



# 2024 HEDIS Aggregate Report for Michigan Medicaid

*October 2024*



## Table of Contents

<b>1. Executive Summary.....</b>	<b>1-1</b>
Introduction .....	1-1
Michigan Medicaid Health Plan Names.....	1-2
Summary of Performance.....	1-2
Limitations and Considerations.....	1-9
<b>2. How to Get the Most From This Report.....</b>	<b>2-1</b>
Introduction .....	2-1
Summary of Michigan Medicaid HEDIS MY 2023 Measures .....	2-1
Data Collection Methods.....	2-7
Data Sources and Measure Audit Results .....	2-9
Calculation of Statewide Averages .....	2-9
Evaluating Measure Results .....	2-10
Interpreting Results Presented in This Report.....	2-15
Measure Changes Between HEDIS MY 2022 and HEDIS MY 2023 .....	2-16
<b>3. Child &amp; Adolescent Care .....</b>	<b>3-1</b>
Introduction .....	3-1
Summary of Findings .....	3-1
Measure-Specific Findings.....	3-4
<b>4. Women—Adult Care.....</b>	<b>4-1</b>
Introduction .....	4-1
Summary of Findings .....	4-1
Measure-Specific Findings.....	4-3
<b>5. Access to Care .....</b>	<b>5-1</b>
Introduction .....	5-1
Summary of Findings .....	5-1
Measure-Specific Findings.....	5-4
<b>6. Obesity .....</b>	<b>6-1</b>
Introduction .....	6-1
Summary of Findings .....	6-1
Measure-Specific Findings.....	6-3
<b>7. Pregnancy Care.....</b>	<b>7-1</b>
Introduction .....	7-1
Summary of Findings .....	7-1
Measure-Specific Findings.....	7-3
<b>8. Living With Illness.....</b>	<b>8-1</b>
Introduction .....	8-1
Summary of Findings .....	8-2
Measure-Specific Findings.....	8-6

<b>9. Health Plan Diversity .....</b>	<b>9-1</b>
Introduction .....	9-1
Summary of Findings .....	9-1
<b>10. Utilization .....</b>	<b>10-1</b>
Introduction .....	10-1
Summary of Findings .....	10-1
Measure-Specific Findings .....	10-2
<b>11. HEDIS Reporting Capabilities—Information Systems Findings .....</b>	<b>11-1</b>
HEDIS Reporting Capabilities—Information Systems Findings .....	11-1
<b>12. Glossary .....</b>	<b>12-1</b>
Glossary .....	12-1
<b>Appendix A. Tabular Results.....</b>	<b>A-1</b>
<b>Appendix B. Trend Tables .....</b>	<b>B-1</b>
<b>Appendix C. Performance Summary Stars .....</b>	<b>C-1</b>

## 1. Executive Summary

### Introduction

During 2023, the Michigan Department of Health and Human Services (MDHHS) contracted with nine health plans to provide managed care services to Michigan Medicaid members. MDHHS expects its contracted Medicaid health plans (MHPs) to support claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid reporting of the Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup> measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

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

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

Of note, all measures in the Health Plan Diversity domain and some measures in the Utilization domain are provided within this report for information 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."

---

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



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

## Michigan Medicaid Health Plan Names

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

**Table 1-1—2024 Michigan MHP Names and Abbreviations**

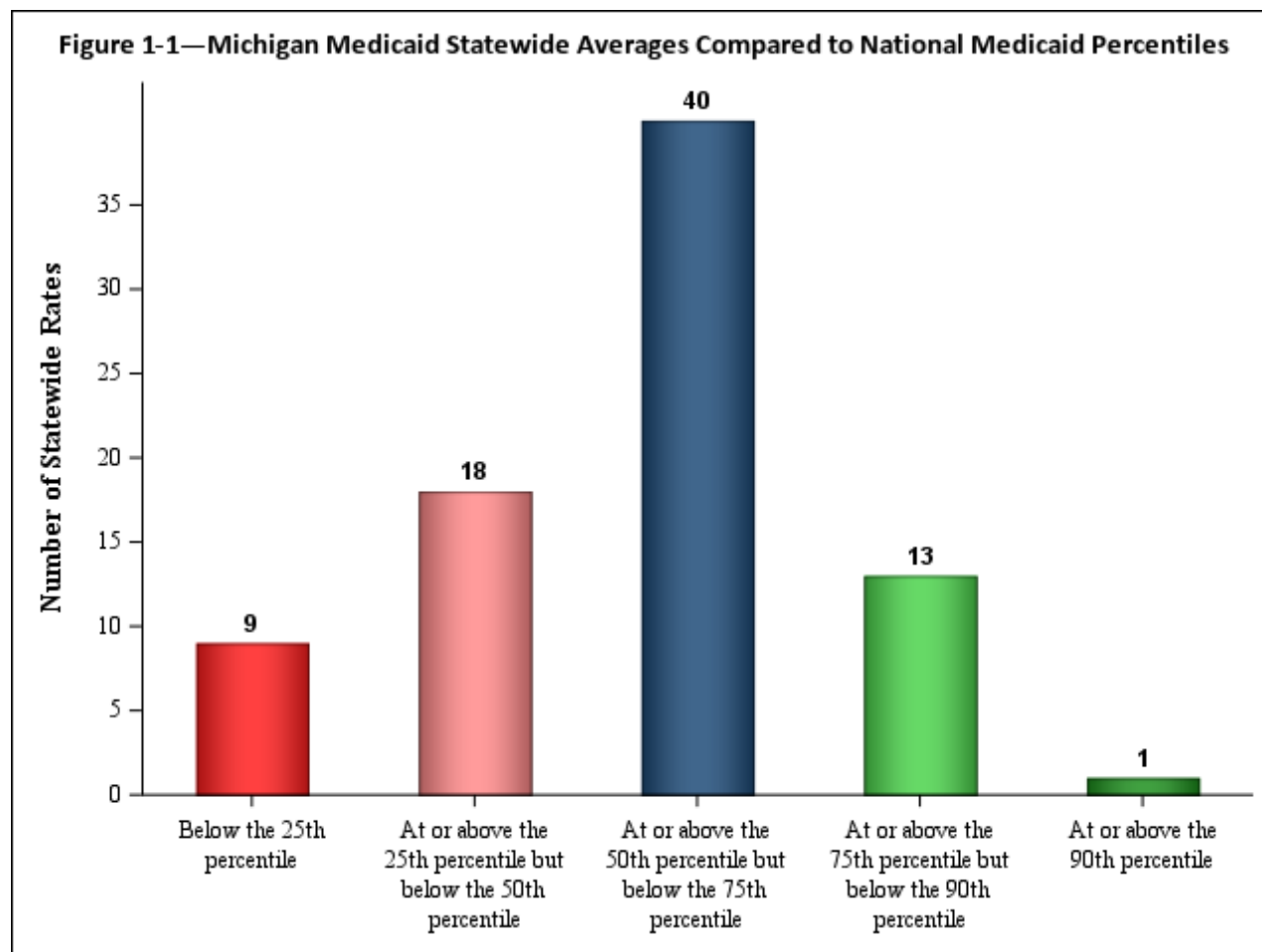
MHP Name	Abbreviation
Aetna Better Health of Michigan	AET
Blue Cross Complete of Michigan	BCC
HAP CareSource	HCS
McLaren Health Plan	MCL
Meridian Health Plan of Michigan	MER
Molina Healthcare of Michigan	MOL
Priority Health Choice	PRI
UnitedHealthcare Community Plan	UNI
Upper Peninsula Health Plan	UPP

## Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with NCQA’s Quality Compass<sup>®</sup> national Medicaid health maintenance organization (HMO) percentiles for HEDIS MY 2023, which are referred to as “percentiles” throughout this report.<sup>3</sup> For measures that were comparable to percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates that fell into each percentile range.

<sup>2</sup> National Committee for Quality Assurance. *HEDIS<sup>®</sup> MY 2023, Volume 5: HEDIS Compliance Audit<sup>TM</sup>: Standards, Policies and Procedures*. Washington D.C.

<sup>3</sup> Quality Compass<sup>®</sup> is a registered trademark for the NCQA.



Of the 81 reported rates that were comparable to national Medicaid percentiles, nine of the MWA rates fell below the 25th percentile, and 27 rates (about 33 percent) were below the 50th percentile. These results demonstrate a general statewide increase in performance in comparison to the MY 2022 rates, which showed approximately 51 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, Ages 12 to 17 Years, Ages 18 to 21 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 2022 MWA. **BCC**, **MOL**, **PRI**, and **UPP** ranked above the 50th percentile for the most measure indicators within the Child & Adolescent Care domain. **UPP** 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.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combination 10* indicator, had an MWA decrease of over 1 percentage point from HEDIS MY 2022, and ranked below the 25th percentile. The *Childhood Immunization Status—Combination 7* and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicators also ranked below the 25th percentile.

MDHHS should continue to monitor the MHPs' performance on the *Childhood Immunization Status—Combination 7* and *Combination 10*, and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* measure indicators to ensure that the MHPs' performance does not continue to decline, while working with the MHPs and providers to target improving child vaccination rates and monitoring of ADHD medication. Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>4</sup> When managed appropriately, ADHD medication can control symptoms of hyperactivity, impulsiveness, and the inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.<sup>5</sup>

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant rate decline for the *Childhood Immunization Status—Combination 10* measure indicator.

## Women—Adult Care

For the Women—Adult Care domain, the *Breast Cancer Screening* measure indicator was an area of strength, as the measure indicator ranked at or above the 50th percentile. Additionally, the *Breast Cancer Screening* measure indicator demonstrated significant improvement from the HEDIS MY 2022 MWA. **BCC**, **MCL**, **MER**, **MOL**, **PRI**, and **UNI** ranked above the 50th percentile for the most measure indicators within the Women—Adult Care domain. In addition, **AET** ranked above the HPL for the *Chlamydia Screening in Women—16 to 20 Years* and *Total* measure indicators.

The MWA demonstrated a significant decline for the *Chlamydia Screening in Women—Ages 16 to 20 Years*, *Ages 21 to 24 Years*, and *Total* indicators, with the MWA for each declining more than 1 percentage point from HEDIS MY 2022; similarly, the MWA for the *Cervical Cancer Screening* indicator also demonstrated a significant decline, with the MWA declining more than 4 percentage points. The *Cervical Cancer Screening* indicator also ranked below the 50th percentile.

---

<sup>4</sup> National Committee for Quality Assurance. Childhood Immunization Status. Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Sept 17, 2024.

<sup>5</sup> National Committee for Quality Assurance. Follow-Up Care for Children Prescribed ADHD Medication. Available at: <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>. Accessed on: Sept 17, 2024.

MDHHS should continue to monitor the MHPs' performance related to the *Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total*; and *Cervical Cancer Screening* measure indicators within the Women—Adult Care domain to further improve performance. Untreated chlamydia infections can lead to serious and irreversible complications. Screening is important, as infections can be asymptomatic. This results in delayed medical care and treatment.<sup>6</sup> Each year in the United States, about 11,500 new cases of cervical cancer are diagnosed and about 4,000 women die of this cancer.<sup>7</sup> Effective screening and early detection of cervical pre-cancers have led to a significant reduction in this death rate.<sup>8</sup> MDHHS should consider promoting the integration of targeted outreach interventions that MHPs could employ to increase adherence to *Chlamydia Screening in Women* and *Cervical Cancer Screening* such as sending automated text messages, distributing pamphlets or brochures further educating members on the importance of timely screenings, and imbedding health screening reminders into routine case management touch points with members.

## Access to Care

For the Access to Care domain, the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years and Total*; *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Total*; and *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators demonstrated significant improvement from the HEDIS MY 2022 MWA. **MER**, **PRI**, and **UPP** ranked above the 50th percentile for the most measure indicators within the Access to Care domain. In addition, **UPP** ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*; and *Appropriate Testing for Pharyngitis—Ages 3–17 Years, Ages 18–64 Years, and Total* measure indicators. **PRI** ranked above the HPL for *Appropriate Testing for Pharyngitis—Ages 18–64 Years and Total* measure indicators.

The MWA demonstrated a significant decline for the *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, and Total* measure indicators, each with an MWA decrease of over 1 percentage point from HEDIS MY 2022. Additionally, the MWA ranked below the 25th percentile for the *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years and Total* measure indicators.

MDHHS should conduct ongoing monitoring of the MHPs' performance and declining rates for the *Appropriate Treatment for Upper Respiratory Infection* measure indicators in the Access to Care domain. MDHHS could consider conducting a causal factor analysis to identify potential reasons that contribute to declining rates and assist MHPs in developing targeted interventions. Underperforming MHPs should be given suggested interventions, based on MHP-specific capabilities, to improve rates. Too often, antibiotics are prescribed inappropriately. Efforts to use antibiotics judiciously can result in

---

<sup>6</sup> National Committee for Quality Assurance. Chlamydia Screening in Women. Available at: <https://www.ncqa.org/hedis/measures/chlamydia-screening-in-women/>. Accessed on: Sept 17, 2024.

<sup>7</sup> Centers for Disease Control and Prevention. Cervical Cancer Statistics. Available at: <https://www.cdc.gov/cervical-cancer/statistics/index.html>. Accessed on: Sept 17, 2024.

<sup>8</sup> National Committee for Quality Assurance. Cervical Cancer Screening. Available at: <https://www.ncqa.org/hedis/measures/cervical-cancer-screening/>. Accessed on: Sept 17, 2024.

fewer inappropriate antibiotics prescribed. Additionally, increased education and awareness of appropriate treatment for upper respiratory infections can reduce the danger of antibiotic-resistant bacteria.<sup>9</sup>

## Obesity

For the Obesity domain, all *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* 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 2022 MWA. **PRI**, **UNI**, and **UPP** ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* measure indicator. **HCS** ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* measure indicator.

While none of the measure indicators in the Obesity domain demonstrated a significant decline in the MWA from HEDIS MY 2022 or ranked below the 50th percentile, MDHHS should continue to monitor the MHPs' performance for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators to ensure continued improvement. MHPs and providers should continue 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 **MCL**'s performance for this measure to ensure the MHP's performance does not continue to decline and encourage higher-performing MHPs to share and discuss best practices. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.<sup>10</sup>

## Pregnancy Care

For the Pregnancy Care domain, *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* were an area of strength, as the measure indicators demonstrated significant improvement from the HEDIS MY 2022 MWA. Additionally, **BCC** and **UPP** ranked above the 50th percentile for both of the measure indicators within the Pregnancy Care domain, with **UPP** ranking above the HPL for both *Timeliness of Prenatal Care* and *Postpartum Care* measure indicators.

---

<sup>9</sup> National Committee for Quality Assurance. Appropriate Treatment for Upper Respiratory Infection. Available at: <https://www.ncqa.org/hedis/measures/appropriate-treatment-for-upper-respiratory-infection/>. Accessed on: Sept 17, 2024.

<sup>10</sup> National Committee for Quality Assurance. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents. Available at: <https://www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/>. Accessed on: Sept 17, 2024.

**AET**, **HCS**, and **MCL** all fell below the LPL for *Prenatal and Postpartum Care—Timeliness of Prenatal Care*; **AET**, **HCS**, **MOL**, and **UNI** 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.<sup>11</sup> 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 following measure indicators were areas of significant strength:

- *Hemoglobin A1c Control for Patients With Diabetes—Poor Hemoglobin A1c (HbA1c) 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*
- *Controlling High Blood Pressure*
- *Antidepressant Medication Management—Effective Acute Phase Treatment*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- *Diagnosed Mental Health Disorders—Ages 1 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total*

All of these measure indicators ranked at or above the 50th percentile, with both of the *Hemoglobin A1c Control for Patients With Diabetes* measure indicators; *Blood Pressure Control for Patients With Diabetes*, *Antidepressant Medication Management—Effective Acute Phase Treatment*; and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* ranking at or above the 75th percentile. All of these measure indicators also demonstrated

---

<sup>11</sup> 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 17, 2024.



significant improvement from the HEDIS MY 2022 MWA. **BCC, MER, PRI, UNI,** and **UPP** ranked above the 50th percentile for the most measure indicators within the Living With Illness domain. **UPP** ranked above the HPL for the most measure indicators within the Living With Illness domain.

While the HEDIS MY 2023 MWA demonstrated considerable improvement from HEDIS MY 2022 across the Living With Illness domain, the *Persistence of Beta-Blocker Treatment After a Heart Attack* measure indicator rate had a significant decrease of over 22 percentage points in comparison to the MWA for HEDIS MY 2022 and ranked below the 25th percentile, demonstrating an area for improvement. Multiple MHPs ranked below the LPL for this measure.

MDHHS is encouraged to conduct a root cause analysis to identify the causal factors that resulted in a rapid and significant decline of the *Persistence of Beta-Blocker Treatment After a Heart Attack* measure performance across multiple MHPs. The prevalent MHP underperformance may indicate a need for further education and awareness of measure requirements, measure specifications for meeting criteria, and knowledge of intervention types most impactful and efficacious in meeting measure standards. Medical guidelines support taking a beta-blocker after a heart attack to prevent another heart attack from occurring.<sup>12</sup> Additionally, MDHHS should continue to work with the MHPs to readily identify interventions and operational process changes that led to improved rates ranking at or above the 50th percentile within the Living With Illness domain, while supporting and strengthening methods that resulted in improved year-over-year performance.

## 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 10.05 visits per 1,000 member years from HEDIS MY 2021 to HEDIS MY 2023. The MA for the *Outpatient Visits—Total* measure indicator decreased from HEDIS MY 2021 to HEDIS MY 2023 by 423.43 visits per 1,000 member years.<sup>13</sup> Since the measure of outpatient visits is not linked to performance, the results for this measure are not comparable to percentiles. For the *Plan All-Cause Readmissions* measure, 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 had an O/E ratio greater than 1.0, indicating they had more readmissions.

---

<sup>12</sup> National Committee for Quality Assurance. Persistence of Beta-Blocker Treatment After a Heart Attack. Available at: <https://www.ncqa.org/hedis/measures/persistence-of-beta-blocker-treatment-after-a-heart-attack/>. Accessed on: Sept 17, 2024.

<sup>13</sup> For the *ED Visits* indicator, awareness is advised when interpreting results for this indicator as a lower rate is a higher percentile.

## 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.



## 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.

### Summary of Michigan Medicaid HEDIS MY 2023 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 2023. 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 2-1 shows the selected HEDIS MY 2023 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 2023 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

**Table 2-1—Michigan Medicaid HEDIS MY 2023 Required Measures**

Performance Measure	HEDIS Data Collection Methodology
<b>Child &amp; Adolescent Care</b>	
<i>Childhood Immunization Status (CIS)</i>	
<i>Combination 3</i>	Hybrid
<i>Combination 7</i>	Hybrid
<i>Combination 10</i>	Hybrid
<i>Well-Child Visits in the First 30 Months of Life (W30)</i>	
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	Administrative
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>	Administrative
<i>Lead Screening in Children (LSC)</i>	
<i>Lead Screening in Children</i>	Hybrid
<i>Child and Adolescent Well-Care Visits (WCV)</i>	
<i>Ages 3 to 11 Years</i>	Administrative
<i>Ages 12 to 17 Years</i>	Administrative

Performance Measure	HEDIS Data Collection Methodology
<i>Ages 18 to 21 Years</i>	Administrative
<i>Total</i>	Administrative
<b><i>Immunizations for Adolescents (IMA)</i></b>	
<i>Combination 1 (Meningococcal, Tdap)</i>	Hybrid
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	Hybrid
<b><i>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>1</sup></i></b>	
<i>Initiation Phase</i>	Administrative
<i>Continuation and Maintenance Phase</i>	Administrative
<b>Women—Adult Care</b>	
<b><i>Chlamydia Screening in Women (CHL)<sup>1</sup></i></b>	
<i>Ages 16 to 20 Years</i>	Administrative
<i>Ages 21 to 24 Years</i>	Administrative
<i>Total</i>	Administrative
<b><i>Cervical Cancer Screening (CCS-E)</i></b>	
<i>Cervical Cancer Screening</i>	Administrative
<b><i>Breast Cancer Screening (BCS-E)</i></b>	
<i>Breast Cancer Screening</i>	Administrative
<b>Access to Care</b>	
<b><i>Adults' Access to Preventive/Ambulatory Health Services (AAP)</i></b>	
<i>Ages 20 to 44 Years</i>	Administrative
<i>Ages 45 to 64 Years</i>	Administrative
<i>Ages 65 Years and Older</i>	Administrative
<i>Total</i>	Administrative
<b><i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</i></b>	
<i>Ages 3 Months to 17 Years</i>	Administrative
<i>Ages 18 to 64 Years</i>	Administrative
<i>Ages 65 Years and Older</i>	Administrative
<i>Total</i>	Administrative
<b><i>Appropriate Testing for Pharyngitis (CWP)</i></b>	
<i>Ages 3 to 17 Years</i>	Administrative
<i>Ages 18 to 64 Years</i>	Administrative
<i>Ages 65 Years and Older</i>	Administrative

Performance Measure	HEDIS Data Collection Methodology
<i>Total</i>	Administrative
<b><i>Appropriate Treatment for Upper Respiratory Infection (URI)</i></b>	
<i>Ages 3 Months to 17 Years</i>	Administrative
<i>Ages 18 to 64 Years</i>	Administrative
<i>Ages 65 Years and Older</i>	Administrative
<i>Total</i>	Administrative
<b>Obesity</b>	
<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</i></b>	
<i>Body Mass Index (BMI) Percentile—Total</i>	Hybrid
<i>Counseling for Nutrition—Total</i>	Hybrid
<i>Counseling for Physical Activity—Total</i>	Hybrid
<b>Pregnancy Care</b>	
<b><i>Prenatal and Postpartum Care (PPC)</i><sup>1</sup></b>	
<i>Timeliness of Prenatal Care</i>	Hybrid
<i>Postpartum Care</i>	Hybrid
<b>Living With Illness</b>	
<b><i>Hemoglobin A1c Control for Patients With Diabetes (HBD)</i></b>	
<i>HbA1c Control (&lt;8.0%)</i>	Hybrid
<i>HbA1c Poor Control (&gt;9.0%)*</i>	Hybrid
<b><i>Blood Pressure Control for Patients With Diabetes (BPD)</i></b>	
<i>Blood Pressure Control for Patients With Diabetes</i>	Hybrid
<b><i>Eye Exam for Patients With Diabetes (EED)</i><sup>1</sup></b>	
<i>Eye Exam for Patients With Diabetes</i>	Hybrid
<b><i>Kidney Health Evaluation for Patients With Diabetes (KED)</i></b>	
<i>Ages 18 to 64 Years</i>	Administrative
<i>Ages 65 to 74 Years</i>	Administrative
<i>Ages 75 to 85 Years</i>	Administrative
<i>Total</i>	Administrative
<b><i>Asthma Medication Ratio (AMR)</i></b>	
<i>Total</i>	Administrative
<b><i>Controlling High Blood Pressure (CBP)</i></b>	
<i>Controlling High Blood Pressure</i>	Hybrid
<b><i>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</i></b>	

Performance Measure	HEDIS Data Collection Methodology
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	Administrative
<b>Cardiac Rehabilitation (CRE)</b>	
<i>Initiation—Ages 18 to 64 Years</i>	Administrative
<i>Initiation—Ages 65 Years and Older</i>	Administrative
<i>Initiation—Total</i>	Administrative
<i>Engagement 1—Ages 18 to 64 Years</i>	Administrative
<i>Engagement 1—Ages 65 Years and Older</i>	Administrative
<i>Engagement 1—Total</i>	Administrative
<i>Engagement 2—Ages 18 to 64 Years</i>	Administrative
<i>Engagement 2—Ages 65 Years and Older</i>	Administrative
<i>Engagement 2—Total</i>	Administrative
<i>Achievement—Ages 18 to 64 Years</i>	Administrative
<i>Achievement—Ages 65 Years and Older</i>	Administrative
<i>Achievement—Total</i>	Administrative
<b>Antidepressant Medication Management (AMM) <sup>1</sup></b>	
<i>Effective Acute Phase Treatment</i>	Administrative
<i>Effective Continuation Phase Treatment</i>	Administrative
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	Administrative
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>	
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	Administrative
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>	
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	Administrative
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>	
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	Administrative
<b>Diagnosed Mental Health Disorders (DMH)</b>	
<i>Ages 1 to 17 Years</i>	Administrative
<i>Ages 18 to 64 Years</i>	Administrative
<i>Ages 65 Years and Older</i>	Administrative
<i>Total</i>	Administrative

Performance Measure	HEDIS Data Collection Methodology
<b>Health Plan Diversity</b>	
<b><i>Race/Ethnicity Diversity of Membership (RDM)</i></b>	
<i>White</i>	Administrative
<i>Black or African American</i>	Administrative
<i>American Indian or Alaska Native</i>	Administrative
<i>Asian</i>	Administrative
<i>Native Hawaiian or Other Pacific Islander</i>	Administrative
<i>Some Other Race</i>	Administrative
<i>Two or More Races</i>	Administrative
<i>Ethnicity Reporting Category: Hispanic or Latino</i>	Administrative
<i>Unknown</i>	Administrative
<i>Declined</i>	Administrative
<b><i>Language Diversity of Membership (LDM)</i></b>	
<i>Spoken Language Preferred for Health Care—English</i>	Administrative
<i>Spoken Language Preferred for Health Care—Non-English</i>	Administrative
<i>Spoken Language Preferred for Health Care—Unknown</i>	Administrative
<i>Spoken Language Preferred for Health Care—Declined</i>	Administrative
<i>Language Preferred for Written Materials—English</i>	Administrative
<i>Language Preferred for Written Materials—Non-English</i>	Administrative
<i>Language Preferred for Written Materials—Unknown</i>	Administrative
<i>Language Preferred for Written Materials—Declined</i>	Administrative
<i>Other Language Needs—English</i>	Administrative
<i>Other Language Needs—Non-English</i>	Administrative
<i>Other Language Needs—Unknown</i>	Administrative
<i>Other Language Needs—Declined</i>	Administrative
<b>Utilization</b>	
<b><i>Ambulatory Care (AMB)</i></b>	
<i>Emergency Department Visits<sup>±</sup></i>	Administrative
<i>Outpatient Visits</i>	Administrative
<b><i>Inpatient Utilization—General Hospital/Acute Care (IPU)</i></b>	
<i>Discharges—Total Inpatient—Total All Ages</i>	Administrative
<i>Average Length of Stay—Total Inpatient—Total All Ages</i>	Administrative
<i>Discharges—Maternity—Total All Ages</i>	Administrative

Performance Measure	HEDIS Data Collection Methodology
<i>Average Length of Stay—Maternity—Total All Ages</i>	Administrative
<i>Discharges—Surgery—Total All Ages</i>	Administrative
<i>Average Length of Stay—Surgery—Total All Ages</i>	Administrative
<i>Discharges—Medicine—Total All Ages</i>	Administrative
<i>Average Length of Stay—Medicine—Total All Ages</i>	Administrative
<b><i>Use of Opioids From Multiple Providers (UOP)*</i></b>	
<i>Multiple Prescribers</i>	Administrative
<i>Multiple Pharmacies</i>	Administrative
<i>Multiple Prescribers and Multiple Pharmacies</i>	Administrative
<b><i>Use of Opioids at High Dosage (HDO)*</i></b>	
<i>Use of Opioids at High Dosage</i>	Administrative
<b><i>Risk of Continued Opioid Use (COU)*</i></b>	
<i>At Least 15 Days Covered—Total</i>	Administrative
<i>At Least 31 Days Covered—Total</i>	Administrative
<b><i>Plan All-Cause Readmissions (PCR)</i></b>	
<i>Observed Readmissions—Total</i>	Administrative
<i>Expected Readmissions—Total</i>	Administrative
<i>O/E Ratio—Total</i>	Administrative

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

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

<sup>±</sup> 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 (MRR) 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 MRR 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 MRR. 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*

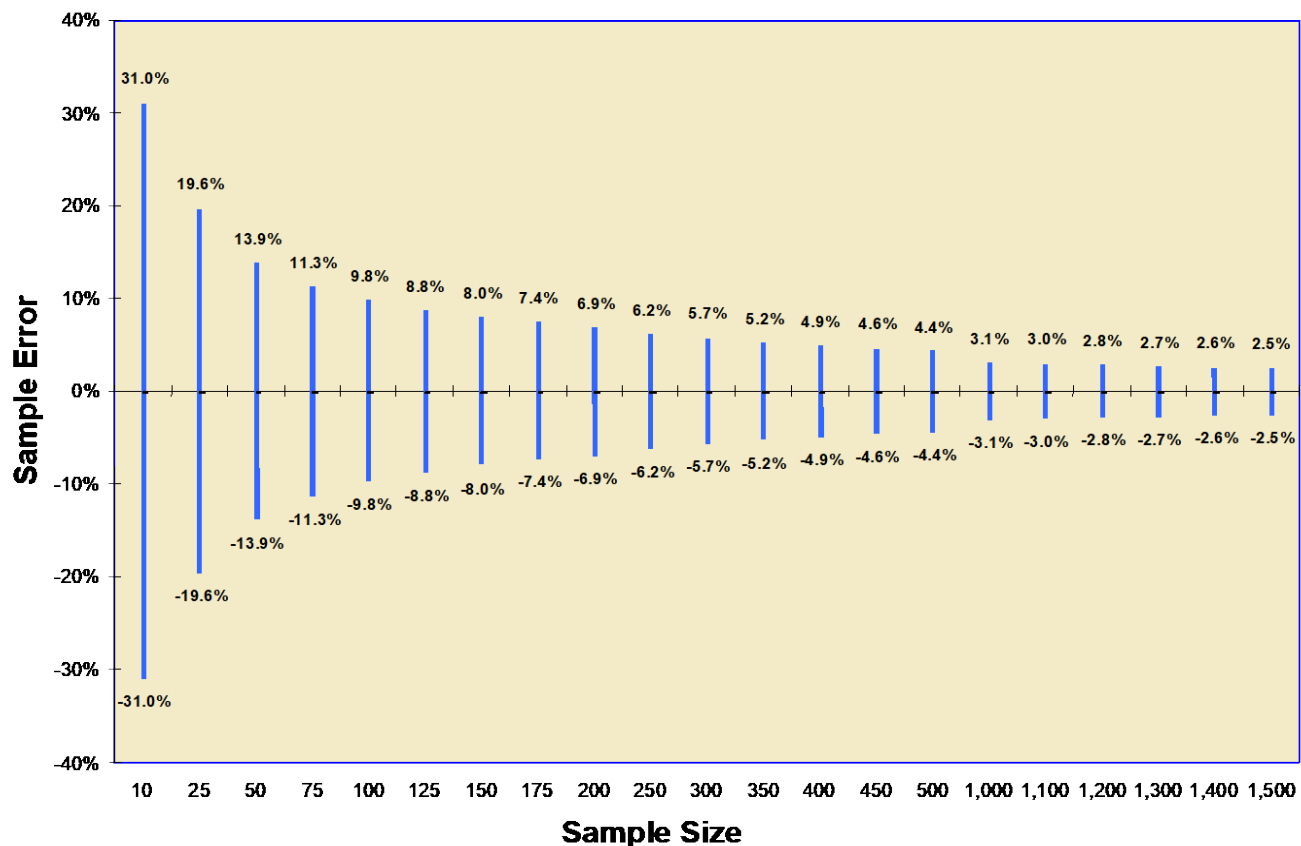
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete MRR for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method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

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

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

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

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



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



## Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files 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 2023 results examined and verified through an NCQA HEDIS Compliance Audit.<sup>14</sup>

Through the audit process, each measure indicator rate reported by an MHP was assigned an NCQA-defined audit result. HEDIS MY 2023 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.

---

<sup>14</sup> NCQA HEDIS Compliance Audit™ is a trademark of the NCQA.

## Evaluating Measure Results

### National Benchmark Comparisons

#### Benchmark Data

HEDIS MY 2023 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 report to evaluate the HEDIS MY 2023 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2022 MWA, which are referred to as "percentiles" throughout this report.

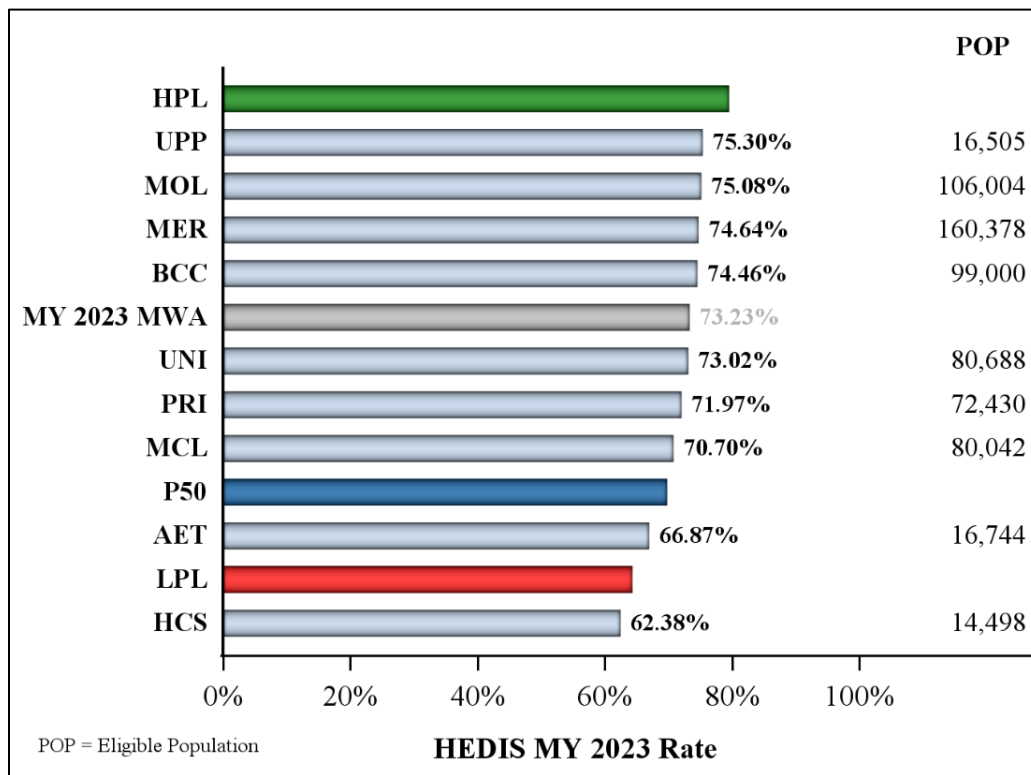
Additionally, benchmarking data (i.e., NCQA's Quality Compass and NCQA's Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report 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 2023 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.

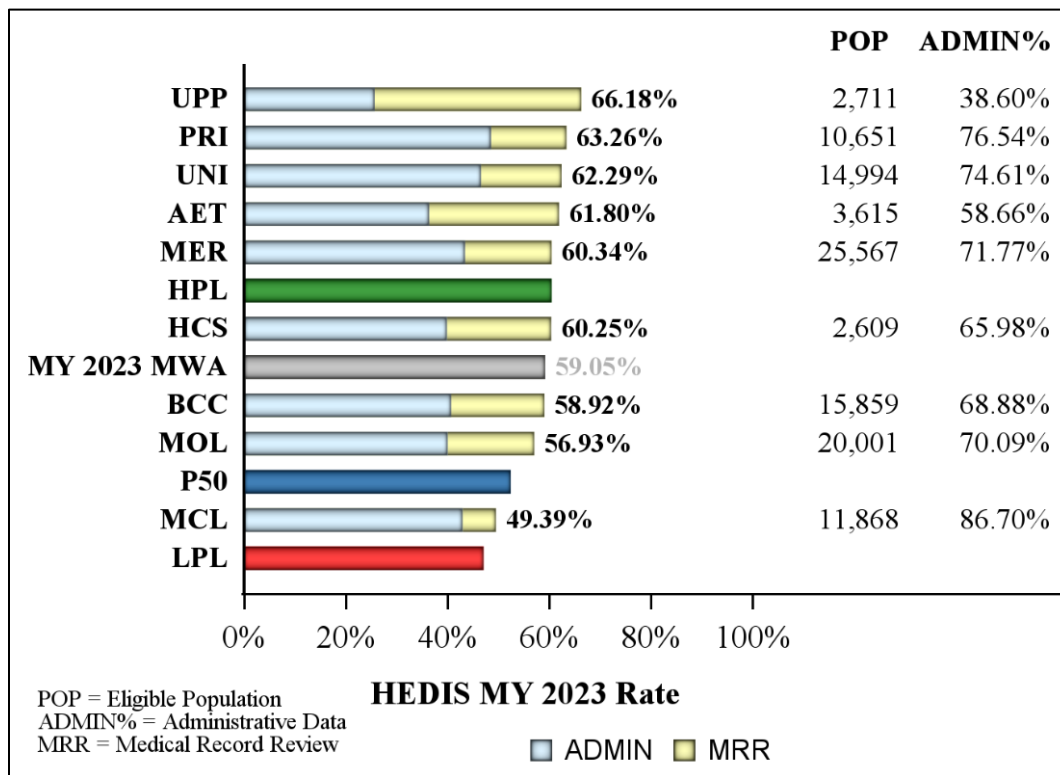
For measures for which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively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

Table 2-2—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*, *Use of Opioids From Multiple Providers*, *Use of Opioids at High Dosage*, *Risk of Continued Opioid Use*, 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 2023 MWA and MHP rates to the corresponding HEDIS MY 2022 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 2022 MWA to HEDIS MY 2023. 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 2022 MWA and HEDIS MY 2023” 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 2022 MWA and HEDIS MY 2023 are presented in tabular format. HEDIS MY 2023 rates shaded green with one cross (+) indicate a significant improvement in performance from the previous year. HEDIS MY 2023 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 2023 MWA demonstrated a significant improvement from the HEDIS MY 2022 MWA.

 Indicates that the HEDIS MY 2023 MWA demonstrated a significant decline from the HEDIS MY 2022 MWA.

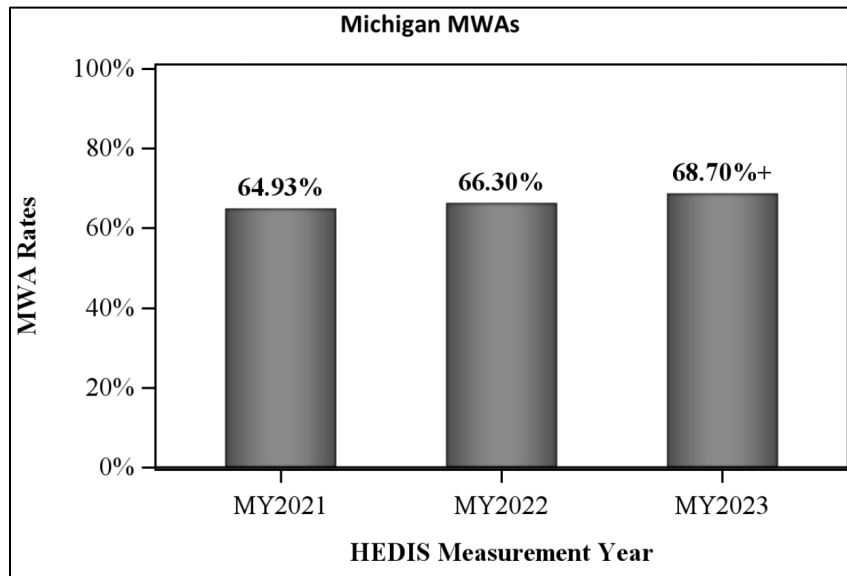
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

**Table 2-3—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 2021, HEDIS MY 2022 MWA, and HEDIS MY 2023 MWAs with significance testing performed between the HEDIS MY 2022 MWA and HEDIS MY 2023 MWAs. Within these figures, HEDIS MY 2023 rates with one cross (+) indicate a significant improvement in performance from HEDIS MY 2022 MWA. HEDIS MY 2023 rates with two crosses (++) indicate a significant decline in performance from HEDIS MY 2022 MWA. An example of the vertical bar graph figure for measure indicators reported is included in Figure 2-4.

**Figure 2-4—Sample Vertical Bar Graph Figure Showing Significant Improvement**



## Interpreting Results Presented in This Report

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

The following questions should be asked when examining these data:

### *How accurate are the results?*

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

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

To prevent such ambiguity, this report uses a standardized methodology that requires the reported rate to be at or above the threshold level to be considered as meeting the target. 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 2022 MWA Medicaid 50th percentile. In addition, the HEDIS MY 2021, MY 2022, and MY 2023 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 2023 MWA for each rate with the MY 2021 and MY 2022 MWA and the 50th percentile.

## **Measure Changes Between HEDIS MY 2022 and HEDIS MY 2023**

The following is a list of measures with technical specification changes that NCQA announced for HEDIS MY 2023.<sup>15</sup> These changes may have an effect on the HEDIS MY 2023 rates that are presented in this report.

### ***Chlamydia Screening in Women (CHL)***

- Revised the optional exclusions for a pregnancy test to be Step 2 of the event/diagnosis criteria.

### ***Eye Exam for Patients With Diabetes (EED)***

- Updated General Guideline 37 to allow use of automated eye exams from laboratory claims and data. This edit could result in increased performance among plans.

### ***Antidepressant Medication Management (AMM)***

- Revised the age criterion to 18 years and older as of the index prescription start date.

---

<sup>15</sup> National Committee for Quality Assurance. *HEDIS® MY 2023, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2022.



### ***Follow-Up Care for Children Prescribed ADHD Medication (ADD)***

- Added instructions for calculating covered days.
- Replaced “discharge date” with “admission date” in Step 4 of the event/diagnosis in both Rate 1 and Rate 2.

### ***Prenatal and Postpartum Care (PPC)***

- Clarified continuous enrollment requirements for Step 2 of the *Timeliness of Prenatal Care* numerator.

## 3. Child & Adolescent Care

### Introduction

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

- *Childhood Immunization Status (CIS)—Combinations 3, 7, and 10*
- *Well-Child Visits in the First 30 Months of Life (W30)—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 (LSC)*
- *Child and Adolescent Well-Care Visits (WCV)—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years, and Total*
- *Immunizations for Adolescents (IMA)—Combinations 1 and 2*
- *Follow-Up Care for Children Prescribed ADHD Medication (ADD)—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 2023 MWA rates and performance levels, a comparison of the HEDIS MY 2022 MWA to the HEDIS MY 2023 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2022 to HEDIS MY 2023.

**Table 3-1—HEDIS MY 2023 MWA Performance Levels and Trend Results for Child & Adolescent Care**

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA— HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<b><i>Childhood Immunization Status (CIS)</i></b>				
<i>Combination 3</i>	58.72%	+1.10 <sup>+</sup>	0	0
<i>Combination 7</i>	50.19%	+0.59	0	0

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA– HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<i>Combination 10</i>	23.67%	-1.62 <sup>++</sup>	0	1
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>				
<i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i>	64.33%	+4.27 <sup>+</sup>	2	0
<i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i>	66.19%	+5.34 <sup>+</sup>	8	0
<b>Lead Screening in Children (LSC)</b>				
<i>Lead Screening in Children</i>	58.40%	+3.62 <sup>+</sup>	4	0
<b>Child and Adolescent Well-Care Visits (WCV)</b>				
<i>Ages 3 to 11 Years</i>	61.33%	+2.13 <sup>+</sup>	8	0
<i>Ages 12 to 17 Years</i>	52.14%	+1.76 <sup>+</sup>	4	0
<i>Ages 18 to 21 Years</i>	30.51%	+2.20 <sup>+</sup>	7	0
<i>Total</i>	53.31%	+2.41 <sup>+</sup>	9	0
<b>Immunizations for Adolescents (IMA)</b>				
<i>Combination 1 (Meningococcal, Tdap)</i>	79.43%	+2.47 <sup>+</sup>	2	0
<i>Combination 2 (Meningococcal, Tdap, HPV)</i>	32.73%	+3.37 <sup>+</sup>	2	0
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>3</sup></b>				
<i>Initiation Phase</i>	44.77%	+2.29 <sup>+</sup>	3	0
<i>Continuation and Maintenance Phase</i>	48.46%	+0.53	1	0

<sup>1</sup> HEDIS MY 2023 performance levels were based on comparisons of the HEDIS MY 2023 MWA rates to national Medicaid Quality Compass HEDIS MY 2022 MWA benchmarks. HEDIS MY 2023 performance levels represent the following percentile comparisons:

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

<sup>2</sup> HEDIS MY 2022 MWA to HEDIS MY 2023 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant improvement from the HEDIS MY 2022 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant decline from the HEDIS MY 2022 MWA.

<sup>3</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

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, Ages 12 to 17 Years, Ages 18 to 21 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 2022 MWA. **BCC**, **MOL**, **PRI**, and **UPP** ranked above the 50th percentile for the most measure indicators within the Child & Adolescent Care domain. **UPP** 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.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combination 10* indicator, had an MWA decrease of over 1 percentage point from HEDIS MY 2022, and ranked below the 25th percentile. The *Childhood Immunization Status—Combination 7* and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicators also ranked below the 25th percentile.

MDHHS should continue to monitor the MHPs' performance on the *Childhood Immunization Status—Combination 7* and *Combination 10*, and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* measure indicators to ensure that the MHPs' performance does not continue to decline, while working with the MHPs and providers to target improving child vaccination rates and monitoring of ADHD medication. Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained in order to prevent a resurgence of vaccine-preventable diseases.<sup>16</sup> When managed appropriately, ADHD medication can control symptoms of hyperactivity, impulsiveness and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.<sup>17</sup>

Additionally, MDHHS should work with the MHPs and providers to identify potential root causes for the significant rate decline for the *Childhood Immunization Status—Combination 10* measure indicator.

---

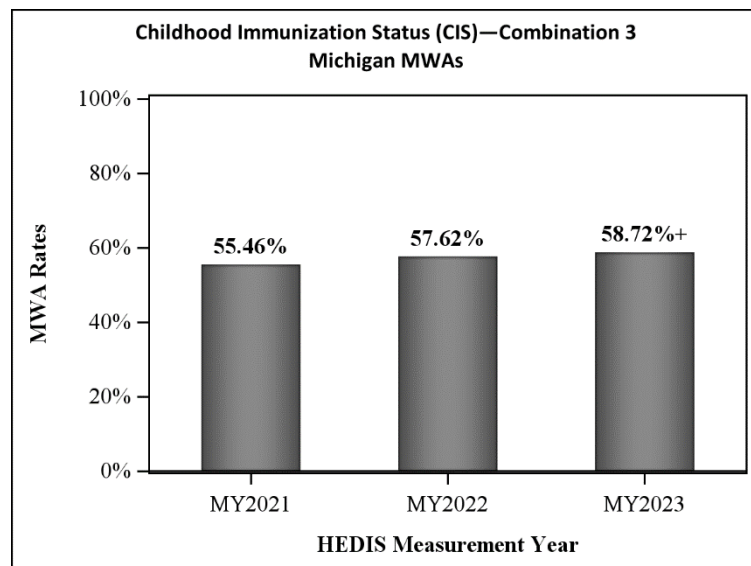
<sup>16</sup> National Committee for Quality Assurance. Childhood Immunization Status. Available at: <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>. Accessed on: Sept 17, 2024.

<sup>17</sup> National Committee for Quality Assurance. Follow-Up Care for Children Prescribed ADHD Medication. Available at: <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>. Accessed on: Sept 17, 2024.

## Measure-Specific Findings

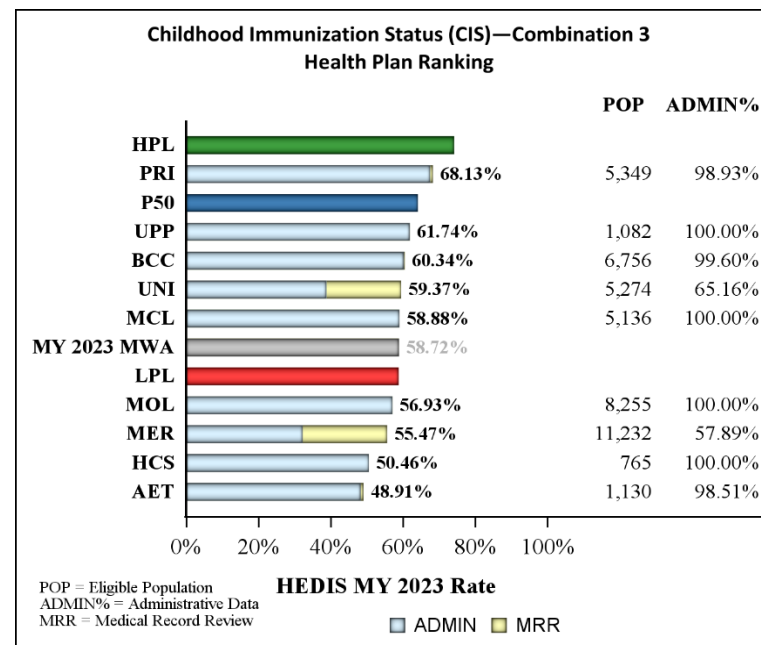
### Childhood Immunization Status (CIS)—Combination 3

*Childhood Immunization Status (CIS)—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.

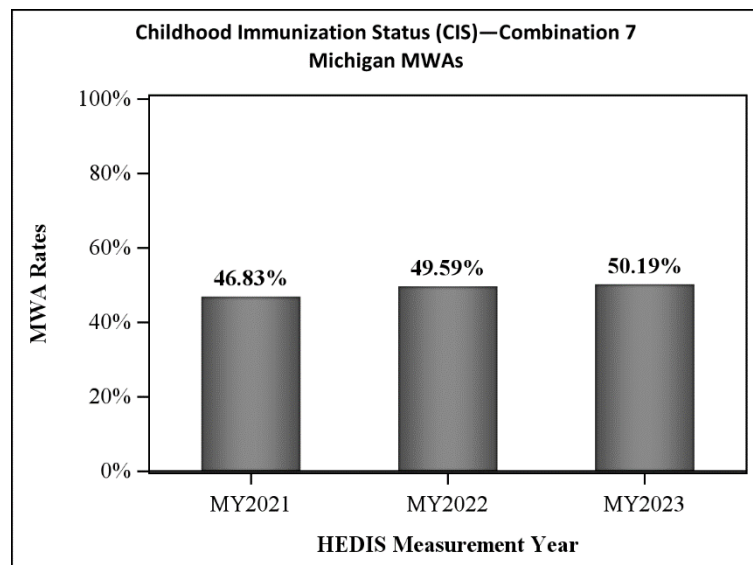
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



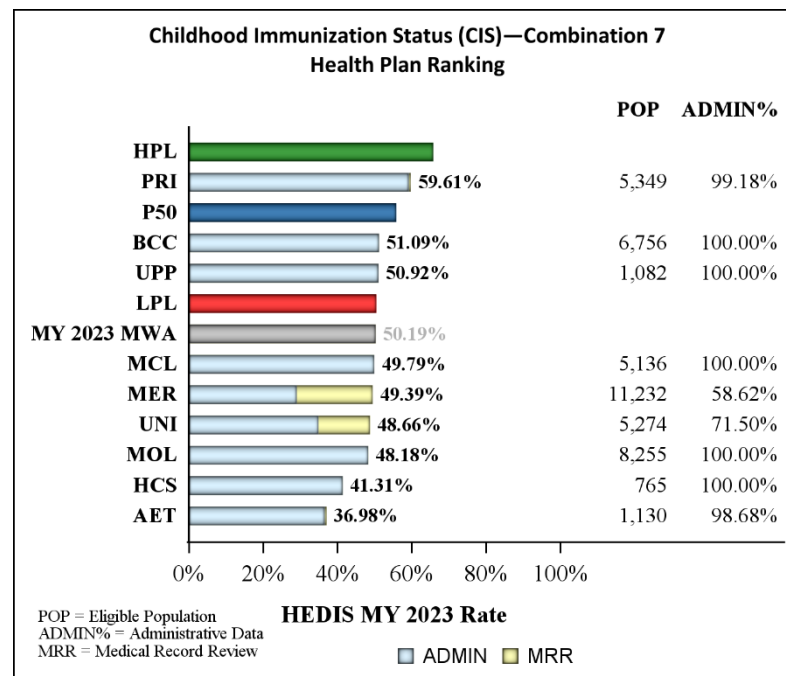
One MHP ranked above the 50th percentile but fell below the HPL. Four MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Four MHPs fell below the LPL. MHP performance varied by over 19 percentage points.

## Childhood Immunization Status (CIS)—Combination 7

*Childhood Immunization Status (CIS)—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).



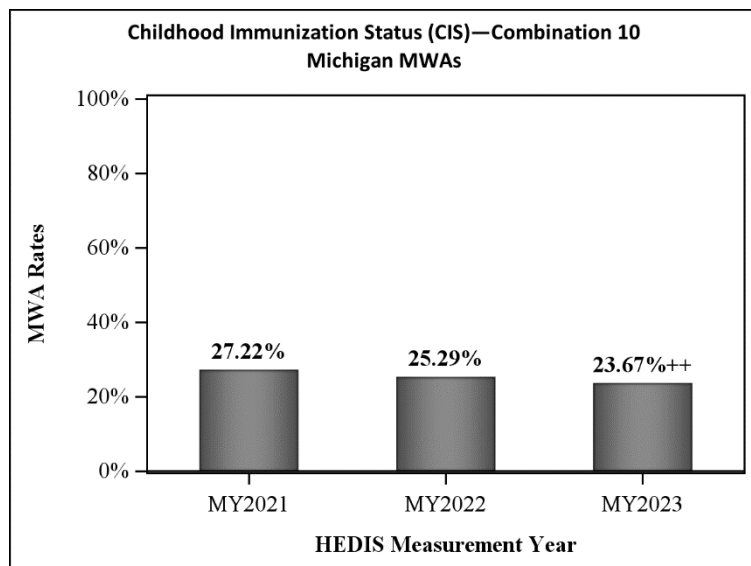
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



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 22 percentage points.

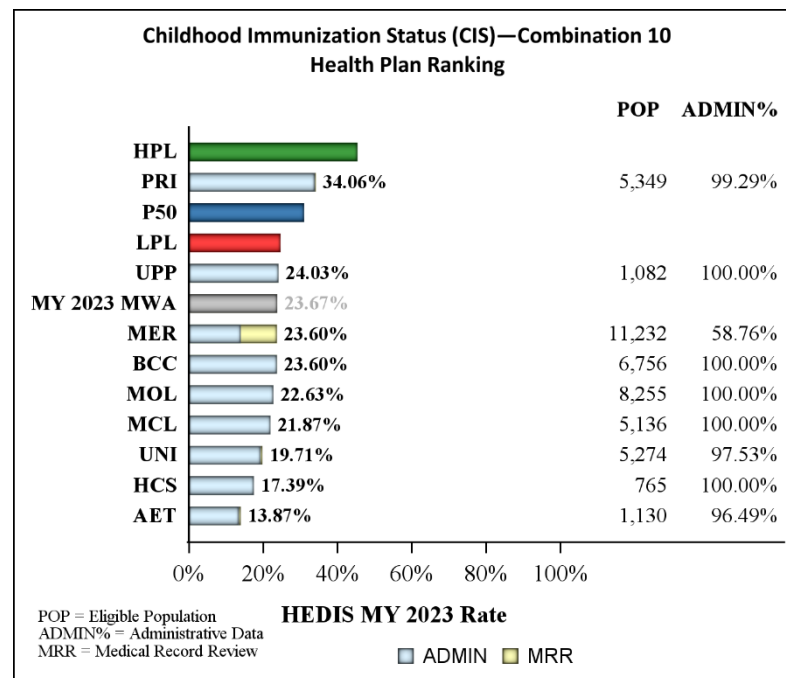
## Childhood Immunization Status (CIS)—Combination 10

Childhood Immunization Status (CIS)—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 2023 MWA rate significantly declined from HEDIS MY 2022.

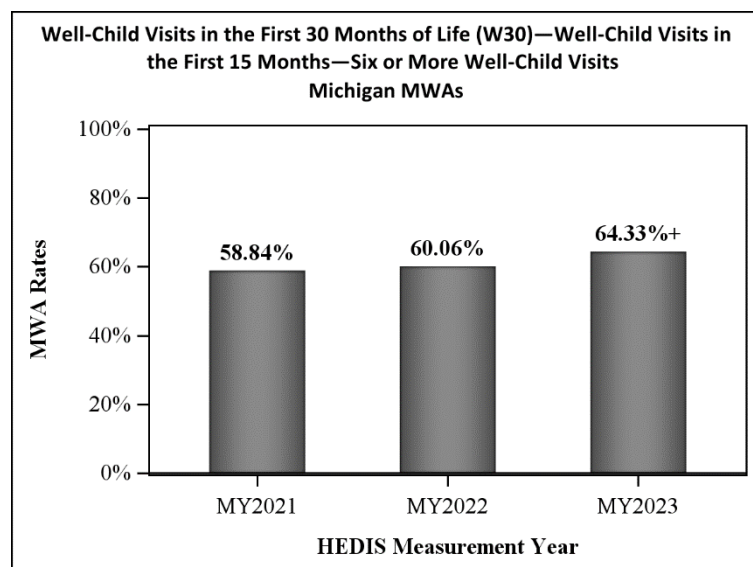


One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs and the MWA fell below the LPL. MHP performance varied by over 20 percentage points.



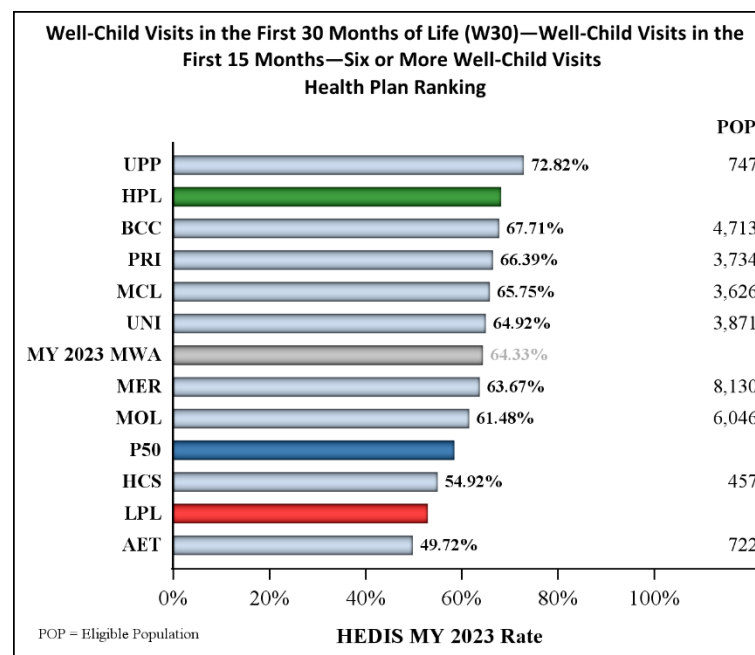
## Well-Child Visits in the First 30 Months of Life (W30)—Well Child Visits in the First 15 Months—Six or More Well-Child Visits

*Well-Child Visits in the First 30 Months of Life (W30)—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 2023 MWA rate significantly improved from HEDIS MY 2022.

