Michigan Department of Health & Human Services

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2018 HEDIS Aggregate Report for Michigan Medicaid

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HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

During 2017, 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 claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid 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 selected HEDIS measures to evaluate Michigan MHPs within 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 percentiles, and changes in these rates across years were not analyzed by HSAG for statistical significance.

The performance levels are based on national percentiles and were set at specific, attainable rates. 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."

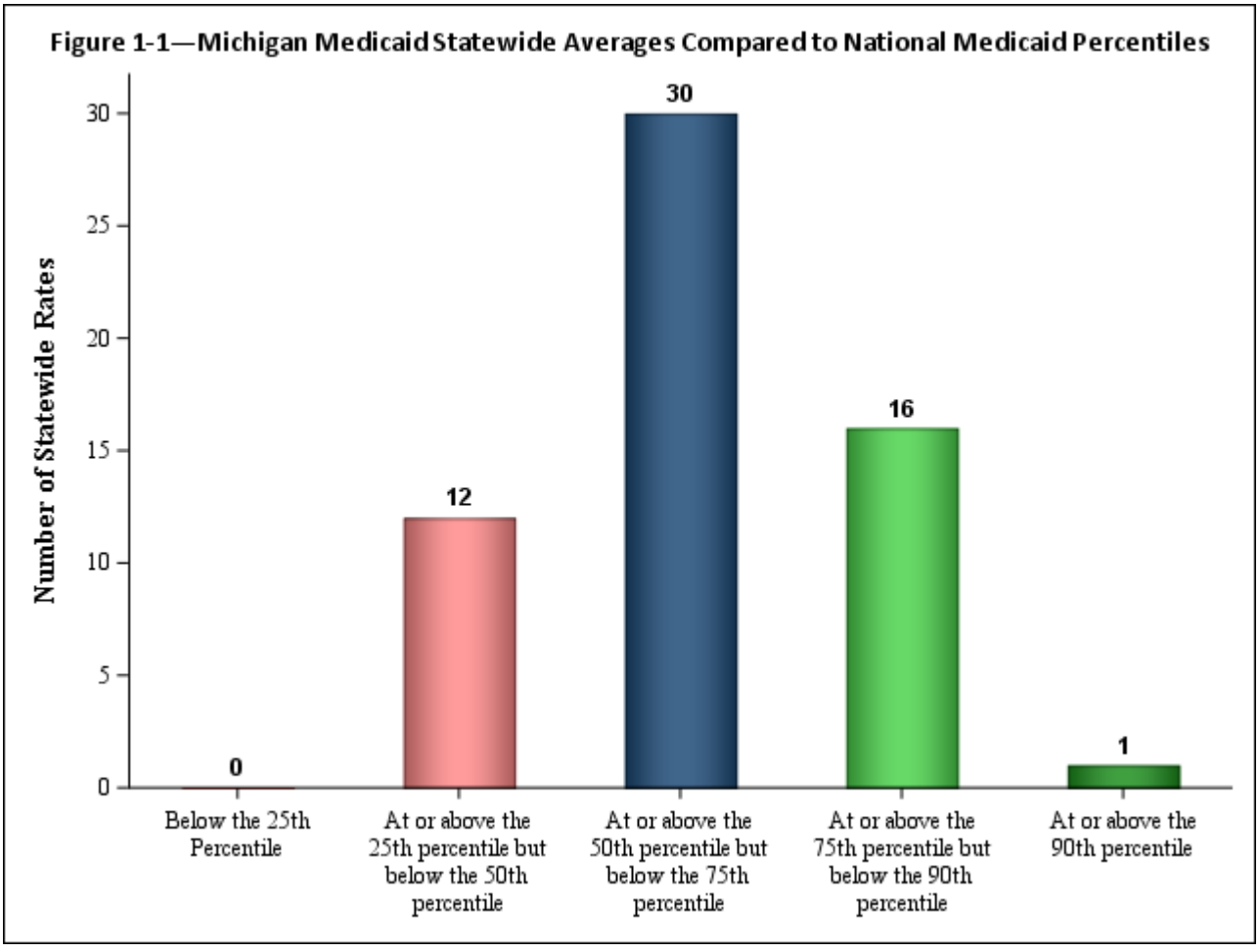
[1-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 2018, 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.

Figure 1-1—Michigan Medicaid Statewide Averages Compared to National Medicaid Percentiles



[1-2] National Committee for Quality Assurance. *HEDIS® 2018, 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 59 reported rates that were comparable to national Medicaid percentiles, none of the MWA rates fell below the national Medicaid 25th percentile. Most MWA rates (about 80 percent) ranked at or above the national Medicaid 50th percentile, indicating high performance statewide compared to national standards. A summary of MWA performance for each measure domain is presented on the following pages.

Child & Adolescent Care

For the Child & Adolescent Care domain, six of 18 (33.3 percent) MWA rates demonstrated significant increases from HEDIS 2017 to HEDIS 2018. Of note, three of the six rates that increased were *Childhood Immunization Status* measure indicators (*Combinations 7*, *9*, and *10*), and the rate increases were due primarily to relatively small increases in the rotavirus and hepatitis A vaccination rates. Nearly all MWA rates (83 percent) ranked at or above the national Medicaid 50th percentile, with two rates ranking at or above the national Medicaid 75th percentile. The *Well-Child Visits in the First 15 Months of Life* measure was an area of strength in this domain, as the MWA was both above the 75th percentile and demonstrated a significant increase. Of note, the *Appropriate Testing for Children With Pharyngitis* rate had a significant increase by upwards of 8 percentage points, with nine of 11 plans (82 percent) demonstrating significant increases.

Conversely, the MWA rates for *Appropriate Treatment for Children With Upper Respiratory Infection* and *Follow-Up Care for Children Prescribed ADHD Medication* fell below the national Medicaid 50th percentile, suggesting opportunities for improvement. However, caution should be used when comparing the HEDIS 2018 rates for the *Follow-Up Care for Children Prescribed ADHD Medication* measure indicators to national Medicaid percentiles and prior years' rates due to changes to the technical specifications for this measure for HEDIS 2018.

Women—Adult Care

For the four MWA rates in the Women—Adult Care domain that could be compared to national Medicaid percentiles or prior years' rates, *Cervical Cancer Screening* and *Chlamydia Screening in Women—Ages 16 to 20 Years* demonstrated a significant improvement from HEDIS 2017 to HEDIS 2018. Further, all four MWA rates ranked at or above the national Medicaid 50th percentile, with three of the rates ranking at or above the national Medicaid 75th percentile, indicating overall positive performance in the areas of cervical cancer and chlamydia screenings for women.

Access to Care

For the Access to Care domain, two of nine (22.2 percent) measure indicators, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* and *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, demonstrated significant increases from HEDIS 2017 to HEDIS 2018. Of note, the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* measure indicator demonstrated an area of strength in this domain, with the MWA rate ranking above the national

Medicaid 75th percentile and three MHPs demonstrating significant increases from HEDIS 2017 to HEDIS 2018. Additionally, seven of nine (77.8 percent) MWA rates ranked at or above the national Medicaid 50th percentile, indicating positive performance in the area of Access to Care compared to national standards.

Conversely, six of nine (67 percent) MWA rates within the Access to Care domain demonstrated significant decreases from HEDIS 2017 to HEDIS 2018. Of note, the MWA rates for *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* and *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* fell below the national Medicaid 50th percentile and demonstrated significant decreases. In addition, 10 of 11 (90.9 percent) MHPs' rates and the MWA demonstrated significant decreases from HEDIS 2017 to HEDIS 2018 for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Total* measure indicators. These declines in performance suggest opportunities for improving access to preventive/ambulatory services for adults ages 20 to 64 years and access to primary care physicians for children and adolescents.

Obesity

The four MWA rates included in the Obesity domain demonstrated a significant improvement from HEDIS 2017 to HEDIS 2018. Additionally, all four MWA rates ranked at or above the national Medicaid 50th percentile, demonstrating overall positive performance related to obesity. Of note, the MWA rate for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* ranked at or above the national Medicaid 75th percentile, and the MWA rate for *Adult BMI Assessment* ranked at or above the national Medicaid 90th percentile.

Pregnancy Care

One of the two measure indicators in the Pregnancy Care domain, *Prenatal and Postpartum Care—Postpartum Care,* ranked at or above the national Medicaid 50th percentile. For the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure, the MWA rate fell below the national Medicaid 50th percentile and demonstrated a significant decline from HEDIS 2017 to HEDIS 2018, indicating opportunities for improvement in prenatal care.

Living With Illness

For the Living With Illness domain, 11 of 21 (52.4 percent) MWA rates that could be compared to national Medicaid percentiles or prior years' rates demonstrated significant improvement from HEDIS 2017 to HEDIS 2018. Of note, four MHPs and the MWA demonstrated significant improvement of more than 5 percentage points for the *Antidepressant Medication Management* measure indicators. Please note, caution should be used when comparing the 2018 rates for *Antidepressant Medication Management* to national Medicaid percentiles and prior years' rates due to changes to the technical measure specifications for HEDIS 2018.

Additionally, 16 of 21 (76.2 percent) MWA rates ranked at or above the national Medicaid 50th percentile, with nine MWA rates ranking at or above the national Medicaid 75th percentile. The following nine rates demonstrated positive performance: *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Medical Attention for Nephropathy*; *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*; *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit* and *Discussing Cessation Medications*; *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*; and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*.

Conversely, only one MWA rate, *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, demonstrated a significant decline in performance from HEDIS 2017 to HEDIS 2018. Further, the MWA rates for *Asthma Medication Ratio—Total*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* and *Diuretics* fell below the national Medicaid 50th percentile, indicating opportunities for improvement for these measures.

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 insight into how select member characteristics affect the MHPs' provision of services and care. The *Race/Ethnicity Diversity of Membership* measure shows that the HEDIS 2018 statewide rates for different racial/ethnic groups were fairly stable across years, with less than 1 percentage point difference between HEDIS 2017 and HEDIS 2018 rates for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, HEDIS 2018 rates remained similar to prior years, with Michigan members reporting that they used English as the preferred spoken language for healthcare and preferred language for written materials, with less than 1 percentage point difference between HEDIS 2017 and HEDIS 2018.

Utilization

For the *Emergency Department Visits—Total* and *Outpatient Visits—Total* indicators, the Michigan average remained steady from HEDIS 2016 to HEDIS 2018 for the number of visits per 1,000 member months.[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.

[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).

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 2018 rates to prior years' results.

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—2018 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 2018 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 2018. 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 2018 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 2018 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Michigan Medicaid HEDIS 2018 Required Measures

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

Performance Measures	HEDIS Data Collection Methodology
Pregnancy Care	
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*	Hybrid
Living With Illness	
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)*	Hybrid
Medication Management for People with Asthma—Medication Compliance 50%—Total and *Medication Compliance 75%—Total*	Administrative
Asthma Medication Ratio—Total	Administrative
Controlling High Blood Pressure	Hybrid
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and *Discussing Cessation Strategies*	Administrative
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Administrative
Diabetes Monitoring for People With Diabetes and Schizophrenia	Administrative
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Administrative
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Administrative
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Diuretics, and *Total*	Administrative
Health Plan Diversity	
Race/Ethnicity Diversity of Membership	Administrative
Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and *Other Language Needs*	Administrative
Utilization	
Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total and *Outpatient Visits—Total*	Administrative
Inpatient Utilization—General Hospital/Acute Care	Administrative
Use of Opioids From Multiple Providers (Per 1,000 Members)—Multiple Prescribers, Multiple Pharmacies, and *Multiple Prescribers and Multiple Pharmacies*	Administrative
Use of Opioids at High Dosage (Per 1,000 Members)	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

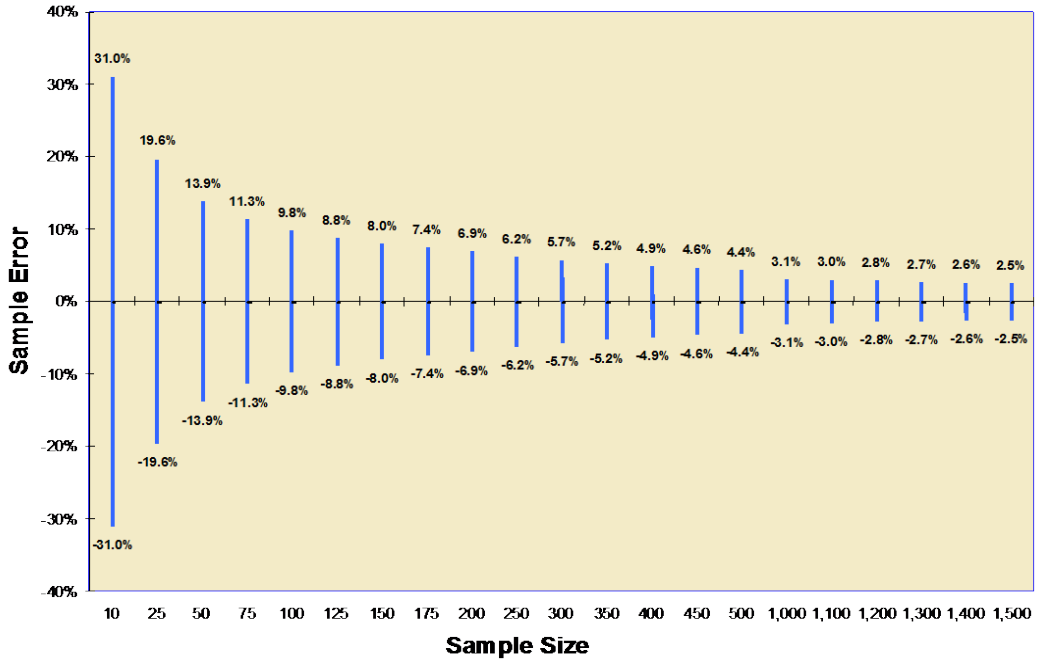
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the 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 2018 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 2018 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Unaudited (UN)*, and *Not Reported (NR)*. The audit results are defined in Section 12.

Rates designated as *NA*, *BR*, *NB*, *NQ*, *UN*, 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 by MHPs to calculate the MWA rate. Given that the MHPs varied in membership size, the MWA rate 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 MWA rate. MHP rates reported as *BR*, *NB*, *NQ*, *UN*, or *NR* were excluded from the MWA 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 2018 MHP and MWA 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 2018 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2017, 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 2017.

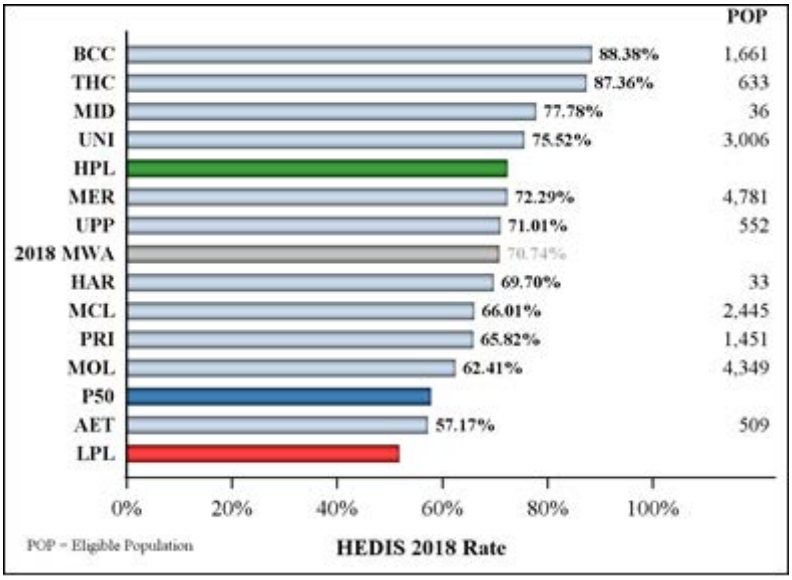
Additionally, benchmarking data (i.e., NCQA's Quality Compass and NCQA's Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report 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 2018 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.

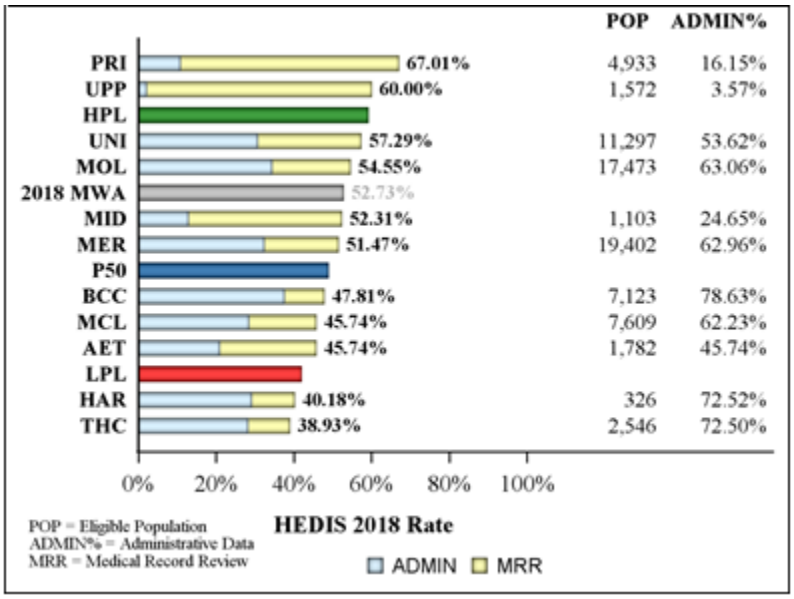
For measures for which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively 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 supplemental data). The portion of the bar shaded yellow represents the proportion of the total measure rate attributed to medical record review, 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.

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. With the exception of *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits*, *Use of Opioids From Multiple Providers*, and *Use of Opioids at High Dosage*, higher or lower rates in these domains do not necessarily indicate better or worse performance. A lower rate for *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits* may indicate a more favorable performance since lower rates of emergency department services may indicate better utilization of services. 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.

For the *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits* measure, HSAG inverted the star ratings to be consistently applied to this measure as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better 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 that a performance level was not presented in this report either because the measure did not have an applicable benchmark or a comparison to benchmarks was not appropriate.

Performance Trend Analysis

In addition to the star rating results, HSAG also compared HEDIS 2018 MWA and MHP rates to the corresponding HEDIS 2017 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 MWA rate comparisons. Note that statistical testing could not be performed on the utilization-based measures domain given that variances were not available in the IDSS files for HSAG to use for statistical testing. Further statistical testing was not performed on the health plan diversity measures because these measures are for information purposes only.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. Throughout the report, references to "significant" changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS 2017 to HEDIS 2018. 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 2017 and HEDIS 2018" 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 2017 and HEDIS 2018 are presented in tabular format. HEDIS 2018 rates shaded green with one cross ($^{+}$) indicate a statistically significant improvement in performance from the previous year. HEDIS 2018 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:

$^{+}$ *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant improvement from the HEDIS 2017 MWA.*

$^{++}$ *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant decline from the HEDIS 2017 MWA.*

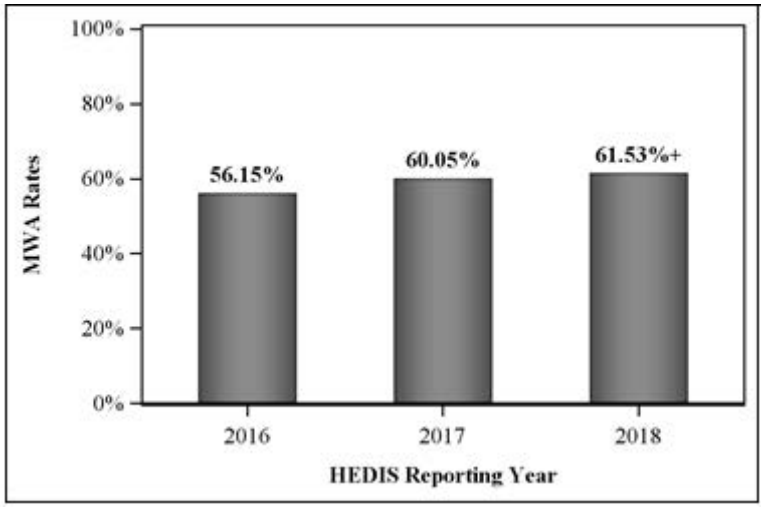
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

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 2016, HEDIS 2017, and HEDIS 2018 MWAs with significance testing performed between the HEDIS 2017 and HEDIS 2018 MWAs. Within these figures, HEDIS 2018 rates with one cross (+) indicate a statistically significant improvement in performance from HEDIS 2017. HEDIS 2018 rates with two crosses (++) indicate a statistically significant decline in performance from HEDIS 2017. 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 within ± 5 percentage points 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 2017 Medicaid 50th percentile. In addition, the HEDIS 2016, 2017, and 2018 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 2018 MWA for each rate with the 2016 and 2017 MWA and the national HEDIS 2017 Medicaid 50th percentile.

Measure Changes Between HEDIS 2017 and HEDIS 2018

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2018.[2-1] These changes may have an effect on the HEDIS 2018 rates that are presented in this report.

Appropriate Treatment for Children With Upper Respiratory Infection

- Revised the episode date to allow for multiple diagnoses of URI and to exclude members who had other diagnoses on the same date of service.
- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

Appropriate Testing for Children With Pharyngitis

- Revised the episode date to allow for multiple diagnoses of pharyngitis and to exclude members who had other diagnoses on the same date of service.
- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

Follow-Up Care for Children Prescribed ADHD Medication

- Added telehealth as eligible for one visit for the continuation and maintenance phase.
- Clarified that for the continuation and maintenance phase, visits must be on different dates of service.
- Note added: Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth place of service (POS) code (Telehealth POS Value Set).
- Clarification under Admin specifications: Replace the paragraph after the first two bullets with the following text:
  - Only one of the two visits (during days 31–300) may be a telephone visit (Telephone Visits Value Set) or a telehealth visit. Identify follow-up visits using the code combinations below. Then, identify telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) on the claim.
- Added value sets: Add the following as the fifth and sixth bullets in the last paragraph:
  - Add Visits Group 1 Value Set with Telehealth POS Value Set
  - Add Visits Group 2 Value Set with Telehealth POS Value Set

Breast Cancer Screening

- Added digital breast tomosynthesis as a method for meeting numerator criteria.

[2-1] National Committee for Quality Assurance. *HEDIS® 2018, Volume 2: Technical Specifications for Health Plans.* Washington, DC: NCQA Publication, 2016.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

- Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.

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

- Clarified in the Notes that documentation related to a member's "appetite" does not meet criteria for the *Counseling for Nutrition* measure indicator.

Prenatal and Postpartum Care

- Updated the administrative numerator specification to indicate when codes must be on the same claim and when codes can occur on different dates of service.
- Revised Decision Rule 3 to allow **either** (rather than any) of the criteria where the practitioner type is a primary care provider (PCP).

Comprehensive Diabetes Care

- Added bilateral eye enucleation to the *Eye Exam (Retinal) Performed* measure indicator.
- Revised the language in step 1 of the *BP Control <140/90 mm Hg* Numerator and added *Notes* clarifying the intent when excluding BP readings from the numerator.
- Clarified the medical record requirements for evidence of angiotensin converting enzyme (ACE) inhibitor/angiotensin receptor blocker (ARB) therapy (for the *Medical Attention for Nephropathy* measure indicator).
- Added "sacubitril-valsartan" to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.
- Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.
- Replaced a bullet under Admin Specifications for the eye exams numerator: Replaced the eighth bullet with the following text:
  - Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.

Controlling High Blood Pressure

- Clarified that a diagnosis code for hypertension documented in the medical record may be used to confirm the diagnosis of hypertension.
- Clarified that the pregnancy optional exclusion should be applied to only female members.
- Revised the language in step 1 of the Numerator and added *Notes* clarifying the intent when excluding BP readings from the numerator.

- Replaced the bullet under hybrid specifications—Denominator: Replace the last bullet under the second paragraph with the following text:
  - A diagnosis code for essential hypertension (from the Essential Hypertension Value Set) documented in the medical record.

Antidepressant Medication Management

- Added telehealth and telehealth modifiers.

Annual Monitoring for Patients on Persistent Medications

- Removed the annual monitoring for members on digoxin rate.
- Added "sacubitril-valsartan" to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.

Ambulatory Care

- Clarified how to identify an ED visit that resulted in an inpatient stay.
- Removed the Alcohol and Other Drug (AOD) Rehab and Detox Value Set from the required exclusions (exclusions will be identified based on a principal diagnosis of chemical dependency).
- Revised the data elements tables to indicate that rates are calculated for the Visits/1,000 Member Months/Years in the unknown category.

Inpatient Utilization

- Revised the data elements tables to indicate that rates are calculated for the Discharges/1,000 Member Months/Years in the unknown category.

3. Child & Adolescent Care

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 2018 MWA rates and performance levels, a comparison of the HEDIS 2017 MWA to the HEDIS 2018 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2017 to HEDIS 2018.

Table 3-1—HEDIS 2018 MWA Performance Levels and Trend Results for Child & Adolescent Care

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Childhood Immunization Status				
Combination 2	76.35%	-0.60	1	2
Combination 3	72.28%	-0.56	0	1
Combination 4	70.75%	+0.32	0	1
Combination 5	62.63%	+0.90	0	0
Combination 6	39.93%	+0.09	0	0
Combination 7	61.53%	**+1.48+**	0	0
Combination 8	39.56%	+0.36	1	0
Combination 9	35.85%	**+1.38+**	1	0
Combination 10	35.55%	**+1.57+**	1	0
Well-Child Visits in the First 15 Months of Life				
Six or More Visits	71.89%	**+2.10+**	1	0
Lead Screening in Children				
Lead Screening in Children	80.55%	-0.43	0	1
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	75.19%	**-0.90++**	0	1
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	56.75%	**+1.06+**	1	1
Immunizations for Adolescents				
Combination 1	85.14%	**-1.59++**	0	1
Appropriate Treatment for Children With Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection	88.83%	-0.11	3	2
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	79.20%	**+8.29+**	9	0
Follow-Up Care for Children Prescribed ADHD Medication[3]				
Initiation Phase	43.86%	+1.32	1	0
Continuation and Maintenance Phase	53.56%	-1.47	1	1

[1] 2018 performance levels were based on comparisons of the HEDIS 2018 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks. 2018 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th

[2] HEDIS 2017 MWA to HEDIS 2018 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 2018 MWA demonstrated a statistically significant improvement from the HEDIS 2017 MWA.*

Red Shading++ *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant decline from the HEDIS 2017 MWA.*

[3] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2018 and prior years.

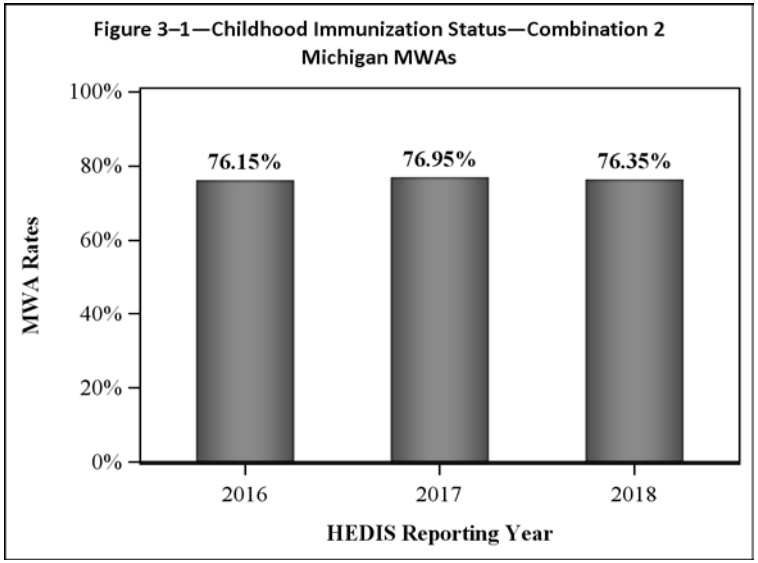
Table 3-1 shows that for the Child & Adolescent Care domain, six of 18 (33.3 percent) MWA rates demonstrated significant increases from HEDIS 2017 to HEDIS 2018. Of note, three of the six rates that increased were *Childhood Immunization Status* measure indicators (*Combinations 7*, *9*, and *10*), and the rate increases were due primarily to relatively small increases in the rotavirus and hepatitis A vaccination rates. Nearly all MWA rates (83 percent) ranked at or above the national Medicaid 50th percentile, with two rates ranking at or above the national Medicaid 75th percentile. The *Well-Child Visits in the First 15 Months of Life* measure was an area of strength in this domain, as the MWA was both above the 75th percentile and demonstrated a significant increase. Of note, the *Appropriate Testing for Children With Pharyngitis* rate had a significant increase by upwards of 8 percentage points, with nine of 11 plans (82 percent) demonstrating significant increases.

Conversely, the MWA rates for *Appropriate Treatment for Children With Upper Respiratory Infection* and *Follow-Up Care for Children Prescribed ADHD Medication* fell below the national Medicaid 50th percentile, suggesting opportunities for improvement. However, caution should be used when comparing the HEDIS 2018 rates for the *Follow-Up Care for Children Prescribed ADHD Medication* measure indicators to national Medicaid percentiles and prior years' rates due to changes to the technical specifications for this measure for HEDIS 2018.

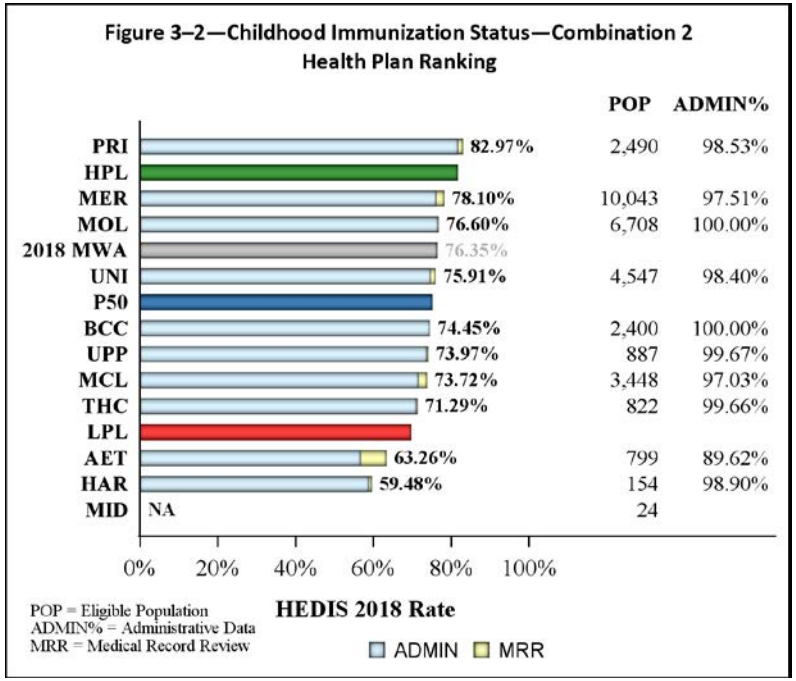
Measure-Specific Findings

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 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



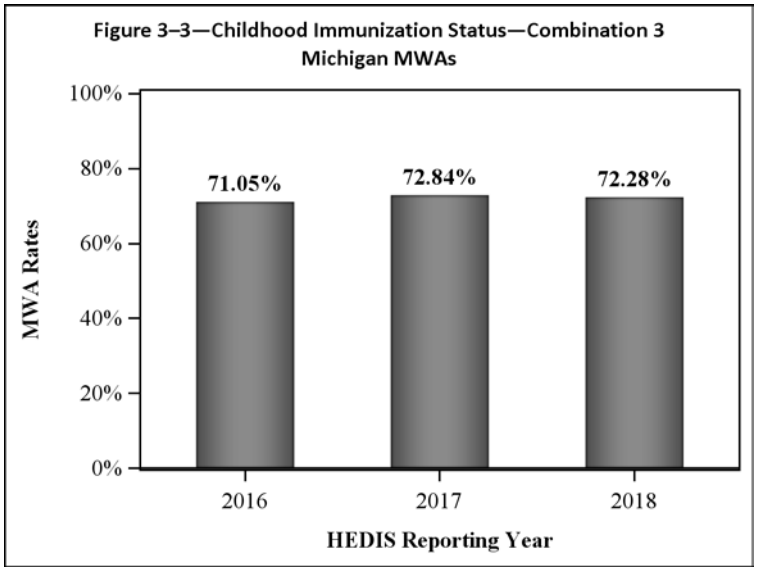
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Four MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

Childhood Immunization Status—Combination 3

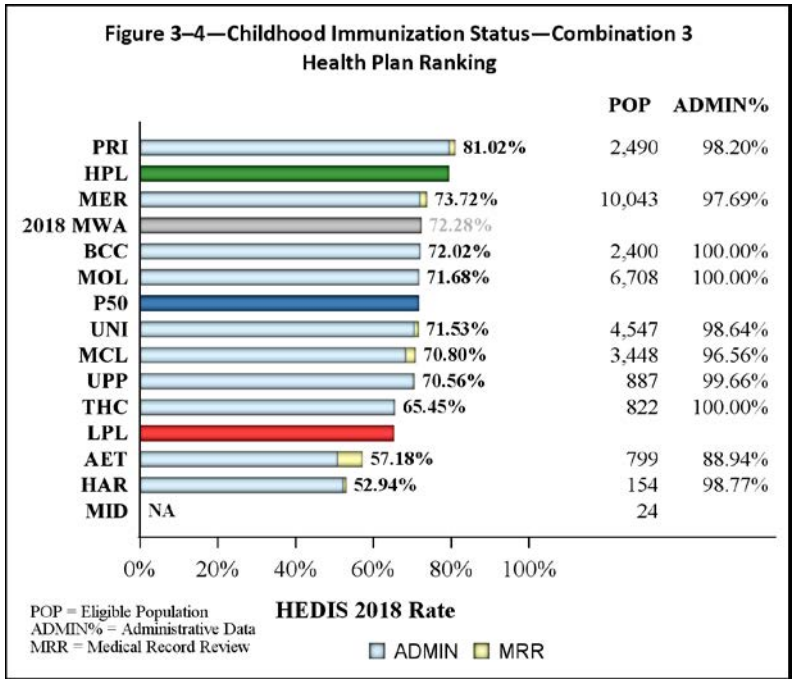
Childhood Immunization Status—Combination 3 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenzae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

Figure 3–3—Childhood Immunization Status—Combination 3
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 3–4—Childhood Immunization Status—Combination 3
Health Plan Ranking



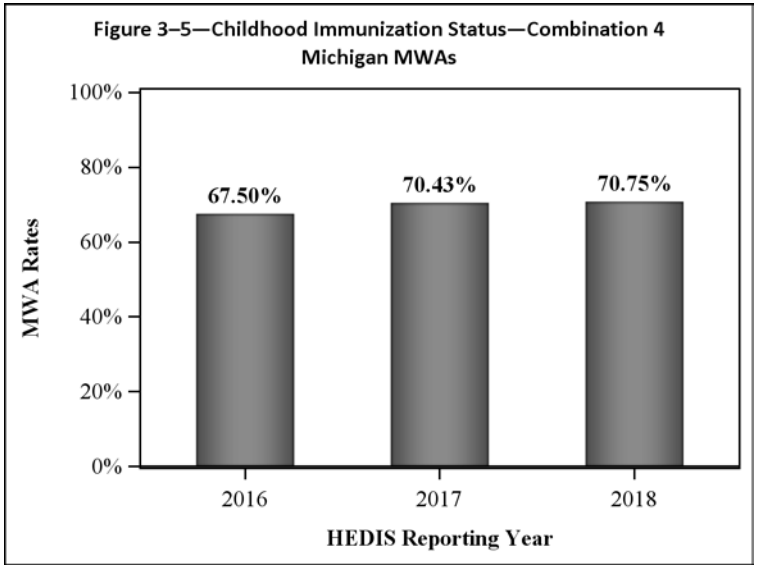
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Four MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by nearly 30 percentage points.

Childhood Immunization Status—Combination 4

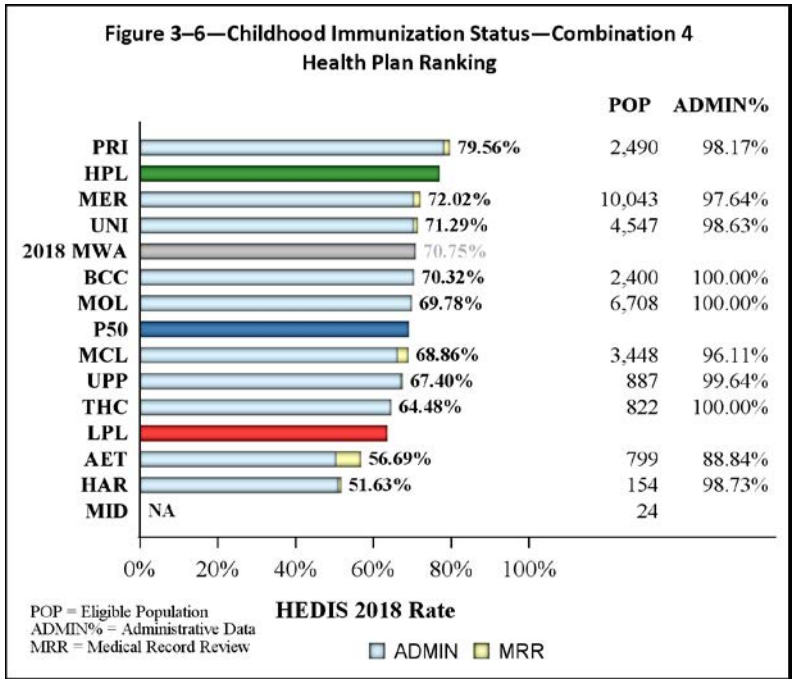
Childhood Immunization Status—Combination 4 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenzae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

Figure 3–5—Childhood Immunization Status—Combination 4
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 3–6—Childhood Immunization Status—Combination 4
Health Plan Ranking

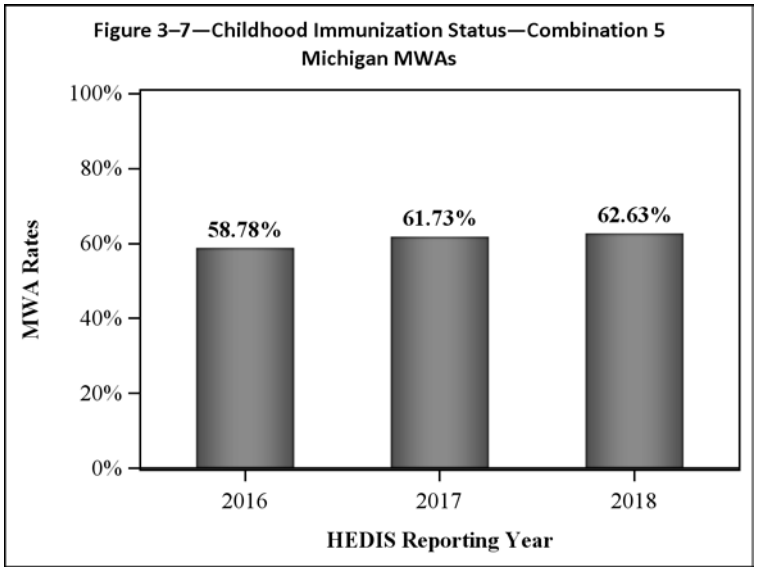


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

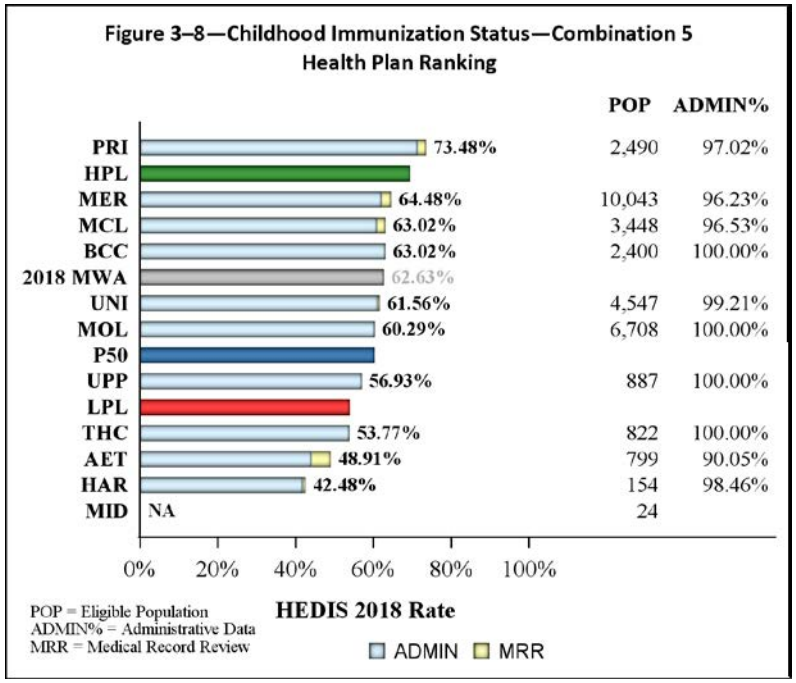
Five MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by nearly 30 percentage points.

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.



