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2023 HEDIS Aggregate Report for Michigan Medicaid

October 2023

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

During 2022, 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®)[1-1] measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

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

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

Of note, all measures in the Health Plan Diversity domain and some measures in the Utilization domain are provided within this report for information 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 to the national average. The low performance level (LPL) was set to identify MHPs that were among the 25th percentile in comparison to the national average and have the greatest need for improvement. Details describing these performance levels are presented in Section 2, "How to Get the Most From This Report."

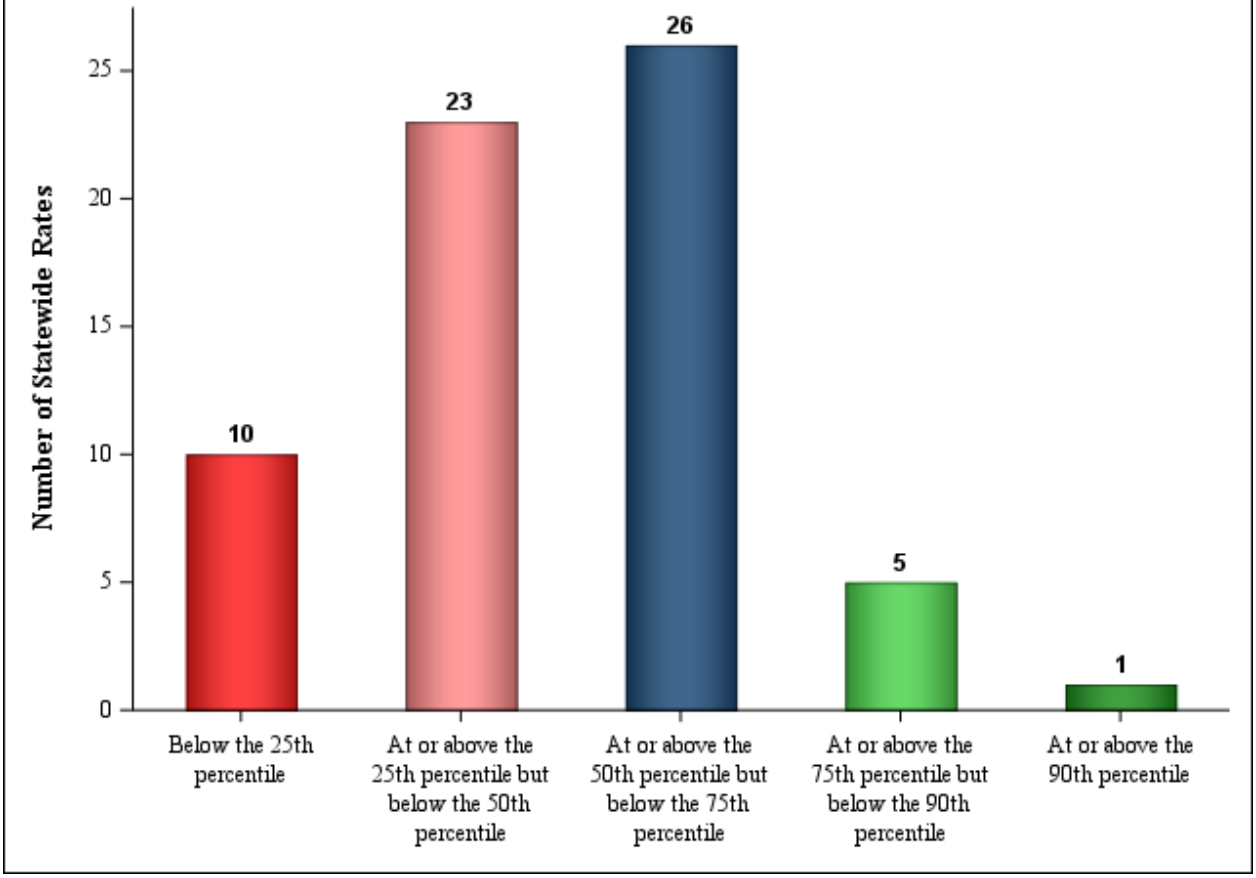
[1-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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

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 2022, which are referred to as "percentiles" throughout this report.[1-3] For measures that were comparable to percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates that fell into each percentile range.

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



[1-2] National Committee for Quality Assurance. *HEDIS® MY 2022, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

[1-3] Quality Compass® is a registered trademark for the NCQA.

Of the 65 reported rates that were comparable to national Medicaid percentiles, 10 of the MWA rates fell below the 25th percentile and a total of 33 rates (about 51 percent) were below the 50th percentile. These results demonstrate a general statewide decline in performance in comparison to the MY 2021 rates, which showed approximately 37 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 *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits*; *Child and Adolescent Well-Care Visits—Ages 3 to 11 Years* and *Total*; and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicators were an area of strength. All measure indicators ranked at or above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2021 MWA. Priority, Upper Peninsula, Blue Cross, Molina, and Meridian ranked above the 50th percentile for the most measure indicators within the Child & Adolescent Care domain. Upper Peninsula and Blue Cross ranked above the HPL 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* measure indicator, and Upper Peninsula ranked above the HPL for *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicator.

The MWA demonstrated a significant decline for *Childhood Immunization Status—Combination 10*; *Child and Adolescent Well-Care Visits—Ages 18 to 21 Years*; and *Immunizations for Adolescents—Combination 2* indicators. The MWA for the *Childhood Immunization Status—Combination 10* and *Immunizations for Adolescents—Combination 2* indicators had an MWA decrease of nearly 2 percentage points and over 3 percentage points, respectively, from HEDIS MY 2021, and ranked below the 25th percentile.

MDHHS should continue to monitor the MHPs' performance on the *Childhood Immunization Status—Combination 10* and *Immunizations for Adolescents—Combination 2* measure indicators to ensure that the MHPs' performance does not continue to decline, while working 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.[1-4] 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 coronavirus disease 2019 (COVID-19) continues to be a health concern, is critical. Children who are not protected by vaccines will be more vulnerable to communicable and preventable diseases such as measles. In response, continued coordinated efforts between healthcare providers and

[1-4] National Committee for Quality Assurance. Childhood Immunization Status. Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Aug 31, 2023.

public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.[1-5]

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Child and Adolescent Well-Care Visits—Ages 18 to 21 Years* measure indicator. 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.[1-6] Well-care visits between the ages of 18 and 21 years can also assist in the successful transition from pediatric to adult-oriented healthcare to ensure ongoing medical treatment, as needed. The goal of a planned healthcare transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs (SHCN) and those who do not. This process includes ensuring that high-quality, developmentally appropriate healthcare services are available and uninterrupted as the person moves from adolescence to adulthood. A well-timed transition from child- to adult-oriented healthcare is specific to each person and ideally occurs between the ages of 18 and 21 years. Coordination of patient, family, and provider responsibilities enables youth to optimize their ability to assume adult roles and activities. [1-7]

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; Cervical Cancer Screening*; and *Breast Cancer Screening* measure indicators were all an area of strength. All measure indicators ranked at or above the 50th percentile, with the *Chlamydia Screening in Women—Total* measure indicator ranking at or above the 75th percentile. Additionally, all measure indicators demonstrated significant improvement from the HEDIS MY 2021 MWA. Blue Cross, Meridian, Molina, Priority, and UnitedHealthcare ranked above the 50th percentile for the most measure indicators within the Women—Adult Care domain. In addition, Meridian ranked above the HPL for the *Chlamydia Screening in Women—21 to 24 Years* measure indicator.

While none of the measure indicators in the Women—Adult Care domain demonstrated a significant decline in the MWA from HEDIS MY 2021, one MHP demonstrated a statistically significant decline in MY 2022 for the *Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total,* and *Breast Cancer Screening* measure indicators. MDHHS should continue to monitor the MHPs' performance related to these measure indicators within the Women—Adult Care domain to maintain and further improve performance. It has been widely researched and validated that screening can improve outcomes and

[1-5] 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: Aug 31, 2023.

[1-6] 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: Aug 31, 2023.

[1-7] American Academy of Pediatrics. Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. Available at: https://publications.aap.org/pediatrics/article/128/1/182/30310/Supporting-the-Health-Care-Transition-From?autologincheck=redirected. Accessed on: August 31, 2023.

early detection, reduce the risk of dying, and lead to a greater range of treatment options and lower healthcare costs.[1-8] A reduction in patient structural barriers (such as office hours, scheduling assistance, translation services, and decreasing the number of clinic visits) could potentially further increase access to and utilization of needed screenings.[1-9]

Access to Care

For the Access to Care domain, the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total* and *Appropriate Testing for Pharyngitis—Total* measure indicators demonstrated significant improvement from the HEDIS MY 2021 MWA. Upper Peninsula, Priority, and Meridian ranked above the 50th percentile for the most measure indicators within the Access to Care domain. In addition, Upper Peninsula ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older,* and *Appropriate Testing for Pharyngitis—Ages 18–64 Years* and *Total* measure indicators.

The MWA demonstrated a significant decline for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*, *Ages 45 to 64 Years*, and *Total; Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—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. The measure indicator with the most significant decline was *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years,* with an MWA decrease of 5 percentage points from HEDIS MY 2021. Additionally, the MWA ranked below the 25th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older* and *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years* measure indicators with no significant improvement.

MDHHS should conduct ongoing monitoring of the MHPs' performance and declining rates across the Access to Care domain. Underperforming MHPs for this domain should be given suggested interventions, based on MHP-specific capabilities, to improve rates. Improved rates for *Adults' Access to Preventive/Ambulatory Health Services*, *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*, *Appropriate Testing for Pharyngitis*, and *Appropriate Treatment for Upper Respiratory Infection* would have a positive impact on member healthcare outcomes. Healthcare visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help address acute issues or manage chronic conditions.[1-10] Antibiotic-resistant infections can lead to increased healthcare costs, and most importantly, to increased morbidity and mortality. The most important modifiable risk factor for antibiotic resistance is

[1-8] National Committee for Quality Assurance. Breast Cancer Screening. Available at: https://www.ncqa.org/hedis/measures/breast-cancer-screening/. Accessed on: Aug 31, 2023.

[1-9] Centers for Disease Control and Prevention. Reducing Structural Barriers Planning Guide. Available at: https://www.cdc.gov/screenoutcancer/ebi-planning-guides/reducing-structural-barriers-planning-guide.htm Accessed on: Aug 31, 2023.

[1-10] National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services. Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Sept 1, 2023.

inappropriate prescribing of antibiotics.[1-11] Proper testing and treatment of pharyngitis prevents the spread of sickness while reducing unnecessary use of antibiotics.[1-12]

Obesity

For the Obesity domain, the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* and *Counseling for Physical Activity—Total* measure indicators were an area of strength. Both measure indicators ranked at or above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2021 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 and Upper Peninsula ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* measure indicator.

While the MY 2022 MWA for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* measure indicator significantly increased from the MY 2021 MWA, it ranked below the 50th percentile, demonstrating an area for further improvement. Additionally, McLaren fell below the LPL for all three *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators.

MDHHS should continue to monitor the MHPs' performance for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—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'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.[1-13]

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 2021 MWA. Additionally, Upper Peninsula, Blue Cross, and Priority ranked above the 50th percentile for at

[1-11] Centers for Disease Control and Prevention. Core Elements of Outpatient Antibiotic Stewardship. Available at: https://www.cdc.gov/antibiotic-use/core-elements/outpatient.html. Accessed on: Sept 1, 2023.
[1-12] National Committee for Quality Assurance. Appropriate Testing for Pharyngitis. Available at: https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/. Accessed on: Sept 12, 2023.
[1-13] 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 1, 2023.

least one of the measure indicators within the Pregnancy Care domain, with Upper Peninsula ranking above the HPL for both *Timeliness of Prenatal Care and Postpartum Care* measure indicators.

Molina, Priority, UnitedHealthcare, HAP, Meridian, McLaren, and Aetna all fell below the LPL for *Prenatal and Postpartum Care—Timeliness of Prenatal Care*; and Molina, HAP, and Aetna all fell below the LPL for *Prenatal and Postpartum Care—Postpartum Care*.

Timely and adequate prenatal and postpartum care can set the stage for long-term health and well-being of new mothers and their infants.[1-14] MDHHS should continue monitoring the MHPs' performance in the Pregnancy Care domain and assess the need for or evaluation of current prenatal and postpartum care coordination programs for lower-performing MHPs. Effective care coordination efforts or programs could potentially assist with scheduling prenatal and postpartum appointments, arranging transportation, and educating members on the importance of keeping appointments. MDHHS is also 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, the *Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)* and *HbA1c Control (<8.0%)*; *Blood Pressure Control for Patients With Diabetes—Blood Pressure Control (<140/90 mm Hg)*; *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years*, *Ages 65 to 74 Years*, and *Total*; *Controlling High Blood Pressure*; and *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measure indicators were areas of significant strength. Most of these measure indicators ranked at or above the 50th percentile, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measure indicators ranking at or above the 75th and 90th percentiles, respectively. All of these measure indicators also demonstrated significant improvement from the HEDIS MY 2021 MWA. Upper Peninsula, Priority, and UnitedHealthcare ranked above the 50th percentile and the HPL for the most measure indicators within the Living With Illness domain.

While the HEDIS MY 2022 MWA demonstrated considerable improvement from HEDIS MY 2021 across the Living With Illness domain, the *Asthma Medication Ratio* measure indicator ranked below the 25th percentile, demonstrating an area for improvement. MDHHS is encouraged to continue monitoring MHPs' quality improvement strategies for the Living With Illness domain. MDHHS should work with the MHPs to readily identify interventions and operational process changes that led to increased rates, while supporting and strengthening methods that resulted in improved year-over-year performance. Additionally, the MHPs should focus their efforts on improving performance related to the *Asthma Medication Ratio* measure indicator and health outcomes among people with asthma. The prevalence

[1-14] National Committee for Quality Assurance. Prenatal and Postpartum Care. Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Sept 1, 2023.

and cost of asthma has increased over the past decade, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication, as well as the costs associated with emergency room visits, inpatient admissions, and missed days of work or school.[1-15]

Health Plan Diversity

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

Utilization

For the *Ambulatory Care—Emergency Department (ED) Visits—Total* measure indicator, the Michigan Medicaid Average (MA) increased by 36.1 visits per 1,000 member years from HEDIS MY 2020 to HEDIS MY 2022. The MA for the *Outpatient Visits—Total* measure indicator increased from HEDIS MY 2020 to HEDIS MY 2022 by 555.63 visits per 1,000 member years.[1-16] 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, six 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 three MHPs' O/E ratio is more than 1.0 indicating they 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.

[1-15] National Committee for Quality Assurance. Asthma Medication Ratio. Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Sept 1, 2023.

[1-16] For the *ED Visits* indicator, 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—2023 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	Priority	PRI
UnitedHealthcare Community Plan	UnitedHealthcare	UNI
Upper Peninsula Health Plan	Upper Peninsula	UPP

**Of note, as of October 1, 2023, HAP Empowered transitioned to HAP CareSource.*

Summary of Michigan Medicaid HEDIS MY 2022 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 2022. 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 2022 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 2022 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Michigan Medicaid HEDIS MY 2022 Required Measures

Performance Measures	HEDIS Data Collection Methodology
Child & Adolescent Care	
Childhood Immunization Status	
Combination 3	Hybrid
Combination 7	Hybrid
Combination 10	Hybrid
Well-Child Visits in the First 30 Months of Life	
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	Administrative
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	Administrative
Lead Screening in Children	
Lead Screening in Children	Hybrid
Child and Adolescent Well-Care Visits	
Ages 3 to 11 Years	Administrative
Ages 12 to 17 Years	Administrative
Ages 18 to 21 Years	Administrative
Total	Administrative
Immunizations for Adolescents	
Combination 1 (Meningococcal, Tdap)	Hybrid
Combination 2 (Meningococcal, Tdap, HPV)	Hybrid
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	
Initiation Phase	Administrative
Continuation and Maintenance Phase	Administrative
Women—Adult Care	
Chlamydia Screening in Women	
Ages 16 to 20 Years	Administrative
Ages 21 to 24 Years	Administrative
Total	Administrative

Performance Measures	HEDIS Data Collection Methodology
Cervical Cancer Screening	
Cervical Cancer Screening	Hybrid
Breast Cancer Screening	
Breast Cancer Screening	Administrative
Access to Care	
Adults' Access to Preventive/Ambulatory Health Services	
Ages 20 to 44 Years	Administrative
Ages 45 to 64 Years	Administrative
Ages 65 Years and Older	Administrative
Total	Administrative
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	
Ages 3 Months to 17 Years	Administrative
Ages 18 to 64 Years	Administrative
Ages 65 Years and Older	Administrative
Total	Administrative
Appropriate Testing for Pharyngitis[1]	
Ages 3 to 17 Years	Administrative
Ages 18 to 64 Years	Administrative
Age 65 Years and Older	Administrative
Total	Administrative
Appropriate Treatment for Upper Respiratory Infection	
Ages 3 Months to 17 Years	Administrative
Ages 18 to 64 Years	Administrative
Ages 65 Years and Older	Administrative
Total	Administrative
Obesity	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	
Body Mass Index (BMI) Percentile—Total	Hybrid
Counseling for Nutrition—Total	Hybrid
Counseling for Physical Activity—Total	Hybrid

Performance Measures	HEDIS Data Collection Methodology
Pregnancy Care	
Prenatal and Postpartum Care	
Timeliness of Prenatal Care[1]	Hybrid
Postpartum Care	Hybrid
Living With Illness	
Hemoglobin A1c Control for Patients With Diabetes	
*Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**	Hybrid
HbA1c Control (<8.0%)	Hybrid
Blood Pressure Control for Patients With Diabetes	
Blood Pressure Control for Patients With Diabetes	Hybrid
Eye Exam for Patients With Diabetes	
Eye Exam for Patients With Diabetes	Hybrid
Kidney Health Evaluation for Patients With Diabetes	
Ages 18 to 64 Years	Administrative
Ages 65 to 74 Years	Administrative
Ages 75 to 85 Years	Administrative
Total	Administrative
Asthma Medication Ratio	
Total	Administrative
Controlling High Blood Pressure	
Controlling High Blood Pressure	Hybrid
Antidepressant Medication Management	
Effective Acute Phase Treatment	Administrative
Effective Continuation Phase Treatment	Administrative
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	Administrative
Diabetes Monitoring for People With Diabetes and Schizophrenia	
Diabetes Monitoring for People With Diabetes and Schizophrenia	Administrative
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Administrative

Performance Measures	HEDIS Data Collection Methodology
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Administrative
Health Plan Diversity	
Race/Ethnicity Diversity of Membership	
White	Administrative
Black or African-American	Administrative
American Indian or Alaska Native	Administrative
Asian	Administrative
Native Hawaiian and Other Pacific Islander	Administrative
Some Other Race	Administrative
Two or More Races	Administrative
Ethnicity Reporting Category: Hispanic or Latino	Administrative
Unknown	Administrative
Declined	Administrative
Language Diversity of Membership	
Spoken Language Preferred for Health Care—English	Administrative
Spoken Language Preferred for Health Care—Non-English	Administrative
Spoken Language Preferred for Health Care—Unknown	Administrative
Spoken Language Preferred for Health Care—Declined	Administrative
Language Preferred for Written Materials—English	Administrative
Language Preferred for Written Materials—Non-English	Administrative
Language Preferred for Written Materials—Unknown	Administrative
Language Preferred for Written Materials—Declined	Administrative
Other Language Needs—English	Administrative
Other Language Needs—Non-English	Administrative
Other Language Needs—Unknown	Administrative
Other Language Needs—Declined	Administrative
Utilization	
Ambulatory Care	
Emergency Department Visits$^{\pm}$	Administrative
Outpatient Visits	Administrative
Inpatient Utilization—General Hospital/Acute Care	
Discharges—Total Inpatient—Total All Ages	Administrative

Performance Measures	HEDIS Data Collection Methodology
Average Length of Stay—Total Inpatient—Total All Ages	Administrative
Discharges—Maternity—Total All Ages	Administrative
Average Length of Stay—Maternity—Total All Ages	Administrative
Discharges—Surgery—Total All Ages	Administrative
Average Length of Stay—Surgery—Total All Ages	Administrative
Discharges—Medicine—Total All Ages	Administrative
Average Length of Stay—Medicine—Total All Ages	Administrative
Use of Opioids From Multiple Providers*	
Multiple Prescribers	Administrative
Multiple Pharmacies	Administrative
Multiple Prescribers and Multiple Pharmacies	Administrative
Use of Opioids at High Dosage*	
Use of Opioids at High Dosage	Administrative
Risk of Continued Opioid Use*	
At Least 15 Days Covered—Total	Administrative
At Least 31 Days Covered—Total	Administrative
Plan All-Cause Readmissions*	
Observed Readmissions—Total	Administrative
Expected Readmissions—Total	Administrative
O/E Ratio—Total	Administrative

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

[1] Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.

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

Data Collection Methods

Administrative Method

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

Hybrid Method

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

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

Understanding Sampling Error

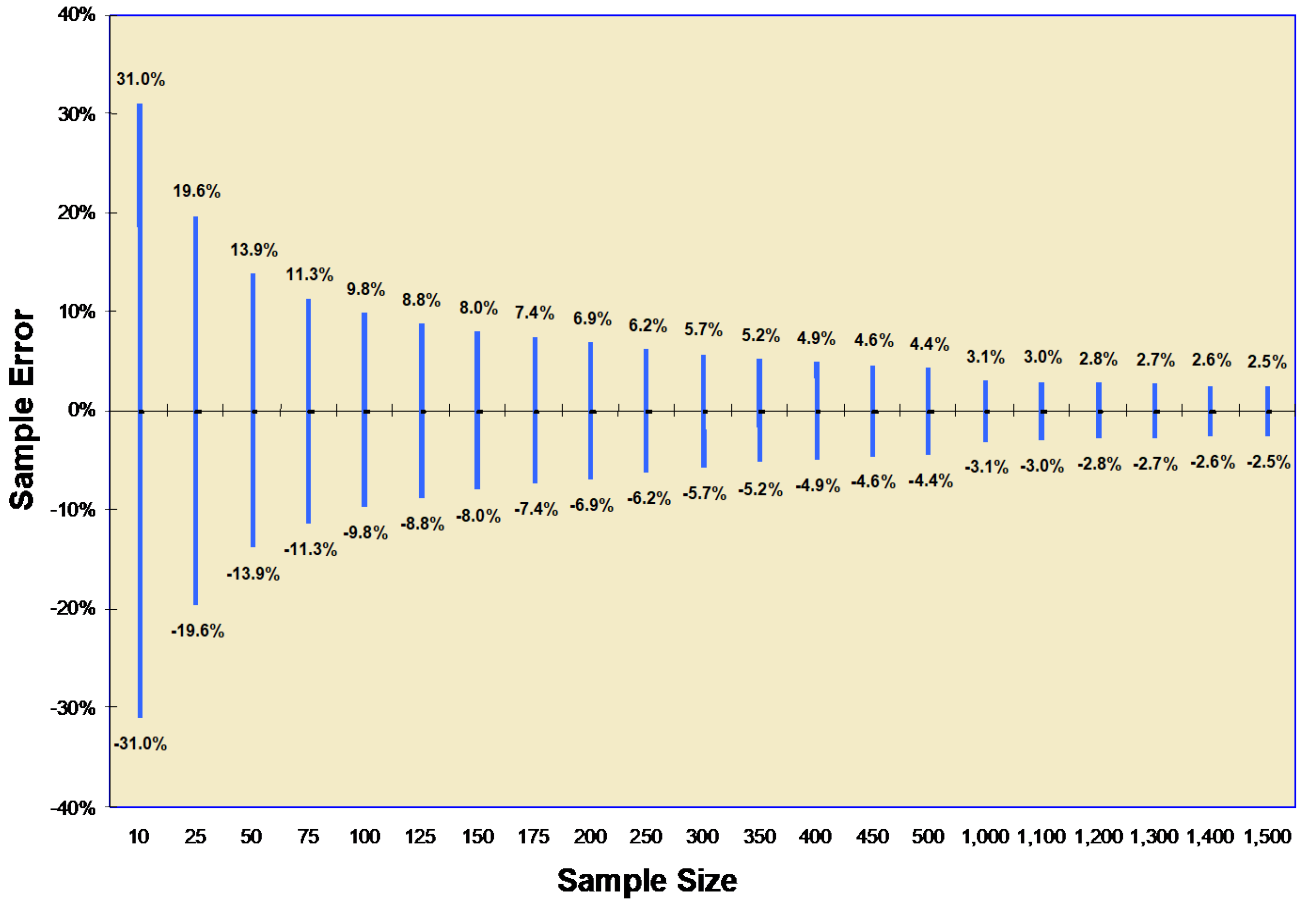
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the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

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

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

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

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



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

Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files supplied by the MHPs. Prior to HSAG's receipt of the MHPs' IDSS files, all the MHPs were required by MDHHS to have their HEDIS MY 2022 results examined and verified through an NCQA HEDIS Compliance Audit.[2-1]

Through the audit process, each measure indicator rate reported by an MHP was assigned an NCQA-defined audit result. HEDIS MY 2022 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 2022 MHP and MWA rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparison, HSAG used the most recent data available from NCQA at the time of the publication of this

[2-1] NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

report to evaluate the HEDIS MY 2022 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2021 MWA, which are referred to as "percentiles" throughout this report.

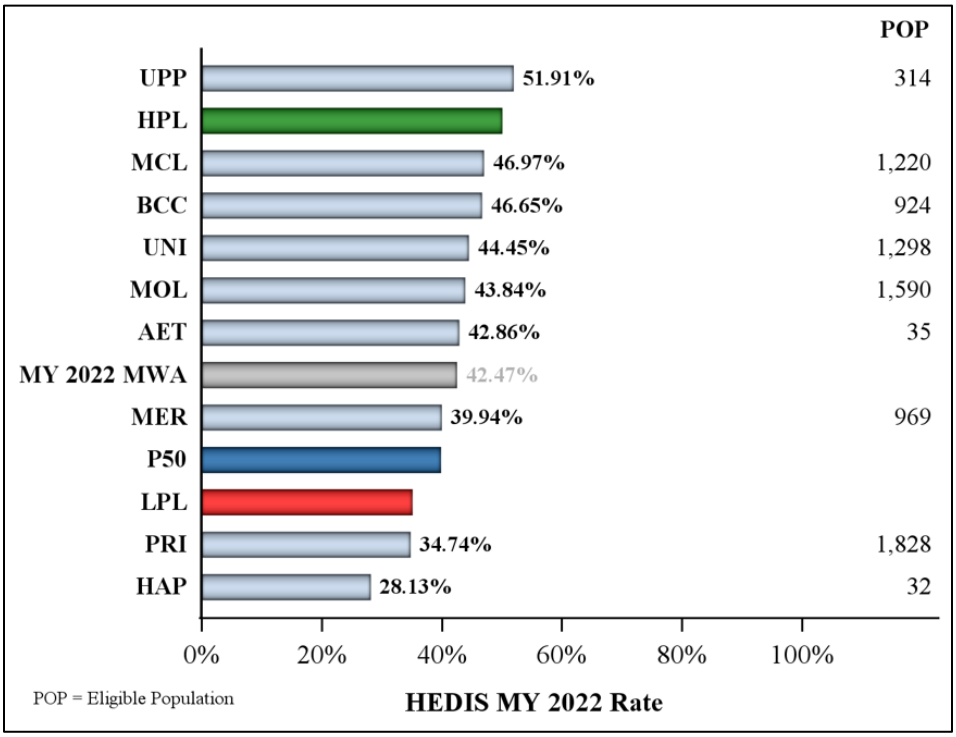
Additionally, benchmarking data (i.e., NCQA's Quality Compass and NCQA's Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report 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 2022 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.

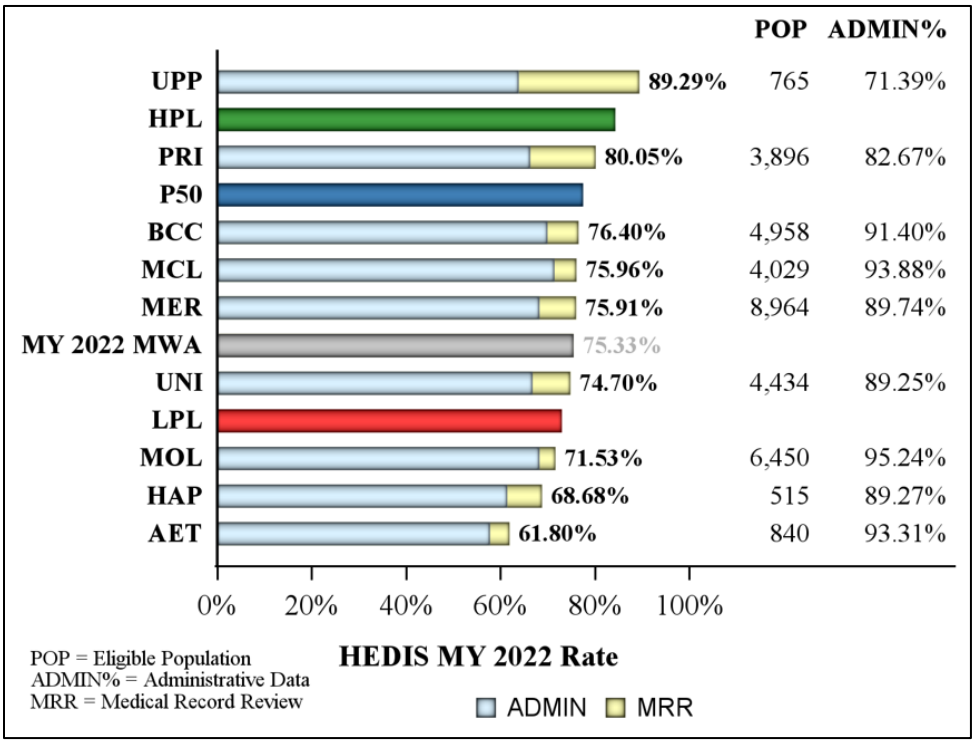
For measures for which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively 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. Excluding the *Ambulatory Care—Total—ED Visits*, *Use of Opioids From Multiple Providers*, *Use of Opioids at High Dosage*, *Risk of Continued Opioid Use*, and *Plan All-Cause Readmissions* measures, higher or lower rates in these domains do not necessarily indicate better or worse performance. A lower rate for *Ambulatory Care—Total—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—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 2022 MWA and MHP rates to the corresponding HEDIS MY 2021 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 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 2021 MWA to HEDIS MY 2022. 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 2021 MWA and HEDIS MY 2022" 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 2021 MWA and HEDIS MY 2022 are presented in tabular format. HEDIS MY 2022 rates shaded green with one cross ($^{+}$) indicate a significant improvement in performance from the previous year. HEDIS MY 2022 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 2022 MWA demonstrated a significant improvement from the HEDIS MY 2021 MWA.*

++ *Indicates that the HEDIS MY 2022 MWA demonstrated a significant decline from the HEDIS MY 2021 MWA.*

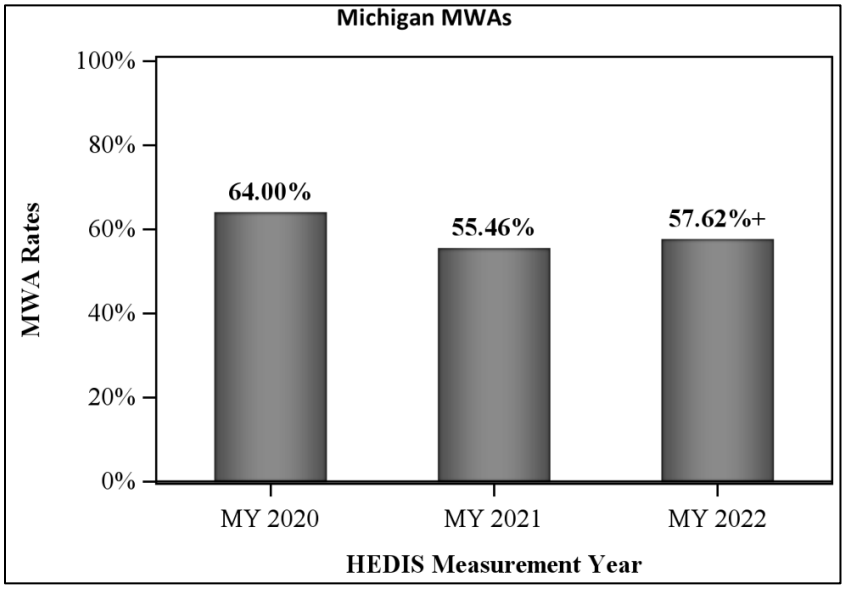
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

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 2020, HEDIS MY 2021 MWA, and HEDIS MY 2022 MWAs with significance testing performed between the HEDIS MY 2021 MWA and HEDIS MY 2022 MWAs. Within these figures, HEDIS MY 2022 rates with one cross ($^{+}$) indicate a significant improvement in performance from HEDIS MY 2021 MWA. HEDIS MY 2022 rates with two crosses ($^{++}$) indicate a significant decline in performance from HEDIS MY 2021 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 ± 5 percent at a 95 percent confidence level.

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

To prevent such ambiguity, this report uses a standardized methodology that requires the reported rate to be at or above the threshold level to be considered as meeting the target. Michigan MHPs are advised to 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 2021 MWA Medicaid 50th percentile. In addition, the HEDIS MY 2020, MY 2021, and MY 2022 MWA rates are presented for comparison.

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 2022 MWA for each rate with the MY 2020 and MY 2021 MWA and the 50th percentile.

Measure Changes Between HEDIS MY 2021 and HEDIS MY 2022

The following is a list of measures with technical specification changes that NCQA announced for HEDIS MY 2022.[2-2] These changes may have an effect on the HEDIS MY 2022 rates that are presented in this report.

Appropriate Testing for Pharyngitis (CWP)

- Added step 8 to the event/diagnosis criteria. This step was inadvertently removed for MY 2021.

Prenatal and Postpartum Care (PPC)

- Removed the definition of "last enrollment segment" and clarified continuous enrollment requirements for steps 1 and 2 of *Timeliness of Prenatal Care* numerator.

Ambulatory Care (AMB)

- Updated the "Member Months" definition in Calculations to indicate that IDSS produces member years data for all product lines.

Inpatient Utilization—General Hospital/Acute Care (IPU)

- Updated the "Member Months" definition in Calculations to indicate that IDSS produces member years data for all product lines.

[2-2] National Committee for Quality Assurance. *HEDIS® MY 2022, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2021.

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 2022 MWA rates and performance levels, a comparison of the HEDIS MY 2021 MWA to the HEDIS MY 2022 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2021 to HEDIS MY 2022.

Table 3-1—HEDIS MY 2022 MWA Performance Levels and Trend Results for Child & Adolescent Care

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Childhood Immunization Status				
Combination 3	57.62%	+2.16+	2	0
Combination 7	49.59%	+2.76+	2	0

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Combination 10	25.29%	**-1.93^{++}**	0	2
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	60.06%	**+1.22^{+}**	6	2
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	60.86%	-0.13	4	2
Lead Screening in Children				
Lead Screening in Children	54.78%	+0.09	1	1
Child and Adolescent Well-Care Visits				
Ages 3 to 11 Years	59.20%	**+1.07^{+}**	3	1
Ages 12 to 17 Years	50.38%	**+0.45^{+}**	2	1
Ages 18 to 21 Years	28.31%	**-0.70^{++}**	0	3
Total	50.89%	**+0.40^{+}**	3	2
Immunizations for Adolescents				
Combination 1 (Meningococcal, Tdap)	76.96%	+0.32	0	0
Combination 2 (Meningococcal, Tdap, HPV)	29.35%	**-3.50^{++}**	0	2
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	42.47%	**+2.18^{+}**	3	0
Continuation and Maintenance Phase	47.93%	-3.31	0	0

[1] HEDIS MY 2022 performance levels were based on comparisons of the HEDIS MY 2022 MWA rates to national Medicaid Quality Compass HEDIS MY 2021 MWA benchmarks. HEDIS MY 2022 performance levels represent the following percentile comparisons:

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

[2] HEDIS MY 2021 MWA to HEDIS MY 2022 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

Green Shading^{+} *Indicates that the HEDIS MY 2022 MWA demonstrated a significant improvement from the HEDIS MY 2021 MWA.*

Red Shading^{++} *Indicates that the HEDIS MY 2022 MWA demonstrated a significant decline from the HEDIS MY 2021 MWA.*

Table 3-1 shows that for the Child & Adolescent Care domain, 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*; *Child and Adolescent Well-Care Visits—Ages 3 to 11 Years* and *Total*; and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicators were an area of strength. All measure indicators ranked at or above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2021 MWA. Priority, Upper Peninsula, Blue Cross, Molina, and Meridian ranked above the 50th percentile for the most measure indicators within the Child & Adolescent Care domain. Upper Peninsula and Blue Cross ranked above the HPL 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* measure indicator, and Upper Peninsula ranked above the HPL for *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* measure indicator.

The MWA demonstrated a significant decline for *Childhood Immunization Status—Combination 10*; *Child and Adolescent Well-Care Visits—Ages 18 to 21 Years*; and *Immunizations for Adolescents—Combination 2* indicators. The MWA for the *Childhood Immunization Status—Combination 10* and *Immunizations for Adolescents—Combination 2* indicators had an MWA decrease of nearly 2 percentage points and over 3 percentage points, respectively, from HEDIS MY 2021, and ranked below the 25th percentile.

MDHHS should continue to monitor the MHPs' performance on the *Childhood Immunization Status—Combination 10* and *Immunizations for Adolescents—Combination 2* measure indicators to ensure that the MHPs' performance does not continue to decline, while working 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.[3-1] 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 COVID-19 continues to be a health concern, is critical. Children who are not protected by vaccines will be more vulnerable to communicable and preventable diseases such as measles. In response, continued coordinated efforts between healthcare providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.[3-2]

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Child and Adolescent Well-Care Visits—Ages 18 to 21 Years* measure indicator. 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

[3-1] National Committee for Quality Assurance. Childhood Immunization Status. Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Aug 31, 2023.

[3-2] 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: Aug 31, 2023.

influence health and development, and they are a critical opportunity for screening and counseling.[3-3] Well-care visits between the ages of 18 and 21 years can also assist in the successful transition from pediatric to adult-oriented healthcare to ensure ongoing medical treatment, as needed. The goal of a planned healthcare transition is to maximize lifelong functioning and well-being for all youth, including those who have SHCN and those who do not. This process includes ensuring that high-quality, developmentally appropriate healthcare services are available and uninterrupted as the person moves from adolescence to adulthood. A well-timed transition from child- to adult-oriented healthcare is specific to each person and ideally occurs between the ages of 18 and 21 years. Coordination of patient, family, and provider responsibilities enables youth to optimize their ability to assume adult roles and activities. [3-4]

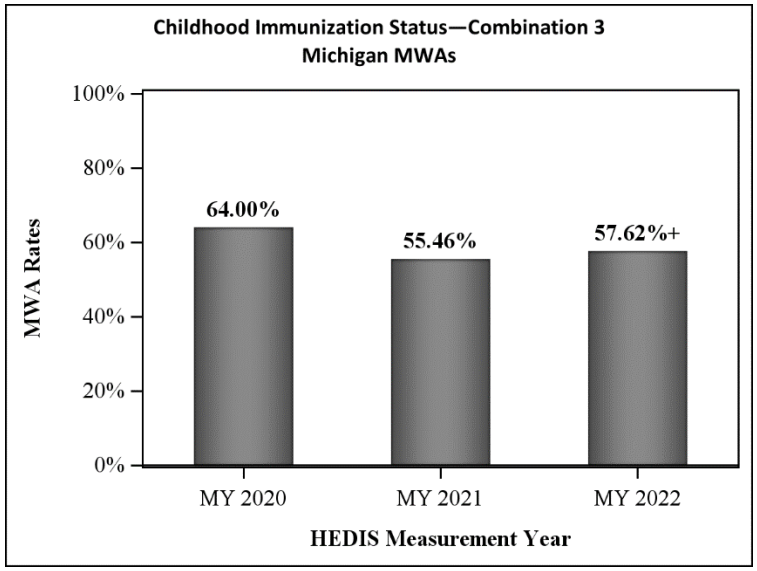
[3-3] National Committee for Quality Assurance. Child and Adolescent Well-Care Visits. Available at: https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/. Accessed on: Aug 31, 2023.

[3-4] American Academy of Pediatrics. Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. Available at: https://publications.aap.org/pediatrics/article/128/1/182/30310/Supporting-the-Health-Care-Transition-From?autologincheck=redirected Accessed on: August 31, 2023.

