

April 2024

2023 Annual

# HEDIS/CAHPS Report

**Comparative Analysis of Audited Results from TennCare  
MCOs for Measurement Year (MY) 2022**

Following the MY2022 National Benchmark Release (FNB)

Final, *updated*



# Table of Contents

Table of Contents.....	2	<b>Measures Reported Using Electronic Clinical Data Systems (ECDS).....</b>	<b>23</b>
List of Tables.....	3	<b>Long-Term Services and Supports (LTSS) Measures .....</b>	<b>26</b>
List of Figures.....	4	<b>Medicaid Results.....</b>	<b>28</b>
Acknowledgements, Acronyms, and Initialisms .....	7	<b>Statewide Performance.....</b>	<b>28</b>
Executive Summary .....	10	<b>Individual Plan Performance—HEDIS Measures.....</b>	<b>37</b>
Background.....	11	<b>Individual Plan Performance—CAHPS.....</b>	<b>45</b>
<b>HEDIS Measures—Domains of Care.....</b>	<b>11</b>	<b>Medicaid HEDIS Trending—Statewide Weighted Rates.....</b>	<b>48</b>
<b>Effectiveness of Care Measures.....</b>	<b>11</b>	Effectiveness of Care Measures: Prevention and Screening ..	49
Prevention and Screening .....	12	Effectiveness of Care Measures: Respiratory Conditions .....	58
Respiratory Conditions.....	13	Effectiveness of Care Measures: Cardiovascular Conditions..	61
Cardiovascular Conditions.....	14	Effectiveness of Care Measures: Diabetes.....	64
Diabetes.....	15	Effectiveness of Care Measures: Behavioral Health .....	66
Behavioral Health .....	16	Effectiveness of Care Measures: Overuse/Appropriateness...	75
Overuse/Appropriateness.....	18	Access/Availability of Care Measures.....	78
<b>Access/Availability of Care Measures .....</b>	<b>19</b>	Utilization and Risk-Adjusted Utilization.....	86
<b>Utilization and Risk-Adjusted Utilization.....</b>	<b>20</b>	<b>APPENDIX A   Medicaid Utilization Results.....</b>	<b>A-1</b>
<b>Experience of Care .....</b>	<b>21</b>	<b>Additional Utilization Measure Descriptions.....</b>	<b>A-1</b>
Measures Collected Through CAHPS Health Plan Survey.....	21	<b>Utilization Measures: Medicaid Plan-Specific Rates .....</b>	<b>A-2</b>
CAHPS Health Plan Survey 5.1H Adult Version (CPA) and 5.1H		<b>APPENDIX B   Medicaid MCO Population.....</b>	<b>B-1</b>
Child Version (CPC).....	22	<b>APPENDIX C   ECDS and LTSS Measure Results.....</b>	<b>C-1</b>
Children With Chronic Conditions (CCC) .....	23		
<b>Health Plan Descriptive Information Measures.....</b>	<b>23</b>		

## List of Tables

Table 1.	Combination Vaccinations for Childhood Immunization Status (CIS).....	13
Table 2a.	HEDIS MY2022 Weighted State Rates: Effectiveness of Care Measures.....	29
Table 2b.	HEDIS MY2022 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance.....	34
Table 3.	HEDIS MY2022 Weighted State Rates: Access/Availability of Care Measures.....	35
Table 4.	HEDIS MY2022 Weighted State Rates: Utilization Measures.....	36
Table 6a.	HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures.....	37
Table 6b.	HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures Where Lower Rates Indicate Better Performance.....	42
Table 7.	HEDIS MY2022 Plan-Specific Rates: Access/Availability of Care Measures.....	43
Table 8.	HEDIS MY2022 Plan-Specific Rates: Use of Services Measures.....	44
Table 10.	MY2022 CAHPS 5.1H Adult Medicaid Survey Results.....	45
Table 11.	MY2022 CAHPS 5.1H Child Medicaid Survey Results (General Population).....	46
Table 12.	MY2022 CAHPS 5.1H Child Medicaid Survey Results (Children with Chronic Conditions).....	47
Table A1.	HEDIS MY2022 Medicaid Plan-Specific Rates: Utilization Measures.....	A-2
Table A2.	HEDIS MY2022 Plan All-Cause Readmissions (PCR).....	A-5
Table B1.	HEDIS MY2022 Medicaid MCO Population Reported in Member Months and Years by Age.....	B-1
Table C1.	MY2022 Medicaid Plan-Specific Rates: ECDS Measures.....	C-1
Table C2.	HEDIS MY2022 Medicaid Plan-Specific Rates: LTSS Measures.....	C-3

## List of Figures

Fig. 1.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—BMI Percentile: 3–11 Years.....	49	Fig. 31.	Chlamydia Screening in Women (CHL): 16–20 Years....	56
Fig. 2.	WCC—BMI Percentile: 12–17 Years.....	49	Fig. 32.	CHL: 21–24 Years .....	56
Fig. 3.	WCC—BMI Percentile: Total.....	49	Fig. 33.	CHL: Total.....	57
Fig. 4.	WCC—Counseling for Nutrition: 3–11 Years .....	49	Fig. 34.	Appropriate Testing for Pharyngitis (CWP): 3–17 Years .	58
Fig. 5.	WCC—Counseling for Nutrition: 12–17 Years .....	50	Fig. 35.	CWP: 18-64 Years .....	58
Fig. 6.	WCC—Counseling for Nutrition: Total.....	50	Fig. 36.	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR).....	58
Fig. 7.	WCC—Counseling for Physical Activity: 3–11 Years .....	50	Fig. 37.	Pharmacotherapy Management of COPD Exacerbation (PCE): Systemic Corticosteroid .....	58
Fig. 8.	WCC—Counseling for Physical Activity: 12–17 Years....	50	Fig. 38.	PCE: Bronchodilator.....	59
Fig. 9.	WCC—Counseling for Physical Activity: Total .....	51	Fig. 39.	Asthma Medication Ratio (AMR): 5–11 Years.....	59
Fig. 10.	Childhood Immunization Status (CIS): DTaP/DT.....	51	Fig. 40.	AMR: 12–18 Years.....	59
Fig. 11.	CIS: IPV.....	51	Fig. 41.	AMR: 19–50 Years.....	59
Fig. 12.	CIS: MMR.....	51	Fig. 42.	AMR: 51–64 Years.....	60
Fig. 13.	CIS: HiB.....	52	Fig. 43.	AMR: Total .....	60
Fig. 14.	CIS: HepB .....	52	Fig. 44.	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH).....	61
Fig. 15.	CIS: VZV.....	52	Fig. 45.	Statin Therapy for Patients with Cardiovascular Disease (SPC)—Received Statin Therapy: Males 21–75 Years...	61
Fig. 16.	CIS: PCV.....	52	Fig. 46.	SPC—Received Statin Therapy: Females 40–75 Years .	61
Fig. 17.	CIS: HepA .....	53	Fig. 47.	SPC—Received Statin Therapy: Total.....	61
Fig. 18.	CIS: RV.....	53	Fig. 48.	SPC—Statin Adherence 80%: Males 21–75 Years.....	62
Fig. 19.	CIS: Flu.....	53	Fig. 49.	SPC—Statin Adherence 80%: Females 40–75 Years ....	62
Fig. 20.	CIS: Combination 3.....	53	Fig. 50.	SPC—Statin Adherence 80%: Total.....	62
Fig. 21.	CIS Combination 7.....	54	Fig. 51.	Controlling High Blood Pressure (CBP) .....	62
Fig. 22.	CIS: Combination 10 .....	54	Fig. 52.	CRE—Initiation.....	63
Fig. 23.	Immunizations for Adolescents (IMA): Meningococcal ...	54	Fig. 53.	CRE—Engagement 1 .....	63
Fig. 24.	IMA: Tdap/Td .....	54	Fig. 54.	CRE—Engagement 2.....	63
Fig. 25.	IMA: HPV .....	55	Fig. 55.	CRE—Achievement .....	63
Fig. 26.	IMA: Combination 1.....	55	Fig. 56.	HBD: HbA1c Control (<8.0%) for Patients With Diabetes	64
Fig. 27.	IMA: Combination 2.....	55	Fig. 57.	HBD: HbA1c Poor Control (>9.0%) for Patients With Diabetes*	64
Fig. 28.	Lead Screening in Children (LSC) .....	55	Fig. 58.	EED: Eye Exam for Patients With Diabetes.....	64
Fig. 29.	Breast Cancer Screening (BCS).....	56			
Fig. 30.	Cervical Cancer Screening (CCS) .....	56			