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



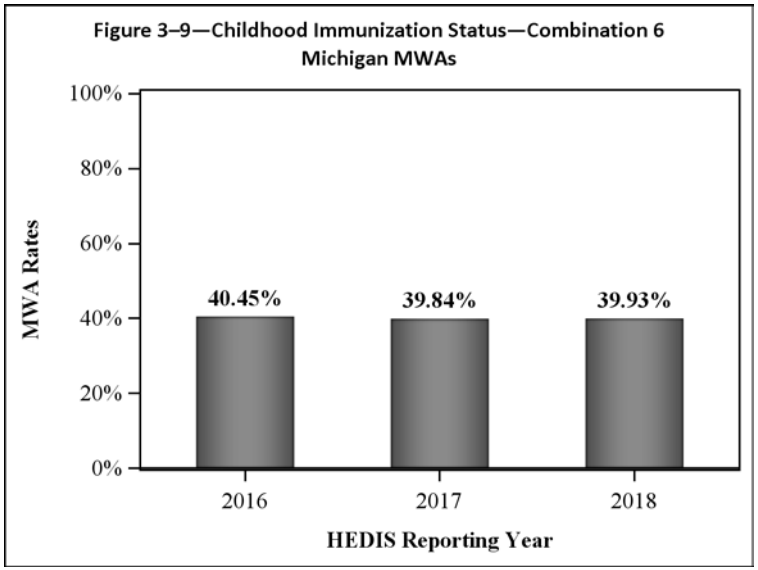
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

Childhood Immunization Status—Combination 6

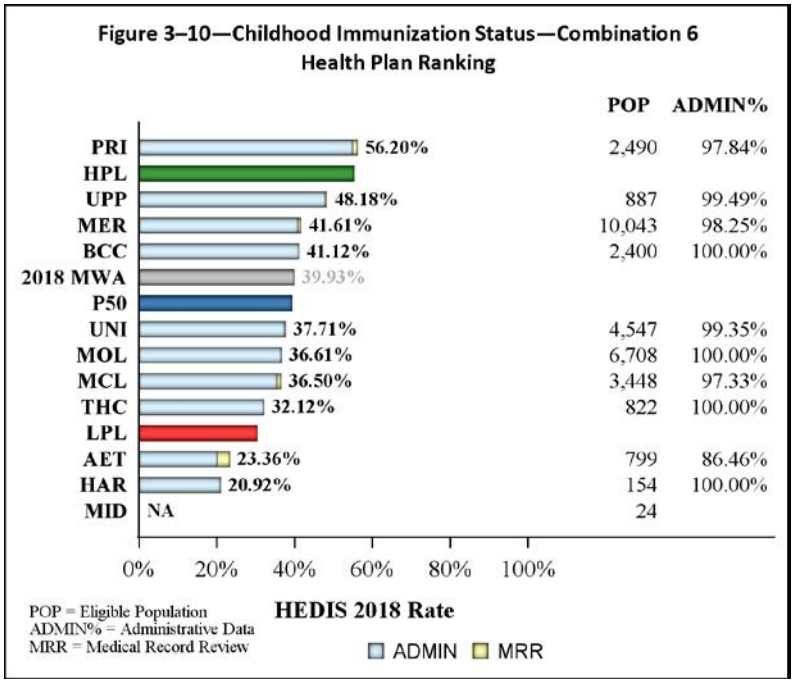
Childhood Immunization Status—Combination 6 assesses the percentage of children 2 years of age during the measurement year who received the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenzae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

Figure 3–9—Childhood Immunization Status—Combination 6
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 3–10—Childhood Immunization Status—Combination 6
Health Plan Ranking

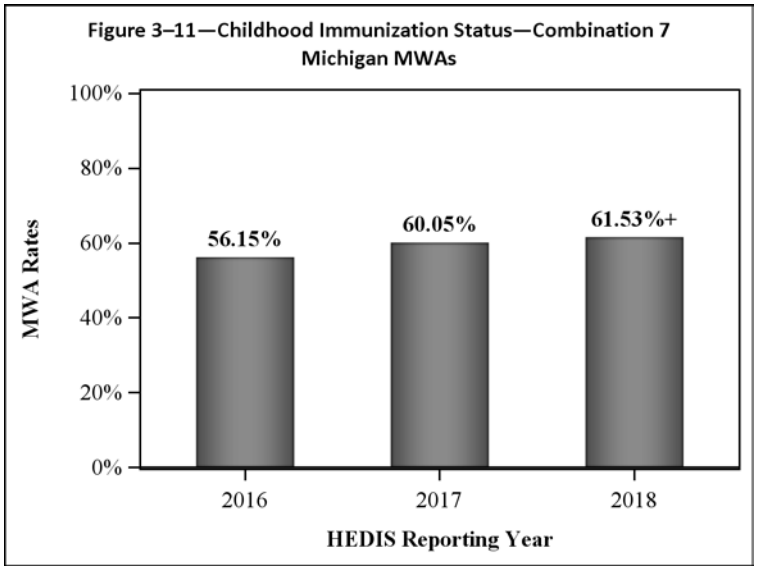


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Four MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 35 percentage points.

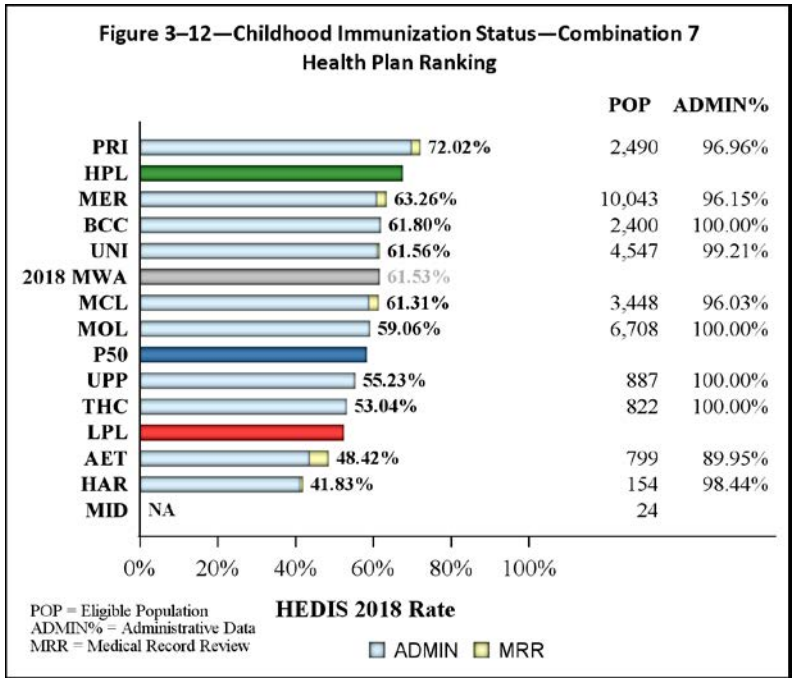
Childhood Immunization Status—Combination 7

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 2018 MWA rate significantly improved from HEDIS 2017.

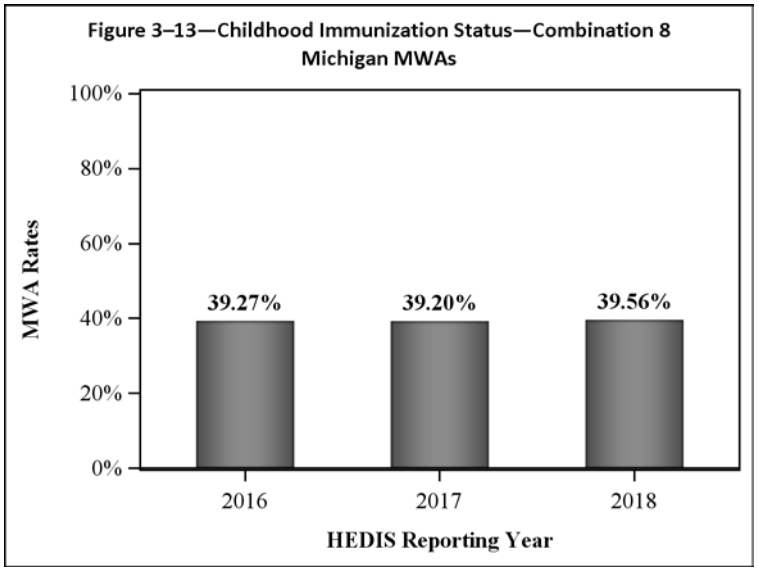


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

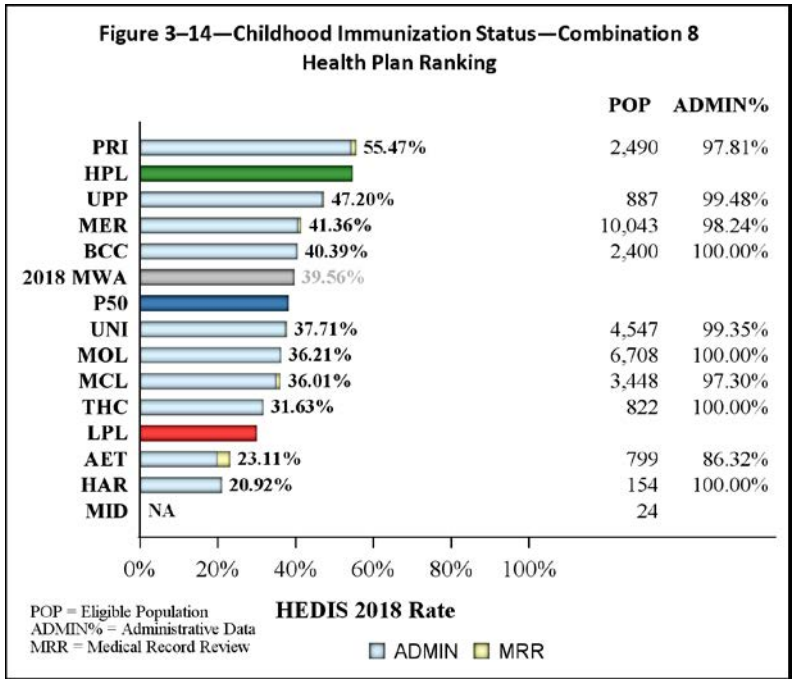
Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



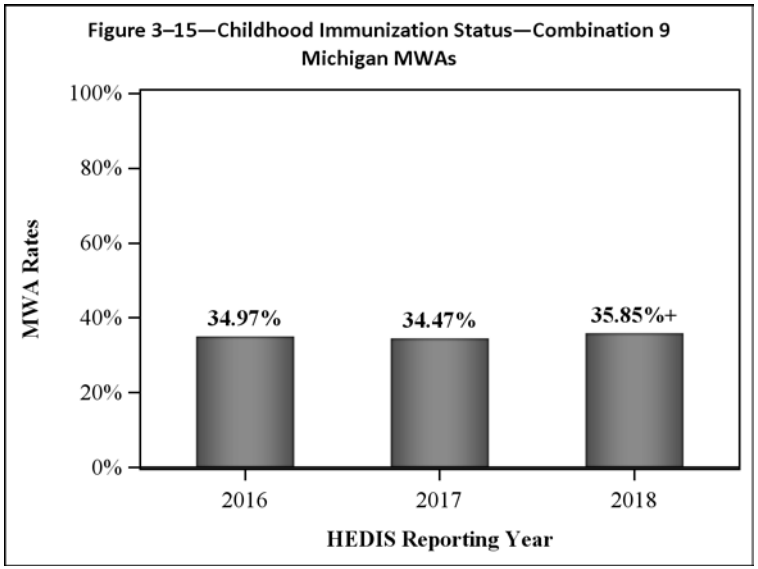
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Four MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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.

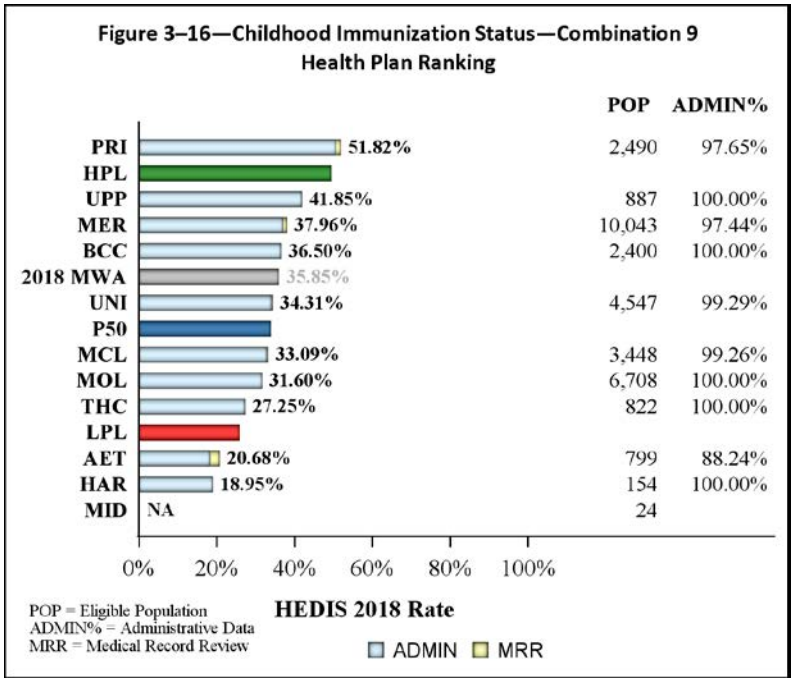
Figure 3–15—Childhood Immunization Status—Combination 9
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 3–16—Childhood Immunization Status—Combination 9
Health Plan Ranking



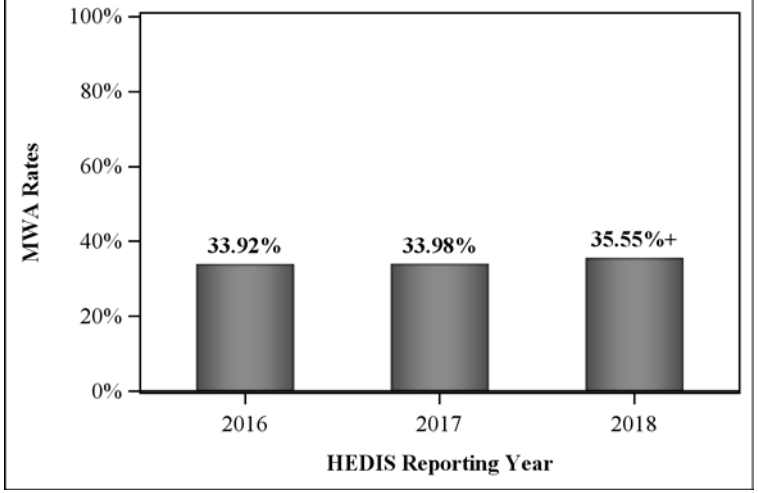
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Five MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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.

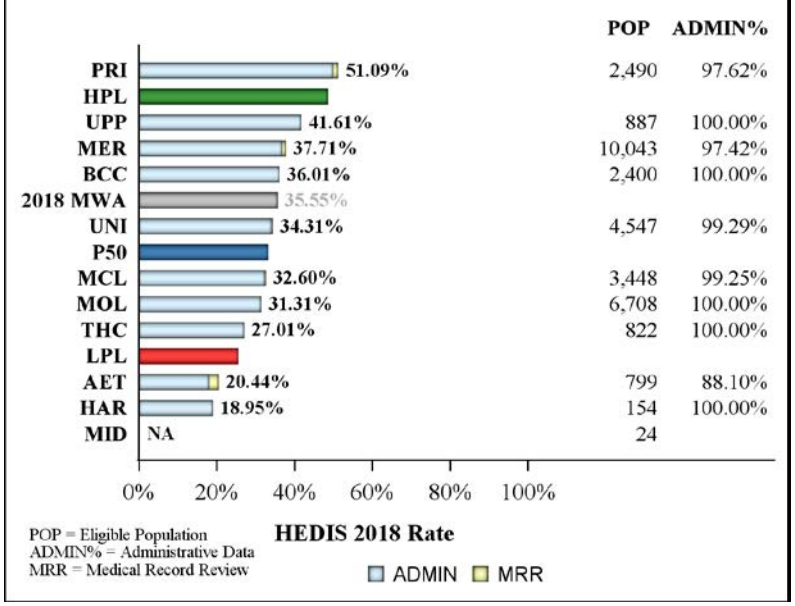
Figure 3–17—Childhood Immunization Status—Combination 10
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 3–18—Childhood Immunization Status—Combination 10
Health Plan Ranking

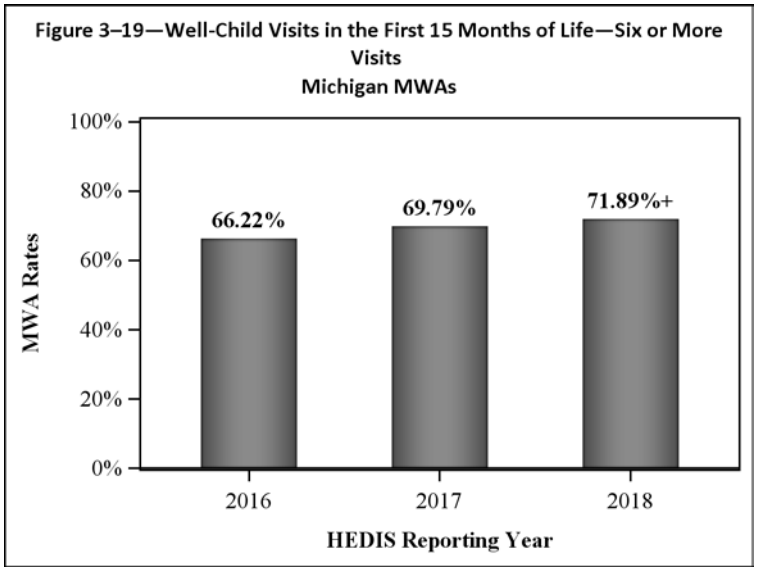


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Five MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

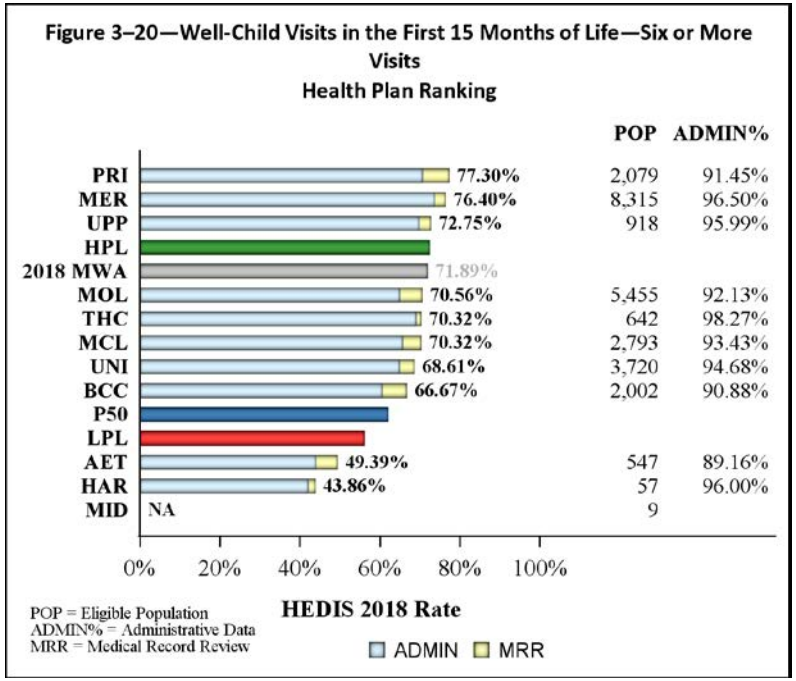
Well-Child Visits in the First 15 Months of Life–Six or More Well-Child Visits

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 2018 MWA rate significantly improved from HEDIS 2017.

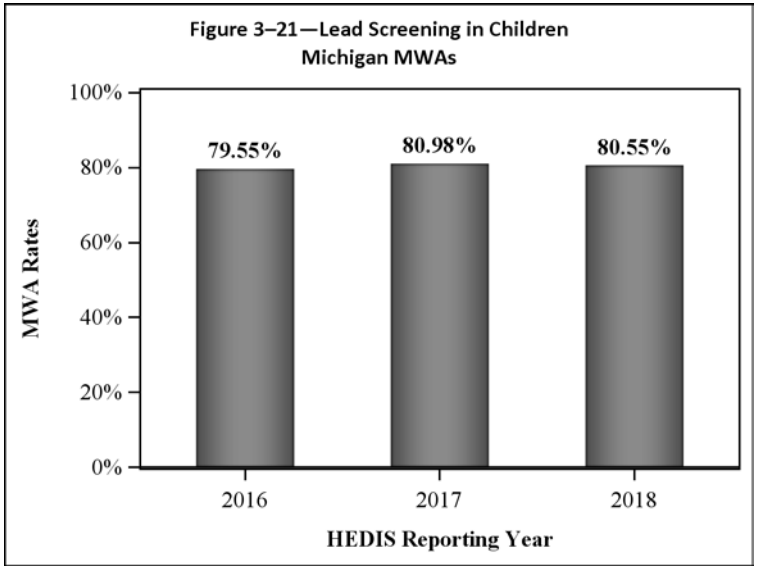


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

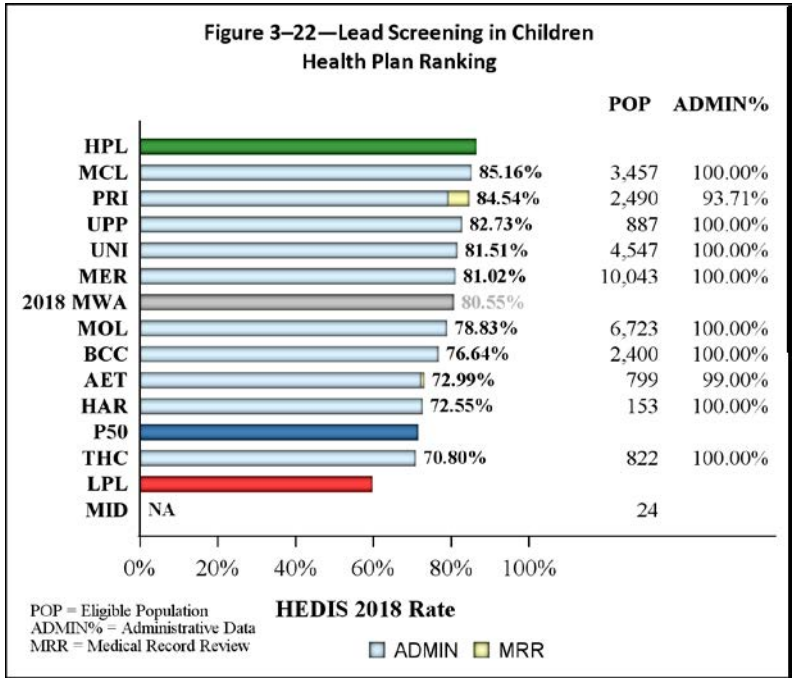
Eight MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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.



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



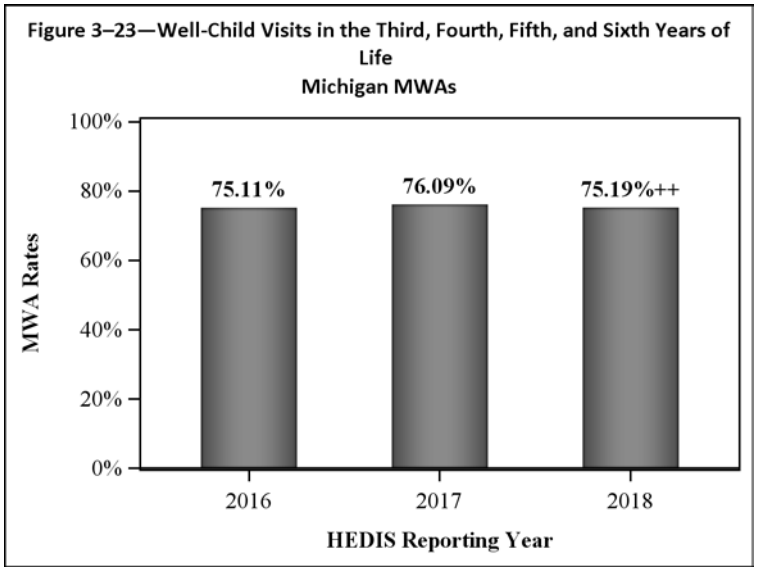
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Nine MHPs and the MWA ranked above the national Medicaid 50th percentile, and all MHPs with reportable rates fell between the HPL and the LPL. MHP performance varied by approximately 15 percentage points.

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.

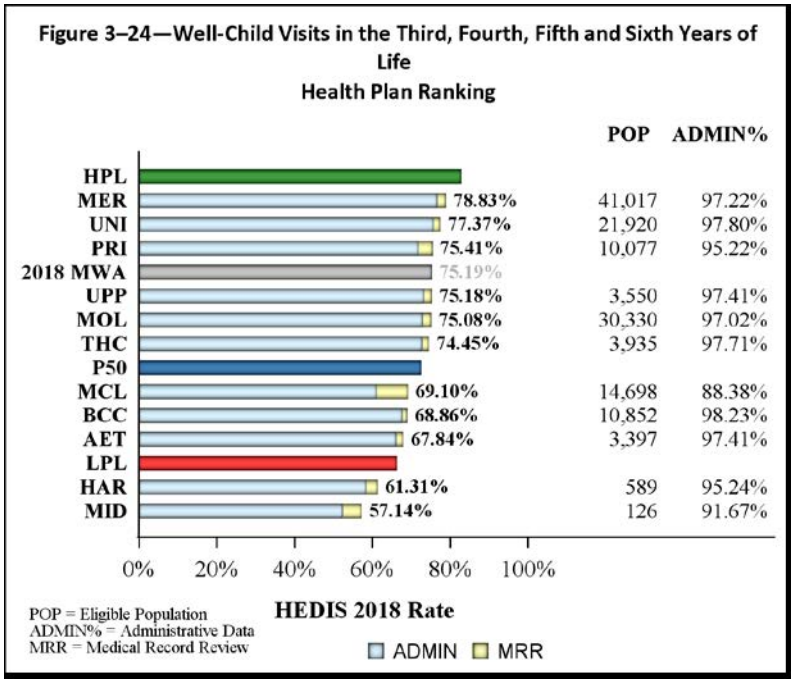
Figure 3–23—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.

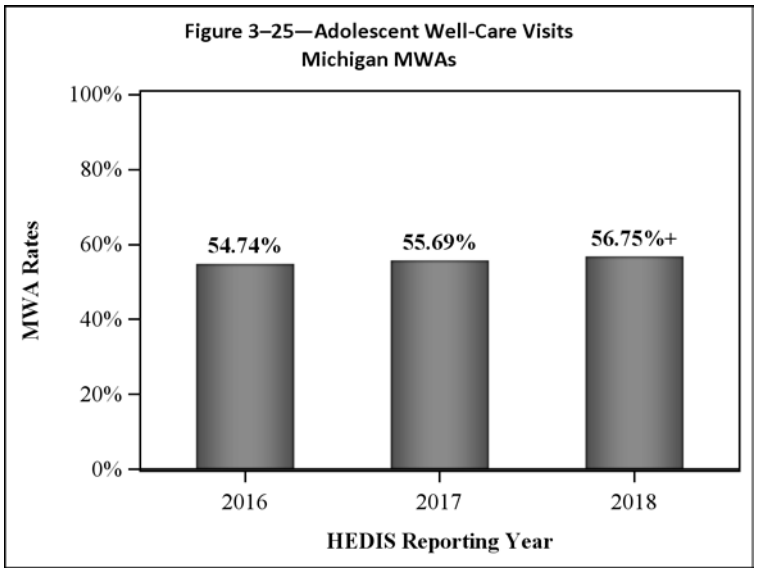
Figure 3–24—Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
Health Plan Ranking



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 by over 20 percentage points.

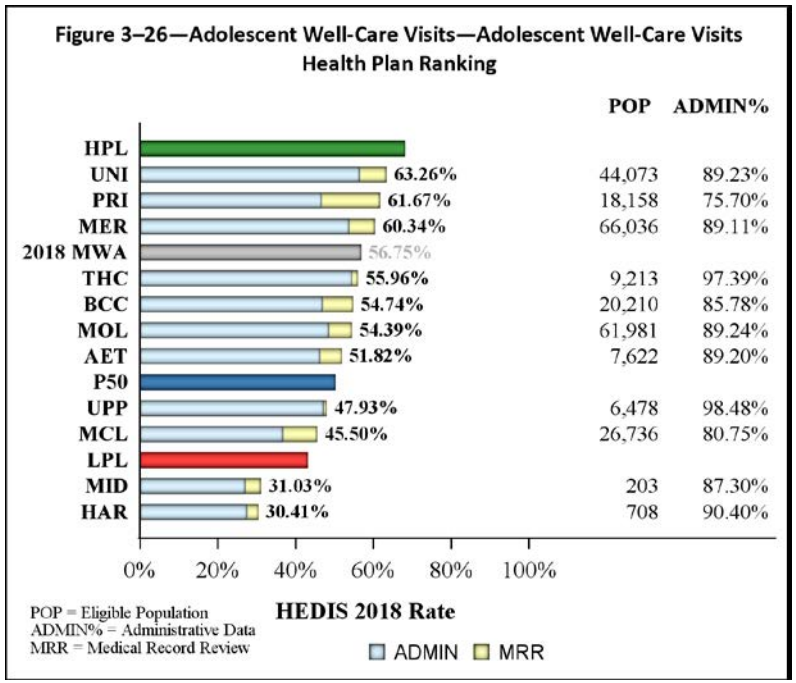
Adolescent Well-Care Visits

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.

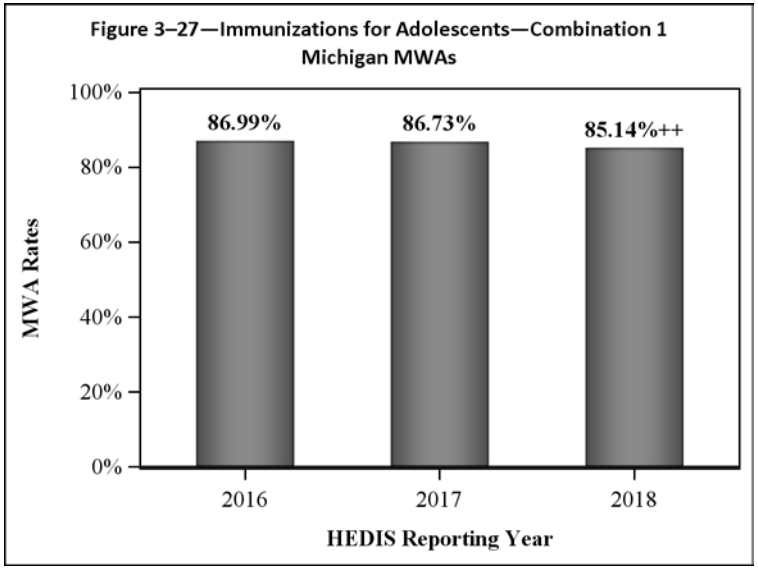
The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.



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 by over 30 percentage points.

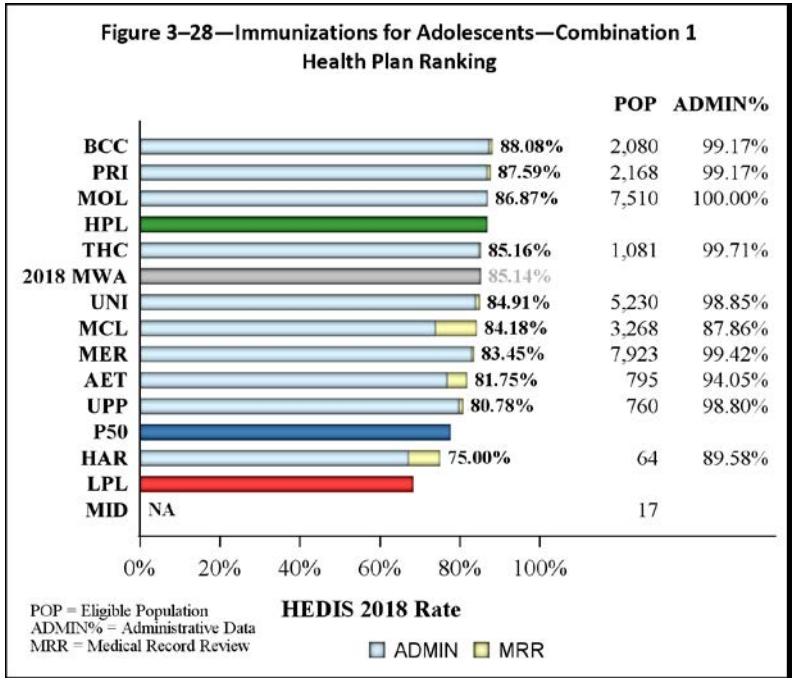
Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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).



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

The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



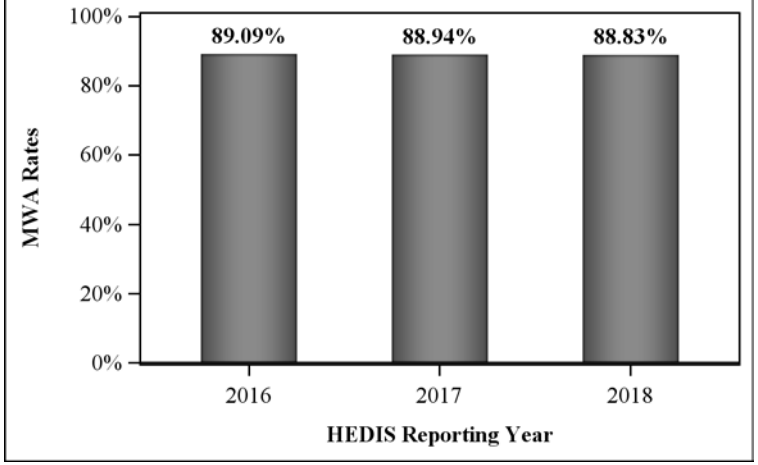
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Nine MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. No MHPs with reportable rates fell below the LPL. MHP performance varied by over 10 percentage points.

Appropriate Treatment for Children With Upper Respiratory Infection

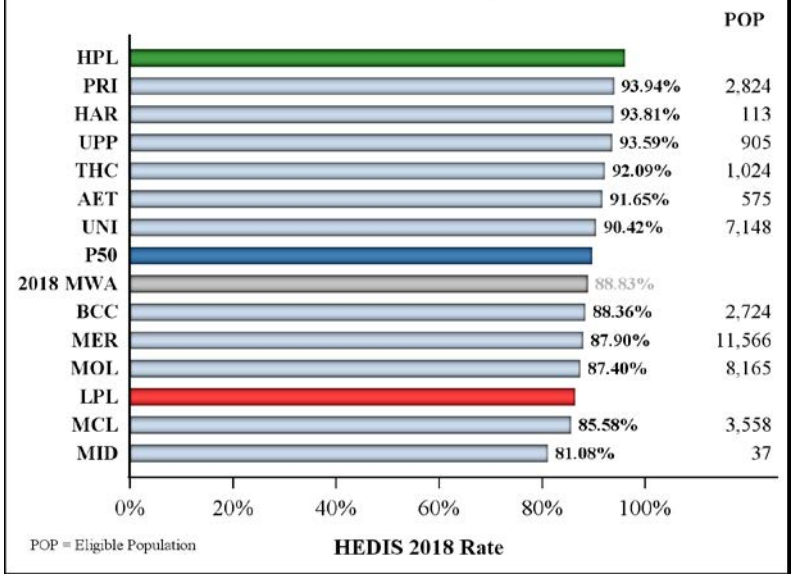
Appropriate Treatment for Children With Upper Respiratory Infection assesses the percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure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

Figure 3–29—Appropriate Treatment for Children With Upper Respiratory Infection
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

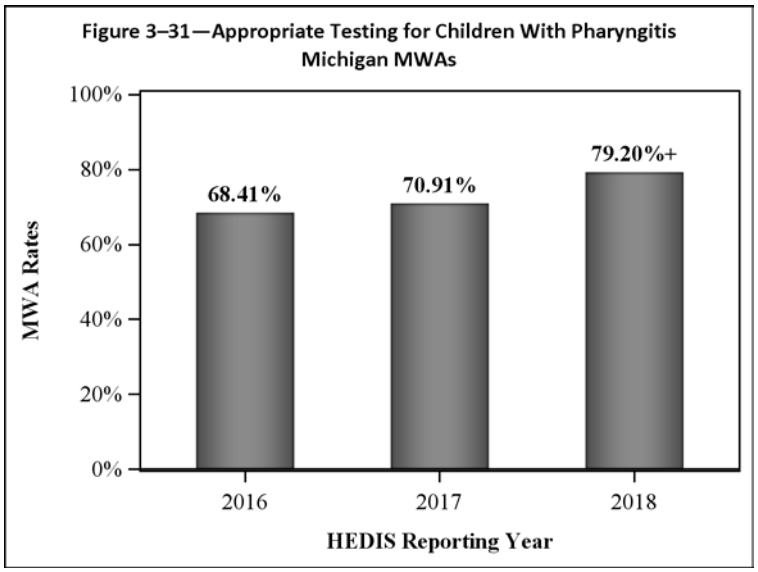
Figure 3–30—Appropriate Treatment for Children With Upper Respiratory Infection
Health Plan Ranking



Six MHPs ranked above the national Medicaid 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

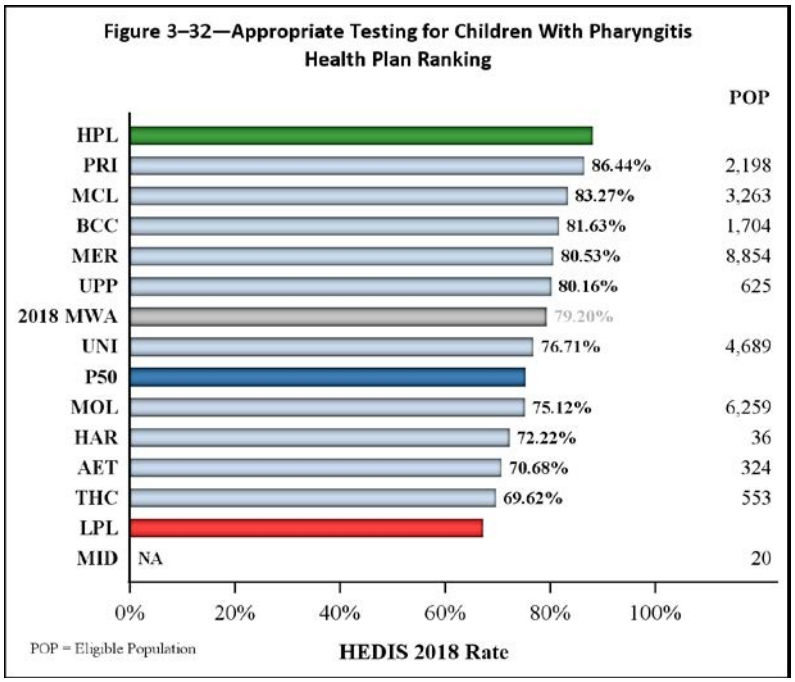
Appropriate Testing for Children With Pharyngitis

Appropriate Testing for Children With Pharyngitis assesses the percentage of children 3 to18 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 2018 MWA rate significantly improved from HEDIS 2017.



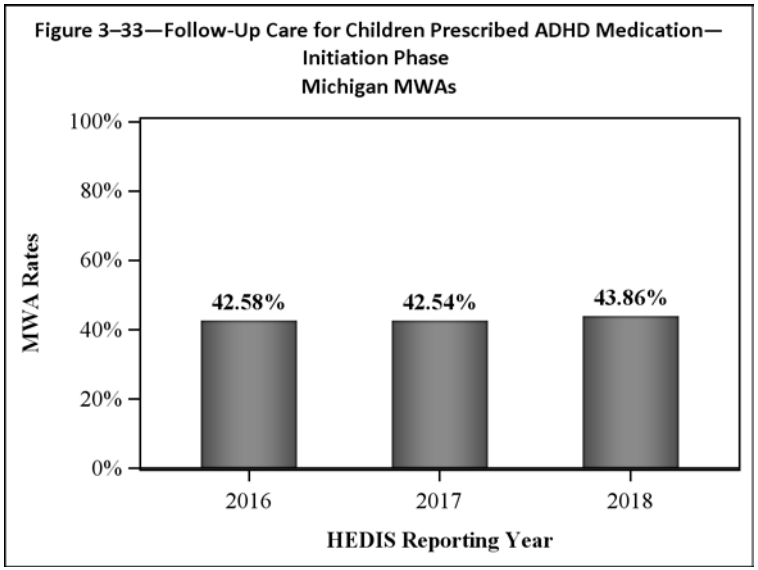
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Six MHPs and the MWA ranked above the national Medicaid 50th percentile, and all MHPs with reportable rates fell between the HPL and the LPL. MHP performance varied by over 15 percentage points.

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

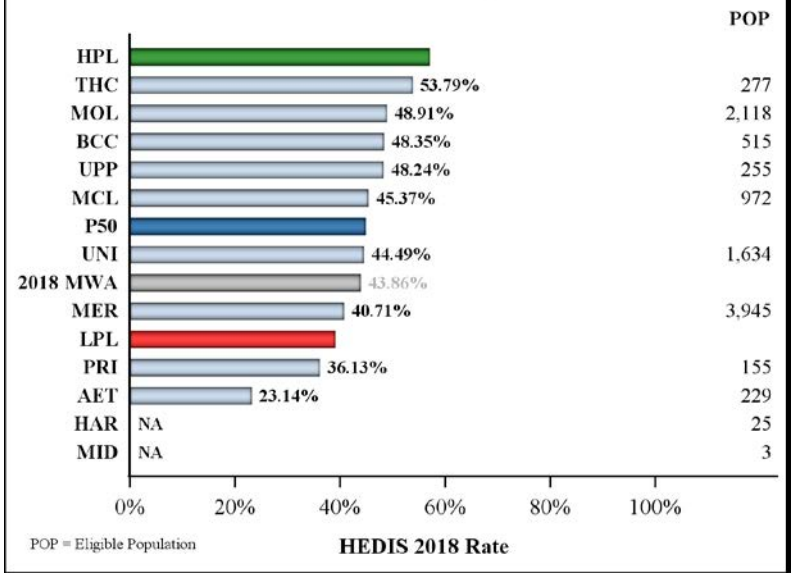
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase assesses the percentage of children 6 to 12 years of age who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2018 and prior years.

Figure 3–33—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 3–34—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase
Health Plan Ranking



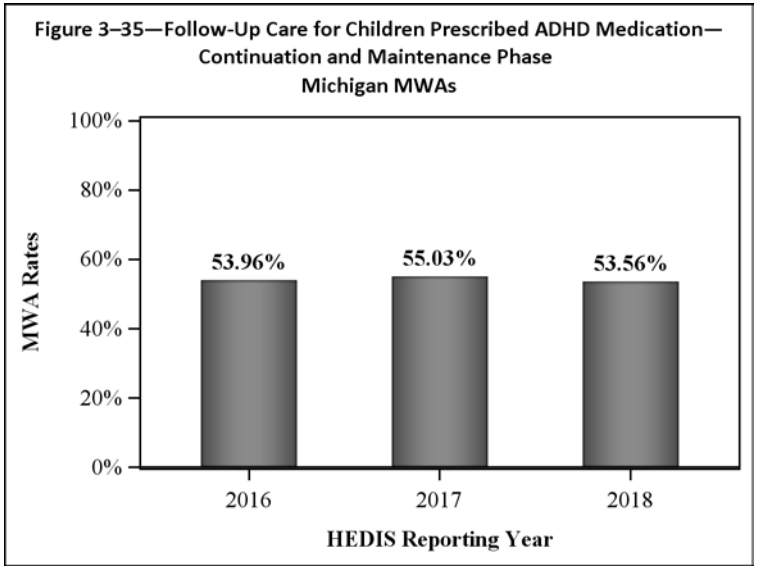
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Five MHPs ranked above the national Medicaid 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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

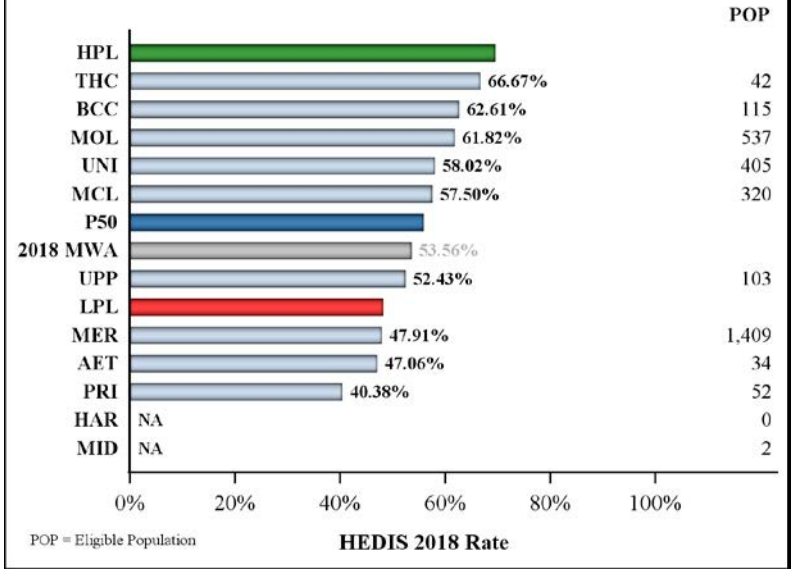
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase assesses the percentage of children 6 to 12 years of age newly prescribed ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2018 and prior years.

