

Annual External Quality Review Medicaid HMO Reports

(FY2020 Appropriation Act - Public Act 67 of 2019)

September 30, 2020

Sec. 1662. (1) *The department shall ensure 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.*



Boilerplate 1662(3) PA 67 of 2019

As required under the boilerplate, copies of the Medicaid Health maintenance organization (HMO) annual audited Healthcare Effectiveness Data and Information (HEDIS) reports and annual external quality review, prepared by the Health Services Advisory Group, are being provided.



2020 HEDIS Aggregate Report for Michigan Medicaid

October 2020



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Introduction

During 2019, the Michigan Department of Health and Human Services (MDHHS) contracted with 10 health plans to provide managed care services to Michigan Medicaid members. MDHHS expects its contracted Medicaid health plans (MHPs) to support claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid reporting of the Healthcare Effectiveness Data and Information Set (HEDIS®)¹⁻¹ measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

MDHHS selected HEDIS measures to evaluate Michigan MHPs within the following eight measure domains:

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

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

The performance levels are based on national percentiles and were set at specific, attainable rates. MHPs that met the high performance level (HPL) exhibited rates that were among the 90th percentile in comparison the national average. The low performance level (LPL) was set to identify MHPs that were among the 25th percentile in comparison to the national average and have the greatest need for improvement. Details describing these performance levels are presented in Section 2, "How to Get the Most From This Report."

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

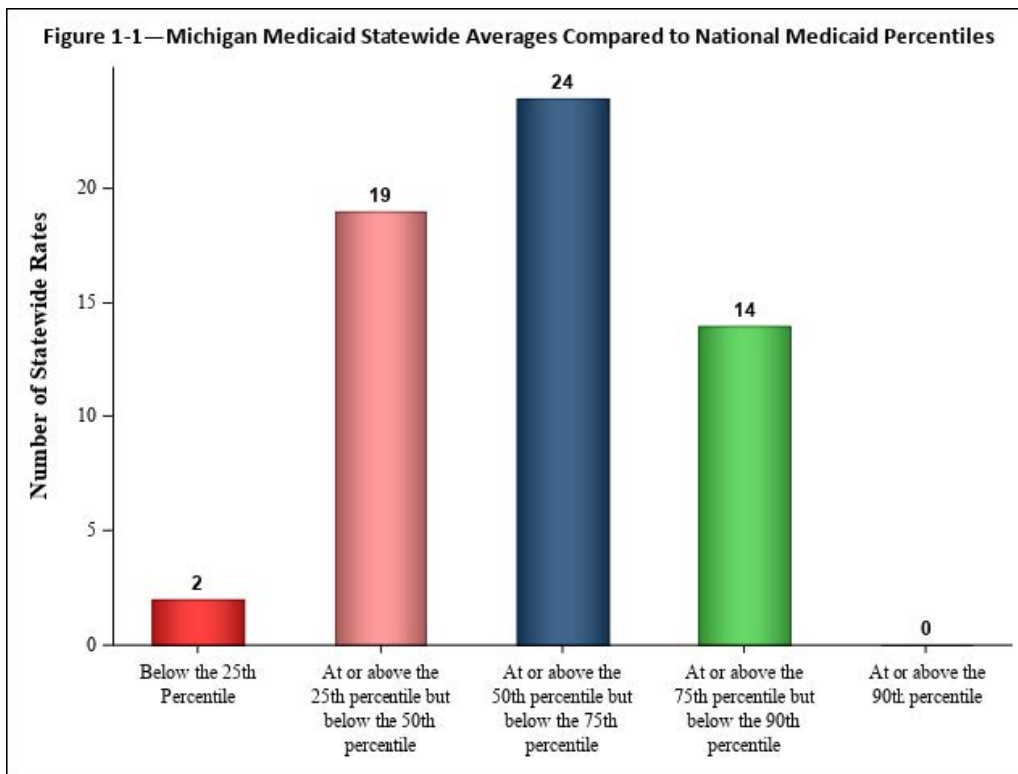
In addition, Section 11 (“HEDIS Reporting Capabilities—Information Systems Findings”) provides a summary of the HEDIS data collection processes used by the Michigan MHPs and the audit findings in relation to the National Committee for Quality Assurance’s (NCQA’s) information system (IS) standards.¹⁻²

Due to the possible effect of coronavirus disease 2019 (COVID-19) on HEDIS hybrid measures, specifically an MHP’s ability to collect medical record data, NCQA allowed MHPs to report their audited HEDIS 2019 (measurement year [MY] 2018) hybrid rates if they were better than their HEDIS 2020 (MY 2019) hybrid rates. MHPs were not required to rotate all hybrid measures but were required to rotate entire measures when there were multiple indicators (e.g., Comprehensive Diabetes Care [CDC]). NCQA’s Interactive Data Submission System (IDSS) was not configured to capture rotation decisions, meaning that even when a hybrid measure was rotated, the MY will say 2019.

¹⁻² National Committee for Quality Assurance. *HEDIS® 2020, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with NCQA’s Quality Compass® national Medicaid HMO percentiles for HEDIS 2019, which are referred to as “percentiles” throughout this report.¹⁻³ For measures that were comparable to percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates that fell into each percentile range.



Of the 59 reported rates that were comparable to percentiles, two of the MWA rates fell below the 25th percentile. Most MWA rates (about 64 percent) ranked at or above the 50th percentile, indicating high performance statewide compared to national standards. A summary of MWA performance for each measure domain is presented on the following pages.

Child & Adolescent Care

For the Child & Adolescent Care domain, the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* measures were an area of strength. Both measures ranked above the 50th percentile and demonstrated significant improvements. Priority was the only MHP to rank above the HPL for more than one measure within the Child & Adolescent Care domain (*Childhood*

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

Immunization Status—Combination 4, Combination 5 and Combination 7, Well-Child Visits in the First 15 Months of Life—Six or More Visits and Immunizations for Adolescents—Combination 2).

The MWA demonstrated a significant decline for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicators, decreasing by over two percentage points. Further, Aetna and Total Health ranked below the LPL for all nine indicators for the *Childhood Immunization Status* measure. MDHHS should work with the MHPs and providers to identify issues that contribute to low follow-up care rates and implement improvement strategies targeted at increasing child access to follow-up care following newly prescribed ADHD medication. Successful treatment is dependent on continuous monitoring to ensure that the appropriate dose or medication is prescribed.¹⁻⁴

Women—Adult Care

For the Women—Adult Care domain, the Cervical Cancer Screening measure was an area of strength as it ranked above the 75th percentile and demonstrated significant improvement. Priority demonstrated high performance as the only MHP to rank above the HPL for the Cervical Cancer Screening measure. Further, no MHP ranked above the HPL for Chlamydia Screening for Women and Breast Cancer Screening.

Upper Peninsula ranked below the LPL for all reportable Chlamydia Screening in Women measure indicators. MDHHS should work with Upper Peninsula to identify issues that contribute to the low chlamydia screening rates. Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States and a large number of cases are not reported because most people with chlamydia are asymptomatic and do not seek testing.¹⁻⁵

Access to Care

For the Access to Care domain, *Adults' Access to Preventive/Ambulatory Health Services* was an area of strength with *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* ranking above the 75th percentile and *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years* ranked above the 50th percentile. Meridian, Upper Peninsula and Priority ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*. Priority ranked above the 50th percentile but fell below the HPL for *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*. Additionally, Priority

¹⁻⁴ Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). Managing Medication for Children and Adolescents with ADHD. Available at: https://chadd.org/wp-content/uploads/2018/05/managing_medication.pdf. Accessed on: September 15, 2020.

¹⁻⁵ Centers for Disease Control and Prevention. Chlamydia – CDC Fact Sheet. <https://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm> Accessed on: September 15, 2020.

ranked above the 50th percentile but fell below the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Ages 45 to 64 Years*.

The MWA remained below the 50th percentile for all four of the *Children and Adolescents' Access to Primary Care Practitioners* measure indicators. Additionally, Upper Peninsula, Total Health, and HAP fell below the LPL for *Children and Adolescents' Access to Primary Care Practitioners* for all four indicators. Upper Peninsula, Total Health, and HAP should incorporate efforts to prioritize this area of care into their quality improvement strategy to increase child and adolescent access to preventative services. Access to primary care is important for the health and well-being of children and adolescents and could significantly reduce children's non-urgent ER visits.¹⁻⁶ Additionally, MDHHS should monitor the MHPs performance on these four indicators to ensure the MHPs performance does not continue to decline.

Obesity

For the Obesity domain, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation* and *Counseling for Physical Activity—Total* was an area of strength as the MWA demonstrated a significant increase of nearly two percentage points. Additionally, Priority demonstrated high performance, ranking above the HPL for three of the four measure indicators within the Obesity domain.

The MWA had significant increases and ranked above the 50th percentile for all measures within the Obesity domain. HAP ranked below the LPL for *Adult BMI Assessment*. MDHHS should monitor HAP's performance for this measure to ensure the MHP performance does not continue to decline

Pregnancy Care

For the Pregnancy Care domain, due to changes in the technical specifications for the Prenatal and Postpartum Care – Timeliness of Prenatal Care and Postpartum Care measure indicators, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to national benchmarks could not be made based on the reported rates for the MHPs. Reference Section 7 for a MHP level comparison of rates for only 2020.

Living With Illness

For the Living With Illness domain, *Medication Management for People With Asthma – Medication Compliance 50%* and *Medication Compliance 75%—Total* were an area of strength. Both measure indicators went from below the 75th percentile in 2019 to above the 75th percentile in 2020 and demonstrated significant increases, with *Medication Management for People With Asthma – Medication*

¹⁻⁶ National Committee for Quality Assurance. *Children and Adolescents' Access to Primary Care Practitioners*. Available at: <https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/> Accessed on: September 20, 2020.

Compliance 50%—Total increasing by over five percentage points and *Medication Management for People With Asthma – Medication Compliance 75%—Total* increasing by nearly seven percentage points.

Six out of six (100 percent) *Comprehensive Diabetes Care* measure indicators ranked above the 50th percentile. In addition to all *Comprehensive Diabetes Care* measure indicators ranking above the 50th percentile, most of the measure indicators demonstrated significant improvements from 2019 to 2020. Of note, Upper Peninsula ranked above the HPL for four of the six (66.6 percent) *Comprehensive Diabetes Care* measure indicators, Priority ranked above the HPL for five of the six (83.3) *Comprehensive Diabetes Care* measure indicators and UNI ranked above the HPL for two of the six (33.3) *Comprehensive Diabetes Care* measure indicators. AET ranked below the LPL for two of the six *Comprehensive Diabetes Care* measure indicators.

The MWA demonstrated significant declines for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, *Asthma Medication Ratio*, and *Medical Assistance With Smoking and Tobacco Use Cessation*. Six MHPs fell below the LPL for *Asthma Medication Ratio*. *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* fell by over five percentage points, with Molina ranking below the LPL. MDHHS should work with the MHPs to identify issues that contribute to low medication adherence and implement quality improvement strategies that focus on improving adherence to medications and monitoring of members using these medications.

Health Plan Diversity

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care.

Utilization

For the *Emergency Department (ED) Visits—Total* measure indicator, the Michigan average decreased by 4.8 visits per 1,000 member months from 2018 to 2020.¹⁻⁷ Since the measure of outpatient visits is not linked to performance, the results for this measure are not comparable to percentiles. For the *Plan All-Cause Readmissions* measure, five MHPs had an observed-to-expected (O/E) ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on the patient mix.

Limitations and Considerations

Some behavioral health services are carved out and are not provided by the MHPs; therefore, exercise caution when interpreting rates for measures related to behavioral health.

¹⁻⁷ For the *ED Visits* indicator, a lower rate indicates better performance (i.e., low rates of ED 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—2020 Michigan MHP Names and Abbreviations

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

Summary of Michigan Medicaid HEDIS 2020 Measures

Within this report, HSAG presents the Michigan MWA (i.e., statewide average rates) and MHP-specific performance on HEDIS measures selected by MDHHS for HEDIS 2020. 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 changes required to improve overall performance.

Table 2-2 shows the selected HEDIS 2020 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 2020 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Michigan Medicaid HEDIS 2020 Required Measures

Performance Measures	HEDIS Data Collection Methodology
Child & Adolescent Care	
<i>Childhood Immunization Status—Combinations 2–10</i>	Hybrid
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	Hybrid
<i>Lead Screening in Children</i>	Hybrid
<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 and 2</i>	Hybrid
<i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i>	Administrative
Women—Adult Care	
<i>Breast Cancer Screening</i>	Administrative
<i>Cervical Cancer Screening</i>	Hybrid
<i>Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total</i>	Administrative
Access to Care	
<i>Children and Adolescents’ Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years</i>	Administrative
<i>Adults’ Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65+ Years, and Total</i>	Administrative
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, Total</i>	Administrative
<i>Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, Total</i>	Administrative
<i>Appropriate Treatment for Upper Respiratory Infection—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, Total</i>	Administrative
Obesity	
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>	Hybrid
<i>Adult BMI Assessment</i>	Hybrid

Performance Measures	HEDIS Data Collection Methodology
Pregnancy Care	
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>	Hybrid
Living With Illness	
<i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (<140/90 mm Hg)</i>	Hybrid
<i>Medication Management for People With Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total</i>	Administrative
<i>Asthma Medication Ratio—Total</i>	Administrative
<i>Controlling High Blood Pressure</i>	Hybrid
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies</i>	Administrative
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>	Administrative
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	Administrative
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	Administrative
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	Administrative
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	Administrative
Health Plan Diversity	
<i>Race/Ethnicity Diversity of Membership</i>	Administrative
<i>Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and Other Language Needs</i>	Administrative
Utilization	
<i>Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total and Outpatient Visits—Total</i>	Administrative
<i>Inpatient Utilization—General Hospital/Acute Care</i>	Administrative
<i>Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies</i>	Administrative
<i>Use of Opioids at High Dosage</i>	Administrative
<i>Risk of Continued Opioid Use—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total</i>	Administrative
<i>Plan All-Cause Readmissions—Index Total Stays</i>	Administrative

Data Collection Methods

Administrative Method

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

Hybrid Method

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

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

Understanding Sampling Error

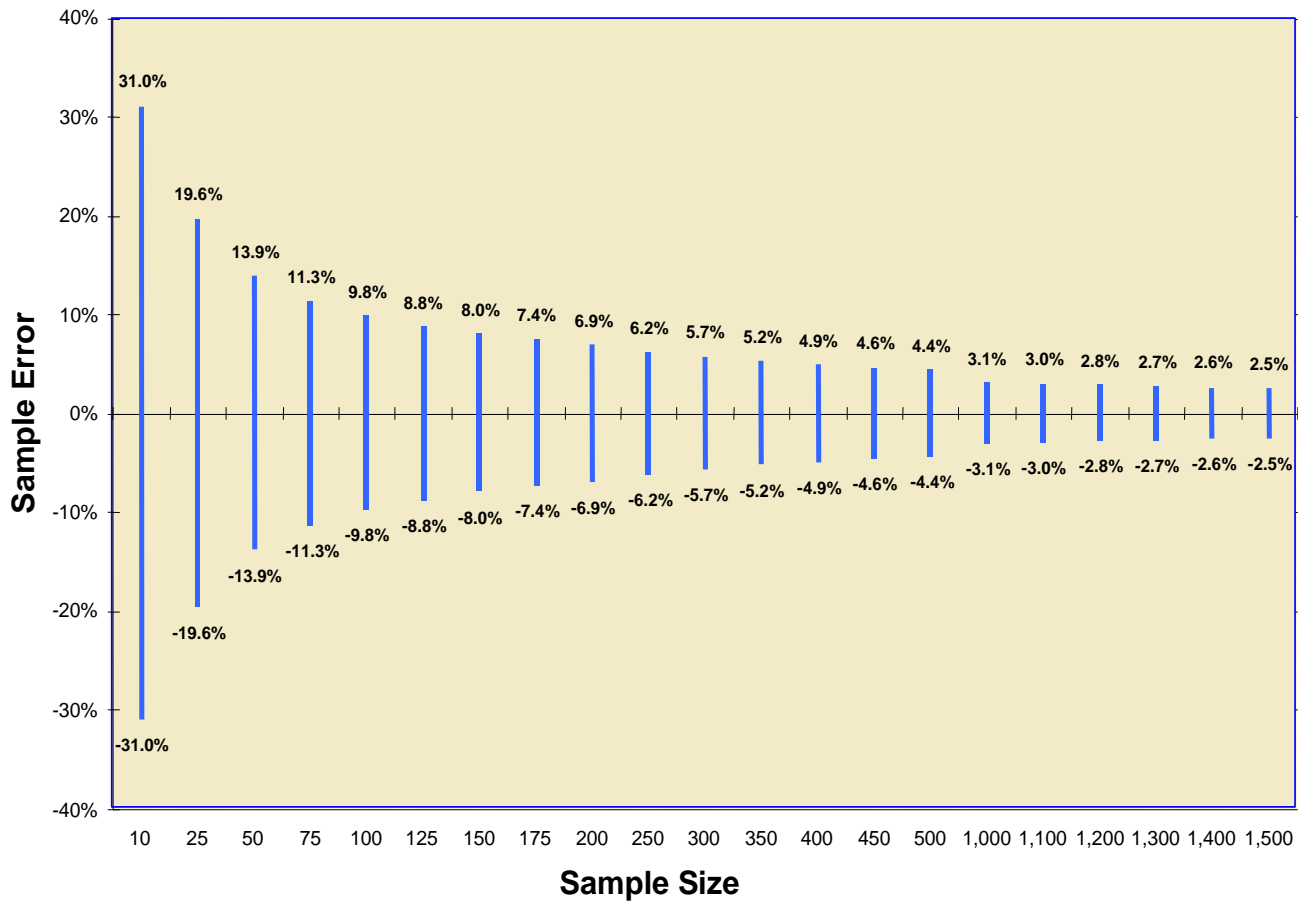
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the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

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

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

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

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



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

Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the IDSS files supplied by the MHPs. Prior to HSAG's receipt of the MHPs' IDSS files, all of the MHPs were required by MDHHS to have their HEDIS 2020 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 2020 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Unaudited (UN)*, and *Not Reported (NR)*. The audit results are defined in Section 12.

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

Calculation of Statewide Averages

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

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS 2020 MHP and MWA rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS 2020 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2019, which are referred to as "percentiles" throughout this report. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total and Plan All-*

Cause Readmissions measure indicators were compared to NCQA’s Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2019.

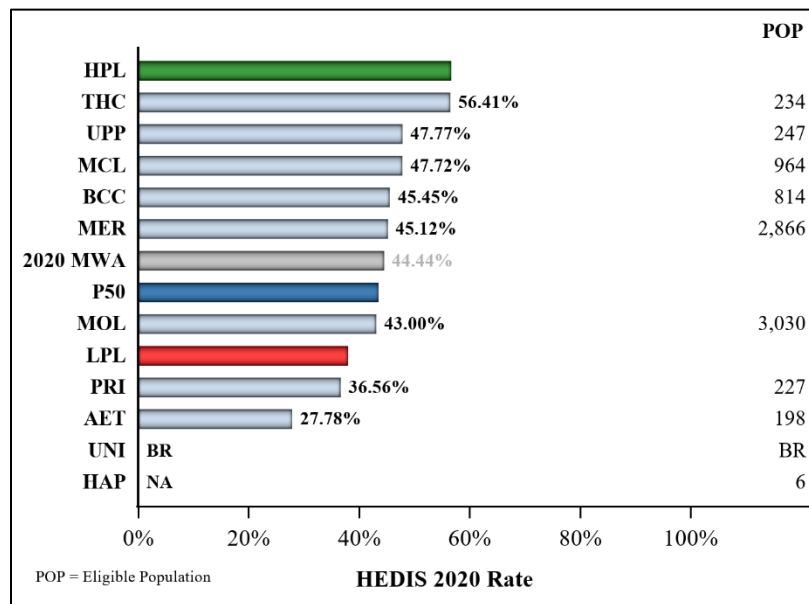
Additionally, benchmarking data (i.e., NCQA’s Quality Compass and NCQA’s Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report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

Figure Interpretation

For each performance measure indicator presented in Sections 3 through 8 of this report, the horizontal bar graph figure positioned on the right side of the page presents each MHP’s performance against the HEDIS 2020 MWA (i.e., the bar shaded gray); the HPL (i.e., the green shaded bar), representing the 90th percentile; the P50 bar (i.e., the blue shaded bar), representing the 50th percentile; and the LPL (i.e., the red shaded bar), representing the 25th percentile.

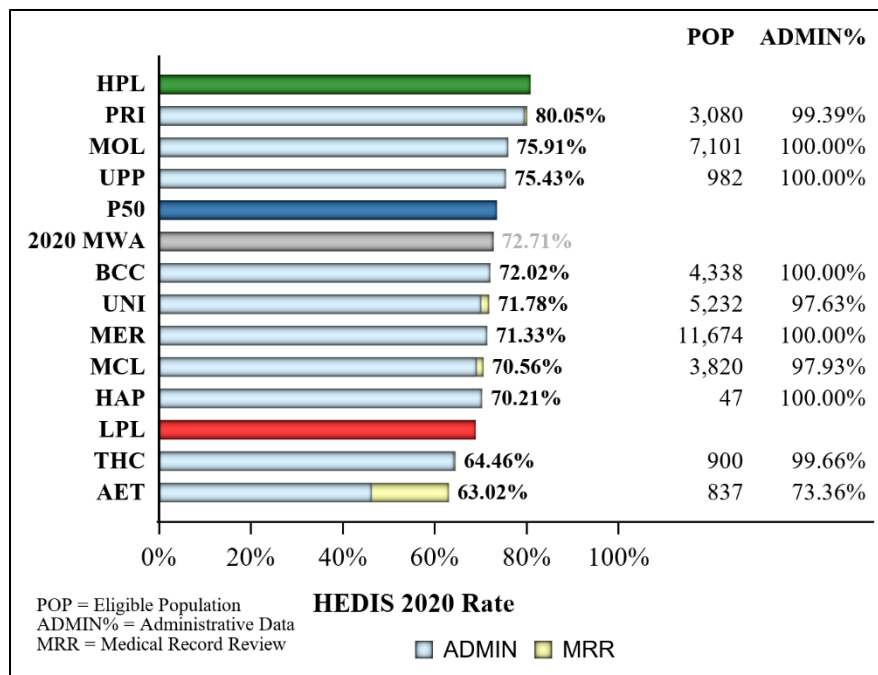
For measures for which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively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

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



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

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



Percentile Rankings and Star Ratings

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

Table 2-3—Percentile Ranking Performance Levels

Star Rating	Performance Level
★★★★★	At or above the 90th percentile
★★★★	At or above the 75th percentile but below the 90th percentile
★★★	At or above the 50th percentile but below the 75th percentile
★★	At or above the 25th percentile but below the 50th percentile
★	Below the 25th percentile
NA	NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB	NB indicates that the MHP did not offer the health benefit required by the measure.

Measures in the Health Plan Diversity and Utilization measure domains are designed to capture the frequency of services provided and characteristics of the populations served. With the exception of *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits, Use of Opioids From Multiple Providers, Use of Opioids at High Dosage, Risk of Continued Opioid Use, and Plan All-Cause Readmissions*, higher or lower rates in these domains do not necessarily indicate better or worse performance. A lower rate for *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits* may indicate a more favorable performance since lower rates of ED services may indicate better utilization of services. Further, measures under the Health Plan Diversity measure domain provide insight into how member race/ethnicity or language characteristics are compared to national distributions and are not suggestive of plan performance.

For the *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits* and *Plan All-Cause Readmissions* measure indicators, HSAG inverted the star ratings 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.

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

deliverables; or that a performance level was not presented in this report either because the measure did not have an applicable benchmark or a comparison to benchmarks was not appropriate.

Performance Trend Analysis


In addition to the star rating results, HSAG also compared HEDIS 2020 MWA and MHP rates to the corresponding HEDIS 2019 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05 for MHP rate comparisons and a p value <0.01 for MWA rate comparisons. Note that statistical testing could not be performed on the utilization-based measures domain given that variances were not available in the IDSS files for HSAG to use for statistical testing. Further statistical testing was not performed on the health plan diversity measures because these measures are for information purposes only.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. Throughout the report, references to “significant” changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS 2019 to HEDIS 2020. 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 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 2019 and HEDIS 2020” 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 2019 and HEDIS 2020 are presented in tabular format. HEDIS 2020 rates shaded green with one cross (+) indicate a significant improvement in performance from the previous year. HEDIS 2020 rates shaded red with two crosses (++) indicate a significant decline in performance from the previous year. The colors used are provided below for reference:

 Indicates that the HEDIS 2020 MWA demonstrated a significant improvement from the HEDIS 2019 MWA.

 Indicates that the HEDIS 2020 MWA demonstrated a significant decline from the HEDIS 2019 MWA.

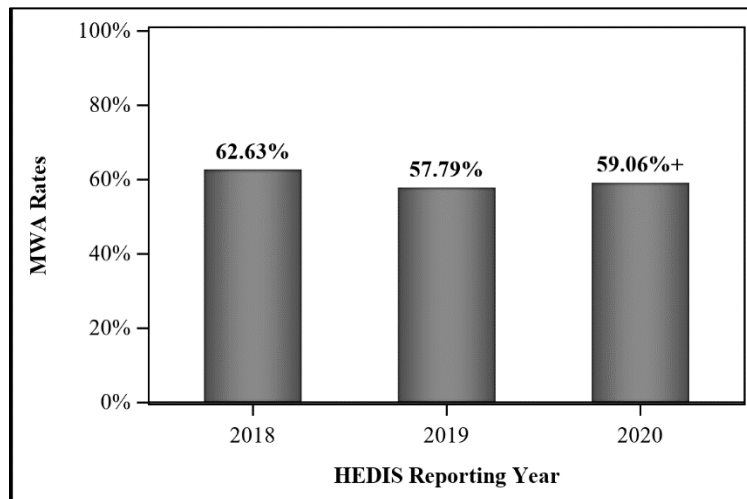
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

Table 2-4—Percentile Ranking Performance Levels

Percentile Ranking and Shading	Performance Level
≥90th ^c	At or above the 90th percentile
≥75th and ≤89th ^b	At or above the 75th percentile but below the 90th percentile
≥50th and ≤74th ^v	At or above the 50th percentile but below the 75th percentile
≥25th and ≤49th ^p	At or above the 25th percentile but below the 50th percentile
≤25th ^{LR}	Below the 25th percentile

For each performance measure indicator presented in Sections 3 through 8 of this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS 2018, HEDIS 2019, and HEDIS 2020 MWAs with significance testing performed between the HEDIS 2019 and HEDIS 2020 MWAs. Within these figures, HEDIS 2020 rates with one cross (+) indicate a significant improvement in performance from HEDIS 2019. HEDIS 2020 rates with two crosses (++) indicate a significant decline in performance from HEDIS 2019. 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 Significant Improvement



Interpreting Results Presented in This Report

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

The following questions should be asked when examining these data:

How accurate are the results?

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

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

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

How do Michigan Medicaid rates compare to national percentiles?

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS 2019 Medicaid 50th percentile. In addition, the HEDIS 2018, 2019, and 2020 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 2020 MWA for each rate with the 2018 and 2019 MWA and the 50th percentile.

Measure Changes Between HEDIS 2019 and HEDIS 2020

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2020.²⁻¹ These changes may have an effect on the HEDIS 2020 rates that are presented in this report.

Cervical Cancer Screening

- Updated screening methods to include primary high-risk human papillomavirus (HPV) testing to count for numerator compliance.

Appropriate Testing for Pharyngitis

- Revised the measure name.
- Expanded the age range to members 3 years of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the Index Episode Start Date (IESD) definition and added the Negative Comorbid Condition History and Negative Competing Diagnosis definitions.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than pharyngitis on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added Penicillin G Benzathine to the “Natural penicillins” description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added a competing diagnosis exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the Rules for Allowable Adjustments of HEDIS section.

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2020, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

Appropriate Treatment for Upper Respiratory Infection

- Revised the measure name.
- Expanded the age range to members 3 months of age and older
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the IESD definition and added the Negative Comorbid Condition History definition.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than upper respiratory infection on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added Penicillin G Benzathine to the “Natural penicillins” description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the Rules for Allowable Adjustments of HEDIS section.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Intake Period.
- Removed the IESD definition.
- Revised the Negative Competing Diagnosis time frame.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Updated the continuous enrollment and allowable gap requirements.
- Removed “with or without a telehealth modifier” language; refer to General Guideline 43.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Deleted the Cystic Fibrosis Value Set from step 3 in the event/diagnosis criteria (codes for cystic fibrosis were moved to the Comorbid Conditions Value Set).

- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the Rules for Allowable Adjustments of HEDIS section.

Use of Opioids a High Dosage

- Changed the measure acronym from UOD to HDO.
- Updated the average daily MME threshold from >120 to ≥ 90 .
- Deleted the IPSD definition and the former step 4 of the numerator.
- Revised the treatment period definition used to calculate the numerator.
- Modified medication lists to make them compatible with digital measure formatting.
- Updated Table HDO-A to include medication lists and strength (for use in the MME calculation).
- Added a note to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the Rules for Allowable Adjustments of HEDIS section.

Children and Adolescents' Access to Primary Care Practitioners

- Added telehealth to the numerator of the measure.

Prenatal and Postpartum Care

- Revised the timing of the event/diagnosis criteria.
- Revised the Timeliness of Prenatal Care numerator to allow for visits that occur before the enrollment start date.
- Revised the timing of the Postpartum Care numerator.
- Added a Definitions section.
- Revised the Continuous Enrollment criteria.
- Added a Note to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge is used if the date of delivery cannot be interpreted on the claim.
- Deleted the decision rules and standardized the prenatal care visit requirements in the Timeliness of Prenatal Care numerator.
- Clarified in the Timeliness of Prenatal Care and Postpartum Care numerators to not count visits that occur on the date of delivery.
- Updated the Postpartum Care numerator to exclude services provided in an acute inpatient setting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added bullets to the Hybrid Specification of the Postpartum Care numerator to meet criteria.

- Added the Rules for Allowable Adjustments of HEDIS section.

Plan All-Cause Readmissions

- Added definitions of “outlier,” “nonoutlier” and “plan population.”
- Added observation stays to inpatient admissions.
- Revised direct transfers to include observation discharges.
- Moved instructions for direct transfer to Guideline 6 in the Guidelines for Risk Adjusted Utilization Measures.
- Added steps to remove hospitalizations for outlier members and report a count of outlier members.
- Removed the high-frequency hospitalization stratification for Medicaid.
- Added a step in the Risk Adjustment Weighting section for observation stay IHS.
- Removed the base weight variable from the Risk Adjustment Weighting.
- Removed Sample Table: PCR—Risk Adjustment Weighting in Risk Adjustment Weighting.
- Added a Note to step 4 in the numerator.
- Revised the data element tables to combine the 18–64 and 65+ populations.
- Added instructions and data element tables to report plan population and outlier rate.
- Removed the “Total 18-64 Medicare” and “Total 65+ Medicare” rows from Table PCR-B-3 and removed associated footnotes.
- Added instructions and data element tables to report the rate among index stays discharged or transferred to skilled nursing care.

3. Child & Adolescent Care

Introduction

The Child & Adolescent Care domain encompasses the following HEDIS 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 and 2*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation 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 MWA performance for the measure indicators under the Child & Adolescent Care domain. The table lists the HEDIS 2020 MWA rates and performance levels, a comparison of the HEDIS 2019 MWA to the HEDIS 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2019 to HEDIS 2020.

Table 3-1—HEDIS 2020 MWA Performance Levels and Trend Results for Child & Adolescent Care

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA—HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	72.71%	+0.20	0	0
<i>Combination 3</i>	68.36%	+0.43	0	0
<i>Combination 4</i>	67.54%	+0.54	0	0
<i>Combination 5</i>	59.06%	+1.27 ⁺	0	0
<i>Combination 6</i>	37.86%	-0.54	0	0

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA– HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Combination 7</i>	58.44%	+1.37 ⁺	0	0
<i>Combination 8</i>	37.69%	-0.51	0	0
<i>Combination 9</i>	33.60%	+0.20	0	0
<i>Combination 10</i>	33.44%	+0.20	0	0
Well-Child Visits in the First 15 Months of Life				
<i>Six or More Visits</i>	71.68%	+0.76	1	0
Lead Screening in Children				
<i>Lead Screening in Children</i>	78.27%	-0.13	0	0
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	76.81%	+0.91 ⁺	1	0
Adolescent Well-Care Visits				
<i>Adolescent Well-Care Visits</i>	57.13%	+1.20 ⁺	1	0
Immunizations for Adolescents				
<i>Combination 1</i>	85.28%	-0.38	0	0
<i>Combination 2</i>	40.40%	NC	NC	NC
Follow-Up Care for Children Prescribed ADHD Medication				
<i>Initiation Phase</i>	44.44%	-2.15 ⁺⁺	1	1
<i>Continuation and Maintenance Phase</i>	54.65%	-4.15 ⁺⁺	0	1

¹ 2020 performance levels were based on comparisons of the HEDIS 2020 MWA rates to national Medicaid Quality Compass HEDIS 2019 benchmarks. 2020 performance levels represent the following percentile comparisons:

≤25th ^{LR}	≥25th and ≤49th ^P	≥50th and ≤74th ^V	≥75th and ≤89th ^B	≥90th ^C
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² HEDIS 2019 MWA to HEDIS 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

NC indicates that a comparison to 2019 performance is not appropriate

Green Shading⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant improvement from the HEDIS 2019 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant decline from the HEDIS 2019 MWA.

Table 3-1 shows that, for the Child & Adolescent Care domain, the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* measures were an area of strength. Both measures ranked above the 50th percentile and demonstrated significant improvements. Priority was the only MHP to rank above the HPL for more than one measure within the Child & Adolescent Care domain (*Childhood Immunization Status—Combination 4, Combination 5 and Combination 7, Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Immunizations for Adolescents—Combination 2*).

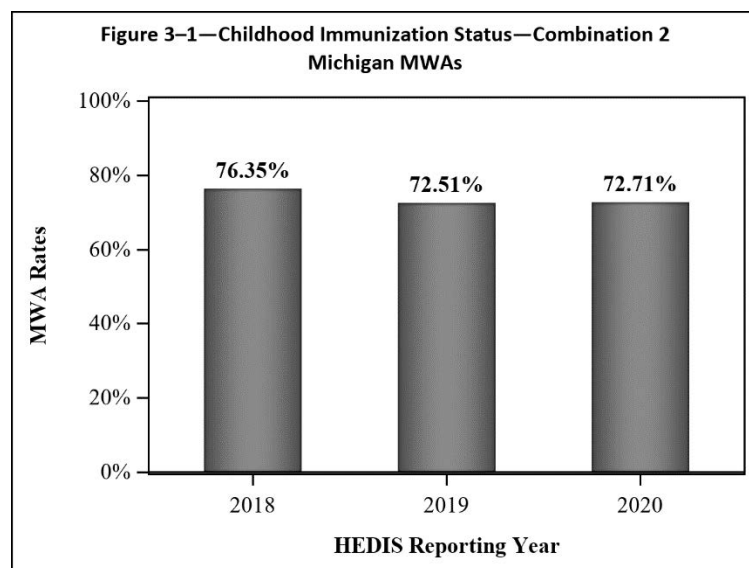
The MWA demonstrated a significant decline for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicators, decreasing by over two percentage points. Further, Aetna and Total Health ranked below the LPL for all nine indicators for the *Childhood Immunization Status* measure. MDHHS should work with the MHPs and providers to identify issues that contribute to low follow-up care rates and implement improvement strategies targeted at increasing child access to follow-up care following newly prescribed ADHD medication. Successful treatment is dependent on continuous monitoring to ensure that the appropriate dose or medication is prescribed.³⁻¹

³⁻¹ Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). Managing Medication for Children and Adolescents with ADHD. Available at: https://chadd.org/wp-content/uploads/2018/05/managing_medication.pdf. Accessed on: September 15, 2020.

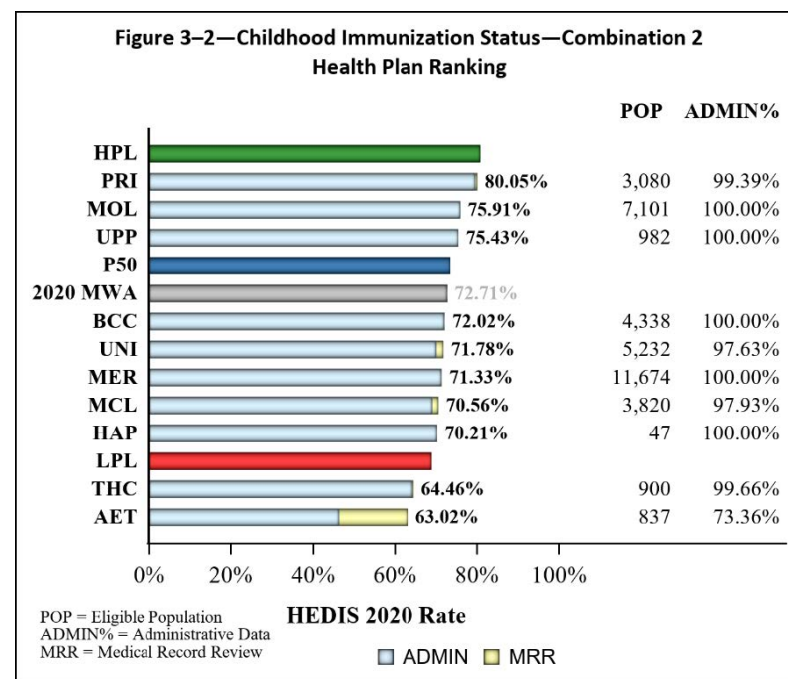
Measure-Specific Findings

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 (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), three haemophilus influenza type B (HiB), three hepatitis B (HepB), and one chicken pox (VZV).



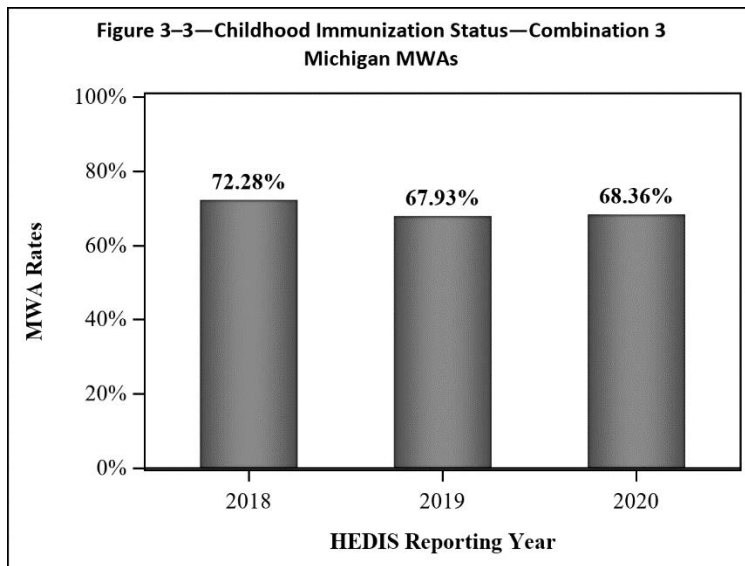
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



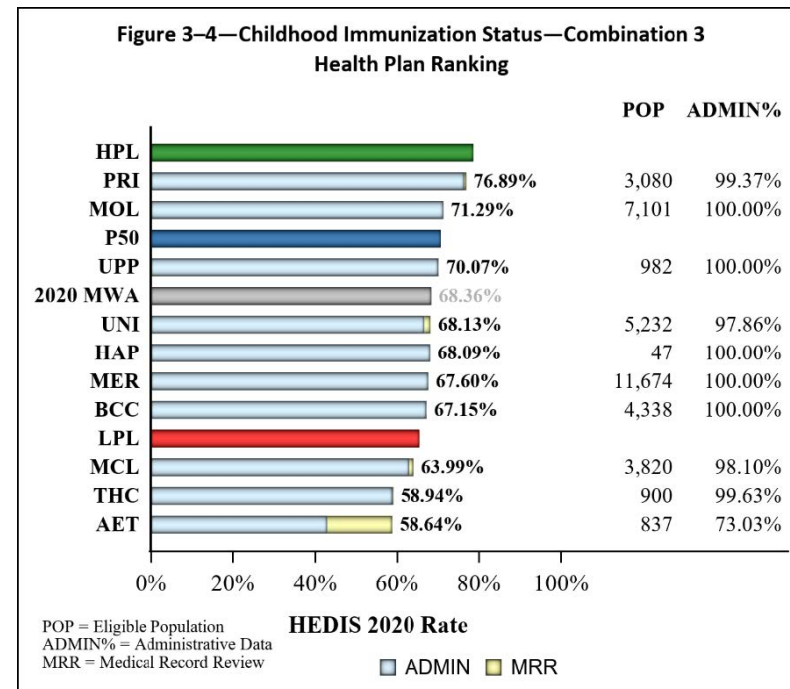
Three MHPs ranked above the 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by less than 20 percentage points.

Childhood Immunization Status—Combination 3

Childhood Immunization Status—Combination 3 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, and four pneumococcal conjugate (PCV).



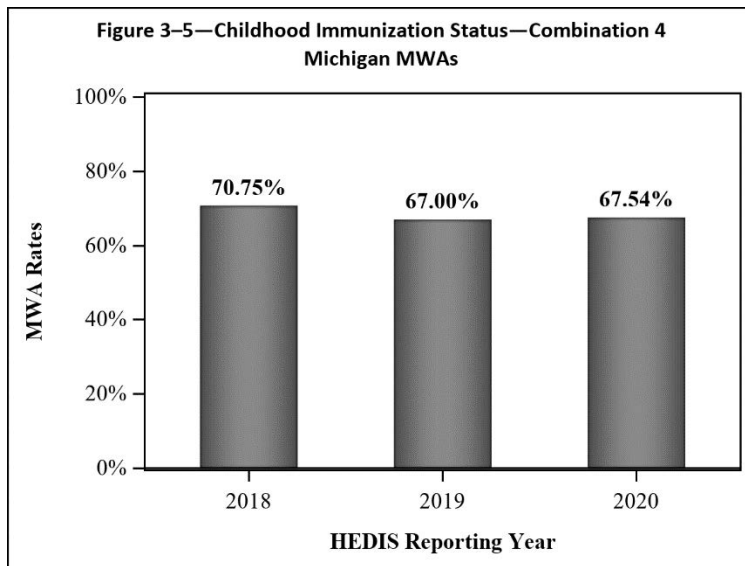
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



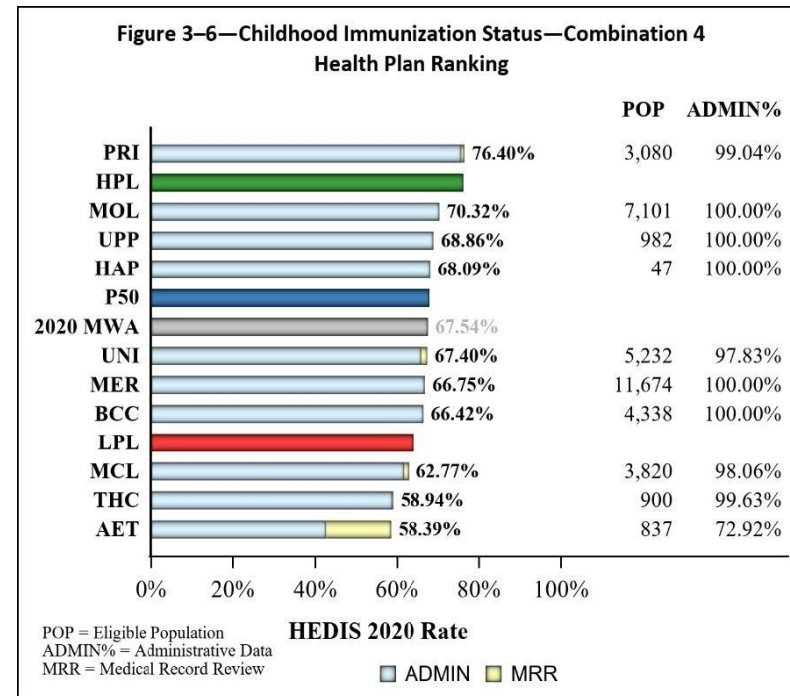
Two MHPs ranked above the 50th percentile but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by less than 20 percentage points.

Childhood Immunization Status—Combination 4

Childhood Immunization Status—Combination 4 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and one HepA.



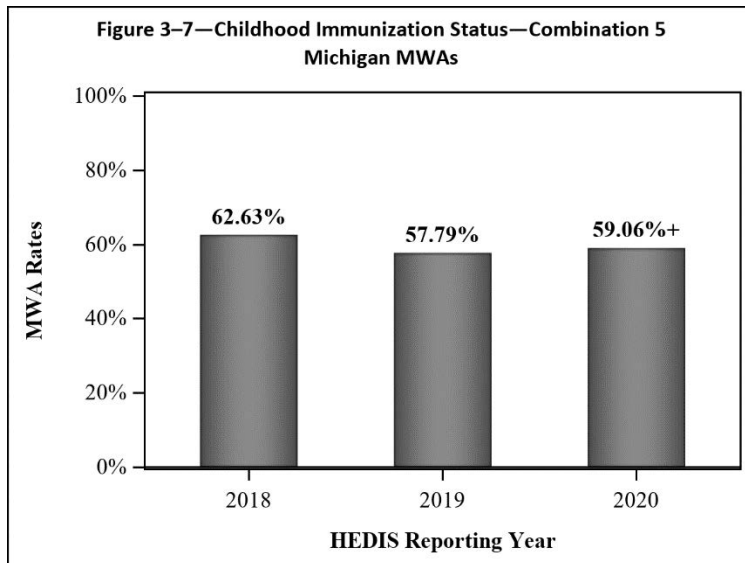
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



Four MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by less than 20 percentage points.

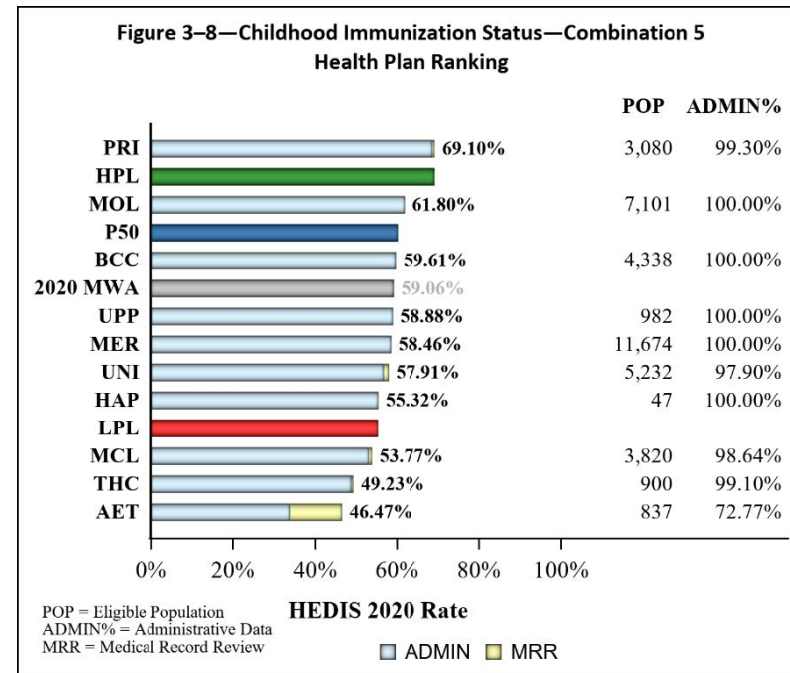
Childhood Immunization Status—Combination 5

Childhood Immunization Status—Combination 5 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two or three rotavirus (RV).



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

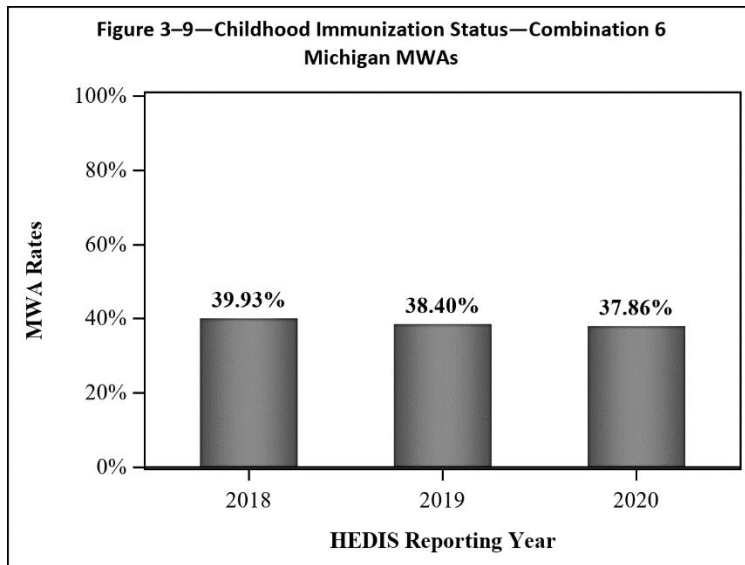
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



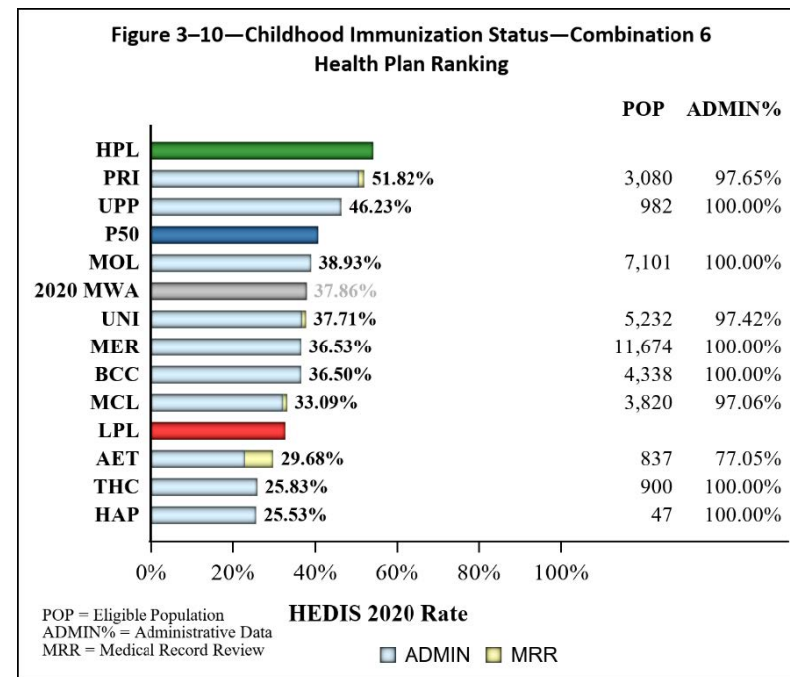
Two MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

Childhood Immunization Status—Combination 6

Childhood Immunization Status—Combination 6 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two influenza (flu).