Fig. 59. BPD: Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg).....	64	Fig. 86. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD).....	71
Fig. 60. Statin Therapy for Patients with Diabetes (SPD): Received Statin Therapy: 40-75 years.....	65	Fig. 87. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) .....	72
Fig. 61. SPD: Statin Adherence 80%: 40-75 years.....	65	Fig. 88. Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC).....	72
Fig. 62. Kidney Health Evaluation for Patients with Diabetes (KED): 18-64 years.....	65	Fig. 89. Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA).....	72
Fig. 63. Antidepressant Medication Management (AMM): Effective Acute Phase Treatment .....	66	Fig. 90. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Blood Glucose Testing: 1–11 Years.....	72
Fig. 64. AMM: Effective Continuation Phase Treatment.....	66	Fig. 91. APM—Blood Glucose Testing: 12–17 Years .....	73
Fig. 65. Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase .....	66	Fig. 92. APM—Blood Glucose Testing: Total.....	73
Fig. 66. ADD: Continuation and Maintenance Phase.....	66	Fig. 93. APM—Cholesterol Testing: 1-11 Years .....	73
Fig. 67. Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up: 6–17 Years .....	67	Fig. 94. APM—Cholesterol Testing: 12-17 Years.....	73
Fig. 68. FUH—7-Day Follow-Up: 18–64 Years.....	67	Fig. 95. APM—Cholesterol Testing: Total.....	74
Fig. 69. FUH—30-Day Follow-Up: 6–17 Years.....	67	Fig. 96. APM—Blood Glucose and Cholesterol Testing: 1-11 Years .....	74
Fig. 70. FUH—30-Day Follow-Up: 18–64 Years.....	67	Fig. 97. APM—Blood Glucose and Cholesterol Testing: 12-17 Years.....	74
Fig. 71. Follow-Up After Emergency Department Visit for Mental Illness (FUM)—7-Day Follow-Up: 6–17 Years .....	68	Fig. 98. APM: Blood Glucose and Cholesterol Testing: Total.....	74
Fig. 72. FUM—7-Day Follow-Up: 18–64 Years.....	68	Fig. 99. Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)* .....	75
Fig. 73. FUM—30-Day Follow-Up: 6–17 Years.....	68	Fig. 100. Appropriate Treatment for Upper Respiratory Infection (URI): 3 Months–17 Years.....	75
Fig. 74. FUM—30-Day Follow-Up: 18–64 Years.....	68	Fig. 101. URI: 18–64 Years .....	75
Fig. 75. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)—7-Day Follow-Up: 13–17 Years .....	69	Fig. 102. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB): 3 Months–17 Years.....	75
Fig. 76. FUI—7-Day Follow-Up: 18–64 Years .....	69	Fig. 103. AAB: 18–64 Years .....	76
Fig. 77. FUI—30-Day Follow-Up: 13–17 Years.....	69	Fig. 104. Use of Imaging Studies for Low Back Pain (LBP).....	76
Fig. 78. FUI—30-Day Follow-Up: 18–64 Years.....	69	Fig. 105. Use of Opioids at High Dosage (HDO): Total* .....	76
Fig. 79. Follow-Up After ED Visit for Substance Use (FUA)—7-Day Follow-Up: 13–17 Years.....	70	Fig. 106. Use of Opioids from Multiple Providers (UOP): Multiple Prescribers* .....	76
Fig. 80. FUA—7-Day Follow-Up: ≥18 Years.....	70	Fig. 107. UOP: Multiple Pharmacies* .....	77
Fig. 81. FUA—7-Day Follow-Up: Total.....	70	Fig. 108. UOP: Multiple Prescribers and Pharmacies*.....	77
Fig. 82. FUA—30-Day Follow-Up: 13–17 Years .....	70		
Fig. 83. FUA—30-Day Follow-Up: ≥18 Years.....	71		
Fig. 84. FUA—30-Day Follow-Up: Total.....	71		
Fig. 85. Pharmacotherapy for Opioid Use Disorder (POD) .....	71		

List of Figures

Fig. 109. Risk of Continued Opioid Use (COU): ≥15 days/30-day period*.....	77	Fig. 131. IET—Engagement: ≥18 Years: Alcohol.....	83
Fig. 110. COU: ≥ 31 days/62-day period*.....	77	Fig. 132. IET—Engagement: ≥18 Years: Opioid.....	83
Fig. 111. Adults’ Access to Preventive/Ambulatory Health Services (AAP): 20–44 Years.....	78	Fig. 133. IET—Engagement: ≥18 Years: Other Drug.....	83
Fig. 112. AAP: 45–64 Years.....	78	Fig. 134. IET—Engagement: ≥18 Years: Total.....	83
Fig. 113. Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care.....	78	Fig. 135. IET—Engagement: Total: Alcohol.....	84
Fig. 114. PPC: Postpartum Care.....	78	Fig. 136. IET—Engagement: Total: Opioid.....	84
Fig. 115. IET—Initiation: 13-17 Years: Alcohol.....	79	Fig. 137. IET—Engagement: Total: Other Drug.....	84
Fig. 116. IET—Initiation: 13-17 Years: Opioid.....	79	Fig. 138. IET—Engagement: Total.....	84
Fig. 117. IET—Initiation: 13–17 Years: Other Drug.....	79	Fig. 139. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 1–11 Years.....	85
Fig. 118. IET—Initiation: 13–17 Years: Total.....	79	Fig. 140. APP: 12–17 Years.....	85
Fig. 119. IET—Initiation: ≥18 Years: Alcohol.....	80	Fig. 141. APP: Total.....	85
Fig. 120. IET—Initiation: ≥18 Years: Opioid.....	80	Fig. 142. Well-Child Visits in the First 30 Months of Life (W30): First 15 Months.....	86
Fig. 121. IET—Initiation: ≥18 Years: Other Drug.....	80	Fig. 143. Well-Child Visits in the First 30 Months of Life (W30): 15-30 Months.....	86
Fig. 122. IET—Initiation: ≥18 Years Total.....	80	Fig. 144. Child and Adolescent Well-Care Visits (WCV): 3-11 years.....	86
Fig. 123. IET—Initiation: Total: Alcohol.....	81	Fig. 145. Child and Adolescent Well-Care Visits (WCV): 12-17 years.....	86
Fig. 124. IET—Initiation: Total: Opioid.....	81	Fig. 146. Child and Adolescent Well-Care Visits (WCV): 18-21 Years.....	87
Fig. 125. IET—Initiation: Total: Other Drug.....	81	Fig. 147. Child and Adolescent Well-Care Visits (WCV): Total.....	87
Fig. 126. IET—Initiation: Total.....	81		
Fig. 127. IET—Engagement: 13–17 Years: Alcohol.....	82		
Fig. 128. IET—Engagement: 13–17 Years: Opioid.....	82		
Fig. 129. IET—Engagement: 13–17 Years: Other Drug.....	82		
Fig. 130. IET—Engagement: 13–17 Years: Total.....	82		

