

2020 Annual

# HEDIS/ CAHPS Report

**Comparative Analysis of Audited  
Results from TennCare MCOs**

Following the 2020 National Benchmark Release



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## Acknowledgements, Acronyms, and Initialisms<sup>1</sup>

AAB .....	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	APP .....	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
AAP .....	Adults' Access to Preventive/Ambulatory Health Services	ARB .....	Angiotensin Receptor Blocker
ABA .....	Adult BMI Assessment	ASF .....	Unhealthy Alcohol Use Screening and Follow-Up
ABX .....	Antibiotic Utilization	AWC .....	Adolescent Well-Care Visits
ACE .....	Angiotensin Converting Enzyme	BC .....	BlueCare Tennessee <sup>SM</sup> and BlueCare <sup>®</sup> , independent licensees of the BlueCross BlueShield Association
ACIP .....	Advisory Committee on Immunization Practices	BCE, BCM, BCW.....	BC referenced by operational region: East, Middle, or West
ADD .....	Follow-Up Care for Children Prescribed ADHD Medication	BCS .....	Breast Cancer Screening
ADHD .....	Attention-Deficit/Hyperactivity Disorder	BMI .....	Body Mass Index
AHRQ.....	Agency for Healthcare Research and Quality	BP .....	Blood Pressure
AG .....	Amerigroup Community Care, Inc., referred to as Amerigroup	BR .....	Biased Rate
AGE, AGM, AGW.....	AG referenced by operational region: East (E), Middle (M), or West (W)	CAHPS <sup>®</sup> .....	refers to the Consumer Assessment of Healthcare Providers and Systems, a registered trademark of AHRQ
AHRQ.....	Agency for Healthcare Research and Quality	CAP .....	Children and Adolescents' Access to Primary Care Practitioners
AIS.....	Adult Immunization Status	CBP .....	Controlling High Blood Pressure
AMB.....	Ambulatory Care	CCC.....	Children With Chronic Conditions
AMM.....	Antidepressant Medication Management	CCS.....	Cervical Cancer Screening
AMR .....	Asthma Medication Ratio	CDC.....	Comprehensive Diabetes Care
AOD.....	Alcohol or Other Drug	CHIP .....	Children's Health Insurance Plan
APC .....	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	CHL .....	Chlamydia Screening in Women
APM.....	Metabolic Monitoring for Children and Adolescents on Antipsychotics	CIS .....	Childhood Immunization Status
		CKBC .....	CoverKids BlueCare

<sup>1</sup> Other company and product names may be trademarks of the respective companies with which they are associated. The mention of such companies and product names is with due recognition and without intent to misappropriate such names or marks.

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**Acknowledgements, Acronyms, and Initialisms**

COL.....	Colorectal Cancer Screening	HDO .....	Use of Opioids at High Dosage
CPA.....	CAHPS Health Plan Survey 5.0H Adult Version	HEDIS®.....	a registered trademark of NCQA that refers to the the Healthcare Effectiveness Data and Information Set
CPC.....	CAHPS Health Plan Survey 5.0H Child Version	HepA .....	Hepatitis A Vaccine
COPD.....	Chronic Obstructive Pulmonary Disease	HepB .....	Hepatitis B Vaccine
COU .....	Risk of Continued Opioid Use	HiB.....	<i>Haemophilus influenzae</i> Type B Vaccine
CVD.....	Cardiovascular Disease	HPV .....	Human Papillomavirus Vaccine
CWP.....	Appropriate Testing for Pharyngitis	HrHPV .....	High-Risk Human Papillomavirus
DMARD .....	Disease-Modifying Anti-Rheumatic Drug	IAD .....	Identification of Alcohol and Other Drug Services
DMS .....	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	IHS .....	Index Hospital Stays
DRR.....	Depression Remission or Response for Adolescents and Adults	IET .....	Initiation and Engagement of AOD Abuse or Dependence Treatment
DSF .....	Depression Screening and Follow-Up for Adolescents and Adults	IMA .....	Immunizations for Adolescents
DTaP .....	Diphtheria, Tetanus, and Acellular Pertussis Vaccination	IP; IPU .....	Inpatient; IP Utilization – General Hospital/Acute Care
ECDS .....	Electronic Clinical Data Systems	IPV.....	Inactivated Polio Vaccine
ED .....	Emergency Department	LBP.....	Use of Imaging Studies for Low Back Pain
ENP/ENPA .....	Enrollment by Product Line/ENP Total	LDL-C.....	Low-Density Lipoprotein Cholesterol
Flu .....	Influenza	LoS.....	Length of Stay
FSP .....	Frequency of Selected Procedure	LSC .....	Lead Screening in Children
FUH.....	Follow-Up After Hospitalization for Mental Illness	LTSS .....	Long-Term Services and Supports
FUM.....	Follow-Up After ED Visit for Mental Illness	LTSS-CAU.....	Comprehensive Assessment and Update
FUA .....	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence	LTSS-CPU.....	Comprehensive Care Plan and Update
FUI.....	Follow-Up After High-Intensity Care for Substance Use Disorder	LTSS-RAC.....	Reassessment/Care Plan Update After Inpatient Discharge
FVA .....	Flu vaccinations for adults ages 18 to 64	LTSS-SCP.....	Shared Care Plan with Primary Care Practitioner
HbA1c.....	Hemoglobin A1c	MCO .....	Managed Care Organization
		MMA .....	Medication Management for People With Asthma



## Acknowledgements, Acronyms, and Initialisms

MMR.....	Measles, Mumps, and Rubella Vaccine	PRS .....	Prenatal Immunization Status
MPM.....	Annual Monitoring for Patients on Persistent Medications	Qsource® .....	a registered trademark
MPT.....	Mental Health Utilization	Quality Compass® .....	a registered trademark of NCQA, the comprehensive national database of health plans' HEDIS and CAHPS results
MSC .....	Medical Assistance With Smoking and Tobacco Use Cessation	R.....	Reportable
MY .....	Measurement Year	RV .....	Rotavirus Vaccination
NA .....	Not Applicable	SAA .....	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
NB .....	No Benefit	SMC .....	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
NCQA.....	National Committee for Quality Assurance	SMD .....	Diabetes Monitoring for People With Diabetes and Schizophrenia
NCQA HEDIS Compliance Audit™ .....	trademark of NCQA	SPC .....	Statin Therapy for Patients With Cardiovascular Disease
NCS.....	Non-Recommended Cervical Cancer Screening in Adolescent Females	SPD .....	Statin Therapy for Patients With Diabetes
NR .....	Not Reported	SPR .....	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
NQ.....	Not Required	SSD .....	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
OB-GYN .....	Obstetrician-Gynecologist	TennCare .....	Tennessee Division of TennCare
OD .....	Opioid Use Disorder	Td; Tdap.....	Tetanus, Diphtheria Toxoids Vaccine; Td and Acellular Pertussis Vaccine
PBH.....	Persistence of Beta-Blocker Treatment After a Heart Attack	TCS .....	TennCare <i>Select</i> , operating statewide and administered by BlueCare Tennessee
PCE .....	Pharmacotherapy Management of COPD Exacerbation	UHC.....	UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare
PCP .....	Primary Care Practitioner	UHCE, UHCM, UHCW .....	UHC referenced by operational region: East, Middle, or West
PCR.....	Plan All-Cause Readmissions	UN .....	Un-Audited
PCV .....	Pneumococcal Conjugate Vaccination	UOP.....	Use of Opioids From Multiple Providers
PDS.....	Postpartum Depression Screening and Follow-Up		
PMPY .....	Per Member Per Year		
PND.....	Prenatal Depression Screening and Follow-Up		
POD.....	Pharmacotherapy for Opioid Use Disorder		
PPC .....	Prenatal and Postpartum Care		

**Acknowledgements, Acronyms, and Initialisms**

URI ..... Upper Respiratory Infection, and the measure:  
Appropriate Treatment for URI  
VZV ..... Chicken Pox/Varicella Zoster Vaccination

W15 ..... Well-Child Visits in the First 15 Months of Life  
W34 ..... Well-Child Visits in the Third, Fourth, Fifth,  
and Sixth Years of Life  
WCC ..... Weight Assessment and Counseling for Nutrition  
and Physical Activity for Children/Adolescents

## Preface

This report presents data in accordance with National Committee for Quality Assurance (NCQA) reporting guidelines for HEDIS 2020. NCQA's memorandum dated April 2, 2020, allowed Commercial and Medicaid health plans to report hybrid measure results from measurement year (MY) 2019 or MY2018 due to COVID-19. Under these circumstances, HEDIS 2020 hybrid measure results may be the same as HEDIS 2019 measure results, and hybrid rates for MCOs should be compared with caution. National benchmarks for hybrid rates should also be compared with caution. Please refer to [Table D.2](#) for details on which measures reported MY2019 or MY2018 data for HEDIS 2020.

*Notes:*

*HEDIS 2020: Reflects data collected between January 1, 2019 and December 31, 2019.*

*HEDIS 2019: Reflects data collected between January 1, 2018 and December 31, 2018.*

## Executive Summary

Medicaid managed care organizations (MCOs) are required to report a full Healthcare Effectiveness Data and Information Set (HEDIS) as a part of the accreditation mandates in Tennessee. The HEDIS requirement is an integral part of the accreditation process of the National Committee for Quality Assurance (NCQA). In 2006, Tennessee became the first state in the nation requiring all MCOs to become accredited by NCQA, an independent, not-for-profit organization that assesses and scores MCO performance on important dimensions of care and service in a broad range of health issues.

More than 90% of health plans in America use the HEDIS tool because its standardized measures of MCO performance allow comparisons to national averages and benchmarks as well as between a state's MCOs, and over time. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) set of standardized surveys is included in HEDIS to measure members' satisfaction with their care. This *2020 HEDIS/CAHPS Report* summarizes the results for the MCOs contracting with the Division of TennCare (TennCare), the Medicaid program in Tennessee.

For HEDIS 2020, NCQA allowed Medicaid plans to report their audited HEDIS 2019 hybrid rate rather than their HEDIS 2020 hybrid rate to reduce chart retrieval during the COVID-19 pandemic. For an overview of the performance of TennCare's MCOs, the [Statewide Performance](#) section provides a calculated

weighted average of the scores of all those reporting. MCO-specific measures are presented in the [Individual Plan Performance](#) section for cross-comparison with color coding for state benchmark comparison where available/applicable. Weighted average performances of Tennessee's MCOs since 2016 on certain measures are presented in the [HEDIS Trending](#) section. The HEDIS and CAHPS results for Tennessee's Children's Health Insurance Plan (CHIP), CoverKids, are reported separately in a similar format in [CHIP HEDIS/CAHPS Results](#).

[Appendix A](#) contains a comprehensive table of plan-specific results for HEDIS 2020 Utilization Measures. The tables in [Appendix B](#) reveal populations reported by MCOs in member months by age and sex for HEDIS 2020. [Appendix C](#) includes plan-specific results for Measures Collected Using Electronic Clinical Data Systems (ECDS) and Long-Term Services and Supports (LTSS) measures. [Appendix D](#) presents the reporting options for each measure, whether administrative, hybrid, or both, as well as a table that presents the measurement years MCOs used for HEDIS 2020 hybrid measures. [Appendix E](#) offers additional utilization and risk-adjusted utilization measures and descriptive health plan information for the CHIP, including population in member months.

## Background

### HEDIS Measures—Domains of Care

HEDIS is an important tool designed to ensure the public has the information needed to reliably compare the performance of managed healthcare plans. Standardized methodologies incorporating statistically valid samples of members ensure the integrity of measure reporting and help purchasers make more reliable, relevant comparisons between health plans. HEDIS measures are subject to a NCQA HEDIS Compliance Audit that must be conducted by an NCQA-certified HEDIS Compliance Auditor under the auspices of an NCQA-licensed organization. This ensures the integrity of the HEDIS collection and calculation process at each MCO through an overall information systems capabilities assessment, followed by an evaluation of the ability to comply with HEDIS specifications.

HEDIS 2020 assesses care across health systems, access to and satisfaction with healthcare services, and specific utilization through a total of 96 measures (Commercial, Medicare and Medicaid) across six domains of care:

- ◆ Effectiveness of Care
- ◆ Access/Availability of Care
- ◆ Utilization and Risk-Adjusted Utilization
- ◆ Experience of Care (CAHPS Survey Results)
- ◆ Health Plan Descriptive Information
- ◆ Measures Collected Using Electronic Clinical Data Systems (ECDS)

The following brief descriptions of selected HEDIS measures were extracted from NCQA’s *HEDIS 2020 Volume 2: Technical Specifications*, which includes additional information related to each measure. The measures presented in this report reflect data submitted from the following domains of care: Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Risk-Adjusted Utilization, Health Plan Descriptive Information, and ECDS. Additional LTSS measures are also included. Per NCQA, Annual Monitoring for Patients on Persistent Medications (MPM), Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC), and Standardized Healthcare-Associated Infection Ratio (HAI) were retired for HEDIS 2020.

### Effectiveness of Care Measures

The measures in the Effectiveness of Care domain assess the quality of clinical care delivered within an MCO. They address how well the MCO delivers widely accepted preventive services and recommended screening for common diseases.

The domain also includes some measures for overuse and patient safety and addresses four major aspects of clinical care:

1. How well the MCO delivers preventive services and keeps members healthy
2. Whether members are offered the most up-to-date treatments for acute episodes of illness and get better

3. How well the MCO delivers care and assistance with coping to members with chronic diseases
4. Whether members can get appropriate tests

Effectiveness of Care measures are grouped into more specific clinical categories, which may change slightly year to year:

- ◆ Prevention and Screening
- ◆ Respiratory Conditions
- ◆ Cardiovascular Conditions
- ◆ Diabetes
- ◆ Behavioral Health
- ◆ Medication Management and Care Coordination
- ◆ Overuse/Appropriateness
- ◆ Measures collected by the CAHPS Health Plan Survey

*Note: Only clinical categories with Medicaid measures are noted here.*

Only certain measures from these categories are presented in this report, which does not include the additional category in this domain specific to Medicare. For some measures, eligible members cannot have more than one gap in continuous enrollment of up to 45 days during the measurement year (MY) and members in hospice (General Guideline 20) are excluded.

### **Prevention and Screening**

Immunization measures follow guidelines for immunizations from the Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (ACIP). HEDIS implements changes (e.g., new recommendations) after three years, to account for the measures' look-back period and to allow the industry time to adapt to new guidelines.

### **Adult BMI Assessment (ABA)**

ABA measures the percentage of members 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the MY or the year prior to the MY.

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

WCC measures the percentage of members 3 to 17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician-gynecologist (OB-GYN) and who had evidence of three indicators: BMI percentile documentation, and counseling for nutrition and physical activity during the MY.

*Note: Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

For WCC, a total rate and two age stratifications are reported for each indicator:

- ◆ 3–11 years
- ◆ 12–17 years

### **Childhood Immunization Status (CIS)**

CIS assesses the percentage of children who became two years of age during the MY and who had four diphtheria, tetanus, and acellular pertussis vaccines (DTaP); three inactivated polio vaccines (IPV); one measles, mumps, and rubella vaccine (MMR); three *Haemophilus influenzae* type B vaccines (HiB); three hepatitis B (HepB) vaccines; one chicken pox/varicella zoster vaccine (VZV); four pneumococcal conjugate vaccines (PCV); one hepatitis A (HepA) vaccine; two or three rotavirus vaccines (RV); and two influenza vaccines (Flu). MMR, VZV, and HepA should

have been administered on or between the child's first and second birthdays; the remaining, on/before 2 years of age.

The measure calculates a rate for each vaccine and nine separate combination rates numbered 2 to 10, as shown in **Table CIS**.

**Table CIS. Combination Vaccinations for Childhood Immunization Status (CIS)**

#	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Flu
2	✓	✓	✓	✓	✓	✓				
3	✓	✓	✓	✓	✓	✓	✓			
4	✓	✓	✓	✓	✓	✓	✓	✓		
5	✓	✓	✓	✓	✓	✓	✓		✓	
6	✓	✓	✓	✓	✓	✓	✓			✓
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	✓	✓		✓
9	✓	✓	✓	✓	✓	✓	✓		✓	✓
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*Note: CIS follows the Centers for Disease Control and Prevention and ACIP guidelines for immunizations.*

### Immunizations for Adolescents (IMA)

IMA measures the percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine and one dose of tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates: meningococcal and Tdap/Td; and meningococcal, Tdap/Td and HPV.

### Lead Screening in Children (LSC)

LSC assesses the percentage of children who were 2 years of age during the MY and had one or more capillary or venous lead blood tests for lead poisoning on or before the second birthday. Both the date the test was performed and the result/finding must be documented in the medical record.

### Breast Cancer Screening (BCS)

BCS measures the percentage of female members 50 to 74 years of age during the MY who had a mammogram to screen for breast cancer on or between October 1 two years prior to the MY, and through December 31 of the MY.

### Cervical Cancer Screening (CCS)

CCS measures the percentage of women 21 to 64 years of age during the MY who were screened for cervical cancer using either of the following criteria:

- ◆ Women age 21–64 who had cervical cytology performed within the last three years
- ◆ Women age 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- ◆ Women age 30–64 who had cervical cytology/hrHPV co-testing performed within the last five years

### Chlamydia Screening in Women (CHL)

CHL assesses the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one

test for chlamydia during the MY. This measure calculates a total rate as well as two age stratifications:

- ◆ Women age 16–20
- ◆ Women age 21–24

## **Respiratory Conditions**

### Appropriate Testing for Pharyngitis (CWP)

CWP measures the percentage of episodes for members ages 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode that occurred during the intake period between July 1 of the year prior to the MY and June 30 of the MY. A higher rate represents better performance (i.e., appropriate testing).

### Use of Spirometry Testing in the Assessment and

#### Diagnosis of COPD (SPR)

SPR reports the percentage of members 40 years of age and older with a new diagnosis during the intake period or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis. The first COPD diagnosis must have occurred during the intake period between July 1 of the year prior to the MY and June 30 of the MY.

### Pharmacotherapy Management of COPD Exacerbation (PCE)

PCE assesses the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient (IP) discharge or emergency department (ED) visit on or

between January 1 and November 30 of the MY and who were dispensed appropriate medications. Two rates are reported:

- ◆ Dispensed a systemic corticosteroid (or evidence of an active prescription) within 14 days of the event
- ◆ Dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event

*Note: The eligible population for this measure is based on acute IP discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.*

### Medication Management for People With Asthma (MMA)

MMA records the percentage of members 5 to 64 years of age during the MY who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

Two rates are reported for the percentage of members who remained on an asthma controller medication:

- ◆ For at least 50% of their treatment period
- ◆ For at least 75% of their treatment period

For MMA, a total rate and four age stratifications are reported:

- ◆ 5–11 years
- ◆ 12–18 years
- ◆ 19–50 years
- ◆ 51–64 years

### Asthma Medication Ratio (AMR)

AMR assesses the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY. This measure calculates a total rate as well as four age stratifications:



- ◆ 5–11 years
- ◆ 12–18 years
- ◆ 19–50 years
- ◆ 51–64 years

## Cardiovascular Conditions

### Controlling High Blood Pressure (CBP)

CBP reports the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the MY.

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

PBH measures the percentage of members 18 years of age and older during the MY who were hospitalized and discharged from July 1 of the year prior to the MY to June 30 of the MY with a diagnosis of acute myocardial infarction and who received persistent beta-blocker treatment for six months (at least 135 days of treatment within 180-day interval) after discharge.

### Statin Therapy for Patients With Cardiovascular Disease (SPC)

SPC reports the percentage of members identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria:

- ◆ *Received Statin Therapy*—Members who were dispensed at least one high- or moderate-intensity statin medication during the MY
- ◆ *Statin Adherence 80%*—Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period

For SPC, a total rate and two stratifications of gender and age (as of December 31 of the MY) are reported:

- ◆ Males 21–75 years
- ◆ Females 40–75 years

## Diabetes

### Comprehensive Diabetes Care (CDC)

The CDC composite of seven rates measures an MCO's performance on clinical management in aspects of diabetic care through the percentage of a single sample of diabetic members (type 1 and type 2) 18 to 75 years of age who met the criteria by having the following during the MY:

- ◆ Hemoglobin A1c (HbA1c) blood test
- ◆ Poorly controlled diabetes (HbA1c >9.0%)  
*Note: a lower rate indicates better performance (i.e., low rates of poor control indicate better care)*
- ◆ Controlled diabetes (most recent HbA1c <8.0%)
- ◆ Controlled diabetes (most recent HbA1c <7.0%) for a selected population\*
- ◆ Eye exam (retinal)
- ◆ Medical attention for nephropathy
- ◆ Controlled blood pressure (<140/90 mm Hg)

\* Additional exclusion criteria are required for this indicator that will result in a different eligible population from all other indicators. This indicator is only reported for the commercial and Medicaid product lines.

### Statin Therapy for Patients With Diabetes (SPD)

SPD reports the percentage of members 40 to 75 years of age with diabetes during the MY who do not have ASCVD and met the following criteria reported as two rates:

- ◆ *Received Statin Therapy*—Members who were dispensed at least one statin medication of any intensity during the MY
- ◆ *Statin Adherence 80%*—Members who remained on a statin medication of any intensity for at least 80% of the treatment period

## Behavioral Health

### Antidepressant Medication Management (AMM)

AMM measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- ◆ *Effective Acute Phase Treatment*—The percentage who remained on medication for at least 84 days (12 weeks)
- ◆ *Effective Continuation Phase Treatment*—The percentage who remained on medication for at least 180 days (6 months)

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

ADD assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of these visits must have been within 30 days of the earliest ambulatory prescription dispensed for ADHD medication, at which time the member must have been 6 to 12 years of age. Two rates are reported:

- ◆ *Initiation Phase*—The percentage who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase
- ◆ *Continuation and Maintenance Phase*—The percentage who remained on the medication for at least 210 days and who, in addition to the Initiation Phase follow-up, had at least two follow-up visits with a practitioner within 270 days (nine months) of the end of the Initiation Phase

### Follow-Up After Hospitalization for Mental Illness (FUH)

FUH examines continuity of care for mental illness through the percentage of discharges for members 6 years of age and older who were hospitalized for selected mental illness diagnoses or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported as the percentage of discharges for which the member received follow-up within the following:

- ◆ 7 days of discharge
- ◆ 30 days of discharge

This measure is reported as a total rate as well as three age stratifications:

- ◆ 6–17 years
- ◆ 18–64 years
- ◆ 65 years and older

*Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.*

### Follow-Up After Emergency Department Visit for Mental Illness (FUM)

FUM is the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or

intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported as the percentage of ED visits for which the member received follow-up within the following:

- ◆ 7 days of ED visit
- ◆ 30 days of ED visit

This measure is reported as a total rate as well as three age stratifications:

- ◆ 6–17 years
- ◆ 18–64 years
- ◆ 65 years and older

*Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.*

### Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

FUI is the percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported as the percentage of high-intensity care visits or discharges in which the member received follow-up within the following:

- ◆ 7 days of visit
- ◆ 30 days of visit

This measure is reported as a total rate as well as three age stratifications:

- ◆ 13–17 years
- ◆ 18–64 years
- ◆ 65 years and older

*Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.*

### Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

FUA is the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD. Two rates are reported as the percentage of ED visits for which the member received follow-up within the following:

- ◆ 7 days of ED visit
- ◆ 30 days of ED visit

For FUA, a total rate and two age stratifications are reported:

- ◆ 13–17 years
- ◆ 18 years and older

### Pharmacotherapy for Opioid Use Disorder (POD)

POD is the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days for members ages 16 years and older with a diagnosis of OUD. The measure is reported as a total rate as well as two age stratifications:

- ◆ 16–64 years
- ◆ 65 years and older

*Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.*

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

SSD measures the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.

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

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

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

SMC reports the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder, and CVD who had an LDL-C test during the MY.

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

SAA assesses the percentage of members with schizophrenia or schizoaffective disorder who were 18 years and older during the MY who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

### Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

APM measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported as the percentage of children and adolescents who received the following:

- ◆ Blood glucose testing
- ◆ Cholesterol testing

- ◆ Blood glucose *and* cholesterol testing

The measure calculates a total rate as well as two age stratifications:

- ◆ 1–11 years
- ◆ 12–17 years

### Overuse/Appropriateness Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

NCS records the percentage of adolescent females 16 to 20 years of age who were screened unnecessarily for cervical cancer.

*Note: A lower rate indicates better performance.*

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

URI measures the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic prescription. This measure is reported as an inverted rate [ $1 - (\text{numerator} / \text{eligible population})$ ], with a higher rate indicating appropriate treatment with URI (i.e., the proportion of episodes that did not result in an antibiotics dispensing event).

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

AAB reports the percentage of episodes for members 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic prescription. This measure is reported as an inverted rate [ $1 - (\text{numerator} / \text{eligible population})$ ], with a higher rate indicating appropriate treatment of acute

bronchitis/bronchiolitis (i.e., the proportion of episodes that did not result in an antibiotics dispensing event).

### Use of Imaging Studies for Low Back Pain (LBP)

LBP assesses the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This measure is reported as an inverted rate [ $1 - (\text{numerator} / \text{eligible population})$ ], with a higher rate indicating an appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

### Use of Opioids at High Dosage (HDO)

The proportion of members 18 years and older who received prescription opioids for  $\geq 15$  days during the MY at a high dosage (average morphine milligram equivalent dose [MME]  $\geq 90$  mg).

*Note: A lower rate indicates better performance.*

### Use of Opioids from Multiple Providers (UOP)

For members 18 and older, the proportion receiving prescription opioids for  $\geq 15$  days from four or more different prescribers and/or pharmacies during the MY. Three rates are reported:

- ◆ Multiple Prescribers
- ◆ Multiple Pharmacies
- ◆ Multiple Prescribers and Multiple Pharmacies

*Note: A lower rate indicates better performance for all three rates.*

### Risk of Continued Opioid Use (COU)

COU is the percentage of members 18 years of age and older who had a new episode of opioid use that put them at risk of

continued opioid use. Two rates are reported by length of opioid use:

- ◆  $\geq 15$  days/30-day period
- ◆  $\geq 31$  days/62-day period

*Note: For this measure, a lower rate indicates better performance. Rates for adults  $\geq 65$  years are Medicare provisions excluded in this report along with the total rate, which includes this age group.*

## **Measures Collected Through CAHPS Health Plan Survey**

### Flu vaccinations for adults ages 18 to 64 (FVA)

FVA reports the percentage of members 18 to 64 years of age who received a flu vaccination between July 1 of the MY and the date when the CAHPS Health Plan Survey 5.0H Adult Version (CPA) was completed.

### Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

This measure's collection methodology arrives at a rolling average that represents the percentage of members 18 years of age and older who were current smokers or tobacco users seen during the MY. MSC assesses the following facets of providing medical assistance with smoking and tobacco use cessation:

- ◆ *Advising Smokers and Tobacco Users to Quit*—Those who received advice to quit
- ◆ *Discussing Cessation Medications*—Those for whom cessation medications were recommended or discussed
- ◆ *Discussing Cessation Strategies*—Those for whom cessation methods or strategies were provided or discussed

**Percentage of Current Smokers** is not a HEDIS performance measure, but provides additional information to support analysis of other MSC data. The MCOs started reporting these data in 2015 in CAHPS results; subsequently, the rates have been added to this report.

## Access/Availability of Care Measures

The measures in the Access/Availability of Care domain evaluate how members access important and basic services of their MCO. Included are measures of overall access, how many members are actually using basic MCO services, and the use and availability of specific services.

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

This measures the percentage of members 20 years and older who had an ambulatory or preventive care visit during the MY to assess whether adult members have access to/receive such services. MCOs report a total rate and three age stratifications:

- ◆ 20–44 years
- ◆ 45–64 years
- ◆ ≥ 65 years

*Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.*

### Children and Adolescents' Access to Primary Care Practitioners (CAP)

CAP assesses general access to care for children and adolescents through the percentage of members 12 months to 6 years of age who had a visit with a PCP (e.g., pediatrician, family physician)

during the MY, and members 7 to 19 years of age who had a visit with a PCP during the MY or the year prior. MCOs report four separate percentages:

- ◆ 12–24 months
- ◆ 25 months – 6 years
- ◆ 7–11 years
- ◆ 12–19 years

### Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

IET assesses the percentage of adolescent and adult members aged 13 years and older who had a new episode of AOD abuse or dependence and received the following:

- ◆ *Initiation of AOD Treatment*—Initial treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis.
- ◆ *Engagement of AOD Treatment*—Initial treatment as well as ongoing treatment (i.e., at least one engagement medication treatment event or at least two engagement visits) within 34 days of the initiation visit.

MCOs report a total rate and two age stratifications for each:

- ◆ 13–17 years
- ◆ ≥ 18 years

### Prenatal and Postpartum Care (PPC)

PPC measures the percentage of live birth deliveries on or between October 8 of the year prior to the MY and October 7 of the MY. For these women, the composite assesses the percentage of deliveries where members received the following:

- ◆ *Timeliness of Prenatal Care*—A prenatal care visit in the first trimester on or before the MCO enrollment start date or within 42 days of enrollment.
- ◆ *Postpartum Care*—A postpartum visit on or between 7 and 84 days after delivery.

### Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

APP measures the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. MCOs report a total rate and two age stratifications:

- ◆ 1–11 years
- ◆ 12–17 years

## Utilization and Risk-Adjusted Utilization

This domain consists of utilization measures designed to capture the frequency of certain services provided for MCOs' internal evaluation only; NCQA does not view higher or lower service counts as indicating better or worse performance.

**Utilization** includes two kinds of measures:

- ◆ Measures that express rates of service in per 1,000 member years/months (defined/reported in Appendix A)
- ◆ Measures as percentages of members receiving specified services (similar to Effectiveness of Care Domain, defined in this section with data in the Results tables)

### Well-Child Visits in the First 15 Months of Life (W15)

W15 assesses the percentage of members who turned 15 months old during the MY and who had the following number of well-child visits with a PCP during their first 15 months of life: zero, one, two, three, four, five, or six or more. This measure uses the same structure and calculation guidelines as those in the [Effectiveness of Care](#) domain.

### Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

W34 reports the percentage of members who were 3 to 6 years of age who had one or more well-child visits with a PCP during the MY. This measure uses the same structure and calculation guidelines as those in the [Effectiveness of Care](#) domain.

### Adolescent Well-Care Visits (AWC)

AWC assesses the percentage of enrolled members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB-GYN practitioner during the MY. This measure uses the same structure and calculation guidelines as those in the [Effectiveness of Care](#) domain.

**Risk-Adjusted Utilization** measures are for commercial or Medicare lines, except for the following measure:

### Plan All-Cause Readmissions (PCR)

For members 18 years of age and older, PCR reports the number of acute inpatient and observation stays during the MY that were followed by an unplanned acute readmission for any diagnosis

within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

- ◆ Count of Index Hospital Stays (IHS) (denominator)
- ◆ Count of Observed 30-Day Readmissions (numerator)
- ◆ Count of Expected 30-Day Readmissions

This measure instructs organizations to categorize Medicare members by SES stratifications.

## Experience of Care

For a plan's results in this domain to be considered reliable, the Medicaid MCO must follow one of the standard CAHPS protocols or an enhanced protocol approved by NCQA. Details regarding this calculation methodology and the questions used in each composite are included in *HEDIS 2020, Volume 3: Specifications for Survey Measures*.

### CAHPS Health Plan Survey 5.0H Adult Version (CPA) and 5.0H Child Version (CPC)

The CPA and CPC are tools for measuring consumer healthcare satisfaction with the quality of care and customer service provided by their MCOs. These survey tools include four composites asked of members (CPA) or parents of child members (CPC):

- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ Customer Service
- ◆ How Well Doctors Communicate

Each composite category represents an overall aspect of plan quality, how well the MCO meets members' expectations.

There are four global rating questions that use a 0–10 scale to assess overall experience:

- ◆ Rating of All Health Care
- ◆ Rating of Personal Doctor
- ◆ Rating of Specialist Seen Most Often
- ◆ Rating of Health Plan

For these scaled responses, a zero represents the 'worst possible' and 10 represents the 'best possible' healthcare received in the last six months. Summary rates represent the percentage of members who responded with a 9 or 10. Additional questions use the same calculations. For any given CPA and CPC question used in a composite, the percentage of respondents answering in a certain way is calculated for each MCO. Summary rates represent the percentage of members who responded in the most positive way, as defined by NCQA. The following descriptions provide a brief explanation of the five composite categories.

#### Getting Needed Care

The Getting Needed Care Composite measures the ease with which members were able to access care, tests, or treatments needed in the last 6 months. The summary rate represents the percentage of members who responded 'Always' or 'Usually' to specified questions.

#### Getting Care Quickly

The Getting Care Quickly Composite measures the ease with which members were able to access care quickly, including



getting appointments as soon as needed, in the last 6 months. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

### How Well Doctors Communicate

The How Well Doctors Communicate Composite evaluates provider-patient communications for the last 6 months by asking members how often their personal doctor listens carefully, explains things in a way to easily understand, shows respect for what they have to say and spends enough time with them. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

### Customer Service

The Customer Service Composite measures how often members were able to get information and help from an MCO and how well they were treated by the MCO’s customer service in the last 6 months. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

### **Children With Chronic Conditions (CCC)**

The CAHPS Consortium decided in 2002 to integrate a new set of items in the 3.0H version of the CAHPS Health Plan Survey child questionnaires (now 5.0H) to better address the needs of children with chronic conditions, commonly referred to as children with special healthcare needs. CCC is designed for children with a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that generally required by children.

Three composites summarize parents’ satisfaction with basic components of care essential for successful treatment, management and support of children with chronic conditions:

- ◆ Access to Specialized Services
- ◆ Family Centered Care: Personal Doctor Who Knows Child
- ◆ Coordination of Care for CCC

Summary rates are reported for each composite and are reported individually for two concepts:

- ◆ Access to Prescription Medicines
- ◆ Family Centered Care: Getting Needed Information

As of 2020, NCQA no longer produces general population results for the CCC population, and no longer produces CCC results for the general population.

## Health Plan Descriptive Information Measures

These measures help describe an MCO’s structure, staffing and enrollment—factors that contribute to its ability to provide effective healthcare to Medicaid members.

### Enrollment by Product Line (ENP)

ENP reports the total number of members enrolled in the product line, stratified by age and gender (for the MCOs, reported as ENPA [ENP Total] Medicaid). These results are included in [Appendix B](#) as population in member months by MCO and Tennessee Grand Region served.

## Measures Collected Using Electronic Clinical Data Systems (ECDS)

This domain requires automated and accessible data by the healthcare team at the point of care, data shared between clinicians and health plans to promote quality improvement across the care continuum. To qualify for HEDIS ECDS reporting, the data must use standard layouts, meet the measure specification requirements and the information must be accessible by the care team responsible for the member's healthcare needs.

NCQA does not require these measures to be reported. **BC** and **TCS** reported results, which are presented in [Appendix C](#). For HPA results, see [Appendix E](#).

### Breast Cancer Screening (BCS-E)

BCS-E measures the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer during the MY.

### Colorectal Cancer Screening (COL-E)

COL-E measures the percentage of members 50–75 years of age who had appropriate screening for colorectal cancer during the MY.

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

ADD-E measures the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication

who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- ◆ *Initiation Phase*—The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- ◆ *Continuation and Maintenance (C&M) Phase*—The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days after the Initiation Phase ended.

### Depression Screening and Follow-Up for Adolescents and Adults (DSF)

DSF measures the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Two rates are reported:

- ◆ *Depression Screening*—The percentage of members who were screened for clinical depression using a standardized instrument.
- ◆ *Follow-Up on Positive Screen*—The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

### Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)

DMS measures the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. Four rates are reported:

- ◆ *Assessment Period 1*—January 1–April 30
- ◆ *Assessment Period 2*—May 1–August 31
- ◆ *Assessment Period 3*—September 1–December 1
- ◆ *Total*

### Depression Remission or Response for Adolescents and Adults (DRR)

DRR measures the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score. Three rates are reported:

- ◆ *Follow-Up PHQ-9*—The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
- ◆ *Depression Remission*—The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
- ◆ *Depression Response*—The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

### Unhealthy Alcohol Use Screening and Follow-Up (ASF)

ASF measures the percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care. Two rates are reported:

- ◆ *Unhealthy Alcohol Use Screening*—The percentage of members who had a systematic screening for unhealthy alcohol use.
- ◆ *Alcohol Counseling or Other Follow-Up Care*—The percentage of members receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.

### Adult Immunization Status (AIS)

AIS measures the percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, and pneumococcal. MCOs reported four rates:

- ◆ Influenza
- ◆ Td or Tdap
- ◆ Zoster
- ◆ Composite

### Prenatal Immunization Status (PRS)

PRS reports the percentage of deliveries in the MY in which women had received influenza and Tdap vaccinations. Three rates are reported:

- ◆ Influenza
- ◆ Tdap
- ◆ Combination—*influenza and Tdap*

### Prenatal Depression Screening and Follow-Up (PND)

PND assesses the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported:

- ◆ *Depression Screening:* The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- ◆ *Follow-Up on Positive Screen:* The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.

### Postpartum Depression Screening and Follow-Up (PDS)

PDS measures the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported.

- ◆ *Depression Screening:* The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- ◆ *Follow-Up on Positive Screen:* The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.

## Long-Term Services and Supports (LTSS) Measures

Starting in 2020, TennCare required MCOs to submit statewide LTSS measure results, which are presented in this report in [Appendix C](#). HEDIS LTSS measures are currently not audited.

### Comprehensive Assessment and Update (LTSS-CAU)

LTSS-CAU measures the percentage of LTSS organization members 18 years of age and older who have documentation of a comprehensive LTSS assessment in a specified timeframe that includes documentation of core elements. Two rates are reported:

- ◆ *Assessment of Core Elements*—Members who had a comprehensive LTSS assessment with 9 core elements documented within 90 days of enrollment (for new members) or during the MY (for established members).
- ◆ *Assessment of Supplemental Elements*—Members who had a comprehensive LTSS assessment with 9 core elements and at least 12 supplemental elements documented within 90 days of enrollment (for new members) or during the MY (for established members).

### Comprehensive Care Plan and Update (LTSS-CPU)

LTSS-CPU measures the percentage of LTSS organization members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified time frame that includes core elements. Two rates are reported:

- ◆ *Care Plan With Core Elements Documented*—Members who had a comprehensive LTSS care plan with 9 core

elements documented within 120 days of enrollment (for new members) or during the MY (for established members).

- ◆ *Care Plan With Supplemental Elements Documented*—Members who had a comprehensive LTSS care plan with 9 core elements and at least 4 supplemental elements documented within 120 days of enrollment (for new members) or during the MY (for established members).

### Reassessment/Care Plan Update After Inpatient Discharge (LTSS-RAC)

LTSS-RAC measures the percentage of discharges from inpatient facilities for LTSS organization members 18 years of age and older for whom a reassessment and care plan update occurred within 30 days of discharge. Two rates are reported:

- ◆ *Reassessment After Inpatient Discharge*—The percentage of discharges from inpatient facilities resulting in an LTSS reassessment within 30 days of discharge.
- ◆ *Reassessment and Care Plan Update After Inpatient Discharge*—The percentage of discharges from inpatient facilities resulting in a LTSS reassessment and care plan update within 30 days of discharge.

### Shared Care Plan With Primary Care Practitioner (LTSS-SCP)

LTSS-SCP measures the percentage of LTSS organization members ages 18 years and older with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the member within 30 days of its development.

## Medicaid Results

### Statewide Performance

In conjunction with NCQA accreditation, TennCare MCOs are required to submit a full set of audited HEDIS measures to NCQA and TennCare each year. For HEDIS 2020, this included the statewide MCO *TennCareSelect* (**TCS**), and three statewide MCOs operating in each respective Grand Region (East, Middle and West): Amerigroup Community Care, Inc., as Amerigroup (**AG—AGE, AGM, and AGW**); BlueCare Tennessee (**BC—BCE, BCM, and BCW**); and UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare (**UHC—UHCE, UHCM, and UHCW**).

[Tables 1.a, 1.b, 2, and 3](#) summarize the weighted average TennCare score for each of the selected HEDIS 2019 and HEDIS 2020 measures. Weighted state rates are determined by applying the size of the eligible population within each plan to overall results. Using this methodology, plan-specific findings

contribute to the TennCare statewide estimate, proportionate to eligible population size.

In [Tables 1.a, 1.b, 2, and 3](#), the column titled ‘Change 2019 to 2020’ indicates whether there was an improvement (↑), a decline (↓), or no change (↔) in statewide performance from HEDIS 2019 to HEDIS 2020 when measure data are available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported.

Each year, some measures’ technical specifications change. Based on whether the changes are significant or minor, the measures may need to be trended with caution or may not be able to be trended. This version of the *2020 HEDIS/CAHPS Report* was prepared following the release of the 2020 NCQA National Benchmarks, although certain protected data were not included so that the report may be shared publicly.