Measure-Specific Findings

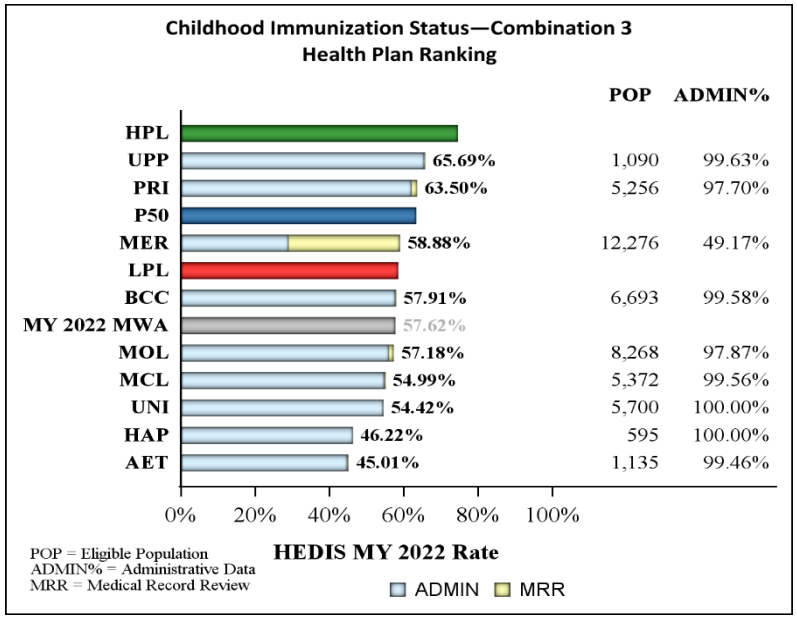
Childhood Immunization Status—Combination 3

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

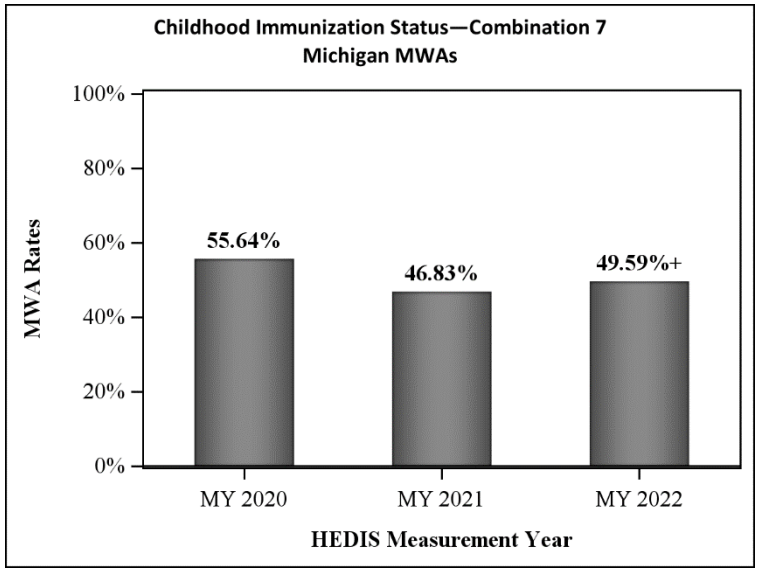
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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

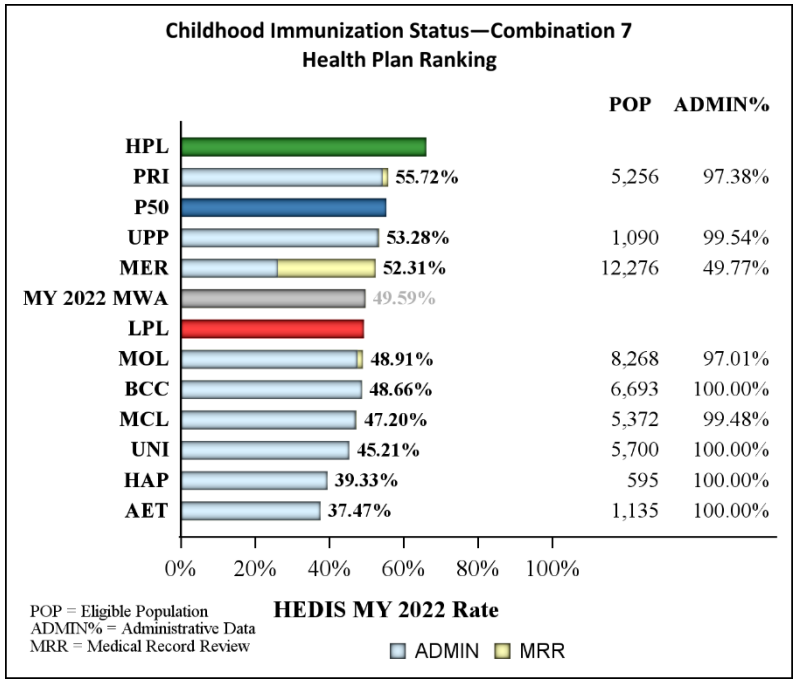
Childhood Immunization Status—Combination 7

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

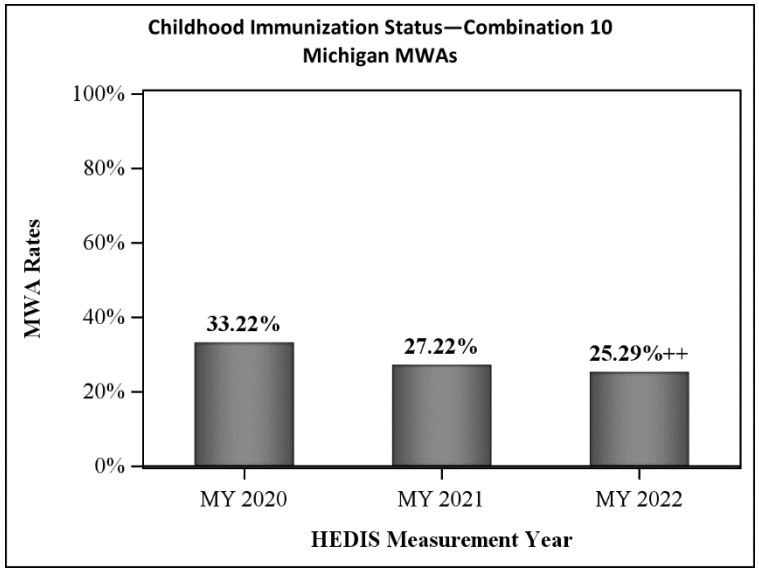
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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. Six MHPs fell below the LPL. MHP performance varied by over 18 percentage points.

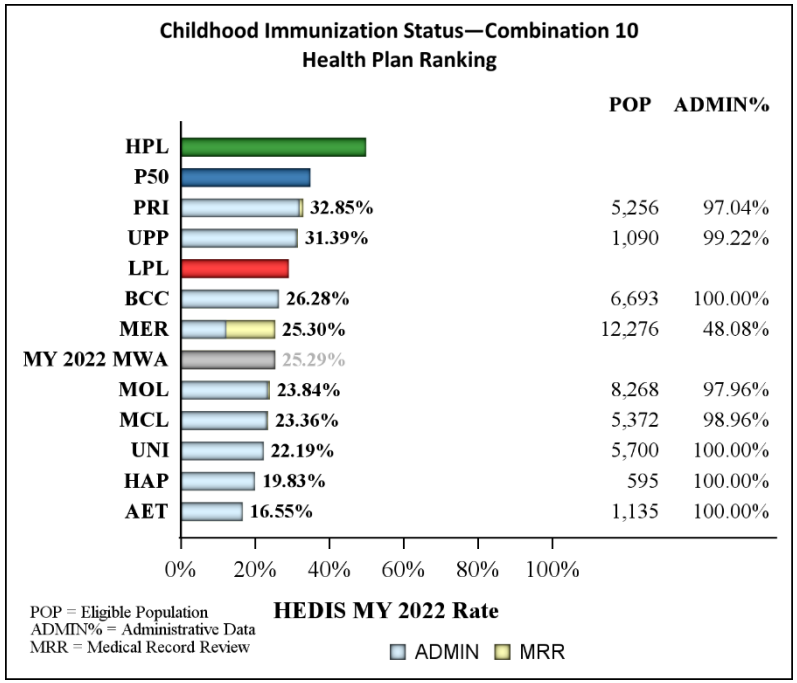
Childhood Immunization Status—Combination 10

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.

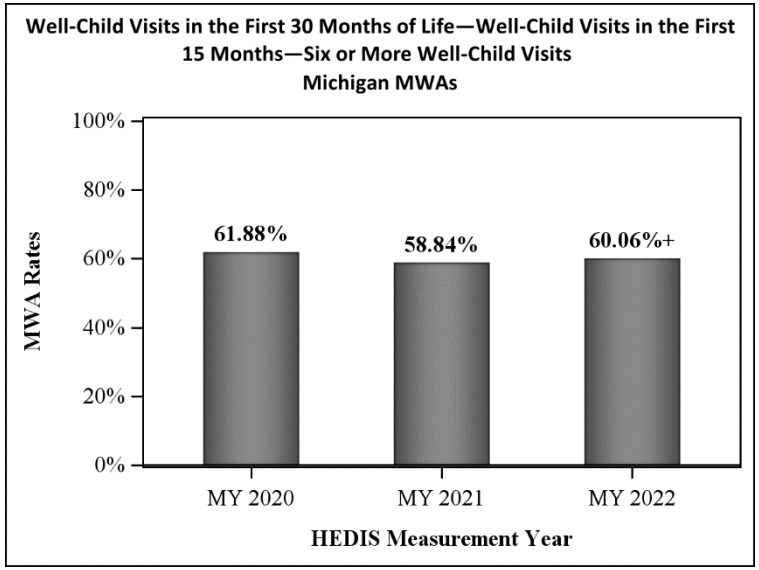
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



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 16 percentage points.

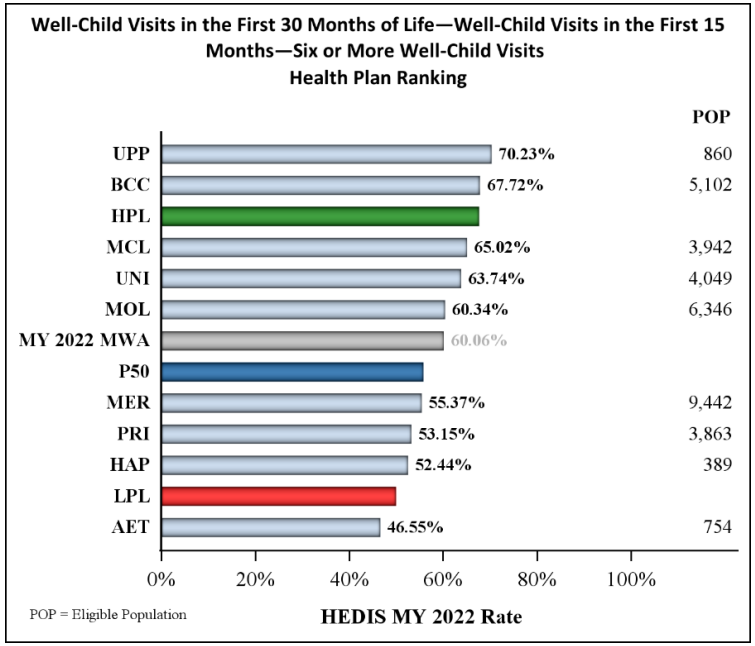
Well-Child Visits in the First 30 Months of Life—Well Child Visits in the First 15 Months—Six or More Well-Child Visits

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—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.



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

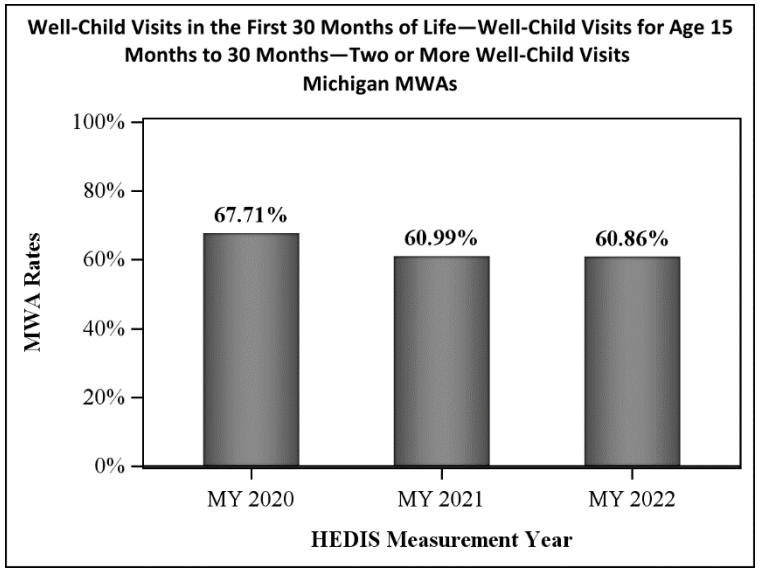
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



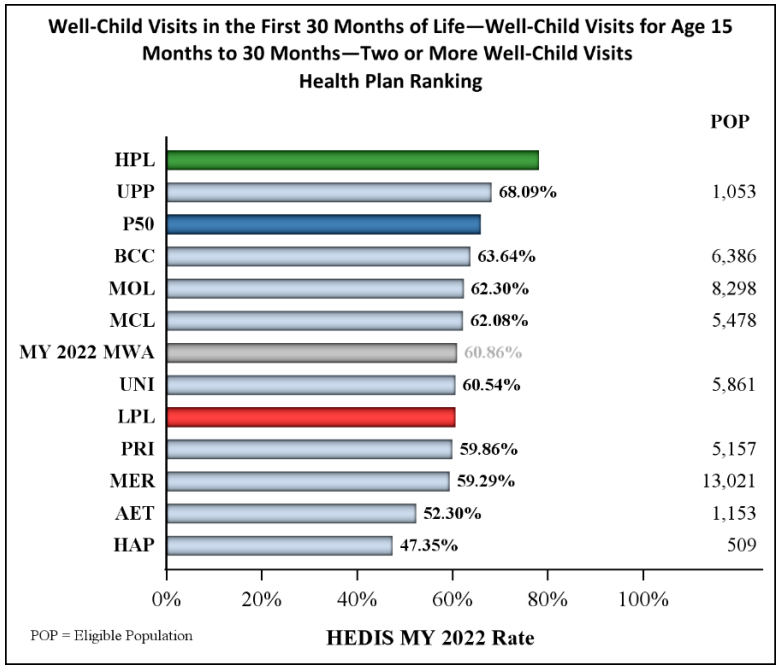
Two MHPs ranked above the HPL. Three MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Three MHPs ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 23 percentage points.

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

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 assesses the percentage of members who turned 30 months old during the MY who received two or more well-child visits with a PCP during their first 15 months of life.



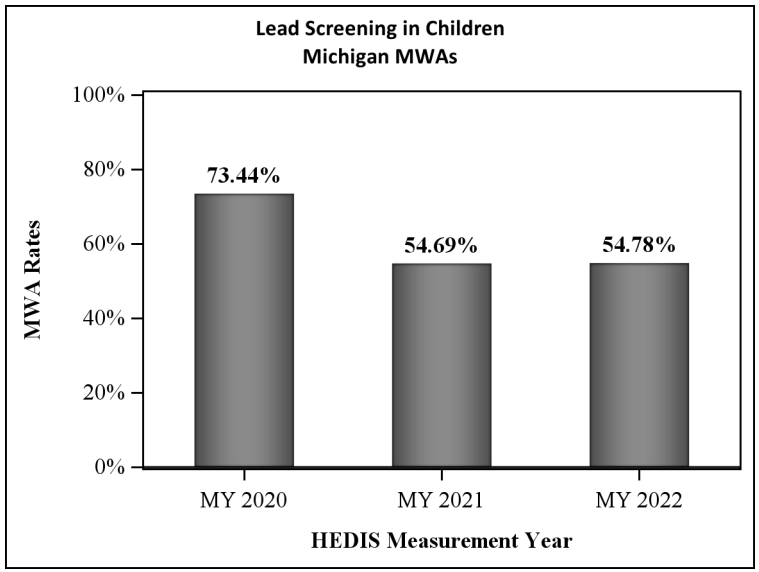
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



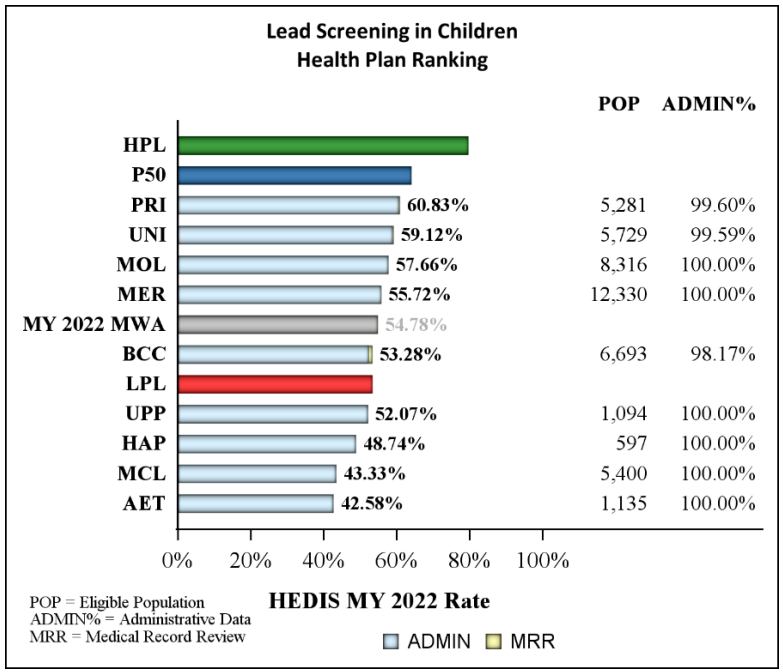
One MHP ranked above the 50th percentile but fell below the HPL. Four MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Four MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

Lead Screening in Children

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



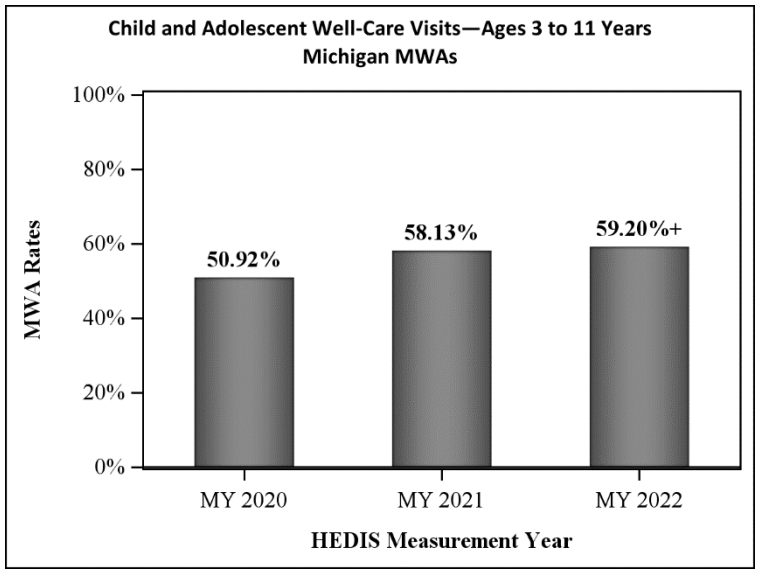
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



Five MHPs and the MWA ranked above the LPL but fell below the HPL and 50th percentile. Four MHPs fell below the LPL. MHP performance varied by over 18 percentage points.

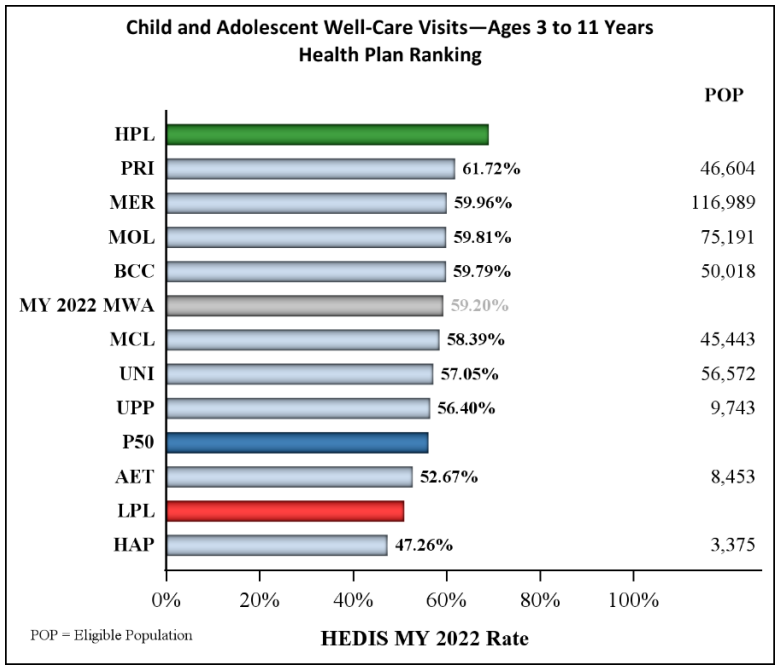
Child and Adolescent Well-Care Visits—Ages 3 to 11 Years

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



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

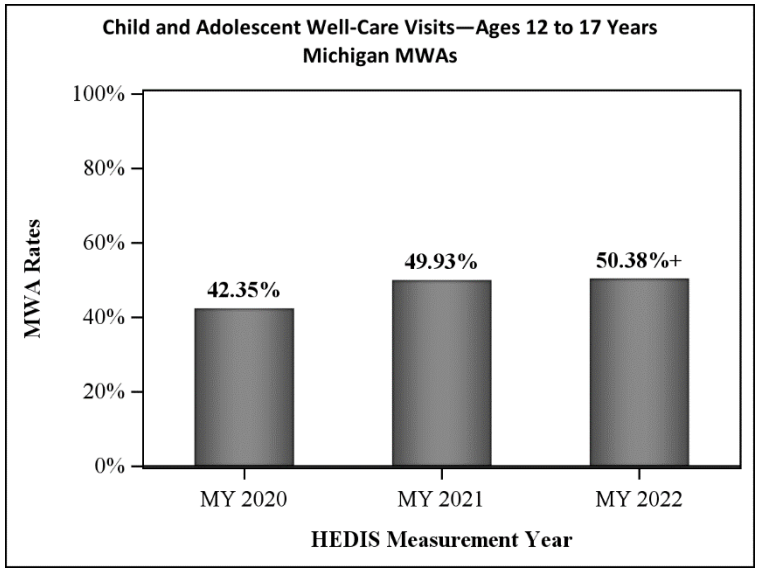
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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 14 percentage points.

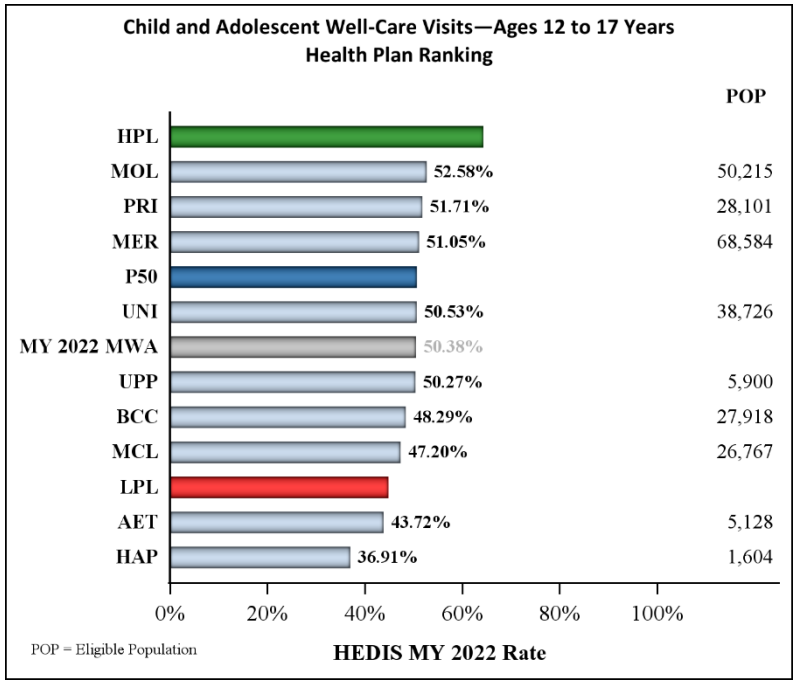
Child and Adolescent Well-Care Visits—Ages 12 to 17 Years

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



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

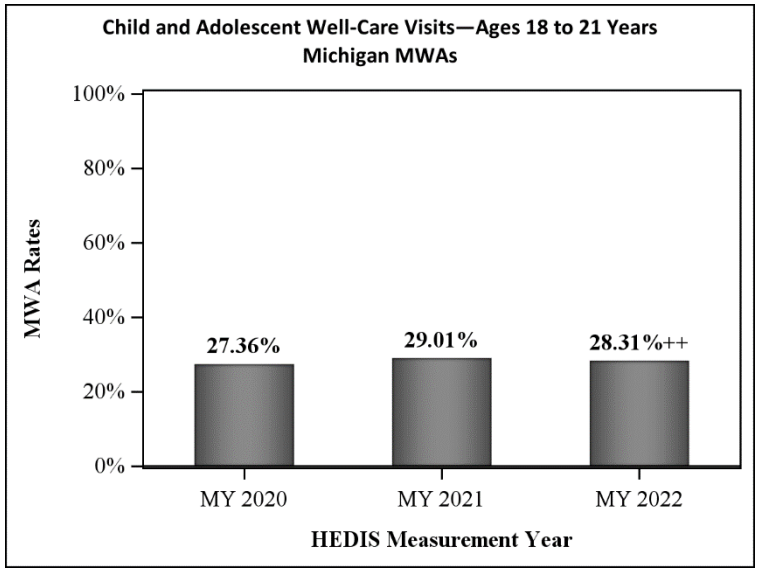
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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 15 percentage points.

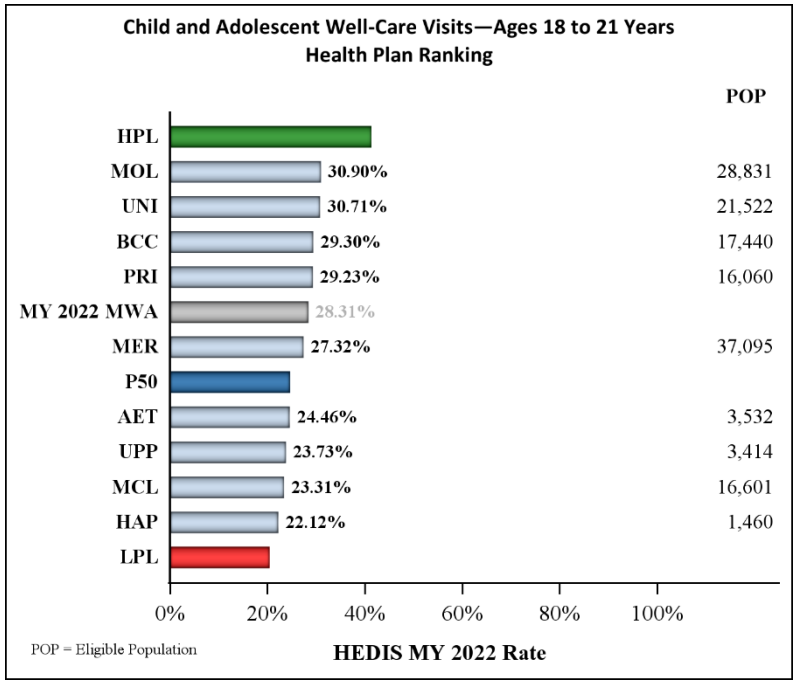
Child and Adolescent Well-Care Visits—Ages 18 to 21 Years

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



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

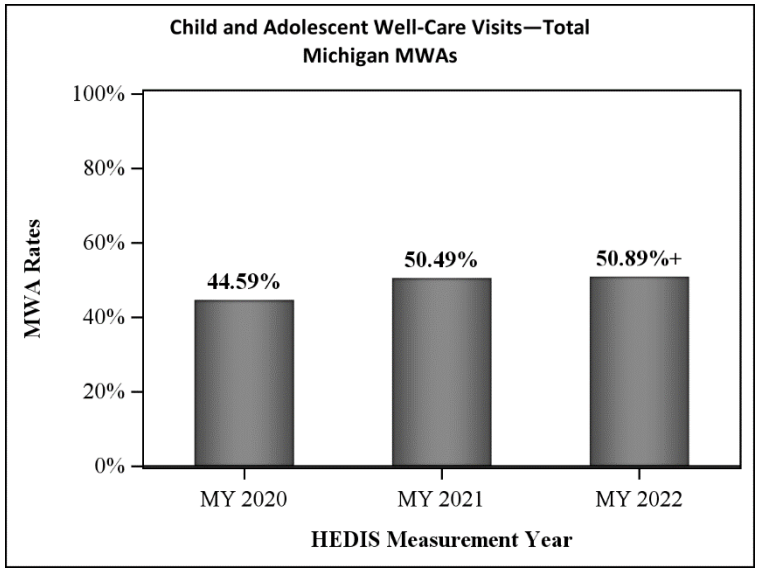
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



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 8 percentage points.

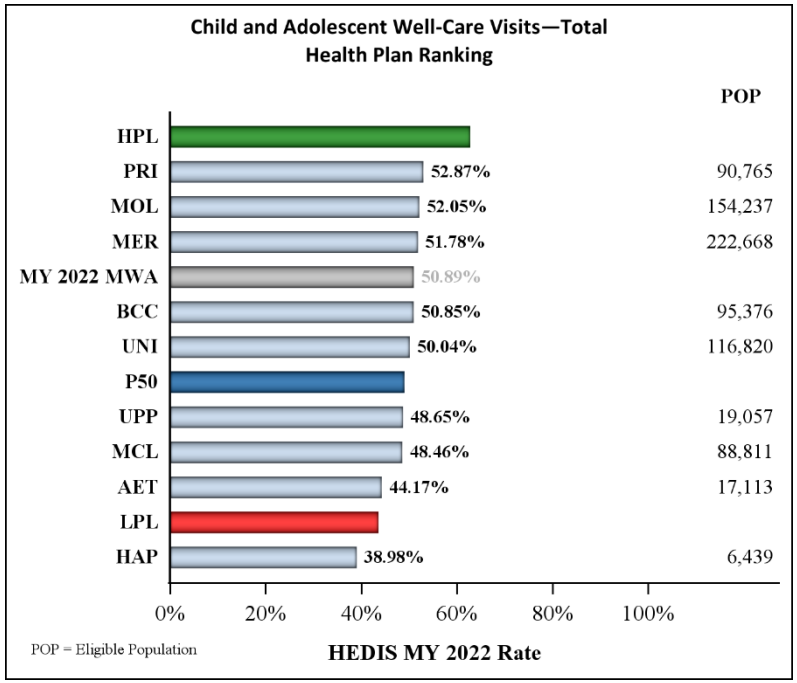
Child and Adolescent Well-Care Visits—Total

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.



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

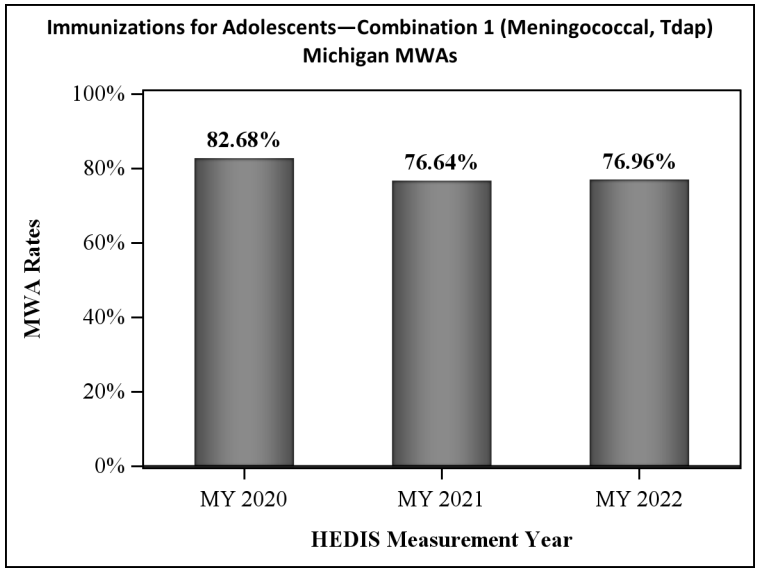
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



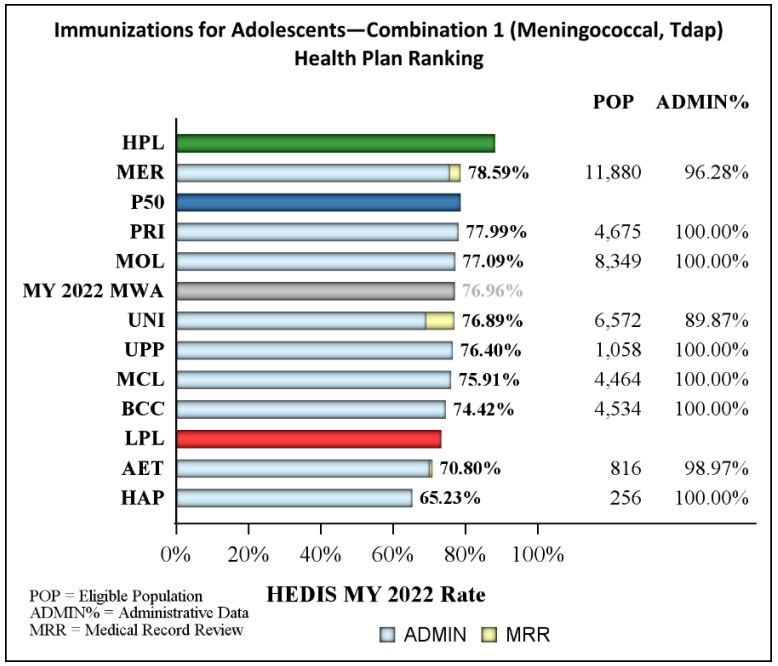
Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Three MHPs ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 13 percentage points.

Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)

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



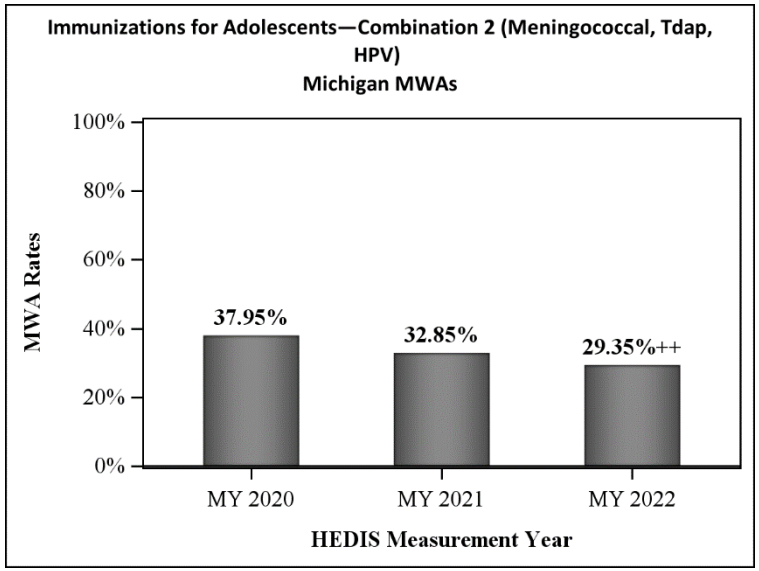
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



One MHP ranked above the 50th percentile but fell below the HPL. Six 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 13 percentage points.

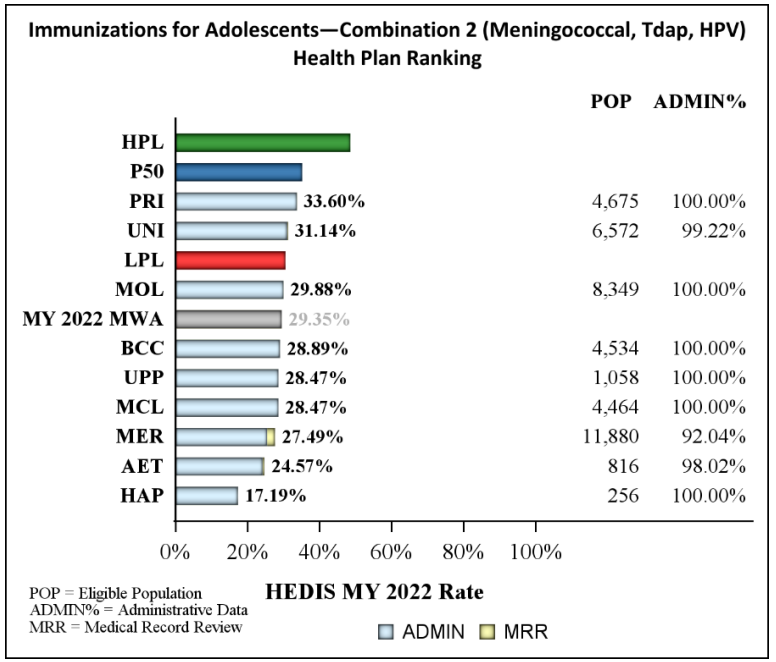
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)

Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV) assesses the percentage of adolescents 13 years of age who had the following by their 13th 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.

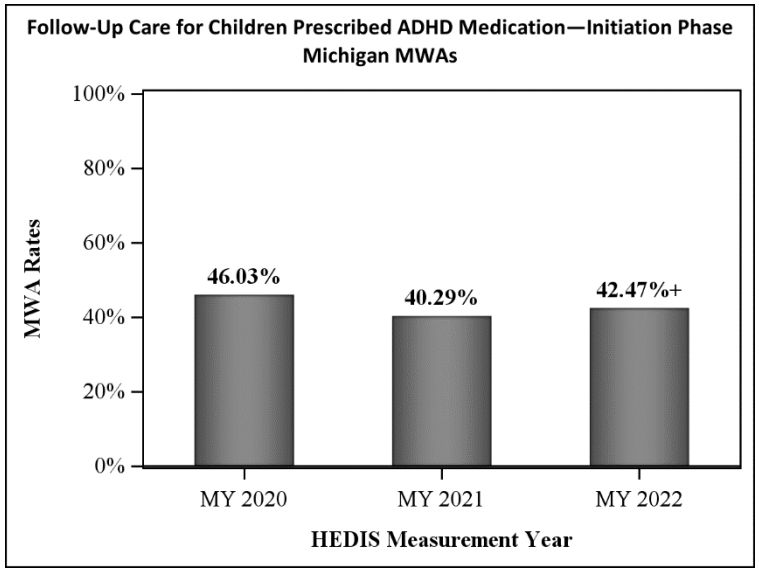
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



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

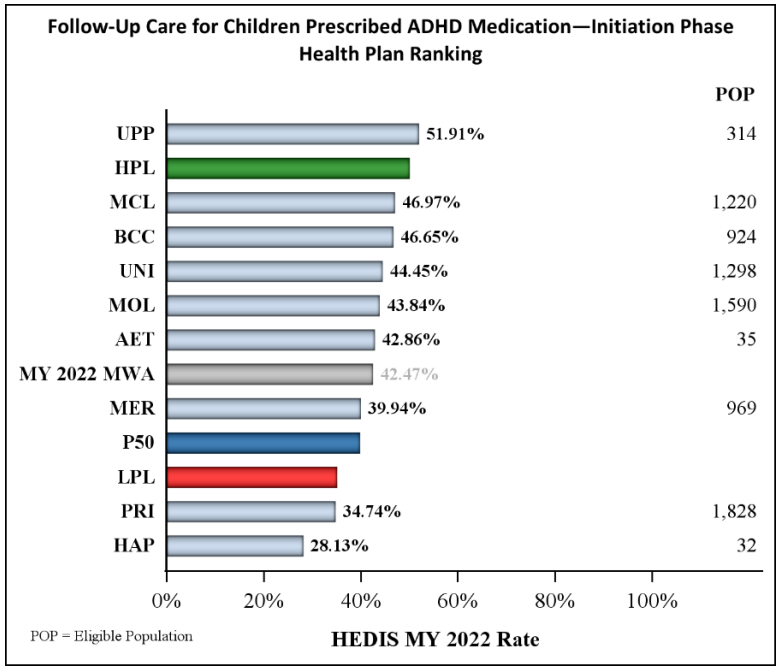
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

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



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

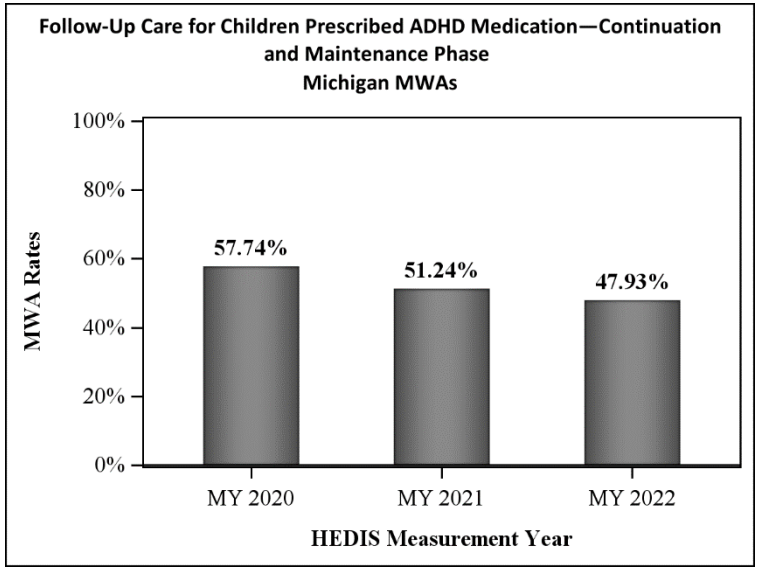
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



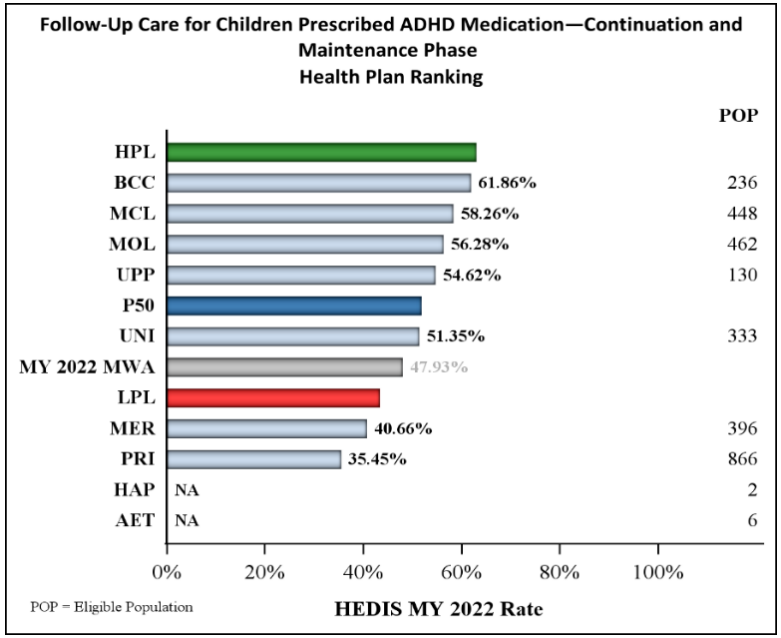
One MHP ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 23 percentage points.

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 with a prescription dispensed for 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 (9 months) after the initiation phase ended.



The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



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

Four MHPs ranked above the 50th percentile but fell below the HPL. One MHP and the MWA ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 26 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 2022 MWA rates and performance levels, a comparison of the HEDIS MY 2021 MWA to the HEDIS MY 2022 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2021 MWA to HEDIS MY 2022 MWA.