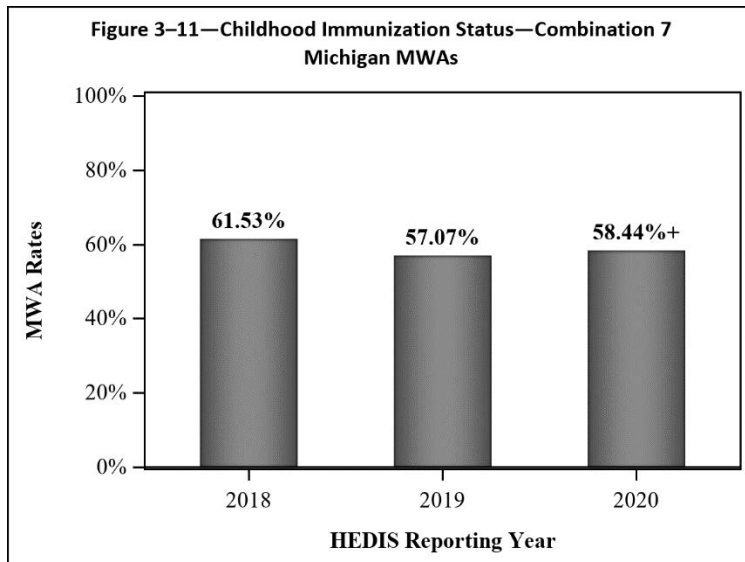
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



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

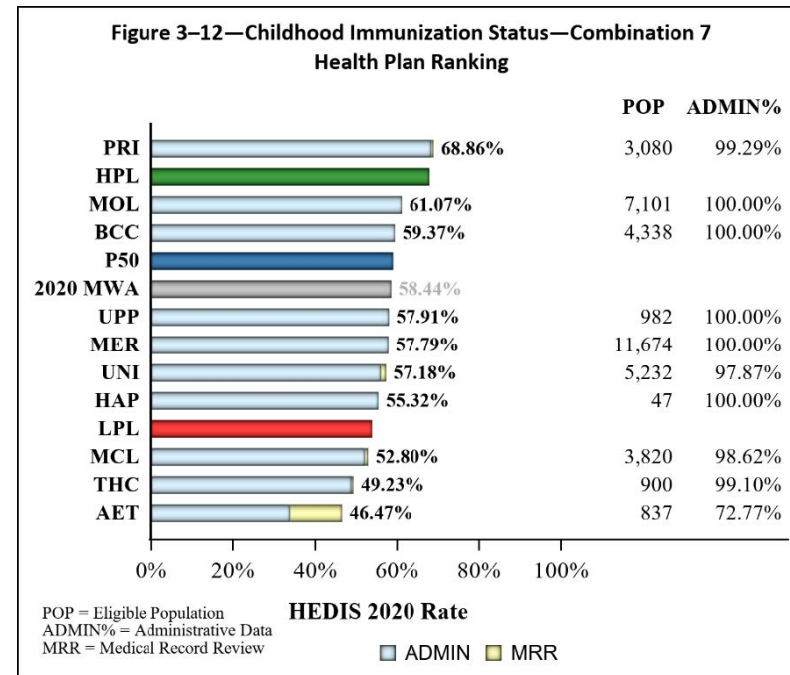
Childhood Immunization Status—Combination 7

Childhood Immunization Status—Combination 7 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two or three RV.



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

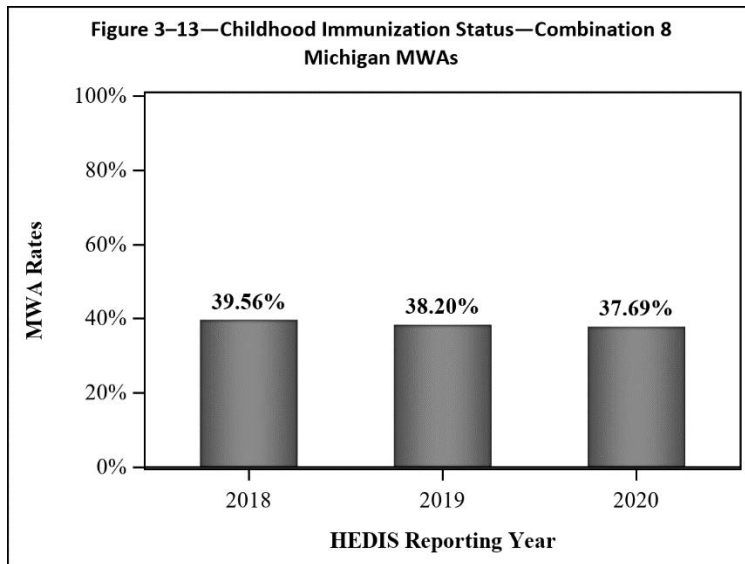
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



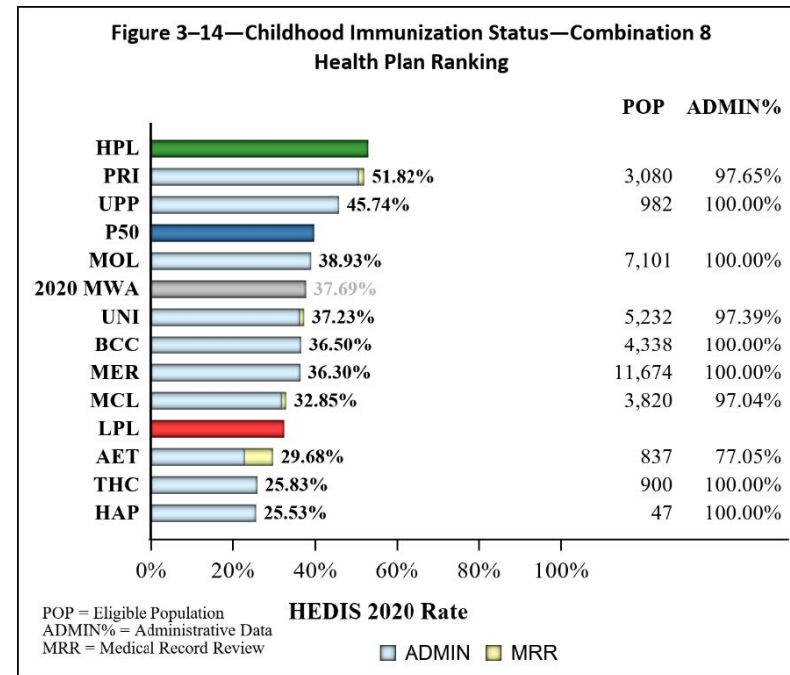
Three MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

Childhood Immunization Status—Combination 8

Childhood Immunization Status—Combination 8 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two flu.



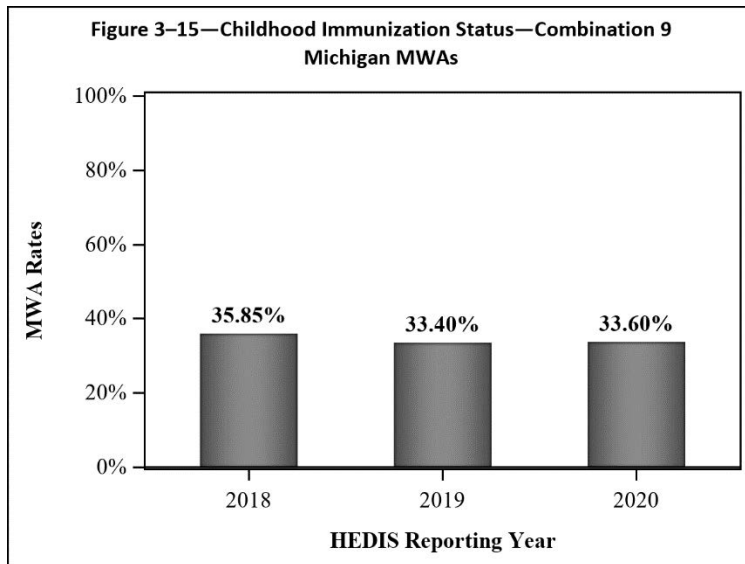
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



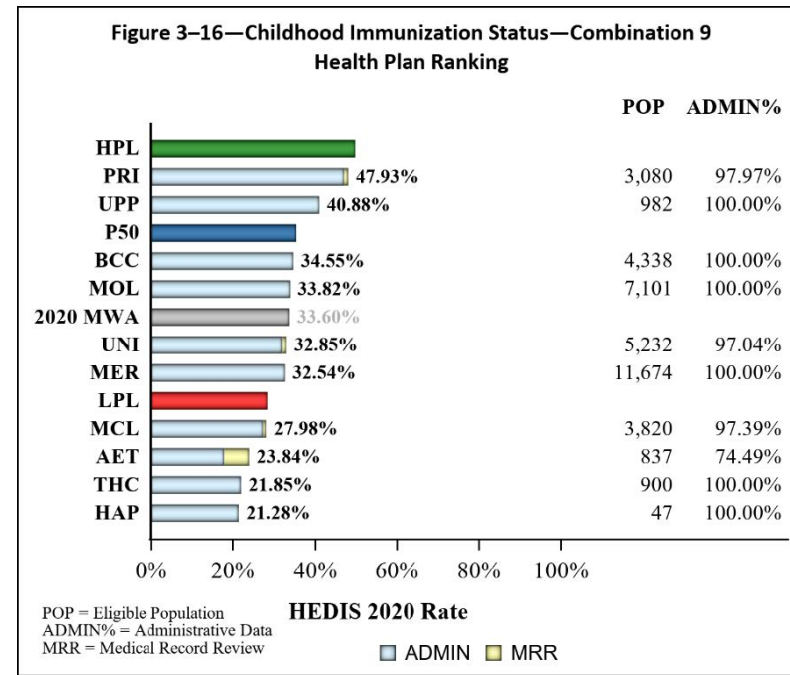
Two MHPs ranked above the 50th percentile but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

Childhood Immunization Status—Combination 9

Childhood Immunization Status—Combination 9 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, two or three RV, and two flu.



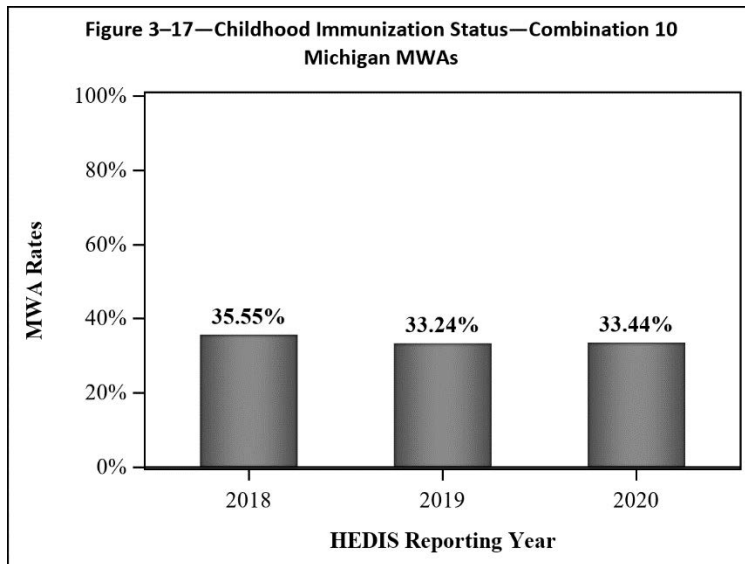
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



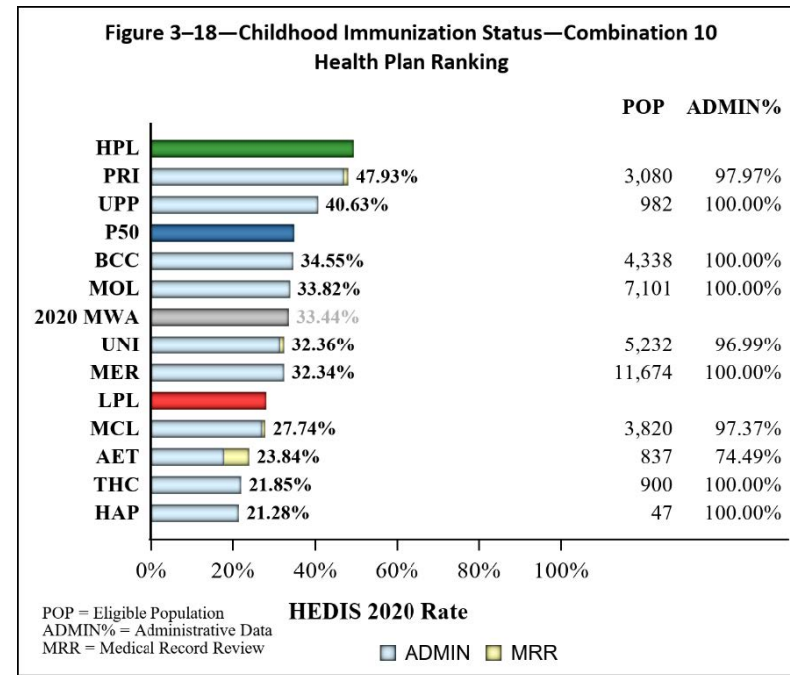
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

Childhood Immunization Status—Combination 10

Childhood Immunization Status—Combination 10 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV, and two flu.



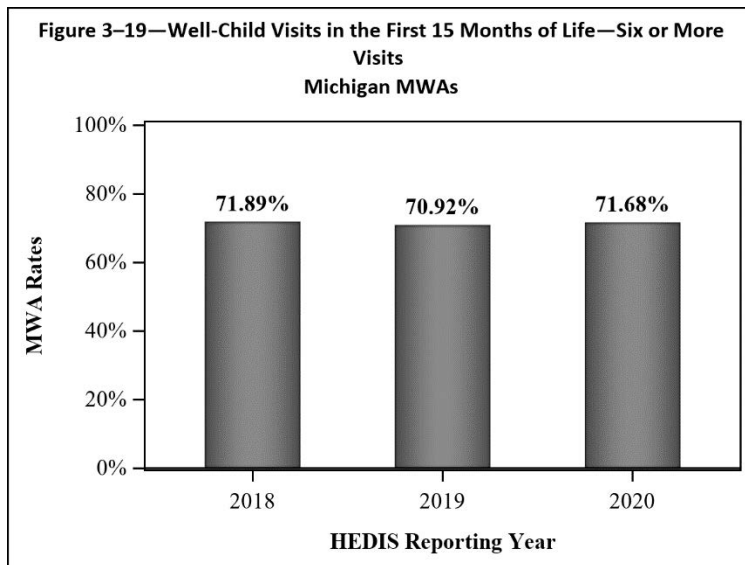
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



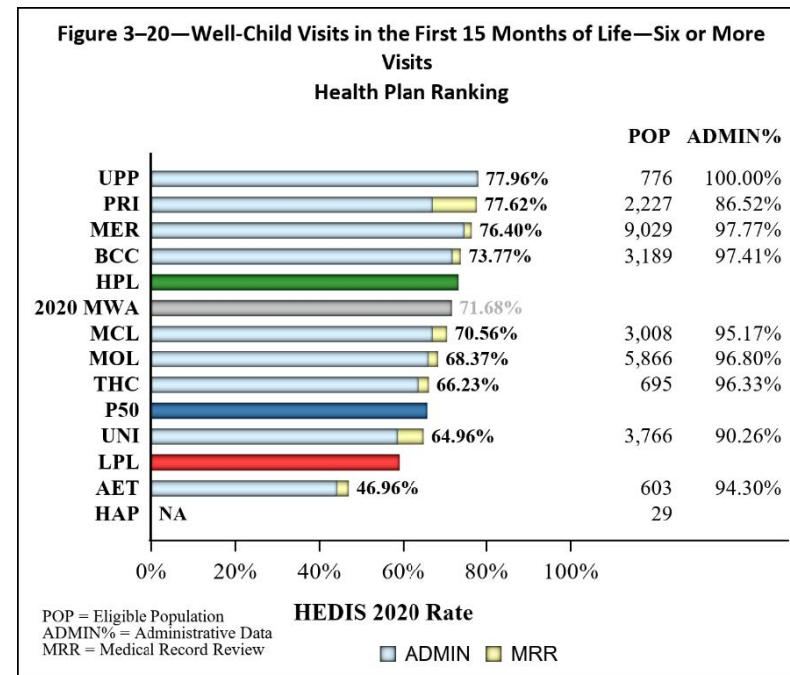
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

Well-Child Visits in the First 15 Months of Life—Six or More 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 who received six or more well-child visits with a PCP during their first 15 months of life.



The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.

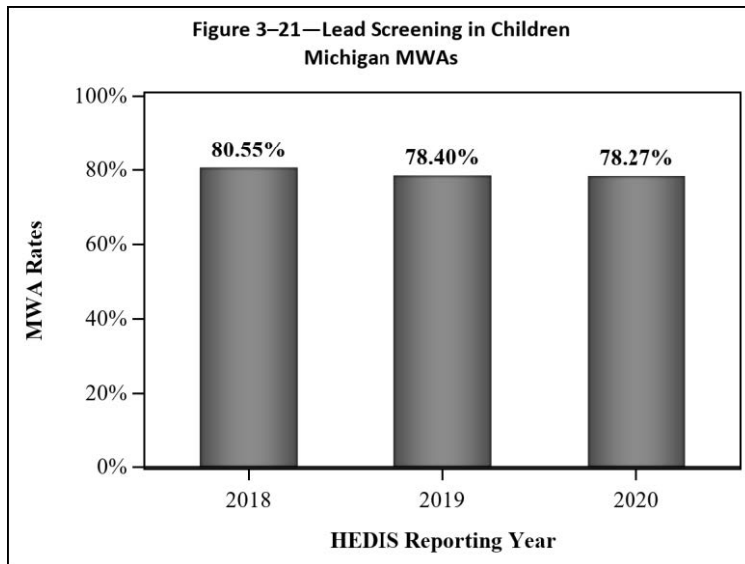


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

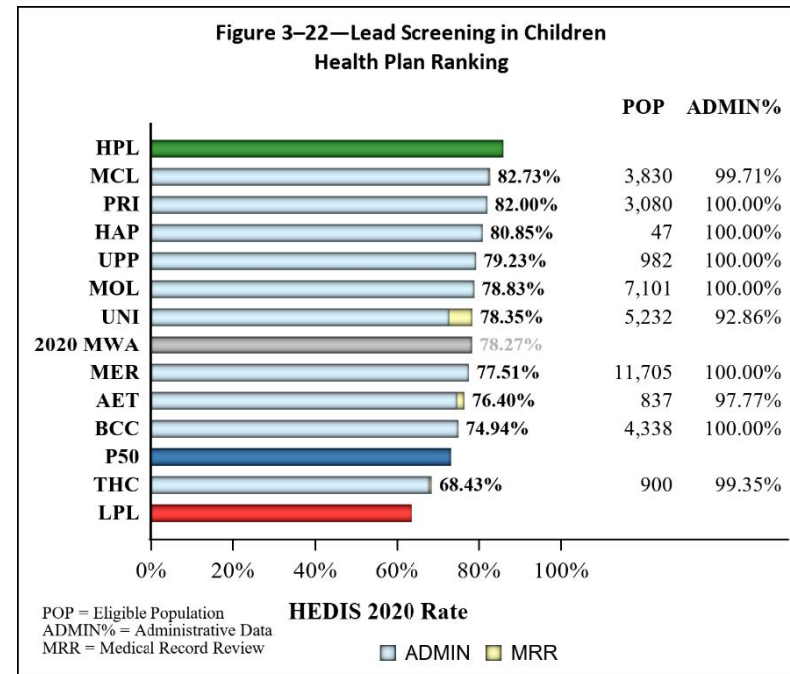
Seven MHPs and the MWA ranked above the 50th percentile, with four MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 30 percentage points.

Lead Screening in Children

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



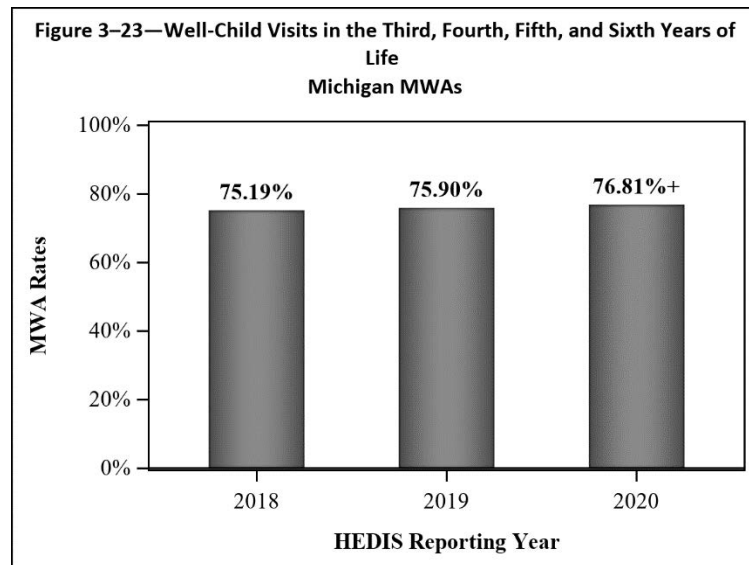
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



Nine MHPs and the MWA ranked above the 50th percentile, and all MHPs fell between the HPL and the LPL. MHP performance varied by over 10 percentage points.

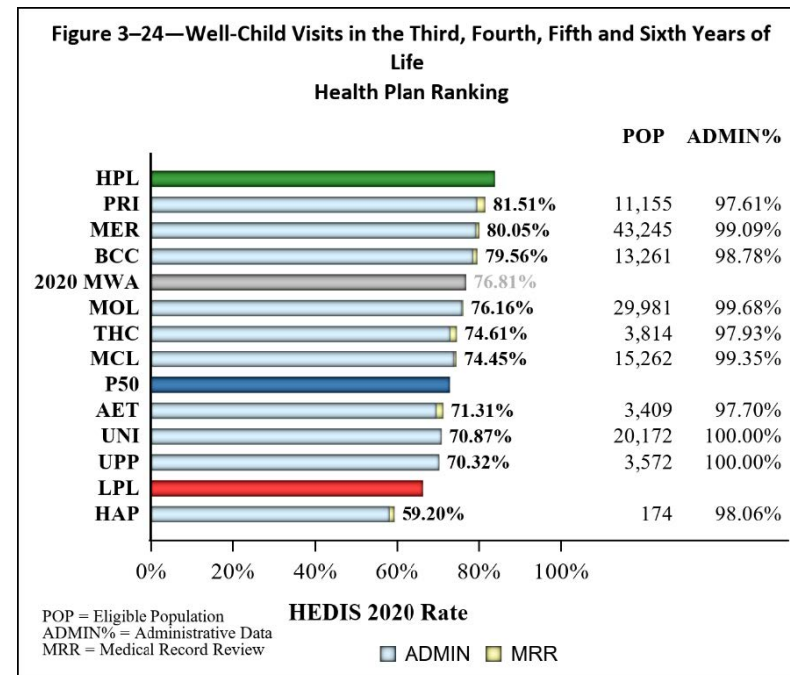
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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



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

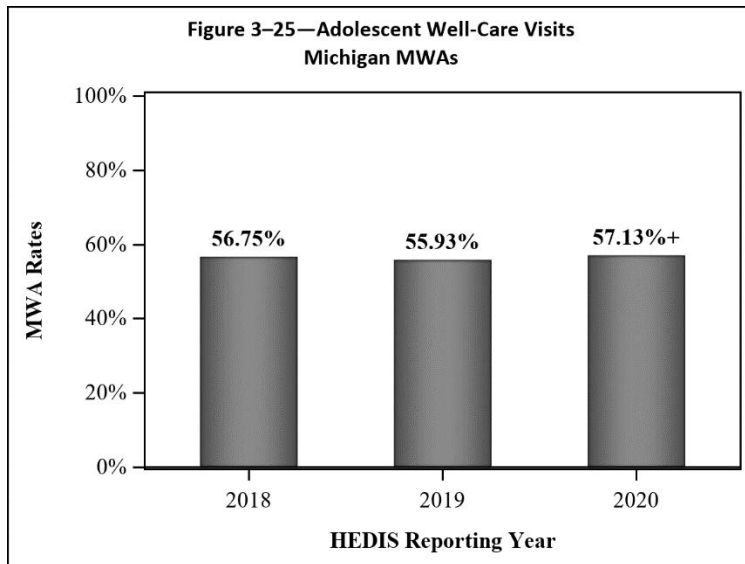
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



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

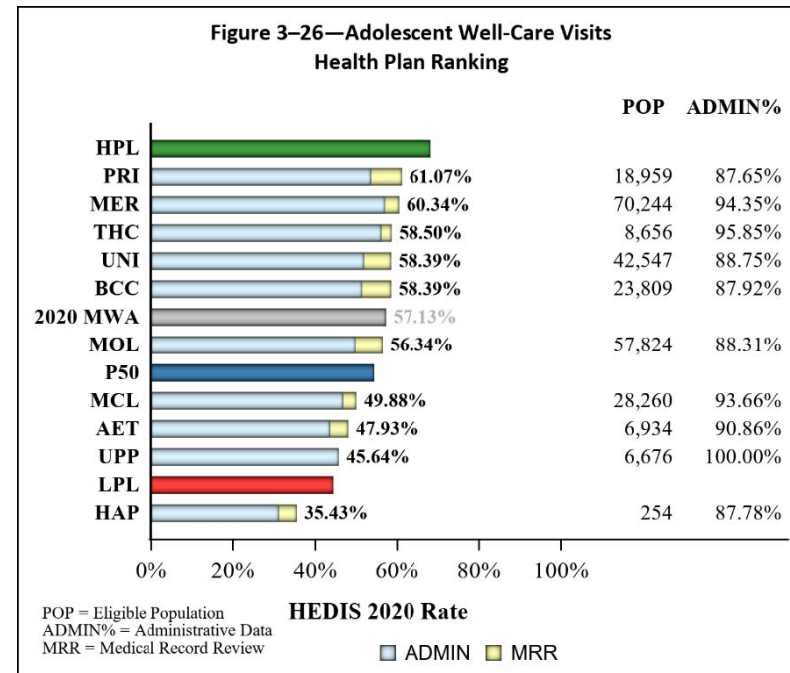
Adolescent Well-Care Visits

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



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

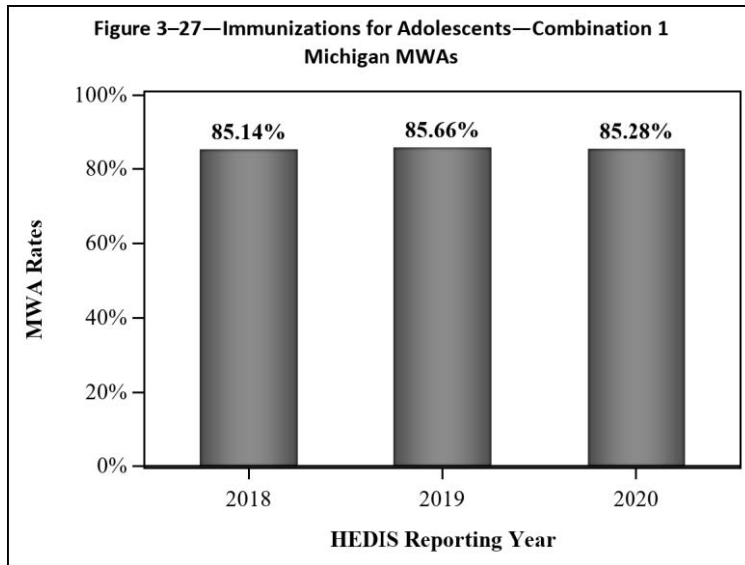
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



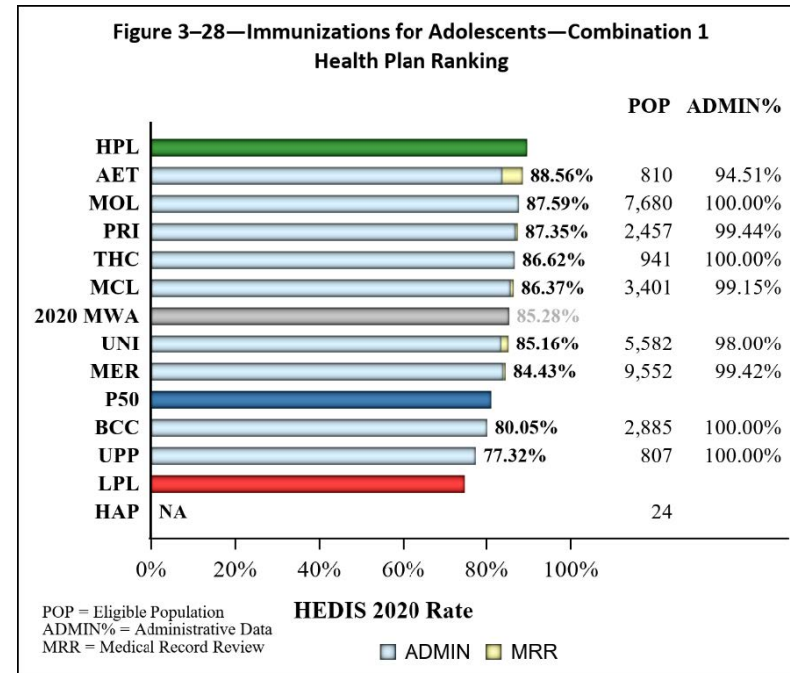
Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.

Immunizations for Adolescents—Combination 1

Immunizations for Adolescents—Combination 1 assesses the percentage of adolescents 13 years of age who had the following by their thirteenth birthday: one dose of meningococcal vaccine; and one Tdap vaccine.



The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.

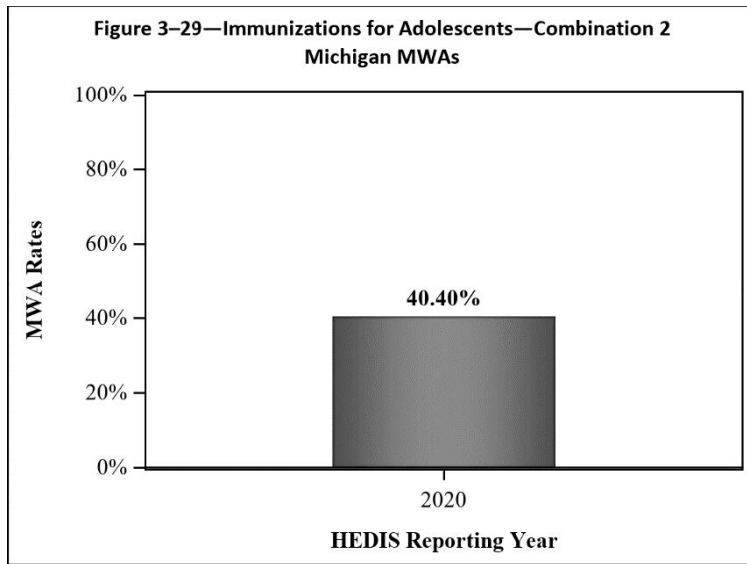


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

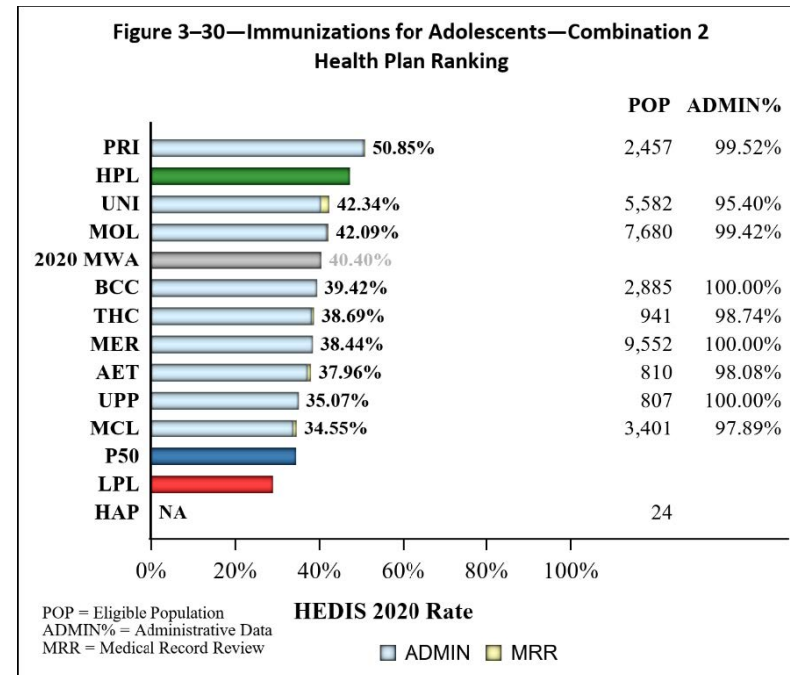
Seven MHPs and the MWA ranked above the 50th percentile and all MHPs fell between the HPL and the LPL. MHP performance varied by approximately 10 percentage points.

Immunizations for Adolescents—Combination 2

Immunizations for Adolescents—Combination 2 assesses the percentage of adolescents 13 years of age who had the following by their thirteenth birthday: one dose of meningococcal vaccine; one Tdap vaccine; and two HP.



The Immunizations for Adolescents—Combination 2 measure was not included in the prior years’ results. Therefore, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.

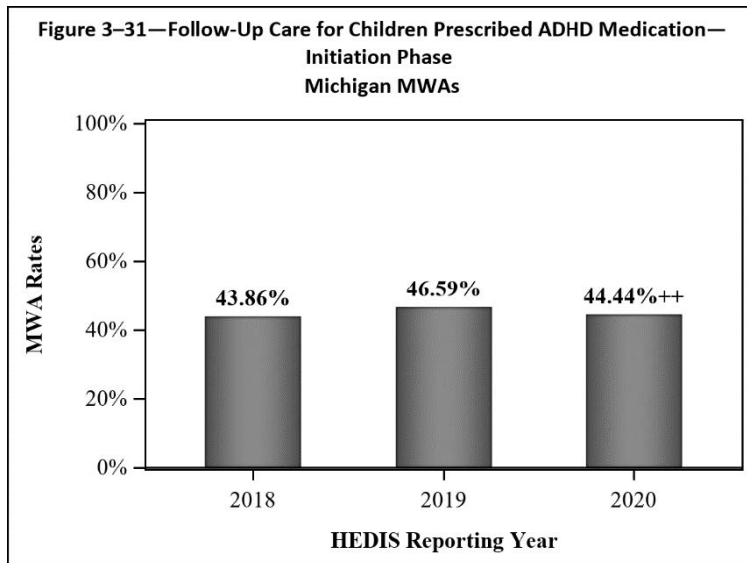


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Nine MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. MHP performance varied by over 15 percentage points.

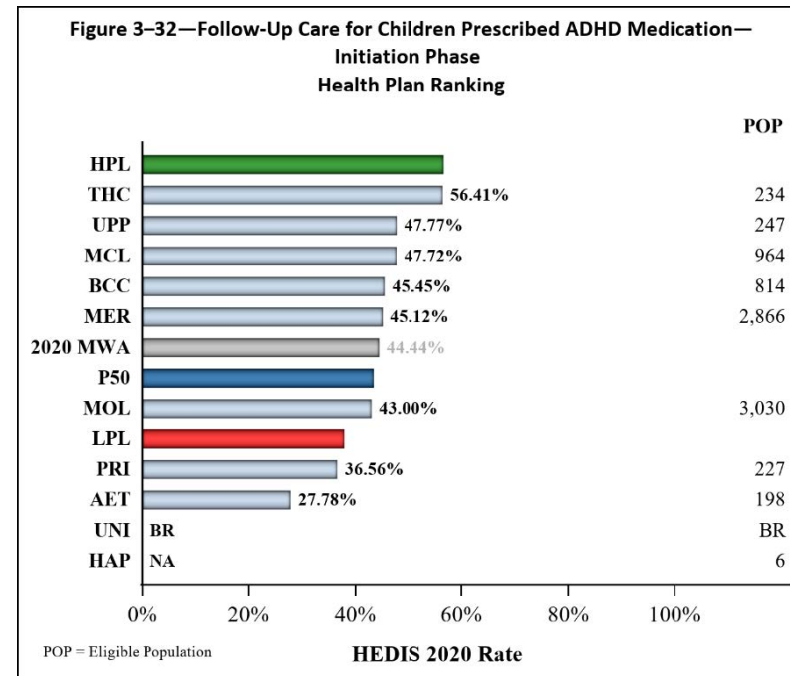
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

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



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

The HEDIS 2020 MWA rate significantly declined from HEDIS 2019.



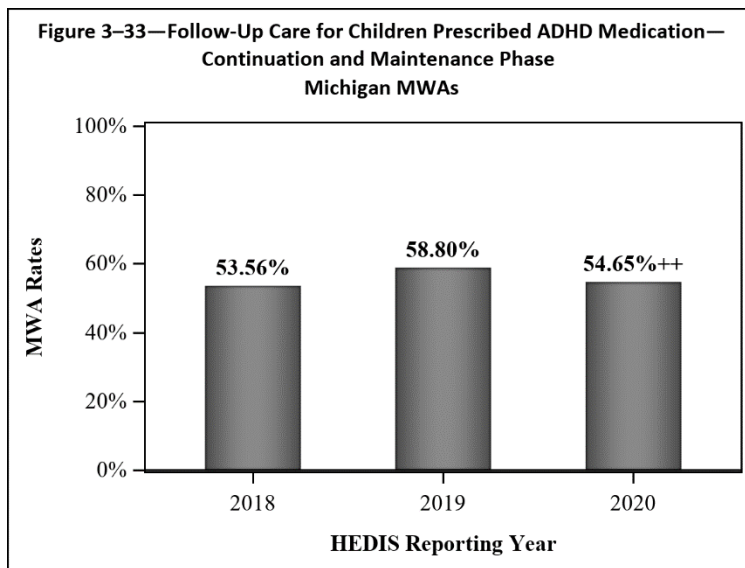
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

BR indicates that the MHP's reported rate was invalid, therefore, the rate is not presented.

Five MHPs and the MWA ranked above the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

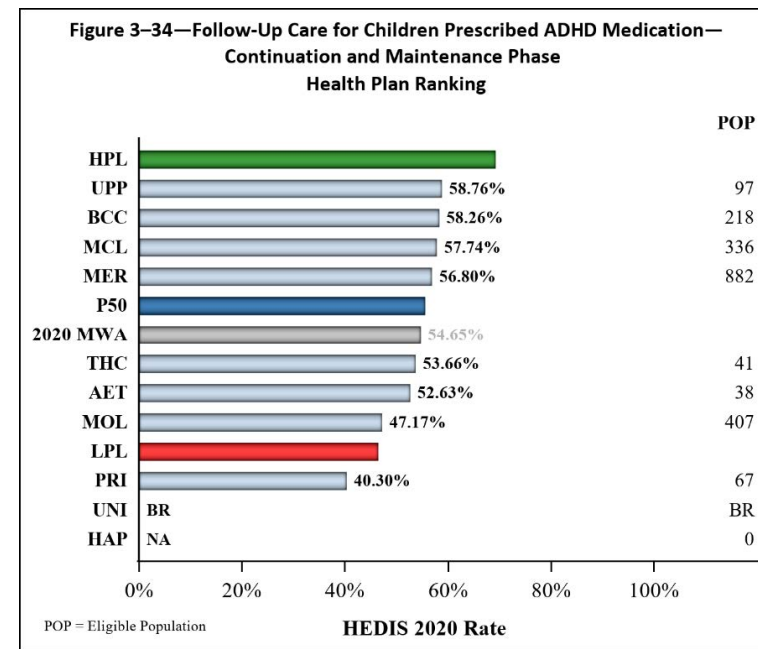
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

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



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

The HEDIS 2020 MWA rate significantly declined from HEDIS 2019.



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

BR indicates that the MHP's reported rate was invalid, therefore, the rate is not presented.

Four MHPs ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 20 percentage points.

4. Women—Adult Care

Introduction

The Women—Adult Care domain encompasses the following HEDIS measures:

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

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 MWA performance for the measure indicators under the Women—Adult Care domain. The table lists the HEDIS 2020 MWA rates and performance levels, a comparison of the HEDIS 2019 MWA to the HEDIS 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2019 to HEDIS 2020.

Table 4-1—HEDIS 2020 MWA Performance Levels and Trend Results for Women—Adult Care

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA—HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	62.76%	-1.22 ⁺⁺	0	3
<i>Ages 21 to 24 Years</i>	68.90%	-0.27	0	0
<i>Total</i>	65.42%	-0.86 ⁺⁺	1	3
<i>Breast Cancer Screening</i>				
<i>Breast Cancer Screening</i>	60.83%	-0.54	0	1
<i>Cervical Cancer Screening³</i>				
<i>Cervical Cancer Screening</i>	67.66%	+1.90 ⁺	0	0

¹ 2020 performance levels were based on comparisons of the HEDIS 2020 MWA rates to national Medicaid Quality Compass HEDIS 2019 benchmarks. 2020 performance levels represent the following percentile comparisons:

≤25th ^{LR}	≥25th and ≤49th ^P	≥50th and ≤74th ^Y	≥75th and ≤89th ^B	≥90th ^C
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² HEDIS 2019 MWA to HEDIS 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

Green Shading⁺ Indicates that the HEDIS 2020MWA demonstrated a significant improvement from the HEDIS 2019 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2020MWA demonstrated a significant decline from the HEDIS 2019 MWA.

³ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

Table 3-1 shows that, for the Women—Adult Care domain, the *Cervical Cancer Screening* measure was an area of strength as it ranked above the 75th percentile and demonstrated significant improvement. Priority demonstrated high performance as the only MHP to rank above the HPL for the *Cervical Cancer Screening* measure. Further, no MHP ranked above the HPL for *Chlamydia Screening for Women* and *Breast Cancer Screening*.

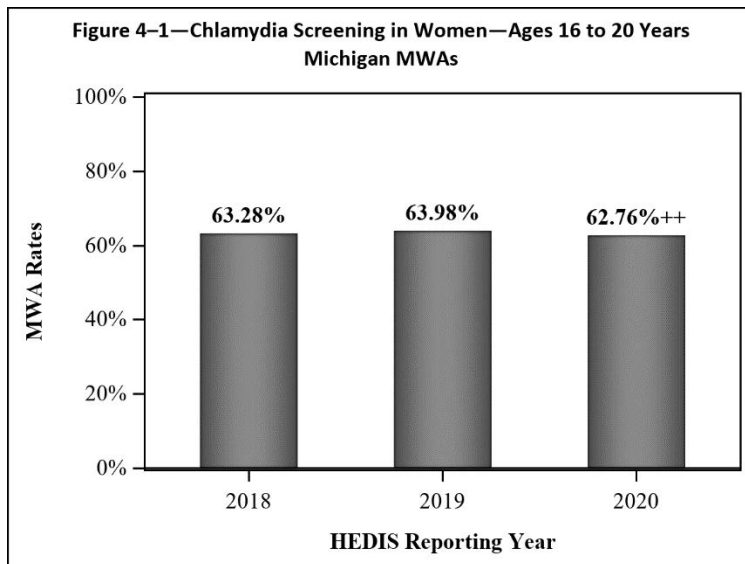
Upper Peninsula ranked below the LPL for all reportable *Chlamydia Screening in Women* measure indicators. MDHHS should work with Upper Peninsula to identify issues that contribute to the low chlamydia screening rates. Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States and a large number of cases are not reported because most people with chlamydia are asymptomatic and do not seek testing⁴⁻¹

⁴⁻¹ Centers for Disease Control and Prevention. Chlamydia – CDC Fact Sheet. <https://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm> Accessed on: September 15, 2020.

Measure-Specific Findings

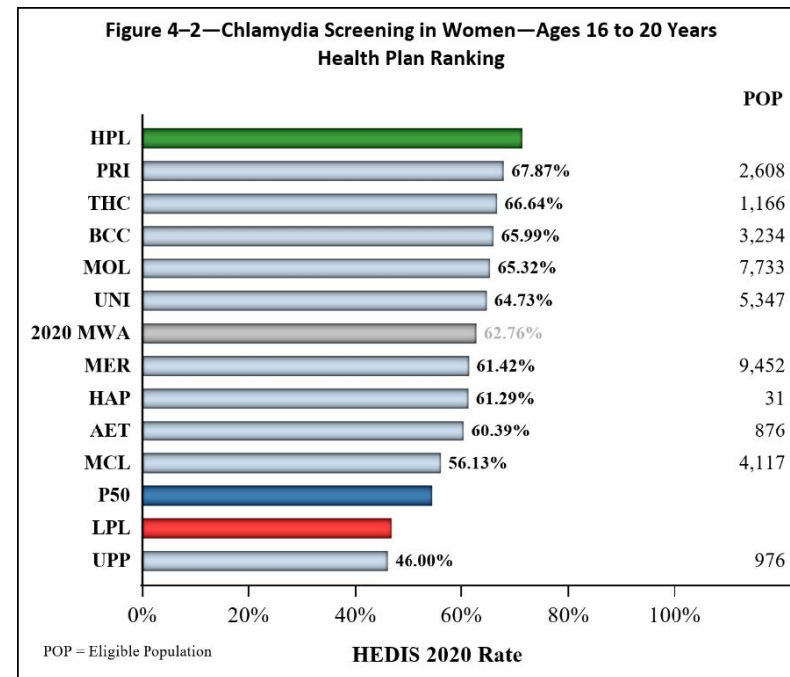
Chlamydia Screening in Women—Ages 16 to 20 Years

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



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

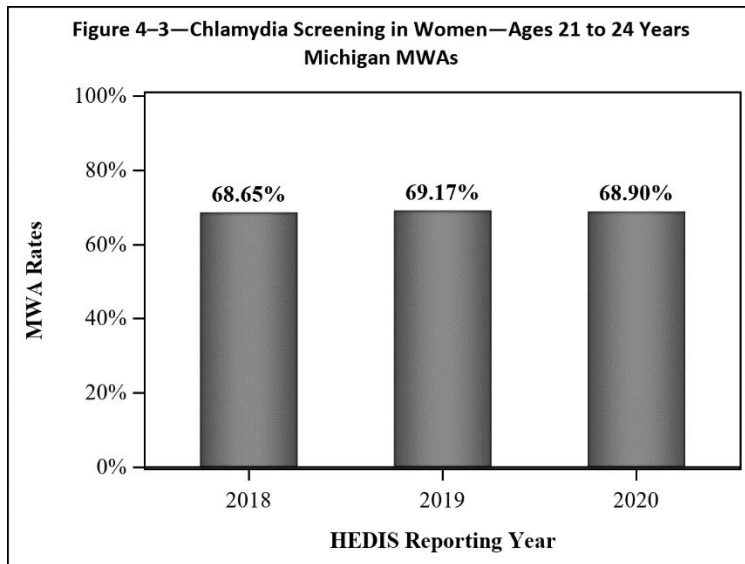
The HEDIS 2020 MWA rate significantly declined from HEDIS 2019.



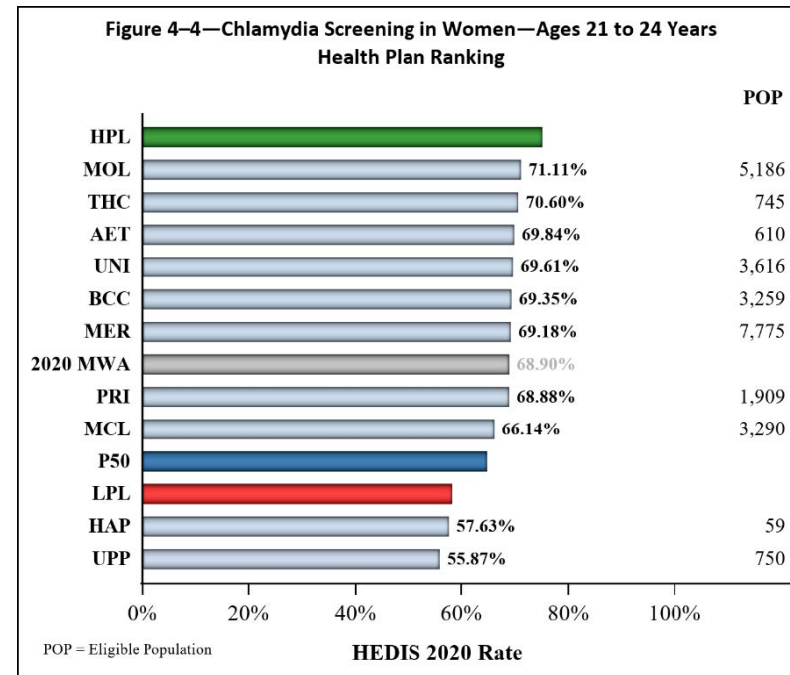
Nine MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 20 percentage points.

