

# Annual External Quality Review Report

(FY2016 Appropriation Act - Public Act 84 of 2015)

October 31, 2016

Sec. 1662. (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries.

(2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS well child health measures in accordance with the National Committee for Quality Assurance prescribed methodology.

***(3) The department shall provide a copy of the analysis of the Medicaid HMO annual audited HEDIS reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.***



Michigan Department of  
Health & Human Services

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# 2016 HEDIS Aggregate Report for Michigan Medicaid

*November 2016*



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### Introduction

During 2015, the Michigan Department of Health and Human Services (MDHHS) contracted with 11 health plans to provide managed care services to Michigan Medicaid enrollees. MDHHS expects its contracted Medicaid health plans (MHPs) to support healthcare claims systems, membership and provider files, and hardware/software management tools that facilitate accurate and reliable reporting of the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)<sup>1-1</sup> measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level as well as the statewide performance relative to national Medicaid percentiles. MDHHS uses HEDIS rates for the annual Medicaid consumer guide as well as for the annual performance assessment.

MDHHS selected 35 HEDIS measures to evaluate Michigan MHPs, yielding 98 measure indicators. These measures were grouped under the following eight measure domains:

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

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

Performance levels for Michigan MHPs were established for 68 measure rates for measures under the majority of the measure domains. The performance levels were set at specific, attainable rates and are based on national percentiles. MHPs that met the high performance level (HPL) exhibited rates that were among the top in the nation. The low performance level (LPL) was set to identify MHPs with the greatest need for improvement. Details describing these performance levels are presented in Section 2, "How to Get the Most From This Report."

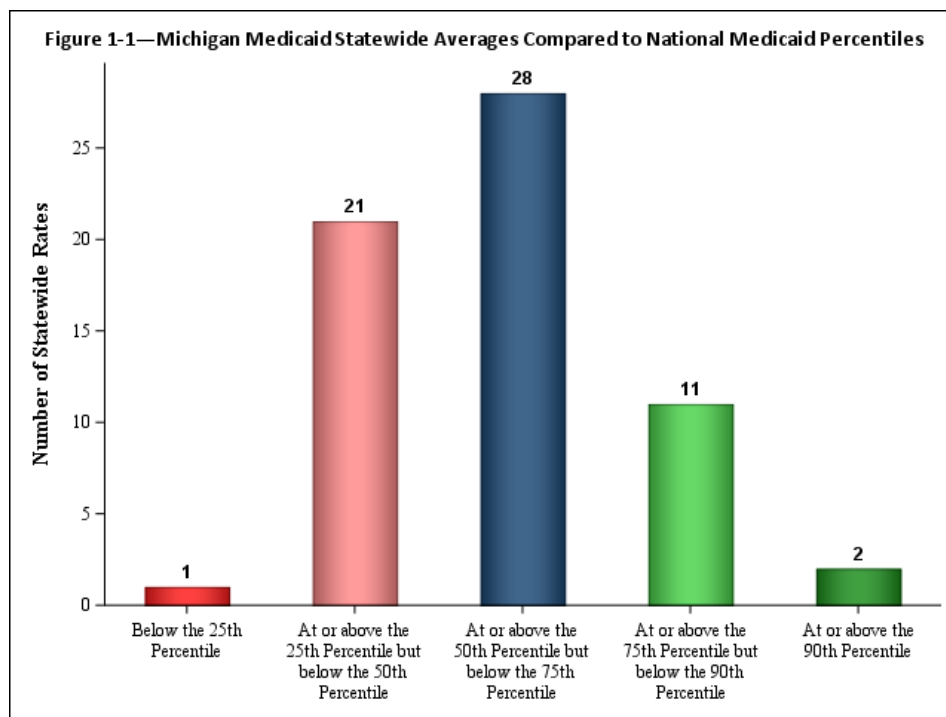
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<sup>1-1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

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.<sup>1-2</sup>

## Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with the NCQA’s Quality Compass® national Medicaid HMO percentiles for HEDIS 2015, which are referred to as “national Medicaid percentiles” throughout this report.<sup>1-3</sup> For measures that were comparable to national Medicaid percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates falling into each national Medicaid percentile range.



Of the 63 measure indicator rates that were reported and comparable to national Medicaid percentiles, less than 2 percent of the MWA rates fell below the national Medicaid 25th percentile, and almost 35 percent of MWA rates fell below the national Medicaid 50th percentile. About 21 percent of the MWA rates ranked at or above the national Medicaid 75th percentile, and roughly 3 percent of the MWA rates ranked at or above the national Medicaid 90th percentile. A summary of MWA performance for each measure domain is presented on the following pages.

<sup>1-2</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

<sup>1-3</sup> Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

## Child & Adolescent Care

All of the HEDIS 2016 MWA *Childhood Immunization Status* measure indicator rates declined from the prior year; seven of these rate declines were statistically significant. Further, six of the *Childhood Immunization Status* measure indicator rates fell below the national Medicaid 50th percentile, which represented an opportunity for improvement. Another opportunity for improvement exists for the MWA *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, which significantly declined from the prior year. However, six measure indicator rates significantly improved from the prior year, and five of these rates ranked at or above than the national Medicaid 50th percentile. One MWA measure indicator rate, *Immunizations for Adolescents—Combination 1*, ranked at or above the national Medicaid 75th percentile despite showing a decline in performance from the prior year.

## Women—Adult Care

All three of the HEDIS 2016 MWA *Chlamydia Screening in Women* measure indicator rates increased from the prior year and ranked at or above the national Medicaid 75th percentiles. Two of these rate increases were statistically significant. However, one measure indicator rate showed a significant decline in performance, *Cervical Cancer Screening*.

## Access to Care

Three of the four HEDIS 2016 MWA *Children and Adolescents' Access to Primary Care Practitioners* measure indicator rates declined from the prior year and ranked below the national Medicaid 50th percentile. One of these measure indicator rate declines was statistically significant, *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years*. For *Adults' Access to Preventive/Ambulatory Health Services*, three of the four measure indicator rates statistically significantly declined from the prior year and ranked at or greater than the national Medicaid 50th percentile but below the national Medicaid 75th percentile. The remaining indicator, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*, significantly increased from the prior year and ranked at or above the national Medicaid 75th percentile.

## Obesity

All three of the HEDIS 2016 MWA *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicator rates declined from the prior year and ranked at or above the national Medicaid 50th percentile but less than the national Medicaid 75th percentile. Two of these rate declines were statistically significant, *BMI Percentile—Total* and *Counseling for Nutrition—Total*. The *Adult BMI Assessment* measure indicator rate demonstrated a statistically significant decline from the prior year; however, 2016 performance ranked at or greater than the national Medicaid 75th percentile.

## Pregnancy Care

All of the HEDIS 2016 MWA measure indicators discussed in this report within the Pregnancy Care domain statistically significantly decreased from the prior year and ranked below the national Medicaid 50th percentile.

## Living With Illness

HSAG observed varied performance within the Living With Illness domain. The following HEDIS 2016 MWA measure indicator rates within this domain exceeded the national Medicaid 75th percentile: *Comprehensive Diabetes Care—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; and Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment.*

Conversely, the following HEDIS 2016 MWA measure indicator rates within this domain ranked below the national Medicaid 50th percentile: *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg); Controlling High Blood Pressure; Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia; Adherence to Antipsychotic Medications for Individuals with Schizophrenia; and Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total.*

## Health Plan Diversity

Although measures under this domain are not performance measures and are not compared to national Medicaid percentiles, changes observed in the results may provide insights into how select member characteristics affect the MHPs' provision of services and care. Comparing the HEDIS 2015 and 2016 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2016 rates showed slight changes (less than 1 percentage point) for almost all categories. For the *Language Diversity of Membership* measure, the statewide percentage of members using English as the preferred spoken language for healthcare decreased slightly from the previous year, with a corresponding increase in the Unknown category. The percentage of Michigan members reporting either English or Non-English as the language preferred for written materials decreased in HEDIS 2016, along with a corresponding increase in the percentage of members reporting in the Unknown category. Regarding other language needs, the percentage of members reporting English as another language need increased, and the percentage of members reporting Unknown demonstrated a corresponding decrease in HEDIS 2016.



## Utilization

For *Ambulatory Care (Per 1,000 Member Months)—Outpatient Visits* and *Emergency Department Visits*, the Michigan Medicaid unweighted averages for HEDIS 2016 demonstrated an increase.<sup>1-4</sup> Because the measure of outpatient visits is not linked to performance, the results for this measure are not comparable to national Medicaid percentiles. However, the increase in emergency department visits may indicate a decline in performance. For the *Inpatient Utilization—General Hospital/Acute Care* measure, the discharges per 1,000 member months increased for three inpatient service types (*Total Inpatient, Medicine, and Surgery*). The average length of stay decreased for all four services (*Total Inpatient, Medicine, Surgery, and Maternity*).

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

## 2. How to Get the Most From This Report

### Introduction

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

### Michigan Medicaid Health Plan Names

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

**Table 2-1—2016 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 2016 Measures

Within this report, HSAG presents the Michigan Medicaid Weighted Average (MWA) (i.e., statewide average rates) and MHP-specific performance on 35 HEDIS measures selected by MDHHS for HEDIS 2016. 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 2016 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 2016 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

**Table 2-2—Michigan Medicaid HEDIS 2016 Required Measures**

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

Performance Measures	HEDIS Data Collection Methodology
<b>Pregnancy Care</b>	
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>	Hybrid
<i>Frequency of Ongoing Prenatal Care—<math>\geq 81</math> Percent of Expected Visits</i>	Hybrid
<i>Weeks of Pregnancy at Time of Enrollment—Prior to 0 Weeks, 1–12 Weeks, 13–27 Weeks, 28 or More Weeks of Pregnancy, and Unknown</i>	—
<b>Living With Illness</b>	
<i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (&gt;9.0%), HbA1c Control (&lt;8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (&lt;140/90 mm Hg)</i>	Hybrid
<i>Medication Management for People with Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total</i>	Administrative
<i>Asthma Medication Ratio—Total</i>	Administrative
<i>Controlling High Blood Pressure</i>	Hybrid
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies</i>	Administrative
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>	Administrative
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	Administrative
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	Administrative
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	Administrative
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	Administrative
<i>Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total</i>	Administrative
<b>Health Plan Diversity</b>	
<i>Race/Ethnicity Diversity of Membership</i>	Administrative
<i>Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and Other Language Needs</i>	Administrative
<b>Utilization</b>	
<i>Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total and Outpatient Visits—Total</i>	Administrative
<i>Inpatient Utilization—General Hospital/Acute Care</i>	Administrative

## Data Collection Methods

### Administrative Method

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

### Hybrid Method

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

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, the MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure and chooses to use the hybrid method. After randomly selecting 411 eligible members, the MHP finds that 161 members had evidence of a postpartum visit using administrative data. The MHP then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record. 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

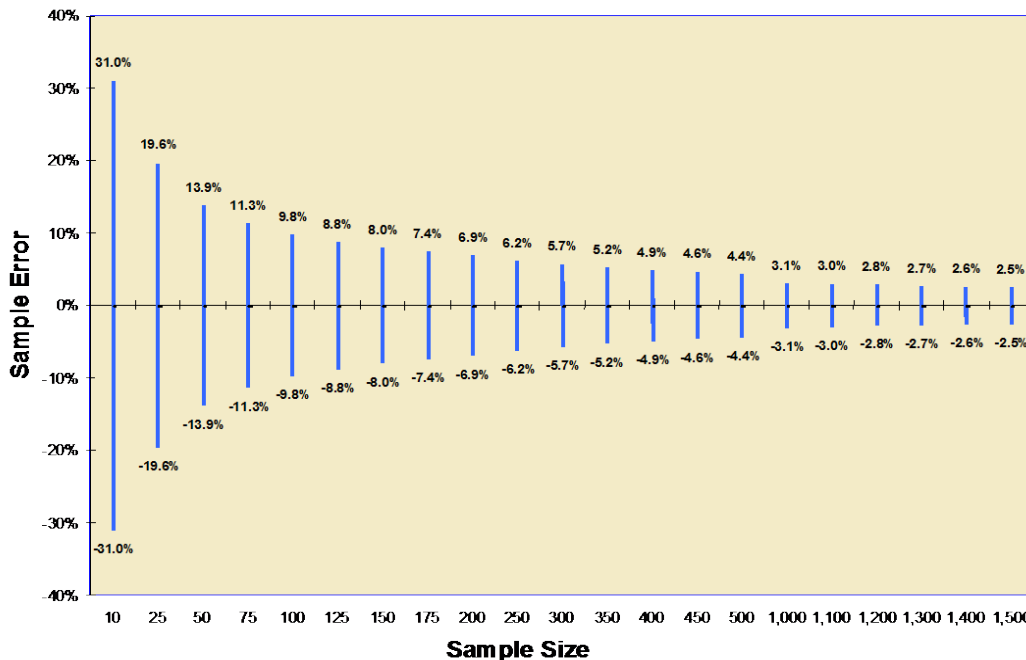
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the 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  $\pm 4.9$  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 or the Microsoft (MS) Excel files supplied by the MHPs. Prior to HSAG’s receipt of the MHPs’ IDSS files or MS Excel files, all of the MHPs were required by MDHHS to have their HEDIS 2016 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 2016 measure indicator rates received one of five predefined audit results: *Reportable (R)*, *Not Applicable (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, and *Not Reported (NR)*. The audit results are defined in the “Glossary” section below.

Rates designated as *NA*, *BR*, *NB*, *NQ*, or *NR* are not presented in this report. All measure indicator rates that are presented in this report have been verified as an unbiased estimate of the measure. Please see Section 10 for additional information on NCQA’s Information System (IS) standards and the audit findings for the MHPs.

## Calculation of Statewide Averages

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

## Evaluating Measure Results

### National Benchmark Comparisons

#### Benchmark Data

HEDIS 2016 MHP and the statewide average rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS 2016 rates: NCQA’s Quality Compass national Medicaid HMO percentiles for HEDIS 2015, 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 2015.

For measures for which lower rates indicate better performance (e.g., *Comprehensive Diabetes Care—HbA1c Poor Control [>9.0%]*), HSAG inverted the national percentiles to be consistently applied to

these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

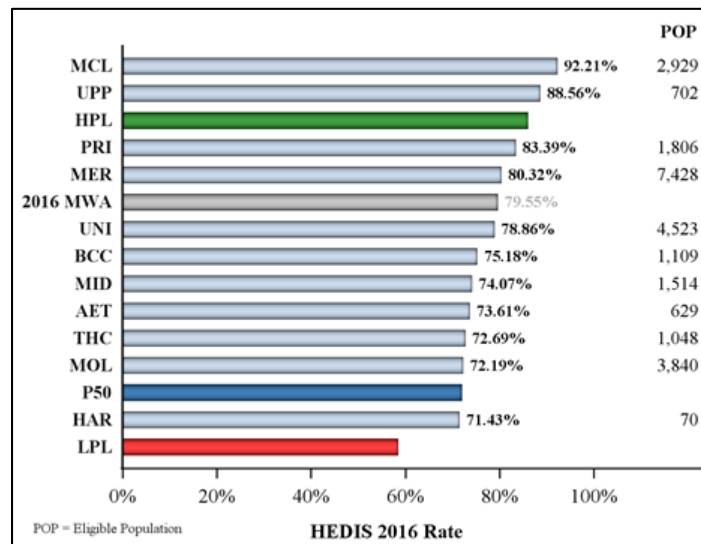
Additionally, benchmarking data (i.e., NCQA’s Quality Compass and NCQA’s Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays. Of note, the prior year’s reported rates were compared to the NCQA’s Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2014.

**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 2016 MWA (i.e., the bar shaded gray); the high performance level (HPL) (i.e., the green shaded bar), representing the national Medicaid 90th percentile; the P50 bar (i.e., the blue shaded bar), representing the national Medicaid 50th percentile; and the low performance level (LPL) (i.e., the red shaded bar), representing the national Medicaid 25th percentile.

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

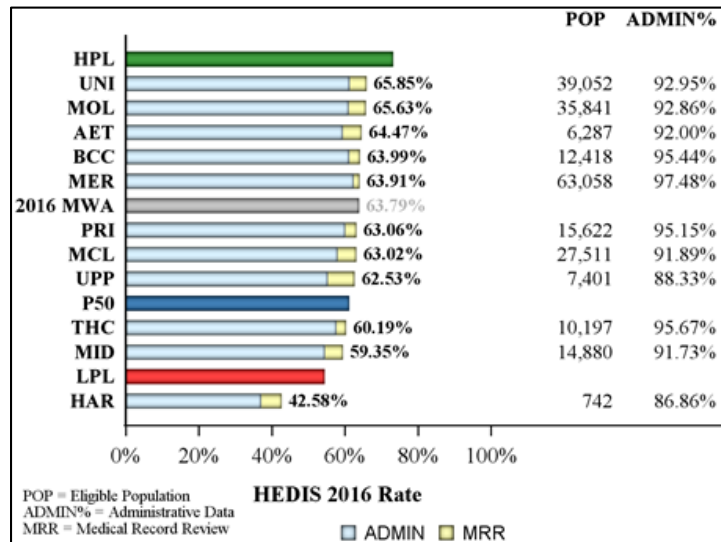
**Figure 2-2—Sample Horizontal Bar Graph Figure for Administrative Measures**





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

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



### Percentile Rankings and Star Ratings

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

**Table 2-3—Percentile Ranking Performance Levels**

Star Rating	Performance Level
★★★★★	At or above the National Medicaid 90th Percentile
★★★★	At or above the National Medicaid 75th Percentile but below the National Medicaid 90th Percentile
★★★	At or above the National Medicaid 50th Percentile but below the National Medicaid 75th Percentile
★★	At or above the National Medicaid 25th Percentile but below the National Medicaid 50th Percentile
★	Below the National Medicaid 25th Percentile
NA	NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.
NR	NR indicates that the MHP chose not to report a rate for this measure indicator.
NB	NB indicates that the required benefit to calculate the measure was not offered.
NQ	NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports; therefore, the MWA is not presented in this report.

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

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

## Performance Trend Analysis

In addition to the star rating results, HSAG also compared HEDIS 2016 Medicaid statewide weighted averages and MHP rates to the corresponding HEDIS 2015 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a  $p$  value  $<0.05$  for MHP rate comparisons and a  $p$  value  $<0.01$  for statewide weighted average comparisons. Note that statistical testing could not be performed on the membership diversity and utilization-based measures domain given that variances were not available in the IDSS for HSAG to use for statistical testing.

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

- Substantial changes in measure specifications. The “Measure Changes Between HEDIS 2015 to HEDIS 2016” 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 2015 and HEDIS 2016 are presented in tabular format. HEDIS 2016 rates shaded green with one cross (+) indicate a statistically significant improvement in performance from the previous year. HEDIS 2016 rates shaded red with two crosses (++) indicate a statistically significant decline in performance from the previous year. The colors used are provided below for reference:

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

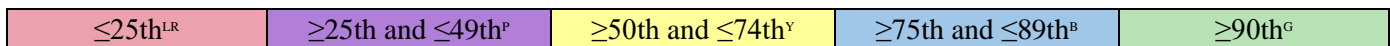
**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

Additionally, benchmark comparisons are denoted within Sections 3 through 8. Percentile ranking performance levels are represented using the following shading:

**Table 2-4—Percentile Ranking Performance Levels**

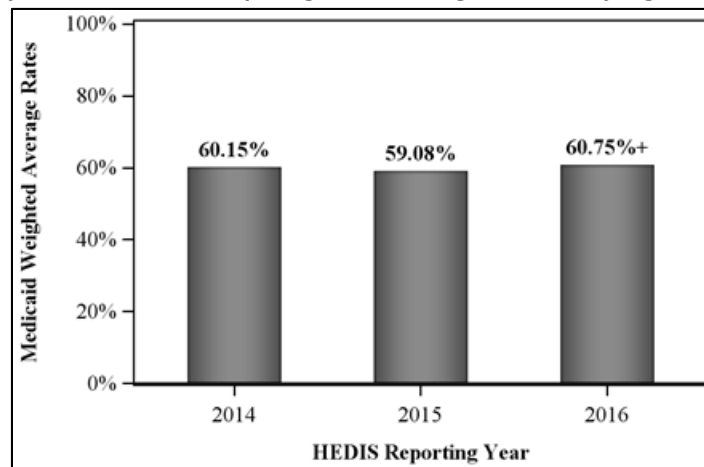
HEDIS 2016 MWA Rates Performance Level Shading	HEDIS 2016 MWA Superscript Designation	Performance Level
Green	G <sup>(G)</sup>	At or above the National Medicaid 90th Percentile
Blue	B <sup>(B)</sup>	At or above the National Medicaid 75th Percentile but below the National Medicaid 90th Percentile
Yellow	Y <sup>(Y)</sup>	At or above the National Medicaid 50th Percentile but below the National Medicaid 75th Percentile
Purple	P <sup>(P)</sup>	At or above the National Medicaid 25th Percentile but below the National Medicaid 50th Percentile
Light Red	LR <sup>(LR)</sup>	Below the National Medicaid 25th Percentile

The shading is provided below for reference:



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 2014, HEDIS 2015, and HEDIS 2016 MWA rates with significance testing performed between the HEDIS 2015 and HEDIS 2016 weighted averages. Within these figures, HEDIS 2016 rates with one cross (+) indicate a statistically significant improvement in performance from HEDIS 2015. HEDIS 2016 rates with two crosses (++) indicate a statistically significant decline in performance from HEDIS 2015. 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  $\pm 5$  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  $\pm 5$  percent of this rate, due to sampling error. For a 95 percent confidence level, the rate would be between 47 percent and 57 percent. If the target is a rate of 55 percent, it cannot be said with certainty whether the true rate between 47 percent and 57 percent meets or does not meet the target level.

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

### *How do Michigan Medicaid rates compare to national percentiles?*

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS 2015 Medicaid 50th percentile. In addition, the 2014, 2015, and 2016 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 2016 MWA for each rate with the 2014 and 2015 MWA and the national HEDIS 2015 Medicaid 50th percentile.

## Measure Changes Between HEDIS 2015 to HEDIS 2016

With the release of HEDIS 2016, value sets were updated to include International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), which were effective October 1, 2015.<sup>2-1</sup> Additionally, the following is a list of measures with technical specification changes that NCQA announced for HEDIS 2016.<sup>2-2,2-3</sup> These changes may have an effect on the HEDIS 2016 rates that are presented in this report.

### **Childhood Immunization Status**

- Added a note to MMR clarifying that the “14-day rule” does not apply to this vaccine.
- Added a new value set to the administrative method to identify hepatitis B vaccines administered at birth.

### **Appropriate Testing for Children With Pharyngitis**

- Changed age requirement from 2–18 years of age to 3–18 years of age.

### **Follow-up Care for Children Prescribed ADHD Medication**

- Added value sets to identify acute inpatient encounters for Step 4 of the event/diagnosis (for both the *Initiation Phase* and the *Continuation and Maintenance Phase*).

### **Breast Cancer Screening**

- Added new value sets to identify bilateral mastectomy.

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

- Removed the BMI value option for members 16–17 years of age from the numerator.
- Revised the physical activity requirement to indicate that notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations does not meet criteria.

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<sup>2-1</sup> *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization, 1992. Print.

<sup>2-2</sup> National Committee for Quality Assurance. *HEDIS® 2016, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2015.

<sup>2-3</sup> National Committee for Quality Assurance. *HEDIS® 2016, Volume 2: Technical Update*. Washington, DC: NCQA Publication, 2015.

### **Adult BMI Assessment**

- Revised the age criteria for BMI and BMI percentile in the numerator.

### **Prenatal and Postpartum Care**

- Deleted the use of infant claims to identify deliveries.
- Clarified the tests that must be included to meet criteria for an obstetric panel in the hybrid specification.

### **Frequency of Ongoing Prenatal Care**

- Deleted the use of infant claims to identify deliveries.

### **Weeks of Pregnancy at Time of Enrollment**

- Deleted the use of infant claims to identify deliveries.

### **Comprehensive Diabetes Care**

- Revised the requirements for urine protein testing for the *Medical Attention for Nephropathy* indicator; a screening or monitoring test meets criteria, whether the result is positive or negative.
- Removed the optional exclusion for polycystic ovaries.
- Added a note clarifying optional exclusions.

### **Medication Management for People With Asthma**

- Deleted all “Long-acting, inhaled beta-2 agonists” from Table MMA-A.

### **Controlling High Blood Pressure**

- Revised a value set used to identify the event/diagnosis.
  - Added HCPCS codes to identify outpatient visits.
  - Renamed the Outpatient CPT Value Set to Outpatient Without UBREV Value Set.
- Clarified how to assign the diabetes flag.
- Removed the criteria for polycystic ovaries when assigning a flag of “not diabetic” in the event/diagnosis.
- Clarified the denominator section of the Hybrid Specification to state that if the hypertension diagnosis is not confirmed, the member is excluded and replaced by a member from the oversample.
- Added a method and value sets to identify nonacute inpatient admissions for optional exclusions.
- Added a note to clarify when organizations may change the diabetes flag that was assigned based on administrative data.

### ***Antidepressant Medication Management***

- Added a method and value sets to identify acute and nonacute inpatient discharges for required exclusions (Step 2).
- Changed the description of “SSNRI antidepressants” to “SNRI antidepressants” in Table AMM-C.
- Added levomilnacipran to the description of “SNRI antidepressants” in Table AMM-C.

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

- Added Other Bipolar Disorders Value Set to Step 1 of the event/diagnosis.

### ***Diabetes Monitoring for People With Diabetes and Schizophrenia***

- Removed the optional exclusion for polycystic ovaries.

### ***Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia***

- Added a method and value sets to identify discharges for Step 2 of the event/diagnosis.

### ***Adherence to Antipsychotic Medications for Individuals With Schizophrenia***

- Revised the index prescription start date (IPSD) time frame.

### ***Annual Monitoring for Patients on Persistent Medications***

- Added value sets to identify acute and nonacute inpatient encounters for the optional exclusions.

### ***Inpatient Utilization—General Hospital/Acute Care***

- Added a method and value sets to identify acute inpatient discharges in Step 1.



### 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/Td)*
- *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 Michigan Medicaid Weighted Average (MWA) performance for the measure indicators under the Child & Adolescent Care measure domain. The table lists the HEDIS 2016 MWA rates and performance levels, a comparison of the HEDIS 2015 MWA to the HEDIS 2016 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2015 to HEDIS 2016.

**Table 3-1—HEDIS 2016 MWA Performance Levels and Trend Results for Child & Adolescent Care**

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA—HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b><i>Childhood Immunization Status</i></b>				
<i>Combination 2</i>	76.15% <sup>Y</sup>	-1.01 <sup>++</sup>	0	0
<i>Combination 3</i>	71.05% <sup>P</sup>	-1.85 <sup>++</sup>	0	2
<i>Combination 4</i>	67.50% <sup>P</sup>	-0.27	0	1
<i>Combination 5</i>	58.78% <sup>Y</sup>	-1.74 <sup>++</sup>	0	0
<i>Combination 6</i>	40.45% <sup>P</sup>	-4.31 <sup>++</sup>	0	3
<i>Combination 7</i>	56.15% <sup>Y</sup>	-0.82	0	0
<i>Combination 8</i>	39.27% <sup>P</sup>	-3.42 <sup>++</sup>	0	3
<i>Combination 9</i>	34.97% <sup>P</sup>	-3.47 <sup>++</sup>	0	2
<i>Combination 10</i>	33.92% <sup>P</sup>	-3.00 <sup>++</sup>	0	3
<b><i>Well-Child Visits in the First 15 Months of Life</i></b>				
<i>Six or More Visits</i>	66.22% <sup>Y</sup>	+1.45 <sup>+</sup>	1	1
<b><i>Lead Screening in Children</i></b>				
<i>Lead Screening in Children</i>	79.55% <sup>Y</sup>	-0.82	1	0
<b><i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i></b>				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	75.11% <sup>Y</sup>	-0.65 <sup>++</sup>	0	1
<b><i>Adolescent Well-Care Visits</i></b>				
<i>Adolescent Well-Care Visits</i>	54.74% <sup>Y</sup>	+0.72 <sup>+</sup>	0	1
<b><i>Immunizations for Adolescents</i></b>				
<i>Combination 1</i>	86.99% <sup>B</sup>	-1.95 <sup>++</sup>	1	2
<b><i>Appropriate Treatment for Children With Upper Respiratory Infection</i></b>				
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	89.09% <sup>Y</sup>	+1.09 <sup>+</sup>	2	1
<b><i>Appropriate Testing for Children With Pharyngitis</i></b>				
<i>Appropriate Testing for Children With Pharyngitis</i>	68.41% <sup>P</sup>	+1.15 <sup>+</sup>	2	1

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA– HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
<i>Initiation Phase</i>	42.58% <sup>Y</sup>	+3.71 <sup>+</sup>	3	0
<i>Continuation and Maintenance Phase</i>	53.96% <sup>Y</sup>	+9.61 <sup>+</sup>	2	0

<sup>1</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks. 2016 performance levels represent the following percentile comparisons:

≤25th <sup>LR</sup>	≥25th and ≤49th <sup>P</sup>	≥50th and ≤74th <sup>Y</sup>	≥75th and ≤89th <sup>B</sup>	≥90th <sup>G</sup>
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<sup>2</sup> HEDIS 2015 MWA to HEDIS 2016 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

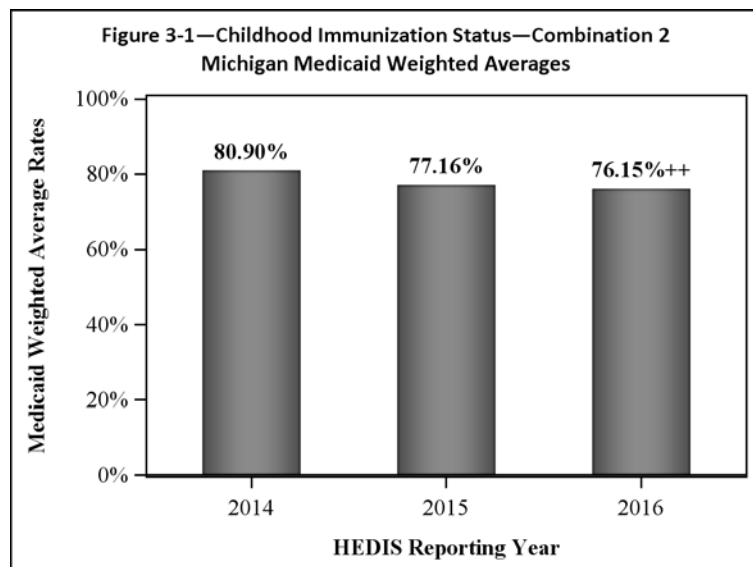
**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

Table 3-1 shows that all of the HEDIS 2016 MWA *Childhood Immunization Status* measure indicator rates declined from the prior year; seven of these rate declines were statistically significant. Further, six of the *Childhood Immunization Status* measure indicator rates fell below the national Medicaid 50th percentile, which represented an opportunity for improvement. Another opportunity for improvement exists for the MWA *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, which significantly declined from the prior year. However, six measure indicator rates statistically significantly improved from the prior year, and five of these rates ranked at or above the national Medicaid 50th percentile. One MWA measure indicator rate, *Immunizations for Adolescents—Combination 1*, ranked at or above the national Medicaid 75th percentile despite showing a decline in performance from the prior year.

## Measure-Specific Findings

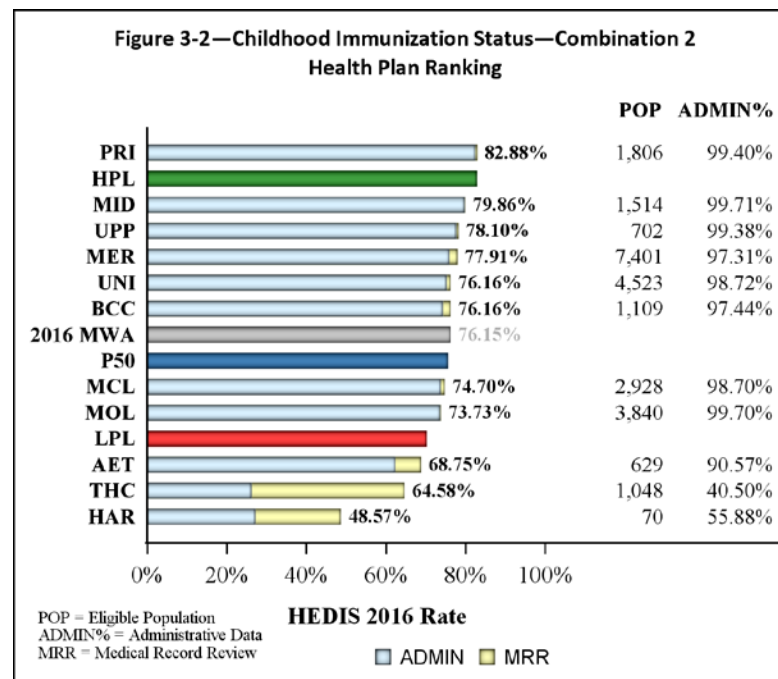
### Childhood Immunization Status—Combination 2

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.



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

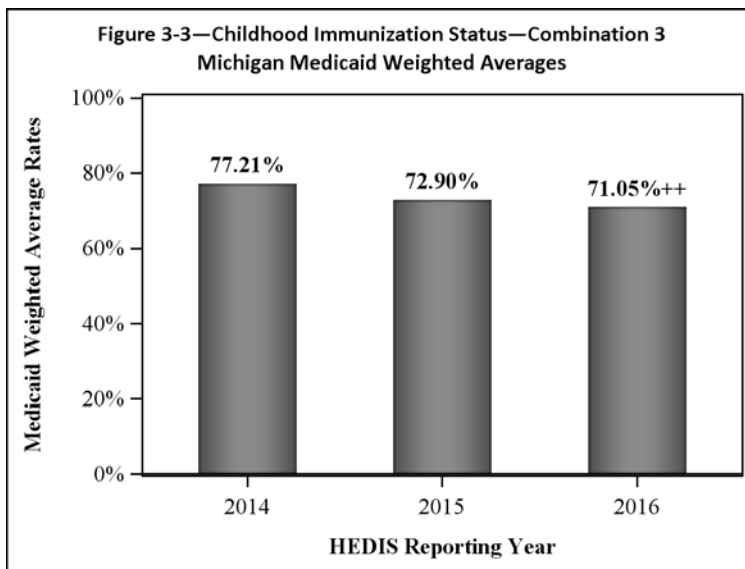
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 82.88 percent to 48.57 percent.

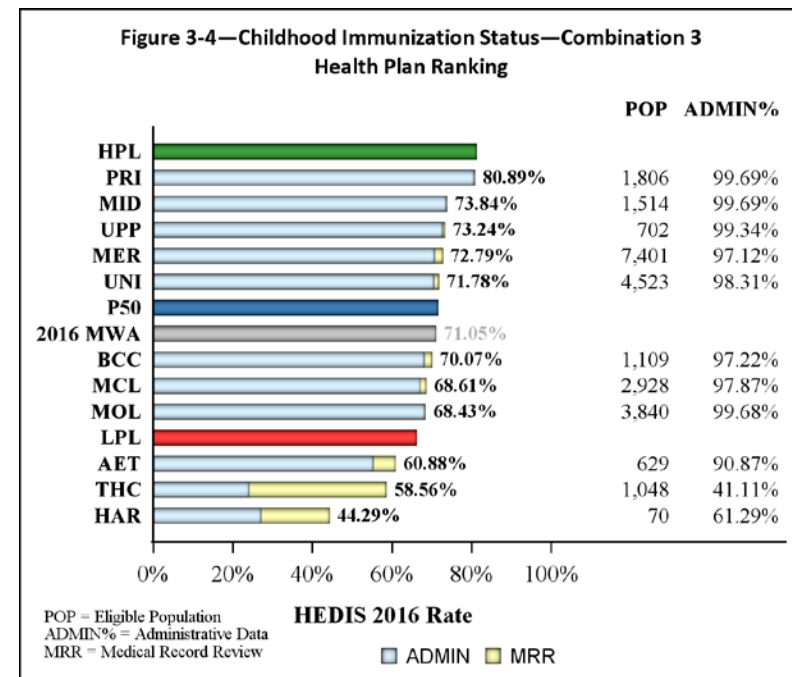
### Childhood Immunization Status—Combination 3

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



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

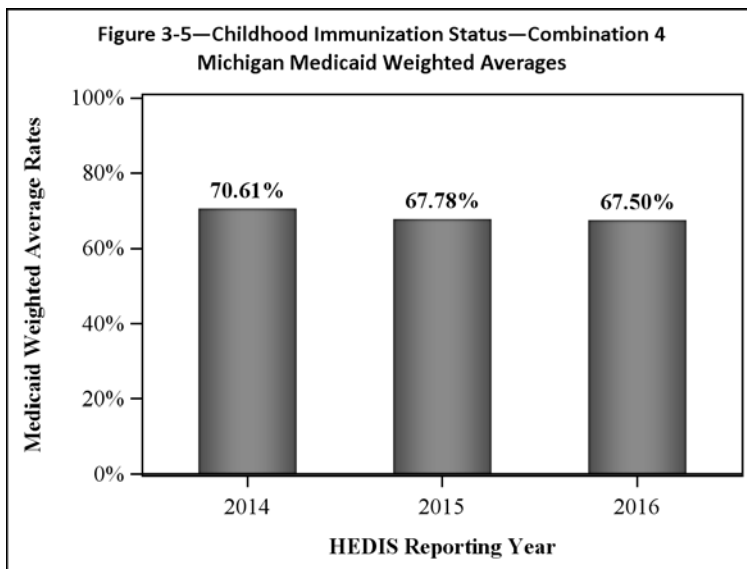
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



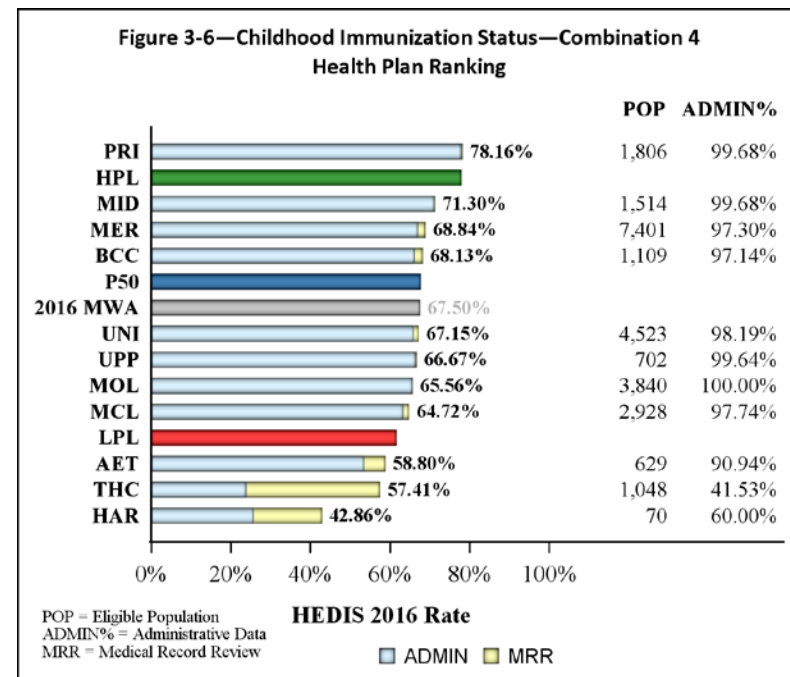
Five MHPs ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 80.89 percent to 44.29 percent.

### Childhood Immunization Status—Combination 4

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



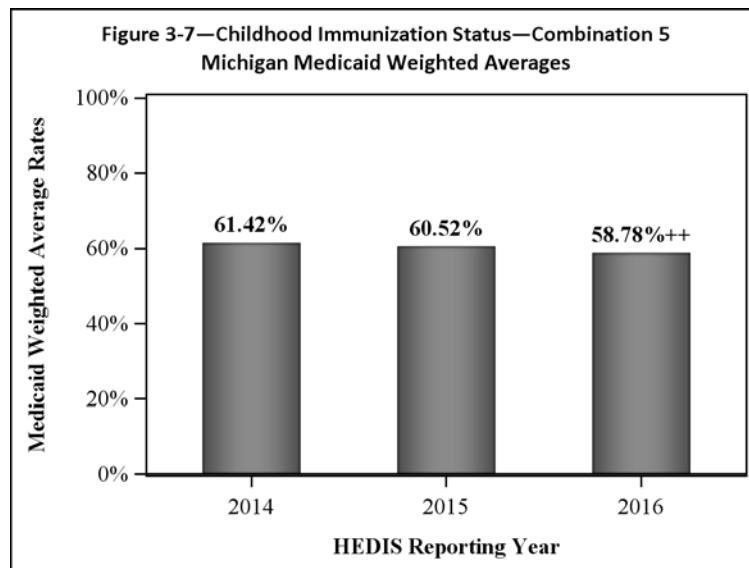
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 78.16 percent to 42.86 percent.

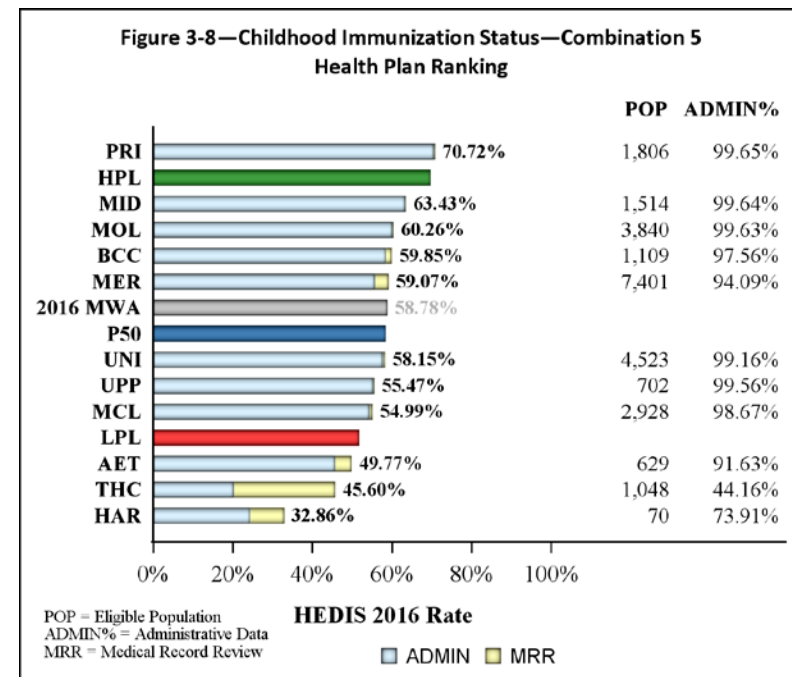
### Childhood Immunization Status—Combination 5

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



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

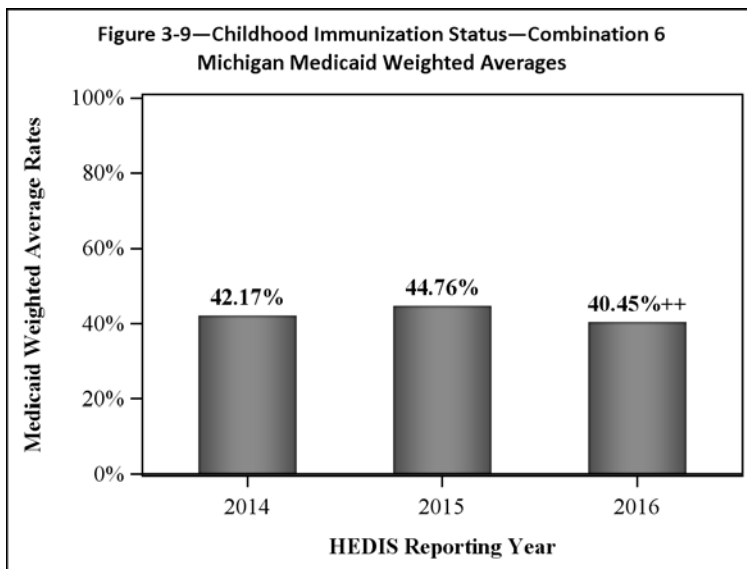
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 70.72 percent to 32.86 percent.

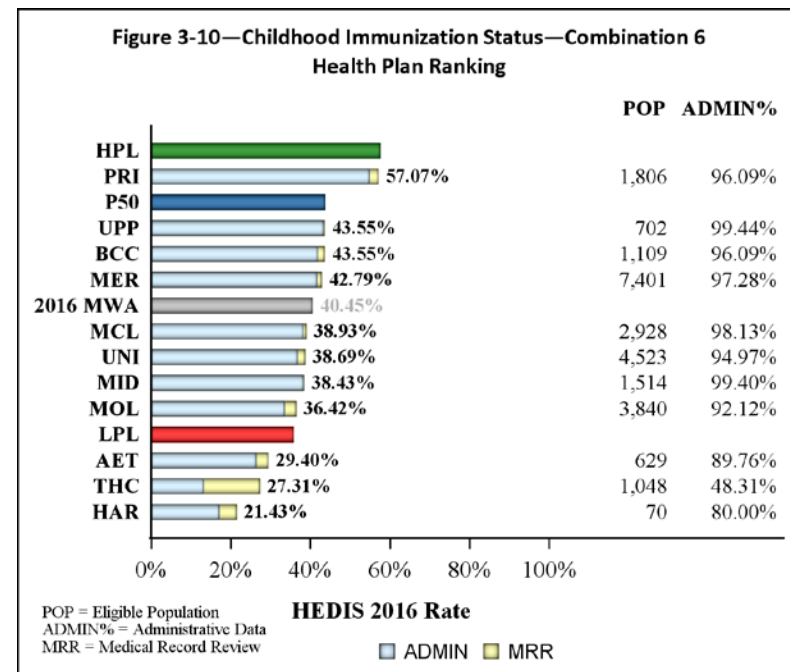
### Childhood Immunization Status—Combination 6

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.

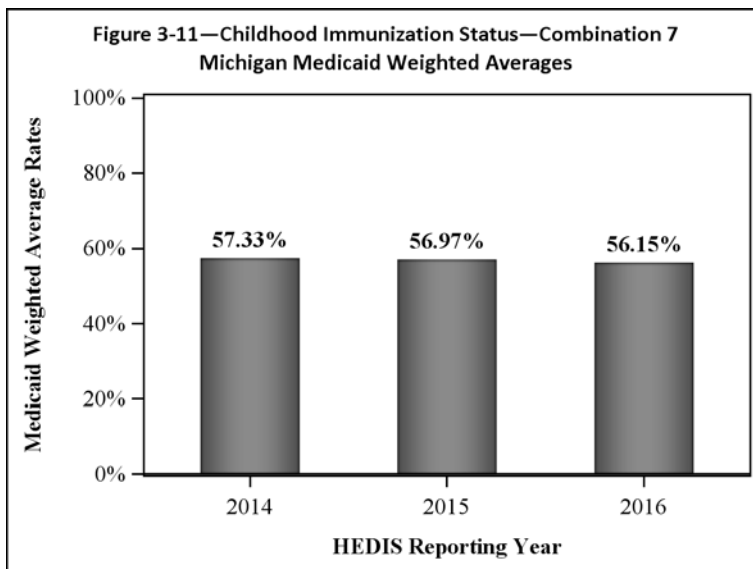


One MHP ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 57.07 percent to 21.43 percent.