Table 4-1—HEDIS MY 2022 MWA Performance Levels and Trend Results for Women—Adult Care

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Chlamydia Screening in Women				
Ages 16 to 20 Years	59.35%	+1.26+	3	1
Ages 21 to 24 Years	66.34%	+2.19+	4	0
Total	62.76%	+1.76+	4	1
Cervical Cancer Screening				
Cervical Cancer Screening	59.16%	+1.15+	1	0
Breast Cancer Screening				
Breast Cancer Screening	53.68%	+1.38+	3	1

[1] HEDIS MY 2022 performance levels were based on comparisons of the HEDIS MY 2022 MWA rates to national Medicaid Quality Compass HEDIS MY 2021 MWA benchmarks. HEDIS MY 2022 performance levels represent the following percentile comparisons:

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

[2] HEDIS MY 2021 MWA to HEDIS MY 2022 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

Green Shading[+] *Indicates that the HEDIS MY 2022 MWA demonstrated a significant improvement from the HEDIS MY 2021 MWA.*

Red Shading[++] *Indicates that the HEDIS MY 2022 MWA demonstrated a significant decline from the HEDIS MY 2021 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; Cervical Cancer Screening*; and *Breast Cancer Screening* measure indicators were all an area of strength. All measure indicators ranked at or above the 50th percentile, with the *Chlamydia Screening in Women—Total* measure indicator ranking at or above the 75th percentile. Additionally, all measure indicators demonstrated significant improvement from the HEDIS MY 2021 MWA. Blue Cross, Meridian, Molina, Priority, and UnitedHealthcare ranked above the 50th percentile for the most measure indicators within the Women—Adult Care domain. In addition, Meridian ranked above the HPL for the *Chlamydia Screening in Women—21 to 24 Years* measure indicator.

While none of the measure indicators in the Women—Adult Care domain demonstrated a significant decline in the MWA from HEDIS MY 2021, one MHP demonstrated a statistically significant decline in MY 2022 for the *Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total,* and *Breast Cancer Screening* measure indicators. MDHHS should continue to monitor the MHPs' performance related to these measure indicators within the Women—Adult Care domain to maintain and further improve performance. It has been widely researched and validated that screening can improve outcomes and early detection, reduce the risk of dying, and lead to a greater range of treatment options and lower healthcare costs.[4-1] A reduction in patient structural barriers (such as office hours, scheduling assistance, translation services, and decreasing the number of clinic visits) could potentially further increase access to and utilization of needed screenings.[4-2]

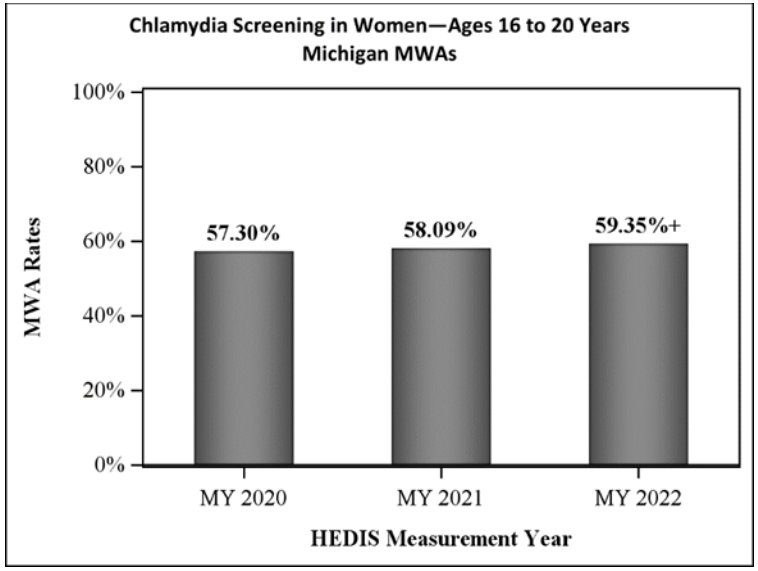
4-1 National Committee for Quality Assurance. Breast Cancer Screening. Available at: https://www.ncqa.org/hedis/measures/breast-cancer-screening/. Accessed on: Aug 31, 2023.

4-2 Centers for Disease Control and Prevention. Reducing Structural Barriers Planning Guide. Available at: https://www.cdc.gov/screenoutcancer/ebi-planning-guides/reducing-structural-barriers-planning-guide.htm Accessed on: Aug 31, 2023.

Measure-Specific Findings

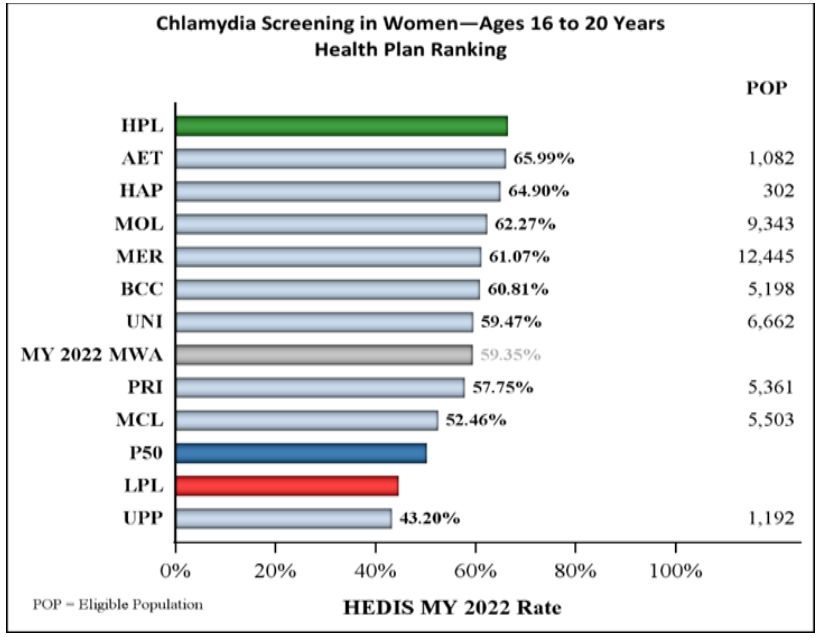
Chlamydia Screening in Women—Ages 16 to 20 Years

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.



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

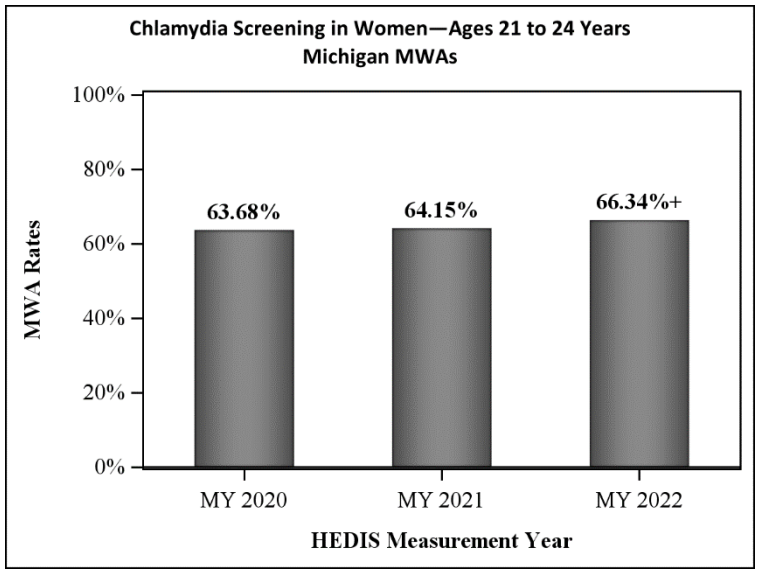
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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 22 percentage points.

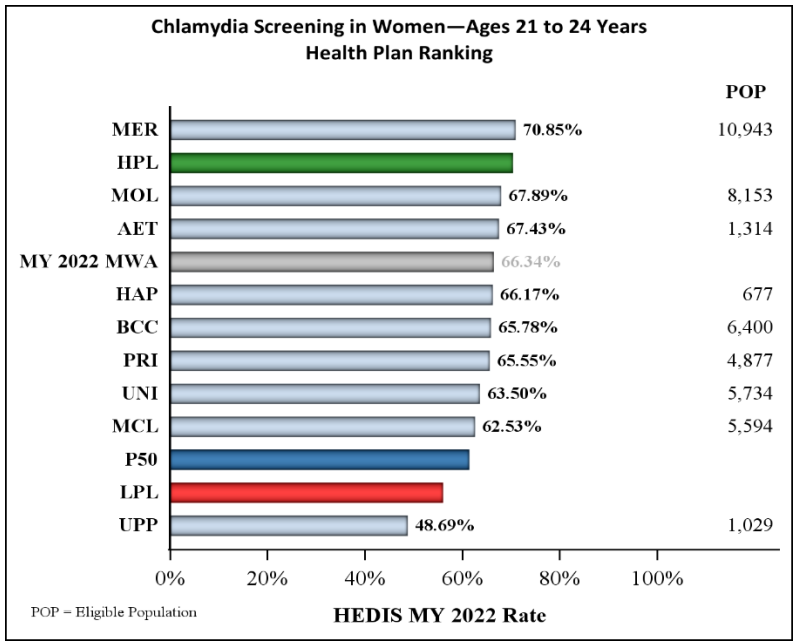
Chlamydia Screening in Women—Ages 21 to 24 Years

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.



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

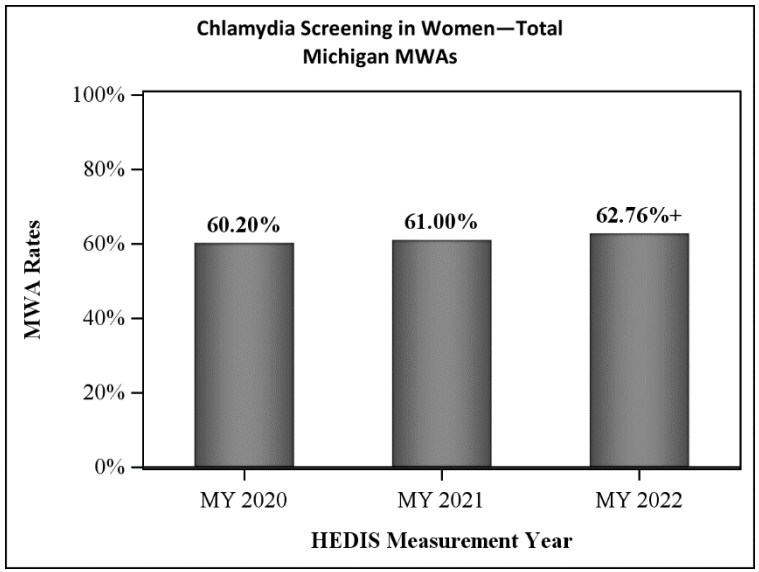
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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

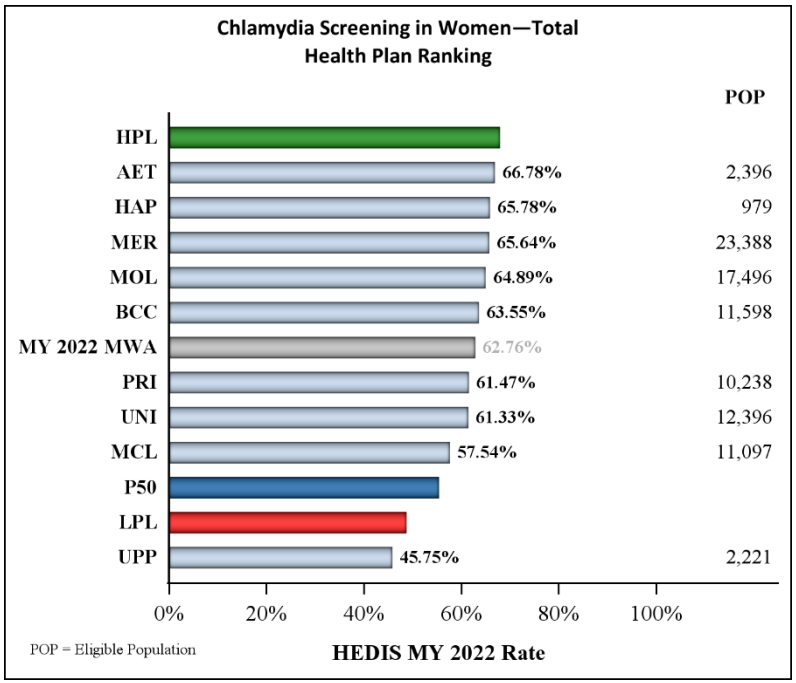
Chlamydia Screening in Women—Total

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 2022 MWA rate significantly improved from HEDIS MY 2021.

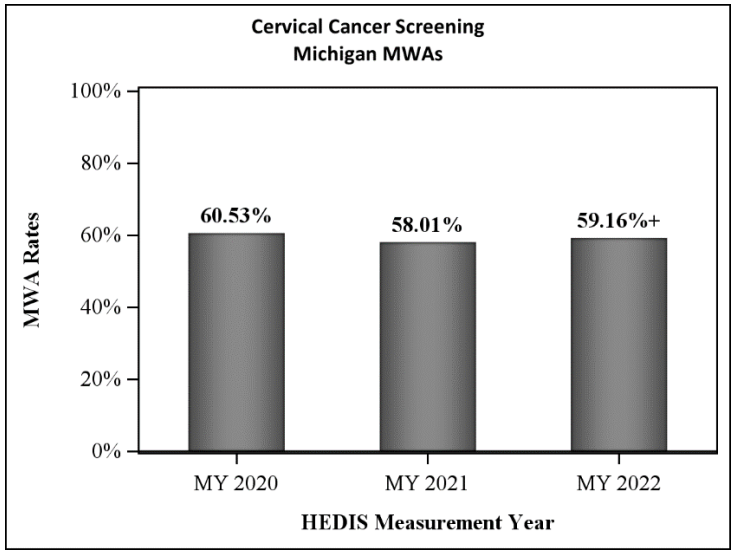


Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 21 percentage points.

Cervical Cancer Screening

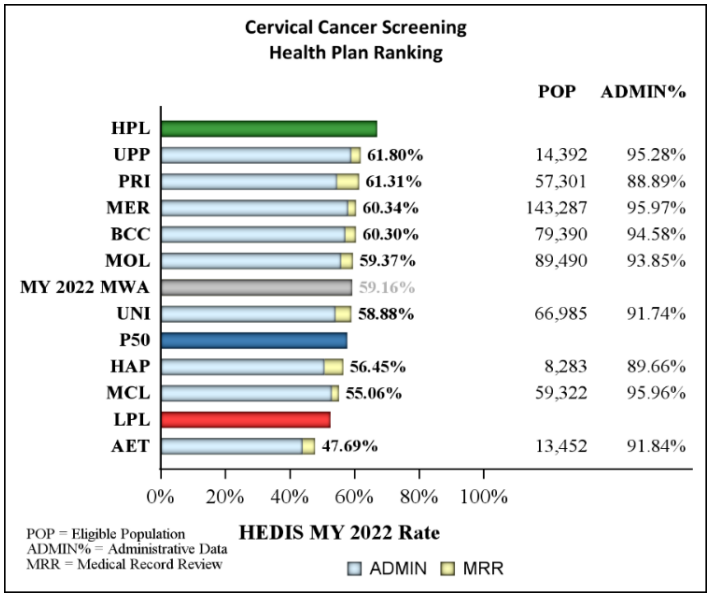
Cervical Cancer Screening assesses the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed within the last 3 years.
- Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30 to 64 years of age who had cervical cytology/hrHPV co-testing within the last 5 years.



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

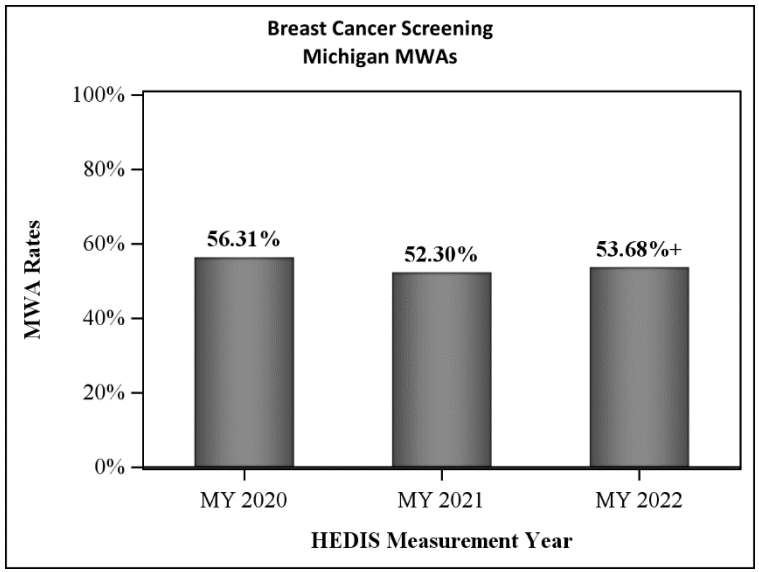
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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 14 percentage points.

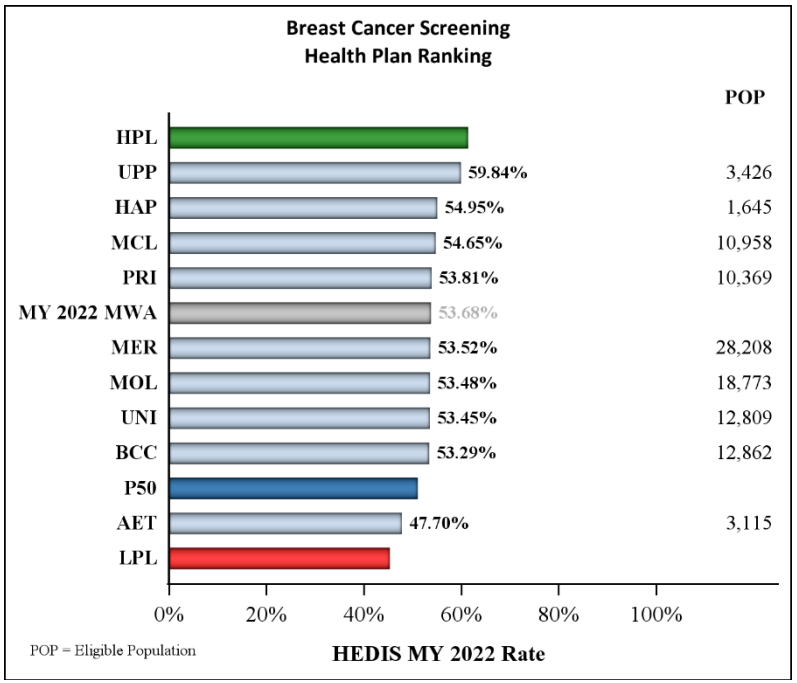
Breast Cancer Screening

Breast Cancer Screening assesses the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.



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

The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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 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 2022 MWA rates and performance levels, a comparison of the HEDIS MY 2021 MWA to the HEDIS MY 2022 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2021 MWA to HEDIS MY 2022 MWA.

Table 5-1—HEDIS MY 2022 MWA Performance Levels and Trend Results for Access to Care

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	72.86%	**-2.52**$^{++}$	0	8
Ages 45 to 64 Years	82.59%	**-1.47**$^{++}$	0	8
Ages 65 Years and Older	89.52%	-0.03	0	0
Total	76.43%	**-2.15**$^{++}$	0	8

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years	66.30%	+1.37	3	1
Ages 18 to 64 Years	40.61%	**-5.16^{++}**	0	5
Ages 65 Years and Older	32.23%	-8.71	0	0
Total	54.40%	**+2.62^{+}**	4	0
Appropriate Testing for Pharyngitis [3]				
Ages 3 to 17 Years	69.83%	+0.79	2	1
Ages 18 to 64 Years	54.43%	+0.88	2	0
Ages 65 Years and Older	22.51%	+7.73	0	0
Total	62.63%	**+2.05^{+}**	5	0
Appropriate Treatment for Upper Respiratory Infection				
Ages 3 Months to 17 Years	92.48%	**-1.63^{++}**	0	7
Ages 18 to 64 Years	81.42%	**-0.79^{++}**	1	3
Ages 65 Years and Older	70.18%	-5.33	0	1
Total	88.99%	**-0.60^{++}**	0	6

[1] 2022 performance levels were based on comparisons of the HEDIS MY 2022 MWA rates to national Medicaid Quality Compass HEDIS MY 2021 MWA benchmarks. 2022 performance levels represent the following percentile comparisons:

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

[2] HEDIS MY 2021 MWA to HEDIS MY 2022 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

[3] Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.

Green Shading^{+} *Indicates that the HEDIS MY 2022 MWA demonstrated a significant improvement from the HEDIS MY 2021 MWA.*

Red Shading^{++} *Indicates that the HEDIS MY 2022 MWA demonstrated a significant decline from the HEDIS MY 2021 MWA.*

Table 5-1 shows that for the Access to Care domain, the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total* and *Appropriate Testing for Pharyngitis—Total* measure indicators demonstrated significant improvement from the HEDIS MY 2021 MWA. Upper Peninsula, Priority, and Meridian ranked above the 50th percentile for the most measure indicators within the Access to Care domain. In addition, Upper Peninsula ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*; *Appropriate Testing for Pharyngitis—Ages 18–64 Years*, and *Total* measure indicators.

The MWA demonstrated a significant decline for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*, *Ages 45 to 64 Years*, and *Total; Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—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. The measure indicator with the most significant decline was *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years,* with an MWA decrease of 5 percentage points from HEDIS MY 2021. Additionally, the MWA ranked below the 25th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older* and *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years* measure indicators, with no significant improvement.

MDHHS should conduct ongoing monitoring of the MHPs' performance and declining rates across the Access to Care domain. Underperforming MHPs for this domain should be given suggested interventions, based on MHP-specific capabilities, to improve rates. Improved rates for *Adults' Access to Preventive/Ambulatory Health Services*, *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*, *Appropriate Testing for Pharyngitis*, and *Appropriate Treatment for Upper Respiratory Infection* would have a positive impact on member healthcare outcomes. Healthcare visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help address acute issues or manage chronic conditions.[5-1] Antibiotic-resistant infections can lead to increased healthcare costs, and most importantly, to increased morbidity and mortality. The most important modifiable risk factor for antibiotic resistance is inappropriate prescribing of antibiotics.[5-2] Proper testing and treatment of pharyngitis prevents the spread of sickness while reducing unnecessary use of antibiotics.[5-3]

[5-1] National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services. Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Sept 1, 2023.

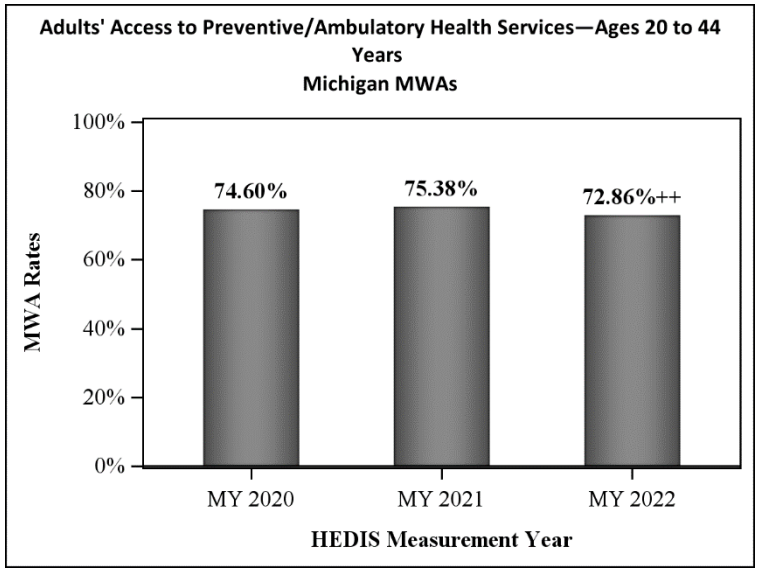
[5-2] Centers for Disease Control and Prevention. Core Elements of Outpatient Antibiotic Stewardship. Available at: https://www.cdc.gov/antibiotic-use/core-elements/outpatient.html. Accessed on: Sept 1, 2023.

[5-3] National Committee for Quality Assurance. Appropriate Testing for Pharyngitis. Available at: https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/. Accessed on: Sept 14, 2023.

Measure-Specific Findings

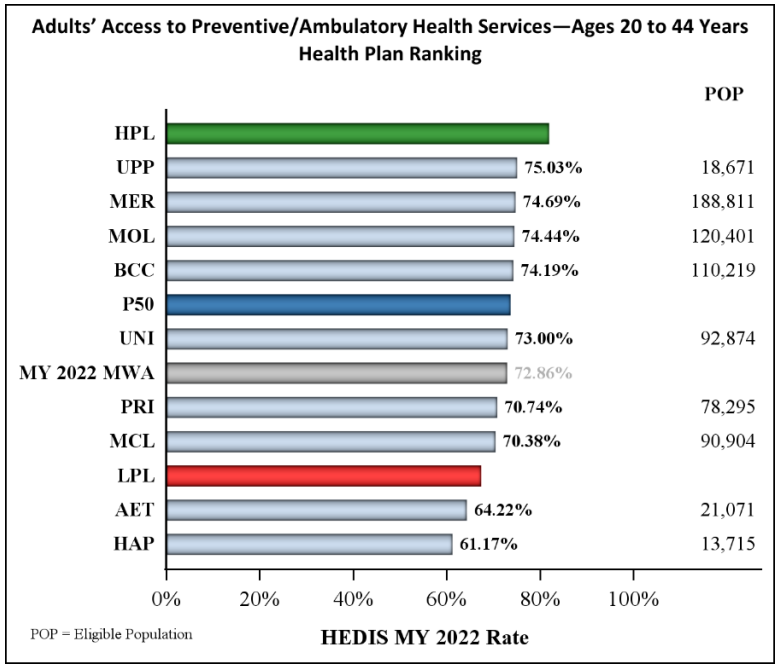
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

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

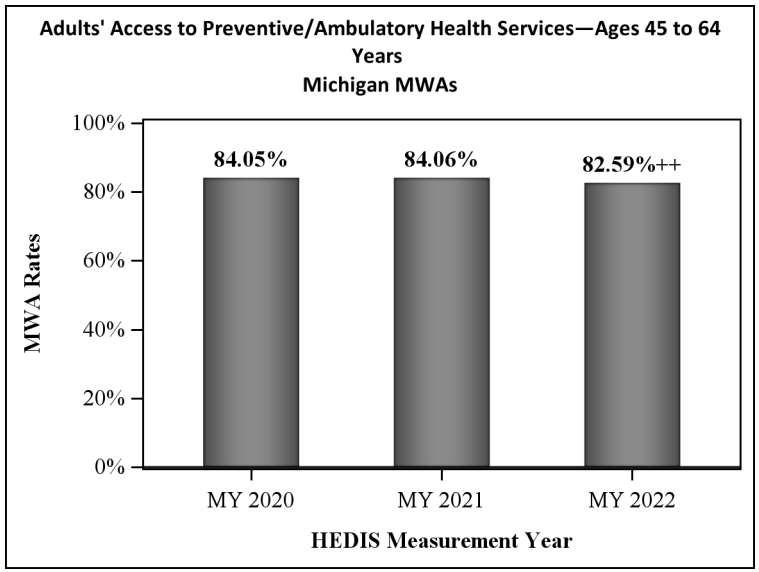
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



Four MHPs 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. Two MHPs fell below the LPL. MHP performance varied by over 13 percentage points.

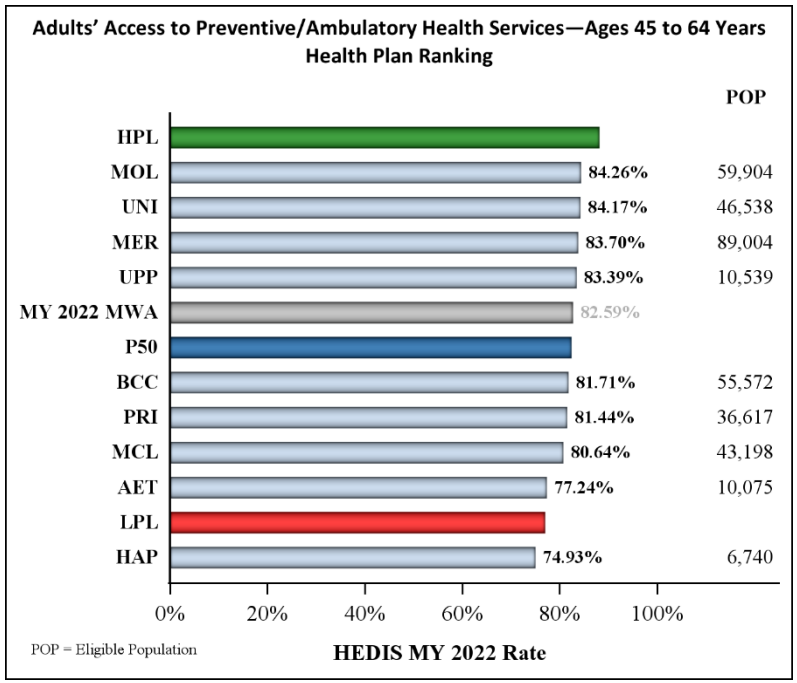
Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years

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.



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

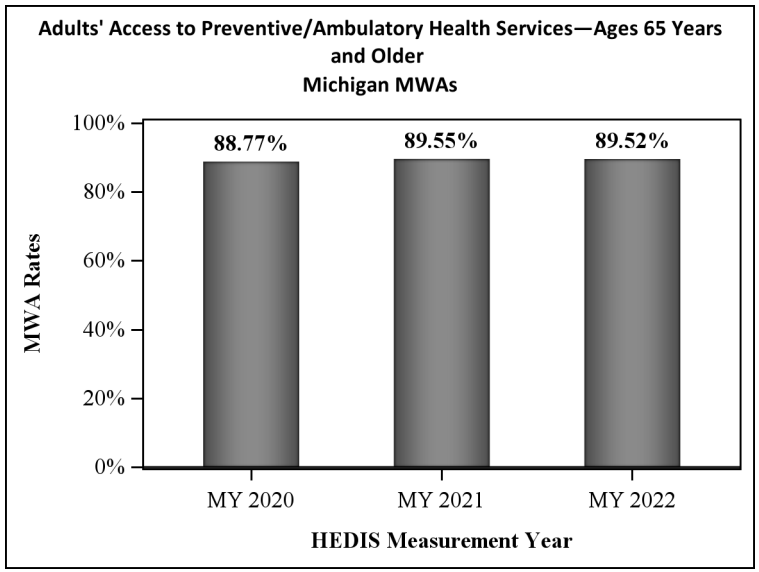
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



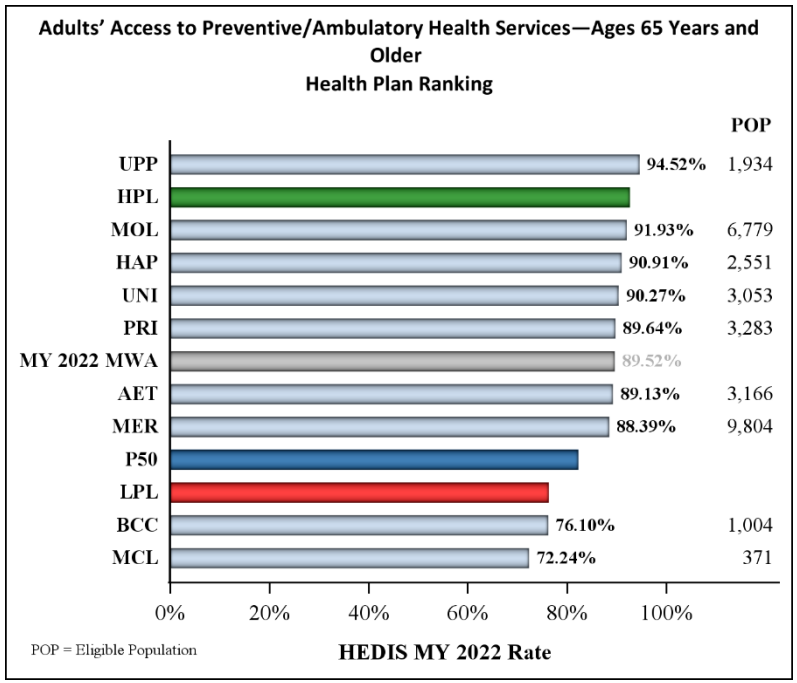
Four MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Four MHPs ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 9 percentage points.

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.



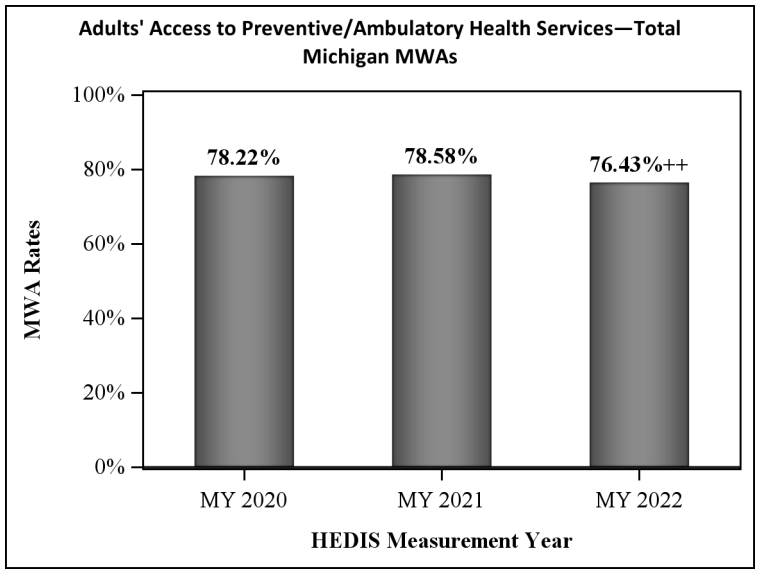
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



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.

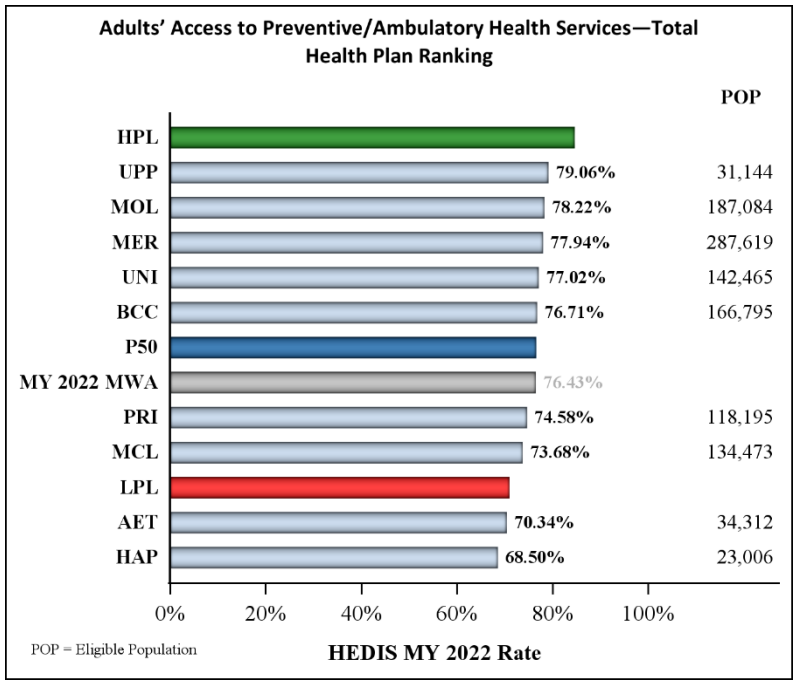
Adults' Access to Preventive/Ambulatory Health Services—Total

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

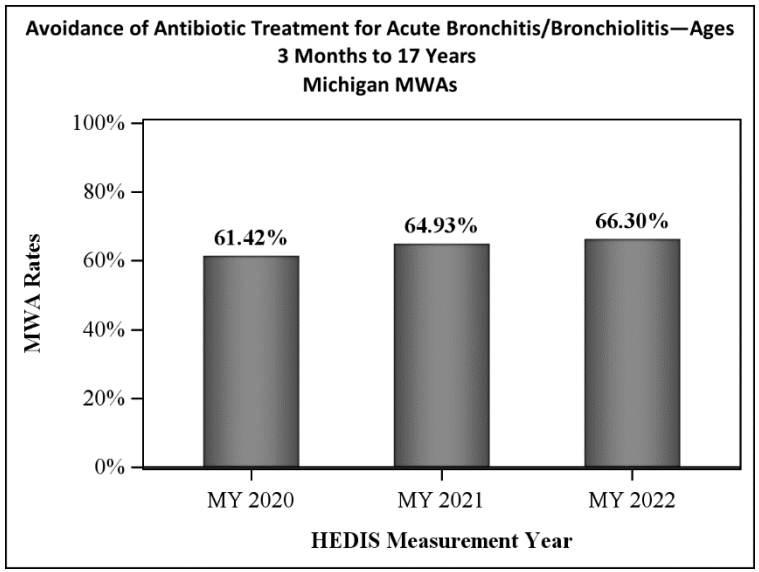
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



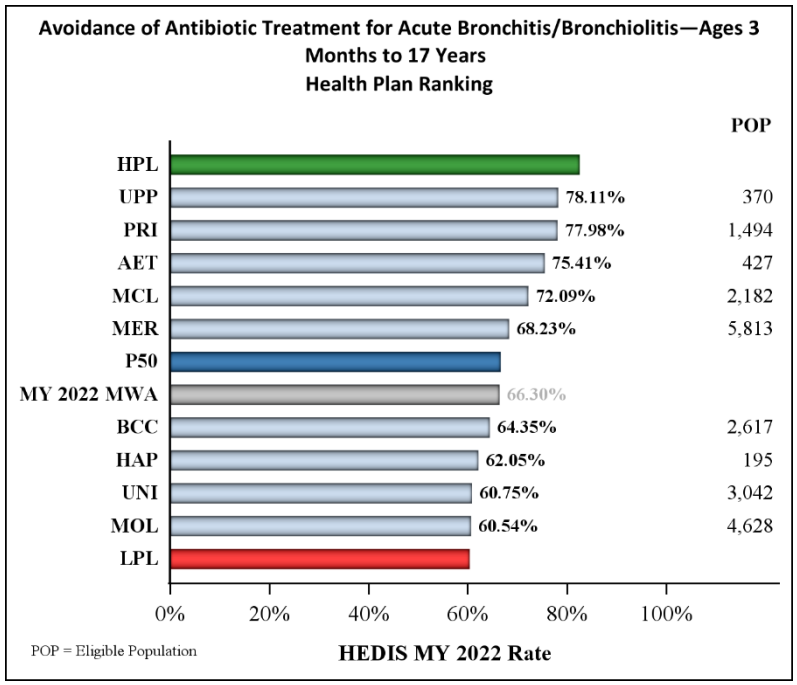
Five MHPs ranked above the 50th percentile but fell below the HPL. Two MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

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/bronchiolitis that did not result in an antibiotic dispensing event.



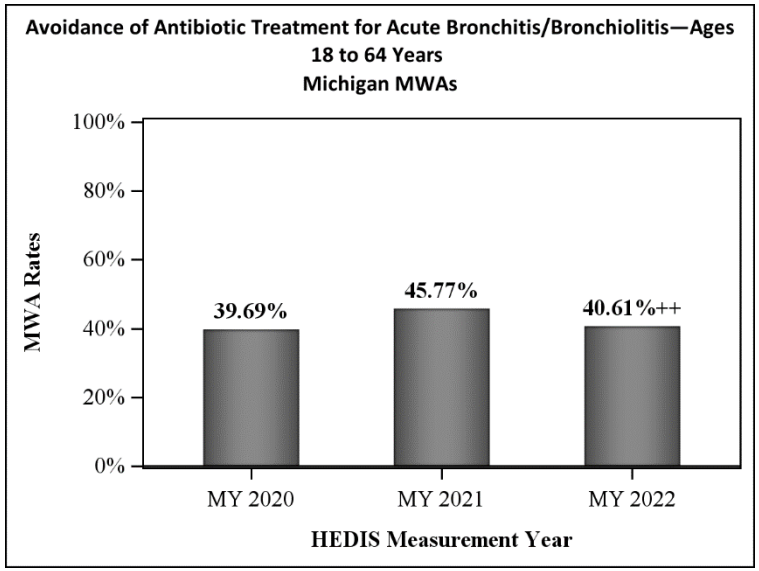
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



Five 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. MHP performance varied by over 17 percentage points.

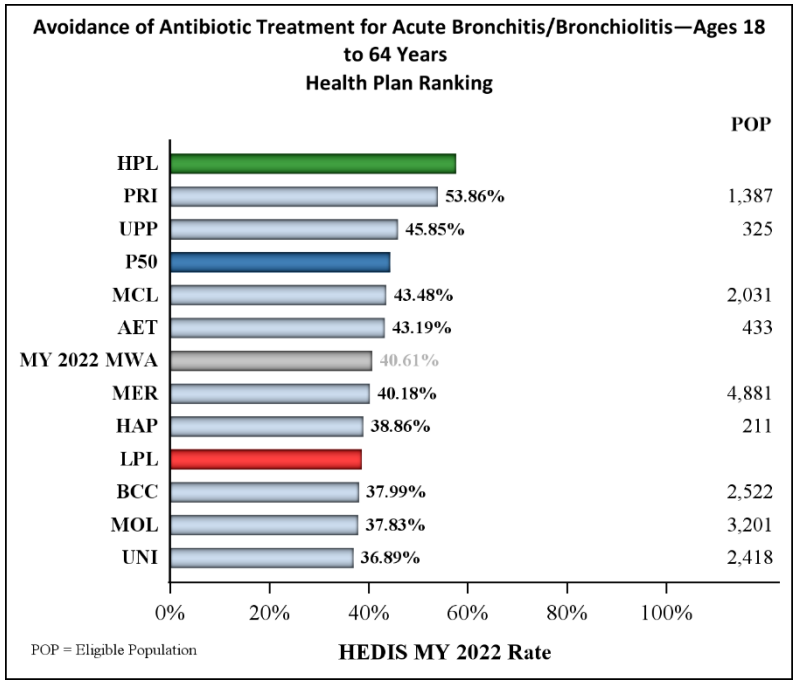
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years

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/bronchiolitis that did not result in an antibiotic dispensing event.



