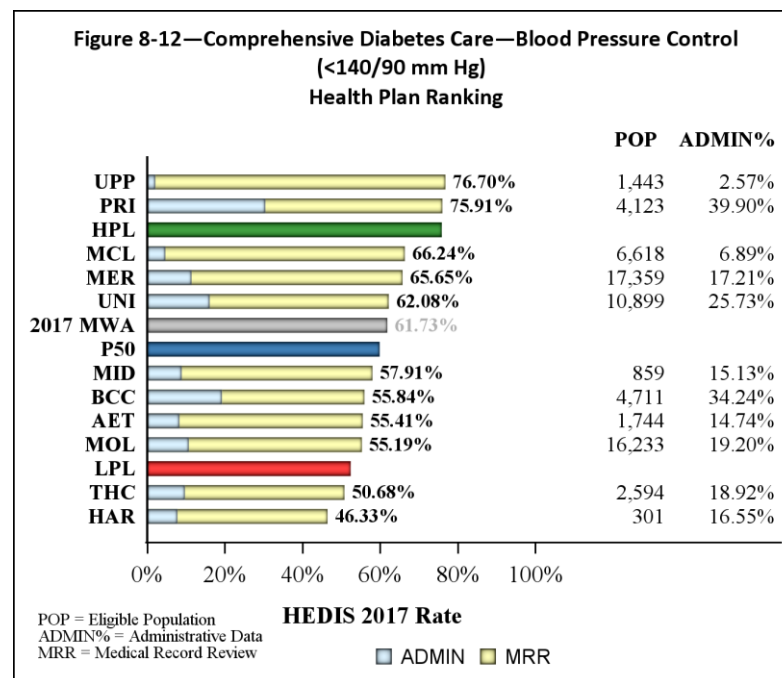
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90 mm Hg). Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

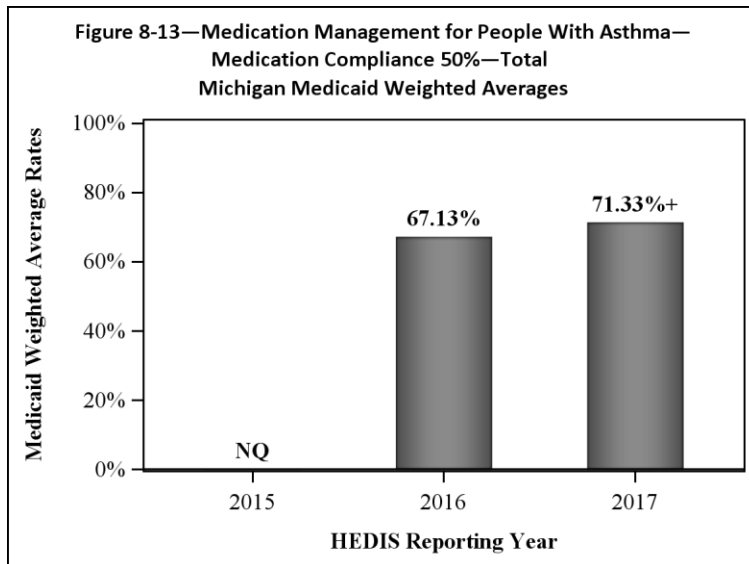
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Two MHPs ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 76.70 percent to 46.33 percent.

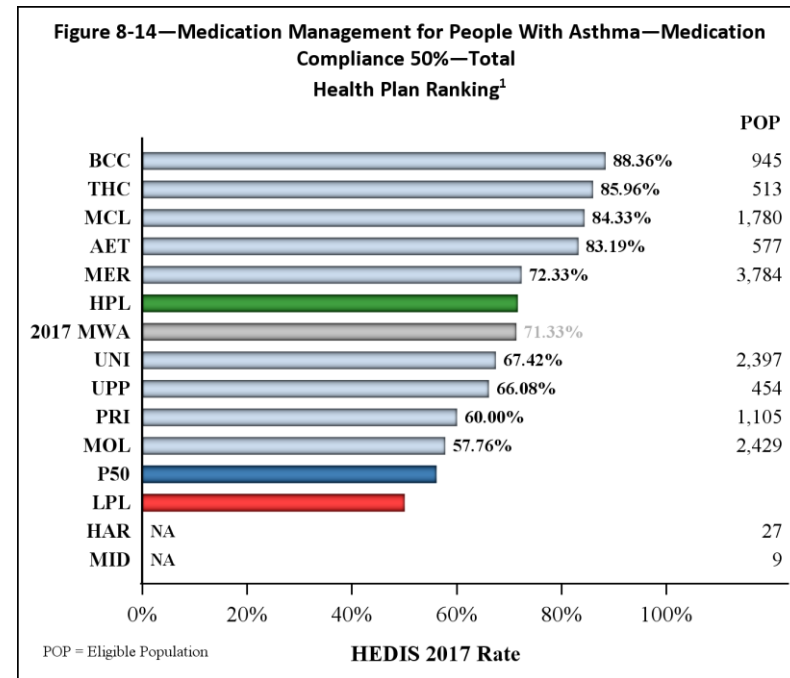
Medication Management for People with Asthma—Medication Compliance 50%—Total

Medication Management for People with Asthma—Medication Compliance 50%—Total assesses the percentage of members 5 to 64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they continued to take for at least 50 percent of their treatment period.



Rates with one cross (+) indicate a significant improvement in performance from the previous year. NQ indicates that this measure was not included in the HEDIS aggregate report for 2015.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



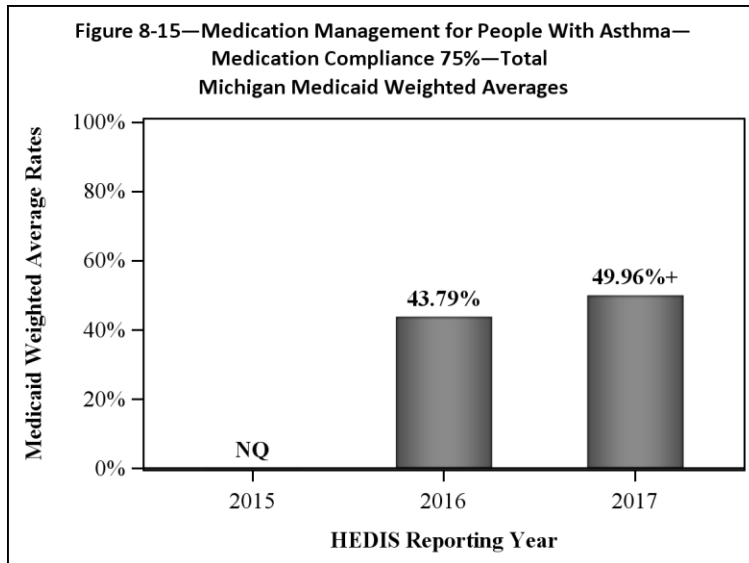
¹ Quality Compass percentiles for this measure were not available; therefore, the rates for this measure indicator were compared to the NCQA Audit Means and Percentiles.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Five MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 88.36 percent to 57.76 percent.

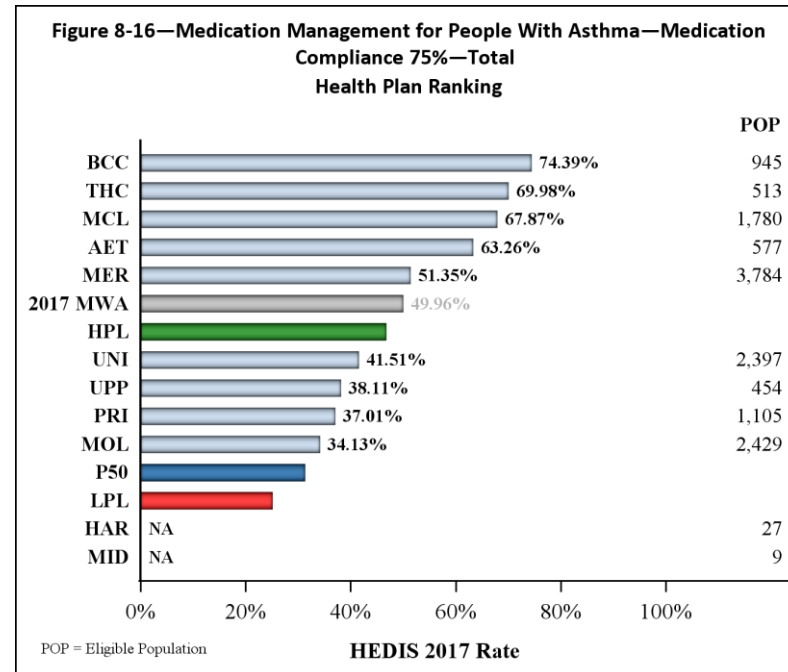
Medication Management for People with Asthma—Medication Compliance 75%—Total

Medication Management for People with Asthma—Medication Compliance 75%—Total assesses the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they continued to take for at least 75 percent of their treatment period.



Rates with one cross (+) indicate a significant improvement in performance from the previous year. NQ indicates that this measure was not included in the HEDIS aggregate report for 2015.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

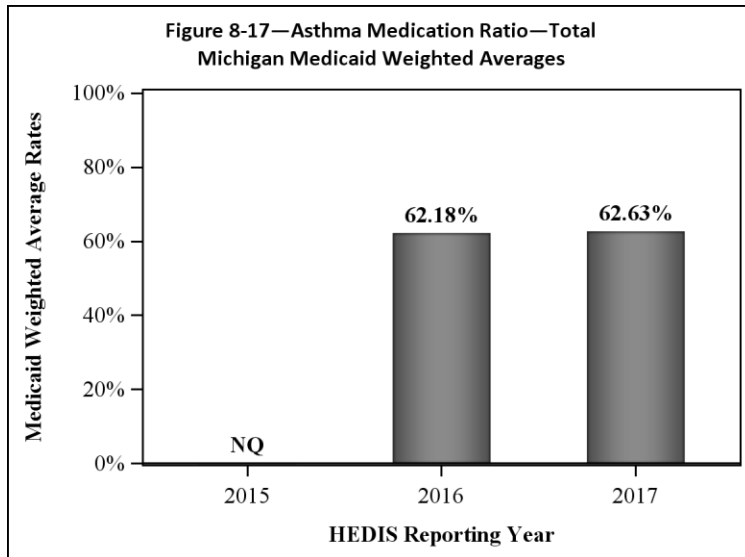


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Five MHPs and the MWA ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 74.39 percent to 34.13 percent.

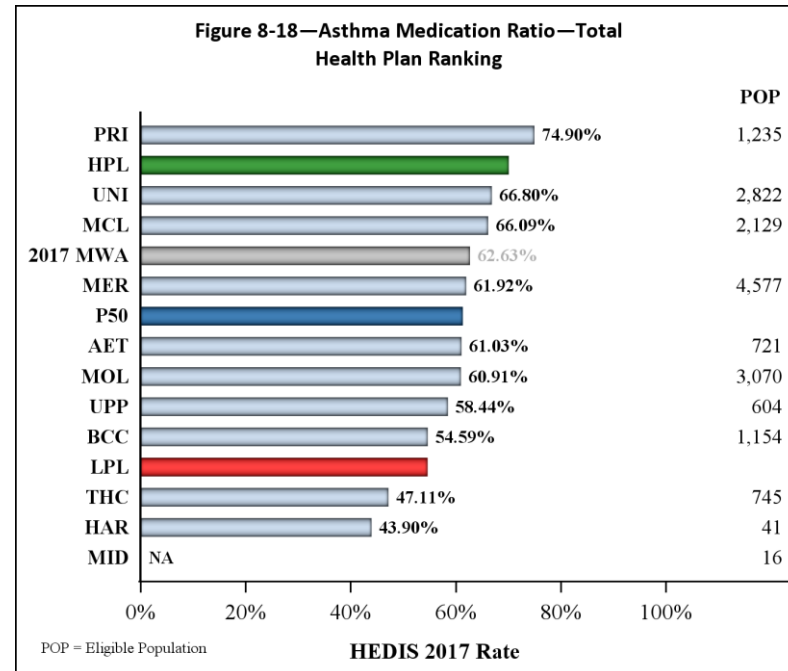
Asthma Medication Ratio—Total

Asthma Medication Ratio—Total assesses the percentage of patients 5 to 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.



NQ indicates that this measure was not included in the HEDIS aggregate report for 2015.

The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

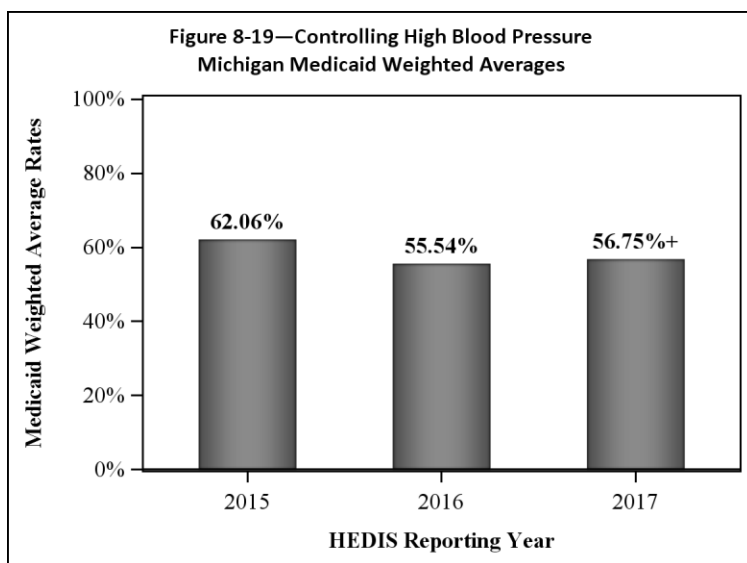


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

One MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 74.90 percent to 43.90 percent.

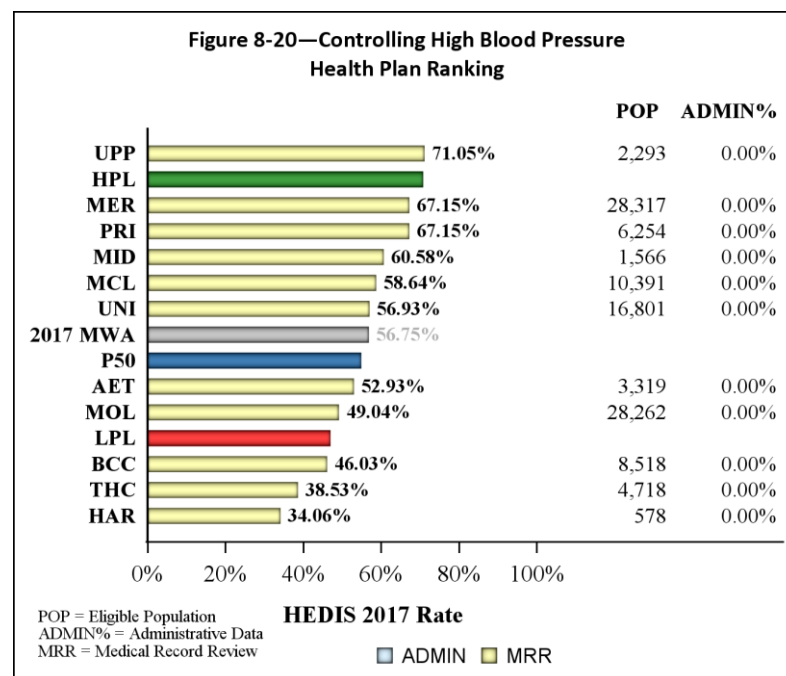
Controlling High Blood Pressure

Controlling High Blood Pressure assesses the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year based on the following criteria: Members 18 to 59 years of age whose BP was <140/90 mm Hg; Members 60 to 85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg; and Members 60 to 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

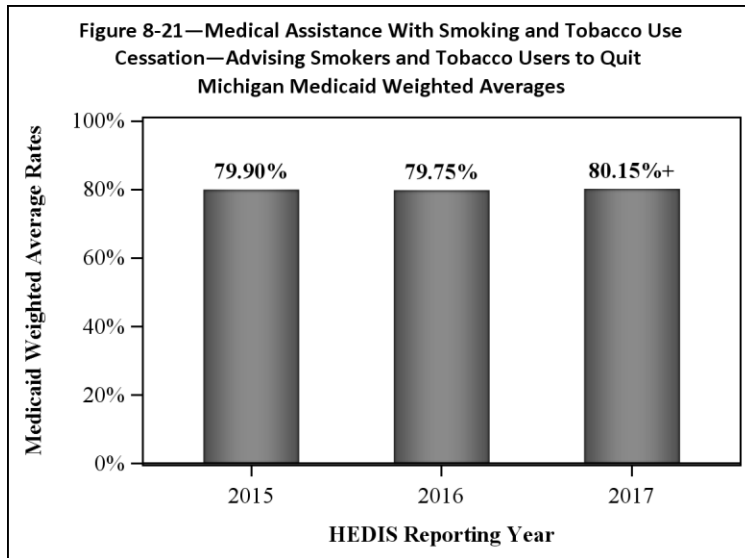
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 71.05 percent to 34.06 percent.

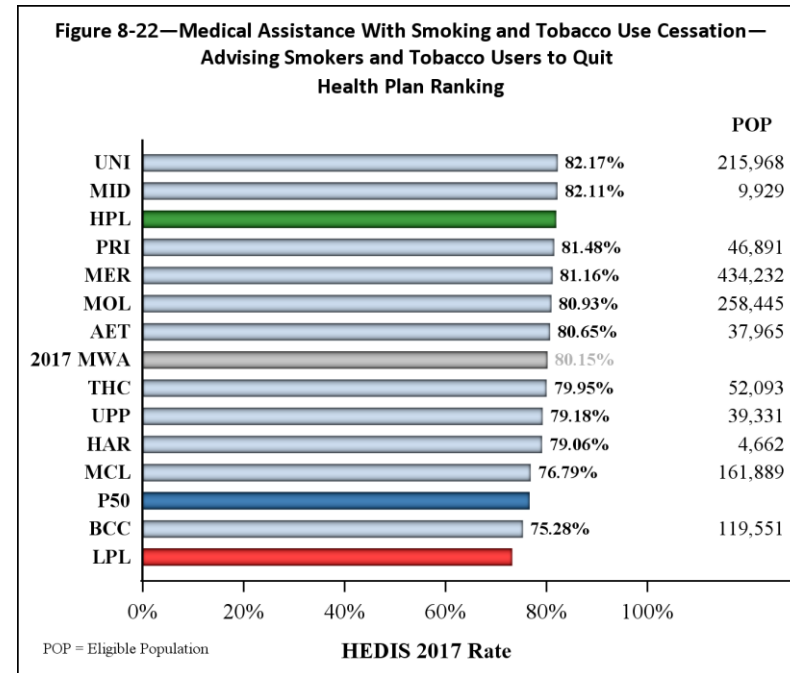
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

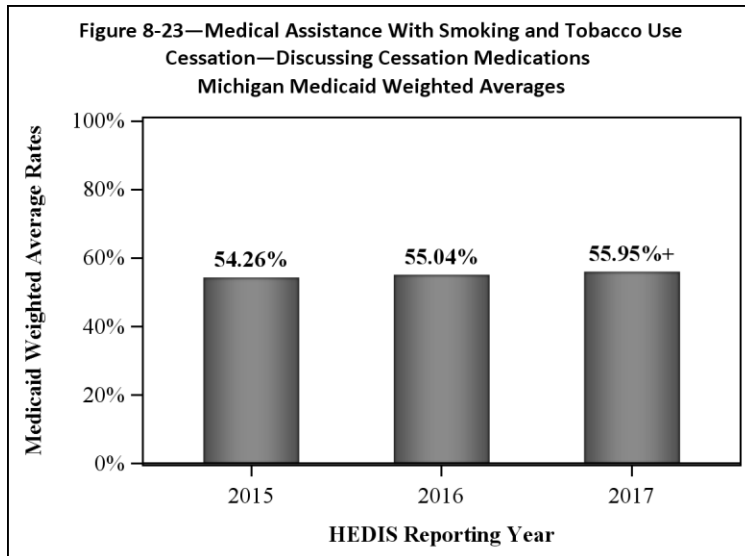
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 82.17 percent to 75.28 percent.

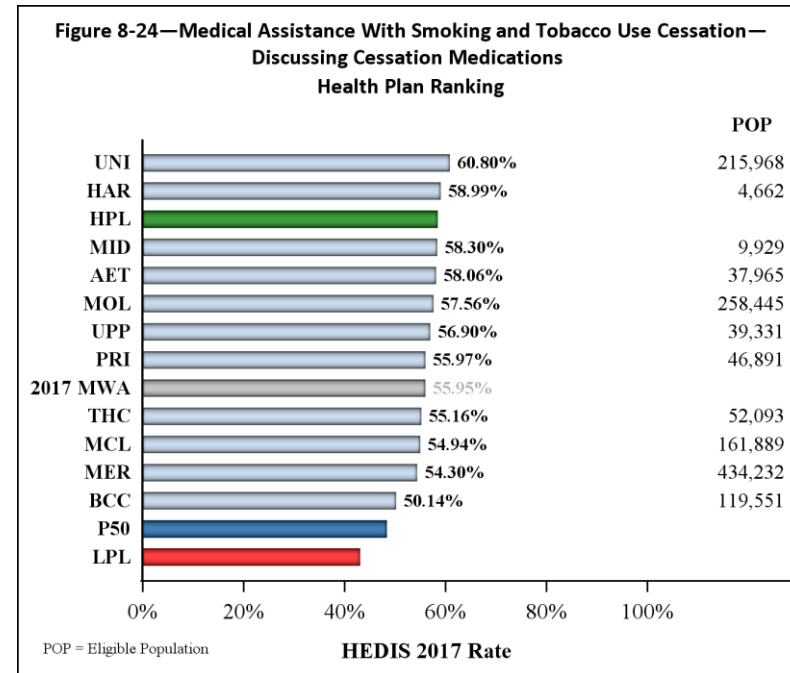
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

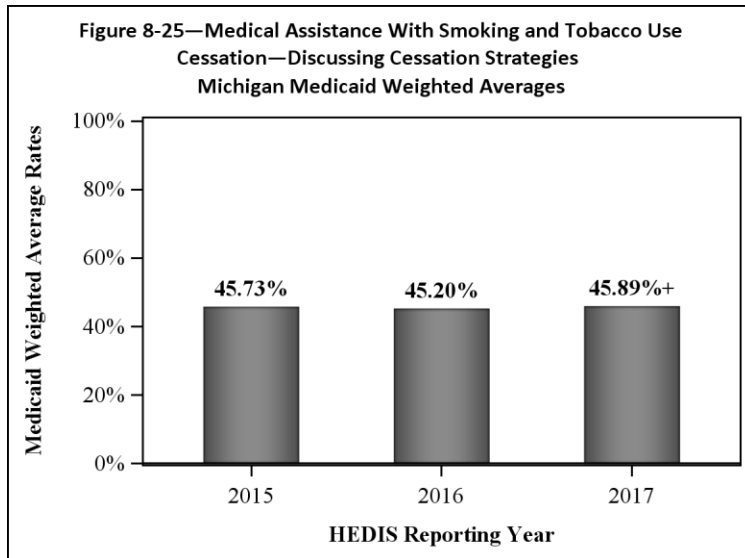
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 60.80 percent to 50.14 percent.

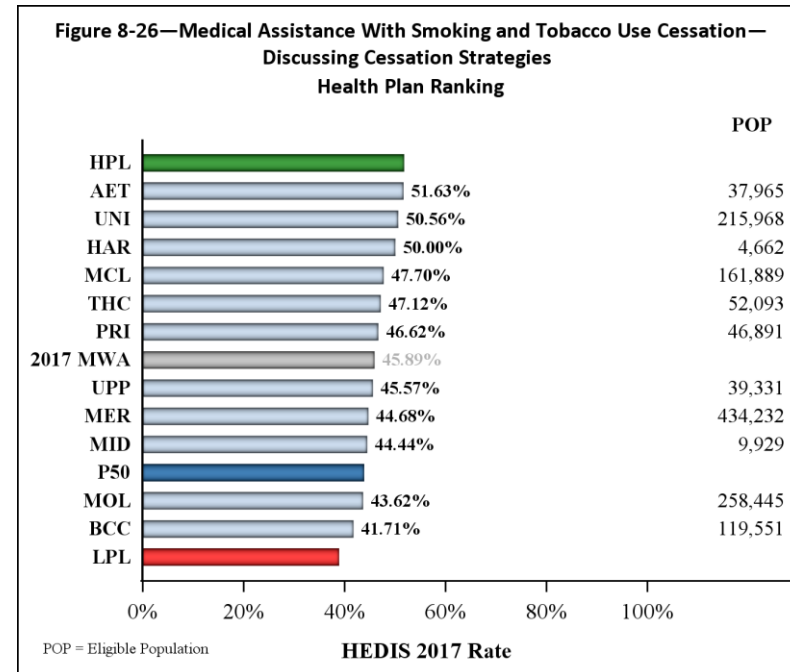
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies assesses the percentage of members 18 years of age or older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

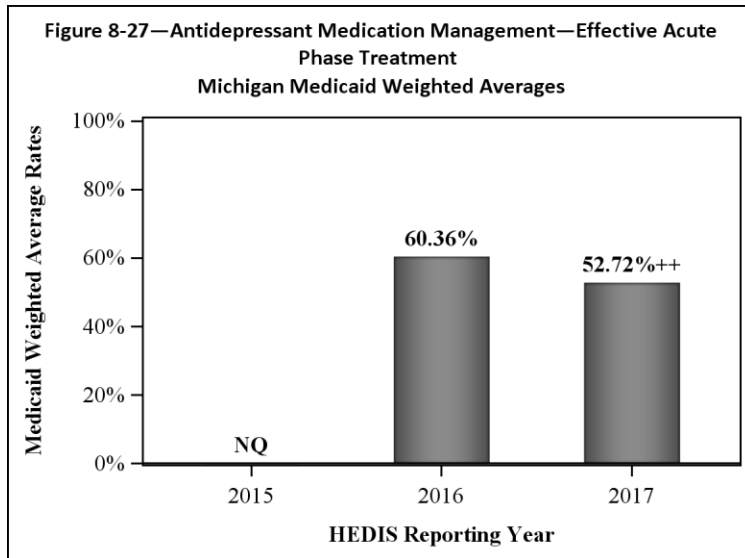
The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.