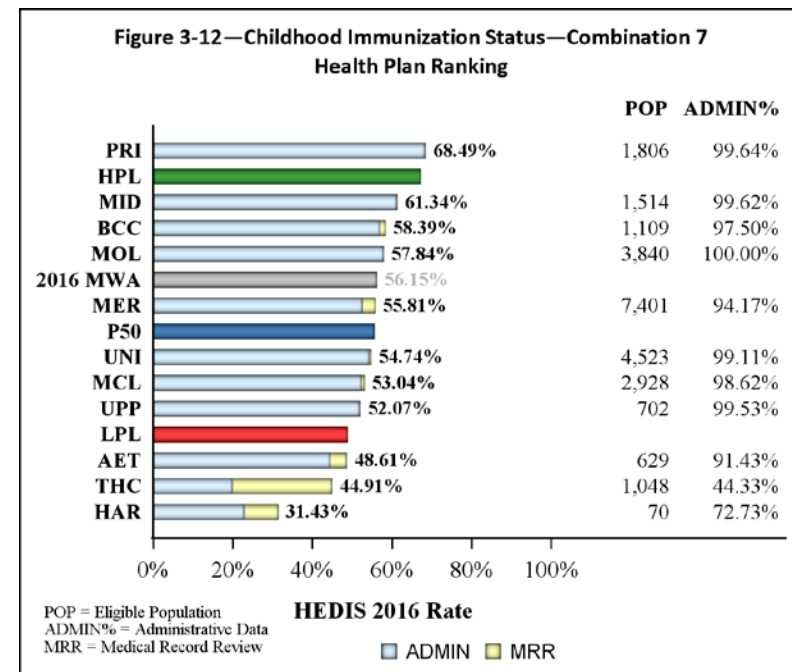


### Childhood Immunization Status—Combination 7

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



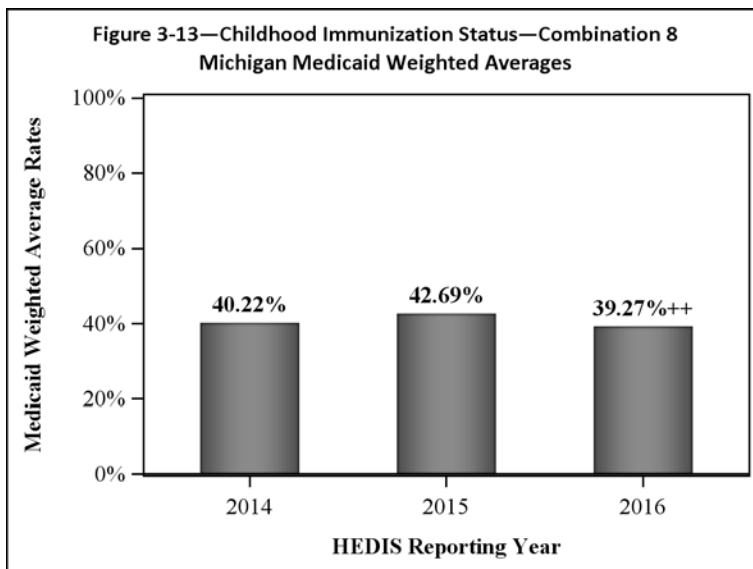
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 68.49 percent to 31.43 percent.

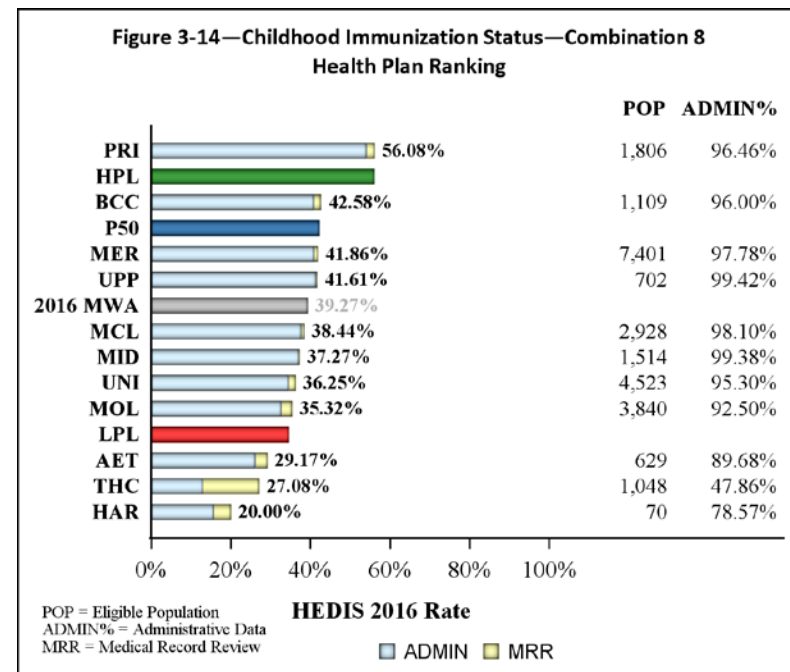
### Childhood Immunization Status—Combination 8

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



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

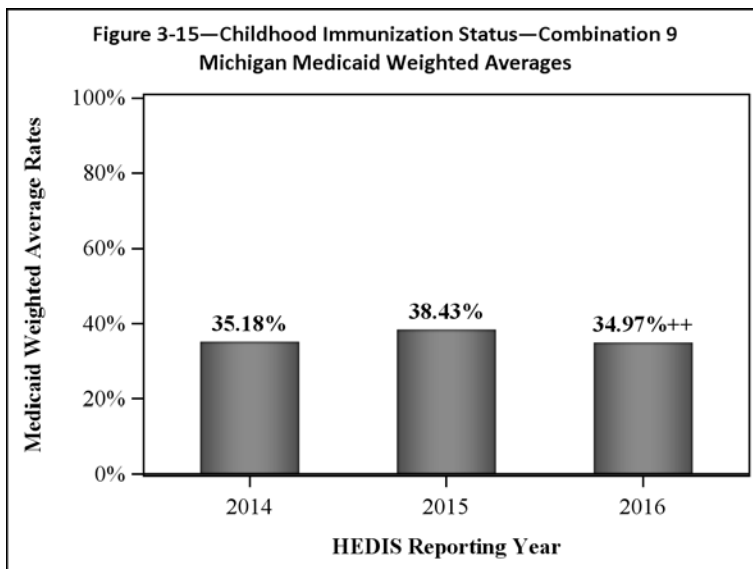
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 56.08 percent to 20.00 percent.

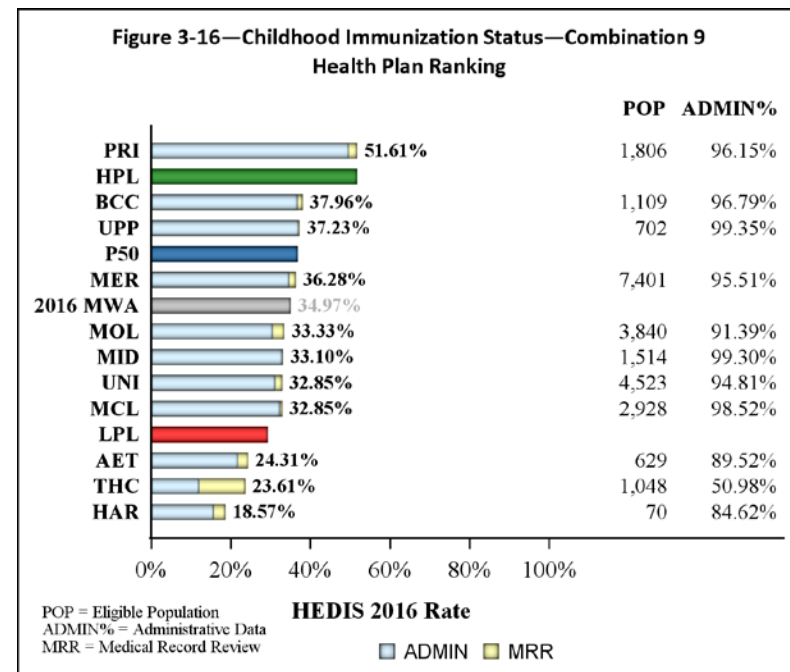
### Childhood Immunization Status—Combination 9

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



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

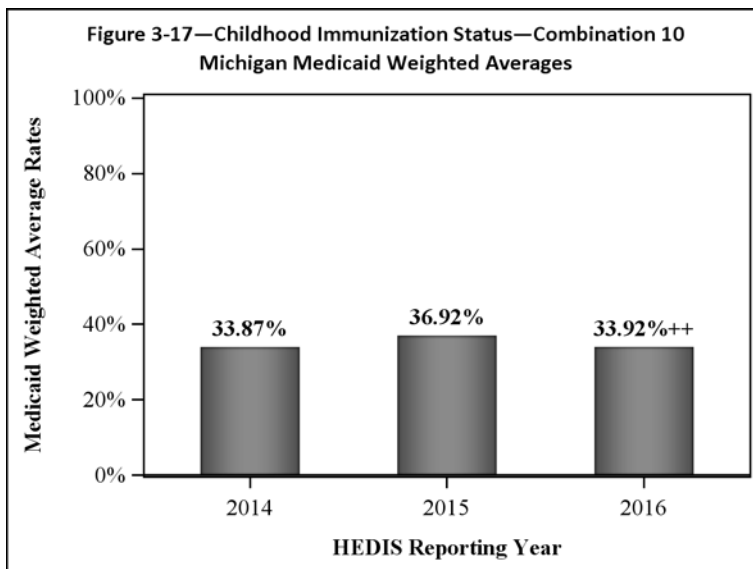
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 51.61 percent to 18.57 percent.

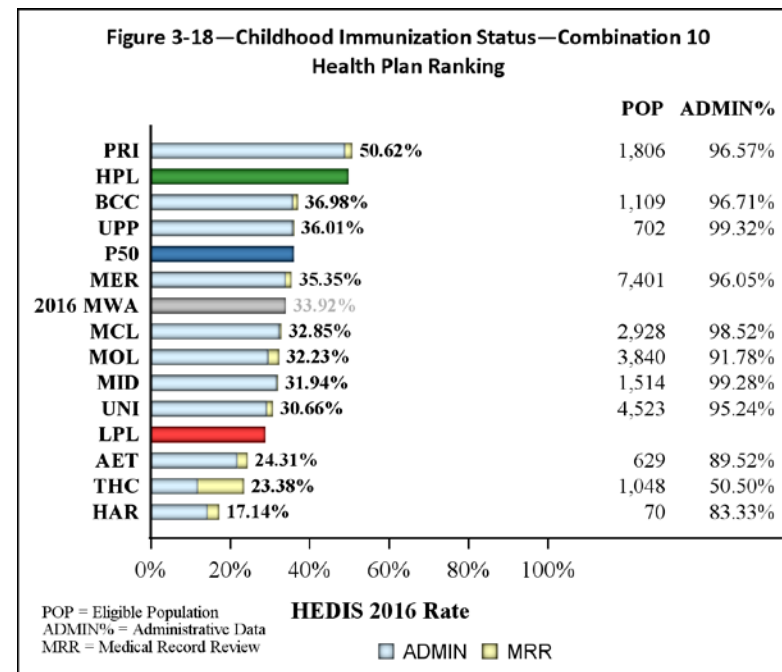
### Childhood Immunization Status—Combination 10

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



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

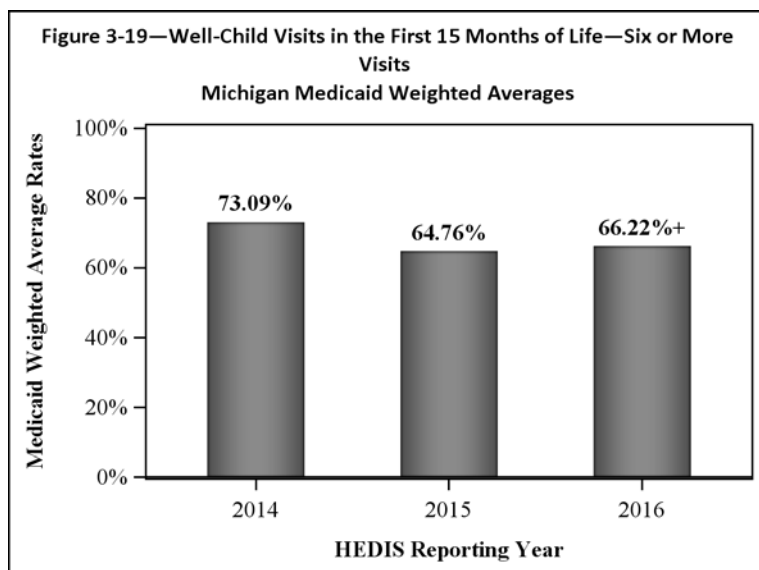
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 50.62 percent to 17.14 percent.

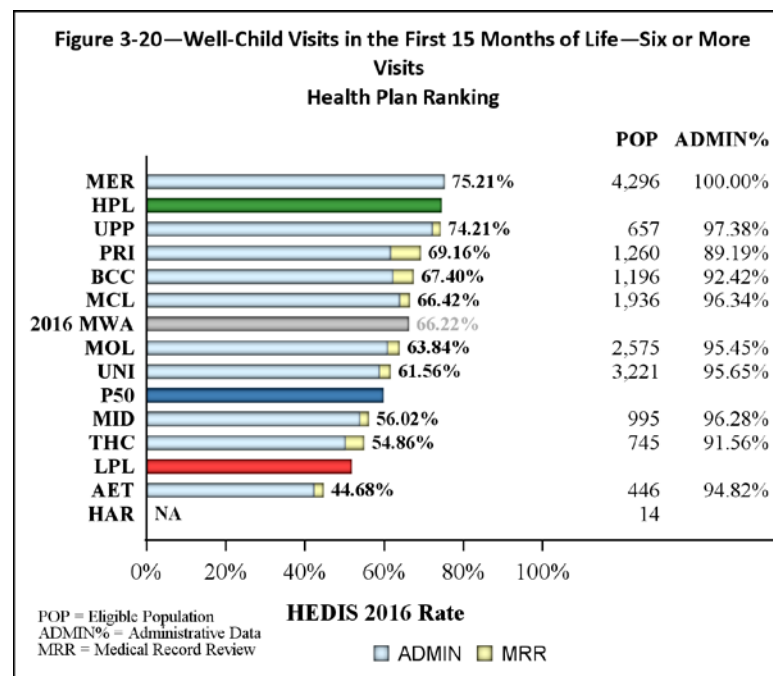
### Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.

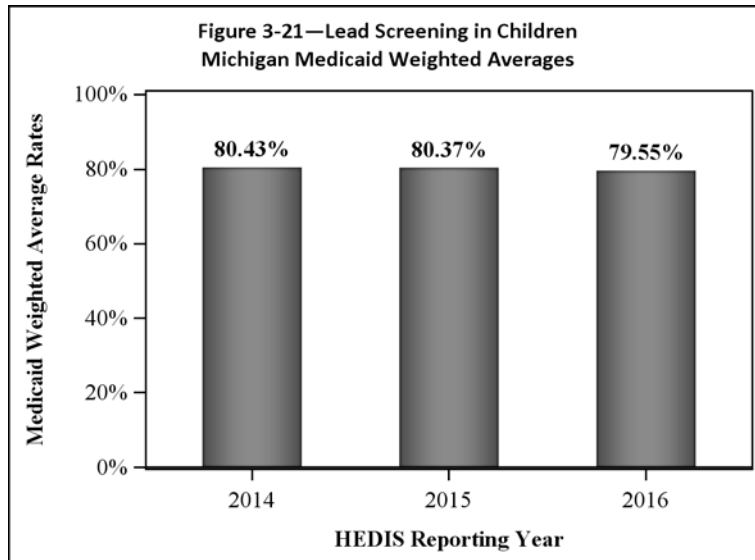


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

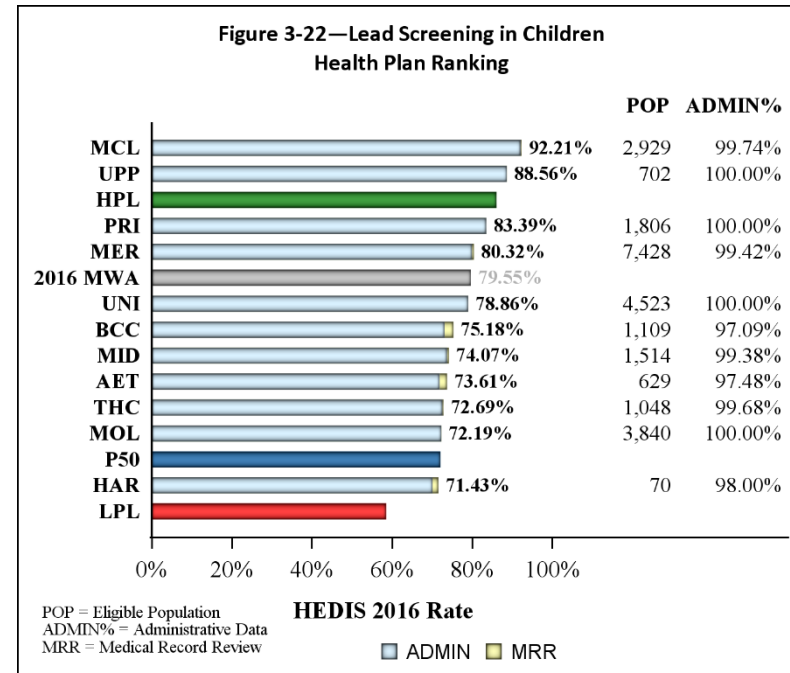
One MHP ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 75.21 percent to 44.68 percent.

### Lead Screening in Children

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



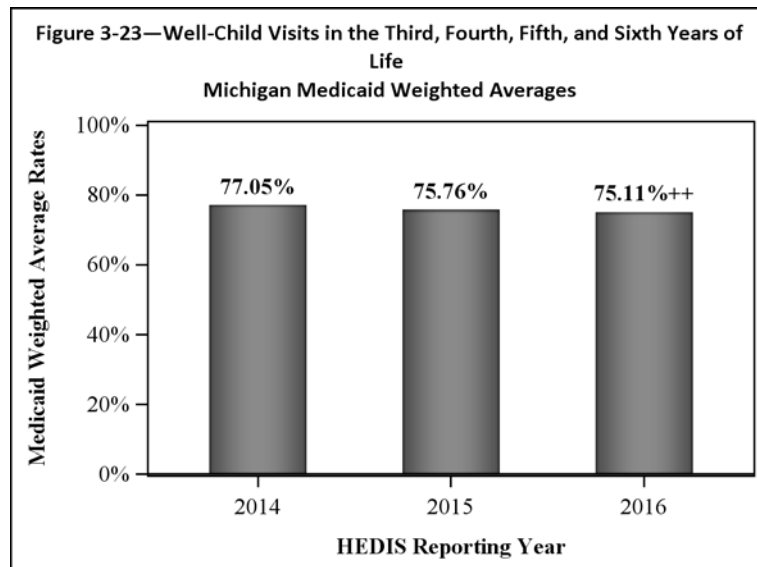
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 92.21 percent to 71.43 percent.

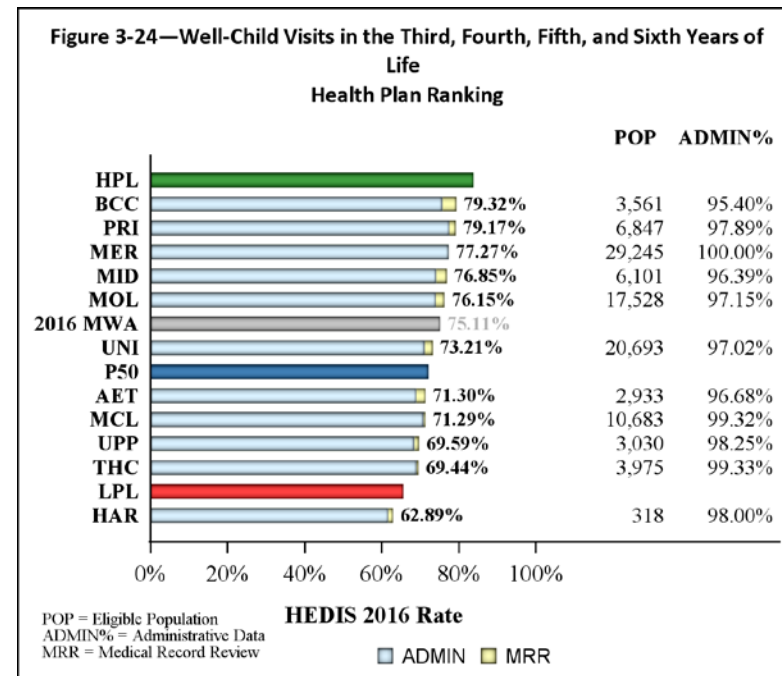
### Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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



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

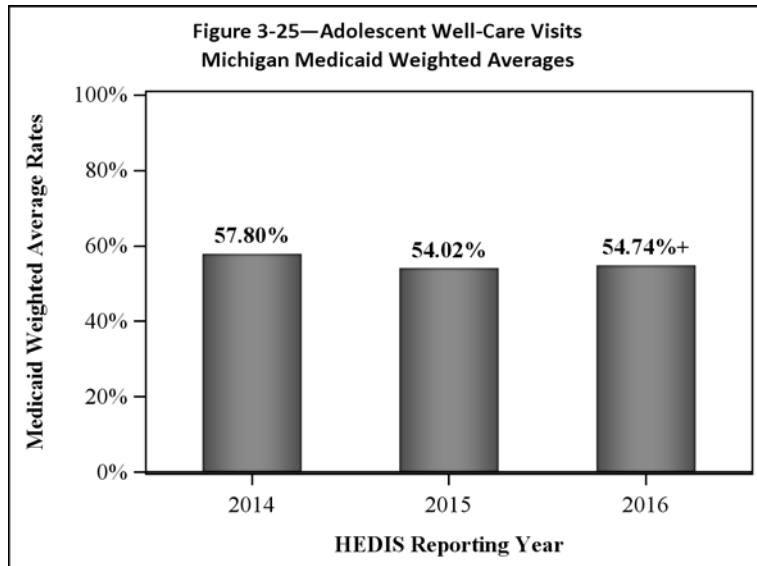
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Six MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 79.32 percent to 62.89 percent.

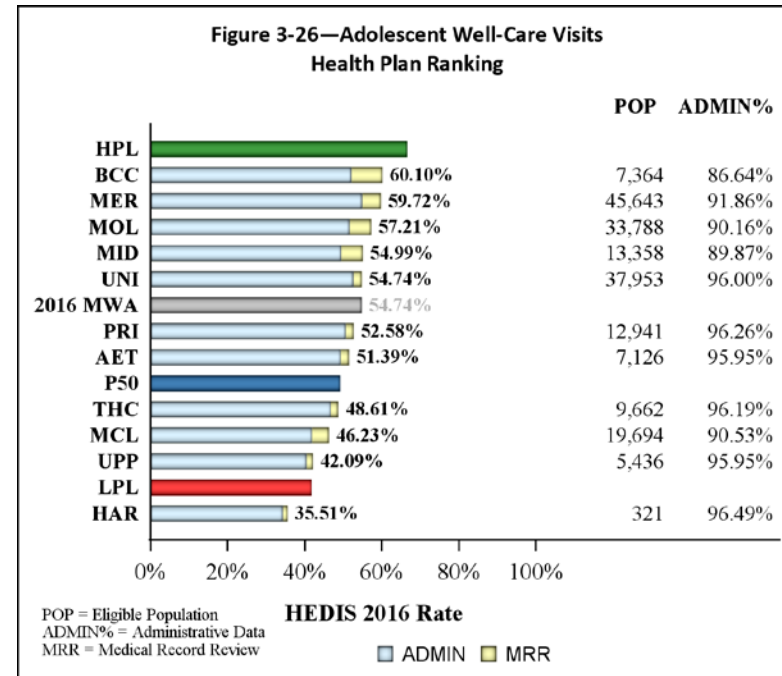
### Adolescent Well-Care Visits

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.

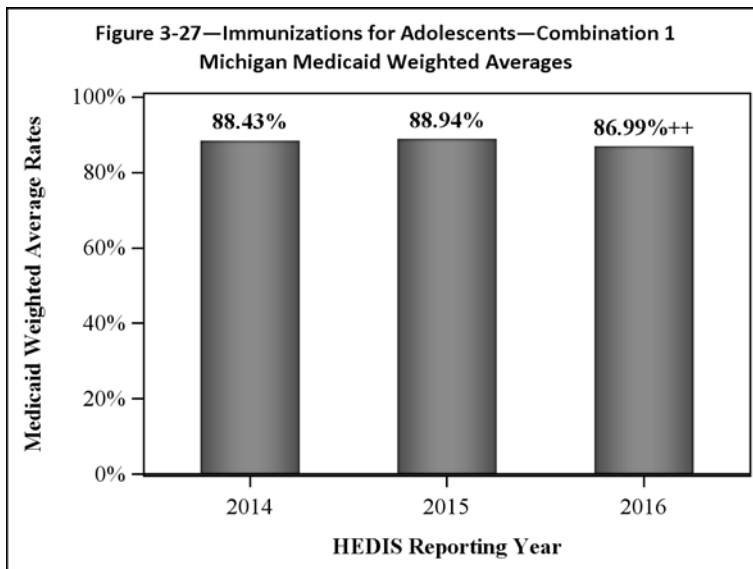


Seven MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 60.10 percent to 35.51 percent.



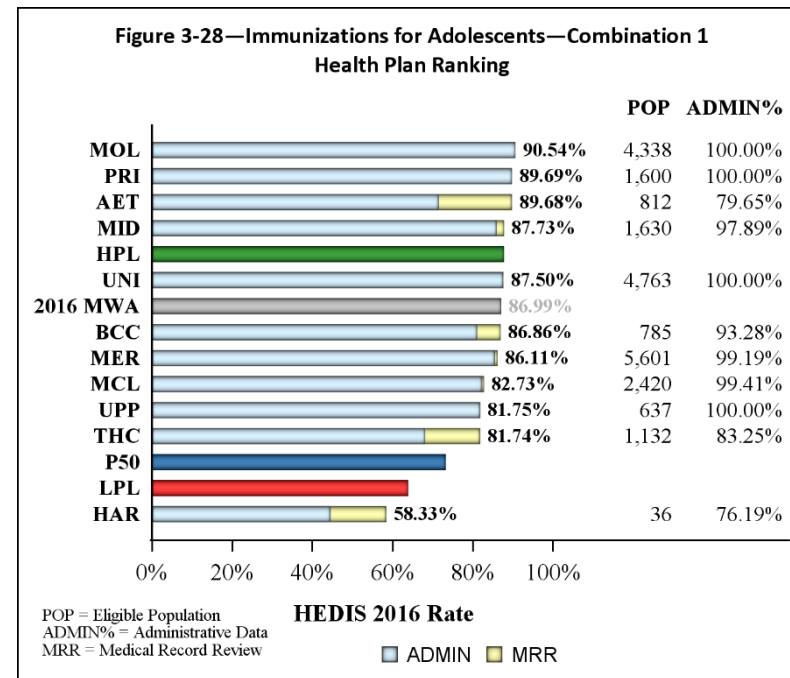
### Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap/Td)

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



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

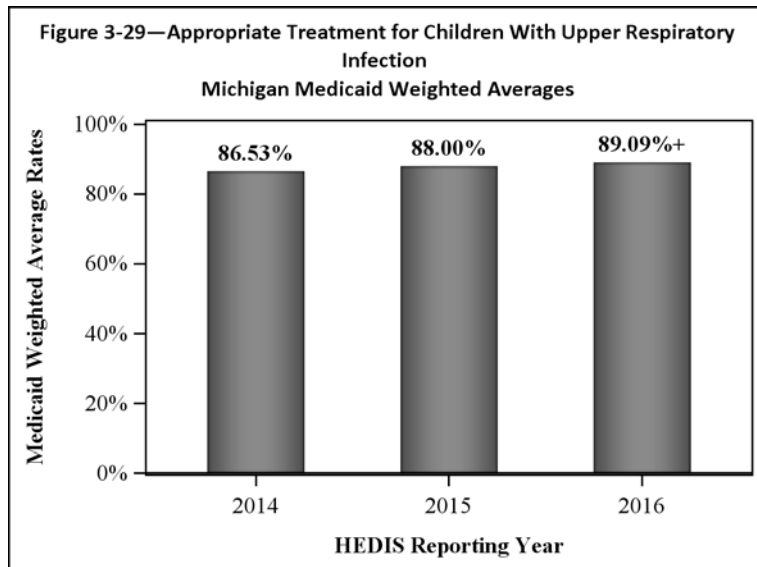
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Four MHPs ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 90.54 percent to 58.33 percent.

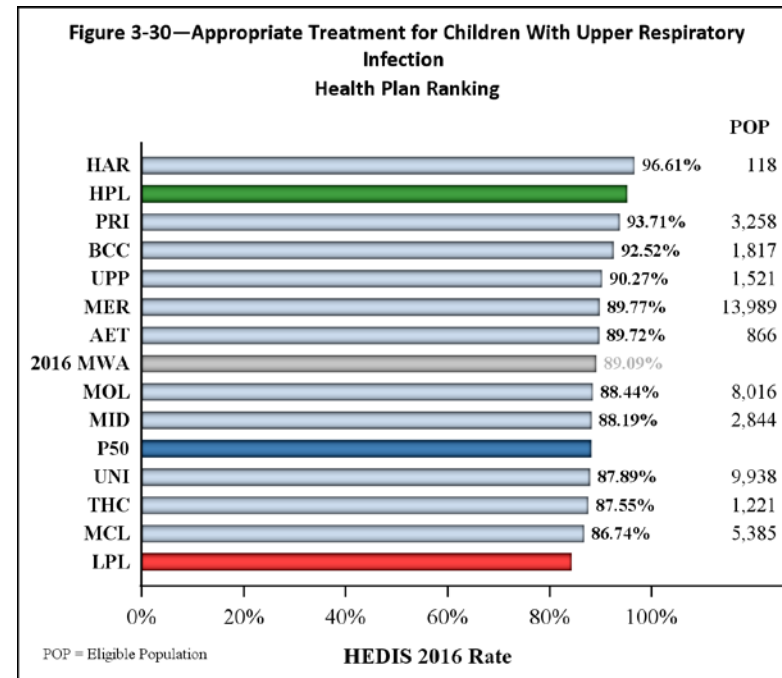
### Appropriate Treatment for Children With Upper Respiratory Infection

Appropriate Treatment for Children With Upper Respiratory Infection assesses the percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.



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

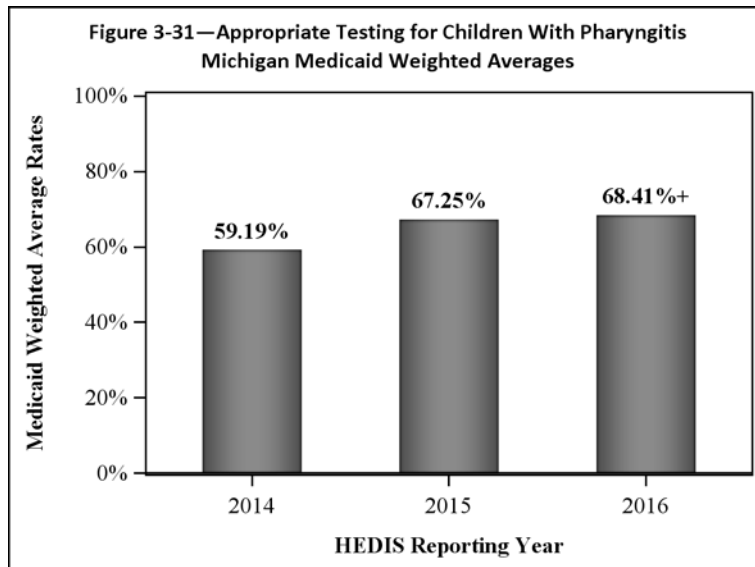
The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.



One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 96.61 percent to 86.74 percent.

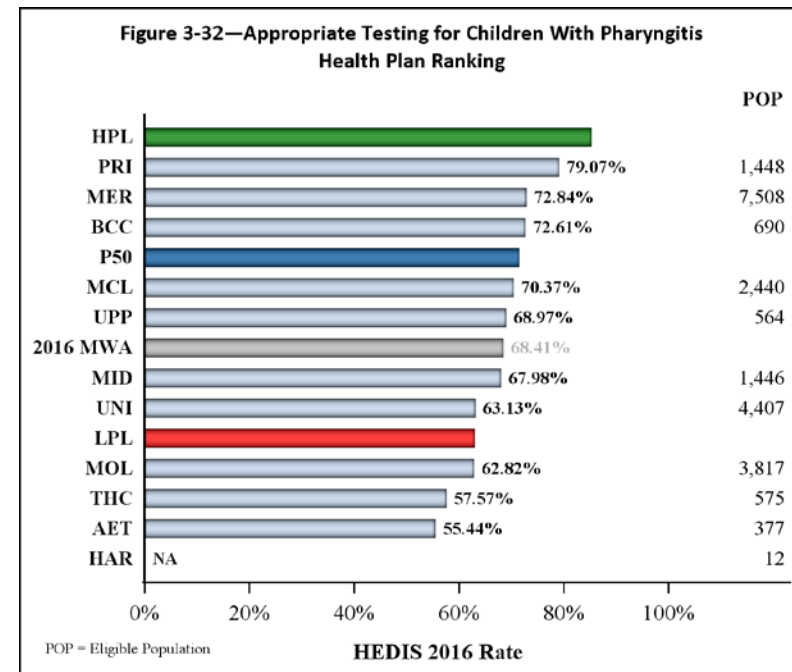
### Appropriate Testing for Children With Pharyngitis

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.

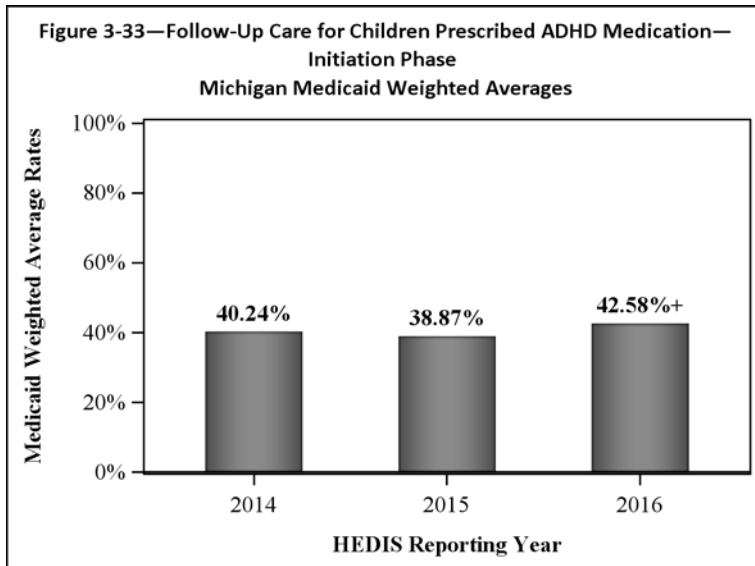


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 79.07 percent to 55.44 percent.

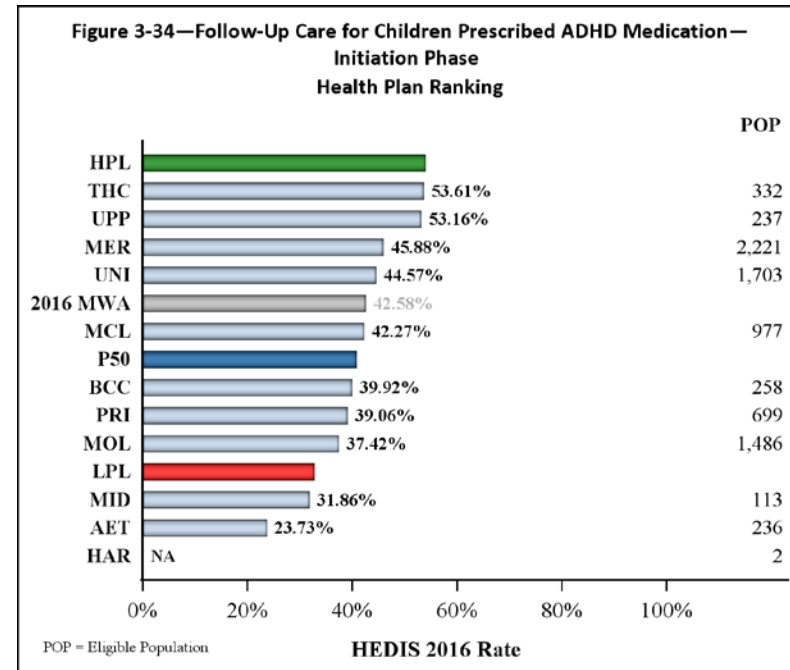
### Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.

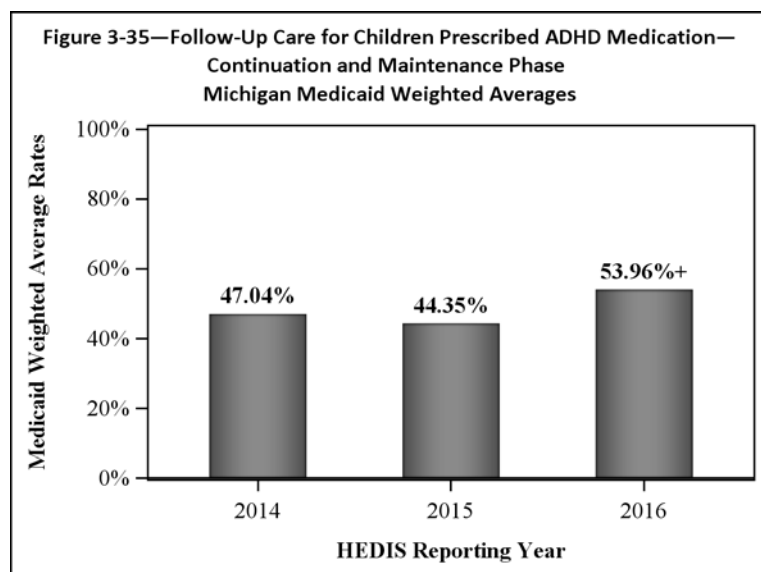


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Two MHPs fell below the LPL. MHP performance varied from 53.61 percent to 23.73 percent.

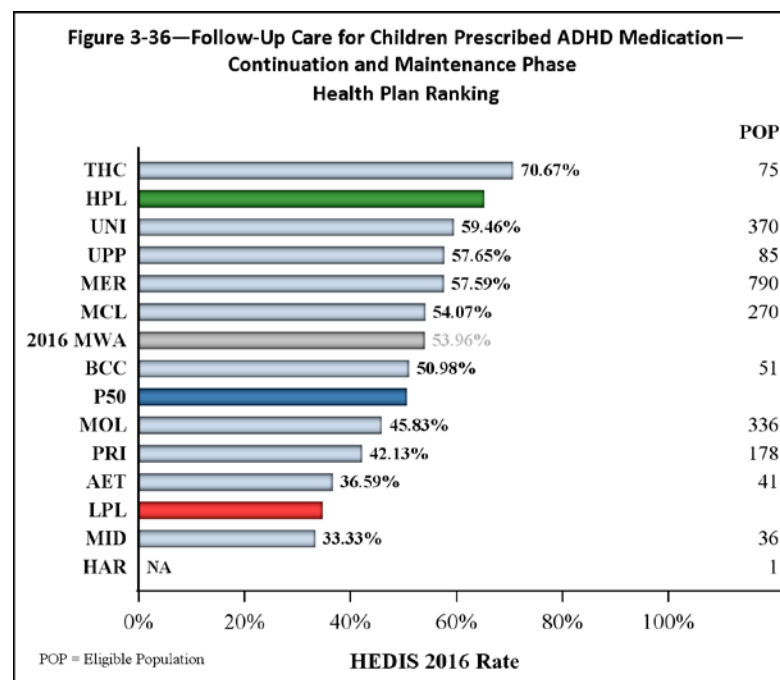
### Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.



NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One MHP ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 70.67 percent to 33.33 percent.

## 4. Women—Adult Care

### Introduction

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

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

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

### Summary of Findings

Table 4-1 presents the Michigan MWA performance for the measure indicators under the Women—Adult Care measure domain. The table lists the HEDIS 2016 MWA rates and performance levels, a comparison of the HEDIS 2015 MWA to the HEDIS 2016 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2015 to HEDIS 2016.

**Table 4-1—HEDIS 2016 MWA Performance Levels and Trend Results for Women—Adult Care**

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA—HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b><i>Breast Cancer Screening</i></b>				
<i>Breast Cancer Screening</i>	59.58% <sup>y</sup>	-0.06	1	3
<b><i>Cervical Cancer Screening</i></b>				
<i>Cervical Cancer Screening</i>	63.79% <sup>y</sup>	-4.67 <sup>++</sup>	1	3

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA—HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b>Chlamydia Screening in Women</b>				
Ages 16 to 20 Years	60.75% <sup>B</sup>	+1.67 <sup>+</sup>	2	0
Ages 21 to 24 Years	67.85% <sup>B</sup>	+0.28	2	2
Total	63.86% <sup>B</sup>	+1.65 <sup>+</sup>	4	1

<sup>1</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks. 2016 performance levels represent the following percentile comparisons:

≤25th <sup>L,R</sup>	≥25th and ≤49th <sup>P</sup>	≥50th and ≤74th <sup>V</sup>	≥75th and ≤89th <sup>B</sup>	≥90th <sup>G</sup>
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<sup>2</sup> HEDIS 2015 MWA to HEDIS 2016 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

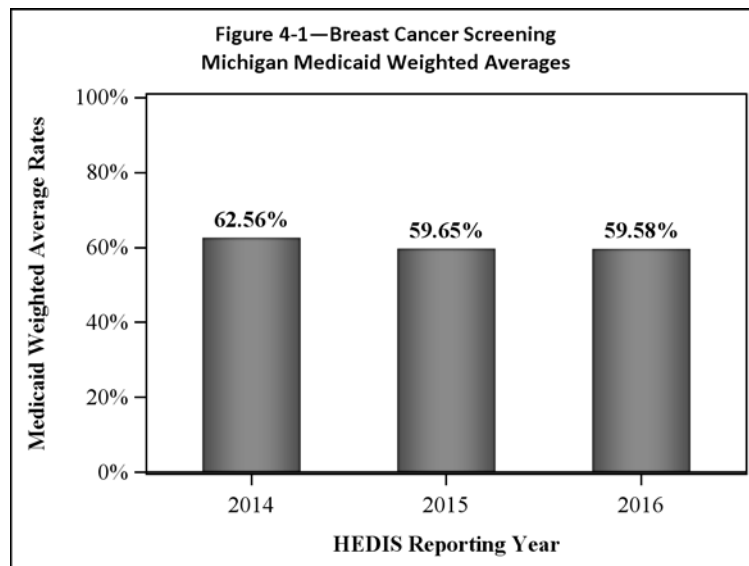
**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

Table 4-1 shows that all three of the HEDIS 2016 MWA *Chlamydia Screening in Women* measure indicator rates increased from the prior year and ranked at or above the national Medicaid 75th percentiles. Two of these rate increases were statistically significant. One MWA measure indicator rate showed a statistically significant decline in performance, *Cervical Cancer Screening*.

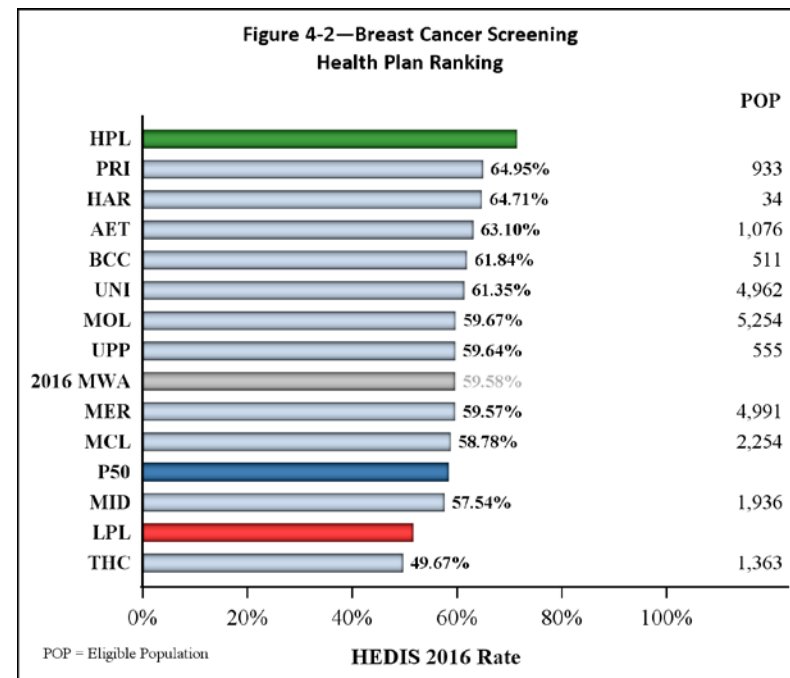
## Measure-Specific Findings

### 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.



The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



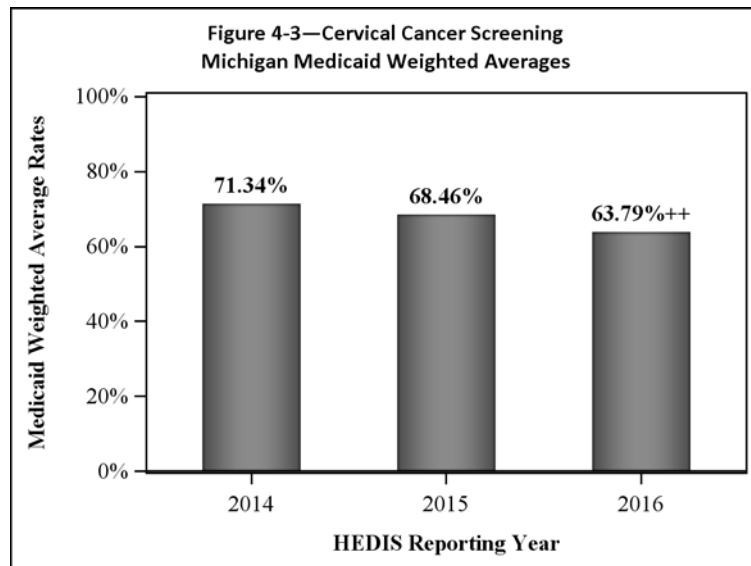
Nine MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 64.95 percent to 49.67 percent.