Table 1.a. HEDIS 2020 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Prevention and Screening</b>			
<b>Adult BMI Assessment (ABA)</b>	92.65%	94.08%	↑
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):</b>			
BMI Percentile: 3–11 Years	81.12%	81.53%	↑
12–17 Years	77.76%	78.67%	↑
<b>Total</b>	<b>79.95%</b>	<b>80.51%</b>	↑
Counseling for Nutrition: 3–11 Years	72.69%	72.43%	↓
12–17 Years	66.09%	67.63%	↑
<b>Total</b>	<b>70.38%</b>	<b>70.68%</b>	↑
Counseling for Physical Activity: 3–11 Years	64.59%	66.18%	↑
12–17 Years	66.78%	67.89%	↑
<b>Total</b>	<b>65.35%</b>	<b>66.74%</b>	↑
<b>Childhood Immunization Status (CIS):</b>			
DTaP/DT	76.90%	76.70%	↓
IPV	92.02%	91.37%	↓
MMR	88.99%	88.90%	↓
HiB	89.03%	88.30%	↓
HepB	93.21%	91.62%	↓
VZV	88.99%	88.86%	↓
PCV	79.47%	78.90%	↓
HepA	88.69%	88.07%	↓
RV	74.85%	74.48%	↓
Influenza	43.12%	44.68%	↑
Combination 2	74.58%	74.51%	↓
Combination 3	72.26%	72.02%	↓
Combination 4	71.89%	71.63%	↓
Combination 5	62.95%	63.16%	↑

Table 1.a. HEDIS 2020 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
Combination 6	37.93%	39.43%	↑
Combination 7	62.78%	62.88%	↑
Combination 8	37.83%	39.30%	↑
Combination 9	34.43%	35.74%	↑
Combination 10	34.37%	35.66%	↑
<b>Immunizations for Adolescents (IMA):</b>			
Meningococcal	76.01%	78.68%	↑
Tdap/Td	85.99%	87.90%	↑
HPV	30.25%	33.71%	↑
Combination 1	75.12%	78.02%	↑
Combination 2	29.05%	32.49%	↑
<b>Lead Screening in Children (LSC)</b>	76.63%	76.17%	↓
<b>Breast Cancer Screening (BCS)</b>	49.90%	54.83%	↑
<b>Cervical Cancer Screening (CCS)*</b>	62.53%	64.06%	↑
<b>Chlamydia Screening in Women (CHL):</b>			
16–20 Years	52.66%	52.75%	↑
21–24 Years	61.10%	61.69%	↑
<b>Total</b>	<b>56.00%</b>	<b>56.17%</b>	<b>↑</b>
<b>Respiratory Conditions</b>			
<b>Appropriate Testing for Pharyngitis (CWP)**</b>			
3–17 Years		88.08%	
18–64 Years		74.22%	
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>	30.07%	28.83%	↓
<b>Pharmacotherapy Management of COPD Exacerbation (PCE):</b>			
Systemic Corticosteroid	55.52%	59.73%	↑
Bronchodilator	74.48%	76.33%	↑



Table 1.a. HEDIS 2020 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Medication Management for People With Asthma (MMA):</b>			
Medication Compliance 50%: 5–11 Years	52.98%	56.51%	↑
12–18 Years	50.82%	54.40%	↑
19–50 Years	57.85%	60.00%	↑
51–64 Years	70.06%	74.23%	↑
<b>Total</b>	<b>53.96%</b>	<b>57.29%</b>	<b>↑</b>
Medication Compliance 75%: 5–11 Years	26.48%	30.42%	↑
12–18 Years	25.33%	29.36%	↑
19–50 Years	33.28%	36.48%	↑
51–64 Years	46.95%	51.20%	↑
<b>Total</b>	<b>28.30%</b>	<b>32.23%</b>	<b>↑</b>
<b>Asthma Medical Ratio (AMR):</b>			
5–11 Years	80.83%	81.15%	↑
12–18 Years	72.05%	73.01%	↑
19–50 Years	48.65%	50.82%	↑
51–64 Years	48.10%	51.89%	↑
<b>Total</b>	<b>68.66%</b>	<b>69.24%</b>	<b>↑</b>
<b>Cardiovascular Conditions</b>			
<b>Controlling High Blood Pressure (CBP)</b>	64.33%	64.33%	↔
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	70.74%	78.07%	↑
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC):</b>			
Received Statin Therapy: Males 21–75 Years	72.64%	78.16%	↑
Females 40–75 Years	69.29%	74.76%	↑
<b>Total</b>	<b>70.96%</b>	<b>76.48%</b>	<b>↑</b>
Statin Adherence 80%*: Males 21–75 Years	54.12%	59.53%	↑
Females 40–75 Years	50.06%	57.45%	↑
<b>Total</b>	<b>52.13%</b>	<b>58.52%</b>	<b>↑</b>

Table 1.a. HEDIS 2020 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Diabetes</b>			
<b>Comprehensive Diabetes Care (CDC):</b>			
HbA1c Testing	84.69%	86.57%	↑
HbA1c Control (<7.0%)	38.26%	39.17%	↑
HbA1c Control (<8.0%)	51.09%	52.57%	↑
Retinal Eye Exam Performed	50.04%	51.28%	↑
Medical Attention for Nephropathy	89.32%	90.19%	↑
Blood Pressure Control (<140/90 mm Hg)	63.21%	63.40%	↑
<b>Statin Therapy for Patients with Diabetes (SPD):</b>			
Received Statin Therapy	55.61%	60.80%	↑
Statin Adherence 80%*	49.95%	54.19%	↑
<b>Behavioral Health</b>			
<b>Antidepressant Medication Management (AMM):</b>			
Effective Acute Phase Treatment	45.65%	49.53%	↑
Effective Continuation Phase Treatment	30.42%	33.10%	↑
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD):</b>			
Initiation Phase	45.02%	46.13%	↑
Continuation and Maintenance Phase	58.34%	59.32%	↑
<b>Follow-Up After Hospitalization for Mental Illness (FUH):</b>			
7-Day Follow-Up: 6–17 Years	48.68%	51.20%	↑
18–64 Years	32.32%	33.50%	↑
30-Day Follow-Up: 6–17 Years	69.98%	73.11%	↑
18–64 Years	53.66%	55.42%	↑

Table 1.a. HEDIS 2020 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM):</b>			
7-Day Follow-Up: 6–17 Years	44.19%	47.88%	↑
18–64 Years	28.57%	34.95%	↑
30-Day Follow-Up: 6–17 Years	64.59%	67.74%	↑
18–64 Years	43.49%	50.07%	↑
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)**:</b>			
7-Day Follow-Up: 13–17 Years		6.35%	
18–64 Years		42.26%	
30-Day Follow-Up: 13–17 Years		18.25%	
18–64 Years		62.03%	
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA):</b>			
7-Day Follow-Up: 13–17 Years	3.90%	2.88%	↓
18 Years and Older	4.58%	5.23%	↑
<b>Total</b>	<b>4.53%</b>	<b>5.04%</b>	<b>↑</b>
30-Day Follow-Up: 13–17 Years	6.03%	5.75%	↓
18 Years and Older	7.31%	8.24%	↑
<b>Total</b>	<b>7.23%</b>	<b>8.04%</b>	<b>↑</b>
<b>Pharmacotherapy for Opioid Use Disorder (POD)**:</b>			
16–64 Years		16.05%	
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>			
	83.93%	85.00%	↑
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>			
	73.41%	74.67%	↑
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>			
	78.89%	84.51%	↑
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>			
	56.67%	59.12%	↑
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):</b>			
Blood Glucose Testing: 1–11 Years <sup>†</sup>		46.97%	
12–17 Years <sup>†</sup>		64.07%	
<b>Total<sup>†</sup></b>		<b>58.05%</b>	

Table 1.a. HEDIS 2020 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
Cholesterol Testing: 1–11 Years†		37.77%	
12–17 Years†		47.29%	
<b>Total†</b>		<b>43.94%</b>	
Blood Glucose and Cholesterol Testing: 1–11 Years†		34.11%	
12–17 Years	42.16%	44.59%	↑
<b>Total</b>	<b>37.72%</b>	<b>40.90%</b>	↑
<b>Overuse/Appropriateness</b>			
<b>Appropriate Treatment for Upper Respiratory Infection (URI)**:</b>			
3 Months–17 Years		86.22%	
18–64 Years		67.89%	
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)**:</b>			
3 Months–17 Years		62.99%	
18–64 Years		37.22%	
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>	65.44%	68.32%	↑
<b>Measures Collected Though CAHPS</b>			
<b>Flu Vaccinations for Adults Ages 18 to 64 (FVA)</b>	43.22%	44.72%	↑
<b>Medical Assistance With Smoking and Tobacco Use Cessation (MSC):</b>			
Advising Smokers and Tobacco Users to Quit	79.56%	80.74%	↑
Discussing Cessation Medications	49.82%	49.84%	↑
Discussing Cessation Strategies	43.78%	44.21%	↑
Supplemental Data - % Current Smokers††	35.60%	36.98%	↑

\* NCQA indicated trending with caution due to changes in measure specifications for HEDIS 2020.

\*\* NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

\*\*\* First-year measure for HEDIS 2020.

† Since age stratifications/ measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

†† For this measure, the rate is not intended to indicate good or poor performance, but for informative purposes to monitor the population of current smokers.

For the Effectiveness of Care Measures presented in **Table 1.b**, a lower rate is an indication of better performance (↑). A decrease in rates from the prior year also indicates improvement.

Table 1.b. HEDIS 2020 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance			
Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Diabetes</b>			
<b>Comprehensive Diabetes Care (CDC):</b>			
HbA1c Poor Control (>9.0%)	39.49%	37.76%	↑
<b>Overuse/Appropriateness</b>			
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)</b>	1.84%	1.30%	↑
<b>Use of Opioids at High Dosage (HDO)**</b>		6.19%	
<b>Use of Opioids From Multiple Providers (UOP):</b>			
Multiple Prescribers	23.67%	23.60%	↑
Multiple Pharmacies	4.61%	2.72%	↑
Multiple Prescribers and Pharmacies	1.95%	1.20%	↑
<b>Risk of Continued Opioid Use (COU):</b>			
18–64 Years: ≥15 days/30-day period	4.04%	1.65%	↑
≥ 31 days/62-day period	2.37%	1.36%	↑

\*\*NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

**Table 2** summarizes results for the Access/Availability Domain of Care.

Table 2. HEDIS 2020 Weighted State Rates: Access/Availability of Care Measures			
Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP):</b>			
20–44 Years	80.35%	79.14%	↓
45–64 Years	85.63%	87.66%	↑

Table 2. HEDIS 2020 Weighted State Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Children and Adolescents' Access to Primary Care Practitioners (CAP)*:</b>			
12–24 Months	95.43%	92.09%	↓
25 Months–6 Years	89.55%	89.10%	↓
7–11 Years	94.07%	93.19%	↓
12–19 Years	91.64%	90.72%	↓
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment:</b>			
13–17 Years: Alcohol	35.74%	47.60%	↑
Opioid	50.00%	53.19%	↑
Other drug	46.31%	47.08%	↑
<b>Total</b>	<b>44.26%</b>	<b>46.09%</b>	<b>↑</b>
18+ Years: Alcohol	45.25%	47.63%	↑
Opioid	46.29%	58.88%	↑
Other drug	42.83%	47.89%	↑
<b>Total</b>	<b>42.50%</b>	<b>48.93%</b>	<b>↑</b>
<b>Initiation Total: Alcohol</b>	<b>44.93%</b>	<b>47.63%</b>	<b>↑</b>
Opioid	46.31%	58.85%	↑
Other drug	43.12%	47.81%	↑
<b>Total</b>	<b>42.59%</b>	<b>48.77%</b>	<b>↑</b>
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment:</b>			
13–17 Years: Alcohol	13.75%	20.40%	↑
Opioid	20.37%	21.28%	↑
Other drug	24.32%	23.28%	↓
<b>Total</b>	<b>22.75%</b>	<b>21.98%</b>	<b>↓</b>
18+ Years: Alcohol	10.84%	11.77%	↑
Opioid	19.01%	30.58%	↑
Other drug	11.79%	14.52%	↑
<b>Total</b>	<b>13.22%</b>	<b>17.69%</b>	<b>↑</b>

**Table 2. HEDIS 2020 Weighted State Rates: Access/Availability of Care Measures**

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Engagement Total: Alcohol</b>	10.94%	12.01%	↑
Opioid	19.02%	30.53%	↑
Other drug	12.83%	15.32%	↑
<b>Total</b>	<b>13.72%</b>	<b>17.94%</b>	<b>↑</b>
<b>Prenatal and Postpartum Care (PPC)**:</b>			
Timeliness of Prenatal Care		83.68%	
Postpartum Care		70.20%	
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*:</b>			
1–11 Years		61.27%	
12–17 Years	53.52%	63.04%	↑
<b>Total</b>	<b>54.45%</b>	<b>62.34%</b>	<b>↑</b>

\*NCQA indicated trending with caution due to changes in measure specifications for HEDIS 2020.

\*\*NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

**Table 3** summarizes results for the Utilization measures included in the Utilization and Risk-Adjusted Utilization Domain of Care.

**Table 3. HEDIS 2020 Weighted State Rates: Utilization Measures**

Measure	Weighted State Rate		Change 2019 to 2020
	2019	2020	
<b>Well-Child Visits in the First 15 Months of Life (W15): 6 or More Visits</b>	68.39%	68.31%	↓
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)</b>	73.60%	75.46%	↑
<b>Adolescent Well-Care Visits (AWC)</b>	57.29%	56.94%	↓

## Individual Plan Performance—HEDIS Measures

This section is intended to provide an overview of individual plan performance using appropriate and available comparison data. Qsource uses these data to determine overall TennCare plan performance in a distribution of statistical values that represent the lowest to highest percentiles achieved. For example, the 50th percentile represents the point at which half of the reported rates are below and half of the reported rates are above that value.

[Tables 5.a](#), [5.b](#), [6](#), and [7](#) display the plan-specific performance rates for each measure selected from the Effectiveness of Care, Access/Availability of Care, and Utilization and Risk-Adjusted Utilization domains. Scores are presented in **bold** where MY2018 data were reported by MCOs for HEDIS 2020. **Table 4** provides additional related comments. While Medical Assistance With Smoking and Tobacco Use Cessation is an Effectiveness of Care measure, results are reported through the CPA, as noted in [Tables 1.a](#) and [5.a](#).





Table 4. HEDIS 2020 Rating Color and Measure Designations		
Color Designation	National Percentile Achieved	Additional Comments
	Greater than 75th percentile	No additional comments
	25th to 75th	No additional comments
	Less than 25th	No additional comments
	No Rating Available	Benchmarking data not available
Measure Designation	Definition	
R	Reportable: a reportable rate was submitted for the measure.	
NA	Not Applicable: the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate; thus, results are not presented.	
NB	No Benefit: the MCO did not offer the health benefit required by the measure (e.g., mental health, chemical dependency).	
NR	Not Reported: the MCO chose not to report the measure.	
NQ	Not Required: the MCO was not required to report the measure.	
BR	Biased Rate: the calculated rate was materially biased.	
UN	Un-Audited: the MCO chose to report a measure that is not required to be audited. This result applies to only a limited set of measures.	



Table 5.a. HEDIS 2020 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Prevention and Screening</b>										
Adult BMI Assessment (ABA)	93.19%	96.11%	95.38%	93.20%	91.28%	93.71%	83.62%	95.62%	94.65%	93.92%
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):</b>										
BMI Percentile: 3–11 Years	80.92%	81.23%	82.73%	81.11%	80.57%	84.84%	85.59%	78.83%	76.60%	87.50%
12–17 Years	68.46%	74.58%	85.71%	87.02%	74.32%	80.89%	79.89%	78.83%	77.40%	78.71%
<b>Total</b>	<b>76.40%</b>	<b>79.32%</b>	<b>83.70%</b>	<b>83.04%</b>	<b>78.23%</b>	<b>83.29%</b>	<b>83.13%</b>	78.83%	76.89%	84.18%
Counseling for Nutrition: 3–11 Years	70.61%	74.74%	75.54%	75.19%	67.61%	72.13%	65.50%	63.87%	74.34%	80.86%
12–17 Years	57.05%	66.10%	71.43%	77.10%	64.86%	65.61%	65.52%	70.07%	63.70%	72.26%
<b>Total</b>	<b>65.69%</b>	<b>72.26%</b>	<b>74.21%</b>	<b>75.81%</b>	<b>66.58%</b>	<b>69.58%</b>	<b>65.51%</b>	65.94%	70.56%	77.62%
Counseling for Physical Activity: 3–11 Years	60.69%	67.58%	67.27%	66.67%	63.56%	64.75%	55.46%	63.14%	70.94%	74.61%
12–17 Years	52.35%	66.95%	71.43%	75.57%	70.95%	68.15%	62.07%	70.07%	65.07%	70.97%
<b>Total</b>	<b>57.66%</b>	<b>67.40%</b>	<b>68.61%</b>	<b>69.58%</b>	<b>66.33%</b>	<b>66.08%</b>	<b>58.31%</b>	65.45%	68.86%	73.24%
<b>Childhood Immunization Status (CIS):</b>										
DTaP/DT	75.43%	78.10%	68.86%	80.05%	75.43%	72.26%	73.48%	80.05%	81.27%	75.43%
IPV	91.24%	92.21%	88.32%	92.70%	89.54%	89.29%	85.89%	92.70%	95.62%	90.27%
MMR	88.56%	89.78%	88.32%	89.05%	87.59%	85.40%	86.13%	91.24%	91.73%	89.05%
HiB	88.32%	89.05%	82.48%	90.51%	86.62%	86.62%	84.67%	90.27%	93.19%	84.91%
HepB	93.92%	90.51%	92.94%	94.65%	86.37%	87.59%	85.40%	93.67%	94.89%	92.94%
VZV	89.05%	90.02%	86.37%	89.05%	87.83%	85.64%	86.37%	90.27%	92.21%	89.05%
PCV	76.64%	79.32%	72.26%	82.73%	78.10%	73.72%	73.97%	82.97%	85.64%	74.70%
HepA	87.35%	89.05%	86.37%	89.05%	85.89%	83.21%	85.64%	89.78%	92.70%	88.81%
RV	72.75%	78.10%	71.05%	80.05%	75.43%	67.88%	50.85%	76.40%	79.56%	71.29%
Flu	45.99%	54.50%	30.17%	40.39%	51.58%	34.79%	51.82%	46.72%	53.04%	34.79%
Combination 2	74.45%	76.16%	67.64%	77.86%	71.29%	69.34%	70.32%	78.59%	79.32%	73.97%
Combination 3	71.78%	73.48%	64.48%	75.91%	68.86%	66.42%	67.15%	76.64%	77.62%	70.56%
Combination 4	71.53%	73.24%	63.75%	75.18%	68.61%	65.94%	67.15%	76.40%	77.37%	70.07%
Combination 5	62.53%	68.61%	55.72%	70.07%	62.04%	55.23%	41.85%	65.94%	68.37%	60.34%
Combination 6	41.12%	47.69%	24.09%	36.98%	45.26%	30.90%	41.61%	42.09%	46.72%	31.87%
Combination 7	62.29%	68.37%	54.99%	69.83%	61.80%	54.99%	41.85%	65.69%	68.13%	60.10%
Combination 8	41.12%	47.69%	24.09%	36.74%	45.26%	30.66%	41.61%	41.85%	46.47%	31.63%
Combination 9	35.77%	45.74%	21.90%	35.04%	42.09%	26.76%	26.76%	37.47%	43.31%	27.74%
Combination 10	35.77%	45.74%	21.90%	35.04%	42.09%	26.52%	26.76%	37.23%	43.07%	27.74%

Table 5.a. HEDIS 2020 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Immunization for Adolescents (IMA):</b>										
Meningococcal	78.10%	81.51%	74.45%	78.59%	79.08%	79.32%	76.40%	80.54%	81.51%	74.45%
Tdap/Td	88.08%	90.27%	84.91%	87.10%	88.81%	88.32%	82.97%	88.32%	90.51%	86.62%
HPV	30.41%	34.79%	28.71%	35.28%	37.71%	32.85%	34.06%	32.12%	36.98%	30.66%
Combination 1	77.86%	81.02%	72.99%	78.35%	78.10%	78.59%	75.91%	80.29%	80.78%	73.24%
Combination 2	29.44%	34.55%	27.74%	34.31%	36.50%	31.87%	32.36%	30.41%	35.04%	28.95%
<b>Lead Screening in Children (LSC)</b>	<b>76.89%</b>	75.67%	<b>68.61%</b>	<b>75.91%</b>	<b>78.10%</b>	72.02%	76.89%	<b>76.89%</b>	<b>84.43%</b>	<b>72.75%</b>
<b>Breast Cancer Screening (BCS)</b>	<b>40.87%</b>	<b>49.91%</b>	<b>47.38%</b>	60.47%	53.87%	62.87%	61.90%	57.39%	54.24%	54.97%
<b>Cervical Cancer Screening (CCS)*</b>	<b>56.45%</b>	<b>61.31%</b>	<b>62.53%</b>	<b>71.04%</b>	<b>66.84%</b>	<b>70.90%</b>	49.39%	60.10%	63.02%	59.85%
<b>Chlamydia Screening in Women (CHL):</b>										
16–20 Years	48.81%	51.80%	57.57%	53.15%	52.50%	53.23%	59.40%	48.48%	52.11%	52.36%
21–24 Years	57.66%	61.93%	65.22%	63.00%	64.15%	63.93%	45.11%	54.53%	60.85%	62.27%
<b>Total</b>	<b>52.08%</b>	<b>55.75%</b>	<b>60.84%</b>	<b>57.29%</b>	<b>57.20%</b>	<b>57.74%</b>	<b>58.79%</b>	<b>50.69%</b>	<b>55.53%</b>	<b>56.31%</b>
<b>Respiratory Conditions</b>										
<b>Appropriate Testing for Pharyngitis (CWP)**:</b>										
3–17 Years	85.09%	89.28%	88.53%	86.60%	89.20%	88.78%	86.59%	86.50%	90.57%	89.04%
18–64 Years	72.28%	75.75%	68.17%	74.51%	73.26%	72.02%	73.58%	74.24%	79.94%	73.26%
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>	29.80%	25.80%	24.06%	32.51%	28.74%	34.22%	NA	27.46%	25.06%	31.59%
<b>Pharmacotherapy Management of COPD Exacerbation (PCE):</b>										
Systemic Corticosteroid	51.85%	54.34%	52.86%	62.15%	57.82%	60.62%	NA	63.45%	61.76%	64.00%
Bronchodilator	64.88%	73.31%	67.94%	77.53%	75.88%	75.78%	NA	79.40%	80.27%	82.24%
<b>Medication Management for People With Asthma (MMA):</b>										
Medication Compliance 50%: 5–11 Years	61.17%	55.57%	44.97%	61.35%	50.15%	52.09%	66.50%	64.29%	52.91%	52.62%
12–18 Years	51.04%	55.53%	35.86%	61.85%	49.91%	44.70%	61.08%	59.31%	57.83%	51.41%
19–50 Years	62.24%	65.11%	48.63%	62.43%	52.81%	51.10%	61.84%	64.52%	65.52%	57.59%
51–64 Years	76.00%	68.42%	66.67%	81.08%	59.09%	71.67%	NA	80.19%	79.76%	70.18%
<b>Total</b>	<b>58.63%</b>	<b>58.46%</b>	<b>44.25%</b>	<b>62.28%</b>	<b>50.86%</b>	<b>50.38%</b>	<b>63.50%</b>	<b>63.88%</b>	<b>58.72%</b>	<b>54.26%</b>
Medication Compliance 75%: 5–11 Years	34.28%	28.55%	20.32%	36.52%	23.83%	24.04%	41.38%	37.14%	29.50%	23.69%
12–18 Years	29.23%	33.17%	17.76%	33.51%	25.81%	19.41%	35.40%	34.36%	29.21%	26.85%
19–50 Years	37.76%	42.75%	24.71%	40.47%	30.00%	27.90%	36.84%	42.50%	39.83%	31.01%

Table 5.a. HEDIS 2020 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
51–64 Years	52.00%	43.86%	35.42%	63.51%	31.82%	50.00%	NA	60.38%	53.57%	49.12%
<b>Total</b>	34.08%	33.92%	21.27%	37.03%	25.97%	24.67%	38.16%	39.14%	33.13%	27.60%
<b>Asthma Medical Ratio (AMR):</b>										
5–11 Years	81.95%	79.55%	70.71%	86.49%	81.76%	82.57%	88.44%	82.61%	77.08%	77.16%
12–18 Years	72.67%	72.87%	62.61%	79.86%	70.03%	75.00%	78.53%	70.32%	69.82%	68.55%
19–50 Years	54.34%	54.66%	46.13%	47.69%	41.77%	42.88%	64.13%	58.85%	55.13%	49.42%
51–64 Years	53.62%	47.42%	52.38%	49.57%	40.79%	45.45%	NA	60.14%	58.33%	50.54%
<b>Total</b>	70.41%	68.97%	61.13%	73.50%	66.40%	66.53%	81.35%	70.59%	67.66%	65.08%
<b>Cardiovascular Conditions</b>										
<b>Controlling High Blood Pressure (CBP)</b>	<b>57.42%</b>	<b>55.47%</b>	<b>61.80%</b>	<b>70.56%</b>	<b>65.69%</b>	<b>63.99%</b>	<b>64.72%</b>	<b>71.05%</b>	<b>64.48%</b>	<b>59.12%</b>
<b>Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</b>	76.47%	74.58%	63.46%	85.71%	76.06%	75.00%	NA	82.42%	79.66%	78.72%
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC):</b>										
Received Statin Therapy: Males 21–75 Years	76.83%	76.47%	77.78%	78.31%	76.70%	78.99%	NA	77.83%	79.14%	80.74%
Females 40–75 Years	72.12%	74.81%	75.76%	71.56%	76.05%	70.52%	NA	77.69%	79.04%	74.17%
<b>Total</b>	75.12%	75.67%	76.86%	74.76%	76.38%	74.15%	NA	77.76%	79.09%	77.48%
Statin Adherence 80%*: Males 21-75 Years	44.26%	56.92%	37.79%	66.54%	54.85%	56.57%	NA	66.08%	67.76%	60.15%
Females 40–75 Years	45.40%	48.98%	48.00%	60.81%	46.38%	55.08%	NA	64.74%	62.61%	58.71%
<b>Total</b>	44.66%	53.15%	42.35%	63.65%	50.64%	55.76%	NA	65.42%	65.18%	59.47%
<b>Diabetes</b>										
<b>Comprehensive Diabetes Care (CDC):</b>										
HbA1c Testing	85.41%	84.69%	85.95%	84.12%	83.19%	87.44%	83.24%	90.17%	89.10%	86.67%
HbA1c Control (<7.0%)	35.68%	35.19%	34.79%	41.12%	35.77%	41.12%	46.36%	41.12%	39.66%	43.29%
HbA1c Control (<8.0%)	46.81%	48.03%	43.24%	54.50%	51.47%	51.88%	53.13%	58.83%	54.77%	53.99%
Retinal Eye Exam Performed	36.93%	40.17%	41.89%	55.32%	47.83%	60.36%	66.19%	54.45%	55.86%	53.99%
Medical Attention for Nephropathy	88.45%	89.33%	90.68%	89.03%	87.69%	91.52%	82.67%	91.77%	90.46%	91.76%
Blood Pressure Control (<140/90 mm Hg)	59.57%	63.76%	60.41%	64.65%	63.95%	62.48%	69.89%	68.39%	65.67%	56.21%
<b>Statin Therapy for Patients with Diabetes (SPD):</b>										
Received Statin Therapy	58.13%	58.68%	60.92%	59.28%	55.90%	61.35%	59.09%	64.25%	62.28%	62.18%
Statin Adherence 80%*	46.88%	52.47%	38.50%	58.04%	48.61%	46.81%	92.31%	62.46%	61.13%	52.41%

Table 5.a. HEDIS 2020 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Behavioral Health</b>										
<b>Antidepressant Medication Management (AMM):</b>										
Effective Acute Phase Treatment	53.28%	49.27%	43.49%	47.76%	44.37%	42.82%	43.67%	56.95%	53.91%	48.46%
Effective Continuation Phase Treatment	36.30%	33.67%	29.03%	31.57%	27.35%	26.12%	24.40%	40.00%	37.28%	32.36%
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD):</b>										
Initiation Phase	48.06%	54.64%	40.02%	50.45%	44.21%	42.55%	40.68%	49.32%	44.71%	44.71%
Continuation and Maintenance Phase	66.06%	62.40%	52.31%	63.92%	57.54%	62.29%	53.75%	61.59%	54.04%	55.09%
<b>Follow-Up After Hospitalization for Mental Illness (FUH):</b>										
7-Day Follow-Up: 6–17 Years	59.09%	58.86%	44.22%	63.11%	63.39%	54.58%	42.73%	52.98%	51.23%	39.52%
18–64 Years	29.09%	36.52%	29.16%	35.95%	39.59%	28.22%	41.69%	34.47%	36.11%	26.95%
30-Day Follow-Up: 6–17 Years	83.47%	81.94%	62.24%	83.82%	85.08%	71.13%	63.70%	77.54%	76.85%	64.95%
18–64 Years	51.59%	58.51%	49.02%	57.95%	61.85%	50.98%	62.19%	56.60%	60.00%	46.83%
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM):</b>										
7-Day Follow-Up: 6–17 Years	49.18%	53.89%	36.84%	50.67%	51.81%	49.09%	53.50%	35.27%	42.46%	38.60%
18–64 Years	29.57%	38.42%	38.98%	31.71%	35.43%	40.20%	35.57%	30.11%	33.51%	43.38%
30-Day Follow-Up: 6–17 Years	70.49%	70.47%	52.63%	70.40%	68.67%	67.27%	69.47%	61.84%	67.60%	63.16%
18–64 Years	46.95%	52.74%	50.85%	45.27%	49.67%	53.77%	54.36%	49.17%	49.19%	54.79%
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)***:</b>										
7-Day Follow-Up: 13–17 Years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
18–64 Years	42.23%	40.12%	38.32%	46.95%	45.65%	42.25%	42.86%	33.75%	42.10%	42.03%
30-Day Follow-Up: 13–17 Years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
18–64 Years	54.01%	53.99%	48.22%	72.30%	69.93%	69.85%	54.76%	57.60%	59.60%	53.16%
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA):</b>										
7-Day Follow-Up: 13–17 Years	NA	NA	NA	2.44%	3.13%	NA	3.80%	0.00%	2.56%	NA
18 Years and Older	4.30%	7.07%	5.22%	4.38%	6.26%	6.17%	1.05%	4.21%	4.40%	7.04%
<b>Total</b>	4.07%	6.68%	4.92%	4.22%	6.05%	5.88%	2.30%	3.91%	4.28%	7.77%
30-Day Follow-Up: 13–17 Years	NA	NA	NA	2.44%	6.25%	NA	6.33%	2.86%	5.13%	NA
18 Years and Older	6.72%	12.85%	6.43%	7.29%	9.51%	8.23%	1.05%	7.10%	8.26%	8.10%
<b>Total</b>	6.36%	12.55%	6.06%	6.91%	9.29%	7.84%	3.45%	6.79%	8.05%	9.46%
<b>Pharmacotherapy for Opioid Use Disorder (POD)***:</b>										
16–64 Years	16.92%	17.96%	20.28%	18.54%	25.25%	22.56%	NA	6.98%	12.58%	16.23%

Table 5.a. HEDIS 2020 Plan-Specific Rates: Effectiveness of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	82.64%	86.24%	81.61%	86.79%	85.01%	83.98%	85.59%	86.97%	86.92%	81.45%
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	63.03%	78.75%	62.94%	77.18%	70.11%	71.73%	80.30%	81.39%	81.89%	70.21%
Cardiovascular Monitoring for People With CVD and Schizophrenia (SMC)	NA	84.38%	NA	89.83%	NA	85.42%	NA	86.67%	83.87%	84.00%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	49.65%	65.05%	48.54%	60.30%	55.96%	52.72%	78.29%	64.87%	64.89%	58.26%
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):</b>										
Blood Glucose Testing: 1–11 Years†	38.25%	43.89%	31.11%	49.26%	50.52%	40.17%	55.17%	42.22%	48.40%	40.59%
12–17 Years†	60.47%	63.35%	48.58%	64.00%	64.01%	61.11%	68.66%	63.51%	66.92%	54.97%
<b>Total†</b>	53.27%	55.43%	40.83%	58.82%	59.13%	53.44%	64.34%	56.23%	59.78%	49.63%
Cholesterol Testing: 1–11 Years†	32.79%	38.01%	24.44%	40.71%	43.23%	29.69%	42.67%	36.89%	42.40%	27.72%
12–17 Years†	44.24%	41.61%	30.14%	45.12%	48.38%	45.96%	56.07%	42.03%	41.35%	35.38%
<b>Total†</b>	40.53%	40.15%	27.61%	43.57%	46.52%	40.00%	51.78%	40.27%	41.76%	32.54%
Blood Glucose and Cholesterol Testing: 1–11 Years†	28.96%	36.20%	18.22%	36.58%	38.54%	25.33%	39.46%	32.89%	39.20%	25.25%
12–17 Years	41.10%	38.82%	27.66%	42.40%	44.84%	42.17%	53.60%	39.95%	39.10%	32.46%
<b>Total</b>	37.17%	37.75%	23.47%	40.35%	42.56%	36.00%	49.07%	37.54%	39.14%	29.78%
<b>Overuse/Appropriateness</b>										
<b>Appropriate Treatment for Upper Respiratory Infection (URI)**:</b>										
3 Months–17 Years	83.90%	91.04%	86.86%	82.23%	88.85%	82.31%	82.25%	83.01%	90.69%	86.82%
18–64 Years	67.18%	72.21%	68.46%	60.96%	69.39%	66.09%	72.93%	65.43%	73.49%	69.27%
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)**:</b>										
3 Months–17 Years	52.30%	65.76%	81.58%	46.00%	59.93%	78.40%	55.68%	48.54%	61.19%	80.40%
18–64 Years	38.71%	39.72%	40.52%	28.75%	35.19%	37.05%	36.61%	36.70%	42.34%	43.50%
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>	67.84%	70.70%	70.55%	66.51%	68.67%	68.43%	73.85%	69.06%	67.18%	66.23%
<b>Measures Collected Through CAHPS Health Plan Survey</b>										
Flu vaccinations for adults ages 18 to 64 (FVA)	36.75%	45.74%	40.79%	39.80%	40.00%	42.78%	NA	52.74%	48.85%	46.42%

Table 5.a. HEDIS 2020 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Medical Assistance with Smoking and Tobacco Use Cessation (MSC):</b>										
Advising Smokers and Tobacco Users to Quit	79.74%	83.33%	78.97%	82.18%	79.17%	76.03%	NA	82.23%	83.12%	81.78%
Discussing Cessation Medications	47.77%	51.93%	45.13%	49.71%	46.48%	47.97%	NA	53.33%	50.64%	54.87%
Discussing Cessation Strategies	43.81%	47.19%	35.08%	43.02%	45.07%	41.78%	NA	48.06%	42.92%	49.32%
Supplemental Data - % Current Smokers††	42.55%	37.40%	41.81%	35.58%	41.15%	33.84%	18.82%	39.84%	34.85%	34.76%

\* NCQA indicated trending with caution due to changes in measure specifications for HEDIS 2020.

\*\* NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

\*\*\* First-year measure for HEDIS 2020.

† Since age stratifications/ measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

†† For this measure, the rate is not intended to indicate good or poor performance, but for informative purposes to monitor the population of current smokers.

For the Effectiveness of Care Measures presented in **Table 5.b**, a lower rate indicates better performance.

Table 5.b. HEDIS 2020 Plan-Specific Rates: Effectiveness of Care Measures Where Lower Rates Indicate Better Performance

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Diabetes</b>										
<b>Comprehensive Diabetes Care (CDC):</b>										
HbA1c Poor Control (>9.0%)	43.16%	42.13%	47.43%	36.01%	41.42%	38.99%	39.49%	30.01%	33.24%	38.56%
<b>Overuse/Appropriateness</b>										
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)</b>	0.33%	0.87%	1.04%	1.00%	0.57%	2.00%	1.00%	2.30%	1.58%	2.32%
<b>Use of Opioids at High Dosage (HDO)**</b>	7.11%	5.67%	1.32%	6.01%	4.68%	2.67%	NA	9.23%	8.43%	2.42%
<b>Use of Opioids From Multiple Providers (UOP):</b>										
Multiple Prescribers	17.01%	31.69%	14.66%	18.67%	34.54%	16.14%	NA	NA	NA	NA
Multiple Pharmacies	1.57%	3.20%	5.91%	1.27%	2.62%	4.04%	NA	NA	NA	NA
Multiple Prescribers and Pharmacies	0.83%	1.79%	1.48%	0.58%	1.51%	1.28%	NA	NA	NA	NA
<b>Risk of Continued Opioid Use (COU):</b>										
18–64 Years: ≥15 days/30-day period	1.16%	1.97%	0.85%	0.77%	0.86%	0.52%	0.00%	3.30%	3.19%	2.29%
≥ 31 days/62-day period	1.01%	1.79%	0.64%	0.67%	0.65%	0.41%	0.00%	2.65%	2.63%	1.79%

\*\* NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

Table 6 presents rates for Access/Availability of Care Measures.

Table 6. HEDIS 2020 Plan-Specific Rates: Access/Availability of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)*:</b>										
20–44 Years	75.96%	80.61%	75.82%	82.33%	80.35%	80.72%	57.43%	79.52%	80.62%	75.96%
45–64 Years	82.69%	88.02%	83.93%	89.79%	87.58%	89.83%	64.43%	88.29%	89.57%	86.90%
<b>Children and Adolescents' Access to Primary Care Practitioners (CAP)*:</b>										
12–24 Months	89.94%	91.12%	87.62%	96.02%	94.90%	89.87%	87.92%	93.60%	93.91%	87.76%
25 Months–6 Years	88.54%	90.90%	84.33%	93.15%	90.81%	87.02%	85.85%	89.50%	90.21%	84.78%
7–11 Years	91.14%	94.17%	89.94%	96.02%	93.52%	92.68%	93.27%	93.39%	94.28%	91.22%
12–19 Years	89.17%	91.22%	88.81%	93.61%	92.68%	91.22%	88.15%	90.52%	91.03%	87.66%
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment:</b>										
13–17 Years: Alcohol	NA	NA	NA	41.18%	50.00%	NA	62.22%	NA	NA	NA
Opioid	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Other drug	44.32%	48.12%	45.90%	47.83%	45.35%	53.91%	52.63%	39.33%	46.26%	34.31%
<b>Total</b>	41.75%	47.89%	47.41%	45.06%	44.22%	51.67%	53.19%	36.69%	44.30%	37.39%
18+ Years: Alcohol	49.63%	49.25%	53.17%	44.50%	47.84%	46.92%	38.26%	44.77%	47.30%	47.87%
Opioid	66.67%	66.67%	66.13%	52.44%	60.78%	58.88%	66.67%	53.14%	58.48%	58.88%
Other drug	49.30%	51.60%	50.25%	45.37%	53.90%	44.61%	45.07%	45.48%	48.33%	43.25%
<b>Total</b>	53.05%	52.86%	52.10%	46.19%	51.86%	46.51%	44.23%	46.58%	48.48%	45.05%
Initiation Total: Alcohol	49.18%	49.46%	53.11%	44.39%	47.93%	46.89%	45.00%	44.53%	47.04%	48.14%
Opioid	66.55%	66.76%	65.87%	52.46%	60.90%	58.95%	65.22%	53.00%	58.47%	58.60%
Other drug	48.85%	51.38%	49.90%	45.54%	53.19%	45.28%	48.69%	45.09%	48.20%	42.66%
<b>Total</b>	52.44%	52.66%	51.84%	46.14%	51.43%	46.74%	48.17%	46.21%	48.32%	44.70%
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment:</b>										
13–17 Years: Alcohol	NA	NA	NA	20.59%	16.67%	NA	35.56%	NA	NA	NA
Opioid	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Other drug	27.27%	26.32%	13.11%	28.50%	23.84%	17.39%	27.69%	23.33%	17.69%	8.82%
<b>Total</b>	24.74%	25.35%	12.59%	25.75%	22.11%	16.67%	27.47%	21.30%	17.09%	7.83%
18+ Years: Alcohol	11.38%	14.54%	9.08%	12.14%	13.43%	10.38%	11.30%	10.02%	13.02%	11.53%
Opioid	44.13%	37.75%	34.13%	24.58%	29.37%	27.24%	25.93%	25.95%	29.92%	28.50%
Other drug	15.26%	18.08%	12.56%	13.80%	19.12%	11.79%	14.47%	11.76%	16.90%	9.85%
<b>Total</b>	22.93%	21.86%	14.58%	16.66%	20.25%	14.21%	14.63%	15.46%	18.90%	12.63%
Engagement Total: Alcohol	11.48%	14.95%	8.91%	12.41%	13.56%	10.27%	18.13%	10.33%	13.13%	11.41%

## Medicaid Results

Table 6. HEDIS 2020 Plan-Specific Rates: Access/Availability of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Opioid	44.05%	37.73%	34.13%	24.54%	29.21%	27.19%	28.99%	25.92%	29.88%	28.37%
Other drug	16.34%	18.61%	12.61%	14.83%	19.51%	12.20%	20.79%	12.49%	16.95%	9.78%
<b>Total</b>	23.03%	22.00%	14.47%	17.06%	20.36%	14.32%	20.27%	15.68%	18.83%	12.42%
<b>Prenatal and Postpartum Care (PPC)**:</b>										
Timeliness of Prenatal Care	83.70%	85.16%	74.94%	90.75%	78.59%	85.16%	84.33%	88.08%	78.35%	84.43%
Postpartum Care	66.67%	61.56%	63.50%	75.18%	64.96%	76.40%	60.95%	77.62%	72.99%	68.86%
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*:</b>										
1–11 Years	48.15%	68.37%	58.82%	63.43%	70.93%	55.56%	63.60%	53.13%	70.41%	56.57%
12–17 Years	68.71%	65.00%	62.04%	74.48%	72.32%	63.64%	59.80%	56.21%	64.07%	50.67%
<b>Total</b>	61.89%	66.51%	60.55%	69.94%	71.72%	60.00%	61.10%	55.02%	66.42%	53.01%

\* NCQA indicated trending with caution due to changes in measure specifications for HEDIS 2020.