Chlamydia Screening in Women—21 to 24 Years

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



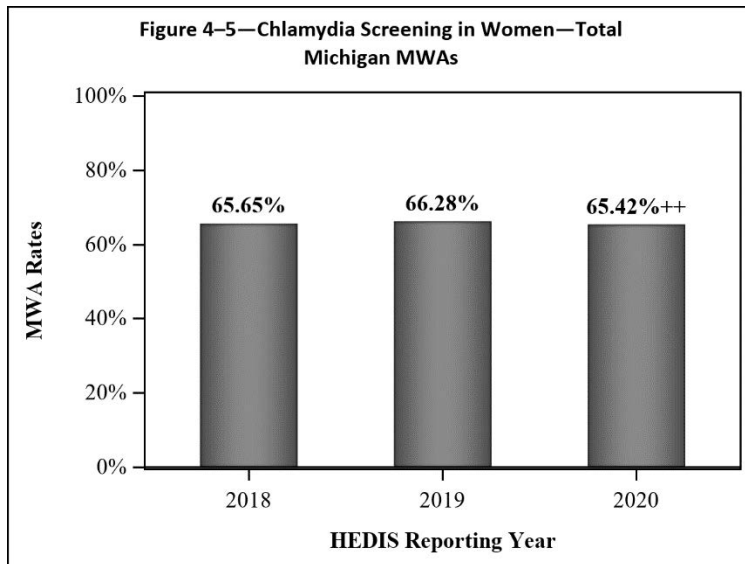
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

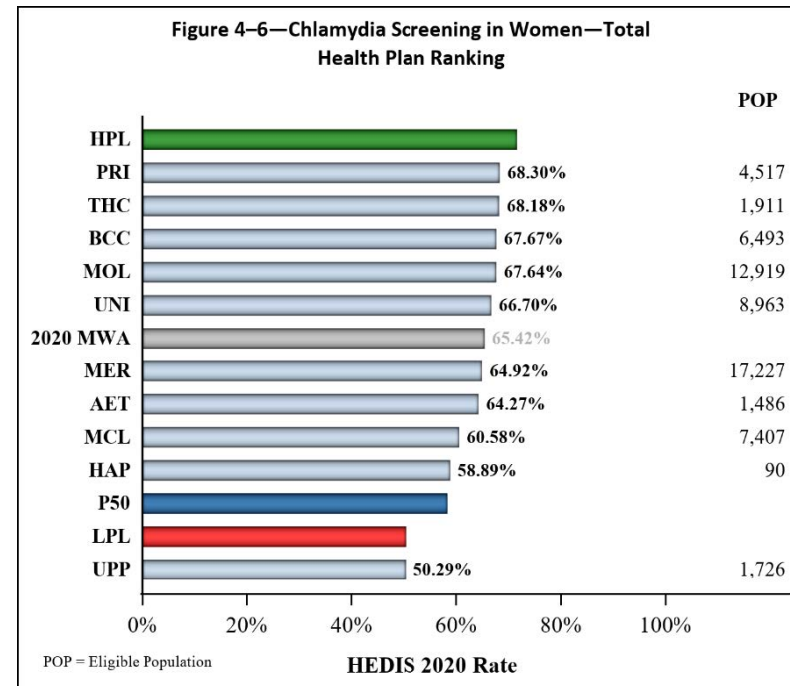
Chlamydia Screening in Women—Total

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



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

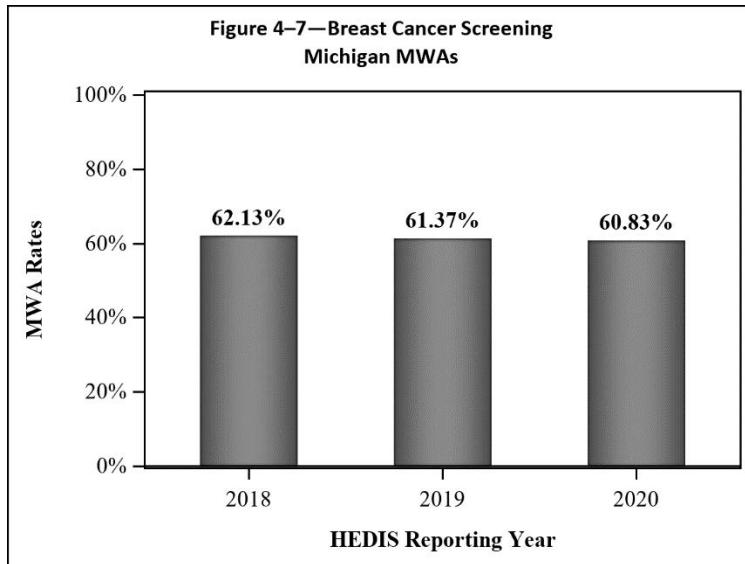
The HEDIS 2020 MWA rate significantly declined from HEDIS 2019.



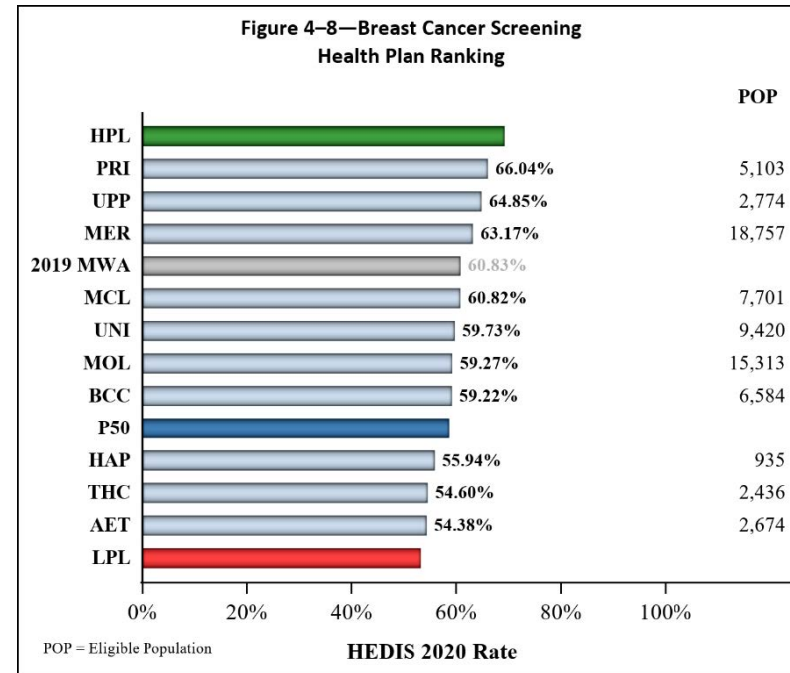
Nine MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 20 percentage points.

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 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



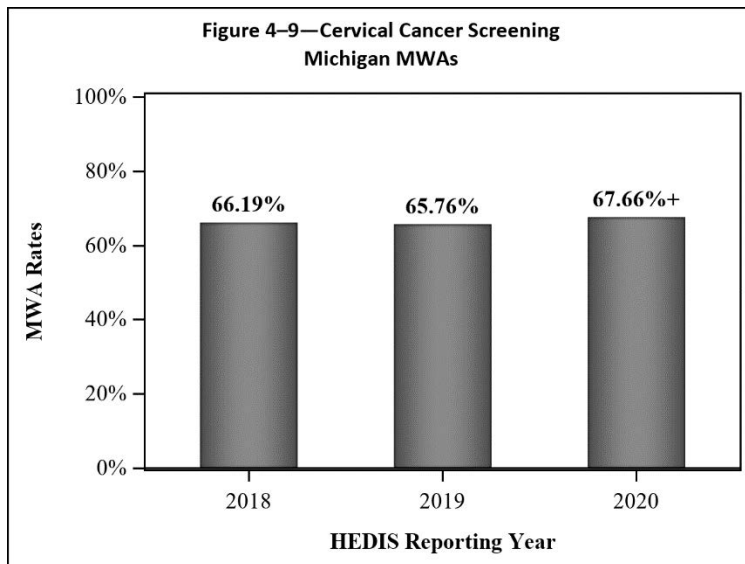
Seven MHPs and the MWA ranked above the 50th percentile and all MHPs fell between the HPL and LPL. MHP performance varied by over 10 percentage points.

Cervical Cancer Screening

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

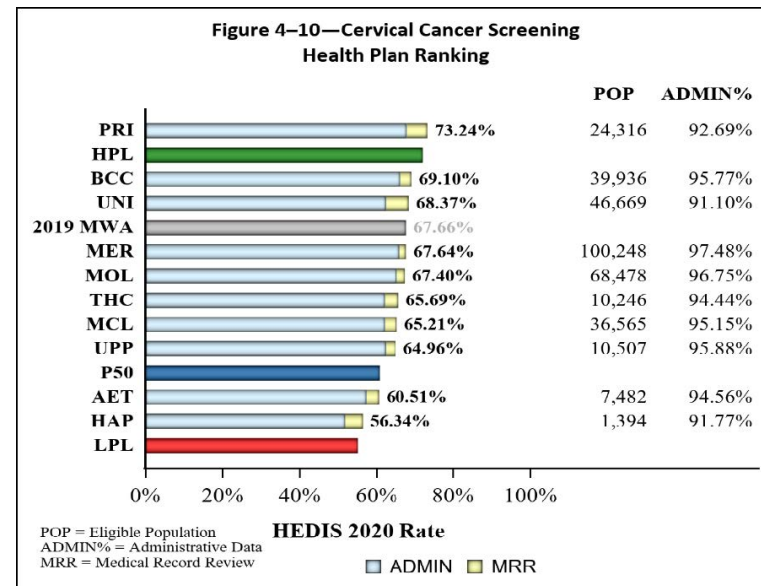
- Women 21 to 64 years of age who had cervical cytology performed every three years.
- Women 30 to 64 years of age who had cervical cytology/human papillomavirus co-testing performed every five years.

Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2020 and prior years.



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

The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



Eight MHPs and the MWA ranked above the 50th percentile with one MHP ranked above the HPL. MHP performance varied by over 15 percentage points.

Introduction

The Access to Care domain encompasses the following HEDIS 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+ Years, and Total*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis – Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total*
- *Appropriate Testing for Pharyngitis- Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65+ Years, and Total*
- *Appropriate Treatment for Upper Respiratory Infection- Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 6+ 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 5-1 presents the Michigan MWA performance for the measure indicators under the Access to Care domain. The table lists the HEDIS 2020 MWA rates and performance levels, a comparison of the HEDIS 2019 MWA to the HEDIS 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2019 to HEDIS 2020.

Table 5-1—HEDIS 2020 MWA Performance Levels and Trend Results for Access to Care

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA– HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Children and Adolescents’ Access to Primary Care Practitioners³</i>				
<i>Ages 12 to 24 Months</i>	94.88%	+0.23	1	2
<i>Ages 25 Months to 6 Years</i>	87.32%	+0.21	3	3
<i>Ages 7 to 11 Years</i>	90.20%	-0.03	1	2

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA– HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Ages 12 to 19 Years</i>	89.64%	+0.12	1	2
Adults' Access to Preventive/Ambulatory Health Services				
<i>Ages 20 to 44 Years</i>	79.02%	+0.76 ⁺	3	1
<i>Ages 45 to 64 Years</i>	87.31%	+0.26 ⁺	2	0
<i>Ages 65+ Years</i>	92.68%	-0.31	0	1
<i>Total</i>	82.49%	+0.54 ⁺	4	1
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴				
<i>Ages 3 Months to 17 Years</i>	60.04%	NC	NC	NC
<i>Ages 18 to 64 Years</i>	37.65%	NC	NC	NC
<i>Ages 65+ Years</i>	34.71%	NC	NC	NC
<i>Total</i>	48.23%	NC	NC	NC
Appropriate Testing for Pharyngitis⁴				
<i>Ages 3 to 17 Years</i>	76.87%	NC	NC	NC
<i>Ages 18 to 64 Years</i>	59.75%	NC	NC	NC
<i>Ages 65+ Years</i>	34.85%	NC	NC	NC
<i>Total</i>	70.83%	NC	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴				
<i>Ages 3 Months to 17 Years</i>	90.61%	NC	NC	NC
<i>Ages 18 to 64 Years</i>	75.39%	NC	NC	NC
<i>Ages 65+ Years</i>	68.24%	NC	NC	NC
<i>Total</i>	86.26%	NC	NC	NC

¹ 2020 performance levels were based on comparisons of the HEDIS 2020 MWA rates to national Medicaid Quality Compass HEDIS 2019 benchmarks. 2020 performance levels represent the following percentile comparisons:

≤25th ^{LR}	≥25th and ≤49th ^P	≥50th and ≤74th ^Y	≥75th and ≤89th ^B	≥90th ^C
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² HEDIS 2019 MWA to HEDIS 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

³ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

⁴ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

NC indicates that a comparison to 2019 performance is not appropriate

Green Shading⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant improvement from the HEDIS 2019 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant decline from the HEDIS 2019 MWA.

Table 5-1 shows that, for the Access to Care domain, *Adults' Access to Preventive/Ambulatory Health Services* was an area of strength with *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* ranking above the 75th percentile and *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years* ranked above the 50th percentile. Meridian, Upper Peninsula and Priority ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*. Priority ranked above the 50th percentile but fell below the HPL for *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*. Additionally, Priority ranked above the 50th percentile but fell below the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Ages 45 to 64 Years*.

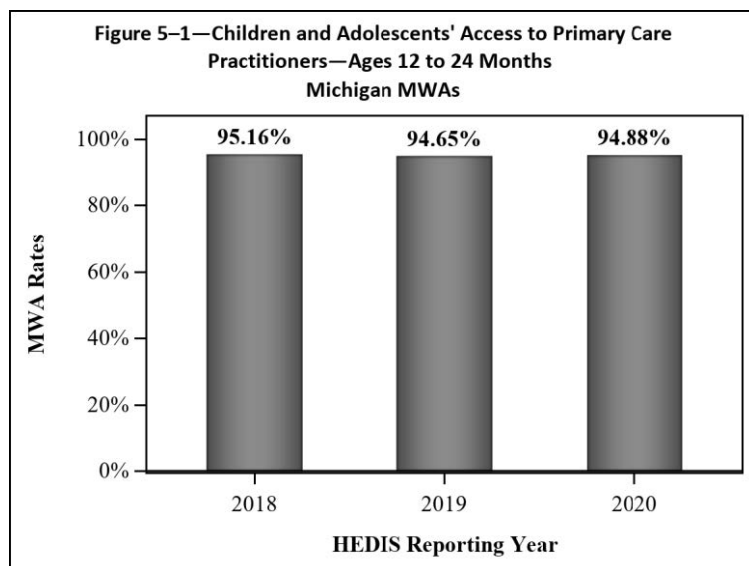
The MWA remained below the 50th percentile for all four of the *Children and Adolescents' Access to Primary Care Practitioners* measure indicators. Additionally, Upper Peninsula, Total Health, and HAP fell below the LPL for *Children and Adolescents' Access to Primary Care Practitioners* for all four indicators. Upper Peninsula, Total Health, and HAP should incorporate efforts to prioritize this area of care into their quality improvement strategy to increase child and adolescent access to preventative services. Access to primary care is important for the health and well-being of children and adolescents and could significantly reduce children's non-urgent ER visits.⁵⁻¹ Additionally, MDHHS should monitor the MHPs performance on these four indicators to ensure the MHPs performance does not continue to decline.

⁵⁻¹ National Committee for Quality Assurance. Children and Adolescents' Access to Primary Care Practitioners. Available at: <https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/> Accessed on: September 20, 2020.

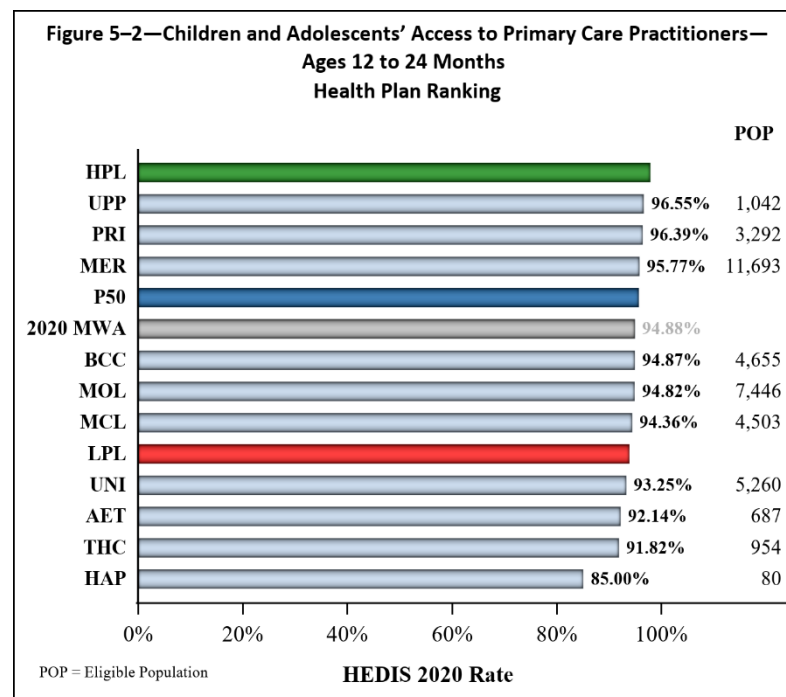
Measure-Specific Findings

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. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2020 and prior years.



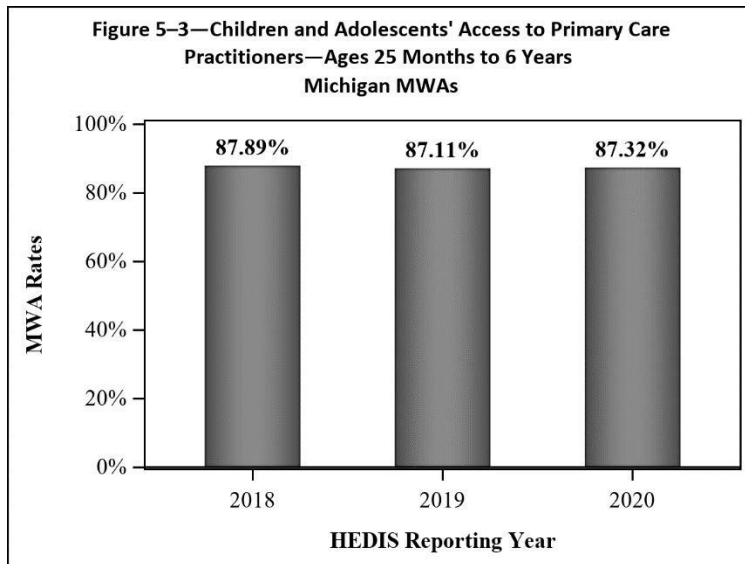
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



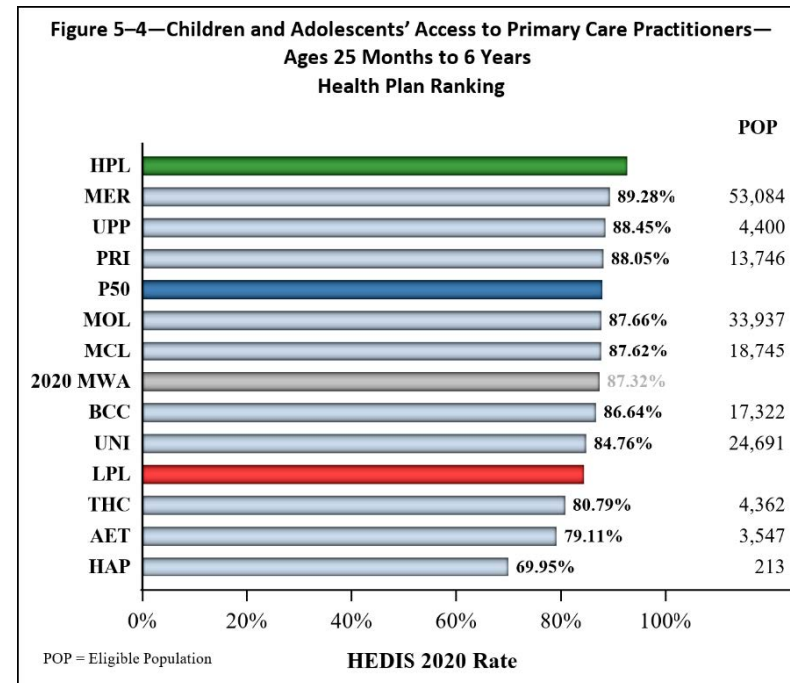
Three MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

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

Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years assesses the percentage of members 25 months to 6 years of age who had a visit with a PCP during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2020 and prior years.



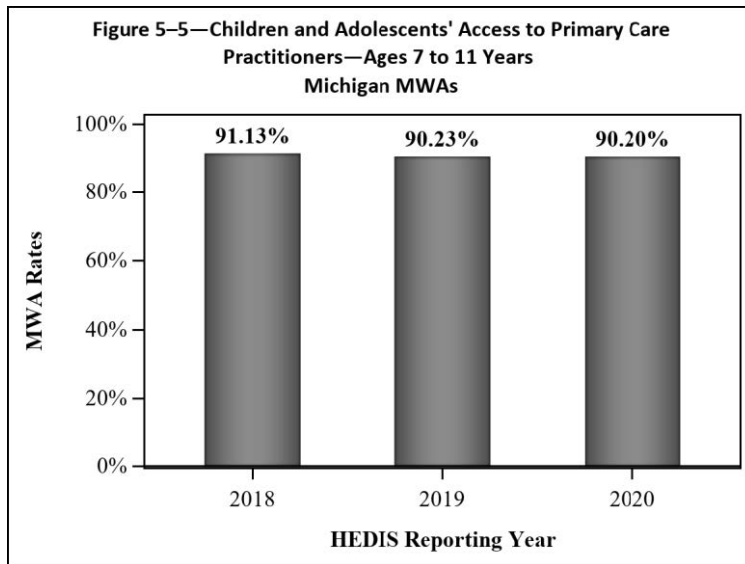
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



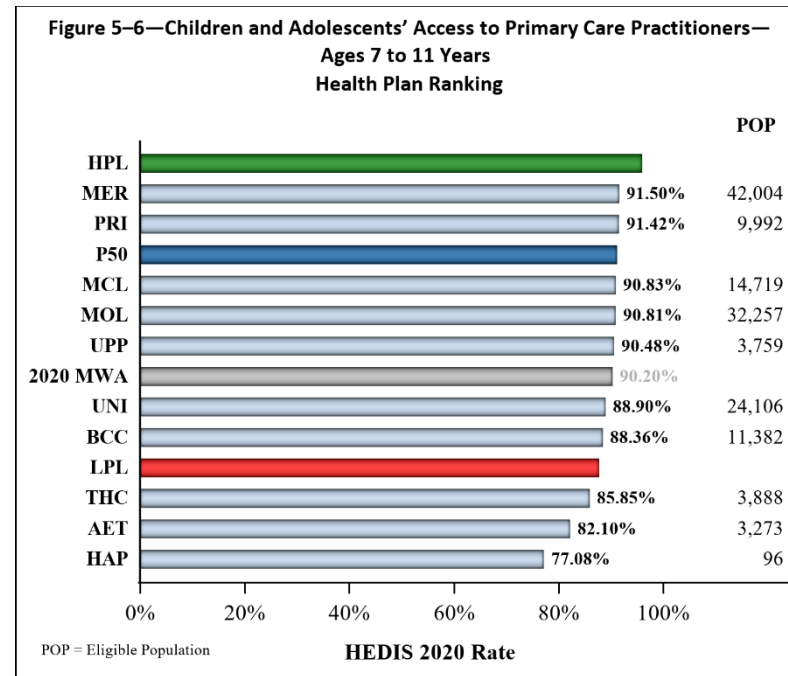
Three MHPs ranked above the 50th percentile but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by nearly 20 percentage points.

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

Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years assesses the percentage of members 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2020 and prior years.



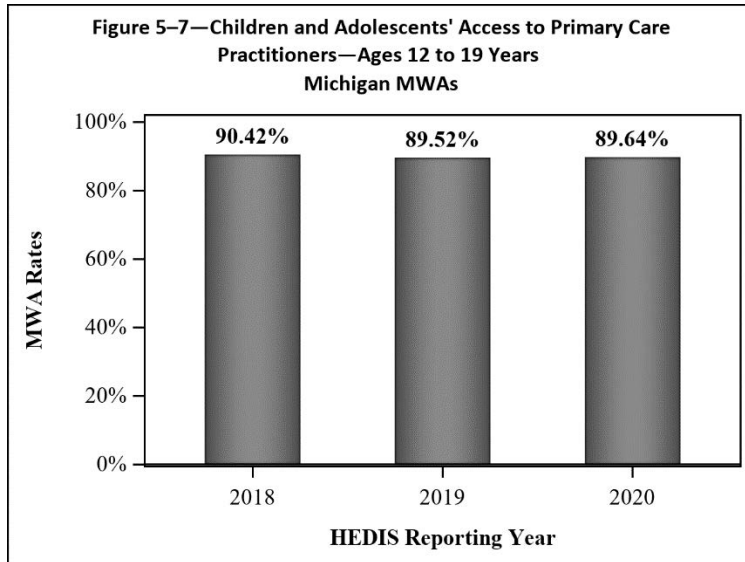
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



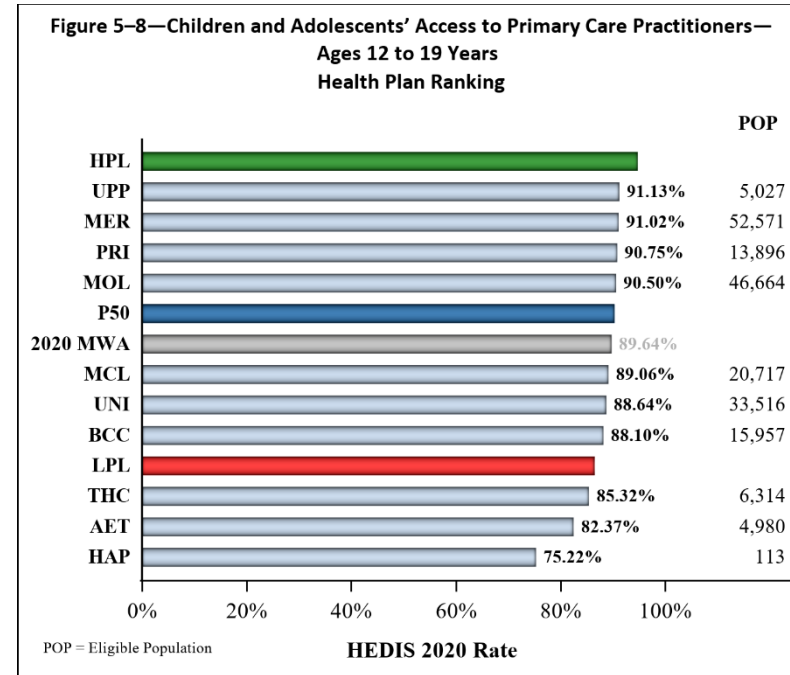
Two MHPs ranked above the 50th percentile but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by nearly 15 percentage points.

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

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years assesses the percentage of members 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2020 and prior years.



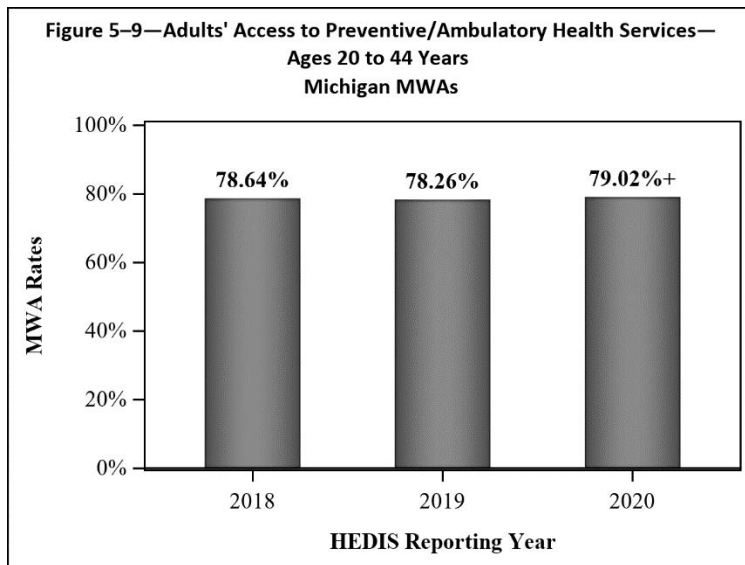
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



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

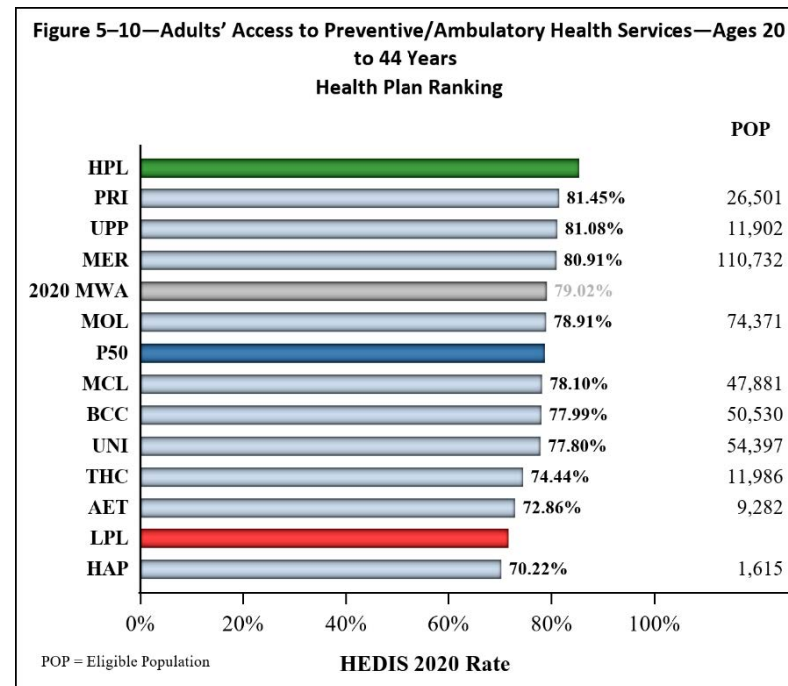
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

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



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

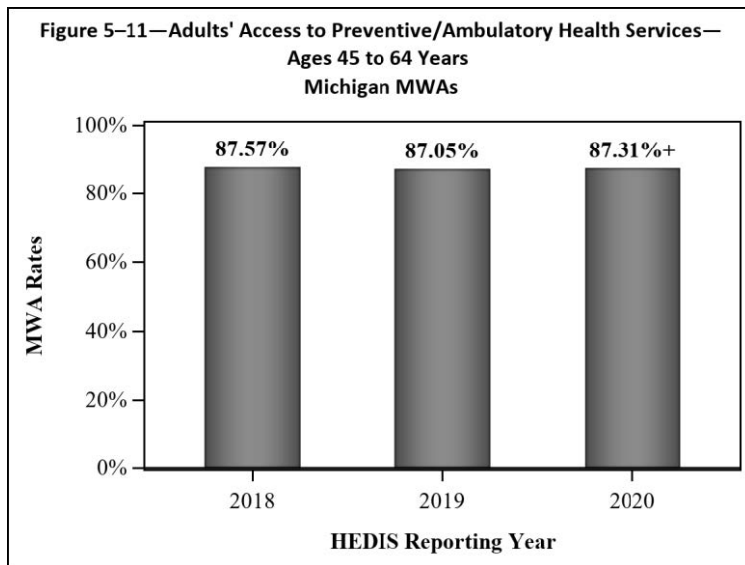
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



Four MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 10 percentage points.

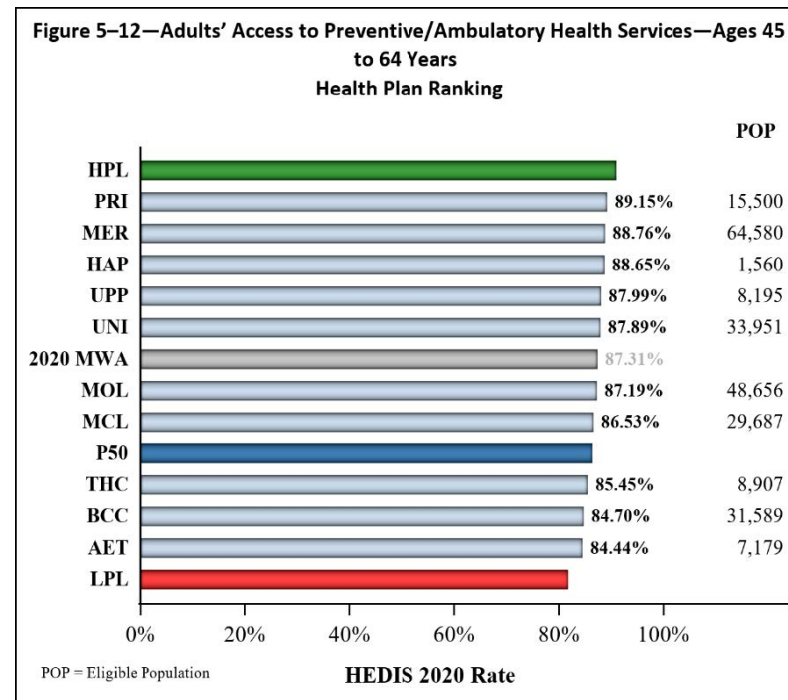
Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years

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



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

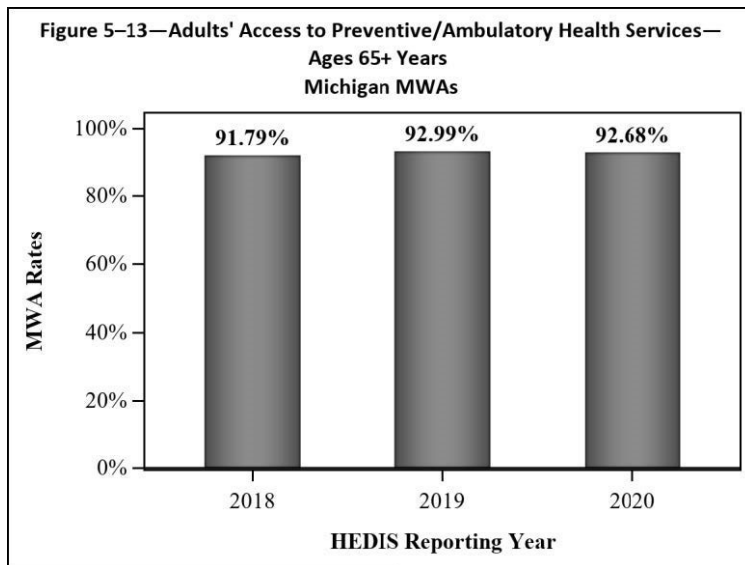
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



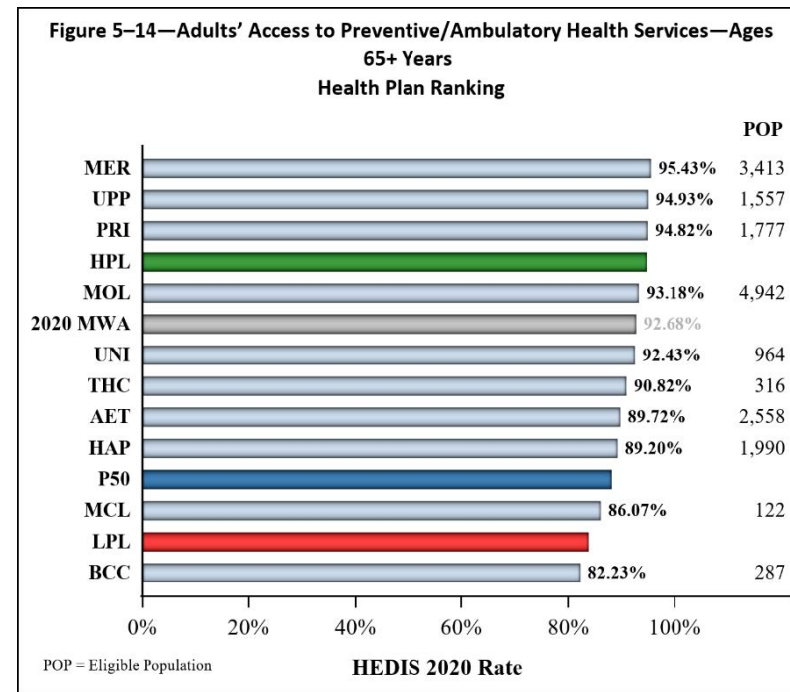
Seven MHPs and the MWA ranked above the 50th percentile and all MHPs fell between the HPL and LPL. MHP performance varied by nearly 5 percentage points.

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

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



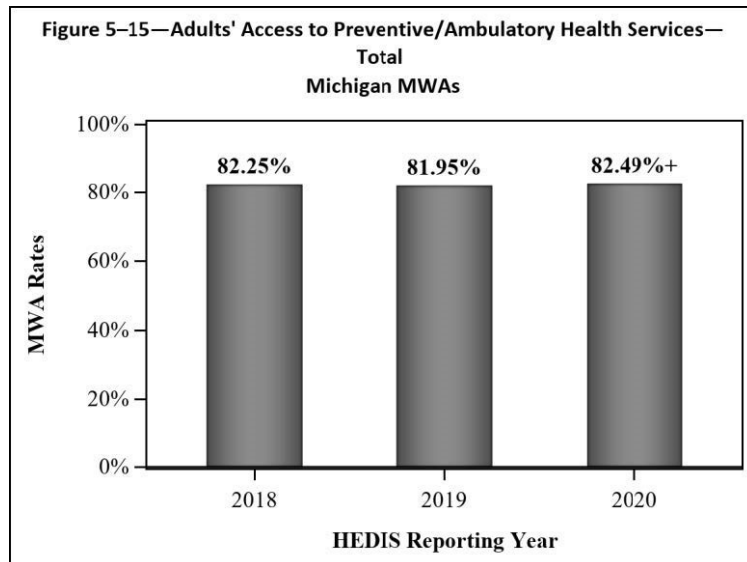
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



Eight MHPs and the MWA ranked above the 50th percentile, with three MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 10 percentage points.

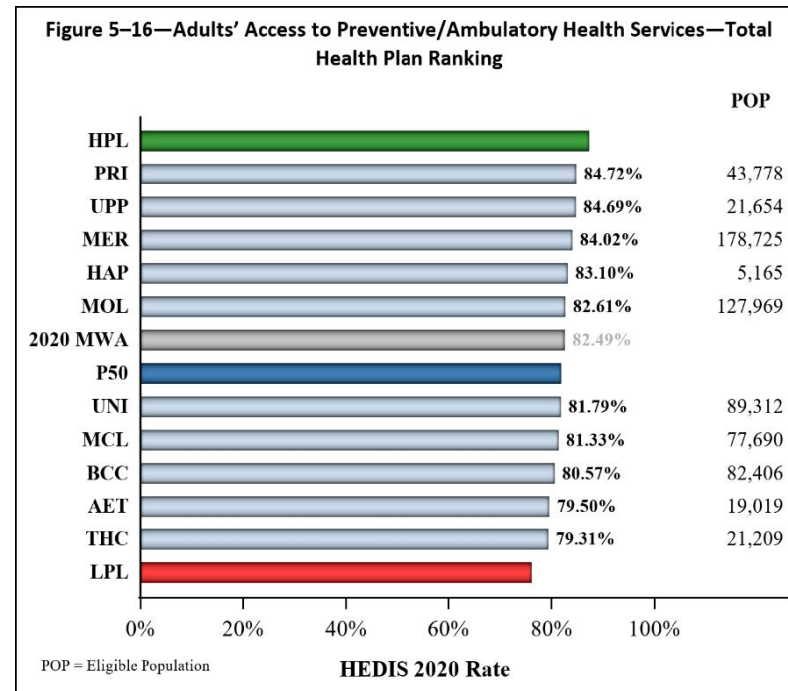
Adults' Access to Preventive/Ambulatory Health Services—Total

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



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

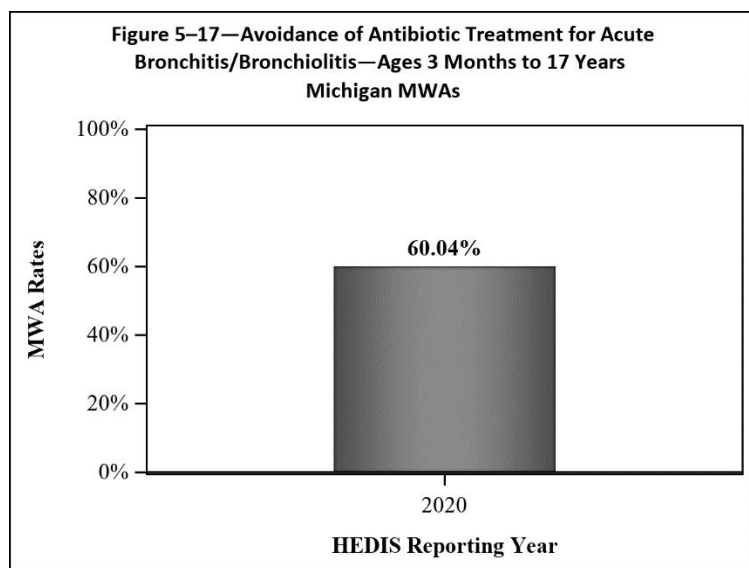
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



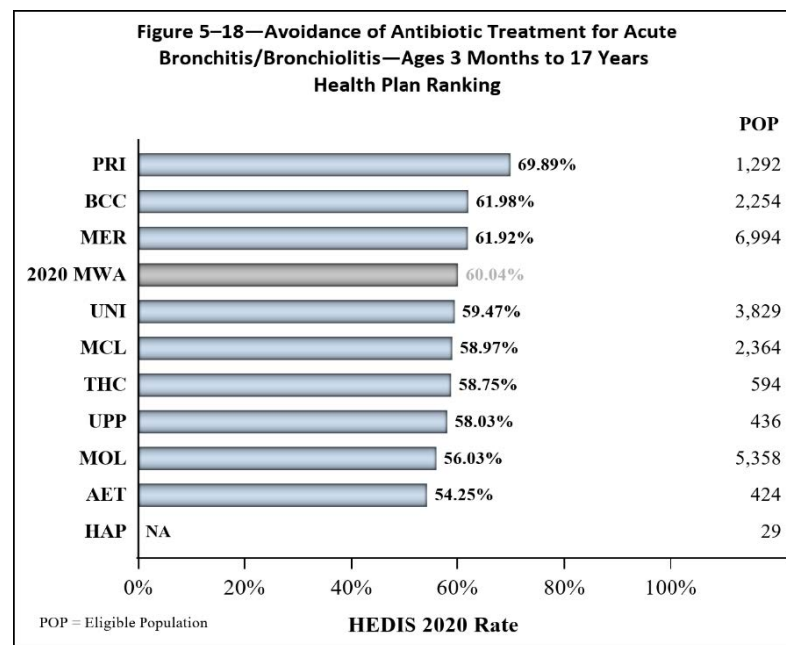
Five MHPs and the MWA ranked above the 50th percentile and all MHPs fell between the HPL and LPL. MHP performance varied by over 5 percentage points.

Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis – Ages 3 Months to 17 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



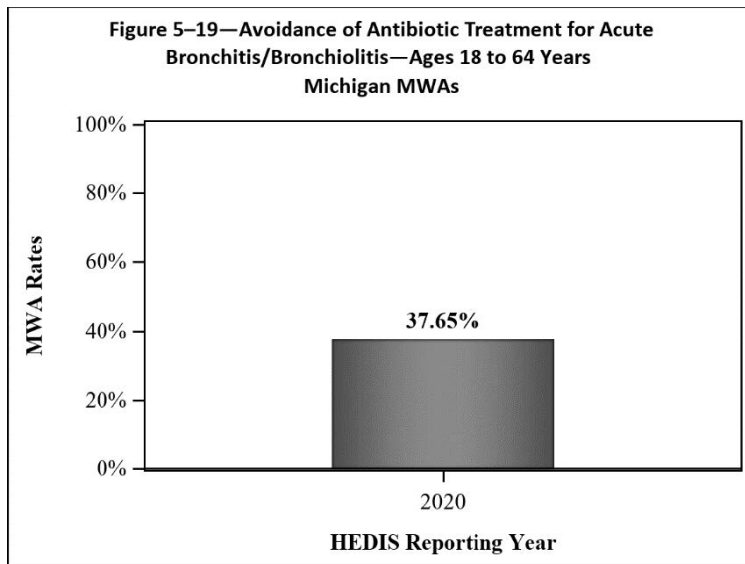
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



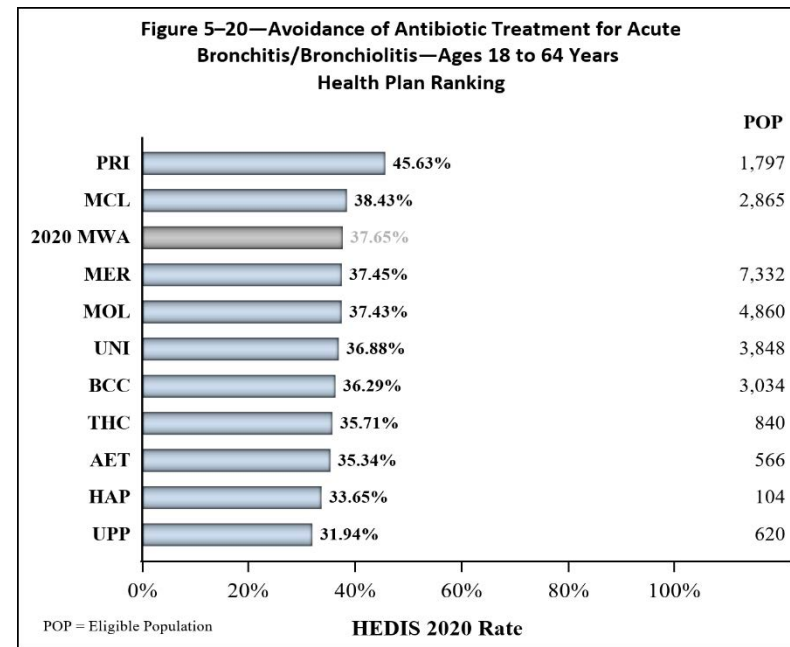
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 15 percentage points.

Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis – Ages 18 to 64 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



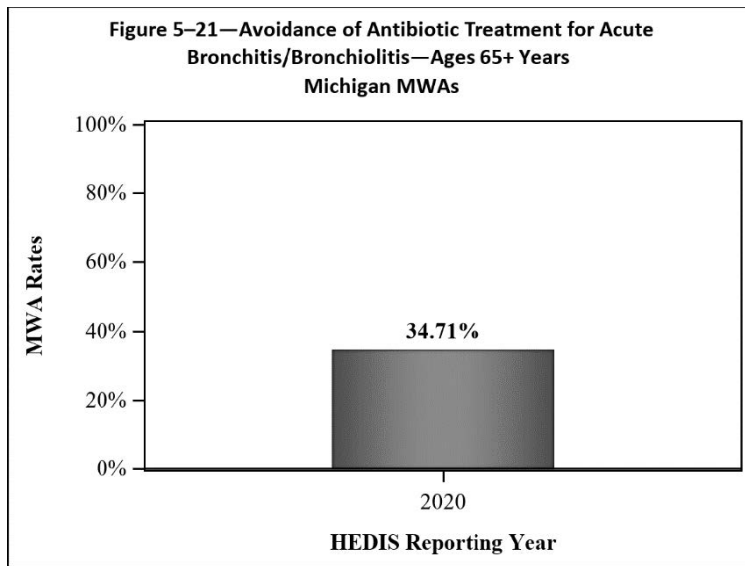
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



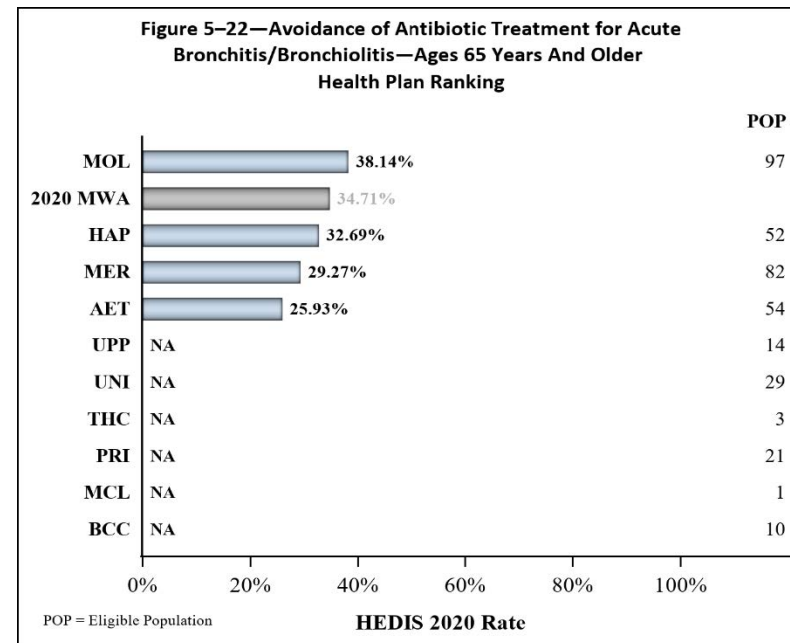
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 10 percentage points.

Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis – Ages 65+ Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65+ Years assesses the percentage of members 65 years of age or older with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



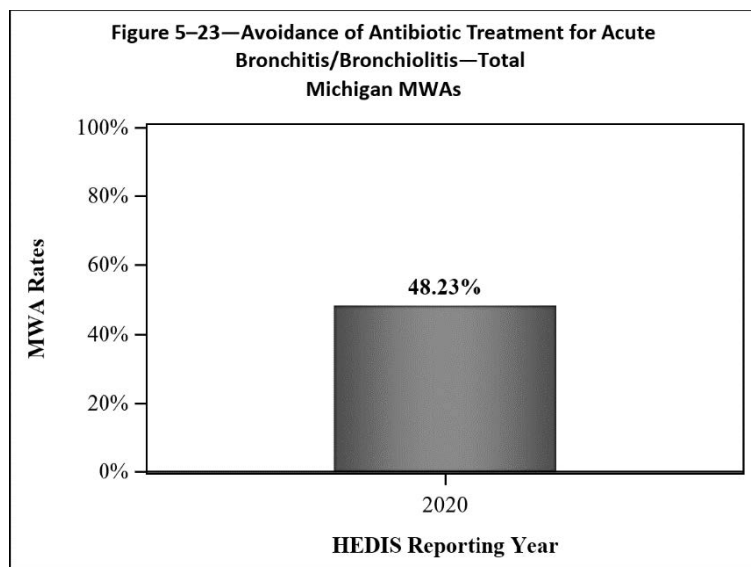
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



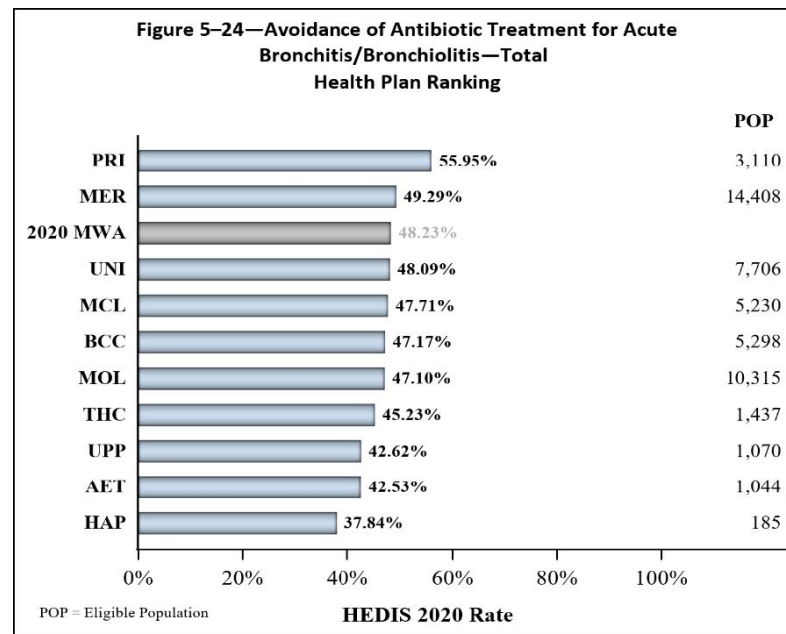
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 10 percentage points.

Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis – Total

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total assesses the percentage of members 3 months of age or older with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



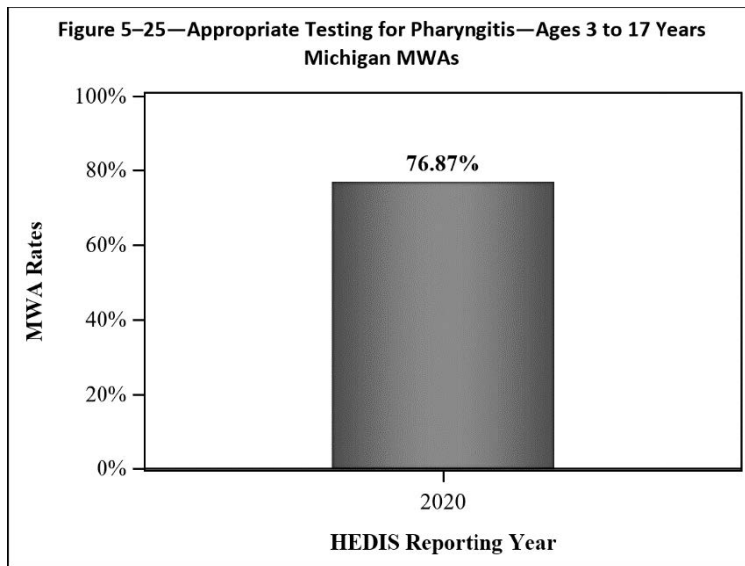
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



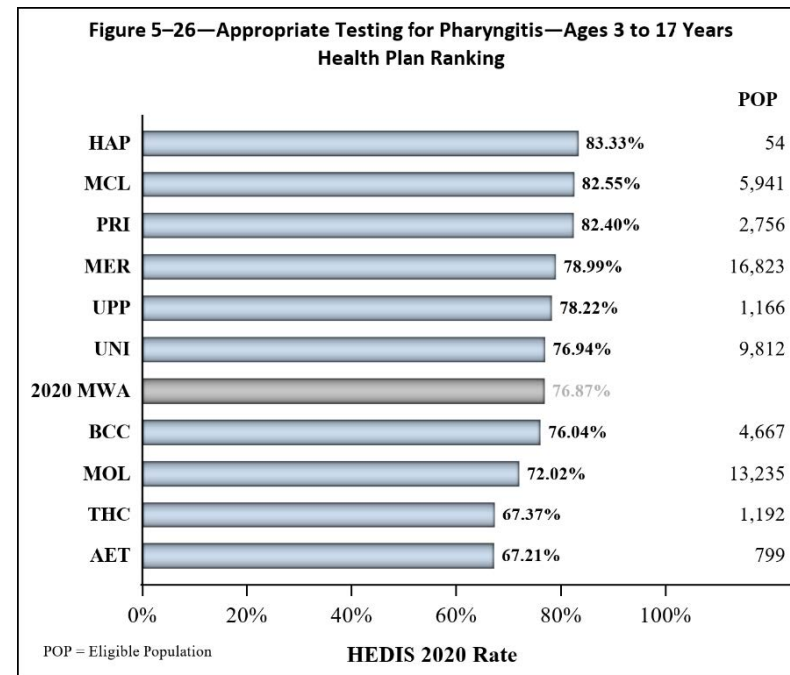
Due to changes in the technical specifications in HEDIS 2020 for the *Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by nearly 20 percentage points.

Appropriate Testing for Pharyngitis – Ages 3 Months to 17 Years

Appropriate Testing for Pharyngitis—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



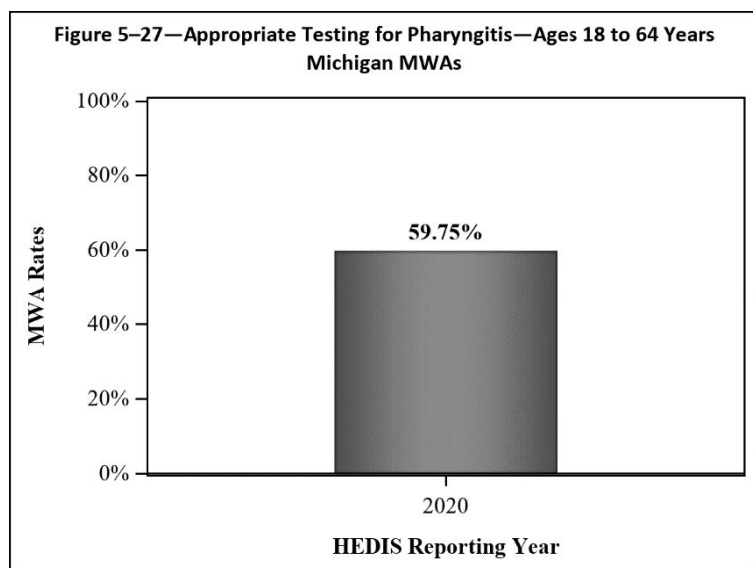
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



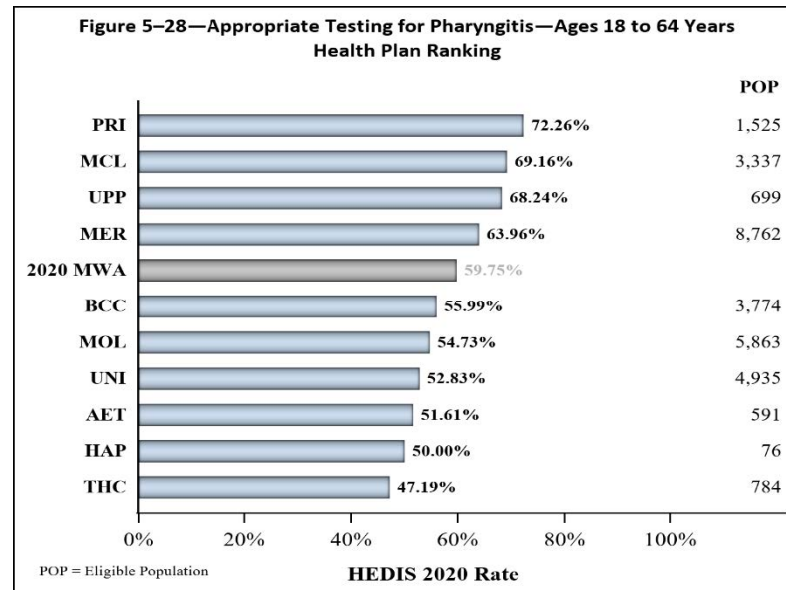
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 15 percentage points.

Appropriate Testing for Pharyngitis – Ages 18 to 64 Years

Appropriate Testing for Pharyngitis—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



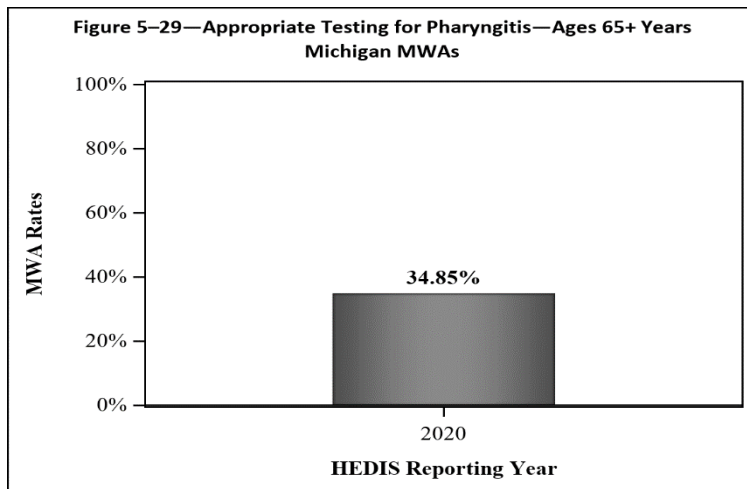
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



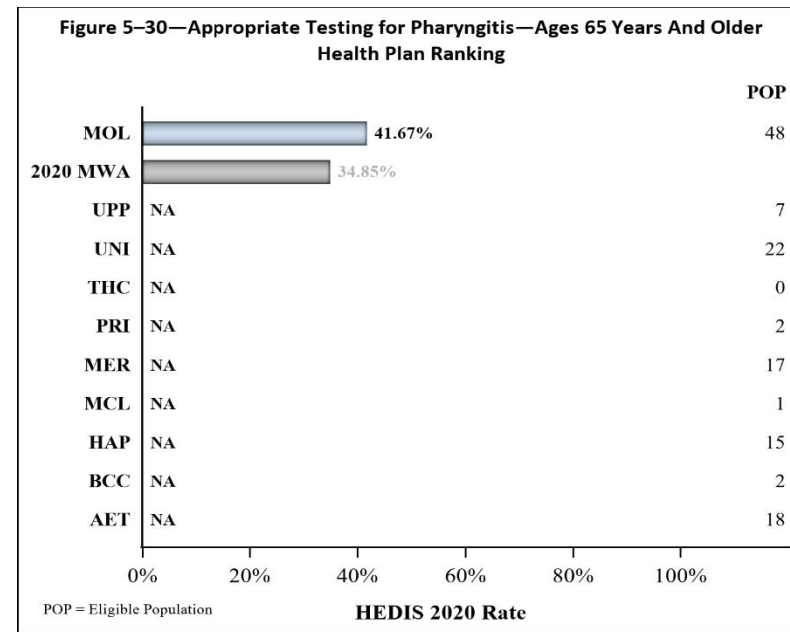
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 25 percentage points.

Appropriate Testing for Pharyngitis – Ages 65+ Years

Appropriate Testing for Pharyngitis—Ages 65+ Years assesses the percentage of members 65+ years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



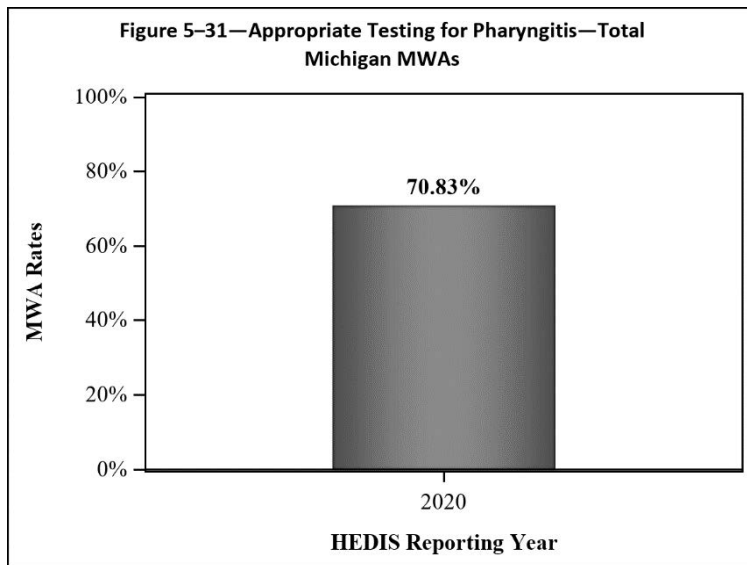
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



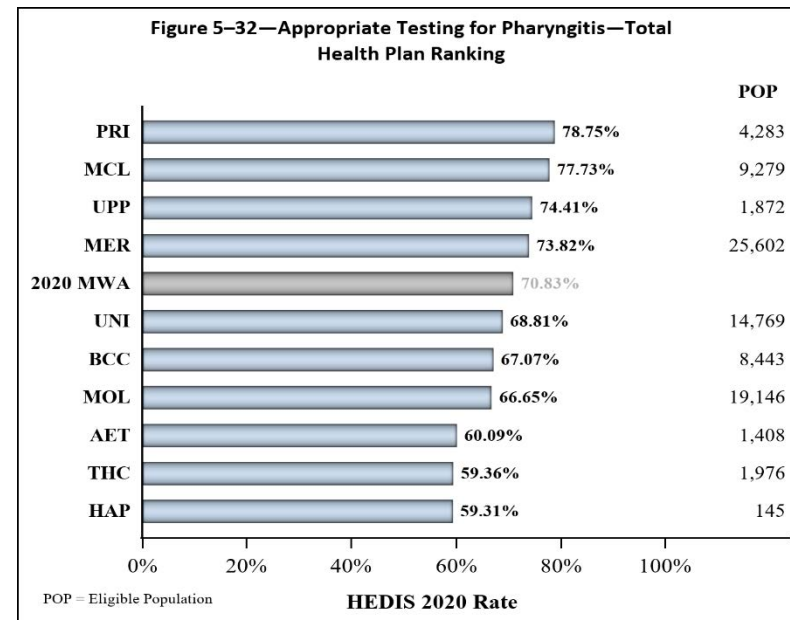
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only.

Appropriate Testing for Pharyngitis – Total

Appropriate Testing for Pharyngitis—Total assesses the percentage of members who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



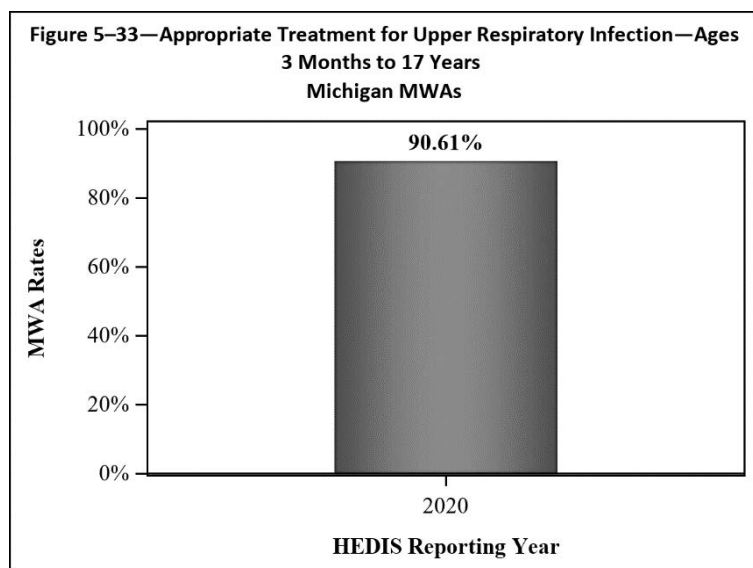
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



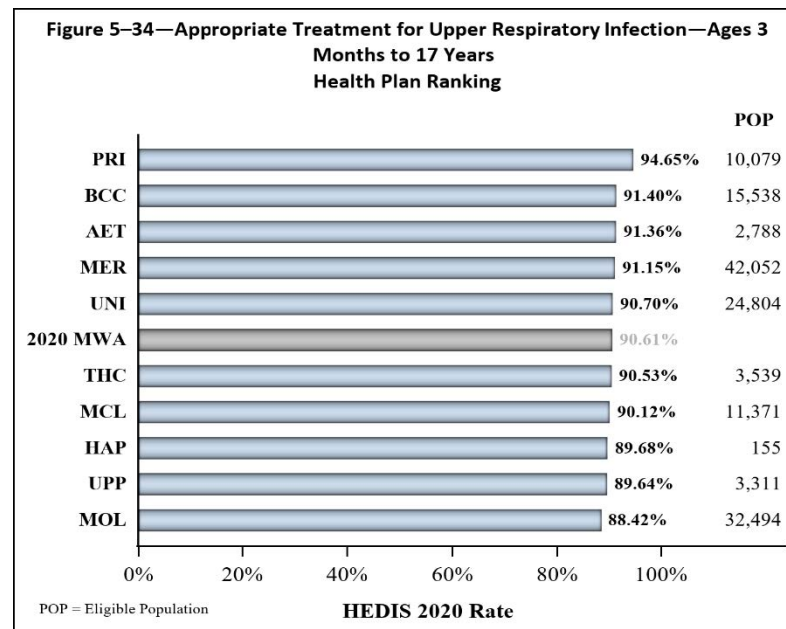
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Testing for Pharyngitis* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by nearly 20 percentage points.

Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years

Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



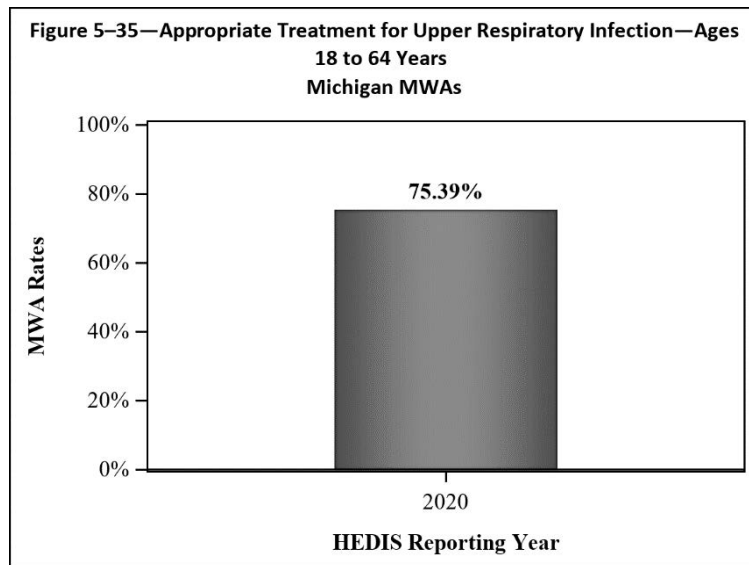
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



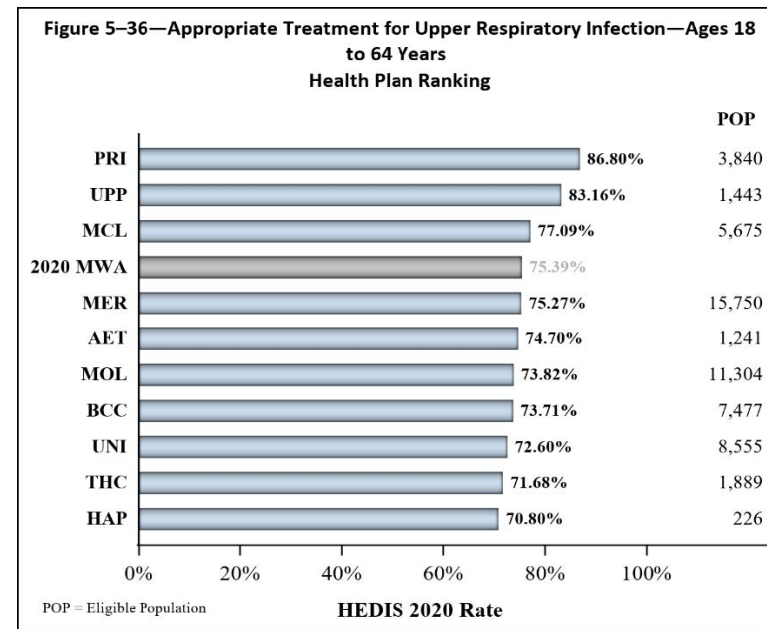
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 5 percentage points.

Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years

Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



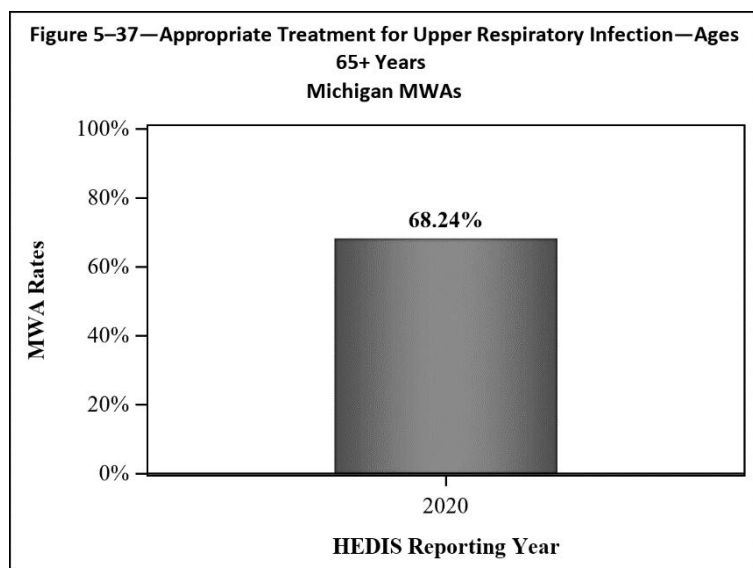
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



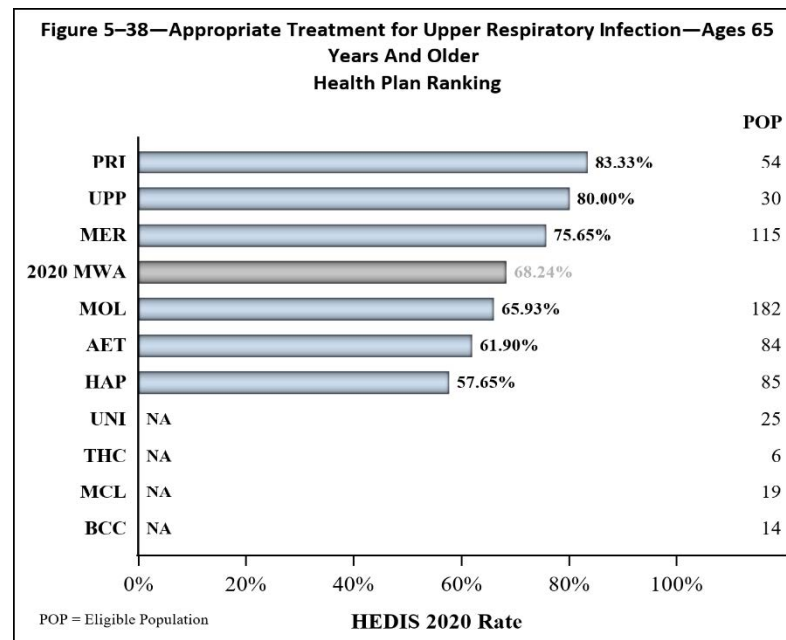
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 15 percentage points.

Appropriate Treatment for Upper Respiratory Infection—Ages 65+ Years

Appropriate Treatment for Upper Respiratory Infection—Ages 65+ Years assesses the percentage of members 65+ years of age with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



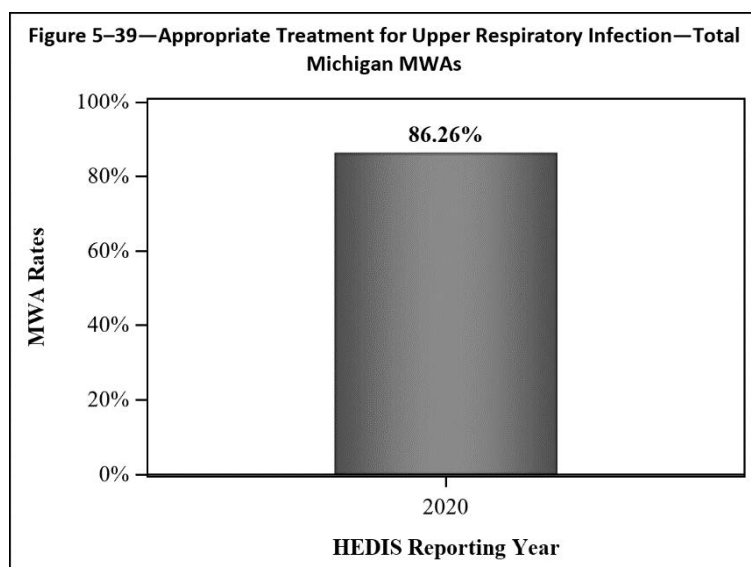
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



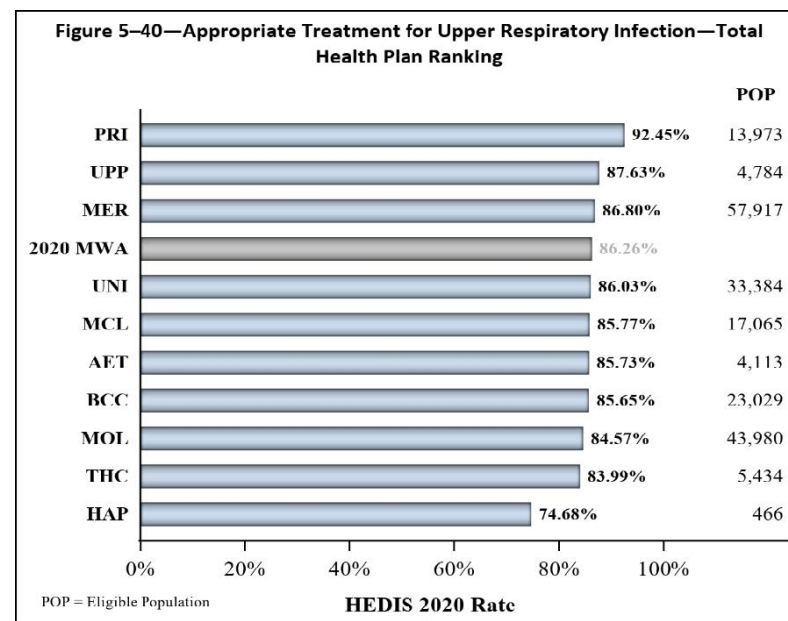
Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 25 percentage points.

Appropriate Treatment for Upper Respiratory Infection— Total

Appropriate Treatment for Upper Respiratory Infection—Total assesses the percentage of members with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



Due to changes in the technical specifications in HEDIS 2020 for the *Appropriate Treatment for Upper Respiratory Infection* measure, a comparison to prior years’ results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by nearly 20 percentage points.

Introduction

The Obesity domain encompasses the following HEDIS measures:

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

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

Summary of Findings

Table 6-1 presents the Michigan MWA performance for the measure indicators under the Obesity domain. The table lists the HEDIS 2020 MWA rates and performance levels, a comparison of the HEDIS 2019 MWA to the HEDIS 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2019 to HEDIS 2020.

Table 6-1—HEDIS 2020 MWA Performance Levels and Trend Results for Obesity

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA—HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>				
<i>BMI Percentile Documentation—Total</i>	85.84%	+1.66 ⁺	0	0
<i>Counseling for Nutrition—Total</i>	75.68%	+0.49 ⁺	1	0
<i>Counseling for Physical Activity—Total</i>	73.76%	+1.72 ⁺	0	0
<i>Adult BMI Assessment</i>				
<i>Adult BMI Assessment</i>	94.53%	+1.16 ⁺	1	0

¹ 2020 performance levels were based on comparisons of the HEDIS 2020 MWA rates to national Medicaid Quality Compass HEDIS 2019 benchmarks. 2020 performance levels represent the following percentile comparisons:

≤25 th ^{LR}	≥25 th and ≤49 th ^P	≥50 th and ≤74 th ^Y	≥75 th and ≤89 th ^B	≥90 th ^C
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² HEDIS 2019 MWA to HEDIS 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

Green Shading⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant improvement from the HEDIS 2019 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant decline from the HEDIS 2019 MWA.

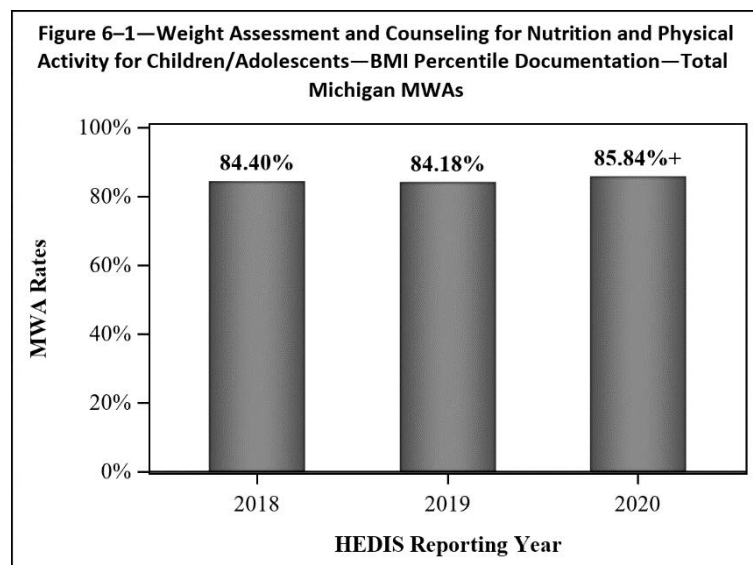
Table 6-1 shows that, for the Obesity domain, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation and Counseling for Physical Activity—Total* was an area of strength as the MWA demonstrated a significant increase of nearly two percentage points. Additionally, Priority demonstrated high performance, ranking above the HPL for three of the four measure indicators within the Obesity domain.

The MWA had significant increases and ranked above the 50th percentile for all measures within the Obesity domain. HAP ranked below the LPL for *Adult BMI Assessment*. MDHHS should monitor HAP’s performance for this measure to ensure the MHP performance does not continue to decline.

Measure-Specific Findings

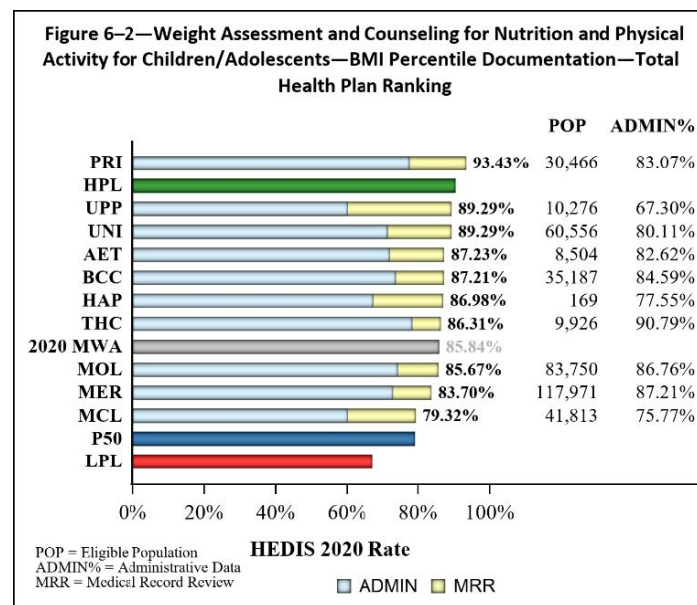
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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



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

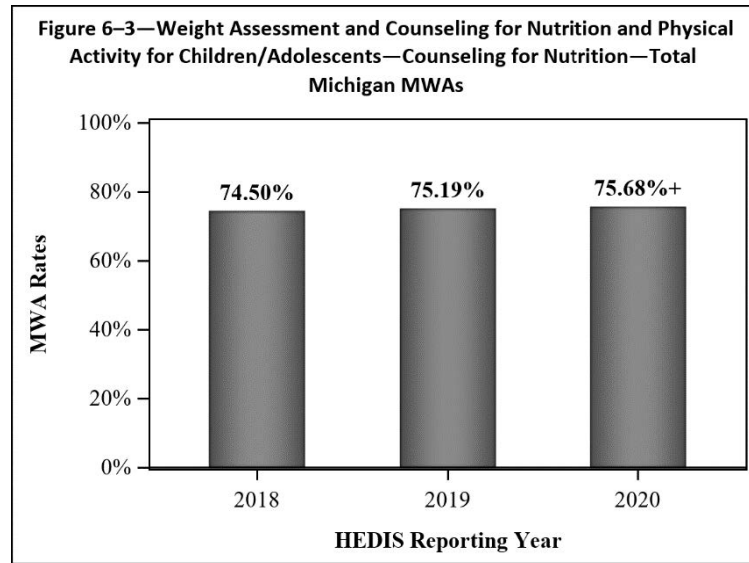
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



All MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. MHP performance varied by nearly 15 percentage points.

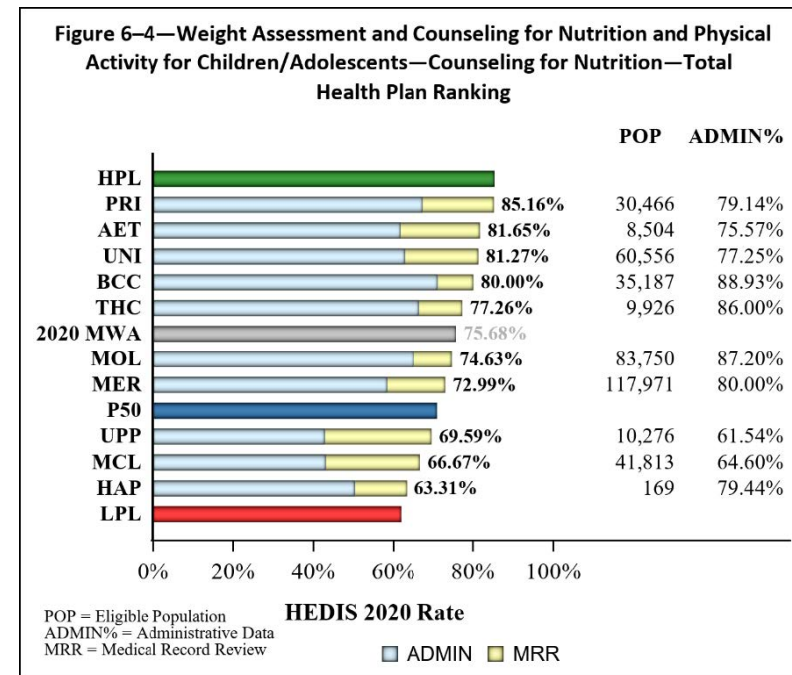
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

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



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

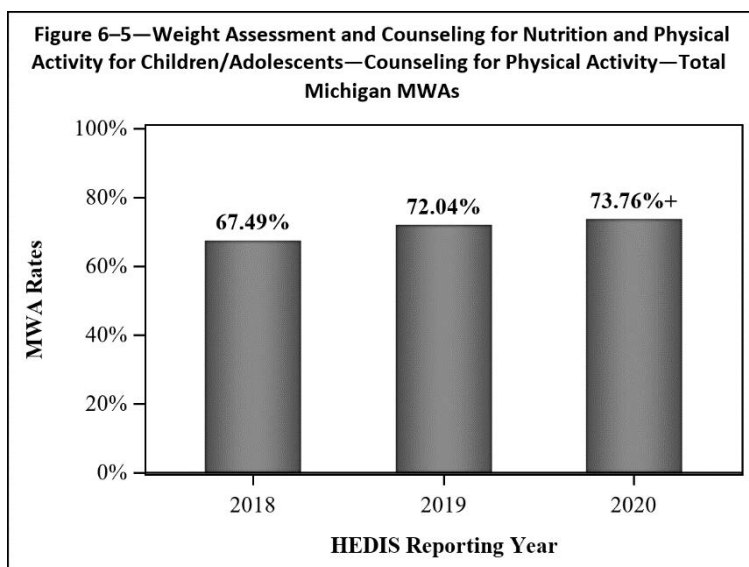
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



Seven MHPs and the MWA ranked above the 50th percentile and all MHPs fell between the HPL and the LPL. MHP performance varied by over 20 percentage points.

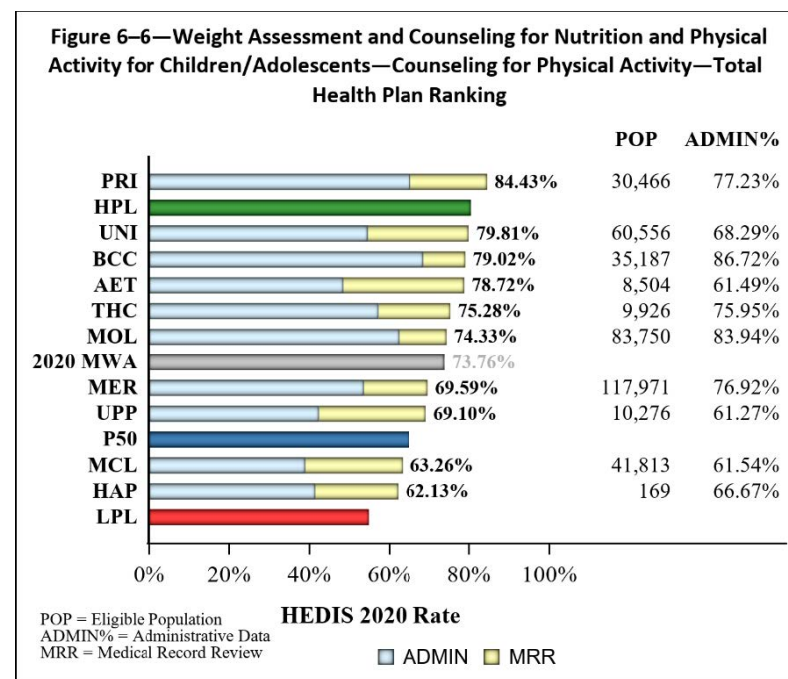
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

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



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

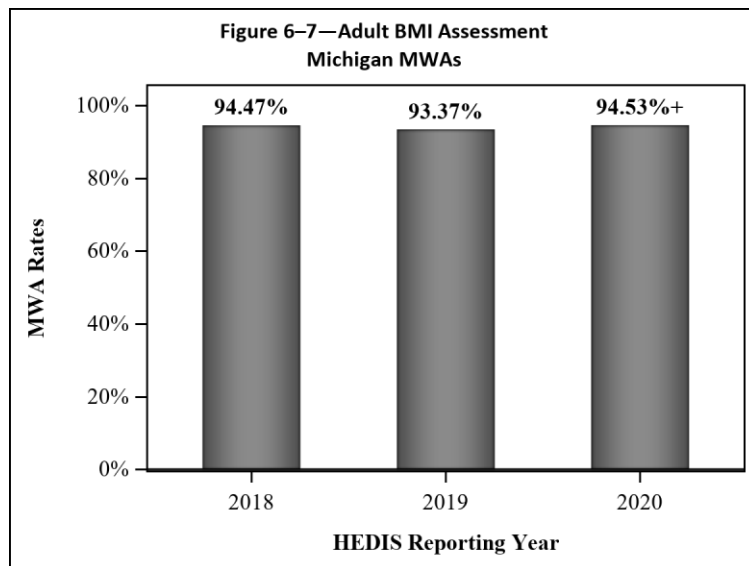
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



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

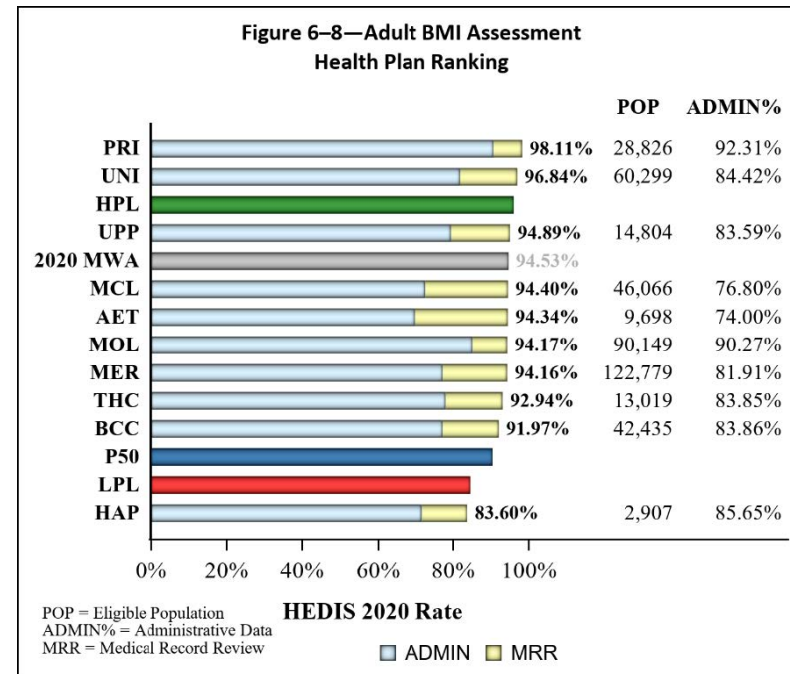
Adult BMI Assessment

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



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

The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



Nine MHPs ranked above the 50th percentile, with two MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by nearly 15 percentage points.

7. Pregnancy Care

Introduction

The Pregnancy Care domain encompasses the following HEDIS measure:

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

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

Summary of Findings

Table 7-1 presents the Michigan MWA performance for the measure indicators under the Pregnancy Care domain.

Table 7-1—HEDIS 2020 MWA Performance Levels and Trend Results for Pregnancy Care

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA– HEDIS 2020 MWA Comparison	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Prenatal and Postpartum Care</i>²				
<i>Timeliness of Prenatal Care</i>	86.17%	NC	NC	NC
<i>Postpartum Care</i>	73.76%	NC	NC	NC

¹ 2020 performance levels were based on comparisons of the HEDIS 2020 MWA rates to national Medicaid Quality Compass HEDIS 2019 benchmarks. 2020 performance levels represent the following percentile comparisons:

² Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates are not displayed and comparisons to benchmarks are not performed for this measure.

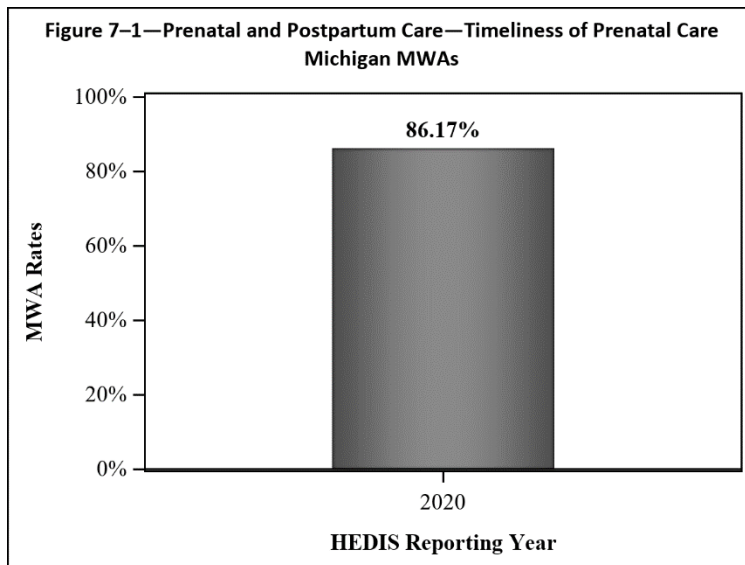
NC indicates that a comparison to 2019 performance is not appropriate

Due to changes in the technical specifications for the Prenatal and Postpartum Care – Timeliness of Prenatal Care and Postpartum Care measure indicators, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to national benchmarks could not be made based on the reported rates for the MHPs.

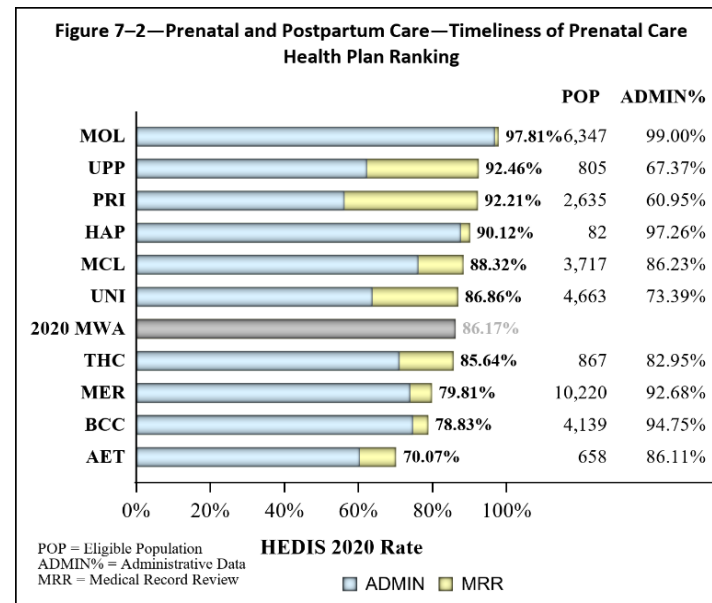
Measure-Specific Findings

Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care assesses the percentage of deliveries of live births 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. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years’ rates are not displayed and comparisons to benchmarks are not performed for this measure.



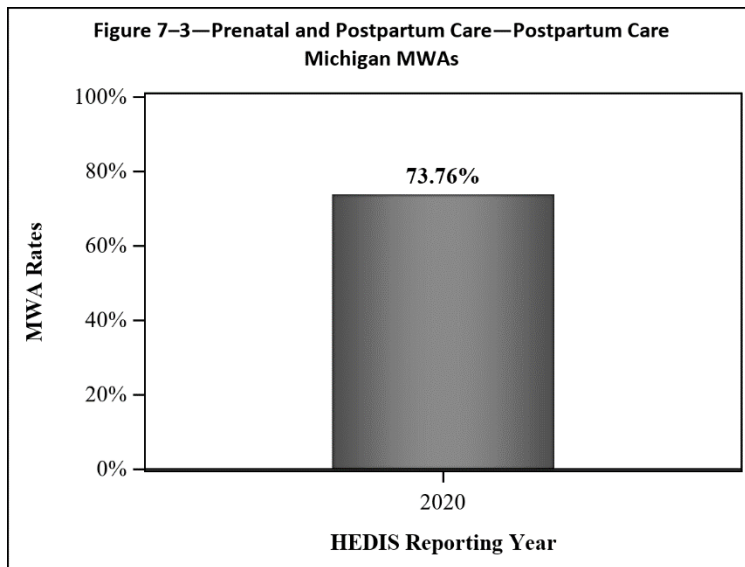
Due to changes in the technical specifications in HEDIS 2020 for the *Prenatal and Postpartum Care-Timeliness of Prenatal Care* measure, a comparison to prior years’ results is not appropriate. The rate in the chart above is presented for informational purposes only.



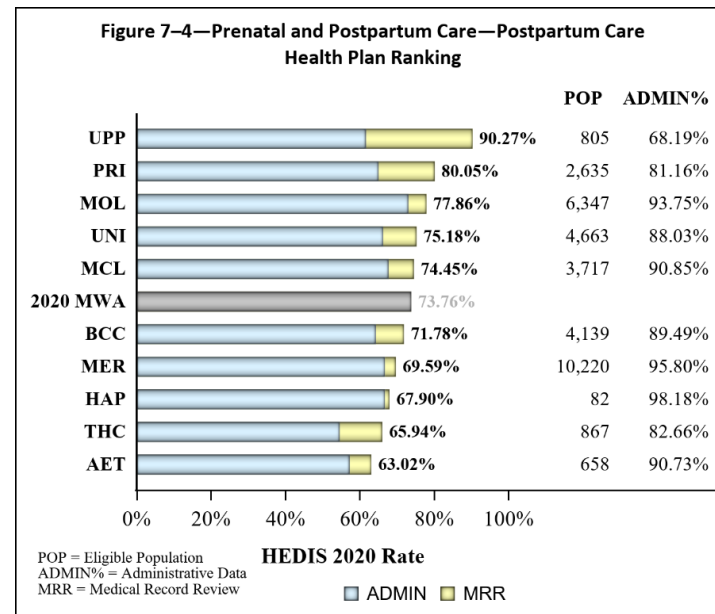
Due to changes in the technical specifications in HEDIS 2020 for the *Prenatal and Postpartum Care-Timeliness of Prenatal Care* measure, a comparison to benchmarks is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 25 percentage points.

Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care assesses the percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.



Due to changes in the technical specifications in HEDIS 2020 for the *Prenatal and Postpartum Care-Postpartum Care* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



Due to changes in the technical specifications in HEDIS 2020 for the *Prenatal and Postpartum Care-Postpartum Care* measure, a comparison to benchmarks is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 25 percentage points.

Introduction

The Living With Illness domain encompasses the following HEDIS measures:

- *Comprehensive Diabetes Care—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*

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 domain. The table lists the HEDIS 2020 MWA rates and performance levels, a comparison of the HEDIS 2019 MWA to the HEDIS 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2019 to HEDIS 2020.