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

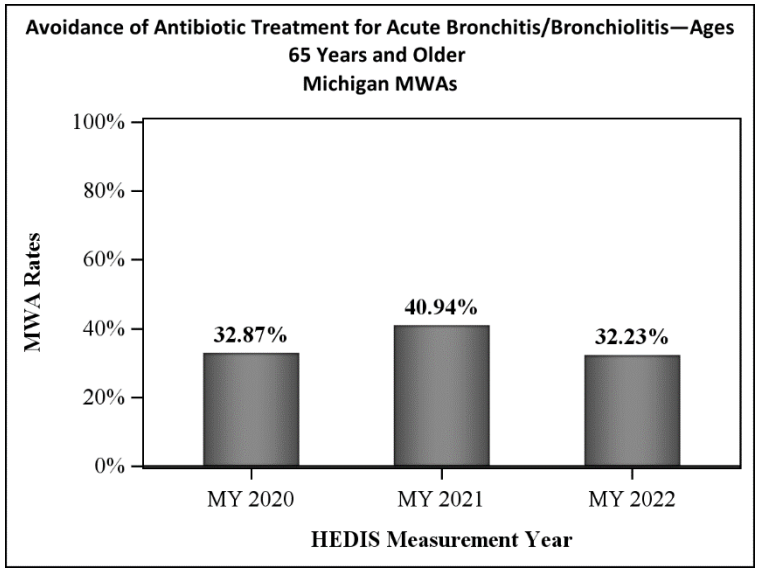
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



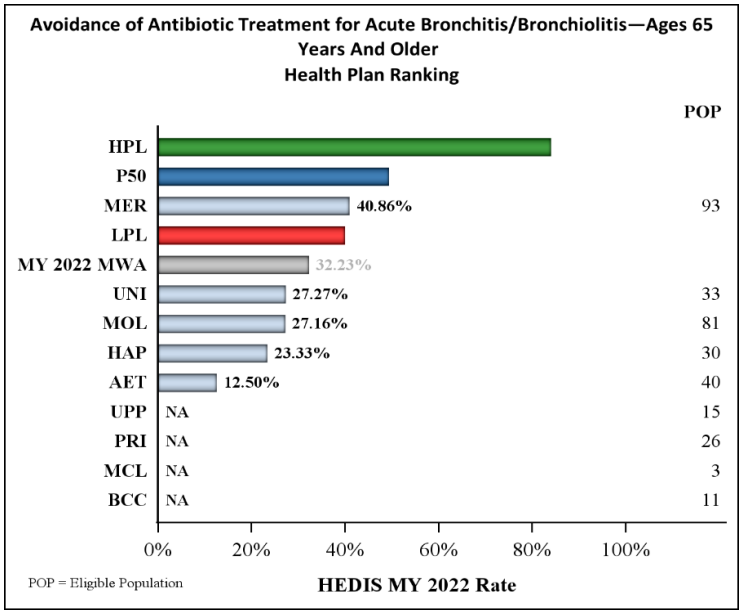
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Three MHPs fell below the LPL. MHP performance varied by over 16 percentage points.

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/bronchiolitis that did not result in an antibiotic dispensing event.



The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.

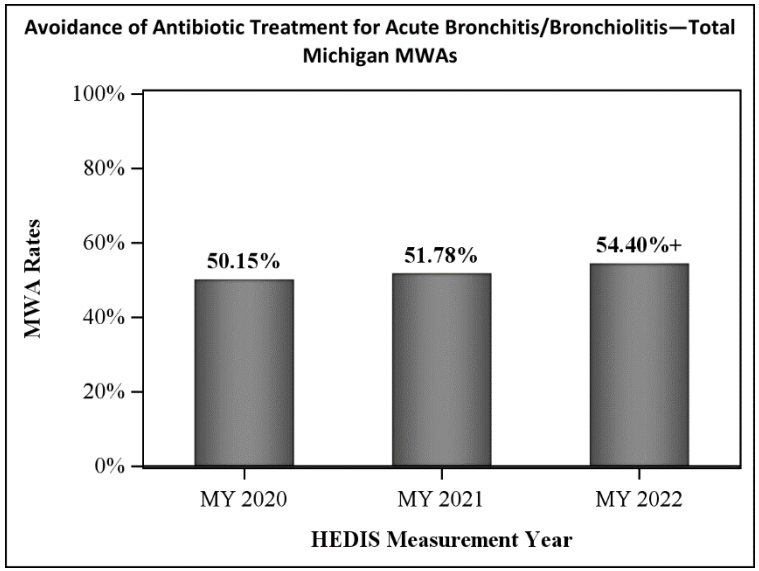


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

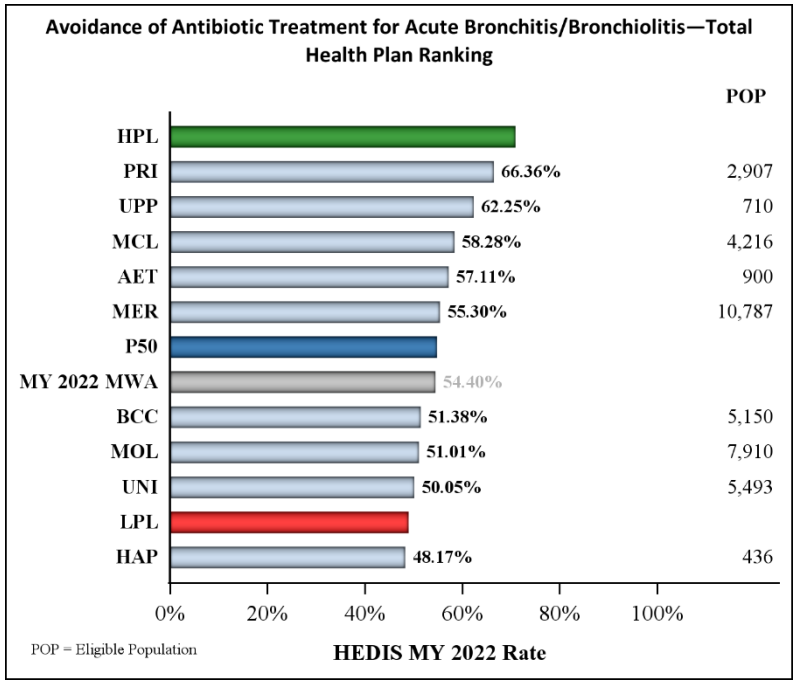
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Total

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/bronchiolitis that did not result in an antibiotic dispensing event.



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

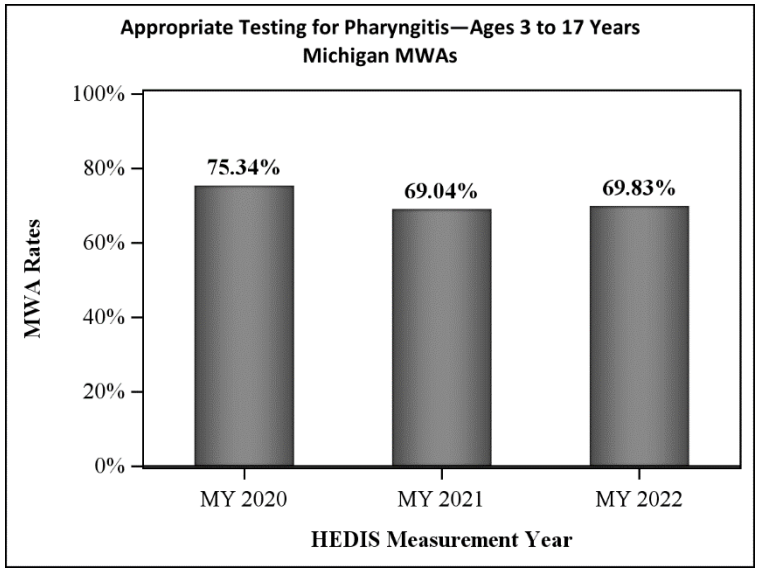
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



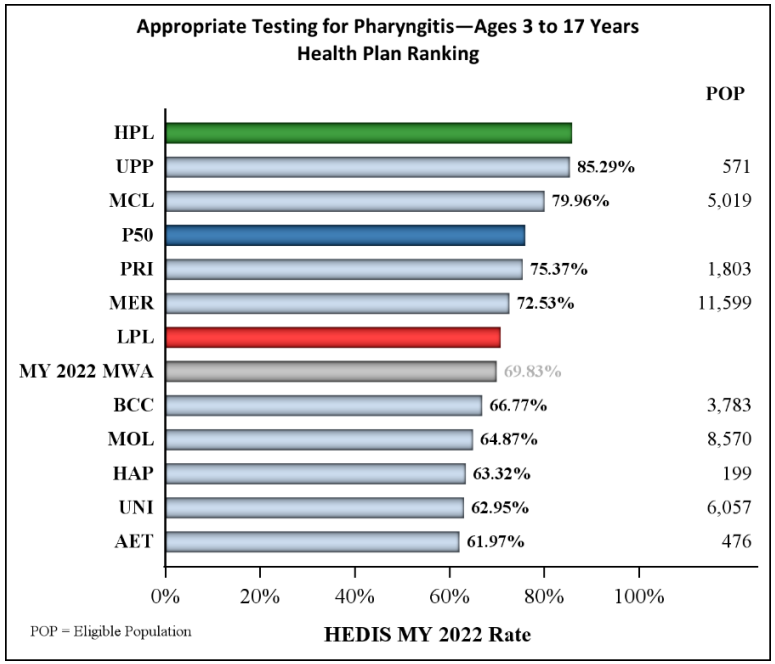
Five MHPs ranked above the 50th percentile but fell below the HPL. Three MHPs and the MWA ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 18 percentage points.

Appropriate Testing for Pharyngitis—Ages 3 to 17 Years

Appropriate Testing for Pharyngitis—Ages 3 to 17 Years assesses the percentage of episodes for members 3 to 17 years where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*



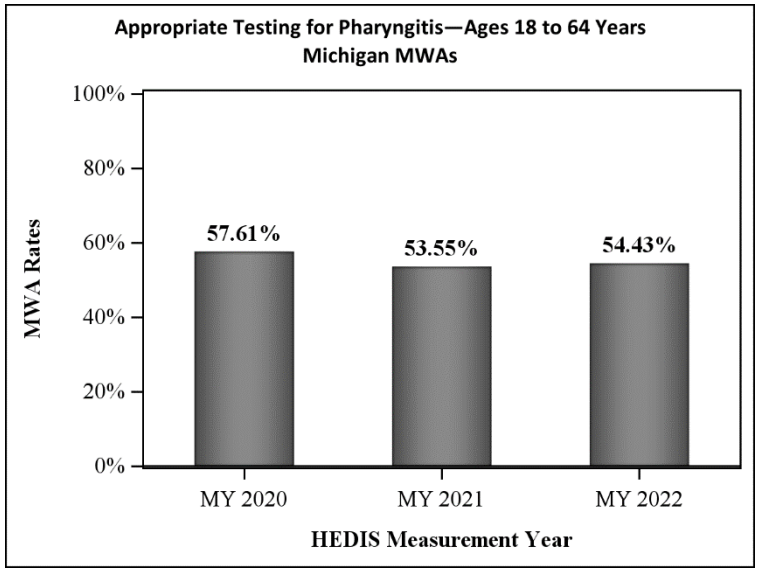
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021 MWA.



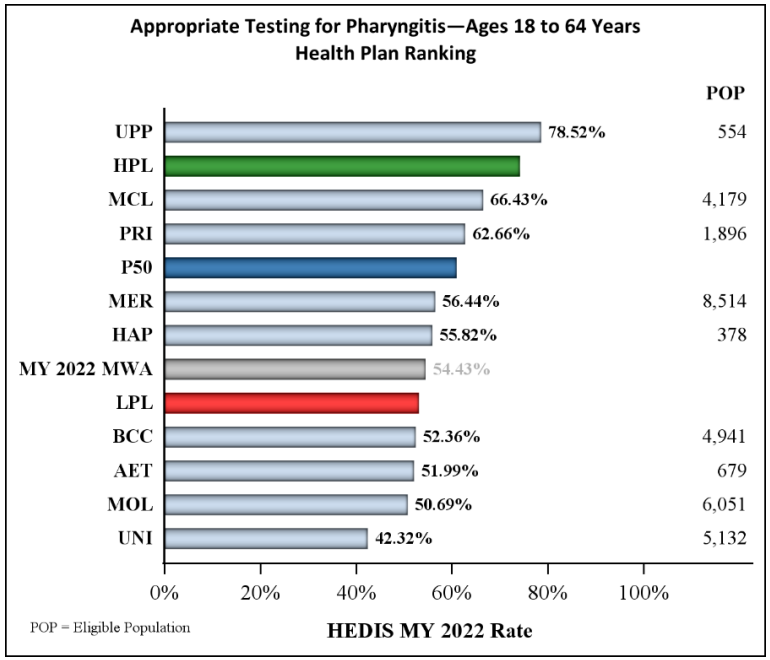
Two MHPs ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. Five MHPs and the MWA fell below the LPL. MHP performance varied by over 23 percentage points.

Appropriate Testing for Pharyngitis—Ages 18 to 64 Years

Appropriate Testing for Pharyngitis—Ages 18 to 64 Years assesses the percentage of episodes for members 18 to 64 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A strep test for the episode. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*



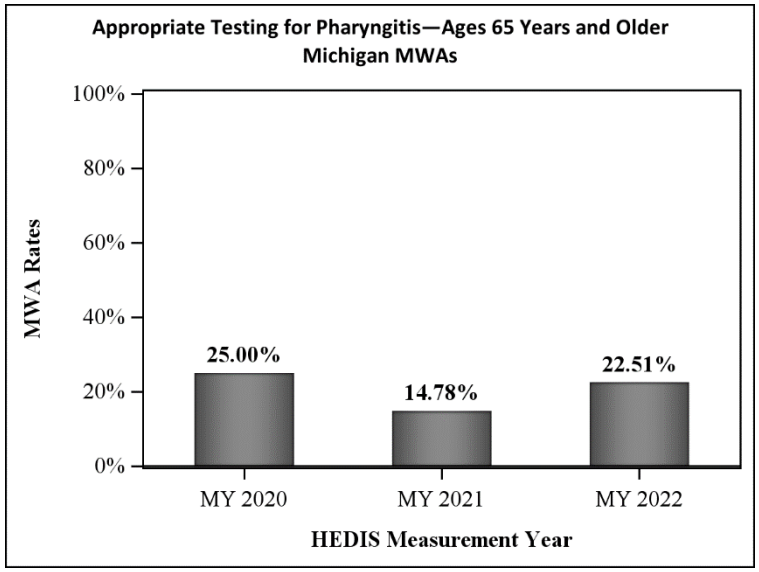
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021 MWA.



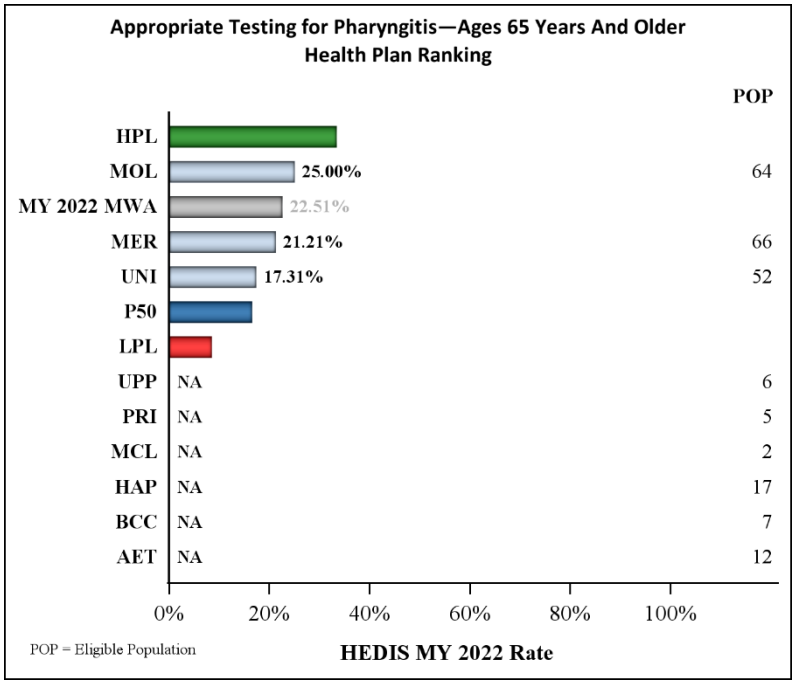
One MHP ranked above the HPL. Two MHPs ranked above the 50th percentile but fell below the HPL. Two MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Four MHPs fell below the LPL. MHP performance varied by over 36 percentage points.

Appropriate Testing for Pharyngitis—Ages 65 Years and Older

Appropriate Testing for Pharyngitis—Ages 65 Years and Older assesses the percentage of episodes for members 65 years of age and older who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A strep test for the episode. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*



The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021 MWA.

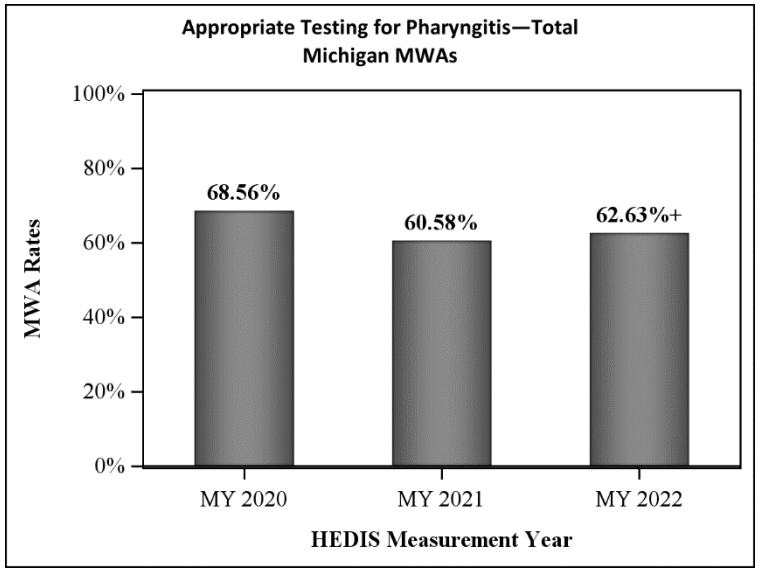


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Three MHPs and the MWA ranked above the 50th percentile but fell below the HPL. MHP performance varied by over 7 percentage points.

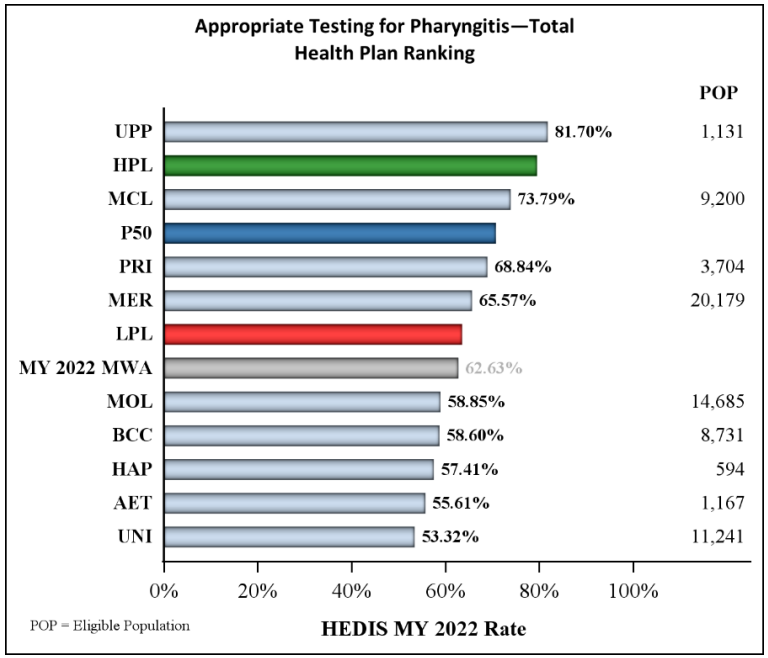
Appropriate Testing for Pharyngitis—Total

Appropriate Testing for Pharyngitis—Total assesses the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A strep test for the episode. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*



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

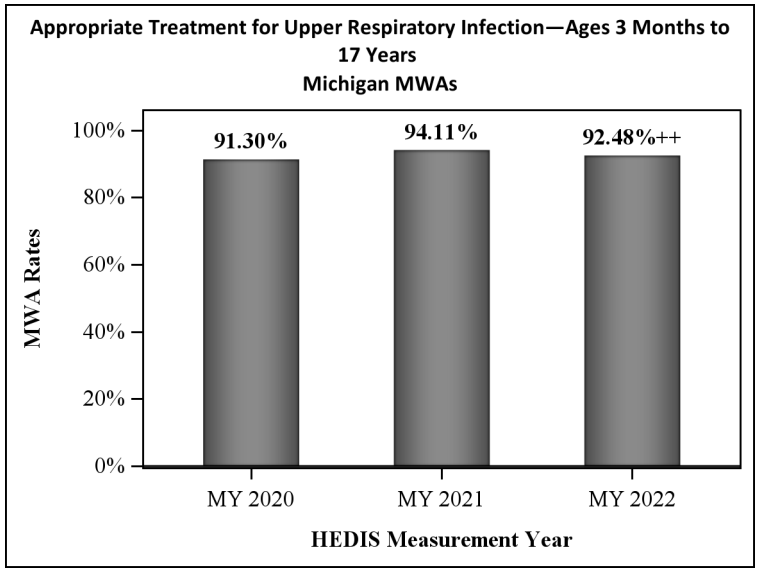
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



One MHP ranked above the HPL. One MHP ranked above the 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 28 percentage points.

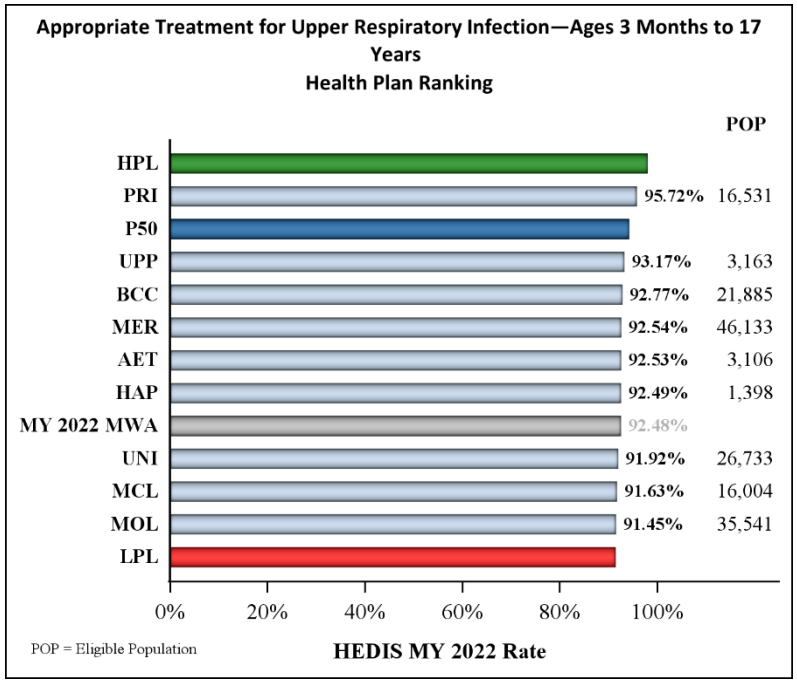
Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years

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 (URI) that did not result in an antibiotic dispensing event.



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

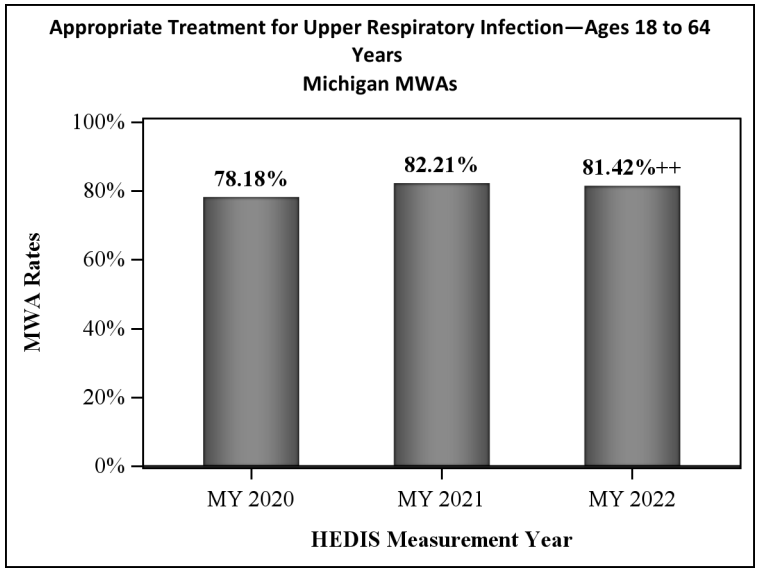
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs and the MWA ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 4 percentage points.

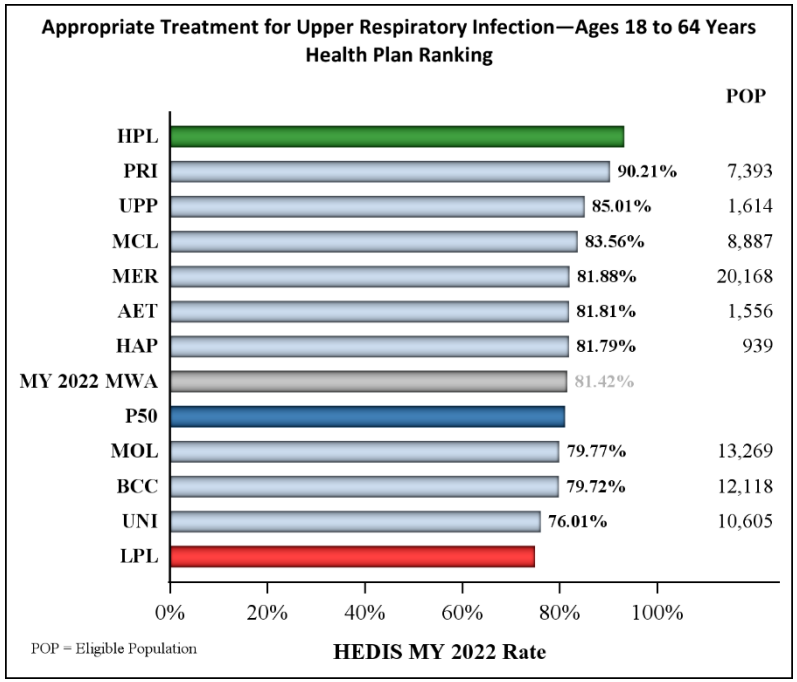
Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years

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 URI that did not result in an antibiotic dispensing event.



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

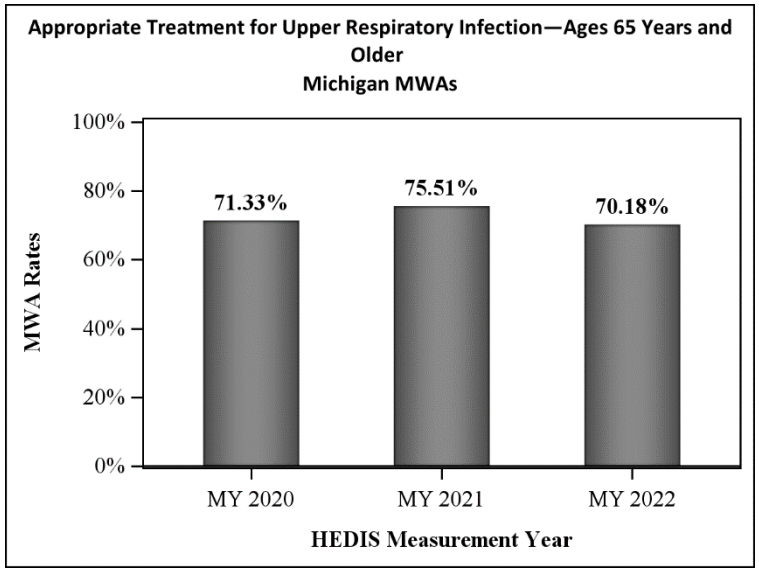
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



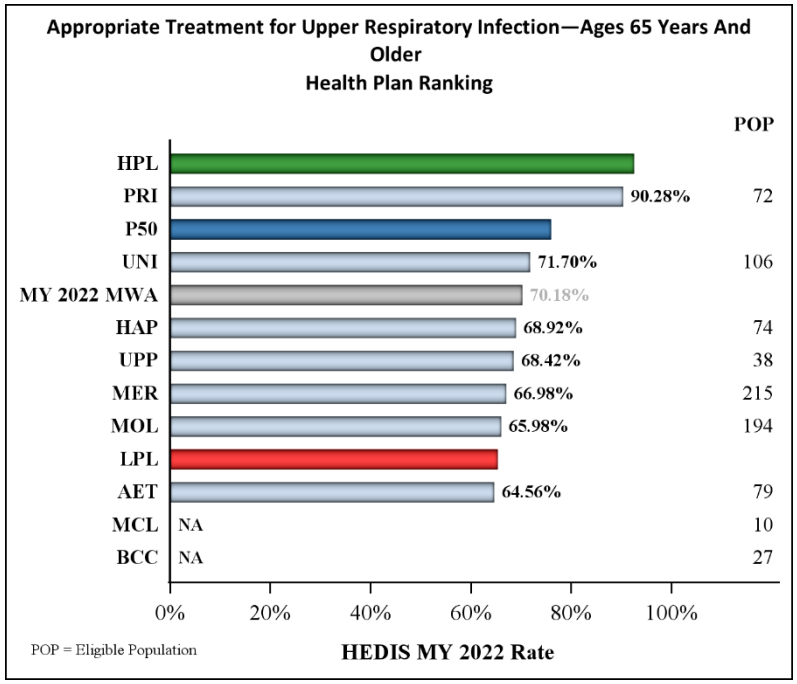
Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Three MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 14 percentage points.

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 URI that did not result in an antibiotic dispensing event.



The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021 MWA.

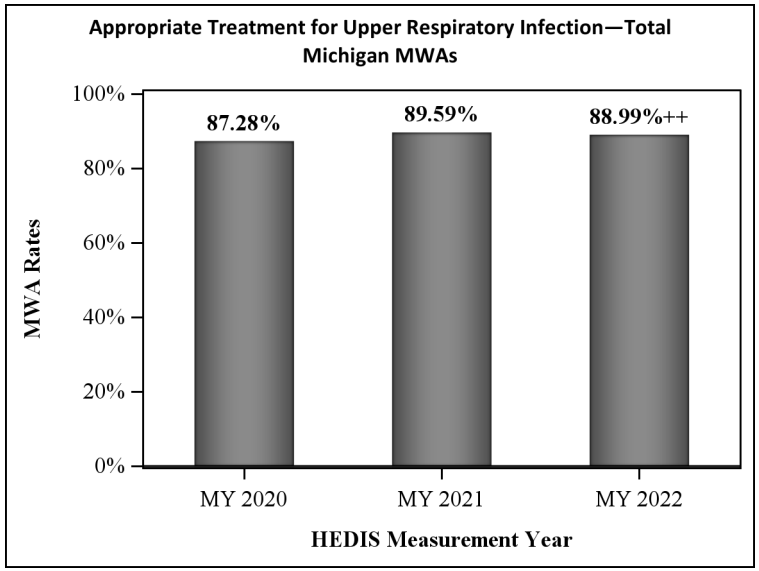


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

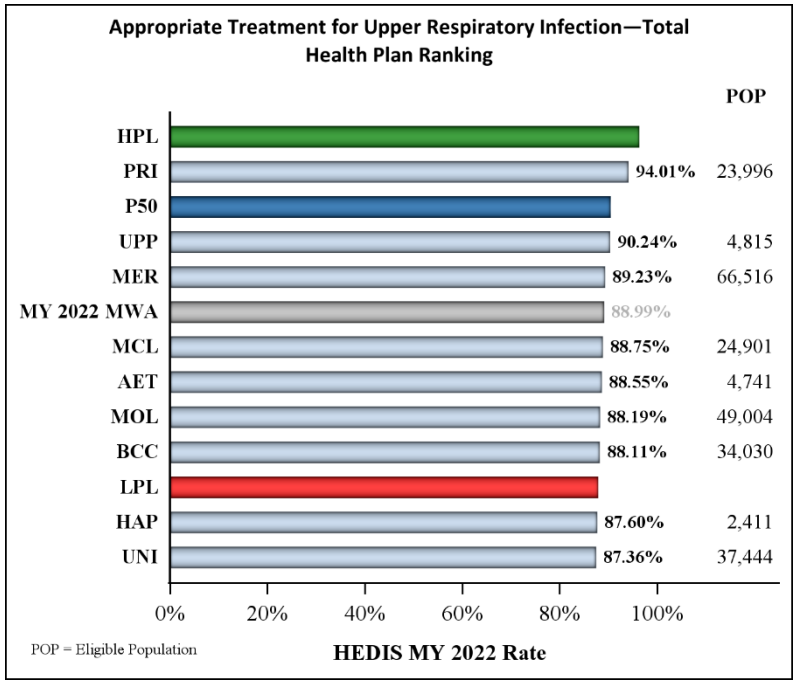
Appropriate Treatment for Upper Respiratory Infection—Total

Appropriate Treatment for Upper Respiratory Infection—Total assesses the percentage of episodes for members 3 months of age and older with a diagnosis of URI that did not result in an antibiotic dispensing event.



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

The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



One MHP ranked above the 50th percentile but fell below the HPL. Six 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 6 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—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 2022 MWA rates and performance levels, a comparison of the HEDIS MY 2021 MWA to the HEDIS MY 2022 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2021 MWA to HEDIS MY 2022 MWA.

Table 6-1—HEDIS MY 2022 MWA Performance Levels and Trend Results for Obesity

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	80.54%	**+3.67⁺**	1	0
Counseling for Nutrition—Total	70.88%	**+0.76⁺**	0	0
Counseling for Physical Activity—Total	69.40%	**+0.50⁺**	0	0

[1] HEDIS MY 2022 performance levels were based on comparisons of the HEDIS MY 2022 MWA rates to national Medicaid Quality Compass HEDIS MY 2021 MWA benchmarks. HEDIS MY 2022 performance levels represent the following percentile comparisons:

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

[2] HEDIS MY 2021 MWA to HEDIS MY 2022 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

Green Shading⁺ *Indicates that the HEDIS MY 2022 MWA demonstrated a significant improvement from the HEDIS MY 2021 MWA.*

Red Shading⁺⁺ *Indicates that the HEDIS MY 2022 MWA demonstrated a significant decline from the HEDIS MY 2021 MWA.*

Table 6-1 shows that for the Obesity domain, the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* and *Counseling for Physical Activity—Total* measure indicators were an area of strength. Both measure indicators ranked at or above the 50th percentile and demonstrated significant improvement from the HEDIS MY 2021 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 and Upper Peninsula ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* measure indicator.

While the MY 2022 MWA for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* measure indicator significantly increased from the MY 2021 MWA, it ranked below the 50th percentile, demonstrating an area for further improvement. Additionally, McLaren fell below the LPL for all three *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators.

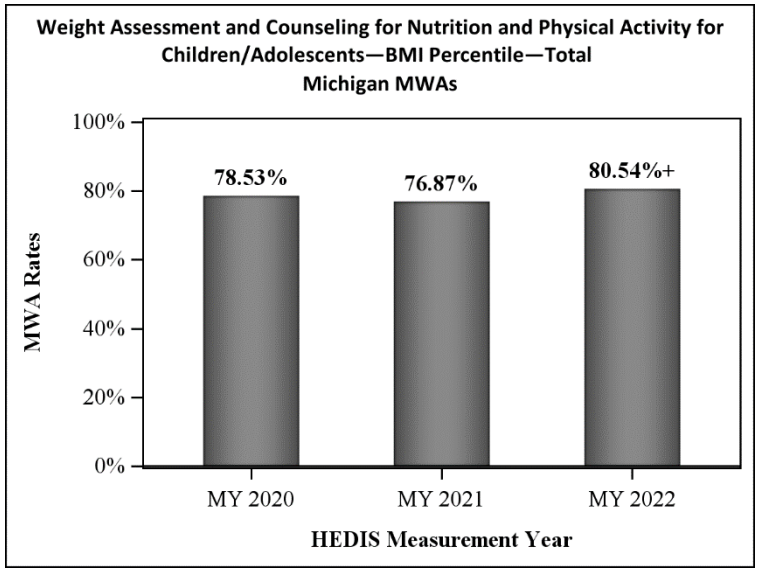
MDHHS should continue to monitor the MHPs' performance for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* measure indicator and work with the MHPs and providers to strategize the best way to utilize every office visit 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.[6-1]

[6-1] 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 1, 2023.

Measure-Specific Findings

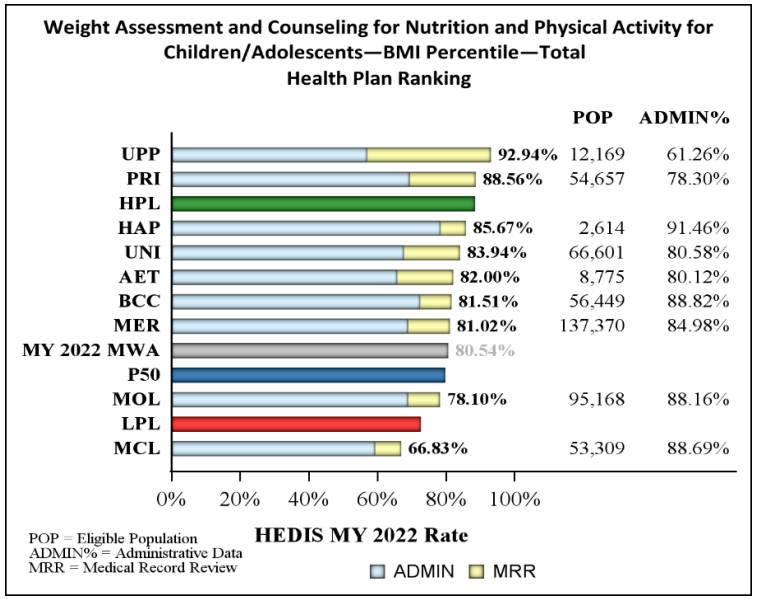
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

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

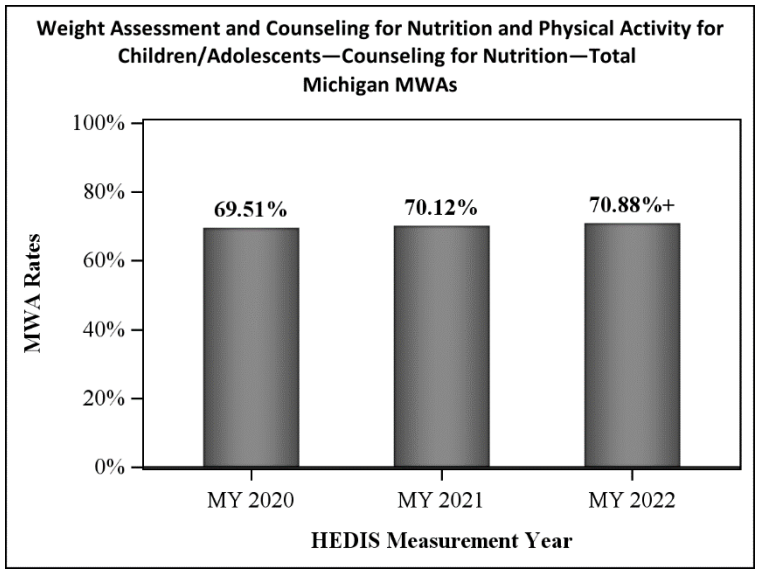
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



Two 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. One MHP fell below the LPL. MHP performance varied by over 26 percentage points.

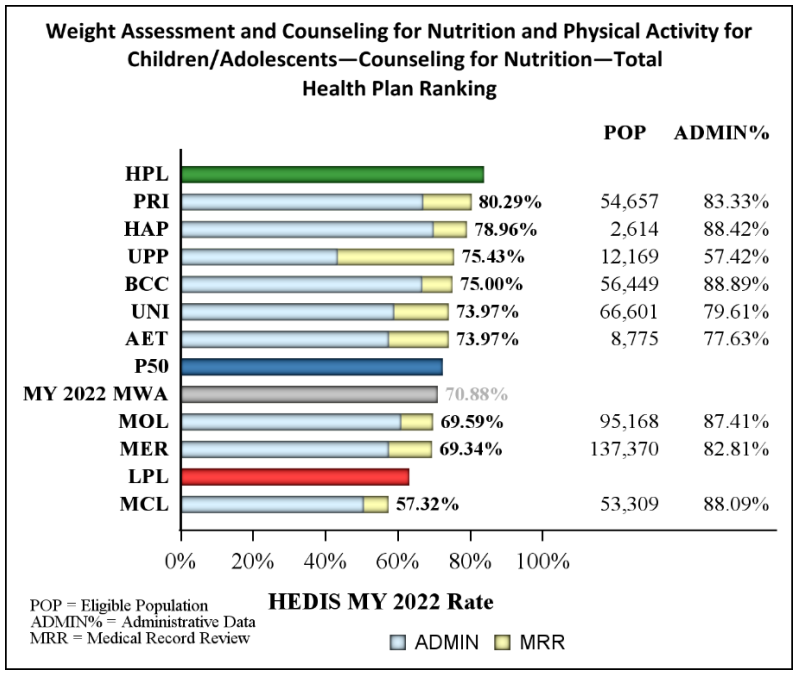
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

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.

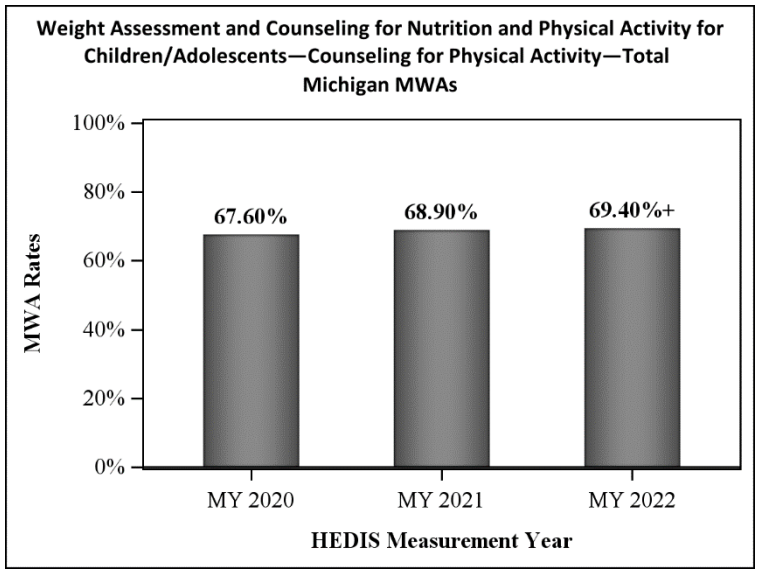
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



Six 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. One MHP fell below the LPL. MHP performance varied by over 22 percentage points.