Nine MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. No MHPs fell below the LPL. MHP performance varied from 51.63 percent to 41.71 percent.

Antidepressant Medication Management—Effective Acute Phase Treatment

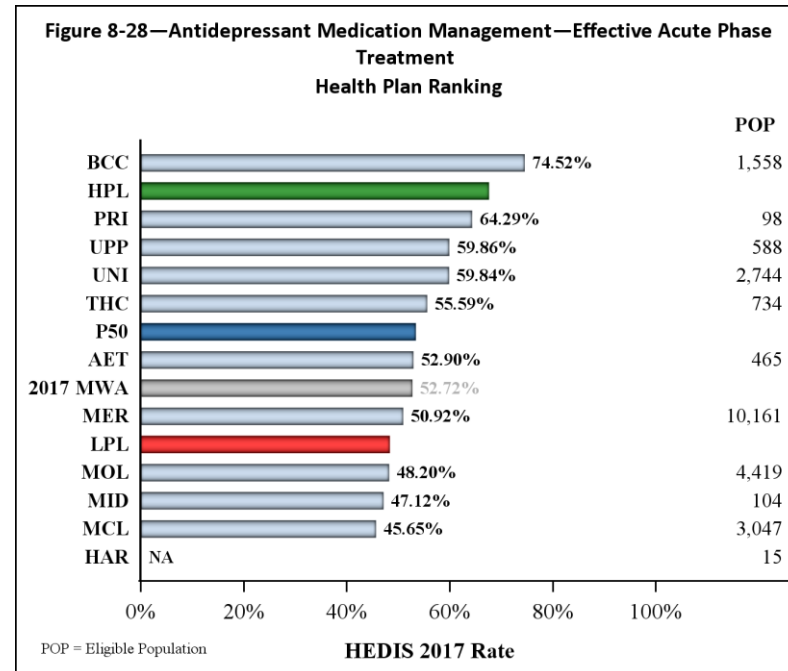
Antidepressant Medication Management—Effective Acute Phase Treatment assesses the percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks).



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

NQ indicates that this measure was not included in the HEDIS aggregate report for 2015.

The HEDIS 2017 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2016.

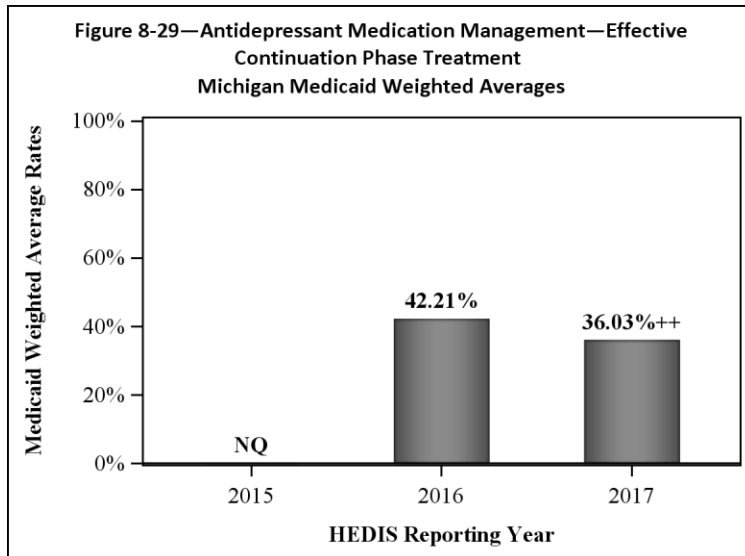


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 74.52 percent to 45.65 percent.

Antidepressant Medication Management—Effective Continuation Phase Treatment

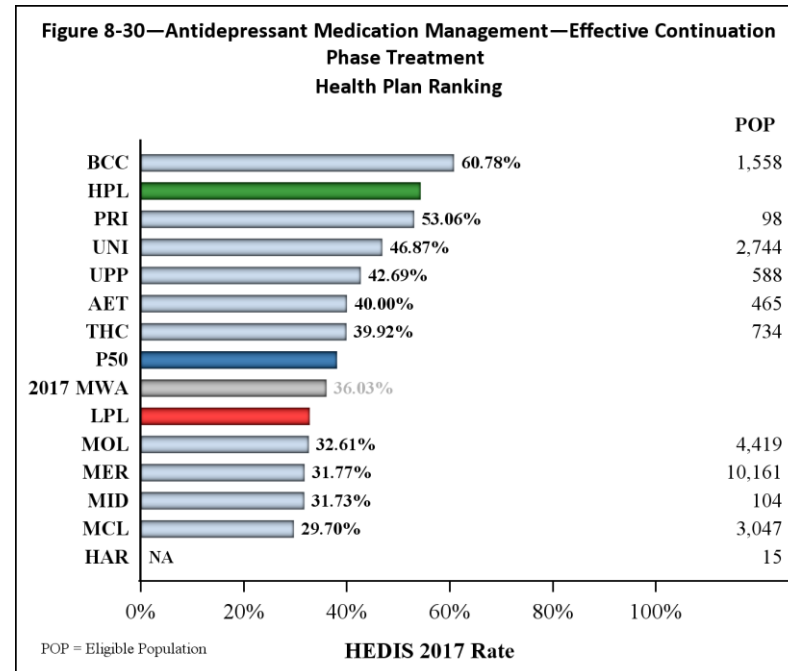
Antidepressant Medication Management—Effective Continuation Phase Treatment assesses the percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days (6 months).



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

NQ indicates that this measure was not included in the HEDIS aggregate report for 2015.

The HEDIS 2017 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2016.

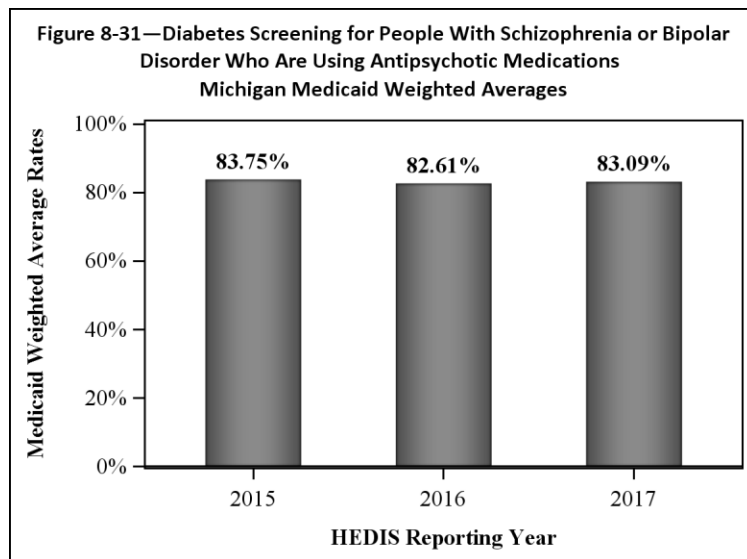


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

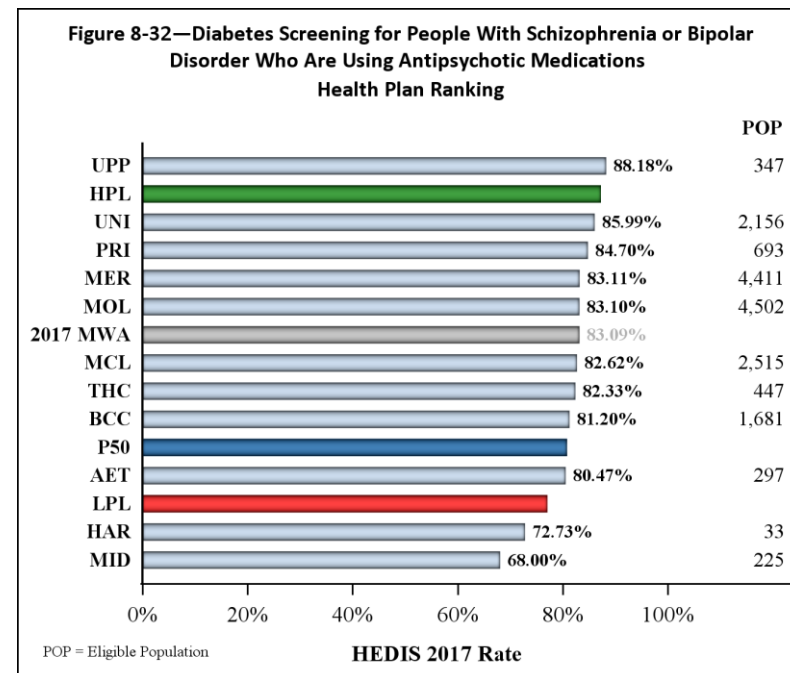
One MHP ranked above the HPL. Four MHPs fell below the LPL. MHP performance varied from 60.78 percent to 29.70 percent.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications assesses the percentage of members between 18 and 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.



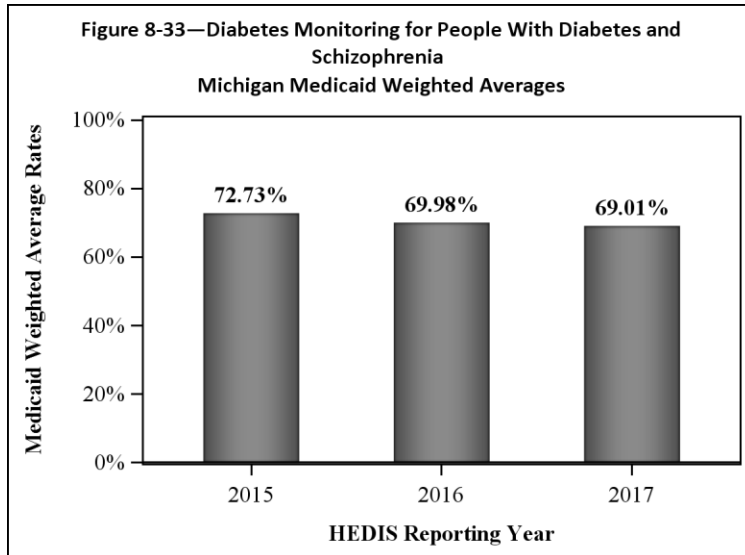
The HEDIS 2017 MWA rate did not demonstrate a statistically significant change from HEDIS 2016.



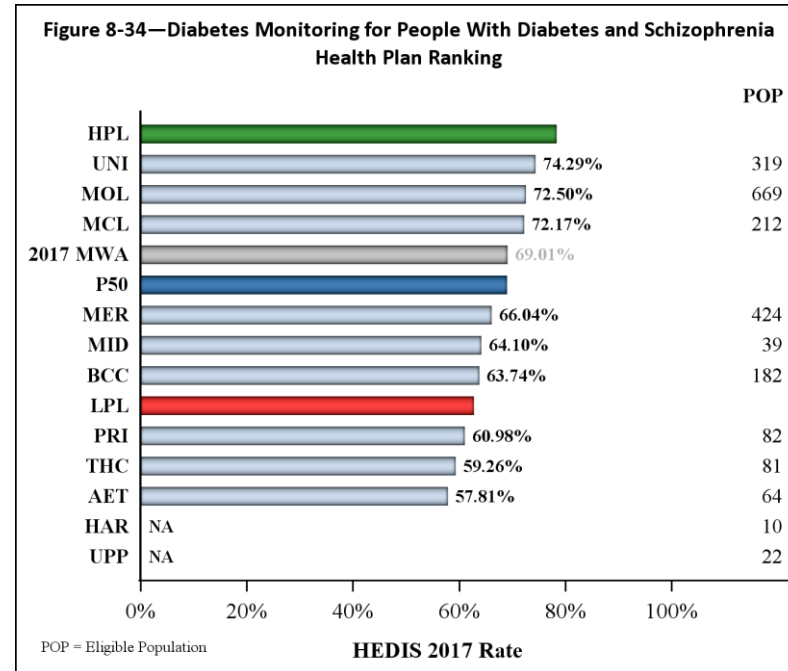
One MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 88.18 percent to 68.00 percent.

Diabetes Monitoring for People With Diabetes and Schizophrenia

Diabetes Monitoring for People With Diabetes and Schizophrenia assesses the percentage of members between 18 and 64 years of age with schizophrenia and diabetes, who had both a low-density lipoprotein cholesterol (LDL-C) test and an HbA1c test during the measurement year.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change from HEDIS 2016.

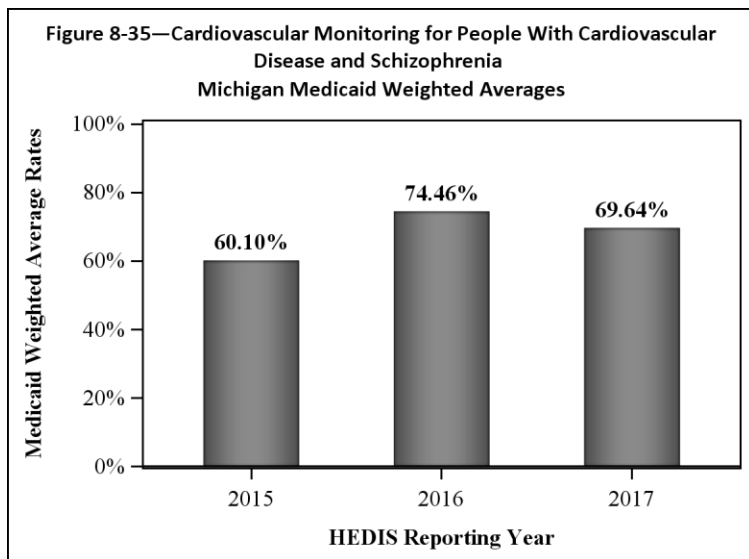


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

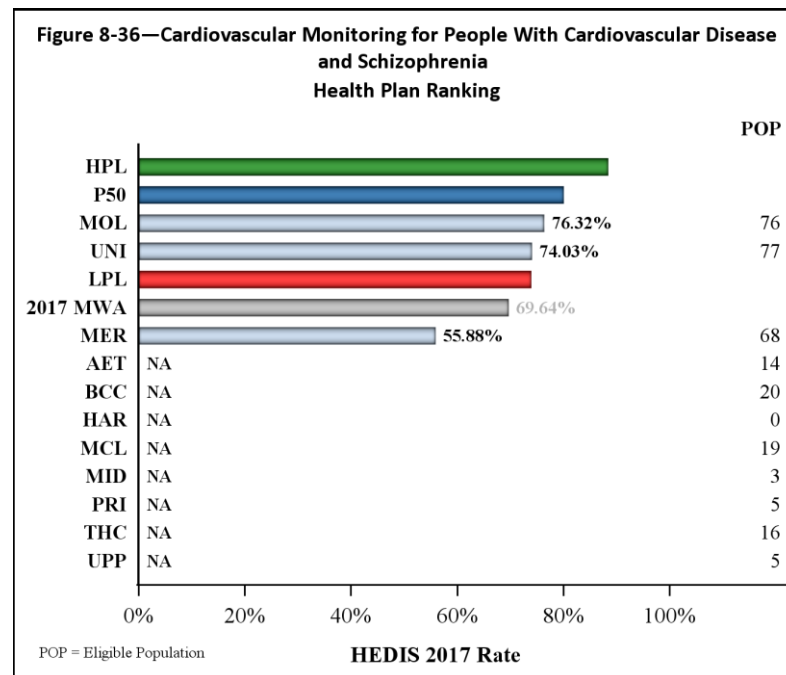
Three MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 74.29 percent to 57.81 percent.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia assesses the percentage of members between 18 and 64 years of age with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year.



The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

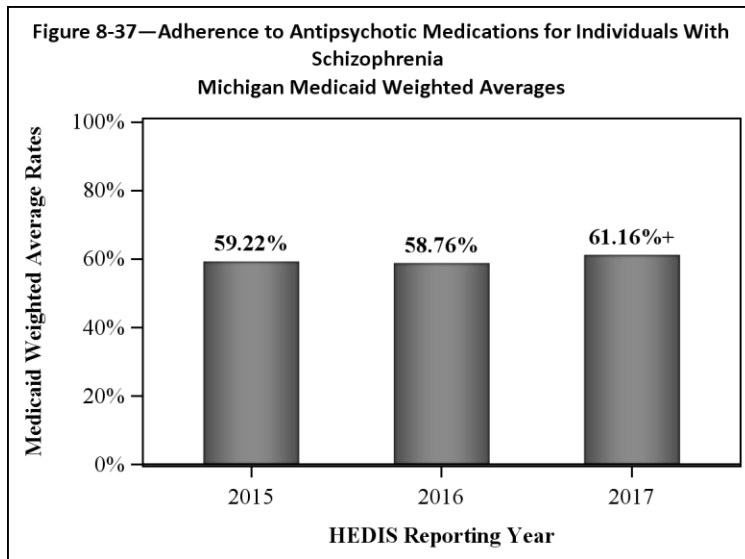


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

No MHPs ranked above the HPL. One MHP and the MWA fell below the LPL. MHP performance varied from 76.32 percent to 55.88 percent.

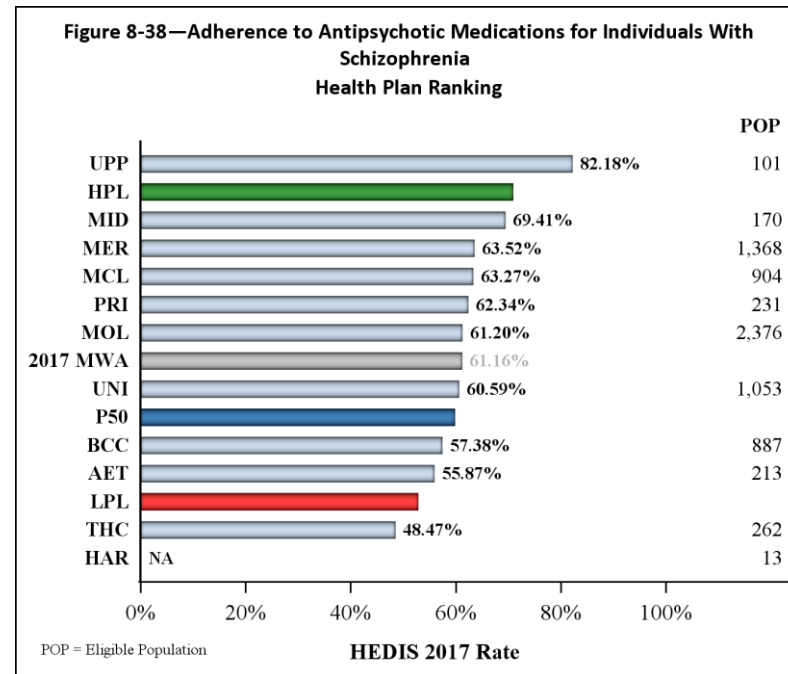
Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia assesses the percentage of members between 19 and 64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. Due to changes in the technical specifications for this measure indicator, exercise caution when trending rates between 2016 and prior years.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS 2017 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2016.

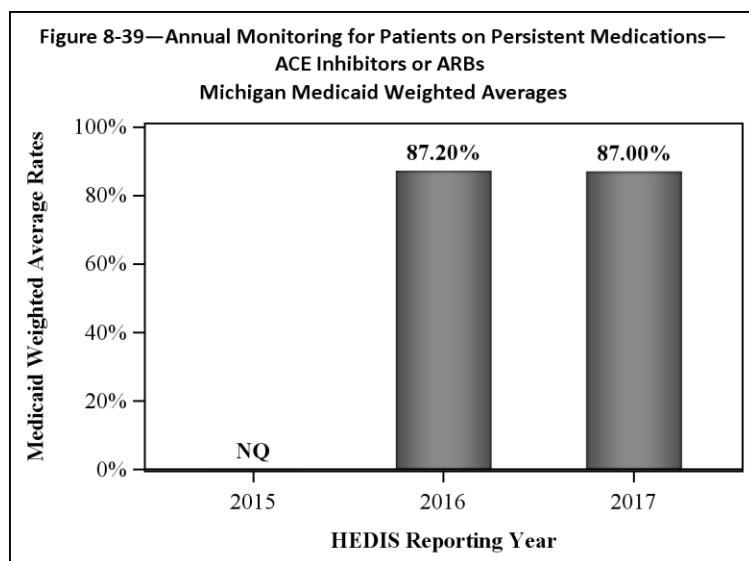


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

One MHP ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 82.18 percent to 48.47 percent.

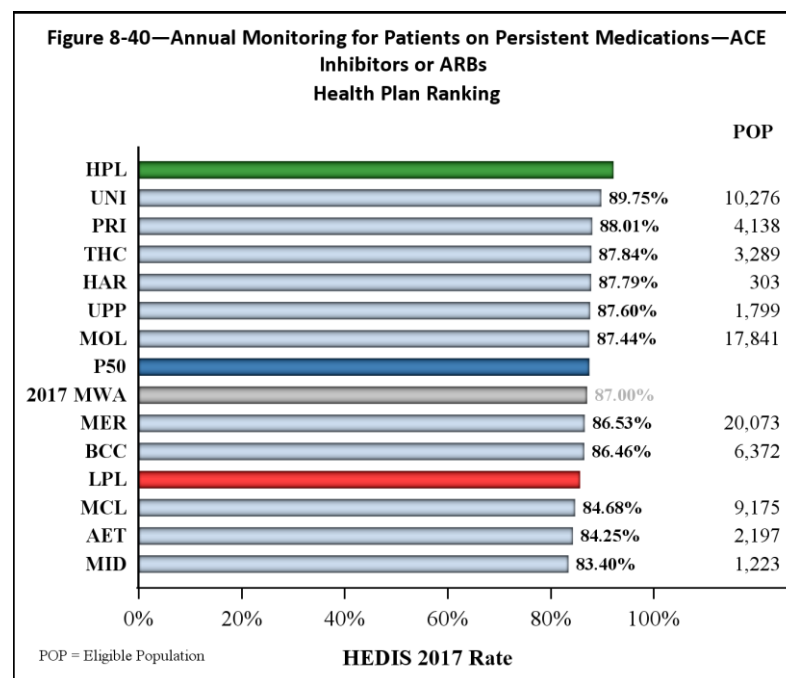
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs

Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs assesses the percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) and had at least one serum potassium and serum creatinine therapeutic monitoring test in the measurement year.



NQ indicates that this measure was not included in the HEDIS aggregate report for 2015.

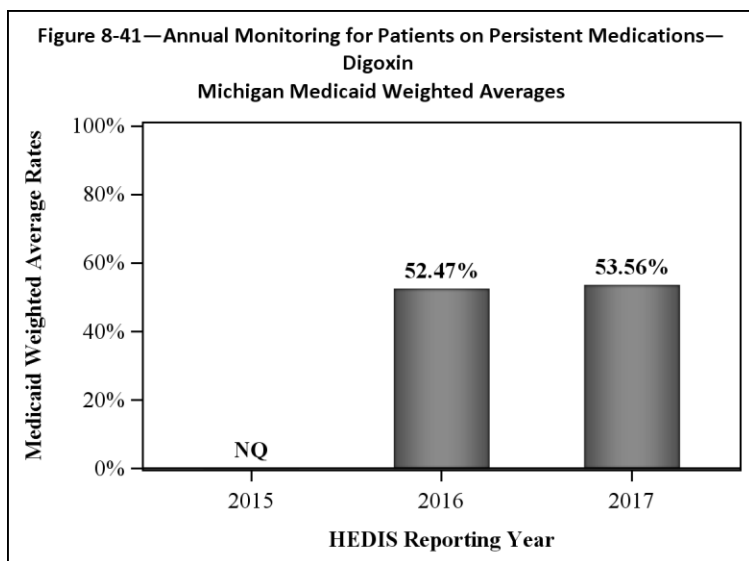
The HEDIS 2017 MWA rate did not demonstrate a statistically significant change from HEDIS 2016.



Six MHPs ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 89.75 percent to 83.40 percent.