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

AAB.....	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	BC.....	BlueCare Tennessee® and BlueCare®, independent licensees of the BlueCross BlueShield Association
AAP....	Adults’ Access to Preventive/Ambulatory Health Services	BCE/BCM/BCW.....	BlueCare referenced by operational region: East, Middle, or West
ABX.....	Antibiotic Utilization	BCS.....	Breast Cancer Screening
ACIP.....	Advisory Committee on Immunization Practices	BCS-E.....	Breast Cancer Screening-ECDS
ADD.....	Follow-Up Care for Children Prescribed ADHD Medication	BMI.....	Body Mass Index
ADD-E .....	Follow-Up Care for Children Prescribed ADHD Medication - ECDS	BP.....	Blood Pressure
ADHD .....	Attention-Deficit/Hyperactivity Disorder	BPD.....	Blood Pressure Control for Patients With Diabetes
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®.....	Refers to the Consumer Assessment of Healthcare Providers and Systems, a registered trademark of AHRQ
AHRQ.....	Agency for Healthcare Research and Quality	CBP.....	Controlling High Blood Pressure
AIS-E.....	Adult Immunization Status—ECDS	CCC .....	Children with Chronic Conditions
AMB .....	Ambulatory Care	CCS.....	Cervical Cancer Screening
AMI.....	acute myocardial infarction	CDC.....	Comprehensive Diabetes Care
AMM.....	Antidepressant Medication Management	CHL.....	Chlamydia Screening in Women
AMR.....	Asthma Medication Ratio	CIS.....	Childhood Immunization Status
AOD .....	Alcohol or Other Drug	C&M.....	Continuation and Maintenance
APM .....	Metabolic Monitoring for Children and Adolescents on Antipsychotics	CRE.....	Cardiac Rehabilitation
APP.....	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	COPD.....	Chronic Obstructive Pulmonary Disease
ASCVD .....	Atherosclerotic Cardiovascular Disease	COU.....	Risk of Continued Opioid Use
ASF-E.....	Unhealthy Alcohol Use Screening and Follow-Up—ECDS	CPA.....	CAHPS Health Plan Survey 5.1H Adult Version
AWC.....	Adolescent Well-Care Visits	CPC.....	CAHPS Health Plan Survey 5.1H Child Version
		CT.....	Computerized Tomography
		CVD.....	Cardiovascular Disease
		CWP.....	Appropriate Testing for Pharyngitis
		DMS-E .....	Utilization of the PHQ-9 to Monitor Depression

<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.



**Acknowledgements, Acronyms, and Initialisms**

Symptoms for Adolescents and Adults—ECDS  
 DRR-E ..... Depression Remission or Response for  
 Adolescents and Adults—ECDS  
 DSF-E..... Depression Screening and Follow-Up for  
 Adolescents and Adults—ECDS  
 DTaP .... Diphtheria, Tetanus, and Acellular Pertussis Vaccination  
 ECDS .....Electronic Clinical Data Systems  
 ED.....Emergency Department  
 EED.....Eye Exam for Patients With Diabetes  
 eGFR.....Estimated glomerular filtration rate  
 ENP/ENPA .....Enrollment by Product Line/ENP Total  
 Flu.....Influenza  
 FNB.....Following National Benchmark  
 FSP .....Frequency of Selected Procedure  
 FUA..... Follow-Up After ED Visit for Alcohol and  
 Other Drug Abuse or Dependence  
 FUH.....Follow-Up After Hospitalization for Mental Illness  
 FUI..... Follow-Up After High-Intensity Care for Substance Use  
 Disorder  
 FUM ..... Follow-Up After ED Visit for Mental Illness  
 FVA.....Flu Vaccinations for Adults Ages 18 to 64  
 HbA1c..... Hemoglobin A1c  
 HBD..... Hemoglobin A1c Control for Patients With Diabetes  
 HDO..... Use of Opioids at High Dosage  
 HEDIS® ..... A registered trademark of NCQA that refers to the  
 Healthcare Effectiveness Data and Information Set  
 HepA .....Hepatitis A Vaccine  
 HepB .....Hepatitis B Vaccine  
 HiB.....Haemophilus influenzae Type B Vaccine  
 HPV..... Human Papillomavirus Vaccine  
 HrHPV .....High-Risk Human Papillomavirus  
 IHS..... Index Hospital Stays

IET .....Initiation and Engagement of SUD Treatment  
 IMA..... Immunizations for Adolescents  
 IP; IPU.....Inpatient; IP Utilization – General Hospital/Acute Care  
 IPV..... Inactivated Polio Vaccine  
 KED.....Kidney Health Evaluation for Patients with Diabetes  
 LBP .....Use of Imaging Studies for Low Back Pain  
 LDL-C..... Low-Density Lipoprotein Cholesterol  
 LOS.....Length of Stay  
 LSC..... Lead Screening in Children  
 LTSS ..... Long-Term Services and Supports  
 LTSS-CAU..... Comprehensive Assessment and Update  
 LTSS-CPU..... Comprehensive Care Plan and Update  
 LTSS-RAC..... Reassessment/Care Plan Update after Inpatient  
 Discharge  
 LTSS-SCP.....Shared Care Plan with Primary Care Practitioner  
 MCO.....Managed Care Organization  
 mg..... Milligrams  
 mm HG .....Millimeters of mercury, unit of measurement for  
 blood pressure  
 MME..... Morphine Milligram Equivalent Dose  
 MMR..... Measles, Mumps, and Rubella Vaccine  
 MRI .....Magnetic Resonance Imaging  
 MSC.....Medical Assistance with Smoking and  
 Tobacco Use Cessation  
 MY ..... Measurement Year  
 NA.....Not Applicable  
 NB..... No Benefit  
 NCQA..... National Committee for Quality Assurance  
 NCQA HEDIS Compliance Audit™ ..... Trademark of NCQA  
 NCS..... Non-Recommended Cervical Cancer  
 Screening in Adolescent Females  
 NR.....Not Reported



**Acknowledgements, Acronyms, and Initialisms**

NQ.....	Not Required	
OB-GYN.....	Obstetrician-Gynecologist	
OD.....	Opioid Use Disorder	
PBH.....	Persistence of Beta-Blocker Treatment After a Heart Attack	
PCE.....	Pharmacotherapy Management of COPD Exacerbation	
PCP.....	Primary Care Practitioner	
PCR.....	Plan All-Cause Readmissions	
PCV.....	Pneumococcal Conjugate Vaccination	
PDS-E.....	Postpartum Depression Screening and Follow-Up—ECDS	
PHQ-9.....	Patient Health Questionnaire-9	
PND-E.....	Prenatal Depression Screening and Follow-Up—ECDS	
POD.....	Pharmacotherapy for Opioid Use Disorder	
PPC.....	Prenatal and Postpartum Care	
PRS-E.....	Prenatal Immunization Status—ECDS	
Qsource®.....	A registered trademark	
Quality Compass®.....	A registered trademark of NCQA, the comprehensive national database of health plans' HEDIS and CAHPS results	
R.....	Reportable	
RV.....	Rotavirus Vaccination	
SAA.....	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	
SMC.....	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	
SMD.....	Diabetes Monitoring for People with Diabetes and Schizophrenia	
SPC.....	Statin Therapy for Patients with Cardiovascular Disease	
SPD.....	Statin Therapy for Patients with Diabetes	
SPR.....	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	
SSD.....	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	
SUD.....	Substance Use Disorder	
TCS.....	TennCareSelect, operating statewide and administered by BlueCare Tennessee	
Td; Tdap	Tetanus and Diphtheria Toxoids Vaccine; Td and Acellular Pertussis Vaccine	
TennCare	Tennessee Division of TennCare	
uACR.....	Urine Albumin-Creatinine Ratio	
UHC.....	UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare	
UHCE/UHCM/UHCW.....	UHC referenced by operational region: East, Middle, or West	
UN.....	Unaudited	
UOP.....	Use of Opioids from Multiple Providers	
URI... Upper	Respiratory Infection, and the Measure: Appropriate Treatment for URI	
VZV.....	Chicken Pox/Varicella Zoster Vaccination	
W30.....	Well-Child Visits in the First 30 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	
WCV.....	Child and Adolescent Well-Care Visits	