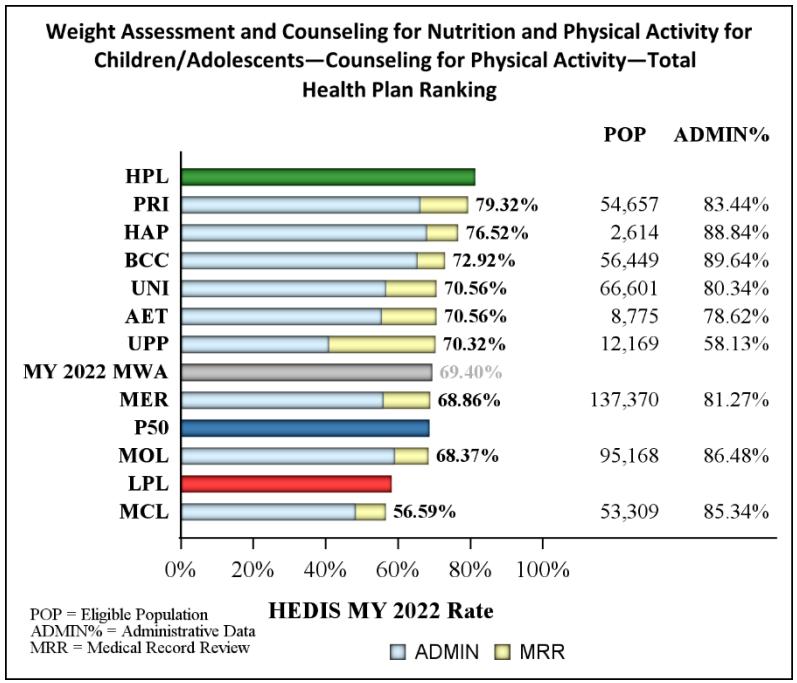
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

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 2022 MWA rate significantly improved from HEDIS MY 2021.



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 22 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 2022 MWA Performance Levels and Trend Results for Pregnancy Care

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Prenatal and Postpartum Care				
Timeliness of Prenatal Care [3]	78.45%	**-1.00**++	0	0
Postpartum Care	75.33%	**+1.97**+	1	0

[1] *HEDIS MY 2022 performance levels were based on comparisons of the HEDIS MY 2022 MWA rates to national Medicaid Quality Compass HEDIS MY 2021 MWA benchmarks. HEDIS MY 2022 performance levels represent the following percentile comparisons:*

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

[2] *HEDIS MY 2021 MWA to HEDIS MY 2022 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

[3] *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*

Green Shading+ *Indicates that the HEDIS MY 2022 MWA demonstrated a significant improvement from the HEDIS MY 2021 MWA.*

Red Shading++ *Indicates that the HEDIS MY 2022 MWA demonstrated a significant decline from the HEDIS MY 2021 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 2021 MWA. Additionally, Upper Peninsula, Blue Cross, and Priority ranked above the 50th percentile for at least one of the measure indicators within the Pregnancy Care domain, with Upper Peninsula ranking above the HPL for both *Timeliness of Prenatal Care* and *Postpartum Care* measure indicators.

Molina, Priority, UnitedHealthcare, HAP, Meridian, McLaren, and Aetna all fell below the LPL for *Prenatal and Postpartum Care—Timeliness of Prenatal Care*; and Molina, HAP, and Aetna all fell below the LPL for *Prenatal and Postpartum Care—Postpartum Care*.

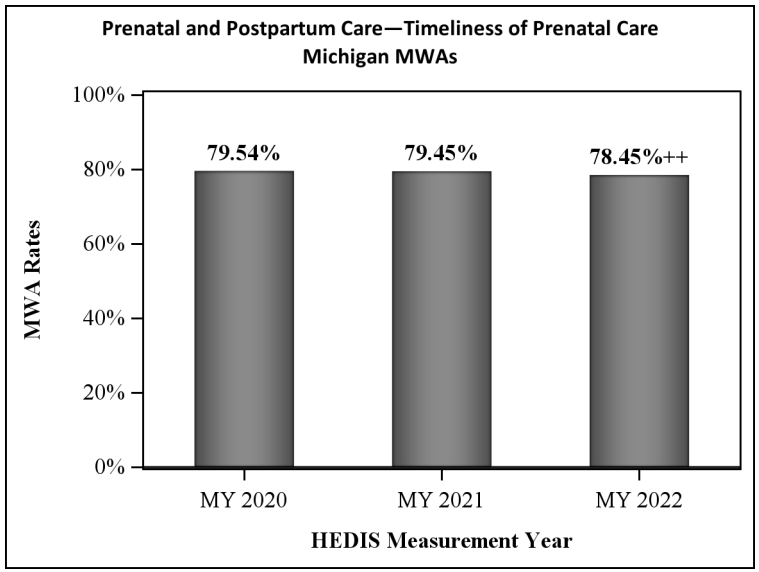
Timely and adequate prenatal and postpartum care can set the stage for long-term health and well-being of new mothers and their infants.[7-1] MDHHS should continue monitoring the MHPs' performance in the Pregnancy Care domain and assess the need for or evaluation of current prenatal and postpartum care coordination programs for lower-performing MHPs. Effective care coordination efforts or programs could potentially assist with scheduling prenatal and postpartum appointments, arranging transportation, and educating members on the importance of keeping appointments. MDHHS is also 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.

[7-1] National Committee for Quality Assurance. Prenatal and Postpartum Care. Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Sept 1, 2023.

Measure-Specific Findings

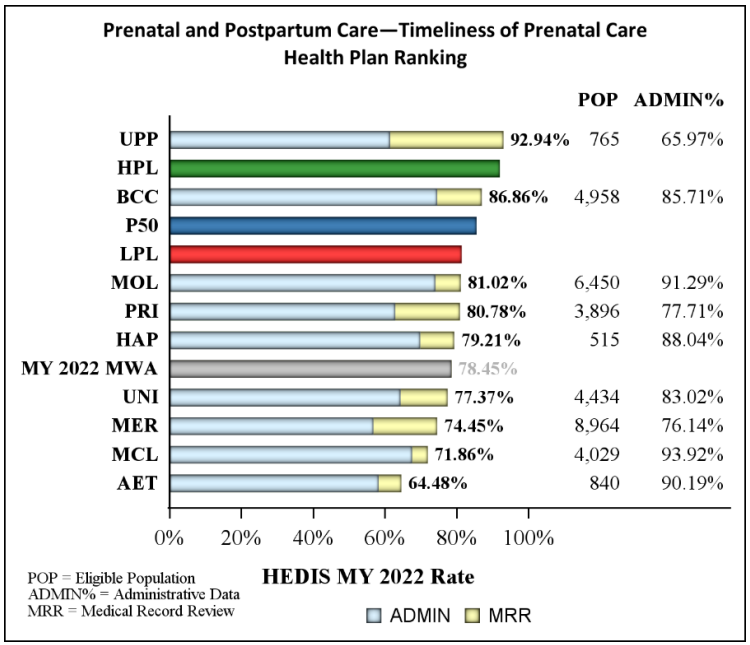
Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care assesses the percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the MHP. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*



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

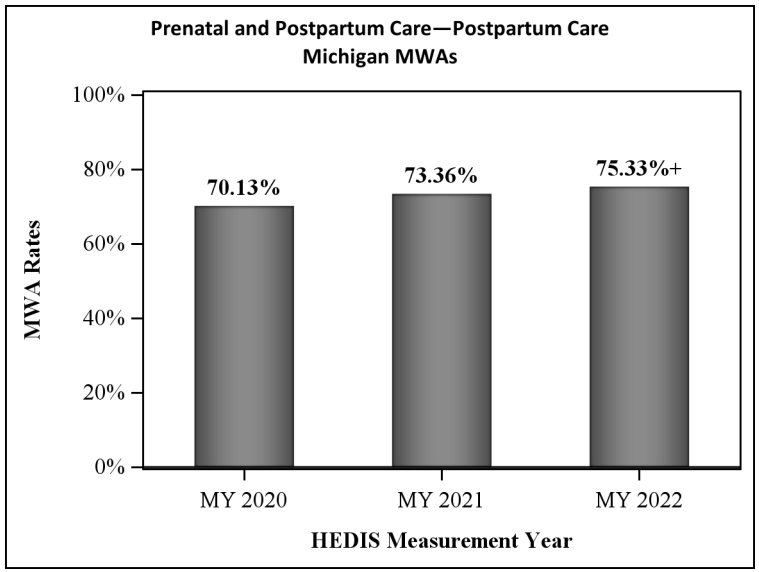
The HEDIS MY 2022 MWA rate significantly declined from HEDIS MY 2021.



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

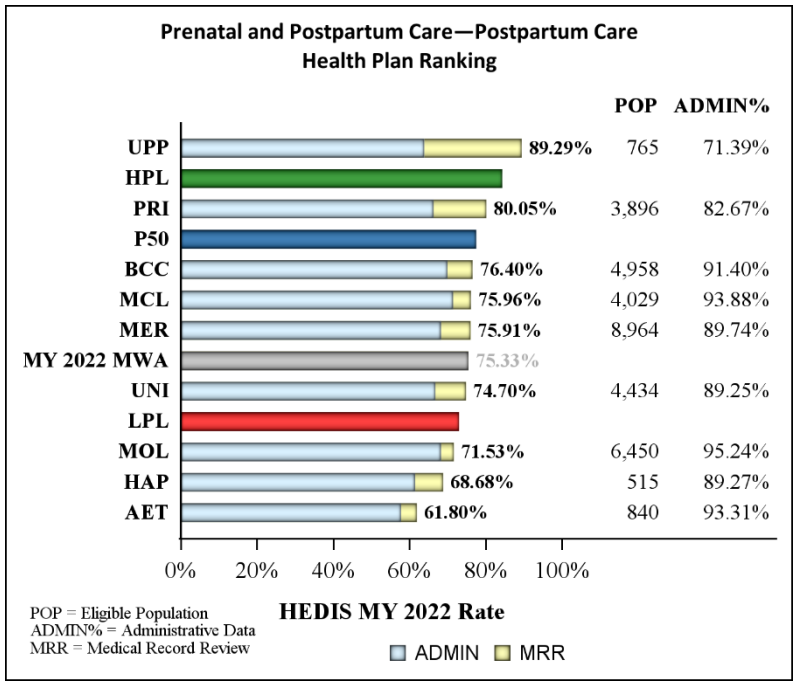
Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care assesses the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.



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

The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



One MHP ranked above the HPL. One MHP 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. Three MHPs fell below the LPL. MHP performance varied by over 27 percentage points.

8. Living With Illness

Introduction

The Living With Illness domain encompasses the following HEDIS measures:

- *Hemoglobin A1c Control for Patients With Diabetes—Hemoglobin A1c (HbA1c) Poor Control (>9.0%)* and *HbA1c Control (<8.0%)*
- *Blood Pressure Control for Patients With Diabetes*
- *Eye Exam for Patients with Diabetes*
- *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*
- *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 2022 MWA rates and performance levels, a comparison of the HEDIS MY 2021 MWA to the HEDIS MY 2022 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2021 MWA to HEDIS MY 2022 MWA.

Table 8-1—HEDIS MY 2022 MWA Performance Levels and Trend Results for Living With Illness

Measure	HEDIS MY 2022 MWA and Performance Level[1]	HEDIS MY 2021 MWA–HEDIS MY 2022 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2022	Number of MHPs With Statistically Significant Decline in HEDIS MY 2022
Hemoglobin A1c Control for Patients With Diabetes				
*Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**	39.01%	**-4.03+**	2	0
HbA1c Control (<8.0%)	53.53%	**+5.27+**	3	0
Eye Exam for Patients With Diabetes				
Eye Exam (Retinal) Performed	54.81%	+0.25	1	1
Blood Pressure Control for Patients With Diabetes				
Blood Pressure Control for Patients With Diabetes	66.93%	**+7.32+**	5	0
Kidney Health Evaluation for Patients With Diabetes				
Ages 18 to 64 Years	35.09%	**+4.47+**	7	0
Ages 65 to 74 Years	36.52%	**+6.60+**	5	1
Ages 75 to 85 Years	34.44%	+4.17	1	0
Total	35.16%	**+4.59+**	8	0
Asthma Medication Ratio				
Total	57.73%	**+1.37+**	3	0
Controlling High Blood Pressure				
Controlling High Blood Pressure	62.07%	**+5.93+**	3	0
Antidepressant Medication Management				
Effective Acute Phase Treatment	70.03%	**+4.35+**	4	1
Effective Continuation Phase Treatment	56.56%	**+7.25+**	4	1
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.45%	+0.50	2	1
Diabetes Monitoring for People With Diabetes and Schizophrenia				
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.84%	+1.17	1	1
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	70.31%	+3.92	0	0
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	64.33%	-1.47	0	1

[1] *HEDIS MY 2022 performance levels were based on comparisons of the HEDIS MY 2021 MWA rates to national Medicaid Quality Compass HEDIS MY 2021 MWA benchmarks. HEDIS MY 2022 performance levels represent the following percentile comparisons:*

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

[2] *HEDIS MY 2021 MWA to HEDIS MY 2022 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

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

Green Shading[+] *Indicates that the HEDIS MY 2022 MWA demonstrated a significant improvement from the HEDIS MY 2021 MWA.*

Red Shading[++] *Indicates that the HEDIS MY 2022 MWA demonstrated a significant decline from the HEDIS MY 2021 MWA.*

Table 8-1 shows that for the Living With Illness domain, the *Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)* and *HbA1c Control (<8.0%)*; *Blood Pressure Control for Patients With Diabetes—Blood Pressure Control (<140/90 mm Hg)*; *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years*, *Ages 65 to 74 Years*, and *Total*; *Controlling High Blood Pressure*; and *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measure indicators were areas of significant strength. Most of these measure indicators ranked at or above the 50th percentile, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measure indicators ranking at or above the 75th and 90th percentiles, respectively. All of these measure indicators also demonstrated significant improvement from the HEDIS MY 2021 MWA. Upper Peninsula, Priority, and UnitedHealthcare ranked above the 50th percentile and the HPL for the most measure indicators within the Living With Illness domain.

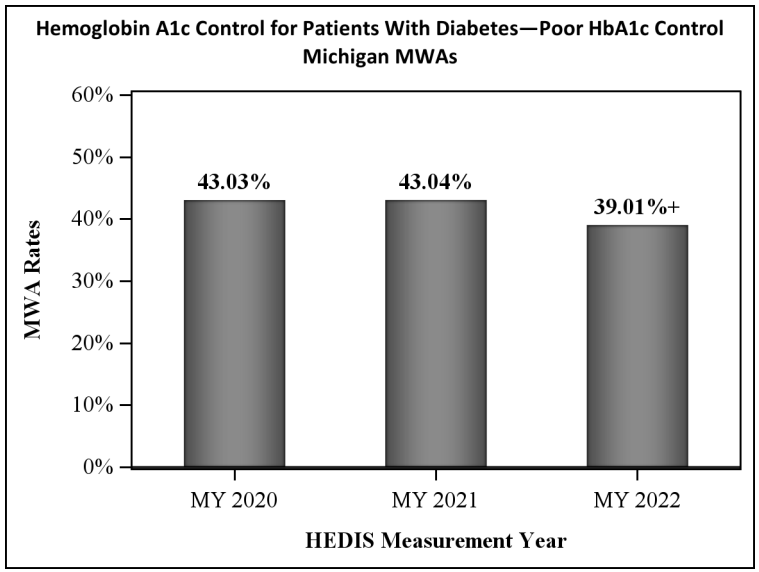
While the HEDIS MY 2022 MWA demonstrated considerable improvement from HEDIS MY 2021 across the Living With Illness domain, the *Asthma Medication Ratio* measure indicator ranked below the 25th percentile, demonstrating an area for improvement. MDHHS is encouraged to continue monitoring MHPs' quality improvement strategies for the Living With Illness domain. MDHHS should work with the MHPs to readily identify interventions and operational process changes that led to increased rates, while supporting and strengthening methods that resulted in improved year- over-year performance. Additionally, the MHPs should focus their efforts on improving performance related to the *Asthma Medication Ratio* measure indicator and health outcomes among people with asthma. The prevalence and cost of asthma has increased over the past decade, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication, as well as the costs associated with emergency room visits, inpatient admissions, and missed days of work or school.[8-1]

[8-1] National Committee for Quality Assurance. Asthma Medication Ratio. Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Sept 1, 2023.

Measure-Specific Findings

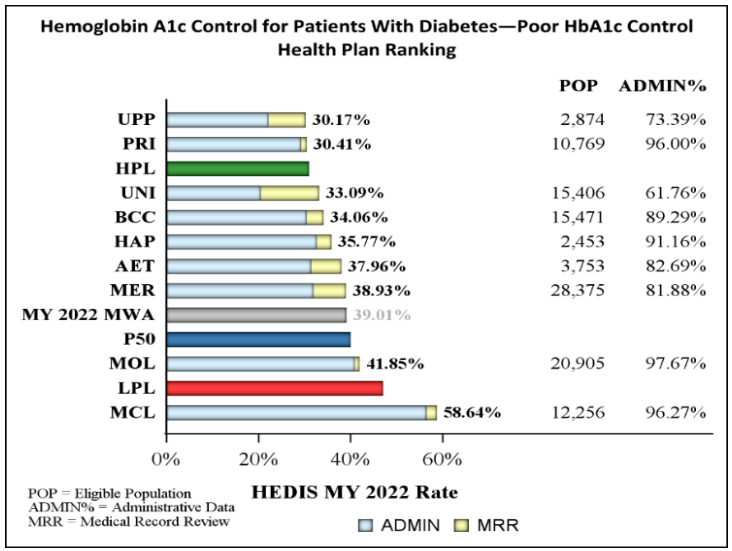
Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)

Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was greater than 9.0 percent. *For this measure, a lower rate indicates better performance.*



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

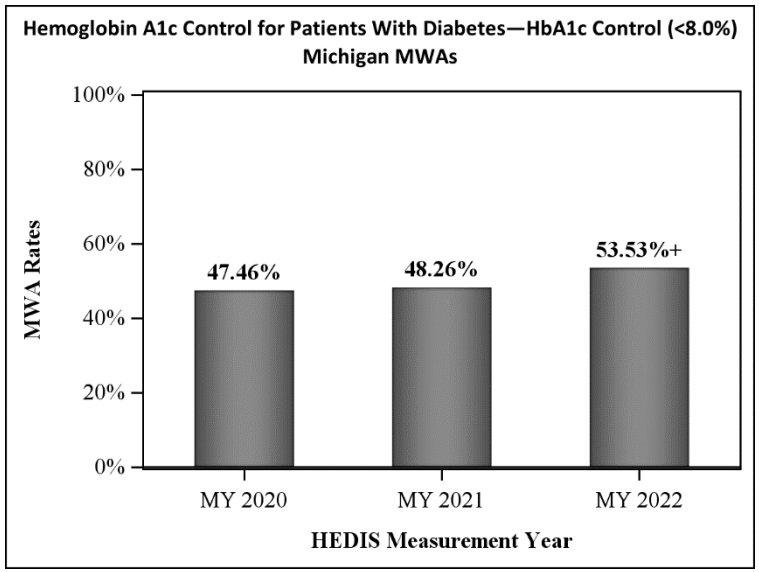
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



Two 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. One MHP fell below the LPL. MHP performance varied by over 28 percentage points.

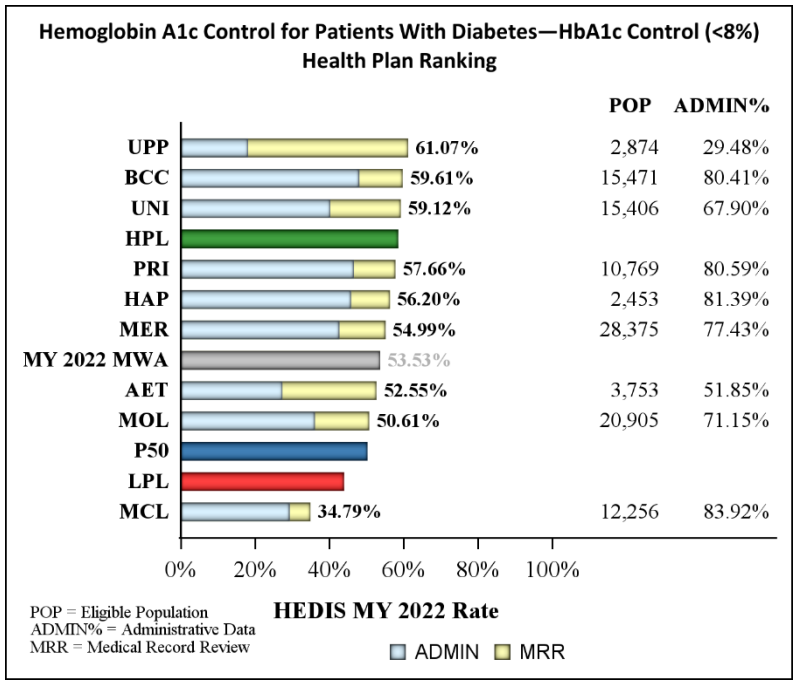
Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8.0%)

Hemoglobin A1c Control for Patients With Diabetes—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.

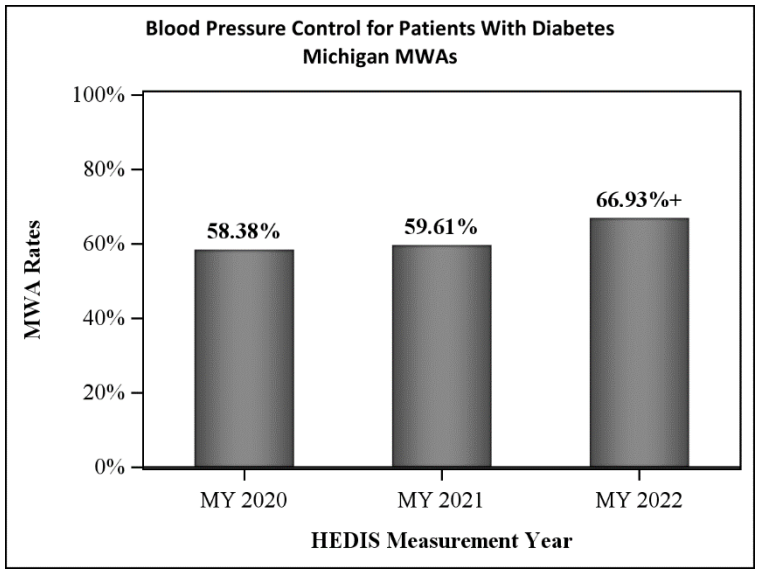
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



Three MHPs ranked above the HPL. Five 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 26 percentage points.

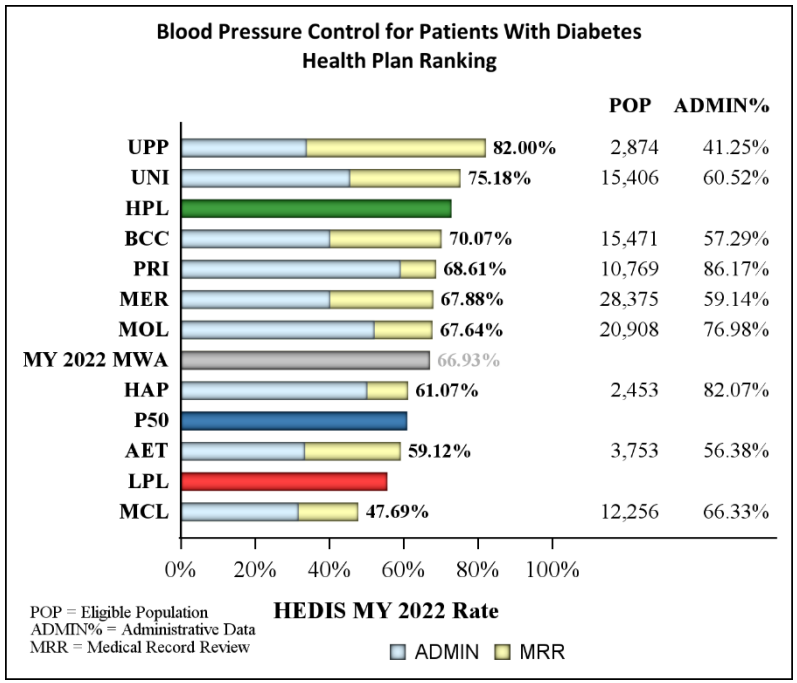
Blood Pressure Control for Patients With Diabetes

Blood Pressure Control for Patients With Diabetes assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (140/90 mm Hg) during the measurement year.



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

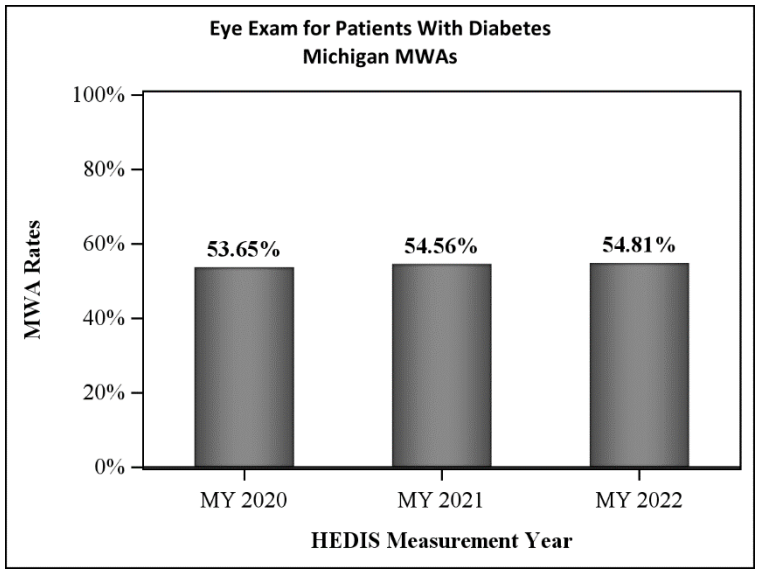
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



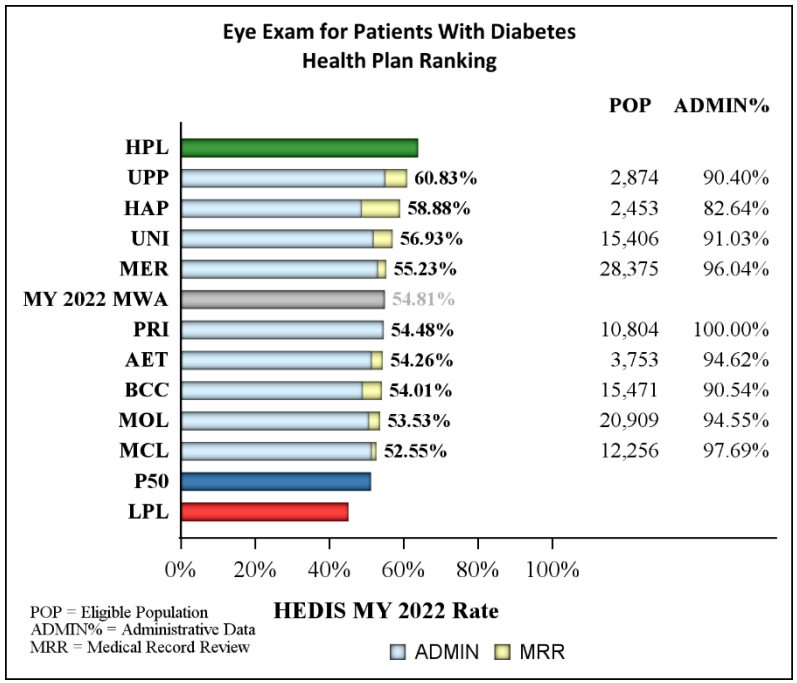
Two MHPs ranked above the HPL. Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 34 percentage points.

Eye Exam for Patients With Diabetes

Eye Exam for Patients With Diabetes assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.



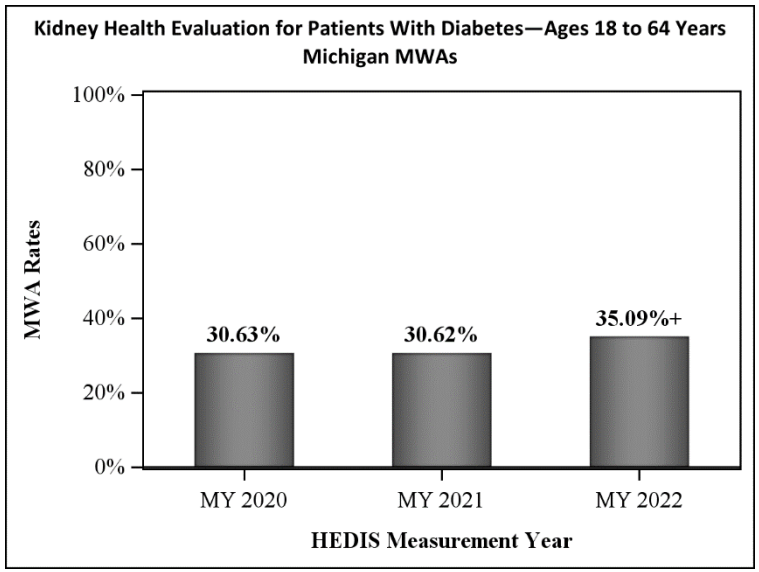
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



Nine MHPs and the MWA ranked above the 50th percentile but fell below the HPL. MHP performance varied by over 8 percentage points.

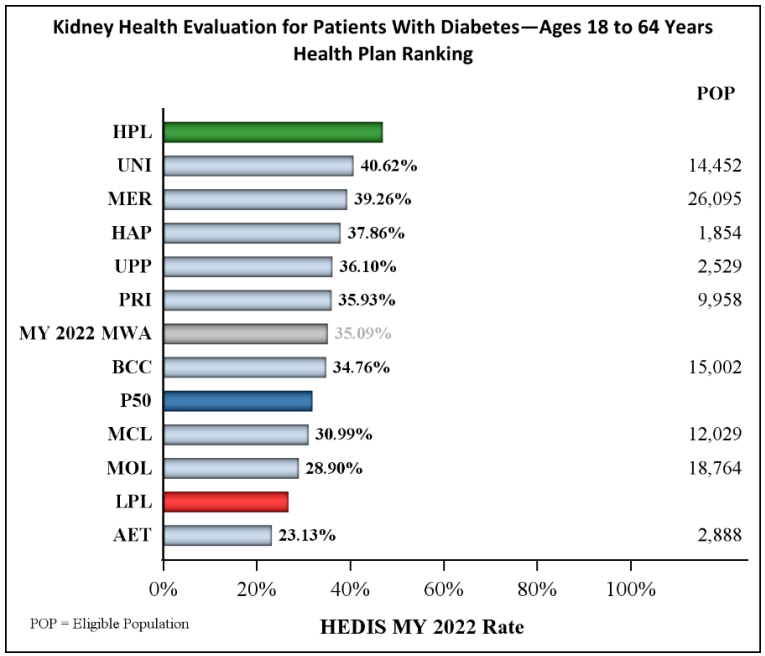
Kidney Health Evaluation for People With Diabetes—Ages 18 to 64 Years

Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years 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.



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

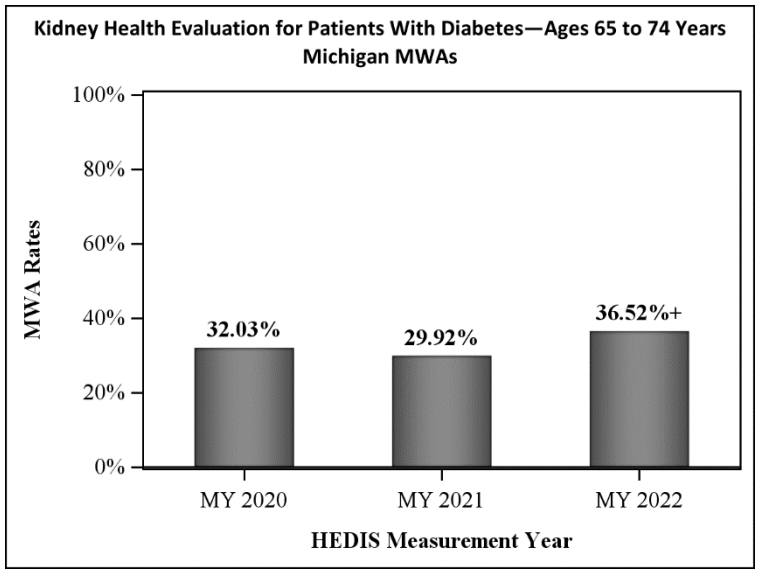
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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.

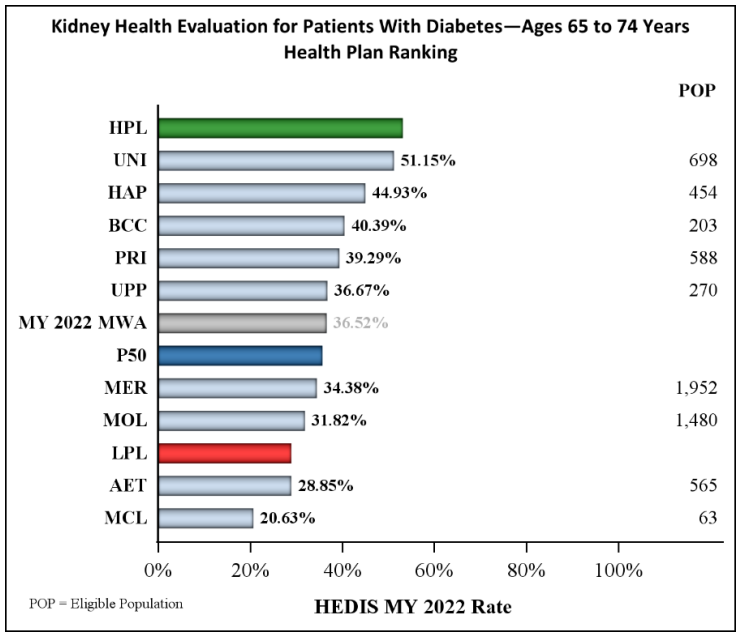
Kidney Health Evaluation for People With Diabetes—Ages 65 to 74 Years

Kidney Health Evaluation for Patients With Diabetes—Ages 65 to 74 Years 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.



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

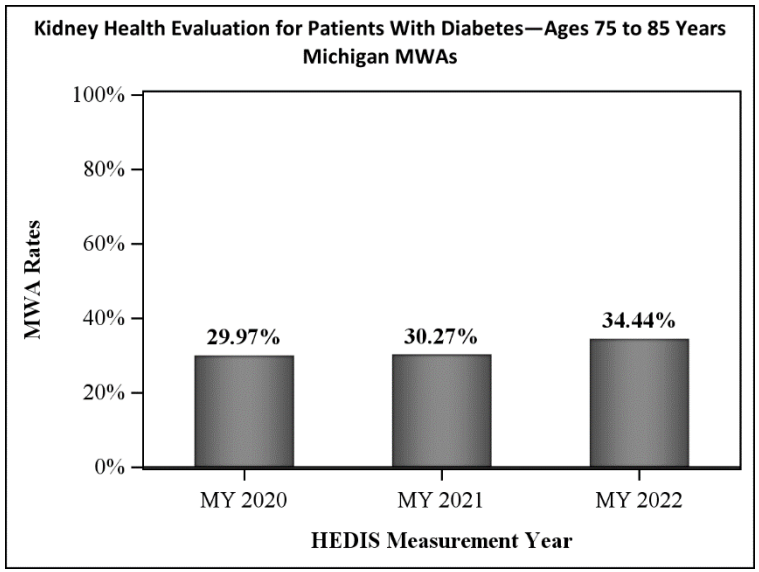
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



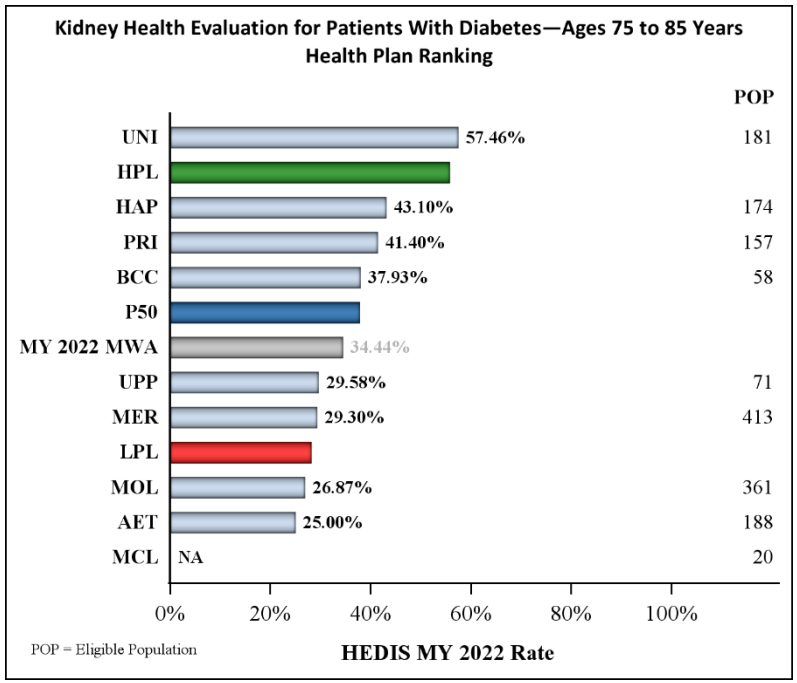
Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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

Kidney Health Evaluation for Patients With Diabetes—Ages 75 to 85 Years 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 eGFR and an uACR, during the MY.



The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.

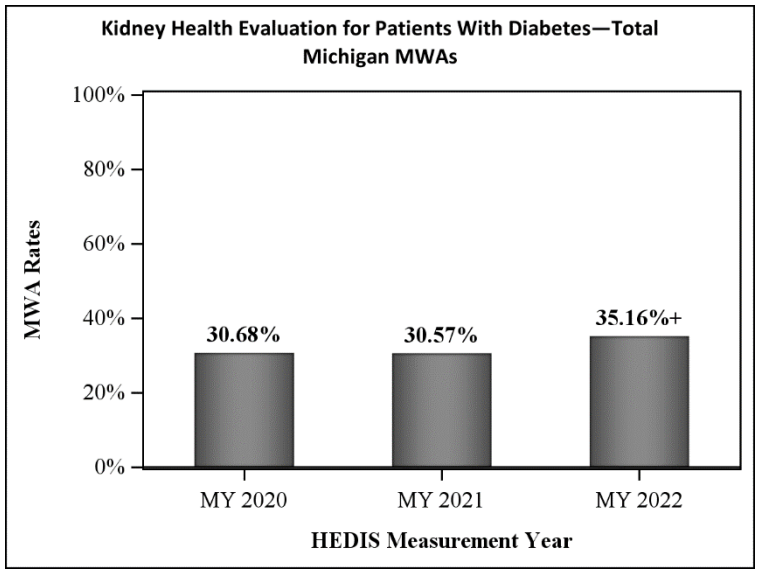


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MHP ranked above the HPL. 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 32 percentage points.

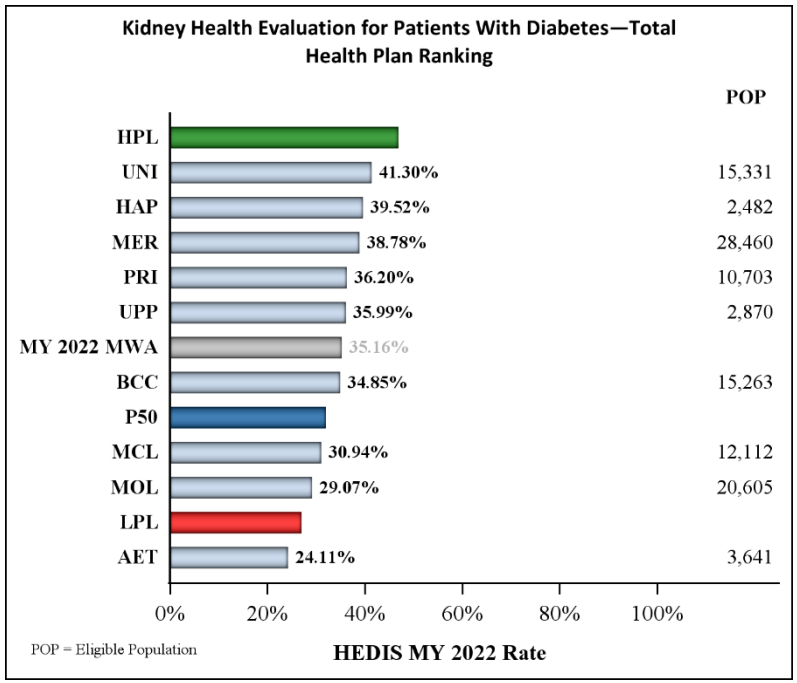
Kidney Health Evaluation for People With Diabetes—Total

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 eGFR and an uACR, during the MY.



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

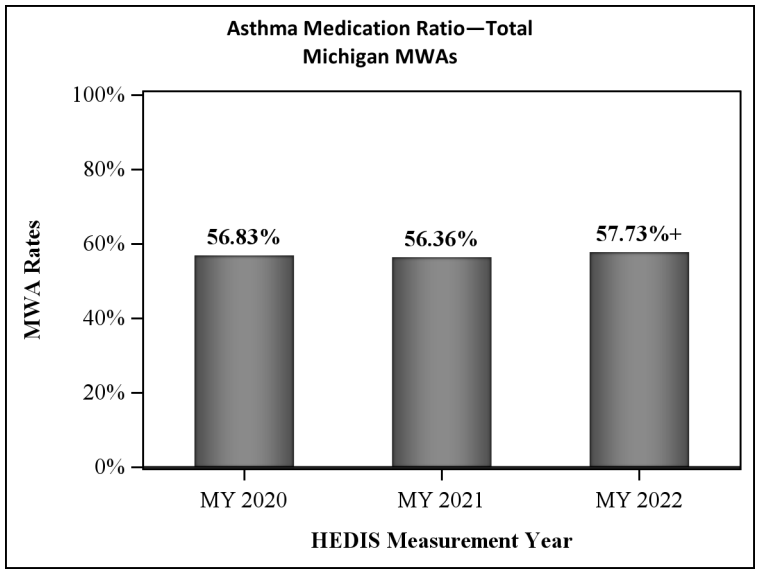
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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.

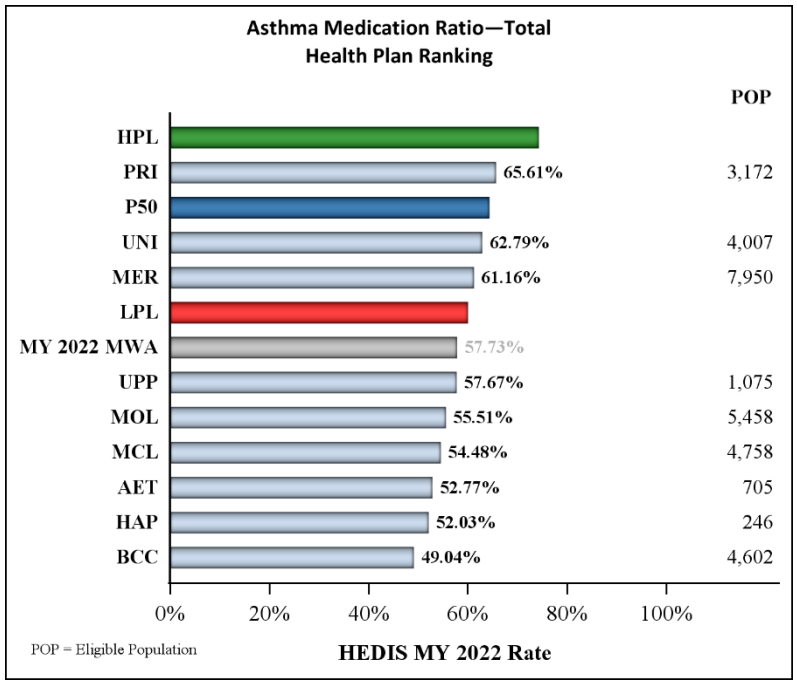
Asthma Medication Ratio—Total

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.