### Cervical Cancer Screening

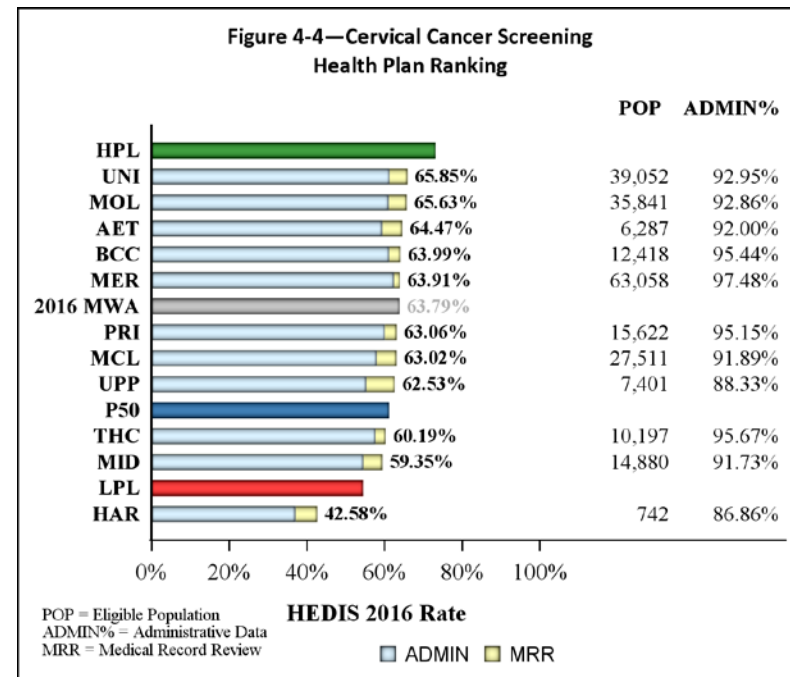
Cervical Cancer Screening assesses the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

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



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

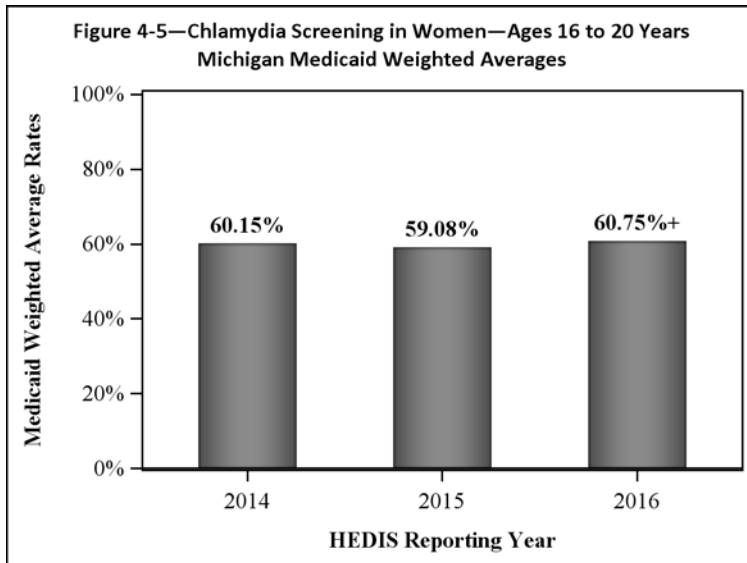
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Eight MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 65.85 percent to 42.58 percent.

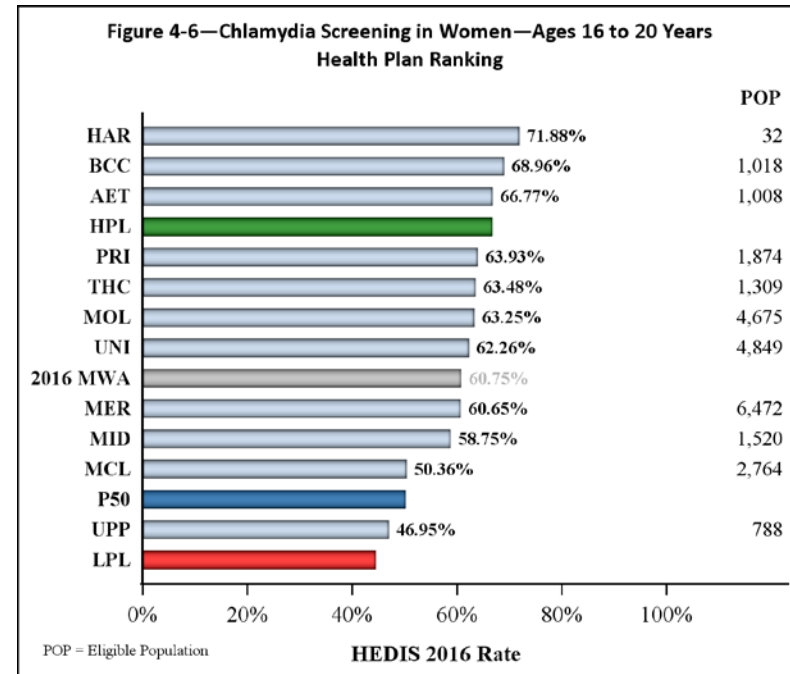
### Chlamydia Screening in Women—Ages 16–20 Years

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



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

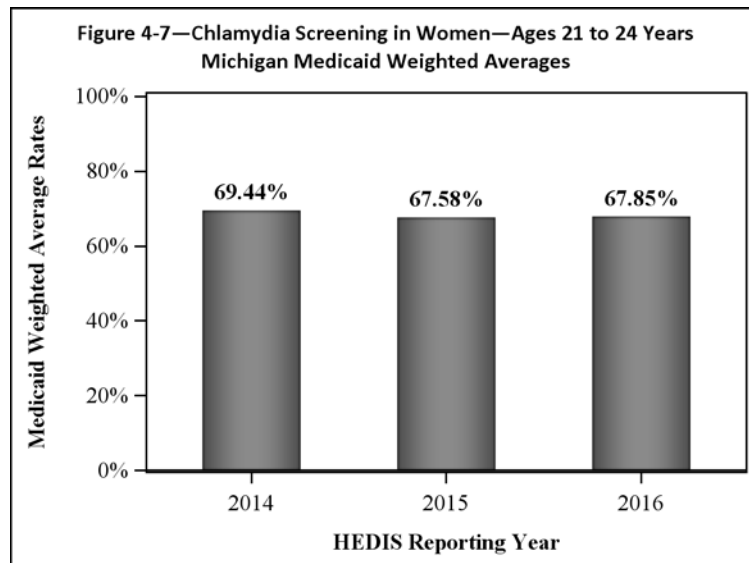
The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.



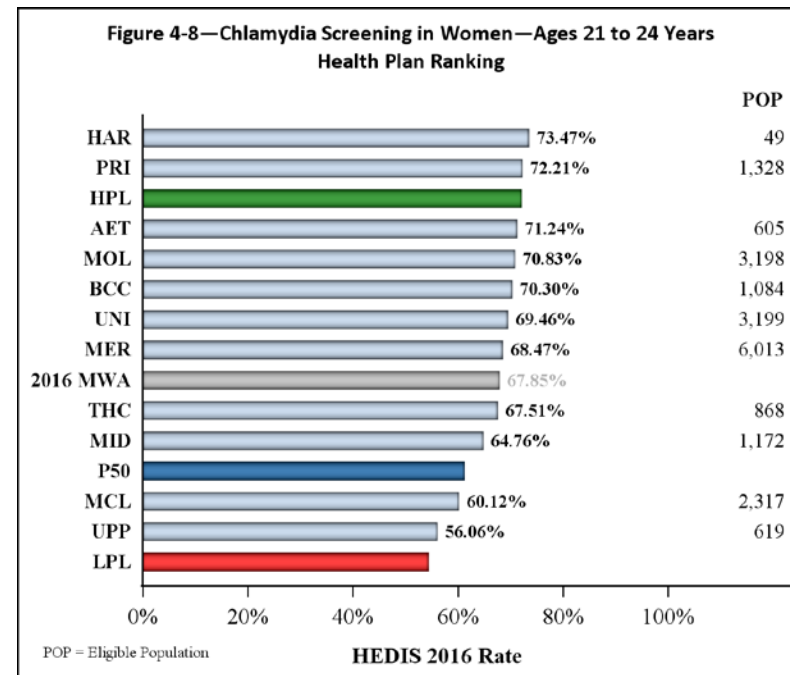
Three MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 71.88 percent to 46.95 percent.

### Chlamydia Screening in Women—21–24 Years

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



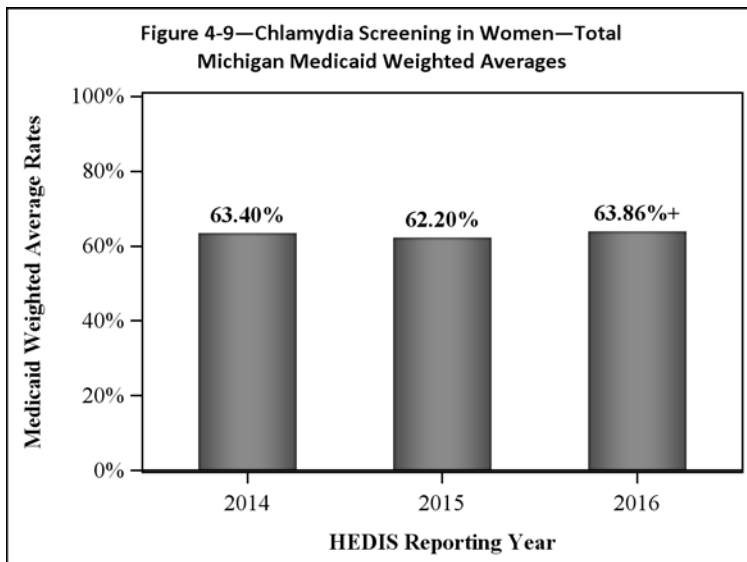
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 73.47 percent to 56.06 percent.

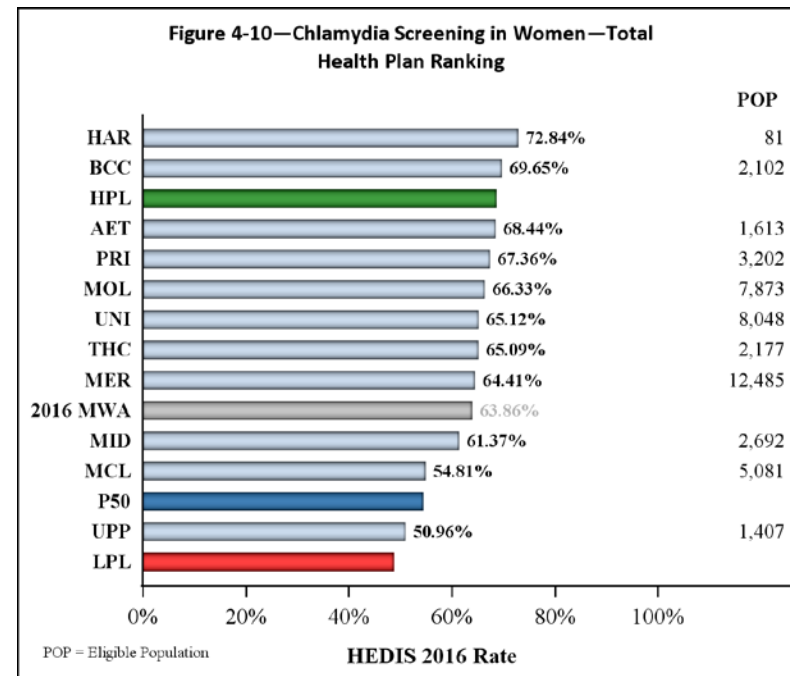
### Chlamydia Screening in Women—Total

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.



Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 72.84 percent to 50.96 percent.

### Introduction

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

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

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

### Summary of Findings

Table 5-1 presents the Michigan MWA performance for the measure indicators under the Access to Care measure domain. The table lists the HEDIS 2016 MWA rates and performance levels, a comparison of the HEDIS 2015 MWA to the HEDIS 2016 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2015 to HEDIS 2016.

**Table 5-1—HEDIS 2016 MWA Performance Levels and Trend Results for Access to Care**

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA–HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b><i>Children and Adolescents’ Access to Primary Care Practitioners</i></b>				
<i>Ages 12 to 24 Months</i>	96.20% <sup>P</sup>	-0.12	0	1
<i>Ages 25 Months to 6 Years</i>	88.79% <sup>Y</sup>	+0.06	2	3
<i>Ages 7 to 11 Years</i>	90.85% <sup>P</sup>	-0.29	1	2
<i>Ages 12 to 19 Years</i>	89.86% <sup>P</sup>	<b>-0.35<sup>++</sup></b>	1	4

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA– HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b>Adults' Access to Preventive/Ambulatory Health Services</b>				
Ages 20 to 44 Years	82.76% <sup>Y</sup>	-0.65 <sup>++</sup>	1	4
Ages 45 to 64 Years	89.81% <sup>Y</sup>	-0.96 <sup>++</sup>	0	4
Ages 65+ Years	91.15% <sup>B</sup>	+2.55 <sup>+</sup>	1	0
Total	85.62% <sup>Y</sup>	-0.49 <sup>++</sup>	1	4
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	26.94% <sup>Y</sup>	—	—	—

<sup>1</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks. 2016 performance levels represent the following percentile comparisons:

≤25th <sup>LR</sup>	≥25th and ≤49th <sup>P</sup>	≥50th and ≤74th <sup>Y</sup>	≥75th and ≤89th <sup>B</sup>	≥90th <sup>G</sup>
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<sup>2</sup> HEDIS 2015 MWA to HEDIS 2016 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

— indicates that the measure was not presented in the HEDIS 2015 deliverables; therefore, the 2015–2016 MWA comparison values and the number of MHPs with statistically significant improvement or decline in HEDIS 2016 are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

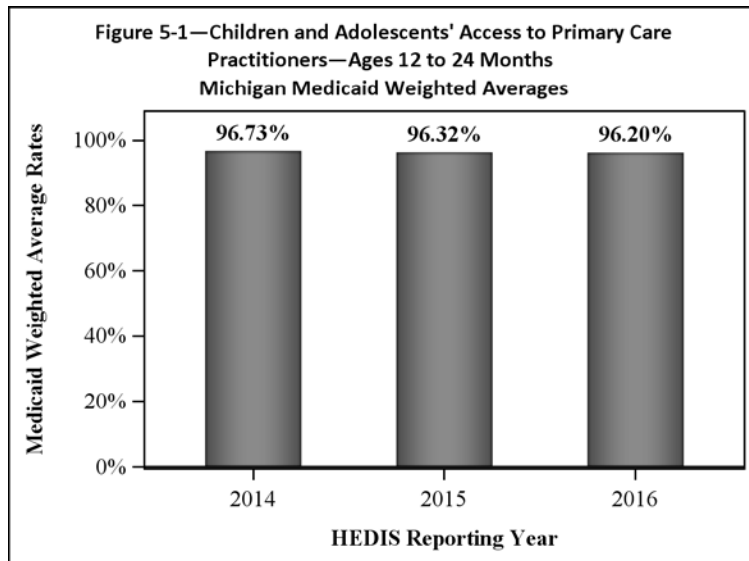
Table 5-1 shows that three of the four HEDIS 2016 MWA *Children and Adolescents' Access to Primary Care Practitioners* measure indicator rates declined from the prior year and ranked below the national Medicaid 50th percentile. One of these measure indicator rate declines was statistically significant, *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years*.

For *Adults' Access to Preventive/Ambulatory Health Services*, three of the four MWA measure indicator rates statistically significantly declined from the prior year and ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. The remaining indicator, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*, statistically significantly increased from the prior year and ranked at or above the national Medicaid 75th percentile.

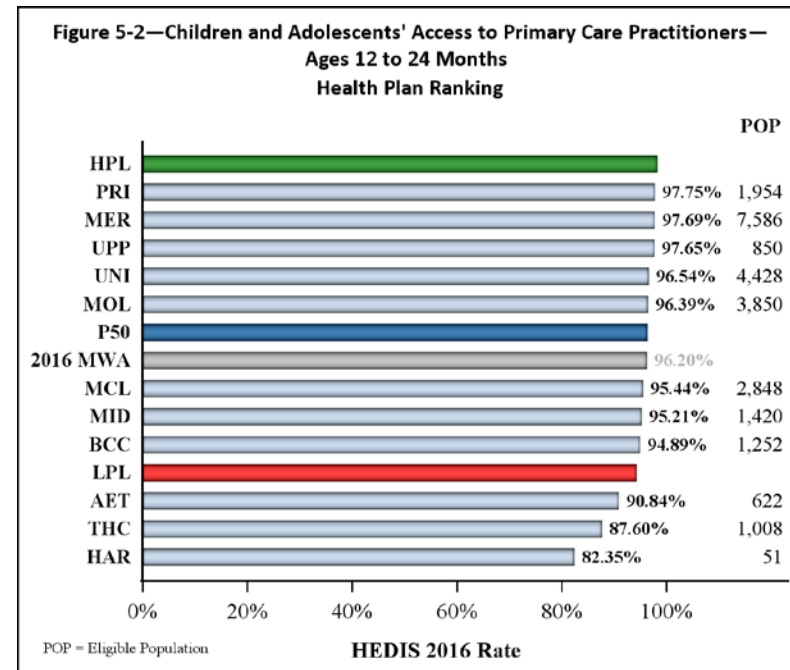
## Measure-Specific Findings

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

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



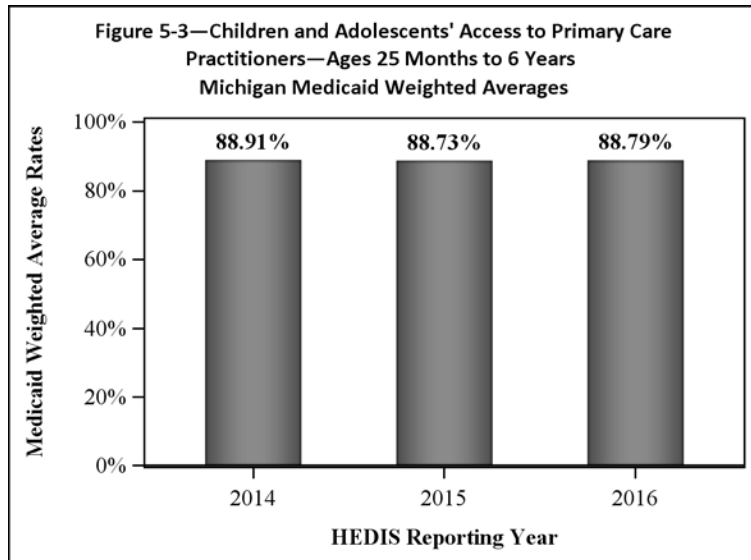
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



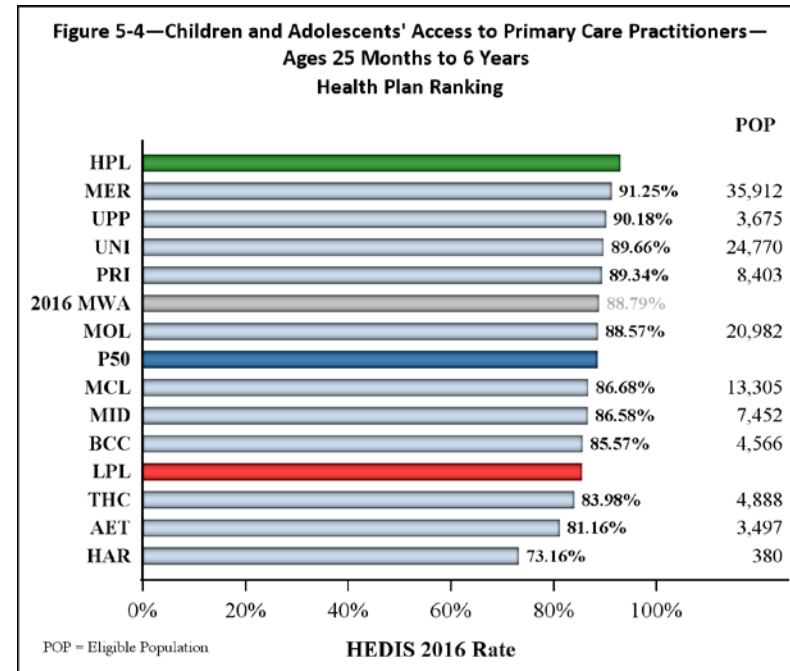
Five MHPs ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 97.75 percent to 82.35 percent.

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

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



The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.

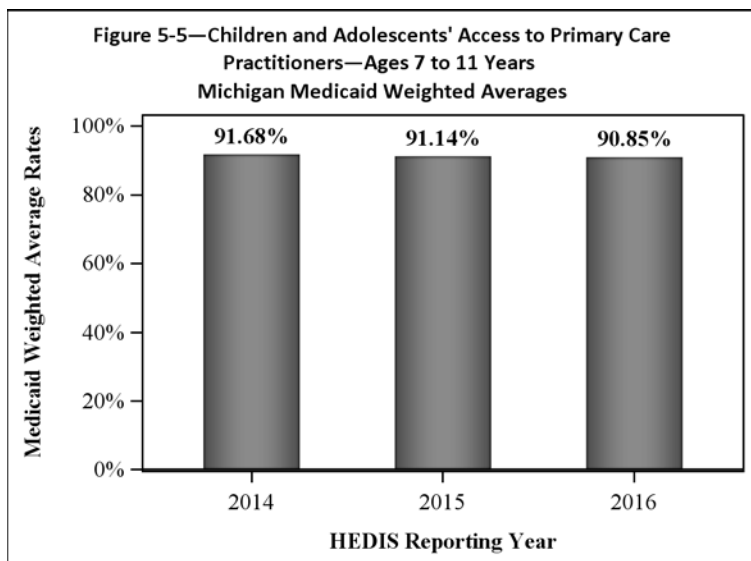


Five MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 91.25 percent to 73.16 percent.

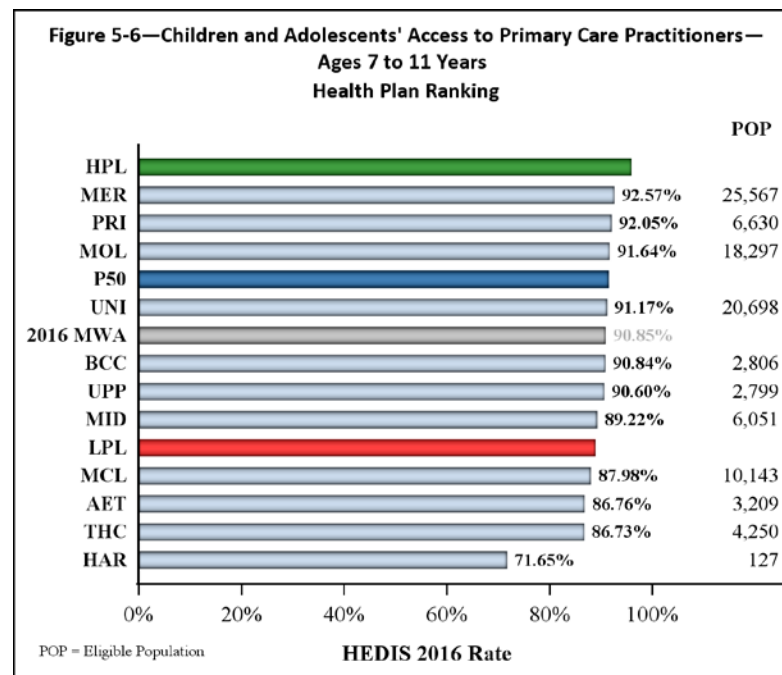


### Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years

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



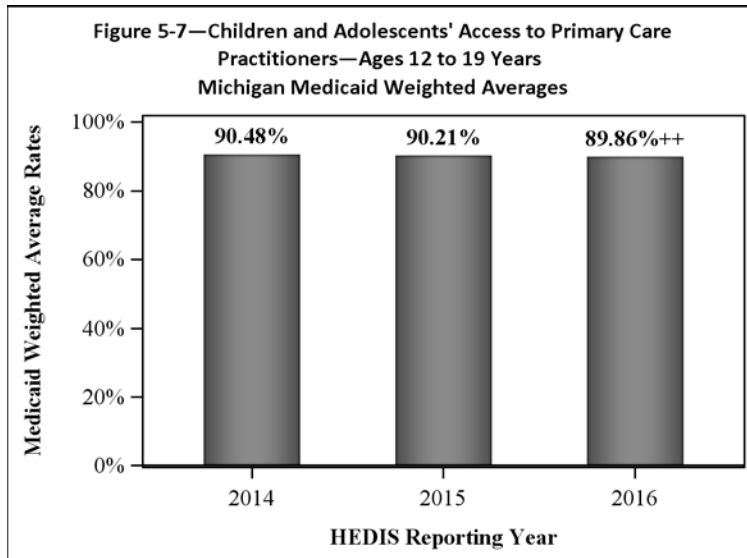
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. Four MHPs fell below the LPL. MHP performance varied from 92.57 percent to 71.65 percent.

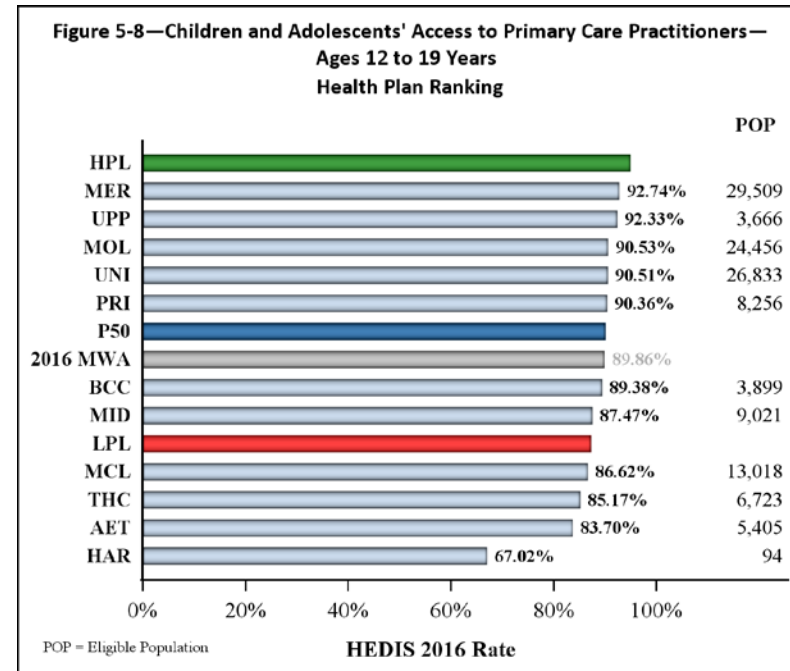
### Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years

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



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

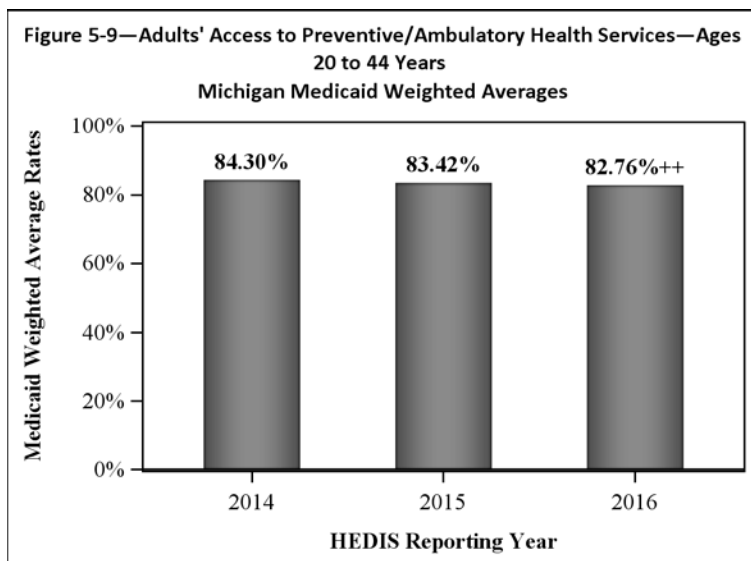
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Five MHPs ranked above the national Medicaid 50th percentile but below the HPL. Four MHPs fell below the LPL. MHP performance varied from 92.74 percent to 67.02 percent.

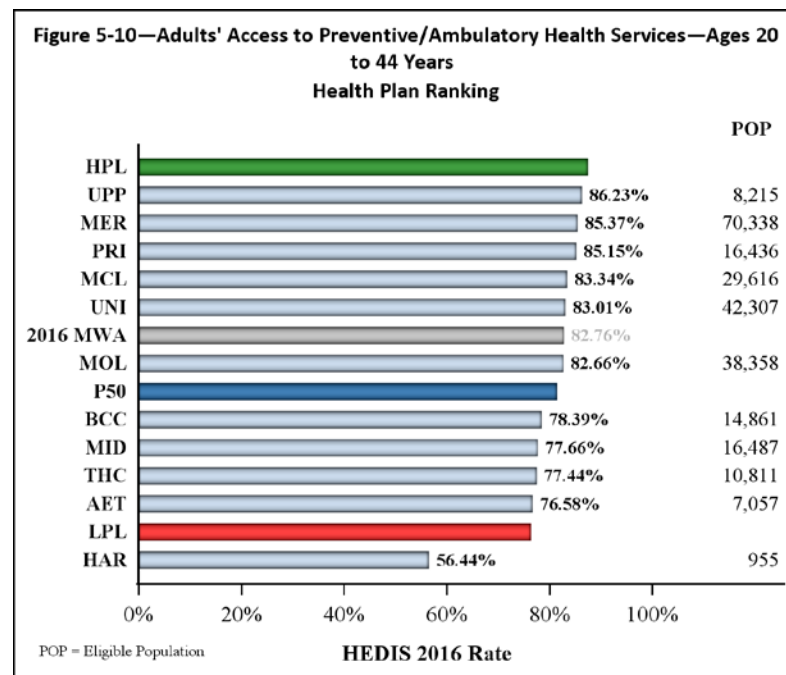
## Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

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



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

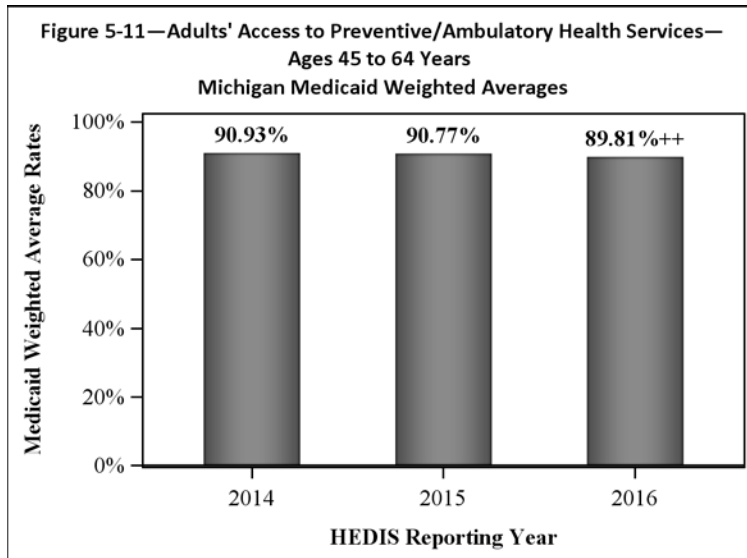
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Six MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 86.23 percent to 56.44 percent.

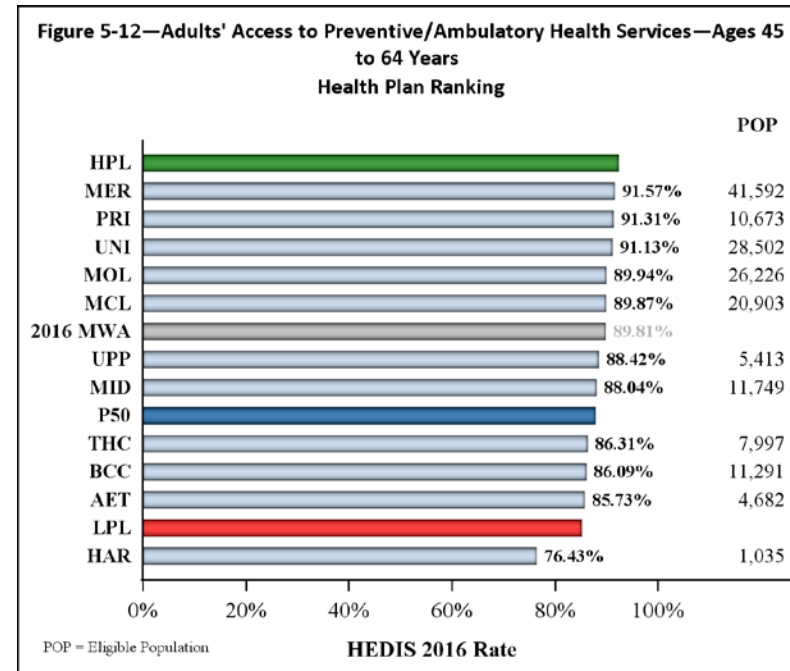
### Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years

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



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

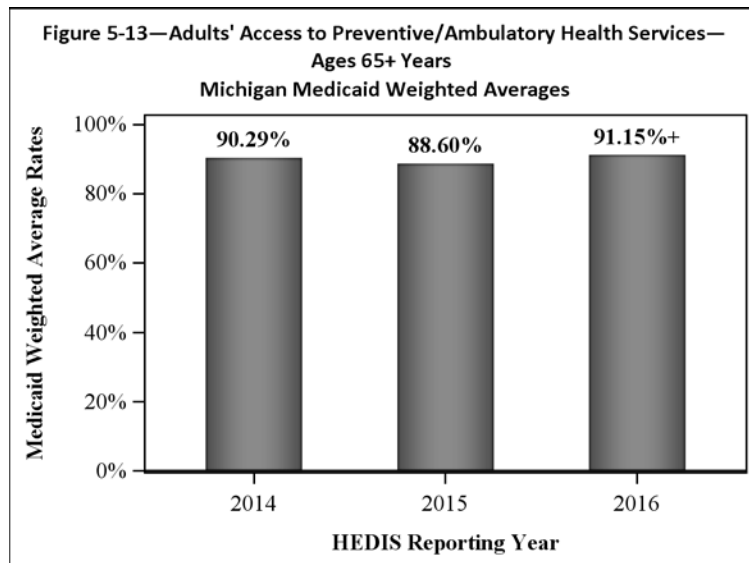
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Seven MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 91.57 percent to 76.43 percent.

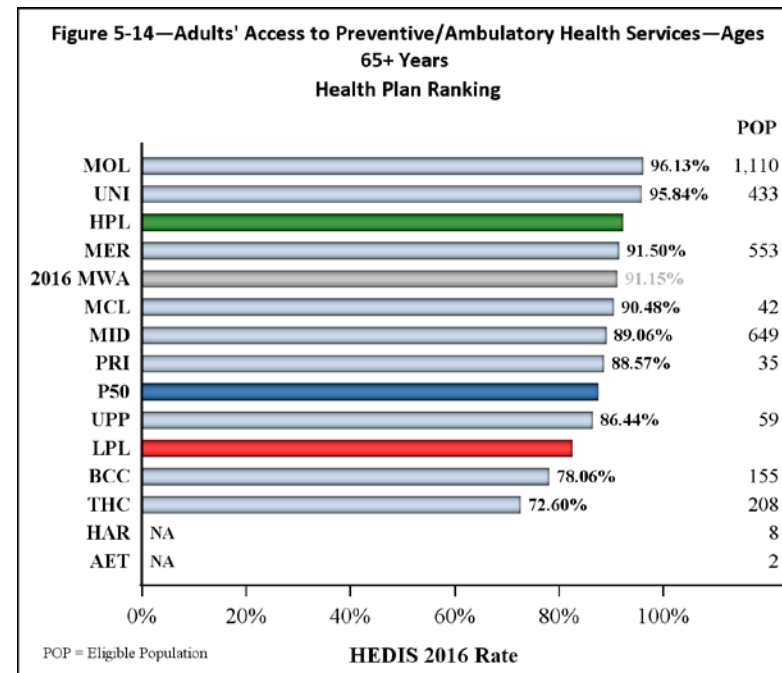
## Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.

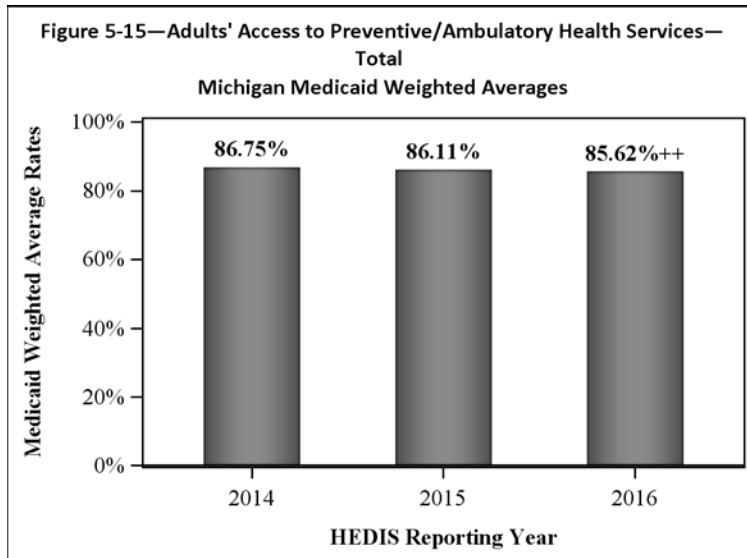


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Two MHPs ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 96.13 percent to 72.60 percent.

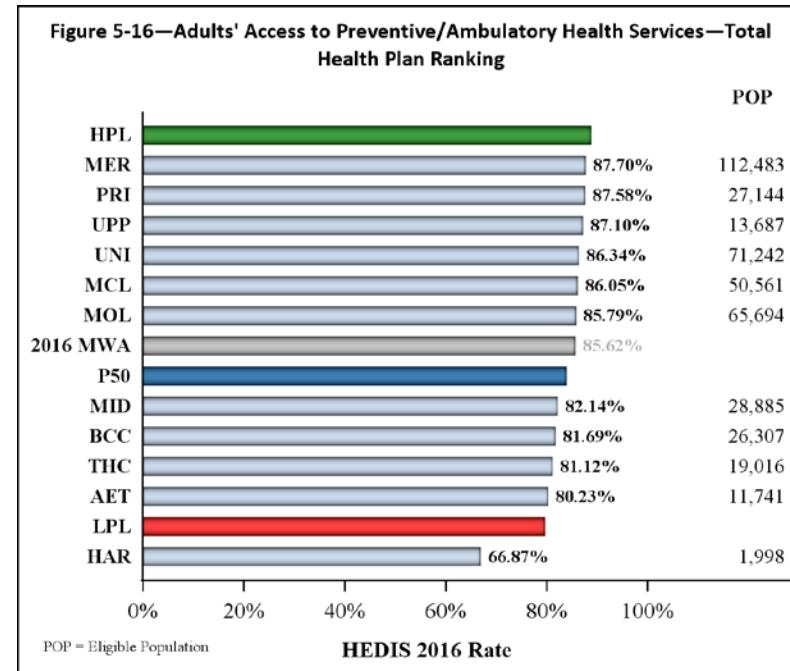
### Adults' Access to Preventive/Ambulatory Health Services—Total

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



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

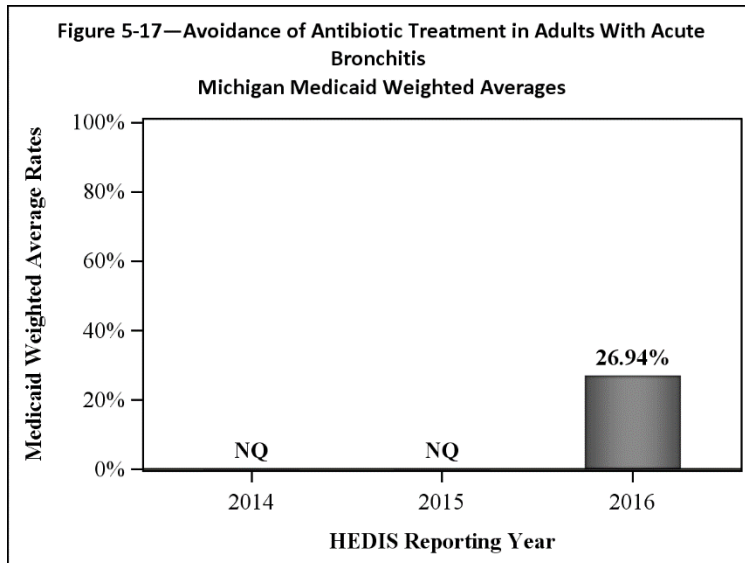
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Six MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 87.70 percent to 66.87 percent.

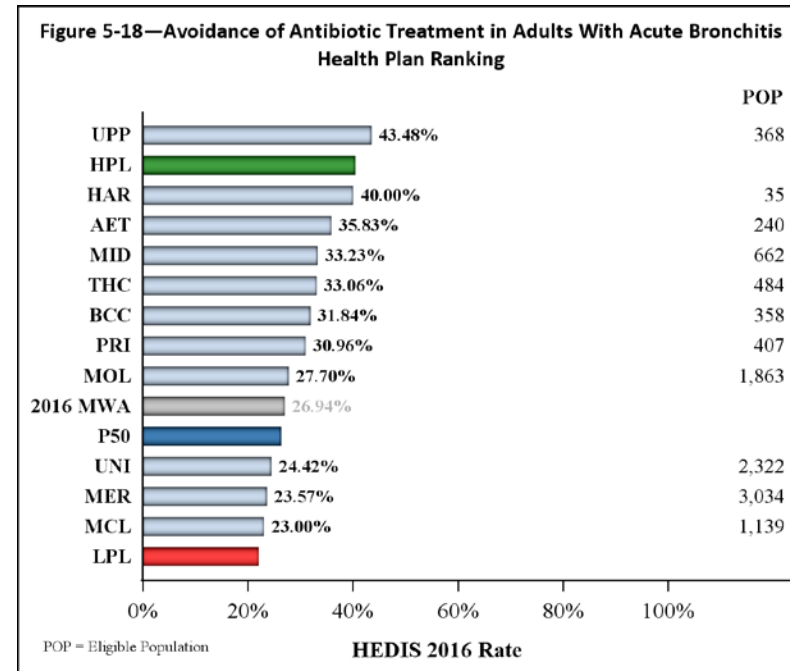
### Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis assesses the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.



One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 43.48 percent to 23.00 percent.

### Introduction

The Obesity measure domain encompasses the following MDHHS measures:

- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—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 2016 MWA rates and performance levels, a comparison of the HEDIS 2015 MWA to the HEDIS 2016 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2015 to HEDIS 2016.

**Table 6-1—HEDIS 2016 MWA Performance Levels and Trend Results for Obesity**

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA—HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i></b>				
<i>BMI Percentile—Total</i>	74.93% <sup>Y</sup>	-3.41 <sup>++</sup>	1	4
<i>Counseling for Nutrition—Total</i>	65.77% <sup>Y</sup>	-2.19 <sup>++</sup>	1	2
<i>Counseling for Physical Activity—Total</i> <sup>3</sup>	57.88% <sup>Y</sup>	-0.19	1	3



Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA– HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b>Adult BMI Assessment</b>				
Adult BMI Assessment	89.92% <sup>B</sup>	-0.39 <sup>++</sup>	2	1

<sup>1</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks. 2016 performance levels represent the following percentile comparisons:

≤25th <sup>LR</sup>	≥25th and ≤49th <sup>P</sup>	≥50th and ≤74th <sup>Y</sup>	≥75th and ≤89th <sup>B</sup>	≥90th <sup>G</sup>
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<sup>2</sup> HEDIS 2015 MWA to HEDIS 2016 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

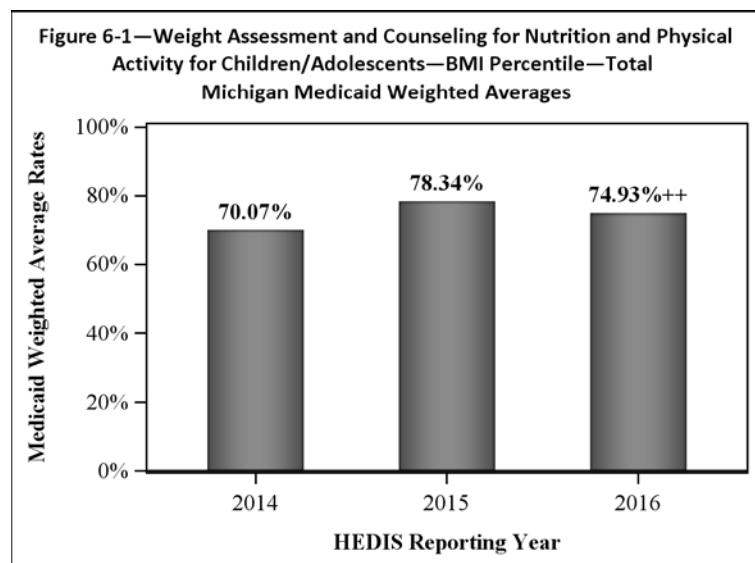
<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Table 6-1 shows that all three of the HEDIS 2016 MWA *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicator rates declined from the prior year and ranked at or above the national Medicaid 50th percentile but less than the national Medicaid 75th percentile. Two of these rate declines were statistically significant, *BMI Percentile—Total* and *Counseling for Nutrition—Total*. The MWA *Adult BMI Assessment* measure indicator rate demonstrated a statistically significant decline from the prior year; however, the 2016 performance ranked at or greater than the national Medicaid 75th percentile.

## Measure-Specific Findings

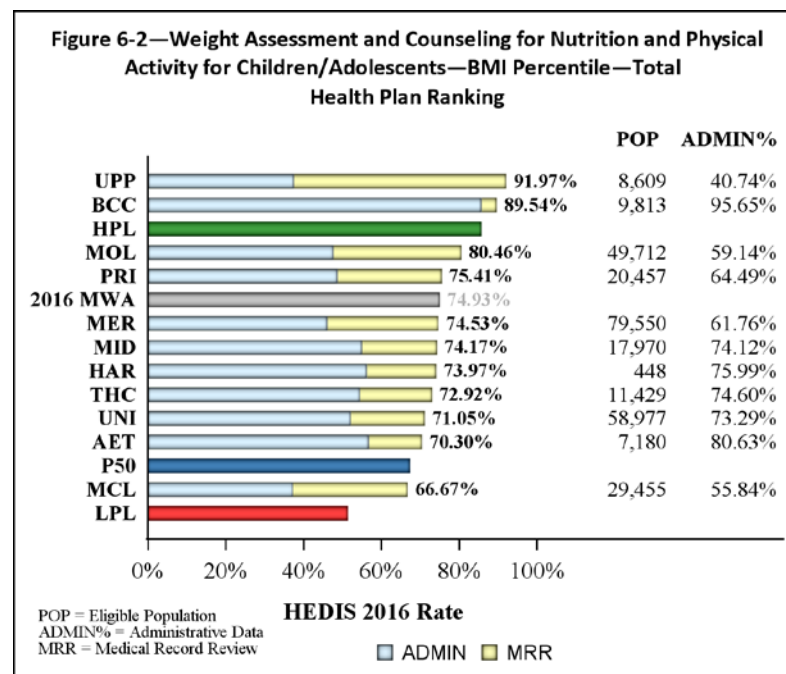
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total

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



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

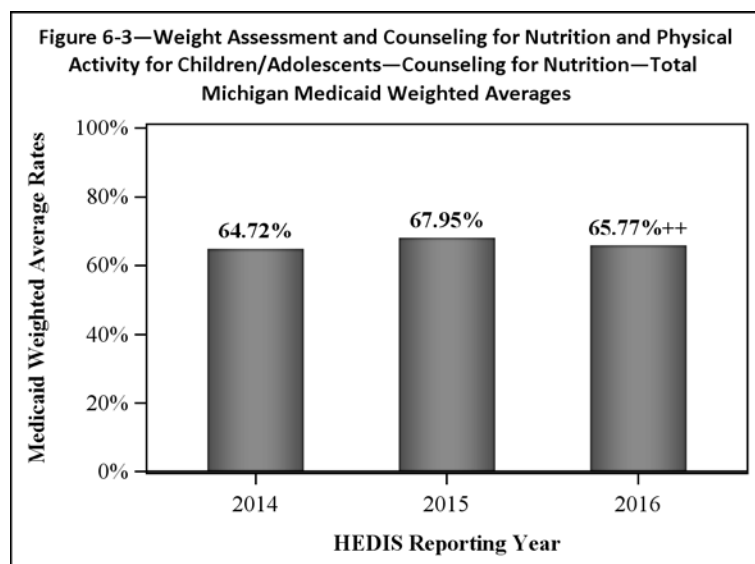
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 91.97 percent to 66.67 percent.