Figure 3–35—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 3–36—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
Health Plan Ranking



NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Five MHPs ranked above the national Medicaid 50th percentile but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

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 2018 MWA rates and performance levels, a comparison of the HEDIS 2017 MWA to the HEDIS 2018 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2017 to HEDIS 2018.

Table 4-1—HEDIS 2018 MWA Performance Levels and Trend Results for Women—Adult Care

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Breast Cancer Screening[3]				
Breast Cancer Screening	62.13%	NC	NC	NC
Cervical Cancer Screening				
Cervical Cancer Screening	66.19%	+1.35+	1	1

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Chlamydia Screening in Women				
Ages 16 to 20 Years	63.28%	**+1.01+**	2	0
Ages 21 to 24 Years	68.65%	-0.24	1	0
Total	65.65%	+0.42	1	0

[1] 2018 performance levels were based on comparisons of the HEDIS 2018 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks. 2018 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th

[2] HEDIS 2017 MWA to HEDIS 2018 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

Green Shading+ *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant improvement from the HEDIS 2017 MWA.*

Red Shading++ *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant decline from the HEDIS 2017 MWA.*

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

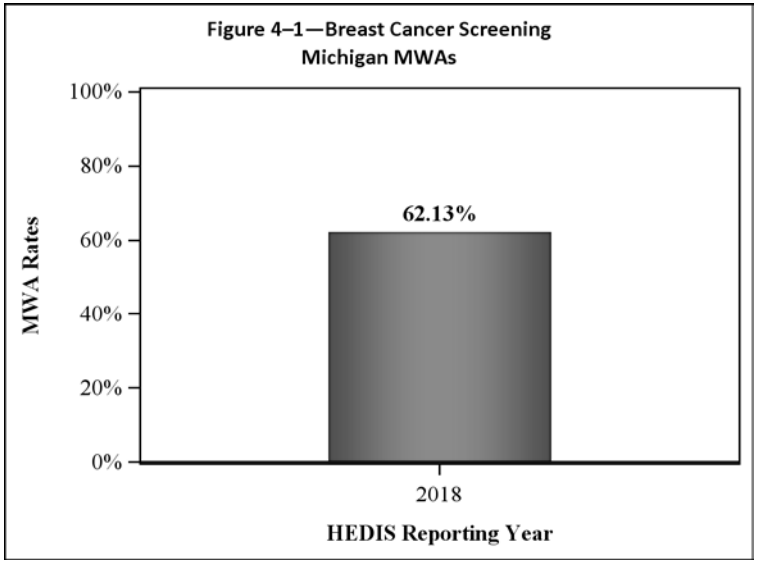
Table 4-1 shows that for the four MWA rates in the Women—Adult Care domain that could be compared to national Medicaid percentiles or prior years' rates, *Cervical Cancer Screening* and *Chlamydia Screening in Women—Ages 16 to 20 Years* demonstrated a significant improvement from HEDIS 2017 to HEDIS 2018. Further, all four MWA rates ranked at or above the national Medicaid 50th percentile, with three of the rates ranking at or above the national Medicaid 75th percentile, indicating overall positive performance in the areas of cervical cancer and chlamydia screenings for women.

Measure-Specific Findings

Breast Cancer Screening

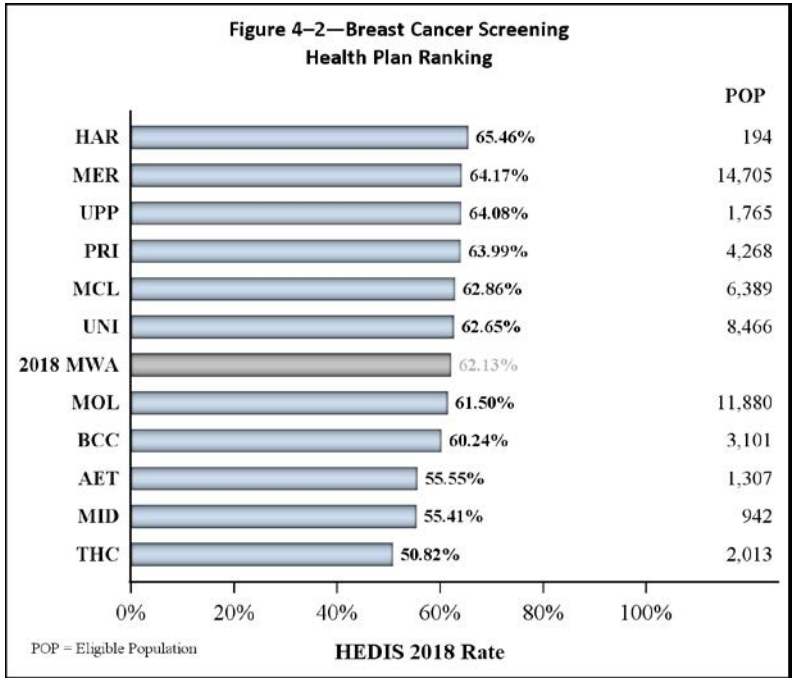
Breast Cancer Screening assesses the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer on or after October 1 two years prior to the measurement year.

Figure 4–1—Breast Cancer Screening
Michigan MWAs



Due to changes in the technical specifications in HEDIS 2018 for the *Breast Cancer Screening* measure, a comparison to prior year's results is not appropriate. The rate in the chart above is presented for information purposes only.

Figure 4–2—Breast Cancer Screening
Health Plan Ranking



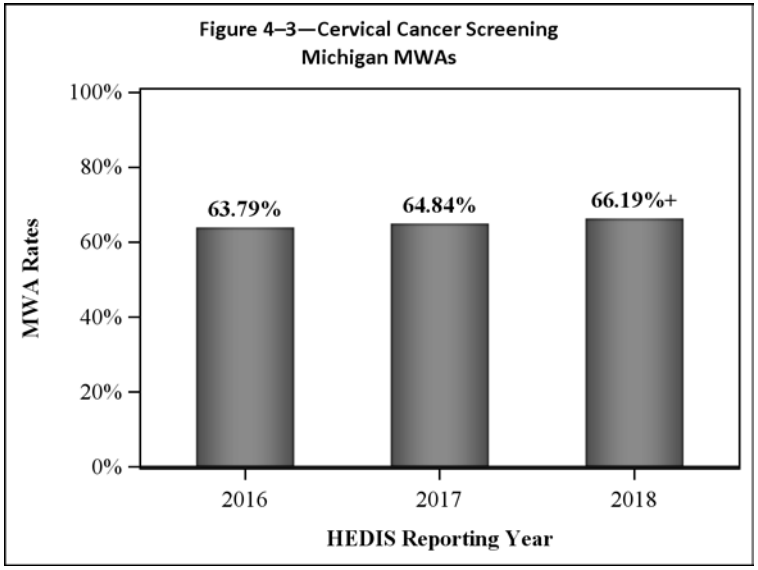
Due to changes in the technical specifications in HEDIS 2018 for the *Breast Cancer Screening* measure, a comparison to benchmarks is not appropriate. The rates in the chart above are presented for information purposes only. MHP performance varied by almost 15 percentage points.

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 to 64 who had cervical cytology/human papillomavirus co-testing every five years.

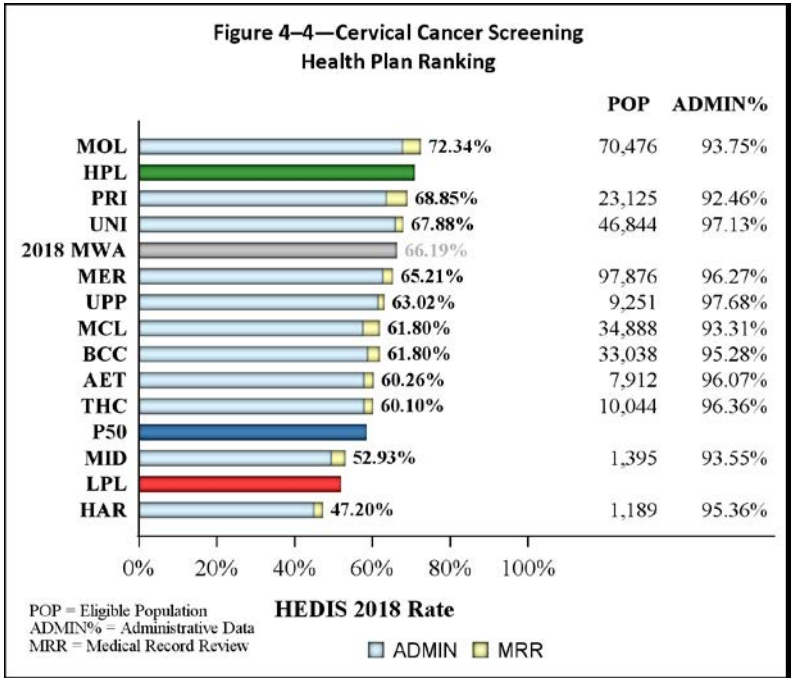
Figure 4–3—Cervical Cancer Screening
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

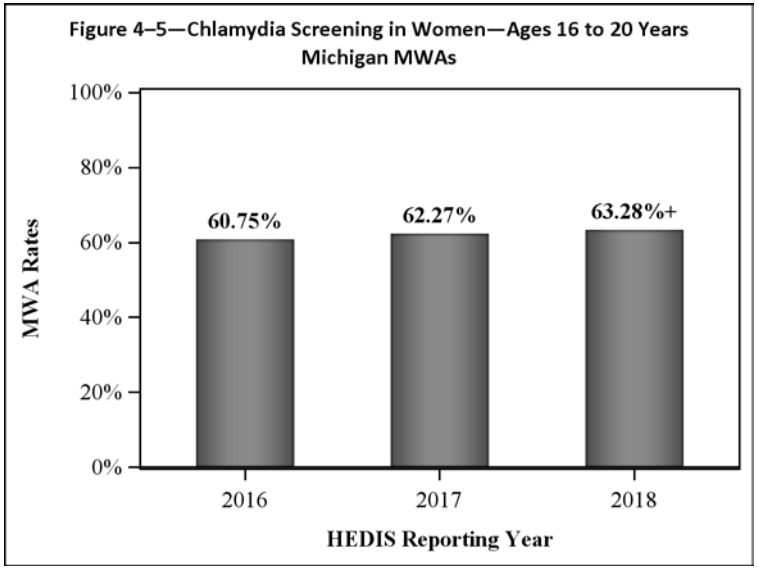
Figure 4–4—Cervical Cancer Screening
Health Plan Ranking



Nine MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.

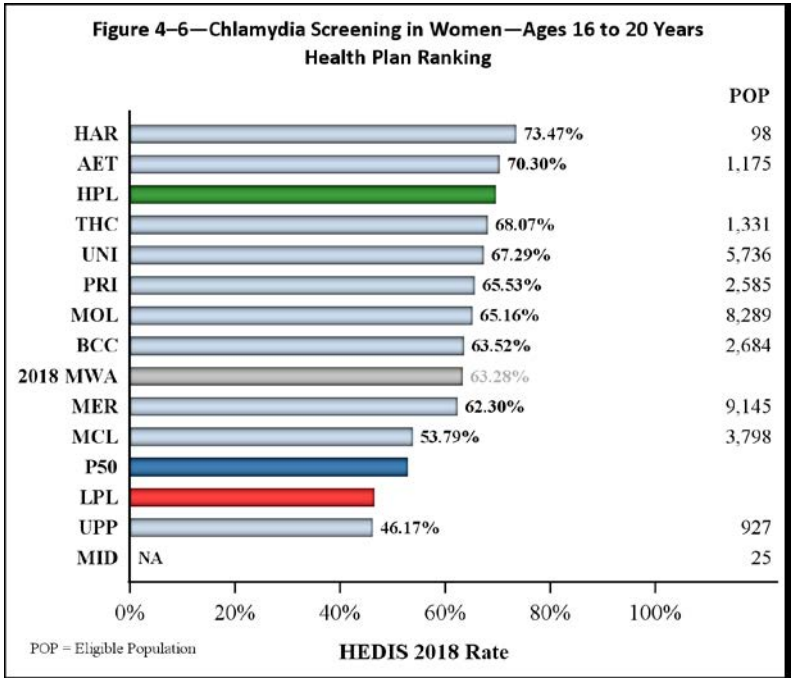
Chlamydia Screening in Women—Ages 16–20 Years

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 2018 MWA rate significantly improved from HEDIS 2017.

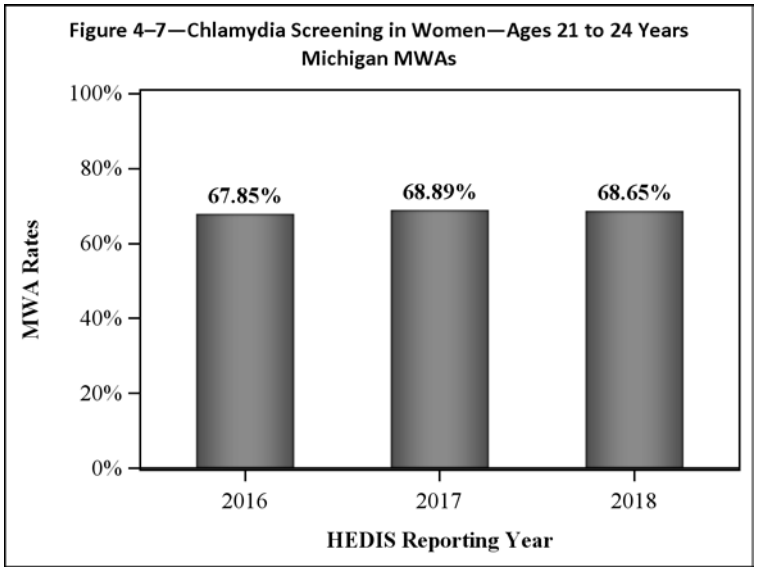


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

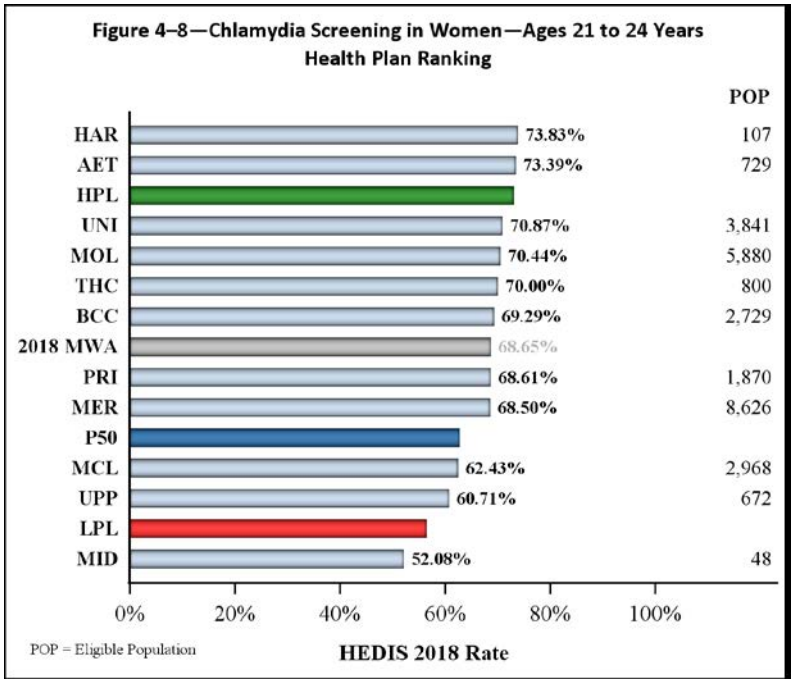
Nine MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.

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.



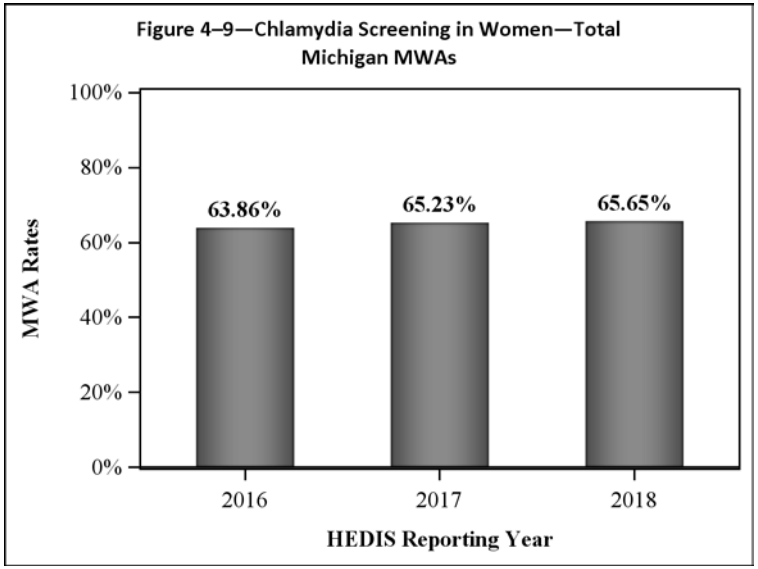
The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



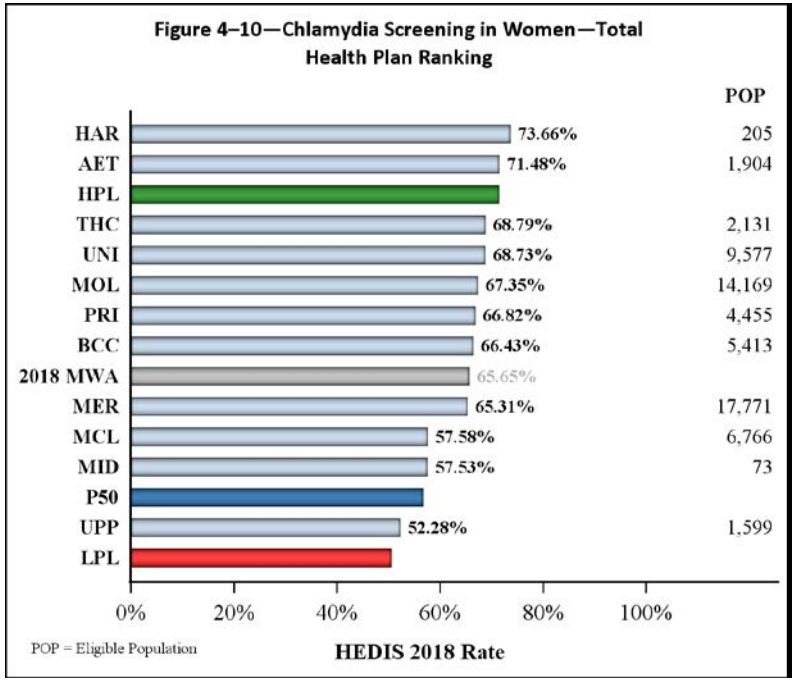
Eight MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 20 percentage points.

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.



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

5. Access to Care

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 2018 MWA rates and performance levels, a comparison of the HEDIS 2017 MWA to the HEDIS 2018 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2017 to HEDIS 2018.

Table 5-1—HEDIS 2018 MWA Performance Levels and Trend Results for Access to Care

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	95.16%	**-0.90++**	0	4
Ages 25 Months to 6 Years	87.89%	**-1.19++**	0	7
Ages 7 to 11 Years	91.13%	-0.26	0	2
Ages 12 to 19 Years	90.42%	**-0.37++**	0	2
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	78.64%	**-3.04++**	0	10
Ages 45 to 64 Years	87.57%	**-1.64++**	0	9
Ages 65+ Years	91.79%	**+1.53+**	3	0
Total	82.25%	**-2.48++**	0	10

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	32.20%	+2.97+	4	0

[1] 2018 performance levels were based on comparisons of the HEDIS 2018 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks. 2018 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th

[2] HEDIS 2017 MWA to HEDIS 2018 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 2018 MWA demonstrated a statistically significant improvement from the HEDIS 2017 MWA.*

Red Shading++ *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant decline from the HEDIS 2017 MWA.*

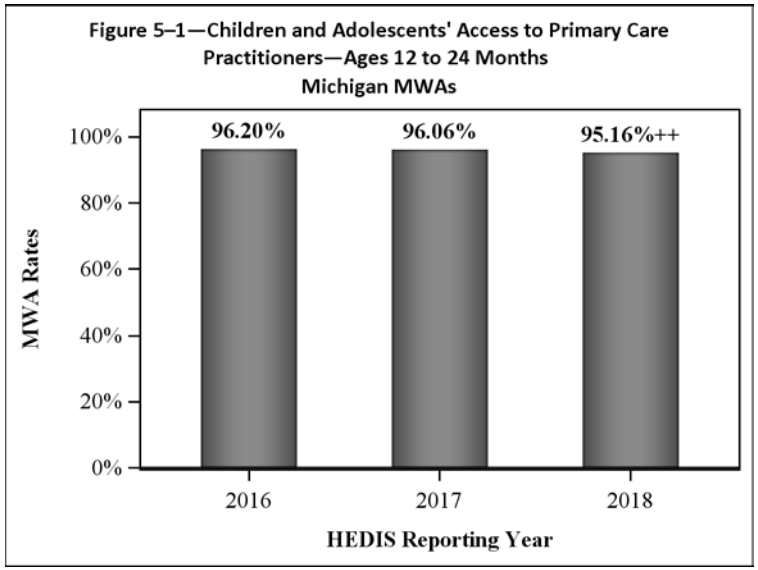
Table 5-1 shows that for the Access to Care domain, two of nine (22.2 percent) measure indicators, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* and *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*, demonstrated significant increases from HEDIS 2017 to HEDIS 2018. Of note, the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* measure indicator demonstrated an area of strength in this domain, with the MWA rate ranking above the national Medicaid 75th percentile, and three MHPs demonstrating significant increases from HEDIS 2017 to HEDIS 2018. Additionally, seven of nine (77.8 percent) MWA rates ranked at or above the national Medicaid 50th percentile, indicating positive performance in the area of Access to Care compared to national standards.

Conversely, six of nine (67 percent) MWA rates within the Access to Care domain demonstrated significant decreases from HEDIS 2017 to HEDIS 2018. Of note, the MWA rates for *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* and *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* fell below the national Medicaid 50th percentile and demonstrated significant decreases. In addition, 10 of 11 (90.9 percent) MHPs' rates and the MWA demonstrated significant decreases from HEDIS 2017 to HEDIS 2018 for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Total* measure indicators. These declines in performance suggest opportunities for improving access to preventive/ambulatory services for adults ages 20 to 64 years and access to primary care physicians for children and adolescents.

Measure-Specific Findings

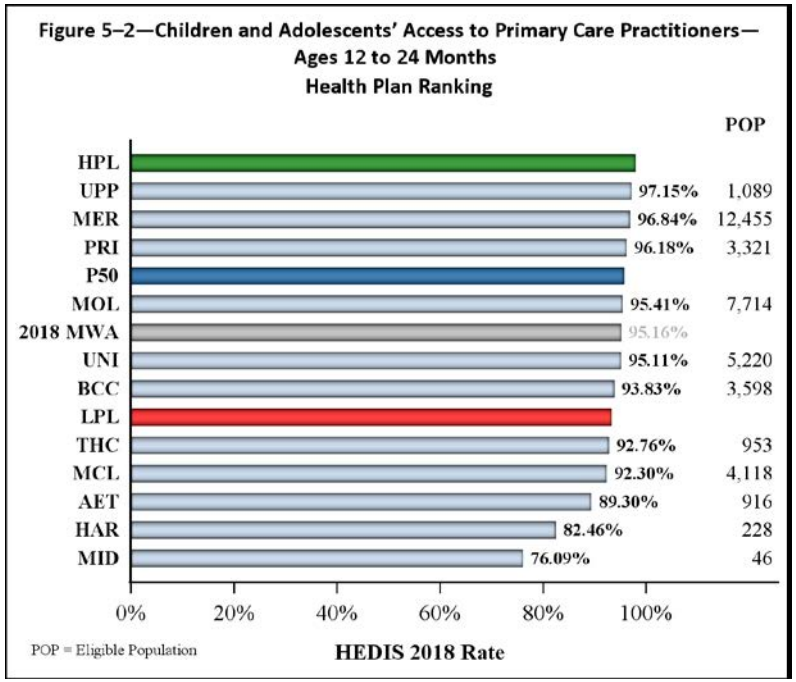
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months

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.



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

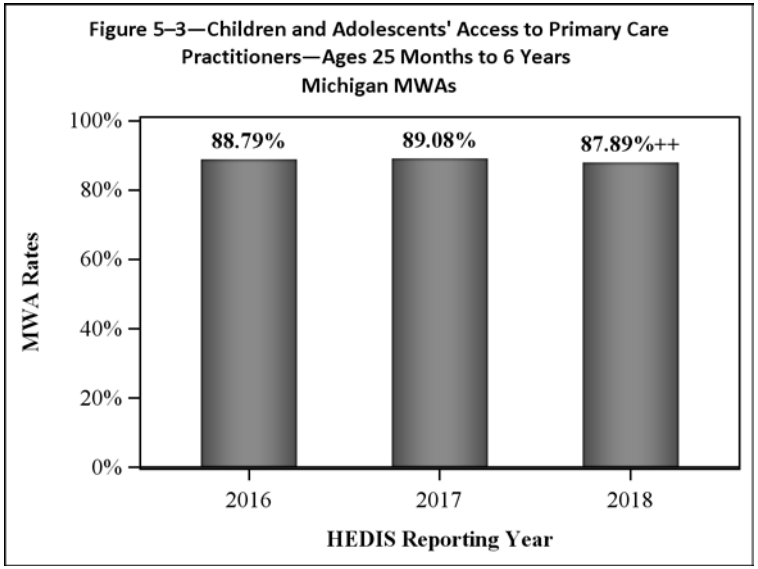
The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. Five MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

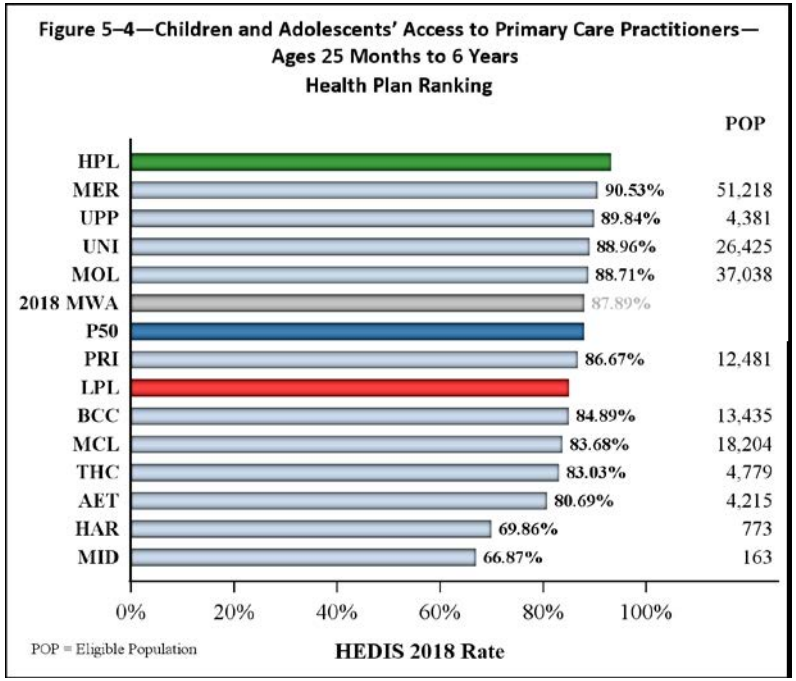
Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years

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.



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

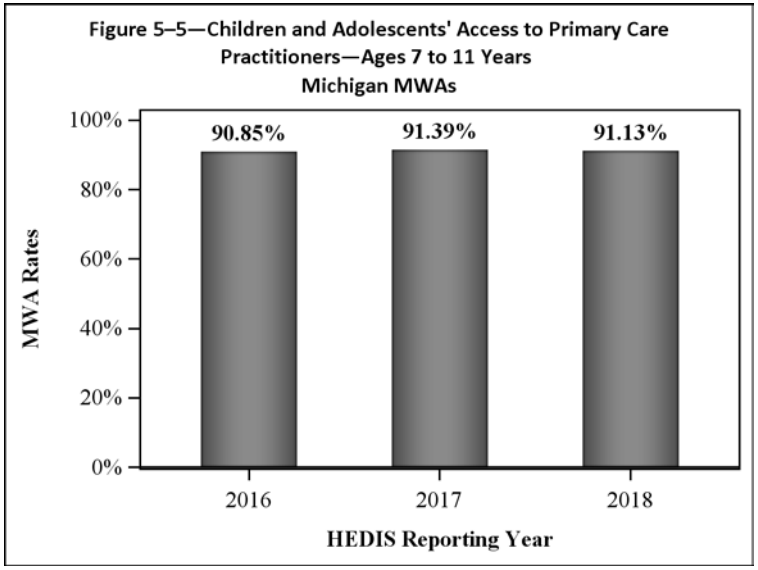
The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



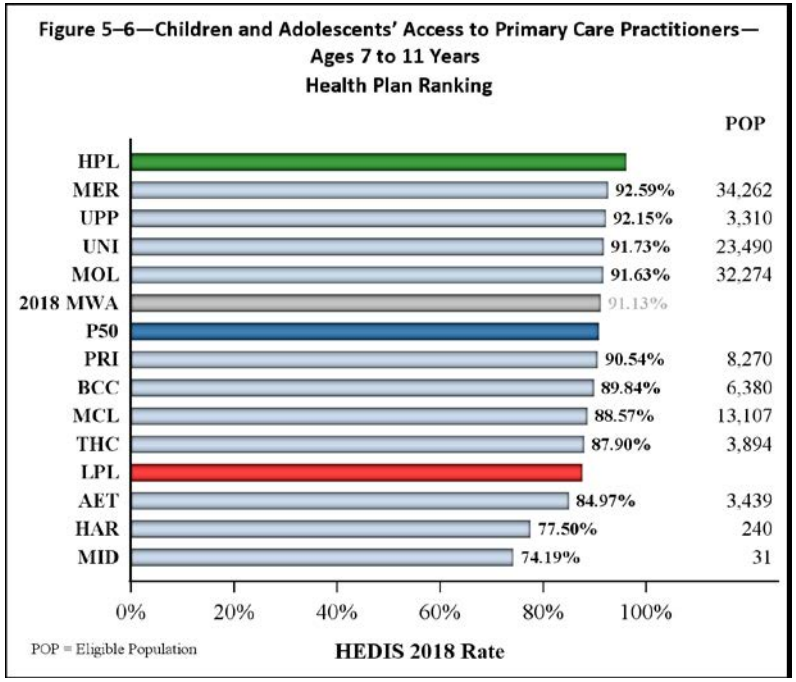
Four MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Six MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

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.



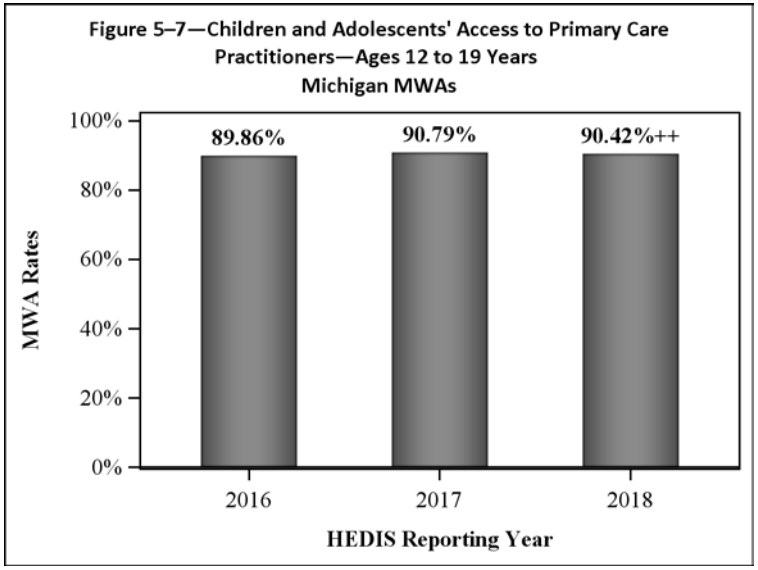
The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



Four MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

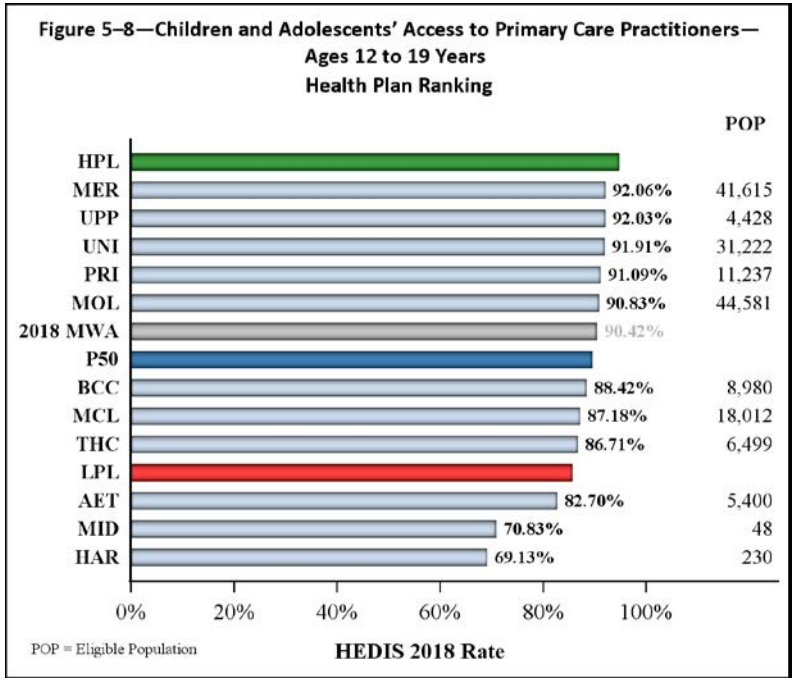
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

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

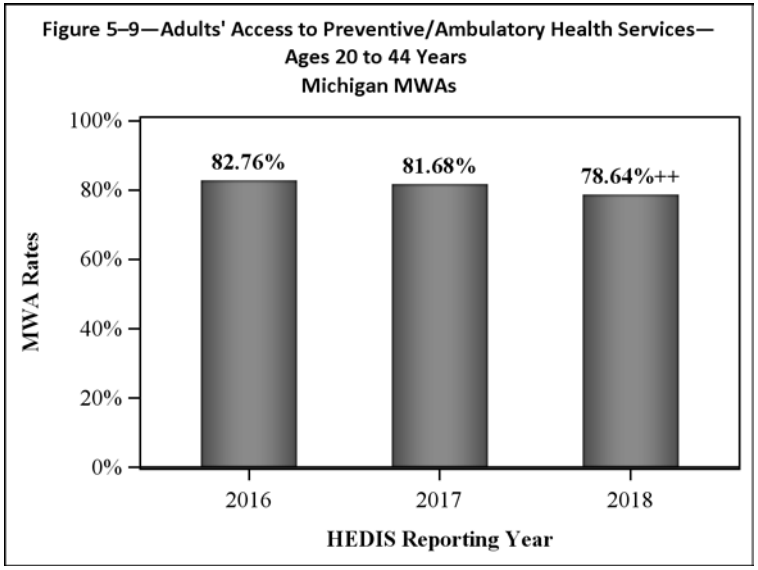
The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



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 by over 20 percentage points.

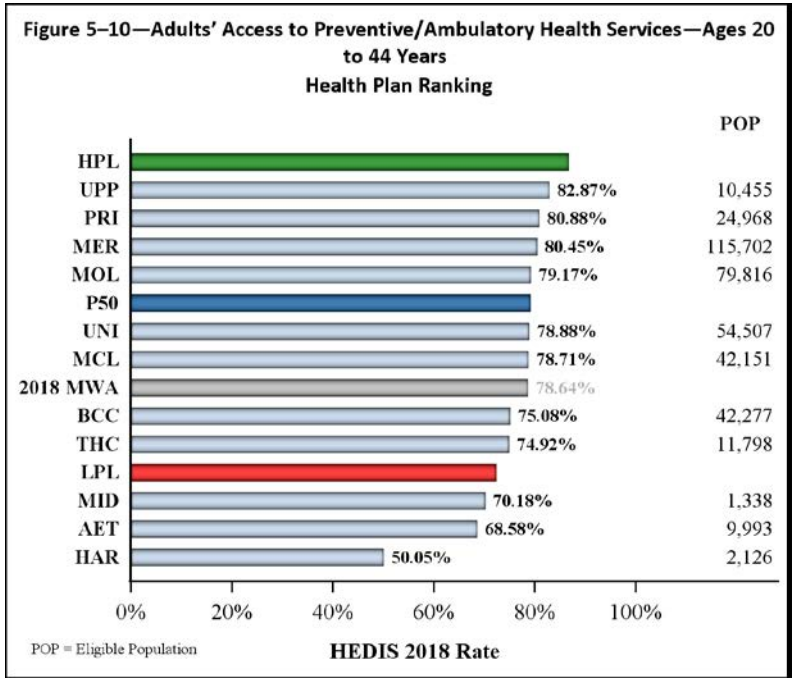
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

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.

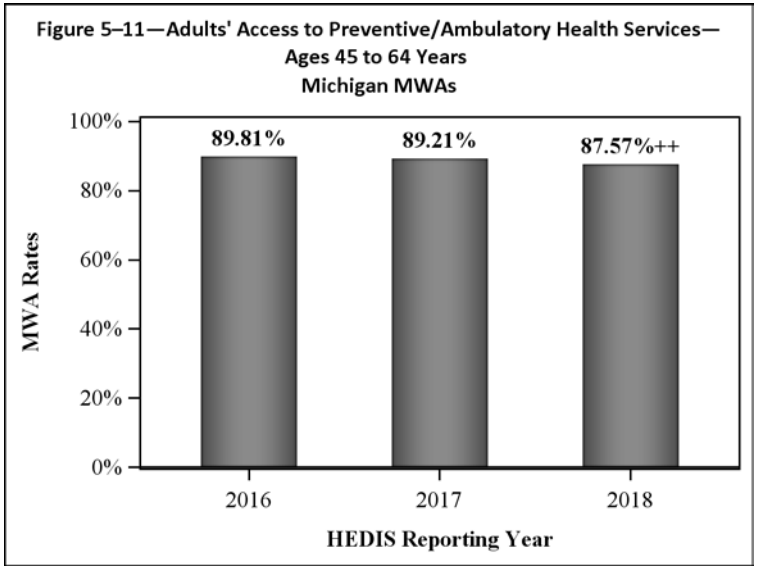
The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



Four MHPs ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

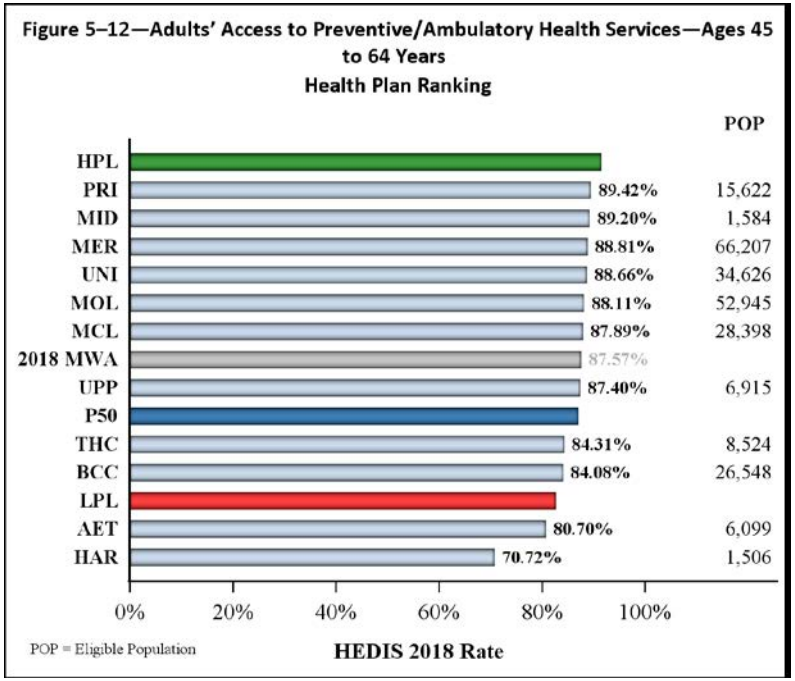
Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years

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.

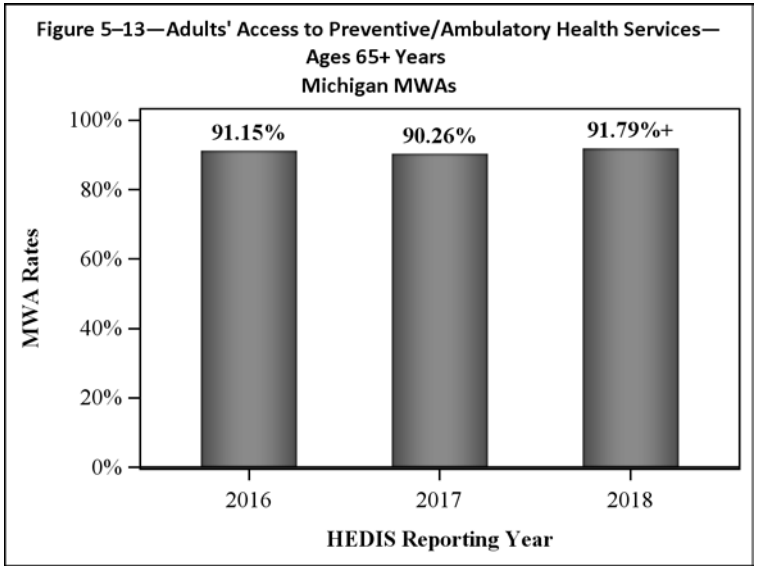
The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



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 by over 15 percentage points.