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

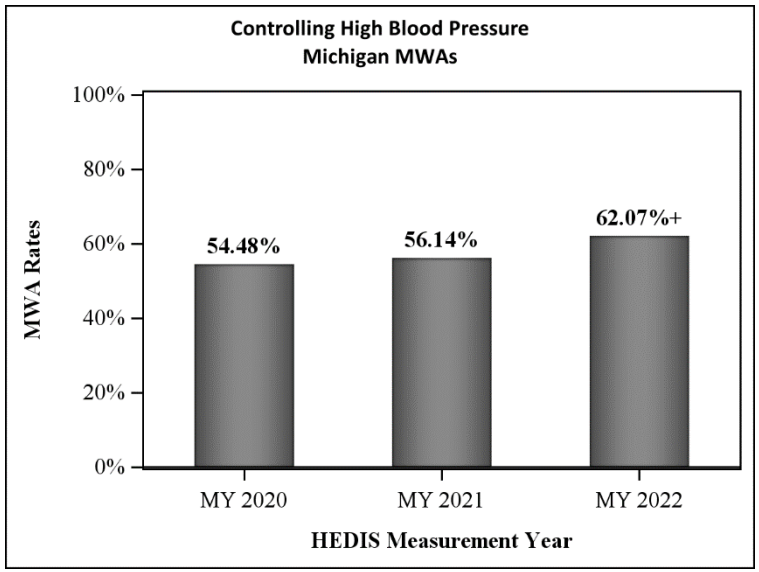
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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

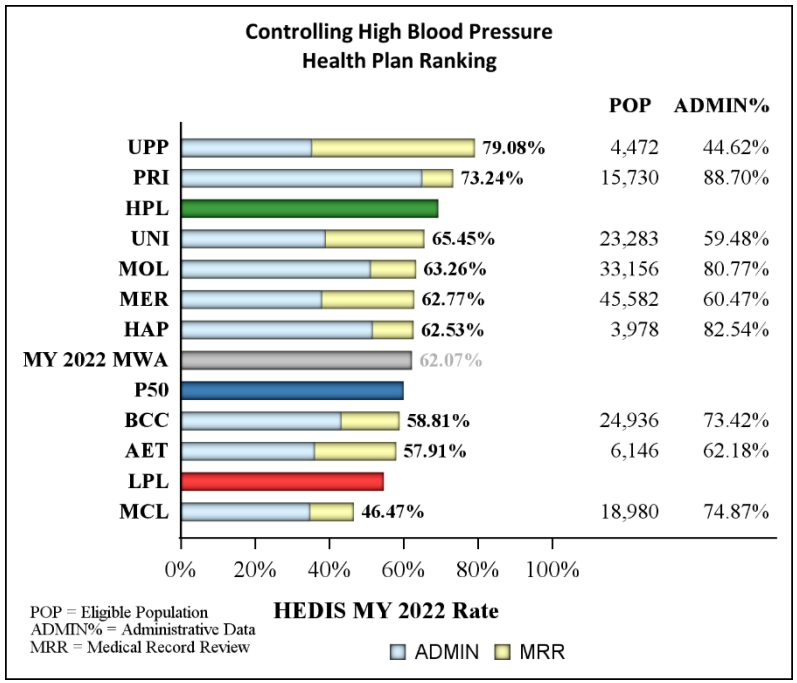
Controlling High Blood Pressure

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 (<140/90 mm Hg) during the MY.



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

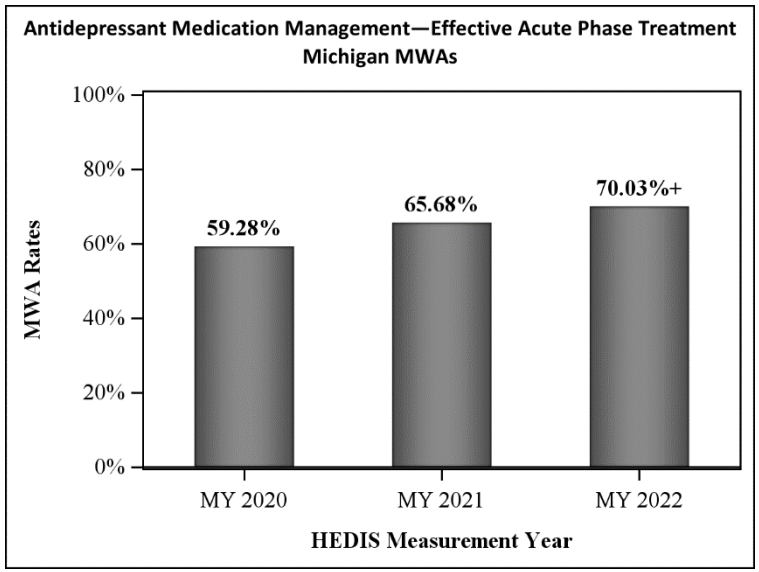
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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 32 percentage points.

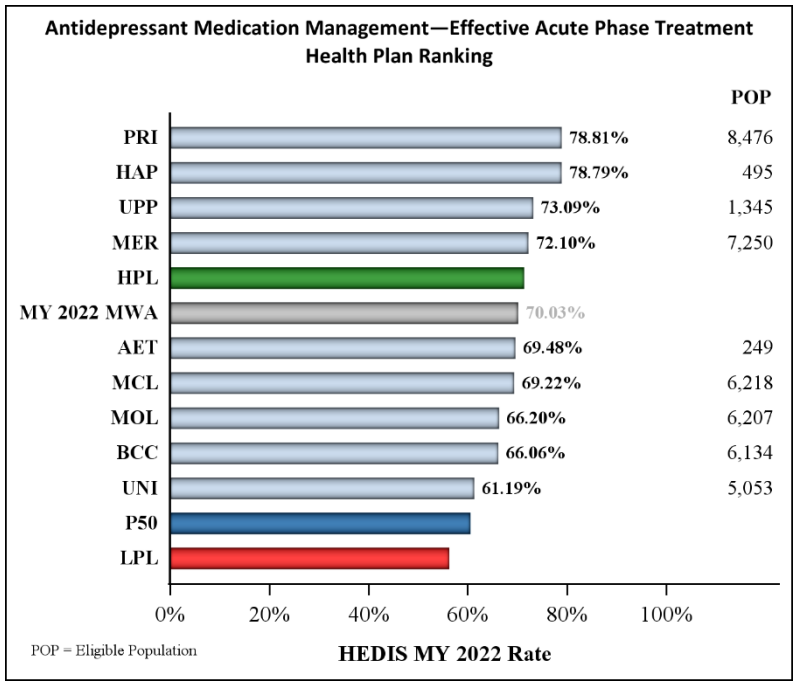
Antidepressant Medication Management—Effective Acute Phase Treatment

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.

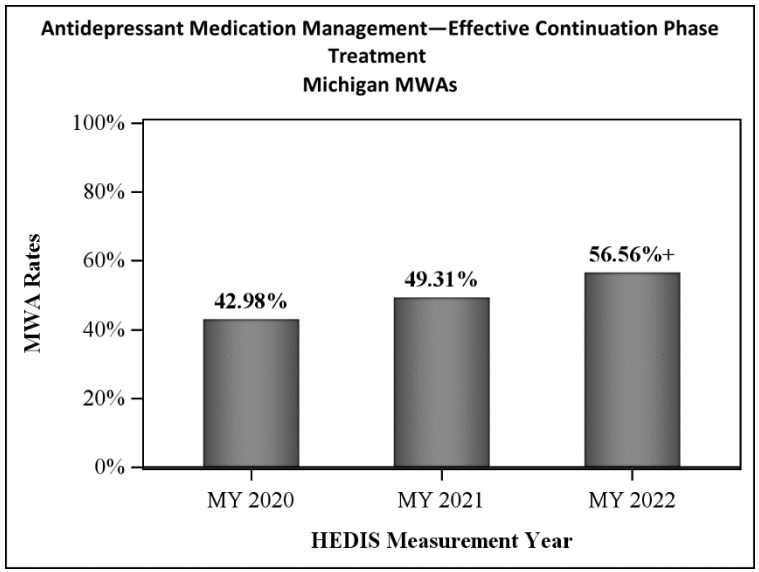
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



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 17 percentage points.

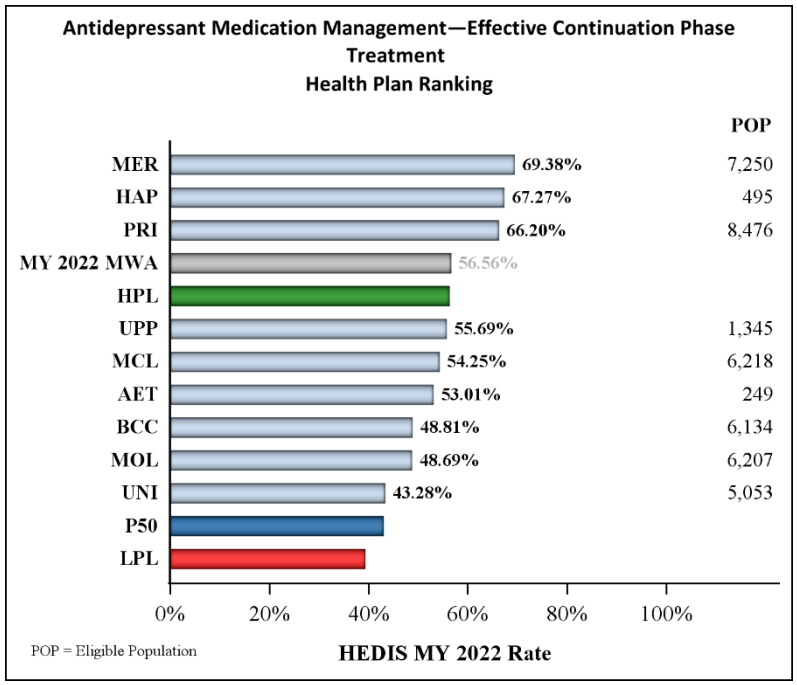
Antidepressant Medication Management—Effective Continuation Phase Treatment

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.

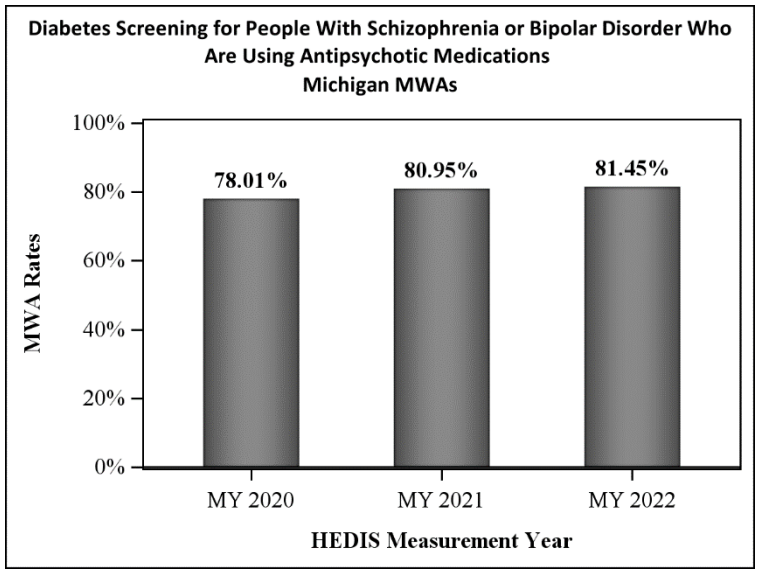
The HEDIS MY 2022 MWA rate significantly improved from HEDIS MY 2021.



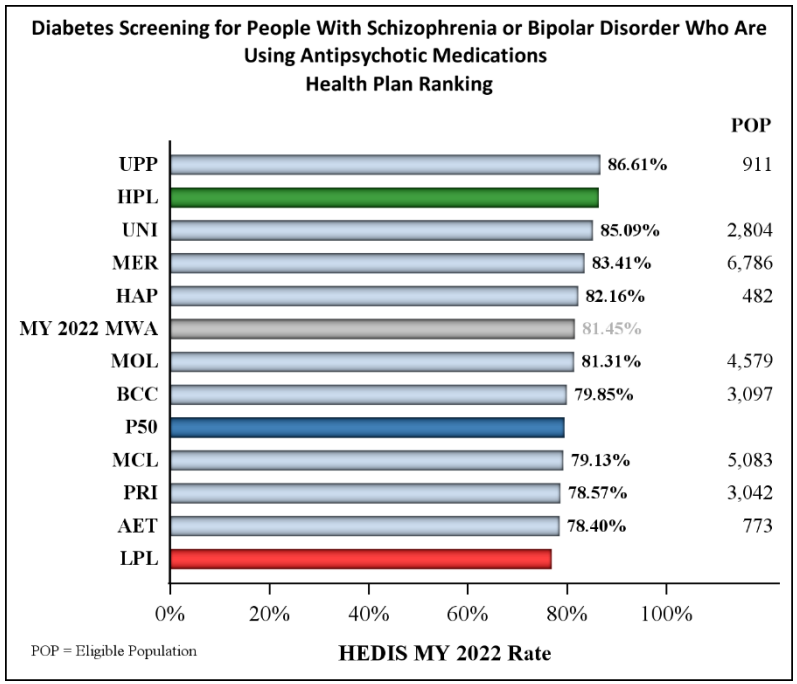
Three MHPs and the MWA ranked above the HPL. Six MHPs ranked above the 50th percentile but fell below the HPL. MHP performance varied by over 26 percentage points.

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.



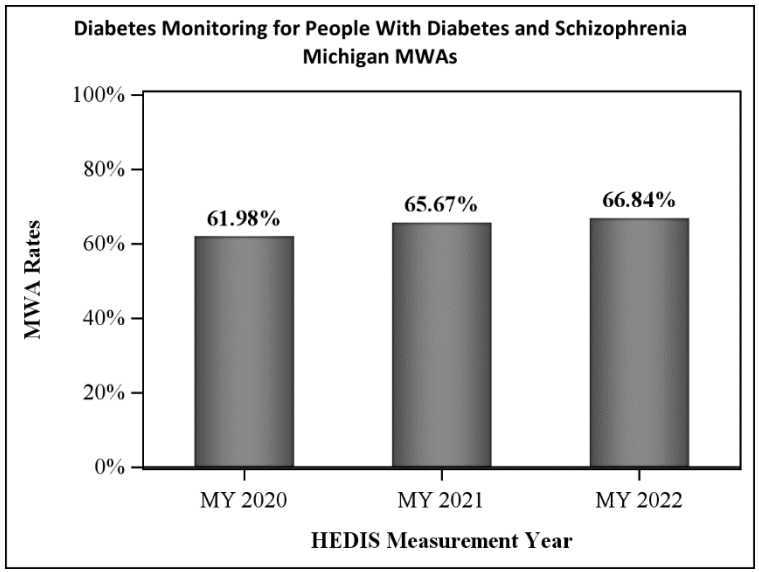
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



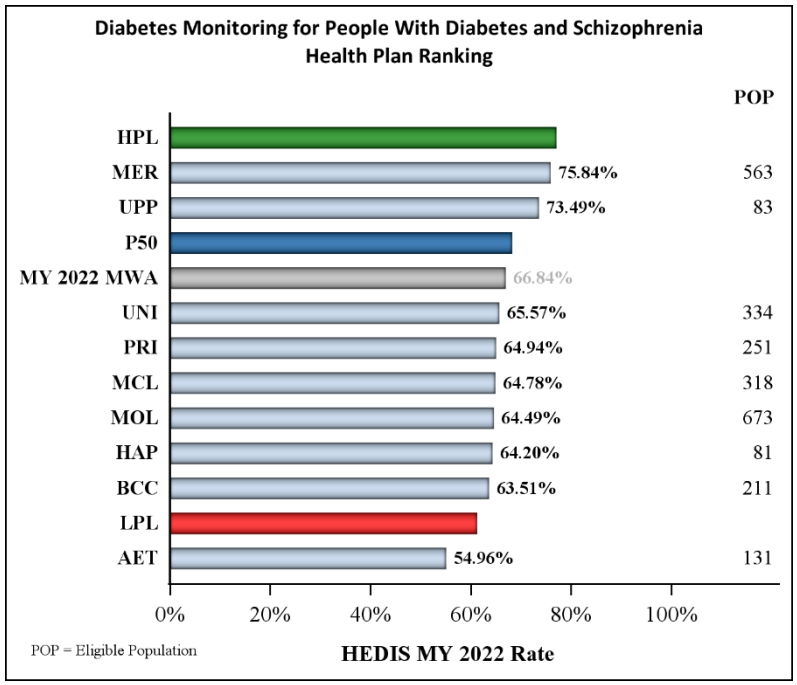
One MHP ranked above the HPL. Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Three MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 8 percentage points.

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.



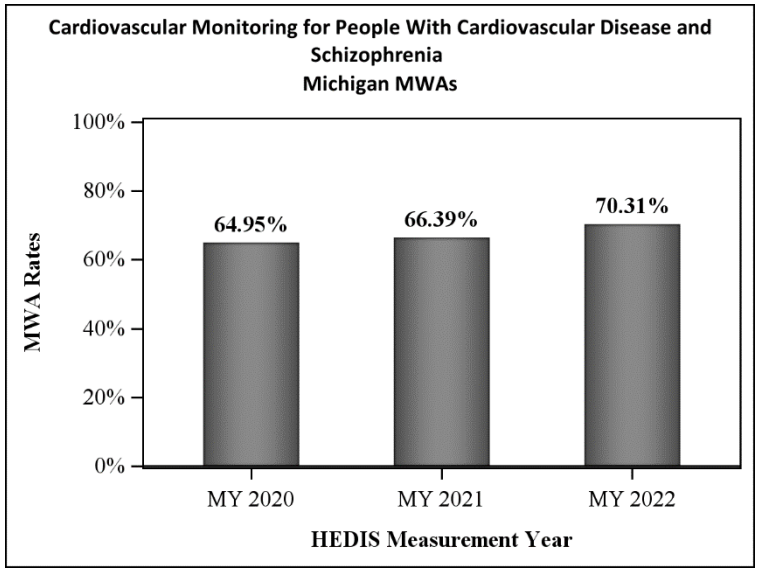
The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



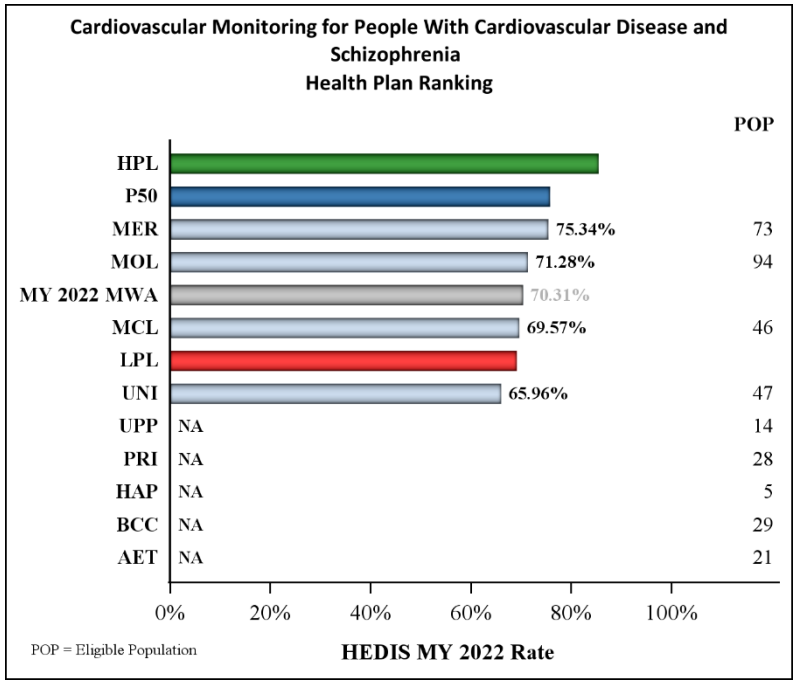
Two MHPs ranked above the 50th percentile but fell below the HPL. Six MHPs and the MWA ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 20 percentage points.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia assesses the percentage of members 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 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.

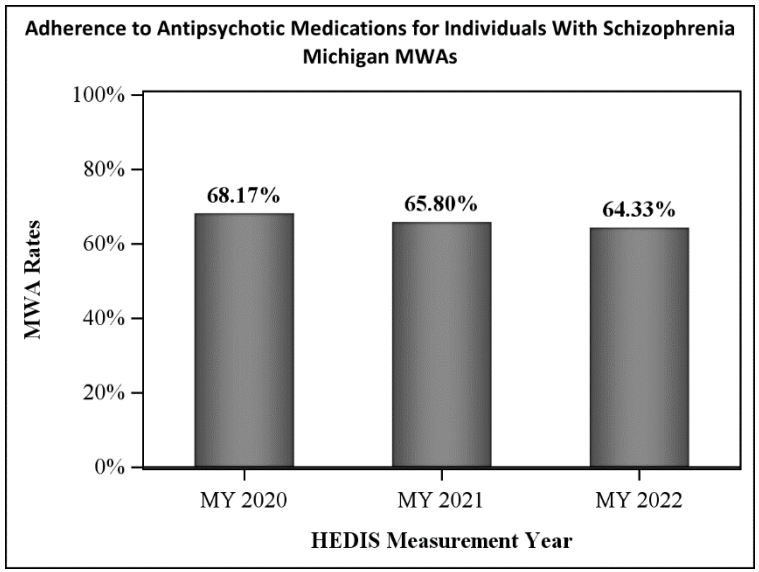


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

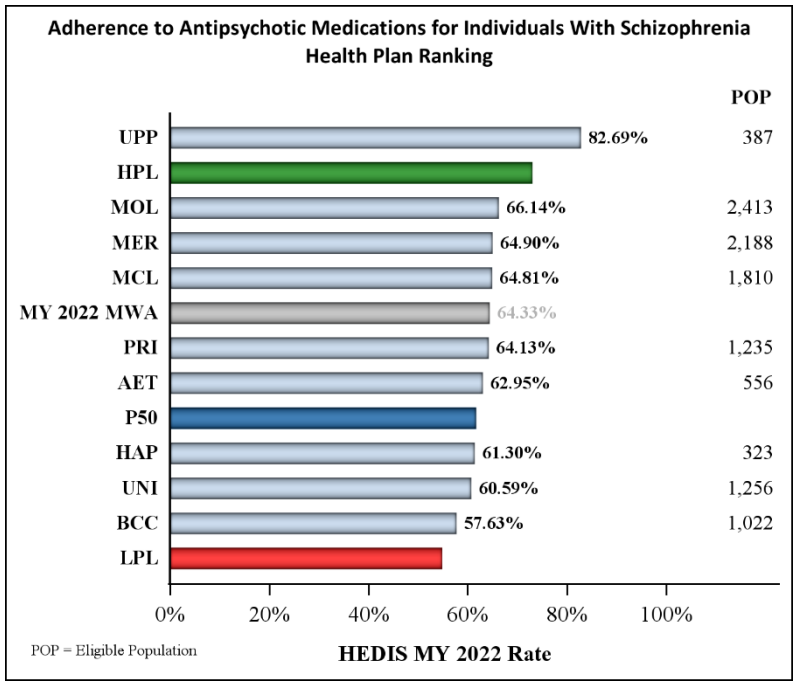
Three MHPs and the MWA ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 9 percentage points.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia assesses the percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.



The HEDIS MY 2022 MWA rate did not demonstrate a significant change from HEDIS MY 2021.



One MHP ranked above the HPL. 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. MHP performance varied by over 25 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, Language Preferred 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 2022 MWA rates for different racial/ethnic groups were fairly stable across years, with less than 4 percentage points difference between MY 2021 and MY 2022 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, MY 2022 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 less than 5 percentage points difference between MY 2021 and MY 2022.

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	70,376	3.70%	3.42%	0.02%	0.08%	0.01%
BCC	364,393	51.82%	35.10%	1.28%	1.97%	2.58%
HAP	49,518	38.26%	42.88%	0.42%	1.30%	0.11%
MCL	289,922	69.28%	21.16%	1.05%	1.08%	0.12%
MER	626,544	61.54%	22.52%	0.86%	1.16%	0.09%
MOL	431,264	41.55%	27.75%	0.33%	0.16%	<0.01%
PRI	290,021	59.70%	25.99%	0.82%	0.94%	0.12%
UNI	333,298	54.52%	30.12%	0.60%	1.76%	0.11%
UPP	66,106	89.89%	1.85%	3.84%	0.51%	0.16%
HEDIS MY 2022 MWA		**55.14%**	**25.81%**	**0.86%**	**1.10%**	**0.44%**
HEDIS MY 2021 MWA		**57.88%**	**28.72%**	**0.88%**	**0.98%**	**0.49%**
HEDIS MY 2020 MWA		**53.44%**	**28.03%**	**0.54%**	**1.61%**	**0.50%**

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	70,376	0.08%	0.00%	92.11%	0.57%	0.09%
BCC	364,393	0.01%	0.02%	7.20%	0.01%	6.07%
HAP	49,518	1.11%	0.00%	15.90%	0.03%	0.50%
MCL	289,922	6.76%	0.00%	0.56%	0.00%	6.32%
MER	626,544	6.06%	<0.01%	7.27%	0.50%	0.01%
MOL	431,264	<0.01%	<0.01%	30.21%	<0.01%	5.03%
PRI	290,021	7.66%	0.00%	4.76%	0.00%	8.37%
UNI	333,298	<0.01%	0.00%	12.90%	0.00%	0.92%
UPP	66,106	3.56%	0.03%	0.00%	0.16%	2.34%
HEDIS MY 2022 MWA		**3.28%**	**<0.01%**	**13.21%**	**0.15%**	**3.63%**
HEDIS MY 2021 MWA		**0.08%**	**<0.01%**	**10.57%**	**0.40%**	**1.76%**
HEDIS MY 2020 MWA		**0.80%**	**<0.01%**	**14.33%**	**0.74%**	**4.47%**

** 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 increased slightly (over 4 percentage points) when compared to MY 2021 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	70,376	0.00%	0.00%	0.00%	100.00%
BCC	364,393	0.00%	96.48%	3.43%	0.09%
HAP	49,518	0.00%	98.80%	<0.01%	1.20%
MCL	289,922	0.00%	99.08%	0.92%	<0.01%
MER	626,544	0.00%	97.36%	1.57%	1.07%
MOL	431,264	0.00%	98.33%	1.65%	0.02%
PRI	290,021	0.00%	0.00%	0.00%	100.00%
UNI	333,298	0.00%	95.91%	3.92%	0.17%
UPP	66,106	0.00%	99.86%	0.12%	0.02%
HEDIS MY 2022 MWA		**0.00%**	**83.58%**	**1.80%**	**14.62%**
HEDIS MY 2021 MWA		**0.00%**	**78.95%**	**1.23%**	**19.82%**
HEDIS MY 2020 MWA		**0.00%**	**81.23%**	**1.26%**	**17.51%**

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 83 percent) Michigan members from MY 2020 to MY 2022.

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	70,376	0.00%	0.00%	100.00%	0.00%
BCC	364,393	96.65%	3.28%	0.07%	0.00%
HAP	49,518	98.80%	<0.01%	1.20%	0.00%
MCL	289,922	98.97%	0.92%	0.11%	0.00%
MER	626,544	97.36%	1.57%	1.07%	0.00%
MOL	431,264	98.33%	1.65%	0.02%	0.00%
PRI	290,021	0.00%	0.00%	100.00%	0.00%
UNI	333,298	95.91%	3.92%	0.17%	0.00%
UPP	66,106	99.86%	0.12%	0.02%	0.00%
HEDIS MY 2022 MWA		**83.59%**	**1.77%**	**14.63%**	**0.00%**
HEDIS MY 2021 MWA		**73.60%**	**1.19%**	**25.21%**	**0.00%**
HEDIS MY 2020 MWA		**75.16%**	**1.22%**	**23.62%**	**0.00%**

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	70,376	96.25%	1.28%	2.47%	0.00%
BCC	364,393	98.46%	1.53%	0.01%	0.00%
HAP	49,518	98.80%	<0.01%	1.20%	0.00%
MCL	289,922	0.00%	0.00%	100.00%	0.00%
MER	626,544	97.36%	1.57%	1.07%	0.00%
MOL	431,264	98.33%	1.65%	0.02%	0.00%
PRI	290,021	0.00%	0.00%	100.00%	0.00%
UNI	333,298	95.91%	3.92%	0.17%	0.00%
UPP	66,106	0.00%	0.00%	100.00%	0.00%
HEDIS MY 2022 MWA		**72.54%**	**1.45%**	**26.01%**	**0.00%**
HEDIS MY 2021 MWA		**73.38%**	**1.16%**	**25.46%**	**0.00%**
HEDIS MY 2020 MWA		**75.32%**	**1.19%**	**23.50%**	**0.00%**

10. Utilization

Introduction

The Utilization domain encompasses the following HEDIS measures:

- *Ambulatory Care—ED Visits—Total* and *Outpatient Visits—Total*
- *Inpatient Utilization—General Hospital/Acute Care—Discharges—Total Inpatient—Total All Ages, Average Length of Stay—Total Inpatient—Total All Ages, Discharges—Maternity—Total All Ages, Average Length of Stay—Maternity—Total All Ages, Discharges—Surgery—Total All Ages, Average Length of Stay—Surgery—Total All Ages, Discharges—Medicine—Total All Ages, and Average Length of Stay—Medicine—Total All Ages*
- *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—Observed Readmissions—Total*, *Expected Readmissions—Total*, and *O/E Ratio—Total*

The following tables present the HEDIS MY 2022 MHP-specific rates as well as the MWA or MA for HEDIS MY 2022, HEDIS MY 2021, and HEDIS MY 2020, where applicable. To align with calculations from prior years, HSAG calculated traditional averages for the *Ambulatory Care—Total* 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, six 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 three MHPs' O/E ratio is more than 1.0 indicating they had more readmissions.

Measure-Specific Findings

Ambulatory Care—Total

The *Ambulatory Care—Total* measure summarizes utilization of ambulatory care for *ED Visits—Total* and *Outpatient Visits—Total*. In this section, the results for the total age group are presented. Of note, while the MHPs' reporting was based on member months during the measurement year, the *ED Visits—Total* and *Outpatient Visits—Total* measure indicator rates are based on per 1,000 member years, in alignment with NCQA's changes to the technical specifications.

Results

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

Table 10-1—Ambulatory Care—Total[1] for Total Age Group

MHP	Member Months	ED Visits—Total*	Outpatient Visits Including Telehealth—Total
AET	705,324	712.18	4,199.45
BCC	3,724,000	550.05	4,441.93
HAP	452,343	588.19	4,780.73
MCL	3,048,905	675.09	8,194.31
MER	6,784,695	625.72	4,535.66
MOL	4,581,684	588.66	4,350.58
PRI	2,948,814	621.26	4,752.17
UNI	3,497,734	613.40	4,352.40
UPP	690,373	603.86	3,986.58
HEDIS MY 2022 MA		**613.30**	**4,893.15**
HEDIS MY 2021 MA		**596.47**	**4,974.16**
HEDIS MY 2020 MA		**577.20**	**4,337.52**

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

[1] Due to changes in the technical specifications for this measure, NCQA noted for the Medicaid product line that organizations that want to trend data to MY 2022 may multiply rates prior to MY 2022 by 12.

For the *ED Visits—Total* measure indicator, the MA increased by 36.1 visits per 1,000 member years from HEDIS MY 2020 to HEDIS MY 2022. The MA for the *Outpatient Visits—Total* measure indicator increased from HEDIS MY 2020 to HEDIS MY 2022 by 555.63 visits per 1,000 member years.

Inpatient Utilization—General Hospital/Acute Care—Total

The *Inpatient Utilization—General Hospital/Acute Care—Total* measure summarizes utilization of acute inpatient care and services in four categories: *Total Inpatient*, *Maternity, Surgery,* and *Medicine*. Of note, while the MHPs' reporting was based on member months during the measurement year, the *Total Discharges* measure indicator rates are based on per 1,000 member years, in alignment with NCQA's changes to the technical specifications.

Results

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

Table 10-2—Inpatient Utilization[1]—General Hospital/Acute Care: Total Discharges for Total Age Group

MHP	Member Months	Total Inpatient	Maternity*	Surgery	Medicine
AET	705,324	84.57	21.08	23.33	45.48
BCC	3,724,000	70.93	23.94	17.35	34.83
HAP	452,343	104.55	22.58	28.41	58.52
MCL	3,048,905	77.31	24.60	19.51	38.65
MER	6,784,695	70.50	23.73	13.14	39.75
MOL	4,581,684	65.87	25.25	14.50	32.52
PRI	2,948,814	58.89	24.48	13.82	26.77
UNI	3,497,734	57.21	21.89	13.76	26.73
UPP	690,373	66.38	19.11	19.36	32.61
HEDIS MY 2022 MA		**68.34**	**23.75**	**15.56**	**34.79**
HEDIS MY 2021 MA		**76.31**	**25.59**	**17.69**	**39.41**
HEDIS MY 2020 MA		**87.72**	**28.20**	**20.64**	**46.20**

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

[1] Due to changes in the technical specifications for this measure, NCQA noted for the Medicaid product line that organizations that want to trend data to MY 2022 may multiply rates prior to MY 2022 by 12.

Table 10-3 displays the *Total Average Length of Stay* for all ages. The values in the table are presented for information only.

Table 10-3—Inpatient Utilization[1]—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group

MHP	Member Months	Total Inpatient	Maternity	Surgery	Medicine
AET	705,324	6.14	2.44	9.51	5.70
BCC	3,724,000	4.92	2.87	8.19	4.40
HAP	452,343	5.77	2.48	9.55	4.92
MCL	3,048,905	4.27	1.67	6.86	4.26
MER	6,784,695	4.96	2.71	7.96	4.96
MOL	4,581,684	5.15	2.91	9.84	4.35
PRI	2,948,814	5.01	2.85	8.53	4.68
UNI	3,497,734	5.30	2.43	9.30	5.04
UPP	690,373	4.96	2.54	7.56	4.48
HEDIS MY 2022 MA		**5.00**	**2.61**	**8.45**	**4.69**
HEDIS MY 2021 MA		**4.83**	**2.61**	**8.16**	**4.41**
HEDIS MY 2020 MA		**4.65**	**2.49**	**7.62**	**4.33**

[1] *Due to changes in the technical specifications for this measure, NCQA noted for the Medicaid product line that organizations that want to trend data to MY 2022 may multiply rates prior to MY 2022 by 12.*

Use of Opioids From Multiple Providers

The *Use of Opioids From Multiple Providers* summarizes the proportion of members 18 years of age and older, receiving prescription opioids for ≥15 days during the MY, who received opioids from multiple providers. Three rates are reported: *Multiple Prescribers*, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies.*

Results

Table 10-4 shows the HEDIS MY 2022 rates for receiving prescription opioids. The values in the table below are presented for information 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	2,301	16.38%	3.26%	2.43%
BCC	8,713	17.25%	2.42%	1.63%
HAP	1,429	16.79%	2.73%	1.82%
MCL	8,113	14.32%	1.74%	0.91%
MER	21,981	13.18%	3.37%	1.55%
MOL	13,246	14.44%	1.98%	1.34%
PRI	6,658	18.94%	1.68%	0.99%
UNI	8,646	15.70%	1.64%	1.11%
UPP	2,260	17.04%	6.19%	4.03%
HEDIS MY 2022 MWA		**15.13%**	**2.54%**	**1.46%**
HEDIS MY 2021 MWA		**15.03%**	**2.32%**	**1.52%**
HEDIS MY 2020 MWA		**14.60%**	**3.03%**	**1.88%**

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

Use of Opioids at High Dosage

The *Use of Opioids at High Dosage* summarizes the proportion of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the MY.

Results

Table 10-5 shows the HEDIS MY 2022 rates for members receiving prescription opioids at a high dosage. The values in the table below are presented for information only.

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

MHP	Eligible Population	Rate
AET	1,956	2.81%
BCC	7,790	0.80%
HAP	1,179	1.27%
MCL	7,133	1.33%
MER	19,875	1.56%
MOL	11,798	1.40%
PRI	5,906	1.71%
UNI	7,656	1.95%
UPP	1,984	2.42%
HEDIS MY 2022 MWA		**1.53%**
HEDIS MY 2021 MWA		**3.98%**
HEDIS MY 2020 MWA		**2.86%**

** 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 put members 18 years of age and older at risk for continued opioid use.

Results

Table 10-6 shows the HEDIS MY 2022 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 information 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	3,445	9.81%	7.14%
BCC	18,489	7.56%	5.37%
HAP	2,117	11.71%	5.53%
MCL	15,206	6.41%	4.60%
MER	32,056	16.04%	9.27%
MOL	21,330	11.66%	5.97%
PRI	12,178	13.11%	6.66%
UNI	15,497	8.96%	6.27%
UPP	3,730	7.64%	4.91%
HEDIS MY 2022 MWA		**11.17%**	**6.66%**
HEDIS MY 2021 MWA		**10.78%**	**7.10%**
HEDIS MY 2020 MWA		**10.66%**	**6.72%**

** 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 for members 18 years of age and older that result in an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. 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 2022 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	1,314	13.85%	10.73%	1.2912
BCC	8,064	10.65%	10.25%	1.0390
HAP	917	8.83%	10.44%	0.8463
MCL	10,989	9.56%	9.63%	0.9936
MER	14,338	10.85%	10.47%	1.0361
MOL	14,438	8.82%	9.65%	0.9145
PRI	7,267	8.61%	9.64%	0.8936
UNI	5,603	10.49%	10.88%	0.9645
UPP	1,417	7.69%	9.82%	0.7834
HEDIS MY 2022 MWA		**9.83%**	**10.05%**	**0.9784**
HEDIS MY 2021 MWA		**9.21%**	**9.81%**	**0.9386**
HEDIS MY 2020 MWA		**9.65%**	**9.90%**	**0.9752**

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

The rates of observed readmissions ranged from 7.69 percent for Upper Peninsula to 13.85 percent for Aetna; however, three of the nine MHPs had an O/E ratio greater than 1.0, indicating that these MHPs had more readmissions. The remaining six 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.

HEDIS Reporting Capabilities—Information Systems Findings

NCQA's IS standards are the guidelines used by certified HEDIS compliance auditors to assess an MHP's ability to report HEDIS data accurately and reliably.[11-1] Compliance with the guidelines also helps an auditor to understand an MHP's HEDIS reporting capabilities. For HEDIS MY 2022, 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 nine of the Michigan MHPs that underwent NCQA HEDIS Compliance Audits in Michigan in 2022 contracted with the same LOs in 2023. 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 2022, all 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 Measure Certification[SM] process.[11-2] 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 2022 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 2022. The following sections present NCQA's IS standards and summarize the audit findings related to each IS standard for the MHPs.

11-1 National Committee for Quality Assurance. *HEDIS® MY 2022, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

11-2 NCQA Measure Certification[SM] is a service mark of the NCQA.

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

IS 6.0—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity

This standard assesses whether:

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

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

All but 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 *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR), No Benefit (NB), Not Required (NQ), Not Reported (NR),* and *Un-Audited (UN)*.
ADMIN%	Percentage of the rate derived using administrative data (e.g., claims data and immunization registry).
BMI	Body mass index.
BR	Biased Rate; indicates that the MHP's reported rate was invalid; therefore, the rate was not presented.
CDC	Centers for Disease Control and Prevention.
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 *Comprehensive Diabetes Care—HbA1c Poor Control [>9.0%]*, in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
hrHPV	High-risk human papillomavirus.
HSAG	Health Services Advisory Group, Inc., the State's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information system: an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards: an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data.[12-1]

[12-1] 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 *Comprehensive Diabetes Care—HbA1c Poor Control [>9.0%]*, in which lower rates in indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that the MHP's medical record abstraction staff uses to identify numerator positive cases.
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.
MA	Medicaid Average.
MDHHS	Michigan Department of Health and Human Services.
MHP	Medicaid health plan.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
MWA	Medicaid Weighted Average.
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 healthcare 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.