Table 8-1—HEDIS 2020 MWA Performance Levels and Trend Results for Living With Illness

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA—HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
Comprehensive Diabetes Care				
<i>Hemoglobin A1C (HbA1c) Testing</i>	89.20%	+0.85 ⁺	0	0
<i>HbA1c Poor Control (>9.0%)*</i>	37.21%	-1.16 ⁺	0	0
<i>HbA1c Control (<8.0%)</i>	52.72%	+1.31 ⁺	0	0
<i>Eye Exam (Retinal) Performed</i>	62.60%	+0.36	0	0
<i>Medical Attention for Nephropathy</i>	91.53%	+0.05	0	1
<i>Blood Pressure Control (<140/90 mm Hg)</i>	65.94%	+1.99 ⁺	2	1
Medication Management for People With Asthma				
<i>Medication Compliance 50%—Total³</i>	69.07%	+5.26 ⁺	3	0
<i>Medication Compliance 75%—Total</i>	47.50%	+6.80 ⁺	4	0
Asthma Medication Ratio				
<i>Total</i>	59.86%	-2.71 ⁺⁺	1	3
Controlling High Blood Pressure				
<i>Controlling High Blood Pressure</i>	63.62%	+3.43 ⁺	1	0
Medical Assistance With Smoking and Tobacco Use Cessation⁴				
<i>Advising Smokers and Tobacco Users to Quit</i>	80.64%	-0.70 ⁺⁺	0	0
<i>Discussing Cessation Medications</i>	59.18%	+0.80 ⁺	0	0
<i>Discussing Cessation Strategies</i>	51.56%	+2.58 ⁺	0	0
Antidepressant Medication Management				
<i>Effective Acute Phase Treatment</i>	54.97%	-0.78	3	1
<i>Effective Continuation Phase Treatment</i>	38.77%	-0.69	3	1
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.38%	+0.16	1	0
Diabetes Monitoring for People With Diabetes and Schizophrenia				
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	68.31%	-2.25	1	1
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				

Measure	HEDIS 2020 MWA and Performance Level ¹	HEDIS 2019 MWA– HEDIS 2020 MWA Comparison ²	Number of MHPs With Statistically Significant Improvement in HEDIS 2020	Number of MHPs With Statistically Significant Decline in HEDIS 2020
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	73.16%	-3.10	0	0
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	59.26%	-5.65 ⁺⁺	1	1

¹ 2020 performance levels were based on comparisons of the HEDIS 2019 MWA rates to national Medicaid Quality Compass HEDIS 2019 benchmarks. 2020 performance levels represent the following percentile comparisons:

≤25 th ^{LR}	≥25 th and ≤49 th ^P	≥50 th and ≤74 th ^V	≥75 th and ≤89 th ^B	≥90 th ^C
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² HEDIS 2019 MWA to HEDIS 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

Green Shading⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant improvement from the HEDIS 2019 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2020 MWA demonstrated a significant decline from the HEDIS 2019 MWA.

³ 2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

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

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

Table 8-1 shows that, for the Living With Illness domain, *Medication Management for People With Asthma – Medication Compliance 50%* and *Medication Compliance 75%—Total* were an area of strength. Both measure indicators went from below the 75th percentile in 2019 to above the 75th percentile in 2020 and demonstrated significant increases, with *Medication Management for People With Asthma – Medication Compliance 50%—Total* increasing by over five percentage points and *Medication Management for People With Asthma – Medication Compliance 75%—Total* increasing by nearly seven percentage points.

Six out of six (100 percent) *Comprehensive Diabetes Care* measure indicators ranked above the 50th percentile. In addition to all *Comprehensive Diabetes Care* measure indicators ranking above the 50th percentile, most of the measure indicators demonstrated significant improvements from 2019 to 2020. Of note, Upper Peninsula ranked above the HPL for four of the six (66.6 percent) *Comprehensive Diabetes Care* measure indicators, Priority ranked above the HPL for five of the six (83.3) *Comprehensive Diabetes Care* measure indicators and UNI ranked above the HPL for two of the six (33.3) *Comprehensive Diabetes Care* measure indicators. AET ranked below the LPL for two of the six *Comprehensive Diabetes Care* measure indicators.

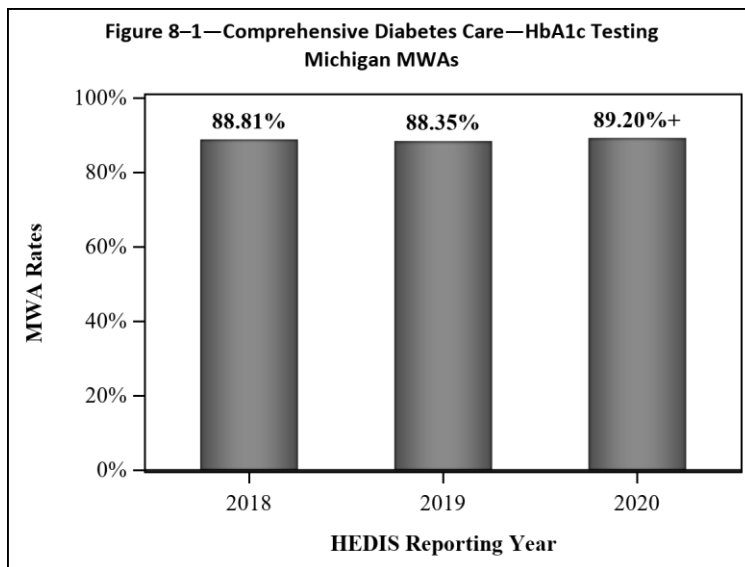
The MWA demonstrated significant declines for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, *Asthma Medication Ratio*, and *Medical Assistance With Smoking and*

Tobacco Use Cessation. Six MHPs fell below the LPL for *Asthma Medication Ratio.* *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* fell by over five percentage points, with Molina ranking below the LPL. MDHHS should work with the MHPs to identify issues that contribute to low medication adherence and implement quality improvement strategies that focus on improving adherence to medications and monitoring of members using these medications.

Measure-Specific Findings

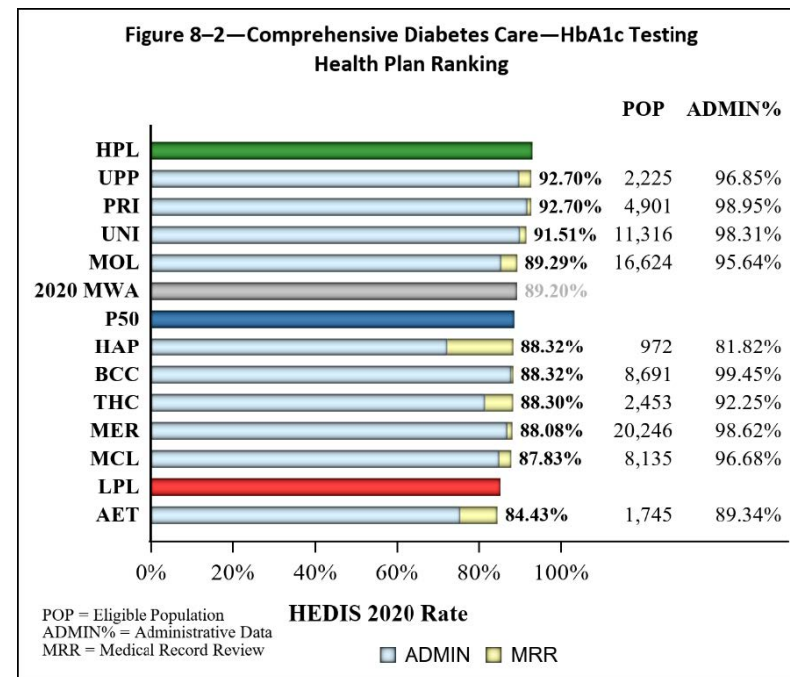
Comprehensive Diabetes Care—HbA1c Testing

Comprehensive Diabetes Care—HbA1c Testing assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c testing.



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

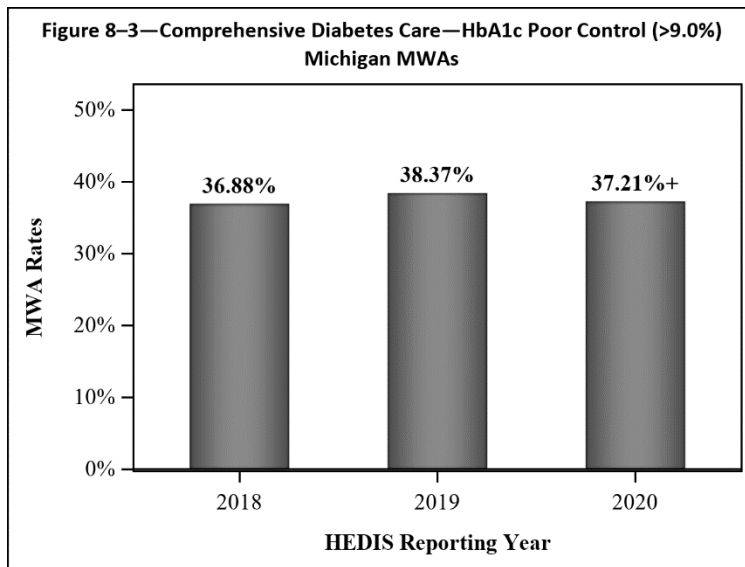
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



Four MHPs and the MWA ranked above the 50th percentile, but below the HPL. One MHPs fell below the LPL. MHP performance varied by less than 10 percentage points.

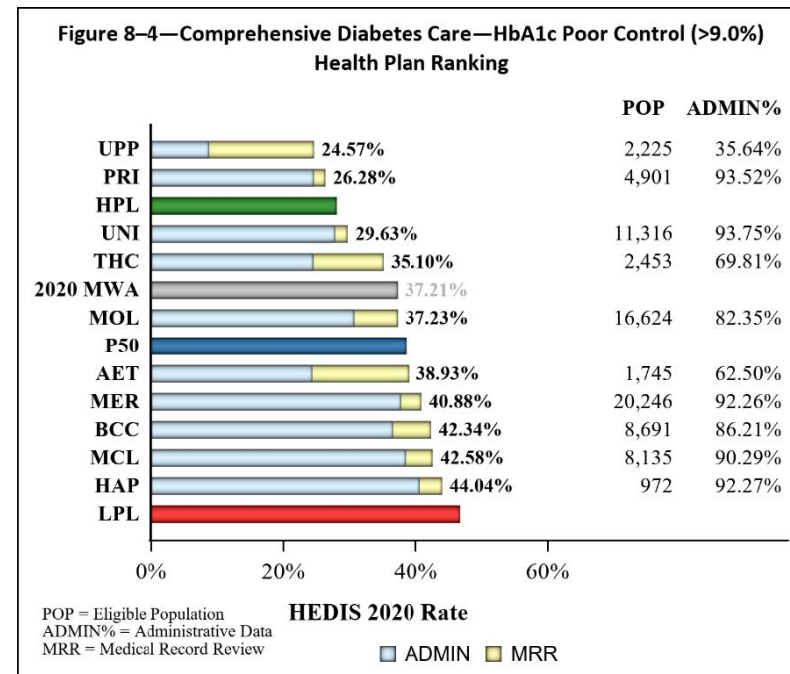
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was greater than 9.0 percent. For this measure, a lower rate indicates better performance.



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

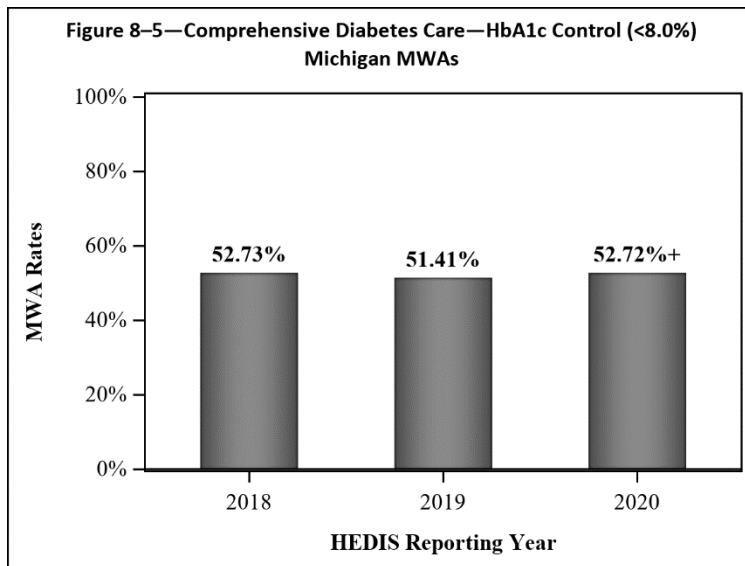
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



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

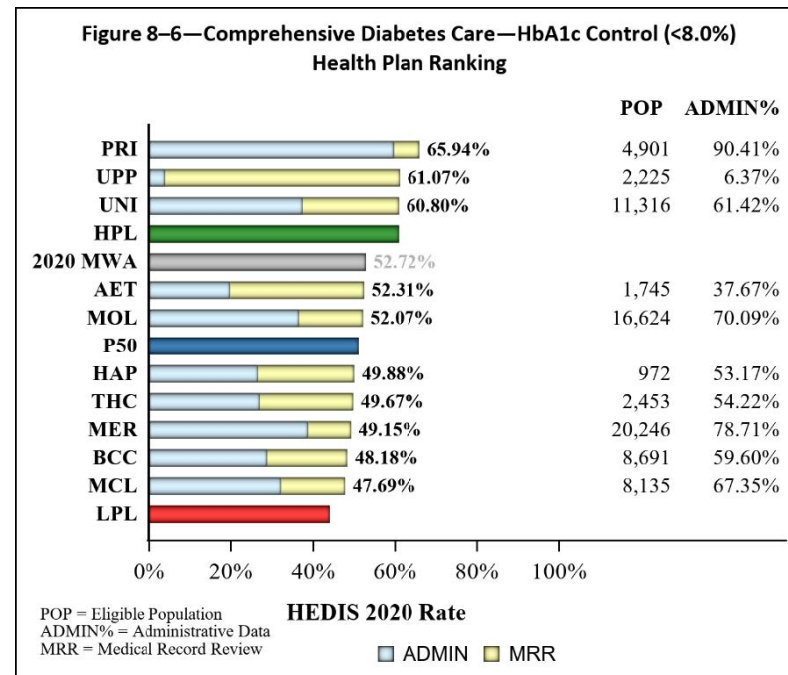
Comprehensive Diabetes Care—HbA1c Control (<8.0%)

Comprehensive Diabetes Care—HbA1c Control (<8.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was less than 8.0 percent.



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

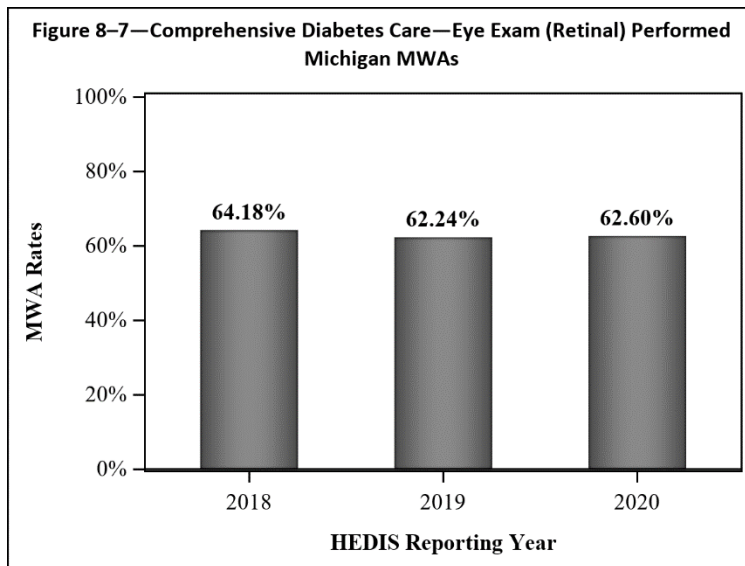
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



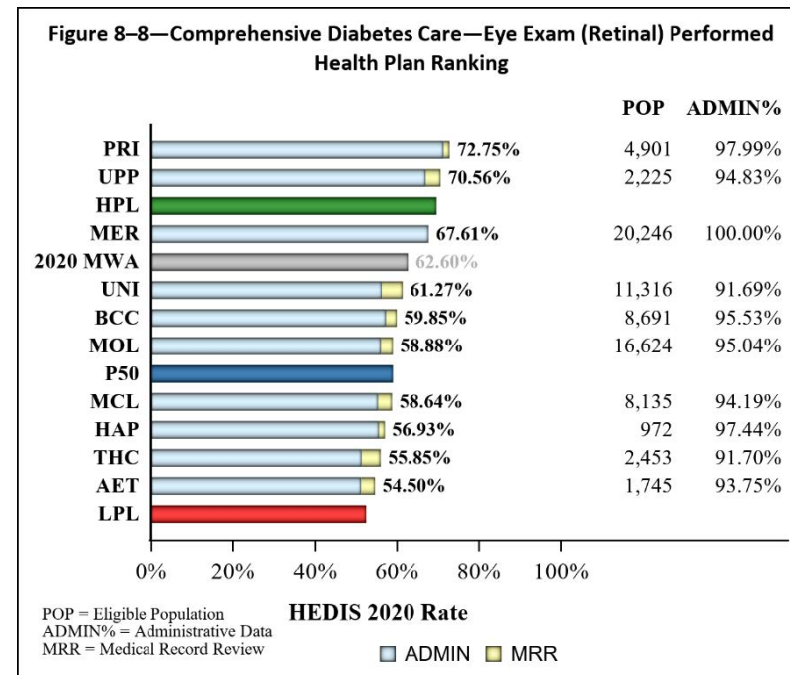
Five MHPs and the MWA ranked above the 50th percentile, with three MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by nearly 20 percentage points.

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had screening or monitoring for diabetic retinal disease.



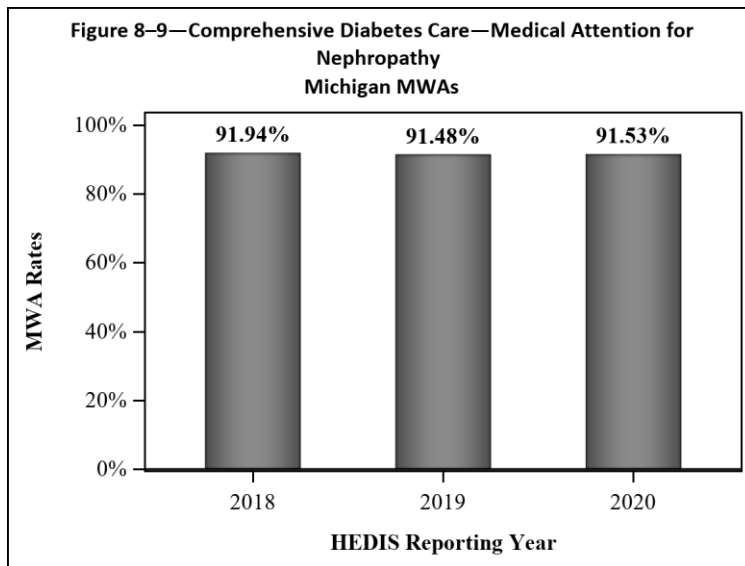
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



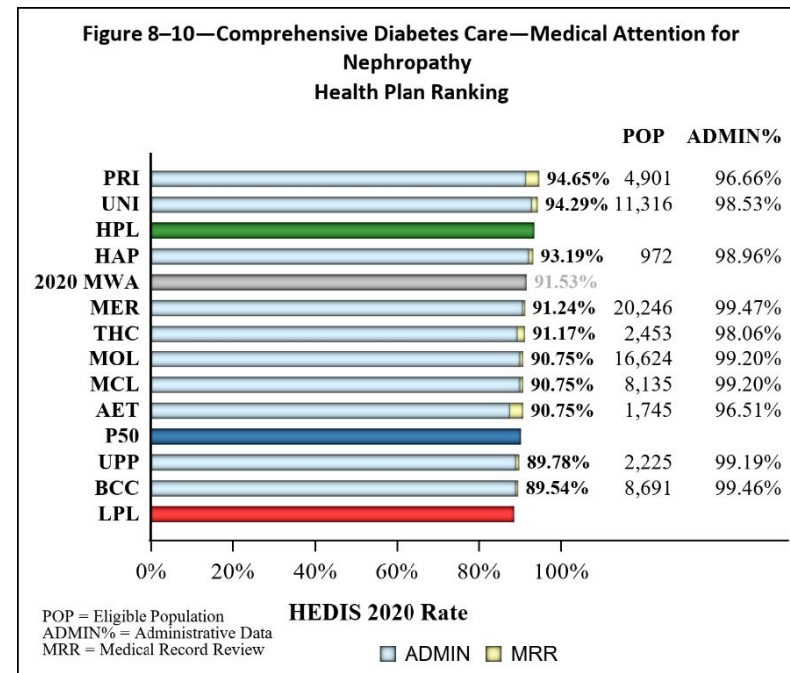
Six MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by nearly 20 percentage points.

Comprehensive Diabetes Care—Medical Attention for Nephropathy

Comprehensive Diabetes Care—Medical Attention for Nephropathy assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy.



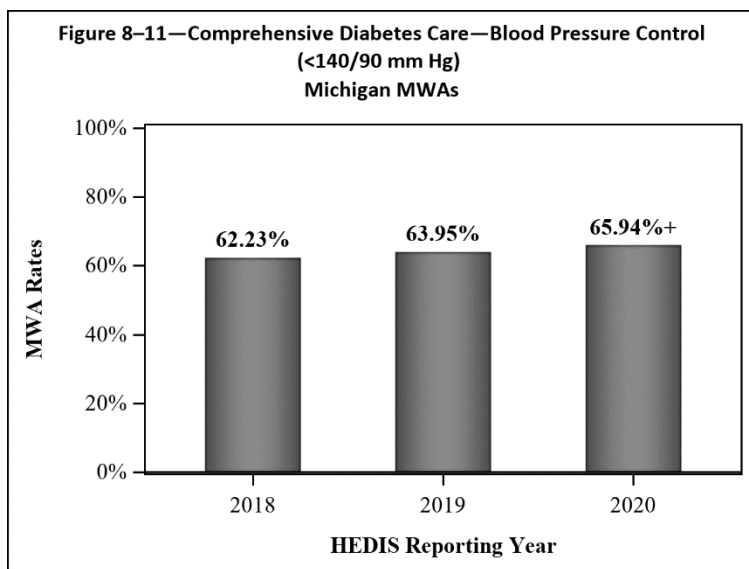
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



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

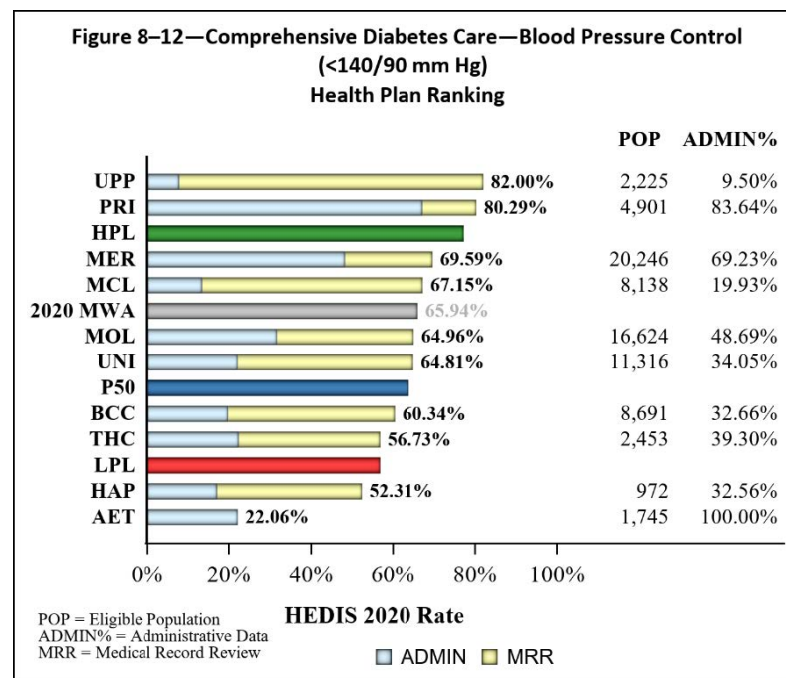
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading was less than 140/90 mm Hg.



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

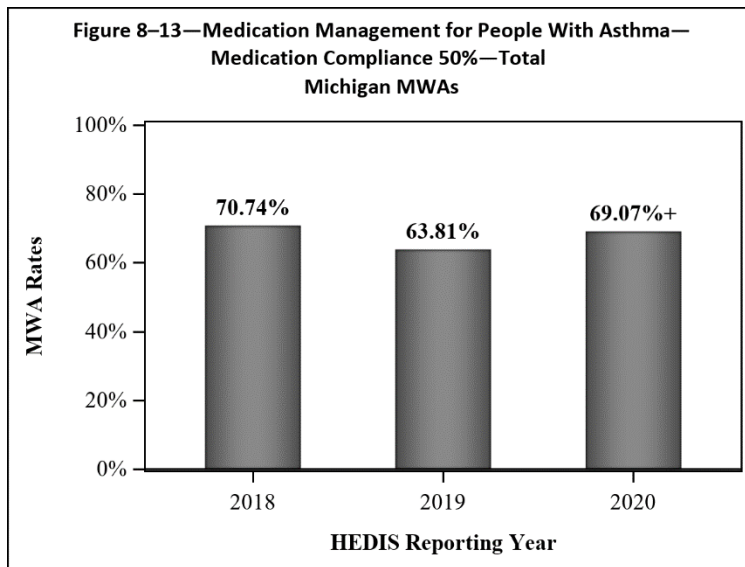
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



Six MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by nearly 60 percentage points.

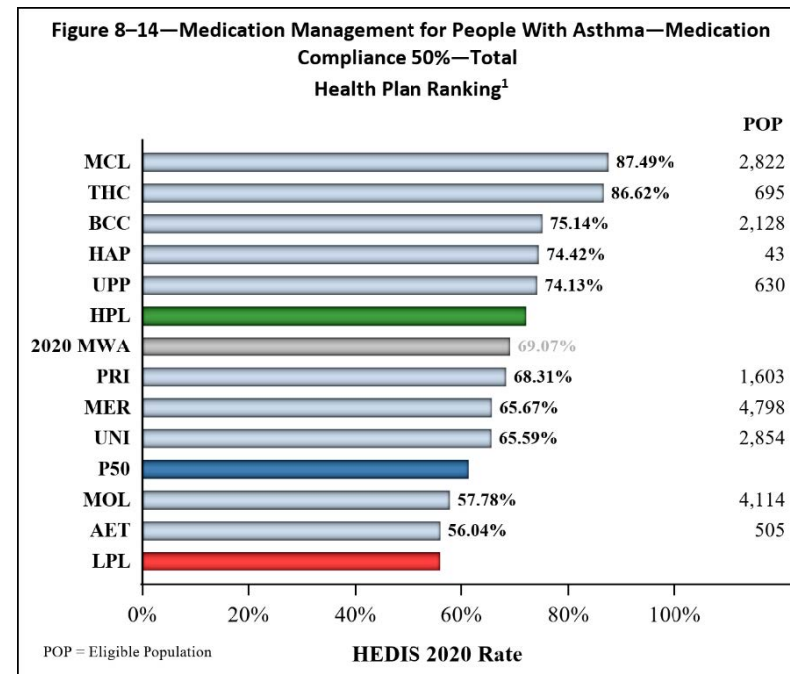
Medication Management for People With Asthma—Medication Compliance 50%—Total

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



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

The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.

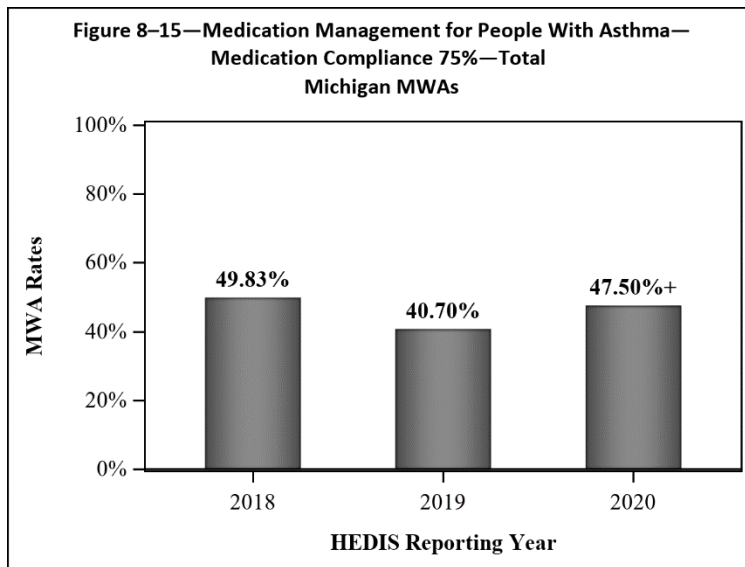


¹ Quality Compass percentiles for this measure were not available; therefore, the rates for this measure indicator were compared to the NCQA Audit Means and Percentiles.

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

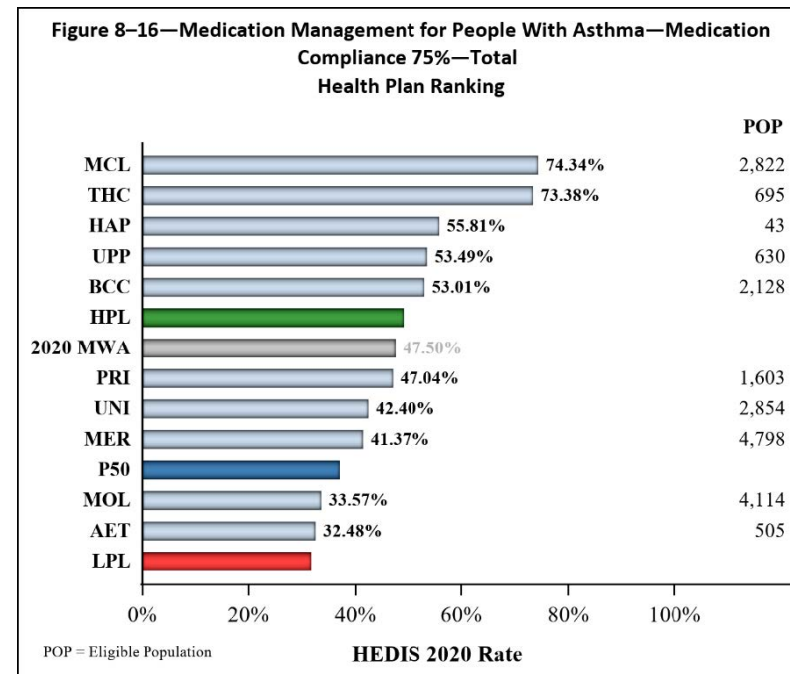
Medication Management for People With Asthma—Medication Compliance 75%—Total

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



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

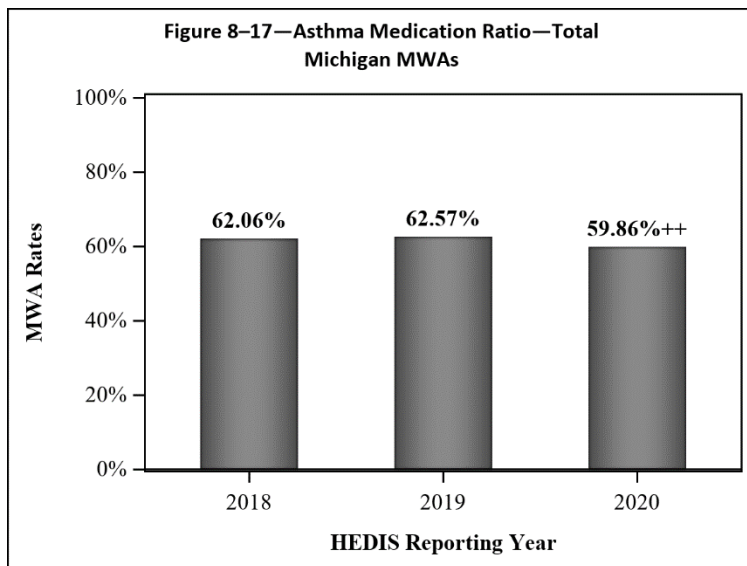
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



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

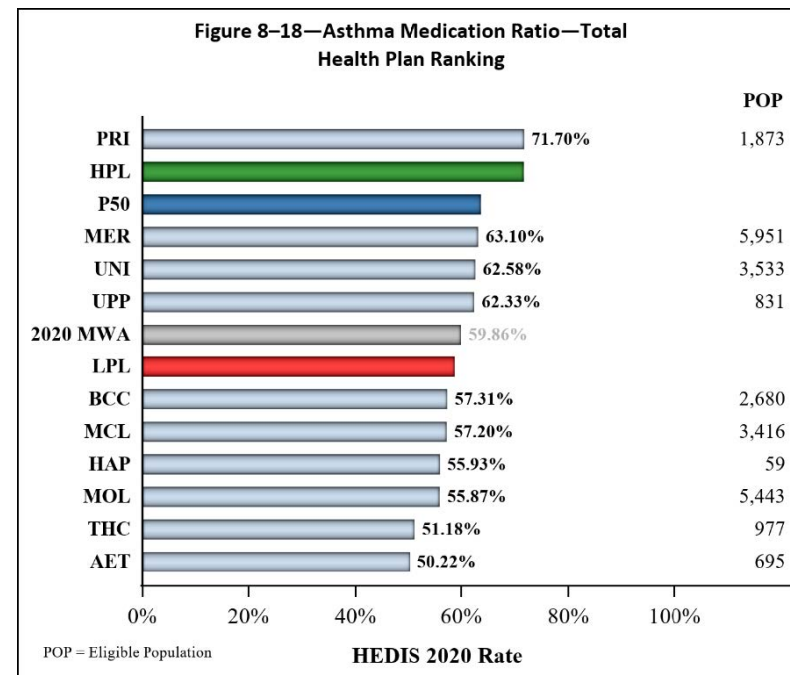
Asthma Medication Ratio—Total

Asthma Medication Ratio—Total assesses the percentage of members 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.



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

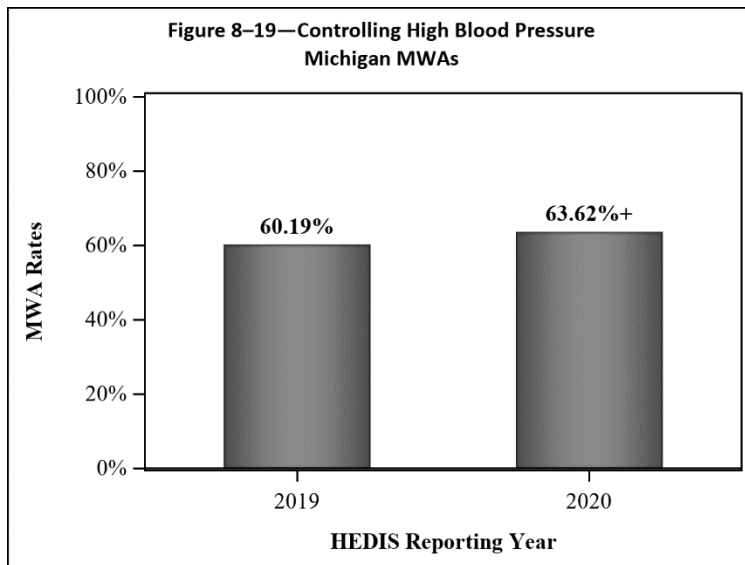
The HEDIS 2020 MWA rate significantly declined from HEDIS 2019.



One MHP above the 50th percentile and the HPL. Six MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

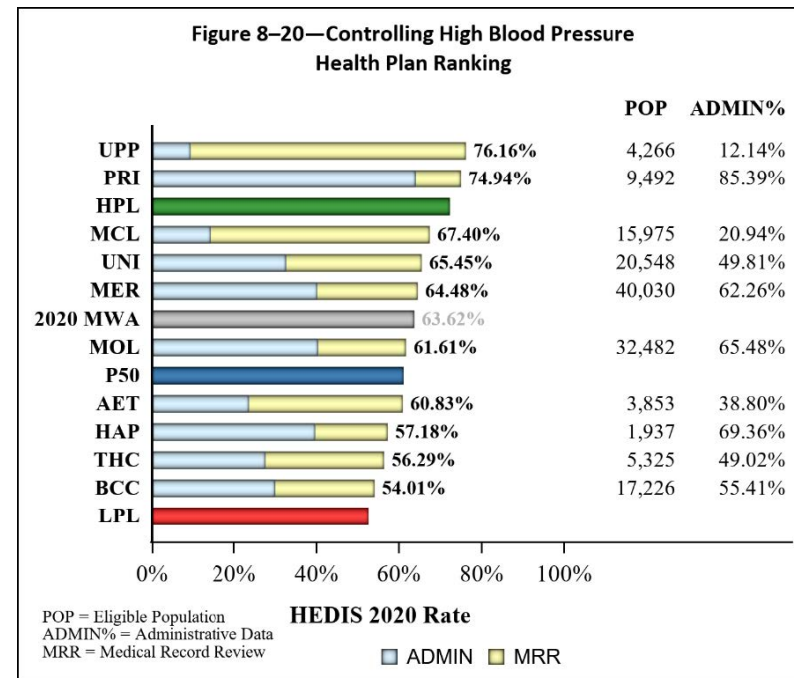
Controlling High Blood Pressure

Controlling High Blood Pressure assesses the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.



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

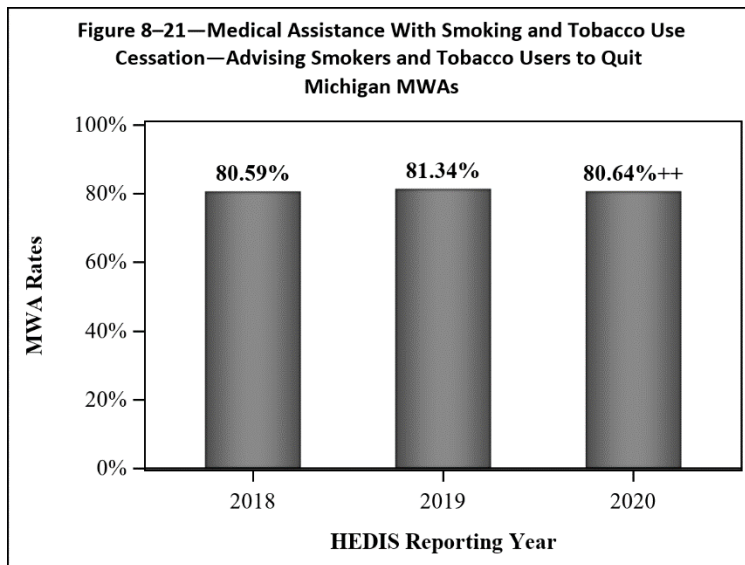
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



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

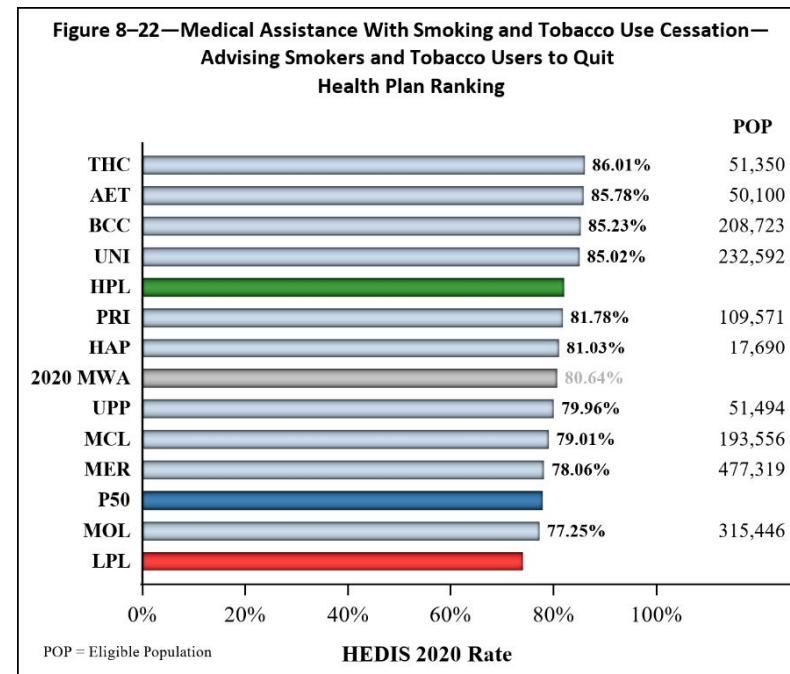
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

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



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

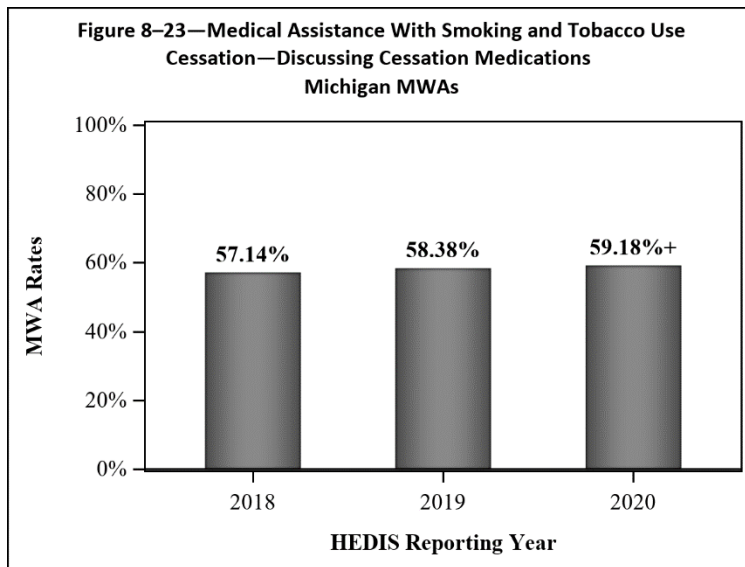
The HEDIS 2020 MWA rate significantly declined from HEDIS 2019.



Nine MHPs and the MWA ranked above the 50th percentile, with four MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by nearly 10 percentage points.

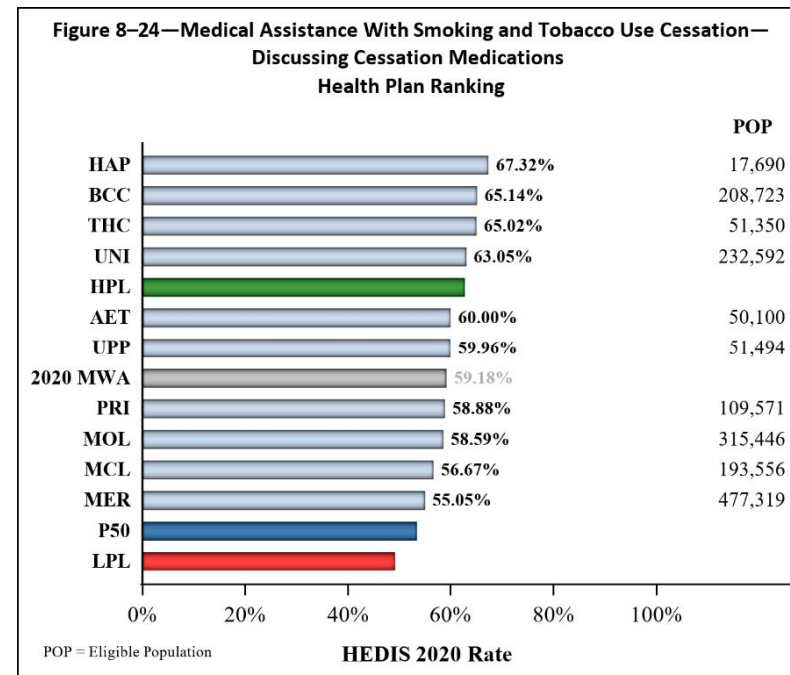
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications

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



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

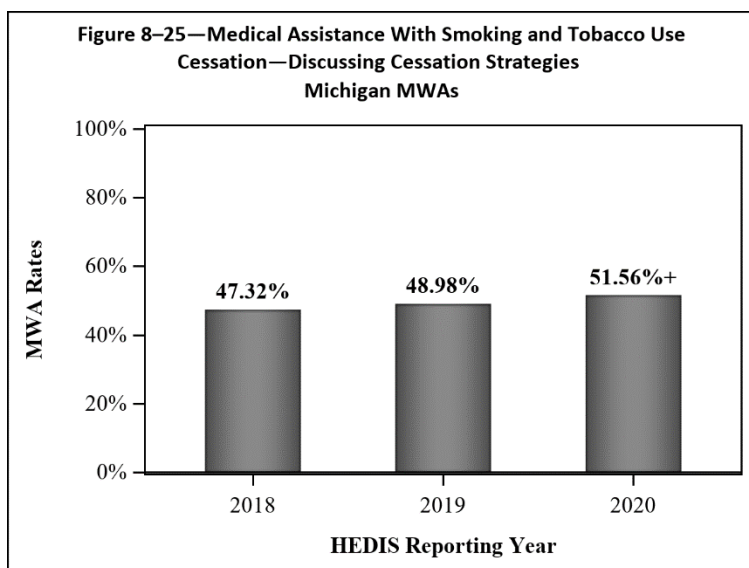
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



Ten MHPs and the MWA ranked above the 50th percentile, with four MHPs ranking above the HPL. MHP performance varied by over 10 percentage points.

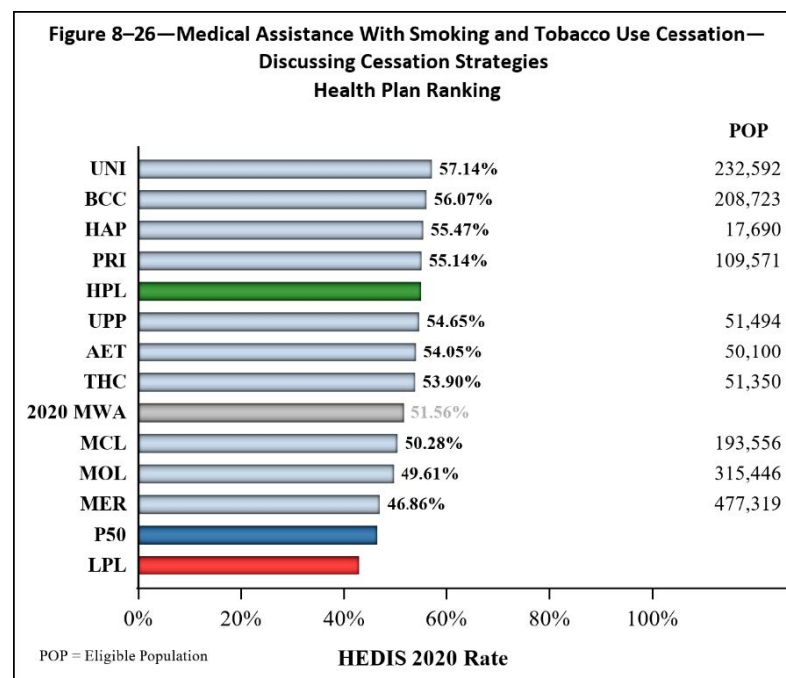
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

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



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

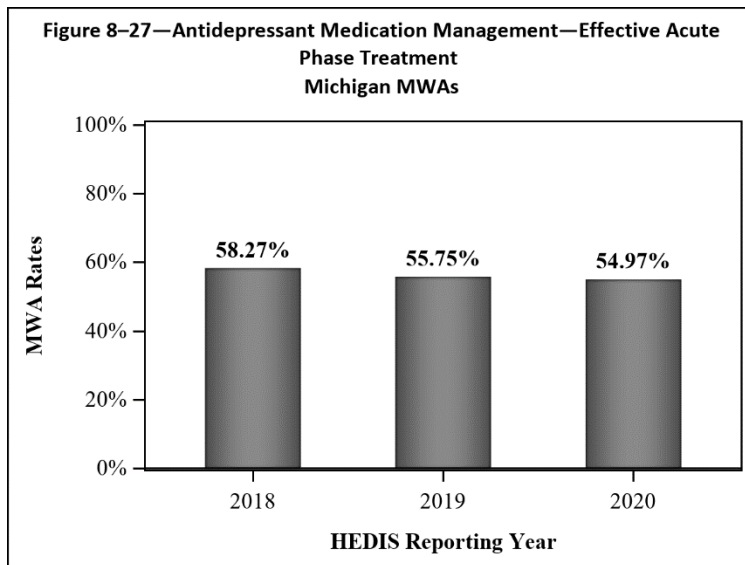
The HEDIS 2020 MWA rate significantly improved from HEDIS 2019.



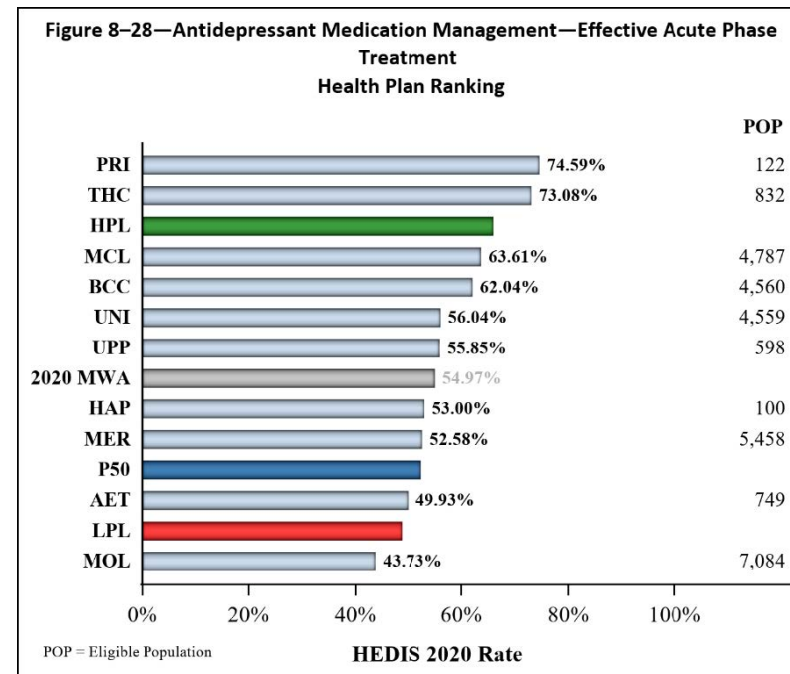
All MHPs and the MWA ranked above the 50th percentile, with four MHPs ranking above the HPL. MHP performance varied by over 10 percentage points.