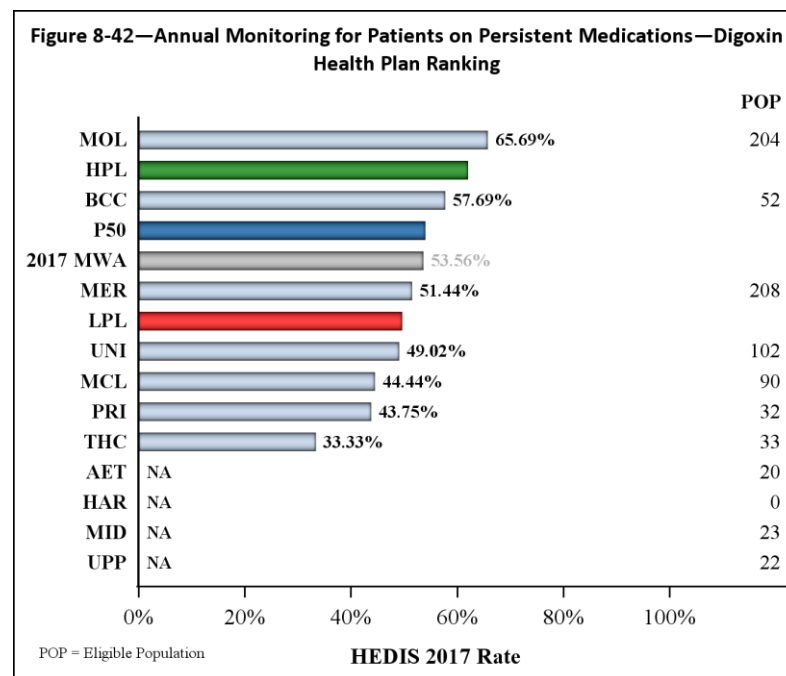
Annual Monitoring for Patients on Persistent Medications—Digoxin

Annual Monitoring for Patients on Persistent Medications—Digoxin assesses the percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for digoxin and had at least one serum potassium, one serum creatinine, and at least one serum digoxin therapeutic monitoring test in the measurement year.



NQ indicates that this measure was not included in the 2015 aggregate report.

The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.

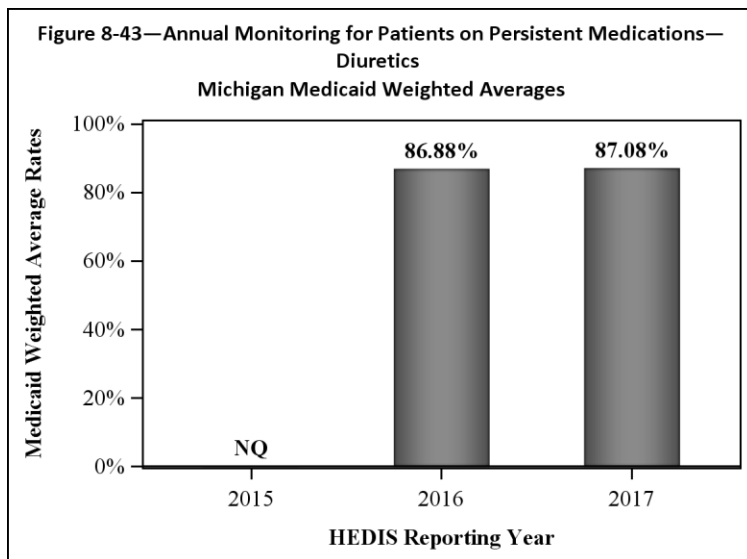


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

One MHP ranked above the HPL. Four MHPs fell below the LPL. MHP performance varied from 65.69 percent to 33.33 percent.

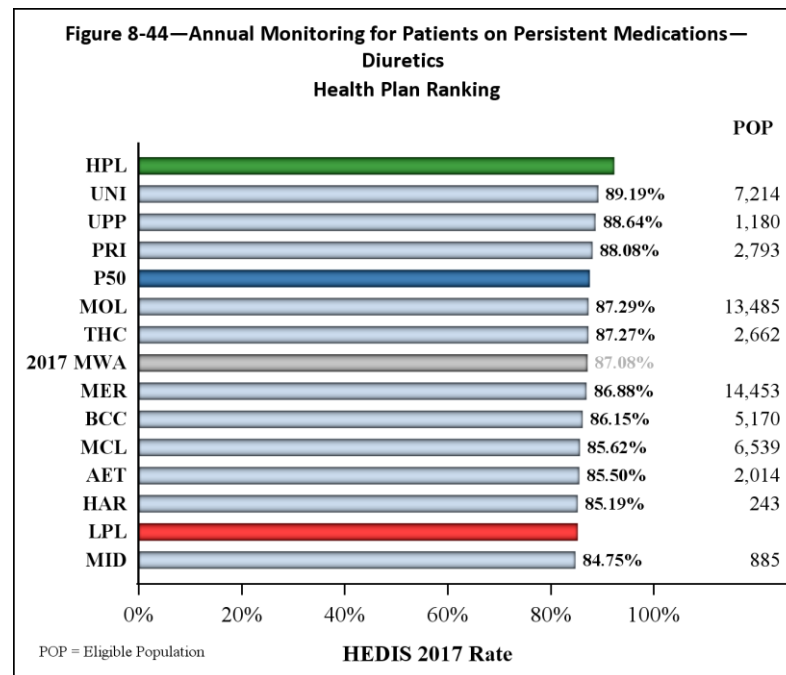
Annual Monitoring for Patients on Persistent Medications—Diuretics

Annual Monitoring for Patients on Persistent Medications—Diuretics assesses the percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for diuretics and had at least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year.



NQ indicates that this measure was not included in the 2015 aggregate report.

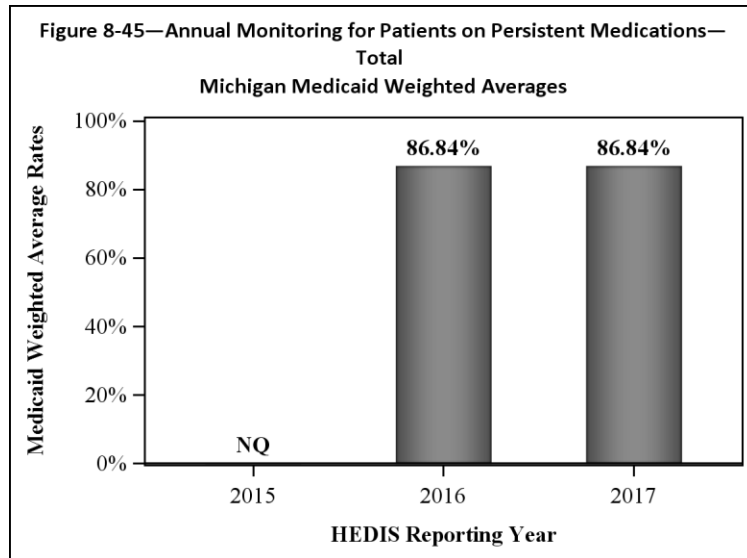
The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.



Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 89.19 percent to 84.75 percent.

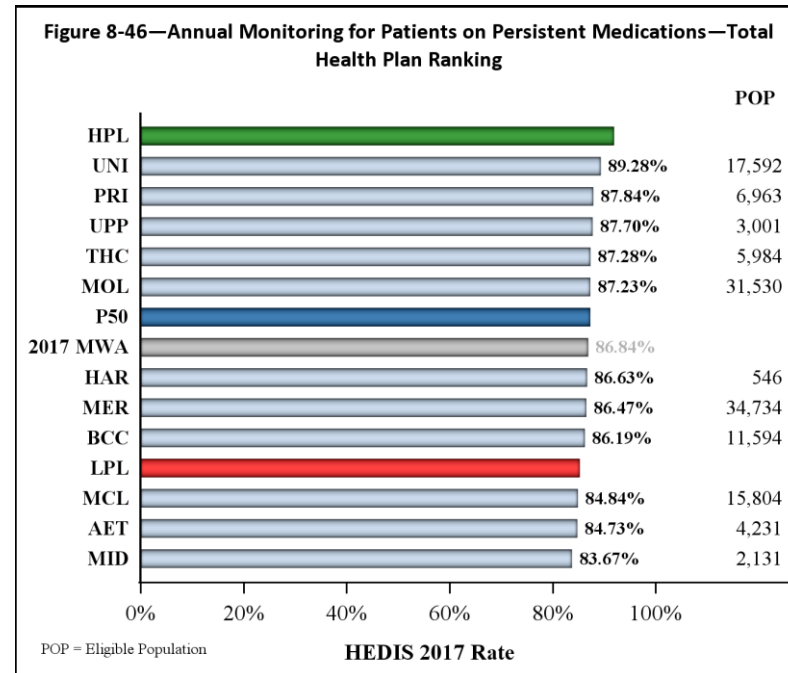
Annual Monitoring for Patients on Persistent Medications—Total

Annual Monitoring for Patients on Persistent Medications—Total assesses the percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for ACE inhibitors or ARBs, digoxin, or diuretics during the measurement year and had at least one therapeutic monitoring event for the agent in the measurement year.



NQ indicates that this measure was not included in the 2015 aggregate report.

The HEDIS 2017 MWA rate did not demonstrate a statistically significant change in performance from HEDIS 2016.



Five MHPs ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 89.28 percent to 83.67 percent.

Introduction

The Utilization measure domain encompasses the following MDHHS measures:

- *Race/Ethnicity Diversity of Membership*
- *Language Diversity of Membership*

Summary of Findings

When comparing the HEDIS 2016 and HEDIS 2017 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2017 rates exhibited variability across every category reported by Michigan MHP members.

For the *Language Diversity of Membership* measure at the statewide level, the percentage of members using English as the preferred spoken language for healthcare increased slightly from the previous year, with a slight decline in the Unknown category. The percentage of Michigan members reporting English as the language preferred for written materials increased in HEDIS 2017 while the Unknown category showed almost an 8 percent decrease from HEDIS 2016. Regarding other language needs, the percentage of members reporting English in HEDIS 2017 increased slightly, while Non-English and Unknown decreased from HEDIS 2016.

Race/Ethnicity Diversity of Membership

Measure Definition

Race/Ethnicity Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the measurement year, by race and ethnicity.

Results

Tables 9-1a and 9-1b show that the statewide rates for different racial/ethnic groups were fairly stable when compared to 2016.

Table 9-1a—MHP and MWA Results for Race/Ethnicity Diversity of Membership

MHP	Eligible Population	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian and Other Pacific Islanders
AET	62,380	26.93%	60.30%	0.15%	0.66%	0.04%
BCC	222,388	42.89%	35.79%	0.42%	1.63%	0.07%
HAR	14,858	28.46%	51.78%	1.13%	2.09%	0.00%
MCL	227,278	66.67%	17.27%	0.54%	0.00%	0.79%
MER	630,685	61.97%	21.51%	0.49%	0.73%	0.06%
MID	11,618	46.63%	35.69%	0.00%	2.36%	0.29%
MOL	479,738	46.28%	32.97%	0.28%	0.32%	<0.01%
PRI	156,623	61.71%	13.87%	0.55%	0.91%	0.06%
THC	73,500	30.70%	53.90%	0.27%	1.21%	0.06%
UNI	336,235	50.85%	30.38%	0.26%	2.11%	0.01%
UPP	58,886	87.04%	1.46%	2.41%	0.26%	0.05%
HEDIS 2017 MWA		53.98%	27.55%	0.45%	0.89%	0.12%
HEDIS 2016 MWA		54.01%	28.00%	0.49%	1.09%	0.05%
HEDIS 2015 MWA		53.44%	29.35%	0.33%	1.24%	0.06%

Table 9-1b—MHP and MWA Results for Race/Ethnicity Diversity of Membership (Continued)

MPH	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic or Latino *
AET	62,380	0.00%	0.00%	5.66%	6.26%	2.92%
BCC	222,388	6.59%	0.00%	10.00%	2.61%	1.58%
HAR	14,858	0.00%	0.00%	16.54%	0.00%	3.59%
MCL	227,278	5.51%	0.00%	9.22%	0.00%	5.51%
MER	630,685	<0.01%	0.00%	5.76%	9.48%	5.75%
MID	11,618	2.64%	0.00%	12.39%	0.00%	2.64%
MOL	479,738	0.00%	<0.01%	20.15%	0.00%	6.40%
PRI	156,623	<0.01%	0.00%	22.89%	0.00%	10.73%
THC	73,500	2.55%	0.00%	11.31%	0.00%	2.55%
UNI	336,235	0.00%	0.00%	16.40%	0.00%	5.61%
UPP	58,886	1.49%	0.00%	0.00%	7.30%	1.49%
HEDIS 2017 MWA		1.33%	0.00%	12.44%	3.25%	5.46%
HEDIS 2016 MWA		1.23%	0.00%	12.23%	2.89%	5.64%
HEDIS 2015 MWA		0.44%	0.00%	12.40%	2.74%	5.40%

* Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. Therefore, the rates presented here were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the MHP IDSS files.

Language Diversity of Membership

Measure Definition

Language Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for healthcare and the preferred language for written materials.

Results

Table 9-2 shows that the percentage of members using English as the preferred spoken language for healthcare increased when compared to the previous year’s percentage. The percentage of members with Non-English as the preferred language also increased when compared to the previous year’s percentages. The percentage of members in the Unknown category decreased from previous years.

**Table 9-2—MHP and MWA Results for Language Diversity of Membership—
Spoken Language Preferred for Healthcare**

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	62,380	0.00%	0.00%	100.00%	0.00%
BCC	222,388	97.90%	1.52%	0.59%	0.00%
HAR	14,858	99.04%	0.92%	0.05%	0.00%
MCL	227,278	96.45%	0.77%	2.78%	0.00%
MER	630,685	98.69%	1.29%	0.02%	0.00%
MID	11,618	100.00%	0.00%	0.00%	0.00%
MOL	479,738	98.76%	1.12%	0.12%	0.00%
PRI	156,623	0.00%	0.00%	100.00%	0.00%
THC	73,500	99.21%	0.79%	<0.01%	0.00%
UNI	336,235	95.71%	4.28%	<0.01%	0.00%
UPP	58,886	99.94%	0.03%	0.03%	0.00%
HEDIS 2017 MWA		88.52%	1.49%	10.00%	0.00%
HEDIS 2016 MWA		88.26%	1.11%	10.63%	0.00%
HEDIS 2015 MWA		92.88%	1.34%	5.71%	0.07%

Table 9-3 shows that the percentage of Michigan members reporting either English or Non-English as the language preferred for written materials increased in HEDIS 2017, with English increasing by more than 7 percentage points. In contrast, an almost 8 percent decrease occurred in the percentage of members reporting in the Unknown category. The same five plans that reported 100 percent in the Unknown category last year continued to report all of their members in the Unknown category in HEDIS 2017.

Table 9-3—MHP and MWA Results for Language Diversity of Membership—Preferred Language for Written Materials

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	62,380	0.00%	0.00%	100.00%	0.00%
BCC	222,388	97.90%	1.52%	0.59%	0.00%
HAR	14,858	0.00%	0.00%	100.00%	0.00%
MCL	227,278	0.00%	0.00%	100.00%	0.00%
MER	630,685	98.69%	1.29%	0.02%	0.00%
MID	11,618	0.00%	0.00%	100.00%	0.00%
MOL	479,738	98.76%	1.12%	0.12%	0.00%
PRI	156,623	0.00%	0.00%	100.00%	0.00%
THC	73,500	99.21%	0.79%	<0.01%	0.00%
UNI	336,235	95.71%	4.28%	<0.01%	0.00%
UPP	58,886	99.94%	0.03%	0.03%	0.00%
HEDIS 2017 MWA		77.72%	1.40%	20.88%	0.00%
HEDIS 2016 MWA		70.13%	1.08%	28.79%	0.00%
HEDIS 2015 MWA		70.40%	1.27%	28.34%	0.00%

Table 9-4 shows that the percentage of Michigan members reporting English as another language need increased in HEDIS 2017. Non-English as another language need also increased, while the Unknown category decreased in HEDIS 2017.

Table 9-4—MHP and MWA Results for Language Diversity of Membership—Other Language Needs

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	62,380	99.25%	0.63%	0.13%	0.00%
BCC	222,388	0.00%	0.00%	100.00%	0.00%
HAR	14,858	0.00%	0.00%	100.00%	0.00%
MCL	227,278	0.00%	0.00%	100.00%	0.00%
MER	630,685	98.69%	1.29%	0.02%	0.00%
MID	11,618	0.00%	0.00%	100.00%	0.00%
MOL	479,738	98.76%	1.12%	0.12%	0.00%
PRI	156,623	0.00%	0.00%	100.00%	0.00%
THC	73,500	99.21%	0.79%	<0.01%	0.00%
UNI	336,235	0.00%	0.00%	100.00%	0.00%
UPP	58,886	0.00%	0.00%	100.00%	0.00%
HEDIS 2017 MWA		54.13%	0.64%	45.23%	0.00%
HEDIS 2016 MWA		52.71%	0.51%	46.78%	0.00%
HEDIS 2015 MWA		42.69%	0.51%	56.80%	0.00%

Introduction

The Utilization measure domain encompasses the following MDHHS measures:

- *Ambulatory Care—Total (Per 1,000 Member Months)*
 - *Emergency Department Visits—Total*
 - *Outpatient Visits—Total*
- *Inpatient Utilization—General Hospital/Acute Care*
 - *Total Inpatient—Discharges per 1,000 Member Months—Total*
 - *Total Inpatient—Average Length of Stay—Total*
 - *Maternity—Discharges per 1,000 Member Months—Total*
 - *Maternity—Average Length of Stay—Total*
 - *Surgery—Discharges per 1,000 Member Months—Total*
 - *Surgery—Average Length of Stay—Total*
 - *Medicine—Discharges per 1,000 Member Months—Total*
 - *Medicine—Average Length of Stay—Total*

The following tables present the HEDIS 2017 MHP-specific rates as well as the Michigan Medicaid Average (MA) for HEDIS 2017, HEDIS 2016, and HEDIS 2015. To align with calculations from prior years, HSAG calculated traditional averages for measure indicators in the Utilization measure domain; therefore, the MA is presented rather than the Medicaid Weighted Average (MWA), which was calculated and presented for all other measures. All measures in this domain are designed to describe the frequency of specific services provided by MHPs and are not risk adjusted. Therefore, it is important to assess utilization supplemented by information on the characteristics of each MHP's population.

Summary of Findings

As stated above, reported rates for the MHPs and MA rates for the Utilization measure domain did not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on the reported utilization results. Nonetheless, combined with other performance metrics, the MHP and MA utilization results provide additional information that MHPs and MDHHS may use to assess barriers or patterns of utilization when evaluating improvement interventions.

Measure-Specific Findings

Ambulatory Care—Total (Per 1,000 Member Months)

The *Ambulatory Care—Total (Per 1,000 Member Months)* measure summarizes use of ambulatory care for *Emergency Department Visits—Total* and *Outpatient Visits—Total*. In this section, the results for the total age group are presented.

Results

Table 10-1 shows *Emergency Department Visits—Total* and *Outpatient Visits—Total* per 1,000 member months for ambulatory care for the total age group.

Table 10-1—Ambulatory Care—Total (Per 1,000 Member Months) for Total Age Group

MHP	Member Months	Emergency Department Visits—Total*	Outpatient Visits—Total
AET	522,842	83.32	299.52
BCC	1,700,071	68.98	396.06
HAR	95,693	82.34	251.03
MCL	1,990,833	70.81	552.80
MER	5,556,684	77.48	398.30
MID	83,359	75.28	539.45
MOL	4,372,810	71.94	424.09
PRI	1,339,494	75.21	378.48
THC	655,102	73.95	333.36
UNI	3,028,514	72.58	368.15
UPP	517,563	66.21	341.01
HEDIS 2017 MA		74.37	389.30
HEDIS 2016 MA		74.00	373.49
HEDIS 2015 MA		70.20	340.77

* A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of emergency department services may indicate better utilization of services).

For the *Emergency Department Visits—Total* indicator, MHP performance varied, with 66.21 as the lowest number of visits per 1,000 member months and 83.32 as the highest number of visits per 1,000 member months.

Inpatient Utilization—General Hospital/Acute Care—Total

The *Inpatient Utilization—General Hospital/Acute Care—Total* measure summarizes use of acute inpatient care and services in four categories: *Total Inpatient*, *Medicine*, *Surgery*, and *Maternity*.

Results

Table 10-2 shows the member months for all ages and the *Total Discharges per 1,000 Member Months* for the total age group. The values in the table below are presented for information purposes only.

Table 10-2—Inpatient Utilization—General Hospital/Acute Care: Total Discharges per 1,000 Member Months for Total Age Group

MHP	Member Months	Total Inpatient	Medicine	Surgery	Maternity*
AET	522,842	8.43	4.86	2.05	2.05
BCC	1,700,071	7.94	3.87	1.90	2.80
HAR	95,693	9.03	4.85	2.73	0.26
MCL	1,990,833	8.38	1.47	4.09	2.72
MER	5,556,684	8.10	3.74	1.90	3.42
MID	83,359	16.85	12.46	3.59	1.30
MOL	4,372,810	7.42	3.71	1.82	2.65
PRI	1,339,494	7.00	3.10	1.63	3.25
THC	655,102	10.15	6.07	2.30	2.37
UNI	3,028,514	5.59	2.44	1.37	2.49
UPP	517,563	6.54	2.66	1.95	2.61
HEDIS 2017 MA		8.68	4.48	2.30	2.36
HEDIS 2016 MA		8.27	4.52	1.83	2.59
HEDIS 2015 MA		8.02	4.02	1.62	3.62

* The Maternity measure indicators were calculated using member months for members 10 to 64 years of age.

Table 10-3 displays the *Total Average Length of Stay* for all ages and are presented for information purposes only.

Table 10-3—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group

MHP	Total Inpatient	Medicine	Surgery	Maternity
AET	3.93	3.33	6.35	2.58
BCC	3.92	3.43	6.37	2.65
HAR	4.15	3.53	4.80	2.47*
MCL	3.87	3.61	4.70	2.46
MER	3.99	3.77	6.29	2.55
MID	BR	BR	BR	BR
MOL	4.62	4.04	7.75	2.78
PRI	3.54	3.80	4.35	2.60
THC	4.01	3.45	6.54	2.63
UNI	4.33	4.37	6.56	2.57
UPP	3.79	3.32	5.42	2.80
HEDIS 2017 MA	4.02	3.67	5.91	2.61
HEDIS 2016 MA	3.98	3.64	6.18	2.63
HEDIS 2015 MA	3.99	3.77	6.50	2.65

* Indicates fewer than 30 discharges were reported for this measure indicator. Exercise caution when evaluating this rate.

BR (Biased Rate) indicates that HAP Midwest's (MID's) rate for this measure was invalid; therefore, the rate is not presented.

11. HEDIS Reporting Capabilities—Information Systems Findings

HEDIS Reporting Capabilities—Information Systems Findings

NCQA’s IS standards are the guidelines used by certified HEDIS compliance auditors to assess an MHP’s ability to report HEDIS data accurately and reliably.¹¹⁻¹ Compliance with the guidelines also helps an auditor to understand an MHP’s HEDIS reporting capabilities. For HEDIS 2017, MHPs were assessed on six IS standards. To assess an MHP’s adherence to the IS standards, HSAG reviewed several documents for the MHPs. These included the MHPs’ final audit reports (FARs), IS compliance tools, and the IDSS files approved by their respective NCQA-licensed audit organization (LO).

All the Michigan MHPs contracted with the same LOs as they did in the prior year to conduct the NCQA HEDIS Compliance Audit™.¹¹⁻² The MHPs were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintain the same LOs across reporting years.

For HEDIS 2017, all but one MHP contracted with an external software vendor for HEDIS measure production and rate calculation. HSAG reviewed the MHPs’ FARs and ensured that these software vendors participated in and passed the NCQA’s Measure Certification process. MHPs could purchase the software with certified measures and generate HEDIS measure results internally or provide all data to the software vendor to generate HEDIS measures for them. Either way, using software with NCQA-certified measures may reduce the MHPs’ burden for reporting and help ensure rate validity. For the MHP that calculated its rate using internally developed source code, the auditor selected a core set of measures and manually reviewed the programming codes to verify accuracy and compliance with HEDIS 2017 technical specifications.

HSAG found that, in general, all MHPs’ IS and processes were compliant with the applicable IS standards and the HEDIS determination reporting requirements related to the measures for HEDIS 2016. The following sections present NCQA’s IS standards and summarize the audit findings related to each IS standard for the MHPs.