Term	Description
OB/GYN	Obstetrician/Gynecologist.
O/E	Observed/Expected.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.
RV	Rotavirus vaccine.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the MHP to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)
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 2020, HEDIS MY 2021, and HEDIS MY 2022. Yellow shading with one cross (+) indicates that the HEDIS MY 2022 rate was at or above the Quality Compass HEDIS MY 2021 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	1,135	45.01%	37.47%	16.55%
BCC	6,693	57.91%	48.66%	26.28%
HAP	595	46.22%	39.33%	19.83%
MCL	5,372	54.99%	47.20%	23.36%
MER	12,276	58.88%	52.31%	25.30%
MOL	8,268	57.18%	48.91%	23.84%
PRI	5,256	63.50%+	55.72%+	32.85%
UNI	5,700	54.42%	45.21%	22.19%
UPP	1,090	65.69%+	53.28%	31.39%
HEDIS MY 2022 MWA		**57.62%**	**49.59%**	**25.29%**
HEDIS MY 2021 MWA		**55.46%**	**46.83%**	**27.22%**
HEDIS MY 2020 MWA		**64.00%**	**55.64%**	**33.22%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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	754	46.55%	1,153	52.30%
BCC	5,102	67.72%+	6,386	63.64%
HAP	389	52.44%	509	47.35%
MCL	3,942	65.02%+	5,478	62.08%
MER	9,442	55.37%	13,021	59.29%
MOL	6,346	60.34%+	8,298	62.30%
PRI	3,863	53.15%	5,157	59.86%
UNI	4,049	63.74%+	5,861	60.54%
UPP	860	70.23%+	1,053	68.09%+
HEDIS MY 2022 MWA		**60.06%+**		**60.86%**
HEDIS MY 2021 MWA		**58.84%**		**60.99%**
HEDIS MY 2020 MWA		**61.88%**		**67.71%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	1,135	42.58%
BCC	6,693	53.28%
HAP	597	48.74%
MCL	5,400	43.33%
MER	12,330	55.72%
MOL	8,316	57.66%
PRI	5,281	60.83%
UNI	5,729	59.12%
UPP	1,094	52.07%
HEDIS MY 2022 MWA		**54.78%**
HEDIS MY 2021 MWA		**54.69%**
HEDIS MY 2020 MWA		**73.44%**

Table A-4—MHP and MWA Results for Child and Adolescents Well-Care Visits

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	8,453	52.67%	5,128	43.72%	3,532	24.46%	17,113	44.17%
BCC	50,018	59.79%+	27,918	48.29%	17,440	29.30%+	95,376	50.85%+
HAP	3,375	47.26%	1,604	36.91%	1,460	22.12%	6,439	38.98%
MCL	45,443	58.39%+	26,767	47.20%	16,601	23.31%	88,811	48.46%
MER	116,989	59.96%+	68,584	51.05%+	37,095	27.32%+	222,668	51.78%+
MOL	75,191	59.81%+	50,215	52.58%+	28,831	30.90%+	154,237	52.05%+
PRI	46,604	61.72%+	28,101	51.71%+	16,060	29.23%+	90,765	52.87%+
UNI	56,572	57.05%+	38,726	50.53%	21,522	30.71%+	116,820	50.04%+
UPP	9,743	56.40%+	5,900	50.27%	3,414	23.73%	19,057	48.65%
HEDIS MY 2022 MWA		**59.20%+**		**50.38%**		**28.31%+**		**50.89%+**
HEDIS MY 2021 MWA		**58.13%**		**49.93%**		**29.01%**		**50.49%**
HEDIS MY 2020 MWA		**50.92%**		**42.35%**		**27.36%**		**44.59%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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	816	70.80%	24.57%
BCC	4,534	74.42%	28.89%
HAP	256	65.23%	17.19%
MCL	4,464	75.91%	28.47%
MER	11,880	78.59%+	27.49%
MOL	8,349	77.09%	29.88%
PRI	4,675	77.99%	33.60%
UNI	6,572	76.89%	31.14%
UPP	1,058	76.40%	28.47%
HEDIS MY 2022 MWA		**76.96%**	**29.35%**
HEDIS MY 2021 MWA		**76.64%**	**32.85%**
HEDIS MY 2020 MWA		**82.68%**	**37.95%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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

Plan	Initiation Phase—Eligible Population	Initiation Phase—Rate	Continuation and Maintenance Phase—Eligible Population	Continuation and Maintenance Phase—Rate
AET	35	42.86%+	6	NA
BCC	924	46.65%+	236	61.86%+
HAP	32	28.13%	2	NA
MCL	1,220	46.97%+	448	58.26%+
MER	969	39.94%+	396	40.66%
MOL	1,590	43.84%+	462	56.28%+
PRI	1,828	34.74%	866	35.45%
UNI	1,298	44.45%+	333	51.35%
UPP	314	51.91%+	130	54.62%+
HEDIS MY 2022 MWA		**42.47%+**		**47.93%**
HEDIS MY 2021 MWA		**40.29%**		**51.24%**
HEDIS MY 2020 MWA		**46.03%**		**57.74%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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	1,082	65.99%+	1,314	67.43%+	2,396	66.78%+
BCC	5,198	60.81%+	6,400	65.78%+	11,598	63.55%+
HAP	302	64.90%+	677	66.17%+	979	65.78%+
MCL	5,503	52.46%+	5,594	62.53%+	11,097	57.54%+
MER	12,445	61.07%+	10,943	70.85%+	23,388	65.64%+
MOL	9,343	62.27%+	8,153	67.89%+	17,496	64.89%+
PRI	5,361	57.75%+	4,877	65.55%+	10,238	61.47%+
UNI	6,662	59.47%+	5,734	63.50%+	12,396	61.33%+
UPP	1,192	43.20%	1,029	48.69%	2,221	45.75%
HEDIS MY 2022 MWA		**59.35%+**		**66.34%+**		**62.76%+**
HEDIS MY 2021 MWA		**58.09%**		**64.15%**		**61.00%**
HEDIS MY 2020 MWA		**57.30%**		**63.68%**		**60.20%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	13,452	47.69%
BCC	79,390	60.30%+
HAP	8,283	56.45%
MCL	59,322	55.06%
MER	143,287	60.34%+
MOL	89,490	59.37%+
PRI	57,301	61.31%+
UNI	66,985	58.88%+
UPP	14,392	61.80%+
HEDIS MY 2022 MWA		**59.16%+**
HEDIS MY 2021 MWA		**58.01%**
HEDIS MY 2020 MWA		**60.53%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Breast Cancer Screening—Eligible Population	Breast Cancer Screening—Rate
AET	3,115	47.70%
BCC	12,862	53.29%+
HAP	1,645	54.95%+
MCL	10,958	54.65%+
MER	28,208	53.52%+
MOL	18,773	53.48%+
PRI	10,369	53.81%+
UNI	12,809	53.45%+
UPP	3,426	59.84%+
HEDIS MY 2022 MWA		**53.68%+**
HEDIS MY 2021 MWA		**52.30%**
HEDIS MY 2020 MWA		**56.31%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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	21,071	64.22%	10,075	77.24%	3,166	89.13%+	34,312	70.34%
BCC	110,219	74.19%+	55,572	81.71%	1,004	76.10%	166,795	76.71%+
HAP	13,715	61.17%	6,740	74.93%	2,551	90.91%+	23,006	68.50%
MCL	90,904	70.38%	43,198	80.64%	371	72.24%	134,473	73.68%
MER	188,811	74.69%+	89,004	83.70%+	9,804	88.39%+	287,619	77.94%+
MOL	120,401	74.44%+	59,904	84.26%+	6,779	91.93%+	187,084	78.22%+
PRI	78,295	70.74%	36,617	81.44%	3,283	89.64%+	118,195	74.58%
UNI	92,874	73.00%	46,538	84.17%+	3,053	90.27%+	142,465	77.02%+
UPP	18,671	75.03%+	10,539	83.39%+	1,934	94.52%+	31,144	79.06%+
HEDIS MY 2022 MWA		**72.86%**		**82.59%+**		**89.52%+**		**76.43%**
HEDIS MY 2021 MWA		**75.38%**		**84.06%**		**89.55%**		**78.58%**
HEDIS MY 2020 MWA		**74.60%**		**84.05%**		**88.77%**		**78.22%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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	427	75.41%+	433	43.19%	40	12.50%	900	57.11%+
BCC	2,617	64.35%	2,522	37.99%	11	NA	5,150	51.38%
HAP	195	62.05%	211	38.86%	30	23.33%	436	48.17%
MCL	2,182	72.09%+	2,031	43.48%	3	NA	4,216	58.28%+
MER	5,813	68.23%+	4,881	40.18%	93	40.86%	10,787	55.30%+
MOL	4,628	60.54%	3,201	37.83%	81	27.16%	7,910	51.01%
PRI	1,494	77.98%+	1,387	53.86%+	26	NA	2,907	66.36%+
UNI	3,042	60.75%	2,418	36.89%	33	27.27%	5,493	50.05%
UPP	370	78.11%+	325	45.85%+	15	NA	710	62.25%+
HEDIS MY 2022 MWA		**66.30%**		**40.61%**		**32.23%**		**54.40%**
HEDIS MY 2021 MWA		**64.93%**		**45.77%**		**40.94%**		**51.78%**
HEDIS MY 2020 MWA		**61.42%**		**39.69%**		**32.87%**		**50.15%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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[1]

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	476	61.97%	679	51.99%	12	NA	1,167	55.61%
BCC	3,783	66.77%	4,941	52.36%	7	NA	8,731	58.60%
HAP	199	63.32%	378	55.82%	17	NA	594	57.41%
MCL	5,019	79.96%+	4,179	66.43%+	2	NA	9,200	73.79%+
MER	11,599	72.53%	8,514	56.44%	66	21.21%+	20,179	65.57%
MOL	8,570	64.87%	6,051	50.69%	64	25.00%+	14,685	58.85%
PRI	1,803	75.37%	1,896	62.66%+	5	NA	3,704	68.84%
UNI	6,057	62.95%	5,132	42.32%	52	17.31%+	11,241	53.32%
UPP	571	85.29%+	554	78.52%+	6	NA	1,131	81.70%+
HEDIS MY 2022 MWA		**69.83%**		**54.43%**		**22.51%+**		**62.63%**
HEDIS MY 2021 MWA		**69.04%**		**53.55%**		**14.78%**		**60.58%**
HEDIS MY 2020 MWA		**75.34%**		**57.61%**		**25.00%**		**68.56%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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.
[1] Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.

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	3,106	92.53%	1,556	81.81%+	79	64.56%	4,741	88.55%
BCC	21,885	92.77%	12,118	79.72%	27	NA	34,030	88.11%
HAP	1,398	92.49%	939	81.79%+	74	68.92%	2,411	87.60%
MCL	16,004	91.63%	8,887	83.56%+	10	NA	24,901	88.75%
MER	46,133	92.54%	20,168	81.88%+	215	66.98%	66,516	89.23%
MOL	35,541	91.45%	13,269	79.77%	194	65.98%	49,004	88.19%
PRI	16,531	95.72%+	7,393	90.21%+	72	90.28%+	23,996	94.01%+
UNI	26,733	91.92%	10,605	76.01%	106	71.70%	37,444	87.36%
UPP	3,163	93.17%	1,614	85.01%+	38	68.42%	4,815	90.24%
HEDIS MY 2022 MWA		**92.48%**		**81.42%+**		**70.18%**		**88.99%**
HEDIS MY 2021 MWA		**94.11%**		**82.21%**		**75.51%**		**89.59%**
HEDIS MY 2020 MWA		**91.30%**		**78.18%**		**71.33%**		**87.28%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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	8,775	82.00%+	73.97%+	70.56%+
BCC	56,449	81.51%+	75.00%+	72.92%+
HAP	2,614	85.67%+	78.96%+	76.52%+
MCL	53,309	66.83%	57.32%	56.59%
MER	137,370	81.02%+	69.34%	68.86%+
MOL	95,168	78.10%	69.59%	68.37%
PRI	54,657	88.56%+	80.29%+	79.32%+
UNI	66,601	83.94%+	73.97%+	70.56%+
UPP	12,169	92.94%+	75.43%+	70.32%+
HEDIS MY 2022 MWA		**80.54%+**	**70.88%**	**69.40%+**
HEDIS MY 2021 MWA		**76.87%**	**70.12%**	**68.90%**
HEDIS MY 2020 MWA		**78.53%**	**69.51%**	**67.60%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

Pregnancy Care Performance Measure Results

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

Plan	Eligible Population	Timeliness of Prenatal Care—Rate[1]	Postpartum Care—Rate
AET	840	64.48%	61.80%
BCC	4,958	86.86%+	76.40%
HAP	515	79.21%	68.68%
MCL	4,029	71.86%	75.96%
MER	8,964	74.45%	75.91%
MOL	6,450	81.02%	71.53%
PRI	3,896	80.78%	80.05%+
UNI	4,434	77.37%	74.70%
UPP	765	92.94%+	89.29%+
HEDIS MY 2022 MWA		**78.45%**	**75.33%**
HEDIS MY 2021 MWA		**79.45%**	**73.36%**
HEDIS MY 2020 MWA		**79.54%**	**70.13%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

[1] Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.

Living With Illness Performance Measure Results

Table A-16—MHP and MWA Results for HbA1c Control for Patients With Diabetes

Plan	Eligible Population	HbA1c Control (<8.0%)—Rate	Poor HbA1c Control (>9.0%)—Rate*
AET	3,753	52.55%+	37.96%+
BCC	15,471	59.61%+	34.06%+
HAP	2,453	56.20%+	35.77%+
MCL	12,256	34.79%	58.64%
MER	28,375	54.99%+	38.93%+
MOL	20,905	50.61%+	41.85%
PRI	10,769	57.66%+	30.41%+
UNI	15,406	59.12%+	33.09%+
UPP	2,874	61.07%+	30.17%+
HEDIS MY 2022 MWA		**53.53%+**	**39.01%+**
HEDIS MY 2021 MWA		**48.26%**	**43.04%**
HEDIS MY 2020 MWA		**47.46%**	**43.03%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.
** For this indicator, a lower rate indicates better performance.*

Table A-17—MHP and MWA Results for Eye Exam for Patients With Diabetes

Plan	Eligible Population	Eye Exam (Retinal) Performed—Rate
AET	3,753	54.26%+
BCC	15,471	54.01%+
HAP	2,453	58.88%+
MCL	12,256	52.55%+
MER	28,375	55.23%+
MOL	20,909	53.53%+
PRI	10,804	54.48%+
UNI	15,406	56.93%+
UPP	2,874	60.83%+
HEDIS MY 2022 MWA		**54.81%+**
HEDIS MY 2021 MWA		**54.56%**
HEDIS MY 2020 MWA		**53.65%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

Table A-18—MHP and MWA Results for Blood Pressure Control for Patient With Diabetes

Plan	Eligible Population	Blood Pressure Control (<140 90 mm Hg)—Rate
AET	3,753	59.12%
BCC	15,471	70.07%+
HAP	2,453	61.07%+
MCL	12,256	47.69%
MER	28,375	67.88%+
MOL	20,908	67.64%+
PRI	10,769	68.61%+
UNI	15,406	75.18%+
UPP	2,874	82.00%+
HEDIS MY 2022 MWA		**66.93%+**
HEDIS MY 2021 MWA		**59.61%**
HEDIS MY 2020 MWA		**58.38%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

Table A-19—MHP and MWA Results for Kidney Health Evaluation for People With Diabetes

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	2,888	23.13%	565	28.85%	188	25.00%	3,641	24.11%
BCC	15,002	34.76%+	203	40.39%+	58	37.93%+	15,263	34.85%+
HAP	1,854	37.86%+	454	44.93%+	174	43.10%+	2,482	39.52%+
MCL	12,029	30.99%	63	20.63%	20	NA	12,112	30.94%
MER	26,095	39.26%+	1,952	34.38%	413	29.30%	28,460	38.78%+
MOL	18,764	28.90%	1,480	31.82%	361	26.87%	20,605	29.07%
PRI	9,958	35.93%+	588	39.29%+	157	41.40%+	10,703	36.20%+
UNI	14,452	40.62%+	698	51.15%+	181	57.46%+	15,331	41.30%+
UPP	2,529	36.10%+	270	36.67%+	71	29.58%	2,870	35.99%+
HEDIS MY 2022 MWA		**35.09%+**		**36.52%+**		**34.44%**		**35.16%+**
HEDIS MY 2021 MWA		**30.62%**		**29.92%**		**30.27%**		**30.57%**
HEDIS MY 2020 MWA		**30.63%**		**32.03%**		**29.97%**		**30.68%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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-20—MHP and MWA Results for Asthma Medication Ratio

Plan	Eligible Population	Total—Rate
AET	705	52.77%
BCC	4,602	49.04%
HAP	246	52.03%
MCL	4,758	54.48%
MER	7,950	61.16%
MOL	5,458	55.51%
PRI	3,172	65.61%+
UNI	4,007	62.79%
UPP	1,075	57.67%
HEDIS MY 2022 MWA		**57.73%**
HEDIS MY 2021 MWA		**56.36%**
HEDIS MY 2020 MWA		**56.83%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Controlling High Blood Pressure—Rate
AET	6,146	57.91%
BCC	24,936	58.81%
HAP	3,978	62.53%+
MCL	18,980	46.47%
MER	45,582	62.77%+
MOL	33,156	63.26%+
PRI	15,730	73.24%+
UNI	23,283	65.45%+
UPP	4,472	79.08%+
HEDIS MY 2022 MWA		**62.07%+**
HEDIS MY 2021 MWA		**56.14%**
HEDIS MY 2020 MWA		**54.48%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Rate
AET	249	69.48%+	53.01%+
BCC	6,134	66.06%+	48.81%+
HAP	495	78.79%+	67.27%+
MCL	6,218	69.22%+	54.25%+
MER	7,250	72.10%+	69.38%+
MOL	6,207	66.20%+	48.69%+
PRI	8,476	78.81%+	66.20%+
UNI	5,053	61.19%+	43.28%+
UPP	1,345	73.09%+	55.69%+
HEDIS MY 2022 MWA		**70.03%+**	**56.56%+**
HEDIS MY 2021 MWA		**65.68%**	**49.31%**
HEDIS MY 2020 MWA		**59.28%**	**42.98%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	773	78.40%
BCC	3,097	79.85%+
HAP	482	82.16%+
MCL	5,083	79.13%
MER	6,786	83.41%+
MOL	4,579	81.31%+
PRI	3,042	78.57%
UNI	2,804	85.09%+
UPP	911	86.61%+
HEDIS MY 2022 MWA		**81.45%+**
HEDIS MY 2021 MWA		**80.95%**
HEDIS MY 2020 MWA		**78.01%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	131	54.96%
BCC	211	63.51%
HAP	81	64.20%
MCL	318	64.78%
MER	563	75.84%+
MOL	673	64.49%
PRI	251	64.94%
UNI	334	65.57%
UPP	83	73.49%+
HEDIS MY 2022 MWA		**66.84%**
HEDIS MY 2021 MWA		**65.67%**
HEDIS MY 2020 MWA		**61.98%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 MWA national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	21	NA
BCC	29	NA
HAP	5	NA
MCL	46	69.57%
MER	73	75.34%
MOL	94	71.28%
PRI	28	NA
UNI	47	65.96%
UPP	14	NA
HEDIS MY 2022 MWA		**70.31%**
HEDIS MY 2021 MWA		**66.39%**
HEDIS MY 2020 MWA		**64.95%**

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

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

Plan	Eligible Population	Rate
AET	556	62.95%+
BCC	1,022	57.63%
HAP	323	61.30%
MCL	1,810	64.81%+
MER	2,188	64.90%+
MOL	2,413	66.14%+
PRI	1,235	64.13%+
UNI	1,256	60.59%
UPP	387	82.69%+
HEDIS MY 2022 MWA		**64.33%+**
HEDIS MY 2021 MWA		**65.80%**
HEDIS MY 2020 MWA		**68.17%**

Yellow shading with one cross (+) indicates the HEDIS MY 2022 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2021 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, respectively.

Appendix B. Trend Tables

Appendix B includes trend tables for the MHPs. Where applicable, each measure's HEDIS MY 2020, HEDIS MY 2021, and HEDIS MY 2022 rates are presented as well as the HEDIS MY 2021 to HEDIS MY 2022 rate comparison and the HEDIS MY 2022 Performance Level. HEDIS MY 2021 and HEDIS MY 2022 rates were compared based on a Chi-square test of statistical significance with a *p* value <0.05. Values in the MY 2021–MY 2022 Comparison column that are shaded green with one cross ($^{+}$) indicate significant improvement from the previous year. Values in the MY 2021–MY 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	49.38%	45.74%	45.01%	-0.73	★
Combination 7	40.63%	35.28%	37.47%	+2.19	★
Combination 10	18.13%	18.00%	16.55%	-1.45	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	41.30%	46.55%	+5.25^{+}	★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	41.89%	52.30%	+10.41^{+}	★
Lead Screening in Children					
Lead Screening in Children	62.83%	52.31%	42.58%	**-9.73^{++}**	★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	52.37%	52.67%	+0.30	★★
Ages 12 to 17 Years	—	44.76%	43.72%	-1.04	★
Ages 18 to 21 Years	—	24.29%	24.46%	+0.17	★★
Total	—	44.00%	44.17%	+0.17	★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	79.56%	69.10%	70.80%	+1.70	★
Combination 2 (Meningococcal, Tdap, HPV)	37.23%	29.20%	24.57%	-4.63	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	36.53%	38.24%	42.86%	+4.62	★★★
Continuation and Maintenance Phase	45.95%	NA	NA	NC	NC
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	57.01%	65.21%	65.99%	+0.78	★★★★
Ages 21 to 24 Years	63.88%	65.67%	67.43%	+1.76	★★★★
Total	60.30%	65.46%	66.78%	+1.32	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	54.01%	46.47%	47.69%	+1.22	★
Breast Cancer Screening					
Breast Cancer Screening	50.35%	46.79%	47.70%	+0.91	★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	65.40%	66.48%	64.22%	**-2.26^{++}**	★
Ages 45 to 64 Years	79.70%	78.54%	77.24%	**-1.30^{++}**	★★
Ages 65 Years and Older	87.72%	89.64%	89.13%	-0.51	★★★
Total	72.90%	72.49%	70.34%	**-2.15^{++}**	★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	61.25%	68.24%	75.41%	+7.17	★★★★
Ages 18 to 64 Years	43.03%	52.86%	43.19%	**-9.67^{++}**	★★
Ages 65 Years And Older	28.36%	NA	12.50%	NC	★
Total	48.75%	54.87%	57.11%	+2.24	★★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	68.58%	63.11%	61.97%	-1.14	★
Ages 18 to 64 Years	49.81%	50.94%	51.99%	+1.05	★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	59.23%	53.84%	55.61%	+1.77	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	91.28%	94.63%	92.53%	**-2.10^{++}**	★★
Ages 18 to 64 Years	80.28%	84.80%	81.81%	-2.99	★★★
Ages 65 Years And Older	70.00%	73.81%	64.56%	-9.25	★
Total	87.04%	90.39%	88.55%	**-1.84^{++}**	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	80.29%	82.97%	82.00%	-0.97	★★★
Counseling for Nutrition—Total	72.02%	73.48%	73.97%	+0.49	★★★
Counseling for Physical Activity—Total	68.61%	71.78%	70.56%	-1.22	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	68.86%	70.07%	64.48%	-5.59	★
Postpartum Care	54.01%	58.64%	61.80%	+3.16	★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	48.91%	41.36%	37.96%	-3.40	★★★
HbA1c Control (<8.0%)	44.04%	50.12%	52.55%	+2.43	★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	45.74%	51.58%	54.26%	+2.68	★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	52.07%	51.34%	59.12%	+7.78+	★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	20.01%	23.13%	+3.12+	★
Ages 65 to 74 Years	—	23.71%	28.85%	+5.14+	★★
Ages 75 to 85 Years	—	23.35%	25.00%	+1.65	★
Total	—	20.82%	24.11%	+3.29+	★
Asthma Medication Ratio					
Total	50.39%	50.15%	52.77%	+2.62	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	60.10%	57.91%	-2.19	★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	51.32%	67.11%	69.48%	+2.37	★★★★
Effective Continuation Phase Treatment	37.48%	51.11%	53.01%	+1.90	★★★★
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	62.95%	77.48%	78.40%	+0.92	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	52.49%	55.97%	54.96%	-1.01	★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.54%	61.32%	62.95%	+1.63	★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	32.58%	34.86%	3.70%	-31.16	NC
Black or African American	53.80%	53.11%	3.42%	-49.69	NC
American Indian or Alaska Native	0.19%	0.39%	0.02%	-0.37	NC
Asian	1.16%	0.99%	0.08%	-0.91	NC
Native Hawaiian and Other Pacific Islander	0.08%	0.09%	0.01%	-0.08	NC
Some Other Race	0.00%	0.00%	0.08%	+0.08	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	6.03%	3.99%	92.11%	+88.12	NC
Declined	6.16%	6.57%	0.57%	-6.00	NC
Ethnicity Reporting Category: Hispanic or Latino	3.62%	0.83%	0.09%	-0.74	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
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	97.73%	96.60%	96.25%	-0.35	NC
Other Language Needs—Non-English	0.99%	1.10%	1.28%	+0.18	NC
Other Language Needs—Unknown	1.28%	2.30%	2.47%	+0.17	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[3]					
Ambulatory Care					
*Emergency Department Visits**	671.64	709.69	712.18	+2.49	★
Outpatient Visits	6,611.4	4,188.23	4,199.45	+11.22	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	126.36	98.78	84.57	-14.21	NC
Average Length of Stay—Total Inpatient—Total All Ages	5.6	5.59	6.14	+0.55	NC
Discharges—Maternity—Total All Ages	27.84	24.13	21.08	-3.05	NC
Average Length of Stay—Maternity—Total All Ages	2.58	2.42	2.44	+0.02	NC
Discharges—Surgery—Total All Ages	30	25.88	23.33	-2.55	NC
Average Length of Stay—Surgery—Total All Ages	9.05	9.16	9.51	+0.35	NC
Discharges—Medicine—Total All Ages	76.08	54.83	45.48	-9.35	NC
Average Length of Stay—Medicine—Total All Ages	5.05	4.94	5.70	+0.76	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	14.94%	15.63%	16.38%	+0.75	★★★
Multiple Pharmacies	3.43%	2.31%	3.26%	**+0.95++**	★★
Multiple Prescribers and Multiple Pharmacies	2.23%	1.78%	2.43%	+0.65	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	2.53%	2.65%	2.81%	+0.16	★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	16.92%	9.59%	9.81%	+0.22	★
At Least 31 Days Covered—Total	9.03%	7.13%	7.14%	+0.01	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	11.42%	11.99%	13.85%	+1.86	★
*Expected Readmissions—Total**	9.91%	10.74%	10.73%	-0.01	★
*O/E Ratio—Total**	1.15	1.1158	1.2912	**+0.17++**	★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–MY 2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.

[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.

4 Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.

** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	62.53%	55.96%	57.91%	+1.95	★
Combination 7	52.55%	48.18%	48.66%	+0.48	★
Combination 10	31.39%	30.66%	26.28%	-4.38	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	61.80%	67.72%	+5.92+	★★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	62.98%	63.64%	+0.66	★★
Lead Screening in Children					
Lead Screening in Children	71.53%	55.23%	53.28%	-1.95	★★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	59.20%	59.79%	+0.59	★★★
Ages 12 to 17 Years	—	49.83%	48.29%	**-1.54++**	★★
Ages 18 to 21 Years	—	31.08%	29.30%	**-1.78++**	★★★
Total	—	51.22%	50.85%	-0.37	★★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	82.00%	74.45%	74.42%	-0.03	★★
Combination 2 (Meningococcal, Tdap, HPV)	34.06%	32.12%	28.89%	-3.23	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	48.33%	43.94%	46.65%	+2.71	★★★★
Continuation and Maintenance Phase	68.62%	62.04%	61.86%	-0.18	★★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	58.99%	58.41%	60.81%	+2.40+	★★★★
Ages 21 to 24 Years	64.86%	63.32%	65.78%	+2.46+	★★★
Total	61.98%	61.08%	63.55%	+2.47+	★★★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cervical Cancer Screening					
Cervical Cancer Screening	60.73%	59.49%	60.30%	+0.81	★★★
Breast Cancer Screening					
Breast Cancer Screening	55.48%	52.25%	53.29%	+1.04	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	74.84%	76.86%	74.19%	**-2.67++**	★★★
Ages 45 to 64 Years	82.29%	83.45%	81.71%	**-1.74++**	★★
Ages 65 Years and Older	71.52%	76.97%	76.10%	-0.87	★
Total	77.48%	79.06%	76.71%	**-2.35++**	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	62.81%	65.57%	64.35%	-1.22	★★
Ages 18 to 64 Years	38.45%	43.80%	37.99%	**-5.81++**	★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	49.46%	49.46%	51.38%	+1.92	★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	75.69%	70.29%	66.77%	**-3.52++**	★
Ages 18 to 64 Years	54.39%	50.67%	52.36%	+1.69	★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	65.57%	57.21%	58.60%	+1.39	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	91.91%	94.71%	92.77%	**-1.94++**	★★
Ages 18 to 64 Years	76.51%	81.42%	79.72%	**-1.70++**	★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	86.34%	88.76%	88.11%	**-0.65++**	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	78.14%	83.07%	81.51%	-1.56	★★★
Counseling for Nutrition—Total	64.87%	76.56%	75.00%	-1.56	★★★
Counseling for Physical Activity—Total	63.80%	75.26%	72.92%	-2.34	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	78.91%	88.08%	86.86%	-1.22	★★★
Postpartum Care	71.09%	78.59%	76.40%	-2.19	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	41.61%	37.96%	34.06%	-3.90	★★★★
HbA1c Control (<8.0%)	49.15%	50.85%	59.61%	+8.76+	★★★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	58.64%	54.99%	54.01%	-0.98	★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	56.93%	59.37%	70.07%	+10.70+	★★★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	28.07%	34.76%	+6.69+	★★★
Ages 65 to 74 Years	—	29.59%	40.39%	+10.80+	★★★
Ages 75 to 85 Years	—	25.53%	37.93%	+12.40	★★★
Total	—	28.08%	34.85%	+6.77+	★★★
Asthma Medication Ratio					
Total	50.13%	49.01%	49.04%	+0.03	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	57.95%	58.81%	+0.86	★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	62.35%	68.44%	66.06%	-2.38++	★★★★
Effective Continuation Phase Treatment	47.14%	52.44%	48.81%	-3.63++	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.17%	81.37%	79.85%	-1.52	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.67%	59.60%	63.51%	+3.91	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.66%	57.08%	57.63%	+0.55	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	46.98%	50.27%	51.82%	+1.55	NC
Black or African American	34.60%	34.93%	35.10%	+0.17	NC
American Indian or Alaska Native	1.01%	1.39%	1.28%	-0.11	NC
Asian	1.77%	1.72%	1.97%	+0.25	NC
Native Hawaiian and Other Pacific Islander	3.26%	2.94%	2.58%	-0.36	NC
Some Other Race	0.00%	0.00%	0.01%	+0.01	NC
Two or More Races	0.04%	0.03%	0.02%	-0.01	NC
Unknown	12.35%	8.73%	7.20%	-1.53	NC
Declined	0.00%	0.00%	0.01%	+0.01	NC
Ethnicity Reporting Category: Hispanic or Latino	3.11%	2.90%	6.07%	+3.17	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.39%	98.33%	96.48%	-1.85	NC
Spoken Language Preferred for Health Care—Non-English	1.61%	1.66%	3.43%	+1.77	NC
Spoken Language Preferred for Health Care—Unknown	0.01%	0.01%	0.09%	+0.08	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.38%	98.33%	96.65%	-1.68	NC
Language Preferred for Written Materials—Non-English	1.62%	1.67%	3.28%	+1.61	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	0.01%	0.01%	0.07%	+0.06	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.80%	98.72%	98.46%	-0.26	NC
Other Language Needs—Non-English	1.19%	1.27%	1.53%	+0.26	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
Utilization[3]					
Ambulatory Care					
*ED Visits **	532.56	542.29	550.05	+7.76	★★
Outpatient Visits	4,014.84	4,494.71	4,441.93	-52.78	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	74.16	82.28	70.93	-11.35	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.4	4.69	4.92	+0.23	NC
Discharges—Maternity—Total All Ages	30.36	27.22	23.94	-3.28	NC
Average Length of Stay—Maternity—Total All Ages	2.41	2.77	2.87	+0.10	NC
Discharges—Surgery—Total All Ages	14.4	18.15	17.35	-0.80	NC
Average Length of Stay—Surgery—Total All Ages	7.67	7.99	8.19	+0.20	NC
Discharges—Medicine—Total All Ages	36.36	42.85	34.83	-8.02	NC
Average Length of Stay—Medicine—Total All Ages	4.38	4.24	4.40	+0.16	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	14.62%	17.63%	17.25%	-0.38	★★★
Multiple Pharmacies	3.00%	2.96%	2.42%	-0.54^{+}	★★
Multiple Prescribers and Multiple Pharmacies	1.84%	2.09%	1.63%	-0.46^{+}	★★
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	1.69%	1.31%	0.80%	-0.51^{+}	★★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	8.40%	8.14%	7.56%	-0.58^{+}	★★
At Least 31 Days Covered—Total	5.69%	5.78%	5.37%	-0.41	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	11.00%	9.98%	10.65%	+0.67	★★
*Expected Readmissions—Total**	10.23%	9.88%	10.25%	+0.37	★
*O/E Ratio—Total**	1.08	1.0096	1.0390	**+0.03^{++}**	★★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2021–2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.
[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.
[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.
** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	44.95%	37.89%	46.22%	+8.33+	★
Combination 7	37.61%	29.64%	39.33%	+9.69+	★
Combination 10	20.18%	15.46%	19.83%	+4.37	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	36.06%	52.44%	+16.38+	★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	46.05%	47.35%	+1.30	★
Lead Screening in Children					
Lead Screening in Children	62.39%	44.59%	48.74%	+4.15	★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	45.80%	47.26%	+1.46	★
Ages 12 to 17 Years	—	34.35%	36.91%	+2.56	★
Ages 18 to 21 Years	—	19.18%	22.12%	+2.94	★★
Total	—	36.69%	38.98%	+2.29+	★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	70.73%	60.55%	65.23%	+4.68	★
Combination 2 (Meningococcal, Tdap, HPV)	21.95%	18.81%	17.19%	-1.62	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	NA	34.38%	28.13%	-6.25	★
Continuation and Maintenance Phase	NA	NA	NA	NC	NC
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	51.98%	55.87%	64.90%	+9.03+	★★★★
Ages 21 to 24 Years	59.75%	60.48%	66.17%	+5.69+	★★★
Total	56.42%	58.96%	65.78%	+6.82+	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	40.00%	43.80%	56.45%	+12.65+	★★
Breast Cancer Screening					
Breast Cancer Screening	57.02%	56.75%	54.95%	-1.80	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	57.06%	60.43%	61.17%	+0.74	★
Ages 45 to 64 Years	74.49%	74.95%	74.93%	-0.02	★
Ages 65 Years and Older	88.16%	89.41%	90.91%	+1.50	★★★★
Total	68.81%	68.56%	68.50%	-0.06	★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	75.93%	71.05%	62.05%	-9.00	★★
Ages 18 to 64 Years	40.52%	44.90%	38.86%	-6.04	★★
Ages 65 Years And Older	29.55%	NA	23.33%	NC	★
Total	47.20%	50.98%	48.17%	-2.81	★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	65.98%	65.56%	63.32%	-2.24	★
Ages 18 to 64 Years	47.10%	43.81%	55.82%	+12.01+	★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	52.76%	48.25%	57.41%	+9.16+	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	91.72%	95.76%	92.49%	-3.27++	★★
Ages 18 to 64 Years	79.94%	81.39%	81.79%	+0.40	★★★
Ages 65 Years And Older	73.75%	62.50%	68.92%	+6.42	★★
Total	84.31%	88.07%	87.60%	-0.47	★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	80.67%	81.42%	85.67%	+4.25	★★★★
Counseling for Nutrition—Total	69.85%	75.14%	78.96%	+3.82	★★★
Counseling for Physical Activity—Total	67.27%	73.50%	76.52%	+3.02	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	68.30%	75.88%	79.21%	+3.33	★
Postpartum Care	52.68%	64.57%	68.68%	+4.11	★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	46.96%	50.12%	35.77%	-14.35+	★★★
HbA1c Control (<8.0%)	46.47%	44.28%	56.20%	+11.92+	★★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	44.77%	49.88%	58.88%	+9.00+	★★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	53.28%	53.28%	61.07%	+7.79+	★★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	31.20%	37.86%	+6.66+	★★★
Ages 65 to 74 Years	—	33.55%	44.93%	+11.38+	★★★
Ages 75 to 85 Years	—	32.35%	43.10%	+10.75	★★★
Total	—	31.83%	39.52%	+7.69+	★★★
Asthma Medication Ratio					
Total	46.27%	48.30%	52.03%	+3.73	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	57.32%	62.53%	+5.21	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	70.59%	77.32%	78.79%	+1.47	★★★★★
Effective Continuation Phase Treatment	47.06%	63.41%	67.27%	+3.86	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	71.52%	76.61%	82.16%	+5.55+	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.67%	64.86%	64.20%	-0.66	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.04%	63.44%	61.30%	-2.14	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	39.22%	41.61%	38.26%	-3.35	NC
Black or African American	46.62%	45.63%	42.88%	-2.75	NC
American Indian or Alaska Native	0.15%	0.50%	0.42%	-0.08	NC
Asian	1.74%	1.35%	1.30%	-0.05	NC
Native Hawaiian and Other Pacific Islander	0.04%	0.07%	0.11%	+0.04	NC
Some Other Race	3.98%	1.67%	1.11%	-0.56	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	8.24%	9.13%	15.90%	+6.77	NC
Declined	0.00%	0.04%	0.03%	-0.01	NC
Ethnicity Reporting Category: Hispanic or Latino	3.72%	0.91%	0.50%	-0.41	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	90.36%	99.10%	98.80%	-0.30	NC
Spoken Language Preferred for Health Care—Non-English	0.74%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	8.91%	0.90%	1.20%	+0.30	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	90.36%	99.10%	98.80%	-0.30	NC
Language Preferred for Written Materials—Non-English	0.74%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	8.91%	0.90%	1.20%	+0.30	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	90.36%	99.10%	98.80%	-0.30	NC
Other Language Needs—Non-English	0.74%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	8.91%	0.90%	1.20%	+0.30	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[3]					
Ambulatory Care					
*ED Visits—Total**	601.68	613.21	588.19	-25.02	★★
Outpatient Visits—Total	3,949.44	4,642.9	4,780.73	+137.83	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	122.4	108.36	104.55	-3.81	NC
Average Length of Stay—Total Inpatient—Total All Ages	5.95	6.08	5.77	-0.31	NC
Discharges—Maternity—Total All Ages	22.2	21.81	22.58	+0.77	NC
Average Length of Stay—Maternity—Total All Ages	2.57	2.45	2.48	+0.03	NC
Discharges—Surgery—Total All Ages	29.28	27.93	28.41	+0.48	NC
Average Length of Stay—Surgery—Total All Ages	9.44	9.55	9.55	0.00	NC
Discharges—Medicine—Total All Ages	77.04	63.69	58.52	-5.17	NC
Average Length of Stay—Medicine—Total All Ages	5.33	5.51	4.92	-0.59	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	12.95%	17.30%	16.79%	-0.51	★★★
Multiple Pharmacies	3.34%	2.92%	2.73%	-0.19	★★
Multiple Prescribers and Multiple Pharmacies	1.63%	2.37%	1.82%	-0.55	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	2.16%	1.94%	1.27%	-0.67	★★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	14.45%	11.94%	11.71%	-0.23	★
At Least 31 Days Covered—Total	9.91%	6.84%	5.53%	-1.31	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	13.38%	9.86%	8.83%	-1.03	★★★
*Expected Readmissions—Total**	9.81%	9.76%	10.44%	+0.68	★
*O/E Ratio—Total**	1.36	1.0099	0.8463	-0.16[+]	★★★★★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–MY 2021 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.
[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.
[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.
** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	63.26%	58.88%	54.99%	-3.89	★
Combination 7	51.34%	51.09%	47.20%	-3.89	★
Combination 10	31.39%	29.68%	23.36%	**-6.32⁺⁺**	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	58.66%	65.02%	+6.36⁺	★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	59.04%	62.08%	+3.04⁺	★★
Lead Screening in Children					
Lead Screening in Children	74.21%	40.63%	43.33%	+2.70	★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	54.63%	58.39%	+3.76⁺	★★★
Ages 12 to 17 Years	—	44.47%	47.20%	+2.73⁺	★★
Ages 18 to 21 Years	—	23.41%	23.31%	-0.10	★★
Total	—	45.88%	48.46%	+2.58⁺	★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	81.75%	77.86%	75.91%	-1.95	★★
Combination 2 (Meningococcal, Tdap, HPV)	30.90%	29.68%	28.47%	-1.21	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	49.12%	40.70%	46.97%	+6.27⁺	★★★★
Continuation and Maintenance Phase	59.30%	54.96%	58.26%	+3.30	★★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	53.49%	53.84%	52.46%	-1.38	★★★
Ages 21 to 24 Years	61.32%	61.89%	62.53%	+0.64	★★★
Total	57.22%	57.84%	57.54%	-0.30	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	59.85%	56.69%	55.06%	-1.63	★★
Breast Cancer Screening					
Breast Cancer Screening	56.20%	53.67%	54.65%	+0.98	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	73.17%	73.12%	70.38%	**-2.74⁺⁺**	★★
Ages 45 to 64 Years	83.28%	82.20%	80.64%	**-1.56⁺⁺**	★★
Ages 65 Years and Older	72.67%	72.92%	72.24%	-0.68	★
Total	76.67%	76.07%	73.68%	**-2.39⁺⁺**	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	61.39%	62.45%	72.09%	+9.64⁺	★★★
Ages 18 to 64 Years	39.96%	42.27%	43.48%	+1.21	★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	50.05%	48.74%	58.28%	+9.54⁺	★★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	81.62%	79.14%	79.96%	+0.82	★★★
Ages 18 to 64 Years	67.58%	67.38%	66.43%	-0.95	★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	76.36%	73.13%	73.79%	+0.66	★★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	90.52%	93.42%	91.63%	**-1.79⁺⁺**	★★
Ages 18 to 64 Years	79.90%	85.30%	83.56%	**-1.74⁺⁺**	★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	86.88%	89.74%	88.75%	**-0.99⁺⁺**	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	65.21%	60.83%	66.83%	+6.00	★
Counseling for Nutrition—Total	53.53%	52.55%	57.32%	+4.77	★
Counseling for Physical Activity—Total	53.77%	52.31%	56.59%	+4.28	★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	78.59%	77.86%	71.86%	-6.00	★
Postpartum Care	70.32%	67.40%	75.96%	+8.56⁺	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	56.45%	54.74%	58.64%	+3.90	★
HbA1c Control (<8.0%)	37.71%	38.20%	34.79%	-3.41	★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	54.74%	50.61%	52.55%	+1.94	★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	50.85%	43.31%	47.69%	+4.38	★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	29.11%	30.99%	+1.88+	★★
Ages 65 to 74 Years	—	42.42%	20.63%	**-21.79++**	★
Ages 75 to 85 Years	—	NA	NA	NC	NC
Total	—	29.22%	30.94%	+1.72+	★★
Asthma Medication Ratio					
Total	53.48%	54.64%	54.48%	-0.16	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	45.26%	46.47%	+1.21	★
Antidepressant Medication Management					
Effective Acute Phase Treatment	63.95%	68.64%	69.22%	+0.58	★★★★
Effective Continuation Phase Treatment	48.85%	52.44%	54.25%	+1.81+	★★★★
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	74.61%	77.64%	79.13%	+1.49	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	60.37%	65.00%	64.78%	-0.22	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	51.11%	65.96%	69.57%	+3.61	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	71.26%	65.14%	64.81%	-0.33	★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	64.38%	68.31%	69.28%	+0.97	NC
Black or African American	20.63%	21.23%	21.16%	-0.07	NC
American Indian or Alaska Native	0.55%	1.06%	1.05%	-0.01	NC
Asian	0.80%	0.69%	1.08%	+0.39	NC
Native Hawaiian and Other Pacific Islander	0.09%	0.11%	0.12%	+0.01	NC
Some Other Race	6.06%	0.41%	6.76%	+6.35	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	7.48%	8.19%	0.56%	-7.63	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	6.06%	0.41%	6.32%	+5.91	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	52.87%	47.65%	99.08%	+51.43	NC
Spoken Language Preferred for Health Care—Non-English	0.40%	0.35%	0.92%	+0.57	NC
Spoken Language Preferred for Health Care—Unknown	46.73%	52.00%	0.00%	-52.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	98.97%	+98.97	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.92%	+0.92	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	100.00%	100.00%	0.11%	-99.89	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
Utilization[3]					
Ambulatory Care					
*ED Visits—Total**	620.64	667.06	675.09	+8.03	★
Outpatient Visits—Total	5,373.84	8,195.79	8,194.31	-1.48	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	99.72	88.23	77.31	-10.92	NC
Average Length of Stay—Total Inpatient—Total All Ages	3.87	4.21	4.27	+0.06	NC
Discharges—Maternity—Total All Ages	31.32	6.01	24.60	-1.41	NC
Average Length of Stay—Maternity—Total All Ages	1.69	1.71	1.67	-0.04	NC
Discharges—Surgery—Total All Ages	24.84	21.1	19.51	-1.59	NC
Average Length of Stay—Surgery—Total All Ages	6	7	6.86	-0.14	NC
Discharges—Medicine—Total All Ages	51.36	47.09	38.65	-8.44	NC
Average Length of Stay—Medicine—Total All Ages	3.86	4.02	4.26	+0.24	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	14.77%	14.19%	14.32%	+0.13	★★★★
Multiple Pharmacies	2.60%	2.13%	1.74%	-0.39	★★★
Multiple Prescribers and Multiple Pharmacies	1.21%	1.21%	0.91%	-0.30	★★★
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	2.65%	2.43%	1.33%	-1.10[+]	★★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	12.40%	7.22%	6.41%	-0.81[+]	★★
At Least 31 Days Covered—Total	6.36%	5.20%	4.60%	-0.60[+]	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	9.63%	9.60%	9.56%	-0.04	★★★
*Expected Readmissions—Total**	9.76%	9.71%	9.63%	-0.08	★★★
*O/E Ratio—Total**	0.99	0.9891	0.9936	0.00	★★★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–MY 2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.
[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.
[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.
** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	62.53%	54.26%	58.88%	+4.62	★★
Combination 7	56.20%	45.01%	52.31%	+7.30+	★★
Combination 10	32.85%	23.36%	25.30%	+1.94	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	60.85%	55.37%	-5.48++	★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	61.93%	59.29%	-2.64++	★
Lead Screening in Children					
Lead Screening in Children	73.87%	56.36%	55.72%	-0.64	★★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	58.18%	59.96%	+1.78+	★★★
Ages 12 to 17 Years	—	49.86%	51.05%	+1.19+	★★★
Ages 18 to 21 Years	—	27.39%	27.32%	-0.07	★★★
Total	—	50.75%	51.78%	+1.03+	★★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	82.73%	73.97%	78.59%	+4.62	★★★
Combination 2 (Meningococcal, Tdap, HPV)	36.50%	32.60%	27.49%	-5.11	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	44.59%	39.12%	39.94%	+0.82	★★★
Continuation and Maintenance Phase	55.18%	46.75%	40.66%	-6.09	★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	55.53%	55.97%	61.07%	+5.10+	★★★★
Ages 21 to 24 Years	62.83%	64.36%	70.85%	+6.49+	★★★★★
Total	58.84%	59.89%	65.64%	+5.75+	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	59.41%	56.83%	60.34%	+3.51	★★★
Breast Cancer Screening					
Breast Cancer Screening	56.65%	50.97%	53.52%	+2.55+	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	76.20%	76.87%	74.69%	-2.18++	★★★
Ages 45 to 64 Years	84.67%	85.06%	83.70%	-1.36++	★★★
Ages 65 Years and Older	88.91%	88.07%	88.39%	+0.32	★★★
Total	79.18%	79.82%	77.94%	-1.88++	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	60.82%	65.46%	68.23%	+2.77	★★★
Ages 18 to 64 Years	39.00%	46.01%	40.18%	-5.83++	★★
Ages 65 Years And Older	31.25%	55.56%	40.86%	-14.70	★★
Total	50.08%	52.27%	55.30%	+3.03+	★★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	77.32%	71.61%	72.53%	+0.92	★★
Ages 18 to 64 Years	60.88%	56.54%	56.44%	-0.10	★★
Ages 65 Years And Older	NA	NA	21.21%	NC	★★★
Total	71.39%	64.04%	65.57%	+1.53+	★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	91.71%	94.17%	92.54%	-1.63++	★★
Ages 18 to 64 Years	78.27%	82.61%	81.88%	-0.73	★★★
Ages 65 Years And Older	88.33%	86.42%	66.98%	-19.44++	★★
Total	87.84%	89.89%	89.23%	-0.66++	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	78.59%	72.99%	81.02%	+8.03+	★★★
Counseling for Nutrition—Total	69.83%	65.45%	69.34%	+3.89	★★
Counseling for Physical Activity—Total	68.13%	64.72%	68.86%	+4.14	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	79.08%	74.70%	74.45%	-0.25	★
Postpartum Care	67.88%	73.97%	75.91%	+1.94	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	44.04%	52.07%	38.93%	-13.14+	★★★
HbA1c Control (<8.0%)	47.45%	40.63%	54.99%	+14.36+	★★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	50.17%	51.34%	55.23%	+3.89	★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	56.45%	55.72%	67.88%	+12.16+	★★★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	30.15%	39.26%	+9.11+	★★★
Ages 65 to 74 Years	—	23.50%	34.38%	+10.88+	★★
Ages 75 to 85 Years	—	23.60%	29.30%	+5.70	★★
Total	—	29.61%	38.78%	+9.17+	★★★
Asthma Medication Ratio					
Total	60.15%	58.80%	61.16%	+2.36+	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	48.91%	62.77%	+13.86+	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	50.48%	61.75%	72.10%	+10.35+	★★★★★
Effective Continuation Phase Treatment	33.33%	46.38%	69.38%	+23.00+	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.52%	81.01%	83.41%	+2.40+	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	61.17%	66.28%	75.84%	+9.56+	★★★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	61.90%	62.50%	75.34%	+12.84	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	68.04%	70.36%	64.90%	-5.46++	★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	59.95%	65.87%	61.54%	-4.33	NC
Black or African American	22.36%	23.86%	22.52%	-1.34	NC
American Indian or Alaska Native	0.48%	0.88%	0.86%	-0.02	NC
Asian	2.43%	0.83%	1.16%	+0.33	NC
Native Hawaiian and Other Pacific Islander	0.08%	0.10%	0.09%	-0.01	NC
Some Other Race	0.00%	0.00%	6.06%	+6.06	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	14.70%	8.46%	7.27%	-1.19	NC
Declined	0.00%	0.00%	0.50%	+0.50	NC
Ethnicity Reporting Category: Hispanic or Latino	0.00%	0.00%	0.01%	+0.01	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.48%	98.39%	97.36%	-1.03	NC
Spoken Language Preferred for Health Care—Non-English	0.67%	0.68%	1.57%	+0.89	NC
Spoken Language Preferred for Health Care—Unknown	0.84%	0.93%	1.07%	+0.14	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.48%	98.39%	97.36%	-1.03	NC
Language Preferred for Written Materials—Non-English	0.67%	0.68%	1.57%	+0.89	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	0.84%	0.93%	1.07%	+0.14	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.48%	96.75%	97.36%	+0.61	NC
Other Language Needs—Non-English	0.67%	0.65%	1.57%	+0.92	NC
Other Language Needs—Unknown	0.84%	2.60%	1.07%	-1.53	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[3]					
Ambulatory Care					
*ED Visits—Total**	546.48	575.66	625.72	+50.06	★
Outpatient Visits—Total	4,772.76	5,124.16	4,535.66	-588.50	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	80.04	73.64	70.50	-3.14	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.3	4.78	4.96	+0.18	NC
Discharges—Maternity—Total All Ages	31.56	25.68	23.73	-1.95	NC
Average Length of Stay—Maternity—Total All Ages	2.67	2.76	2.71	-0.05	NC
Discharges—Surgery—Total All Ages	18.24	16.75	13.14	-3.61	NC
Average Length of Stay—Surgery—Total All Ages	7.18	8.15	7.96	-0.19	NC
Discharges—Medicine—Total All Ages	39	38.04	39.75	+1.71	NC
Average Length of Stay—Medicine—Total All Ages	3.91	4.3	4.96	+0.66	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	14.84%	14.26%	13.18%	-1.08^{+}	★★★★
Multiple Pharmacies	3.78%	1.94%	3.37%	**+1.43^{++}**	★★
Multiple Prescribers and Multiple Pharmacies	2.59%	1.16%	1.55%	**+0.39^{++}**	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	2.65%	1.98%	1.56%	-0.42^{+}	★★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	9.38%	8.04%	16.04%	**+8.00^{++}**	★
At Least 31 Days Covered—Total	5.91%	5.51%	9.27%	**+3.76^{++}**	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	8.60%	8.43%	10.85%	**+2.42^{++}**	★
*Expected Readmissions—Total**	9.60%	9.53%	10.47%	**+0.94^{++}**	★
*O/E Ratio—Total**	0.90	0.8844	1.0361	**+0.16^{++}**	★★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2020–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–MY 2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.
[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.
[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.
** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	67.15%	54.83%	57.18%	+2.35	★
Combination 7	58.64%	46.38%	48.91%	+2.53	★
Combination 10	33.82%	26.33%	23.84%	-2.49	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	55.95%	60.34%	+4.39^{+}	★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	60.53%	62.30%	+1.77^{+}	★★
Lead Screening in Children					
Lead Screening in Children	72.14%	59.61%	57.66%	-1.95	★★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	59.60%	59.81%	+0.21	★★★
Ages 12 to 17 Years	—	52.34%	52.58%	+0.24	★★★
Ages 18 to 21 Years	—	31.90%	30.90%	**-1.00^{++}**	★★★
Total	—	52.26%	52.05%	-0.21	★★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	83.70%	77.32%	77.09%	-0.23	★★
Combination 2 (Meningococcal, Tdap, HPV)	42.34%	32.54%	29.88%	**-2.66^{++}**	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	51.67%	46.10%	43.84%	-2.26	★★★
Continuation and Maintenance Phase	65.49%	57.07%	56.28%	-0.79	★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	59.09%	62.05%	62.27%	+0.22	★★★★
Ages 21 to 24 Years	65.40%	65.63%	67.89%	+2.26^{+}	★★★★
Total	61.79%	63.67%	64.89%	+1.22^{+}	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	63.99%	57.21%	59.37%	+2.16	★★★
Breast Cancer Screening					
Breast Cancer Screening	55.52%	51.37%	53.48%	+2.11^{+}	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	75.54%	76.83%	74.44%	**-2.39^{++}**	★★★
Ages 45 to 64 Years	85.30%	85.37%	84.26%	**-1.11^{++}**	★★★
Ages 65 Years and Older	90.28%	91.58%	91.93%	+0.35	★★★★
Total	79.57%	80.21%	78.22%	**-1.99^{++}**	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	58.59%	64.02%	60.54%	**-3.48^{++}**	★★
Ages 18 to 64 Years	38.65%	46.11%	37.83%	**-8.28^{++}**	★
Ages 65 Years And Older	22.73%	34.09%	27.16%	-6.93	★
Total	48.76%	52.23%	51.01%	-1.22	★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	70.08%	61.07%	64.87%	+3.80^{+}	★
Ages 18 to 64 Years	52.12%	48.19%	50.69%	+2.50^{+}	★
Ages 65 Years And Older	24.00%	26.32%	25.00%	-1.32	★★★
Total	63.70%	54.42%	58.85%	+4.43^{+}	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	89.18%	92.82%	91.45%	**-1.37^{++}**	★★
Ages 18 to 64 Years	76.95%	79.99%	79.77%	-0.22	★★
Ages 65 Years And Older	61.31%	73.11%	65.98%	-7.13	★★
Total	85.63%	88.38%	88.19%	-0.19	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	76.89%	75.67%	78.10%	+2.43	★★
Counseling for Nutrition—Total	70.80%	71.29%	69.59%	-1.70	★★
Counseling for Physical Activity—Total	67.64%	68.13%	68.37%	+0.24	★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	81.27%	78.35%	81.02%	+2.67	★
Postpartum Care	70.32%	70.07%	71.53%	+1.46	★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	44.77%	39.90%	41.85%	+1.95	★★
HbA1c Control (<8.0%)	43.31%	51.82%	50.61%	-1.21	★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	53.28%	57.18%	53.53%	-3.65	★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	56.93%	62.77%	67.64%	+4.87	★★★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	27.62%	28.90%	+1.28+	★★
Ages 65 to 74 Years	—	30.61%	31.82%	+1.21	★★
Ages 75 to 85 Years	—	31.92%	26.87%	-5.05	★
Total	—	27.91%	29.07%	+1.16+	★★
Asthma Medication Ratio					
Total	52.96%	54.32%	55.51%	+1.19	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	55.96%	63.26%	+7.30+	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	61.61%	64.51%	66.20%	+1.69+	★★★★
Effective Continuation Phase Treatment	43.83%	47.25%	48.69%	+1.44	★★★★
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	78.55%	80.71%	81.31%	+0.60	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	62.18%	64.42%	64.49%	+0.07	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	67.27%	64.36%	71.28%	+6.92	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	71.35%	65.79%	66.14%	+0.35	★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	45.74%	46.75%	41.55%	-5.20	NC
Black or African American	34.04%	34.09%	27.75%	-6.34	NC
American Indian or Alaska Native	0.27%	0.36%	0.33%	-0.03	NC
Asian	0.30%	0.24%	0.16%	-0.08	NC
Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.00%	0.00	NC
Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	19.64%	18.56%	30.21%	+11.65	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	6.92%	5.99%	5.03%	-0.96	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.51%	98.47%	98.33%	-0.14	NC
Spoken Language Preferred for Health Care—Non-English	1.47%	1.51%	1.65%	+0.14	NC
Spoken Language Preferred for Health Care—Unknown	0.02%	0.02%	0.02%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.51%	98.47%	98.33%	-0.14	NC
Language Preferred for Written Materials—Non-English	1.47%	1.51%	1.65%	+0.14	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	0.02%	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	98.51%	98.47%	98.33%	-0.14	NC
Other Language Needs—Non-English	1.47%	1.51%	1.65%	+0.14	NC
Other Language Needs—Unknown	0.02%	0.02%	0.02%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[3]					
Ambulatory Care					
*ED Visits—Total**	564.84	593.4	588.66	-4.74	★★
Outpatient Visits—Total	4,080.84	4,559.05	4,350.58	-208.47	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	71.88	80.46	65.87	-14.59	NC
Average Length of Stay—Total Inpatient—Total All Ages	5.13	5.08	5.15	+0.07	NC
Discharges—Maternity—Total All Ages	29.28	27.53	25.25	-2.28	NC
Average Length of Stay—Maternity—Total All Ages	2.83	2.83	2.91	+0.08	NC
Discharges—Surgery—Total All Ages	16.2	17.38	14.50	-2.88	NC
Average Length of Stay—Surgery—Total All Ages	9.18	9.16	9.84	+0.68	NC
Discharges—Medicine—Total All Ages	34.32	42.66	32.52	-10.14	NC
Average Length of Stay—Medicine—Total All Ages	4.65	4.49	4.35	-0.14	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	13.36%	13.12%	14.44%	**+1.32⁺⁺**	★★★★
Multiple Pharmacies	2.75%	2.11%	1.98%	-0.13	★★★
Multiple Prescribers and Multiple Pharmacies	1.70%	1.43%	1.34%	-0.09	★★★
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	2.15%	6.68%	1.40%	-5.28⁺	★★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	9.82%	19.58%	11.66%	-7.92⁺	★
At Least 31 Days Covered—Total	6.95%	12.07%	5.97%	-6.10⁺	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	9.43%	8.98%	8.82%	-0.16	★★★
*Expected Readmissions—Total**	9.90%	9.76%	9.65%	-0.11	★★★
*O/E Ratio—Total**	0.95	0.9205	0.9145	-0.01	★★★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–MY 2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.