## 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 *MY2022 Annual HEDIS/CAHPS Report—Following the MY2022 National Benchmark Release (FNB)* summarizes the results for the MCOs contracting with the

Division of TennCare (TennCare), the Medicaid program in Tennessee, and includes data that are for TennCare's internal use only. The report was produced by Qsource, in coordination with Certified HEDIS Auditor and Health Informatics Consultant, Michael E. Campbell.

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. Weighted average performances of Tennessee's MCOs since 2017 on certain measures are presented in the [HEDIS Trending](#) section.

[Appendix A](#) contains a comprehensive table of plan-specific results for HEDIS MY2022 Utilization Measures. The tables in [Appendix B](#) reveal populations reported by MCOs in member months by age and sex for HEDIS MY2022. [Appendix C](#) includes plan-specific results for Measures Collected Using Electronic Clinical Data Systems (ECDS) and Long-Term Services and Supports (LTSS) measures.

## 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 an 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 MY2022 assesses care across health systems, access to and satisfaction with healthcare services, and specific utilization through more than 90 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 Measurement Year 2022 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. The following measures and stratifications were retired and will no longer be collected or used by NCQA for MY2022:

- ◆ Antibiotic Utilization (ABX)
- ◆ The Comprehensive Diabetes Care (CDC) composite measure, including the following rates:
  1. Medical Attention for Nephropathy
  2. Hemoglobin A1c (HbA1c) blood test

The remaining measure rates from CDC were separated into the following standalone measures:

- ◆ Hemoglobin A1c Control for Patients With Diabetes (HBD), with separate rates reported for HbA1c control (<8.0%) and poor control (>9.0%).
- ◆ Blood Pressure Control for Patients With Diabetes (BPD)
- ◆ Eye Exam for Patients With Diabetes (EED)

### 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
- ◆ Overuse/Appropriateness

*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 17) 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.

### 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, counseling for nutrition, and counseling for 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 who had four diphtheria, tetanus, and acellular pertussis vaccines (DTaP); three inactivated polio vaccines (IPV); one measles, mumps, and rubella vaccine (MMR); three haemophilus influenza 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) by their second birthday.

The measure calculates a rate for each vaccine and three combination rates.

**Table 1. Combination Vaccinations for Childhood Immunization Status (CIS)**

#	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Flu
3	✓	✓	✓	✓	✓	✓	✓			
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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 vaccine, 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 two years of age during the MY who 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 women 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 21–64 years of age who had cervical cytology performed within the last three years
- ◆ Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- ◆ Women 30–64 years of age 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 ages 16–20
- ◆ Women ages 21–24

**Respiratory Conditions**

**Appropriate Testing for Pharyngitis (CWP)**

CWP measures the percentage of episodes for members three years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A

streptococcus 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). This measure calculates a total rate in addition to three age stratifications:

- ◆ 3–17 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.*

#### 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.*

#### 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 (AMI) and who received persistent beta-blocker treatment for six months (at least 135 days of treatment within a 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

**Cardiac Rehabilitation (CRE)**

CRE measures the percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:

- ◆ *Initiation*—The percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- ◆ *Engagement 1*—The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- ◆ *Engagement 2*—The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

- ◆ *Achievement*—The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

The measure is reported as a total rate as well as two age stratifications:

- ◆ 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.*

**Diabetes**

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

HBD measures the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- ◆ HbA1c control (<8.0%).
- ◆ HbA1c poor control (>9.0%).

*Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.*

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

BPD measures the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

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

EED measures the percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

**Kidney Health Evaluation for Patients with Diabetes (KED)**

KED reports the percentage of members 18–85 years of age with diabetes (type I and type II) who received a kidney health



evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. The measure is reported as a total rate as well as three age stratifications:

- ◆ 18–64 years
- ◆ 65–74 years
- ◆ 75–85 years

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

#### 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 an antidepressant medication for at least 84 days (12 weeks).
- ◆ *Effective Continuation Phase Treatment*—The percentage who remained on an antidepressant 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 which was within 30 days of when the first ADHD medication was dispensed, 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 the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates report the percentage of discharges for which the member received follow-up within the following:

- ◆ 7 days after discharge
- ◆ 30 days after discharge

A total rate and three age stratifications are reported:

- ◆ 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 evaluates the percentage of ED visits for members six 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 measures the percentage of acute IP 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 after visit or discharge
- ◆ 30 days after visit or discharge

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 Substance Use (FUA)

FUA reports on the percentage of ED visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. 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 measures 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 cardiovascular disease (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 18 years and older during the MY with schizophrenia or schizoaffective disorder 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 on antipsychotics 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 three months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. 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 antibiotic dispensing event).

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

- ◆ 3 months–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.*

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

AAB reports the percentage of episodes for members ages three months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. This measure is reported as an inverted rate [1 - (numerator/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 antibiotic dispensing event).

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

- ◆ 3 months–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.*

Use of Imaging Studies for Low Back Pain (LBP)

LBP assesses the percentage of members 18-75 years of age 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 - (numerator/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)

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

*Note: A lower rate indicates better performance.*

Use of Opioids from Multiple Providers (UOP)

UOP measures the proportion of members 18 years and older receiving prescription opioids from four or more different prescribers and/or pharmacies for ≥ 15 days 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 reports the percentage of members 18 years of age and older who had a new episode of opioid use that puts them at risk of continued opioid use. Two rates are reported by length of opioid use:

- ◆ ≥ 15 days/30-day period
- ◆ ≥ 31 days/62-day period

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

**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)**

AAP 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 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.*

**Prenatal and Postpartum Care (PPC)**

PPC measures the percentage deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY. The measure assesses the following facets of prenatal and postpartum care:

- ◆ *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.

**Initiation and Engagement of Substance Use Disorder Treatment (IET)**

IET assesses the percentage of new SUD episodes that result in treatment initiation and engagement. Two rates are reported:

- ◆ *Initiation of SUD Treatment*—The percentage of new SUD episodes that result in treatment initiation through an IP SUD admission, outpatient visit, intensive outpatient encounter, or

partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.

- ◆ *Engagement of SUD Treatment*—The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

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

- ◆ 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.*

**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. A total rate and two age stratifications are reported:

- ◆ 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 30 Months of Life (W30)

W30 reports the percentage of members who had a particular number of well-child visits with a PCP during the last 15 months. This measure uses the same structure and calculation guidelines as those in the [Effectiveness of Care](#) domain. Two rates are reported:

- ◆ *First 15 Months*—Children who turned 15 months old during the measurement year: six or more well-child visits.
- ◆ *Age 15 Months–30 Months*—Children who turned 30 months old during the measurement year: two or more well-child visits.

