2019 HEDIS Aggregate Report for Michigan Medicaid

September 2019

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Introduction

During 2018, the Michigan Department of Health and Human Services (MDHHS) contracted with 11 health plans to provide managed care services to Michigan Medicaid members. MDHHS expects its contracted Medicaid health plans (MHPs) to support claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid reporting of the Healthcare Effectiveness Data and Information Set (HEDIS®)[1-1] measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

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

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

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

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

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

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

Summary of Performance

Figure 1-1 compares the Michigan Medicaid program's overall rates with NCQA's Quality Compass® national Medicaid HMO percentiles for HEDIS 2018, which are referred to as "percentiles" throughout this report.[1-3] For measures that were comparable to percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates that fell into each percentile range.

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

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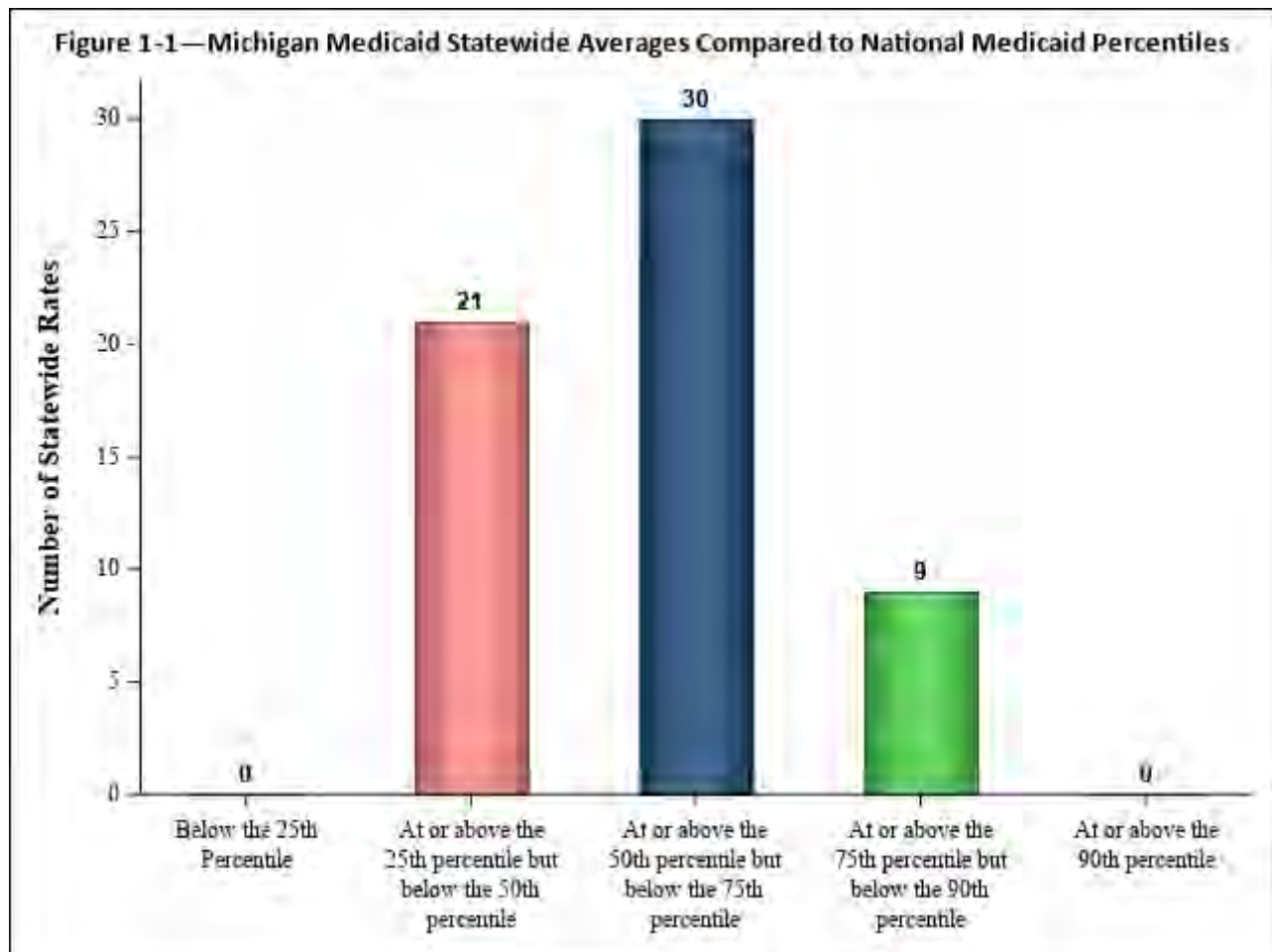
[1-2] National Committee for Quality Assurance. *HEDIS® 2019, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

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

Of the 60 reported rates that were comparable to percentiles, none of the MWA rates fell below the 25th percentile. Most MWA rates (about 65 percent) ranked at or above the 50th percentile, indicating high performance statewide compared to national standards. A summary of MWA performance for each measure domain is presented on the following pages.

Child & Adolescent Care

For the Child & Adolescent Care domain, the *Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication* measure was an area of strength in this domain. Both indicators for *Follow-Up Care for Children Prescribed ADHD Medication* ranked above the 50th percentile and demonstrated significant improvements with *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*, increasing by over five percentage points. Additionally, both appropriateness of antibiotic prescribing measures (*Appropriate Treatment for Children With Upper Respiratory Infection* and *Appropriate Testing for Children With Pharyngitis*) ranked above the 50th percentile and demonstrated significant improvements. For *Appropriate Treatment for Children With Upper Respiratory Infection*, the MWA increased from below the 50th percentile in 2018 to above the 50th percentile in 2019. Priority was the only MHP to rank above the HPL for more than one measure within the Child & Adolescent Care domain (*Well-Child Visits in the First 15 Months of Life—Six or More Visits*, and *Childhood Immunization Status—Combination 5* and *Combination 7*).

The MWA demonstrated significant declines and fell below the 50th percentile for all nine of the *Childhood Immunization Status* measure indicators. This is largely due to MHP rates for the diphtheria, tetanus, and acellular pertussis; pneumococcal conjugate; and rotavirus vaccines decreasing by at least three percentage points from 2018 to 2019 for at least half of the MHPs who reported rates in both years. Further, Aetna, Total Health, and Trusted ranked below the LPL for all nine indicators for the *Childhood Immunization Status* measure. MDHHS should work with the MHPs and providers to identify issues that contribute to low vaccination rates and implement improvement strategies targeted at increasing public demand for vaccines (e.g., community education, patient reminder/recall, and school/daycare vaccination requirements) and increasing access to vaccines (e.g., home visits, expanded access in healthcare settings), as well as strategies targeted at providers (e.g., provider feedback reports, standing orders, and provider reminder systems). These interventions are associated with increases in vaccination rates of approximately 17 percentage points at an estimated cost of approximately \$12 per additional child vaccinated.[1-4]

[1-4] Community Preventive Services Task Force. *Increasing Appropriate Vaccination: Health Care System-Based Interventions Implemented in Combination*. Available at: https://www.thecommunityguide.org/sites/default/files/assets/Vaccination-Health-Care-System-Based.pdf. Accessed on: Aug 1, 2019.

Women—Adult Care

For the Women—Adult Care domain, the *Chlamydia Screening in Women* measure was an area of strength as all indicators ranked above the 50th percentile with the *Ages 16 to 20 Years* and *Total* measure indicators ranking above the 75th percentile. Trusted demonstrated high performance as the only MHP to rank above the HPL for all *Chlamydia Screening in Women* measure indicators. Conversely, HAP and Upper Peninsula both ranked below the LPL for all reportable *Chlamydia Screening in Women* measure indicators.

For *Cervical Cancer Screening*, the MWA demonstrated a significant decline and decreased from above the 75th percentile in 2018 to below the 75th percentile in 2019. Additionally, *Breast Cancer Screening* ranked above the 50th percentile despite demonstrating a significant decline in performance. Further, no MHP ranked above the HPL for *Breast Cancer Screening* or *Cervical Cancer Screening*. MDHHS should work with the MHPs and providers to identify issues that contribute to the decrease in *Breast Cancer Screening* and *Cervical Cancer Screening* rates. Cancer screenings can lead to early detection, more effective treatment, and fewer deaths from cancer.[1-5] The MHPs should follow up with providers when members are overdue for a screening and work with providers to send reminders to members about scheduling an appointment (e.g., sending reminders in the mail or calling members to schedule screenings). Additionally, the MHPs can work with providers to have flexible office hours for screenings (e.g., nights and weekends) and offer mobile mammogram screenings.[1-6]

Access to Care

For the Access to Care domain, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* and *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* were areas of strength. Both measure indicators demonstrated significant increases, with *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* ranking above the 75th percentile and *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* ranking above the 50th percentile.

The MWA demonstrated significant declines and fell below the 50th percentile for all four of the *Children and Adolescents' Access to Primary Care Practitioners* measure indicators. Additionally, the MWA for *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years* decreased from above the 50th percentile in 2018 to below the 50th percentile in 2019, with at least five MHPs demonstrating significant declines from 2018 to 2019 for these three measure indicators. Further, Aetna, HAP, Trusted, and Priority fell below the LPL for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators. MDHHS should work with the MHPs and providers to identify barriers in access to care,

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1-5 U.S. Preventive Services Task Force. *Final Recommendation Statement: Cervical Cancer: Screening*. July 2019. Available at: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening2. Accessed on: Aug 7, 2019.

1-6 The Community Guide. *Cancer Screening: Evidenced-Based Interventions for Your Community*. Available at: https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf. Accessed on: Aug 7, 2019.

including challenges actually getting to the doctor's office, which may include transportation to and from the doctor's office, limited hours for the provider, or how far away the provider is from the member's home; experiencing prolonged wait times for getting an appointment and longer wait times once at the doctor's office; and difficulties navigating the healthcare system.[1-7] Additionally, MDHHS and the MHPs should also determine if these barriers in access to care are more severe based on geographic location and race/ethnicity.

Obesity

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total* measure indicator was an area of strength in the Obesity domain as the MWA demonstrated a significant increase of nearly five percentage points to go from below the 75th percentile in 2018 to above the 75th percentile in 2019. Additionally, Priority and Upper Peninsula demonstrated high performance, ranking above the HPL for two of the four measure indicators within the Obesity domain.

The MWAs for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total* and *Adult BMI Assessment* both had significant decreases and the MWA for *Adult BMI Assessment* fell from above the 90th percentile in 2018 to below the 90th percentile in 2019. Additionally, HAP and Trusted both ranked below the LPL for *Adult BMI Assessment*. MDHHS and the MHPs should monitor performance on these two measure indicators to ensure MHP performance does not continue to decline.

Pregnancy Care

The *Prenatal and Postpartum Care—Postpartum Care* measure indicator ranked above the 50th percentile within the Pregnancy Care domain. Additionally, Upper Peninsula demonstrated high performance, ranking above the HPL for both *Prenatal and Postpartum Care* measure indicators.

Conversely, the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator demonstrated a significant decline from 2018 to 2019 and ranked below the 50th percentile for 2019. Additionally, six MHPs (Total Health, Blue Cross, Aetna, Molina, HAP, and Trusted) ranked below the LPL for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator. MDHHS should work with the MHPs and providers to determine barriers to timely prenatal care for pregnant women (e.g., lack of family planning services, access to care, and community perceptions) and continue current strategies and implement new strategies to increase the *Prenatal and Postpartum Care* measure indicator rates. Additionally, MDHHS should perform direct tests of compliance for members (e.g., provider calls) to determine if newly pregnant Medicaid members are able to make timely appointments with an obstetrician/gynecologist (OB/GYN) or primary care provider (PCP), as MDHHS will then be

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[1-7] Chapter 4: Monitoring Access to Care in Medicaid. MACPAC. Available at: https://www.macpac.gov/wp-content/uploads/2017/03/Monitoring-Access-to-Care-in-Medicaid.pdf. Accessed on: Aug 7, 2019.

able to identify any compliance violations for providers not scheduling appointments for new pregnant Medicaid members in a timely manner.[1-8]

Living With Illness

For the Living With Illness domain, five out of six (83.3 percent) *Comprehensive Diabetes Care* measure indicators ranked above the 50th percentile, demonstrating strength. Despite five of the six *Comprehensive Diabetes Care* measure indicators ranking above the 50th percentile, most of the measure indicators demonstrated significant declines from 2018 to 2019, with two of the measure indicators going from above the 75th percentile to below the 75th percentile. The MHPs should monitor these *Comprehensive Diabetes Care* measure indicators to ensure that performance does not continue to decline over time. Of note, Upper Peninsula and Priority ranked above the HPL for five of the six (83.3 percent) *Comprehensive Diabetes Care* measure indicators, while Trusted ranked below the LPL for five of the six *Comprehensive Diabetes Care* measure indicators.

Most measure indicators (seven out of 12) related to medication adherence and medication monitoring were above the 50th percentile. Of note, the *Asthma Medication Ratio* increased from below the 50th percentile in 2018 to above the 50th percentile in 2019, demonstrating a strength; however, four of the six measure indicators related to medication adherence demonstrated significant declines in performance (both *Medication Management for People With Asthma* measure indicators and both *Antidepressant Medication Management* measure indicators**)**. Additionally, three of the four measures related to medication monitoring (*Diabetes Monitoring for People With Diabetes and Schizophrenia*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, and *Annual Monitoring for Patients on Persistent Medications)* fell below the 50th percentile. MDHHS should work with the MHPs to identify issues that contribute to low rates of medication adherence and monitoring and implement strategies that focus on improving adherence to medications and appropriate monitoring of members using medications.

Health Plan Diversity

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care. The *Race/Ethnicity Diversity of Membership* measure shows that the 2019 MWA rates for different racial/ethnic groups were fairly stable across years, with less than two percentage points difference between 2018 and 2019 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, 2019 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 three percentage points difference between 2018 and 2019.

[1-8] Medicaid and CHIP Payment and Access Commission. *Monitoring Managed Care Access*. Available at: https://www.macpac.gov/subtopic/monitoring-managed-care-access/. Accessed on: July 30, 2019.

Utilization

For the *Emergency Department (ED) Visits—Total* measure indicator, the Michigan average decreased by 7.5 visits per 1,000 member months from 2017 to 2019.[1-9] 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, all 11 MHPs had an observed-to-expected (O/E) ratio less than 1.0, indicating that all MHPs had fewer observed readmissions than were expected based on patient mix.

Limitations and Considerations

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

[1-9] For the *ED Visits* indicator, a lower rate indicates better performance (i.e., low rates of ED visits suggest more appropriate service utilization).

Introduction

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

Michigan Medicaid Health Plan Names

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

Table 2-1—2019 Michigan MHP Names and Abbreviations

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

Summary of Michigan Medicaid HEDIS 2019 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 2019. These measures were grouped into the following eight domains of care: Child & Adolescent Care, Women—Adult Care, Access to Care, Obesity, Pregnancy Care, Living With Illness, Health Plan Diversity, and Utilization. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages MHPs and MDHHS to consider the measures as a whole rather than in isolation and to develop the strategic changes required to improve overall performance.

Table 2-2 shows the selected HEDIS 2019 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 2019 Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Michigan Medicaid HEDIS 2019 Required Measures

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

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

Data Collection Methods

Administrative Method

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

Hybrid Method

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

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

Understanding Sampling Error

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

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

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

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

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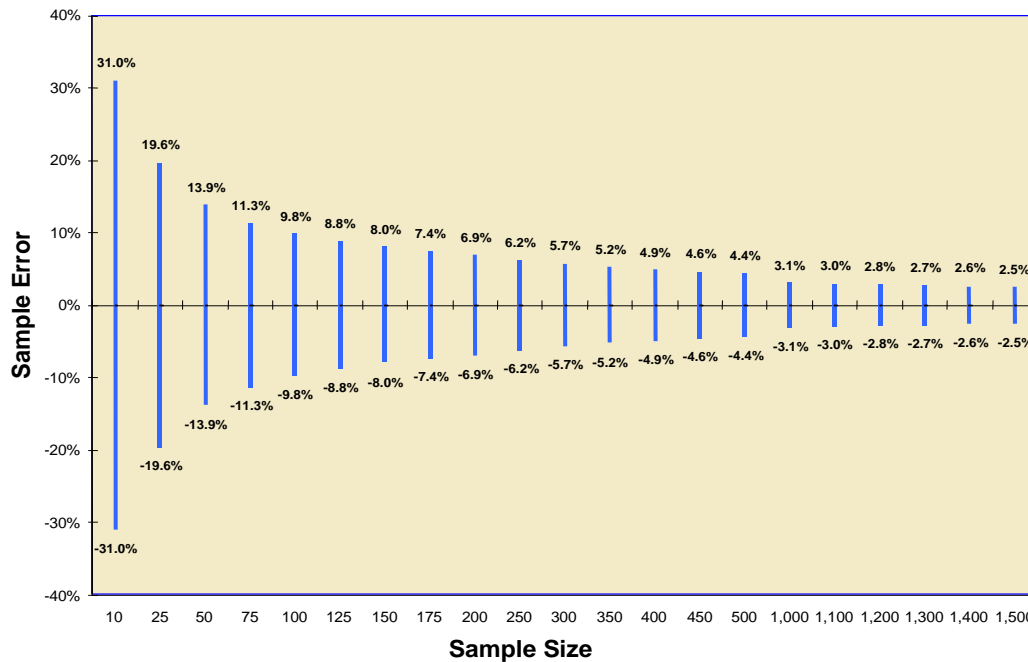
As Figure 2-1 shows, sample error decreases as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the difference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

Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the Interactive Data Submission System (IDSS) files supplied by the MHPs. Prior to HSAG's receipt of the MHPs' IDSS files, all of the MHPs were required by MDHHS to have their HEDIS 2019 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by an MHP was assigned an NCQA-defined audit result. HEDIS 2019 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Unaudited (UN)*, and *Not Reported (NR)*. The audit results are defined in Section 12.

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

Calculation of Statewide Averages

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

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS 2019 MHP and MWA rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS 2019 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS 2018, which are referred to as "percentiles" throughout this report. Of note, rates for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Plan All-*

Cause Readmissions measure indicators were compared to NCQA's Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2018.

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 2019 MWA (i.e., the bar shaded gray); the HPL (i.e., the green shaded bar), representing the 90th percentile; the P50 bar (i.e., the blue shaded bar), representing the 50th percentile; and the LPL (i.e., the red shaded bar), representing the 25th percentile.

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

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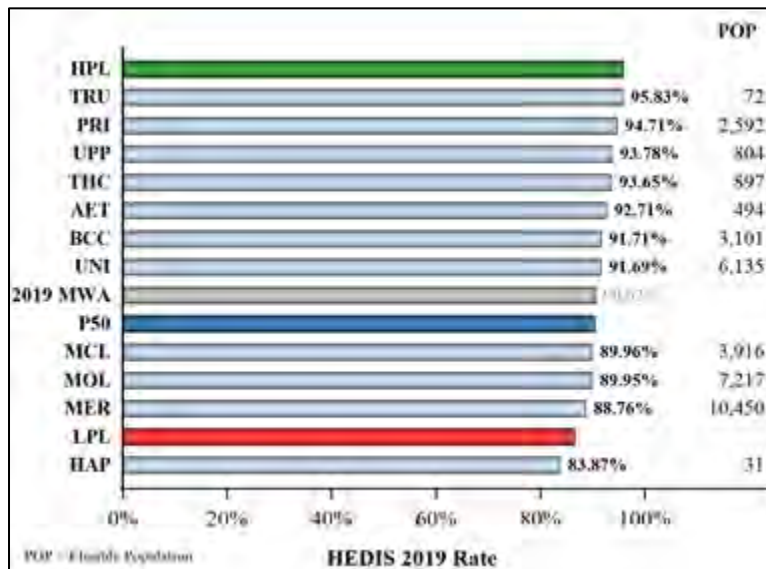
For performance measure rates that were reported using the hybrid method, the "ADMIN%" column presented with each horizontal bar graph figure displays the percentage of the rate derived from administrative data (e.g., claims data and supplemental data). The portion of the bar shaded yellow represents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

Figure 2-3—Sample Horizontal Bar Graph Figure for Hybrid Measures
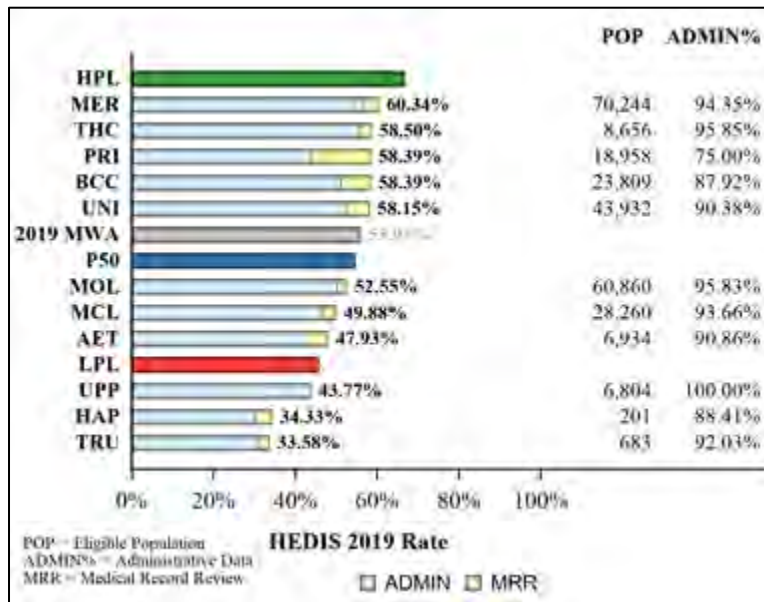
Percentile Rankings and Star Ratings

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

Table 2-3—Percentile Ranking Performance Levels

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

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

For the *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits* and *Plan All-Cause Readmissions* measure indicators, HSAG inverted the star ratings to be consistently applied to these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

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

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

Performance Trend Analysis

In addition to the star rating results, HSAG also compared HEDIS 2019 MWA and MHP rates to the corresponding HEDIS 2018 rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05 for MHP rate comparisons and a *p* value <0.01 for MWA rate comparisons. Note that statistical testing could not be performed on the utilization-based measures domain given that variances were not available in the IDSS files for HSAG to use for statistical testing. Further statistical testing was not performed on the health plan diversity measures because these measures are for information purposes only.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. Throughout the report, references to "significant" changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS 2018 to HEDIS 2019. 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 2018 and HEDIS 2019" 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 2018 and HEDIS 2019 are presented in tabular format. HEDIS 2019 rates shaded green with one cross ($^+$) indicate a significant improvement in performance from the previous year. HEDIS 2019 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 2019 MWA demonstrated a significant improvement from the HEDIS 2018 MWA.*
$^{++}$	*Indicates that the HEDIS 2019 MWA demonstrated a significant decline from the HEDIS 2018 MWA.*

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

Table 2-4—Percentile Ranking Performance Levels

Percentile Ranking and Shading	Performance Level
≥90th	At or above the 90th percentile
≥75th and ≤89th	At or above the 75th percentile but below the 90th percentile
≥50th and ≤74th	At or above the 50th percentile but below the 75th percentile
≥25th and ≤49th	At or above the 25th percentile but below the 50th percentile
≤25th	Below the 25th percentile

For each performance measure indicator presented in Sections 3 through 8 of this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS 2017, HEDIS 2018, and HEDIS 2019 MWAs with significance testing performed between the HEDIS 2018 and HEDIS 2019 MWAs. Within these figures, HEDIS 2019 rates with one cross ($^+$) indicate a significant improvement in performance from HEDIS 2018. HEDIS 2019 rates with two crosses ($^{++}$) indicate a significant decline in performance from HEDIS 2018. An example of the vertical bar graph figure for measure indicators reported is included in Figure 2-4.

Figure 2-4—Sample Vertical Bar Graph Figure Showing Significant Improvement
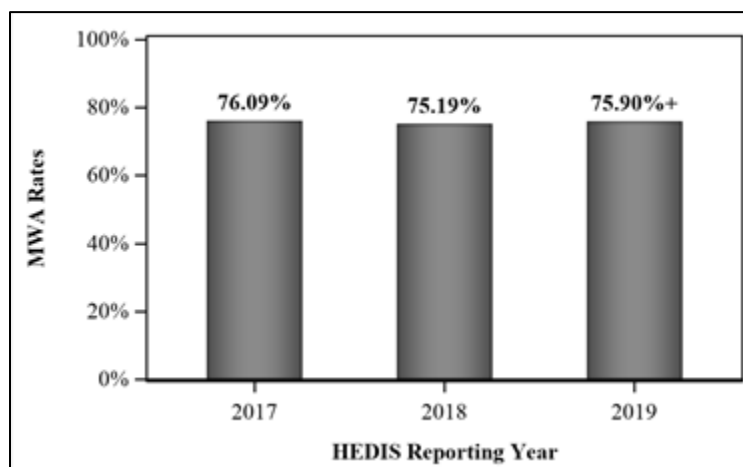
Interpreting Results Presented in This Report

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

The following questions should be asked when examining these data:

How accurate are the results?

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

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

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

How do Michigan Medicaid rates compare to national percentiles?

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS 2018 Medicaid 50th percentile. In addition, the HEDIS 2017, 2018, and 2019 MWA rates are presented for comparison purposes.

Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent nationally for that measure.

How are Michigan MHPs performing overall?

For each domain of care, a performance profile analysis compares the 2019 MWA for each rate with the 2017 and 2018 MWA and the 50th percentile.

Measure Changes Between HEDIS 2018 and HEDIS 2019

The following is a list of measures with technical specification changes that NCQA announced for HEDIS 2019.[2-1] These changes may have an effect on the HEDIS 2019 rates that are presented in this report.

Childhood Immunization Status—Combinations 2–10

- Revised the measles, mumps, and rubella (MMR), varicella zoster (VZV), and hepatitis A (HepA) numerators in the Administrative Specification to indicate that vaccinations administered on or between the child's first and second birthdays meet numerator criteria.

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

- Clarified that children who turn 15 months old during the measurement year are included in the measure.
- Clarified in the numerator to not count visits that occur after the member's 15-month birthday.
- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.

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

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.

Adolescent Well-Care Visits

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.

Immunizations for Adolescents—Combination 1

- Updated meningococcal vaccine references.
- Added optional exclusions for the tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine.

Appropriate Treatment for Children With Upper Respiratory Infection

- Added a note to indicate that supplemental data may not be used for this measure.

[2-1] National Committee for Quality Assurance. *HEDIS® 2019, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

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

- Clarified in the continuous enrollment of Rate 2 that members who switch product lines or products between the Rate 1 and Rate 2 continuous enrollment periods are only included in Rate 1.
- Restructured the codes and value sets for identifying the numerators. Refer to the Value Set Directory for a detailed summary of changes.

Breast Cancer Screening

- Added methods to identify bilateral mastectomy for the optional exclusion.

Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65+ Years, and Total

- Incorporated telehealth into the measure specification.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

- Incorporated telehealth into the measure specification.
- Added a note to indicate that supplemental data may not be used for this measure.

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

- Clarified in the *Notes* that services rendered for obesity or eating disorders may be used to meet criteria for the *Counseling for Nutrition* and *Counseling for Physical Activity* indicators.

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

- Deleted prenatal visits with internal organization codes for last menstrual period (LMP)/estimated date of delivery (EDD) and obstetrical history/risk assessment counseling from Decision Rule 3 of the Administrative specification. Internal organization codes are supplemental data and are in the scope of the hybrid specification.
- Clarified that documentation in the medical record of gestational age with either parental risk assessment and counseling/education or complete obstetrical history meets criteria for the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Notes* that nonancillary services must be delivered by the required provider type.

Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy, and Blood Pressure Control (<140/90 mm Hg)

- Incorporated telehealth into the measure specifications.
- Added methods to identify bilateral eye enucleation.
- Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance.
- Updated the *Notes* to clarify that blood pressure readings taken the same day as lidocaine injections and wart or mole removals should not be excluded from the numerator.

Medication Management for People With Asthma—Medication Compliance 50%—Total and Medication Compliance 75%—Total

- Incorporated telehealth into the measure specifications.
- Removed "Mast cell stabilizers" from the Asthma Controller Medications List.

Asthma Medication Ratio—Total

- Incorporated telehealth into the measure specifications.
- Removed "Mast cell stabilizers" from the Asthma Controller Medications List.

Controlling High Blood Pressure

- Removed requirement to identify and use different thresholds for members ages 60 to 85 without a diagnosis of diabetes.
- Revised the definition of representative blood pressure to indicate that the blood pressure reading must occur on or after the second diagnosis of hypertension.
- Revised the event/diagnosis criteria to include members who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year of the year prior to the measurement year.
- Removed the diabetes flag identification from the event/diagnosis criteria.
- Incorporated telehealth into the measure specifications.
- Added administrative method for reporting.
- Added blood pressure readings taken from remote patient monitoring devises that are electronically submitted directly to the provider for numerator compliance.
- Removed the requirement to confirm the hypertension diagnosis.
- Updated the *Notes* to clarify that blood pressure readings taken the same day as lidocaine injections and wart or mole removals should not be excluded from the numerator.

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

- Clarified that schizoaffective disorder is included in the measure in the description and step 1 of the event/diagnosis.
- Incorporated telehealth into the measure specification.
- Added "Psychotherapeutic combinations" medications to SSD Antipsychotic Medications List and removed the Antipsychotic Combination Medication List.
- Removed "Pimozide" from the prescriptions of miscellaneous antipsychotic agents in the SSD Antipsychotic Medications List.
- Removed "Fluoxetine-olanzapine" from the prescriptions of psychotherapeutic combinations in the SSD Antipsychotic Medications List.

Diabetes Monitoring for People With Diabetes and Schizophrenia

- Clarified that schizoaffective disorder is included in the measure in the description and step 1 of the event/diagnosis.
- Incorporated telehealth into the measure specification.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

- Clarified that schizoaffective disorder is included in the measure in the description and step 1 of the event/diagnosis.
- Incorporated telehealth into the measure specification.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Clarified that schizoaffective disorder is included in the measure in the description and step 1 of the event/diagnosis.
- Incorporated telehealth into the measure specification.
- Removed "Pimozide" from the description of miscellaneous antipsychotic agents (oral) in the Oral Antipsychotic Medications List.
- Removed "Fluoxetine-olanzapine" from the description of psychotherapeutic combinations (oral) in the Oral Antipsychotic Medications List.

Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total and Outpatient Visits—Total

- Incorporated telehealth into the measure specification.

Inpatient Utilization—General Hospital/Acute Care

- Removed use of Medicare Severity Diagnosis Related Groups (MS-DRGs) for identification of inpatient discharges.
- Clarified that member months for maternity rates are reported for members 10 to 64 years of age.

Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies

- Revised the measure description and added a note to indicate that the proportion will be calculated and displayed as a permillage.
- Added a note to indicate that supplemental data may not be used for this measure.
- Revised the *Notes* section to not include denied claims when identifying the eligible population or assessing the numerator.

Use of Opioids at High Dosage

- Revised the measure description and added a note to indicate that the proportion will be calculated and displayed as a permillage.
- Revised steps 1 and 2 in the event/diagnosis criteria.
- Renamed the medication list and changed references to UOD Opioid Medications List for this measure.
- Removed buprenorphine from the UOD Opioid Medications List and in Table UOD-A.
- Revised steps 2 and 3 in the numerator.
- Revised Table UOD-A to clarify that conversion factor 3 should be used for methadone.
- Added a note to indicate that supplemental data can be used for only required exclusions for this measure.
- Revised the *Notes* section to not include denied claims when identifying the eligible population (except for required exclusions) or assessing the numerator.

Plan All-Cause Readmissions

- Revised the Planned Hospital Stay definition.
- Added a *Notes* to the eligible population to refer to General Guideline 10 when reporting for small denominator limits.
- Removed former step 5 in the denominator and added language about planned admissions to step 3 in the numerator.
- Revised steps 6 and 7 in Risk Adjustment Weighting.

Introduction

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

- *Childhood Immunization Status—Combinations 2–10*
- *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
- *Lead Screening in Children*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Immunizations for Adolescents—Combination 1*
- *Appropriate Treatment for Children With Upper Respiratory Infection*
- *Appropriate Testing for Children With Pharyngitis*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *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 2019 MWA rates and performance levels, a comparison of the HEDIS 2018 MWA to the HEDIS 2019 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2018 to HEDIS 2019.

Table 3-1—HEDIS 2019 MWA Performance Levels and Trend Results for Child & Adolescent Care

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA–HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Childhood Immunization Status[3]				
Combination 2	72.51%	-3.84++	0	2
Combination 3	67.93%	-4.35++	0	3
Combination 4	67.00%	-3.75++	0	1

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA–HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Combination 5	57.79%	-4.84++	0	3
Combination 6	38.40%	-1.53++	1	1
Combination 7	57.07%	-4.46++	0	3
Combination 8	38.20%	-1.36++	1	0
Combination 9	33.40%	-2.45++	0	0
Combination 10	33.24%	-2.31++	0	0
Well-Child Visits in the First 15 Months of Life				
Six or More Visits	70.92%	-0.97	1	0
Lead Screening in Children				
Lead Screening in Children	78.40%	-2.15++	0	0
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.90%	+0.71+	1	1
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	55.93%	-0.82++	0	0
Immunizations for Adolescents				
Combination 1	85.66%	+0.52	1	1
Appropriate Treatment for Children With Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection	90.62%	+1.79+	5	0
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	80.65%	+1.45+	4	1
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	46.59%	+2.73+	3	1
Continuation and Maintenance Phase	58.80%	+5.24+	2	0

[1] 2019 performance levels were based on comparisons of the HEDIS 2019 MWA rates to national Medicaid Quality Compass HEDIS 2018 benchmarks. 2019 performance levels represent the following percentile comparisons:

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

[2] HEDIS 2018 MWA to HEDIS 2019 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

Green Shading[+] Indicates that the HEDIS 2019 MWA demonstrated a significant improvement from the HEDIS 2018 MWA.

Red Shading[++] Indicates that the HEDIS 2019 MWA demonstrated a significant decline from the HEDIS 2018 MWA.

[3] Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

Table 3-1 shows that, for the Child & Adolescent Care domain, the *Follow-Up Care for Children Prescribed ADHD Medication* measure was an area of strength. Both indicators for *Follow-Up Care for Children Prescribed ADHD Medication* ranked above the 50th percentile and demonstrated significant improvements with *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*, increasing by over five percentage points. Additionally, both appropriateness of antibiotic prescribing measures (*Appropriate Treatment for Children With Upper Respiratory Infection* and *Appropriate Testing for Children With Pharyngitis*) ranked above the 50th percentile and demonstrated significant improvements. For *Appropriate Treatment for Children With Upper Respiratory Infection*, the MWA increased from below the 50th percentile in 2018 to above the 50th percentile in 2019. Priority was the only MHP to rank above the HPL for more than one measure within the Child & Adolescent Care domain (*Well-Child Visits in the First 15 Months of Life—Six or More Visits* and *Childhood Immunization Status—Combination 5* and *Combination 7*).

The MWA demonstrated significant declines and fell below the 50th percentile for all nine of the *Childhood Immunization Status* measure indicators. This is largely due to MHP rates for the diphtheria, tetanus, and acellular pertussis; pneumococcal conjugate; and rotavirus vaccines decreasing by at least three percentage points from 2018 to 2019 for at least half of the MHPs who reported rates in both years. Further, Aetna, Total Health, and Trusted ranked below the LPL for all nine indicators for the *Childhood Immunization Status* measure. MDHHS should work with the MHPs and providers to identify issues that contribute to low vaccination rates and implement improvement strategies targeted at increasing public demand for vaccines (e.g., community education, patient reminder/recall, and school/daycare vaccination requirements) and increasing access to vaccines (e.g., home visits, expanded access in healthcare settings), as well as strategies targeted at providers (e.g., provider feedback reports, standing orders, and provider reminder systems). These interventions are associated with increases in vaccination rates of approximately 17 percentage points at an estimated cost of approximately $12 per additional child vaccinated.[3-1]

[3-1] Community Preventive Services Task Force. *Increasing Appropriate Vaccination: Health Care System-Based Interventions Implemented in Combination*. Available at: https://www.thecommunityguide.org/sites/default/files/assets/Vaccination-Health-Care-System-Based.pdf. Accessed on: Aug 1, 2019.

Measure-Specific Findings

Childhood Immunization Status—Combination 2

Childhood Immunization Status—Combination 2 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP), three polio (IPV), one MMR, three haemophilus influenzae type B (HiB), three hepatitis B (HepB), and one VZV. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–1—Childhood Immunization Status—Combination 2 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–2—Childhood Immunization Status—Combination 2 Health Plan Ranking
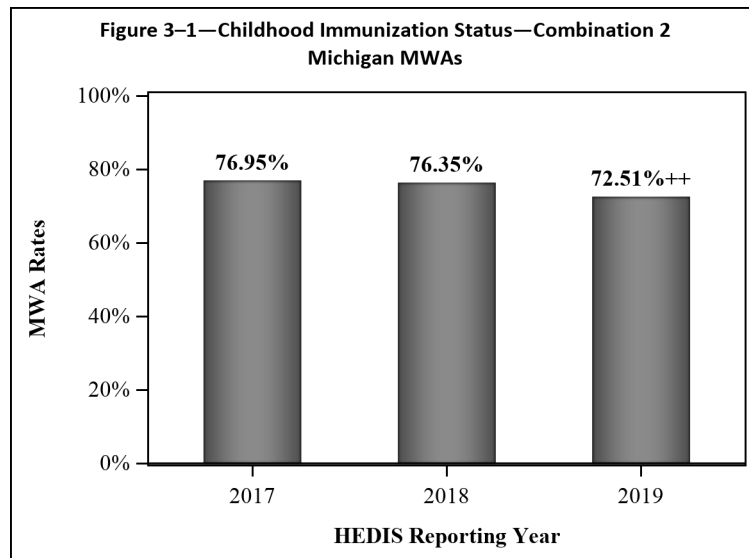
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by approximately 25 percentage points.

Childhood Immunization Status—Combination 3

Childhood Immunization Status—Combination 3 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, and four pneumococcal conjugate (PCV). Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–3—Childhood Immunization Status—Combination 3 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–4—Childhood Immunization Status—Combination 3 Health Plan Ranking
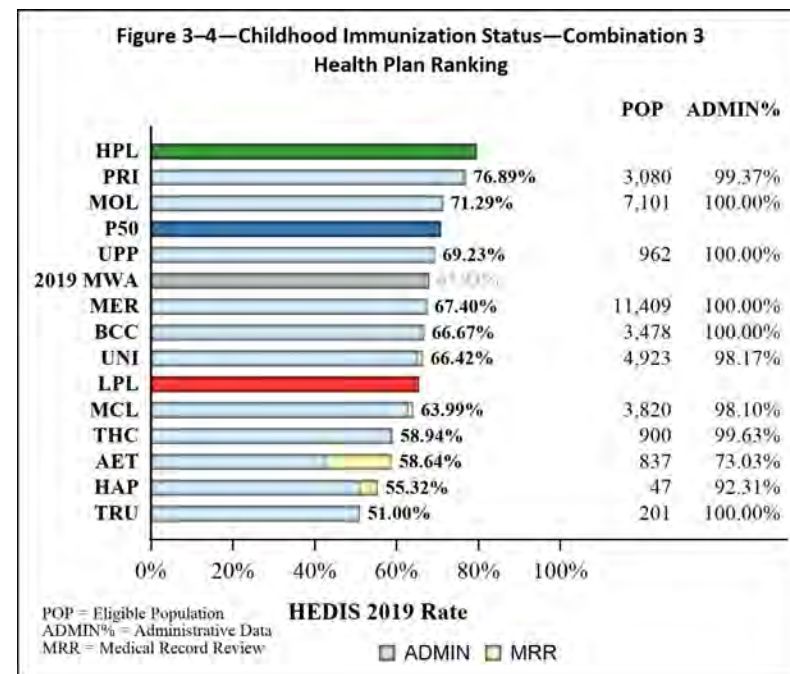
Two MHPs ranked above the 50th percentile but fell below the HPL. Five MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

Childhood Immunization Status—Combination 4

Childhood Immunization Status—Combination 4 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and one HepA. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–5—Childhood Immunization Status—Combination 4 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–6—Childhood Immunization Status—Combination 4 Health Plan Ranking

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

Childhood Immunization Status—Combination 5

Childhood Immunization Status—Combination 5 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two or three rotavirus (RV). Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–7—Childhood Immunization Status—Combination 5 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–8—Childhood Immunization Status—Combination 5 Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
PRI	69.10%	3,080	99.30%
HPL			
MOL	61.80%	7,101	100.00%
P50			
UNI	58.15%	4,923	99.16%
2019 MWA	57.79%		
MER	56.93%	11,409	100.00%
UPP	55.30%	962	100.00%
LPL			
MCL	53.77%	3,820	98.64%
BCC	53.04%	3,478	100.00%
THC	49.23%	900	99.10%
AET	46.47%	837	72.77%
TRU	43.00%	201	100.00%
HAP	38.30%	47	88.89%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

□ ADMIN □ MRR

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

Childhood Immunization Status—Combination 6

Childhood Immunization Status—Combination 6 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two influenza (flu). Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–9—Childhood Immunization Status—Combination 6 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–10—Childhood Immunization Status—Combination 6 Health Plan Ranking

	POP	ADMIN%
HPL		
PRI 51.82%	3,080	97.65%
UPP 44.91%	962	100.00%
MER 40.39%	11,409	100.00%
P50		
MOL 38.93%	7,101	100.00%
2019 MWA 35.46%		
BCC 36.01%	3,478	100.00%
UNI 33.58%	4,923	98.55%
MCL 33.09%	3,820	97.06%
LPL		
AET 29.68%	837	77.05%
HAP 27.66%	47	92.31%
THC 25.83%	900	100.00%
TRU 25.00%	201	100.00%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

HEDIS 2019 Rate

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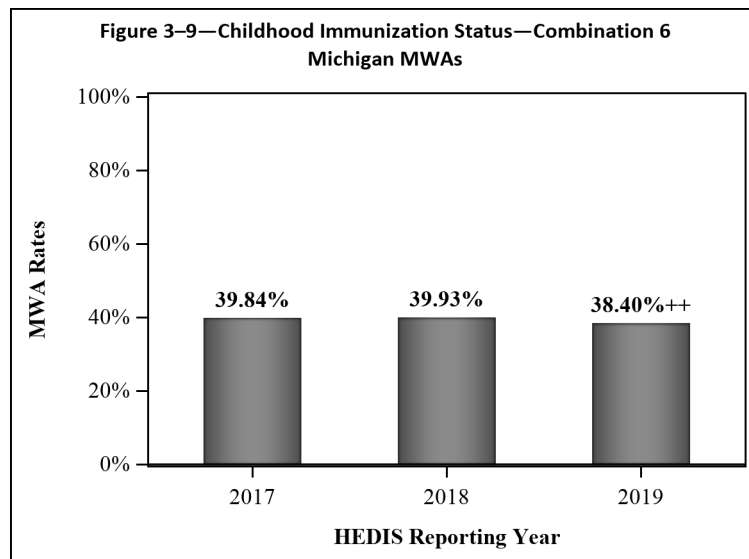
Three MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

Childhood Immunization Status—Combination 7

Childhood Immunization Status—Combination 7 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two or three RV. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–11—Childhood Immunization Status—Combination 7 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–12—Childhood Immunization Status—Combination 7 Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
PRI	68.86%	3,080	99.29%
HPL			
MOL	61.07%	7,101	100.00%
P50			
2019 MWA	57.07%		
MER	56.45%	11,409	100.00%
UNI	56.20%	4,923	99.13%
UPP	54.68%	962	100.00%
LPL			
MCL	52.80%	3,820	98.62%
BCC	52.80%	3,478	100.00%
THC	49.23%	900	99.10%
AET	46.47%	837	72.77%
TRU	42.50%	201	100.00%
HAP	38.30%	47	88.89%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

□ ADMIN □ MRR

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

Childhood Immunization Status—Combination 8

Childhood Immunization Status—Combination 8 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two flu. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–13—Childhood Immunization Status—Combination 8 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–14—Childhood Immunization Status—Combination 8 Health Plan Ranking
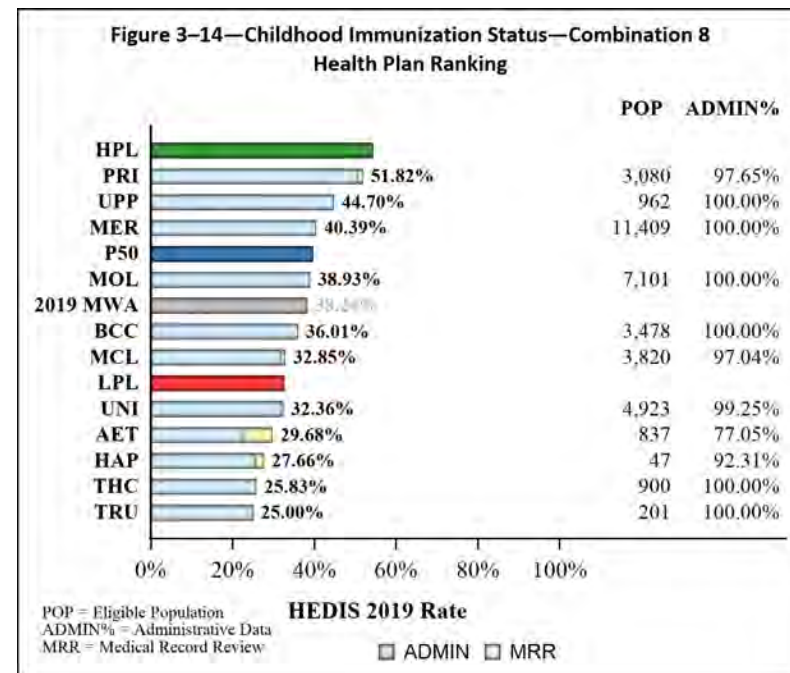
Three MHPs ranked above the 50th percentile but fell below the HPL. Five MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

Childhood Immunization Status—Combination 9

Childhood Immunization Status—Combination 9 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, two or three RV, and two flu. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–15—Childhood Immunization Status—Combination 9 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–16—Childhood Immunization Status—Combination 9 Health Plan Ranking

	POP	ADMIN%
HPL		
PRI 47.93%	3,080	97.97%
UPP 37.94%	962	100.00%
P50		
MER 34.79%	11,409	100.00%
MOL 33.82%	7,101	100.00%
2019 MWA 33.40%		
UNI 30.41%	4,923	100.00%
BCC 30.17%	3,478	100.00%
LPL		
MCL 27.98%	3,820	97.39%
AET 23.84%	837	74.49%
TRU 22.50%	201	100.00%
THC 21.85%	900	100.00%
HAP 17.02%	47	87.50%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review
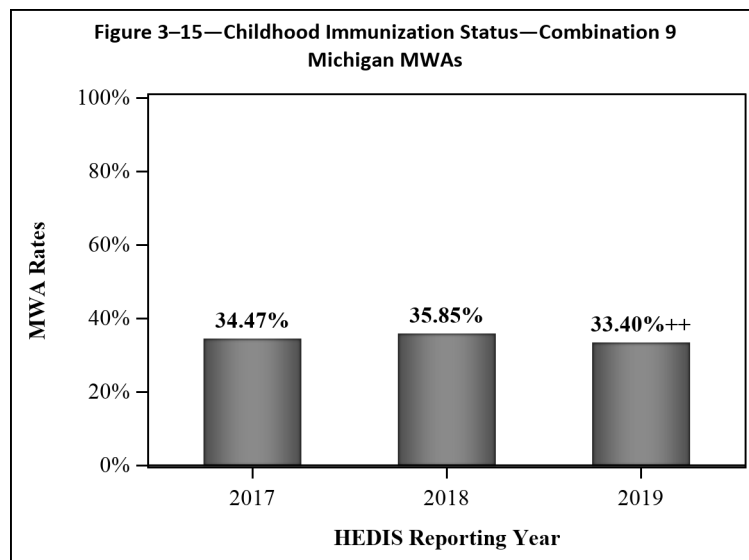
HEDIS 2019 Rate
☐ ADMIN ☐ MRR