\*\* NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

Table 7 results are for utilization measures that are included in the Utilization and Risk-Adjusted Utilization Domain of Care.

Table 7. HEDIS 2020 Plan-Specific Rates: Use of Services Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Well-Child Visits in the First 15 Months of Life (W15):</b>										
6 or More Visits	72.75%	79.32%	59.61%	72.24%	68.06%	57.07%	52.55%	73.48%	71.53%	56.45%
<b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</b>	74.21%	77.13%	72.02%	79.44%	76.61%	72.54%	76.82%	74.45%	77.86%	70.07%
<b>Adolescent Well-Care Visits (AWC)</b>	57.18%	67.64%	60.10%	49.27%	54.86%	49.88%	49.88%	57.91%	63.75%	62.04%



## Individual Plan Performance—CAHPS

**Table 8** details the color-coding and rating scale, as well as any additional comments, used in **Tables 9, 10, and 11** to indicate the national percentile the MCO achieved. These tables display the plan-specific performance rates for the CAHPS survey results. The 2020 National Medicaid CAHPS Benchmarking data were obtained from Quality Compass.





Table 8. 2020 CAHPS Rating Color and Measure Designations		
Color Designation	National Percentile Achieved	Additional Comments
	Greater than 75th percentile	No additional comments
	25th to 75th	No additional comments
	Less than 25th	No additional comments
	No Rating Available	Benchmarking data were not available

Table 9. 2020 CAHPS 5.0H Adult Medicaid Survey Results										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
<b>1. Getting Needed Care (Always + Usually)</b>										
87.74%	83.48%	84.27%	87.88%	83.79%	88.88%	NA	87.45%	86.61%	81.82%	85.77%
<b>2. Getting Care Quickly (Always + Usually)</b>										
83.16%	85.46%	79.28%	88.51%	82.61%	79.62%	NA	86.78%	86.39%	82.14%	83.77%
<b>3. How Well Doctors Communicate (Always + Usually)</b>										
92.83%	93.98%	89.72%	94.17%	93.74%	87.47%	NA	92.36%	92.89%	90.74%	91.99%
<b>4. Customer Service (Always + Usually)</b>										
NA	NA	NA	NA	NA	NA	NA	91.44%	91.04%	91.44%	91.31%
<b>5. Rating of All Health Care (9+10)</b>										
55.40%	52.58%	50.00%	59.77%	58.64%	56.96%	NA	57.77%	63.01%	57.75%	56.88%
<b>6. Rating of Personal Doctor (9+10)</b>										
67.59%	60.87%	69.01%	71.51%	68.35%	69.33%	NA	72.47%	72.13%	70.11%	69.04%
<b>7. Rating of Specialist Seen Most Often (9+10)</b>										
NA	NA	NA	65.18%	NA	NA	NA	70.45%	65.91%	69.66%	67.80%

## Medicaid Results

Table 9. 2020 CAHPS 5.0H Adult Medicaid Survey Results

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
<b>8. Rating of Health Plan (9+10)</b>										
59.09%	59.75%	59.89%	67.94%	66.49%	63.00%	NA	70.91%	69.35%	69.09%	65.06%
<b>9. Coordination of Care (Always + Usually)</b>										
NA	NA	NA	NA	NA	NA	NA	91.33%	83.20%	80.33%	84.95%

Table 10. 2020 CAHPS 5.0H Child Medicaid Survey Results (General Population)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
<b>1. Getting Needed Care (Always + Usually)</b>										
92.94%	92.82%	85.98%	91.92%	92.92%	83.89%	90.49%	86.24%	85.52%	85.70%	88.84%
<b>2. Getting Care Quickly (Always + Usually)</b>										
93.71%	93.40%	91.05%	94.17%	91.72%	90.19%	92.76%	93.19%	88.27%	92.88%	92.13%
<b>3. How Well Doctors Communicate (Always + Usually)</b>										
97.59%	96.79%	95.54%	96.67%	94.05%	93.99%	95.61%	95.45%	94.17%	95.51%	95.54%
<b>4. Customer Service (Always + Usually)</b>										
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>5. Rating of All Health Care (9+10)</b>										
74.09%	77.39%	60.69%	71.70%	72.43%	76.55%	75.59%	77.22%	77.29%	76.41%	73.94%
<b>6. Rating of Personal Doctor (9+10)</b>										
79.02%	85.77%	70.33%	76.16%	78.88%	80.33%	79.36%	82.10%	83.28%	85.00%	80.02%
<b>7. Rating of Specialist Seen Most Often (9+10)</b>										
NA	NA	NA	74.26%	NA	NA	NA	NA	NA	NA	NA
<b>8. Rating of Health Plan (9+10)</b>										
71.38%	81.49%	66.67%	81.82%	77.15%	81.05%	80.24%	80.11%	80.64%	76.66%	77.72%
<b>9. Coordination of Care (Always + Usually)</b>										
NA	NA	NA	93.48%	NA	NA	83.65%	NA	85.44%	NA	87.52%

Table 11. 2020 CAHPS 5.0H Child Medicaid Survey Results (Children with Chronic Conditions)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
<b>1. Access to Specialized Services (Always + Usually)</b>										
NA	NA	NA	NA	NA	NA	80.06%	NA	NA	NA	NA
<b>2. Family-Centered Care: Personal Doctor Who Knows Child (Yes)</b>										
89.83%	90.83%	NA	92.18%	92.45%	91.91%	89.88%	90.78%	92.45%	93.44%	91.53%
<b>3. Coordination of Care for Children With Chronic Conditions (Yes)</b>										
NA	NA	NA	NA	NA	NA	79.56%	79.91%	NA	NA	79.74%
<b>4. Family-Centered Care: Getting Needed Information (Always + Usually)</b>										
94.90%	95.27%	94.64%	94.02%	91.25%	95.15%	92.51%	93.98%	91.18%	92.82%	93.57%
<b>5. Access to Prescription Medicines (Always + Usually)</b>										
96.70%	91.72%	91.59%	93.68%	91.56%	97.18%	94.51%	94.29%	92.51%	92.23%	93.60%

## Medicaid HEDIS Trending—Statewide Weighted Rates

Each year of HEDIS reporting, Qsource has calculated the Medicaid statewide weighted averages for each measure by applying the size of the eligible population for each measure within a health plan to its reported rate. Using this methodology, plan-specific findings can be estimated from an overall TennCare statewide level, with each reporting health plan contributing to the statewide estimate proportionate to its eligible population size.

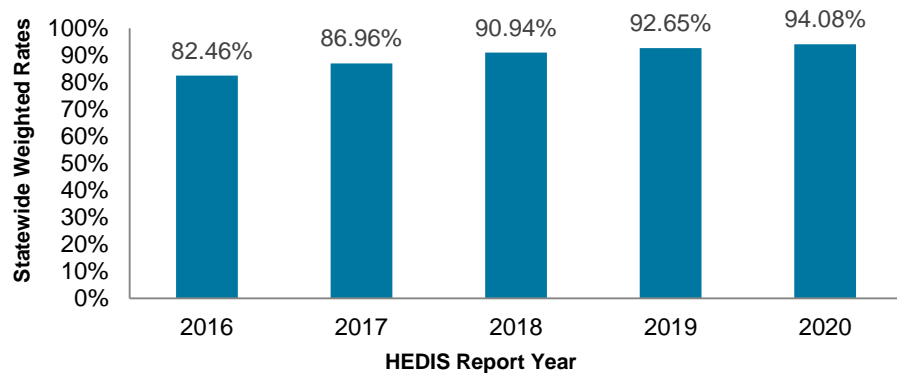
Generally and as stated in footnotes, factors should be considered while trending data, such as instances where measures were not reported (and thereby not plotted) for a

particular year. Additionally, changes in health plans and enrollees should be considered; at the beginning of MY2015, there were 400,000 TennCare enrollees transitioning to new MCOs.

Trending for first-time measures is not possible and, therefore, is not presented in this section. Likewise, graphs are not presented for measures that had a break in trending for the current measurement year. Remaining measures are plotted to reflect the statewide performance of TennCare MCOs for five years. Trending for prior years is available in previous HEDIS reports.

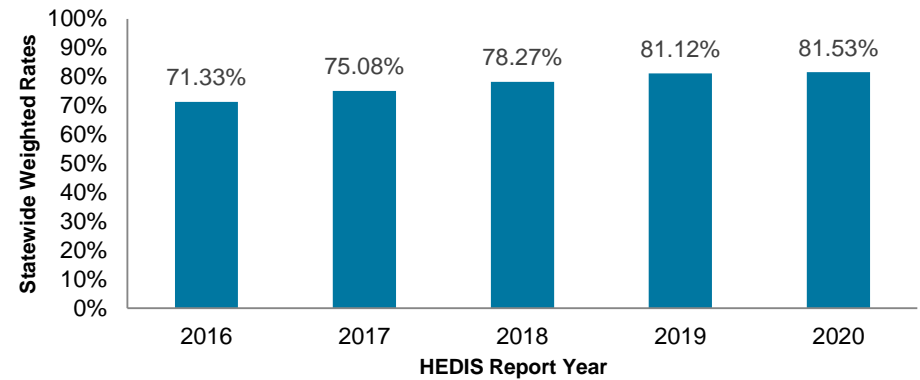
## Effectiveness of Care Measures: Prevention and Screening

**Fig. 1. Adult BMI Assessment (ABA)**



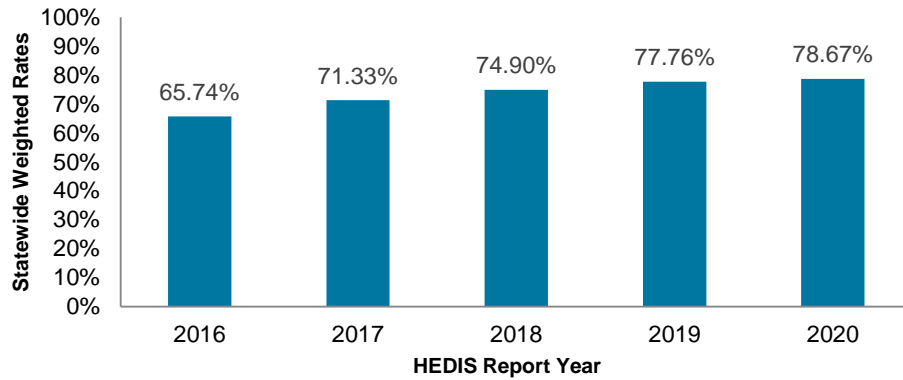
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 2. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—BMI Percentile: 3–11 Years**



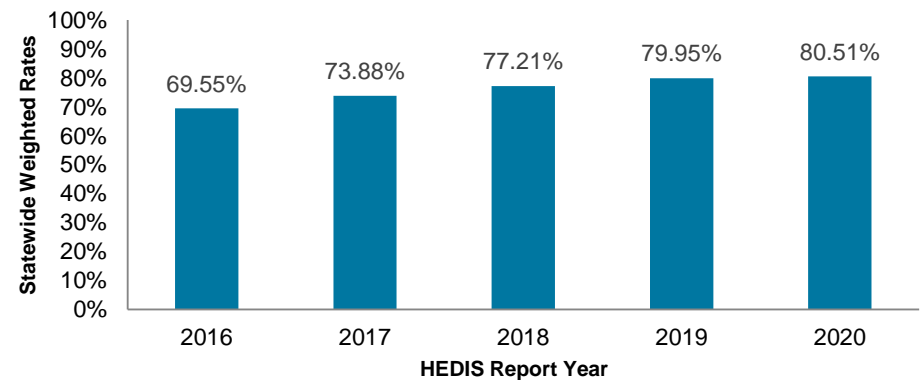
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 3. WCC—BMI Percentile: 12–17 Years**



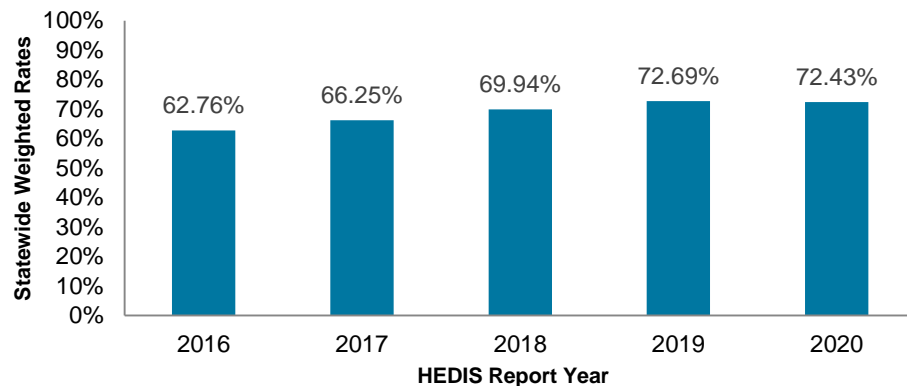
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 4. WCC—BMI Percentile: Total**

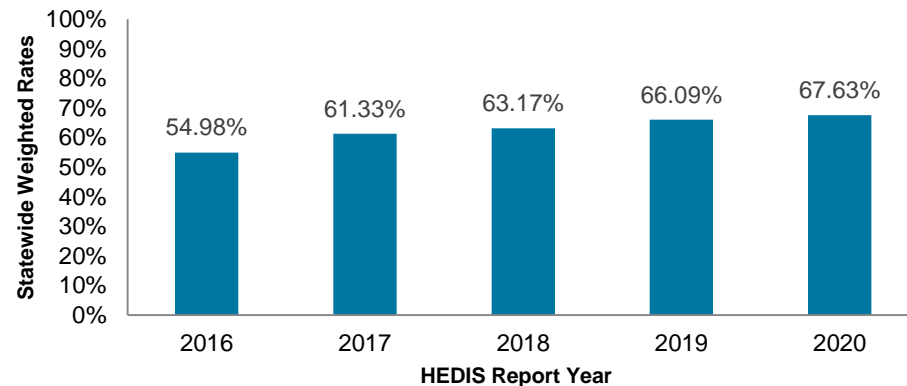


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 5. WCC—Counseling for Nutrition: 3–11 Years**

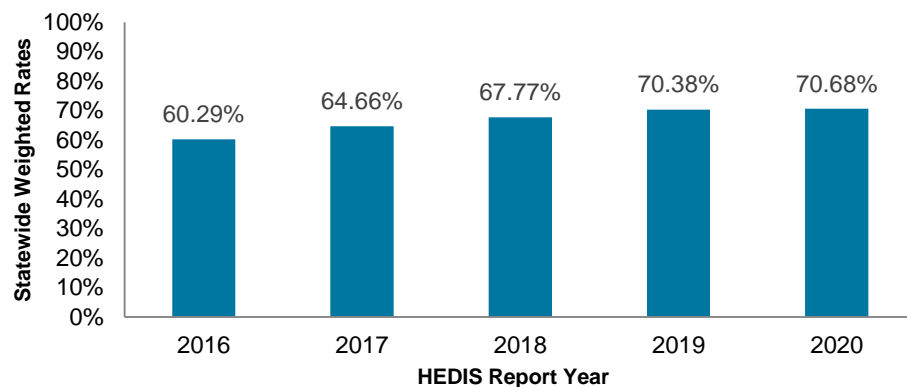


**Fig. 6. WCC—Counseling for Nutrition: 12–17 Years**

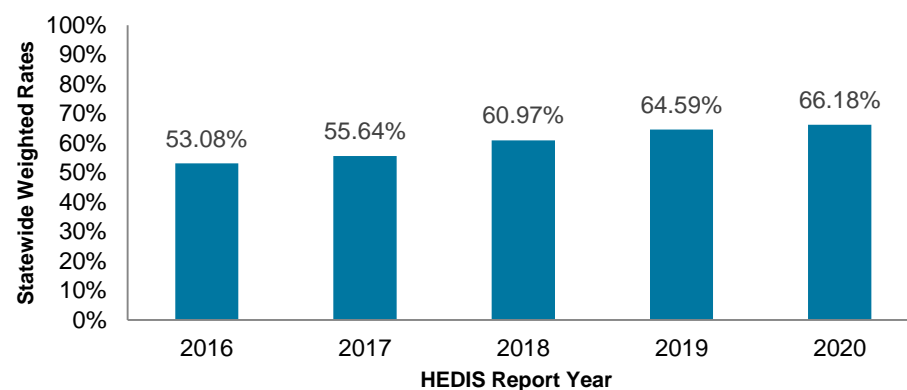


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 7. WCC—Counseling for Nutrition: Total**

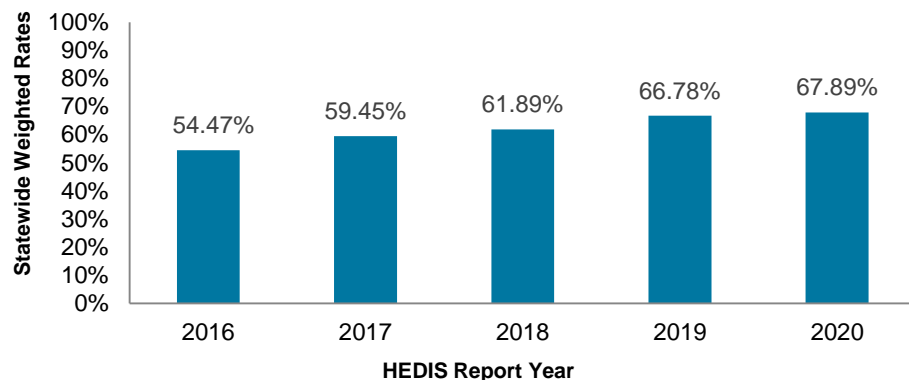


**Fig. 8. WCC—Counseling for Physical Activity: 3–11 Years**

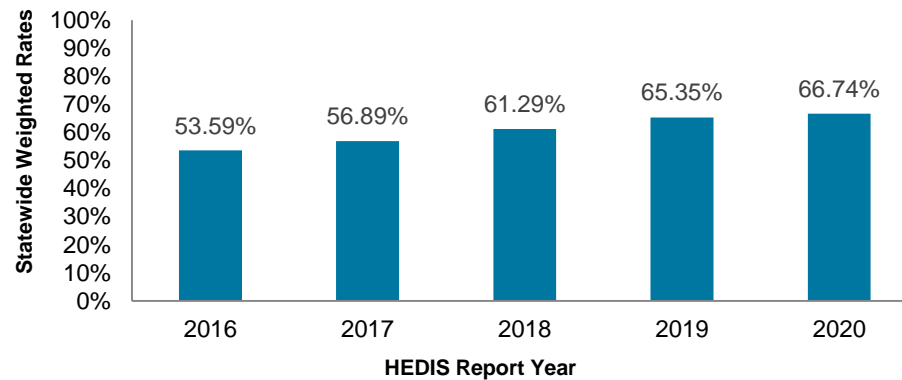


Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

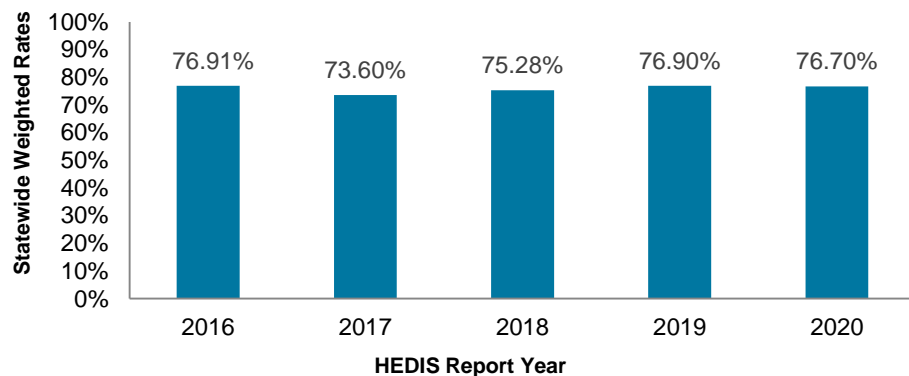
**Fig. 9. WCC—Counseling for Physical Activity: 12–17 Years**



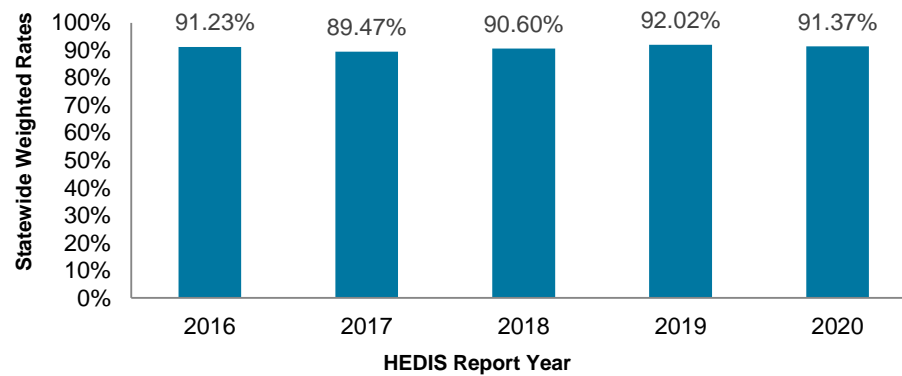
**Fig. 10. WCC—Counseling for Physical Activity: Total**



**Fig. 11. Childhood Immunization Status (CIS): DTaP/DT**



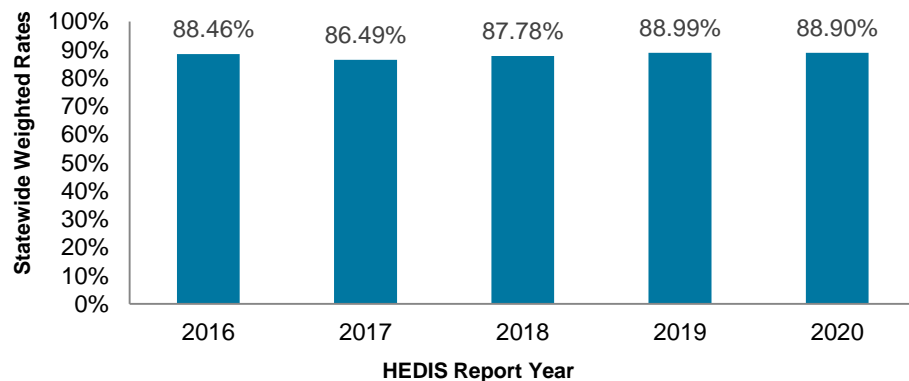
**Fig. 12. CIS: IPV**



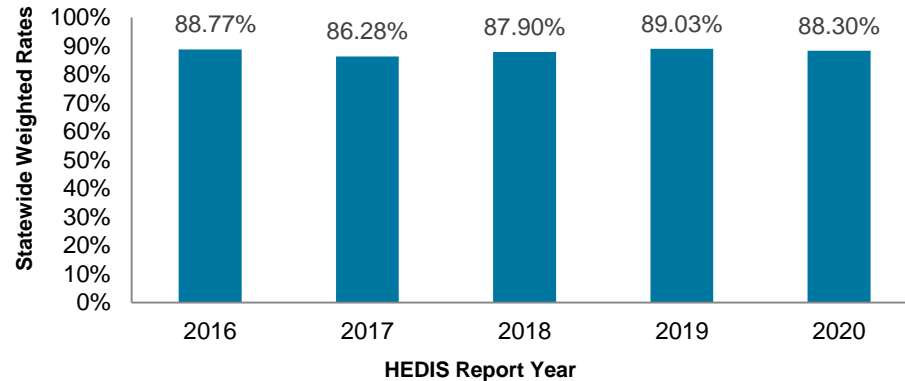
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

**Fig. 13. CIS: MMR**

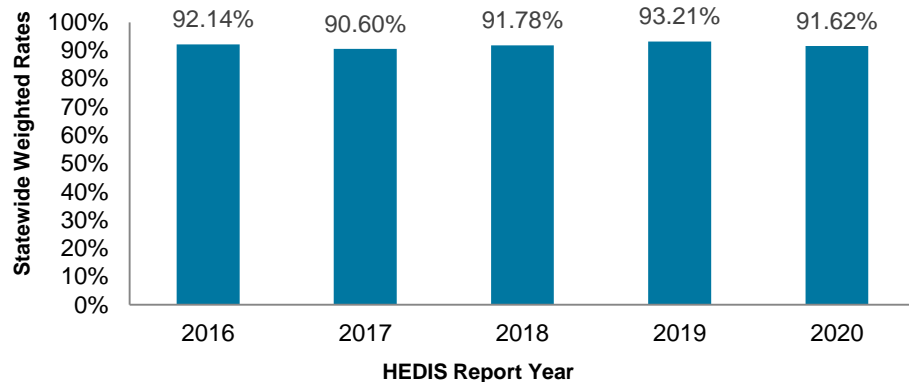


**Fig. 14. CIS: HiB**

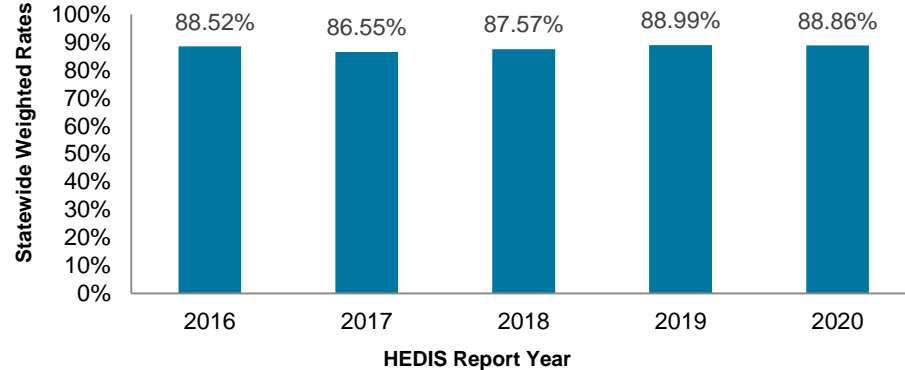


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 15. CIS: HepB**



**Fig. 16. CIS: VZV**





Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 17. CIS: PCV

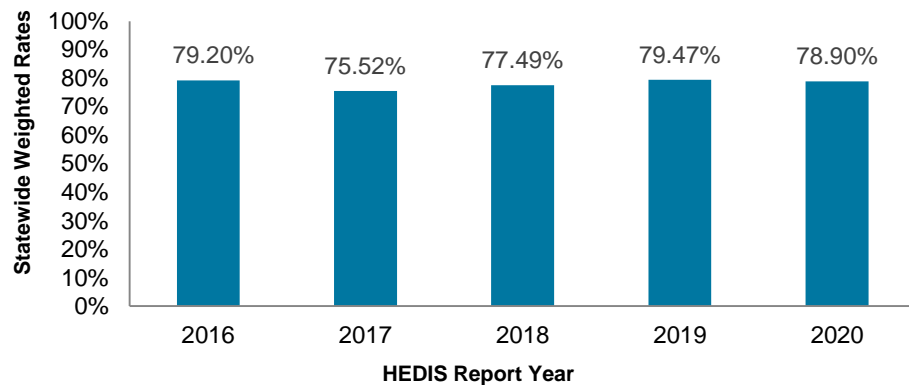
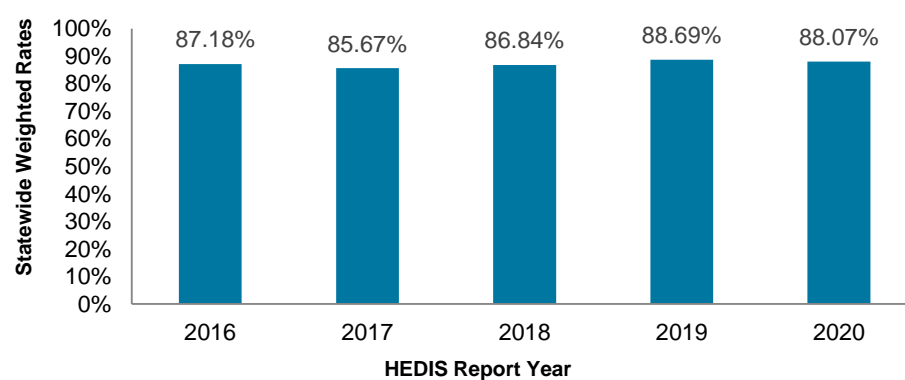


Fig. 18. CIS: HepA



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 19. CIS: RV

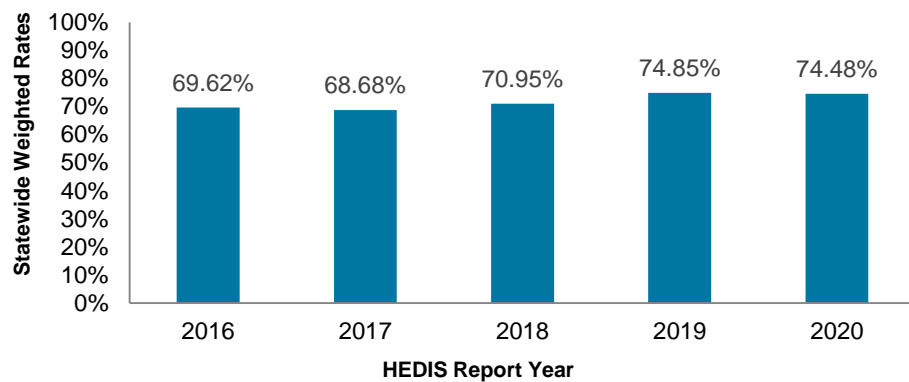
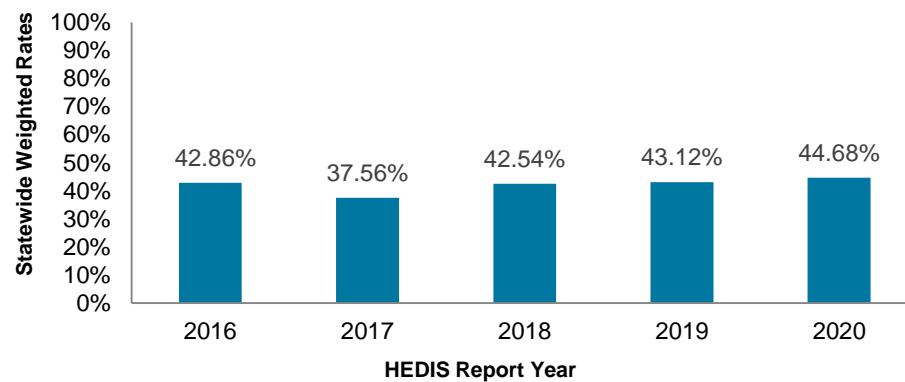
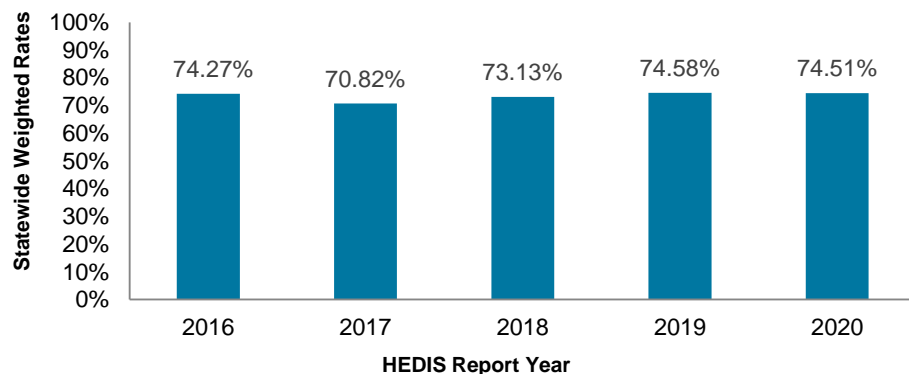


Fig. 20. CIS: Flu



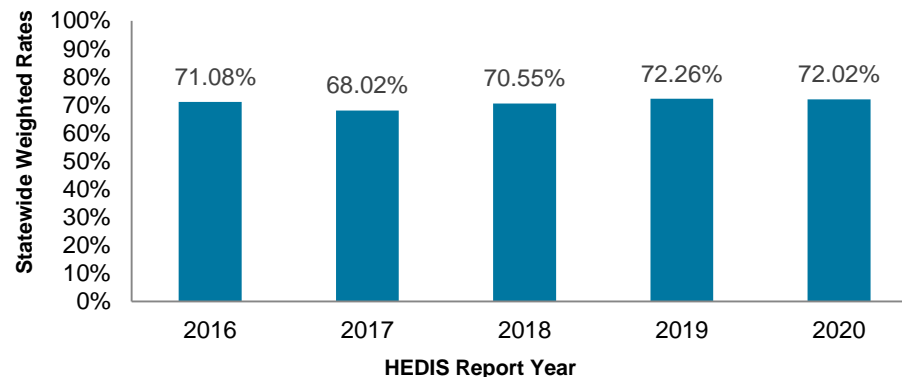
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

**Fig. 21. CIS: Combination 2**



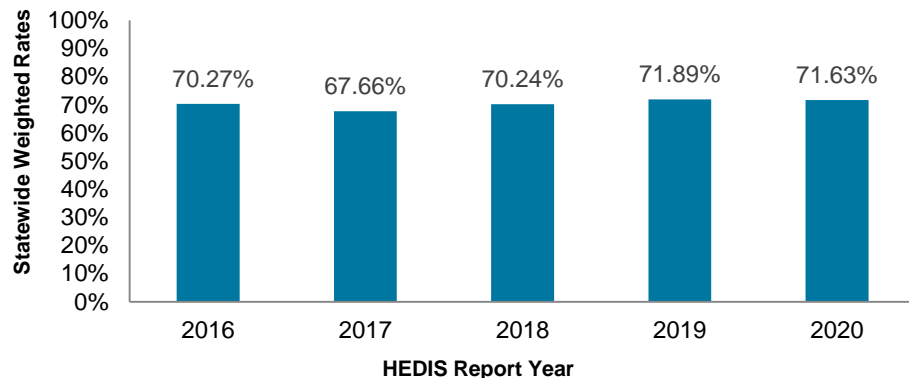
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 22. CIS: Combination 3**



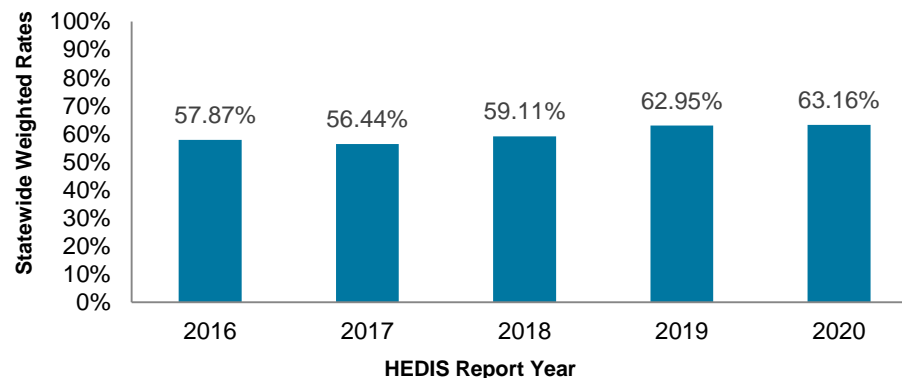
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 23. CIS: Combination 4**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

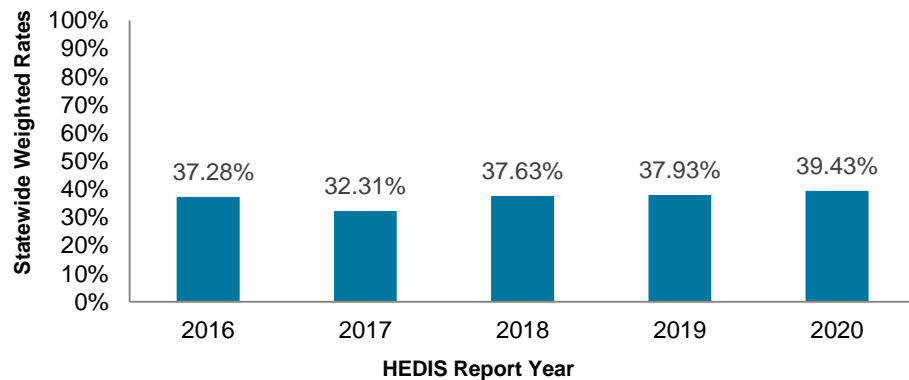
**Fig. 24. CIS: Combination 5**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

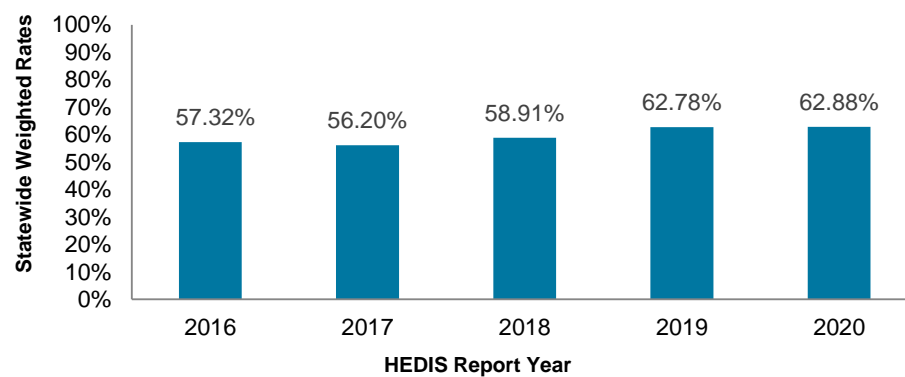
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

**Fig. 25. CIS: Combination 6**



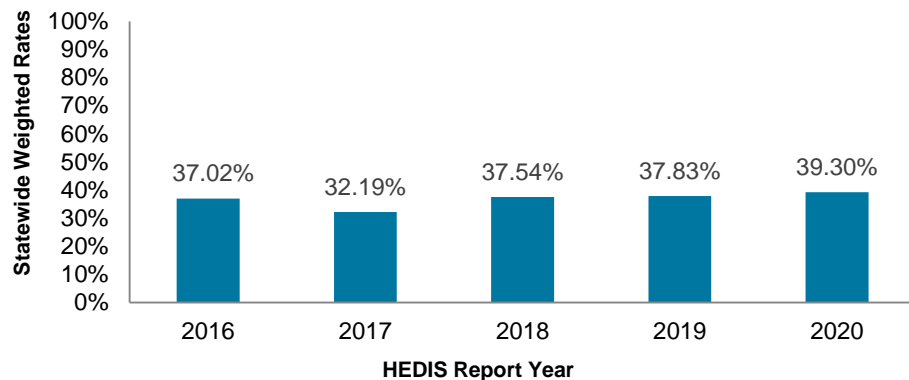
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 26. CIS: Combination 7**



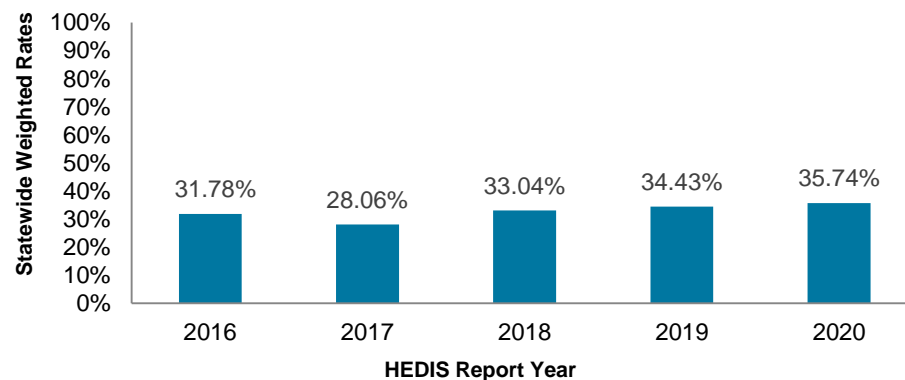
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 27. CIS: Combination 8**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