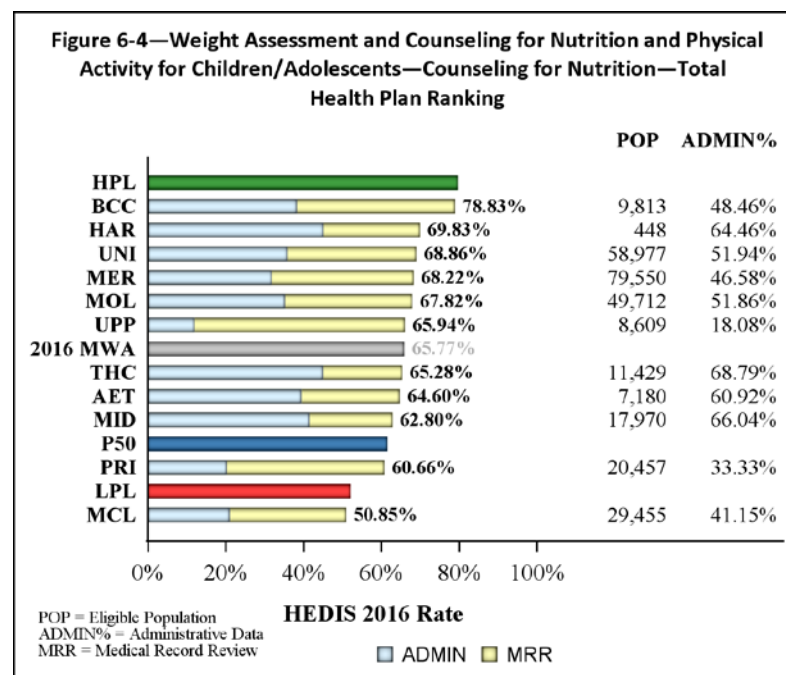
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

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



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

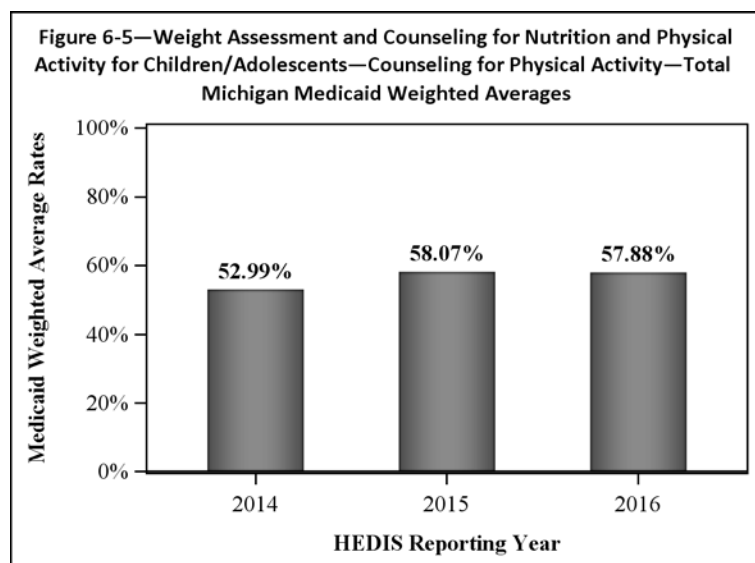
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



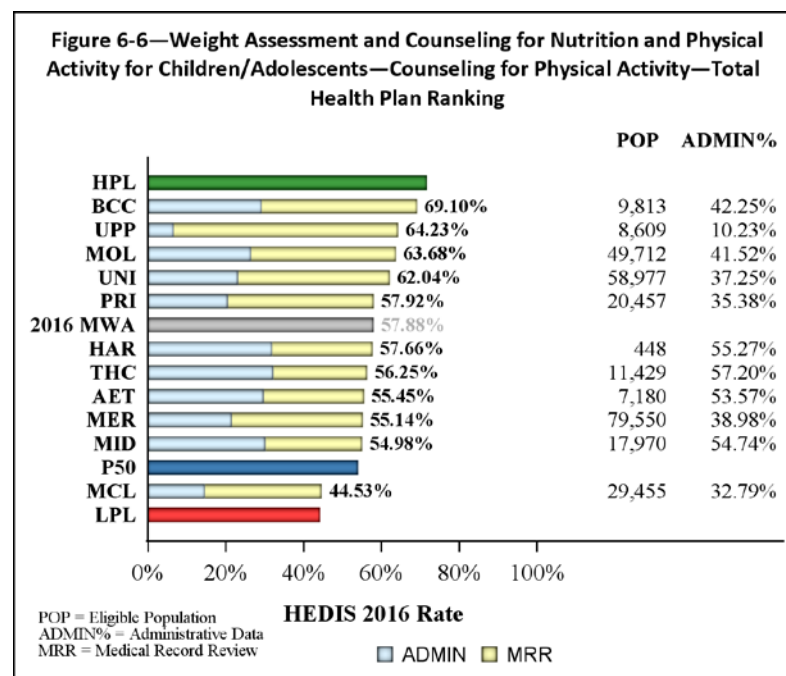
Nine MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 78.83 percent to 50.85 percent.

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

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



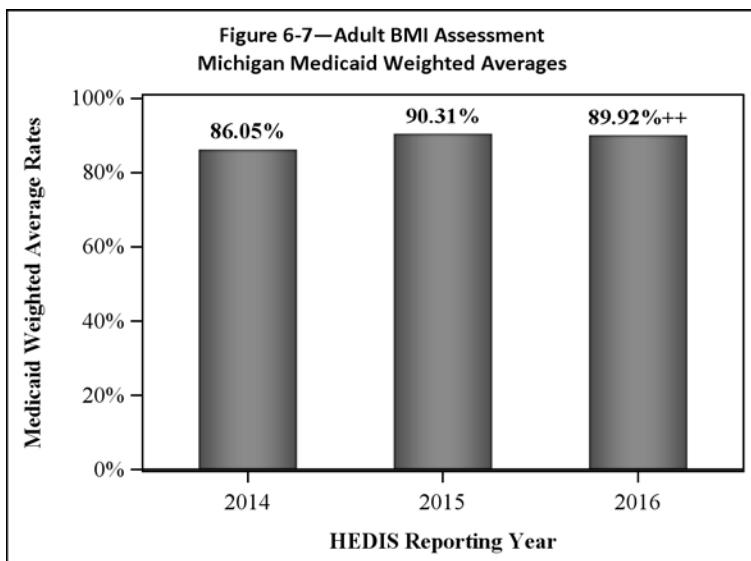
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



Ten MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. No MHPs fell below the LPL. MHP performance varied from 69.10 percent to 44.53 percent.

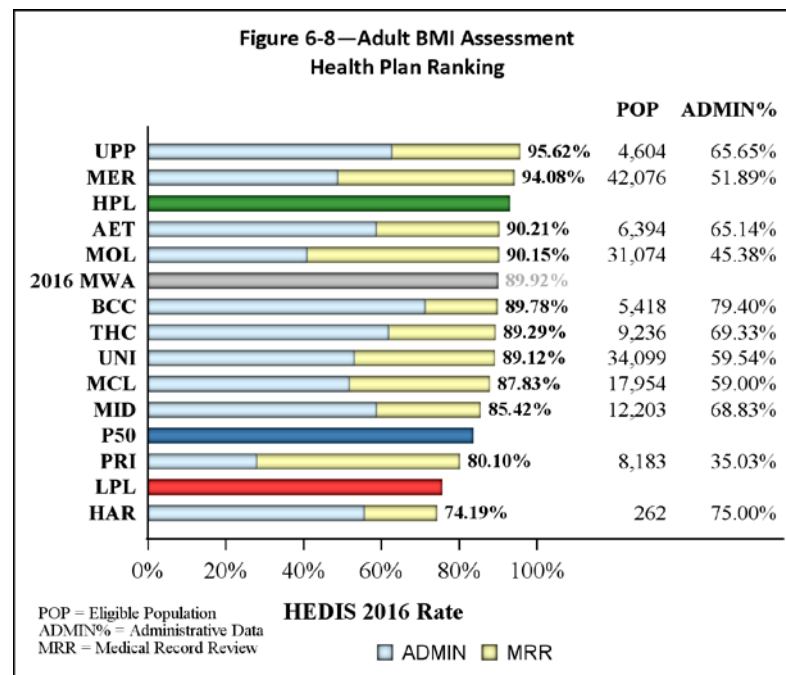
### Adult BMI Assessment

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Two MHPs ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 95.62 percent to 74.19 percent.

## 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*
- *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*

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

For reference, additional analyses for each measure indicator and rates for the *Weeks of Pregnancy at Time of Enrollment* measure indicators 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 2016 MWA rates and performance levels, a comparison of the HEDIS 2015 MWA to the HEDIS 2016 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2015 to HEDIS 2016.

**Table 7-1—HEDIS 2016 MWA Performance Levels and Trend Results for Pregnancy Care**

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA—HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b><i>Prenatal and Postpartum Care</i></b>				
<i>Timeliness of Prenatal Care</i>	78.63% <sup>P</sup>	-5.81 <sup>++</sup>	0	7
<i>Postpartum Care</i>	61.73% <sup>P</sup>	-4.96 <sup>++</sup>	0	3

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA– HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b>Frequency of Ongoing Prenatal Care</b>				
≥81 Percent of Expected Visits	56.40% <sup>P</sup>	-7.03 <sup>++</sup>	1	5

<sup>1</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks. 2016 performance levels represent the following percentile comparisons:

≤25th <sup>LR</sup>	≥25th and ≤49th <sup>P</sup>	≥50th and ≤74th <sup>Y</sup>	≥75th and ≤89th <sup>B</sup>	≥90th <sup>G</sup>
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<sup>2</sup> HEDIS 2015 MWA to HEDIS 2016 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

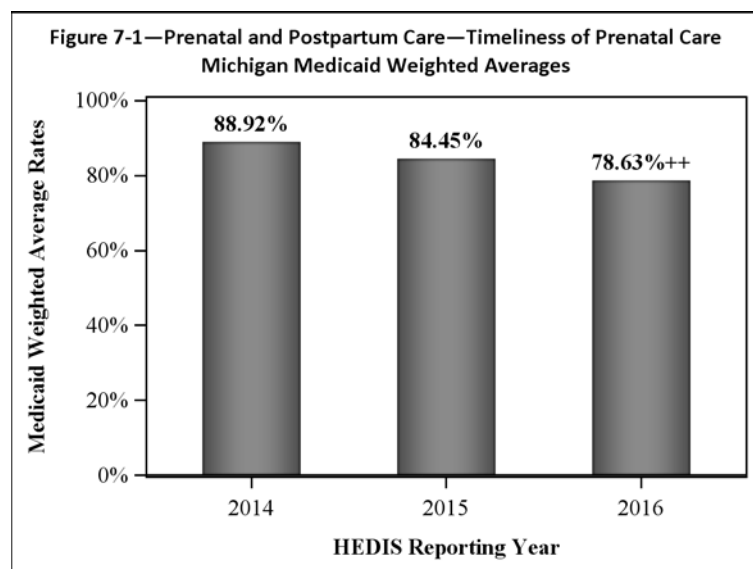
**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

Table 7-1 shows that all of the HEDIS 2016 MWA Pregnancy Care measure domain indicators discussed in this section of the report statistically significantly decreased from the prior year and ranked below the national Medicaid 50th percentile.

## Measure-Specific Findings

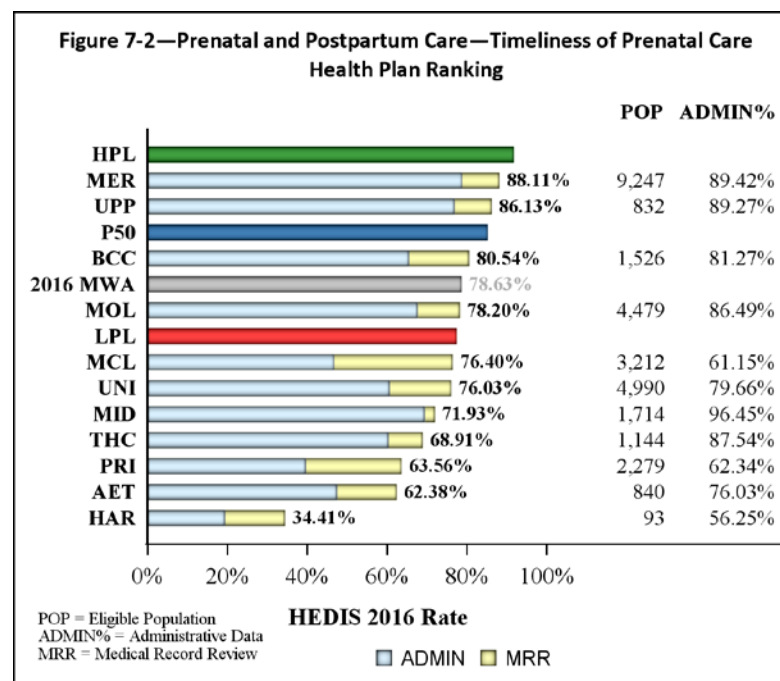
### Prenatal and Postpartum Care—Timeliness of Prenatal Care

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.

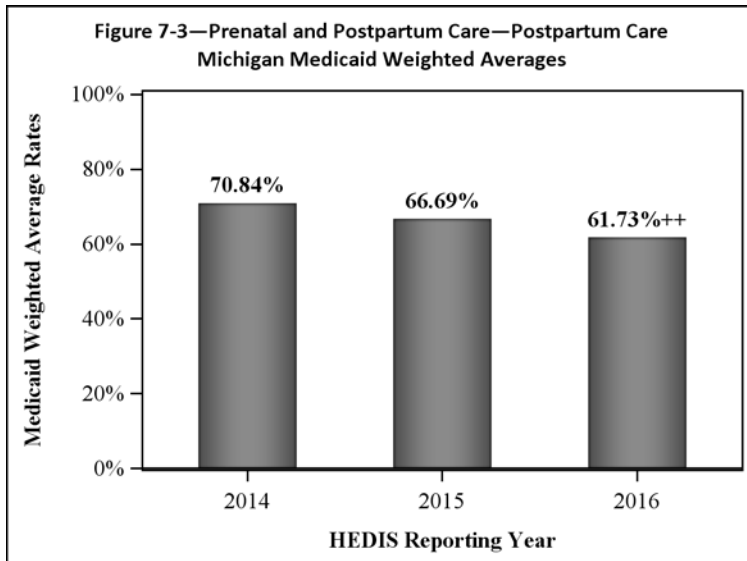


Two MHPs ranked above the national Medicaid 50th percentile but below the HPL. Seven MHPs fell below the LPL. MHP performance varied from 88.11 percent to 34.41 percent.



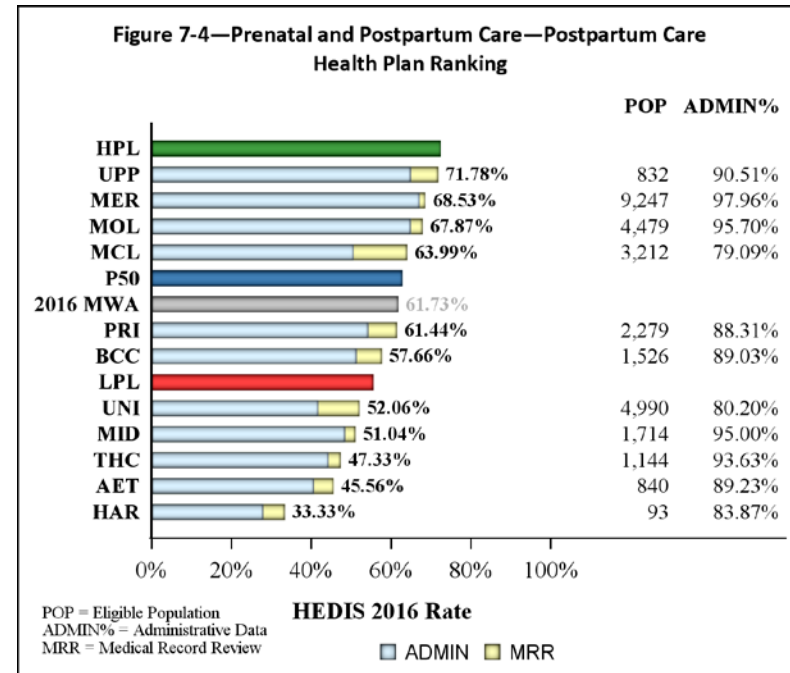
### Prenatal and Postpartum Care—Postpartum Care

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



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

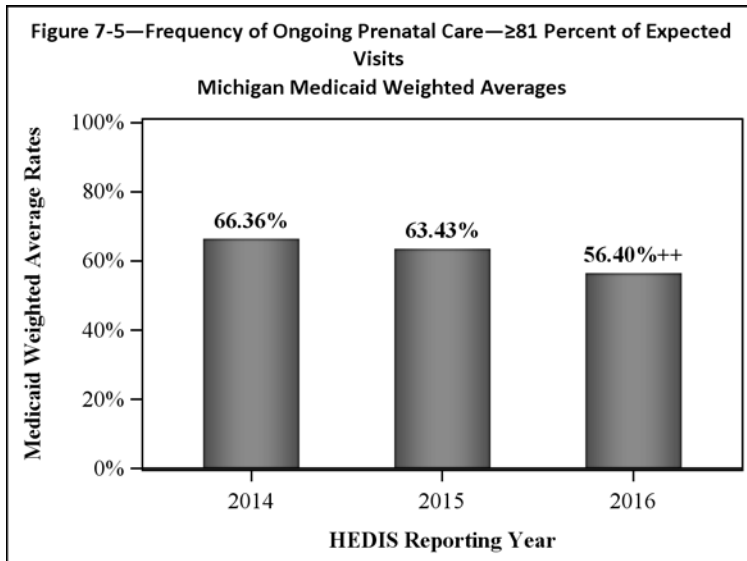
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Four MHPs ranked above the national Medicaid 50th percentile but below the HPL. Five MHPs fell below the LPL. MHP performance varied from 71.78 percent to 33.33 percent.

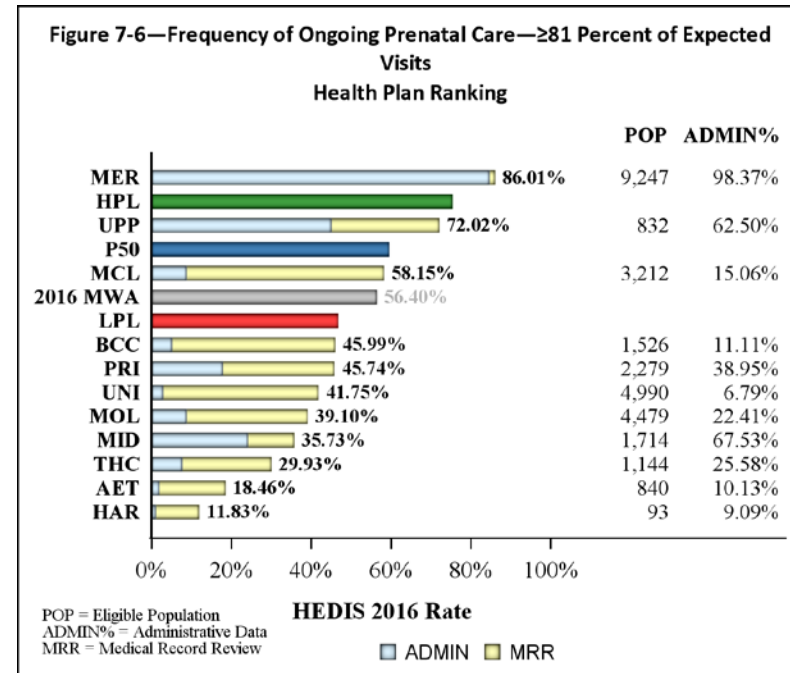
### Frequency of Ongoing Prenatal Care— $\geq 81$ Percent of Expected Visits

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



One MHP ranked above the HPL. Eight MHPs fell below the LPL. MHP performance varied from 86.01 percent to 11.83 percent.

### Introduction

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

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

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

### Summary of Findings

Table 8-1 presents the Michigan MWA performance for the measure indicators under the Living With Illness measure domain. The table lists the HEDIS 2016 MWA rates and performance levels, a comparison of the HEDIS 2015 MWA to the HEDIS 2016 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating statistically significant changes from HEDIS 2015 to HEDIS 2016.

**Table 8-1—HEDIS 2016 MWA Performance Levels and Trend Results for Living With Illness**

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA—HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b><i>Comprehensive Diabetes Care<sup>3</sup></i></b>				
<i>Hemoglobin A1c (HbA1c) Testing</i>	86.89% <sup>Y</sup>	+0.90 <sup>+</sup>	1	1
<i>HbA1c Poor Control (&gt;9.0%)*</i>	39.30% <sup>Y</sup>	3.48 <sup>++</sup>	1	4
<i>HbA1c Control (&lt;8.0%)</i>	50.91% <sup>Y</sup>	-2.87 <sup>++</sup>	0	5
<i>Eye Exam (Retinal) Performed</i>	59.61% <sup>Y</sup>	+0.13	1	1
<i>Medical Attention for Nephropathy</i>	91.28% <sup>G</sup>	+7.55 <sup>+</sup>	10	0
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	59.38% <sup>P</sup>	-6.52 <sup>++</sup>	0	5
<b><i>Medication Management for People With Asthma</i></b>				
<i>Medication Compliance 50%—Total</i>	67.13% <sup>B</sup>	—	—	—
<i>Medication Compliance 75%—Total</i>	43.79% <sup>G</sup>	—	—	—
<b><i>Asthma Medication Ratio</i></b>				
<i>Total</i>	62.18% <sup>Y</sup>	—	—	—
<b><i>Controlling High Blood Pressure</i></b>				
<i>Controlling High Blood Pressure</i>	55.54% <sup>P</sup>	-6.53 <sup>++</sup>	0	8
<b><i>Medical Assistance With Smoking and Tobacco Use Cessation<sup>4</sup></i></b>				
<i>Advising Smokers and Tobacco Users to Quit</i>	79.75% <sup>B</sup>	-0.15 <sup>++</sup>	0	0
<i>Discussing Cessation Medications</i>	55.04% <sup>B</sup>	+0.79 <sup>+</sup>	1	0
<i>Discussing Cessation Strategies</i>	45.20% <sup>Y</sup>	-0.53 <sup>++</sup>	0	0
<b><i>Antidepressant Medication Management</i></b>				
<i>Effective Acute Phase Treatment</i>	60.36% <sup>B</sup>	—	—	—
<i>Effective Continuation Phase Treatment</i>	42.21% <sup>B</sup>	—	—	—
<b><i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i></b>				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.61% <sup>Y</sup>	-1.14	1	2
<b><i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i></b>				
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	69.98% <sup>Y</sup>	-2.74	0	1
<b><i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i></b>				
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	74.46% <sup>P</sup>	+14.36 <sup>+</sup>	1	1

Measure	HEDIS 2016 MWA and Performance Level <sup>1</sup>	HEDIS 2015 MWA– HEDIS 2016 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS 2016	Number of MHPs With Statistically Significant Decline in HEDIS 2016
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	58.76% <sup>P</sup>	-0.46	1	1
<b>Annual Monitoring for Patients on Persistent Medications</b>				
<i>ACE Inhibitors or ARBs</i>	87.20% <sup>P</sup>	—	—	—
<i>Digoxin</i>	52.47% <sup>P</sup>	—	—	—
<i>Diuretics</i>	86.88% <sup>P</sup>	—	—	—
<i>Total</i>	86.84% <sup>P</sup>	—	—	—

<sup>1</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 MWA measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks. 2016 performance levels represent the following percentile comparisons:

≤25th <sup>LR</sup>	≥25th and ≤49th <sup>P</sup>	≥50th and ≤74th <sup>Y</sup>	≥75th and ≤89th <sup>B</sup>	≥90th <sup>C</sup>
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<sup>2</sup> HEDIS 2015 MWA to HEDIS 2016 MWA comparisons were based on a Chi-square test of statistical significance with a p value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

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

— indicates that the measure was not presented in the HEDIS 2015 deliverables; therefore, the 2015–2016 MWA comparison values and number of MHPs with statistically significant improvement or decline in HEDIS 2016 are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

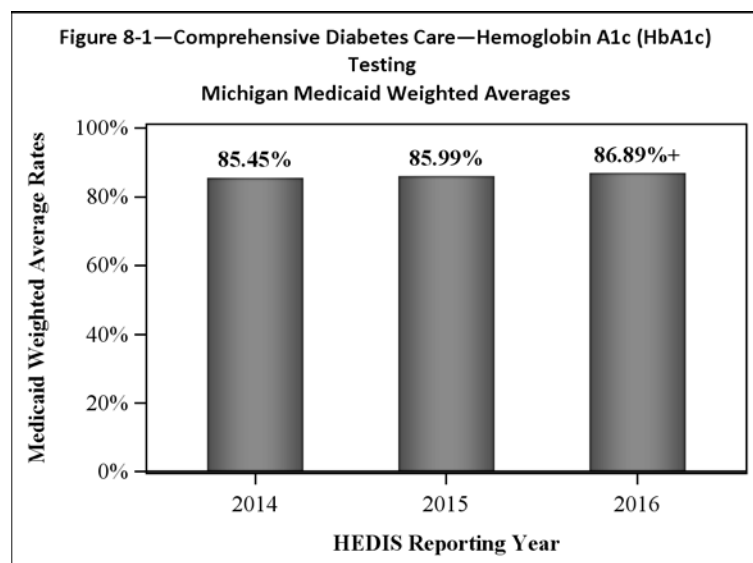
Table 8-1 shows varied performance within the Living With Illness domain. The following HEDIS 2016 MWA measure indicator rates within this domain exceeded the national Medicaid 75th percentile: *Comprehensive Diabetes Care—Medical Attention for Nephropathy; Medication Management for People With Asthma—Medication 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; and Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment.*

Conversely, the following HEDIS 2016 MWA measure indicator rates within this domain ranked below the national Medicaid 50th percentile: *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg); Controlling High Blood Pressure; Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia; Adherence to Antipsychotic Medications for Individuals With Schizophrenia; and Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Digoxin, Diuretics, and Total.*

## Measure-Specific Findings

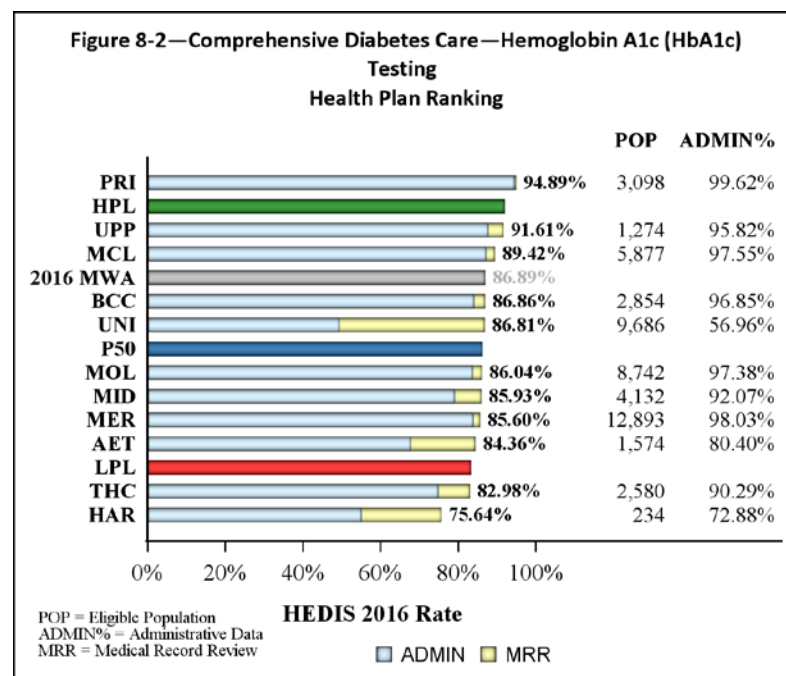
### Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing

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



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

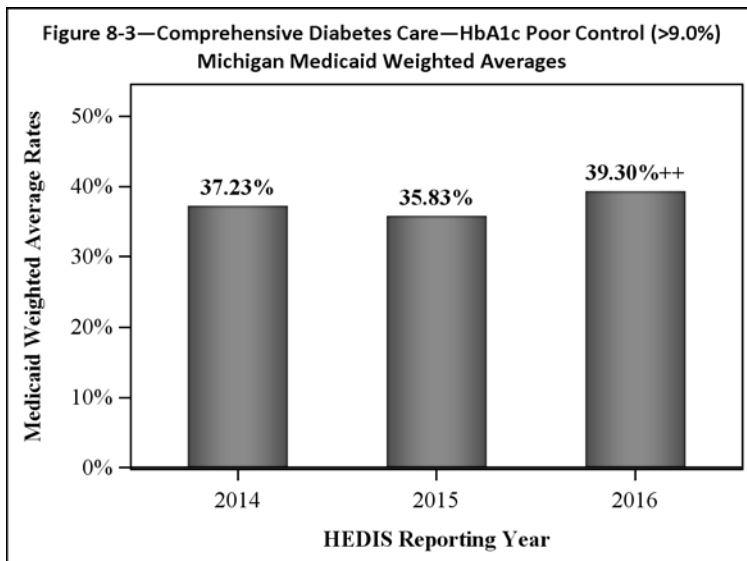
The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.



One MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 94.89 percent to 75.64 percent.

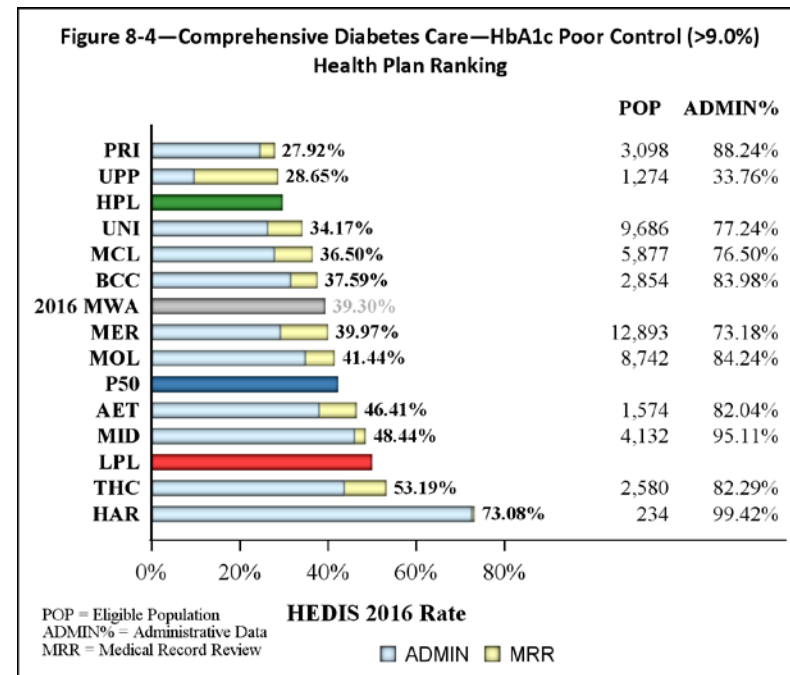
### Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

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



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

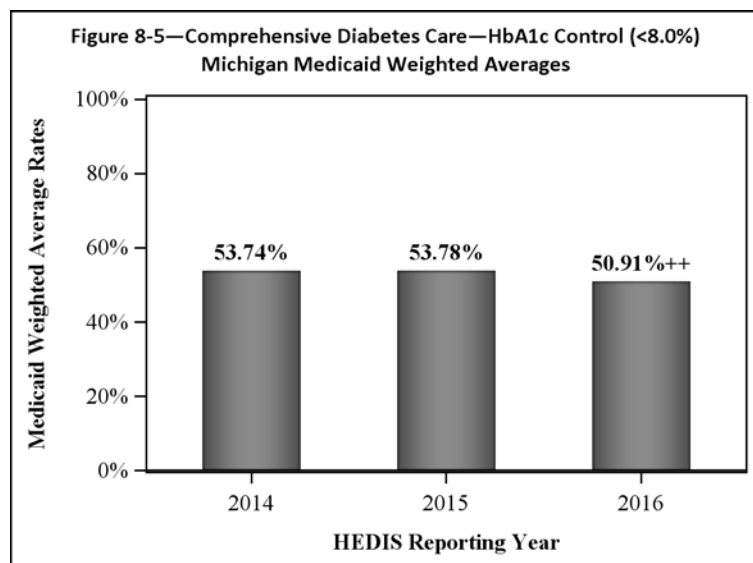
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Two MHPs ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 73.08 percent to 27.92 percent.

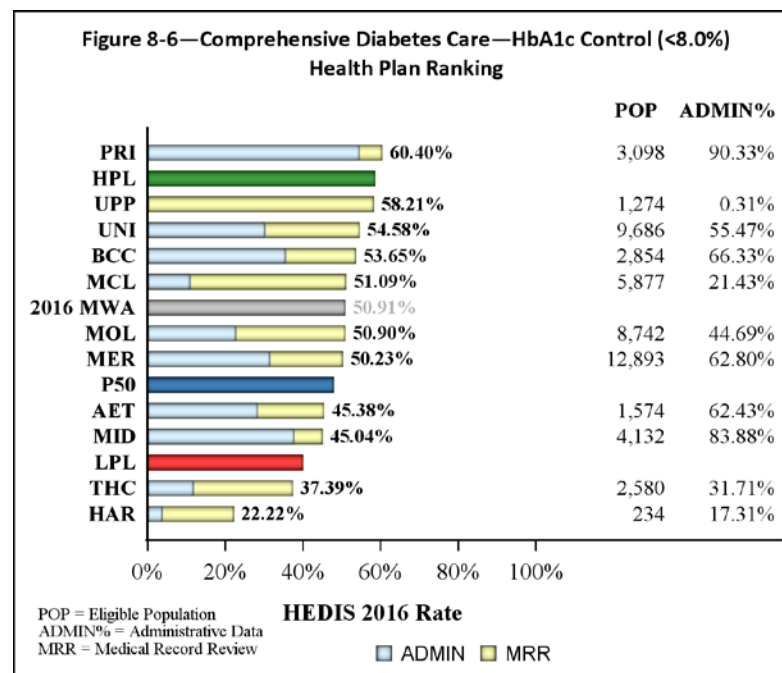
### Comprehensive Diabetes Care—HbA1c Control (<8.0%)

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.

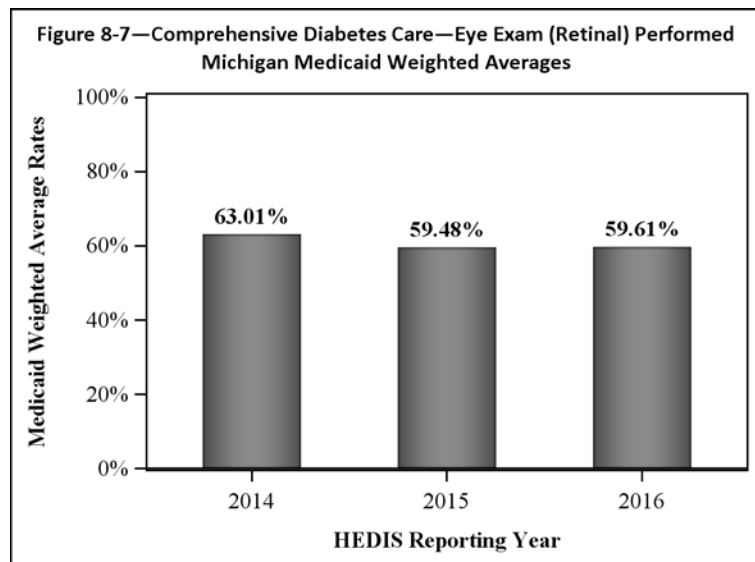


One MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 60.40 percent to 22.22 percent.

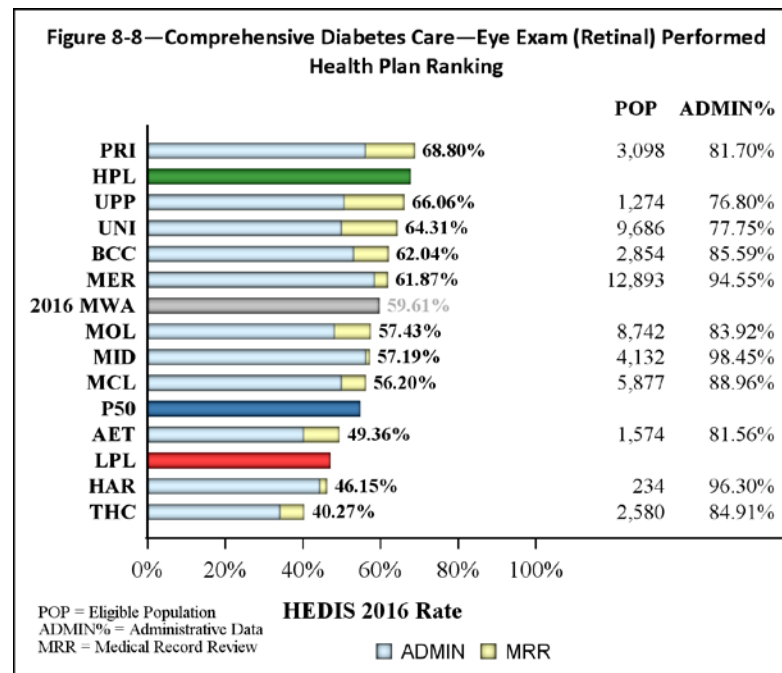


### Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

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



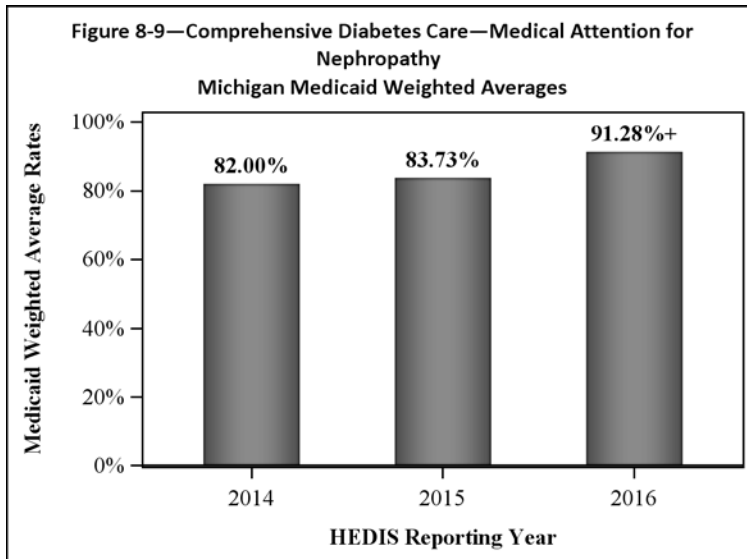
The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



One MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 68.80 percent to 40.27 percent.

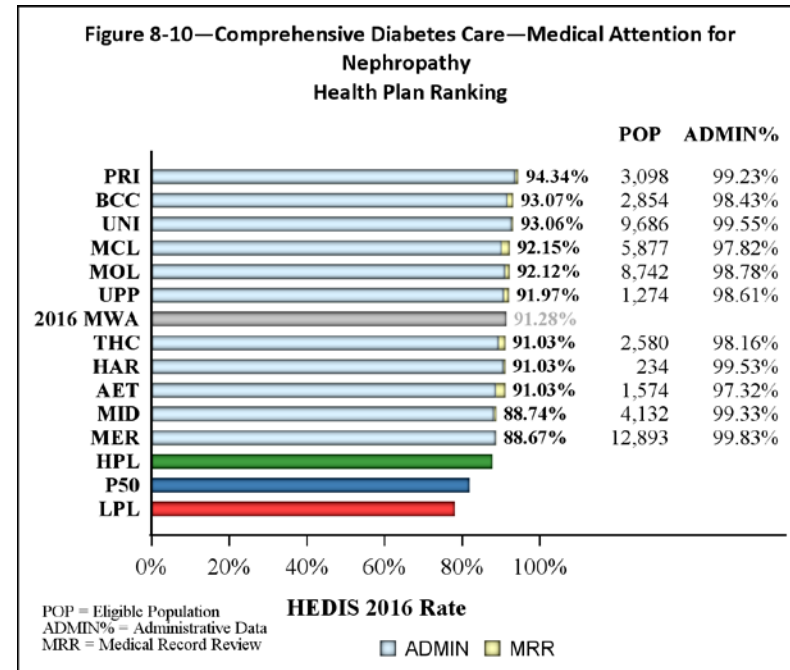
### Comprehensive Diabetes Care—Medical Attention for Nephropathy

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



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

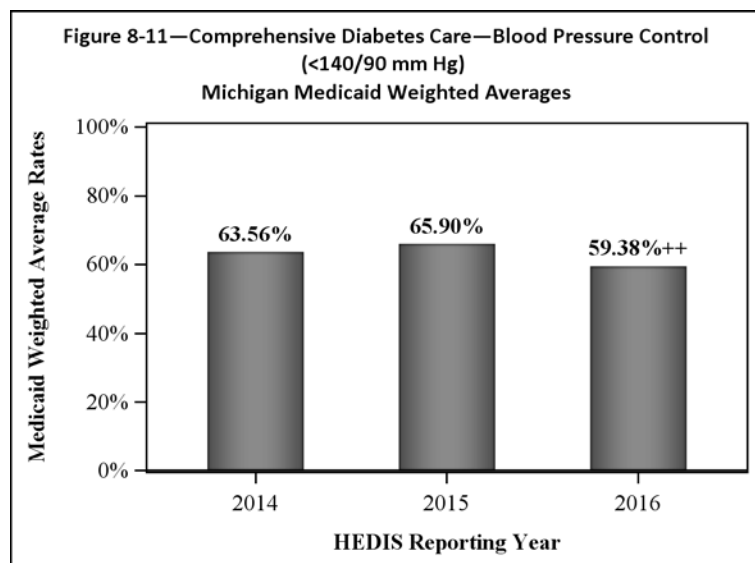
The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.



All 11 MHPs and the MWA ranked above the HPL. MHP performance varied from 94.34 percent to 88.67 percent.

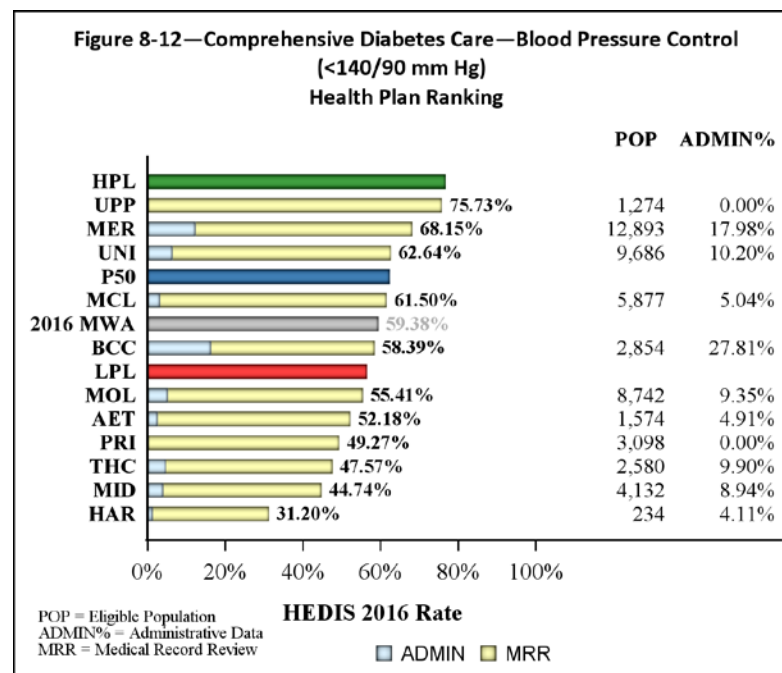
### Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

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



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

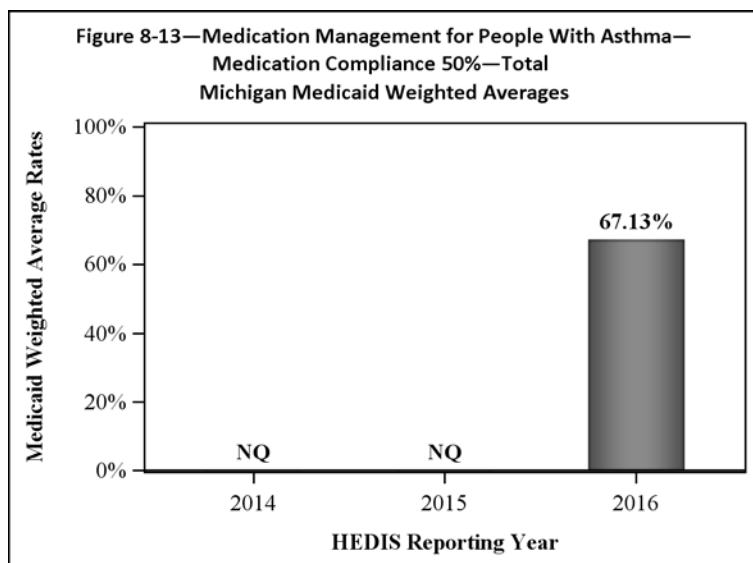
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. Six MHPs fell below the LPL. MHP performance varied from 75.73 percent to 31.20 percent.