Two MHPs ranked above the 50th percentile but fell below the HPL. Five MHPs fell below the LPL. MHP performance varied by over 30 percentage points.
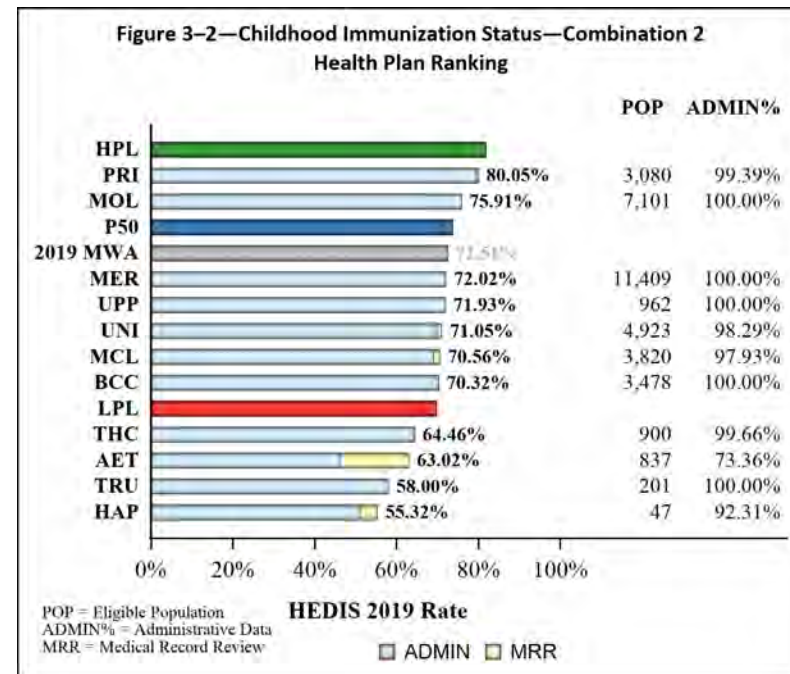
Childhood Immunization Status—Combination 10

Childhood Immunization Status—Combination 10 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV, and two flu. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 3–17—Childhood Immunization Status—Combination 10 Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–18—Childhood Immunization Status—Combination 10 Health Plan Ranking
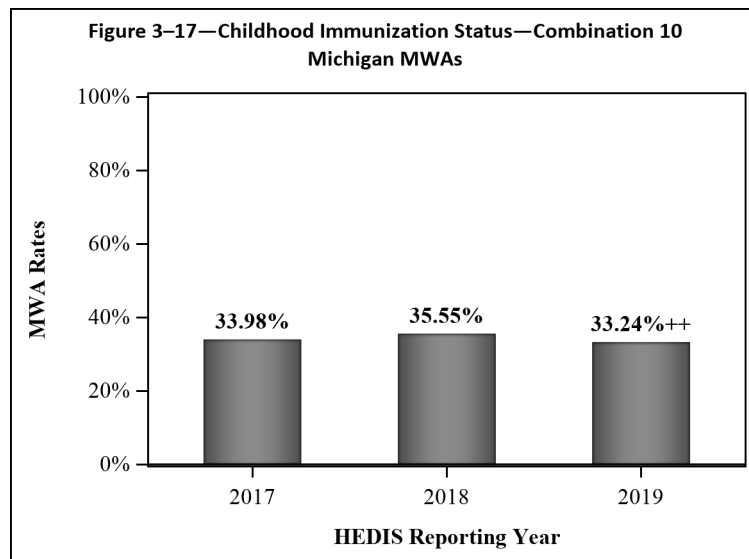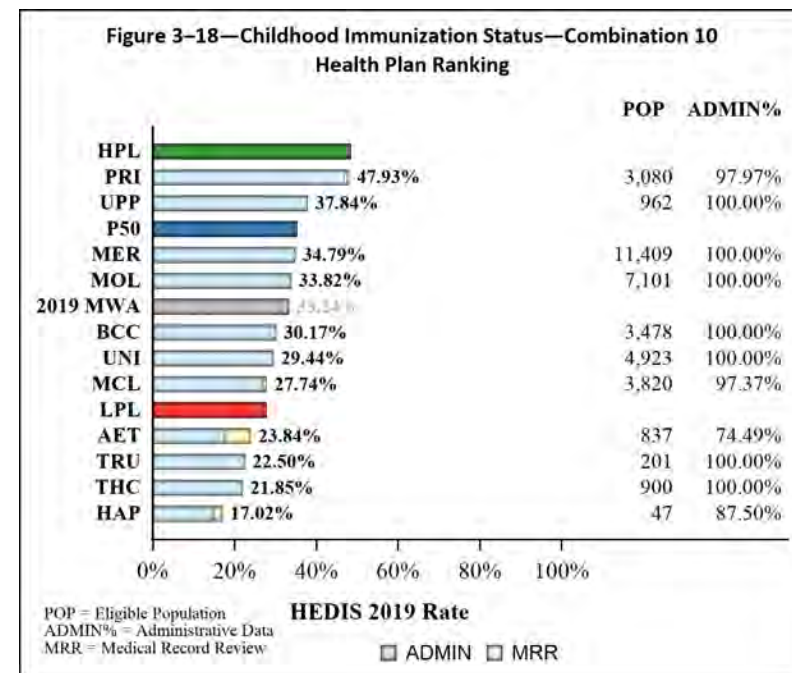
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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

Well-Child Visits in the First 15 Months of Life—Six or More Visits assesses the percentage of members who turned 15 months old during the measurement year who received six or more well-child visits with a PCP during their first 15 months of life.
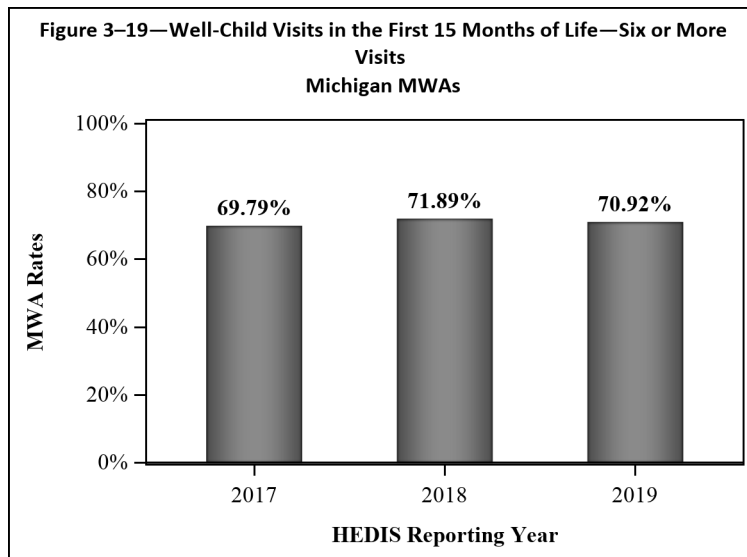
Figure 3–19—Well-Child Visits in the First 15 Months of Life—Six or More Visits
Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 3–20—Well-Child Visits in the First 15 Months of Life—Six or More Visits
Health Plan Ranking

		POP	ADMIN%
UPP	79.56%	977	98.17%
PRI	77.62%	2,227	86.52%
MER	76.40%	9,029	97.77%
HPL			
2019 MWA	70.92%		
MCL	70.56%	3,008	95.17%
MOL	68.37%	5,866	96.80%
BCC	67.15%	3,041	94.57%
THC	66.23%	695	96.33%
P50			
UNI	64.48%	3,829	96.23%
LPL			
AET	46.96%	603	94.30%
TRU	43.96%	91	92.50%
HAP	NA	18	

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

HEDIS 2019 Rate
☐ ADMIN ☐ MRR

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

Seven MHPs and the MWA ranked above the 50th percentile, with three MHPs ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 35 percentage points.

Lead Screening in Children

Lead Screening in Children assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
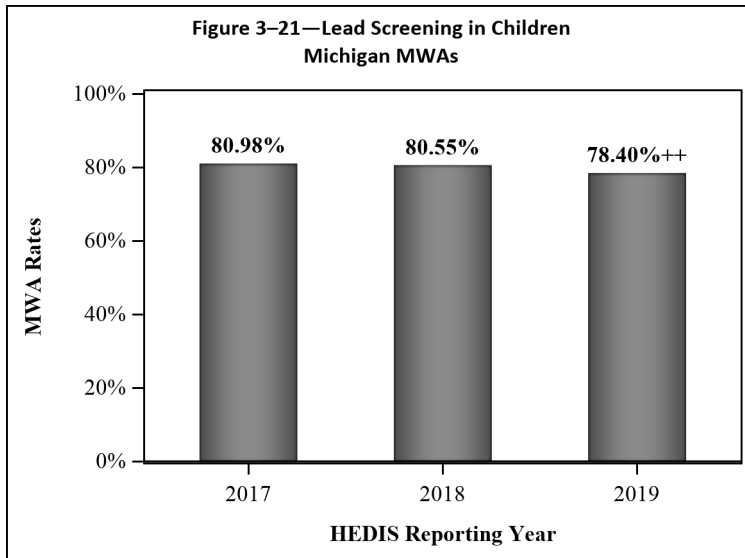
Figure 3–21—Lead Screening in Children Michigan MWAs

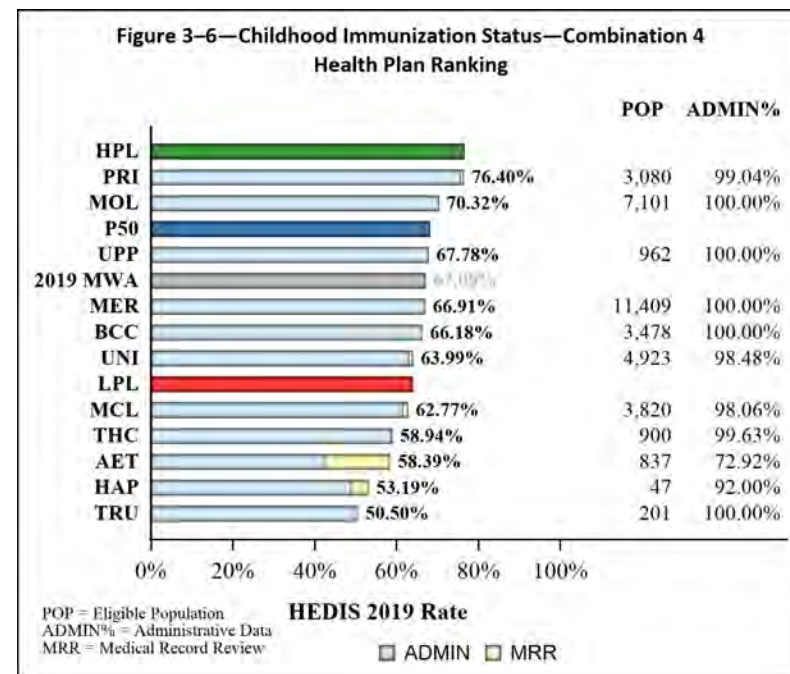*Rates with two crosses (++) indicate a significant decline in performance from the previous year.*

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–22—Lead Screening in Children Health Plan Ranking
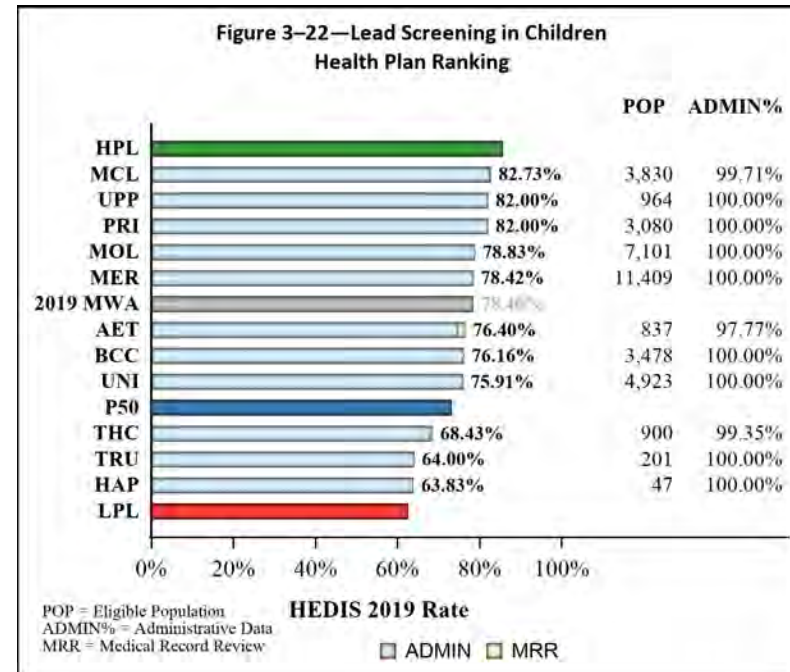
Eight MHPs and the MWA ranked above the 50th percentile, and all MHPs fell between the HPL and the LPL. MHP performance varied by over 15 percentage points.

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

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life assesses the percentage of members who were 3, 4, 5, or 6 years old who received one or more well-child visits with a PCP during the measurement year.
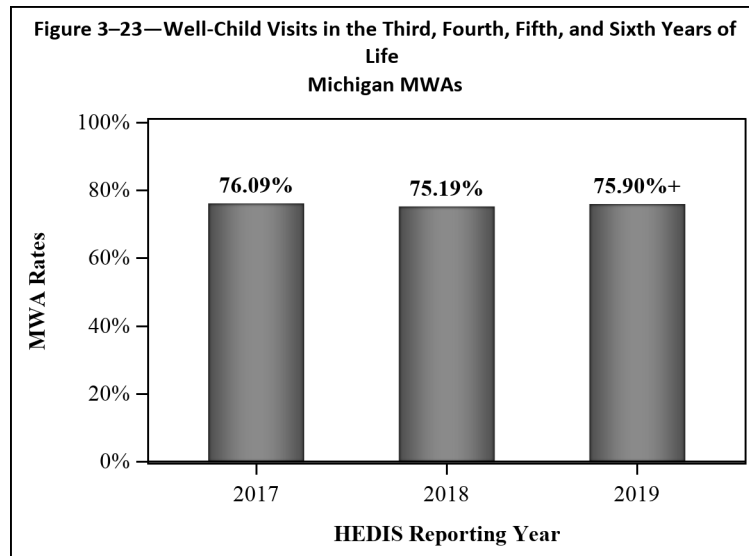
Figure 3–23—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 3–24—Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
Health Plan Ranking
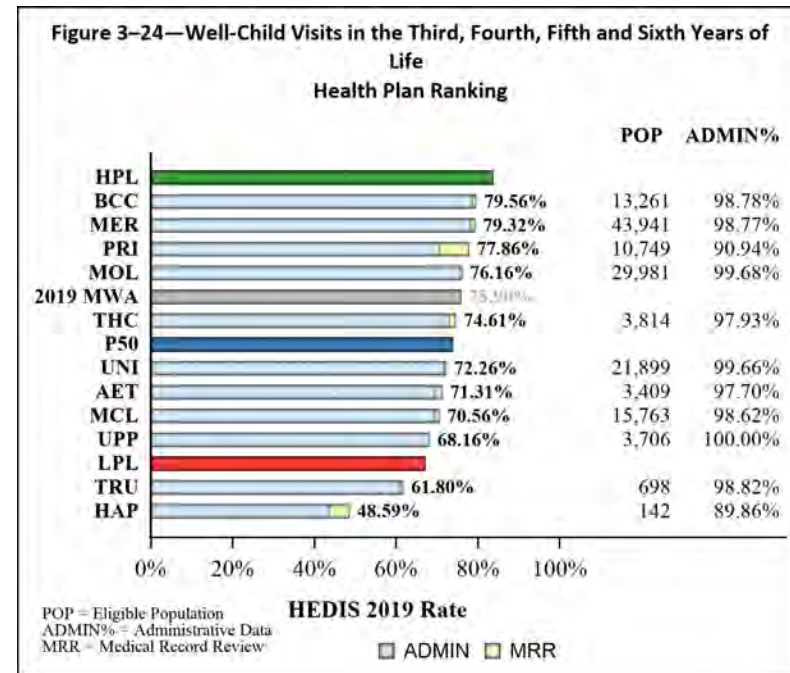
Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.
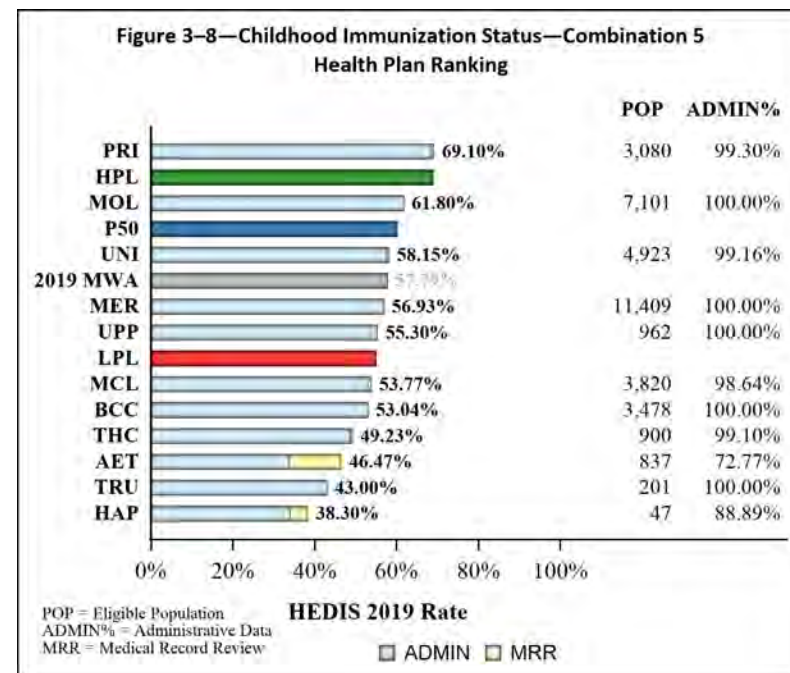
Adolescent Well-Care Visits

Adolescent Well-Care Visits assesses the percentage of members who were 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.
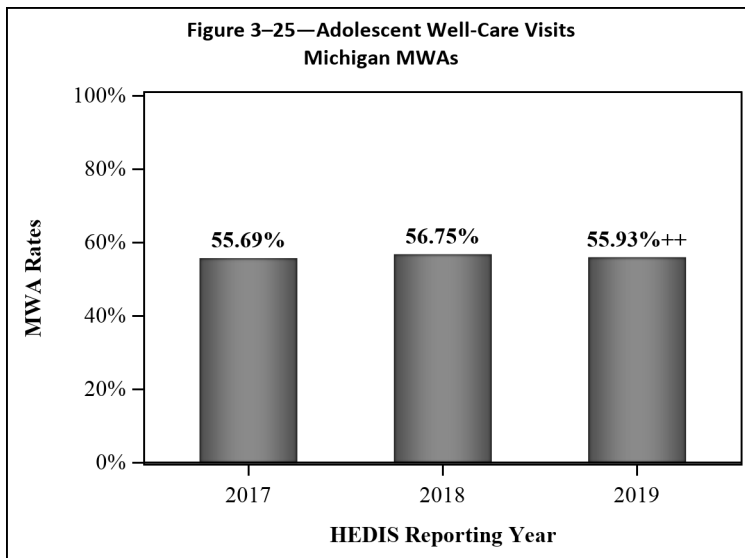
Figure 3–25—Adolescent Well-Care Visits Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 3–26—Adolescent Well-Care Visits Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
HPL			
MER	60.34%	70,244	94.35%
THC	58.50%	8,656	95.85%
PRI	58.39%	18,958	75.00%
BCC	58.39%	23,809	87.92%
UNI	58.15%	43,932	90.38%
2019 MWA	55.93%		
P50			
MOL	52.55%	60,860	95.83%
MCL	49.88%	28,260	93.66%
AET	47.93%	6,934	90.86%
LPL			
UPP	43.77%	6,804	100.00%
HAP	34.33%	201	88.41%
TRU	33.58%	683	92.03%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

☐ ADMIN ☐ MRR
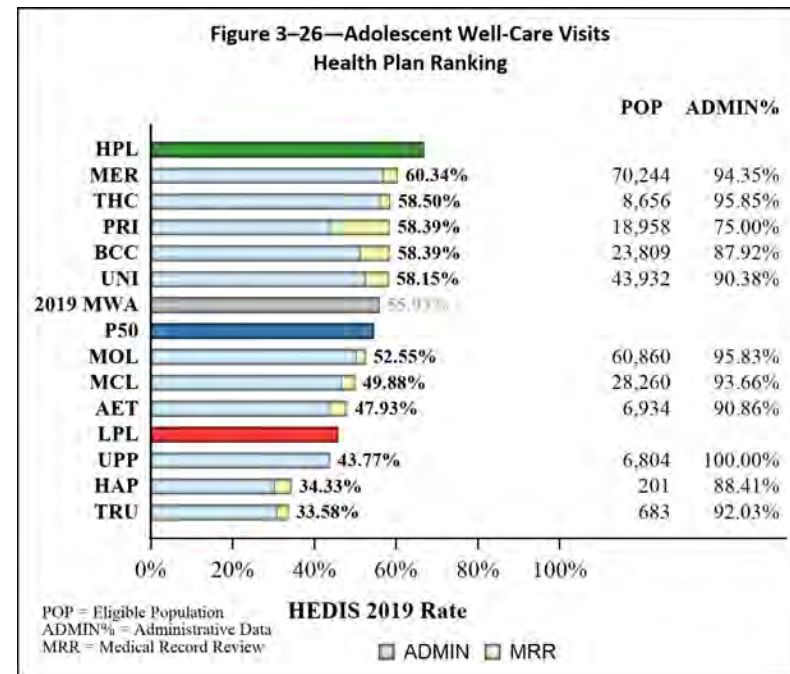
Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by over 25 percentage points.
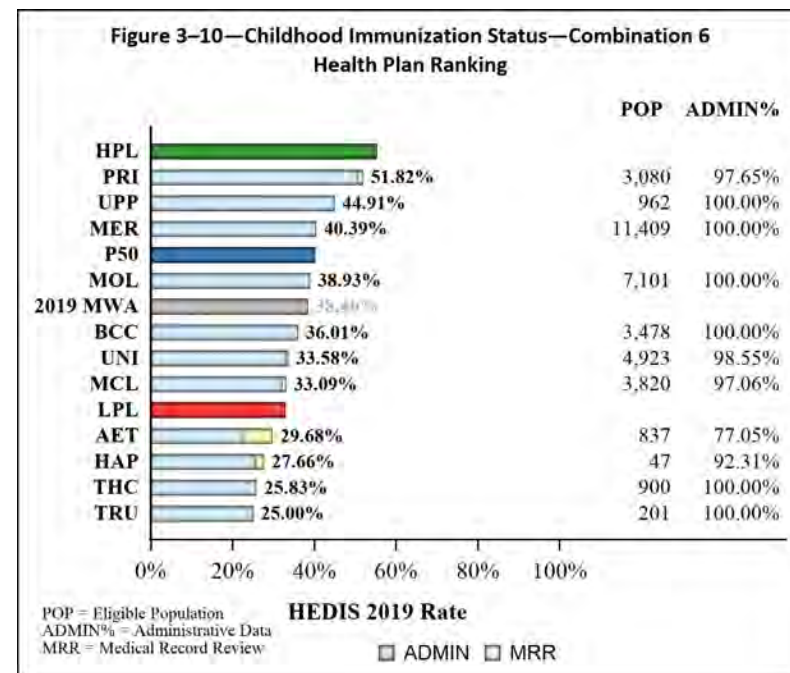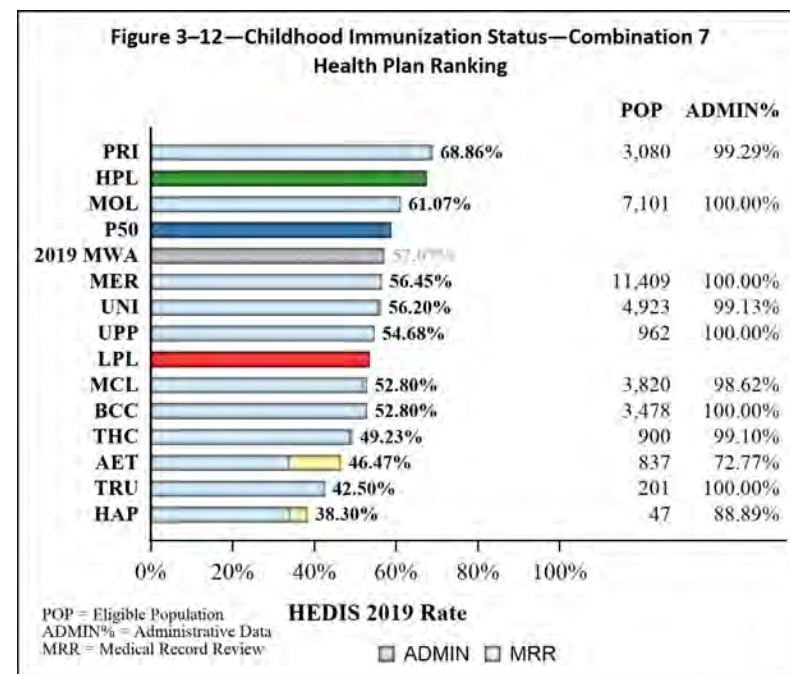
Immunizations for Adolescents—Combination 1

Immunizations for Adolescents—Combination 1 assesses the percentage of adolescents 13 years of age who had the following by their thirteenth birthday: one dose of meningococcal vaccine; and one Tdap vaccine.
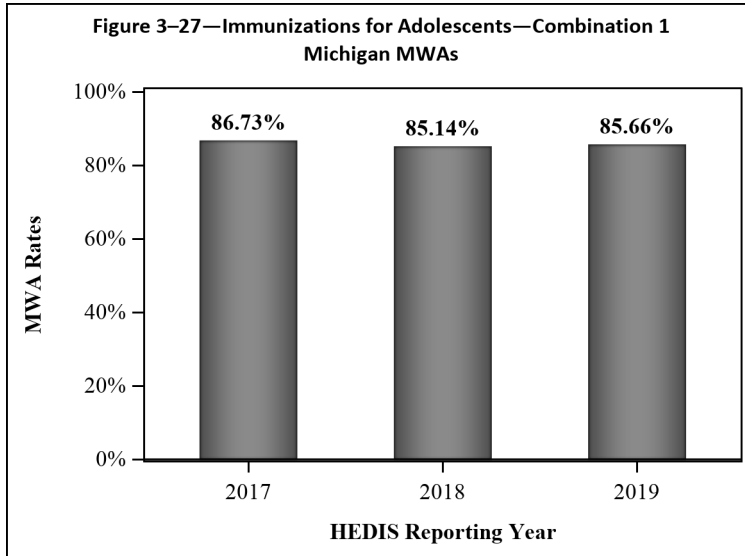
Figure 3—27—Immunizations for Adolescents—Combination 1 Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 3–28—Immunizations for Adolescents—Combination 1 Health Plan Ranking
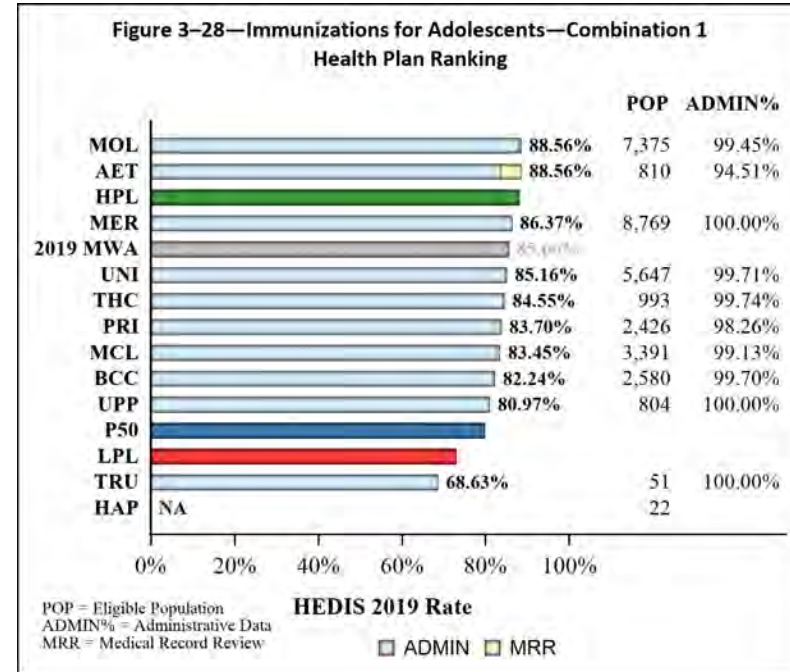
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Nine MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by approximately 20 percentage points.

Appropriate Treatment for Children With Upper Respiratory Infection

Appropriate Treatment for Children With Upper Respiratory Infection assesses the percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.
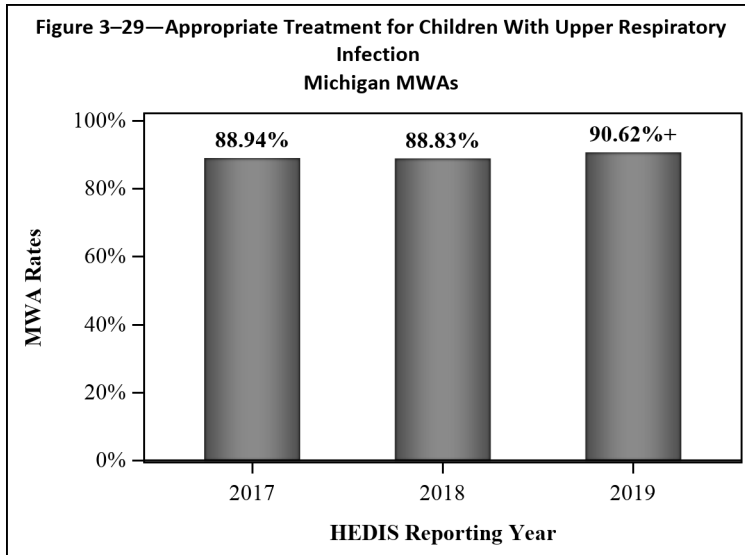
Figure 3–29—Appropriate Treatment for Children With Upper Respiratory Infection
Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 3–30—Appropriate Treatment for Children With Upper Respiratory Infection
Health Plan Ranking
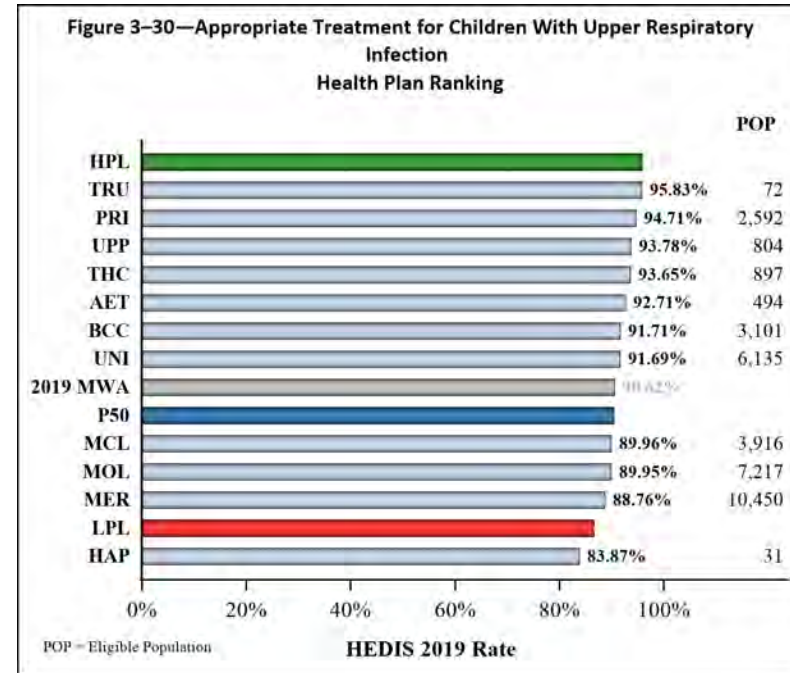
Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 10 percentage points.

Appropriate Testing for Children With Pharyngitis

Appropriate Testing for Children With Pharyngitis assesses the percentage of children 3 to 18 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode.
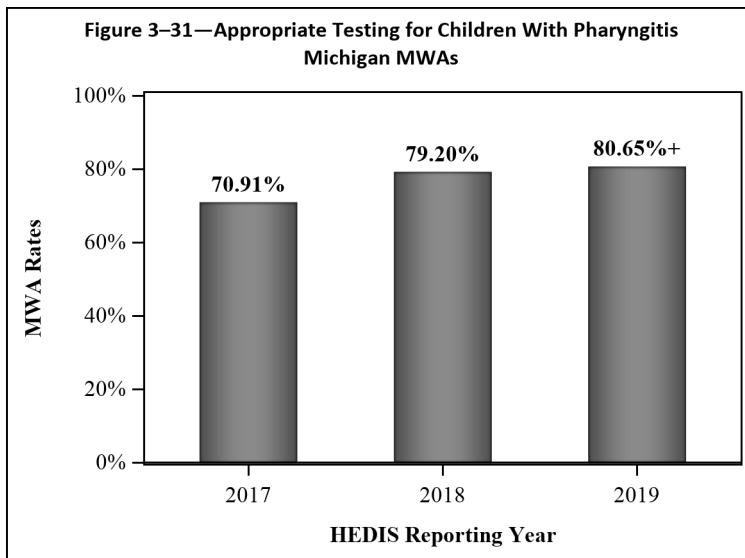
Figure 3–31—Appropriate Testing for Children With Pharyngitis
Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 3–32—Appropriate Testing for Children With Pharyngitis
Health Plan Ranking
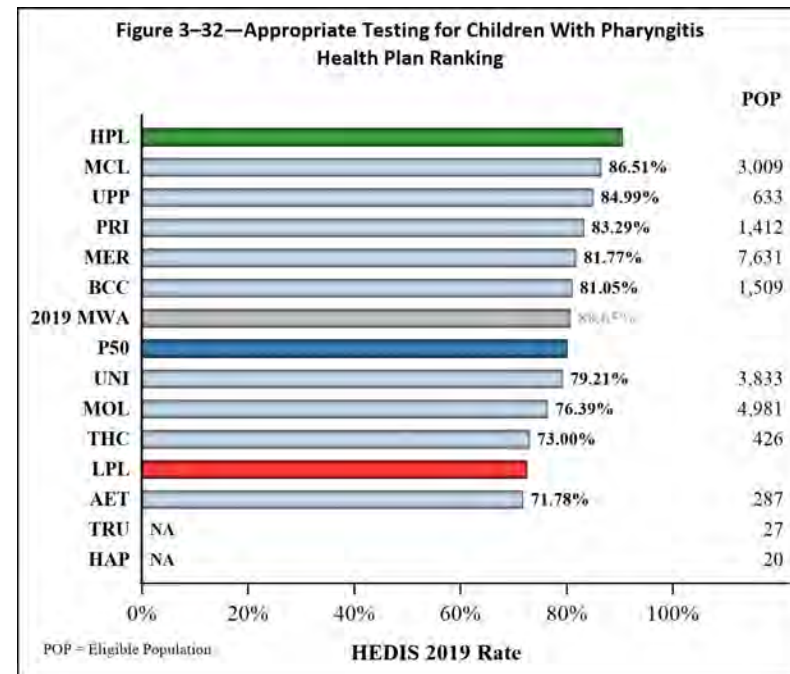
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

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

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

Figure 3–33—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 3–34—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase Health Plan Ranking
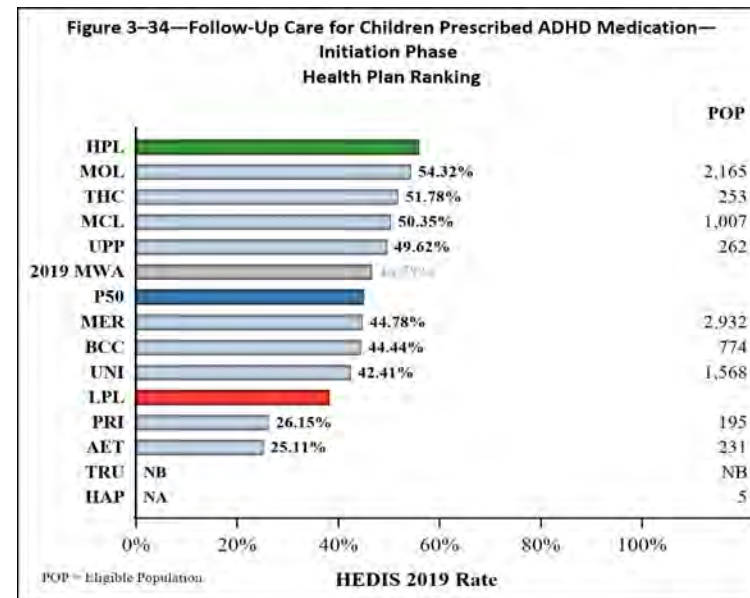
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB indicates that the required benefit to calculate the measure was not offered.

Four MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by approximately 30 percentage points.
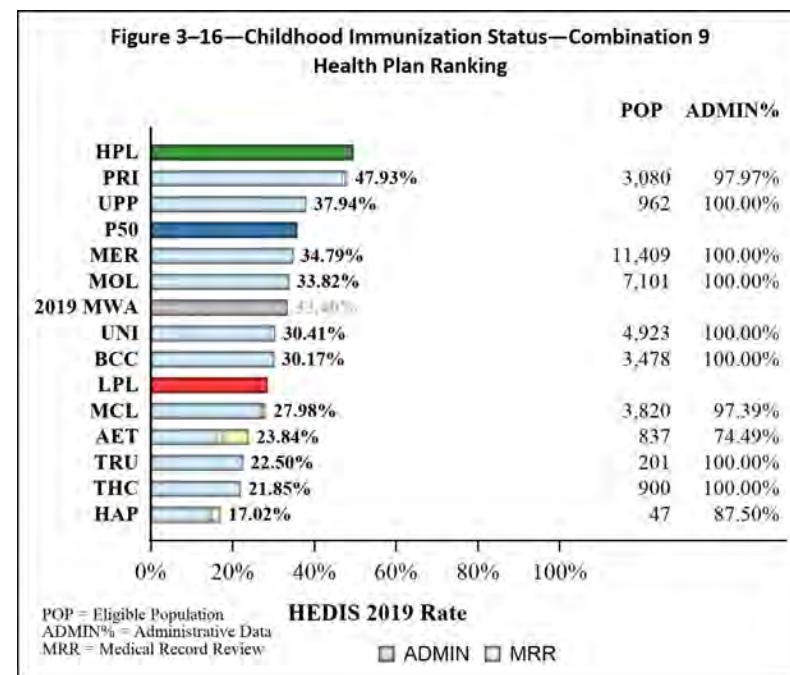
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase assesses the percentage of children 6 to 12 years of age newly prescribed ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.
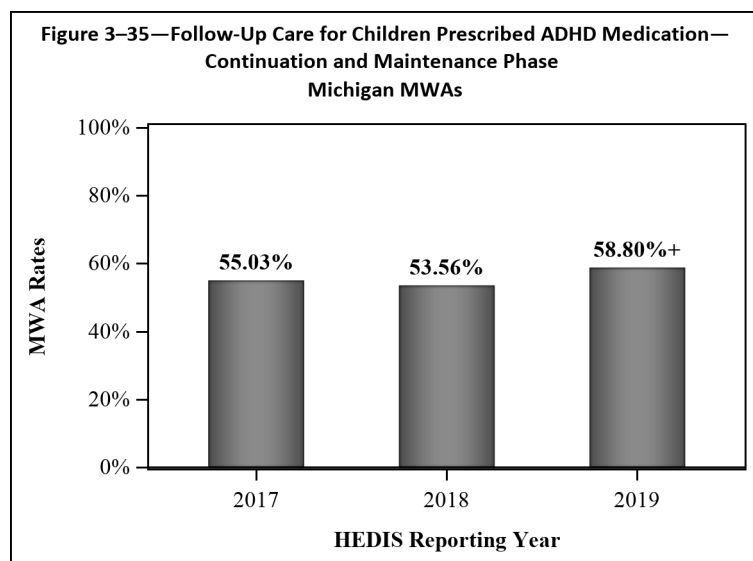
Figure 3–35—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 3–36—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase Health Plan Ranking
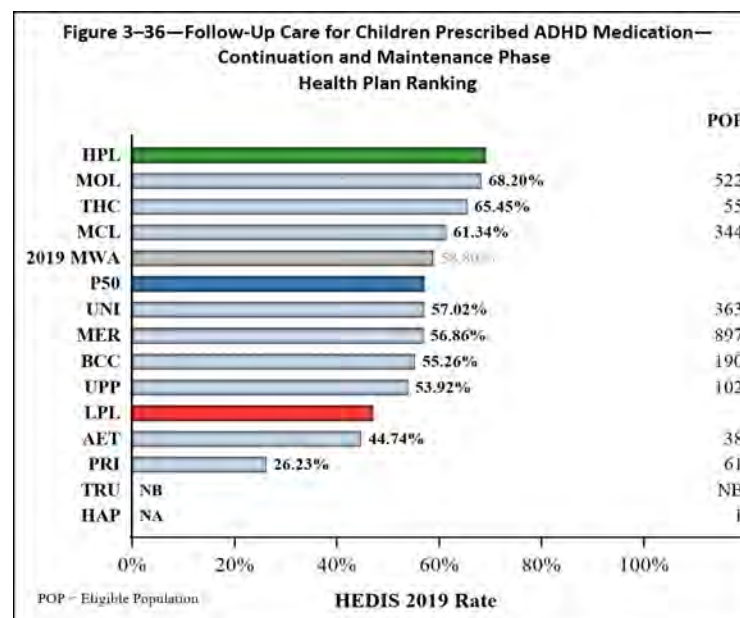
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB indicates that the required benefit to calculate the measure was not offered.

Three 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 40 percentage points.
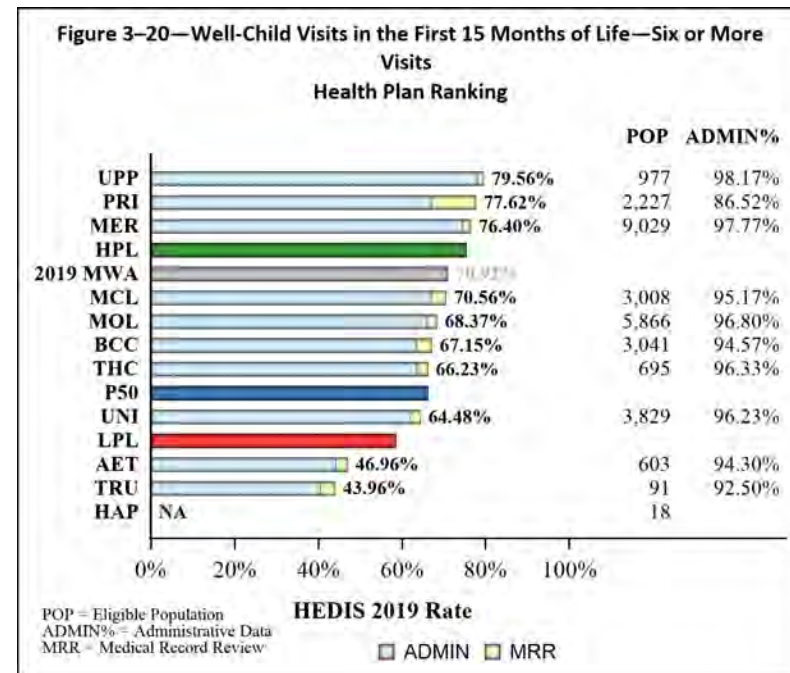
Introduction

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

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

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

Summary of Findings

Table 4-1 presents the Michigan MWA performance for the measure indicators under the Women—Adult Care domain. The table lists the HEDIS 2019 MWA rates and performance levels, a comparison of the HEDIS 2018 MWA to the HEDIS 2019 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2018 to HEDIS 2019.

Table 4-1—HEDIS 2019 MWA Performance Levels and Trend Results for Women—Adult Care

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA–HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Breast Cancer Screening[3]				
Breast Cancer Screening	61.37%	-0.76++	1	1
Cervical Cancer Screening				
Cervical Cancer Screening	65.76%	-0.43++	1	0

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA–HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Chlamydia Screening in Women				
Ages 16 to 20 Years	63.98%	+0.70	2	0
Ages 21 to 24 Years	69.17%	+0.52	2	1
Total	66.28%	+0.63	2	2

[1] *2019 performance levels were based on comparisons of the HEDIS 2019 MWA rates to national Medicaid Quality Compass HEDIS 2018 benchmarks. 2019 performance levels represent the following percentile comparisons:*

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

[2] *HEDIS 2018 MWA to HEDIS 2019 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

Green Shading[+] *Indicates that the HEDIS 2019 MWA demonstrated a significant improvement from the HEDIS 2018 MWA.*

Red Shading[++] *Indicates that the HEDIS 2019 MWA demonstrated a significant decline from the HEDIS 2018 MWA.*

[3] *Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

Table 4-1 shows that, for the Women—Adult Care domain, the *Chlamydia Screening in Women* measure was an area of strength as all indicators ranked above the 50th percentile, with the *Ages 16 to 20 Years* and *Total* measure indicators ranking above the 75th percentile. Trusted demonstrated high performance as the only MHP to rank above the HPL for all *Chlamydia Screening in Women* measure indicators. Conversely, HAP and Upper Peninsula both ranked below the LPL for all reportable *Chlamydia Screening in Women* measure indicators.

For *Cervical Cancer Screening*, the MWA demonstrated a significant decline and decreased from above the 75th percentile in 2018 to below the 75th percentile in 2019. Additionally, *Breast Cancer Screening* ranked above the 50th percentile despite demonstrating a significant decline in performance. Further, no MHP ranked above the HPL for *Breast Cancer Screening* or *Cervical Cancer Screening*. MDHHS should work with the MHPs and providers to identify issues that contribute to the decrease in *Breast Cancer Screening* and *Cervical Cancer Screening* rates. Cancer screenings can lead to early detection, more effective treatment, and fewer deaths from cancer.[4-1] The MHPs should follow up with providers when members are overdue for a screening and work with providers to send reminders to members about scheduling an appointment (e.g., sending reminders in the mail or calling members to schedule screenings). Additionally, MHPs can work with providers to have flexible office hours for screenings (e.g., nights and weekends) and offer mobile mammogram screenings.[4-2]

[4-1] U.S. Preventive Services Task Force. *Final Recommendation Statement: Cervical Cancer: Screening*. July 2019. Available at: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening2. Accessed on: Aug 7, 2019.

[4-2] The Community Guide. *Cancer Screening: Evidenced-Based Interventions for Your Community*. Available at: https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf. Accessed on: Aug 7, 2019.