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

WCV reports the percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. This measure uses the same structure and calculation guidelines as those in the [Effectiveness of Care](#) domain. A total rate as well as three age stratifications are reported:

- ◆ 3–11 years
- ◆ 12–17 years
- ◆ 18–21 years

#### 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.

## 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 Measurement Year 2022 Volume 3: Specifications for Survey Measures*.

#### **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 5.1H Adult Version (CPA) was completed.

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

This measure’s collection methodology calculates 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 and Tobacco Users** 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.

### **CAHPS Health Plan Survey 5.1H Adult Version (CPA) and 5.1H 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 and 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 Healthcare
- ◆ Rating of Personal Doctor
- ◆ Rating of Specialist Seen Most Often
- ◆ Rating of Health Plan

A single question reflects experience of care in the Coordination of Care area.

For these scaled responses, a 0 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 four 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 six 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 six 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 six 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 six months. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

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

The CAHPS CCC Health Plan Survey 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

## 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 (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 Reported 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.

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.

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

ADD-E measures the percentage of children newly prescribed 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 with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- ◆ *Continuation and Maintenance (C&M) Phase*— The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

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

DSF-E 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.

The age stratifications for each rate are:

- ◆ 12–17 years
- ◆ 18–64 years

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

DMS-E 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 Patient Health Questionnaire-9 (PHQ-9) score present in their record in the same assessment period as the encounter. This measure has four age stratifications:

- ◆ 12–17 years
- ◆ 18–44 years
- ◆ 45–64 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.*

The measurement period is divided into three assessment periods with specific dates of service:

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

Depression Remission or Response for Adolescents and Adults (DRR-E)

DRR-E 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 four to eight months after the initial elevated PHQ-9 score.
- ◆ *Depression Remission*—The percentage of members who achieved remission within four to eight months after the initial elevated PHQ-9 score.
- ◆ *Depression Response*—The percentage of members who showed response within four to eight months after the initial elevated PHQ-9 score.

The four age stratifications for each rate are:

- ◆ 12–17 years
- ◆ 18–44 years
- ◆ 45–64 years
- ◆ 65 years and older

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

ASF-E 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 two months of screening positive for unhealthy alcohol use.

There are three age stratifications for each rate:

- ◆ 18–44 years
- ◆ 45–64 years
- ◆ 65 years and older

Adult Immunization Status (AIS-E)

AIS-E 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
- ◆ Pneumococcal

Prenatal Immunization Status (PRS-E)

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

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

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

PND-E 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-E)

PDS-E 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 required by NCQA to be 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 nine 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 nine 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 timeframe that includes core elements. Two rates are reported:

- ◆ *Care Plan With Core Elements Documented*—Members who had a comprehensive LTSS care plan with nine 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 nine core elements and at least four 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 MY2022, 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 [2a](#), [2b](#), [3](#), and [4](#) summarize the weighted average TennCare score for each of the HEDIS MY2021 and HEDIS MY2022 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 [2a](#), [2b](#), [3](#), and [4](#) the column titled “Change from HEDIS MY2021 to HEDIS MY2022” indicates whether there was an improvement (↑), a decline (↓), or no change (↔) in statewide performance from HEDIS MY2021 to HEDIS MY2022 when measure data are available for both years. Cells are shaded gray for those measures that were not calculated, for measures which data were not reported, or where NCQA indicated a break in trending between MY2022 and the previous years.

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 *HEDIS/CAHPS MY2022 Report* was prepared following the NCQA national benchmark release, although certain protected data were not included so that the report may be shared publicly.

**Table 2a. HEDIS MY2022 Weighted State Rates: Effectiveness of Care Measures**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
<b>Prevention and Screening</b>			
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>			
BMI Percentile:			
3–11 Years	78.97%	83.71%	↑
12–17 Years	77.59%	82.24%	↑
<b>Total</b>	<b>78.48%</b>	<b>83.23%</b>	<b>↑</b>
<b>Counseling for Nutrition:</b>			
3–11 Years	69.82%	77.54%	↑
12–17 Years	64.22%	68.34%	↑
<b>Total</b>	<b>67.76%</b>	<b>74.29%</b>	<b>↑</b>
<b>Counseling for Physical Activity:</b>			
3–11 Years	65.71%	70.45%	↑
12–17 Years	64.28%	67.25%	↑
<b>Total</b>	<b>65.19%</b>	<b>69.35%</b>	<b>↑</b>
<b>Childhood Immunization Status (CIS)</b>			
DTaP/DT	69.49%	69.00%	↓
IPV	86.51%	86.12%	↓
MMR	82.86%	83.73%	↑
HiB	83.00%	81.84%	↓
HepB	88.60%	88.80%	↑
VZV	82.72%	83.27%	↑
PCV	71.09%	71.38%	↑
HepA	82.90%	82.63%	↓
RV	69.85%	70.08%	↑
Influenza	44.31%	36.47%	↓
Combination 3	64.98%	64.36%	↓
Combination 7	57.19%	56.72%	↓
Combination 10	34.35%	28.55%	↓



<b>Table 2a. HEDIS MY2022 Weighted State Rates: Effectiveness of Care Measures</b>			
<b>Measure</b>	<b>Weighted State Rate</b>		<b>Change from HEDIS MY2021 to HEDIS MY2022</b>
	<b>HEDIS MY2021</b>	<b>HEDIS MY2022</b>	
<b>Immunizations for Adolescents (IMA)</b>			
Meningococcal	74.53%	73.52%	↓
Tdap/Td	84.31%	81.73%	↓
HPV	31.97%	31.47%	↓
Combination 1	74.53%	73.19%	↓
Combination 2	31.29%	30.70%	↓
<b>Lead Screening in Children (LSC)</b>	70.47%	64.99%	↓
<b>Breast Cancer Screening (BCS)</b>	48.90%	48.48%	↓
<b>Cervical Cancer Screening (CCS)</b>	58.30%	55.06%	↓
<b>Chlamydia Screening in Women (CHL)</b>			
16–20 Years	47.60%	48.06%	↑
21–24 Years	56.29%	56.18%	↓
<b>Total</b>	<b>51.21%</b>	<b>51.59%</b>	<b>↑</b>
<b>Respiratory Conditions</b>			
<b>Appropriate Testing for Pharyngitis (CWP)<sup>1</sup></b>			
3–17 Years	84.86%	84.11%	↓
18–64 Years	71.79%	71.38%	↓
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>	25.04%	23.77%	↓
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>			
Systemic Corticosteroid	72.18%	71.71%	↓
Bronchodilator	81.65%	81.36%	↓
<b>Asthma Medical Ratio (AMR)</b>			
5–11 Years	77.30%	76.64%	↓
12–18 Years	70.52%	70.95%	↑
19–50 Years	54.60%	57.06%	↑
51–64 Years	52.57%	54.41%	↑
<b>Total</b>	<b>65.75%</b>	<b>66.49%</b>	<b>↑</b>
<b>Cardiovascular Conditions</b>			
<b>Controlling High Blood Pressure (CBP)</b>	64.40%	65.91%	↑