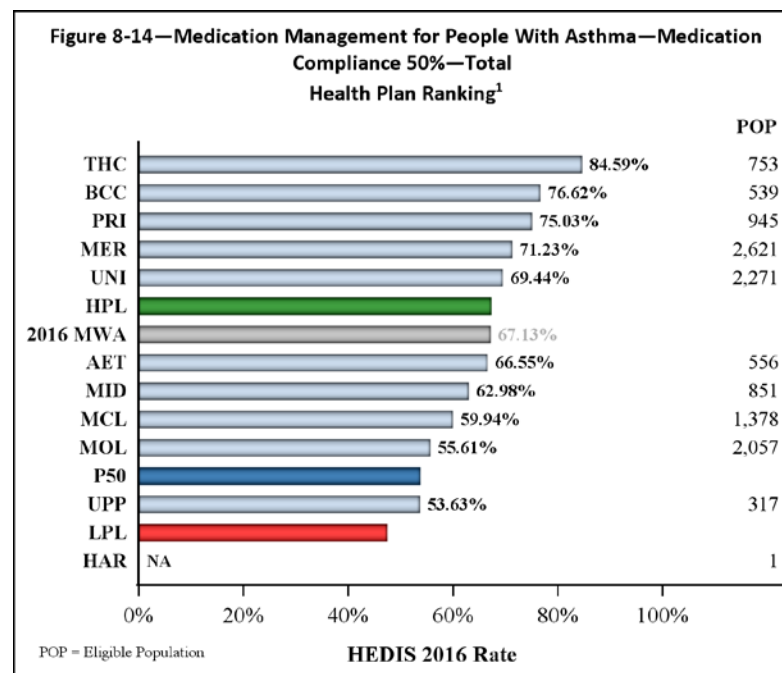
### Medication Management for People with Asthma—Medication Compliance 50%—Total

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.

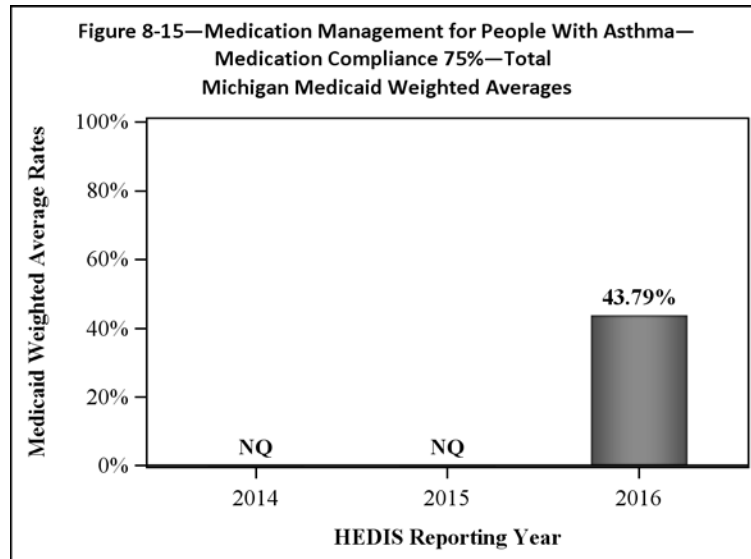


<sup>1</sup> indicates the HEDIS 2016 rates for this measure indicator were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2015 benchmarks. NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Five MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 84.59 percent to 53.63 percent.

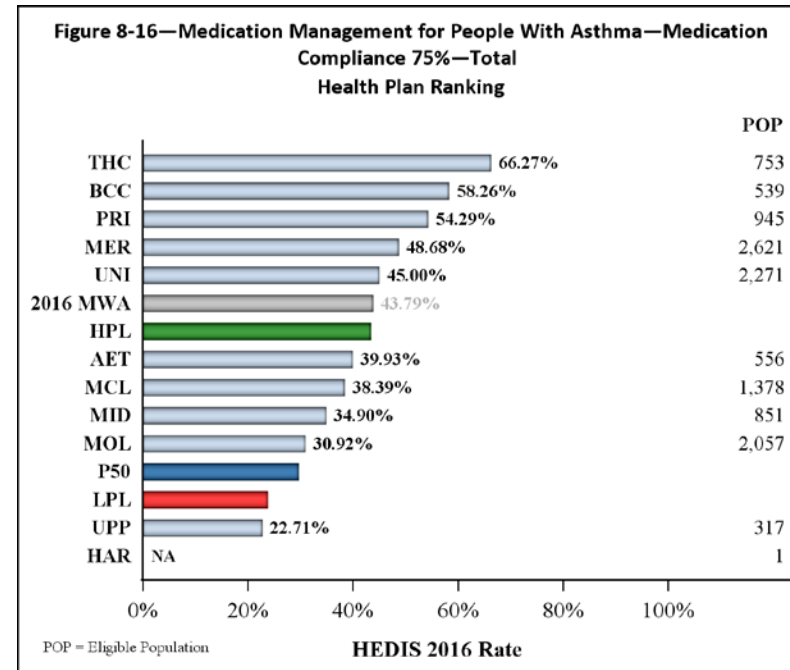
### Medication Management for People with Asthma—Medication Compliance 75%—Total

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.

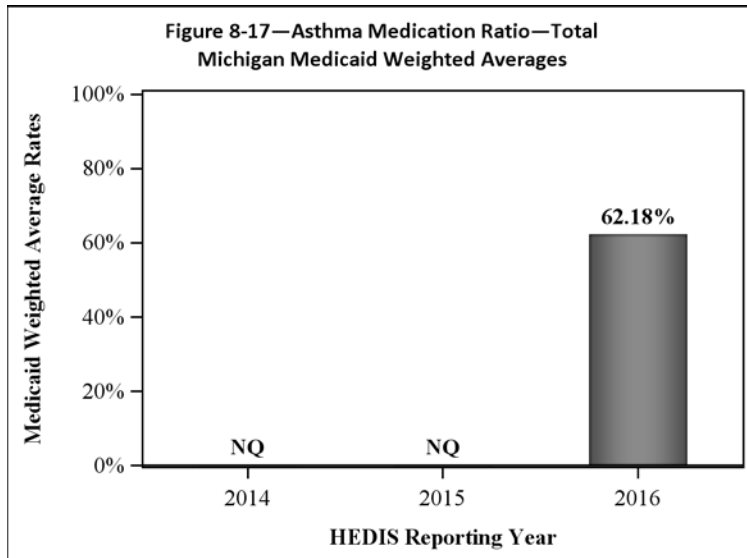


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Five MHPs and the MWA ranked above the HPL. One MHP fell below the LPL. MHP performance varied from 66.27 percent to 22.71 percent.

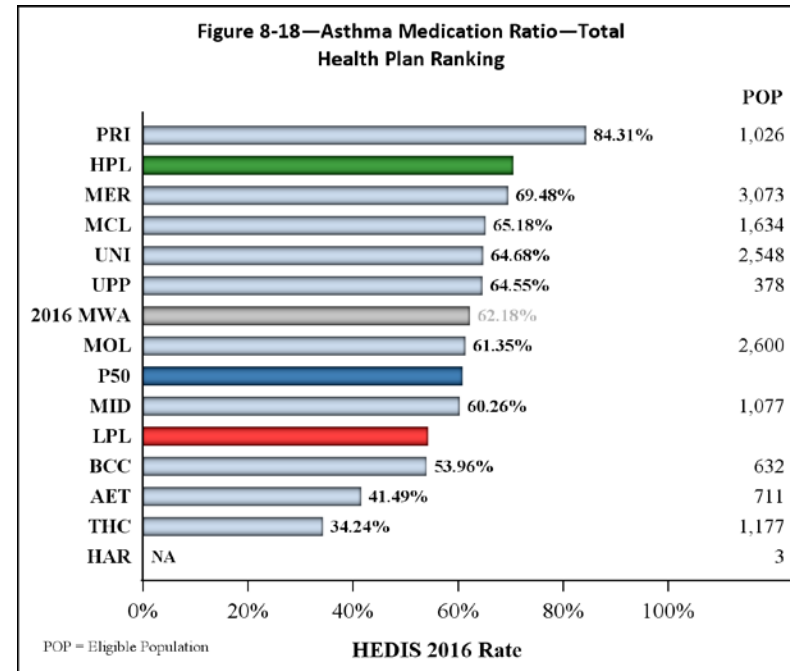
### Asthma Medication Ratio—Total

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



*NQ* indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.

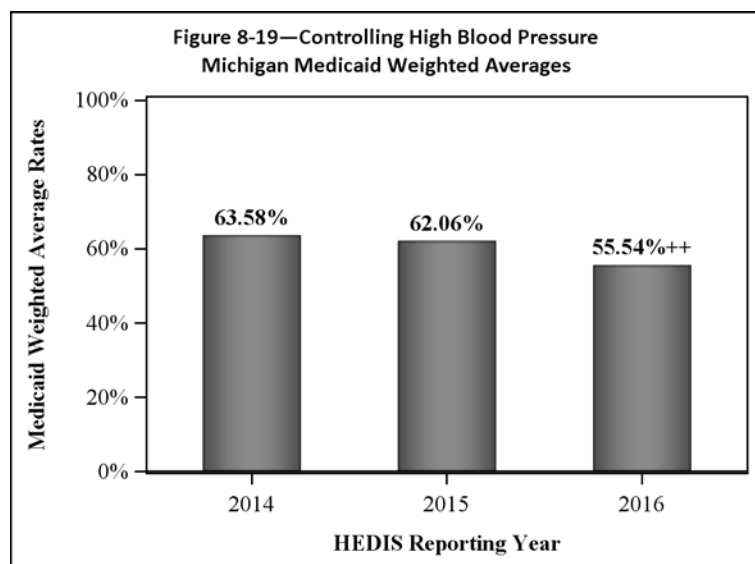


*NA* indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

One MHP ranked above the HPL. Three MHPs fell below the LPL. MHP performance varied from 84.31 percent to 34.24 percent.

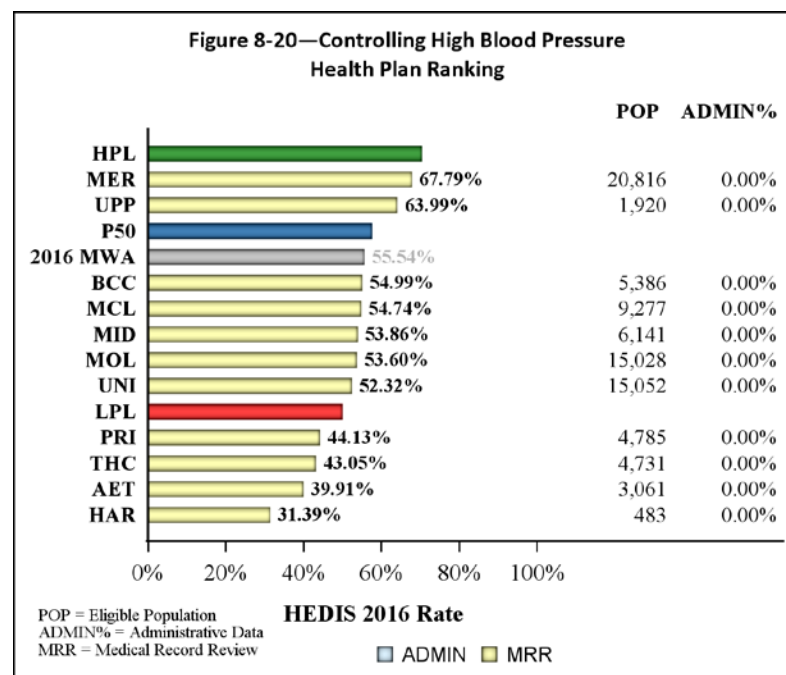
## Controlling High Blood Pressure

*Controlling High Blood Pressure* assesses the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year based on the following criteria: Members 18 to 59 years of age whose BP was <40/90 mm Hg; Members 60 to 85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg; and Members 60 to 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.



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

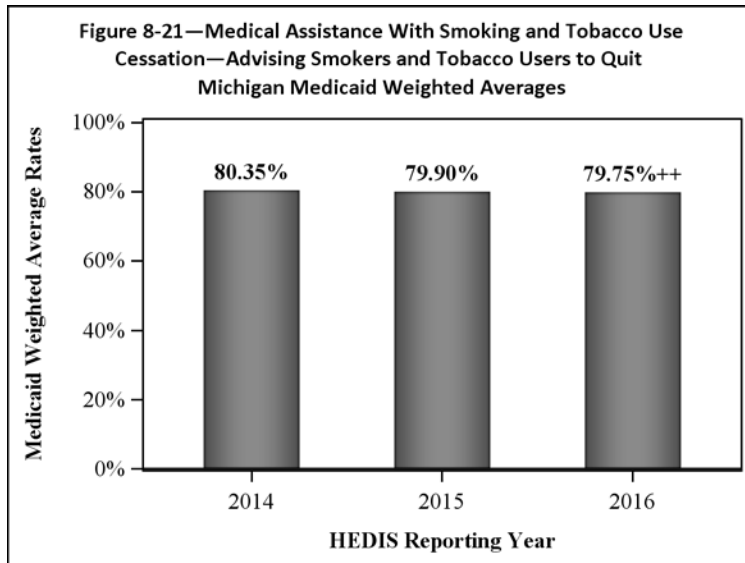
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Two MHPs ranked above the national Medicaid 50th percentile but below the HPL. Four MHPs fell below the LPL. MHP performance varied from 67.79 percent to 31.39 percent.

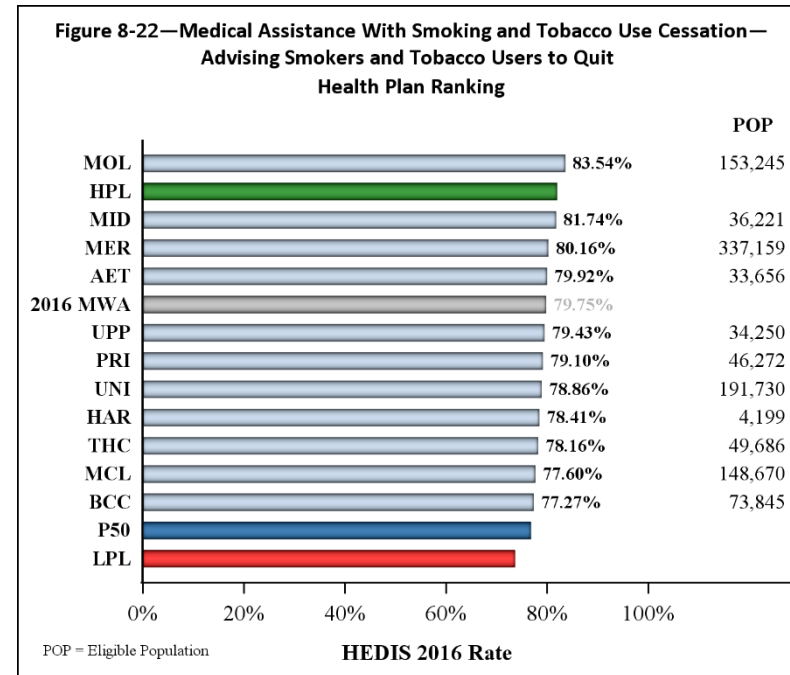
### Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.

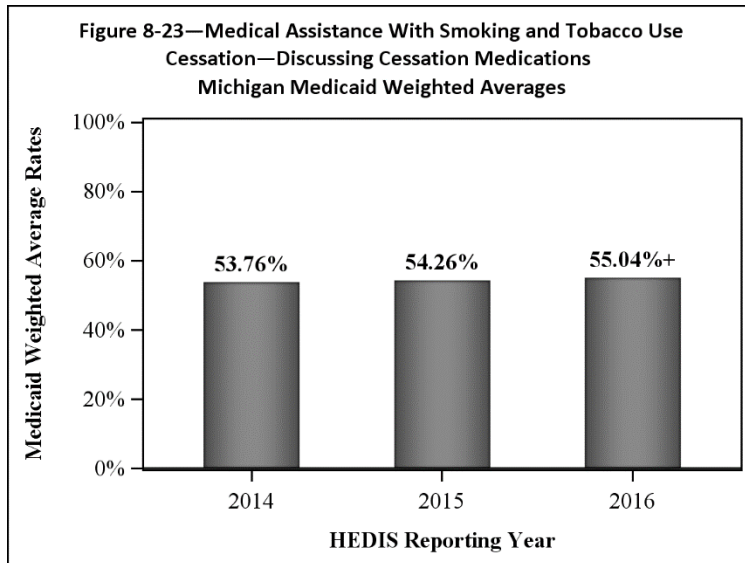


One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 83.54 percent to 77.27 percent.



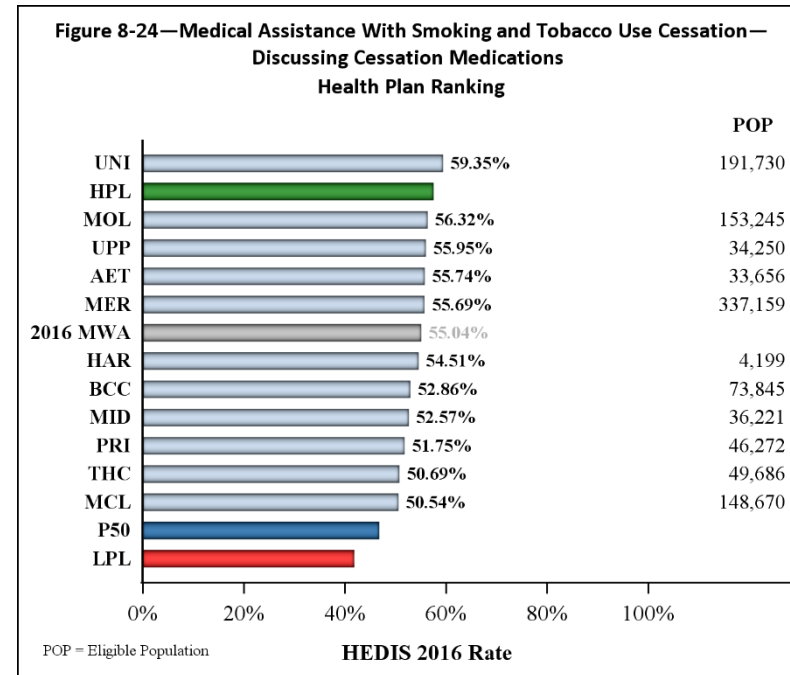
### Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications

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



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

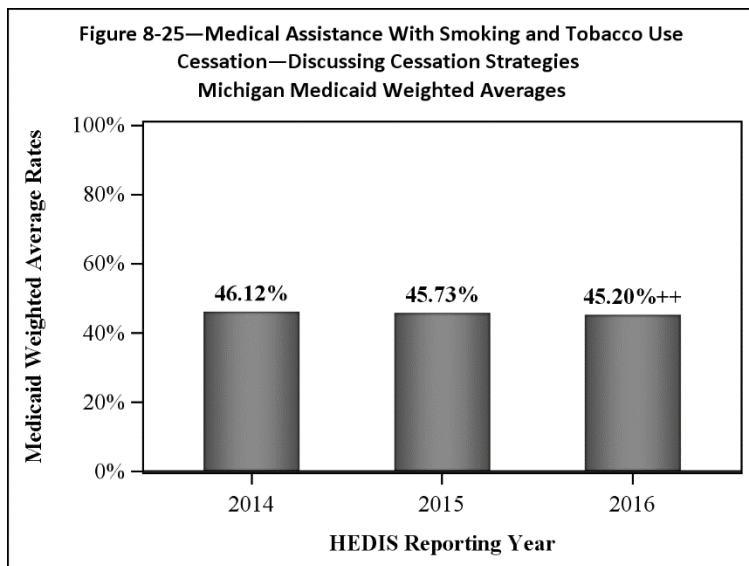
The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.



One MHP ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 59.35 percent to 50.54 percent.

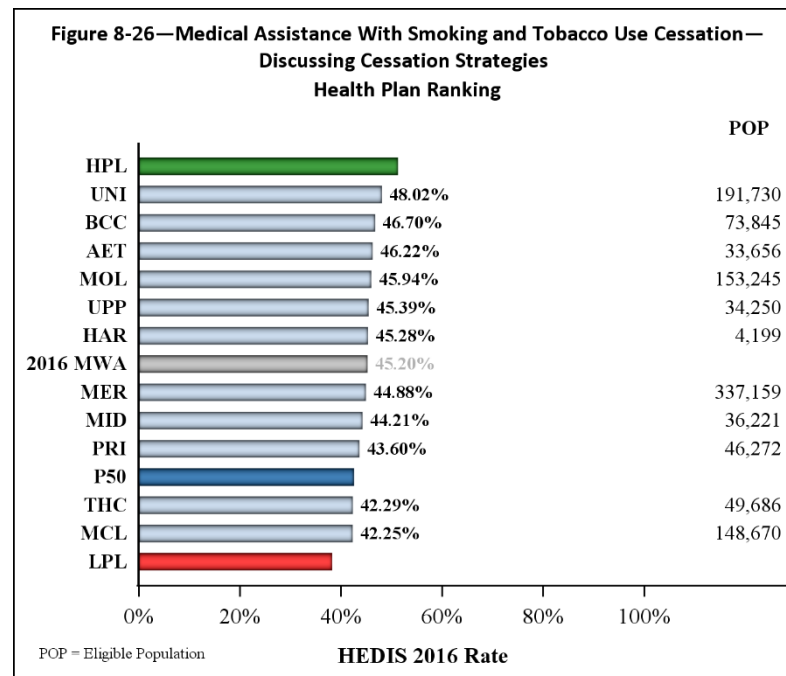
### Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

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



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

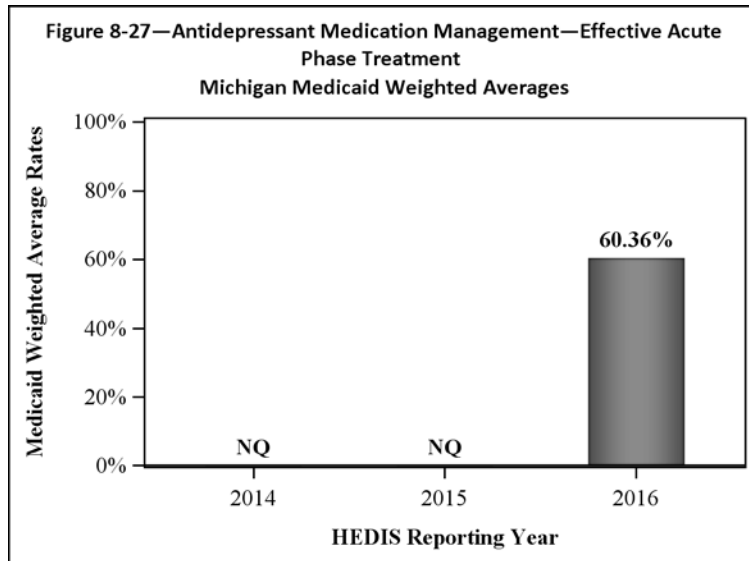
The HEDIS 2016 MWA rate demonstrated a statistically significant decline in performance from HEDIS 2015.



Nine MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. No MHPs fell below the LPL. MHP performance varied from 48.02 percent to 42.25 percent.

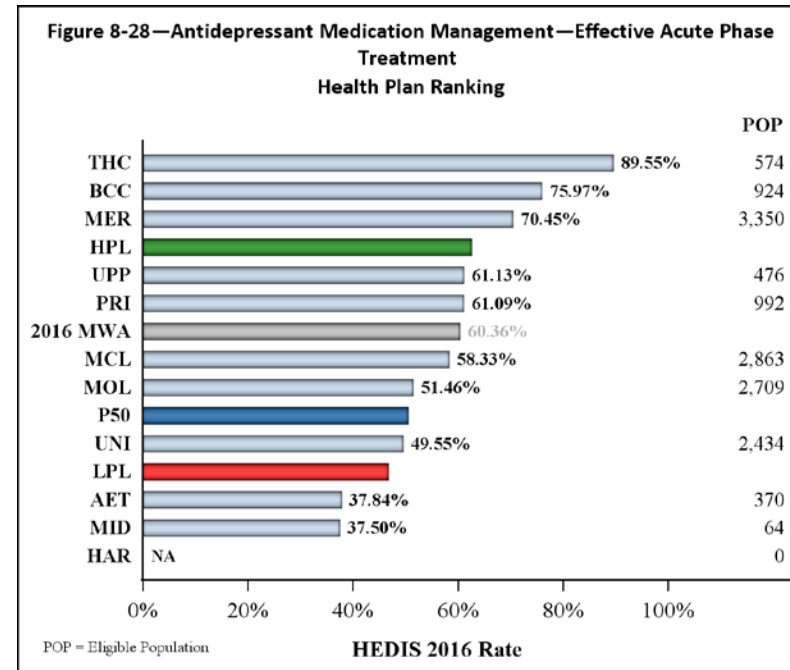
### Antidepressant Medication Management—Effective Acute Phase Treatment

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.

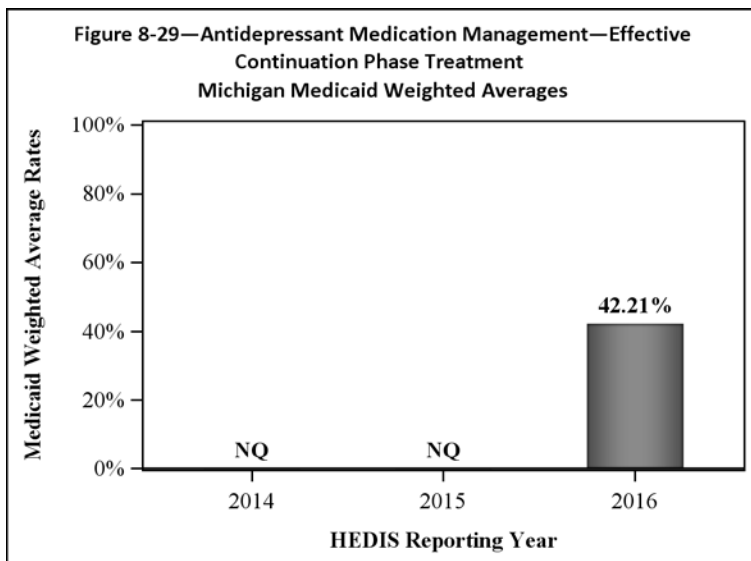


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Three MHPs ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 89.55 percent to 37.50 percent.

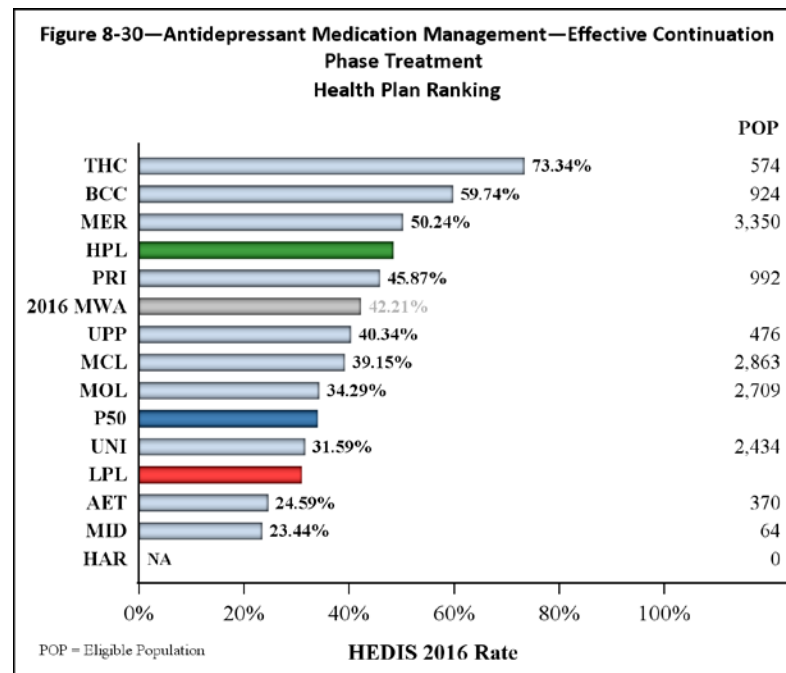
### Antidepressant Medication Management—Effective Continuation Phase Treatment

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.

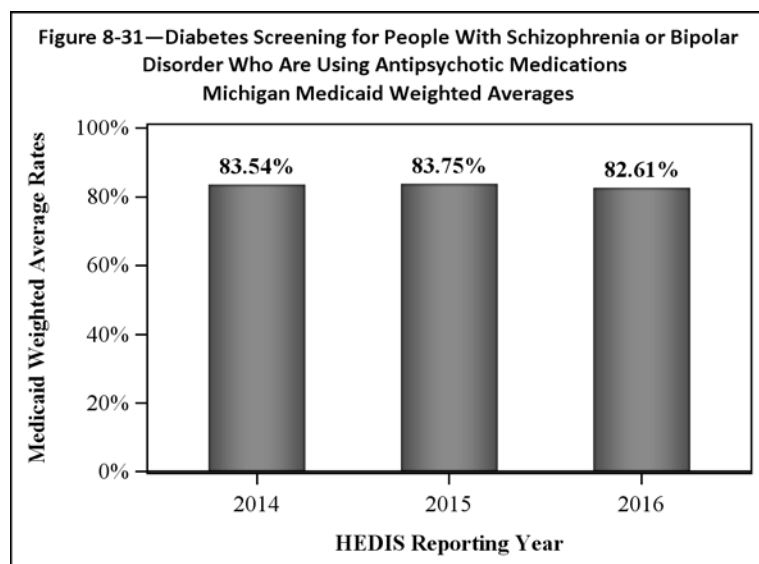


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

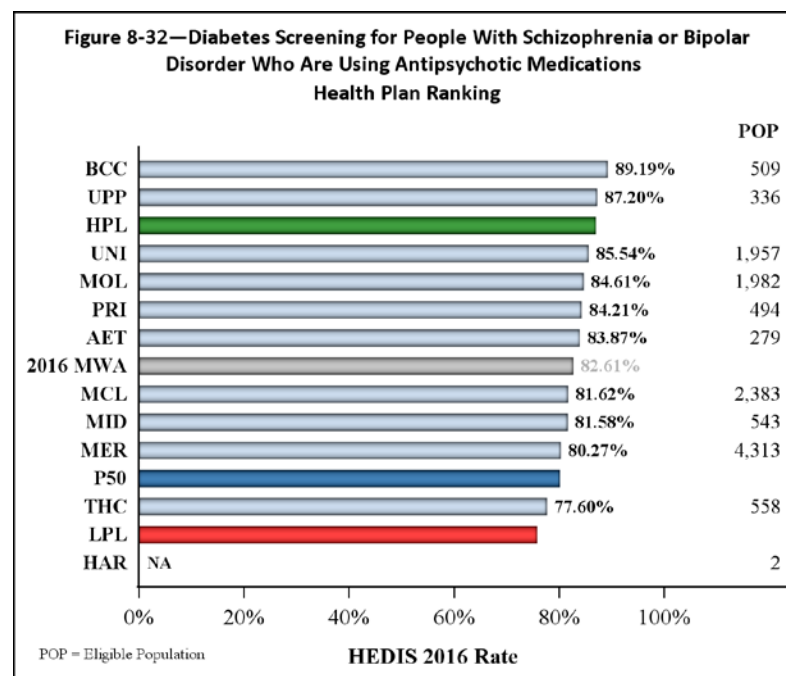
Three MHPs ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied from 73.34 percent to 23.44 percent.

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

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



The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.

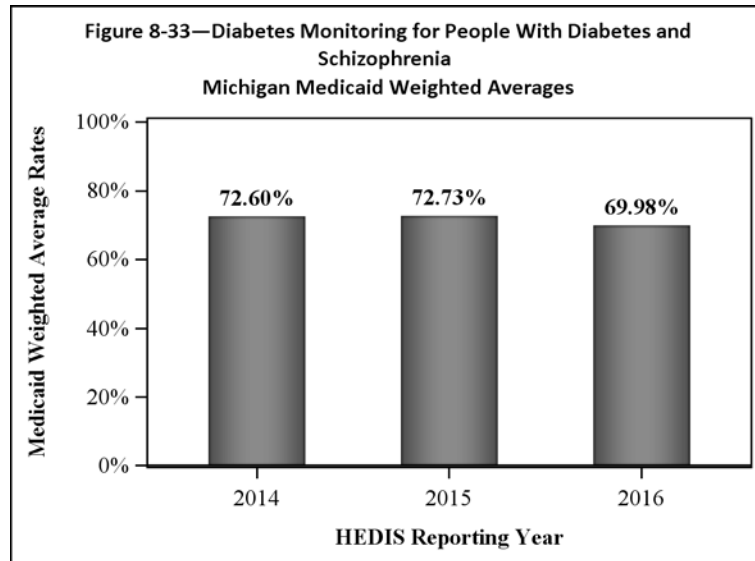


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

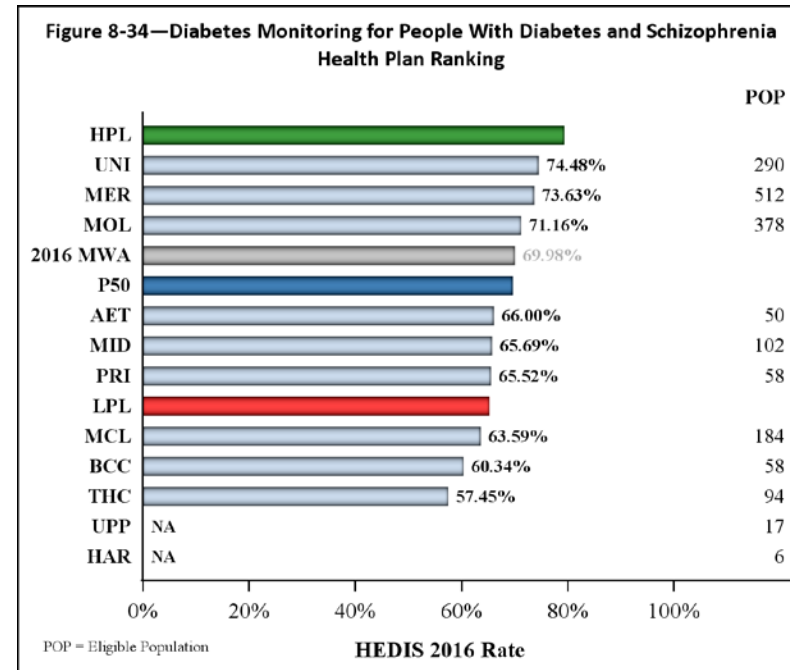
Two MHPs ranked above the HPL. No MHPs fell below the LPL. MHP performance varied from 89.19 percent to 77.60 percent.

### Diabetes Monitoring for People With Diabetes and Schizophrenia

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



The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.

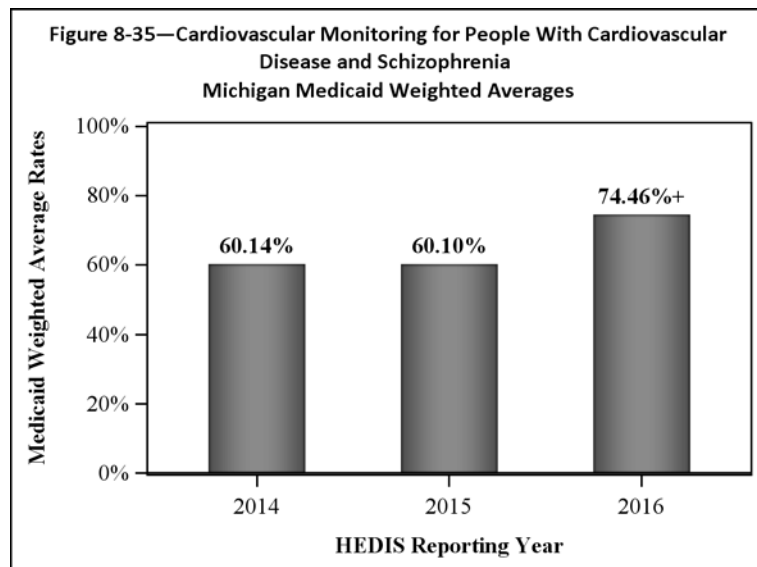


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Three MHPs and the MWA ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 74.48 percent to 57.45 percent.

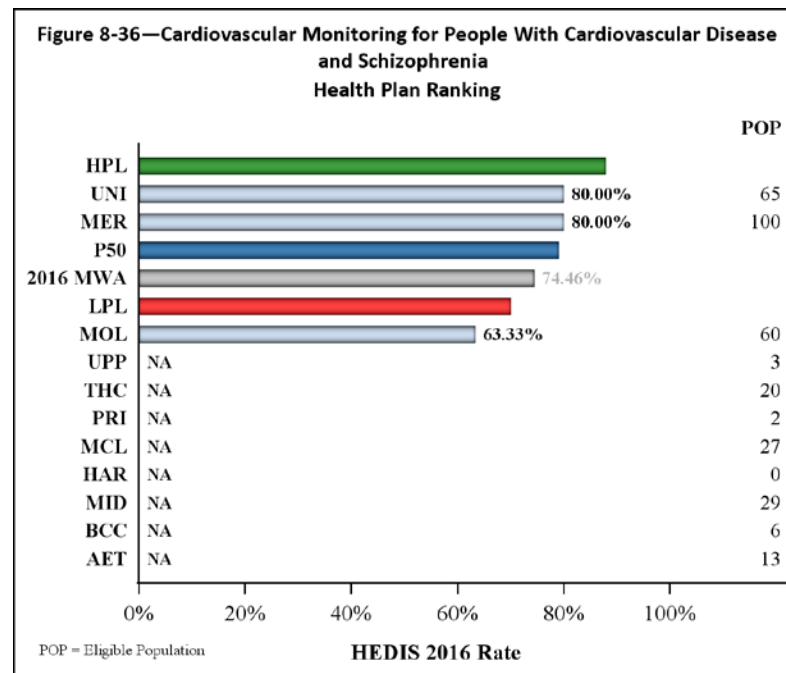
### Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

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



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

The HEDIS 2016 MWA rate demonstrated a statistically significant improvement in performance from HEDIS 2015.

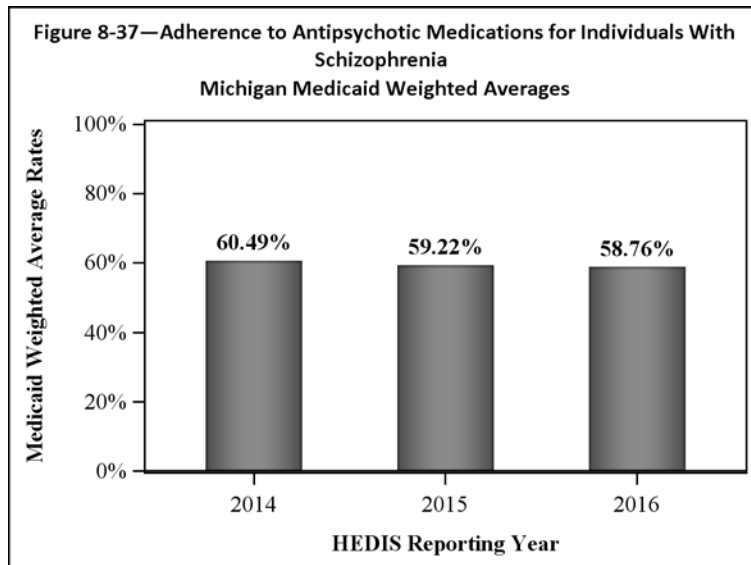


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

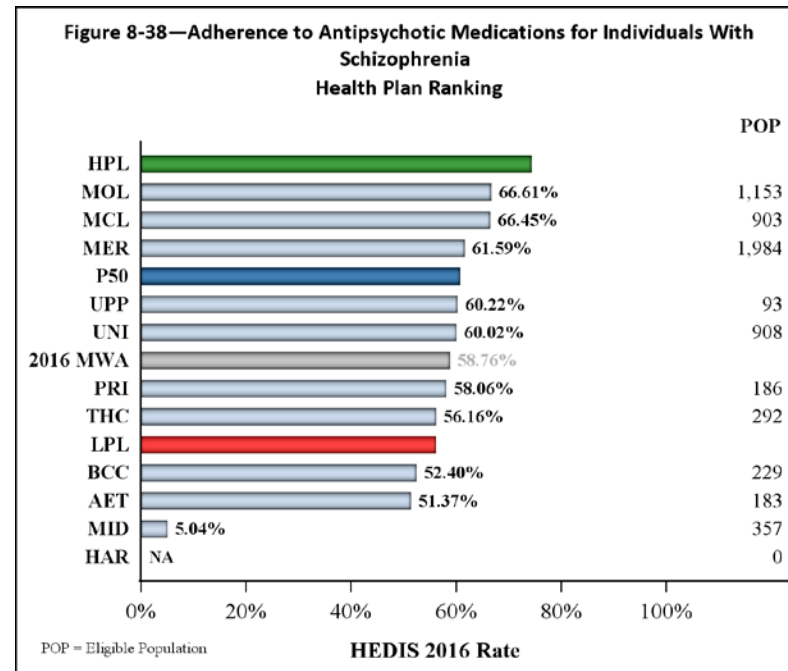
Two MHPs ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 80.00 percent to 63.33 percent.

### Adherence to Antipsychotic Medications for Individuals With Schizophrenia

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



The HEDIS 2016 MWA rate did not demonstrate a statistically significant change from HEDIS 2015.



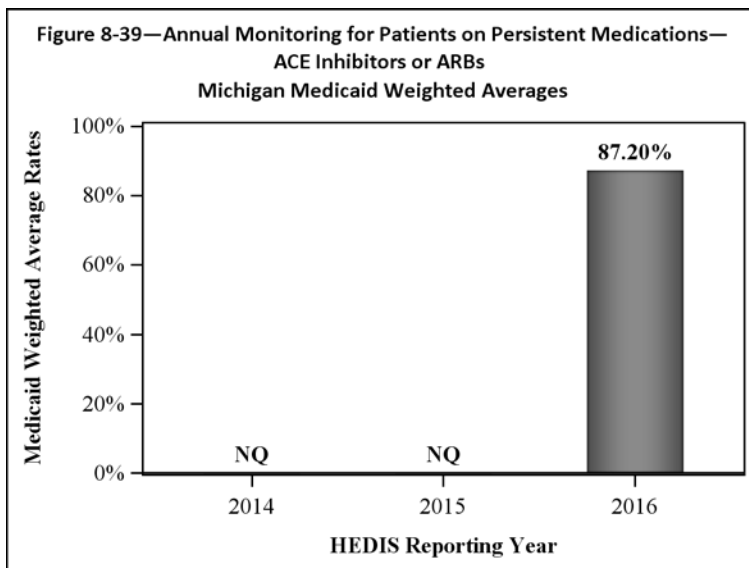
NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Three MHPs ranked above the national Medicaid 50th percentile but below the HPL. Three MHPs fell below the LPL. MHP performance varied from 66.61 percent to 5.04 percent.



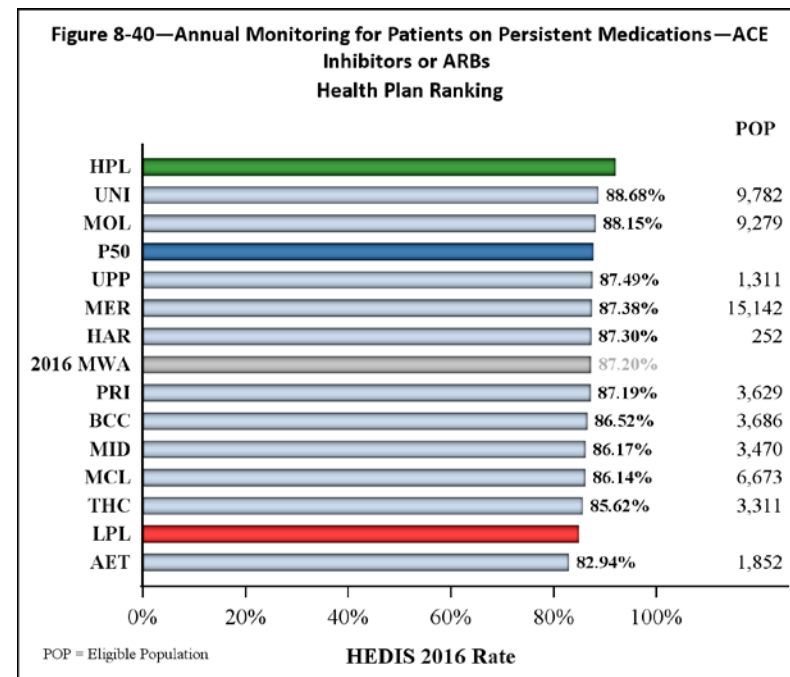
### Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

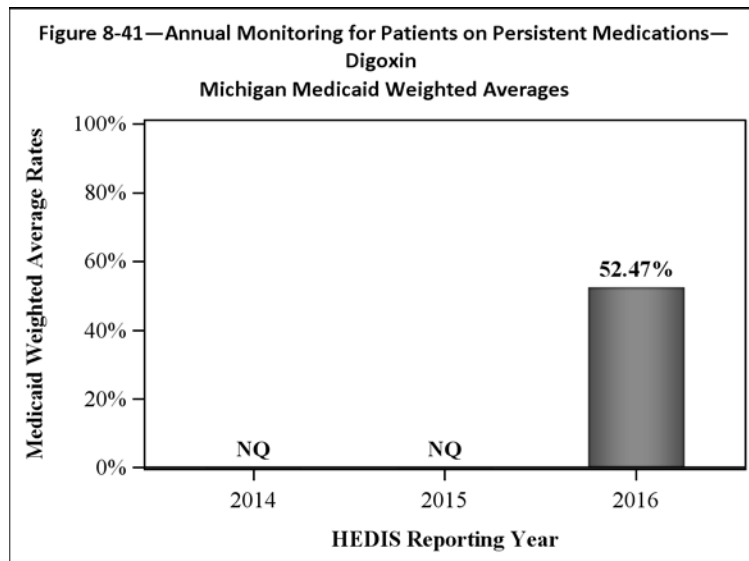
This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.



Two MHPs ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 88.68 percent to 82.94 percent.

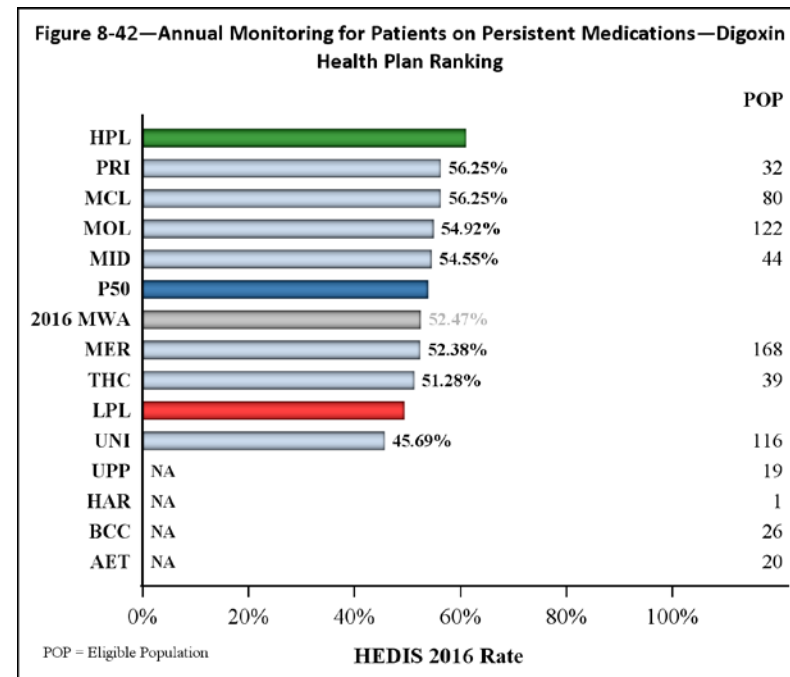
### Annual Monitoring for Patients on Persistent Medications—Digoxin

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.

