



# 2022 HEDIS Aggregate Report for Michigan Medicaid

*October 2022*



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## 1. Executive Summary

### Introduction

During 2021, the Michigan Department of Health and Human Services (MDHHS) contracted with nine 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®)<sup>1-1</sup> measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

MDHHS 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."

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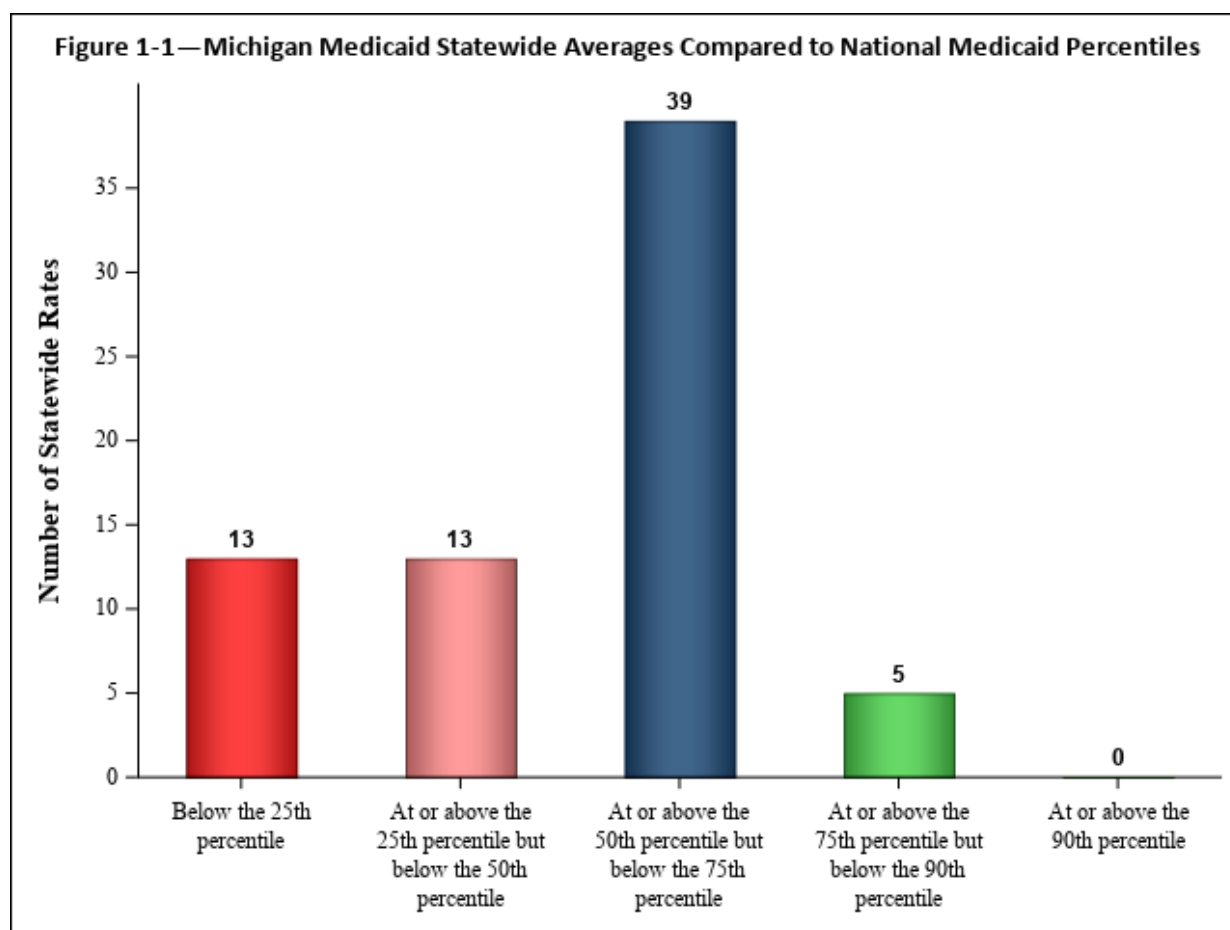
<sup>1-1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



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.<sup>1-2</sup>

## 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 MY 2021, which are referred to as “percentiles” throughout this report.<sup>1-3</sup> 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.



<sup>1-2</sup> National Committee for Quality Assurance. *HEDIS® MY 2021, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

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

Of the 70 reported rates that were comparable to national Medicaid percentiles, 13 of the MWA rates fell below the 25th percentile and a total of 26 rates (about 37 percent) were below the 50th percentile. These results demonstrate a general statewide improvement in performance in comparison to the MY 2020 rates, which showed approximately 63 percent of the rates falling below the 50th percentile. A summary of MWA performance for each measure domain is presented on the following pages.

## Child & Adolescent Care

For the Child & Adolescent Care domain, the *Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years*, and *Total* measure indicators were an area of strength. All measure indicators ranked above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Priority Health Choice, Inc. and Molina Healthcare of Michigan ranked above the 50th percentile for the most measure indicators within the Child & Adolescent Care domain.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combinations 3, 7, and 10; Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits; Lead Screening in Children; Immunizations for Adolescents—Combination 1 and Combination 2*; and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase* indicators. *Lead Screening in Children* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2021, as well as an MWA decrease of nearly 19 percentage points from HEDIS MY 2020. Additionally, the MWA ranked below the 25th percentile for all indicators for the *Childhood Immunization Status* measure, *Lead Screening in Children* measure, and the *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* measure indicator.

MDHHS should continue to monitor the MHPs' performance on the *Lead Screening in Children* measure to ensure that the MHPs' performance does not continue to decline and work toward possibly increasing the administration of lead blood tests for children 2 years of age. Exposure to lead can cause damage to the brain and other vital organs, as well as intellectual and behavioral deficits. Because children who are exposed to lead often have no obvious symptoms, lead poisoning often goes unrecognized.<sup>1-4</sup> MDHHS is encouraged to work with the MHPs, providers, and the Centers for Disease Control (CDC) to increase access to this important test. The CDC has developed the Childhood Lead Poisoning Prevention Program (CLPPP) to prevent childhood lead exposure before any harm occurs. Through CLPPP, the CDC supports state and local public health departments with funds for surveillance and prevention of lead exposure, including Michigan.<sup>1-5</sup>

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<sup>1-4</sup> National Committee for Quality Assurance. Lead Screening in Children. Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: Sept 13, 2022.

<sup>1-5</sup> The Centers for Disease Control and Prevention. Overview of Childhood Lead Poisoning Prevention. Available at: <https://www.cdc.gov/nceh/lead/overview.html>. Accessed on: Sept 13, 2022.

MDHHS should continue to monitor the MHPs' performance on the *Childhood Immunization Status* and *Immunizations for Adolescents—Combination 1* and *Combination 2* measure indicators to ensure that the MHPs' performance does not continue to decline and work with the MHPs and providers to target improving child and adolescent vaccination rates. Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>1-6</sup> The ongoing coronavirus disease 2019 (COVID-19) pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that children in the United States and their communities face increased risks for outbreaks of vaccine-preventable diseases. Reminding parents of the vital need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues, is critical. As social distancing requirements are relaxed, children who are not protected by vaccines will be more vulnerable to diseases such as measles. In response, continued coordinated efforts between health care providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.<sup>1-7</sup>

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* measure indicators. Assessing physical, emotional, and social development is important at every stage of life, particularly with children and adolescents. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.<sup>1-8</sup> If the decline in children accessing well-child visits with a primary care physician is linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers to identify safe methods for children to access these visits.

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure indicators. ADHD is one of the most common mental disorders affecting children. When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.<sup>1-9</sup> If the decline in follow-up care for children prescribed ADHD

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<sup>1-6</sup> National Committee for Quality Assurance. Childhood Immunization Status. Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Sept 13, 2022.

<sup>1-7</sup> The Centers for Disease Control and Prevention. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration—United States, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm/>. Accessed on: Sept 14, 2022.

<sup>1-8</sup> National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed on: Sept 14, 2022.

<sup>1-9</sup> National Committee for Quality Assurance. Follow-Up Care for Children Prescribed ADHD Medication. Available at: <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>. Accessed on: Sept 14, 2022.

medication is linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers to identify safe methods for children to access follow-up care.

## Women—Adult Care

For the Women—Adult Care domain, the *Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years*, and *Total* measure indicators were an area of strength. All measure indicators ranked above the 50th percentile with the *Chlamydia Screening in Women—Total* measure indicator demonstrating significant improvement from the HEDIS MY 2020 MWA. Priority Health Choice, Inc. and Blue Cross Complete of Michigan ranked above the 50th percentile for the most measure indicators within the Women—Adult Care domain.

The MWA demonstrated a significant decline for the *Cervical Cancer Screening* and *Breast Cancer Screening* measure indicators. No MHPs ranked above the HPL for any measure indicators. Additionally, Upper Peninsula Health Plan fell below the LPL for all *Chlamydia Screening for Women* measure indicators, HAP Empowered fell below the LPL for the *Cervical Cancer Screening* measure, and Aetna fell below the LPL for both the *Cervical Cancer Screening* and *Breast Cancer Screening* measures. The *Cervical Cancer Screening* and *Breast Cancer Screening* measures had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2021, as well as an MWA decrease of over 2 percentage points from HEDIS MY 2020. Further, the *Breast Cancer Screening* measure had the most significant MWA decrease of over 4 percentage points from HEDIS MY 2020.

MDHHS should continue to monitor the MHPs' performance on the *Cervical Cancer Screening* and *Breast Cancer Screening* measure indicators to ensure that the MHPs' performance does not continue to decline and work with the MHPs toward establishing resources to increase access to routine cancer screenings. Screening can improve outcomes and early detection, reduce the risk of dying, and lead to a greater range of treatment options and lower health care costs.<sup>1-10</sup> Prolonged delays in screening related to the COVID-19 pandemic may lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among women already experiencing health inequities.<sup>1-11</sup>

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<sup>1-10</sup> National Committee for Quality Assurance. Breast Cancer Screening. Available at: <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>. Accessed on: Sept 14, 2022.

<sup>1-11</sup> Centers for Disease Control and Prevention. Sharp Declines in Breast and Cervical Cancer Screening. <https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html>. Accessed on: Sept 14, 2022.

## Access to Care

For the Access to Care domain, the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 65 Years and Older, and Total; Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Ages 18 to 64 Years; and Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, and Total* measure indicators were an area of strength. All measure indicators ranked above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Upper Peninsula Health Plan and Meridian Health Plan of Michigan ranked above the 50th percentile for the most measure indicators within the Access to Care domain. Upper Peninsula Health Plan ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*, and Aetna Better Health of Michigan and Priority Health Choice, Inc. ranked above the HPL for *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years*.

The MWA demonstrated a significant decline for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators. *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2021 and MWA decrease from HEDIS MY 2020. Additionally, the MWA ranked below the 25th percentile for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators.

MDHHS should continue to monitor the MHPs' performance for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators to ensure that the MHPs' performance does not continue to decline. Proper testing and treatment of pharyngitis prevents the spread of sickness while reducing unnecessary use of antibiotics.<sup>1-12</sup>

## Obesity

For the Obesity domain, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total* were an area of strength. Both measure indicators ranked above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Additionally, Upper Peninsula Health Plan, Blue Cross Complete of Michigan, Priority Health Choice, Inc., UnitedHealthcare Community Plan, Aetna Better Health of Michigan, and HAP Empowered ranked above the 50th percentile for the most measure indicators within the Obesity domain. Priority Health Choice, Inc. ranked above the HPL for all *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators, and Upper Peninsula Health Plan ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* measure indicator.

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<sup>1-12</sup> National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis. Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Sept 14, 2022.



The MWA demonstrated a significant decline for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* measure indicator. McLaren Health Plan ranked below the LPL for all three measure indicators.

MDHHS should continue to monitor the MHPs' performance for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* measure indicator and work with the MHPs and providers to strategize the best way to utilize every office visit or virtual visit to encourage a healthy lifestyle and provide education on healthy habits for children and adolescents. Additionally, MDHHS should continue to monitor McLaren Health Plan's performance for this measure to ensure the MHP's performance does not continue to decline and encourage higher performing MHPs to share and discuss best practices. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.<sup>1-13</sup>

## Pregnancy Care

For the Pregnancy Care domain, *Prenatal and Postpartum Care—Postpartum Care* was an area of strength, as the measure indicator demonstrated significant improvement from the HEDIS MY 2020 MWA. Additionally, Upper Peninsula Health Plan and Blue Cross Complete of Michigan ranked above the 50th percentile for the most measure indicators within the Pregnancy Care domain. Upper Peninsula Health Plan ranked above the HPL for both *Prenatal and Postpartum Care* measure indicators.

Molina Healthcare of Michigan, Meridian Health Plan of Michigan, McLaren Health Plan, Aetna Better Health of Michigan, and HAP Empowered all fell below the LPL for *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and Molina Healthcare of Michigan, McLaren Health Plan, HAP Empowered, and Aetna Better Health of Michigan all fell below the LPL for *Prenatal and Postpartum Care—Postpartum Care*. MDHHS is encouraged to work with the higher performing MHPs to identify best practices for ensuring women's access to prenatal and postpartum care, which can then be shared with the lower performing MHPs to improve overall access.

## Living With Illness

For the Living With Illness domain, *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Control (<8.0%), Eye Exam (Retinal) Performed*, and *Blood Pressure Control (<140/90 mm Hg)*; *Controlling High Blood Pressure*; *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*; and *Diabetes Monitoring for People With Diabetes and Schizophrenia* measure indicators were an area of strength. All measure indicators ranked above the

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<sup>1-13</sup> National Committee for Quality Assurance. *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*. Available at: <https://www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/>. Accessed on: Sept 14, 2022.

50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Upper Peninsula Health Plan and UnitedHealthcare Community Plan ranked above the 50th percentile and the HPL for the most measure indicators within the Living With Illness domain.

The MWA demonstrated a significant decline for the *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessations Strategies*, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* measure indicators. *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* had the highest number of MHPs that demonstrated a significantly significant decline in HEDIS MY 2021.

MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessations Strategies* measure indicators. Smoking and tobacco use are the largest causes of preventable disease and death in the United States. Comprehensive cessation interventions that motivate and help users to quit tobacco use can be very effective. Health care providers also play an important role in supporting tobacco users and their efforts to quit.<sup>1-14</sup> Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*. Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Medication non-adherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.<sup>1-15</sup> If the decline in receipt of these services is determined to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers to identify safe methods for adults to have access to these important services.

## 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.

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<sup>1-14</sup> National Committee for Quality Assurance. Medical Assistance With Smoking and Tobacco Use Cessation. Available at: <https://www.ncqa.org/hedis/measures/medical-assistance-with-smoking-and-tobacco-use-cessation/> Accessed on: Sept 15, 2022.

<sup>1-15</sup> National Committee for Quality Assurance. Adherence to Antipsychotic Medications for Individuals With Schizophrenia. Available at: <https://www.ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/> Accessed on: Sept 15, 2022.

## Utilization

For the *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department (ED) Visits—Total* measure indicator, the MWA decreased by 15.11 visits per 1,000 member months from HEDIS MY 2019 to HEDIS MY 2021. The MWA for the *Outpatient Visits—Total* measure indicator decreased by 31.08 visits per 1,000 member months from HEDIS MY 2019 to HEDIS MY 2021.<sup>1-16</sup> 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, four 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. The remaining five MHPs' O/E ratio is more than 1.0, indicating that these MHPs had more readmissions.

## 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.

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<sup>1-16</sup> For the *ED Visits* indicator, a awareness is advised when interpreting results for this indicator as a lower rate is a higher percentile.



## 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—2022 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
UnitedHealthcare Community Plan	UnitedHealthcare	UNI
Upper Peninsula Health Plan	Upper Peninsula	UPP

### Summary of Michigan Medicaid HEDIS MY 2021 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 MY 2021. 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 MY 2021 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 MY 2020 & MY 2021 and Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

**Table 2-2—Michigan Medicaid HEDIS MY 2021 Required Measures**

Performance Measures	HEDIS Data Collection Methodology
<b>Child &amp; Adolescent Care</b>	
<i>Childhood Immunization Status—Combinations 3, 7, and 10</i>	Hybrid
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits, and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>	Administrative
<i>Lead Screening in Children</i>	Administrative
<i>Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years, and Total</i>	Administrative
<i>Immunizations for Adolescents—Combinations 1 and 2</i>	Hybrid
<i>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase and Continuation and Maintenance Phase</i>	Administrative
<b>Women—Adult Care</b>	
<i>Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total</i>	Administrative
<i>Cervical Cancer Screening</i>	Hybrid
<i>Breast Cancer Screening</i>	Administrative
<b>Access to Care</b>	
<i>Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<i>Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<i>Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i>	Administrative
<b>Obesity</b>	
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i>	Hybrid

Performance Measures	HEDIS Data Collection Methodology
<b>Pregnancy Care</b>	
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>	Hybrid
<b>Living With Illness</b>	
<i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (&gt;9.0%), HbA1c Control (&lt;8.0%), Eye Exam (Retinal) Performed, and Blood Pressure Control (&lt;140/90 mm Hg)</i>	Hybrid
<i>Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years, Ages 65 to 74 Years, Ages 75 to 85 Years, and 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
<b>Health Plan Diversity</b>	
<i>Race/Ethnicity Diversity of Membership</i>	Administrative
<i>Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and Other Language Needs</i>	Administrative
<b>Utilization</b>	
<i>Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total and Outpatient Visits—Total</i>	Administrative
<i>Inpatient Utilization—General Hospital/Acute Care—Total</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

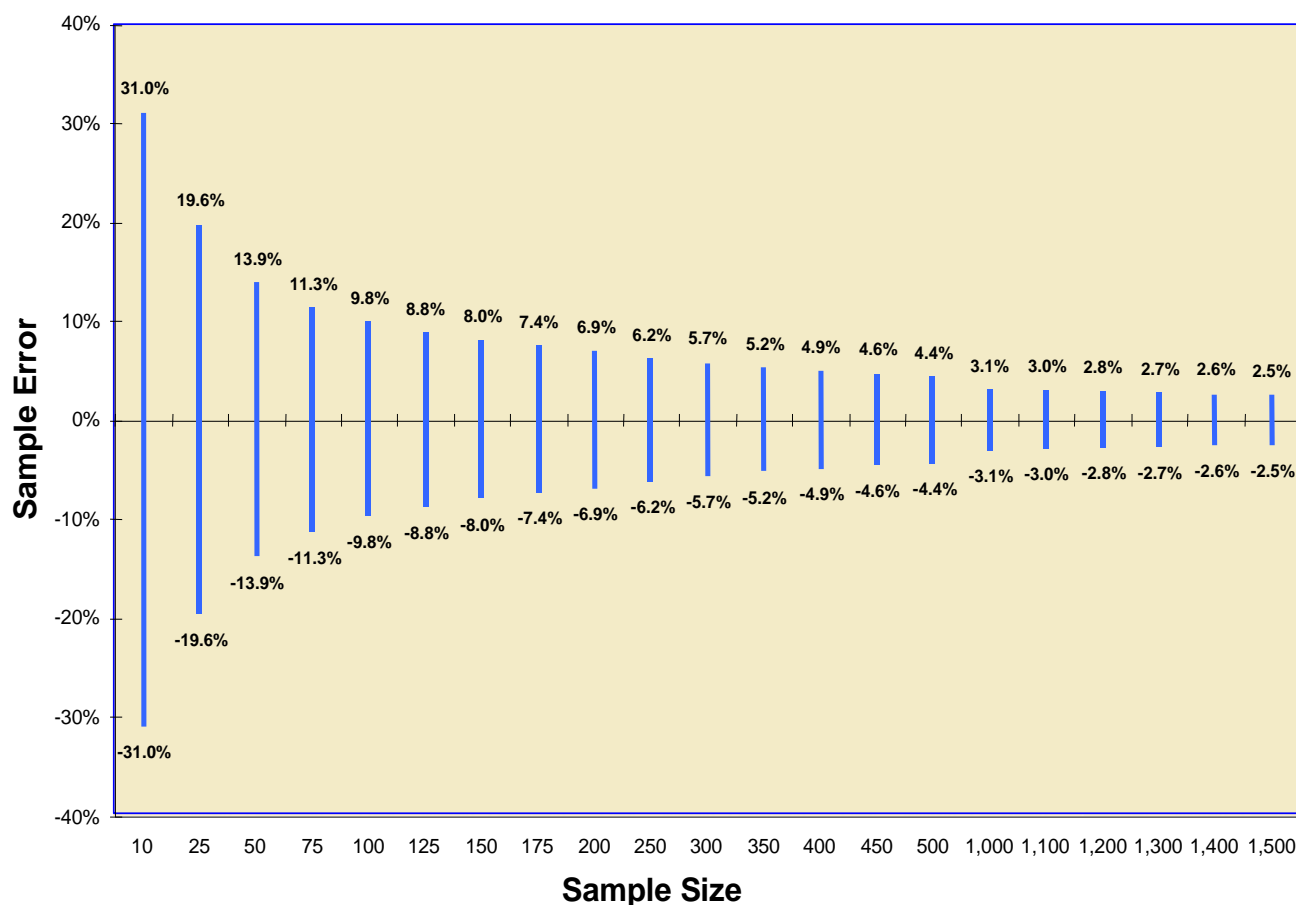
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the 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  $\pm 4.9$  percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.

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



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

## Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the IDSS files supplied by the MHPs. Prior to HSAG's receipt of the MHPs' IDSS files, all the MHPs were required by MDHHS to have their HEDIS MY 2021 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 MY 2021 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Un-Audited (UN)*, and *Not Reported (NR)*. The audit results are defined in Section 12.

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

## Calculation of Statewide Averages

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

## Evaluating Measure Results

### National Benchmark Comparisons

#### Benchmark Data

HEDIS MY 2021 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 MY 2021 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2020 MWA, which are referred to as "percentiles" throughout this report.

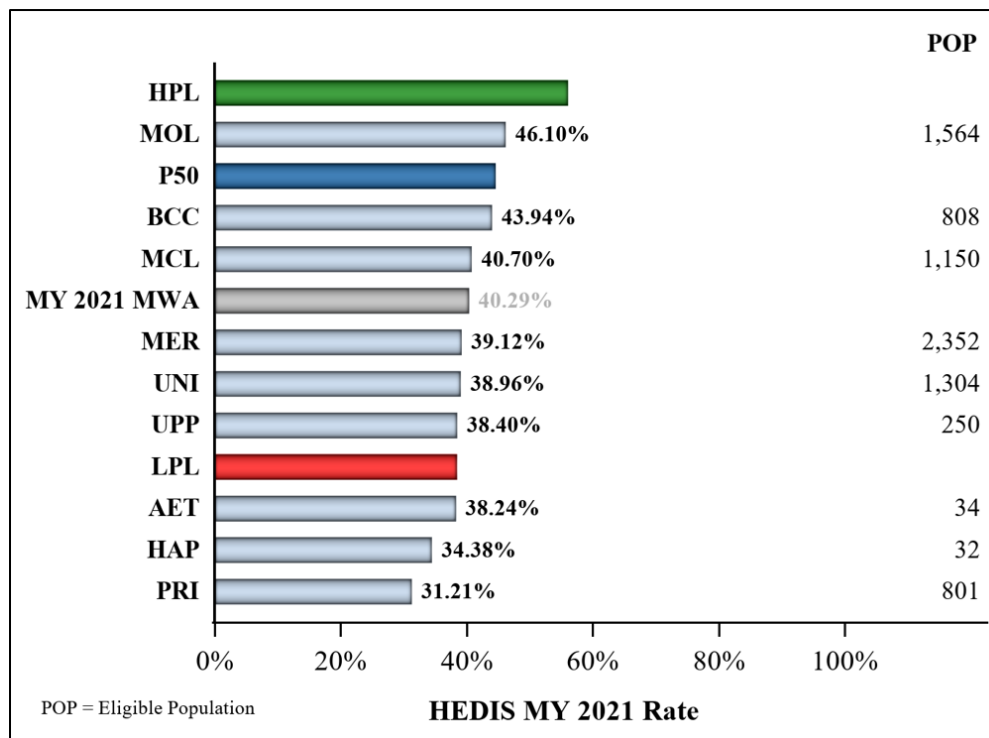
Additionally, benchmarking data (i.e., NCQA’s Quality Compass and NCQA’s Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report 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 MY 2021 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.

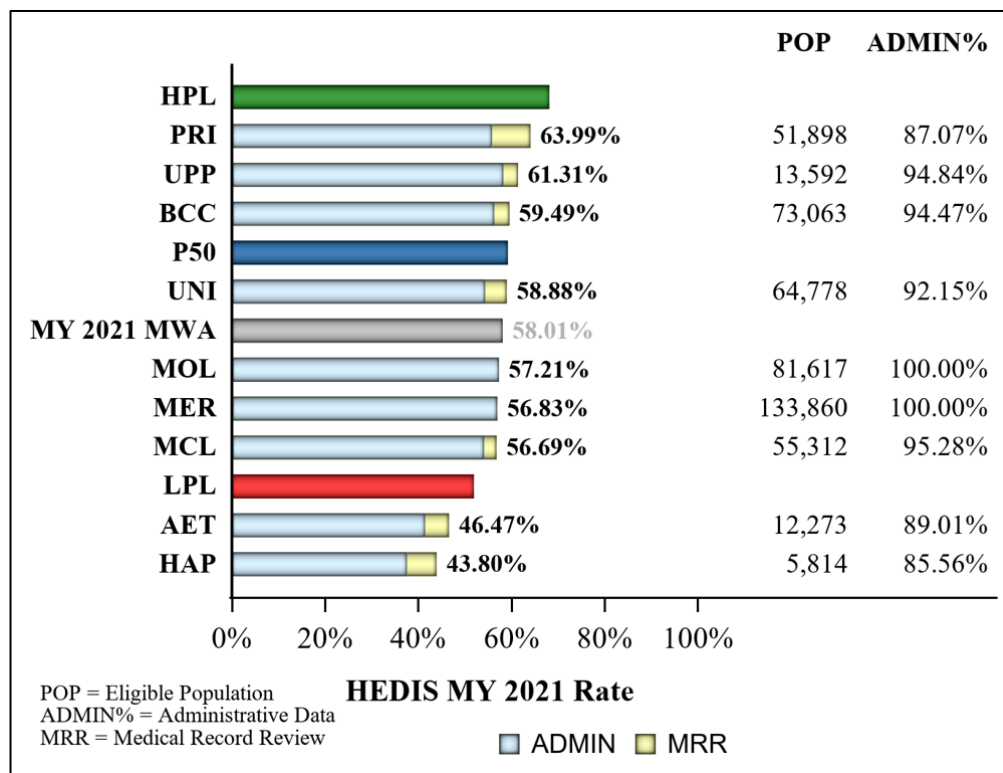
**Figure 2-2—Sample Horizontal Bar Graph Figure for Administrative Measures**





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 MY 2021 MWA and MHP rates to the corresponding HEDIS MY 2020 MWA 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 MY 2020 MWA to HEDIS MY 2021. 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 MY 2020 MWA and HEDIS MY 2021” 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 MY 2020 MWA and HEDIS MY 2021 are presented in tabular format. HEDIS MY 2021 rates shaded green with one cross (+) indicate a significant improvement in performance from the previous year. HEDIS MY 2021 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 MY 2021 MWA demonstrated a significant improvement from the HEDIS MY 2020 MWA.



Indicates that the HEDIS MY 2021 MWA demonstrated a significant decline from the HEDIS MY 2020 MWA.

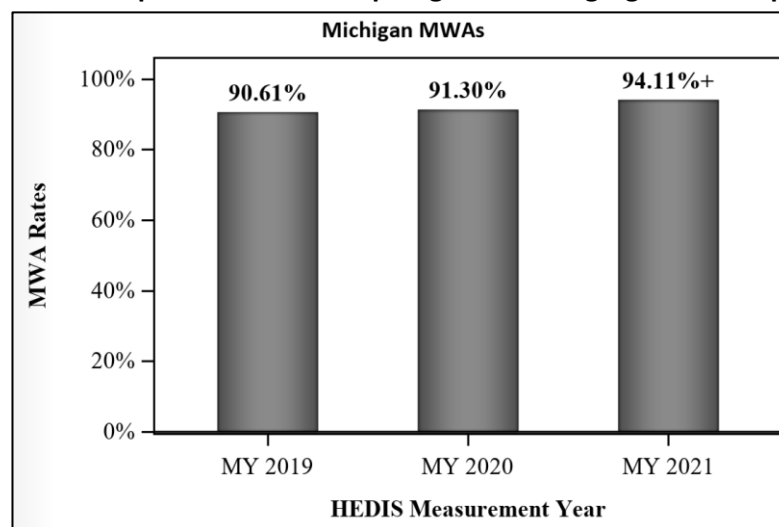
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

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

Percentile Ranking and Shading	Performance Level
≥90th	At or above the 90th percentile
≥75th and ≤89th	At or above the 75th percentile but below the 90th percentile
≥50th and ≤74th	At or above the 50th percentile but below the 75th percentile
≥25th and ≤49th	At or above the 25th percentile but below the 50th percentile
≤25th	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 MY 2019, HEDIS MY 2020 MWA, and HEDIS MY 2021 MWAs with significance testing performed between the HEDIS MY 2020 MWA and HEDIS MY 2021 MWAs. Within these figures, HEDIS MY 2021 rates with one cross (+) indicate a significant improvement in performance from HEDIS MY 2020 MWA. HEDIS MY 2021 rates with two crosses (++) indicate a significant decline in performance from HEDIS MY 2020 MWA. 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  $\pm 5$  percent at a 95 percent confidence level.

To show how sampling error affects the accuracy of results, an example was provided in the "Data Collection Methods" section above. When an MHP uses the hybrid method to derive a *Postpartum Care* rate of 52 percent, the true rate is actually within  $\pm 5$  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 MY 2020 MWA Medicaid 50th percentile. In addition, the HEDIS MY 2019, MY 2020, and MY 2021 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 MY 2021 MWA for each rate with the MY 2019 and MY 2020 MWA and the 50th percentile.

## Measure Changes Between HEDIS MY 2020 and HEDIS MY 2021

The following is a list of measures with technical specification changes that NCQA announced for HEDIS MY 2021.<sup>2-1</sup> These changes may have an effect on the HEDIS MY 2021 rates that are presented in this report.

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

- Clarified in the Plan Population definition that members must be 18 and older as of the earliest Index Discharge Date.
- Clarified in the *Reporting* sections for *Number of Members in Plan Population* and *Number of Outliers* that the member's age is determined as of the earliest Index Discharge Date.

### ***Enrollment by Product Line (ENP)***

- Removed reporting by gender, male and female. Only the total number of members is reported.

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<sup>2-1</sup> National Committee for Quality Assurance. *HEDIS® MY 2020 & MY 2021, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

## 3. Child & Adolescent Care

### Introduction

The Child & Adolescent Care domain encompasses the following HEDIS measures:

- *Childhood Immunization Status—Combinations 3, 7, and 10*
- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*
- *Lead Screening in Children*
- *Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years, and Total*
- *Immunizations for Adolescents—Combinations 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 MY 2021 MWA rates and performance levels, a comparison of the HEDIS MY 2020 MWA to the HEDIS MY 2021 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2020 to HEDIS MY 2021.

**Table 3-1—HEDIS MY 2021 MWA Performance Levels and Trend Results for Child & Adolescent Care**

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA—HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<b><i>Childhood Immunization Status</i></b>				
<i>Combination 3</i>	55.46%	-8.54 <sup>++</sup>	0	5
<i>Combination 7</i>	46.83%	-8.81 <sup>++</sup>	0	4

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA– HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<i>Combination 10</i>	27.22%	-6.00 <sup>++</sup>	0	4
<b>Well-Child Visits in the First 30 Months of Life</b>				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	58.84%	-3.04 <sup>++</sup>	0	6
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>	60.99%	-6.72 <sup>++</sup>	0	8
<b>Lead Screening in Children</b>				
<i>Lead Screening in Children</i>	54.69%	-18.75 <sup>++</sup>	0	9
<b>Child and Adolescent Well-Care Visits</b>				
<i>Ages 3 to 11 Years</i>	58.13%	+7.21 <sup>+</sup>	9	0
<i>Ages 12 to 17 Years</i>	49.93%	+7.58 <sup>+</sup>	9	0
<i>Ages 18 to 21 Years</i>	29.01%	+1.65 <sup>+</sup>	6	0
<i>Total</i>	50.49%	+5.90 <sup>+</sup>	9	0
<b>Immunizations for Adolescents</b>				
<i>Combination 1 (Meningococcal, Tdap)</i>	76.64%	-6.04 <sup>++</sup>	0	5
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	32.85%	-5.10 <sup>++</sup>	0	3
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
<i>Initiation Phase</i>	40.29%	-5.74 <sup>++</sup>	0	5
<i>Continuation and Maintenance Phase</i>	51.24%	-6.50 <sup>++</sup>	0	3

<sup>1</sup> HEDIS MY 2021 performance levels were based on comparisons of the HEDIS MY 2021 MWA rates to national Medicaid Quality Compass HEDIS MY 2020 MWA benchmarks. HEDIS MY 2021 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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<sup>2</sup> HEDIS MY 2020 MWA to HEDIS MY 2021 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant improvement from the HEDIS MY 2020 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant decline from the HEDIS MY 2020 MWA.



Table 3-1 shows that for the Child & Adolescent Care domain, the *Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years, and Total* measure indicators were an area of strength. All measure indicators ranked above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Priority and Molina ranked above the 50th percentile for the most measure indicators within the Child & Adolescent Care domain.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combinations 3, 7, and 10; Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits; Lead Screening in Children; Immunizations for Adolescents—Combination 1 and Combination 2; and Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase* indicators. *Lead Screening in Children* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2021, as well as an MWA decrease of nearly 19 percentage points from HEDIS MY 2020. Additionally, the MWA ranked below the 25th percentile for all indicators for the *Childhood Immunization Status* measure, *Lead Screening in Children* measure, and the *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* measure indicator.

MDHHS should continue to monitor the MHPs' performance on the *Lead Screening in Children* measure to ensure that the MHPs' performance does not continue to decline and work toward possibly increasing the administration of lead blood tests for children 2 years of age. Exposure to lead can cause damage to the brain and other vital organs, as well as intellectual and behavioral deficits. Because children who are exposed to lead often have no obvious symptoms, lead poisoning often goes unrecognized.<sup>3-1</sup> MDHHS is encouraged to work with the MHPs, providers, and the CDC to increase access to this important test. The CDC has developed the Childhood Lead Poisoning Prevention Program (CLPPP) to prevent childhood lead exposure before any harm occurs. Through CLPPP, the CDC supports state and local public health departments with funds for surveillance and prevention of lead exposure, including Michigan.<sup>3-2</sup>

MDHHS should continue to monitor the MHPs' performance on the *Childhood Immunization Status* and *Immunizations for Adolescents—Combination 1 and Combination 2* measure indicators to ensure that the MHPs' performance does not continue to decline and work with the MHPs and providers to target improving child and adolescent vaccination rates. Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>3-3</sup> The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that children in the United States and their communities face

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<sup>3-1</sup> National Committee for Quality Assurance. Lead Screening in Children. Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: Sept 13, 2022.

<sup>3-2</sup> The Centers for Disease Control and Prevention. Overview of Childhood Lead Poisoning Prevention. Available at: <https://www.cdc.gov/nceh/lead/overview.html>. Accessed on: Sept 13, 2022.

<sup>3-3</sup> National Committee for Quality Assurance. Childhood Immunization Status. Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Sept 13, 2022.



increased risks for outbreaks of vaccine-preventable diseases. Reminding parents of the vital need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues, is critical. As social distancing requirements are relaxed, children who are not protected by vaccines will be more vulnerable to diseases such as measles. In response, continued coordinated efforts between health care providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.<sup>3-4</sup>

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* measure indicators. Assessing physical, emotional, and social development is important at every stage of life, particularly with children and adolescents. Well-care visits provide an opportunity for providers to influence health and development, and they are a critical opportunity for screening and counseling.<sup>3-5</sup> If the decline in children accessing well-child visits with a primary care physician is linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers to identify safe methods for children to access these visits.

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure indicators. ADHD is one of the most common mental disorders affecting children. When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.<sup>3-6</sup> If the decline in follow-up care for children prescribed ADHD medication is linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers to identify safe methods for children to access follow-up care.

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<sup>3-4</sup> The Centers for Disease Control and Prevention. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration—United States, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm/>. Accessed on: Sept 14, 2022.

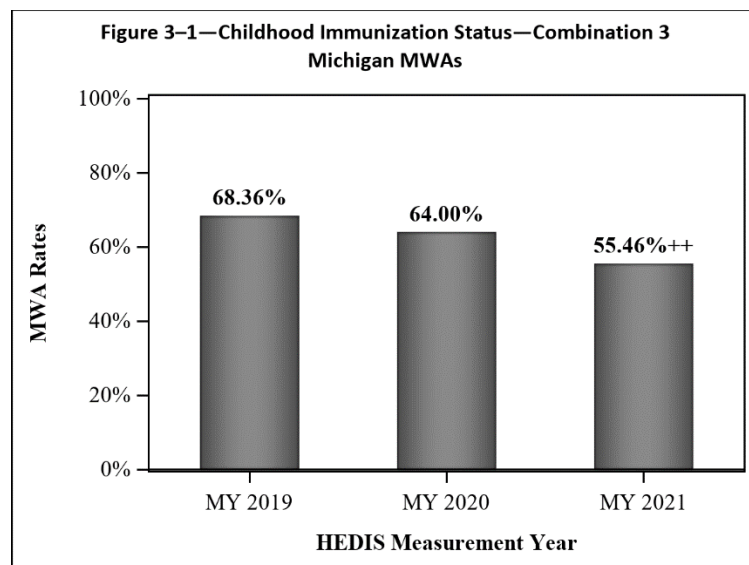
<sup>3-5</sup> National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed on: Sept 14, 2022.

<sup>3-6</sup> National Committee for Quality Assurance. Follow-Up Care for Children Prescribed ADHD Medication. Available at: <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>. Accessed on: Sept 14, 2022.

## Measure-Specific Findings

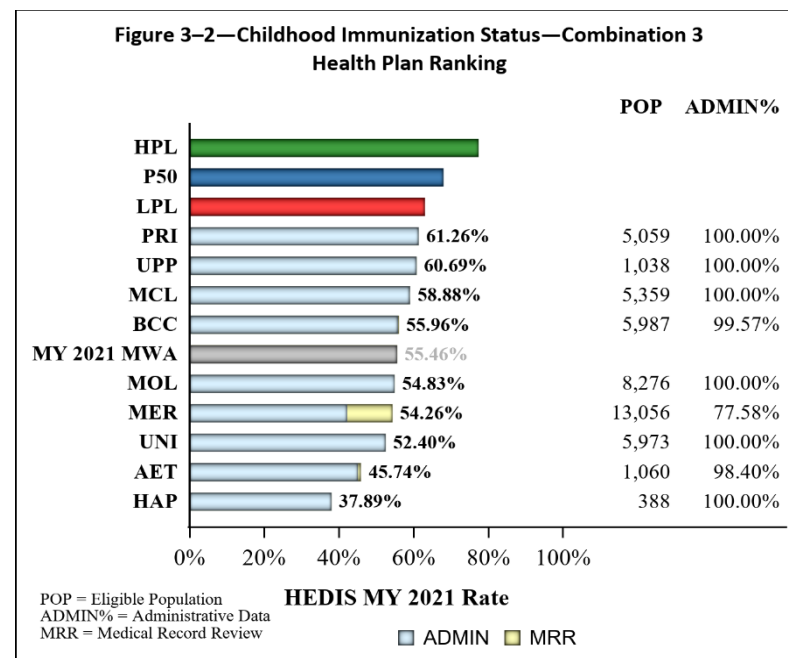
### Childhood Immunization Status—Combination 3

*Childhood Immunization Status—Combination 3* assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), three haemophilus influenza type B (HiB), three hepatitis B (HepB), one chicken pox (VZV), and four pneumococcal conjugate (PCV).



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

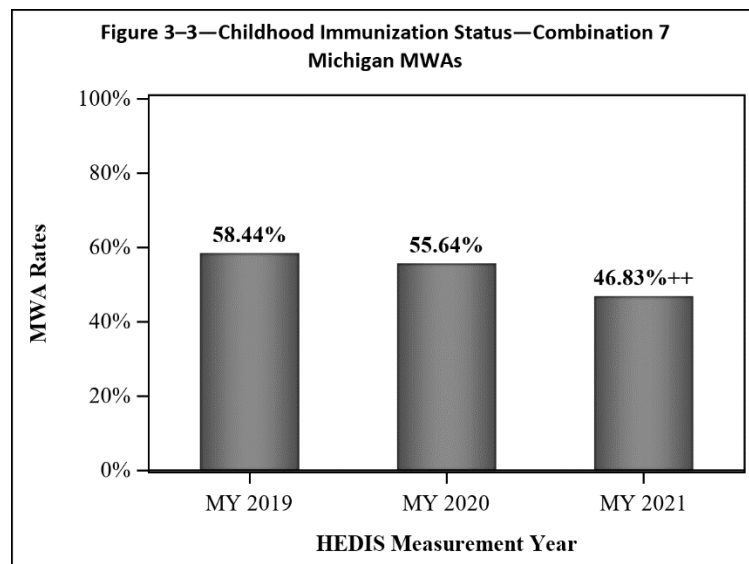
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



All MHPs and the MWA fell below the 50th percentile, HPL, and the LPL. MHP performance varied by over 23 percentage points.

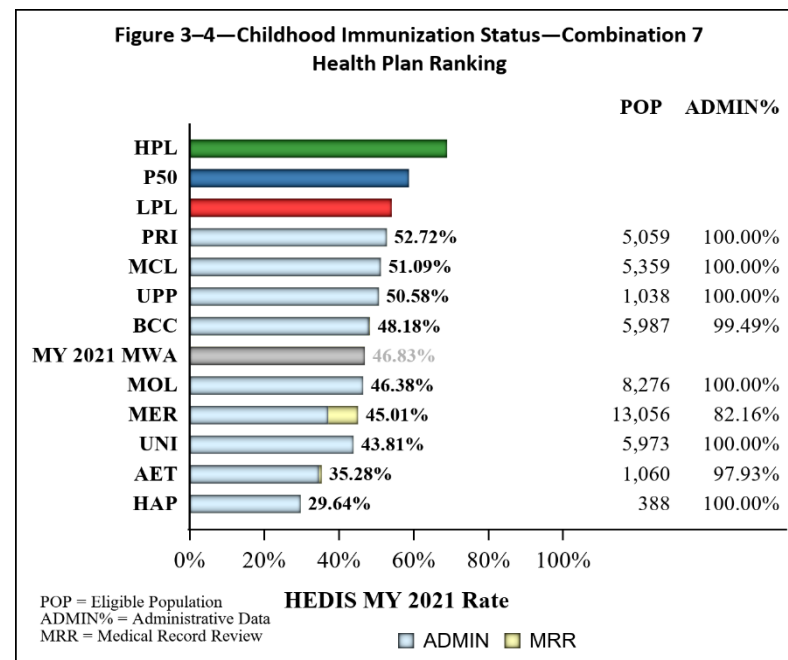
## Childhood Immunization Status—Combination 7

*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 rotavirus (RV).



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

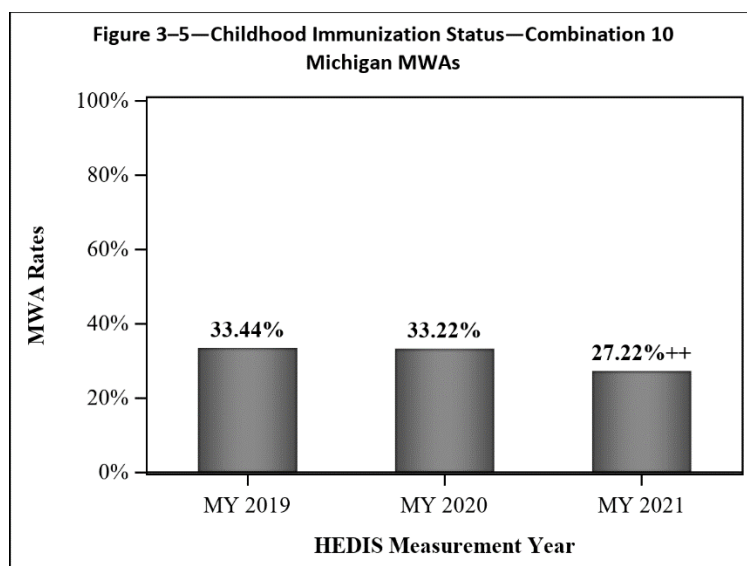
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



All MHPs and the MWA fell below the 50th percentile, HPL, and the LPL. MHP performance varied by over 23 percentage points.

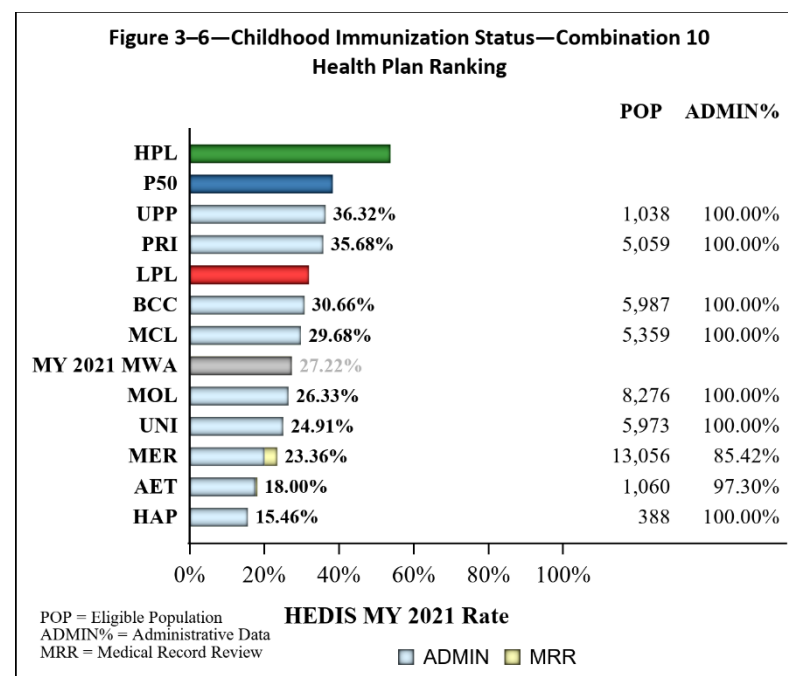
## Childhood Immunization Status—Combination 10

*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 influenza.