**Table 2a. HEDIS MY2022 Weighted State Rates: Effectiveness of Care Measures**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	85.76%	83.60%	↓
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>			
<b>Received Statin Therapy:</b>			
Males 21–75 Years	81.23%	82.11%	↑
Females 40–75 Years	78.88%	79.27%	↑
<b>Total</b>	<b>80.07%</b>	<b>80.70%</b>	<b>↑</b>
<b>Statin Adherence 80%:</b>			
Males 21–75 Years	70.84%	73.99%	↑
Females 40–75 Years	68.01%	70.78%	↑
<b>Total</b>	<b>69.47%</b>	<b>72.42%</b>	<b>↑</b>
<b>Cardiac Rehabilitation (CRE): 18–64 Years</b>			
Initiation	2.77%	2.93%	↑
Engagement 1	2.01%	3.08%	↑
Engagement 2	1.55%	2.19%	↑
Achievement	0.79%	0.79%	↔
<b>Diabetes</b>			
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>			
HbA1c Control (<8.0%)	51.69%	56.33%	↑
<b>Eye Exam for Patients With Diabetes (EED)</b>	47.79%	54.62%	↑
<b>Blood Pressure Control (&lt;140/90 mm Hg) (BPD)</b>	61.34%	63.72%	↑
<b>Kidney Health Evaluation for Patients With Diabetes (KED): 18–64 Years</b>	27.66%	28.68%	↑
<b>Statin Therapy for Patients with Diabetes (SPD)</b>			
Received Statin Therapy	64.73%	64.60%	↓
Statin Adherence 80%	66.14%	68.09%	↑
<b>Behavioral Health</b>			
<b>Antidepressant Medication Management (AMM)</b>			
Effective Acute Phase Treatment	58.53%	59.25%	↑
Effective Continuation Phase Treatment	40.25%	41.35%	↑

**Table 2a. HEDIS MY2022 Weighted State Rates: Effectiveness of Care Measures**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b>			
Initiation Phase	40.77%	46.27%	↑
Continuation and Maintenance Phase	54.32%	57.54%	↑
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>			
7-Day Follow-Up:			
6–17 Years	51.72%	49.51%	↓
18–64 Years	36.68%	34.66%	↓
30-Day Follow-Up:			
6–17 Years	75.45%	75.17%	↓
18–64 Years	56.52%	55.78%	↓
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>			
7-Day Follow-Up:			
6–17 Years	49.83%	49.42%	↓
18–64 Years	33.73%	29.54%	↓
30-Day Follow-Up:			
6–17 Years	69.40%	67.98%	↓
18–64 Years	47.54%	45.15%	↓
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>			
7-Day Follow-Up:			
13–17 Years	10.15%	4.88%	↓
18–64 Years	51.58%	57.21%	↑
30-Day Follow-Up:			
13–17 Years	21.32%	20.12%	↓
18–64 Years	75.88%	81.95%	↑
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)<sup>2</sup></b>			
7-Day Follow-Up:			
13–17 Years		20.05%	
18 Years and Older		16.50%	
<b>Total</b>		<b>16.74%</b>	

**Table 2a. HEDIS MY2022 Weighted State Rates: Effectiveness of Care Measures**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
<b>30-Day Follow-Up:</b>			
13–17 Years		33.42%	
18 Years and Older		27.63%	
<b>Total</b>		<b>28.02%</b>	
<b>Pharmacotherapy for Opioid Use Disorder (POD): 16–64 Years</b>	28.40%	28.41%	↑
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	81.67%	82.23%	↑
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>	72.97%	73.96%	↑
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>	78.45%	81.82%	↑
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>	60.91%	61.87%	↑
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>			
<b>Blood Glucose Testing:</b>			
1–11 Years	40.64%	41.08%	↑
12–17 Years	60.72%	62.80%	↑
<b>Total</b>	<b>54.30%</b>	<b>55.92%</b>	↑
<b>Cholesterol Testing:</b>			
1–11 Years	33.41%	33.04%	↓
12–17 Years	45.05%	46.69%	↑
<b>Total</b>	<b>41.33%</b>	<b>42.36%</b>	↑
<b>Blood Glucose and Cholesterol Testing:</b>			
1–11 Years	28.99%	29.11%	↑
12–17 Years	42.33%	44.49%	↑
<b>Total</b>	<b>38.06%</b>	<b>39.61%</b>	↑
<b>Overuse/Appropriateness</b>			
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>			
3 Months–17 Years	89.28%	89.26%	↓
18–64 Years	70.78%	71.39%	↑
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>			
3 Months–17 Years	64.51%	70.50%	↑

**Table 2a. HEDIS MY2022 Weighted State Rates: Effectiveness of Care Measures**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
18–64 Years	35.34%	36.28%	↑
<b>Use of Imaging Studies for Low Back Pain (LBP)<sup>2</sup></b>		67.60%	

<sup>1</sup> NCQA indicated trending with caution due to changes in measure specifications for MY2022.

<sup>2</sup> NCQA indicated a break in trending to prior years due to significant changes in measure specifications for MY2022.

For the Effectiveness of Care Measures presented in **Table 2b**, a lower rate is an indication of better performance. A decrease in rates from the prior year also indicates improvement (↓).

**Table 2b. HEDIS MY2022 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
<b>Diabetes</b>			
<b>Comprehensive Diabetes Care (CDC)</b>			
HbA1c Poor Control (>9.0%)	38.76%	32.62%	↓
<b>Overuse/Appropriateness</b>			
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)</b>	0.79%	0.77%	↓
<b>Use of Opioids at High Dosage (HDO)</b>	7.28%	6.98%	↓
<b>Use of Opioids From Multiple Providers (UOP)</b>			
Multiple Prescribers	18.56%	19.58%	↑
Multiple Pharmacies	0.87%	0.89%	↑
Multiple Prescribers and Pharmacies	0.45%	0.42%	↓
<b>Risk of Continued Opioid Use (COU)</b>			
18–64 Years: ≥15 days/30-day period	1.49%	1.68%	↑
≥ 31 days/62-day period	1.11%	1.28%	↑

**Table 3** summarizes results for the Access/Availability Domain of Care.

<b>Table 3. HEDIS MY2022 Weighted State Rates: Access/Availability of Care Measures</b>			
<b>Measure</b>	<b>Weighted State Rate</b>		<b>Change from HEDIS MY2021 to HEDIS MY2022</b>
	<b>HEDIS MY2021</b>	<b>HEDIS MY2022</b>	
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>			
20–44 Years	75.03%	72.19%	↓
45–64 Years	85.31%	83.85%	↓
<b>Prenatal and Postpartum Care (PPC)<sup>1</sup></b>			
Timeliness of Prenatal Care	84.07%	81.44%	↓
Postpartum Care	73.62%	76.57%	↑
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment<sup>2</sup></b>			
13–17 Years: Alcohol		41.97%	
Opioid		48.57%	
Other drug		41.56%	
<b>Total</b>		<b>41.79%</b>	
18+ Years: Alcohol		45.13%	
Opioid		61.98%	
Other drug		47.06%	
<b>Total</b>		<b>50.78%</b>	
Initiation Total: Alcohol		45.19%	
Opioid		60.35%	
Other drug		46.26%	
<b>Total</b>		<b>49.75%</b>	
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment<sup>2</sup></b>			
13–17 Years: Alcohol		20.56%	
Opioid		24.28%	
Other drug		20.31%	
<b>Total</b>		<b>20.45%</b>	
18+ Years: Alcohol		13.07%	
Opioid		39.14%	
Other drug		13.19%	

**Table 3. HEDIS MY2022 Weighted State Rates: Access/Availability of Care Measures**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
<b>Total</b>		<b>20.45%</b>	
Engagement Total: Alcohol		13.02%	
Opioid		37.49%	
Other drug		14.03%	
<b>Total</b>		<b>20.02%</b>	
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b>			
1–11 Years	57.16%	54.37%	↓
12–17 Years	59.60%	59.71%	↑
<b>Total</b>	<b>58.79%</b>	<b>57.88%</b>	↓

<sup>1</sup> NCQA indicated trending with caution due to changes in measure specifications for MY2022.