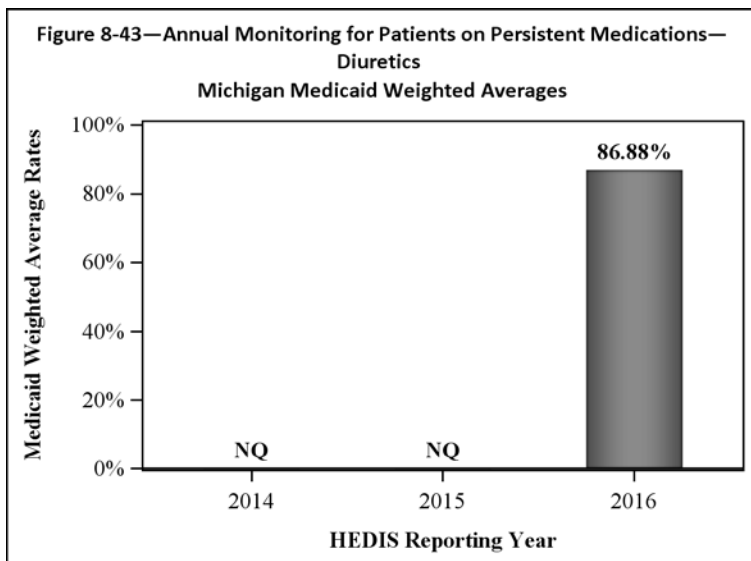


NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Four MHPs ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 56.25 percent to 45.69 percent.

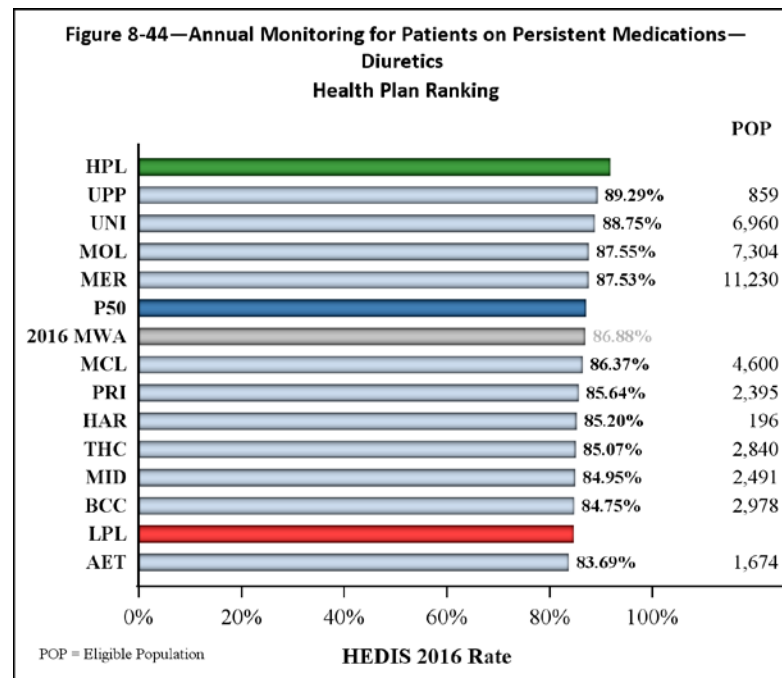
### Annual Monitoring for Patients on Persistent Medications—Diuretics

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

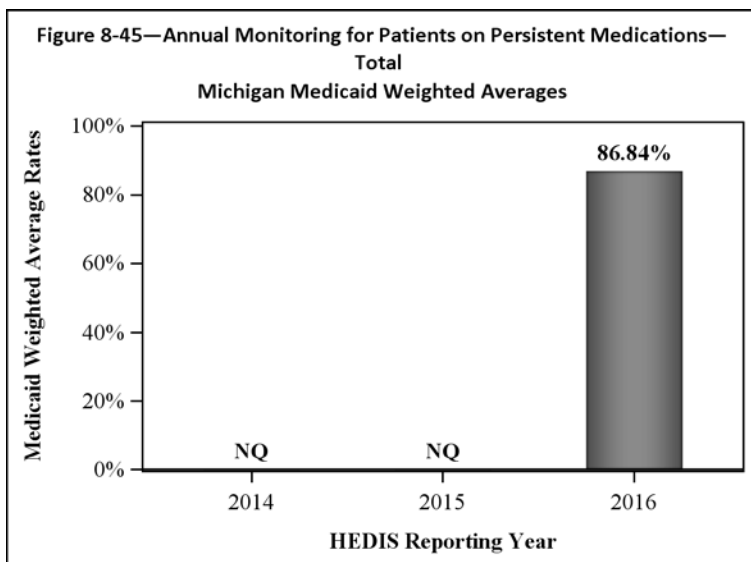
This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.



Four MHPs ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 89.29 percent to 83.69 percent.

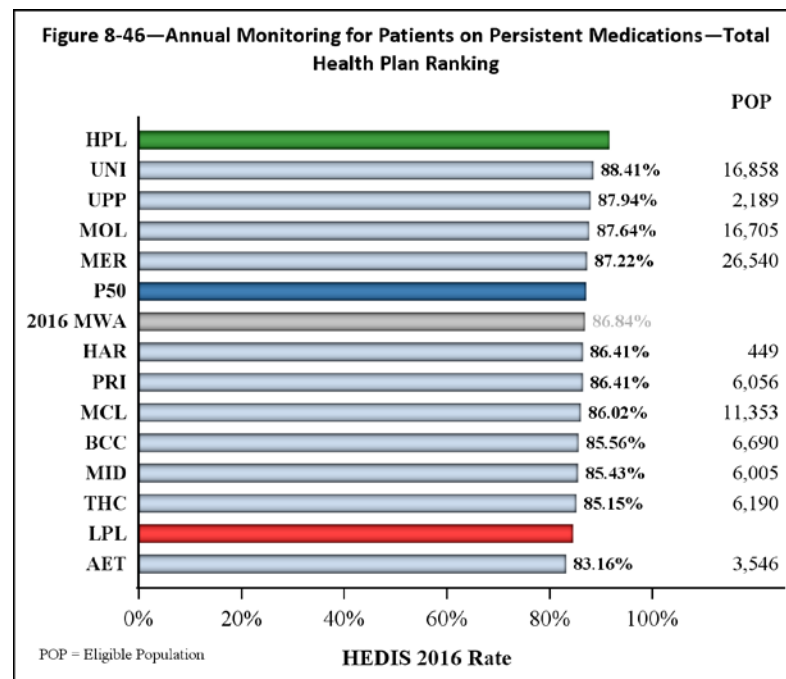
### Annual Monitoring for Patients on Persistent Medications—Total

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



NQ indicates that this measure was not included in the 2014 and 2015 aggregate reports.

This measure was added to the MDHHS’ HEDIS 2016 measure set for all MHPs; therefore, historical MWA rates were not presented.



Four MHPs ranked above the national Medicaid 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied from 88.41 percent to 83.16 percent.

### Introduction

The Utilization measure domain encompasses the following MDHHS measures:

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

### Summary of Findings

When comparing the HEDIS 2015 and HEDIS 2016 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2016 rates exhibited a range of minor increases and decreases across every category reported by Michigan MHP members.

For the *Language Diversity of Membership* measure at the statewide level, the percentage of members using English as the preferred spoken language for healthcare decreased slightly from the previous year, with a corresponding decline in the Unknown category. The percentage of Michigan members reporting either English or Non-English as the language preferred for written materials increased in HEDIS 2016. There was a corresponding decrease in the percentage of members in the Unknown category. Regarding other language needs, the percentage of members reporting Non-English and Unknown in HEDIS 2016 decreased slightly.

## Race/Ethnicity Diversity of Membership

### Measure Definition

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

### Results

Tables 9-1a and 9-1b show that the statewide rates for different racial/ethnic groups were fairly stable when compared to 2015.

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

MHP	Eligible Population	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian and Other Pacific Islanders
AET	56,253	18.01%	70.29%	0.12%	0.60%	0.03%
BCC	125,919	36.95%	44.44%	0.38%	1.20%	0.08%
HAR	13,363	2.39%	44.08%	10.69%	15.88%	0.00%
MCL	246,612	68.72%	15.26%	0.55%	0.71%	0.07%
MER	588,359	62.24%	21.29%	0.45%	0.77%	0.06%
MID	133,884	43.61%	37.40%	0.18%	2.02%	0.18%
MOL	385,916	47.85%	32.33%	0.26%	0.36%	0.00%
PRI	154,088	61.56%	13.23%	0.56%	0.91%	0.06%
THC	89,248	31.09%	54.16%	0.23%	1.15%	0.07%
UNI	251,544	50.65%	31.80%	0.24%	2.37%	<0.01%
UPP	57,429	87.07%	1.41%	2.53%	0.28%	0.06%
<b>HEDIS 2016 MWA</b>		<b>54.01%</b>	<b>28.00%</b>	<b>0.49%</b>	<b>1.09%</b>	<b>0.05%</b>
<b>HEDIS 2015 MWA</b>		<b>53.44%</b>	<b>29.35%</b>	<b>0.33%</b>	<b>1.24%</b>	<b>0.06%</b>
<b>HEDIS 2014 MWA</b>		<b>52.18%</b>	<b>29.18%</b>	<b>0.18%</b>	<b>0.89%</b>	<b>0.05%</b>

**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
AET	56,253	0.00%	0.00%	9.89%	1.07%
BCC	125,919	3.47%	0.00%	13.48%	0.00%
HAR	13,363	0.00%	0.00%	26.96%	0.00%
MCL	246,612	5.05%	0.00%	9.64%	<0.01%
MER	588,359	<0.01%	0.00%	5.66%	9.53%
MID	133,884	4.58%	0.00%	12.03%	0.00%
MOL	385,916	0.00%	<0.01%	19.20%	0.00%
PRI	154,088	<0.01%	0.00%	23.67%	0.00%
THC	89,248	2.45%	0.00%	10.84%	0.00%
UNI	251,544	0.00%	0.00%	14.94%	0.00%
UPP	57,429	1.39%	0.00%	<0.01%	7.25%
<b>HEDIS 2016 MWA</b>		<b>1.23%</b>	<b>0.00%</b>	<b>12.23%</b>	<b>2.89%</b>
<b>HEDIS 2015 MWA</b>		<b>0.44%</b>	<b>0.00%</b>	<b>12.40%</b>	<b>2.74%</b>
<b>HEDIS 2014 MWA</b>		<b>0.44%</b>	<b>0.00%</b>	<b>15.54%</b>	<b>1.55%</b>

## Language Diversity of Membership

### Measure Definition

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

### Results

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

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	56,253	0.00%	0.00%	100.00%	0.00%
BCC	125,919	99.17%	0.37%	0.46%	0.00%
HAR	13,363	72.57%	0.51%	26.93%	0.00%
MCL	246,612	96.40%	0.20%	3.40%	<0.01%
MER	588,359	98.87%	1.13%	<0.01%	0.00%
MID	133,884	100.00%	0.00%	0.00%	0.00%
MOL	385,916	98.99%	0.91%	0.10%	0.00%
PRI	154,088	0.00%	0.00%	100.00%	0.00%
THC	89,248	99.38%	0.44%	0.18%	0.00%
UNI	251,544	95.33%	4.67%	<0.01%	0.00%
UPP	57,429	99.93%	0.04%	0.03%	0.00%
<b>HEDIS 2016 MWA</b>		<b>88.26%</b>	<b>1.11%</b>	<b>10.63%</b>	<b>0.00%</b>
<b>HEDIS 2015 MWA</b>		<b>92.88%</b>	<b>1.34%</b>	<b>5.71%</b>	<b>0.07%</b>
<b>HEDIS 2014 MWA</b>		<b>90.43%</b>	<b>1.55%</b>	<b>8.01%</b>	<b>0.00%</b>



Table 9-3 shows that the percentage of Michigan members reporting either English or Non-English as the language preferred for written materials decreased in HEDIS 2016, along with a corresponding increase in the percentage of members reporting in the Unknown category. The percentage of Michigan members reporting either English or Unknown was the language preferred for written materials in HEDIS 2016. Five of the six plans that reported 100 percent in the Unknown category last year continued to report all of their members in the Unknown category in HEDIS 2016.

**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	56,253	0.00%	0.00%	100.00%	0.00%
BCC	125,919	99.17%	0.37%	0.46%	0.00%
HAR	13,363	0.00%	0.00%	100.00%	0.00%
MCL	246,612	NR	NR	100.00%	NR
MER	588,359	98.87%	1.13%	<0.01%	0.00%
MID	133,884	0.00%	0.00%	100.00%	0.00%
MOL	385,916	98.99%	0.91%	0.10%	0.00%
PRI	154,088	0.00%	0.00%	100.00%	0.00%
THC	89,248	99.38%	0.44%	0.18%	0.00%
UNI	251,544	95.33%	4.67%	<0.01%	0.00%
UPP	57,429	99.93%	0.04%	0.03%	0.00%
<b>HEDIS 2016 MWA</b>		<b>70.13%</b>	<b>1.08%</b>	<b>28.79%</b>	<b>0.00%</b>
<b>HEDIS 2015 MWA</b>		<b>70.40%</b>	<b>1.27%</b>	<b>28.34%</b>	<b>0.00%</b>
<b>HEDIS 2014 MWA</b>		<b>55.36%</b>	<b>0.77%</b>	<b>43.87%</b>	<b>0.00%</b>

NR indicates that the MHP chose not to report a rate for this measure indicator.

Table 9-4 shows that the percentage of Michigan members reporting English as another language need increased in HEDIS 2016. Non-English as another language need remained the same, while the Unknown category decreased in HEDIS 2016.

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	56,253	99.34%	0.15%	0.50%	0.00%
BCC	125,919	0.00%	0.00%	100.00%	0.00%
HAR	13,363	0.00%	0.00%	100.00%	0.00%
MCL	246,612	0.00%	0.00%	100.00%	0.00%
MER	588,359	98.87%	1.13%	<0.01%	0.00%
MID	133,884	0.00%	0.00%	100.00%	0.00%
MOL	385,916	98.99%	0.91%	0.10%	0.00%
PRI	154,088	0.00%	0.00%	100.00%	0.00%
THC	89,248	99.38%	0.44%	0.18%	0.00%
UNI	251,544	0.00%	0.00%	100.00%	0.00%
UPP	57,429	0.00%	0.00%	100.00%	0.00%
<b>HEDIS 2016 MWA</b>		<b>52.71%</b>	<b>0.51%</b>	<b>46.78%</b>	<b>0.00%</b>
<b>HEDIS 2015 MWA</b>		<b>42.69%</b>	<b>0.51%</b>	<b>56.80%</b>	<b>0.00%</b>
<b>HEDIS 2014 MWA</b>		<b>45.84%</b>	<b>0.75%</b>	<b>53.40%</b>	<b>0.00%</b>

### Introduction

The Utilization measure domain encompasses the following MDHHS measures:

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

The following tables present the HEDIS 2016 MHP-specific rates as well as the Michigan Medicaid Average (MA) for HEDIS 2016, HEDIS 2015, and HEDIS 2014. 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	482,366	83.70	267.80
BCC	993,434	70.18	554.98
MID	1,117,893	66.64	405.99
HAR	85,447	79.99	241.28
MCL	1,982,083	70.80	430.13
MER	4,848,025	80.18	392.51
MOL	2,965,960	75.32	410.12
PRI	1,237,839	76.40	382.40
THC	751,682	72.75	320.89
UNI	2,979,024	73.22	367.42
UPP	490,914	64.81	334.91
HEDIS 2016 MA		74.00	373.49
HEDIS 2015 MA		70.20	340.77
HEDIS 2014 MA		73.41	325.25

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

For the *Emergency Department Visits—Total* indicator, MHP performance varied, with 64.81 as the lowest number of visits per 1,000 member months and 83.70 as the highest number of visits per 1,000 member months.

### ***Inpatient Utilization—General Hospital/Acute Care—Total***

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

#### **Results**

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

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

MHP	Member Months	Total Inpatient	Medicine	Surgery	Maternity*
AET	482,366	7.76	4.81	1.34	2.20
BCC	993,434	9.18	4.54	2.44	2.80
MID	1,117,893	9.24	5.06	2.16	2.77
HAR	85,447	9.83	6.06	2.09	1.76
MCL	1,982,083	7.42	3.47	2.01	2.65
MER	4,848,025	8.23	5.33	1.02	2.65
MOL	2,965,960	8.97	4.98	1.90	2.97
PRI	1,237,839	6.99	3.11	1.62	3.18
THC	751,682	10.45	6.10	2.35	2.70
UNI	2,979,024	6.59	3.06	1.61	2.74
UPP	490,914	6.34	3.20	1.63	2.05
HEDIS 2016 MA		8.27	4.52	1.83	2.59
HEDIS 2015 MA		8.02	4.02	1.62	3.62
HEDIS 2014 MA		8.38	4.03	1.45	4.80

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

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

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

MHP	Total Inpatient	Medicine	Surgery	Maternity
AET	3.81	3.52	6.03	2.83
BCC	4.31	3.65	6.75	2.94
MID	3.87	3.38	6.26	2.52
HAR	3.89	3.56	5.67	2.47
MCL	3.45	3.27	4.85	2.33
MER	3.86	3.98	5.73	2.50
MOL	4.45	4.03	7.44	2.73
PRI	NR	NR	NR	NR
THC	4.34	3.64	7.63	2.66
UNI	4.23	3.92	6.76	2.62
UPP	3.60	3.46	4.69	2.72
HEDIS 2016 MA	3.98	3.64	6.18	2.63
HEDIS 2015 MA	3.99	3.77	6.50	2.65
HEDIS 2014 MA	3.89	3.87	6.51	2.57

*NR indicates that the MHP chose not to report a rate for this measure indicator.*

## 11. HEDIS Reporting Capabilities—Information Systems Findings

### HEDIS Reporting Capabilities—Information Systems Findings

NCQA's information systems (IS) standards are the guidelines used by certified HEDIS compliance auditors to assess an MHP's ability to report HEDIS data accurately and reliably.<sup>10-1</sup> Compliance with the guidelines also helps an auditor to understand an MHP's HEDIS reporting capabilities. For HEDIS 2016, MHPs were assessed on seven 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 interactive data submission system (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™.<sup>10-2</sup> 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 2016, 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 2016 technical specifications.

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

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<sup>10-1</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

<sup>10-2</sup> 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*. All enrollment data were received from the State. Data fields required for HEDIS measure reporting were captured appropriately. Based on the auditors' review, the MHPs processed eligibility files in a timely manner. Enrollment information housed in the MHPs' systems was reconciled against the enrollment files provided by the State. Sufficient data validations were in place to ensure that only accurate data were used for HEDIS reporting.



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

This standard assesses whether:

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

All MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. The MHPs had sufficient processes in place to capture data elements required for HEDIS reporting. Primary care practitioners (PCPs) 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 were sufficiently qualified and trained in the current year's HEDIS technical specifications and the use of MHP-specific abstraction tools to accurately conduct medical record reviews. Sufficient validation processes and edit checks were in place to ensure data completeness and data accuracy.

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

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- The organization has effective procedures for submitting measure-relevant information for data entry and whether electronic transmissions of data have checking 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 6.0—Member Call Center Data—Capture, Transfer, and Entry***

This standard assesses whether:

- Member call center data are reliably and accurately captured.

*IS 6.0, Member Call Center Data—Capture, Transfer, and Entry* was not applicable to the measures required for reporting by the MHPs because the call center measures were not part of the MDHHS-required HEDIS 2016 performance measures.

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

This standard assesses whether:

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

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

## Glossary

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

**Table 12-1—Definition of Terms**

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the MHP to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Not Applicable (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , and <i>Not Reported (NR)</i> .
ADMIN%	Percentage of the rate derived using administrative data (e.g., claims data and immunization registry).
BMI	Body Mass Index.
BR	Biased Rate; indicates that the MHP’s reported rate was invalid, therefore, the rate was not presented.
Continuous Enrollment Requirement	The minimum amount of time that a member must be enrolled in the MHP to be eligible for inclusion in a measure to ensure that the MHP has a sufficient amount of time to be held accountable for providing services to that member.
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.
EDI	Electronic data interchange; the direct computer-to-computer transfer of data.
Electronic Data	Data that are maintained in a computer environment versus a paper environment.
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.)
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment.
EQR	External quality review.

Term	Description
Exclusions	Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.
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).
FY	Fiscal year.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
Hep A	Hepatitis A vaccine.
Hep B	Hepatitis B vaccine.
HiB Vaccine	Haemophilus influenza type B vaccine.
HMO	Health maintenance organization.
HPL	High performance level. (For most performance measures, MDHHS defined the HPL as the most recent national Medicaid 90th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [ $>9.0\%$ ], in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
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. <sup>12-1</sup>
IT	Information technology; the technology used to create, store, exchange, and use information in its various forms.

<sup>12-1</sup> National Committee for Quality Assurance. HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5. Washington D.C.

Term	Description
LPL	Low performance level. (For most performance measures, MDHHS defined the LPL as the most recent national Medicaid 25th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [ $>9.0\%$ ], in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a $\pm 5$ percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a $\pm 10$ percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that auditors follow to verify that the MHP’s medical record abstraction meets industry standards and abstracted data are accurate
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	Not Applicable; 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 health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported; indicates that the MHP chose not to report the required HEDIS 2016 measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP’s reported rate was invalid.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required; indicates that the MHP was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.

Term	Description
POP	Eligible population.
PPC	Prenatal and Postpartum Care.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
Retroactive Enrollment	When the effective date of a member's enrollment in the MHP occurs prior to the date that the MHP is notified of that member's enrollment. Medicaid members who are retroactively enrolled in the MHP must be excluded from a HEDIS measure denominator if the time period from the date of enrollment to the date of notification exceeds the measure's allowable gap specifications.
Revenue Codes	Cost codes for facilities to bill based on the categories of services, procedures, supplies, and materials.
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.)
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 2014, HEDIS 2015, and HEDIS 2016. 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 the HEDIS 2016 rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile benchmark.



## 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	629	68.75%	60.88%	58.80%	49.77%	29.40%	48.61%	29.17%	24.31%	24.31%
BCC	1,109	76.16% <sup>+</sup>	70.07%	68.13% <sup>+</sup>	59.85% <sup>+</sup>	43.55%	58.39% <sup>+</sup>	42.58% <sup>+</sup>	37.96% <sup>+</sup>	36.98% <sup>+</sup>
HAR	70	48.57%	44.29%	42.86%	32.86%	21.43%	31.43%	20.00%	18.57%	17.14%
MCL	2,928	74.70%	68.61%	64.72%	54.99%	38.93%	53.04%	38.44%	32.85%	32.85%
MER	7,401	77.91% <sup>+</sup>	72.79% <sup>+</sup>	68.84% <sup>+</sup>	59.07% <sup>+</sup>	42.79%	55.81% <sup>+</sup>	41.86%	36.28%	35.35%
MID	1,514	79.86% <sup>+</sup>	73.84% <sup>+</sup>	71.30% <sup>+</sup>	63.43% <sup>+</sup>	38.43%	61.34% <sup>+</sup>	37.27%	33.10%	31.94%
MOL	3,840	73.73%	68.43%	65.56%	60.26% <sup>+</sup>	36.42%	57.84% <sup>+</sup>	35.32%	33.33%	32.23%
PRI	1,806	82.88% <sup>+</sup>	80.89% <sup>+</sup>	78.16% <sup>+</sup>	70.72% <sup>+</sup>	57.07% <sup>+</sup>	68.49% <sup>+</sup>	56.08% <sup>+</sup>	51.61% <sup>+</sup>	50.62% <sup>+</sup>
THC	1,048	64.58%	58.56%	57.41%	45.60%	27.31%	44.91%	27.08%	23.61%	23.38%
UNI	4,523	76.16% <sup>+</sup>	71.78% <sup>+</sup>	67.15%	58.15%	38.69%	54.74%	36.25%	32.85%	30.66%
UPP	702	78.10% <sup>+</sup>	73.24% <sup>+</sup>	66.67%	55.47%	43.55%	52.07%	41.61%	37.23% <sup>+</sup>	36.01% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>76.15%<sup>+</sup></b>	<b>71.05%</b>	<b>67.50%</b>	<b>58.78%<sup>+</sup></b>	<b>40.45%</b>	<b>56.15%<sup>+</sup></b>	<b>39.27%</b>	<b>34.97%</b>	<b>33.92%</b>
<b>HEDIS 2015 MWA</b>		<b>77.16%</b>	<b>72.90%</b>	<b>67.78%</b>	<b>60.52%</b>	<b>44.76%</b>	<b>56.97%</b>	<b>42.69%</b>	<b>38.43%</b>	<b>36.92%</b>
<b>HEDIS 2014 MWA</b>		<b>80.90%</b>	<b>77.21%</b>	<b>70.61%</b>	<b>61.42%</b>	<b>42.17%</b>	<b>57.33%</b>	<b>40.22%</b>	<b>35.18%</b>	<b>33.87%</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

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

Plan	Eligible Population	Combination 1 Rate
AET	812	89.68% <sup>+</sup>
BCC	785	86.86% <sup>+</sup>
HAR	36	58.33%
MCL	2,420	82.73% <sup>+</sup>
MER	5,601	86.11% <sup>+</sup>
MID	1,630	87.73% <sup>+</sup>
MOL	4,338	90.54% <sup>+</sup>
PRI	1,600	89.69% <sup>+</sup>
THC	1,132	81.74% <sup>+</sup>
UNI	4,763	87.50% <sup>+</sup>
UPP	637	81.75% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>86.99%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>88.94%</b>
<b>HEDIS 2014 MWA</b>		<b>88.43%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

**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 or More Visits—Eligible Population	Well-Child Visits in the First 15 Months of Life 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	446	44.68%	2,933	71.30%	7,126	51.39% <sup>+</sup>
BCC	1,196	67.40% <sup>+</sup>	3,561	79.32% <sup>+</sup>	7,364	60.10% <sup>+</sup>
HAR	14	NA	318	62.89%	321	35.51%
MCL	1,936	66.42% <sup>+</sup>	10,683	71.29%	19,694	46.23%
MER	4,296	75.21% <sup>+</sup>	29,245	77.27% <sup>+</sup>	45,643	59.72% <sup>+</sup>
MID	995	56.02%	6,101	76.85% <sup>+</sup>	13,358	54.99% <sup>+</sup>
MOL	2,575	63.84% <sup>+</sup>	17,528	76.15% <sup>+</sup>	33,788	57.21% <sup>+</sup>
PRI	1,260	69.16% <sup>+</sup>	6,847	79.17% <sup>+</sup>	12,941	52.58% <sup>+</sup>
THC	745	54.86%	3,975	69.44%	9,662	48.61%
UNI	3,221	61.56% <sup>+</sup>	20,693	73.21% <sup>+</sup>	37,953	54.74% <sup>+</sup>
UPP	657	74.21% <sup>+</sup>	3,030	69.59%	5,436	42.09%
<b>HEDIS 2016 MWA</b>		<b>66.22%<sup>+</sup></b>		<b>75.11%<sup>+</sup></b>		<b>54.74%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>64.76%</b>		<b>75.76%</b>		<b>54.02%</b>
<b>HEDIS 2014 MWA</b>		<b>73.09%</b>		<b>77.05%</b>		<b>57.80%</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

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

Plan	Eligible Population	Rate
AET	629	73.61% <sup>+</sup>
BCC	1,109	75.18% <sup>+</sup>
HAR	70	71.43%
MCL	2,929	92.21% <sup>+</sup>
MER	7,428	80.32% <sup>+</sup>
MID	1,514	74.07% <sup>+</sup>
MOL	3,840	72.19% <sup>+</sup>
PRI	1,806	83.39% <sup>+</sup>
THC	1,048	72.69% <sup>+</sup>
UNI	4,523	78.86% <sup>+</sup>
UPP	702	88.56% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>79.55%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>80.37%</b>
<b>HEDIS 2014 MWA</b>		<b>80.43%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

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

Plan	Eligible Population	Rate
AET	866	89.72% <sup>+</sup>
BCC	1,817	92.52% <sup>+</sup>
HAR	118	96.61% <sup>+</sup>
MCL	5,385	86.74%
MER	13,989	89.77% <sup>+</sup>
MID	2,844	88.19% <sup>+</sup>
MOL	8,016	88.44% <sup>+</sup>
PRI	3,258	93.71% <sup>+</sup>
THC	1,221	87.55%
UNI	9,938	87.89%
UPP	1,521	90.27% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>89.09%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>88.00%</b>
<b>HEDIS 2014 MWA</b>		<b>86.53%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

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

Plan	Eligible Population	Rate
AET	377	55.44%
BCC	690	72.61% <sup>+</sup>
HAR	12	NA
MCL	2,440	70.37%
MER	7,508	72.84% <sup>+</sup>
MID	1,446	67.98%
MOL	3,817	62.82%
PRI	1,448	79.07% <sup>+</sup>
THC	575	57.57%
UNI	4,407	63.13%
UPP	564	68.97%
<b>HEDIS 2016 MWA</b>		<b>68.41%</b>
<b>HEDIS 2015 MWA</b>		<b>67.25%</b>
<b>HEDIS 2014 MWA</b>		<b>59.19%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

*NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

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

Plan	Initiation Phase—Eligible Population	Initiation Phase—Rate	Continuation and Maintenance Phase—Eligible Population	Continuation and Maintenance Phase—Rate
AET	236	23.73%	41	36.59%
BCC	258	39.92%	51	50.98% <sup>+</sup>
HAR	2	NA	1	NA
MCL	977	42.27% <sup>+</sup>	270	54.07% <sup>+</sup>
MER	2,221	45.88% <sup>+</sup>	790	57.59% <sup>+</sup>
MID	113	31.86%	36	33.33%
MOL	1,486	37.42%	336	45.83%
PRI	699	39.06%	178	42.13%
THC	332	53.61% <sup>+</sup>	75	70.67% <sup>+</sup>
UNI	1,703	44.57% <sup>+</sup>	370	59.46% <sup>+</sup>
UPP	237	53.16% <sup>+</sup>	85	57.65% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>42.58%<sup>+</sup></b>		<b>53.96%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>38.87%</b>		<b>44.35%</b>
<b>HEDIS 2014 MWA</b>		<b>40.24%</b>		<b>47.04%</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

## Women—Adult Care Performance Measure Results

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

Plan	Breast Cancer Screening—Eligible Population	Breast Cancer Screening—Rate	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	1,076	63.10% <sup>+</sup>	6,287	64.47% <sup>+</sup>
BCC	511	61.84% <sup>+</sup>	12,418	63.99% <sup>+</sup>
HAR	34	64.71% <sup>+</sup>	742	42.58%
MCL	2,254	58.78% <sup>+</sup>	27,511	63.02% <sup>+</sup>
MER	4,991	59.57% <sup>+</sup>	63,058	63.91% <sup>+</sup>
MID	1,936	57.54%	14,880	59.35%
MOL	5,254	59.67% <sup>+</sup>	35,841	65.63% <sup>+</sup>
PRI	933	64.95% <sup>+</sup>	15,622	63.06% <sup>+</sup>
THC	1,363	49.67%	10,197	60.19%
UNI	4,962	61.35% <sup>+</sup>	39,052	65.85% <sup>+</sup>
UPP	555	59.64% <sup>+</sup>	7,401	62.53% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>59.58%<sup>+</sup></b>		<b>63.79%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>59.65%</b>		<b>68.46%</b>
<b>HEDIS 2014 MWA</b>		<b>62.56%</b>		<b>71.34%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*



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

Plan	Ages 16 to 20 Years—Eligible Population	Ages 16 to 20 Years—Rate	Ages 21 to 24 Years—Eligible Population	Ages 21 to 24 Years—Rate	Total—Eligible Population	Total—Rate
AET	1,008	66.77% <sup>+</sup>	605	71.24% <sup>+</sup>	1,613	68.44% <sup>+</sup>
BCC	1,018	68.96% <sup>+</sup>	1,084	70.30% <sup>+</sup>	2,102	69.65% <sup>+</sup>
HAR	32	71.88% <sup>+</sup>	49	73.47% <sup>+</sup>	81	72.84% <sup>+</sup>
MCL	2,764	50.36% <sup>+</sup>	2,317	60.12%	5,081	54.81% <sup>+</sup>
MER	6,472	60.65% <sup>+</sup>	6,013	68.47% <sup>+</sup>	12,485	64.41% <sup>+</sup>
MID	1,520	58.75% <sup>+</sup>	1,172	64.76% <sup>+</sup>	2,692	61.37% <sup>+</sup>
MOL	4,675	63.25% <sup>+</sup>	3,198	70.83% <sup>+</sup>	7,873	66.33% <sup>+</sup>
PRI	1,874	63.93% <sup>+</sup>	1,328	72.21% <sup>+</sup>	3,202	67.36% <sup>+</sup>
THC	1,309	63.48% <sup>+</sup>	868	67.51% <sup>+</sup>	2,177	65.09% <sup>+</sup>
UNI	4,849	62.26% <sup>+</sup>	3,199	69.46% <sup>+</sup>	8,048	65.12% <sup>+</sup>
UPP	788	46.95%	619	56.06%	1,407	50.96%
<b>HEDIS 2016 MWA</b>		<b>60.75%<sup>+</sup></b>		<b>67.85%<sup>+</sup></b>		<b>63.86%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>59.08%</b>		<b>67.58%</b>		<b>62.20%</b>
<b>HEDIS 2014 MWA</b>		<b>60.15%</b>		<b>69.44%</b>		<b>63.40%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

## 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	622	90.84%	3,497	81.16%	3,209	86.76%	5,405	83.70%
BCC	1,252	94.89%	4,566	85.57%	2,806	90.84%	3,899	89.38%
HAR	51	82.35%	380	73.16%	127	71.65%	94	67.02%
MCL	2,848	95.44%	13,305	86.68%	10,143	87.98%	13,018	86.62%
MER	7,586	97.69% <sup>+</sup>	35,912	91.25% <sup>+</sup>	25,567	92.57% <sup>+</sup>	29,509	92.74% <sup>+</sup>
MID	1,420	95.21%	7,452	86.58%	6,051	89.22%	9,021	87.47%
MOL	3,850	96.39% <sup>+</sup>	20,982	88.57% <sup>+</sup>	18,297	91.64% <sup>+</sup>	24,456	90.53% <sup>+</sup>
PRI	1,954	97.75% <sup>+</sup>	8,403	89.34% <sup>+</sup>	6,630	92.05% <sup>+</sup>	8,256	90.36% <sup>+</sup>
THC	1,008	87.60%	4,888	83.98%	4,250	86.73%	6,723	85.17%
UNI	4,428	96.54% <sup>+</sup>	24,770	89.66% <sup>+</sup>	20,698	91.17%	26,833	90.51% <sup>+</sup>
UPP	850	97.65% <sup>+</sup>	3,675	90.18% <sup>+</sup>	2,799	90.60%	3,666	92.33% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>96.20%</b>		<b>88.79%<sup>+</sup></b>		<b>90.85%</b>		<b>89.86%</b>
<b>HEDIS 2015 MWA</b>		<b>96.32%</b>		<b>88.73%</b>		<b>91.14%</b>		<b>90.21%</b>
<b>HEDIS 2014 MWA</b>		<b>96.73%</b>		<b>88.91%</b>		<b>91.68%</b>		<b>90.48%</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 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	7,057	76.58%	4,682	85.73%	2	NA	11,741	80.23%
BCC	14,861	78.39%	11,291	86.09%	155	78.06%	26,307	81.69%
HAR	955	56.44%	1,035	76.43%	8	NA	1,998	66.87%
MCL	29,616	83.34% <sup>+</sup>	20,903	89.87% <sup>+</sup>	42	90.48% <sup>+</sup>	50,561	86.05% <sup>+</sup>
MER	70,338	85.37% <sup>+</sup>	41,592	91.57% <sup>+</sup>	553	91.50% <sup>+</sup>	112,483	87.70% <sup>+</sup>
MID	16,487	77.66%	11,749	88.04% <sup>+</sup>	649	89.06% <sup>+</sup>	28,885	82.14%
MOL	38,358	82.66% <sup>+</sup>	26,226	89.94% <sup>+</sup>	1,110	96.13% <sup>+</sup>	65,694	85.79% <sup>+</sup>
PRI	16,436	85.15% <sup>+</sup>	10,673	91.31% <sup>+</sup>	35	88.57% <sup>+</sup>	27,144	87.58% <sup>+</sup>
THC	10,811	77.44%	7,997	86.31%	208	72.60%	19,016	81.12%
UNI	42,307	83.01% <sup>+</sup>	28,502	91.13% <sup>+</sup>	433	95.84% <sup>+</sup>	71,242	86.34% <sup>+</sup>
UPP	8,215	86.23% <sup>+</sup>	5,413	88.42% <sup>+</sup>	59	86.44%	13,687	87.10% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>82.76%<sup>+</sup></b>		<b>89.81%<sup>+</sup></b>		<b>91.15%<sup>+</sup></b>		<b>85.62%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>83.42%</b>		<b>90.77%</b>		<b>88.60%</b>		<b>86.11%</b>
<b>HEDIS 2014 MWA</b>		<b>84.30%</b>		<b>90.93%</b>		<b>90.29%</b>		<b>86.75%</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

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

Plan	Eligible Population	Rate
AET	240	35.83% <sup>+</sup>
BCC	358	31.84% <sup>+</sup>
HAR	35	40.00% <sup>+</sup>
MCL	1,139	23.00%
MER	3,034	23.57%
MID	662	33.23% <sup>+</sup>
MOL	1,863	27.70% <sup>+</sup>
PRI	407	30.96% <sup>+</sup>
THC	484	33.06% <sup>+</sup>
UNI	2,322	24.42%
UPP	368	43.48% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>26.94%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>NQ</b>
<b>HEDIS 2014 MWA</b>		<b>NQ</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

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

## 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 <sup>1</sup>
AET	7,180	70.30% <sup>+</sup>	64.60% <sup>+</sup>	55.45% <sup>+</sup>
BCC	9,813	89.54% <sup>+</sup>	78.83% <sup>+</sup>	69.10% <sup>+</sup>
HAR	448	73.97% <sup>+</sup>	69.83% <sup>+</sup>	57.66% <sup>+</sup>
MCL	29,455	66.67%	50.85%	44.53%
MER	79,550	74.53% <sup>+</sup>	68.22% <sup>+</sup>	55.14% <sup>+</sup>
MID	17,970	74.17% <sup>+</sup>	62.80% <sup>+</sup>	54.98% <sup>+</sup>
MOL	49,712	80.46% <sup>+</sup>	67.82% <sup>+</sup>	63.68% <sup>+</sup>
PRI	20,457	75.41% <sup>+</sup>	60.66%	57.92% <sup>+</sup>
THC	11,429	72.92% <sup>+</sup>	65.28% <sup>+</sup>	56.25% <sup>+</sup>
UNI	58,977	71.05% <sup>+</sup>	68.86% <sup>+</sup>	62.04% <sup>+</sup>
UPP	8,609	91.97% <sup>+</sup>	65.94% <sup>+</sup>	64.23% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>74.93%<sup>+</sup></b>	<b>65.77%<sup>+</sup></b>	<b>57.88%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>78.34%</b>	<b>67.95%</b>	<b>58.07%</b>
<b>HEDIS 2014 MWA</b>		<b>70.07%</b>	<b>64.72%</b>	<b>52.99%</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

Plan	Eligible Population	Rate
AET	6,394	90.21% <sup>+</sup>
BCC	5,418	89.78% <sup>+</sup>
HAR	262	74.19%
MCL	17,954	87.83% <sup>+</sup>
MER	42,076	94.08% <sup>+</sup>
MID	12,203	85.42% <sup>+</sup>
MOL	31,074	90.15% <sup>+</sup>
PRI	8,183	80.10%
THC	9,236	89.29% <sup>+</sup>
UNI	34,099	89.12% <sup>+</sup>
UPP	4,604	95.62% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>89.92%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>90.31%</b>
<b>HEDIS 2014 MWA</b>		<b>86.05%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 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	840	62.38%	45.56%
BCC	1,526	80.54%	57.66%
HAR	93	34.41%	33.33%
MCL	3,212	76.40%	63.99% <sup>+</sup>
MER	9,247	88.11% <sup>+</sup>	68.53% <sup>+</sup>
MID	1,714	71.93%	51.04%
MOL	4,479	78.20%	67.87% <sup>+</sup>
PRI	2,279	63.56%	61.44%
THC	1,144	68.91%	47.33%
UNI	4,990	76.03%	52.06%
UPP	832	86.13% <sup>+</sup>	71.78% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>78.63%</b>	<b>61.73%</b>
<b>HEDIS 2015 MWA</b>		<b>84.45%</b>	<b>66.69%</b>
<b>HEDIS 2014 MWA</b>		<b>88.92%</b>	<b>70.84%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

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

Plan	≥ 81 Percent of Expected Visits— Eligible Population	≥ 81 Percent of Expected Visits— Rate
AET	840	18.46%
BCC	1,526	45.99%
HAR	93	11.83%
MCL	3,212	58.15%
MER	9,247	86.01% <sup>+</sup>
MID	1,714	35.73%
MOL	4,479	39.10%
PRI	2,279	45.74%
THC	1,144	29.93%
UNI	4,990	41.75%
UPP	832	72.02% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>56.40%</b>
<b>HEDIS 2015 MWA</b>		<b>63.43%</b>
<b>HEDIS 2014 MWA</b>		<b>66.36%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*



**Table A-17—MHP and MWA Results for Weeks of Pregnancy at Time of Enrollment**

Plan	Eligible Population	Prior to 0 Weeks—Rate	1 to 12 Weeks—Rate	13 to 27 Weeks—Rate	28 or More Weeks—Rate	Unknown—Rate
AET	1,030	45.92%	9.61%	21.46%	17.09%	5.92%
BCC	1,972	27.99%	11.26%	30.83%	23.53%	6.39%
HAR	142	16.90%	13.38%	31.69%	35.21%	2.82%
MCL	3,856	31.56%	11.98%	32.13%	20.25%	4.07%
MER	10,814	29.54%	12.22%	36.06%	20.84%	1.35%
MID	2,085	39.57%	11.65%	26.47%	18.08%	4.22%
MOL	5,835	33.16%	10.01%	28.89%	23.00%	4.94%
PRI	411	17.76%	9.49%	22.87%	47.45%	2.43%
THC	430	40.23%	13.49%	27.21%	17.91%	1.16%
UNI	5,952	36.81%	10.69%	29.54%	17.88%	5.09%
UPP	996	28.21%	13.76%	32.63%	20.18%	5.22%
<b>HEDIS 2016 MWA</b>		<b>32.63%</b>	<b>11.40%</b>	<b>31.45%</b>	<b>20.82%</b>	<b>3.70%</b>
<b>HEDIS 2015 MWA</b>		<b>30.34%</b>	<b>9.55%</b>	<b>39.34%</b>	<b>17.35%</b>	<b>3.42%</b>
<b>HEDIS 2014 MWA</b>		<b>29.72%</b>	<b>9.27%</b>	<b>40.51%</b>	<b>17.12%</b>	<b>3.38%</b>

## Living With Illness Performance Measure Results

Table A-18—MHP and MWA Results for Comprehensive Diabetes Care<sup>1</sup>

Plan	Eligible Population	Hemoglobin A1c (HbA1c) Testing—Rate	HbA1c Poor Control (>9.0%) —Rate*	HbA1c Control (<8.0%)—Rate	Eye Exam (Retinal) Performed —Rate	Medical Attention for Nephropathy —Rate	Blood Pressure Control (<140/90 mm Hg) —Rate
AET	1,574	84.36%	46.41%	45.38%	49.36%	91.03% <sup>+</sup>	52.18%
BCC	2,854	86.86% <sup>+</sup>	37.59% <sup>+</sup>	53.65% <sup>+</sup>	62.04% <sup>+</sup>	93.07% <sup>+</sup>	58.39%
HAR	234	75.64%	73.08%	22.22%	46.15%	91.03% <sup>+</sup>	31.20%
MCL	5,877	89.42% <sup>+</sup>	36.50% <sup>+</sup>	51.09% <sup>+</sup>	56.20% <sup>+</sup>	92.15% <sup>+</sup>	61.50%
MER	12,893	85.60%	39.97% <sup>+</sup>	50.23% <sup>+</sup>	61.87% <sup>+</sup>	88.67% <sup>+</sup>	68.15% <sup>+</sup>
MID	4,132	85.93%	48.44%	45.04%	57.19% <sup>+</sup>	88.74% <sup>+</sup>	44.74%
MOL	8,742	86.04%	41.44% <sup>+</sup>	50.90% <sup>+</sup>	57.43% <sup>+</sup>	92.12% <sup>+</sup>	55.41%
PRI	3,098	94.89% <sup>+</sup>	27.92% <sup>+</sup>	60.40% <sup>+</sup>	68.80% <sup>+</sup>	94.34% <sup>+</sup>	49.27%
THC	2,580	82.98%	53.19%	37.39%	40.27%	91.03% <sup>+</sup>	47.57%
UNI	9,686	86.81% <sup>+</sup>	34.17% <sup>+</sup>	54.58% <sup>+</sup>	64.31% <sup>+</sup>	93.06% <sup>+</sup>	62.64% <sup>+</sup>
UPP	1,274	91.61% <sup>+</sup>	28.65% <sup>+</sup>	58.21% <sup>+</sup>	66.06% <sup>+</sup>	91.97% <sup>+</sup>	75.73% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>86.89%<sup>+</sup></b>	<b>39.30%<sup>+</sup></b>	<b>50.91%<sup>+</sup></b>	<b>59.61%<sup>+</sup></b>	<b>91.28%<sup>+</sup></b>	<b>59.38%</b>
<b>HEDIS 2015 MWA</b>		<b>85.99%</b>	<b>35.83%</b>	<b>53.78%</b>	<b>59.48%</b>	<b>83.73%</b>	<b>65.90%</b>
<b>HEDIS 2014 MWA</b>		<b>85.45%</b>	<b>37.23%</b>	<b>53.74%</b>	<b>63.01%</b>	<b>82.00%</b>	<b>63.56%</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