Measure-Specific Findings

Breast Cancer Screening

Breast Cancer Screening assesses the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer on or after October 1 two years prior to the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 4–1—Breast Cancer Screening Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 4–2—Breast Cancer Screening Health Plan Ranking

POP = Eligible Population
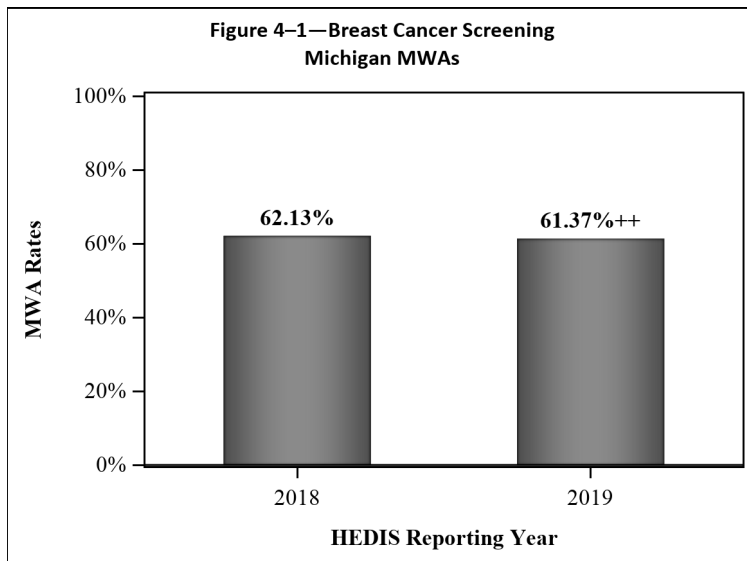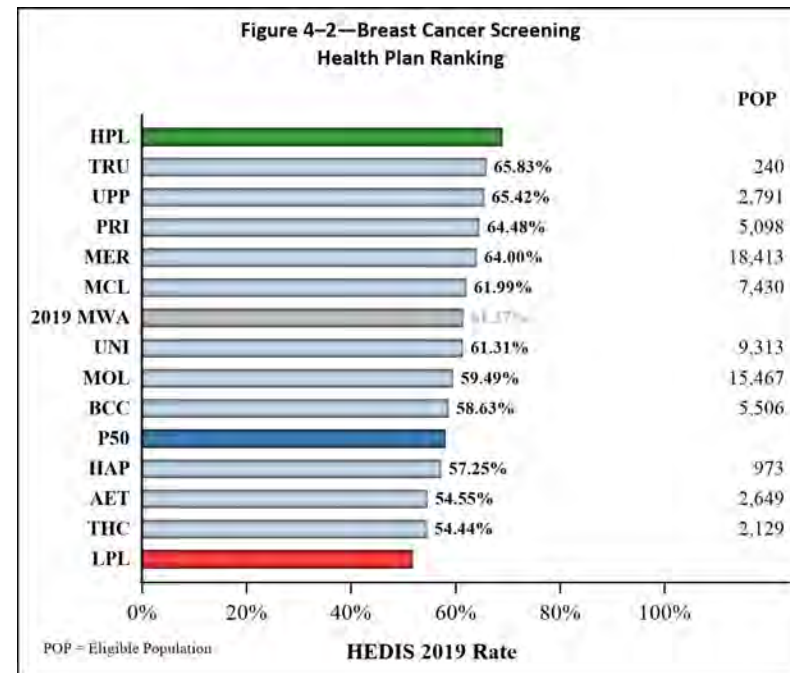
Eight MHPs and the MWA ranked above the 50th percentile and all MHPs fell between the HPL and LPL. MHP performance varied by over 10 percentage points.

Cervical Cancer Screening

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

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

Figure 4–3—Cervical Cancer Screening Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 4–4—Cervical Cancer Screening Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
HPL			
BCC	69.10%	39,936	95.77%
PRI	68.61%	24,198	88.30%
MOL	67.40%	68,478	96.75%
2019 MWA	65.76%		
UPP	65.21%	10,781	93.66%
MCL	65.21%	36,565	95.15%
MER	64.59%	97,473	100.00%
UNI	64.48%	46,834	96.23%
THC	60.89%	9,546	95.26%
AET	60.51%	7,482	94.56%
P50			
HAP	56.34%	1,394	91.77%
LPL			
TRU	50.61%	1,121	96.63%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

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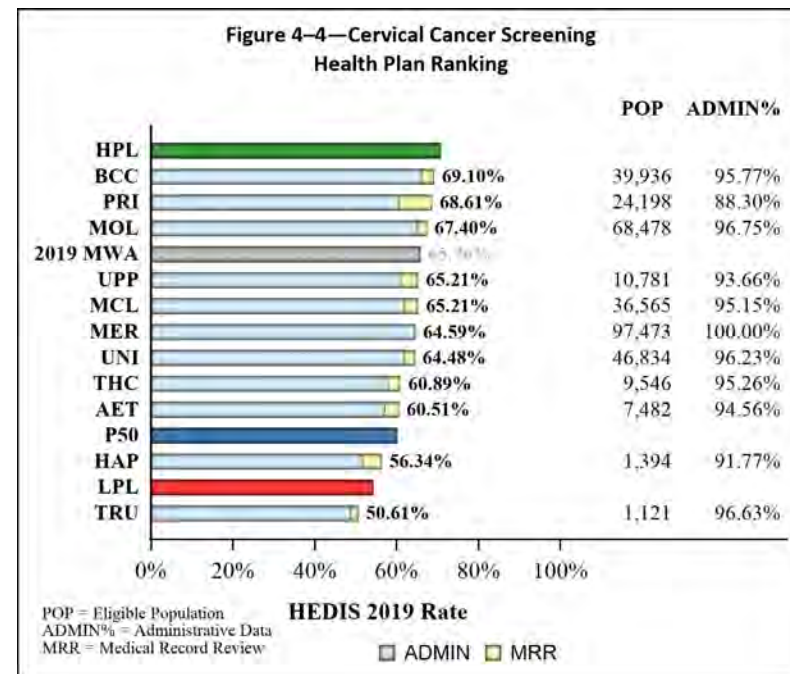
Nine MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 20 percentage points.

Chlamydia Screening in Women—Ages 16 to 20 Years

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

Figure 4–5—Chlamydia Screening in Women—Ages 16 to 20 Years Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 4–6—Chlamydia Screening in Women—Ages 16 to 20 Years Health Plan Ranking
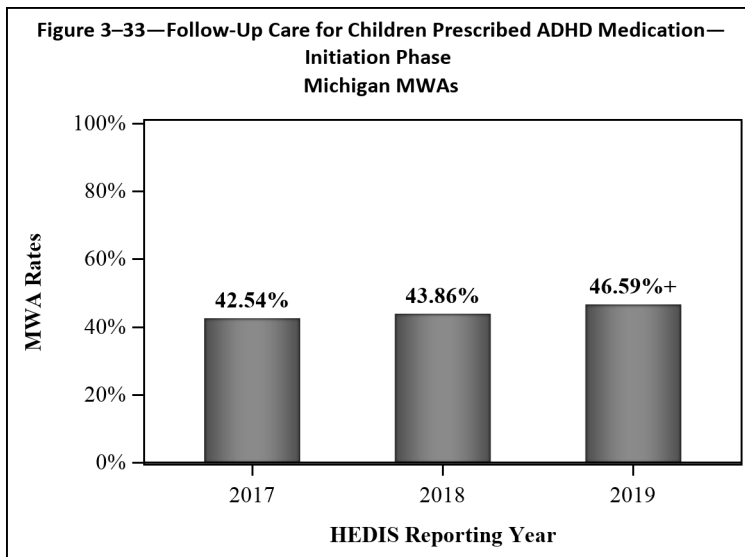
POP = Eligible Population
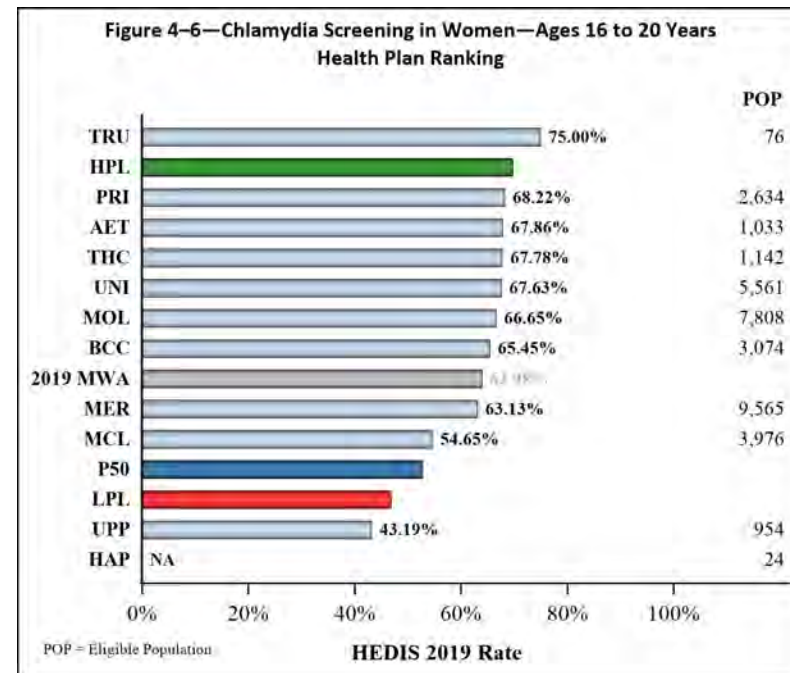
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Chlamydia Screening in Women—21 to 24 Years

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

Figure 4–7—Chlamydia Screening in Women—Ages 21 to 24 Years
Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 4–8—Chlamydia Screening in Women—Ages 21 to 24 Years
Health Plan Ranking

POP = Eligible Population
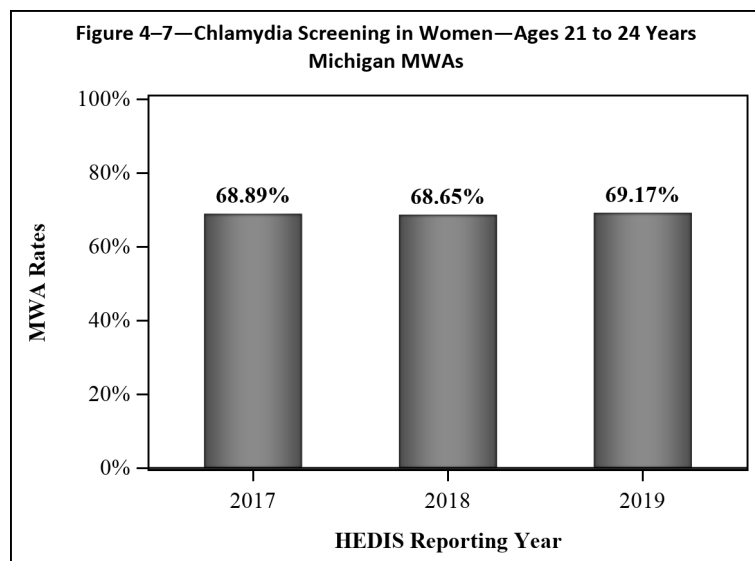
Nine MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by nearly 30 percentage points.

Chlamydia Screening in Women–Total

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

Figure 4–9—Chlamydia Screening in Women—Total
Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 4–10—Chlamydia Screening in Women—Total
Health Plan Ranking
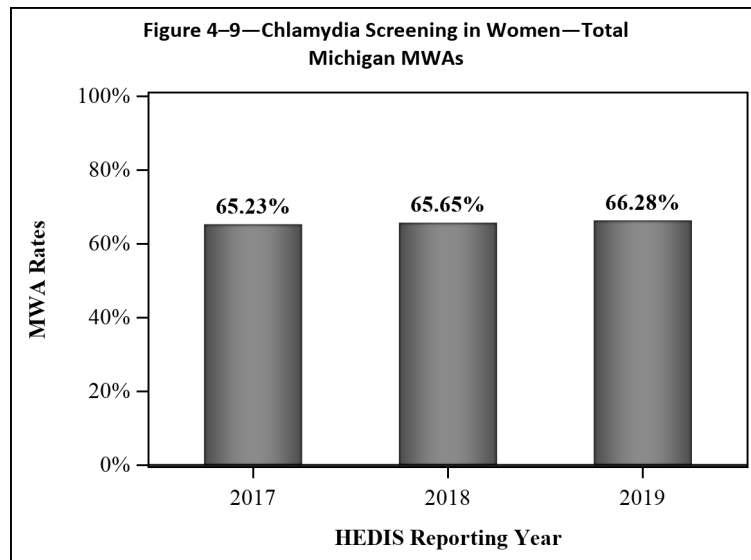
Nine MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 35 percentage points.

Introduction

The Access to Care domain encompasses the following HEDIS measures:

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

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

Summary of Findings

Table 5-1 presents the Michigan MWA performance for the measure indicators under the Access to Care domain. The table lists the HEDIS 2019 MWA rates and performance levels, a comparison of the HEDIS 2018 MWA to the HEDIS 2019 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2018 to HEDIS 2019.

Table 5-1—HEDIS 2019 MWA Performance Levels and Trend Results for Access to Care

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA– HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	94.65%	**-0.51++**	2	1
Ages 25 Months to 6 Years	87.11%	**-0.78++**	2	5
Ages 7 to 11 Years	90.23%	**-0.90++**	1	7
Ages 12 to 19 Years	89.52%	**-0.90++**	1	5
Adults' Access to Preventive/Ambulatory Health Services[3]				
Ages 20 to 44 Years	78.26%	**-0.38++**	1	4
Ages 45 to 64 Years	87.05%	**-0.52++**	2	4
Ages 65+ Years	92.99%	**+1.20+**	2	0
Total	81.95%	**-0.30++**	2	4

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA– HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	34.46%	+2.26[+]	2	0

[1] *2019 performance levels were based on comparisons of the HEDIS 2019 MWA rates to national Medicaid Quality Compass HEDIS 2018 benchmarks. 2019 performance levels represent the following percentile comparisons:*

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

[2] *HEDIS 2018 MWA to HEDIS 2019 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

[3] *Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

Green Shading[+] *Indicates that the HEDIS 2019 MWA demonstrated a significant improvement from the HEDIS 2018 MWA.*

Red Shading[++] *Indicates that the HEDIS 2019 MWA demonstrated a significant decline from the HEDIS 2018 MWA.*

Table 5-1 shows that, for the Access to Care domain, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* and *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* were areas of strength. Both measure indicators demonstrated significant increases, with *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* ranking above the 75th percentile and *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* ranking above the 50th percentile.

The MWA demonstrated significant declines and fell below the 50th percentile for all four of the *Children and Adolescents' Access to Primary Care Practitioners* measure indicators. Additionally, the MWA for *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years* decreased from above the 50th percentile in 2018 to below the 50th percentile in 2019, with at least five MHPs demonstrating significant declines from 2018 to 2019 for these three measure indicators. Further, Aetna, HAP, Trusted, and Priority fell below the LPL for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators. MDHHS should work with the MHPs and providers to identify barriers in access to care, including challenges actually getting to the doctor's office, which may include transportation to and from the doctor's office, limited hours for the provider, or how far away the provider is from the member's home; experiencing prolonged wait times for getting an appointment and longer wait times once at the doctor's office; and difficulties navigating the healthcare system.[5-1] Additionally, MDHHS and the MHPs should also determine if these barriers in access to care are more severe based on geographic location and race/ethnicity.

[5-1] Chapter 4: Monitoring Access to Care in Medicaid. MACPAC. Available at: https://www.macpac.gov/wp-content/uploads/2017/03/Monitoring-Access-to-Care-in-Medicaid.pdf. Accessed on: Aug 7, 2019.

Measure-Specific Findings

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

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months assesses the percentage of members 12 to 24 months of age who had a visit with a PCP during the measurement year.
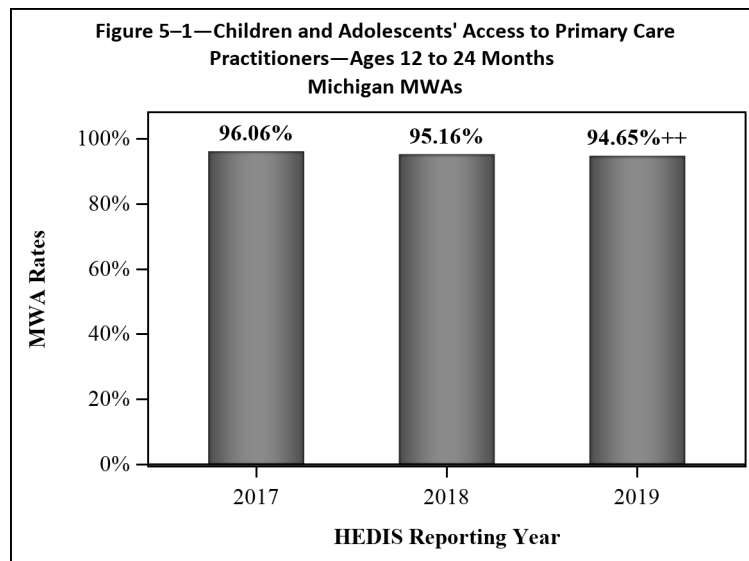
Figure 5–1—Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 5–2—Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months Health Plan Ranking

	HEDIS 2019 Rate	POP
HPL		
UPP	96.79%	1,091
MER	96.49%	12,775
P50		
MOL	95.44%	7,881
MCL	94.66%	4,322
2019 MWA	94.65%	
UNI	94.54%	5,418
BCC	94.54%	4,595
LPL		
AET	92.33%	900
THC	91.13%	924
HAP	89.74%	39
PRI	87.40%	3,239
TRU	82.08%	173

POP = Eligible Population
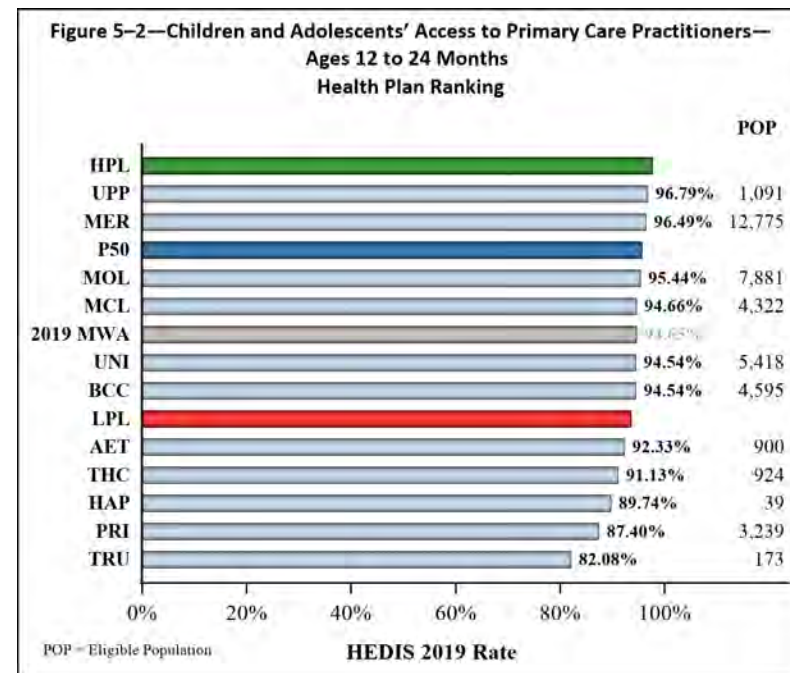
Two MHPs ranked above the 50th percentile but fell below the HPL. Five MHPs fell below the LPL. MHP performance varied by nearly 15 percentage points.

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

Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years assesses the percentage of members 25 months to 6 years of age who had a visit with a PCP during the measurement year.
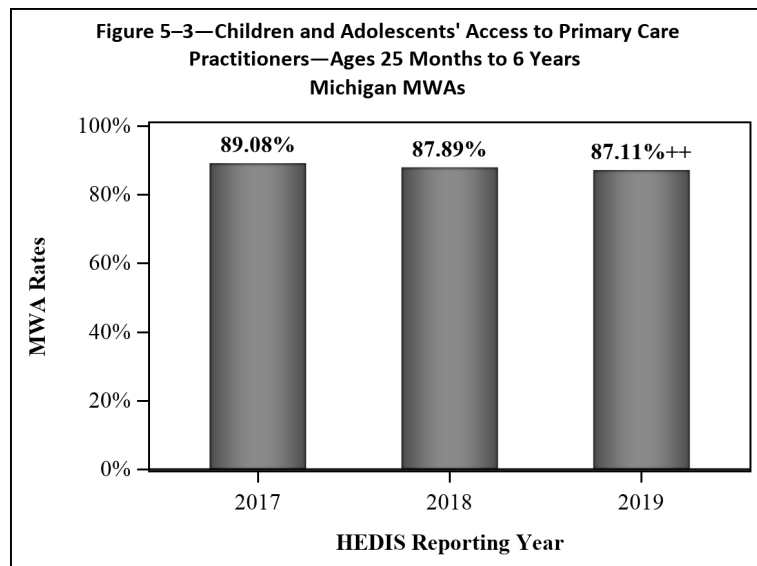
Figure 5–3—Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 5–4—Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years Health Plan Ranking

	HEDIS 2019 Rate	POP
HPL		
MER	89.92%	55,197
UPP	87.93%	4,549
UNI	87.87%	26,383
MOL	87.60%	36,523
P50		
2019 MWA	87.51%	
MCL	86.68%	19,323
BCC	86.68%	16,475
LPL		
THC	83.28%	4,605
AET	80.15%	4,121
PRI	78.61%	13,486
TRU	70.36%	894
HAP	59.34%	182

POP = Eligible Population
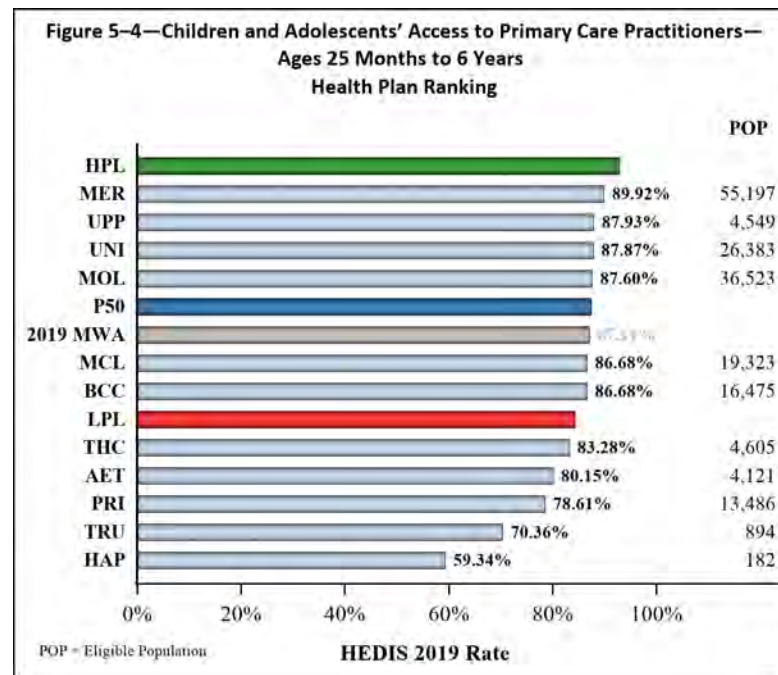
Four MHPs ranked above the 50th percentile but below the HPL. Five MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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

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

Figure 5–5—Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years
Michigan MWAs

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

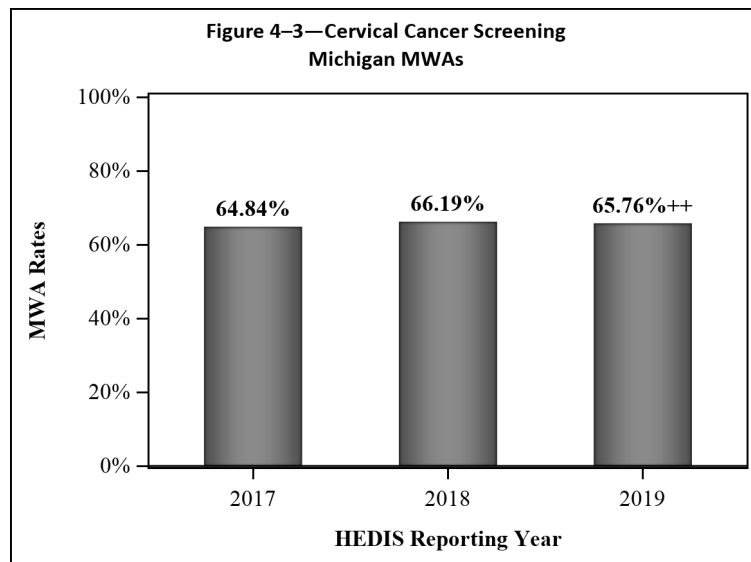The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 5–6—Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years
Health Plan Ranking

POP = Eligible Population
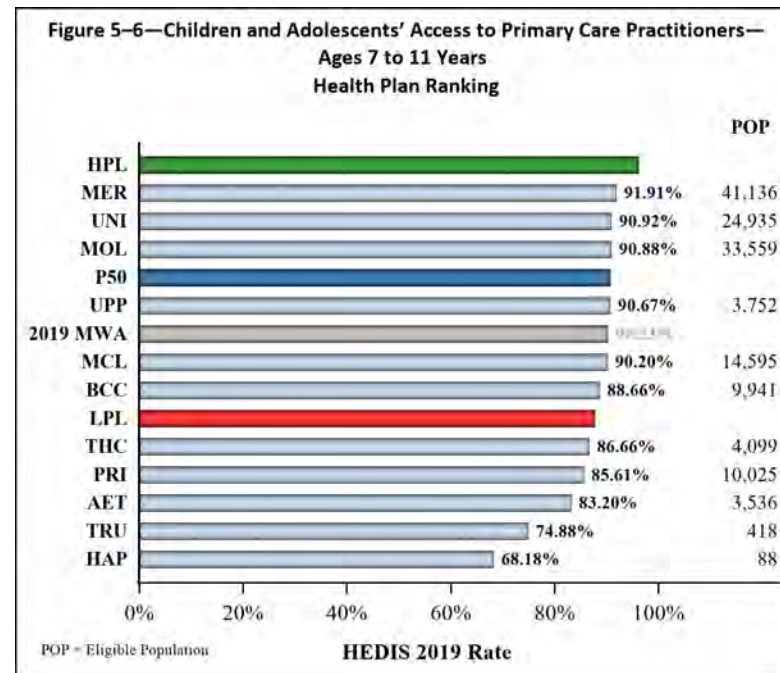
Three MHPs ranked above the 50th percentile but below the HPL. Five MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

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

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

Figure 5–7—Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 19 Years
Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 5–8—Children and Adolescents' Access to Primary Care Practitioners— Ages 12 to 19 Years
Health Plan Ranking

POP = Eligible Population
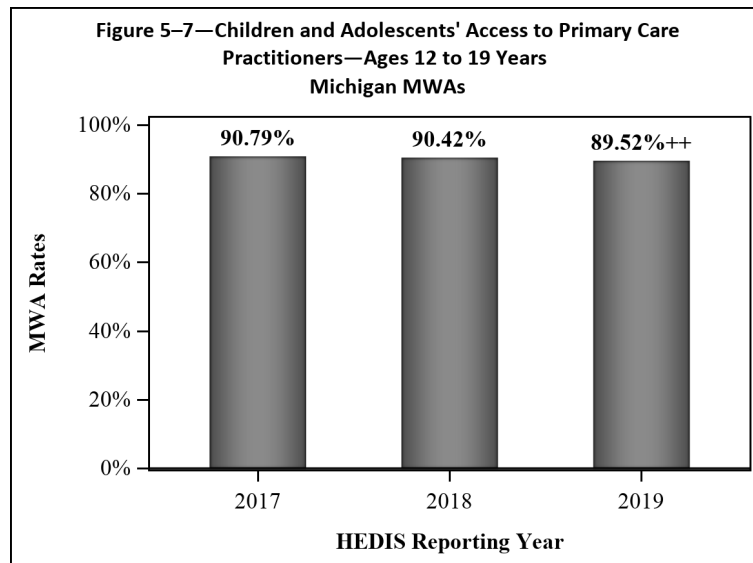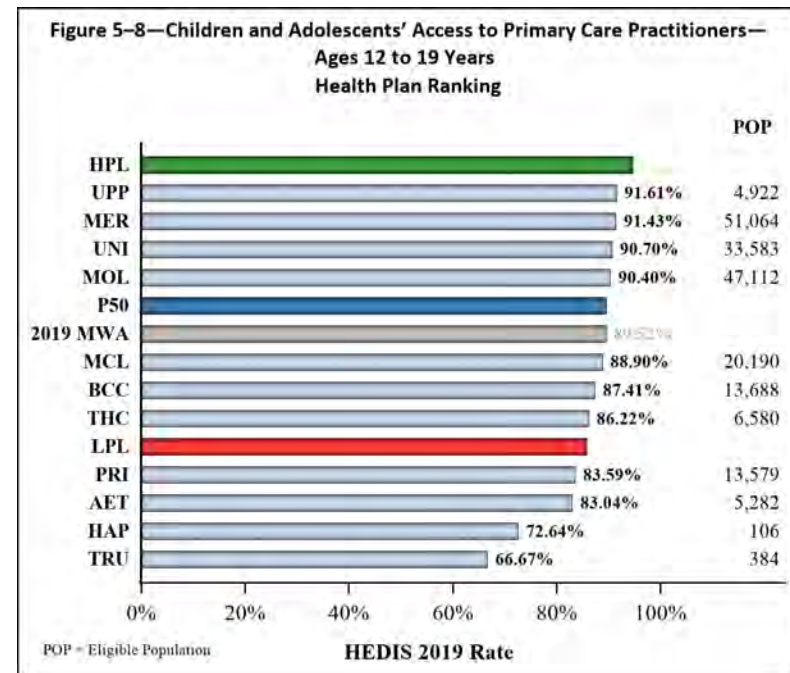
Four MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by nearly 25 percentage points.

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

Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years assesses the percentage of members 20 to 44 years of age who had an ambulatory or preventive care visit during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 5–9—Adults' Access to Preventive/Ambulatory Health Services— Ages 20 to 44 Years Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 5–10—Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years Health Plan Ranking
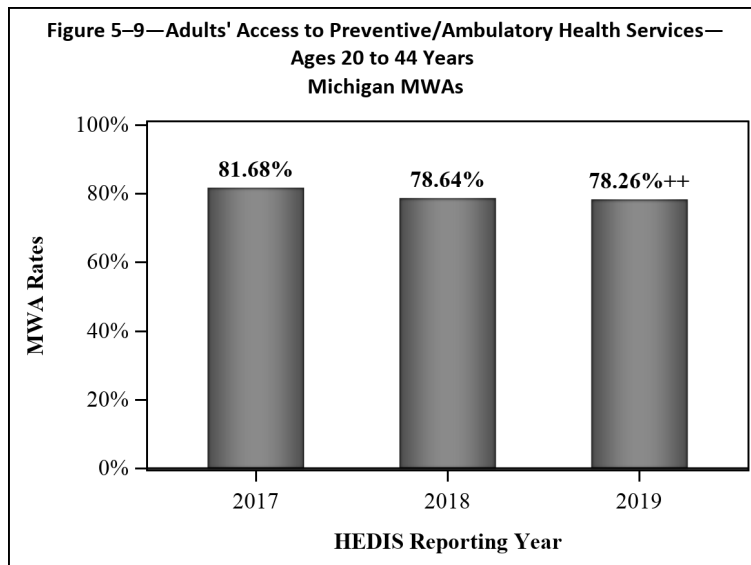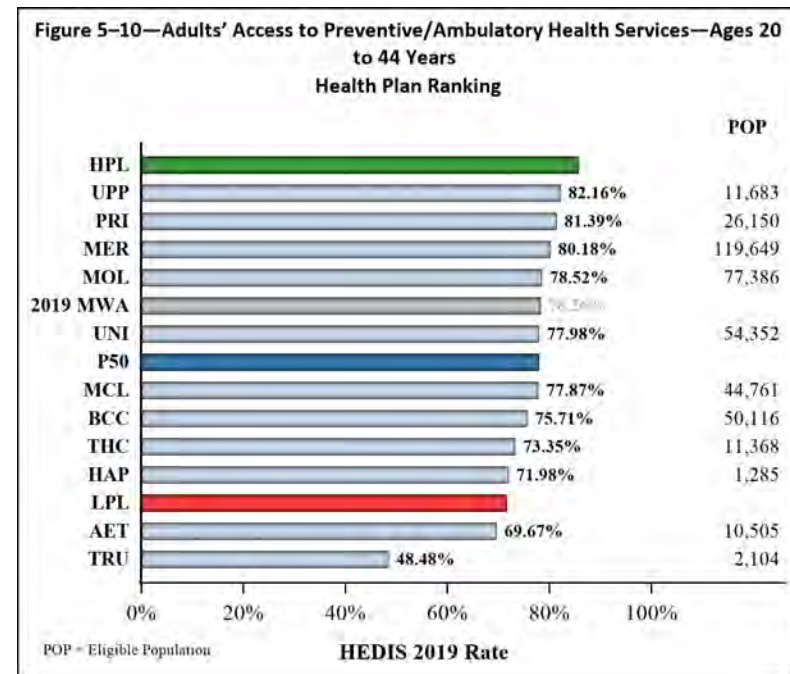
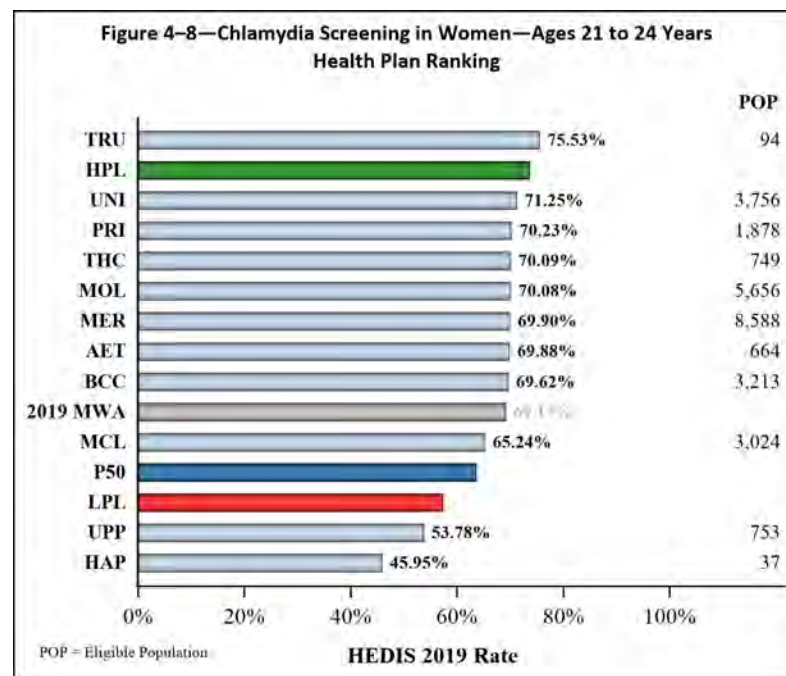Five MHPs and the MWA ranked above the 50th percentile but below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

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

Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years assesses the percentage of members 45 to 64 years of age who had an ambulatory or preventive care visit during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 5–11—Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 5–12—Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years Health Plan Ranking

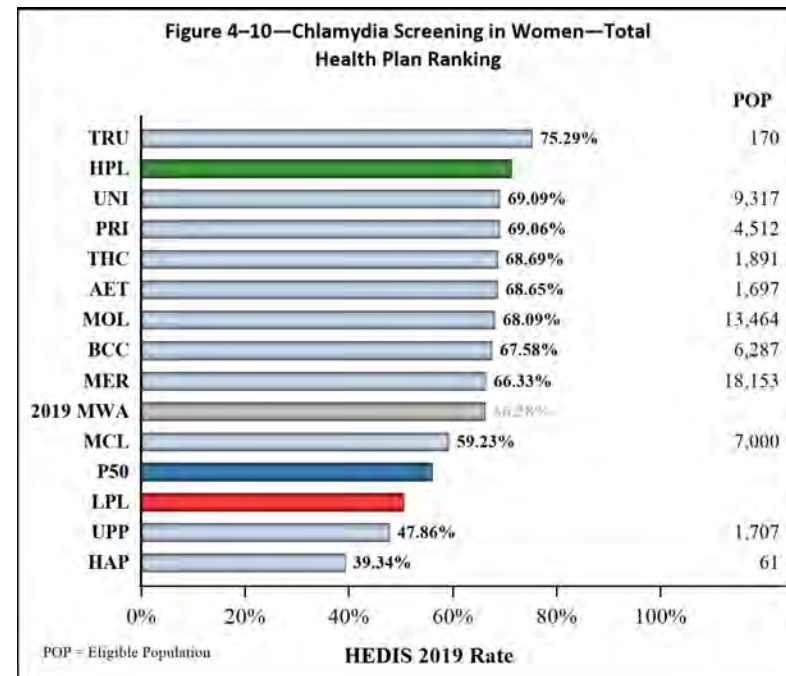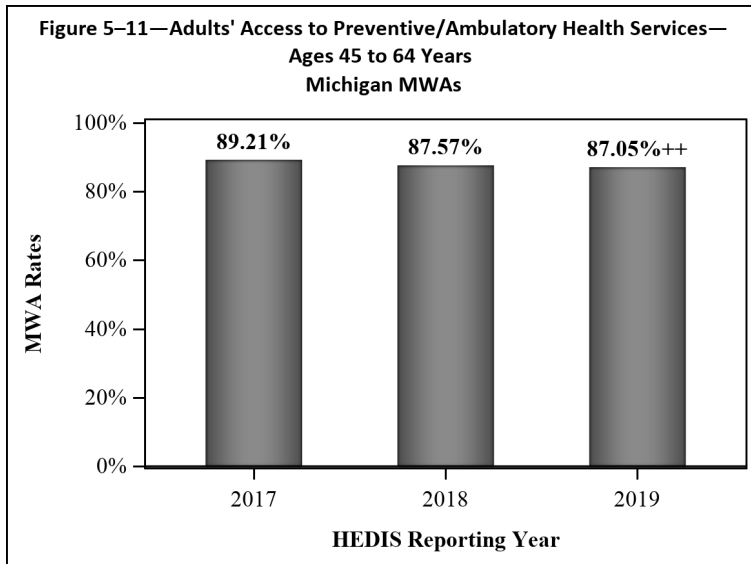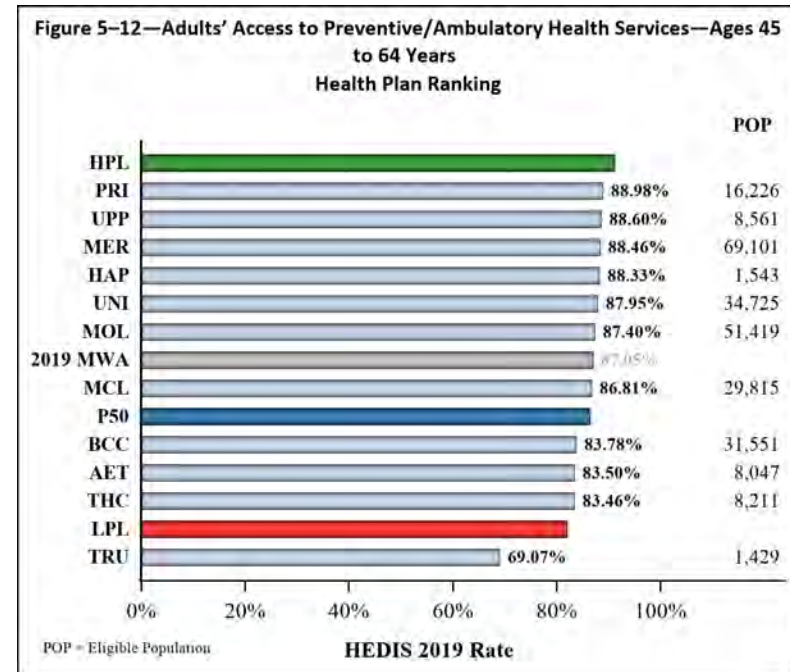Seven MHPs and the MWA ranked above the 50th percentile but below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 20 percentage points.

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

Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years assesses the percentage of members 65 years of age or older who had an ambulatory or preventive care visit during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 5–13—Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years
Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 5–14—Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years
Health Plan Ranking

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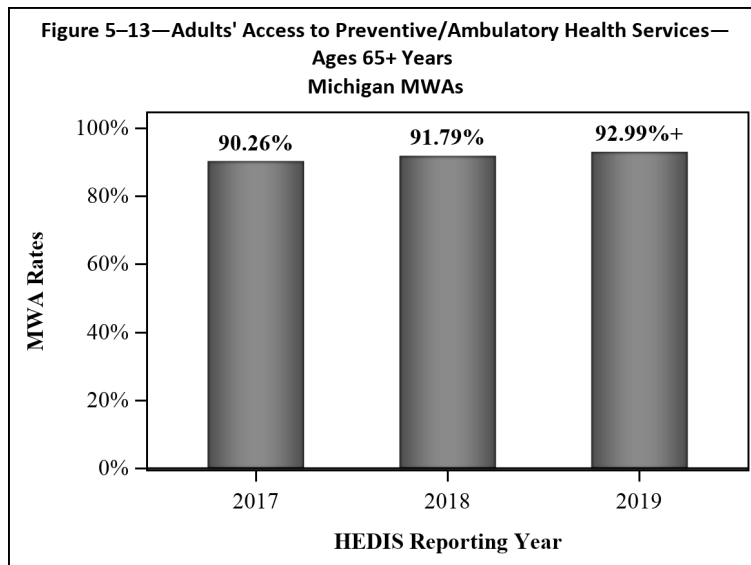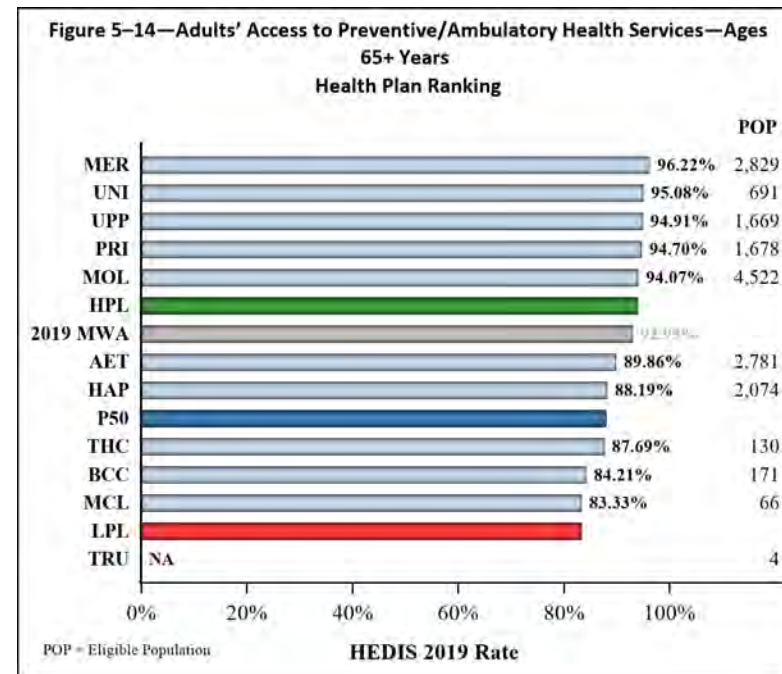
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Adults' Access to Preventive/Ambulatory Health Services—Total

Adults' Access to Preventive/Ambulatory Health Services—Total assesses the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 5–15—Adults' Access to Preventive/Ambulatory Health Services—Total Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 5–16—Adults' Access to Preventive/Ambulatory Health Services—Total Health Plan Ranking

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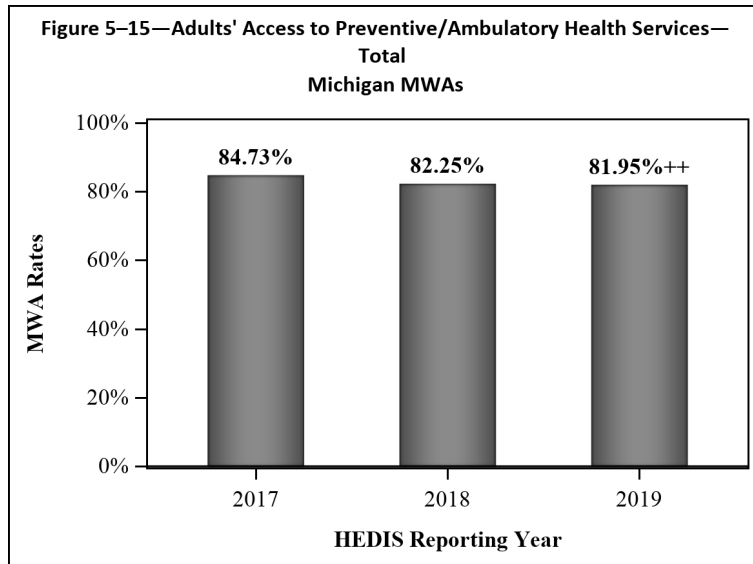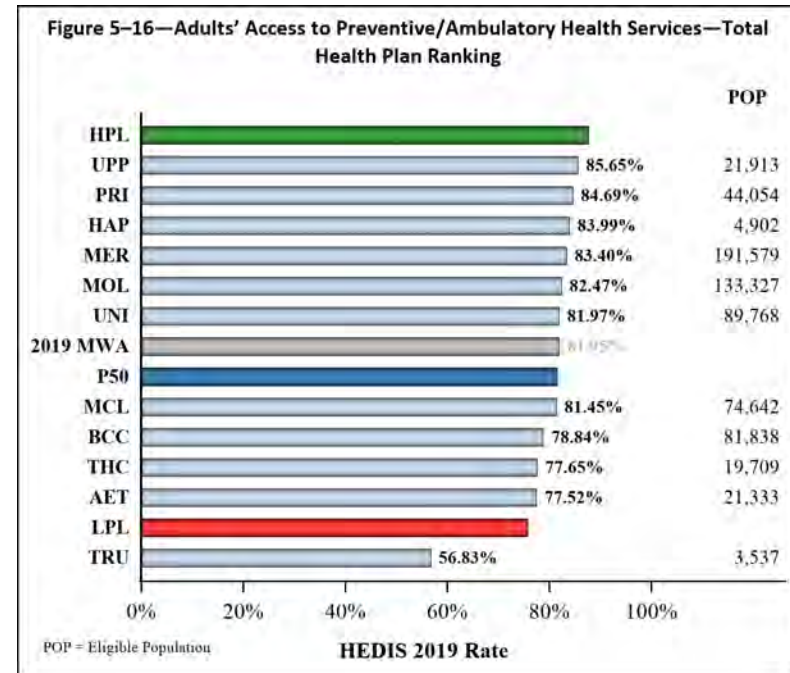
Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis assesses the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 5–17—Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
Michigan MWAs

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

Figure 5–18—Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis Health Plan Ranking
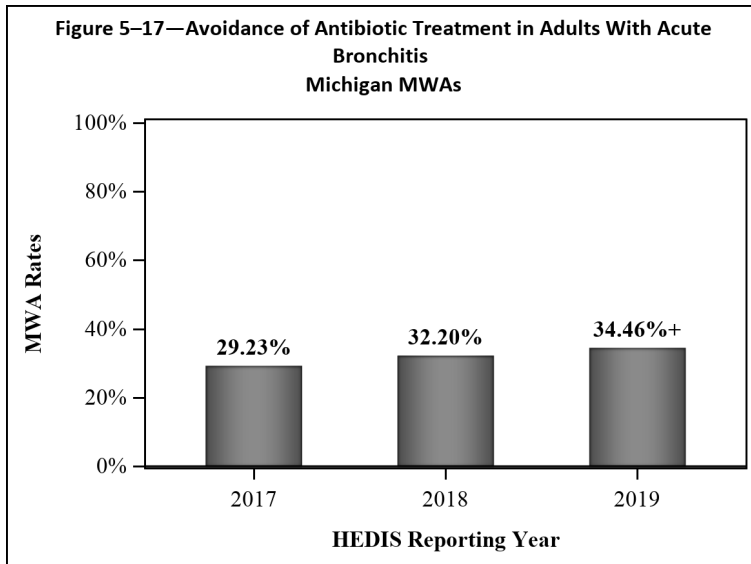
The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.
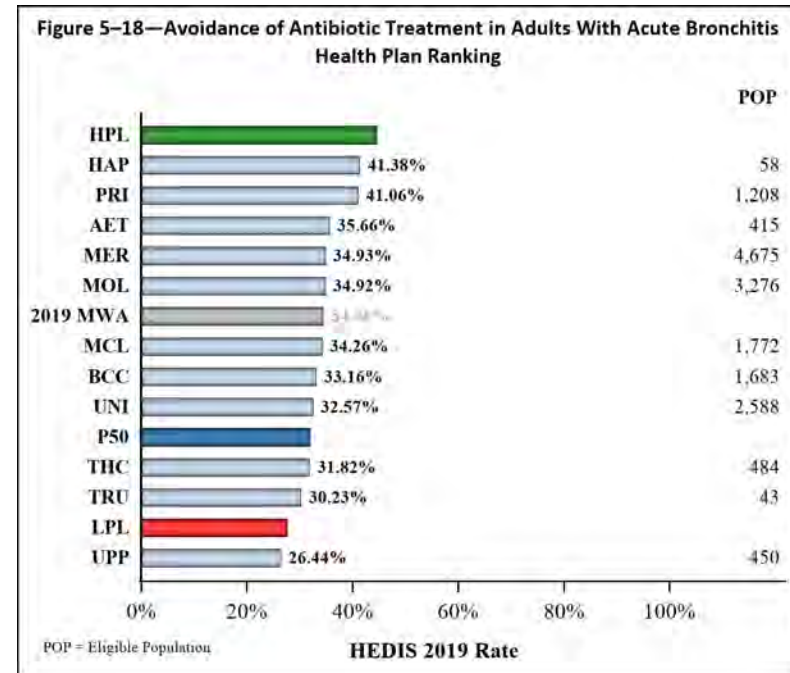
Eight MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 15 percentage points.