<sup>2</sup> NCQA indicated a break in trending to prior years due to significant changes in measure specifications for MY2022.

**Table 4** summarizes results for the Utilization measures included in the Utilization and Risk-Adjusted Utilization Domain of Care.

**Table 4. HEDIS MY2022 Weighted State Rates: Utilization Measures**

Measure	Weighted State Rate		Change from HEDIS MY2021 to HEDIS MY2022
	HEDIS MY2021	HEDIS MY2022	
<b>Well-Child Visits in the First 30 Months of Life (W30)</b>			
First 15 Months	60.65%	63.08%	↑
15 Months–30 Months	65.01%	67.56%	↑
<b>Child and Adolescent Well-Care Visits (WCV)</b>			
3–11 Years	59.28%	60.38%	↑
12–17 Years	50.60%	51.14%	↑
18–21 Years	24.45%	24.56%	↑
<b>Total</b>	<b>50.99%</b>	<b>51.52%</b>	↑



## Individual Plan Performance—HEDIS Measures

This section is intended to provide an overview of individual plan performance using appropriate and available comparison data. Tables [6a](#), [6b](#), [7](#), and [8](#) 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.

**Table 5** 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 [2a](#) and [6a](#).





Table 5. HEDIS MY2022 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 6a. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<i>Prevention and Screening</i>										
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>										
BMI Percentile: 3–11 Years	79.60%	79.85%	75.81%	86.33%	82.01%	87.55%	82.87%	86.08%	76.56%	79.06%
12–17 Years	77.02%	75.68%	76.07%	85.94%	73.48%	79.14%	78.26%	74.14%	72.46%	88.06%
<b>Total</b>	<b>78.59%</b>	<b>78.35%</b>	<b>75.91%</b>	<b>86.20%</b>	<b>78.98%</b>	<b>84.47%</b>	<b>80.41%</b>	<b>81.02%</b>	<b>75.18%</b>	<b>82.00%</b>

<b>Table 6a. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures</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>
Counseling for Nutrition: 3–11 Years	70.00%	77.19%	66.13%	75.39%	73.22%	73.44%	74.03%	77.22%	70.70%	69.31%
12–17 Years	63.35%	68.92%	71.78%	70.31%	61.36%	59.71%	67.15%	62.07%	63.77%	77.61%
<b>Total</b>	<b>67.40%</b>	<b>74.21%</b>	<b>68.37%</b>	<b>73.70%</b>	<b>69.00%</b>	<b>68.42%</b>	<b>70.36%</b>	<b>70.80%</b>	<b>68.37%</b>	<b>72.02%</b>
Counseling for Physical Activity: 3–11 Years	65.20%	74.14%	63.31%	67.97%	66.95%	68.46%	69.06%	72.57%	65.57%	65.70%
12–17 Years	65.22%	72.97%	74.23%	67.97%	66.67%	58.99%	64.73%	62.64%	64.49%	76.87%
<b>Total</b>	<b>65.21%</b>	<b>73.72%</b>	<b>67.64%</b>	<b>67.97%</b>	<b>66.85%</b>	<b>65.00%</b>	<b>66.75%</b>	<b>68.37%</b>	<b>65.21%</b>	<b>69.34%</b>
<b>Childhood Immunization Status (CIS)</b>										
DTaP/DT	69.83%	72.26%	60.83%	75.18%	71.29%	71.53%	71.53%	72.51%	71.53%	65.69%
IPV	86.37%	87.83%	82.24%	87.10%	89.54%	87.59%	90.27%	87.10%	87.59%	85.16%
MMR	82.48%	85.16%	80.05%	87.35%	86.37%	85.40%	85.64%	86.37%	82.48%	82.97%
HiB	81.75%	84.67%	77.62%	84.18%	86.62%	83.45%	84.67%	82.73%	83.70%	80.78%
HepB	90.27%	88.56%	86.13%	89.78%	90.51%	91.48%	91.00%	88.81%	87.83%	87.83%
VZV	81.75%	84.18%	79.56%	87.59%	84.91%	85.16%	86.37%	84.43%	81.75%	83.70%
PCV	70.80%	75.43%	63.75%	76.16%	75.43%	71.05%	68.37%	73.97%	72.99%	63.50%
HepA	81.51%	85.89%	78.83%	85.40%	85.40%	85.16%	86.37%	84.67%	82.73%	82.97%
RV	66.42%	75.43%	57.42%	75.18%	74.70%	63.50%	61.07%	71.29%	70.07%	60.58%
Flu	37.23%	46.47%	21.17%	30.90%	42.82%	24.33%	48.18%	44.04%	41.85%	27.49%
Combination 3	65.45%	69.10%	56.69%	69.83%	67.15%	66.67%	64.96%	68.37%	67.15%	60.10%
Combination 7	56.69%	63.50%	44.77%	62.04%	60.58%	54.99%	51.58%	60.58%	58.88%	49.39%
Combination 10	27.98%	37.96%	15.57%	24.09%	35.04%	19.95%	32.12%	34.55%	35.04%	21.17%
<b>Immunization for Adolescents (IMA)</b>										
Meningococcal	72.26%	77.86%	74.45%	79.08%	74.70%	69.83%	61.80%	77.13%	72.51%	72.99%
Tdap/Td	81.02%	86.37%	81.51%	85.16%	84.91%	79.81%	69.59%	83.21%	82.97%	80.54%
HPV	27.49%	34.31%	30.17%	34.31%	34.06%	29.20%	28.71%	31.39%	32.12%	34.31%
Combination 1	72.02%	77.62%	74.21%	79.08%	73.72%	69.83%	61.56%	76.16%	72.26%	72.51%
Combination 2	27.25%	34.06%	29.93%	34.06%	32.36%	27.98%	27.49%	30.90%	31.87%	33.58%
<b>Lead Screening in Children (LSC)</b>										
67.88%	64.48%	55.47%	69.83%	61.31%	56.93%	67.88%	68.61%	69.59%	59.12%	
<b>Breast Cancer Screening (BCS)</b>										
37.98%	44.70%	44.45%	51.64%	48.85%	54.13%	23.20%	50.48%	49.40%	51.56%	
<b>Cervical Cancer Screening (CCS)</b>										
50.85%	51.82%	56.20%	56.12%	59.44%	62.53%	26.52%	53.28%	52.07%	50.36%	
<b>Chlamydia Screening in Women (CHL)</b>										
16–20 Years	49.15%	47.26%	55.97%	45.05%	44.14%	52.83%	48.06%	46.75%	41.88%	53.23%
21–24 Years	56.69%	55.25%	66.22%	51.48%	50.29%	62.77%	48.52%	54.33%	49.53%	64.47%
<b>Total</b>	<b>52.08%</b>	<b>51.03%</b>	<b>60.24%</b>	<b>48.05%</b>	<b>46.68%</b>	<b>57.78%</b>	<b>48.10%</b>	<b>49.89%</b>	<b>45.26%</b>	<b>58.20%</b>