<sup>1</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

**Table A-19—MHP and MWA Results for Medication Management for People With Asthma**

Plan	Eligible Population	Medication Compliance 50%—Total —Rate	Medication Compliance 75%—Total —Rate
AET	556	66.55% <sup>+</sup>	39.93% <sup>+</sup>
BCC	539	76.62% <sup>+</sup>	58.26% <sup>+</sup>
HAR	1	NA	NA
MCL	1,378	59.94% <sup>+</sup>	38.39% <sup>+</sup>
MER	2,621	71.23% <sup>+</sup>	48.68% <sup>+</sup>
MID	851	62.98% <sup>+</sup>	34.90% <sup>+</sup>
MOL	2,057	55.61% <sup>+</sup>	30.92% <sup>+</sup>
PRI	945	75.03% <sup>+</sup>	54.29% <sup>+</sup>
THC	753	84.59% <sup>+</sup>	66.27% <sup>+</sup>
UNI	2,271	69.44% <sup>+</sup>	45.00% <sup>+</sup>
UPP	317	53.63%	22.71%
<b>HEDIS 2016 MWA</b>		<b>67.13%<sup>+</sup></b>	<b>43.79%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>NQ</b>	<b>NQ</b>
<b>HEDIS 2014 MWA</b>		<b>NQ</b>	<b>NQ</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

*NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

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

**Table A-20—MHP and MWA Results for Asthma Medication Ratio**

Plan	Eligible Population	Rate
AET	711	41.49%
BCC	632	53.96%
HAR	3	NA
MCL	1,634	65.18% <sup>+</sup>
MER	3,073	69.48% <sup>+</sup>
MID	1,077	60.26%
MOL	2,600	61.35% <sup>+</sup>
PRI	1,026	84.31% <sup>+</sup>
THC	1,177	34.24%
UNI	2,548	64.68% <sup>+</sup>
UPP	378	64.55% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>62.18%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>NQ</b>
<b>HEDIS 2014 MWA</b>		<b>NQ</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

*NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

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

**Table A-21—MHP and MWA Results for Controlling High Blood Pressure**

Plan	Eligible Population	Rate
AET	3,061	39.91%
BCC	5,386	54.99%
HAR	483	31.39%
MCL	9,277	54.74%
MER	20,816	67.79% <sup>+</sup>
MID	6,141	53.86%
MOL	15,028	53.60%
PRI	4,785	44.13%
THC	4,731	43.05%
UNI	15,052	52.32%
UPP	1,920	63.99% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>55.54%</b>
<b>HEDIS 2015 MWA</b>		<b>62.06%</b>
<b>HEDIS 2014 MWA</b>		<b>63.58%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

**Table A-22—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	33,656	79.92% <sup>+</sup>	55.74% <sup>+</sup>	46.22% <sup>+</sup>
BCC	73,845	77.27% <sup>+</sup>	52.86% <sup>+</sup>	46.70% <sup>+</sup>
HAR	4,199	78.41% <sup>+</sup>	54.51% <sup>+</sup>	45.28% <sup>+</sup>
MCL	148,670	77.60% <sup>+</sup>	50.54% <sup>+</sup>	42.25%
MER	337,159	80.16% <sup>+</sup>	55.69% <sup>+</sup>	44.88% <sup>+</sup>
MID	36,221	81.74% <sup>+</sup>	52.57% <sup>+</sup>	44.21% <sup>+</sup>
MOL	153,245	83.54% <sup>+</sup>	56.32% <sup>+</sup>	45.94% <sup>+</sup>
PRI	46,272	79.10% <sup>+</sup>	51.75% <sup>+</sup>	43.60% <sup>+</sup>
THC	49,686	78.16% <sup>+</sup>	50.69% <sup>+</sup>	42.29%
UNI	191,730	78.86% <sup>+</sup>	59.35% <sup>+</sup>	48.02% <sup>+</sup>
UPP	34,250	79.43% <sup>+</sup>	55.95% <sup>+</sup>	45.39% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>79.75%<sup>+</sup></b>	<b>55.04%<sup>+</sup></b>	<b>45.20%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>79.90%</b>	<b>54.26%</b>	<b>45.73%</b>
<b>HEDIS 2014 MWA</b>		<b>80.35%</b>	<b>53.76%</b>	<b>46.12%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

**Table A-23—MHP and MWA Results for Antidepressant Medication Management**

Plan	Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Rate
AET	370	37.84%	24.59%
BCC	924	75.97% <sup>+</sup>	59.74% <sup>+</sup>
HAR	0	NA	NA
MCL	2,863	58.33% <sup>+</sup>	39.15% <sup>+</sup>
MER	3,350	70.45% <sup>+</sup>	50.24% <sup>+</sup>
MID	64	37.50%	23.44%
MOL	2,709	51.46% <sup>+</sup>	34.29% <sup>+</sup>
PRI	992	61.09% <sup>+</sup>	45.87% <sup>+</sup>
THC	574	89.55% <sup>+</sup>	73.34% <sup>+</sup>
UNI	2,434	49.55%	31.59%
UPP	476	61.13% <sup>+</sup>	40.34% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>60.36%<sup>+</sup></b>	<b>42.21%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>NQ</b>	<b>NQ</b>
<b>HEDIS 2014 MWA</b>		<b>NQ</b>	<b>NQ</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

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

**Table A-24—MHP and MWA Results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**

Plan	Eligible Population	Rate
AET	279	83.87% <sup>+</sup>
BCC	509	89.19% <sup>+</sup>
HAR	2	NA
MCL	2,383	81.62% <sup>+</sup>
MER	4,313	80.27% <sup>+</sup>
MID	543	81.58% <sup>+</sup>
MOL	1,982	84.61% <sup>+</sup>
PRI	494	84.21% <sup>+</sup>
THC	558	77.60%
UNI	1,957	85.54% <sup>+</sup>
UPP	336	87.20% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>82.61%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>83.75%</b>
<b>HEDIS 2014 MWA</b>		<b>83.54%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

*NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*



**Table A-25—MHP and MWA Results for Diabetes Monitoring for People With Diabetes and Schizophrenia**

Plan	Eligible Population	Rate
AET	50	66.00%
BCC	58	60.34%
HAR	6	NA
MCL	184	63.59%
MER	512	73.63% <sup>+</sup>
MID	102	65.69%
MOL	378	71.16% <sup>+</sup>
PRI	58	65.52%
THC	94	57.45%
UNI	290	74.48% <sup>+</sup>
UPP	17	NA
<b>HEDIS 2016 MWA</b>		<b>69.98%<sup>+</sup></b>
<b>HEDIS 2015 MWA</b>		<b>72.73%</b>
<b>HEDIS 2014 MWA</b>		<b>72.60%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

*NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

**Table A-26—MHP and MWA Results for Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia**

Plan	Eligible Population	Rate
AET	13	NA
BCC	6	NA
HAR	0	NA
MCL	27	NA
MER	100	80.00% <sup>+</sup>
MID	29	NA
MOL	60	63.33%
PRI	2	NA
THC	20	NA
UNI	65	80.00% <sup>+</sup>
UPP	3	NA
<b>HEDIS 2016 MWA</b>		<b>74.46%</b>
<b>HEDIS 2015 MWA</b>		<b>60.10%</b>
<b>HEDIS 2014 MWA</b>		<b>60.14%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

*NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

**Table A-27—MHP and MWA Results for Adherence to Antipsychotic Medications for Individuals With Schizophrenia**

Plan	Eligible Population	Rate
AET	183	51.37%
BCC	229	52.40%
HAR	0	NA
MCL	903	66.45% <sup>+</sup>
MER	1,984	61.59% <sup>+</sup>
MID	357	5.04%
MOL	1,153	66.61% <sup>+</sup>
PRI	186	58.06%
THC	292	56.16%
UNI	908	60.02%
UPP	93	60.22%
<b>HEDIS 2016 MWA</b>		<b>58.76%</b>
<b>HEDIS 2015 MWA</b>		<b>59.22%</b>
<b>HEDIS 2014 MWA</b>		<b>60.49%</b>

*Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.*

*NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.*

**Table A-28—MHP and MWA Results for Annual Monitoring for Patients on Persistent Medications**

Plan	ACE Inhibitors or ARBs—Eligible Population	ACE Inhibitors or ARBs—Rate	Digoxin—Eligible Population	Digoxin—Rate	Diuretics—Eligible Population	Diuretics—Rate	Total—Eligible Population	Total—Rate
AET	1,852	82.94%	20	NA	1,674	83.69%	3,546	83.16%
BCC	3,686	86.52%	26	NA	2,978	84.75%	6,690	85.56%
HAR	252	87.30%	1	NA	196	85.20%	449	86.41%
MCL	6,673	86.14%	80	56.25% <sup>+</sup>	4,600	86.37%	11,353	86.02%
MER	15,142	87.38%	168	52.38%	11,230	87.53% <sup>+</sup>	26,540	87.22% <sup>+</sup>
MID	3,470	86.17%	44	54.55% <sup>+</sup>	2,491	84.95%	6,005	85.43%
MOL	9,279	88.15% <sup>+</sup>	122	54.92% <sup>+</sup>	7,304	87.55% <sup>+</sup>	16,705	87.64% <sup>+</sup>
PRI	3,629	87.19%	32	56.25% <sup>+</sup>	2,395	85.64%	6,056	86.41%
THC	3,311	85.62%	39	51.28%	2,840	85.07%	6,190	85.15%
UNI	9,782	88.68% <sup>+</sup>	116	45.69%	6,960	88.75% <sup>+</sup>	16,858	88.41% <sup>+</sup>
UPP	1,311	87.49%	19	NA	859	89.29% <sup>+</sup>	2,189	87.94% <sup>+</sup>
<b>HEDIS 2016 MWA</b>		<b>87.20%</b>		<b>52.47%</b>		<b>86.88%</b>		<b>86.84%</b>
<b>HEDIS 2015 MWA</b>		<b>NQ</b>		<b>NQ</b>		<b>NQ</b>		<b>NQ</b>
<b>HEDIS 2014 MWA</b>		<b>NQ</b>		<b>NQ</b>		<b>NQ</b>		<b>NQ</b>

Yellow shading with one cross (+) indicates the HEDIS 2016 MHP or MWA rate was at or above the Quality Compass HEDIS 2015 national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

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



## Health Plan Diversity and Utilization Measure Results

The Health Plan Diversity and Utilization Measure 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 2014, HEDIS 2015, and HEDIS 2016 rates are presented. HEDIS 2015 and HEDIS 2016 rates were compared based on a Chi-square test of statistical significance with a  $p$  value  $<0.05$ . Values in the 2015–2016 Comparison column that are shaded green with one cross (+) indicate statistically significant improvement from the previous year. Values in the 2015–2016 Comparison column shaded red with two crosses (++) indicate statistically significantly decline in performance from the previous year.

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

**Table B-1—AET Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	73.61%	71.93%	68.75%	-3.18	★
Combination 3	68.29%	67.92%	60.88%	-7.04 <sup>++</sup>	★
Combination 4	65.05%	65.80%	58.80%	-7.01 <sup>++</sup>	★
Combination 5	53.01%	55.66%	49.77%	-5.89	★
Combination 6	27.78%	31.13%	29.40%	-1.73	★
Combination 7	51.16%	54.01%	48.61%	-5.40	★
Combination 8	27.31%	30.42%	29.17%	-1.26	★
Combination 9	23.61%	25.94%	24.31%	-1.64	★
Combination 10	23.38%	25.47%	24.31%	-1.17	★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	49.75%	51.42%	44.68%	-6.74 <sup>++</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	82.41%	79.25%	73.61%	-5.63	★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	74.73%	74.32%	71.30%	-3.02	★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	57.52%	52.88%	51.39%	-1.50	★★★
<b>Immunizations for Adolescents</b>					
Combination 1	84.98%	83.05%	89.68%	+6.63 <sup>+</sup>	★★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	88.45%	89.35%	89.72%	+0.38	★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	50.62%	54.85%	55.44%	+0.59	★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	25.25%	19.16%	23.73%	+4.57	★

**Table B-1—AET Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	27.91%	21.43%	36.59%	+15.16	★★
<b>Women – Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	66.81%	68.11%	63.10%	-5.00 <sup>++</sup>	★★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	70.92%	72.35%	64.47%	-7.88 <sup>++</sup>	★★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	68.26%	68.48%	66.77%	-1.71	★★★★★
Ages 21 to 24 Years	77.30%	75.70%	71.24%	-4.46	★★★★
Total	70.99%	70.77%	68.44%	-2.33	★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	94.60%	93.32%	90.84%	-2.48	★
Ages 25 Months to 6 Years	82.98%	82.82%	81.16%	-1.67	★
Ages 7 to 11 Years	88.05%	87.47%	86.76%	-0.71	★
Ages 12 to 19 Years	85.79%	85.52%	83.70%	-1.82 <sup>++</sup>	★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	80.06%	77.95%	76.58%	-1.37	★★
Ages 45 to 64 Years	87.53%	86.35%	85.73%	-0.62	★★
Ages 65+ Years	NA	NA	NA	—	NA
Total	82.82%	81.17%	80.23%	-0.94	★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	35.83%	—	★★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	71.53%	77.12%	70.30%	-6.83 <sup>++</sup>	★★★★
Counseling for Nutrition—Total	62.50%	70.52%	64.60%	-5.91	★★★★

**Table B-1—AET Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	48.15%	64.39%	55.45%	-8.94 <sup>++</sup>	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	84.62%	88.56%	90.21%	+1.65	★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	84.35%	70.62%	62.38%	-8.23 <sup>++</sup>	★
<i>Postpartum Care</i>	66.12%	52.13%	45.56%	-6.57	★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	36.74%	27.49%	18.46%	-9.03 <sup>++</sup>	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	47.83%	44.23%	45.92%	+1.69	—
<i>1–12 Weeks</i>	4.83%	6.07%	9.61%	+3.54	—
<i>13–27 Weeks</i>	26.00%	27.63%	21.46%	-6.18	—
<i>28 or More Weeks</i>	16.58%	17.51%	17.09%	-0.42	—
<i>Unknown</i>	4.75%	4.55%	5.92%	+1.37	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>5</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	84.33%	85.66%	84.36%	-1.30	★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	38.47%	40.99%	46.41%	5.42 <sup>++</sup>	★★
<i>HbA1c Control (&lt;8.0%)</i>	52.59%	52.41%	45.38%	-7.03 <sup>++</sup>	★★
<i>Eye Exam (Retinal) Performed</i>	62.82%	59.77%	49.36%	-10.41 <sup>++</sup>	★★
<i>Medical Attention for Nephropathy</i>	82.90%	85.41%	91.03%	+5.62 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	50.13%	52.16%	52.18%	+0.02	★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	66.55%	—	★★★★

**Table B-1—AET Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	39.93%	—	★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	41.49%	—	★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	50.00%	48.72%	39.91%	-8.81 <sup>++</sup>	★
<b>Medical Assistance with Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	82.72%	81.50%	79.92%	-1.58	★★★★
<i>Discussing Cessation Medications</i>	57.92%	58.00%	55.74%	-2.26	★★★★
<i>Discussing Cessation Strategies</i>	47.95%	44.80%	46.22%	+1.42	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	37.84%	—	★
<i>Effective Continuation Phase Treatment</i>	—	—	24.59%	—	★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NB	NB	83.87%	—	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NR	NA	66.00%	—	★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NR	NA	NA	—	NA



**Table B-1—AET Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NB	NB	51.37%	—	★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	82.94%	—	★
Digoxin	—	—	NA	—	NA
Diuretics	—	—	83.69%	—	★
Total	—	—	83.16%	—	★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	14.64%	15.94%	18.01%	+2.07	—
Total—Black or African American	76.62%	73.61%	70.29%	-3.32	—
Total—American-Indian and Alaska Native	0.09%	0.09%	0.12%	+0.03	—
Total—Asian	0.77%	0.63%	0.60%	-0.04	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.03%	+0.03	—
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	7.88%	9.73%	9.89%	+0.16	—
Total—Declined	0.00%	0.00%	1.07%	+1.07	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	99.20%	99.38%	0.00%	-99.38	—
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language Preferred for Health Care—Unknown	0.80%	0.62%	100.00%	+99.38	—

**Table B-1—AET Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	99.20%	99.38%	0.00%	-99.38	—
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—Unknown	0.80%	0.62%	100.00%	+99.38	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	99.34%	+99.34	—
Other Language Needs—Non-English	0.00%	0.00%	0.15%	+0.15	—
Other Language Needs—Unknown	100.00%	100.00%	0.50%	-99.50	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	87.58	86.43	83.70	-2.73	★
Outpatient Visits—Total	308.37	311.47	267.80	-43.68	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	8.90	8.57	7.76	-0.81	—
Total Inpatient—Average Length of Stay—Total	4.19	4.08	3.81	-0.27	—
Maternity—Discharges per 1,000 Member Months—Total	3.55	2.94	2.20	-0.75	—
Maternity—Average Length of Stay—Total	2.63	2.68	2.83	+0.14	—

**Table B-1—AET Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Surgery—Discharges per 1,000 Member Months—Total	1.68	1.79	1.34	-0.45	—
Surgery—Average Length of Stay—Total	7.68	6.70	6.03	-0.67	—
Medicine—Discharges per 1,000 Member Months—Total	4.86	4.74	4.81	+0.07	—
Medicine—Average Length of Stay—Total	3.73	3.69	3.52	-0.17	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading\*\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	77.13%	76.16%	76.16%	0.00	★★★
Combination 3	74.94%	72.75%	70.07%	-2.68	★★
Combination 4	68.37%	69.59%	68.13%	-1.46	★★★
Combination 5	62.04%	58.39%	59.85%	+1.46	★★★
Combination 6	49.39%	50.12%	43.55%	-6.57	★★
Combination 7	58.39%	56.93%	58.39%	+1.46	★★★
Combination 8	45.74%	48.66%	42.58%	-6.08	★★★
Combination 9	41.61%	40.88%	37.96%	-2.92	★★★
Combination 10	39.17%	39.90%	36.98%	-2.92	★★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	64.97%	65.21%	67.40%	+2.19	★★★★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	77.61%	73.97%	75.18%	+1.22	★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.45%	85.64%	79.32%	-6.33 <sup>++</sup>	★★★★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	45.99%	61.07%	60.10%	-0.97	★★★★★
<b>Immunizations for Adolescents</b>					
Combination 1	88.32%	85.64%	86.86%	+1.22	★★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	95.51%	92.98%	92.52%	-0.46	★★★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	74.41%	78.69%	72.61%	-6.08 <sup>++</sup>	★★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	NR	40.26%	39.92%	-0.34	★★

**Table B-2—BCC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	NR	44.55%	50.98%	+6.43	★★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	59.88%	61.98%	61.84%	-0.14	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	68.86%	69.83%	63.99%	-5.84	★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	58.04%	66.71%	68.96%	+2.25	★★★★★
Ages 21 to 24 Years	69.21%	76.03%	70.30%	-5.73 <sup>++</sup>	★★★★★
Total	62.11%	70.77%	69.65%	-1.12	★★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	94.71%	94.94%	94.89%	-0.05	★★
Ages 25 Months to 6 Years	84.16%	88.45%	85.57%	-2.88 <sup>++</sup>	★★
Ages 7 to 11 Years	93.13%	94.36%	90.84%	-3.52 <sup>++</sup>	★★
Ages 12 to 19 Years	92.20%	91.58%	89.38%	-2.20 <sup>++</sup>	★★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	79.05%	81.94%	78.39%	-3.55 <sup>++</sup>	★★
Ages 45 to 64 Years	84.90%	87.29%	86.09%	-1.21	★★
Ages 65+ Years	76.98%	76.69%	78.06%	+1.38	★
Total	80.67%	83.32%	81.69%	-1.63 <sup>++</sup>	★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	31.84%	—	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	79.08%	90.51%	89.54%	-0.97	★★★★★
Counseling for Nutrition—Total	67.40%	79.56%	78.83%	-0.73	★★★★★

**Table B-2—BCC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total</i> <sup>3</sup>	55.47%	74.94%	69.10%	-5.84	★★★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	87.10%	92.94%	89.78%	-3.16	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	86.00%	85.64%	80.54%	-5.11	★★
<i>Postpartum Care</i>	64.86%	63.75%	57.66%	-6.08	★★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	43.73%	35.04%	45.99%	+10.95 <sup>+</sup>	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	21.41%	18.83%	27.99%	+9.17	—
<i>1–12 Weeks</i>	15.09%	11.74%	11.26%	-0.48	—
<i>13–27 Weeks</i>	39.90%	42.00%	30.83%	-11.17	—
<i>28 or More Weeks</i>	20.92%	20.34%	23.53%	+3.19	—
<i>Unknown</i>	2.68%	7.09%	6.39%	-0.70	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	87.41%	89.05%	86.86%	-2.19	★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	41.42%	33.03%	37.59%	+4.56	★★★
<i>HbA1c Control (&lt;8.0%)</i>	48.36%	57.85%	53.65%	-4.20	★★★
<i>Eye Exam (Retinal) Performed</i>	64.05%	62.41%	62.04%	-0.36	★★★
<i>Medical Attention for Nephropathy</i>	84.85%	84.85%	93.07%	+8.21 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	65.33%	65.69%	58.39%	-7.30 <sup>++</sup>	★★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	76.62%	—	★★★★★

**Table B-2—BCC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	58.26%	—	★★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	53.96%	—	★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	64.63%	49.64%	54.99%	+5.35	★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	78.01%	77.38%	77.27%	-0.11	★★★
<i>Discussing Cessation Medications</i>	51.52%	53.23%	52.86%	-0.37	★★★★★
<i>Discussing Cessation Strategies</i>	42.51%	44.19%	46.70%	+2.51	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	75.97%	—	★★★★★
<i>Effective Continuation Phase Treatment</i>	—	—	59.74%	—	★★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NR	74.86%	89.19%	+14.34 <sup>+</sup>	★★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NR	67.74%	60.34%	-7.40	★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NR	NA	NA	—	NA

**Table B-2—BCC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NR	53.57%	52.40%	-1.17	★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	86.52%	—	★★
Digoxin	—	—	NA	—	NA
Diuretics	—	—	84.75%	—	★★
Total	—	—	85.56%	—	★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	0.00%	37.28%	36.95%	-0.32	—
Total—Black or African American	0.00%	43.76%	44.44%	+0.67	—
Total—American-Indian and Alaska Native	0.00%	0.32%	0.38%	+0.06	—
Total—Asian	0.00%	1.50%	1.20%	-0.31	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.08%	+0.08	—
Total—Some Other Race	0.00%	3.50%	3.47%	-0.03	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	100.00%	13.64%	13.48%	-0.16	—
Total—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	99.01%	99.08%	99.17%	+0.10	—
Spoken Language Preferred for Health Care—Non-English	0.39%	0.38%	0.37%	-0.02	—
Spoken Language Preferred for Health Care—Unknown	0.60%	0.54%	0.46%	-0.08	—

**Table B-2—BCC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	99.01%	99.08%	99.17%	+0.10	—
Preferred Language for Written Materials—Non-English	0.39%	0.38%	0.37%	-0.02	—
Preferred Language for Written Materials—Unknown	0.60%	0.54%	0.46%	-0.08	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	63.82	70.55	70.18	-0.37	★★
Outpatient Visits—Total	256.20	356.57	554.98	+198.41	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	10.07	9.78	9.18	-0.60	—
Total Inpatient—Average Length of Stay—Total	3.67	3.76	4.31	+0.55	—
Maternity—Discharges per 1,000 Member Months—Total	5.59	3.99	2.80	-1.20	—

**Table B-2—BCC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.79	2.69	2.94	+0.25	—
Surgery—Discharges per 1,000 Member Months—Total	1.95	2.22	2.44	+0.23	—
Surgery—Average Length of Stay—Total	5.88	6.37	6.75	+0.37	—
Medicine—Discharges per 1,000 Member Months—Total	4.66	4.74	4.54	-0.21	—
Medicine—Average Length of Stay—Total	3.41	3.17	3.65	+0.48	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading\*\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

**Table B-3—HAR Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	58.82%	50.59%	48.57%	-2.02	★
Combination 3	50.59%	45.88%	44.29%	-1.60	★
Combination 4	50.59%	44.71%	42.86%	-1.85	★
Combination 5	41.18%	36.47%	32.86%	-3.61	★
Combination 6	21.18%	22.35%	21.43%	-0.92	★
Combination 7	41.18%	35.29%	31.43%	-3.87	★
Combination 8	21.18%	21.18%	20.00%	-1.18	★
Combination 9	18.82%	16.47%	18.57%	+2.10	★
Combination 10	18.82%	15.29%	17.14%	+1.85	★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	NA	37.50%	NA	—	NA
<b>Lead Screening in Children</b>					
Lead Screening in Children	61.18%	72.94%	71.43%	-1.51	★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	58.84%	64.44%	62.89%	-1.55	★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	33.00%	32.93%	35.51%	+2.58	★
<b>Immunizations for Adolescents</b>					
Combination 1	NA	NA	58.33%	—	★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	93.28%	83.33%	96.61%	+13.28 <sup>+</sup>	★★★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	NA	NA	NA	—	NA
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	NA	NA	NA	—	NA

**Table B-3—HAR Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	NA	NA	NA	—	NA
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	32.35%	67.44%	64.71%	-2.74	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	50.61%	51.98%	42.58%	-9.40 <sup>++</sup>	★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	NA	NA	71.88%	—	★★★★★
Ages 21 to 24 Years	NA	NA	73.47%	—	★★★★★
Total	NA	64.44%	72.84%	+8.40	★★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	70.42%	82.30%	82.35%	+0.05	★
Ages 25 Months to 6 Years	63.56%	68.62%	73.16%	+4.54	★
Ages 7 to 11 Years	55.17%	71.26%	71.65%	+0.39	★
Ages 12 to 19 Years	67.50%	63.16%	67.02%	+3.86	★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	48.24%	56.51%	56.44%	-0.07	★
Ages 45 to 64 Years	68.58%	75.19%	76.43%	+1.24	★
Ages 65+ Years	NA	NA	NA	—	NA
Total	58.43%	64.64%	66.87%	+2.23	★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	40.00%	—	★★★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	67.89%	79.03%	73.97%	-5.06	★★★
Counseling for Nutrition—Total	63.55%	74.94%	69.83%	-5.11	★★★

**Table B-3—HAR Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	48.49%	60.61%	57.66%	-2.95	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	81.67%	94.52%	74.19%	-20.33 <sup>++</sup>	★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	68.42%	55.56%	34.41%	-21.15 <sup>++</sup>	★
<i>Postpartum Care</i>	36.84%	49.21%	33.33%	-15.87 <sup>++</sup>	★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	44.74%	28.57%	11.83%	-16.74 <sup>++</sup>	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	51.92%	23.17%	16.90%	-6.27	—
<i>1–12 Weeks</i>	19.23%	7.32%	13.38%	+6.06	—
<i>13–27 Weeks</i>	17.31%	42.68%	31.69%	-10.99	—
<i>28 or More Weeks</i>	11.54%	26.83%	35.21%	+8.38	—
<i>Unknown</i>	0.00%	0.00%	2.82%	+2.82	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	84.00%	87.30%	75.64%	-11.66 <sup>++</sup>	★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	46.00%	33.33%	73.08%	39.74 <sup>++</sup>	★
<i>HbA1c Control (&lt;8.0%)</i>	52.00%	53.97%	22.22%	-31.75 <sup>++</sup>	★
<i>Eye Exam (Retinal) Performed</i>	38.00%	52.38%	46.15%	-6.23	★
<i>Medical Attention for Nephropathy</i>	88.00%	88.89%	91.03%	+2.14	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	36.00%	57.14%	31.20%	-25.95 <sup>++</sup>	★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	NA	—	NA

**Table B-3—HAR Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	NA	—	NA
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	NA	—	NA
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	43.37%	54.95%	31.39%	-23.57 <sup>++</sup>	★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	NA	80.83%	78.41%	-2.42	★★★
<i>Discussing Cessation Medications</i>	NA	63.11%	54.51%	-8.60	★★★★★
<i>Discussing Cessation Strategies</i>	NA	49.17%	45.28%	-3.88	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	NA	—	NA
<i>Effective Continuation Phase Treatment</i>	—	—	NA	—	NA
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NA	NA	NA	—	NA
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NA	NA	—	NA
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	—	NA



**Table B-3—HAR Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA	NA	—	NA
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	87.30%	—	★★
Digoxin	—	—	NA	—	NA
Diuretics	—	—	85.20%	—	★★
Total	—	—	86.41%	—	★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	13.41%	23.82%	2.39%	-21.43	—
Total—Black or African American	35.36%	60.13%	44.08%	-16.05	—
Total—American-Indian and Alaska Native	0.04%	0.09%	10.69%	+10.60	—
Total—Asian	0.00%	0.00%	15.88%	+15.88	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	1.53%	0.00%	-1.53	—
Total—Some Other Race	2.32%	3.77%	0.00%	-3.77	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	48.86%	10.66%	26.96%	+16.29	—
Total—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	100.00%	100.00%	72.57%	-27.43	—
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.51%	+0.51	—
Spoken Language Preferred for Health Care—Unknown	0.00%	0.00%	26.93%	+26.93	—

**Table B-3—HAR Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	60.06	72.44	79.99	+7.55	★
Outpatient Visits—Total	166.78	248.66	241.28	-7.38	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.81	8.67	9.83	+1.16	—
Total Inpatient—Average Length of Stay—Total	4.32	4.39	3.89	-0.50	—
Maternity—Discharges per 1,000 Member Months—Total	3.99	2.18	1.76	-0.42	—

**Table B-3—HAR Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.27	2.80	2.47	-0.33	—
Surgery—Discharges per 1,000 Member Months—Total	1.30	1.81	2.09	+0.28	—
Surgery—Average Length of Stay—Total	8.95	7.65	5.67	-1.98	—
Medicine—Discharges per 1,000 Member Months—Total	4.59	5.36	6.06	+0.70	—
Medicine—Average Length of Stay—Total	3.87	3.73	3.56	-0.17	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

**Table B-4—MCL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	83.70%	72.75%	74.70%	+1.95	★★
Combination 3	83.45%	69.59%	68.61%	-0.97	★★
Combination 4	72.99%	64.96%	64.72%	-0.24	★★
Combination 5	61.56%	55.72%	54.99%	-0.73	★★
Combination 6	44.04%	38.69%	38.93%	+0.24	★★
Combination 7	55.47%	52.55%	53.04%	+0.49	★★
Combination 8	41.36%	37.96%	38.44%	+0.49	★★
Combination 9	35.77%	31.63%	32.85%	+1.22	★★
Combination 10	33.33%	31.14%	32.85%	+1.70	★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	78.10%	68.37%	66.42%	-1.95	★★★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	83.21%	84.91%	92.21%	+7.30 <sup>+</sup>	★★★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	67.64%	74.94%	71.29%	-3.65	★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	52.80%	46.96%	46.23%	-0.73	★★
<b>Immunizations for Adolescents</b>					
Combination 1	86.13%	89.29%	82.73%	-6.57 <sup>++</sup>	★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	80.67%	82.94%	86.74%	+3.80 <sup>+</sup>	★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	59.15%	66.88%	70.37%	+3.49 <sup>+</sup>	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	42.14%	45.42%	42.27%	-3.15	★★★

**Table B-4—MCL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	44.79%	57.34%	54.07%	-3.26	★★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	53.36%	50.02%	58.78%	+8.77 <sup>+</sup>	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	65.21%	55.47%	63.02%	+7.54 <sup>+</sup>	★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	48.47%	50.19%	50.36%	+0.17	★★★
Ages 21 to 24 Years	59.66%	55.96%	60.12%	+4.16 <sup>+</sup>	★★
Total	52.34%	52.38%	54.81%	+2.44 <sup>+</sup>	★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	96.11%	96.28%	95.44%	-0.85	★★
Ages 25 Months to 6 Years	85.40%	88.95%	86.68%	-2.27 <sup>++</sup>	★★
Ages 7 to 11 Years	87.78%	89.67%	87.98%	-1.68 <sup>++</sup>	★
Ages 12 to 19 Years	86.97%	87.72%	86.62%	-1.10 <sup>++</sup>	★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	81.02%	81.53%	83.34%	+1.81 <sup>+</sup>	★★★
Ages 45 to 64 Years	89.40%	89.61%	89.87%	+0.26	★★★
Ages 65+ Years	86.47%	83.63%	90.48%	+6.84	★★★★
Total	83.97%	84.36%	86.05%	+1.69 <sup>+</sup>	★★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	23.00%	—	★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	70.07%	76.16%	66.67%	-9.49 <sup>++</sup>	★★
Counseling for Nutrition—Total	54.26%	56.45%	50.85%	-5.60	★

**Table B-4—MCL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	38.69%	44.28%	44.53%	+0.24	★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	84.67%	86.86%	87.83%	+0.97	★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	95.13%	86.86%	76.40%	-10.46 <sup>++</sup>	★
<i>Postpartum Care</i>	77.37%	69.34%	63.99%	-5.35	★★★★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	84.18%	60.83%	58.15%	-2.68	★★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	23.01%	28.41%	31.56%	+3.15	—
<i>1–12 Weeks</i>	10.18%	11.16%	11.98%	+0.82	—
<i>13–27 Weeks</i>	43.85%	42.76%	32.13%	-10.63	—
<i>28 or More Weeks</i>	17.95%	13.63%	20.25%	+6.62	—
<i>Unknown</i>	4.99%	4.02%	4.07%	+0.05	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	83.94%	83.19%	89.42%	+6.23 <sup>+</sup>	★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	41.06%	34.82%	36.50%	+1.68	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	48.36%	45.80%	51.09%	+5.30	★★★★
<i>Eye Exam (Retinal) Performed</i>	56.75%	52.49%	56.20%	+3.72	★★★★
<i>Medical Attention for Nephropathy</i>	86.86%	82.85%	92.15%	+9.31 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	59.31%	62.44%	61.50%	-0.94	★★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	59.94%	—	★★★★★

**Table B-4—MCL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	38.39%	—	★★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	65.18%	—	★★★★★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	77.62%	54.99%	54.74%	-0.24	★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	73.51%	75.71%	77.60%	+1.89	★★★★
<i>Discussing Cessation Medications</i>	45.85%	42.98%	50.54%	+7.56 <sup>+</sup>	★★★★
<i>Discussing Cessation Strategies</i>	42.23%	39.94%	42.25%	+2.30	★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	58.33%	—	★★★★★
<i>Effective Continuation Phase Treatment</i>	—	—	39.15%	—	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.37%	79.07%	81.62%	+2.55	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	56.45%	61.93%	63.59%	+1.66	★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	67.65%	NA	—	NA

**Table B-4—MCL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	66.96%	67.20%	66.45%	-0.76	★★★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
<i>ACE Inhibitors or ARBs</i>	—	—	86.14%	—	★★
<i>Digoxin</i>	—	—	56.25%	—	★★★★
<i>Diuretics</i>	—	—	86.37%	—	★★
<i>Total</i>	—	—	86.02%	—	★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
<i>Total—White</i>	68.59%	65.46%	68.72%	+3.26	—
<i>Total—Black or African American</i>	17.92%	15.84%	15.26%	-0.58	—
<i>Total—American-Indian and Alaska Native</i>	0.21%	0.31%	0.55%	+0.24	—
<i>Total—Asian</i>	1.05%	0.90%	0.71%	-0.19	—
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.07%	0.07%	0.07%	0.00	—
<i>Total—Some Other Race</i>	<0.01%	<0.01%	5.05%	+5.05	—
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	—
<i>Total—Unknown</i>	12.13%	12.43%	9.64%	-2.79	—
<i>Total—Declined</i>	0.03%	4.99%	<0.01%	-4.99	—
<b>Language Diversity of Membership</b>					
<i>Spoken Language Preferred for Health Care—English</i>	99.25%	98.64%	96.40%	-2.24	—
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.73%	0.62%	0.20%	-0.42	—
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.02%	<0.01%	3.40%	+3.40	—

**Table B-4—MCL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Spoken Language Preferred for Health Care—Declined</i>	<0.01%	0.74%	<0.01%	-0.74	—
<i>Preferred Language for Written Materials—English</i>	0.00%	0.00%	NR	—	—
<i>Preferred Language for Written Materials—Non-English</i>	0.00%	0.00%	NR	—	—
<i>Preferred Language for Written Materials—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Preferred Language for Written Materials—Declined</i>	0.00%	0.00%	NR	—	—
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	—
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	—
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
<i>Emergency Department Visits—Total*</i>	79.75	69.79	70.80	+1.01	★★
<i>Outpatient Visits—Total</i>	312.85	475.45	430.13	-45.32	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	9.29	7.59	7.42	-0.17	—
<i>Total Inpatient—Average Length of Stay—Total</i>	3.86	3.55	3.45	-0.10	—
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	5.48	3.81	2.65	-1.16	—

**Table B-4—MCL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.60	2.56	2.33	-0.23	—
Surgery—Discharges per 1,000 Member Months—Total	1.49	1.55	2.01	+0.47	—
Surgery—Average Length of Stay—Total	5.80	5.09	4.85	-0.24	—
Medicine—Discharges per 1,000 Member Months—Total	4.43	3.31	3.47	+0.16	—
Medicine—Average Length of Stay—Total	4.17	3.62	3.27	-0.35	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

**Table B-5—MER Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	85.42%	78.89%	77.91%	-0.98	★★★
Combination 3	80.79%	74.25%	72.79%	-1.46	★★★
Combination 4	72.92%	65.43%	68.84%	+3.41	★★★
Combination 5	65.51%	61.72%	59.07%	-2.65	★★★
Combination 6	47.69%	46.64%	42.79%	-3.85	★★
Combination 7	60.65%	55.45%	55.81%	+0.36	★★★
Combination 8	44.91%	42.69%	41.86%	-0.83	★★
Combination 9	40.28%	40.84%	36.28%	-4.56	★★
Combination 10	38.66%	37.82%	35.35%	-2.47	★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	78.24%	74.54%	75.21%	+0.67	★★★★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	83.33%	81.48%	80.32%	-1.16	★★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	82.52%	79.17%	77.27%	-1.90	★★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	62.33%	55.92%	59.72%	+3.81	★★★
<b>Immunizations for Adolescents</b>					
Combination 1	89.73%	89.39%	86.11%	-3.28 <sup>++</sup>	★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	86.55%	89.73%	89.77%	+0.04	★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	65.56%	70.95%	72.84%	+1.90 <sup>*</sup>	★★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	43.97%	45.72%	45.88%	+0.16	★★★

**Table B-5—MER Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	51.04%	55.14%	57.59%	+2.45	★★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	68.69%	65.27%	59.57%	-5.71 <sup>++</sup>	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	74.71%	76.94%	63.91%	-13.03 <sup>++</sup>	★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	60.19%	58.63%	60.65%	+2.01 <sup>+</sup>	★★★★★
Ages 21 to 24 Years	70.32%	67.98%	68.47%	+0.49	★★★★★
Total	64.11%	62.39%	64.41%	+2.02 <sup>+</sup>	★★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	97.74%	97.66%	97.69%	+0.04	★★★★★
Ages 25 Months to 6 Years	91.85%	91.70%	91.25%	-0.46 <sup>++</sup>	★★★★★
Ages 7 to 11 Years	93.84%	92.85%	92.57%	-0.28	★★★
Ages 12 to 19 Years	93.65%	92.88%	92.74%	-0.13	★★★★★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	87.08%	85.52%	85.37%	-0.14	★★★★★
Ages 45 to 64 Years	92.41%	92.36%	91.57%	-0.79 <sup>++</sup>	★★★★★
Ages 65+ Years	92.31%	89.69%	91.50%	+1.81	★★★★★
Total	88.65%	87.57%	87.70%	+0.12	★★★★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	23.57%	—	★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	58.93%	75.17%	74.53%	-0.64	★★★
Counseling for Nutrition—Total	62.41%	69.37%	68.22%	-1.15	★★★

**Table B-5—MER Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	48.72%	53.36%	55.14%	+1.78	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	87.50%	91.65%	94.08%	+2.43	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	94.13%	90.02%	88.11%	-1.91	★★★
<i>Postpartum Care</i>	76.35%	70.07%	68.53%	-1.54	★★★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	87.09%	85.38%	86.01%	+0.63	★★★★★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	26.74%	26.88%	29.54%	+2.65	—
<i>1–12 Weeks</i>	9.88%	10.49%	12.22%	+1.72	—
<i>13–27 Weeks</i>	45.50%	44.07%	36.06%	-8.01	—
<i>28 or More Weeks</i>	17.72%	18.15%	20.84%	+2.69	—
<i>Unknown</i>	0.15%	0.41%	1.35%	+0.94	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	90.31%	87.03%	85.60%	-1.43	★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	30.21%	45.54%	39.97%	-5.57 <sup>+</sup>	★★★
<i>HbA1c Control (&lt;8.0%)</i>	60.26%	45.38%	50.23%	+4.85	★★★
<i>Eye Exam (Retinal) Performed</i>	62.84%	63.86%	61.87%	-1.99	★★★
<i>Medical Attention for Nephropathy</i>	78.03%	81.69%	88.67%	+6.98 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	77.06%	72.77%	68.15%	-4.62	★★★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	71.23%	—	★★★★★

**Table B-5—MER Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	48.68%	—	★★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	69.48%	—	★★★★★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	76.69%	74.46%	67.79%	-6.67 <sup>++</sup>	★★★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	80.81%	80.81%	80.16%	-0.65	★★★★★
<i>Discussing Cessation Medications</i>	55.28%	58.61%	55.69%	-2.92	★★★★★
<i>Discussing Cessation Strategies</i>	47.80%	47.99%	44.88%	-3.11	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	70.45%	—	★★★★★
<i>Effective Continuation Phase Treatment</i>	—	—	50.24%	—	★★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	85.85%	86.96%	80.27%	-6.69 <sup>++</sup>	★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	90.91%	92.37%	73.63%	-18.74 <sup>++</sup>	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	57.54%	57.42%	80.00%	+22.58 <sup>+</sup>	★★★



**Table B-5—MER Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	53.69%	52.48%	61.59%	+9.11 <sup>+</sup>	★★★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	87.38%	—	★★
Digoxin	—	—	52.38%	—	★★
Diuretics	—	—	87.53%	—	★★★
Total	—	—	87.22%	—	★★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	64.87%	63.62%	62.24%	-1.38	—
Total—Black or African American	21.47%	21.24%	21.29%	+0.05	—
Total—American-Indian and Alaska Native	0.15%	0.34%	0.45%	+0.11	—
Total—Asian	1.03%	0.84%	0.77%	-0.07	—
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.06%	0.06%	-0.00	—
Total—Some Other Race	0.00%	<0.01%	<0.01%	0.00	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	5.92%	5.65%	5.66%	+0.01	—
Total—Declined	6.49%	8.24%	9.53%	+1.29	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	97.73%	98.72%	98.87%	+0.15	—
Spoken Language Preferred for Health Care—Non-English	2.27%	1.28%	1.13%	-0.15	—
Spoken Language Preferred for Health Care—Unknown	0.00%	<0.01%	<0.01%	0.00	—

**Table B-5—MER Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	97.73%	98.72%	98.87%	+0.15	—
Preferred Language for Written Materials—Non-English	2.27%	1.28%	1.13%	-0.15	—
Preferred Language for Written Materials—Unknown	0.00%	<0.01%	<0.01%	0.00	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	97.73%	98.72%	98.87%	+0.15	—
Other Language Needs—Non-English	2.27%	1.28%	1.13%	-0.15	—
Other Language Needs—Unknown	0.00%	<0.01%	<0.01%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	78.89	35.59	80.18	+44.58	★
Outpatient Visits—Total	368.55	220.85	392.51	+171.66	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.40	7.76	8.23	+0.47	—
Total Inpatient—Average Length of Stay—Total	3.62	3.70	3.86	+0.16	—
Maternity—Discharges per 1,000 Member Months—Total	5.71	4.43	2.65	-1.78	—

**Table B-5—MER Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.44	2.45	2.50	+0.05	—
Surgery—Discharges per 1,000 Member Months—Total	0.92	1.13	1.02	-0.10	—
Surgery—Average Length of Stay—Total	6.04	5.90	5.73	-0.18	—
Medicine—Discharges per 1,000 Member Months—Total	3.15	3.81	5.33	+1.51	—
Medicine—Average Length of Stay—Total	4.16	3.98	3.98	0.00	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 performance levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

**Table B-6—MID Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	77.62%	79.59%	79.86%	+0.27	★★★★
Combination 3	74.70%	73.79%	73.84%	+0.05	★★★★
Combination 4	70.56%	70.38%	71.30%	+0.91	★★★★
Combination 5	68.61%	62.29%	63.43%	+1.14	★★★★
Combination 6	39.66%	72.06%	38.43%	-33.64 <sup>++</sup>	★★
Combination 7	64.96%	59.64%	61.34%	+1.70	★★★★
Combination 8	38.20%	68.75%	37.27%	-31.48 <sup>++</sup>	★★
Combination 9	37.71%	61.02%	33.10%	-27.92 <sup>++</sup>	★★
Combination 10	36.74%	58.47%	31.94%	-26.53 <sup>++</sup>	★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	64.25%	59.61%	56.02%	-3.59	★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	74.70%	77.62%	74.07%	-3.54	★★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.80%	75.91%	76.85%	+0.94	★★★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	61.17%	54.26%	54.99%	+0.73	★★★★
<b>Immunizations for Adolescents</b>					
Combination 1	88.69%	87.10%	87.73%	+0.63	★★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	88.29%	88.35%	88.19%	-0.16	★★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	50.20%	65.50%	67.98%	+2.48	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	33.74%	32.77%	31.86%	-0.91	★

**Table B-6—MID Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	36.88%	35.05%	33.33%	-1.72	★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	58.95%	56.39%	57.54%	+1.15	★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	66.42%	65.21%	59.35%	-5.86	★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	59.48%	59.47%	58.75%	-0.72	★★★★
Ages 21 to 24 Years	69.71%	67.40%	64.76%	-2.64	★★★★
Total	63.17%	62.42%	61.37%	-1.05	★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	96.08%	94.47%	95.21%	+0.75	★★
Ages 25 Months to 6 Years	86.07%	86.08%	86.58%	+0.51	★★
Ages 7 to 11 Years	90.73%	89.51%	89.22%	-0.28	★★
Ages 12 to 19 Years	88.27%	88.21%	87.47%	-0.73	★★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	81.66%	80.58%	77.66%	-2.93 <sup>++</sup>	★★
Ages 45 to 64 Years	88.91%	88.77%	88.04%	-0.72	★★★★
Ages 65+ Years	82.36%	92.52%	89.06%	-3.46	★★★★
Total	84.30%	83.84%	82.14%	-1.71 <sup>++</sup>	★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	33.23%	—	★★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	65.94%	75.67%	74.17%	-1.50	★★★★
Counseling for Nutrition—Total	64.72%	69.34%	62.80%	-6.55 <sup>++</sup>	★★★★