Antidepressant Medication Management—Effective Acute Phase Treatment

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



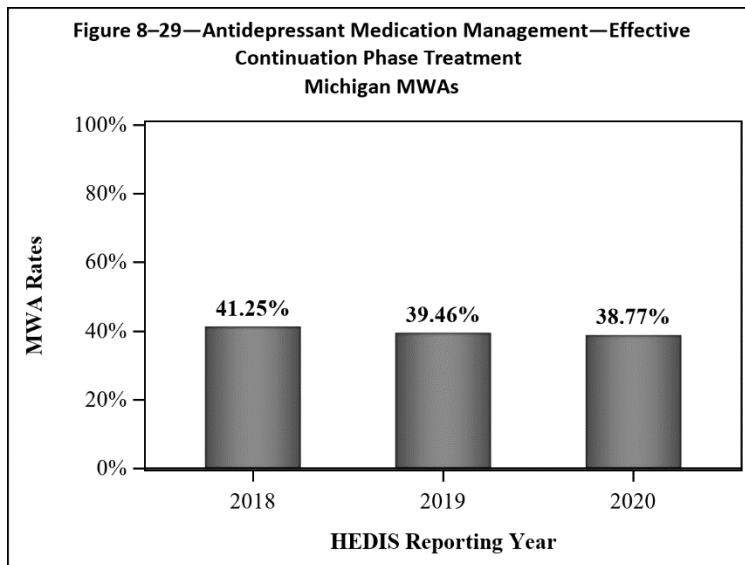
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



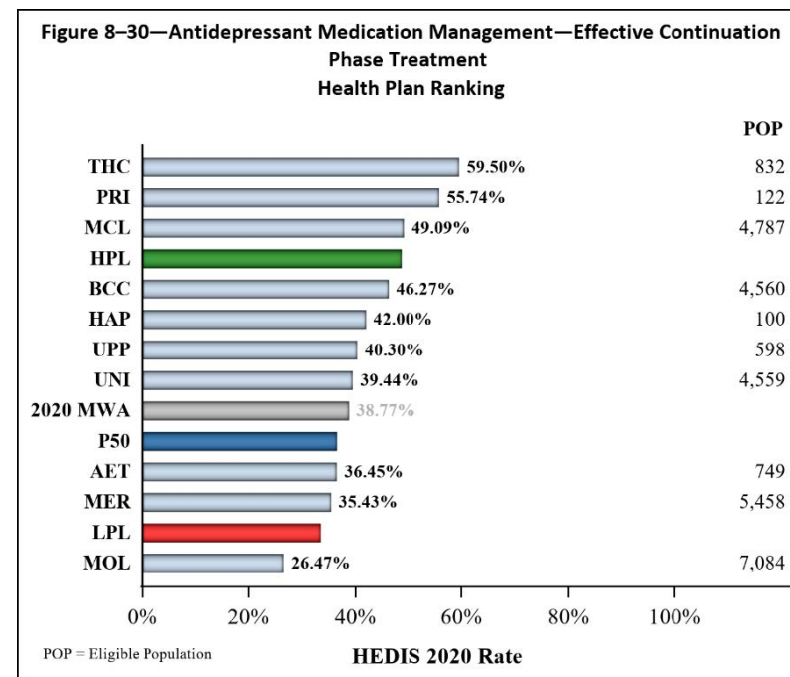
Eight MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 30 percentage points.

Antidepressant Medication Management—Effective Continuation Phase Treatment

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



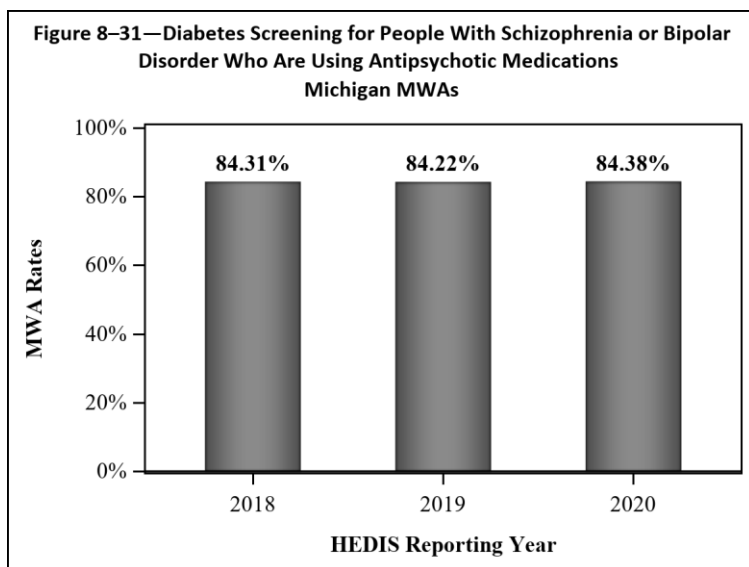
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020



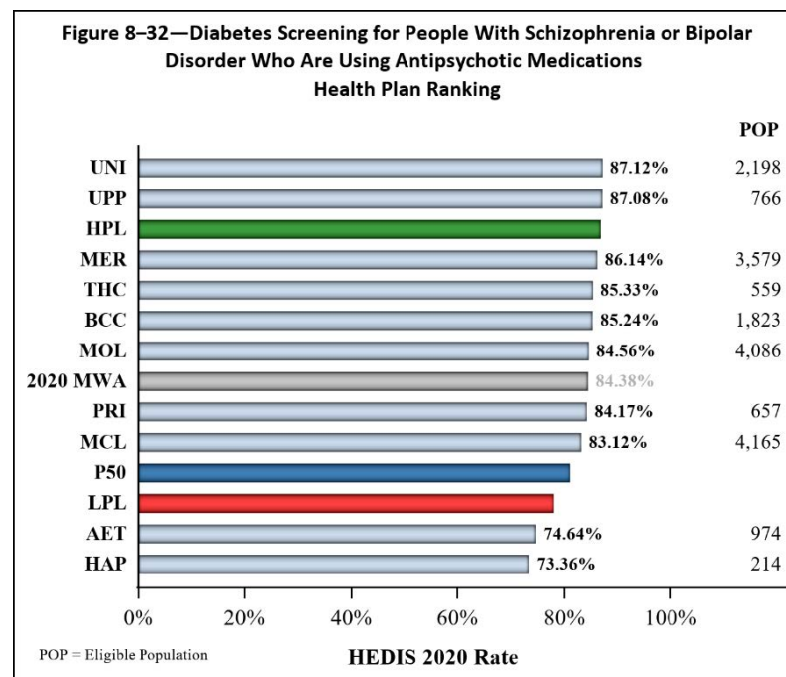
Seven MHPs and the MWA ranked above the 50th percentile, with three MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 30 percentage points.

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

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



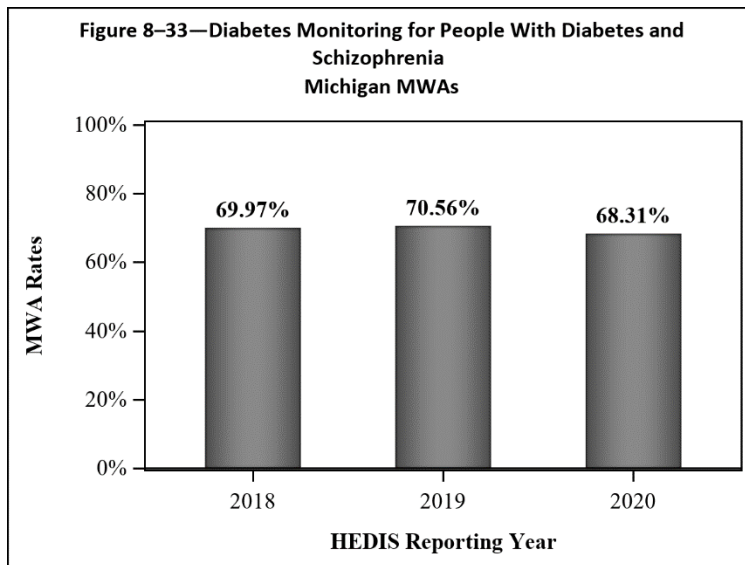
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



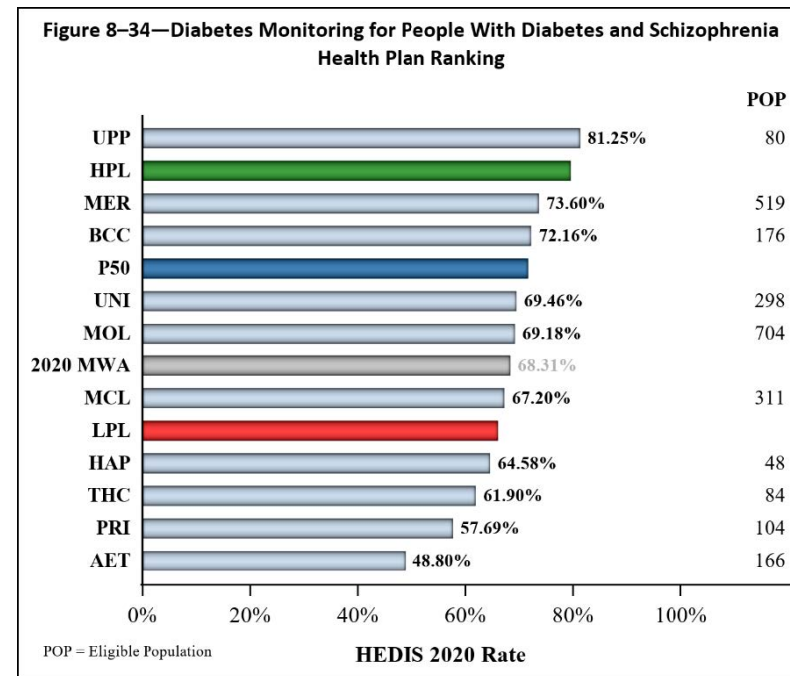
Eight MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

Diabetes Monitoring for People With Diabetes and Schizophrenia

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



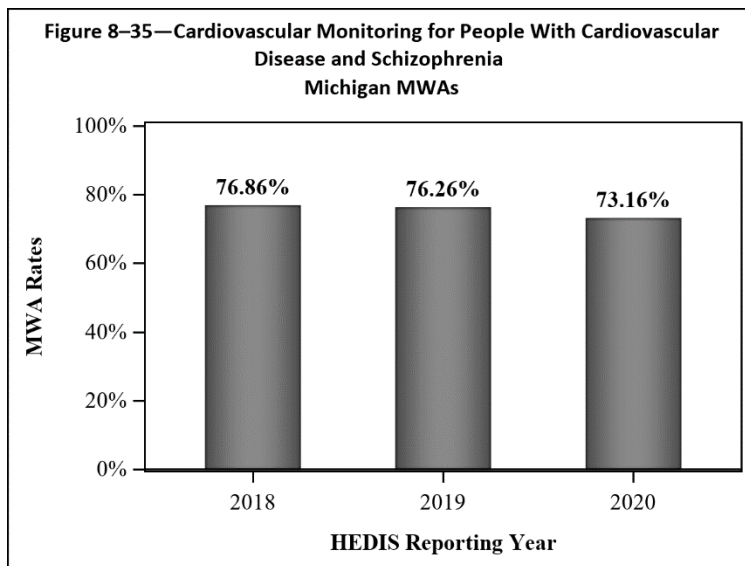
The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.



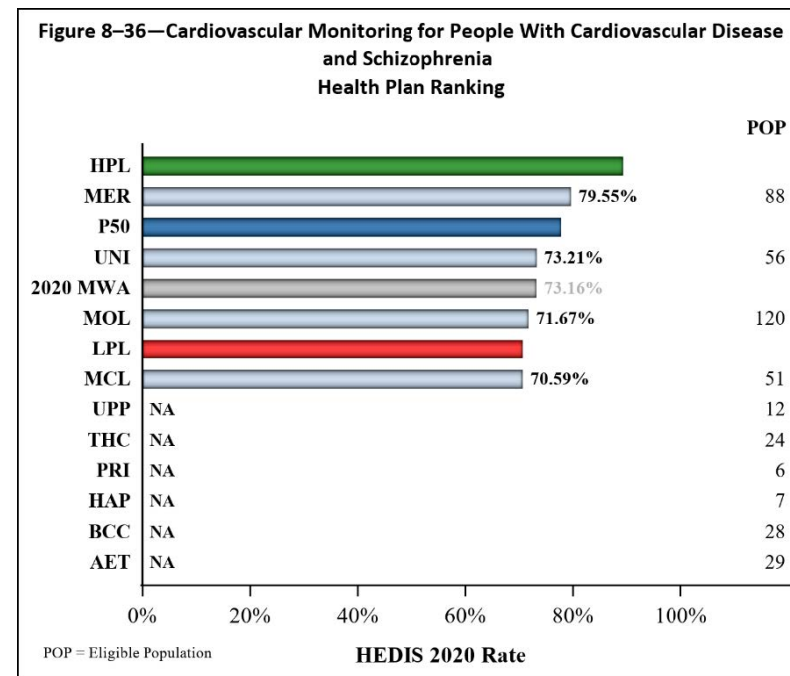
Three MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Four MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

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



The HEDIS 2020 MWA rate did not demonstrate a significant change from 2019 to 2020.

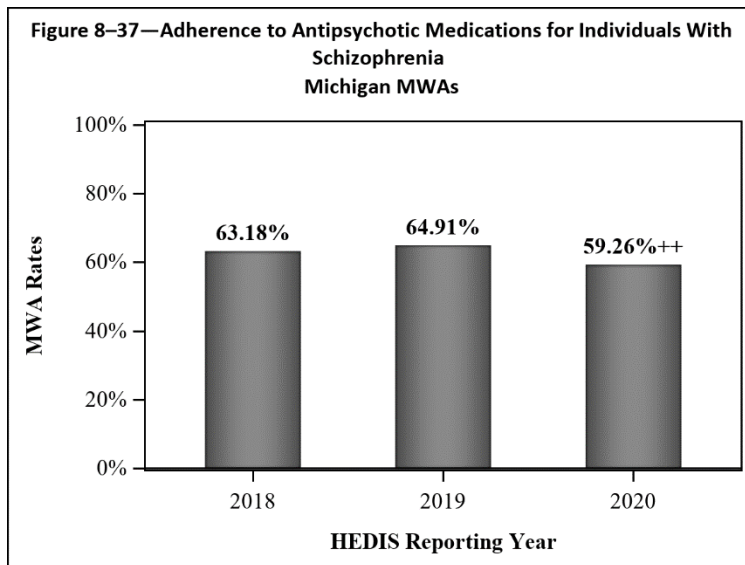


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MHP ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 10 percentage points.

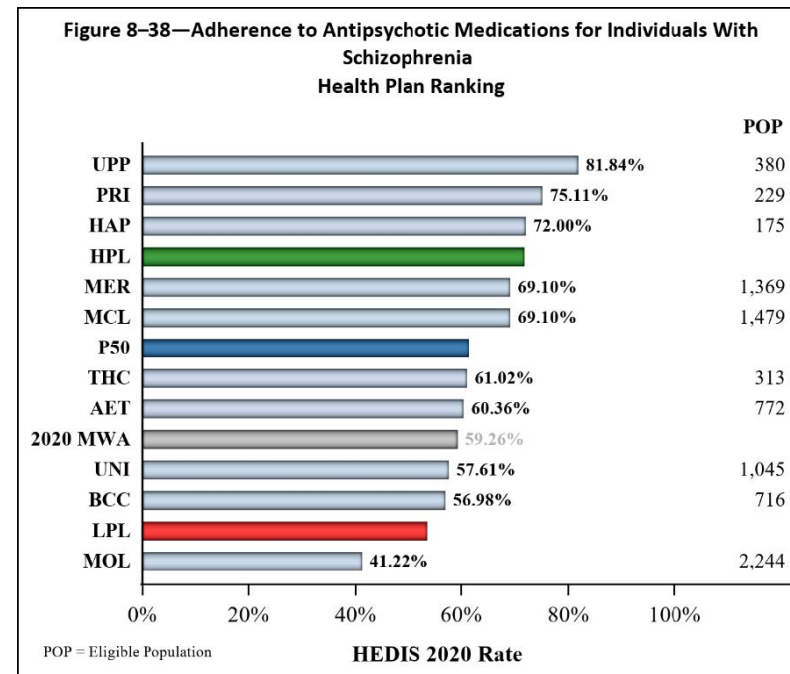
Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia assesses the percentage of members 19 to 64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.



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

The HEDIS 2020 MWA rate significantly declined from HEDIS 2019.



Five MHPs ranked above the 50th percentile, with three MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 40 percentage points.

Introduction

The Health Plan Diversity domain encompasses the following HEDIS measures:

- *Race/Ethnicity Diversity of Membership*
- *Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and Other Language Needs*

Summary of Findings

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care. The *Race/Ethnicity Diversity of Membership* measure shows that the 2020 MWA rates for different racial/ethnic groups were fairly stable across years, with less than two percentage points difference between 2019 and 2020 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, 2020 rates remained similar to prior years, with Michigan members reporting English as the preferred spoken language for healthcare and preferred language for written materials, with more than three percentage points difference between 2019 and 2020.

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

Table 9-1a and b show that the statewide rates for reported racial/ethnic groups remained similar to prior years.

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

MHP	Eligible Population	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian and Other Pacific Islander
AET	61,961	30.77%	55.54%	0.26%	1.82%	0.08%
BCC	273,927	46.23%	35.41%	0.75%	2.01%	3.22%
HAP	12,116	0.24%	0.28%	0.00%	0.03%	0.00%
MCL	249,883	63.10%	20.19%	0.52%	1.45%	0.08%
MER	647,228	59.99%	21.94%	0.47%	3.04%	0.07%
MOL	419,607	45.25%	34.24%	0.27%	0.29%	<0.01%
PRI	167,525	58.71%	14.63%	0.55%	1.81%	0.07%
THC	66,920	29.70%	53.20%	0.24%	0.00%	0.06%
UNI	324,820	50.75%	30.35%	0.31%	2.23%	0.08%
UPP	60,720	86.34%	1.46%	2.34%	2.07%	0.11%
HEDIS 2020 MWA		53.27%	27.45%	0.49%	1.87%	0.44%
HEDIS 2019 MWA		52.40%	26.89%	0.45%	0.88%	0.39%
HEDIS 2018 MWA		54.36%	27.37%	0.43%	0.93%	0.05%

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

MHP	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic or Latino*
AET	61,961	0.00%	0.00%	4.78%	6.76%	3.40%
BCC	273,927	0.00%	0.04%	12.34%	0.00%	3.32%
HAP	12,116	0.02%	0.00%	99.43%	0.00%	0.01%
MCL	249,883	5.82%	0.00%	8.84%	0.00%	5.82%
MER	647,228	0.02%	0.00%	6.70%	7.76%	6.40%
MOL	419,607	0.00%	0.00%	19.95%	0.00%	6.90%
PRI	167,525	<0.01%	0.00%	24.23%	0.00%	10.98%
THC	66,920	0.00%	0.00%	4.81%	11.99%	3.05%
UNI	324,820	0.00%	0.00%	16.28%	0.00%	6.14%
UPP	60,720	1.92%	0.00%	0.00%	5.76%	1.92%
HEDIS 2020 MWA		0.69%	0.00%	12.90%	2.89%	6.02%
HEDIS 2019 MWA		0.85%	0.00%	12.15%	5.99%	5.53%
HEDIS 2018 MWA		1.57%	0.00%	11.88%	3.40%	5.90%

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

Language Diversity of Membership

Measure Definition

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

Results

Table 9-2 shows that the percentage of Michigan members using English as the preferred spoken language for healthcare decreased slightly (over two percentage points) when compared to the previous years but remains the preferred spoken language for healthcare at the statewide level.

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

MHP	Eligible Population	Declined	English	Non-English	Unknown
AET	61,961	0.00%	0.00%	0.00%	100.00%
BCC	273,927	0.00%	98.35%	1.65%	<0.01%
HAP	12,116	0.00%	0.79%	0.01%	99.20%
MCL	249,883	0.00%	60.94%	0.46%	38.60%
MER	647,228	0.00%	98.53%	1.44%	0.04%
MOL	419,607	0.00%	98.52%	1.43%	0.05%
PRI	167,525	0.00%	0.00%	0.00%	100.00%
THC	66,920	0.00%	82.52%	0.17%	17.31%
UNI	324,820	0.00%	96.02%	3.94%	0.04%
UPP	60,720	0.00%	99.90%	0.07%	0.02%
HEDIS 2020 MWA		0.00%	83.19%	1.48%	15.33%
HEDIS 2019 MWA		0.00%	86.29%	1.58%	12.12%
HEDIS 2018 MWA		0.00%	88.48%	1.64%	9.88%

Table 9-3 shows that, for each MHP, over 82 percent of Michigan members who reported a language reported English as the language preferred for written materials. At the statewide level, English remained the preferred language for written materials for most (over 76 percent) Michigan members from 2018 to 2020.

**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	61,961	0.00%	0.00%	100.00%	0.00%
BCC	273,927	98.32%	1.68%	<0.01%	0.00%
HAP	12,116	0.79%	0.01%	99.20%	0.00%
MCL	249,883	0.00%	0.00%	100.00%	0.00%
MER	647,228	98.53%	1.44%	0.04%	0.00%
MOL	419,607	98.52%	1.43%	0.05%	0.00%
PRI	167,525	0.00%	0.00%	100.00%	0.00%
THC	66,920	82.52%	0.17%	17.31%	0.00%
UNI	324,820	96.02%	3.94%	0.04%	0.00%
UPP	60,720	99.90%	0.07%	0.02%	0.00%
HEDIS 2020 MWA		76.52%	1.44%	22.04%	0.00%
HEDIS 2019 MWA		77.07%	1.51%	21.41%	0.00%
HEDIS 2018 MWA		77.53%	1.55%	20.93%	0.00%

Table 9-4 shows that, at the statewide level, over 76 percent of Michigan members reported English as their preferred language for other language needs, and the Michigan members that listed Unknown as their preferred language for other language needs remained fairly constant from the prior year. Please note that *Language Diversity of Membership—Other Language Needs* captures data collected from questions that cannot be mapped to any other category (e.g., What is the primary language spoken at home?).

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	61,961	98.26%	0.97%	0.78%	0.00%
BCC	273,927	98.75%	1.24%	0.01%	0.00%
HAP	12,116	0.79%	0.01%	99.20%	0.00%
MCL	249,883	0.00%	0.00%	100.00%	0.00%
MER	647,228	98.53%	1.44%	0.04%	0.00%
MOL	419,607	98.52%	1.43%	0.05%	0.00%
PRI	167,525	0.00%	0.00%	100.00%	0.00%
THC	66,920	82.52%	0.17%	17.31%	0.00%
UNI	324,820	96.02%	3.94%	0.04%	0.00%
UPP	60,720	0.00%	0.00%	100.00%	0.00%
HEDIS 2020 MWA		76.58%	1.41%	22.01%	0.00%
HEDIS 2019 MWA		76.55%	1.48%	21.98%	0.00%
HEDIS 2018 MWA		52.99%	0.68%	46.33%	0.00%

Introduction

The Utilization domain encompasses the following HEDIS measures:

- *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total and Outpatient Visits—Total*
- *Inpatient Utilization—General Hospital/Acute Care—Total; Inpatient—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total; Maternity—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total; Surgery—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total; and Medicine—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total*
- *Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies*
- *Use of Opioids at High Dosage*
- *Risk of Continued Opioid Use—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total*
- *Plan All-Cause Readmissions—Index Admissions—Total, Observed Readmissions Rate—Total, Expected Readmissions Rate—Total, and O/E Ratio—Total*

The following tables present the HEDIS 2020 MHP-specific rates as well as the MWA or Michigan Medicaid Average (MA) for HEDIS 2020, HEDIS 2019, and HEDIS 2018, where applicable. To align with calculations from prior years, HSAG calculated traditional averages for the *Ambulatory Care—Total (Per 1,000 Member Months)* and *Inpatient Utilization—General Hospital/Acute Care—Total* measure indicators in the Utilization domain; therefore, the MA is presented for those two measures rather than the MWA, which was calculated and presented for all other measures. The *Ambulatory Care* and *Inpatient Utilization* measures are designed to describe the frequency of specific services provided by the 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

Reported rates for the MHPs and MA rates for the *Ambulatory Care* and *Inpatient Utilization* measures do not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on these measures. For the opioid measures, there was either a break in trending for the measure from HEDIS 2019 to HEDIS 2018 therefore, comparisons to national benchmarks could not be made. For the *Plan All-Cause Readmissions* measure, 6 MHPs had an O/E ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected

based on patient mix. The remaining 4 MHPSs O/E ratio is more than one indicating they had more readmissions

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 *ED Visits—Total* and *Outpatient Visits—Total*. In this section, the results for the total age group are presented.

Results

Table 10-1 shows *ED 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	526,238	75.36	590.74
BCC	2,387,564	62.86	393.07
HAP	98,184	66.59	496.25
MCL	2,277,157	70.40	552.68
MER	5,995,170	64.84	389.60
MOL	3,939,906	66.87	429.45
PRI	1,485,849	65.08	379.56
THC	610,307	69.38	373.79
UNI	2,958,340	65.10	374.36
UPP	579,064	54.01	351.79
HEDIS 2020 MA		66.05	433.13
HEDIS 2019 MA		66.87	389.77
HEDIS 2018 MA		70.86	386.18

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

For the *ED Visits—Total* measure indicator, the MA decreased by 4.8 visits per 1,000 member months from 2018 to 2020. The MA for the *Outpatient Visits—Total* measure indicator increased significantly from 2017 to 2019.

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 informational purposes only.

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

MHP	Member Months	Total Inpatient	Maternity*	Surgery	Medicine
AET	526,238	11.95	2.39	2.91	7.33
BCC	2,387,564	7.23	2.73	1.65	3.48
HAP	98,184	13.93	1.68	4.10	8.79
MCL	2,277,157	9.14	2.77	2.24	4.82
MER	5,995,170	7.44	2.88	1.76	3.62
MOL	3,939,906	7.20	2.69	1.70	3.56
PRI	1,485,849	6.33	3.07	1.64	2.56
THC	610,307	10.34	2.43	2.18	6.29
UNI	2,958,340	5.68	2.53	1.40	2.44
UPP	579,064	7.06	2.13	2.25	3.26
HEDIS 2020 MA		8.63	2.53	2.18	4.62
HEDIS 2019 MA		7.93	2.36	1.92	4.29
HEDIS 2018 MA		8.10	2.38	1.91	4.40

* 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 informational purposes only.

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

MHP	Member Months	Total Inpatient	Maternity	Surgery	Medicine
AET	526,238	5.41	2.72	7.91	5.05
BCC	2,387,564	4.09	2.58	6.57	3.83
HAP	98,184	5.97	2.79	9.24	4.82
MCL	2,277,157	3.87	1.77	5.81	3.86
MER	5,995,170	4.05	2.53	6.56	3.70
MOL	3,939,906	4.80	2.85	8.16	4.25
PRI	1,485,849	3.85	2.94	5.41	3.61
THC	610,307	3.56	1.86	6.98	2.88
UNI	2,958,340	4.63	2.60	7.61	4.45
UPP	579,064	4.08	2.80	5.71	3.56
HEDIS 2020 MA		4.43	2.54	7.00	4.00
HEDIS 2019 MA		4.33	2.66	6.89	3.87
HEDIS 2018 MA		4.38	2.62	6.44	4.17

Use of Opioids From Multiple Providers

The *Use of Opioids From Multiple Providers* summarizes use of prescription opioids for at least 15 days received from four or more providers. Three rates are reported: *Multiple Prescribers*, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies*.

Results

Table 10-4 shows the HEDIS 2020 rates for receiving prescription opioids. The values in the table below are presented for informational purposes only.

Table 10-4—Use of Opioids From Multiple Providers*¹

MHP	Use of Opioids From Multiple Providers—Eligible Population	Use of Opioids From Multiple Providers—Multiple Prescribers	Use of Opioids From Multiple Providers—Multiple Pharmacies	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies
AET	2,588	15.69%	16.15%	16.15%
BCC	7,665	16.58%	4.51%	4.51%
HAP	815	15.83%	2.33%	2.33%
MCL	10,090	14.91%	3.48%	3.48%
MER	20,124	15.44%	3.73%	3.73%
MOL	15,121	14.07%	3.84%	3.84%
PRI	4,140	19.47%	2.39%	2.39%
THC	3,334	15.42%	5.07%	5.07%
UNI	9,235	15.67%	3.21%	3.21%
UPP	2,290	15.76%	6.33%	6.33%
HEDIS 2020 MA		15.48%	4.21%	4.21%
HEDIS 2019 MA		18.67%	6.16%	6.16%
HEDIS 2018 MA		—	—	—

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

¹ Due to changes in the technical specifications for this measure in 2019, NCQA recommended a break in trending between 2019 and 2018; therefore, 2018 rates are not displayed for the MWA.

— indicates that NCQA recommended a break in trending; therefore, 2018 rates are not displayed.

Use of Opioids at High Dosage

The *Use of Opioids at High Dosage* summarizes use of prescription opioids received at a high dosage for at least 15 days. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years rates are not displayed.

Results

Table 10-5 shows the HEDIS 2020 rates for members receiving prescription opioids at a high dosage. The values in the table below are presented for informational purposes only.

Table 10-5—Use of Opioids at High Dosage*¹

MHP	Eligible Population	Rate
AET	2,215	3.30%
BCC	6,719	2.23%
HAP	668	2.84%
MCL	8,974	2.95%
MER	17,926	3.31%
MOL	13,416	2.29%
PRI	3,682	3.20%
THC	3,002	11.83%
UNI	8,229	3.60%
UPP	2,054	3.51%
HEDIS 2020 MA		3.36%
HEDIS 2019 MA		—
HEDIS 2018 MA		—

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years rates are not displayed for the MWA.

— indicates that NCQA recommended a break in trending; therefore, prior year rates are not displayed.

Risk of Continued Opioid Use

The *Risk of Continued Opioid Use* is a first-year measure that summarizes new episodes of opioid use that puts members at risk for continued opioid use.

Results

Table 10-6 shows the HEDIS 2020 rates for members whose new episode lasted at least 15 days in a 30-day period and at least 31 days in a 62-day period. The values in the table below are presented for informational purposes only.

Table 10-6—Risk of Continued Opioid Use*¹

MHP	Eligible Population	At Least 15 Days Covered—Total	At Least 31 Days Covered—Total
AET	2,660	18.46%	9.21%
BCC	12,503	13.52%	6.42%
HAP	631	13.47%	7.92%
MCL	12,394	19.36%	11.64%
MER	29,312	13.21%	6.70%
MOL	19,270	12.76%	6.62%
PRI	6,912	9.87%	4.62%
THC	2,711	29.40%	20.95%
UNI	13,305	15.82%	7.14%
UPP	3,360	7.95%	4.38%
HEDIS 2020 MA		14.41%	7.54%
HEDIS 2019 MA		17.31%	7.43%
HEDIS 2018 MA		—	—

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

¹ Due to changes in the technical specifications for this measure in 2019, NCQA recommended a break in trending between 2019 and 2018; therefore, 2018 rates are not displayed for the MWA.

— indicates that NCQA recommended a break in trending; therefore, 2018 rates are not displayed.

Plan All-Cause Readmissions

The *Plan All-Cause Readmissions* measure summarizes the percentage of inpatient hospital admissions that result in an unplanned readmission for any diagnosis within 30 days. This measure is risk-adjusted, so an O/E ratio is also calculated that indicates whether an MHP had more readmissions (O/E ratio greater than 1.0) or fewer readmissions (O/E ratio less than 1.0) than expected based on population mix. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2020 and 2019.

Results

Table 10-7 shows the HEDIS 2020 observed rates, expected rates, and the O/E ratio for inpatient hospital admissions that were followed by an unplanned readmission for any diagnosis within 30 days.

Table 10-7—Plan All-Cause Readmissions*¹

MHP	Index Admissions	Observed Readmissions—Total	Expected Readmissions—Total	O/E Ratio—Total
AET	2,633	10.10%	9.36%	1.08
BCC	6,332	10.60%	9.80%	1.08
HAP	57	NA	NA	NA
MCL	9,199	8.50%	9.55%	0.89
MER	13,632	8.21%	10.28%	0.80
MOL	14,957	8.87%	9.56%	0.93
PRI	2,634	6.34%	9.97%	0.64
THC	2,980	10.13%	10.00%	1.01
UNI	5,682	11.39%	10.69%	1.06
UPP	1,167	8.40%	9.82%	0.86
HEDIS 2020 MA		9.09%	9.90%	0.92
HEDIS 2019 MA		—	—	—
HEDIS 2018 MA		—	—	—

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

¹ Due to changes in the technical specifications for this measure, exercise caution when trending MWA rates between 2019 and 2018.

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

The rates of observed readmissions ranged from 6.34 percent for Priority to 11.39 percent for UnitedHealthcare; however, 4 of the 10 MHPs had an O/E ratio greater than 1.0 indicating these MHPs had more readmissions. The remaining 6 MHPs had an O/E ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on patient mix.

11. HEDIS Reporting Capabilities—Information Systems Findings

HEDIS Reporting Capabilities—Information Systems Findings

NCQA’s IS standards are the guidelines used by certified HEDIS compliance auditors to assess an MHP’s ability to report HEDIS data accurately and reliably.¹¹⁻¹ Compliance with the guidelines also helps an auditor to understand an MHP’s HEDIS reporting capabilities. For HEDIS 2020, MHPs were assessed on six IS standards. To assess an MHP’s adherence to the IS standards, HSAG reviewed several documents for the MHPs. These included the MHPs’ final audit reports (FARs), IS compliance tools, and the IDSS files approved by their respective NCQA-licensed audit organization (LO).

All 10 of the Michigan MHPs that underwent NCQA HEDIS Compliance Audits™ in Michigan in 2019 contracted with the same LOs in 2020.¹¹⁻² The MHPs were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintain the same LOs across reporting years.

For HEDIS 2020, 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 2020 technical specifications.

HSAG found that, in general, all MHPs’ IS and processes were compliant with the applicable IS standards and the HEDIS determination reporting requirements related to the measures for HEDIS 2020. The following sections present NCQA’s IS standards and summarize the audit findings related to each IS standard for the MHPs.

¹¹⁻¹ National Committee for Quality Assurance. *HEDIS® 2020, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

All MHPs were fully compliant with *IS 2.0, Enrollment Data—Data Capture, Transfer, and Entry*. Data fields required for HEDIS measure reporting were captured appropriately. Based on the auditors' review, all 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*. MHPs had sufficient processes in place to capture all data elements required for HEDIS reporting. Primary care practitioners and specialists were appropriately identified by all MHPs. Provider specialties were fully and accurately mapped to HEDIS-specified provider types. Adequate validation processes were in place to ensure that only accurate provider data were used for HEDIS reporting.

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented.
- Data transfers to HEDIS repository from transaction files are accurate.
- File consolidations, extracts, and derivations are accurate.
- Repository structure and formatting is suitable for measures and enable required programming efforts.
- Report production is managed effectively and operators perform appropriately.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 6.0—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity*.

All but one MHP contracted with an external software vendor for HEDIS measure production and rate calculation. Measures were benchmarked to assess potential for bias. Cross measure checks were performed to determine appropriate relationships exist. Confirmed data logic for code mapping was applied consistently. When non-standard coding schemes were used, mapping documents showed that code systems were identified and mapped according to the requirements in the specifications. Data source identifiers were clear and documented.

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

This standard assesses whether:

- Data transfers to the HEDIS measure vendor from the HEDIS repository are accurate.
- 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.
- The organization regularly monitors vendor performance against expected performance standards.

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

Glossary

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

Table 12-1—Definition of Terms

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the MHP to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Unaudited (UN)</i> .
ADMIN%	Percentage of the rate derived using administrative data (e.g., claims data and immunization registry).
BMI	Body mass index.
BR	Biased Rate; indicates that the MHP’s reported rate was invalid, therefore, the rate was not presented.
CVX	Vaccine administered codes.
Data Completeness	The degree to which occurring services/diagnoses appear in the MHP’s administrative data systems.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine.
ECDS	Electronic clinical data system. A structured, electronic version of a patient’s comprehensive medical experiences maintained over time that may include some or all key administrative clinical data relevant to care (e.g., demographics, progress notes, problems, medications, vital signs, past medical history, social history, immunizations, laboratory data, radiology reports).
ED	Emergency department.
EDD	Estimated date of delivery.
EDI	Electronic data interchange; the direct computer-to-computer transfer of data.
Encounter Data	Billing data received from a capitated provider. (Although the MHP does not reimburse the provider for each encounter, submission of encounter data allows the MHP to collect the data for future HEDIS reporting.)

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

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

Term	Description
Material Bias	For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that the MHP's medical record abstraction staff uses to identify numerator positive cases.
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the MHP's performance and assess the reliability of the MHP's HEDIS rates.
MDHHS	Michigan Department of Health and Human Services.
MHP	Medicaid health plan.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
NA	Small Denominator: indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.
NB	No Benefit: indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed healthcare delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported: indicates that the MHP chose not to report the required HEDIS 2018 measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP's reported rate was invalid.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required: indicates that the MHP was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
RV	Rotavirus vaccine.

Term	Description
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.)
Tdap	Tetanus, diphtheria toxoids, and acellular pertussis vaccine.
UN	Unaudited: indicates that the organization chose to report a measure that is not required to be audited. This result applies only to a limited set of measures.
URI	Upper respiratory infection.
Quality Compass	NCQA Quality Compass benchmark.
VZV	Varicella zoster virus (chicken pox) vaccine.

Appendix A. Tabular Results

Appendix A presents tabular results for each measure indicator. Where applicable, the results provided include the eligible population and rate as well as the Michigan MWA for HEDIS 2018, HEDIS 2019, and HEDIS 2020. Yellow shading with one cross (+) indicates that the HEDIS 2020 rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Child & Adolescent Care Performance Measure Results

Table 0-1—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	837	63.02%	58.64%	58.39%	46.47%	29.68%	46.47%	29.68%	23.84%	23.84%
BCC	4,338	72.02%	67.15%	66.42%	59.61%	36.50%	59.37% ⁺	36.50%	34.55%	34.55%
HAP	47	70.21%	68.09%	68.09% ⁺	55.32%	25.53%	55.32%	25.53%	21.28%	21.28%
MCL	3,820	70.56%	63.99%	62.77%	53.77%	33.09%	52.80%	32.85%	27.98%	27.74%
MER	11,674	71.33%	67.60%	66.75%	58.46%	36.53%	57.79%	36.30%	32.54%	32.34%
MOL	7,101	75.91% ⁺	71.29% ⁺	70.32% ⁺	61.80% ⁺	38.93%	61.07% ⁺	38.93%	33.82%	33.82%
PRI	3,080	80.05% ⁺	76.89% ⁺	76.40% ⁺	69.10% ⁺	51.82% ⁺	68.86% ⁺	51.82% ⁺	47.93% ⁺	47.93% ⁺
THC	900	64.46%	58.94%	58.94%	49.23%	25.83%	49.23%	25.83%	21.85%	21.85%
UNI	5,232	71.78%	68.13%	67.40%	57.91%	37.71%	57.18%	37.23%	32.85%	32.36%
UPP	982	75.43% ⁺	70.07%	68.86% ⁺	58.88%	46.23% ⁺	57.91%	45.74% ⁺	40.88% ⁺	40.63% ⁺
HEDIS 2020 MWA		72.71%	68.36%	67.54%	59.06%	37.86%	58.44%	37.69%	33.60%	33.44%
HEDIS 2019 MWA		72.51%	67.93%	67.00%	57.79%	38.40%	57.07%	38.20%	33.40%	33.24%
HEDIS 2018 MWA		76.35%	72.28%	70.75%	62.63%	39.93%	61.53%	39.56%	35.85%	35.55%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Table 0-2—MHP and MWA Results for Immunizations for Adolescents

Plan	Eligible Population	Combination 1 Rate	Combination 2 Rate ¹
AET	810	88.56% ⁺	37.96% ⁺
BCC	2,885	80.05%	39.42% ⁺
HAP	24	NA	NA
MCL	3,401	86.37% ⁺	34.55% ⁺
MER	9,552	84.43% ⁺	38.44% ⁺
MOL	7,680	87.59% ⁺	42.09% ⁺
PRI	2,457	87.35% ⁺	50.85% ⁺
THC	941	86.62% ⁺	38.69% ⁺
UNI	5,582	85.16% ⁺	42.34% ⁺
UPP	807	77.32%	35.07% ⁺
HEDIS 2020 MWA		85.28%⁺	40.40%⁺
HEDIS 2019 MWA		85.66%	—
HEDIS 2018 MWA		85.14%	—

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

¹The Immunizations for Adolescents—Combination 2 measure was not included in the prior years' results. Therefore, prior years' results are not included here.

Table 0-3—MHP and MWA Results for Well-Child Visits and Adolescent Well-Care Visits

Plan	Well-Child Visits in the First 15 Months of Life—Six or More Visits—Eligible Population	Well-Child Visits in the First 15 Months of Life—Six or More Visits—Rate
AET	603	46.96%
BCC	3,189	73.77% ⁺
HAP	29	NA
MCL	3,008	70.56% ⁺
MER	9,029	76.40% ⁺
MOL	5,866	68.37% ⁺
PRI	2,227	77.62% ⁺
THC	695	66.23% ⁺
UNI	3,766	64.96%
UPP	776	77.96% ⁺
HEDIS 2020 MWA		71.68%⁺
HEDIS 2019 MWA		70.92%
HEDIS 2018 MWA		71.89%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Table 0-4—MHP and MWA Results for Lead Screening in Children

Plan	Eligible Population	Rate
AET	837	76.40% ⁺
BCC	4,338	74.94% ⁺
HAP	47	80.85% ⁺
MCL	3,830	82.73% ⁺
MER	11,705	77.51% ⁺
MOL	7,101	78.83% ⁺
PRI	3,080	82.00% ⁺
THC	900	68.43%
UNI	5,232	78.35% ⁺
UPP	982	79.23% ⁺
HEDIS 2020 MWA		78.27%⁺
HEDIS 2019 MWA		78.40%
HEDIS 2018 MWA		80.55%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

**Table A-5—MHP and MWA Results for Follow-Up Care for Children Prescribed ADHD Medication—
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	198	27.78%	38	52.63%
BCC	814	45.45% ⁺	218	58.26% ⁺
HAP	6	NA	0	NA
MCL	964	47.72% ⁺	336	57.74% ⁺
MER	2,866	45.12% ⁺	882	56.80% ⁺
MOL	3,030	43.00%	407	47.17%
PRI	227	36.56%	67	40.30%
THC	234	56.41% ⁺	41	53.66%
UNI	BR	BR	BR	BR
UPP	247	47.77% ⁺	97	58.76% ⁺
HEDIS 2020 MWA		44.44%⁺		54.65%
HEDIS 2019 MWA		46.59%		58.80%
HEDIS 2018 MWA		43.86%		53.56%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

BR indicates that the MHP's reported rate was invalid, therefore, the rate was not presented.

Women—Adult Care Performance Measure Results

Table A-6—MHP and MWA Results for Breast Cancer Screening in Women

Plan	Breast Cancer Screening—Eligible Population	Breast Cancer Screening—Rate
AET	2,674	54.38%
BCC	6,584	59.22% ⁺
HAP	935	55.94%
MCL	7,701	60.82% ⁺
MER	18,757	63.17% ⁺
MOL	15,313	59.27% ⁺
PRI	5,103	66.04% ⁺
THC	2,436	54.60%
UNI	9,420	59.73% ⁺
UPP	2,774	64.85% ⁺
HEDIS 2020 MWA		60.83%⁺
HEDIS 2019 MWA		61.37%
HEDIS 2018 MWA		62.13%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Table A-7—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	876	60.39% ⁺	610	69.84% ⁺	1,486	64.27% ⁺
BCC	3,234	65.99% ⁺	3,259	69.35% ⁺	6,493	67.67% ⁺
HAP	31	61.29% ⁺	59	57.63%	90	58.89% ⁺
MCL	4,117	56.13% ⁺	3,290	66.14% ⁺	7,407	60.58% ⁺
MER	9,452	61.42% ⁺	7,775	69.18% ⁺	17,227	64.92% ⁺
MOL	7,733	65.32% ⁺	5,186	71.11% ⁺	12,919	67.64% ⁺
PRI	2,608	67.87% ⁺	1,909	68.88% ⁺	4,517	68.30% ⁺
THC	1,166	66.64% ⁺	745	70.60% ⁺	1,911	68.18% ⁺
UNI	5,347	64.73% ⁺	3,616	69.61% ⁺	8,963	66.70% ⁺
UPP	976	46.00%	750	55.87%	1,726	50.29%
HEDIS 2020 MWA		62.76%⁺		68.90%⁺		65.42%⁺
HEDIS 2019 MWA		63.98%		69.17%		66.28%
HEDIS 2018 MWA		63.28%		68.65%		65.65%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Plan	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	7,482	60.51%
BCC	39,936	69.10% ⁺
HAP	1,394	56.34%
MCL	36,565	65.21% ⁺
MER	100,248	67.64% ⁺
MOL	68,478	67.40% ⁺
PRI	24,316	73.24% ⁺
THC	10,246	65.69% ⁺
UNI	46,669	68.37% ⁺
UPP	10,507	64.96% ⁺
HEDIS 2020 MWA		67.66%⁺
HEDIS 2019 MWA		65.76%
HEDIS 2018 MWA		66.19%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

Access to Care Performance Measure Results

Table A-9—MHP and MWA Results for Children and Adolescents' Access to Primary Care Practitioners¹

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	687	92.14%	3,547	79.11%	3,273	82.10%	4,980	82.37%
BCC	4,655	94.87%	17,322	86.64%	11,382	88.36%	15,957	88.10%
HAP	80	85.00%	213	69.95%	96	77.08%	113	75.22%
MCL	4,503	94.36%	18,745	87.62%	14,719	90.83%	20,717	89.06%
MER	11,693	95.77% ⁺	53,084	89.28% ⁺	42,004	91.50% ⁺	52,571	91.02% ⁺
MOL	7,446	94.82%	33,937	87.66%	32,257	90.81%	46,664	90.50% ⁺
PRI	3,292	96.39% ⁺	13,746	88.05% ⁺	9,992	91.42% ⁺	13,896	90.75% ⁺
THC	954	91.82%	4,362	80.79%	3,888	85.85%	6,314	85.32%
UNI	5,260	93.25%	24,691	84.76%	24,106	88.90%	33,516	88.64%
UPP	1,042	96.55% ⁺	4,400	88.45% ⁺	3,759	90.48%	5,027	91.13% ⁺
HEDIS 2020 MWA		94.88%		87.32%		90.20%		89.64%
HEDIS 2019 MWA		94.65%		87.11%		90.23%		89.52%
HEDIS 2018 MWA		95.16%		87.89%		91.13%		90.42%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

Table A-10—MHP and MWA Results for Adults' Access to Preventive/Ambulatory Health Services

Plan	Ages 20 to 44 Years—Eligible Population	Ages 20 to 44 Years—Rate	Ages 45 to 64 Years—Eligible Population	Ages 45 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	9,282	72.86%	7,179	84.44%	2,558	89.72% ⁺	19,019	79.50%
BCC	50,530	77.99%	31,589	84.70%	287	82.23%	82,406	80.57%
HAP	1,615	70.22%	1,560	88.65% ⁺	1,990	89.20% ⁺	5,165	83.10% ⁺
MCL	47,881	78.10%	29,687	86.53% ⁺	122	86.07%	77,690	81.33%
MER	110,732	80.91% ⁺	64,580	88.76% ⁺	3,413	95.43% ⁺	178,725	84.02% ⁺
MOL	74,371	78.91% ⁺	48,656	87.19% ⁺	4,942	93.18% ⁺	127,969	82.61% ⁺
PRI	26,501	81.45% ⁺	15,500	89.15% ⁺	1,777	94.82% ⁺	43,778	84.72% ⁺
THC	11,986	74.44%	8,907	85.45%	316	90.82% ⁺	21,209	79.31%
UNI	54,397	77.80%	33,951	87.89% ⁺	964	92.43% ⁺	89,312	81.79%
UPP	11,902	81.08% ⁺	8,195	87.99% ⁺	1,557	94.93% ⁺	21,654	84.69% ⁺
HEDIS 2020 MWA		79.02%⁺		87.31%⁺		92.68%⁺		82.49%⁺
HEDIS 2019 MWA		78.26%		87.05%		92.99%		81.95%
HEDIS 2018 MWA		78.64%		87.57%		91.79%		82.25%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Table A-11—MHP and MWA Results for Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis¹

Plan	Ages 3 Months to 17 Years—Eligible Population	Ages 3 Months to 17 Years—Rate	Ages 18 to 64 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	424	54.25%	566	35.34%	54	25.93%	1,044	42.53%
BCC	2,254	61.98%	3,034	36.29%	10	NA	5,298	47.17%
HAP	29	NA	104	33.65%	52	32.69%	185	37.84%
MCL	2,364	58.97%	2,865	38.43%	1	NA	5,230	47.71%
MER	6,994	61.92%	7,332	37.45%	82	29.27%	14,408	49.29%
MOL	5,358	56.03%	4,860	37.43%	97	38.14%	10,315	47.10%
PRI	1,292	69.89%	1,797	45.63%	21	NA	3,110	55.95%
THC	594	58.75%	840	35.71%	3	NA	1,437	45.23%
UNI	3,829	59.47%	3,848	36.88%	29	NA	7,706	48.09%
UPP	436	58.03%	620	31.94%	14	NA	1,070	42.62%
HEDIS 2020 MWA		60.04%		37.65%		34.71%		48.23%
HEDIS 2019 MWA		—		—		—		—
HEDIS 2018 MWA		—		—		—		—

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

Table A-12—MHP and MWA Results for Appropriate Treatment for Upper Respiratory Infection¹

Plan	Total—Eligible Population	Ages 3 Months to 17 Years—Rate	Ages 3 Months to 17 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 18 to 64 Years—Eligible Population	Ages 65+ Years—Rate	Ages 65+ Years—Eligible Population	Total—Rate
AET	2,788	91.36%	1,241	74.70%	84	61.90%	4,113	85.73%
BCC	15,538	91.40%	7,477	73.71%	14	NA	23,029	85.65%
HAP	155	89.68%	226	70.80%	85	57.65%	466	74.68%
MCL	11,371	90.12%	5,675	77.09%	19	NA	17,065	85.77%
MER	42,052	91.15%	15,750	75.27%	115	75.65%	57,917	86.80%
MOL	32,494	88.42%	11,304	73.82%	182	65.93%	43,980	84.57%
PRI	10,079	94.65%	3,840	86.80%	54	83.33%	13,973	92.45%
THC	3,539	90.53%	1,889	71.68%	6	NA	5,434	83.99%
UNI	24,804	90.70%	8,555	72.60%	25	NA	33,384	86.03%
UPP	3,311	89.64%	1,443	83.16%	30	80.00%	4,784	87.63%
HEDIS 2020 MWA		90.61%		75.39%		68.24%		86.26%
HEDIS 2019 MWA		—		—		—		—
HEDIS 2018 MWA		—		—		—		—

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

¹ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

Table A-13—MHP and MWA Results for Appropriate Testing for Pharyngitis¹

Plan	Ages 3 to 17 Years—Eligible Population	Ages 3 to 17 Years—Rate	Ages 18 to 64 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	799	67.21%	591	51.61%	18	NA	1,408	60.09%
BCC	4,667	76.04%	3,774	55.99%	2	NA	8,443	67.07%
HAP	54	83.33%	76	50.00%	15	NA	145	59.31%
MCL	5,941	82.55%	3,337	69.16%	1	NA	9,279	77.73%
MER	16,823	78.99%	8,762	63.96%	17	NA	25,602	73.82%
MOL	13,235	72.02%	5,863	54.73%	48	41.67%	19,146	66.65%
PRI	2,756	82.40%	1,525	72.26%	2	NA	4,283	78.75%
THC	1,192	67.37%	784	47.19%	0	NA	1,976	59.36%
UNI	9,812	76.94%	4,935	52.83%	22	NA	14,769	68.81%
UPP	1,166	78.22%	699	68.24%	7	NA	1,872	74.41%
HEDIS 2020 MWA		76.87%		59.75%		34.85%		70.83%
HEDIS 2019 MWA		—		—		—		—
HEDIS 2018 MWA		—		—		—		—

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Obesity Performance Measure Results

Table A-14—MHP and MWA Results for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Plan	Eligible Population	BMI Percentile Documentation— Total—Rate	Counseling for Nutrition— Total—Rate	Counseling for Physical Activity— Total—Rate
AET	8,504	87.23% ⁺	81.65% ⁺	78.72% ⁺
BCC	35,187	87.21% ⁺	80.00% ⁺	79.02% ⁺
HAP	169	86.98% ⁺	63.31%	62.13%
MCL	41,813	79.32% ⁺	66.67%	63.26%
MER	117,971	83.70% ⁺	72.99% ⁺	69.59% ⁺
MOL	83,750	85.67% ⁺	74.63% ⁺	74.33% ⁺
PRI	30,466	93.43% ⁺	85.16% ⁺	84.43% ⁺
THC	9,926	86.31% ⁺	77.26% ⁺	75.28% ⁺
UNI	60,556	89.29% ⁺	81.27% ⁺	79.81% ⁺
UPP	10,276	89.29% ⁺	69.59%	69.10% ⁺
HEDIS 2020 MWA		85.84%⁺	75.68%⁺	73.76%⁺
HEDIS 2019 MWA		84.18%	75.19%	72.04%
HEDIS 2018 MWA		84.40%	74.50%	67.49%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Table A-15—MHP and MWA Results for Adult BMI Assessment

Plan	Eligible Population	Rate
AET	9,698	94.34% ⁺
BCC	42,435	91.97% ⁺
HAP	2,907	83.60%
MCL	46,066	94.40% ⁺
MER	122,779	94.16% ⁺
MOL	90,149	94.17% ⁺
PRI	28,826	98.11% ⁺
THC	13,019	92.94% ⁺
UNI	60,299	96.84% ⁺
UPP	14,804	94.89% ⁺
HEDIS 2020 MWA		94.53%⁺
HEDIS 2019 MWA		93.37%
HEDIS 2018 MWA		94.47%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Pregnancy Care Performance Measure Results

Table A-16—MHP and MWA Results for Prenatal and Postpartum Care¹

Plan	Eligible Population	Timeliness of Prenatal Care—Rate	Postpartum Care—Rate
AET	658	70.07%	63.02%
BCC	4,139	78.83%	71.78%
HAP	82	90.12%	67.90%
MCL	3,717	88.32%	74.45%
MER	10,220	79.81%	69.59%
MOL	6,347	97.81%	77.86%
PRI	2,635	92.21%	80.05%
THC	867	85.64%	65.94%
UNI	4,663	86.86%	75.18%
UPP	805	92.46%	90.27%
HEDIS 2020 MWA		86.17%	73.76%
HEDIS 2019 MWA		—	—
HEDIS 2018 MWA		—	—

¹ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure..