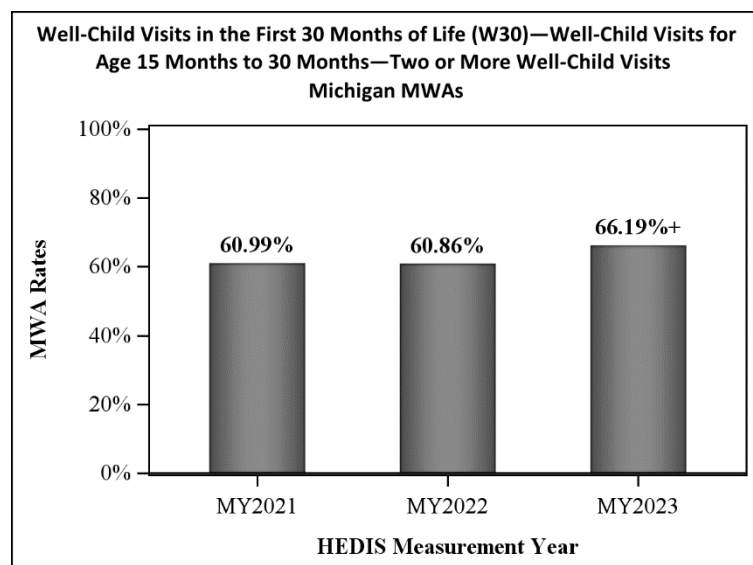


One MHP ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 23 percentage points.



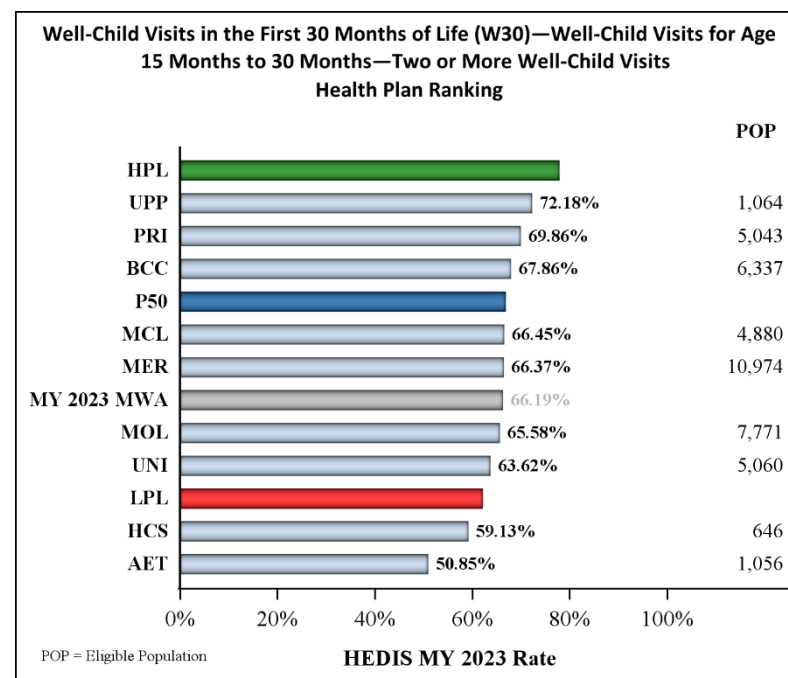
## Well-Child Visits in the First 30 Months of Life (W30)—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

*Well-Child Visits in the First 30 Months of Life (W30)—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.



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

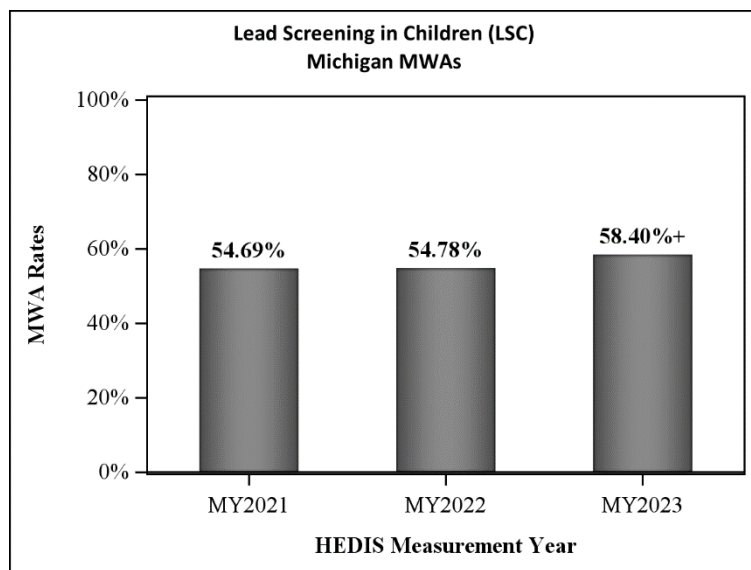
The HEDIS MY 2023 MWA significantly improved from HEDIS MY 2022.



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 21 percentage points.

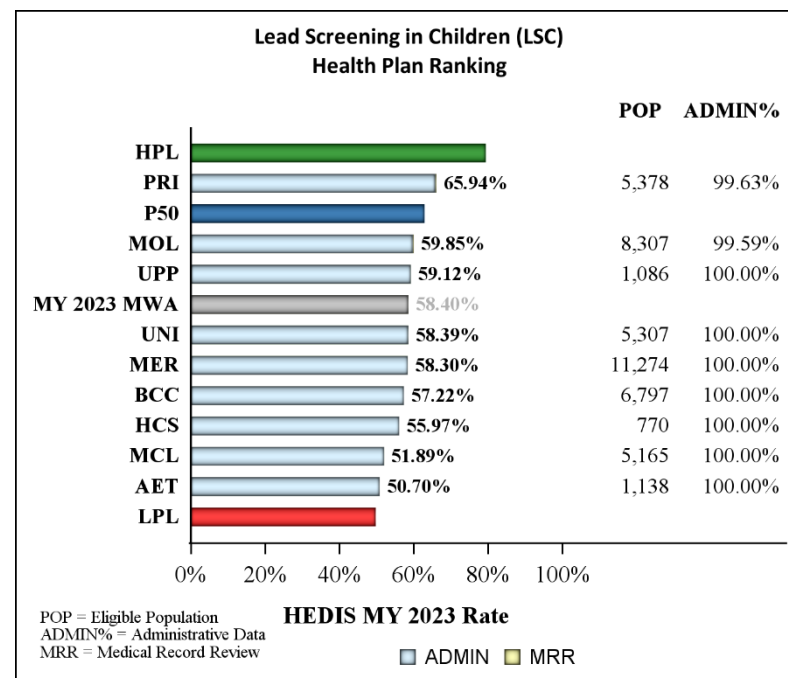
## Lead Screening in Children (LSC)

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



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

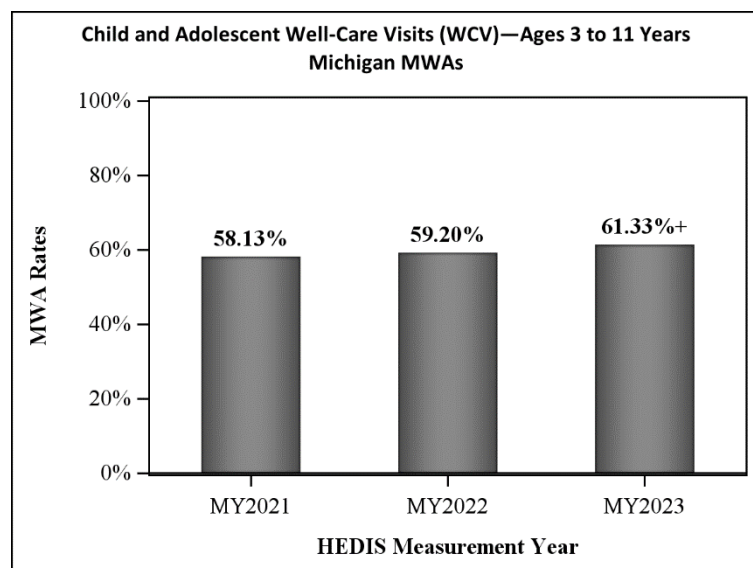
The HEDIS MY 2023 MWA significantly improved from HEDIS MY 2022.



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 15 percentage points.

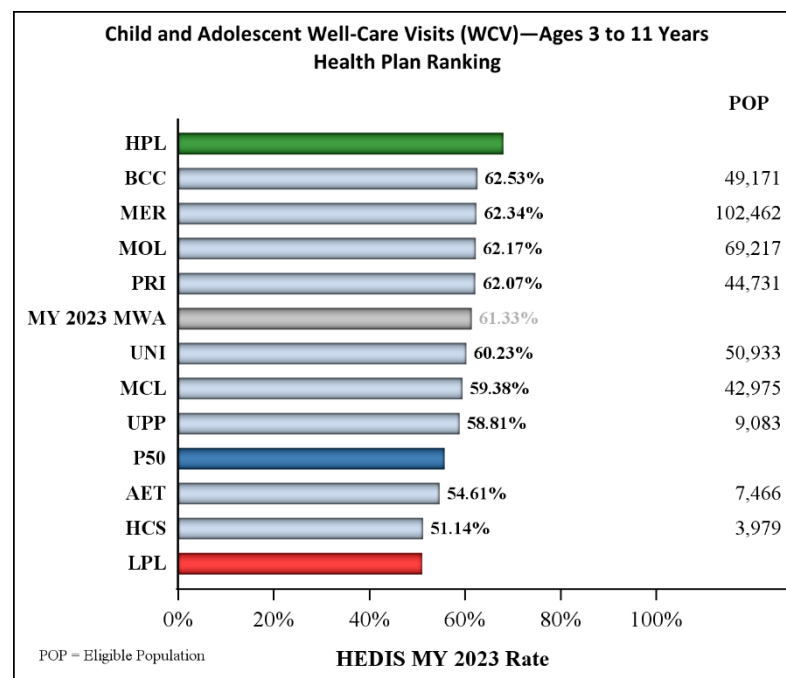
## Child and Adolescent Well-Care Visits (WCV)—Ages 3 to 11 Years

Child and Adolescent Well-Care Visits (WCV)—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.

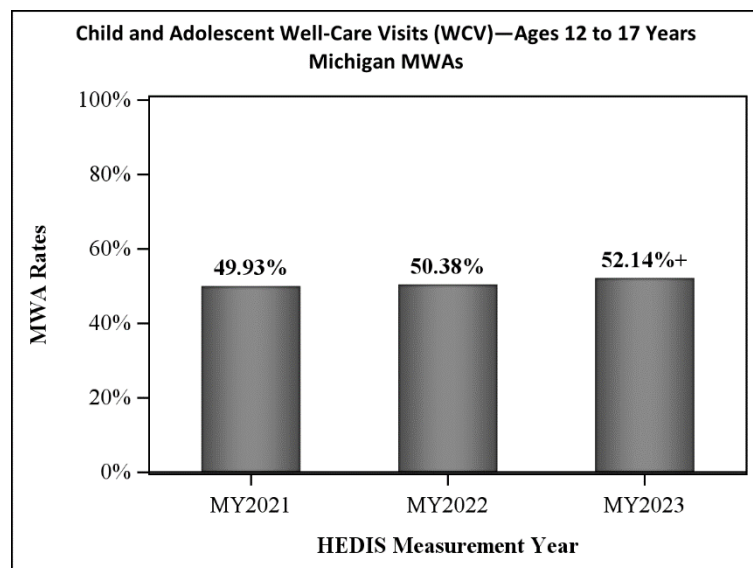
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



Seven 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. MHP performance varied by over 11 percentage points.

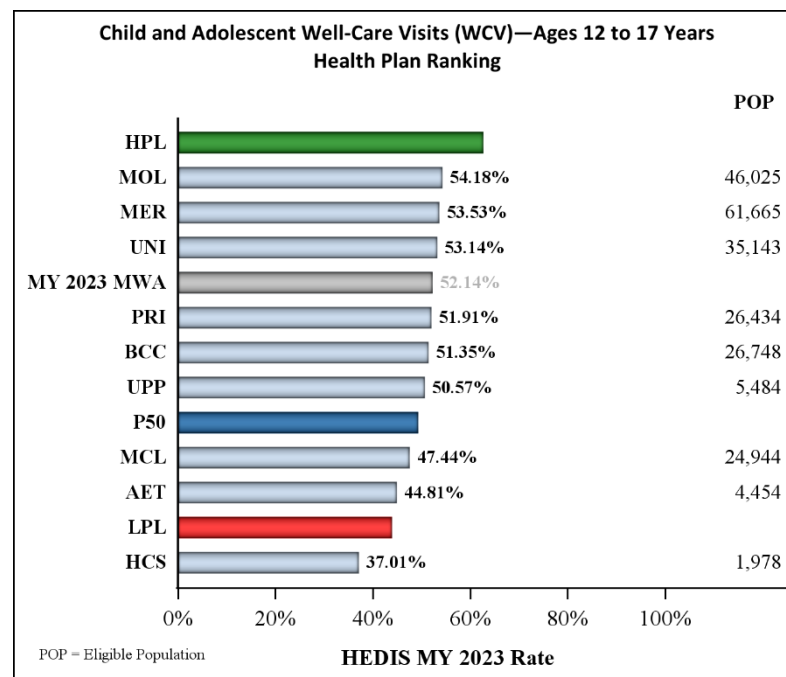
## Child and Adolescent Well-Care Visits (WCV)—Ages 12 to 17 Years

*Child and Adolescent Well-Care Visits (WCV)—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.

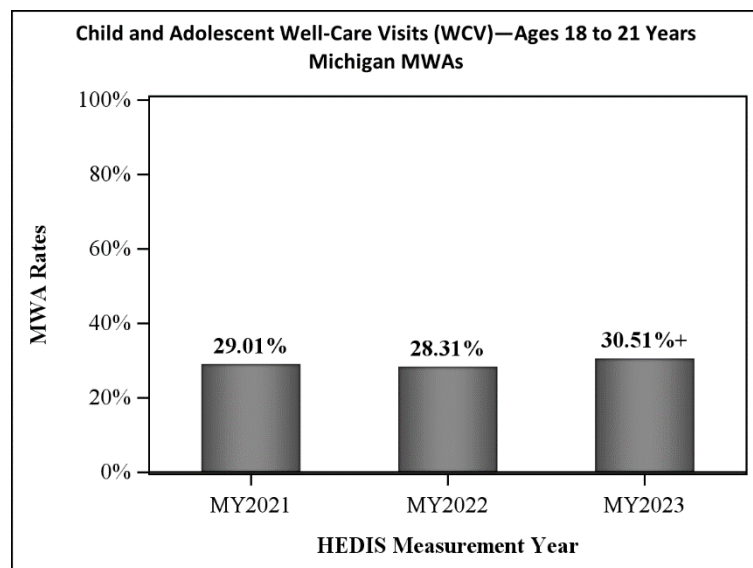
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



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

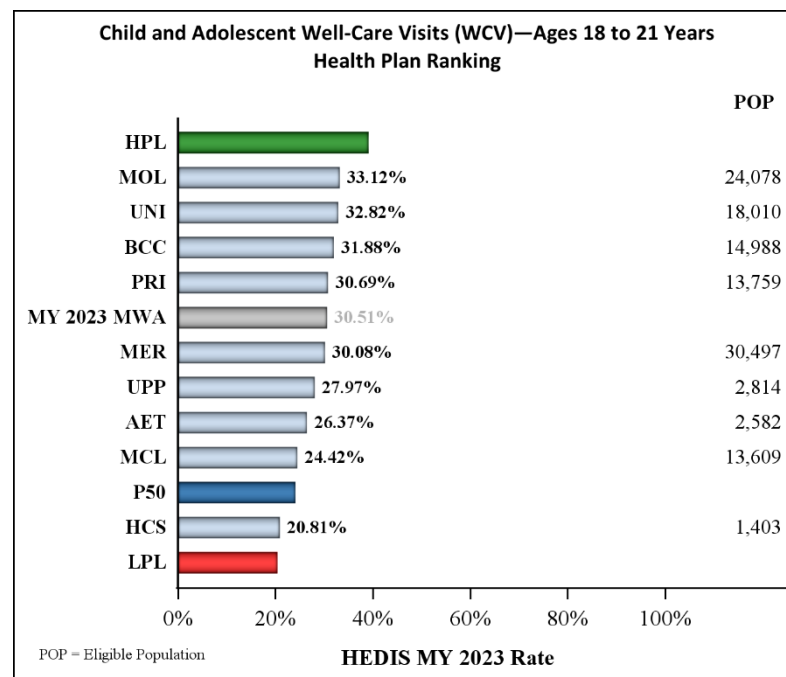
## Child and Adolescent Well-Care Visits (WCV)—Ages 18 to 21 Years

*Child and Adolescent Well-Care Visits (WCV)—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 one cross (+) indicate a significant improvement in performance from the previous year.

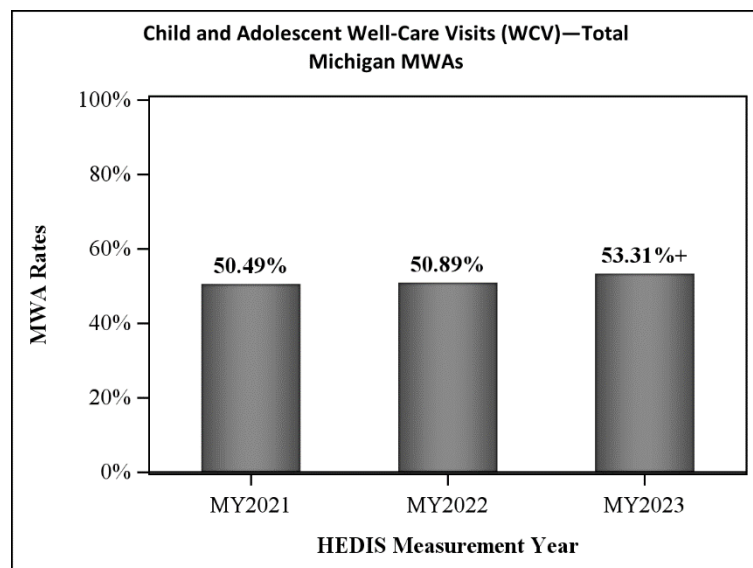
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



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.

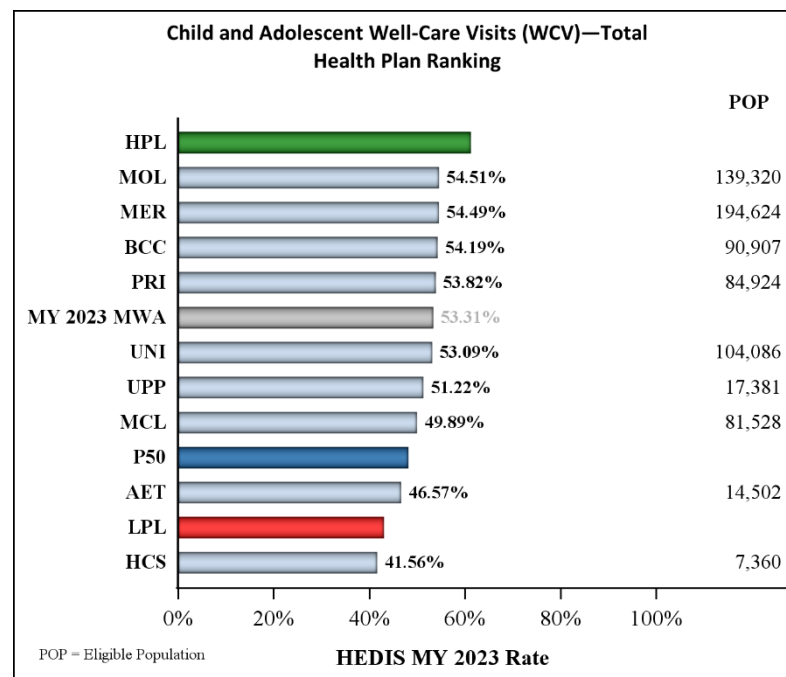
## Child and Adolescent Well-Care Visits (WCV)—Total

*Child and Adolescent Well-Care Visits (WCV)—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.

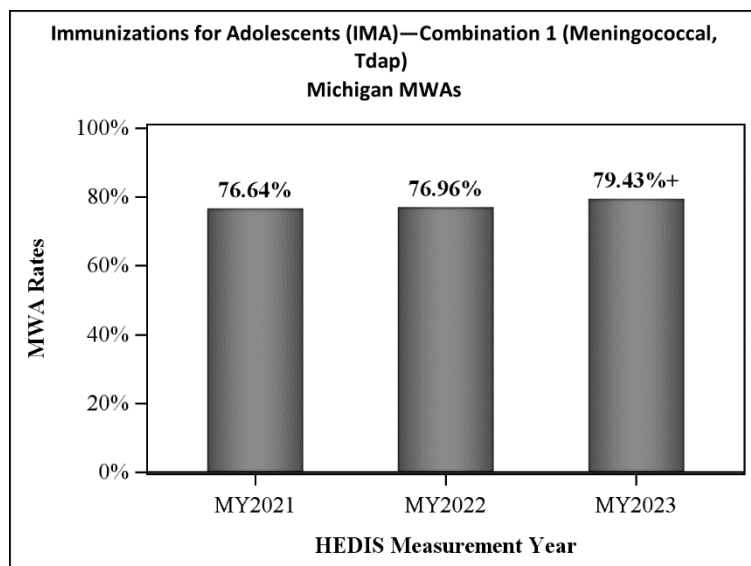
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



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 12 percentage points.

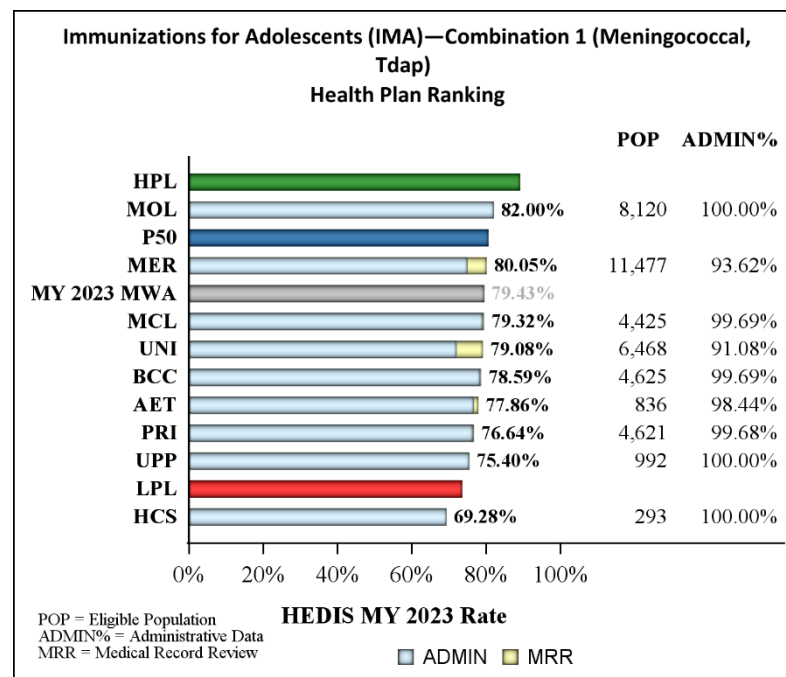
## Immunizations for Adolescents (IMA)—Combination 1 (Meningococcal, Tdap)

*Immunizations for Adolescents (IMA)—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.



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

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.

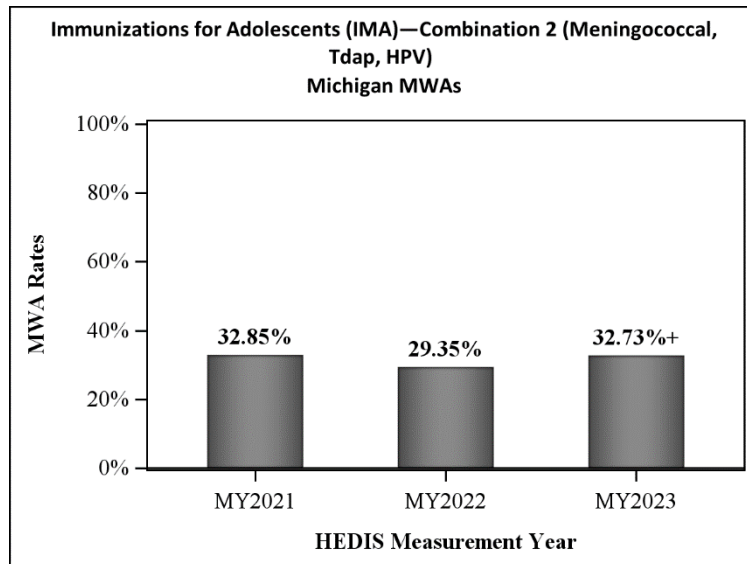


One MHP ranked above the 50th percentile but fell below the HPL. Seven MHPs and the MWA ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 12 percentage points.



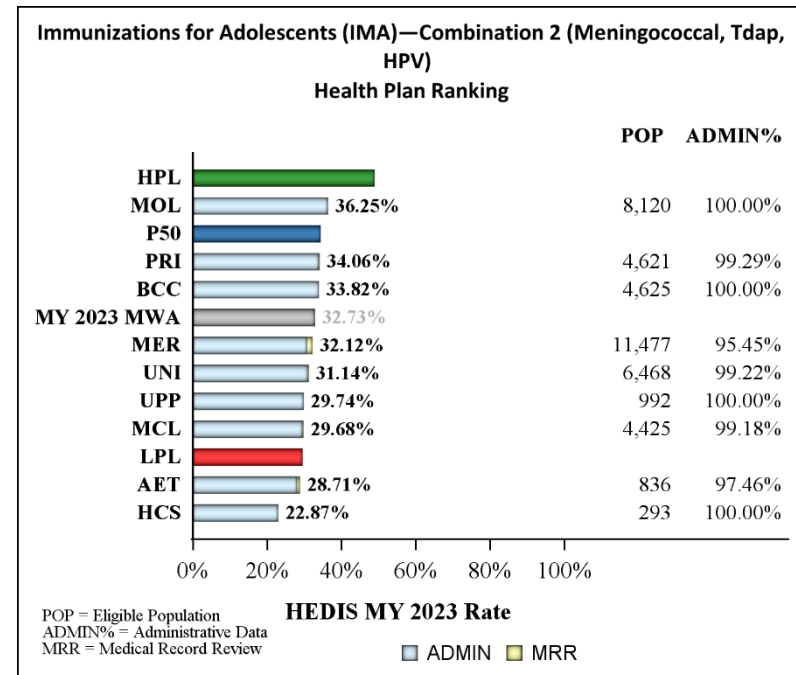
## Immunizations for Adolescents (IMA)—Combination 2 (Meningococcal, Tdap, HPV)

*Immunizations for Adolescents (IMA)—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 one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.

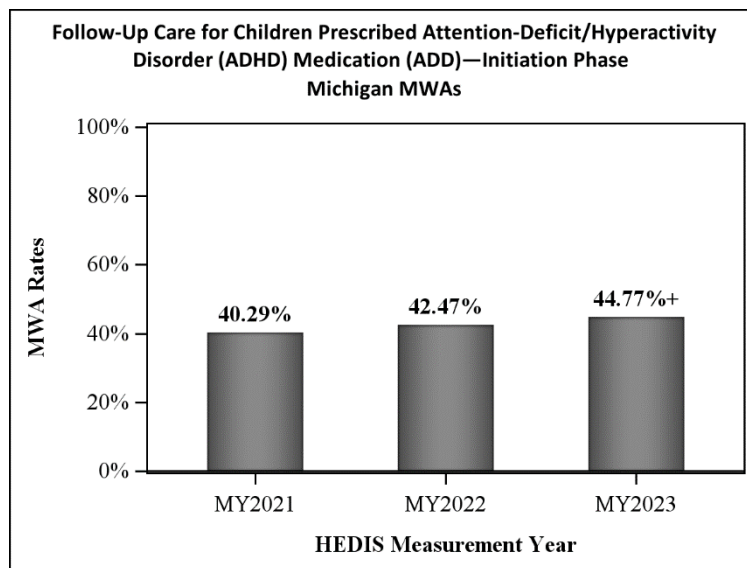


One MHP ranked above the 50th percentile but fell below the HPL. Six MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 13 percentage points.



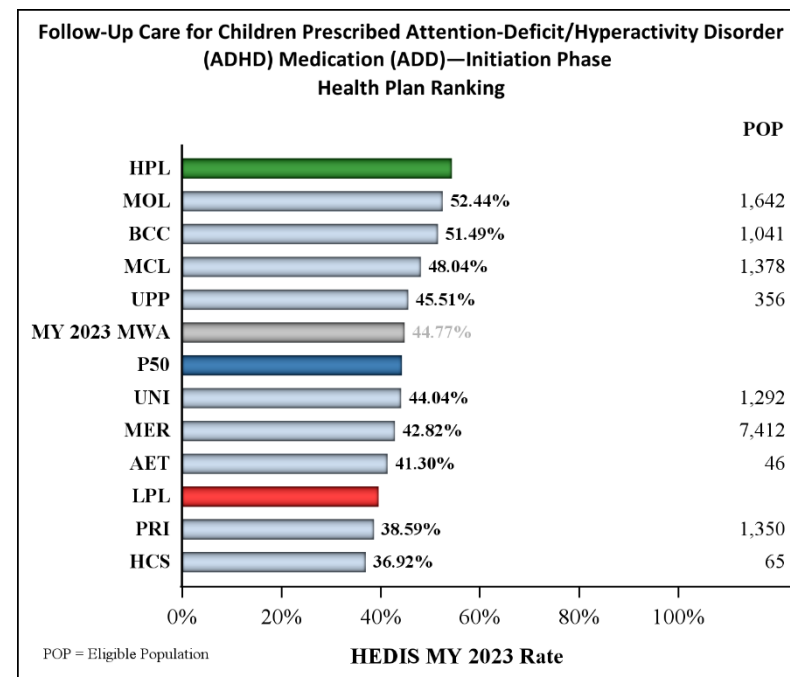
## Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase

*Follow-Up Care for Children Prescribed ADHD Medication (ADD)—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. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.*



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

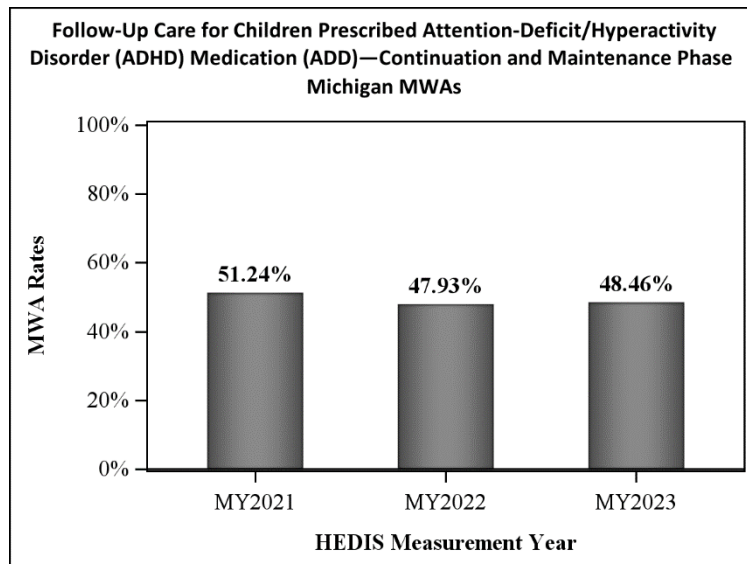
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



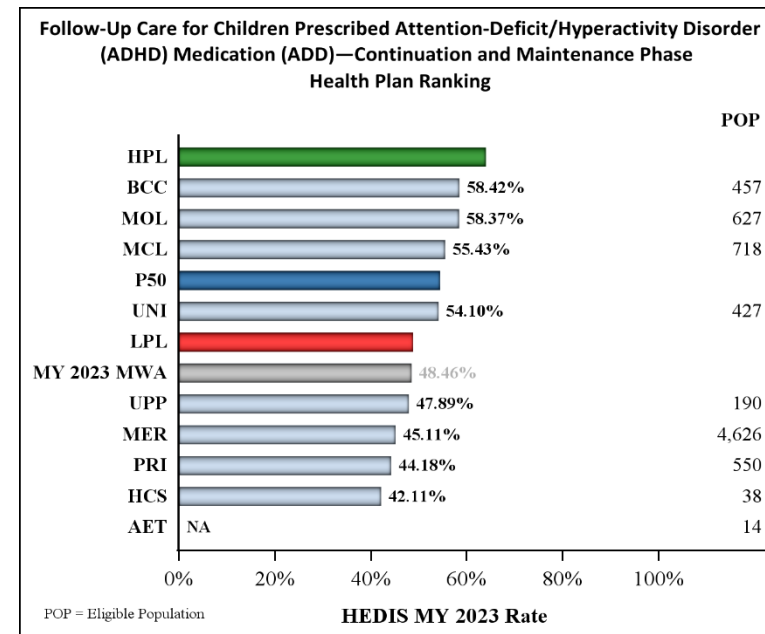
Four MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Three MHPs ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

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

*Follow-Up Care for Children Prescribed ADHD Medication (ADD)—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. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.*



The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



Three MHPs ranked above the 50th percentile but fell below the HPL. 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 16 percentage points.

## 4. Women—Adult Care

### Introduction

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

- *Chlamydia Screening in Women (CHL)—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total*
- *Cervical Cancer Screening (CCS-E)*
- *Breast Cancer Screening (BCS-E)*

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 2023 MWA rates and performance levels, a comparison of the HEDIS MY 2022 MWA to the HEDIS MY 2023 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2022 MWA to HEDIS MY 2023 MWA.

**Table 4-1—HEDIS MY 2023 MWA Performance Levels and Trend Results for Women—Adult Care**

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA— HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<b><i>Chlamydia Screening in Women (CHL)</i><sup>3</sup></b>				
<i>Ages 16 to 20 Years</i>	57.65%	-1.71 <sup>++</sup>	0	2
<i>Ages 21 to 24 Years</i>	64.80%	-1.54 <sup>++</sup>	0	2
<i>Total</i>	61.06%	-1.70 <sup>++</sup>	0	2
<b><i>Cervical Cancer Screening (CCS-E)</i></b>				
<i>Cervical Cancer Screening</i>	54.97%	-4.19 <sup>++</sup>	0	4
<b><i>Breast Cancer Screening (BCS-E)</i></b>				
<i>Breast Cancer Screening</i>	55.00%	+1.39 <sup>+</sup>	2	0

<sup>1</sup> HEDIS MY 2023 performance levels were based on comparisons of the HEDIS MY 2023 MWA rates to national Medicaid Quality Compass HEDIS MY 2022 MWA benchmarks. HEDIS MY 2023 performance levels represent the following percentile comparisons:

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

<sup>2</sup> HEDIS MY 2022 MWA to HEDIS MY 2023 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant improvement from the HEDIS MY 2022 MWA.

**Red Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant decline from the HEDIS MY 2022 MWA.

<sup>3</sup> Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 and prior years be considered with caution.

Table 4-1 shows that for the Women—Adult Care domain, the *Breast Cancer Screening* measure indicator was an area of strength, as the measure indicator ranked at or above the 50th percentile. Additionally, the *Breast Cancer Screening* measure indicator demonstrated significant improvement from the HEDIS MY 2022 MWA. **BCC**, **MCL**, **MER**, **MOL**, **PRI**, and **UNI** ranked above the 50th percentile for the most measure indicators within the Women—Adult Care domain. In addition, **AET** ranked above the HPL for the *Chlamydia Screening in Women—16 to 20 Years* and *Total* measure indicators.

The MWA demonstrated a significant decline for the *Chlamydia Screening in Women—Ages 16 to 20 Years*, *Ages 21 to 24 Years*, and *Total* indicators, with the MWA for each declining more than 1 percentage point from HEDIS MY 2022; similarly, the MWA for the *Cervical Cancer Screening* indicator also demonstrated a significant decline, with the MWA declining more than 4 percentage points. The *Cervical Cancer Screening* indicator also ranked below the 50th percentile.

MDHHS should continue to monitor the MHPs' performance related to the *Chlamydia Screening in Women—Ages 16 to 20 Years*, *Ages 21 to 24 Years*, and *Total*; and *Cervical Cancer Screening* measure indicators within the Women—Adult Care domain to further improve performance. Untreated chlamydia infections can lead to serious and irreversible complications. Screening is important, as infections can be asymptomatic. This results in delayed medical care and treatment.<sup>18</sup> Each year in the United States, about 11,500 new cases of cervical cancer are diagnosed and about 4,000 women die of this cancer.<sup>19</sup> Effective screening and early detection of cervical pre-cancers have led to a significant reduction in this death rate.<sup>20</sup> MDHHS should consider promoting the integration of targeted outreach interventions that MHPs could employ to increase adherence to *Chlamydia Screening in Women* and *Cervical Cancer Screening* such as sending automated text messages, distributing pamphlets or brochures further educating members on the importance of timely screenings, and imbedding health screening reminders into routine case management touch points with members.

<sup>18</sup> National Committee for Quality Assurance. Chlamydia Screening in Women. Available at: <https://www.ncqa.org/hedis/measures/chlamydia-screening-in-women/>. Accessed on: Sept 17, 2024.

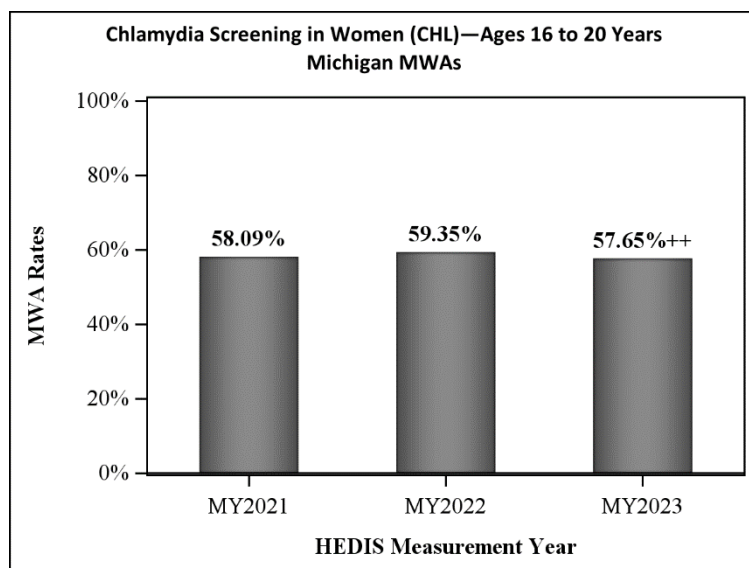
<sup>19</sup> Centers for Disease Control and Prevention. Cervical Cancer Statistics. Available at: <https://www.cdc.gov/cervical-cancer/statistics/index.html>. Accessed on: Sept 17, 2024.

<sup>20</sup> National Committee for Quality Assurance. Cervical Cancer Screening. Available at: <https://www.ncqa.org/hedis/measures/cervical-cancer-screening/>. Accessed on: Sept 17, 2024.

## Measure-Specific Findings

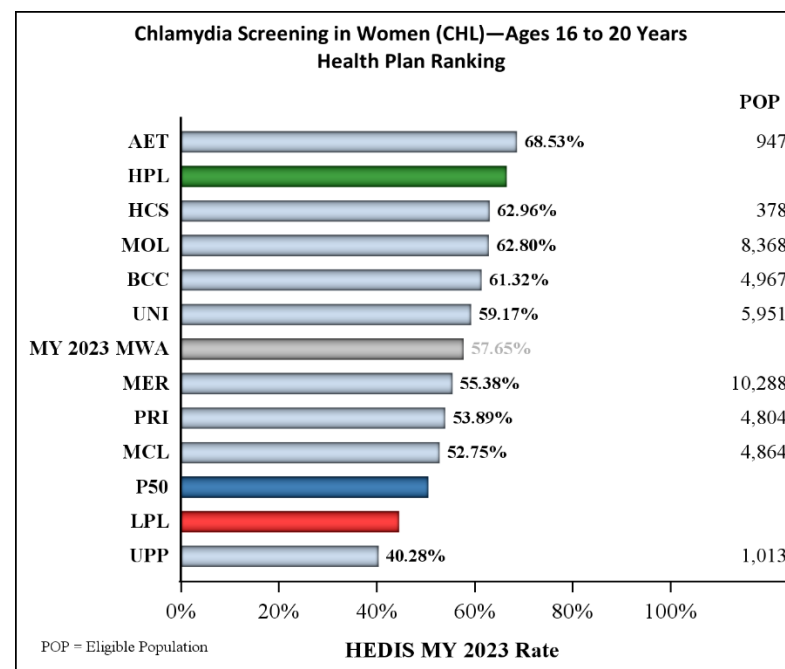
### Chlamydia Screening in Women (CHL)—Ages 16 to 20 Years

*Chlamydia Screening in Women (CHL)—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. *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.*



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

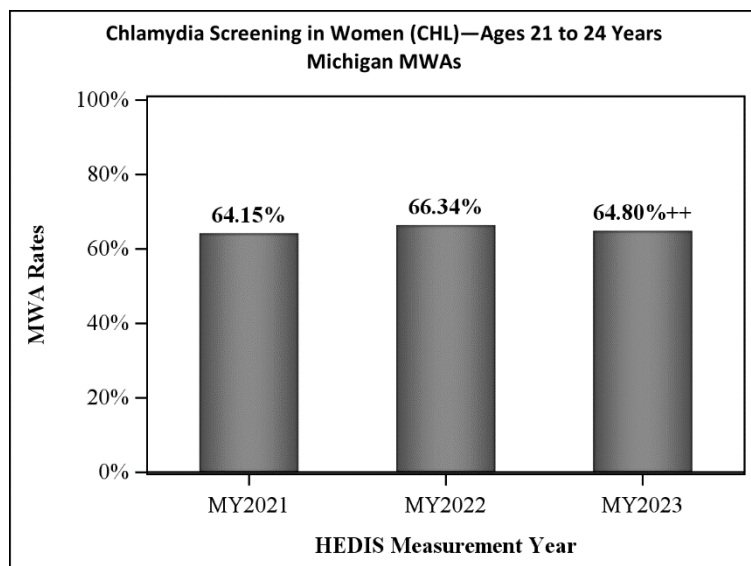
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



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 28 percentage points.

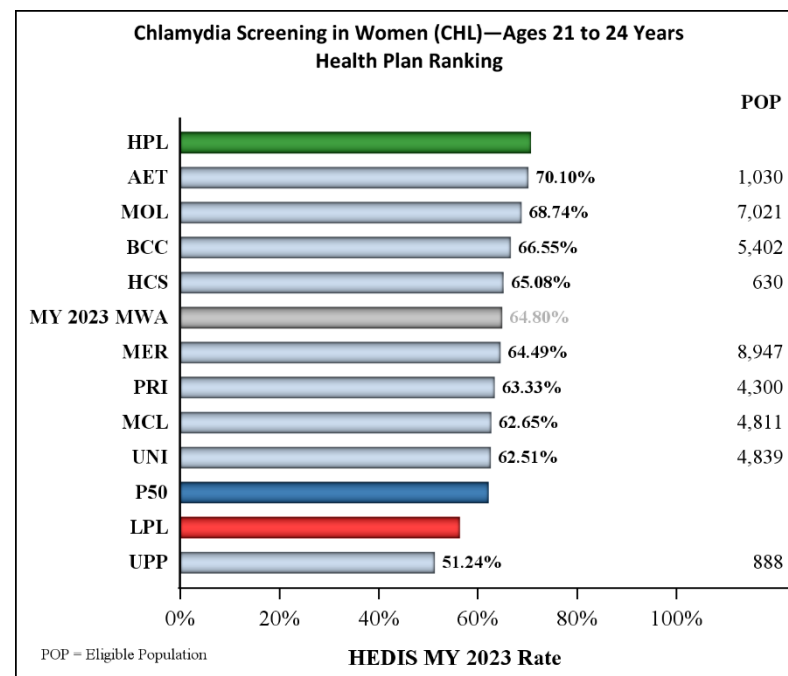
## Chlamydia Screening in Women (CHL)—Ages 21 to 24 Years

*Chlamydia Screening in Women (CHL)—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. Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.



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

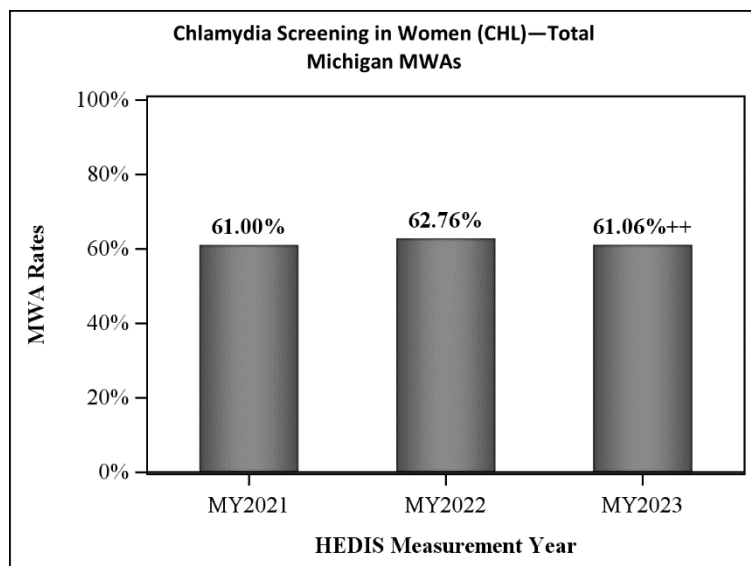
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



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 18 percentage points.

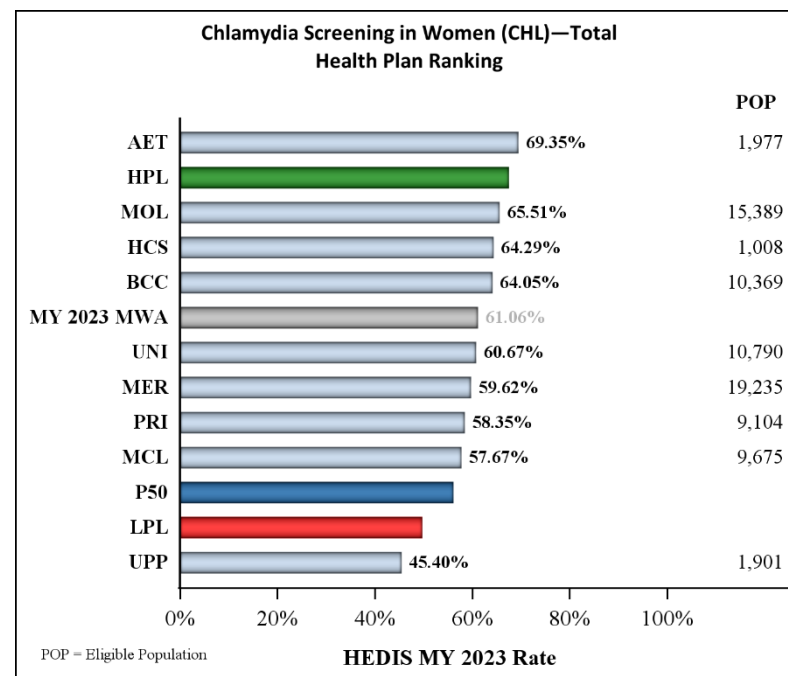
## Chlamydia Screening in Women (CHL)—Total

*Chlamydia Screening in Women (CHL)—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. Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.



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

The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



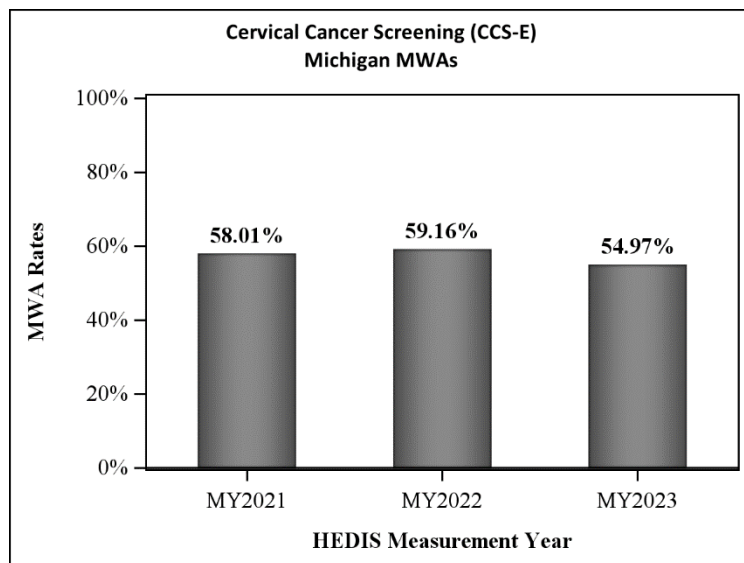
One MHP ranked above the HPL. Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 23 percentage points.



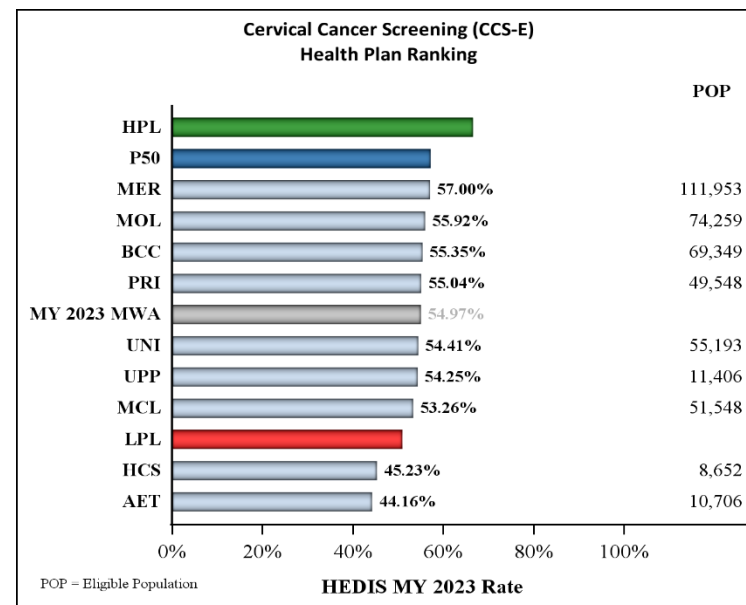
## Cervical Cancer Screening (CCS-E)

*Cervical Cancer Screening (CCS-E)* 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.



The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

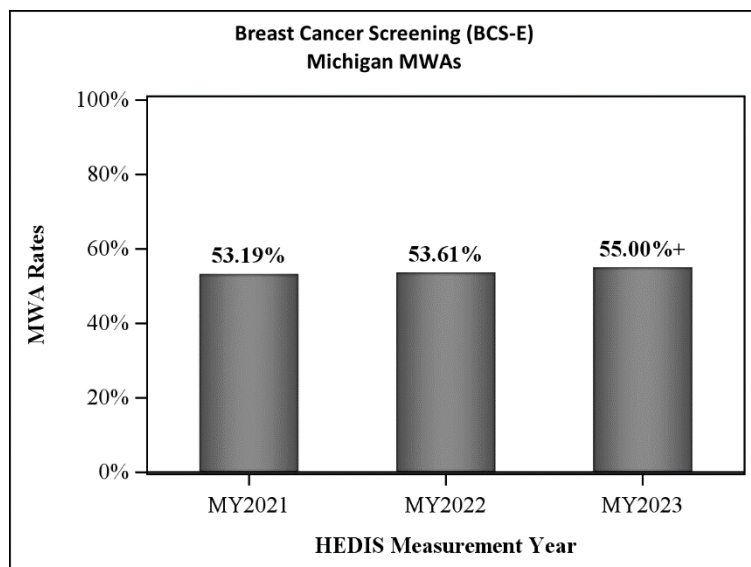


Seven MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 12 percentage points.



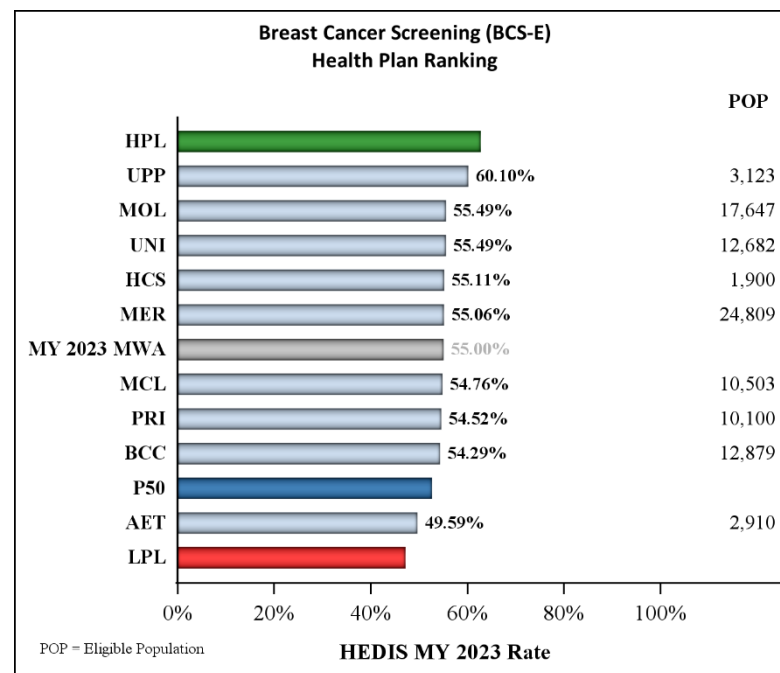
## Breast Cancer Screening (BCS-E)

*Breast Cancer Screening (BCS-E)* 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 2023 MWA rate significantly improved from HEDIS MY 2022.



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 10 percentage points.

## 5. Access to Care

### Introduction

The Access to Care domain encompasses the following HEDIS measures:

- *Adults' Access to Preventive/Ambulatory Health Services (AAP)—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 (AAB)—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total*
- *Appropriate Testing for Pharyngitis (CWP)—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total*
- *Appropriate Treatment for Upper Respiratory Infection (URI)—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 2023 MWA rates and performance levels, a comparison of the HEDIS MY 2022 MWA to the HEDIS MY 2023 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2022 MWA to HEDIS MY 2023 MWA.

**Table 5-1—HEDIS MY 2023 MWA Performance Levels and Trend Results for Access to Care**

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA— HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<b><i>Adults' Access to Preventive/Ambulatory Health Services (AAP)</i></b>				
<i>Ages 20 to 44 Years</i>	73.23%	+0.37 <sup>+</sup>	4	0
<i>Ages 45 to 64 Years</i>	82.76%	+0.17	1	0
<i>Ages 65 Years and Older</i>	89.13%	-0.39	0	1
<i>Total</i>	76.80%	+0.37 <sup>+</sup>	4	0

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA– HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>				
<i>Ages 3 Months to 17 Years</i>	68.70%	+2.40 <sup>+</sup>	4	1
<i>Ages 18 to 64 Years</i>	40.29%	-0.33	0	0
<i>Ages 65 Years and Older</i>	32.94%	+0.71	0	0
<i>Total</i>	55.59%	+1.19 <sup>+</sup>	2	1
<b>Appropriate Testing for Pharyngitis (CWP)</b>				
<i>Ages 3 to 17 Years</i>	78.56%	+8.72 <sup>+</sup>	9	0
<i>Ages 18 to 64 Years</i>	65.73%	+11.30 <sup>+</sup>	9	0
<i>Ages 65 Years and Older</i>	27.94%	+5.43	0	0
<i>Total</i>	73.79%	+11.16 <sup>+</sup>	9	0
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>				
<i>Ages 3 Months to 17 Years</i>	90.69%	-1.79 <sup>++</sup>	0	7
<i>Ages 18 to 64 Years</i>	78.32%	-3.10 <sup>++</sup>	0	7
<i>Ages 65 Years and Older</i>	67.09%	-3.09	0	0
<i>Total</i>	86.78%	-2.21 <sup>++</sup>	0	8

<sup>1</sup> 2023 performance levels were based on comparisons of the HEDIS MY 2023 MWA rates to national Medicaid Quality Compass HEDIS MY 2022 MWA benchmarks. 2023 performance levels represent the following percentile comparisons:

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

<sup>2</sup> HEDIS MY 2022 MWA to HEDIS MY 2023 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant improvement from the HEDIS MY 2022 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant decline from the HEDIS MY 2022 MWA.

Table 5-1 shows that for the Access to Care domain, the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years and Total*; *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Total*; and *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators demonstrated significant improvement from the HEDIS MY 2022 MWA. **MER**, **PRI**, and **UPP** ranked above the 50th percentile for the most measure indicators within the Access to Care domain. In addition, **UPP** ranked above the HPL for *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*; and *Appropriate Testing for Pharyngitis—Ages 3–17 Years, Ages 18–64 Years, and Total* measure indicators. **PRI** ranked above the HPL for *Appropriate Testing for Pharyngitis—Ages 18–64 Years and Total* measure indicators.

The MWA demonstrated a significant decline for the *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, and Total* measure indicators, each with an MWA decrease of over 1 percentage point from HEDIS MY 2022. Additionally, the MWA ranked below the 25th percentile for the *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years and Total* measure indicators.

MDHHS should conduct ongoing monitoring of the MHPs' performance and declining rates for the *Appropriate Treatment for Upper Respiratory Infection* measure indicators in the Access to Care domain. MDHHS could consider conducting a causal factor analysis to identify potential reasons that contribute to declining rates and assist MHPs in developing targeted interventions. Underperforming MHPs should be given suggested interventions, based on MHP-specific capabilities, to improve rates. Too often antibiotics are prescribed inappropriately. Efforts to use antibiotics judiciously can result in fewer inappropriate antibiotics prescribed. Additionally, increased education and awareness of appropriate treatment for upper respiratory infections can reduce the danger of antibiotic-resistant bacteria.<sup>21</sup>

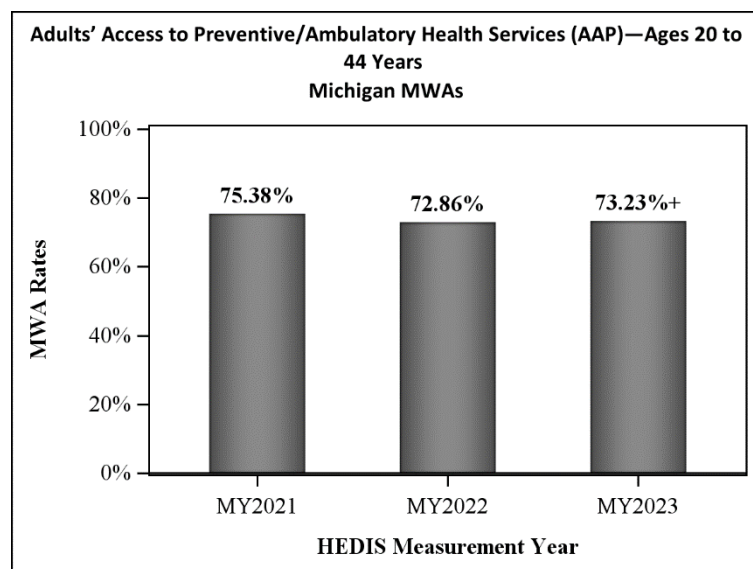
---

<sup>21</sup> National Committee for Quality Assurance. *Appropriate Treatment for Upper Respiratory Infection*. Available at: <https://www.ncqa.org/hedis/measures/appropriate-treatment-for-upper-respiratory-infection/>. Accessed on: Sept 17, 2024.