**Table B-6—MID Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	61.31%	63.26%	54.98%	-8.28 <sup>++</sup>	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	81.27%	85.16%	85.42%	+0.26	★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	78.83%	87.83%	71.93%	-15.91 <sup>++</sup>	★
<i>Postpartum Care</i>	58.88%	62.53%	51.04%	-11.49 <sup>++</sup>	★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	55.72%	62.29%	35.73%	-26.56 <sup>++</sup>	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	27.84%	30.15%	39.57%	+9.42	—
<i>1–12 Weeks</i>	8.37%	7.71%	11.65%	+3.95	—
<i>13–27 Weeks</i>	40.38%	37.09%	26.47%	-10.62	—
<i>28 or More Weeks</i>	18.55%	20.72%	18.08%	-2.63	—
<i>Unknown</i>	4.86%	4.34%	4.22%	-0.12	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	81.33%	86.96%	85.93%	-1.04	★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	44.59%	36.59%	48.44%	11.85 <sup>++</sup>	★★
<i>HbA1c Control (&lt;8.0%)</i>	47.56%	54.81%	45.04%	-9.78 <sup>++</sup>	★★
<i>Eye Exam (Retinal) Performed</i>	62.37%	57.63%	57.19%	-0.44	★★★
<i>Medical Attention for Nephropathy</i>	84.00%	81.93%	88.74%	+6.81 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	62.96%	73.93%	44.74%	-29.19 <sup>++</sup>	★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	62.98%	—	★★★★★

**Table B-6—MID Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	34.90%	—	★★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	60.26%	—	★★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	55.72%	66.18%	53.86%	-12.32 <sup>++</sup>	★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	80.24%	81.27%	81.74%	+0.47	★★★★★
<i>Discussing Cessation Medications</i>	50.30%	50.46%	52.57%	+2.11	★★★★★
<i>Discussing Cessation Strategies</i>	44.48%	45.85%	44.21%	-1.64	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	37.50%	—	★
<i>Effective Continuation Phase Treatment</i>	—	—	23.44%	—	★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	77.30%	82.87%	81.58%	-1.29	★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	58.95%	53.85%	65.69%	+11.84	★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	—	NA

**Table B-6—MID Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.02%	58.25%	5.04%	-53.21 <sup>++</sup>	★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	86.17%	—	★★
Digoxin	—	—	54.55%	—	★★★
Diuretics	—	—	84.95%	—	★★
Total	—	—	85.43%	—	★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	43.49%	44.39%	43.61%	-0.78	—
Total—Black or African American	36.09%	38.67%	37.40%	-1.27	—
Total—American-Indian and Alaska Native	0.06%	0.13%	0.18%	+0.05	—
Total—Asian	2.32%	2.11%	2.02%	-0.09	—
Total—Native Hawaiian and Other Pacific Islander	0.22%	0.19%	0.18%	-0.01	—
Total—Some Other Race	0.09%	0.00%	4.58%	+4.58	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	17.73%	14.52%	12.03%	-2.49	—
Total—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	99.76%	100.00%	100.00%	0.00	—
Spoken Language Preferred for Health Care—Non-English	0.09%	0.00%	0.00%	0.00	—
Spoken Language Preferred for Health Care—Unknown	0.14%	0.00%	0.00%	0.00	—

**Table B-6—MID Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	64.86	66.72	66.64	-0.07	★★
Outpatient Visits—Total	391.56	370.50	405.99	+35.49	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	9.03	7.62	9.24	+1.62	—
Total Inpatient—Average Length of Stay—Total	3.92	4.00	3.87	-0.13	—
Maternity—Discharges per 1,000 Member Months—Total	4.83	3.14	2.77	-0.37	—

**Table B-6—MID Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.68	2.57	2.52	-0.06	—
Surgery—Discharges per 1,000 Member Months—Total	1.33	1.63	2.16	+0.54	—
Surgery—Average Length of Stay—Total	6.51	6.86	6.26	-0.61	—
Medicine—Discharges per 1,000 Member Months—Total	4.68	3.87	5.06	+1.20	—
Medicine—Average Length of Stay—Total	3.98	3.58	3.38	-0.19	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	81.46%	75.05%	73.73%	-1.32	★★
Combination 3	78.81%	71.08%	68.43%	-2.65	★★
Combination 4	70.86%	65.43%	65.56%	+0.14	★★
Combination 5	60.71%	59.23%	60.26%	+1.03	★★★
Combination 6	39.07%	37.05%	36.42%	-0.63	★★
Combination 7	54.53%	54.74%	57.84%	+3.09	★★★
Combination 8	37.31%	35.71%	35.32%	-0.39	★★
Combination 9	30.68%	31.77%	33.33%	+1.57	★★
Combination 10	28.92%	30.70%	32.23%	+1.53	★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	61.79%	55.09%	63.84%	+8.75 <sup>+</sup>	★★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	76.32%	74.33%	72.19%	-2.15	★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	77.08%	72.09%	76.15%	+4.07	★★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	54.73%	58.00%	57.21%	-0.79	★★★
<b>Immunizations for Adolescents</b>					
Combination 1	87.76%	92.59%	90.54%	-2.05	★★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	87.22%	89.65%	88.44%	-1.21 <sup>++</sup>	★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	55.53%	63.02%	62.82%	-0.19	★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	38.16%	31.66%	37.42%	+5.76 <sup>+</sup>	★★

**Table B-7—MOL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	47.19%	33.03%	45.83%	+12.80 <sup>+</sup>	★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	61.07%	58.34%	59.67%	+1.33	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	70.00%	69.47%	65.63%	-3.85	★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	62.42%	62.05%	63.25%	+1.21	★★★★★
Ages 21 to 24 Years	71.31%	70.22%	70.83%	+0.60	★★★★★
Total	65.34%	64.78%	66.33%	+1.54	★★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	95.92%	96.11%	96.39%	+0.28	★★★
Ages 25 Months to 6 Years	88.23%	87.38%	88.57%	+1.19 <sup>+</sup>	★★★
Ages 7 to 11 Years	91.59%	90.98%	91.64%	+0.66 <sup>+</sup>	★★★
Ages 12 to 19 Years	89.37%	89.86%	90.53%	+0.67 <sup>+</sup>	★★★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	85.21%	84.10%	82.66%	-1.45 <sup>++</sup>	★★★
Ages 45 to 64 Years	91.68%	91.54%	89.94%	-1.60 <sup>++</sup>	★★★
Ages 65+ Years	92.51%	91.33%	96.13%	+4.80 <sup>+</sup>	★★★★★
Total	88.07%	87.62%	85.79%	-1.83 <sup>++</sup>	★★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	27.70%	—	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	76.27%	77.85%	80.46%	+2.61	★★★★★
Counseling for Nutrition—Total	67.85%	68.01%	67.82%	-0.19	★★★

**Table B-7—MOL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	55.88%	60.40%	63.68%	+3.28	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	85.23%	93.36%	90.15%	-3.21	★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	83.63%	76.33%	78.20%	+1.87	★★
<i>Postpartum Care</i>	72.79%	71.02%	67.87%	-3.15	★★★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	41.15%	43.58%	39.10%	-4.48	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	34.20%	35.66%	33.16%	-2.50	—
<i>1–12 Weeks</i>	8.37%	7.53%	10.01%	+2.48	—
<i>13–27 Weeks</i>	37.18%	35.28%	28.89%	-6.38	—
<i>28 or More Weeks</i>	16.56%	16.82%	23.00%	+6.18	—
<i>Unknown</i>	3.70%	4.71%	4.94%	+0.22	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	81.86%	84.99%	86.04%	+1.05	★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	41.81%	32.23%	41.44%	9.21 <sup>++</sup>	★★★
<i>HbA1c Control (&lt;8.0%)</i>	50.22%	59.82%	50.90%	-8.92 <sup>++</sup>	★★★
<i>Eye Exam (Retinal) Performed</i>	65.27%	56.29%	57.43%	+1.14	★★★
<i>Medical Attention for Nephropathy</i>	80.97%	85.65%	92.12%	+6.47 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	58.63%	62.03%	55.41%	-6.63 <sup>++</sup>	★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	55.61%	—	★★★

**Table B-7—MOL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	30.92%	—	★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	61.35%	—	★★★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	64.86%	61.96%	53.60%	-8.36 <sup>++</sup>	★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	82.54%	84.18%	83.54%	-0.64	★★★★★
<i>Discussing Cessation Medications</i>	53.54%	55.34%	56.32%	+0.98	★★★★★
<i>Discussing Cessation Strategies</i>	48.22%	48.81%	45.94%	-2.87	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	51.46%	—	★★★
<i>Effective Continuation Phase Treatment</i>	—	—	34.29%	—	★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.63%	86.19%	84.61%	-1.58	★★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	70.80%	73.17%	71.16%	-2.01	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	80.26%	79.07%	63.33%	-15.74 <sup>++</sup>	★



**Table B-7—MOL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	68.80%	69.45%	66.61%	-2.85	★★★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	88.15%	—	★★★
Digoxin	—	—	54.92%	—	★★★
Diuretics	—	—	87.55%	—	★★★
Total	—	—	87.64%	—	★★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	45.86%	44.42%	47.85%	+3.43	—
Total—Black or African American	35.17%	34.04%	32.33%	-1.71	—
Total—American-Indian and Alaska Native	0.14%	0.20%	0.26%	+0.07	—
Total—Asian	0.81%	0.66%	0.36%	-0.30	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.00%	0.00	—
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	—
Total—Two or More Races	<0.01%	<0.01%	<0.01%	-0.00	—
Total—Unknown	18.02%	20.67%	19.20%	-1.47	—
Total—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	98.69%	98.61%	98.99%	+0.39	—
Spoken Language Preferred for Health Care—Non-English	1.10%	1.20%	0.91%	-0.29	—
Spoken Language Preferred for Health Care—Unknown	0.20%	0.19%	0.10%	-0.10	—

**Table B-7—MOL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	98.69%	98.61%	98.99%	+0.39	—
Preferred Language for Written Materials—Non-English	1.10%	1.20%	0.91%	-0.29	—
Preferred Language for Written Materials—Unknown	0.20%	0.19%	0.10%	-0.10	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	98.69%	98.61%	98.99%	+0.39	—
Other Language Needs—Non-English	1.10%	1.20%	0.91%	-0.29	—
Other Language Needs—Unknown	0.20%	0.19%	0.10%	-0.10	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	77.49	75.53	75.32	-0.21	★
Outpatient Visits—Total	394.93	395.04	410.12	+15.08	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.91	8.12	8.97	+0.85	—
Total Inpatient—Average Length of Stay—Total	4.33	4.51	4.45	-0.06	—
Maternity—Discharges per 1,000 Member Months—Total	4.01	3.93	2.97	-0.96	—

**Table B-7—MOL Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.57	2.65	2.73	+0.08	—
Surgery—Discharges per 1,000 Member Months—Total	1.70	1.80	1.90	+0.10	—
Surgery—Average Length of Stay—Total	7.38	7.63	7.44	-0.19	—
Medicine—Discharges per 1,000 Member Months—Total	3.77	3.93	4.98	+1.05	—
Medicine—Average Length of Stay—Total	4.08	4.21	4.03	-0.18	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading\*\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	86.00%	85.75%	82.88%	-2.87	★★★★★
Combination 3	83.54%	84.28%	80.89%	-3.38	★★★★
Combination 4	81.57%	81.57%	78.16%	-3.41	★★★★★
Combination 5	70.02%	74.45%	70.72%	-3.73	★★★★★
Combination 6	66.09%	64.13%	57.07%	-7.06 <sup>++</sup>	★★★★
Combination 7	69.04%	72.48%	68.49%	-4.00	★★★★★
Combination 8	64.86%	63.39%	56.08%	-7.31 <sup>++</sup>	★★★★★
Combination 9	56.27%	58.23%	51.61%	-6.62	★★★★★
Combination 10	55.77%	57.49%	50.62%	-6.87 <sup>++</sup>	★★★★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	74.39%	74.14%	69.16%	-4.98	★★★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	84.28%	83.78%	83.39%	-0.40	★★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.69%	83.28%	79.17%	-4.11	★★★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	65.56%	55.59%	52.58%	-3.01	★★★
<b>Immunizations for Adolescents</b>					
Combination 1	95.00%	86.00%	89.69%	+3.69	★★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	94.39%	94.20%	93.71%	-0.49	★★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	75.52%	77.32%	79.07%	+1.75	★★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	33.09%	34.11%	39.06%	+4.95	★★

**Table B-8—PRI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	29.73%	30.30%	42.13%	+11.83	★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	67.56%	63.09%	64.95%	+1.86	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	77.32%	68.92%	63.06%	-5.86	★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	65.40%	61.60%	63.93%	+2.32	★★★★
Ages 21 to 24 Years	73.25%	73.17%	72.21%	-0.96	★★★★★
Total	67.91%	65.12%	67.36%	+2.25	★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	96.96%	97.52%	97.75%	+0.23	★★★★
Ages 25 Months to 6 Years	88.74%	89.00%	89.34%	+0.33	★★★
Ages 7 to 11 Years	92.22%	92.16%	92.05%	-0.11	★★★
Ages 12 to 19 Years	90.69%	91.35%	90.36%	-0.99 <sup>++</sup>	★★★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	85.27%	84.56%	85.15%	+0.60	★★★★
Ages 45 to 64 Years	91.39%	92.29%	91.31%	-0.97	★★★★
Ages 65+ Years	95.50%	91.16%	88.57%	-2.59	★★★
Total	87.55%	87.44%	87.58%	+0.14	★★★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	30.96%	—	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	84.81%	87.13%	75.41%	-11.72 <sup>++</sup>	★★★
Counseling for Nutrition—Total	77.47%	75.15%	60.66%	-14.49 <sup>++</sup>	★★

**Table B-8—PRI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	71.65%	67.54%	57.92%	-9.62 <sup>++</sup>	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	90.82%	87.07%	80.10%	-6.97	★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	90.23%	78.24%	63.56%	-14.67 <sup>++</sup>	★
<i>Postpartum Care</i>	71.55%	66.18%	61.44%	-4.74	★★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	65.21%	65.87%	45.74%	-20.12 <sup>++</sup>	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	26.03%	24.88%	17.76%	-7.12	—
<i>1–12 Weeks</i>	12.65%	11.95%	9.49%	-2.46	—
<i>13–27 Weeks</i>	44.77%	48.05%	22.87%	-25.18	—
<i>28 or More Weeks</i>	16.55%	15.12%	47.45%	+32.32	—
<i>Unknown</i>	0.00%	0.00%	2.43%	+2.43	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	91.85%	92.57%	94.89%	+2.32	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	23.75%	24.86%	27.92%	+3.06	★★★★★
<i>HbA1c Control (&lt;8.0%)</i>	64.09%	62.86%	60.40%	-2.46	★★★★★
<i>Eye Exam (Retinal) Performed</i>	66.67%	67.86%	68.80%	+0.94	★★★★★
<i>Medical Attention for Nephropathy</i>	83.12%	87.14%	94.34%	+7.20 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	68.38%	67.29%	49.27%	-18.02 <sup>++</sup>	★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	75.03%	—	★★★★★

**Table B-8—PRI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	54.29%	—	★★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	84.31%	—	★★★★★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	62.93%	61.86%	44.13%	-17.72 <sup>++</sup>	★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	84.49%	83.17%	79.10%	-4.07	★★★
<i>Discussing Cessation Medications</i>	53.85%	52.96%	51.75%	-1.21	★★★
<i>Discussing Cessation Strategies</i>	43.44%	42.97%	43.60%	+0.63	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	61.09%	—	★★★★★
<i>Effective Continuation Phase Treatment</i>	—	—	45.87%	—	★★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	79.84%	82.38%	84.21%	+1.84	★★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	65.57%	79.31%	65.52%	-13.79	★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	—	NA

**Table B-8—PRI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.67%	55.95%	58.06%	+2.11	★★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	87.19%	—	★★
Digoxin	—	—	56.25%	—	★★★
Diuretics	—	—	85.64%	—	★★
Total	—	—	86.41%	—	★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	57.80%	60.18%	61.56%	+1.38	—
Total—Black or African American	16.09%	15.85%	13.23%	-2.62	—
Total—American-Indian and Alaska Native	0.13%	0.42%	0.56%	+0.13	—
Total—Asian	0.75%	1.25%	0.91%	-0.34	—
Total—Native Hawaiian and Other Pacific Islander	0.01%	0.08%	0.06%	-0.01	—
Total—Some Other Race	0.00%	0.00%	<0.01%	0.00	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	25.22%	22.22%	23.67%	+1.45	—
Total—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	—
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	—
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	—

**Table B-8—PRI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	79.95	80.37	76.40	-3.97	★
Outpatient Visits—Total	340.92	345.24	382.40	+37.16	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.25	7.60	6.99	-0.61	—
Total Inpatient—Average Length of Stay—Total	3.37	3.46	NR	—	—
Maternity—Discharges per 1,000 Member Months—Total	5.69	5.56	3.18	-2.38	—

**Table B-8—PRI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.54	2.56	NR	—	—
Surgery—Discharges per 1,000 Member Months—Total	1.10	1.25	1.62	+0.38	—
Surgery—Average Length of Stay—Total	4.71	4.81	NR	—	—
Medicine—Discharges per 1,000 Member Months—Total	2.93	3.16	3.11	-0.05	—
Medicine—Average Length of Stay—Total	3.77	3.85	NR	—	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	70.07%	70.14%	64.58%	-5.56	★
Combination 3	64.27%	65.28%	58.56%	-6.71 <sup>++</sup>	★
Combination 4	60.56%	61.34%	57.41%	-3.94	★
Combination 5	51.74%	49.07%	45.60%	-3.47	★
Combination 6	22.97%	31.25%	27.31%	-3.94	★
Combination 7	49.65%	46.53%	44.91%	-1.62	★
Combination 8	22.27%	30.09%	27.08%	-3.01	★
Combination 9	18.10%	25.00%	23.61%	-1.39	★
Combination 10	17.87%	24.31%	23.38%	-0.93	★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	49.28%	52.08%	54.86%	+2.78	★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	69.14%	71.99%	72.69%	+0.69	★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.24%	68.75%	69.44%	+0.69	★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	52.21%	50.00%	48.61%	-1.39	★★
<b>Immunizations for Adolescents</b>					
Combination 1	87.70%	84.26%	81.74%	-2.52	★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	85.71%	86.35%	87.55%	+1.20	★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	52.90%	56.74%	57.57%	+0.82	★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	40.85%	34.07%	53.61%	+19.55 <sup>+</sup>	★★★★

**Table B-9—THC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	NA	35.85%	70.67%	+34.82 <sup>+</sup>	★★★★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	54.65%	48.41%	49.67%	+1.26	★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	64.65%	58.15%	60.19%	+2.04	★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	69.64%	66.69%	63.48%	-3.21	★★★★
Ages 21 to 24 Years	74.33%	72.24%	67.51%	-4.73 <sup>++</sup>	★★★★
Total	71.25%	68.75%	65.09%	-3.66 <sup>++</sup>	★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	93.34%	93.42%	87.60%	-5.82 <sup>++</sup>	★
Ages 25 Months to 6 Years	81.98%	82.77%	83.98%	+1.21	★
Ages 7 to 11 Years	86.77%	86.47%	86.73%	+0.26	★
Ages 12 to 19 Years	85.40%	85.31%	85.17%	-0.14	★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	77.68%	77.34%	77.44%	+0.10	★★
Ages 45 to 64 Years	86.53%	86.52%	86.31%	-0.22	★★
Ages 65+ Years	NA	76.49%	72.60%	-3.90	★
Total	80.84%	80.62%	81.12%	+0.50	★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	33.06%	—	★★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	69.44%	68.98%	72.92%	+3.94	★★★
Counseling for Nutrition—Total	59.95%	61.81%	65.28%	+3.47	★★★

**Table B-9—THC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total</i> <sup>3</sup>	50.46%	56.71%	56.25%	-0.46	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	79.13%	83.28%	89.29%	+6.01 <sup>+</sup>	★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	72.62%	68.52%	68.91%	+0.39	★
<i>Postpartum Care</i>	52.20%	44.68%	47.33%	+2.66	★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	33.41%	31.25%	29.93%	-1.32	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	30.29%	46.17%	40.23%	-5.94	—
<i>1–12 Weeks</i>	8.70%	7.42%	13.49%	+6.06	—
<i>13–27 Weeks</i>	38.02%	27.61%	27.21%	-0.40	—
<i>28 or More Weeks</i>	16.86%	13.92%	17.91%	+3.99	—
<i>Unknown</i>	6.14%	4.87%	1.16%	-3.71	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	81.16%	82.04%	82.98%	+0.94	★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	56.08%	47.95%	53.19%	+5.25	★
<i>HbA1c Control (&lt;8.0%)</i>	38.75%	43.84%	37.39%	-6.45 <sup>++</sup>	★
<i>Eye Exam (Retinal) Performed</i>	34.19%	35.01%	40.27%	+5.27 <sup>+</sup>	★
<i>Medical Attention for Nephropathy</i>	82.07%	80.67%	91.03%	+10.36 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	51.06%	51.14%	47.57%	-3.57	★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	84.59%	—	★★★★★

**Table B-9—THC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	66.27%	—	★★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	34.24%	—	★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	39.91%	51.56%	43.05%	-8.52 <sup>++</sup>	★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	80.47%	78.73%	78.16%	-0.57	★★★
<i>Discussing Cessation Medications</i>	53.91%	51.91%	50.69%	-1.22	★★★
<i>Discussing Cessation Strategies</i>	47.24%	42.11%	42.29%	+0.18	★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	89.55%	—	★★★★★
<i>Effective Continuation Phase Treatment</i>	—	—	73.34%	—	★★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NA	83.84%	77.60%	-6.25 <sup>++</sup>	★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	62.69%	65.66%	57.45%	-8.21	★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	—	NA



**Table B-9—THC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	57.30%	56.16%	-1.13	★★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	85.62%	—	★★
Digoxin	—	—	51.28%	—	★★
Diuretics	—	—	85.07%	—	★★
Total	—	—	85.15%	—	★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	28.94%	28.52%	31.09%	+2.57	—
Total—Black or African American	61.86%	58.81%	54.16%	-4.65	—
Total—American-Indian and Alaska Native	0.08%	0.17%	0.23%	+0.06	—
Total—Asian	1.36%	1.24%	1.15%	-0.09	—
Total—Native Hawaiian and Other Pacific Islander	0.10%	0.09%	0.07%	-0.02	—
Total—Some Other Race	2.39%	2.14%	2.45%	+0.31	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	5.27%	9.04%	10.84%	+1.80	—
Total—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	99.51%	99.48%	99.38%	-0.10	—
Spoken Language Preferred for Health Care—Non-English	0.49%	0.48%	0.44%	-0.04	—
Spoken Language Preferred for Health Care—Unknown	0.00%	0.04%	0.18%	+0.14	—

**Table B-9—THC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	99.51%	99.48%	99.38%	-0.10	—
Preferred Language for Written Materials—Non-English	0.49%	0.48%	0.44%	-0.04	—
Preferred Language for Written Materials—Unknown	0.00%	0.04%	0.18%	+0.14	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	99.51%	99.48%	99.38%	-0.10	—
Other Language Needs—Non-English	0.49%	0.48%	0.44%	-0.04	—
Other Language Needs—Unknown	0.00%	0.04%	0.18%	+0.14	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	73.94	76.06	72.75	-3.31	★
Outpatient Visits—Total	289.31	322.80	320.89	-1.92	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	10.18	9.91	10.45	+0.54	—
Total Inpatient—Average Length of Stay—Total	3.72	4.35	4.34	-0.01	—
Maternity—Discharges per 1,000 Member Months—Total	5.16	2.89	2.70	-0.20	—

**Table B-9—THC Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.53	2.79	2.66	-0.14	—
Surgery—Discharges per 1,000 Member Months—Total	1.77	1.97	2.35	+0.37	—
Surgery—Average Length of Stay—Total	6.84	7.69	7.63	-0.05	—
Medicine—Discharges per 1,000 Member Months—Total	4.99	5.90	6.10	+0.20	—
Medicine—Average Length of Stay—Total	3.44	3.78	3.64	-0.14	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	76.73%	76.16%	76.16%	0.00	★★★
Combination 3	72.34%	71.29%	71.78%	+0.49	★★★
Combination 4	67.82%	69.59%	67.15%	-2.43	★★
Combination 5	57.32%	60.34%	58.15%	-2.19	★★
Combination 6	35.30%	40.15%	38.69%	-1.46	★★
Combination 7	54.74%	59.37%	54.74%	-4.62	★★
Combination 8	34.19%	38.93%	36.25%	-2.68	★★
Combination 9	29.47%	34.55%	32.85%	-1.70	★★
Combination 10	28.80%	33.82%	30.66%	-3.16	★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	84.18%	57.64%	61.56%	+3.92	★★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	79.56%	81.51%	78.86%	-2.64	★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	80.80%	74.81%	73.21%	-1.61	★★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	61.46%	52.30%	54.74%	+2.45	★★★
<b>Immunizations for Adolescents</b>					
Combination 1	86.63%	88.81%	87.50%	-1.31	★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	86.63%	87.20%	87.89%	+0.69	★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	49.65%	52.65%	63.13%	+0.48	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	39.69%	40.80%	44.57%	+3.77 <sup>+</sup>	★★★

**Table B-10—UNI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	47.89%	54.00%	59.46%	+5.46	★★★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	64.85%	64.01%	61.35%	-2.66 <sup>++</sup>	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	73.16%	67.68%	65.85%	-1.84	★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	62.73%	59.26%	62.26%	+3.00 <sup>+</sup>	★★★★
Ages 21 to 24 Years	70.54%	68.99%	69.46%	+0.47	★★★★
Total	65.46%	62.71%	65.12%	+2.41 <sup>+</sup>	★★★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	97.74%	96.06%	96.54%	+0.49	★★★
Ages 25 Months to 6 Years	91.15%	88.67%	89.66%	+0.99 <sup>+</sup>	★★★
Ages 7 to 11 Years	92.79%	91.35%	91.17%	-0.18	★★
Ages 12 to 19 Years	92.17%	90.50%	90.51%	+0.01	★★★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	85.15%	83.78%	83.01%	-0.77 <sup>++</sup>	★★★
Ages 45 to 64 Years	92.69%	92.16%	91.13%	-1.03 <sup>++</sup>	★★★★
Ages 65+ Years	90.93%	97.31%	95.84%	-1.46	★★★★★
Total	88.19%	86.90%	86.34%	-0.56 <sup>++</sup>	★★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	24.42%	—	★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	68.13%	77.37%	71.05%	-6.33 <sup>++</sup>	★★★
Counseling for Nutrition—Total	66.67%	71.53%	68.86%	-2.68	★★★

**Table B-10—UNI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total</i> <sup>3</sup>	51.58%	62.53%	62.04%	-0.49	★★★
<b>Adult BMI Assessment</b>					
Adult BMI Assessment	86.11%	91.79%	89.12%	-2.67	★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
Timeliness of Prenatal Care	87.87%	85.68%	76.03%	-9.65 <sup>++</sup>	★
Postpartum Care	66.31%	63.82%	52.06%	-11.76 <sup>++</sup>	★
<b>Frequency of Ongoing Prenatal Care</b>					
≥81 Percent of Expected Visits	59.57%	62.81%	41.75%	-21.06 <sup>++</sup>	★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
Prior to 0 Weeks	32.20%	33.09%	36.81%	+3.72	—
1–12 Weeks	8.07%	8.50%	10.69%	+2.18	—
13–27 Weeks	37.76%	35.70%	29.54%	-6.17	—
28 or More Weeks	16.92%	17.77%	17.88%	+0.11	—
Unknown	5.06%	4.93%	5.09%	+0.16	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
Hemoglobin A1c (HbA1c) Testing	86.03%	84.58%	86.81%	+2.22	★★★
HbA1c Poor Control (>9.0%)*	35.77%	32.22%	34.17%	+1.94	★★★★
HbA1c Control (<8.0%)	55.13%	57.22%	54.58%	-2.64	★★★★
Eye Exam (Retinal) Performed	66.41%	63.19%	64.31%	+1.11	★★★★
Medical Attention for Nephropathy	82.18%	83.33%	93.06%	+9.72 <sup>+</sup>	★★★★★
Blood Pressure Control (<140/90 mm Hg)	62.31%	66.81%	62.64%	-4.17	★★★
<b>Medication Management for People With Asthma</b>					
Medication Compliance 50%—Total	—	—	69.44%	—	★★★★★

**Table B-10—UNI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Medication Compliance 75%—Total	—	—	45.00%	—	★★★★★
<b>Asthma Medication Ratio</b>					
Total	—	—	64.68%	—	★★★
<b>Controlling High Blood Pressure</b>					
Controlling High Blood Pressure	62.50%	62.63%	52.32%	-10.31 <sup>++</sup>	★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
Advising Smokers and Tobacco Users to Quit	80.56%	77.23%	78.86%	+1.63	★★★
Discussing Cessation Medications	57.11%	55.72%	59.35%	+3.63	★★★★★
Discussing Cessation Strategies	44.64%	43.60%	48.02%	+4.42	★★★★
<b>Antidepressant Medication Management</b>					
Effective Acute Phase Treatment	—	—	49.55%	—	★★
Effective Continuation Phase Treatment	—	—	31.59%	—	★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.61%	86.54%	85.54%	-1.00	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
Diabetes Monitoring for People With Diabetes and Schizophrenia	67.51%	68.46%	74.48%	+6.02	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	85.33%	87.88%	80.00%	-7.88	★★★

**Table B-10—UNI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.14%	58.57%	60.02%	+1.45	★★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	88.68%	—	★★★
Digoxin	—	—	45.69%	—	★
Diuretics	—	—	88.75%	—	★★★
Total	—	—	88.41%	—	★★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	49.94%	50.34%	50.65%	+0.30	—
Total—Black or African American	36.00%	32.58%	31.80%	-0.78	—
Total—American-Indian and Alaska Native	0.13%	0.21%	0.24%	+0.03	—
Total—Asian	0.00%	2.40%	2.37%	-0.03	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.01%	<0.01%	-0.01	—
Total—Some Other Race	1.17%	0.00%	0.00%	0.00	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	12.76%	14.45%	14.94%	+0.49	—
Total—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	82.65%	95.71%	95.33%	-0.38	—
Spoken Language Preferred for Health Care—Non-English	4.81%	4.26%	4.67%	+0.41	—
Spoken Language Preferred for Health Care—Unknown	12.55%	0.03%	<0.01%	-0.03	—

**Table B-10—UNI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	0.00%	95.71%	95.33%	-0.38	—
Preferred Language for Written Materials—Non-English	0.00%	4.26%	4.67%	+0.41	—
Preferred Language for Written Materials—Unknown	100.00%	0.03%	<0.01%	-0.03	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	76.22	73.86	73.22	-0.64	★
Outpatient Visits—Total	381.96	361.16	367.42	+6.26	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.92	6.95	6.59	-0.35	—
Total Inpatient—Average Length of Stay—Total	3.91	4.17	4.23	+0.06	—
Maternity—Discharges per 1,000 Member Months—Total	4.40	3.57	2.74	-0.83	—

**Table B-10—UNI Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.46	2.51	2.62	+0.10	—
Surgery—Discharges per 1,000 Member Months—Total	1.64	1.55	1.61	+0.06	—
Surgery—Average Length of Stay—Total	6.66	6.97	6.76	-0.22	—
Medicine—Discharges per 1,000 Member Months—Total	3.60	3.10	3.06	-0.04	—
Medicine—Average Length of Stay—Total	3.73	3.99	3.92	-0.08	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading<sup>+</sup>** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 2	75.18%	80.29%	78.10%	-2.19	★★★
Combination 3	72.51%	75.18%	73.24%	-1.95	★★★
Combination 4	63.50%	68.37%	66.67%	-1.70	★★
Combination 5	52.07%	58.88%	55.47%	-3.41	★★
Combination 6	45.01%	57.66%	43.55%	-14.11 <sup>++</sup>	★★
Combination 7	48.42%	55.23%	52.07%	-3.16	★★
Combination 8	40.88%	54.50%	41.61%	-12.90 <sup>++</sup>	★★
Combination 9	36.50%	48.18%	37.23%	-10.95 <sup>++</sup>	★★★
Combination 10	34.79%	46.23%	36.01%	-10.22 <sup>++</sup>	★★★
<b>Well-Child Visits in the First 15 Months of Life</b>					
Six or More Visits	76.89%	76.16%	74.21%	-1.95	★★★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	85.47%	86.37%	88.56%	+2.19	★★★★★
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	70.07%	70.80%	69.59%	-1.22	★★
<b>Adolescent Well-Care Visits</b>					
Adolescent Well-Care Visits	51.82%	48.91%	42.09%	-6.81 <sup>++</sup>	★★
<b>Immunizations for Adolescents</b>					
Combination 1	86.62%	86.62%	81.75%	-4.87	★★★★
<b>Appropriate Treatment for Children With Upper Respiratory Infection</b>					
Appropriate Treatment for Children With Upper Respiratory Infection	87.49%	89.17%	90.27%	+1.10	★★★
<b>Appropriate Testing for Children With Pharyngitis</b>					
Appropriate Testing for Children With Pharyngitis	68.05%	68.41%	68.97%	+0.57	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	44.08%	46.50%	53.16%	+6.66	★★★★

**Table B-11—UPP Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Continuation and Maintenance Phase	47.29%	47.96%	57.65%	+9.69	★★★
<b>Women—Adult Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	61.00%	58.09%	59.64%	+1.55	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	71.53%	67.88%	62.53%	-5.35	★★★
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	42.97%	42.16%	46.95%	+4.79	★★
Ages 21 to 24 Years	57.19%	45.43%	56.06%	+10.63 <sup>+</sup>	★★
Total	47.42%	43.25%	50.96%	+7.71 <sup>+</sup>	★★
<b>Access to Care</b>					
<b>Children and Adolescents' Access to Primary Care Practitioners</b>					
Ages 12 to 24 Months	97.86%	98.17%	97.65%	-0.52	★★★★★
Ages 25 Months to 6 Years	90.21%	90.86%	90.18%	-0.68	★★★
Ages 7 to 11 Years	90.12%	90.73%	90.60%	-0.13	★★
Ages 12 to 19 Years	92.73%	92.99%	92.33%	-0.66	★★★
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	87.25%	86.49%	86.23%	-0.26	★★★★★
Ages 45 to 64 Years	90.89%	90.91%	88.42%	-2.50 <sup>++</sup>	★★★
Ages 65+ Years	84.96%	84.21%	86.44%	+2.23	★★
Total	88.38%	87.87%	87.10%	-0.77	★★★★★
<b>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b>					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	—	43.48%	—	★★★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
BMI Percentile—Total	73.24%	85.64%	91.97%	+6.33 <sup>+</sup>	★★★★★
Counseling for Nutrition—Total	57.42%	59.12%	65.94%	+6.81 <sup>+</sup>	★★★

**Table B-11—UPP Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total<sup>3</sup></i>	52.31%	57.42%	64.23%	+6.81 <sup>+</sup>	★★★
<b>Adult BMI Assessment</b>					
<i>Adult BMI Assessment</i>	87.10%	91.97%	95.62%	+3.65 <sup>+</sup>	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	91.18%	91.24%	86.13%	-5.11 <sup>++</sup>	★★★
<i>Postpartum Care</i>	76.80%	75.91%	71.78%	-4.14	★★★★★
<b>Frequency of Ongoing Prenatal Care</b>					
<i>≥81 Percent of Expected Visits</i>	78.89%	71.05%	72.02%	+0.97	★★★★★
<b>Weeks of Pregnancy at Time of Enrollment<sup>4</sup></b>					
<i>Prior to 0 Weeks</i>	21.68%	23.80%	28.21%	+4.42	—
<i>1–12 Weeks</i>	18.19%	16.53%	13.76%	-2.77	—
<i>13–27 Weeks</i>	42.32%	40.51%	32.63%	-7.88	—
<i>28 or More Weeks</i>	13.10%	15.30%	20.18%	+4.88	—
<i>Unknown</i>	4.71%	3.87%	5.22%	+1.35	—
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care<sup>3</sup></b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	87.04%	89.23%	91.61%	+2.37	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	27.01%	28.10%	28.65%	+0.55	★★★★★
<i>HbA1c Control (&lt;8.0%)</i>	63.69%	58.58%	58.21%	-0.36	★★★★★
<i>Eye Exam (Retinal) Performed</i>	64.60%	62.96%	66.06%	+3.10	★★★★★
<i>Medical Attention for Nephropathy</i>	81.20%	82.66%	91.97%	+9.31 <sup>+</sup>	★★★★★
<i>Blood Pressure Control (&lt;140/90 mm Hg)</i>	73.72%	75.36%	75.73%	+0.36	★★★★★
<b>Medication Management for People With Asthma</b>					
<i>Medication Compliance 50%—Total</i>	—	—	53.63%	—	★★

**Table B-11—UPP Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<i>Medication Compliance 75%—Total</i>	—	—	22.71%	—	★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	—	—	64.55%	—	★★★
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	70.65%	70.07%	63.99%	-6.08	★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	77.91%	79.97%	79.43%	-0.54	★★★★★
<i>Discussing Cessation Medications</i>	48.53%	54.92%	55.95%	+1.03	★★★★★
<i>Discussing Cessation Strategies</i>	42.58%	46.79%	45.39%	-1.40	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	—	—	61.13%	—	★★★★★
<i>Effective Continuation Phase Treatment</i>	—	—	40.34%	—	★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	96.61%	87.20%	87.20%	0.00	★★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NA	NA	—	NA
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	—	NA



**Table B-11—UPP Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia<sup>3</sup></b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	68.49%	71.08%	60.22%	-10.87	★★
<b>Annual Monitoring for Patients on Persistent Medications</b>					
ACE Inhibitors or ARBs	—	—	87.49%	—	★★
Digoxin	—	—	NA	—	NA
Diuretics	—	—	89.29%	—	★★★
Total	—	—	87.94%	—	★★★
<b>Health Plan Diversity<sup>4</sup></b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	88.82%	87.42%	87.07%	-0.35	—
Total—Black or African American	1.57%	1.45%	1.41%	-0.04	—
Total—American-Indian and Alaska Native	1.82%	2.38%	2.53%	+0.14	—
Total—Asian	0.45%	0.32%	0.28%	-0.04	—
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.09%	0.06%	-0.03	—
Total—Some Other Race	0.00%	1.24%	1.39%	+0.15	—
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	—
Total—Unknown	7.27%	<0.01%	<0.01%	-0.00	—
Total—Declined	0.00%	7.09%	7.25%	+0.17	—
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	99.96%	99.96%	99.93%	-0.03	—
Spoken Language Preferred for Health Care—Non-English	0.03%	0.02%	0.04%	+0.02	—
Spoken Language Preferred for Health Care—Unknown	0.01%	0.02%	0.03%	+0.01	—

**Table B-11—UPP Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	99.96%	99.96%	99.93%	-0.03	—
Preferred Language for Written Materials—Non-English	0.03%	0.02%	0.04%	+0.02	—
Preferred Language for Written Materials—Unknown	0.01%	0.02%	0.03%	+0.01	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	—
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	—
<b>Utilization<sup>4</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
Emergency Department Visits—Total*	71.39	66.62	64.81	-1.82	★★
Outpatient Visits—Total	342.08	325.60	334.91	+9.31	—
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	6.90	6.23	6.34	+0.11	—
Total Inpatient—Average Length of Stay—Total	3.57	3.59	3.60	+0.01	—
Maternity—Discharges per 1,000 Member Months—Total	4.81	3.17	2.05	-1.12	—

**Table B-11—UPP Trend Table**

Measure	HEDIS 2014	HEDIS 2015	HEDIS 2016	2015–2016 Comparison <sup>1</sup>	2016 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total	2.56	2.60	2.72	+0.12	—
Surgery—Discharges per 1,000 Member Months—Total	1.18	1.29	1.63	+0.34	—
Surgery—Average Length of Stay—Total	4.46	5.27	4.69	-0.58	—
Medicine—Discharges per 1,000 Member Months—Total	2.84	2.83	3.20	+0.37	—
Medicine—Average Length of Stay—Total	4.23	3.56	3.46	-0.10	—

<sup>1</sup> HEDIS 2015 to HEDIS 2016 comparisons were based on a Chi-square test of statistical significance with a p value <0.05.

**Green Shading\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

**Red Shading\*\*** Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

<sup>2</sup> 2016 performance levels were based on comparisons of the HEDIS 2016 measure indicator rates to national Medicaid Quality Compass HEDIS 2015 benchmarks, with the exception of the Medication 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 2015 benchmark.

<sup>3</sup> Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

<sup>4</sup> Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any performance levels for 2016 or 2015–2016 comparisons provided for these measures are for informational purposes only.

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

— indicates that the measure was not presented in the previous years' deliverables; therefore, the HEDIS 2014 and/or 2015 rate is not presented in this report. This symbol may also indicate that the 2015–2016 comparison was not performed because the 2015 and/or 2016 rate was not reportable, or the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

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

NR indicates that the auditor determined the HEDIS 2014 or HEDIS 2015 rate was materially biased or the MHP chose not report a rate for this measure indicator. For HEDIS 2016, NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 2016 rates to the HEDIS 2015 Quality Compass national Medicaid benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Please note, HSAG assigned performance ratings to only one measure in the Utilization measure domain, *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits*. Measures in the Health Plan Diversity domain and the remaining utilization-based measure rates were not evaluated based on comparisons to national benchmarks; however, rates for these measure indicators are presented in Appendices A and B. Additional details about the performance comparisons and star ratings are found in Section 2.

## Child & Adolescent Care Performance Summary Stars

Table C-1—Child & Adolescent Care Performance Summary Stars (Table 1 of 3)

MHP	Childhood Immunization Status—Combination 2	Childhood Immunization Status—Combination 3	Childhood Immunization Status—Combination 4	Childhood Immunization Status—Combination 5	Childhood Immunization Status—Combination 6	Childhood Immunization Status—Combination 7
AET	★	★	★	★	★	★
BCC	★★★	★★	★★★	★★★	★★	★★★
HAR	★	★	★	★	★	★
MCL	★★	★★	★★	★★	★★	★★
MER	★★★	★★★	★★★	★★★	★★	★★★
MID	★★★★	★★★	★★★	★★★	★★	★★★
MOL	★★	★★	★★	★★★	★★	★★★
PRI	★★★★★	★★★★	★★★★★	★★★★★	★★★★	★★★★★
THC	★	★	★	★	★	★
UNI	★★★	★★★	★★	★★	★★	★★
UPP	★★★	★★★	★★	★★	★★	★★

**Table C-2—Child & Adolescent Care Performance Summary Stars (Table 2 of 3)**

MHP	Childhood Immunization Status—Combination 8	Childhood Immunization Status—Combination 9	Childhood Immunization Status—Combination 10	Well-Child Visits in the First 15 Months of Life—Six or More Visits	Lead Screening in Children	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
AET	★	★	★	★	★★★	★★
BCC	★★★	★★★	★★★	★★★★	★★★	★★★★
HAR	★	★	★	NA	★★	★
MCL	★★	★★	★★	★★★★	★★★★★	★★
MER	★★	★★	★★	★★★★★	★★★★	★★★
MID	★★	★★	★★	★★	★★★	★★★
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/Td)	Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate Testing for Children With Pharyngitis	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
AET	★★★	★★★★★	★★★	★	★	★★
BCC	★★★★	★★★★	★★★★	★★★	★★	★★★
HAR	★	★	★★★★★	NA	NA	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.

## Women—Adult Care Performance Summary Stars

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

MHP	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women—Ages 16 to 20 Years	Chlamydia Screening in Women—Ages 21 to 24 Years	Chlamydia Screening in Women—Total
AET	★★★	★★★	★★★★★	★★★★	★★★★
BCC	★★★	★★★	★★★★★	★★★★	★★★★★
HAR	★★★	★	★★★★★	★★★★★	★★★★★
MCL	★★★	★★★	★★★	★★	★★★
MER	★★★	★★★	★★★★	★★★★	★★★★
MID	★★	★★	★★★★	★★★	★★★
MOL	★★★	★★★	★★★★	★★★★	★★★★
PRI	★★★	★★★	★★★★	★★★★★	★★★★
THC	★	★★	★★★★	★★★★	★★★★
UNI	★★★	★★★	★★★★	★★★★	★★★★
UPP	★★★	★★★	★★	★★	★★

## 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	NA	★★	★★★★
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.

## Obesity Performance Summary Stars

**Table C-7—Obesity Performance Summary Stars**

MHP	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total</i>	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total</i>	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</i>	<i>Adult BMI Assessment</i>
AET	★★★	★★★	★★★	★★★★★
BCC	★★★★★	★★★★★	★★★★★	★★★★★
HAR	★★★	★★★	★★★	★
MCL	★★	★	★★	★★★
MER	★★★	★★★	★★★	★★★★★
MID	★★★	★★★	★★★	★★★
MOL	★★★★	★★★	★★★	★★★★
PRI	★★★	★★	★★★	★★
THC	★★★	★★★	★★★	★★★
UNI	★★★	★★★	★★★	★★★
UPP	★★★★★	★★★	★★★	★★★★★

## Pregnancy Care Performance Summary Stars

Table C-8—Pregnancy Care Performance Summary Stars

MHP	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal and Postpartum Care—Postpartum Care	Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits
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 <sup>1</sup>	Medication Management for People With Asthma—Medication Compliance 75%—Total	Asthma Medication Ratio—Total	Controlling High Blood Pressure	Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit	Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications
AET	★★★★	★★★★	★	★	★★★★	★★★★
BCC	★★★★★	★★★★★	★	★★	★★★	★★★★
HAR	NA	NA	NA	★	★★★	★★★★
MCL	★★★★	★★★★	★★★★	★★	★★★	★★★
MER	★★★★★	★★★★★	★★★★	★★★★	★★★★	★★★★
MID	★★★★	★★★★	★★	★★	★★★★	★★★★
MOL	★★★	★★★	★★★	★★	★★★★★	★★★★
PRI	★★★★★	★★★★★	★★★★★	★	★★★	★★★
THC	★★★★★	★★★★★	★	★	★★★	★★★
UNI	★★★★★	★★★★★	★★★	★★	★★★	★★★★★
UPP	★★	★	★★★	★★★	★★★★	★★★★

<sup>1</sup> indicates the HEDIS 2016 rates for this measure indicator were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2015 benchmarks. NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate.

**Table C-11—Living With Illness Performance Summary Stars (Table 3 of 4)**

MHP	Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies	Antidepressant Medication Management—Effective Acute Phase Treatment	Antidepressant Medication Management—Effective Continuation Phase Treatment	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Monitoring for People With Diabetes and Schizophrenia	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
AET	★★★	★	★	★★★★	★★	NA
BCC	★★★	★★★★★	★★★★★	★★★★★	★	NA
HAR	★★★	NA	NA	NA	NA	NA
MCL	★★	★★★★	★★★	★★★	★	NA
MER	★★★	★★★★★	★★★★★	★★★	★★★	★★★
MID	★★★	★	★	★★★	★★	NA
MOL	★★★	★★★	★★★	★★★★	★★★	★
PRI	★★★	★★★★	★★★★	★★★★	★★	NA
THC	★★	★★★★★	★★★★★	★★	★	NA
UNI	★★★★	★★	★★	★★★★	★★★	★★★
UPP	★★★	★★★★	★★★	★★★★★	NA	NA

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

**Table C-12—Living With Illness Performance Summary Stars (Table 4 of 4)**

MHP	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Annual Monitoring for Patients on Persistent Medications—Digoxin	Annual Monitoring for Patients on Persistent Medications—Diuretics	Annual Monitoring for Patients on Persistent Medications—Total
AET	★	★	NA	★	★
BCC	★	★★	NA	★★	★★
HAR	NA	★★	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.

## 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).