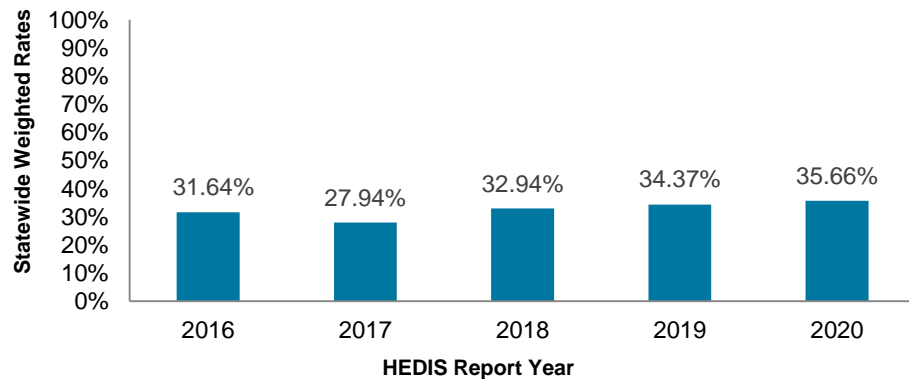
**Fig. 28. CIS: Combination 9**



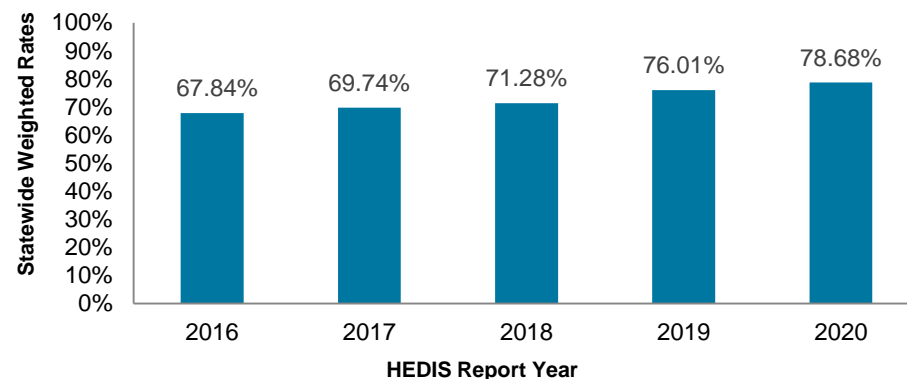
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

**Fig. 29. CIS: Combination 10**

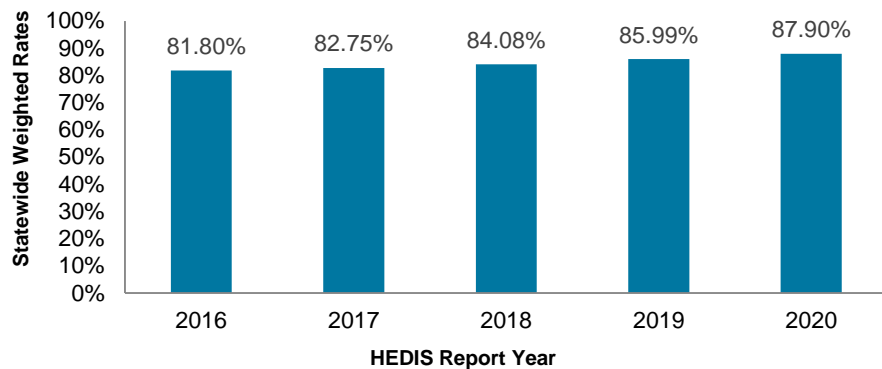


**Fig. 30. Immunizations for Adolescents (IMA): Meningococcal**

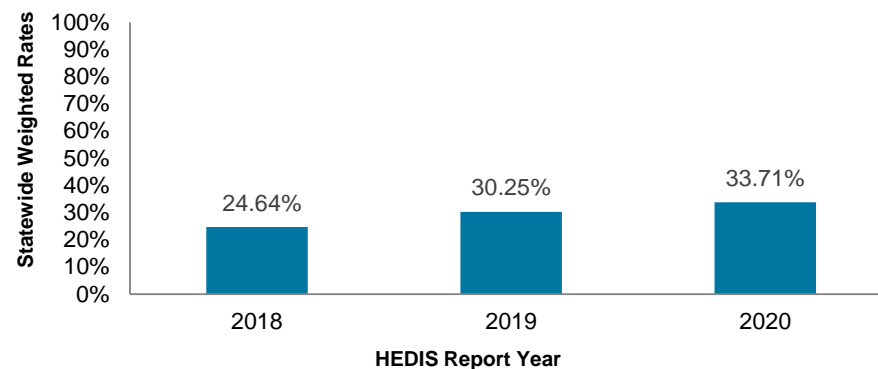


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 31. IMA: Tdap/Td**



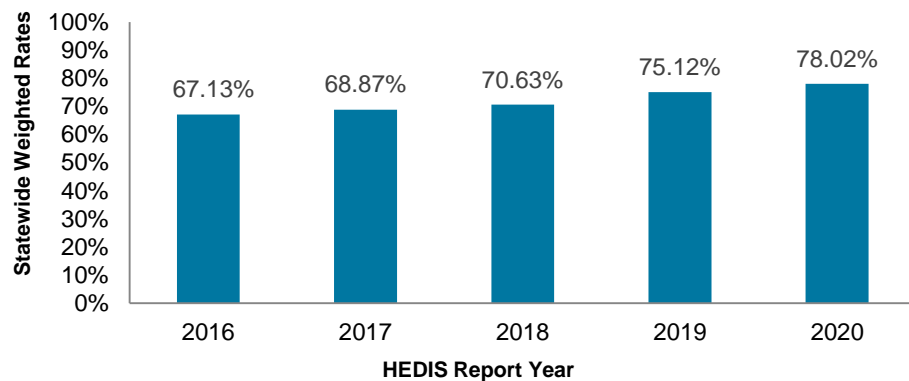
**Fig. 32. IMA: HPV**



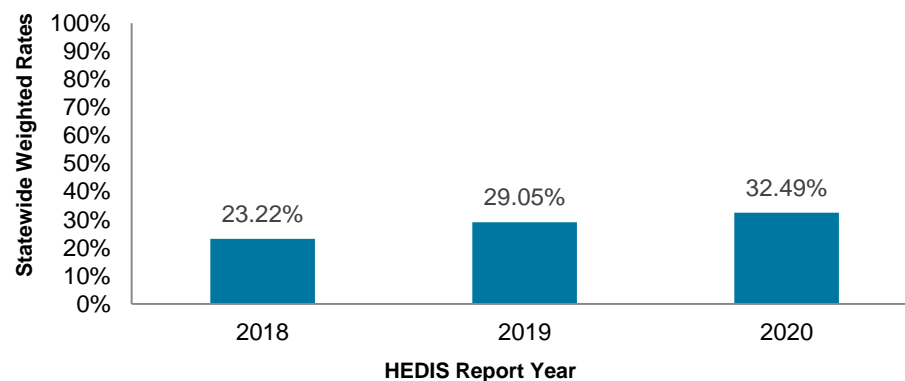
Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications in 2018.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

**Fig. 33. IMA: Combination 1**

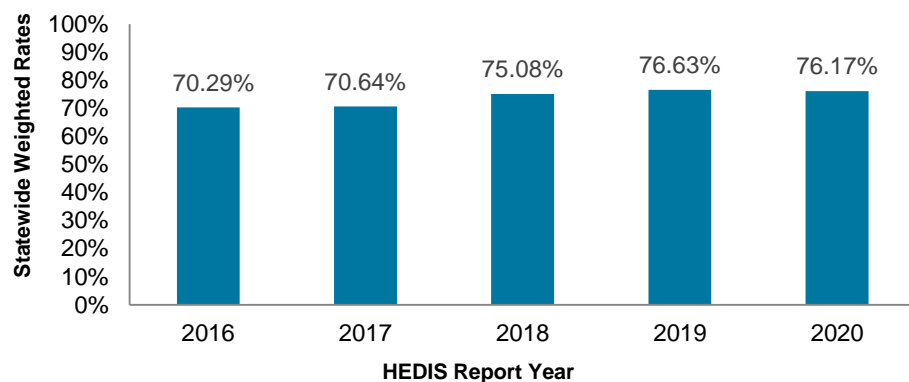


**Fig. 34. IMA: Combination 2**

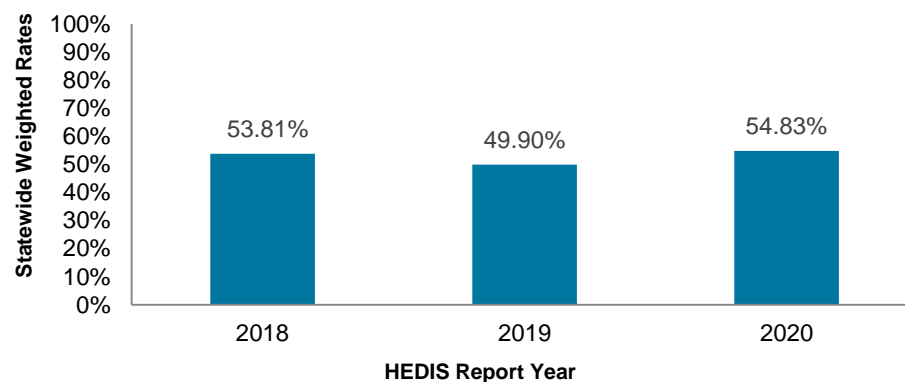


Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications in 2018.

**Fig. 35. Lead Screening in Children (LSC)**



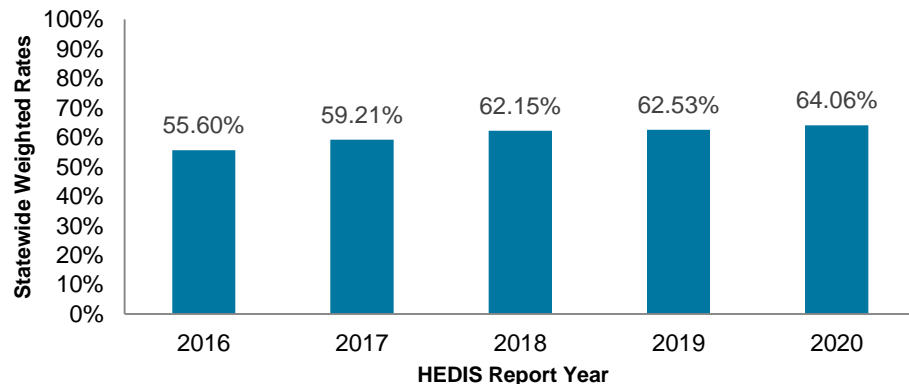
**Fig. 36. Breast Cancer Screening (BCS)**



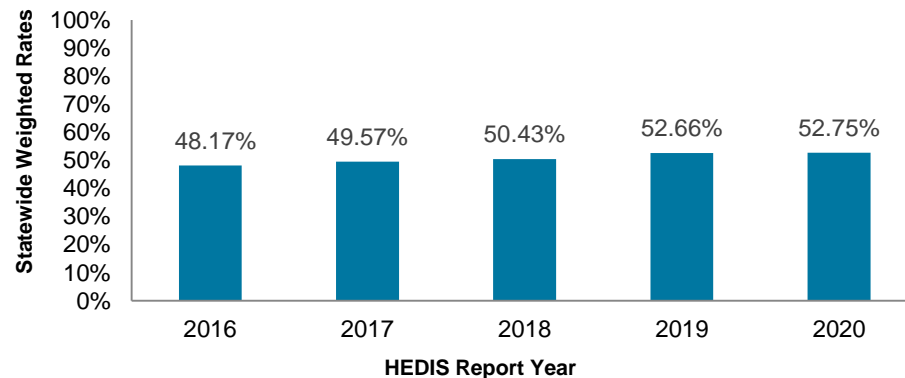
Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications in 2018.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

**Fig. 37. Cervical Cancer Screening (CCS)**

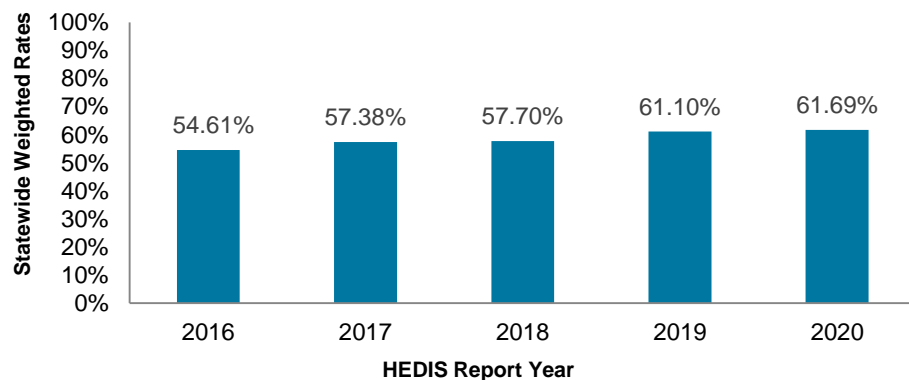


**Fig. 38. Chlamydia Screening in Women (CHL): 16–20 Years**

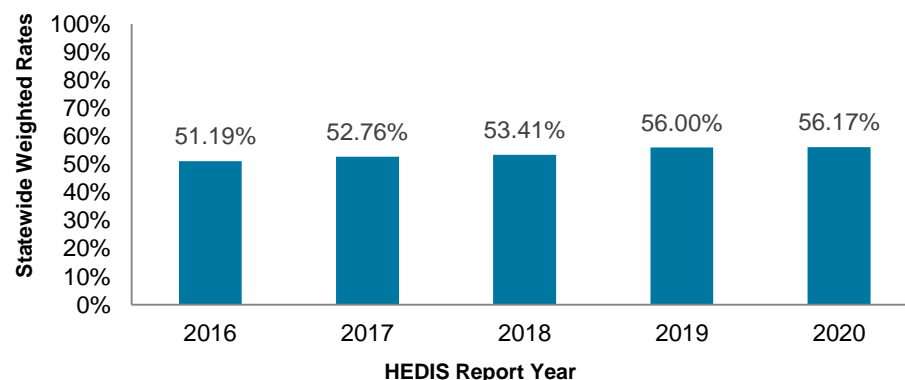


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 39. CHL: 21–24 Years**

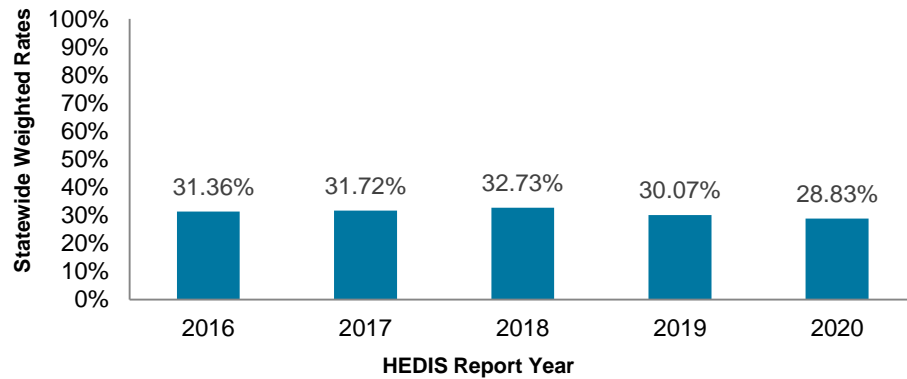


**Fig. 40. CHL: Total**



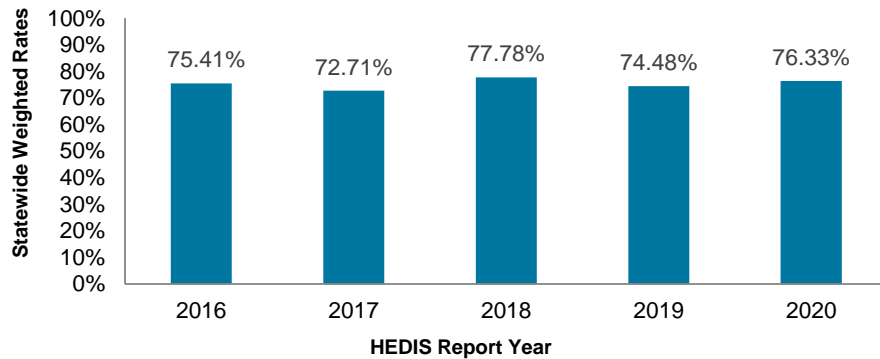
## Effectiveness of Care Measures: Respiratory Conditions

**Fig. 41. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)**



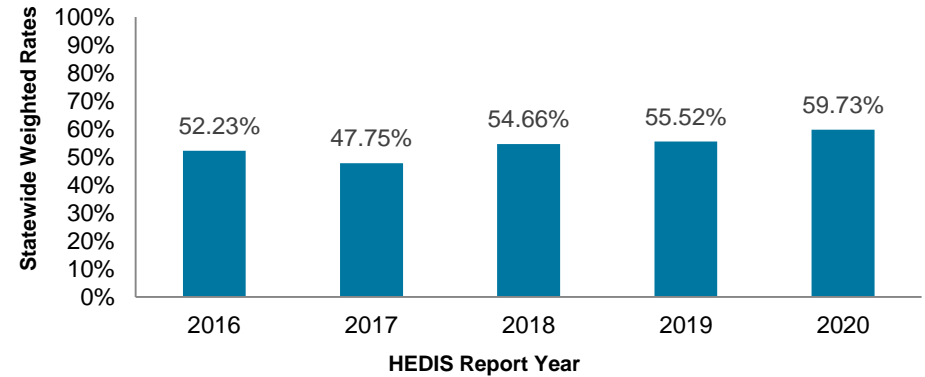
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 43. PCE: Bronchodilator**



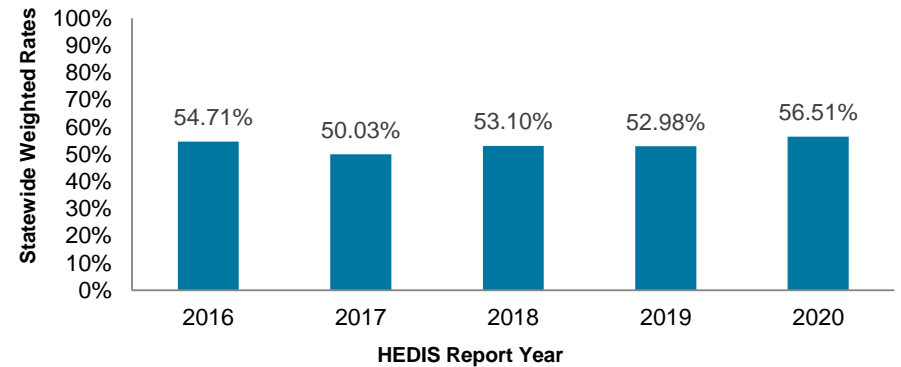
Footnote: In 2017, criteria used to identify the COPD Episode Date in the event/diagnosis was revised; trending between prior years should be considered with caution.

**Fig. 42. Pharmacotherapy Management of COPD Exacerbation (PCE): Systemic Corticosteroid**



Footnote: In 2017, criteria used to identify the COPD Episode Date in the event/diagnosis was revised; trending between prior years should be considered with caution.

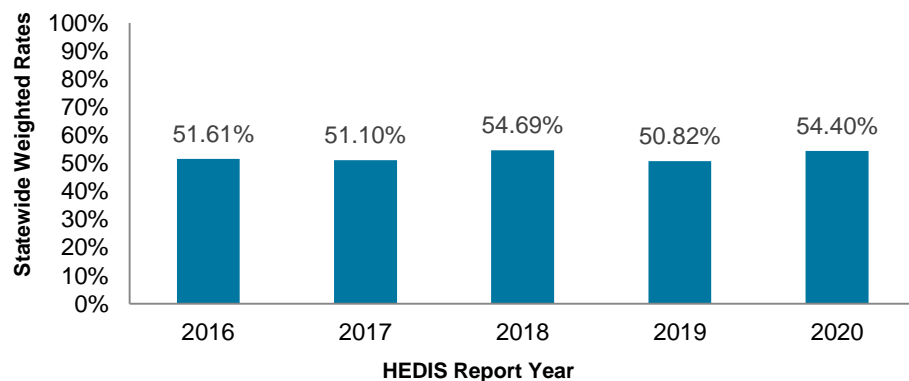
**Fig. 44. Medication Management for People With Asthma (MMA)—Medication Compliance 50%: 5–11 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

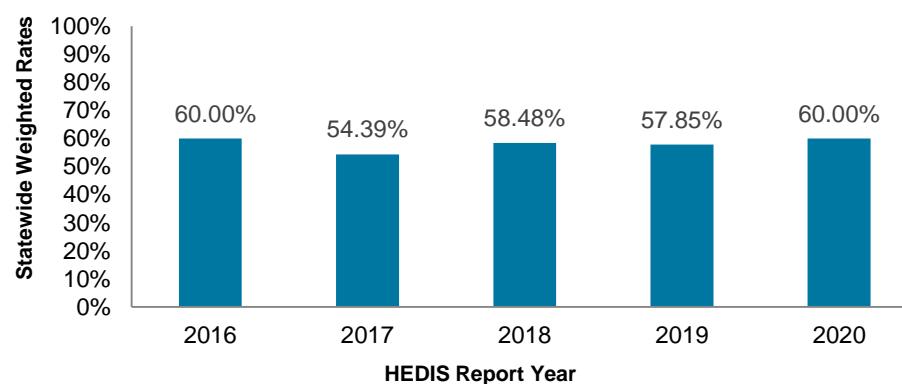
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

**Fig. 45. MMA—Medication Compliance 50%: 12–18 Years**



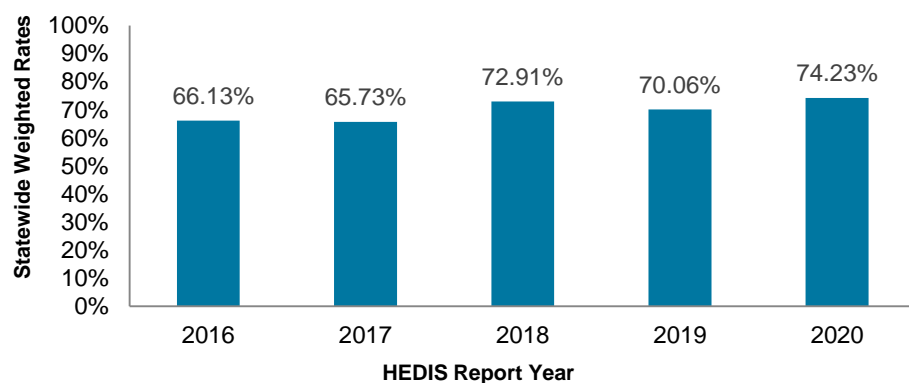
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 46. MMA—Medication Compliance 50%: 19–50 Years**



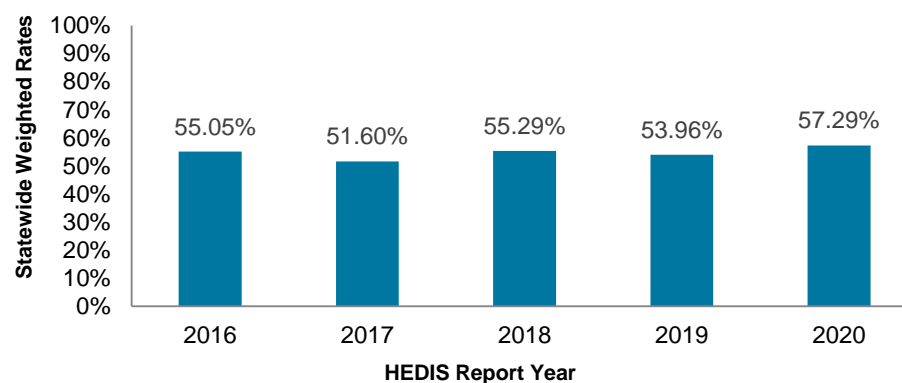
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 47. MMA—Medication Compliance 50%: 51–64 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 48. MMA—Medication Compliance 50%: Total**

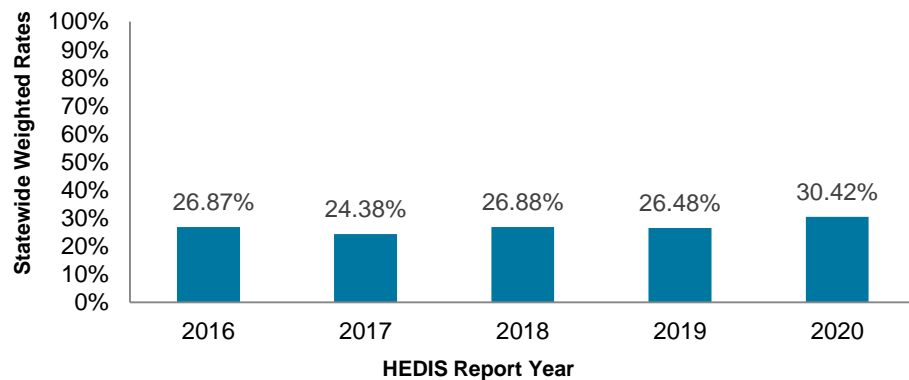


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.



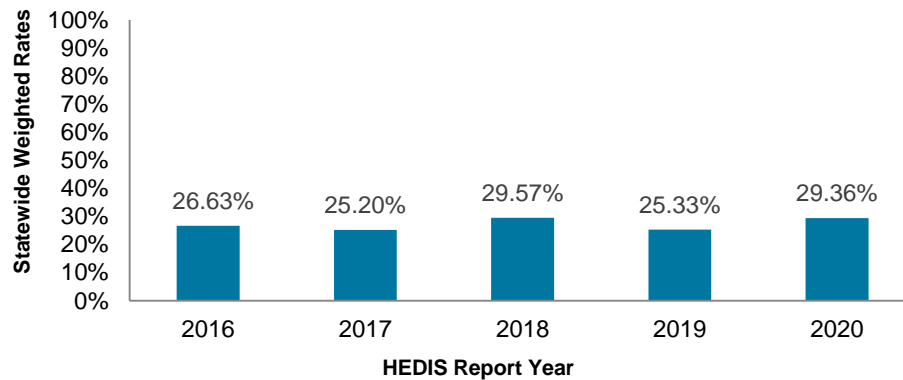
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

**Fig. 49. MMA—Medication Compliance 75%: 5–11 Years**



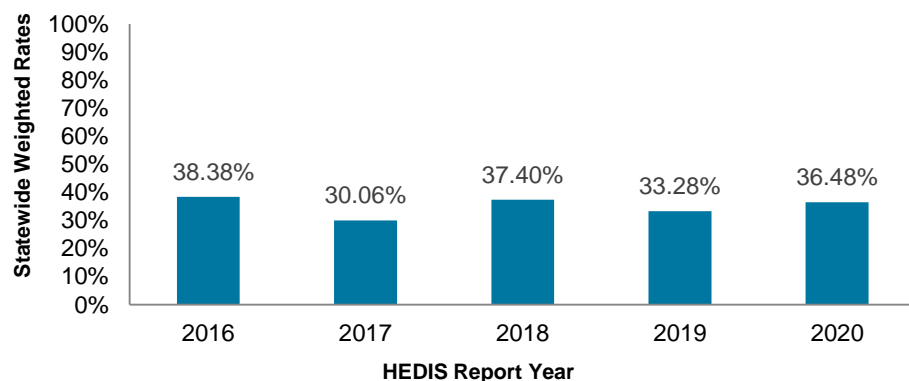
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 50. MMA—Medication Compliance 75%: 12–18 Years**



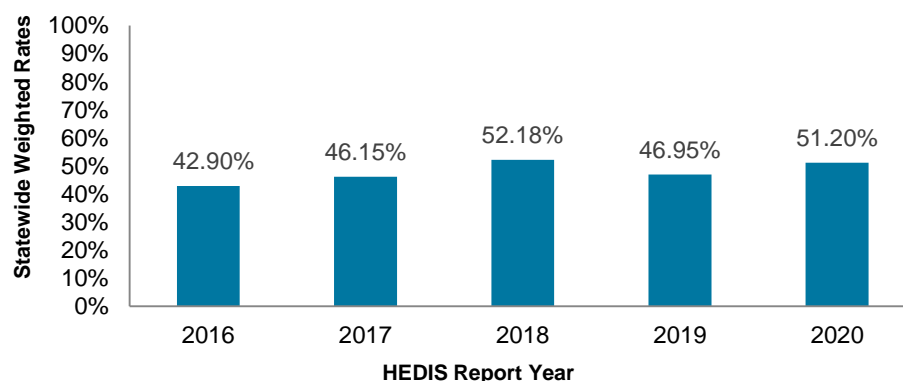
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 51. MMA—Medication Compliance 75%: 19–50 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

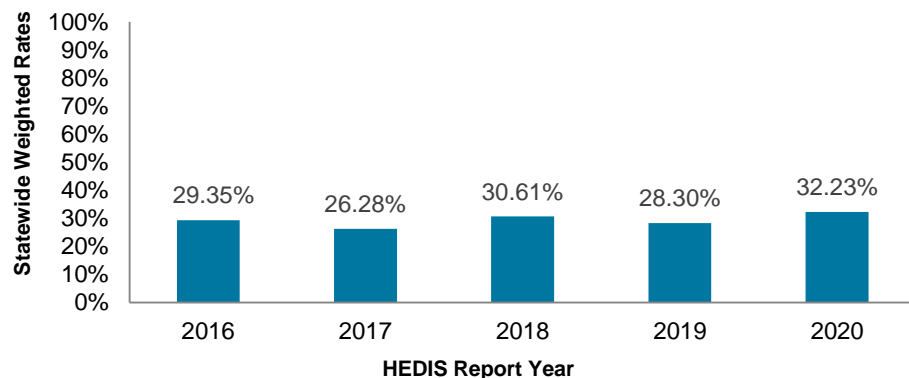
**Fig. 52. MMA—Medication Compliance 75%: 51–64 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

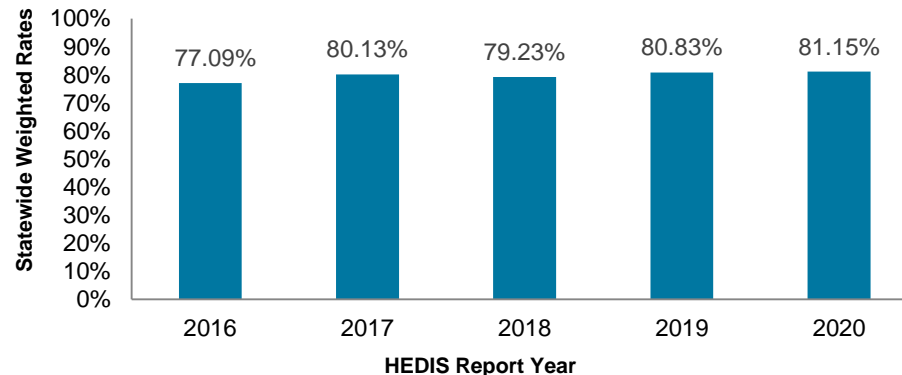
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

**Fig. 53. MMA—Medication Compliance 75%: Total**



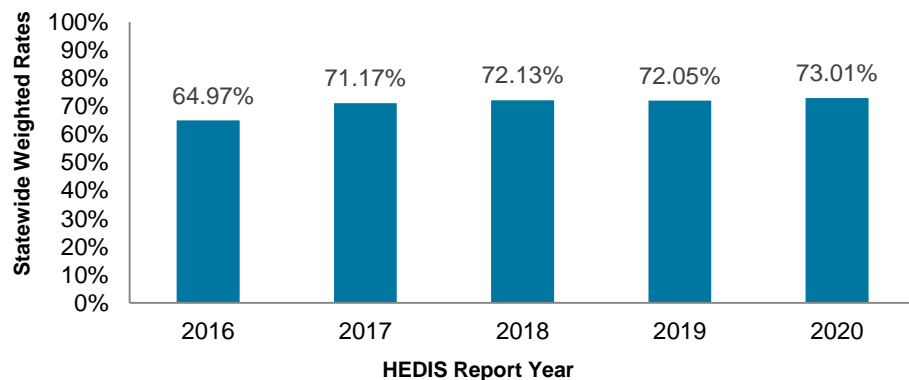
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 54. Asthma Medication Ratio (AMR): 5–11 Years**



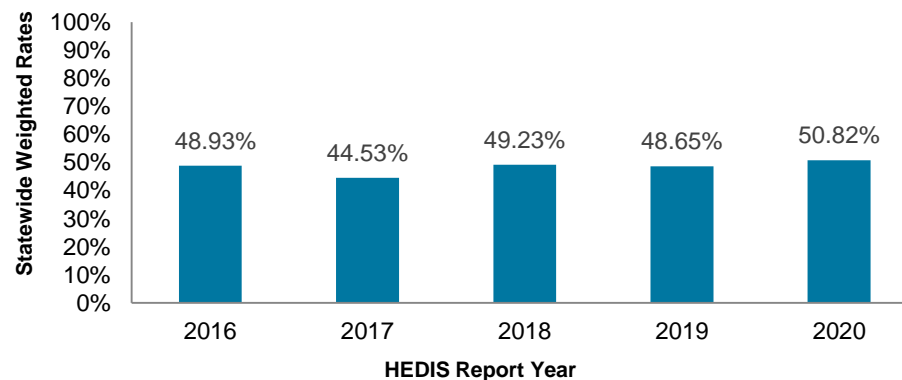
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 55. AMR: 12–18 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

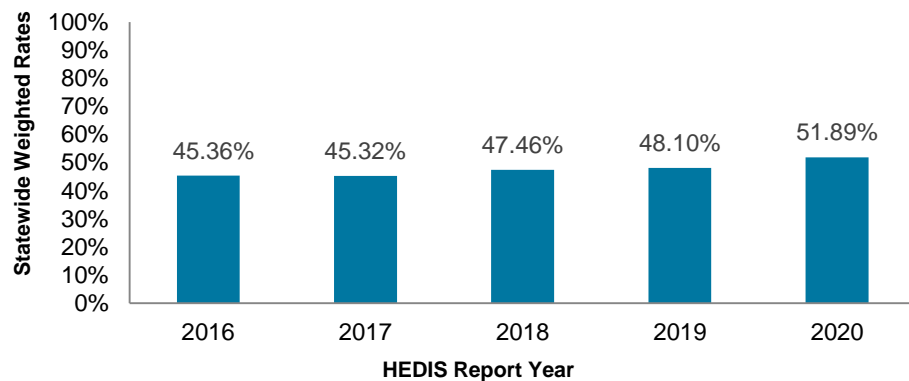
**Fig. 56. AMR: 19–50 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

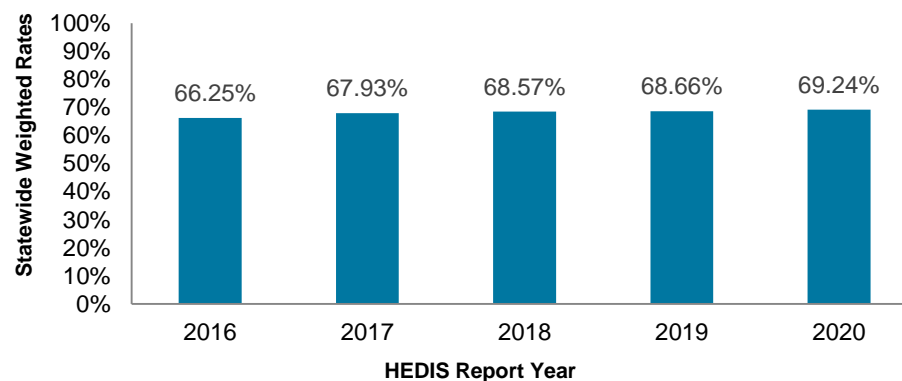
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

**Fig. 57. AMR: 51–64 Years**



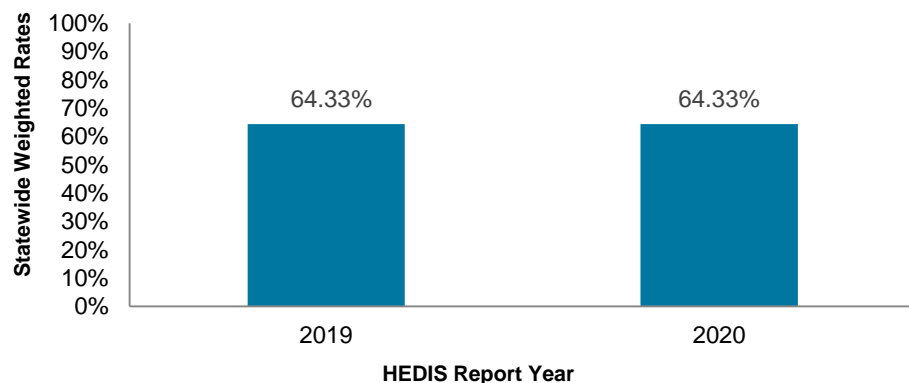
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 58. AMR: Total**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

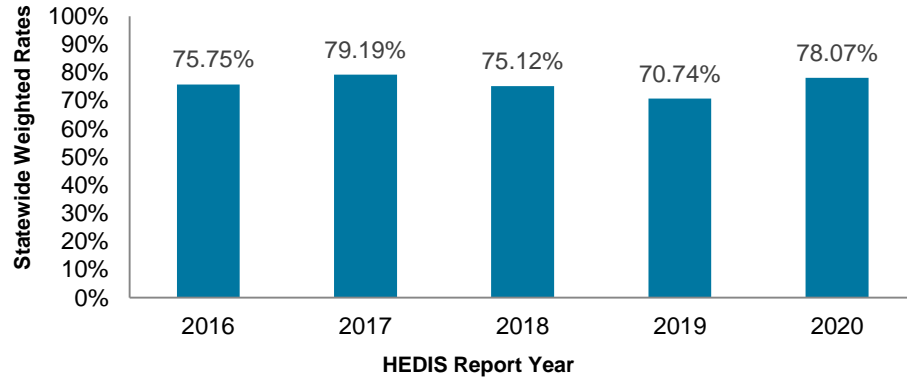
**Fig. 59. Controlling High Blood Pressure (CBP)**



Footnote: Due to significant changes in measure specification in 2019, NCQA indicated a break in trending to prior years.