## Measure-Specific Findings

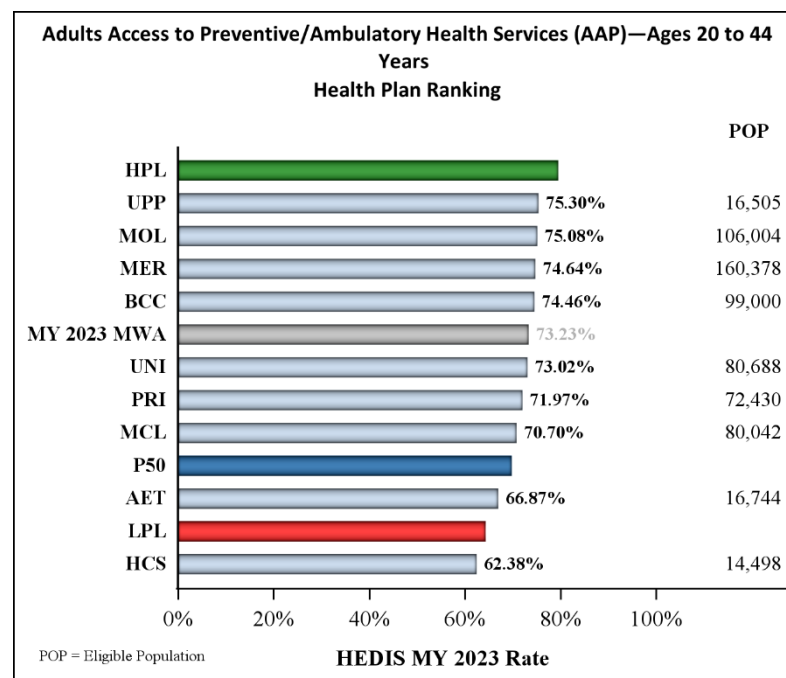
### Adults' Access to Preventive/Ambulatory Health Services (AAP)—Ages 20 to 44 Years

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



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

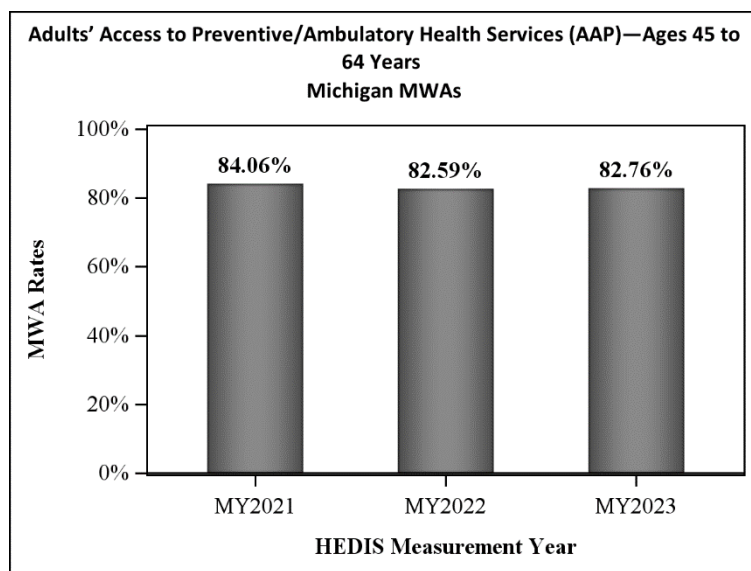
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



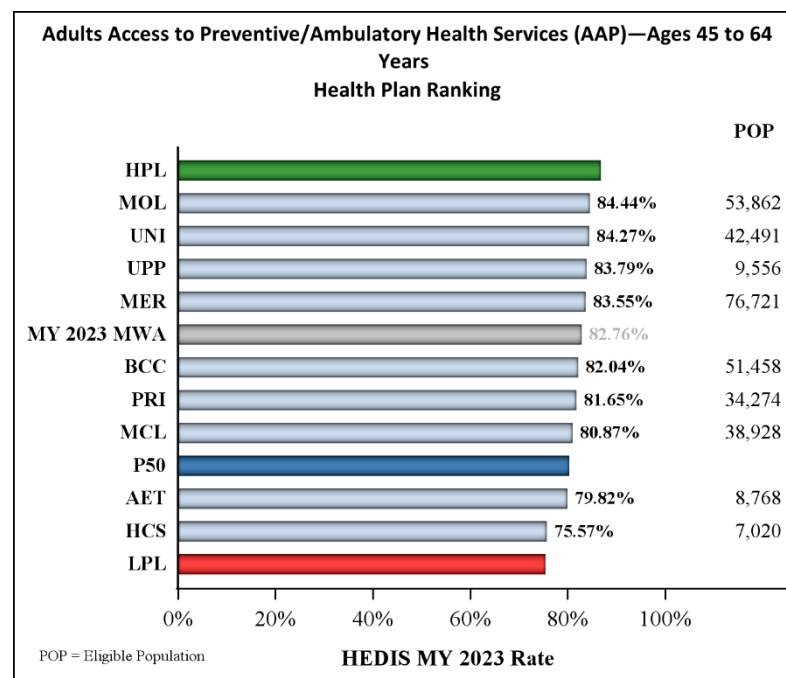
Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 12 percentage points.

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

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



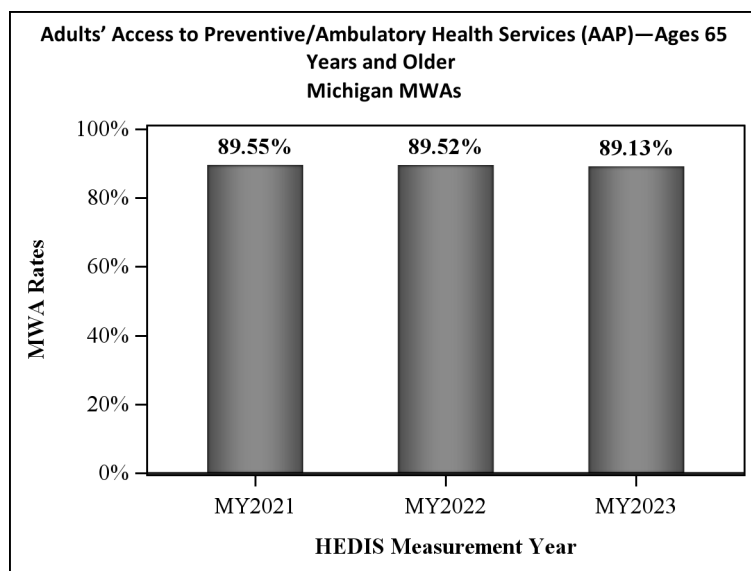
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



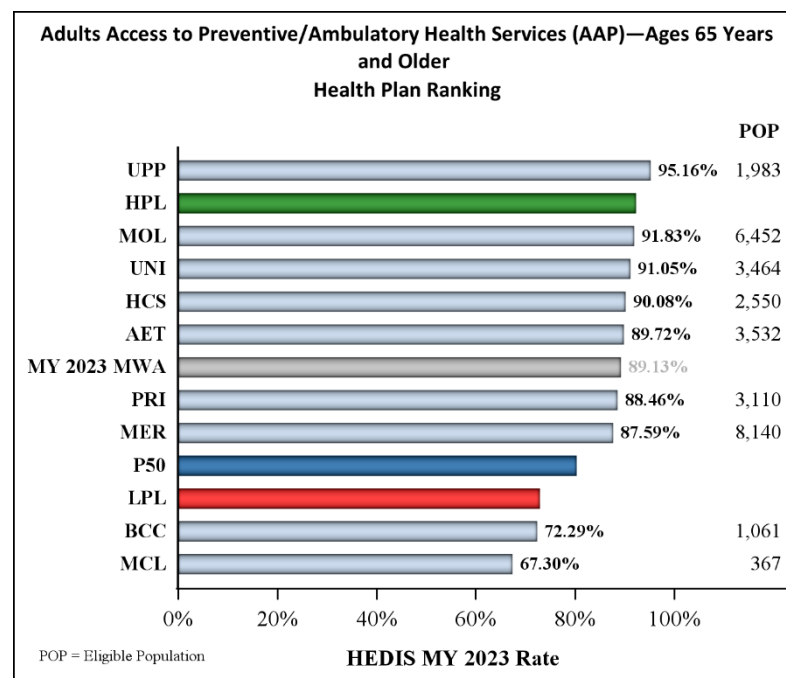
Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 8 percentage points.

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

*Adults' Access to Preventive/Ambulatory Health Services (AAP)—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.



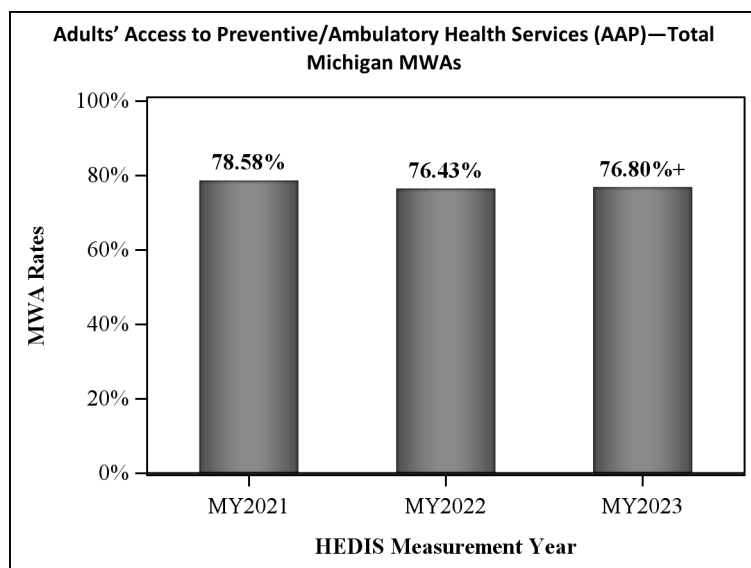
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



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 27 percentage points.

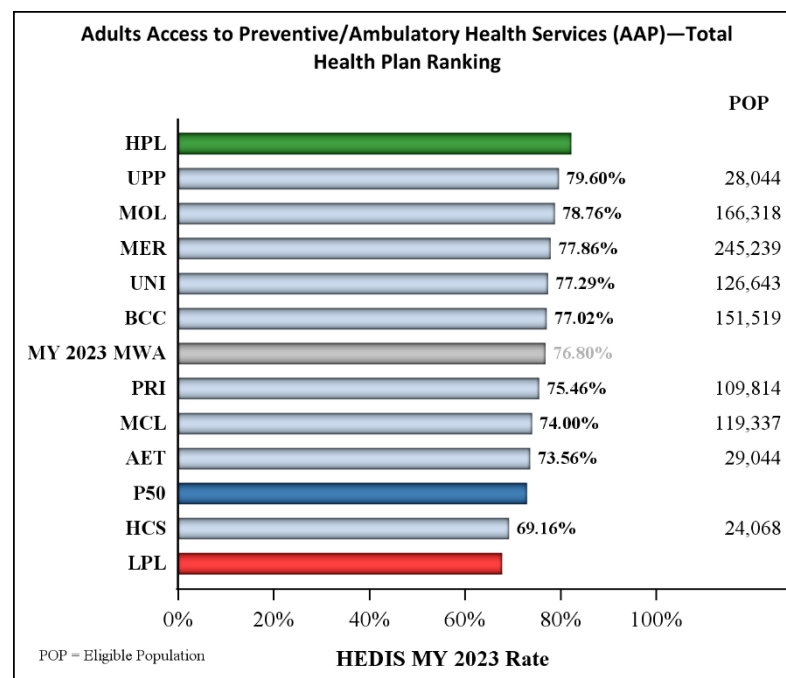
## Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total

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



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

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.

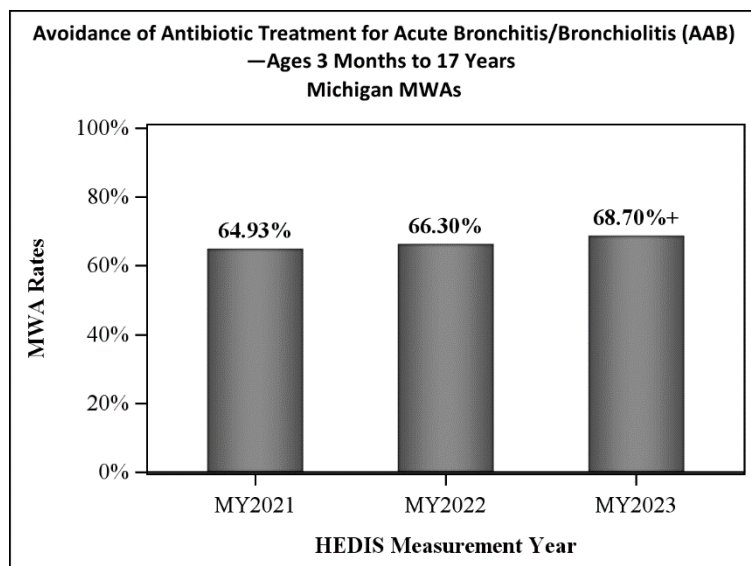


Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 10 percentage points.



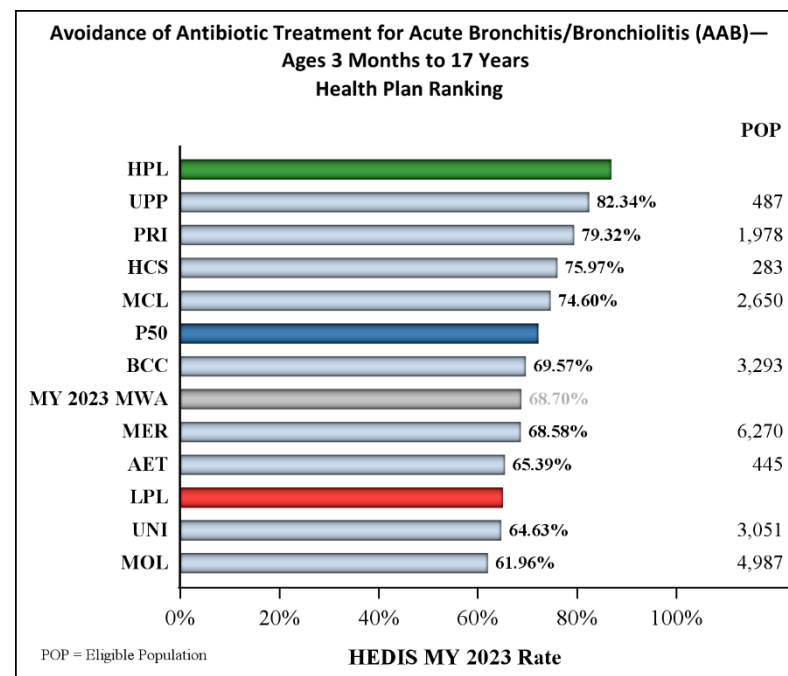
## Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)—Ages 3 Months to 17 Years

*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)—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.



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

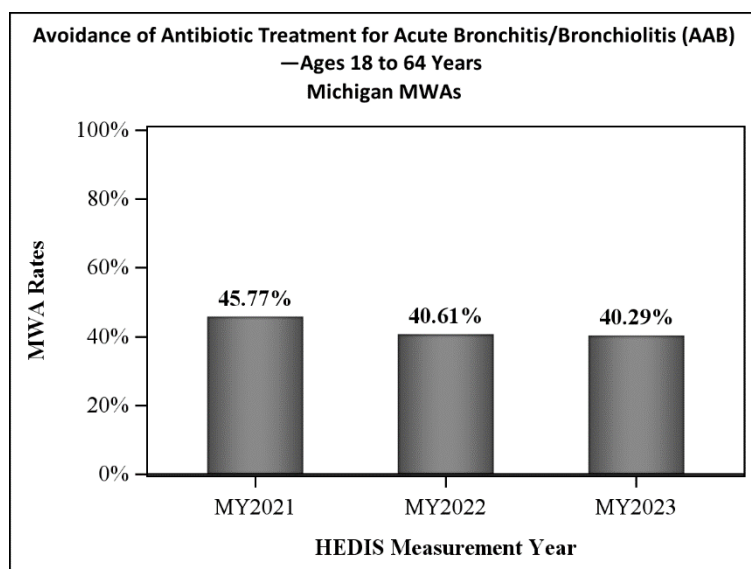
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



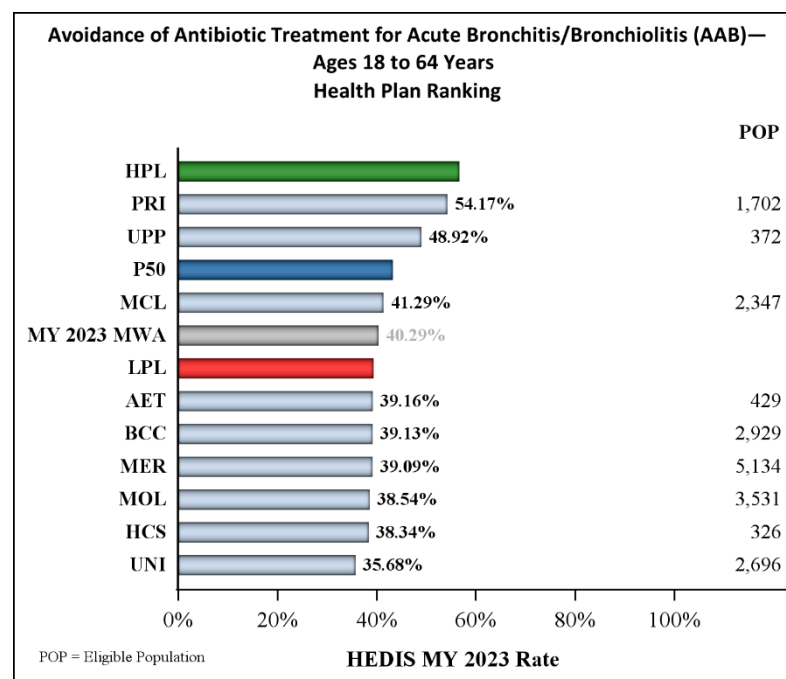
Four MHPs ranked above the 50th percentile but fell below the HPL. Three MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

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

*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)—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.



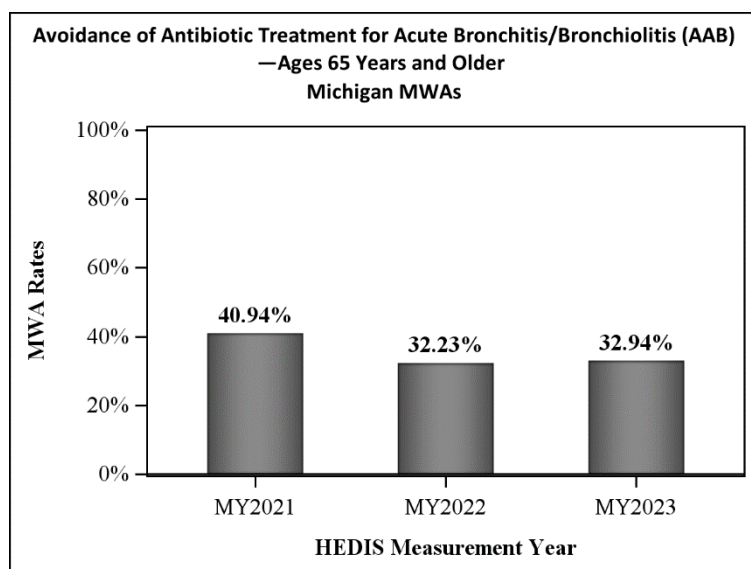
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



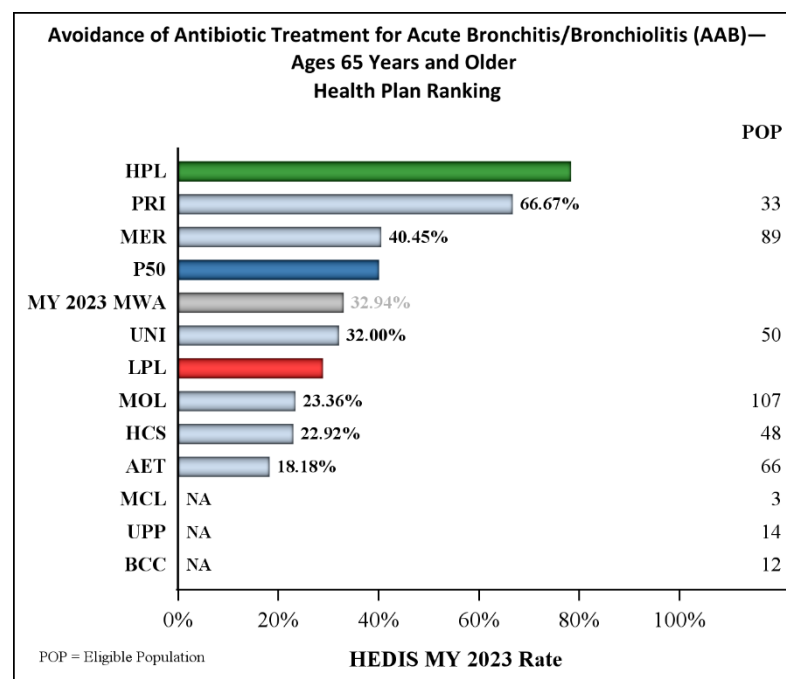
Two MHPs ranked above the 50th percentile but fell below the HPL. One MHP and the MWA ranked above the LPL but fell below the 50th percentile. Six MHPs fell below the LPL. MHP performance varied by over 18 percentage points.

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

*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)—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 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

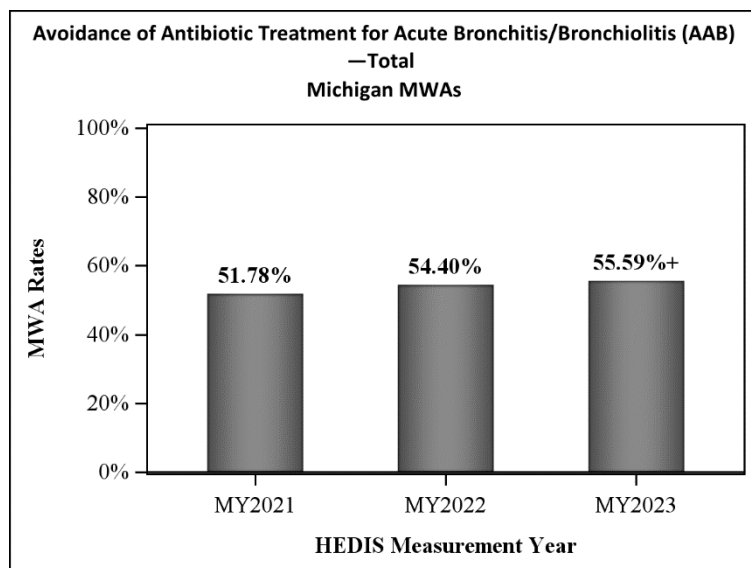


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Two 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. Three MHPs fell below the LPL. MHP performance varied by over 48 percentage points.

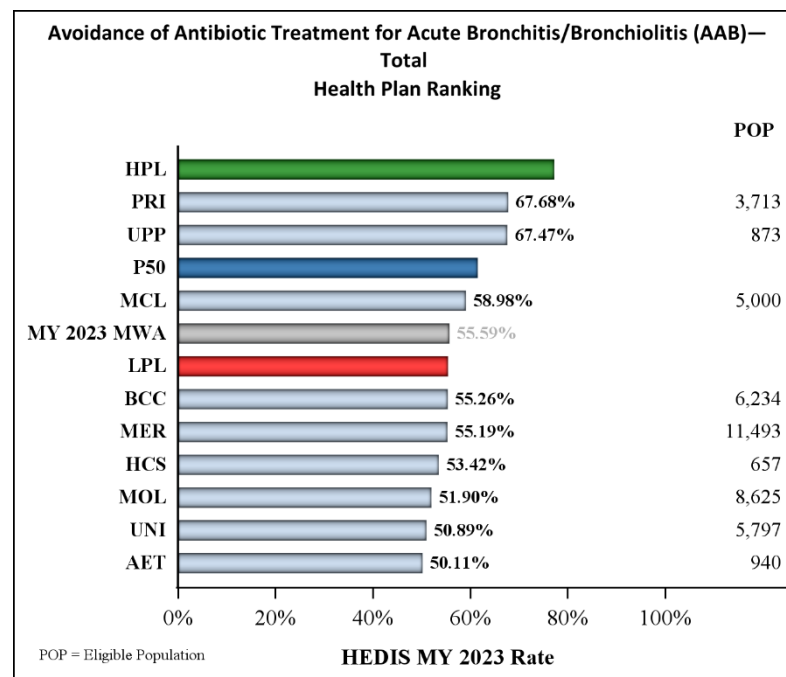
## Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)—Total

*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)—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.

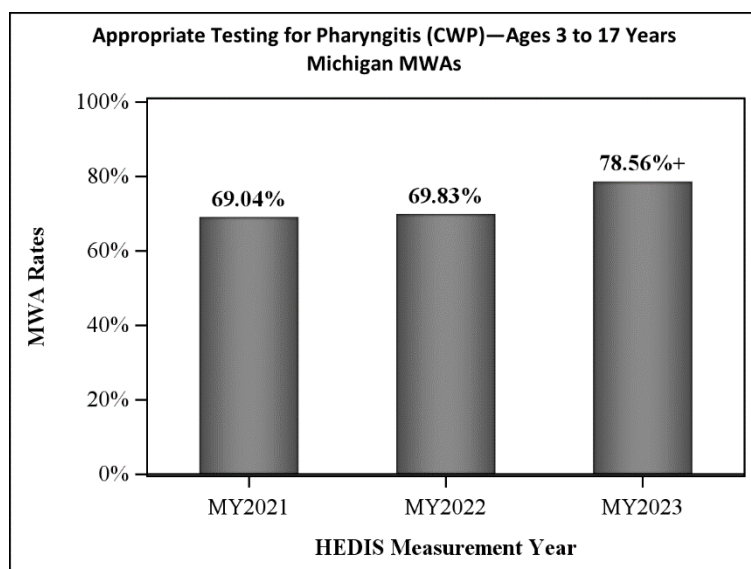
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



Two 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. Six MHPs fell below the LPL. MHP performance varied by over 17 percentage points.

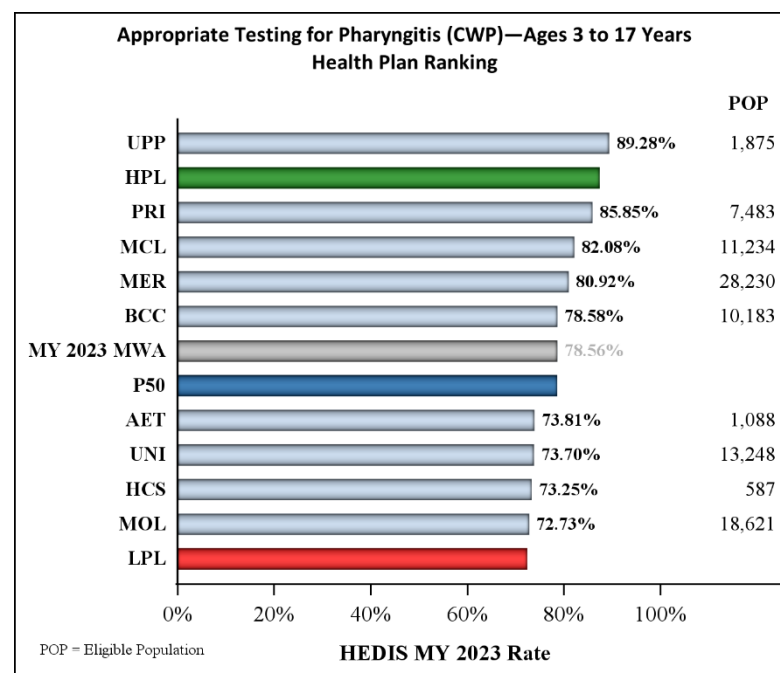
## Appropriate Testing for Pharyngitis (CWP)—Ages 3 to 17 Years

*Appropriate Testing for Pharyngitis (CWP)—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.



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

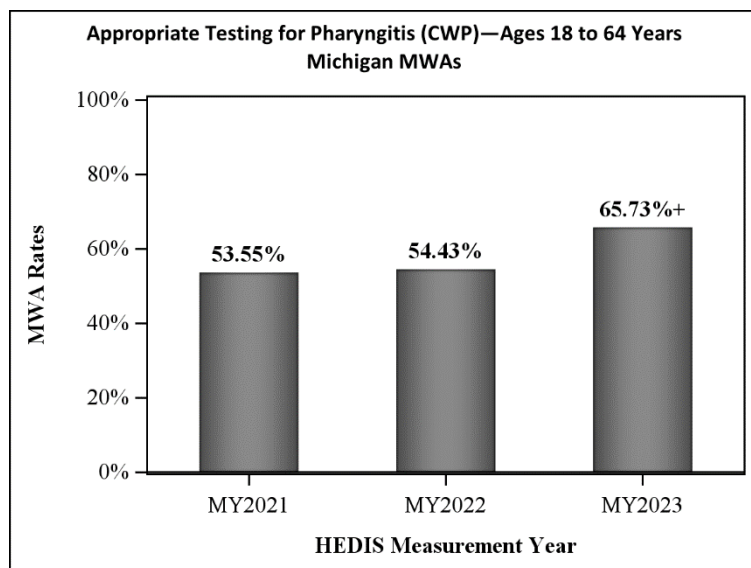
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



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

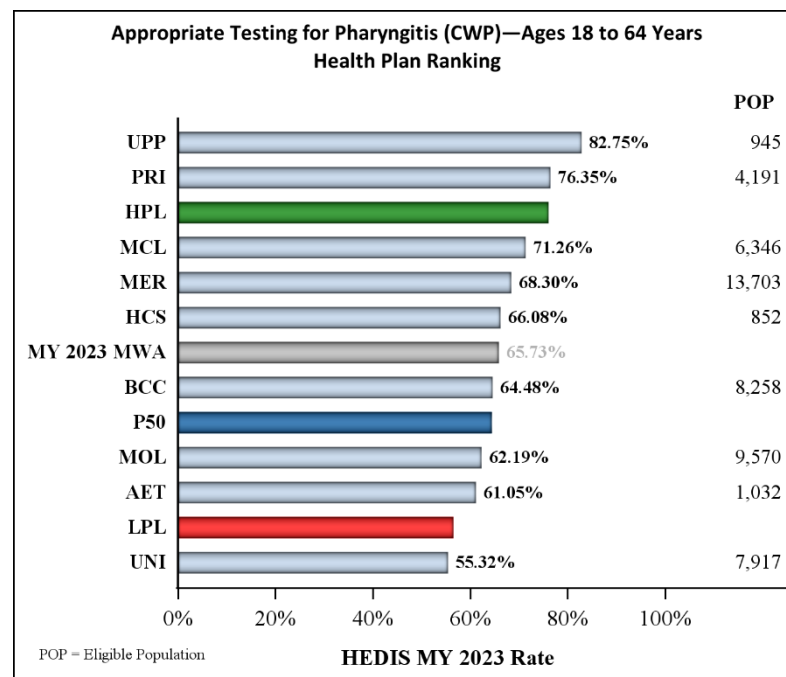
## Appropriate Testing for Pharyngitis (CWP)—Ages 18 to 64 Years

*Appropriate Testing for Pharyngitis (CWP)—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.



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

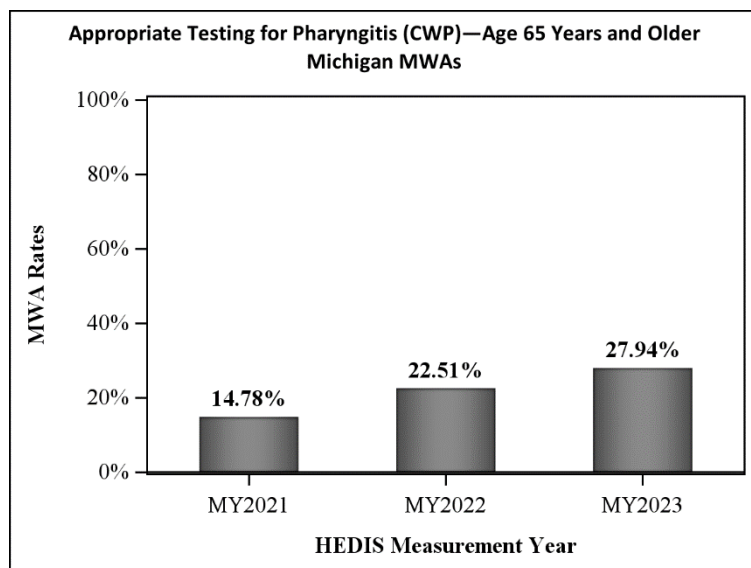
The HEDIS MY 2023 MWA significantly improved from HEDIS MY 2022.



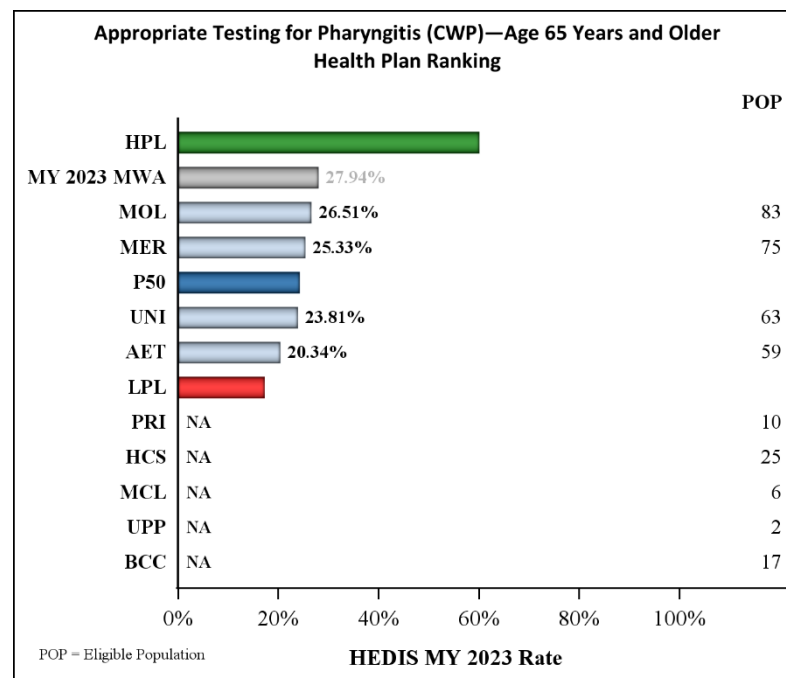
Two MHPs ranked above the HPL. Four MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 27 percentage points.

## Appropriate Testing for Pharyngitis (CWP)—Ages 65 Years and Older

*Appropriate Testing for Pharyngitis (CWP)—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.



The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

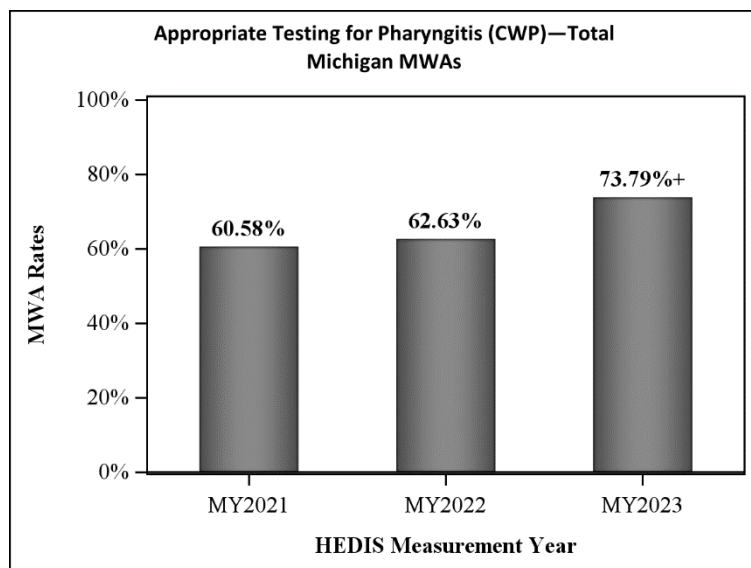


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Two MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 6 percentage points.

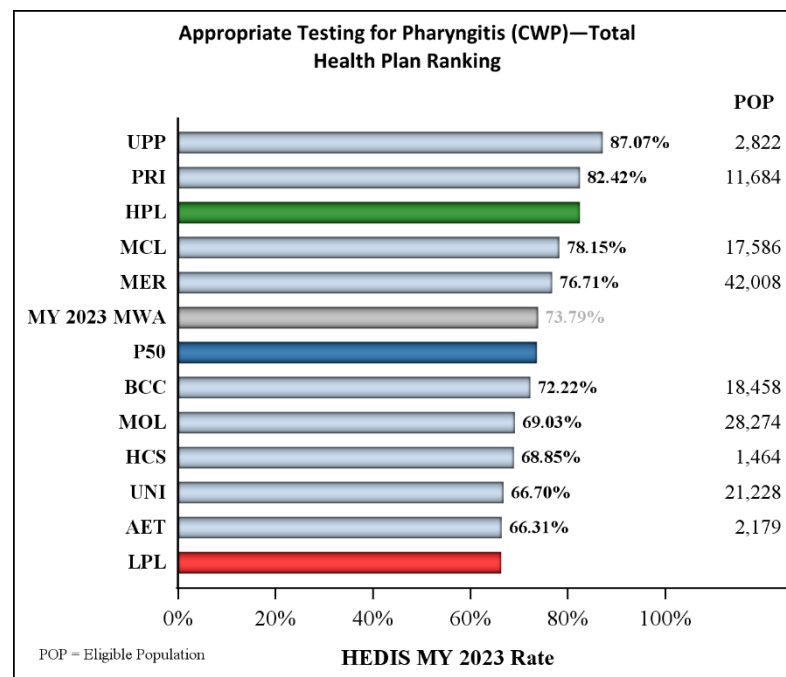
## Appropriate Testing for Pharyngitis (CWP)—Total

*Appropriate Testing for Pharyngitis (CWP)—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.



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

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.

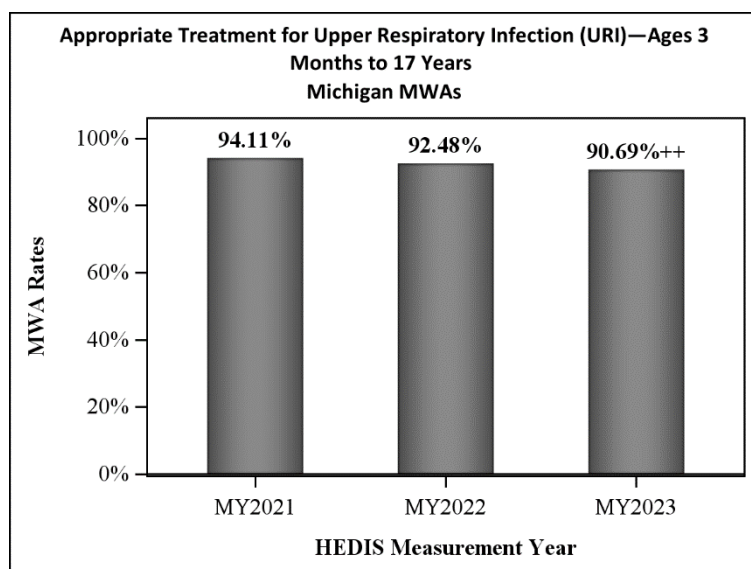


Two MHPs ranked above the HPL. Two MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Five MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 20 percentage points.



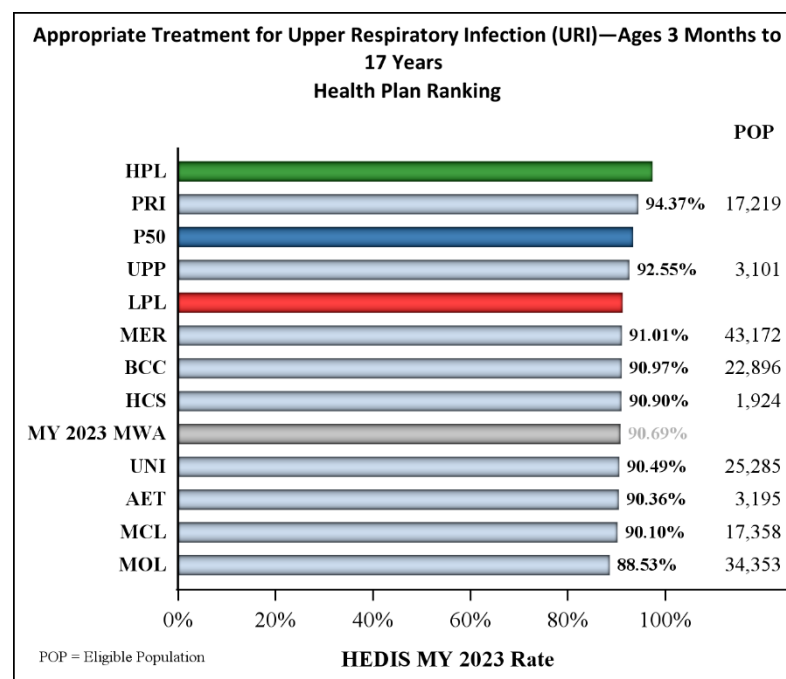
## Appropriate Treatment for Upper Respiratory Infection (URI)—Ages 3 Months to 17 Years

*Appropriate Treatment for Upper Respiratory Infection (URI)—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.

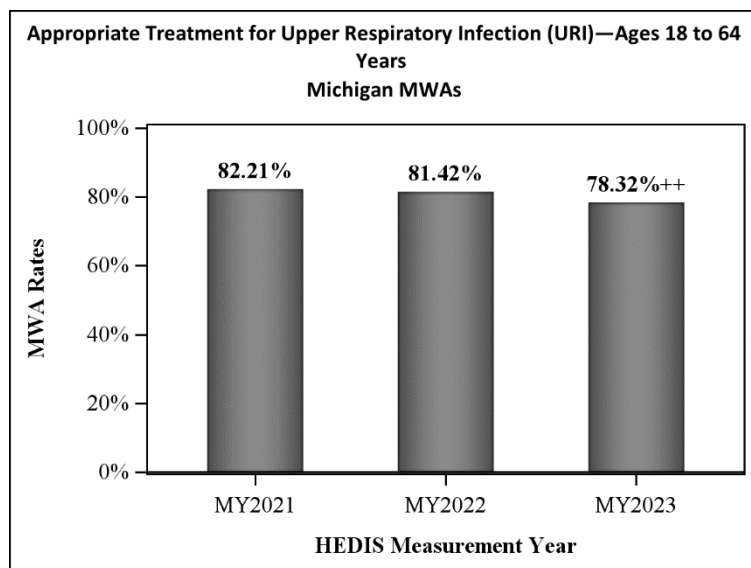
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



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

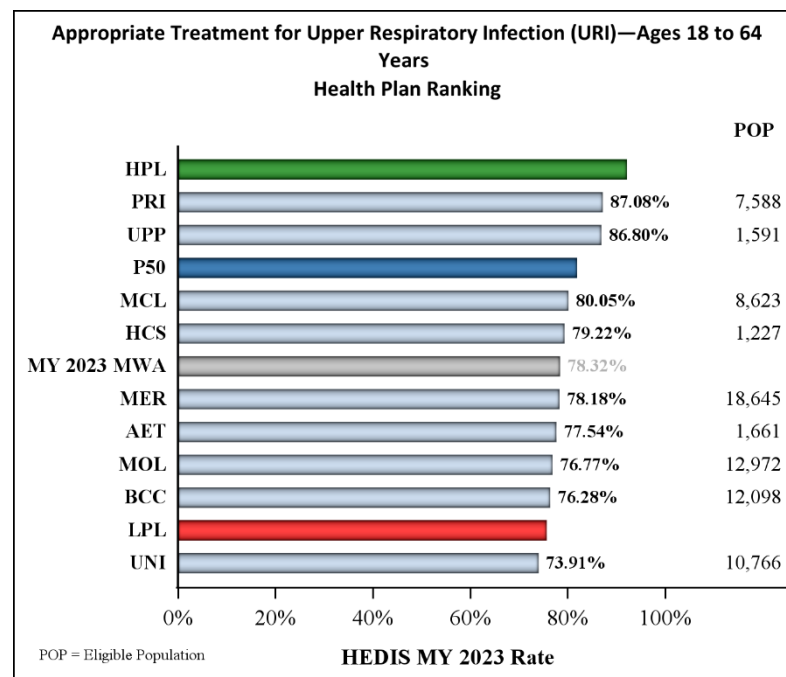
## Appropriate Treatment for Upper Respiratory Infection (URI)—Ages 18 to 64 Years

*Appropriate Treatment for Upper Respiratory Infection (URI)—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.

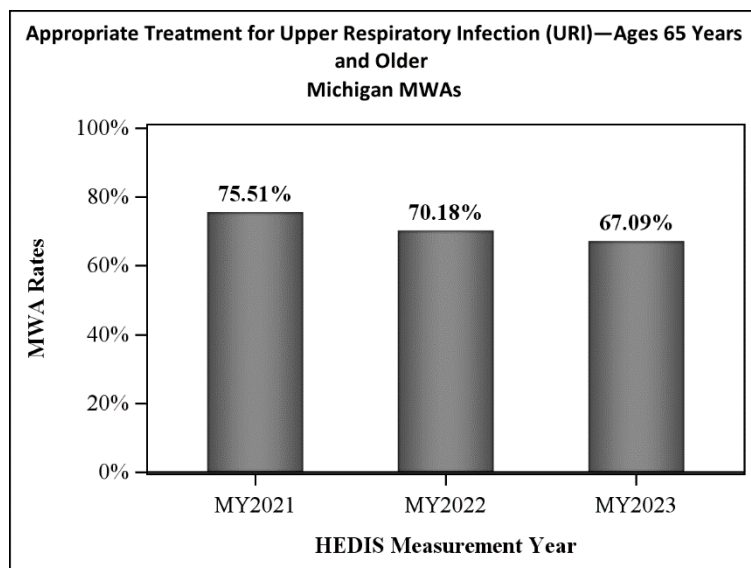
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



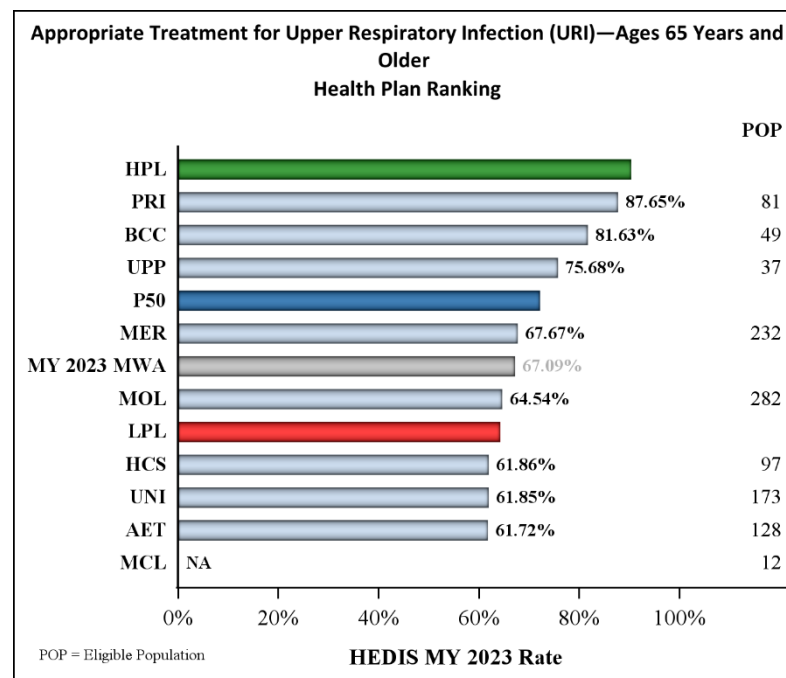
Two MHPs ranked above the 50th percentile but fell below the HPL. Six MHPs and the MWA ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 13 percentage points.

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

*Appropriate Treatment for Upper Respiratory Infection (URI)—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 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

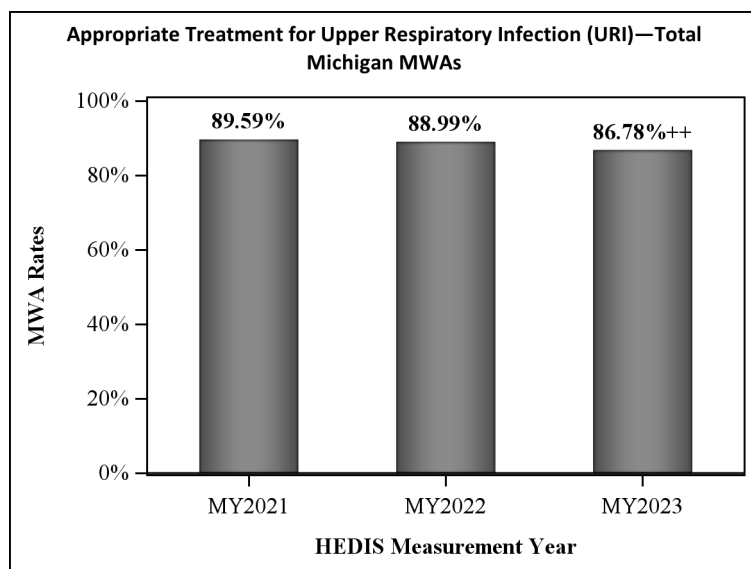


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

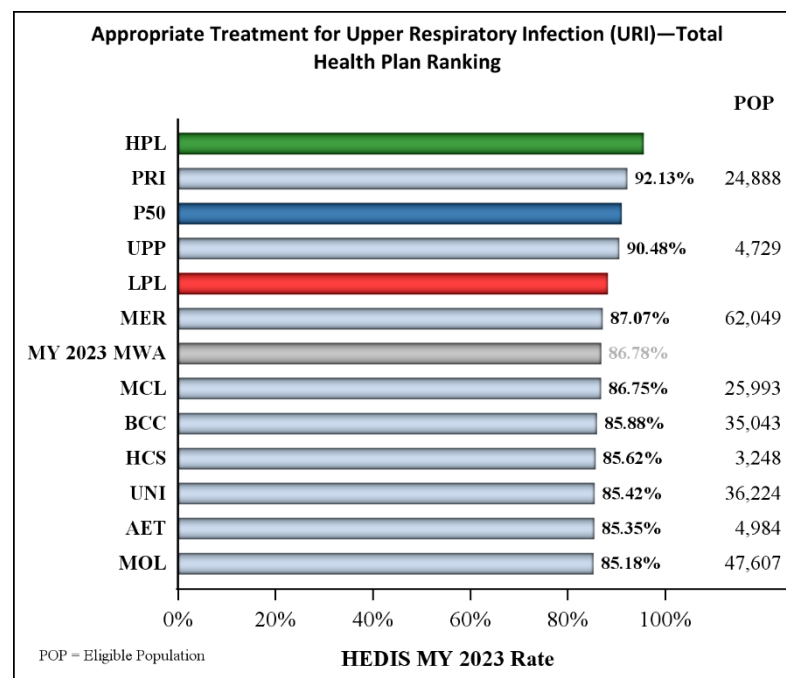
## Appropriate Treatment for Upper Respiratory Infection (URI)—Total

*Appropriate Treatment for Upper Respiratory Infection (URI)—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 2023 MWA rate significantly declined from HEDIS MY 2022.



One MHP ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. Seven MHPs and the MWA fell below the LPL. MHP performance varied by over 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 (WCC)—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 2023 MWA rates and performance levels, a comparison of the HEDIS MY 2022 MWA to the HEDIS MY 2023 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2022 MWA to HEDIS MY 2023 MWA.

**Table 6-1—HEDIS MY 2023 MWA Performance Levels and Trend Results for Obesity**

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA— HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<b><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</i></b>				
<i>Body Mass Index (BMI) Percentile—Total</i>	84.96%	+4.42 <sup>+</sup>	2	0
<i>Counseling for Nutrition—Total</i>	74.37%	+3.49 <sup>+</sup>	1	0
<i>Counseling for Physical Activity—Total</i>	72.90%	+3.49 <sup>+</sup>	2	0

<sup>1</sup> HEDIS MY 2023 performance levels were based on comparisons of the HEDIS MY 2023 MWA rates to national Medicaid Quality Compass HEDIS MY 2022 MWA benchmarks. HEDIS MY 2023 performance levels represent the following percentile comparisons:

<25 <sup>th</sup>	≥25 <sup>th</sup> and ≤49 <sup>th</sup>	≥50 <sup>th</sup> and ≤74 <sup>th</sup>	≥75 <sup>th</sup> and ≤89 <sup>th</sup>	≥90 <sup>th</sup>
-------------------	---	---	---	-------------------

<sup>2</sup> HEDIS MY 2022 MWA to HEDIS MY 2023 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant improvement from the HEDIS MY 2022 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant decline from the HEDIS MY 2022 MWA.

Table 6-1 shows that for the Obesity domain, all *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* 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 2022 MWA. **PRI**, **UNI**, and **UPP** ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* measure indicator. **HCS** ranked above the HPL for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* measure indicator.

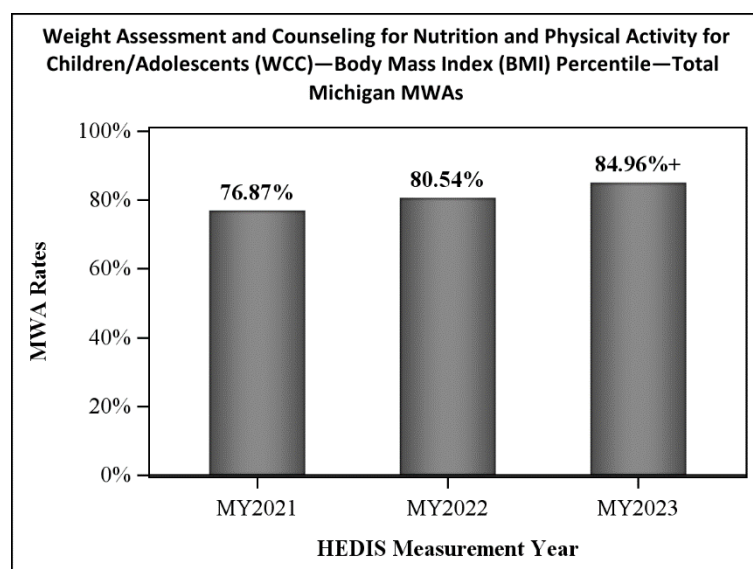
While none of the measure indicators in the Obesity domain demonstrated a significant decline in the MWA from HEDIS MY 2022 or ranked below the 50th percentile, MDHHS should continue to monitor the MHPs' performance for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators to ensure continued improvement. MHPs and providers should continue 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 **MCL**'s performance for this measure to ensure the MHP's performance does not continue to decline and encourage higher-performing MHPs to share and discuss best practices. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.<sup>22</sup>

<sup>22</sup> National Committee for Quality Assurance. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents. Available at: <https://www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/>. Accessed on: Sept 17, 2024.

## Measure-Specific Findings

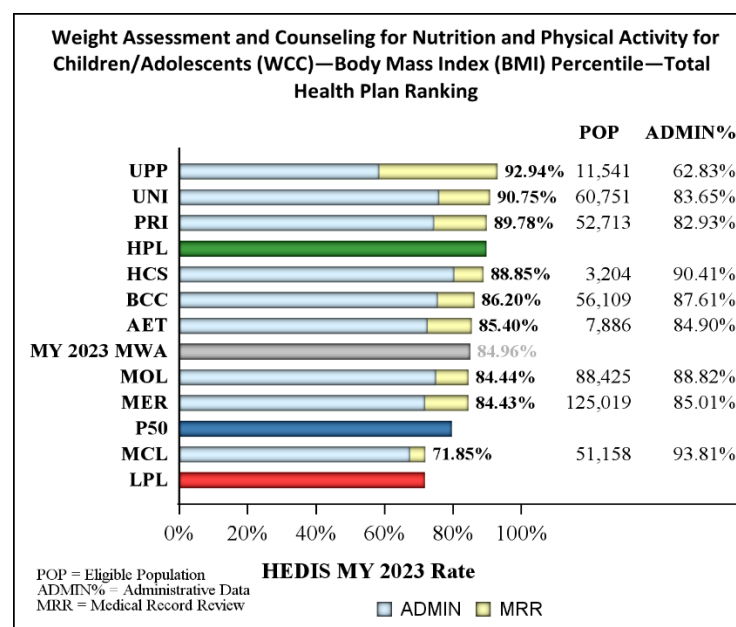
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—BMI Percentile Documentation—Total

*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—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 2023 MWA rate significantly improved from HEDIS MY 2022.

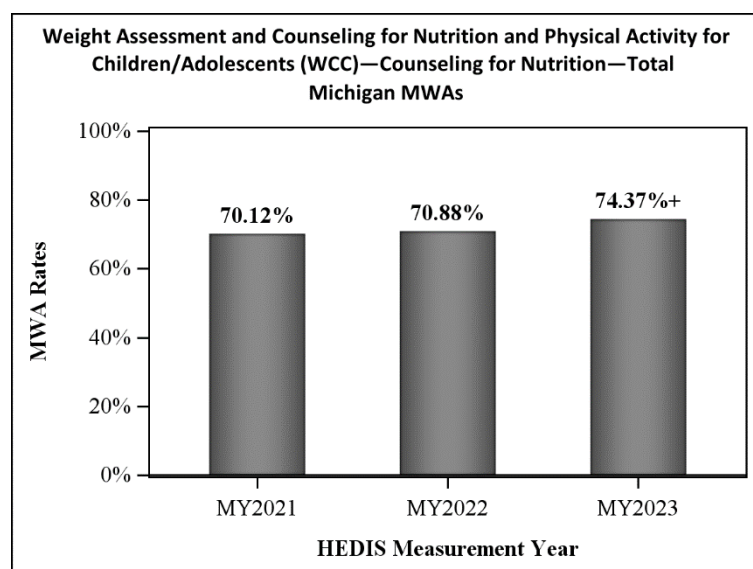


Three MHPs ranked above the HPL. Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 21 percentage points.



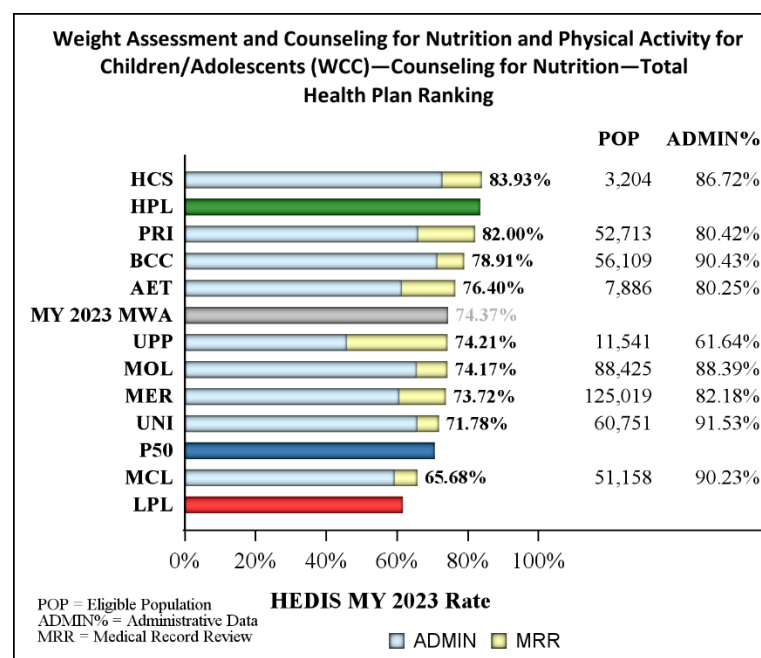
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)— Counseling for Nutrition—Total

*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—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.