Introduction

The Obesity domain encompasses the following HEDIS measures:

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

- *Adult BMI Assessment*

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

Summary of Findings

Table 6-1 presents the Michigan MWA performance for the measure indicators under the Obesity domain. The table lists the HEDIS 2019 MWA rates and performance levels, a comparison of the HEDIS 2018 MWA to the HEDIS 2019 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2018 to HEDIS 2019.

Table 6-1—HEDIS 2019 MWA Performance Levels and Trend Results for Obesity

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA– HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	84.18%	-0.22[++]	3	1
Counseling for Nutrition—Total	75.19%	+0.69[+]	2	0
Counseling for Physical Activity—Total	72.04%	+4.55[+]	6	0

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA– HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Adult BMI Assessment				
Adult BMI Assessment	93.37%	-1.10++	1	1

[1] *2019 performance levels were based on comparisons of the HEDIS 2019 MWA rates to national Medicaid Quality Compass HEDIS 2018 benchmarks. 2019 performance levels represent the following percentile comparisons:*

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

[2] *HEDIS 2018 MWA to HEDIS 2019 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

Green Shading+ *Indicates that the HEDIS 2019 MWA demonstrated a significant improvement from the HEDIS 2018 MWA.*

Red Shading++ *Indicates that the HEDIS 2019 MWA demonstrated a significant decline from the HEDIS 2018 MWA.*

Table 6-1 shows that *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* was an area of strength in the Obesity domain as the MWA demonstrated a significant increase of nearly five percentage points to go from below the 75th percentile in 2018 to above the 75th percentile in 2019. Additionally, Priority and Upper Peninsula demonstrated high performance, ranking above the HPL for two of the four measure indicators within the Obesity domain.

The MWA for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* and *Adult BMI Assessment* both had significant decreases and the MWA for *Adult BMI Assessment* fell from above the 90th percentile in 2018 to below the 90th percentile in 2019. Additionally, HAP and Trusted both ranked below the LPL for *Adult BMI Assessment*. MDHHS and the MHPs should monitor performance on these two measure indicators to ensure MHP performance does not continue to decline.

Measure-Specific Findings

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

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

Figure 6–1—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 6–2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
UPP	92.21%	10,535	69.13%
PRI	91.48%	22,489	78.99%
HPL			
AET	87.23%	8,504	82.62%
HAP	86.98%	169	77.55%
BCC	86.62%	32,865	88.76%
UNI	86.37%	66,790	80.56%
THC	86.31%	9,926	90.79%
2019 MWA	84.18%		
MER	83.70%	117,971	87.21%
MOL	81.27%	88,571	81.74%
TRU	81.02%	961	85.89%
MCL	79.32%	41,813	75.77%
P50			
LPL			

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

☐ ADMIN ☐ MRR

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

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

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of counseling for nutrition during the measurement year.
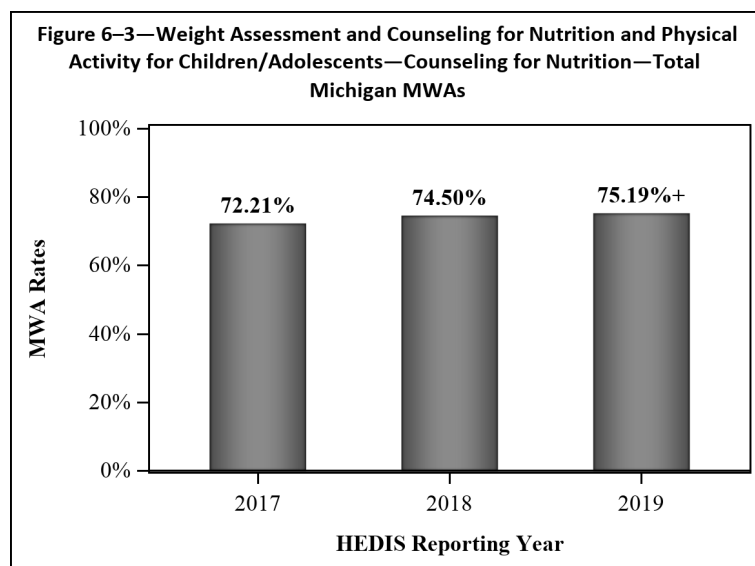
Figure 6–3—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 6–4—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Health Plan Ranking
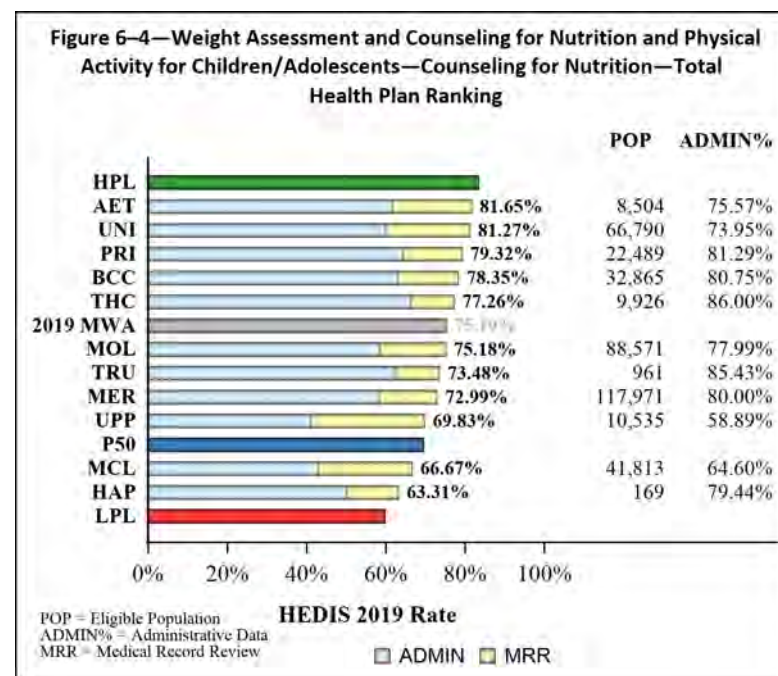
Nine MHPs and the MWA ranked above the 50th percentile and all MHPs fell between the HPL and the LPL. MHP performance varied by over 15 percentage points.

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

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of counseling for physical activity during the measurement year.
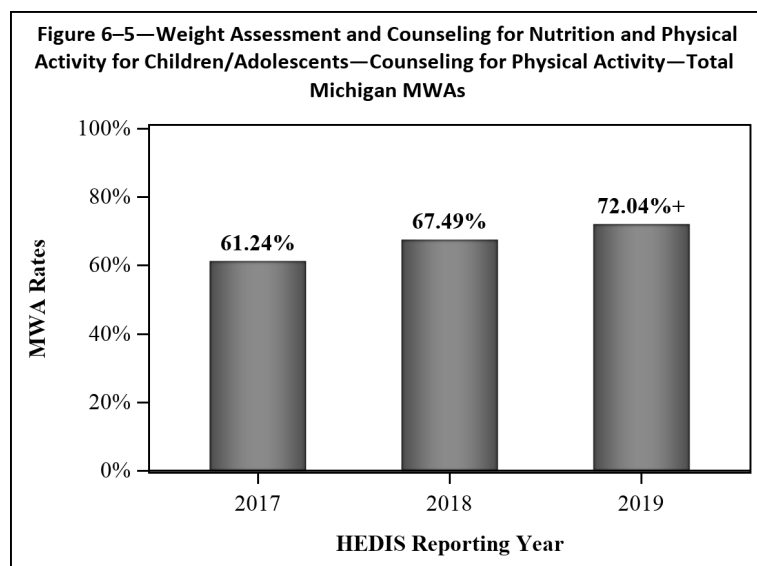
Figure 6–5—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 6–6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Health Plan Ranking
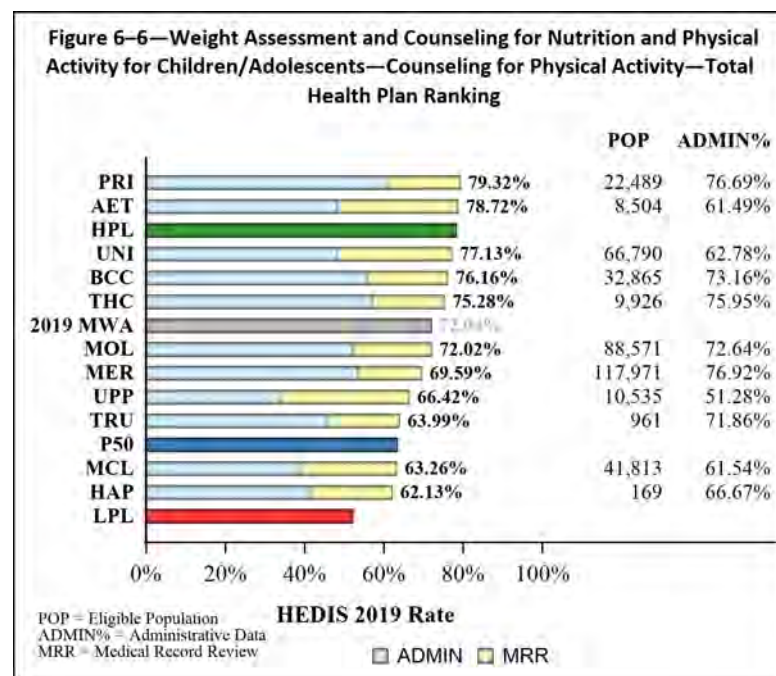
Nine MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

Adult BMI Assessment

Adult BMI Assessment assesses the percentage of members 18 to 74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.
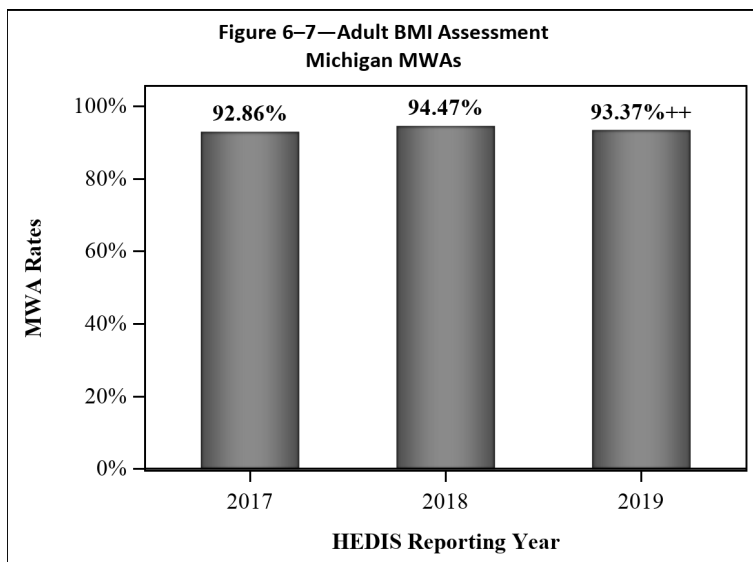
Figure 6–7—Adult BMI Assessment Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 6–8—Adult BMI Assessment Health Plan Ranking
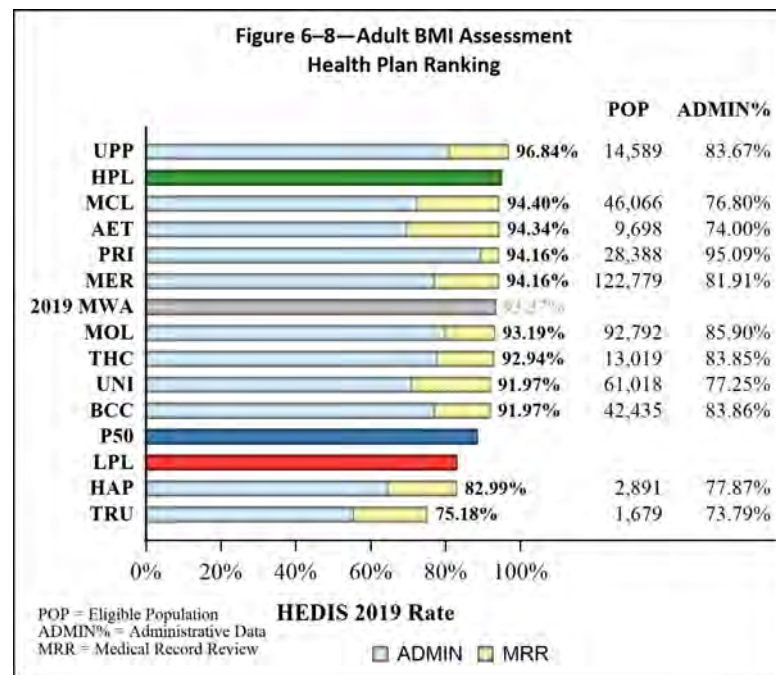
Nine MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by over 20 percentage points.

Introduction

The Pregnancy Care domain encompasses the following HEDIS measure:

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

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

Summary of Findings

Table 7-1 presents the Michigan MWA performance for the measure indicators under the Pregnancy Care domain. The table lists the HEDIS 2019 MWA rates and performance levels, a comparison of the HEDIS 2018 MWA to the HEDIS 2019 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2018 to HEDIS 2019.

Table 7-1—HEDIS 2019 MWA Performance Levels and Trend Results for Pregnancy Care

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA– HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	77.95%	-2.28[++]	2	1
Postpartum Care	66.36%	-0.91	0	1

[1] *2019 performance levels were based on comparisons of the HEDIS 2019 MWA rates to national Medicaid Quality Compass HEDIS 2018 benchmarks. 2019 performance levels represent the following percentile comparisons:*

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

[2] *HEDIS 2018 MWA to HEDIS 2019 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

Green Shading[+] *Indicates that the HEDIS 2019 MWA demonstrated a significant improvement from the HEDIS 2018 MWA.*

Red Shading[++] *Indicates that the HEDIS 2019 MWA demonstrated a significant decline from the HEDIS 2018 MWA.*

Table 7-1 shows that the *Prenatal and Postpartum Care—Postpartum Care* measure indicator ranked above the 50th percentile within the Pregnancy Care domain. Additionally, Upper Peninsula demonstrated high performance, ranking above the HPL for both *Prenatal and Postpartum Care* measures indicators.

Conversely, the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator demonstrated a significant decline from 2018 to 2019 and ranked below the 50th percentile for 2019. Additionally, six MHPs (Total Health, Blue Cross, Aetna, Molina, HAP, and Trusted) ranked below the LPL for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure indicator. MDHHS should work with the MHPs and providers to determine barriers to timely prenatal care for pregnant women (e.g., lack of family planning services, access to care, and community perceptions) and continue current strategies and implement new strategies to increase the *Prenatal and Postpartum Care* measure indicator rates. Additionally, MDHHS should perform direct tests of compliance for members (e.g., provider calls) to determine if newly pregnant Medicaid members are able to make timely appointments with an OB/GYN or PCP, as MDHHS will then be able to identify any compliance violations for providers not scheduling appointments for new pregnant Medicaid members in a timely manner.[7-1]

[7-1] Medicaid and CHIP Payment and Access Commission. *Monitoring Managed Care Access*. Available at: https://www.macpac.gov/subtopic/monitoring-managed-care-access/. Accessed on: July 30, 2019.

Measure-Specific Findings

Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care assesses the percentage of deliveries of live births that received a prenatal care visit as a member of the MHP in the first trimester or within 42 days of enrollment in the MHP.
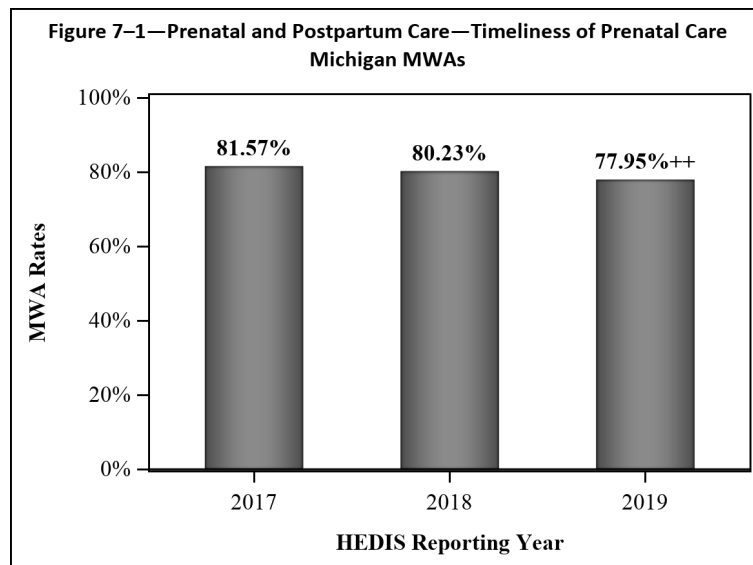
Figure 7–1—Prenatal and Postpartum Care—Timeliness of Prenatal Care Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 7–2—Prenatal and Postpartum Care—Timeliness of Prenatal Care Health Plan Ranking

	POP	ADMIN%
UPP 91.48%	817	59.04%
HPL		
MCL 83.70%	3,549	83.72%
P50		
MER 79.81%	10,220	92.68%
UNI 79.32%	4,681	79.14%
PRI 79.32%	2,615	35.89%
2019 MWA 77.95%		
LPL		
THC 76.50%	790	84.06%
BCC 75.91%	3,906	90.06%
AET 74.45%	656	78.76%
MOL 71.05%	6,363	95.21%
HAP 60.61%	66	75.00%
TRU 35.56%	90	81.25%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

HEDIS 2019 Rate

☐ ADMIN ☐ MRR
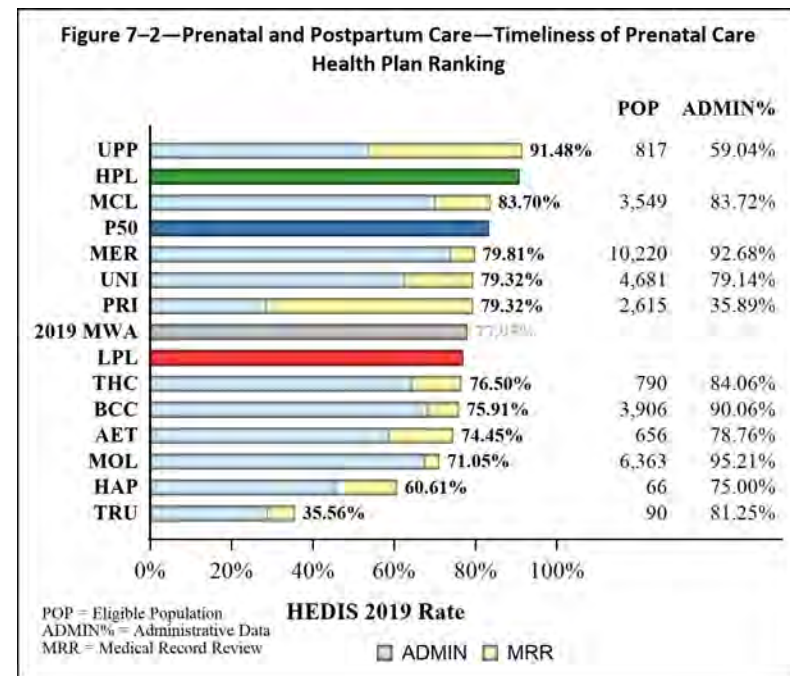
Two MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Six MHPs fell below the LPL. MHP performance varied by over 55 percentage points.

Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care assesses the percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery.
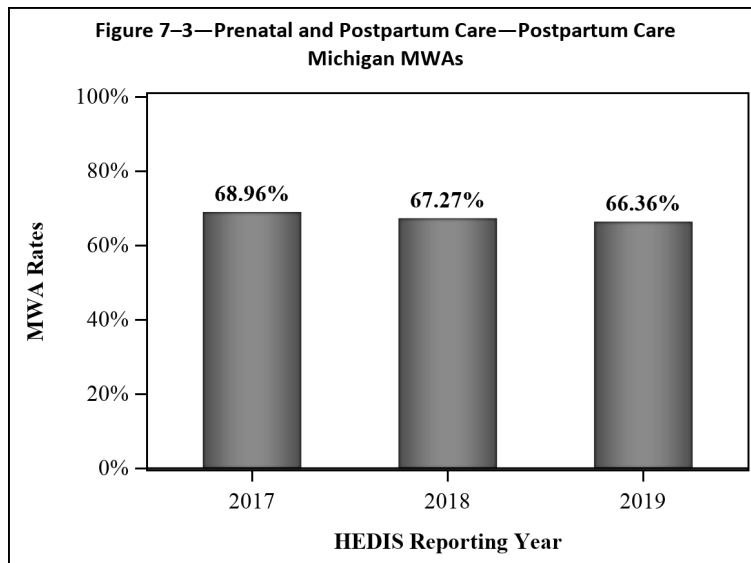
Figure 7–3—Prenatal and Postpartum Care—Postpartum Care Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 7–4—Prenatal and Postpartum Care—Postpartum Care Health Plan Ranking
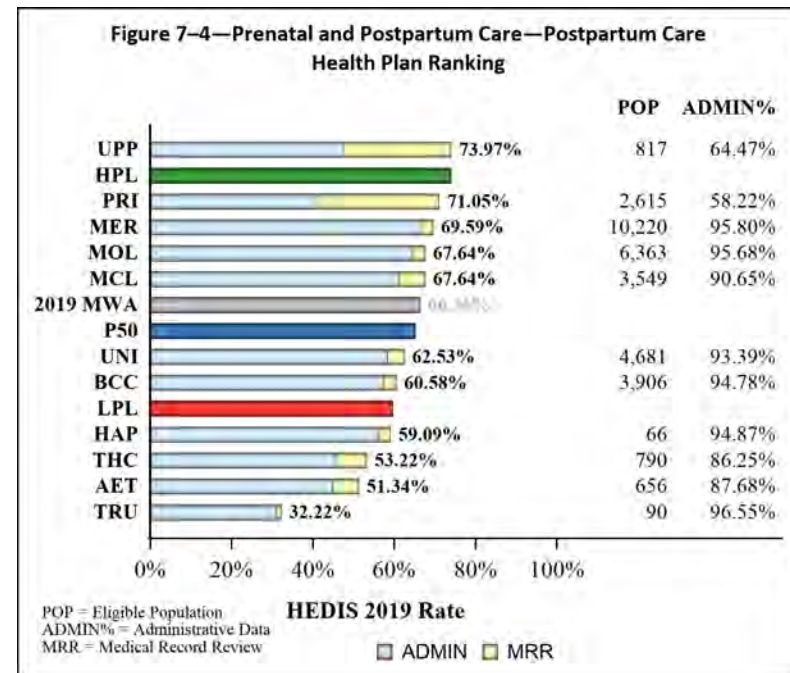
Five MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. Four MHPs fell below the LPL. MHP performance varied by over 40 percentage points.

Introduction

The Living With Illness domain encompasses the following HEDIS measures:

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

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

Summary of Findings

Table 8-1 presents the Michigan MWA performance for the measure indicators under the Living With Illness domain. The table lists the HEDIS 2019 MWA rates and performance levels, a comparison of the HEDIS 2018 MWA to the HEDIS 2019 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS 2018 to HEDIS 2019.

Table 8-1—HEDIS 2019 MWA Performance Levels and Trend Results for Living With Illness

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA– HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Comprehensive Diabetes Care[3]				
HbA1c Testing	88.35%	**-0.46++**	2	0
HbA1c Poor Control (>9.0%)*	38.37%	**+1.49++**	3	2
HbA1c Control (<8.0%)	51.41%	**-1.32++**	1	0
Eye Exam (Retinal) Performed	62.24%	**-1.94++**	1	0
Medical Attention for Nephropathy	91.48%	**-0.46++**	0	0
Blood Pressure Control (<140/90 mm Hg)	63.95%	**+1.72+**	2	2
Medication Management for People With Asthma[3]				
Medication Compliance 50%—Total[4]	63.81%	**-6.93++**	0	5
Medication Compliance 75%—Total	40.70%	**-9.13++**	0	6
Asthma Medication Ratio[3]				
Total	62.57%	+0.51	2	1
Controlling High Blood Pressure[5]				
Controlling High Blood Pressure	60.19%	NC	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation[6]				
Advising Smokers and Tobacco Users to Quit	81.34%	**+0.75+**	0	0
Discussing Cessation Medications	58.38%	**+1.24+**	0	0
Discussing Cessation Strategies	48.98%	**+1.66+**	0	0
Antidepressant Medication Management				
Effective Acute Phase Treatment	55.75%	**-2.52++**	2	2
Effective Continuation Phase Treatment	39.46%	**-1.79++**	2	2
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	84.22%	-0.09	1	2
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]				
Diabetes Monitoring for People With Diabetes and Schizophrenia	70.56%	+0.59	0	0
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	76.26%	-0.60	0	0
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	64.91%	+1.73	1	1

Measure	HEDIS 2019 MWA and Performance Level[1]	HEDIS 2018 MWA– HEDIS 2019 MWA Comparison[2]	Number of MHPs With Significant Improvement in HEDIS 2019	Number of MHPs With Significant Decline in HEDIS 2019
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	86.98%	+0.38	2	2
Diuretics	87.06%	+0.42	2	2
Total	87.02%	**+0.40+**	2	2

[1] *2019 performance levels were based on comparisons of the HEDIS 2019 MWA rates to national Medicaid Quality Compass HEDIS 2018 benchmarks. 2019 performance levels represent the following percentile comparisons:*

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

[2] *HEDIS 2018 MWA to HEDIS 2019 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

Green Shading[+] *Indicates that the HEDIS 2019 MWA demonstrated a significant improvement from the HEDIS 2018 MWA.*

Red Shading[++] *Indicates that the HEDIS 2019 MWA demonstrated a significant decline from the HEDIS 2018 MWA.*

[3] *Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4] *2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[5] *Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, comparisons to benchmarks and 2018 performance are not performed for this measure.*

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

NC indicates that a comparison to 2018 performance is not appropriate.

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

Table 8-1 shows that, for the Living With Illness domain, five out of six (83.3 percent) *Comprehensive Diabetes Care* measure indicators ranked above the 50th percentile, demonstrating strength. Despite five of the six *Comprehensive Diabetes Care* measure indicators ranking above the 50th percentile, most of the measure indicators demonstrated significant declines from 2018 to 2019, with two of the measure indicators going from above the 75th percentile to below the 75th percentile. The MHPs should monitor these *Comprehensive Diabetes Care* measure indicators to ensure that performance does not continue to decline over time. Of note, Upper Peninsula and Priority ranked above the HPL for five of the six (83.3 percent) *Comprehensive Diabetes Care* measure indicators, while Trusted ranked below the LPL for five of the six *Comprehensive Diabetes Care* measure indicators.

The majority of measure indicators (seven out of 12) related to medication adherence and medication monitoring were above the 50th percentile. Of note, the *Asthma Medication Ratio* increased from below the 50th percentile in 2018 to above the 50th percentile in 2019, demonstrating a strength; however, four of the six measure indicators related to medication adherence demonstrated significant declines in performance (both *Medication Management for People With Asthma* measure indicators and both *Antidepressant Medication Management* measure indicators). Additionally, three of the four measures related to medication monitoring (*Diabetes Monitoring for People With Diabetes and Schizophrenia*,

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia, and *Annual Monitoring for Patients on Persistent Medications)* fell below the 50th percentile. MDHHS should work with the MHPs to identify issues that contribute to low rates of medication adherence and monitoring and implement strategies that focus on improving adherence to medications and appropriate monitoring of members using medications.

Measure-Specific Findings

Comprehensive Diabetes Care—HbA1c Testing

Comprehensive Diabetes Care—HbA1c Testing assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c testing. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–1—Comprehensive Diabetes Care—HbA1c Testing Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–2—Comprehensive Diabetes Care—HbA1c Testing Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
PRI	93.43%	5,171	99.02%
HPL			
UPP	92.21%	2,305	96.57%
UNI	91.51%	11,316	98.31%
2019 MWA	88.35%		
THC	88.30%	2,453	92.25%
MER	88.08%	20,246	98.62%
MCL	87.83%	8,135	96.68%
P50			
MOL	87.10%	16,948	96.93%
BCC	85.16%	8,242	98.86%
LPL			
AET	84.43%	1,745	89.34%
HAP	83.70%	1,008	48.26%
TRU	81.09%	312	91.30%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

ADMIN MRR
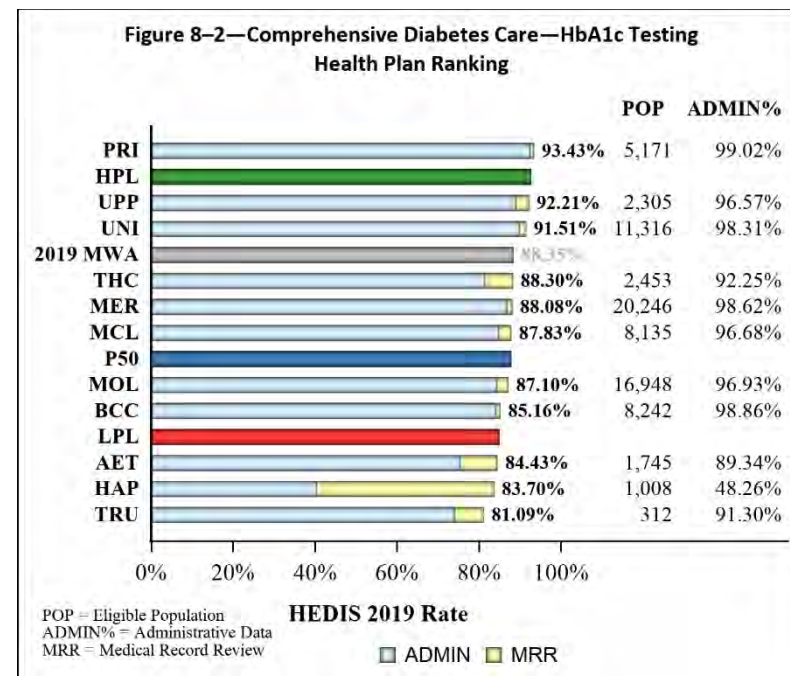
Six MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

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

Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was greater than 9.0 percent. For this measure, a lower rate indicates better performance. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–3—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–4—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
UPP	21.90%	2,305	40.00%
PRI	28.47%	5,171	98.72%
UNI	29.63%	11,316	93.75%
HPL			
THC	35.10%	2,453	69.81%
P50			
2019 MWA	38.37%		
AET	38.93%	1,745	62.50%
HAP	40.15%	1,008	97.58%
MER	40.88%	20,246	92.26%
MOL	41.36%	16,948	89.41%
MCL	42.58%	8,135	90.29%
BCC	44.77%	8,242	90.76%
LPL			
TRU	54.17%	312	96.45%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

☐ ADMIN ☐ MRR

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

Comprehensive Diabetes Care—HbA1c Control (<8.0%)

Comprehensive Diabetes Care—HbA1c Control (<8.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was less than 8.0 percent. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–5—Comprehensive Diabetes Care—HbA1c Control (<8.0%) Michigan MWAs

HEDIS Reporting Year	MWA Rates
2017	53.16%
2018	52.73%
2019	51.41%++

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–6—Comprehensive Diabetes Care—HbA1c Control (<8.0%) Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
UPP	63.50%	2,305	4.60%
PRI	61.50%	5,171	89.91%
UNI	60.80%	11,316	61.42%
HPL			
AET	52.31%	1,745	37.67%
2019 MWA	51.41%		
P50			
HAP	49.88%	1,008	28.78%
THC	49.67%	2,453	54.22%
MOL	49.15%	16,948	70.30%
MER	49.15%	20,246	78.71%
MCL	47.69%	8,135	67.35%
LPL			
BCC	43.80%	8,242	77.22%
TRU	36.22%	312	49.56%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

☐ ADMIN ☐ MRR

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

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had screening or monitoring for diabetic retinal disease. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–7—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–8—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
UPP	70.32%	2,305	93.08%
PRI	69.53%	5,171	92.91%
HPL			
MER	67.61%	20,246	100.00%
2019 MWA	62.24%		
UNI	61.27%	11,316	91.69%
MOL	59.37%	16,948	97.13%
HAP	58.88%	1,008	89.26%
MCL	58.64%	8,135	94.19%
P50			
BCC	57.42%	8,242	96.61%
THC	55.85%	2,453	91.70%
AET	54.50%	1,745	93.75%
TRU	51.28%	312	97.50%
LPL			

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

☐ ADMIN ☐ MRR

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

Comprehensive Diabetes Care—Medical Attention for Nephropathy

Comprehensive Diabetes Care—Medical Attention for Nephropathy assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–9—Comprehensive Diabetes Care—Medical Attention for Nephropathy
Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–10—Comprehensive Diabetes Care—Medical Attention for Nephropathy
Health Plan Ranking

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review
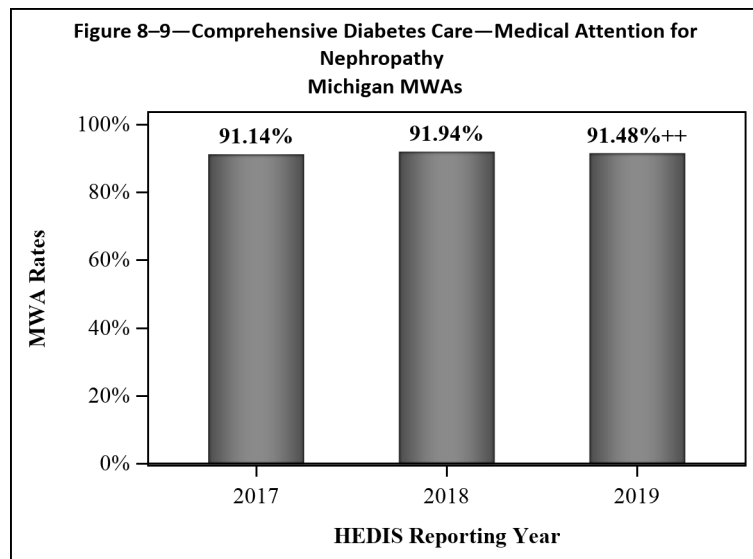
Eight MHPs and the MWA ranked above the 50th percentile, with four MHPs ranking above the HPL. One MHP ranked below the LPL. MHP performance varied by over 10 percentage points.

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

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading was less than 140/90 mm Hg. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–11—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 8–12—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Health Plan Ranking
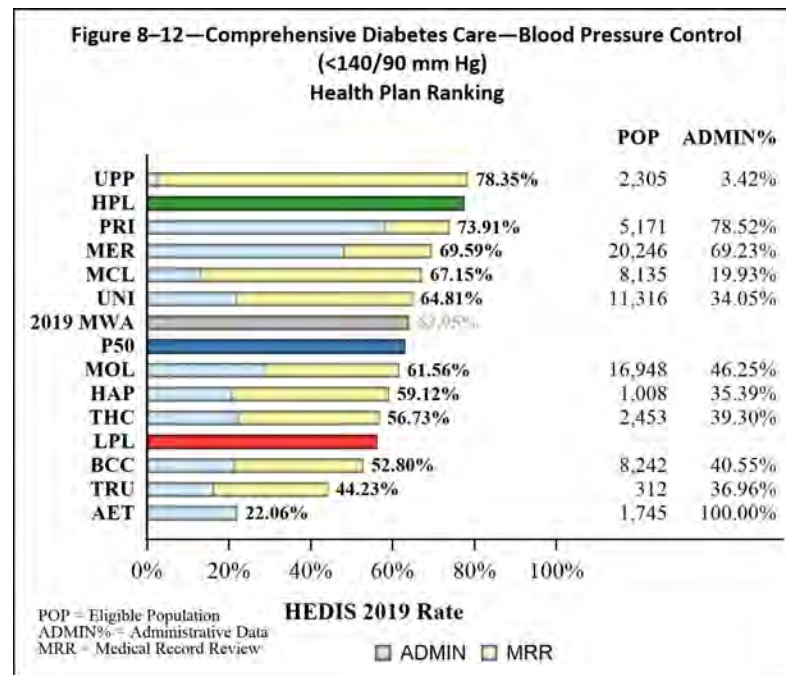
Five MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. Three MHPs fell below the LPL. MHP performance varied by over 55 percentage points.

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

Medication Management for People With Asthma—Medication Compliance 50%—Total assesses the percentage of members 5 to 64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they continued to take for at least 50 percent of their treatment period. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–13—Medication Management for People With Asthma—Medication Compliance 50%—Total Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–14—Medication Management for People With Asthma—Medication Compliance 50%—Total Health Plan Ranking[1]

POP = Eligible Population
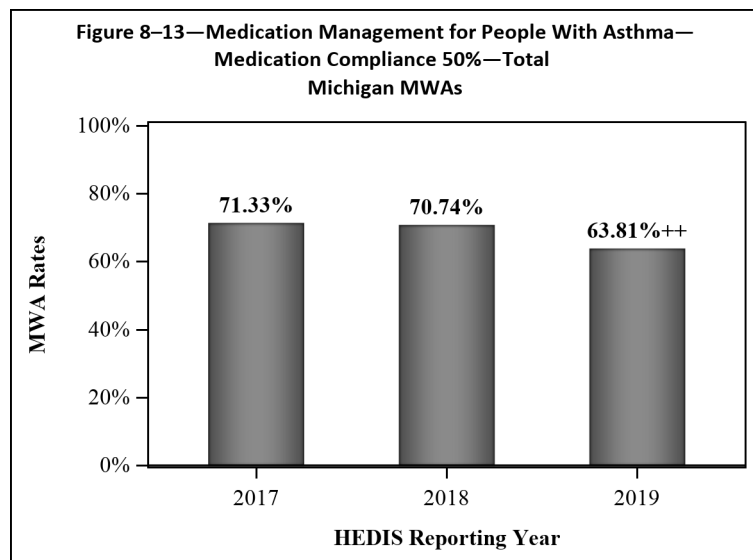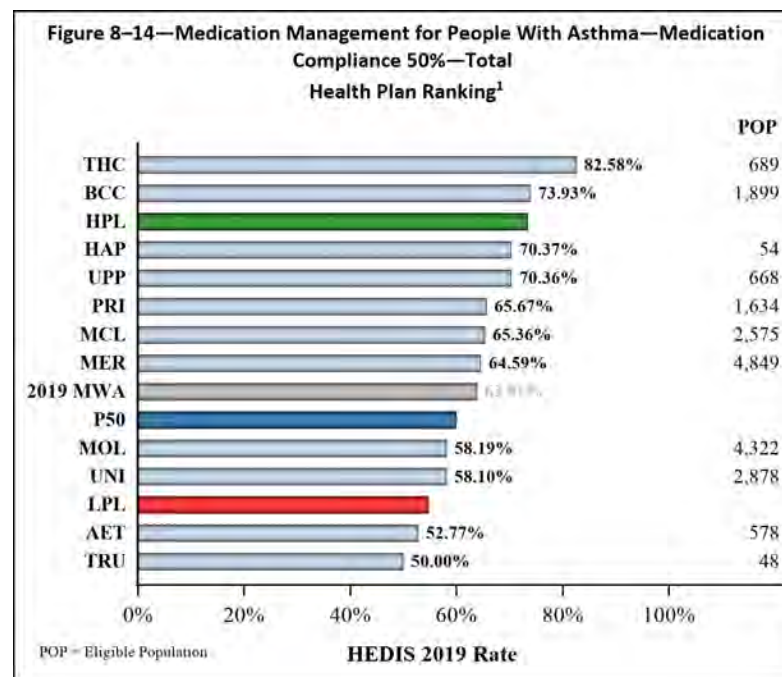
[1] *Quality Compass percentiles for this measure were not available; therefore, the rates for this measure indicator were compared to the NCQA Audit Means and Percentiles.*

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

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

Medication Management for People With Asthma—Medication Compliance 75%—Total assesses the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they continued to take for at least 75 percent of their treatment period. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–15—Medication Management for People With Asthma— Medication Compliance 75%—Total Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–16—Medication Management for People With Asthma—Medication Compliance 75%—Total Health Plan Ranking

	HEDIS 2019 Rate	POP
THC	65.46%	689
BCC	53.29%	1,899
HPL		
UPP	50.90%	668
HAP	50.00%	54
PRI	44.12%	1,634
MCL	41.75%	2,575
2019 MWA	40.70%	
MER	39.39%	4,849
P50		
TRU	35.42%	48
MOL	34.84%	4,322
UNI	34.05%	2,878
AET	31.14%	578
LPL		

POP = Eligible Population
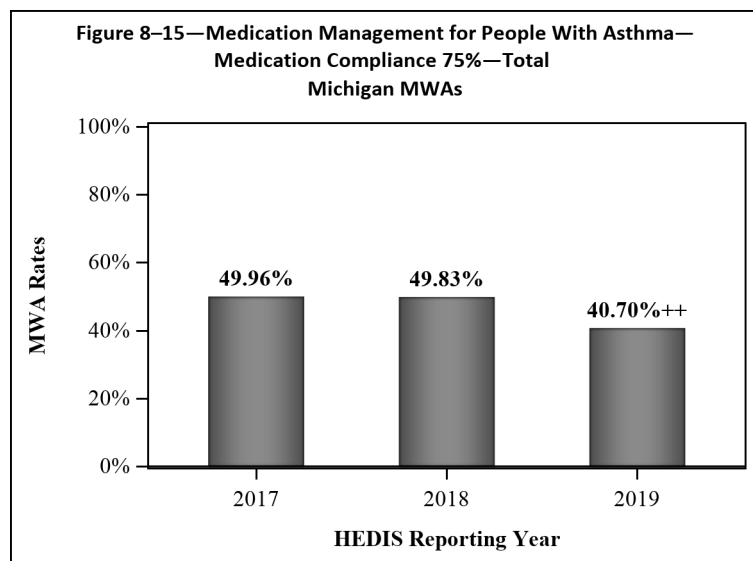
Seven MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by nearly 35 percentage points.

Asthma Medication Ratio—Total

Asthma Medication Ratio—Total assesses the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–17—Asthma Medication Ratio—Total Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 8–18—Asthma Medication Ratio—Total Health Plan Ranking
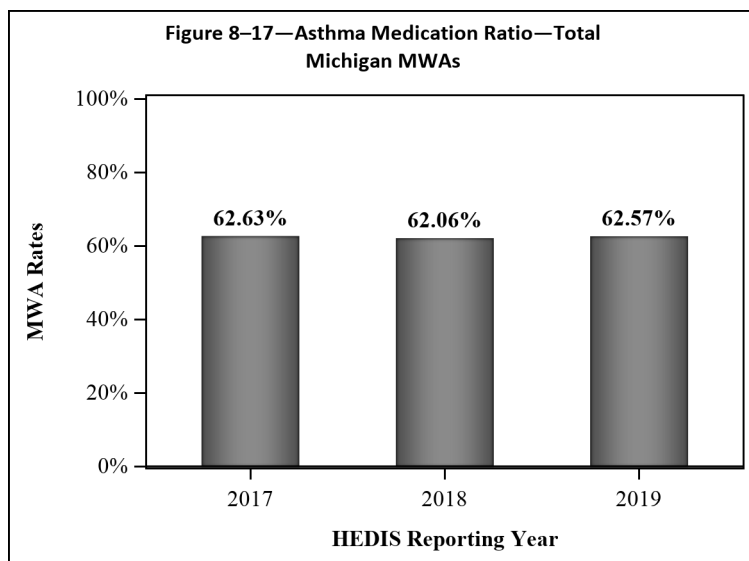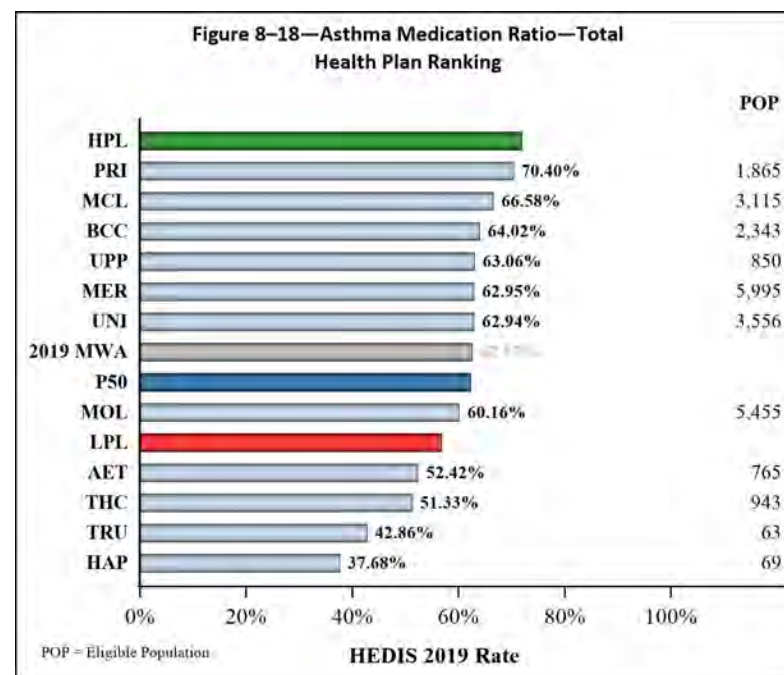
Six MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

Controlling High Blood Pressure

Controlling High Blood Pressure assesses the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

Figure 8–19—Controlling High Blood Pressure Michigan MWAs

Figure 8–20—Controlling High Blood Pressure Health Plan Ranking

	HEDIS 2019 Rate	POP	ADMIN%
UPP	76.89%	4,469	10.13%
PRI	73.24%	9,756	85.05%
MCL	67.40%	15,975	20.94%
UNI	64.72%	20,725	40.23%
AET	60.83%	3,853	38.80%
2019 MWA	60.19%		
MER	59.37%	39,580	60.66%
THC	56.29%	5,325	49.02%
MOL	54.01%	33,499	65.77%
BCC	52.55%	16,447	50.93%
HAP	51.82%	1,988	38.97%
TRU	45.26%	692	35.48%

POP = Eligible Population
ADMIN% = Administrative Data
MRR = Medical Record Review

☐ ADMIN ☐ MRR
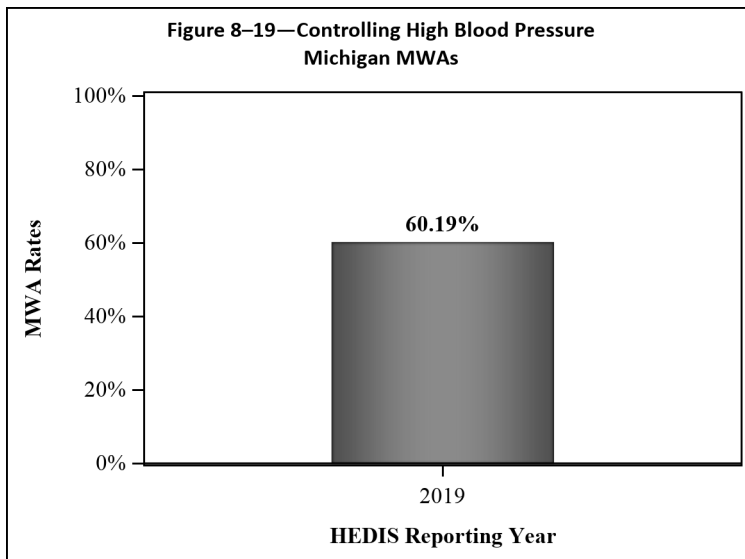
Due to changes in the technical specifications in HEDIS 2019 for the *Controlling High Blood Pressure* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.
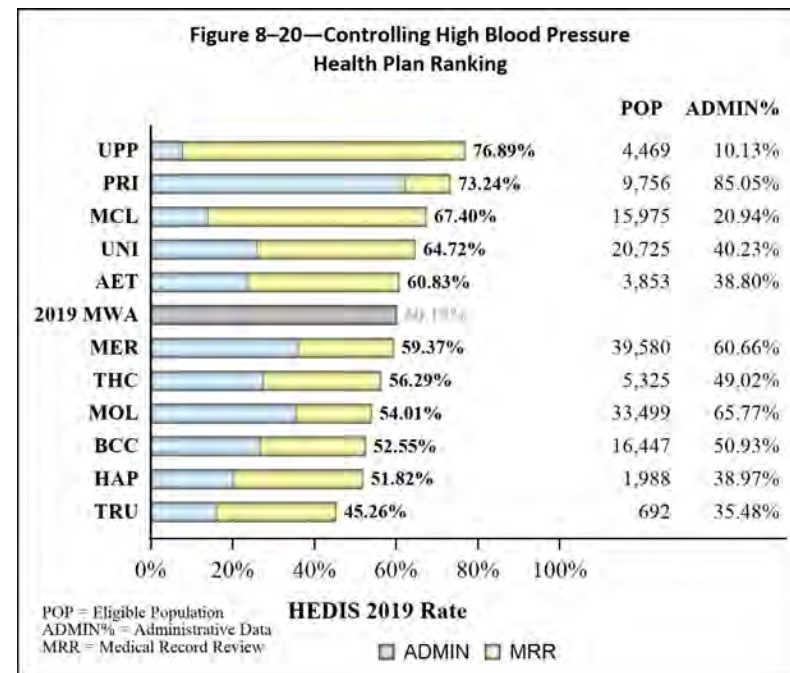
Due to changes in the technical specifications in HEDIS 2019 for the *Controlling High Blood Pressure* measure, a comparison to benchmarks is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 30 percentage points.