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

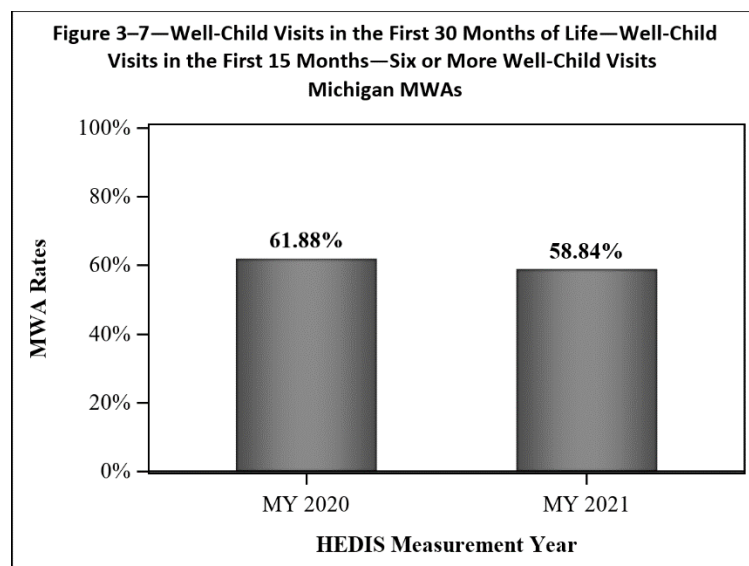
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



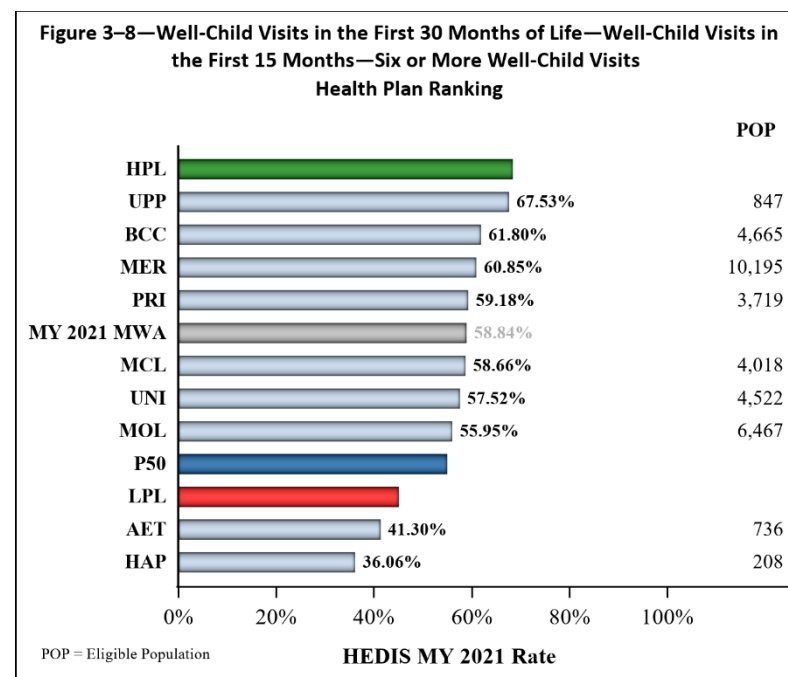
Two MHPs ranked above the LPL, but fell below the 50th percentile and HPL. Seven MHPs and the MWA fell below the LPL. MHP performance varied by over 20 percentage points.

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

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



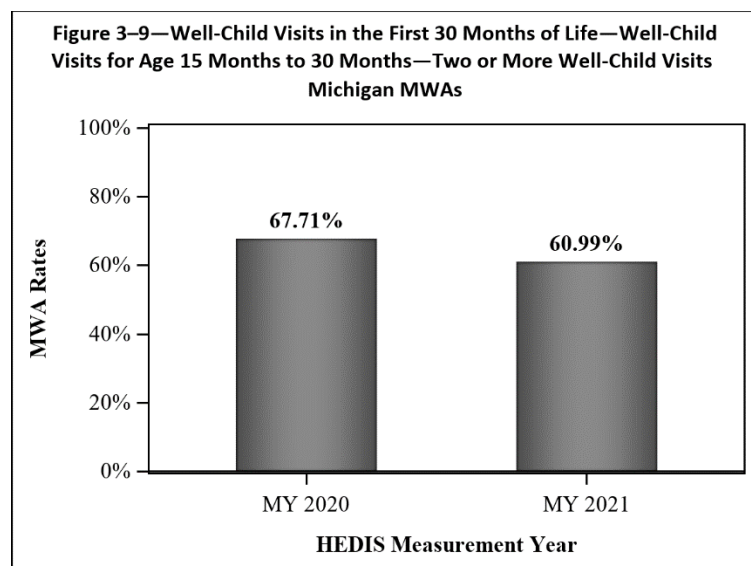
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



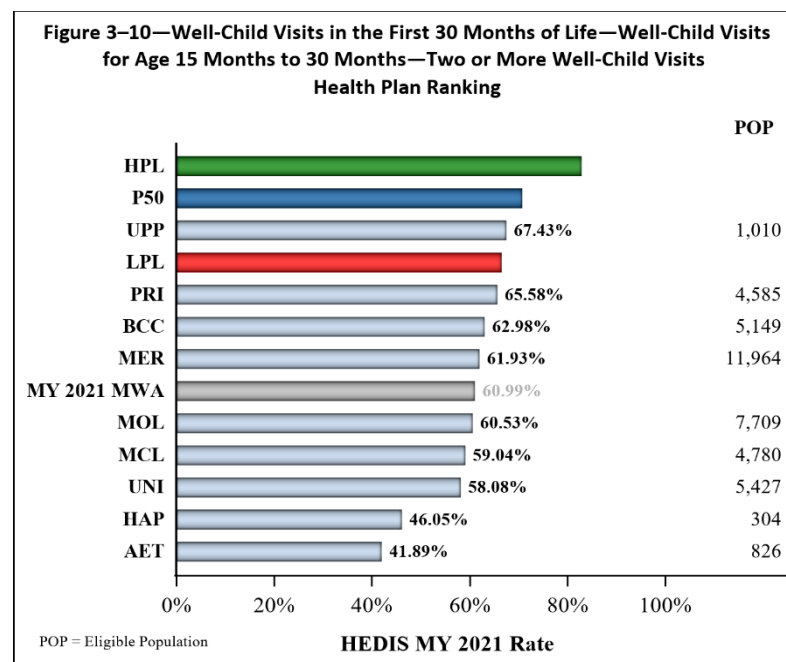
Seven MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Two MHPs ranked below the LPL. MHP performance varied by over 31 percentage points.

## Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits

*Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits* assesses the percentage of members who turned 15 months old during the MY who received six or more well-child visits with a PCP during their first 15 months of life.



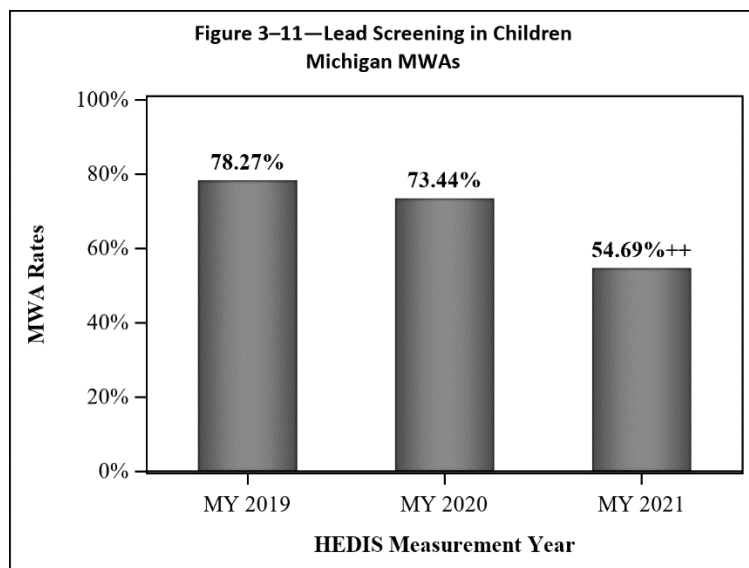
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



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

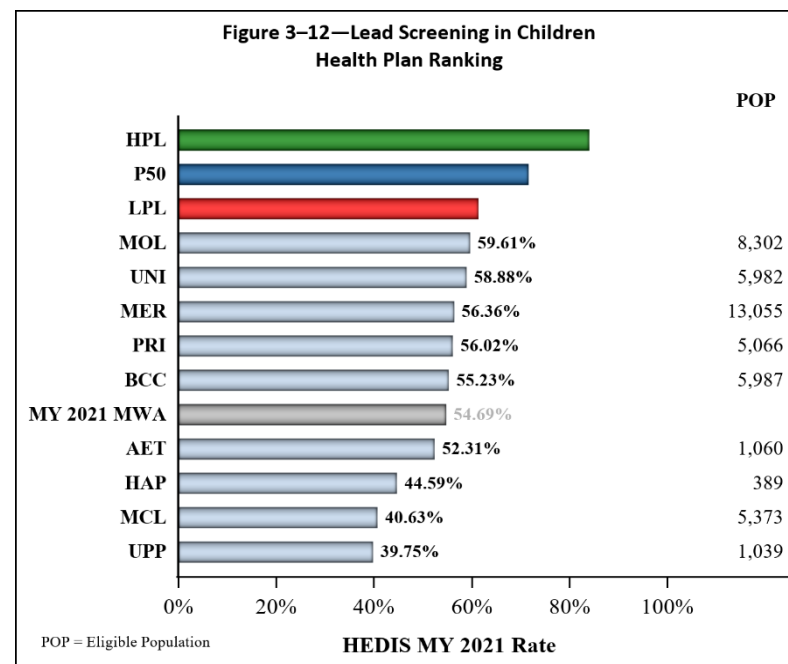
## Lead Screening in Children

*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.



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

The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.

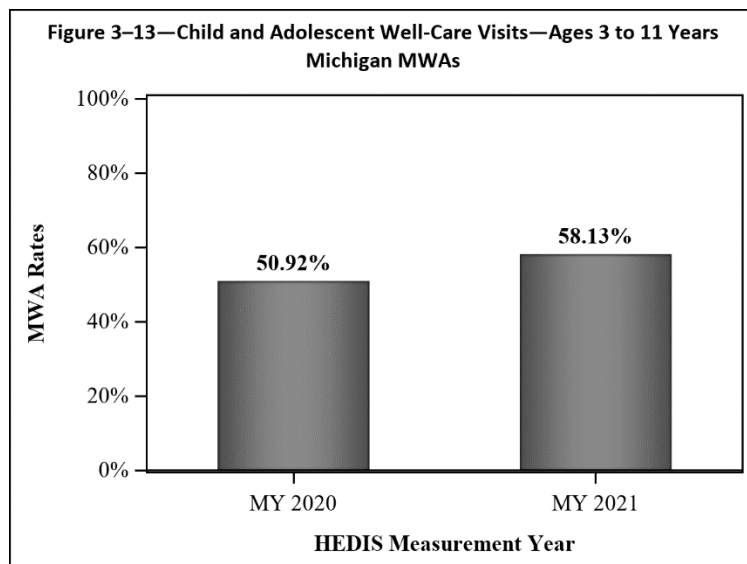


All MHPs and the MWA fell below the 50th percentile, HPL, and the LPL. MHP performance varied by over 19 percentage points.

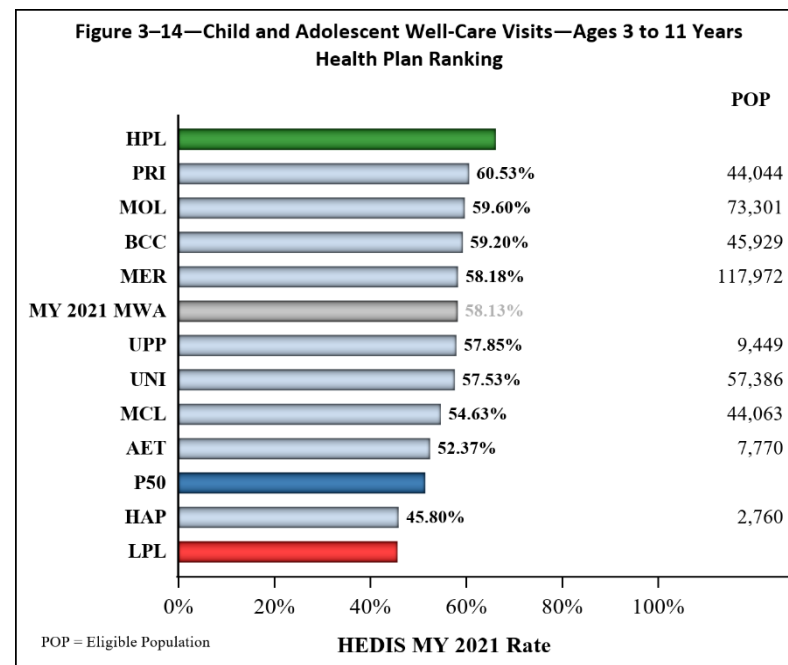


## Child and Adolescent Well-Care Visits—Ages 3 to 11 Years

*Child and Adolescent Well-Care Visits* assesses the percentage of members who were 3 to 11 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY.



The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.

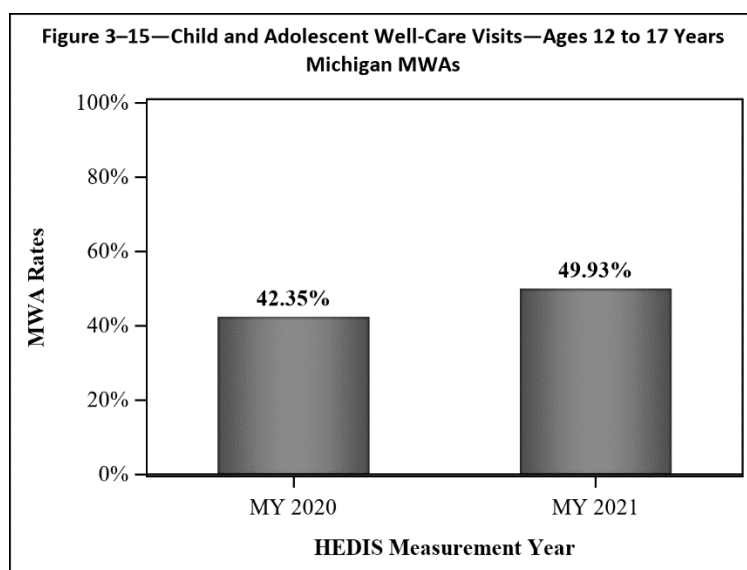


Eight MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. All MHPs ranked above the LPL. MHP performance varied by over 14 percentage points.

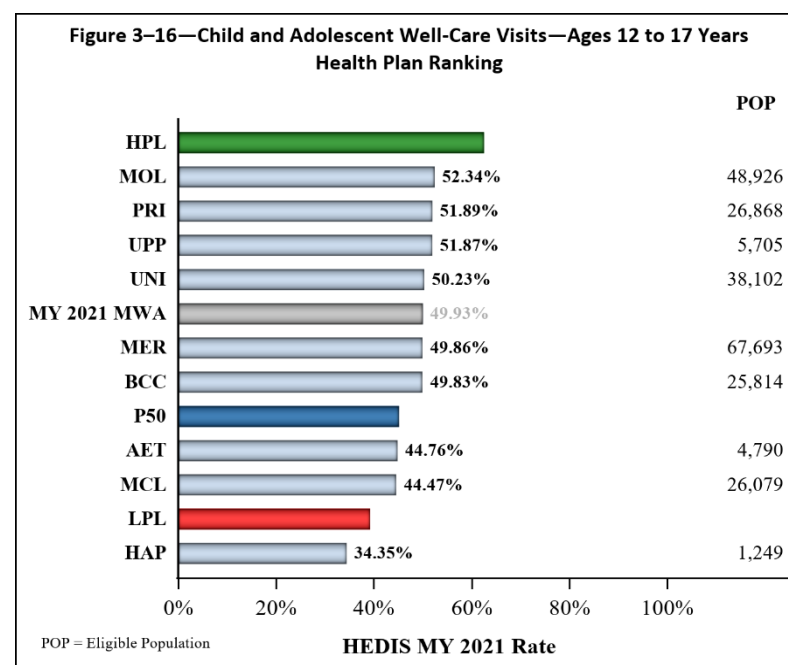


## Child and Adolescent Well-Care Visits—Ages 12 to 17 Years

*Child and Adolescent Well-Care Visits* assesses the percentage of members who were 12 to 17 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY.



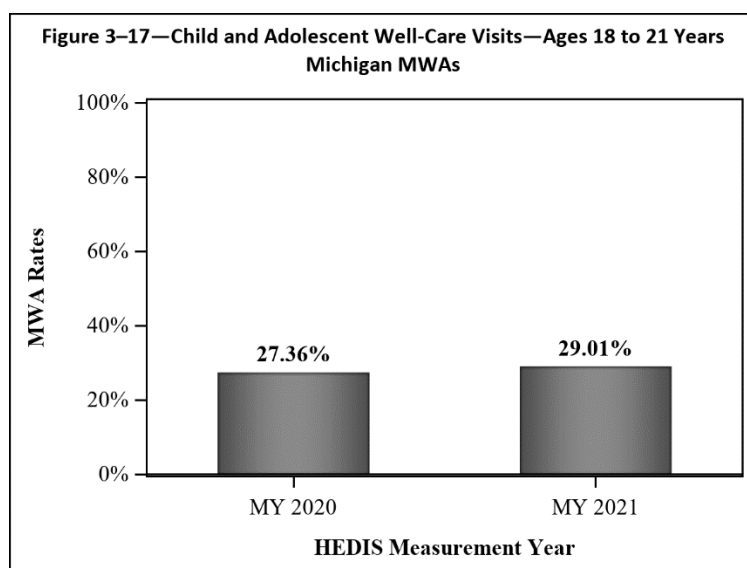
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



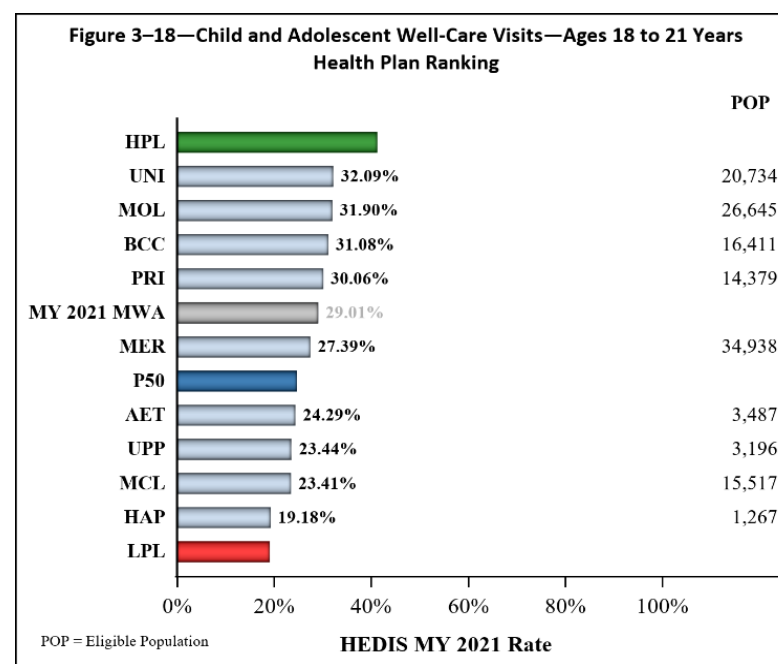
Six MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Two MHPs ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 17 percentage points.

## Child and Adolescent Well-Care Visits—Ages 18 to 21 Years

*Child and Adolescent Well-Care Visits* assesses the percentage of members who were 18 to 21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY.



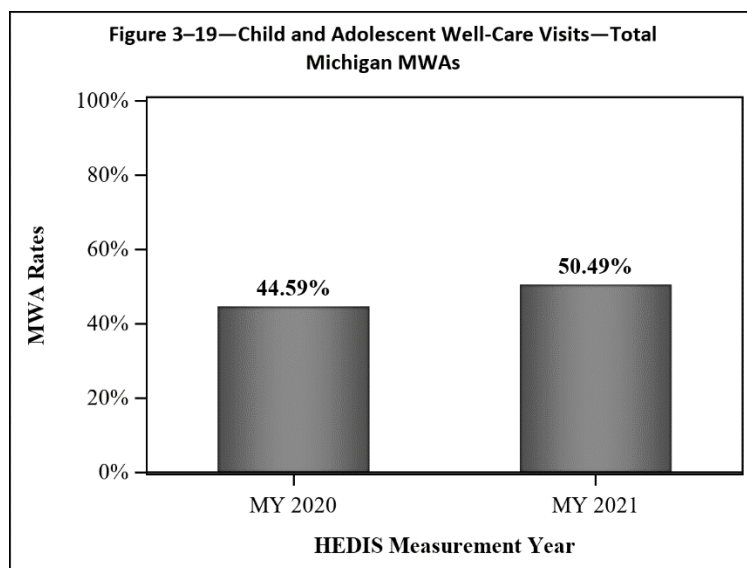
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



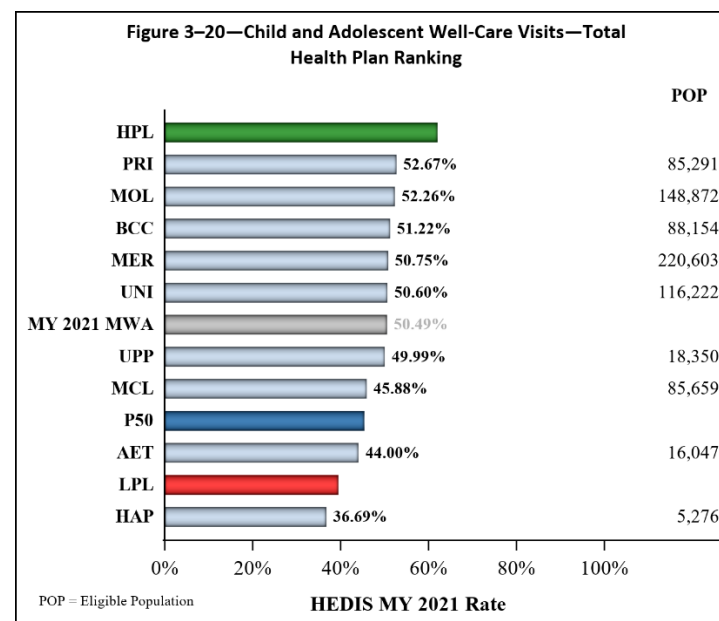
Five MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. All MHPs ranked above the LPL. MHP performance varied by over 12 percentage points.

## Child and Adolescent Well-Care Visits—Total

*Child and Adolescent Well-Care Visits—Total* assesses the percentage of members who were 3 to 21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY.



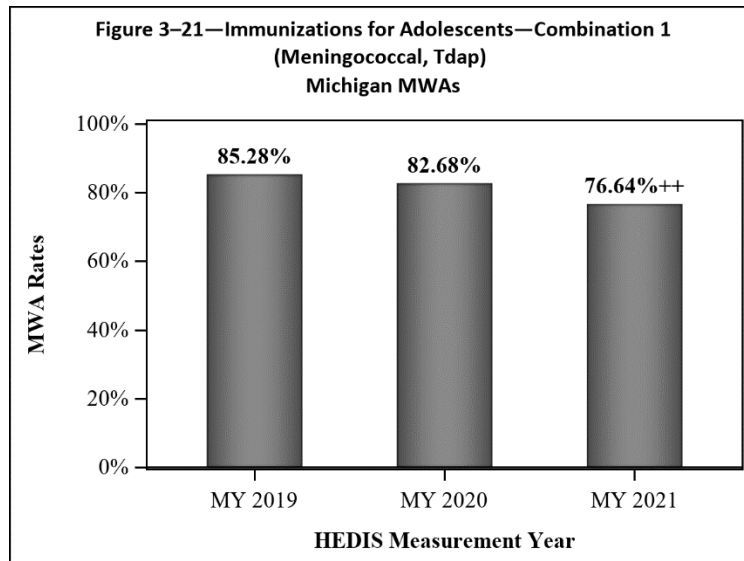
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



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

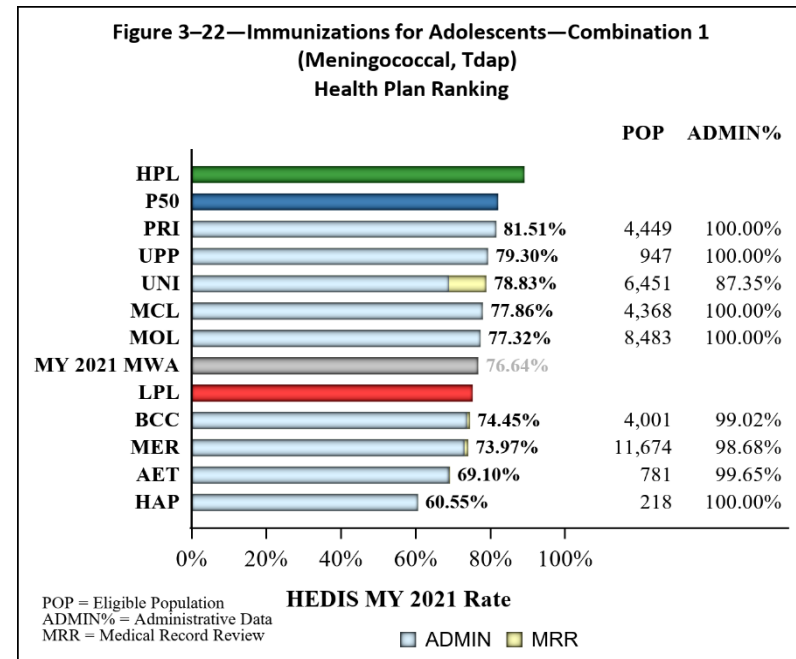
## Immunizations for Adolescents—Combination 1

*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.



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

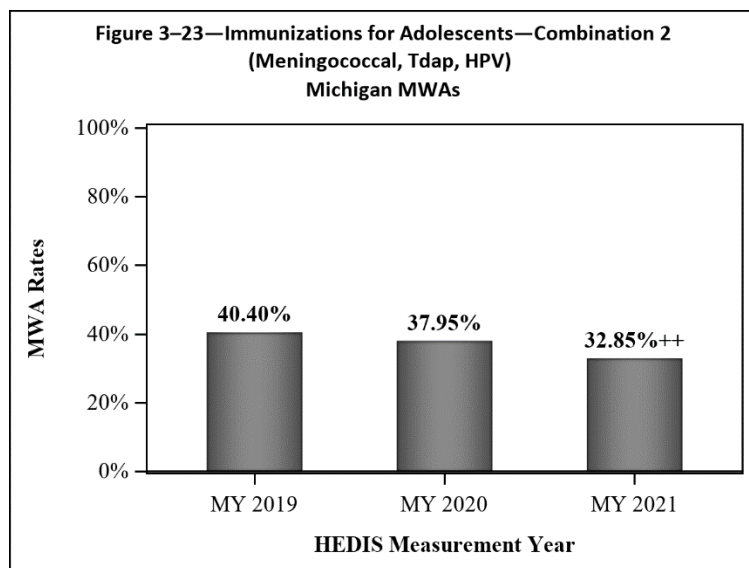
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



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

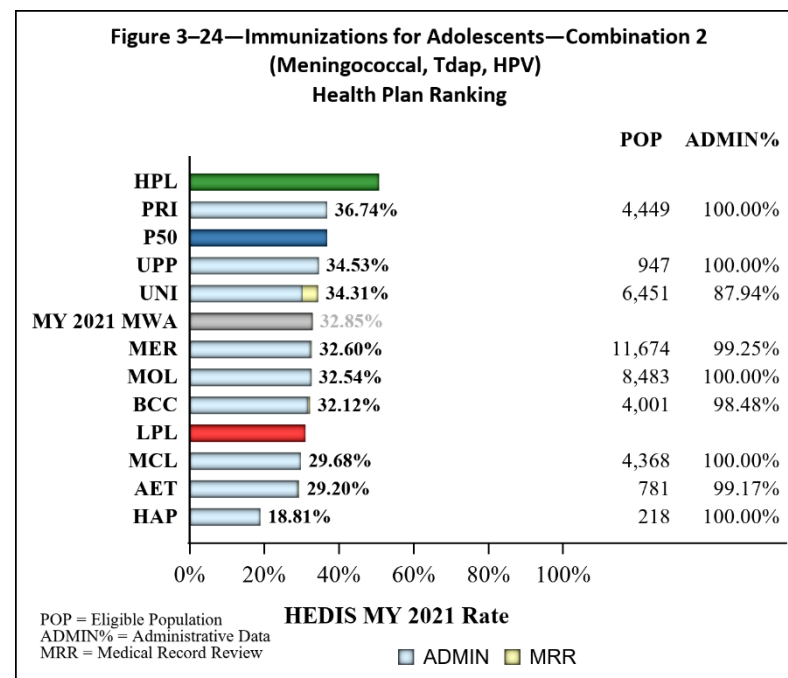
## Immunizations for Adolescents—Combination 2

*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 HPV.



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

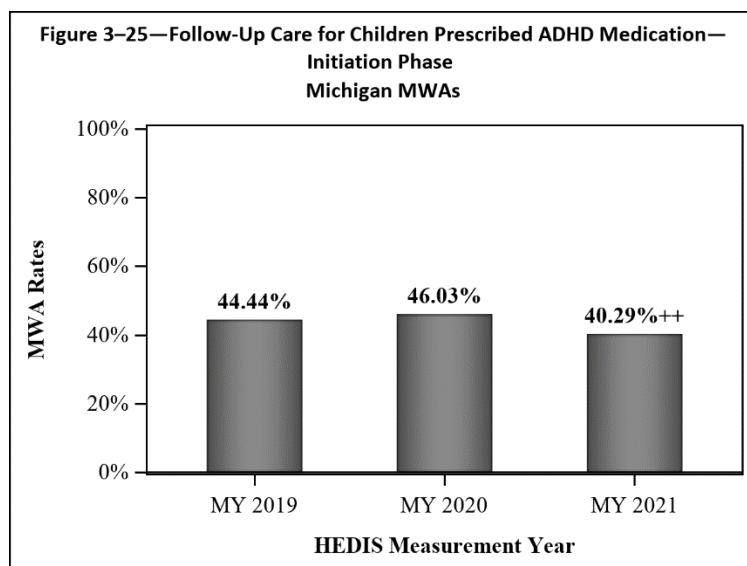
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



One MHP ranked above the 50th percentile, but fell below the HPL. Five MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. Three MHPs fell below the LPL. MHP performance varied by over 17 percentage points.

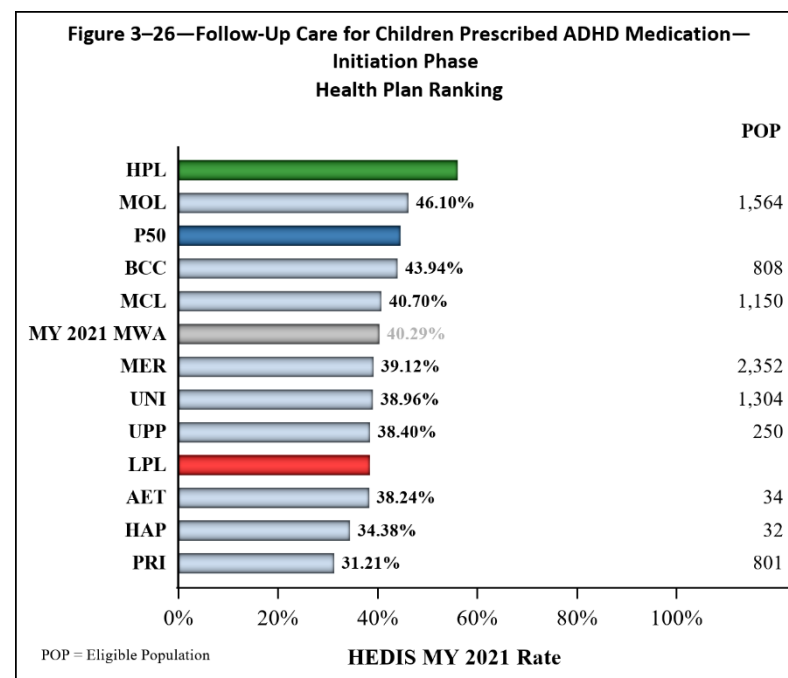
## Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

*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.

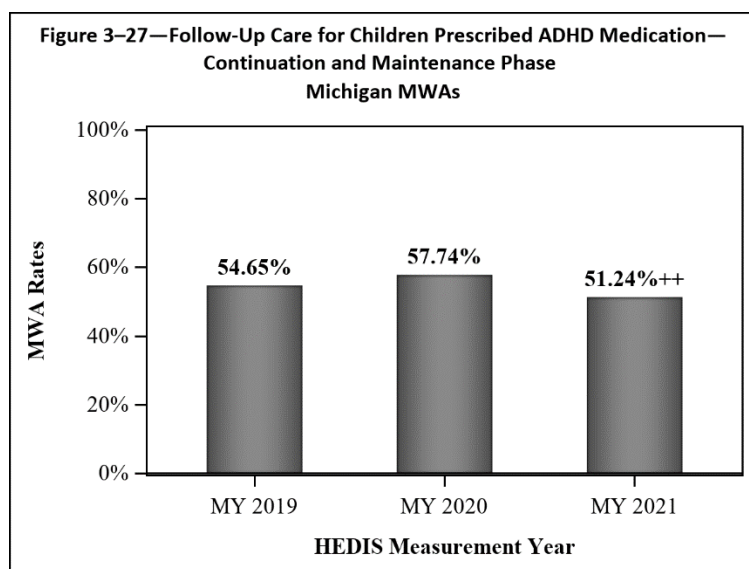
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



One MHP ranked above the 50th percentile, but fell below the HPL. Five MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. Three MHPs fell below the LPL. MHP performance varied by over 14 percentage points.

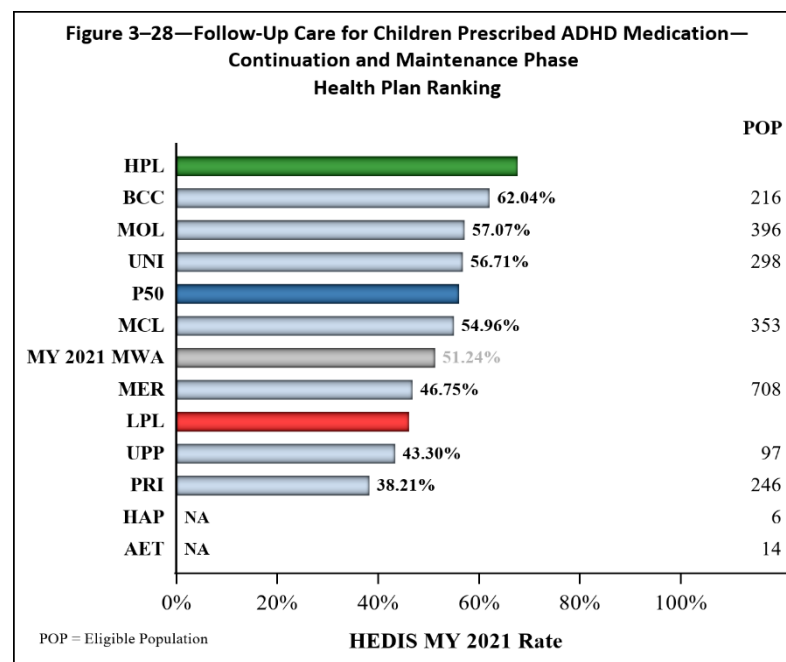
## Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

*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 MY 2021 MWA rate significantly declined from HEDIS MY 2020.



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

Three MHPs ranked above the 50th percentile, but fell below the HPL. Two MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 23 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*
- *Cervical Cancer Screening*
- *Breast 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 4-1 presents the Michigan MWA performance for the measure indicators under the Women—Adult Care domain. The table lists the HEDIS MY 2021 MWA rates and performance levels, a comparison of the HEDIS MY 2020 MWA to the HEDIS MY 2021 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2020 MWA to HEDIS MY 2021 MWA.

**Table 4-1—HEDIS MY 2021 MWA Performance Levels and Trend Results for Women —Adult Care**

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA—HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<b><i>Chlamydia Screening in Women</i></b>				
<i>Ages 16 to 20 Years</i>	58.09%	+0.79	2	0
<i>Ages 21 to 24 Years</i>	64.15%	+0.47	2	0
<i>Total</i>	61.00%	+0.80 <sup>+</sup>	4	0
<b><i>Cervical Cancer Screening</i></b>				
<i>Cervical Cancer Screening</i>	58.01%	-2.52 <sup>++</sup>	0	3
<b><i>Breast Cancer Screening</i></b>				
<i>Breast Cancer Screening</i>	52.30%	-4.01 <sup>++</sup>	0	8

<sup>1</sup> HEDIS MY 2021 performance levels were based on comparisons of the HEDIS MY 2021 MWA rates to national Medicaid Quality Compass HEDIS MY 2020 MWA benchmarks. HEDIS MY 2021 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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<sup>2</sup> HEDIS MY 2020 MWA to HEDIS MY 2021 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant improvement from the HEDIS MY 2020 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant decline from the HEDIS MY 2020 MWA.

Table 4-1 shows that for the Women—Adult Care domain, the *Chlamydia Screening in Women—Ages 16 to 20 Years*, *Ages 21 to 24 Years*, and *Total* measure indicators were an area of strength. All measure indicators ranked above the 50th percentile with the *Chlamydia Screening in Women—Total* measure indicator demonstrating significant improvement from the HEDIS MY 2020 MWA. Priority and Blue Cross ranked above the 50th percentile for the most measure indicators within the Women—Adult Care domain.

The MWA demonstrated a significant decline for the *Cervical Cancer Screening* and *Breast Cancer Screening* measure indicators. No MHPs ranked above the HPL for any measure indicators. Additionally, Upper Peninsula fell below the LPL for all *Chlamydia Screening for Women* measure indicators, HAP fell below the LPL for the *Cervical Cancer Screening* measure, and Aetna fell below the LPL for both the *Cervical Cancer Screening* and *Breast Cancer Screening* measures. The *Cervical Cancer Screening* and *Breast Cancer Screening* measures had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2021, as well as an MWA decrease of over 2 percentage points from HEDIS MY 2020. Further, the *Breast Cancer Screening* measure had the most significant MWA decrease of over 4 percentage points from HEDIS MY 2020.

MDHHS should continue to monitor the MHPs' performance on the *Cervical Cancer Screening* and *Breast Cancer Screening* measure indicators to ensure that the MHPs' performance does not continue to decline and work with the MHPs toward establishing resources to increase access to routine cancer screenings. Screening can improve outcomes and early detection, reduce the risk of dying, and lead to a greater range of treatment options and lower health care costs.<sup>4-1</sup> Prolonged delays in screening related to the COVID-19 pandemic may lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among women already experiencing health inequities.<sup>4-2</sup>

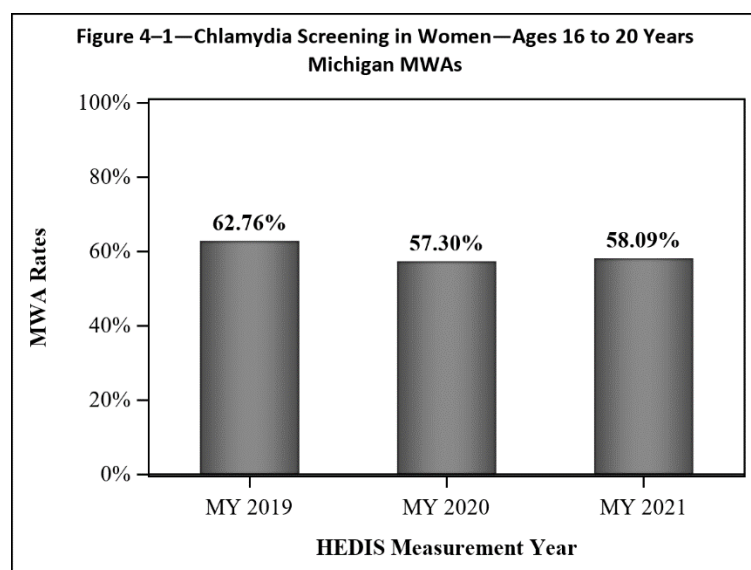
<sup>4-1</sup> National Committee for Quality Assurance. Breast Cancer Screening. Available at: <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>. Accessed on: Sept 14, 2022.

<sup>4-2</sup> Centers for Disease Control and Prevention. Sharp Declines in Breast and Cervical Cancer Screening. <https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html>. Accessed on: Sept 14, 2022.

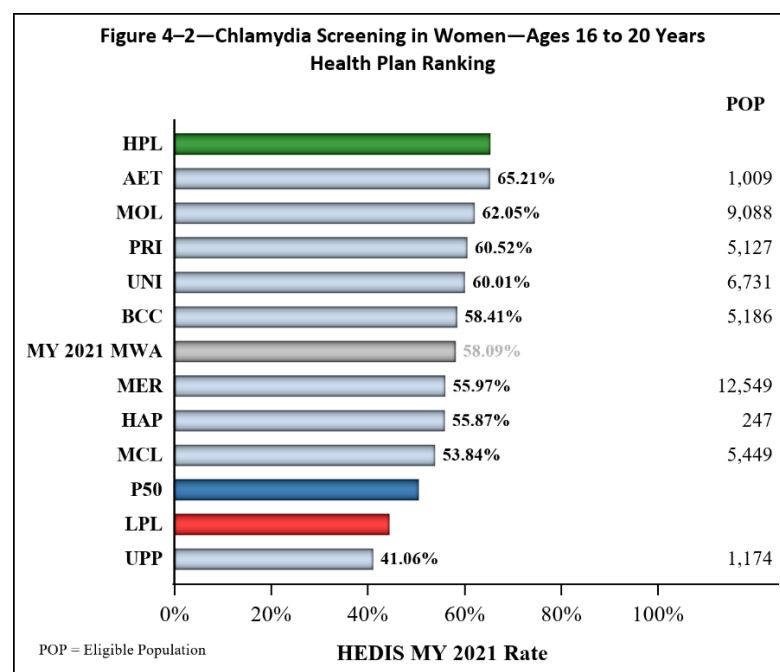
## Measure-Specific Findings

### 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 MY.



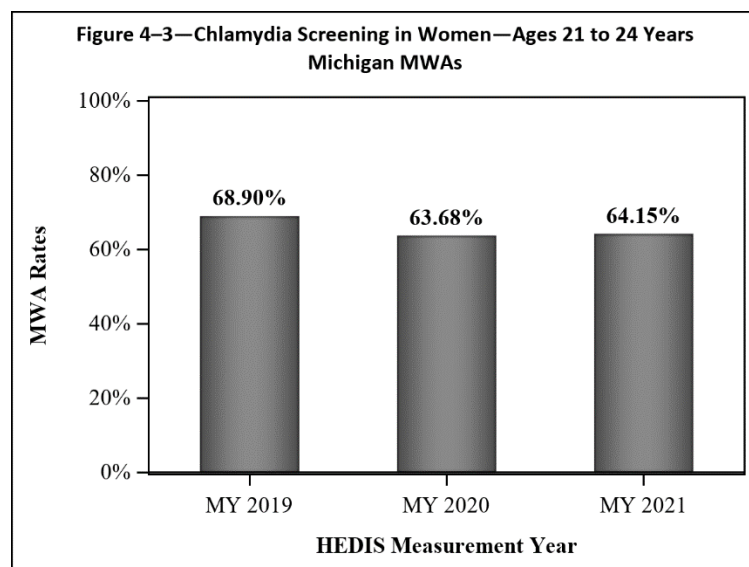
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



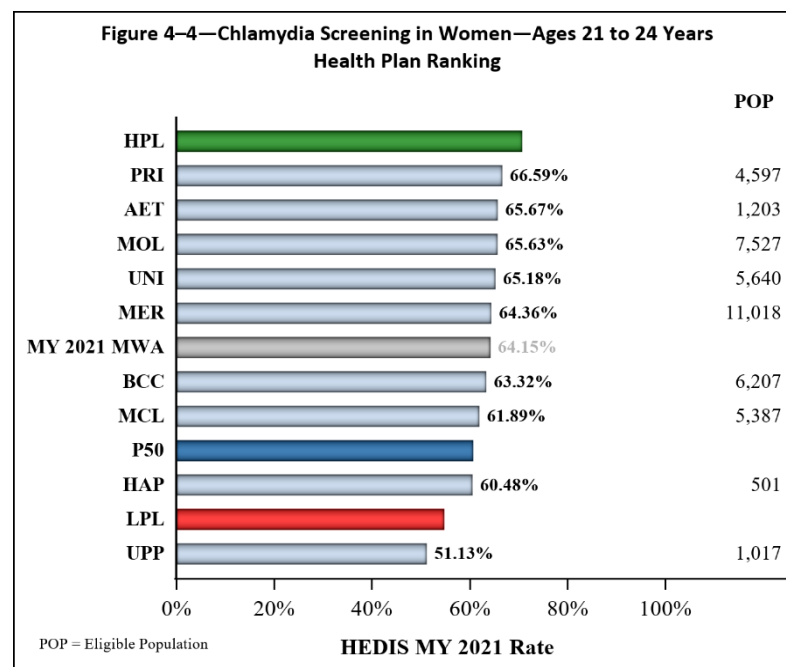
Eight MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 24 percentage points.