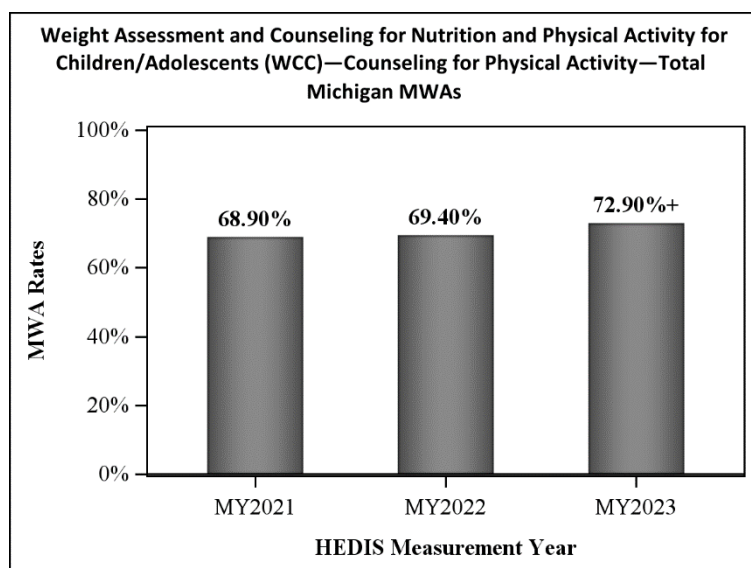
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



One MHP ranked above the HPL. 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. MHP performance varied by over 18 percentage points.

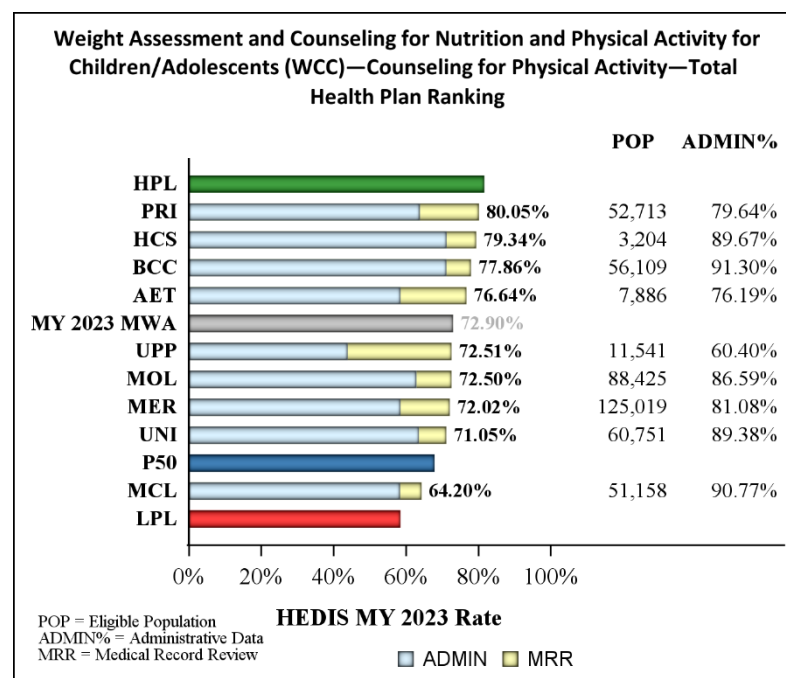
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)— Counseling for Physical Activity—Total

*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—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 2023 MWA rate significantly improved from HEDIS MY 2022.



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 15 percentage points.

## 7. Pregnancy Care

### Introduction

The Pregnancy Care domain encompasses the following HEDIS measure:

- Prenatal and Postpartum Care (PPC)—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 2023 MWA Performance Levels and Trend Results for Pregnancy Care**

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA— HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<b><i>Prenatal and Postpartum Care (PPC)</i><sup>3</sup></b>				
<i>Timeliness of Prenatal Care</i>	83.81%	+5.36 <sup>+</sup>	4	0
<i>Postpartum Care</i>	76.15%	+0.82 <sup>+</sup>	0	0

<sup>1</sup> HEDIS MY 2023 performance levels were based on comparisons of the HEDIS MY 2023 MWA rates to national Medicaid Quality Compass HEDIS MY 2022 MWA benchmarks. HEDIS MY 2023 performance levels represent the following percentile comparisons:

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

<sup>2</sup> HEDIS MY 2022 MWA to HEDIS MY 2023 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant improvement from the HEDIS MY 2022 MWA.

**Red Shading<sup>++</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant decline from the HEDIS MY 2022 MWA.

<sup>3</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

Table 7-1 shows that for the Pregnancy Care domain, *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* were an area of strength, as the measure indicators demonstrated significant improvement from the HEDIS MY 2022 MWA. Additionally, **BCC** and **UPP** ranked above the 50th percentile for both of the measure indicators within the Pregnancy Care domain, with **UPP** ranking above the HPL for both *Timeliness of Prenatal Care* and *Postpartum Care* measure indicators.

**AET**, **HCS**, and **MCL** all fell below the LPL for *Prenatal and Postpartum Care—Timeliness of Prenatal Care*; and **AET**, **HCS**, **MOL**, and **UNI** 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.<sup>23</sup> 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.

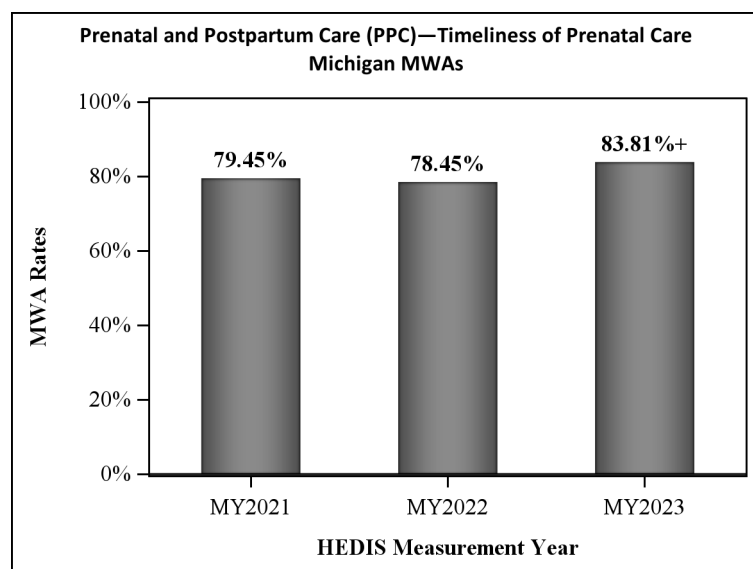
---

<sup>23</sup> 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 17, 2024.

## Measure-Specific Findings

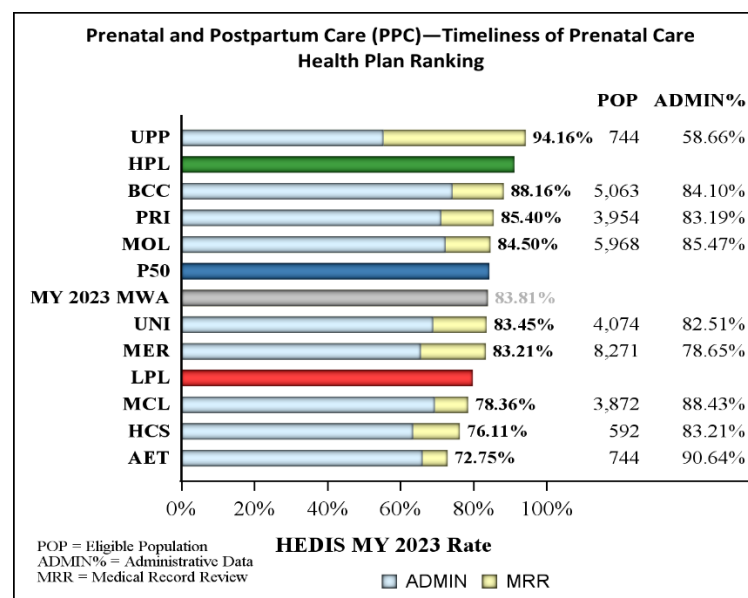
### Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care

*Prenatal and Postpartum Care (PPC)—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 2023 and prior years be considered with caution.*



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

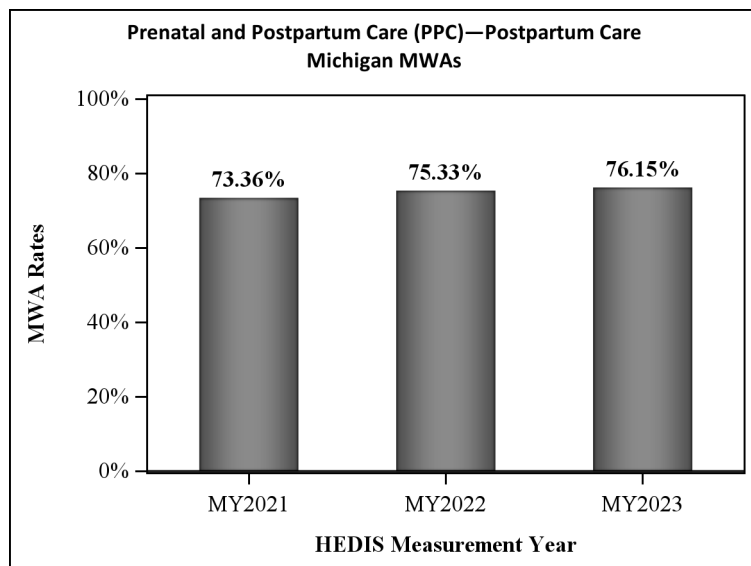
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



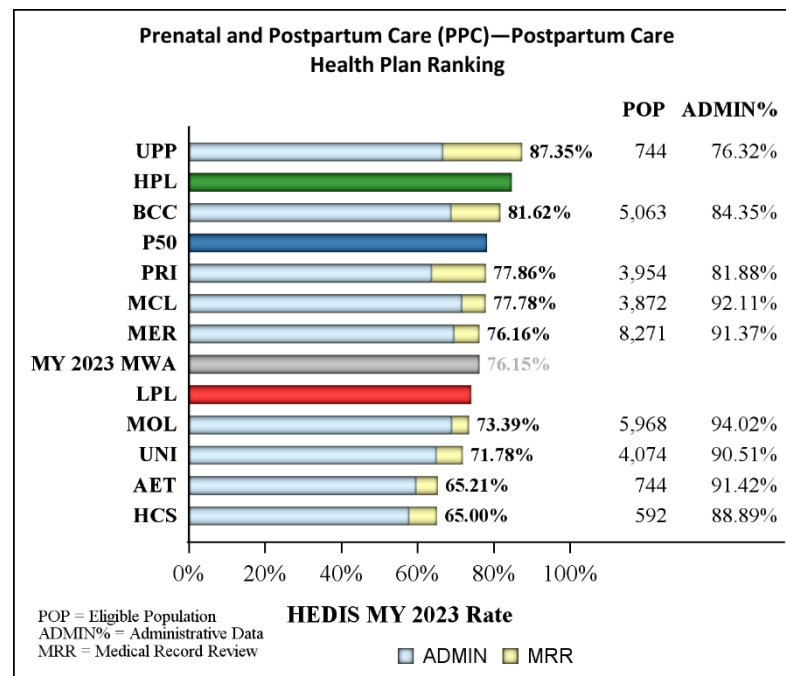
One MHP ranked above the HPL. Three MHPs ranked above the 50th percentile but fell below the HPL. Two MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Three MHPs fell below the LPL. MHP performance varied by over 21 percentage points.

## Prenatal and Postpartum Care (PPC)—Postpartum Care

*Prenatal and Postpartum Care (PPC)—Postpartum Care assesses the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.*



The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



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

## 8. Living With Illness

### Introduction

The Living With Illness domain encompasses the following HEDIS measures:

- *Hemoglobin A1c Control for Patients With Diabetes (HBD)—HbA1c Control (<8.0%) and HbA1c Poor Control (>9.0%)*
- *Blood Pressure Control for Patients With Diabetes (BPD)*
- *Eye Exam for Patients with Diabetes (EED)*
- *Kidney Health Evaluation for Patients With Diabetes (KED)—Ages 18 to 64 Years, Ages 65 to 74 Years, Ages 75 to 85 Years, and Total*
- *Asthma Medication Ratio (AMR)—Total*
- *Controlling High Blood Pressure (CBP)*
- *Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)—Persistence of Beta-Blocker Treatment After a Heart Attack*
- *Cardiac Rehabilitation (CRE)—Initiation—Ages 18 to 64 Years, Initiation—Ages 65 Years and Older, Initiation—Total, Engagement 1—Ages 18 to 64 Years, Engagement 1—Ages 65 Years and Older, Engagement 1—Total, Engagement 2—Ages 18 to 64 Years, Engagement 2—Ages 65 Years and Older, Engagement 2—Total, Achievement—Ages 18 to 64 Years, Achievement—Ages 65 Years and Older, and Achievement—Total*
- *Antidepressant Medication Management (AMM)—Effective Acute Phase Treatment and Effective Continuation Phase Treatment*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*
- *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*
- *Diagnosed Mental Health Disorders (DMH)—Ages 1 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 8-1 presents the Michigan MWA performance for the measure indicators under the Living With Illness domain. The table lists the HEDIS MY 2023 MWA rates and performance levels, a comparison of the HEDIS MY 2022 MWA to the HEDIS MY 2023 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2022 MWA to HEDIS MY 2023 MWA.

**Table 8-1—HEDIS MY 2023 MWA Performance Levels and Trend Results for Living With Illness**

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA— HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>				
<i>HbA1c Control (&lt;8.0%)</i>	59.05%	+5.52 <sup>+</sup>	2	0
<i>HbA1c Poor Control (&gt;9.0%)*</i>	33.05%	-5.96 <sup>+</sup>	3	0
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>				
<i>Blood Pressure Control for Patients With Diabetes</i>	70.49%	+3.57 <sup>+</sup>	2	0
<b>Eye Exam for Patients With Diabetes (EED)<sup>3</sup></b>				
<i>Eye Exam for Patients With Diabetes</i>	57.29%	+2.48 <sup>+</sup>	1	0
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>				
<i>Ages 18 to 64 Years</i>	38.15%	+3.06 <sup>+</sup>	6	0
<i>Ages 65 to 74 Years</i>	39.64%	+3.11 <sup>+</sup>	4	0
<i>Ages 75 to 85 Years</i>	38.57%	+4.13 <sup>+</sup>	1	0
<i>Total</i>	38.24%	+3.08 <sup>+</sup>	6	0
<b>Asthma Medication Ratio (AMR)</b>				
<i>Total</i>	57.78%	+0.05	2	1
<b>Controlling High Blood Pressure (CBP)</b>				
<i>Controlling High Blood Pressure</i>	63.71%	+1.63 <sup>+</sup>	0	0
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>				
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	64.65%	-22.29 <sup>++</sup>	0	6
<b>Cardiac Rehabilitation (CRE)</b>				
<i>Initiation—Ages 18 to 64 Years</i>	4.52%	-0.95 <sup>++</sup>	1	1

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA— HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<i>Initiation—Ages 65 Years and Older</i>	6.55%	+3.25	0	0
<i>Initiation—Total</i>	4.62%	-0.76	1	1
<i>Engagement 1—Ages 18 to 64 Years</i>	5.73%	-1.81 <sup>++</sup>	0	1
<i>Engagement 1—Ages 65 Years and Older</i>	10.92%	-2.82	0	1
<i>Engagement 1—Total</i>	5.99%	-1.81 <sup>++</sup>	0	2
<i>Engagement 2—Ages 18 to 64 Years</i>	4.23%	-2.09 <sup>++</sup>	0	2
<i>Engagement 2—Ages 65 Years and Older</i>	10.48%	-3.26	0	1
<i>Engagement 2—Total</i>	4.54%	-2.09 <sup>++</sup>	1	2
<i>Achievement—Ages 18 to 64 Years</i>	1.77%	-1.75 <sup>++</sup>	0	2
<i>Achievement—Ages 65 Years and Older</i>	5.68%	-4.21	0	1
<i>Achievement—Total</i>	1.96%	-1.82 <sup>++</sup>	1	3
<b>Antidepressant Medication Management (AMM)<sup>3</sup></b>				
<i>Effective Acute Phase Treatment</i>	72.46%	+2.43 <sup>+</sup>	4	1
<i>Effective Continuation Phase Treatment</i>	56.84%	+0.28	2	2
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>				
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.82%	+1.37 <sup>+</sup>	3	0
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>				
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	70.50%	+3.66 <sup>+</sup>	2	1
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>				
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	74.72%	+4.41	0	0
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>				
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	65.81%	+1.47 <sup>+</sup>	1	0
<b>Diagnosed Mental Health Disorders (DMH)</b>				
<i>Ages 1 to 17 Years</i>	23.87%	+2.70 <sup>+</sup>	7	0
<i>Ages 18 to 64 Years</i>	35.37%	+2.53 <sup>+</sup>	7	0

	HEDIS MY 2023 MWA and Performance Level <sup>1</sup>	HEDIS MY 2022 MWA– HEDIS MY 2023 MWA Comparison <sup>2</sup>	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2023	Number of MHPs With Statistically Significant Decline in HEDIS MY 2023
<i>Ages 65 Years and Older</i>	36.93%	-0.40	0	0
<i>Total</i>	30.95%	+2.39 <sup>+</sup>	7	0

<sup>1</sup> HEDIS MY 2023 performance levels were based on comparisons of the HEDIS MY 2022 MWA rates to national Medicaid Quality Compass HEDIS MY 2022 MWA benchmarks. HEDIS MY 2023 performance levels represent the following percentile comparisons:

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

<sup>2</sup> HEDIS MY 2022 MWA to HEDIS MY 2023 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

**Green Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant improvement from the HEDIS MY 2022 MWA.

**Red Shading<sup>+</sup>** Indicates that the HEDIS MY 2023 MWA demonstrated a significant decline from the HEDIS MY 2022 MWA.

<sup>3</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

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

Table 8-1 shows that for the Living With Illness domain, the following measure indicators were areas of significant strength:

- *Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c 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*
- *Controlling High Blood Pressure*
- *Antidepressant Medication Management—Effective Acute Phase Treatment*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
- *Diagnosed Mental Health Disorders—Ages 1 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total.*

All of these measure indicators ranked at or above the 50th percentile, with both of the *Hemoglobin A1c Control for Patients With Diabetes* measure indicators; *Blood Pressure Control for Patients With Diabetes*, *Antidepressant Medication Management—Effective Acute Phase Treatment*; and *Diabetes*

*Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* ranking at or above the 75th percentile. All of these measure indicators also demonstrated significant improvement from the HEDIS MY 2022 MWA. **BCC**, **MER**, **PRI**, **UNI**, and **UPP** ranked above the 50th percentile for the most measure indicators within the Living With Illness domain. **UPP** ranked above the HPL for the most measure indicators within the Living With Illness domain.

While the HEDIS MY 2023 MWA demonstrated considerable improvement from HEDIS MY 2022 across the Living With Illness domain, the *Persistence of Beta-Blocker Treatment After a Heart Attack* measure indicator rate had a significant decrease of over 22 percentage points in comparison to the MWA for HEDIS MY 2022 and ranked below the 25th percentile, demonstrating an area for improvement. Multiple MHPs ranked below the LPL for this measure.

MDHHS is encouraged to conduct a root cause analysis to identify the causal factors that resulted in a rapid and significant decline of the *Persistence of Beta-Blocker Treatment After a Heart Attack* measure performance across multiple MHPs. The prevalent MHP underperformance may indicate a need for further education and awareness of measure requirements, measure specifications for meeting criteria, and knowledge of intervention types most impactful and efficacious in meeting measure standards. Medical guidelines support taking a beta-blocker after a heart attack to prevent another heart attack from occurring.<sup>24</sup> Additionally, MDHHS should continue to work with the MHPs to readily identify interventions and operational process changes that led to improved rates ranking at or above the 50th percentile within the Living With Illness domain, while supporting and strengthening methods that resulted in improved year-over-year performance.

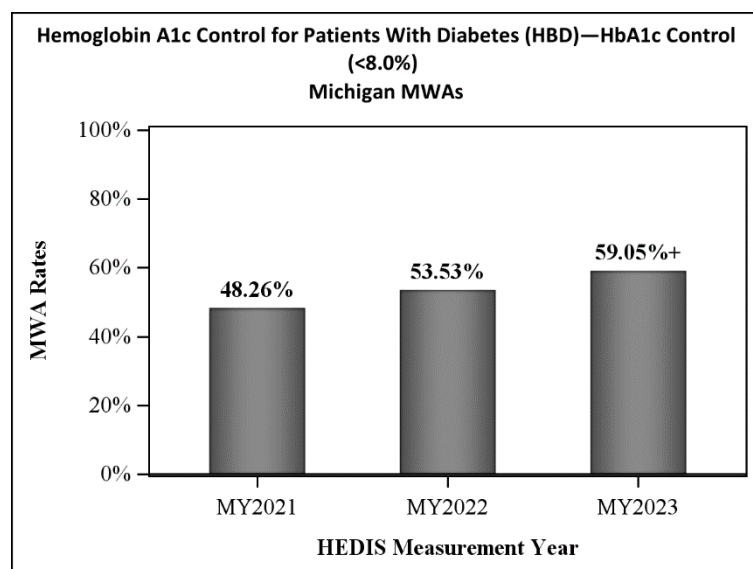
---

<sup>24</sup> National Committee for Quality Assurance. Persistence of Beta-Blocker Treatment After a Heart Attack. Available at: <https://www.ncqa.org/hedis/measures/persistence-of-beta-blocker-treatment-after-a-heart-attack/>. Accessed on: Sept 17, 2024.

## Measure-Specific Findings

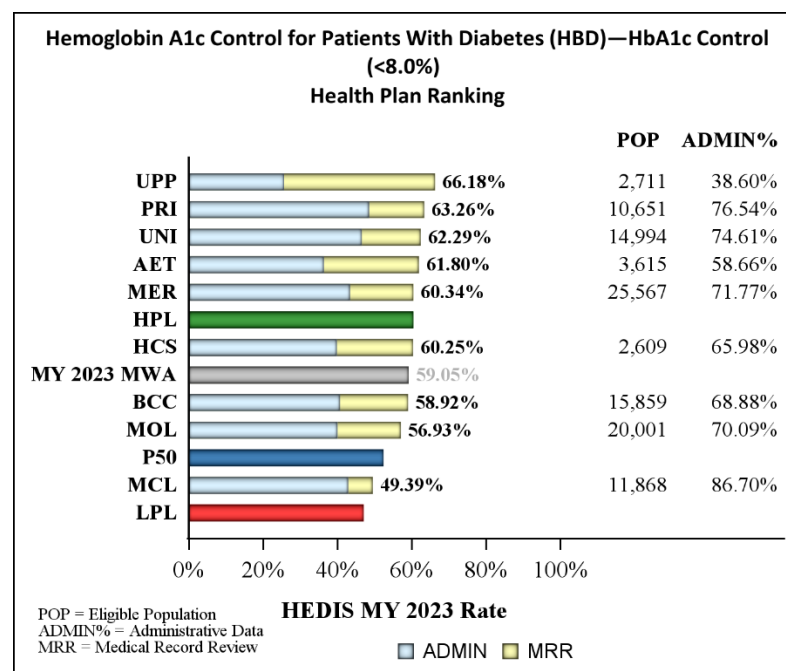
### Hemoglobin A1c Control for Patients With Diabetes (HBD)—HbA1c Control (<8.0%)

*Hemoglobin A1c Control for Patients With Diabetes (HBD)—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.

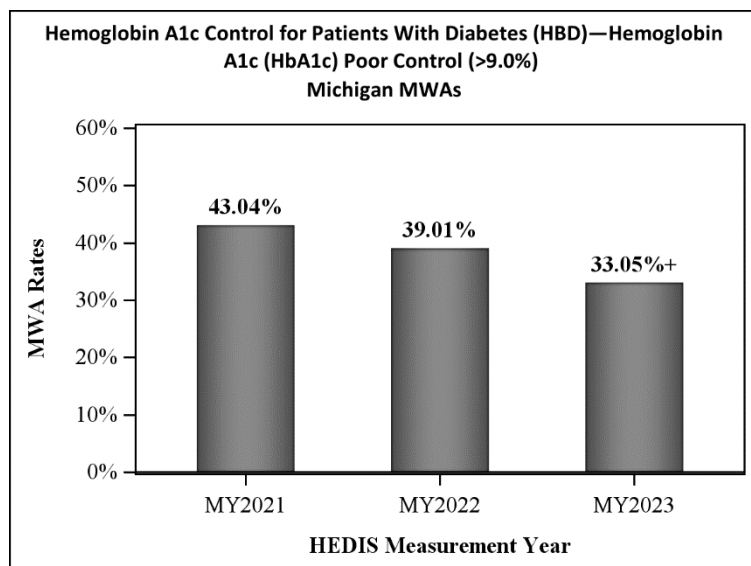
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



Five MHPs ranked above the HPL. Three 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 16 percentage points.

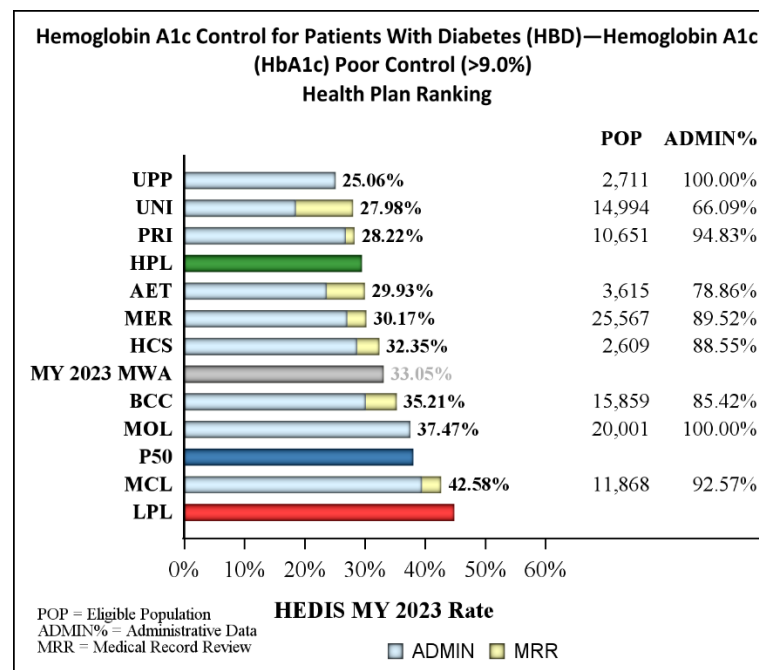
## Hemoglobin A1c Control for Patients With Diabetes (HBD)—HbA1c Poor Control (>9.0%)

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



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

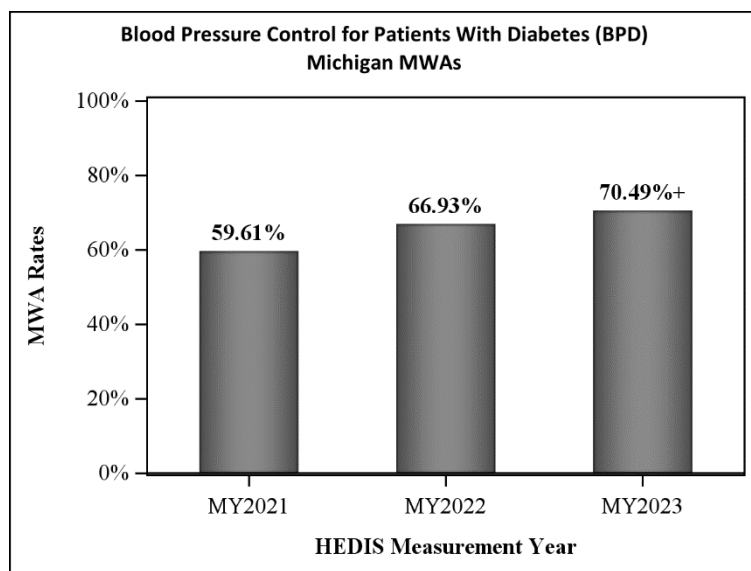
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



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

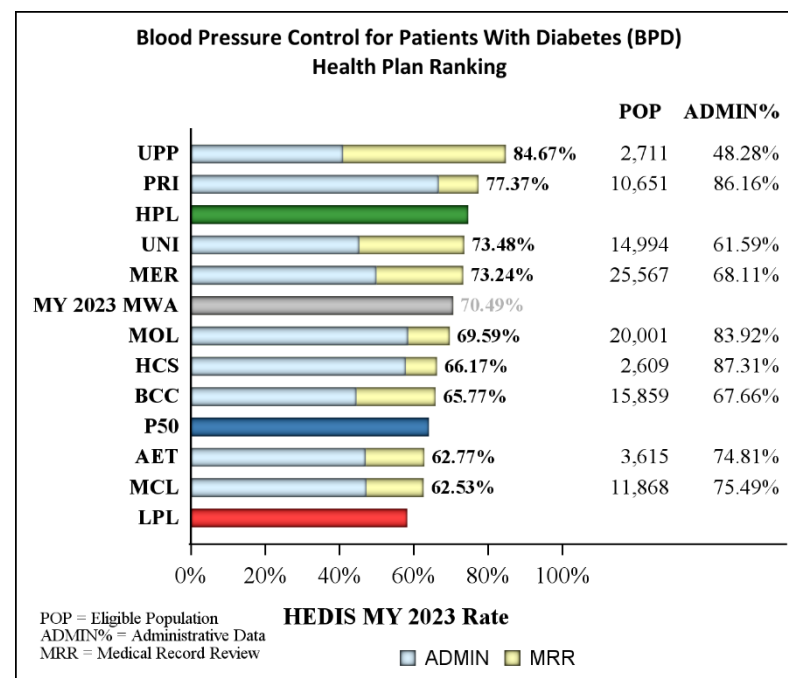
## Blood Pressure Control for Patients With Diabetes (BPD)

*Blood Pressure Control for Patients With Diabetes (BPD)* 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 2023 MWA rate significantly improved from HEDIS MY 2022.

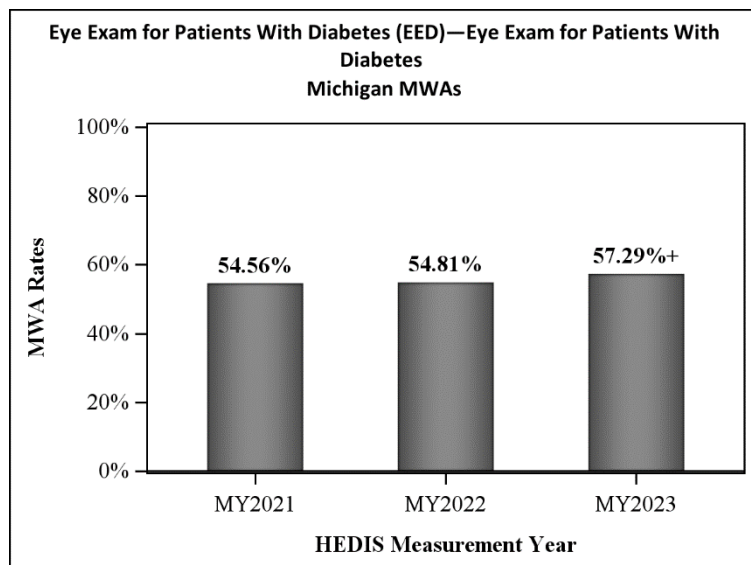


Two MHPs ranked above the HPL. Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 22 percentage points.



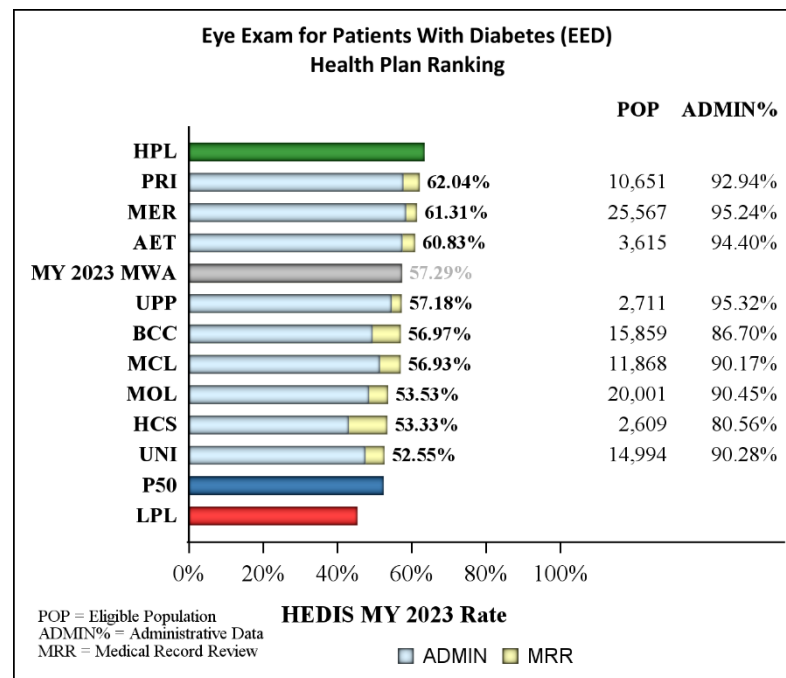
## Eye Exam for Patients With Diabetes (EED)

*Eye Exam for Patients With Diabetes (EED) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam. Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.*



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

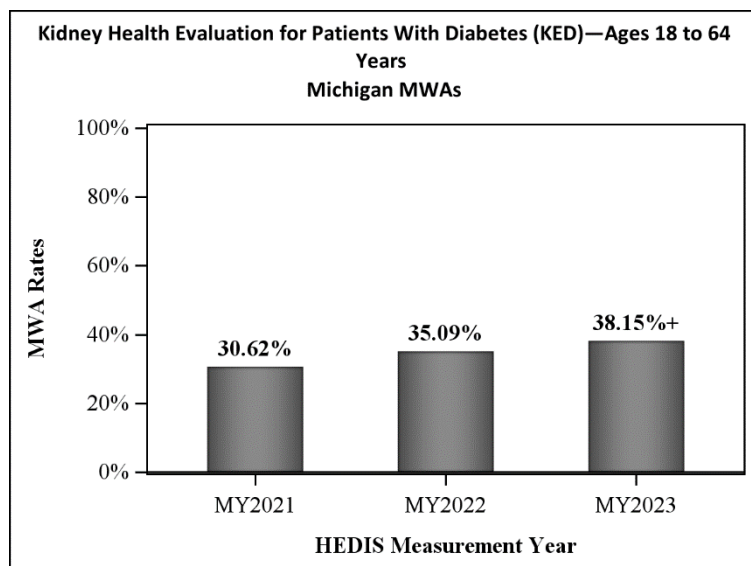
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



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

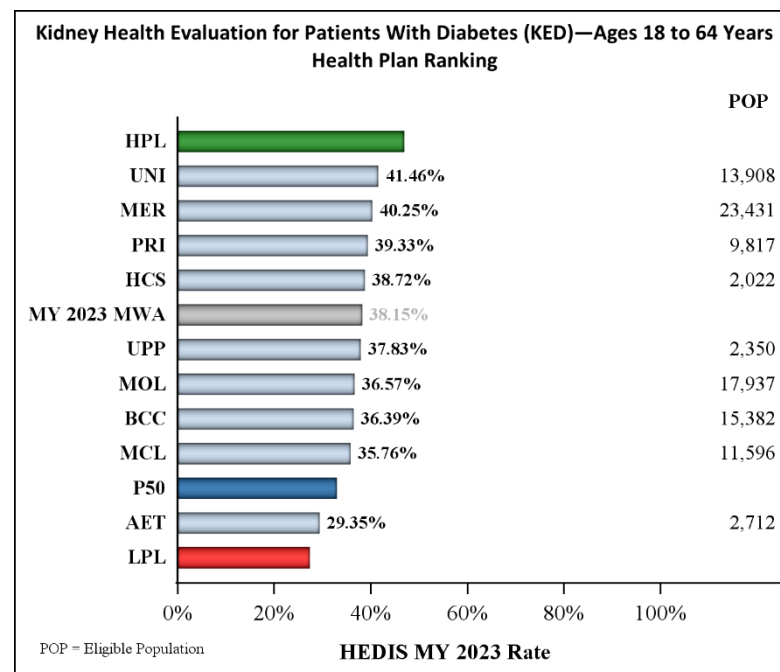
## Kidney Health Evaluation for People With Diabetes (KED)—Ages 18 to 64 Years

*Kidney Health Evaluation for Patients With Diabetes (KED)—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.

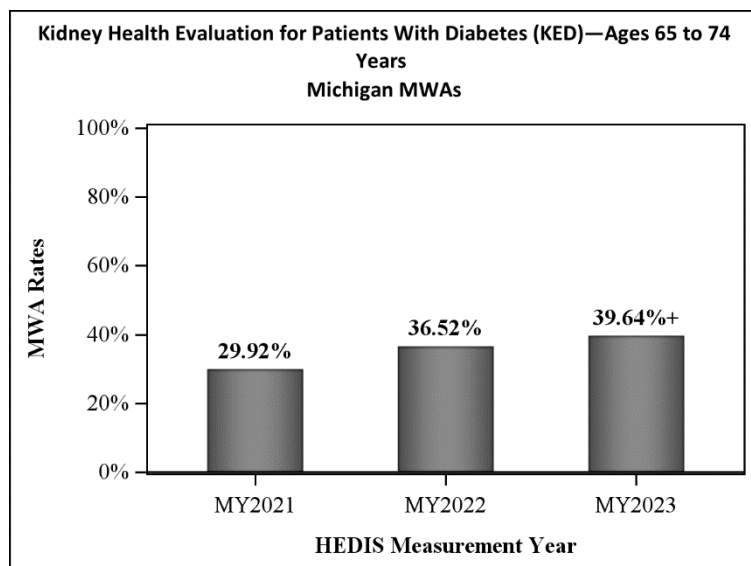
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



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.

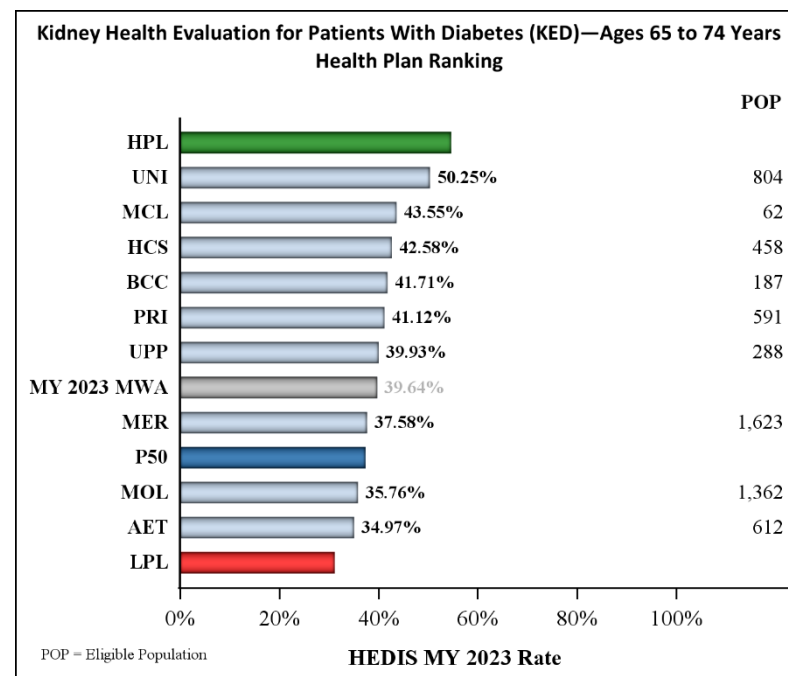
## Kidney Health Evaluation for People With Diabetes (KED)—Ages 65 to 74 Years

*Kidney Health Evaluation for Patients With Diabetes (KED)—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.

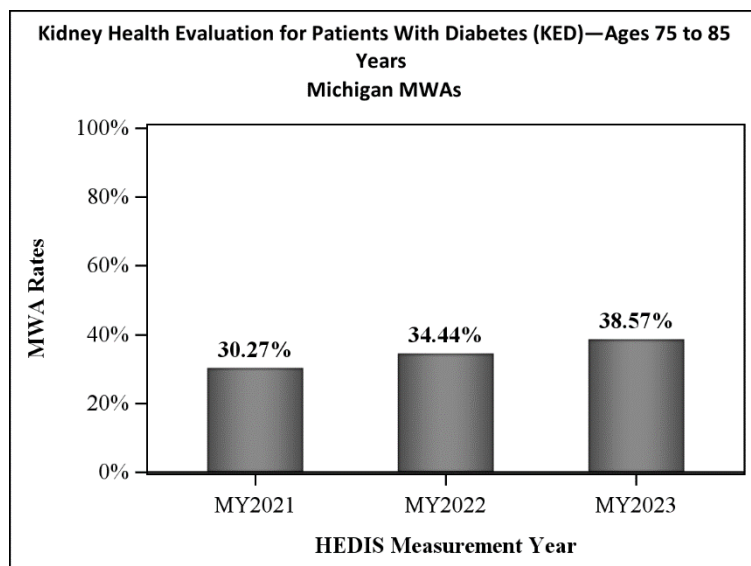
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



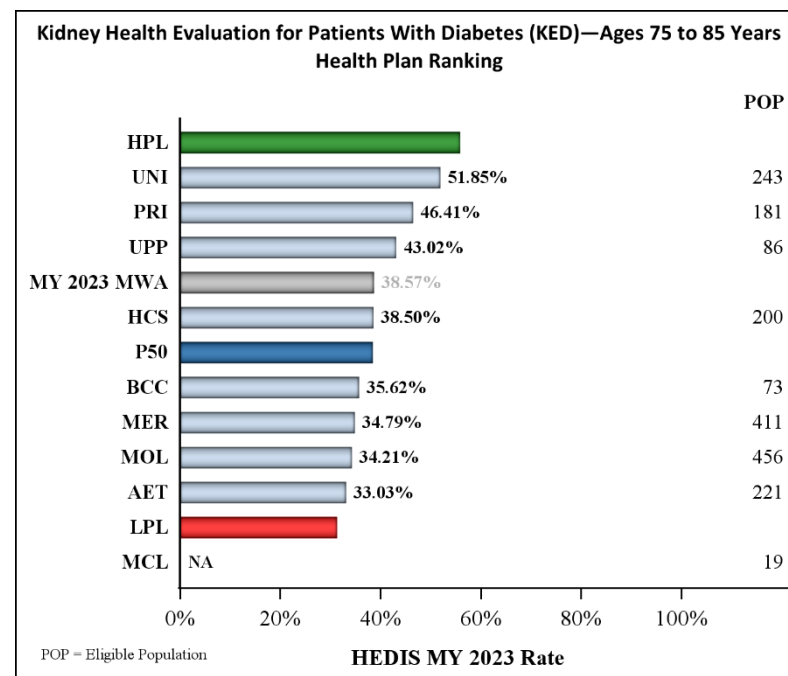
Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 15 percentage points.

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

*Kidney Health Evaluation for Patients With Diabetes (KED)—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 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

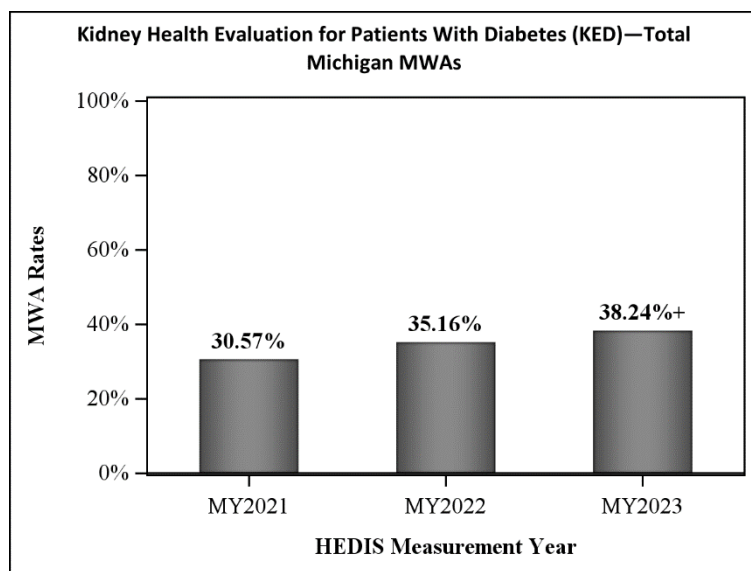


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

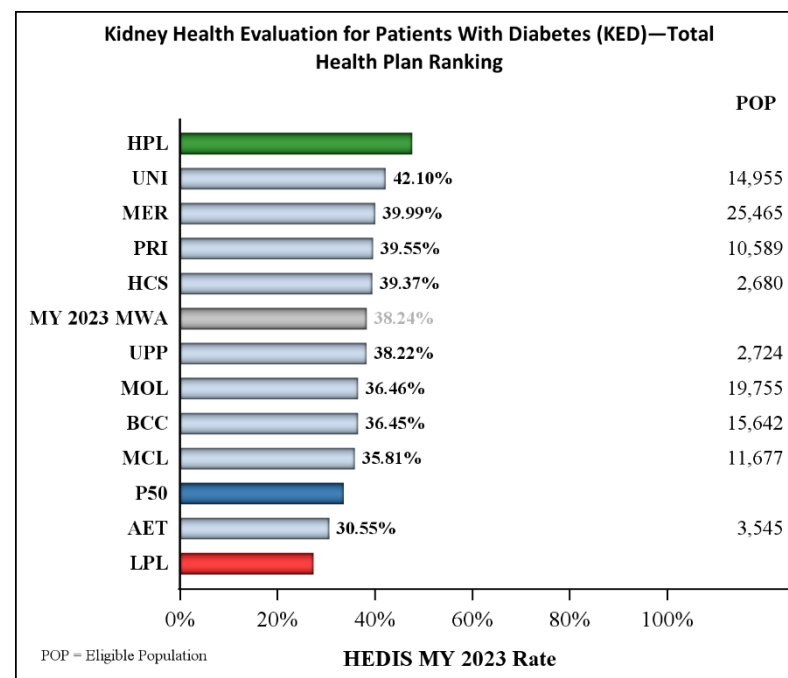
## Kidney Health Evaluation for People With Diabetes (KED)—Total

*Kidney Health Evaluation for Patients With Diabetes (KED)—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.

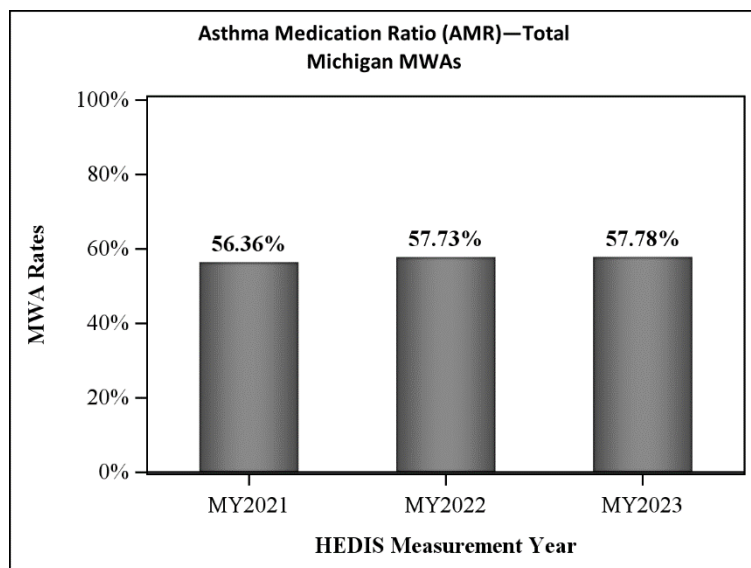
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



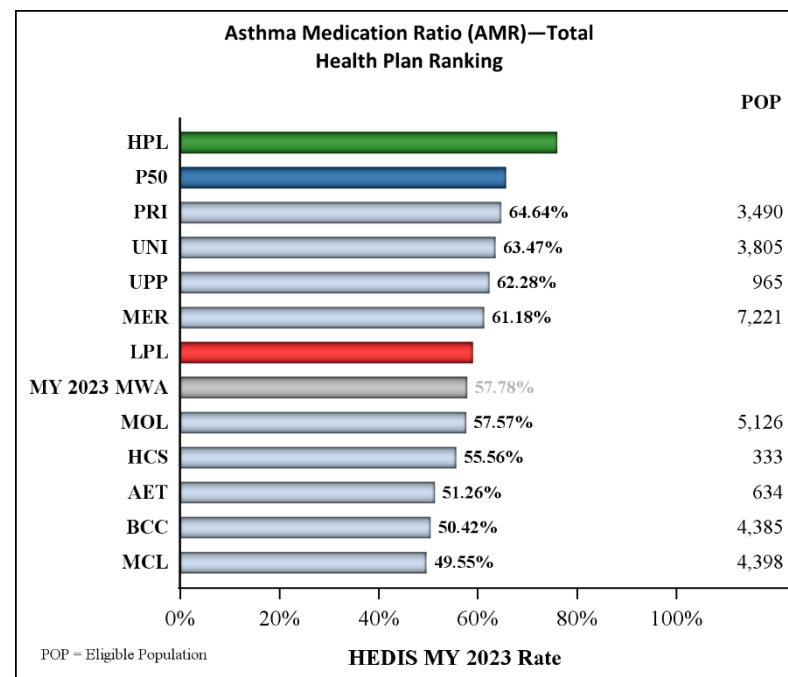
Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 11 percentage points.

## Asthma Medication Ratio (AMR)—Total

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



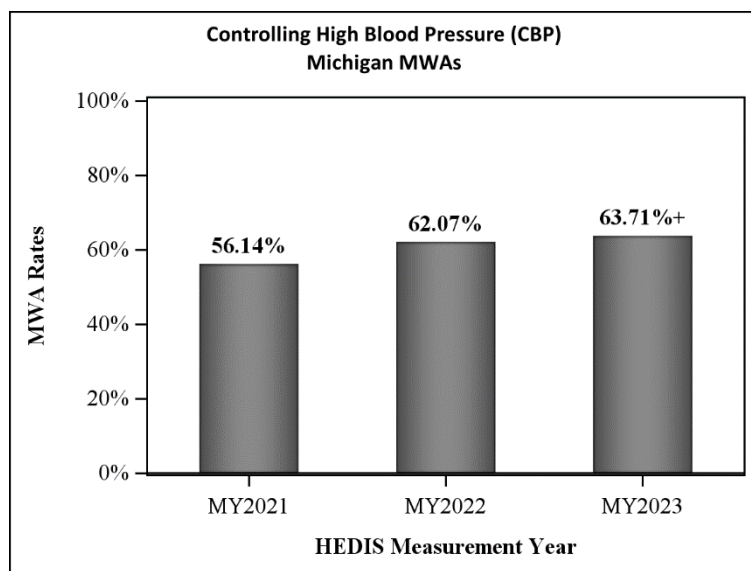
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



Four 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 15 percentage points.

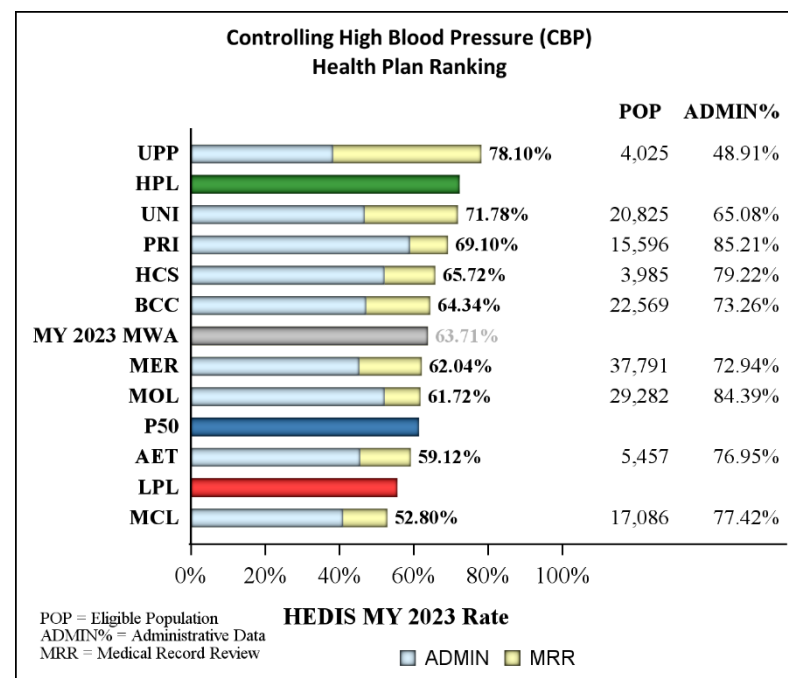
## Controlling High Blood Pressure (CBP)

*Controlling High Blood Pressure (CBP)* 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 2023 MWA rate significantly improved from HEDIS MY 2022.

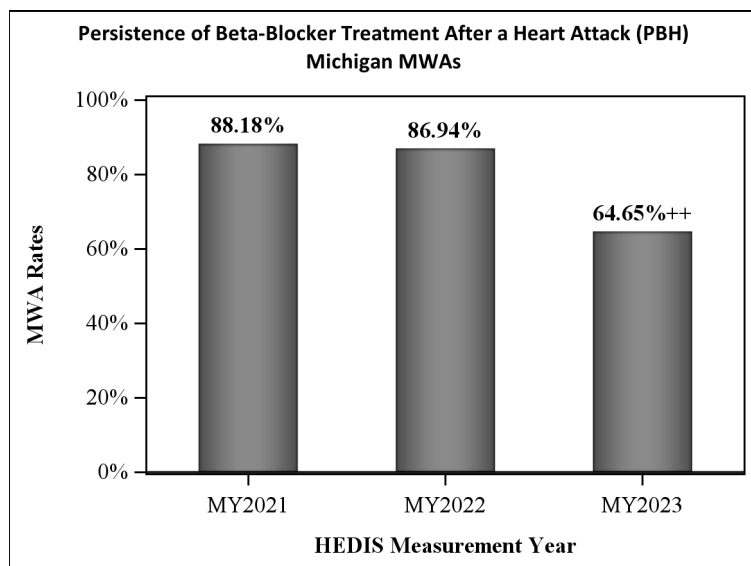


One MHP ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.



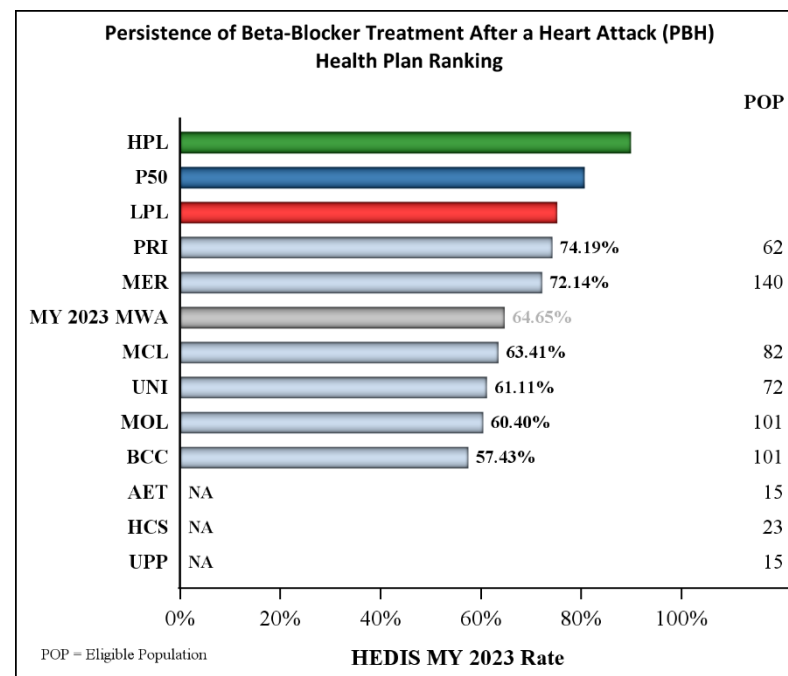
## Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

*Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)* assesses the percentage of members 18 years of age and older who were hospitalized and discharged during the measurement period with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.



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

The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.

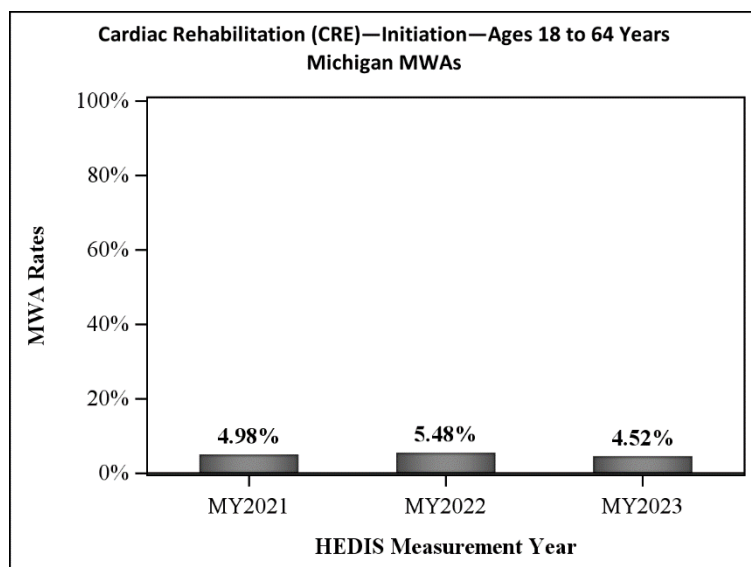


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

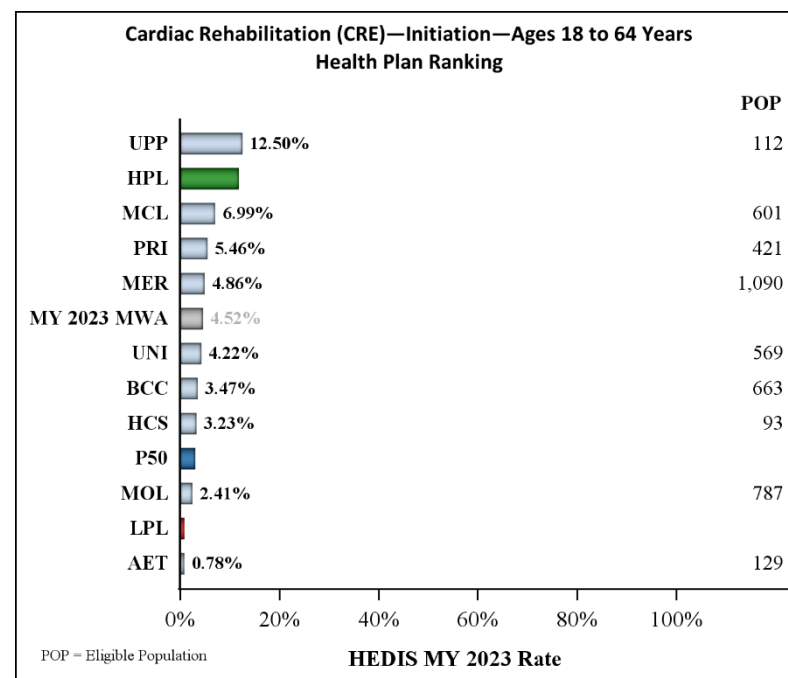
Six MHPs and the MWA fell below the LPL. MHP performance varied by over 16 percentage points.