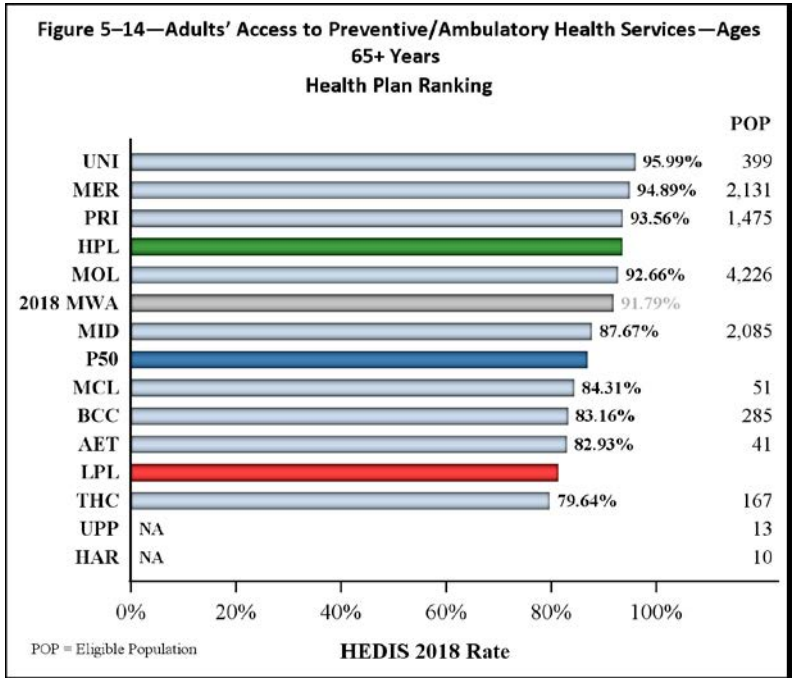
Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older

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.



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

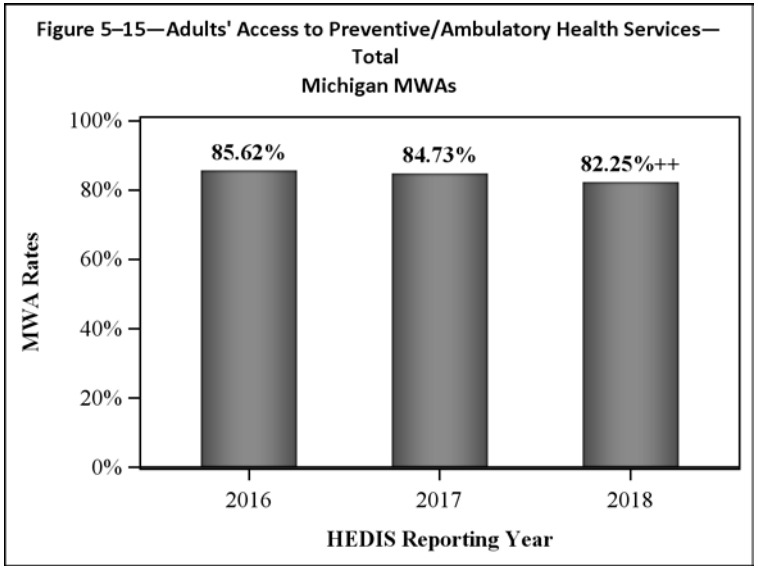


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Five MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 15 percentage points.

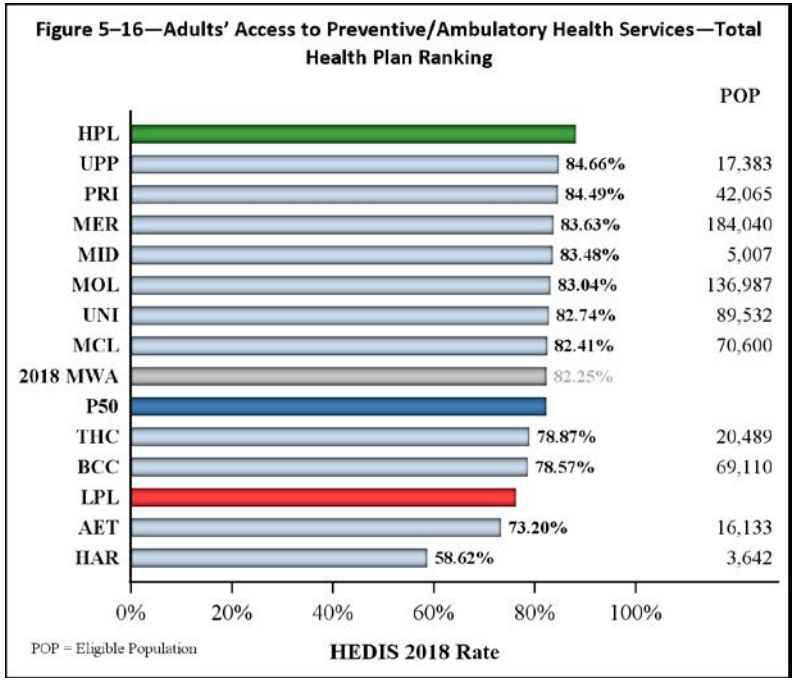
Adults' Access to Preventive/Ambulatory Health Services—Total

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.

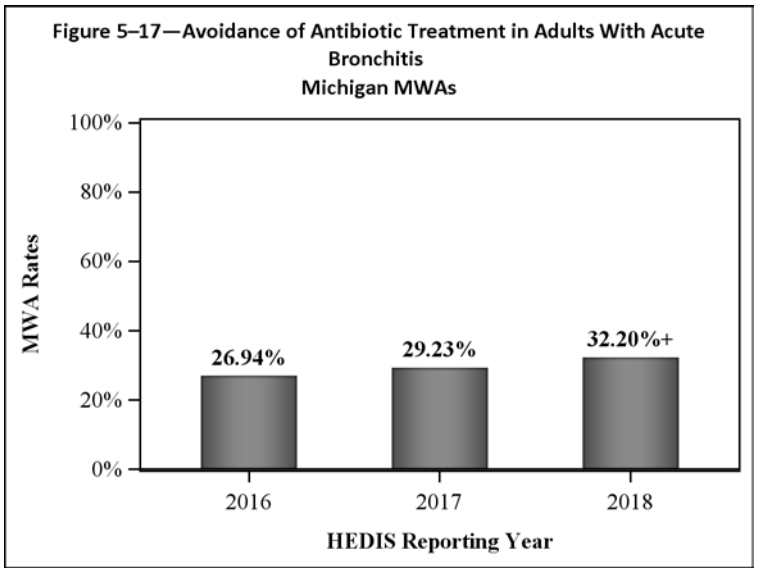
The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



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 by over 25 percentage points.

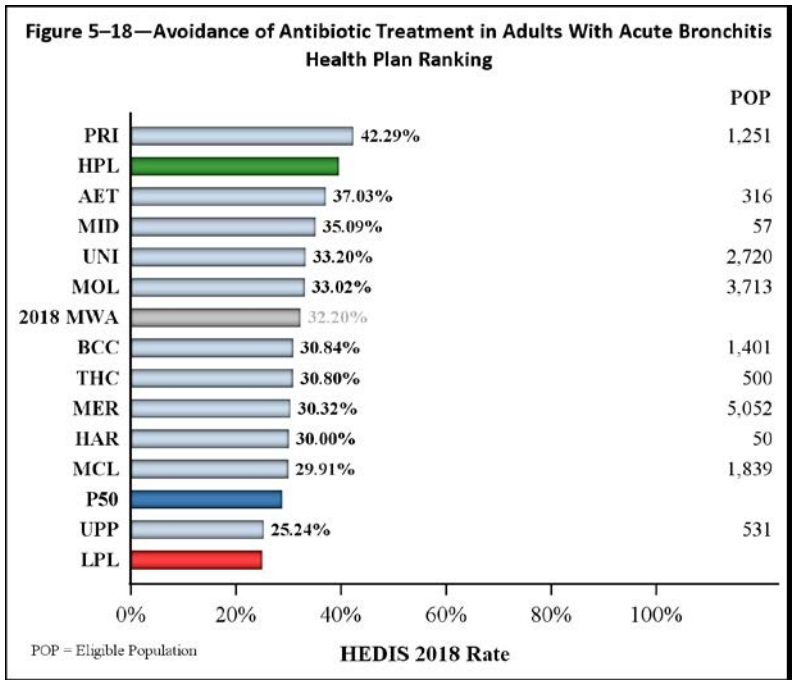
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

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.

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.



Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

6. Obesity

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 2018 MWA rates and performance levels, a comparison of the HEDIS 2017 MWA to the HEDIS 2018 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2017 to HEDIS 2018.

Table 6-1—HEDIS 2018 MWA Performance Levels and Trend Results for Obesity

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	84.40%	+2.30+	2	2
Counseling for Nutrition—Total	74.50%	+2.29+	0	1
Counseling for Physical Activity—Total	67.49%	+6.25+	3	1

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Adult BMI Assessment				
Adult BMI Assessment	94.47%	**+1.61+**	1	1

[1] 2018 performance levels were based on comparisons of the HEDIS 2018 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks. 2018 performance levels represent the following percentile comparisons:

≤25th	*≥25th and ≤49th*	*≥50th and ≤74th*	*≥75th and ≤89th*	*≥90th*

[2] HEDIS 2017 MWA to HEDIS 2018 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 2018 MWA demonstrated a statistically significant improvement from the HEDIS 2017 MWA.*

Red Shading[++] *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant decline from the HEDIS 2017 MWA.*

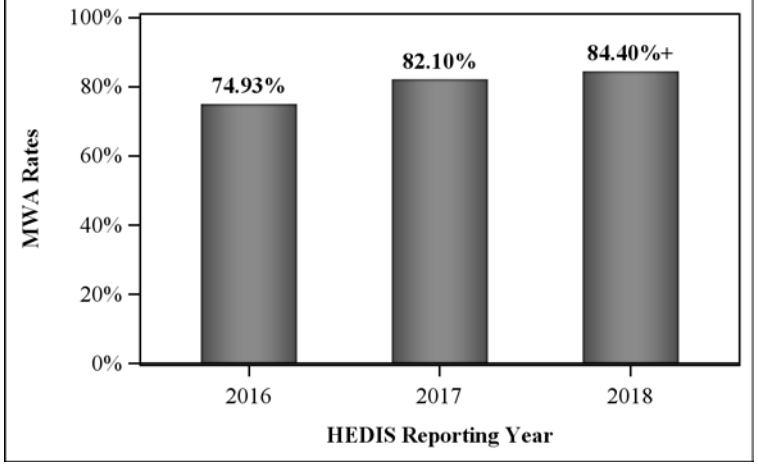
Table 6-1 shows that the four MWA rates included in the Obesity domain demonstrated a significant improvement from HEDIS 2017 to HEDIS 2018. Additionally, all four MWA rates ranked at or above the national Medicaid 50th percentile, demonstrating overall positive performance related to obesity. Of note, the MWA rate for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* ranked at or above the national Medicaid 75th percentile, and the MWA rate for *Adult BMI Assessment* ranked at or above the national Medicaid 90th percentile.

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.

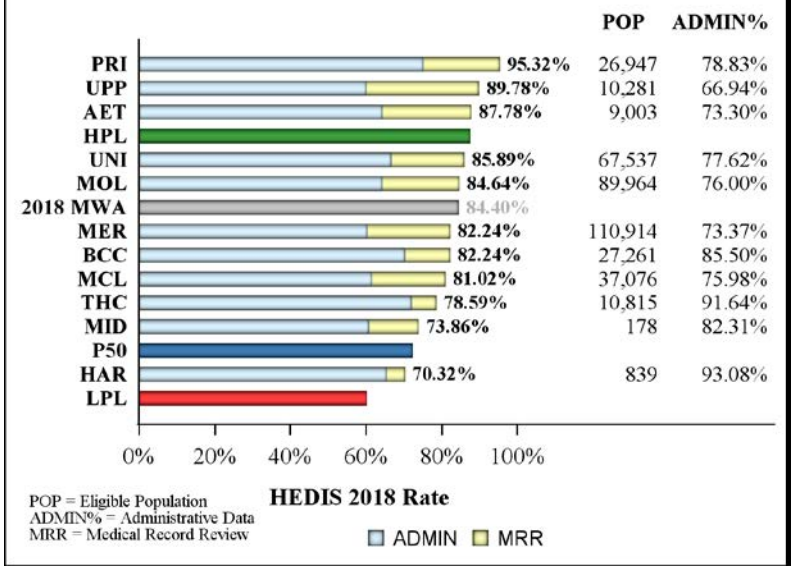
Figure 6–1—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 6–2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total
Health Plan Ranking



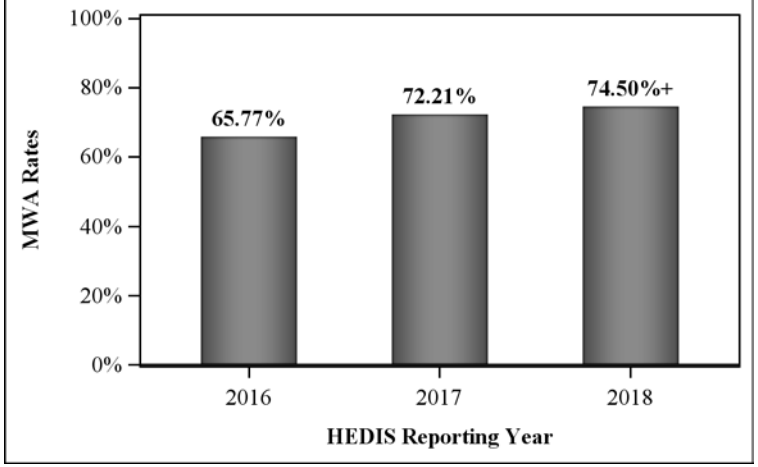
POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by 25 percentage points.

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.

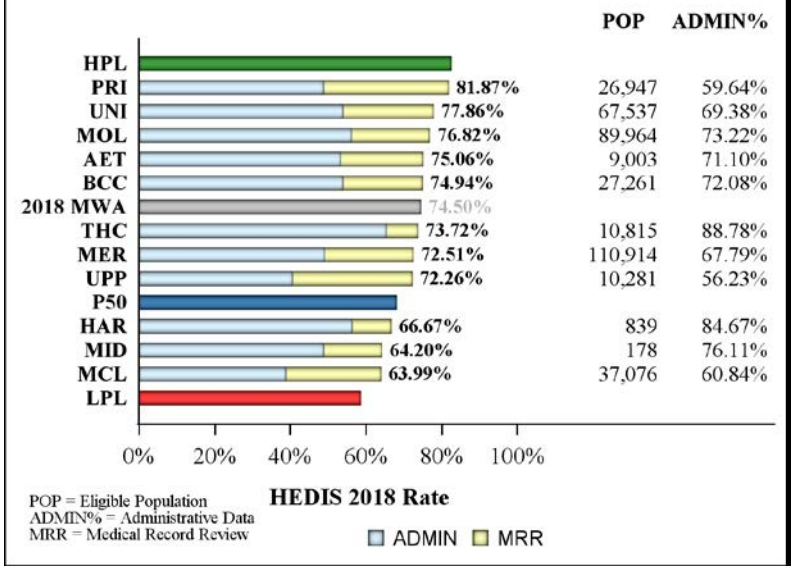
Figure 6–3—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 6–4—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total
Health Plan Ranking

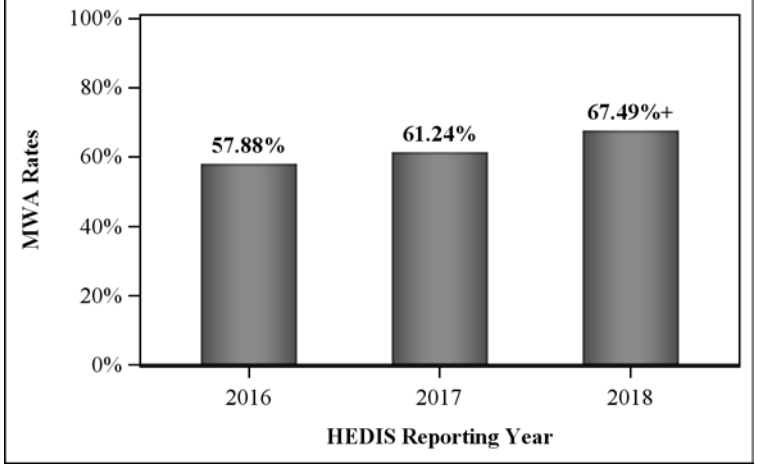


Eight MHPs and the MWA ranked above the national Medicaid 50th percentile, and all MHPs fell between the HPL and the LPL. MHP performance varied by over 15 percentage points.

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.

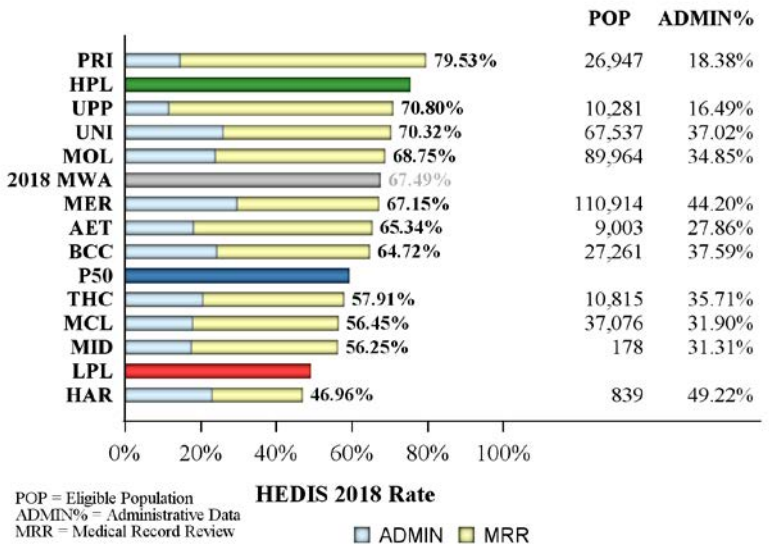
Figure 6–5—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 6–6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total
Health Plan Ranking

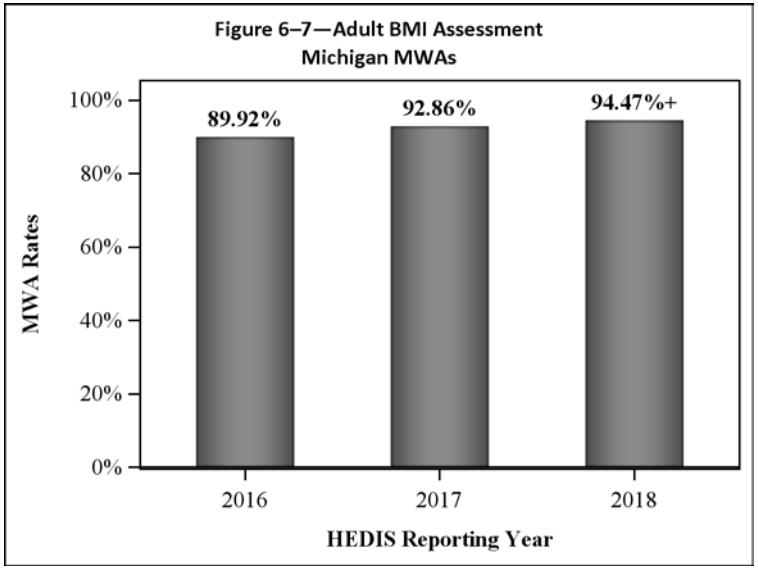


Seven MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 30 percentage points.

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.

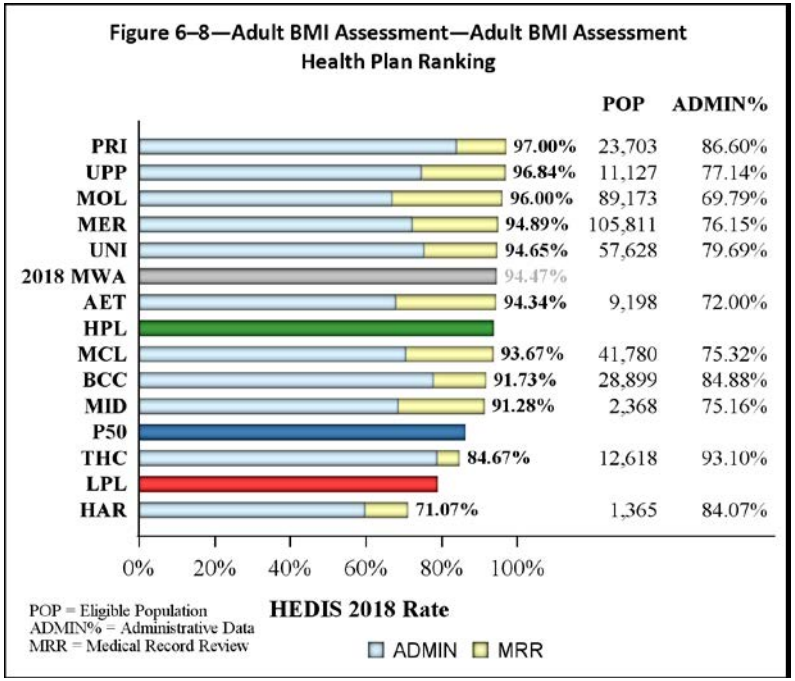
Figure 6–7—Adult BMI Assessment
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 6–8—Adult BMI Assessment—Adult BMI Assessment
Health Plan Ranking



Nine MHPs ranked above the national Medicaid 50th percentile, with six MHPs and the MWA ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.

7. Pregnancy Care

Introduction

The Pregnancy Care measure domain encompasses the following MDHHS measures:

- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*

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 presents the Michigan MWA performance for the measure indicators under the Pregnancy Care measure domain. The table lists the HEDIS 2018 MWA rates and performance levels, a comparison of the HEDIS 2017 MWA to the HEDIS 2018 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2017 to HEDIS 2018.

Table 7-1—HEDIS 2018 MWA Performance Levels and Trend Results for Pregnancy Care

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	80.23%	**-1.34++**	1	3
Postpartum Care	67.27%	**-1.69++**	1	0

[1] 2018 performance levels were based on comparisons of the HEDIS 2018 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks. 2018 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th

[2] HEDIS 2017 MWA to HEDIS 2018 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 2018 MWA demonstrated a statistically significant improvement from the HEDIS 2017 MWA.*

Red Shading++ *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant decline from the HEDIS 2017 MWA.*

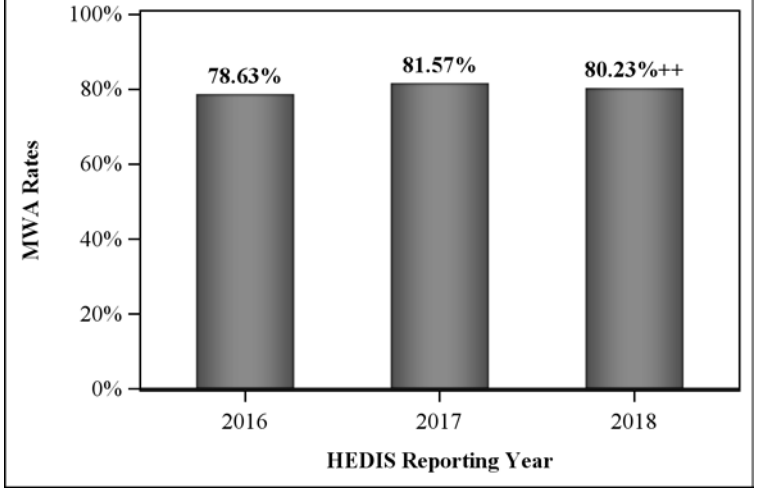
Table 7-1 shows that one of the two measure indicators in the Pregnancy Care domain, *Prenatal and Postpartum Care—Postpartum Care*, ranked at or above the national Medicaid 50th percentile. For the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure, the MWA rate fell below the national Medicaid 50th percentile and demonstrated a significant decline from HEDIS 2017 to HEDIS 2018, indicating opportunities for improvement in prenatal care.

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.

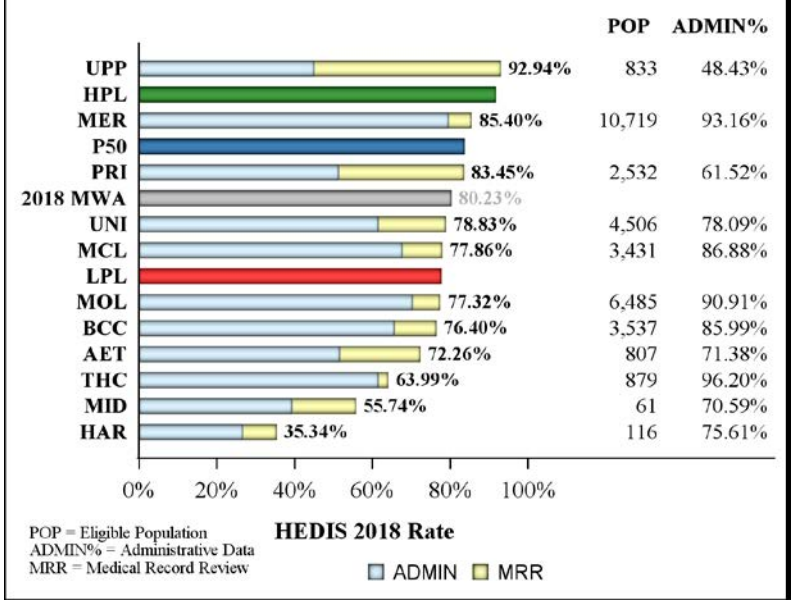
Figure 7–1—Prenatal and Postpartum Care—Timeliness of Prenatal Care
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.

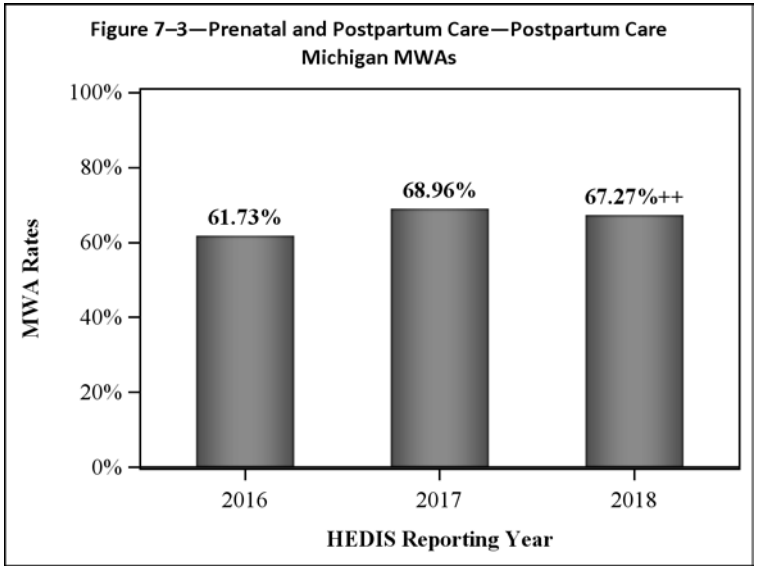
Figure 7–2—Prenatal and Postpartum Care—Timeliness of Prenatal Care
Health Plan Ranking



Two MHPs ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Six MHPs fell below the LPL. MHP performance varied by over 55 percentage points.

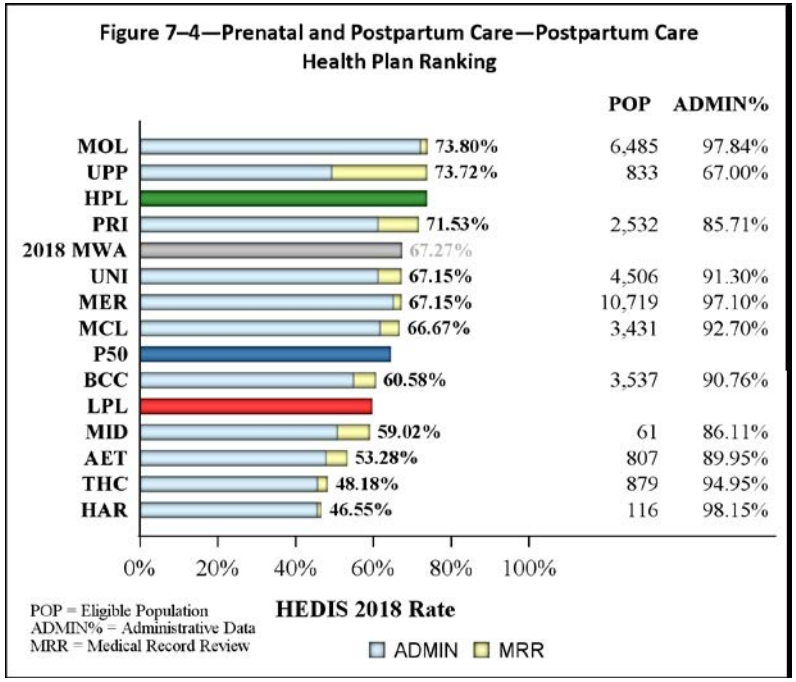
Prenatal and Postpartum Care—Postpartum Care

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

The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. Four MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

8. Living With Illness

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*, *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 2018 MWA rates and performance levels, a comparison of the HEDIS 2017 MWA to the HEDIS 2018 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2017 to HEDIS 2018.

Table 8-1—HEDIS 2018 MWA Performance Levels and Trend Results for Living With Illness

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Comprehensive Diabetes Care				
Hemoglobin A1C (HbA1c) Testing	88.81%	**+1.02+**	0	2
*HbA1c Poor Control (>9.0%)**	36.88%	**+0.81++**	1	3
HbA1c Control (<8.0%)	52.73%	-0.43	0	2
Eye Exam (Retinal) Performed	64.18%	**+1.33+**	0	0
Medical Attention for Nephropathy	91.94%	**+0.80+**	0	0
Blood Pressure Control (<140/90 mm Hg)	62.23%	+0.50	0	2
Medication Management for People With Asthma				
Medication Compliance 50%—Total[3]	70.74%	-0.59	3	2
Medication Compliance 75%—Total	49.83%	-0.13	4	2
Asthma Medication Ratio				
Total	62.06%	-0.57	1	1
Controlling High Blood Pressure				
Controlling High Blood Pressure	58.21%	**+1.46+**	1	2
Medical Assistance With Smoking and Tobacco Use Cessation[4]				
Advising Smokers and Tobacco Users to Quit	80.59%	**+0.44+**	0	0
Discussing Cessation Medications	57.14%	**+1.19+**	0	0
Discussing Cessation Strategies	47.32%	**+1.43+**	0	0
Antidepressant Medication Management[5]				
Effective Acute Phase Treatment	58.27%	**+5.55+**	4	0
Effective Continuation Phase Treatment	41.25%	**+5.22+**	4	1
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	84.31%	**+1.22+**	3	0
Diabetes Monitoring for People With Diabetes and Schizophrenia				
Diabetes Monitoring for People With Diabetes and Schizophrenia	69.97%	+0.96	0	0
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	76.86%	+7.22	1	0
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.18%	**+2.02+**	3	1

Measure	HEDIS 2018 MWA and Performance Level[1]	HEDIS 2017 MWA–HEDIS 2018 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS 2018	Number of MHPs With Statistically Significant Decline in HEDIS 2018
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	86.60%	-0.40	3	2
Diuretics	86.64%	-0.44	2	1
Total[6]	86.62%	NC	NC	NC

[1] 2018 performance levels were based on comparisons of the HEDIS 2018 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks. 2018 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th

[2] HEDIS 2017 MWA to HEDIS 2018 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 2018 MWA demonstrated a statistically significant improvement from the HEDIS 2017 MWA.*

Red Shading[++] *Indicates that the HEDIS 2018 MWA demonstrated a statistically significant decline from the HEDIS 2017 MWA.*

[3] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 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 2017 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.

[5] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2018 and prior years.

[6] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

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

Table 8-1 shows that for the Living With Illness domain, 11 of 21 (52.4 percent) MWA rates that could be compared to national Medicaid percentiles or prior years' rates demonstrated significant improvement from HEDIS 2017 to HEDIS 2018. Of note, four MHPs and the MWA demonstrated significant improvement of more than 5 percentage points for the *Antidepressant Medication Management* measure indicators. Please note, caution should be used when comparing the 2018 rates for *Antidepressant Medication Management* to national Medicaid percentiles and prior years' rates due to changes to the technical measure specifications for HEDIS 2018.

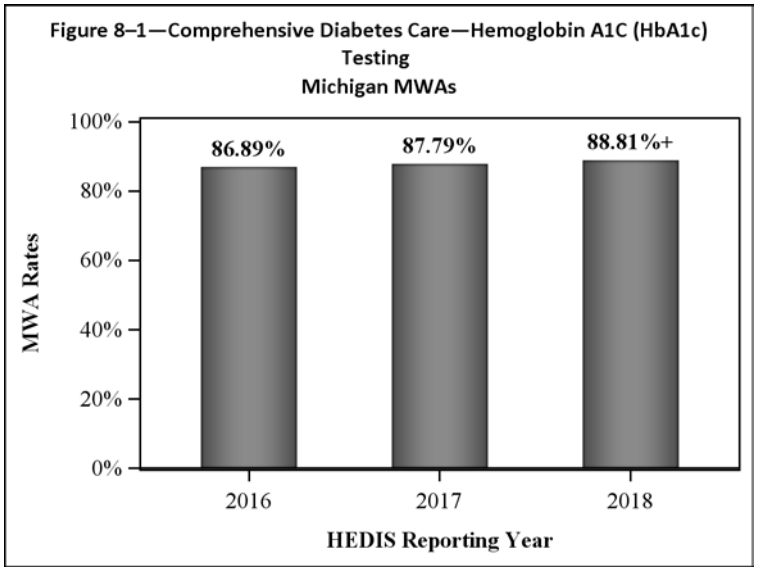
Additionally, 16 of 21 (76.2 percent) MWA rates ranked at or above the national Medicaid 50th percentile, with nine MWA rates ranking at or above the national Medicaid 75th percentile. The following nine rates demonstrated positive performance: *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Medical Attention for Nephropathy*; *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*; *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit* and *Discussing Cessation Medications*; *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*; and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*.

Conversely, only one MWA rate, *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, demonstrated a significant decline in performance from HEDIS 2017 to HEDIS 2018. Further, the MWA rates for *Asthma Medication Ratio—Total*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* and *Diuretics* fell below the national Medicaid 50th percentile, indicating opportunities for improvement for these measures.

Measure-Specific Findings

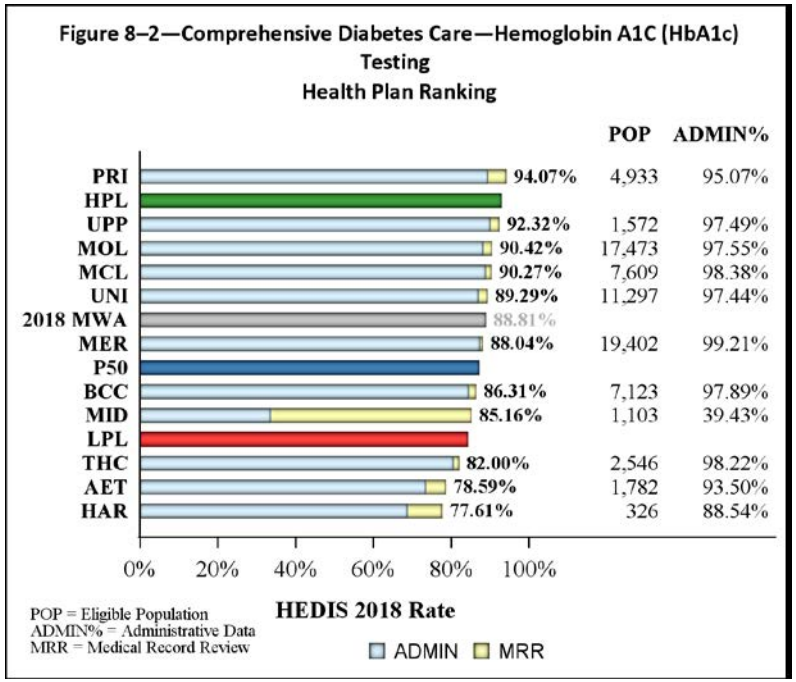
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing

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.



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

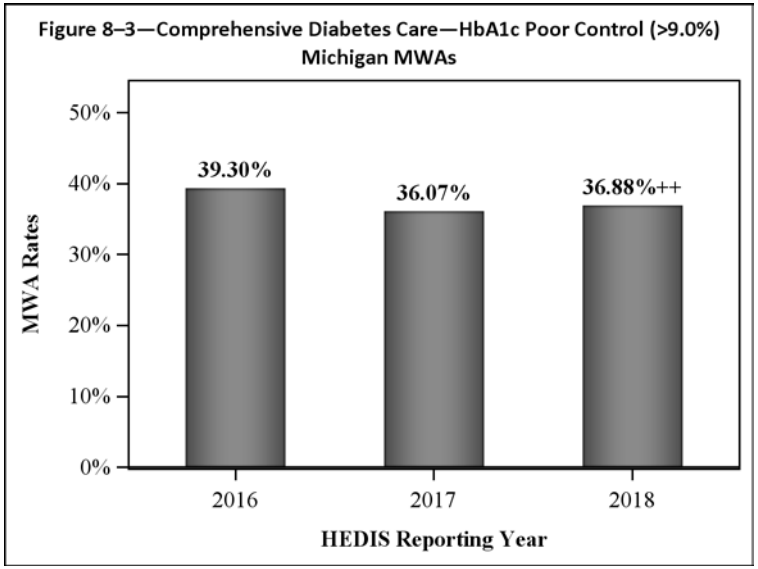
The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.



Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

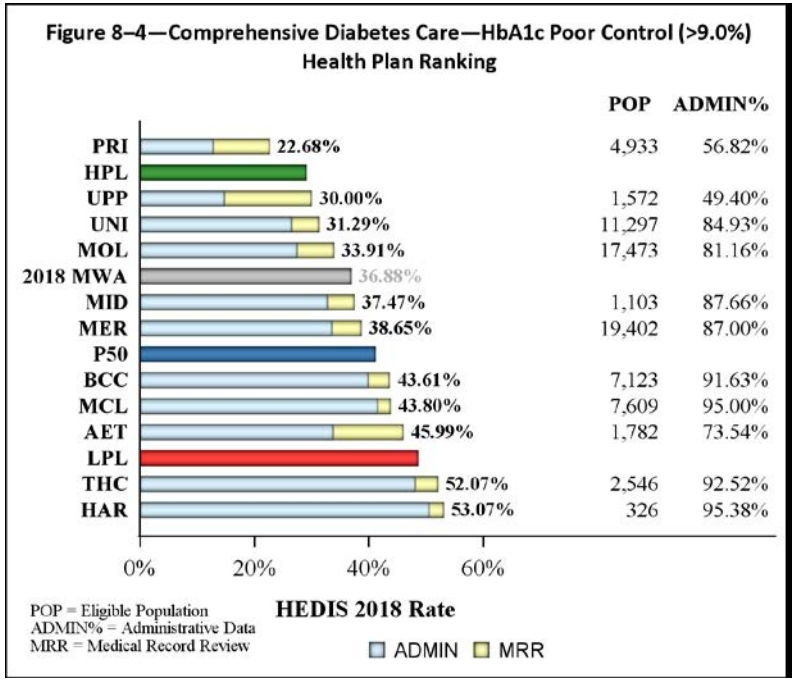
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

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.



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

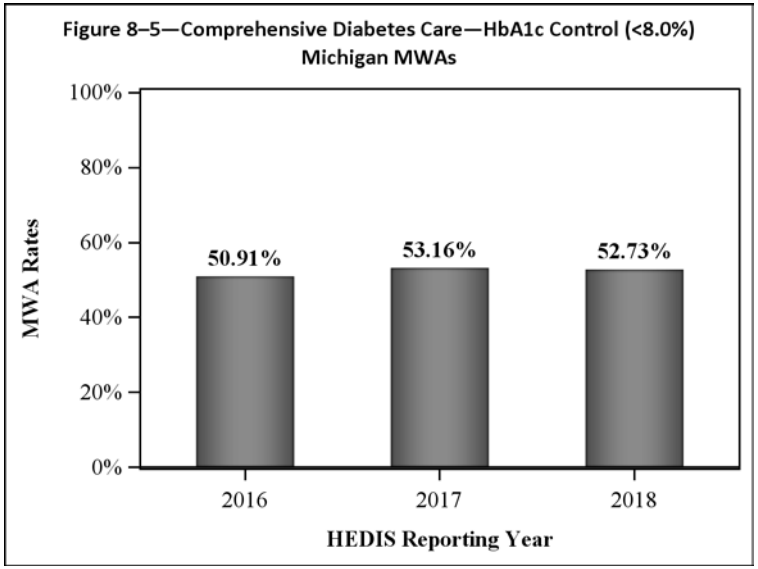
The HEDIS 2018 MWA rate significantly declined from HEDIS 2017.



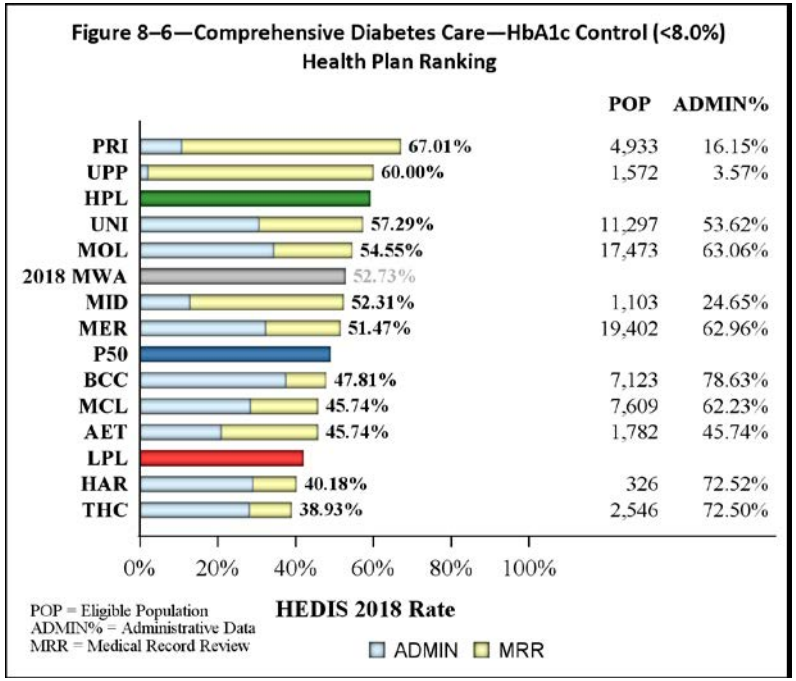
Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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%).