Living With Illness Performance Measure Results

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

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	1,745	84.43%	38.93%	52.31% ⁺	54.50%	90.75% ⁺	22.06%
BCC	8,691	88.32%	42.34%	48.18%	59.85% ⁺	89.54%	60.34%
HAP	972	88.32%	44.04%	49.88%	56.93%	93.19% ⁺	52.31%
MCL	8,135	87.83%	42.58%	47.69%	58.64%	90.75% ⁺	67.15% ⁺
MER	20,246	88.08%	40.88%	49.15%	67.61% ⁺	91.24% ⁺	69.59% ⁺
MOL	16,624	89.29% ⁺	37.23% ⁺	52.07% ⁺	58.88% ⁺	90.75% ⁺	64.96% ⁺
PRI	4,901	92.70% ⁺	26.28% ⁺	65.94% ⁺	72.75% ⁺	94.65% ⁺	80.29% ⁺
THC	2,453	88.30%	35.10% ⁺	49.67%	55.85%	91.17% ⁺	56.73%
UNI	11,316	91.51% ⁺	29.63% ⁺	60.80% ⁺	61.27% ⁺	94.29% ⁺	64.81% ⁺
UPP	2,225	92.70% ⁺	24.57% ⁺	61.07% ⁺	70.56% ⁺	89.78%	82.00% ⁺
HEDIS 2020 MWA		89.20%⁺	37.21%⁺	52.72%⁺	62.60%⁺	91.53%⁺	65.94%⁺
HEDIS 2019 MWA		88.35%	38.37%	51.41%	62.24%	91.48%	63.95%
HEDIS 2018 MWA		88.81%	36.88%	52.73%	64.18%	91.94%	62.23%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Table A-18—MHP and MWA Results for Medication Management for People With Asthma¹

Plan	Medication Compliance 75%— Total—Rate	Eligible Population	Medication Compliance 50%— Total—Rate
AET	32.48%	505	56.04%
BCC	53.01% ⁺	2,128	75.14% ⁺
HAP	55.81% ⁺	43	74.42% ⁺
MCL	74.34% ⁺	2,822	87.49% ⁺
MER	41.37% ⁺	4,798	65.67% ⁺
MOL	33.57%	4,114	57.78%
PRI	47.04% ⁺	1,603	68.31% ⁺
THC	73.38% ⁺	695	86.62% ⁺
UNI	42.40% ⁺	2,854	65.59% ⁺
UPP	53.49% ⁺	630	74.13% ⁺
HEDIS 2020 MWA	47.50%⁺		69.07%⁺
HEDIS 2019 MWA	40.70%		63.81%
HEDIS 2018 MWA	49.83%		70.74%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

¹Please note, the Medication Compliance 50%—Total measure indicator was compared to the 2019 national Medicaid NCQA Audit Means and Percentiles as Quality Compass benchmarks are not available for this measure.

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

Plan	Eligible Population	Total—Rate
AET	695	50.22%
BCC	2,680	57.31%
HAP	59	55.93%
MCL	3,416	57.20%
MER	5,951	63.10%
MOL	5,443	55.87%
PRI	1,873	71.70% ⁺
THC	977	51.18%
UNI	3,533	62.58%
UPP	831	62.33%
HEDIS 2020 MWA		59.86%
HEDIS 2019 MWA		62.57%
HEDIS 2018 MWA		62.06%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	3,853	60.83%
BCC	17,226	54.01%
HAP	1,937	57.18%
MCL	15,975	67.40% ⁺
MER	40,030	64.48% ⁺
MOL	32,482	61.61% ⁺
PRI	9,492	74.94% ⁺
THC	5,325	56.29%
UNI	20,548	65.45% ⁺
UPP	4,266	76.16% ⁺
HEDIS 2020 MWA		63.62%⁺
HEDIS 2019 MWA		60.19%
HEDIS 2018 MWA		—

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Plan	Eligible Population	Advising Smokers and Tobacco Users to Quit—Rate	Discussing Cessation Medications—Rate	Discussing Cessation Strategies—Rate
AET	50,100	85.78% ⁺	60.00% ⁺	54.05% ⁺
BCC	208,723	85.23% ⁺	65.14% ⁺	56.07% ⁺
HAP	17,690	81.03% ⁺	67.32% ⁺	55.47% ⁺
MCL	193,556	79.01% ⁺	56.67% ⁺	50.28% ⁺
MER	477,319	78.06% ⁺	55.05% ⁺	46.86% ⁺
MOL	315,446	77.25%	58.59% ⁺	49.61% ⁺
PRI	109,571	81.78% ⁺	58.88% ⁺	55.14% ⁺
THC	51,350	86.01% ⁺	65.02% ⁺	53.90% ⁺
UNI	232,592	85.02% ⁺	63.05% ⁺	57.14% ⁺
UPP	51,494	79.96% ⁺	59.96% ⁺	54.65% ⁺
HEDIS 2020 MWA		80.64%⁺	59.18%⁺	51.56%⁺
HEDIS 2019 MWA		81.34%	58.38%	48.98%
HEDIS 2018 MWA		80.59%	57.14%	47.32%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Plan	Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Rate
AET	749	49.93%	36.45%
BCC	4,560	62.04% ⁺	46.27% ⁺
HAP	100	53.00% ⁺	42.00% ⁺
MCL	4,787	63.61% ⁺	49.09% ⁺
MER	5,458	52.58% ⁺	35.43%
MOL	7,084	43.73%	26.47%
PRI	122	74.59% ⁺	55.74% ⁺
THC	832	73.08% ⁺	59.50% ⁺
UNI	4,559	56.04% ⁺	39.44% ⁺
UPP	598	55.85% ⁺	40.30% ⁺
HEDIS 2020 MWA		54.97%⁺	38.77%⁺
HEDIS 2019 MWA		55.75%	39.46%
HEDIS 2018 MWA		58.27%	41.25%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	974	74.64%
BCC	1,823	85.24% ⁺
HAP	214	73.36%
MCL	4,165	83.12% ⁺
MER	3,579	86.14% ⁺
MOL	4,086	84.56% ⁺
PRI	657	84.17% ⁺
THC	559	85.33% ⁺
UNI	2,198	87.12% ⁺
UPP	766	87.08% ⁺
HEDIS 2020 MWA		84.38%⁺
HEDIS 2019 MWA		84.22%
HEDIS 2018 MWA		84.31%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	166	48.80%
BCC	176	72.16% ⁺
HAP	48	64.58%
MCL	311	67.20%
MER	519	73.60% ⁺
MOL	704	69.18%
PRI	104	57.69%
THC	84	61.90%
UNI	298	69.46%
UPP	80	81.25% ⁺
HEDIS 2020 MWA		68.31%
HEDIS 2019 MWA		70.56%
HEDIS 2018 MWA		69.97%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	29	NA
BCC	28	NA
HAP	7	NA
MCL	51	70.59%
MER	88	79.55% ⁺
MOL	120	71.67%
PRI	6	NA
THC	24	NA
UNI	56	73.21%
UPP	12	NA
HEDIS 2020 MWA		73.16%
HEDIS 2019 MWA		76.26%
HEDIS 2018 MWA		76.86%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

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

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

Plan	Eligible Population	Rate
AET	772	60.36%
BCC	716	56.98%
HAP	175	72.00% ⁺
MCL	1,479	69.10% ⁺
MER	1,369	69.10% ⁺
MOL	2,244	41.22%
PRI	229	75.11% ⁺
THC	313	61.02%
UNI	1,045	57.61%
UPP	380	81.84% ⁺
HEDIS 2020 MWA		59.26%
HEDIS 2019 MWA		64.91%
HEDIS 2018 MWA		63.18%

Yellow shading with one cross (+) indicates the HEDIS 2020 MHP or MWA rate was at or above the Quality Compass HEDIS 2019 national Medicaid 50th percentile.

Health Plan Diversity and Utilization Measure Results

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

Appendix B. Trend Tables

Appendix B includes trend tables for the MHPs. Where applicable, each measure’s HEDIS 2018, HEDIS 2019, and HEDIS 2020 rates are presented as well as the HEDIS 2019 to HEDIS 2020 rate comparison and the HEDIS 2020 Performance Level. HEDIS 2019 and HEDIS 2020 rates were compared based on a Chi-square test of statistical significance with a p value <0.05 . Values in the 2019–2020 Comparison column that are shaded green with one cross (+) indicate significant improvement from the previous year. Values in the 2019–2020 Comparison column shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

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

Table 0-1—AET Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	63.26%	63.02%	63.02%	0.00	★
Combination 3	57.18%	58.64%	58.64%	0.00	★
Combination 4	56.69%	58.39%	58.39%	0.00	★
Combination 5	48.91%	46.47%	46.47%	0.00	★
Combination 6	23.36%	29.68%	29.68%	0.00	★
Combination 7	48.42%	46.47%	46.47%	0.00	★
Combination 8	23.11%	29.68%	29.68%	0.00	★
Combination 9	20.68%	23.84%	23.84%	0.00	★
Combination 10	20.44%	23.84%	23.84%	0.00	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	49.39%	46.96%	46.96%	0.00	★
Lead Screening in Children					
Lead Screening in Children	72.99%	76.40%	76.40%	0.00	★★★★
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	67.84%	71.31%	71.31%	0.00	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	51.82%	47.93%	47.93%	0.00	★★
Immunizations for Adolescents					
Combination 1	81.75%	88.56%	88.56%	0.00	★★★★★
Combination 2	—	—	37.96%	NC	★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	23.14%	25.11%	27.78%	+2.67	★
Continuation and Maintenance Phase	47.06%	44.74%	52.63%	+7.89	★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	70.30%	67.86%	60.39%	-7.47 ⁺⁺	★★★★
Ages 21 to 24 Years	73.39%	69.88%	69.84%	-0.04	★★★★
Total	71.48%	68.65%	64.27%	-4.38 ⁺⁺	★★★★
Breast Cancer Screening					
Breast Cancer Screening	55.55%	54.55%	54.38%	-0.17	★★
Cervical Cancer Screening³					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening	60.26%	60.51%	60.51%	0.00	★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	89.30%	92.33%	92.14%	-0.19	★
Ages 25 Months to 6 Years	80.69%	80.15%	79.11%	-1.04	★
Ages 7 to 11 Years	84.97%	83.20%	82.10%	-1.10	★
Ages 12 to 19 Years	82.70%	83.04%	82.37%	-0.67	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	68.58%	69.67%	72.86%	+3.19 ⁺	★★
Ages 45 to 64 Years	80.70%	83.50%	84.44%	+0.94	★★
Ages 65+ Years	82.93%	89.86%	89.72%	-0.14	★★★★
Total	73.20%	77.52%	79.50%	+1.98 ⁺	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	54.25%	NC	NC
Ages 17 to 64 Years	—	—	35.34%	NC	NC
Ages 65+ Years	—	—	25.93%	NC	NC
Total	—	—	42.53%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	67.21%	NC	NC
Ages 17 to 64 Years	—	—	51.61%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	60.09%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	91.36%	NC	NC
Ages 17 to 64 Years	—	—	74.70%	NC	NC
Ages 65+ Years	—	—	61.90%	NC	NC
Total	—	—	85.73%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	87.78%	87.23%	87.23%	0.00	★★★★★
Counseling for Nutrition—Total	75.06%	81.65%	81.65%	0.00	★★★★★
Counseling for Physical Activity—Total	65.34%	78.72%	78.72%	0.00	★★★★★
Adult BMI Assessment					
Adult BMI Assessment	94.34%	94.34%	94.34%	0.00	★★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Pregnancy Care					
Prenatal and Postpartum Care⁴					
Timeliness of Prenatal Care	—	—	70.07%	NC	NC
Postpartum Care	—	—	63.02%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	78.59%	84.43%	84.43%	0.00	★
HbA1c Poor Control (>9.0%)*	45.99%	38.93%	38.93%	0.00	★★
HbA1c Control (<8.0%)	45.74%	52.31%	52.31%	0.00	★★★★
Eye Exam (Retinal) Performed	47.93%	54.50%	54.50%	0.00	★★
Medical Attention for Nephropathy	91.24%	90.75%	90.75%	0.00	★★★★
Blood Pressure Control (<140/90 mm Hg)	47.69%	22.06%	22.06%	0.00	★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	57.17%	52.77%	56.04%	+3.27	★★
Medication Compliance 75%—Total	29.47%	31.14%	32.48%	+1.34	★★
Asthma Medication Ratio					
Total	57.46%	52.42%	50.22%	-2.20	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	60.83%	60.83%	0.00	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.10%	85.14%	85.78%	+0.64	★★★★★
Discussing Cessation Medications	61.81%	63.71%	60.00%	-3.71	★★★★
Discussing Cessation Strategies	57.71%	56.10%	54.05%	-2.05	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	47.10%	53.29%	49.93%	-3.36	★★
Effective Continuation Phase Treatment	33.39%	35.48%	36.45%	+0.97	★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	87.76%	78.64%	74.64%	-4.00	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	64.29%	67.48%	48.80%	-18.68 ⁺⁺	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	53.53%	60.61%	60.36%	-0.25	★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	26.57%	25.44%	30.77%	+5.33	NC
Total—Black or African American	60.54%	63.29%	55.54%	-7.75	NC
Total—American—Indian and Alaska Native	0.15%	0.20%	0.26%	+0.06	NC
Total—Asian	0.65%	0.69%	1.82%	+1.13	NC
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.05%	0.08%	+0.03	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	4.43%	4.19%	4.78%	+0.59	NC
Total—Declined	7.61%	6.13%	6.76%	+0.63	NC
Total—Hispanic or Latino	3.14%	3.05%	3.40%	+0.35	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC



Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	100.00%	100.00%	100.00%	0.00	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—Unknown</i>	100.00%	100.00%	100.00%	0.00	NC
<i>Language Preferred for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	99.13%	99.06%	98.26%	-0.80	NC
<i>Other Language Needs—Non-English</i>	0.76%	0.67%	0.97%	+0.30	NC
<i>Other Language Needs—Unknown</i>	0.11%	0.28%	0.78%	+0.50	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	82.21	80.69	75.36	-5.33	★
<i>Outpatient Visits—Total</i>	301.45	388.39	590.74	+202.35	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	8.17	10.02	11.95	+1.93	NC
<i>Total Inpatient—Average Length of Stay—Total</i>	4.14	4.89	5.41	+0.52	NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.62	2.19	2.39	+0.20	NC
<i>Maternity—Average Length of Stay—Total</i>	2.62	2.66	2.72	+0.06	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.75	2.52	2.91	+0.39	NC
<i>Surgery—Average Length of Stay—Total</i>	6.47	7.48	7.91	+0.43	NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	4.47	5.93	7.33	+1.40	NC
<i>Medicine—Average Length of Stay—Total</i>	3.88	4.38	5.05	+0.67	NC
Use of Opioids From Multiple Providers*					
<i>Multiple Prescribers</i>	—	15.90%	15.69%	-0.21	★★★★
<i>Multiple Pharmacies</i>	—	12.05%	16.15%	+4.10 ⁺⁺	★
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	4.34%	4.60%	+0.26	★★
Use of Opioids at High Dosage^{3,4}					
<i>Use of Opioids at High Dosage*</i>	—	—	3.30%	NC	NC
Risk of Continued Opioid Use*					
<i>At Least 15 Days Covered—Total</i>	—	23.40%	18.46%	-4.94 ⁺	★
<i>At Least 31 Days Covered—Total</i>	—	9.32%	9.21%	-0.11	★
Plan All-Cause Readmissions⁴					
<i>Observed Readmissions—Total*</i>	—	—	10.10%	NC	NC
<i>Expected Readmissions—Total*</i>	—	—	9.36%	NC	NC
<i>O/E Ratio—Total*</i>	—	—	1.08	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.



⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

2020 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 0-2—BCC Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	74.45%	70.32%	72.02%	+1.70	★★
Combination 3	72.02%	66.67%	67.15%	+0.48	★★
Combination 4	70.32%	66.18%	66.42%	+0.24	★★
Combination 5	63.02%	53.04%	59.61%	+6.57	★★
Combination 6	41.12%	36.01%	36.50%	+0.49	★★
Combination 7	61.80%	52.80%	59.37%	+6.57	★★★
Combination 8	40.39%	36.01%	36.50%	+0.49	★★
Combination 9	36.50%	30.17%	34.55%	+4.38	★★
Combination 10	36.01%	30.17%	34.55%	+4.38	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	66.67%	67.15%	73.77%	+6.62 ⁺	★★★★★
Lead Screening in Children					
Lead Screening in Children	76.64%	76.16%	74.94%	-1.22	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	68.86%	79.56%	79.56%	0.00	★★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	54.74%	58.39%	58.39%	0.00	★★★
Immunizations for Adolescents					
Combination 1	88.08%	82.24%	80.05%	-2.19	★★
Combination 2	—	—	39.42%	NC	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	48.35%	44.44%	45.45%	+1.01	★★★
Continuation and Maintenance Phase	62.61%	55.26%	58.26%	+3.00	★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	63.52%	65.45%	65.99%	+0.54	★★★★★
Ages 21 to 24 Years	69.29%	69.62%	69.35%	-0.27	★★★
Total	66.43%	67.58%	67.67%	+0.09	★★★★★
Breast Cancer Screening					
Breast Cancer Screening	60.24%	58.63%	59.22%	+0.59	★★★
Cervical Cancer Screening³					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening	61.80%	69.10%	69.10%	0.00	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	93.83%	94.54%	94.87%	+0.33	★★
Ages 25 Months to 6 Years	84.89%	86.68%	86.64%	-0.04	★★
Ages 7 to 11 Years	89.84%	88.66%	88.36%	-0.30	★★
Ages 12 to 19 Years	88.42%	87.41%	88.10%	+0.69	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	75.08%	75.71%	77.99%	+2.28 ⁺	★★
Ages 45 to 64 Years	84.08%	83.78%	84.70%	+0.92 ⁺	★★
Ages 65+ Years	83.16%	84.21%	82.23%	-1.98	★
Total	78.57%	78.84%	80.57%	+1.73 ⁺	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	61.98%	NC	NC
Ages 17 to 64 Years	—	—	36.29%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	47.17%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	76.04%	NC	NC
Ages 17 to 64 Years	—	—	55.99%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	67.07%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	91.40%	NC	NC
Ages 17 to 64 Years	—	—	73.71%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	85.65%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	82.24%	86.62%	87.21%	+0.59	★★★★★
Counseling for Nutrition—Total	74.94%	78.35%	80.00%	+1.65	★★★★★
Counseling for Physical Activity—Total	64.72%	76.16%	79.02%	+2.86	★★★★★
Adult BMI Assessment					
Adult BMI Assessment	91.73%	91.97%	91.97%	0.00	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Pregnancy Care					
Prenatal and Postpartum Care⁴					
Timeliness of Prenatal Care	—	—	78.83%	NC	NC
Postpartum Care	—	—	71.78%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	86.31%	85.16%	88.32%	+3.16	★★
HbA1c Poor Control (>9.0%)*	43.61%	44.77%	42.34%	-2.43	★★
HbA1c Control (<8.0%)	47.81%	43.80%	48.18%	+4.38	★★
Eye Exam (Retinal) Performed	55.84%	57.42%	59.85%	+2.43	★★★
Medical Attention for Nephropathy	90.33%	90.02%	89.54%	-0.48	★★
Blood Pressure Control (<140/90 mm Hg)	61.50%	52.80%	60.34%	+7.54 ⁺	★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	88.38%	73.93%	75.14%	+1.21	★★★★★
Medication Compliance 75%—Total	73.33%	53.29%	53.01%	-0.28	★★★★★
Asthma Medication Ratio					
Total	55.92%	64.02%	57.31%	-6.71 ⁺⁺	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	52.55%	54.01%	+1.46	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.50%	82.89%	85.23%	+2.34	★★★★★
Discussing Cessation Medications	54.48%	60.35%	65.14%	+4.79	★★★★★
Discussing Cessation Strategies	45.36%	51.54%	56.07%	+4.53	★★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	77.13%	55.52%	62.04%	+6.52 ⁺	★★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Effective Continuation Phase Treatment	61.87%	39.14%	46.27%	+7.13 ⁺	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.57%	86.23%	85.24%	-0.99	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	63.01%	60.80%	72.16%	+11.36 ⁺	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	75.68%	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	55.99%	55.33%	56.98%	+1.65	★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	45.03%	45.97%	46.23%	+0.26	NC
Total—Black or African American	34.27%	35.95%	35.41%	-0.54	NC
Total—American-Indian and Alaska Native	0.44%	0.67%	0.75%	+0.08	NC
Total—Asian	1.64%	1.64%	2.01%	+0.37	NC
Total—Native Hawaiian and Other Pacific Islander	0.08%	2.85%	3.22%	+0.37	NC
Total—Some Other Race	7.17%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.03%	0.04%	+0.01	NC
Total—Unknown	8.24%	12.88%	12.34%	-0.54	NC
Total—Declined	3.14%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.49%	3.16%	3.32%	+0.16	NC



Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	97.48%	98.40%	98.35%	-0.05	NC
Spoken Language Preferred for Health Care—Non-English	2.46%	1.59%	1.65%	+0.06	NC
Spoken Language Preferred for Health Care—Unknown	0.06%	0.01%	0.00%	-0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	97.48%	98.39%	98.32%	-0.07	NC
Language Preferred for Written Materials—Non-English	2.46%	1.60%	1.68%	+0.08	NC
Language Preferred for Written Materials—Unknown	0.06%	0.01%	0.00%	-0.01	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	98.78%	98.75%	-0.03	NC
Other Language Needs—Non-English	0.00%	1.20%	1.24%	+0.04	NC
Other Language Needs—Unknown	100.00%	0.01%	0.01%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	64.19	62.97	62.86	-0.11	★★
Outpatient Visits—Total	400.42	388.15	393.07	+4.92	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.55	7.24	7.23	-0.01	NC
Total Inpatient—Average Length of Stay—Total	3.98	4.00	4.09	+0.09	NC
Maternity—Discharges per 1,000 Member Months—Total	2.75	2.68	2.73	+0.05	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Maternity—Average Length of Stay—Total	2.61	2.63	2.58	-0.05	NC
Surgery—Discharges per 1,000 Member Months—Total	1.73	1.52	1.65	+0.13	NC
Surgery—Average Length of Stay—Total	6.22	5.94	6.57	+0.63	NC
Medicine—Discharges per 1,000 Member Months—Total	3.68	3.66	3.48	-0.18	NC
Medicine—Average Length of Stay—Total	3.72	3.96	3.83	-0.13	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	—	18.34%	16.58%	-1.76 ⁺	★★★★
Multiple Pharmacies	—	8.45%	4.51%	-3.94 ⁺	★★★
Multiple Prescribers and Multiple Pharmacies	—	4.08%	2.57%	-1.51 ⁺	★★★
Use of Opioids at High Dosage**⁴					
Use of Opioids at High Dosage*	—	—	2.23%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	16.69%	13.52%	-3.17 ⁺	★
At Least 31 Days Covered—Total	—	7.21%	6.42%	-0.79 ⁺	★
Plan All-Cause Readmissions⁴					
Observed Readmissions—Total*	—	—	10.60%	NC	NC
Expected Readmissions—Total*	—	—	9.80%	NC	NC
O/E Ratio—Total*	—	—	1.08	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.



⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

2020 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 0-3—HAP Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	NA	55.32%	70.21%	+14.89	★★
Combination 3	NA	55.32%	68.09%	+12.77	★★
Combination 4	NA	53.19%	68.09%	+14.90	★★★
Combination 5	NA	38.30%	55.32%	+17.02	★★
Combination 6	NA	27.66%	25.53%	-2.13	★
Combination 7	NA	38.30%	55.32%	+17.02	★★
Combination 8	NA	27.66%	25.53%	-2.13	★
Combination 9	NA	17.02%	21.28%	+4.26	★
Combination 10	NA	17.02%	21.28%	+4.26	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	NA	NA	NA	NC	NC
Lead Screening in Children					
Lead Screening in Children	NA	63.83%	80.85%	+17.02	★★★★
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	57.14%	48.59%	59.20%	+10.61	★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	31.03%	34.33%	35.43%	+1.10	★
Immunizations for Adolescents					
Combination 1	NA	NA	NA	NC	NC
Combination 2	—	—	NA	NC	NC
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	NA	NA	NA	NC	NC
Continuation and Maintenance Phase	NA	NA	NA	NC	NC
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	NA	NA	61.29%	NC	★★★★
Ages 21 to 24 Years	52.08%	45.95%	57.63%	+11.68	★
Total	57.53%	39.34%	58.89%	+19.55 ⁺	★★★★
Breast Cancer Screening					
Breast Cancer Screening	55.41%	57.25%	55.94%	-1.31	★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening³					
Cervical Cancer Screening	52.93%	56.34%	56.34%	0.00	★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	76.09%	89.74%	85.00%	-4.74	★
Ages 25 Months to 6 Years	66.87%	59.34%	69.95%	+10.61 ⁺	★
Ages 7 to 11 Years	74.19%	68.18%	77.08%	+8.90	★
Ages 12 to 19 Years	70.83%	72.64%	75.22%	+2.58	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	70.18%	71.98%	70.22%	-1.76	★
Ages 45 to 64 Years	89.20%	88.33%	88.65%	+0.32	★★★★
Ages 65+ Years	87.67%	88.19%	89.20%	+1.01	★★★★
Total	83.48%	83.99%	83.10%	-0.89	★★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	NA	NC	NC
Ages 17 to 64 Years	—	—	33.65%	NC	NC
Ages 65+ Years	—	—	32.69%	NC	NC
Total	—	—	37.84%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	83.33%	NC	NC
Ages 17 to 64 Years	—	—	50.00%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	59.31%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	89.68%	NC	NC
Ages 17 to 64 Years	—	—	70.80%	NC	NC
Ages 65+ Years	—	—	57.65%	NC	NC
Total	—	—	74.68%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	73.86%	86.98%	86.98%	0.00	★★★★
Counseling for Nutrition—Total	64.20%	63.31%	63.31%	0.00	★★
Counseling for Physical Activity—Total	56.25%	62.13%	62.13%	0.00	★★
Adult BMI Assessment					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Adult BMI Assessment</i>	91.28%	82.99%	83.60%	+0.61	★
Pregnancy Care					
<i>Prenatal and Postpartum Care⁴</i>					
<i>Timeliness of Prenatal Care</i>	—	—	90.12%	NC	NC
<i>Postpartum Care</i>	—	—	67.90%	NC	NC
Living With Illness					
<i>Comprehensive Diabetes Care</i>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	85.16%	83.70%	88.32%	+4.62	★★
<i>HbA1c Poor Control (>9.0%)*</i>	37.47%	40.15%	44.04%	+3.89	★★
<i>HbA1c Control (<8.0%)</i>	52.31%	49.88%	49.88%	0.00	★★
<i>Eye Exam (Retinal) Performed</i>	59.37%	58.88%	56.93%	-1.95	★★
<i>Medical Attention for Nephropathy</i>	92.94%	93.67%	93.19%	-0.48	★★★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	60.58%	59.12%	52.31%	-6.81 ⁺⁺	★
<i>Medication Management for People With Asthma</i>					
<i>Medication Compliance 50%—Total</i>	77.78%	70.37%	74.42%	+4.05	★★★★★
<i>Medication Compliance 75%—Total</i>	72.22%	50.00%	55.81%	+5.81	★★★★★
<i>Asthma Medication Ratio</i>					
<i>Total</i>	25.86%	37.68%	55.93%	+18.25 ⁺	★
<i>Controlling High Blood Pressure</i>					
<i>Controlling High Blood Pressure</i>	—	51.82%	57.18%	+5.36	★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	83.27%	83.23%	81.03%	-2.20	★★★★★
<i>Discussing Cessation Medications</i>	60.65%	65.69%	67.32%	+1.63	★★★★★
<i>Discussing Cessation Strategies</i>	48.01%	54.22%	55.47%	+1.25	★★★★★
<i>Antidepressant Medication Management</i>					
<i>Effective Acute Phase Treatment</i>	52.67%	53.49%	53.00%	-0.49	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Effective Continuation Phase Treatment</i>	33.59%	41.09%	42.00%	+0.91	★★★★★
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	72.79%	68.80%	73.36%	+4.56	★
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	71.43%	61.54%	64.58%	+3.04	★
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	NC	NC
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	71.14%	69.31%	72.00%	+2.69	★★★★★
Health Plan Diversity⁵					
<i>Race/Ethnicity Diversity of Membership</i>					
<i>Total—White</i>	47.76%	56.78%	0.24%	-56.54	NC
<i>Total—Black or African American</i>	35.71%	23.97%	0.28%	-23.69	NC
<i>Total—American-Indian and Alaska Native</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Total—Asian</i>	2.04%	0.02%	0.03%	+0.01	NC
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.21%	0.02%	0.00%	-0.02	NC
<i>Total—Some Other Race</i>	2.72%	3.38%	0.02%	-3.36	NC
<i>Total—Two or More Races</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Total—Unknown</i>	11.57%	15.83%	99.43%	+83.60	NC
<i>Total—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Total—Hispanic or Latino</i>	2.72%	3.38%	0.01%	-3.37	NC
<i>Language Diversity of Membership</i>					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Spoken Language Preferred for Health Care—English</i>	100.00%	97.26%	0.79%	-96.47	NC
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.00%	0.18%	0.01%	-0.17	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.00%	2.55%	99.20%	+96.65	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	100.00%	97.26%	0.79%	-96.47	NC
<i>Language Preferred for Written Materials—Non-English</i>	0.00%	0.18%	0.01%	-0.17	NC
<i>Language Preferred for Written Materials—Unknown</i>	0.00%	2.55%	99.20%	+96.65	NC
<i>Language Preferred for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	100.00%	97.26%	0.79%	-96.47	NC
<i>Other Language Needs—Non-English</i>	0.00%	0.18%	0.01%	-0.17	NC
<i>Other Language Needs—Unknown</i>	0.00%	2.55%	99.20%	+96.65	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	71.25	66.17	66.59	+0.42	★★
<i>Outpatient Visits—Total</i>	506.48	524.20	496.25	-27.95	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	12.18	12.01	13.93	+1.92	NC
<i>Total Inpatient—Average Length of Stay—Total</i>	5.80	5.15	5.97	+0.82	NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	1.19	1.35	1.68	+0.33	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Maternity—Average Length of Stay—Total</i>	3.03	2.54	2.79	+0.25	NC
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	2.94	3.18	4.10	+0.92	NC
<i>Surgery—Average Length of Stay—Total</i>	8.07	7.45	9.24	+1.79	NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	8.52	8.02	8.79	+0.77	NC
<i>Medicine—Average Length of Stay—Total</i>	5.25	4.51	4.82	+0.31	NC
Use of Opioids From Multiple Providers*					
<i>Multiple Prescribers</i>	—	15.29%	15.83%	+0.54	★★★★
<i>Multiple Pharmacies</i>	—	3.51%	2.33%	-1.18	★★★★
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	2.18%	1.23%	-0.95	★★★★
Use of Opioids at High Dosage*⁴					
<i>Use of Opioids at High Dosage*</i>	—	—	2.84%	NC	NC
Risk of Continued Opioid Use*					
<i>At Least 15 Days Covered—Total</i>	—	28.28%	13.47%	-14.81 ⁺	★
<i>At Least 31 Days Covered—Total</i>	—	11.52%	7.92%	-3.60 ⁺	★
Plan All-Cause Readmissions⁴					
<i>Observed Readmissions—Total*</i>	—	—	NA	NC	NC
<i>Expected Readmissions—Total*</i>	—	—	NA	NC	NC
<i>O/E Ratio—Total*</i>	—	—	NA	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

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

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

BR indicates that the MHP's reported rate was invalid; therefore, the rate is not presented.

2020 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 0-4—MCL Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	73.72%	70.56%	70.56%	0.00	★★
Combination 3	70.80%	63.99%	63.99%	0.00	★
Combination 4	68.86%	62.77%	62.77%	0.00	★
Combination 5	63.02%	53.77%	53.77%	0.00	★
Combination 6	36.50%	33.09%	33.09%	0.00	★★
Combination 7	61.31%	52.80%	52.80%	0.00	★
Combination 8	36.01%	32.85%	32.85%	0.00	★★
Combination 9	33.09%	27.98%	27.98%	0.00	★
Combination 10	32.60%	27.74%	27.74%	0.00	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	70.32%	70.56%	70.56%	0.00	★★★★
Lead Screening in Children					
Lead Screening in Children	85.16%	82.73%	82.73%	0.00	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	69.10%	70.56%	74.45%	+3.89	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	45.50%	49.88%	49.88%	0.00	★★
Immunizations for Adolescents					
Combination 1	84.18%	83.45%	86.37%	+2.92	★★★★
Combination 2	—	—	34.55%	NC	★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	45.37%	50.35%	47.72%	-2.63	★★★
Continuation and Maintenance Phase	57.50%	61.34%	57.74%	-3.60	★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	53.79%	54.65%	56.13%	+1.48	★★★
Ages 21 to 24 Years	62.43%	65.24%	66.14%	+0.90	★★★
Total	57.58%	59.23%	60.58%	+1.35	★★★
Breast Cancer Screening					
Breast Cancer Screening	62.86%	61.99%	60.82%	-1.17	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening³					
Cervical Cancer Screening	61.80%	65.21%	65.21%	0.00	★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	92.30%	94.66%	94.36%	-0.30	★★
Ages 25 Months to 6 Years	83.68%	86.68%	87.62%	+0.94 ⁺	★★
Ages 7 to 11 Years	88.57%	90.20%	90.83%	+0.63	★★
Ages 12 to 19 Years	87.18%	88.90%	89.06%	+0.16	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	78.71%	77.87%	78.10%	+0.23	★★
Ages 45 to 64 Years	87.89%	86.81%	86.53%	-0.28	★★★★
Ages 65+ Years	84.31%	83.33%	86.07%	+2.74	★★
Total	82.41%	81.45%	81.33%	-0.12	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	58.97%	NC	NC
Ages 17 to 64 Years	—	—	38.43%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	47.71%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	82.55%	NC	NC
Ages 17 to 64 Years	—	—	69.16%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	77.73%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	90.12%	NC	NC
Ages 17 to 64 Years	—	—	77.09%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	85.77%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	81.02%	79.32%	79.32%	0.00	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Counseling for Nutrition—Total</i>	63.99%	66.67%	66.67%	0.00	★★
<i>Counseling for Physical Activity—Total</i>	56.45%	63.26%	63.26%	0.00	★★
Adult BMI Assessment					
<i>Adult BMI Assessment</i>	93.67%	94.40%	94.40%	0.00	★★★★
Pregnancy Care					
Prenatal and Postpartum Care⁴					
<i>Timeliness of Prenatal Care</i>	—	—	88.32%	NC	NC
<i>Postpartum Care</i>	—	—	74.45%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
<i>Hemoglobin A1c (HbA1c) Testing</i>	90.27%	87.83%	87.83%	0.00	★★
<i>HbA1c Poor Control (>9.0%)*</i>	43.80%	42.58%	42.58%	0.00	★★
<i>HbA1c Control (<8.0%)</i>	45.74%	47.69%	47.69%	0.00	★★
<i>Eye Exam (Retinal) Performed</i>	64.23%	58.64%	58.64%	0.00	★★
<i>Medical Attention for Nephropathy</i>	90.02%	90.75%	90.75%	0.00	★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	69.34%	67.15%	67.15%	0.00	★★★
Medication Management for People With Asthma					
<i>Medication Compliance 50%—Total</i>	66.01%	65.36%	87.49%	+22.13 ⁺	★★★★★
<i>Medication Compliance 75%—Total</i>	43.52%	41.75%	74.34%	+32.59 ⁺	★★★★★
Asthma Medication Ratio					
<i>Total</i>	67.03%	66.58%	57.20%	-9.38 ⁺⁺	★
Controlling High Blood Pressure					
<i>Controlling High Blood Pressure</i>	—	67.40%	67.40%	0.00	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
<i>Advising Smokers and Tobacco Users to Quit</i>	76.54%	79.45%	79.01%	-0.44	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Discussing Cessation Medications</i>	54.55%	58.23%	56.67%	-1.56	★★★
<i>Discussing Cessation Strategies</i>	46.27%	45.20%	50.28%	+5.08	★★★
Antidepressant Medication Management					
<i>Effective Acute Phase Treatment</i>	58.05%	56.77%	63.61%	+6.84 ⁺	★★★★★
<i>Effective Continuation Phase Treatment</i>	40.80%	40.88%	49.09%	+8.21 ⁺	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.06%	79.10%	83.12%	+4.02 ⁺	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	77.58%	73.23%	67.20%	-6.03	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	82.22%	70.59%	-11.63	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	70.56%	66.40%	69.10%	+2.70	★★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	66.14%	64.93%	63.10%	-1.83	NC
<i>Total—Black or African American</i>	18.23%	19.55%	20.19%	+0.64	NC



Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Total—American—Indian and Alaska Native	0.51%	0.51%	0.52%	+0.01	NC
Total—Asian	0.65%	0.63%	1.45%	+0.82	NC
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.07%	0.08%	+0.01	NC
Total—Some Other Race	5.45%	5.59%	5.82%	+0.23	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	8.96%	8.72%	8.84%	+0.12	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.45%	5.59%	5.82%	+0.23	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	95.62%	76.22%	60.94%	-15.28	NC
Spoken Language Preferred for Health Care—Non-English	0.77%	0.60%	0.46%	-0.14	NC
Spoken Language Preferred for Health Care—Unknown	3.61%	23.18%	38.60%	+15.42	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	74.32	65.51	70.40	+4.89	★
Outpatient Visits—Total	558.58	577.22	552.68	-24.54	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	8.84	7.80	9.14	+1.34	NC
Total Inpatient—Average Length of Stay—Total	4.44	3.38	3.87	+0.49	NC
Maternity—Discharges per 1,000 Member Months—Total	2.66	2.57	2.77	+0.20	NC
Maternity—Average Length of Stay—Total	2.24	2.01	1.77	-0.24	NC
Surgery—Discharges per 1,000 Member Months—Total	2.16	1.99	2.24	+0.25	NC
Surgery—Average Length of Stay—Total	5.96	5.15	5.81	+0.66	NC
Medicine—Discharges per 1,000 Member Months—Total	4.71	3.91	4.82	+0.91	NC
Medicine—Average Length of Stay—Total	4.69	3.14	3.86	+0.72	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	—	21.41%	14.91%	-6.50 ⁺	★★★★★
Multiple Pharmacies	—	7.02%	3.48%	-3.54 ⁺	★★★★
Multiple Prescribers and Multiple Pharmacies	—	3.76%	1.65%	-2.11 ⁺	★★★★
Use of Opioids at High Dosage*⁴					
Use of Opioids at High Dosage*	—	—	2.95%	NC	NC
Risk of Continued Opioid Use*					



Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
At Least 15 Days Covered—Total	—	13.49%	19.36%	+5.87 ⁺⁺	★
At Least 31 Days Covered—Total	—	5.97%	11.64%	+5.67 ⁺⁺	★
Plan All-Cause Readmissions⁴					
Observed Readmissions—Total*	—	—	8.50%	NC	NC
Expected Readmissions—Total*	—	—	9.55%	NC	NC
O/E Ratio—Total*	—	—	0.89	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

2020 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 0-5—MER Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	78.10%	72.02%	71.33%	-0.69	★★
Combination 3	73.72%	67.40%	67.60%	+0.20	★★
Combination 4	72.02%	66.91%	66.75%	-0.16	★★
Combination 5	64.48%	56.93%	58.46%	+1.53	★★
Combination 6	41.61%	40.39%	36.53%	-3.86	★★
Combination 7	63.26%	56.45%	57.79%	+1.34	★★
Combination 8	41.36%	40.39%	36.30%	-4.09	★★
Combination 9	37.96%	34.79%	32.54%	-2.25	★★
Combination 10	37.71%	34.79%	32.34%	-2.45	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	76.40%	76.40%	76.40%	0.00	★★★★★
Lead Screening in Children					
Lead Screening in Children	81.02%	78.42%	77.51%	-0.91	★★★
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	78.83%	79.32%	80.05%	+0.73	★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	60.34%	60.34%	60.34%	0.00	★★★
Immunizations for Adolescents					
Combination 1	83.45%	86.37%	84.43%	-1.94	★★★
Combination 2	—	—	38.44%	NC	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	40.71%	44.78%	45.12%	+0.34	★★★
Continuation and Maintenance Phase	47.91%	56.86%	56.80%	-0.06	★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	62.30%	63.13%	61.42%	-1.71 ⁺⁺	★★★
Ages 21 to 24 Years	68.50%	69.90%	69.18%	-0.72	★★★
Total	65.31%	66.33%	64.92%	-1.41 ⁺⁺	★★★
Breast Cancer Screening					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Breast Cancer Screening	64.17%	64.00%	63.17%	-0.83	★★★
Cervical Cancer Screening³					
Cervical Cancer Screening	65.21%	64.59%	67.64%	+3.05	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	96.84%	96.49%	95.77%	-0.72 ⁺⁺	★★★
Ages 25 Months to 6 Years	90.53%	89.92%	89.28%	-0.64 ⁺⁺	★★★
Ages 7 to 11 Years	92.59%	91.91%	91.50%	-0.41 ⁺⁺	★★★
Ages 12 to 19 Years	92.06%	91.43%	91.02%	-0.41 ⁺⁺	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	80.45%	80.18%	80.91%	+0.73 ⁺	★★★
Ages 45 to 64 Years	88.81%	88.46%	88.76%	+0.30	★★★
Ages 65+ Years	94.89%	96.22%	95.43%	-0.79	★★★★★
Total	83.63%	83.40%	84.02%	+0.62 ⁺	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	61.92%	NC	NC
Ages 17 to 64 Years	—	—	37.45%	NC	NC
Ages 65+ Years	—	—	29.27%	NC	NC
Total	—	—	49.29%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	78.99%	NC	NC
Ages 17 to 64 Years	—	—	63.96%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	73.82%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	91.15%	NC	NC
Ages 17 to 64 Years	—	—	75.27%	NC	NC
Ages 65+ Years	—	—	75.65%	NC	NC
Total	—	—	86.80%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	82.24%	83.70%	83.70%	0.00	★★★
Counseling for Nutrition—Total	72.51%	72.99%	72.99%	0.00	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Counseling for Physical Activity—Total</i>	67.15%	69.59%	69.59%	0.00	★★★
Adult BMI Assessment					
<i>Adult BMI Assessment</i>	94.89%	94.16%	94.16%	0.00	★★★★
Pregnancy Care					
Prenatal and Postpartum Care⁴					
<i>Timeliness of Prenatal Care</i>	—	—	79.81%	NC	NC
<i>Postpartum Care</i>	—	—	69.59%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
<i>Hemoglobin A1c (HbA1c) Testing</i>	88.04%	88.08%	88.08%	0.00	★★
<i>HbA1c Poor Control (>9.0%)*</i>	38.65%	40.88%	40.88%	0.00	★★
<i>HbA1c Control (<8.0%)</i>	51.47%	49.15%	49.15%	0.00	★★
<i>Eye Exam (Retinal) Performed</i>	69.84%	67.61%	67.61%	0.00	★★★★
<i>Medical Attention for Nephropathy</i>	90.64%	91.24%	91.24%	0.00	★★★★
<i>Blood Pressure Control (<140/90 mm Hg)</i>	66.90%	69.59%	69.59%	0.00	★★★★
Medication Management for People With Asthma					
<i>Medication Compliance 50%—Total</i>	72.29%	64.59%	65.67%	+1.08	★★★★
<i>Medication Compliance 75%—Total</i>	51.22%	39.39%	41.37%	+1.98*	★★★★
Asthma Medication Ratio					
<i>Total</i>	60.17%	62.95%	63.10%	+0.15	★★
Controlling High Blood Pressure					
<i>Controlling High Blood Pressure</i>	—	59.37%	64.48%	+5.11	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
<i>Advising Smokers and Tobacco Users to Quit</i>	81.25%	80.83%	78.06%	-2.77	★★★★
<i>Discussing Cessation Medications</i>	54.90%	56.05%	55.05%	-1.00	★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Discussing Cessation Strategies</i>	45.79%	47.62%	46.86%	-0.76	★★★
Antidepressant Medication Management					
<i>Effective Acute Phase Treatment</i>	54.45%	53.57%	52.58%	-0.99	★★★★
<i>Effective Continuation Phase Treatment</i>	36.08%	37.03%	35.43%	-1.60	★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	85.63%	86.06%	86.14%	+0.08	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	71.65%	71.46%	73.60%	+2.14	★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	76.71%	72.06%	79.55%	+7.49	★★★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	67.07%	69.06%	69.10%	+0.04	★★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
<i>Total—White</i>	61.91%	54.61%	59.99%	+5.38	NC
<i>Total—Black or African American</i>	21.40%	18.96%	21.94%	+2.98	NC
<i>Total—American—Indian and Alaska Native</i>	0.46%	0.37%	0.47%	+0.10	NC
<i>Total—Asian</i>	0.70%	0.66%	3.04%	+2.38	NC
<i>Total—Native Hawaiian and Other Pacific Islander</i>	0.05%	0.05%	0.07%	+0.02	NC
<i>Total—Some Other Race</i>	0.02%	0.19%	0.02%	-0.17	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	6.08%	5.12%	6.70%	+1.58	NC
Total—Declined	9.38%	20.05%	7.76%	-12.29	NC
Total—Hispanic or Latino	5.75%	5.10%	6.40%	+1.30	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.62%	98.62%	98.53%	-0.09	NC
Spoken Language Preferred for Health Care—Non-English	1.35%	1.38%	1.44%	+0.06	NC
Spoken Language Preferred for Health Care—Unknown	0.03%	0.00%	0.04%	+0.04	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.62%	98.62%	98.53%	-0.09	NC
Language Preferred for Written Materials—Non-English	1.35%	1.38%	1.44%	+0.06	NC
Language Preferred for Written Materials—Unknown	0.03%	0.00%	0.04%	+0.04	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.62%	98.62%	98.53%	-0.09	NC
Other Language Needs—Non-English	1.35%	1.38%	1.44%	+0.06	NC
Other Language Needs—Unknown	0.03%	0.00%	0.04%	+0.04	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	73.23	68.41	64.84	-3.57	★★
Outpatient Visits—Total	396.18	396.93	389.60	-7.33	NC
Inpatient Utilization—General Hospital/Acute Care—Total					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Total Inpatient—Discharges per 1,000 Member Months—Total	7.55	7.59	7.44	-0.15	NC
Total Inpatient—Average Length of Stay—Total	3.99	3.98	4.05	+0.07	NC
Maternity—Discharges per 1,000 Member Months—Total	3.16	2.99	2.88	-0.11	NC
Maternity—Average Length of Stay—Total	2.58	2.54	2.53	-0.01	NC
Surgery—Discharges per 1,000 Member Months—Total	1.71	1.76	1.76	0.00	NC
Surgery—Average Length of Stay—Total	6.38	6.45	6.56	+0.11	NC
Medicine—Discharges per 1,000 Member Months—Total	3.57	3.69	3.62	-0.07	NC
Medicine—Average Length of Stay—Total	3.74	3.64	3.70	+0.06	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	—	18.12%	15.44%	-2.68 ⁺	★★★★
Multiple Pharmacies	—	5.64%	3.73%	-1.91 ⁺	★★★★
Multiple Prescribers and Multiple Pharmacies	—	3.10%	2.08%	-1.02 ⁺	★★★★
Use of Opioids at High Dosage*⁴					
Use of Opioids at High Dosage*	—	—	3.31%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	15.52%	13.21%	-2.31 ⁺	★
At Least 31 Days Covered—Total	—	6.76%	6.70%	-0.06	★
Plan All-Cause Readmissions⁴					
Observed Readmissions—Total*	—	—	8.21%	NC	NC
Expected Readmissions—Total*	—	—	10.28%	NC	NC
O/E Ratio—Total*	—	—	0.80	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