¹¹⁻¹ National Committee for Quality Assurance. *HEDIS® 2017, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

¹¹⁻² NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry

This standard assesses whether:

- Industry standard codes are used and all characters are captured.
- Principal codes are identified and secondary codes are captured.
- Nonstandard coding schemes are fully documented and mapped back to industry standard codes.
- Standard submission forms are used and capture all fields relevant to measure reporting; all proprietary forms capture equivalent data; and electronic transmission procedures conform to industry standards.
- Data entry processes are timely and accurate and include sufficient edit checks to ensure the accurate entry of submitted data in transaction files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 1.0, Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry*. The auditors confirmed that the MHPs captured all necessary data elements appropriately for HEDIS reporting. A majority of the MHPs accepted industry standard codes on industry standard forms. Any nonstandard code that was used for measure reporting was mapped to industry standard code appropriately. Adequate validation processes such as built-in edit checks, data monitoring, and quality control audits were in place to ensure that only complete and accurate claims and encounter data were used for HEDIS reporting.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- The organization has procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of membership data have necessary procedures to ensure accuracy.
- Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 2.0, Enrollment Data—Data Capture, Transfer, and Entry*. Data fields required for HEDIS measure reporting were captured appropriately. Based on the auditors' review, the MHPs processed eligibility files in a timely manner. Enrollment information housed in the MHPs' systems was reconciled against the enrollment files provided by the State. Sufficient data validations were in place to ensure that only accurate data were used for HEDIS reporting.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- Provider specialties are fully documented and mapped to HEDIS provider specialties necessary for measure reporting.
- The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of practitioner data are checked to ensure accuracy.
- Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. The MHPs had sufficient processes in place to capture all data elements required for HEDIS reporting. Primary care practitioners and specialists were appropriately identified by all MHPs. Provider specialties were fully and accurately mapped to HEDIS-specified provider types. Adequate validation processes were in place to ensure that only accurate provider data were used for HEDIS reporting.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

This standard assesses whether:

- Forms capture all fields relevant to measure reporting and whether electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off and sign-off).
- Retrieval and abstraction of data from medical records are reliably and accurately performed.
- Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 4.0, Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight*. Medical record data were used by all MHPs to report HEDIS hybrid measures. Medical record abstraction tools were reviewed and approved by the MHPs' auditors for HEDIS reporting. Contracted vendor staff or internal staff used by the MHPs had sufficient qualification and training in the current year's HEDIS technical specifications and the use of MHP-specific abstraction tools to accurately conduct medical record reviews. Sufficient validation processes and edit checks were in place to ensure data completeness and data accuracy.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- The organization has effective procedures for submitting measure-relevant information for data entry and whether electronic transmissions of data have validation procedures to ensure accuracy.
- Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 5.0, Supplemental Data—Capture, Transfer, and Entry*. Supplemental data sources used by the MHPs were verified and approved by the auditors. The auditors performed primary source verification of a sample of records selected from each nonstandard supplemental database used by the MHPs. In addition, the auditors reviewed the supplemental data impact reports provided by the MHPs for reasonability. Validation processes such as reconciliation between original data sources and MHP-specific data systems, edit checks, and system validations ensured data completeness and data accuracy. There were no issues noted regarding how the MHPs managed the collection, validation, and integration of the various supplemental data sources. The auditors continued to encourage the MHPs to explore ways to maximize the use of supplemental data.

IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- Data transfers to repository from transaction files are accurate.
- File consolidations, extracts, and derivations are accurate.
- Repository structure and formatting are suitable for measures and enable required programming efforts.
- Report production is managed effectively and operators perform appropriately.
- Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.
- Physical control procedures ensure measure data integrity such as physical security, data access authorization, disaster recovery facilities, and fire protection.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 7.0, Data Integration—Accurate HEDIS Reporting Control Procedures That Support HEDIS Reporting Integrity*. All the MHPs but one contracted with a software vendor producing NCQA-certified measures to calculate HEDIS rates. For the MHP that did not use a software vendor, the auditor requested, reviewed, and approved source code for a selected core set of HEDIS measures. For all MHPs, the auditors determined that data mapping, data transfers, and file consolidations were sufficient. Adequate validation processes were in place to ensure that only accurate and complete data were used for HEDIS reporting. The auditors did not document any issues with the MHPs’ data integration and report production processes. Sufficient vendor oversight was in place for each MHP using a software vendor.

Glossary

Table 12-1 below provides definitions of terms and acronyms used throughout this report.

Table 12-1—Definition of Terms

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the MHP to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> .
ADMIN%	Percentage of the rate derived using administrative data (e.g., claims data and immunization registry).
BMI	Body mass index.
BR	Biased Rate; indicates that the MHP’s reported rate was invalid, therefore, the rate was not presented.
CVX	Vaccines administered.
Data Completeness	The degree to which occurring services/diagnoses appear in the MHP’s administrative data systems.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus toxoids, and acellular pertussis vaccine.
ED	Emergency department.
EDD	Estimated date of delivery.
EDI	Electronic data interchange; the direct computer-to-computer transfer of data.
Encounter Data	Billing data received from a capitated provider. (Although the MHP does not reimburse the provider for each encounter, submission of encounter data allows the MHP to collect the data for future HEDIS reporting.)
FAR	Following the MHP’s completion of any corrective actions, an auditor completes the final audit report (FAR), documenting all final findings and results of the HEDIS audit. The FAR includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and the auditor’s audit opinion (the final audit statement).

Term	Description
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
Hep A	Hepatitis A vaccine.
Hep B	Hepatitis B vaccine.
HiB Vaccine	Haemophilus influenza type B vaccine.
HMO	Health maintenance organization.
HPL	High performance level. (For most performance measures, MDHHS defined the HPL as the most recent national Medicaid 90th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [$>9.0\%$], in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus vaccine.
HSAG	Health Services Advisory Group, Inc., the State’s external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information system: an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards: an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data. ¹²⁻¹
LPL	Low performance level. (For most performance measures, MDHHS defined the LPL as the most recent national Medicaid 25th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [$>9.0\%$], in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that the MHP’s medical record abstraction staff uses to identify numerator positive cases.

¹²⁻¹ National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the MHP’s performance and assess the reliability of the MHP’s HEDIS rates.
MDHHS	Michigan Department of Health and Human Services.
MHP	Medicaid health plan.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
NA	Small Denominator: indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.
NB	No Benefit: indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed healthcare delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported: indicates that the MHP chose not to report the required HEDIS 2016 measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP’s reported rate was invalid.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required: indicates that the MHP was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
RV	Rotavirus vaccine.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the MHP to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a “Pass” or “Pass With Qualifications” designation.)

Term	Description
URI	Upper respiratory infection.
Quality Compass	NCQA Quality Compass benchmark.
VZV	Varicella zoster virus (chicken pox) vaccine.

Appendix A. Tabular Results

Appendix A presents tabular results for each measure indicator. Where applicable, the results provided include the eligible population and rate as well as the Michigan Medicaid Weighted Average (MWA) for HEDIS 2015, HEDIS 2016, and HEDIS 2017. To align with calculations from prior years, HSAG calculated traditional averages for measure indicators in the Utilization measure domain; therefore, the Medicaid Average (MA) is presented for utilization-based measures. Yellow shading with one cross (+) indicates that the HEDIS 2017 rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Child & Adolescent Care Performance Measure Results

Table A-1—MHP and MWA Results for Childhood Immunization Status

Plan	Eligible Population	Combo 2 Rate	Combo 3 Rate	Combo 4 Rate	Combo 5 Rate	Combo 6 Rate	Combo 7 Rate	Combo 8 Rate	Combo 9 Rate	Combo 10 Rate
AET	533	69.68%	64.12%	63.43%	50.69%	27.08%	50.00%	27.08%	22.92%	22.92%
BCC	1,097	79.40% ⁺	75.00% ⁺	72.45% ⁺	62.96% ⁺	41.20% ⁺	60.88% ⁺	40.51% ⁺	34.49% ⁺	33.80% ⁺
HAR	58	60.71%	50.00%	46.43%	37.50%	19.64%	35.71%	19.64%	16.07%	16.07%
MCL	2,595	79.81% ⁺	75.67% ⁺	73.97% ⁺	68.13% ⁺	40.88% ⁺	66.42% ⁺	40.88% ⁺	37.71% ⁺	37.71% ⁺
MER	7,025	78.60% ⁺	74.88% ⁺	71.63% ⁺	64.42% ⁺	40.70% ⁺	62.33% ⁺	40.00% ⁺	35.81% ⁺	35.35% ⁺
MID	12	NA	NA	NA	NA	NA	NA	NA	NA	NA
MOL	4,105	71.74%	68.65%	67.11%	58.28%	35.98%	57.17% ⁺	35.32%	30.68%	30.24%
PRI	1,592	80.29% ⁺	77.13% ⁺	76.16% ⁺	69.34% ⁺	55.23% ⁺	68.37% ⁺	54.74% ⁺	50.36% ⁺	49.88% ⁺
THC	726	71.53%	65.28%	63.66%	53.70%	27.55%	52.78%	27.31%	22.45%	22.22%
UNI	4,092	78.35% ⁺	72.51% ⁺	70.07% ⁺	57.66%	38.93%	55.96%	38.20% ⁺	31.63%	30.90%
UPP	717	73.24%	71.53% ⁺	65.21%	54.99%	42.09% ⁺	51.58%	39.17% ⁺	34.55% ⁺	32.85% ⁺
HEDIS 2017 MWA		76.95%⁺	72.84%⁺	70.43%⁺	61.73%⁺	39.84%⁺	60.05%⁺	39.20%⁺	34.47%⁺	33.98%⁺
HEDIS 2016 MWA		76.15%	71.05%	67.50%	58.78%	40.45%	56.15%	39.27%	34.97%	33.92%
HEDIS 2015 MWA		77.16%	72.90%	67.78%	60.52%	44.76%	56.97%	42.69%	38.43%	36.92%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-2—MHP and MWA Results for Immunizations for Adolescents

Plan	Eligible Population	Combination 1 Rate
AET	817	82.87% ⁺
BCC	946	85.65% ⁺
HAR	38	68.42%
MCL	2,428	84.43% ⁺
MER	6,008	86.60% ⁺
MID	8	NA
MOL	5,143	90.07% ⁺
PRI	1,697	91.24% ⁺
THC	975	83.80% ⁺
UNI	4,866	85.40% ⁺
UPP	733	80.90% ⁺
HEDIS 2017 MWA		86.73%⁺
HEDIS 2016 MWA		86.99%
HEDIS 2015 MWA		88.94%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-3—MHP and MWA Results for Well-Child Visits and Adolescent Well-Care Visits

Plan	Well-Child Visits in the First 15 Months of Life— Six or More Visits—Eligible Population	Well-Child Visits in the First 15 Months of Life— Six or More Visits—Rate	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life— Eligible Population	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life —Rate	Adolescent Well-Care Visits—Eligible Population	Adolescent Well-Care Visits—Rate
AET	477	48.61%	3,279	71.67% ⁺	7,549	48.84% ⁺
BCC	895	71.06% ⁺	6,805	72.92% ⁺	13,110	50.69% ⁺
HAR	29	NA	376	69.68%	452	42.82%
MCL	1,831	64.48% ⁺	12,507	70.07%	22,843	47.20%
MER	5,965	74.88% ⁺	35,056	78.42% ⁺	56,684	64.42% ⁺
MID	7	NA	55	56.36%	108	24.07%
MOL	3,122	68.79% ⁺	29,328	75.89% ⁺	59,732	52.48% ⁺
PRI	1,319	70.06% ⁺	7,912	76.34% ⁺	14,898	54.63% ⁺
THC	506	64.71% ⁺	3,677	70.49%	9,086	52.08% ⁺
UNI	2,984	66.67% ⁺	21,773	79.08% ⁺	41,641	58.88% ⁺
UPP	797	74.21% ⁺	3,269	73.97% ⁺	5,996	44.50%
HEDIS 2017 MWA		69.79%⁺		76.09%⁺		55.69%⁺
HEDIS 2016 MWA		66.22%		75.11%		54.74%
HEDIS 2015 MWA		64.76%		75.76%		54.02%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-4—MHP and MWA Results for Lead Screening in Children

Plan	Eligible Population	Rate
AET	533	73.15% ⁺
BCC	1,097	76.16% ⁺
HAR	58	67.86%
MCL	2,604	94.40% ⁺
MER	7,025	81.14% ⁺
MID	12	NA
MOL	4,105	78.15% ⁺
PRI	1,592	85.83% ⁺
THC	726	70.74%
UNI	4,092	77.13% ⁺
UPP	717	82.43% ⁺
HEDIS 2017 MWA		80.98%⁺
HEDIS 2016 MWA		79.55%
HEDIS 2015 MWA		80.37%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-5—MHP and MWA Results for Appropriate Treatment for Children With Upper Respiratory Infection

Plan	Eligible Population	Rate
AET	904	90.49% ⁺
BCC	2,102	90.15% ⁺
HAR	145	90.34% ⁺
MCL	4,403	86.33%
MER	13,459	89.44% ⁺
MID	19	NA
MOL	10,110	86.82%
PRI	3,013	93.63% ⁺
THC	1,499	89.66% ⁺
UNI	8,888	89.46% ⁺
UPP	983	91.15% ⁺
HEDIS 2017 MWA		88.94%
HEDIS 2016 MWA		89.09%
HEDIS 2015 MWA		88.00%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-6—MHP and MWA Results for Appropriate Testing for Children With Pharyngitis

Plan	Eligible Population	Rate
AET	480	62.92%
BCC	1,050	75.43% ⁺
HAR	44	59.09%
MCL	2,365	70.40%
MER	7,282	73.43% ⁺
MID	18	NA
MOL	5,520	67.17%
PRI	1,455	78.49% ⁺
THC	675	63.11%
UNI	4,757	71.07%
UPP	447	63.09%
HEDIS 2017 MWA		70.91%
HEDIS 2016 MWA		68.41%
HEDIS 2015 MWA		67.25%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-7—MHP and MWA Results for Follow-Up Care for Children Prescribed ADHD Medication Phase—Initiation Phase and Continuation and Maintenance Phase

Plan	Initiation Phase—Eligible Population	Initiation Phase—Rate	Continuation and Maintenance Phase—Eligible Population	Continuation and Maintenance Phase—Rate
AET	221	19.46%	31	32.26%
BCC	273	51.28% ⁺	73	57.53% ⁺
HAR	15	NA	0	NA
MCL	963	39.67%	191	43.98%
MER	2,568	41.74%	561	55.97% ⁺
MID	4	NA	0	NA
MOL	1,471	48.40% ⁺	335	65.97% ⁺
PRI	177	35.03%	36	33.33%
THC	298	50.00% ⁺	43	62.79% ⁺
UNI	1,473	41.48%	143	53.85% ⁺
UPP	228	42.98% ⁺	97	45.36%
HEDIS 2017 MWA		42.54%⁺		55.03%⁺
HEDIS 2016 MWA		42.58%		53.96%
HEDIS 2015 MWA		38.87%		44.35%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Women—Adult Care Performance Measure Results

Table A-8—MHP and MWA Results for Breast and Cervical Cancer Screening in Women

Plan	Breast Cancer Screening—Eligible Population	Breast Cancer Screening—Rate	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	1,222	56.87%	7,528	64.07% ⁺
BCC	2,089	62.90% ⁺	22,057	61.83% ⁺
HAR	180	70.00% ⁺	921	56.20% ⁺
MCL	4,781	63.31% ⁺	30,778	56.93% ⁺
MER	10,183	64.41% ⁺	86,685	65.50% ⁺
MID	209	56.94%	1,102	52.26%
MOL	7,530	60.31% ⁺	68,196	65.69% ⁺
PRI	3,247	62.58% ⁺	18,977	67.45% ⁺
THC	1,731	52.51%	10,017	60.88% ⁺
UNI	7,244	64.83% ⁺	44,883	69.10% ⁺
UPP	1,344	64.73% ⁺	8,584	67.15% ⁺
HEDIS 2017 MWA		62.60%⁺		64.84%⁺
HEDIS 2016 MWA		59.58%		63.79%
HEDIS 2015 MWA		59.65%		68.46%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Table A-9—MHP and MWA Results for Chlamydia Screening in Women

Plan	Ages 16 to 20 Years—Eligible Population	Ages 16 to 20 Years—Rate	Ages 21 to 24 Years—Eligible Population	Ages 21 to 24 Years—Rate	Total—Eligible Population	Total—Rate
AET	1,108	69.86% ⁺	647	76.35% ⁺	1,755	72.25% ⁺
BCC	1,763	64.21% ⁺	1,763	70.56% ⁺	3,526	67.39% ⁺
HAR	61	70.49% ⁺	75	70.67% ⁺	136	70.59% ⁺
MCL	3,172	52.81% ⁺	2,629	59.87%	5,801	56.01% ⁺
MER	8,069	60.49% ⁺	8,145	69.23% ⁺	16,214	64.88% ⁺
MID	16	NA	42	47.62%	58	44.83%
MOL	7,949	63.27% ⁺	5,701	70.37% ⁺	13,650	66.23% ⁺
PRI	2,147	65.53% ⁺	1,561	70.08% ⁺	3,708	67.45% ⁺
THC	1,296	71.37% ⁺	800	70.63% ⁺	2,096	71.09% ⁺
UNI	5,321	66.04% ⁺	3,653	71.37% ⁺	8,974	68.21% ⁺
UPP	828	44.93%	674	58.75%	1,502	51.13%
HEDIS 2017 MWA		62.27%⁺		68.89%⁺		65.23%⁺
HEDIS 2016 MWA		60.75%		67.85%		63.86%
HEDIS 2015 MWA		59.08%		67.58%		62.20%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Access to Care Performance Measure Results

Table A-10—MHP and MWA Results for Children and Adolescents' Access to Primary Care Practitioners

Plan	Ages 12 to 24 Months—Eligible Population	Ages 12 to 24 Months—Rate	Ages 25 Months to 6 Years—Eligible Population	Ages 25 Months to 6 Years—Rate	Ages 7 to 11 Years—Eligible Population	Ages 7 to 11 Years—Rate	Ages 12 to 19 Years—Eligible Population	Ages 12 to 19 Years—Rate
AET	818	86.31%	3,914	83.09%	3,067	85.88%	5,140	83.04%
BCC	2,144	95.34%	8,508	85.86%	3,245	89.09%	4,756	89.30%
HAR	129	86.05%	469	76.97%	163	79.14%	141	65.25%
MCL	3,462	94.66%	15,505	87.10%	10,041	89.00%	13,288	88.30%
MER	10,738	97.37% ⁺	42,661	90.69% ⁺	27,053	92.53% ⁺	32,286	92.90% ⁺
MID	14	NA	70	65.71%	33	75.76%	50	68.00%
MOL	7,107	96.02% ⁺	35,580	89.57% ⁺	18,331	92.52% ⁺	24,873	90.88% ⁺
PRI	2,470	96.96% ⁺	9,756	89.67% ⁺	6,473	91.78% ⁺	8,591	90.92% ⁺
THC	891	93.83%	4,471	85.89%	3,648	87.88%	6,100	87.39%
UNI	4,889	96.20% ⁺	26,078	89.27% ⁺	21,636	91.77% ⁺	28,394	91.88% ⁺
UPP	984	97.26% ⁺	4,039	90.64% ⁺	2,982	91.82% ⁺	3,987	91.60% ⁺
HEDIS 2017 MWA		96.06%⁺		89.08%⁺		91.39%⁺		90.79%⁺
HEDIS 2016 MWA		96.20%		88.79%		90.85%		89.86%
HEDIS 2015 MWA		96.32%		88.73%		91.14%		90.21%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-11—MHP and MWA Results for Adults' Access to Preventive/Ambulatory Health Services

Plan	Ages 20 to 44 Years—Eligible Population	Ages 20 to 44 Years—Rate	Ages 45 to 64 Years—Eligible Population	Ages 45 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	8,804	72.47%	5,556	82.70%	10	NA	14,370	76.42%
BCC	26,454	78.83%	18,265	86.92% ⁺	184	79.89%	44,903	82.13%
HAR	1,385	59.28%	1,246	77.85%	10	NA	2,641	68.12%
MCL	35,273	82.10% ⁺	24,798	89.58% ⁺	3	NA	60,074	85.18% ⁺
MER	99,045	83.55% ⁺	57,773	90.46% ⁺	1,666	92.62% ⁺	158,484	86.17% ⁺
MID	945	73.02%	1,280	90.16% ⁺	1,853	85.05%	4,078	83.86% ⁺
MOL	75,398	81.58% ⁺	50,304	89.24% ⁺	3,465	91.02% ⁺	129,167	84.82% ⁺
PRI	20,050	83.72% ⁺	12,694	90.79% ⁺	1,193	94.38% ⁺	33,937	86.74% ⁺
THC	11,174	76.89%	8,340	86.07%	167	80.24%	19,681	80.81%
UNI	49,833	81.34% ⁺	32,704	89.97% ⁺	480	94.79% ⁺	83,017	84.82% ⁺
UPP	9,542	84.99% ⁺	6,314	87.55% ⁺	34	91.18% ⁺	15,890	86.02% ⁺
HEDIS 2017 MWA		81.68%⁺		89.21%⁺		90.26%⁺		84.73%⁺
HEDIS 2016 MWA		82.76%		89.81%		91.15%		85.62%
HEDIS 2015 MWA		83.42%		90.77%		88.60%		86.11%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-12—MHP and MWA Results for Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

Plan	Eligible Population	Rate ¹
AET	298	32.89% ⁺
BCC	724	27.49% ⁺
HAR	39	20.51%
MCL	1,480	26.35% ⁺
MER	4,317	26.18% ⁺
MID	23	NA
MOL	2,661	30.18% ⁺
PRI	1,042	37.91% ⁺
THC	472	27.33% ⁺
UNI	2,833	32.40% ⁺
UPP	520	25.77%
HEDIS 2017 MWA		29.23%⁺
HEDIS 2016 MWA		26.94%
HEDIS 2015 MWA		NQ

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

NQ (Not Required) indicates that the MHPs were not required to report this measure during this reporting year; therefore, the MWA is not presented in this report.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2017 and prior years.

Obesity Performance Measure Results

Table A-13—MHP and MWA Results for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Plan	Eligible Population	BMI Percentile—Total—Rate	Counseling for Nutrition—Total—Rate	Counseling for Physical Activity—Total—Rate ¹
AET	8,910	78.01% ⁺	71.30% ⁺	58.80% ⁺
BCC	18,158	86.57% ⁺	73.61% ⁺	64.58% ⁺
HAR	597	79.08% ⁺	79.81% ⁺	57.91% ⁺
MCL	34,404	83.45% ⁺	60.34%	50.85%
MER	95,680	81.48% ⁺	73.15% ⁺	59.49% ⁺
MID	89	87.64% ⁺	70.79% ⁺	64.04% ⁺
MOL	88,403	80.61% ⁺	71.39% ⁺	63.59% ⁺
PRI	23,635	88.08% ⁺	78.10% ⁺	73.72% ⁺
THC	11,052	78.87% ⁺	71.13% ⁺	49.06%
UNI	64,683	81.02% ⁺	76.64% ⁺	62.53% ⁺
UPP	9,458	88.81% ⁺	67.40% ⁺	64.96% ⁺
HEDIS 2017 MWA		82.10%⁺	72.21%⁺	61.24%⁺
HEDIS 2016 MWA		74.93%	65.77%	57.88%
HEDIS 2015 MWA		78.34%	67.95%	58.07%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2016 and the prior year.

Table A-14—MHP and MWA Results for Adult BMI Assessment

Plan	Eligible Population	Rate
AET	7,693	90.96% ⁺
BCC	16,148	89.10% ⁺
HAR	1,078	90.27% ⁺
MCL	30,961	91.48% ⁺
MER	75,942	96.28% ⁺
MID	628	89.95% ⁺
MOL	45,505	97.14% ⁺
PRI	18,323	95.56% ⁺
THC	10,990	89.50% ⁺
UNI	49,213	85.40% ⁺
UPP	9,207	95.38% ⁺
HEDIS 2017 MWA		92.86%⁺
HEDIS 2016 MWA		89.92%
HEDIS 2015 MWA		90.31%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Pregnancy Care Performance Measure Results

Table A-15—MHP and MWA Results for Prenatal and Postpartum Care

Plan	Eligible Population	Timeliness of Prenatal Care—Rate	Postpartum Care—Rate
AET	731	65.89%	51.74%
BCC	2,396	77.26%	62.41% ⁺
HAR	88	47.13%	42.53%
MCL	3,151	86.13% ⁺	64.23% ⁺
MER	10,469	82.87% ⁺	71.30% ⁺
MID	52	50.00%	40.38%
MOL	6,345	83.33% ⁺	75.80% ⁺
PRI	2,344	78.59%	69.34% ⁺
THC	872	71.13%	48.83%
UNI	4,727	80.54%	67.40% ⁺
UPP	829	91.48% ⁺	72.75% ⁺
HEDIS 2017 MWA		81.57%	68.96%⁺
HEDIS 2016 MWA		78.63%	61.73%
HEDIS 2015 MWA		84.45%	66.69%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Table A-16—MHP and MWA Results for Frequency of Ongoing Prenatal Care

Plan	≥ 81 Percent of Expected Visits—Eligible Population	≥ 81 Percent of Expected Visits—Rate
AET	731	21.35%
BCC	2,396	37.35%
HAR	88	24.14%
MCL	3,151	51.09%
MER	10,469	70.83% ⁺
MID	52	13.46%
MOL	6,345	54.57%
PRI	2,344	46.96%
THC	872	24.88%
UNI	4,727	52.07%
UPP	829	73.24% ⁺
HEDIS 2017 MWA		56.10%
HEDIS 2016 MWA		56.40%
HEDIS 2015 MWA		63.43%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Living With Illness Performance Measure Results

Table A-17—MHP and MWA Results for Comprehensive Diabetes Care¹

Plan	Eligible Population	Hemoglobin A1c (HbA1c) Testing—Rate	HbA1c Poor Control (>9.0%) —Rate*	HbA1c Control (<8.0%)—Rate	Eye Exam (Retinal) Performed —Rate	Medical Attention for Nephropathy —Rate	Blood Pressure Control (<140/90 mm Hg) —Rate
AET	1,744	86.31% ⁺	42.38% ⁺	48.34% ⁺	47.90%	92.05% ⁺	55.41%
BCC	4,711	85.28%	41.62% ⁺	46.36%	57.53% ⁺	90.02%	55.84%
HAR	301	88.00% ⁺	41.33% ⁺	52.67% ⁺	45.67%	90.00%	46.33%
MCL	6,618	87.59% ⁺	48.54%	41.61%	58.03% ⁺	88.87%	66.24% ⁺
MER	17,359	87.79% ⁺	35.42% ⁺	52.67% ⁺	67.63% ⁺	91.45% ⁺	65.65% ⁺
MID	859	86.37% ⁺	39.90% ⁺	52.31% ⁺	54.74% ⁺	94.89% ⁺	57.91%
MOL	16,233	87.64% ⁺	32.45% ⁺	56.73% ⁺	62.03% ⁺	90.73% ⁺	55.19%
PRI	4,123	92.15% ⁺	31.93% ⁺	62.41% ⁺	71.72% ⁺	91.61% ⁺	75.91% ⁺
THC	2,594	82.95%	42.92% ⁺	49.01% ⁺	46.27%	91.32% ⁺	50.68%
UNI	10,899	88.61% ⁺	32.50% ⁺	56.11% ⁺	65.14% ⁺	92.36% ⁺	62.08% ⁺
UPP	1,443	91.04% ⁺	24.73% ⁺	59.14% ⁺	67.56% ⁺	92.11% ⁺	76.70% ⁺
HEDIS 2017 MWA		87.79%⁺	36.07%⁺	53.16%⁺	62.85%⁺	91.14%⁺	61.73%⁺
HEDIS 2016 MWA		86.89%	39.30%	50.91%	59.61%	91.28%	59.38%
HEDIS 2015 MWA		85.99%	35.83%	53.78%	59.48%	83.73%	65.90%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, exercise caution when trending rates between HEDIS 2016 and the prior year.