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

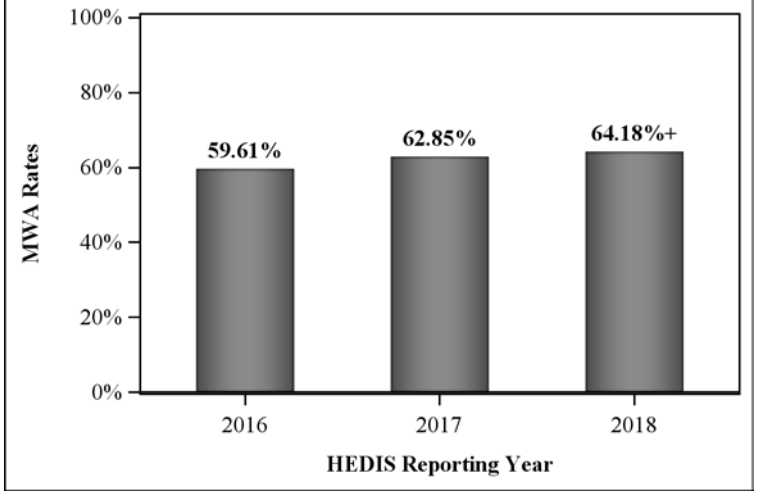


Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

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.

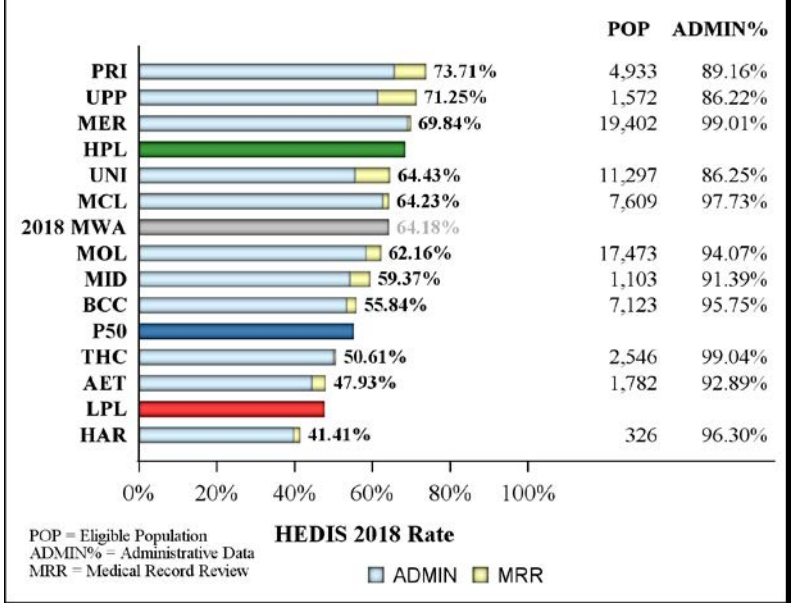
Figure 8–7—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

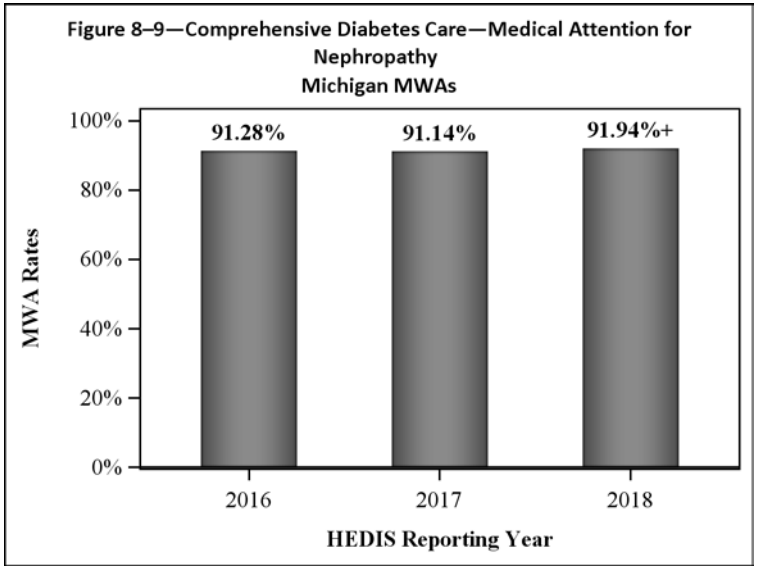
Figure 8–8—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
Health Plan Ranking



Eight MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 30 percentage points.

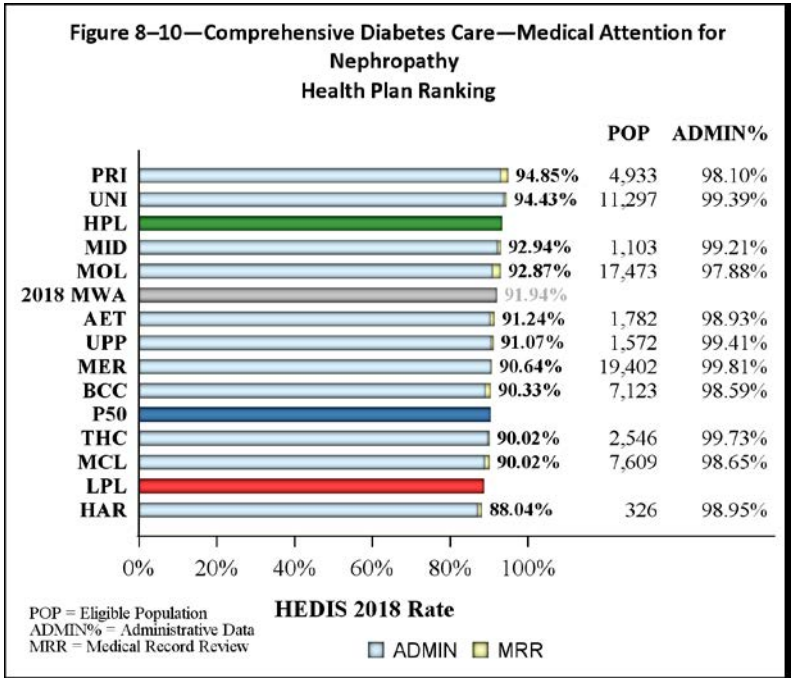
Comprehensive Diabetes Care—Medical Attention for Nephropathy

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.



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

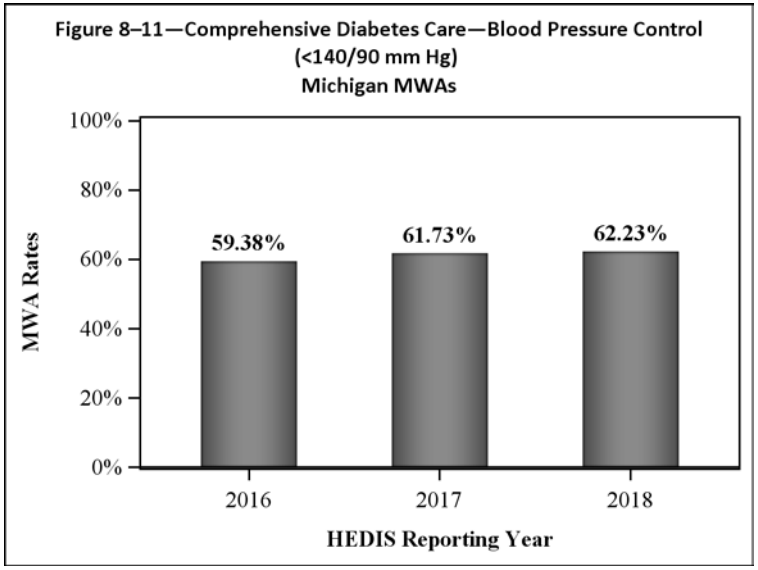


Eight MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. One MHP ranked below the LPL. MHP performance varied by over 5 percentage points.

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

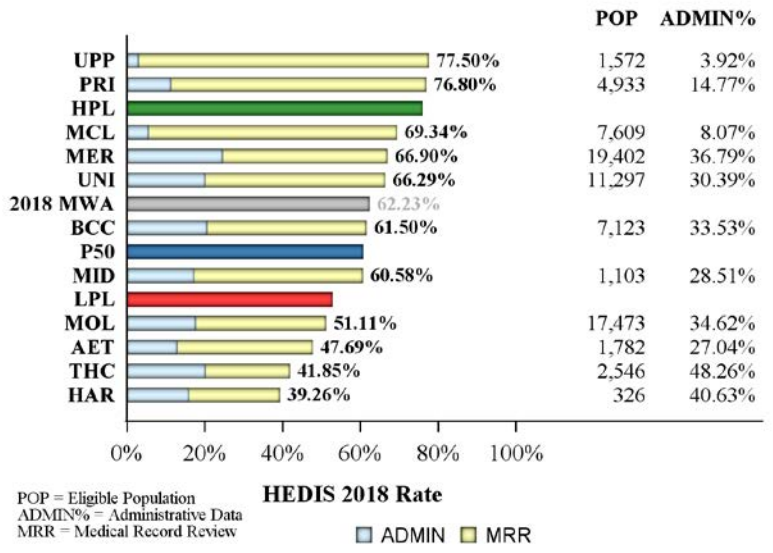
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90 mm Hg).

Figure 8–11—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

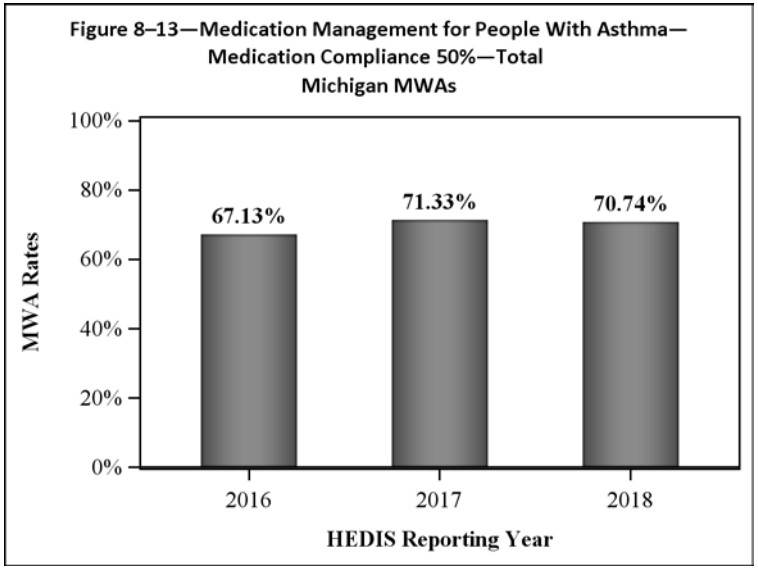
Figure 8–12—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Health Plan Ranking



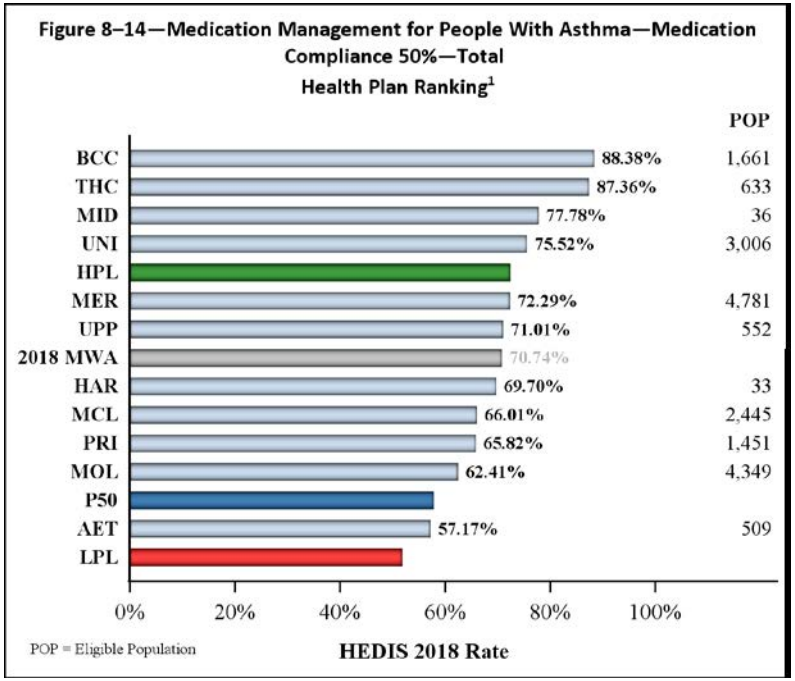
Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. Four MHPs fell below the LPL. MHP performance varied by over 35 percentage points.

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.



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.



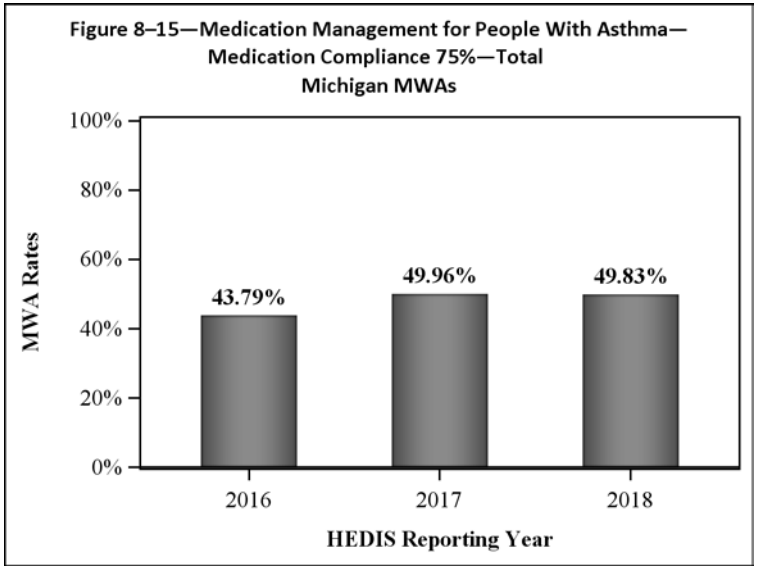
[1] *Quality Compass percentiles for this measure were not available; therefore, the rates for this measure indicator were compared to the NCQA Audit Means and Percentiles.*

Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with four MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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

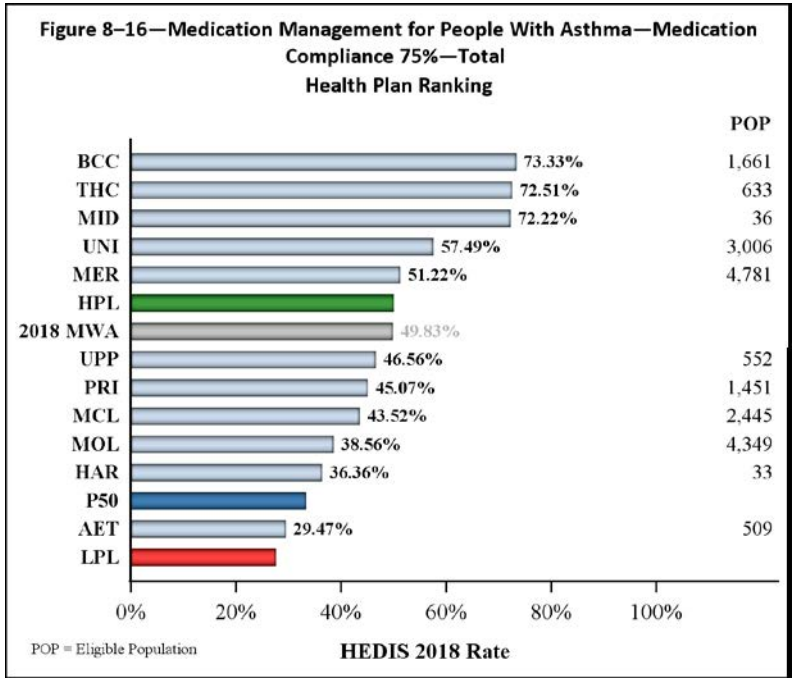
Medication Management for People with Asthma—Medication Compliance 75%—Total assesses the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they continued to take for at least 75 percent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

Figure 8–15—Medication Management for People With Asthma—Medication Compliance 75%—Total
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 8–16—Medication Management for People With Asthma—Medication Compliance 75%—Total
Health Plan Ranking

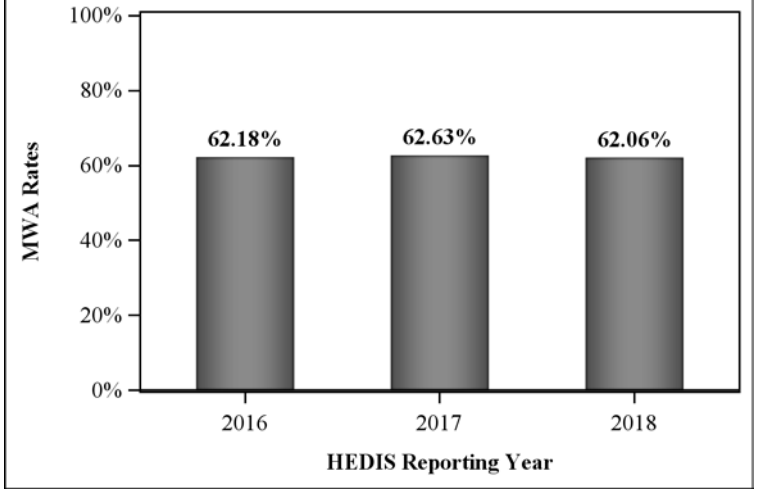


Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with five MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 40 percentage points.

Asthma Medication Ratio—Total

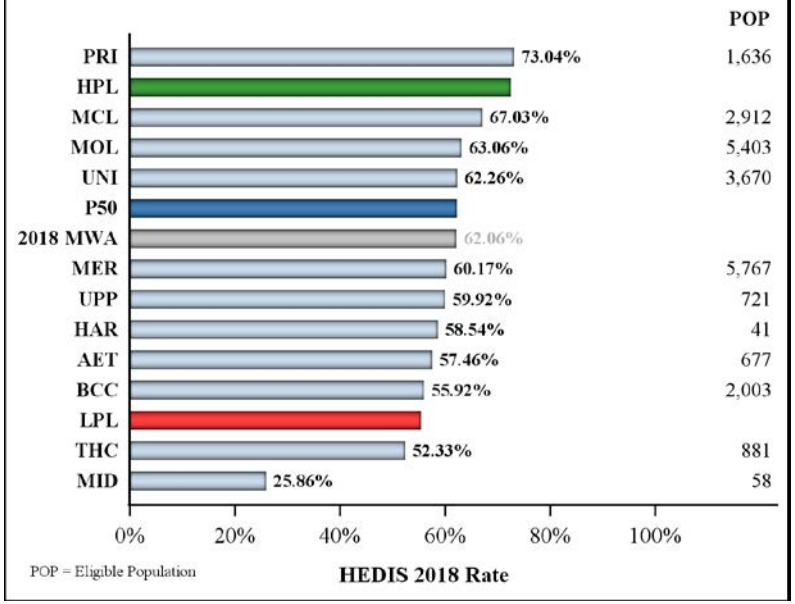
Asthma Medication Ratio—Total assesses the percentage of patients 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Figure 8–17—Asthma Medication Ratio—Total
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 8–18—Asthma Medication Ratio—Total
Health Plan Ranking

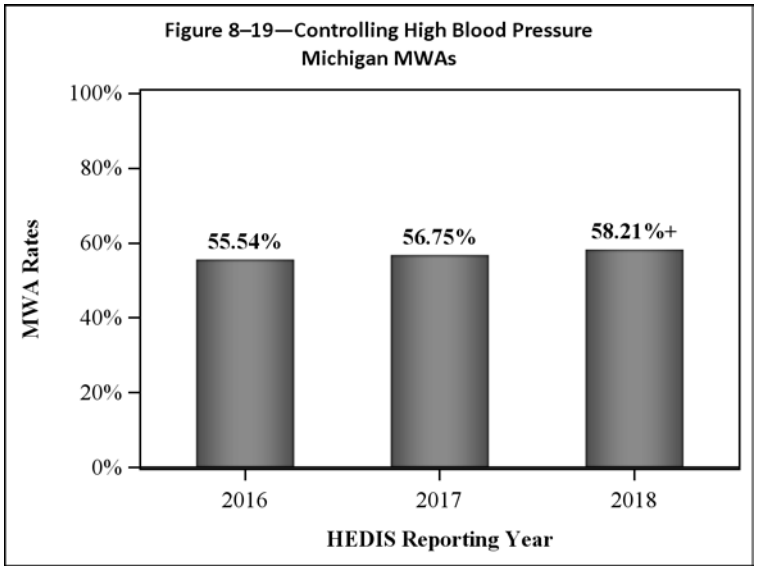


Four MHPs ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 45 percentage points.

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.

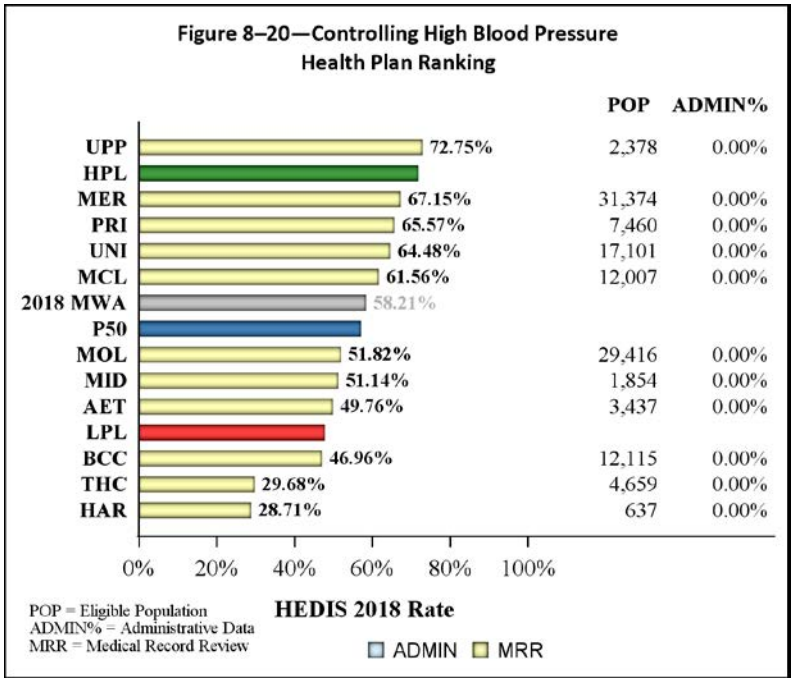
Figure 8–19—Controlling High Blood Pressure
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

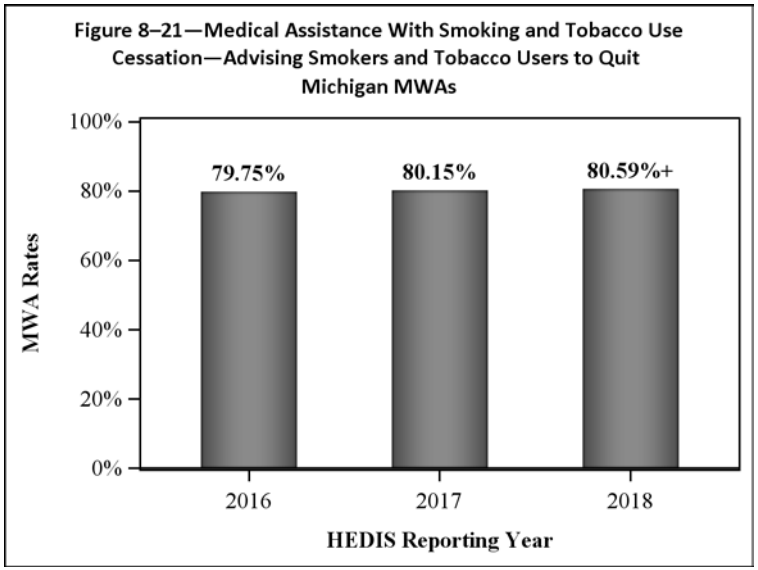
Figure 8–20—Controlling High Blood Pressure
Health Plan Ranking



Five MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by over 40 percentage points.

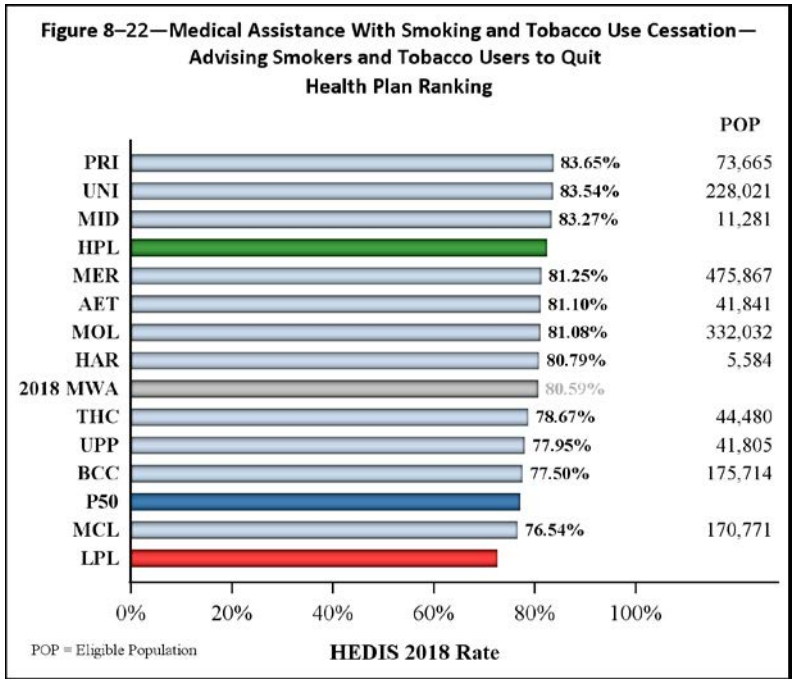
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

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 2018 MWA rate significantly improved from HEDIS 2017.

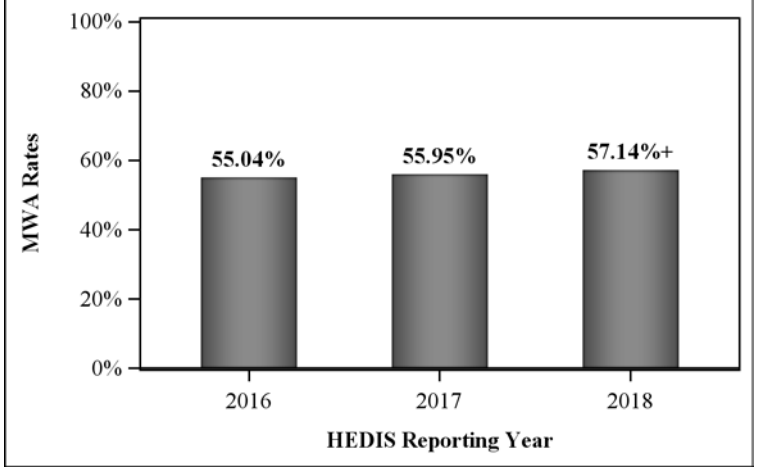


Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 5 percentage points.

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.

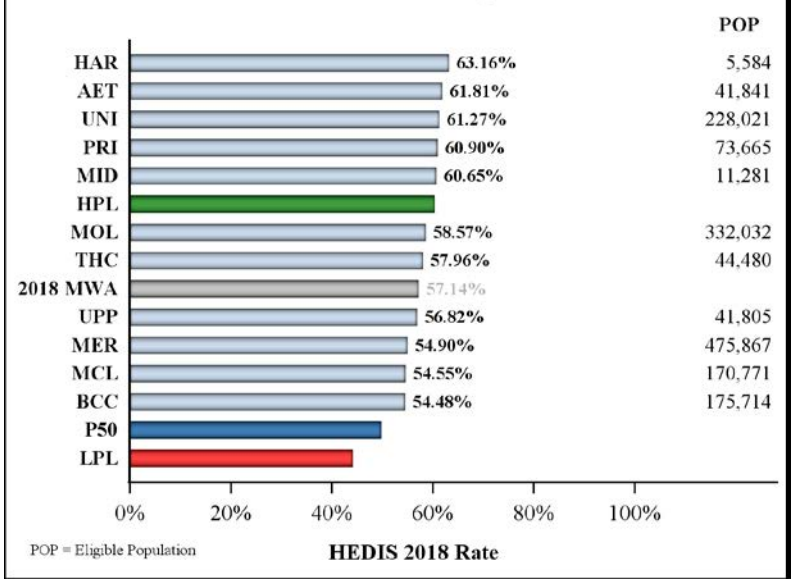
Figure 8–23—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

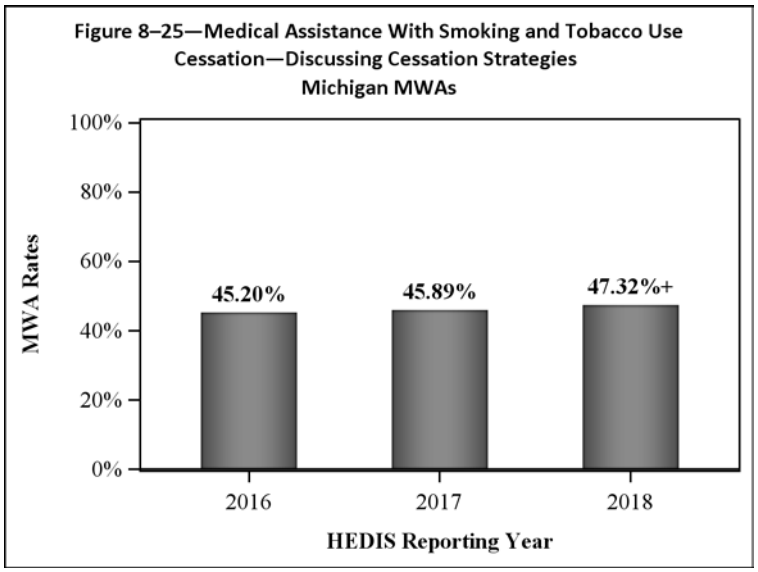
Figure 8–24—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications
Health Plan Ranking



Eleven MHPs and the MWA ranked above the national Medicaid 50th percentile, with five MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 5 percentage points.

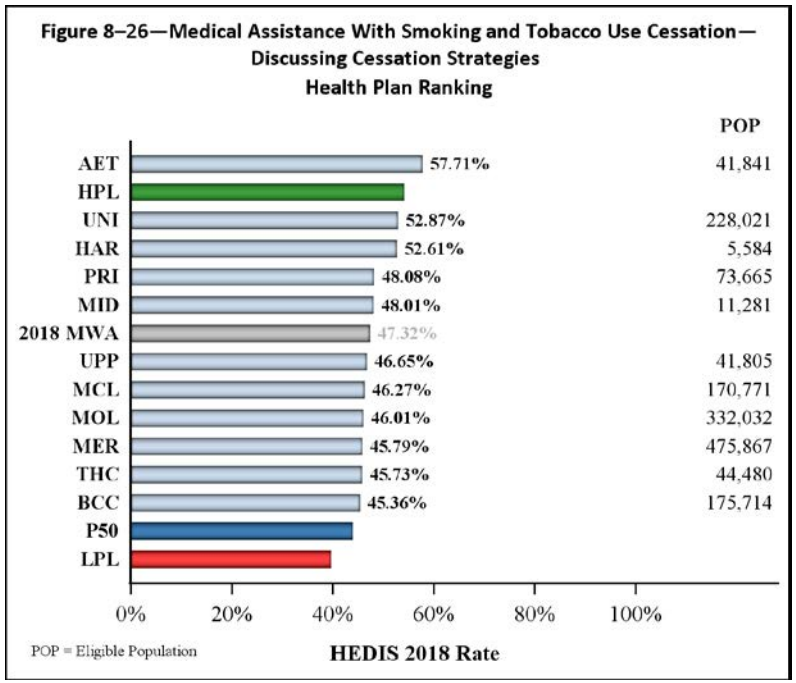
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

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 2018 MWA rate significantly improved from HEDIS 2017.

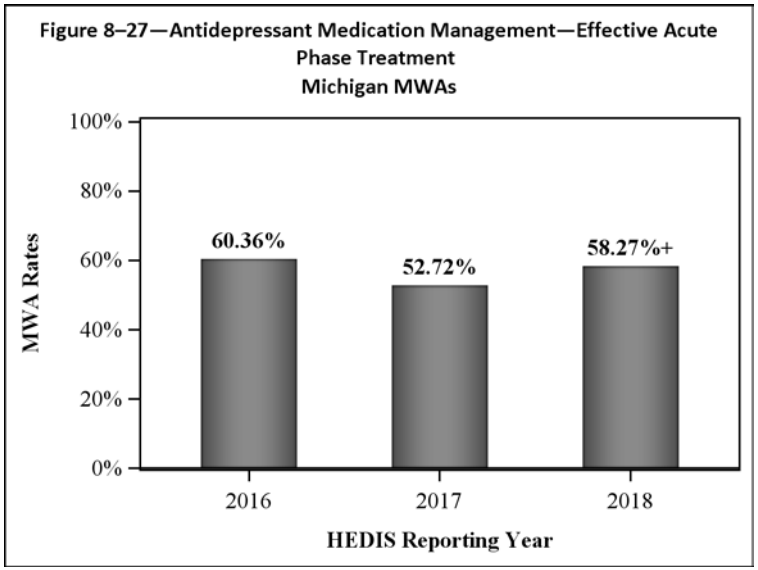


Eleven MHPs and the MWA ranked above the national Medicaid 50th percentile, with one MHP ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

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). Due to changes in the technical specifications for this measure indicator, exercise caution when trending rates between 2018 and prior years.

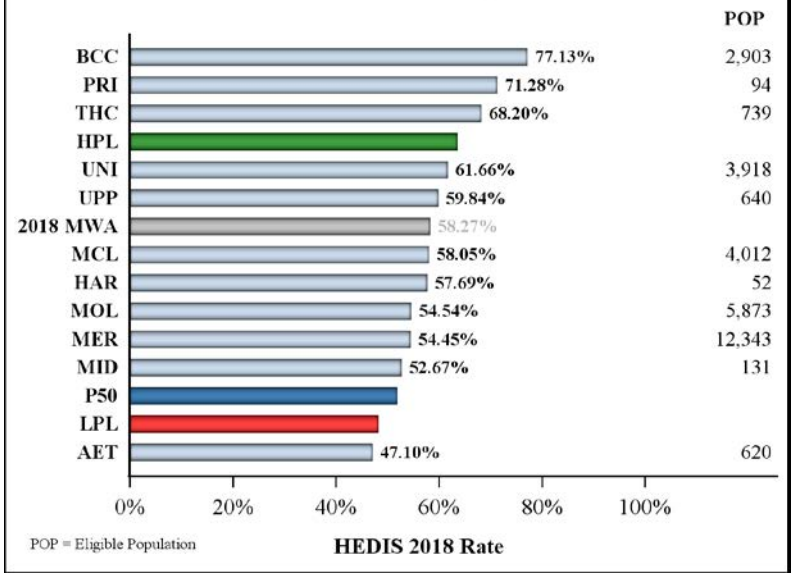
Figure 8–27—Antidepressant Medication Management—Effective Acute Phase Treatment
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 8–28—Antidepressant Medication Management—Effective Acute Phase Treatment
Health Plan Ranking

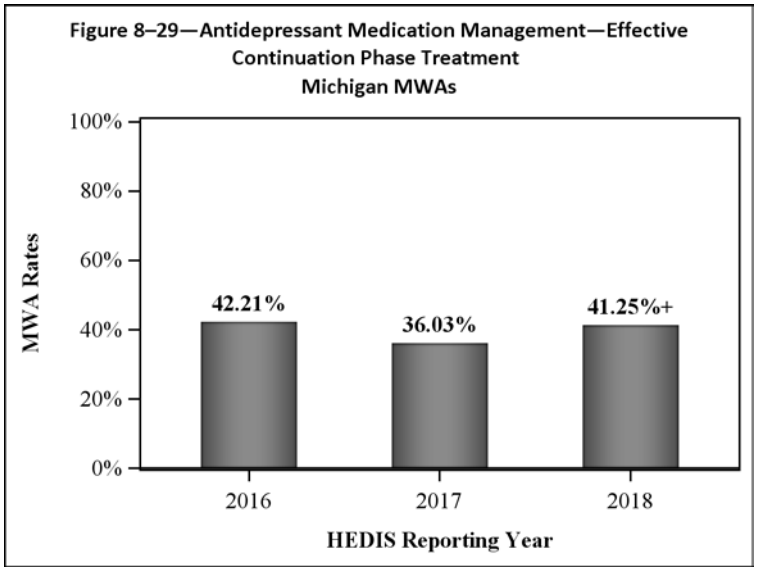


Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 30 percentage points.

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). Due to changes in the technical specifications for this measure indicator, exercise caution when trending rates between 2018 and prior years.

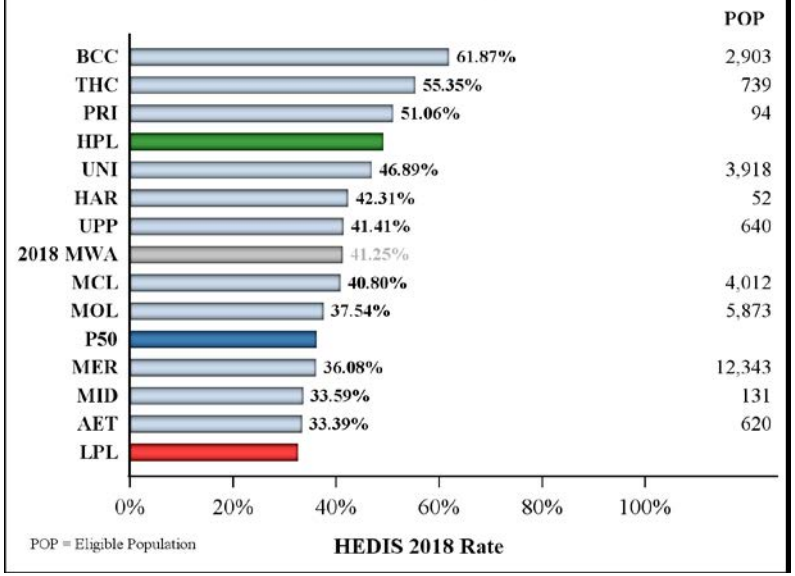
Figure 8–29—Antidepressant Medication Management—Effective Continuation Phase Treatment
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 8–30—Antidepressant Medication Management—Effective Continuation Phase Treatment
Health Plan Ranking

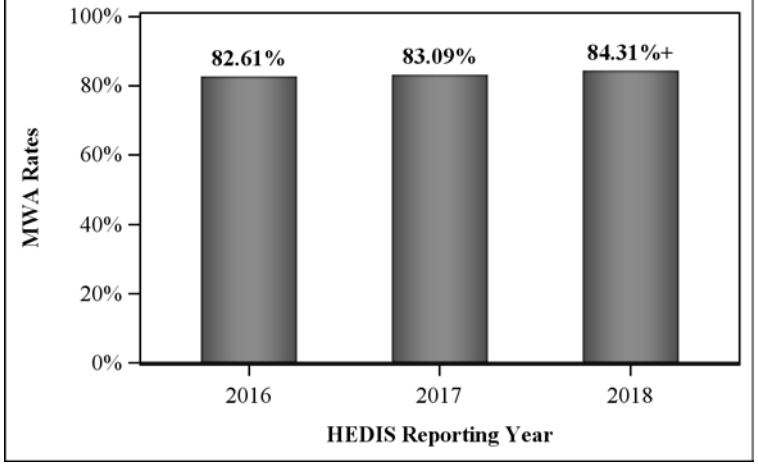


Eight MHPs and the MWA ranked above the national Medicaid 50th percentile, with three MHPs ranking above the HPL. No MHP fell below the LPL. MHP performance varied by over 25 percentage points.

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.

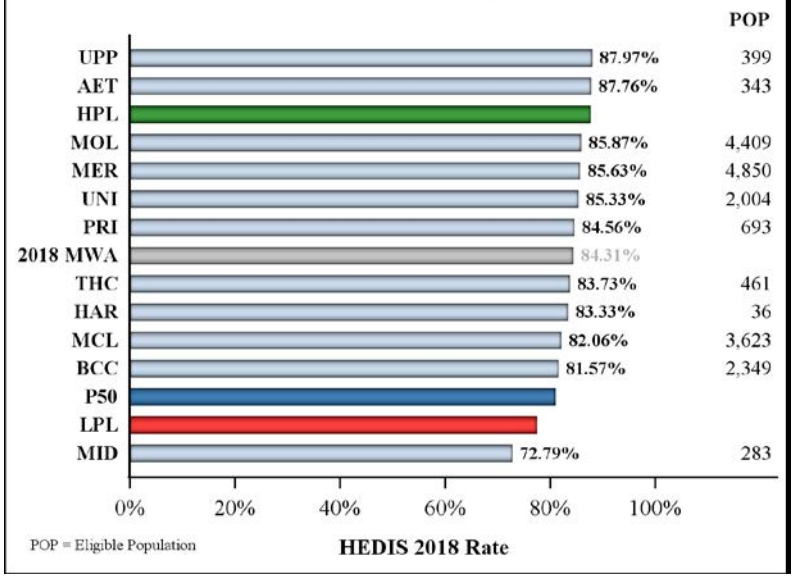
Figure 8–31—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
Michigan MWAs



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.

Figure 8–32—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
Health Plan Ranking

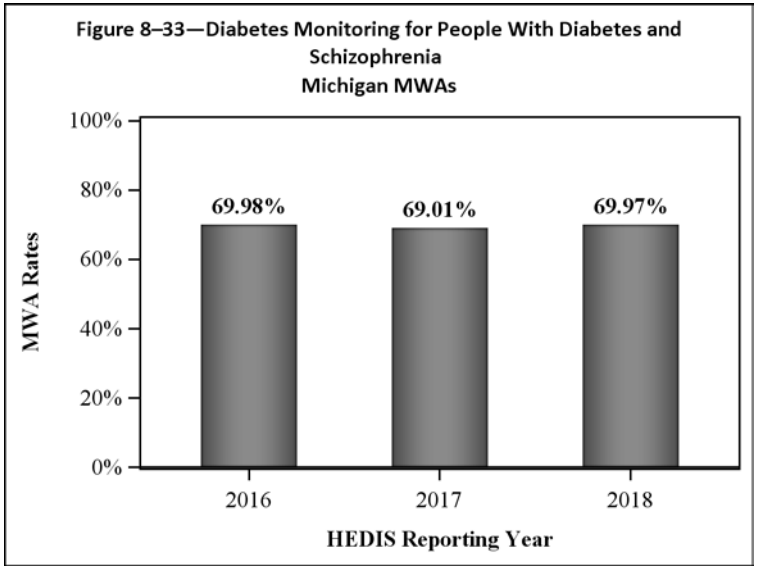


Ten MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 15 percentage points.