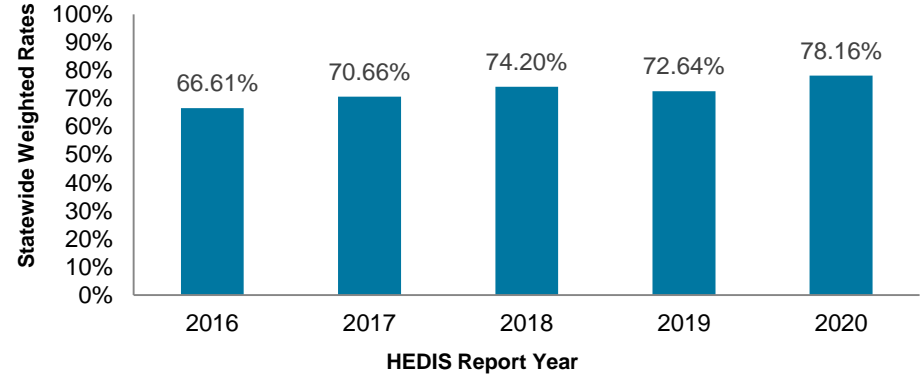
### Effectiveness of Care Measures: Cardiovascular Conditions

**Fig. 60. Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**



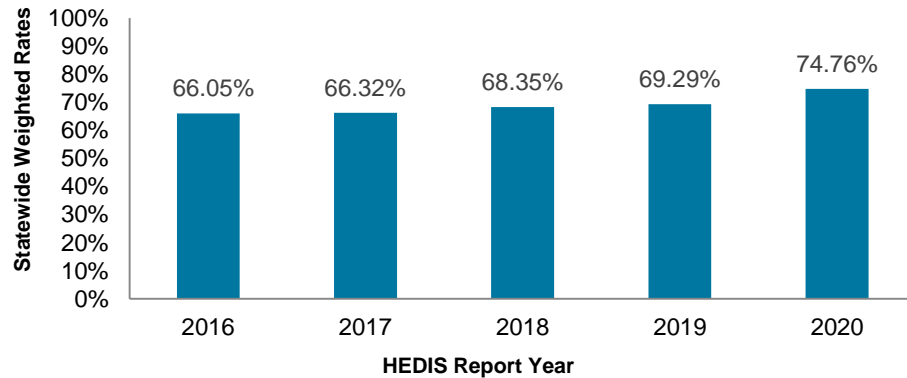
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 61. Statin Therapy for Patients With Cardiovascular Disease (SPC)—Received Statin Therapy: Males 21–75 Years**



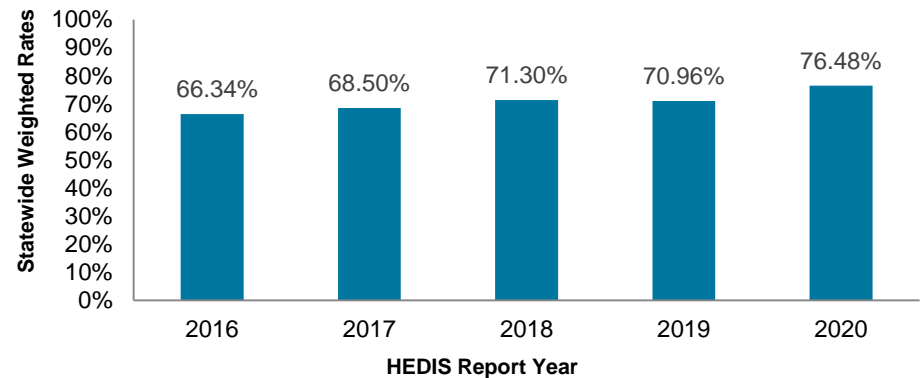
Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

**Fig. 62. SPC—Received Statin Therapy: Females 40–75 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

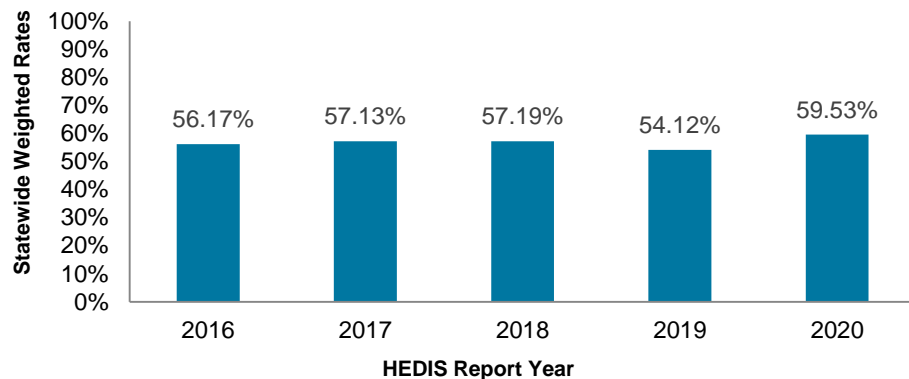
**Fig. 63. SPC—Received Statin Therapy: Total**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

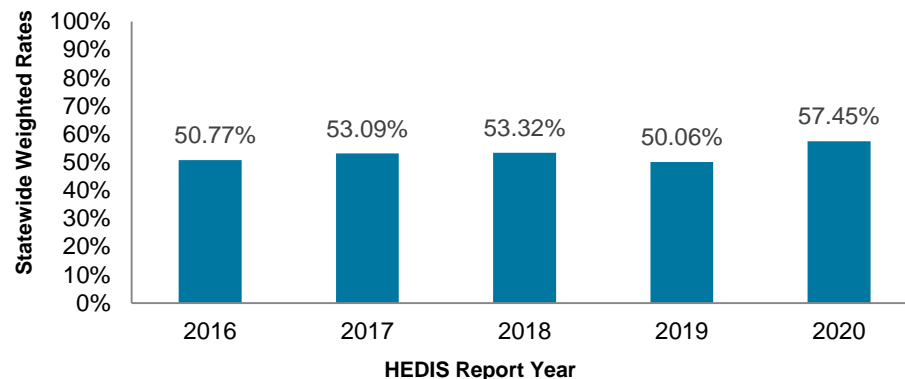
Medicaid HEDIS Trending—Effectiveness of Care Measures: Cardiovascular Conditions

**Fig. 64. SPC—Statin Adherence 80%: Males 21–75 Years**



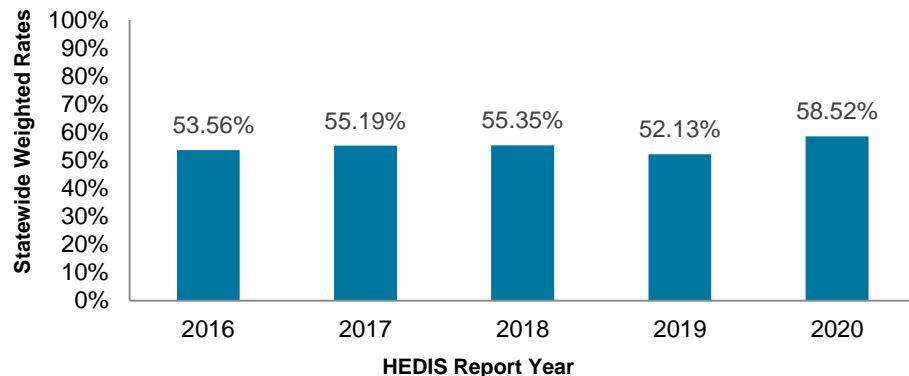
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 65. SPC—Statin Adherence 80%: Females 40–75 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

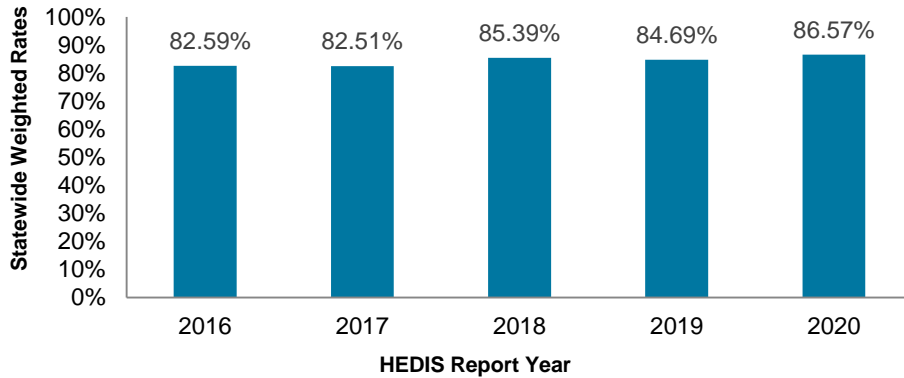
**Fig. 66. SPC—Statin Adherence 80%: Total**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

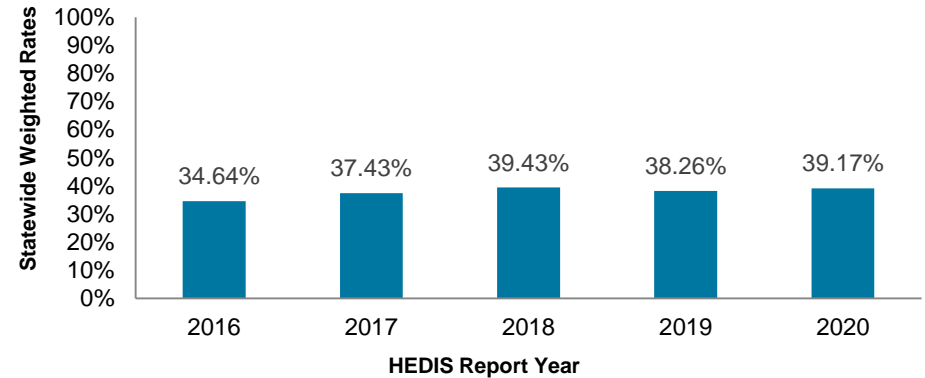
### Effectiveness of Care Measures: Diabetes

**Fig. 67. Comprehensive Diabetes Care (CDC): HbA1c Testing**



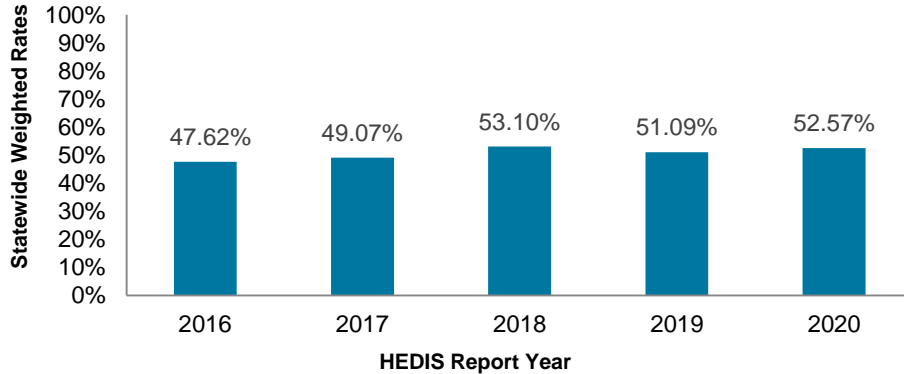
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 68. CDC: HbA1c Control (<7.0%)**



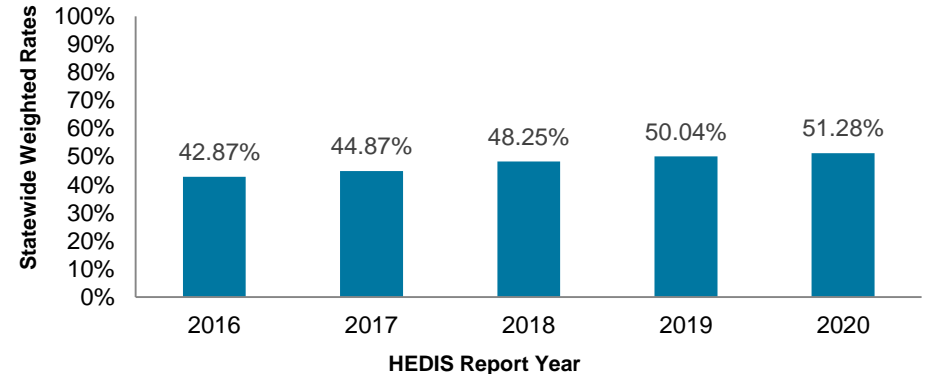
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 69. CDC: HbA1c Control (<8.0%)**



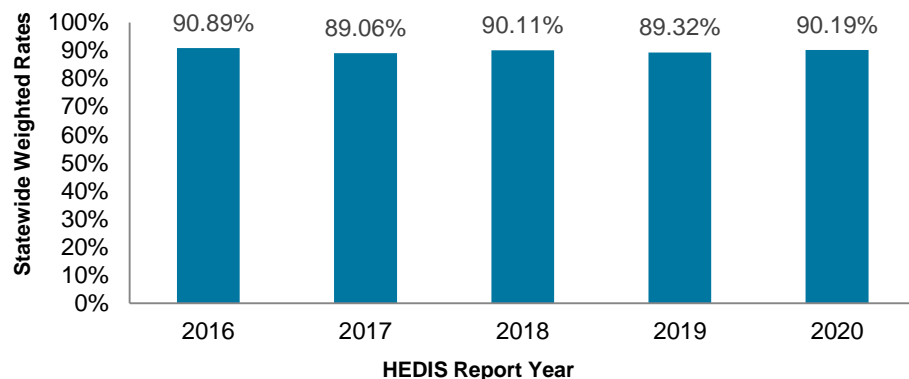
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 70. CDC: Retinal Eye Exam Performed**

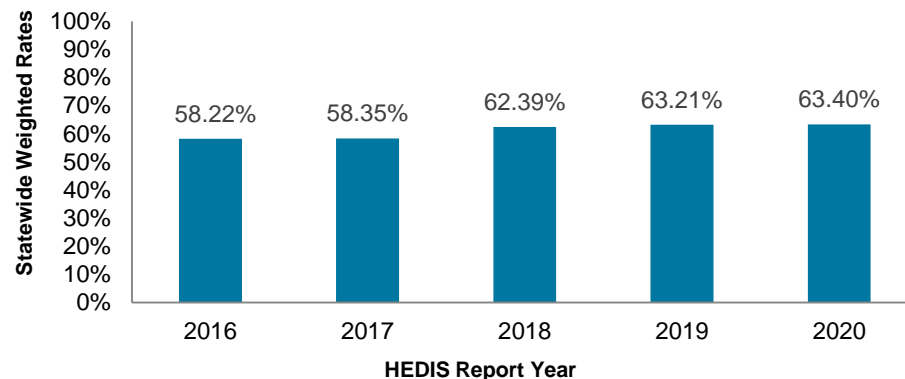


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 71. CDC: Medical Attention for Nephropathy**



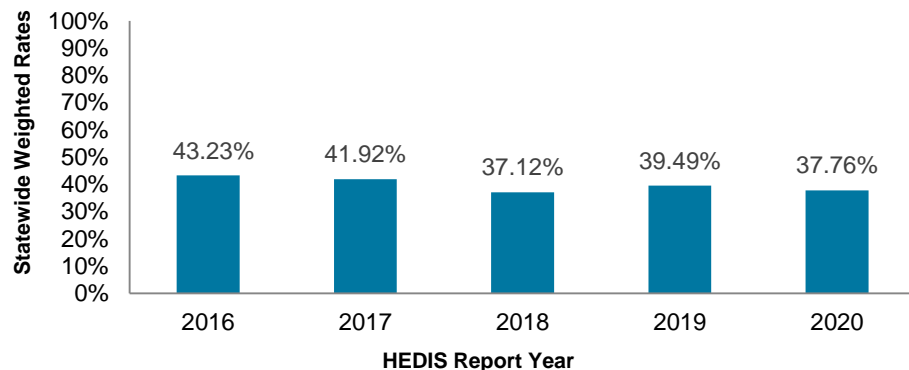
**Fig. 72. CDC: Blood Pressure Control (<140/90 mm Hg)**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

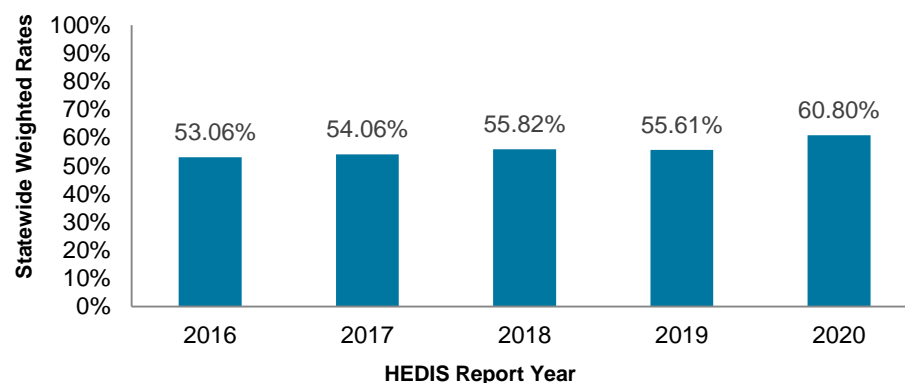
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 73. CDC: HbA1c Poor Control (>9.0%)\***



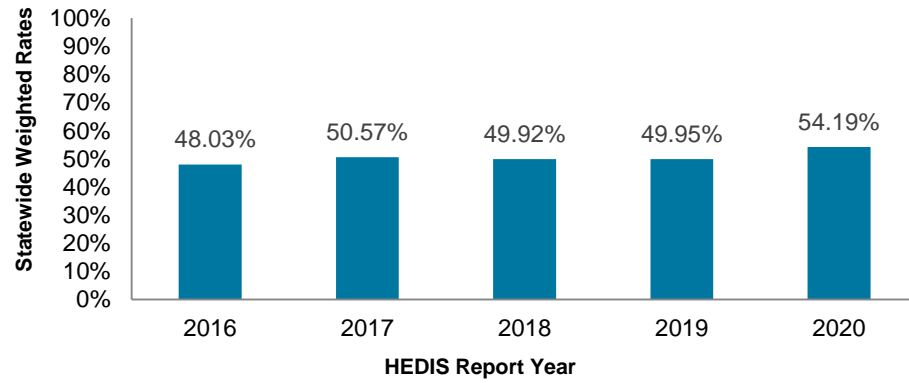
\*Lower rates for this measure indicate better performance.  
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 74. SPD—Received Statin Therapy**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 75. SPD—Statin Adherence 80%**

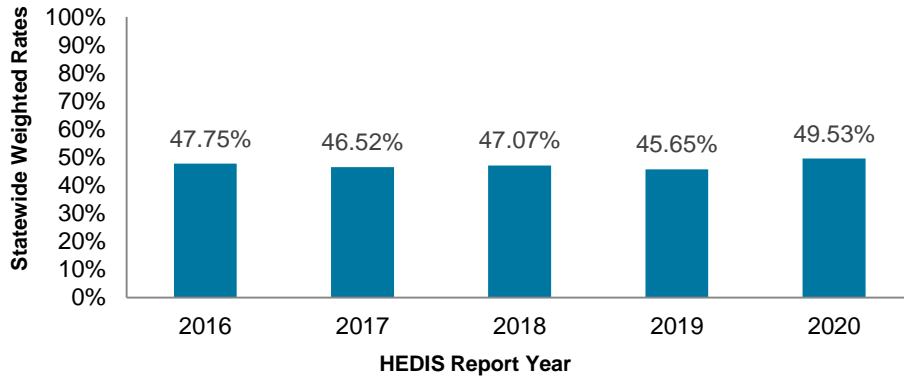


*Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.*



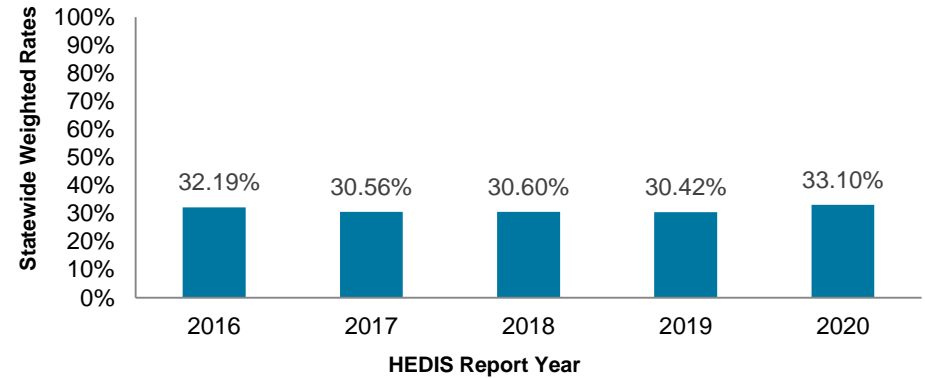
### Effectiveness of Care Measures: Behavioral Health

**Fig. 76. Antidepressant Medication Management (AMM): Effective Acute Phase Treatment**



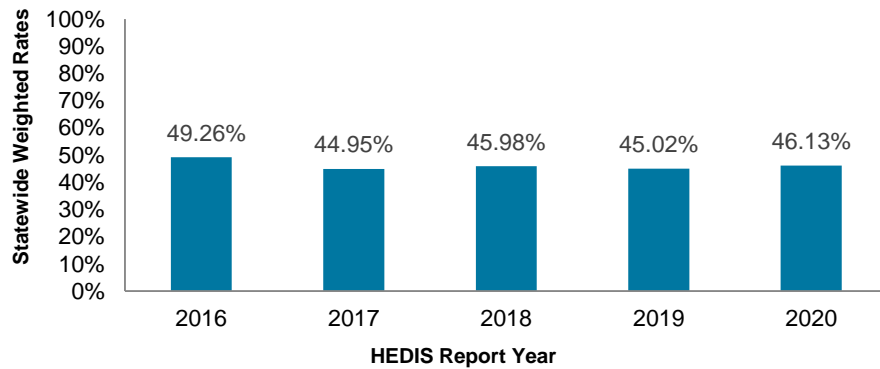
Footnote: Due to changes in measure specification, NCQA indicated trending between 2018 and previous years should be considered with caution.

**Fig. 77. AMM: Effective Continuation Phase Treatment**



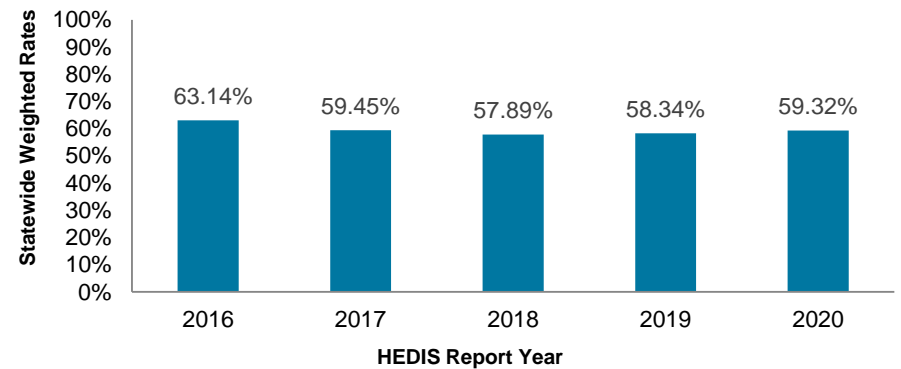
Footnote: Due to changes in measure specification, NCQA indicated trending between 2018 and previous years should be considered with caution.

**Fig. 78. Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase**



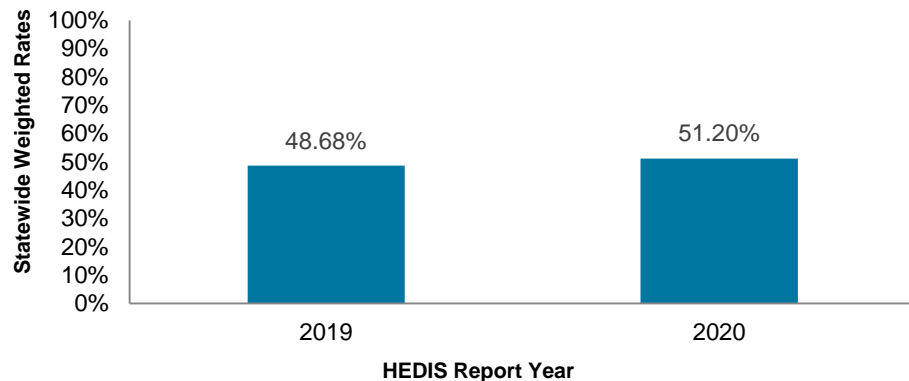
Footnote: Due to changes in measure specification, NCQA indicated trending between 2018 and previous years should be considered with caution.

**Fig. 79. ADD: Continuation and Maintenance Phase**



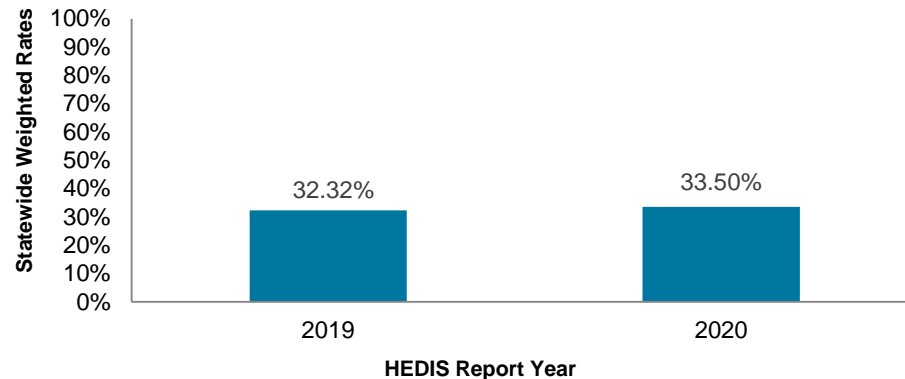
Footnote: Due to changes in measure specification, NCQA indicated trending between 2018 and previous years should be considered with caution.

**Fig. 80. Follow-Up After Hospitalization for Mental Illness (FUH)—  
7-Day Follow-Up: 6–17 Years**



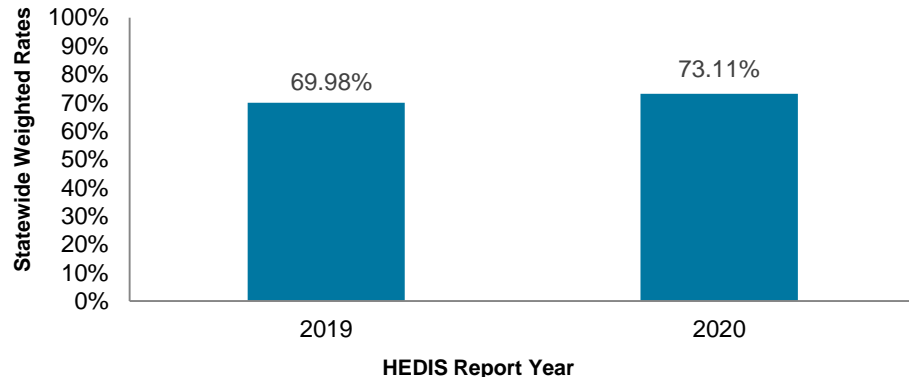
Footnote: Since age stratification was added to this measure in 2019, trending with prior years is not possible.

**Fig. 81. FUH—7-Day Follow-Up: 18–64 Years**



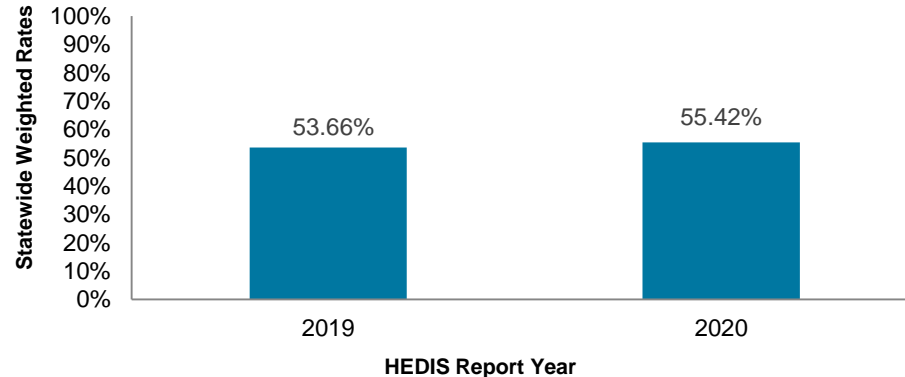
Footnote: Since age stratification was added to this measure in 2019, trending with prior years is not possible.

**Fig. 82. FUH—30-Day Follow-Up: 6–17 Years**



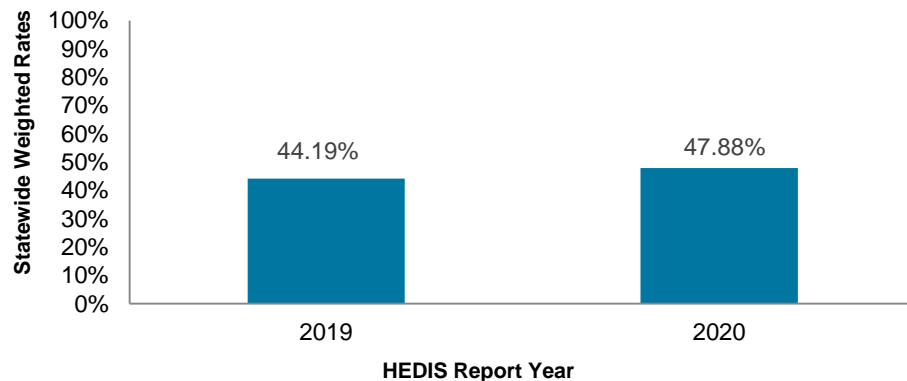
Footnote: Since age stratification was added to this measure in 2019, trending with prior years is not possible.

**Fig. 83. FUH—30-Day Follow-Up: 18–64 Years**



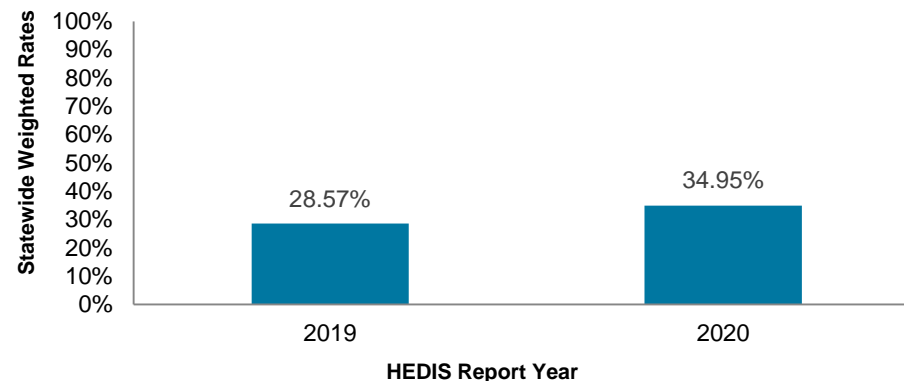
Footnote: Since age stratification was added to this measure in 2019, trending with prior years is not possible.

**Fig. 84. Follow-Up After Emergency Department Visit for Mental Illness (FUM)—7-Day Follow-Up: 6–17 Years**



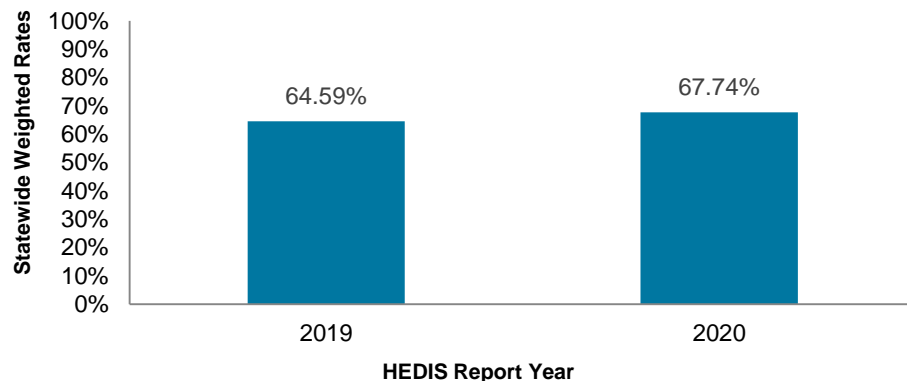
Footnote: Due to significant changes in measure specification in 2019, NCQA indicated a break in trending to prior years.

**Fig. 85. FUM—7-Day Follow-Up: 18–64 Years**



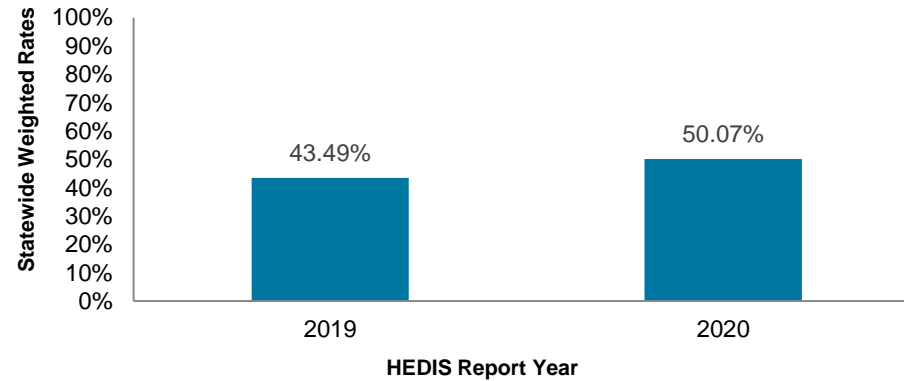
Footnote: Due to significant changes in measure specification in 2019, NCQA indicated a break in trending to prior years.

**Fig. 86. FUM—30-Day Follow-Up: 6–17 Years**



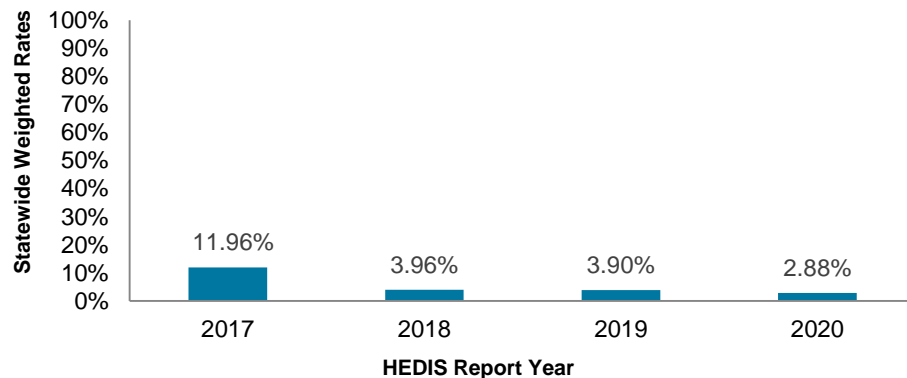
Footnote: Due to significant changes in measure specification in 2019, NCQA indicated a break in trending to prior years.

**Fig. 87. FUM—30-Day Follow-Up: 18–64 Years**



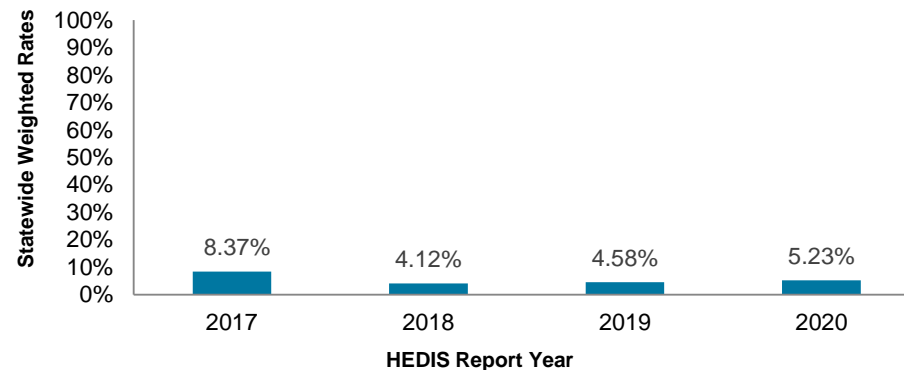
Footnote: Due to significant changes in measure specification in 2019, NCQA indicated a break in trending to prior years.

**Fig. 88. Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (FUA)—7-Day Follow-Up: 13–17 Years**



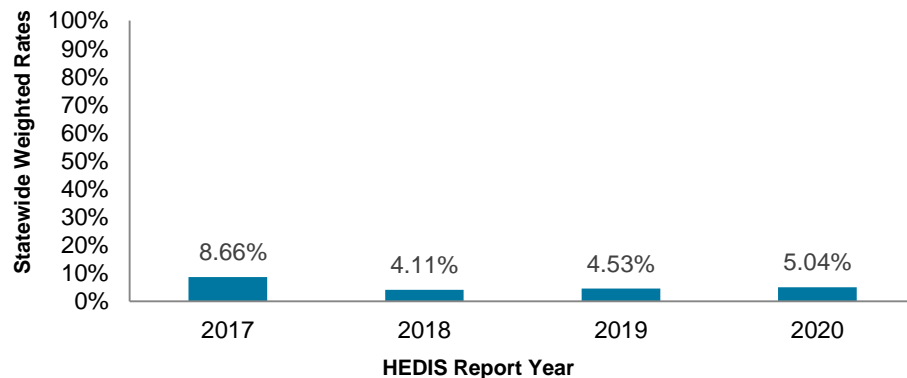
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

**Fig. 89. FUA—7-Day Follow-Up: ≥18 Years**



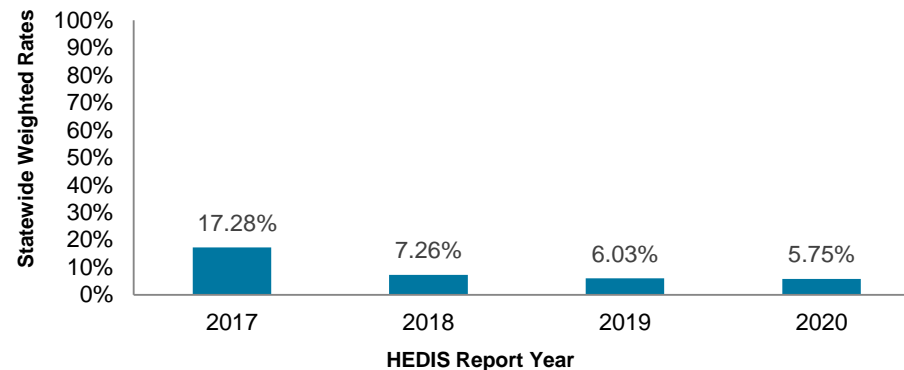
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

**Fig. 90. FUA—7-Day Follow-Up: Total**



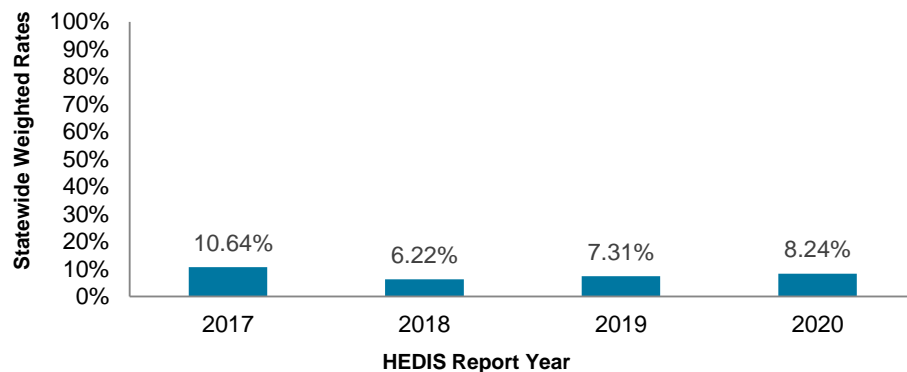
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

**Fig. 91. FUA—30-Day Follow-Up: 13–17 Years**



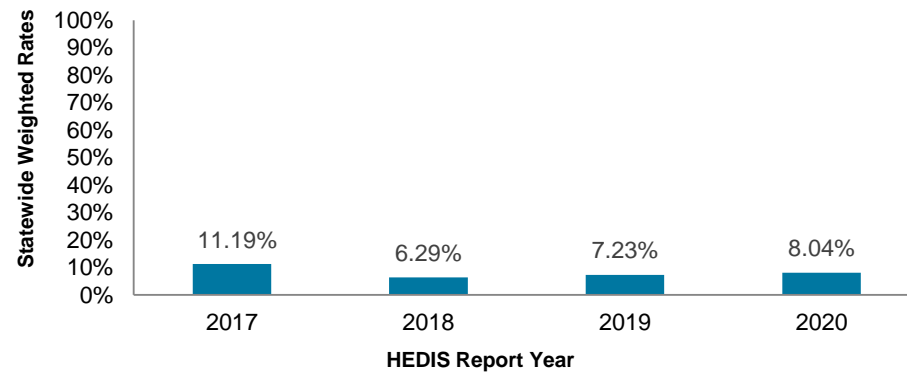
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

**Fig. 92. FUA—30-Day Follow-Up: ≥18 Years**



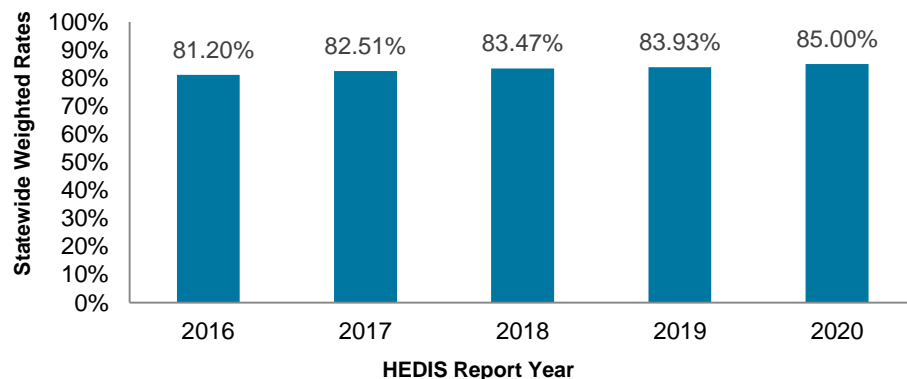
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

**Fig. 93. FUA—30-Day Follow-Up: Total**



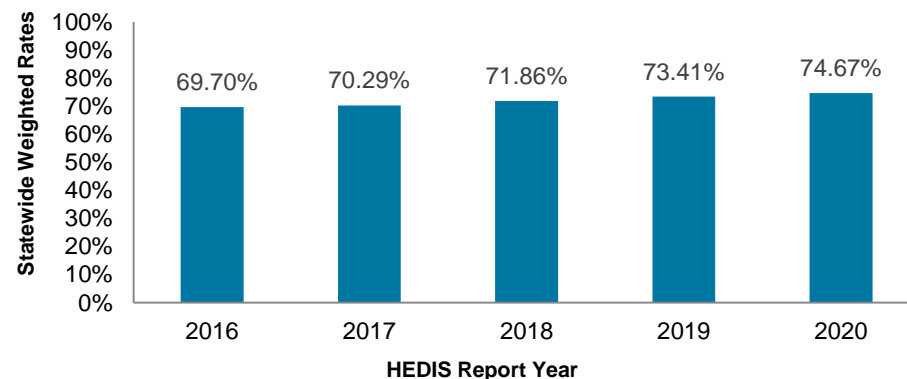
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

**Fig. 94. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)**



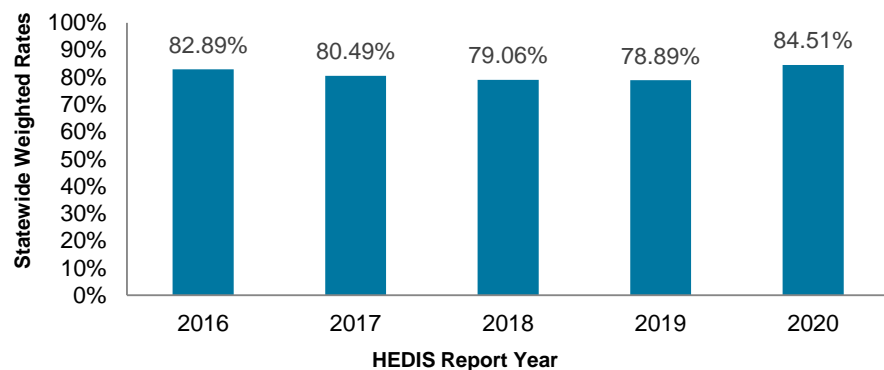
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 95. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)**