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

Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and received cessation advice during the measurement year.
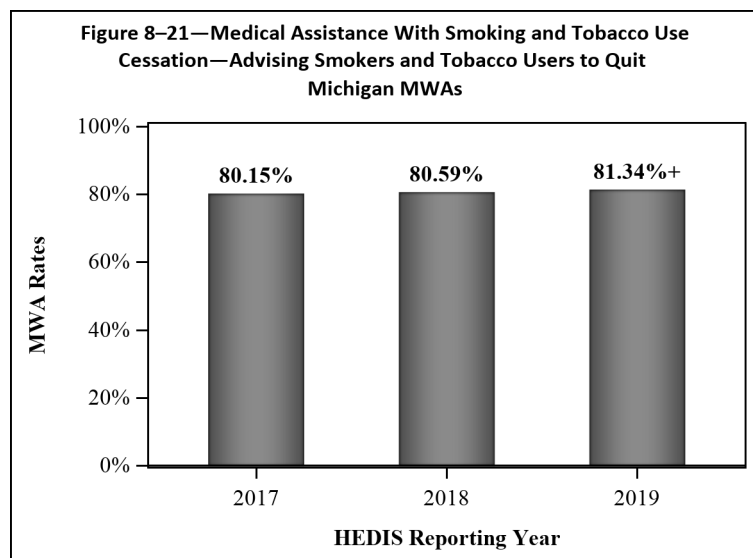
Figure 8–21—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 8–22—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Health Plan Ranking
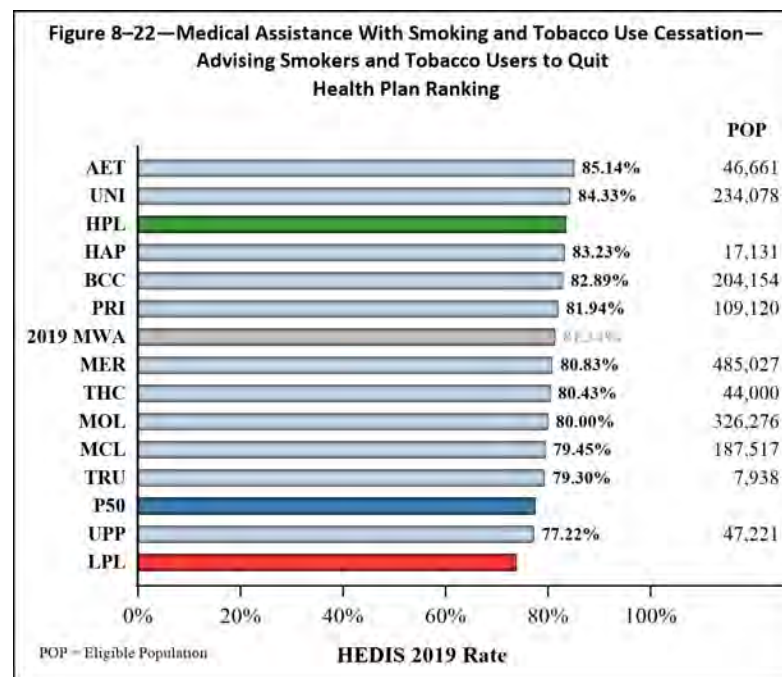
Ten MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 5 percentage points.

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

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and discussed or were recommended cessation medications during the measurement year.
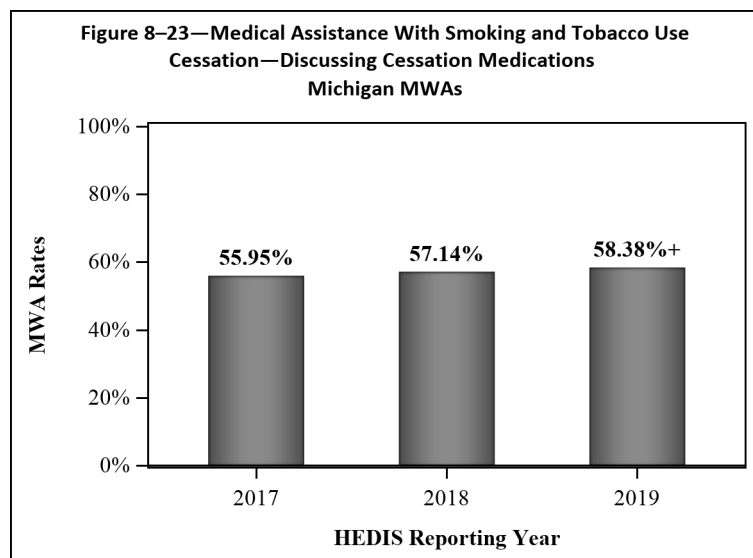
Figure 8–23—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 8–24—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications Health Plan Ranking
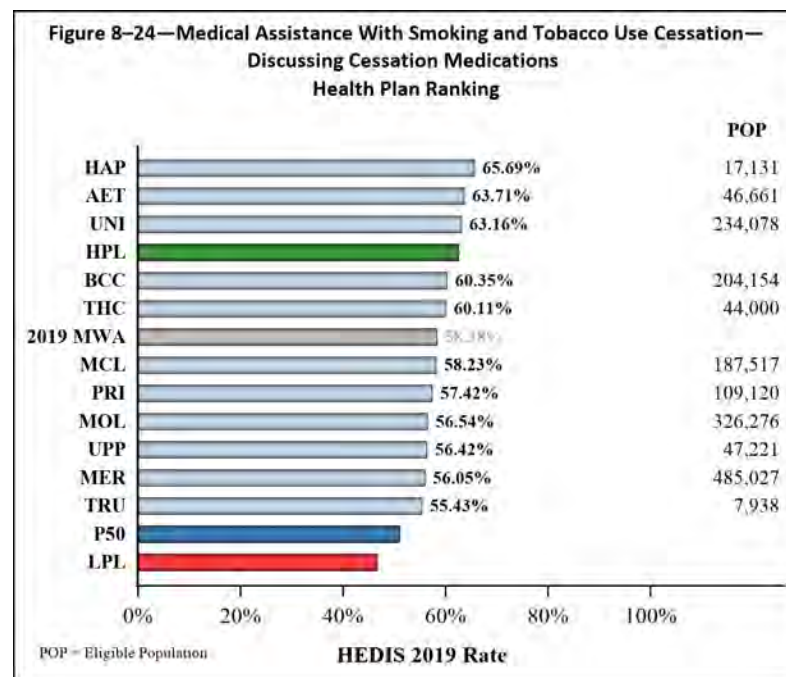
All MHPs and the MWA ranked above the 50th percentile, with three MHPs ranking above the HPL. MHP performance varied by over 10 percentage points.

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

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies assesses the percentage of members 18 years of age or older who are current smokers or tobacco users and discussed or were provided cessation methods or strategies during the measurement year.
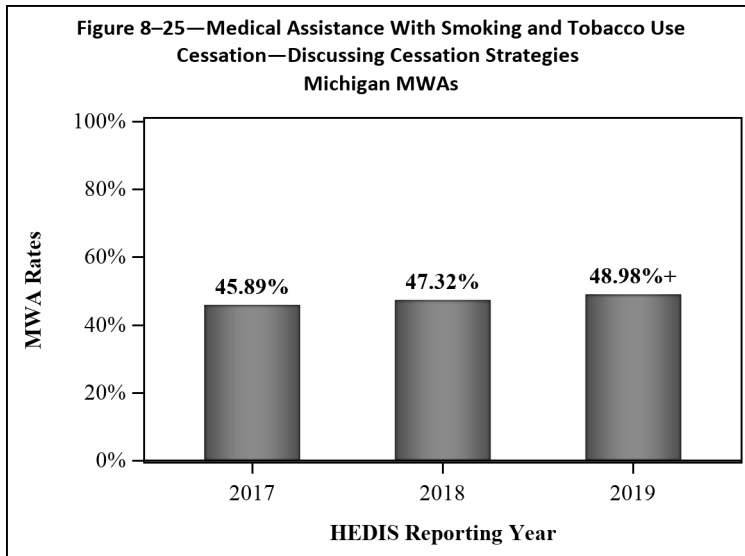
Figure 8–25—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.

Figure 8–26—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Health Plan Ranking

	HEDIS 2019 Rate	POP
HPL		
AET	56.10%	46,661
UNI	55.30%	234,078
HAP	54.22%	17,131
BCC	51.54%	204,154
PRI	50.16%	109,120
UPP	49.09%	47,221
2019 MWA		485,027
MER	47.62%	485,027
THC	47.54%	44,000
TRU	46.88%	7,938
MOL	45.59%	326,276
MCL	45.20%	187,517
P50		
LPL		

POP = Eligible Population
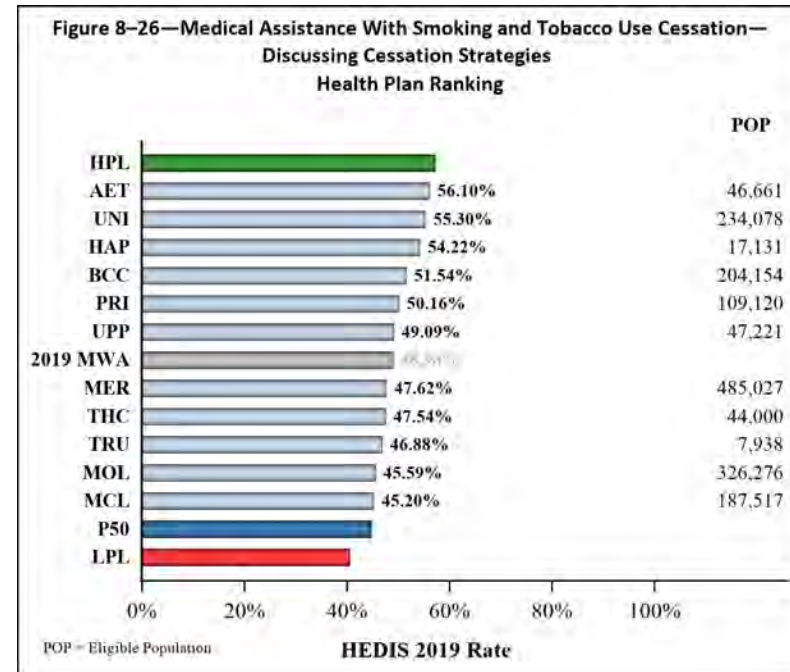
All MHPs and the MWA ranked above the 50th percentile but fell below the HPL. MHP performance varied by over 10 percentage points.

Antidepressant Medication Management—Effective Acute Phase Treatment

Antidepressant Medication Management—Effective Acute Phase Treatment assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 84 days (12 weeks).
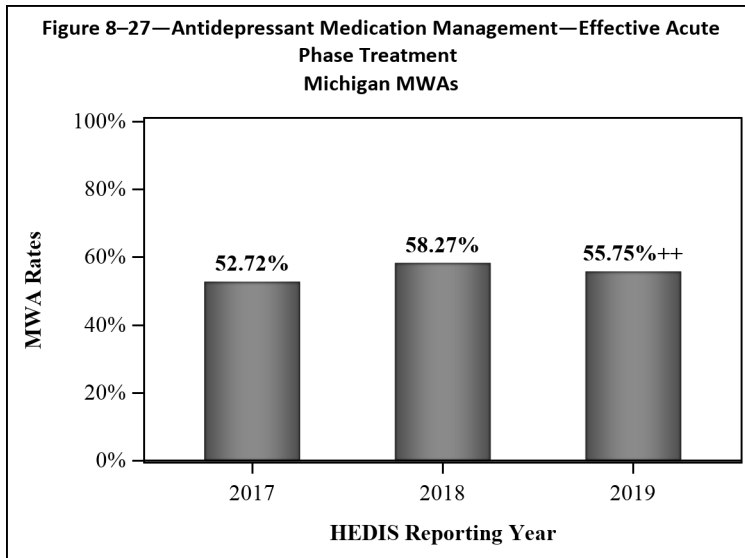
Figure 8–27—Antidepressant Medication Management—Effective Acute Phase Treatment Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–28—Antidepressant Medication Management—Effective Acute Phase Treatment Health Plan Ranking

Plan	HEDIS 2019 Rate	POP
PRI	79.84%	129
THC	69.46%	799
HPL		
UPP	59.54%	786
MOL	57.07%	5,681
MCL	56.77%	4,344
2019 MWA	55.75%	
BCC	55.52%	3,503
MER	53.57%	6,459
HAP	53.49%	129
AET	53.29%	837
UNI	52.99%	4,199
P50		
LPL		
TRU	NB	NB

POP = Eligible Population
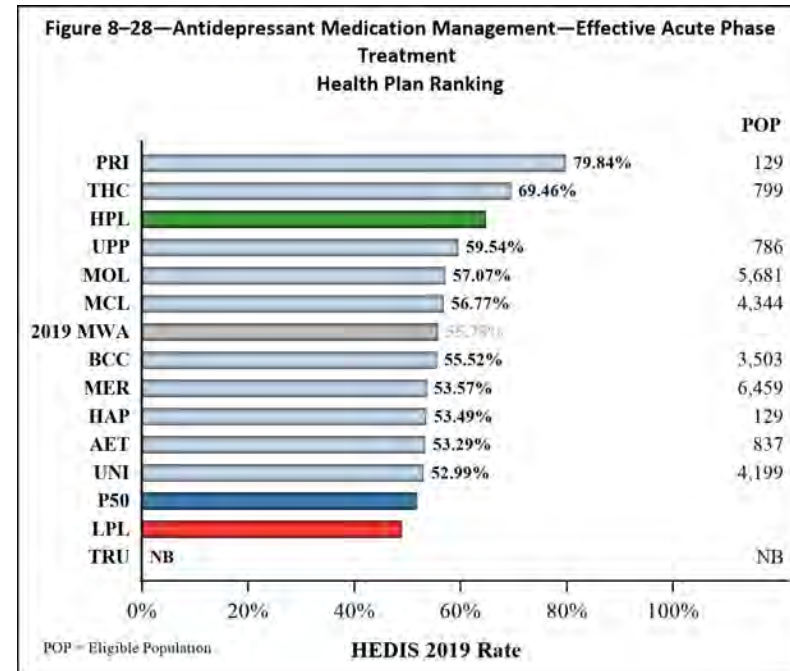
NB indicates that the required benefit to calculate the measure was not offered.

All MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 25 percentage points.
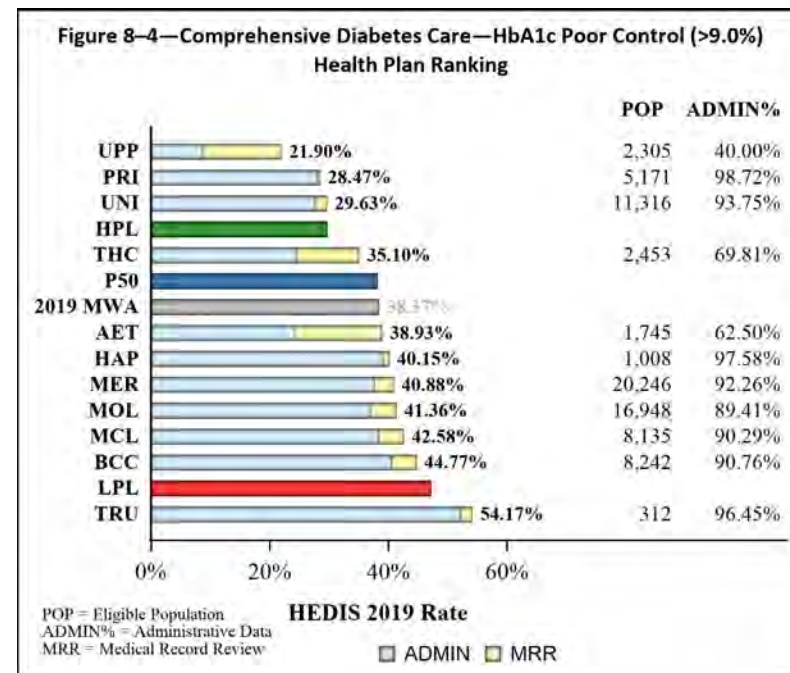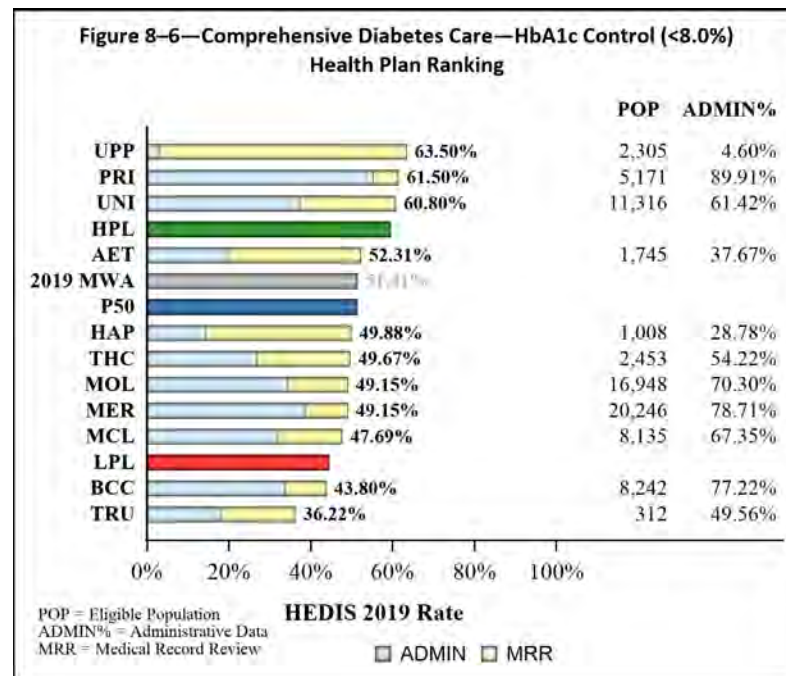
Antidepressant Medication Management—Effective Continuation Phase Treatment

Antidepressant Medication Management—Effective Continuation Phase Treatment assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 180 days (6 months).
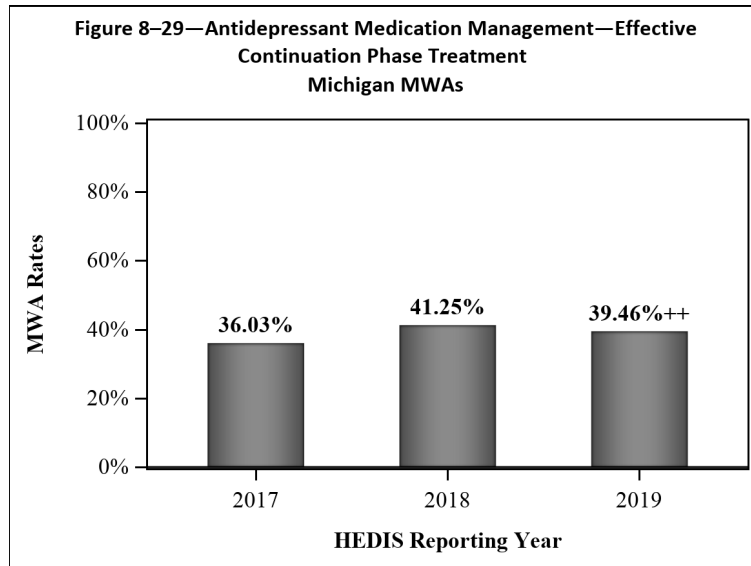
Figure 8–29—Antidepressant Medication Management—Effective Continuation Phase Treatment Michigan MWAs

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

The HEDIS 2019 MWA rate significantly declined from HEDIS 2018.

Figure 8–30—Antidepressant Medication Management—Effective Continuation Phase Treatment Health Plan Ranking
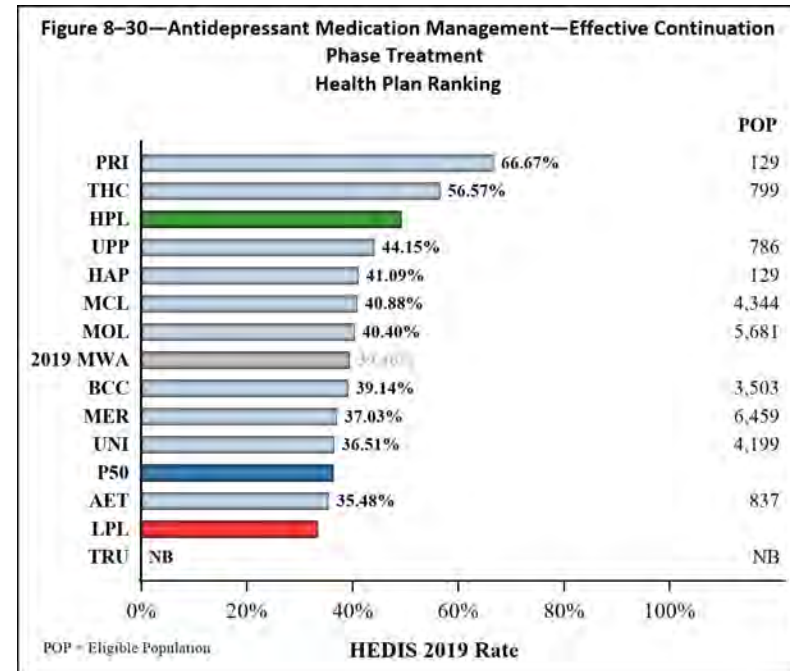
NB indicates that the required benefit to calculate the measure was not offered.

Nine MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 30 percentage points.
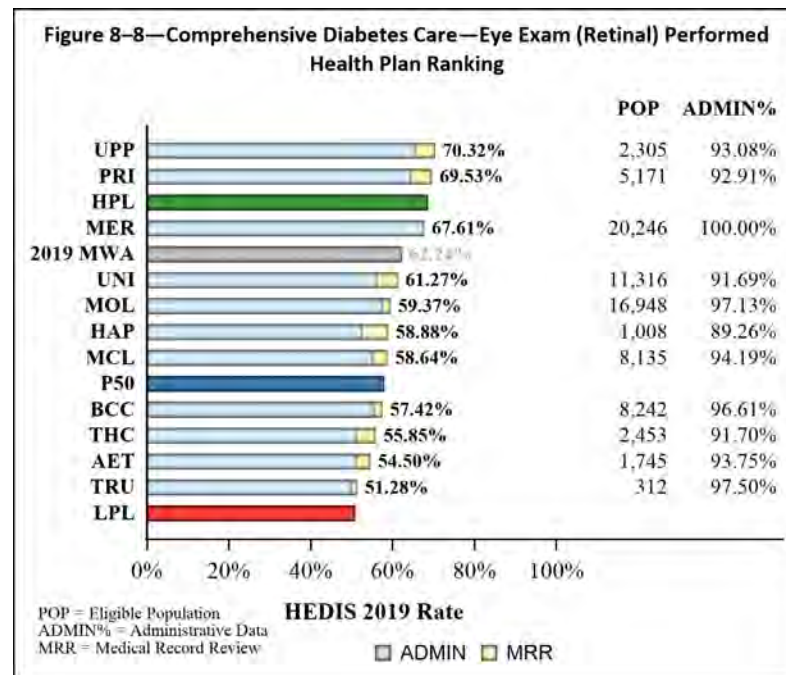
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications assesses the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–31—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
Michigan MWAs

Figure 8–32—Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
Health Plan Ranking
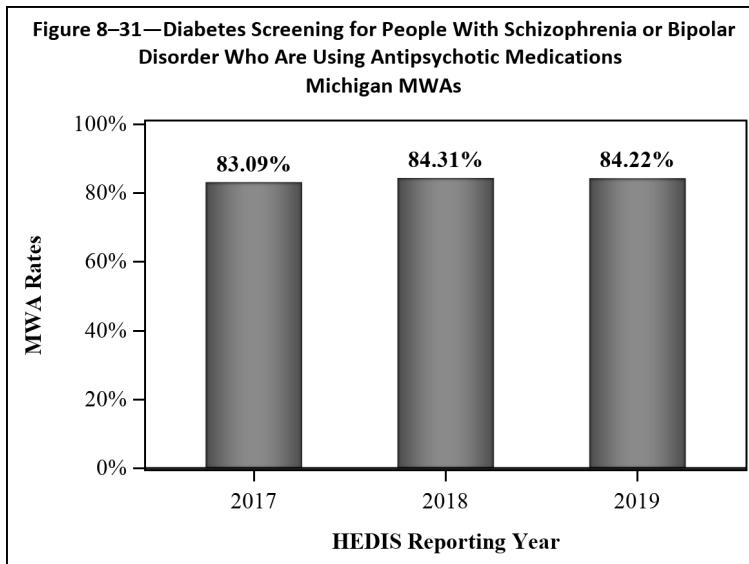
The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.
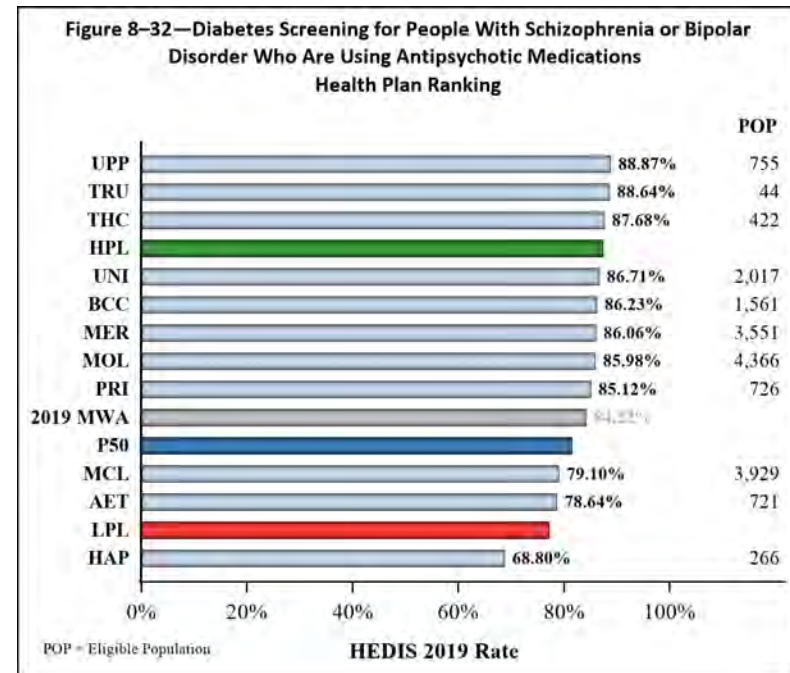
Eight MHPs and the MWA ranked above the 50th percentile, with three MHPs ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 20 percentage points.
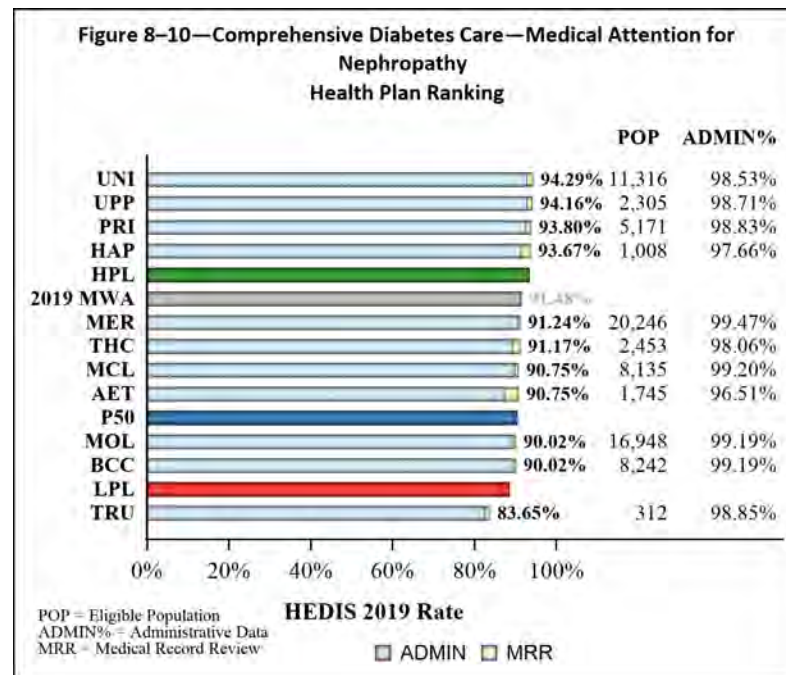
Diabetes Monitoring for People With Diabetes and Schizophrenia

Diabetes Monitoring for People With Diabetes and Schizophrenia assesses the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes, who had both a low-density lipoprotein cholesterol (LDL-C) test and an HbA1c test during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–33—Diabetes Monitoring for People With Diabetes and Schizophrenia
Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 8–34—Diabetes Monitoring for People With Diabetes and Schizophrenia Health Plan Ranking
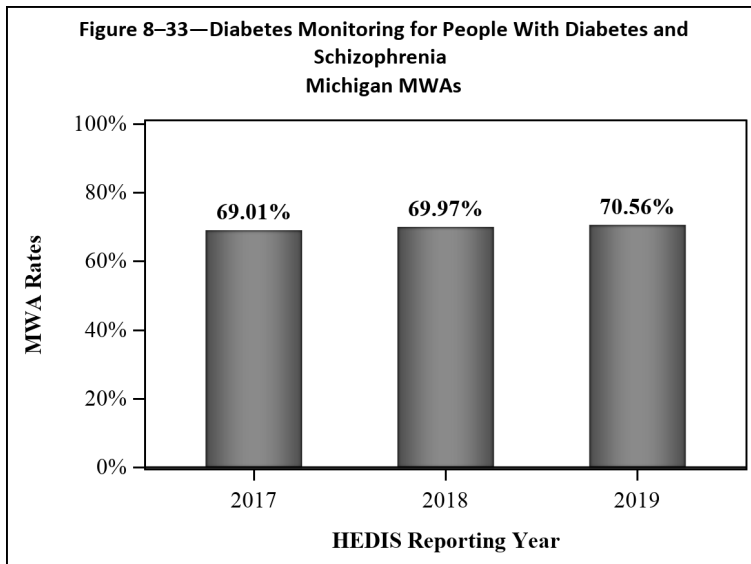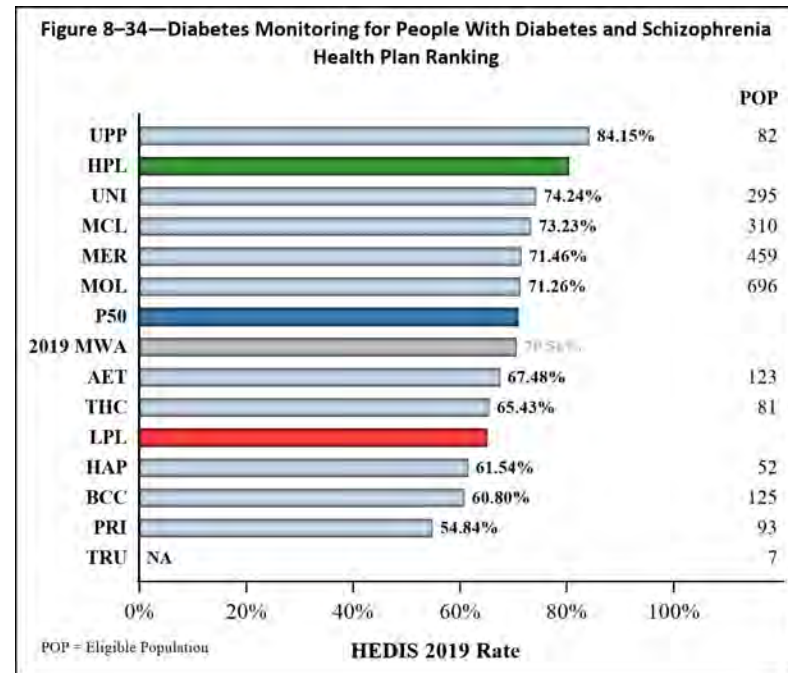
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia assesses the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–35—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 8–36—Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia Health Plan Ranking
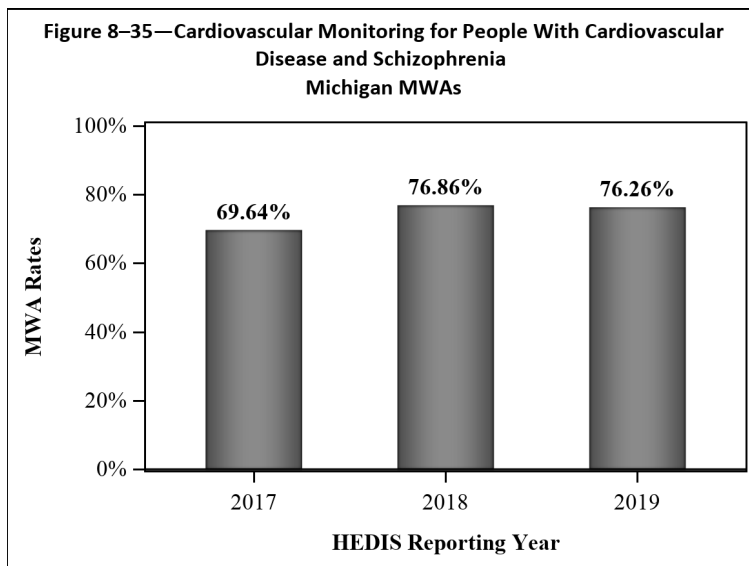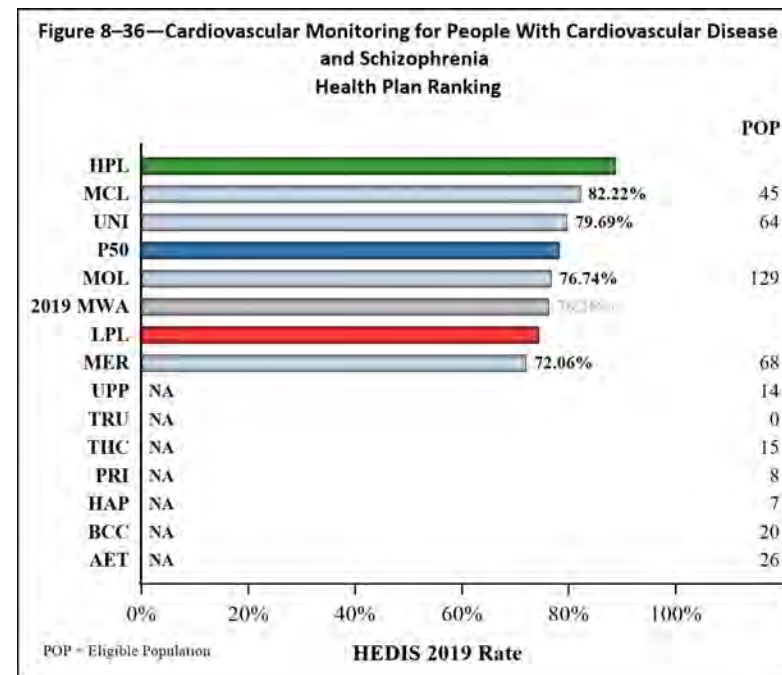
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

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

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia assesses the percentage of members 19 to 64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Figure 8–37—Adherence to Antipsychotic Medications for Individuals With Schizophrenia Michigan MWAs

Figure 8–38—Adherence to Antipsychotic Medications for Individuals With Schizophrenia Health Plan Ranking
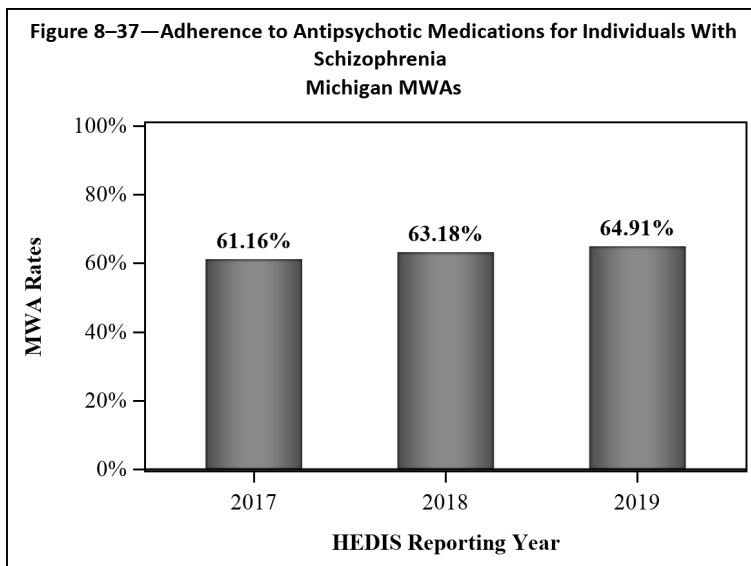
The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.
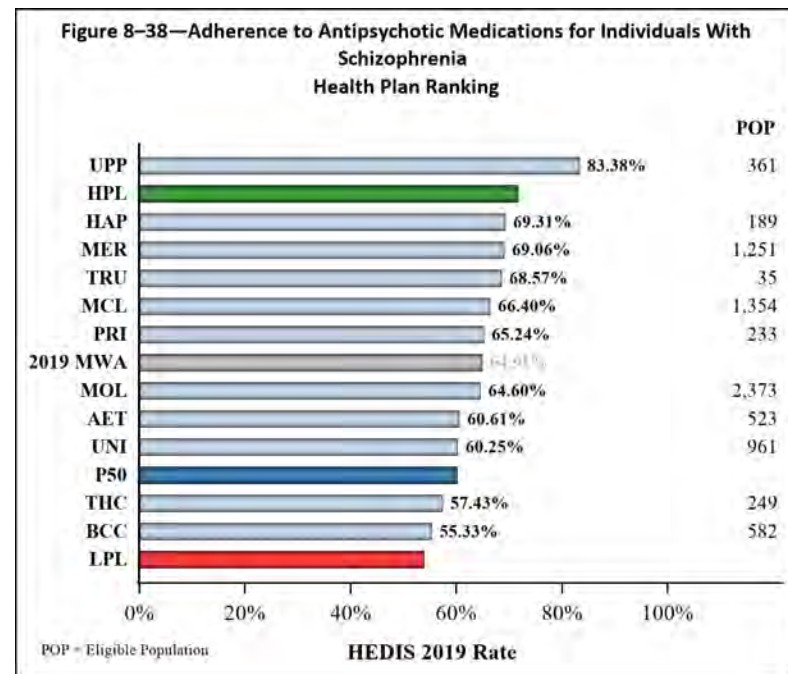
Nine MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. No MHPs fell below the LPL. MHP performance varied by over 25 percentage points.

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

Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs assesses the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for ACE inhibitors or ARBs and had at least one serum potassium and serum creatinine therapeutic monitoring test in the measurement year.
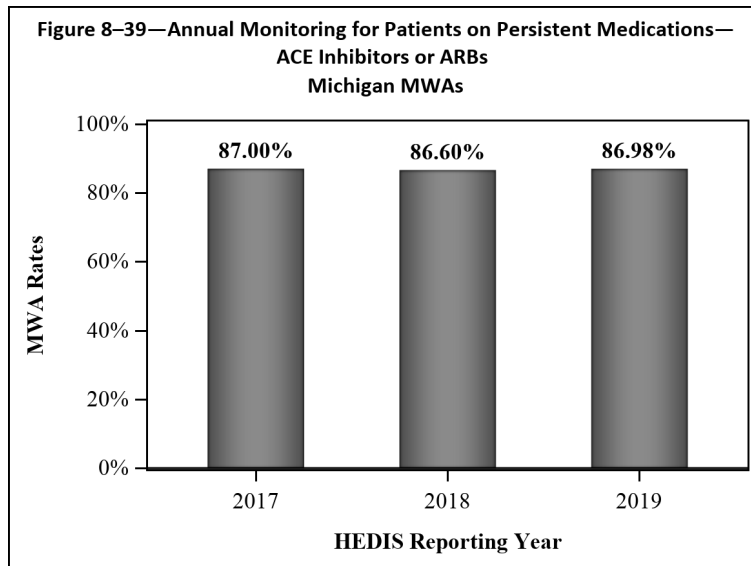
Figure 8–39—Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 8–40—Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs Health Plan Ranking
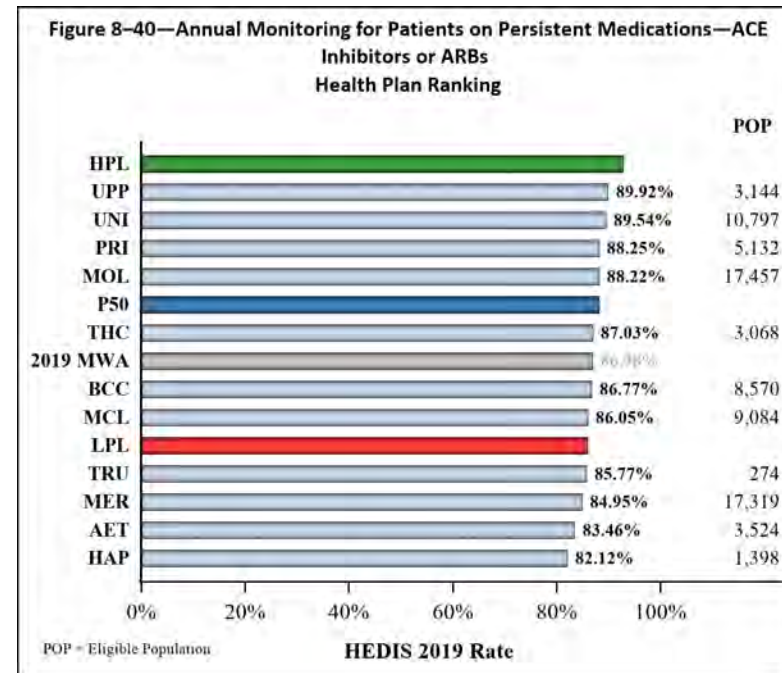
Four MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 5 percentage points.
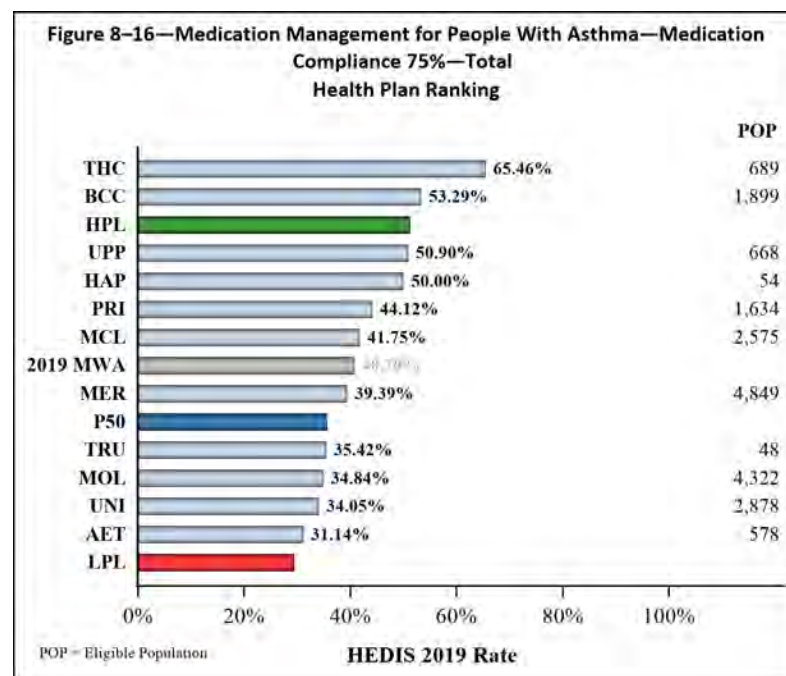
Annual Monitoring for Patients on Persistent Medications—Diuretics

Annual Monitoring for Patients on Persistent Medications—Diuretics assesses the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for diuretics and had at least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year.
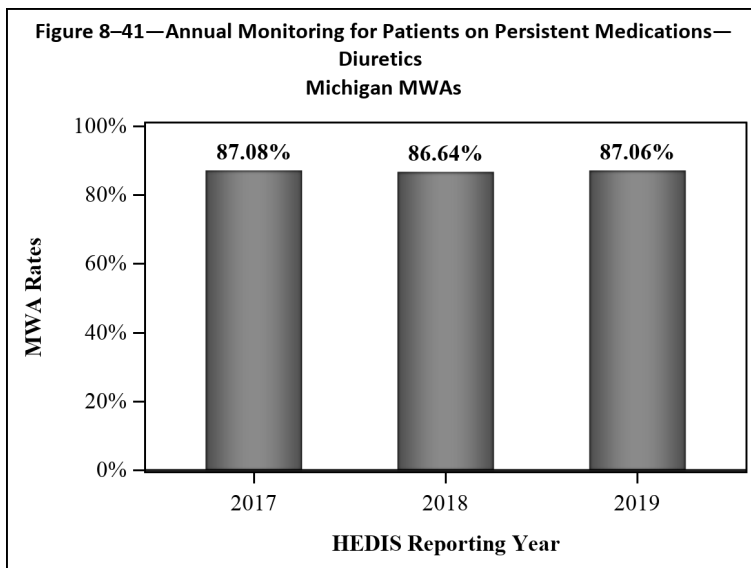
Figure 8–41—Annual Monitoring for Patients on Persistent Medications—Diuretics
Michigan MWAs

The HEDIS 2019 MWA rate did not demonstrate a significant change from 2018 to 2019.