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

2020 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 0-6—MOL Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	76.60%	75.91%	75.91%	0.00	★★★
Combination 3	71.68%	71.29%	71.29%	0.00	★★★
Combination 4	69.78%	70.32%	70.32%	0.00	★★★
Combination 5	60.29%	61.80%	61.80%	0.00	★★★
Combination 6	36.61%	38.93%	38.93%	0.00	★★
Combination 7	59.06%	61.07%	61.07%	0.00	★★★
Combination 8	36.21%	38.93%	38.93%	0.00	★★
Combination 9	31.60%	33.82%	33.82%	0.00	★★
Combination 10	31.31%	33.82%	33.82%	0.00	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	70.56%	68.37%	68.37%	0.00	★★★
Lead Screening in Children					
Lead Screening in Children	78.83%	78.83%	78.83%	0.00	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.08%	76.16%	76.16%	0.00	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	54.39%	52.55%	56.34%	+3.79	★★★
Immunizations for Adolescents					
Combination 1	86.87%	88.56%	87.59%	-0.97	★★★★
Combination 2	—	—	42.09%	NC	★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	48.91%	54.32%	43.00%	-11.32 ⁺⁺	★★
Continuation and Maintenance Phase	61.82%	68.20%	47.17%	-21.03 ⁺⁺	★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	65.16%	66.65%	65.32%	-1.33	★★★★
Ages 21 to 24 Years	70.44%	70.08%	71.11%	+1.03	★★★★
Total	67.35%	68.09%	67.64%	-0.45	★★★★
Breast Cancer Screening					
Breast Cancer Screening	61.50%	59.49%	59.27%	-0.22	★★★
Cervical Cancer Screening³					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening	72.34%	67.40%	67.40%	0.00	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	95.41%	95.44%	94.82%	-0.62	★★
Ages 25 Months to 6 Years	88.71%	87.60%	87.66%	+0.06	★★
Ages 7 to 11 Years	91.63%	90.88%	90.81%	-0.07	★★
Ages 12 to 19 Years	90.83%	90.40%	90.50%	+0.10	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	79.17%	78.52%	78.91%	+0.39	★★★
Ages 45 to 64 Years	88.11%	87.40%	87.19%	-0.21	★★★
Ages 65+ Years	92.66%	94.07%	93.18%	-0.89	★★★★
Total	83.04%	82.47%	82.61%	+0.14	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	56.03%	NC	NC
Ages 17 to 64 Years	—	—	37.43%	NC	NC
Ages 65+ Years	—	—	38.14%	NC	NC
Total	—	—	47.10%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	72.02%	NC	NC
Ages 17 to 64 Years	—	—	54.73%	NC	NC
Ages 65+ Years	—	—	41.67%	NC	NC
Total	—	—	66.65%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	88.42%	NC	NC
Ages 17 to 64 Years	—	—	73.82%	NC	NC
Ages 65+ Years	—	—	65.93%	NC	NC
Total	—	—	84.57%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	84.64%	81.27%	85.67%	+4.40	★★★★
Counseling for Nutrition—Total	76.82%	75.18%	74.63%	-0.55	★★★
Counseling for Physical Activity—Total	68.75%	72.02%	74.33%	+2.31	★★★★
Adult BMI Assessment					
Adult BMI Assessment	96.00%	93.19%	94.17%	+0.98	★★★★



Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Pregnancy Care					
Prenatal and Postpartum Care⁴					
Timeliness of Prenatal Care	—	—	97.81%	NC	NC
Postpartum Care	—	—	77.86%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	90.42%	87.10%	89.29%	+2.19	★★★
HbA1c Poor Control (>9.0%)*	33.91%	41.36%	37.23%	-4.13	★★★
HbA1c Control (<8.0%)	54.55%	49.15%	52.07%	+2.92	★★★
Eye Exam (Retinal) Performed	62.16%	59.37%	58.88%	-0.49	★★★
Medical Attention for Nephropathy	92.87%	90.02%	90.75%	+0.73	★★★
Blood Pressure Control (<140/90 mm Hg)	51.11%	61.56%	64.96%	+3.40	★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	62.41%	58.19%	57.78%	-0.41	★★
Medication Compliance 75%—Total	38.56%	34.84%	33.57%	-1.27	★★
Asthma Medication Ratio					
Total	63.06%	60.16%	55.87%	-4.29 ⁺⁺	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	54.01%	61.61%	+7.60 ⁺	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.08%	80.00%	77.25%	-2.75	★★
Discussing Cessation Medications	58.57%	56.54%	58.59%	+2.05	★★★★
Discussing Cessation Strategies	46.01%	45.59%	49.61%	+4.02	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	54.54%	57.07%	43.73%	-13.34 ⁺⁺	★
Effective Continuation Phase Treatment	37.54%	40.40%	26.47%	-13.93 ⁺⁺	★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.87%	85.98%	84.56%	-1.42	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	70.70%	71.26%	69.18%	-2.08	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	77.31%	76.74%	71.67%	-5.07	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	64.74%	64.60%	41.22%	-23.38 ⁺⁺	★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	45.47%	45.40%	45.25%	-0.15	NC
Total—Black or African American	33.92%	34.44%	34.24%	-0.20	NC
Total—American—Indian and Alaska Native	0.26%	0.26%	0.27%	+0.01	NC
Total—Asian	0.32%	0.30%	0.29%	-0.01	NC
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.00%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	20.02%	19.60%	19.95%	+0.35	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	6.70%	6.76%	6.90%	+0.14	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.66%	98.64%	98.52%	-0.12	NC



Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Spoken Language Preferred for Health Care—Non-English</i>	1.27%	1.32%	1.43%	+0.11	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.07%	0.04%	0.05%	+0.01	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	98.66%	98.64%	98.52%	-0.12	NC
<i>Language Preferred for Written Materials—Non-English</i>	1.27%	1.32%	1.43%	+0.11	NC
<i>Language Preferred for Written Materials—Unknown</i>	0.07%	0.04%	0.05%	+0.01	NC
<i>Language Preferred for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	98.66%	98.64%	98.52%	-0.12	NC
<i>Other Language Needs—Non-English</i>	1.27%	1.32%	1.43%	+0.11	NC
<i>Other Language Needs—Unknown</i>	0.07%	0.04%	0.05%	+0.01	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	70.06	68.48	66.87	-1.61	★
<i>Outpatient Visits—Total</i>	422.90	418.38	429.45	+11.07	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	7.63	7.34	7.20	-0.14	NC
<i>Total Inpatient—Average Length of Stay—Total</i>	4.58	4.57	4.80	+0.23	NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.56	2.62	2.69	+0.07	NC
<i>Maternity—Average Length of Stay—Total</i>	2.72	2.78	2.85	+0.07	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.85	1.72	1.70	-0.02	NC
<i>Surgery—Average Length of Stay—Total</i>	7.69	7.41	8.16	+0.75	NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	3.93	3.73	3.56	-0.17	NC
<i>Medicine—Average Length of Stay—Total</i>	3.98	4.16	4.25	+0.09	NC
Use of Opioids From Multiple Providers*					
<i>Multiple Prescribers</i>	—	18.63%	14.07%	-4.56 ⁺	★★★★★
<i>Multiple Pharmacies</i>	—	5.64%	3.84%	-1.80 ⁺	★★★★
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	3.37%	2.06%	-1.31 ⁺	★★★★
Use of Opioids at High Dosage^{3,4}					
<i>Use of Opioids at High Dosage*</i>	—	—	2.29%	NC	NC
Risk of Continued Opioid Use*					
<i>At Least 15 Days Covered—Total</i>	—	19.29%	12.76%	-6.53 ⁺	★
<i>At Least 31 Days Covered—Total</i>	—	7.93%	6.62%	-1.31 ⁺	★
Plan All-Cause Readmissions⁴					
<i>Observed Readmissions—Total*</i>	—	—	8.87%	NC	NC
<i>Expected Readmissions—Total*</i>	—	—	9.56%	NC	NC
<i>O/E Ratio—Total*</i>	—	—	0.93	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.



⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. 2020 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 0-7—PRI Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	82.97%	80.05%	80.05%	0.00	★★★★★
Combination 3	81.02%	76.89%	76.89%	0.00	★★★★★
Combination 4	79.56%	76.40%	76.40%	0.00	★★★★★
Combination 5	73.48%	69.10%	69.10%	0.00	★★★★★
Combination 6	56.20%	51.82%	51.82%	0.00	★★★★★
Combination 7	72.02%	68.86%	68.86%	0.00	★★★★★
Combination 8	55.47%	51.82%	51.82%	0.00	★★★★★
Combination 9	51.82%	47.93%	47.93%	0.00	★★★★★
Combination 10	51.09%	47.93%	47.93%	0.00	★★★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	77.30%	77.62%	77.62%	0.00	★★★★★
Lead Screening in Children					
Lead Screening in Children	84.54%	82.00%	82.00%	0.00	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.41%	77.86%	81.51%	+3.65	★★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	61.67%	58.39%	61.07%	+2.68	★★★
Immunizations for Adolescents					
Combination 1	87.59%	83.70%	87.35%	+3.65	★★★★★
Combination 2	—	—	50.85%	NC	★★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	36.13%	26.15%	36.56%	+10.41 ⁺	★
Continuation and Maintenance Phase	40.38%	26.23%	40.30%	+14.07	★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	65.53%	68.22%	67.87%	-0.35	★★★★★
Ages 21 to 24 Years	68.61%	70.23%	68.88%	-1.35	★★★
Total	66.82%	69.06%	68.30%	-0.76	★★★★★
Breast Cancer Screening					
Breast Cancer Screening	63.99%	64.48%	66.04%	+1.56	★★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening³					
Cervical Cancer Screening	68.85%	68.61%	73.24%	+4.63	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	96.18%	87.40%	96.39%	+8.99 ⁺	★★★
Ages 25 Months to 6 Years	86.67%	78.61%	88.05%	+9.44 ⁺	★★★
Ages 7 to 11 Years	90.54%	85.61%	91.42%	+5.81 ⁺	★★★
Ages 12 to 19 Years	91.09%	83.59%	90.75%	+7.16 ⁺	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	80.88%	81.39%	81.45%	+0.06	★★★
Ages 45 to 64 Years	89.42%	88.98%	89.15%	+0.17	★★★★★
Ages 65+ Years	93.56%	94.70%	94.82%	+0.12	★★★★★
Total	84.49%	84.69%	84.72%	+0.03	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	69.89%	NC	NC
Ages 17 to 64 Years	—	—	45.63%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	55.95%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	82.40%	NC	NC
Ages 17 to 64 Years	—	—	72.26%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	78.75%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	94.65%	NC	NC
Ages 17 to 64 Years	—	—	86.80%	NC	NC
Ages 65+ Years	—	—	83.33%	NC	NC
Total	—	—	92.45%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	95.32%	91.48%	93.43%	+1.95	★★★★★
Counseling for Nutrition—Total	81.87%	79.32%	85.16%	+5.84 ⁺	★★★★★
Counseling for Physical Activity—Total	79.53%	79.32%	84.43%	+5.11	★★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Adult BMI Assessment					
Adult BMI Assessment	97.00%	94.16%	98.11%	+3.95	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care⁴					
Timeliness of Prenatal Care	—	—	92.21%	NC	NC
Postpartum Care	—	—	80.05%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	94.07%	93.43%	92.70%	-0.73	★★★★★
HbA1c Poor Control (>9.0%)*	22.68%	28.47%	26.28%	-2.19	★★★★★
HbA1c Control (<8.0%)	67.01%	61.50%	65.94%	+4.44	★★★★★
Eye Exam (Retinal) Performed	73.71%	69.53%	72.75%	+3.22	★★★★★
Medical Attention for Nephropathy	94.85%	93.80%	94.65%	+0.85	★★★★★
Blood Pressure Control (<140/90 mm Hg)	76.80%	73.91%	80.29%	+6.38 ⁺	★★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	65.82%	65.67%	68.31%	+2.64	★★★★★
Medication Compliance 75%—Total	45.07%	44.12%	47.04%	+2.92	★★★★★
Asthma Medication Ratio					
Total	73.04%	70.40%	71.70%	+1.30	★★★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	73.24%	74.94%	+1.70	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	83.65%	81.94%	81.78%	-0.16	★★★★★
Discussing Cessation Medications	60.90%	57.42%	58.88%	+1.46	★★★★★
Discussing Cessation Strategies	48.08%	50.16%	55.14%	+4.98	★★★★★
Antidepressant Medication Management					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Effective Acute Phase Treatment	71.28%	79.84%	74.59%	-5.25	★★★★★
Effective Continuation Phase Treatment	51.06%	66.67%	55.74%	-10.93	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	84.56%	85.12%	84.17%	-0.95	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	56.99%	54.84%	57.69%	+2.85	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	64.26%	65.24%	75.11%	+9.87 ⁺	★★★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	62.18%	60.16%	58.71%	-1.45	NC
Total—Black or African American	14.10%	14.30%	14.63%	+0.33	NC
Total—American-Indian and Alaska Native	0.55%	0.53%	0.55%	+0.02	NC
Total—Asian	0.83%	0.77%	1.81%	+1.04	NC
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.05%	0.07%	+0.02	NC
Total—Some Other Race	0.01%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	22.27%	24.18%	24.23%	+0.05	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Total—Hispanic or Latino	10.59%	10.53%	10.98%	+0.45	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	71.90	65.22	65.08	-0.14	★★
Outpatient Visits—Total	381.02	368.60	379.56	+10.96	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	6.80	6.48	6.33	-0.15	NC
Total Inpatient—Average Length of Stay—Total	3.62	3.91	3.85	-0.06	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Maternity—Discharges per 1,000 Member Months—Total	2.95	2.92	3.07	+0.15	NC
Maternity—Average Length of Stay—Total	2.65	2.85	2.94	+0.09	NC
Surgery—Discharges per 1,000 Member Months—Total	1.57	1.71	1.64	-0.07	NC
Surgery—Average Length of Stay—Total	4.48	5.62	5.41	-0.21	NC
Medicine—Discharges per 1,000 Member Months—Total	3.17	2.72	2.56	-0.16	NC
Medicine—Average Length of Stay—Total	3.85	3.62	3.61	-0.01	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	—	21.61%	19.47%	-2.14 ⁺	★★★
Multiple Pharmacies	—	4.24%	2.39%	-1.85 ⁺	★★★★
Multiple Prescribers and Multiple Pharmacies	—	2.43%	1.43%	-1.00 ⁺	★★★★
Use of Opioids at High Dosage*⁴					
Use of Opioids at High Dosage*	—	—	3.20%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	12.41%	9.87%	-2.54 ⁺	★★
At Least 31 Days Covered—Total	—	5.45%	4.62%	-0.83 ⁺	★★
Plan All-Cause Readmissions⁴					
Observed Readmissions—Total*	—	—	6.34%	NC	NC
Expected Readmissions—Total*	—	—	9.97%	NC	NC
O/E Ratio—Total*	—	—	0.64	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications

Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.*

⁴*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

⁵*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

2020 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 0-8—THC Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	71.29%	64.46%	64.46%	0.00	★
Combination 3	65.45%	58.94%	58.94%	0.00	★
Combination 4	64.48%	58.94%	58.94%	0.00	★
Combination 5	53.77%	49.23%	49.23%	0.00	★
Combination 6	32.12%	25.83%	25.83%	0.00	★
Combination 7	53.04%	49.23%	49.23%	0.00	★
Combination 8	31.63%	25.83%	25.83%	0.00	★
Combination 9	27.25%	21.85%	21.85%	0.00	★
Combination 10	27.01%	21.85%	21.85%	0.00	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	70.32%	66.23%	66.23%	0.00	★★★★
Lead Screening in Children					
Lead Screening in Children	70.80%	68.43%	68.43%	0.00	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	74.45%	74.61%	74.61%	0.00	★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	55.96%	58.50%	58.50%	0.00	★★★★
Immunizations for Adolescents					
Combination 1	85.16%	84.55%	86.62%	+2.07	★★★★★
Combination 2	—	—	38.69%	NC	★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	53.79%	51.78%	56.41%	+4.63	★★★★★
Continuation and Maintenance Phase	66.67%	65.45%	53.66%	-11.79	★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	68.07%	67.78%	66.64%	-1.14	★★★★★
Ages 21 to 24 Years	70.00%	70.09%	70.60%	+0.51	★★★★★
Total	68.79%	68.69%	68.18%	-0.51	★★★★★
Breast Cancer Screening					
Breast Cancer Screening	50.82%	54.44%	54.60%	+0.16	★★
Cervical Cancer Screening³					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening	60.10%	60.89%	65.69%	+4.80	★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	92.76%	91.13%	91.82%	+0.69	★
Ages 25 Months to 6 Years	83.03%	83.28%	80.79%	-2.49 ⁺⁺	★
Ages 7 to 11 Years	87.90%	86.66%	85.85%	-0.81	★
Ages 12 to 19 Years	86.71%	86.22%	85.32%	-0.90	★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	74.92%	73.35%	74.44%	+1.09	★★
Ages 45 to 64 Years	84.31%	83.46%	85.45%	+1.99 ⁺	★★
Ages 65+ Years	79.64%	87.69%	90.82%	+3.13	★★★★
Total	78.87%	77.65%	79.31%	+1.66 ⁺	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	58.75%	NC	NC
Ages 17 to 64 Years	—	—	35.71%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	45.23%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	67.37%	NC	NC
Ages 17 to 64 Years	—	—	47.19%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	59.36%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	90.53%	NC	NC
Ages 17 to 64 Years	—	—	71.68%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	83.99%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	78.59%	86.31%	86.31%	0.00	★★★★★
Counseling for Nutrition—Total	73.72%	77.26%	77.26%	0.00	★★★★
Counseling for Physical Activity—Total	57.91%	75.28%	75.28%	0.00	★★★★★
Adult BMI Assessment					
Adult BMI Assessment	84.67%	92.94%	92.94%	0.00	★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Pregnancy Care					
Prenatal and Postpartum Care⁴					
Timeliness of Prenatal Care	—	—	85.64%	NC	NC
Postpartum Care	—	—	65.94%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	82.00%	88.30%	88.30%	0.00	★★
HbA1c Poor Control (>9.0%)*	52.07%	35.10%	35.10%	0.00	★★★
HbA1c Control (<8.0%)	38.93%	49.67%	49.67%	0.00	★★
Eye Exam (Retinal) Performed	50.61%	55.85%	55.85%	0.00	★★
Medical Attention for Nephropathy	90.02%	91.17%	91.17%	0.00	★★★
Blood Pressure Control (<140/90 mm Hg)	41.85%	56.73%	56.73%	0.00	★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	87.36%	82.58%	86.62%	+4.04 ⁺	★★★★★
Medication Compliance 75%—Total	72.51%	65.46%	73.38%	+7.92 ⁺	★★★★★
Asthma Medication Ratio					
Total	52.33%	51.33%	51.18%	-0.15	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	56.29%	56.29%	0.00	★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	78.67%	80.43%	86.01%	+5.58	★★★★★
Discussing Cessation Medications	57.96%	60.11%	65.02%	+4.91	★★★★★
Discussing Cessation Strategies	45.73%	47.54%	53.90%	+6.36	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	68.20%	69.46%	73.08%	+3.62	★★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Effective Continuation Phase Treatment	55.35%	56.57%	59.50%	+2.93	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.73%	87.68%	85.33%	-2.35	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	59.79%	65.43%	61.90%	-3.53	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	48.95%	57.43%	61.02%	+3.59	★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	30.89%	30.67%	29.70%	-0.97	NC
Total—Black or African American	54.27%	54.84%	53.20%	-1.64	NC
Total—American—Indian and Alaska Native	0.28%	0.25%	0.24%	-0.01	NC
Total—Asian	1.15%	1.12%	0.00%	-1.12	NC
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.06%	0.06%	0.00	NC
Total—Some Other Race	2.63%	2.86%	0.00%	-2.86	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	10.72%	10.19%	4.81%	-5.38	NC
Total—Declined	0.00%	0.00%	11.99%	+11.99	NC
Total—Hispanic or Latino	2.63%	2.86%	3.05%	+0.19	NC
Language Diversity of Membership					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Spoken Language Preferred for Health Care—English</i>	99.13%	99.10%	82.52%	-16.58	NC
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.87%	0.89%	0.17%	-0.72	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.00%	0.01%	17.31%	+17.30	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	99.13%	99.10%	82.52%	-16.58	NC
<i>Language Preferred for Written Materials—Non-English</i>	0.87%	0.89%	0.17%	-0.72	NC
<i>Language Preferred for Written Materials—Unknown</i>	0.00%	0.01%	17.31%	+17.30	NC
<i>Language Preferred for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	99.13%	99.10%	82.52%	-16.58	NC
<i>Other Language Needs—Non-English</i>	0.87%	0.89%	0.17%	-0.72	NC
<i>Other Language Needs—Unknown</i>	0.00%	0.01%	17.31%	+17.30	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	70.05	68.80	69.38	+0.58	★
<i>Outpatient Visits—Total</i>	336.34	339.74	373.79	+34.05	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	10.34	9.33	10.34	+1.01	NC
<i>Total Inpatient—Average Length of Stay—Total</i>	4.58	4.41	3.56	-0.85	NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.40	2.32	2.43	+0.11	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Maternity—Average Length of Stay—Total</i>	2.69	2.71	1.86	-0.85	NC
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	2.08	2.12	2.18	+0.06	NC
<i>Surgery—Average Length of Stay—Total</i>	7.05	7.82	6.98	-0.84	NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	6.44	5.44	6.29	+0.85	NC
<i>Medicine—Average Length of Stay—Total</i>	4.32	3.63	2.88	-0.75	NC
Use of Opioids From Multiple Providers*					
<i>Multiple Prescribers</i>	—	16.77%	15.42%	-1.35	★★★★
<i>Multiple Pharmacies</i>	—	6.23%	5.07%	-1.16 ⁺	★★★
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	3.33%	2.37%	-0.96 ⁺	★★★
Use of Opioids at High Dosage*⁴					
<i>Use of Opioids at High Dosage*</i>	—	—	11.83%	NC	NC
Risk of Continued Opioid Use*					
<i>At Least 15 Days Covered—Total</i>	—	31.83%	29.40%	-2.43 ⁺	★
<i>At Least 31 Days Covered—Total</i>	—	19.28%	20.95%	+1.67	★
Plan All-Cause Readmissions⁴					
<i>Observed Readmissions—Total*</i>	—	—	10.13%	NC	NC
<i>Expected Readmissions—Total*</i>	—	—	10.00%	NC	NC
<i>O/E Ratio—Total*</i>	—	—	1.01	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

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

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

2020 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 0-9—UNI Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	75.91%	71.05%	71.78%	+0.73	★★
Combination 3	71.53%	66.42%	68.13%	+1.71	★★
Combination 4	71.29%	63.99%	67.40%	+3.41	★★
Combination 5	61.56%	58.15%	57.91%	-0.24	★★
Combination 6	37.71%	33.58%	37.71%	+4.13	★★
Combination 7	61.56%	56.20%	57.18%	+0.98	★★
Combination 8	37.71%	32.36%	37.23%	+4.87	★★
Combination 9	34.31%	30.41%	32.85%	+2.44	★★
Combination 10	34.31%	29.44%	32.36%	+2.92	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	68.61%	64.48%	64.96%	+0.48	★★
Lead Screening in Children					
Lead Screening in Children	81.51%	75.91%	78.35%	+2.44	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	77.37%	72.26%	70.87%	-1.39	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	63.26%	58.15%	58.39%	+0.24	★★★★
Immunizations for Adolescents					
Combination 1	84.91%	85.16%	85.16%	0.00	★★★★
Combination 2	—	—	42.34%	NC	★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	44.49%	42.41%	BR	NC	NC
Continuation and Maintenance Phase	58.02%	57.02%	BR	NC	NC
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	67.29%	67.63%	64.73%	-2.90 ⁺⁺	★★★★
Ages 21 to 24 Years	70.87%	71.25%	69.61%	-1.64	★★★★
Total	68.73%	69.09%	66.70%	-2.39 ⁺⁺	★★★★
Breast Cancer Screening					
Breast Cancer Screening	62.65%	61.31%	59.73%	-1.58 ⁺⁺	★★★★
Cervical Cancer Screening³					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening	67.88%	64.48%	68.37%	+3.89	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	95.11%	94.54%	93.25%	-1.29 ⁺⁺	★
Ages 25 Months to 6 Years	88.96%	87.87%	84.76%	-3.11 ⁺⁺	★★
Ages 7 to 11 Years	91.73%	90.92%	88.90%	-2.02 ⁺⁺	★★
Ages 12 to 19 Years	91.91%	90.70%	88.64%	-2.06 ⁺⁺	★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	78.88%	77.98%	77.80%	-0.18	★★
Ages 45 to 64 Years	88.66%	87.95%	87.89%	-0.06	★★★★
Ages 65+ Years	95.99%	95.08%	92.43%	-2.65 ⁺⁺	★★★★
Total	82.74%	81.97%	81.79%	-0.18	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	59.47%	NC	NC
Ages 17 to 64 Years	—	—	36.88%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	48.09%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	76.94%	NC	NC
Ages 17 to 64 Years	—	—	52.83%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	68.81%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	90.70%	NC	NC
Ages 17 to 64 Years	—	—	72.60%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	86.03%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	85.89%	86.37%	89.29%	+2.92	★★★★
Counseling for Nutrition—Total	77.86%	81.27%	81.27%	0.00	★★★★
Counseling for Physical Activity—Total	70.32%	77.13%	79.81%	+2.68	★★★★
Adult BMI Assessment					
Adult BMI Assessment	94.65%	91.97%	96.84%	+4.87 ⁺	★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Pregnancy Care					
Prenatal and Postpartum Care⁴					
Timeliness of Prenatal Care	—	—	86.86%	NC	NC
Postpartum Care	—	—	75.18%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	89.29%	91.51%	91.51%	0.00	★★★★★
HbA1c Poor Control (>9.0%)*	31.29%	29.63%	29.63%	0.00	★★★★★
HbA1c Control (<8.0%)	57.29%	60.80%	60.80%	0.00	★★★★★
Eye Exam (Retinal) Performed	64.43%	61.27%	61.27%	0.00	★★★
Medical Attention for Nephropathy	94.43%	94.29%	94.29%	0.00	★★★★★
Blood Pressure Control (<140/90 mm Hg)	66.29%	64.81%	64.81%	0.00	★★★
Medication Management for People With Asthma					
Medication Compliance 50%–Total	75.52%	58.10%	65.59%	+7.49 ⁺	★★★★★
Medication Compliance 75%–Total	57.49%	34.05%	42.40%	+8.35 ⁺	★★★
Asthma Medication Ratio					
Total	62.26%	62.94%	62.58%	-0.36	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	64.72%	65.45%	+0.73	★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	83.54%	84.33%	85.02%	+0.69	★★★★★
Discussing Cessation Medications	61.27%	63.16%	63.05%	-0.11	★★★★★
Discussing Cessation Strategies	52.87%	55.30%	57.14%	+1.84	★★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	61.66%	52.99%	56.04%	+3.05 ⁺	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Effective Continuation Phase Treatment	46.89%	36.51%	39.44%	+2.93 ⁺	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.33%	86.71%	87.12%	+0.41	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	71.10%	74.24%	69.46%	-4.78	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	75.38%	79.69%	73.21%	-6.48	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	55.04%	60.25%	57.61%	-2.64	★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	51.27%	51.15%	50.75%	-0.40	NC
Total—Black or African American	30.28%	30.36%	30.35%	-0.01	NC
Total—American—Indian and Alaska Native	0.25%	0.28%	0.31%	+0.03	NC
Total—Asian	2.05%	1.89%	2.23%	+0.34	NC
Total—Native Hawaiian and Other Pacific Islander	0.01%	0.08%	0.08%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	16.15%	16.24%	16.28%	+0.04	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.60%	5.90%	6.14%	+0.24	NC
Language Diversity of Membership					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Spoken Language Preferred for Health Care—English</i>	95.63%	95.23%	96.02%	+0.79	NC
<i>Spoken Language Preferred for Health Care—Non-English</i>	4.37%	4.71%	3.94%	-0.77	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.00%	0.06%	0.04%	-0.02	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	95.63%	95.23%	96.02%	+0.79	NC
<i>Language Preferred for Written Materials—Non-English</i>	4.37%	4.71%	3.94%	-0.77	NC
<i>Language Preferred for Written Materials—Unknown</i>	0.00%	0.06%	0.04%	-0.02	NC
<i>Language Preferred for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	0.00%	95.23%	96.02%	+0.79	NC
<i>Other Language Needs—Non-English</i>	0.00%	4.71%	3.94%	-0.77	NC
<i>Other Language Needs—Unknown</i>	100.00%	0.06%	0.04%	-0.02	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	69.56	66.48	65.10	-1.38	★★
<i>Outpatient Visits—Total</i>	380.46	371.07	374.36	+3.29	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	6.33	5.62	5.68	+0.06	NC
<i>Total Inpatient—Average Length of Stay—Total</i>	4.18	4.56	4.63	+0.07	NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.56	2.51	2.53	+0.02	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Maternity—Average Length of Stay—Total</i>	2.56	2.63	2.60	-0.03	NC
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.49	1.30	1.40	+0.10	NC
<i>Surgery—Average Length of Stay—Total</i>	6.74	7.42	7.61	+0.19	NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	3.00	2.50	2.44	-0.06	NC
<i>Medicine—Average Length of Stay—Total</i>	3.91	4.46	4.45	-0.01	NC
Use of Opioids From Multiple Providers*					
<i>Multiple Prescribers</i>	—	18.82%	15.67%	-3.15 ⁺	★★★★
<i>Multiple Pharmacies</i>	—	4.88%	3.21%	-1.67 ⁺	★★★★
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	2.58%	1.64%	-0.94 ⁺	★★★★
Use of Opioids at High Dosage*⁴					
<i>Use of Opioids at High Dosage*</i>	—	—	3.60%	NC	NC
Risk of Continued Opioid Use*					
<i>At Least 15 Days Covered—Total</i>	—	20.54%	15.82%	-4.72 ⁺	★
<i>At Least 31 Days Covered—Total</i>	—	7.88%	7.14%	-0.74 ⁺	★
Plan All-Cause Readmissions⁴					
<i>Observed Readmissions—Total*</i>	—	—	11.39%	NC	NC
<i>Expected Readmissions—Total*</i>	—	—	10.69%	NC	NC
<i>O/E Ratio—Total*</i>	—	—	1.06	NC	NC

¹HEDIS 2020 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.



³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

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

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

NB indicates that the MHP did not offer the required benefit.

2020 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 0-10—UPP Trend Table

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	73.97%	71.93%	75.43%	+3.50	★★★
Combination 3	70.56%	69.23%	70.07%	+0.84	★★
Combination 4	67.40%	67.78%	68.86%	+1.08	★★★
Combination 5	56.93%	55.30%	58.88%	+3.58	★★
Combination 6	48.18%	44.91%	46.23%	+1.32	★★★
Combination 7	55.23%	54.68%	57.91%	+3.23	★★
Combination 8	47.20%	44.70%	45.74%	+1.04	★★★
Combination 9	41.85%	37.94%	40.88%	+2.94	★★★
Combination 10	41.61%	37.84%	40.63%	+2.79	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	72.75%	79.56%	77.96%	-1.60	★★★★★
Lead Screening in Children					
Lead Screening in Children	82.73%	82.00%	79.23%	-2.77	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.18%	68.16%	70.32%	+2.16 ⁺	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	47.93%	43.77%	45.64%	+1.87 ⁺	★★
Immunizations for Adolescents					
Combination 1	80.78%	80.97%	77.32%	-3.65	★★
Combination 2	—	—	35.07%	NC	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	48.24%	49.62%	47.77%	-1.85	★★★
Continuation and Maintenance Phase	52.43%	53.92%	58.76%	+4.84	★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	46.17%	43.19%	46.00%	+2.81	★
Ages 21 to 24 Years	60.71%	53.78%	55.87%	+2.09	★
Total	52.28%	47.86%	50.29%	+2.43	★
Breast Cancer Screening					
Breast Cancer Screening	64.08%	65.42%	64.85%	-0.57	★★★★★
Cervical Cancer Screening³					

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Cervical Cancer Screening	63.02%	65.21%	64.96%	-0.25	★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners³					
Ages 12 to 24 Months	97.15%	96.79%	96.55%	-0.24	★★★
Ages 25 Months to 6 Years	89.84%	87.93%	88.45%	+0.52	★★★
Ages 7 to 11 Years	92.15%	90.67%	90.48%	-0.19	★★
Ages 12 to 19 Years	92.03%	91.61%	91.13%	-0.48	★★★
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	82.87%	82.16%	81.08%	-1.08 ⁺⁺	★★★
Ages 45 to 64 Years	87.40%	88.60%	87.99%	-0.61	★★★
Ages 65+ Years	NA	94.91%	94.93%	+0.02	★★★★★
Total	84.66%	85.65%	84.69%	-0.96 ⁺⁺	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴					
Ages 3 Months to 17 Years	—	—	58.03%	NC	NC
Ages 17 to 64 Years	—	—	31.94%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	42.62%	NC	NC
Appropriate Testing for Pharyngitis⁴					
Ages 3 to 17 Years	—	—	78.22%	NC	NC
Ages 17 to 64 Years	—	—	68.24%	NC	NC
Ages 65+ Years	—	—	NA	NC	NC
Total	—	—	74.41%	NC	NC
Appropriate Treatment for Upper Respiratory Infection⁴					
Ages 3 Months to 17 Years	—	—	89.64%	NC	NC
Ages 17 to 64 Years	—	—	83.16%	NC	NC
Ages 65+ Years	—	—	80.00%	NC	NC
Total	—	—	87.63%	NC	NC
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	89.78%	92.21%	89.29%	-2.92	★★★★★
Counseling for Nutrition—Total	72.26%	69.83%	69.59%	-0.24	★★
Counseling for Physical Activity—Total	70.80%	66.42%	69.10%	+2.68	★★★
Adult BMI Assessment					
Adult BMI Assessment	96.84%	96.84%	94.89%	-1.95	★★★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Pregnancy Care					
Prenatal and Postpartum Care⁴					
Timeliness of Prenatal Care	—	—	92.46%	NC	NC
Postpartum Care	—	—	90.27%	NC	NC
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	92.32%	92.21%	92.70%	+0.49	★★★★★
HbA1c Poor Control (>9.0%)*	30.00%	21.90%	24.57%	+2.67	★★★★★
HbA1c Control (<8.0%)	60.00%	63.50%	61.07%	-2.43	★★★★★
Eye Exam (Retinal) Performed	71.25%	70.32%	70.56%	+0.24	★★★★★
Medical Attention for Nephropathy	91.07%	94.16%	89.78%	-4.38 ⁺⁺	★★
Blood Pressure Control (<140/90 mm Hg)	77.50%	78.35%	82.00%	+3.65	★★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	71.01%	70.36%	74.13%	+3.77	★★★★★
Medication Compliance 75%—Total	46.56%	50.90%	53.49%	+2.59	★★★★★
Asthma Medication Ratio					
Total	59.92%	63.06%	62.33%	-0.73	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	76.89%	76.16%	-0.73	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.95%	77.22%	79.96%	+2.74	★★★
Discussing Cessation Medications	56.82%	56.42%	59.96%	+3.54	★★★★★
Discussing Cessation Strategies	46.65%	49.09%	54.65%	+5.56	★★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	59.84%	59.54%	55.85%	-3.69	★★★
Effective Continuation Phase Treatment	41.41%	44.15%	40.30%	-3.85	★★★

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	87.97%	88.87%	87.08%	-1.79	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	84.15%	81.25%	-2.90	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	82.24%	83.38%	81.84%	-1.54	★★★★★
Health Plan Diversity⁵					
Race/Ethnicity Diversity of Membership					
Total—White	87.26%	87.85%	86.34%	-1.51	NC
Total—Black or African American	1.54%	1.48%	1.46%	-0.02	NC
Total—American—Indian and Alaska Native	2.30%	2.43%	2.34%	-0.09	NC
Total—Asian	0.24%	0.24%	2.07%	+1.83	NC
Total—Native Hawaiian and Other Pacific Islander	0.05%	0.07%	0.11%	+0.04	NC
Total—Some Other Race	1.64%	1.68%	1.92%	+0.24	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	0.00%	0.00%	0.00%	0.00	NC
Total—Declined	6.96%	6.25%	5.76%	-0.49	NC
Total—Hispanic or Latino	1.64%	1.68%	1.92%	+0.24	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.95%	99.93%	99.90%	-0.03	NC



Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.03%	0.04%	0.07%	+0.03	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.02%	0.02%	0.02%	0.00	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	99.95%	99.93%	99.90%	-0.03	NC
<i>Language Preferred for Written Materials—Non-English</i>	0.03%	0.04%	0.07%	+0.03	NC
<i>Language Preferred for Written Materials—Unknown</i>	0.02%	0.02%	0.02%	0.00	NC
<i>Language Preferred for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—Unknown</i>	100.00%	100.00%	100.00%	0.00	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
Utilization⁵					
Ambulatory Care—Total (Per 1,000 Member Months)					
<i>ED Visits—Total*</i>	61.07	52.04	54.01	+1.97	★★★
<i>Outpatient Visits—Total</i>	339.03	307.10	351.79	+44.69	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
<i>Total Inpatient—Discharges per 1,000 Member Months—Total</i>	6.26	5.34	7.06	+1.72	NC
<i>Total Inpatient—Average Length of Stay—Total</i>	3.98	3.80	4.08	+0.28	NC
<i>Maternity—Discharges per 1,000 Member Months—Total</i>	2.42	2.22	2.13	-0.09	NC
<i>Maternity—Average Length of Stay—Total</i>	2.77	2.93	2.80	-0.13	NC

Measure	HEDIS 2018	HEDIS 2019	HEDIS 2020	2019–2020 Comparison ¹	2020 Performance Level ²
<i>Surgery—Discharges per 1,000 Member Months—Total</i>	1.81	1.65	2.25	+0.60	NC
<i>Surgery—Average Length of Stay—Total</i>	5.67	5.60	5.71	+0.11	NC
<i>Medicine—Discharges per 1,000 Member Months—Total</i>	2.65	2.08	3.26	+1.18	NC
<i>Medicine—Average Length of Stay—Total</i>	3.66	3.05	3.56	+0.51	NC
Use of Opioids From Multiple Providers*					
<i>Multiple Prescribers</i>	—	15.85%	15.76%	-0.09	★★★★
<i>Multiple Pharmacies</i>	—	6.53%	6.33%	-0.20	★★
<i>Multiple Prescribers and Multiple Pharmacies</i>	—	4.16%	4.24%	+0.08	★★
Use of Opioids at High Dosage^{3,4}					
<i>Use of Opioids at High Dosage*</i>	—	—	3.51%	NC	NC
Risk of Continued Opioid Use*					
<i>At Least 15 Days Covered—Total</i>	—	13.07%	7.95%	-5.12 ⁺	★★★
<i>At Least 31 Days Covered—Total</i>	—	5.72%	4.38%	-1.34 ⁺	★★
Plan All-Cause Readmissions⁴					
<i>Observed Readmissions—Total*</i>	—	—	8.40%	NC	NC
<i>Expected Readmissions—Total*</i>	—	—	9.82%	NC	NC
<i>O/E Ratio—Total*</i>	—	—	0.86	NC	NC

¹HEDIS 2019 to HEDIS 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²2020 Performance Levels were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.



⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2020 or 2019–2020 Comparisons provided for these measures are for information purposes only.

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

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

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. 2020 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
- Living With Illness
- Utilization

Performance ratings were assigned by comparing the MHPs' HEDIS 2020 rates to the HEDIS 2019 Quality Compass national Medicaid benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Please note, HSAG assigned performance ratings to all but one measure in the Utilization measure domain, *Plan All-Cause Readmissions*. Please refer to Appendix B for comparisons to national percentiles for *Plan All-Cause Readmissions*. 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 Appendix B. Due to changes in the technical specifications for Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis, Appropriate Testing for Pharyngitis, Appropriate Treatment for Upper Respiratory Infection, Prenatal and Postpartum Care, Use of Opioids at High Dosage, and Plan All-Cause Readmissions in HEDIS 2020, NCQA does not recommend comparing these measures' rates to national Medicaid benchmarks; therefore, these measures are not displayed in this appendix. Additional details about the performance comparisons and star ratings are found in Section 2.

Child & Adolescent Care Performance Summary Stars

Table 0-1—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	★★	★★	★★	★★	★★	★★★
HAP	★★	★★	★★★	★★	★	★★
MCL	★★	★	★	★	★★	★
MER	★★	★★	★★	★★	★★	★★
MOL	★★★	★★★	★★★	★★★	★★	★★★
PRI	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
THC	★	★	★	★	★	★
UNI	★★	★★	★★	★★	★★	★★
UPP	★★★	★★	★★★	★★	★★★	★★

Table 0-2—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	★★	★★	★★	★★★★★	★★★	★★★★
HAP	★	★	★	NA	★★★	★
MCL	★★	★	★	★★★★	★★★★	★★★
MER	★★	★★	★★	★★★★★	★★★	★★★★
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 0-3—Child & Adolescent Care Performance Summary Stars (Table 3 of 3)

MHP	Adolescent Well-Care Visits	Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)	Immunizations for Adolescents—Combination 2	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
AET	★★	★★★★	★★★	★	★★
BCC	★★★	★★	★★★	★★★	★★★
HAP	★	NA	NA	NA	NA
MCL	★★	★★★★	★★★	★★★	★★★
MER	★★★	★★★	★★★	★★★	★★★
MOL	★★★	★★★★	★★★★	★★	★★
PRI	★★★	★★★★	★★★★★	★	★
THC	★★★	★★★★	★★★	★★★★	★★
UNI	★★★	★★★	★★★★	NA	NA
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 0-4—Women—Adult Care Performance Summary Stars

MHP	<i>Chlamydia Screening in Women—Ages 16 to 20 Years</i>	<i>Chlamydia Screening in Women—Ages 21 to 24 Years</i>	<i>Chlamydia Screening in Women—Total</i>	<i>Breast Cancer Screening</i>	<i>Cervical Cancer Screening</i>
AET	★★★	★★★	★★★	★★	★★
BCC	★★★★★	★★★	★★★★★	★★★	★★★★★
HAP	★★★	★	★★★	★★	★★
MCL	★★★	★★★	★★★	★★★	★★★
MER	★★★	★★★	★★★	★★★	★★★★★
MOL	★★★★★	★★★★★	★★★★★	★★★	★★★★★
PRI	★★★★★	★★★	★★★★★	★★★★★	★★★★★
THC	★★★★★	★★★★★	★★★★★	★★	★★★
UNI	★★★★★	★★★	★★★★★	★★★	★★★★★
UPP	★	★	★	★★★★★	★★★

Access to Care Performance Summary Stars

Table 0-5—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	★★	★★	★★	★★	★★	★★
HAP	★	★	★	★	★	★★★★
MCL	★★	★★	★★	★★	★★	★★★★
MER	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
MOL	★★	★★	★★	★★★★	★★★★	★★★★
PRI	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★★
THC	★	★	★	★	★★	★★
UNI	★	★★	★★	★★	★★	★★★★
UPP	★★★★	★★★★	★★	★★★★	★★★★	★★★★

Table 0-6—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
AET	★★★	★★
BCC	★	★★
HAP	★★★	★★★
MCL	★★	★★
MER	★★★★★	★★★
MOL	★★★★	★★★
PRI	★★★★★	★★★
THC	★★★	★★
UNI	★★★★	★★
UPP	★★★★★	★★★

Obesity Performance Summary Stars

Table 0-7—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	★★★★★	★★★★★	★★★★★	★★★
HAP	★★★★★	★★	★★	★
MCL	★★★	★★	★★	★★★★★
MER	★★★	★★★	★★★	★★★★★
MOL	★★★★★	★★★	★★★★★	★★★★★
PRI	★★★★★	★★★★★	★★★★★	★★★★★
THC	★★★★★	★★★	★★★★★	★★★
UNI	★★★★★	★★★★★	★★★★★	★★★★★
UPP	★★★★★	★★	★★★	★★★★★

Living With Illness Performance Summary Stars

Table 0-8—Living With Illness Performance Summary Stars (Table 1 of 3)

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	★★	★★	★★	★★★	★★	★★
HAP	★★	★★	★★	★★	★★★★	★
MCL	★★	★★	★★	★★	★★★	★★★
MER	★★	★★	★★	★★★★	★★★	★★★
MOL	★★★	★★★	★★★	★★★	★★★	★★★
PRI	★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
THC	★★	★★★	★★	★★	★★★	★★
UNI	★★★★	★★★★	★★★★★	★★★	★★★★★	★★★
UPP	★★★★	★★★★★	★★★★★	★★★★★	★★	★★★★★

Table 0-9—Living With Illness Performance Summary Stars (Table 2 of 3)

MHP	Medication Management for People With Asthma— Medication Compliance 50%—Total ¹	Medication Management for People With Asthma— Medication Compliance 75%—Total	Asthma Medication Ratio—Total	Controlling High Blood Pressure	Medical Assistance With Smoking and Tobacco Use Cessation— Advising Smokers and Tobacco Users to Quit	Medical Assistance With Smoking and Tobacco Use Cessation— Discussing Cessation Medications
AET	★★	★★	★	★★	★★★★★	★★★★
BCC	★★★★★	★★★★★	★	★★	★★★★★	★★★★★
HAP	★★★★★	★★★★★	★	★★	★★★★	★★★★★
MCL	★★★★★	★★★★★	★	★★★★	★★★	★★★
MER	★★★★	★★★	★★	★★★	★★★	★★★
MOL	★★	★★	★	★★★	★★	★★★★
PRI	★★★★	★★★★	★★★★★	★★★★★	★★★★	★★★★
THC	★★★★★	★★★★★	★	★★	★★★★★	★★★★★
UNI	★★★★	★★★	★★	★★★	★★★★★	★★★★★
UPP	★★★★★	★★★★★	★★	★★★★★	★★★	★★★★

¹ Indicates the HEDIS 2020 rates for this measure were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.

Table 0-10—Living With Illness Performance Summary Stars (Table 3 of 3)

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	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
AET	★★★★	★★	★★	★	★	NA	★★
BCC	★★★★★	★★★★	★★★★	★★★★	★★★	NA	★★
HAP	★★★★★	★★★	★★★★	★	★	NA	★★★★★
MCL	★★★	★★★★	★★★★★	★★★	★★	★★	★★★★
MER	★★★	★★★	★★	★★★★	★★★	★★★	★★★★
MOL	★★★	★	★	★★★★	★★	★★	★
PRI	★★★★★	★★★★★	★★★★★	★★★	★	NA	★★★★★
THC	★★★★	★★★★★	★★★★★	★★★★	★	NA	★★
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 0-11—Utilization Performance Summary Stars¹

MHP	Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total*	Use of Opioids From Multiple Providers—Multiple Prescribers	Use of Opioids From Multiple Providers—Multiple Pharmacies	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	Risk of Continued Opioid Use—At Least 15 Days Covered—Total	Risk of Continued Opioid Use—At Least 31 Days Covered—Total
AET	★	★★★★★	★	★★	★	★
BCC	★★	★★★★★	★★★	★★★	★	★
HAP	★★	★★★★★	★★★★★	★★★★★	★	★
MCL	★	★★★★★	★★★★★	★★★★★	★	★
MER	★★	★★★★★	★★★★★	★★★★★	★	★
MOL	★	★★★★★	★★★★★	★★★★★	★	★
PRI	★★	★★★	★★★★★	★★★★★	★★	★★
THC	★	★★★★★	★★★	★★★	★	★
UNI	★★	★★★★★	★★★★★	★★★★★	★	★
UPP	★★★	★★★★★	★★	★★	★★★	★★

¹A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of ED services may indicate better utilization of services). Therefore, 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).