* For this indicator, a lower rate indicates better performance.

Table A-18—MHP and MWA Results for Medication Management for People With Asthma

Plan	Eligible Population	Medication Compliance 50%—Total —Rate	Medication Compliance 75%—Total —Rate
AET	577	83.19% ⁺	63.26% ⁺
BCC	945	88.36% ⁺	74.39% ⁺
HAR	27	NA	NA
MCL	1,780	84.33% ⁺	67.87% ⁺
MER	3,784	72.33% ⁺	51.35% ⁺
MID	9	NA	NA
MOL	2,429	57.76% ⁺	34.13% ⁺
PRI	1,105	60.00% ⁺	37.01% ⁺
THC	513	85.96% ⁺	69.98% ⁺
UNI	2,397	67.42% ⁺	41.51% ⁺
UPP	454	66.08% ⁺	38.11% ⁺
HEDIS 2017 MWA		71.33%⁺	49.96%⁺
HEDIS 2016 MWA		67.13%	43.79%
HEDIS 2015 MWA		NQ	NQ

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

NQ (Not Required) indicates that the MHPs were not required to report this measure during this reporting year; therefore, the MWA is not presented in this report.

Table A-19—MHP and MWA Results for Asthma Medication Ratio

Plan	Eligible Population	Rate
AET	721	61.03%
BCC	1,154	54.59%
HAR	41	43.90%
MCL	2,129	66.09% ⁺
MER	4,577	61.92% ⁺
MID	16	NA
MOL	3,070	60.91%
PRI	1,235	74.90% ⁺
THC	745	47.11%
UNI	2,822	66.80% ⁺
UPP	604	58.44%
HEDIS 2017 MWA		62.63%⁺
HEDIS 2016 MWA		62.18%
HEDIS 2015 MWA		NQ

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

NQ (Not Required) indicates that the MHPs were not required to report this measure during this reporting year; therefore, the MWA is not presented in this report.

Table A-20—MHP and MWA Results for Controlling High Blood Pressure

Plan	Eligible Population	Rate
AET	3,319	52.93%
BCC	8,518	46.03%
HAR	578	34.06%
MCL	10,391	58.64% ⁺
MER	28,317	67.15% ⁺
MID	1,566	60.58% ⁺
MOL	28,262	49.04%
PRI	6,254	67.15% ⁺
THC	4,718	38.53%
UNI	16,801	56.93% ⁺
UPP	2,293	71.05% ⁺
HEDIS 2017 MWA		56.75%⁺
HEDIS 2016 MWA		55.54%
HEDIS 2015 MWA		62.06%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Table A-21—MHP and MWA Results for Medical Assistance With Smoking and Tobacco Use Cessation

Plan	Eligible Population	Advising Smokers and Tobacco Users to Quit—Rate	Discussing Cessation Medications—Rate	Discussing Cessation Strategies—Rate
AET	37,965	80.65% ⁺	58.06% ⁺	51.63% ⁺
BCC	119,551	75.28%	50.14% ⁺	41.71%
HAR	4,662	79.06% ⁺	58.99% ⁺	50.00% ⁺
MCL	161,889	76.79% ⁺	54.94% ⁺	47.70% ⁺
MER	434,232	81.16% ⁺	54.30% ⁺	44.68% ⁺
MID	9,929	82.11% ⁺	58.30% ⁺	44.44% ⁺
MOL	258,445	80.93% ⁺	57.56% ⁺	43.62%
PRI	46,891	81.48% ⁺	55.97% ⁺	46.62% ⁺
THC	52,093	79.95% ⁺	55.16% ⁺	47.12% ⁺
UNI	215,968	82.17% ⁺	60.80% ⁺	50.56% ⁺
UPP	39,331	79.18% ⁺	56.90% ⁺	45.57% ⁺
HEDIS 2017 MWA		80.15%⁺	55.95%⁺	45.89%⁺
HEDIS 2016 MWA		79.75%	55.04%	45.20%
HEDIS 2015 MWA		79.90%	54.26%	45.73%

Yellow shading with one cross (+) indicates that the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Table A-22—MHP and MWA Results for Antidepressant Medication Management

Plan	Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Rate
AET	465	52.90%	40.00% ⁺
BCC	1,558	74.52% ⁺	60.78% ⁺
HAR	15	NA	NA
MCL	3,047	45.65%	29.70%
MER	10,161	50.92%	31.77%
MID	104	47.12%	31.73%
MOL	4,419	48.20%	32.61%
PRI	98	64.29% ⁺	53.06% ⁺
THC	734	55.59% ⁺	39.92% ⁺
UNI	2,744	59.84% ⁺	46.87% ⁺
UPP	588	59.86% ⁺	42.69% ⁺
HEDIS 2017 MWA		52.72%	36.03%
HEDIS 2016 MWA		60.36%	42.21%
HEDIS 2015 MWA		NQ	NQ

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

NQ (Not Required) indicates that the MHPs were not required to report this measure during this reporting year; therefore, the MWA is not presented in this report.

Table A-23—MHP and MWA Results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Plan	Eligible Population	Rate
AET	297	80.47%
BCC	1,681	81.20% ⁺
HAR	33	72.73%
MCL	2,515	82.62% ⁺
MER	4,411	83.11% ⁺
MID	225	68.00%
MOL	4,502	83.10% ⁺
PRI	693	84.70% ⁺
THC	447	82.33% ⁺
UNI	2,156	85.99% ⁺
UPP	347	88.18% ⁺
HEDIS 2017 MWA		83.09%⁺
HEDIS 2016 MWA		82.61%
HEDIS 2015 MWA		83.75%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

Table A-24—MHP and MWA Results for Diabetes Monitoring for People With Diabetes and Schizophrenia

Plan	Eligible Population	Rate
AET	64	57.81%
BCC	182	63.74%
HAR	10	NA
MCL	212	72.17% ⁺
MER	424	66.04%
MID	39	64.10%
MOL	669	72.50% ⁺
PRI	82	60.98%
THC	81	59.26%
UNI	319	74.29% ⁺
UPP	22	NA
HEDIS 2017 MWA		69.01%⁺
HEDIS 2016 MWA		69.98%
HEDIS 2015 MWA		72.73%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-25—MHP and MWA Results for Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Plan	Eligible Population	Rate
AET	14	NA
BCC	20	NA
HAR	0	NA
MCL	19	NA
MER	68	55.88%
MID	3	NA
MOL	76	76.32%
PRI	5	NA
THC	16	NA
UNI	77	74.03%
UPP	5	NA
HEDIS 2017 MWA		69.64%
HEDIS 2016 MWA		74.46%
HEDIS 2015 MWA		60.10%

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-26—MHP and MWA Results for Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Plan	Eligible Population	Rate
AET	213	55.87%
BCC	887	57.38%
HAR	13	NA
MCL	904	63.27% ⁺
MER	1,368	63.52% ⁺
MID	170	69.41% ⁺
MOL	2,376	61.20% ⁺
PRI	231	62.34% ⁺
THC	262	48.47%
UNI	1,053	60.59% ⁺
UPP	101	82.18% ⁺
HEDIS 2017 MWA		61.16%⁺
HEDIS 2016 MWA		58.76%
HEDIS 2015 MWA		59.22%

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation.

Table A-27—MHP and MWA Results for Annual Monitoring for Patients on Persistent Medications

Plan	ACE Inhibitors or ARBs—Eligible Population	ACE Inhibitors or ARBs—Rate	Digoxin—Eligible Population	Digoxin—Rate	Diuretics—Eligible Population	Diuretics—Rate	Total—Eligible Population	Total—Rate
AET	2,197	84.25%	20	NA	2,014	85.50%	4,231	84.73%
BCC	6,372	86.46%	52	57.69% ⁺	5,170	86.15%	11,594	86.19%
HAR	303	87.79% ⁺	0	NA	243	85.19%	546	86.63%
MCL	9,175	84.68%	90	44.44%	6,539	85.62%	15,804	84.84%
MER	20,073	86.53%	208	51.44%	14,453	86.88%	34,734	86.47%
MID	1,223	83.40%	23	NA	885	84.75%	2,131	83.67%
MOL	17,841	87.44% ⁺	204	65.69% ⁺	13,485	87.29%	31,530	87.23% ⁺
PRI	4,138	88.01% ⁺	32	43.75%	2,793	88.08% ⁺	6,963	87.84% ⁺
THC	3,289	87.84% ⁺	33	33.33%	2,662	87.27%	5,984	87.28% ⁺
UNI	10,276	89.75% ⁺	102	49.02%	7,214	89.19% ⁺	17,592	89.28% ⁺
UPP	1,799	87.60% ⁺	22	NA	1,180	88.64% ⁺	3,001	87.70% ⁺
HEDIS 2017 MWA		87.00%		53.56%		87.08%		86.84%
HEDIS 2016 MWA		87.20%		52.47%		86.88%		86.84%
HEDIS 2015 MWA		NQ		NQ		NQ		NQ

Yellow shading with one cross (+) indicates the HEDIS 2017 MHP or MWA rate was at or above the Quality Compass HEDIS 2016 national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. NQ (Not Required) indicates that the MHPs were not required to report this measure during this reporting year; therefore, the MWA is not presented in this report.

Health Plan Diversity and Utilization Measure Results

The Health Plan Diversity and Utilization measures' MHP and MWA results are presented in tabular format in Section 9 and Section 10 of this report.

Appendix B. Trend Tables

Appendix B includes trend tables for the MHPs. Where applicable, each measure's HEDIS 2015, HEDIS 2016, and HEDIS 2017 rates are presented. HEDIS 2016 and HEDIS 2017 rates were compared based on a Chi-square test of statistical significance with a p value <0.05 . Values in the 2016–2017 Comparison column that are shaded green with one cross (+) indicate statistically significant improvement from the previous year. Values in the 2016–2017 Comparison column shaded red with two crosses (++) indicate statistically significantly decline in performance from the previous year.

Details regarding the trend analysis and performance ratings are found in Section 2.

Table B-1—AET Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	71.93%	68.75%	69.68%	+0.93	★★
Combination 3	67.92%	60.88%	64.12%	+3.24	★
Combination 4	65.80%	58.80%	63.43%	+4.63	★★
Combination 5	55.66%	49.77%	50.69%	+0.92	★
Combination 6	31.13%	29.40%	27.08%	-2.32	★
Combination 7	54.01%	48.61%	50.00%	+1.39	★★
Combination 8	30.42%	29.17%	27.08%	-2.09	★
Combination 9	25.94%	24.31%	22.92%	-1.39	★
Combination 10	25.47%	24.31%	22.92%	-1.39	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	51.42%	44.68%	48.61%	+3.93	★
Lead Screening in Children					
Lead Screening in Children	79.25%	73.61%	73.15%	-0.46	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	74.32%	71.30%	71.67%	+0.37	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	52.88%	51.39%	48.84%	-2.55	★★★
Immunizations for Adolescents					
Combination 1	83.05%	89.68%	82.87%	-6.81 ⁺⁺	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	89.35%	89.72%	90.49%	+0.77	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	54.85%	55.44%	62.92%	+7.48 ⁺	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	19.16%	23.73%	19.46%	-4.27	★

Table B-1—AET Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	21.43%	36.59%	32.26%	-4.33	★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	68.11%	63.10%	56.87%	-6.23 ⁺⁺	★★
Cervical Cancer Screening					
Cervical Cancer Screening	72.35%	64.47%	64.07%	-0.40	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	68.48%	66.77%	69.86%	+3.09	★★★★★
Ages 21 to 24 Years	75.70%	71.24%	76.35%	+5.11 ⁺	★★★★★
Total	70.77%	68.44%	72.25%	+3.81 ⁺	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	93.32%	90.84%	86.31%	-4.53 ⁺⁺	★
Ages 25 Months to 6 Years	82.82%	81.16%	83.09%	+1.93 ⁺	★
Ages 7 to 11 Years	87.47%	86.76%	85.88%	-0.88	★
Ages 12 to 19 Years	85.52%	83.70%	83.04%	-0.66	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	77.95%	76.58%	72.47%	-4.11 ⁺⁺	★
Ages 45 to 64 Years	86.35%	85.73%	82.70%	-3.03 ⁺⁺	★★
Ages 65+ Years	NA	NA	NA	—	NA
Total	81.17%	80.23%	76.42%	-3.81 ⁺⁺	★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	35.83%	32.89%	-2.94	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	77.12%	70.30%	78.01%	+7.71 ⁺	★★★★
Counseling for Nutrition—Total	70.52%	64.60%	71.30%	+6.70 ⁺	★★★★
Counseling for Physical Activity—Total ⁴	64.39%	55.45%	58.80%	+3.35	★★★

Table B-1—AET Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	88.56%	90.21%	90.96%	+0.75	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	70.62%	62.38%	65.89%	+3.51	★
Postpartum Care	52.13%	45.56%	51.74%	+6.18	★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	27.49%	18.46%	21.35%	+2.89	★
Living With Illness					
Comprehensive Diabetes Care⁴					
Hemoglobin A1c (HbA1c) Testing	85.66%	84.36%	86.31%	+1.95	★★★
HbA1c Poor Control (>9.0%)*	40.99%	46.41%	42.38%	-4.03	★★★
HbA1c Control (<8.0%)	52.41%	45.38%	48.34%	+2.96	★★★
Eye Exam (Retinal) Performed	59.77%	49.36%	47.90%	-1.46	★★
Medical Attention for Nephropathy	85.41%	91.03%	92.05%	+1.02	★★★★★
Blood Pressure Control (<140/90 mm Hg)	52.16%	52.18%	55.41%	+3.23	★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	66.55%	83.19%	+16.64 ⁺	★★★★★
Medication Compliance 75%—Total	—	39.93%	63.26%	+23.33 ⁺	★★★★★
Asthma Medication Ratio					
Total	—	41.49%	61.03%	+19.54 ⁺	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	48.72%	39.91%	52.93%	+13.02 ⁺	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.50%	79.92%	80.65%	+0.73	★★★★★

Table B-1—AET Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	58.00%	55.74%	58.06%	+2.32	★★★★★
Discussing Cessation Strategies	44.80%	46.22%	51.63%	+5.41	★★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	37.84%	52.90%	+15.06 ⁺	★★
Effective Continuation Phase Treatment	—	24.59%	40.00%	+15.41 ⁺	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NB	83.87%	80.47%	-3.40	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	66.00%	57.81%	-8.19	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NB	51.37%	55.87%	+4.50	★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	82.94%	84.25%	+1.31	★
Digoxin	—	NA	NA	—	NA
Diuretics	—	83.69%	85.50%	+1.81	★★

Table B-1—AET Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Total</i>	—	83.16%	84.73%	+1.57	★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	15.94%	18.01%	26.93%	+8.92	—
<i>Total—Black or African American</i>	73.61%	70.29%	60.30%	-9.99	—
<i>Total—American-Indian and Alaska Native</i>	0.09%	0.12%	0.15%	+0.03	—
<i>Total—Asian</i>	0.63%	0.60%	0.66%	+0.06	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.00%	0.03%	0.04%	+0.01	—
<i>Total—Some Other Race</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	9.73%	9.89%	5.66%	-4.23	—
<i>Total—Declined</i>	0.00%	1.07%	6.26%	+5.19	—
<i>Total—Hispanic or Latino</i>	—	2.58%	2.92%	+0.34	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	99.38%	0.00%	0.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.62%	100.00%	100.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	99.38%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—Non-English</i>	0.00%	0.00%	0.00%	0.00	—

Table B-1—AET Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Unknown</i>	0.62%	100.00%	100.00%	0.00	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	99.34%	99.25%	-0.09	—
<i>Other Language Needs—Non-English</i>	0.00%	0.15%	0.63%	+0.48	—
<i>Other Language Needs—Unknown</i>	100.00%	0.50%	0.13%	-0.37	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	86.43	83.70	83.32	-0.38	★
<i>Outpatient Visits—Total</i>	311.47	267.80	299.52	+31.72	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	8.57	7.76	8.43	+0.67	—
<i>Total Inpatient—Average Length of Stay—Total</i>	4.08	3.81	3.93	+0.12	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.94	2.20	2.05	-0.15	—
<i>Maternity—Average Length of Stay—Total</i>	2.68	2.83	2.58	-0.25	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.79	1.34	2.05	+0.71	—
<i>Surgery—Average Length of Stay—Total</i>	6.70	6.03	6.35	+0.32	—

Table B-1—AET Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	4.74	4.81	4.86	+0.05	—
Medicine—Average Length of Stay—Total	3.69	3.52	3.33	-0.19	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates; any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

NB indicates that the required benefit to calculate the measure was not offered.

2017 Performance Levels represent the following percentile comparisons:

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Table B-2—BCC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	76.16%	76.16%	79.40%	+3.24	★★★★
Combination 3	72.75%	70.07%	75.00%	+4.93	★★★★
Combination 4	69.59%	68.13%	72.45%	+4.32	★★★★
Combination 5	58.39%	59.85%	62.96%	+3.11	★★★★
Combination 6	50.12%	43.55%	41.20%	-2.35	★★★★
Combination 7	56.93%	58.39%	60.88%	+2.49	★★★★
Combination 8	48.66%	42.58%	40.51%	-2.07	★★★★
Combination 9	40.88%	37.96%	34.49%	-3.47	★★★★
Combination 10	39.90%	36.98%	33.80%	-3.18	★★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	65.21%	67.40%	71.06%	+3.66	★★★★
Lead Screening in Children					
Lead Screening in Children	73.97%	75.18%	76.16%	+0.98	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	85.64%	79.32%	72.92%	-6.40 ⁺⁺	★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	61.07%	60.10%	50.69%	-9.41 ⁺⁺	★★★★
Immunizations for Adolescents					
Combination 1	85.64%	86.86%	85.65%	-1.21	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	92.98%	92.52%	90.15%	-2.37 ⁺⁺	★★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	78.69%	72.61%	75.43%	+2.82	★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	40.26%	39.92%	51.28%	+11.36 ⁺	★★★★

Table B-2—BCC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	44.55%	50.98%	57.53%	+6.55	★★★★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	61.98%	61.84%	62.90%	+1.06	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	69.83%	63.99%	61.83%	-2.16	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	66.71%	68.96%	64.21%	-4.75 ⁺⁺	★★★★
Ages 21 to 24 Years	76.03%	70.30%	70.56%	+0.26	★★★★
Total	70.77%	69.65%	67.39%	-2.26	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	94.94%	94.89%	95.34%	+0.45	★★
Ages 25 Months to 6 Years	88.45%	85.57%	85.86%	+0.29	★★
Ages 7 to 11 Years	94.36%	90.84%	89.09%	-1.75 ⁺⁺	★★
Ages 12 to 19 Years	91.58%	89.38%	89.30%	-0.08	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	81.94%	78.39%	78.83%	+0.44	★★
Ages 45 to 64 Years	87.29%	86.09%	86.92%	+0.83 ⁺	★★★★
Ages 65+ Years	76.69%	78.06%	79.89%	+1.83	★★
Total	83.32%	81.69%	82.13%	+0.44	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	31.84%	27.49%	-4.35	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	90.51%	89.54%	86.57%	-2.97	★★★★★
Counseling for Nutrition—Total	79.56%	78.83%	73.61%	-5.22	★★★★

Table B-2—BCC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Counseling for Physical Activity—Total⁴</i>	74.94%	69.10%	64.58%	-4.52	★★★★
Adult BMI Assessment					
<i>Adult BMI Assessment</i>	92.94%	89.78%	89.10%	-0.68	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
<i>Timeliness of Prenatal Care</i>	85.64%	80.54%	77.26%	-3.28	★★
<i>Postpartum Care</i>	63.75%	57.66%	62.41%	+4.75	★★★
Frequency of Ongoing Prenatal Care					
<i>≥81 Percent of Expected Visits</i>	35.04%	45.99%	37.35%	-8.64 ⁺⁺	★
Living With Illness					
Comprehensive Diabetes Care⁴					
<i>Hemoglobin A1c (HbA1c) Testing</i>	89.05%	86.86%	85.28%	-1.58	★★
<i>HbA1c Poor Control (>9.0%)*</i>	33.03%	37.59%	41.62%	+4.03	★★★
<i>HbA1c Control (<8.0%)</i>	57.85%	53.65%	46.36%	-7.29 ⁺⁺	★★
<i>Eye Exam (Retinal) Performed</i>	62.41%	62.04%	57.53%	-4.51	★★★
<i>Medical Attention for Nephropathy</i>	84.85%	93.07%	90.02%	-3.05	★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	65.69%	58.39%	55.84%	-2.55	★★
Medication Management for People With Asthma					
<i>Medication Compliance 50%—Total</i>	—	76.62%	88.36%	+11.74 ⁺	★★★★★
<i>Medication Compliance 75%—Total</i>	—	58.26%	74.39%	+16.13 ⁺	★★★★★
Asthma Medication Ratio					
<i>Total</i>	—	53.96%	54.59%	+0.63	★★
Controlling High Blood Pressure					
<i>Controlling High Blood Pressure</i>	49.64%	54.99%	46.03%	-8.96 ⁺⁺	★
Medical Assistance With Smoking and Tobacco Use Cessation					

Table B-2—BCC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Advising Smokers and Tobacco Users to Quit</i>	77.38%	77.27%	75.28%	-1.99	★★
<i>Discussing Cessation Medications</i>	53.23%	52.86%	50.14%	-2.72	★★★
<i>Discussing Cessation Strategies</i>	44.19%	46.70%	41.71%	-4.99	★★
Antidepressant Medication Management					
<i>Effective Acute Phase Treatment</i>	—	75.97%	74.52%	-1.45	★★★★★
<i>Effective Continuation Phase Treatment</i>	—	59.74%	60.78%	+1.04	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	74.86%	89.19%	81.20%	-7.99 ⁺⁺	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	67.74%	60.34%	63.74%	+3.40	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	53.57%	52.40%	57.38%	+4.98	★★
Annual Monitoring for Patients on Persistent Medications					
<i>ACE Inhibitors or ARBs</i>	—	86.52%	86.46%	-0.06	★★

Table B-2—BCC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Digoxin</i>	—	NA	57.69%	—	★★★
<i>Diuretics</i>	—	84.75%	86.15%	+1.40	★★
<i>Total</i>	—	85.56%	86.19%	+0.63	★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	37.28%	36.95%	42.89%	+5.94	—
<i>Total—Black or African American</i>	43.76%	44.44%	35.79%	-8.65	—
<i>Total—American-Indian and Alaska Native</i>	0.32%	0.38%	0.42%	+0.04	—
<i>Total—Asian</i>	1.50%	1.20%	1.63%	+0.43	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.00%	0.08%	0.07%	-0.01	—
<i>Total—Some Other Race</i>	3.50%	3.47%	6.59%	+3.12	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	13.64%	13.48%	10.00%	-3.48	—
<i>Total—Declined</i>	0.00%	0.00%	2.61%	+2.61	—
<i>Total—Hispanic or Latino</i>	0.00%	—	1.58%	—	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	99.08%	99.17%	97.90%	-1.27	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.38%	0.37%	1.52%	+1.15	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.54%	0.46%	0.59%	+0.13	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	99.08%	99.17%	97.90%	-1.27	—

Table B-2—BCC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Non-English</i>	0.38%	0.37%	1.52%	+1.15	—
<i>Preferred Language for Written Materials—Unknown</i>	0.54%	0.46%	0.59%	+0.13	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	70.55	70.18	68.98	-1.20	★★
<i>Outpatient Visits—Total</i>	356.57	554.98	396.06	-158.9	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	9.78	9.18	7.94	-1.24	—
<i>Total Inpatient—Average Length of Stay—Total</i>	3.76	4.31	3.92	-0.39	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	3.99	2.80	2.80	0.00	—
<i>Maternity—Average Length of Stay—Total</i>	2.69	2.94	2.65	-0.29	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	2.22	2.44	1.90	-0.54	—
<i>Surgery—Average Length of Stay—Total</i>	6.37	6.75	6.37	-0.38	—