Diabetes Monitoring for People With Diabetes and Schizophrenia

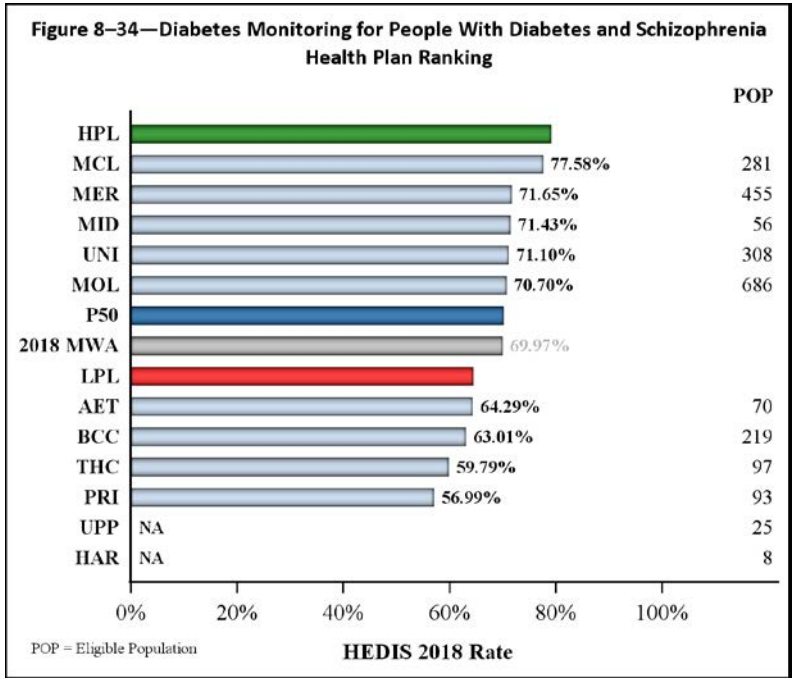
Diabetes Monitoring for People With Diabetes and Schizophrenia assesses the percentage of members between 18 and 64 years of age with schizophrenia and diabetes, who had both a low-density lipoprotein cholesterol (LDL-C) test and an HbA1c test during the measurement year.

Figure 8–33—Diabetes Monitoring for People With Diabetes and Schizophrenia
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 8–34—Diabetes Monitoring for People With Diabetes and Schizophrenia
Health Plan Ranking



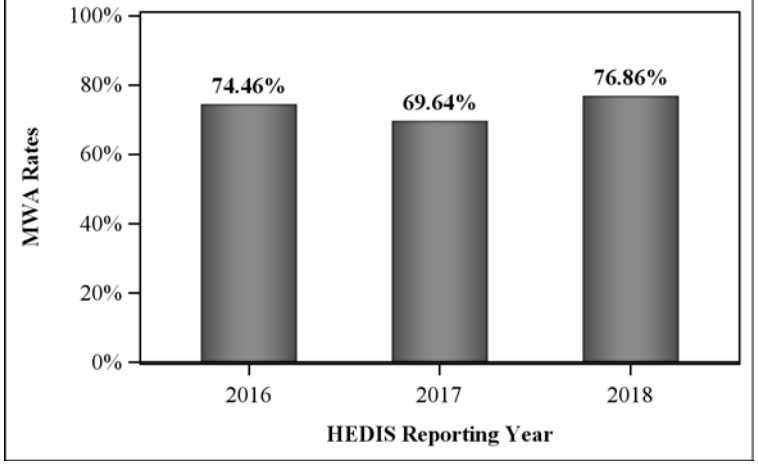
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Five MHPs ranked above the national Medicaid 50th percentile but below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

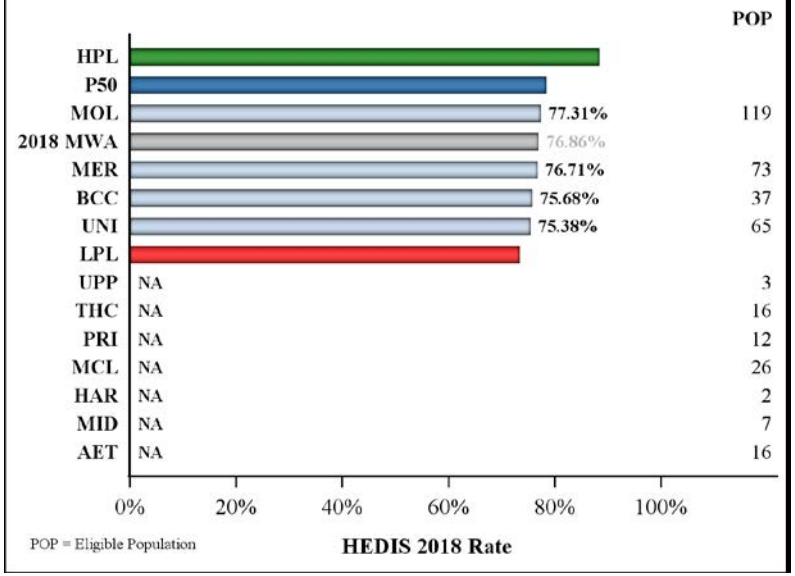
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia assesses the percentage of members between 18 and 64 years of age with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year.

Figure 8–35—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 8–36—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
Health Plan Ranking

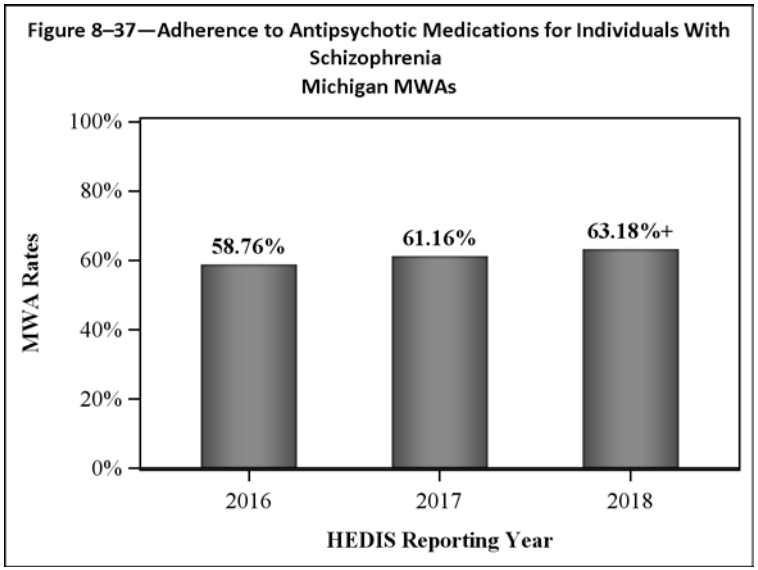


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

No MHPs with reportable rates ranked above the HPL or national Medicaid 50th percentile. All MHPs with a reportable rate and the MWA fell below the national Medicaid 50th percentile but above the LPL. MHP performance varied by about 2 percentage points.

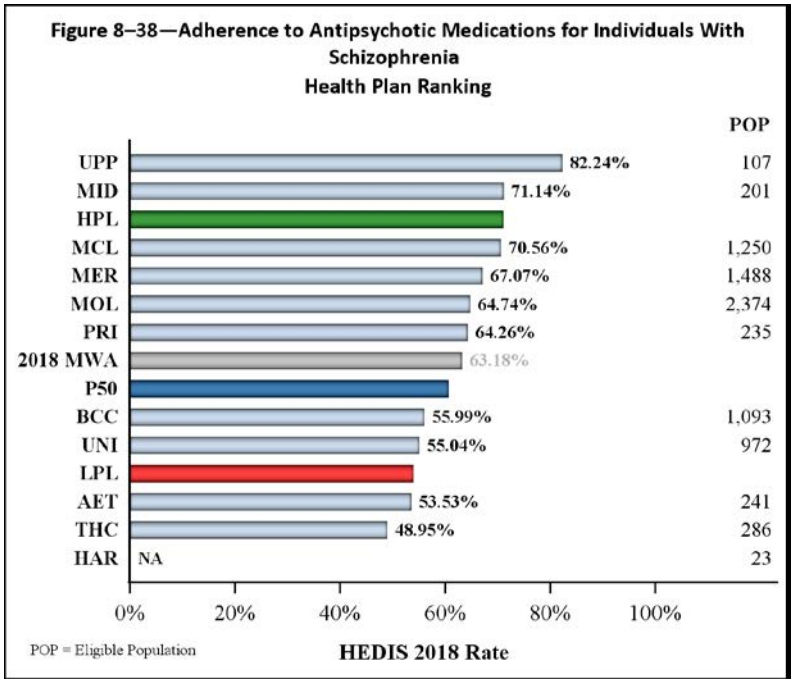
Adherence to Antipsychotic Medications for Individuals With Schizophrenia

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.



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

The HEDIS 2018 MWA rate significantly improved from HEDIS 2017.



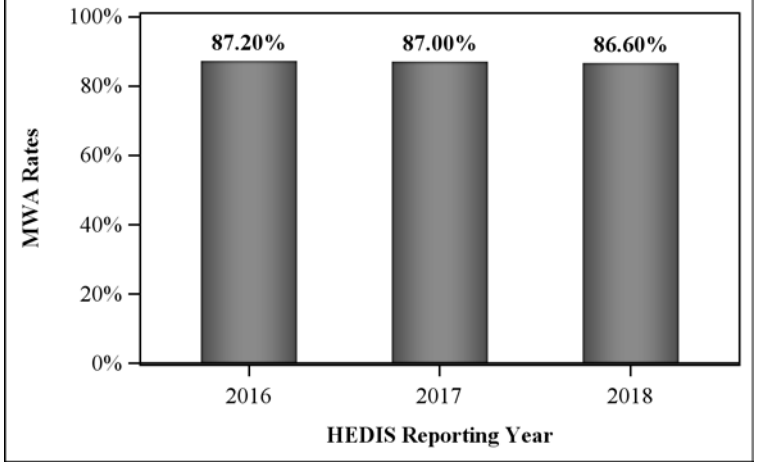
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Six MHPs and the MWA ranked above the national Medicaid 50th percentile, with two MHPs ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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

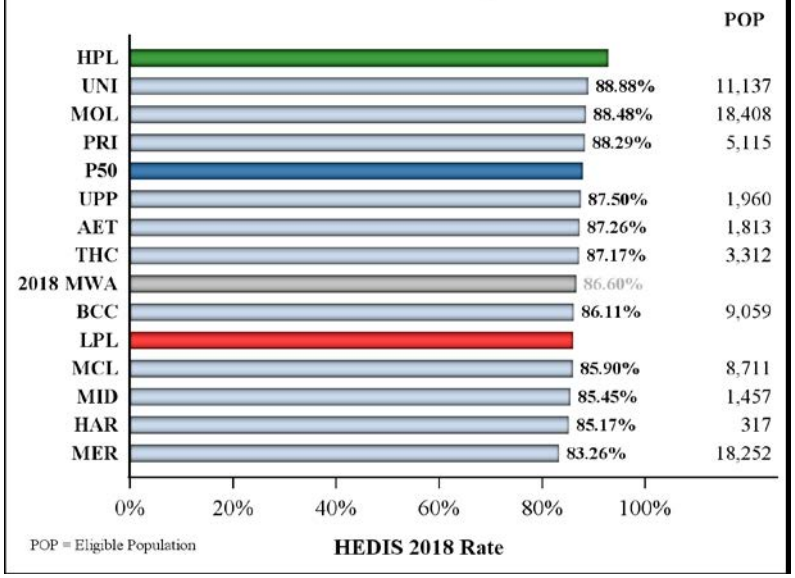
Annual Monitoring for Patients on Persistent Medications–ACE Inhibitors or ARBs assesses the percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs)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

Figure 8–39—Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

Figure 8–40—Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs
Health Plan Ranking

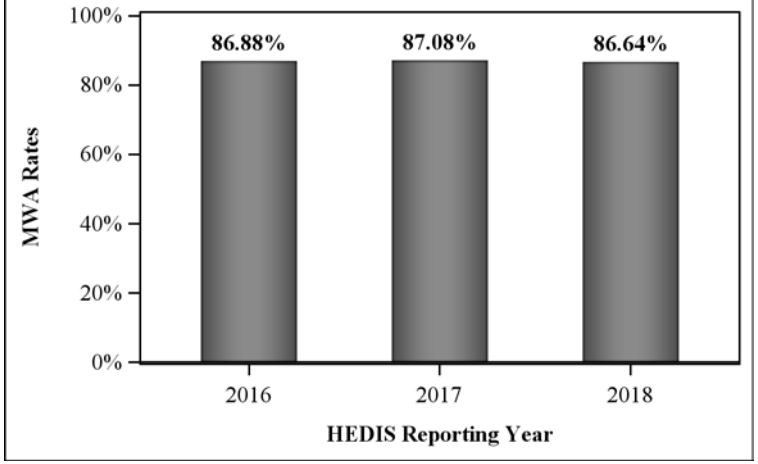


Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 5 percentage points.

Annual Monitoring for Patients on Persistent Medications—Diuretics

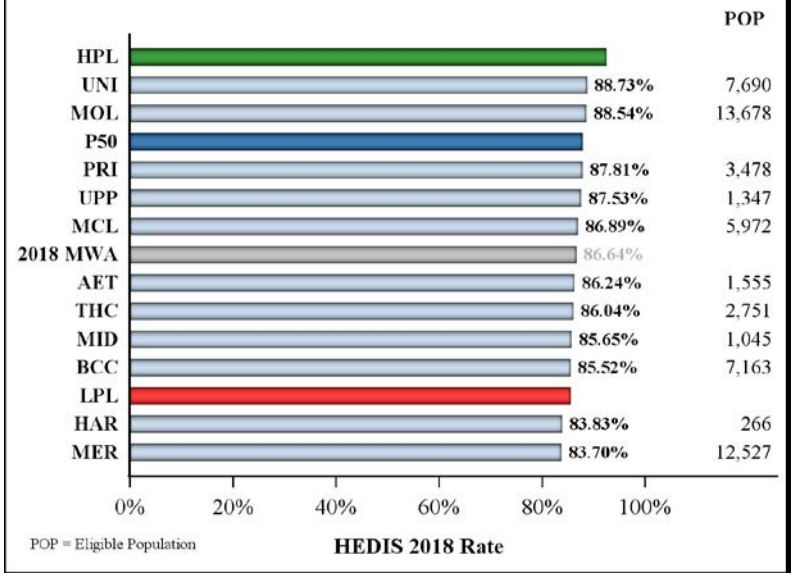
Annual Monitoring for Patients on Persistent Medications—Diuretics assesses the percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for diuretics and had at least one serum potassium and a serum creatinine therapeutic monitoring test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

Figure 8–41—Annual Monitoring for Patients on Persistent Medications—Diuretics
Michigan MWAs



The HEDIS 2018 MWA rate did not demonstrate a significant change from 2017 to 2018.

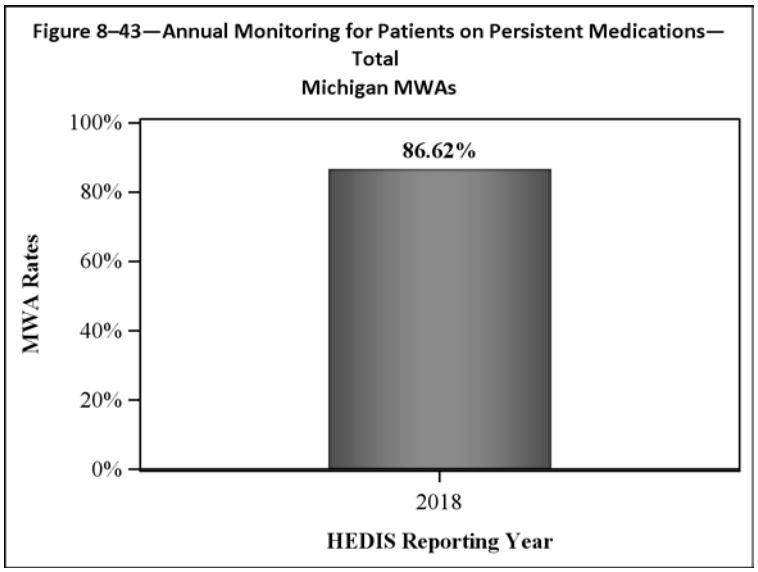
Figure 8–42—Annual Monitoring for Patients on Persistent Medications—Diuretics
Health Plan Ranking



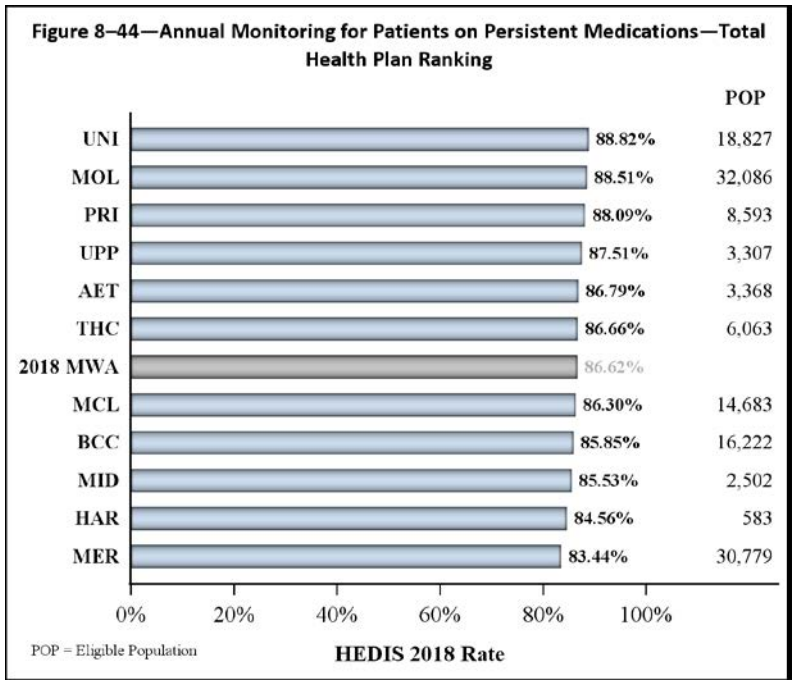
Two MHPs ranked above the national Medicaid 50th percentile but below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 5 percentage points.

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, or diuretics during the measurement year and had at least one therapeutic monitoring event for the agent in the measurement year.



Due to changes in the technical specifications in HEDIS 2018 for the *Annual Monitoring for Patients on Persistent Medications—Total* measure indicator, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for information purposes only.



Due to changes in the technical specifications in HEDIS 2018 for the *Annual Monitoring for Patients on Persistent Medications—Total* measure indicator, a comparison to benchmarks is not appropriate. The rates in the chart above are presented for information purposes only. MHP performance varied by over 5 percentage points.

9. Health Plan Diversity

Introduction

The Utilization measure domain encompasses the following MDHHS measures:

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

Summary of Findings

Although measures under this domain are not performance measures and are not compared to national Medicaid percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care. The *Race/Ethnicity Diversity of Membership* measure shows that the HEDIS 2018 statewide rates for different racial/ethnic groups were fairly stable across years, with less than 1 percentage point difference between HEDIS 2017 and HEDIS 2018 rates for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, HEDIS 2018 rates remained similar to prior years, with Michigan members reporting using English as the preferred spoken language for healthcare and preferred language for written materials, with less than 1 percentage point difference between HEDIS 2017 and HEDIS 2018.

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 reported racial/ethnic groups remained consistent from HEDIS 2016 to HEDIS 2018.

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 Islander
AET	57,443	26.57%	60.54%	0.15%	0.65%	0.06%
BCC	262,751	45.03%	34.27%	0.44%	1.64%	0.08%
HAR	13,623	27.17%	51.38%	0.12%	0.00%	0.99%
MCL	248,361	66.14%	18.23%	0.51%	0.65%	0.07%
MER	653,627	61.91%	21.40%	0.46%	0.70%	0.05%
MID	10,401	47.76%	35.71%	0.00%	2.04%	0.21%
MOL	440,337	45.47%	33.92%	0.26%	0.32%	<0.01%
PRI	159,208	62.18%	14.10%	0.55%	0.83%	0.07%
THC	67,951	30.89%	54.27%	0.28%	1.15%	0.06%
UNI	319,389	51.27%	30.28%	0.25%	2.05%	0.01%
UPP	57,352	87.26%	1.54%	2.30%	0.24%	0.05%
HEDIS 2018 MWA		**54.36%**	**27.37%**	**0.43%**	**0.93%**	**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%**

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

MHP	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic or Latino*
AET	57,443	0.00%	0.00%	4.43%	7.61%	3.14%
BCC	262,751	7.17%	0.00%	8.24%	3.14%	5.49%
HAR	13,623	3.96%	0.00%	16.38%	0.00%	3.96%
MCL	248,361	5.45%	0.00%	8.96%	0.00%	5.45%
MER	653,627	0.02%	0.00%	6.08%	9.38%	5.75%
MID	10,401	2.72%	0.00%	11.57%	0.00%	2.72%
MOL	440,337	<0.01%	<0.01%	20.02%	0.00%	6.70%
PRI	159,208	0.01%	0.00%	22.27%	0.00%	10.59%
THC	67,951	2.63%	0.00%	10.72%	0.00%	2.63%
UNI	319,389	0.00%	0.00%	16.15%	0.00%	5.60%
UPP	57,352	1.64%	0.00%	0.00%	6.96%	1.64%
HEDIS 2018 MWA		**1.57%**	**0.00%**	**11.88%**	**3.40%**	**5.90%**
HEDIS 2017 MWA		**1.33%**	**0.00%**	**12.44%**	**3.25%**	**5.46%**
HEDIS 2016 MWA		**1.23%**	**0.00%**	**12.23%**	**2.89%**	**5.27%**

** 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 Michigan members using English as the preferred spoken language for healthcare remained consistent when compared to the previous years, with almost 90 percent of members reporting English as their preferred spoken language for healthcare at the statewide level.

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	57,443	0.00%	0.00%	100.00%	0.00%
BCC	262,751	97.48%	2.46%	0.06%	0.00%
HAR	13,623	98.98%	0.99%	0.03%	0.00%
MCL	248,361	95.62%	0.77%	3.61%	0.00%
MER	653,627	98.62%	1.35%	0.03%	0.00%
MID	10,401	100.00%	0.00%	0.00%	0.00%
MOL	440,337	98.66%	1.27%	0.07%	0.00%
PRI	159,208	0.00%	0.00%	100.00%	0.00%
THC	67,951	99.13%	0.87%	0.00%	0.00%
UNI	319,389	95.63%	4.37%	<0.01%	0.00%
UPP	57,352	99.95%	0.03%	0.02%	0.00%
HEDIS 2018 MWA		**88.48%**	**1.64%**	**9.88%**	**0.00%**
HEDIS 2017 MWA		**88.52%**	**1.49%**	**10.00%**	**0.00%**
HEDIS 2016 MWA		**88.26%**	**1.11%**	**10.63%**	**0.00%**

Table 9-3 shows that for each MHP over 95 percent of Michigan members who reported a language reported English as the language preferred for written materials. At the statewide level, English remained the preferred language for written materials for most (over 70 percent) Michigan members from HEDIS 2016 to HEDIS 2018.

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	57,443	0.00%	0.00%	100.00%	0.00%
BCC	262,751	97.48%	2.46%	0.06%	0.00%
HAR	13,623	0.00%	0.00%	100.00%	0.00%
MCL	248,361	0.00%	0.00%	100.00%	0.00%
MER	653,627	98.62%	1.35%	0.03%	0.00%
MID	10,401	100.00%	0.00%	0.00%	0.00%
MOL	440,337	98.66%	1.27%	0.07%	0.00%
PRI	159,208	0.00%	0.00%	100.00%	0.00%
THC	67,951	99.13%	0.87%	0.00%	0.00%
UNI	319,389	95.63%	4.37%	<0.01%	0.00%
UPP	57,352	99.95%	0.03%	0.02%	0.00%
HEDIS 2018 MWA		**77.53%**	**1.55%**	**20.93%**	**0.00%**
HEDIS 2017 MWA		**77.72%**	**1.40%**	**20.88%**	**0.00%**
HEDIS 2016 MWA		**70.13%**	**1.08%**	**28.79%**	**0.00%**

Table 9-4 shows that over half of Michigan members reported English as their preferred language for other language needs, and slightly less than half of Michigan members had Unknown listed as their preferred language for other language needs. Please note that *Language Diversity of Membership—Other Language Needs* captures data collected from questions that cannot be mapped to any other category (e.g., What is the primary language spoken at home?).

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	57,443	99.13%	0.76%	0.11%	0.00%
BCC	262,751	0.00%	0.00%	100.00%	0.00%
HAR	13,623	0.00%	0.00%	100.00%	0.00%
MCL	248,361	0.00%	0.00%	100.00%	0.00%
MER	653,627	98.62%	1.35%	0.03%	0.00%
MID	10,401	100.00%	0.00%	0.00%	0.00%
MOL	440,337	98.66%	1.27%	0.07%	0.00%
PRI	159,208	0.00%	0.00%	100.00%	0.00%
THC	67,951	99.13%	0.87%	0.00%	0.00%
UNI	319,389	0.00%	<0.01%	100.00%	0.00%
UPP	57,352	0.00%	0.00%	100.00%	0.00%
HEDIS 2018 MWA		**52.99%**	**0.68%**	**46.33%**	**0.00%**
HEDIS 2017 MWA		**54.13%**	**0.64%**	**45.23%**	**0.00%**
HEDIS 2016 MWA		**52.71%**	**0.51%**	**46.78%**	**0.00%**

10. Utilization

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*
- *Use of Opioids From Multiple Providers*
  - *Multiple Prescribers*
  - *Multiple Pharmacies*
  - *Multiple Prescribers and Multiple Pharmacies*
- *Use of Opioids at High Dosage*
  - *Use of Opioids at High Dosage*

The following tables present the HEDIS 2018 MHP-specific rates as well as the Michigan Medicaid Average (MA) for HEDIS 2018, HEDIS 2017, and HEDIS 2016. 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	532,014	82.21	301.45
BCC	2,212,604	64.19	400.42
HAR	105,779	71.57	225.08
MCL	2,239,264	74.32	558.58
MER	5,889,136	73.23	396.18
MID	90,722	71.25	506.48
MOL	4,282,886	70.06	422.90
PRI	1,485,824	71.90	381.02
THC	628,430	70.05	336.34
UNI	3,019,347	69.56	380.46
UPP	533,773	61.07	339.03
HEDIS 2018 MA	—	**70.86**	**386.18**
HEDIS 2017 MA	—	**74.37**	**389.30**
HEDIS 2016 MA	—	**74.00**	**373.49**

** 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* and *Outpatient Visits—Total* indicators, the Michigan average remained steady from HEDIS 2016 to HEDIS 2018 for the 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	Maternity**	Surgery	Medicine
AET	532,335	8.17	2.62	1.75	4.47
BCC	2,212,604	7.55	2.75	1.73	3.68
HAR	105,779	7.43	0.88	1.88	4.30
MCL	2,239,264	8.84	2.66	2.16	4.71
MER	5,889,136	7.55	3.16	1.71	3.57
MID	90,722	12.18	1.19	2.94	8.52
MOL	4,282,886	7.63	2.56	1.85	3.93
PRI	1,485,824	6.80	2.95	1.57	3.17
THC	628,430	10.34	2.40	2.08	6.44
UNI	3,019,347	6.33	2.56	1.49	3.00
UPP	533,773	6.26	2.42	1.81	2.65
HEDIS 2018 MA	—	**8.10**	**2.38**	**1.91**	**4.40**
HEDIS 2017 MA	—	**8.68**	**2.36**	**2.30**	**4.48**
HEDIS 2016 MA	—	**8.27**	**2.59**	**1.83**	**4.52**

*** 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	Member Months	Total Inpatient	Maternity	Surgery	Medicine
AET	532,335	4.14	2.62	6.47	3.88
BCC	2,212,604	3.98	2.61	6.22	3.72
HAR	105,779	4.89	2.40	6.14	4.82
MCL	2,239,264	4.44	2.24	5.96	4.69
MER	5,889,136	3.99	2.58	6.38	3.74
MID	90,722	5.80	3.03	8.07	5.25
MOL	4,282,886	4.58	2.72	7.69	3.98
PRI	1,485,824	3.62	2.65	4.48	3.85
THC	628,430	4.58	2.69	7.05	4.32
UNI	3,019,347	4.18	2.56	6.74	3.91
UPP	533,773	3.98	2.77	5.67	3.66
HEDIS 2018 MA	—	**4.38**	**2.62**	**6.44**	**4.17**
HEDIS 2017 MA	—	**4.02**	**2.61**	**5.91**	**3.67**
HEDIS 2016 MA	—	**3.98**	**2.63**	**6.18**	**3.64**

Use of Opioids From Multiple Providers

The *Use of Opioids From Multiple Providers* is a first-year measure that summarizes use of prescription opioids received from four or more providers. Three rates are reported: *Multiple Prescribers*, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies*.

Results

Table 10-4 shows the HEDIS 2018 rate per 1,000 members receiving prescription opioids. The values in the table below are presented for information purposes only.

Table 10-4—Use of Opioids From Multiple Providers (Per 1,000 Members)*

MHP	Use of Opioids From Multiple Providers—Eligible Population	Use of Opioids From Multiple Providers—Multiple Prescribers[1]	Use of Opioids From Multiple Providers—Multiple Pharmacies[1]	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies [1]
AET	3,131	230.92	107.31	60.36
BCC	13,428	203.46	162.05	84.60
HAR	447	255.03	337.81	241.61
MCL	14,317	151.71	87.45	33.88
MER	36,741	214.34	71.53	44.12
MID	1,274	169.54	48.67	28.26
MOL	28,275	224.19	86.93	59.06
PRI	7,197	294.43	91.29	55.72
THC	4,982	199.52	84.30	52.59
UNI	16,940	184.59	1.36	0.83
UPP	2,845	237.61	92.79	65.73
HEDIS 2018 MA	—	**209.04**	**80.47**	**47.15**
HEDIS 2017 MA	—	—	—	—
HEDIS 2016 MA	—	—	—	—

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

[1] *This measure is a first-year measure; therefore, the measure does not have an applicable benchmark.*

Use of Opioids at High Dosage

The *Use of Opioids at High Dosage* is a first-year measure that summarizes use of prescription opioids received at a high dosage.

Results

Table 10-5 shows the HEDIS 2018 rate per 1,000 members receiving prescription opioids at a high dosage. The values in the table below are presented for information purposes only.

Table 10-5—Use of Opioids at High Dosage (Per 1,000 Members)*

MHP	Eligible Population	Rate[1]
AET	2,722	18.37
BCC	11,459	72.08
HAR	387	5.17
MCL	12,702	23.70
MER	32,247	26.48
MID	1,080	0.00
MOL	25,074	21.38
PRI	6,238	39.28
THC	4,435	80.72
UNI	15,030	35.33
UPP	2,549	30.99
HEDIS 2018 MA	—	**33.20**
HEDIS 2017 MA	—	—
HEDIS 2016 MA	—	—

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

[1] This measure is a first-year measure; therefore, the measure does not have an applicable benchmark.

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 2018, 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 2018, 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 2018 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 2018. 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, 10 of the MHPs processed eligibility files in a timely manner, but Aetna Better Health of Michigan had timeliness issues related to the processing of newborn enrollments. These issues were corrected by the MHP and reviewed by the auditor, who determined no impact to reporting. 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.

Ten of the MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*, whereas one MHP was only partially compliant with this standard. 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. Aetna Better Health of Michigan struggled to provide the auditor with final counts following medical record review validation; however, the auditor received the required documentation to resolve the issues and determined there was no impact to reporting.

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.

Ten of the MHPs were fully compliant with *IS 7.0, Data Integration—Accurate HEDIS Reporting Control Procedures That Support HEDIS Reporting Integrity*, and one MHP was not fully compliant with this standard. 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 for 10 of the MHPs to ensure that only accurate and complete data were used for HEDIS reporting. Aetna Better Health of Michigan did not have a mechanism in place to monitor or ensure that all data feeds were received for loading. However, the rates submitted were reportable and were not materially biased. 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 *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Not Reported (NR)*, and *Unaudited (UN)*.
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	Vaccine administered codes.
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 *Comprehensive Diabetes Care—HbA1c Poor Control [>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 *Comprehensive Diabetes Care—HbA1c Poor Control [>9.0%]*, in which lower rates in 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 2018 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
UN	Unaudited: indicates that the organization chose to report a measure that is not required to be audited. This result applies only to a limited set of measures.
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 2016, HEDIS 2017, and HEDIS 2018. 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 2018 rate was at or above the Quality Compass HEDIS 2017 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	799	63.26%	57.18%	56.69%	48.91%	23.36%	48.42%	23.11%	20.68%	20.44%
BCC	2,400	74.45%	72.02%+	70.32%+	63.02%+	41.12%+	61.80%+	40.39%+	36.50%+	36.01%+
HAR	154	59.48%	52.94%	51.63%	42.48%	20.92%	41.83%	20.92%	18.95%	18.95%
MCL	3,448	73.72%	70.80%	68.86%	63.02%+	36.50%	61.31%+	36.01%	33.09%	32.60%
MER	10,043	78.10%+	73.72%+	72.02%+	64.48%+	41.61%+	63.26%+	41.36%+	37.96%+	37.71%+
MID	24	NA	NA	NA	NA	NA	NA	NA	NA	NA
MOL	6,708	76.60%+	71.68%+	69.78%+	60.29%+	36.61%	59.06%+	36.21%	31.60%	31.31%
PRI	2,490	82.97%+	81.02%+	79.56%+	73.48%+	56.20%+	72.02%+	55.47%+	51.82%+	51.09%+
THC	822	71.29%	65.45%	64.48%	53.77%	32.12%	53.04%	31.63%	27.25%	27.01%
UNI	4,547	75.91%+	71.53%	71.29%+	61.56%+	37.71%	61.56%+	37.71%	34.31%+	34.31%+
UPP	887	73.97%	70.56%	67.40%	56.93%	48.18%+	55.23%	47.20%+	41.85%+	41.61%+
HEDIS 2018 MWA		**76.35%+**	**72.28%+**	**70.75%+**	**62.63%+**	**39.93%+**	**61.53%+**	**39.56%+**	**35.85%+**	**35.55%+**
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%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Plan	Eligible Population	Combination 1 Rate
AET	795	81.75%+
BCC	2,080	88.08%+
HAR	64	75.00%
MCL	3,268	84.18%+
MER	7,923	83.45%+
MID	17	NA
MOL	7,510	86.87%+
PRI	2,168	87.59%+
THC	1,081	85.16%+
UNI	5,230	84.91%+
UPP	760	80.78%+
HEDIS 2018 MWA		**85.14%+**
HEDIS 2017 MWA		**86.73%**
HEDIS 2016 MWA		**86.99%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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	547	49.39%	3,397	67.84%	7,622	51.82%+
BCC	2,002	66.67%+	10,852	68.86%	20,210	54.74%+
HAR	57	43.86%	589	61.31%	708	30.41%
MCL	2,793	70.32%+	14,698	69.10%	26,736	45.50%
MER	8,315	76.40%+	41,017	78.83%+	66,036	60.34%+
MID	9	NA	126	57.14%	203	31.03%
MOL	5,455	70.56%+	30,330	75.08%+	61,981	54.39%+
PRI	2,079	77.30%+	10,077	75.41%+	18,158	61.67%+
THC	642	70.32%+	3,935	74.45%+	9,213	55.96%+
UNI	3,720	68.61%+	21,920	77.37%+	44,073	63.26%+
UPP	918	72.75%+	3,550	75.18%+	6,478	47.93%
HEDIS 2018 MWA		**71.89%+**		**75.19%+**		**56.75%+**
HEDIS 2017 MWA		**69.79%**		**76.09%**		**55.69%**
HEDIS 2016 MWA		**66.22%**		**75.11%**		**54.74%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Plan	Eligible Population	Rate
AET	799	72.99%+
BCC	2,400	76.64%+
HAR	153	72.55%+
MCL	3,457	85.16%+
MER	10,043	81.02%+
MID	24	NA
MOL	6,723	78.83%+
PRI	2,490	84.54%+
THC	822	70.80%
UNI	4,547	81.51%+
UPP	887	82.73%+
HEDIS 2018 MWA		**80.55%+**
HEDIS 2017 MWA		**80.98%**
HEDIS 2016 MWA		**79.55%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Plan	Eligible Population	Rate
AET	575	91.65%+
BCC	2,724	88.36%
HAR	113	93.81%+
MCL	3,558	85.58%
MER	11,566	87.90%
MID	37	81.08%
MOL	8,165	87.40%
PRI	2,824	93.94%+
THC	1,024	92.09%+
UNI	7,148	90.42%+
UPP	905	93.59%+
HEDIS 2018 MWA		**88.83%**
HEDIS 2017 MWA		**88.94%**
HEDIS 2016 MWA		**89.09%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	324	70.68%
BCC	1,704	81.63%+
HAR	36	72.22%
MCL	3,263	83.27%+
MER	8,854	80.53%+
MID	20	NA
MOL	6,259	75.12%
PRI	2,198	86.44%+
THC	553	69.62%
UNI	4,689	76.71%+
UPP	625	80.16%+
HEDIS 2018 MWA		**79.20%+**
HEDIS 2017 MWA		**70.91%**
HEDIS 2016 MWA		**68.41%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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[1]	Continuation and Maintenance Phase—Eligible Population	Continuation and Maintenance Phase—Rate[1]
AET	229	23.14%	34	47.06%
BCC	515	48.35%+	115	62.61%+
HAR	25	NA	0	NA
MCL	972	45.37%+	320	57.50%+
MER	3,945	40.71%	1,409	47.91%
MID	3	NA	2	NA
MOL	2,118	48.91%+	537	61.82%+
PRI	155	36.13%	52	40.38%
THC	277	53.79%+	42	66.67%+
UNI	1,634	44.49%	405	58.02%+
UPP	255	48.24%+	103	52.43%
HEDIS 2018 MWA		**43.86%**		**53.56%**
HEDIS 2017 MWA		**42.54%**		**55.03%**
HEDIS 2016 MWA		**42.58%**		**53.96%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
[1]Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when comparing rates between 2018 and prior years.

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[1]	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	1,307	55.55%	7,912	60.26%+
BCC	3,101	60.24%	33,038	61.80%+
HAR	194	65.46%	1,189	47.20%
MCL	6,389	62.86%	34,888	61.80%+
MER	14,705	64.17%	97,876	65.21%+
MID	942	55.41%	1,395	52.93%
MOL	11,880	61.50%	70,476	72.34%+
PRI	4,268	63.99%	23,125	68.85%+
THC	2,013	50.82%	10,044	60.10%+
UNI	8,466	62.65%	46,844	67.88%+
UPP	1,765	64.08%	9,251	63.02%+
HEDIS 2018 MWA		**62.13%**		**66.19%+**
HEDIS 2017 MWA		—		**64.84%**
HEDIS 2016 MWA		—		**63.79%**

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.

[1] *Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.*

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	1,175	70.30%+	729	73.39%+	1,904	71.48%+
BCC	2,684	63.52%+	2,729	69.29%+	5,413	66.43%+
HAR	98	73.47%+	107	73.83%+	205	73.66%+
MCL	3,798	53.79%+	2,968	62.43%	6,766	57.58%+
MER	9,145	62.30%+	8,626	68.50%+	17,771	65.31%+
MID	25	NA	48	52.08%	73	57.53%+
MOL	8,289	65.16%+	5,880	70.44%+	14,169	67.35%+
PRI	2,585	65.53%+	1,870	68.61%+	4,455	66.82%+
THC	1,331	68.07%+	800	70.00%+	2,131	68.79%+
UNI	5,736	67.29%+	3,841	70.87%+	9,577	68.73%+
UPP	927	46.17%	672	60.71%	1,599	52.28%
HEDIS 2018 MWA		**63.28%+**		**68.65%+**		**65.65%+**
HEDIS 2017 MWA		**62.27%**		**68.89%**		**65.23%**
HEDIS 2016 MWA		**60.75%**		**67.85%**		**63.86%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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	916	89.30%	4,215	80.69%	3,439	84.97%	5,400	82.70%
BCC	3,598	93.83%	13,435	84.89%	6,380	89.84%	8,980	88.42%
HAR	228	82.46%	773	69.86%	240	77.50%	230	69.13%
MCL	4,118	92.30%	18,204	83.68%	13,107	88.57%	18,012	87.18%
MER	12,455	96.84%+	51,218	90.53%+	34,262	92.59%+	41,615	92.06%+
MID	46	76.09%	163	66.87%	31	74.19%	48	70.83%
MOL	7,714	95.41%	37,038	88.71%+	32,274	91.63%+	44,581	90.83%+
PRI	3,321	96.18%+	12,481	86.67%	8,270	90.54%	11,237	91.09%+
THC	953	92.76%	4,779	83.03%	3,894	87.90%	6,499	86.71%
UNI	5,220	95.11%	26,425	88.96%+	23,490	91.73%+	31,222	91.91%+
UPP	1,089	97.15%+	4,381	89.84%+	3,310	92.15%+	4,428	92.03%+
HEDIS 2018 MWA		**95.16%**		**87.89%+**		**91.13%+**		**90.42%+**
HEDIS 2017 MWA		**96.06%**		**89.08%**		**91.39%**		**90.79%**
HEDIS 2016 MWA		**96.20%**		**88.79%**		**90.85%**		**89.86%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

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	9,993	68.58%	6,099	80.70%	41	82.93%	16,133	73.20%
BCC	42,277	75.08%	26,548	84.08%	285	83.16%	69,110	78.57%
HAR	2,126	50.05%	1,506	70.72%	10	NA	3,642	58.62%
MCL	42,151	78.71%	28,398	87.89%+	51	84.31%	70,600	82.41%+
MER	115,702	80.45%+	66,207	88.81%+	2,131	94.89%+	184,040	83.63%+
MID	1,338	70.18%	1,584	89.20%+	2,085	87.67%+	5,007	83.48%+
MOL	79,816	79.17%+	52,945	88.11%+	4,226	92.66%+	136,987	83.04%+
PRI	24,968	80.88%+	15,622	89.42%+	1,475	93.56%+	42,065	84.49%+
THC	11,798	74.92%	8,524	84.31%	167	79.64%	20,489	78.87%
UNI	54,507	78.88%	34,626	88.66%+	399	95.99%+	89,532	82.74%+
UPP	10,455	82.87%+	6,915	87.40%+	13	NA	17,383	84.66%+
HEDIS 2018 MWA		**78.64%**		**87.57%+**		**91.79%+**		**82.25%+**
HEDIS 2017 MWA		**81.68%**		**89.21%**		**90.26%**		**84.73%**
HEDIS 2016 MWA		**82.76%**		**89.81%**		**91.15%**		**85.62%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Plan	Eligible Population	Rate
AET	316	37.03%+
BCC	1,401	30.84%+
HAR	50	30.00%+
MCL	1,839	29.91%+
MER	5,052	30.32%+
MID	57	35.09%+
MOL	3,713	33.02%+
PRI	1,251	42.29%+
THC	500	30.80%+
UNI	2,720	33.20%+
UPP	531	25.24%
HEDIS 2018 MWA		**32.20%+**
HEDIS 2017 MWA		**29.23%**
HEDIS 2016 MWA		**26.94%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

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
AET	9,003	87.78%+	75.06%+	65.34%+
BCC	27,261	82.24%+	74.94%+	64.72%+
HAR	839	70.32%	66.67%	46.96%
MCL	37,076	81.02%+	63.99%	56.45%
MER	110,914	82.24%+	72.51%+	67.15%+
MID	178	73.86%+	64.20%	56.25%
MOL	89,964	84.64%+	76.82%+	68.75%+
PRI	26,947	95.32%+	81.87%+	79.53%+
THC	10,815	78.59%+	73.72%+	57.91%
UNI	67,537	85.89%+	77.86%+	70.32%+
UPP	10,281	89.78%+	72.26%+	70.80%+
HEDIS 2018 MWA		**84.40%+**	**74.50%+**	**67.49%+**
HEDIS 2017 MWA		**82.10%**	**72.21%**	**61.24%**
HEDIS 2016 MWA		**74.93%**	**65.77%**	**57.88%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	9,198	94.34%+
BCC	28,899	91.73%+
HAR	1,365	71.07%
MCL	41,780	93.67%+
MER	105,811	94.89%+
MID	2,368	91.28%+
MOL	89,173	96.00%+
PRI	23,703	97.00%+
THC	12,618	84.67%
UNI	57,628	94.65%+
UPP	11,127	96.84%+
HEDIS 2018 MWA		**94.47%+**
HEDIS 2017 MWA		**92.86%**
HEDIS 2016 MWA		**89.92%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 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	807	72.26%	53.28%
BCC	3,537	76.40%	60.58%
HAR	116	35.34%	46.55%
MCL	3,431	77.86%	66.67%+
MER	10,719	85.40%+	67.15%+
MID	61	55.74%	59.02%
MOL	6,485	77.32%	73.80%+
PRI	2,532	83.45%	71.53%+
THC	879	63.99%	48.18%
UNI	4,506	78.83%	67.15%+
UPP	833	92.94%+	73.72%+
HEDIS 2018 MWA		**80.23%**	**67.27%+**
HEDIS 2017 MWA		**81.57%**	**68.96%**
HEDIS 2016 MWA		**78.63%**	**61.73%**

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.