## 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 MY.



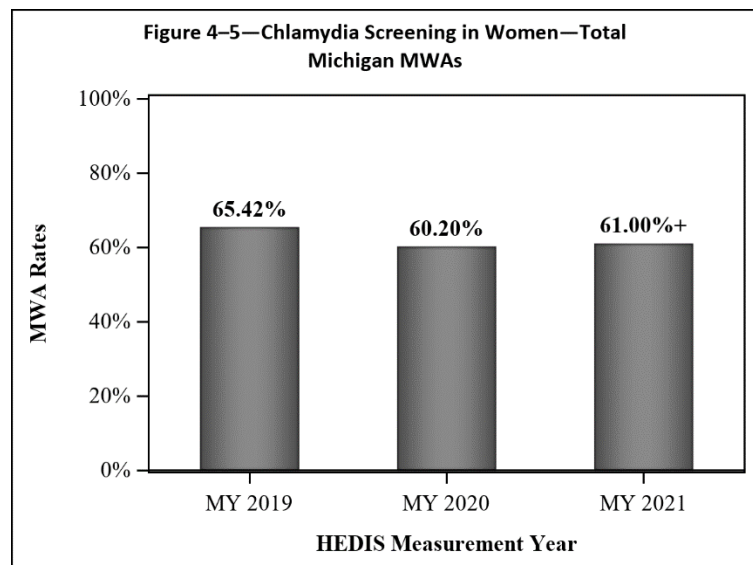
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



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

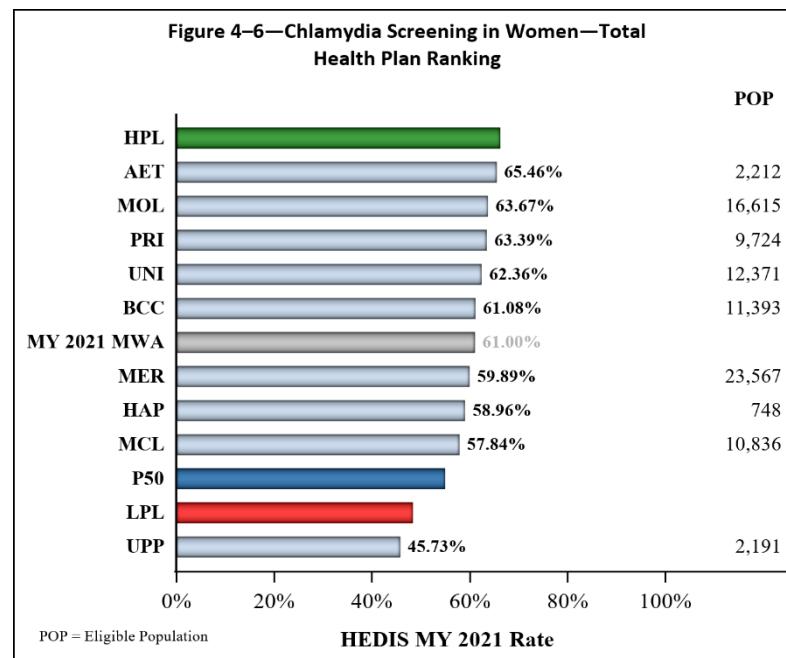
## Chlamydia Screening in Women—Total

*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 MY.



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

The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.

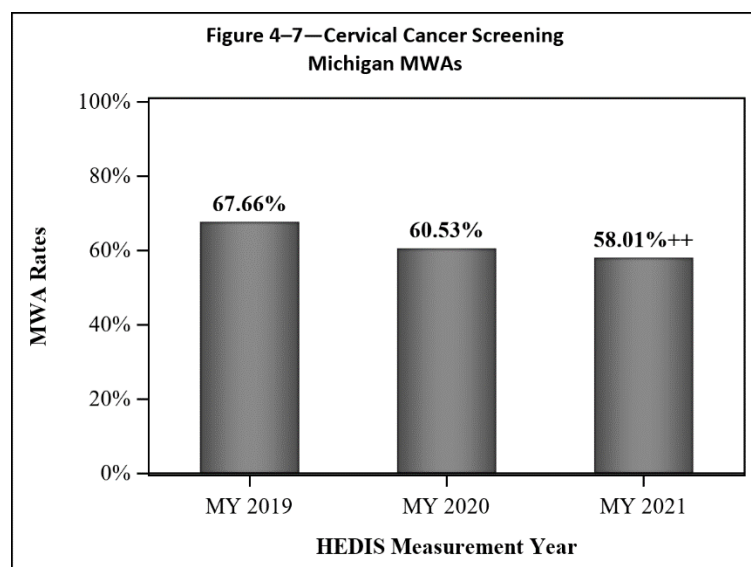


Eight MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 19 percentage points.

## Cervical Cancer Screening

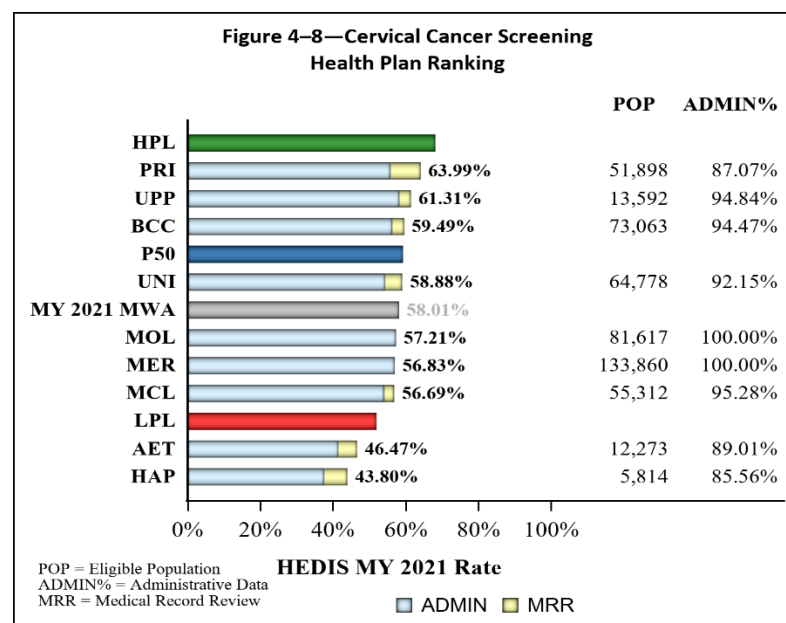
*Cervical Cancer Screening* assesses the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- 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.



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

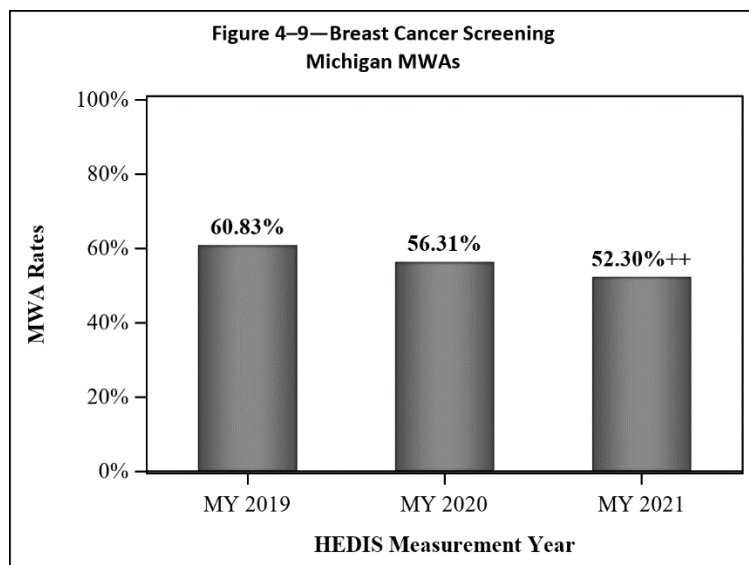
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



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

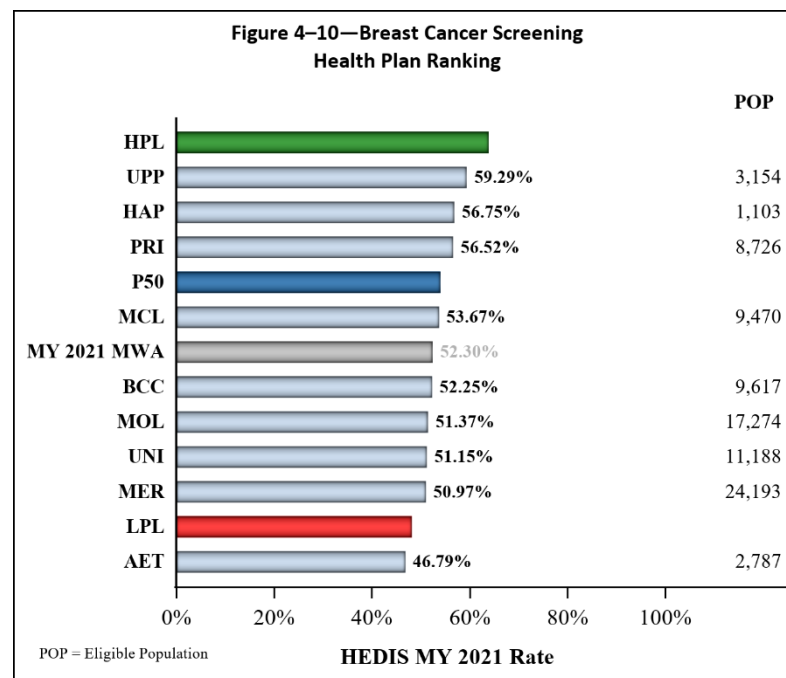
## Breast Cancer Screening

*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 MY.



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

The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Five MHPs ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 12 percentage points.



## 5. Access to Care

### Introduction

The Access to Care domain encompasses the following HEDIS measures:

- *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older, 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 Older, and Total*
- *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, 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 MY 2021 MWA rates and performance levels, a comparison of the HEDIS MY 2020 MWA to the HEDIS MY 2021 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2020 MWA to HEDIS MY 2021 MWA.

**Table 5-1—HEDIS MY 2021 MWA Performance Levels and Trend Results for Access to Care**

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA—HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<b><i>Adults' Access to Preventive/Ambulatory Health Services</i></b>				
<i>Ages 20 to 44 Years</i>	75.38%	+0.78 <sup>+</sup>	6	2
<i>Ages 45 to 64 Years</i>	84.06%	+0.01	3	2
<i>Ages 65 Years and Older</i>	89.55%	+0.78 <sup>+</sup>	5	0
<i>Total</i>	78.58%	+0.36 <sup>+</sup>	4	3

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA– HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>				
Ages 3 Months to 17 Years	64.93%	+3.51 <sup>+</sup>	2	0
Ages 18 to 64 Years	45.77%	+6.08 <sup>+</sup>	6	0
Ages 65 Years and Older	40.94%	+8.07	1	0
Total	51.78%	+1.63 <sup>+</sup>	3	0
<b>Appropriate Testing for Pharyngitis</b>				
Ages 3 to 17 Years	69.04%	-6.30 <sup>++</sup>	1	6
Ages 18 to 64 Years	53.55%	-4.06 <sup>++</sup>	0	5
Ages 65 Years and Older	14.78%	-10.22	0	0
Total	60.58%	-7.98 <sup>++</sup>	1	7
<b>Appropriate Treatment for Upper Respiratory Infection</b>				
Ages 3 Months to 17 Years	94.11%	+2.81 <sup>+</sup>	9	0
Ages 18 to 64 Years	82.21%	+4.03 <sup>+</sup>	7	0
Ages 65 Years and Older	75.51%	+4.18	1	0
Total	89.59%	+2.31 <sup>+</sup>	8	0

<sup>1</sup> 2021 performance levels were based on comparisons of the HEDIS MY 2021 MWA rates to national Medicaid Quality Compass HEDIS MY 2020 MWA benchmarks. 2021 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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<sup>2</sup> HEDIS MY 2020 MWA to HEDIS MY 2021 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant improvement from the HEDIS MY 2020 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant decline from the HEDIS MY 2020 MWA.

Table 5-1 shows that for the Access to Care domain, the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 65 Years and Older, and Total*; *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Ages 18 to 64 Years*; and *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, and Total* measure indicators were an area of strength. All measure indicators ranked above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Upper Peninsula and Meridian ranked above the 50th percentile for the most measure indicators within the Access to Care domain. Upper Peninsula ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*, and Aetna and Priority ranked above the HPL for *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years*.

The MWA demonstrated a significant decline for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators. *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2021 and MWA decrease from HEDIS MY 2020. Additionally, the MWA ranked below the 25th percentile for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators.

MDHHS should continue to monitor the MHPs' performance for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators to ensure that the MHPs' performance does not continue to decline. Proper testing and treatment of pharyngitis prevents the spread of sickness while reducing unnecessary use of antibiotics.<sup>5-1</sup>

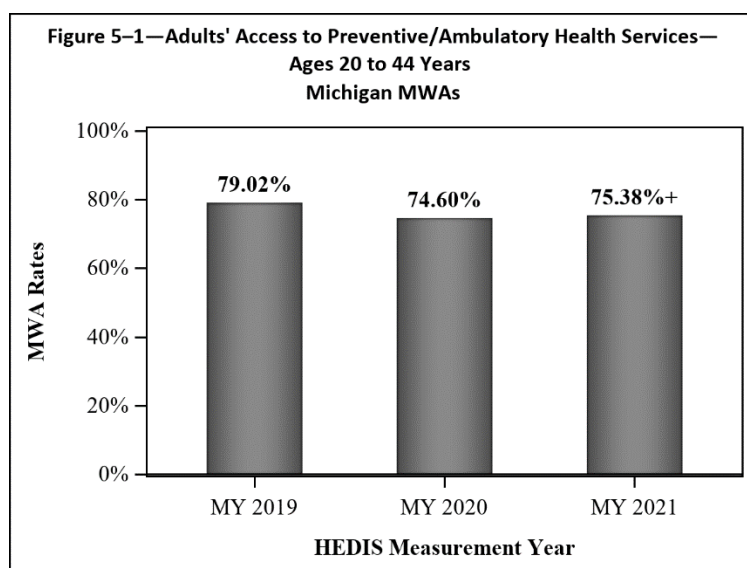
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<sup>5-1</sup> National Committee for Quality Assurance. *Appropriate Testing for Children with Pharyngitis*. Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: Sept 14, 2022.

## Measure-Specific Findings

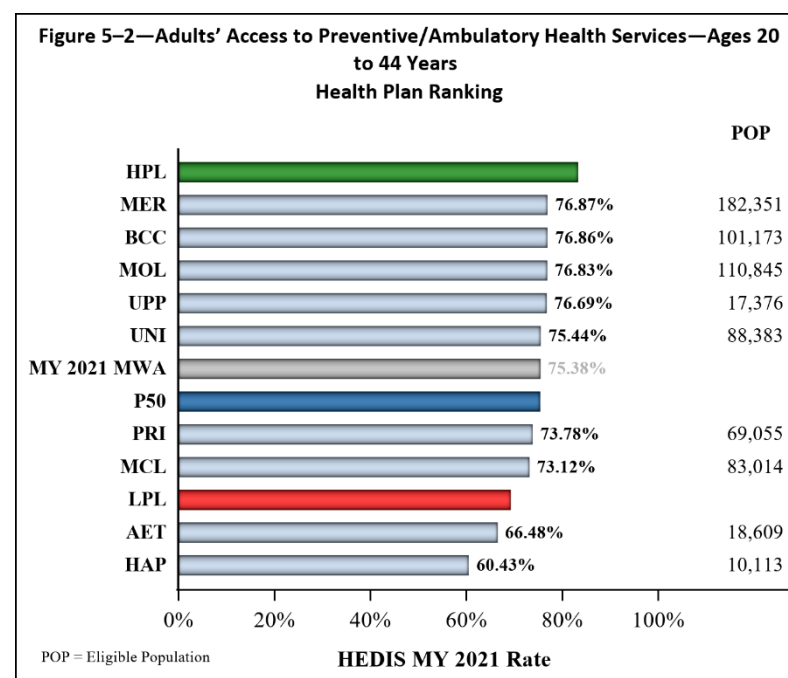
### Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

*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 MY.



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

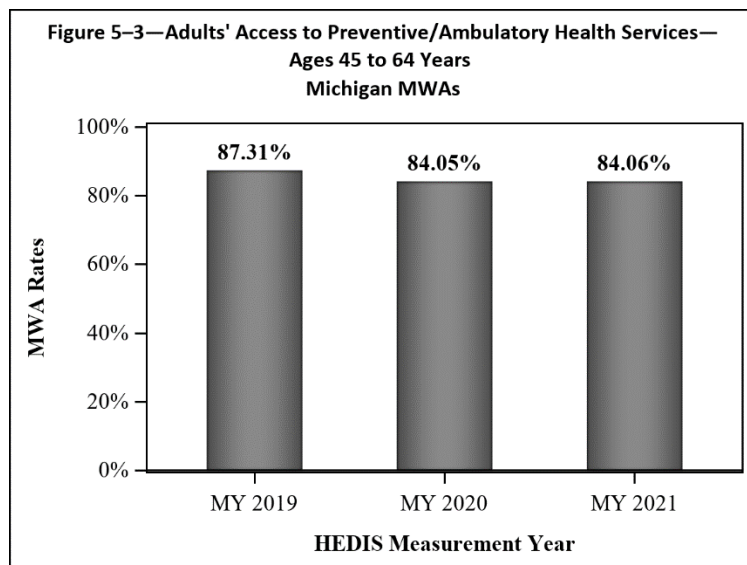
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



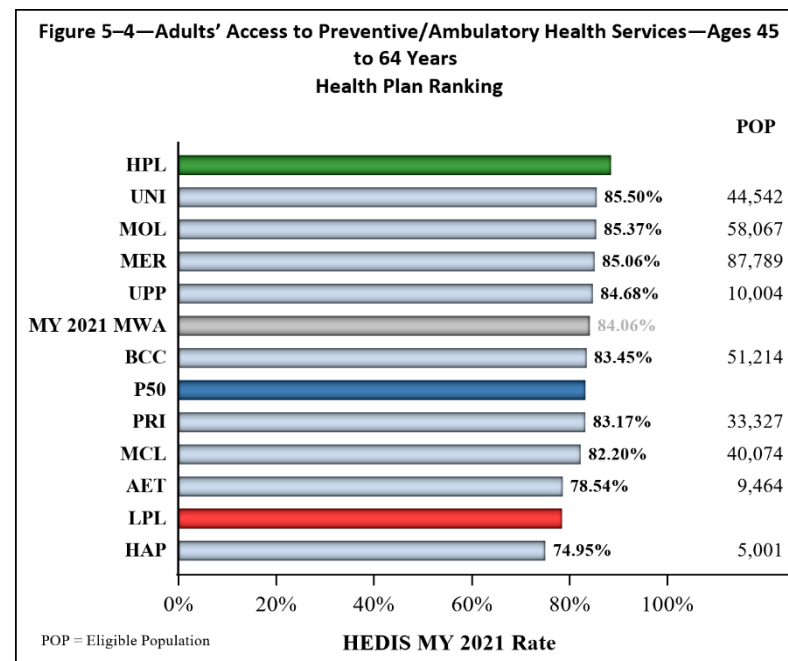
Five MHPs and the MWA ranked above 50th percentile, but fell below the HPL. Two MHPs ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 16 percentage points.

## 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 MY.



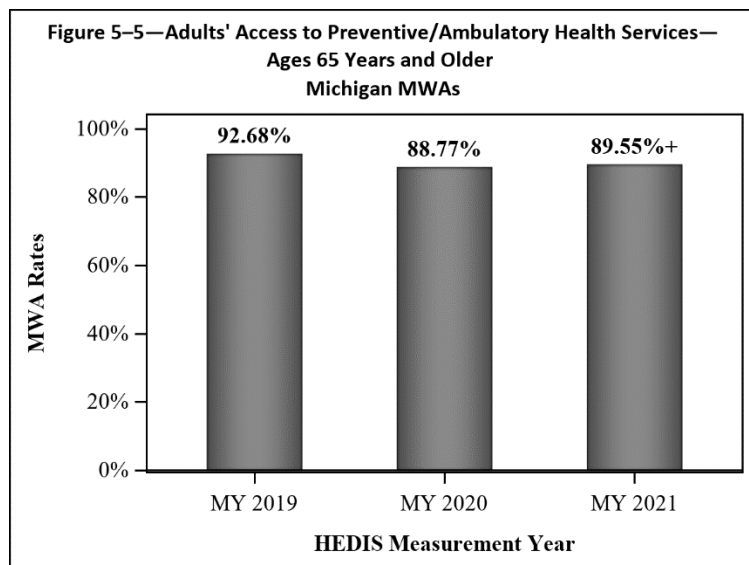
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



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

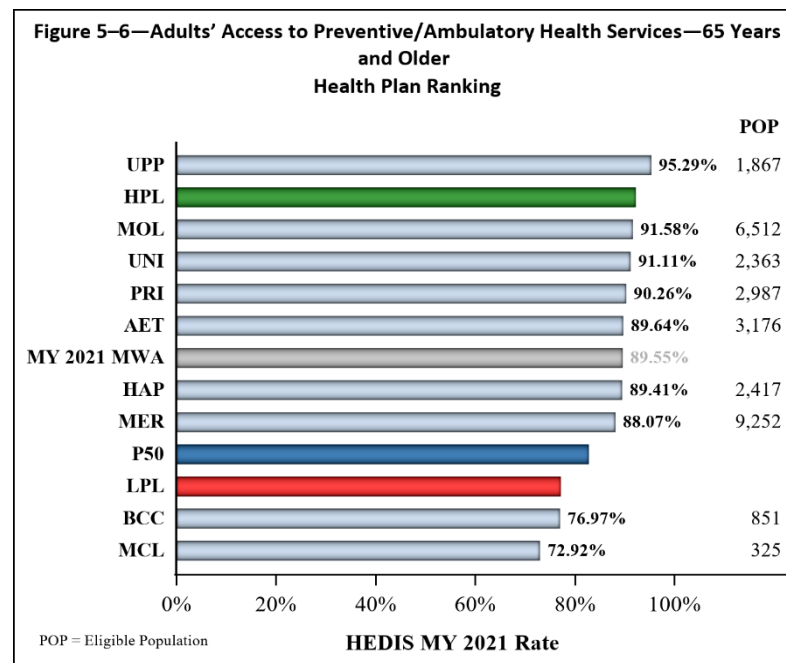
## Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older

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



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

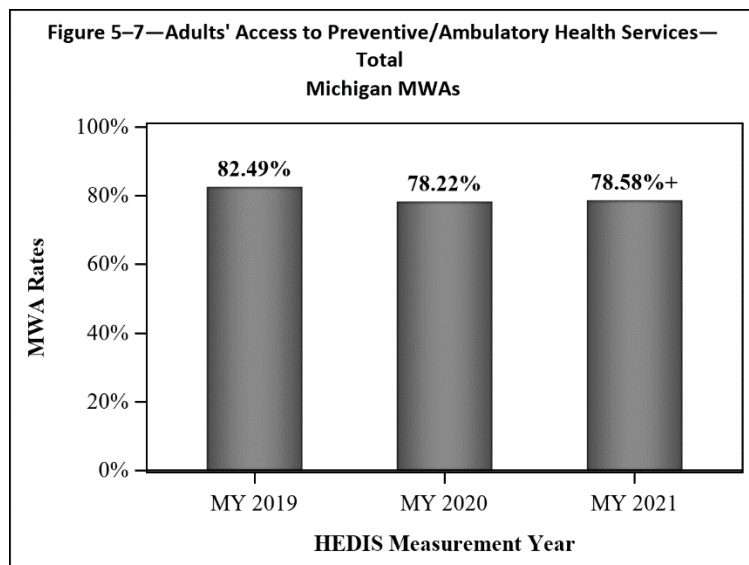
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



One MHP ranked above the HPL. Six 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 22 percentage points.

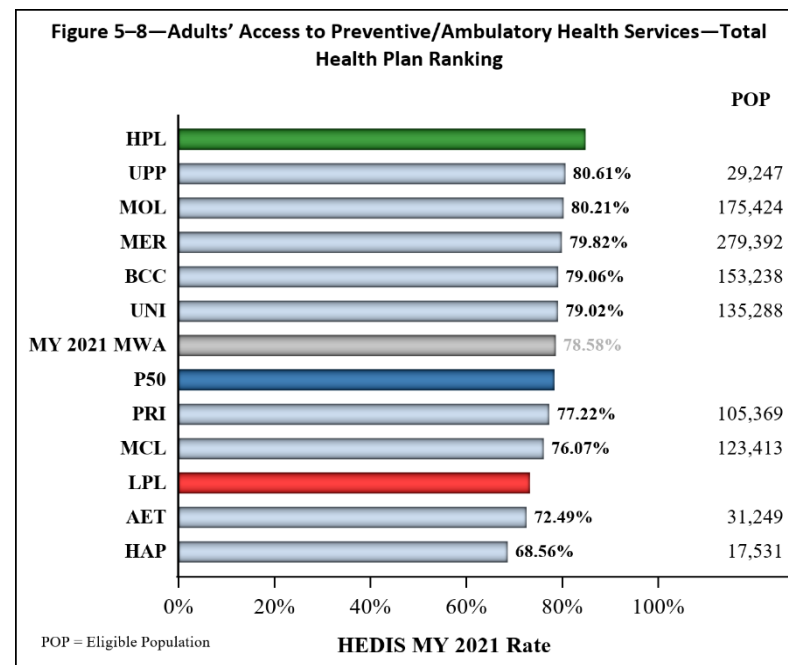
## Adults' Access to Preventive/Ambulatory Health Services—Total

*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 MY.



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

The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.

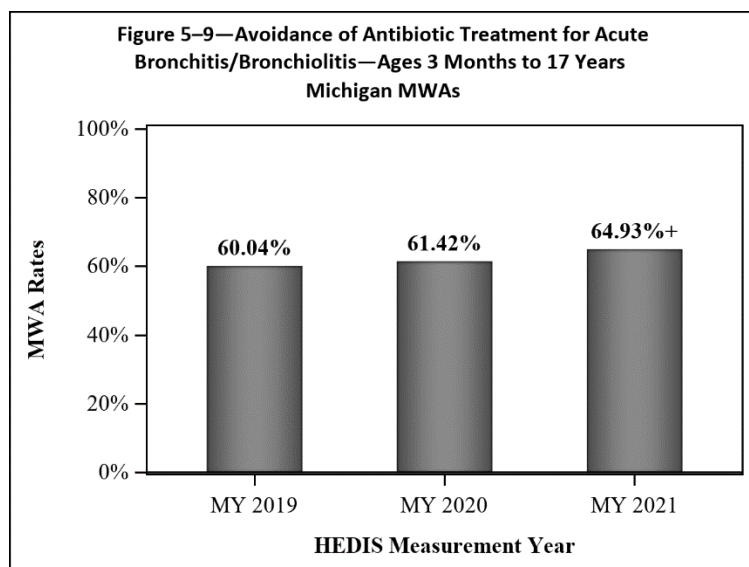


Five MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Two MHPs ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 12 percentage points.



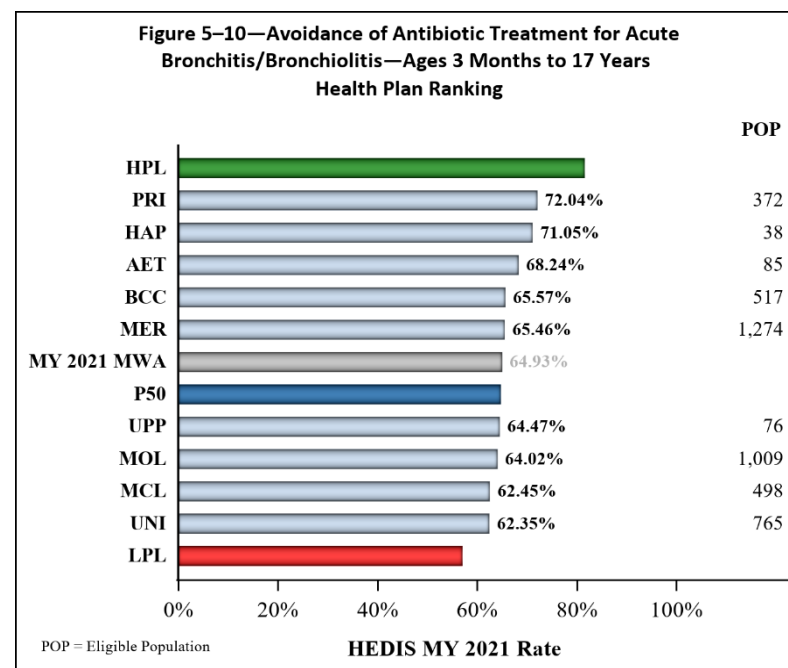
## Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years

*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.



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

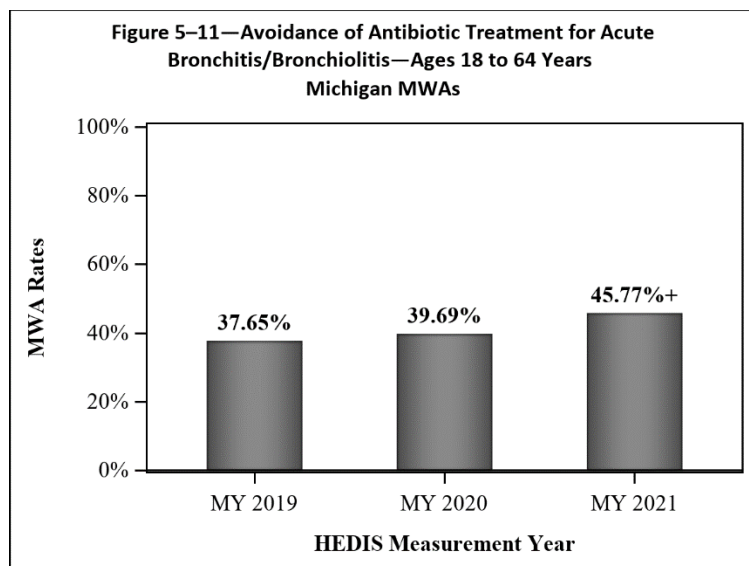
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



Five MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Four MHPs ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 9 percentage points.

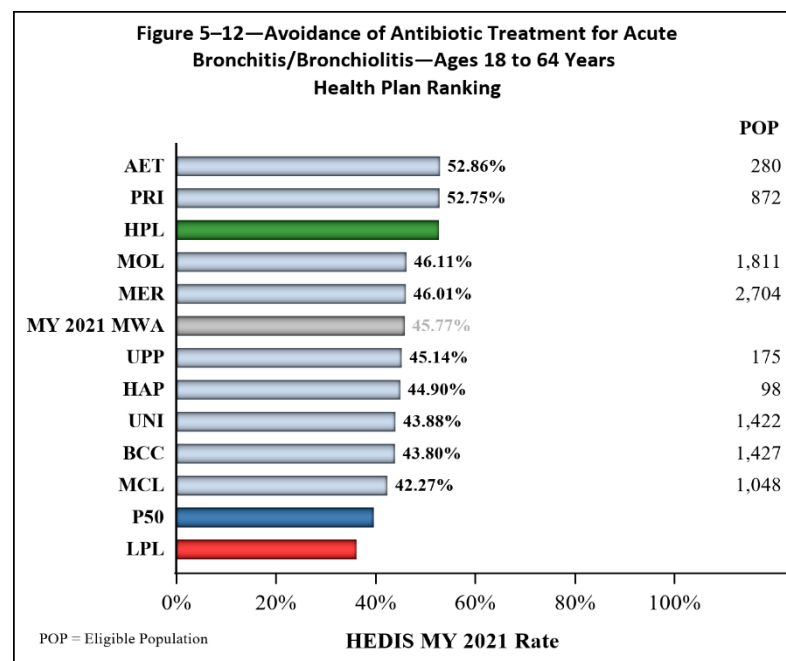
## Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years

*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.



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

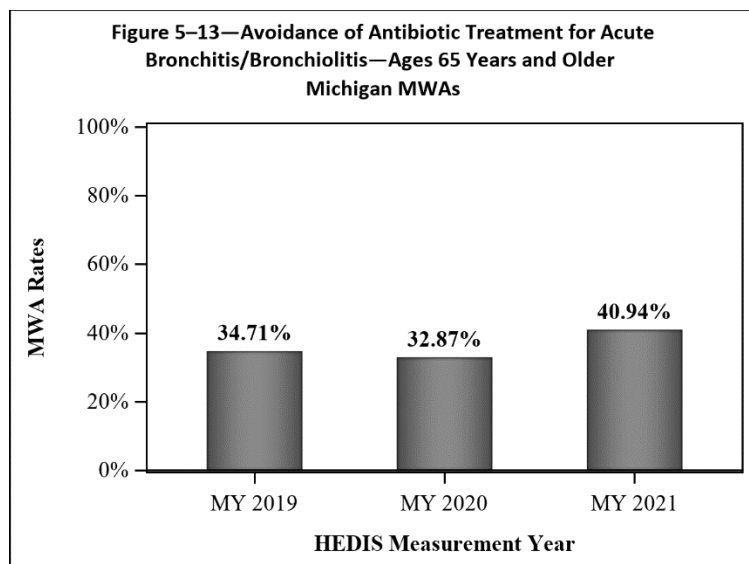
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



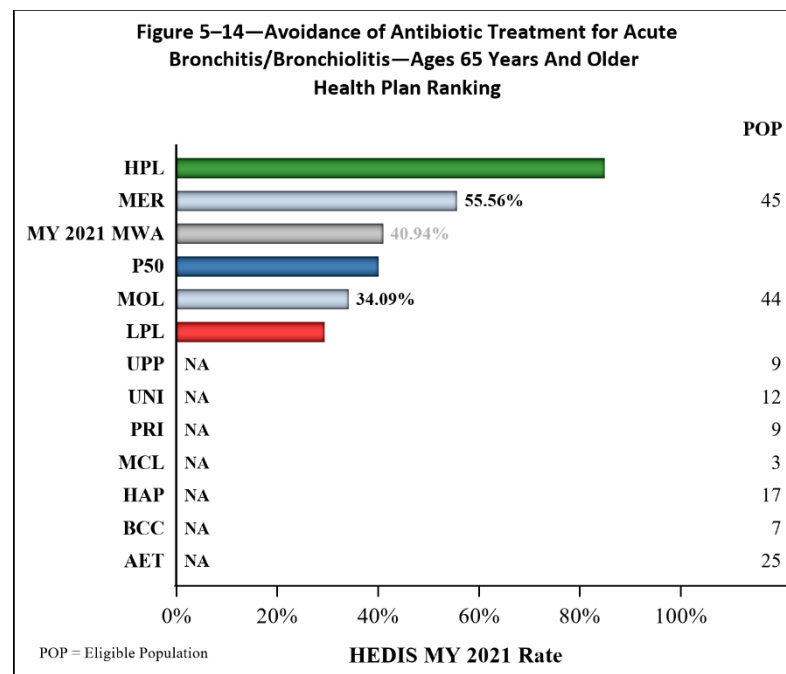
Two MHPs ranked above the HPL. Seven MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. MHP performance varied by over 10 percentage points.

## Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older

*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.

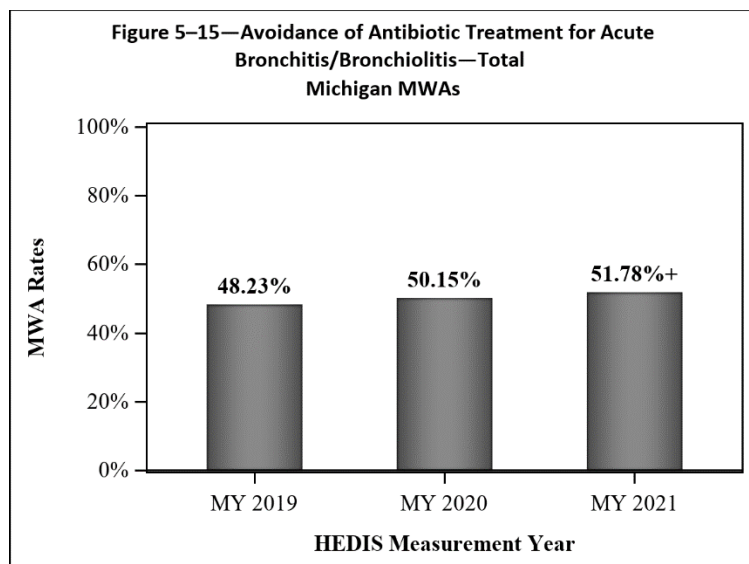


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MHP and the MWA ranked above the 50th percentile, fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 21 percentage points.

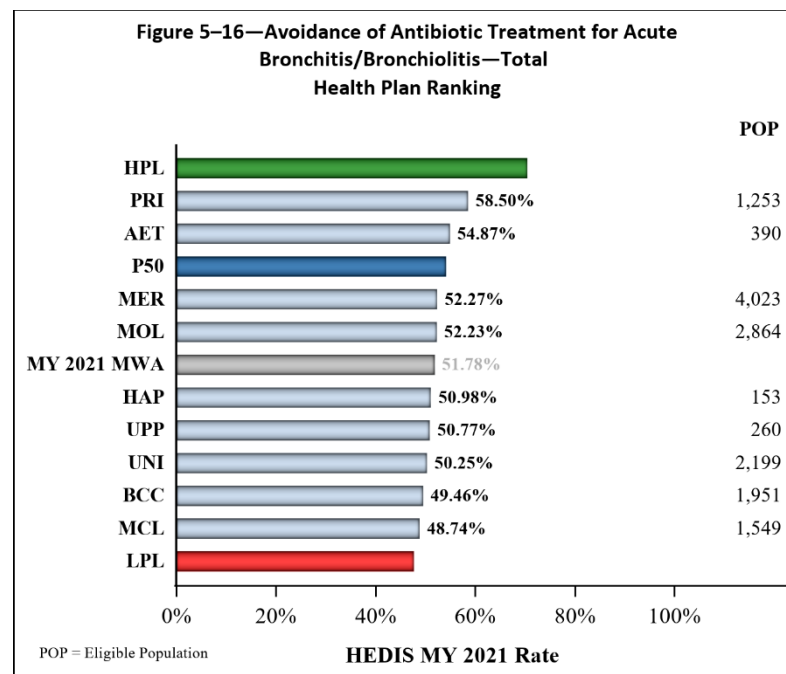
## Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Total

*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.



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

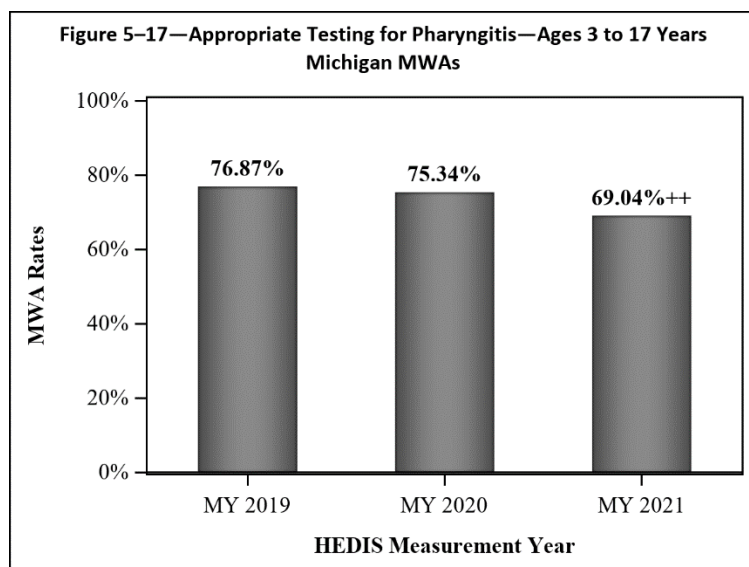
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



Two MHPs ranked above 50th percentile, but fell below the HPL. Seven MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 9 percentage points.

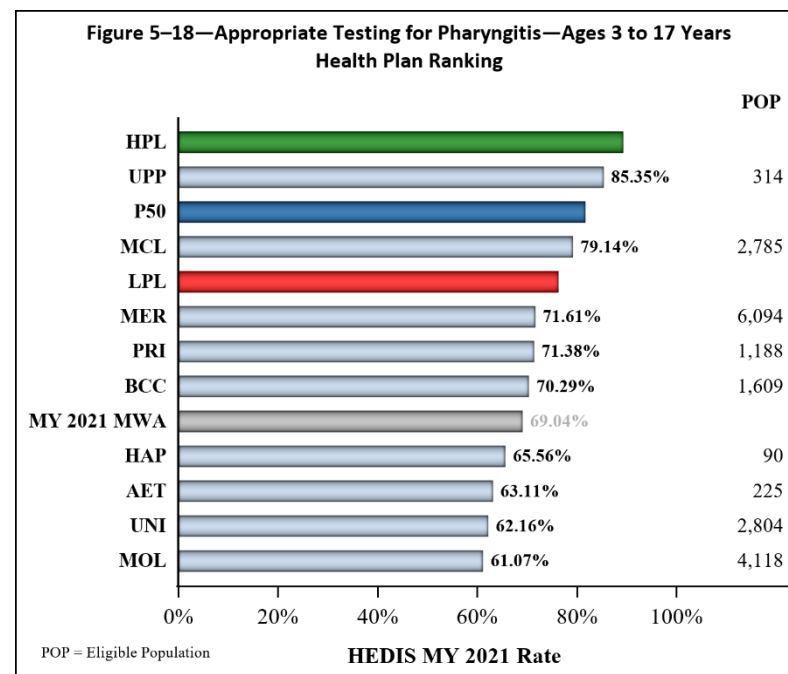
## Appropriate Testing for Pharyngitis—Ages 3 Months to 17 Years

*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.



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

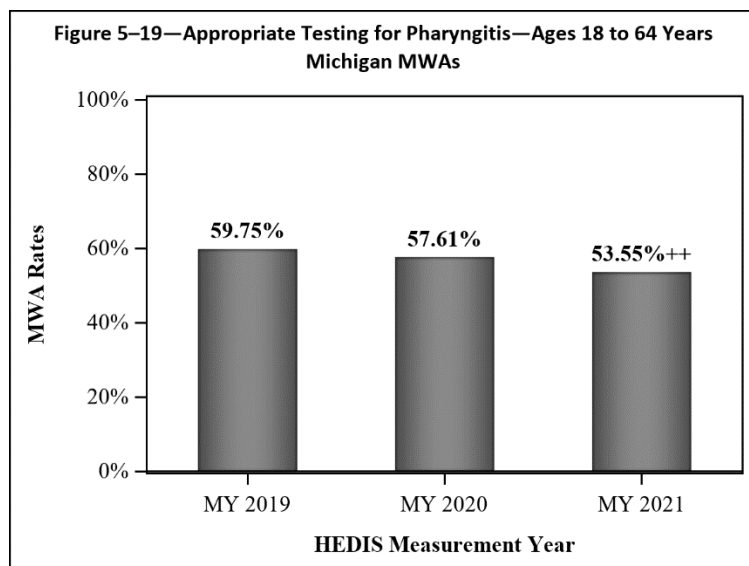
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020 MWA.



One MHP ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. Seven MHPs fell below the LPL. MHP performance varied by over 24 percentage points.

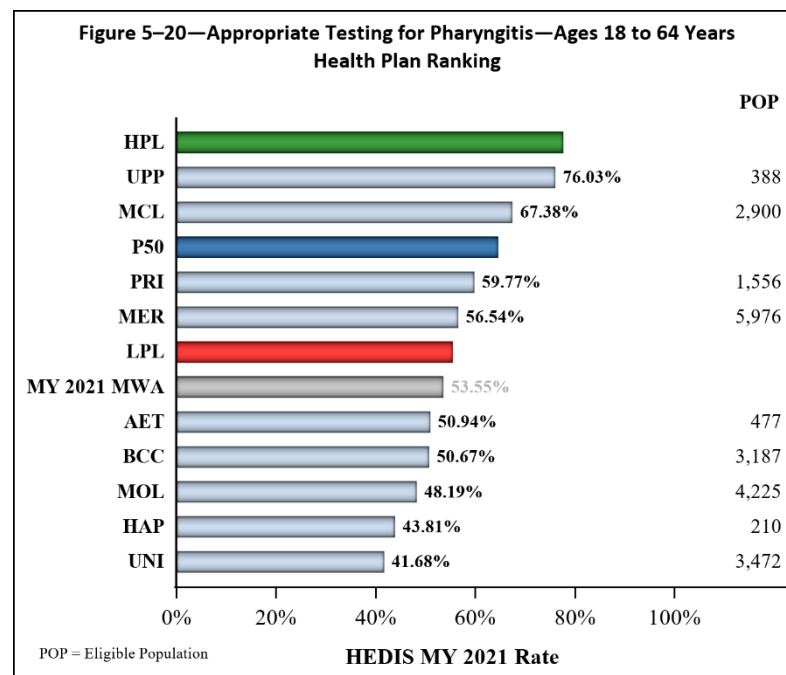
## Appropriate Testing for Pharyngitis—Ages 18 to 64 Years

*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.



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

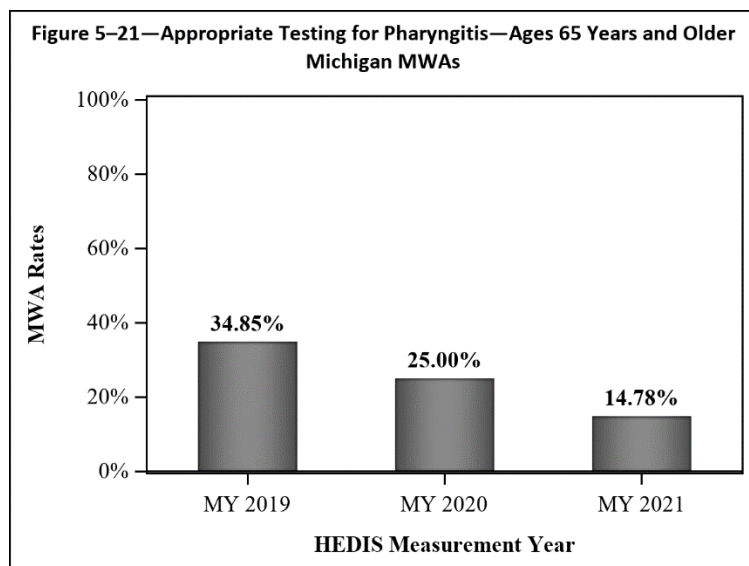
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020 MWA.