Table B-2—BCC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	4.74	4.54	3.87	-0.67	—
Medicine—Average Length of Stay—Total	3.17	3.65	3.43	-0.22	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables, and therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable, or the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-3—HAR Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	50.59%	48.57%	60.71%	+12.14	★
Combination 3	45.88%	44.29%	50.00%	+5.71	★
Combination 4	44.71%	42.86%	46.43%	+3.57	★
Combination 5	36.47%	32.86%	37.50%	+4.64	★
Combination 6	22.35%	21.43%	19.64%	-1.79	★
Combination 7	35.29%	31.43%	35.71%	+4.28	★
Combination 8	21.18%	20.00%	19.64%	-0.36	★
Combination 9	16.47%	18.57%	16.07%	-2.50	★
Combination 10	15.29%	17.14%	16.07%	-1.07	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	37.50%	NA	NA	—	NA
Lead Screening in Children					
Lead Screening in Children	72.94%	71.43%	67.86%	-3.57	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	64.44%	62.89%	69.68%	+6.79	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	32.93%	35.51%	42.82%	+7.31 ⁺	★★
Immunizations for Adolescents					
Combination 1	NA	58.33%	68.42%	+10.09	★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	83.33%	96.61%	90.34%	-6.27 ⁺⁺	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	NA	NA	59.09%	—	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	NA	NA	NA	—	NA

Table B-3—HAR Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	NA	NA	NA	—	NA
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	67.44%	64.71%	70.00%	+5.29	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	51.98%	42.58%	56.20%	+13.62 ⁺	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	NA	71.88%	70.49%	-1.39	★★★★★
Ages 21 to 24 Years	NA	73.47%	70.67%	-2.80	★★★★
Total	64.44%	72.84%	70.59%	-2.25	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	82.30%	82.35%	86.05%	+3.70	★
Ages 25 Months to 6 Years	68.62%	73.16%	76.97%	+3.81	★
Ages 7 to 11 Years	71.26%	71.65%	79.14%	+7.49	★
Ages 12 to 19 Years	63.16%	67.02%	65.25%	-1.77	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	56.51%	56.44%	59.28%	+2.84	★
Ages 45 to 64 Years	75.19%	76.43%	77.85%	+1.42	★
Ages 65+ Years	NA	NA	NA	—	NA
Total	64.64%	66.87%	68.12%	+1.25	★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	40.00%	20.51%	-19.49	★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	79.03%	73.97%	79.08%	+5.11	★★★★
Counseling for Nutrition—Total	74.94%	69.83%	79.81%	+9.98 ⁺	★★★★★

Table B-3—HAR Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Counseling for Physical Activity—Total⁴</i>	60.61%	57.66%	57.91%	+0.25	★★★
Adult BMI Assessment					
<i>Adult BMI Assessment</i>	94.52%	74.19%	90.27%	+16.08 ⁺	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
<i>Timeliness of Prenatal Care</i>	55.56%	34.41%	47.13%	+12.72	★
<i>Postpartum Care</i>	49.21%	33.33%	42.53%	+9.20	★
Frequency of Ongoing Prenatal Care					
<i>≥81 Percent of Expected Visits</i>	28.57%	11.83%	24.14%	+12.31 ⁺	★
Living With Illness					
Comprehensive Diabetes Care⁴					
<i>Hemoglobin A1c (HbA1c) Testing</i>	87.30%	75.64%	88.00%	+12.36 ⁺	★★★
<i>HbA1c Poor Control (>9.0%)*</i>	33.33%	73.08%	41.33%	-31.75 ⁺	★★★
<i>HbA1c Control (<8.0%)</i>	53.97%	22.22%	52.67%	+30.45 ⁺	★★★★★
<i>Eye Exam (Retinal) Performed</i>	52.38%	46.15%	45.67%	-0.48	★★
<i>Medical Attention for Nephropathy</i>	88.89%	91.03%	90.00%	-1.03	★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	57.14%	31.20%	46.33%	+15.13 ⁺	★
Medication Management for People With Asthma					
<i>Medication Compliance 50%—Total</i>	—	NA	NA	—	NA
<i>Medication Compliance 75%—Total</i>	—	NA	NA	—	NA
Asthma Medication Ratio					
<i>Total</i>	—	NA	43.90%	—	★
Controlling High Blood Pressure					
<i>Controlling High Blood Pressure</i>	54.95%	31.39%	34.06%	+2.67	★
Medical Assistance With Smoking and Tobacco Use Cessation					

Table B-3—HAR Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Advising Smokers and Tobacco Users to Quit</i>	80.83%	78.41%	79.06%	+0.65	★★★
<i>Discussing Cessation Medications</i>	63.11%	54.51%	58.99%	+4.48	★★★★★
<i>Discussing Cessation Strategies</i>	49.17%	45.28%	50.00%	+4.72	★★★★★
Antidepressant Medication Management					
<i>Effective Acute Phase Treatment</i>	—	NA	NA	—	NA
<i>Effective Continuation Phase Treatment</i>	—	NA	NA	—	NA
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NA	NA	72.73%	—	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NA	NA	NA	—	NA
Annual Monitoring for Patients on Persistent Medications					
<i>ACE Inhibitors or ARBs</i>	—	87.30%	87.79%	+0.49	★★★

Table B-3—HAR Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Digoxin</i>	—	NA	NA	—	NA
<i>Diuretics</i>	—	85.20%	85.19%	-0.01	★★
<i>Total</i>	—	86.41%	86.63%	+0.22	★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	23.82%	2.39%	28.46%	+26.07	—
<i>Total—Black or African American</i>	60.13%	44.08%	51.78%	+7.70	—
<i>Total—American-Indian and Alaska Native</i>	0.09%	10.69%	1.13%	-9.56	—
<i>Total—Asian</i>	0.00%	15.88%	2.09%	-13.79	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	1.53%	0.00%	0.00%	0.00	—
<i>Total—Some Other Race</i>	3.77%	0.00%	0.00%	0.00	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	10.66%	26.96%	16.54%	-10.42	—
<i>Total—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Hispanic or Latino</i>	3.77%	—	3.59%	—	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	100.00%	72.57%	99.04%	+26.47	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.00%	0.51%	0.92%	+0.41	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.00%	26.93%	0.05%	-26.88	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	0.00%	0.00%	0.00%	0.00	—

Table B-3—HAR Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	72.44	79.99	82.34	+2.35	★
<i>Outpatient Visits—Total</i>	248.66	241.28	251.03	+9.75	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	8.67	9.83	9.03	-0.80	—
<i>Total Inpatient—Average Length of Stay—Total</i>	4.39	3.89	4.15	+0.26	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.18	1.76	0.26	-1.50	—
<i>Maternity—Average Length of Stay—Total</i>	2.80	2.47	2.47	0.00	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.81	2.09	2.73	+0.64	—
<i>Surgery—Average Length of Stay—Total</i>	7.65	5.67	4.80	-0.87	—

Table B-3—HAR Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	5.36	6.06	4.85	-1.21	—
Medicine—Average Length of Stay—Total	3.73	3.56	3.53	-0.03	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-4—MCL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	72.75%	74.70%	79.81%	+5.11	★★★★
Combination 3	69.59%	68.61%	75.67%	+7.06 ⁺	★★★★
Combination 4	64.96%	64.72%	73.97%	+9.25 ⁺	★★★★
Combination 5	55.72%	54.99%	68.13%	+13.14 ⁺	★★★★
Combination 6	38.69%	38.93%	40.88%	+1.95	★★★
Combination 7	52.55%	53.04%	66.42%	+13.38 ⁺	★★★★
Combination 8	37.96%	38.44%	40.88%	+2.44	★★★
Combination 9	31.63%	32.85%	37.71%	+4.86	★★★
Combination 10	31.14%	32.85%	37.71%	+4.86	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	68.37%	66.42%	64.48%	-1.94	★★★
Lead Screening in Children					
Lead Screening in Children	84.91%	92.21%	94.40%	+2.19	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	74.94%	71.29%	70.07%	-1.22	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	46.96%	46.23%	47.20%	+0.97	★★
Immunizations for Adolescents					
Combination 1	89.29%	82.73%	84.43%	+1.70	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	82.94%	86.74%	86.33%	-0.41	★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	66.88%	70.37%	70.40%	+0.03	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	45.42%	42.27%	39.67%	-2.60	★★

Table B-4—MCL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	57.34%	54.07%	43.98%	-10.09 ⁺⁺	★★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	50.02%	58.78%	63.31%	+4.53 ⁺	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	55.47%	63.02%	56.93%	-6.09	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	50.19%	50.36%	52.81%	+2.45	★★★
Ages 21 to 24 Years	55.96%	60.12%	59.87%	-0.25	★★
Total	52.38%	54.81%	56.01%	+1.20	★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.28%	95.44%	94.66%	-0.78	★★
Ages 25 Months to 6 Years	88.95%	86.68%	87.10%	+0.42	★★
Ages 7 to 11 Years	89.67%	87.98%	89.00%	+1.02 ⁺	★★
Ages 12 to 19 Years	87.72%	86.62%	88.30%	+1.68 ⁺	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	81.53%	83.34%	82.10%	-1.24 ⁺⁺	★★★
Ages 45 to 64 Years	89.61%	89.87%	89.58%	-0.29	★★★
Ages 65+ Years	83.63%	90.48%	NA	—	NA
Total	84.36%	86.05%	85.18%	-0.87 ⁺⁺	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	23.00%	26.35%	+3.35 ⁺	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	76.16%	66.67%	83.45%	+16.78 ⁺	★★★★
Counseling for Nutrition—Total	56.45%	50.85%	60.34%	+9.49 ⁺	★★
Counseling for Physical Activity—Total ⁴	44.28%	44.53%	50.85%	+6.32	★★

Table B-4—MCL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	86.86%	87.83%	91.48%	+3.65	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	86.86%	76.40%	86.13%	+9.73 ⁺	★★★
Postpartum Care	69.34%	63.99%	64.23%	+0.24	★★★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	60.83%	58.15%	51.09%	-7.06 ⁺⁺	★★
Living With Illness					
Comprehensive Diabetes Care⁴					
Hemoglobin A1c (HbA1c) Testing	83.19%	89.42%	87.59%	-1.83	★★★
HbA1c Poor Control (>9.0%)*	34.82%	36.50%	48.54%	12.04 ⁺⁺	★★
HbA1c Control (<8.0%)	45.80%	51.09%	41.61%	-9.48 ⁺⁺	★★
Eye Exam (Retinal) Performed	52.49%	56.20%	58.03%	+1.83	★★★
Medical Attention for Nephropathy	82.85%	92.15%	88.87%	-3.28	★★
Blood Pressure Control (<140/90 mm Hg)	62.44%	61.50%	66.24%	+4.74	★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	59.94%	84.33%	+24.39 ⁺	★★★★★
Medication Compliance 75%—Total	—	38.39%	67.87%	+29.48 ⁺	★★★★★
Asthma Medication Ratio					
Total	—	65.18%	66.09%	+0.91	★★★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	54.99%	54.74%	58.64%	+3.90	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	75.71%	77.60%	76.79%	-0.81	★★★

Table B-4—MCL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	42.98%	50.54%	54.94%	+4.40	★★★★★
Discussing Cessation Strategies	39.94%	42.25%	47.70%	+5.45	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	58.33%	45.65%	-12.68 ⁺⁺	★
Effective Continuation Phase Treatment	—	39.15%	29.70%	-9.45 ⁺⁺	★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	79.07%	81.62%	82.62%	+1.00	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	61.93%	63.59%	72.17%	+8.58	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	67.65%	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	67.20%	66.45%	63.27%	-3.18	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	86.14%	84.68%	-1.46 ⁺⁺	★
Digoxin	—	56.25%	44.44%	-11.81	★
Diuretics	—	86.37%	85.62%	-0.75	★★

Table B-4—MCL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Total</i>	—	86.02%	84.84%	-1.18 ⁺⁺	★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	65.46%	68.72%	66.67%	-2.05	—
<i>Total—Black or African American</i>	15.84%	15.26%	17.27%	+2.01	—
<i>Total—American-Indian and Alaska Native</i>	0.31%	0.55%	0.54%	-0.01	—
<i>Total—Asian</i>	0.90%	0.71%	0.00%	-0.71	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.07%	0.07%	0.79%	+0.72	—
<i>Total—Some Other Race</i>	<0.01%	5.05%	5.51%	+0.46	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	12.43%	9.64%	9.22%	-0.42	—
<i>Total—Declined</i>	4.99%	<0.01%	0.00%	0.00	—
<i>Total—Hispanic or Latino</i>	4.65%	5.05%	5.51%	+0.46	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	98.64%	96.40%	96.45%	+0.05	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.62%	0.20%	0.77%	+0.57	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	<0.01%	3.40%	2.78%	-0.62	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.74%	<0.01%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	0.00%	NR	0.00%	—	—
<i>Preferred Language for Written Materials—Non-English</i>	0.00%	NR	0.00%	—	—

Table B-4—MCL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	NR	0.00%	—	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	69.79	70.80	70.81	+0.01	★★
<i>Outpatient Visits—Total</i>	475.45	430.13	552.80	+122.67	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	7.59	7.42	8.38	+0.96	—
<i>Total Inpatient—Average Length of Stay—Total</i>	3.55	3.45	3.87	+0.42	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	3.81	2.65	2.72	+0.07	—
<i>Maternity—Average Length of Stay—Total</i>	2.56	2.33	2.46	+0.13	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.55	2.01	4.09	+2.08	—
<i>Surgery—Average Length of Stay—Total</i>	5.09	4.85	4.70	-0.15	—

Table B-4—MCL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	3.31	3.47	1.47	-2.00	—
Medicine—Average Length of Stay—Total	3.62	3.27	3.61	+0.34	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

NR indicates that the auditor determined that the HEDIS 2015 or HEDIS 2016 rate was materially biased or that the MHP chose not to report a rate for this measure indicator. For HEDIS 2017, NR indicates that the MHP chose not to report a rate for this measure indicator.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-5—MER Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	78.89%	77.91%	78.60%	+0.69	★★★★
Combination 3	74.25%	72.79%	74.88%	+2.09	★★★
Combination 4	65.43%	68.84%	71.63%	+2.79	★★★
Combination 5	61.72%	59.07%	64.42%	+5.35	★★★★
Combination 6	46.64%	42.79%	40.70%	-2.09	★★★
Combination 7	55.45%	55.81%	62.33%	+6.52	★★★★
Combination 8	42.69%	41.86%	40.00%	-1.86	★★★
Combination 9	40.84%	36.28%	35.81%	-0.47	★★★
Combination 10	37.82%	35.35%	35.35%	0.00	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	74.54%	75.21%	74.88%	-0.33	★★★★★
Lead Screening in Children					
Lead Screening in Children	81.48%	80.32%	81.14%	+0.82	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	79.17%	77.27%	78.42%	+1.15	★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	55.92%	59.72%	64.42%	+4.70	★★★★
Immunizations for Adolescents					
Combination 1	89.39%	86.11%	86.60%	+0.49	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	89.73%	89.77%	89.44%	-0.33	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	70.95%	72.84%	73.43%	+0.59	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	45.72%	45.88%	41.74%	-4.14 ⁺⁺	★★

Table B-5—MER Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	55.14%	57.59%	55.97%	-1.62	★★★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	65.27%	59.57%	64.41%	+4.84 ⁺	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	76.94%	63.91%	65.50%	+1.59	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	58.63%	60.65%	60.49%	-0.16	★★★★
Ages 21 to 24 Years	67.98%	68.47%	69.23%	+0.76	★★★★
Total	62.39%	64.41%	64.88%	+0.47	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	97.66%	97.69%	97.37%	-0.32	★★★★
Ages 25 Months to 6 Years	91.70%	91.25%	90.69%	-0.56 ⁺⁺	★★★
Ages 7 to 11 Years	92.85%	92.57%	92.53%	-0.04	★★★
Ages 12 to 19 Years	92.88%	92.74%	92.90%	+0.16	★★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	85.52%	85.37%	83.55%	-1.82 ⁺⁺	★★★★
Ages 45 to 64 Years	92.36%	91.57%	90.46%	-1.11 ⁺⁺	★★★★
Ages 65+ Years	89.69%	91.50%	92.62%	+1.12	★★★★
Total	87.57%	87.70%	86.17%	-1.53 ⁺⁺	★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	23.57%	26.18%	+2.61 ⁺	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	75.17%	74.53%	81.48%	+6.95 ⁺	★★★★
Counseling for Nutrition—Total	69.37%	68.22%	73.15%	+4.93	★★★★

Table B-5—MER Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Counseling for Physical Activity—Total^d</i>	53.36%	55.14%	59.49%	+4.35	★★★
Adult BMI Assessment					
<i>Adult BMI Assessment</i>	91.65%	94.08%	96.28%	+2.20	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
<i>Timeliness of Prenatal Care</i>	90.02%	88.11%	82.87%	-5.24 ⁺⁺	★★★
<i>Postpartum Care</i>	70.07%	68.53%	71.30%	+2.77	★★★★★
Frequency of Ongoing Prenatal Care					
<i>≥81 Percent of Expected Visits</i>	85.38%	86.01%	70.83%	-15.18 ⁺⁺	★★★★★
Living With Illness					
Comprehensive Diabetes Care^d					
<i>Hemoglobin A1c (HbA1c) Testing</i>	87.03%	85.60%	87.79%	+2.19	★★★
<i>HbA1c Poor Control (>9.0%)*</i>	45.54%	39.97%	35.42%	-4.55	★★★★★
<i>HbA1c Control (<8.0%)</i>	45.38%	50.23%	52.67%	+2.44	★★★★★
<i>Eye Exam (Retinal) Performed</i>	63.86%	61.87%	67.63%	+5.76 ⁺	★★★★★
<i>Medical Attention for Nephropathy</i>	81.69%	88.67%	91.45%	+2.78	★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	72.77%	68.15%	65.65%	-2.50	★★★
Medication Management for People With Asthma					
<i>Medication Compliance 50%—Total</i>	—	71.23%	72.33%	+1.10	★★★★★
<i>Medication Compliance 75%—Total</i>	—	48.68%	51.35%	+2.67 ⁺	★★★★★
Asthma Medication Ratio					
<i>Total</i>	—	69.48%	61.92%	-7.56 ⁺⁺	★★★
Controlling High Blood Pressure					
<i>Controlling High Blood Pressure</i>	74.46%	67.79%	67.15%	-0.64	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					

Table B-5—MER Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Advising Smokers and Tobacco Users to Quit</i>	80.81%	80.16%	81.16%	+1.00	★★★★★
<i>Discussing Cessation Medications</i>	58.61%	55.69%	54.30%	-1.39	★★★★★
<i>Discussing Cessation Strategies</i>	47.99%	44.88%	44.68%	-0.20	★★★
Antidepressant Medication Management					
<i>Effective Acute Phase Treatment</i>	—	70.45%	50.92%	-19.53 ⁺⁺	★★
<i>Effective Continuation Phase Treatment</i>	—	50.24%	31.77%	-18.47 ⁺⁺	★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	86.96%	80.27%	83.11%	+2.84 ⁺	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	92.37%	73.63%	66.04%	-7.59 ⁺⁺	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	57.42%	80.00%	55.88%	-24.12 ⁺⁺	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	52.48%	61.59%	63.52%	+1.93	★★★
Annual Monitoring for Patients on Persistent Medications					
<i>ACE Inhibitors or ARBs</i>	—	87.38%	86.53%	-0.85 ⁺⁺	★★

Table B-5—MER Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Digoxin</i>	—	52.38%	51.44%	-0.94	★★
<i>Diuretics</i>	—	87.53%	86.88%	-0.65	★★
<i>Total</i>	—	87.22%	86.47%	-0.75⁺⁺	★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	63.62%	62.24%	61.97%	-0.27	—
<i>Total—Black or African American</i>	21.24%	21.29%	21.51%	+0.22	—
<i>Total—American-Indian and Alaska Native</i>	0.34%	0.45%	0.49%	+0.04	—
<i>Total—Asian</i>	0.84%	0.77%	0.73%	-0.04	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.06%	0.06%	0.06%	0.00	—
<i>Total—Some Other Race</i>	<0.01%	<0.01%	<0.01%	0.00	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	5.65%	5.66%	5.76%	+0.10	—
<i>Total—Declined</i>	8.24%	9.53%	9.48%	-0.05	—
<i>Total—Hispanic or Latino</i>	5.65%	5.66%	5.75%	+0.09	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	98.72%	98.87%	98.69%	-0.18	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	1.28%	1.13%	1.29%	+0.16	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	<0.01%	<0.01%	0.02%	+0.02	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	98.72%	98.87%	98.69%	-0.18	—

Table B-5—MER Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Non-English</i>	1.28%	1.13%	1.29%	+0.16	—
<i>Preferred Language for Written Materials—Unknown</i>	<0.01%	<0.01%	0.02%	+0.02	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	98.72%	98.87%	98.69%	-0.18	—
<i>Other Language Needs—Non-English</i>	1.28%	1.13%	1.29%	+0.16	—
<i>Other Language Needs—Unknown</i>	<0.01%	<0.01%	0.02%	+0.02	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	35.59	80.18	77.48	-2.70	★
<i>Outpatient Visits—Total</i>	220.85	392.51	398.30	+5.79	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	7.76	8.23	8.10	-0.13	—
<i>Total Inpatient—Average Length of Stay—Total</i>	3.70	3.86	3.99	+0.13	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	4.43	2.65	3.42	+0.77	—
<i>Maternity—Average Length of Stay—Total</i>	2.45	2.50	2.55	+0.05	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.13	1.02	1.90	+0.88	—
<i>Surgery—Average Length of Stay—Total</i>	5.90	5.73	6.29	+0.56	—

Table B-5—MER Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	3.81	5.33	3.74	-1.59	—
Medicine—Average Length of Stay—Total	3.98	3.98	3.77	-0.21	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-6—MID Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	79.59%	79.86%	NA	—	NA
Combination 3	73.79%	73.84%	NA	—	NA
Combination 4	70.38%	71.30%	NA	—	NA
Combination 5	62.29%	63.43%	NA	—	NA
Combination 6	72.06%	38.43%	NA	—	NA
Combination 7	59.64%	61.34%	NA	—	NA
Combination 8	68.75%	37.27%	NA	—	NA
Combination 9	61.02%	33.10%	NA	—	NA
Combination 10	58.47%	31.94%	NA	—	NA
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	59.61%	56.02%	NA	—	NA
Lead Screening in Children					
Lead Screening in Children	77.62%	74.07%	NA	—	NA
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.91%	76.85%	56.36%	-20.49 ⁺⁺	★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	54.26%	54.99%	24.07%	-30.92 ⁺⁺	★
Immunizations for Adolescents					
Combination 1	87.10%	87.73%	NA	—	NA
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	88.35%	88.19%	NA	—	NA
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	65.50%	67.98%	NA	—	NA
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	32.77%	31.86%	NA	—	NA

Table B-6—MID Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	35.05%	33.33%	NA	—	NA
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	56.39%	57.54%	56.94%	-0.60	★★
Cervical Cancer Screening					
Cervical Cancer Screening	65.21%	59.35%	52.26%	-7.09 ⁺⁺	★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	59.47%	58.75%	NA	—	NA
Ages 21 to 24 Years	67.40%	64.76%	47.62%	-17.14 ⁺⁺	★
Total	62.42%	61.37%	44.83%	-16.54 ⁺⁺	★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	94.47%	95.21%	NA	—	NA
Ages 25 Months to 6 Years	86.08%	86.58%	65.71%	-20.87 ⁺⁺	★
Ages 7 to 11 Years	89.51%	89.22%	75.76%	-13.46 ⁺⁺	★
Ages 12 to 19 Years	88.21%	87.47%	68.00%	-19.47 ⁺⁺	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	80.58%	77.66%	73.02%	-4.64 ⁺⁺	★
Ages 45 to 64 Years	88.77%	88.04%	90.16%	+2.12 ⁺	★★★★
Ages 65+ Years	92.52%	89.06%	85.05%	-4.01 ⁺⁺	★★
Total	83.84%	82.14%	83.86%	+1.72 ⁺	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	33.23%	NA	—	NA
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	75.67%	74.17%	87.64%	+13.47 ⁺	★★★★★
Counseling for Nutrition—Total	69.34%	62.80%	70.79%	+7.99	★★★
Counseling for Physical Activity—Total ⁴	63.26%	54.98%	64.04%	+9.06	★★★★

Table B-6—MID Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	85.16%	85.42%	89.95%	+4.53	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	87.83%	71.93%	50.00%	-21.93 ⁺⁺	★
Postpartum Care	62.53%	51.04%	40.38%	-10.66	★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	62.29%	35.73%	13.46%	-22.27 ⁺⁺	★
Living With Illness					
Comprehensive Diabetes Care^d					
Hemoglobin A1c (HbA1c) Testing	86.96%	85.93%	86.37%	+0.44	★★★★
HbA1c Poor Control (>9.0%)*	36.59%	48.44%	39.90%	-8.54 ⁺	★★★★
HbA1c Control (<8.0%)	54.81%	45.04%	52.31%	+7.27 ⁺	★★★★
Eye Exam (Retinal) Performed	57.63%	57.19%	54.74%	-2.45	★★★★
Medical Attention for Nephropathy	81.93%	88.74%	94.89%	+6.15 ⁺	★★★★★
Blood Pressure Control (<140/90 mm Hg)	73.93%	44.74%	57.91%	+13.17 ⁺	★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	62.98%	NA	—	NA
Medication Compliance 75%—Total	—	34.90%	NA	—	NA
Asthma Medication Ratio					
Total	—	60.26%	NA	—	NA
Controlling High Blood Pressure					
Controlling High Blood Pressure	66.18%	53.86%	60.58%	+6.72 ⁺	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.27%	81.74%	82.11%	+0.37	★★★★★