Figure 8–42—Annual Monitoring for Patients on Persistent Medications—Diuretics
Health Plan Ranking
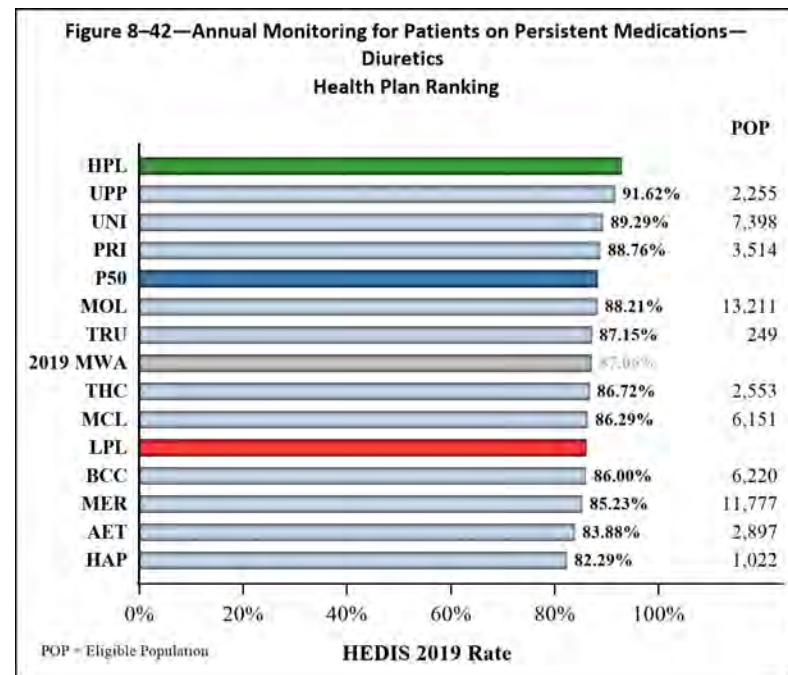
Three MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 9 percentage points.

Annual Monitoring for Patients on Persistent Medications—Total

Annual Monitoring for Patients on Persistent Medications—Total assesses the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for ACE inhibitors, ARBs, or diuretics during the measurement year and had at least one therapeutic monitoring event for the agent in the measurement year.
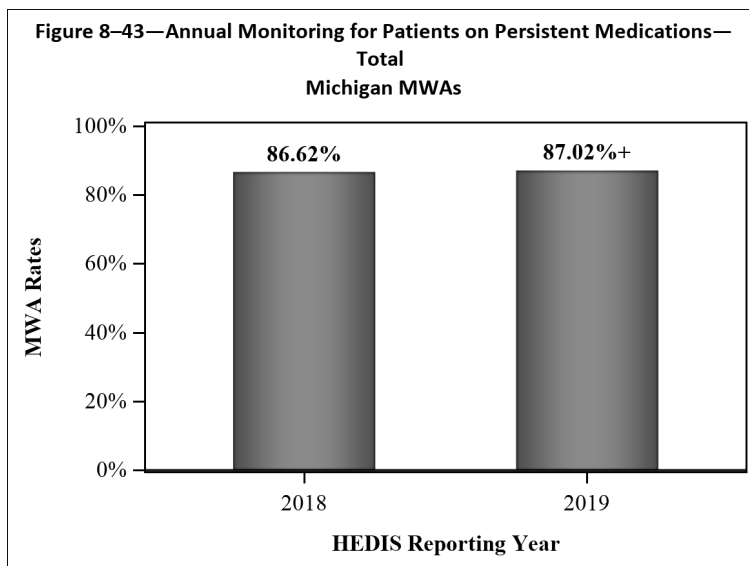
Figure 8–43—Annual Monitoring for Patients on Persistent Medications—Total Michigan MWAs

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

The HEDIS 2019 MWA rate significantly improved from HEDIS 2018.


Figure 8–44—Annual Monitoring for Patients on Persistent Medications—Total Health Plan Ranking
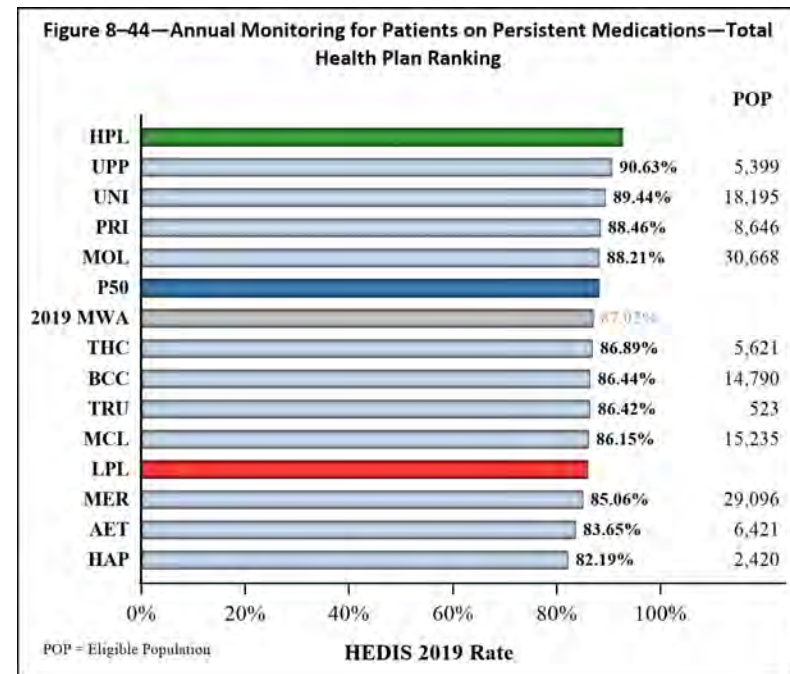
Four MHPs ranked above the 50th percentile but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by over 5 percentage points.

Introduction

The Health Plan Diversity domain encompasses the following HEDIS measures:

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

Summary of Findings

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care. The *Race/Ethnicity Diversity of Membership* measure shows that the 2019 MWA rates for different racial/ethnic groups were fairly stable across years, with less than two percentage points difference between 2018 and 2019 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, 2019 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 three percentage points difference between 2018 and 2019.

Race/Ethnicity Diversity of Membership

Measure Definition

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

Results

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

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

MHP	Eligible Population	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian and Other Pacific Islander
AET	48,364	25.44%	63.29%	0.20%	0.69%	0.05%
BCC	270,457	45.97%	35.95%	0.67%	1.64%	2.85%
HAP	4,935	56.78%	23.97%	0.00%	0.02%	0.02%
MCL	259,377	64.93%	19.55%	0.51%	0.63%	0.07%
MER	646,677	54.61%	18.96%	0.37%	0.66%	0.05%
MOL	421,623	45.40%	34.44%	0.26%	0.30%	<0.01%
PRI	166,783	60.16%	14.30%	0.53%	0.77%	0.05%
THC	66,391	30.67%	54.84%	0.25%	1.12%	0.06%
TRU	12,257	26.47%	54.68%	0.10%	0.00%	1.03%
UNI	317,881	51.15%	30.36%	0.28%	1.89%	0.08%
UPP	61,025	87.85%	1.48%	2.43%	0.24%	0.07%
HEDIS 2019 MWA		**52.40%**	**26.89%**	**0.45%**	**0.88%**	**0.39%**
HEDIS 2018 MWA		**54.36%**	**27.37%**	**0.43%**	**0.93%**	**0.05%**
HEDIS 2017 MWA		**53.98%**	**27.55%**	**0.45%**	**0.89%**	**0.12%**

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

MHP	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic or Latino*
AET	48,364	0.00%	0.00%	4.19%	6.13%	3.05%
BCC	270,457	0.00%	0.03%	12.88%	<0.01%	3.16%
HAP	4,935	3.38%	0.00%	15.83%	0.00%	3.38%
MCL	259,377	5.59%	0.00%	8.72%	0.00%	5.59%
MER	646,677	0.19%	0.00%	5.12%	20.05%	5.10%
MOL	421,623	<0.01%	<0.01%	19.60%	0.00%	6.76%
PRI	166,783	0.00%	0.00%	24.18%	0.00%	10.53%
THC	66,391	2.86%	0.00%	10.19%	0.00%	2.86%
TRU	12,257	3.97%	0.00%	13.76%	0.00%	3.97%
UNI	317,881	0.00%	0.00%	16.24%	0.00%	5.90%
UPP	61,025	1.68%	0.00%	0.00%	6.25%	1.68%
HEDIS 2019 MWA		**0.85%**	**0.00%**	**12.15%**	**5.99%**	**5.53%**
HEDIS 2018 MWA		**1.57%**	**0.00%**	**11.88%**	**3.40%**	**5.90%**
HEDIS 2017 MWA		**1.33%**	**0.00%**	**12.44%**	**3.25%**	**5.46%**

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

Language Diversity of Membership

Measure Definition

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

Results

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

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	48,364	0.00%	0.00%	100.00%	0.00%
BCC	270,457	98.40%	1.59%	0.01%	0.00%
HAP	4,935	97.26%	0.18%	2.55%	0.00%
MCL	259,377	76.22%	0.60%	23.18%	0.00%
MER	646,677	98.62%	1.38%	<0.01%	0.00%
MOL	421,623	98.64%	1.32%	0.04%	0.00%
PRI	166,783	0.00%	0.00%	100.00%	0.00%
THC	66,391	99.10%	0.89%	0.01%	0.00%
TRU	12,257	98.88%	1.06%	0.06%	0.00%
UNI	317,881	95.23%	4.71%	0.06%	0.00%
UPP	61,025	99.93%	0.04%	0.02%	0.00%
HEDIS 2019 MWA		**86.29%**	**1.58%**	**12.12%**	**0.00%**
HEDIS 2018 MWA		**88.48%**	**1.64%**	**9.88%**	**0.00%**
HEDIS 2017 MWA		**88.52%**	**1.49%**	**10.00%**	**0.00%**

Table 9-3 shows that, for each MHP, over 95 percent of Michigan members who reported a language reported English as the language preferred for written materials. At the statewide level, English remained the preferred language for written materials for most (over 77 percent) Michigan members from 2017 to 2019.

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	48,364	0.00%	0.00%	100.00%	0.00%
BCC	270,457	98.39%	1.60%	0.01%	0.00%
HAP	4,935	97.26%	0.18%	2.55%	0.00%
MCL	259,377	0.00%	0.00%	100.00%	0.00%
MER	646,677	98.62%	1.38%	<0.01%	0.00%
MOL	421,623	98.64%	1.32%	0.04%	0.00%
PRI	166,783	0.00%	0.00%	100.00%	0.00%
THC	66,391	99.10%	0.89%	0.01%	0.00%
TRU	12,257	0.00%	0.00%	100.00%	0.00%
UNI	317,881	95.23%	4.71%	0.06%	0.00%
UPP	61,025	99.93%	0.04%	0.02%	0.00%
HEDIS 2019 MWA		**77.07%**	**1.51%**	**21.41%**	**0.00%**
HEDIS 2018 MWA		**77.53%**	**1.55%**	**20.93%**	**0.00%**
HEDIS 2017 MWA		**77.72%**	**1.40%**	**20.88%**	**0.00%**

Table 9-4 shows that, at the statewide level, over 75 percent of Michigan members reported English as their preferred language for other language needs, and the Michigan members that listed Unknown as their preferred language for other language needs decreased by almost 25 percentage points from the prior year. Please note that *Language Diversity of Membership—Other Language Needs* captures data collected from questions that cannot be mapped to any other category (e.g., What is the primary language spoken at home?).

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

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	48,364	99.06%	0.67%	0.28%	0.00%
BCC	270,457	98.78%	1.20%	0.01%	0.00%
HAP	4,935	97.26%	0.18%	2.55%	0.00%
MCL	259,377	0.00%	0.00%	100.00%	0.00%
MER	646,677	98.62%	1.38%	<0.01%	0.00%
MOL	421,623	98.64%	1.32%	0.04%	0.00%
PRI	166,783	0.00%	0.00%	100.00%	0.00%
THC	66,391	99.10%	0.89%	0.01%	0.00%
TRU	12,257	0.00%	0.00%	100.00%	0.00%
UNI	317,881	95.23%	4.71%	0.06%	0.00%
UPP	61,025	0.00%	0.00%	100.00%	0.00%
HEDIS 2019 MWA		**76.55%**	**1.48%**	**21.98%**	**0.00%**
HEDIS 2018 MWA		**52.99%**	**0.68%**	**46.33%**	**0.00%**
HEDIS 2017 MWA		**54.13%**	**0.64%**	**45.23%**	**0.00%**

Introduction

The Utilization domain encompasses the following HEDIS measures:

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

The following tables present the HEDIS 2019 MHP-specific rates as well as the MWA or Michigan Medicaid Average (MA) for HEDIS 2019, HEDIS 2018, and HEDIS 2017, where applicable. To align with calculations from prior years, HSAG calculated traditional averages for the *Ambulatory Care—Total (Per 1,000 Member Months)* and *Inpatient Utilization—General Hospital/Acute Care—Total* measure indicators in the Utilization domain; therefore, the MA is presented for those two measures rather than the MWA, which was calculated and presented for all other measures. The *Ambulatory Care* and *Inpatient Utilization* measures are designed to describe the frequency of specific services provided by the MHPs and are not risk adjusted. Therefore, it is important to assess utilization supplemented by information on the characteristics of each MHP's population.

Summary of Findings

Reported rates for the MHPs and MA rates for the *Ambulatory Care* and *Inpatient Utilization* measures do not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on these measures. For the opioid measures, there was either a break in trending for the measure or it was a first-year measure; therefore, comparisons to national benchmarks could not be made. For the *Plan All-Cause Readmissions* measure, all 11 MHPs had an O/E ratio less than 1.0, indicating that all MHPs had fewer observed readmissions than were expected based on patient mix.

Measure-Specific Findings

Ambulatory Care—Total (Per 1,000 Member Months)

The *Ambulatory* Care—*Total (Per 1,000 Member Months)* measure summarizes use of ambulatory care for *ED Visits—Total* and *Outpatient Visits—Total*. In this section, the results for the total age group are presented. Due to changes in the technical specifications for the *Ambulatory* Care—*Outpatient Visits—Total*, exercise caution when trending rates between 2019 and prior years.

Results

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

Table 10-1—Ambulatory Care—Total (Per 1,000 Member Months) for Total Age Group

MHP	Member Months	ED Visits— Total*	Outpatient Visits—Total
AET	546,607	80.69	388.39
BCC	2,389,576	62.97	388.15
HAP	90,328	66.17	524.20
MCL	2,318,729	65.51	577.22
MER	5,926,179	68.41	396.93
MOL	4,111,680	68.48	418.38
PRI	1,497,771	65.22	368.60
THC	599,415	68.80	339.74
TRU	94,813	70.78	207.65
UNI	2,995,393	66.48	371.07
UPP	583,153	52.04	307.10
HEDIS 2019 MA		**66.87**	**389.77**
HEDIS 2018 MA		**70.86**	**386.18**
HEDIS 2017 MA		**74.37**	**389.30**

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

For the *ED Visits—Total* measure indicator, the MA decreased by 7.5 visits per 1,000 member months from 2017 to 2019. The MA for the *Outpatient Visits—Total* measure indicator remained steady from 2017 to 2019.

Inpatient Utilization—General Hospital/Acute Care—Total

The *Inpatient Utilization—General Hospital/Acute Care—Total* measure summarizes use of acute inpatient care and services in four categories: *Total Inpatient*, *Medicine*, *Surgery*, and *Maternity*. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

Results

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

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

MHP	Member Months	Total Inpatient	Maternity*	Surgery	Medicine
AET	546,607	10.02	2.19	2.52	5.93
BCC	2,389,576	7.24	2.68	1.52	3.66
HAP	90,328	12.01	1.35	3.18	8.02
MCL	2,318,729	7.80	2.57	1.99	3.91
MER	5,926,179	7.59	2.99	1.76	3.69
MOL	4,111,680	7.34	2.62	1.72	3.73
PRI	1,497,771	6.48	2.92	1.71	2.72
THC	599,415	9.33	2.32	2.12	5.44
TRU	94,813	8.42	1.56	1.70	5.56
UNI	2,995,393	5.62	2.51	1.30	2.50
UPP	583,153	5.34	2.22	1.65	2.08
HEDIS 2019 MA		**7.93**	**2.36**	**1.92**	**4.29**
HEDIS 2018 MA		**8.10**	**2.38**	**1.91**	**4.40**
HEDIS 2017 MA		**8.68**	**2.36**	**2.30**	**4.48**

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

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

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

MHP	Member Months	Total Inpatient	Maternity	Surgery	Medicine
AET	546,607	4.89	2.66	7.48	4.38
BCC	2,389,576	4.00	2.63	5.94	3.96
HAP	90,328	5.15	2.54	7.45	4.51
MCL	2,318,729	3.38	2.01	5.15	3.14
MER	5,926,179	3.98	2.54	6.45	3.64
MOL	4,111,680	4.57	2.78	7.41	4.16
PRI	1,497,771	3.91	2.85	5.62	3.62
THC	599,415	4.41	2.71	7.82	3.63
TRU	94,813	4.95	2.97	9.46	3.99
UNI	2,995,393	4.56	2.63	7.42	4.46
UPP	583,153	3.80	2.93	5.60	3.05
HEDIS 2019 MA		**4.33**	**2.66**	**6.89**	**3.87**
HEDIS 2018 MA		**4.38**	**2.62**	**6.44**	**4.17**
HEDIS 2017 MA		**4.02**	**2.61**	**5.91**	**3.67**

Use of Opioids From Multiple Providers

The *Use of Opioids From Multiple Providers* summarizes use of prescription opioids for at least 15 days received from four or more providers. Three rates are reported: *Multiple Prescribers*, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies.* Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and 2018; therefore, 2018 rates are not displayed.

Results

Table 10-4 shows the HEDIS 2019 rates for receiving prescription opioids. The values in the table below are presented for informational purposes only.

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

MHP	Use of Opioids From Multiple Providers— Eligible Population	Use of Opioids From Multiple Providers— Multiple Prescribers	Use of Opioids From Multiple Providers— Multiple Pharmacies	Use of Opioids From Multiple Providers— Multiple Prescribers and Multiple Pharmacies
AET	3,661	15.90%	12.05%	4.34%
BCC	9,305	18.34%	8.45%	4.08%
HAP	1,053	15.29%	3.51%	2.18%
MCL	10,995	21.41%	7.02%	3.76%
MER	26,667	18.12%	5.64%	3.10%
MOL	20,807	18.63%	5.64%	3.37%
PRI	5,400	21.61%	4.24%	2.43%
THC	3,661	16.77%	6.23%	3.33%
TRU	285	17.89%	5.96%	3.86%
UNI	12,395	18.82%	4.88%	2.58%
UPP	3,079	15.85%	6.53%	4.16%
HEDIS 2019 MWA		**18.67%**	**6.16%**	**3.30%**
HEDIS 2018 MWA		—	—	—

For this measure, a lower rate indicates better performance.
[1] *Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and 2018; therefore, 2018 rates are not displayed for the MWA.*
— indicates that NCQA recommended a break in trending; therefore, prior year rates are not displayed.

Use of Opioids at High Dosage

The *Use of Opioids at High Dosage* summarizes use of prescription opioids received at a high dosage for at least 15 days. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and 2018; therefore, 2018 rates are not displayed.

Results

Table 10-5 shows the HEDIS 2019 rates for members receiving prescription opioids at a high dosage. The values in the table below are presented for informational purposes only.

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

MHP	Eligible Population	Rate
AET	3,209	2.80%
BCC	8,246	2.01%
HAP	891	0.00%
MCL	9,963	1.80%
MER	23,992	2.28%
MOL	18,798	1.57%
PRI	4,805	1.98%
THC	3,308	9.07%
TRU	257	0.39%
UNI	11,125	2.56%
UPP	2,784	3.81%
HEDIS 2019 MWA		**2.36%**
HEDIS 2018 MWA		—

* For this measure, a lower rate indicates better performance.
1 Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and 2018; therefore, 2018 rates are not displayed for the MWA.
— indicates that NCQA recommended a break in trending; therefore, prior year rates are not displayed.

Risk of Continued Opioid Use

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

Results

Table 10-6 shows the HEDIS 2019 rates for members whose new episode lasted at least 15 days in a 30-day period and at least 31 days in a 62-day period. The values in the table below are presented for informational purposes only.

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

MHP	Eligible Population	At Least 15 Days Covered—Total	At Least 31 Days Covered—Total
AET	3,478	23.40%	9.32%
BCC	13,532	16.69%	7.21%
HAP	686	28.28%	11.52%
MCL	13,019	13.49%	5.97%
MER	33,259	15.52%	6.76%
MOL	22,458	19.29%	7.93%
PRI	7,645	12.41%	5.45%
THC	3,091	31.83%	19.28%
TRU	420	27.86%	11.90%
UNI	15,032	20.54%	7.88%
UPP	3,704	13.07%	5.72%
HEDIS 2019 MWA		**17.31%**	**7.43%**

* For this measure, a lower rate indicates better performance.
[1] This measure is a first-year measure; therefore, the measure does not have an applicable benchmark.

Plan All-Cause Readmissions

The *Plan All-Cause Readmissions* measure summarizes the percentage of inpatient hospital admissions that result in an unplanned readmission for any diagnosis within 30 days. This measure is risk-adjusted, so an O/E ratio is also calculated that indicates whether an MHP had more readmissions (O/E ratio greater than 1.0) or fewer readmissions (O/E ratio less than 1.0) than expected based on population mix. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and 2018.

Results

Table 10-7 shows the HEDIS 2019 observed rates, expected rates, and the O/E ratio for inpatient hospital admissions that were followed by an unplanned readmission for any diagnosis within 30 days.

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

MHP	Index Admissions	Observed Readmissions Rate	Expected Readmissions Rate	O/E Ratio
AET	1,739	13.40%	24.51%	0.5466
BCC	5,854	13.63%	20.27%	0.6724
HAP	70	12.86%	20.40%	0.6304
MCL	8,006	15.91%	20.97%	0.7589
MER	17,161	16.05%	20.54%	0.7815
MOL	11,109	13.51%	22.71%	0.5949
PRI	3,167	10.39%	17.23%	0.6030
THC	2,623	18.57%	22.73%	0.8167
TRU	374	21.12%	24.26%	0.8708
UNI	6,383	12.66%	21.83%	0.5799
UPP	1,198	10.35%	16.98%	0.6095
HEDIS 2019 MWA		**14.56%**	**21.12%**	**0.6892**
HEDIS 2018 MWA		**15.35%**	**21.08%**	**0.7282**

* For this measure, a lower rate indicates better performance.
[1] Due to changes in the technical specifications for this measure, exercise caution when trending MWA rates between 2019 and 2018.

The rates of observed readmissions ranged from 10.35 percent for Upper Peninsula to 21.12 percent for Trusted; however, all 11 MHPs had an O/E ratio less than 1.0, indicating that all MHPs had fewer observed readmissions than were expected based on patient mix.

HEDIS Reporting Capabilities—Information Systems Findings

NCQA's IS standards are the guidelines used by certified HEDIS compliance auditors to assess an MHP's ability to report HEDIS data accurately and reliably.[11-1] Compliance with the guidelines also helps an auditor to understand an MHP's HEDIS reporting capabilities. For HEDIS 2019, MHPs were assessed on six IS standards. To assess an MHP's adherence to the IS standards, HSAG reviewed several documents for the MHPs. These included the MHPs' final audit reports (FARs), IS compliance tools, and the IDSS files approved by their respective NCQA-licensed audit organization (LO).

All 11 of the Michigan MHPs that underwent NCQA HEDIS Compliance Audits™ in Michigan in 2018 contracted with the same LOs in 2019.[11-2] The MHPs were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintain the same LOs across reporting years.

For HEDIS 2019, all but one MHP contracted with an external software vendor for HEDIS measure production and rate calculation. HSAG reviewed the MHPs' FARs and ensured that these software vendors participated in and passed the NCQA's Measure Certification process. MHPs could purchase the software with certified measures and generate HEDIS measure results internally or provide all data to the software vendor to generate HEDIS measures for them. Either way, using software with NCQA-certified measures may reduce the MHPs' burden for reporting and help ensure rate validity. For the MHP that calculated its rate using internally developed source code, the auditor selected a core set of measures and manually reviewed the programming codes to verify accuracy and compliance with HEDIS 2019 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 2019. The following sections present NCQA's IS standards and summarize the audit findings related to each IS standard for the MHPs.

[11-1] National Committee for Quality Assurance. *HEDIS® 2019, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

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

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

This standard assesses whether:

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

Ten MHPs were fully compliant with *IS 6.0—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity*, where as one MHP was partially compliant with this standard.

Aetna erroneously excluded Medicare-Medicaid members and only included Medicaid-only members in the data used to support measure reporting. As a result of this issue, the auditor determined that the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure calculated using the hybrid methodology was biased (i.e., the rate that Aetna calculated using the hybrid method was biased by more than the allowable greater than or less than 5 percentage points). However, the auditor determined that a rate calculated using administrative data only was reportable; therefore, this measure was reported administratively. All other measures were deemed reportable despite this issue.

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

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

This standard assesses whether:

- Data transfers to the HEDIS measure vendor from the HEDIS repository are accurate.
- Report production is managed effectively and operators perform appropriately.
- Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.
- The organization regularly monitors vendor performance against expected performance standards.

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

Glossary

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

Table 12-1—Definition of Terms

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

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

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

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

Term	Description
Software Vendor	A third party, with source code certified by NCQA, that contracts with the MHP to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)
Tdap	Tetanus, diphtheria toxoids, and acellular pertussis vaccine.
UN	Unaudited: indicates that the organization chose to report a measure that is not required to be audited. This result applies only to a limited set of measures.
URI	Upper respiratory infection.
Quality Compass	NCQA Quality Compass benchmark.
VZV	Varicella zoster virus (chicken pox) vaccine.

Appendix A. Tabular Results

Appendix A presents tabular results for each measure indicator. Where applicable, the results provided include the eligible population and rate as well as the Michigan MWA for HEDIS 2017, HEDIS 2018, and HEDIS 2019. Yellow shading with one cross ($^+$) indicates that the HEDIS 2019 rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

Child & Adolescent Care Performance Measure Results

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

Plan	Eligible Population	Combo 2 Rate	Combo 3 Rate	Combo 4 Rate	Combo 5 Rate	Combo 6 Rate	Combo 7 Rate	Combo 8 Rate	Combo 9 Rate	Combo 10 Rate
AET	837	63.02%	58.64%	58.39%	46.47%	29.68%	46.47%	29.68%	23.84%	23.84%
BCC	3,478	70.32%	66.67%	66.18%	53.04%	36.01%	52.80%	36.01%	30.17%	30.17%
HAP	47	55.32%	55.32%	53.19%	38.30%	27.66%	38.30%	27.66%	17.02%	17.02%
MCL	3,820	70.56%	63.99%	62.77%	53.77%	33.09%	52.80%	32.85%	27.98%	27.74%
MER	11,409	72.02%	67.40%	66.91%	56.93%	40.39%+	56.45%	40.39%+	34.79%	34.79%
MOL	7,101	75.91%+	71.29%+	70.32%+	61.80%+	38.93%	61.07%+	38.93%	33.82%	33.82%
PRI	3,080	80.05%+	76.89%+	76.40%+	69.10%+	51.82%+	68.86%+	51.82%+	47.93%+	47.93%+
THC	900	64.46%	58.94%	58.94%	49.23%	25.83%	49.23%	25.83%	21.85%	21.85%
TRU	201	58.00%	51.00%	50.50%	43.00%	25.00%	42.50%	25.00%	22.50%	22.50%
UNI	4,923	71.05%	66.42%	63.99%	58.15%	33.58%	56.20%	32.36%	30.41%	29.44%
UPP	962	71.93%	69.23%	67.78%	55.30%	44.91%+	54.68%	44.70%+	37.94%+	37.84%+
HEDIS 2019 MWA		**72.51%**	**67.93%**	**67.00%**	**57.79%**	**38.40%**	**57.07%**	**38.20%**	**33.40%**	**33.24%**
HEDIS 2018 MWA		**76.35%**	**72.28%**	**70.75%**	**62.63%**	**39.93%**	**61.53%**	**39.56%**	**35.85%**	**35.55%**
HEDIS 2017 MWA		**76.95%**	**72.84%**	**70.43%**	**61.73%**	**39.84%**	**60.05%**	**39.20%**	**34.47%**	**33.98%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

[1]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

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

Plan	Eligible Population	Combination 1 Rate
AET	810	88.56%[+]
BCC	2,580	82.24%[+]
HAP	22	NA
MCL	3,391	83.45%[+]
MER	8,769	86.37%[+]
MOL	7,375	88.56%[+]
PRI	2,426	83.70%[+]
THC	993	84.55%[+]
TRU	51	68.63%
UNI	5,647	85.16%[+]
UPP	804	80.97%[+]
HEDIS 2019 MWA		**85.66%[+]**
HEDIS 2018 MWA		**85.14%**
HEDIS 2017 MWA		**86.73%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 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-3—MHP and MWA Results for Well-Child Visits and Adolescent Well-Care Visits

Plan	Well-Child Visits in the First 15 Months of Life— Six or More Visits—Eligible Population	Well-Child Visits in the First 15 Months of Life— Six or More Visits—Rate	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life— Eligible Population	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life—Rate	Adolescent Well-Care Visits— Eligible Population	Adolescent Well-Care Visits—Rate
AET	603	46.96%	3,409	71.31%	6,934	47.93%
BCC	3,041	67.15%[+]	13,261	79.56%[+]	23,809	58.39%[+]
HAP	18	NA	142	48.59%	201	34.33%
MCL	3,008	70.56%[+]	15,763	70.56%	28,260	49.88%
MER	9,029	76.40%[+]	43,941	79.32%[+]	70,244	60.34%[+]
MOL	5,866	68.37%[+]	29,981	76.16%[+]	60,860	52.55%
PRI	2,227	77.62%[+]	10,749	77.86%[+]	18,958	58.39%[+]
THC	695	66.23%[+]	3,814	74.61%[+]	8,656	58.50%[+]
TRU	91	43.96%	698	61.80%	683	33.58%
UNI	3,829	64.48%	21,899	72.26%	43,932	58.15%[+]
UPP	977	79.56%[+]	3,706	68.16%	6,804	43.77%
HEDIS 2019 MWA		**70.92%[+]**		**75.90%[+]**		**55.93%[+]**
HEDIS 2018 MWA		**71.89%**		**75.19%**		**56.75%**
HEDIS 2017 MWA		**69.79%**		**76.09%**		**55.69%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 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-4—MHP and MWA Results for Lead Screening in Children

Plan	Eligible Population	Rate
AET	837	76.40%[+]
BCC	3,478	76.16%[+]
HAP	47	63.83%
MCL	3,830	82.73%[+]
MER	11,409	78.42%[+]
MOL	7,101	78.83%[+]
PRI	3,080	82.00%[+]
THC	900	68.43%
TRU	201	64.00%
UNI	4,923	75.91%[+]
UPP	964	82.00%[+]
HEDIS 2019 MWA		**78.40%[+]**
HEDIS 2018 MWA		**80.55%**
HEDIS 2017 MWA		**80.98%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	494	92.71%+
BCC	3,101	91.71%+
HAP	31	83.87%
MCL	3,916	89.96%
MER	10,450	88.76%
MOL	7,217	89.95%
PRI	2,592	94.71%+
THC	897	93.65%+
TRU	72	95.83%+
UNI	6,135	91.69%+
UPP	804	93.78%+
HEDIS 2019 MWA		**90.62%+**
HEDIS 2018 MWA		**88.83%**
HEDIS 2017 MWA		**88.94%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	287	71.78%
BCC	1,509	81.05%[+]
HAP	20	NA
MCL	3,009	86.51%[+]
MER	7,631	81.77%[+]
MOL	4,981	76.39%
PRI	1,412	83.29%[+]
THC	426	73.00%
TRU	27	NA
UNI	3,833	79.21%
UPP	633	84.99%[+]
HEDIS 2019 MWA		**80.65%[+]**
HEDIS 2018 MWA		**79.20%**
HEDIS 2017 MWA		**70.91%**

*Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate
was at or above the Quality Compass HEDIS 2018 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-7—MHP and MWA Results for Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase

Plan	Initiation Phase—Eligible Population	Initiation Phase—Rate	Continuation and Maintenance Phase—Eligible Population	Continuation and Maintenance Phase—Rate
AET	231	25.11%	38	44.74%
BCC	774	44.44%	190	55.26%
HAP	5	NA	1	NA
MCL	1,007	50.35%[+]	344	61.34%[+]
MER	2,932	44.78%	897	56.86%
MOL	2,165	54.32%[+]	522	68.20%[+]
PRI	195	26.15%	61	26.23%
THC	253	51.78%[+]	55	65.45%[+]
TRU	NB	NB	NB	NB
UNI	1,568	42.41%	363	57.02%
UPP	262	49.62%[+]	102	53.92%
HEDIS 2019 MWA		**46.59%[+]**		**58.80%[+]**
HEDIS 2018 MWA		**43.86%**		**53.56%**
HEDIS 2017 MWA		**42.54%**		**55.03%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB indicates that the MHP did not offer the health benefit required by the measure.

Women—Adult Care Performance Measure Results

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

Plan	Breast Cancer Screening—Eligible Population	Breast Cancer Screening—Rate[1]	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	2,649	54.55%	7,482	60.51%[+]
BCC	5,506	58.63%[+]	39,936	69.10%[+]
HAP	973	57.25%	1,394	56.34%
MCL	7,430	61.99%[+]	36,565	65.21%[+]
MER	18,413	64.00%[+]	97,473	64.59%[+]
MOL	15,467	59.49%[+]	68,478	67.40%[+]
PRI	5,098	64.48%[+]	24,198	68.61%[+]
THC	2,129	54.44%	9,546	60.89%[+]
TRU	240	65.83%[+]	1,121	50.61%
UNI	9,313	61.31%[+]	46,834	64.48%[+]
UPP	2,791	65.42%[+]	10,781	65.21%[+]
HEDIS 2019 MWA		**61.37%[+]**		**65.76%[+]**
HEDIS 2018 MWA		**62.13%**		**66.19%**
HEDIS 2017 MWA		**—**		**64.84%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

— Indicates that NCQA recommended a break in trending; therefore, no prior year rates are displayed for this measure.

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

Plan	Ages 16 to 20 Years—Eligible Population	Ages 16 to 20 Years—Rate	Ages 21 to 24 Years—Eligible Population	Ages 21 to 24 Years—Rate	Total—Eligible Population	Total—Rate
AET	1,033	67.86%[+]	664	69.88%[+]	1,697	68.65%[+]
BCC	3,074	65.45%[+]	3,213	69.62%[+]	6,287	67.58%[+]
HAP	24	NA	37	45.95%	61	39.34%
MCL	3,976	54.65%[+]	3,024	65.24%[+]	7,000	59.23%[+]
MER	9,565	63.13%[+]	8,588	69.90%[+]	18,153	66.33%[+]
MOL	7,808	66.65%[+]	5,656	70.08%[+]	13,464	68.09%[+]
PRI	2,634	68.22%[+]	1,878	70.23%[+]	4,512	69.06%[+]
THC	1,142	67.78%[+]	749	70.09%[+]	1,891	68.69%[+]
TRU	76	75.00%[+]	94	75.53%[+]	170	75.29%[+]
UNI	5,561	67.63%[+]	3,756	71.25%[+]	9,317	69.09%[+]
UPP	954	43.19%	753	53.78%	1,707	47.86%
HEDIS 2019 MWA		**63.98%[+]**		**69.17%[+]**		**66.28%[+]**
HEDIS 2018 MWA		**63.28%**		**68.65%**		**65.65%**
HEDIS 2017 MWA		**62.27%**		**68.89%**		**65.23%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Access to Care Performance Measure Results

Table A-10—MHP and MWA Results for Children and Adolescents' Access to Primary Care Practitioners

Plan	Ages 12 to 24 Months—Eligible Population	Ages 12 to 24 Months—Rate	Ages 25 Months to 6 Years—Eligible Population	Ages 25 Months to 6 Years—Rate	Ages 7 to 11 Years—Eligible Population	Ages 7 to 11 Years—Rate	Ages 12 to 19 Years—Eligible Population	Ages 12 to 19 Years—Rate
AET	900	92.33%	4,121	80.15%	3,536	83.20%	5,282	83.04%
BCC	4,595	94.54%	16,475	86.68%	9,941	88.66%	13,688	87.41%
HAP	39	89.74%	182	59.34%	88	68.18%	106	72.64%
MCL	4,322	94.66%	19,323	86.68%	14,595	90.20%	20,190	88.90%
MER	12,775	96.49%+	55,197	89.92%+	41,136	91.91%+	51,064	91.43%+
MOL	7,881	95.44%	36,523	87.60%+	33,559	90.88%+	47,112	90.40%+
PRI	3,239	87.40%	13,486	78.61%	10,025	85.61%	13,579	83.59%
THC	924	91.13%	4,605	83.28%	4,099	86.66%	6,580	86.22%
TRU	173	82.08%	894	70.36%	418	74.88%	384	66.67%
UNI	5,418	94.54%	26,383	87.87%+	24,935	90.92%+	33,583	90.70%+
UPP	1,091	96.79%+	4,549	87.93%+	3,752	90.67%	4,922	91.61%+
HEDIS 2019 MWA		**94.65%**		**87.11%**		**90.23%**		**89.52%**
HEDIS 2018 MWA		**95.16%**		**87.89%**		**91.13%**		**90.42%**
HEDIS 2017 MWA		**96.06%**		**89.08%**		**91.39%**		**90.79%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

Table A-11—MHP and MWA Results for Adults' Access to Preventive/Ambulatory Health Services[1]

Plan	Ages 20 to 44 Years—Eligible Population	Ages 20 to 44 Years—Rate	Ages 45 to 64 Years—Eligible Population	Ages 45 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	10,505	69.67%	8,047	83.50%	2,781	89.86%[+]	21,333	77.52%
BCC	50,116	75.71%	31,551	83.78%	171	84.21%	81,838	78.84%
HAP	1,285	71.98%	1,543	88.33%[+]	2,074	88.19%[+]	4,902	83.99%[+]
MCL	44,761	77.87%	29,815	86.81%[+]	66	83.33%	74,642	81.45%
MER	119,649	80.18%[+]	69,101	88.46%[+]	2,829	96.22%[+]	191,579	83.40%[+]
MOL	77,386	78.52%[+]	51,419	87.40%[+]	4,522	94.07%[+]	133,327	82.47%[+]
PRI	26,150	81.39%[+]	16,226	88.98%[+]	1,678	94.70%[+]	44,054	84.69%[+]
THC	11,368	73.35%	8,211	83.46%	130	87.69%	19,709	77.65%
TRU	2,104	48.48%	1,429	69.07%	4	NA	3,537	56.83%
UNI	54,352	77.98%[+]	34,725	87.95%[+]	691	95.08%[+]	89,768	81.97%[+]
UPP	11,683	82.16%[+]	8,561	88.60%[+]	1,669	94.91%[+]	21,913	85.65%[+]
HEDIS 2019 MWA		**78.26%[+]**		**87.05%[+]**		**92.99%[+]**		**81.95%[+]**
HEDIS 2018 MWA		**78.64%**		**87.57%**		**91.79%**		**82.25%**
HEDIS 2017 MWA		**81.68%**		**89.21%**		**90.26%**		**84.73%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

Table A-12—MHP and MWA Results for Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[1]

Plan	Eligible Population	Rate
AET	415	35.66%[+]
BCC	1,683	33.16%[+]
HAP	58	41.38%[+]
MCL	1,772	34.26%[+]
MER	4,675	34.93%[+]
MOL	3,276	34.92%[+]
PRI	1,208	41.06%[+]
THC	484	31.82%
TRU	43	30.23%
UNI	2,588	32.57%[+]
UPP	450	26.44%
HEDIS 2019 MWA		**34.46%[+]**
HEDIS 2018 MWA		**32.20%**
HEDIS 2017 MWA		**29.23%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

[1]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

Obesity Performance Measure Results

**Table A-13—MHP and MWA Results for Weight Assessment and Counseling
for Nutrition and Physical Activity for Children/Adolescents**

Plan	Eligible Population	BMI Percentile Documentation— Total—Rate	Counseling for Nutrition— Total—Rate	Counseling for Physical Activity— Total—Rate
AET	8,504	87.23%+	81.65%+	78.72%+
BCC	32,865	86.62%+	78.35%+	76.16%+
HAP	169	86.98%+	63.31%	62.13%
MCL	41,813	79.32%+	66.67%	63.26%
MER	117,971	83.70%+	72.99%+	69.59%+
MOL	88,571	81.27%+	75.18%+	72.02%+
PRI	22,489	91.48%+	79.32%+	79.32%+
THC	9,926	86.31%+	77.26%+	75.28%+
TRU	961	81.02%+	73.48%+	63.99%+
UNI	66,790	86.37%+	81.27%+	77.13%+
UPP	10,535	92.21%+	69.83%+	66.42%+
HEDIS 2019 MWA		**84.18%+**	**75.19%+**	**72.04%+**
HEDIS 2018 MWA		**84.40%**	**74.50%**	**67.49%**
HEDIS 2017 MWA		**82.10%**	**72.21%**	**61.24%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

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

Plan	Eligible Population	Rate
AET	9,698	94.34%[+]
BCC	42,435	91.97%[+]
HAP	2,891	82.99%
MCL	46,066	94.40%[+]
MER	122,779	94.16%[+]
MOL	92,792	93.19%[+]
PRI	28,388	94.16%[+]
THC	13,019	92.94%[+]
TRU	1,679	75.18%
UNI	61,018	91.97%[+]
UPP	14,589	96.84%[+]
HEDIS 2019 MWA		**93.37%[+]**
HEDIS 2018 MWA		**94.47%**
HEDIS 2017 MWA		**92.86%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

Pregnancy Care Performance Measure Results

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

Plan	Eligible Population	Timeliness of Prenatal Care— Rate	Postpartum Care—Rate
AET	656	74.45%	51.34%
BCC	3,906	75.91%	60.58%
HAP	66	60.61%	59.09%
MCL	3,549	83.70%[+]	67.64%[+]
MER	10,220	79.81%	69.59%[+]
MOL	6,363	71.05%	67.64%[+]
PRI	2,615	79.32%	71.05%[+]
THC	790	76.50%	53.22%
TRU	90	35.56%	32.22%
UNI	4,681	79.32%	62.53%
UPP	817	91.48%[+]	73.97%[+]
HEDIS 2019 MWA		**77.95%**	**66.36%[+]**
HEDIS 2018 MWA		**80.23%**	**67.27%**
HEDIS 2017 MWA		**81.57%**	**68.96%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

Living With Illness Performance Measure Results

Table A-16—MHP and MWA Results for Comprehensive Diabetes Care[1]

Plan	Eligible Population	HbA1c Testing—Rate	HbA1c Poor Control (>9.0%)—Rate*	HbA1c Control (<8.0%)—Rate	Eye Exam (Retinal) Performed—Rate	Medical Attention for Nephropathy—Rate	Blood Pressure Control (<140 90 mm Hg)—Rate
AET	1,745	84.43%	38.93%	52.31%[+]	54.50%	90.75%[+]	22.06%
BCC	8,242	85.16%	44.77%	43.80%	57.42%	90.02%	52.80%
HAP	1,008	83.70%	40.15%	49.88%	58.88%[+]	93.67%[+]	59.12%
MCL	8,135	87.83%[+]	42.58%	47.69%	58.64%[+]	90.75%[+]	67.15%[+]
MER	20,246	88.08%[+]	40.88%	49.15%	67.61%[+]	91.24%[+]	69.59%[+]
MOL	16,948	87.10%	41.36%	49.15%	59.37%[+]	90.02%	61.56%
PRI	5,171	93.43%[+]	28.47%[+]	61.50%[+]	69.53%[+]	93.80%[+]	73.91%[+]
THC	2,453	88.30%[+]	35.10%[+]	49.67%	55.85%	91.17%[+]	56.73%
TRU	312	81.09%	54.17%	36.22%	51.28%	83.65%	44.23%
UNI	11,316	91.51%[+]	29.63%[+]	60.80%[+]	61.27%[+]	94.29%[+]	64.81%[+]
UPP	2,305	92.21%[+]	21.90%[+]	63.50%[+]	70.32%[+]	94.16%[+]	78.35%[+]
HEDIS 2019 MWA		**88.35%[+]**	**38.37%**	**51.41%[+]**	**62.24%[+]**	**91.48%[+]**	**63.95%[+]**
HEDIS 2018 MWA		**88.81%**	**36.88%**	**52.73%**	**64.18%**	**91.94%**	**62.23%**
HEDIS 2017 MWA		**87.79%**	**36.07%**	**53.16%**	**62.85%**	**91.14%**	**61.73%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
[1]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

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

Table A-17—MHP and MWA Results for Medication Management for People With Asthma[1,2]

Plan	Eligible Population	Medication Compliance 50%—Total—Rate	Medication Compliance 75%—Total—Rate
AET	578	52.77%	31.14%
BCC	1,899	73.93%[+]	53.29%[+]
HAP	54	70.37%[+]	50.00%[+]
MCL	2,575	65.36%[+]	41.75%[+]
MER	4,849	64.59%[+]	39.39%[+]
MOL	4,322	58.19%	34.84%
PRI	1,634	65.67%[+]	44.12%[+]
THC	689	82.58%[+]	65.46%[+]
TRU	48	50.00%	35.42%
UNI	2,878	58.10%	34.05%
UPP	668	70.36%[+]	50.90%[+]
HEDIS 2019 MWA		**63.81%[+]**	**40.70%[+]**
HEDIS 2018 MWA		**70.74%**	**49.83%**
HEDIS 2017 MWA		**71.33%**	**49.96%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
[1]Please note, the Medication Compliance 50%—Total measure indicator was compared to the 2018 national Medicaid NCQA Audit Means and Percentiles as Quality Compass benchmarks are not available for this measure.
[2]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

Table A-18—MHP and MWA Results for Asthma Medication Ratio[1]

Plan	Eligible Population	Rate
AET	765	52.42%
BCC	2,343	64.02%[+]
HAP	69	37.68%
MCL	3,115	66.58%[+]
MER	5,995	62.95%[+]
MOL	5,455	60.16%
PRI	1,865	70.40%[+]
THC	943	51.33%
TRU	63	42.86%
UNI	3,556	62.94%[+]
UPP	850	63.06%[+]
HEDIS 2019 MWA		**62.57%[+]**
HEDIS 2018 MWA		**62.06%**
HEDIS 2017 MWA		**62.63%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

Table A-19—MHP and MWA Results for Controlling High Blood Pressure[1]

Plan	Eligible Population	Rate
AET	3,853	60.83%
BCC	16,447	52.55%
HAP	1,988	51.82%
MCL	15,975	67.40%
MER	39,580	59.37%
MOL	33,499	54.01%
PRI	9,756	73.24%
THC	5,325	56.29%
TRU	692	45.26%
UNI	20,725	64.72%
UPP	4,469	76.89%
HEDIS 2019 MWA		**60.19%**
HEDIS 2018 MWA		—
HEDIS 2017 MWA		—

[1]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*
— Indicates that NCQA recommended a break in trending; therefore, no prior year rates are displayed for this measure.