Living With Illness Performance Measure Results

Table A-16—MHP and MWA Results for Comprehensive Diabetes Care

Plan	Eligible Population	Hemoglobin A1c (HbA1c) Testing—Rate	HbA1c Control (<8.0%)—Rate	Eye Exam (Retinal) Performed—Rate	Blood Pressure Control (<140 90 mmHg)—Rate	HbA1c Poor Control (>9.0%)—Rate*	Medical Attention for Nephropathy—Rate
AET	1,782	78.59%	45.74%	47.93%	47.69%	45.99%	91.24%+
BCC	7,123	86.31%	47.81%	55.84%+	61.50%+	43.61%	90.33%+
HAR	326	77.61%	40.18%	41.41%	39.26%	53.07%	88.04%
MCL	7,609	90.27%+	45.74%	64.23%+	69.34%+	43.80%	90.02%
MER	19,402	88.04%+	51.47%+	69.84%+	66.90%+	38.65%+	90.64%+
MID	1,103	85.16%	52.31%+	59.37%+	60.58%	37.47%+	92.94%+
MOL	17,473	90.42%+	54.55%+	62.16%+	51.11%	33.91%+	92.87%+
PRI	4,933	94.07%+	67.01%+	73.71%+	76.80%+	22.68%+	94.85%+
THC	2,546	82.00%	38.93%	50.61%	41.85%	52.07%	90.02%
UNI	11,297	89.29%+	57.29%+	64.43%+	66.29%+	31.29%+	94.43%+
UPP	1,572	92.32%+	60.00%+	71.25%+	77.50%+	30.00%+	91.07%+
HEDIS 2018 MWA		**88.81%+**	**52.73%+**	**64.18%+**	**62.23%+**	**36.88%+**	**91.94%+**
HEDIS 2017 MWA		**87.79%**	**53.16%**	**62.85%**	**61.73%**	**36.07%**	**91.14%**
HEDIS 2016 MWA		**86.89%**	**50.91%**	**59.61%**	**59.38%**	**39.30%**	**91.28%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
** For this indicator, a lower rate indicates better performance.*

Table A-17—MHP and MWA Results for Medication Management for People With Asthma

Plan	Eligible Population	Medication Compliance 50%—Total—Rate[1]	Medication Compliance 75%—Total—Rate
AET	509	57.17%	29.47%
BCC	1,661	88.38%+	73.33%+
HAR	33	69.70%+	36.36%+
MCL	2,445	66.01%+	43.52%+
MER	4,781	72.29%+	51.22%+
MID	36	77.78%+	72.22%+
MOL	4,349	62.41%+	38.56%+
PRI	1,451	65.82%+	45.07%+
THC	633	87.36%+	72.51%+
UNI	3,006	75.52%+	57.49%+
UPP	552	71.01%+	46.56%+
HEDIS 2018 MWA		**70.74%+**	**49.83%+**
HEDIS 2017 MWA		**71.33%**	**49.96%**
HEDIS 2016 MWA		**67.13%**	**43.79%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

[1]Please note, the Medication Compliance 50%-Total measure indicator was compared to the 2017 national Medicaid NCQA Audit Means and Percentiles as Quality Compass benchmarks are not available for this measure.

Table A-18—MHP and MWA Results for Asthma Medication Ratio

Plan	Eligible Population	Rate
AET	677	57.46%
BCC	2,003	55.92%
HAR	41	58.54%
MCL	2,912	67.03%+
MER	5,767	60.17%
MID	58	25.86%
MOL	5,403	63.06%+
PRI	1,636	73.04%+
THC	881	52.33%
UNI	3,670	62.26%+
UPP	721	59.92%
HEDIS 2018 MWA		**62.06%**
HEDIS 2017 MWA		**62.63%**
HEDIS 2016 MWA		**62.18%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

Table A-19—MHP and MWA Results for Controlling High Blood Pressure

Plan	Eligible Population	Rate
AET	3,437	49.76%
BCC	12,115	46.96%
HAR	637	28.71%
MCL	12,007	61.56%+
MER	31,374	67.15%+
MID	1,854	51.14%
MOL	29,416	51.82%
PRI	7,460	65.57%+
THC	4,659	29.68%
UNI	17,101	64.48%+
UPP	2,378	72.75%+
HEDIS 2018 MWA		**58.21%+**
HEDIS 2017 MWA		**56.75%**
HEDIS 2016 MWA		**55.54%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

Table A-20—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	41,841	81.10%+	61.81%+	57.71%+
BCC	175,714	77.50%+	54.48%+	45.36%+
HAR	5,584	80.79%+	63.16%+	52.61%+
MCL	170,771	76.54%	54.55%+	46.27%+
MER	475,867	81.25%+	54.90%+	45.79%+
MID	11,281	83.27%+	60.65%+	48.01%+
MOL	332,032	81.08%+	58.57%+	46.01%+
PRI	73,665	83.65%+	60.90%+	48.08%+
THC	44,480	78.67%+	57.96%+	45.73%+
UNI	228,021	83.54%+	61.27%+	52.87%+
UPP	41,805	77.95%+	56.82%+	46.65%+
HEDIS 2018 MWA		**80.59%+**	**57.14%+**	**47.32%+**
HEDIS 2017 MWA		**80.15%**	**55.95%**	**45.89%**
HEDIS 2016 MWA		**79.75%**	**55.04%**	**45.20%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

Table A-21—MHP and MWA Results for Antidepressant Medication Management

Plan	Eligible Population	Effective Acute Phase Treatment—Rate[1]	Effective Continuation Phase Treatment—Rate[1]
AET	620	47.10%	33.39%
BCC	2,903	77.13%+	61.87%+
HAR	52	57.69%+	42.31%+
MCL	4,012	58.05%+	40.80%+
MER	12,343	54.45%+	36.08%
MID	131	52.67%+	33.59%
MOL	5,873	54.54%+	37.54%+
PRI	94	71.28%+	51.06%+
THC	739	68.20%+	55.35%+
UNI	3,918	61.66%+	46.89%+
UPP	640	59.84%+	41.41%+
HEDIS 2018 MWA		**58.27%+**	**41.25%+**
HEDIS 2017 MWA		**52.72%**	**36.03%**
HEDIS 2016 MWA		**60.36%**	**42.21%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

[1] *Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when comparing rates between 2018 and prior years.*

Table A-22—MHP and MWA Results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Plan	Eligible Population	Rate
AET	343	87.76%+
BCC	2,349	81.57%+
HAR	36	83.33%+
MCL	3,623	82.06%+
MER	4,850	85.63%+
MID	283	72.79%
MOL	4,409	85.87%+
PRI	693	84.56%+
THC	461	83.73%+
UNI	2,004	85.33%+
UPP	399	87.97%+
HEDIS 2018 MWA		**84.31%+**
HEDIS 2017 MWA		**83.09%**
HEDIS 2016 MWA		**82.61%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

Table A-23—MHP and MWA Results for Diabetes Monitoring for People With Diabetes and Schizophrenia

Plan	Eligible Population	Rate
AET	70	64.29%
BCC	219	63.01%
HAR	8	NA
MCL	281	77.58%+
MER	455	71.65%+
MID	56	71.43%+
MOL	686	70.70%+
PRI	93	56.99%
THC	97	59.79%
UNI	308	71.10%+
UPP	25	NA
HEDIS 2018 MWA		**69.97%**
HEDIS 2017 MWA		**69.01%**
HEDIS 2016 MWA		**69.98%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Plan	Eligible Population	Rate
AET	16	NA
BCC	37	75.68%
HAR	2	NA
MCL	26	NA
MER	73	76.71%
MID	7	NA
MOL	119	77.31%
PRI	12	NA
THC	16	NA
UNI	65	75.38%
UPP	3	NA
HEDIS 2018 MWA		**76.86%**
HEDIS 2017 MWA		**69.64%**
HEDIS 2016 MWA		**74.46%**

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table A-25—MHP and MWA Results for Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Plan	Eligible Population	Rate
AET	241	53.53%
BCC	1,093	55.99%
HAR	23	NA
MCL	1,250	70.56%+
MER	1,488	67.07%+
MID	201	71.14%+
MOL	2,374	64.74%+
PRI	235	64.26%+
THC	286	48.95%
UNI	972	55.04%
UPP	107	82.24%+
HEDIS 2018 MWA		**63.18%+**
HEDIS 2017 MWA		**61.16%**
HEDIS 2016 MWA		**58.76%**

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table A-26—MHP and MWA Results for Annual Monitoring for Patients on Persistent Medications

Plan	ACE Inhibitors or ARBs—Eligible Population	ACE Inhibitors or ARBs—Rate	Diuretics—Eligible Population	Diuretics—Rate	Total—Eligible Population	Total—Rate[1]
AET	1,813	87.26%	1,555	86.24%	3,368	86.79%
BCC	9,059	86.11%	7,163	85.52%	16,222	85.85%
HAR	317	85.17%	266	83.83%	583	84.56%
MCL	8,711	85.90%	5,972	86.89%	14,683	86.30%
MER	18,252	83.26%	12,527	83.70%	30,779	83.44%
MID	1,457	85.45%	1,045	85.65%	2,502	85.53%
MOL	18,408	88.48%+	13,678	88.54%+	32,086	88.51%
PRI	5,115	88.29%+	3,478	87.81%	8,593	88.09%
THC	3,312	87.17%	2,751	86.04%	6,063	86.66%
UNI	11,137	88.88%+	7,690	88.73%+	18,827	88.82%
UPP	1,960	87.50%	1,347	87.53%	3,307	87.51%
HEDIS 2018 MWA		**86.60%**		**86.64%**		**86.62%**
HEDIS 2017 MWA		**87.00%**		**87.08%**		—
HEDIS 2016 MWA		**87.20%**		**86.88%**		—

Yellow shading with one cross (+) indicates the HEDIS 2018 MHP or MWA rate was at or above the Quality Compass HEDIS 2017 national Medicaid 50th percentile.

[1] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

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 2016, HEDIS 2017, and HEDIS 2018 rates are presented. HEDIS 2017 and HEDIS 2018 rates were compared based on a Chi-square test of statistical significance with a *p* value <0.05. Values in the 2017–2018 Comparison column that are shaded green with one cross ($^{+}$) indicate statistically significant improvement from the previous year. Values in the 2017–2018 Comparison column shaded red with two crosses ($^{++}$) indicate a statistically significant 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 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	68.75%	69.68%	63.26%	-6.42++	★
Combination 3	60.88%	64.12%	57.18%	-6.94++	★
Combination 4	58.80%	63.43%	56.69%	-6.74++	★
Combination 5	49.77%	50.69%	48.91%	-1.78	★
Combination 6	29.40%	27.08%	23.36%	-3.72	★
Combination 7	48.61%	50.00%	48.42%	-1.58	★
Combination 8	29.17%	27.08%	23.11%	-3.97	★
Combination 9	24.31%	22.92%	20.68%	-2.24	★
Combination 10	24.31%	22.92%	20.44%	-2.48	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	44.68%	48.61%	49.39%	+0.78	★
Lead Screening in Children					
Lead Screening in Children	73.61%	73.15%	72.99%	-0.16	★★★
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	71.30%	71.67%	67.84%	-3.83	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	51.39%	48.84%	51.82%	+2.98	★★★
Immunizations for Adolescents					
Combination 1	89.68%	82.87%	81.75%	-1.12	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	89.72%	90.49%	91.65%	+1.16	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	55.44%	62.92%	70.68%	+7.76+	★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	23.73%	19.46%	23.14%	+3.68	★
Continuation and Maintenance Phase	36.59%	32.26%	47.06%	+14.80	★

Table B-1—AET Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	55.55%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	64.47%	64.07%	60.26%	-3.81	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	66.77%	69.86%	70.30%	+0.44	★★★★★
Ages 21 to 24 Years	71.24%	76.35%	73.39%	-2.96	★★★★★
Total	68.44%	72.25%	71.48%	-0.77	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	90.84%	86.31%	89.30%	+2.99	★
Ages 25 Months to 6 Years	81.16%	83.09%	80.69%	-2.40++	★
Ages 7 to 11 Years	86.76%	85.88%	84.97%	-0.91	★
Ages 12 to 19 Years	83.70%	83.04%	82.70%	-0.34	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	76.58%	72.47%	68.58%	-3.89++	★
Ages 45 to 64 Years	85.73%	82.70%	80.70%	-2.00++	★
Ages 65+ Years	NA	NA	82.93%	NC	★★
Total	80.23%	76.42%	73.20%	-3.22++	★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	35.83%	32.89%	37.03%	+4.14	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	70.30%	78.01%	87.78%	+9.77+	★★★★★
Counseling for Nutrition—Total	64.60%	71.30%	75.06%	+3.76	★★★
Counseling for Physical Activity—Total[4]	55.45%	58.80%	65.34%	+6.54	★★★
Adult BMI Assessment					
Adult BMI Assessment	90.21%	90.96%	94.34%	+3.38	★★★★★

Table B-1—AET Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	62.38%	65.89%	72.26%	+6.37[+]	★
Postpartum Care	45.56%	51.74%	53.28%	+1.54	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	84.36%	86.31%	78.59%	-7.72[++]	★
*HbA1c Poor Control (>9.0%)**	46.41%	42.38%	45.99%	+3.61	★★
HbA1c Control (<8.0%)	45.38%	48.34%	45.74%	-2.60	★★
Eye Exam (Retinal) Performed	49.36%	47.90%	47.93%	+0.03	★★
Medical Attention for Nephropathy	91.03%	92.05%	91.24%	-0.81	★★★
Blood Pressure Control (<140/90 mm Hg)	52.18%	55.41%	47.69%	-7.72[++]	★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	66.55%	83.19%	57.17%	-26.02[++]	★★
Medication Compliance 75%—Total	39.93%	63.26%	29.47%	-33.79[++]	★★
Asthma Medication Ratio					
Total	41.49%	61.03%	57.46%	-3.57	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	39.91%	52.93%	49.76%	-3.17	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.92%	80.65%	81.10%	+0.45	★★★★
Discussing Cessation Medications	55.74%	58.06%	61.81%	+3.75	★★★★★
Discussing Cessation Strategies	46.22%	51.63%	57.71%	+6.08	★★★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	37.84%	52.90%	47.10%	-5.80	★

Table B-1—AET Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	24.59%	40.00%	33.39%	-6.61[++]	★★
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	83.87%	80.47%	87.76%	+7.29[+]	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.00%	57.81%	64.29%	+6.48	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	51.37%	55.87%	53.53%	-2.34	★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	82.94%	84.25%	87.26%	+3.01[+]	★★
Diuretics	83.69%	85.50%	86.24%	+0.74	★★
Total[4]	—	—	86.79%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	18.01%	26.93%	26.57%	-0.36	NC
Total—Black or African American	70.29%	60.30%	60.54%	+0.24	NC
Total—American-Indian and Alaska Native	0.12%	0.15%	0.15%	0.00	NC
Total—Asian	0.60%	0.66%	0.65%	-0.01	NC

Table B-1—AET Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.03%	0.04%	0.06%	+0.02	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	9.89%	5.66%	4.43%	-1.23	NC
Total—Declined	1.07%	6.26%	7.61%	+1.35	NC
Total—Hispanic or Latino	2.58%	2.92%	3.14%	+0.22	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.34%	99.25%	99.13%	-0.12	NC
Other Language Needs—Non-English	0.15%	0.63%	0.76%	+0.13	NC
Other Language Needs—Unknown	0.50%	0.13%	0.11%	-0.02	NC

Table B-1—AET Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	83.70	83.32	82.21	-1.11	★
Outpatient Visits—Total	267.80	299.52	301.45	+1.93	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.76	8.43	8.17	-0.26	NC
Total Inpatient—Average Length of Stay—Total	3.81	3.93	4.14	+0.21	NC
Maternity—Discharges per 1,000 Member Months—Total	2.20	2.05	2.62	+0.57	NC
Maternity—Average Length of Stay—Total	2.83	2.58	2.62	+0.04	NC
Surgery—Discharges per 1,000 Member Months—Total	1.34	2.05	1.75	-0.30	NC
Surgery—Average Length of Stay—Total	6.03	6.35	6.47	+0.12	NC
Medicine—Discharges per 1,000 Member Months—Total	4.81	4.86	4.47	-0.39	NC
Medicine—Average Length of Stay—Total	3.52	3.33	3.88	+0.55	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	230.92	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	107.31	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	60.36	NC	NC

Table B-1—AET Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	18.37	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or 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.

2018 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 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	76.16%	79.40%	74.45%	-4.95	★★
Combination 3	70.07%	75.00%	72.02%	-2.98	★★★
Combination 4	68.13%	72.45%	70.32%	-2.13	★★★
Combination 5	59.85%	62.96%	63.02%	+0.06	★★★
Combination 6	43.55%	41.20%	41.12%	-0.08	★★★
Combination 7	58.39%	60.88%	61.80%	+0.92	★★★
Combination 8	42.58%	40.51%	40.39%	-0.12	★★★
Combination 9	37.96%	34.49%	36.50%	+2.01	★★★
Combination 10	36.98%	33.80%	36.01%	+2.21	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	67.40%	71.06%	66.67%	-4.39	★★★
Lead Screening in Children					
Lead Screening in Children	75.18%	76.16%	76.64%	+0.48	★★★
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	79.32%	72.92%	68.86%	-4.06	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	60.10%	50.69%	54.74%	+4.05	★★★
Immunizations for Adolescents					
Combination 1	86.86%	85.65%	88.08%	+2.43	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	92.52%	90.15%	88.36%	-1.79++	★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	72.61%	75.43%	81.63%	+6.20+	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	39.92%	51.28%	48.35%	-2.93	★★★
Continuation and Maintenance Phase	50.98%	57.53%	62.61%	+5.08	★★★

Table B-2—BCC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	60.24%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	63.99%	61.83%	61.80%	-0.03	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	68.96%	64.21%	63.52%	-0.69	★★★★
Ages 21 to 24 Years	70.30%	70.56%	69.29%	-1.27	★★★
Total	69.65%	67.39%	66.43%	-0.96	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	94.89%	95.34%	93.83%	-1.51++	★★
Ages 25 Months to 6 Years	85.57%	85.86%	84.89%	-0.97++	★
Ages 7 to 11 Years	90.84%	89.09%	89.84%	+0.75	★★
Ages 12 to 19 Years	89.38%	89.30%	88.42%	-0.88	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	78.39%	78.83%	75.08%	-3.75++	★★
Ages 45 to 64 Years	86.09%	86.92%	84.08%	-2.84++	★★
Ages 65+ Years	78.06%	79.89%	83.16%	+3.27	★★
Total	81.69%	82.13%	78.57%	-3.56++	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	31.84%	27.49%	30.84%	+3.35	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	89.54%	86.57%	82.24%	-4.33	★★★★
Counseling for Nutrition—Total	78.83%	73.61%	74.94%	+1.33	★★★
Counseling for Physical Activity—Total[4]	69.10%	64.58%	64.72%	+0.14	★★★
Adult BMI Assessment					
Adult BMI Assessment	89.78%	89.10%	91.73%	+2.63	★★★★

Table B-2—BCC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	80.54%	77.26%	76.40%	-0.86	★
Postpartum Care	57.66%	62.41%	60.58%	-1.83	★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	86.86%	85.28%	86.31%	+1.03	★★
*HbA1c Poor Control (>9.0%)**	37.59%	41.62%	43.61%	+1.99	★★
HbA1c Control (<8.0%)	53.65%	46.36%	47.81%	+1.45	★★
Eye Exam (Retinal) Performed	62.04%	57.53%	55.84%	-1.69	★★★
Medical Attention for Nephropathy	93.07%	90.02%	90.33%	+0.31	★★★
Blood Pressure Control (<140/90 mm Hg)	58.39%	55.84%	61.50%	+5.66	★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	76.62%	88.36%	88.38%	+0.02	★★★★★
Medication Compliance 75%—Total	58.26%	74.39%	73.33%	-1.06	★★★★★
Asthma Medication Ratio					
Total	53.96%	54.59%	55.92%	+1.33	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	54.99%	46.03%	46.96%	+0.93	★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.27%	75.28%	77.50%	+2.22	★★★
Discussing Cessation Medications	52.86%	50.14%	54.48%	+4.34	★★★
Discussing Cessation Strategies	46.70%	41.71%	45.36%	+3.65	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	75.97%	74.52%	77.13%	+2.61	★★★★★

Table B-2—BCC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	59.74%	60.78%	61.87%	+1.09	★★★★★
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	89.19%	81.20%	81.57%	+0.37	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	60.34%	63.74%	63.01%	-0.73	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	75.68%	NC	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	52.40%	57.38%	55.99%	-1.39	★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	86.52%	86.46%	86.11%	-0.35	★★
Diuretics	84.75%	86.15%	85.52%	-0.63	★★
Total[4]	—	—	85.85%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	36.95%	42.89%	45.03%	+2.14	NC
Total—Black or African American	44.44%	35.79%	34.27%	-1.52	NC
Total—American-Indian and Alaska Native	0.38%	0.42%	0.44%	+0.02	NC
Total—Asian	1.20%	1.63%	1.64%	+0.01	NC

Table B-2—BCC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.08%	0.07%	0.08%	+0.01	NC
Total—Some Other Race	3.47%	6.59%	7.17%	+0.58	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	13.48%	10.00%	8.24%	-1.76	NC
Total—Declined	0.00%	2.61%	3.14%	+0.53	NC
Total—Hispanic or Latino	0.00%	1.58%	5.49%	+3.91	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.17%	97.90%	97.48%	-0.42	NC
Spoken Language Preferred for Health Care—Non-English	0.37%	1.52%	2.46%	+0.94	NC
Spoken Language Preferred for Health Care—Unknown	0.46%	0.59%	0.06%	-0.53	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	99.17%	97.90%	97.48%	-0.42	NC
Preferred Language for Written Materials—Non-English	0.37%	1.52%	2.46%	+0.94	NC
Preferred Language for Written Materials—Unknown	0.46%	0.59%	0.06%	-0.53	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC

Table B-2—BCC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	70.18	68.98	64.19	-4.79	★★
Outpatient Visits—Total	554.98	396.06	400.42	+4.36	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	9.18	7.94	7.55	-0.39	NC
Total Inpatient—Average Length of Stay—Total	4.31	3.92	3.98	+0.06	NC
Maternity—Discharges per 1,000 Member Months—Total	2.80	2.80	2.75	-0.05	NC
Maternity—Average Length of Stay—Total	2.94	2.65	2.61	-0.04	NC
Surgery—Discharges per 1,000 Member Months—Total	2.44	1.90	1.73	-0.17	NC
Surgery—Average Length of Stay—Total	6.75	6.37	6.22	-0.15	NC
Medicine—Discharges per 1,000 Member Months—Total	4.54	3.87	3.68	-0.19	NC
Medicine—Average Length of Stay—Total	3.65	3.43	3.72	+0.29	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	203.46	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	162.05	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	84.60	NC	NC

Table B-2—BCC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	72.08	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or 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.

2018 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—MID Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	79.86%	NA	NA	NC	NC
Combination 3	73.84%	NA	NA	NC	NC
Combination 4	71.30%	NA	NA	NC	NC
Combination 5	63.43%	NA	NA	NC	NC
Combination 6	38.43%	NA	NA	NC	NC
Combination 7	61.34%	NA	NA	NC	NC
Combination 8	37.27%	NA	NA	NC	NC
Combination 9	33.10%	NA	NA	NC	NC
Combination 10	31.94%	NA	NA	NC	NC
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	56.02%	NA	NA	NC	NC
Lead Screening in Children					
Lead Screening in Children	74.07%	NA	NA	NC	NC
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	76.85%	56.36%	57.14%	+0.78	★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	54.99%	24.07%	31.03%	+6.96	★
Immunizations for Adolescents					
Combination 1	87.73%	NA	NA	NC	NC
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	88.19%	NA	81.08%	NC	★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	67.98%	NA	NA	NC	NC
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	31.86%	NA	NA	NC	NC
Continuation and Maintenance Phase	33.33%	NA	NA	NC	NC

Table B-3—MID Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	55.41%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	59.35%	52.26%	52.93%	+0.67	★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	58.75%	NA	NA	NC	NC
Ages 21 to 24 Years	64.76%	47.62%	52.08%	+4.46	★
Total	61.37%	44.83%	57.53%	+12.70	★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	95.21%	NA	76.09%	NC	★
Ages 25 Months to 6 Years	86.58%	65.71%	66.87%	+1.16	★
Ages 7 to 11 Years	89.22%	75.76%	74.19%	-1.57	★
Ages 12 to 19 Years	87.47%	68.00%	70.83%	+2.83	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	77.66%	73.02%	70.18%	-2.84	★
Ages 45 to 64 Years	88.04%	90.16%	89.20%	-0.96	★★★★
Ages 65+ Years	89.06%	85.05%	87.67%	+2.62[+]	★★★
Total	82.14%	83.86%	83.48%	-0.38	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	33.23%	NA	35.09%	NC	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	74.17%	87.64%	73.86%	-13.78[++]	★★★
Counseling for Nutrition—Total	62.80%	70.79%	64.20%	-6.59	★★
Counseling for Physical Activity—Total[4]	54.98%	64.04%	56.25%	-7.79	★★
Adult BMI Assessment					
Adult BMI Assessment	85.42%	89.95%	91.28%	+1.33	★★★★

Table B-3—MID Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	71.93%	50.00%	55.74%	+5.74	★
Postpartum Care	51.04%	40.38%	59.02%	+18.64+	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	85.93%	86.37%	85.16%	-1.21	★★
*HbA1c Poor Control (>9.0%)**	48.44%	39.90%	37.47%	-2.43	★★★
HbA1c Control (<8.0%)	45.04%	52.31%	52.31%	0.00	★★★
Eye Exam (Retinal) Performed	57.19%	54.74%	59.37%	+4.63	★★★
Medical Attention for Nephropathy	88.74%	94.89%	92.94%	-1.95	★★★★
Blood Pressure Control (<140/90 mm Hg)	44.74%	57.91%	60.58%	+2.67	★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	62.98%	NA	77.78%	NC	★★★★★
Medication Compliance 75%—Total	34.90%	NA	72.22%	NC	★★★★★
Asthma Medication Ratio					
Total	60.26%	NA	25.86%	NC	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	53.86%	60.58%	51.14%	-9.44++	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.74%	82.11%	83.27%	+1.16	★★★★★
Discussing Cessation Medications	52.57%	58.30%	60.65%	+2.35	★★★★★
Discussing Cessation Strategies	44.21%	44.44%	48.01%	+3.57	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	37.50%	47.12%	52.67%	+5.55	★★★

Table B-3—MID Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	23.44%	31.73%	33.59%	+1.86	★★
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	81.58%	68.00%	72.79%	+4.79	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.69%	64.10%	71.43%	+7.33	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	5.04%	69.41%	71.14%	+1.73	★★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	86.17%	83.40%	85.45%	+2.05	★
Diuretics	84.95%	84.75%	85.65%	+0.90	★★
Total[4]	—	—	85.53%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	43.61%	46.63%	47.76%	+1.13	NC
Total—Black or African American	37.40%	35.69%	35.71%	+0.02	NC
Total—American-Indian and Alaska Native	0.18%	0.00%	0.00%	0.00	NC
Total—Asian	2.02%	2.36%	2.04%	-0.32	NC

Table B-3—MID Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.18%	0.29%	0.21%	-0.08	NC
Total—Some Other Race	4.58%	2.64%	2.72%	+0.08	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	12.03%	12.39%	11.57%	-0.82	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	4.58%	2.64%	2.72%	+0.08	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	0.00%	0.00%	100.00%	+100.00	NC
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Unknown	100.00%	100.00%	0.00%	-100.00	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	100.00%	+100.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	0.00%	-100.00	NC

Table B-3—MID Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	66.64	75.28	71.25	-4.03	★★
Outpatient Visits—Total	405.99	539.45	506.48	-32.97	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	9.24	16.85	12.18	-4.67	NC
Total Inpatient—Average Length of Stay—Total	3.87	BR	5.80	NC	NC
Maternity—Discharges per 1,000 Member Months—Total	2.77	1.30	1.19	-0.11	NC
Maternity—Average Length of Stay—Total	2.52	BR	3.03	NC	NC
Surgery—Discharges per 1,000 Member Months—Total	2.16	3.59	2.94	-0.65	NC
Surgery—Average Length of Stay—Total	6.26	BR	8.07	NC	NC
Medicine—Discharges per 1,000 Member Months—Total	5.06	12.46	8.52	-3.94	NC
Medicine—Average Length of Stay—Total	3.38	BR	5.25	NC	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	169.54	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	48.67	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	28.26	NC	NC

Table B-3—MID Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	0.00	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or 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.

2018 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—HAR Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	48.57%	60.71%	59.48%	-1.23	★
Combination 3	44.29%	50.00%	52.94%	+2.94	★
Combination 4	42.86%	46.43%	51.63%	+5.20	★
Combination 5	32.86%	37.50%	42.48%	+4.98	★
Combination 6	21.43%	19.64%	20.92%	+1.28	★
Combination 7	31.43%	35.71%	41.83%	+6.12	★
Combination 8	20.00%	19.64%	20.92%	+1.28	★
Combination 9	18.57%	16.07%	18.95%	+2.88	★
Combination 10	17.14%	16.07%	18.95%	+2.88	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	NA	NA	43.86%	NC	★
Lead Screening in Children					
Lead Screening in Children	71.43%	67.86%	72.55%	+4.69	★★★
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	62.89%	69.68%	61.31%	**-8.37**$^{++}$	★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	35.51%	42.82%	30.41%	**-12.41**$^{++}$	★
Immunizations for Adolescents					
Combination 1	58.33%	68.42%	75.00%	+6.58	★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	96.61%	90.34%	93.81%	+3.47	★★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	NA	59.09%	72.22%	+13.13	★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	NA	NA	NA	NC	NC
Continuation and Maintenance Phase	NA	NA	NA	NC	NC

Table B-4—HAR Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	65.46%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	42.58%	56.20%	47.20%	**-9.00**$^{++}$	★
Chlamydia Screening in Women					
Ages 16 to 20 Years	71.88%	70.49%	73.47%	+2.98	★★★★★
Ages 21 to 24 Years	73.47%	70.67%	73.83%	+3.16	★★★★★
Total	72.84%	70.59%	73.66%	+3.07	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	82.35%	86.05%	82.46%	-3.59	★
Ages 25 Months to 6 Years	73.16%	76.97%	69.86%	**-7.11**$^{++}$	★
Ages 7 to 11 Years	71.65%	79.14%	77.50%	-1.64	★
Ages 12 to 19 Years	67.02%	65.25%	69.13%	+3.88	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	56.44%	59.28%	50.05%	**-9.23**$^{++}$	★
Ages 45 to 64 Years	76.43%	77.85%	70.72%	**-7.13**$^{++}$	★
Ages 65+ Years	NA	NA	NA	NC	NC
Total	66.87%	68.12%	58.62%	**-9.50**$^{++}$	★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	40.00%	20.51%	30.00%	+9.49	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	73.97%	79.08%	70.32%	**-8.76**$^{++}$	★★
Counseling for Nutrition—Total	69.83%	79.81%	66.67%	**-13.14**$^{++}$	★★
Counseling for Physical Activity—Total[4]	57.66%	57.91%	46.96%	**-10.95**$^{++}$	★
Adult BMI Assessment					
Adult BMI Assessment	74.19%	90.27%	71.07%	**-19.20**$^{++}$	★

Table B-4—HAR Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	34.41%	47.13%	35.34%	-11.79	★
Postpartum Care	33.33%	42.53%	46.55%	+4.02	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	75.64%	88.00%	77.61%	**-10.39**$^{++}$	★
*HbA1c Poor Control (>9.0%)**	73.08%	41.33%	53.07%	**+11.74**$^{++}$	★
HbA1c Control (<8.0%)	22.22%	52.67%	40.18%	**-12.49**$^{++}$	★
Eye Exam (Retinal) Performed	46.15%	45.67%	41.41%	-4.26	★
Medical Attention for Nephropathy	91.03%	90.00%	88.04%	-1.96	★
Blood Pressure Control (<140/90 mm Hg)	31.20%	46.33%	39.26%	-7.07	★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	NA	NA	69.70%	NC	★★★★
Medication Compliance 75%—Total	NA	NA	36.36%	NC	★★★
Asthma Medication Ratio					
Total	NA	43.90%	58.54%	+14.64	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	31.39%	34.06%	28.71%	-5.35	★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.41%	79.06%	80.79%	+1.73	★★★★
Discussing Cessation Medications	54.51%	58.99%	63.16%	+4.17	★★★★★
Discussing Cessation Strategies	45.28%	50.00%	52.61%	+2.61	★★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	NA	NA	57.69%	NC	★★★★

Table B-4—HAR Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	NA	NA	42.31%	NC	★★★★
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	NA	72.73%	83.33%	+10.60	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	NC	NC
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA	NA	NC	NC
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.30%	87.79%	85.17%	-2.62	★
Diuretics	85.20%	85.19%	83.83%	-1.36	★
Total[4]	—	—	84.56%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	2.39%	28.46%	27.17%	-1.29	NC
Total—Black or African American	44.08%	51.78%	51.38%	-0.40	NC
Total—American-Indian and Alaska Native	10.69%	1.13%	0.12%	-1.01	NC
Total—Asian	15.88%	2.09%	0.00%	-2.09	NC

Table B-4—HAR Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.99%	+0.99	NC
Total—Some Other Race	0.00%	0.00%	3.96%	+3.96	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	26.96%	16.54%	16.38%	-0.16	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	0.00%	3.59%	3.96%	+0.37	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	72.57%	99.04%	98.98%	-0.06	NC
Spoken Language Preferred for Health Care—Non-English	0.51%	0.92%	0.99%	+0.07	NC
Spoken Language Preferred for Health Care—Unknown	26.93%	0.05%	0.03%	-0.02	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC

Table B-4—HAR Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	79.99	82.34	71.57	-10.77	★★
Outpatient Visits—Total	241.28	251.03	225.08	-25.95	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	9.83	9.03	7.43	-1.60	NC
Total Inpatient—Average Length of Stay—Total	3.89	4.15	4.89	+0.74	NC
Maternity—Discharges per 1,000 Member Months—Total	1.76	0.26	0.88	+0.62	NC
Maternity—Average Length of Stay—Total	2.47	2.47	2.40	-0.07	NC
Surgery—Discharges per 1,000 Member Months—Total	2.09	2.73	1.88	-0.85	NC
Surgery—Average Length of Stay—Total	5.67	4.80	6.14	+1.34	NC
Medicine—Discharges per 1,000 Member Months—Total	6.06	4.85	4.30	-0.55	NC
Medicine—Average Length of Stay—Total	3.56	3.53	4.82	+1.29	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	255.03	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	337.81	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	241.61	NC	NC

Table B-4—HAR Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	5.17	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

2018 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—MCL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	74.70%	79.81%	73.72%	-6.09++	★★
Combination 3	68.61%	75.67%	70.80%	-4.87	★★
Combination 4	64.72%	73.97%	68.86%	-5.11	★★
Combination 5	54.99%	68.13%	63.02%	-5.11	★★★
Combination 6	38.93%	40.88%	36.50%	-4.38	★★
Combination 7	53.04%	66.42%	61.31%	-5.11	★★★
Combination 8	38.44%	40.88%	36.01%	-4.87	★★
Combination 9	32.85%	37.71%	33.09%	-4.62	★★
Combination 10	32.85%	37.71%	32.60%	-5.11	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	66.42%	64.48%	70.32%	+5.84	★★★★
Lead Screening in Children					
Lead Screening in Children	92.21%	94.40%	85.16%	-9.24++	★★★★
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	71.29%	70.07%	69.10%	-0.97	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	46.23%	47.20%	45.50%	-1.70	★★
Immunizations for Adolescents					
Combination 1	82.73%	84.43%	84.18%	-0.25	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	86.74%	86.33%	85.58%	-0.75	★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	70.37%	70.40%	83.27%	+12.87+	★★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	42.27%	39.67%	45.37%	+5.70+	★★★
Continuation and Maintenance Phase	54.07%	43.98%	57.50%	+13.52+	★★★

Table B-5—MCL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	62.86%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	63.02%	56.93%	61.80%	+4.87	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	50.36%	52.81%	53.79%	+0.98	★★★
Ages 21 to 24 Years	60.12%	59.87%	62.43%	+2.56+	★★
Total	54.81%	56.01%	57.58%	+1.57	★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	95.44%	94.66%	92.30%	-2.36++	★
Ages 25 Months to 6 Years	86.68%	87.10%	83.68%	-3.42++	★
Ages 7 to 11 Years	87.98%	89.00%	88.57%	-0.43	★★
Ages 12 to 19 Years	86.62%	88.30%	87.18%	-1.12++	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	83.34%	82.10%	78.71%	-3.39++	★★
Ages 45 to 64 Years	89.87%	89.58%	87.89%	-1.69++	★★★
Ages 65+ Years	90.48%	NA	84.31%	NC	★★
Total	86.05%	85.18%	82.41%	-2.77++	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	23.00%	26.35%	29.91%	+3.56+	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	66.67%	83.45%	81.02%	-2.43	★★★★
Counseling for Nutrition—Total	50.85%	60.34%	63.99%	+3.65	★★
Counseling for Physical Activity—Total[4]	44.53%	50.85%	56.45%	+5.60	★★
Adult BMI Assessment					
Adult BMI Assessment	87.83%	91.48%	93.67%	+2.19	★★★★

Table B-5—MCL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	76.40%	86.13%	77.86%	-8.27++	★★
Postpartum Care	63.99%	64.23%	66.67%	+2.44	★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	89.42%	87.59%	90.27%	+2.68	★★★★
*HbA1c Poor Control (>9.0%)**	36.50%	48.54%	43.80%	-4.74	★★
HbA1c Control (<8.0%)	51.09%	41.61%	45.74%	+4.13	★★
Eye Exam (Retinal) Performed	56.20%	58.03%	64.23%	+6.20	★★★★
Medical Attention for Nephropathy	92.15%	88.87%	90.02%	+1.15	★★
Blood Pressure Control (<140/90 mm Hg)	61.50%	66.24%	69.34%	+3.10	★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	59.94%	84.33%	66.01%	-18.32++	★★★★
Medication Compliance 75%—Total	38.39%	67.87%	43.52%	-24.35++	★★★★
Asthma Medication Ratio					
Total	65.18%	66.09%	67.03%	+0.94	★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	54.74%	58.64%	61.56%	+2.92	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.60%	76.79%	76.54%	-0.25	★★
Discussing Cessation Medications	50.54%	54.94%	54.55%	-0.39	★★★
Discussing Cessation Strategies	42.25%	47.70%	46.27%	-1.43	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	58.33%	45.65%	58.05%	+12.40+	★★★★

Table B-5—MCL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	39.15%	29.70%	40.80%	+11.10+	★★★
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	81.62%	82.62%	82.06%	-0.56	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	63.59%	72.17%	77.58%	+5.41	★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.45%	63.27%	70.56%	+7.29+	★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	86.14%	84.68%	85.90%	+1.22+	★
Diuretics	86.37%	85.62%	86.89%	+1.27+	★★
Total[4]	—	—	86.30%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	68.72%	66.67%	66.14%	-0.53	NC
Total—Black or African American	15.26%	17.27%	18.23%	+0.96	NC
Total—American-Indian and Alaska Native	0.55%	0.54%	0.51%	-0.03	NC
Total—Asian	0.71%	0.00%	0.65%	+0.65	NC

Table B-5—MCL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.79%	0.07%	-0.72	NC
Total—Some Other Race	5.05%	5.51%	5.45%	-0.06	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	9.64%	9.22%	8.96%	-0.26	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.05%	5.51%	5.45%	-0.06	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	96.40%	96.45%	95.62%	-0.83	NC
Spoken Language Preferred for Health Care—Non-English	0.20%	0.77%	0.77%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	3.40%	2.78%	3.61%	+0.83	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	NR	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Non-English	NR	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Preferred Language for Written Materials—Declined	NR	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC

Table B-5—MCL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	70.80	70.81	74.32	+3.51	★
Outpatient Visits—Total	430.13	552.80	558.58	+5.78	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.42	8.38	8.84	+0.46	NC
Total Inpatient—Average Length of Stay—Total	3.45	3.87	4.44	+0.57	NC
Maternity—Discharges per 1,000 Member Months—Total	2.65	2.72	2.66	-0.06	NC
Maternity—Average Length of Stay—Total	2.33	2.46	2.24	-0.22	NC
Surgery—Discharges per 1,000 Member Months—Total	2.01	4.09	2.16	-1.93	NC
Surgery—Average Length of Stay—Total	4.85	4.70	5.96	+1.26	NC
Medicine—Discharges per 1,000 Member Months—Total	3.47	1.47	4.71	+3.24	NC
Medicine—Average Length of Stay—Total	3.27	3.61	4.69	+1.08	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	151.71	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	87.45	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	33.88	NC	NC

Table B-5—MCL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	23.70	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