## Cardiac Rehabilitation (CRE)—Initiation—Ages 18 to 64 Years

*Cardiac Rehabilitation (CRE)—Initiation—Ages 18 to 64 Years* assesses the percentage of members 18 to 64 years of age who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



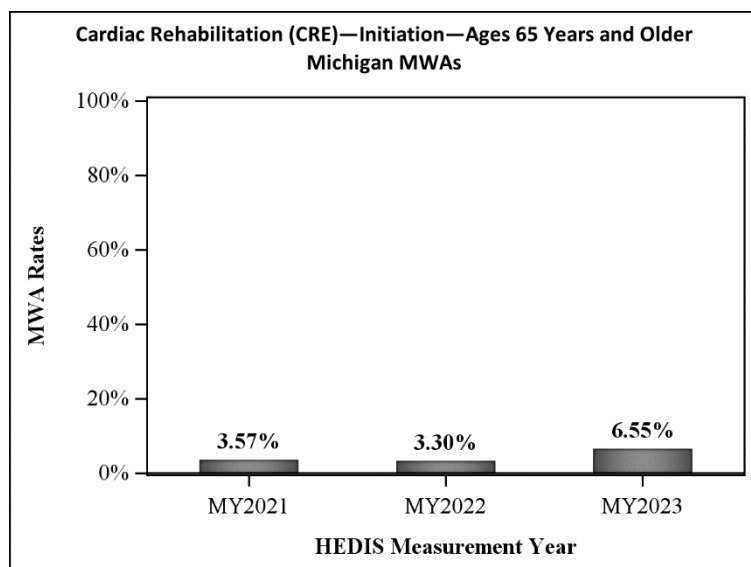
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



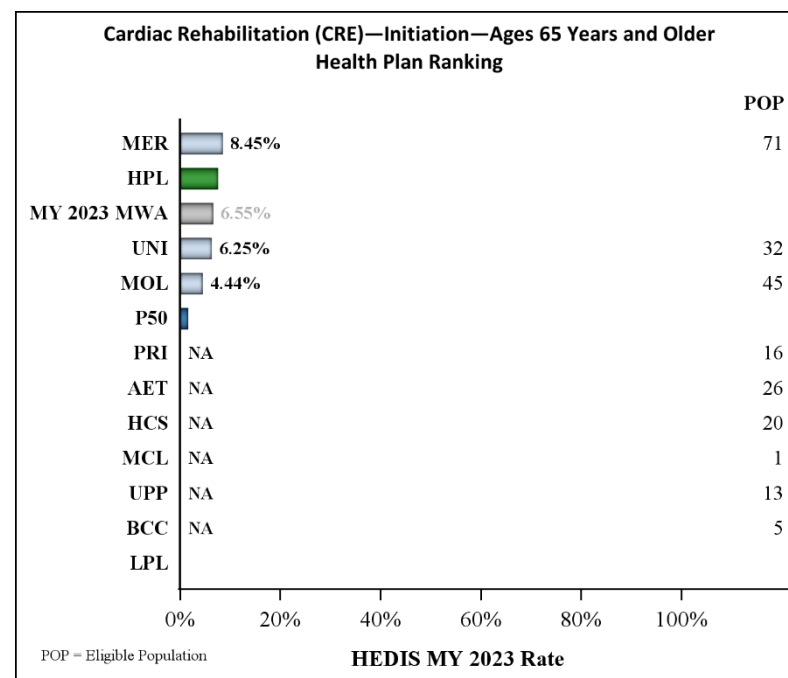
One MHP ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 11 percentage points.

## Cardiac Rehabilitation (CRE)—Initiation—Ages 65 Years and Older

*Cardiac Rehabilitation (CRE)—Initiation—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



The HEDIS MY 2023 MWA did not demonstrate a significant change from HEDIS MY 2022.

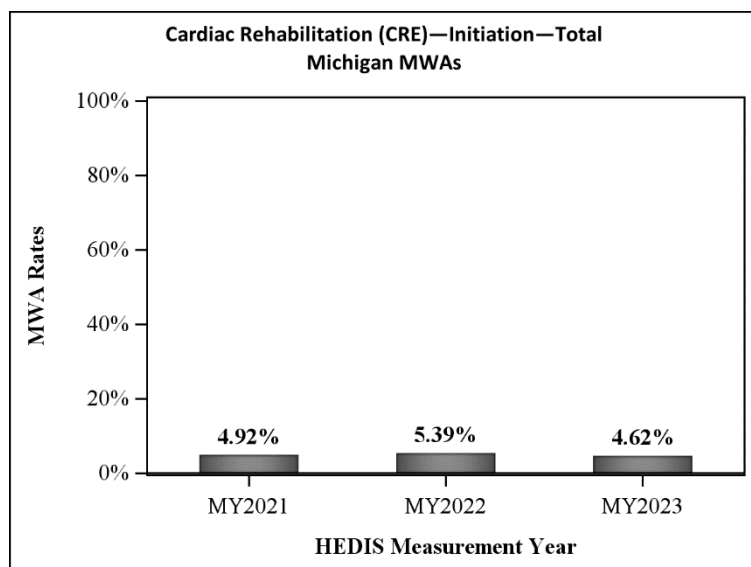


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

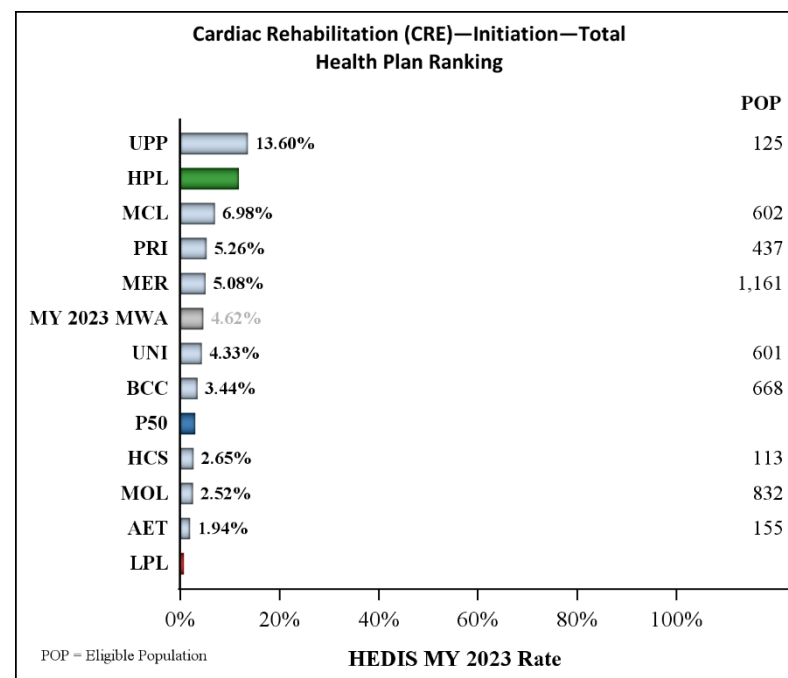
One MHP ranked above the HPL. Two MHPs and the MWA ranked above the 50th percentile but fell below the HPL. MHP performance varied by over 4 percentage points.

## Cardiac Rehabilitation (CRE)—Initiation—Total

*Cardiac Rehabilitation (CRE)—Initiation—Total* assesses the total percentage of members 18 years of age and older who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



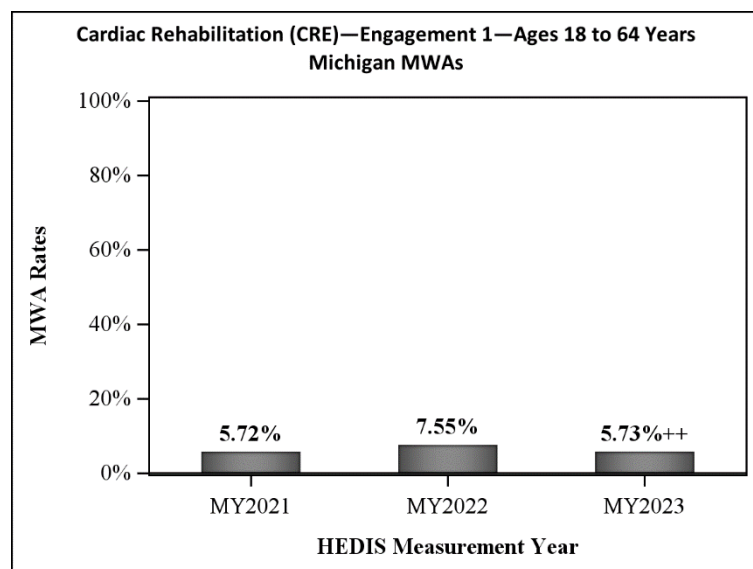
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



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 11 percentage points.

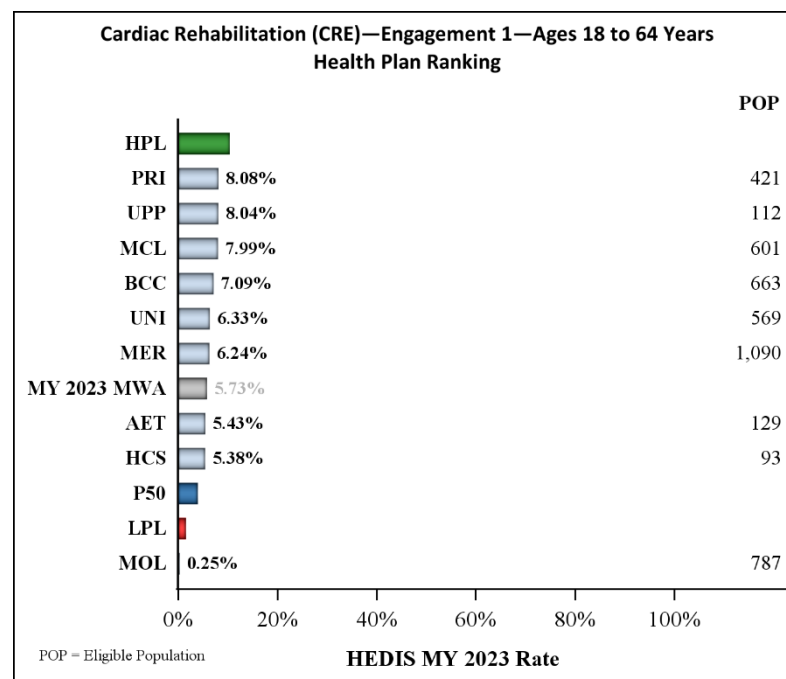
## Cardiac Rehabilitation (CRE)—Engagement 1—Ages 18 to 64 Years

*Cardiac Rehabilitation (CRE)—Engagement 1—Ages 18 to 64 Years* assesses the percentage of members 18 to 64 years of age who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



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

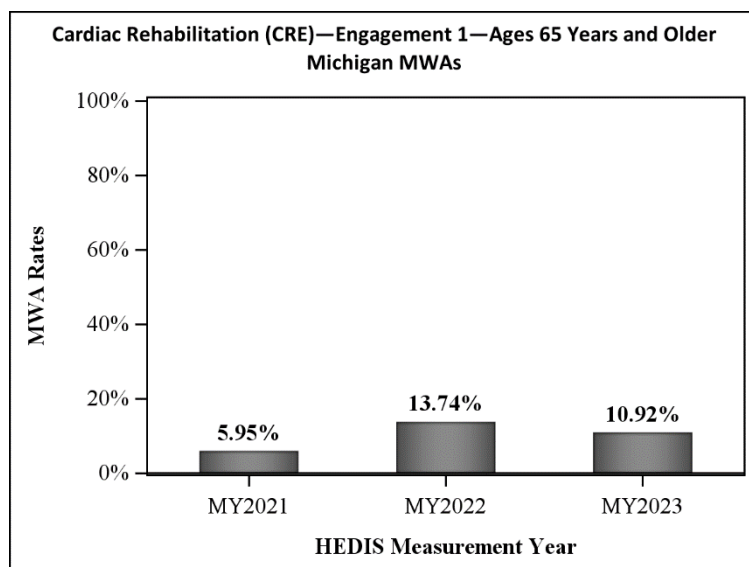
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



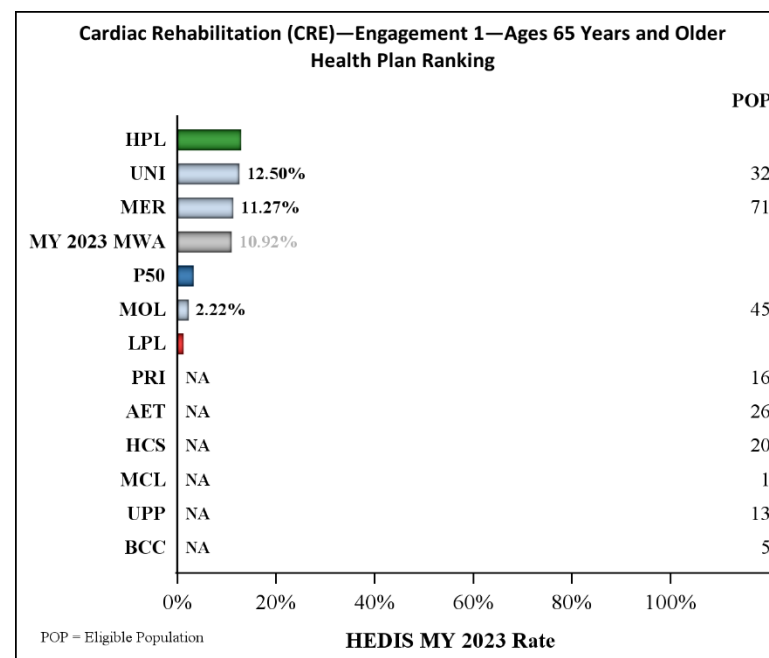
Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 7 percentage points.

## Cardiac Rehabilitation (CRE)—Engagement 1—Ages 65 Years and Older

*Cardiac Rehabilitation (CRE)—Engagement 1—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



The HEDIS MY 2023 MWA did not demonstrate a significant change from HEDIS MY 2022.

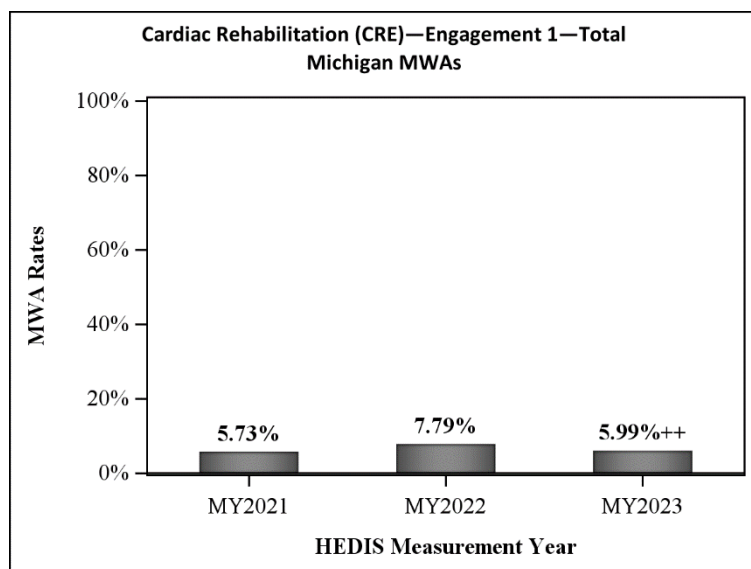


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

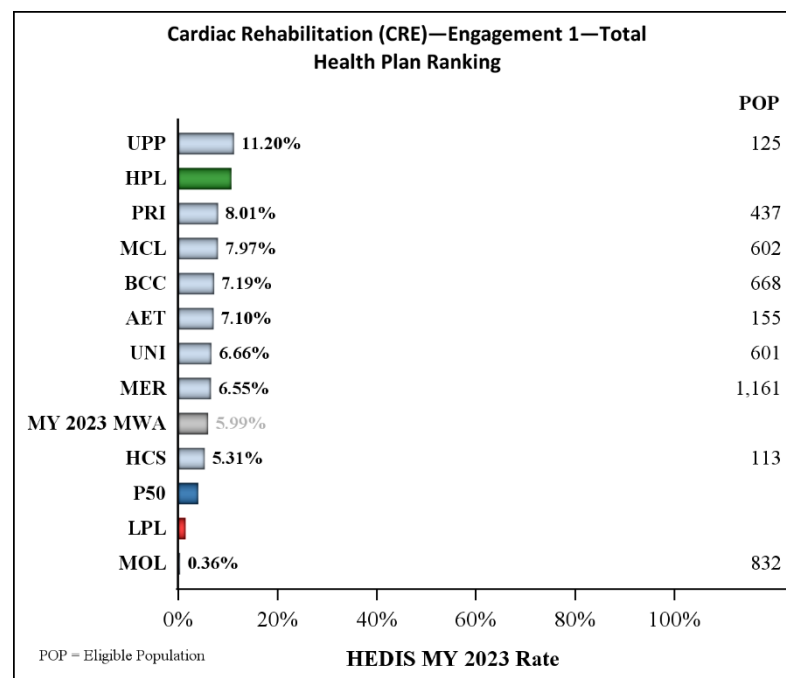
## Cardiac Rehabilitation (CRE)—Engagement 1—Total

*Cardiac Rehabilitation (CRE)—Engagement 1—Total* assesses the total percentage of members 18 years of age and older who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



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

The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.

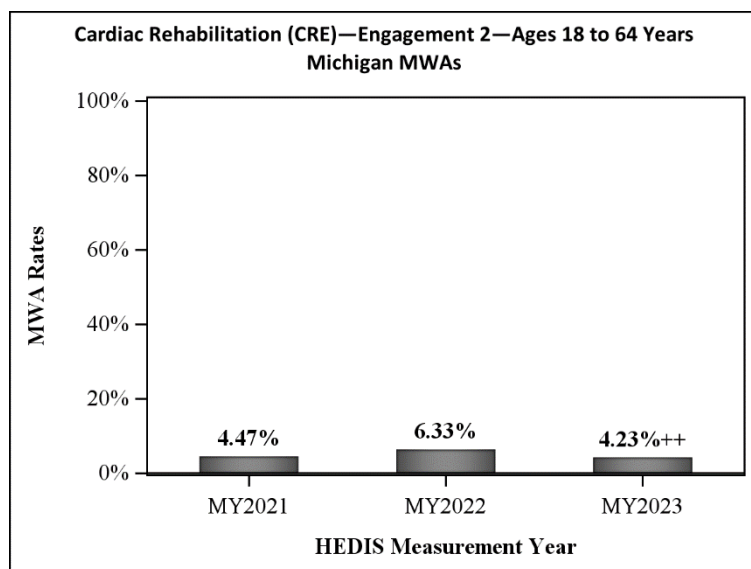


One MHP ranked above the HPL. Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 10 percentage points.



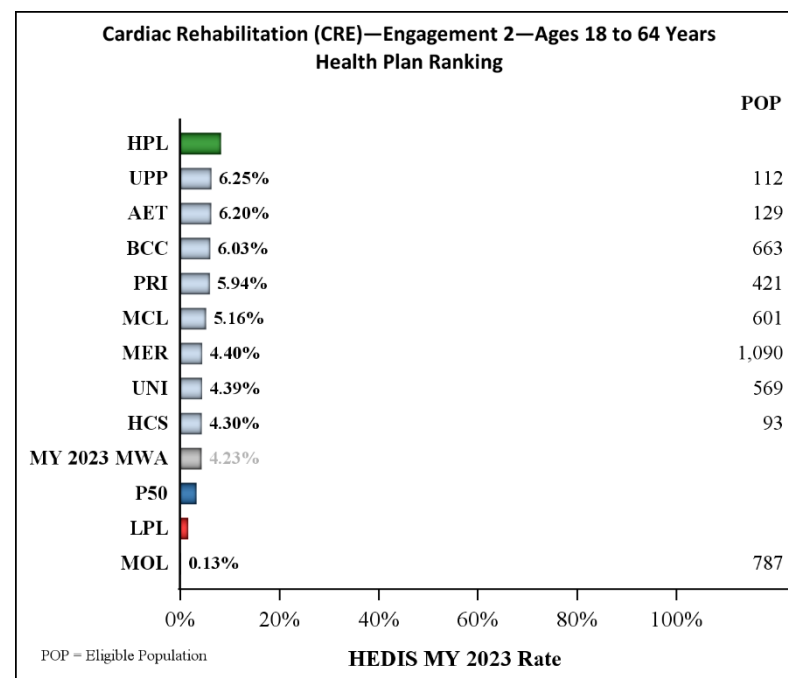
## Cardiac Rehabilitation (CRE)—Engagement 2—Ages 18 to 64 Years

*Cardiac Rehabilitation (CRE)—Engagement 2—Ages 18 to 64 Years* assesses the percentage of members 18 to 64 years who attended 24 or more sessions of cardiac rehabilitation within 90 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



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

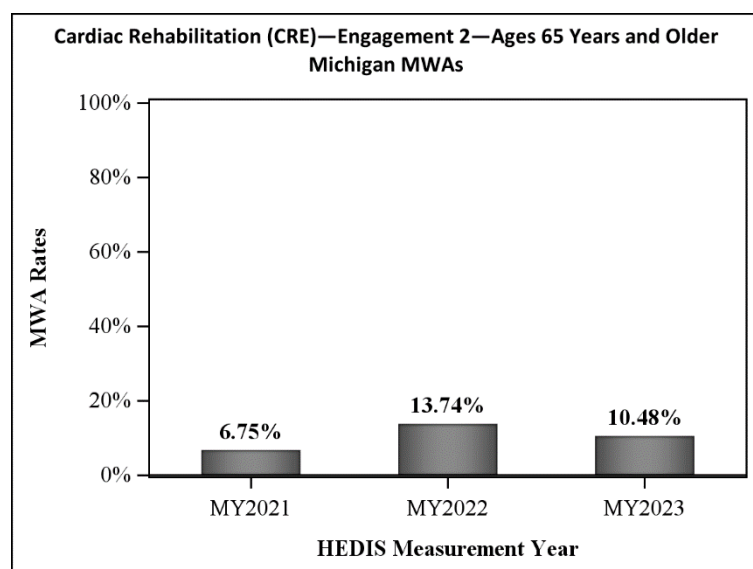
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



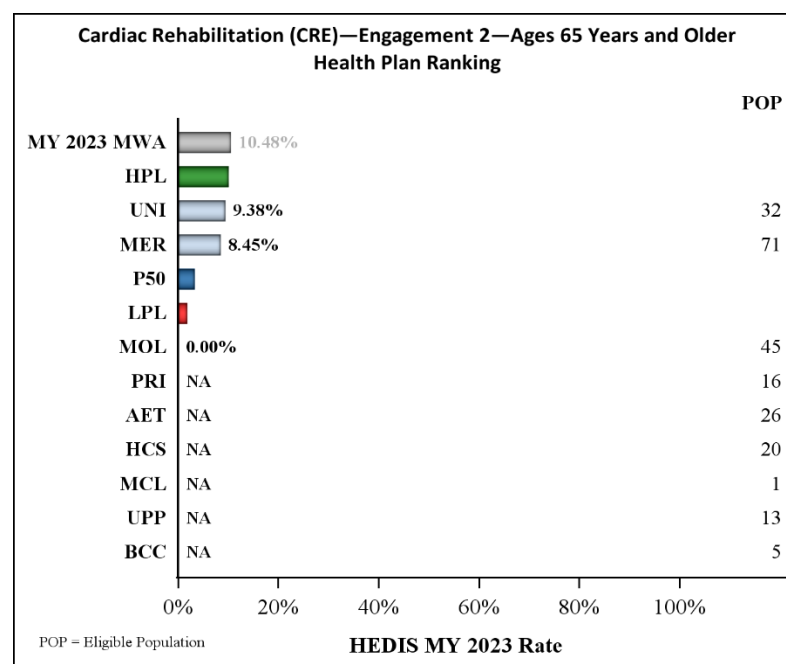
Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 6 percentage points.

## Cardiac Rehabilitation (CRE)—Engagement 2—Ages 65 Years and Older

*Cardiac Rehabilitation (CRE)—Engagement 2—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older who attended 24 or more sessions of cardiac rehabilitation within 90 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

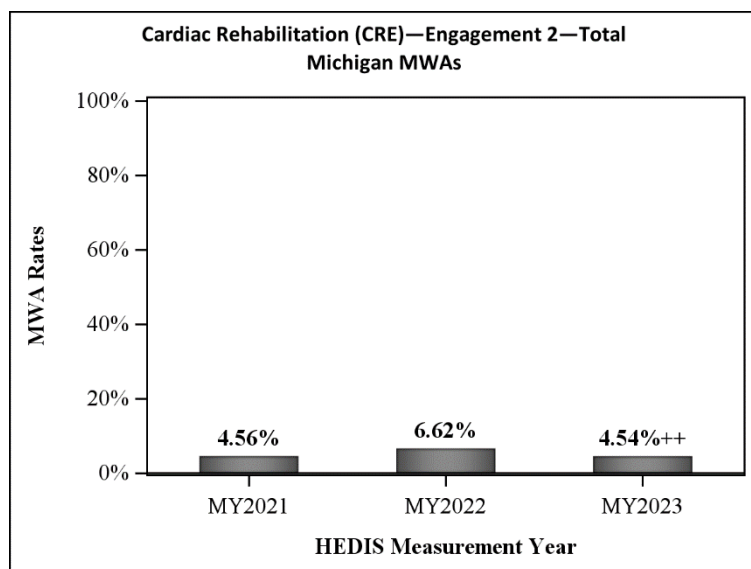


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

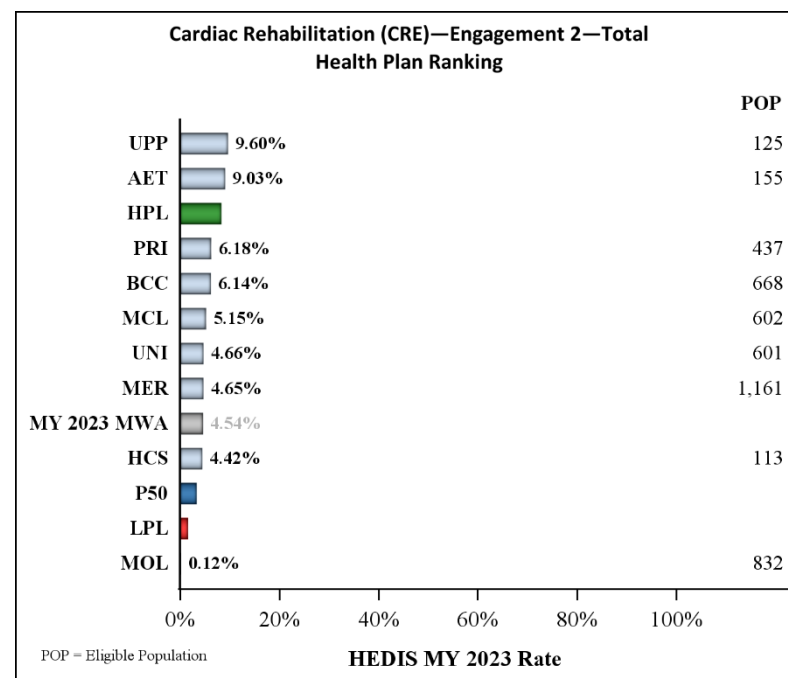
## Cardiac Rehabilitation (CRE)—Engagement 2—Total

*Cardiac Rehabilitation (CRE)—Engagement 2—Total* assesses the total percentage of members 18 years of age and older who attended 24 or more sessions of cardiac rehabilitation within 90 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



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

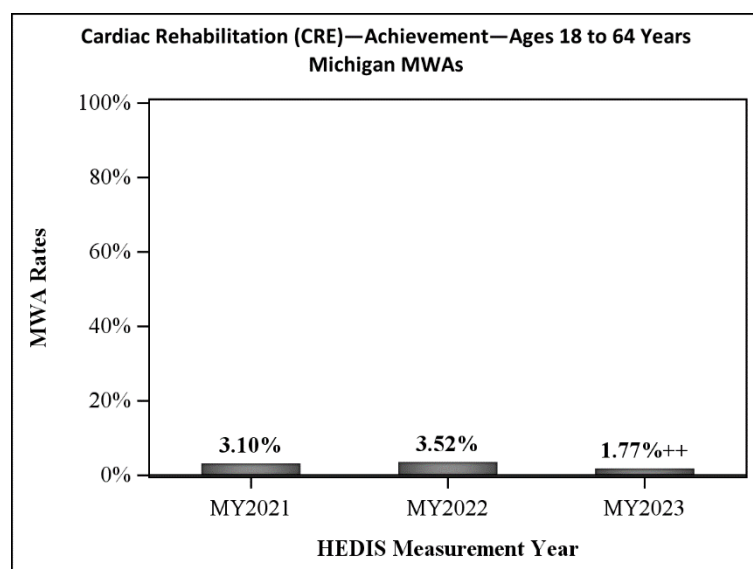
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



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

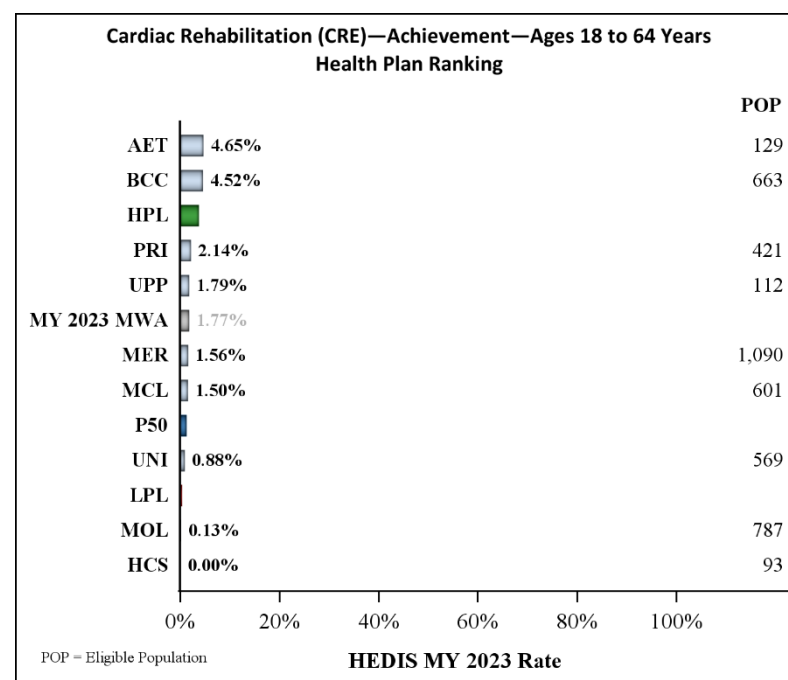
## Cardiac Rehabilitation (CRE)—Achievement—Ages 18 to 64 Years

*Cardiac Rehabilitation (CRE)—Achievement—Ages 18 to 64 Years* assesses the percentage of members 18 to 64 years of age who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



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

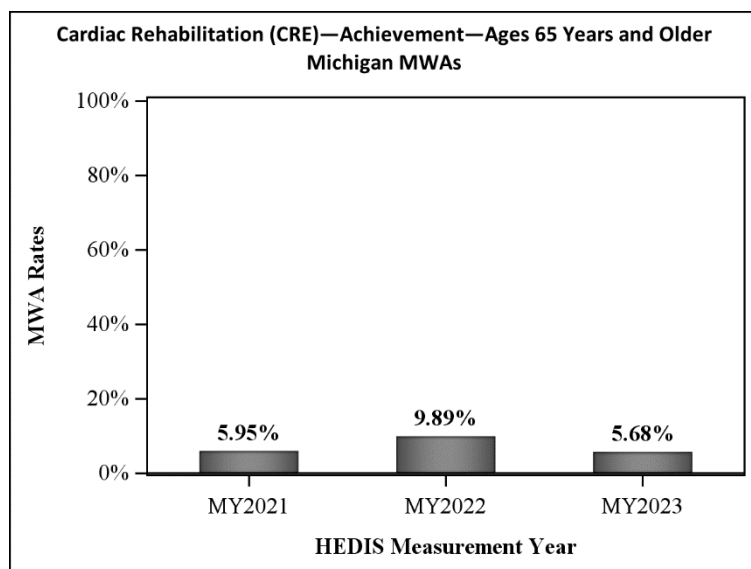
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



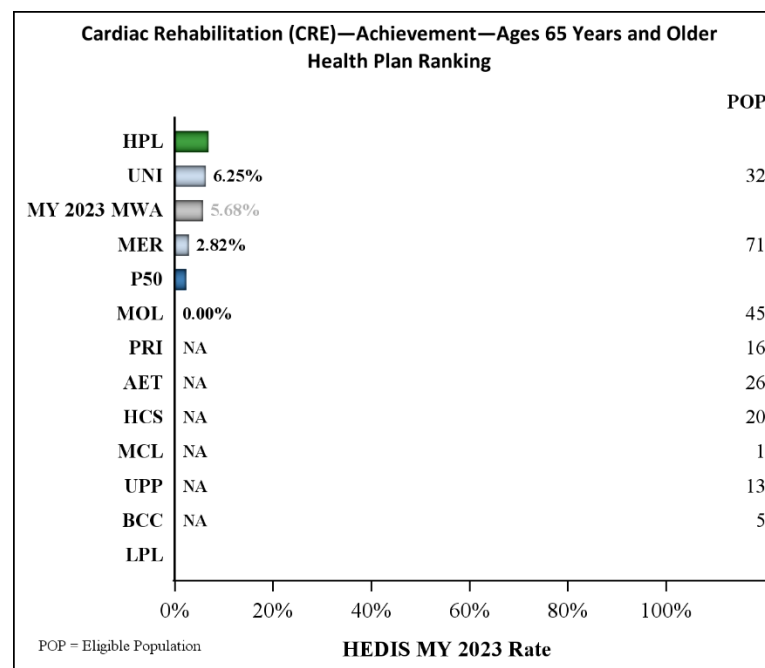
Two MHPs ranked above the HPL. Four MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. Two MHPs fell below the LPL. MHP performance varied by over 4 percentage points.

## Cardiac Rehabilitation (CRE)—Achievement—Ages 65 Years and Older

*Cardiac Rehabilitation (CRE)—Achievement—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

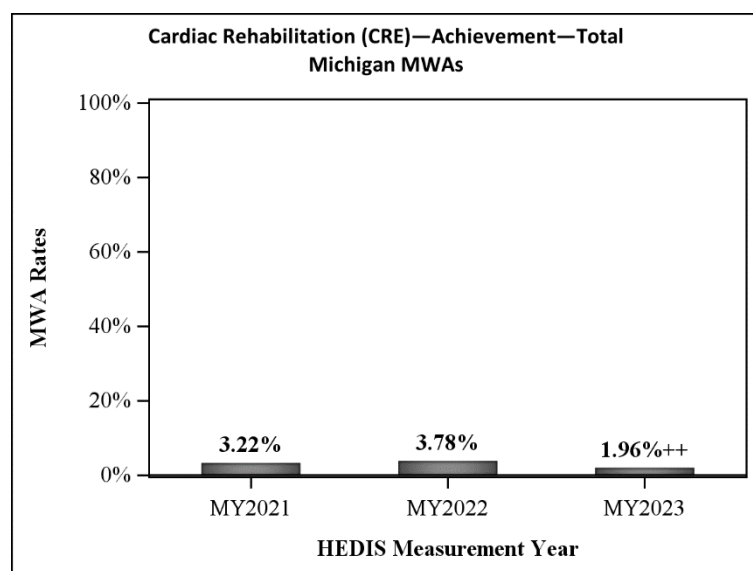


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Two MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 6 percentage points.

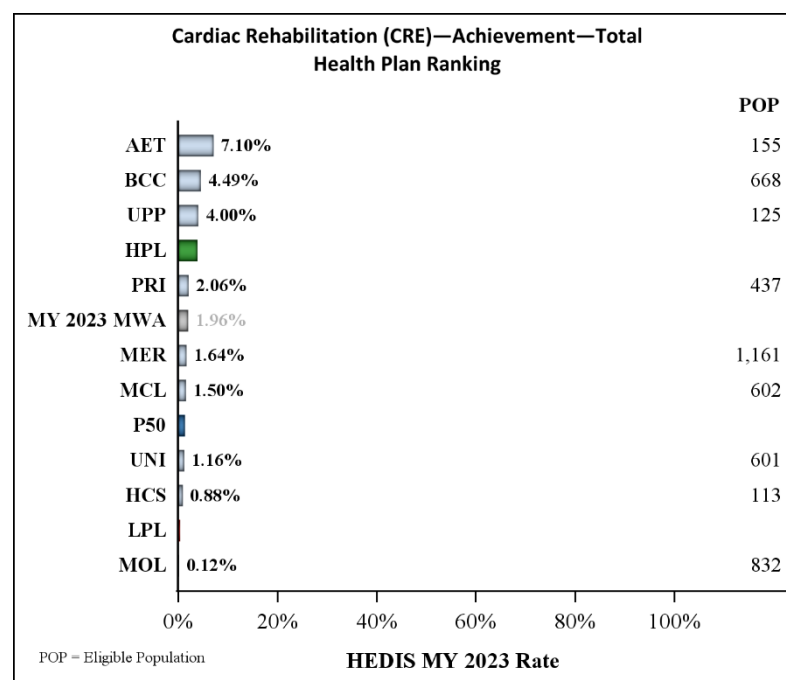
## Cardiac Rehabilitation (CRE)—Achievement—Total

*Cardiac Rehabilitation (CRE)—Achievement—Total* assesses the total percentage of members 18 years of age and older who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.



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

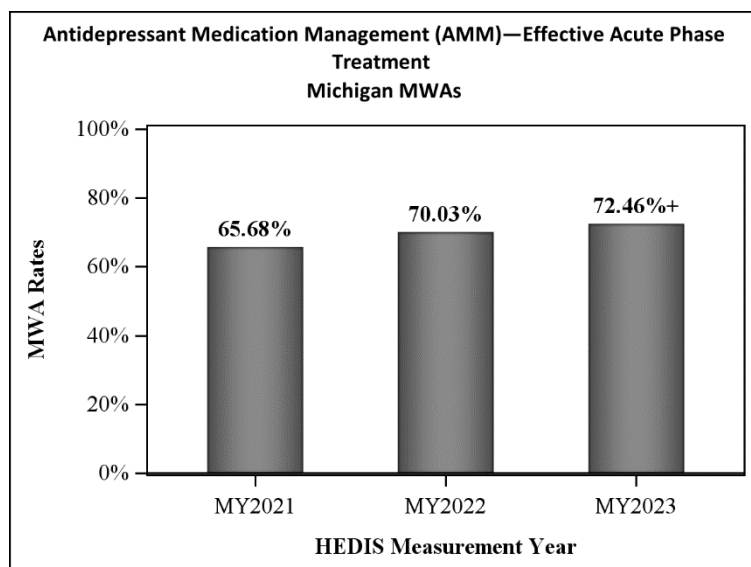
The HEDIS MY 2023 MWA rate significantly declined from HEDIS MY 2022.



Three MHPs ranked above the HPL. Three MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 6 percentage points.

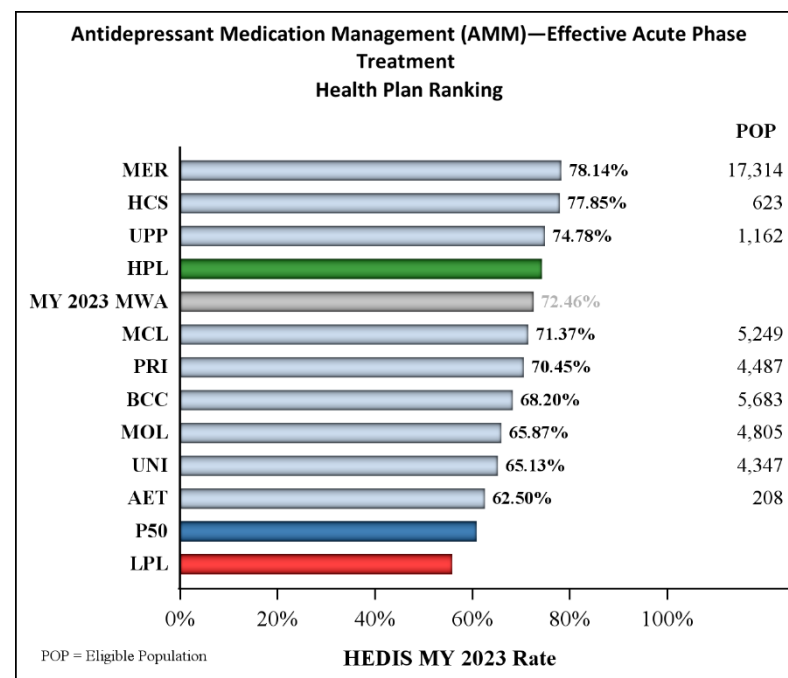
## Antidepressant Medication Management (AMM)—Effective Acute Phase Treatment

*Antidepressant Medication Management (AMM)—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). *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.*



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

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.

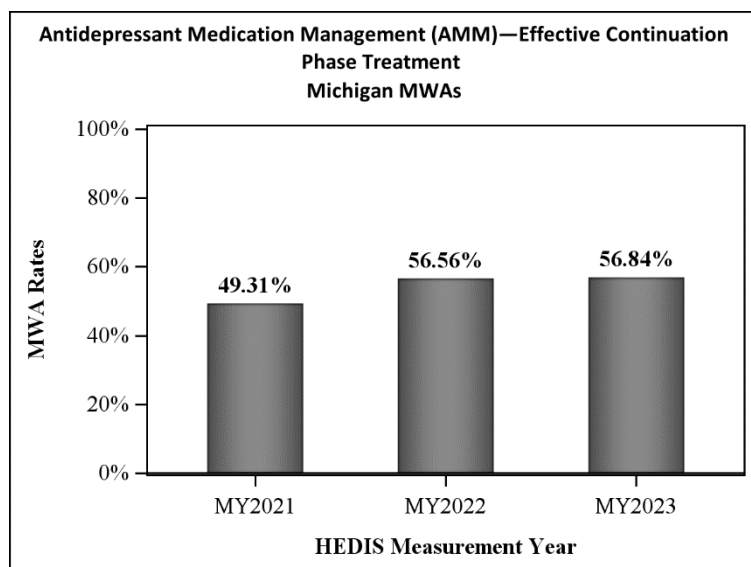


Three MHPs ranked above the HPL. Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. MHP performance varied by over 15 percentage points.

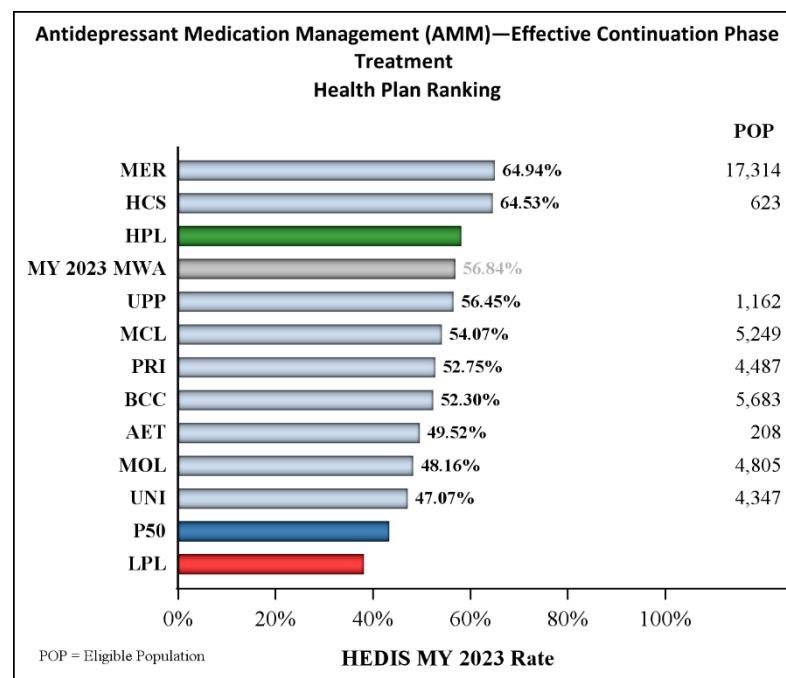


## Antidepressant Medication Management (AMM)—Effective Continuation Phase Treatment

*Antidepressant Medication Management (AMM)—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). *Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.*



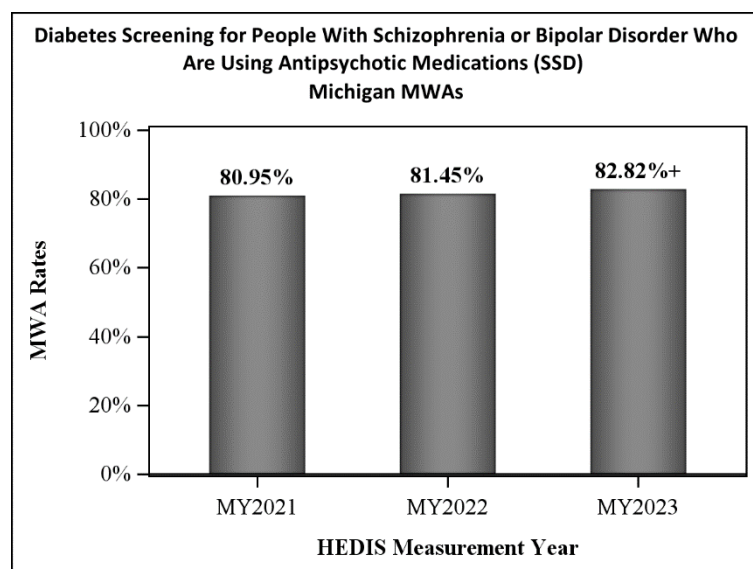
The HEDIS MY 2023 MWA did not demonstrate a significant change from HEDIS MY 2022.



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

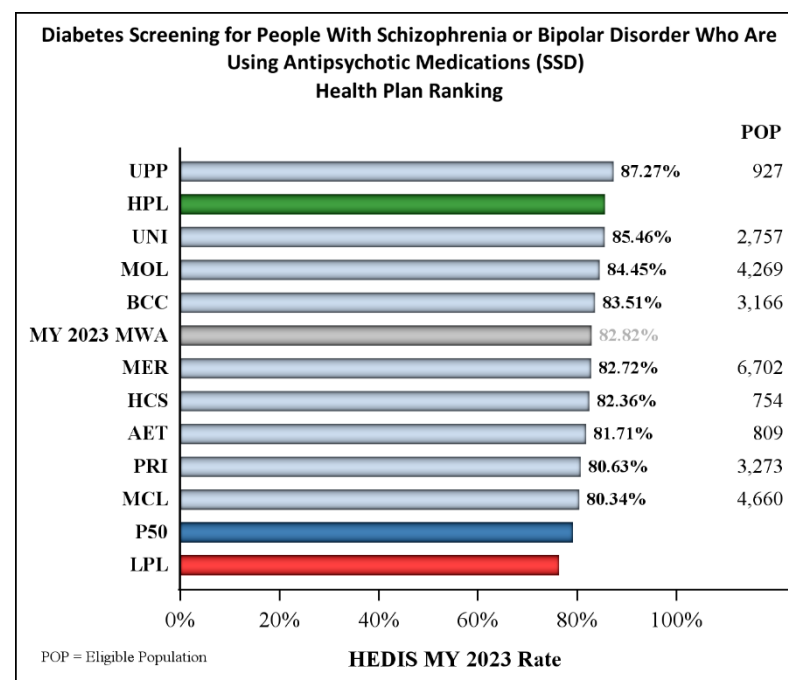
## Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

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



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

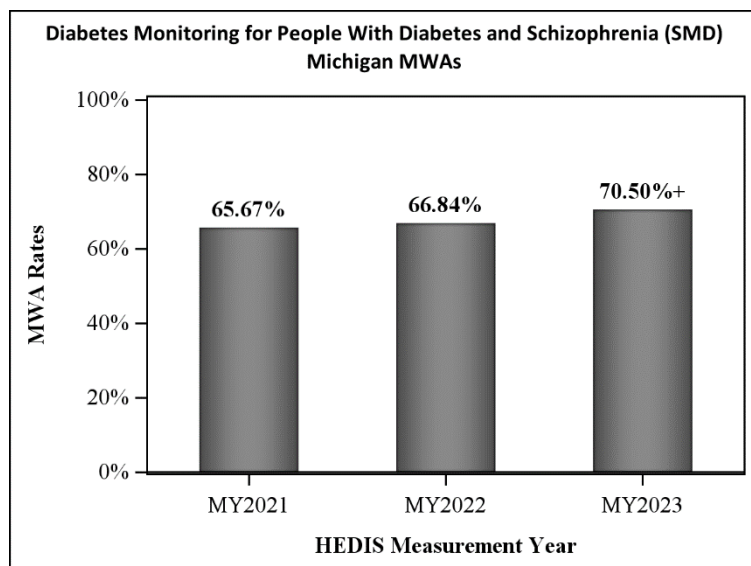
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



One MHP ranked above the HPL. Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. MHP performance varied by over 6 percentage points.

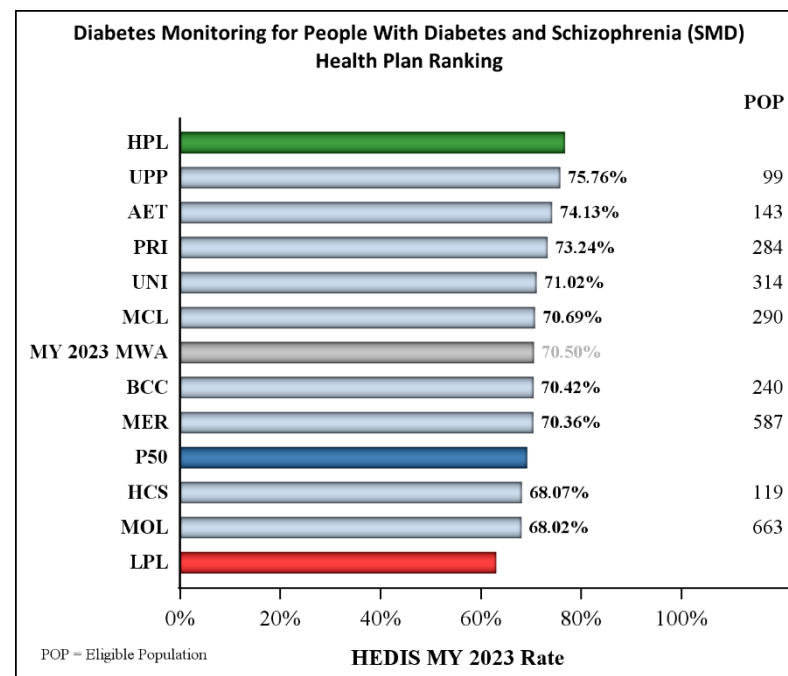
## Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

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



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

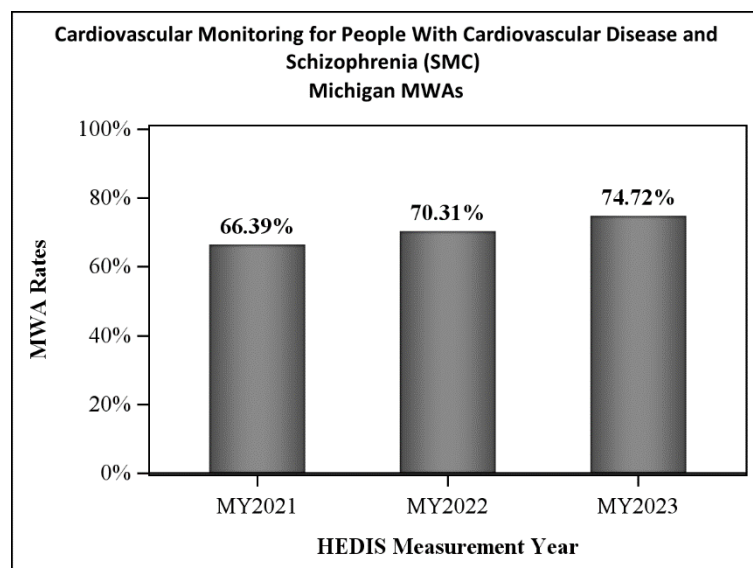
The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



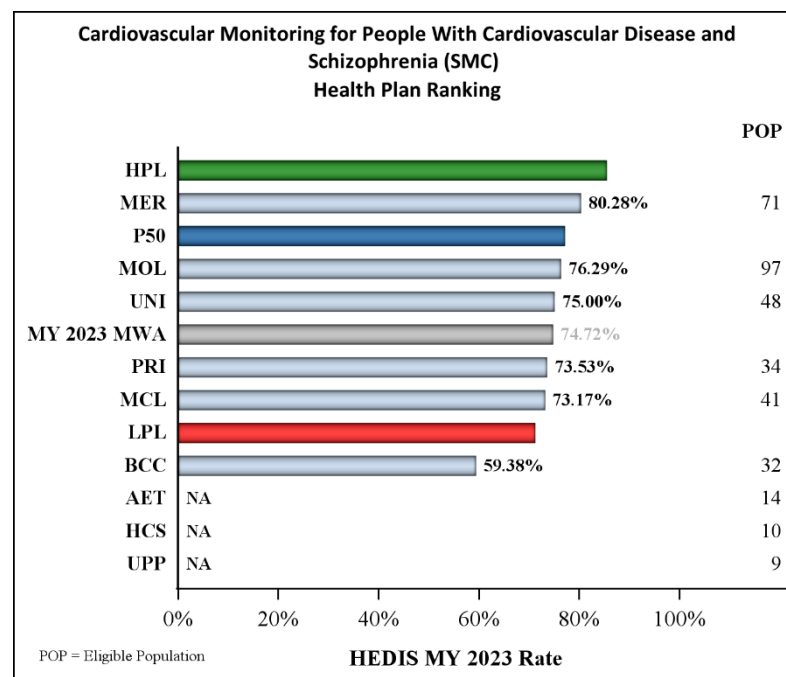
Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs ranked above the LPL but fell below the 50th percentile. MHP performance varied by over 7 percentage points.

## Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)* 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 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.

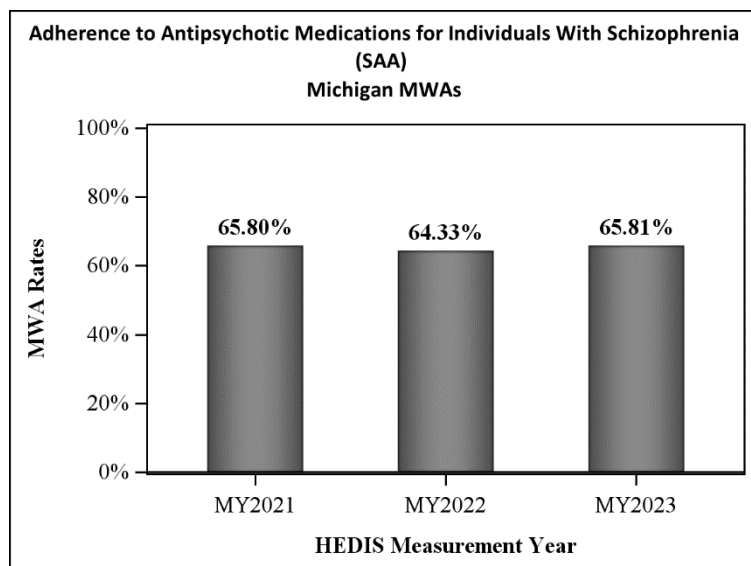


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

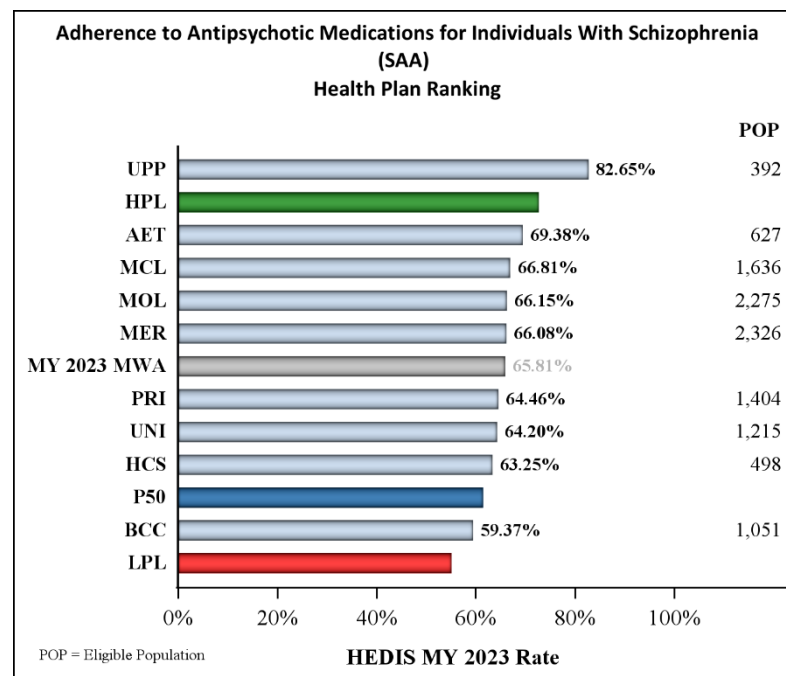
One MHP ranked above the 50th percentile but fell below the HPL. Four MHPs and the MWA ranked above the LPL but fell below the 50th percentile. One MHP fell below the LPL. MHP performance varied by over 20 percentage points.

## Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

*Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)* 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.



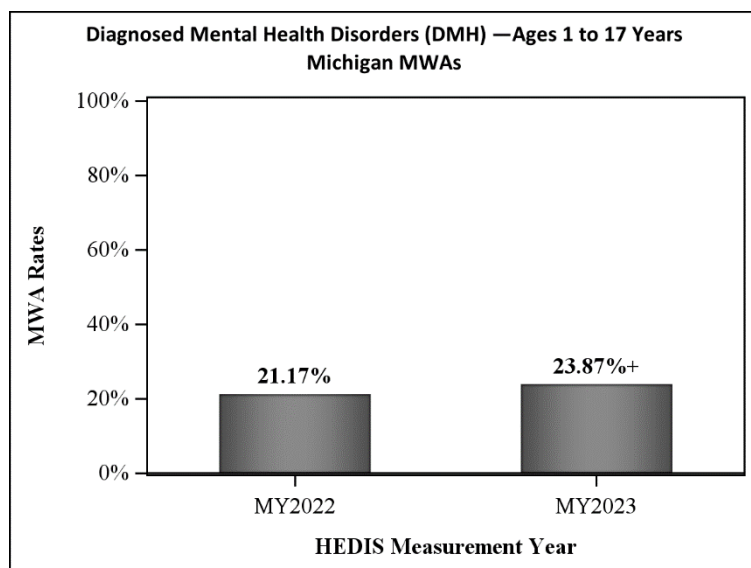
The HEDIS MY 2023 MWA rate did not demonstrate a significant change from HEDIS MY 2022.



One MHP ranked above the HPL. 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. MHP performance varied by over 23 percentage points.