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

Plan	Eligible Population	Advising Smokers and Tobacco Users to Quit— Rate	Discussing Cessation Medications— Rate	Discussing Cessation Strategies— Rate
AET	46,661	85.14%[+]	63.71%[+]	56.10%[+]
BCC	204,154	82.89%[+]	60.35%[+]	51.54%[+]
HAP	17,131	83.23%[+]	65.69%[+]	54.22%[+]
MCL	187,517	79.45%[+]	58.23%[+]	45.20%[+]
MER	485,027	80.83%[+]	56.05%[+]	47.62%[+]
MOL	326,276	80.00%[+]	56.54%[+]	45.59%[+]
PRI	109,120	81.94%[+]	57.42%[+]	50.16%[+]
THC	44,000	80.43%[+]	60.11%[+]	47.54%[+]
TRU	7,938	79.30%[+]	55.43%[+]	46.88%[+]
UNI	234,078	84.33%[+]	63.16%[+]	55.30%[+]
UPP	47,221	77.22%	56.42%[+]	49.09%[+]
HEDIS 2019 MWA		**81.34%[+]**	**58.38%[+]**	**48.98%[+]**
HEDIS 2018 MWA		**80.59%**	**57.14%**	**47.32%**
HEDIS 2017 MWA		**80.15%**	**55.95%**	**45.89%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

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

Plan	Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Rate
AET	837	53.29%[+]	35.48%
BCC	3,503	55.52%[+]	39.14%[+]
HAP	129	53.49%[+]	41.09%[+]
MCL	4,344	56.77%[+]	40.88%[+]
MER	6,459	53.57%[+]	37.03%[+]
MOL	5,681	57.07%[+]	40.40%[+]
PRI	129	79.84%[+]	66.67%[+]
THC	799	69.46%[+]	56.57%[+]
TRU	NB	NB	NB
UNI	4,199	52.99%[+]	36.51%[+]
UPP	786	59.54%[+]	44.15%[+]
HEDIS 2019 MWA		**55.75%[+]**	**39.46%[+]**
HEDIS 2018 MWA		**58.27%**	**41.25%**
HEDIS 2017 MWA		**52.72%**	**36.03%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
NB indicates that the MHP did not offer the health benefit required by the measure.

Table A-22—MHP and MWA Results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[1]

Plan	Eligible Population	Rate
AET	721	78.64%
BCC	1,561	86.23%[+]
HAP	266	68.80%
MCL	3,929	79.10%
MER	3,551	86.06%[+]
MOL	4,366	85.98%[+]
PRI	726	85.12%[+]
THC	422	87.68%[+]
TRU	44	88.64%[+]
UNI	2,017	86.71%[+]
UPP	755	88.87%[+]
HEDIS 2019 MWA		**84.22%[+]**
HEDIS 2018 MWA		**84.31%**
HEDIS 2017 MWA		**83.09%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

Table A-23—MHP and MWA Results for Diabetes Monitoring for People With Diabetes and Schizophrenia[1]

Plan	Eligible Population	Rate
AET	123	67.48%
BCC	125	60.80%
HAP	52	61.54%
MCL	310	73.23%[+]
MER	459	71.46%[+]
MOL	696	71.26%[+]
PRI	93	54.84%
THC	81	65.43%
TRU	7	NA
UNI	295	74.24%[+]
UPP	82	84.15%[+]
HEDIS 2019 MWA		**70.56%**
HEDIS 2018 MWA		**69.97%**
HEDIS 2017 MWA		**69.01%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.

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

[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

**Table A-24—MHP and MWA Results for Cardiovascular Monitoring for People
With Cardiovascular Disease and Schizophrenia[1]**

Plan	Eligible Population	Rate
AET	26	NA
BCC	20	NA
HAP	7	NA
MCL	45	82.22%[+]
MER	68	72.06%
MOL	129	76.74%
PRI	8	NA
THC	15	NA
TRU	0	NA
UNI	64	79.69%[+]
UPP	14	NA
HEDIS 2019 MWA		**76.26%**
HEDIS 2018 MWA		**76.86%**
HEDIS 2017 MWA		**69.64%**

*Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate
was at or above the Quality Compass HEDIS 2018 national Medicaid 50th
percentile.*
*NA indicates that the MHP followed the specifications, but the denominator was
too small (<30) to report a valid rate.*
*[1]Due to changes in the technical specifications for this measure, NCQA
recommends trending between 2019 and prior years be considered with caution.*

**Table A-25—MHP and MWA Results for Adherence to Antipsychotic Medications
for Individuals With Schizophrenia[1]**

Plan	Eligible Population	Rate
AET	523	60.61%[+]
BCC	582	55.33%
HAP	189	69.31%[+]
MCL	1,354	66.40%[+]
MER	1,251	69.06%[+]
MOL	2,373	64.60%[+]
PRI	233	65.24%[+]
THC	249	57.43%
TRU	35	68.57%[+]
UNI	961	60.25%[+]
UPP	361	83.38%[+]
HEDIS 2019 MWA		**64.91%[+]**
HEDIS 2018 MWA		**63.18%**
HEDIS 2017 MWA		**61.16%**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

Table A-26—MHP and MWA Results for Annual Monitoring for Patients on Persistent Medications

Plan	ACE Inhibitors or ARBs—Eligible Population	ACE Inhibitors or ARBs—Rate	Diuretics—Eligible Population	Diuretics—Rate	Total—Eligible Population	Total—Rate
AET	3,524	83.46%	2,897	83.88%	6,421	83.65%
BCC	8,570	86.77%	6,220	86.00%	14,790	86.44%
HAP	1,398	82.12%	1,022	82.29%	2,420	82.19%
MCL	9,084	86.05%	6,151	86.29%	15,235	86.15%
MER	17,319	84.95%	11,777	85.23%	29,096	85.06%
MOL	17,457	88.22%[+]	13,211	88.21%	30,668	88.21%[+]
PRI	5,132	88.25%[+]	3,514	88.76%[+]	8,646	88.46%[+]
THC	3,068	87.03%	2,553	86.72%	5,621	86.89%
TRU	274	85.77%	249	87.15%	523	86.42%
UNI	10,797	89.54%[+]	7,398	89.29%[+]	18,195	89.44%[+]
UPP	3,144	89.92%[+]	2,255	91.62%[+]	5,399	90.63%[+]
HEDIS 2019 MWA		**86.98%**		**87.06%**		**87.02%**
HEDIS 2018 MWA		**86.60%**		**86.64%**		**86.62%**
HEDIS 2017 MWA		**87.00%**		**87.08%**		**—**

Yellow shading with one cross (+) indicates the HEDIS 2019 MHP or MWA rate was at or above the Quality Compass HEDIS 2018 national Medicaid 50th percentile.
— Indicates that NCQA recommended a break in trending; therefore, no prior year rates are displayed for this measure.

Health Plan Diversity and Utilization Measure Results

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

Appendix B includes trend tables for the MHPs. Where applicable, each measure's HEDIS 2017, HEDIS 2018, and HEDIS 2019 rates are presented as well as the HEDIS 2018 to HEDIS 2019 rate comparison and the HEDIS 2019 Performance Level. HEDIS 2018 and HEDIS 2019 rates were compared based on a Chi-square test of statistical significance with a p value <0.05. Values in the 2018–2019 Comparison column that are shaded green with one cross (+) indicate significant improvement from the previous year. Values in the 2018–2019 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 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	69.68%	63.26%	63.02%	-0.24	★
Combination 3	64.12%	57.18%	58.64%	+1.46	★
Combination 4	63.43%	56.69%	58.39%	+1.70	★
Combination 5	50.69%	48.91%	46.47%	-2.44	★
Combination 6	27.08%	23.36%	29.68%	+6.32[+]	★
Combination 7	50.00%	48.42%	46.47%	-1.95	★
Combination 8	27.08%	23.11%	29.68%	+6.57[+]	★
Combination 9	22.92%	20.68%	23.84%	+3.16	★
Combination 10	22.92%	20.44%	23.84%	+3.40	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	48.61%	49.39%	46.96%	-2.43	★
Lead Screening in Children					
Lead Screening in Children	73.15%	72.99%	76.40%	+3.41	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	71.67%	67.84%	71.31%	+3.47	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	48.84%	51.82%	47.93%	-3.89	★★
Immunizations for Adolescents					
Combination 1	82.87%	81.75%	88.56%	+6.81[+]	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	90.49%	91.65%	92.71%	+1.06	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	62.92%	70.68%	71.78%	+1.10	★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	19.46%	23.14%	25.11%	+1.97	★
Continuation and Maintenance Phase	32.26%	47.06%	44.74%	-2.32	★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	55.55%	54.55%	-1.00	★★
Cervical Cancer Screening					
Cervical Cancer Screening	64.07%	60.26%	60.51%	+0.25	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	69.86%	70.30%	67.86%	-2.44	★★★★
Ages 21 to 24 Years	76.35%	73.39%	69.88%	-3.51	★★★★
Total	72.25%	71.48%	68.65%	-2.83	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	86.31%	89.30%	92.33%	+3.03[+]	★
Ages 25 Months to 6 Years	83.09%	80.69%	80.15%	-0.54	★
Ages 7 to 11 Years	85.88%	84.97%	83.20%	-1.77[++]	★
Ages 12 to 19 Years	83.04%	82.70%	83.04%	+0.34	★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	72.47%	68.58%	69.67%	+1.09	★
Ages 45 to 64 Years	82.70%	80.70%	83.50%	+2.80[+]	★★
Ages 65+ Years	NA	82.93%	89.86%	+6.93	★★★
Total	76.42%	73.20%	77.52%	+4.32[+]	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	32.89%	37.03%	35.66%	-1.37	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	78.01%	87.78%	87.23%	-0.55	★★★★
Counseling for Nutrition—Total	71.30%	75.06%	81.65%	+6.59[+]	★★★★
Counseling for Physical Activity—Total	58.80%	65.34%	78.72%	+13.38[+]	★★★★★
Adult BMI Assessment					
Adult BMI Assessment	90.96%	94.34%	94.34%	0.00	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	65.89%	72.26%	74.45%	+2.19	★
Postpartum Care	51.74%	53.28%	51.34%	-1.94	★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	86.31%	78.59%	84.43%	+5.84[+]	★
HbA1c Poor Control (>9.0%)*	42.38%	45.99%	38.93%	-7.06[+]	★★
HbA1c Control (<8.0%)	48.34%	45.74%	52.31%	+6.57	★★★
Eye Exam (Retinal) Performed	47.90%	47.93%	54.50%	+6.57	★★
Medical Attention for Nephropathy	92.05%	91.24%	90.75%	-0.49	★★★
Blood Pressure Control (<140/90 mm Hg)	55.41%	47.69%	22.06%	-25.63[++]	★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	83.19%	57.17%	52.77%	-4.40	★
Medication Compliance 75%—Total	63.26%	29.47%	31.14%	+1.67	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	61.03%	57.46%	52.42%	-5.04	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	60.83%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.65%	81.10%	85.14%	+4.04	★★★★
Discussing Cessation Medications	58.06%	61.81%	63.71%	+1.90	★★★★★
Discussing Cessation Strategies	51.63%	57.71%	56.10%	-1.61	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	52.90%	47.10%	53.29%	+6.19[+]	★★★
Effective Continuation Phase Treatment	40.00%	33.39%	35.48%	+2.09	★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.47%	87.76%	78.64%	-9.12[++]	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	57.81%	64.29%	67.48%	+3.19	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	55.87%	53.53%	60.61%	+7.08	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	84.25%	87.26%	83.46%	**-3.80[++]**	★
Diuretics	85.50%	86.24%	83.88%	**-2.36[++]**	★
Total	—	86.79%	83.65%	**-3.14[++]**	★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	26.93%	26.57%	25.44%	-1.13	NC
Total—Black or African American	60.30%	60.54%	63.29%	+2.75	NC
Total—American–Indian and Alaska Native	0.15%	0.15%	0.20%	+0.05	NC
Total—Asian	0.66%	0.65%	0.69%	+0.04	NC
Total—Native Hawaiian and Other Pacific Islander	0.04%	0.06%	0.05%	-0.01	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	5.66%	4.43%	4.19%	-0.24	NC
Total—Declined	6.26%	7.61%	6.13%	-1.48	NC
Total—Hispanic or Latino	2.92%	3.14%	3.05%	-0.09	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.25%	99.13%	99.06%	-0.07	NC
Other Language Needs—Non-English	0.63%	0.76%	0.67%	-0.09	NC
Other Language Needs—Unknown	0.13%	0.11%	0.28%	+0.17	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	83.32	82.21	80.69	-1.52	★
Outpatient Visits—Total[3]	299.52	301.45	388.39	+86.94	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	8.43	8.17	10.02	+1.85	NC
Total Inpatient—Average Length of Stay—Total	3.93	4.14	4.89	+0.75	NC
Maternity—Discharges per 1,000 Member Months—Total	2.05	2.62	2.19	-0.43	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.58	2.62	2.66	+0.04	NC
Surgery—Discharges per 1,000 Member Months—Total	2.05	1.75	2.52	+0.77	NC
Surgery—Average Length of Stay—Total	6.35	6.47	7.48	+1.01	NC
Medicine—Discharges per 1,000 Member Months—Total	4.86	4.47	5.93	+1.46	NC
Medicine—Average Length of Stay—Total	3.33	3.88	4.38	+0.50	NC
Use of Opioids From Multiple Providers*,[4]					
Multiple Prescribers	—	—	15.90%	NC	NC
Multiple Pharmacies	—	—	12.05%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	4.34%	NC	NC
Use of Opioids at High Dosage*,[4]					
Use of Opioids at High Dosage	—	—	2.80%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	23.40%	NC	NC
At Least 31 Days Covered—Total	—	—	9.32%	NC	NC
Plan All-Cause Readmissions*,[3]					
Index Total Stays— Observed Readmissions—Ages 18 to 44 Years	—	16.92%	12.76%	-4.16	★★★
Index Total Stays— Observed Readmissions—Ages 45 to 54 Years	—	15.55%	13.93%	-1.62	★★★
Index Total Stays— Observed Readmissions—Ages 55 to 64 Years	—	17.82%	13.62%	-4.20	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays— Observed Readmissions—Total	—	16.86%	13.40%	-3.46	★★★

[1] HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

[2] 2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.

[3] Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.

[4] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

[5] Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.

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

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

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

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

2019 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 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	79.40%	74.45%	70.32%	-4.13	★★
Combination 3	75.00%	72.02%	66.67%	-5.35	★★
Combination 4	72.45%	70.32%	66.18%	-4.14	★★
Combination 5	62.96%	63.02%	53.04%	**-9.98++**	★
Combination 6	41.20%	41.12%	36.01%	-5.11	★★
Combination 7	60.88%	61.80%	52.80%	**-9.00++**	★
Combination 8	40.51%	40.39%	36.01%	-4.38	★★
Combination 9	34.49%	36.50%	30.17%	-6.33	★★
Combination 10	33.80%	36.01%	30.17%	-5.84	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	71.06%	66.67%	67.15%	+0.48	★★★
Lead Screening in Children					
Lead Screening in Children	76.16%	76.64%	76.16%	-0.48	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.92%	68.86%	79.56%	+10.70+	★★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	50.69%	54.74%	58.39%	+3.65	★★★
Immunizations for Adolescents					
Combination 1	85.65%	88.08%	82.24%	**-5.84++**	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	90.15%	88.36%	91.71%	+3.35+	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	75.43%	81.63%	81.05%	-0.58	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	51.28%	48.35%	44.44%	-3.91	★★
Continuation and Maintenance Phase	57.53%	62.61%	55.26%	-7.35	★★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	60.24%	58.63%	-1.61	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	61.83%	61.80%	69.10%	+7.30+	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	64.21%	63.52%	65.45%	+1.93	★★★★
Ages 21 to 24 Years	70.56%	69.29%	69.62%	+0.33	★★★★
Total	67.39%	66.43%	67.58%	+1.15	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	95.34%	93.83%	94.54%	+0.71	★★
Ages 25 Months to 6 Years	85.86%	84.89%	86.68%	+1.79+	★★
Ages 7 to 11 Years	89.09%	89.84%	88.66%	**-1.18++**	★★
Ages 12 to 19 Years	89.30%	88.42%	87.41%	**-1.01++**	★★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	78.83%	75.08%	75.71%	+0.63+	★★
Ages 45 to 64 Years	86.92%	84.08%	83.78%	-0.30	★★
Ages 65+ Years	79.89%	83.16%	84.21%	+1.05	★★
Total	82.13%	78.57%	78.84%	+0.27	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	27.49%	30.84%	33.16%	+2.32	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	86.57%	82.24%	86.62%	+4.38	★★★★
Counseling for Nutrition—Total	73.61%	74.94%	78.35%	+3.41	★★★★
Counseling for Physical Activity—Total	64.58%	64.72%	76.16%	+11.44[+]	★★★★
Adult BMI Assessment					
Adult BMI Assessment	89.10%	91.73%	91.97%	+0.24	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	77.26%	76.40%	75.91%	-0.49	★
Postpartum Care	62.41%	60.58%	60.58%	0.00	★★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	85.28%	86.31%	85.16%	-1.15	★★
HbA1c Poor Control (>9.0%)*	41.62%	43.61%	44.77%	+1.16	★★
HbA1c Control (<8.0%)	46.36%	47.81%	43.80%	-4.01	★
Eye Exam (Retinal) Performed	57.53%	55.84%	57.42%	+1.58	★★
Medical Attention for Nephropathy	90.02%	90.33%	90.02%	-0.31	★★
Blood Pressure Control (<140/90 mm Hg)	55.84%	61.50%	52.80%	-8.70[++]	★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	88.36%	88.38%	73.93%	-14.45[++]	★★★★★
Medication Compliance 75%—Total	74.39%	73.33%	53.29%	-20.04[++]	★★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	54.59%	55.92%	64.02%	+8.10[+]	★★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	52.55%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	75.28%	77.50%	82.89%	+5.39	★★★★
Discussing Cessation Medications	50.14%	54.48%	60.35%	+5.87	★★★★
Discussing Cessation Strategies	41.71%	45.36%	51.54%	+6.18	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	74.52%	77.13%	55.52%	-21.61[++]	★★★
Effective Continuation Phase Treatment	60.78%	61.87%	39.14%	-22.73[++]	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.20%	81.57%	86.23%	+4.66[+]	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	63.74%	63.01%	60.80%	-2.21	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	75.68%	NA	NC	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	57.38%	55.99%	55.33%	-0.66	★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	86.46%	86.11%	86.77%	+0.66	★★
Diuretics	86.15%	85.52%	86.00%	+0.48	★
Total	—	85.85%	86.44%	+0.59	★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	42.89%	45.03%	45.97%	+0.94	NC
Total—Black or African American	35.79%	34.27%	35.95%	+1.68	NC
Total—American–Indian and Alaska Native	0.42%	0.44%	0.67%	+0.23	NC
Total—Asian	1.63%	1.64%	1.64%	0.00	NC
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.08%	2.85%	+2.77	NC
Total—Some Other Race	6.59%	7.17%	0.00%	-7.17	NC
Total—Two or More Races	0.00%	0.00%	0.03%	+0.03	NC
Total—Unknown	10.00%	8.24%	12.88%	+4.64	NC
Total—Declined	2.61%	3.14%	0.00%	-3.14	NC
Total—Hispanic or Latino	1.58%	5.49%	3.16%	-2.33	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	97.90%	97.48%	98.40%	+0.92	NC
Spoken Language Preferred for Health Care—Non-English	1.52%	2.46%	1.59%	-0.87	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.59%	0.06%	0.01%	-0.05	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	97.90%	97.48%	98.39%	+0.91	NC
Language Preferred for Written Materials—Non-English	1.52%	2.46%	1.60%	-0.86	NC
Language Preferred for Written Materials—Unknown	0.59%	0.06%	0.01%	-0.05	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	98.78%	+98.78	NC
Other Language Needs—Non-English	0.00%	0.00%	1.20%	+1.20	NC
Other Language Needs—Unknown	100.00%	100.00%	0.01%	-99.99	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	68.98	64.19	62.97	-1.22	★★
Outpatient Visits—Total[3]	396.06	400.42	388.15	-12.27	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.94	7.55	7.24	-0.31	NC
Total Inpatient—Average Length of Stay—Total	3.92	3.98	4.00	+0.02	NC
Maternity—Discharges per 1,000 Member Months—Total	2.80	2.75	2.68	-0.07	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.65	2.61	2.63	+0.02	NC
Surgery—Discharges per 1,000 Member Months—Total	1.90	1.73	1.52	-0.21	NC
Surgery—Average Length of Stay—Total	6.37	6.22	5.94	-0.28	NC
Medicine—Discharges per 1,000 Member Months—Total	3.87	3.68	3.66	-0.02	NC
Medicine—Average Length of Stay—Total	3.43	3.72	3.96	+0.24	NC
***Use of Opioids From Multiple Providers**,4**					
Multiple Prescribers	—	—	18.34%	NC	NC
Multiple Pharmacies	—	—	8.45%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	4.08%	NC	NC
***Use of Opioids at High Dosage**,4**					
Use of Opioids at High Dosage	—	—	2.01%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	16.69%	NC	NC
At Least 31 Days Covered—Total	—	—	7.21%	NC	NC
***Plan All-Cause Readmissions**,3**					
Index Total Stays— Observed Readmissions—Ages 18 to 44 Years	—	15.22%	13.37%	-1.85	★★★
Index Total Stays— Observed Readmissions—Ages 45 to 54 Years	—	14.97%	12.83%	-2.14	★★★★
Index Total Stays— Observed Readmissions—Ages 55 to 64 Years	—	13.76%	14.67%	+0.91	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays— Observed Readmissions—Total	—	14.71%	13.63%	-1.08	★★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

2019 Performance Levels represent the following percentile comparisons:

★★★★★ = *90th percentile and above*
★★★★ = *75th to 89th percentile*
★★★ = *50th to 74th percentile*
★★ = *25th to 49th percentile*
★ = *Below 25th percentile*

Table B-3—HAP Trend Table

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	NA	NA	55.32%	NC	★
Combination 3	NA	NA	55.32%	NC	★
Combination 4	NA	NA	53.19%	NC	★
Combination 5	NA	NA	38.30%	NC	★
Combination 6	NA	NA	27.66%	NC	★
Combination 7	NA	NA	38.30%	NC	★
Combination 8	NA	NA	27.66%	NC	★
Combination 9	NA	NA	17.02%	NC	★
Combination 10	NA	NA	17.02%	NC	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	NA	NA	NA	NC	NC
Lead Screening in Children					
Lead Screening in Children	NA	NA	63.83%	NC	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	56.36%	57.14%	48.59%	-8.55	★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	24.07%	31.03%	34.33%	+3.30	★
Immunizations for Adolescents					
Combination 1	NA	NA	NA	NC	NC
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	NA	81.08%	83.87%	+2.79	★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	NA	NA	NA	NC	NC
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	NA	NA	NA	NC	NC
Continuation and Maintenance Phase	NA	NA	NA	NC	NC
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	55.41%	57.25%	+1.84	★★
Cervical Cancer Screening					
Cervical Cancer Screening	52.26%	52.93%	56.34%	+3.41	★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	NA	NA	NA	NC	NC
Ages 21 to 24 Years	47.62%	52.08%	45.95%	-6.13	★
Total	44.83%	57.53%	39.34%	**-18.19[++]**	★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	NA	76.09%	89.74%	+13.65	★
Ages 25 Months to 6 Years	65.71%	66.87%	59.34%	-7.53	★
Ages 7 to 11 Years	75.76%	74.19%	68.18%	-6.01	★
Ages 12 to 19 Years	68.00%	70.83%	72.64%	+1.81	★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	73.02%	70.18%	71.98%	+1.80	★★
Ages 45 to 64 Years	90.16%	89.20%	88.33%	-0.87	★★★
Ages 65+ Years	85.05%	87.67%	88.19%	+0.52	★★★
Total	83.86%	83.48%	83.99%	+0.51	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	NA	35.09%	41.38%	+6.29	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	87.64%	73.86%	86.98%	+13.12[+]	★★★★
Counseling for Nutrition—Total	70.79%	64.20%	63.31%	-0.89	★★
Counseling for Physical Activity—Total	64.04%	56.25%	62.13%	+5.88	★★
Adult BMI Assessment					
Adult BMI Assessment	89.95%	91.28%	82.99%	-8.29[++]	★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	50.00%	55.74%	60.61%	+4.87	★
Postpartum Care	40.38%	59.02%	59.09%	+0.07	★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	86.37%	85.16%	83.70%	-1.46	★
HbA1c Poor Control (>9.0%)*	39.90%	37.47%	40.15%	+2.68	★★
HbA1c Control (<8.0%)	52.31%	52.31%	49.88%	-2.43	★★
Eye Exam (Retinal) Performed	54.74%	59.37%	58.88%	-0.49	★★★
Medical Attention for Nephropathy	94.89%	92.94%	93.67%	+0.73	★★★★★
Blood Pressure Control (<140/90 mm Hg)	57.91%	60.58%	59.12%	-1.46	★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	NA	77.78%	70.37%	-7.41	★★★★
Medication Compliance 75%—Total	NA	72.22%	50.00%	-22.22[++]	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	NA	25.86%	37.68%	+11.82	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	51.82%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	82.11%	83.27%	83.23%	-0.04	★★★★
Discussing Cessation Medications	58.30%	60.65%	65.69%	+5.04	★★★★★
Discussing Cessation Strategies	44.44%	48.01%	54.22%	+6.21	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	47.12%	52.67%	53.49%	+0.82	★★★
Effective Continuation Phase Treatment	31.73%	33.59%	41.09%	+7.50	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	68.00%	72.79%	68.80%	-3.99	★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	64.10%	71.43%	61.54%	-9.89	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	69.41%	71.14%	69.31%	-1.83	★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	83.40%	85.45%	82.12%	**-3.33[++]**	★
Diuretics	84.75%	85.65%	82.29%	**-3.36[++]**	★
Total	—	85.53%	82.19%	**-3.34[++]**	★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	46.63%	47.76%	56.78%	+9.02	NC
Total—Black or African American	35.69%	35.71%	23.97%	-11.74	NC
Total—American–Indian and Alaska Native	0.00%	0.00%	0.00%	0.00	NC
Total—Asian	2.36%	2.04%	0.02%	-2.02	NC
Total—Native Hawaiian and Other Pacific Islander	0.29%	0.21%	0.02%	-0.19	NC
Total—Some Other Race	2.64%	2.72%	3.38%	+0.66	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	12.39%	11.57%	15.83%	+4.26	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	2.64%	2.72%	3.38%	+0.66	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	100.00%	100.00%	97.26%	-2.74	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.18%	+0.18	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.00%	0.00%	2.55%	+2.55	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	100.00%	97.26%	-2.74	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.18%	+0.18	NC
Language Preferred for Written Materials—Unknown	100.00%	0.00%	2.55%	+2.55	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	100.00%	97.26%	-2.74	NC
Other Language Needs—Non-English	0.00%	0.00%	0.18%	+0.18	NC
Other Language Needs—Unknown	100.00%	0.00%	2.55%	+2.55	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	75.28	71.25	66.17	-5.08	★★
Outpatient Visits—Total[3]	539.45	506.48	524.20	+17.72	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	16.85	12.18	12.01	-0.17	NC
Total Inpatient—Average Length of Stay—Total	BR	5.80	5.15	-0.65	NC
Maternity—Discharges per 1,000 Member Months—Total	1.30	1.19	1.35	+0.16	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	BR	3.03	2.54	-0.49	NC
Surgery—Discharges per 1,000 Member Months—Total	3.59	2.94	3.18	+0.24	NC
Surgery—Average Length of Stay—Total	BR	8.07	7.45	-0.62	NC
Medicine—Discharges per 1,000 Member Months—Total	12.46	8.52	8.02	-0.50	NC
Medicine—Average Length of Stay—Total	BR	5.25	4.51	-0.74	NC
Use of Opioids From Multiple Providers*,4					
Multiple Prescribers	—	—	15.29%	NC	NC
Multiple Pharmacies	—	—	3.51%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	2.18%	NC	NC
Use of Opioids at High Dosage*,4					
Use of Opioids at High Dosage	—	—	0.00%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	28.28%	NC	NC
At Least 31 Days Covered—Total	—	—	11.52%	NC	NC
Plan All-Cause Readmissions*,3					
Index Total Stays—Observed Readmissions—Ages 18 to 44 Years	—	16.55%	13.89%	-2.66	★★★
Index Total Stays—Observed Readmissions—Ages 45 to 54 Years	—	16.04%	0.00%	-16.04	★★★★★
Index Total Stays—Observed Readmissions—Ages 55 to 64 Years	—	13.97%	15.38%	+1.41	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays—Observed Readmissions—Total	—	15.49%	12.86%	-2.63	★★★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

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

2019 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 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	79.81%	73.72%	70.56%	-3.16	★★
Combination 3	75.67%	70.80%	63.99%	**-6.81++**	★
Combination 4	73.97%	68.86%	62.77%	-6.09	★
Combination 5	68.13%	63.02%	53.77%	**-9.25++**	★
Combination 6	40.88%	36.50%	33.09%	-3.41	★★
Combination 7	66.42%	61.31%	52.80%	**-8.51++**	★
Combination 8	40.88%	36.01%	32.85%	-3.16	★★
Combination 9	37.71%	33.09%	27.98%	-5.11	★
Combination 10	37.71%	32.60%	27.74%	-4.86	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	64.48%	70.32%	70.56%	+0.24	★★★
Lead Screening in Children					
Lead Screening in Children	94.40%	85.16%	82.73%	-2.43	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	70.07%	69.10%	70.56%	+1.46	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	47.20%	45.50%	49.88%	+4.38	★★
Immunizations for Adolescents					
Combination 1	84.43%	84.18%	83.45%	-0.73	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	86.33%	85.58%	89.96%	+4.38+	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	70.40%	83.27%	86.51%	+3.24+	★★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	39.67%	45.37%	50.35%	+4.98+	★★★
Continuation and Maintenance Phase	43.98%	57.50%	61.34%	+3.84	★★★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	62.86%	61.99%	-0.87	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	56.93%	61.80%	65.21%	+3.41	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	52.81%	53.79%	54.65%	+0.86	★★★
Ages 21 to 24 Years	59.87%	62.43%	65.24%	+2.81+	★★★
Total	56.01%	57.58%	59.23%	+1.65	★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	94.66%	92.30%	94.66%	+2.36+	★★
Ages 25 Months to 6 Years	87.10%	83.68%	86.68%	+3.00+	★★
Ages 7 to 11 Years	89.00%	88.57%	90.20%	+1.63+	★★
Ages 12 to 19 Years	88.30%	87.18%	88.90%	+1.72+	★★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	82.10%	78.71%	77.87%	**-0.84++**	★★
Ages 45 to 64 Years	89.58%	87.89%	86.81%	**-1.08++**	★★★
Ages 65+ Years	NA	84.31%	83.33%	-0.98	★★
Total	85.18%	82.41%	81.45%	**-0.96++**	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	26.35%	29.91%	34.26%	+4.35[+]	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	83.45%	81.02%	79.32%	-1.70	★★★
Counseling for Nutrition—Total	60.34%	63.99%	66.67%	+2.68	★★
Counseling for Physical Activity—Total	50.85%	56.45%	63.26%	+6.81[+]	★★
Adult BMI Assessment					
Adult BMI Assessment	91.48%	93.67%	94.40%	+0.73	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	86.13%	77.86%	83.70%	+5.84[+]	★★★
Postpartum Care	64.23%	66.67%	67.64%	+0.97	★★★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	87.59%	90.27%	87.83%	-2.44	★★★
*HbA1c Poor Control (>9.0%)**	48.54%	43.80%	42.58%	-1.22	★★
HbA1c Control (<8.0%)	41.61%	45.74%	47.69%	+1.95	★★
Eye Exam (Retinal) Performed	58.03%	64.23%	58.64%	-5.59	★★★
Medical Attention for Nephropathy	88.87%	90.02%	90.75%	+0.73	★★★
Blood Pressure Control (<140/90 mm Hg)	66.24%	69.34%	67.15%	-2.19	★★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	84.33%	66.01%	65.36%	-0.65	★★★
Medication Compliance 75%—Total	67.87%	43.52%	41.75%	-1.77	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	66.09%	67.03%	66.58%	-0.45	★★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	67.40%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	76.79%	76.54%	79.45%	+2.91	★★★
Discussing Cessation Medications	54.94%	54.55%	58.23%	+3.68	★★★★
Discussing Cessation Strategies	47.70%	46.27%	45.20%	-1.07	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	45.65%	58.05%	56.77%	-1.28	★★★
Effective Continuation Phase Treatment	29.70%	40.80%	40.88%	+0.08	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.62%	82.06%	79.10%	-2.96[++]	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.17%	77.58%	73.23%	-4.35	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	82.22%	NC	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.27%	70.56%	66.40%	**-4.16[++]**	★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	84.68%	85.90%	86.05%	+0.15	★★
Diuretics	85.62%	86.89%	86.29%	-0.60	★★
Total	—	86.30%	86.15%	-0.15	★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	66.67%	66.14%	64.93%	-1.21	NC
Total—Black or African American	17.27%	18.23%	19.55%	+1.32	NC
Total—American–Indian and Alaska Native	0.54%	0.51%	0.51%	0.00	NC
Total—Asian	0.00%	0.65%	0.63%	-0.02	NC
Total—Native Hawaiian and Other Pacific Islander	0.79%	0.07%	0.07%	0.00	NC
Total—Some Other Race	5.51%	5.45%	5.59%	+0.14	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	9.22%	8.96%	8.72%	-0.24	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.51%	5.45%	5.59%	+0.14	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	96.45%	95.62%	76.22%	-19.40	NC
Spoken Language Preferred for Health Care—Non-English	0.77%	0.77%	0.60%	-0.17	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	2.78%	3.61%	23.18%	+19.57	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	70.81	74.32	65.51	-8.81	★★
Outpatient Visits—Total[3]	552.80	558.58	577.22	+18.64	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	8.38	8.84	7.80	-1.04	NC
Total Inpatient—Average Length of Stay—Total	3.87	4.44	3.38	-1.06	NC
Maternity—Discharges per 1,000 Member Months—Total	2.72	2.66	2.57	-0.09	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.46	2.24	2.01	-0.23	NC
Surgery—Discharges per 1,000 Member Months—Total	4.09	2.16	1.99	-0.17	NC
Surgery—Average Length of Stay—Total	4.70	5.96	5.15	-0.81	NC
Medicine—Discharges per 1,000 Member Months—Total	1.47	4.71	3.91	-0.80	NC
Medicine—Average Length of Stay—Total	3.61	4.69	3.14	-1.55	NC
Use of Opioids From Multiple Providers**[*,4]**					
Multiple Prescribers	—	—	21.41%	NC	NC
Multiple Pharmacies	—	—	7.02%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	3.76%	NC	NC
Use of Opioids at High Dosage**[*,4]**					
Use of Opioids at High Dosage	—	—	1.80%	NC	NC
Risk of Continued Opioid Use**[*]**					
At Least 15 Days Covered—Total	—	—	13.49%	NC	NC
At Least 31 Days Covered—Total	—	—	5.97%	NC	NC
Plan All-Cause Readmissions**[*,3]**					
Index Total Stays— Observed Readmissions—Ages 18 to 44 Years	—	14.74%	16.67%	+1.93	★★
Index Total Stays— Observed Readmissions—Ages 45 to 54 Years	—	15.21%	15.82%	+0.61	★★★
Index Total Stays— Observed Readmissions—Ages 55 to 64 Years	—	15.49%	14.87%	-0.62	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays— Observed Readmissions—Total	—	15.10%	15.91%	+0.81	★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

2019 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 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	78.60%	78.10%	72.02%	**-6.08[++]**	★★
Combination 3	74.88%	73.72%	67.40%	**-6.32[++]**	★★
Combination 4	71.63%	72.02%	66.91%	-5.11	★★
Combination 5	64.42%	64.48%	56.93%	**-7.55[++]**	★★
Combination 6	40.70%	41.61%	40.39%	-1.22	★★★
Combination 7	62.33%	63.26%	56.45%	**-6.81[++]**	★★
Combination 8	40.00%	41.36%	40.39%	-0.97	★★★
Combination 9	35.81%	37.96%	34.79%	-3.17	★★
Combination 10	35.35%	37.71%	34.79%	-2.92	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	74.88%	76.40%	76.40%	0.00	★★★★★
Lead Screening in Children					
Lead Screening in Children	81.14%	81.02%	78.42%	-2.60	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	78.42%	78.83%	79.32%	+0.49	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	64.42%	60.34%	60.34%	0.00	★★★
Immunizations for Adolescents					
Combination 1	86.60%	83.45%	86.37%	+2.92	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	89.44%	87.90%	88.76%	+0.86[+]	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	73.43%	80.53%	81.77%	+1.24[+]	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	41.74%	40.71%	44.78%	+4.07[+]	★★
Continuation and Maintenance Phase	55.97%	47.91%	56.86%	+8.95[+]	★★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	64.17%	64.00%	-0.17	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	65.50%	65.21%	64.59%	-0.62	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	60.49%	62.30%	63.13%	+0.83	★★★★
Ages 21 to 24 Years	69.23%	68.50%	69.90%	+1.40[+]	★★★★
Total	64.88%	65.31%	66.33%	+1.02[+]	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	97.37%	96.84%	96.49%	-0.35	★★★
Ages 25 Months to 6 Years	90.69%	90.53%	89.92%	**-0.61[++]**	★★★
Ages 7 to 11 Years	92.53%	92.59%	91.91%	**-0.68[++]**	★★★
Ages 12 to 19 Years	92.90%	92.06%	91.43%	**-0.63[++]**	★★★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	83.55%	80.45%	80.18%	-0.27	★★★
Ages 45 to 64 Years	90.46%	88.81%	88.46%	**-0.35[++]**	★★★
Ages 65+ Years	92.62%	94.89%	96.22%	+1.33[+]	★★★★★
Total	86.17%	83.63%	83.40%	-0.23	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	26.18%	30.32%	34.93%	+4.61[+]	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	81.48%	82.24%	83.70%	+1.46	★★★★
Counseling for Nutrition—Total	73.15%	72.51%	72.99%	+0.48	★★★
Counseling for Physical Activity—Total	59.49%	67.15%	69.59%	+2.44	★★★
Adult BMI Assessment					
Adult BMI Assessment	96.28%	94.89%	94.16%	-0.73	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	82.87%	85.40%	79.81%	-5.59[++]	★★
Postpartum Care	71.30%	67.15%	69.59%	+2.44	★★★★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	87.79%	88.04%	88.08%	+0.04	★★★
HbA1c Poor Control (>9.0%)*	35.42%	38.65%	40.88%	+2.23	★★
HbA1c Control (<8.0%)	52.67%	51.47%	49.15%	-2.32	★★
Eye Exam (Retinal) Performed	67.63%	69.84%	67.61%	-2.23	★★★★
Medical Attention for Nephropathy	91.45%	90.64%	91.24%	+0.60	★★★
Blood Pressure Control (<140/90 mm Hg)	65.65%	66.90%	69.59%	+2.69	★★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	72.33%	72.29%	64.59%	-7.70[++]	★★★
Medication Compliance 75%—Total	51.35%	51.22%	39.39%	-11.83[++]	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	61.92%	60.17%	62.95%	+2.78[+]	★★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	59.37%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.16%	81.25%	80.83%	-0.42	★★★
Discussing Cessation Medications	54.30%	54.90%	56.05%	+1.15	★★★
Discussing Cessation Strategies	44.68%	45.79%	47.62%	+1.83	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	50.92%	54.45%	53.57%	-0.88	★★★
Effective Continuation Phase Treatment	31.77%	36.08%	37.03%	+0.95	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.11%	85.63%	86.06%	+0.43	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.04%	71.65%	71.46%	-0.19	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	55.88%	76.71%	72.06%	-4.65	★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.52%	67.07%	69.06%	+1.99	★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	86.53%	83.26%	84.95%	+1.69+	★
Diuretics	86.88%	83.70%	85.23%	+1.53+	★
Total	—	83.44%	85.06%	+1.62+	★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	61.97%	61.91%	54.61%	-7.30	NC
Total—Black or African American	21.51%	21.40%	18.96%	-2.44	NC
Total—American–Indian and Alaska Native	0.49%	0.46%	0.37%	-0.09	NC
Total—Asian	0.73%	0.70%	0.66%	-0.04	NC
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.05%	0.05%	0.00	NC
Total—Some Other Race	0.00%	0.02%	0.19%	+0.17	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	5.76%	6.08%	5.12%	-0.96	NC
Total—Declined	9.48%	9.38%	20.05%	+10.67	NC
Total—Hispanic or Latino	5.75%	5.75%	5.10%	-0.65	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.69%	98.62%	98.62%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	1.29%	1.35%	1.38%	+0.03	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.02%	0.03%	0.00%	-0.03	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.69%	98.62%	98.62%	0.00	NC
Language Preferred for Written Materials—Non-English	1.29%	1.35%	1.38%	+0.03	NC
Language Preferred for Written Materials—Unknown	0.02%	0.03%	0.00%	-0.03	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.69%	98.62%	98.62%	0.00	NC
Other Language Needs—Non-English	1.29%	1.35%	1.38%	+0.03	NC
Other Language Needs—Unknown	0.02%	0.03%	0.00%	-0.03	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	77.48	73.23	68.41	-4.82	★★
Outpatient Visits—Total[3]	398.30	396.18	396.93	+0.75	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	8.10	7.55	7.59	+0.04	NC
Total Inpatient—Average Length of Stay—Total	3.99	3.99	3.98	-0.01	NC
Maternity—Discharges per 1,000 Member Months—Total	3.42	3.16	2.99	-0.17	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.55	2.58	2.54	-0.04	NC
Surgery—Discharges per 1,000 Member Months—Total	1.90	1.71	1.76	+0.05	NC
Surgery—Average Length of Stay—Total	6.29	6.38	6.45	+0.07	NC
Medicine—Discharges per 1,000 Member Months—Total	3.74	3.57	3.69	+0.12	NC
Medicine—Average Length of Stay—Total	3.77	3.74	3.64	-0.10	NC
***Use of Opioids From Multiple Providers**,4**					
Multiple Prescribers	—	—	18.12%	NC	NC
Multiple Pharmacies	—	—	5.64%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	3.10%	NC	NC
***Use of Opioids at High Dosage**,4**					
Use of Opioids at High Dosage	—	—	2.28%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	15.52%	NC	NC
At Least 31 Days Covered—Total	—	—	6.76%	NC	NC
***Plan All-Cause Readmissions**,3**					
Index Total Stays—Observed Readmissions—Ages 18 to 44 Years	—	16.98%	15.79%	-1.19	★★
Index Total Stays—Observed Readmissions—Ages 45 to 54 Years	—	15.12%	16.57%	+1.45	★★
Index Total Stays—Observed Readmissions—Ages 55 to 64 Years	—	14.86%	15.89%	+1.03	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays—Observed Readmissions—Total	—	15.78%	16.05%	+0.27	★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

2019 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 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	71.74%	76.60%	75.91%	-0.69	★★★
Combination 3	68.65%	71.68%	71.29%	-0.39	★★★
Combination 4	67.11%	69.78%	70.32%	+0.54	★★★
Combination 5	58.28%	60.29%	61.80%	+1.51	★★★
Combination 6	35.98%	36.61%	38.93%	+2.32	★★
Combination 7	57.17%	59.06%	61.07%	+2.01	★★★
Combination 8	35.32%	36.21%	38.93%	+2.72	★★
Combination 9	30.68%	31.60%	33.82%	+2.22	★★
Combination 10	30.24%	31.31%	33.82%	+2.51	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	68.79%	70.56%	68.37%	-2.19	★★★
Lead Screening in Children					
Lead Screening in Children	78.15%	78.83%	78.83%	0.00	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.89%	75.08%	76.16%	+1.08	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	52.48%	54.39%	52.55%	-1.84	★★
Immunizations for Adolescents					
Combination 1	90.07%	86.87%	88.56%	+1.69	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	86.82%	87.40%	89.95%	+2.55+	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	67.17%	75.12%	76.39%	+1.27	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	48.40%	48.91%	54.32%	+5.41+	★★★★
Continuation and Maintenance Phase	65.97%	61.82%	68.20%	+6.38+	★★★★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	61.50%	59.49%	-2.01++	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	65.69%	72.34%	67.40%	-4.94	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	63.27%	65.16%	66.65%	+1.49+	★★★★
Ages 21 to 24 Years	70.37%	70.44%	70.08%	-0.36	★★★★
Total	66.23%	67.35%	68.09%	+0.74	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.02%	95.41%	95.44%	+0.03	★★
Ages 25 Months to 6 Years	89.57%	88.71%	87.60%	-1.11++	★★★
Ages 7 to 11 Years	92.52%	91.63%	90.88%	-0.75++	★★★
Ages 12 to 19 Years	90.88%	90.83%	90.40%	-0.43++	★★★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	81.58%	79.17%	78.52%	-0.65++	★★★
Ages 45 to 64 Years	89.24%	88.11%	87.40%	-0.71++	★★★
Ages 65+ Years	91.02%	92.66%	94.07%	+1.41+	★★★★★
Total	84.82%	83.04%	82.47%	-0.57++	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	30.18%	33.02%	34.92%	+1.90	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	80.61%	84.64%	81.27%	-3.37	★★★
Counseling for Nutrition—Total	71.39%	76.82%	75.18%	-1.64	★★★
Counseling for Physical Activity—Total	63.59%	68.75%	72.02%	+3.27	★★★★
Adult BMI Assessment					
Adult BMI Assessment	97.14%	96.00%	93.19%	-2.81	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	83.33%	77.32%	71.05%	-6.27	★
Postpartum Care	75.80%	73.80%	67.64%	-6.16	★★★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	87.64%	90.42%	87.10%	-3.32	★★
HbA1c Poor Control (>9.0%)*	32.45%	33.91%	41.36%	+7.45[++]	★★
HbA1c Control (<8.0%)	56.73%	54.55%	49.15%	-5.40	★★
Eye Exam (Retinal) Performed	62.03%	62.16%	59.37%	-2.79	★★★
Medical Attention for Nephropathy	90.73%	92.87%	90.02%	-2.85	★★
Blood Pressure Control (<140/90 mm Hg)	55.19%	51.11%	61.56%	+10.45[+]	★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	57.76%	62.41%	58.19%	-4.22[++]	★★
Medication Compliance 75%—Total	34.13%	38.56%	34.84%	-3.72[++]	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	60.91%	63.06%	60.16%	-2.90[++]	★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	54.01%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.93%	81.08%	80.00%	-1.08	★★★
Discussing Cessation Medications	57.56%	58.57%	56.54%	-2.03	★★★
Discussing Cessation Strategies	43.62%	46.01%	45.59%	-0.42	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	48.20%	54.54%	57.07%	+2.53[+]	★★★
Effective Continuation Phase Treatment	32.61%	37.54%	40.40%	+2.86[+]	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.10%	85.87%	85.98%	+0.11	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.50%	70.70%	71.26%	+0.56	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	76.32%	77.31%	76.74%	-0.57	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	61.20%	64.74%	64.60%	-0.14	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.44%	88.48%	88.22%	-0.26	★★★
Diuretics	87.29%	88.54%	88.21%	-0.33	★★
Total	—	88.51%	88.21%	-0.30	★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	46.28%	45.47%	45.40%	-0.07	NC
Total—Black or African American	32.97%	33.92%	34.44%	+0.52	NC
Total—American–Indian and Alaska Native	0.28%	0.26%	0.26%	0.00	NC
Total—Asian	0.32%	0.32%	0.30%	-0.02	NC
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.00%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	20.15%	20.02%	19.60%	-0.42	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	6.40%	6.70%	6.76%	+0.06	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.76%	98.66%	98.64%	-0.02	NC
Spoken Language Preferred for Health Care—Non-English	1.12%	1.27%	1.32%	+0.05	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.12%	0.07%	0.04%	-0.03	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.76%	98.66%	98.64%	-0.02	NC
Language Preferred for Written Materials—Non-English	1.12%	1.27%	1.32%	+0.05	NC
Language Preferred for Written Materials—Unknown	0.12%	0.07%	0.04%	-0.03	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.76%	98.66%	98.64%	-0.02	NC
Other Language Needs—Non-English	1.12%	1.27%	1.32%	+0.05	NC
Other Language Needs—Unknown	0.12%	0.07%	0.04%	-0.03	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	71.94	70.06	68.48	-1.58	★★
Outpatient Visits—Total[3]	424.09	422.90	418.38	-4.52	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.42	7.63	7.34	-0.29	NC
Total Inpatient—Average Length of Stay—Total	4.62	4.58	4.57	-0.01	NC
Maternity—Discharges per 1,000 Member Months—Total	2.65	2.56	2.62	+0.06	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.78	2.72	2.78	+0.06	NC
Surgery—Discharges per 1,000 Member Months—Total	1.82	1.85	1.72	-0.13	NC
Surgery—Average Length of Stay—Total	7.75	7.69	7.41	-0.28	NC
Medicine—Discharges per 1,000 Member Months—Total	3.71	3.93	3.73	-0.20	NC
Medicine—Average Length of Stay—Total	4.04	3.98	4.16	+0.18	NC
Use of Opioids From Multiple Providers*,[4]					
Multiple Prescribers	—	—	18.63%	NC	NC
Multiple Pharmacies	—	—	5.64%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	3.37%	NC	NC
Use of Opioids at High Dosage*,[4]					
Use of Opioids at High Dosage	—	—	1.57%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	19.29%	NC	NC
At Least 31 Days Covered—Total	—	—	7.93%	NC	NC
Plan All-Cause Readmissions*,[3]					
Index Total Stays—Observed Readmissions—Ages 18 to 44 Years	—	14.49%	12.72%	-1.77	★★★★
Index Total Stays—Observed Readmissions—Ages 45 to 54 Years	—	14.65%	14.88%	+0.23	★★★
Index Total Stays—Observed Readmissions—Ages 55 to 64 Years	—	15.20%	13.19%	-2.01	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays—Observed Readmissions—Total	—	14.79%	13.51%	-1.28	★★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