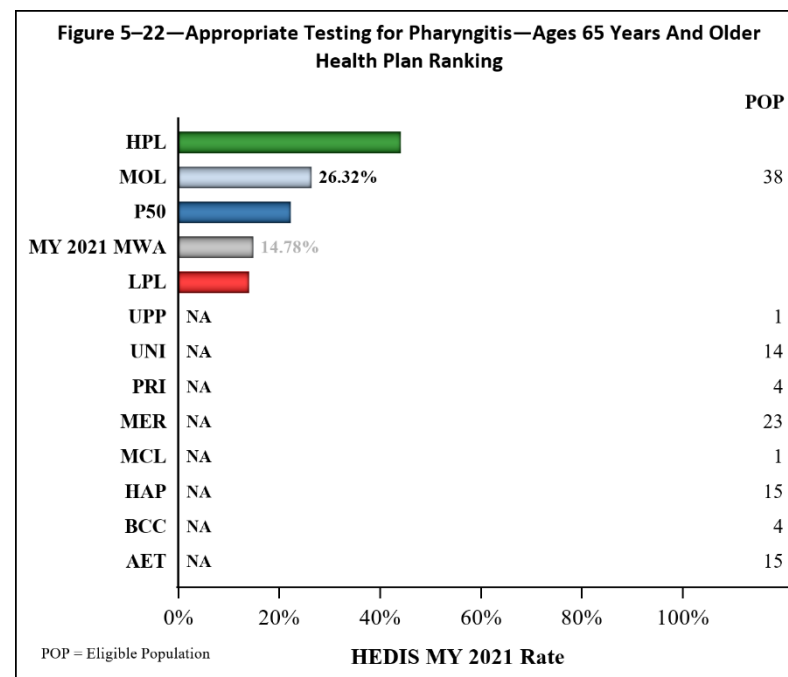
Two MHPs ranked above 50th percentile, but fell below the HPL. Two MHPs ranked above the LPL, but fell below the 50th percentile. Five MHPs and the MWA fell below the LPL. MHP performance varied by over 34 percentage points.

## Appropriate Testing for Pharyngitis—Ages 65 Years and Older

*Appropriate Testing for Pharyngitis—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode.



The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



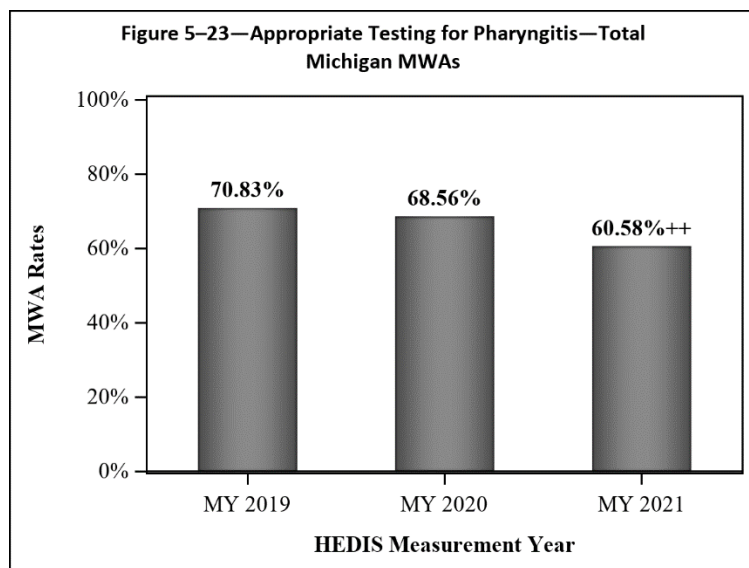
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MHP ranked above the 50th percentile, but fell below the HPL. The MWA ranked above the LPL, but fell below the 50th percentile.



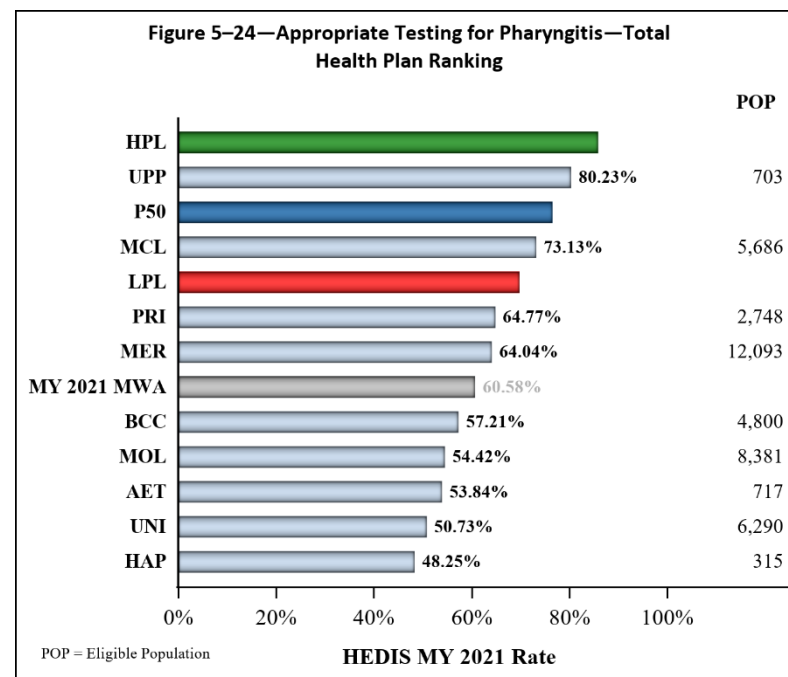
## Appropriate Testing for Pharyngitis—Total

*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.



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

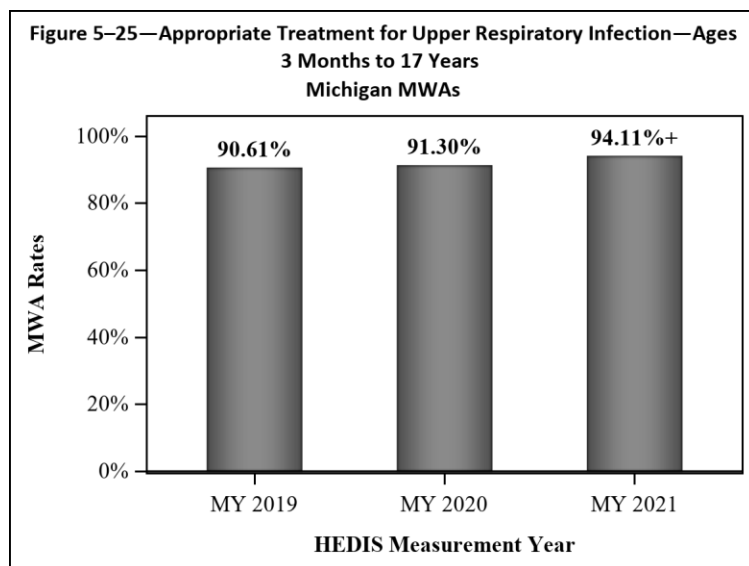
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



One MHP ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. Seven MHPs and the MWA fell below the LPL. MHP performance varied by over 31 percentage points.

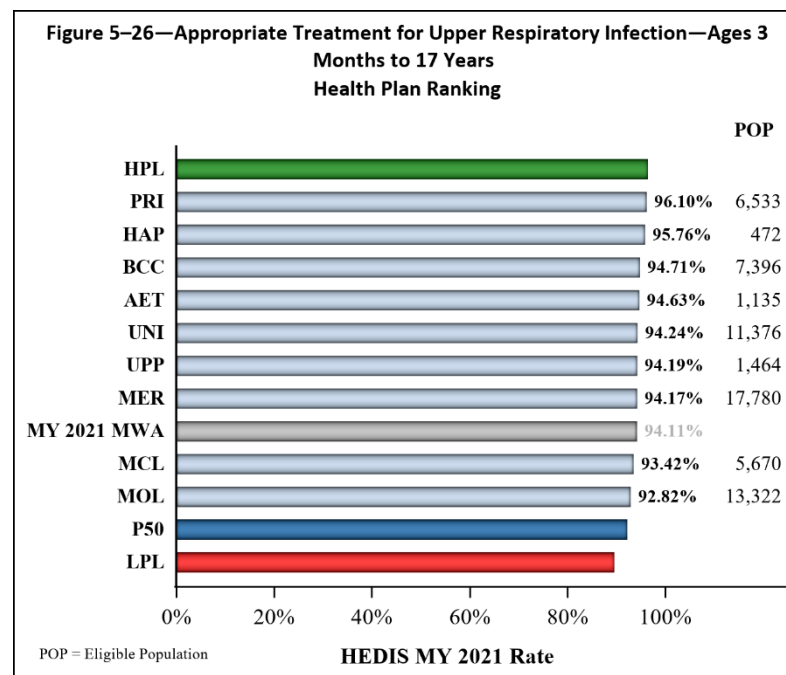
## Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years

*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.



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

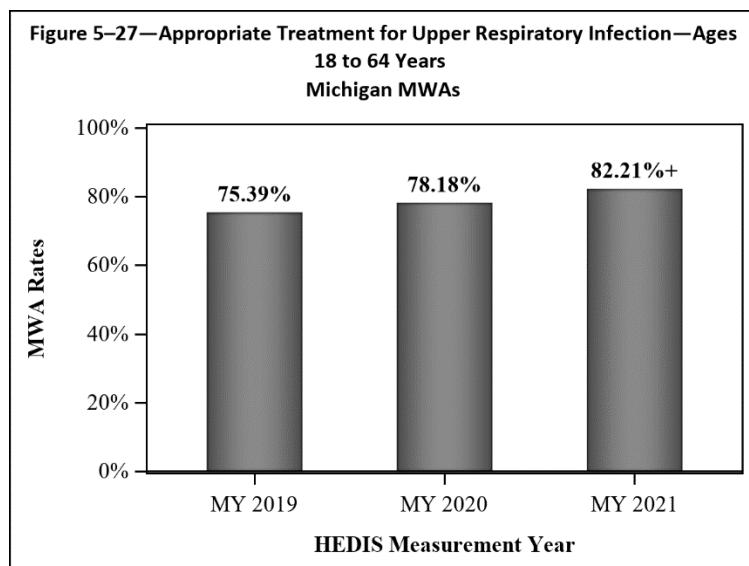
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



All MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. MHP performance varied by over 3 percentage points.

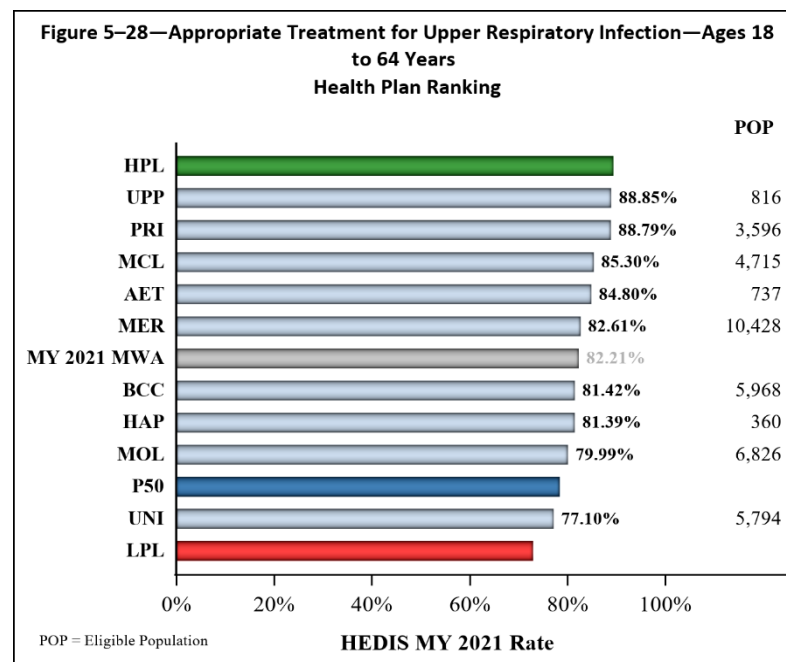
## Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years

*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.



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

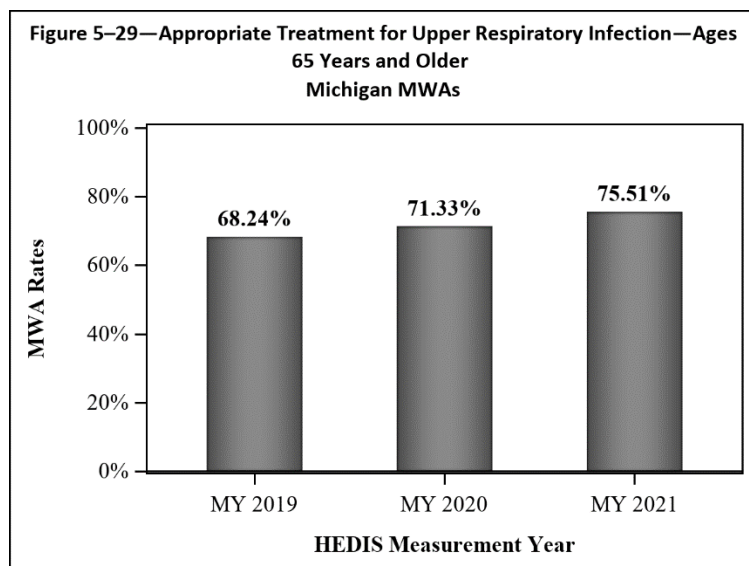
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



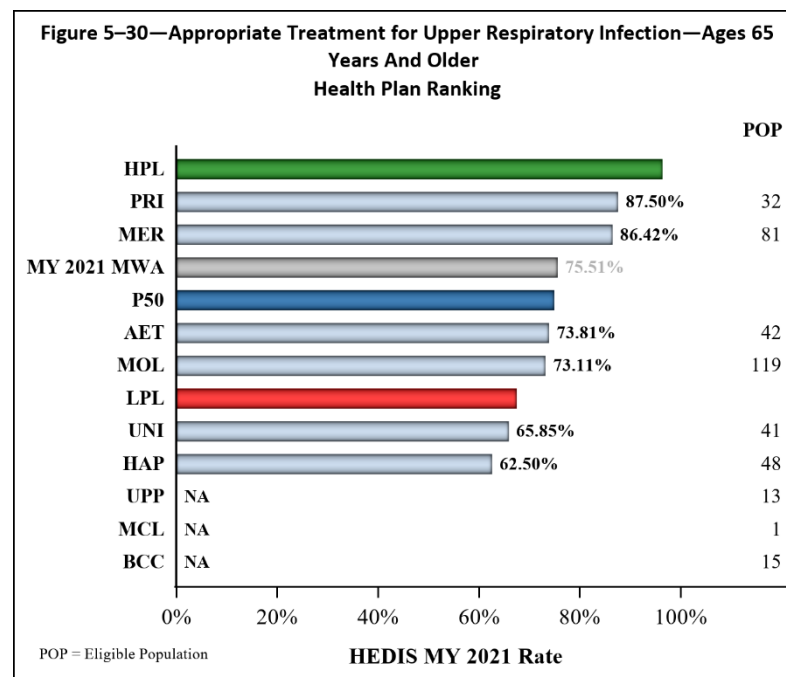
Eight MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 11 percentage points.

## Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older

*Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.

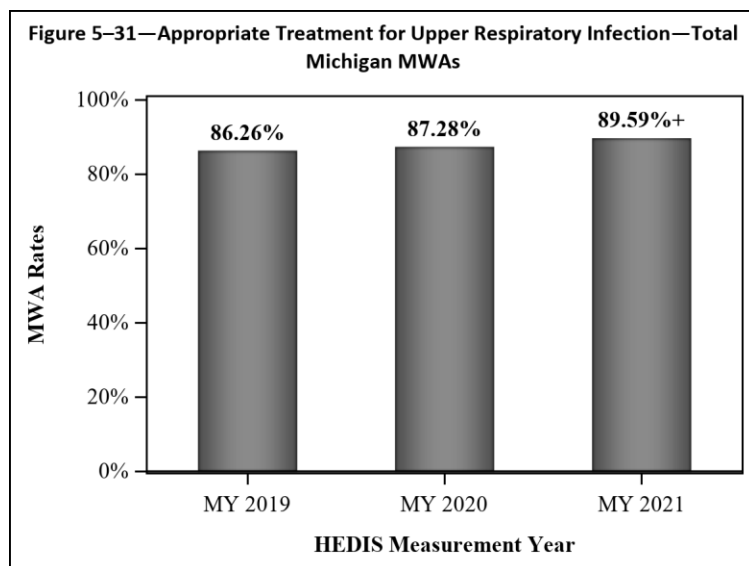


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

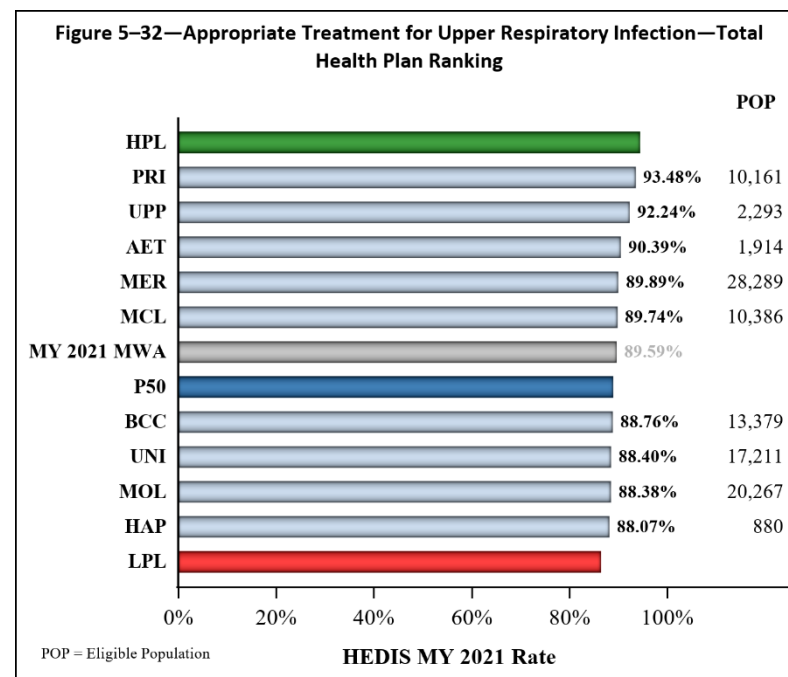
## Appropriate Treatment for Upper Respiratory Infection—Total

*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.



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

The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



Five MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Four MHPs ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 5 percentage points.

## 6. Obesity

### 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*

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 MY 2021 MWA rates and performance levels, a comparison of the HEDIS MY 2020 MWA to the HEDIS MY 2021 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2020 MWA to HEDIS MY 2021 MWA.

**Table 6-1—HEDIS MY 2021 MWA Performance Levels and Trend Results for Obesity**

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA—HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<i><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b></i>				
<i>BMI Percentile—Total</i>	76.87%	-1.66 <sup>++</sup>	0	0
<i>Counseling for Nutrition—Total</i>	70.12%	+0.61 <sup>+</sup>	1	0
<i>Counseling for Physical Activity—Total</i>	68.90%	+1.30 <sup>+</sup>	1	0

<sup>1</sup> HEDIS MY 2021 performance levels were based on comparisons of the HEDIS MY 2021 MWA rates to national Medicaid Quality Compass HEDIS MY 2020 MWA benchmarks. HEDIS MY 2021 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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<sup>2</sup> HEDIS MY 2020 MWA to HEDIS MY 2021 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant improvement from the HEDIS MY 2020 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant decline from the HEDIS MY 2020 MWA.

Table 6-1 shows that for the Obesity domain, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total* were an area of strength. Both measure indicators ranked above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Additionally, Upper Peninsula, Blue Cross, Priority, UnitedHealthcare, Aetna, and HAP ranked above the 50th percentile for the most measure indicators within the Obesity domain. Priority ranked above the HPL for all *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators, and Upper Peninsula ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* measure indicator.

The MWA demonstrated a significant decline for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* measure indicator. McLaren ranked below the LPL for all three measure indicators.

MDHHS should continue to monitor the MHPs' performance for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* measure indicator and work with the MHPs and providers to strategize the best way to utilize every office visit or virtual visit to encourage a healthy lifestyle and provide education on healthy habits for children and adolescents. Additionally, MDHHS should continue to monitor McLaren's performance for this measure to ensure the MHP performance does not continue to decline and encourage higher performing MHPs to share and discuss best practices. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.<sup>6-1</sup>

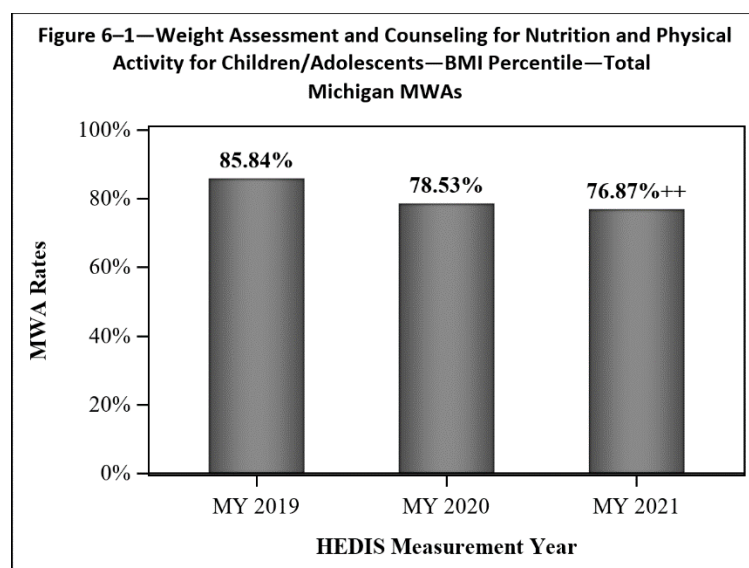
<sup>6-1</sup> National Committee for Quality Assurance. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents. Available at: <https://www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/>. Accessed on: Sept 14, 2022.



## Measure-Specific Findings

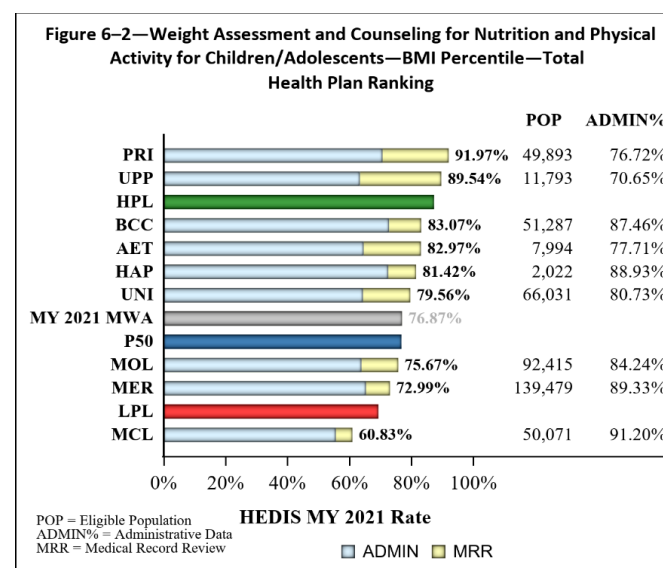
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

*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 MY.



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

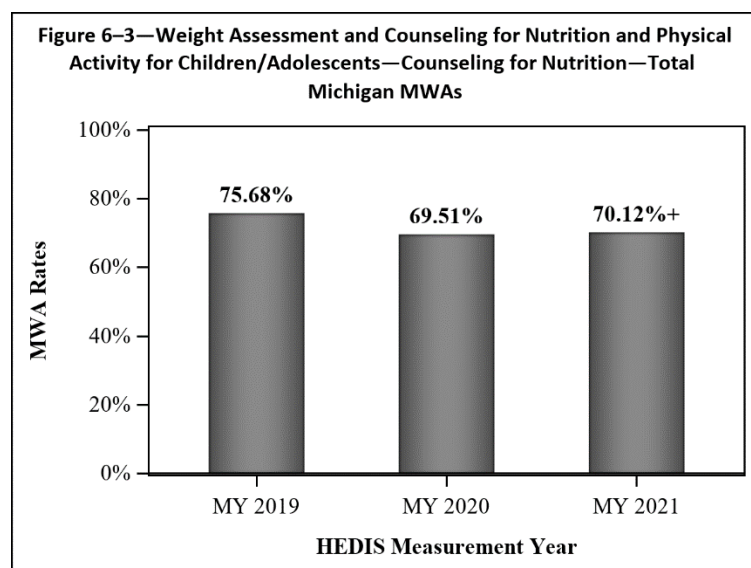
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



Two MHPs ranked above the HPL. Four MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Two MHPs ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 31 percentage points.

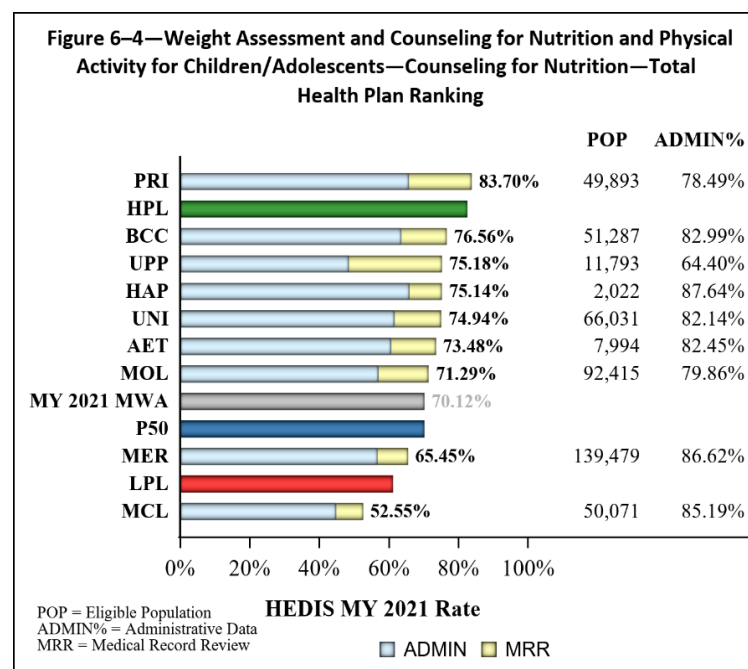
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

*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 MY.



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

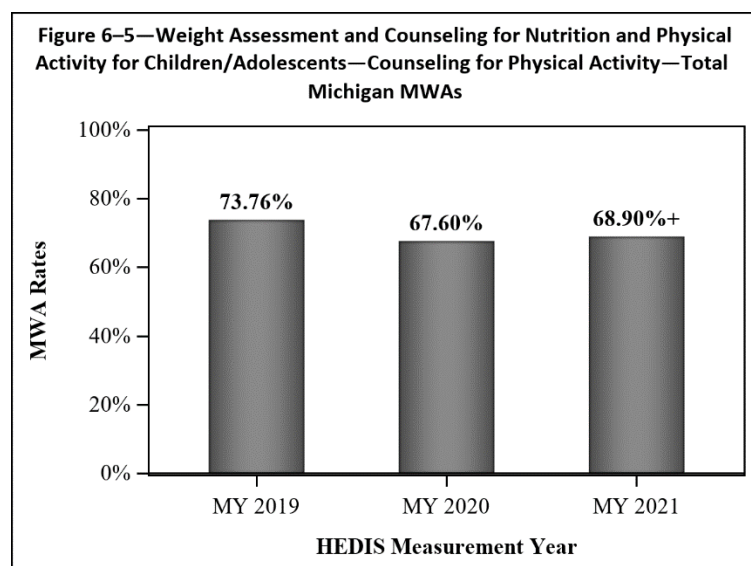
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



One MHP ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 31 percentage points.

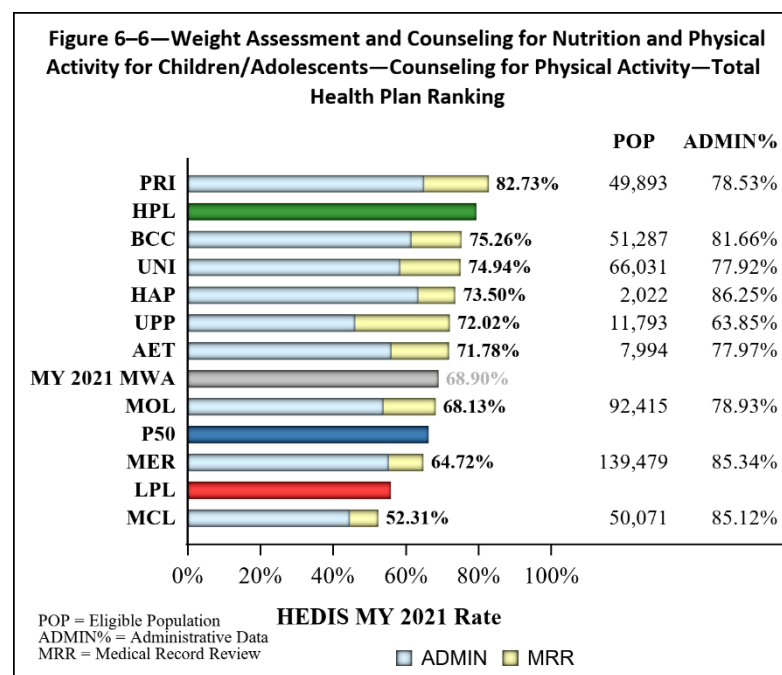
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

*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 MY.



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

The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



One MHP ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 30 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 MY 2021 MWA Performance Levels and Trend Results for Pregnancy Care**

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA—HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<b><i>Prenatal and Postpartum Care</i></b>				
<i>Timeliness of Prenatal Care</i>	79.45%	-0.09	2	1
<i>Postpartum Care</i>	73.36%	+3.23 <sup>+</sup>	2	0

<sup>1</sup> HEDIS MY 2021 performance levels were based on comparisons of the HEDIS MY 2021 MWA rates to national Medicaid Quality Compass HEDIS MY 2020 MWA benchmarks. HEDIS MY 2021 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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<sup>2</sup> HEDIS MY 2020 MWA to HEDIS MY 2021 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant improvement from the HEDIS MY 2020 MWA.

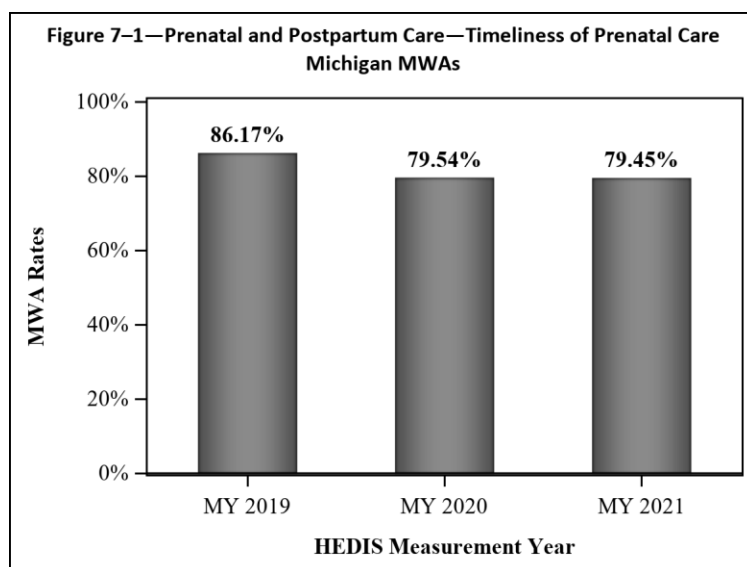
Table 7-1 shows that for the Pregnancy Care domain, *Prenatal and Postpartum Care—Postpartum Care* was an area of strength, as the measure indicator demonstrated significant improvement from the HEDIS MY 2020 MWA. Additionally, Upper Peninsula and Blue Cross ranked above the 50th percentile for the most measure indicators within the Pregnancy Care domain. Upper Peninsula ranked above the HPL for both *Prenatal and Postpartum Care* measure indicators.

Molina, Meridian, McLaren, Aetna, HAP all fell below the LPL for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and Molina, McLaren, HAP, and Aetna all fell below the LPL for *Prenatal and Postpartum Care—Postpartum Care*. MDHHS is encouraged to work with the higher performing MHPs to identify best practices for ensuring women’s access to prenatal and postpartum care, which can then be shared with the lower performing MHPs to improve overall access.

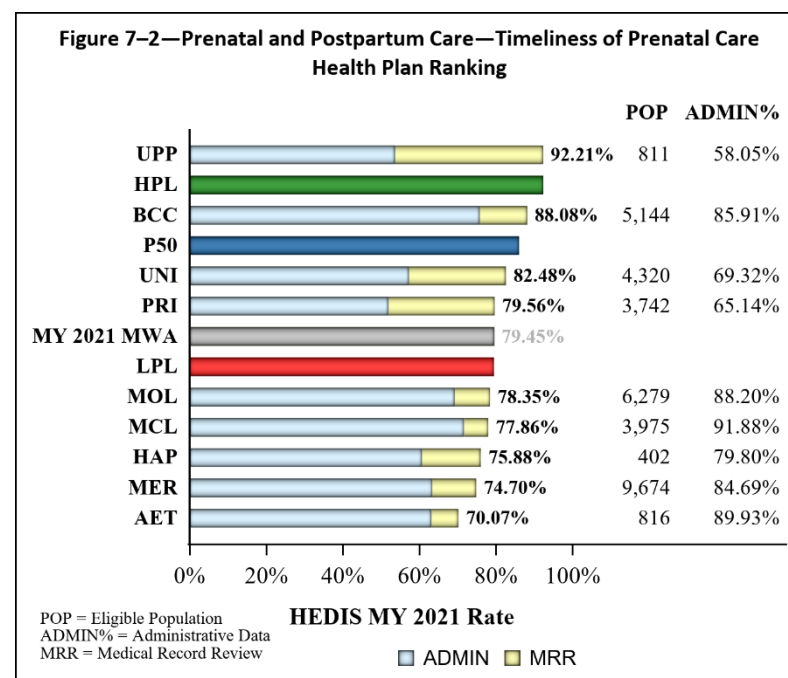
## Measure-Specific Findings

### 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.



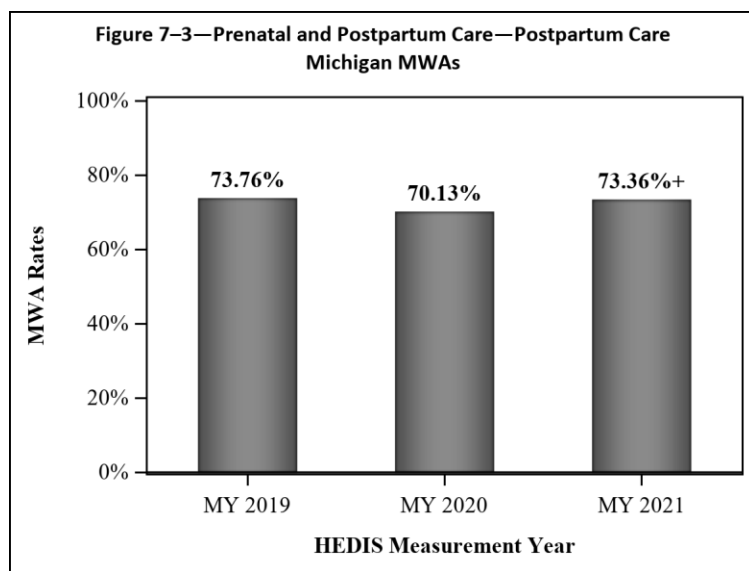
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



One MHP ranked above the HPL. One MHP ranked above the 50th percentile, but fell below the HPL. Two MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. Five MHPs fell below the LPL. MHP performance varied by over 22 percentage points.

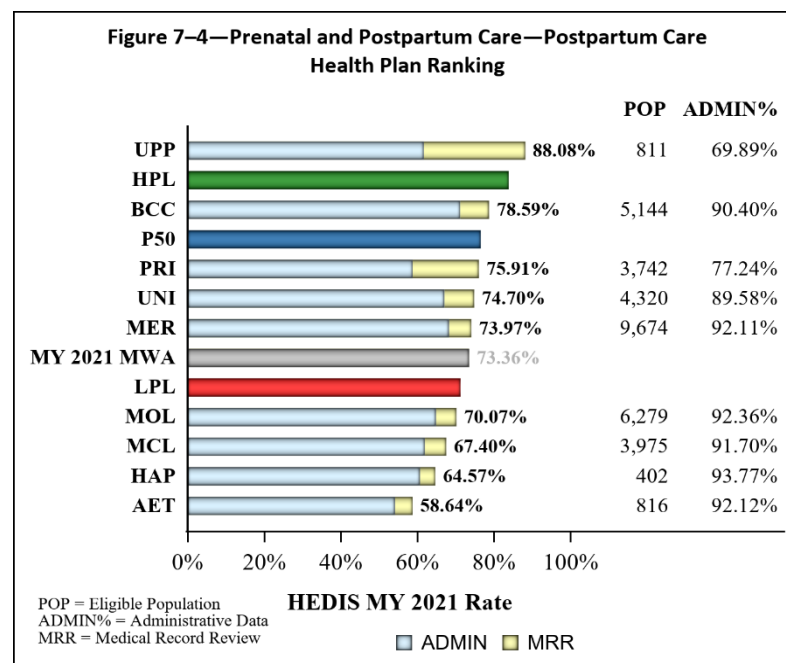
## Prenatal and Postpartum Care—Postpartum Care

*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.



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

The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



One MHP ranked above the HPL. One MHP ranked above the 50th percentile, but fell below the HPL. Three MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. Four MHPs fell below the LPL. MHP performance varied by over 29 percentage points.



## 8. Living With Illness

### 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, and Blood Pressure Control (<140/90 mm Hg)*
- *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years, Ages 65 to 74 Years, Ages 75 to 85 Years, and 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 MY 2021 MWA rates and performance levels, a comparison of the HEDIS MY 2020 MWA to the HEDIS MY 2021 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2020 MWA to HEDIS MY 2021 MWA.

Table 8-1—HEDIS MY 2021 MWA Performance Levels and Trend Results for Living With Illness

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA—HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<b>Comprehensive Diabetes Care</b>				
Hemoglobin A1C (HbA1c) Testing	85.92%	+2.79 <sup>+</sup>	2	0
HbA1c Poor Control (>9.0%)*	43.04%	+0.01	1	1
HbA1c Control (<8.0%)	48.26%	+0.80 <sup>+</sup>	1	1
Eye Exam (Retinal) Performed	54.56%	+0.91 <sup>+</sup>	0	0
BP Control (<140/90 mm Hg)	59.61%	+1.23 <sup>+</sup>	0	2
<b>Kidney Health Evaluation for Patients With Diabetes</b>				
Ages 18 to 64 Years	30.62%	-0.01	4	3
Ages 65 to 74 Years	29.92%	-2.11	1	1
Ages 75 to 85 Years	30.27%	+0.30	1	1
Total	30.57%	-0.11	4	3
<b>Asthma Medication Ratio</b>				
Total	56.36%	-0.47	0	1
<b>Controlling High Blood Pressure</b>				
Controlling High Blood Pressure	56.14%	+1.66 <sup>+</sup>	2	1
<b>Medical Assistance With Smoking and Tobacco Use Cessation<sup>3</sup></b>				
Advising Smokers and Tobacco Users to Quit	75.48%	-1.50 <sup>++</sup>	0	0
Discussing Cessation Medications	54.91%	-2.06 <sup>++</sup>	0	0
Discussing Cessation Strategies	47.35%	-2.66 <sup>++</sup>	0	0
<b>Antidepressant Medication Management</b>				
Effective Acute Phase Treatment	65.68%	+6.40 <sup>+</sup>	7	0
Effective Continuation Phase Treatment	49.31%	+6.33 <sup>+</sup>	8	0
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.95%	+2.94 <sup>+</sup>	4	0
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>				
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.67%	+3.69 <sup>+</sup>	1	0

Measure	HEDIS MY 2021 MWA and Performance Level <sup>1</sup>	HEDIS MY 2020 MWA– HEDIS MY 2021 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2021	Number of MHPs With Statistically Significant Decline in HEDIS MY 2021
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	66.39%	+1.44	0	0
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.80%	-2.37 <sup>++</sup>	0	3

<sup>1</sup> HEDIS MY 2021 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2020 MWA benchmarks. HEDIS MY 2021 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th
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<sup>2</sup> HEDIS MY 2020 MWA to HEDIS MY 2021 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

<sup>3</sup> To align with calculations from prior years, the weighted average for this measure used the eligible population for the survey rather than the number of people who responded as being smokers.

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

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant improvement from the HEDIS MY 2020 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2021 MWA demonstrated a significant decline from the HEDIS MY 2020 MWA.

Table 8-1 shows that for the Living With Illness domain, *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, and Blood Pressure Control (<140/90 mm Hg); Controlling High Blood Pressure; 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; and Diabetes Monitoring for People With Diabetes and Schizophrenia* measure indicators were an area of strength. All measure indicators ranked above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2020 MWA. Upper Peninsula and UnitedHealthcare ranked above the 50th percentile and the HPL for the most measure indicators within the Living With Illness domain.

The MWA demonstrated a significant decline for the *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessations Strategies, and Adherence to Antipsychotic Medications for Individuals With Schizophrenia* measure indicators. *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* had the highest number of MHPs that demonstrated a significantly significant decline in HEDIS MY 2021.

MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessations Strategies* measure indicators. Smoking and tobacco use are the largest causes of preventable disease and death in the United States. Comprehensive cessation interventions that motivate and help users to quit tobacco use can be very effective. Health care providers also play an important role in supporting tobacco users and their efforts to quit.<sup>8-1</sup> Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*. Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Medication non-adherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.<sup>8-2</sup> If the decline in receipt of these services is determined to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers to identify safe methods for adults to have access to these important services.

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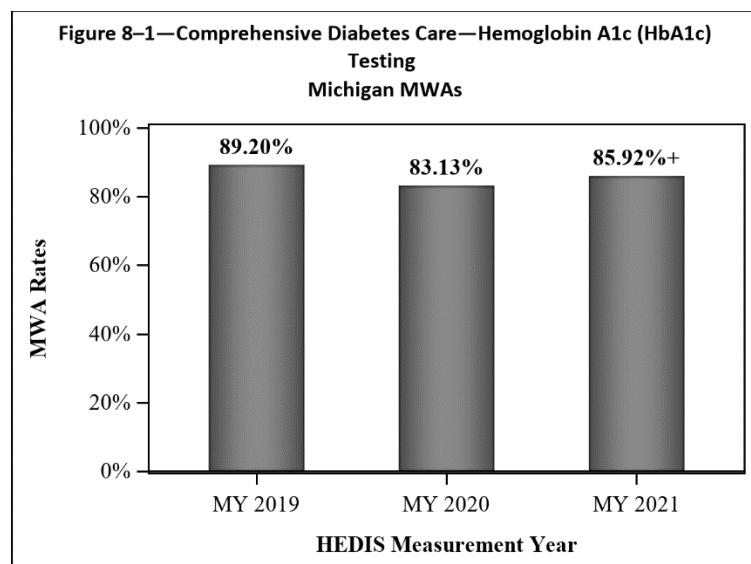
<sup>8-1</sup> National Committee for Quality Assurance. Medical Assistance With Smoking and Tobacco Use Cessation. Available at: <https://www.ncqa.org/hedis/measures/medical-assistance-with-smoking-and-tobacco-use-cessation/>. Accessed on: Sept 15, 2022.

<sup>8-2</sup> National Committee for Quality Assurance. Adherence to Antipsychotic Medications for Individuals With Schizophrenia. Available at: <https://www.ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/>. Accessed on: Sept 15, 2022.

## Measure-Specific Findings

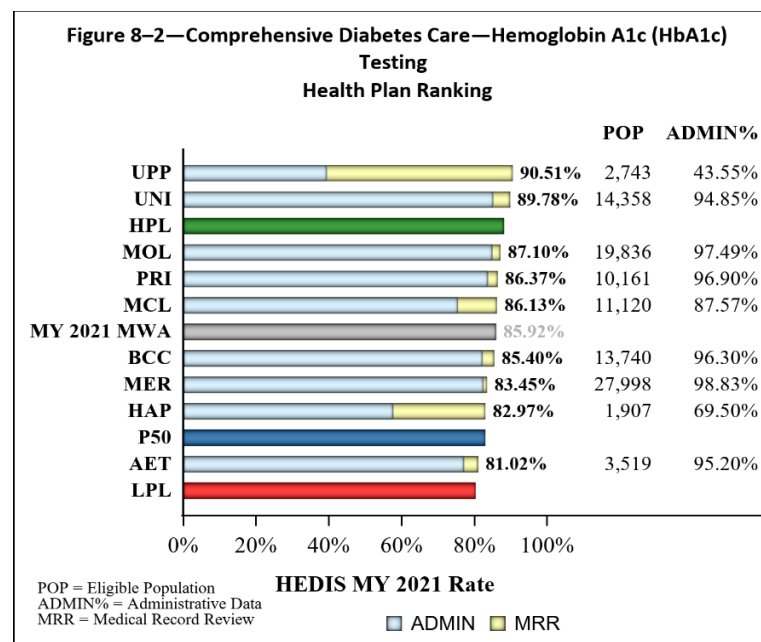
### Comprehensive Diabetes Care—HbA1c Testing

*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.