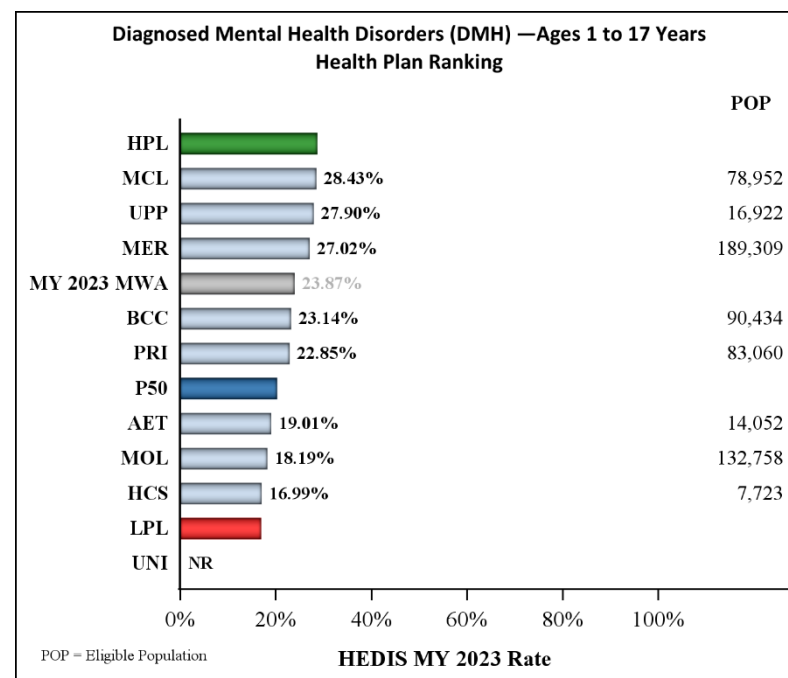
## Diagnosed Mental Health Disorders (DMH)—Ages 1 to 17 Years

*Diagnosed Mental Health Disorders (DMH)—Ages 1 to 17 Years* assesses the percentage of members ages 1 to 17 years who were diagnosed with a mental health disorder during the measurement year.



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

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.

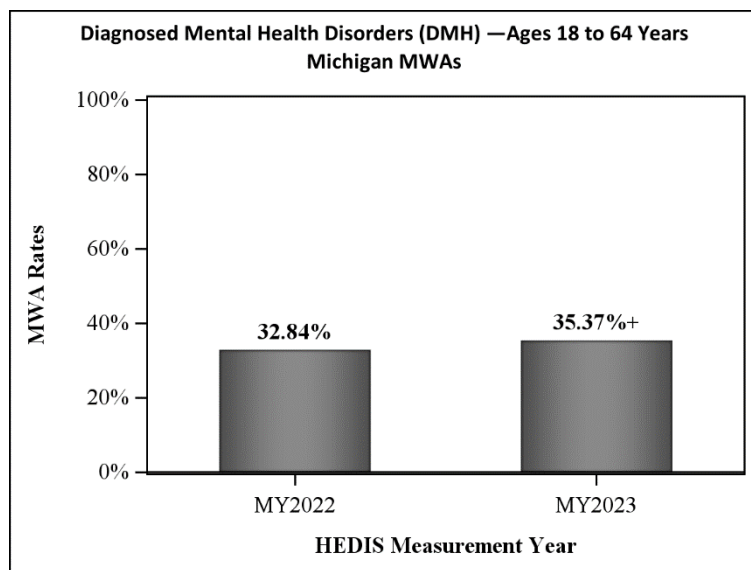


NR indicates one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP's reported rate was invalid.

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 11 percentage points.

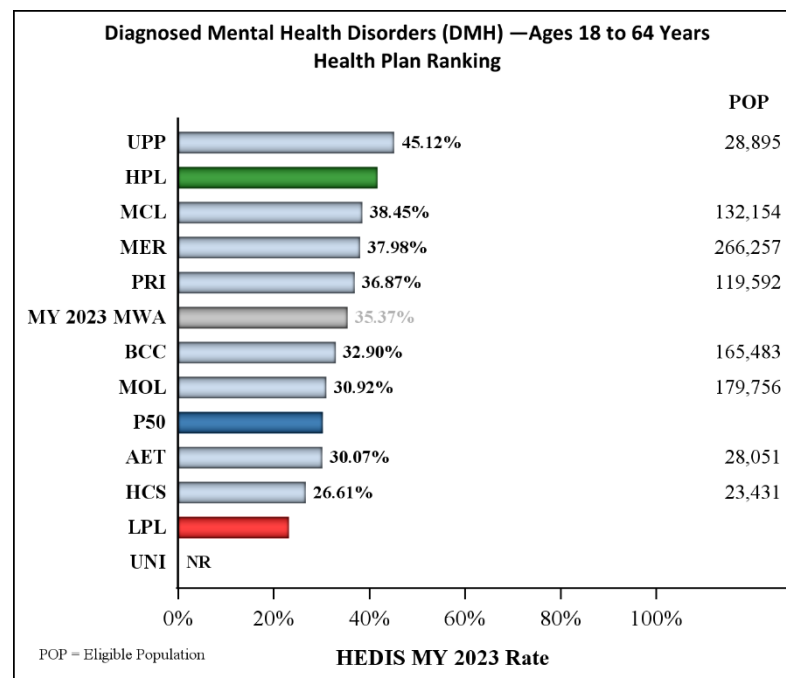
## Diagnosed Mental Health Disorders (DMH)—Ages 18 to 64 Years

*Diagnosed Mental Health Disorders (DMH)—Ages 18 to 64 Years* assesses the percentage of members 18 to 64 years of age who were diagnosed with a mental health disorder during the measurement year.



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

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



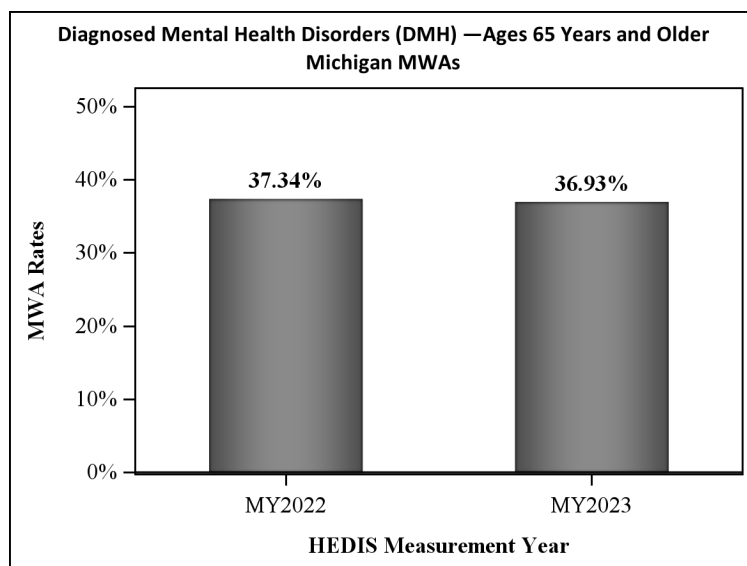
NR indicates one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP's reported rate was invalid.

One MHP ranked above the HPL. 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. MHP performance varied by over 18 percentage points.

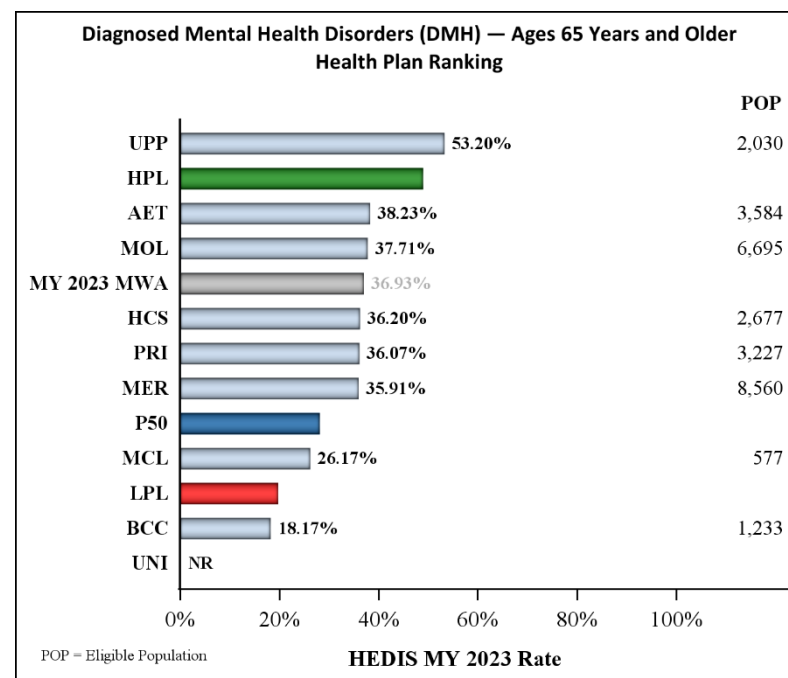


## Diagnosed Mental Health Disorders (DMH)—Ages 65 Years and Older

*Diagnosed Mental Health Disorders (DMH)—Ages 65 Years and Older* assesses the percentage of members 65 years of age and older who were diagnosed with a mental health disorder during the measurement year.



The HEDIS MY 2023 MWA did not demonstrate a significant change from HEDIS MY 2022.

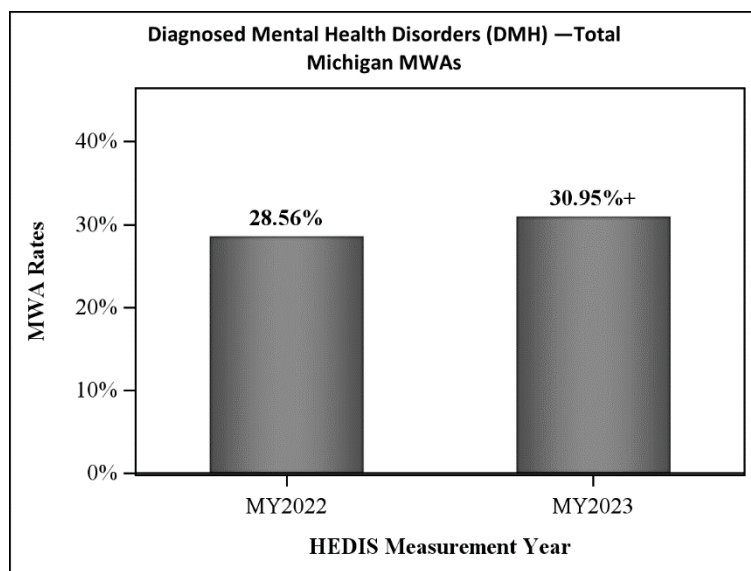


NR indicates one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP's reported rate was invalid.

One MHP 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 35 percentage points.

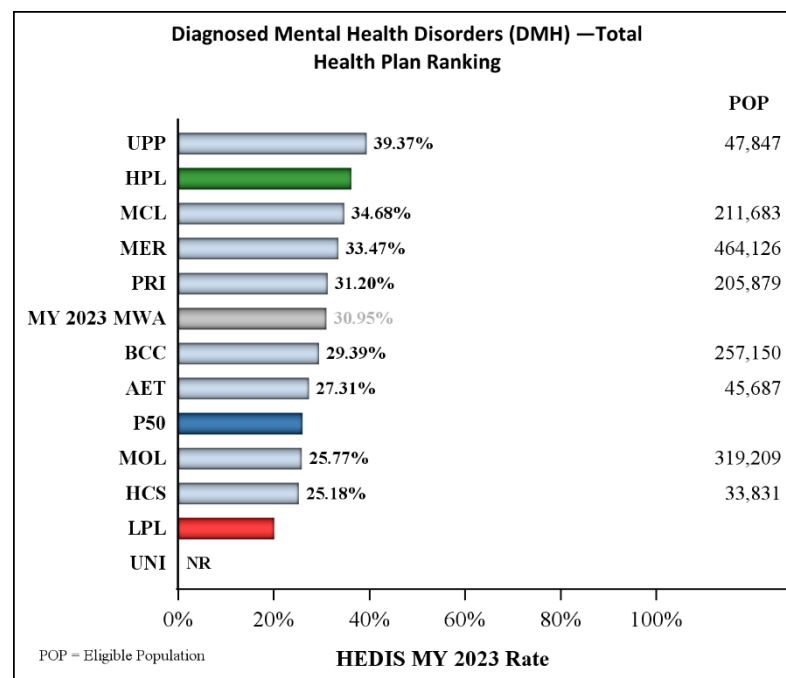
## Diagnosed Mental Health Disorders (DMH)—Total

*Diagnosed Mental Health Disorders (DMH)—Total* assesses the total percentage of members 1 year of age and older who were diagnosed with a mental health disorder during the measurement year.



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

The HEDIS MY 2023 MWA rate significantly improved from HEDIS MY 2022.



NR indicates one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP's reported rate was invalid.

One MHP ranked above the HPL. 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. MHP performance varied by over 14 percentage points.

## 9. Health Plan Diversity

### Introduction

The Health Plan Diversity domain encompasses the following HEDIS measures:

- *Race/Ethnicity Diversity of Membership (RDM)*
- *Language Diversity of Membership (LDM)—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 2023 MWA rates for different racial/ethnic groups were fairly stable across years, with less than 3 percentage points difference between MY 2022 and MY 2023 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, MY 2023 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 1 percentage point difference between MY 2022 and MY 2023.

## 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 Table 9-1b 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 (RDM)**

Plan	Eligible Population	White—Rate	Black or African American—Rate	American Indian and Alaska Native—Rate	Asian—Rate	Native Hawaiian and Other Pacific Islander—Rate
AET	68,498	33.38%	51.51%	0.38%	1.40%	0.08%
BCC	384,330	52.36%	34.39%	1.23%	2.43%	2.30%
HCS	52,156	41.05%	45.48%	0.48%	2.03%	0.12%
MCL	300,748	69.06%	21.14%	1.11%	1.08%	0.12%
MER	616,854	64.51%	23.64%	0.93%	1.20%	0.11%
MOL	435,074	25.29%	0.52%	10.94%	1.00%	0.01%
PRI	312,320	62.32%	26.24%	0.85%	1.95%	0.12%
UNI	349,279	57.09%	30.60%	0.64%	2.47%	0.13%
UPP	67,477	89.97%	1.98%	4.04%	0.52%	0.16%
<b>HEDIS MY 2023 MWA</b>		<b>54.74%</b>	<b>22.92%</b>	<b>2.69%</b>	<b>1.60%</b>	<b>0.43%</b>
<b>HEDIS MY 2022 MWA</b>		<b>55.14%</b>	<b>25.81%</b>	<b>0.86%</b>	<b>1.10%</b>	<b>0.44%</b>
<b>HEDIS MY 2021 MWA</b>		<b>57.88%</b>	<b>28.72%</b>	<b>0.88%</b>	<b>0.98%</b>	<b>0.49%</b>

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

Plan	Some Other Race—Rate	Two or More Races—Rate	Ethnicity Reporting Category: Hispanic or Latino—Rate	Unknown—Rate	Declined—Rate
AET	7.07%	0.00%	3.74%	6.19%	0.00%
BCC	0.00%	0.03%	7.60%	<0.01%	7.25%
HCS	2.85%	0.00%	3.31%	7.95%	0.03%
MCL	0.00%	0.00%	6.75%	7.49%	0.00%
MER	6.90%	<0.01%	0.10%	2.71%	0.00%
MOL	<0.01%	0.00%	7.06%	62.23%	<0.01%
PRI	<0.01%	0.00%	8.96%	8.51%	0.00%
UNI	8.83%	0.00%	6.79%	0.24%	0.00%
UPP	0.08%	0.00%	2.50%	0.00%	3.24%
<b>HEDIS MY 2023 MWA</b>	<b>3.09%</b>	<b>&lt;0.01%</b>	<b>5.35%</b>	<b>13.37%</b>	<b>1.16%</b>
<b>HEDIS MY 2022 MWA</b>	<b>3.28%</b>	<b>&lt;0.01%</b>	<b>3.63%</b>	<b>13.21%</b>	<b>0.15%</b>
<b>HEDIS MY 2021 MWA</b>	<b>0.08%</b>	<b>&lt;0.01%</b>	<b>1.76%</b>	<b>10.57%</b>	<b>0.40%</b>

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

## Language Diversity of Membership

### Measure Definition

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

### Results

Table 9-2 shows that the percentage of Michigan members using English as the preferred spoken language for healthcare decreased slightly (less than 1 percentage point) when compared to MY 2022 but remains the preferred spoken language for healthcare at the statewide level.

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

Plan	Eligible Population	Spoken Language Preferred for Health Care—English—Rate	Spoken Language Preferred for Health Care—Non-English—Rate	Spoken Language Preferred for Health Care—Unknown—Rate	Spoken Language Preferred for Health Care—Declined—Rate
AET	68,498	0.00%	0.00%	100.00%	0.00%
BCC	384,330	96.05%	3.86%	0.10%	0.00%
HCS	52,156	97.75%	0.92%	1.33%	0.00%
MCL	300,748	98.73%	1.10%	0.18%	0.00%
MER	616,854	97.79%	1.65%	0.57%	0.00%
MOL	435,074	98.10%	1.88%	0.02%	0.00%
PRI	312,320	0.00%	0.00%	100.00%	0.00%
UNI	349,279	95.99%	4.00%	<0.01%	0.00%
UPP	67,477	99.85%	0.13%	0.01%	0.00%
<b>HEDIS MY 2023 MWA</b>		<b>83.10%</b>	<b>1.97%</b>	<b>14.92%</b>	<b>0.00%</b>
<b>HEDIS MY 2022 MWA</b>		<b>83.58%</b>	<b>1.80%</b>	<b>14.62%</b>	<b>0.00%</b>
<b>HEDIS MY 2021 MWA</b>		<b>78.95%</b>	<b>1.23%</b>	<b>19.82%</b>	<b>0.00%</b>

Table 9-3 shows that for each MHP, Michigan members who reported a language reported English as the language preferred for written materials. At the statewide level, English remained the preferred language for written materials for over 70 percent of Michigan members from MY 2021 to MY 2023.

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

Plan	Eligible Population	Language Preferred for Written Materials—English—Rate	Language Preferred for Written Materials—Non-English—Rate	Language Preferred for Written Materials—Unknown—Rate	Language Preferred for Written Materials—Declined—Rate
AET	68,498	0.00%	0.00%	100.00%	0.00%
BCC	384,330	96.24%	3.69%	0.07%	0.00%
HCS	52,156	97.75%	0.92%	1.33%	0.00%
MCL	300,748	98.73%	1.10%	0.18%	0.00%
MER	616,854	97.79%	1.65%	0.57%	0.00%
MOL	435,074	98.10%	1.88%	0.02%	0.00%
PRI	312,320	0.00%	0.00%	100.00%	0.00%
UNI	349,279	0.00%	0.00%	100.00%	0.00%
UPP	67,477	99.85%	0.13%	0.01%	0.00%
<b>HEDIS MY 2023 MWA</b>		<b>70.17%</b>	<b>1.41%</b>	<b>28.42%</b>	<b>0.00%</b>
<b>HEDIS MY 2022 MWA</b>		<b>83.59%</b>	<b>1.77%</b>	<b>14.63%</b>	<b>0.00%</b>
<b>HEDIS MY 2021 MWA</b>		<b>73.60%</b>	<b>1.19%</b>	<b>25.21%</b>	<b>0.00%</b>



Table 9-4 shows that at the statewide level, Michigan members reported English as their preferred language for other language needs, and the Michigan members who listed Unknown as their preferred language for other language needs significantly increased 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 (LDM)—Other Language Needs**

Plan	Eligible Population	Other Language Needs—English—Rate	Other Language Needs—Non-English—Rate	Other Language Needs—Unknown—Rate	Other Language Needs—Declined—Rate
AET	68,498	96.48%	1.32%	2.20%	0.00%
BCC	384,330	98.23%	1.76%	<0.01%	0.00%
HCS	52,156	97.75%	0.92%	1.33%	0.00%
MCL	300,748	0.00%	0.00%	100.00%	0.00%
MER	616,854	97.79%	1.65%	0.57%	0.00%
MOL	435,074	98.10%	1.88%	0.02%	0.00%
PRI	312,320	0.00%	0.00%	100.00%	0.00%
UNI	349,279	0.00%	0.00%	100.00%	0.00%
UPP	67,477	0.00%	0.00%	100.00%	0.00%
<b>HEDIS MY 2023 MWA</b>		<b>58.94%</b>	<b>1.02%</b>	<b>40.04%</b>	<b>0.00%</b>
<b>HEDIS MY 2022 MWA</b>		<b>72.54%</b>	<b>1.45%</b>	<b>26.01%</b>	<b>0.00%</b>
<b>HEDIS MY 2021 MWA</b>		<b>73.38%</b>	<b>1.16%</b>	<b>25.46%</b>	<b>0.00%</b>

## Introduction

The Utilization domain encompasses the following HEDIS measures:

- *Ambulatory Care (AMB)—ED Visits—Total and Outpatient Visits—Total*
- *Inpatient Utilization (IPU)—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 (UOP)—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies*
- *Use of Opioids at High Dosage (HDO)*
- *Risk of Continued Opioid Use (COU)—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total*
- *Plan All-Cause Readmissions (PCR)—Observed Readmissions—Total, Expected Readmissions—Total, and O/E Ratio—Total*

The following tables present the HEDIS MY 2023 MHP-specific rates as well as the MWA or MA for HEDIS MY 2023, HEDIS MY 2022, and HEDIS MY 2021, 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 had an O/E ratio greater 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 for Total Age Group (AMB)**

Plan	Eligible Population	Emergency Department Visits±—Rate	Outpatient Visits—Rate
AET	674,804	731.27	4,366.73
BCC	3,840,341	552.88	4,328.00
HCS	508,767	577.42	4,669.76
MCL	3,066,786	617.88	4,865.68
MER	6,529,441	626.26	4,528.93
MOL	4,525,180	586.22	3,818.73
PRI	3,089,270	626.37	6,002.21
UNI	3,528,322	608.23	4,350.71
UPP	694,612	602.62	4,017.25
<b>HEDIS MY 2023 MWA</b>		606.52	4,550.73
<b>HEDIS MY 2022 MWA</b>		613.30	4,893.15
<b>HEDIS MY 2021 MWA</b>		596.47	4,974.16

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

For the *ED Visits—Total* measure indicator, the MA increased by 10.5 visits per 1,000 member years from HEDIS MY 2021 to HEDIS MY 2023. The MA for the *Outpatient Visits—Total* measure indicator decreased from HEDIS MY 2021 to HEDIS MY 2023 by 423.43 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—General Hospital/Acute Care: Total Discharges for Total Age Group (IPU)**

Plan	Eligible Population	Discharges— Total Inpatient— Total All Ages —Rate	Discharges— Maternity—Total All Ages —Rate*	Discharges— Surgery— Total All Ages —Rate	Discharges— Medicine—Total All Ages —Rate
AET	674,804	92.99	20.68	25.77	51.87
BCC	3,840,341	66.06	23.37	16.05	31.75
HCS	508,767	94.91	19.93	24.62	54.79
MCL	3,066,786	70.55	22.01	18.38	34.99
MER	6,529,441	69.86	22.27	17.44	35.72
MOL	4,525,180	63.80	23.61	14.79	31.31
PRI	3,089,270	56.94	22.43	14.14	25.92
UNI	3,528,322	59.57	20.28	14.56	29.43
UPP	694,612	68.08	18.02	20.25	34.22
<b>HEDIS MY 2023 MWA</b>		<b>66.50</b>	<b>22.18</b>	<b>16.55</b>	<b>33.06</b>
<b>HEDIS MY 2022 MWA</b>		<b>68.34</b>	<b>23.75</b>	<b>15.56</b>	<b>34.79</b>
<b>HEDIS MY 2021 MWA</b>		<b>76.31</b>	<b>25.59</b>	<b>17.69</b>	<b>39.41</b>

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

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

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

Plan	Eligible Population	Average Length of Stay— Total Inpatient— Total All Ages —Rate	Average Length of Stay— Maternity— Total All Ages —Rate	Average Length of Stay —Surgery —Total All Ages —Rate	Average Length of Stay —Medicine —Total All Ages —Rate
AET	674,804	6.23	2.61	9.95	5.45
BCC	3,840,341	4.80	2.79	7.69	4.50
HCS	508,767	5.25	2.63	8.29	4.63
MCL	3,066,786	4.45	2.44	6.68	4.26
MER	6,529,441	4.75	2.78	7.67	4.25
MOL	4,525,180	4.98	2.79	8.73	4.44
PRI	3,089,270	4.80	2.90	7.94	4.33
UNI	3,528,322	4.78	2.45	7.76	4.53
UPP	694,612	5.06	2.58	7.55	4.57
<b>HEDIS MY 2023 MWA</b>		<b>4.84</b>	<b>2.71</b>	<b>7.85</b>	<b>4.43</b>
<b>HEDIS MY 2022 MWA</b>		<b>5.00</b>	<b>2.61</b>	<b>8.45</b>	<b>4.69</b>
<b>HEDIS MY 2021 MWA</b>		<b>4.83</b>	<b>2.61</b>	<b>8.16</b>	<b>4.41</b>

## 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  $\geq 15$  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 2023 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 (UOP)\***

Plan	Eligible Population	Multiple Prescribers —Rate	Multiple Pharmacies —Rate	Multiple Prescribers and Multiple Pharmacies —Rate
AET	2,084	16.17%	4.32%	3.02%
BCC	7,919	17.14%	3.33%	2.07%
HCS	1,395	15.41%	2.37%	1.65%
MCL	7,190	15.13%	3.02%	1.45%
MER	18,182	13.12%	1.90%	1.01%
MOL	11,633	15.40%	2.93%	1.85%
PRI	5,977	19.84%	2.09%	1.09%
UNI	7,823	15.85%	2.44%	1.25%
UPP	2,131	18.25%	7.04%	4.46%
<b>HEDIS MY 2023 MWA</b>		<b>15.53%</b>	<b>2.73%</b>	<b>1.57%</b>
<b>HEDIS MY 2022 MWA</b>		<b>15.13%</b>	<b>2.54%</b>	<b>1.46%</b>
<b>HEDIS MY 2021 MWA</b>		<b>15.03%</b>	<b>2.32%</b>	<b>1.52%</b>

\*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]  $\geq 90$ ) for  $\geq 15$  days during the MY.

### Results

Table 10-5 shows the HEDIS MY 2023 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 (HDO)\***

Plan	Use of Opioids at High Dosage—Eligible Population	Use of Opioids at High Dosage—Rate
AET	1,751	2.28%
BCC	6,989	0.84%
HCS	1,126	1.60%
MCL	6,386	1.22%
MER	16,316	1.04%
MOL	10,248	1.12%
PRI	5,272	1.59%
UNI	6,823	1.86%
UPP	1,866	2.41%
<b>HEDIS MY 2023 MWA</b>		1.30%
<b>HEDIS MY 2022 MWA</b>		1.53%
<b>HEDIS MY 2021 MWA</b>		3.98%

\* 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 2023 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 (COU)\***

Plan	Eligible Population	At Least 15 Days Covered —Total—Rate	At Least 31 Days Covered —Total—Rate
AET	3,252	9.13%	6.58%
BCC	18,158	7.40%	5.09%
HCS	2,410	11.83%	6.56%
MCL	15,290	6.45%	4.55%
MER	30,266	14.83%	9.67%
MOL	20,260	10.85%	5.73%
PRI	12,310	10.37%	5.22%
UNI	15,119	8.74%	6.00%
UPP	3,782	7.75%	4.97%
<b>HEDIS MY 2023 MWA</b>		<b>10.33%</b>	<b>6.47%</b>
<b>HEDIS MY 2022 MWA</b>		<b>11.17%</b>	<b>6.66%</b>
<b>HEDIS MY 2021 MWA</b>		<b>10.78%</b>	<b>7.10%</b>

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



## Plan All-Cause Readmissions

The *Plan All-Cause Readmissions* measure summarizes the percentage of inpatient hospital admissions 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 2023 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 (PCR)\***

Plan	Eligible Population	Observed Readmissions —Total—Rate	Expected Readmissions —Total—Rate	OE Ratio— Total—Rate
AET	1,307	13.39%	10.73%	1.2484
BCC	7,864	11.55%	10.31%	1.1200
HCS	1,146	9.60%	10.19%	0.9415
MCL	12,099	8.52%	9.38%	0.9089
MER	14,454	11.29%	10.40%	1.0855
MOL	14,653	8.38%	9.67%	0.8666
PRI	7,853	7.59%	9.69%	0.7829
UNI	6,013	10.24%	10.65%	0.9619
UPP	1,503	7.12%	9.70%	0.7340
<b>HEDIS MY 2023 MWA</b>		<b>9.57%</b>	<b>9.97%</b>	<b>0.9600</b>
<b>HEDIS MY 2022 MWA</b>		<b>9.83%</b>	<b>10.05%</b>	<b>0.9784</b>
<b>HEDIS MY 2021 MWA</b>		<b>9.21%</b>	<b>9.81%</b>	<b>0.9386</b>

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

The rates of observed readmissions ranged from 7.12 percent for UPP to 13.39 percent for AET; 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.

## 11. HEDIS Reporting Capabilities—Information Systems Findings

### HEDIS Reporting Capabilities—Information Systems Findings

NCQA's IS standards are the guidelines that certified HEDIS compliance auditors use to assess an MHP's ability to report HEDIS data accurately and reliably.<sup>25</sup> Compliance with the guidelines also helps an auditor to understand an MHP's HEDIS reporting capabilities. For HEDIS MY 2023, MHPs were assessed on four 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 2023 contracted with the same LOs in 2024. The MHPs were able to select their preferred LO. Overall, the Michigan MHPs have continued to consistently maintain the same LOs across reporting years.

For HEDIS MY 2023, 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<sup>SM</sup> process.<sup>26</sup> MHPs could purchase the software containing HEDIS Certified Measures<sup>SM</sup><sup>27</sup> and generate measure results internally or provide all data to the software vendor to generate HEDIS Certified Measures for them. Either way, using software containing HEDIS 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 code to verify accuracy and compliance with HEDIS MY 2023 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 2023. The following sections present NCQA's IS standards and summarize the audit findings related to each IS standard for the MHPs.

#### ***IS R—Data Management and Reporting***

This standard assesses whether:

- The organization's data management enables measurement.
- Data extraction and loads are complete and accurate.

---

<sup>25</sup> National Committee for Quality Assurance. *HEDIS® MY 2023, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

<sup>26</sup> NCQA Measure Certification<sup>SM</sup> is a service mark of the NCQA.

<sup>27</sup> HEDIS Certified Measures<sup>SM</sup> is a service mark of the NCQA.

- Data transformation and integration is accurate and valid.
- Data quality and governance are components of the organization's data management.
- Oversight and controls ensure correct implementation of measure reporting software.

All MHPs were fully compliant with *IS R, Data Management and Reporting*.

### ***IS C—Clinical and Care Delivery Data***

This standard assesses whether:

- Data capture is complete.
- Data conform with industry standards.
- Transaction file data are accurate.
- The organization confirms ingested data meet expectations for data quality.

All MHPs were fully compliant with *IS C, Clinical and Care Delivery Data*.

### ***IS M—Medical Record Review Processes***

This standard assesses whether:

- Forms capture all fields relevant to measure reporting. 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 is 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 except **UPP** were fully compliant with *IS M, Medical Record Review Processes*. During the medical record review validation (MRRV), the audit team identified one exclusion error for a measure. This case was removed and returned to the sample. The audit team reviewed the remaining exclusions that were not selected in the original sample and approved them. **UPP** was partially compliant with this standard, and there was minimal impact on HEDIS reporting.

### ***IS A—Administrative Data***

This standard assesses whether:

- Data conform with industry standards and measure requirements.

- Data are complete and accurate.
- The membership information system enables measurement.

All MHPs were fully compliant with *IS A, Administrative Data*.

### Glossary

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

**Table 12-1—Definition of Terms**

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the MHP to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Un-Audited (UN)</i> .
ADMIN%	Percentage of the rate derived using administrative data (e.g., claims data and immunization registry).
BMI	Body mass index.
BR	Biased Rate; indicates that the MHP’s reported rate was invalid; therefore, the rate was not presented.
CDC	Centers for Disease Control and Prevention.
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.
ED	Emergency department.
eGFR	Estimated glomerular filtration rate.
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 (MRRV) 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.

Term	Description
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
HepA	Hepatitis A vaccine.
HepB	Hepatitis B vaccine.
HiB Vaccine	Haemophilus influenza type B vaccine.
HMO	Health maintenance organization.
HPL	High performance level. (For most performance measures, MDHHS defined the HPL as the most recent national Medicaid 90th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [ $>9.0\%$ ], in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus.
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. <sup>28</sup>
LDL	Low-density lipoprotein
LPL	Low performance level. (For most performance measures, MDHHS defined the LPL as the most recent national Medicaid 25th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [ $>9.0\%$ ], in which lower rates in indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).
Material Bias	For most measures reported as a rate, any error that causes a $\pm 5$ percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a $\pm 10$ percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that the MHP's medical record abstraction staff uses to identify numerator positive cases.

<sup>28</sup> National Committee for Quality Assurance. *HEDIS® MY 2023, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

Term	Description
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the MHP's performance and assess the reliability of the MHP's HEDIS rates.
MA	Medicaid Average.
MDHHS	Michigan Department of Health and Human Services.
MHP	Medicaid health plan.
MME	Morphine milligram equivalent.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
MRRV	Medical record review validation.
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.
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.

Term	Description
Quality Compass	NCQA Quality Compass benchmark.
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.
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 2021, HEDIS MY 2022, and HEDIS MY 2023. Yellow shading with one cross (+) indicates that the HEDIS MY 2023 rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

## Child & Adolescent Care Performance Measure Results

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

Plan	Eligible Population	Combination 3 —Rate	Combination 7 —Rate	Combination 10 —Rate
AET	1,130	48.91%	36.98%	13.87%
BCC	6,756	60.34%	51.09%	23.60%
HCS	765	50.46%	41.31%	17.39%
MCL	5,136	58.88%	49.79%	21.87%
MER	11,232	55.47%	49.39%	23.60%
MOL	8,255	56.93%	48.18%	22.63%
PRI	5,349	68.13% <sup>+</sup>	59.61% <sup>+</sup>	34.06% <sup>+</sup>
UNI	5,274	59.37%	48.66%	19.71%
UPP	1,082	61.74%	50.92%	24.03%
<b>HEDIS MY 2023 MWA</b>		<b>58.72%</b>	<b>50.19%</b>	<b>23.67%</b>
<b>HEDIS MY 2022 MWA</b>		<b>57.62%</b>	<b>49.59%</b>	<b>25.29%</b>
<b>HEDIS MY 2021 MWA</b>		<b>55.46%</b>	<b>46.83%</b>	<b>27.22%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.*

Table A-2—MHP and MWA Results for Well-Child Visits in the First 30 Months of Life (W30)

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	722	49.72%	1,056	50.85%
BCC	4,713	67.71% <sup>+</sup>	6,337	67.86% <sup>+</sup>
HCS	457	54.92%	646	59.13%
MCL	3,626	65.75% <sup>+</sup>	4,880	66.45%
MER	8,130	63.67% <sup>+</sup>	10,974	66.37%
MOL	6,046	61.48% <sup>+</sup>	7,771	65.58%
PRI	3,734	66.39% <sup>+</sup>	5,043	69.86% <sup>+</sup>
UNI	3,871	64.92% <sup>+</sup>	5,060	63.62%
UPP	747	72.82% <sup>+</sup>	1,064	72.18% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>64.33%<sup>+</sup></b>		<b>66.19%</b>
<b>HEDIS MY 2022 MWA</b>		<b>60.06%</b>		<b>60.86%</b>
<b>HEDIS MY 2021 MWA</b>		<b>58.84%</b>		<b>60.99%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

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

Plan	Lead Screening in Children—Eligible Population	Lead Screening in Children—Rate
AET	1,138	50.70%
BCC	6,797	57.22%
HCS	770	55.97%
MCL	5,165	51.89%
MER	11,274	58.30%
MOL	8,307	59.85%
PRI	5,378	65.94% <sup>+</sup>
UNI	5,307	58.39%
UPP	1,086	59.12%
<b>HEDIS MY 2023 MWA</b>		<b>58.40%</b>
<b>HEDIS MY 2022 MWA</b>		<b>54.78%</b>
<b>HEDIS MY 2021 MWA</b>		<b>54.69%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

Table A-4—MHP and MWA Results for Child and Adolescents Well-Care Visits (WCV) (Table 1 of 2)

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
AET	7,466	54.61%	4,454	44.81%	2,582
BCC	49,171	62.53% <sup>+</sup>	26,748	51.35% <sup>+</sup>	14,988
HCS	3,979	51.14%	1,978	37.01%	1,403
MCL	42,975	59.38% <sup>+</sup>	24,944	47.44%	13,609
MER	102,462	62.34% <sup>+</sup>	61,665	53.53% <sup>+</sup>	30,497
MOL	69,217	62.17% <sup>+</sup>	46,025	54.18% <sup>+</sup>	24,078
PRI	44,731	62.07% <sup>+</sup>	26,434	51.91% <sup>+</sup>	13,759
UNI	50,933	60.23% <sup>+</sup>	35,143	53.14% <sup>+</sup>	18,010
UPP	9,083	58.81% <sup>+</sup>	5,484	50.57% <sup>+</sup>	2,814
<b>HEDIS MY 2023 MWA</b>		<b>61.33%<sup>+</sup></b>		<b>52.14%<sup>+</sup></b>	
<b>HEDIS MY 2022 MWA</b>		<b>59.20%</b>		<b>50.38%</b>	
<b>HEDIS MY 2021 MWA</b>		<b>58.13%</b>		<b>49.93%</b>	

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

Table A-5—MHP and MWA Results for Child and Adolescents Well-Care Visits (WCV) (Table 2 of 2)

	Ages 18 to 21 Years—Rate	Total—Eligible Population	Total—Rate
AET	26.37% <sup>+</sup>	14,502	46.57%
BCC	31.88% <sup>+</sup>	90,907	54.19% <sup>+</sup>
HCS	20.81%	7,360	41.56%
MCL	24.42% <sup>+</sup>	81,528	49.89% <sup>+</sup>
MER	30.08% <sup>+</sup>	194,624	54.49% <sup>+</sup>
MOL	33.12% <sup>+</sup>	139,320	54.51% <sup>+</sup>
PRI	30.69% <sup>+</sup>	84,924	53.82% <sup>+</sup>
UNI	32.82% <sup>+</sup>	104,086	53.09% <sup>+</sup>
UPP	27.97% <sup>+</sup>	17,381	51.22% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>	<b>30.51%<sup>+</sup></b>		<b>53.31%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>	<b>28.31%</b>		<b>50.89%</b>
<b>HEDIS MY 2021 MWA</b>	<b>29.01%</b>		<b>50.49%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

Table A-6—MHP and MWA Results for Immunizations for Adolescents (IMA)

Plan	Eligible Population	Combination 1 (Meningococcal, Tdap)—Rate	Combination 2 (Meningococcal, Tdap, HPV)—Rate
AET	836	77.86%	28.71%
BCC	4,625	78.59%	33.82%
HCS	293	69.28%	22.87%
MCL	4,425	79.32%	29.68%
MER	11,477	80.05%	32.12%
MOL	8,120	82.00% <sup>+</sup>	36.25% <sup>+</sup>
PRI	4,621	76.64%	34.06%
UNI	6,468	79.08%	31.14%
UPP	992	75.40%	29.74%
<b>HEDIS MY 2023 MWA</b>		<b>79.43%</b>	<b>32.73%</b>
<b>HEDIS MY 2022 MWA</b>		<b>76.96%</b>	<b>29.35%</b>
<b>HEDIS MY 2021 MWA</b>		<b>76.64%</b>	<b>32.85%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

**Table A-7—MHP and MWA Results for Follow-Up Care for Children Prescribed ADHD Medication (ADD)—  
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	46	41.30%	—	NR
BCC	1,041	51.49% <sup>+</sup>	457	58.42% <sup>+</sup>
HCS	65	36.92%	38	42.11%
MCL	1,378	48.04% <sup>+</sup>	718	55.43% <sup>+</sup>
MER	7,412	42.82%	4,626	45.11%
MOL	1,642	52.44% <sup>+</sup>	627	58.37% <sup>+</sup>
PRI	1,350	38.59%	550	44.18%
UNI	1,292	44.04%	427	54.10%
UPP	356	45.51% <sup>+</sup>	190	47.89%
<b>HEDIS MY 2023 MWA</b>		<b>44.77%<sup>+</sup></b>		<b>48.46%</b>
<b>HEDIS MY 2022 MWA</b>		<b>42.47%</b>		<b>47.93%</b>
<b>HEDIS MY 2021 MWA</b>		<b>40.29%</b>		<b>51.24%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

NR indicates that the MHP chose not to report the measure indicator rate or the MHP's reported rate was invalid.



## Women—Adult Care Performance Measure Results

**Table A-8—MHP and MWA Results for Chlamydia Screening in Women (CHL)<sup>1</sup>**

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	947	68.53% <sup>+</sup>	1,030	70.10% <sup>+</sup>	1,977	69.35% <sup>+</sup>
BCC	4,967	61.32% <sup>+</sup>	5,402	66.55% <sup>+</sup>	10,369	64.05% <sup>+</sup>
HCS	378	62.96% <sup>+</sup>	630	65.08% <sup>+</sup>	1,008	64.29% <sup>+</sup>
MCL	4,864	52.75% <sup>+</sup>	4,811	62.65% <sup>+</sup>	9,675	57.67% <sup>+</sup>
MER	10,288	55.38% <sup>+</sup>	8,947	64.49% <sup>+</sup>	19,235	59.62% <sup>+</sup>
MOL	8,368	62.80% <sup>+</sup>	7,021	68.74% <sup>+</sup>	15,389	65.51% <sup>+</sup>
PRI	4,804	53.89% <sup>+</sup>	4,300	63.33% <sup>+</sup>	9,104	58.35% <sup>+</sup>
UNI	5,951	59.17% <sup>+</sup>	4,839	62.51% <sup>+</sup>	10,790	60.67% <sup>+</sup>
UPP	1,013	40.28%	888	51.24%	1,901	45.40%
<b>HEDIS MY 2023 MWA</b>		<b>57.65%<sup>+</sup></b>		<b>64.80%<sup>+</sup></b>		<b>61.06%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>59.35%</b>		<b>66.34%</b>		<b>62.76%</b>
<b>HEDIS MY 2021 MWA</b>		<b>58.09%</b>		<b>64.15%</b>		<b>61.00%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

Table A-9—MHP and MWA Results for Cervical Cancer Screening in Women (CCS)

Plan	Cervical Cancer Screening —Eligible Population	Cervical Cancer Screening—Rate
AET	10,706	44.16%
BCC	69,349	55.35%
HCS	8,652	45.23%
MCL	51,548	53.26%
MER	111,953	57.00%
MOL	74,259	55.92%
PRI	49,548	55.04%
UNI	55,193	54.41%
UPP	11,406	54.25%
<b>HEDIS MY 2023 MWA</b>		<b>54.97%</b>
<b>HEDIS MY 2022 MWA</b>		<b>59.16%</b>
<b>HEDIS MY 2021 MWA</b>		<b>58.01%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

Table A-10—MHP and MWA Results for Breast Cancer Screening in Women (BSC-E)

Plan	Breast Cancer Screening— Eligible Population	Breast Cancer Screening—Rate
AET	2,910	49.59%
BCC	12,879	54.29% <sup>+</sup>
HCS	1,900	55.11% <sup>+</sup>
MCL	10,503	54.76% <sup>+</sup>
MER	24,809	55.06% <sup>+</sup>
MOL	17,647	55.49% <sup>+</sup>
PRI	10,100	54.52% <sup>+</sup>
UNI	12,682	55.49% <sup>+</sup>
UPP	3,123	60.10% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>55.00%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>53.61%</b>
<b>HEDIS MY 2021 MWA</b>		<b>53.19%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

## Access to Care Performance Measure Results

**Table A-11—MHP and MWA Results for Adults' Access to Preventive/Ambulatory Health Services (AAP) (Table 1 of 2)**

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
AET	16,744	66.87%	8,768	79.82%	3,532
BCC	99,000	74.46% <sup>+</sup>	51,458	82.04% <sup>+</sup>	1,061
HCS	14,498	62.38%	7,020	75.57%	2,550
MCL	80,042	70.70% <sup>+</sup>	38,928	80.87% <sup>+</sup>	367
MER	160,378	74.64% <sup>+</sup>	76,721	83.55% <sup>+</sup>	8,140
MOL	106,004	75.08% <sup>+</sup>	53,862	84.44% <sup>+</sup>	6,452
PRI	72,430	71.97% <sup>+</sup>	34,274	81.65% <sup>+</sup>	3,110
UNI	80,688	73.02% <sup>+</sup>	42,491	84.27% <sup>+</sup>	3,464
UPP	16,505	75.30% <sup>+</sup>	9,556	83.79% <sup>+</sup>	1,983
<b>HEDIS MY 2023 MWA</b>		<b>73.23%<sup>+</sup></b>		<b>82.76%<sup>+</sup></b>	
<b>HEDIS MY 2022 MWA</b>		<b>72.86%</b>		<b>82.59%</b>	
<b>HEDIS MY 2021 MWA</b>		<b>75.38%</b>		<b>84.06%</b>	

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

**Table A-12—MHP and MWA Results for Adults' Access to Preventive/Ambulatory Health Services (AAP) (Table 2 of 2)**

Plan	Ages 65 Years and Older—Rate	Total—Eligible Population	Total—Rate
AET	89.72% <sup>+</sup>	29,044	73.56% <sup>+</sup>
BCC	72.29%	151,519	77.02% <sup>+</sup>
HCS	90.08% <sup>+</sup>	24,068	69.16%
MCL	67.30%	119,337	74.00% <sup>+</sup>
MER	87.59% <sup>+</sup>	245,239	77.86% <sup>+</sup>
MOL	91.83% <sup>+</sup>	166,318	78.76% <sup>+</sup>
PRI	88.46% <sup>+</sup>	109,814	75.46% <sup>+</sup>
UNI	91.05% <sup>+</sup>	126,643	77.29% <sup>+</sup>
UPP	95.16% <sup>+</sup>	28,044	79.60% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>	<b>89.13%<sup>+</sup></b>		<b>76.80%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>	<b>89.52%</b>		<b>76.43%</b>
<b>HEDIS MY 2021 MWA</b>	<b>89.55%</b>		<b>78.58%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.*

Table A-13—MHP and MWA Results for Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) (Table 1 of 2)

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
AET	445	65.39%	429	39.16%	66
BCC	3,293	69.57%	2,929	39.13%	12
HCS	283	75.97% <sup>+</sup>	326	38.34%	48
MCL	2,650	74.60% <sup>+</sup>	2,347	41.29%	3
MER	6,270	68.58%	5,134	39.09%	89
MOL	4,987	61.96%	3,531	38.54%	107
PRI	1,978	79.32% <sup>+</sup>	1,702	54.17% <sup>+</sup>	33
UNI	3,051	64.63%	2,696	35.68%	50
UPP	487	82.34% <sup>+</sup>	372	48.92% <sup>+</sup>	14
<b>HEDIS MY 2023 MWA</b>		<b>68.70%</b>		<b>40.29%</b>	
<b>HEDIS MY 2022 MWA</b>		<b>66.30%</b>		<b>40.61%</b>	
<b>HEDIS MY 2021 MWA</b>		<b>64.93%</b>		<b>45.77%</b>	

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

Table A-14—MHP and MWA Results for Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) (Table 2 of 2)

Plan	Ages 65 Years and Older—Rate	Total—Eligible Population	Total—Rate
AET	18.18%	940	50.11%
BCC	NA	6,234	55.26%
HCS	22.92%	657	53.42%
MCL	NA	5,000	58.98%
MER	40.45% <sup>+</sup>	11,493	55.19%
MOL	23.36%	8,625	51.90%
PRI	66.67% <sup>+</sup>	3,713	67.68% <sup>+</sup>
UNI	32.00%	5,797	50.89%
UPP	NA	873	67.47% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>	<b>32.94%</b>		<b>55.59%</b>
<b>HEDIS MY 2022 MWA</b>	<b>32.23%</b>		<b>54.40%</b>
<b>HEDIS MY 2021 MWA</b>	<b>40.94%</b>		<b>51.78%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-15—MHP and MWA Results for Appropriate Testing for Pharyngitis (CWP) (Table 1 of 2)

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	Age 65 Years and Older—Eligible Population
AET	1,088	73.81%	1,032	61.05%	59
BCC	10,183	78.58% <sup>+</sup>	8,258	64.48% <sup>+</sup>	17
HCS	587	73.25%	852	66.08% <sup>+</sup>	48
MCL	11,234	82.08% <sup>+</sup>	6,346	71.26% <sup>+</sup>	6
MER	28,230	80.92% <sup>+</sup>	13,703	68.30% <sup>+</sup>	75
MOL	18,621	72.73%	9,570	62.19%	83
PRI	7,483	85.85% <sup>+</sup>	4,191	76.35% <sup>+</sup>	33
UNI	13,248	73.70%	7,917	55.32%	63
UPP	1,875	89.28% <sup>+</sup>	945	82.75% <sup>+</sup>	2
<b>HEDIS MY 2023 MWA</b>		<b>78.56%<sup>+</sup></b>		<b>65.73%<sup>+</sup></b>	
<b>HEDIS MY 2022 MWA</b>		<b>69.83%</b>		<b>54.43%</b>	
<b>HEDIS MY 2021 MWA</b>		<b>69.04%</b>		<b>53.55%</b>	

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.



Table A-16—MHP and MWA Results for Appropriate Testing for Pharyngitis (CWP) (Table 2 of 2)

Plan	Age 65 Years and Older—Rate	Total—Eligible Population	Total—Rate
AET	20.34%	2,179	66.31%
BCC	NA	18,458	72.22%
HCS	NA	1,464	68.85%
MCL	NA	17,586	78.15% <sup>+</sup>
MER	25.33% <sup>+</sup>	42,008	76.71% <sup>+</sup>
MOL	26.51% <sup>+</sup>	28,274	69.03%
PRI	NA	11,684	82.42% <sup>+</sup>
UNI	23.81%	21,228	66.70%
UPP	NA	2,822	87.07% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>	<b>27.94%<sup>+</sup></b>		<b>73.79%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>	<b>22.51%</b>		<b>62.63%</b>
<b>HEDIS MY 2021 MWA</b>	<b>14.78%</b>		<b>60.58%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-17—MHP and MWA Results for Appropriate Treatment for Upper Respiratory Infection (URI)

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	3,195	90.36%	1,661	77.54%	128	61.72%	4,984	85.35%
BCC	22,896	90.97%	12,098	76.28%	49	81.63% <sup>+</sup>	35,043	85.88%
HCS	1,924	90.90%	1,227	79.22%	97	61.86%	3,248	85.62%
MCL	17,358	90.10%	8,623	80.05%	12	NA	25,993	86.75%
MER	43,172	91.01%	18,645	78.18%	232	67.67%	62,049	87.07%
MOL	34,353	88.53%	12,972	76.77%	282	64.54%	47,607	85.18%
PRI	17,219	94.37% <sup>+</sup>	7,588	87.08% <sup>+</sup>	81	87.65% <sup>+</sup>	24,888	92.13% <sup>+</sup>
UNI	25,285	90.49%	10,766	73.91%	173	61.85%	36,224	85.42%
UPP	3,101	92.55%	1,591	86.80% <sup>+</sup>	37	75.68% <sup>+</sup>	4,729	90.48%
<b>HEDIS MY 2023 MWA</b>		<b>90.69%</b>		<b>78.32%</b>		<b>67.09%</b>		<b>86.78%</b>
<b>HEDIS MY 2022 MWA</b>		<b>92.48%</b>		<b>81.42%</b>		<b>70.18%</b>		<b>88.99%</b>
<b>HEDIS MY 2021 MWA</b>		<b>94.11%</b>		<b>82.21%</b>		<b>75.51%</b>		<b>89.59%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-18—MHP and MWA Results for Weight Assessment and Counseling  
for Nutrition and Physical Activity for Children/Adolescents (WCC)**

Plan	Body Mass Index (BMI) Percentile— Total—Eligible Population	Body Mass Index (BMI) Percentile— Total—Rate	Counseling for Nutrition— Total—Eligible Population	Counseling for Nutrition— Total—Rate	Counseling for Physical Activity— Total—Eligible Population	Counseling for Physical Activity— Total—Rate
AET	7,886	85.40% <sup>+</sup>	7,886	76.40% <sup>+</sup>	7,886	76.64% <sup>+</sup>
BCC	56,109	86.20% <sup>+</sup>	56,109	78.91% <sup>+</sup>	56,109	77.86% <sup>+</sup>
HCS	3,204	88.85% <sup>+</sup>	3,204	83.93% <sup>+</sup>	3,204	79.34% <sup>+</sup>
MCL	51,158	71.85%	51,158	65.68%	51,158	64.20%
MER	125,019	84.43% <sup>+</sup>	125,019	73.72% <sup>+</sup>	125,019	72.02% <sup>+</sup>
MOL	88,425	84.44% <sup>+</sup>	88,425	74.17% <sup>+</sup>	88,425	72.50% <sup>+</sup>
PRI	52,713	89.78% <sup>+</sup>	52,713	82.00% <sup>+</sup>	52,713	80.05% <sup>+</sup>
UNI	60,751	90.75% <sup>+</sup>	60,751	71.78% <sup>+</sup>	60,751	71.05% <sup>+</sup>
UPP	11,541	92.94% <sup>+</sup>	11,541	74.21% <sup>+</sup>	11,541	72.51% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>84.96%<sup>+</sup></b>		<b>74.37%<sup>+</sup></b>		<b>72.90%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>80.54%</b>		<b>70.88%</b>		<b>69.40%</b>
<b>HEDIS MY 2021 MWA</b>		<b>76.87%</b>		<b>70.12%</b>		<b>68.90%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

## Pregnancy Care Performance Measure Results

**Table A-19—MHP and MWA Results for Prenatal and Postpartum Care<sup>1</sup> (PPC)**

Plan	Timeliness of Prenatal Care—Eligible Population	Timeliness of Prenatal Care—Rate	Postpartum Care—Eligible Population	Postpartum Care—Rate
AET	744	72.75%	744	65.21%
BCC	5,063	88.16% <sup>+</sup>	5,063	81.62% <sup>+</sup>
HCS	592	76.11%	592	65.00%
MCL	3,872	78.36%	3,872	77.78%
MER	8,271	83.21%	8,271	76.16%
MOL	5,968	84.50% <sup>+</sup>	5,968	73.39%
PRI	3,954	85.40% <sup>+</sup>	3,954	77.86%
UNI	4,074	83.45%	4,074	71.78%
UPP	744	94.16% <sup>+</sup>	744	87.35% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>83.81%</b>		<b>76.15%</b>
<b>HEDIS MY 2022 MWA</b>		<b>78.45%</b>		<b>75.33%</b>
<b>HEDIS MY 2021 MWA</b>		<b>79.45%</b>		<b>73.36%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

## Living With Illness Performance Measure Results

**Table A-20—MHP and MWA Results for HbA1c Control for Patients With Diabetes (HBD)**

Plan	HbA1c Control (<8.0%)—Eligible Population	HbA1c Control (<8.0%)—Rate	HbA1c Poor Control (>9.0%)—Eligible Population	HbA1c Poor Control (>9.0%)—Rate*
AET	3,615	61.80% <sup>+</sup>	3,615	29.93% <sup>+</sup>
BCC	15,859	58.92% <sup>+</sup>	15,859	35.21% <sup>+</sup>
HCS	2,609	60.25% <sup>+</sup>	2,609	32.35% <sup>+</sup>
MCL	11,868	49.39%	11,868	42.58%
MER	25,567	60.34% <sup>+</sup>	25,567	30.17% <sup>+</sup>
MOL	20,001	56.93% <sup>+</sup>	20,001	37.47% <sup>+</sup>
PRI	10,651	63.26% <sup>+</sup>	10,651	28.22% <sup>+</sup>
UNI	14,994	62.29% <sup>+</sup>	14,994	27.98% <sup>+</sup>
UPP	2,711	66.18% <sup>+</sup>	2,711	25.06% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>59.05%<sup>+</sup></b>		<b>33.05%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>53.53%</b>		<b>39.01%</b>
<b>HEDIS MY 2021 MWA</b>		<b>48.26%</b>		<b>43.04%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

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

**Table A-21—MHP and MWA Results for  
Eye Exam for Patients With Diabetes (EED)<sup>1</sup>**

Plan	Eye Exam for Patients With Diabetes— Eligible Population	Eye Exam for Patients With Diabetes—Rate
AET	3,615	60.83% <sup>+</sup>
BCC	15,859	56.97% <sup>+</sup>
HCS	2,609	53.33% <sup>+</sup>
MCL	11,868	56.93% <sup>+</sup>
MER	25,567	61.31% <sup>+</sup>
MOL	20,001	53.53% <sup>+</sup>
PRI	10,651	62.04% <sup>+</sup>
UNI	14,994	52.55% <sup>+</sup>
UPP	2,711	57.18% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>57.29%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>54.81%</b>
<b>HEDIS MY 2021 MWA</b>		<b>54.56%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.*

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

**Table A-22—MHP and MWA Results for Blood Pressure Control  
for Patient With Diabetes (BPD)**

Plan	Blood Pressure Control for Patients With Diabetes— Eligible Population	Blood Pressure Control for Patients With Diabetes— Rate
AET	3,615	62.77%
BCC	15,859	65.77% <sup>+</sup>
HCS	2,609	66.17% <sup>+</sup>
MCL	11,868	62.53%
MER	25,567	73.24% <sup>+</sup>
MOL	20,001	69.59% <sup>+</sup>
PRI	10,651	77.37% <sup>+</sup>
UNI	14,994	73.48% <sup>+</sup>
UPP	2,711	84.67% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>70.49%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>66.93%</b>
<b>HEDIS MY 2021 MWA</b>		<b>59.61%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.*

Table A-23—MHP and MWA Results for Kidney Health Evaluation for People With Diabetes (KED)

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	2,712	29.35%	612	34.97%	221	33.03%	3,545	30.55%
BCC	15,382	36.39% <sup>+</sup>	187	41.71% <sup>+</sup>	73	35.62%	15,642	36.45% <sup>+</sup>
HCS	2,022	38.72% <sup>+</sup>	458	42.58% <sup>+</sup>	200	38.50% <sup>+</sup>	2,680	39.37% <sup>+</sup>
MCL	11,596	35.76% <sup>+</sup>	62	43.55% <sup>+</sup>	19	NA	11,677	35.81% <sup>+</sup>
MER	23,431	40.25% <sup>+</sup>	1,623	37.58% <sup>+</sup>	411	34.79%	25,465	39.99% <sup>+</sup>
MOL	17,937	36.57% <sup>+</sup>	1,362	35.76%	456	34.21%	19,755	36.46% <sup>+</sup>
PRI	9,817	39.33% <sup>+</sup>	591	41.12% <sup>+</sup>	181	46.41% <sup>+</sup>	10,589	39.55% <sup>+</sup>
UNI	13,908	41.46% <sup>+</sup>	804	50.25% <sup>+</sup>	243	51.85% <sup>+</sup>	14,955	42.10% <sup>+</sup>
UPP	2,350	37.83% <sup>+</sup>	288	39.93% <sup>+</sup>	86	43.02% <sup>+</sup>	2,724	38.22% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>38.15%<sup>+</sup></b>		<b>39.64%<sup>+</sup></b>		<b>38.57%<sup>+</sup></b>		<b>38.24%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>35.09%</b>		<b>36.52%</b>		<b>34.44%</b>		<b>35.16%</b>
<b>HEDIS MY 2021 MWA</b>		<b>30.62%</b>		<b>29.92%</b>		<b>30.27%</b>		<b>30.57%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-24—MHP and MWA Results for Asthma Medication Ratio (AMR)**

Plan	Total—Eligible Population	Total—Rate
AET	634	51.26%
BCC	4,385	50.42%
HCS	333	55.56%
MCL	4,398	49.55%
MER	7,221	61.18%
MOL	5,126	57.57%
PRI	3,490	64.64%
UNI	3,805	63.47%
UPP	965	62.28%
<b>HEDIS MY 2023 MWA</b>		<b>57.78%</b>
<b>HEDIS MY 2022 MWA</b>		<b>57.73%</b>
<b>HEDIS MY 2021 MWA</b>		<b>56.36%</b>