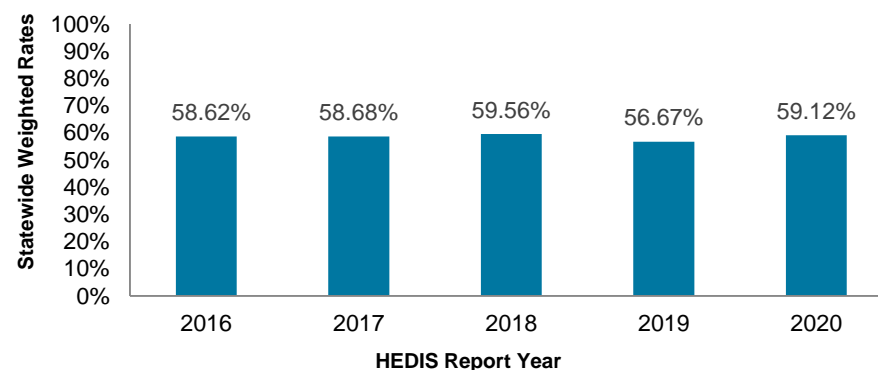
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 96. Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)**



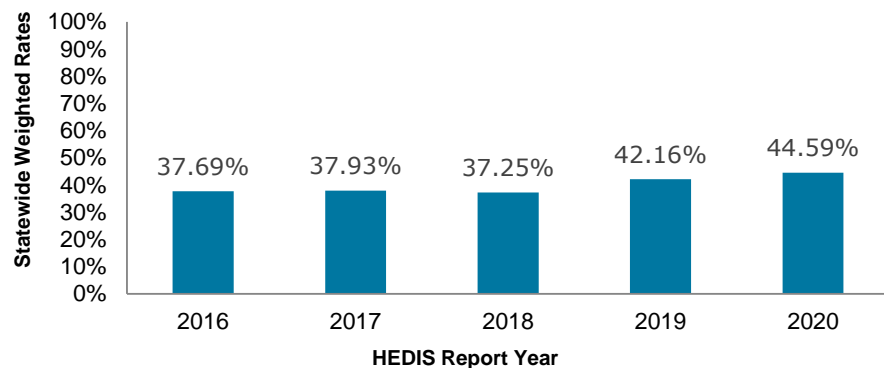
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 97. Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)**

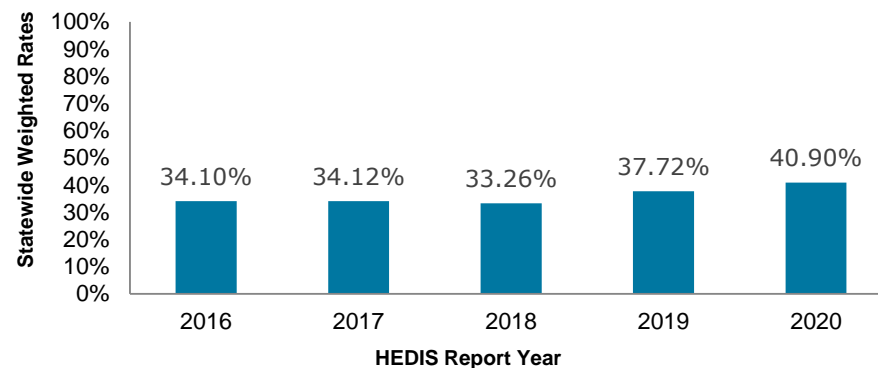


Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 98. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Blood Glucose and Cholesterol Testing: 12–17 Years**

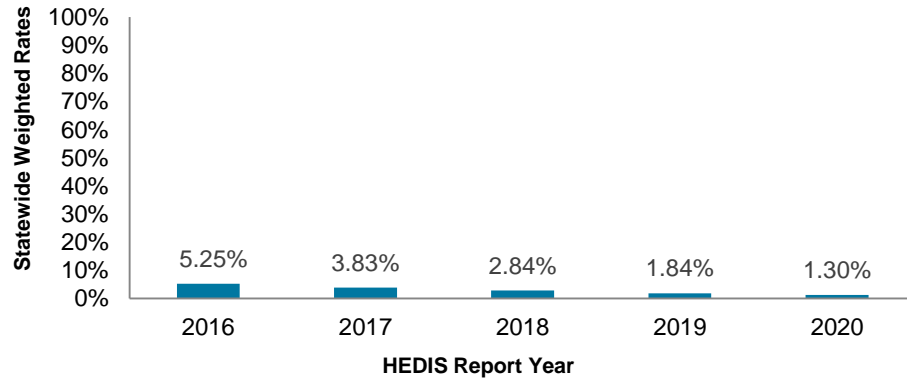


**Fig. 99. APM—Blood Glucose and Cholesterol Testing: Total**



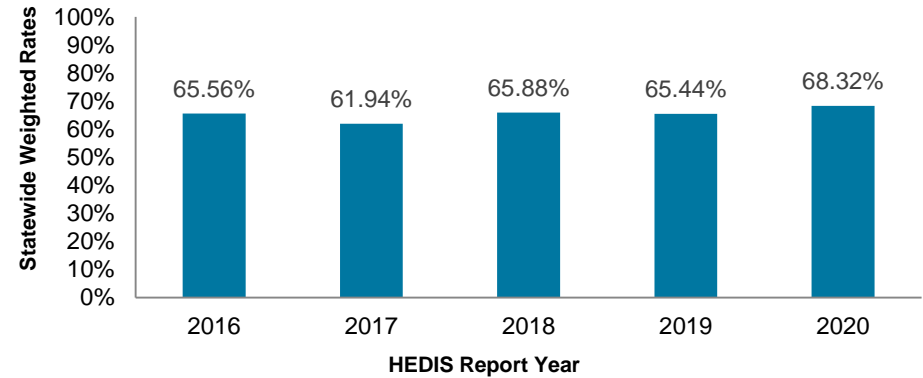
### Effectiveness of Care Measures: Overuse/Appropriateness

**Fig. 100. Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)\***



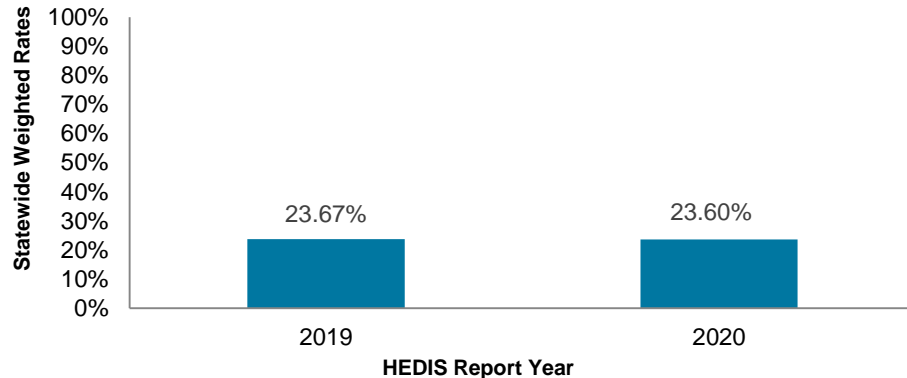
\*Lower rates for this measure indicate better performance.

**Fig. 101. Use of Imaging Studies for Low Back Pain (LBP)**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2018 and previous years should be considered with caution.

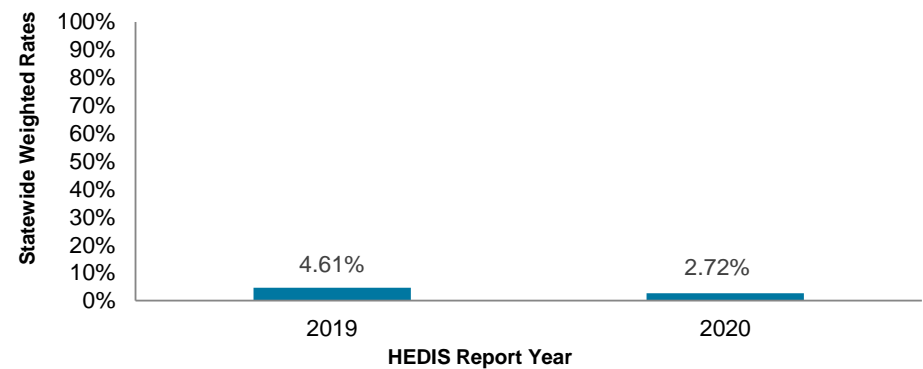
**Fig. 102. Use of Opioids from Multiple Providers (UOP): Multiple Prescribers\***



\*Lower rates for this measure indicate better performance.

Footnote: NCQA indicated a break in trending in 2019 due to measure results being displayed as percentage.

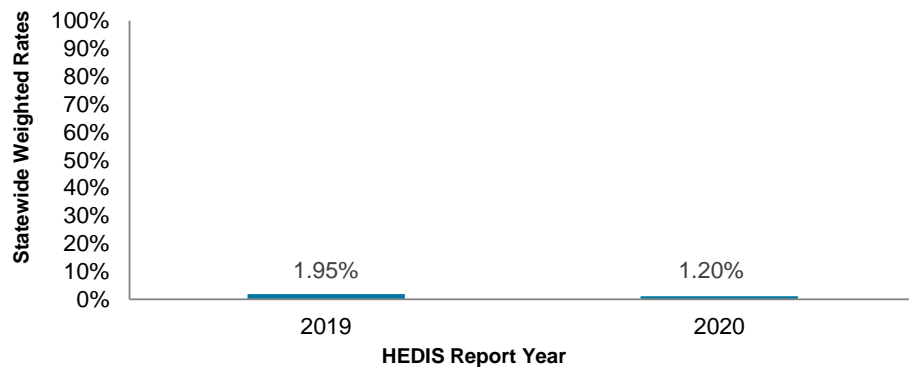
**Fig. 103. UOP: Multiple Pharmacies\***



\*Lower rates for this measure indicate better performance.

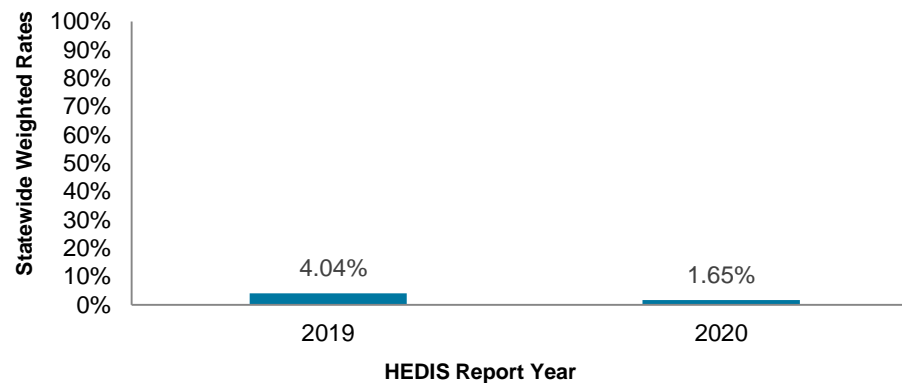
Footnote: NCQA indicated a break in trending in 2019 due to measure results being displayed as percentage.

**Fig. 104. UOP: Multiple Prescribers and Pharmacies\***



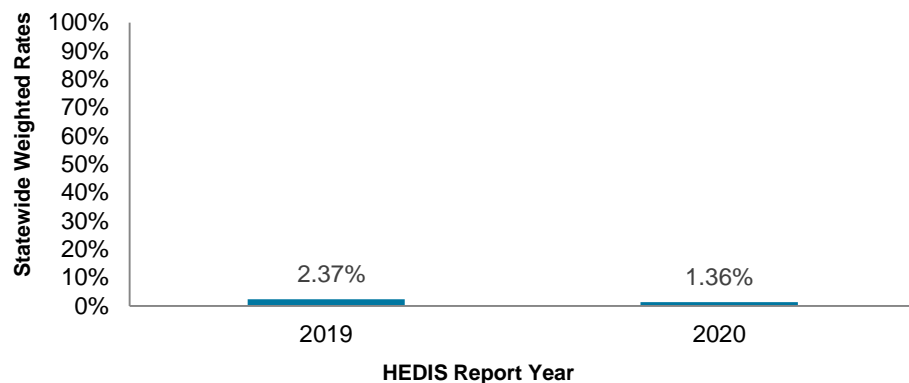
\*Lower rates for this measure indicate better performance.  
Footnote: NCQA indicated a break in trending in 2019 due to measure results being displayed as percentage.

**Fig. 105. Risk of Continued Opioid Use (COU): ≥15 days/30-day period\***



\*Lower rates for this measure indicate better performance.  
Footnote: First-year measure in 2019.

**Fig. 106. COU: ≥ 31 days/62-day period\***

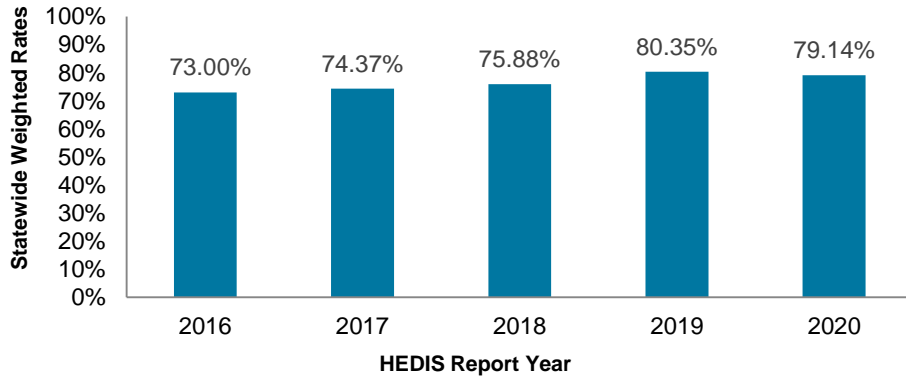


\*Lower rates for this measure indicate better performance.  
Footnote: First-year measure in 2019.



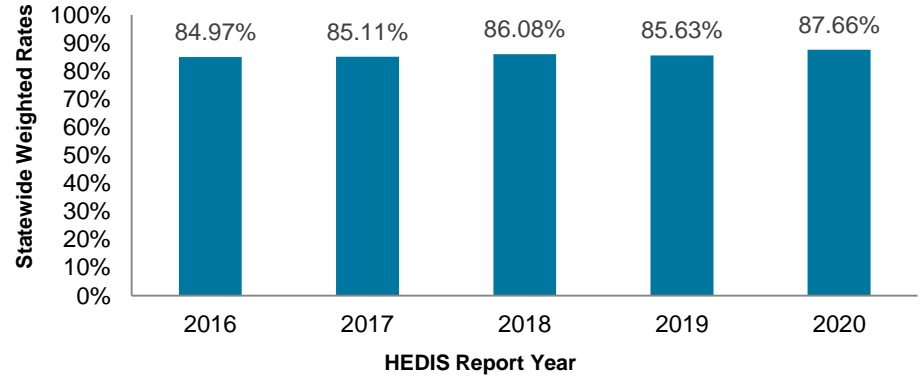
### Access/Availability of Care Measures

**Fig. 107. Adults' Access to Preventive/Ambulatory Health Services (AAP): 20–44 Years**



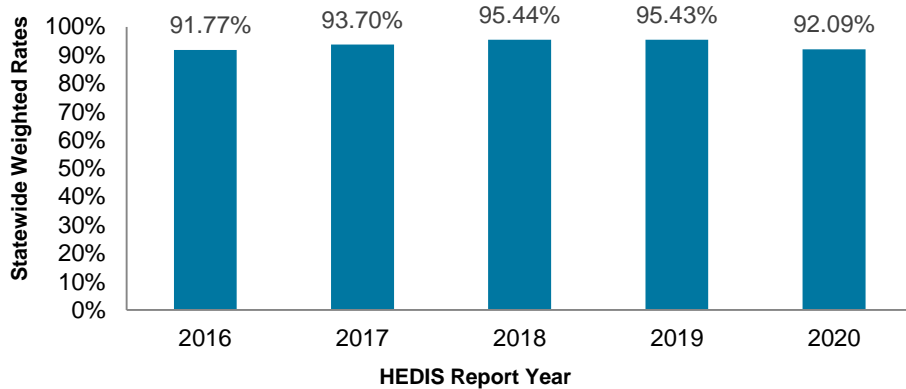
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 108. AAP: 45–64 Years**



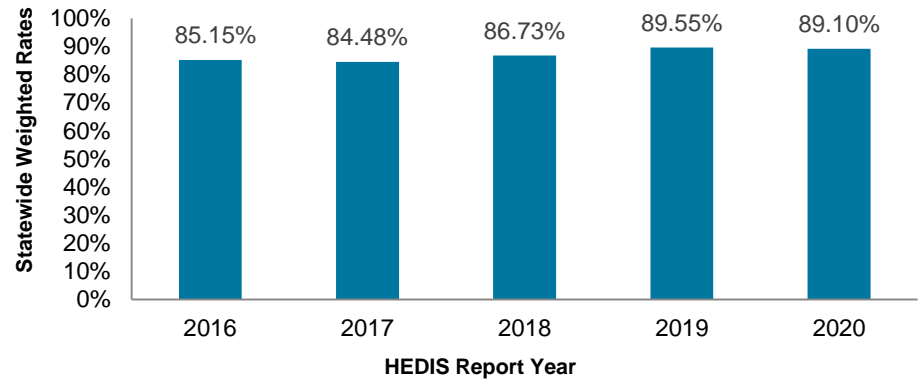
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

**Fig. 109. Children and Adolescents' Access to Primary Care Practitioners (CAP): 12–24 Months**



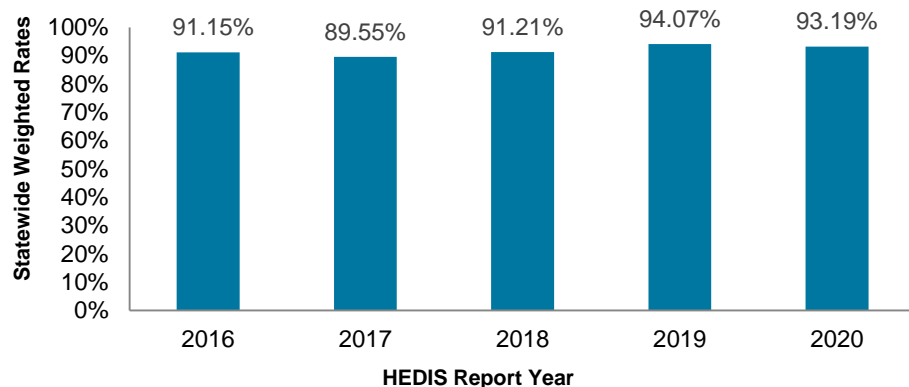
Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

**Fig. 110. CAP: 25 months–6 Years**

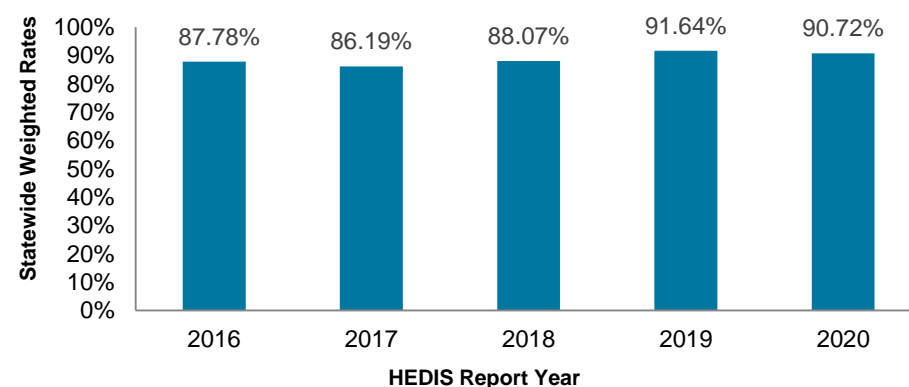


Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

**Fig. 111. CAP: 7–11 Years**



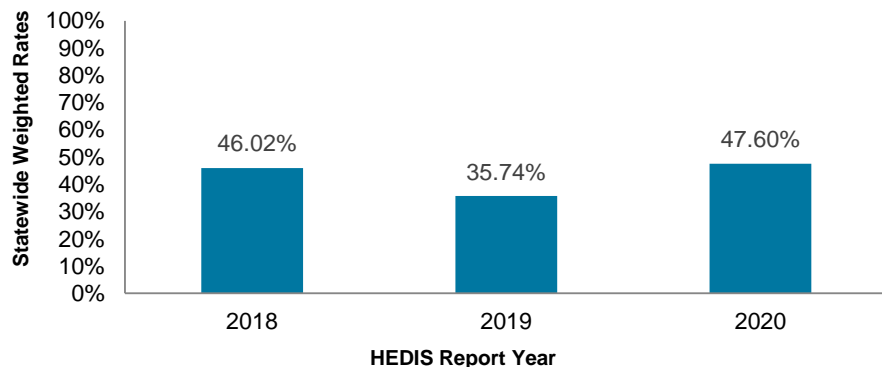
**Fig. 112. CAP: 12–19 Years**



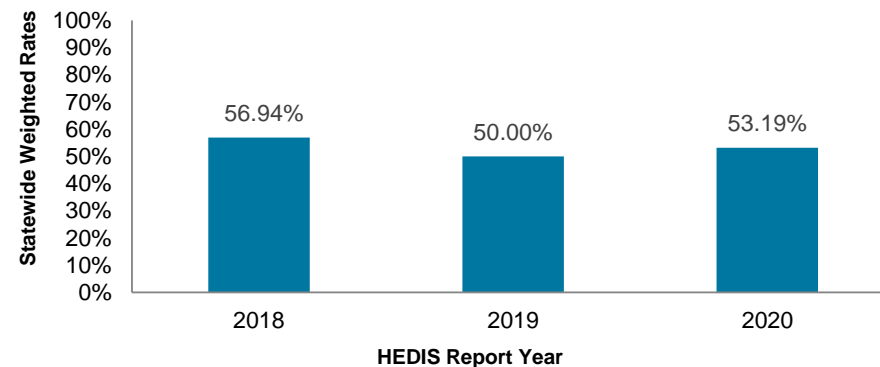
Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

**Fig. 113. Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation: 13–17 Years: Alcohol**



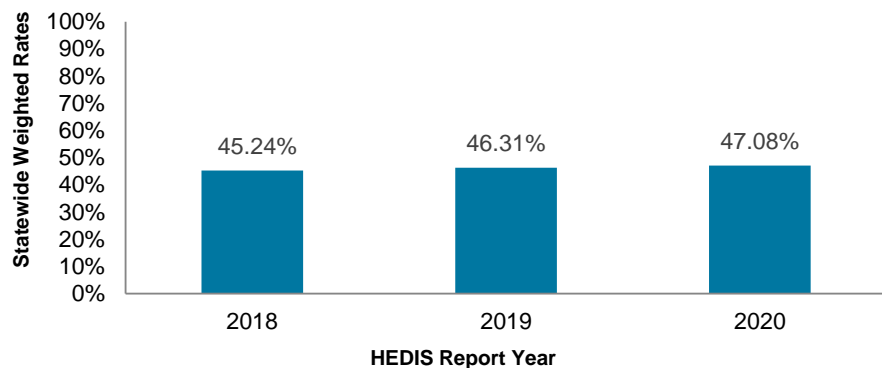
**Fig. 114. IET—Initiation: 13–17 Years: Opioid**



Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

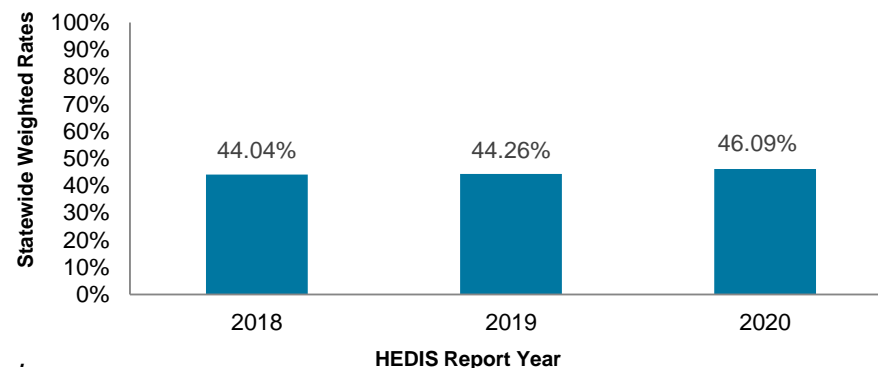
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 115. IET—Initiation: 13–17 Years: Other Drug**



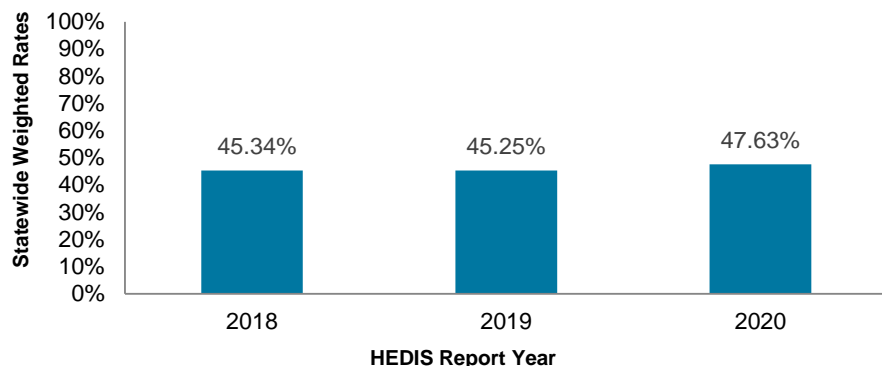
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 116. IET—Initiation: 13–17 Years: Total**



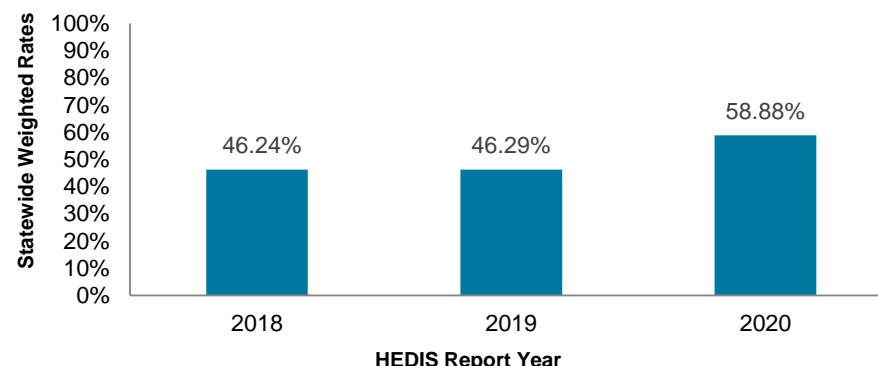
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 117. IET—Initiation: 18+ Years: Alcohol**



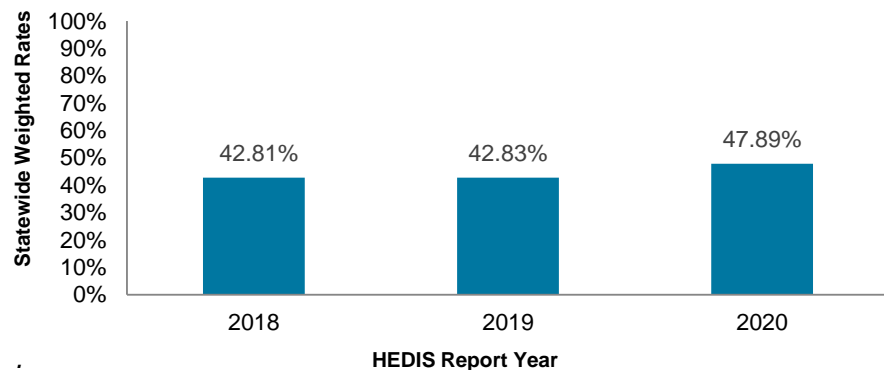
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 118. IET—Initiation: 18+ Years: Opioid**



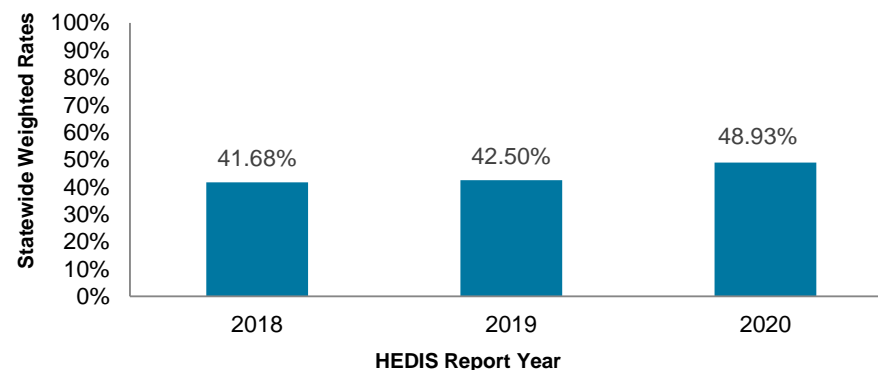
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 119. IET—Initiation: 18+ Years: Other drug**



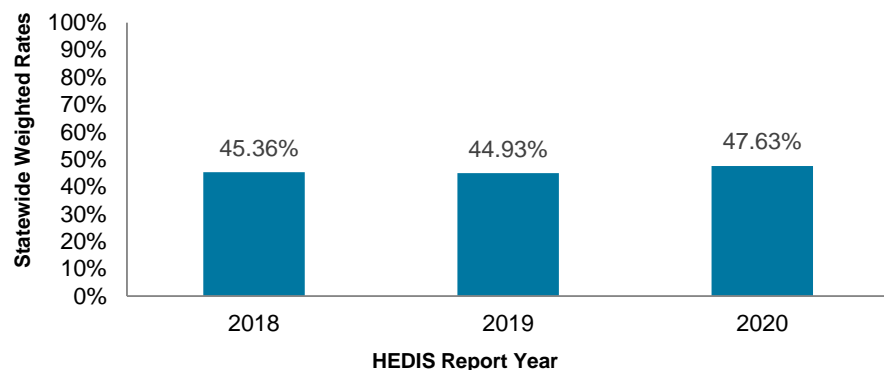
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 120. IET—Initiation: 18+ Years Total**



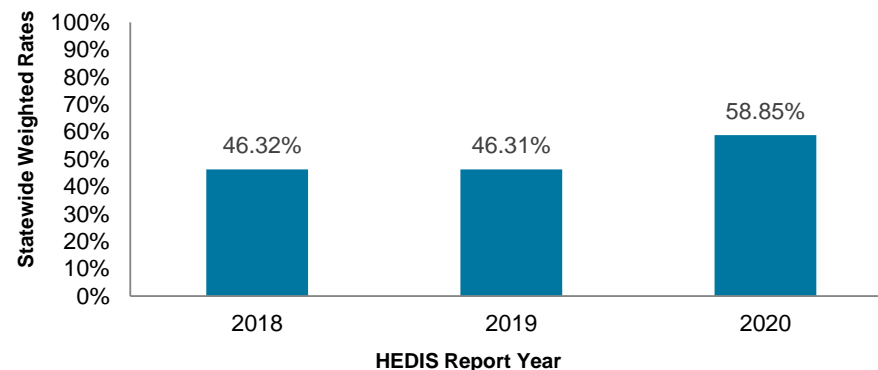
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 121. IET—Initiation: Total: Alcohol**



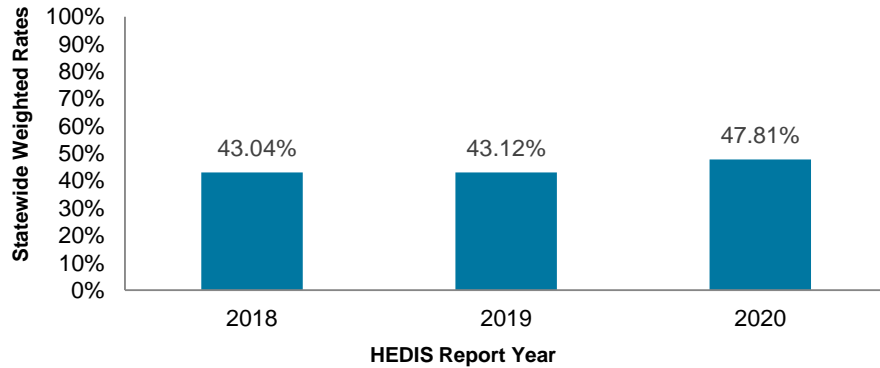
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 122. IET—Initiation: Total: Opioid**



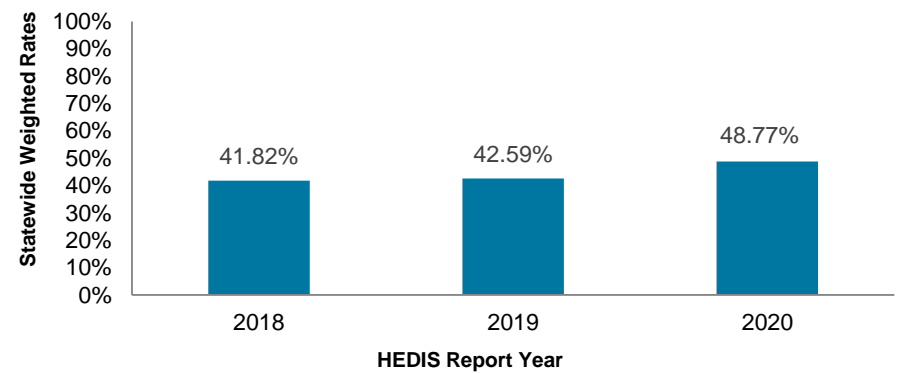
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 123. IET—Initiation: Total: Other Drug**



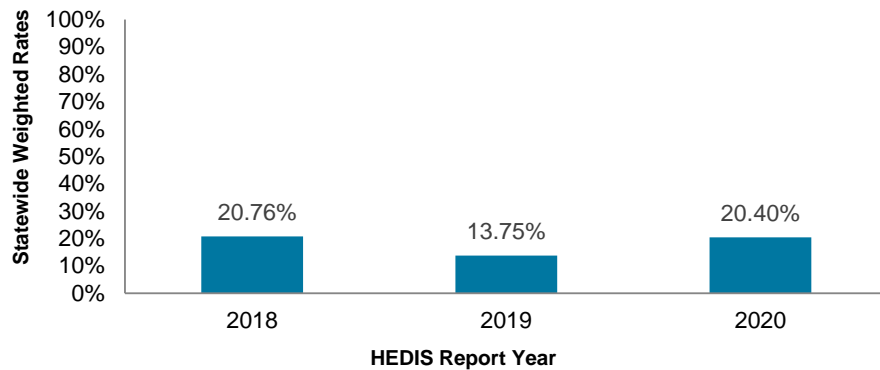
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 124. IET—Initiation: Total**



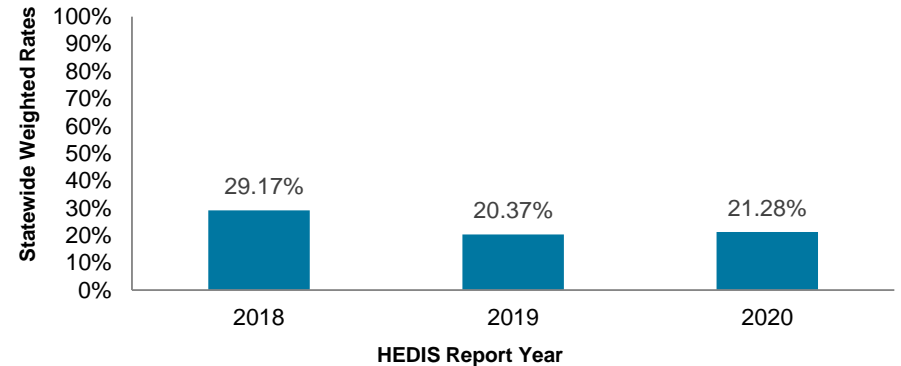
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 125. IET—Engagement: 13–17 Years: Alcohol**



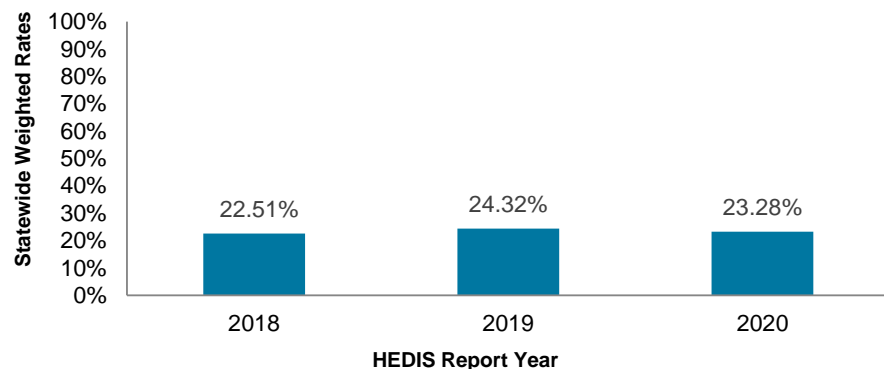
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 126. IET—Engagement: 13–17 Years: Opioid**



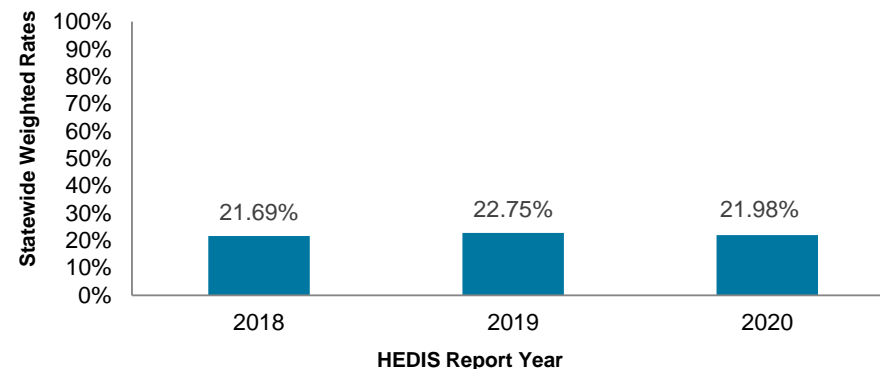
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 127. IET—Engagement: 13–17 Years: Other drug**



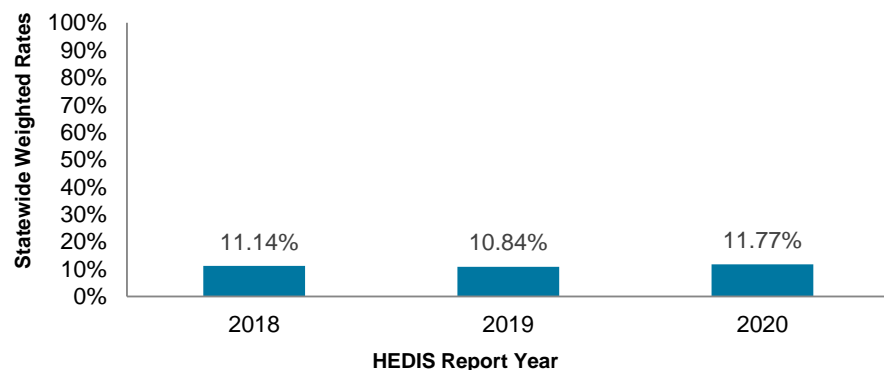
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 128. IET—Engagement: 13–17 Years: Total**



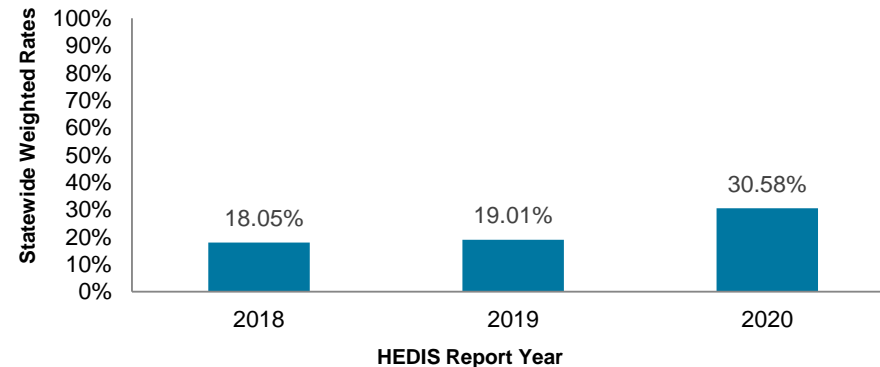
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 129. IET—Engagement: 18+ Years: Alcohol**