Table B-6—MID Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	50.46%	52.57%	58.30%	+5.73	★★★★
Discussing Cessation Strategies	45.85%	44.21%	44.44%	+0.23	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	37.50%	47.12%	+9.62	★
Effective Continuation Phase Treatment	—	23.44%	31.73%	+8.29	★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.87%	81.58%	68.00%	-13.58 ⁺⁺	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	53.85%	65.69%	64.10%	-1.59	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.25%	5.04%	69.41%	+64.37 ⁺	★★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	86.17%	83.40%	-2.77 ⁺⁺	★
Digoxin	—	54.55%	NA	—	NA
Diuretics	—	84.95%	84.75%	-0.20	★

Table B-6—MID Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Total</i>	—	85.43%	83.67%	-1.76	★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	44.39%	43.61%	46.63%	+3.02	—
<i>Total—Black or African American</i>	38.67%	37.40%	35.69%	-1.71	—
<i>Total—American-Indian and Alaska Native</i>	0.13%	0.18%	0.00%	-0.18	—
<i>Total—Asian</i>	2.11%	2.02%	2.36%	+0.34	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.19%	0.18%	0.29%	+0.11	—
<i>Total—Some Other Race</i>	0.00%	4.58%	2.64%	-1.94	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	14.52%	12.03%	12.39%	+0.36	—
<i>Total—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Hispanic or Latino</i>	4.75%	4.58%	2.64%	-1.94	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	100.00%	100.00%	100.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.00%	0.00%	0.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—Non-English</i>	0.00%	0.00%	0.00%	0.00	—

Table B-6—MID Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	66.72	66.64	75.28	+8.64	★
<i>Outpatient Visits—Total</i>	370.50	405.99	539.45	+133.46	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	7.62	9.24	16.85	+7.61	—
<i>Total Inpatient—Average Length of Stay—Total</i>	4.00	3.87	BR	—	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	3.14	2.77	1.30	-1.47	—
<i>Maternity—Average Length of Stay—Total</i>	2.57	2.52	BR	—	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.63	2.16	3.59	+1.43	—
<i>Surgery—Average Length of Stay—Total</i>	6.86	6.26	BR	—	—

Table B-6—MID Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	3.87	5.06	12.46	+7.40	—
Medicine—Average Length of Stay—Total	3.58	3.38	BR	—	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

BR (Biased Rate) indicates that the MHP's rate for this measure was invalid; therefore, the rate is not presented.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-7—MOL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	75.05%	73.73%	71.74%	-1.99	★★
Combination 3	71.08%	68.43%	68.65%	+0.22	★★
Combination 4	65.43%	65.56%	67.11%	+1.55	★★
Combination 5	59.23%	60.26%	58.28%	-1.98	★★
Combination 6	37.05%	36.42%	35.98%	-0.44	★★
Combination 7	54.74%	57.84%	57.17%	-0.67	★★★
Combination 8	35.71%	35.32%	35.32%	0.00	★★
Combination 9	31.77%	33.33%	30.68%	-2.65	★★
Combination 10	30.70%	32.23%	30.24%	-1.99	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	55.09%	63.84%	68.79%	+4.95	★★★★★
Lead Screening in Children					
Lead Screening in Children	74.33%	72.19%	78.15%	+5.96 ⁺	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.09%	76.15%	75.89%	-0.26	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	58.00%	57.21%	52.48%	-4.73	★★★
Immunizations for Adolescents					
Combination 1	92.59%	90.54%	90.07%	-0.47	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	89.65%	88.44%	86.82%	-1.62 ⁺⁺	★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	63.02%	62.82%	67.17%	+4.35 ⁺	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	31.66%	37.42%	48.40%	+10.98 ⁺	★★★

Table B-7—MOL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	33.03%	45.83%	65.97%	+20.14 ⁺	★★★★★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	58.34%	59.67%	60.31%	+0.64	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	69.47%	65.63%	65.69%	+0.06	★★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	62.05%	63.25%	63.27%	+0.02	★★★★★
Ages 21 to 24 Years	70.22%	70.83%	70.37%	-0.46	★★★★★
Total	64.78%	66.33%	66.23%	-0.10	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.11%	96.39%	96.02%	-0.37	★★★
Ages 25 Months to 6 Years	87.38%	88.57%	89.57%	+1.00 ⁺	★★★
Ages 7 to 11 Years	90.98%	91.64%	92.52%	+0.88 ⁺	★★★
Ages 12 to 19 Years	89.86%	90.53%	90.88%	+0.35	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	84.10%	82.66%	81.58%	-1.08 ⁺⁺	★★★
Ages 45 to 64 Years	91.54%	89.94%	89.24%	-0.70 ⁺⁺	★★★
Ages 65+ Years	91.33%	96.13%	91.02%	-5.11 ⁺⁺	★★★★★
Total	87.62%	85.79%	84.82%	-0.97 ⁺⁺	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	27.70%	30.18%	+2.48	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	77.85%	80.46%	80.61%	+0.15	★★★★★
Counseling for Nutrition—Total	68.01%	67.82%	71.39%	+3.57	★★★★★
Counseling for Physical Activity—Total ⁴	60.40%	63.68%	63.59%	-0.09	★★★★★

Table B-7—MOL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	93.36%	90.15%	97.14%	+6.99 ⁺	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	76.33%	78.20%	83.33%	+5.13	★★★
Postpartum Care	71.02%	67.87%	75.80%	+7.93 ⁺	★★★★★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	43.58%	39.10%	54.57%	+15.47 ⁺	★★
Living With Illness					
Comprehensive Diabetes Care⁴					
Hemoglobin A1c (HbA1c) Testing	84.99%	86.04%	87.64%	+1.60	★★★
HbA1c Poor Control (>9.0%)*	32.23%	41.44%	32.45%	-8.99 ⁺	★★★★★
HbA1c Control (<8.0%)	59.82%	50.90%	56.73%	+5.83	★★★★★
Eye Exam (Retinal) Performed	56.29%	57.43%	62.03%	+4.60	★★★★★
Medical Attention for Nephropathy	85.65%	92.12%	90.73%	-1.39	★★★
Blood Pressure Control (<140/90 mm Hg)	62.03%	55.41%	55.19%	-0.22	★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	55.61%	57.76%	+2.15	★★★
Medication Compliance 75%—Total	—	30.92%	34.13%	+3.21 ⁺	★★★
Asthma Medication Ratio					
Total	—	61.35%	60.91%	-0.44	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	61.96%	53.60%	49.04%	-4.56	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	84.18%	83.54%	80.93%	-2.61	★★★★★

Table B-7—MOL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	55.34%	56.32%	57.56%	+1.24	★★★★★
Discussing Cessation Strategies	48.81%	45.94%	43.62%	-2.32	★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	51.46%	48.20%	-3.26 ⁺⁺	★
Effective Continuation Phase Treatment	—	34.29%	32.61%	-1.68	★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	86.19%	84.61%	83.10%	-1.51	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	73.17%	71.16%	72.50%	+1.34	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	79.07%	63.33%	76.32%	+12.99	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	69.45%	66.61%	61.20%	-5.41 ⁺⁺	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	88.15%	87.44%	-0.71	★★★
Digoxin	—	54.92%	65.69%	+10.77	★★★★★
Diuretics	—	87.55%	87.29%	-0.26	★★

Table B-7—MOL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Total</i>	—	87.64%	87.23%	-0.41	★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	44.42%	47.85%	46.28%	-1.57	—
<i>Total—Black or African American</i>	34.04%	32.33%	32.97%	+0.64	—
<i>Total—American-Indian and Alaska Native</i>	0.20%	0.26%	0.28%	+0.02	—
<i>Total—Asian</i>	0.66%	0.36%	0.32%	-0.04	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.00%	0.00%	<0.01%	0.00	—
<i>Total—Some Other Race</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Two or More Races</i>	<0.01%	<0.01%	<0.01%	0.00	—
<i>Total—Unknown</i>	20.67%	19.20%	20.15%	+0.95	—
<i>Total—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Hispanic or Latino</i>	7.45%	6.63%	6.40%	-0.23	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	98.61%	98.99%	98.76%	-0.23	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	1.20%	0.91%	1.12%	+0.21	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.19%	0.10%	0.12%	+0.02	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	98.61%	98.99%	98.76%	-0.23	—
<i>Preferred Language for Written Materials—Non-English</i>	1.20%	0.91%	1.12%	+0.21	—

Table B-7—MOL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Unknown</i>	0.19%	0.10%	0.12%	+0.02	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	98.61%	98.99%	98.76%	-0.23	—
<i>Other Language Needs—Non-English</i>	1.20%	0.91%	1.12%	+0.21	—
<i>Other Language Needs—Unknown</i>	0.19%	0.10%	0.12%	+0.02	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	75.53	75.32	71.94	-3.38	★★
<i>Outpatient Visits—Total</i>	395.04	410.12	424.09	+13.97	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	8.12	8.97	7.42	-1.55	—
<i>Total Inpatient—Average Length of Stay—Total</i>	4.51	4.45	4.62	+0.17	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	3.93	2.97	2.65	-0.32	—
<i>Maternity—Average Length of Stay—Total</i>	2.65	2.73	2.78	+0.05	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.80	1.90	1.82	-0.08	—
<i>Surgery—Average Length of Stay—Total</i>	7.63	7.44	7.75	+0.31	—

Table B-7—MOL Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	3.93	4.98	3.71	-1.27	—
Medicine—Average Length of Stay—Total	4.21	4.03	4.04	+0.01	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

2017 Performance Levels represent the following percentile comparisons:

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Table B-8—PRI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	85.75%	82.88%	80.29%	-2.59	★★★★
Combination 3	84.28%	80.89%	77.13%	-3.76	★★★★
Combination 4	81.57%	78.16%	76.16%	-2.00	★★★★
Combination 5	74.45%	70.72%	69.34%	-1.38	★★★★★
Combination 6	64.13%	57.07%	55.23%	-1.84	★★★★★
Combination 7	72.48%	68.49%	68.37%	-0.12	★★★★★
Combination 8	63.39%	56.08%	54.74%	-1.34	★★★★★
Combination 9	58.23%	51.61%	50.36%	-1.25	★★★★★
Combination 10	57.49%	50.62%	49.88%	-0.74	★★★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	74.14%	69.16%	70.06%	+0.90	★★★★
Lead Screening in Children					
Lead Screening in Children	83.78%	83.39%	85.83%	+2.44	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	83.28%	79.17%	76.34%	-2.83	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	55.59%	52.58%	54.63%	+2.05	★★★
Immunizations for Adolescents					
Combination 1	86.00%	89.69%	91.24%	+1.55	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	94.20%	93.71%	93.63%	-0.08	★★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	77.32%	79.07%	78.49%	-0.58	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	34.11%	39.06%	35.03%	-4.03	★★

Table B-8—PRI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	30.30%	42.13%	33.33%	-8.80	★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	63.09%	64.95%	62.58%	-2.37	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	68.92%	63.06%	67.45%	+4.39	★★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	61.60%	63.93%	65.53%	+1.60	★★★★★
Ages 21 to 24 Years	73.17%	72.21%	70.08%	-2.13	★★★★★
Total	65.12%	67.36%	67.45%	+0.09	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	97.52%	97.75%	96.96%	-0.79	★★★
Ages 25 Months to 6 Years	89.00%	89.34%	89.67%	+0.33	★★★
Ages 7 to 11 Years	92.16%	92.05%	91.78%	-0.27	★★★
Ages 12 to 19 Years	91.35%	90.36%	90.92%	+0.56	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	84.56%	85.15%	83.72%	-1.43 ⁺⁺	★★★★★
Ages 45 to 64 Years	92.29%	91.31%	90.79%	-0.52	★★★★★
Ages 65+ Years	91.16%	88.57%	94.38%	+5.81	★★★★★
Total	87.44%	87.58%	86.74%	-0.84 ⁺⁺	★★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	30.96%	37.91%	+6.95 ⁺	★★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	87.13%	75.41%	88.08%	+12.67 ⁺	★★★★★
Counseling for Nutrition—Total	75.15%	60.66%	78.10%	+17.44 ⁺	★★★★★
Counseling for Physical Activity—Total ⁴	67.54%	57.92%	73.72%	+15.80 ⁺	★★★★★

Table B-8—PRI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	87.07%	80.10%	95.56%	+15.46 ⁺	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	78.24%	63.56%	78.59%	+15.03 ⁺	★★
Postpartum Care	66.18%	61.44%	69.34%	+7.90 ⁺	★★★★★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	65.87%	45.74%	46.96%	+1.22	★★
Living With Illness					
Comprehensive Diabetes Care⁴					
Hemoglobin A1c (HbA1c) Testing	92.57%	94.89%	92.15%	-2.74	★★★★★
HbA1c Poor Control (>9.0%)*	24.86%	27.92%	31.93%	+4.01	★★★★★
HbA1c Control (<8.0%)	62.86%	60.40%	62.41%	+2.01	★★★★★
Eye Exam (Retinal) Performed	67.86%	68.80%	71.72%	+2.92	★★★★★
Medical Attention for Nephropathy	87.14%	94.34%	91.61%	-2.73	★★★
Blood Pressure Control (<140/90 mm Hg)	67.29%	49.27%	75.91%	+26.64 ⁺	★★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	75.03%	60.00%	-15.03 ⁺⁺	★★★
Medication Compliance 75%—Total	—	54.29%	37.01%	-17.28 ⁺⁺	★★★
Asthma Medication Ratio					
Total	—	84.31%	74.90%	-9.41 ⁺⁺	★★★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	61.86%	44.13%	67.15%	+23.02 ⁺	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	83.17%	79.10%	81.48%	+2.38	★★★★★

Table B-8—PRI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	52.96%	51.75%	55.97%	+4.22	★★★★★
Discussing Cessation Strategies	42.97%	43.60%	46.62%	+3.02	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	61.09%	64.29%	+3.20	★★★★★
Effective Continuation Phase Treatment	—	45.87%	53.06%	+7.19	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.38%	84.21%	84.70%	+0.49	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	79.31%	65.52%	60.98%	-4.54	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	55.95%	58.06%	62.34%	+4.28	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	87.19%	88.01%	+0.82	★★★
Digoxin	—	56.25%	43.75%	-12.50	★
Diuretics	—	85.64%	88.08%	+2.44 ⁺	★★★

Table B-8—PRI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Total</i>	—	86.41%	87.84%	+1.43 ⁺	★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	60.18%	61.56%	61.71%	+0.15	—
<i>Total—Black or African American</i>	15.85%	13.23%	13.87%	+0.64	—
<i>Total—American-Indian and Alaska Native</i>	0.42%	0.56%	0.55%	-0.01	—
<i>Total—Asian</i>	1.25%	0.91%	0.91%	0.00	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.08%	0.06%	0.06%	0.00	—
<i>Total—Some Other Race</i>	0.00%	<0.01%	<0.01%	0.00	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	22.22%	23.67%	22.89%	-0.78	—
<i>Total—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Hispanic or Latino</i>	11.86%	10.06%	10.73%	+0.67	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—Non-English</i>	0.00%	0.00%	0.00%	0.00	—

Table B-8—PRI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	80.37	76.40	75.21	-1.19	★
<i>Outpatient Visits—Total</i>	345.24	382.40	378.48	-3.92	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	7.60	6.99	7.00	+0.01	—
<i>Total Inpatient—Average Length of Stay—Total</i>	3.46	NR	3.54	—	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	5.56	3.18	3.25	+0.07	—
<i>Maternity—Average Length of Stay—Total</i>	2.56	NR	2.60	—	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.25	1.62	1.63	+0.01	—
<i>Surgery—Average Length of Stay—Total</i>	4.81	NR	4.35	—	—

Table B-8—PRI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	3.16	3.11	3.10	-0.01	—
Medicine—Average Length of Stay—Total	3.85	NR	3.80	—	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

NR indicates that the auditor determined that the HEDIS 2015 or HEDIS 2016 rate was materially biased or that the MHP chose not to report a rate for this measure indicator. For HEDIS 2017, NR indicates that the MHP chose not to report a rate for this measure indicator.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-9—THC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	70.14%	64.58%	71.53%	+6.95 ⁺	★★
Combination 3	65.28%	58.56%	65.28%	+6.72 ⁺	★★
Combination 4	61.34%	57.41%	63.66%	+6.25	★★
Combination 5	49.07%	45.60%	53.70%	+8.10 ⁺	★★
Combination 6	31.25%	27.31%	27.55%	+0.24	★
Combination 7	46.53%	44.91%	52.78%	+7.87 ⁺	★★
Combination 8	30.09%	27.08%	27.31%	+0.23	★
Combination 9	25.00%	23.61%	22.45%	-1.16	★
Combination 10	24.31%	23.38%	22.22%	-1.16	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	52.08%	54.86%	64.71%	+9.85 ⁺	★★★
Lead Screening in Children					
Lead Screening in Children	71.99%	72.69%	70.74%	-1.95	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	68.75%	69.44%	70.49%	+1.05	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	50.00%	48.61%	52.08%	+3.47	★★★
Immunizations for Adolescents					
Combination 1	84.26%	81.74%	83.80%	+2.06	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	86.35%	87.55%	89.66%	+2.11	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	56.74%	57.57%	63.11%	+5.54 ⁺	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	34.07%	53.61%	50.00%	-3.61	★★★★

Table B-9—THC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	35.85%	70.67%	62.79%	-7.88	★★★★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	48.41%	49.67%	52.51%	+2.84	★★
Cervical Cancer Screening					
Cervical Cancer Screening	58.15%	60.19%	60.88%	+0.69	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	66.69%	63.48%	71.37%	+7.89 ⁺	★★★★★
Ages 21 to 24 Years	72.24%	67.51%	70.63%	+3.12	★★★★
Total	68.75%	65.09%	71.09%	+6.00 ⁺	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	93.42%	87.60%	93.83%	+6.23 ⁺	★★
Ages 25 Months to 6 Years	82.77%	83.98%	85.89%	+1.91 ⁺	★★
Ages 7 to 11 Years	86.47%	86.73%	87.88%	+1.15	★
Ages 12 to 19 Years	85.31%	85.17%	87.39%	+2.22 ⁺	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	77.34%	77.44%	76.89%	-0.55	★★
Ages 45 to 64 Years	86.52%	86.31%	86.07%	-0.24	★★
Ages 65+ Years	76.49%	72.60%	80.24%	+7.64	★★
Total	80.62%	81.12%	80.81%	-0.31	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	33.06%	27.33%	-5.73	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	68.98%	72.92%	78.87%	+5.95 ⁺	★★★★
Counseling for Nutrition—Total	61.81%	65.28%	71.13%	+5.85	★★★★
Counseling for Physical Activity—Total ⁴	56.71%	56.25%	49.06%	-7.19 ⁺⁺	★★

Table B-9—THC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	83.28%	89.29%	89.50%	+0.21	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	68.52%	68.91%	71.13%	+2.22	★
Postpartum Care	44.68%	47.33%	48.83%	+1.50	★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	31.25%	29.93%	24.88%	-5.05	★
Living With Illness					
Comprehensive Diabetes Care⁴					
Hemoglobin A1c (HbA1c) Testing	82.04%	82.98%	82.95%	-0.03	★
HbA1c Poor Control (>9.0%)*	47.95%	53.19%	42.92%	-10.27 ⁺	★★★
HbA1c Control (<8.0%)	43.84%	37.39%	49.01%	+11.62 ⁺	★★★
Eye Exam (Retinal) Performed	35.01%	40.27%	46.27%	+6.00 ⁺	★★
Medical Attention for Nephropathy	80.67%	91.03%	91.32%	+0.29	★★★
Blood Pressure Control (<140/90 mm Hg)	51.14%	47.57%	50.68%	+3.11	★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	84.59%	85.96%	+1.37	★★★★★
Medication Compliance 75%—Total	—	66.27%	69.98%	+3.71	★★★★★
Asthma Medication Ratio					
Total	—	34.24%	47.11%	+12.87 ⁺	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	51.56%	43.05%	38.53%	-4.52	★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.73%	78.16%	79.95%	+1.79	★★★★★

Table B-9—THC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	51.91%	50.69%	55.16%	+4.47	★★★★★
Discussing Cessation Strategies	42.11%	42.29%	47.12%	+4.83	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	89.55%	55.59%	-33.96 ⁺⁺	★★★
Effective Continuation Phase Treatment	—	73.34%	39.92%	-33.42 ⁺⁺	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.84%	77.60%	82.33%	+4.73	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.66%	57.45%	59.26%	+1.81	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	57.30%	56.16%	48.47%	-7.69	★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	85.62%	87.84%	+2.22 ⁺	★★★
Digoxin	—	51.28%	33.33%	-17.95	★
Diuretics	—	85.07%	87.27%	+2.20 ⁺	★★

Table B-9—THC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Total</i>	—	85.15%	87.28%	+2.13 ⁺	★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	28.52%	31.09%	30.70%	-0.39	—
<i>Total—Black or African American</i>	58.81%	54.16%	53.90%	-0.26	—
<i>Total—American-Indian and Alaska Native</i>	0.17%	0.23%	0.27%	+0.04	—
<i>Total—Asian</i>	1.24%	1.15%	1.21%	+0.06	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.09%	0.07%	0.06%	-0.01	—
<i>Total—Some Other Race</i>	2.14%	2.45%	2.55%	+0.10	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	9.04%	10.84%	11.31%	+0.47	—
<i>Total—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Hispanic or Latino</i>	2.14%	2.45%	2.55%	+0.10	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	99.48%	99.38%	99.21%	-0.17	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.48%	0.44%	0.79%	+0.35	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.04%	0.18%	<0.01%	-0.18	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	99.48%	99.38%	99.21%	-0.17	—
<i>Preferred Language for Written Materials—Non-English</i>	0.48%	0.44%	0.79%	+0.35	—

Table B-9—THC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Unknown</i>	0.04%	0.18%	<0.01%	-0.18	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	99.48%	99.38%	99.21%	-0.17	—
<i>Other Language Needs—Non-English</i>	0.48%	0.44%	0.79%	+0.35	—
<i>Other Language Needs—Unknown</i>	0.04%	0.18%	<0.01%	-0.18	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	76.06	72.75	73.95	+1.20	★
<i>Outpatient Visits—Total</i>	322.80	320.89	333.36	+12.47	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	9.91	10.45	10.15	-0.30	—
<i>Total Inpatient—Average Length of Stay—Total</i>	4.35	4.34	4.01	-0.33	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.89	2.70	2.37	-0.33	—
<i>Maternity—Average Length of Stay—Total</i>	2.79	2.66	2.63	-0.03	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.97	2.35	2.30	-0.05	—
<i>Surgery—Average Length of Stay—Total</i>	7.69	7.63	6.54	-1.09	—

Table B-9—THC Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	5.90	6.10	6.07	-0.03	—
Medicine—Average Length of Stay—Total	3.78	3.64	3.45	-0.19	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-10—UNI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	76.16%	76.16%	78.35%	+2.19	★★★
Combination 3	71.29%	71.78%	72.51%	+0.73	★★★
Combination 4	69.59%	67.15%	70.07%	+2.92	★★★
Combination 5	60.34%	58.15%	57.66%	-0.49	★★
Combination 6	40.15%	38.69%	38.93%	+0.24	★★
Combination 7	59.37%	54.74%	55.96%	+1.22	★★
Combination 8	38.93%	36.25%	38.20%	+1.95	★★★
Combination 9	34.55%	32.85%	31.63%	-1.22	★★
Combination 10	33.82%	30.66%	30.90%	+0.24	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	57.64%	61.56%	66.67%	+5.11	★★★
Lead Screening in Children					
Lead Screening in Children	81.51%	78.86%	77.13%	-1.73	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	74.81%	73.21%	79.08%	+5.87	★★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	52.30%	54.74%	58.88%	+4.14	★★★★★
Immunizations for Adolescents					
Combination 1	88.81%	87.50%	85.40%	-2.10	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	87.20%	87.89%	89.46%	+1.57 ⁺	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	62.65%	63.13%	71.07%	+7.94 ⁺	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	40.80%	44.57%	41.48%	-3.09	★★

Table B-10—UNI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	54.00%	59.46%	53.85%	-5.61	★★★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	64.01%	61.35%	64.83%	+3.48 ⁺	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	67.68%	65.85%	69.10%	+3.25	★★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	59.26%	62.26%	66.04%	+3.78 ⁺	★★★★★
Ages 21 to 24 Years	68.99%	69.46%	71.37%	+1.91	★★★★★
Total	62.71%	65.12%	68.21%	+3.09 ⁺	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.06%	96.54%	96.20%	-0.34	★★★
Ages 25 Months to 6 Years	88.67%	89.66%	89.27%	-0.39	★★★
Ages 7 to 11 Years	91.35%	91.17%	91.77%	+0.60 ⁺	★★★
Ages 12 to 19 Years	90.50%	90.51%	91.88%	+1.37 ⁺	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	83.78%	83.01%	81.34%	-1.67 ⁺⁺	★★★
Ages 45 to 64 Years	92.16%	91.13%	89.97%	-1.16 ⁺⁺	★★★★★
Ages 65+ Years	97.31%	95.84%	94.79%	-1.05	★★★★★
Total	86.90%	86.34%	84.82%	-1.52 ⁺⁺	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	24.42%	32.40%	+7.98 ⁺	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	77.37%	71.05%	81.02%	+9.97 ⁺	★★★★★
Counseling for Nutrition—Total	71.53%	68.86%	76.64%	+7.78 ⁺	★★★★★
Counseling for Physical Activity—Total ⁴	62.53%	62.04%	62.53%	+0.49	★★★