[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.

[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.

** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	74.70%	61.26%	63.50%	+2.24	★★★
Combination 7	65.94%	52.72%	55.72%	+3.00	★★★
Combination 10	47.93%	35.68%	32.85%	-2.83	★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	59.18%	53.15%	**-6.03⁺⁺**	★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	65.58%	59.86%	**-5.72⁺⁺**	★
Lead Screening in Children					
Lead Screening in Children	78.35%	56.02%	60.83%	+4.81	★★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	60.53%	61.72%	+1.19⁺	★★★
Ages 12 to 17 Years	—	51.89%	51.71%	-0.18	★★★
Ages 18 to 21 Years	—	30.06%	29.23%	-0.83	★★★
Total	—	52.67%	52.87%	+0.20	★★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	87.59%	81.51%	77.99%	-3.52	★★
Combination 2 (Meningococcal, Tdap, HPV)	45.99%	36.74%	33.60%	-3.14	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	37.07%	31.21%	34.74%	+3.53	★
Continuation and Maintenance Phase	42.59%	38.21%	35.45%	-2.76	★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	58.78%	60.52%	57.75%	**-2.77⁺⁺**	★★★
Ages 21 to 24 Years	63.95%	66.59%	65.55%	-1.04	★★★
Total	61.05%	63.39%	61.47%	**-1.92⁺⁺**	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	67.88%	63.99%	61.31%	-2.68	★★★
Breast Cancer Screening					
Breast Cancer Screening	64.51%	56.52%	53.81%	**-2.71⁺⁺**	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	76.55%	73.78%	70.74%	**-3.04⁺⁺**	★★
Ages 45 to 64 Years	85.47%	83.17%	81.44%	**-1.73⁺⁺**	★★
Ages 65 Years and Older	91.77%	90.26%	89.64%	-0.62	★★★★
Total	80.06%	77.22%	74.58%	**-2.64⁺⁺**	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	71.56%	72.04%	77.98%	+5.94⁺	★★★★
Ages 18 to 64 Years	48.74%	52.75%	53.86%	+1.11	★★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	59.51%	58.50%	66.36%	+7.86⁺	★★★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	81.08%	71.38%	75.37%	+3.99⁺	★★
Ages 18 to 64 Years	68.19%	59.77%	62.66%	+2.89	★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	76.32%	64.77%	68.84%	+4.07⁺	★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	95.18%	96.10%	95.72%	-0.38	★★★
Ages 18 to 64 Years	87.57%	88.79%	90.21%	+1.42⁺	★★★★
Ages 65 Years And Older	89.74%	87.50%	90.28%	+2.78	★★★★
Total	93.04%	93.48%	94.01%	+0.53	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	90.02%	91.97%	88.56%	-3.41	★★★★★
Counseling for Nutrition—Total	81.75%	83.70%	80.29%	-3.41	★★★
Counseling for Physical Activity—Total	80.29%	82.73%	79.32%	-3.41	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	86.37%	79.56%	80.78%	+1.22	★
Postpartum Care	79.56%	75.91%	80.05%	+4.14	★★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	28.47%	34.31%	30.41%	-3.90	★★★★★
HbA1c Control (<8.0%)	60.58%	55.72%	57.66%	+1.94	★★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	63.02%	61.31%	54.48%	-6.83⁺⁺	★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	75.91%	69.59%	68.61%	-0.98	★★★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	34.91%	35.93%	+1.02	★★★
Ages 65 to 74 Years	—	34.09%	39.29%	+5.20	★★★
Ages 75 to 85 Years	—	29.77%	41.40%	+11.63⁺	★★★
Total	—	34.79%	36.20%	+1.41⁺	★★★
Asthma Medication Ratio					
Total	73.36%	62.79%	65.61%	+2.82⁺	★★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	66.42%	73.24%	+6.82⁺	★★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	62.76%	68.78%	78.81%	+10.03⁺	★★★★★
Effective Continuation Phase Treatment	45.30%	51.45%	66.20%	+14.75⁺	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.64%	83.40%	78.57%	-4.83⁺⁺	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	61.00%	72.60%	64.94%	-7.66	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	72.27%	66.79%	64.13%	-2.66	★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	59.62%	59.24%	59.70%	+0.46	NC
Black or African American	15.20%	26.40%	25.99%	-0.41	NC
American Indian or Alaska Native	0.55%	0.78%	0.82%	+0.04	NC
Asian	0.97%	0.92%	0.94%	+0.02	NC
Native Hawaiian and Other Pacific Islander	0.08%	0.11%	0.12%	+0.01	NC
Some Other Race	0.00%	0.01%	7.66%	+7.65	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	23.58%	12.09%	4.76%	-7.33	NC
Declined	0.00%	0.46%	0.00%	-0.46	NC
Ethnicity Reporting Category: Hispanic or Latino	11.27%	0.62%	8.37%	+7.75	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	1.09%	0.00%	-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%	98.91%	100.00%	+1.09	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	1.09%	0.00%	-1.09	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	100.00%	98.91%	100.00%	+1.09	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	1.09%	0.00%	-1.09	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	98.91%	100.00%	+1.09	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[3]					
Ambulatory Care					
*ED Visits—Total**	594.48	626.26	621.26	-5.00	★
Outpatient Visits—Total	3,533.04	3,822.72	4,752.17	+929.45	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	64.2	69.42	58.89	-10.53	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.27	4.72	5.01	+0.29	NC
Discharges—Maternity—Total All Ages	32.64	25.85	24.48	-1.37	NC
Average Length of Stay—Maternity—Total All Ages	3.01	2.88	2.85	-0.03	NC
Discharges—Surgery—Total All Ages	15.6	16.37	13.82	-2.55	NC
Average Length of Stay—Surgery—Total All Ages	6.23	7.59	8.53	+0.94	NC
Discharges—Medicine—Total All Ages	25.56	33.92	26.77	-7.15	NC
Average Length of Stay—Medicine—Total All Ages	4.21	4.38	4.68	+0.30	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	18.70%	17.20%	18.94%	**+1.74**$^{++}$	★★
Multiple Pharmacies	2.23%	2.38%	1.68%	-0.70^{+}	★★★
Multiple Prescribers and Multiple Pharmacies	1.21%	1.34%	0.99%	-0.35	★★★
se of Opioids at High Dosage					
*Use of Opioids at High Dosage**	3.04%	11.32%	1.71%	-9.61^{+}	★★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	10.85%	14.30%	13.11%	-1.19^{+}	★
At Least 31 Days Covered—Total	5.88%	8.23%	6.66%	-1.57^{+}	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	7.75%	8.51%	8.61%	+0.10	★★★★
*Expected Readmissions—Total**	9.61%	9.75%	9.64%	-0.11	★★★
*O/E Ratio—Total**	0.81	0.8721	0.8936	+0.02	★★★★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2020–MY 2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.

[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.

[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.

** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	61.80%	52.40%	54.42%	+2.02[+]	★
Combination 7	54.74%	43.81%	45.21%	+1.40	★
Combination 10	29.68%	24.91%	22.19%	**-2.72[++]**	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	57.52%	63.74%	+6.22[+]	★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	58.08%	60.54%	+2.46[+]	★★
Lead Screening in Children					
Lead Screening in Children	74.70%	58.88%	59.12%	+0.24	★★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	57.53%	57.05%	-0.48	★★★
Ages 12 to 17 Years	—	50.23%	50.53%	+0.30	★★
Ages 18 to 21 Years	—	32.09%	30.71%	**-1.38[++]**	★★★
Total	—	50.60%	50.04%	**-0.56[++]**	★★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	80.78%	78.83%	76.89%	-1.94	★★
Combination 2 (Meningococcal, Tdap, HPV)	38.20%	34.31%	31.14%	-3.17	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	41.20%	38.96%	44.45%	+5.49[+]	★★★★
Continuation and Maintenance Phase	54.09%	56.71%	51.35%	-5.36	★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	59.85%	60.01%	59.47%	-0.54	★★★
Ages 21 to 24 Years	64.95%	65.18%	63.50%	-1.68	★★★
Total	62.06%	62.36%	61.33%	-1.03	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	57.66%	58.88%	58.88%	0.00	★★★
Breast Cancer Screening					
Breast Cancer Screening	54.30%	51.15%	53.45%	+2.30[+]	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	73.73%	75.44%	73.00%	**-2.44[++]**	★★
Ages 45 to 64 Years	84.72%	85.50%	84.17%	**-1.33[++]**	★★★
Ages 65 Years and Older	88.25%	91.11%	90.27%	-0.84	★★★★
Total	77.79%	79.02%	77.02%	**-2.00[++]**	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	60.54%	62.35%	60.75%	-1.60	★★
Ages 18 to 64 Years	38.84%	43.88%	36.89%	**-6.99[++]**	★
Ages 65 Years And Older	31.25%	NA	27.27%	NC	★
Total	49.38%	50.25%	50.05%	-0.20	★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	73.31%	62.16%	62.95%	+0.79	★
Ages 18 to 64 Years	51.63%	41.68%	42.32%	+0.64	★
Ages 65 Years And Older	NA	NA	17.31%	NC	★★★
Total	65.10%	50.73%	53.32%	+2.59[+]	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	91.43%	94.24%	91.92%	**-2.32[++]**	★★
Ages 18 to 64 Years	75.01%	77.10%	76.01%	-1.09	★★
Ages 65 Years And Older	67.80%	65.85%	71.70%	+5.85	★★
Total	86.75%	88.40%	87.36%	**-1.04[++]**	★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	82.48%	79.56%	83.94%	+4.38	★★★
Counseling for Nutrition—Total	73.72%	74.94%	73.97%	-0.97	★★★
Counseling for Physical Activity—Total	71.29%	74.94%	70.56%	-4.38	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	78.83%	82.48%	77.37%	-5.11	★
Postpartum Care	71.78%	74.70%	74.70%	0.00	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	34.79%	33.09%	33.09%	0.00	★★★★
HbA1c Control (<8.0%)	54.26%	56.93%	59.12%	+2.19	★★★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	55.23%	55.47%	56.93%	+1.46	★★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	63.75%	67.15%	75.18%	+8.03+	★★★★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	37.55%	40.62%	+3.07+	★★★★
Ages 65 to 74 Years	—	43.35%	51.15%	+7.80+	★★★★
Ages 75 to 85 Years	—	47.69%	57.46%	+9.77	★★★★★
Total	—	37.87%	41.30%	+3.43+	★★★★
Asthma Medication Ratio					
Total	61.08%	59.94%	62.79%	+2.85+	★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	64.72%	65.45%	+0.73	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	54.48%	61.65%	61.19%	-0.46	★★★
Effective Continuation Phase Treatment	38.21%	45.20%	43.28%	-1.92	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.12%	84.31%	85.09%	+0.78	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	61.61%	65.26%	65.57%	+0.31	★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	67.86%	66.04%	65.96%	-0.08	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.78%	61.53%	60.59%	-0.94	★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	50.57%	55.96%	54.52%	-1.44	NC
Black or African American	29.76%	30.84%	30.12%	-0.72	NC
American Indian or Alaska Native	0.30%	0.60%	0.60%	0.00	NC
Asian	3.38%	1.79%	1.76%	-0.03	NC
Native Hawaiian and Other Pacific Islander	0.08%	0.10%	0.11%	+0.01	NC
Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Unknown	15.90%	10.70%	12.90%	+2.20	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	6.34%	1.23%	0.92%	-0.31	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	96.13%	96.20%	95.91%	-0.29	NC
Spoken Language Preferred for Health Care—Non-English	3.86%	3.80%	3.92%	+0.12	NC
Spoken Language Preferred for Health Care—Unknown	0.01%	0.00%	0.17%	+0.17	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	96.13%	96.20%	95.91%	-0.29	NC
Language Preferred for Written Materials—Non-English	3.86%	3.80%	3.92%	+0.12	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	0.01%	0.00%	0.17%	+0.17	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	96.13%	96.20%	95.91%	-0.29	NC
Other Language Needs—Non-English	3.86%	3.80%	3.92%	+0.12	NC
Other Language Needs—Unknown	0.01%	0.00%	0.17%	+0.17	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[3]					
Ambulatory Care					
*ED Visits—Total**	552.12	592.23	613.40	+21.17	★★
Outpatient Visits—Total	3,782.28	4,265.71	4,352.40	+86.69	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	63.48	58.78	57.21	-1.57	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.7	5.11	5.30	+0.19	NC
Discharges—Maternity—Total All Ages	27.24	22.13	21.89	-0.24	NC
Average Length of Stay—Maternity—Total All Ages	2.46	2.46	2.43	-0.03	NC
Discharges—Surgery—Total All Ages	14.28	14.22	13.76	-0.46	NC
Average Length of Stay—Surgery—Total All Ages	8.02	8.56	9.30	+0.74	NC
Discharges—Medicine—Total All Ages	28.92	27.83	26.73	-1.10	NC
Average Length of Stay—Medicine—Total All Ages	4.61	4.94	5.04	+0.10	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	14.38%	15.22%	15.70%	+0.48	★★★
Multiple Pharmacies	2.00%	1.70%	1.64%	-0.06	★★★
Multiple Prescribers and Multiple Pharmacies	1.17%	1.15%	1.11%	-0.04	★★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	2.90%	2.76%	1.95%	-0.81[+]	★★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	9.87%	9.06%	8.96%	-0.10	★
At Least 31 Days Covered—Total	6.80%	6.51%	6.27%	-0.24	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	12.05%	10.76%	10.49%	-0.27	★★
*Expected Readmissions—Total**	10.77%	10.75%	10.88%	+0.13	★
*O/E Ratio—Total**	1.12	1.0007	0.9645	-0.04[+]	★★★

[1]HEDIS MY 2021 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.

[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2021 Comparisons provided for these measures are for information only.

[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.

** 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 2022 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 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 3	66.08%	60.69%	65.69%	+5.00	★★★
Combination 7	53.94%	50.58%	53.28%	+2.70	★★
Combination 10	39.21%	36.32%	31.39%	-4.93	★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	—	67.53%	70.23%	+2.70	★★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	—	67.43%	68.09%	+0.66	★★★
Lead Screening in Children					
Lead Screening in Children	74.48%	39.75%	52.07%	+12.32^{+}	★
Child and Adolescent Well-Care Visits					
Ages 3 to 11 Years	—	57.85%	56.40%	**-1.45^{++}**	★★★
Ages 12 to 17 Years	—	51.87%	50.27%	-1.60	★★
Ages 18 to 21 Years	—	23.44%	23.73%	+0.29	★★
Total	—	49.99%	48.65%	**-1.34^{++}**	★★
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	80.72%	79.30%	76.40%	-2.90	★★
Combination 2 (Meningococcal, Tdap, HPV)	34.93%	34.53%	28.47%	**-6.06^{++}**	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	50.42%	38.40%	51.91%	+13.51^{+}	★★★★★
Continuation and Maintenance Phase	62.20%	43.30%	54.62%	+11.32	★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	41.01%	41.06%	43.20%	+2.14	★
Ages 21 to 24 Years	49.82%	51.13%	48.69%	-2.44	★
Total	44.89%	45.73%	45.75%	+0.02	★
Cervical Cancer Screening					
Cervical Cancer Screening	58.15%	61.31%	61.80%	+0.49	★★★
Breast Cancer Screening					
Breast Cancer Screening	61.87%	59.29%	59.84%	+0.55	★★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	78.29%	76.69%	75.03%	**-1.66^{++}**	★★★
Ages 45 to 64 Years	85.12%	84.68%	83.39%	**-1.29^{++}**	★★★
Ages 65 Years and Older	92.68%	95.29%	94.52%	-0.77	★★★★★
Total	81.72%	80.61%	79.06%	**-1.55^{++}**	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	64.64%	64.47%	78.11%	+13.64^{+}	★★★★
Ages 18 to 64 Years	36.47%	45.14%	45.85%	+0.71	★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	47.53%	50.77%	62.25%	+11.48^{+}	★★★★
Appropriate Testing for Pharyngitis [4]					
Ages 3 to 17 Years	79.18%	85.35%	85.29%	-0.06	★★★★
Ages 18 to 64 Years	71.84%	76.03%	78.52%	+2.49	★★★★★
Ages 65 Years And Older	NA	NA	NA	NC	NC
Total	76.40%	80.23%	81.70%	+1.47	★★★★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	91.43%	94.19%	93.17%	-1.02	★★
Ages 18 to 64 Years	83.13%	88.85%	85.01%	**-3.84^{++}**	★★★
Ages 65 Years And Older	NA	NA	68.42%	NC	★★
Total	88.72%	92.24%	90.24%	**-2.00^{++}**	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	88.08%	89.54%	92.94%	+3.40	★★★★★
Counseling for Nutrition—Total	72.99%	75.18%	75.43%	+0.25	★★★
Counseling for Physical Activity—Total	69.59%	72.02%	70.32%	-1.70	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care [4]	91.24%	92.21%	92.94%	+0.73	★★★★★
Postpartum Care	87.59%	88.08%	89.29%	+1.21	★★★★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Living With Illness					
Hemoglobin A1c Control for Patients With Diabetes					
*HbA1c Poor Control (>9.0%)**	29.93%	33.33%	30.17%	-3.16	★★★★★
HbA1c Control (<8.0%)	57.42%	55.47%	61.07%	+5.60	★★★★★
Eye Exam for Patients With Diabetes					
Eye Exam for Patients With Diabetes	61.07%	59.61%	60.83%	+1.22	★★★★
Blood Pressure Control for Patients With Diabetes					
Blood Pressure Control for Patients With Diabetes	78.35%	82.48%	82.00%	-0.48	★★★★★
Kidney Health Evaluation for Patients With Diabetes					
Ages 18 to 64 Years	—	34.50%	36.10%	+1.60	★★★
Ages 65 to 74 Years	—	39.38%	36.67%	-2.71	★★★
Ages 75 to 85 Years	—	35.06%	29.58%	-5.48	★★
Total	—	34.98%	35.99%	+1.01	★★★
Asthma Medication Ratio					
Total	58.42%	57.59%	57.67%	+0.08	★
Controlling High Blood Pressure					
Controlling High Blood Pressure	—	79.08%	79.08%	0.00	★★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	62.13%	64.14%	73.09%	+8.95[+]	★★★★★
Effective Continuation Phase Treatment	44.50%	46.68%	55.69%	+9.01[+]	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.06%	86.36%	86.61%	+0.25	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	82.35%	85.71%	73.49%	-12.22[++]	★★★★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	84.72%	85.09%	82.69%	-2.40	★★★★★
Health Plan Diversity					
Race/Ethnicity Diversity of Membership					
White	87.12%	87.82%	89.89%	+2.07	NC
Black or African American	1.66%	1.77%	1.85%	+0.08	NC
American Indian or Alaska Native	2.67%	3.70%	3.84%	+0.14	NC
Asian	0.44%	0.28%	0.51%	+0.23	NC
Native Hawaiian and Other Pacific Islander	0.13%	0.13%	0.16%	+0.03	NC
Some Other Race	2.08%	0.19%	3.56%	+3.37	NC
Two or More Races	0.00%	0.00%	0.03%	+0.03	NC
Unknown	0.00%	0.00%	0.00%	0.00	NC
Declined	5.90%	6.11%	0.16%	-5.95	NC
Ethnicity Reporting Category: Hispanic or Latino	2.08%	0.19%	2.34%	+2.15	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.90%	99.88%	99.86%	-0.02	NC
Spoken Language Preferred for Health Care—Non-English	0.07%	0.10%	0.12%	+0.02	NC
Spoken Language Preferred for Health Care—Unknown	0.03%	0.02%	0.02%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	99.90%	99.88%	99.86%	-0.02	NC
Language Preferred for Written Materials—Non-English	0.07%	0.10%	0.12%	+0.02	NC

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Language Preferred for Written Materials—Unknown	0.03%	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	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
Utilization[3]					
Ambulatory Care					
*ED Visits—Total**	514.44	581.69	603.86	+22.17	★★
Outpatient Visits—Total	3,810.48	4,127.91	3,986.58	-141.33	NC
Inpatient Utilization—General Hospital/Acute Care					
Discharges—Total Inpatient—Total All Ages	74.4	72.76	66.38	-6.38	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.41	4.65	4.96	+0.31	NC
Discharges—Maternity—Total All Ages	24.12	22.01	19.11	-2.90	NC
Average Length of Stay—Maternity—Total All Ages	2.75	2.61	2.54	-0.07	NC
Discharges—Surgery—Total All Ages	21.96	21.7	19.36	-2.34	NC
Average Length of Stay—Surgery—Total All Ages	6.46	6.8	7.56	+0.76	NC
Discharges—Medicine—Total All Ages	34.56	34.58	32.61	-1.97	NC
Average Length of Stay—Medicine—Total All Ages	3.96	4.27	4.48	+0.21	NC
Use of Opioids From Multiple Providers*					
Multiple Prescribers	16.04%	17.73%	17.04%	-0.69	★★★
Multiple Pharmacies	6.41%	6.83%	6.19%	-0.64	★
Multiple Prescribers and Multiple Pharmacies	4.77%	5.17%	4.03%	-1.14	★

Measure	HEDIS MY 2020	HEDIS MY 2021	HEDIS MY 2022	MY 2021–MY 2022 Comparison[1]	MY 2022 Performance Level[2]
Use of Opioids at High Dosage					
*Use of Opioids at High Dosage**	3.33%	2.38%	2.42%	+0.04	★★★
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	9.27%	7.87%	7.64%	-0.23	★★
At Least 31 Days Covered—Total	5.43%	5.30%	4.91%	-0.39	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	9.38%	9.06%	7.69%	-1.37	★★★★★
*Expected Readmissions—Total**	9.97%	9.99%	9.82%	-0.17	★★
*O/E Ratio—Total**	0.94	0.9076	0.7834	-0.13[+]	★★★★★

[1]HEDIS MY 2022 to HEDIS MY 2021 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2022 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–MY 2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

[2]HEDIS MY 2022 Performance Levels were based on comparisons of the HEDIS MY 2022 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2021 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 2021 benchmark.

[3]Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2022 or MY 2021–MY 2022 Comparisons provided for these measures are for information only.

[4] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2022 and prior years be considered with caution.

** 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 2022 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 2022 rates to the HEDIS MY 2021 MWA Quality Compass national Medicaid benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Measures in the Health Plan Diversity domain and utilization-based measure rates were not evaluated based on comparisons to national benchmarks; however, rates for these measure indicators are presented in Appendix B. Additional details about the performance comparisons and star ratings are found in Section 2.

Child & Adolescent Care Performance Summary Stars

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

MHP	*Childhood Immunization Status—Combination 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 & 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 & 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	*Chlamydia Screening in Women—Ages 16 to 20 Years*	*Chlamydia Screening in Women—Ages 21 to 24 Years*	*Chlamydia Screening in Women—Total*	*Cervical Cancer Screening*	*Breast Cancer Screening*
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 Bronchiolitis—Ages 65 Years And Older*	*Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Total*	*Appropriate Testing for Pharyngitis—Ages 3 to 17 Years*[1]	*Appropriate Testing for Pharyngitis—Ages 18 to 64 Years*[1]	*Appropriate Testing for Pharyngitis—Ages 65 Years And Older*[1]	*Appropriate Testing for Pharyngitis—Total*[1]
AET	★	★★★	★	★	NA	★
BCC	NA	★★	★	★	NA	★
HAP	★	★	★	★★	NA	★
MCL	NA	★★★	★★★	★★★	NA	★★★
MER	★★	★★★	★★	★★	★★★	★★
MOL	★	★★	★	★	★★★	★
PRI	NA	★★★★	★★	★★★	NA	★★
UNI	★	★★	★	★	★★★	★
UPP	NA	★★★★	★★★★	★★★★★	NA	★★★★★

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

[1] *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*

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 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

MHP	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
AET	★★★	★★★	★★★
BCC	★★★	★★★	★★★
HAP	★★★★	★★★	★★★
MCL	★	★	★
MER	★★★	★★	★★★
MOL	★★	★★	★★
PRI	★★★★★	★★★	★★★★
UNI	★★★	★★★	★★★
UPP	★★★★★	★★★	★★★

Pregnancy Care Performance Summary Stars

Table C-9—Pregnancy Care Performance Summary Stars

MHP	*Prenatal and Postpartum Care—Timeliness of Prenatal Care*[1]	*Prenatal and Postpartum Care—Postpartum Care*
AET	★	★
BCC	★★★	★★
HAP	★	★
MCL	★	★★
MER	★	★★
MOL	★	★
PRI	★	★★★
UNI	★	★★
UPP	★★★★★	★★★★★

[1] *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2022 and prior years be considered with caution.*

Living With Illness Performance Summary Stars

Table C-10—Living With Illness Performance Summary Stars (Table 1 of 3)

MHP	*Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**	*HbA1c Control (<8.0%)*	*Eye Exam for Patients With Diabetes*	*Blood Pressure Control for Patients With Diabetes*	*Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years*	*Kidney Health Evaluation for Patients With Diabetes—Ages 65 to 74 Years*
AET	★★★	★★★	★★★	★★	★	★★
BCC	★★★★	★★★★★	★★★	★★★★	★★★	★★★
HAP	★★★	★★★★	★★★★	★★★	★★★	★★★
MCL	★	★	★★★	★	★★	★
MER	★★★	★★★★	★★★	★★★★	★★★	★★
MOL	★★	★★★	★★★	★★★★	★★	★★
PRI	★★★★★	★★★★	★★★	★★★★	★★★	★★★
UNI	★★★★	★★★★★	★★★★	★★★★★	★★★★	★★★★
UPP	★★★★★	★★★★★	★★★★	★★★★★	★★★	★★★

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

Table C-11—Living With Illness Performance Summary Stars (Table 2 of 3)

MHP	*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*	*Antidepressant Medication Management—Effective Acute Phase Treatment*	*Antidepressant Medication Management—Effective Continuation Phase Treatment*
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 3)

MHP	*Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*	*Diabetes Monitoring for People With Diabetes and Schizophrenia*	*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*	*Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
AET	★★	★	NA	★★★
BCC	★★★	★★	NA	★★
HAP	★★★	★★	NA	★★
MCL	★★	★★	★★	★★★
MER	★★★★	★★★★	★★	★★★
MOL	★★★	★★	★★	★★★
PRI	★★	★★	NA	★★★
UNI	★★★★	★★	★	★★
UPP	★★★★★	★★★★	NA	★★★★★

Utilization Performance Summary Stars

Table C-13—Utilization Performance Summary Stars (Table 1 of 2)[1]

MHP	*Ambulatory Care—ED 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	★★	★★★	★	★	★★★	★★

[1]*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-14—Utilization Performance Summary Stars (Table 2 of 2)[1]

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	★	★★★★★	★★	★★★★★

[1]*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).*