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

2018 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—MER Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	77.91%	78.60%	78.10%	-0.50	★★★
Combination 3	72.79%	74.88%	73.72%	-1.16	★★★
Combination 4	68.84%	71.63%	72.02%	+0.39	★★★
Combination 5	59.07%	64.42%	64.48%	+0.06	★★★
Combination 6	42.79%	40.70%	41.61%	+0.91	★★★
Combination 7	55.81%	62.33%	63.26%	+0.93	★★★★
Combination 8	41.86%	40.00%	41.36%	+1.36	★★★
Combination 9	36.28%	35.81%	37.96%	+2.15	★★★
Combination 10	35.35%	35.35%	37.71%	+2.36	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	75.21%	74.88%	76.40%	+1.52	★★★★★
Lead Screening in Children					
Lead Screening in Children	80.32%	81.14%	81.02%	-0.12	★★★★
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	77.27%	78.42%	78.83%	+0.41	★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	59.72%	64.42%	60.34%	-4.08	★★★★
Immunizations for Adolescents					
Combination 1	86.11%	86.60%	83.45%	-3.15	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	89.77%	89.44%	87.90%	-1.54++	★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	72.84%	73.43%	80.53%	+7.10+	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	45.88%	41.74%	40.71%	-1.03	★★
Continuation and Maintenance Phase	57.59%	55.97%	47.91%	-8.06++	★

Table B-6—MER Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	64.17%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	63.91%	65.50%	65.21%	-0.29	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	60.65%	60.49%	62.30%	+1.81+	★★★★
Ages 21 to 24 Years	68.47%	69.23%	68.50%	-0.73	★★★
Total	64.41%	64.88%	65.31%	+0.43	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	97.69%	97.37%	96.84%	-0.53++	★★★
Ages 25 Months to 6 Years	91.25%	90.69%	90.53%	-0.16	★★★
Ages 7 to 11 Years	92.57%	92.53%	92.59%	+0.06	★★★
Ages 12 to 19 Years	92.74%	92.90%	92.06%	-0.84++	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	85.37%	83.55%	80.45%	-3.10++	★★★
Ages 45 to 64 Years	91.57%	90.46%	88.81%	-1.65++	★★★
Ages 65+ Years	91.50%	92.62%	94.89%	+2.27+	★★★★★
Total	87.70%	86.17%	83.63%	-2.54++	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	23.57%	26.18%	30.32%	+4.14+	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	74.53%	81.48%	82.24%	+0.76	★★★★
Counseling for Nutrition—Total	68.22%	73.15%	72.51%	-0.64	★★★
Counseling for Physical Activity—Total[4]	55.14%	59.49%	67.15%	+7.66+	★★★
Adult BMI Assessment					
Adult BMI Assessment	94.08%	96.28%	94.89%	-1.39	★★★★★

Table B-6—MER Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	88.11%	82.87%	85.40%	+2.53	★★★
Postpartum Care	68.53%	71.30%	67.15%	-4.15	★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	85.60%	87.79%	88.04%	+0.25	★★★
*HbA1c Poor Control (>9.0%)**	39.97%	35.42%	38.65%	+3.23	★★★
HbA1c Control (<8.0%)	50.23%	52.67%	51.47%	-1.20	★★★
Eye Exam (Retinal) Performed	61.87%	67.63%	69.84%	+2.21	★★★★★
Medical Attention for Nephropathy	88.67%	91.45%	90.64%	-0.81	★★★
Blood Pressure Control (<140/90 mm Hg)	68.15%	65.65%	66.90%	+1.25	★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	71.23%	72.33%	72.29%	-0.04	★★★★
Medication Compliance 75%—Total	48.68%	51.35%	51.22%	-0.13	★★★★★
Asthma Medication Ratio					
Total	69.48%	61.92%	60.17%	-1.75	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	67.79%	67.15%	67.15%	0.00	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.16%	81.16%	81.25%	+0.09	★★★★
Discussing Cessation Medications	55.69%	54.30%	54.90%	+0.60	★★★
Discussing Cessation Strategies	44.88%	44.68%	45.79%	+1.11	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	70.45%	50.92%	54.45%	+3.53+	★★★
Effective Continuation Phase Treatment	50.24%	31.77%	36.08%	+4.31+	★★
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	80.27%	83.11%	85.63%	+2.52+	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	73.63%	66.04%	71.65%	+5.61	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	80.00%	55.88%	76.71%	+20.83+	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	61.59%	63.52%	67.07%	+3.55+	★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.38%	86.53%	83.26%	-3.27++	★
Diuretics	87.53%	86.88%	83.70%	-3.18++	★
Total[4]	—	—	83.44%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	62.24%	61.97%	61.91%	-0.06	NC
Total—Black or African American	21.29%	21.51%	21.40%	-0.11	NC
Total—American-Indian and Alaska Native	0.45%	0.49%	0.46%	-0.03	NC
Total—Asian	0.77%	0.73%	0.70%	-0.03	NC

Table B-6—MER Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.06%	0.05%	-0.01	NC
Total—Some Other Race	0.00%	0.00%	0.02%	+0.02	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	5.66%	5.76%	6.08%	+0.32	NC
Total—Declined	9.53%	9.48%	9.38%	-0.10	NC
Total—Hispanic or Latino	5.66%	5.75%	5.75%	0.00	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.87%	98.69%	98.62%	-0.07	NC
Spoken Language Preferred for Health Care—Non-English	1.13%	1.29%	1.35%	+0.06	NC
Spoken Language Preferred for Health Care—Unknown	0.00%	0.02%	0.03%	+0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	98.87%	98.69%	98.62%	-0.07	NC
Preferred Language for Written Materials—Non-English	1.13%	1.29%	1.35%	+0.06	NC
Preferred Language for Written Materials—Unknown	0.00%	0.02%	0.03%	+0.01	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.87%	98.69%	98.62%	-0.07	NC
Other Language Needs—Non-English	1.13%	1.29%	1.35%	+0.06	NC
Other Language Needs—Unknown	0.00%	0.02%	0.03%	+0.01	NC

Table B-6—MER Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	80.18	77.48	73.23	-4.25	★
Outpatient Visits—Total	392.51	398.30	396.18	-2.12	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	8.23	8.10	7.55	-0.55	NC
Total Inpatient—Average Length of Stay—Total	3.86	3.99	3.99	0.00	NC
Maternity—Discharges per 1,000 Member Months—Total	2.65	3.42	3.16	-0.26	NC
Maternity—Average Length of Stay—Total	2.50	2.55	2.58	+0.03	NC
Surgery—Discharges per 1,000 Member Months—Total	1.02	1.90	1.71	-0.19	NC
Surgery—Average Length of Stay—Total	5.73	6.29	6.38	+0.09	NC
Medicine—Discharges per 1,000 Member Months—Total	5.33	3.74	3.57	-0.17	NC
Medicine—Average Length of Stay—Total	3.98	3.77	3.74	-0.03	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	214.34	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	71.53	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	44.12	NC	NC

Table B-6—MER Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	26.48	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

2018 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 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	73.73%	71.74%	76.60%	+4.86^{+}	★★★
Combination 3	68.43%	68.65%	71.68%	+3.03	★★★
Combination 4	65.56%	67.11%	69.78%	+2.67	★★★
Combination 5	60.26%	58.28%	60.29%	+2.01	★★★
Combination 6	36.42%	35.98%	36.61%	+0.63	★★
Combination 7	57.84%	57.17%	59.06%	+1.89	★★★
Combination 8	35.32%	35.32%	36.21%	+0.89	★★
Combination 9	33.33%	30.68%	31.60%	+0.92	★★
Combination 10	32.23%	30.24%	31.31%	+1.07	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	63.84%	68.79%	70.56%	+1.77	★★★★
Lead Screening in Children					
Lead Screening in Children	72.19%	78.15%	78.83%	+0.68	★★★
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	76.15%	75.89%	75.08%	-0.81	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	57.21%	52.48%	54.39%	+1.91	★★★
Immunizations for Adolescents					
Combination 1	90.54%	90.07%	86.87%	-3.20^{++}	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	88.44%	86.82%	87.40%	+0.58	★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	62.82%	67.17%	75.12%	+7.95^{+}	★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	37.42%	48.40%	48.91%	+0.51	★★★
Continuation and Maintenance Phase	45.83%	65.97%	61.82%	-4.15	★★★

Table B-7—MOL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	61.50%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	65.63%	65.69%	72.34%	+6.65^{+}	★★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	63.25%	63.27%	65.16%	+1.89^{+}	★★★★
Ages 21 to 24 Years	70.83%	70.37%	70.44%	+0.07	★★★★
Total	66.33%	66.23%	67.35%	+1.12^{+}	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.39%	96.02%	95.41%	-0.61	★★
Ages 25 Months to 6 Years	88.57%	89.57%	88.71%	-0.86^{++}	★★★
Ages 7 to 11 Years	91.64%	92.52%	91.63%	-0.89^{++}	★★★
Ages 12 to 19 Years	90.53%	90.88%	90.83%	-0.05	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	82.66%	81.58%	79.17%	-2.41^{++}	★★★
Ages 45 to 64 Years	89.94%	89.24%	88.11%	-1.13^{++}	★★★
Ages 65+ Years	96.13%	91.02%	92.66%	+1.64^{+}	★★★★
Total	85.79%	84.82%	83.04%	-1.78^{++}	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	27.70%	30.18%	33.02%	+2.84^{+}	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	80.46%	80.61%	84.64%	+4.03	★★★★
Counseling for Nutrition—Total	67.82%	71.39%	76.82%	+5.43	★★★★
Counseling for Physical Activity—Total[4]	63.68%	63.59%	68.75%	+5.16	★★★★
Adult BMI Assessment					
Adult BMI Assessment	90.15%	97.14%	96.00%	-1.14	★★★★★

Table B-7—MOL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	78.20%	83.33%	77.32%	-6.01++	★
Postpartum Care	67.87%	75.80%	73.80%	-2.00	★★★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	86.04%	87.64%	90.42%	+2.78	★★★★
*HbA1c Poor Control (>9.0%)**	41.44%	32.45%	33.91%	+1.46	★★★★
HbA1c Control (<8.0%)	50.90%	56.73%	54.55%	-2.18	★★★★
Eye Exam (Retinal) Performed	57.43%	62.03%	62.16%	+0.13	★★★
Medical Attention for Nephropathy	92.12%	90.73%	92.87%	+2.14	★★★★
Blood Pressure Control (<140/90 mm Hg)	55.41%	55.19%	51.11%	-4.08	★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	55.61%	57.76%	62.41%	+4.65+	★★★
Medication Compliance 75%—Total	30.92%	34.13%	38.56%	+4.43+	★★★
Asthma Medication Ratio					
Total	61.35%	60.91%	63.06%	+2.15	★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	53.60%	49.04%	51.82%	+2.78	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	83.54%	80.93%	81.08%	+0.15	★★★★
Discussing Cessation Medications	56.32%	57.56%	58.57%	+1.01	★★★★
Discussing Cessation Strategies	45.94%	43.62%	46.01%	+2.39	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	51.46%	48.20%	54.54%	+6.34+	★★★

Table B-7—MOL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	34.29%	32.61%	37.54%	+4.93+	★★★
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	84.61%	83.10%	85.87%	+2.77+	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	71.16%	72.50%	70.70%	-1.80	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	63.33%	76.32%	77.31%	+0.99	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.61%	61.20%	64.74%	+3.54+	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	88.15%	87.44%	88.48%	+1.04+	★★★
Diuretics	87.55%	87.29%	88.54%	+1.25+	★★★
Total[4]	—	—	88.51%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	47.85%	46.28%	45.47%	-0.81	NC
Total—Black or African American	32.33%	32.97%	33.92%	+0.95	NC
Total—American-Indian and Alaska Native	0.26%	0.28%	0.26%	-0.02	NC
Total—Asian	0.36%	0.32%	0.32%	0.00	NC

Table B-7—MOL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.00%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	19.20%	20.15%	20.02%	-0.13	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	6.63%	6.40%	6.70%	+0.30	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.99%	98.76%	98.66%	-0.10	NC
Spoken Language Preferred for Health Care—Non-English	0.91%	1.12%	1.27%	+0.15	NC
Spoken Language Preferred for Health Care—Unknown	0.10%	0.12%	0.07%	-0.05	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	98.99%	98.76%	98.66%	-0.10	NC
Preferred Language for Written Materials—Non-English	0.91%	1.12%	1.27%	+0.15	NC
Preferred Language for Written Materials—Unknown	0.10%	0.12%	0.07%	-0.05	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.99%	98.76%	98.66%	-0.10	NC
Other Language Needs—Non-English	0.91%	1.12%	1.27%	+0.15	NC
Other Language Needs—Unknown	0.10%	0.12%	0.07%	-0.05	NC

Table B-7—MOL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	75.32	71.94	70.06	-1.88	★★
Outpatient Visits—Total	410.12	424.09	422.90	-1.19	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	8.97	7.42	7.63	+0.21	NC
Total Inpatient—Average Length of Stay—Total	4.45	4.62	4.58	-0.04	NC
Maternity—Discharges per 1,000 Member Months—Total	2.97	2.65	2.56	-0.09	NC
Maternity—Average Length of Stay—Total	2.73	2.78	2.72	-0.06	NC
Surgery—Discharges per 1,000 Member Months—Total	1.90	1.82	1.85	+0.03	NC
Surgery—Average Length of Stay—Total	7.44	7.75	7.69	-0.06	NC
Medicine—Discharges per 1,000 Member Months—Total	4.98	3.71	3.93	+0.22	NC
Medicine—Average Length of Stay—Total	4.03	4.04	3.98	-0.06	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	224.19	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	86.93	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	59.06	NC	NC

Table B-7—MOL Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	21.38	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

2018 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 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	82.88%	80.29%	82.97%	+2.68	★★★★★
Combination 3	80.89%	77.13%	81.02%	+3.89	★★★★★
Combination 4	78.16%	76.16%	79.56%	+3.40	★★★★★
Combination 5	70.72%	69.34%	73.48%	+4.14	★★★★★
Combination 6	57.07%	55.23%	56.20%	+0.97	★★★★★
Combination 7	68.49%	68.37%	72.02%	+3.65	★★★★★
Combination 8	56.08%	54.74%	55.47%	+0.73	★★★★★
Combination 9	51.61%	50.36%	51.82%	+1.46	★★★★★
Combination 10	50.62%	49.88%	51.09%	+1.21	★★★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	69.16%	70.06%	77.30%	+7.24+	★★★★★
Lead Screening in Children					
Lead Screening in Children	83.39%	85.83%	84.54%	-1.29	★★★★
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%	76.34%	75.41%	-0.93	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	52.58%	54.63%	61.67%	+7.04+	★★★★
Immunizations for Adolescents					
Combination 1	89.69%	91.24%	87.59%	-3.65	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	93.71%	93.63%	93.94%	+0.31	★★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	79.07%	78.49%	86.44%	+7.95+	★★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	39.06%	35.03%	36.13%	+1.10	★
Continuation and Maintenance Phase	42.13%	33.33%	40.38%	+7.05	★

Table B-8—PRI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	63.99%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	63.06%	67.45%	68.85%	+1.40	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	63.93%	65.53%	65.53%	0.00	★★★★
Ages 21 to 24 Years	72.21%	70.08%	68.61%	-1.47	★★★
Total	67.36%	67.45%	66.82%	-0.63	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	97.75%	96.96%	96.18%	-0.78	★★★
Ages 25 Months to 6 Years	89.34%	89.67%	86.67%	**-3.00++**	★★
Ages 7 to 11 Years	92.05%	91.78%	90.54%	**-1.24++**	★★
Ages 12 to 19 Years	90.36%	90.92%	91.09%	+0.17	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	85.15%	83.72%	80.88%	**-2.84++**	★★★
Ages 45 to 64 Years	91.31%	90.79%	89.42%	**-1.37++**	★★★★
Ages 65+ Years	88.57%	94.38%	93.56%	-0.82	★★★★★
Total	87.58%	86.74%	84.49%	**-2.25++**	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	30.96%	37.91%	42.29%	+4.38+	★★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	75.41%	88.08%	95.32%	+7.24+	★★★★★
Counseling for Nutrition—Total	60.66%	78.10%	81.87%	+3.77	★★★★
Counseling for Physical Activity—Total[4]	57.92%	73.72%	79.53%	+5.81	★★★★★
Adult BMI Assessment					
Adult BMI Assessment	80.10%	95.56%	97.00%	+1.44	★★★★★

Table B-8—PRI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	63.56%	78.59%	83.45%	+4.86	★★
Postpartum Care	61.44%	69.34%	71.53%	+2.19	★★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	94.89%	92.15%	94.07%	+1.92	★★★★★
*HbA1c Poor Control (>9.0%)**	27.92%	31.93%	22.68%	-9.25+	★★★★★
HbA1c Control (<8.0%)	60.40%	62.41%	67.01%	+4.60	★★★★★
Eye Exam (Retinal) Performed	68.80%	71.72%	73.71%	+1.99	★★★★★
Medical Attention for Nephropathy	94.34%	91.61%	94.85%	+3.24	★★★★★
Blood Pressure Control (<140/90 mm Hg)	49.27%	75.91%	76.80%	+0.89	★★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	75.03%	60.00%	65.82%	+5.82+	★★★★
Medication Compliance 75%—Total	54.29%	37.01%	45.07%	+8.06+	★★★★
Asthma Medication Ratio					
Total	84.31%	74.90%	73.04%	-1.86	★★★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	44.13%	67.15%	65.57%	-1.58	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.10%	81.48%	83.65%	+2.17	★★★★★
Discussing Cessation Medications	51.75%	55.97%	60.90%	+4.93	★★★★★
Discussing Cessation Strategies	43.60%	46.62%	48.08%	+1.46	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	61.09%	64.29%	71.28%	+6.99	★★★★★

Table B-8—PRI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	45.87%	53.06%	51.06%	-2.00	★★★★★
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	84.21%	84.70%	84.56%	-0.14	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.52%	60.98%	56.99%	-3.99	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.06%	62.34%	64.26%	+1.92	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.19%	88.01%	88.29%	+0.28	★★★
Diuretics	85.64%	88.08%	87.81%	-0.27	★★
Total[4]	—	—	88.09%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	61.56%	61.71%	62.18%	+0.47	NC
Total—Black or African American	13.23%	13.87%	14.10%	+0.23	NC
Total—American-Indian and Alaska Native	0.56%	0.55%	0.55%	0.00	NC
Total—Asian	0.91%	0.91%	0.83%	-0.08	NC

Table B-8—PRI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.06%	0.07%	+0.01	NC
Total—Some Other Race	0.00%	0.00%	0.01%	+0.01	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	23.67%	22.89%	22.27%	-0.62	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	10.06%	10.73%	10.59%	-0.14	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC

Table B-8—PRI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	76.40	75.21	71.90	-3.31	★★
Outpatient Visits—Total	382.40	378.48	381.02	+2.54	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	6.99	7.00	6.80	-0.20	NC
Total Inpatient—Average Length of Stay—Total	NR	3.54	3.62	+0.08	NC
Maternity—Discharges per 1,000 Member Months—Total	3.18	3.25	2.95	-0.30	NC
Maternity—Average Length of Stay—Total	NR	2.60	2.65	+0.05	NC
Surgery—Discharges per 1,000 Member Months—Total	1.62	1.63	1.57	-0.06	NC
Surgery—Average Length of Stay—Total	NR	4.35	4.48	+0.13	NC
Medicine—Discharges per 1,000 Member Months—Total	3.11	3.10	3.17	+0.07	NC
Medicine—Average Length of Stay—Total	NR	3.80	3.85	+0.05	NC
Use of Opioids From Multiple Providers(Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	294.43	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	91.29	NC	NC
Use of Opioids From Multiple Prescribers and Multiple Pharmacies	—	—	55.72	NC	NC

Table B-8—PRI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	39.28	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

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

2018 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 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	64.58%	71.53%	71.29%	-0.24	★★
Combination 3	58.56%	65.28%	65.45%	+0.17	★★
Combination 4	57.41%	63.66%	64.48%	+0.82	★★
Combination 5	45.60%	53.70%	53.77%	+0.07	★
Combination 6	27.31%	27.55%	32.12%	+4.57	★★
Combination 7	44.91%	52.78%	53.04%	+0.26	★★
Combination 8	27.08%	27.31%	31.63%	+4.32	★★
Combination 9	23.61%	22.45%	27.25%	+4.80	★★
Combination 10	23.38%	22.22%	27.01%	+4.79	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	54.86%	64.71%	70.32%	+5.61	★★★★
Lead Screening in Children					
Lead Screening in Children	72.69%	70.74%	70.80%	+0.06	★★
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	69.44%	70.49%	74.45%	+3.96	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	48.61%	52.08%	55.96%	+3.88	★★★
Immunizations for Adolescents					
Combination 1	81.74%	83.80%	85.16%	+1.36	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	87.55%	89.66%	92.09%	+2.43+	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	57.57%	63.11%	69.62%	+6.51+	★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	53.61%	50.00%	53.79%	+3.79	★★★★
Continuation and Maintenance Phase	70.67%	62.79%	66.67%	+3.88	★★★★

Table B-9—THC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	50.82%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	60.19%	60.88%	60.10%	-0.78	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	63.48%	71.37%	68.07%	-3.30	★★★★
Ages 21 to 24 Years	67.51%	70.63%	70.00%	-0.63	★★★★
Total	65.09%	71.09%	68.79%	-2.30	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	87.60%	93.83%	92.76%	-1.07	★
Ages 25 Months to 6 Years	83.98%	85.89%	83.03%	-2.86++	★
Ages 7 to 11 Years	86.73%	87.88%	87.90%	+0.02	★★
Ages 12 to 19 Years	85.17%	87.39%	86.71%	-0.68	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	77.44%	76.89%	74.92%	-1.97++	★★
Ages 45 to 64 Years	86.31%	86.07%	84.31%	-1.76++	★★
Ages 65+ Years	72.60%	80.24%	79.64%	-0.60	★
Total	81.12%	80.81%	78.87%	-1.94++	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	33.06%	27.33%	30.80%	+3.47	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	72.92%	78.87%	78.59%	-0.28	★★★
Counseling for Nutrition—Total	65.28%	71.13%	73.72%	+2.59	★★★
Counseling for Physical Activity—Total[4]	56.25%	49.06%	57.91%	+8.85+	★★
Adult BMI Assessment					
Adult BMI Assessment	89.29%	89.50%	84.67%	-4.83	★★

Table B-9—THC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	68.91%	71.13%	63.99%	**-7.14⁺⁺**	★
Postpartum Care	47.33%	48.83%	48.18%	-0.65	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	82.98%	82.95%	82.00%	-0.95	★
*HbA1c Poor Control (>9.0%)**	53.19%	42.92%	52.07%	**+9.15⁺⁺**	★
HbA1c Control (<8.0%)	37.39%	49.01%	38.93%	**-10.08⁺⁺**	★
Eye Exam (Retinal) Performed	40.27%	46.27%	50.61%	+4.34	★★
Medical Attention for Nephropathy	91.03%	91.32%	90.02%	-1.30	★★
Blood Pressure Control (<140/90 mm Hg)	47.57%	50.68%	41.85%	**-8.83⁺⁺**	★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	84.59%	85.96%	87.36%	+1.40	★★★★★
Medication Compliance 75%—Total	66.27%	69.98%	72.51%	+2.53	★★★★★
Asthma Medication Ratio					
Total	34.24%	47.11%	52.33%	+5.22⁺	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	43.05%	38.53%	29.68%	**-8.85⁺⁺**	★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.16%	79.95%	78.67%	-1.28	★★★
Discussing Cessation Medications	50.69%	55.16%	57.96%	+2.80	★★★★
Discussing Cessation Strategies	42.29%	47.12%	45.73%	-1.39	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	89.55%	55.59%	68.20%	+12.61⁺	★★★★★

Table B-9—THC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	73.34%	39.92%	55.35%	+15.43⁺	★★★★★
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	77.60%	82.33%	83.73%	+1.40	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	57.45%	59.26%	59.79%	+0.53	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	56.16%	48.47%	48.95%	+0.48	★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	85.62%	87.84%	87.17%	-0.67	★★
Diuretics	85.07%	87.27%	86.04%	-1.23	★★
Total[4]	—	—	86.66%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	31.09%	30.70%	30.89%	+0.19	NC
Total—Black or African American	54.16%	53.90%	54.27%	+0.37	NC
Total—American-Indian and Alaska Native	0.23%	0.27%	0.28%	+0.01	NC
Total—Asian	1.15%	1.21%	1.15%	-0.06	NC

Table B-9—THC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.06%	0.06%	0.00	NC
Total—Some Other Race	2.45%	2.55%	2.63%	+0.08	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	10.84%	11.31%	10.72%	-0.59	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	2.45%	2.55%	2.63%	+0.08	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.38%	99.21%	99.13%	-0.08	NC
Spoken Language Preferred for Health Care—Non-English	0.44%	0.79%	0.87%	+0.08	NC
Spoken Language Preferred for Health Care—Unknown	0.18%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	99.38%	99.21%	99.13%	-0.08	NC
Preferred Language for Written Materials—Non-English	0.44%	0.79%	0.87%	+0.08	NC
Preferred Language for Written Materials—Unknown	0.18%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.38%	99.21%	99.13%	-0.08	NC
Other Language Needs—Non-English	0.44%	0.79%	0.87%	+0.08	NC
Other Language Needs—Unknown	0.18%	0.00%	0.00%	0.00	NC

Table B-9—THC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	72.75	73.95	70.05	-3.90	★★
Outpatient Visits—Total	320.89	333.36	336.34	+2.98	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	10.45	10.15	10.34	+0.19	NC
Total Inpatient—Average Length of Stay—Total	4.34	4.01	4.58	+0.57	NC
Maternity—Discharges per 1,000 Member Months—Total	2.70	2.37	2.40	+0.03	NC
Maternity—Average Length of Stay—Total	2.66	2.63	2.69	+0.06	NC
Surgery—Discharges per 1,000 Member Months—Total	2.35	2.30	2.08	-0.22	NC
Surgery—Average Length of Stay—Total	7.63	6.54	7.05	+0.51	NC
Medicine—Discharges per 1,000 Member Months—Total	6.10	6.07	6.44	+0.37	NC
Medicine—Average Length of Stay—Total	3.64	3.45	4.32	+0.87	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	199.52	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	84.30	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	52.59	NC	NC

Table B-9—THC Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	80.72	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

2018 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 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	76.16%	78.35%	75.91%	-2.44	★★★
Combination 3	71.78%	72.51%	71.53%	-0.98	★★
Combination 4	67.15%	70.07%	71.29%	+1.22	★★★
Combination 5	58.15%	57.66%	61.56%	+3.90	★★★
Combination 6	38.69%	38.93%	37.71%	-1.22	★★
Combination 7	54.74%	55.96%	61.56%	+5.60	★★★
Combination 8	36.25%	38.20%	37.71%	-0.49	★★
Combination 9	32.85%	31.63%	34.31%	+2.68	★★★
Combination 10	30.66%	30.90%	34.31%	+3.41	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	61.56%	66.67%	68.61%	+1.94	★★★
Lead Screening in Children					
Lead Screening in Children	78.86%	77.13%	81.51%	+4.38	★★★★
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	73.21%	79.08%	77.37%	-1.71	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	54.74%	58.88%	63.26%	+4.38	★★★★
Immunizations for Adolescents					
Combination 1	87.50%	85.40%	84.91%	-0.49	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	87.89%	89.46%	90.42%	+0.96+	★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	63.13%	71.07%	76.71%	+5.64+	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	44.57%	41.48%	44.49%	+3.01	★★
Continuation and Maintenance Phase	59.46%	53.85%	58.02%	+4.17	★★★

Table B-10—UNI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	62.65%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	65.85%	69.10%	67.88%	-1.22	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	62.26%	66.04%	67.29%	+1.25	★★★★
Ages 21 to 24 Years	69.46%	71.37%	70.87%	-0.50	★★★★
Total	65.12%	68.21%	68.73%	+0.52	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.54%	96.20%	95.11%	-1.09++	★★
Ages 25 Months to 6 Years	89.66%	89.27%	88.96%	-0.31	★★★
Ages 7 to 11 Years	91.17%	91.77%	91.73%	-0.04	★★★
Ages 12 to 19 Years	90.51%	91.88%	91.91%	+0.03	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	83.01%	81.34%	78.88%	-2.46++	★★
Ages 45 to 64 Years	91.13%	89.97%	88.66%	-1.31++	★★★
Ages 65+ Years	95.84%	94.79%	95.99%	+1.20	★★★★★
Total	86.34%	84.82%	82.74%	-2.08++	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	24.42%	32.40%	33.20%	+0.80	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	71.05%	81.02%	85.89%	+4.87	★★★★
Counseling for Nutrition—Total	68.86%	76.64%	77.86%	+1.22	★★★★
Counseling for Physical Activity—Total[4]	62.04%	62.53%	70.32%	+7.79+	★★★★
Adult BMI Assessment					
Adult BMI Assessment	89.12%	85.40%	94.65%	+9.25+	★★★★★

Table B-10—UNI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	76.03%	80.54%	78.83%	-1.71	★★
Postpartum Care	52.06%	67.40%	67.15%	-0.25	★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	86.81%	88.61%	89.29%	+0.68	★★★
*HbA1c Poor Control (>9.0%)**	34.17%	32.50%	31.29%	-1.21	★★★★
HbA1c Control (<8.0%)	54.58%	56.11%	57.29%	+1.18	★★★★
Eye Exam (Retinal) Performed	64.31%	65.14%	64.43%	-0.71	★★★★
Medical Attention for Nephropathy	93.06%	92.36%	94.43%	+2.07	★★★★★
Blood Pressure Control (<140/90 mm Hg)	62.64%	62.08%	66.29%	+4.21	★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	69.44%	67.42%	75.52%	+8.10[+]	★★★★★
Medication Compliance 75%—Total	45.00%	41.51%	57.49%	+15.98[+]	★★★★★
Asthma Medication Ratio					
Total	64.68%	66.80%	62.26%	-4.54[++]	★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	52.32%	56.93%	64.48%	+7.55[+]	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.86%	82.17%	83.54%	+1.37	★★★★★
Discussing Cessation Medications	59.35%	60.80%	61.27%	+0.47	★★★★★
Discussing Cessation Strategies	48.02%	50.56%	52.87%	+2.31	★★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	49.55%	59.84%	61.66%	+1.82	★★★★

Table B-10—UNI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	31.59%	46.87%	46.89%	+0.02	★★★★
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	85.54%	85.99%	85.33%	-0.66	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	74.48%	74.29%	71.10%	-3.19	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	80.00%	74.03%	75.38%	+1.35	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.02%	60.59%	55.04%	-5.55[++]	★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	88.68%	89.75%	88.88%	-0.87[++]	★★★
Diuretics	88.75%	89.19%	88.73%	-0.46	★★★
Total[4]	—	—	88.82%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	50.65%	50.85%	51.27%	+0.42	NC
Total—Black or African American	31.80%	30.38%	30.28%	-0.10	NC
Total—American-Indian and Alaska Native	0.24%	0.26%	0.25%	-0.01	NC
Total—Asian	2.37%	2.11%	2.05%	-0.06	NC

Table B-10—UNI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.01%	0.01%	0.01%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	14.94%	16.40%	16.15%	-0.25	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.30%	5.61%	5.60%	-0.01	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	95.33%	95.71%	95.63%	-0.08	NC
Spoken Language Preferred for Health Care—Non-English	4.67%	4.28%	4.37%	+0.09	NC
Spoken Language Preferred for Health Care—Unknown	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	95.33%	95.71%	95.63%	-0.08	NC
Preferred Language for Written Materials—Non-English	4.67%	4.28%	4.37%	+0.09	NC
Preferred Language for Written Materials—Unknown	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC

Table B-10—UNI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	73.22	72.58	69.56	-3.02	★★
Outpatient Visits—Total	367.42	368.15	380.46	+12.31	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	6.59	5.59	6.33	+0.74	NC
Total Inpatient—Average Length of Stay—Total	4.23	4.33	4.18	-0.15	NC
Maternity—Discharges per 1,000 Member Months—Total	2.74	2.49	2.56	+0.07	NC
Maternity—Average Length of Stay—Total	2.62	2.57	2.56	-0.01	NC
Surgery—Discharges per 1,000 Member Months—Total	1.61	1.37	1.49	+0.12	NC
Surgery—Average Length of Stay—Total	6.76	6.56	6.74	+0.18	NC
Medicine—Discharges per 1,000 Member Months—Total	3.06	2.44	3.00	+0.56	NC
Medicine—Average Length of Stay—Total	3.92	4.37	3.91	-0.46	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	184.59	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	1.36	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	0.83	NC	NC

Table B-10—UNI Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	35.33	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

2018 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 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	78.10%	73.24%	73.97%	+0.73	★★
Combination 3	73.24%	71.53%	70.56%	-0.97	★★
Combination 4	66.67%	65.21%	67.40%	+2.19	★★
Combination 5	55.47%	54.99%	56.93%	+1.94	★★
Combination 6	43.55%	42.09%	48.18%	+6.09	★★★★
Combination 7	52.07%	51.58%	55.23%	+3.65	★★
Combination 8	41.61%	39.17%	47.20%	+8.03+	★★★★
Combination 9	37.23%	34.55%	41.85%	+7.30+	★★★★
Combination 10	36.01%	32.85%	41.61%	+8.76+	★★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	74.21%	74.21%	72.75%	-1.46	★★★★★
Lead Screening in Children					
Lead Screening in Children	88.56%	82.43%	82.73%	+0.30	★★★★
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	69.59%	73.97%	75.18%	+1.21	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	42.09%	44.50%	47.93%	+3.43	★★
Immunizations for Adolescents					
Combination 1	81.75%	80.90%	80.78%	-0.12	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	90.27%	91.15%	93.59%	+2.44+	★★★★
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	68.97%	63.09%	80.16%	+17.07+	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	53.16%	42.98%	48.24%	+5.26	★★★
Continuation and Maintenance Phase	57.65%	45.36%	52.43%	+7.07	★★

Table B-11—UPP Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Women – Adult Care					
Breast Cancer Screening[4]					
Breast Cancer Screening	—	—	64.08%	NC	NC
Cervical Cancer Screening					
Cervical Cancer Screening	62.53%	67.15%	63.02%	-4.13	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	46.95%	44.93%	46.17%	+1.24	★
Ages 21 to 24 Years	56.06%	58.75%	60.71%	+1.96	★★
Total	50.96%	51.13%	52.28%	+1.15	★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	97.65%	97.26%	97.15%	-0.11	★★★★
Ages 25 Months to 6 Years	90.18%	90.64%	89.84%	-0.80	★★★
Ages 7 to 11 Years	90.60%	91.82%	92.15%	+0.33	★★★
Ages 12 to 19 Years	92.33%	91.60%	92.03%	+0.43	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	86.23%	84.99%	82.87%	-2.12++	★★★
Ages 45 to 64 Years	88.42%	87.55%	87.40%	-0.15	★★★
Ages 65+ Years	86.44%	91.18%	NA	NC	NC
Total	87.10%	86.02%	84.66%	-1.36++	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	43.48%	25.77%	25.24%	-0.53	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	91.97%	88.81%	89.78%	+0.97	★★★★★
Counseling for Nutrition—Total	65.94%	67.40%	72.26%	+4.86	★★★
Counseling for Physical Activity—Total[4]	64.23%	64.96%	70.80%	+5.84	★★★★
Adult BMI Assessment					
Adult BMI Assessment	95.62%	95.38%	96.84%	+1.46	★★★★★

Table B-11—UPP Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	86.13%	91.48%	92.94%	+1.46	★★★★★
Postpartum Care	71.78%	72.75%	73.72%	+0.97	★★★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	91.61%	91.04%	92.32%	+1.28	★★★★
*HbA1c Poor Control (>9.0%)**	28.65%	24.73%	30.00%	+5.27++	★★★★
HbA1c Control (<8.0%)	58.21%	59.14%	60.00%	+0.86	★★★★★
Eye Exam (Retinal) Performed	66.06%	67.56%	71.25%	+3.69	★★★★★
Medical Attention for Nephropathy	91.97%	92.11%	91.07%	-1.04	★★★
Blood Pressure Control (<140/90 mm Hg)	75.73%	76.70%	77.50%	+0.80	★★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	53.63%	66.08%	71.01%	+4.93	★★★★
Medication Compliance 75%—Total	22.71%	38.11%	46.56%	+8.45+	★★★★
Asthma Medication Ratio					
Total	64.55%	58.44%	59.92%	+1.48	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	63.99%	71.05%	72.75%	+1.70	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.43%	79.18%	77.95%	-1.23	★★★
Discussing Cessation Medications	55.95%	56.90%	56.82%	-0.08	★★★★
Discussing Cessation Strategies	45.39%	45.57%	46.65%	+1.08	★★★
Antidepressant Medication Management[3]					
Effective Acute Phase Treatment	61.13%	59.86%	59.84%	-0.02	★★★★

Table B-11—UPP Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Effective Continuation Phase Treatment	40.34%	42.69%	41.41%	-1.28	★★★★
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	87.20%	88.18%	87.97%	-0.21	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	NC	NC
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.22%	82.18%	82.24%	+0.06	★★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.49%	87.60%	87.50%	-0.10	★★
Diuretics	89.29%	88.64%	87.53%	-1.11	★★
Total[4]	—	—	87.51%	NC	NC
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	87.07%	87.04%	87.26%	+0.22	NC
Total—Black or African American	1.41%	1.46%	1.54%	+0.08	NC
Total—American-Indian and Alaska Native	2.53%	2.41%	2.30%	-0.11	NC
Total—Asian	0.28%	0.26%	0.24%	-0.02	NC

Table B-11—UPP Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.05%	0.05%	0.00	NC
Total—Some Other Race	1.39%	1.49%	1.64%	+0.15	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	0.00%	0.00%	0.00%	0.00	NC
Total—Declined	7.25%	7.30%	6.96%	-0.34	NC
Total—Hispanic or Latino	1.39%	1.49%	1.64%	+0.15	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.93%	99.94%	99.95%	+0.01	NC
Spoken Language Preferred for Health Care—Non-English	0.04%	0.03%	0.03%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	0.03%	0.03%	0.02%	-0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Preferred Language for Written Materials—English	99.93%	99.94%	99.95%	+0.01	NC
Preferred Language for Written Materials—Non-English	0.04%	0.03%	0.03%	0.00	NC
Preferred Language for Written Materials—Unknown	0.03%	0.03%	0.02%	-0.01	NC
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC

Table B-11—UPP Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	64.81	66.21	61.07	-5.14	★★★
Outpatient Visits—Total	334.91	341.01	339.03	-1.98	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	6.34	6.54	6.26	-0.28	NC
Total Inpatient—Average Length of Stay—Total	3.60	3.79	3.98	+0.19	NC
Maternity—Discharges per 1,000 Member Months—Total	2.05	2.61	2.42	-0.19	NC
Maternity—Average Length of Stay—Total	2.72	2.80	2.77	-0.03	NC
Surgery—Discharges per 1,000 Member Months—Total	1.63	1.95	1.81	-0.14	NC
Surgery—Average Length of Stay—Total	4.69	5.42	5.67	+0.25	NC
Medicine—Discharges per 1,000 Member Months—Total	3.20	2.66	2.65	-0.01	NC
Medicine—Average Length of Stay—Total	3.46	3.32	3.66	+0.34	NC
Use of Opioids From Multiple Providers (Per 1,000 Members)*					
Use of Opioids From Multiple Providers—Multiple Prescribers	—	—	237.61	NC	NC
Use of Opioids From Multiple Providers—Multiple Pharmacies	—	—	92.79	NC	NC
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	—	—	65.73	NC	NC

Table B-11—UPP Trend Table

Measure	HEDIS 2016	HEDIS 2017	HEDIS 2018	2017–2018 Comparison[1]	2018 Performance Level[2]
Use of Opioids at High Dosage (Per 1,000 Members)*					
Use of Opioids at High Dosage	—	—	30.99	NC	NC

[1] HEDIS 2017 to HEDIS 2018 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2017–2018 Comparisons shaded green with one cross (+) indicate statistically significant improvement from the previous year. 2017–2018 Comparisons shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year.

[2] 2018 Performance Levels were based on comparisons of the HEDIS 2018 measure indicator rates to national Medicaid Quality Compass HEDIS 2017 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmark.

[3] Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

[4] Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; therefore, prior year rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2018 or 2017–2018 Comparisons provided for these measures are for information purposes only.

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

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate or 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.

2018 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 2018 rates to the HEDIS 2017 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. Due to changes in the technical specifications for *Breast Cancer Screening* and *Annual Monitoring for Patients on Persistent Medications—Total* in HEDIS 2018, NCQA does not recommend comparing these measures' rates to national Medicaid benchmarks; therefore, these measures are not displayed in this appendix. 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	★	★	★	★	★★★	★
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[1]	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase[1]
AET	★★★	★★★	★★★	★★	★	★
BCC	★★★	★★★★★	★★	★★★	★★★	★★★
HAR	★	★★	★★★★	★★	NA	NA
MCL	★★	★★★★	★	★★★★	★★★	★★★
MER	★★★★	★★★	★★	★★★	★★	★
MID	★	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.

[1] *Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when comparing rates between 2018 and prior years.*

Women—Adult Care Performance Summary Stars

Table C-4—Women—Adult Care Performance Summary Stars

MHP	*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	★	★	★	★	★	★★★★
MOL	★★	★★★	★★★	★★★	★★★	★★★
PRI	★★★	★★	★★	★★★	★★★	★★★★
THC	★	★	★★	★★	★★	★★
UNI	★★	★★★	★★★	★★★	★★	★★★
UPP	★★★★	★★★	★★★	★★★	★★★	★★★

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	★★	★	★★★★
BCC	★★	★★	★★★
HAR	NA	★	★★★
MCL	★★	★★★	★★★
MER	★★★★★	★★★	★★★
MID	★★★	★★★	★★★★
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.

Obesity Performance Summary Stars

Table C-7—Obesity Performance Summary Stars

MHP	*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—Counseling for Nutrition—Total*	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents—Counseling for Physical Activity—Total*	*Adult BMI Assessment*
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	*Prenatal and Postpartum Care—Timeliness of Prenatal Care*	*Prenatal and Postpartum Care—Postpartum Care*
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	★★★★	★★★	★★	★	★★★★	★★★★★
MCL	★★★★	★★★★	★★★	★★★	★★	★★★
MER	★★★★	★★★★★	★★	★★★★	★★★★	★★★
MID	★★★★★	★★★★★	★	★★	★★★★★	★★★★★
MOL	★★★	★★★	★★★	★★	★★★★	★★★★
PRI	★★★★	★★★★	★★★★★	★★★★	★★★★★	★★★★★
THC	★★★★★	★★★★★	★	★	★★★	★★★★
UNI	★★★★★	★★★★★	★★★	★★★	★★★★★	★★★★★
UPP	★★★★	★★★★	★★	★★★★★	★★★	★★★★

[1] *Indicates the HEDIS 2018 rates for this measure indicator were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2017 benchmarks.*

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*[1]	*Antidepressant Medication Management—Effective Continuation Phase Treatment*[1]	*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	★★★	★★★★★	★★★★★	★★★	★	★★
HAR	★★★★	★★★★	★★★★	★★★	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.

[1] *Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when comparing rates between 2018 and prior years.*

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—Diuretics*
AET	★	★★	★★
BCC	★★	★★	★★
HAR	NA	★	★
MCL	★★★★	★	★★
MER	★★★★	★	★
MID	★★★★★	★	★★
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.

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).*