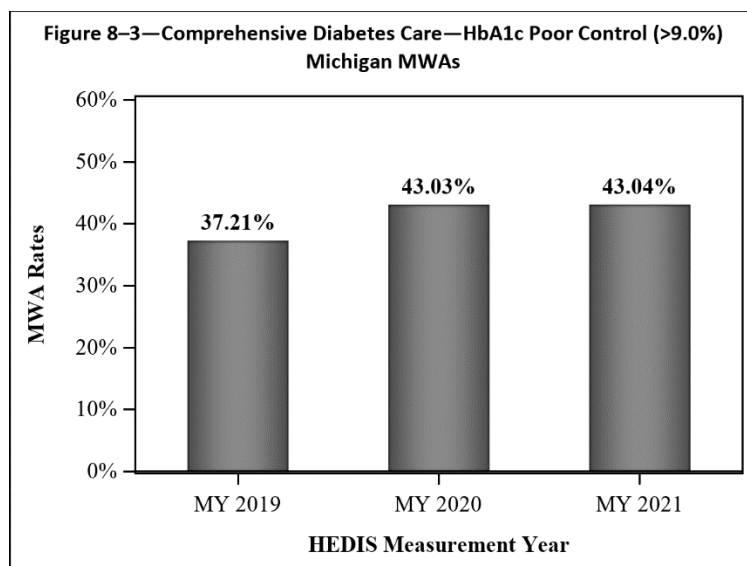
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



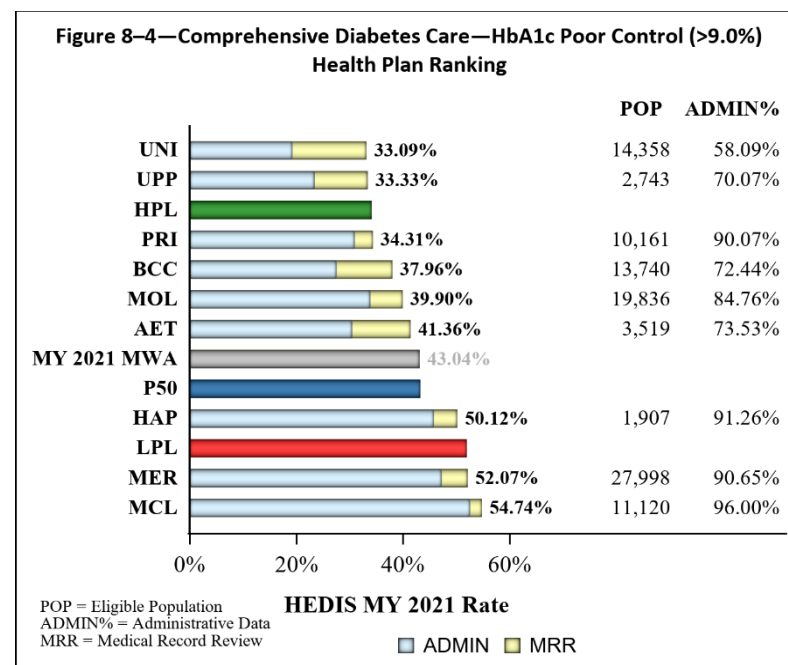
Two MHPs ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 9 percentage points.

## 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.



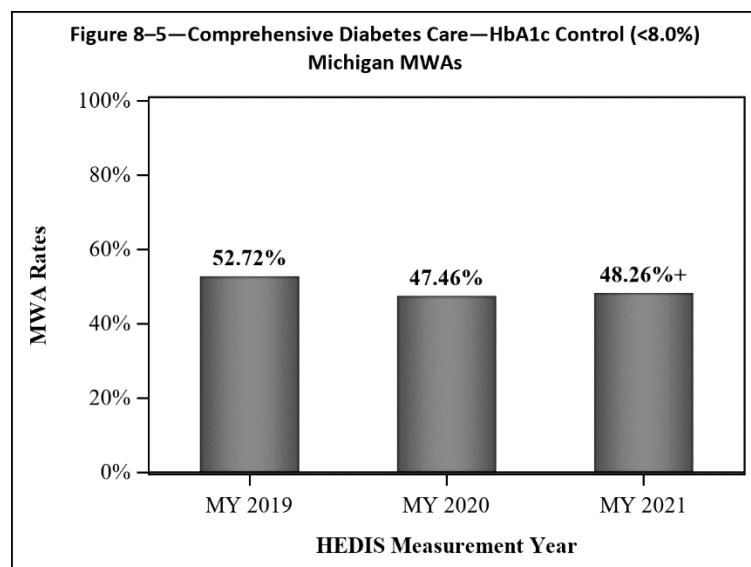
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



Two MHPs ranked above the HPL. Four MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 21 percentage points.

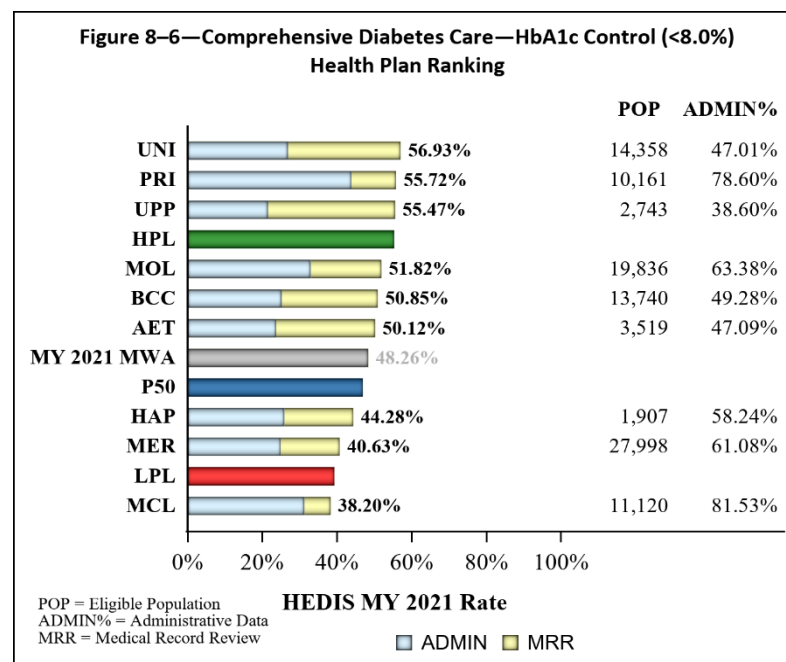
## Comprehensive Diabetes Care—HbA1c Control (<8.0%)

*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 MY 2021 MWA rate significantly improved from HEDIS MY 2020.

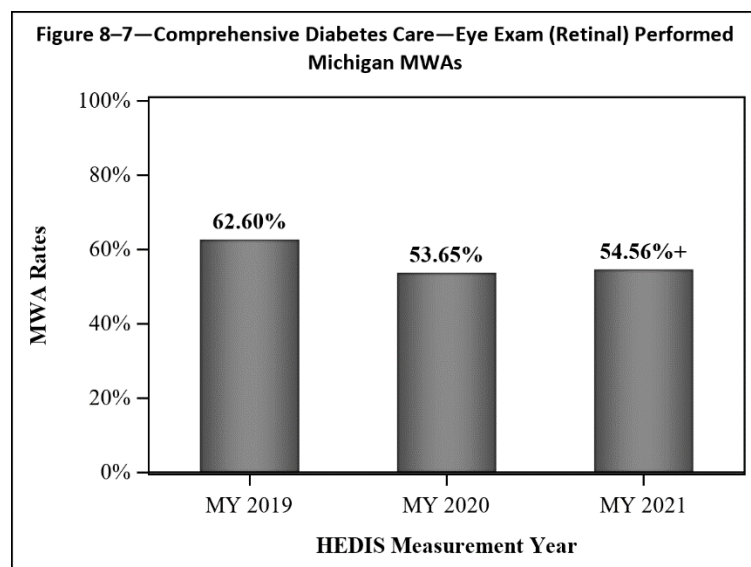


Three MHPs ranked above the HPL. Three MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Two MHPs ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 18 percentage points.



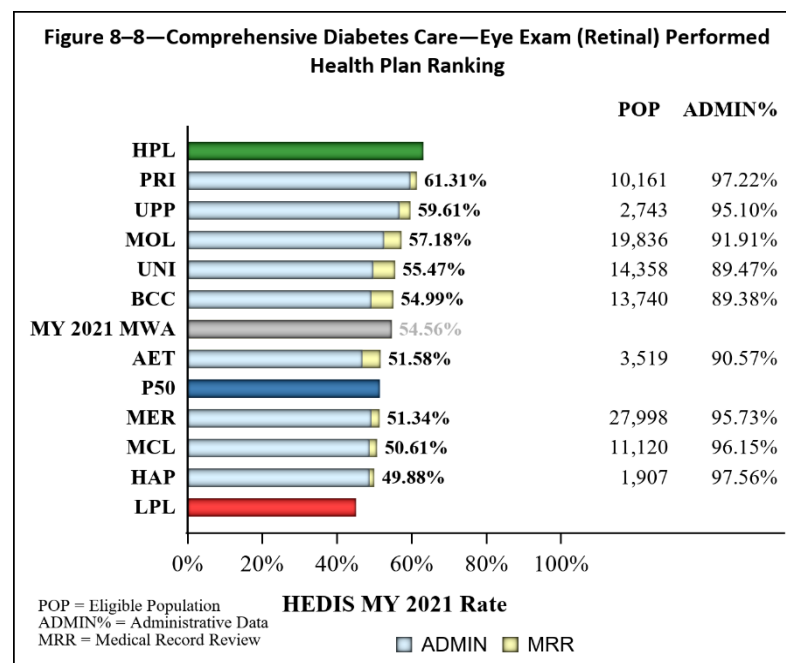
## Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

*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.



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

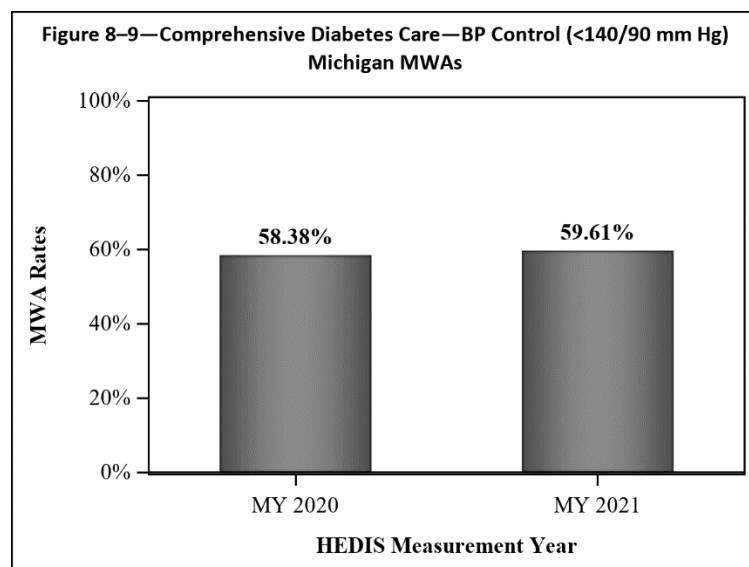
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



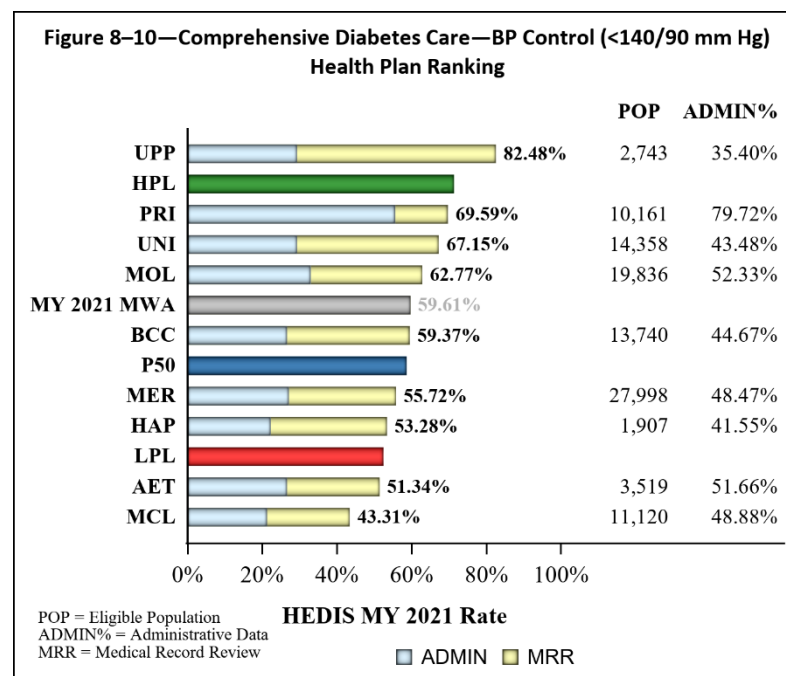
Six MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Three MHPs ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 11 percentage points.

## 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.



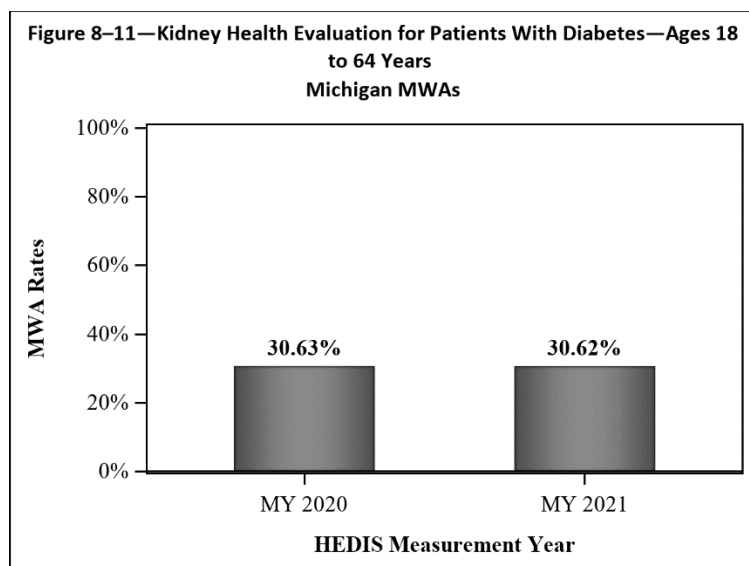
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



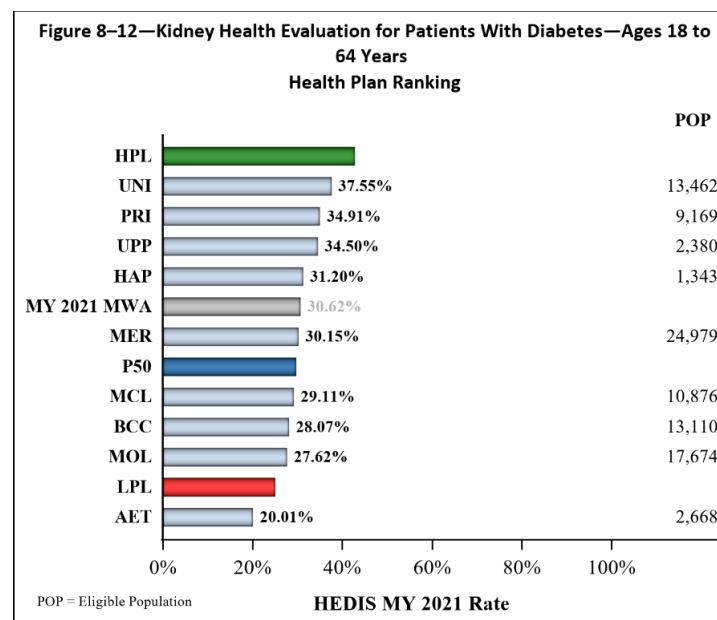
One MHP ranked above the HPL. Four MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Two MHPs ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 39 percentage points.

## Kidney Health Evaluation for People With Diabetes—Ages 18 to 64 Years

*Kidney Health Evaluation for Patients With Diabetes* assesses the percentage of members 18 to 64 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.

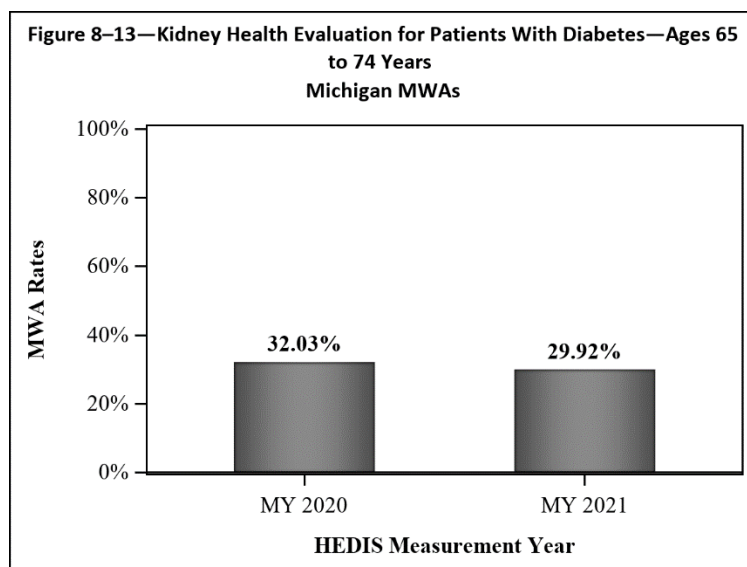


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

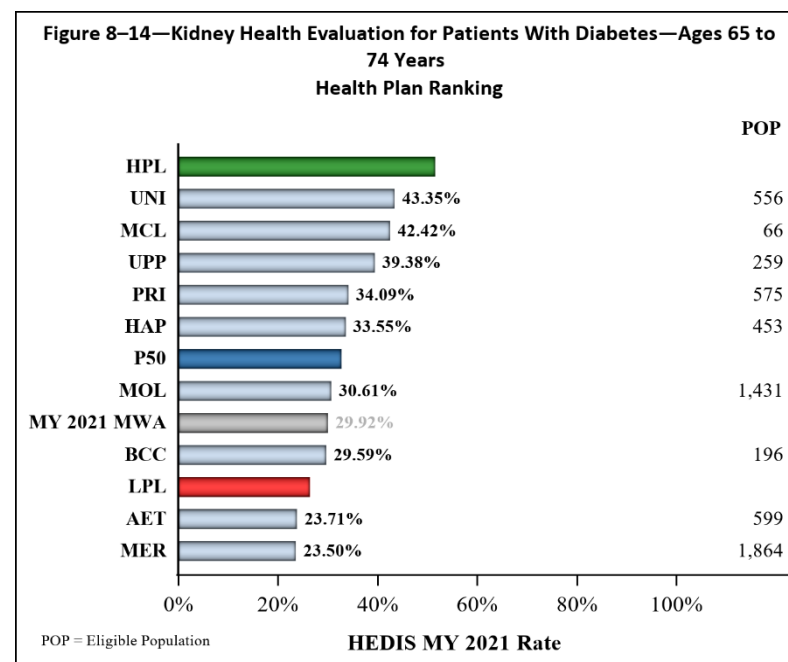
Five MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Three MHPs ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 17 percentage points.

## Kidney Health Evaluation for People With Diabetes—Ages 65 to 74 Years

*Kidney Health Evaluation for Patients With Diabetes* assesses the percentage of members 65 to 74 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an eGFR and an uACR, during the MY.



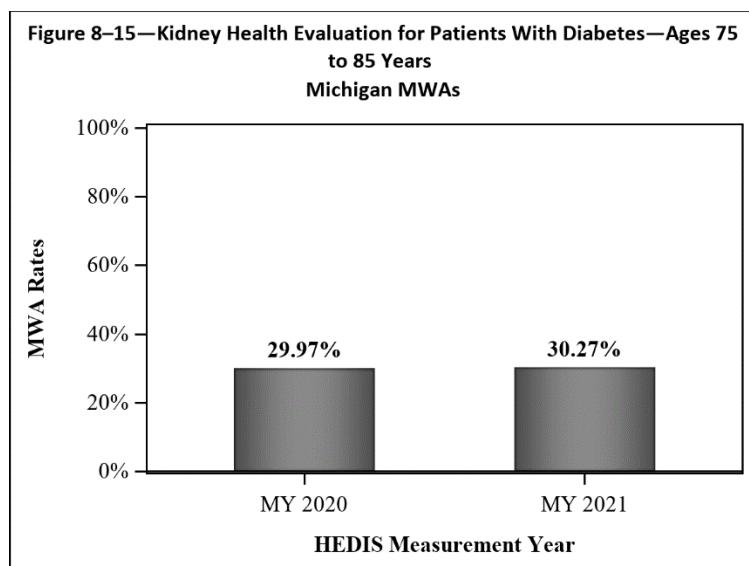
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



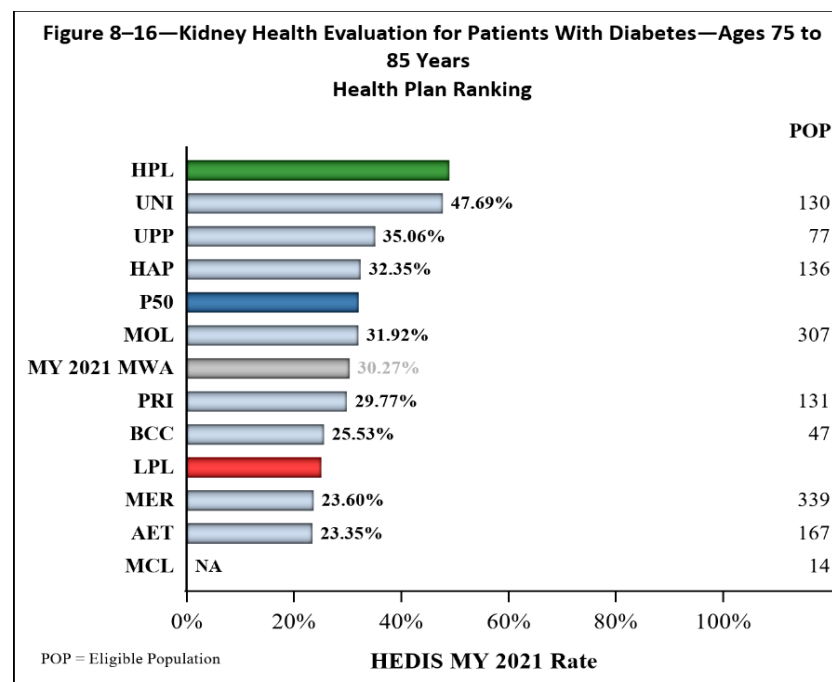
Five MHPs ranked above the 50th percentile, but fell below the HPL. Two MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 19 percentage points.

## Kidney Health Evaluation for People With Diabetes—Ages 75 to 85 Years

*Kidney Health Evaluation for Patients With Diabetes* assesses the percentage of members 75 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



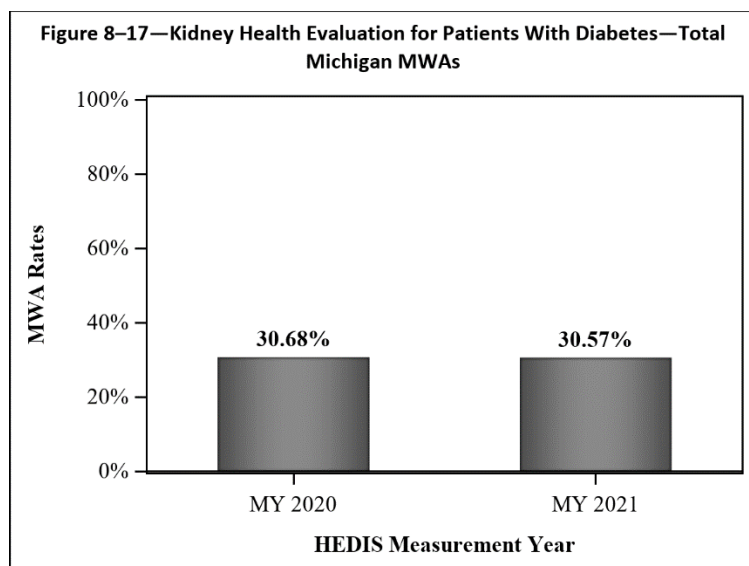
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



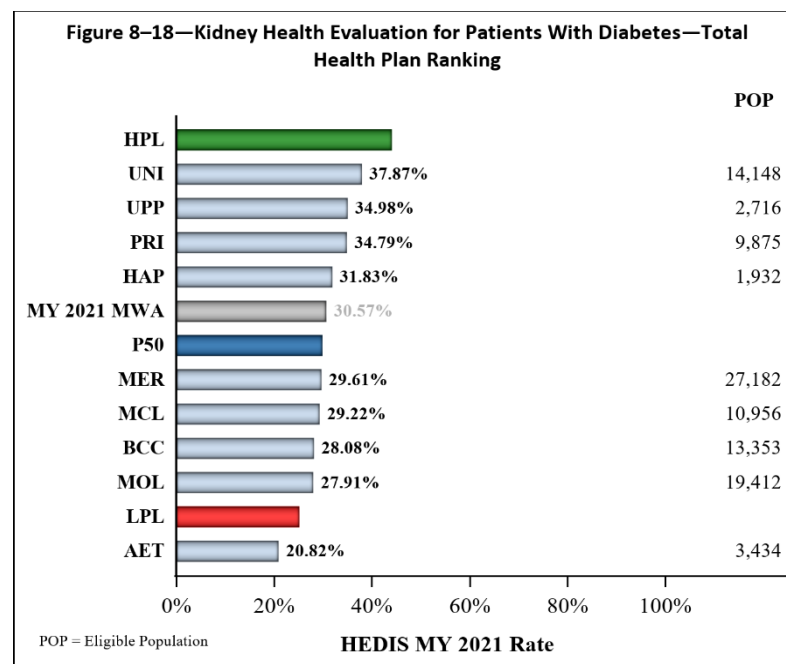
Three MHPs ranked above the 50th percentile, but fell below the HPL. Three MHPs ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 24 percentage points.

## Kidney Health Evaluation for People With Diabetes—Total

*Kidney Health Evaluation for Patients With Diabetes—Total* assesses the percentage of members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



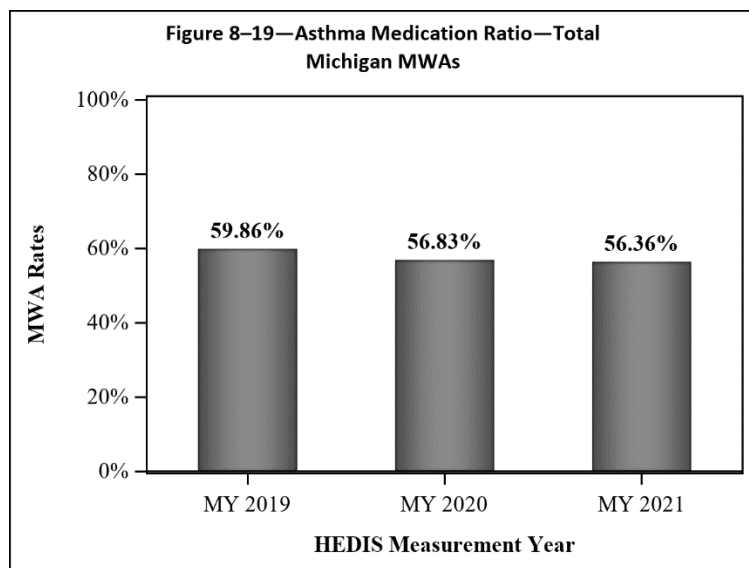
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



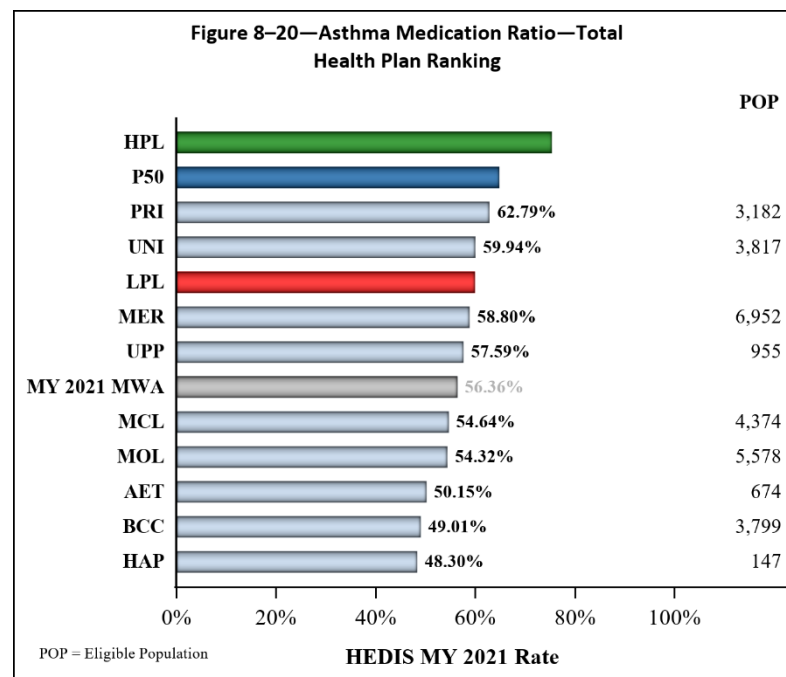
Four MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Four MHPs ranked above the LPL, but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 17 percentage points.

## 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 MY.



The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.

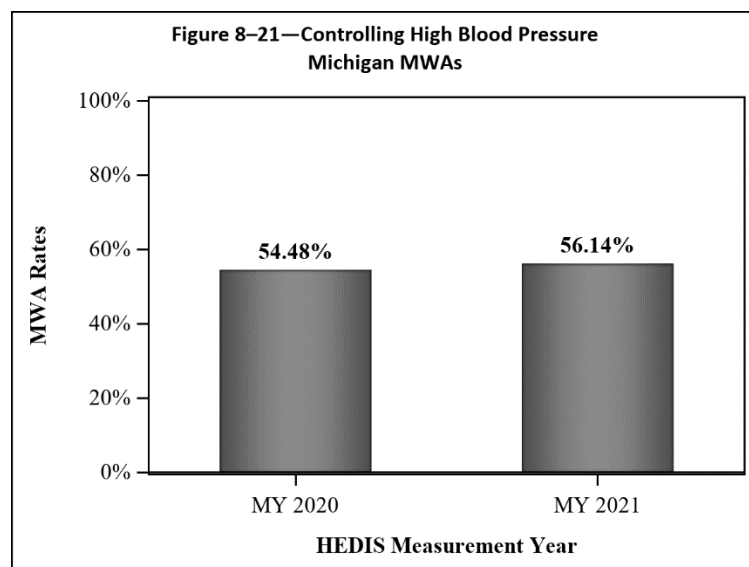


Two MHPs ranked above the LPL, but fell below the 50th percentile and the HPL. Seven MHPs and the MWA fell below the LPL. MHP performance varied by over 14 percentage points.

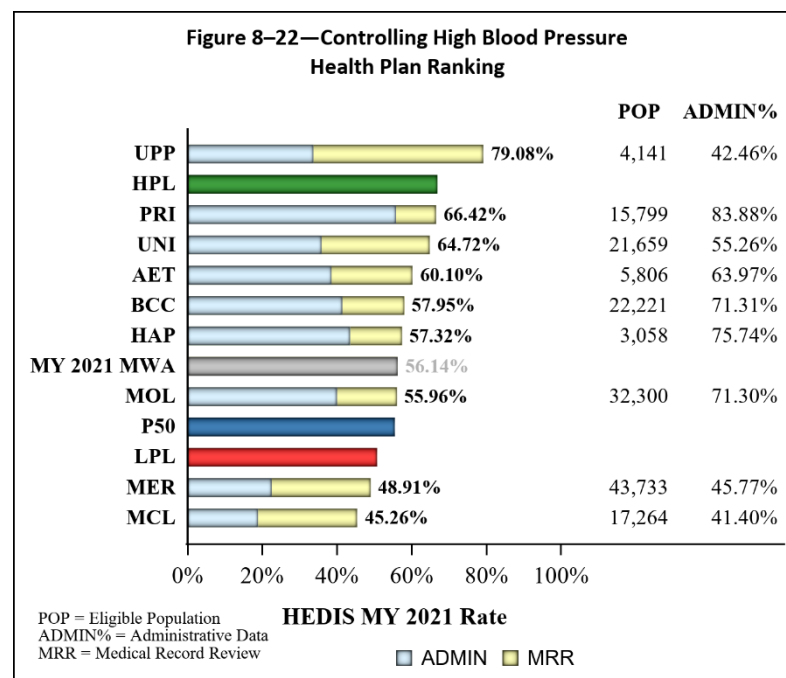


## Controlling High Blood Pressure

*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 MY.



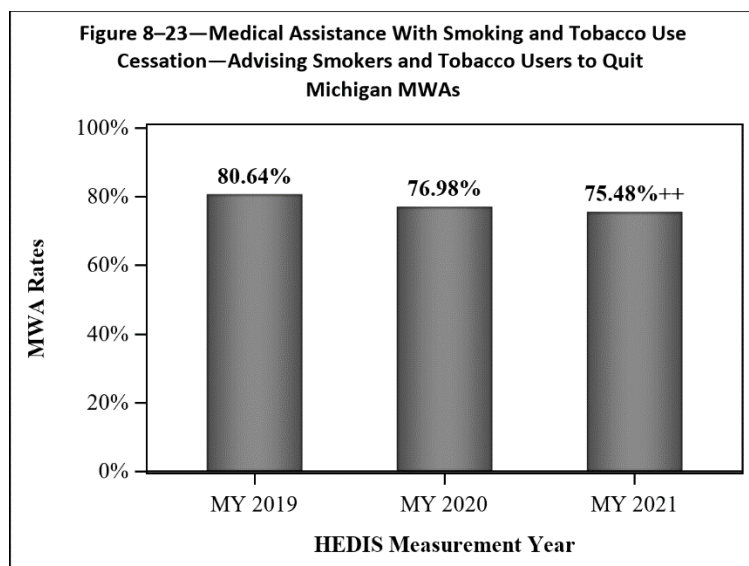
The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.



One MHP ranked above the HPL. Six 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 33 percentage points.

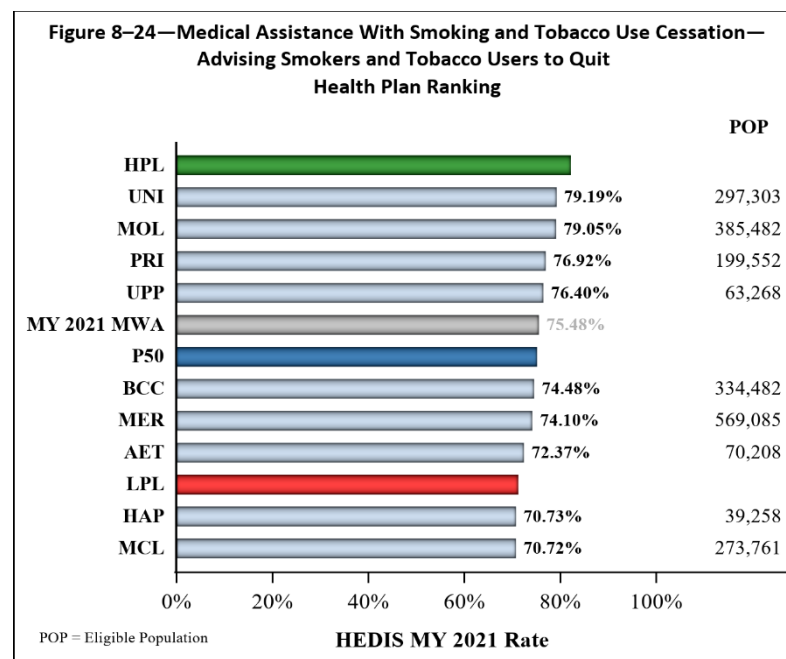
## Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

*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 MY.



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

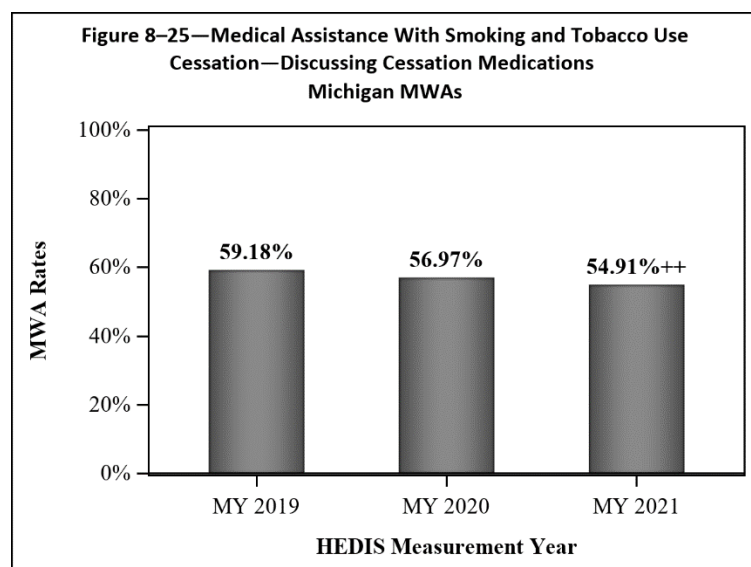
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



Four MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Three MHPs ranked above the LPL, but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 8 percentage points.

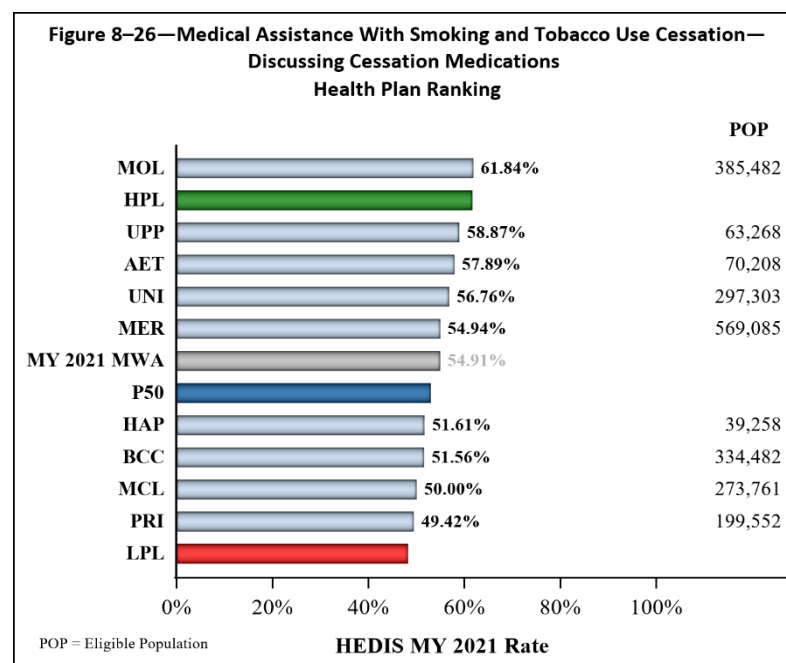
## Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications

*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 MY.



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

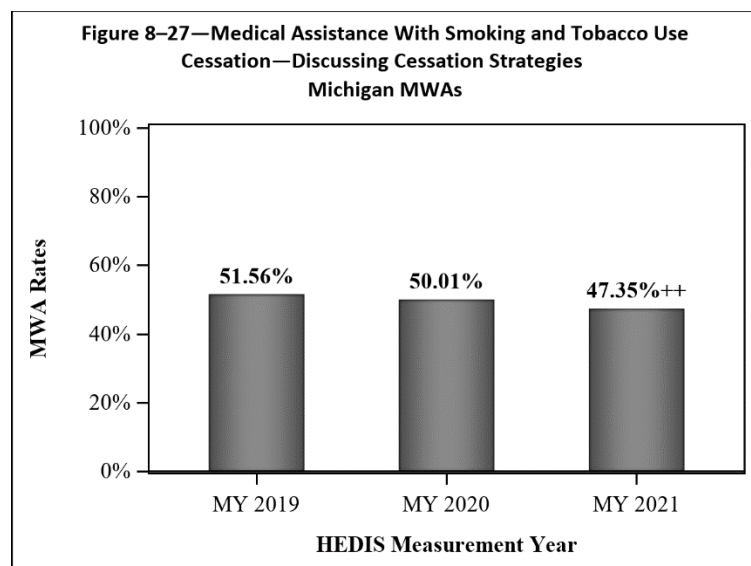
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



One MHP ranked above the HPL. Four MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Four MHPs ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 12 percentage points.

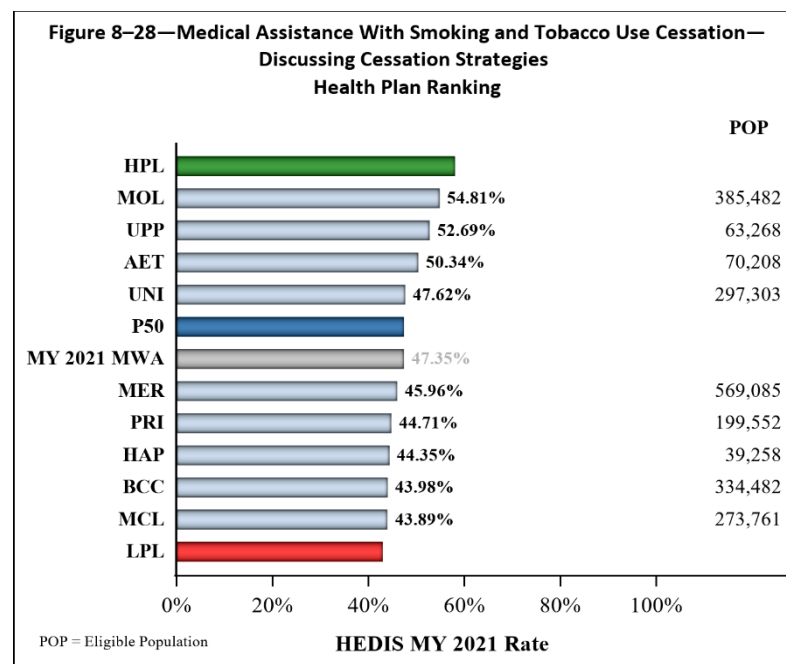
## Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

*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 MY.



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

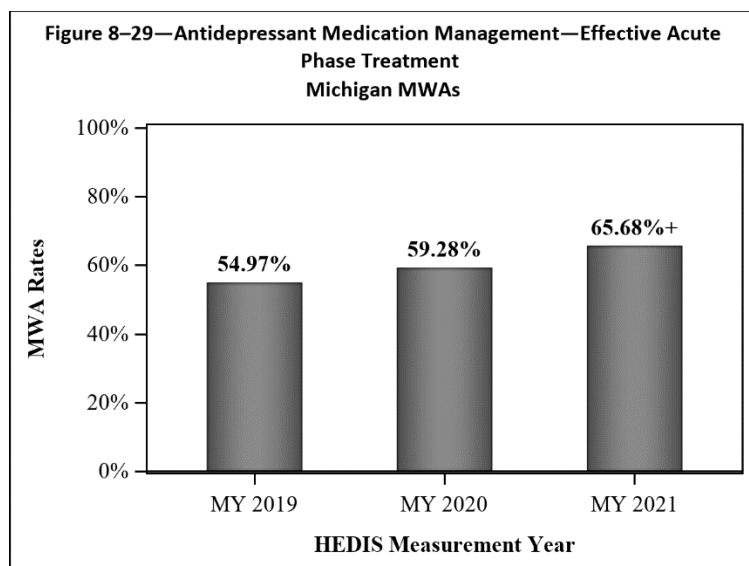
The HEDIS MY 2021 MWA rate significantly declined from HEDIS MY 2020.



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

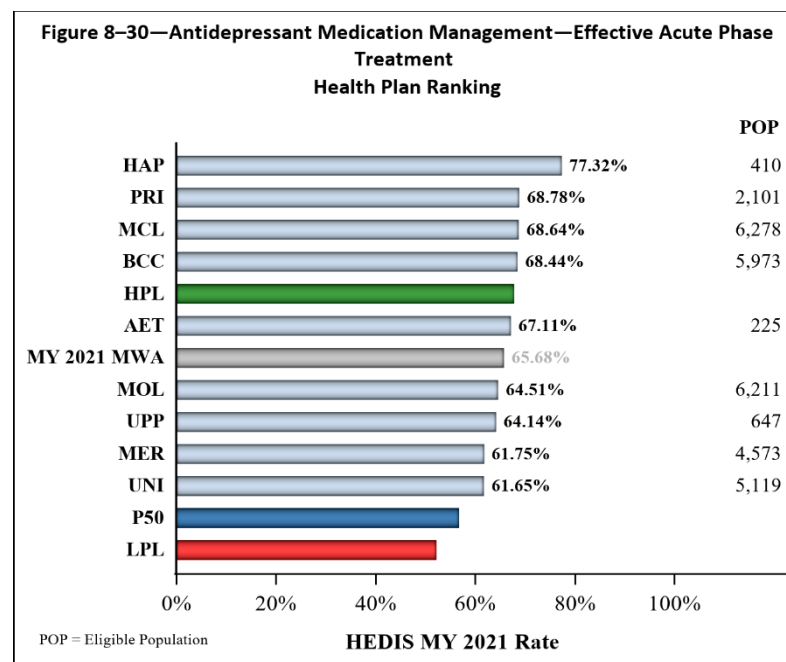
## Antidepressant Medication Management—Effective Acute Phase Treatment

*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).



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

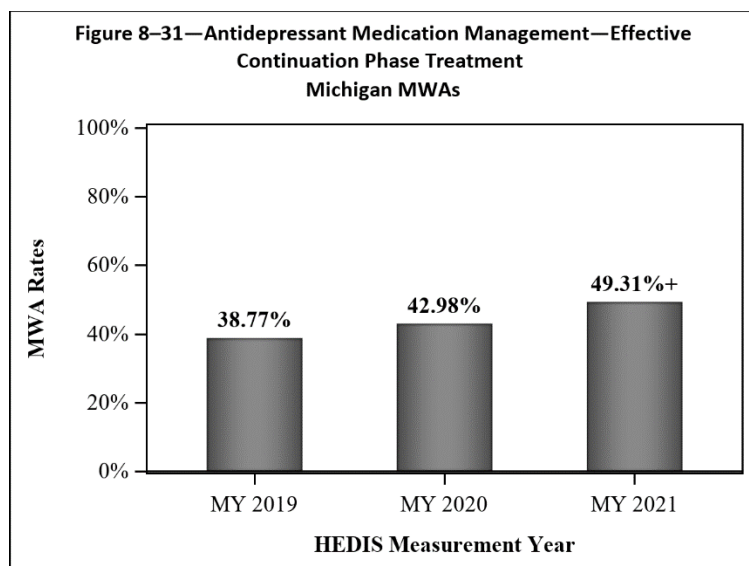
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



Four MHPs ranked above the HPL. Five MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. MHP performance varied by over 15 percentage points.

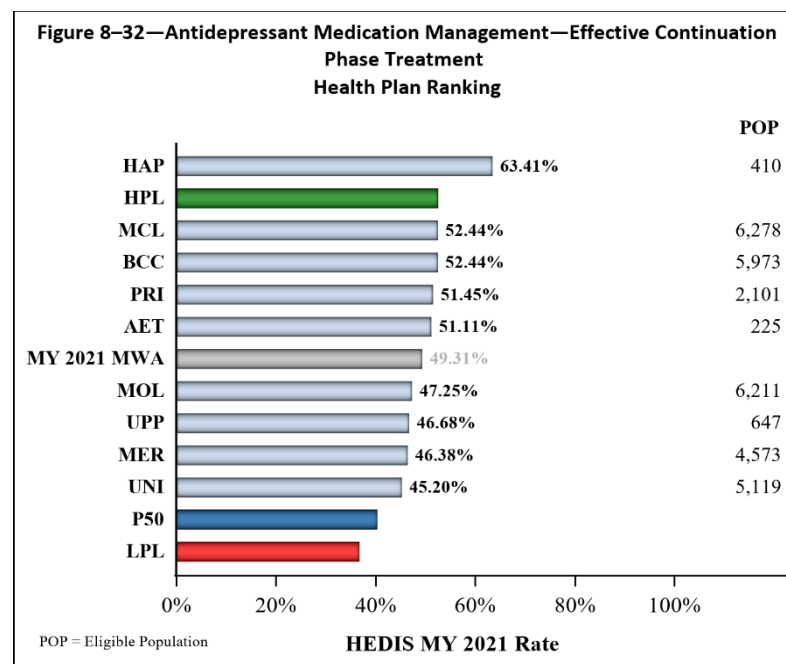
## Antidepressant Medication Management—Effective Continuation Phase Treatment

*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).