2019 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 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	80.29%	82.97%	80.05%	-2.92	★★★★
Combination 3	77.13%	81.02%	76.89%	-4.13	★★★★
Combination 4	76.16%	79.56%	76.40%	-3.16	★★★★
Combination 5	69.34%	73.48%	69.10%	-4.38	★★★★★
Combination 6	55.23%	56.20%	51.82%	-4.38	★★★★
Combination 7	68.37%	72.02%	68.86%	-3.16	★★★★★
Combination 8	54.74%	55.47%	51.82%	-3.65	★★★★
Combination 9	50.36%	51.82%	47.93%	-3.89	★★★★
Combination 10	49.88%	51.09%	47.93%	-3.16	★★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	70.06%	77.30%	77.62%	+0.32	★★★★★
Lead Screening in Children					
Lead Screening in Children	85.83%	84.54%	82.00%	-2.54	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.34%	75.41%	77.86%	+2.45	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	54.63%	61.67%	58.39%	-3.28	★★★
Immunizations for Adolescents					
Combination 1	91.24%	87.59%	83.70%	-3.89	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	93.63%	93.94%	94.71%	+0.77	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	78.49%	86.44%	83.29%	**-3.15++**	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	35.03%	36.13%	26.15%	**-9.98++**	★
Continuation and Maintenance Phase	33.33%	40.38%	26.23%	-14.15	★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	63.99%	64.48%	+0.49	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	67.45%	68.85%	68.61%	-0.24	★★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	65.53%	65.53%	68.22%	+2.69+	★★★★
Ages 21 to 24 Years	70.08%	68.61%	70.23%	+1.62	★★★★
Total	67.45%	66.82%	69.06%	+2.24+	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.96%	96.18%	87.40%	**-8.78++**	★
Ages 25 Months to 6 Years	89.67%	86.67%	78.61%	**-8.06++**	★
Ages 7 to 11 Years	91.78%	90.54%	85.61%	**-4.93++**	★
Ages 12 to 19 Years	90.92%	91.09%	83.59%	**-7.50++**	★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	83.72%	80.88%	81.39%	+0.51	★★★
Ages 45 to 64 Years	90.79%	89.42%	88.98%	-0.44	★★★
Ages 65+ Years	94.38%	93.56%	94.70%	+1.14	★★★★★
Total	86.74%	84.49%	84.69%	+0.20	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	37.91%	42.29%	41.06%	-1.23	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	88.08%	95.32%	91.48%	**-3.84++**	★★★★★
Counseling for Nutrition—Total	78.10%	81.87%	79.32%	-2.55	★★★★
Counseling for Physical Activity—Total	73.72%	79.53%	79.32%	-0.21	★★★★★
Adult BMI Assessment					
Adult BMI Assessment	95.56%	97.00%	94.16%	-2.84	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	78.59%	83.45%	79.32%	-4.13	★★
Postpartum Care	69.34%	71.53%	71.05%	-0.48	★★★★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	92.15%	94.07%	93.43%	-0.64	★★★★★
HbA1c Poor Control (>9.0%)*	31.93%	22.68%	28.47%	**+5.79++**	★★★★★
HbA1c Control (<8.0%)	62.41%	67.01%	61.50%	-5.51	★★★★★
Eye Exam (Retinal) Performed	71.72%	73.71%	69.53%	-4.18	★★★★★
Medical Attention for Nephropathy	91.61%	94.85%	93.80%	-1.05	★★★★★
Blood Pressure Control (<140/90 mm Hg)	75.91%	76.80%	73.91%	-2.89	★★★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	60.00%	65.82%	65.67%	-0.15	★★★
Medication Compliance 75%—Total	37.01%	45.07%	44.12%	-0.95	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	74.90%	73.04%	70.40%	-2.64	★★★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	73.24%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.48%	83.65%	81.94%	-1.71	★★★★
Discussing Cessation Medications	55.97%	60.90%	57.42%	-3.48	★★★
Discussing Cessation Strategies	46.62%	48.08%	50.16%	+2.08	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	64.29%	71.28%	79.84%	+8.56	★★★★★
Effective Continuation Phase Treatment	53.06%	51.06%	66.67%	**+15.61+**	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	84.70%	84.56%	85.12%	+0.56	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	60.98%	56.99%	54.84%	-2.15	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	62.34%	64.26%	65.24%	+0.98	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	88.01%	88.29%	88.25%	-0.04	★★★
Diuretics	88.08%	87.81%	88.76%	+0.95	★★★
Total	—	88.09%	88.46%	+0.37	★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	61.71%	62.18%	60.16%	-2.02	NC
Total—Black or African American	13.87%	14.10%	14.30%	+0.20	NC
Total—American–Indian and Alaska Native	0.55%	0.55%	0.53%	-0.02	NC
Total—Asian	0.91%	0.83%	0.77%	-0.06	NC
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.07%	0.05%	-0.02	NC
Total—Some Other Race	0.00%	0.01%	0.00%	-0.01	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	22.89%	22.27%	24.18%	+1.91	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	10.73%	10.59%	10.53%	-0.06	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	75.21	71.90	65.22	-6.68	★★
Outpatient Visits—Total[3]	378.48	381.02	368.60	-12.42	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.00	6.80	6.48	-0.32	NC
Total Inpatient—Average Length of Stay—Total	3.54	3.62	3.91	+0.29	NC
Maternity—Discharges per 1,000 Member Months—Total	3.25	2.95	2.92	-0.03	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.60	2.65	2.85	+0.20	NC
Surgery—Discharges per 1,000 Member Months—Total	1.63	1.57	1.71	+0.14	NC
Surgery—Average Length of Stay—Total	4.35	4.48	5.62	+1.14	NC
Medicine—Discharges per 1,000 Member Months—Total	3.10	3.17	2.72	-0.45	NC
Medicine—Average Length of Stay—Total	3.80	3.85	3.62	-0.23	NC
Use of Opioids From Multiple Providers*,4					
Multiple Prescribers	—	—	21.61%	NC	NC
Multiple Pharmacies	—	—	4.24%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	2.43%	NC	NC
Use of Opioids at High Dosage*,4					
Use of Opioids at High Dosage	—	—	1.98%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	12.41%	NC	NC
At Least 31 Days Covered—Total	—	—	5.45%	NC	NC
Plan All-Cause Readmissions*,3					
Index Total Stays—Observed Readmissions—Ages 18 to 44 Years	—	11.75%	10.78%	-0.97	★★★★
Index Total Stays—Observed Readmissions—Ages 45 to 54 Years	—	11.68%	10.44%	-1.24	★★★★★
Index Total Stays—Observed Readmissions—Ages 55 to 64 Years	—	10.30%	9.89%	-0.41	★★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays—Observed Readmissions—Total	—	11.28%	10.39%	-0.89	★★★★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

2019 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—THC Trend Table

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	71.53%	71.29%	64.46%	**-6.83++**	★
Combination 3	65.28%	65.45%	58.94%	**-6.51++**	★
Combination 4	63.66%	64.48%	58.94%	-5.54	★
Combination 5	53.70%	53.77%	49.23%	-4.54	★
Combination 6	27.55%	32.12%	25.83%	**-6.29++**	★
Combination 7	52.78%	53.04%	49.23%	-3.81	★
Combination 8	27.31%	31.63%	25.83%	-5.80	★
Combination 9	22.45%	27.25%	21.85%	-5.40	★
Combination 10	22.22%	27.01%	21.85%	-5.16	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	64.71%	70.32%	66.23%	-4.09	★★★
Lead Screening in Children					
Lead Screening in Children	70.74%	70.80%	68.43%	-2.37	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	70.49%	74.45%	74.61%	+0.16	★★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	52.08%	55.96%	58.50%	+2.54	★★★
Immunizations for Adolescents					
Combination 1	83.80%	85.16%	84.55%	-0.61	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	89.66%	92.09%	93.65%	+1.56	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	63.11%	69.62%	73.00%	+3.38	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	50.00%	53.79%	51.78%	-2.01	★★★★
Continuation and Maintenance Phase	62.79%	66.67%	65.45%	-1.22	★★★★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	50.82%	54.44%	+3.62+	★★
Cervical Cancer Screening					
Cervical Cancer Screening	60.88%	60.10%	60.89%	+0.79	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	71.37%	68.07%	67.78%	-0.29	★★★★
Ages 21 to 24 Years	70.63%	70.00%	70.09%	+0.09	★★★★
Total	71.09%	68.79%	68.69%	-0.10	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	93.83%	92.76%	91.13%	-1.63	★
Ages 25 Months to 6 Years	85.89%	83.03%	83.28%	+0.25	★
Ages 7 to 11 Years	87.88%	87.90%	86.66%	-1.24	★
Ages 12 to 19 Years	87.39%	86.71%	86.22%	-0.49	★★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	76.89%	74.92%	73.35%	**-1.57++**	★★
Ages 45 to 64 Years	86.07%	84.31%	83.46%	-0.85	★★
Ages 65+ Years	80.24%	79.64%	87.69%	+8.05	★★
Total	80.81%	78.87%	77.65%	**-1.22++**	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	27.33%	30.80%	31.82%	+1.02	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	78.87%	78.59%	86.31%	+7.72[+]	★★★★
Counseling for Nutrition—Total	71.13%	73.72%	77.26%	+3.54	★★★
Counseling for Physical Activity—Total	49.06%	57.91%	75.28%	+17.37[+]	★★★★
Adult BMI Assessment					
Adult BMI Assessment	89.50%	84.67%	92.94%	+8.27[+]	★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	71.13%	63.99%	76.50%	+12.51[+]	★
Postpartum Care	48.83%	48.18%	53.22%	+5.04	★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	82.95%	82.00%	88.30%	+6.30[+]	★★★
*HbA1c Poor Control (>9.0%)**	42.92%	52.07%	35.10%	-16.97[+]	★★★
HbA1c Control (<8.0%)	49.01%	38.93%	49.67%	+10.74[+]	★★
Eye Exam (Retinal) Performed	46.27%	50.61%	55.85%	+5.24	★★
Medical Attention for Nephropathy	91.32%	90.02%	91.17%	+1.15	★★★
Blood Pressure Control (<140/90 mm Hg)	50.68%	41.85%	56.73%	+14.88[+]	★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	85.96%	87.36%	82.58%	-4.78[++]	★★★★★
Medication Compliance 75%—Total	69.98%	72.51%	65.46%	-7.05[++]	★★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	47.11%	52.33%	51.33%	-1.00	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	56.29%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.95%	78.67%	80.43%	+1.76	★★★
Discussing Cessation Medications	55.16%	57.96%	60.11%	+2.15	★★★★
Discussing Cessation Strategies	47.12%	45.73%	47.54%	+1.81	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	55.59%	68.20%	69.46%	+1.26	★★★★★
Effective Continuation Phase Treatment	39.92%	55.35%	56.57%	+1.22	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.33%	83.73%	87.68%	+3.95	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	59.26%	59.79%	65.43%	+5.64	★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	48.47%	48.95%	57.43%	+8.48	★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.84%	87.17%	87.03%	-0.14	★★
Diuretics	87.27%	86.04%	86.72%	+0.68	★★
Total	—	86.66%	86.89%	+0.23	★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	30.70%	30.89%	30.67%	-0.22	NC
Total—Black or African American	53.90%	54.27%	54.84%	+0.57	NC
Total—American–Indian and Alaska Native	0.27%	0.28%	0.25%	-0.03	NC
Total—Asian	1.21%	1.15%	1.12%	-0.03	NC
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.06%	0.06%	0.00	NC
Total—Some Other Race	2.55%	2.63%	2.86%	+0.23	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	11.31%	10.72%	10.19%	-0.53	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	2.55%	2.63%	2.86%	+0.23	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.21%	99.13%	99.10%	-0.03	NC
Spoken Language Preferred for Health Care—Non-English	0.79%	0.87%	0.89%	+0.02	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.00%	0.00%	0.01%	+0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	99.21%	99.13%	99.10%	-0.03	NC
Language Preferred for Written Materials—Non-English	0.79%	0.87%	0.89%	+0.02	NC
Language Preferred for Written Materials—Unknown	0.00%	0.00%	0.01%	+0.01	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.21%	99.13%	99.10%	-0.03	NC
Other Language Needs—Non-English	0.79%	0.87%	0.89%	+0.02	NC
Other Language Needs—Unknown	0.00%	0.00%	0.01%	+0.01	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	73.95	70.05	68.80	-1.25	★★
Outpatient Visits—Total[3]	333.36	336.34	339.74	+3.40	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	10.15	10.34	9.33	-1.01	NC
Total Inpatient—Average Length of Stay—Total	4.01	4.58	4.41	-0.17	NC
Maternity—Discharges per 1,000 Member Months—Total	2.37	2.40	2.32	-0.08	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.63	2.69	2.71	+0.02	NC
Surgery—Discharges per 1,000 Member Months—Total	2.30	2.08	2.12	+0.04	NC
Surgery—Average Length of Stay—Total	6.54	7.05	7.82	+0.77	NC
Medicine—Discharges per 1,000 Member Months—Total	6.07	6.44	5.44	-1.00	NC
Medicine—Average Length of Stay—Total	3.45	4.32	3.63	-0.69	NC
***Use of Opioids From Multiple Providers**[4]**					
Multiple Prescribers	—	—	16.77%	NC	NC
Multiple Pharmacies	—	—	6.23%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	3.33%	NC	NC
***Use of Opioids at High Dosage**[4]**					
Use of Opioids at High Dosage	—	—	9.07%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	31.83%	NC	NC
At Least 31 Days Covered—Total	—	—	19.28%	NC	NC
***Plan All-Cause Readmissions**[3]**					
Index Total Stays— Observed Readmissions—Ages 18 to 44 Years	—	20.37%	17.89%	-2.48	★★
Index Total Stays— Observed Readmissions—Ages 45 to 54 Years	—	18.96%	19.17%	+0.21	★
Index Total Stays— Observed Readmissions—Ages 55 to 64 Years	—	18.39%	18.77%	+0.38	★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays— Observed Readmissions—Total	—	19.23%	18.57%	-0.66	★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

2019 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—TRU Trend Table

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	60.71%	59.48%	58.00%	-1.48	★
Combination 3	50.00%	52.94%	51.00%	-1.94	★
Combination 4	46.43%	51.63%	50.50%	-1.13	★
Combination 5	37.50%	42.48%	43.00%	+0.52	★
Combination 6	19.64%	20.92%	25.00%	+4.08	★
Combination 7	35.71%	41.83%	42.50%	+0.67	★
Combination 8	19.64%	20.92%	25.00%	+4.08	★
Combination 9	16.07%	18.95%	22.50%	+3.55	★
Combination 10	16.07%	18.95%	22.50%	+3.55	★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	NA	43.86%	43.96%	+0.10	★
Lead Screening in Children					
Lead Screening in Children	67.86%	72.55%	64.00%	-8.55	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	69.68%	61.31%	61.80%	+0.49	★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	42.82%	30.41%	33.58%	+3.17	★
Immunizations for Adolescents					
Combination 1	68.42%	75.00%	68.63%	-6.37	★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	90.34%	93.81%	95.83%	+2.02	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	59.09%	72.22%	NA	NC	NC
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	NA	NA	NB	NC	NC
Continuation and Maintenance Phase	NA	NA	NB	NC	NC
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	65.46%	65.83%	+0.37	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	56.20%	47.20%	50.61%	+3.41	★
Chlamydia Screening in Women					
Ages 16 to 20 Years	70.49%	73.47%	75.00%	+1.53	★★★★★
Ages 21 to 24 Years	70.67%	73.83%	75.53%	+1.70	★★★★★
Total	70.59%	73.66%	75.29%	+1.63	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	86.05%	82.46%	82.08%	-0.38	★
Ages 25 Months to 6 Years	76.97%	69.86%	70.36%	+0.50	★
Ages 7 to 11 Years	79.14%	77.50%	74.88%	-2.62	★
Ages 12 to 19 Years	65.25%	69.13%	66.67%	-2.46	★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	59.28%	50.05%	48.48%	-1.57	★
Ages 45 to 64 Years	77.85%	70.72%	69.07%	-1.65	★
Ages 65+ Years	NA	NA	NA	NC	NC
Total	68.12%	58.62%	56.83%	-1.79	★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	20.51%	30.00%	30.23%	+0.23	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	79.08%	70.32%	81.02%	+10.70[+]	★★★
Counseling for Nutrition—Total	79.81%	66.67%	73.48%	+6.81[+]	★★★
Counseling for Physical Activity—Total	57.91%	46.96%	63.99%	+17.03[+]	★★★
Adult BMI Assessment					
Adult BMI Assessment	90.27%	71.07%	75.18%	+4.11	★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	47.13%	35.34%	35.56%	+0.22	★
Postpartum Care	42.53%	46.55%	32.22%	-14.33[++]	★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	88.00%	77.61%	81.09%	+3.48	★
*HbA1c Poor Control (>9.0%)**	41.33%	53.07%	54.17%	+1.10	★
HbA1c Control (<8.0%)	52.67%	40.18%	36.22%	-3.96	★
Eye Exam (Retinal) Performed	45.67%	41.41%	51.28%	+9.87[+]	★★
Medical Attention for Nephropathy	90.00%	88.04%	83.65%	-4.39	★
Blood Pressure Control (<140/90 mm Hg)	46.33%	39.26%	44.23%	+4.97	★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	NA	69.70%	50.00%	-19.70	★
Medication Compliance 75%—Total	NA	36.36%	35.42%	-0.94	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	43.90%	58.54%	42.86%	-15.68	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	45.26%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.06%	80.79%	79.30%	-1.49	★★★
Discussing Cessation Medications	58.99%	63.16%	55.43%	-7.73	★★★
Discussing Cessation Strategies	50.00%	52.61%	46.88%	-5.73	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	NA	57.69%	NB	NC	NC
Effective Continuation Phase Treatment	NA	42.31%	NB	NC	NC
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	72.73%	83.33%	88.64%	+5.31	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	NA	NC	NC
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA	68.57%	NC	★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.79%	85.17%	85.77%	+0.60	★
Diuretics	85.19%	83.83%	87.15%	+3.32	★★
Total	—	84.56%	86.42%	+1.86	★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	28.46%	27.17%	26.47%	-0.70	NC
Total—Black or African American	51.78%	51.38%	54.68%	+3.30	NC
Total—American–Indian and Alaska Native	1.13%	0.12%	0.10%	-0.02	NC
Total—Asian	2.09%	0.00%	0.00%	0.00	NC
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.99%	1.03%	+0.04	NC
Total—Some Other Race	0.00%	3.96%	3.97%	+0.01	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	16.54%	16.38%	13.76%	-2.62	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	3.59%	3.96%	3.97%	+0.01	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.04%	98.98%	98.88%	-0.10	NC
Spoken Language Preferred for Health Care—Non-English	0.92%	0.99%	1.06%	+0.07	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.05%	0.03%	0.06%	+0.03	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	82.34	71.57	70.78	-0.79	★
Outpatient Visits—Total[3]	251.03	225.08	207.65	-17.43	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	9.03	7.43	8.42	+0.99	NC
Total Inpatient—Average Length of Stay—Total	4.15	4.89	4.95	+0.06	NC
Maternity—Discharges per 1,000 Member Months—Total	0.26	0.88	1.56	+0.68	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.47	2.40	2.97	+0.57	NC
Surgery—Discharges per 1,000 Member Months—Total	2.73	1.88	1.70	-0.18	NC
Surgery—Average Length of Stay—Total	4.80	6.14	9.46	+3.32	NC
Medicine—Discharges per 1,000 Member Months—Total	4.85	4.30	5.56	+1.26	NC
Medicine—Average Length of Stay—Total	3.53	4.82	3.99	-0.83	NC
Use of Opioids From Multiple Providers*[4]					
Multiple Prescribers	—	—	17.89%	NC	NC
Multiple Pharmacies	—	—	5.96%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	3.86%	NC	NC
Use of Opioids at High Dosage*[4]					
Use of Opioids at High Dosage	—	—	0.39%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	27.86%	NC	NC
At Least 31 Days Covered—Total	—	—	11.90%	NC	NC
Plan All-Cause Readmissions*[3]					
Index Total Stays— Observed Readmissions—Ages 18 to 44 Years	—	21.28%	29.01%	+7.73	★
Index Total Stays— Observed Readmissions—Ages 45 to 54 Years	—	19.84%	7.69%	-12.15	★★★★★
Index Total Stays— Observed Readmissions—Ages 55 to 64 Years	—	10.10%	23.74%	+13.64	★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays— Observed Readmissions—Total	—	17.24%	21.12%	+3.88	★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

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

2019 Performance Levels represent the following percentile comparisons:

★★★★★ = *90th percentile and above*
★★★★ = *75th to 89th percentile*
★★★ = *50th to 74th percentile*
★★ = *25th to 49th percentile*
★ = *Below 25th percentile*

Table B-10—UNI Trend Table

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	78.35%	75.91%	71.05%	-4.86	★★
Combination 3	72.51%	71.53%	66.42%	-5.11	★★
Combination 4	70.07%	71.29%	63.99%	-7.30++	★★
Combination 5	57.66%	61.56%	58.15%	-3.41	★★
Combination 6	38.93%	37.71%	33.58%	-4.13	★★
Combination 7	55.96%	61.56%	56.20%	-5.36	★★
Combination 8	38.20%	37.71%	32.36%	-5.35	★
Combination 9	31.63%	34.31%	30.41%	-3.90	★★
Combination 10	30.90%	34.31%	29.44%	-4.87	★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	66.67%	68.61%	64.48%	-4.13	★★
Lead Screening in Children					
Lead Screening in Children	77.13%	81.51%	75.91%	-5.60	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	79.08%	77.37%	72.26%	-5.11	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	58.88%	63.26%	58.15%	-5.11	★★★
Immunizations for Adolescents					
Combination 1	85.40%	84.91%	85.16%	+0.25	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	89.46%	90.42%	91.69%	+1.27+	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	71.07%	76.71%	79.21%	+2.50+	★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	41.48%	44.49%	42.41%	-2.08	★★
Continuation and Maintenance Phase	53.85%	58.02%	57.02%	-1.00	★★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	62.65%	61.31%	-1.34	★★★
Cervical Cancer Screening					
Cervical Cancer Screening	69.10%	67.88%	64.48%	-3.40	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	66.04%	67.29%	67.63%	+0.34	★★★★
Ages 21 to 24 Years	71.37%	70.87%	71.25%	+0.38	★★★★
Total	68.21%	68.73%	69.09%	+0.36	★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	96.20%	95.11%	94.54%	-0.57	★★
Ages 25 Months to 6 Years	89.27%	88.96%	87.87%	-1.09++	★★★
Ages 7 to 11 Years	91.77%	91.73%	90.92%	-0.81++	★★★
Ages 12 to 19 Years	91.88%	91.91%	90.70%	-1.21++	★★★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	81.34%	78.88%	77.98%	-0.90++	★★★
Ages 45 to 64 Years	89.97%	88.66%	87.95%	-0.71++	★★★
Ages 65+ Years	94.79%	95.99%	95.08%	-0.91	★★★★★
Total	84.82%	82.74%	81.97%	-0.77++	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	32.40%	33.20%	32.57%	-0.63	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	81.02%	85.89%	86.37%	+0.48	★★★★
Counseling for Nutrition—Total	76.64%	77.86%	81.27%	+3.41	★★★★
Counseling for Physical Activity—Total	62.53%	70.32%	77.13%	+6.81[+]	★★★★
Adult BMI Assessment					
Adult BMI Assessment	85.40%	94.65%	91.97%	-2.68	★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	80.54%	78.83%	79.32%	+0.49	★★
Postpartum Care	67.40%	67.15%	62.53%	-4.62	★★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	88.61%	89.29%	91.51%	+2.22	★★★★
*HbA1c Poor Control (>9.0%)**	32.50%	31.29%	29.63%	-1.66	★★★★★
HbA1c Control (<8.0%)	56.11%	57.29%	60.80%	+3.51	★★★★★
Eye Exam (Retinal) Performed	65.14%	64.43%	61.27%	-3.16	★★★
Medical Attention for Nephropathy	92.36%	94.43%	94.29%	-0.14	★★★★★
Blood Pressure Control (<140/90 mm Hg)	62.08%	66.29%	64.81%	-1.48	★★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	67.42%	75.52%	58.10%	-17.42[++]	★★
Medication Compliance 75%—Total	41.51%	57.49%	34.05%	-23.44[++]	★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	66.80%	62.26%	62.94%	+0.68	★★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	64.72%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	82.17%	83.54%	84.33%	+0.79	★★★★★
Discussing Cessation Medications	60.80%	61.27%	63.16%	+1.89	★★★★★
Discussing Cessation Strategies	50.56%	52.87%	55.30%	+2.43	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	59.84%	61.66%	52.99%	-8.67[++]	★★★
Effective Continuation Phase Treatment	46.87%	46.89%	36.51%	-10.38[++]	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.99%	85.33%	86.71%	+1.38	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	74.29%	71.10%	74.24%	+3.14	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	74.03%	75.38%	79.69%	+4.31	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.59%	55.04%	60.25%	+5.21[+]	★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	89.75%	88.88%	89.54%	+0.66	★★★
Diuretics	89.19%	88.73%	89.29%	+0.56	★★★
Total	—	88.82%	89.44%	+0.62	★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	50.85%	51.27%	51.15%	-0.12	NC
Total—Black or African American	30.38%	30.28%	30.36%	+0.08	NC
Total—American–Indian and Alaska Native	0.26%	0.25%	0.28%	+0.03	NC
Total—Asian	2.11%	2.05%	1.89%	-0.16	NC
Total—Native Hawaiian and Other Pacific Islander	0.01%	0.01%	0.08%	+0.07	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	16.40%	16.15%	16.24%	+0.09	NC
Total—Declined	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino	5.61%	5.60%	5.90%	+0.30	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	95.71%	95.63%	95.23%	-0.40	NC
Spoken Language Preferred for Health Care—Non-English	4.28%	4.37%	4.71%	+0.34	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.00%	0.00%	0.06%	+0.06	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	95.71%	95.63%	95.23%	-0.40	NC
Language Preferred for Written Materials—Non-English	4.28%	4.37%	4.71%	+0.34	NC
Language Preferred for Written Materials—Unknown	0.00%	0.00%	0.06%	+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%	95.23%	+95.23	NC
Other Language Needs—Non-English	0.00%	0.00%	4.71%	+4.71	NC
Other Language Needs—Unknown	100.00%	100.00%	0.06%	-99.94	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	72.58	69.56	66.48	-3.08	★★
Outpatient Visits—Total[3]	368.15	380.46	371.07	-9.39	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	5.59	6.33	5.62	-0.71	NC
Total Inpatient—Average Length of Stay—Total	4.33	4.18	4.56	+0.38	NC
Maternity—Discharges per 1,000 Member Months—Total	2.49	2.56	2.51	-0.05	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.57	2.56	2.63	+0.07	NC
Surgery—Discharges per 1,000 Member Months—Total	1.37	1.49	1.30	-0.19	NC
Surgery—Average Length of Stay—Total	6.56	6.74	7.42	+0.68	NC
Medicine—Discharges per 1,000 Member Months—Total	2.44	3.00	2.50	-0.50	NC
Medicine—Average Length of Stay—Total	4.37	3.91	4.46	+0.55	NC
***Use of Opioids From Multiple Providers**,4**					
Multiple Prescribers	—	—	18.82%	NC	NC
Multiple Pharmacies	—	—	4.88%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	2.58%	NC	NC
***Use of Opioids at High Dosage**,4**					
Use of Opioids at High Dosage	—	—	2.56%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	20.54%	NC	NC
At Least 31 Days Covered—Total	—	—	7.88%	NC	NC
***Plan All-Cause Readmissions**,3**					
Index Total Stays— Observed Readmissions—Ages 18 to 44 Years	—	16.32%	12.53%	-3.79	★★★★
Index Total Stays— Observed Readmissions—Ages 45 to 54 Years	—	15.96%	11.33%	-4.63	★★★★★
Index Total Stays— Observed Readmissions—Ages 55 to 64 Years	—	17.53%	13.72%	-3.81	★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays— Observed Readmissions—Total	—	16.65%	12.66%	-3.99	★★★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

2019 Performance Levels represent the following percentile comparisons:

★★★★★ = *90th percentile and above*
★★★★ = *75th to 89th percentile*
★★★ = *50th to 74th percentile*
★★ = *25th to 49th percentile*
★ = *Below 25th percentile*

Table B-11—UPP Trend Table

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status[3]					
Combination 2	73.24%	73.97%	71.93%	-2.04	★★
Combination 3	71.53%	70.56%	69.23%	-1.33	★★
Combination 4	65.21%	67.40%	67.78%	+0.38	★★
Combination 5	54.99%	56.93%	55.30%	-1.63	★★
Combination 6	42.09%	48.18%	44.91%	-3.27	★★★
Combination 7	51.58%	55.23%	54.68%	-0.55	★★
Combination 8	39.17%	47.20%	44.70%	-2.50	★★★
Combination 9	34.55%	41.85%	37.94%	-3.91	★★★
Combination 10	32.85%	41.61%	37.84%	-3.77	★★★
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	74.21%	72.75%	79.56%	+6.81⁺	★★★★★
Lead Screening in Children					
Lead Screening in Children	82.43%	82.73%	82.00%	-0.73	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	73.97%	75.18%	68.16%	**-7.02⁺⁺**	★★
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	44.50%	47.93%	43.77%	-4.16	★
Immunizations for Adolescents					
Combination 1	80.90%	80.78%	80.97%	+0.19	★★★
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	91.15%	93.59%	93.78%	+0.19	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	63.09%	80.16%	84.99%	+4.83⁺	★★★
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	42.98%	48.24%	49.62%	+1.38	★★★
Continuation and Maintenance Phase	45.36%	52.43%	53.92%	+1.49	★★
Women—Adult Care					
Breast Cancer Screening[3]					
Breast Cancer Screening	—	64.08%	65.42%	+1.34	★★★★
Cervical Cancer Screening					
Cervical Cancer Screening	67.15%	63.02%	65.21%	+2.19	★★★
Chlamydia Screening in Women					
Ages 16 to 20 Years	44.93%	46.17%	43.19%	-2.98	★
Ages 21 to 24 Years	58.75%	60.71%	53.78%	**-6.93⁺⁺**	★
Total	51.13%	52.28%	47.86%	**-4.42⁺⁺**	★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	97.26%	97.15%	96.79%	-0.36	★★★
Ages 25 Months to 6 Years	90.64%	89.84%	87.93%	**-1.91⁺⁺**	★★★
Ages 7 to 11 Years	91.82%	92.15%	90.67%	**-1.48⁺⁺**	★★
Ages 12 to 19 Years	91.60%	92.03%	91.61%	-0.42	★★★
Adults' Access to Preventive/Ambulatory Health Services[3]					
Ages 20 to 44 Years	84.99%	82.87%	82.16%	-0.71	★★★
Ages 45 to 64 Years	87.55%	87.40%	88.60%	+1.20⁺	★★★
Ages 65+ Years	91.18%	NA	94.91%	NC	★★★★★
Total	86.02%	84.66%	85.65%	+0.99⁺	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis[3]					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	25.77%	25.24%	26.44%	+1.20	★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	88.81%	89.78%	92.21%	+2.43	★★★★★
Counseling for Nutrition—Total	67.40%	72.26%	69.83%	-2.43	★★★
Counseling for Physical Activity—Total	64.96%	70.80%	66.42%	-4.38	★★★
Adult BMI Assessment					
Adult BMI Assessment	95.38%	96.84%	96.84%	0.00	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	91.48%	92.94%	91.48%	-1.46	★★★★★
Postpartum Care	72.75%	73.72%	73.97%	+0.25	★★★★★
Living With Illness					
Comprehensive Diabetes Care[3]					
HbA1c Testing	91.04%	92.32%	92.21%	-0.11	★★★★
HbA1c Poor Control (>9.0%)*	24.73%	30.00%	21.90%	-8.10+	★★★★★
HbA1c Control (<8.0%)	59.14%	60.00%	63.50%	+3.50	★★★★★
Eye Exam (Retinal) Performed	67.56%	71.25%	70.32%	-0.93	★★★★★
Medical Attention for Nephropathy	92.11%	91.07%	94.16%	+3.09	★★★★★
Blood Pressure Control (<140/90 mm Hg)	76.70%	77.50%	78.35%	+0.85	★★★★★
Medication Management for People With Asthma[3]					
Medication Compliance 50%—Total	66.08%	71.01%	70.36%	-0.65	★★★★
Medication Compliance 75%—Total	38.11%	46.56%	50.90%	+4.34	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Asthma Medication Ratio[3]					
Total	58.44%	59.92%	63.06%	+3.14	★★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	76.89%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.18%	77.95%	77.22%	-0.73	★★
Discussing Cessation Medications	56.90%	56.82%	56.42%	-0.40	★★★
Discussing Cessation Strategies	45.57%	46.65%	49.09%	+2.44	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	59.86%	59.84%	59.54%	-0.30	★★★★
Effective Continuation Phase Treatment	42.69%	41.41%	44.15%	+2.74	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications[3]					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.18%	87.97%	88.87%	+0.90	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia[3]					
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA	84.15%	NC	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia[3]					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Adherence to Antipsychotic Medications for Individuals With Schizophrenia[3]					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	82.18%	82.24%	83.38%	+1.14	★★★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	87.60%	87.50%	89.92%	+2.42+	★★★
Diuretics	88.64%	87.53%	91.62%	+4.09+	★★★★
Total	—	87.51%	90.63%	+3.12+	★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	87.04%	87.26%	87.85%	+0.59	NC
Total—Black or African American	1.46%	1.54%	1.48%	-0.06	NC
Total—American–Indian and Alaska Native	2.41%	2.30%	2.43%	+0.13	NC
Total—Asian	0.26%	0.24%	0.24%	0.00	NC
Total—Native Hawaiian and Other Pacific Islander	0.05%	0.05%	0.07%	+0.02	NC
Total—Some Other Race	1.49%	1.64%	1.68%	+0.04	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown	0.00%	0.00%	0.00%	0.00	NC
Total—Declined	7.30%	6.96%	6.25%	-0.71	NC
Total—Hispanic or Latino	1.49%	1.64%	1.68%	+0.04	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.94%	99.95%	99.93%	-0.02	NC
Spoken Language Preferred for Health Care—Non-English	0.03%	0.03%	0.04%	+0.01	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Spoken Language Preferred for Health Care—Unknown	0.03%	0.02%	0.02%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	99.94%	99.95%	99.93%	-0.02	NC
Language Preferred for Written Materials—Non-English	0.03%	0.03%	0.04%	+0.01	NC
Language Preferred for Written Materials—Unknown	0.03%	0.02%	0.02%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[5]					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total*	66.21	61.07	52.04	-9.03	★★★
Outpatient Visits—Total[3]	341.01	339.03	307.10	-31.93	NC
Inpatient Utilization—General Hospital/Acute Care—Total[3]					
Total Inpatient—Discharges per 1,000 Member Months—Total	6.54	6.26	5.34	-0.92	NC
Total Inpatient—Average Length of Stay—Total	3.79	3.98	3.80	-0.18	NC
Maternity—Discharges per 1,000 Member Months—Total	2.61	2.42	2.22	-0.20	NC

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Maternity—Average Length of Stay—Total	2.80	2.77	2.93	+0.16	NC
Surgery—Discharges per 1,000 Member Months—Total	1.95	1.81	1.65	-0.16	NC
Surgery—Average Length of Stay—Total	5.42	5.67	5.60	-0.07	NC
Medicine—Discharges per 1,000 Member Months—Total	2.66	2.65	2.08	-0.57	NC
Medicine—Average Length of Stay—Total	3.32	3.66	3.05	-0.61	NC
***Use of Opioids From Multiple Providers**,4**					
Multiple Prescribers	—	—	15.85%	NC	NC
Multiple Pharmacies	—	—	6.53%	NC	NC
Multiple Prescribers and Multiple Pharmacies	—	—	4.16%	NC	NC
***Use of Opioids at High Dosage**,4**					
Use of Opioids at High Dosage	—	—	3.81%	NC	NC
Risk of Continued Opioid Use*					
At Least 15 Days Covered—Total	—	—	13.07%	NC	NC
At Least 31 Days Covered—Total	—	—	5.72%	NC	NC
***Plan All-Cause Readmissions**,3**					
Index Total Stays—Observed Readmissions—Ages 18 to 44 Years	—	8.31%	8.21%	-0.10	★★★★★
Index Total Stays—Observed Readmissions—Ages 45 to 54 Years	—	12.21%	12.11%	-0.10	★★★★
Index Total Stays—Observed Readmissions—Ages 55 to 64 Years	—	12.89%	11.38%	-1.51	★★★★

Measure	HEDIS 2017	HEDIS 2018	HEDIS 2019	2018–2019 Comparison[1]	2019 Performance Level[2]
Index Total Stays—Observed Readmissions—Total	—	11.00%	10.35%	-0.65	★★★★★

[1]*HEDIS 2018 to HEDIS 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. 2018–2019 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2018–2019 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.*

[2]*2019 Performance Levels were based on comparisons of the HEDIS 2019 measure indicator rates to national Medicaid Quality Compass HEDIS 2018 benchmarks, with the exception of the Medications Management for People With Asthma—Medication Compliance 50%—Total and Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmark.*

[3]*Due to changes in the technical specifications for this measure, NCQA recommends trending between 2019 and prior years be considered with caution.*

[4]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2019 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.*

[5]*Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for 2019 or 2018–2019 Comparisons provided for these measures are for information purposes only.*

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

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

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

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

2019 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*

Introduction

This section presents the MHPs' performance summary stars for each measure within the following measure domains:

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

Performance ratings were assigned by comparing the MHPs' HEDIS 2019 rates to the HEDIS 2018 Quality Compass national Medicaid benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Please note, HSAG assigned performance ratings to only one measure in the Utilization measure domain, *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits*. Please refer to Appendix B for comparisons to national percentiles for *Plan All-Cause Readmissions*. Measures in the Health Plan Diversity domain and the remaining utilization-based measure rates were not evaluated based on comparisons to national benchmarks; however, rates for these measure indicators are presented in Appendix B. Due to changes in the technical specifications for *Controlling High Blood Pressure*, *Use of Opioids at High Dosage*, and *Use of Opioids From Multiple Providers* in HEDIS 2019, NCQA does not recommend comparing these measures' rates to national Medicaid benchmarks; therefore, these measures are not displayed in this appendix. Additional details about the performance comparisons and star ratings are found in Section 2.

Child & Adolescent Care Performance Summary Stars

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

MHP	Childhood Immunization Status— Combination 2	Childhood Immunization Status— Combination 3	Childhood Immunization Status— Combination 4	Childhood Immunization Status— Combination 5	Childhood Immunization Status— Combination 6	Childhood Immunization Status— Combination 7
AET	★	★	★	★	★	★
BCC	★★	★★	★★	★	★★	★
HAP	★	★	★	★	★	★
MCL	★★	★	★	★	★★	★
MER	★★	★★	★★	★★	★★★	★★
MOL	★★★	★★★	★★★	★★★	★★	★★★
PRI	★★★★	★★★★	★★★★	★★★★★	★★★★	★★★★★
THC	★	★	★	★	★	★
TRU	★	★	★	★	★	★
UNI	★★	★★	★★	★★	★★	★★
UPP	★★	★★	★★	★★	★★★	★★

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

MHP	Childhood Immunization Status—Combination 8	Childhood Immunization Status—Combination 9	Childhood Immunization Status—Combination 10	Well-Child Visits in the First 15 Months of Life—Six or More Visits	Lead Screening in Children	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
AET	★	★	★	★	★★★	★★
BCC	★★	★★	★★	★★★	★★★	★★★★
HAP	★	★	★	NA	★★	★
MCL	★★	★	★★	★★★	★★★★	★★
MER	★★★	★★	★★	★★★★★	★★★	★★★
MOL	★★	★★	★★	★★★	★★★	★★★
PRI	★★★★	★★★★	★★★★	★★★★★	★★★★	★★★
THC	★	★	★	★★★	★★	★★★
TRU	★	★	★	★	★★	★
UNI	★	★★	★★	★★	★★★	★★
UPP	★★★	★★★	★★★	★★★★★	★★★★	★★

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

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

MHP	Adolescent Well-Care Visits	Immunizations for Adolescents—Combination 1	Appropriate Treatment for Children With Upper Respiratory Infection	Appropriate Testing for Children With Pharyngitis	Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase
AET	★★	★★★★★	★★★	★	★	★
BCC	★★★	★★★	★★★	★★★	★★	★★
HAP	★	NA	★	NA	NA	NA
MCL	★★	★★★	★★	★★★★	★★★	★★★
MER	★★★	★★★★	★★	★★★	★★	★★
MOL	★★	★★★★★	★★	★★	★★★★	★★★★
PRI	★★★	★★★	★★★★	★★★	★	★
THC	★★★	★★★	★★★	★★	★★★★	★★★★
TRU	★	★	★★★★	NA	NB	NB
UNI	★★★	★★★	★★★	★★	★★	★★
UPP	★	★★★	★★★★	★★★	★★★	★★

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB indicates that the MHP did not offer the required benefit.

Women—Adult Care Performance Summary Stars

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

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

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

Access to Care Performance Summary Stars

Table C-5—Access to Care Performance Summary Stars (Table 1 of 2)

MHP	Children and Adolescents' Access to Primary Care Practitioners— Ages 12 to 24 Months	Children and Adolescents' Access to Primary Care Practitioners— Ages 25 Months to 6 Years	Children and Adolescents' Access to Primary Care Practitioners— Ages 7 to 11 Years	Children and Adolescents' Access to Primary Care Practitioners— Ages 12 to 19 Years	Adults' Access to Preventive/ Ambulatory Health Services—Ages 20 to 44 Years	Adults' Access to Preventive/ Ambulatory Health Services—Ages 45 to 64 Years
AET	★	★	★	★	★	★★
BCC	★★	★★	★★	★★	★★	★★
HAP	★	★	★	★	★★	★★★
MCL	★★	★★	★★	★★	★★	★★★
MER	★★★	★★★	★★★	★★★	★★★	★★★
MOL	★★	★★★	★★★	★★★	★★★	★★★
PRI	★	★	★	★	★★★	★★★
THC	★	★	★	★★	★★	★★
TRU	★	★	★	★	★	★
UNI	★★	★★★	★★★	★★★	★★★	★★★
UPP	★★★	★★★	★★	★★★	★★★	★★★

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

MHP	Adults' Access to Preventive/ Ambulatory Health Services— Ages 65+ Years	Adults' Access to Preventive/ Ambulatory Health Services—Total	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
AET	★★★	★★	★★★
BCC	★★	★★	★★★
HAP	★★★	★★★	★★★★
MCL	★★	★★	★★★
MER	★★★★★	★★★	★★★
MOL	★★★★★	★★★	★★★
PRI	★★★★★	★★★	★★★★
THC	★★	★★	★★
TRU	NA	★	★★
UNI	★★★★★	★★★	★★★
UPP	★★★★★	★★★★	★

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

Obesity Performance Summary Stars

Table C-7—Obesity Performance Summary Stars

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

Pregnancy Care Performance Summary Stars

Table C-8—Pregnancy Care Performance Summary Stars

MHP	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal and Postpartum Care—Postpartum Care
AET	★	★
BCC	★	★★
HAP	★	★
MCL	★★★	★★★
MER	★★	★★★★
MOL	★	★★★
PRI	★★	★★★★
THC	★	★
TRU	★	★
UNI	★★	★★
UPP	★★★★★	★★★★★

Living With Illness Performance Summary Stars

Table C-9—Living With Illness Performance Summary Stars (Table 1 of 4)

MHP	Comprehensive Diabetes Care—HbA1c Testing	Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)	Comprehensive Diabetes Care—HbA1c Control (<8.0%)	Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	Comprehensive Diabetes Care—Medical Attention for Nephropathy	Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)
AET	★	★★	★★★	★★	★★★	★
BCC	★★	★★	★	★★	★★	★
HAP	★	★★	★★	★★★	★★★★★	★★
MCL	★★★	★★	★★	★★★	★★★	★★★
MER	★★★	★★	★★	★★★★	★★★	★★★
MOL	★★	★★	★★	★★★	★★	★★
PRI	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★
THC	★★★	★★★	★★	★★	★★★	★★
TRU	★	★	★	★★	★	★
UNI	★★★★	★★★★★	★★★★★	★★★	★★★★★	★★★
UPP	★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★

Table C-10—Living With Illness Performance Summary Stars (Table 2 of 4)

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

[1]Indicates the HEDIS 2019 rates for this measure indicator were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS 2018 benchmarks.

Table C-11—Living With Illness Performance Summary Stars (Table 3 of 4)

MHP	Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies	Antidepressant Medication Management—Effective Acute Phase Treatment	Antidepressant Medication Management—Effective Continuation Phase Treatment	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Monitoring for People With Diabetes and Schizophrenia	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
AET	★★★★	★★★	★★	★★	★★	NA
BCC	★★★★	★★★	★★★	★★★★	★	NA
HAP	★★★★	★★★	★★★	★	★	NA
MCL	★★★	★★★	★★★	★★	★★★	★★★
MER	★★★	★★★	★★★	★★★★	★★★	★
MOL	★★★	★★★	★★★	★★★★	★★★	★★
PRI	★★★★	★★★★★	★★★★★	★★★★	★	NA
THC	★★★	★★★★★	★★★★★	★★★★★	★★	NA
TRU	★★★	NB	NB	★★★★★	NA	NA
UNI	★★★★	★★★	★★★	★★★★	★★★	★★★
UPP	★★★	★★★★	★★★★	★★★★★	★★★★★	NA

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB indicates that the MHP did not offer the required benefit.

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

MHP	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs	Annual Monitoring for Patients on Persistent Medications—Diuretics	Annual Monitoring for Patients on Persistent Medications—Total
AET	★★★	★	★	★
BCC	★★	★★	★	★★
HAP	★★★★	★	★	★
MCL	★★★★	★★	★★	★★
MER	★★★★	★	★	★
MOL	★★★	★★★	★★	★★★
PRI	★★★	★★★	★★★	★★★
THC	★★	★★	★★	★★
TRU	★★★★	★	★★	★★
UNI	★★★	★★★	★★★	★★★
UPP	★★★★★	★★★	★★★★	★★★

Utilization Performance Summary Stars

Table C-13—Utilization Performance Summary Stars[1]

MHP	Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total
AET	★
BCC	★★
HAP	★★
MCL	★★
MER	★★
MOL	★★
PRI	★★
THC	★★
TRU	★
UNI	★★
UPP	★★★

[1]*A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of ED services may indicate better utilization of services). Therefore, percentiles were reversed to align with performance (e.g., the 10th percentile [a lower rate] was inverted to become the 90th percentile, indicating better performance).*