Table A-25—MHP and MWA Results for Controlling High Blood Pressure (CBP)

Plan	Controlling High Blood Pressure— Eligible Population	Controlling High Blood Pressure— Rate
AET	5,457	59.12%
BCC	22,569	64.34% <sup>+</sup>
HCS	3,985	65.72% <sup>+</sup>
MCL	17,086	52.80%
MER	37,791	62.04% <sup>+</sup>
MOL	29,282	61.72% <sup>+</sup>
PRI	15,596	69.10% <sup>+</sup>
UNI	20,825	71.78% <sup>+</sup>
UPP	4,025	78.10% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>63.71%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>62.07%</b>
<b>HEDIS MY 2021 MWA</b>		<b>56.14%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

**Table A-26—MHP and MWA Results for Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**

Plan	Persistence of Beta-Blocker Treatment After a Heart Attack—Eligible Population	Persistence of Beta-Blocker Treatment After a Heart Attack—Rate
AET	15	NA
BCC	101	57.43%
HCS	23	NA
MCL	82	63.41%
MER	140	72.14%
MOL	101	60.40%
PRI	62	74.19%
UNI	72	61.11%
UPP	15	NA
<b>HEDIS MY 2023 MWA</b>		<b>64.65%</b>
<b>HEDIS MY 2022 MWA</b>		<b>86.94%</b>
<b>HEDIS MY 2021 MWA</b>		<b>88.18%</b>

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

Table A-27—MHP and MWA Results for Cardiac Rehabilitation (CRE) (Table 1 of 4)

Plan	Achievement— Ages 18 to 64 Years—Eligible Population	Achievement— Ages 18 to 64 Years—Rate	Achievement— Ages 65 Years and Older—Eligible Population	Achievement— Ages 65 Years and Older—Rate	Achievement— Total—Eligible Population	Achievement— Total—Rate
AET	129	4.65% <sup>+</sup>	26	NA	155	7.10% <sup>+</sup>
BCC	663	4.52% <sup>+</sup>	5	NA	668	4.49% <sup>+</sup>
HCS	93	0.00%	20	NA	113	0.88%
MCL	601	1.50% <sup>+</sup>	1	NA	602	1.50% <sup>+</sup>
MER	1,090	1.56% <sup>+</sup>	71	2.82% <sup>+</sup>	1,161	1.64% <sup>+</sup>
MOL	787	0.13%	45	0.00%	832	0.12%
PRI	421	2.14% <sup>+</sup>	16	NA	437	2.06% <sup>+</sup>
UNI	569	0.88%	32	6.25% <sup>+</sup>	601	1.16%
UPP	112	1.79% <sup>+</sup>	13	NA	125	4.00% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>1.77%<sup>+</sup></b>		<b>5.68%<sup>+</sup></b>		<b>1.96%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>3.52%</b>		<b>9.89%</b>		<b>3.78%</b>
<b>HEDIS MY 2021 MWA</b>		<b>3.10%</b>		<b>5.95%</b>		<b>3.22%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-28—MHP and MWA Results for Cardiac Rehabilitation (CRE) (Table 2 of 4)

Plan	Engagement 1— Ages 18 to 64 Years—Eligible Population	Engagement 1— Ages 18 to 64 Years—Rate	Engagement 1— Ages 65 Years and Older—Eligible Population	Engagement 1— Ages 65 Years and Older—Rate	Engagement 1— Total—Eligible Population	Engagement 1— Total—Rate	Engagement 2— Ages 18 to 64 Years—Eligible Population
AET	129	5.43% <sup>+</sup>	26	NA	155	7.10% <sup>+</sup>	129
BCC	663	7.09% <sup>+</sup>	5	NA	668	7.19% <sup>+</sup>	663
HCS	93	5.38% <sup>+</sup>	20	NA	113	5.31% <sup>+</sup>	93
MCL	601	7.99% <sup>+</sup>	1	NA	602	7.97% <sup>+</sup>	601
MER	1,090	6.24% <sup>+</sup>	71	11.27% <sup>+</sup>	1,161	6.55% <sup>+</sup>	1,090
MOL	787	0.25%	45	2.22%	832	0.36%	787
PRI	421	8.08% <sup>+</sup>	16	NA	437	8.01% <sup>+</sup>	421
UNI	569	6.33% <sup>+</sup>	32	12.50% <sup>+</sup>	601	6.66% <sup>+</sup>	569
UPP	112	8.04% <sup>+</sup>	13	NA	125	11.20% <sup>+</sup>	112
<b>HEDIS MY 2023 MWA</b>		<b>5.73%<sup>+</sup></b>		<b>10.92%<sup>+</sup></b>		<b>5.99%<sup>+</sup></b>	
<b>HEDIS MY 2022 MWA</b>		<b>7.55%</b>		<b>13.74%</b>		<b>7.79%</b>	
<b>HEDIS MY 2021 MWA</b>		<b>5.72%</b>		<b>5.95%</b>		<b>5.73%</b>	

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-29—MHP and MWA Results for Cardiac Rehabilitation (CRE) (Table 3 of 4)

Plan	Engagement 2— Ages 18 to 64 Years—Rate	Engagement 2— Ages 65 Years and Older—Eligible Population	Engagement 2— Ages 65 Years and Older—Rate	Engagement 2— Total—Eligible Population	Engagement 2— Total—Rate	Initiation— Ages 18 to 64 Years—Eligible Population	Initiation— Ages 18 to 64 Years—Rate
AET	6.20% <sup>+</sup>	26	NA	155	9.03% <sup>+</sup>	129	0.78%
BCC	6.03% <sup>+</sup>	5	NA	668	6.14% <sup>+</sup>	663	3.47% <sup>+</sup>
HCS	4.30% <sup>+</sup>	20	NA	113	4.42% <sup>+</sup>	93	3.23% <sup>+</sup>
MCL	5.16% <sup>+</sup>	1	NA	602	5.15% <sup>+</sup>	601	6.99% <sup>+</sup>
MER	4.40% <sup>+</sup>	71	8.45% <sup>+</sup>	1,161	4.65% <sup>+</sup>	1,090	4.86% <sup>+</sup>
MOL	0.13%	45	0.00%	832	0.12%	787	2.41%
PRI	5.94% <sup>+</sup>	16	NA	437	6.18% <sup>+</sup>	421	5.46% <sup>+</sup>
UNI	4.39% <sup>+</sup>	32	9.38% <sup>+</sup>	601	4.66% <sup>+</sup>	569	4.22% <sup>+</sup>
UPP	6.25% <sup>+</sup>	—	NA	125	9.60% <sup>+</sup>	112	12.50% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>	<b>4.23%<sup>+</sup></b>		<b>10.48%<sup>+</sup></b>		<b>4.54%<sup>+</sup></b>		<b>4.52%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>	<b>6.33%</b>		<b>13.74%</b>		<b>6.62%</b>		<b>5.48%</b>
<b>HEDIS MY 2021 MWA</b>	<b>4.47%</b>		<b>6.75%</b>		<b>4.56%</b>		<b>4.98%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-30—MHP and MWA Results for Cardiac Rehabilitation (CRE) (Table 4 of 4)

Plan	Initiation— Ages 65 Years and Older—Eligible Population	Initiation— Ages 65 Years and Older—Rate	Initiation— Total—Eligible Population	Initiation— Total—Rate
AET	26	NA	155	1.94%
BCC	5	NA	668	3.44% <sup>+</sup>
HCS	20	NA	113	2.65%
MCL	1	NA	602	6.98% <sup>+</sup>
MER	71	8.45% <sup>+</sup>	1,161	5.08% <sup>+</sup>
MOL	45	4.44% <sup>+</sup>	832	2.52%
PRI	16	NA	437	5.26% <sup>+</sup>
UNI	32	6.25% <sup>+</sup>	601	4.33% <sup>+</sup>
UPP	13	NA	125	13.60% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>6.55%<sup>+</sup></b>		<b>4.62%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>3.30%</b>		<b>5.39%</b>
<b>HEDIS MY 2021 MWA</b>		<b>3.57%</b>		<b>4.92%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-31—MHP and MWA Results for Antidepressant Medication Management (AMM)<sup>1</sup>

Plan	Effective Acute Phase Treatment—Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Eligible Population	Effective Continuation Phase Treatment—Rate
AET	208	62.50% <sup>+</sup>	208	49.52% <sup>+</sup>
BCC	5,683	68.20% <sup>+</sup>	5,683	52.30% <sup>+</sup>
HCS	623	77.85% <sup>+</sup>	623	64.53% <sup>+</sup>
MCL	5,249	71.37% <sup>+</sup>	5,249	54.07% <sup>+</sup>
MER	17,314	78.14% <sup>+</sup>	17,314	64.94% <sup>+</sup>
MOL	4,805	65.87% <sup>+</sup>	4,805	48.16% <sup>+</sup>
PRI	4,487	70.45% <sup>+</sup>	4,487	52.75% <sup>+</sup>
UNI	4,347	65.13% <sup>+</sup>	4,347	47.07% <sup>+</sup>
UPP	1,162	74.78% <sup>+</sup>	1,162	56.45% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>72.46%<sup>+</sup></b>		<b>56.84%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>70.03%</b>		<b>56.56%</b>
<b>HEDIS MY 2021 MWA</b>		<b>65.68%</b>		<b>49.31%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.



**Table A-32—MHP and MWA Results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**

Plan	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications —Eligible Population	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications —Rate
AET	809	81.71% <sup>+</sup>
BCC	3,166	83.51% <sup>+</sup>
HCS	754	82.36% <sup>+</sup>
MCL	4,660	80.34% <sup>+</sup>
MER	6,702	82.72% <sup>+</sup>
MOL	4,269	84.45% <sup>+</sup>
PRI	3,273	80.63% <sup>+</sup>
UNI	2,757	85.46% <sup>+</sup>
UPP	927	87.27% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>82.82%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>81.45%</b>
<b>HEDIS MY 2021 MWA</b>		<b>80.95%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.*

**Table A-33—MHP and MWA Results for Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)**

Plan	Diabetes Monitoring for People With Diabetes and Schizophrenia —Eligible Population	Diabetes Monitoring for People With Diabetes and Schizophrenia —Rate
AET	143	74.13% <sup>+</sup>
BCC	240	70.42% <sup>+</sup>
HCS	119	68.07%
MCL	290	70.69% <sup>+</sup>
MER	587	70.36% <sup>+</sup>
MOL	663	68.02%
PRI	284	73.24% <sup>+</sup>
UNI	314	71.02% <sup>+</sup>
UPP	99	75.76% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>70.50%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>66.84%</b>
<b>HEDIS MY 2021 MWA</b>		<b>65.67%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.*

**Table A-34—MHP and MWA Results for Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)**

Plan	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia—Eligible Population	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia—Rate
AET	14	NA
BCC	32	59.38%
HCS	10	NA
MCL	41	73.17%
MER	71	80.28% <sup>+</sup>
MOL	97	76.29%
PRI	34	73.53%
UNI	48	75.00%
UPP	9	NA
<b>HEDIS MY 2023 MWA</b>		<b>74.72%</b>
<b>HEDIS MY 2022 MWA</b>		<b>70.31%</b>
<b>HEDIS MY 2021 MWA</b>		<b>66.39%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 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-35—MHP and MWA Results for Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)**

Plan	Adherence to Antipsychotic Medications for Individuals With Schizophrenia—Eligible Population	Adherence to Antipsychotic Medications for Individuals With Schizophrenia—Rate
AET	627	69.38% <sup>+</sup>
BCC	1,051	59.37%
HCS	498	63.25% <sup>+</sup>
MCL	1,636	66.81% <sup>+</sup>
MER	2,326	66.08% <sup>+</sup>
MOL	2,275	66.15% <sup>+</sup>
PRI	1,404	64.46% <sup>+</sup>
UNI	1,215	64.20% <sup>+</sup>
UPP	392	82.65% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>		<b>65.81%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>		<b>64.33%</b>
<b>HEDIS MY 2021 MWA</b>		<b>65.80%</b>

*Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.*

Table A-36—MHP and MWA Results for Diagnosed Mental Health Disorders (DMH) (Table 1 of 2)

Plan	Ages 1 to 17 Years —Eligible Population	Ages 1 to 17 Years —Rate	Ages 18 to 64 Years —Eligible Population	Ages 18 to 64 Years —Rate	Ages 65 Years and Older —Eligible Population
AET	14,052	19.01%	28,051	30.07%	3,584
BCC	90,434	23.14% <sup>+</sup>	165,483	32.90% <sup>+</sup>	1,233
HCS	7,723	16.99%	23,431	26.61%	2,677
MCL	78,952	28.43% <sup>+</sup>	132,154	38.45% <sup>+</sup>	577
MER	189,309	27.02% <sup>+</sup>	266,257	37.98% <sup>+</sup>	8,560
MOL	132,758	18.19%	179,756	30.92% <sup>+</sup>	6,695
PRI	83,060	22.85% <sup>+</sup>	119,592	36.87% <sup>+</sup>	3,227
UNI	NR	NR	NR	NR	NR
UPP	16,922	27.90% <sup>+</sup>	28,895	45.12% <sup>+</sup>	2,030
<b>HEDIS MY 2023 MWA</b>		<b>23.87%<sup>+</sup></b>		<b>35.37%<sup>+</sup></b>	
<b>HEDIS MY 2022 MWA</b>		<b>21.17%</b>		<b>32.84%</b>	

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

— is indicated for all columns in this table due to the MHP not reporting the required measure indicator rates or the MHP's reported rates were invalid.

NR indicates that the MHP chose not to report the required measure indicator rate or the MHP's reported rate was invalid.

Table A-37—MHP and MWA Results for Diagnosed Mental Health Disorders (DMH) (Table 2 of 2)

Plan	Ages 65 Years and Older—Rate	Total—Eligible Population	Total—Rate
AET	38.23% <sup>+</sup>	45,687	27.31% <sup>+</sup>
BCC	18.17%	257,150	29.39% <sup>+</sup>
HCS	36.20% <sup>+</sup>	33,831	25.18%
MCL	26.17%	211,683	34.68% <sup>+</sup>
MER	35.91% <sup>+</sup>	464,126	33.47% <sup>+</sup>
MOL	37.71% <sup>+</sup>	319,209	25.77%
PRI	36.07% <sup>+</sup>	205,879	31.20% <sup>+</sup>
UNI	NR	NR	NR
UPP	53.20% <sup>+</sup>	47,847	39.37% <sup>+</sup>
<b>HEDIS MY 2023 MWA</b>	<b>36.93%<sup>+</sup></b>		<b>30.95%<sup>+</sup></b>
<b>HEDIS MY 2022 MWA</b>	<b>37.34%</b>		<b>28.56%</b>

Yellow shading with one cross (+) indicates the HEDIS MY 2023 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2022 MWA national Medicaid 50th percentile.

NR indicates that the MHP chose not to report the required measure indicator rate or the MHP's reported rate was invalid.

## 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 2021, HEDIS MY 2022, and HEDIS MY 2023 rates are presented as well as the HEDIS MY 2022 to HEDIS MY 2023 rate comparison and the HEDIS MY 2023 Performance Level. HEDIS MY 2022 and HEDIS MY 2023 rates were compared based on a Chi-square test of statistical significance with a  $p$  value  $<0.05$ . Values in the MY 2022–MY 2023 Comparison column that are shaded green with one cross (+) indicate significant improvement from the previous year. Values in the MY 2022–MY 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	45.74%	45.01%	48.91%	+3.89	★
Combination 7	35.28%	37.47%	36.98%	-0.49	★
Combination 10	18.00%	16.55%	13.87%	-2.68	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	41.30%	46.55%	49.72%	+3.17	★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	41.89%	52.30%	50.85%	-1.45	★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	52.31%	42.58%	50.70%	+8.12 <sup>+</sup>	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	52.37%	52.67%	54.61%	+1.94 <sup>+</sup>	★★
Ages 12 to 17 Years	44.76%	43.72%	44.81%	+1.09	★★
Ages 18 to 21 Years	24.29%	24.46%	26.37%	+1.91	★★★
Total	44.00%	44.17%	46.57%	+2.41 <sup>+</sup>	★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	69.10%	70.80%	77.86%	+7.06 <sup>+</sup>	★★
Combination 2 (Meningococcal, Tdap, HPV)	29.20%	24.57%	28.71%	+4.14	★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	38.24%	42.86%	41.30%	-1.55	★★
Continuation and Maintenance Phase	NA	NA	NA	NC	NC
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	65.21%	65.99%	68.53%	+2.54	★★★★★
Ages 21 to 24 Years	65.67%	67.43%	70.10%	+2.67	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Total	65.46%	66.78%	69.35%	+2.57	★★★★★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	46.47%	47.69%	44.16%	-3.53	★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	46.64%	47.53%	49.59%	+2.05	★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	66.48%	64.22%	66.87%	+2.65 <sup>+</sup>	★★
Ages 45 to 64 Years	78.54%	77.24%	79.82%	+2.58 <sup>+</sup>	★★
Ages 65 Years and Older	89.64%	89.13%	89.72%	+0.59	★★★★★
Total	72.49%	70.34%	73.56%	+3.22 <sup>+</sup>	★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	68.24%	75.41%	65.39%	-10.02 <sup>++</sup>	★★
Ages 18 to 64 Years	52.86%	43.19%	39.16%	-4.03	★
Ages 65 Years and Older	NA	12.50%	18.18%	+5.68	★
Total	54.87%	57.11%	50.11%	-7.00 <sup>++</sup>	★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	63.11%	61.97%	73.81%	+11.83 <sup>+</sup>	★★
Ages 18 to 64 Years	50.94%	51.99%	61.05%	+9.06 <sup>+</sup>	★★
Ages 65 Years and Older	NA	NA	20.34%	NC	★★
Total	53.84%	55.61%	66.31%	+10.70 <sup>+</sup>	★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	94.63%	92.53%	90.36%	-2.17 <sup>++</sup>	★
Ages 18 to 64 Years	84.80%	81.81%	77.54%	-4.27 <sup>++</sup>	★★
Ages 65 Years and Older	73.81%	64.56%	61.72%	-2.84	★
Total	90.39%	88.55%	85.35%	-3.19 <sup>++</sup>	★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
Body Mass Index (BMI) Percentile—Total	82.97%	82.00%	85.40%	+3.41	★★★★★
Counseling for Nutrition—Total	73.48%	73.97%	76.40%	+2.43	★★★
Counseling for Physical Activity—Total	71.78%	70.56%	76.64%	+6.08 <sup>+</sup>	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	70.07%	64.48%	72.75%	+8.27 <sup>+</sup>	★
Postpartum Care	58.64%	61.80%	65.21%	+3.41	★
<b>Living With Illness</b>					
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>					
HbA1c Control (<8.0%)	50.12%	52.55%	61.80%	+9.25 <sup>+</sup>	★★★★★
HbA1c Poor Control (>9.0%)*	41.36%	37.96%	29.93%	-8.03 <sup>+</sup>	★★★★★
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>					
Blood Pressure Control for Patients With Diabetes	51.34%	59.12%	62.77%	+3.65	★★
<b>Eye Exam for Patients With Diabetes (EED)<sup>4</sup></b>					
Eye Exam for Patients With Diabetes	51.58%	54.26%	60.83%	+6.57	★★★★★
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>					
Ages 18 to 64 Years	20.01%	23.13%	29.35%	+6.22 <sup>+</sup>	★★
Ages 65 to 74 Years	23.71%	28.85%	34.97%	+6.12 <sup>+</sup>	★★
Ages 75 to 85 Years	23.35%	25.00%	33.03%	+8.03	★★
Total	20.82%	24.11%	30.55%	+6.44 <sup>+</sup>	★★
<b>Asthma Medication Ratio (AMR)</b>					
Total	50.15%	52.77%	51.26%	-1.50	★
<b>Controlling High Blood Pressure (CBP)</b>					
Controlling High Blood Pressure	60.10%	57.91%	59.12%	+1.22	★★
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>					
Persistence of Beta-Blocker Treatment After a Heart Attack	88.89%	79.69%	NA	NC	NC
<b>Cardiac Rehabilitation (CRE)</b>					
Initiation—Ages 18 to 64 Years	2.03%	3.25%	0.78%	-2.47	★
Initiation—Ages 65 Years and Older	NA	NA	NA	NC	NC
Initiation—Total	2.65%	3.35%	1.94%	-1.42	★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Engagement 1—Ages 18 to 64 Years	2.54%	2.60%	5.43%	+2.83	★★★
Engagement 1—Ages 65 Years and Older	NA	NA	NA	NC	NC
Engagement 1—Total	3.10%	3.91%	7.10%	+3.19	★★★★★
Engagement 2—Ages 18 to 64 Years	2.03%	1.95%	6.20%	+4.25	★★★★★
Engagement 2—Ages 65 Years and Older	NA	NA	NA	NC	NC
Engagement 2—Total	3.10%	2.79%	9.03%	+6.24 <sup>+</sup>	★★★★★
Achievement—Ages 18 to 64 Years	1.52%	1.30%	4.65%	+3.35	★★★★★
Achievement—Ages 65 Years and Older	NA	NA	NA	NC	NC
Achievement—Total	2.65%	2.23%	7.10%	+4.86 <sup>+</sup>	★★★★★
<b>Antidepressant Medication Management (AMM)<sup>4</sup></b>					
Effective Acute Phase Treatment	67.11%	69.48%	62.50%	-6.98	★★★
Effective Continuation Phase Treatment	51.11%	53.01%	49.52%	-3.49	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	77.48%	78.40%	81.71%	+3.31	★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
Diabetes Monitoring for People With Diabetes and Schizophrenia	55.97%	54.96%	74.13%	+19.16 <sup>+</sup>	★★★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	61.32%	62.95%	69.38%	+6.43 <sup>+</sup>	★★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	17.96%	19.01%	+1.05 <sup>+</sup>	★★
Ages 18 to 64 Years	—	27.53%	30.07%	+2.54 <sup>+</sup>	★★
Ages 65 Years and Older	—	37.31%	38.23%	+0.92	★★★★
Total	—	25.19%	27.31%	+2.12 <sup>+</sup>	★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	34.86%	3.70%	33.38%	+29.68	NC
Black or African American	53.11%	3.42%	51.51%	+48.08	NC
American Indian or Alaska Native	0.39%	0.02%	0.38%	+0.35	NC
Asian	0.99%	0.08%	1.40%	+1.32	NC
Native Hawaiian or Other Pacific Islander	0.09%	0.01%	0.08%	+0.07	NC
Some Other Race	0.00%	0.08%	7.07%	+6.99	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	0.83%	0.09%	3.74%	+3.65	NC
Unknown	3.99%	92.11%	6.19%	-85.92	NC
Declined	6.57%	0.57%	0.00%	-0.57	NC
<b>Language Diversity of Membership (LDM)</b>					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	96.60%	96.25%	96.48%	+0.22	NC
Other Language Needs—Non-English	1.10%	1.28%	1.32%	+0.04	NC
Other Language Needs—Unknown	2.30%	2.47%	2.20%	-0.27	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
Emergency Department Visits*	709.69	712.18	731.27	+19.09	★
Outpatient Visits	4,188.23	4,199.45	4,366.73	+167.28	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
Discharges—Total Inpatient—Total All Ages	98.78	84.57	92.99	+8.41	NC
Average Length of Stay—Total Inpatient—Total All Ages	5.59	6.14	6.23	+0.09	NC
Discharges—Maternity—Total All Ages	24.13	21.08	20.68	-0.40	NC
Average Length of Stay—Maternity—Total All Ages	2.42	2.44	2.61	+0.17	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Discharges—Surgery—Total All Ages	25.88	23.33	25.77	+2.44	NC
Average Length of Stay—Surgery—Total All Ages	9.16	9.51	9.95	+0.44	NC
Discharges—Medicine—Total All Ages	54.83	45.48	51.87	+6.40	NC
Average Length of Stay—Medicine—Total All Ages	4.94	5.70	5.45	-0.25	NC
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	15.63%	16.38%	16.17%	-0.21	★★★
Multiple Pharmacies	2.31%	3.26%	4.32%	+1.06	★
Multiple Prescribers and Multiple Pharmacies	1.78%	2.43%	3.02%	+0.59	★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	2.65%	2.81%	2.28%	-0.53	★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	9.59%	9.81%	9.13%	-0.68	★
At Least 31 Days Covered—Total	7.13%	7.14%	6.58%	-0.56	★
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	11.99%	13.85%	13.39%	-0.46	NC
Expected Readmissions—Total	10.74%	10.73%	10.73%	0.00	NC
O/E Ratio—Total	1.1158	1.2912	1.2484	-0.04	★

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2022–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2022–MY 2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup>Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 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 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	55.96%	57.91%	60.34%	+2.43	★★
Combination 7	48.18%	48.66%	51.09%	+2.43	★★
Combination 10	30.66%	26.28%	23.60%	-2.68	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	61.80%	67.72%	67.71%	-0.01	★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	62.98%	63.64%	67.86%	+4.22 <sup>+</sup>	★★★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	55.23%	53.28%	57.22%	+3.93	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	59.20%	59.79%	62.53%	+2.74 <sup>+</sup>	★★★
Ages 12 to 17 Years	49.83%	48.29%	51.35%	+3.06 <sup>+</sup>	★★★
Ages 18 to 21 Years	31.08%	29.30%	31.88%	+2.58 <sup>+</sup>	★★★★
Total	51.22%	50.85%	54.19%	+3.34 <sup>+</sup>	★★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	74.45%	74.42%	78.59%	+4.17	★★
Combination 2 (Meningococcal, Tdap, HPV)	32.12%	28.89%	33.82%	+4.93 <sup>+</sup>	★★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	43.94%	46.65%	51.49%	+4.84 <sup>+</sup>	★★★★
Continuation and Maintenance Phase	62.04%	61.86%	58.42%	-3.44	★★★
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	58.41%	60.81%	61.32%	+0.51	★★★★
Ages 21 to 24 Years	63.32%	65.78%	66.55%	+0.77	★★★★
Total	61.08%	63.55%	64.05%	+0.49	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	59.49%	60.30%	55.35%	-4.95 <sup>++</sup>	★★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	52.13%	53.17%	54.29%	+1.12	★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	76.86%	74.19%	74.46%	+0.27	★★★
Ages 45 to 64 Years	83.45%	81.71%	82.04%	+0.33	★★★
Ages 65 Years and Older	76.97%	76.10%	72.29%	-3.81 <sup>++</sup>	★
Total	79.06%	76.71%	77.02%	+0.31 <sup>+</sup>	★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	65.57%	64.35%	69.57%	+5.22 <sup>+</sup>	★★
Ages 18 to 64 Years	43.80%	37.99%	39.13%	+1.14	★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	49.46%	51.38%	55.26%	+3.88 <sup>+</sup>	★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	70.29%	66.77%	78.58%	+11.81 <sup>+</sup>	★★★
Ages 18 to 64 Years	50.67%	52.36%	64.48%	+12.13 <sup>+</sup>	★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	57.21%	58.60%	72.22%	+13.63 <sup>+</sup>	★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	94.71%	92.77%	90.97%	-1.80 <sup>++</sup>	★
Ages 18 to 64 Years	81.42%	79.72%	76.28%	-3.44 <sup>++</sup>	★★
Ages 65 Years and Older	NA	NA	81.63%	NC	★★★
Total	88.76%	88.11%	85.88%	-2.23 <sup>++</sup>	★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
Body Mass Index (BMI) Percentile—Total	83.07%	81.51%	86.20%	+4.69	★★★★
Counseling for Nutrition—Total	76.56%	75.00%	78.91%	+3.91	★★★★
Counseling for Physical Activity—Total	75.26%	72.92%	77.86%	+4.95	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care (PPC) <sup>4</sup></b>					
Timeliness of Prenatal Care	88.08%	86.86%	88.16%	+1.30	★★★
Postpartum Care	78.59%	76.40%	81.62%	+5.22	★★★
<b>Living With Illness</b>					
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>					
HbA1c Control (<8.0%)	50.85%	59.61%	58.92%	-0.69	★★★★
HbA1c Poor Control (>9.0%)*	37.96%	34.06%	35.21%	+1.14	★★★
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>					
Blood Pressure Control for Patients With Diabetes	59.37%	70.07%	65.77%	-4.30	★★★
<b>Eye Exam for Patients With Diabetes (EED) <sup>4</sup></b>					
Eye Exam for Patients With Diabetes	54.99%	54.01%	56.97%	+2.95	★★★
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>					
Ages 18 to 64 Years	28.07%	34.76%	36.39%	+1.63 <sup>+</sup>	★★★
Ages 65 to 74 Years	29.59%	40.39%	41.71%	+1.32	★★★
Ages 75 to 85 Years	25.53%	37.93%	35.62%	-2.31	★★
Total	28.08%	34.85%	36.45%	+1.60 <sup>+</sup>	★★★
<b>Asthma Medication Ratio (AMR)</b>					
Total	49.01%	49.04%	50.42%	+1.38	★
<b>Controlling High Blood Pressure (CBP)</b>					
Controlling High Blood Pressure	57.95%	58.81%	64.34%	+5.53	★★★
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>					
Persistence of Beta-Blocker Treatment After a Heart Attack	84.39%	82.63%	57.43%	-25.20 <sup>++</sup>	★
<b>Cardiac Rehabilitation (CRE)</b>					
Initiation—Ages 18 to 64 Years	2.98%	4.82%	3.47%	-1.35	★★★
Initiation—Ages 65 Years and Older	NA	NA	NA	NC	NC
Initiation—Total	2.96%	4.81%	3.44%	-1.36	★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Engagement 1—Ages 18 to 64 Years	5.82%	7.72%	7.09%	-0.63	★★★★
Engagement 1—Ages 65 Years and Older	NA	NA	NA	NC	NC
Engagement 1—Total	5.78%	7.85%	7.19%	-0.67	★★★★
Engagement 2—Ages 18 to 64 Years	4.87%	6.59%	6.03%	-0.56	★★★★
Engagement 2—Ages 65 Years and Older	NA	NA	NA	NC	NC
Engagement 2—Total	4.84%	6.73%	6.14%	-0.59	★★★★
Achievement—Ages 18 to 64 Years	2.98%	3.22%	4.52%	+1.31	★★★★★
Achievement—Ages 65 Years and Older	NA	NA	NA	NC	NC
Achievement—Total	2.96%	3.21%	4.49%	+1.29	★★★★★
<b>Antidepressant Medication Management (AMM) <sup>4</sup></b>					
Effective Acute Phase Treatment	68.44%	66.06%	68.20%	+2.15 <sup>+</sup>	★★★★
Effective Continuation Phase Treatment	52.44%	48.81%	52.30%	+3.49 <sup>+</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.37%	79.85%	83.51%	+3.66 <sup>+</sup>	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
Diabetes Monitoring for People With Diabetes and Schizophrenia	59.60%	63.51%	70.42%	+6.91	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	59.38%	NC	★



Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	57.08%	57.63%	59.37%	+1.74	★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	21.43%	23.14%	+1.72 <sup>+</sup>	★★★★
Ages 18 to 64 Years	—	31.35%	32.90%	+1.55 <sup>+</sup>	★★★★
Ages 65 Years and Older	—	18.56%	18.17%	-0.39	★
Total	—	27.90%	29.39%	+1.49 <sup>+</sup>	★★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	50.27%	51.82%	52.36%	+0.54	NC
Black or African American	34.93%	35.10%	34.39%	-0.72	NC
American Indian or Alaska Native	1.39%	1.28%	1.23%	-0.05	NC
Asian	1.72%	1.97%	2.43%	+0.46	NC
Native Hawaiian or Other Pacific Islander	2.94%	2.58%	2.30%	-0.27	NC
Some Other Race	0.00%	0.01%	0.00%	-0.01	NC
Two or More Races	0.03%	0.02%	0.03%	+0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	2.90%	6.07%	7.60%	+1.52	NC
Unknown	8.73%	7.20%	0.00%	-7.20	NC
Declined	0.00%	0.01%	7.25%	+7.24	NC
<b>Language Diversity of Membership (LDM)</b>					
Spoken Language Preferred for Health Care—English	98.33%	96.48%	96.05%	-0.43	NC
Spoken Language Preferred for Health Care—Non-English	1.66%	3.43%	3.86%	+0.43	NC
Spoken Language Preferred for Health Care—Unknown	0.01%	0.09%	0.10%	+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	98.33%	96.65%	96.24%	-0.41	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Language Preferred for Written Materials—Non-English	1.67%	3.28%	3.69%	+0.40	NC
Language Preferred for Written Materials—Unknown	0.01%	0.07%	0.07%	+0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.72%	98.46%	98.23%	-0.23	NC
Other Language Needs—Non-English	1.27%	1.53%	1.76%	+0.23	NC
Other Language Needs—Unknown	0.01%	0.01%	<0.01%	+0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
Emergency Department Visits*	542.29	550.05	552.88	+2.83	★★★★
Outpatient Visits	4,494.71	4,441.93	4,328.00	-113.93	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
Discharges—Total Inpatient—Total All Ages	82.28	70.93	66.06	-4.86	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.69	4.92	4.80	-0.12	NC
Discharges—Maternity—Total All Ages	27.22	23.94	23.37	-0.57	NC
Average Length of Stay—Maternity—Total All Ages	2.77	2.87	2.79	-0.07	NC
Discharges—Surgery—Total All Ages	18.15	17.35	16.05	-1.29	NC
Average Length of Stay—Surgery—Total All Ages	7.99	8.19	7.69	-0.50	NC
Discharges—Medicine—Total All Ages	42.85	34.83	31.75	-3.08	NC
Average Length of Stay—Medicine—Total All Ages	4.24	4.40	4.50	+0.09	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	17.63%	17.25%	17.14%	-0.11	★★★
Multiple Pharmacies	2.96%	2.42%	3.33%	+0.91 <sup>++</sup>	★★
Multiple Prescribers and Multiple Pharmacies	2.09%	1.63%	2.07%	+0.44 <sup>++</sup>	★★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	1.31%	0.80%	0.84%	+0.05	★★★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	8.14%	7.56%	7.40%	-0.15	★★
At Least 31 Days Covered—Total	5.78%	5.37%	5.09%	-0.28	★
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	9.98%	10.65%	11.55%	+0.89	NC
Expected Readmissions—Total	9.88%	10.25%	10.31%	+0.06	NC
O/E Ratio—Total	1.0096	1.0390	1.1200	+0.08	★

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2022–2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 Performance Levels represent the following percentile comparisons:



Table B-3—HCS Trend Table

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	37.89%	46.22%	50.46%	+4.24	★
Combination 7	29.64%	39.33%	41.31%	+1.98	★
Combination 10	15.46%	19.83%	17.39%	-2.45	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	36.06%	52.44%	54.92%	+2.48	★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	46.05%	47.35%	59.13%	+11.79 <sup>+</sup>	★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	44.59%	48.74%	55.97%	+7.23 <sup>+</sup>	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	45.80%	47.26%	51.14%	+3.88 <sup>+</sup>	★★
Ages 12 to 17 Years	34.35%	36.91%	37.01%	+0.10	★
Ages 18 to 21 Years	19.18%	22.12%	20.81%	-1.31	★★
Total	36.69%	38.98%	41.56%	+2.58 <sup>+</sup>	★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	60.55%	65.23%	69.28%	+4.05	★
Combination 2 (Meningococcal, Tdap, HPV)	18.81%	17.19%	22.87%	+5.68	★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	34.38%	28.13%	36.92%	+8.80	★
Continuation and Maintenance Phase	NA	NA	42.11%	NC	★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	55.87%	64.90%	62.96%	-1.94	★★★★
Ages 21 to 24 Years	60.48%	66.17%	65.08%	-1.09	★★★
Total	58.96%	65.78%	64.29%	-1.50	★★★★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	43.80%	56.45%	45.23%	-11.22 <sup>++</sup>	★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	56.20%	54.60%	55.11%	+0.51	★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	60.43%	61.17%	62.38%	+1.21 <sup>+</sup>	★
Ages 45 to 64 Years	74.95%	74.93%	75.57%	+0.64	★★
Ages 65 Years and Older	89.41%	90.91%	90.08%	-0.83	★★★★
Total	68.56%	68.50%	69.16%	+0.66	★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	71.05%	62.05%	75.97%	+13.92 <sup>+</sup>	★★★
Ages 18 to 64 Years	44.90%	38.86%	38.34%	-0.52	★
Ages 65 Years and Older	NA	23.33%	22.92%	-0.42	★
Total	50.98%	48.17%	53.42%	+5.26	★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	65.56%	63.32%	73.25%	+9.94 <sup>+</sup>	★★
Ages 18 to 64 Years	43.81%	55.82%	66.08%	+10.26 <sup>+</sup>	★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	48.25%	57.41%	68.85%	+11.45 <sup>+</sup>	★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	95.76%	92.49%	90.90%	-1.58	★
Ages 18 to 64 Years	81.39%	81.79%	79.22%	-2.57	★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Ages 65 Years and Older</i>	62.50%	68.92%	61.86%	-7.06	★
<i>Total</i>	88.07%	87.60%	85.62%	-1.98 <sup>++</sup>	★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
<i>Body Mass Index (BMI) Percentile—Total</i>	81.42%	85.67%	88.85%	+3.18	★★★★★
<i>Counseling for Nutrition—Total</i>	75.14%	78.96%	83.93%	+4.97	★★★★★
<i>Counseling for Physical Activity—Total</i>	73.50%	76.52%	79.34%	+2.82	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
<i>Timeliness of Prenatal Care</i>	75.88%	79.21%	76.11%	-3.10	★
<i>Postpartum Care</i>	64.57%	68.68%	65.00%	-3.68	★
<b>Living With Illness</b>					
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>					
<i>HbA1c Control (&lt;8.0%)</i>	44.28%	56.20%	60.25%	+4.04	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	50.12%	35.77%	32.35%	-3.42	★★★★★
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>					
<i>Blood Pressure Control for Patients With Diabetes</i>	53.28%	61.07%	66.17%	+5.10	★★★★
<b>Eye Exam for Patients With Diabetes (EED)<sup>4</sup></b>					
<i>Eye Exam for Patients With Diabetes</i>	49.88%	58.88%	53.33%	-5.55	★★★★
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>					
<i>Ages 18 to 64 Years</i>	31.20%	37.86%	38.72%	+0.86	★★★★
<i>Ages 65 to 74 Years</i>	33.55%	44.93%	42.58%	-2.36	★★★★
<i>Ages 75 to 85 Years</i>	32.35%	43.10%	38.50%	-4.60	★★★★
<i>Total</i>	31.83%	39.52%	39.37%	-0.16	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Asthma Medication Ratio (AMR)</b>					
<i>Total</i>	48.30%	52.03%	55.56%	+3.52	★
<b>Controlling High Blood Pressure (CBP)</b>					
<i>Controlling High Blood Pressure</i>	57.32%	62.53%	65.72%	+3.19	★★★★
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>					
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	81.82%	NA	NA	NC	NC
<b>Cardiac Rehabilitation (CRE)</b>					
<i>Initiation—Ages 18 to 64 Years</i>	1.80%	7.87%	3.23%	-4.64	★★★★
<i>Initiation—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Initiation—Total</i>	2.44%	8.08%	2.65%	-5.43	★★★
<i>Engagement 1—Ages 18 to 64 Years</i>	1.80%	6.74%	5.38%	-1.37	★★★★
<i>Engagement 1—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 1—Total</i>	2.44%	6.06%	5.31%	-0.75	★★★★
<i>Engagement 2—Ages 18 to 64 Years</i>	1.80%	2.25%	4.30%	+2.05	★★★★
<i>Engagement 2—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 2—Total</i>	3.25%	3.03%	4.42%	+1.39	★★★★
<i>Achievement—Ages 18 to 64 Years</i>	0.90%	1.12%	0.00%	-1.12	★
<i>Achievement—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Achievement—Total</i>	2.44%	1.01%	0.88%	-0.13	★★★
<b>Antidepressant Medication Management (AMM)<sup>4</sup></b>					
<i>Effective Acute Phase Treatment</i>	77.32%	78.79%	77.85%	-0.94	★★★★★
<i>Effective Continuation Phase Treatment</i>	63.41%	67.27%	64.53%	-2.75	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	76.61%	82.16%	82.36%	+0.20	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
Diabetes Monitoring for People With Diabetes and Schizophrenia	64.86%	64.20%	68.07%	+3.87	★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.44%	61.30%	63.25%	+1.95	★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	12.95%	16.99%	+4.03 <sup>+</sup>	★★
Ages 18 to 64 Years	—	23.73%	26.61%	+2.89 <sup>+</sup>	★★
Ages 65 Years and Older	—	34.25%	36.20%	+1.95	★★★
Total	—	22.40%	25.18%	+2.78 <sup>+</sup>	★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	41.61%	38.26%	41.05%	+2.80	NC
Black or African American	45.63%	42.88%	45.48%	+2.60	NC
American Indian or Alaska Native	0.50%	0.42%	0.48%	+0.06	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Asian	1.35%	1.30%	2.03%	+0.73	NC
Native Hawaiian or Other Pacific Islander	0.07%	0.11%	0.12%	+0.02	NC
Some Other Race	1.67%	1.11%	2.85%	+1.74	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	0.91%	0.50%	3.31%	+2.81	NC
Unknown	9.13%	15.90%	7.95%	-7.95	NC
Declined	0.04%	0.03%	0.03%	+0.01	NC
<b>Language Diversity of Membership (LDM)</b>					
Spoken Language Preferred for Health Care—English	99.10%	98.80%	97.75%	-1.05	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.92%	+0.92	NC
Spoken Language Preferred for Health Care—Unknown	0.90%	1.20%	1.33%	+0.13	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	99.10%	98.80%	97.75%	-1.05	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.92%	+0.92	NC
Language Preferred for Written Materials—Unknown	0.90%	1.20%	1.33%	+0.13	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.10%	98.80%	97.75%	-1.05	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Other Language Needs—Non-English</i>	0.00%	0.00%	0.92%	+0.92	NC
<i>Other Language Needs—Unknown</i>	0.90%	1.20%	1.33%	+0.13	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
<i>Emergency Department Visits*</i>	613.21	588.19	577.42	-10.77	★★
<i>Outpatient Visits</i>	4,642.90	4,780.73	4,669.76	-110.97	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
<i>Discharges—Total Inpatient—Total All Ages</i>	108.36	104.55	94.91	-9.64	NC
<i>Average Length of Stay—Total Inpatient—Total All Ages</i>	6.08	5.77	5.25	-0.51	NC
<i>Discharges—Maternity—Total All Ages</i>	21.81	22.58	19.93	-2.65	NC
<i>Average Length of Stay—Maternity—Total All Ages</i>	2.45	2.48	2.63	+0.15	NC
<i>Discharges—Surgery—Total All Ages</i>	27.93	28.41	24.62	-3.79	NC
<i>Average Length of Stay—Surgery—Total All Ages</i>	9.55	9.55	8.29	-1.26	NC
<i>Discharges—Medicine—Total All Ages</i>	63.69	58.52	54.79	-3.73	NC
<i>Average Length of Stay—Medicine—Total All Ages</i>	5.51	4.92	4.63	-0.29	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
<i>Multiple Prescribers</i>	17.30%	16.79%	15.41%	-1.38	★★★
<i>Multiple Pharmacies</i>	2.92%	2.73%	2.37%	-0.36	★★
<i>Multiple Prescribers and Multiple Pharmacies</i>	2.37%	1.82%	1.65%	-0.17	★★
<b>Use of Opioids at High Dosage (HDO)*</b>					
<i>Use of Opioids at High Dosage</i>	1.94%	1.27%	1.60%	+0.33	★★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
<i>At Least 15 Days Covered—Total</i>	11.94%	11.71%	11.83%	+0.11	★
<i>At Least 31 Days Covered—Total</i>	6.84%	5.53%	6.56%	+1.03	★
<b>Plan All-Cause Readmissions (PCR)</b>					
<i>Observed Readmissions—Total</i>	9.86%	8.83%	9.60%	+0.77	NC
<i>Expected Readmissions—Total</i>	9.76%	10.44%	10.19%	-0.24	NC
<i>O/E Ratio—Total</i>	1.0099	0.8463	0.9415	+0.10	★★★

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2022–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2022–MY 2022 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	58.88%	54.99%	58.88%	+3.89	★★
Combination 7	51.09%	47.20%	49.79%	+2.58	★
Combination 10	29.68%	23.36%	21.87%	-1.49	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	58.66%	65.02%	65.75%	+0.73	★★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	59.04%	62.08%	66.45%	+4.37 <sup>+</sup>	★★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	40.63%	43.33%	51.89%	+8.55 <sup>+</sup>	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	54.63%	58.39%	59.38%	+0.99 <sup>+</sup>	★★★★
Ages 12 to 17 Years	44.47%	47.20%	47.44%	+0.24	★★
Ages 18 to 21 Years	23.41%	23.31%	24.42%	+1.11 <sup>+</sup>	★★★★
Total	45.88%	48.46%	49.89%	+1.43 <sup>+</sup>	★★★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	77.86%	75.91%	79.32%	+3.41	★★
Combination 2 (Meningococcal, Tdap, HPV)	29.68%	28.47%	29.68%	+1.22	★★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	40.70%	46.97%	48.04%	+1.07	★★★★
Continuation and Maintenance Phase	54.96%	58.26%	55.43%	-2.83	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	53.84%	52.46%	52.75%	+0.29	★★★★
Ages 21 to 24 Years	61.89%	62.53%	62.65%	+0.12	★★★★
Total	57.84%	57.54%	57.67%	+0.14	★★★★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	56.69%	55.06%	53.26%	-1.81	★★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	53.58%	54.57%	54.76%	+0.19	★★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	73.12%	70.38%	70.70%	+0.32	★★★★
Ages 45 to 64 Years	82.20%	80.64%	80.87%	+0.23	★★★★
Ages 65 Years and Older	72.92%	72.24%	67.30%	-4.93	★
Total	76.07%	73.68%	74.00%	+0.32	★★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	62.45%	72.09%	74.60%	+2.51 <sup>+</sup>	★★★★
Ages 18 to 64 Years	42.27%	43.48%	41.29%	-2.19	★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	48.74%	58.28%	58.98%	+0.70	★★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	79.14%	79.96%	82.08%	+2.13 <sup>+</sup>	★★★★
Ages 18 to 64 Years	67.38%	66.43%	71.26%	+4.83 <sup>+</sup>	★★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	73.13%	73.79%	78.15%	+4.36 <sup>+</sup>	★★★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	93.42%	91.63%	90.10%	-1.53 <sup>++</sup>	★
Ages 18 to 64 Years	85.30%	83.56%	80.05%	-3.51 <sup>++</sup>	★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Total</i>	89.74%	88.75%	86.75%	-1.99 <sup>++</sup>	★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
<i>Body Mass Index (BMI) Percentile—Total</i>	60.83%	66.83%	71.85%	+5.02	★★
<i>Counseling for Nutrition—Total</i>	52.55%	57.32%	65.68%	+8.36 <sup>+</sup>	★★
<i>Counseling for Physical Activity—Total</i>	52.31%	56.59%	64.20%	+7.61 <sup>+</sup>	★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care (PPC) <sup>4</sup></b>					
<i>Timeliness of Prenatal Care</i>	77.86%	71.86%	78.36%	+6.50 <sup>+</sup>	★
<i>Postpartum Care</i>	67.40%	75.96%	77.78%	+1.82	★★
<b>Living With Illness</b>					
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>					
<i>HbA1c Control (&lt;8.0%)</i>	38.20%	34.79%	49.39%	+14.60 <sup>+</sup>	★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	54.74%	58.64%	42.58%	-16.06 <sup>+</sup>	★★
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>					
<i>Blood Pressure Control for Patients With Diabetes</i>	43.31%	47.69%	62.53%	+14.84 <sup>+</sup>	★★
<b>Eye Exam for Patients With Diabetes (EED) <sup>4</sup></b>					
<i>Eye Exam for Patients With Diabetes</i>	50.61%	52.55%	56.93%	+4.38	★★★★
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>					
<i>Ages 18 to 64 Years</i>	29.11%	30.99%	35.76%	+4.77 <sup>+</sup>	★★★★
<i>Ages 65 to 74 Years</i>	42.42%	20.63%	43.55%	+22.91 <sup>+</sup>	★★★★
<i>Ages 75 to 85 Years</i>	NA	NA	NA	NC	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Total</i>	29.22%	30.94%	35.81%	+4.86 <sup>+</sup>	★★★★
<b>Asthma Medication Ratio (AMR)</b>					
<i>Total</i>	54.64%	54.48%	49.55%	-4.93 <sup>++</sup>	★
<b>Controlling High Blood Pressure (CBP)</b>					
<i>Controlling High Blood Pressure</i>	45.26%	46.47%	52.80%	+6.33	★
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>					
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	89.40%	87.08%	63.41%	-23.67 <sup>++</sup>	★
<b>Cardiac Rehabilitation (CRE)</b>					
<i>Initiation—Ages 18 to 64 Years</i>	8.40%	6.09%	6.99%	+0.90	★★★★★
<i>Initiation—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Initiation—Total</i>	8.37%	6.06%	6.98%	+0.92	★★★★★
<i>Engagement 1—Ages 18 to 64 Years</i>	11.11%	11.34%	7.99%	-3.35	★★★★★
<i>Engagement 1—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 1—Total</i>	11.21%	11.45%	7.97%	-3.47 <sup>++</sup>	★★★★★
<i>Engagement 2—Ages 18 to 64 Years</i>	9.97%	11.51%	5.16%	-6.35 <sup>++</sup>	★★★★
<i>Engagement 2—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 2—Total</i>	10.07%	11.62%	5.15%	-6.47 <sup>++</sup>	★★★★
<i>Achievement—Ages 18 to 64 Years</i>	7.12%	7.78%	1.50%	-6.29 <sup>++</sup>	★★★★
<i>Achievement—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Achievement—Total</i>	7.23%	7.91%	1.50%	-6.42 <sup>++</sup>	★★★★
<b>Antidepressant Medication Management (AMM) <sup>4</sup></b>					
<i>Effective Acute Phase Treatment</i>	68.64%	69.22%	71.37%	+2.15 <sup>+</sup>	★★★★★



Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Effective Continuation Phase Treatment</i>	52.44%	54.25%	54.07%	-0.18	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	77.64%	79.13%	80.34%	+1.22	★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	65.00%	64.78%	70.69%	+5.91	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	65.96%	69.57%	73.17%	+3.61	★★
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	65.14%	64.81%	66.81%	+2.00	★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
<i>Ages 1 to 17 Years</i>	—	26.67%	28.43%	+1.76 <sup>+</sup>	★★★★
<i>Ages 18 to 64 Years</i>	—	36.86%	38.45%	+1.59 <sup>+</sup>	★★★★
<i>Ages 65 Years and Older</i>	—	23.95%	26.17%	+2.22	★★
<i>Total</i>	—	33.10%	34.68%	+1.58 <sup>+</sup>	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
<i>White</i>	68.31%	69.28%	69.06%	-0.23	NC
<i>Black or African American</i>	21.23%	21.16%	21.14%	-0.02	NC
<i>American Indian or Alaska Native</i>	1.06%	1.05%	1.11%	+0.06	NC
<i>Asian</i>	0.69%	1.08%	1.08%	+0.00	NC
<i>Native Hawaiian or Other Pacific Islander</i>	0.11%	0.12%	0.12%	+0.01	NC
<i>Some Other Race</i>	0.41%	6.76%	0.00%	-6.76	NC
<i>Two or More Races</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Ethnicity Reporting Category: Hispanic or Latino</i>	0.41%	6.32%	6.75%	+0.43	NC
<i>Unknown</i>	8.19%	0.56%	7.49%	+6.93	NC
<i>Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<b>Language Diversity of Membership (LDM)</b>					
<i>Spoken Language Preferred for Health Care—English</i>	47.65%	99.08%	98.73%	-0.36	NC
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.35%	0.92%	1.10%	+0.18	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	52.00%	0.00%	0.18%	+0.17	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	0.00%	98.97%	98.73%	-0.25	NC
<i>Language Preferred for Written Materials—Non-English</i>	0.00%	0.92%	1.10%	+0.18	NC



Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Language Preferred for Written Materials—Unknown	100.00%	0.11%	0.18%	+0.06	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
Emergency Department Visits*	667.06	675.09	617.88	-57.21	★★
Outpatient Visits	8,195.79	8,194.31	4,865.68	-3328.63	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
Discharges—Total Inpatient—Total All Ages	88.23	77.31	70.55	-6.76	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.21	4.27	4.45	+0.18	NC
Discharges—Maternity—Total All Ages	26.01	24.60	22.01	-2.59	NC
Average Length of Stay—Maternity—Total All Ages	1.71	1.67	2.44	+0.78	NC
Discharges—Surgery—Total All Ages	21.10	19.51	18.38	-1.13	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Average Length of Stay—Surgery—Total All Ages	7.00	6.86	6.68	-0.18	NC
Discharges—Medicine—Total All Ages	47.09	38.65	34.99	-3.67	NC
Average Length of Stay—Medicine—Total All Ages	4.02	4.26	4.26	+0.01	NC
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	14.19%	14.32%	15.13%	+0.81	★★★★
Multiple Pharmacies	2.13%	1.74%	3.02%	+1.28 <sup>++</sup>	★★
Multiple Prescribers and Multiple Pharmacies	1.21%	0.91%	1.45%	+0.53 <sup>++</sup>	★★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	2.43%	1.33%	1.22%	-0.11	★★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	7.22%	6.41%	6.45%	+0.04	★★
At Least 31 Days Covered—Total	5.20%	4.60%	4.55%	-0.04	★
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	9.60%	9.56%	8.52%	-1.04 <sup>+</sup>	NC
Expected Readmissions—Total	9.71%	9.63%	9.38%	-0.25	NC
O/E Ratio—Total	0.9891	0.9936	0.9089	-0.08	★★★

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2022–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2022–MY 2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup> Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	54.26%	58.88%	55.47%	-3.41	★
Combination 7	45.01%	52.31%	49.39%	-2.92	★
Combination 10	23.36%	25.30%	23.60%	-1.70	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	60.85%	55.37%	63.67%	+8.30 <sup>+</sup>	★★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	61.93%	59.29%	66.37%	+7.08 <sup>+</sup>	★★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	56.36%	55.72%	58.30%	+2.58	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	58.18%	59.96%	62.34%	+2.37 <sup>+</sup>	★★★★
Ages 12 to 17 Years	49.86%	51.05%	53.53%	+2.48 <sup>+</sup>	★★★★
Ages 18 to 21 Years	27.39%	27.32%	30.08%	+2.76 <sup>+</sup>	★★★★★
Total	50.75%	51.78%	54.49%	+2.71 <sup>+</sup>	★★★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	73.97%	78.59%	80.05%	+1.46	★★
Combination 2 (Meningococcal, Tdap, HPV)	32.60%	27.49%	32.12%	+4.62	★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	39.12%	39.94%	42.82%	+2.88	★★
Continuation and Maintenance Phase	46.75%	40.66%	45.11%	+4.46	★
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	55.97%	61.07%	55.38%	-5.68 <sup>++</sup>	★★★★
Ages 21 to 24 Years	64.36%	70.85%	64.49%	-6.36 <sup>++</sup>	★★★★
Total	59.89%	65.64%	59.62%	-6.02 <sup>++</sup>	★★★★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	56.83%	60.34%	57.00%	-3.34	★★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	NA	NA	55.06%	NC	★★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	76.87%	74.69%	74.64%	-0.05	★★★★
Ages 45 to 64 Years	85.06%	83.70%	83.55%	-0.14	★★★★
Ages 65 Years and Older	88.07%	88.39%	87.59%	-0.80	★★★★
Total	79.82%	77.94%	77.86%	-0.09	★★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	65.46%	68.23%	68.58%	+0.35	★★
Ages 18 to 64 Years	46.01%	40.18%	39.09%	-1.08	★
Ages 65 Years and Older	55.56%	40.86%	40.45%	-0.41	★★★★
Total	52.27%	55.30%	55.19%	-0.11	★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	71.61%	72.53%	80.92%	+8.39 <sup>+</sup>	★★★★
Ages 18 to 64 Years	56.54%	56.44%	68.30%	+11.86 <sup>+</sup>	★★★★
Ages 65 Years and Older	NA	21.21%	25.33%	+4.12	★★★★
Total	64.04%	65.57%	76.71%	+11.13 <sup>+</sup>	★★★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	94.17%	92.54%	91.01%	-1.53 <sup>++</sup>	★
Ages 18 to 64 Years	82.61%	81.88%	78.18%	-3.70 <sup>++</sup>	★★
Ages 65 Years and Older	86.42%	66.98%	67.67%	+0.70	★★
Total	89.89%	89.23%	87.07%	-2.16 <sup>++</sup>	★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
Body Mass Index (BMI) Percentile—Total	72.99%	81.02%	84.43%	+3.41	★★★★
Counseling for Nutrition—Total	65.45%	69.34%	73.72%	+4.38	★★★★
Counseling for Physical Activity—Total	64.72%	68.86%	72.02%	+3.16	★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
Timeliness of Prenatal Care	74.70%	74.45%	83.21%	+8.76 <sup>+</sup>	★★
Postpartum Care	73.97%	75.91%	76.16%	+0.24	★★
<b>Living With Illness</b>					
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>					
HbA1c Control (<8.0%)	40.63%	54.99%	60.34%	+5.35	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
HbA1c Poor Control (>9.0%)*	52.07%	38.93%	30.17%	-8.76 <sup>+</sup>	★★★★★
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>					
Blood Pressure Control for Patients With Diabetes	55.72%	67.88%	73.24%	+5.35	★★★★★
<b>Eye Exam for Patients With Diabetes (EED)<sup>4</sup></b>					
Eye Exam for Patients With Diabetes	51.34%	55.23%	61.31%	+6.08	★★★★★
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>					
Ages 18 to 64 Years	30.15%	39.26%	40.25%	+0.99 <sup>+</sup>	★★★★
Ages 65 to 74 Years	23.50%	34.38%	37.58%	+3.21 <sup>+</sup>	★★★★
Ages 75 to 85 Years	23.60%	29.30%	34.79%	+5.50	★★
Total	29.61%	38.78%	39.99%	+1.21 <sup>+</sup>	★★★★
<b>Asthma Medication Ratio (AMR)</b>					
Total	58.80%	61.16%	61.18%	+0.03	★★
<b>Controlling High Blood Pressure (CBP)</b>					
Controlling High Blood Pressure	48.91%	62.77%	62.04%	-0.73	★★★★
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>					
Persistence of Beta-Blocker Treatment After a Heart Attack	82.16%	88.94%	72.14%	-16.80 <sup>++</sup>	★
<b>Cardiac Rehabilitation (CRE)</b>					
Initiation—Ages 18 to 64 Years	5.01%	4.52%	4.86%	+0.35	★★★★
Initiation—Ages 65 Years and Older	2.38%	1.92%	8.45%	+6.53	★★★★★
Initiation—Total	4.87%	4.40%	5.08%	+0.68	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Engagement 1—Ages 18 to 64 Years	0.86%	6.50%	6.24%	-0.27	★★★
Engagement 1—Ages 65 Years and Older	1.19%	9.62%	11.27%	+1.65	★★★★★
Engagement 1—Total	0.87%	6.64%	6.55%	-0.10	★★★★★
Engagement 2—Ages 18 to 64 Years	0.33%	5.15%	4.40%	-0.75	★★★
Engagement 2—Ages 65 Years and Older	1.19%	9.62%	8.45%	-1.16	★★★★★
Engagement 2—Total	0.37%	5.35%	4.65%	-0.70	★★★
Achievement—Ages 18 to 64 Years	0.26%	2.08%	1.56%	-0.52	★★★
Achievement—Ages 65 Years and Older	0.00%	5.77%	2.82%	-2.95	★★★
Achievement—Total	0.25%	2.24%	1.64%	-0.61	★★★
<b>Antidepressant Medication Management (AMM)<sup>4</sup></b>					
Effective Acute Phase Treatment	61.75%	72.10%	78.14%	+6.05 <sup>+</sup>	★★★★★
Effective Continuation Phase Treatment	46.38%	69.38%	64.94%	-4.44 <sup>++</sup>	★★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.01%	83.41%	82.72%	-0.69	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.28%	75.84%	70.36%	-5.49 <sup>++</sup>	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	62.50%	75.34%	80.28%	+4.94	★★★
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	70.36%	64.90%	66.08%	+1.18	★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	NA	27.02%	NC	★★★★★
Ages 18 to 64 Years	—	NA	37.98%	NC	★★★★★
Ages 65 Years and Older	—	NA	35.91%	NC	★★★
Total	—	NA	33.47%	NC	★★★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	65.87%	61.54%	64.51%	+2.97	NC
Black or African American	23.86%	22.52%	23.64%	+1.11	NC
American Indian or Alaska Native	0.88%	0.86%	0.93%	+0.07	NC
Asian	0.83%	1.16%	1.20%	+0.04	NC
Native Hawaiian or Other Pacific Islander	0.10%	0.09%	0.11%	+0.01	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Some Other Race</i>	0.00%	6.06%	6.90%	+0.84	NC
<i>Two or More Races</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Ethnicity Reporting Category: Hispanic or Latino</i>	0.00%	0.01%	0.10%	+0.09	NC
<i>Unknown</i>	8.46%	7.27%	2.71%	-4.55	NC
<i>Declined</i>	0.00%	0.50%	0.00%	-0.50	NC
<b>Language Diversity of Membership (LDM)</b>					
<i>Spoken Language Preferred for Health Care—English</i>	98.39%	97.36%	97.79%	+0.43	NC
<i>Spoken Language Preferred for Health Care—Non-English</i>	0.68%	1.57%	1.65%	+0.07	NC
<i>Spoken Language Preferred for Health Care—Unknown</i>	0.93%	1.07%	0.57%	-0.50	NC
<i>Spoken Language Preferred for Health Care—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Language Preferred for Written Materials—English</i>	98.39%	97.36%	97.79%	+0.43	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Language Preferred for Written Materials—Non-English</i>	0.68%	1.57%	1.65%	+0.07	NC
<i>Language Preferred for Written Materials—Unknown</i>	0.93%	1.07%	0.57%	-0.50	NC
<i>Language Preferred for Written Materials—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<i>Other Language Needs—English</i>	96.75%	97.36%	97.79%	+0.43	NC
<i>Other Language Needs—Non-English</i>	0.65%	1.57%	1.65%	+0.07	NC
<i>Other Language Needs—Unknown</i>	2.60%	1.07%	0.57%	-0.50	NC
<i>Other Language Needs—Declined</i>	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
<i>Emergency Department Visits*</i>	575.66	625.72	626.26	+0.54	★★
<i>Outpatient Visits</i>	5,124.16	4,535.66	4,528.93	-6.73	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
<i>Discharges—Total Inpatient—Total All Ages</i>	73.64	70.50	69.86	-0.64	NC
<i>Average Length of Stay—Total Inpatient—Total All Ages</i>	4.78	4.96	4.75	-0.21	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Discharges—Maternity—Total All Ages	25.68	23.73	22.27	-1.46	NC
Average Length of Stay—Maternity—Total All Ages	2.76	2.71	2.78	+0.07	NC
Discharges—Surgery—Total All Ages	16.75	13.14	17.44	+4.30	NC
Average Length of Stay—Surgery—Total All Ages	8.15	7.96	7.67	-0.29	NC
Discharges—Medicine—Total All Ages	38.04	39.75	35.72	-4.03	NC
Average Length of Stay—Medicine—Total All Ages	4.30	4.96	4.25	-0.72	NC
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	14.26%	13.18%	13.12%	-0.06	★★★★★
Multiple Pharmacies	1.94%	3.37%	1.90%	-1.47 <sup>+</sup>	★★
Multiple Prescribers and Multiple Pharmacies	1.16%	1.55%	1.01%	-0.54 <sup>+</sup>	★★★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	1.98%	1.56%	1.04%	-0.52 <sup>+</sup>	★★★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	8.04%	16.04%	14.83%	-1.21 <sup>+</sup>	★
At Least 31 Days Covered—Total	5.51%	9.27%	9.67%	+0.40	★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	8.43%	10.85%	11.29%	+0.44	NC
Expected Readmissions—Total	9.53%	10.47%	10.40%	-0.07	NC
O/E Ratio—Total	0.8844	1.0361	1.0855	+0.05	★