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

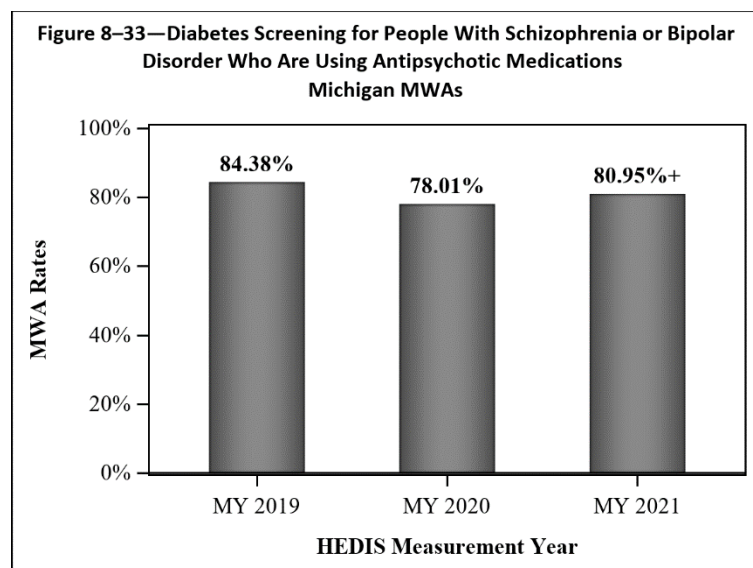
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



One MHP ranked above the HPL. Eight MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. MHP performance varied by over 18 percentage points.

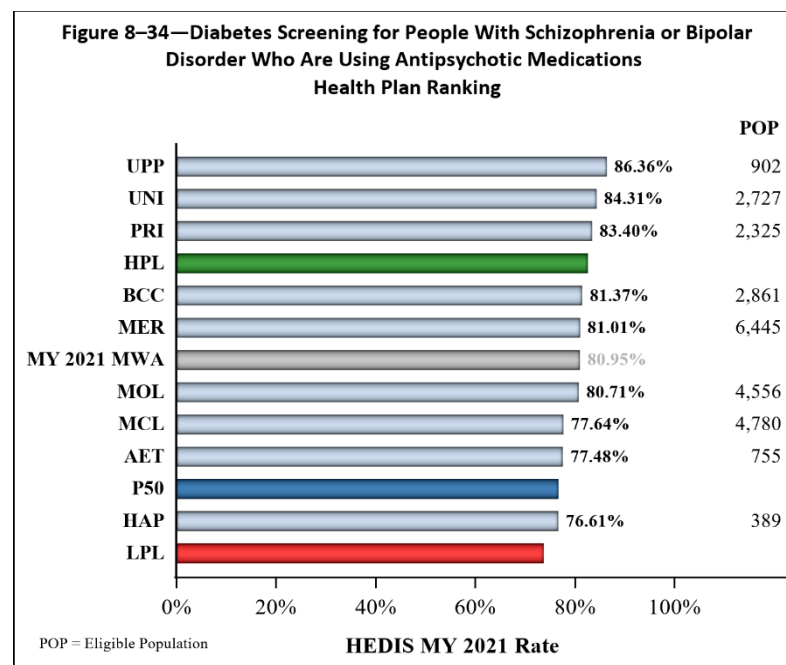
## Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

*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 MY.



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

The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.

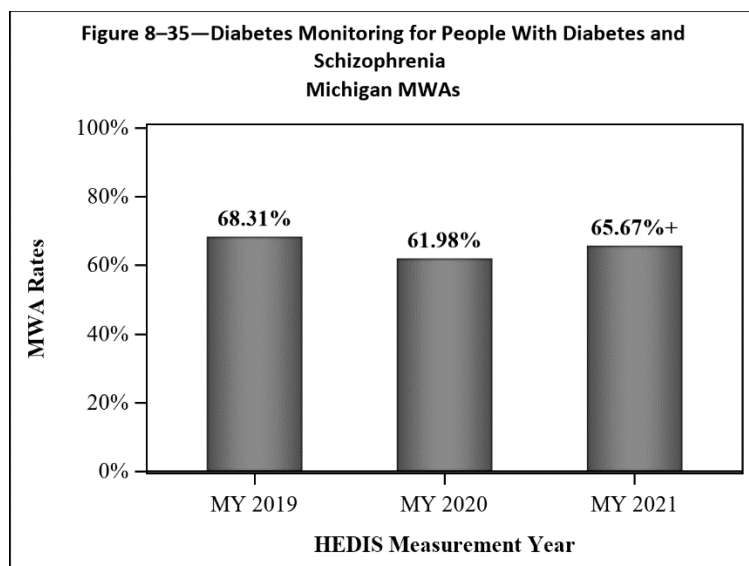


Three MHPs ranked above the HPL. Five MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 9 percentage points.



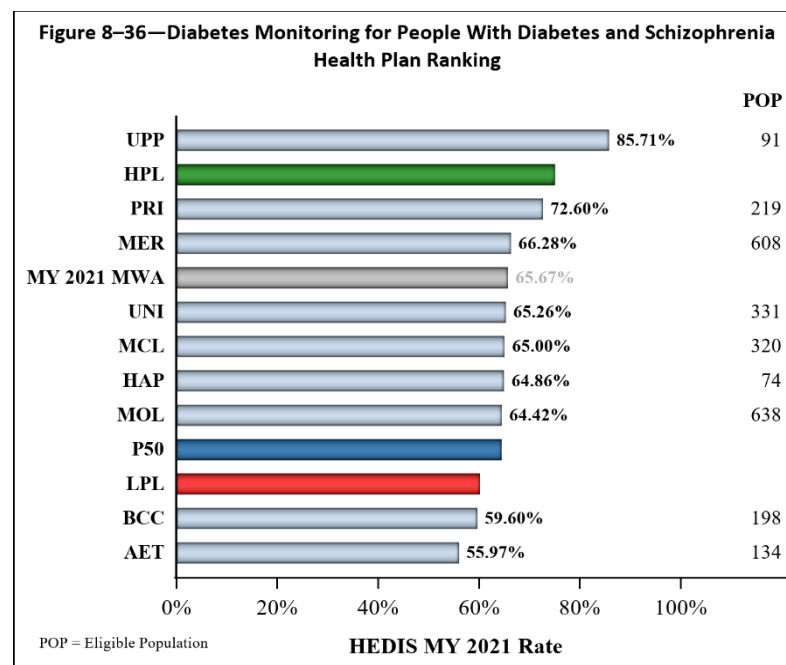
## Diabetes Monitoring for People With Diabetes and Schizophrenia

*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 MY.



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

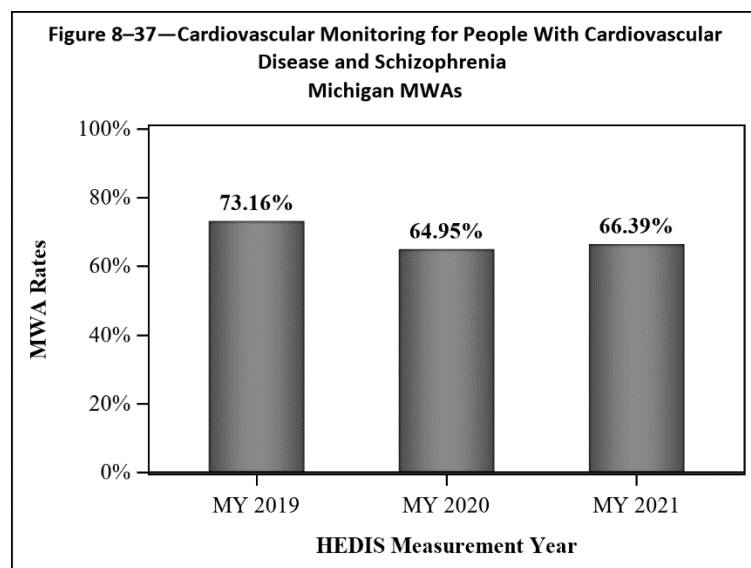
The HEDIS MY 2021 MWA rate significantly improved from HEDIS MY 2020.



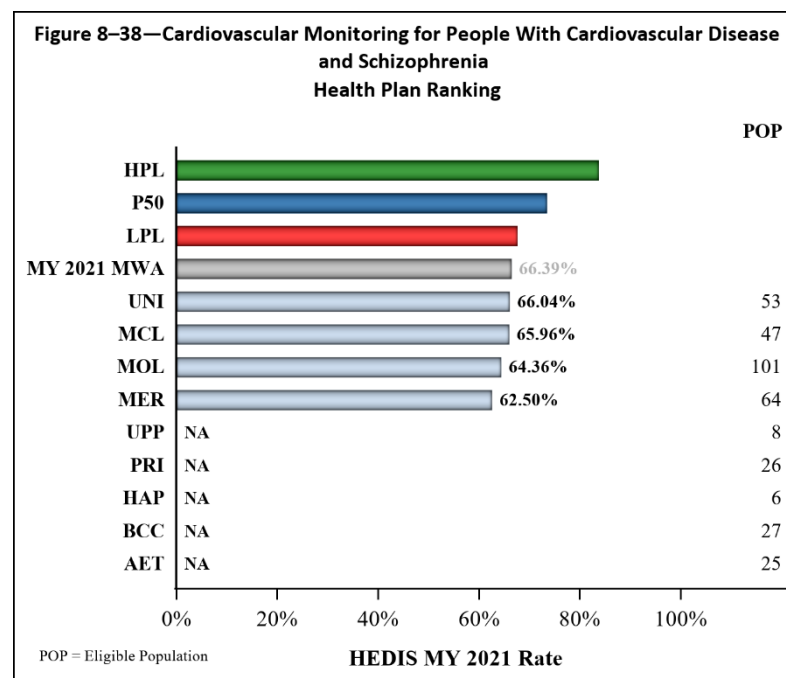
One MHP ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 29 percentage points.

## 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 MY.



The HEDIS MY 2021 MWA rate did not demonstrate a significant change from HEDIS MY 2020.

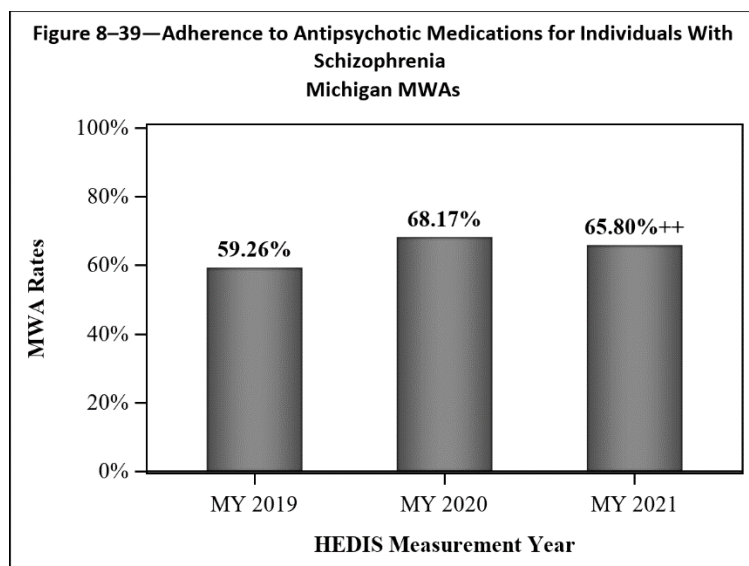


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

All MHPs and the MWA fell below the 50th percentile, HPL, and LPL. MHP performance varied by over 3 percentage points.

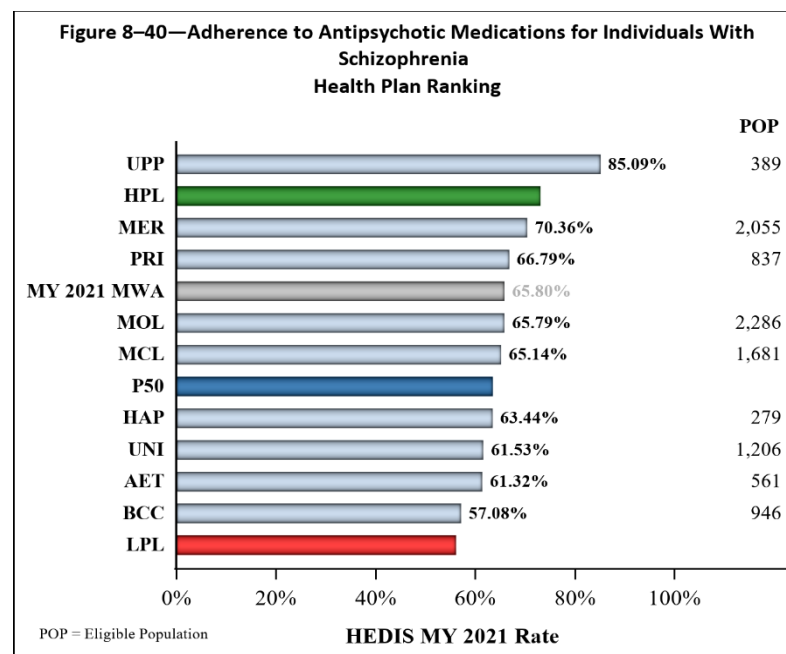
## Adherence to Antipsychotic Medications for Individuals With Schizophrenia

*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 MY 2021 MWA rate significantly declined from HEDIS MY 2020.



One MHP ranked above the HPL. Four MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. Four MHPs ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 28 percentage points.

## 9. Health Plan Diversity

### 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 HEDIS MY 2021 MWA rates for different racial/ethnic groups were fairly stable across years, with less than four percentage points difference between MY 2020 and MY 2021 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, MY 2021 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 nearly three percentage points difference between MY 2020 and MY 2021.

## 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 MY, 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	69,168	34.86%	53.11%	0.39%	0.99%	0.09%
BCC	343,247	50.27%	34.93%	1.39%	1.72%	2.94%
HAP	39,350	41.61%	45.63%	0.50%	1.35%	0.07%
MCL	274,184	68.31%	21.23%	1.06%	0.69%	0.11%
MER	628,753	65.87%	23.86%	0.88%	0.83%	0.10%
MOL	418,037	46.75%	34.09%	0.36%	0.24%	<0.01%
PRI	268,261	59.24%	26.40%	0.78%	0.92%	0.11%
UNI	335,254	55.96%	30.84%	0.60%	1.79%	0.10%
UPP	63,177	87.82%	1.77%	3.70%	0.28%	0.13%
<b>HEDIS MY 2021 MWA</b>		<b>57.88%</b>	<b>28.72%</b>	<b>0.88%</b>	<b>0.98%</b>	<b>0.49%</b>
<b>HEDIS MY 2020 MWA</b>		<b>53.44%</b>	<b>28.03%</b>	<b>0.54%</b>	<b>1.61%</b>	<b>0.50%</b>
<b>HEDIS MY 2019 MWA</b>		<b>53.27%</b>	<b>27.45%</b>	<b>0.49%</b>	<b>1.87%</b>	<b>0.44%</b>

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

MHP	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic or Latino *
AET	69,168	0.00%	0.00%	3.99%	6.57%	0.83%
BCC	343,247	0.00%	0.03%	8.73%	0.00%	2.90%
HAP	39,350	1.67%	0.00%	9.13%	0.04%	0.91%
MCL	274,184	0.41%	0.00%	8.19%	0.00%	0.41%
MER	628,753	<0.01%	0.00%	8.46%	0.00%	<0.01%
MOL	418,037	0.00%	0.00%	18.56%	0.00%	5.99%
PRI	268,261	0.01%	<0.01%	12.09%	0.46%	0.62%
UNI	335,254	0.00%	0.00%	10.70%	0.00%	1.23%
UPP	63,177	0.19%	0.00%	0.00%	6.11%	0.19%
<b>HEDIS MY 2021 MWA</b>		<b>0.08%</b>	<b>0.00%</b>	<b>10.57%</b>	<b>0.40%</b>	<b>1.76%</b>
<b>HEDIS MY 2020 MWA</b>		<b>0.80%</b>	<b>0.00%</b>	<b>14.33%</b>	<b>0.74%</b>	<b>4.47%</b>
<b>HEDIS MY 2019 MWA</b>		<b>0.69%</b>	<b>0.00%</b>	<b>12.90%</b>	<b>2.89%</b>	<b>6.02%</b>

\* 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 MY 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 2 percentage points) when compared to MY 2020 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	69,168	0.00%	0.00%	0.00%	100.00%
BCC	343,247	0.00%	98.33%	1.66%	0.01%
HAP	39,350	0.00%	99.10%	0.00%	0.90%
MCL	274,184	0.00%	47.65%	0.35%	52.00%
MER	628,753	0.00%	98.39%	0.68%	0.93%
MOL	418,037	0.00%	98.47%	1.51%	0.02%
PRI	268,261	0.00%	1.09%	<0.01%	98.91%
UNI	335,254	0.00%	96.20%	3.80%	<0.01%
UPP	63,177	0.00%	99.88%	0.10%	0.02%
<b>HEDIS MY 2021 MWA</b>		<b>0.00%</b>	<b>78.95%</b>	<b>1.23%</b>	<b>19.82%</b>
<b>HEDIS MY 2020 MWA</b>		<b>0.00%</b>	<b>81.23%</b>	<b>1.26%</b>	<b>17.51%</b>
<b>HEDIS MY 2019 MWA</b>		<b>0.00%</b>	<b>83.19%</b>	<b>1.48%</b>	<b>15.33%</b>



Table 9-3 shows that for each MHP, 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 73 percent) Michigan members from MY 2019 to MY 2021.

**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	69,168	0.00%	0.00%	100.00%	0.00%
BCC	343,247	98.33%	1.67%	0.01%	0.00%
HAP	39,350	99.10%	0.00%	0.90%	0.00%
MCL	274,184	0.00%	0.00%	100.00%	0.00%
MER	628,753	98.39%	0.68%	0.93%	0.00%
MOL	418,037	98.47%	1.51%	0.02%	0.00%
PRI	268,261	1.09%	<0.01%	98.91%	0.00%
UNI	335,254	96.20%	3.80%	<0.01%	0.00%
UPP	63,177	99.88%	0.10%	0.02%	0.00%
<b>HEDIS MY 2021 MWA</b>		<b>73.60%</b>	<b>1.19%</b>	<b>25.21%</b>	<b>0.00%</b>
<b>HEDIS MY 2020 MWA</b>		<b>75.16%</b>	<b>1.22%</b>	<b>23.62%</b>	<b>0.00%</b>
<b>HEDIS MY 2019 MWA</b>		<b>76.52%</b>	<b>1.44%</b>	<b>22.04%</b>	<b>0.00%</b>

Table 9-4 shows that at the statewide level, 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	69,168	96.60%	1.10%	2.30%	0.00%
BCC	343,247	98.72%	1.27%	0.01%	0.00%
HAP	39,350	99.10%	0.00%	0.90%	0.00%
MCL	274,184	0.00%	0.00%	100.00%	0.00%
MER	628,753	96.75%	0.65%	2.60%	0.00%
MOL	418,037	98.47%	1.51%	0.02%	0.00%
PRI	268,261	1.09%	<0.01%	98.91%	0.00%
UNI	335,254	96.20%	3.80%	<0.01%	0.00%
UPP	63,177	0.00%	0.00%	100.00%	0.00%
<b>HEDIS MY 2021 MWA</b>		<b>73.38%</b>	<b>1.16%</b>	<b>25.46%</b>	<b>0.00%</b>
<b>HEDIS MY 2020 MWA</b>		<b>75.32%</b>	<b>1.19%</b>	<b>23.50%</b>	<b>0.00%</b>
<b>HEDIS MY 2019 MWA</b>		<b>76.58%</b>	<b>1.41%</b>	<b>22.01%</b>	<b>0.00%</b>

## 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 MY 2021 MHP-specific rates as well as the MWA or Michigan Medicaid Average (MA) for HEDIS MY 2021, HEDIS MY 2020, and HEDIS MY 2019, 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 MWA 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 *Plan All-Cause Readmissions* measure, four 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 five MHPs 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	ED Visits—Total*	Outpatient Visits including telehealth—Total
AET	675,576	59.14	349.02
BCC	3,479,223	45.19	374.56
HAP	360,031	51.10	386.91
MCL	2,886,751	55.59	682.98
MER	6,793,445	47.97	427.01
MOL	4,412,799	49.45	379.92
PRI	2,741,600	52.19	318.56
UNI	3,462,404	49.35	355.48
UPP	660,724	48.47	343.99
<b>HEDIS MY 2021 MWA</b>		<b>50.94</b>	<b>402.05</b>
<b>HEDIS MY 2020 MWA</b>		<b>48.10</b>	<b>361.46</b>
<b>HEDIS MY 2019 MWA</b>		<b>66.05</b>	<b>433.13</b>

\* Awareness is advised when interpreting results for this indicator as a lower rate is a higher percentile.

For the *ED Visits—Total* measure indicator, the MWA decreased by 15.11 visits per 1,000 member months from HEDIS MY 2019 to HEDIS MY 2021. The MWA for the *Outpatient Visits—Total* measure indicator decreased from HEDIS MY 2019 to HEDIS MY 2021 by 31.08 visits per 1,000 member months.

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

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

### 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	675,576	8.23	2.01	2.16	4.57
BCC	3,479,223	6.86	2.27	1.51	3.57
HAP	360,031	9.03	1.82	2.33	5.31
MCL	2,886,751	7.35	2.17	1.76	3.92
MER	6,793,445	6.14	2.14	1.40	3.17
MOL	4,412,799	6.70	2.29	1.45	3.55
PRI	2,741,600	5.78	2.15	1.36	2.83
UNI	3,462,404	4.90	1.84	1.19	2.32
UPP	660,724	6.06	1.83	1.81	2.88
<b>HEDIS MY 2021 MWA</b>		<b>6.78</b>	<b>2.06</b>	<b>1.66</b>	<b>3.57</b>
<b>HEDIS MY 2020 MWA</b>		<b>7.31</b>	<b>2.35</b>	<b>1.72</b>	<b>3.85</b>
<b>HEDIS MY 2019 MWA</b>		<b>8.63</b>	<b>2.53</b>	<b>2.18</b>	<b>4.62</b>

\* 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	675,576	5.59	2.42	9.16	4.94
BCC	3,479,223	4.69	2.77	7.99	4.24
HAP	360,031	6.08	2.45	9.55	5.51
MCL	2,886,751	4.21	1.71	7.00	4.02
MER	6,793,445	4.78	2.76	8.15	4.30
MOL	4,412,799	5.08	2.83	9.16	4.49
PRI	2,741,600	4.72	2.88	7.59	4.38
UNI	3,462,404	5.11	2.46	8.56	4.94
UPP	660,724	4.65	2.61	6.80	4.27
<b>HEDIS MY 2021 MWA</b>		<b>4.99</b>	<b>2.54</b>	<b>8.22</b>	<b>4.57</b>
<b>HEDIS MY 2020 MWA</b>		<b>4.65</b>	<b>2.49</b>	<b>7.62</b>	<b>4.33</b>
<b>HEDIS MY 2019 MWA</b>		<b>4.43</b>	<b>2.54</b>	<b>7.00</b>	<b>4.00</b>

## 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*. Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2021 and prior years be considered with caution.

### Results

Table 10-4 shows the HEDIS MY 2021 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\***

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	2,470	15.63%	2.31%	1.78%
BCC	8,949	17.63%	2.96%	2.09%
HAP	1,266	17.30%	2.92%	2.37%
MCL	8,500	14.19%	2.13%	1.21%
MER	18,246	14.26%	1.94%	1.16%
MOL	15,614	13.12%	2.11%	1.43%
PRI	7,150	17.20%	2.38%	1.34%
UNI	9,099	15.22%	1.70%	1.15%
UPP	2,358	17.73%	6.83%	5.17%
<b>HEDIS MY 2021 MWA</b>		<b>15.03%</b>	<b>2.32%</b>	<b>1.52%</b>
<b>HEDIS MY 2020 MWA</b>		<b>14.60%</b>	<b>3.03%</b>	<b>1.88%</b>
<b>HEDIS MY 2019 MWA</b>		<b>15.48%</b>	<b>4.21%</b>	<b>2.13%</b>

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



## 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 trending between MY 2021 and prior years be considered with caution.

### Results

Table 10-5 shows the HEDIS MY 2021 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\***

MHP	Eligible Population	Rate
AET	2,110	2.65%
BCC	8,003	1.31%
HAP	1,033	1.94%
MCL	7,586	2.43%
MER	16,504	1.98%
MOL	14,037	6.68%
PRI	6,296	11.32%
UNI	8,138	2.76%
UPP	2,101	2.38%
<b>HEDIS MY 2021 MWA</b>		<b>3.98%</b>
<b>HEDIS MY 2020 MWA</b>		<b>2.86%</b>
<b>HEDIS MY 2019 MWA</b>		<b>3.36%</b>

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

## Risk of Continued Opioid Use

The *Risk of Continued Opioid Use* summarizes new episodes of opioid use that puts members at risk for continued opioid use. Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2021 and prior years be considered with caution.

### Results

Table 10-6 shows the HEDIS MY 2021 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\***

MHP	Eligible Population	At Least 15 Days Covered—Total	At Least 31 Days Covered—Total
AET	3,171	9.59%	7.13%
BCC	18,079	8.14%	5.78%
HAP	1,666	11.94%	6.84%
MCL	14,821	7.22%	5.20%
MER	31,459	8.04%	5.51%
MOL	21,084	19.58%	12.07%
PRI	11,658	14.30%	8.23%
UNI	15,626	9.06%	6.51%
UPP	3,774	7.87%	5.30%
<b>HEDIS MY 2021 MWA</b>		<b>10.78%</b>	<b>7.10%</b>
<b>HEDIS MY 2020 MWA</b>		<b>10.66%</b>	<b>6.72%</b>
<b>HEDIS MY 2019 MWA</b>		<b>14.41%</b>	<b>7.54%</b>

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

## 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.

### Results

Table 10-7 shows the HEDIS MY 2021 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\***

MHP	Index Admissions	Observed Readmissions — Total	Expected Readmissions — Total	O/E Ratio— Total
AET	1,560	11.99%	10.74%	1.1158
BCC	8,748	9.98%	9.88%	1.0096
HAP	771	9.86%	9.76%	1.0099
MCL	10,622	9.60%	9.71%	0.9891
MER	21,280	8.43%	9.53%	0.8844
MOL	14,662	8.98%	9.76%	0.9205
PRI	7,619	8.51%	9.75%	0.8721
UNI	6,162	10.76%	10.75%	1.0007
UPP	1,390	9.06%	9.99%	0.9076
<b>HEDIS MY 2021 MWA</b>		<b>9.21%</b>	<b>9.81%</b>	<b>0.94</b>
<b>HEDIS MY 2020 MWA</b>		<b>9.65%</b>	<b>9.90%</b>	<b>0.98</b>
<b>HEDIS MY 2019 MWA</b>		<b>9.09%</b>	<b>9.90%</b>	<b>0.92</b>

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

The rates of observed readmissions ranged from 8.43 percent for Meridian to 11.99 percent for Aetna; however, four of the nine MHPs had an O/E ratio greater than 1.0 indicating these MHPs had more readmissions. The remaining five 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.<sup>11-1</sup> Compliance with the guidelines also helps an auditor to understand an MHP's HEDIS reporting capabilities. For HEDIS MY 2021, 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 2021 contracted with the same LOs in 2022.<sup>11-2</sup> The MHPs were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintain the same LOs across reporting years.

For HEDIS MY 2021, all but two MHPs contracted with external software vendors 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 MY 2021 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 MY 2021. The following sections present NCQA's IS standards and summarize the audit findings related to each IS standard for the MHPs.

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<sup>11-1</sup> National Committee for Quality Assurance. *HEDIS® MY 2021, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

<sup>11-2</sup> NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

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

This standard assesses whether:

- Industry standard codes are used and all characters are captured.
- Principal codes are identified and secondary codes are captured.
- Nonstandard coding schemes are fully documented and mapped back to industry standard codes.
- Standard submission forms are used and capture all fields relevant to measure reporting; all proprietary forms capture equivalent data; and electronic transmission procedures conform to industry standards.
- Data entry 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, except for McLaren, 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 two MHPs contracted with external software vendors 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 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>Un-Audited (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.
CDC	Centers for Disease Control and Prevention.
CLPPP	Childhood Lead Poisoning Prevention Program.
COVID-19	Coronavirus disease 2019.
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.
EDI	Electronic data interchange; the direct computer-to-computer transfer of data.
eGFR	Estimated Glomerular Filtration Rate.

Term	Description
Encounter Data	Billing data received from a capitated provider. (Although the MHP does not reimburse the provider for each encounter, submission of encounter data allows the MHP to collect the data for future HEDIS reporting.)
FAR	Following the MHP's completion of any corrective actions, an auditor completes the final audit report (FAR), documenting all final findings and results of the HEDIS audit. The FAR includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and the auditor's audit opinion (the final audit statement).
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.
HepA	Hepatitis A vaccine.
HepB	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. <sup>12-1</sup>

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

Term	Description
LPL	Low performance level. (For most performance measures, MDHHS defined the LPL as the most recent national Medicaid 25th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [ $>9.0\%$ ], in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a $\pm 5$ percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a $\pm 10$ percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that 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.
MY	Measurement year.
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 2019 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.

Term	Description
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
RV	Rotavirus vaccine.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the MHP to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a “Pass” or “Pass With Qualifications” designation.)
Tdap	Tetanus, diphtheria toxoids, and acellular pertussis vaccine.
uACR	Urine albumin-creatinine ratio.
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 MY 2019, HEDIS MY 2020, and HEDIS MY 2021. Yellow shading with one cross (+) indicates that the HEDIS MY 2021 rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

## Child & Adolescent Care Performance Measure Results

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

Plan	Eligible Population	Combination 3 Rate	Combination 7 Rate	Combination 10 Rate
AET	1,060	45.74%	35.28%	18.00%
BCC	5,987	55.96%	48.18%	30.66%
HAP	388	37.89%	29.64%	15.46%
MCL	5,359	58.88%	51.09%	29.68%
MER	13,056	54.26%	45.01%	23.36%
MOL	8,276	54.83%	46.38%	26.33%
PRI	5,059	61.26%	52.72%	35.68%
UNI	5,973	52.40%	43.81%	24.91%
UPP	1,038	60.69%	50.58%	36.32%
<b>HEDIS MY 2021 MWA</b>		<b>55.46%</b>	<b>46.83%</b>	<b>27.22%</b>
<b>HEDIS MY 2020 MWA</b>		<b>64.00%</b>	<b>55.64%</b>	<b>33.22%</b>
<b>HEDIS MY 2019 MWA</b>		<b>68.36%</b>	<b>58.44%</b>	<b>33.44%</b>



Table A-2—MHP and MWA Results for Well-Child Visits in the First 30 Months of Life

Plan	Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Eligible Population	Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Rate	Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Eligible Population	Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Rate
AET	736	41.30%	826	41.89%
BCC	4,665	61.80% <sup>+</sup>	5,149	62.98%
HAP	208	36.06%	304	46.05%
MCL	4,018	58.66% <sup>+</sup>	4,780	59.04%
MER	10,195	60.85% <sup>+</sup>	11,964	61.93%
MOL	6,467	55.95% <sup>+</sup>	7,709	60.53%
PRI	3,719	59.18% <sup>+</sup>	4,585	65.58%
UNI	4,522	57.52% <sup>+</sup>	5,427	58.08%
UPP	847	67.53% <sup>+</sup>	1,010	67.43%
<b>HEDIS MY 2021 MWA</b>		<b>58.84%<sup>+</sup></b>		<b>60.99%</b>
<b>HEDIS MY 2020 MWA</b>		<b>61.88%</b>		<b>67.71%</b>
<b>HEDIS MY 2019 MWA</b>		—		—

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

Table A-3—MHP and MWA Results for Lead Screening in Children

Plan	Eligible Population	Rate
AET	1,060	52.31%
BCC	5,987	55.23%
HAP	389	44.59%
MCL	5,373	40.63%
MER	13,055	56.36%
MOL	8,302	59.61%
PRI	5,066	56.02%
UNI	5,982	58.88%
UPP	1,039	39.75%
<b>HEDIS MY 2021 MWA</b>		<b>54.69%</b>
<b>HEDIS MY 2020 MWA</b>		<b>73.44%</b>
<b>HEDIS MY 2019 MWA</b>		<b>78.27%</b>

Table A-4—MHP and MWA Results for Child and Adolescents Well-Care Visits<sup>1</sup>

Plan	Ages 3 to 11 Years—Eligible Population	Ages 3 to 11 Years—Rate	Ages 12 to 17 Years—Eligible Population	Ages 12 to 17 Years—Rate	Ages 18 to 21 Years—Eligible Population	Ages 18 to 21 Years—Rate	Total—Eligible Population	Total—Rate
AET	7,770	52.37% <sup>+</sup>	4,790	44.76%	3,487	24.29%	16,047	44.00%
BCC	45,929	59.20% <sup>+</sup>	25,814	49.83% <sup>+</sup>	16,411	31.08% <sup>+</sup>	88,154	51.22% <sup>+</sup>
HAP	2,760	45.80%	1,249	34.35%	1,267	19.18%	5,276	36.69%
MCL	44,063	54.63% <sup>+</sup>	26,079	44.47%	15,517	23.41%	85,659	45.88% <sup>+</sup>
MER	117,972	58.18% <sup>+</sup>	67,693	49.86% <sup>+</sup>	34,938	27.39% <sup>+</sup>	220,603	50.75% <sup>+</sup>
MOL	73,301	59.60% <sup>+</sup>	48,926	52.34% <sup>+</sup>	26,645	31.90% <sup>+</sup>	148,872	52.26% <sup>+</sup>
PRI	44,044	60.53% <sup>+</sup>	26,868	51.89% <sup>+</sup>	14,379	30.06% <sup>+</sup>	85,291	52.67% <sup>+</sup>
UNI	57,386	57.53% <sup>+</sup>	38,102	50.23% <sup>+</sup>	20,734	32.09% <sup>+</sup>	116,222	50.60% <sup>+</sup>
UPP	9,449	57.85% <sup>+</sup>	5,705	51.87% <sup>+</sup>	3,196	23.44%	18,350	49.99% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>58.13%<sup>+</sup></b>		<b>49.93%<sup>+</sup></b>		<b>29.01%<sup>+</sup></b>		<b>50.49%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>50.92%</b>		<b>42.35%</b>		<b>27.36%</b>		<b>44.59%</b>
<b>HEDIS MY 2019 MWA</b>		—		—		—		—

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

Table A-5—MHP and MWA Results for Immunizations for Adolescents

Plan	Eligible Population	Combination 1 (Meningococcal, Tdap) Rate	Combination 2 (Meningococcal, Tdap, HPV) Rate
AET	781	69.10%	29.20%
BCC	4,001	74.45%	32.12%
HAP	218	60.55%	18.81%
MCL	4,368	77.86%	29.68%
MER	11,674	73.97%	32.60%
MOL	8,483	77.32%	32.54%
PRI	4,449	81.51%	36.74% <sup>+</sup>
UNI	6,451	78.83%	34.31%
UPP	947	79.30%	34.53%
<b>HEDIS MY 2021 MWA</b>		<b>76.64%</b>	<b>32.85%</b>
<b>HEDIS MY 2020 MWA</b>		<b>82.68%</b>	<b>37.95%</b>
<b>HEDIS MY 2019 MWA</b>		<b>85.28%</b>	<b>40.40%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

**Table A-6—MHP and MWA Results for Follow-Up Care for Children Prescribed ADHD Medication —  
Initiation Phase and Continuation and Maintenance Phase<sup>1</sup>**

Plan	Initiation Phase— Eligible Population	Initiation Phase— Rate	Continuation and Maintenance Phase—Eligible Population	Continuation and Maintenance Phase—Rate
AET	34	38.24%	14	NA
BCC	808	43.94%	216	62.04% <sup>+</sup>
HAP	32	34.38%	6	NA
MCL	1,150	40.70%	353	54.96%
MER	2,352	39.12%	708	46.75%
MOL	1,564	46.10% <sup>+</sup>	396	57.07% <sup>+</sup>
PRI	801	31.21%	246	38.21%
UNI	1,304	38.96%	298	56.71% <sup>+</sup>
UPP	250	38.40%	97	43.30%
<b>HEDIS MY 2021 MWA</b>		<b>40.29%</b>		<b>51.24%</b>
<b>HEDIS MY 2020 MWA</b>		<b>46.03%</b>		<b>57.74%</b>
<b>HEDIS MY 2019 MWA</b>		<b>44.44%</b>		<b>54.65%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.*

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

## Women—Adult Care Performance Measure Results

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	1,009	65.21% <sup>+</sup>	1,203	65.67% <sup>+</sup>	2,212	65.46% <sup>+</sup>
BCC	5,186	58.41% <sup>+</sup>	6,207	63.32% <sup>+</sup>	11,393	61.08% <sup>+</sup>
HAP	247	55.87% <sup>+</sup>	501	60.48%	748	58.96% <sup>+</sup>
MCL	5,449	53.84% <sup>+</sup>	5,387	61.89% <sup>+</sup>	10,836	57.84% <sup>+</sup>
MER	12,549	55.97% <sup>+</sup>	11,018	64.36% <sup>+</sup>	23,567	59.89% <sup>+</sup>
MOL	9,088	62.05% <sup>+</sup>	7,527	65.63% <sup>+</sup>	16,615	63.67% <sup>+</sup>
PRI	5,127	60.52% <sup>+</sup>	4,597	66.59% <sup>+</sup>	9,724	63.39% <sup>+</sup>
UNI	6,731	60.01% <sup>+</sup>	5,640	65.18% <sup>+</sup>	12,371	62.36% <sup>+</sup>
UPP	1,174	41.06%	1,017	51.13%	2,191	45.73%
<b>HEDIS MY 2021 MWA</b>		<b>58.09%<sup>+</sup></b>		<b>64.15%<sup>+</sup></b>		<b>61.00%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>57.30%</b>		<b>63.68%</b>		<b>60.20%</b>
<b>HEDIS MY 2019 MWA</b>		<b>62.76%</b>		<b>68.90%</b>		<b>65.42%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

Table A-8—MHP and MWA Results for Cervical Cancer Screening in Women<sup>1</sup>

Plan	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	12,273	46.47%
BCC	73,063	59.49% <sup>+</sup>
HAP	5,814	43.80%
MCL	55,312	56.69%
MER	133,860	56.83%
MOL	81,617	57.21%
PRI	51,898	63.99% <sup>+</sup>
UNI	64,778	58.88%
UPP	13,592	61.31% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>58.01%</b>
<b>HEDIS MY 2020 MWA</b>		<b>60.53%</b>
<b>HEDIS MY 2019 MWA</b>		<b>67.66%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.



Table A-9—MHP and MWA Results for Breast Cancer Screening in Women<sup>1</sup>

Plan	Breast Cancer Screening— Eligible Population	Breast Cancer Screening—Rate
AET	2,787	46.79%
BCC	9,617	52.25%
HAP	1,103	56.75% <sup>+</sup>
MCL	9,470	53.67%
MER	24,193	50.97%
MOL	17,274	51.37%
PRI	8,726	56.52% <sup>+</sup>
UNI	11,188	51.15%
UPP	3,154	59.29% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>52.30%</b>
<b>HEDIS MY 2020 MWA</b>		<b>56.31%</b>
<b>HEDIS MY 2019 MWA</b>		<b>60.83%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

## Access to Care Performance Measure Results

**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 and Older— Eligible Population	Ages 65 Years and Older— Rate	Total—Eligible Population	Total—Rate
AET	18,609	66.48%	9,464	78.54%	3,176	89.64% <sup>+</sup>	31,249	72.49%
BCC	101,173	76.86% <sup>+</sup>	51,214	83.45% <sup>+</sup>	851	76.97%	153,238	79.06% <sup>+</sup>
HAP	10,113	60.43%	5,001	74.95%	2,417	89.41% <sup>+</sup>	17,531	68.56%
MCL	83,014	73.12%	40,074	82.20%	325	72.92%	123,413	76.07%
MER	182,351	76.87% <sup>+</sup>	87,789	85.06% <sup>+</sup>	9,252	88.07% <sup>+</sup>	279,392	79.82% <sup>+</sup>
MOL	110,845	76.83% <sup>+</sup>	58,067	85.37% <sup>+</sup>	6,512	91.58% <sup>+</sup>	175,424	80.21% <sup>+</sup>
PRI	69,055	73.78%	33,327	83.17%	2,987	90.26% <sup>+</sup>	105,369	77.22%
UNI	88,383	75.44% <sup>+</sup>	44,542	85.50% <sup>+</sup>	2,363	91.11% <sup>+</sup>	135,288	79.02% <sup>+</sup>
UPP	17,376	76.69% <sup>+</sup>	10,004	84.68% <sup>+</sup>	1,867	95.29% <sup>+</sup>	29,247	80.61% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>75.38%<sup>+</sup></b>		<b>84.06%<sup>+</sup></b>		<b>89.55%<sup>+</sup></b>		<b>78.58%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>74.60%</b>		<b>84.05%</b>		<b>88.77%</b>		<b>78.22%</b>
<b>HEDIS MY 2019 MWA</b>		<b>79.02%</b>		<b>87.31%</b>		<b>92.68%</b>		<b>82.49%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

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

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 and Older— Eligible Population	Ages 65 Years and Older— Rate	Total—Eligible Population	Total—Rate
AET	85	68.24% <sup>+</sup>	280	52.86% <sup>+</sup>	25	NA	390	54.87% <sup>+</sup>
BCC	517	65.57% <sup>+</sup>	1,427	43.80% <sup>+</sup>	7	NA	1,951	49.46%
HAP	38	71.05% <sup>+</sup>	98	44.90% <sup>+</sup>	17	NA	153	50.98%
MCL	498	62.45%	1,048	42.27% <sup>+</sup>	3	NA	1,549	48.74%
MER	1,274	65.46% <sup>+</sup>	2,704	46.01% <sup>+</sup>	45	55.56% <sup>+</sup>	4,023	52.27%
MOL	1,009	64.02%	1,811	46.11% <sup>+</sup>	44	34.09%	2,864	52.23%
PRI	372	72.04% <sup>+</sup>	872	52.75% <sup>+</sup>	9	NA	1,253	58.50% <sup>+</sup>
UNI	765	62.35%	1,422	43.88% <sup>+</sup>	12	NA	2,199	50.25%
UPP	76	64.47%	175	45.14% <sup>+</sup>	9	NA	260	50.77%
<b>HEDIS MY 2021 MWA</b>		<b>64.93%<sup>+</sup></b>		<b>45.77%<sup>+</sup></b>		<b>40.94%<sup>+</sup></b>		<b>51.78%</b>
<b>HEDIS MY 2020 MWA</b>		<b>61.42%</b>		<b>39.69%</b>		<b>32.87%</b>		<b>50.15%</b>
<b>HEDIS MY 2019 MWA</b>		<b>60.04%</b>		<b>37.65%</b>		<b>34.71%</b>		<b>48.23%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.  
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

**Table A-12—MHP and MWA Results for Appropriate Testing  
for Pharyngitis<sup>1</sup>**

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 and Older— Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	225	63.11%	477	50.94%	15	NA	717	53.84%
BCC	1,609	70.29%	3,187	50.67%	4	NA	4,800	57.21%
HAP	90	65.56%	210	43.81%	15	NA	315	48.25%
MCL	2,785	79.14%	2,900	67.38% <sup>+</sup>	1	NA	5,686	73.13%
MER	6,094	71.61%	5,976	56.54%	23	NA	12,093	64.04%
MOL	4,118	61.07%	4,225	48.19%	38	26.32% <sup>+</sup>	8,381	54.42%
PRI	1,188	71.38%	1,556	59.77%	4	NA	2,748	64.77%
UNI	2,804	62.16%	3,472	41.68%	14	NA	6,290	50.73%
UPP	314	85.35% <sup>+</sup>	388	76.03% <sup>+</sup>	1	NA	703	80.23% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>69.04%</b>		<b>53.55%</b>		<b>14.78%</b>		<b>60.58%</b>
<b>HEDIS MY 2020 MWA</b>		<b>75.34%</b>		<b>57.61%</b>		<b>25.00%</b>		<b>68.56%</b>
<b>HEDIS MY 2019 MWA</b>		<b>76.87%</b>		<b>59.75%</b>		<b>34.85%</b>		<b>70.83%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA 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-13—MHP and MWA Results for Appropriate Treatment for Upper Respiratory Infection**

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 and Older—Eligible Population	Ages 65 Years and Older—Rate	Total—Eligible Population	Total—Rate
AET	1,135	94.63% <sup>+</sup>	737	84.80% <sup>+</sup>	42	73.81%	1,914	90.39% <sup>+</sup>
BCC	7,396	94.71% <sup>+</sup>	5,968	81.42% <sup>+</sup>	15	NA	13,379	88.76%
HAP	472	95.76% <sup>+</sup>	360	81.39% <sup>+</sup>	48	62.50%	880	88.07%
MCL	5,670	93.42% <sup>+</sup>	4,715	85.30% <sup>+</sup>	1	NA	10,386	89.74% <sup>+</sup>
MER	17,780	94.17% <sup>+</sup>	10,428	82.61% <sup>+</sup>	81	86.42% <sup>+</sup>	28,289	89.89% <sup>+</sup>
MOL	13,322	92.82% <sup>+</sup>	6,826	79.99% <sup>+</sup>	119	73.11%	20,267	88.38%
PRI	6,533	96.10% <sup>+</sup>	3,596	88.79% <sup>+</sup>	32	87.50% <sup>+</sup>	10,161	93.48% <sup>+</sup>
UNI	11,376	94.24% <sup>+</sup>	5,794	77.10%	41	65.85%	17,211	88.40%
UPP	1,464	94.19% <sup>+</sup>	816	88.85% <sup>+</sup>	13	NA	2,293	92.24% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>94.11%<sup>+</sup></b>		<b>82.21%<sup>+</sup></b>		<b>75.51%<sup>+</sup></b>		<b>89.59%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>91.30%</b>		<b>78.18%</b>		<b>71.33%</b>		<b>87.28%</b>
<b>HEDIS MY 2019 MWA</b>		<b>90.61%</b>		<b>75.39%</b>		<b>68.24%</b>		<b>86.26%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

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— Total—Rate	Counseling for Nutrition— Total—Rate	Counseling for Physical Activity— Total—Rate
AET	7,994	82.97% <sup>+</sup>	73.48% <sup>+</sup>	71.78% <sup>+</sup>
BCC	51,287	83.07% <sup>+</sup>	76.56% <sup>+</sup>	75.26% <sup>+</sup>
HAP	2,022	81.42% <sup>+</sup>	75.14% <sup>+</sup>	73.50% <sup>+</sup>
MCL	50,071	60.83%	52.55%	52.31%
MER	139,479	72.99%	65.45%	64.72%
MOL	92,415	75.67%	71.29% <sup>+</sup>	68.13% <sup>+</sup>
PRI	49,893	91.97% <sup>+</sup>	83.70% <sup>+</sup>	82.73% <sup>+</sup>
UNI	66,031	79.56% <sup>+</sup>	74.94% <sup>+</sup>	74.94% <sup>+</sup>
UPP	11,793	89.54% <sup>+</sup>	75.18% <sup>+</sup>	72.02% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>76.87%<sup>+</sup></b>	<b>70.12%<sup>+</sup></b>	<b>68.90%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>78.53%</b>	<b>69.51%</b>	<b>67.60%</b>
<b>HEDIS MY 2019 MWA</b>		<b>85.84%</b>	<b>75.68%</b>	<b>73.76%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

## Pregnancy Care Performance Measure Results

**Table A-15—MHP and MWA Results for Prenatal and Postpartum Care<sup>1</sup>**

Plan	Eligible Population	Timeliness of Prenatal Care—Rate	Postpartum Care—Rate
AET	816	70.07%	58.64%
BCC	5,144	88.08% <sup>+</sup>	78.59% <sup>+</sup>
HAP	402	75.88%	64.57%
MCL	3,975	77.86%	67.40%
MER	9,674	74.70%	73.97%
MOL	6,279	78.35%	70.07%
PRI	3,742	79.56%	75.91%
UNI	4,320	82.48%	74.70%
UPP	811	92.21% <sup>+</sup>	88.08% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>79.45%</b>	<b>73.36%</b>
<b>HEDIS MY 2020 MWA</b>		<b>79.54%</b>	<b>70.13%</b>
<b>HEDIS MY 2019 MWA</b>		<b>86.17%</b>	<b>73.76%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.*

## Living With Illness Performance Measure Results

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

Plan	Eligible Population	Hemoglobin A1c (HbA1c) Testing—Rate	HbA1c Poor Control (>9.0%)—Rate*	HbA1c Control (<8.0%)—Rate	Eye Exam (Retinal) Performed—Rate	BP Control (<140/90 mm Hg)—Rate
AET	3,519	81.02%	41.36% <sup>+</sup>	50.12% <sup>+</sup>	51.58% <sup>+</sup>	51.34%
BCC	13,740	85.40% <sup>+</sup>	37.96% <sup>+</sup>	50.85% <sup>+</sup>	54.99% <sup>+</sup>	59.37% <sup>+</sup>
HAP	1,907	82.97% <sup>+</sup>	50.12%	44.28%	49.88%	53.28%
MCL	11,120	86.13% <sup>+</sup>	54.74%	38.20%	50.61%	43.31%
MER	27,998	83.45% <sup>+</sup>	52.07%	40.63%	51.34%	55.72%
MOL	19,836	87.10% <sup>+</sup>	39.90% <sup>+</sup>	51.82% <sup>+</sup>	57.18% <sup>+</sup>	62.77% <sup>+</sup>
PRI	10,161	86.37% <sup>+</sup>	34.31% <sup>+</sup>	55.72% <sup>+</sup>	61.31% <sup>+</sup>	69.59% <sup>+</sup>
UNI	14,358	89.78% <sup>+</sup>	33.09% <sup>+</sup>	56.93% <sup>+</sup>	55.47% <sup>+</sup>	67.15% <sup>+</sup>
UPP	2,743	90.51% <sup>+</sup>	33.33% <sup>+</sup>	55.47% <sup>+</sup>	59.61% <sup>+</sup>	82.48% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>85.92%<sup>+</sup></b>	<b>43.04%<sup>+</sup></b>	<b>48.26%<sup>+</sup></b>	<b>54.56%<sup>+</sup></b>	<b>59.61%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>83.13%</b>	<b>43.03%</b>	<b>47.46%</b>	<b>53.65%</b>	<b>58.38%</b>
<b>HEDIS MY 2019 MWA</b>		<b>89.20%</b>	<b>37.21%</b>	<b>52.72%</b>	<b>62.60%</b>	—

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.