Table B-10—UNI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	91.79%	89.12%	85.40%	-3.72	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	85.68%	76.03%	80.54%	+4.51	★★
Postpartum Care	63.82%	52.06%	67.40%	+15.34 ⁺	★★★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	62.81%	41.75%	52.07%	+10.32 ⁺	★★
Living With Illness					
Comprehensive Diabetes Care⁴					
Hemoglobin A1c (HbA1c) Testing	84.58%	86.81%	88.61%	+1.80	★★★
HbA1c Poor Control (>9.0%)*	32.22%	34.17%	32.50%	-1.67	★★★★
HbA1c Control (<8.0%)	57.22%	54.58%	56.11%	+1.53	★★★★
Eye Exam (Retinal) Performed	63.19%	64.31%	65.14%	+0.83	★★★★
Medical Attention for Nephropathy	83.33%	93.06%	92.36%	-0.70	★★★★
Blood Pressure Control (<140/90 mm Hg)	66.81%	62.64%	62.08%	-0.56	★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	69.44%	67.42%	-2.02	★★★★
Medication Compliance 75%—Total	—	45.00%	41.51%	-3.49 ⁺⁺	★★★★
Asthma Medication Ratio					
Total	—	64.68%	66.80%	+2.12	★★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	62.63%	52.32%	56.93%	+4.61	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.23%	78.86%	82.17%	+3.31	★★★★★

Table B-10—UNI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	55.72%	59.35%	60.80%	+1.45	★★★★★
Discussing Cessation Strategies	43.60%	48.02%	50.56%	+2.54	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	49.55%	59.84%	+10.29 ⁺	★★★★
Effective Continuation Phase Treatment	—	31.59%	46.87%	+15.28 ⁺	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	86.54%	85.54%	85.99%	+0.45	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	68.46%	74.48%	74.29%	-0.19	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	87.88%	80.00%	74.03%	-5.97	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.57%	60.02%	60.59%	+0.57	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	88.68%	89.75%	+1.07 ⁺	★★★
Digoxin	—	45.69%	49.02%	+3.33	★
Diuretics	—	88.75%	89.19%	+0.44	★★★

Table B-10—UNI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Total</i>	—	88.41%	89.28%	+0.87 ⁺	★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	50.34%	50.65%	50.85%	+0.20	—
<i>Total—Black or African American</i>	32.58%	31.80%	30.38%	-1.42	—
<i>Total—American-Indian and Alaska Native</i>	0.21%	0.24%	0.26%	+0.02	—
<i>Total—Asian</i>	2.40%	2.37%	2.11%	-0.26	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.01%	<0.01%	0.01%	0.00	—
<i>Total—Some Other Race</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	14.45%	14.94%	16.40%	+1.46	—
<i>Total—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Hispanic or Latino</i>	5.52%	5.30%	5.61%	+0.31	—
Language Diversity of Membership					
<i>Spoken Language Preferred for Health Care—English</i>	95.71%	95.33%	95.71%	+0.38	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	4.26%	4.67%	4.28%	-0.39	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.03%	<0.01%	<0.01%	0.00	—
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Preferred Language for Written Materials—English</i>	95.71%	95.33%	95.71%	+0.38	—
<i>Preferred Language for Written Materials—Non-English</i>	4.26%	4.67%	4.28%	-0.39	—

Table B-10—UNI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Preferred Language for Written Materials—Unknown</i>	0.03%	<0.01%	<0.01%	0.00	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	73.86	73.22	72.58	-0.64	★★
<i>Outpatient Visits—Total</i>	361.16	367.42	368.15	+0.73	—
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	6.95	6.59	5.59	-1.00	—
<i>Total Inpatient—Average Length of Stay—Total</i>	4.17	4.23	4.33	+0.10	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	3.57	2.74	2.49	-0.25	—
<i>Maternity—Average Length of Stay—Total</i>	2.51	2.62	2.57	-0.05	—
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.55	1.61	1.37	-0.24	—
<i>Surgery—Average Length of Stay—Total</i>	6.97	6.76	6.56	-0.20	—

Table B-10—UNI Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Medicine—Discharges per 1,000 Member Months—Total	3.10	3.06	2.44	-0.62	—
Medicine—Average Length of Stay—Total	3.99	3.92	4.37	+0.45	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading³ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading⁴ Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-11—UPP Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	80.29%	78.10%	73.24%	-4.86	★★
Combination 3	75.18%	73.24%	71.53%	-1.71	★★★
Combination 4	68.37%	66.67%	65.21%	-1.46	★★
Combination 5	58.88%	55.47%	54.99%	-0.48	★★
Combination 6	57.66%	43.55%	42.09%	-1.46	★★★
Combination 7	55.23%	52.07%	51.58%	-0.49	★★
Combination 8	54.50%	41.61%	39.17%	-2.44	★★★
Combination 9	48.18%	37.23%	34.55%	-2.68	★★★
Combination 10	46.23%	36.01%	32.85%	-3.16	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	76.16%	74.21%	74.21%	0.00	★★★★★
Lead Screening in Children					
Lead Screening in Children	86.37%	88.56%	82.43%	-6.13 ⁺⁺	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	70.80%	69.59%	73.97%	+4.38	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	48.91%	42.09%	44.50%	+2.41	★★
Immunizations for Adolescents					
Combination 1	86.62%	81.75%	80.90%	-0.85	★★★
Appropriate Treatment for Children With Upper Respiratory Infection³					
Appropriate Treatment for Children With Upper Respiratory Infection	89.17%	90.27%	91.15%	+0.88	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	68.41%	68.97%	63.09%	-5.88 ⁺⁺	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	46.50%	53.16%	42.98%	-10.18 ⁺⁺	★★★

Table B-11—UPP Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Continuation and Maintenance Phase	47.96%	57.65%	45.36%	-12.29	★★
Women – Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	58.09%	59.64%	64.73%	+5.09 ⁺	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	67.88%	62.53%	67.15%	+4.62	★★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	42.16%	46.95%	44.93%	-2.02	★★
Ages 21 to 24 Years	45.43%	56.06%	58.75%	+2.69	★★
Total	43.25%	50.96%	51.13%	+0.17	★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	98.17%	97.65%	97.26%	-0.39	★★★
Ages 25 Months to 6 Years	90.86%	90.18%	90.64%	+0.46	★★★
Ages 7 to 11 Years	90.73%	90.60%	91.82%	+1.22	★★★
Ages 12 to 19 Years	92.99%	92.33%	91.60%	-0.73	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	86.49%	86.23%	84.99%	-1.24 ⁺⁺	★★★★★
Ages 45 to 64 Years	90.91%	88.42%	87.55%	-0.87	★★★
Ages 65+ Years	84.21%	86.44%	91.18%	+4.74	★★★★★
Total	87.87%	87.10%	86.02%	-1.08 ⁺⁺	★★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis³					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	43.48%	25.77%	-17.71 ⁺⁺	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	85.64%	91.97%	88.81%	-3.16	★★★★★
Counseling for Nutrition—Total	59.12%	65.94%	67.40%	+1.46	★★★
Counseling for Physical Activity—Total ⁴	57.42%	64.23%	64.96%	+0.73	★★★★★

Table B-11—UPP Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	91.97%	95.62%	95.38%	-0.24	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	91.24%	86.13%	91.48%	+5.35 ⁺	★★★★★
Postpartum Care	75.91%	71.78%	72.75%	+0.97	★★★★★
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	71.05%	72.02%	73.24%	+1.22	★★★★★
Living With Illness					
Comprehensive Diabetes Care⁴					
Hemoglobin A1c (HbA1c) Testing	89.23%	91.61%	91.04%	-0.57	★★★★★
HbA1c Poor Control (>9.0%)*	28.10%	28.65%	24.73%	-3.92	★★★★★
HbA1c Control (<8.0%)	58.58%	58.21%	59.14%	+0.93	★★★★★
Eye Exam (Retinal) Performed	62.96%	66.06%	67.56%	+1.50	★★★★★
Medical Attention for Nephropathy	82.66%	91.97%	92.11%	+0.14	★★★★★
Blood Pressure Control (<140/90 mm Hg)	75.36%	75.73%	76.70%	+0.97	★★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	—	53.63%	66.08%	+12.45 ⁺	★★★★★
Medication Compliance 75%—Total	—	22.71%	38.11%	+15.40 ⁺	★★★★★
Asthma Medication Ratio					
Total	—	64.55%	58.44%	-6.11	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	70.07%	63.99%	71.05%	+7.06 ⁺	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.97%	79.43%	79.18%	-0.25	★★★

Table B-11—UPP Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Discussing Cessation Medications	54.92%	55.95%	56.90%	+0.95	★★★★★
Discussing Cessation Strategies	46.79%	45.39%	45.57%	+0.18	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	—	61.13%	59.86%	-1.27	★★★★★
Effective Continuation Phase Treatment	—	40.34%	42.69%	+2.35	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	87.20%	87.20%	88.18%	+0.98	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	—	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	—	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	71.08%	60.22%	82.18%	+21.96 ⁺	★★★★★

Table B-11—UPP Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	—	87.49%	87.60%	+0.11	★★★
Digoxin	—	NA	NA	—	NA
Diuretics	—	89.29%	88.64%	-0.65	★★★
Total	—	87.94%	87.70%	-0.24	★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	87.42%	87.07%	87.04%	-0.03	—
Total—Black or African American	1.45%	1.41%	1.46%	+0.05	—
Total—American-Indian and Alaska Native	2.38%	2.53%	2.41%	-0.12	—
Total—Asian	0.32%	0.28%	0.26%	-0.02	—
Total—Native Hawaiian and Other Pacific Islander	0.09%	0.06%	0.05%	-0.01	—
Total—Some Other Race	1.24%	1.39%	1.49%	+0.10	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	<0.01%	<0.01%	0.00%	0.00	—
Total—Declined	7.09%	7.25%	7.30%	+0.05	—
Total—Hispanic or Latino	1.24%	1.39%	1.49%	+0.10	—
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.96%	99.93%	99.94%	+0.01	—
Spoken Language Preferred for Health Care—Non-English	0.02%	0.04%	0.03%	-0.01	—
Spoken Language Preferred for Health Care—Unknown	0.02%	0.03%	0.03%	0.00	—
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—

Table B-11—UPP Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
Preferred Language for Written Materials—English	99.96%	99.93%	99.94%	+0.01	—
Preferred Language for Written Materials—Non-English	0.02%	0.04%	0.03%	-0.01	—
Preferred Language for Written Materials—Unknown	0.02%	0.03%	0.03%	0.00	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	66.62	64.81	66.21	+1.40	★★
Outpatient Visits—Total	325.60	334.91	341.01	+6.10	—
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	6.23	6.34	6.54	+0.20	—
Total Inpatient—Average Length of Stay—Total	3.59	3.60	3.79	+0.19	—
Maternity—Discharges per 1,000 Member Months—Total	3.17	2.05	2.61	+0.56	—
Maternity—Average Length of Stay—Total	2.60	2.72	2.80	+0.08	—
Surgery—Discharges per 1,000 Member Months—Total	1.29	1.63	1.95	+0.32	—

Table B-11—UPP Trend Table

Measure	HEDIS 2015	HEDIS 2016	HEDIS 2017	2016–2017 Comparison ¹	2017 Performance Level ²
<i>Surgery—Average Length of Stay—Total</i>	5.27	4.69	5.42	+0.73	—
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	2.83	3.20	2.66	-0.54	—
<i>Medicine—Average Length of Stay—Total</i>	3.56	3.46	3.32	-0.14	—

¹ HEDIS 2016 to HEDIS 2017 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05.

Green Shading* Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.

Red Shading** Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.

² 2017 Performance Levels were based on comparisons of the HEDIS 2017 measure indicator rates to Quality Compass national Medicaid HEDIS 2016 percentiles, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the NCQA national Medicaid Audit Means and Percentiles HEDIS 2016 percentiles.

³ Due to changes in the technical specifications for this measure in HEDIS 2017, exercise caution when trending rates between 2017 and prior years.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2016, exercise caution when trending rates between 2016 and prior years.

⁵ Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2015 and/or 2016 rate is not presented in this report. This symbol may also indicate that the 2016–2017 Comparison was not performed because the 2016 and/or 2017 rate was not reportable or that the 2017 performance levels were not determined because the measure did not have an applicable benchmark. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Appendix C. Performance Summary Stars

Introduction

This section presents the MHPs' performance summary stars for each measure within the following measure domains:

- Child & Adolescent Care
- Women—Adult Care
- Access to Care
- Obesity
- Pregnancy Care
- Living With Illness
- Utilization

Performance ratings were assigned by comparing the MHPs' HEDIS 2017 rates to the HEDIS 2016 Quality Compass national Medicaid benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Please note, HSAG assigned performance ratings to only one measure in the Utilization measure domain, *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits*. Measures in the Health Plan Diversity domain and the remaining utilization-based measure rates were not evaluated based on comparisons to national benchmarks; however, rates for these measure indicators are presented in Appendices A and B. Additional details about the performance comparisons and star ratings are found in Section 2.

Child & Adolescent Care Performance Summary Stars

Table C-1—Child & Adolescent Care Performance Summary Stars (Table 1 of 3)

MHP	Childhood Immunization Status—Combination 2	Childhood Immunization Status—Combination 3	Childhood Immunization Status—Combination 4	Childhood Immunization Status—Combination 5	Childhood Immunization Status—Combination 6	Childhood Immunization Status—Combination 7
AET	★★	★	★★	★	★	★★
BCC	★★★★	★★★	★★★	★★★	★★★	★★★
HAR	★	★	★	★	★	★
MCL	★★★★	★★★★	★★★★	★★★★	★★★	★★★★
MER	★★★★	★★★	★★★	★★★★	★★★	★★★★
MID	NA	NA	NA	NA	NA	NA
MOL	★★	★★	★★	★★	★★	★★★
PRI	★★★★	★★★★	★★★★	★★★★★	★★★★★	★★★★★
THC	★★	★★	★★	★★	★	★★
UNI	★★★	★★★	★★★	★★	★★	★★
UPP	★★	★★★	★★	★★	★★★	★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Table C-2—Child & Adolescent Care Performance Summary Stars (Table 2 of 3)

MHP	Childhood Immunization Status—Combination 8	Childhood Immunization Status—Combination 9	Childhood Immunization Status—Combination 10	Well-Child Visits in the First 15 Months of Life—Six or More Visits	Lead Screening in Children	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
AET	★	★	★	★	★★★	★★★
BCC	★★★	★★★	★★★	★★★★★	★★★	★★★
HAR	★	★	★	NA	★★	★★
MCL	★★★	★★★	★★★	★★★	★★★★★	★★
MER	★★★	★★★	★★★	★★★★★	★★★★	★★★★
MID	NA	NA	NA	NA	NA	★
MOL	★★	★★	★★	★★★★	★★★	★★★
PRI	★★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★★
THC	★	★	★	★★★	★★	★★
UNI	★★★	★★	★★	★★★	★★★	★★★★
UPP	★★★	★★★	★★★	★★★★★	★★★★	★★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Table C-3—Child & Adolescent Care Performance Summary Stars (Table 3 of 3)

MHP	Adolescent Well-Care Visits	Immunizations for Adolescents — Combination 1 (Meningococcal, Tdap)	Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate Testing for Children With Pharyngitis	Follow-Up Care for Children Prescribed ADHD Medication— Initiation Phase	Follow-Up Care for Children Prescribed ADHD Medication— Continuation and Maintenance Phase
AET	★★★	★★★★	★★★	★	★	★
BCC	★★★	★★★★	★★★	★★★	★★★★	★★★
HAR	★★	★★	★★★	★	NA	NA
MCL	★★	★★★★	★★	★★	★★	★★
MER	★★★★	★★★★★	★★★	★★★	★★	★★★
MID	★	NA	NA	NA	NA	NA
MOL	★★★	★★★★★	★★	★★	★★★	★★★★
PRI	★★★	★★★★★	★★★★	★★★	★★	★
THC	★★★	★★★★	★★★	★	★★★★	★★★★
UNI	★★★★	★★★★	★★★	★★	★★	★★★
UPP	★★	★★★	★★★	★	★★★	★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Women—Adult Care Performance Summary Stars

Table C-4—Women—Adult Care Performance Summary Stars

MHP	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women—Ages 16 to 20 Years	Chlamydia Screening in Women—Ages 21 to 24 Years	Chlamydia Screening in Women—Total
AET	★★	★★★★	★★★★★	★★★★★	★★★★★
BCC	★★★	★★★	★★★★	★★★★	★★★★
HAR	★★★★	★★★	★★★★★	★★★★	★★★★★
MCL	★★★	★★★	★★★	★★	★★★
MER	★★★	★★★★	★★★★	★★★★	★★★★
MID	★★	★★	NA	★	★
MOL	★★★	★★★★	★★★★	★★★★	★★★★
PRI	★★★	★★★★	★★★★	★★★★	★★★★
THC	★★	★★★	★★★★★	★★★★	★★★★★
UNI	★★★	★★★★	★★★★	★★★★	★★★★
UPP	★★★	★★★★	★★	★★	★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Access to Care Performance Summary Stars

Table C-5—Access to Care Performance Summary Stars (Table 1 of 2)

MHP	Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months	Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years	Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years	Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years	Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years	Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years
AET	★	★	★	★	★	★★
BCC	★★	★★	★★	★★	★★	★★★
HAR	★	★	★	★	★	★
MCL	★★	★★	★★	★★	★★★	★★★
MER	★★★★	★★★	★★★	★★★★	★★★★	★★★★
MID	NA	★	★	★	★	★★★★
MOL	★★★	★★★	★★★	★★★	★★★	★★★
PRI	★★★	★★★	★★★	★★★	★★★★	★★★★
THC	★★	★★	★	★★	★★	★★
UNI	★★★	★★★	★★★	★★★	★★★	★★★★
UPP	★★★	★★★	★★★	★★★	★★★★	★★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Table C-6—Access to Care Performance Summary Stars (Table 2 of 2)

MHP	Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older	Adults' Access to Preventive/Ambulatory Health Services—Total	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
AET	NA	★	★★★★
BCC	★★	★★	★★★
HAR	NA	★	★
MCL	NA	★★★	★★★
MER	★★★★	★★★★	★★★
MID	★★	★★★	NA
MOL	★★★★	★★★	★★★
PRI	★★★★★	★★★★	★★★★
THC	★★	★★	★★★
UNI	★★★★★	★★★	★★★
UPP	★★★★	★★★★	★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Obesity Performance Summary Stars

Table C-7—Obesity Performance Summary Stars

MHP	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total</i>	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total</i>	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</i>	<i>Adult BMI Assessment</i>
AET	★★★★	★★★★	★★★	★★★★
BCC	★★★★★	★★★★	★★★★	★★★
HAR	★★★★	★★★★★	★★★	★★★★
MCL	★★★★	★★	★★	★★★★
MER	★★★★	★★★★	★★★	★★★★★
MID	★★★★★	★★★	★★★★	★★★★
MOL	★★★★	★★★★	★★★★	★★★★★
PRI	★★★★★	★★★★	★★★★★	★★★★★
THC	★★★★	★★★★	★★	★★★★
UNI	★★★★	★★★★	★★★	★★★
UPP	★★★★★	★★★	★★★★	★★★★★

Pregnancy Care Performance Summary Stars

Table C-8—Pregnancy Care Performance Summary Stars

MHP	<i>Prenatal and Postpartum Care— Timeliness of Prenatal Care</i>	<i>Prenatal and Postpartum Care— Postpartum Care</i>	<i>Frequency of Ongoing Prenatal Care— ≥81 Percent of Expected Visits</i>
AET	★	★	★
BCC	★★	★★★	★
HAR	★	★	★
MCL	★★★	★★★	★★
MER	★★★	★★★★	★★★★
MID	★	★	★
MOL	★★★	★★★★★	★★
PRI	★★	★★★★	★★
THC	★	★	★
UNI	★★	★★★	★★
UPP	★★★★★	★★★★	★★★★

Living With Illness Performance Summary Stars

Table C-9—Living With Illness Performance Summary Stars (Table 1 of 4)

MHP	Comprehensive Diabetes Care— Hemoglobin A1c (HbA1c) Testing	Comprehensive Diabetes Care— HbA1c Poor Control (>9.0%)*	Comprehensive Diabetes Care— HbA1c Control (<8.0%)	Comprehensive Diabetes Care— Eye Exam (Retinal) Performed	Comprehensive Diabetes Care— Medical Attention for Nephropathy	Comprehensive Diabetes Care— Blood Pressure Control (<140/90 mm Hg)
AET	★★★	★★★	★★★	★★	★★★★	★★
BCC	★★	★★★	★★	★★★	★★	★★
HAR	★★★	★★★	★★★★	★★	★★	★
MCL	★★★	★★	★★	★★★	★★	★★★
MER	★★★	★★★★	★★★★	★★★★	★★★	★★★
MID	★★★	★★★	★★★	★★★	★★★★	★★
MOL	★★★	★★★★	★★★★	★★★★	★★★	★★
PRI	★★★★	★★★★	★★★★★	★★★★★	★★★	★★★★★
THC	★	★★★	★★★	★★	★★★	★
UNI	★★★	★★★★	★★★★	★★★★	★★★★	★★★
UPP	★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★★

* A lower rate indicates better performance for this measure indicator.

Table C-10—Living With Illness Performance Summary Stars (Table 2 of 4)

MHP	Medication Management for People With Asthma— Medication Compliance 50%— Total ¹	Medication Management for People With Asthma— Medication Compliance 75%— Total	Asthma Medication Ratio—Total	Controlling High Blood Pressure	Medical Assistance With Smoking and Tobacco Use Cessation— Advising Smokers and Tobacco Users to Quit	Medical Assistance With Smoking and Tobacco Use Cessation— Discussing Cessation Medications
AET	★★★★★	★★★★★	★★	★★	★★★★	★★★★
BCC	★★★★★	★★★★★	★★	★	★★	★★★
HAR	NA	NA	★	★	★★★	★★★★★
MCL	★★★★★	★★★★★	★★★★	★★★	★★★	★★★★
MER	★★★★★	★★★★★	★★★	★★★★	★★★★	★★★★
MID	NA	NA	NA	★★★	★★★★★	★★★★
MOL	★★★	★★★	★★	★★	★★★★	★★★★
PRI	★★★	★★★	★★★★★	★★★★	★★★★	★★★★
THC	★★★★★	★★★★★	★	★	★★★★	★★★★
UNI	★★★★	★★★★	★★★★	★★★	★★★★★	★★★★★
UPP	★★★★	★★★★	★★	★★★★★	★★★	★★★★

¹ Indicates the HEDIS 2017 rates for this measure indicator were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2016 benchmarks. NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Table C-11—Living With Illness Performance Summary Stars (Table 3 of 4)

MHP	Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies	Antidepressant Medication Management—Effective Acute Phase Treatment	Antidepressant Medication Management—Effective Continuation Phase Treatment	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Monitoring for People With Diabetes and Schizophrenia	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
AET	★★★★	★★	★★★	★★	★	NA
BCC	★★	★★★★★	★★★★★	★★★	★★	NA
HAR	★★★★	NA	NA	★	NA	NA
MCL	★★★	★	★	★★★	★★★	NA
MER	★★★	★★	★	★★★	★★	★
MID	★★★	★	★	★	★★	NA
MOL	★★	★	★	★★★	★★★	★★
PRI	★★★	★★★★	★★★★	★★★★	★	NA
THC	★★★	★★★	★★★	★★★	★	NA
UNI	★★★★	★★★★	★★★★	★★★★	★★★	★★
UPP	★★★	★★★★	★★★	★★★★★	NA	NA

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Table C-12—Living With Illness Performance Summary Stars (Table 4 of 4)

MHP	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Annual Monitoring for Patients on Persistent Medications—Digoxin	Annual Monitoring for Patients on Persistent Medications—Diuretics	Annual Monitoring for Patients on Persistent Medications—Total
AET	★★	★	NA	★★	★
BCC	★★	★★	★★★	★★	★★
HAR	NA	★★★	NA	★★	★★
MCL	★★★	★	★	★★	★
MER	★★★	★★	★★	★★	★★
MID	★★★★★	★	NA	★	★
MOL	★★★	★★★	★★★★★	★★	★★★
PRI	★★★	★★★	★	★★★	★★★
THC	★	★★★	★	★★	★★★
UNI	★★★	★★★	★	★★★	★★★
UPP	★★★★★	★★★	NA	★★★	★★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

Utilization Performance Summary Stars

Table C-13—Utilization Performance Summary Stars

MHP	Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total*
AET	★
BCC	★★
HAR	★
MCL	★★
MER	★
MID	★
MOL	★★
PRI	★
THC	★
UNI	★★
UPP	★★

* A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of emergency department services may indicate better utilization of services). Therefore, Quality Compass percentiles were reversed to align with performance (e.g., the 10th percentile [a lower rate] was inverted to become the 90th percentile, indicating better performance).