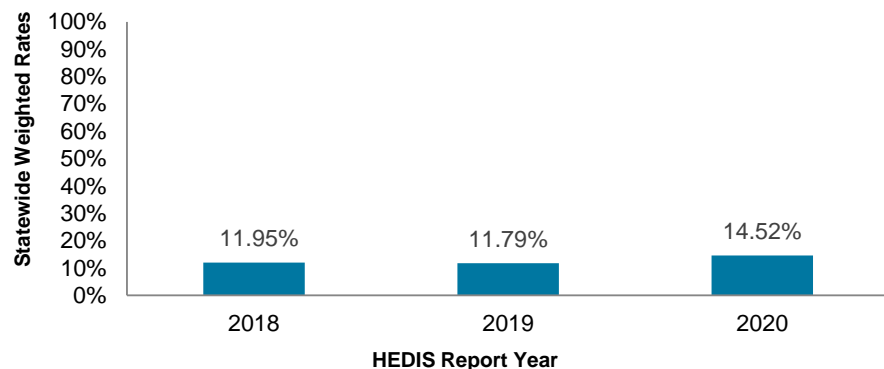
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 130. IET—Engagement: 18+ Years: Opioid**



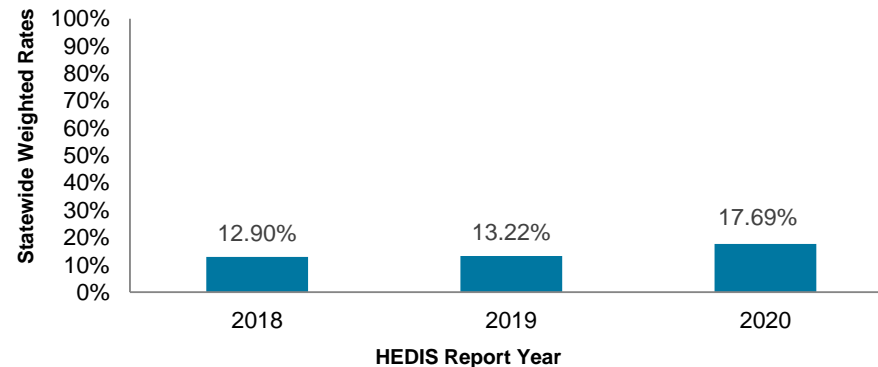
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 131. IET—Engagement: 18+ Years: Other drug**



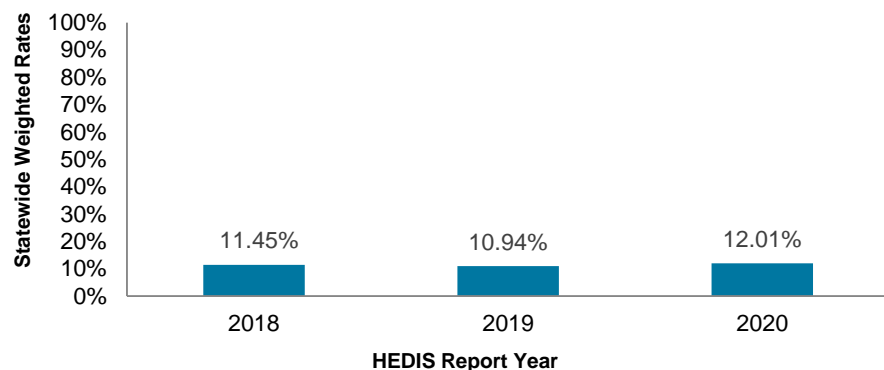
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 132. IET—Engagement: 18+ Years: Total**



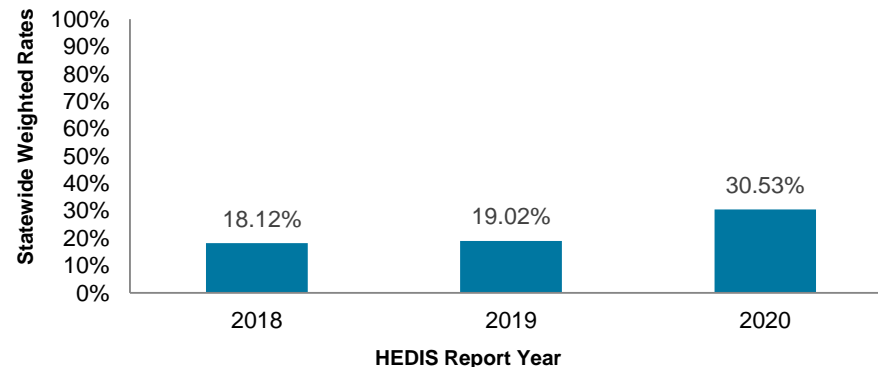
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 133. IET—Engagement: Total: Alcohol**



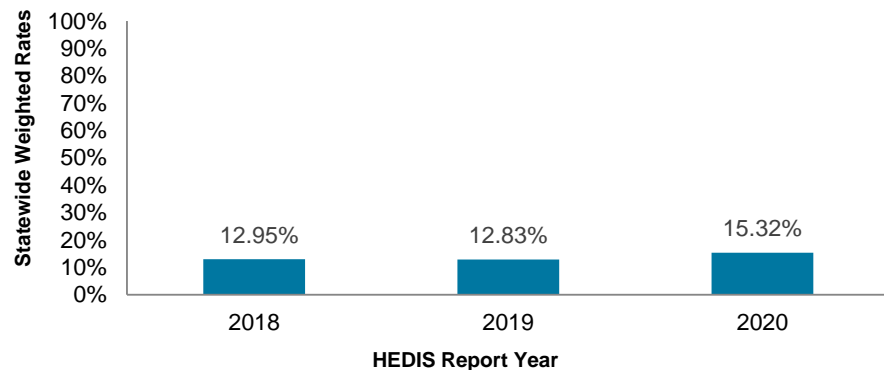
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 134. IET—Engagement: Total: Opioid**



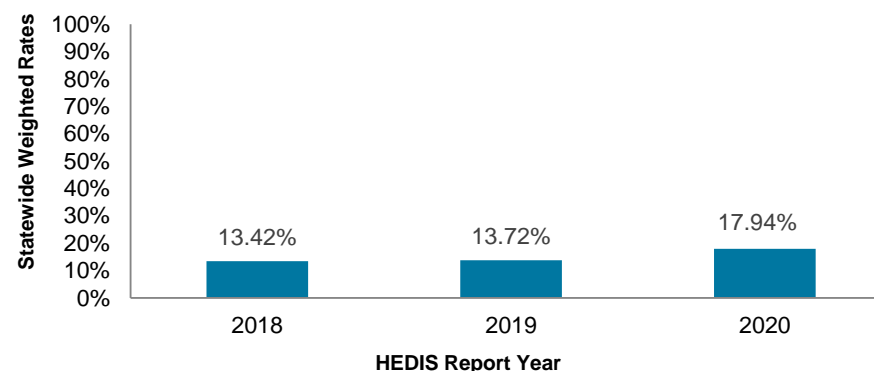
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 135. IET—Engagement: Total: Other drug**



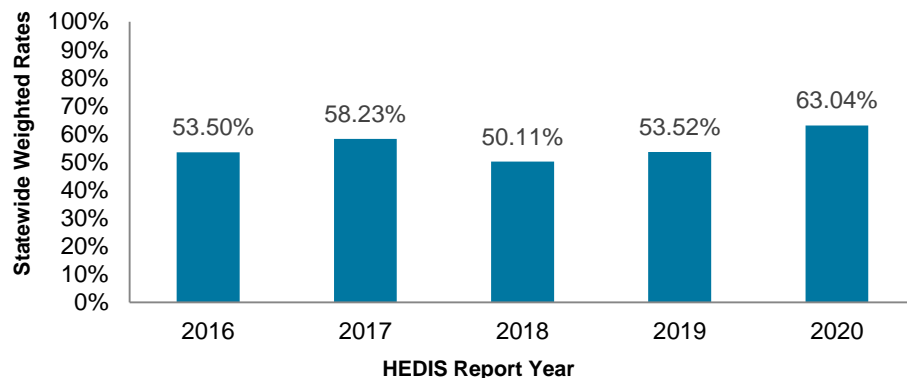
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 136. IET—Engagement: Total**



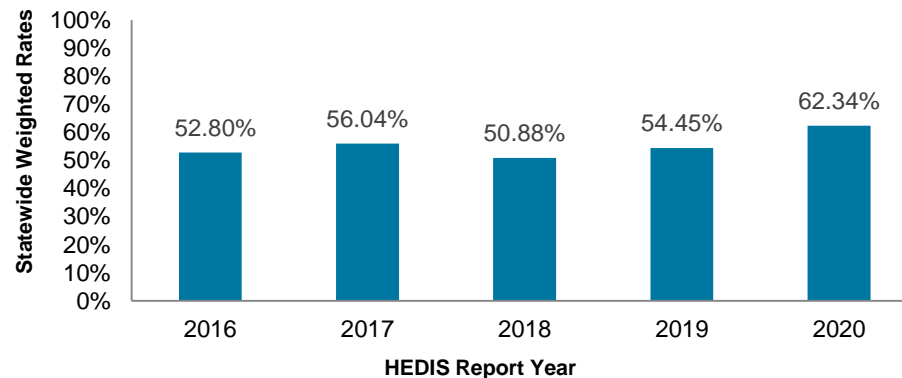
Footnote: Since cohorts and other specifications were added to this measure in 2018, trending with prior years is not possible.

**Fig. 137. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 12–17 Years**



Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

**Fig. 138. APP: Total**

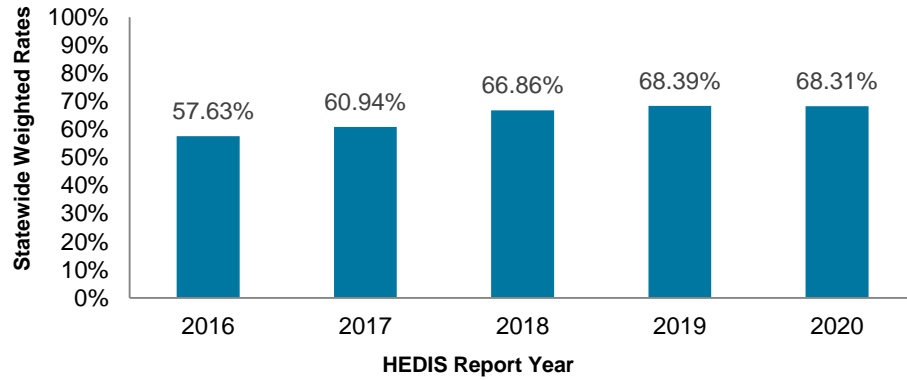


Footnote: Due to changes in measure specification, NCQA indicated trending between 2020 and previous years should be considered with caution.

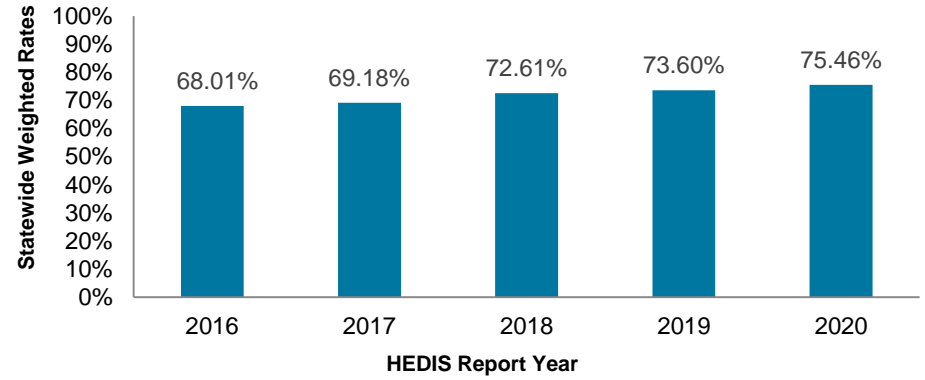


## Utilization Measures

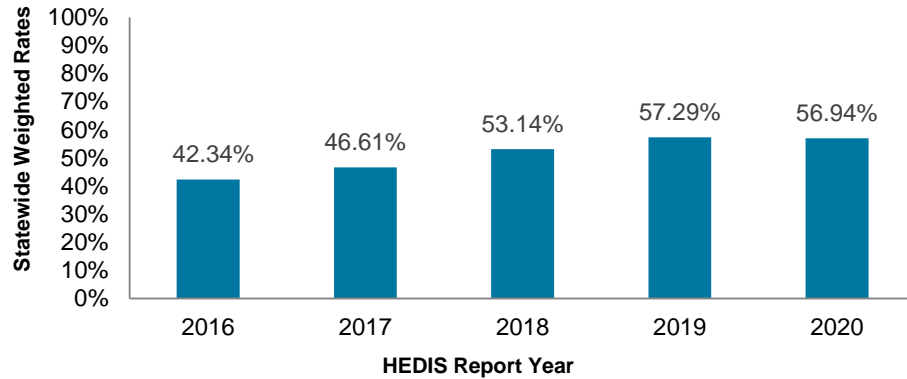
**Fig. 139. Well-Child Visits in the First 15 Months of Life (W15): 6 or More Visits**



**Fig. 140. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)**



**Fig. 141. Adolescent Well-Care Visits (AWC)**



## CHIP HEDIS/CAHPS Results

At TennCare’s request, HEDIS measure and CAHPS results for CoverKids, Tennessee’s CHIP, were added to this annual HEDIS/CAHPS report in 2017. HEDIS definitions for measures apply to all lines of business. For CoverKids, BlueCare (**CK BC**) is the only health plan administrator (HPA) and the only plan reporting HEDIS/CAHPS measures, so no comparative statewide data are available. In **Table 12**, the column titled ‘Change 2019 to 2020’ indicates whether there was an improvement (↑), a decline (↓), or no change (↔) in performance from HEDIS 2019 to HEDIS 2020 when measure data are available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported. Scores are presented in **bold** where MY2018 data were reported by MCOs for HEDIS 2020. NA is used for Not Applicable, indicating the denominator was too small (<30) to report a valid rate, and therefore results are not presented.

Table 12. HEDIS 2020 CHIP Rates			
Measure	Rate		Change 2019 to 2020
	2019	2020	
<i>Effectiveness of Care Measures</i>			
<i>Prevention and Screening</i>			
Adult BMI Assessment (ABA)	95.92%	<b>95.92%</b>	↔
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):</b>			
BMI Percentile	75.06%	<b>75.06%</b>	↔
Counseling for Nutrition	61.61%	<b>61.61%</b>	↔
Counseling for Physical Activity	58.44%	<b>58.44%</b>	↔
<b>Childhood Immunization Status (CIS):</b>			
DTaP/DT	81.27%	83.70%	↑
IPV	87.35%	89.54%	↑
MMR	85.40%	91.73%	↑
HiB	86.62%	89.29%	↑
HepB	86.37%	87.10%	↑
VZV	85.89%	90.75%	↑
PCV	82.24%	84.18%	↑
HepA	85.89%	91.00%	↑
RV	76.64%	78.83%	↑

Table 12. HEDIS 2020 CHIP Rates

Measure	Rate		Change 2019 to 2020
	2019	2020	
Flu	54.01%	54.74%	↑
Combination 2	77.37%	78.10%	↑
Combination 3	75.91%	76.64%	↑
Combination 4	75.91%	76.16%	↑
Combination 5	69.10%	70.07%	↑
Combination 6	48.18%	48.18%	↔
Combination 7	69.10%	69.59%	↑
Combination 8	48.18%	48.18%	↔
Combination 9	44.77%	46.23%	↑
Combination 10	44.77%	46.23%	↑
<b>Immunizations for Adolescents (IMA):</b>			
Meningococcal	72.51%	75.67%	↑
Tdap/Td	85.16%	86.37%	↑
HPV	19.71%	27.49%	↑
Combination 1	72.51%	75.18%	↑
Combination 2	19.71%	26.03%	↑
<b>Lead Screening in Children (LSC)</b>	66.42%	69.10%	↑
<b>Breast Cancer Screening (BCS)</b>	NA	NA	
<b>Cervical Cancer Screening (CCS)*</b>	75.22%	<b>75.22%</b>	↔
<b>Chlamydia Screening in Women (CHL):</b>			
16–20 Years	39.90%	40.38%	↑
21–24 Years	86.00%	64.46%	↓
<b>Total</b>	43.02%	43.11%	↑
<b>Respiratory Conditions</b>			
<b>Appropriate Testing for Pharyngitis (CWP)**</b>			
3–17 years		91.29%	
18–64 years		80.91%	
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>	NA	NA	

Table 12. HEDIS 2020 CHIP Rates

Measure	Rate		Change 2019 to 2020
	2019	2020	
<b>Pharmacotherapy Management of COPD Exacerbation (PCE):</b>			
Systemic Corticosteroid	NA	NA	
Bronchodilator	NA	NA	
<b>Medication Management for People With Asthma (MMA):</b>			
Medication Compliance 50%: 5–11 Years	65.43%	65.84%	↑
12–18 Years	57.63%	67.88%	↑
19–50 Years	NA	NA	
51–64 Years	NA	NA	
<b>Total</b>	<b>61.85%</b>	<b>67.64%</b>	<b>↑</b>
Medication Compliance 75%: 5–11 Years	36.70%	34.78%	↓
12–18 Years	35.59%	36.50%	↑
19–50 Years	NA	NA	
51–64 Years	NA	NA	
<b>Total</b>	<b>36.24%</b>	<b>35.60%</b>	<b>↓</b>
<b>Asthma Medication Ratio (AMR):</b>			
5–11 Years	88.89%	89.22%	↑
12–18 Years	68.69%	72.67%	↑
19–50 Years	NA	NA	
51–64 Years	NA	NA	
<b>Total</b>	<b>78.89%</b>	<b>80.79%</b>	<b>↑</b>
<b>Cardiovascular Conditions</b>			
<b>Controlling High Blood Pressure (CBP)</b>	NA	NA	
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	NA	NA	
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC):</b>			
Received Statin Therapy: 21-75 Years (Male)	NA	NA	
40–75 Years (Female)	NA	NA	
<b>Total</b>	<b>NA</b>	<b>NA</b>	

Table 12. HEDIS 2020 CHIP Rates

Measure	Rate		Change 2019 to 2020
	2019	2020	
Statin Adherence 80%*: 21-75 Years (Male)	NA	NA	
40-75 Years (Female)	NA	NA	
<b>Total</b>	NA	NA	
<b>Diabetes</b>			
<b>Comprehensive Diabetes Care (CDC):</b>			
Hemoglobin A1c (HbA1c) Testing	82.93%	<b>82.93%</b>	↔
HbA1c Control (<8.0%)	36.59%	<b>36.59%</b>	↔
HbA1c Control (<7.0%)	26.32%	<b>26.32%</b>	↔
Eye Exam (Retinal) Performed	63.41%	<b>63.41%</b>	↔
Medical Attention for Nephropathy	85.37%	<b>85.37%</b>	↔
Blood Pressure Control (<140/90 mm Hg)	80.49%	<b>80.49%</b>	↔
<b>Statin Therapy for Patients With Diabetes (SPD):</b>			
Received Statin Therapy	NA	NA	
Statin Adherence 80%*	NA	NA	
<b>Behavioral Health</b>			
<b>Antidepressant Medication Management (AMM):</b>			
Effective Acute Phase Treatment	49.17%	61.02%	↑
Effective Continuation Phase Treatment	24.17%	45.76%	↑
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD):</b>			
Initiation Phase	42.03%	44.87%	↑
Continuation and Maintenance (C&M) Phase	56.85%	55.68%	↓
<b>Follow-Up After Hospitalization for Mental Illness (FUH):</b>			
7-Day Follow-Up: 6-17 Years	51.08%	58.06%	↑
18-64 Years	NA	35.42%	
30-Day Follow-Up: 6-17 Years	77.42%	79.84%	↑
18-64 Years	NA	54.17%	

Table 12. HEDIS 2020 CHIP Rates

Measure	Rate		Change 2019 to 2020
	2019	2020	
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM):</b>			
7-Day Follow-Up: 6–17 Years	38.75%	39.62%	↑
18–64 Years	NA	NA	
30-Day Follow-Up: 6–17 Years	61.25%	62.26%	↑
18–64 Years	NA	NA	
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)**:</b>			
7-Day Follow-Up: 13-17 Years		NA	
18–64 Years		NA	
30-Day Follow-Up: 13-17 Years		NA	
18–64 Years		NA	
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA):</b>			
7-Day Follow-Up: 13–17 Years	NA	NA	
18 Years and Older	NA	NA	
<b>Total</b>	3.03%	NA	
30-Day Follow-Up: 13–17 Years	NA	NA	
18 Years and Older	NA	NA	
<b>Total</b>	9.09%	NA	
<b>Pharmacotherapy for Opioid Use Disorder (POD)**:</b>			
16–64 years		NA	
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)</b>			
	NA	NA	
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>			
	NA	NA	
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>			
	NA	NA	
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>			
	NA	NA	
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):</b>			
Blood Glucose Testing: 1–11 Years†		34.00%	
12–17 Years†		59.48%	
<b>Total†</b>		51.81%	

Table 12. HEDIS 2020 CHIP Rates

Measure	Rate		Change 2019 to 2020
	2019	2020	
Cholesterol Testing: 1–11 Years <sup>†</sup>		38.00%	
12–17 Years <sup>†</sup>		43.97%	
<b>Total<sup>†</sup></b>		42.17%	
Blood Glucose and Cholesterol Testing: 1–11 Years <sup>†</sup>		30.00%	
12–17 Years	37.59%	39.66%	↑
<b>Total</b>	35.33%	36.75%	↑
<b>Overuse/Appropriateness</b>			
<b>Appropriate Treatment for Upper Respiratory Infection (URI)**:</b>			
3 Months-17 Years		83.87%	
18-64 Years		78.72%	
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)**:</b>			
3 Months-17 Years		45.01%	
18-64 Years		42.22%	
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>	68.42%	76.12%	↑
<b>Access/Availability of Care</b>			
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP):</b>			
20-44 Years	76.81%	50.69%	↓
45-64 Years	NA	NA	
<b>Children and Adolescents' Access to Primary Care Practitioners (CAP)*:</b>			
12-24 Months	95.78%	95.30%	↓
25 Months–6 Years	89.00%	88.71%	↓
7-11 Years	95.66%	95.50%	↓
12-19 Years	92.87%	92.86%	↓
<b>Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)—Initiation of AOD Treatment:</b>			
13-17 Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	42.42%	45.83%	↑
<b>Total</b>	43.59%	49.12%	↑

Table 12. HEDIS 2020 CHIP Rates

Measure	Rate		Change 2019 to 2020
	2019	2020	
18+ Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	53.73%	49.09%	↓
<b>Total</b>	48.86%	46.27%	↓
<b>Initiation Total: Alcohol</b>	37.84%	55.88%	↑
Opioid	NA	NA	
Other Drug	48.12%	47.57%	↓
<b>Total</b>	46.39%	47.58%	↑
<b>Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)—Engagement of AOD Treatment:</b>			
13-17 Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	24.24%	22.92%	↓
<b>Total</b>	24.36%	21.05%	↓
18+ Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	16.42%	14.55%	↓
<b>Total</b>	18.18%	13.43%	↓
<b>Engagement Total: Alcohol</b>	16.22%	17.65%	↑
Opioid	NA	NA	
Other Drug	20.30%	18.45%	↓
<b>Total</b>	21.08%	16.94%	↓
<b>Prenatal and Postpartum Care (PPC)**:</b>			
Timeliness of Prenatal Care		66.67%	
Postpartum Care		78.35%	
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*:</b>			
1-11 Years		NA	
12-17 Years	40.96%	55.32%	↑
<b>Total</b>	38.78%	50.00%	↑



Table 12. HEDIS 2020 CHIP Rates

Measure	Rate		Change 2019 to 2020
	2019	2020	
<i>Utilization</i>			
Well-Child Visits in the First 15 Months of Life (W15): 6+ Visits	76.39%	79.67%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	65.58%	69.95%	↑
Adolescent Well-Care Visits (AWC)	47.93%	47.93%	↔

\* NCQA indicated trending with caution due to changes in measure specifications for HEDIS 2020.

\*\* NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

\*\*\* First-year measure for HEDIS 2020.

† Since age stratifications/ measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

For the Effectiveness of Care Measures presented in **Table 13**, a lower rate is an indication of better performance (↑). A decrease in rates from the prior year also indicates improvement.

Table 13. HEDIS 2020 CHIP Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Rate		Change 2019 to 2020
	2019	2020	
<i>Effectiveness of Care Measures</i>			
<b>Diabetes</b>			
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)	53.66%	53.66%	↔
<b>Overuse/Appropriateness</b>			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	1.19%	1.00%	↑
Use of Opioids at High Dosage (HDO)**		NA	
<b>Use of Opioids From Multiple Providers (UOP):</b>			
Multiple Prescribers	NA	NA	
Multiple Pharmacies	NA	NA	
Multiple Prescribers and Multiple Pharmacies	NA	NA	
<b>Risk of Continued Opioid Use (COU):</b>			
18–64 years: ≥15 days/30-day period	0.68%	0.08%	↑
≥ 31 days/62-day period	0.12%	0.00%	↑

\*\* NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2020.

**Table 14** and **Table 15** show the CAHPS results for the CoverKids HPA. CAHPS definitions for measures apply to all lines of business.

<b>Table 14. 2020 CAHPS 5.0H Child CHIP Survey Results (General Population)</b>	
<b>Question</b>	<b>CK BC</b>
1. Getting Needed Care (Always + Usually)	94.06%
2. Getting Care Quickly (Always + Usually)	95.43%
3. How Well Doctors Communicate (Always + Usually)	95.96%
4. Customer Service (Always + Usually)	NA
5. Rating of All Health Care (9+10)	73.31%
6. Rating of Personal Doctor (9+10)	78.47%
7. Rating of Specialist Seen Most Often (9+10)	NA
8. Rating of Health Plan (9+10)	70.00%
9. Coordination of Care (Always + Usually)	NA

<b>Table 15. 2020 CAHPS 5.0H Child CHIP Survey Results (Children with Chronic Conditions)</b>	
<b>Question</b>	<b>CK BC</b>
1. Access to Specialized Services (Always + Usually)	NA
2. Family-Centered Care: Personal Doctor Who Knows Child (Yes)	93.47%
3. Coordination of Care for Children With Chronic Conditions (Yes)	NA
4. Family-Centered Care: Getting Needed Information (Always + Usually)	91.47%
5. Access to Prescription Medicines (Always + Usually)	95.69%

## APPENDIX A | Medicaid Utilization Results

### Additional Utilization Measure Descriptions

#### Frequency of Selected Procedure (FSP)

FSP summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.

#### Ambulatory Care (AMB)

AMB summarizes utilization of ambulatory care in the following categories:

- ◆ Outpatient Visits including telehealth
- ◆ ED Visits

#### Inpatient Utilization – General Hospital/Acute Care (IPU)

IPU summarizes utilization of acute IP care and services in the following categories:

- ◆ Total IP
- ◆ Medicine
- ◆ Surgery
- ◆ Maternity

#### Identification of Alcohol and Other Drug Services (IAD)

IAD summarizes the number and percentage of members with an AOD claim who received the following chemical dependency services during the MY:

- ◆ Any services
- ◆ IP
- ◆ Telehealth
- ◆ Outpatient or medication treatment
- ◆ Intensive outpatient or partial hospitalization
- ◆ ED

#### Mental Health Utilization (MPT)

MPT summarizes the number and percentage of members receiving the following mental health services during the MY:

- ◆ Any services
- ◆ IP
- ◆ Telehealth
- ◆ Outpatient
- ◆ ED
- ◆ Intensive outpatient or partial hospitalization

#### Antibiotic Utilization (ABX)

ABX summarizes the following data on outpatient utilization of antibiotic prescriptions during the MY, stratified by age and gender:

- ◆ Total number of and average (Avg.) number of antibiotic prescription per member per year (PMPY)
- ◆ Total and avg. days supplied for all antibiotic prescriptions
- ◆ Total number of prescriptions and avg. number of prescriptions PMPY for antibiotics of concern
- ◆ Percentage of antibiotic of concern for all antibiotics prescriptions
- ◆ Avg. number of antibiotics PMPY reported by drug class:
  - For selected ‘antibiotics of concern’
  - For all other antibiotics

## Utilization Measures: Medicaid Plan-Specific Rates

In **Table A.1**, cells are shaded gray for those measures that were not calculated or for which data were not reported.

<b>Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures</b>											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Well-Child Visits in the First 15 Months of Life (W15):</b>											
0 Visits	NA	1.95%	0.97%	3.89%	1.79%	3.61%	2.23%	7.30%	1.70%	0.49%	2.19%
1 Visits	NA	2.43%	1.70%	2.68%	1.79%	0.56%	4.71%	1.70%	2.19%	0.73%	4.14%
2 Visits	NA	3.65%	2.19%	5.60%	2.99%	3.33%	2.23%	4.62%	1.95%	2.68%	3.65%
3 Visits	NA	4.14%	2.68%	4.38%	6.27%	3.33%	4.96%	5.84%	3.89%	3.16%	6.33%
4 Visits	NA	5.60%	3.65%	8.03%	4.78%	7.22%	13.65%	11.68%	6.81%	7.06%	10.46%
5 Visits	NA	9.49%	9.49%	15.82%	10.15%	13.89%	15.14%	16.30%	9.98%	14.36%	16.79%
6 or More Visits	NA	72.75%	79.32%	59.61%	72.24%	68.06%	57.07%	52.55%	73.48%	71.53%	56.45%
<b>Frequency of Selected Procedures (FSP)</b>											
<b>Bariatric Weight Loss Surgery: Procedures/1,000 Member Years</b>											
0–19	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20–44		0.02	0.04	0.00	0.04	0.08	0.03	0.00	0.04	0.04	0.03
45–64		0.00	0.03	0.00	0.00	0.10	0.04	0.00	0.06	0.03	0.00
0–19	F	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20–44		0.17	0.18	0.08	0.26	0.26	0.11	0.00	0.23	0.16	0.12
45–64		0.12	0.19	0.06	0.15	0.19	0.16	0.00	0.11	0.22	0.11
<b>Tonsillectomy: Procedures/1,000 Member Years</b>											
0–9	M&F	1.03	0.86	0.56	1.27	0.90	0.68	1.28	1.17	0.85	0.61
10–19		0.49	0.34	0.27	0.52	0.38	0.33	0.33	0.41	0.33	0.26
<b>Hysterectomy—Abdominal (A) and Vaginal (V): Procedures/1,000 Member Years</b>											
15–44 (A)	F	0.05	0.08	0.12	0.07	0.07	0.14	0.00	0.07	0.09	0.10
45–64 (A)		0.10	0.11	0.13	0.07	0.09	0.28	0.00	0.10	0.10	0.21
15–44 (V)	F	0.19	0.11	0.09	0.17	0.11	0.11	0.00	0.22	0.12	0.09
45–64 (V)		0.15	0.11	0.06	0.17	0.05	0.13	0.00	0.18	0.11	0.13

## APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Cholecystectomy—Open (O) and Closed (C)/Laparoscopic: Procedures/1,000 Member Years</b>											
30–64 (O)	M	0.04	0.04	0.03	0.04	0.03	0.05	0.00	0.05	0.02	0.01
15–44 (O)	F	0.01	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
45–64 (O)		0.00	0.02	0.06	0.05	0.01	0.05	0.00	0.02	0.03	0.01
30–64 (C)	M	0.41	0.24	0.16	0.54	0.34	0.21	0.11	0.42	0.31	0.17
15–44 (C)	F	0.78	0.66	0.42	0.91	0.69	0.55	0.42	0.85	0.65	0.42
45–64 (C)		0.59	0.54	0.38	0.82	0.45	0.57	0.00	0.79	0.63	0.58
<b>Back Surgery: Procedures/1,000 Member Years</b>											
20–44	M	0.16	0.24	0.18	0.27	0.31	0.29	0.08	0.32	0.38	0.13
	F	0.12	0.20	0.07	0.18	0.23	0.13	0.05	0.22	0.22	0.12
45–64	M	0.48	0.73	0.56	0.90	0.99	0.70	0.00	0.72	1.09	0.37
	F	0.54	0.86	0.20	0.73	1.15	0.45	0.00	0.74	1.25	0.45
<b>Mastectomy: Procedures/1,000 Member Years</b>											
15–44	F	0.04	0.06	0.03	0.08	0.03	0.04	0.00	0.05	0.03	0.03
45–64		0.13	0.37	0.09	0.52	0.38	0.26	0.00	0.20	0.52	0.17
<b>Lumpectomy: Procedures/1,000 Member Years</b>											
15–44	F	0.06	0.07	0.07	0.13	0.10	0.13	0.03	0.09	0.09	0.08
45–64		0.26	0.24	0.12	0.54	0.39	0.54	0.23	0.29	0.42	0.27
<b>Ambulatory Care: Total (AMB)</b>											
<b>Total: Visits/1,000 Member Months</b>											
Outpatient		316.05	356.74	268.04	448.98	371.04	378.26	356.25	423.26	407.31	343.26
ED		66.43	56.62	60.84	74.74	65.53	73.52	56.82	69.61	61.98	67.51
<b>Inpatient Utilization—General Hospital/Acute Care: Total (IPU)</b>											
<b>Total Inpatient</b>											
<b>Per 1,000 Member Months</b>											
Discharges		5.49	5.39	5.84	8.02	6.82	7.84	6.12	7.15	6.20	5.97
Days		26.72	22.99	28.17	33.08	27.15	34.43	36.10	34.59	27.88	30.68
<b>Length of Stay (LoS): Average # of Days</b>											
Average LoS		4.87	4.27	4.83	4.12	3.98	4.39	5.90	4.84	4.49	5.14

## APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Medicine</b>											
<b>Per 1,000 Member Months</b>											
Discharges		2.20	2.00	2.13	3.33	2.67	3.05	3.65	3.51	2.50	2.37
Days		10.90	8.83	9.77	14.01	10.86	13.00	16.71	16.12	11.36	11.43
<b>LoS: Average # of Days</b>											
Average LoS		4.96	4.41	4.58	4.21	4.07	4.26	4.57	4.59	4.54	4.82
<b>Surgery</b>											
<b>Per 1,000 Member Months</b>											
Discharges		1.26	0.97	1.27	1.65	1.31	1.62	1.69	1.88	1.38	1.54
Days		10.74	7.58	12.19	11.52	8.84	13.32	17.29	14.06	10.19	13.84
<b>LoS: Average # of Days</b>											
Average LoS		8.56	7.78	9.61	6.98	6.72	8.21	10.23	7.48	7.38	9.00
<b>Maternity</b>											
<b>Per 1,000 Member Months</b>											
Discharges		3.02	3.83	3.78	4.67	4.44	4.90	1.26	2.61	3.66	3.18
Days		7.52	10.45	9.65	11.58	11.66	12.58	3.40	6.55	9.98	8.32
<b>LoS: Average # of Days</b>											
Average LoS		2.49	2.73	2.55	2.48	2.63	2.57	2.70	2.51	2.73	2.62
<b>Identification of Alcohol and Other Drug Services: Total (IAD)</b>											
<b>Any Services</b>											
Total	M	5.51%	3.87%	3.71%	4.69%	3.87%	3.31%	3.63%	5.55%	4.32%	3.66%
	F	6.42%	5.39%	3.66%	7.16%	5.62%	4.05%	3.66%	6.45%	5.69%	3.34%
	M&F	6.02%	4.75%	3.68%	6.16%	4.89%	3.76%	3.64%	6.07%	5.12%	3.47%
<b>Inpatient</b>											
Total	M	1.75%	1.32%	1.45%	1.47%	1.44%	1.25%	0.87%	1.57%	1.43%	1.37%
	F	1.91%	1.73%	1.17%	2.29%	2.05%	1.22%	1.07%	1.83%	1.68%	1.03%
	M&F	1.84%	1.56%	1.28%	1.96%	1.80%	1.23%	0.96%	1.72%	1.58%	1.17%

## APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Intensive</b>											
Total	M	0.54%	0.45%	0.34%	0.41%	0.48%	0.26%	0.60%	0.38%	0.49%	0.41%
	F	0.83%	0.70%	0.37%	0.93%	0.83%	0.39%	0.72%	0.65%	0.68%	0.44%
	M&F	0.70%	0.60%	0.36%	0.72%	0.68%	0.34%	0.65%	0.54%	0.60%	0.43%
<b>Outpatient/Medication</b>											
Total	M	3.76%	2.63%	1.91%	3.21%	2.52%	1.92%	2.10%	3.96%	2.82%	1.98%
	F	4.63%	3.95%	2.12%	5.11%	3.85%	2.51%	2.19%	4.77%	4.16%	1.91%
	M&F	4.25%	3.40%	2.03%	4.34%	3.29%	2.28%	2.13%	4.43%	3.60%	1.94%
<b>ED</b>											
Total	M	1.45%	1.09%	1.32%	1.14%	1.08%	1.02%	0.89%	1.52%	1.28%	1.38%
	F	1.37%	1.23%	1.12%	1.44%	1.27%	1.11%	0.98%	1.35%	1.33%	1.03%
	M&F	1.40%	1.17%	1.20%	1.32%	1.19%	1.07%	0.93%	1.42%	1.31%	1.17%
<b>Telehealth</b>											
Total	M	0.18%	0.10%	0.10%	0.13%	0.11%	0.09%	0.28%	0.14%	0.14%	0.06%
	F	0.22%	0.20%	0.11%	0.23%	0.23%	0.14%	0.23%	0.18%	0.21%	0.06%
	M&F	0.20%	0.16%	0.10%	0.19%	0.18%	0.12%	0.26%	0.17%	0.18%	0.06%
<b>Mental Health Utilization: Total (MPT)</b>											
<b>Any Services</b>											
Total	M	12.10%	10.74%	7.36%	13.36%	11.82%	9.41%	31.49%	11.96%	10.95%	8.00%
	F	12.02%	11.84%	6.88%	14.19%	12.32%	9.51%	25.33%	13.12%	12.00%	7.89%
	M&F	12.06%	11.38%	7.08%	13.86%	12.11%	9.47%	28.88%	12.63%	11.57%	7.93%
<b>Inpatient</b>											
Total	M	1.09%	0.90%	1.24%	0.99%	0.95%	1.16%	2.78%	1.13%	0.96%	1.27%
	F	1.11%	1.01%	1.04%	1.17%	1.12%	1.11%	2.57%	1.16%	1.19%	1.09%
	M&F	1.10%	0.96%	1.12%	1.10%	1.05%	1.13%	2.69%	1.15%	1.09%	1.17%
<b>Intensive</b>											
Total	M	0.07%	0.07%	0.25%	0.06%	0.13%	0.19%	0.38%	0.07%	0.15%	0.67%
	F	0.09%	0.11%	0.24%	0.10%	0.22%	0.18%	0.49%	0.10%	0.25%	0.57%

## APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
	M&F	0.08%	0.09%	0.25%	0.09%	0.18%	0.19%	0.43%	0.09%	0.21%	0.61%
<b>Outpatient</b>											
Total	M	11.55%	10.39%	6.43%	12.99%	11.39%	8.71%	30.52%	11.59%	10.52%	7.08%
	F	11.43%	11.39%	6.02%	13.75%	11.74%	8.82%	24.49%	12.65%	11.40%	7.05%
	M&F	11.48%	10.97%	6.19%	13.44%	11.59%	8.78%	27.97%	12.20%	11.04%	7.06%
<b>ED</b>											
Total	M	0.01%	0.02%	0.00%	0.01%	0.02%	0.01%	0.02%	0.01%	0.01%	0.00%
	F	0.00%	0.01%	0.00%	0.00%	0.02%	0.00%	0.02%	0.01%	0.01%	0.00%
	M&F	0.01%	0.01%	0.00%	0.00%	0.02%	0.00%	0.02%	0.01%	0.01%	0.00%
<b>Telehealth</b>											
Total	M	0.29%	0.20%	0.22%	0.33%	0.30%	0.31%	1.56%	0.15%	0.32%	0.19%
	F	0.37%	0.27%	0.27%	0.41%	0.47%	0.32%	1.42%	0.21%	0.40%	0.20%
	M&F	0.34%	0.24%	0.25%	0.38%	0.40%	0.32%	1.50%	0.19%	0.36%	0.20%
<b>Antibiotic Utilization: Total (ABX)</b>											
<b>Antibiotic Utilization</b>											
<b>Average Scripts PMPY for Antibiotics</b>											
Total	M	0.82	0.77	0.56	1.14	0.84	0.82	0.90	0.97	0.86	0.68
	F	1.18	1.12	0.98	1.53	1.22	1.30	1.17	1.40	1.18	1.06
	M&F	1.03	0.97	0.81	1.37	1.06	1.11	1.01	1.22	1.04	0.91
<b>Average Days Supplied per Antibiotic Script</b>											
Total	M	9.62	9.68	9.67	9.73	9.80	9.69	10.79	9.85	9.99	9.87
	F	8.97	8.88	8.49	9.09	8.94	8.65	10.48	9.36	9.04	8.78
	M&F	9.20	9.15	8.83	9.30	9.22	8.95	10.64	9.52	9.36	9.11
<b>Average Scripts PMPY for Antibiotics of Concern</b>											
Total	M	0.39	0.33	0.24	0.54	0.36	0.36	0.38	0.47	0.37	0.29
	F	0.52	0.46	0.37	0.70	0.50	0.53	0.46	0.65	0.50	0.43
	M&F	0.46	0.41	0.32	0.63	0.44	0.46	0.41	0.58	0.45	0.37



Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Percentage of Antibiotics of Concern of All Antibiotic Scripts</b>											
Total	M	47.03%	42.80%	42.18%	47.30%	42.48%	44.14%	42.06%	48.10%	43.60%	42.97%
	F	44.00%	41.37%	38.20%	45.62%	40.99%	40.92%	38.84%	46.73%	42.64%	40.38%
	M&F	45.06%	41.84%	39.34%	46.19%	41.48%	41.85%	40.48%	47.19%	42.97%	41.17%
<b>Antibiotics of Concern Utilization (Average Scripts PMPY)</b>											
<b>Quinolones</b>											
Total	M	0.02	0.02	0.02	0.03	0.02	0.02	0.01	0.04	0.03	0.03
	F	0.05	0.05	0.04	0.07	0.05	0.07	0.02	0.08	0.06	0.06
	M&F	0.04	0.04	0.03	0.05	0.04	0.05	0.02	0.06	0.05	0.05
<b>Cephalosporins 2nd–4th Generation</b>											
Total	M	0.10	0.09	0.06	0.16	0.10	0.10	0.11	0.12	0.10	0.07
	F	0.11	0.10	0.06	0.16	0.11	0.09	0.13	0.14	0.10	0.06
	M&F	0.10	0.10	0.06	0.16	0.11	0.09	0.12	0.13	0.10	0.07
<b>Azithromycins and Clarithromycins</b>											
Total	M	0.12	0.10	0.07	0.17	0.11	0.11	0.11	0.15	0.11	0.09
	F	0.17	0.15	0.13	0.22	0.16	0.18	0.14	0.20	0.16	0.14
	M&F	0.15	0.13	0.10	0.20	0.14	0.15	0.13	0.18	0.14	0.12
<b>Amoxicillin/Clavulanates</b>											
Total	M	0.11	0.09	0.06	0.14	0.10	0.10	0.11	0.12	0.11	0.08
	F	0.14	0.12	0.09	0.18	0.13	0.13	0.11	0.17	0.13	0.10
	M&F	0.13	0.11	0.08	0.16	0.12	0.12	0.11	0.15	0.12	0.09
<b>Ketolides</b>											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Clindamycins</b>											
Total	M	0.03	0.02	0.03	0.04	0.03	0.04	0.03	0.04	0.03	0.03
	F	0.05	0.05	0.06	0.07	0.05	0.07	0.04	0.06	0.05	0.06
	M&F	0.05	0.04	0.05	0.06	0.04	0.06	0.03	0.05	0.04	0.05

Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Misc. Antibiotics of Concern</b>											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>All Other Antibiotics Utilization (Average Scripts PMPY)</b>											
<b>Absorbable Sulfonamides</b>											
Total	M	0.05	0.04	0.03	0.07	0.04	0.04	0.07	0.06	0.05	0.04
	F	0.09	0.08	0.07	0.12	0.09	0.09	0.11	0.11	0.09	0.07
	M&F	0.07	0.07	0.05	0.10	0.07	0.07	0.08	0.09	0.07	0.06
<b>Aminoglycosides</b>											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>1st Generation Cephalosporins</b>											
Total	M	0.05	0.06	0.04	0.07	0.07	0.05	0.06	0.06	0.07	0.05
	F	0.08	0.09	0.07	0.10	0.10	0.09	0.08	0.10	0.10	0.08
	M&F	0.07	0.08	0.05	0.09	0.09	0.08	0.07	0.08	0.08	0.06
<b>Lincosamides</b>											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Macrolides (not azith. or clarith.)</b>											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
<b>Penicillins</b>											
Total	M	0.28	0.30	0.22	0.40	0.33	0.31	0.32	0.30	0.31	0.25
	F	0.29	0.28	0.24	0.36	0.31	0.30	0.35	0.29	0.28	0.25
	M&F	0.28	0.29	0.23	0.37	0.32	0.31	0.33	0.30	0.30	0.25

## APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS 2020 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Tetracyclines</b>											
Total	M	0.04	0.03	0.03	0.05	0.04	0.04	0.05	0.06	0.04	0.04
	F	0.07	0.06	0.05	0.09	0.06	0.08	0.04	0.11	0.07	0.06
	M&F	0.06	0.05	0.04	0.08	0.05	0.06	0.05	0.09	0.06	0.05
<b>Misc. Antibiotics</b>											
Total	M	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
	F	0.13	0.14	0.18	0.15	0.15	0.21	0.11	0.14	0.14	0.16
	M&F	0.08	0.08	0.11	0.10	0.09	0.13	0.05	0.08	0.08	0.10

As a Risk-Adjusted Utilization measure, PCR rates in **Table A.2** represent percentages of members who were readmitted for any diagnosis within 30 days of discharge from a hospital, broken into age stratifications.