Table A-17—MHP and MWA Results for Kidney Health Evaluation for People With Diabetes<sup>1</sup>

Plan	Ages 18 to 64 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 65 to 74 Years—Eligible Population	Ages 65 to 74 Years—Rate	Ages 75 to 85 Years—Eligible Population	Ages 75 to 85 Years—Rate	Total—Eligible Population	Total—Rate
AET	2,668	20.01%	599	23.71%	167	23.35%	3,434	20.82%
BCC	13,110	28.07%	196	29.59%	47	25.53%	13,353	28.08%
HAP	1,343	31.20% <sup>+</sup>	453	33.55% <sup>+</sup>	136	32.35% <sup>+</sup>	1,932	31.83% <sup>+</sup>
MCL	10,876	29.11%	66	42.42% <sup>+</sup>	14	NA	10,956	29.22%
MER	24,979	30.15% <sup>+</sup>	1,864	23.50%	339	23.60%	27,182	29.61%
MOL	17,674	27.62%	1,431	30.61%	307	31.92%	19,412	27.91%
PRI	9,169	34.91% <sup>+</sup>	575	34.09% <sup>+</sup>	131	29.77%	9,875	34.79% <sup>+</sup>
UNI	13,462	37.55% <sup>+</sup>	556	43.35% <sup>+</sup>	130	47.69% <sup>+</sup>	14,148	37.87% <sup>+</sup>
UPP	2,380	34.50% <sup>+</sup>	259	39.38% <sup>+</sup>	77	35.06% <sup>+</sup>	2,716	34.98% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>30.62%<sup>+</sup></b>		<b>29.92%</b>		<b>30.27%</b>		<b>30.57%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>30.63%</b>		<b>32.03%</b>		<b>29.97%</b>		<b>30.68%</b>
<b>HEDIS MY 2019 MWA</b>		—		—		—		—

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA 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-18—MHP and MWA Results for Asthma Medication Ratio

Plan	Eligible Population	Total—Rate
AET	674	50.15%
BCC	3,799	49.01%
HAP	147	48.30%
MCL	4,374	54.64%
MER	6,952	58.80%
MOL	5,578	54.32%
PRI	3,182	62.79%
UNI	3,817	59.94%
UPP	955	57.59%
<b>HEDIS MY 2021 MWA</b>		<b>56.36%</b>
<b>HEDIS MY 2020 MWA</b>		<b>56.83%</b>
<b>HEDIS MY 2019 MWA</b>		<b>59.86%</b>

Table A-19—MHP and MWA Results for Controlling High Blood Pressure<sup>1</sup>

Plan	Eligible Population	Controlling High Blood Pressure—Rate
AET	5,806	60.10% <sup>+</sup>
BCC	22,221	57.95% <sup>+</sup>
HAP	3,058	57.32% <sup>+</sup>
MCL	17,264	45.26%
MER	43,733	48.91%
MOL	32,300	55.96% <sup>+</sup>
PRI	15,799	66.42% <sup>+</sup>
UNI	21,659	64.72% <sup>+</sup>
UPP	4,141	79.08% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>56.14%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>54.48%</b>
<b>HEDIS MY 2019 MWA</b>		—

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

Table A-20—MHP and MWA Results for Medical Assistance With Smoking and Tobacco Use Cessation

Plan	Eligible Population	Advising Smokers and Tobacco Users to Quit—Rate	Discussing Cessation Medications—Rate	Discussing Cessation Strategies—Rate
AET	70,208	72.37%	57.89% <sup>+</sup>	50.34% <sup>+</sup>
BCC	334,482	74.48%	51.56%	43.98%
HAP	39,258	70.73%	51.61%	44.35%
MCL	273,761	70.72%	50.00%	43.89%
MER	569,085	74.10%	54.94% <sup>+</sup>	45.96%
MOL	385,482	79.05% <sup>+</sup>	61.84% <sup>+</sup>	54.81% <sup>+</sup>
PRI	199,552	76.92% <sup>+</sup>	49.42%	44.71%
UNI	297,303	79.19% <sup>+</sup>	56.76% <sup>+</sup>	47.62% <sup>+</sup>
UPP	63,268	76.40% <sup>+</sup>	58.87% <sup>+</sup>	52.69% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>75.48%<sup>+</sup></b>	<b>54.91%<sup>+</sup></b>	<b>47.35%</b>
<b>HEDIS MY 2020 MWA</b>		<b>76.98%</b>	<b>56.97%</b>	<b>50.01%</b>
<b>HEDIS MY 2019 MWA</b>		<b>80.64%</b>	<b>59.18%</b>	<b>51.56%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Rate
AET	225	67.11% <sup>+</sup>	51.11% <sup>+</sup>
BCC	5,973	68.44% <sup>+</sup>	52.44% <sup>+</sup>
HAP	410	77.32% <sup>+</sup>	63.41% <sup>+</sup>
MCL	6,278	68.64% <sup>+</sup>	52.44% <sup>+</sup>
MER	4,573	61.75% <sup>+</sup>	46.38% <sup>+</sup>
MOL	6,211	64.51% <sup>+</sup>	47.25% <sup>+</sup>
PRI	2,101	68.78% <sup>+</sup>	51.45% <sup>+</sup>
UNI	5,119	61.65% <sup>+</sup>	45.20% <sup>+</sup>
UPP	647	64.14% <sup>+</sup>	46.68% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>65.68%<sup>+</sup></b>	<b>49.31%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>59.28%</b>	<b>42.98%</b>
<b>HEDIS MY 2019 MWA</b>		<b>54.97%</b>	<b>38.77%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	755	77.48% <sup>+</sup>
BCC	2,861	81.37% <sup>+</sup>
HAP	389	76.61%
MCL	4,780	77.64% <sup>+</sup>
MER	6,445	81.01% <sup>+</sup>
MOL	4,556	80.71% <sup>+</sup>
PRI	2,325	83.40% <sup>+</sup>
UNI	2,727	84.31% <sup>+</sup>
UPP	902	86.36% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>80.95%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>78.01%</b>
<b>HEDIS MY 2019 MWA</b>		<b>84.38%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.*

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

Plan	Eligible Population	Rate
AET	134	55.97%
BCC	198	59.60%
HAP	74	64.86% <sup>+</sup>
MCL	320	65.00% <sup>+</sup>
MER	608	66.28% <sup>+</sup>
MOL	638	64.42% <sup>+</sup>
PRI	219	72.60% <sup>+</sup>
UNI	331	65.26% <sup>+</sup>
UPP	91	85.71% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>65.67%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>61.98%</b>
<b>HEDIS MY 2019 MWA</b>		<b>68.31%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA national Medicaid 50th percentile.*

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

Plan	Eligible Population	Rate
AET	25	NA
BCC	27	NA
HAP	6	NA
MCL	47	65.96%
MER	64	62.50%
MOL	101	64.36%
PRI	26	NA
UNI	53	66.04%
UPP	8	NA
<b>HEDIS MY 2021 MWA</b>		<b>66.39%</b>
<b>HEDIS MY 2020 MWA</b>		<b>64.95%</b>
<b>HEDIS MY 2019 MWA</b>		<b>73.16%</b>

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



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

Plan	Eligible Population	Rate
AET	561	61.32%
BCC	946	57.08%
HAP	279	63.44%
MCL	1,681	65.14% <sup>+</sup>
MER	2,055	70.36% <sup>+</sup>
MOL	2,286	65.79% <sup>+</sup>
PRI	837	66.79% <sup>+</sup>
UNI	1,206	61.53%
UPP	389	85.09% <sup>+</sup>
<b>HEDIS MY 2021 MWA</b>		<b>65.80%<sup>+</sup></b>
<b>HEDIS MY 2020 MWA</b>		<b>68.17%</b>
<b>HEDIS MY 2019 MWA</b>		<b>59.26%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2021 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2020 MWA 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 MY 2019, HEDIS MY 2020, and HEDIS MY 2021 rates are presented as well as the HEDIS MY 2020 to HEDIS MY 2021 rate comparison and the HEDIS MY 2021 Performance Level. HEDIS MY 2020 and HEDIS MY 2021 rates were compared based on a Chi-square test of statistical significance with a  $p$  value  $<0.05$ . Values in the MY 2020–MY 2021 Comparison column that are shaded green with one cross (+) indicate significant improvement from the previous year. Values in the MY 2020–MY 2021 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 B-1 — AET Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	58.64%	49.38%	45.74%	-3.64	★
Combination 7	46.47%	40.63%	35.28%	-5.35	★
Combination 10	23.84%	18.13%	18.00%	-0.13	★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	41.63%	41.30%	-0.33	★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	52.61%	41.89%	-10.72 <sup>+</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	76.40%	62.83%	52.31%	-10.52 <sup>+</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	41.17%	52.37%	+11.20 <sup>+</sup>	★★★★
Ages 12 to 17 Years	—	32.25%	44.76%	+12.51 <sup>+</sup>	★★★
Ages 18 to 21 Years	—	21.59%	24.29%	+2.70 <sup>+</sup>	★★★
Total	—	34.76%	44.00%	+9.24 <sup>+</sup>	★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	88.56%	79.56%	69.10%	-10.46 <sup>+</sup>	★
Combination 2 (Meningococcal, Tdap, HPV)	37.96%	37.23%	29.20%	-8.03 <sup>+</sup>	★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	27.78%	36.53%	38.24%	+1.71	★
Continuation and Maintenance Phase	52.63%	45.95%	NA	NC	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	60.39%	57.01%	65.21%	+8.20 <sup>+</sup>	★★★★
Ages 21 to 24 Years	69.84%	63.88%	65.67%	+1.79	★★★★
Total	64.27%	60.30%	65.46%	+5.16 <sup>+</sup>	★★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	60.51%	54.01%	46.47%	-7.54 <sup>+</sup>	★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	54.38%	50.35%	46.79%	-3.56 <sup>+</sup>	★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	72.86%	65.40%	66.48%	+1.08 <sup>+</sup>	★
Ages 45 to 64 Years	84.44%	79.70%	78.54%	-1.16	★★
Ages 65 Years and Older	89.72%	87.72%	89.64%	+1.92 <sup>+</sup>	★★★★
Total	79.50%	72.90%	72.49%	-0.41	★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	54.25%	61.25%	68.24%	+6.99	★★★★
Ages 18 to 64 Years	35.34%	43.03%	52.86%	+9.83 <sup>+</sup>	★★★★★
Ages 65 Years And Older	25.93%	28.36%	NA	NC	NC
Total	42.53%	48.75%	54.87%	+6.12 <sup>+</sup>	★★★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	67.21%	68.58%	63.11%	-5.47	★
Ages 18 to 64 Years	51.61%	49.81%	50.94%	+1.13	★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	60.09%	59.23%	53.84%	-5.39 <sup>+</sup>	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	91.36%	91.28%	94.63%	+3.35 <sup>+</sup>	★★★★
Ages 18 to 64 Years	74.70%	80.28%	84.80%	+4.52 <sup>+</sup>	★★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	61.90%	70.00%	73.81%	+3.81	★★
<i>Total</i>	85.73%	87.04%	90.39%	+3.35 <sup>+</sup>	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	87.23%	80.29%	82.97%	+2.68	★★★★
<i>Counseling for Nutrition—Total</i>	81.65%	72.02%	73.48%	+1.46	★★★
<i>Counseling for Physical Activity—Total</i>	78.72%	68.61%	71.78%	+3.17	★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	70.07%	68.86%	70.07%	+1.21	★
<i>Postpartum Care</i>	63.02%	54.01%	58.64%	+4.63	★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	84.43%	80.05%	81.02%	+0.97	★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	38.93%	48.91%	41.36%	-7.55 <sup>+</sup>	★★★
<i>HbA1c Control (&lt;8.0%)</i>	52.31%	44.04%	50.12%	+6.08	★★★
<i>Eye Exam (Retinal) Performed</i>	54.50%	45.74%	51.58%	+5.84	★★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	52.07%	51.34%	-0.73	★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	15.43%	20.01%	+4.58 <sup>+</sup>	★
<i>Ages 65 to 74 Years</i>	—	19.24%	23.71%	+4.47	★
<i>Ages 75 to 85 Years</i>	—	15.76%	23.35%	+7.59	★
<i>Total</i>	—	16.15%	20.82%	+4.67 <sup>+</sup>	★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	50.22%	50.39%	50.15%	-0.24	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	46.23%	60.10%	+13.87 <sup>+</sup>	★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	85.78%	78.68%	72.37%	-6.31	★★
<i>Discussing Cessation Medications</i>	60.00%	57.87%	57.89%	+0.02	★★★★
<i>Discussing Cessation Strategies</i>	54.05%	53.72%	50.34%	-3.38	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	49.93%	51.32%	67.11%	+15.79 <sup>+</sup>	★★★★
<i>Effective Continuation Phase Treatment</i>	36.45%	37.48%	51.11%	+13.63 <sup>+</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	74.64%	62.95%	77.48%	+14.53 <sup>+</sup>	★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	48.80%	52.49%	55.97%	+3.48	★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	NC	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.36%	63.54%	61.32%	-2.22	★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	30.77%	32.58%	34.86%	+2.28	NC
Total—Black or African American	55.54%	53.80%	53.11%	-0.69	NC
Total—American—Indian and Alaska Native	0.26%	0.19%	0.39%	+0.20	NC
Total—Asian	1.82%	1.16%	0.99%	-0.17	NC
Total—Native Hawaiian and Other Pacific Islander	0.08%	0.08%	0.09%	+0.01	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	4.78%	6.03%	3.99%	-2.04	NC
Total—Declined	6.76%	6.16%	6.57%	+0.41	NC
Total—Hispanic or Latino	3.40%	3.62%	0.83%	-2.79	NC
<b>Language Diversity of Membership</b>					
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

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
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	98.26%	97.73%	96.60%	-1.13	NC
Other Language Needs—Non-English	0.97%	0.99%	1.10%	+0.11	NC
Other Language Needs—Unknown	0.78%	1.28%	2.30%	+1.02	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	75.36	55.97	59.14	+3.17	★
Outpatient Visits Including Telehealth—Total	590.74	550.95	349.02	-201.93	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	11.95	10.53	8.23	-2.30	NC
Total Inpatient—Average Length of Stay—Total All Ages	5.41	5.60	5.59	-0.01	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	2.39	2.32	2.01	-0.31	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.72	2.58	2.42	-0.16	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	2.91	2.50	2.16	-0.34	NC
Surgery—Average Length of Stay—Total All Ages	7.91	9.05	9.16	+0.11	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	7.33	6.34	4.57	-1.77	NC
Medicine—Average Length of Stay—Total All Ages	5.05	5.05	4.94	-0.11	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	15.69%	14.94%	15.63%	+0.69	★★★
Multiple Pharmacies	16.15%	3.43%	2.31%	-1.12 <sup>+</sup>	★★★
Multiple Prescribers and Multiple Pharmacies	4.60%	2.23%	1.78%	-0.45	★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	3.30%	2.53%	2.65%	+0.12	★★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	18.46%	16.92%	9.59%	-7.33 <sup>+</sup>	★
At Least 31 Days Covered—Total	9.21%	9.03%	7.13%	-1.90 <sup>+</sup>	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	10.10%	11.42%	11.99%	+0.57	★
Expected Readmissions—Total*	9.36%	9.91%	10.74%	+0.83	★
O/E Ratio—Total*	1.08	1.15	1.1158	-0.03	★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-2—BCC Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	67.15%	62.53%	55.96%	-6.57	★
Combination 7	59.37%	52.55%	48.18%	-4.37	★
Combination 10	34.55%	31.39%	30.66%	-0.73	★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	64.39%	61.80%	-2.59 <sup>++</sup>	★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	66.84%	62.98%	-3.86 <sup>++</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	74.94%	71.53%	55.23%	-16.30 <sup>++</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	50.56%	59.20%	+8.64 <sup>+</sup>	★★★★
Ages 12 to 17 Years	—	40.79%	49.83%	+9.04 <sup>+</sup>	★★★★
Ages 18 to 21 Years	—	27.43%	31.08%	+3.65 <sup>+</sup>	★★★★
Total	—	43.71%	51.22%	+7.51 <sup>+</sup>	★★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	80.05%	82.00%	74.45%	-7.55 <sup>++</sup>	★
Combination 2 (Meningococcal, Tdap, HPV)	39.42%	34.06%	32.12%	-1.94	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	45.45%	48.33%	43.94%	-4.39	★★
Continuation and Maintenance Phase	58.26%	68.62%	62.04%	-6.58	★★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	65.99%	58.99%	58.41%	-0.58	★★★★
Ages 21 to 24 Years	69.35%	64.86%	63.32%	-1.54	★★★★
Total	67.67%	61.98%	61.08%	-0.90	★★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	69.10%	60.73%	59.49%	-1.24	★★★★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	59.22%	55.48%	52.25%	-3.23 <sup>++</sup>	★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	77.99%	74.84%	76.86%	+2.02 <sup>+</sup>	★★★★
Ages 45 to 64 Years	84.70%	82.29%	83.45%	+1.16 <sup>+</sup>	★★★★
Ages 65 Years and Older	82.23%	71.52%	76.97%	+5.45 <sup>+</sup>	★
Total	80.57%	77.48%	79.06%	+1.58 <sup>+</sup>	★★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	61.98%	62.81%	65.57%	+2.76	★★★★
Ages 18 to 64 Years	36.29%	38.45%	43.80%	+5.35 <sup>+</sup>	★★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	47.17%	49.46%	49.46%	0.00	★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	76.04%	75.69%	70.29%	-5.40 <sup>++</sup>	★
Ages 18 to 64 Years	55.99%	54.39%	50.67%	-3.72 <sup>++</sup>	★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	67.07%	65.57%	57.21%	-8.36 <sup>++</sup>	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	91.40%	91.91%	94.71%	+2.80 <sup>+</sup>	★★★★
Ages 18 to 64 Years	73.71%	76.51%	81.42%	+4.91 <sup>+</sup>	★★★★



Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	NA	NA	NA	NC	NC
<i>Total</i>	85.65%	86.34%	88.76%	+2.42 <sup>+</sup>	★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	87.21%	78.14%	83.07%	+4.93	★★★★
<i>Counseling for Nutrition—Total</i>	80.00%	64.87%	76.56%	+11.69 <sup>+</sup>	★★★
<i>Counseling for Physical Activity—Total</i>	79.02%	63.80%	75.26%	+11.46 <sup>+</sup>	★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	78.83%	78.91%	88.08%	+9.17 <sup>+</sup>	★★★
<i>Postpartum Care</i>	71.78%	71.09%	78.59%	+7.50 <sup>+</sup>	★★★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	88.32%	80.29%	85.40%	+5.11	★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	42.34%	41.61%	37.96%	-3.65	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	48.18%	49.15%	50.85%	+1.70	★★★
<i>Eye Exam (Retinal) Performed</i>	59.85%	58.64%	54.99%	-3.65	★★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	56.93%	59.37%	+2.44	★★★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	26.81%	28.07%	+1.26 <sup>+</sup>	★★
<i>Ages 65 to 74 Years</i>	—	32.71%	29.59%	-3.12	★★
<i>Ages 75 to 85 Years</i>	—	2.78%	25.53%	+22.75 <sup>+</sup>	★★
<i>Total</i>	—	26.78%	28.08%	+1.30 <sup>+</sup>	★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	57.31%	50.13%	49.01%	-1.12	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	54.99%	57.95%	+2.96	★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	85.23%	79.29%	74.48%	-4.81	★★
<i>Discussing Cessation Medications</i>	65.14%	54.31%	51.56%	-2.75	★★
<i>Discussing Cessation Strategies</i>	56.07%	49.74%	43.98%	-5.76	★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	62.04%	62.35%	68.44%	+6.09 <sup>+</sup>	★★★★★
<i>Effective Continuation Phase Treatment</i>	46.27%	47.14%	52.44%	+5.30 <sup>+</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	85.24%	80.17%	81.37%	+1.20	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	72.16%	66.67%	59.60%	-7.07	★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	NC	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	56.98%	58.66%	57.08%	-1.58	★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	46.23%	46.98%	50.27%	+3.29	NC
Total—Black or African American	35.41%	34.60%	34.93%	+0.33	NC
Total—American—Indian and Alaska Native	0.75%	1.01%	1.39%	+0.38	NC
Total—Asian	2.01%	1.77%	1.72%	-0.05	NC
Total—Native Hawaiian and Other Pacific Islander	3.22%	3.26%	2.94%	-0.32	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.04%	0.04%	0.03%	-0.01	NC
Total—Unknown	12.34%	12.35%	8.73%	-3.62	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	3.32%	3.11%	2.90%	-0.21	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	98.35%	98.39%	98.33%	-0.06	NC
Spoken Language Preferred for Health Care—Non-English	1.65%	1.61%	1.66%	+0.05	NC
Spoken Language Preferred for Health Care—Unknown	0.00%	0.01%	0.01%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Language Preferred for Written Materials—English	98.32%	98.38%	98.33%	-0.05	NC
Language Preferred for Written Materials—Non-English	1.68%	1.62%	1.67%	+0.05	NC
Language Preferred for Written Materials—Unknown	0.00%	0.01%	0.01%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.75%	98.80%	98.72%	-0.08	NC
Other Language Needs—Non-English	1.24%	1.19%	1.27%	+0.08	NC
Other Language Needs—Unknown	0.01%	0.01%	0.01%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	62.86	44.38	45.19	+0.81	★★
Outpatient Visits Including Telehealth—Total	393.07	334.57	374.56	+39.99	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	7.23	6.18	6.86	+0.68	NC
Total Inpatient—Average Length of Stay—Total All Ages	4.09	4.40	4.69	+0.29	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	2.73	2.53	2.27	-0.26	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.58	2.41	2.77	+0.36	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	1.65	1.20	1.51	+0.31	NC
Surgery—Average Length of Stay—Total All Ages	6.57	7.67	7.99	+0.32	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	3.48	3.03	3.57	+0.54	NC
Medicine—Average Length of Stay—Total All Ages	3.83	4.38	4.24	-0.14	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	16.58%	14.62%	17.63%	+3.01 <sup>++</sup>	★★★★
Multiple Pharmacies	4.51%	3.00%	2.96%	-0.04	★★★★
Multiple Prescribers and Multiple Pharmacies	2.57%	1.84%	2.09%	+0.25	★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	2.23%	1.69%	1.31%	-0.38	★★★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	13.52%	8.40%	8.14%	-0.26	★★
At Least 31 Days Covered—Total	6.42%	5.69%	5.78%	+0.09	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	10.60%	11.00%	9.98%	-1.02 <sup>+</sup>	★★
Expected Readmissions—Total*	9.80%	10.23%	9.88%	-0.35	★★
O/E Ratio—Total*	1.08	1.08	1.0096	-0.07 <sup>+</sup>	★★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2020–2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-3—HAP Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	68.09%	44.95%	37.89%	-7.06	★
Combination 7	55.32%	37.61%	29.64%	-7.97	★
Combination 10	21.28%	20.18%	15.46%	-4.72	★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	51.22%	36.06%	-15.16	★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	55.36%	46.05%	-9.31	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	80.85%	62.39%	44.59%	-17.80 <sup>+</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	34.54%	45.80%	+11.26 <sup>+</sup>	★★
Ages 12 to 17 Years	—	20.66%	34.35%	+13.69 <sup>+</sup>	★
Ages 18 to 21 Years	—	18.28%	19.18%	+0.90	★★
Total	—	27.93%	36.69%	+8.76 <sup>+</sup>	★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	NA	70.73%	60.55%	-10.18	★
Combination 2 (Meningococcal, Tdap, HPV)	NA	21.95%	18.81%	-3.14	★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	NA	NA	34.38%	NC	★
Continuation and Maintenance Phase	NA	NA	NA	NC	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	61.29%	51.98%	55.87%	+3.89	★★★
Ages 21 to 24 Years	57.63%	59.75%	60.48%	+0.73	★★
Total	58.89%	56.42%	58.96%	+2.54	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	56.34%	40.00%	43.80%	+3.80	★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	55.94%	57.02%	56.75%	-0.27	★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	70.22%	57.06%	60.43%	+3.37 <sup>+</sup>	★
Ages 45 to 64 Years	88.65%	74.49%	74.95%	+0.46	★
Ages 65 Years and Older	89.20%	88.16%	89.41%	+1.25	★★★★
Total	83.10%	68.81%	68.56%	-0.25	★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	NA	75.93%	71.05%	-4.88	★★★
Ages 18 to 64 Years	33.65%	40.52%	44.90%	+4.38	★★★
Ages 65 Years And Older	32.69%	29.55%	NA	NC	NC
Total	37.84%	47.20%	50.98%	+3.78	★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	83.33%	65.98%	65.56%	-0.42	★
Ages 18 to 64 Years	50.00%	47.10%	43.81%	-3.29	★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	59.31%	52.76%	48.25%	-4.51	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	89.68%	91.72%	95.76%	+4.04 <sup>+</sup>	★★★★
Ages 18 to 64 Years	70.80%	79.94%	81.39%	+1.45	★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	57.65%	73.75%	62.50%	-11.25	★
<i>Total</i>	74.68%	84.31%	88.07%	+3.76*	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	86.98%	80.67%	81.42%	+0.75	★★★★
<i>Counseling for Nutrition—Total</i>	63.31%	69.85%	75.14%	+5.29	★★★★
<i>Counseling for Physical Activity—Total</i>	62.13%	67.27%	73.50%	+6.23	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	90.12%	68.30%	75.88%	+7.58*	★
<i>Postpartum Care</i>	67.90%	52.68%	64.57%	+11.89*	★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	88.32%	84.18%	82.97%	-1.21	★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	44.04%	46.96%	50.12%	+3.16	★★
<i>HbA1c Control (&lt;8.0%)</i>	49.88%	46.47%	44.28%	-2.19	★★
<i>Eye Exam (Retinal) Performed</i>	56.93%	44.77%	49.88%	+5.11	★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	53.28%	53.28%	0.00	★★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	30.86%	31.20%	+0.34	★★★★
<i>Ages 65 to 74 Years</i>	—	34.23%	33.55%	-0.68	★★★★
<i>Ages 75 to 85 Years</i>	—	30.61%	32.35%	+1.74	★★★★
<i>Total</i>	—	31.83%	31.83%	0.00	★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	55.93%	46.27%	48.30%	+2.03	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	52.55%	57.32%	+4.77	★★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	81.03%	76.13%	70.73%	-5.40	★
<i>Discussing Cessation Medications</i>	67.32%	59.35%	51.61%	-7.74	★★
<i>Discussing Cessation Strategies</i>	55.47%	53.80%	44.35%	-9.45	★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	53.00%	70.59%	77.32%	+6.73	★★★★★
<i>Effective Continuation Phase Treatment</i>	42.00%	47.06%	63.41%	+16.35*	★★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	73.36%	71.52%	76.61%	+5.09	★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	64.58%	66.67%	64.86%	-1.81	★★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	NC	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	72.00%	65.04%	63.44%	-1.60	★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	0.24%	39.22%	41.61%	+2.39	NC
Total—Black or African American	0.28%	46.62%	45.63%	-0.99	NC
Total—American—Indian and Alaska Native	0.00%	0.15%	0.50%	+0.35	NC
Total—Asian	0.03%	1.74%	1.35%	-0.39	NC
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.04%	0.07%	+0.03	NC
Total—Some Other Race	0.02%	3.98%	1.67%	-2.31	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	99.43%	8.24%	9.13%	+0.89	NC
Total—Declined	0.00%	0.00%	0.04%	+0.04	NC
Total—Hispanic or Latino	0.01%	3.72%	0.91%	-2.81	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	0.79%	90.36%	99.10%	+8.74	NC
Spoken Language Preferred for Health Care—Non-English	0.01%	0.74%	0.00%	-0.74	NC
Spoken Language Preferred for Health Care—Unknown	99.20%	8.91%	0.90%	-8.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Language Preferred for Written Materials—English	0.79%	90.36%	99.10%	+8.74	NC
Language Preferred for Written Materials—Non-English	0.01%	0.74%	0.00%	-0.74	NC
Language Preferred for Written Materials—Unknown	99.20%	8.91%	0.90%	-8.01	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.79%	90.36%	99.10%	+8.74	NC
Other Language Needs—Non-English	0.01%	0.74%	0.00%	-0.74	NC
Other Language Needs—Unknown	99.20%	8.91%	0.90%	-8.01	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	66.59	50.14	51.10	+0.96	★
Outpatient Visits Including Telehealth—Total	496.25	329.12	386.91	+57.79	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	13.93	10.20	9.03	-1.17	NC
Total Inpatient—Average Length of Stay—Total All Ages	5.97	5.95	6.08	+0.13	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	1.68	1.85	1.82	-0.03	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.79	2.57	2.45	-0.12	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	4.10	2.44	2.33	-0.11	NC
Surgery—Average Length of Stay—Total All Ages	9.24	9.44	9.55	+0.11	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	8.79	6.42	5.31	-1.11	NC
Medicine—Average Length of Stay—Total All Ages	4.82	5.33	5.51	+0.18	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	15.83%	12.95%	17.30%	+4.35 <sup>++</sup>	★★★★
Multiple Pharmacies	2.33%	3.34%	2.92%	-0.42	★★★★
Multiple Prescribers and Multiple Pharmacies	1.23%	1.63%	2.37%	+0.74	★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	2.84%	2.16%	1.94%	-0.22	★★★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	13.47%	14.45%	11.94%	-2.51	★
At Least 31 Days Covered—Total	7.92%	9.91%	6.84%	-3.07 <sup>+</sup>	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	NA	13.38%	9.86%	-3.52	★★★★
Expected Readmissions—Total*	NA	9.81%	9.76%	-0.05	★★★★
O/E Ratio—Total*	NA	1.36	1.0099	-0.35	★★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile



Table B-4—MCL Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	63.99%	63.26%	58.88%	-4.38	★
Combination 7	52.80%	51.34%	51.09%	-0.25	★
Combination 10	27.74%	31.39%	29.68%	-1.71	★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	61.22%	58.66%	-2.56 <sup>++</sup>	★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	67.44%	59.04%	-8.40 <sup>++</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	82.73%	74.21%	40.63%	-33.58 <sup>++</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	48.09%	54.63%	+6.54 <sup>+</sup>	★★★
Ages 12 to 17 Years	—	37.63%	44.47%	+6.84 <sup>+</sup>	★★
Ages 18 to 21 Years	—	21.68%	23.41%	+1.73 <sup>+</sup>	★★
Total	—	40.50%	45.88%	+5.38 <sup>+</sup>	★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	86.37%	81.75%	77.86%	-3.89	★★
Combination 2 (Meningococcal, Tdap, HPV)	34.55%	30.90%	29.68%	-1.22	★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	47.72%	49.12%	40.70%	-8.42 <sup>++</sup>	★★
Continuation and Maintenance Phase	57.74%	59.30%	54.96%	-4.34	★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	56.13%	53.49%	53.84%	+0.35	★★★
Ages 21 to 24 Years	66.14%	61.32%	61.89%	+0.57	★★★
Total	60.58%	57.22%	57.84%	+0.62	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	65.21%	59.85%	56.69%	-3.16	★★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	60.82%	56.20%	53.67%	-2.53 <sup>++</sup>	★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	78.10%	73.17%	73.12%	-0.05	★★
Ages 45 to 64 Years	86.53%	83.28%	82.20%	-1.08 <sup>++</sup>	★★
Ages 65 Years and Older	86.07%	72.67%	72.92%	+0.25	★
Total	81.33%	76.67%	76.07%	-0.60 <sup>++</sup>	★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	58.97%	61.39%	62.45%	+1.06	★★
Ages 18 to 64 Years	38.43%	39.96%	42.27%	+2.31	★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	47.71%	50.05%	48.74%	-1.31	★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	82.55%	81.62%	79.14%	-2.48 <sup>++</sup>	★★
Ages 18 to 64 Years	69.16%	67.58%	67.38%	-0.20	★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	77.73%	76.36%	73.13%	-3.23 <sup>++</sup>	★★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	90.12%	90.52%	93.42%	+2.90 <sup>+</sup>	★★★
Ages 18 to 64 Years	77.09%	79.90%	85.30%	+5.40 <sup>+</sup>	★★★



Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	NA	NA	NA	NC	NC
<i>Total</i>	85.77%	86.88%	89.74%	+2.86 <sup>+</sup>	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	79.32%	65.21%	60.83%	-4.38	★
<i>Counseling for Nutrition—Total</i>	66.67%	53.53%	52.55%	-0.98	★
<i>Counseling for Physical Activity—Total</i>	63.26%	53.77%	52.31%	-1.46	★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	88.32%	78.59%	77.86%	-0.73	★
<i>Postpartum Care</i>	74.45%	70.32%	67.40%	-2.92	★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	87.83%	77.86%	86.13%	+8.27 <sup>+</sup>	★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	42.58%	56.45%	54.74%	-1.71	★
<i>HbA1c Control (&lt;8.0%)</i>	47.69%	37.71%	38.20%	+0.49	★
<i>Eye Exam (Retinal) Performed</i>	58.64%	54.74%	50.61%	-4.13	★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	50.85%	43.31%	-7.54 <sup>++</sup>	★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	26.56%	29.11%	+2.55 <sup>+</sup>	★★
<i>Ages 65 to 74 Years</i>	—	27.87%	42.42%	+14.55	★★★
<i>Ages 75 to 85 Years</i>	—	NA	NA	NC	NC
<i>Total</i>	—	26.57%	29.22%	+2.65 <sup>+</sup>	★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	57.20%	53.48%	54.64%	+1.16	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	47.20%	45.26%	-1.94	★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	79.01%	72.51%	70.72%	-1.79	★
<i>Discussing Cessation Medications</i>	56.67%	51.79%	50.00%	-1.79	★★
<i>Discussing Cessation Strategies</i>	50.28%	47.31%	43.89%	-3.42	★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	63.61%	63.95%	68.64%	+4.69 <sup>+</sup>	★★★★★
<i>Effective Continuation Phase Treatment</i>	49.09%	48.85%	52.44%	+3.59 <sup>+</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.12%	74.61%	77.64%	+3.03 <sup>+</sup>	★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	67.20%	60.37%	65.00%	+4.63	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	70.59%	51.11%	65.96%	+14.85	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	69.10%	71.26%	65.14%	-6.12 <sup>++</sup>	★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	63.10%	64.38%	68.31%	+3.93	NC
Total—Black or African American	20.19%	20.63%	21.23%	+0.60	NC
Total—American—Indian and Alaska Native	0.52%	0.55%	1.06%	+0.51	NC
Total—Asian	1.45%	0.80%	0.69%	-0.11	NC
Total—Native Hawaiian and Other Pacific Islander	0.08%	0.09%	0.11%	+0.02	NC
Total—Some Other Race	5.82%	6.06%	0.41%	-5.65	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	8.84%	7.48%	8.19%	+0.71	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.82%	6.06%	0.41%	-5.65	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	60.94%	52.87%	47.65%	-5.22	NC
Spoken Language Preferred for Health Care—Non-English	0.46%	0.40%	0.35%	-0.05	NC
Spoken Language Preferred for Health Care—Unknown	38.60%	46.73%	52.00%	+5.27	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
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
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	70.40	51.72	55.59	+3.87	★
Outpatient Visits Including Telehealth—Total	552.68	447.82	682.98	+235.16	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	9.14	8.31	7.35	-0.96	NC
Total Inpatient—Average Length of Stay—Total All Ages	3.87	3.87	4.21	+0.34	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	2.77	2.61	2.17	-0.44	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	1.77	1.69	1.71	+0.02	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	2.24	2.07	1.76	-0.31	NC
Surgery—Average Length of Stay—Total All Ages	5.81	6.00	7.00	+1.00	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	4.82	4.28	3.92	-0.36	NC
Medicine—Average Length of Stay—Total All Ages	3.86	3.86	4.02	+0.16	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	14.91%	14.77%	14.19%	-0.58	★★★★★
Multiple Pharmacies	3.48%	2.60%	2.13%	-0.47 <sup>†</sup>	★★★★
Multiple Prescribers and Multiple Pharmacies	1.65%	1.21%	1.21%	0.00	★★★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	2.95%	2.65%	2.43%	-0.22	★★★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	19.36%	12.40%	7.22%	-5.18 <sup>†</sup>	★★
At Least 31 Days Covered—Total	11.64%	6.36%	5.20%	-1.16 <sup>†</sup>	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	8.50%	9.63%	9.60%	-0.03	★★★★
Expected Readmissions—Total*	9.55%	9.76%	9.71%	-0.05	★★★★
O/E Ratio—Total*	0.89	0.99	0.9891	0.00	★★★★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-5—MER Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	67.60%	62.53%	54.26%	-8.27 <sup>++</sup>	★
Combination 7	57.79%	56.20%	45.01%	-11.19 <sup>++</sup>	★
Combination 10	32.34%	32.85%	23.36%	-9.49 <sup>++</sup>	★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	63.12%	60.85%	-2.27 <sup>++</sup>	★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	68.93%	61.93%	-7.00 <sup>++</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	77.51%	73.87%	56.36%	-17.51 <sup>++</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	52.28%	58.18%	+5.90 <sup>+</sup>	★★★
Ages 12 to 17 Years	—	42.30%	49.86%	+7.56 <sup>+</sup>	★★★
Ages 18 to 21 Years	—	26.22%	27.39%	+1.17 <sup>+</sup>	★★★
Total	—	45.63%	50.75%	+5.12 <sup>+</sup>	★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	84.43%	82.73%	73.97%	-8.76 <sup>++</sup>	★
Combination 2 (Meningococcal, Tdap, HPV)	38.44%	36.50%	32.60%	-3.90	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	45.12%	44.59%	39.12%	-5.47 <sup>++</sup>	★★
Continuation and Maintenance Phase	56.80%	55.18%	46.75%	-8.43 <sup>++</sup>	★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	61.42%	55.53%	55.97%	+0.44	★★★
Ages 21 to 24 Years	69.18%	62.83%	64.36%	+1.53 <sup>+</sup>	★★★
Total	64.92%	58.84%	59.89%	+1.05 <sup>+</sup>	★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	67.64%	59.41%	56.83%	-2.58 <sup>++</sup>	★★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	63.17%	56.65%	50.97%	-5.68 <sup>++</sup>	★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	80.91%	76.20%	76.87%	+0.67 <sup>+</sup>	★★★
Ages 45 to 64 Years	88.76%	84.67%	85.06%	+0.39 <sup>+</sup>	★★★
Ages 65 Years and Older	95.43%	88.91%	88.07%	-0.84	★★★
Total	84.02%	79.18%	79.82%	+0.64 <sup>+</sup>	★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	61.92%	60.82%	65.46%	+4.64 <sup>+</sup>	★★★
Ages 18 to 64 Years	37.45%	39.00%	46.01%	+7.01 <sup>+</sup>	★★★★
Ages 65 Years And Older	29.27%	31.25%	55.56%	+24.31 <sup>+</sup>	★★★
Total	49.29%	50.08%	52.27%	+2.19 <sup>+</sup>	★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	78.99%	77.32%	71.61%	-5.71 <sup>++</sup>	★
Ages 18 to 64 Years	63.96%	60.88%	56.54%	-4.34 <sup>++</sup>	★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	73.82%	71.39%	64.04%	-7.35 <sup>++</sup>	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	91.15%	91.71%	94.17%	+2.46 <sup>+</sup>	★★★
Ages 18 to 64 Years	75.27%	78.27%	82.61%	+4.34 <sup>+</sup>	★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	75.65%	88.33%	86.42%	-1.91	★★★★
<i>Total</i>	86.80%	87.84%	89.89%	+2.05 <sup>+</sup>	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	83.70%	78.59%	72.99%	-5.60	★★
<i>Counseling for Nutrition—Total</i>	72.99%	69.83%	65.45%	-4.38	★★
<i>Counseling for Physical Activity—Total</i>	69.59%	68.13%	64.72%	-3.41	★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	79.81%	79.08%	74.70%	-4.38	★
<i>Postpartum Care</i>	69.59%	67.88%	73.97%	+6.09	★★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	88.08%	85.89%	83.45%	-2.44	★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	40.88%	44.04%	52.07%	+8.03 <sup>++</sup>	★
<i>HbA1c Control (&lt;8.0%)</i>	49.15%	47.45%	40.63%	-6.82 <sup>++</sup>	★★
<i>Eye Exam (Retinal) Performed</i>	67.61%	50.17%	51.34%	+1.17	★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	56.45%	55.72%	-0.73	★★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	31.06%	30.15%	-0.91 <sup>++</sup>	★★★
<i>Ages 65 to 74 Years</i>	—	36.07%	23.50%	-12.57 <sup>++</sup>	★
<i>Ages 75 to 85 Years</i>	—	35.43%	23.60%	-11.83 <sup>++</sup>	★
<i>Total</i>	—	31.21%	29.61%	-1.60 <sup>++</sup>	★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	63.10%	60.15%	58.80%	-1.35	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	51.82%	48.91%	-2.91	★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	78.06%	75.72%	74.10%	-1.62	★★
<i>Discussing Cessation Medications</i>	55.05%	56.12%	54.94%	-1.18	★★★
<i>Discussing Cessation Strategies</i>	46.86%	46.81%	45.96%	-0.85	★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	52.58%	50.48%	61.75%	+11.27 <sup>+</sup>	★★★
<i>Effective Continuation Phase Treatment</i>	35.43%	33.33%	46.38%	+13.05 <sup>+</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	86.14%	81.52%	81.01%	-0.51	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	73.60%	61.17%	66.28%	+5.11	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	79.55%	61.90%	62.50%	+0.60	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	69.10%	68.04%	70.36%	+2.32	★★★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	59.99%	59.95%	65.87%	+5.92	NC
Total—Black or African American	21.94%	22.36%	23.86%	+1.50	NC
Total—American—Indian and Alaska Native	0.47%	0.48%	0.88%	+0.40	NC
Total—Asian	3.04%	2.43%	0.83%	-1.60	NC
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.08%	0.10%	+0.02	NC
Total—Some Other Race	0.02%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	6.70%	14.70%	8.46%	-6.24	NC
Total—Declined	7.76%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	6.40%	0.00%	0.00%	0.00	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	98.53%	98.48%	98.39%	-0.09	NC
Spoken Language Preferred for Health Care—Non-English	1.44%	0.67%	0.68%	+0.01	NC
Spoken Language Preferred for Health Care—Unknown	0.04%	0.84%	0.93%	+0.09	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Language Preferred for Written Materials—English	98.53%	98.48%	98.39%	-0.09	NC
Language Preferred for Written Materials—Non-English	1.44%	0.67%	0.68%	+0.01	NC
Language Preferred for Written Materials—Unknown	0.04%	0.84%	0.93%	+0.09	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.53%	98.48%	96.75%	-1.73	NC
Other Language Needs—Non-English	1.44%	0.67%	0.65%	-0.02	NC
Other Language Needs—Unknown	0.04%	0.84%	2.60%	+1.76	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	64.84	45.54	47.97	+2.43	★
Outpatient Visits Including Telehealth—Total	389.60	397.73	427.01	+29.28	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	7.44	6.67	6.14	-0.53	NC
Total Inpatient—Average Length of Stay—Total All Ages	4.05	4.30	4.78	+0.48	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	2.88	2.63	2.14	-0.49	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.53	2.67	2.76	+0.09	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	1.76	1.52	1.40	-0.12	NC
Surgery—Average Length of Stay—Total All Ages	6.56	7.18	8.15	+0.97	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	3.62	3.25	3.17	-0.08	NC
Medicine—Average Length of Stay—Total All Ages	3.70	3.91	4.30	+0.39	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	15.44%	14.84%	14.26%	-0.58	★★★★★
Multiple Pharmacies	3.73%	3.78%	1.94%	-1.84 <sup>+</sup>	★★★
Multiple Prescribers and Multiple Pharmacies	2.08%	2.59%	1.16%	-1.43 <sup>+</sup>	★★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	3.31%	2.65%	1.98%	-0.67 <sup>+</sup>	★★★★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	13.21%	9.38%	8.04%	-1.34 <sup>+</sup>	★★
At Least 31 Days Covered—Total	6.70%	5.91%	5.51%	-0.40 <sup>+</sup>	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	8.21%	8.60%	8.43%	-0.17	★★★★★
Expected Readmissions—Total*	10.28%	9.60%	9.53%	-0.07	★★★
O/E Ratio—Total*	0.80	0.90	0.8844	-0.02	★★★★★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile



Table B-6—MOL Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	71.29%	67.15%	54.83%	-12.32 <sup>++</sup>	★
Combination 7	61.07%	58.64%	46.38%	-12.26 <sup>++</sup>	★
Combination 10	33.82%	33.82%	26.33%	-7.49 <sup>++</sup>	★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	59.93%	55.95%	-3.98 <sup>++</sup>	★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	67.01%	60.53%	-6.48 <sup>++</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	78.83%	72.14%	59.61%	-12.53 <sup>++</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	51.03%	59.60%	+8.57 <sup>+</sup>	★★★
Ages 12 to 17 Years	—	45.06%	52.34%	+7.28 <sup>+</sup>	★★★
Ages 18 to 21 Years	—	29.85%	31.90%	+2.05 <sup>+</sup>	★★★
Total	—	45.75%	52.26%	+6.51 <sup>+</sup>	★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	87.59%	83.70%	77.32%	-6.38 <sup>++</sup>	★★
Combination 2 (Meningococcal, Tdap, HPV)	42.09%	42.34%	32.54%	-9.80 <sup>++</sup>	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	43.00%	51.67%	46.10%	-5.57 <sup>++</sup>	★★★
Continuation and Maintenance Phase	47.17%	65.49%	57.07%	-8.42 <sup>++</sup>	★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	65.32%	59.09%	62.05%	+2.96 <sup>+</sup>	★★★★
Ages 21 to 24 Years	71.11%	65.40%	65.63%	+0.23	★★★★
Total	67.64%	61.79%	63.67%	+1.88 <sup>+</sup>	★★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	67.40%	63.99%	57.21%	-6.78 <sup>++</sup>	★★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	59.27%	55.52%	51.37%	-4.15 <sup>++</sup>	★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	78.91%	75.54%	76.83%	+1.29 <sup>+</sup>	★★★
Ages 45 to 64 Years	87.19%	85.30%	85.37%	+0.07	★★★
Ages 65 Years and Older	93.18%	90.28%	91.58%	+1.30 <sup>+</sup>	★★★★
Total	82.61%	79.57%	80.21%	+0.64 <sup>+</sup>	★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	56.03%	58.59%	64.02%	+5.43 <sup>+</sup>	★★
Ages 18 to 64 Years	37.43%	38.65%	46.11%	+7.46 <sup>+</sup>	★★★★
Ages 65 Years And Older	38.14%	22.73%	34.09%	+11.36	★★
Total	47.10%	48.76%	52.23%	+3.47 <sup>+</sup>	★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	72.02%	70.08%	61.07%	-9.01 <sup>++</sup>	★
Ages 18 to 64 Years	54.73%	52.12%	48.19%	-3.93 <sup>++</sup>	★
Ages 65 Years And Older	41.67%	24.00%	26.32%	+2.32	★★★
Total	66.65%	63.70%	54.42%	-9.28 <sup>++</sup>	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	88.42%	89.18%	92.82%	+3.64 <sup>+</sup>	★★★
Ages 18 to 64 Years	73.82%	76.95%	79.99%	+3.04 <sup>+</sup>	★★★



Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	65.93%	61.31%	73.11%	+11.80 <sup>+</sup>	★★
<i>Total</i>	84.57%	85.63%	88.38%	+2.75 <sup>+</sup>	★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	85.67%	76.89%	75.67%	-1.22	★★
<i>Counseling for Nutrition—Total</i>	74.63%	70.80%	71.29%	+0.49	★★★
<i>Counseling for Physical Activity—Total</i>	74.33%	67.64%	68.13%	+0.49	★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	97.81%	81.27%	78.35%	-2.92	★
<i>Postpartum Care</i>	77.86%	70.32%	70.07%	-0.25	★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	89.29%	82.73%	87.10%	+4.37	★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	37.23%	44.77%	39.90%	-4.87	★★★
<i>HbA1c Control (&lt;8.0%)</i>	52.07%	43.31%	51.82%	+8.51 <sup>+</sup>	★★★★
<i>Eye Exam (Retinal) Performed</i>	58.88%	53.28%	57.18%	+3.90	★★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	56.93%	62.77%	+5.84	★★★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	30.64%	27.62%	-3.02 <sup>++</sup>	★★
<i>Ages 65 to 74 Years</i>	—	33.74%	30.61%	-3.13	★★
<i>Ages 75 to 85 Years</i>	—	34.29%	31.92%	-2.37	★★
<i>Total</i>	—	30.94%	27.91%	-3.03 <sup>++</sup>	★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	55.87%	52.96%	54.32%	+1.36	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	50.85%	55.96%	+5.11	★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	77.25%	73.80%	79.05%	+5.25	★★★
<i>Discussing Cessation Medications</i>	58.59%	58.38%	61.84%	+3.46	★★★★★
<i>Discussing Cessation Strategies</i>	49.61%	51.35%	54.81%	+3.46	★★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	43.73%	61.61%	64.51%	+2.90 <sup>+</sup>	★★★★
<i>Effective Continuation Phase Treatment</i>	26.47%	43.83%	47.25%	+3.42 <sup>+</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.56%	78.55%	80.71%	+2.16 <sup>+</sup>	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	69.18%	62.18%	64.42%	+2.24	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	71.67%	67.27%	64.36%	-2.91	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	41.22%	71.35%	65.79%	-5.56 <sup>++</sup>	★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	45.25%	45.74%	46.75%	+1.01	NC
Total—Black or African American	34.24%	34.04%	34.09%	+0.05	NC
Total—American—Indian and Alaska Native	0.27%	0.27%	0.36%	+0.09	NC
Total—Asian	0.29%	0.30%	0.24%	-0.06	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	19.95%	19.64%	18.56%	-1.08	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	6.90%	6.92%	5.99%	-0.93	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	98.52%	98.51%	98.47%	-0.04	NC
Spoken Language Preferred for Health Care—Non-English	1.43%	1.47%	1.51%	+0.04	NC
Spoken Language Preferred for Health Care—Unknown	0.05%	0.02%	0.02%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Language Preferred for Written Materials—English	98.52%	98.51%	98.47%	-0.04	NC
Language Preferred for Written Materials—Non-English	1.43%	1.47%	1.51%	+0.04	NC
Language Preferred for Written Materials—Unknown	0.05%	0.02%	0.02%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.52%	98.51%	98.47%	-0.04	NC
Other Language Needs—Non-English	1.43%	1.47%	1.51%	+0.04	NC
Other Language Needs—Unknown	0.05%	0.02%	0.02%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	66.87	47.07	49.45	+2.38	★
Outpatient Visits Including Telehealth—Total	429.45	340.07	379.92	+39.85	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	7.20	5.99	6.70	+0.71	NC
Total Inpatient—Average Length of Stay—Total All Ages	4.80	5.13	5.08	-0.05	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	2.69	2.44	2.29	-0.15	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.85	2.83	2.83	0.00	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	1.70	1.35	1.45	+0.10	NC
Surgery—Average Length of Stay—Total All Ages	8.16	9.18	9.16	-0.02	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	3.56	2.86	3.55	+0.69	NC
Medicine—Average Length of Stay—Total All Ages	4.25	4.65	4.49	-0.16	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	14.07%	13.36%	13.12%	-0.24	★★★★★
Multiple Pharmacies	3.84%	2.75%	2.11%	-0.64 <sup>+</sup>	★★★
Multiple Prescribers and Multiple Pharmacies	2.06%	1.70%	1.43%	-0.27	★★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	2.29%	2.15%	6.68%	+4.53 <sup>++</sup>	★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	12.76%	9.82%	19.58%	+9.76 <sup>++</sup>	★
At Least 31 Days Covered—Total	6.62%	6.95%	12.07%	+5.12 <sup>++</sup>	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	8.87%	9.43%	8.98%	-0.45	★★★
Expected Readmissions—Total*	9.56%	9.90%	9.76%	-0.14	★★★
O/E Ratio—Total*	0.93	0.95	0.9205	-0.03 <sup>+</sup>	★★★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-7—PRI Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	76.89%	74.70%	61.26%	-13.44 <sup>+</sup>	★
Combination 7	68.86%	65.94%	52.72%	-13.22 <sup>+</sup>	★
Combination 10	47.93%	47.93%	35.68%	-12.25 <sup>+</sup>	★★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	65.77%	59.18%	-6.59 <sup>+</sup>	★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	75.71%	65.58%	-10.13 <sup>+</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	82.00%	78.35%	56.02%	-22.33 <sup>+</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	55.86%	60.53%	+4.67 <sup>+</sup>	★★★★
Ages 12 to 17 Years	—	46.32%	51.89%	+5.57 <sup>+</sup>	★★★
Ages 18 to 21 Years	—	28.87%	30.06%	+1.19	★★★
Total	—	49.14%	52.67%	+3.53 <sup>+</sup>	★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	87.35%	87.59%	81.51%	-6.08 <sup>+</sup>	★★
Combination 2 (Meningococcal, Tdap, HPV)	50.85%	45.99%	36.74%	-9.25 <sup>+</sup>	★★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	36.56%	37.07%	31.21%	-5.86 <sup>+</sup>	★
Continuation and Maintenance Phase	40.30%	42.59%	38.21%	-4.38	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	67.87%	58.78%	60.52%	+1.74	★★★★
Ages 21 to 24 Years	68.88%	63.95%	66.59%	+2.64 <sup>+</sup>	★★★★
Total	68.30%	61.05%	63.39%	+2.34 <sup>+</sup>	★★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	73.24%	67.88%	63.99%	-3.89	★★★★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	66.04%	64.51%	56.52%	-7.99 <sup>+</sup>	★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	81.45%	76.55%	73.78%	-2.77 <sup>+</sup>	★★
Ages 45 to 64 Years	89.15%	85.47%	83.17%	-2.30 <sup>+</sup>	★★
Ages 65 Years and Older	94.82%	91.77%	90.26%	-1.51	★★★★
Total	84.72%	80.06%	77.22%	-2.84 <sup>+</sup>	★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	69.89%	71.56%	72.04%	+0.48	★★★
Ages 18 to 64 Years	45.63%	48.74%	52.75%	+4.01	★★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	55.95%	59.51%	58.50%	-1.01	★★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	82.40%	81.08%	71.38%	-9.70 <sup>+</sup>	★
Ages 18 to 64 Years	72.26%	68.19%	59.77%	-8.42 <sup>+</sup>	★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	78.75%	76.32%	64.77%	-11.55 <sup>+</sup>	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	94.65%	95.18%	96.10%	+0.92 <sup>+</sup>	★★★★
Ages 18 to 64 Years	86.80%	87.57%	88.79%	+1.22	★★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	83.33%	89.74%	87.50%	-2.24	★★★★
<i>Total</i>	92.45%	93.04%	93.48%	+0.44	★★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	93.43%	90.02%	91.97%	+1.95	★★★★★
<i>Counseling for Nutrition—Total</i>	85.16%	81.75%	83.70%	+1.95	★★★★★
<i>Counseling for Physical Activity—Total</i>	84.43%	80.29%	82.73%	+2.44	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	92.21%	86.37%	79.56%	-6.81 <sup>++</sup>	★★
<i>Postpartum Care</i>	80.05%	79.56%	75.91%	-3.65	★★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	92.70%	90.51%	86.37%	-4.14	★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	26.28%	28.47%	34.31%	+5.84	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	65.94%	60.58%	55.72%	-4.86	★★★★★
<i>Eye Exam (Retinal) Performed</i>	72.75%	63.02%	61.31%	-1.71	★★★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	75.91%	69.59%	-6.32 <sup>++</sup>	★★★★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	38.84%	34.91%	-3.93 <sup>++</sup>	★★★
<i>Ages 65 to 74 Years</i>	—	31.63%	34.09%	+2.46	★★★
<i>Ages 75 to 85 Years</i>	—	36.36%	29.77%	-6.59	★★
<i>Total</i>	—	38.23%	34.79%	-3.44 <sup>++</sup>	★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	71.70%	73.36%	62.79%	-10.57 <sup>++</sup>	★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	74.94%	66.42%	-8.52 <sup>++</sup>	★★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	81.78%	79.39%	76.92%	-2.47	★★★
<i>Discussing Cessation Medications</i>	58.88%	56.29%	49.42%	-6.87	★★
<i>Discussing Cessation Strategies</i>	55.14%	51.22%	44.71%	-6.51	★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	74.59%	62.76%	68.78%	+6.02 <sup>+</sup>	★★★★★
<i>Effective Continuation Phase Treatment</i>	55.74%	45.30%	51.45%	+6.15 <sup>+</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.17%	80.64%	83.40%	+2.76	★★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	57.69%	61.00%	72.60%	+11.60 <sup>+</sup>	★★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	NC	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	75.11%	72.27%	66.79%	-5.48	★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	58.71%	59.62%	59.24%	-0.38	NC
Total—Black or African American	14.63%	15.20%	26.40%	+11.20	NC
Total—American—Indian and Alaska Native	0.55%	0.55%	0.78%	+0.23	NC
Total—Asian	1.81%	0.97%	0.92%	-0.05	NC
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.08%	0.11%	+0.03	NC
Total—Some Other Race	0.00%	0.00%	0.01%	+0.01	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	24.23%	23.58%	12.09%	-11.49	NC
Total—Declined	0.00%	0.00%	0.46%	+0.46	NC
Total—Hispanic or Latino	10.98%	11.27%	0.62%	-10.65	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	1.09%	+1.09	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%	98.91%	-1.09	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Language Preferred for Written Materials—English	0.00%	0.00%	1.09%	+1.09	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%	98.91%	-1.09	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	1.09%	+1.09	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	98.91%	-1.09	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	65.08	49.54	52.19	+2.65	★
Outpatient Visits Including Telehealth—Total	379.56	294.42	318.56	+24.14	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	6.33	5.35	5.78	+0.43	NC
Total Inpatient—Average Length of Stay—Total All Ages	3.85	4.27	4.72	+0.45	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	3.07	2.72	2.15	-0.57	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.94	3.01	2.88	-0.13	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	1.64	1.30	1.36	+0.06	NC
Surgery—Average Length of Stay—Total All Ages	5.41	6.23	7.59	+1.36	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	2.56	2.13	2.83	+0.70	NC
Medicine—Average Length of Stay—Total All Ages	3.61	4.21	4.38	+0.17	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	19.47%	18.70%	17.20%	-1.50 <sup>+</sup>	★★★★
Multiple Pharmacies	2.39%	2.23%	2.38%	+0.15	★★★★
Multiple Prescribers and Multiple Pharmacies	1.43%	1.21%	1.34%	+0.13	★★★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	3.20%	3.04%	11.32%	+8.28 <sup>++</sup>	★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	9.87%	10.85%	14.30%	+3.45 <sup>++</sup>	★
At Least 31 Days Covered—Total	4.62%	5.88%	8.23%	+2.35 <sup>++</sup>	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	6.34%	7.75%	8.51%	+0.76	★★★★
Expected Readmissions—Total*	9.97%	9.61%	9.75%	+0.14	★★★★
O/E Ratio—Total*	0.64	0.81	0.8721	+0.06 <sup>++</sup>	★★★★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile



Table B-8—UNI Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	68.13%	61.80%	52.40%	-9.40 <sup>++</sup>	★
Combination 7	57.18%	54.74%	43.81%	-10.93 <sup>++</sup>	★
Combination 10	32.36%	29.68%	24.91%	-4.77 <sup>++</sup>	★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	61.25%	57.52%	-3.73 <sup>++</sup>	★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	65.10%	58.08%	-7.02 <sup>++</sup>	★
<b>Lead Screening in Children</b>					
Lead Screening in Children	78.35%	74.70%	58.88%	-15.82 <sup>++</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	50.09%	57.53%	+7.44 <sup>+</sup>	★★★
Ages 12 to 17 Years	—	42.31%	50.23%	+7.92 <sup>+</sup>	★★★
Ages 18 to 21 Years	—	29.19%	32.09%	+2.90 <sup>+</sup>	★★★
Total	—	44.24%	50.60%	+6.36 <sup>+</sup>	★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	85.16%	80.78%	78.83%	-1.95	★★
Combination 2 (Meningococcal, Tdap, HPV)	42.34%	38.20%	34.31%	-3.89	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	BR	41.20%	38.96%	-2.24	★★
Continuation and Maintenance Phase	BR	54.09%	56.71%	+2.62	★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	64.73%	59.85%	60.01%	+0.16	★★★★
Ages 21 to 24 Years	69.61%	64.95%	65.18%	+0.23	★★★
Total	66.70%	62.06%	62.36%	+0.30	★★★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	68.37%	57.66%	58.88%	+1.22	★★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	59.73%	54.30%	51.15%	-3.15 <sup>++</sup>	★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	77.80%	73.73%	75.44%	+1.71 <sup>+</sup>	★★★
Ages 45 to 64 Years	87.89%	84.72%	85.50%	+0.78 <sup>+</sup>	★★★
Ages 65 Years and Older	92.43%	88.25%	91.11%	+2.86 <sup>+</sup>	★★★★
Total	81.79%	77.79%	79.02%	+1.23 <sup>+</sup>	★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	59.47%	60.54%	62.35%	+1.81	★★
Ages 18 to 64 Years	36.88%	38.84%	43.88%	+5.04 <sup>+</sup>	★★★
Ages 65 Years And Older	NA	31.25%	NA	NC	NC
Total	48.09%	49.38%	50.25%	+0.87	★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	76.94%	73.31%	62.16%	-11.15 <sup>++</sup>	★
Ages 18 to 64 Years	52.83%	51.63%	41.68%	-9.95 <sup>++</sup>	★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	68.81%	65.10%	50.73%	-14.37 <sup>++</sup>	★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	90.70%	91.43%	94.24%	+2.81 <sup>+</sup>	★★★
Ages 18 to 64 Years	72.60%	75.01%	77.10%	+2.09 <sup>+</sup>	★★



Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	NA	67.80%	65.85%	-1.95	★
<i>Total</i>	86.03%	86.75%	88.40%	+1.65 <sup>+</sup>	★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	89.29%	82.48%	79.56%	-2.92	★★★
<i>Counseling for Nutrition—Total</i>	81.27%	73.72%	74.94%	+1.22	★★★
<i>Counseling for Physical Activity—Total</i>	79.81%	71.29%	74.94%	+3.65	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	86.86%	78.83%	82.48%	+3.65	★★
<i>Postpartum Care</i>	75.18%	71.78%	74.70%	+2.92	★★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	91.51%	83.21%	89.78%	+6.57 <sup>+</sup>	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	29.63%	34.79%	33.09%	-1.70	★★★★★
<i>HbA1c Control (&lt;8.0%)</i>	60.80%	54.26%	56.93%	+2.67	★★★★★
<i>Eye Exam (Retinal) Performed</i>	61.27%	55.23%	55.47%	+0.24	★★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	63.75%	67.15%	+3.40	★★★★★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	35.65%	37.55%	+1.90 <sup>+</sup>	★★★★★
<i>Ages 65 to 74 Years</i>	—	35.70%	43.35%	+7.65 <sup>+</sup>	★★★★★
<i>Ages 75 to 85 Years</i>	—	40.96%	47.69%	+6.73	★★★★★
<i>Total</i>	—	35.69%	37.87%	+2.18 <sup>+</sup>	★★★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	62.58%	61.08%	59.94%	-1.14	★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	62.53%	64.72%	+2.19	★★★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	85.02%	80.79%	79.19%	-1.60	★★★
<i>Discussing Cessation Medications</i>	63.05%	60.12%	56.76%	-3.36	★★★
<i>Discussing Cessation Strategies</i>	57.14%	52.02%	47.62%	-4.40	★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	56.04%	54.48%	61.65%	+7.17 <sup>+</sup>	★★★
<i>Effective Continuation Phase Treatment</i>	39.44%	38.21%	45.20%	+6.99 <sup>+</sup>	★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	87.12%	80.12%	84.31%	+4.19 <sup>+</sup>	★★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	69.46%	61.61%	65.26%	+3.65	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	73.21%	67.86%	66.04%	-1.82	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	57.61%	65.78%	61.53%	-4.25 <sup>+</sup>	★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	50.75%	50.57%	55.96%	+5.39	NC
Total—Black or African American	30.35%	29.76%	30.84%	+1.08	NC
Total—American—Indian and Alaska Native	0.31%	0.30%	0.60%	+0.30	NC
Total—Asian	2.23%	3.38%	1.79%	-1.59	NC
Total—Native Hawaiian and Other Pacific Islander	0.08%	0.08%	0.10%	+0.02	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	16.28%	15.90%	10.70%	-5.20	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	6.14%	6.34%	1.23%	-5.11	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	96.02%	96.13%	96.20%	+0.07	NC
Spoken Language Preferred for Health Care—Non-English	3.94%	3.86%	3.80%	-0.06	NC
Spoken Language Preferred for Health Care—Unknown	0.04%	0.01%	0.00%	-0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Language Preferred for Written Materials—English	96.02%	96.13%	96.20%	+0.07	NC
Language Preferred for Written Materials—Non-English	3.94%	3.86%	3.80%	-0.06	NC
Language Preferred for Written Materials—Unknown	0.04%	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	96.02%	96.13%	96.20%	+0.07	NC
Other Language Needs—Non-English	3.94%	3.86%	3.80%	-0.06	NC
Other Language Needs—Unknown	0.04%	0.01%	0.00%	-0.01	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	65.10	46.01	49.35	+3.34	★
Outpatient Visits Including Telehealth—Total	374.36	315.19	355.48	+40.29	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	5.68	5.29	4.90	-0.39	NC
Total Inpatient—Average Length of Stay—Total All Ages	4.63	4.70	5.11	+0.41	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	2.53	2.27	1.84	-0.43	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.60	2.46	2.46	0.00	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	1.40	1.19	1.19	0.00	NC
Surgery—Average Length of Stay—Total All Ages	7.61	8.02	8.56	+0.54	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	2.44	2.41	2.32	-0.09	NC
Medicine—Average Length of Stay—Total All Ages	4.45	4.61	4.94	+0.33	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	15.67%	14.38%	15.22%	+0.84	★★★
Multiple Pharmacies	3.21%	2.00%	1.70%	-0.30	★★★★
Multiple Prescribers and Multiple Pharmacies	1.64%	1.17%	1.15%	-0.02	★★★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	3.60%	2.90%	2.76%	-0.14	★★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	15.82%	9.87%	9.06%	-0.81 <sup>+</sup>	★
At Least 31 Days Covered—Total	7.14%	6.80%	6.51%	-0.29	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	11.39%	12.05%	10.76%	-1.29 <sup>+</sup>	★★
Expected Readmissions—Total*	10.69%	10.77%	10.75%	-0.02	★
O/E Ratio—Total*	1.06	1.12	1.0007	-0.12 <sup>+</sup>	★★

<sup>1</sup>HEDIS MY 2020 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-9—UPP Trend Table

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status</b>					
Combination 3	70.07%	66.08%	60.69%	-5.39 <sup>+</sup>	★
Combination 7	57.91%	53.94%	50.58%	-3.36	★
Combination 10	40.63%	39.21%	36.32%	-2.89	★★
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	70.27%	67.53%	-2.74	★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	73.13%	67.43%	-5.70 <sup>+</sup>	★★
<b>Lead Screening in Children</b>					
Lead Screening in Children	79.23%	74.48%	39.75%	-34.73 <sup>+</sup>	★
<b>Child and Adolescent Well-Care Visits</b>					
Ages 3 to 11 Years	—	50.87%	57.85%	+6.98 <sup>+</sup>	★★★
Ages 12 to 17 Years	—	43.87%	51.87%	+8.00 <sup>+</sup>	★★★
Ages 18 to 21 Years	—	22.41%	23.44%	+1.03	★★
Total	—	44.29%	49.99%	+5.70 <sup>+</sup>	★★★
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	77.32%	80.72%	79.30%	-1.42	★★
Combination 2 (Meningococcal, Tdap, HPV)	35.07%	34.93%	34.53%	-0.40	★★
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>					
Initiation Phase	47.77%	50.42%	38.40%	-12.02 <sup>+</sup>	★★
Continuation and Maintenance Phase	58.76%	62.20%	43.30%	-18.90 <sup>+</sup>	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women</b>					
Ages 16 to 20 Years	46.00%	41.01%	41.06%	+0.05	★
Ages 21 to 24 Years	55.87%	49.82%	51.13%	+1.31	★
Total	50.29%	44.89%	45.73%	+0.84	★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	64.96%	58.15%	61.31%	+3.16	★★★
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	64.85%	61.87%	59.29%	-2.58 <sup>+</sup>	★★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
Ages 20 to 44 Years	81.08%	78.29%	76.69%	-1.60 <sup>+</sup>	★★★
Ages 45 to 64 Years	87.99%	85.12%	84.68%	-0.44	★★★
Ages 65 Years and Older	94.93%	92.68%	95.29%	+2.61 <sup>+</sup>	★★★★★
Total	84.69%	81.72%	80.61%	-1.11 <sup>+</sup>	★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>					
Ages 3 Months to 17 Years	58.03%	64.64%	64.47%	-0.17	★★
Ages 18 to 64 Years	31.94%	36.47%	45.14%	+8.67 <sup>+</sup>	★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	42.62%	47.53%	50.77%	+3.24	★★
<b>Appropriate Testing for Pharyngitis</b>					
Ages 3 to 17 Years	78.22%	79.18%	85.35%	+6.17 <sup>+</sup>	★★★
Ages 18 to 64 Years	68.24%	71.84%	76.03%	+4.19	★★★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	74.41%	76.40%	80.23%	+3.83 <sup>+</sup>	★★★
<b>Appropriate Treatment for Upper Respiratory Infection</b>					
Ages 3 Months to 17 Years	89.64%	91.43%	94.19%	+2.76 <sup>+</sup>	★★★
Ages 18 to 64 Years	83.16%	83.13%	88.85%	+5.72 <sup>+</sup>	★★★★★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<i>Ages 65 Years And Older</i>	80.00%	NA	NA	NC	NC
<i>Total</i>	87.63%	88.72%	92.24%	+3.52 <sup>+</sup>	★★★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>					
<i>BMI Percentile—Total</i>	89.29%	88.08%	89.54%	+1.46	★★★★★
<i>Counseling for Nutrition—Total</i>	69.59%	72.99%	75.18%	+2.19	★★★
<i>Counseling for Physical Activity—Total</i>	69.10%	69.59%	72.02%	+2.43	★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care</b>					
<i>Timeliness of Prenatal Care</i>	92.46%	91.24%	92.21%	+0.97	★★★★★
<i>Postpartum Care</i>	90.27%	87.59%	88.08%	+0.49	★★★★★
<b>Living With Illness</b>					
<b>Comprehensive Diabetes Care</b>					
<i>Hemoglobin A1c (HbA1c) Testing</i>	92.70%	87.59%	90.51%	+2.92	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	24.57%	29.93%	33.33%	+3.40	★★★★★
<i>HbA1c Control (&lt;8.0%)</i>	61.07%	57.42%	55.47%	-1.95	★★★★★
<i>Eye Exam (Retinal) Performed</i>	70.56%	61.07%	59.61%	-1.46	★★★★★
<i>BP Control (&lt;140/90 mm Hg)</i>	—	78.35%	82.48%	+4.13	★★★★★
<b>Kidney Health Evaluation for Patients With Diabetes</b>					
<i>Ages 18 to 64 Years</i>	—	34.80%	34.50%	-0.30	★★★
<i>Ages 65 to 74 Years</i>	—	38.66%	39.38%	+0.72	★★★
<i>Ages 75 to 85 Years</i>	—	27.78%	35.06%	+7.28	★★★
<i>Total</i>	—	34.97%	34.98%	+0.01	★★★
<b>Asthma Medication Ratio</b>					
<i>Total</i>	62.33%	58.42%	57.59%	-0.83	★

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Controlling High Blood Pressure</b>					
<i>Controlling High Blood Pressure</i>	—	73.24%	79.08%	+5.84 <sup>+</sup>	★★★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	79.96%	76.50%	76.40%	-3.10	★★★
<i>Discussing Cessation Medications</i>	59.96%	63.00%	58.87%	-4.13	★★★★★
<i>Discussing Cessation Strategies</i>	54.65%	56.03%	52.69%	-3.34	★★★★★
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment</i>	55.85%	62.13%	64.14%	+2.01	★★★★★
<i>Effective Continuation Phase Treatment</i>	40.30%	44.50%	46.68%	+2.18	★★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	87.08%	85.06%	86.36%	+1.30	★★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	81.25%	82.35%	85.71%	+3.36	★★★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA	NA	NC	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	81.84%	84.72%	85.09%	+0.37	★★★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership</b>					
Total—White	86.34%	87.12%	87.82%	+0.70	NC
Total—Black or African American	1.46%	1.66%	1.77%	+0.11	NC
Total—American—Indian and Alaska Native	2.34%	2.67%	3.70%	+1.03	NC
Total—Asian	2.07%	0.44%	0.28%	-0.16	NC
Total—Native Hawaiian and Other Pacific Islander	0.11%	0.13%	0.13%	0.00	NC
Total—Some Other Race	1.92%	2.08%	0.19%	-1.89	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	5.76%	5.90%	6.11%	+0.21	NC
Total—Hispanic or Latino	1.92%	2.08%	0.19%	-1.89	NC
<b>Language Diversity of Membership</b>					
Spoken Language Preferred for Health Care—English	99.90%	99.90%	99.88%	-0.02	NC
Spoken Language Preferred for Health Care—Non-English	0.07%	0.07%	0.10%	+0.03	NC
Spoken Language Preferred for Health Care—Unknown	0.02%	0.03%	0.02%	-0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Language Preferred for Written Materials—English	99.90%	99.90%	99.88%	-0.02	NC
Language Preferred for Written Materials—Non-English	0.07%	0.07%	0.10%	+0.03	NC
Language Preferred for Written Materials—Unknown	0.02%	0.03%	0.02%	-0.01	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
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care—Total (Per 1,000 Member Months)</b>					
ED Visits—Total*	54.01	42.87	48.47	+5.60	★
Outpatient Visits Including Telehealth—Total	351.79	317.54	343.99	+26.45	NC
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total All Ages	7.06	6.20	6.06	-0.14	NC
Total Inpatient—Average Length of Stay—Total All Ages	4.08	4.41	4.65	+0.24	NC
Maternity—Discharges per 1,000 Member Months—Total All Ages	2.13	2.01	1.83	-0.18	NC

Measure	HEDIS MY 2019	HEDIS MY 2020	HEDIS MY 2021	MY 2020–MY 2021 Comparison <sup>1</sup>	MY 2021 Performance Level <sup>2</sup>
Maternity—Average Length of Stay—Total All Ages	2.80	2.75	2.61	-0.14	NC
Surgery—Discharges per 1,000 Member Months—Total All Ages	2.25	1.83	1.81	-0.02	NC
Surgery—Average Length of Stay—Total All Ages	5.71	6.46	6.80	+0.34	NC
Medicine—Discharges per 1,000 Member Months—Total All Ages	3.26	2.88	2.88	0.00	NC
Medicine—Average Length of Stay—Total All Ages	3.56	3.96	4.27	+0.31	NC
<b>Use of Opioids From Multiple Providers*</b>					
Multiple Prescribers	15.76%	16.04%	17.73%	+1.69	★★★
Multiple Pharmacies	6.33%	6.41%	6.83%	+0.42	★
Multiple Prescribers and Multiple Pharmacies	4.24%	4.77%	5.17%	+0.40	★
<b>Use of Opioids at High Dosage</b>					
Use of Opioids at High Dosage*	3.51%	3.33%	2.38%	-0.95	★★★
<b>Risk of Continued Opioid Use*</b>					
At Least 15 Days Covered—Total	7.95%	9.27%	7.87%	-1.40 <sup>+</sup>	★★
At Least 31 Days Covered—Total	4.38%	5.43%	5.30%	-0.13	★
<b>Plan All-Cause Readmissions</b>					
Observed Readmissions—Total*	8.40%	9.38%	9.06%	-0.32	★★★
Expected Readmissions—Total*	9.82%	9.97%	9.99%	+0.02	★★
O/E Ratio—Total*	0.86	0.94	0.9076	-0.03	★★★★

<sup>1</sup>HEDIS MY 2021 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2021 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2021 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2020 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2020 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2021 or MY 2020–MY 2021 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 NCQA previously recommended a break in trending for the measure

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.

HEDIS MY 2021 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 MY 2021 rates to the HEDIS MY 2020 MWA 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 Well-Child Visits in the First 30 Months of Life—Six or More Well-Child Visits, Child and Adolescent Well-Care Visits, Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg), Controlling High Blood Pressure in HEDIS MY 2021, NCQA does not recommend comparing these measures' rates to national Medicaid benchmarks; therefore, these measures are not displayed in this appendix. Additional details about the performance comparisons and star ratings are found in Section 2.



## Child & Adolescent Care Performance Summary Stars

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

MHP	Childhood Immunization Status—Combination 3	Childhood Immunization Status—Combination 7	Childhood Immunization Status—Combination 10	Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	Lead Screening in Children
AET	★	★	★	★	★	★
BCC	★	★	★	★★★★	★	★
HAP	★	★	★	★	★	★
MCL	★	★	★	★★★★	★	★
MER	★	★	★	★★★★	★	★
MOL	★	★	★	★★★★	★	★
PRI	★	★	★★	★★★★	★	★
UNI	★	★	★	★★★★	★	★
UPP	★	★	★★	★★★★	★★	★

Table C-2—Child &amp; Adolescent Care Performance Summary Stars (Table 2 of 3)

MHP	Child and Adolescent Well-Care Visits—Ages 3 to 11 Years	Child and Adolescent Well-Care Visits—Ages 12 to 17 Years	Child and Adolescent Well-Care Visits—Ages 18 to 21 Years	Child and Adolescent Well-Care Visits—Total	Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)	Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)
AET	★★★★	★★	★★	★★	★	★
BCC	★★★★	★★★★	★★★★	★★★★	★	★★
HAP	★★	★	★★	★	★	★
MCL	★★★★	★★	★★	★★★★	★★	★
MER	★★★★	★★★★	★★★★	★★★★	★	★★
MOL	★★★★	★★★★	★★★★	★★★★	★★	★★
PRI	★★★★★	★★★★	★★★★	★★★★	★★	★★★★
UNI	★★★★	★★★★	★★★★	★★★★	★★	★★
UPP	★★★★	★★★★	★★	★★★★	★★	★★

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

MHP	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
AET	★	NA
BCC	★★	★★★★
HAP	★	NA
MCL	★★	★★
MER	★★	★★
MOL	★★★★	★★★★
PRI	★	★
UNI	★★	★★★★
UPP	★★	★

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

## Women—Adult Care Performance Summary Stars

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

MHP	<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>Cervical Cancer Screening</i>	<i>Breast Cancer Screening</i>
AET	★★★★	★★★★	★★★★	★	★
BCC	★★★	★★★	★★★	★★★	★★
HAP	★★★	★★	★★★	★	★★★
MCL	★★★	★★★	★★★	★★	★★
MER	★★★	★★★	★★★	★★	★★
MOL	★★★★	★★★★	★★★★	★★	★★
PRI	★★★★	★★★★	★★★★	★★★★	★★★
UNI	★★★★	★★★	★★★★	★★	★★
UPP	★	★	★	★★★	★★★★

## Access to Care Performance Summary Stars

Table C-5—Access to Care Performance Summary Stars (Table 1 of 3)

MHP	Adults' Access to Preventive/ Ambulatory Health Services—Ages 20 to 44 Years	Adults' Access to Preventive/ Ambulatory Health Services—Ages 45 to 64 Years	Adults' Access to Preventive/ Ambulatory Health Services—Ages 65 Years and Older	Adults' Access to Preventive/ Ambulatory Health Services—Total	Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 3 Months to 17 Years	Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 18 to 64 Years
AET	★	★★	★★★★	★	★★★	★★★★★
BCC	★★★	★★★	★	★★★	★★★	★★★
HAP	★	★	★★★★	★	★★★	★★★
MCL	★★	★★	★	★★	★★	★★★
MER	★★★	★★★	★★★	★★★	★★★	★★★★
MOL	★★★	★★★	★★★★	★★★	★★	★★★★
PRI	★★	★★	★★★★	★★	★★★	★★★★★
UNI	★★★	★★★	★★★★	★★★	★★	★★★
UPP	★★★	★★★	★★★★★	★★★	★★	★★★

Table C-6—Access to Care Performance Summary Stars (Table 2 of 3)

MHP	Avoidance of Antibiotic Treatment for Acute Bronchitis—Ages 65 Years And Older	Avoidance of Antibiotic Treatment for Acute Bronchitis—Total	Appropriate Testing for Pharyngitis—Ages 3 to 17 Years	Appropriate Testing for Pharyngitis—Ages 18 to 64 Years	Appropriate Testing for Pharyngitis—Ages 65 Years And Older	Appropriate Testing for Pharyngitis—Total
AET	NA	★★★	★	★	NA	★
BCC	NA	★★	★	★	NA	★
HAP	NA	★★	★	★	NA	★
MCL	NA	★★	★★	★★★	NA	★★
MER	★★★	★★	★	★★	NA	★
MOL	★★	★★	★	★	★★★	★
PRI	NA	★★★	★	★★	NA	★
UNI	NA	★★	★	★	NA	★
UPP	NA	★★	★★★	★★★★	NA	★★★

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

Table C-7—Access to Care Performance Summary Stars (Table 3 of 3)

MHP	Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years	Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years	Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years And Older	Appropriate Treatment for Upper Respiratory Infection—Total
AET	★★★	★★★	★★	★★★
BCC	★★★	★★★	NA	★★
HAP	★★★★	★★★	★	★★
MCL	★★★	★★★	NA	★★★
MER	★★★	★★★	★★★★	★★★
MOL	★★★	★★★	★★	★★
PRI	★★★★	★★★★	★★★★	★★★★
UNI	★★★	★★	★	★★
UPP	★★★	★★★★	NA	★★★★

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

## Obesity Performance Summary Stars

**Table C-8—Obesity Performance Summary Stars**

<b>MHP</b>	<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>
AET	★★★★	★★★	★★★
BCC	★★★★	★★★	★★★★
HAP	★★★	★★★	★★★★
MCL	★	★	★
MER	★★	★★	★★
MOL	★★	★★★	★★★
PRI	★★★★★	★★★★★	★★★★★
UNI	★★★	★★★	★★★★
UPP	★★★★★	★★★	★★★



## Pregnancy Care Performance Summary Stars

**Table C-9—Pregnancy Care Performance Summary Stars**

MHP	<i>Prenatal and Postpartum Care— Timeliness of Prenatal Care</i>	<i>Prenatal and Postpartum Care— Postpartum Care</i>
AET	★	★
BCC	★★★	★★★
HAP	★	★
MCL	★	★
MER	★	★★
MOL	★	★
PRI	★★	★★
UNI	★★	★★
UPP	★★★★★	★★★★★

## Living With Illness Performance Summary Stars

Table C-10—Living With Illness Performance Summary Stars (Table 1 of 4)

MHP	Comprehensive Diabetes Care— Hemoglobin A1c (HbA1c) Testing	Comprehensive Diabetes Care— HbA1c Poor Control (>9.0%)*	Comprehensive Diabetes Care— HbA1c Control (<8.0%)	Comprehensive Diabetes Care— Eye Exam (Retinal) Performed	Comprehensive Diabetes Care— Blood Pressure Control (<140/90 mm Hg)	Kidney Health Evaluation for Patients With Diabetes— Ages 18 to 64 Years
AET	★★	★★★	★★★	★★★	★	★
BCC	★★★	★★★★	★★★	★★★	★★★	★★
HAP	★★★	★★	★★	★★	★★	★★★
MCL	★★★★	★	★	★★	★	★★
MER	★★★	★	★★	★★	★★	★★★
MOL	★★★★	★★★	★★★★	★★★	★★★	★★
PRI	★★★★	★★★★	★★★★★	★★★★	★★★★	★★★
UNI	★★★★★	★★★★★	★★★★★	★★★	★★★★	★★★★
UPP	★★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★★

Table C-11—Living With Illness Performance Summary Stars (Table 2 of 4)

MHP	Kidney Health Evaluation for Patients With Diabetes—Ages 65 to 74 Years	Kidney Health Evaluation for Patients With Diabetes—Ages 75 to 85 Years	Kidney Health Evaluation for Patients With Diabetes—Total	Asthma Medication Ratio—Total	Controlling High Blood Pressure	Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit
AET	★	★	★	★	★★★	★★
BCC	★★	★★	★★	★	★★★	★★
HAP	★★★★	★★★★	★★★★	★	★★★	★
MCL	★★★★	NA	★★	★	★	★
MER	★	★	★★	★	★	★★
MOL	★★	★★	★★	★	★★★	★★★
PRI	★★★★	★★	★★★★	★★	★★★★★	★★★★
UNI	★★★★★	★★★★★	★★★★★	★★	★★★★★	★★★★
UPP	★★★★	★★★★	★★★★	★	★★★★★	★★★★

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

Table C-12—Living With Illness Performance Summary Stars (Table 3 of 4)

MHP	Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications	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
AET	★★★★	★★★	★★★★	★★★★	★★★	★
BCC	★★	★★	★★★★★	★★★★	★★★★	★
HAP	★★	★★	★★★★★	★★★★★	★★	★★★
MCL	★★	★★	★★★★★	★★★★	★★★	★★★
MER	★★★	★★	★★★	★★★★	★★★★	★★★
MOL	★★★★★	★★★★	★★★★	★★★★	★★★★	★★★
PRI	★★	★★	★★★★★	★★★★	★★★★★	★★★★
UNI	★★★	★★★	★★★	★★★	★★★★★	★★★
UPP	★★★★	★★★★	★★★★	★★★★	★★★★★	★★★★★

**Table C-13—Living With Illness Performance Summary Stars (Table 4 of 4)**

MHP	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>
AET	NA	★★
BCC	NA	★★
HAP	NA	★★
MCL	★	★★★★
MER	★	★★★★★
MOL	★	★★★★
PRI	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 C-14—Utilization Performance Summary Stars (Table 1 of 2)<sup>1</sup>

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	Use of Opioids at High Dosage	Risk of Continued Opioid Use—At Least 15 Days Covered— Total
AET	★	★★★	★★★	★★	★★★	★
BCC	★★	★★★	★★★	★★	★★★★	★★
HAP	★	★★★	★★★	★★	★★★★	★
MCL	★	★★★★	★★★	★★★	★★★	★★
MER	★	★★★★	★★★	★★★	★★★★	★★
MOL	★	★★★★	★★★	★★★	★★	★
PRI	★	★★★	★★★	★★★	★	★
UNI	★	★★★	★★★★	★★★	★★★	★
UPP	★	★★★	★	★	★★★	★★

<sup>1</sup>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). 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).

Table C-15—Utilization Performance Summary Stars (Table 2 of 2)<sup>1</sup>

MHP	Risk of Continued Opioid Use—At Least 31 Days Covered—Total	Plan All-Cause Readmissions—Observed Readmissions—Total	Plan All-Cause Readmissions—Expected Readmissions—Total	Plan All-Cause Readmissions—O/E Ratio—Total
AET	★	★	★	★
BCC	★	★★	★★	★★
HAP	★	★★★	★★★	★★
MCL	★	★★★	★★★	★★★
MER	★	★★★★	★★★	★★★★
MOL	★	★★★	★★★	★★★
PRI	★	★★★★	★★★	★★★★
UNI	★	★★	★	★★
UPP	★	★★★	★★	★★★★

<sup>1</sup>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). 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).