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2021–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2022–MY 2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	54.83%	57.18%	56.93%	-0.24	★
Combination 7	46.38%	48.91%	48.18%	-0.73	★
Combination 10	26.33%	23.84%	22.63%	-1.22	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	55.95%	60.34%	61.48%	+1.14	★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	60.53%	62.30%	65.58%	+3.27 <sup>+</sup>	★★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	59.61%	57.66%	59.85%	+2.19	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	59.60%	59.81%	62.17%	+2.36 <sup>+</sup>	★★★
Ages 12 to 17 Years	52.34%	52.58%	54.18%	+1.60 <sup>+</sup>	★★★
Ages 18 to 21 Years	31.90%	30.90%	33.12%	+2.22 <sup>+</sup>	★★★★
Total	52.26%	52.05%	54.51%	+2.46 <sup>+</sup>	★★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	77.32%	77.09%	82.00%	+4.91 <sup>+</sup>	★★★
Combination 2 (Meningococcal, Tdap, HPV)	32.54%	29.88%	36.25%	+6.37 <sup>+</sup>	★★★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	46.10%	43.84%	52.44%	+8.60 <sup>+</sup>	★★★★
Continuation and Maintenance Phase	57.07%	56.28%	58.37%	+2.10	★★★
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	62.05%	62.27%	62.80%	+0.53	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Ages 21 to 24 Years	65.63%	67.89%	68.74%	+0.85	★★★★
Total	63.67%	64.89%	65.51%	+0.62	★★★★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	57.21%	59.37%	55.92%	-3.45	★★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	NA	53.34%	55.49%	+2.16 <sup>+</sup>	★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	76.83%	74.44%	75.08%	+0.63 <sup>+</sup>	★★★★
Ages 45 to 64 Years	85.37%	84.26%	84.44%	+0.18	★★★★
Ages 65 Years and Older	91.58%	91.93%	91.83%	-0.10	★★★★
Total	80.21%	78.22%	78.76%	+0.54 <sup>+</sup>	★★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	64.02%	60.54%	61.96%	+1.42	★
Ages 18 to 64 Years	46.11%	37.83%	38.54%	+0.71	★
Ages 65 Years and Older	34.09%	27.16%	23.36%	-3.80	★
Total	52.23%	51.01%	51.90%	+0.88	★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	61.07%	64.87%	72.73%	+7.86 <sup>+</sup>	★★
Ages 18 to 64 Years	48.19%	50.69%	62.19%	+11.51 <sup>+</sup>	★★
Ages 65 Years and Older	26.32%	25.00%	26.51%	+1.51	★★★
Total	54.42%	58.85%	69.03%	+10.18 <sup>+</sup>	★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	92.82%	91.45%	88.53%	-2.92 <sup>++</sup>	★
Ages 18 to 64 Years	79.99%	79.77%	76.77%	-3.01 <sup>++</sup>	★★
Ages 65 Years and Older	73.11%	65.98%	64.54%	-1.44	★★
Total	88.38%	88.19%	85.18%	-3.00 <sup>++</sup>	★



Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</i>					
Body Mass Index (BMI) Percentile—Total	75.67%	78.10%	84.44%	+6.34 <sup>+</sup>	★★★★
Counseling for Nutrition—Total	71.29%	69.59%	74.17%	+4.58	★★★★
Counseling for Physical Activity—Total	68.13%	68.37%	72.50%	+4.13	★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care (PPC)</i> <sup>4</sup>					
Timeliness of Prenatal Care	78.35%	81.02%	84.50%	+3.48	★★★★
Postpartum Care	70.07%	71.53%	73.39%	+1.86	★
<b>Living With Illness</b>					
<i>Hemoglobin A1c Control for Patients With Diabetes (HBD)</i>					
HbA1c Control (<8.0%)	51.82%	50.61%	56.93%	+6.33	★★★★
HbA1c Poor Control (>9.0%)*	39.90%	41.85%	37.47%	-4.38	★★★★
<i>Blood Pressure Control for Patients With Diabetes (BPD)</i>					
Blood Pressure Control for Patients With Diabetes	62.77%	67.64%	69.59%	+1.95	★★★★
<i>Eye Exam for Patients With Diabetes (EED)</i> <sup>4</sup>					
Eye Exam for Patients With Diabetes	57.18%	53.53%	53.53%	0.00	★★★★
<i>Kidney Health Evaluation for Patients With Diabetes (KED)</i>					
Ages 18 to 64 Years	27.62%	28.90%	36.57%	+7.67 <sup>+</sup>	★★★★
Ages 65 to 74 Years	30.61%	31.82%	35.76%	+3.93 <sup>+</sup>	★★
Ages 75 to 85 Years	31.92%	26.87%	34.21%	+7.34 <sup>+</sup>	★★
Total	27.91%	29.07%	36.46%	+7.39 <sup>+</sup>	★★★★
<i>Asthma Medication Ratio (AMR)</i>					
Total	54.32%	55.51%	57.57%	+2.05 <sup>+</sup>	★
<i>Controlling High Blood Pressure (CBP)</i>					
Controlling High Blood Pressure	55.96%	63.26%	61.72%	-1.54	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</i>					
Persistence of Beta-Blocker Treatment After a Heart Attack	95.22%	86.26%	60.40%	-25.86 <sup>++</sup>	★
<i>Cardiac Rehabilitation (CRE)</i>					
Initiation—Ages 18 to 64 Years	4.85%	6.90%	2.41%	-4.48 <sup>++</sup>	★★
Initiation—Ages 65 Years and Older	3.57%	2.70%	4.44%	+1.74	★★★★★
Initiation—Total	4.79%	6.71%	2.52%	-4.18 <sup>++</sup>	★★
Engagement 1—Ages 18 to 64 Years	9.27%	9.07%	0.25%	-8.81 <sup>++</sup>	★
Engagement 1—Ages 65 Years and Older	10.71%	21.62%	2.22%	-19.40 <sup>++</sup>	★★
Engagement 1—Total	9.33%	9.63%	0.36%	-9.27 <sup>++</sup>	★
Engagement 2—Ages 18 to 64 Years	7.91%	7.41%	0.13%	-7.28 <sup>++</sup>	★
Engagement 2—Ages 65 Years and Older	7.14%	18.92%	0.00%	-18.92 <sup>++</sup>	★
Engagement 2—Total	7.87%	7.93%	0.12%	-7.81 <sup>++</sup>	★
Achievement—Ages 18 to 64 Years	6.63%	4.85%	0.13%	-4.73 <sup>++</sup>	★
Achievement—Ages 65 Years and Older	7.14%	16.22%	0.00%	-16.22 <sup>++</sup>	★★
Achievement—Total	6.66%	5.37%	0.12%	-5.25 <sup>++</sup>	★
<i>Antidepressant Medication Management (AMM)</i> <sup>4</sup>					
Effective Acute Phase Treatment	64.51%	66.20%	65.87%	-0.33	★★★★
Effective Continuation Phase Treatment	47.25%	48.69%	48.16%	-0.53	★★★★
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</i>					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.71%	81.31%	84.45%	+3.14 <sup>+</sup>	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
Diabetes Monitoring for People With Diabetes and Schizophrenia	64.42%	64.49%	68.02%	+3.54	★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	64.36%	71.28%	76.29%	+5.01	★★
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.79%	66.14%	66.15%	+0.01	★★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	17.10%	18.19%	+1.09 <sup>+</sup>	★★
Ages 18 to 64 Years	—	29.65%	30.92%	+1.27 <sup>+</sup>	★★★★
Ages 65 Years and Older	—	38.02%	37.71%	-0.31	★★★★
Total	—	24.65%	25.77%	+1.12 <sup>+</sup>	★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	46.75%	41.55%	25.29%	-16.26	NC
Black or African American	34.09%	27.75%	0.52%	-27.23	NC
American Indian or Alaska Native	0.36%	0.33%	10.94%	+10.62	NC
Asian	0.24%	0.16%	1.00%	+0.84	NC
Native Hawaiian or Other Pacific Islander	0.00%	0.00%	0.01%	+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
Ethnicity Reporting Category: Hispanic or Latino	5.99%	5.03%	7.06%	+2.03	NC
Unknown	18.56%	30.21%	62.23%	+32.02	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Language Diversity of Membership (LDM)</b>					
Spoken Language Preferred for Health Care—English	98.47%	98.33%	98.10%	-0.23	NC
Spoken Language Preferred for Health Care—Non-English	1.51%	1.65%	1.88%	+0.23	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	98.47%	98.33%	98.10%	-0.23	NC
Language Preferred for Written Materials—Non-English	1.51%	1.65%	1.88%	+0.23	NC
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	98.47%	98.33%	98.10%	-0.23	NC
Other Language Needs—Non-English	1.51%	1.65%	1.88%	+0.23	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
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
Emergency Department Visits*	593.40	588.66	586.22	-2.43	★★
Outpatient Visits	4,559.05	4,350.58	3,818.73	-531.85	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
Discharges—Total Inpatient—Total All Ages	80.46	65.87	63.80	-2.06	NC
Average Length of Stay—Total Inpatient—Total All Ages	5.08	5.15	4.98	-0.17	NC
Discharges—Maternity—Total All Ages	27.53	25.25	23.61	-1.63	NC
Average Length of Stay—Maternity—Total All Ages	2.83	2.91	2.79	-0.12	NC
Discharges—Surgery—Total All Ages	17.38	14.50	14.79	+0.30	NC
Average Length of Stay—Surgery—Total All Ages	9.16	9.84	8.73	-1.11	NC
Discharges—Medicine—Total All Ages	42.66	32.52	31.31	-1.21	NC
Average Length of Stay—Medicine—Total All Ages	4.49	4.35	4.44	+0.09	NC
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	13.12%	14.44%	15.40%	+0.96 <sup>++</sup>	★★★
Multiple Pharmacies	2.11%	1.98%	2.93%	+0.95 <sup>++</sup>	★★
Multiple Prescribers and Multiple Pharmacies	1.43%	1.34%	1.85%	+0.51 <sup>++</sup>	★★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	6.68%	1.40%	1.12%	-0.28	★★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	19.58%	11.66%	10.85%	-0.82 <sup>+</sup>	★
At Least 31 Days Covered—Total	12.07%	5.97%	5.73%	-0.24	★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	8.98%	8.82%	8.38%	-0.44	NC
Expected Readmissions—Total	9.76%	9.65%	9.67%	+0.02	NC
O/E Ratio—Total	0.9205	0.9145	0.8666	-0.05	★★★★

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2022–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2022–MY 2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2021 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	61.26%	63.50%	68.13%	+4.62	★★★★
Combination 7	52.72%	55.72%	59.61%	+3.89	★★★★
Combination 10	35.68%	32.85%	34.06%	+1.22	★★★★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	59.18%	53.15%	66.39%	+13.24 <sup>+</sup>	★★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	65.58%	59.86%	69.86%	+10.00 <sup>+</sup>	★★★★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	56.02%	60.83%	65.94%	+5.11	★★★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	60.53%	61.72%	62.07%	+0.35	★★★★
Ages 12 to 17 Years	51.89%	51.71%	51.91%	+0.20	★★★★
Ages 18 to 21 Years	30.06%	29.23%	30.69%	+1.46 <sup>+</sup>	★★★★★
Total	52.67%	52.87%	53.82%	+0.95 <sup>+</sup>	★★★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	81.51%	77.99%	76.64%	-1.35	★★
Combination 2 (Meningococcal, Tdap, HPV)	36.74%	33.60%	34.06%	+0.46	★★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	31.21%	34.74%	38.59%	+3.86 <sup>+</sup>	★
Continuation and Maintenance Phase	38.21%	35.45%	44.18%	+8.73 <sup>+</sup>	★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	60.52%	57.75%	53.89%	-3.86 <sup>++</sup>	★★★★
Ages 21 to 24 Years	66.59%	65.55%	63.33%	-2.23 <sup>++</sup>	★★★★
Total	63.39%	61.47%	58.35%	-3.12 <sup>++</sup>	★★★★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	63.99%	61.31%	55.04%	-6.27 <sup>++</sup>	★★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	56.40%	53.70%	54.52%	+0.83	★★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	73.78%	70.74%	71.97%	+1.23 <sup>+</sup>	★★★★
Ages 45 to 64 Years	83.17%	81.44%	81.65%	+0.22	★★★★
Ages 65 Years and Older	90.26%	89.64%	88.46%	-1.19	★★★★★
Total	77.22%	74.58%	75.46%	+0.88 <sup>+</sup>	★★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	72.04%	77.98%	79.32%	+1.34	★★★★
Ages 18 to 64 Years	52.75%	53.86%	54.17%	+0.31	★★★★★
Ages 65 Years and Older	NA	NA	66.67%	NC	★★★★★
Total	58.50%	66.36%	67.68%	+1.32	★★★★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	71.38%	75.37%	85.85%	+10.47 <sup>+</sup>	★★★★★
Ages 18 to 64 Years	59.77%	62.66%	76.35%	+13.70 <sup>+</sup>	★★★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	64.77%	68.84%	82.42%	+13.58 <sup>+</sup>	★★★★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	96.10%	95.72%	94.37%	-1.35 <sup>++</sup>	★★★★
Ages 18 to 64 Years	88.79%	90.21%	87.08%	-3.12 <sup>++</sup>	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Ages 65 Years and Older</i>	87.50%	90.28%	87.65%	-2.62	★★★★★
<i>Total</i>	93.48%	94.01%	92.13%	-1.88 <sup>++</sup>	★★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
<i>Body Mass Index (BMI) Percentile—Total</i>	91.97%	88.56%	89.78%	+1.22	★★★★★
<i>Counseling for Nutrition—Total</i>	83.70%	80.29%	82.00%	+1.70	★★★★★
<i>Counseling for Physical Activity—Total</i>	82.73%	79.32%	80.05%	+0.73	★★★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
<i>Timeliness of Prenatal Care</i>	79.56%	80.78%	85.40%	+4.62	★★★
<i>Postpartum Care</i>	75.91%	80.05%	77.86%	-2.19	★★
<b>Living With Illness</b>					
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>					
<i>HbA1c Control (&lt;8.0%)</i>	55.72%	57.66%	63.26%	+5.60	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	34.31%	30.41%	28.22%	-2.19	★★★★★
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>					
<i>Blood Pressure Control for Patients With Diabetes</i>	69.59%	68.61%	77.37%	+8.76 <sup>+</sup>	★★★★★
<b>Eye Exam for Patients With Diabetes (EED)<sup>4</sup></b>					
<i>Eye Exam for Patients With Diabetes</i>	61.31%	54.48%	62.04%	+7.56 <sup>+</sup>	★★★★★
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>					
<i>Ages 18 to 64 Years</i>	34.91%	35.93%	39.33%	+3.40 <sup>+</sup>	★★★
<i>Ages 65 to 74 Years</i>	34.09%	39.29%	41.12%	+1.83	★★★
<i>Ages 75 to 85 Years</i>	29.77%	41.40%	46.41%	+5.01	★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Total</i>	34.79%	36.20%	39.55%	+3.36 <sup>+</sup>	★★★
<b>Asthma Medication Ratio (AMR)</b>					
<i>Total</i>	62.79%	65.61%	64.64%	-0.96	★★
<b>Controlling High Blood Pressure (CBP)</b>					
<i>Controlling High Blood Pressure</i>	66.42%	73.24%	69.10%	-4.14	★★★★★
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>					
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	87.50%	89.81%	74.19%	-15.62 <sup>++</sup>	★
<b>Cardiac Rehabilitation (CRE)</b>					
<i>Initiation—Ages 18 to 64 Years</i>	4.55%	8.43%	5.46%	-2.97	★★★★★
<i>Initiation—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Initiation—Total</i>	4.56%	8.29%	5.26%	-3.02	★★★★★
<i>Engagement 1—Ages 18 to 64 Years</i>	7.09%	8.43%	8.08%	-0.35	★★★★★
<i>Engagement 1—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 1—Total</i>	7.19%	8.84%	8.01%	-0.83	★★★★★
<i>Engagement 2—Ages 18 to 64 Years</i>	4.55%	4.94%	5.94%	+1.00	★★★★★
<i>Engagement 2—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 2—Total</i>	4.91%	5.52%	6.18%	+0.65	★★★★★
<i>Achievement—Ages 18 to 64 Years</i>	2.55%	2.03%	2.14%	+0.10	★★★
<i>Achievement—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Achievement—Total</i>	2.81%	2.49%	2.06%	-0.43	★★★
<b>Antidepressant Medication Management (AMM)<sup>4</sup></b>					
<i>Effective Acute Phase Treatment</i>	68.78%	78.81%	70.45%	-8.36 <sup>++</sup>	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Effective Continuation Phase Treatment	51.45%	66.20%	52.75%	-13.45 <sup>++</sup>	★★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.40%	78.57%	80.63%	+2.06 <sup>+</sup>	★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.60%	64.94%	73.24%	+8.30 <sup>+</sup>	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	73.53%	NC	★★
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.79%	64.13%	64.46%	+0.33	★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	22.40%	22.85%	+0.45 <sup>+</sup>	★★★
Ages 18 to 64 Years	—	35.62%	36.87%	+1.25 <sup>+</sup>	★★★
Ages 65 Years and Older	—	37.96%	36.07%	-1.89	★★★
Total	—	30.35%	31.20%	+0.85 <sup>+</sup>	★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	59.24%	59.70%	62.32%	+2.62	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Black or African American	26.40%	25.99%	26.24%	+0.25	NC
American Indian or Alaska Native	0.78%	0.82%	0.85%	+0.04	NC
Asian	0.92%	0.94%	1.95%	+1.01	NC
Native Hawaiian or Other Pacific Islander	0.11%	0.12%	0.12%	0.00	NC
Some Other Race	0.01%	7.66%	0.00%	-7.66	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	0.62%	8.37%	8.96%	+0.59	NC
Unknown	12.09%	4.76%	8.51%	+3.75	NC
Declined	0.46%	0.00%	0.00%	0.00	NC
<b>Language Diversity of Membership (LDM)</b>					
Spoken Language Preferred for Health Care—English	1.09%	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	98.91%	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	1.09%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	98.91%	100.00%	100.00%	0.00	NC



Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	1.09%	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	98.91%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
Emergency Department Visits*	626.26	621.26	626.37	+5.11	★★
Outpatient Visits	3,822.72	4,752.17	6,002.21	+1250.04	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
Discharges—Total Inpatient—Total All Ages	69.42	58.89	56.94	-1.95	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.72	5.01	4.80	-0.21	NC
Discharges—Maternity—Total All Ages	25.85	24.48	22.43	-2.06	NC
Average Length of Stay—Maternity—Total All Ages	2.88	2.85	2.90	+0.05	NC
Discharges—Surgery—Total All Ages	16.37	13.82	14.14	+0.33	NC
Average Length of Stay—Surgery—Total All Ages	7.59	8.53	7.94	-0.59	NC
Discharges—Medicine—Total All Ages	33.92	26.77	25.92	-0.85	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Average Length of Stay—Medicine—Total All Ages	4.38	4.68	4.33	-0.35	NC
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	17.20%	18.94%	19.84%	+0.90	★★
Multiple Pharmacies	2.38%	1.68%	2.09%	+0.41	★★
Multiple Prescribers and Multiple Pharmacies	1.34%	0.99%	1.09%	+0.10	★★★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	11.32%	1.71%	1.59%	-0.12	★★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	14.30%	13.11%	10.37%	-2.75 <sup>+</sup>	★
At Least 31 Days Covered—Total	8.23%	6.66%	5.22%	-1.44 <sup>+</sup>	★
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	8.51%	8.61%	7.59%	-1.02 <sup>+</sup>	NC
Expected Readmissions—Total	9.75%	9.64%	9.69%	+0.05	NC
O/E Ratio—Total	0.8721	0.8936	0.7829	-0.11	★★★★★

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2022–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2021–MY 2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	52.40%	54.42%	59.37%	+4.95	★★
Combination 7	43.81%	45.21%	48.66%	+3.45	★
Combination 10	24.91%	22.19%	19.71%	-2.48	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	57.52%	63.74%	64.92%	+1.17	★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	58.08%	60.54%	63.62%	+3.08 <sup>+</sup>	★★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	58.88%	59.12%	58.39%	-0.73	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	57.53%	57.05%	60.23%	+3.18 <sup>+</sup>	★★★
Ages 12 to 17 Years	50.23%	50.53%	53.14%	+2.61 <sup>+</sup>	★★★
Ages 18 to 21 Years	32.09%	30.71%	32.82%	+2.11 <sup>+</sup>	★★★★
Total	50.60%	50.04%	53.09%	+3.06 <sup>+</sup>	★★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	78.83%	76.89%	79.08%	+2.19	★★
Combination 2 (Meningococcal, Tdap, HPV)	34.31%	31.14%	31.14%	0.00	★★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	38.96%	44.45%	44.04%	-0.41	★★
Continuation and Maintenance Phase	56.71%	51.35%	54.10%	+2.75	★★
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	60.01%	59.47%	59.17%	-0.31	★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Ages 21 to 24 Years	65.18%	63.50%	62.51%	-0.99	★★★
Total	62.36%	61.33%	60.67%	-0.67	★★★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	58.88%	58.88%	54.41%	-4.47	★★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	50.96%	53.28%	55.49%	+2.21 <sup>+</sup>	★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	75.44%	73.00%	73.02%	+0.02	★★★
Ages 45 to 64 Years	85.50%	84.17%	84.27%	+0.10	★★★★
Ages 65 Years and Older	91.11%	90.27%	91.05%	+0.78	★★★★
Total	79.02%	77.02%	77.29%	+0.27	★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	62.35%	60.75%	64.63%	+3.89 <sup>+</sup>	★
Ages 18 to 64 Years	43.88%	36.89%	35.68%	-1.21	★
Ages 65 Years and Older	NA	27.27%	32.00%	+4.73	★★
Total	50.25%	50.05%	50.89%	+0.84	★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	62.16%	62.95%	73.70%	+10.75 <sup>+</sup>	★★
Ages 18 to 64 Years	41.68%	42.32%	55.32%	+13.00 <sup>+</sup>	★
Ages 65 Years and Older	NA	17.31%	23.81%	+6.50	★★
Total	50.73%	53.32%	66.70%	+13.38 <sup>+</sup>	★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	94.24%	91.92%	90.49%	-1.44 <sup>++</sup>	★
Ages 18 to 64 Years	77.10%	76.01%	73.91%	-2.10 <sup>++</sup>	★
Ages 65 Years and Older	65.85%	71.70%	61.85%	-9.85	★
Total	88.40%	87.36%	85.42%	-1.94 <sup>++</sup>	★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
Body Mass Index (BMI) Percentile—Total	79.56%	83.94%	90.75%	+6.81 <sup>+</sup>	★★★★★
Counseling for Nutrition—Total	74.94%	73.97%	71.78%	-2.19	★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Counseling for Physical Activity—Total</i>	74.94%	70.56%	71.05%	+0.49	★★★
<b>Pregnancy Care</b>					
<b>Prenatal and Postpartum Care (PPC)<sup>4</sup></b>					
<i>Timeliness of Prenatal Care</i>	82.48%	77.37%	83.45%	+6.08 <sup>+</sup>	★★
<i>Postpartum Care</i>	74.70%	74.70%	71.78%	-2.92	★
<b>Living With Illness</b>					
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>					
<i>HbA1c Control (&lt;8.0%)</i>	56.93%	59.12%	62.29%	+3.16	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	33.09%	33.09%	27.98%	-5.11	★★★★★
<b>Blood Pressure Control for Patients With Diabetes (BPD)</b>					
<i>Blood Pressure Control for Patients With Diabetes</i>	67.15%	75.18%	73.48%	-1.70	★★★★
<b>Eye Exam for Patients With Diabetes (EED)<sup>4</sup></b>					
<i>Eye Exam for Patients With Diabetes</i>	55.47%	56.93%	52.55%	-4.38	★★★
<b>Kidney Health Evaluation for Patients With Diabetes (KED)</b>					
<i>Ages 18 to 64 Years</i>	37.55%	40.62%	41.46%	+0.84	★★★★
<i>Ages 65 to 74 Years</i>	43.35%	51.15%	50.25%	-0.90	★★★★
<i>Ages 75 to 85 Years</i>	47.69%	57.46%	51.85%	-5.61	★★★★
<i>Total</i>	37.87%	41.30%	42.10%	+0.80	★★★★
<b>Asthma Medication Ratio (AMR)</b>					
<i>Total</i>	59.94%	62.79%	63.47%	+0.68	★★
<b>Controlling High Blood Pressure (CBP)</b>					
<i>Controlling High Blood Pressure</i>	64.72%	65.45%	71.78%	+6.33	★★★★
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>					
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	91.41%	89.47%	61.11%	-28.36 <sup>++</sup>	★
<b>Cardiac Rehabilitation (CRE)</b>					
<i>Initiation—Ages 18 to 64 Years</i>	3.99%	4.15%	4.22%	+0.07	★★★
<i>Initiation—Ages 65 Years and Older</i>	NA	NA	6.25%	NC	★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Initiation—Total</i>	4.00%	4.19%	4.33%	+0.14	★★★
<i>Engagement 1—Ages 18 to 64 Years</i>	5.19%	4.51%	6.33%	+1.81	★★★
<i>Engagement 1—Ages 65 Years and Older</i>	NA	NA	12.50%	NC	★★★★★
<i>Engagement 1—Total</i>	5.29%	5.06%	6.66%	+1.59	★★★★
<i>Engagement 2—Ages 18 to 64 Years</i>	3.06%	4.33%	4.39%	+0.06	★★★
<i>Engagement 2—Ages 65 Years and Older</i>	NA	NA	9.38%	NC	★★★★★
<i>Engagement 2—Total</i>	3.35%	5.06%	4.66%	-0.40	★★★
<i>Achievement—Ages 18 to 64 Years</i>	1.33%	2.35%	0.88%	-1.47	★★
<i>Achievement—Ages 65 Years and Older</i>	NA	NA	6.25%	NC	★★★★
<i>Achievement—Total</i>	1.68%	2.97%	1.16%	-1.80 <sup>++</sup>	★★
<b>Antidepressant Medication Management (AMM)<sup>4</sup></b>					
<i>Effective Acute Phase Treatment</i>	61.65%	61.19%	65.13%	+3.93 <sup>+</sup>	★★★
<i>Effective Continuation Phase Treatment</i>	45.20%	43.28%	47.07%	+3.79 <sup>+</sup>	★★★
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.31%	85.09%	85.46%	+0.36	★★★★
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	65.26%	65.57%	71.02%	+5.45	★★★
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	66.04%	65.96%	75.00%	+9.04	★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	61.53%	60.59%	64.20%	+3.61	★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	—	NR	NC	NC
Ages 18 to 64 Years	—	—	NR	NC	NC
Ages 65 Years and Older	—	—	NR	NC	NC
Total	—	—	NR	NC	NC
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	55.96%	54.52%	57.09%	+2.57	NC
Black or African American	30.84%	30.12%	30.60%	+0.48	NC
American Indian or Alaska Native	0.60%	0.60%	0.64%	+0.05	NC
Asian	1.79%	1.76%	2.47%	+0.71	NC
Native Hawaiian or Other Pacific Islander	0.10%	0.11%	0.13%	+0.03	NC
Some Other Race	0.00%	0.00%	8.83%	+8.83	NC
Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Ethnicity Reporting Category: Hispanic or Latino	1.23%	0.92%	6.79%	+5.87	NC
Unknown	10.70%	12.90%	0.24%	-12.66	NC
Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Language Diversity of Membership (LDM)</b>					
Spoken Language Preferred for Health Care—English	96.20%	95.91%	95.99%	+0.07	NC
Spoken Language Preferred for Health Care—Non-English	3.80%	3.92%	4.00%	+0.08	NC
Spoken Language Preferred for Health Care—Unknown	0.00%	0.17%	<0.01%	-0.16	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	96.20%	95.91%	0.00%	-95.91	NC
Language Preferred for Written Materials—Non-English	3.80%	3.92%	0.00%	-3.92	NC
Language Preferred for Written Materials—Unknown	0.00%	0.17%	100.00%	+99.83	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	96.20%	95.91%	0.00%	-95.91	NC
Other Language Needs—Non-English	3.80%	3.92%	0.00%	-3.92	NC
Other Language Needs—Unknown	0.00%	0.17%	100.00%	+99.83	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
Emergency Department Visits*	592.23	613.40	608.23	-5.17	★★
Outpatient Visits	4,265.71	4,352.40	4,350.71	-1.69	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
Discharges—Total Inpatient—Total All Ages	58.78	57.21	59.57	+2.36	NC
Average Length of Stay—Total Inpatient—Total All Ages	5.11	5.30	4.78	-0.52	NC
Discharges—Maternity—Total All Ages	22.13	21.89	20.28	-1.61	NC
Average Length of Stay—Maternity—Total All Ages	2.46	2.43	2.45	+0.02	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Discharges—Surgery—Total All Ages	14.22	13.76	14.56	+0.79	NC
Average Length of Stay—Surgery—Total All Ages	8.56	9.30	7.76	-1.54	NC
Discharges—Medicine—Total All Ages	27.83	26.73	29.43	+2.70	NC
Average Length of Stay—Medicine—Total All Ages	4.94	5.04	4.53	-0.51	NC
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	15.22%	15.70%	15.85%	+0.16	★★★
Multiple Pharmacies	1.70%	1.64%	2.44%	+0.80 <sup>++</sup>	★★
Multiple Prescribers and Multiple Pharmacies	1.15%	1.11%	1.25%	+0.14	★★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	2.76%	1.95%	1.86%	-0.08	★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	9.06%	8.96%	8.74%	-0.23	★
At Least 31 Days Covered—Total	6.51%	6.27%	6.00%	-0.27	★
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	10.76%	10.49%	10.24%	-0.25	NC
Expected Readmissions—Total	10.75%	10.88%	10.65%	-0.23	NC
O/E Ratio—Total	1.0007	0.9645	0.9619	0.00	★★★

<sup>1</sup>HEDIS MY 2022 to HEDIS MY 2023 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2022–2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2022–2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2022 Comparisons provided for these measures are for information only.

<sup>4</sup> Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 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 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Child &amp; Adolescent Care</b>					
<b>Childhood Immunization Status (CIS)</b>					
Combination 3	60.69%	65.69%	61.74%	-3.96	★★
Combination 7	50.58%	53.28%	50.92%	-2.36	★★
Combination 10	36.32%	31.39%	24.03%	-7.36 <sup>++</sup>	★
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	67.53%	70.23%	72.82%	+2.59	★★★★★
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	67.43%	68.09%	72.18%	+4.09 <sup>+</sup>	★★★★
<b>Lead Screening in Children (LSC)</b>					
Lead Screening in Children	39.75%	52.07%	59.12%	+7.05 <sup>+</sup>	★★
<b>Child and Adolescent Well-Care Visits (WCV)</b>					
Ages 3 to 11 Years	57.85%	56.40%	58.81%	+2.41 <sup>+</sup>	★★★★
Ages 12 to 17 Years	51.87%	50.27%	50.57%	+0.29	★★★★
Ages 18 to 21 Years	23.44%	23.73%	27.97%	+4.24 <sup>+</sup>	★★★★
Total	49.99%	48.65%	51.22%	+2.57 <sup>+</sup>	★★★★
<b>Immunizations for Adolescents (IMA)</b>					
Combination 1 (Meningococcal, Tdap)	79.30%	76.40%	75.40%	-1.00	★★
Combination 2 (Meningococcal, Tdap, HPV)	34.53%	28.47%	29.74%	+1.27	★★
<b>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)<sup>4</sup></b>					
Initiation Phase	38.40%	51.91%	45.51%	-6.41	★★★★
Continuation and Maintenance Phase	43.30%	54.62%	47.89%	-6.72	★
<b>Women—Adult Care</b>					
<b>Chlamydia Screening in Women (CHL)<sup>4</sup></b>					
Ages 16 to 20 Years	41.06%	43.20%	40.28%	-2.93	★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Ages 21 to 24 Years	51.13%	48.69%	51.24%	+2.55	★
Total	45.73%	45.75%	45.40%	-0.35	★
<b>Cervical Cancer Screening (CCS-E)</b>					
Cervical Cancer Screening	61.31%	61.80%	54.25%	-7.55 <sup>++</sup>	★★
<b>Breast Cancer Screening (BCS-E)</b>					
Breast Cancer Screening	59.11%	59.68%	60.10%	+0.42	★★★★★
<b>Access to Care</b>					
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>					
Ages 20 to 44 Years	76.69%	75.03%	75.30%	+0.28	★★★★★
Ages 45 to 64 Years	84.68%	83.39%	83.79%	+0.40	★★★★
Ages 65 Years and Older	95.29%	94.52%	95.16%	+0.64	★★★★★
Total	80.61%	79.06%	79.60%	+0.53	★★★★★
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>					
Ages 3 Months to 17 Years	64.47%	78.11%	82.34%	+4.23	★★★★★
Ages 18 to 64 Years	45.14%	45.85%	48.92%	+3.08	★★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	50.77%	62.25%	67.47%	+5.21 <sup>+</sup>	★★★★
<b>Appropriate Testing for Pharyngitis (CWP)</b>					
Ages 3 to 17 Years	85.35%	85.29%	89.28%	+3.99 <sup>+</sup>	★★★★★
Ages 18 to 64 Years	76.03%	78.52%	82.75%	+4.23 <sup>+</sup>	★★★★★
Ages 65 Years and Older	NA	NA	NA	NC	NC
Total	80.23%	81.70%	87.07%	+5.37 <sup>+</sup>	★★★★★
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>					
Ages 3 Months to 17 Years	94.19%	93.17%	92.55%	-0.62	★★
Ages 18 to 64 Years	88.85%	85.01%	86.80%	+1.79	★★★★
Ages 65 Years and Older	NA	68.42%	75.68%	+7.25	★★★★
Total	92.24%	90.24%	90.48%	+0.25	★★
<b>Obesity</b>					
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>					
Body Mass Index (BMI) Percentile—Total	89.54%	92.94%	92.94%	0.00	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Counseling for Nutrition—Total</i>	75.18%	75.43%	74.21%	-1.22	★★★
<i>Counseling for Physical Activity—Total</i>	72.02%	70.32%	72.51%	+2.19	★★★
<b>Pregnancy Care</b>					
<b><i>Prenatal and Postpartum Care (PPC)</i><sup>4</sup></b>					
<i>Timeliness of Prenatal Care</i>	92.21%	92.94%	94.16%	+1.22	★★★★★
<i>Postpartum Care</i>	88.08%	89.29%	87.35%	-1.95	★★★★★
<b>Living With Illness</b>					
<b><i>Hemoglobin A1c Control for Patients With Diabetes (HBD)</i></b>					
<i>HbA1c Control (&lt;8.0%)</i>	55.47%	61.07%	66.18%	+5.11	★★★★★
<i>HbA1c Poor Control (&gt;9.0%)*</i>	33.33%	30.17%	25.06%	-5.11	★★★★★
<b><i>Blood Pressure Control for Patients With Diabetes (BPD)</i></b>					
<i>Blood Pressure Control for Patients With Diabetes</i>	82.48%	82.00%	84.67%	+2.68	★★★★★
<b><i>Eye Exam for Patients With Diabetes (EED)</i><sup>4</sup></b>					
<i>Eye Exam for Patients With Diabetes</i>	59.61%	60.83%	57.18%	-3.65	★★★
<b><i>Kidney Health Evaluation for Patients With Diabetes (KED)</i></b>					
<i>Ages 18 to 64 Years</i>	34.50%	36.10%	37.83%	+1.73	★★★
<i>Ages 65 to 74 Years</i>	39.38%	36.67%	39.93%	+3.26	★★★
<i>Ages 75 to 85 Years</i>	35.06%	29.58%	43.02%	+13.45	★★★
<i>Total</i>	34.98%	35.99%	38.22%	+2.22	★★★
<b><i>Asthma Medication Ratio (AMR)</i></b>					
<i>Total</i>	57.59%	57.67%	62.28%	+4.61 <sup>+</sup>	★★
<b><i>Controlling High Blood Pressure (CBP)</i></b>					
<i>Controlling High Blood Pressure</i>	79.08%	79.08%	78.10%	-0.97	★★★★★
<b><i>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</i></b>					
<i>Persistence of Beta-Blocker Treatment After a Heart Attack</i>	91.30%	87.50%	NA	NC	NC
<b><i>Cardiac Rehabilitation (CRE)</i></b>					
<i>Initiation—Ages 18 to 64 Years</i>	10.99%	3.88%	12.50%	+8.62 <sup>+</sup>	★★★★★

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<i>Initiation—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Initiation—Total</i>	9.90%	3.36%	13.60%	+10.24 <sup>+</sup>	★★★★★
<i>Engagement 1—Ages 18 to 64 Years</i>	6.04%	5.83%	8.04%	+2.21	★★★★★
<i>Engagement 1—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 1—Total</i>	5.45%	5.04%	11.20%	+6.16	★★★★★
<i>Engagement 2—Ages 18 to 64 Years</i>	3.85%	4.85%	6.25%	+1.40	★★★★★
<i>Engagement 2—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Engagement 2—Total</i>	3.47%	4.20%	9.60%	+5.40	★★★★★
<i>Achievement—Ages 18 to 64 Years</i>	1.10%	2.91%	1.79%	-1.13	★★★
<i>Achievement—Ages 65 Years and Older</i>	NA	NA	NA	NC	NC
<i>Achievement—Total</i>	0.99%	2.52%	4.00%	+1.48	★★★★★
<b><i>Antidepressant Medication Management (AMM)</i><sup>4</sup></b>					
<i>Effective Acute Phase Treatment</i>	64.14%	73.09%	74.78%	+1.70	★★★★★
<i>Effective Continuation Phase Treatment</i>	46.68%	55.69%	56.45%	+0.77	★★★★★
<b><i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</i></b>					
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	86.36%	86.61%	87.27%	+0.66	★★★★★
<b><i>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</i></b>					
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	85.71%	73.49%	75.76%	+2.26	★★★★★



Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	85.09%	82.69%	82.65%	-0.03	★★★★★
<b>Diagnosed Mental Health Disorders (DMH)</b>					
Ages 1 to 17 Years	—	26.57%	27.90%	+1.33 <sup>+</sup>	★★★★★
Ages 18 to 64 Years	—	43.57%	45.12%	+1.55 <sup>+</sup>	★★★★★
Ages 65 Years and Older	—	52.61%	53.20%	+0.59	★★★★★
Total	—	37.95%	39.37%	+1.42 <sup>+</sup>	★★★★★
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership (RDM)</b>					
White	87.82%	89.89%	89.97%	+0.09	NC
Black or African American	1.77%	1.85%	1.98%	+0.13	NC
American Indian or Alaska Native	3.70%	3.84%	4.04%	+0.20	NC
Asian	0.28%	0.51%	0.52%	+0.01	NC
Native Hawaiian or Other Pacific Islander	0.13%	0.16%	0.16%	+0.00	NC
Some Other Race	0.19%	3.56%	0.08%	-3.47	NC
Two or More Races	0.00%	0.03%	0.00%	-0.03	NC
Ethnicity Reporting Category: Hispanic or Latino	0.19%	2.34%	2.50%	+0.16	NC
Unknown	0.00%	0.00%	0.00%	0.00	NC
Declined	6.11%	0.16%	3.24%	+3.08	NC
<b>Language Diversity of Membership (LDM)</b>					
Spoken Language Preferred for Health Care—English	99.88%	99.86%	99.85%	-0.01	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Spoken Language Preferred for Health Care—Non-English	0.10%	0.12%	0.13%	+0.01	NC
Spoken Language Preferred for Health Care—Unknown	0.02%	0.02%	0.01%	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	99.88%	99.86%	99.85%	-0.01	NC
Language Preferred for Written Materials—Non-English	0.10%	0.12%	0.13%	+0.01	NC
Language Preferred for Written Materials—Unknown	0.02%	0.02%	0.01%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
<b>Utilization<sup>3</sup></b>					
<b>Ambulatory Care (AMB)</b>					
Emergency Department Visits*	581.69	603.86	602.62	-1.25	★★
Outpatient Visits	4,127.91	3,986.58	4,017.25	+30.68	NC
<b>Inpatient Utilization—General Hospital/Acute Care (IPU)</b>					
Discharges—Total Inpatient—Total All Ages	72.76	66.38	68.08	+1.70	NC

Measure	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	MY 2022–MY 2023 Comparison <sup>1</sup>	MY 2023 Performance Level <sup>2</sup>
Average Length of Stay—Total Inpatient—Total All Ages	4.65	4.96	5.06	+0.10	NC
Discharges—Maternity—Total All Ages	22.01	19.11	18.02	-1.09	NC
Average Length of Stay—Maternity—Total All Ages	2.61	2.54	2.58	+0.04	NC
Discharges—Surgery—Total All Ages	21.70	19.36	20.25	+0.88	NC
Average Length of Stay—Surgery—Total All Ages	6.80	7.56	7.55	-0.01	NC
Discharges—Medicine—Total All Ages	34.58	32.61	34.22	+1.61	NC
Average Length of Stay—Medicine—Total All Ages	4.27	4.48	4.57	+0.09	NC
<b>Use of Opioids From Multiple Providers (UOP)*</b>					
Multiple Prescribers	17.73%	17.04%	18.25%	+1.22	★★★
Multiple Pharmacies	6.83%	6.19%	7.04%	+0.84	★
Multiple Prescribers and Multiple Pharmacies	5.17%	4.03%	4.46%	+0.43	★
<b>Use of Opioids at High Dosage (HDO)*</b>					
Use of Opioids at High Dosage	2.38%	2.42%	2.41%	-0.01	★★★
<b>Risk of Continued Opioid Use (COU)*</b>					
At Least 15 Days Covered—Total	7.87%	7.64%	7.75%	+0.11	★★
At Least 31 Days Covered—Total	5.30%	4.91%	4.97%	+0.06	★
<b>Plan All-Cause Readmissions (PCR)</b>					
Observed Readmissions—Total	9.06%	7.69%	7.12%	-0.57	NC
Expected Readmissions—Total	9.99%	9.82%	9.70%	-0.12	NC
O/E Ratio—Total	0.9076	0.7834	0.7340	-0.05	★★★★★

<sup>1</sup>HEDIS MY 2023 to HEDIS MY 2022 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2022–MY 2023 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2022–MY 2023 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

<sup>2</sup>HEDIS MY 2023 Performance Levels were based on comparisons of the HEDIS MY 2023 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2022 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 2022 benchmark.

<sup>3</sup>Significance testing was not performed for utilization-based or health plan description measure indicator rates, and any Performance Levels for MY 2023 or MY 2022–MY 2023 Comparisons provided for these measures are for information only.

<sup>4</sup>Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2023 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 2023 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 2023 rates to the HEDIS MY 2022 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 (CIS)—Combination 3	Childhood Immunization Status (CIS)—Combination 7	Childhood Immunization Status (CIS)—Combination 10	Well-Child Visits in the First 15 Months— Six or More Well- Child Visits— Well-Child Visits in the First 30 Months of Life (W30)	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 (W30)	Lead Screening in Children (LSC)
AET	★	★	★	★	★	★★
BCC	★★	★★	★	★★★★	★★★	★★
HCS	★	★	★	★★	★	★★
MCL	★★	★	★	★★★★	★★	★★
MER	★	★	★	★★★★	★★	★★
MOL	★	★	★	★★★	★★	★★
PRI	★★★★	★★★★	★★★★	★★★★	★★★	★★★★
UNI	★★	★	★	★★★★	★★	★★
UPP	★★	★★	★	★★★★★	★★★★	★★

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

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

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

MHP	Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD)—Initiation Phase	Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD)—Continuation and Maintenance Phase
AET	★★	NA
BCC	★★★★	★★★★
HCS	★	★
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.

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

## Women—Adult Care Performance Summary Stars

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

MHP	Chlamydia Screening in Women (CHL)—Ages 16 to 20 Years <sup>1</sup>	Chlamydia Screening in Women (CHL)—Ages 21 to 24 Years <sup>1</sup>	Chlamydia Screening in Women (CHL)—Total <sup>1</sup>	Cervical Cancer Screening (CCS-E)	Breast Cancer Screening (BCS-E)
AET	★★★★★	★★★★	★★★★★	★	★★
BCC	★★★★★	★★★★	★★★★★	★★	★★★
HCS	★★★★★	★★★	★★★★★	★	★★★
MCL	★★★	★★★	★★★	★★	★★★
MER	★★★	★★★	★★★	★★	★★★
MOL	★★★★★	★★★★	★★★★★	★★	★★★
PRI	★★★	★★★	★★★	★★	★★★
UNI	★★★	★★★	★★★	★★	★★★
UPP	★	★	★	★★	★★★★

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

## Access to Care Performance Summary Stars

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

MHP	Ages 20 to 44 Years Adults' Access to Preventive Ambulatory Health Services (AAP)	Ages 45 to 64 Years Adults' Access to Preventive Ambulatory Health Services (AAP)	Ages 65 Years and Older Adults' Access to Preventive Ambulatory Health Services (AAP)	Total Adults' Access to Preventive Ambulatory Health Services (AAP)	Ages 3 Months to 17 Years Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis (AAB)	Ages 18 to 64 Years Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis (AAB)
AET	★★	★★	★★★★	★★★	★★	★
BCC	★★★	★★★	★	★★★	★★	★
HCS	★	★★	★★★★	★★	★★★	★
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 (AAB)—Ages 65 Years and Older	Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis (AAB)—Total	Appropriate Testing for Pharyngitis (CWP)—Ages 3 to 17 Years	Appropriate Testing for Pharyngitis (CWP)—Ages 18 to 64 Years	Appropriate Testing for Pharyngitis (CWP)—Ages 65 Years and Older	Appropriate Testing for Pharyngitis (CWP)—Total
AET	★	★	★★	★★	★★	★★
BCC	NA	★	★★★	★★★	NA	★★
HCS	★	★	★★	★★★	NA	★★
MCL	NA	★★	★★★	★★★	NA	★★★
MER	★★★	★	★★★	★★★	★★★	★★★
MOL	★	★	★★	★★	★★★	★★
PRI	★★★★	★★★	★★★★	★★★★★	NA	★★★★★
UNI	★★	★	★★	★	★★	★★
UPP	NA	★★★	★★★★★	★★★★★	NA	★★★★★

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

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

MHP	Appropriate Treatment for Upper Respiratory Infection (URI)—Ages 3 Months to 17 Years	Appropriate Treatment for Upper Respiratory Infection (URI)—Ages 18 to 64 Years	Appropriate Treatment for Upper Respiratory Infection (URI)—Ages 65 Years and Older	Appropriate Treatment for Upper Respiratory Infection (URI)—Total
AET	★	★★	★	★
BCC	★	★★	★★★	★
HCS	★	★★	★	★
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	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children Adolescents (WCC)—Body Mass Index (BMI) Percentile—Total</i>	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children Adolescents (WCC)—Counseling for Nutrition—Total</i>	<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children Adolescents (WCC)—Counseling for Physical Activity—Total</i>
AET	★★★★★	★★★	★★★★★
BCC	★★★★★	★★★★★	★★★★★
HCS	★★★★★	★★★★★	★★★★★
MCL	★★	★★	★★
MER	★★★	★★★	★★★
MOL	★★★	★★★	★★★
PRI	★★★★★	★★★★★	★★★★★
UNI	★★★★★	★★★	★★★
UPP	★★★★★	★★★	★★★

## Pregnancy Care Performance Summary Stars

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

MHP	Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care	Prenatal and Postpartum Care (PPC)—Postpartum Care
AET	★	★
BCC	★★★★	★★★★
HCS	★	★
MCL	★	★★
MER	★★	★★
MOL	★★★★	★
PRI	★★★★	★★
UNI	★★	★
UPP	★★★★★	★★★★★

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 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 6)

MHP	Hemoglobin A1c Control for Patients With Diabetes (HBD)—HbA1c Control (<8.0%)	Hemoglobin A1c Control for Patients With Diabetes (HBD)—HbA1c Poor Control (>9.0%)*	Blood Pressure Control for Patients With Diabetes (BPD)	Eye Exam for Patients With Diabetes (EED) <sup>1</sup>	Kidney Health Evaluation for Patients With Diabetes (KED)—Ages 18 to 64 Years	Kidney Health Evaluation for Patients With Diabetes (KED)—Ages 65 to 74 Years
AET	★★★★★	★★★★	★★	★★★★	★★	★★
BCC	★★★★	★★★	★★★	★★★	★★★	★★★
HCS	★★★★	★★★★	★★★	★★★	★★★	★★★
MCL	★★	★★	★★	★★★	★★★	★★★
MER	★★★★★	★★★★	★★★★	★★★★	★★★	★★★
MOL	★★★	★★★	★★★	★★★	★★★	★★
PRI	★★★★★	★★★★★	★★★★★	★★★★	★★★	★★★
UNI	★★★★★	★★★★★	★★★★	★★★	★★★★	★★★★
UPP	★★★★★	★★★★★	★★★★★	★★★	★★★	★★★

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

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

Table C-11—Living With Illness Performance Summary Stars (Table 2 of 6)

MHP	Kidney Health Evaluation for Patients With Diabetes (KED)—Ages 75 to 85 Years	Kidney Health Evaluation for Patients With Diabetes (KED)—Total	Asthma Medication Ratio (AMR)—Total	Controlling High Blood Pressure (CBP)	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Cardiac Rehabilitation (CRE)—Initiation—Ages 18 to 64 Years
AET	★★	★★	★	★★	NA	★
BCC	★★	★★★★	★	★★★★	★	★★★★
HCS	★★★★	★★★★	★	★★★★	NA	★★★★
MCL	NA	★★★★	★	★	★	★★★★
MER	★★	★★★★	★★	★★★★	★	★★★★
MOL	★★	★★★★	★	★★★★	★	★★
PRI	★★★★	★★★★	★★	★★★★	★	★★★★
UNI	★★★★	★★★★	★★	★★★★	★	★★★★
UPP	★★★★	★★★★	★★	★★★★	NA	★★★★

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

Table C-12—Living With Illness Performance Summary Stars (Table 3 of 6)

MHP	Cardiac Rehabilitation (CRE) —Initiation—Ages 65 Years and Older	Cardiac Rehabilitation (CRE) —Initiation—Total	Cardiac Rehabilitation (CRE) —Engagement 1— Ages 18 to 64 Years	Cardiac Rehabilitation (CRE) —Engagement 1— Ages 65 Years and Older	Cardiac Rehabilitation (CRE) —Engagement 1— Total	Cardiac Rehabilitation (CRE) —Engagement 2— Ages 18 to 64 Years
AET	NA	★★	★★★	NA	★★★★	★★★★
BCC	NA	★★★	★★★★	NA	★★★★	★★★★
HCS	NA	★★	★★★	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.

Table C-13—Living With Illness Performance Summary Stars (Table 4 of 6)

MHP	Cardiac Rehabilitation (CRE) —Engagement 2 —Ages 65 Years and Older	Cardiac Rehabilitation (CRE) —Engagement 2 —Total	Cardiac Rehabilitation (CRE) —Achievement —Ages 18 to 64 Years	Cardiac Rehabilitation (CRE) —Achievement —Ages 65 Years and Older	Cardiac Rehabilitation (CRE) —Achievement —Total	Antidepressant Medication Management (AMM)—Effective Acute Phase Treatment <sup>1</sup>
AET	NA	★★★★★	★★★★★	NA	★★★★★	★★★
BCC	NA	★★★★	★★★★★	NA	★★★★★	★★★★
HCS	NA	★★★	★	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.

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

Table C-14—Living With Illness Performance Summary Stars (Table 5 of 6)

MHP	Treatment Antidepressant Medication Management (AMM)—Effective Continuation Phase <sup>1</sup>	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Diagnosed Mental Health Disorders (DMH)—Ages 1 to 17 Years
AET	★★★★	★★★	★★★★	NA	★★★★	★★
BCC	★★★★	★★★★	★★★	★	★★	★★★
HCS	★★★★★	★★★★	★★	NA	★★★	★★
MCL	★★★★	★★★	★★★	★★	★★★	★★★★
MER	★★★★★	★★★★	★★★	★★★	★★★	★★★★
MOL	★★★	★★★★	★★	★★	★★★	★★
PRI	★★★★	★★★	★★★	★★	★★★	★★★
UNI	★★★	★★★★	★★★	★★	★★★	NA
UPP	★★★★	★★★★★	★★★★	NA	★★★★★	★★★★

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

<sup>1</sup> Due to changes in the technical specifications for this measure, NCQA recommends that trending between MY 2023 and prior years be considered with caution.

Table C-15—Living With Illness Performance Summary Stars (Table 6 of 6)

MHP	Diagnosed Mental Health Disorders (DMH)—Ages 18 to 64 Years	Diagnosed Mental Health Disorders (DMH)—Ages 65 Years and Older	Diagnosed Mental Health Disorders (DMH)—Total
AET	★★	★★★★	★★★
BCC	★★★	★	★★★
HCS	★★	★★★	★★
MCL	★★★★	★★	★★★★
MER	★★★★	★★★	★★★★
MOL	★★★	★★★	★★
PRI	★★★	★★★	★★★
UNI	NA	NA	NA
UPP	★★★★★	★★★★★	★★★★★

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



## Utilization Performance Summary Stars

Table C-16—Utilization Performance Summary Stars (Table 1 of 2)<sup>1</sup>

MHP	Emergency Department Visits Ambulatory Care (AMB)	Use of Opioids From Multiple Providers (UOP)—Multiple Prescribers	Use of Opioids From Multiple Providers (UOP)—Multiple Pharmacies	Use of Opioids From Multiple Providers (UOP)—Multiple Prescribers and Multiple Pharmacies	Use of Opioids at High Dosage (HDO)	Risk of Continued Opioid Use (COU)—At Least 15 Days Covered—Total
AET	★	★★★	★	★	★★★	★
BCC	★★★★	★★★	★★	★★	★★★★★	★★
HCS	★★	★★★	★★	★★	★★★★★	★
MCL	★★	★★★★★	★★	★★	★★★★★	★★
MER	★★	★★★★★	★★	★★★	★★★★★	★
MOL	★★	★★★	★★	★★	★★★★★	★
PRI	★★	★★	★★	★★★	★★★★★	★
UNI	★★	★★★	★★	★★	★★★	★
UPP	★★	★★★	★	★	★★★	★★

<sup>1</sup>A lower rate may indicate more favorable performance for these measure indicators (e.g., 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-17—Utilization Performance Summary Stars (Table 2 of 2)

MHP	Risk of Continued Opioid Use (COU) —At Least 31 Days Covered—Total <sup>1</sup>	Plan All-Cause Readmissions (PCR) —O/E Ratio—Total
AET	★	★
BCC	★	★
HCS	★	★★★
MCL	★	★★★
MER	★	★
MOL	★	★★★★
PRI	★	★★★★★
UNI	★	★★★
UPP	★	★★★★★

<sup>1</sup>A lower rate may indicate more favorable performance for this measure indicator. 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).