Table A.2. HEDIS 2020 Plan All-Cause Readmissions (PCR)

Measure by Age	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Plan Population: Observed Readmission Rate</b>										
18-44	9.97%	8.90%	8.11%	9.68%	10.64%	10.07%	9.52%	8.75%	8.64%	10.82%
45-54	9.61%	9.96%	10.98%	12.55%	12.44%	13.79%	22.73%	12.60%	14.80%	12.55%
55-64	10.88%	8.58%	9.25%	14.02%	14.72%	16.46%	0.00%	12.56%	14.19%	16.14%
<b>Total</b>	<b>10.12%</b>	<b>9.04%</b>	<b>8.99%</b>	<b>11.50%</b>	<b>12.03%</b>	<b>12.44%</b>	<b>9.72%</b>	<b>10.77%</b>	<b>11.23%</b>	<b>12.59%</b>

## APPENDIX B | Medicaid MCO Population

**Table B.1. HEDIS 2020 MCO Medicaid Population Reported in Member Months by Age and Sex—AG**

Age Group	AGE			AGM			AGW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	23267	22014	<b>45,281</b>	37203	36633	<b>73,836</b>	22691	22830	<b>45,521</b>
1–4	86059	83426	<b>169,485</b>	131160	125990	<b>257,150</b>	83512	81332	<b>164,844</b>
5–9	111658	107469	<b>219,127</b>	147755	146881	<b>294,636</b>	117296	116392	<b>233,688</b>
10–14	111450	107852	<b>219,302</b>	132170	129074	<b>261,244</b>	102251	102906	<b>205,157</b>
15–17	59316	58464	<b>117,780</b>	60392	59488	<b>119,880</b>	50404	51404	<b>101,808</b>
18–19	24337	29270	<b>53,607</b>	36868	42697	<b>79,565</b>	21579	26613	<b>48,192</b>
<b>0–19 Subtotal</b>	<b>416,087</b>	<b>408,495</b>	<b>824,582</b>	<b>545,548</b>	<b>540,763</b>	<b>1,086,311</b>	<b>397,733</b>	<b>401,477</b>	<b>799,210</b>
	<b>69.73%</b>	<b>52.72%</b>	<b>60.12%</b>	<b>74.29%</b>	<b>53.14%</b>	<b>62.01%</b>	<b>75.35%</b>	<b>52.97%</b>	<b>62.15%</b>
20–24	21437	53785	<b>75,222</b>	24088	68843	<b>92,931</b>	21456	58305	<b>79,761</b>
25–29	18208	68979	<b>87,187</b>	18433	86744	<b>105,177</b>	11799	73594	<b>85,393</b>
30–34	22157	65542	<b>87,699</b>	22335	85887	<b>108,222</b>	13158	72396	<b>85,554</b>
35–39	23514	52321	<b>75,835</b>	24786	75827	<b>100,613</b>	13503	47199	<b>60,702</b>
40–44	20411	36957	<b>57,368</b>	22746	53049	<b>75,795</b>	12878	28434	<b>41,312</b>
<b>20–44 Subtotal</b>	<b>105,727</b>	<b>277,584</b>	<b>383,311</b>	<b>112,388</b>	<b>370,350</b>	<b>482,738</b>	<b>72,794</b>	<b>279,928</b>	<b>352,722</b>
	<b>17.72%</b>	<b>35.83%</b>	<b>27.95%</b>	<b>15.30%</b>	<b>36.39%</b>	<b>27.55%</b>	<b>13.79%</b>	<b>36.93%</b>	<b>27.43%</b>
45–49	16959	25808	<b>42,767</b>	17956	32263	<b>50,219</b>	10365	20775	<b>31,140</b>
50–54	17604	22267	<b>39,871</b>	16361	22220	<b>38,581</b>	11904	17927	<b>29,831</b>
55–59	20604	21051	<b>41,655</b>	18419	20989	<b>39,408</b>	16102	17570	<b>33,672</b>
60–64	15057	13251	<b>28,308</b>	14775	16361	<b>31,136</b>	13750	12820	<b>26,570</b>
<b>45–64 Subtotal</b>	<b>70,224</b>	<b>82,377</b>	<b>152,601</b>	<b>67,511</b>	<b>91,833</b>	<b>159,344</b>	<b>52,121</b>	<b>69,092</b>	<b>121,213</b>
	<b>11.77%</b>	<b>10.63%</b>	<b>11.13%</b>	<b>9.19%</b>	<b>9.02%</b>	<b>9.10%</b>	<b>9.87%</b>	<b>9.12%</b>	<b>9.43%</b>
65–69	2909	2874	<b>5,783</b>	4200	5568	<b>9,768</b>	3630	3910	<b>7,540</b>
70–74	971	1480	<b>2,451</b>	2595	3957	<b>6,552</b>	788	1527	<b>2,315</b>
75–79	436	766	<b>1,202</b>	1211	2126	<b>3,337</b>	481	944	<b>1,425</b>
80–84	224	616	<b>840</b>	598	1558	<b>2,156</b>	133	582	<b>715</b>
85–89	147	314	<b>461</b>	195	1046	<b>1,241</b>	108	263	<b>371</b>
≥90	21	302	<b>323</b>	98	386	<b>484</b>	76	251	<b>327</b>
<b>≥65 Subtotal</b>	<b>4,708</b>	<b>6,352</b>	<b>11,060</b>	<b>8,897</b>	<b>14,641</b>	<b>23,538</b>	<b>5,216</b>	<b>7,477</b>	<b>12,693</b>
	<b>0.79%</b>	<b>0.82%</b>	<b>0.81%</b>	<b>1.21%</b>	<b>1.44%</b>	<b>1.34%</b>	<b>0.99%</b>	<b>0.99%</b>	<b>0.99%</b>
<b>Total</b>	<b>596,746</b>	<b>774,808</b>	<b>1,371,554</b>	<b>734,344</b>	<b>1,017,587</b>	<b>1,751,931</b>	<b>527,864</b>	<b>757,974</b>	<b>1,285,838</b>

Table B.2. HEDIS 2020 MCO Medicaid Population Reported in Member Months by Age and Sex—BC and TCS

Age Group	BCE			BCM			BCW			TCS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	45847	43817	<b>89,664</b>	34162	33520	<b>67,682</b>	34604	32430	<b>67,034</b>	6337	6232	<b>12,569</b>
1–4	153901	147708	<b>301,609</b>	119483	116276	<b>235,759</b>	109652	106270	<b>215,922</b>	52022	43775	<b>95,797</b>
5–9	155182	148846	<b>304,028</b>	133696	131775	<b>265,471</b>	116084	113468	<b>229,552</b>	83240	54045	<b>137,285</b>
10–14	148386	144773	<b>293,159</b>	135738	134139	<b>269,877</b>	108760	109428	<b>218,188</b>	92483	57676	<b>150,159</b>
15–17	73448	73367	<b>146,815</b>	68368	68699	<b>137,067</b>	51831	56207	<b>108,038</b>	64756	39818	<b>104,574</b>
18–19	41990	48408	<b>90,398</b>	28279	32332	<b>60,611</b>	31298	37641	<b>68,939</b>	42140	27522	<b>69,662</b>
<b>0–19 Subtotal</b>	<b>618,754</b>	<b>606,919</b>	<b>1,225,673</b>	<b>519,726</b>	<b>516,741</b>	<b>1,036,467</b>	<b>452,229</b>	<b>455,444</b>	<b>907,673</b>	<b>340,978</b>	<b>229,068</b>	<b>570,046</b>
	<b>74.52%</b>	<b>49.61%</b>	<b>59.68%</b>	<b>78.94%</b>	<b>55.68%</b>	<b>65.33%</b>	<b>78.39%</b>	<b>50.28%</b>	<b>61.22%</b>	<b>92.26%</b>	<b>84.26%</b>	<b>88.87%</b>
20–24	29676	94887	<b>124,563</b>	20055	66758	<b>86,813</b>	22704	70507	<b>93,211</b>	16684	16476	<b>33,160</b>
25–29	15649	111069	<b>126,718</b>	12819	85247	<b>98,066</b>	10046	82899	<b>92,945</b>	2484	7273	<b>9,757</b>
30–34	22325	102564	<b>124,889</b>	17164	78137	<b>95,301</b>	12468	73671	<b>86,139</b>	2311	6696	<b>9,007</b>
35–39	26749	87056	<b>113,805</b>	19082	60458	<b>79,540</b>	15006	73308	<b>88,314</b>	2365	5011	<b>7,376</b>
40–44	25463	63066	<b>88,529</b>	15518	39477	<b>54,995</b>	12561	48529	<b>61,090</b>	1509	2972	<b>4,481</b>
<b>20–44 Subtotal</b>	<b>119,862</b>	<b>458,642</b>	<b>578,504</b>	<b>84,638</b>	<b>330,077</b>	<b>414,715</b>	<b>72,785</b>	<b>348,914</b>	<b>421,699</b>	<b>25,353</b>	<b>38,428</b>	<b>63,781</b>
	<b>14.44%</b>	<b>37.49%</b>	<b>28.17%</b>	<b>12.86%</b>	<b>35.56%</b>	<b>26.14%</b>	<b>12.62%</b>	<b>38.52%</b>	<b>28.44%</b>	<b>6.86%</b>	<b>14.13%</b>	<b>9.94%</b>
45–49	22900	45400	<b>68,300</b>	13750	26617	<b>40,367</b>	11258	29624	<b>40,882</b>	1076	1802	<b>2,878</b>
50–54	21028	37341	<b>58,369</b>	12948	22133	<b>35,081</b>	11540	23139	<b>34,679</b>	929	1168	<b>2,097</b>
55–59	22517	34619	<b>57,136</b>	14722	18739	<b>33,461</b>	12824	21745	<b>34,569</b>	735	696	<b>1,431</b>
60–64	18160	26911	<b>45,071</b>	11632	12308	<b>23,940</b>	11687	17750	<b>29,437</b>	467	612	<b>1,079</b>
<b>45–64 Subtotal</b>	<b>84,605</b>	<b>144,271</b>	<b>228,876</b>	<b>53,052</b>	<b>79,797</b>	<b>132,849</b>	<b>47,309</b>	<b>92,258</b>	<b>139,567</b>	<b>3,207</b>	<b>4,278</b>	<b>7,485</b>
	<b>10.19%</b>	<b>11.79%</b>	<b>11.14%</b>	<b>8.06%</b>	<b>8.60%</b>	<b>8.37%</b>	<b>8.20%</b>	<b>10.19%</b>	<b>9.41%</b>	<b>0.87%</b>	<b>1.57%</b>	<b>1.17%</b>
65–69	3807	6600	<b>10,407</b>	426	374	<b>800</b>	2795	4343	<b>7,138</b>	35	34	<b>69</b>
70–74	1799	3284	<b>5,083</b>	140	293	<b>433</b>	877	1981	<b>2,858</b>	1	22	<b>23</b>
75–79	920	1894	<b>2,814</b>	198	333	<b>531</b>	451	1281	<b>1,732</b>	0	41	<b>41</b>
80–84	349	1045	<b>1,394</b>	102	155	<b>257</b>	258	804	<b>1,062</b>	12	0	<b>12</b>
85–89	126	570	<b>696</b>	46	219	<b>265</b>	151	478	<b>629</b>	0	0	<b>0</b>
≥90	61	185	<b>246</b>	45	129	<b>174</b>	28	313	<b>341</b>	7	0	<b>7</b>
<b>≥65 Subtotal</b>	<b>7,062</b>	<b>13,578</b>	<b>20,640</b>	<b>957</b>	<b>1,503</b>	<b>2,460</b>	<b>4,560</b>	<b>9,200</b>	<b>13,760</b>	<b>55</b>	<b>97</b>	<b>152</b>
	<b>0.85%</b>	<b>1.11%</b>	<b>1.01%</b>	<b>0.15%</b>	<b>0.16%</b>	<b>0.16%</b>	<b>0.79%</b>	<b>1.02%</b>	<b>0.93%</b>	<b>0.01%</b>	<b>0.04%</b>	<b>0.02%</b>
<b>Total</b>	<b>830,283</b>	<b>1,223,410</b>	<b>2,053,693</b>	<b>658,373</b>	<b>928,118</b>	<b>1,586,491</b>	<b>576,883</b>	<b>905,816</b>	<b>1,482,699</b>	<b>369,593</b>	<b>271,871</b>	<b>641,464</b>

Table B.3. HEDIS 2020 MCO Medicaid Population Reported in Member Months by Age and Sex—UHC

Age Group	UHCE			UHCM			UHCW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	23530	22063	<b>45,593</b>	36838	34590	<b>71,428</b>	22988	21618	<b>44,606</b>
1–4	90149	84555	<b>174,704</b>	137795	130398	<b>268,193</b>	91085	87918	<b>179,003</b>
5–9	120153	116760	<b>236,913</b>	148147	145945	<b>294,092</b>	111654	108778	<b>220,432</b>
10–14	115661	114423	<b>230,084</b>	137962	135926	<b>273,888</b>	102918	103575	<b>206,493</b>
15–17	57558	57240	<b>114,798</b>	61738	63354	<b>125,092</b>	47377	48469	<b>95,846</b>
18–19	36160	39414	<b>75,574</b>	38280	42537	<b>80,817</b>	29074	32407	<b>61,481</b>
<b>0–19 Subtotal</b>	<b>443,211</b>	<b>434,455</b>	<b>877,666</b>	<b>560,760</b>	<b>552,750</b>	<b>1,113,510</b>	<b>405,096</b>	<b>402,765</b>	<b>807,861</b>
	<b>65.90%</b>	<b>46.86%</b>	<b>54.87%</b>	<b>73.77%</b>	<b>51.52%</b>	<b>60.74%</b>	<b>72.96%</b>	<b>49.77%</b>	<b>59.21%</b>
20–24	24852	58989	<b>83,841</b>	24810	72258	<b>97,068</b>	21161	54924	<b>76,085</b>
25–29	18713	70650	<b>89,363</b>	15909	88102	<b>104,011</b>	13299	75603	<b>88,902</b>
30–34	21659	67265	<b>88,924</b>	21409	87843	<b>109,252</b>	14548	62258	<b>76,806</b>
35–39	23588	64639	<b>88,227</b>	25155	79736	<b>104,891</b>	13701	56819	<b>70,520</b>
40–44	24124	52448	<b>76,572</b>	24359	53105	<b>77,464</b>	14682	43731	<b>58,413</b>
<b>20–44 Subtotal</b>	<b>112,936</b>	<b>313,991</b>	<b>426,927</b>	<b>111,642</b>	<b>381,044</b>	<b>492,686</b>	<b>77,391</b>	<b>293,335</b>	<b>370,726</b>
	<b>16.79%</b>	<b>33.87%</b>	<b>26.69%</b>	<b>14.69%</b>	<b>35.51%</b>	<b>26.88%</b>	<b>13.94%</b>	<b>36.25%</b>	<b>27.17%</b>
45–49	24085	41499	<b>65,584</b>	20211	37368	<b>57,579</b>	13754	28984	<b>42,738</b>
50–54	23270	34374	<b>57,644</b>	18874	28848	<b>47,722</b>	13707	21837	<b>35,544</b>
55–59	24502	34069	<b>58,571</b>	20134	27516	<b>47,650</b>	17659	21273	<b>38,932</b>
60–64	22479	26851	<b>49,330</b>	16252	21564	<b>37,816</b>	15377	18718	<b>34,095</b>
<b>45–64 Subtotal</b>	<b>94,336</b>	<b>136,793</b>	<b>231,129</b>	<b>75,471</b>	<b>115,296</b>	<b>190,767</b>	<b>60,497</b>	<b>90,812</b>	<b>151,309</b>
	<b>14.03%</b>	<b>14.75%</b>	<b>14.45%</b>	<b>9.93%</b>	<b>10.75%</b>	<b>10.41%</b>	<b>10.90%</b>	<b>11.22%</b>	<b>11.09%</b>
65–69	10504	15138	<b>25,642</b>	5830	9199	<b>15,029</b>	6571	7868	<b>14,439</b>
70–74	5750	10771	<b>16,521</b>	3004	6009	<b>9,013</b>	3229	5757	<b>8,986</b>
75–79	3356	7225	<b>10,581</b>	1762	4024	<b>5,786</b>	1496	4007	<b>5,503</b>
80–84	1557	4297	<b>5,854</b>	997	2332	<b>3,329</b>	526	2363	<b>2,889</b>
85–89	618	2656	<b>3,274</b>	537	1301	<b>1,838</b>	331	1471	<b>1,802</b>
≥90	265	1809	<b>2,074</b>	165	982	<b>1,147</b>	106	891	<b>997</b>
<b>≥65 Subtotal</b>	<b>22,050</b>	<b>41,896</b>	<b>63,946</b>	<b>12,295</b>	<b>23,847</b>	<b>36,142</b>	<b>12,259</b>	<b>22,357</b>	<b>34,616</b>
	<b>3.28%</b>	<b>4.52%</b>	<b>4.00%</b>	<b>1.62%</b>	<b>2.22%</b>	<b>1.97%</b>	<b>2.21%</b>	<b>2.76%</b>	<b>2.54%</b>
<b>Total</b>	<b>672,533</b>	<b>927,135</b>	<b>1,599,668</b>	<b>760,168</b>	<b>1,072,937</b>	<b>1,833,105</b>	<b>555,243</b>	<b>809,269</b>	<b>1,364,512</b>

## APPENDIX C | ECDS and LTSS Measure Results

**Table C.1** presents MCO results for HEDIS 2020 ECDS measures. Cells are shaded gray for those measures that were not calculated or for which data were not reported. TennCare required LTSS measures to be reported for the first time for HEDIS 2020; reporting for ECDS measures was optional. *Note: BC and TCS reported ECDS measures; AG's and UHC's measure designations were NQ.*

<b>Table C.1. HEDIS 2020 Medicaid Plan-Specific Rates: ECDS Measures</b>				
<b>Measure</b>	<b>BCE</b>	<b>BCM</b>	<b>BCW</b>	<b>TCS</b>
<b>Breast Cancer Screening (BCS-E)<sup>†††</sup></b>	60.17%	53.69%	62.64%	61.90%
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)<sup>†††</sup>:</b>				
Initiation Phase	50.31%	44.15%	42.55%	40.48%
Continuation and Maintenance Phase	63.92%	57.39%	62.29%	53.47%
<b>Colorectal Cancer Screening (COL-E)<sup>†††</sup></b>				
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF)</b>				
Depression Screening	0.00%	0.00%	0.15%	0.04%
Follow-Up on Positive Screen	NA	100%	45.45%	0.00%
<b>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)</b>				
Assessment Period 1	0.00%	0.02%	0.64%	0.00%
Assessment Period 2	0.00%	0.00%	0.40%	0.00%
Assessment Period 3	0.00%	0.00%	0.44%	0.00%
Total	0.00%	0.01%	0.50%	0.00%
<b>Depression Remission or Response for Adolescents and Adults (DRR)</b>				
Follow-Up	NA	NA	27.27%	NA
Depression Remission	NA	NA	18.18%	NA
Depression Response	NA	NA	27.27%	NA
<b>Unhealthy Alcohol Use Screening and Follow-Up (ASF)</b>				
Alcohol Use Screening	0.00%	0.00%	0.00%	0.00%
Counseling or Other Follow-up Positive Screen	NA	NA	NA	NA
<b>Adult Immunization Status (AIS)</b>				
Influenza	13.12%	11.50%	11.31%	10.76%

<b>Table C.1. HEDIS 2020 Medicaid Plan-Specific Rates: ECDS Measures</b>				
<b>Measure</b>	<b>BCE</b>	<b>BCM</b>	<b>BCW</b>	<b>TCS</b>
Td or Tdap	40.61%	27.64%	34.73%	41.15%
Zoster	0.55%	0.25%	0.45%	0.83%
Composite	24.73%	18.27%	21.44%	25.28%
<b>Prenatal Immunization Status (PRS)</b>				
Influenza	26.77%	24.53%	21.06%	20.26%
Tdap	49.47%	41.58%	43.73%	40.26%
Combination	19.52%	18.17%	15.53%	14.55%
<b>Prenatal Depression Screening and Follow-Up (PND)***</b>				
Depression Screening	0.00%	0.00%	0.03%	0.00%
Follow-Up on Positive Screen	NA	NA	0.00%	NA
<b>Postpartum Depression Screening and Follow-Up (PDS)***</b>				
Depression Screening	0.00%	0.00%	0.02%	0.00%
Follow-Up on Positive Screen	NA	NA	NA	NA

\*\*\* First-year measure for HEDIS 2020.

††† First-year ECDS version of the measure.

**Table C.2** presents statewide MCO results for HEDIS 2020 LTSS measures. *Note: TCS does not have members who receive LTSS.*

<b>Table C.2. HEDIS 2020 Medicaid Plan-Specific Rates: LTSS Measures</b>			
<b>Measure</b>	<b>AG</b>	<b>BC</b>	<b>UHC</b>
<b>Comprehensive Assessment and Update (LTSS-CAU):</b>			
Assessment of Core Elements	95.62%	47.45%	82.97%
Assessment of Supplemental Elements	93.67%	46.72%	77.37%
<b>Comprehensive Care Plan and Update (LTSS-CPU):</b>			
Care Plan with Core Elements Documented	96.84%	35.77%	83.21%
Care Plan with Supplemental Elements Documented	96.84%	35.28%	83.21%
<b>Reassessment/Care Plan Update After Inpatient Discharge (LTSS-RAC):</b>			
Reassessment After Inpatient Discharge	39.90%	22.87%	11.68%
Reassessment and Care Plan Update After Inpatient Discharge	30.17%	19.71%	8.76%
<b>Shared Care Plan With Primary Care Practitioner (LTSS-SCP)</b>	53.37%	0.00%	81.20%



## APPENDIX D | Measure Reporting Options

**Table D.1** presents the reporting options for each measure: administrative and/or hybrid. Currently, when the hybrid option is available, TennCare MCOs are required to use the hybrid method.

<b>Table D.1. 2020 Measure Reporting Options: Administrative/Hybrid</b>		
<b>Measure</b>	<b>Administrative</b>	<b>Hybrid</b>
<b>HEDIS Effectiveness of Care</b>		
<b>Prevention and Screening</b>		
Adult BMI Assessment (ABA)	✓	✓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	✓	✓
Childhood Immunization Status (CIS)	✓	✓
Immunizations for Adolescents (IMA)	✓	✓
Lead Screening in Children (LSC)	✓	✓
Breast Cancer Screening (BCS)	✓	
Cervical Cancer Screening (CCS)	✓	✓
Chlamydia Screening in Women (CHL)	✓	
<b>Respiratory Conditions</b>		
Appropriate Testing for Pharyngitis (CWP)	✓	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	✓	
Pharmacotherapy Management of COPD Exacerbation (PCE)	✓	
Medication Management for People With Asthma (MMA)	✓	
Asthma Medication Ratio (AMR)	✓	
<b>Cardiovascular Conditions</b>		
Controlling High Blood Pressure (CBP)	✓	✓
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	✓	
Statin Therapy for Patients with Cardiovascular Disease (SPC)	✓	
<b>Diabetes</b>		
Comprehensive Diabetes Care (CDC)	✓	✓
Statin Therapy for Patients with Diabetes (SPD)	✓	
<b>Behavioral Health</b>		
Antidepressant Medication Management (AMM)	✓	
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	✓	
Follow-Up After Hospitalization for Mental Illness (FUH)	✓	

<b>Table D.1. 2020 Measure Reporting Options: Administrative/Hybrid</b>		
<b>Measure</b>	<b>Administrative</b>	<b>Hybrid</b>
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	✓	
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	✓	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	✓	
Pharmacotherapy for Opioid Use Disorder (POD)	✓	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	✓	
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	✓	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	✓	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	✓	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	✓	
<b>Overuse/Appropriateness</b>		
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	✓	
Appropriate Treatment for Upper Respiratory Infection (URI)	✓	
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	✓	
Use of Imaging Studies for Low Back Pain (LBP)	✓	
Use of Opioid at High Dosage (HDO)	✓	
Use of Opioids From Multiple Providers (UOP)	✓	
Risk of Continued Opioid Use (COU)	✓	
<b>Measures Collected Through CAHPS Health Plan Survey</b>		
Flu vaccinations for adults ages 18 to 64 (FVA)		
Medical Assistance With Smoking Cessation (MSC)		
<b>HEDIS Access/Availability of Care Measures</b>		
Adults' Access to Preventive/Ambulatory Health Services (AAP)	✓	
Children and Adolescents' Access to Primary Care Practitioners (CAP)	✓	
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)	✓	
Prenatal and Postpartum Care (PPC)	✓	✓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	✓	
<b>HEDIS Utilization and Risk-Adjusted Utilization Measures</b>		
Well-Child Visits in the First 15 Months of Life (W15)	✓	✓
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	✓	✓
Adolescent Well-Care Visits (AWC)	✓	✓

**Table D.2** presents the hybrid measures that were reported by MCOs with either MY2019 or MY2018 data for HEDIS 2020.

<b>Table D.2. HEDIS 2020 Hybrid Measures Data Reporting (MY2019 or MY2018)</b>											
<b>Measure</b>	<b>AGE</b>	<b>AGM</b>	<b>AGW</b>	<b>BCE</b>	<b>BCM</b>	<b>BCW</b>	<b>TCS</b>	<b>UHCE</b>	<b>UHCM</b>	<b>UHCW</b>	<b>CK BC</b>
<b>HEDIS Effectiveness of Care</b>											
<b>Prevention and Screening</b>											
Adult BMI Assessment (ABA)	MY2018	MY2018	MY2018	MY2018	MY2018	MY2019	MY2018	MY2019	MY2019	MY2019	MY2018
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2019	MY2019	MY2019	MY2018
Childhood Immunization Status (CIS)	MY2018	MY2019	MY2018	MY2018	MY2019	MY2019	MY2019	MY2019	MY2019	MY2018	MY2019
Immunizations for Adolescents (IMA)	MY2019	MY2019	MY2018	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019
Lead Screening in Children (LSC)	MY2018	MY2019	MY2018	MY2018	MY2018	MY2019	MY2019	MY2018	MY2018	MY2018	MY2019
Cervical Cancer Screening (CCS)	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2019	MY2019	MY2019	MY2019	MY2018
<b>Cardiovascular Conditions</b>											
Controlling High Blood Pressure (CBP)	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018
<b>Diabetes</b>											
Comprehensive Diabetes Care (CDC)	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2019	MY2019	MY2019
<b>HEDIS Access/Availability of Care Measures</b>											
Prenatal and Postpartum Care (PPC)	MY2019	MY2018	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019
<b>HEDIS Utilization and Risk-Adjusted Utilization Measures</b>											
Well-Child Visits in the First 15 Months of Life (W15)	MY2018	MY2018	MY2018	MY2019	MY2019	MY2018	MY2018	MY2018	MY2018	MY2018	MY2019
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	MY2019	MY2019	MY2018	MY2019	MY2019	MY2019	MY2018	MY2018	MY2018	MY2018	MY2019
Adolescent Well-Care Visits (AWC)	MY2018	MY2018	MY2018	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019	MY2019	MY2018

## APPENDIX E | CHIP Results

Rates reported in the following tables are for **CK BC**, the only HPA during HEDIS 2020. Cells are shaded gray for those measures that were not calculated or for which data were not reported. [HEDIS definitions](#) for measures apply to all lines of business.

Table E.1. HEDIS 2020 Utilization Measures: CHIP Plan-Specific Rates for the HPA						
Well-Child Visits in the First 15 Months of Life (W15)						
0 Visits	1 Visit	2 Visits	3 Visits	4 Visits	5 Visits	6+ Visits
1.64%	0.66%	0.98%	2.95%	2.62%	11.48%	79.67%
Frequency of Selected Procedures (FSP)						
Age	Sex	Procedures/1,000 Member Months	Age	Sex	Procedures/1,000 Member Months	
Bariatric Weight Loss Surgery:			Cholecystectomy—Open (O) and Laparoscopic (L):			
0–19	M	0.00	30–64 (O)	M		
	F	0.00	15–44 (O)	F	0.00	
20–44	M	0.00	45–64 (O)		0.00	
	F	0.00	30–64 (L)	M		
45–64	M		15–44 (L)	F	0.66	
	F	0.00	45–64 (L)		0.00	
Tonsillectomy:			Back Surgery:			
0–9	M&F	1.15	20–44	M	0.00	
10–19		0.32		F	0.02	
Hysterectomy—Abdominal (A) and Vaginal (V):			45–64	M		
15–44 (A)	F	0.02		F	0.00	
45–64 (A)		0.00	Mastectomy:			
15–44 (V)	F	0.00	15–44	M	0.00	
45–64 (V)		0.00	45–64	F	0.00	
Lumpectomy:						
15–44	F	0.05	45–64	F	0.00	
Ambulatory Care: Total (AMB)						
Total: Visits/1,000 Member Months		Outpatient Visits		ED Visits		
		265.29		27.55		

Table E.1. HEDIS 2020 Utilization Measures: CHIP Plan-Specific Rates for the HPA

<i>Inpatient Utilization—General Hospital/Acute Care: Total (IPU)</i>							
Per 1,000 Members Months		Average # of Days:		Per 1,000 Members Months		Average # of Days:	
Discharges	Days	Average Length of Stay		Discharges	Days	Average Length of Stay	
<b>Total Inpatient</b>			<b>Medicine</b>				
10.97	26.98	2.46		0.47	1.28	2.71	
<b>Surgery</b>			<b>Maternity</b>				
0.24	1.11	4.54		16.56	39.73	2.40	
<i>Identification of Alcohol and Other Drug Services: Total (IAD)</i>							
Sex	Any Services	Inpatient	Intensive	Outpatient/Medication	ED	Telehealth	
M	0.60%	0.20%	0.08%	0.36%	0.15%	0.01%	
F	0.47%	0.19%	0.03%	0.23%	0.12%	0.01%	
<b>Total</b>	<b>0.53%</b>	<b>0.19%</b>	<b>0.05%</b>	<b>0.29%</b>	<b>0.13%</b>	<b>0.01%</b>	
<i>Mental Health Utilization: Total (MPT)</i>							
Sex	Any Services	Inpatient	Intensive	Outpatient	ED	Telehealth	
M	8.70%	0.43%	0.07%	8.54%	0.01%	0.13%	
F	5.94%	0.51%	0.10%	5.78%	0.02%	0.11%	
<b>Total</b>	<b>7.15%</b>	<b>0.48%</b>	<b>0.09%</b>	<b>6.99%</b>	<b>0.01%</b>	<b>0.12%</b>	
<i>Antibiotic Utilization: Total (ABX)</i>							
Sex	Antibiotics		Antibiotics of Concern				
	Average Scripts PMPY	Average Days Supplied Script	Average Scripts PMPY		% of All Antibiotic Scripts		
M	0.71	10.15	0.32		45.27%		
F	0.78	9.73	0.32		40.43%		
<b>Total</b>	<b>0.75</b>	<b>9.90</b>	<b>0.32</b>		<b>42.45%</b>		
<i>Antibiotics of Concern Utilization (Average Scripts PMPY)</i>							
Sex	Quinolones	Cephalosporins 2nd-4th Generation	Azithromycins and Clarithromycins	Amoxicillin/Clavulanates	Ketolides	Clindamycins	Misc. Antibiotics of Concern
M	0.00	0.11	0.11	0.08	0.00	0.02	0.00
F	0.01	0.10	0.11	0.08	0.00	0.02	0.00
<b>Total</b>	<b>0.00</b>	<b>0.10</b>	<b>0.11</b>	<b>0.08</b>	<b>0.00</b>	<b>0.02</b>	<b>0.00</b>

**Table E.1. HEDIS 2020 Utilization Measures: CHIP Plan-Specific Rates for the HPA**

*All Other Antibiotics Utilization (Average Scripts PMPY)*

Sex	Absorbable Sulfonamides	Amino-glycosides	1st Generation Cephalosporins	Lincosamides	Macrolides (not azith. or clarith.)	Penicillins	Tetracyclines	Misc. Antibiotics
M	0.02	0.00	0.05	0.00	0.00	0.28	0.03	0.00
F	0.04	0.00	0.06	0.00	0.00	0.25	0.03	0.07
<b>Total</b>	<b>0.03</b>	<b>0.00</b>	<b>0.05</b>	<b>0.00</b>	<b>0.00</b>	<b>0.27</b>	<b>0.03</b>	<b>0.04</b>

**Table E.2. HEDIS 2020 HPA Rates: PCR**

Measure by Age	CK BC
<b>Plan Population: Observed Readmission Rate</b>	
18–44	7.14%
45–54	
55–64	
<b>Total</b>	<b>7.14%</b>

<b>Table E.3. CHIP Population in HPA Member Months</b>			
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<1	3715	3427	<b>7,142</b>
1-4	33259	31930	<b>65,189</b>
5-9	63925	60670	<b>124,595</b>
10-14	72553	69766	<b>142,319</b>
15-17	39143	39040	<b>78,183</b>
18-19	14429	18452	<b>32,881</b>
<b>0-19 Subtotal</b>	<b>227,024</b>	<b>223,285</b>	<b>450,309</b>
<b>0-19 Subtotal: Percent</b>	<b>99.96%</b>	<b>77.08%</b>	<b>87.14%</b>
20-24	100	15838	<b>15,938</b>
25-29	0	19604	<b>19,604</b>
30-34	0	17067	<b>17,067</b>
35-39	0	10663	<b>10,663</b>
40-44	0	2974	<b>2,974</b>
<b>20-44 Subtotal</b>	<b>100</b>	<b>66,146</b>	<b>66,246</b>
<b>20-44 Subtotal: Percent</b>	<b>0.04%</b>	<b>22.84%</b>	<b>12.82%</b>
45-49	0	238	<b>238</b>
50-54	0	0	<b>0</b>
55-59	0	0	<b>0</b>
60-64	0	0	<b>0</b>
<b>45-64 Subtotal</b>	<b>0</b>	<b>238</b>	<b>238</b>
<b>45-64 Subtotal: Percent</b>	<b>0.00%</b>	<b>0.08%</b>	<b>0.05%</b>
65-69	0	0	<b>0</b>
70-74	0	0	<b>0</b>
75-79	0	0	<b>0</b>
80-84	0	0	<b>0</b>
85-89	0	0	<b>0</b>
>=90	0	0	<b>0</b>
<b>&gt;=65 Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>&gt;=65 Subtotal: Percent</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>
<b>Total</b>	<b>227,124</b>	<b>289,669</b>	<b>516,793</b>

The HPA had the option to report ECDS measure results for HEDIS 2020, which are presented in **Table E.4**.

<b>Table E.4. HEDIS 2020 HPA Rates: ECDS Measures</b>	
<b>Measure</b>	<b>CK BC</b>
<b>Breast Cancer Screening (BCS-E)<sup>†††</sup></b>	NA
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)<sup>†††</sup>:</b>	
Initiation Phase	44.87%
Continuation and Maintenance Phase	55.68%
<b>Colorectal Cancer Screening (COL-E)<sup>†††</sup>:</b>	
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF):</b>	
Depression Screening	0.03%
Follow-Up on Positive Screen	50.00%
<b>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS):</b>	
Assessment Period 1	0.27%
Assessment Period 2	0.00%
Assessment Period 3	0.00%
Total	0.08%
<b>Depression Remission or Response for Adolescents and Adults (DRR):</b>	
Follow-Up	0.00%
Depression Remission	0.00%
Depression Response	0.00%
<b>Unhealthy Alcohol Use Screening and Follow-Up (ASF):</b>	
Alcohol Use Screening	0.00%
Counseling or Other Follow-up Positive Screen	NA
<b>Adult Immunization Status (AIS):</b>	
Influenza	17.22%
Td or Tdap	43.89%
Zoster	NA
Composite	30.55%



<b>Table E.4. HEDIS 2020 HPA Rates: ECDS Measures</b>	
<b>Measure</b>	<b>CK BC</b>
<b>Prenatal Immunization Status (PRS):</b>	
Influenza	33.11%
Tdap	52.80%
Combination	28.32%
<b>Prenatal Depression Screening and Follow-Up (PND):***</b>	
Depression Screening	0.00%
Follow-Up on Positive Screen	NA
<b>Postpartum Depression Screening and Follow-Up (PDS):***</b>	
Depression Screening	0.00%
Follow-Up on Positive Screen	NA

\*\*\* First-year measure for HEDIS 2020.

††† First-year ECDS version of the measure.