<b>Table 6a. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures</b>										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Respiratory Conditions</b>										
<b>Appropriate Testing for Pharyngitis (CWP)<sup>1</sup></b>										
3–17 Years	71.47%	79.00%	74.77%	85.79%	88.24%	86.01%	87.36%	86.24%	90.79%	87.54%
18–64 Years	61.55%	60.34%	60.96%	74.99%	74.39%	73.79%	74.18%	76.69%	79.25%	72.12%
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>	21.63%	21.60%	22.82%	26.38%	21.12%	25.45%	0.00%	24.79%	23.05%	25.41%
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>										
Systemic Corticosteroid	68.53%	66.61%	64.64%	73.49%	72.65%	70.16%	75.00%	76.29%	73.30%	72.73%
Bronchodilator	74.30%	79.67%	77.97%	81.16%	76.91%	84.44%	75.00%	85.46%	82.80%	85.45%
<b>Asthma Medical Ratio (AMR)</b>										
5–11 Years	77.37%	77.61%	67.04%	80.00%	81.93%	76.47%	75.00%	74.96%	77.29%	72.02%
12–18 Years	68.69%	66.01%	67.05%	71.39%	71.20%	73.00%	79.31%	71.55%	70.35%	71.57%
19–50 Years	55.15%	54.00%	52.84%	59.44%	52.78%	54.72%	79.45%	58.73%	59.77%	59.39%
51–64 Years	56.25%	50.00%	51.19%	56.69%	46.46%	51.43%	100.00%	52.84%	59.67%	59.84%
<b>Total</b>	<b>65.64%</b>	<b>63.61%</b>	<b>60.53%</b>	<b>69.03%</b>	<b>66.68%</b>	<b>65.68%</b>	<b>77.99%</b>	<b>65.70%</b>	<b>67.41%</b>	<b>66.56%</b>
<b>Cardiovascular Conditions</b>										
<b>Controlling High Blood Pressure (CBP)</b>	65.69%	59.37%	62.04%	63.66%	63.56%	61.77%	71.52%	67.64%	62.53%	64.23%
<b>Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</b>	73.77%	78.46%	82.35%	89.53%	84.21%	82.00%	100.00%	89.29%	85.88%	77.36%
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>										
Received Statin Therapy: Males 21–75 Years	82.68%	80.63%	80.80%	81.66%	82.27%	80.36%	50.00%	82.22%	86.19%	80.88%
Females 40–75 Years	74.93%	76.55%	77.34%	78.93%	80.05%	78.36%	40.00%	83.24%	78.91%	81.16%
<b>Total</b>	<b>79.59%</b>	<b>78.73%</b>	<b>79.18%</b>	<b>80.20%</b>	<b>81.14%</b>	<b>79.22%</b>	<b>44.44%</b>	<b>82.72%</b>	<b>82.56%</b>	<b>81.02%</b>
Statin Adherence 80%: Males 21-75 Years	71.06%	74.13%	64.20%	75.09%	68.97%	68.81%	50.00%	78.92%	81.58%	72.66%
Females 40–75 Years	63.31%	74.93%	65.57%	69.23%	64.47%	63.18%	50.00%	78.17%	77.33%	70.34%
<b>Total</b>	<b>68.15%</b>	<b>74.49%</b>	<b>64.82%</b>	<b>72.00%</b>	<b>66.71%</b>	<b>65.64%</b>	<b>50.00%</b>	<b>78.55%</b>	<b>79.56%</b>	<b>71.46%</b>
<b>Cardiac Rehabilitation (CRE): 18–64 Years</b>										
Initiation	2.21%	3.33%	0.54%	4.69%	3.24%	1.72%	0.00%	4.35%	3.47%	1.02%
Engagement 1	2.65%	2.86%	1.08%	3.97%	3.78%	2.87%	0.00%	4.68%	2.70%	2.04%
Engagement 2	1.33%	1.90%	1.08%	1.81%	3.24%	2.87%	0.00%	3.01%	3.09%	1.02%
Achievement	0.88%	0.00%	1.08%	0.36%	1.08%	1.15%	0.00%	2.01%	0.39%	0.00%

<b>Table 6a. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures</b>										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Diabetes</b>										
<b>Hemoglobin A1c Control for Patients With Diabetes (HBD)</b>										
HbA1c Control (<8.0%)*	46.72%	53.77%	54.01%	60.24%	52.07%	56.69%	54.42%	66.42%	63.02%	59.85%
Eye Exam for Patients with Diabetes (EED)	39.66%	43.55%	47.93%	59.76%	55.47%	63.02%	65.37%	54.01%	57.18%	56.69%
Blood Pressure Control (<140/90 mm Hg)	60.34%	62.77%	56.69%	68.54%	64.72%	71.05%	71.73%	74.70%	71.53%	67.88%
Kidney Health Evaluation for Patients With Diabetes (KED): 18–64 Years	27.39%	25.86%	31.52%	28.89%	26.80%	32.38%	23.97%	28.43%	28.08%	30.11%
<b>Statin Therapy for Patients with Diabetes (SPD)</b>										
Received Statin Therapy	61.28%	61.94%	64.15%	62.94%	63.53%	63.90%	66.67%	67.40%	65.57%	68.84%
Statin Adherence 80%	63.42%	62.82%	58.89%	68.30%	64.75%	58.69%	79.31%	76.91%	75.90%	71.26%
<b>Behavioral Health</b>										
<b>Antidepressant Medication Management (AMM)</b>										
Effective Acute Phase Treatment	56.33%	54.14%	48.23%	60.70%	55.64%	53.20%	48.24%	70.75%	66.59%	59.43%
Effective Continuation Phase Treatment	38.03%	37.10%	30.42%	41.45%	36.64%	34.03%	32.66%	53.51%	49.78%	44.11%
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b>										
Initiation Phase	48.31%	45.20%	42.21%	51.45%	43.61%	44.93%	46.97%	46.94%	44.21%	43.22%
Continuation and Maintenance Phase	58.04%	59.33%	54.37%	60.16%	50.36%	66.88%	60.49%	57.14%	53.31%	54.61%
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>										
7-Day Follow-Up: 6–17 Years	52.42%	58.61%	39.52%	59.96%	54.59%	43.13%	36.33%	53.25%	52.82%	39.07%
18–64 Years	31.67%	38.17%	25.24%	37.65%	42.07%	30.99%	37.04%	33.49%	38.09%	30.54%
30-Day Follow-Up: 6–17 Years	78.76%	81.78%	65.29%	84.02%	77.51%	75.57%	58.67%	81.82%	80.14%	69.87%
18–64 Years	52.99%	57.05%	44.69%	60.06%	62.05%	52.31%	62.96%	59.04%	57.97%	51.06%
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>										
7-Day Follow-Up: 6–17 Years	45.71%	52.32%	45.16%	53.22%	55.09%	40.98%	50.49%	46.51%	45.95%	44.74%
18–64 Years	25.94%	31.53%	37.16%	29.40%	24.63%	38.29%	36.59%	27.09%	25.93%	32.40%
30-Day Follow-Up: 6–17 Years	66.29%	68.21%	54.84%	74.68%	73.05%	55.74%	70.59%	68.99%	61.49%	60.53%
18–64 Years	40.96%	46.82%	49.18%	47.77%	40.67%	54.29%	56.10%	41.79%	40.74%	48.04%
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>										
7-Day Follow-Up: 13–17 Years	3.45%	0.00%	11.76%	4.55%	15.38%	0.00%	0.00%	0.00%	9.52%	0.00%
18–64 Years	60.67%	52.01%	50.98%	61.02%	51.56%	56.77%	44.83%	62.65%	56.81%	51.73%
30-Day Follow-Up: 13–17 Years	13.79%	5.56%	41.18%	36.36%	30.77%	7.69%	27.27%	6.25%	19.05%	0.00%

<b>Table 6a. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures</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>
18–64 Years	84.82%	79.16%	74.02%	84.77%	79.66%	80.27%	65.52%	86.27%	79.95%	75.00%
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)<sup>2</sup></b>										
7-Day Follow-Up: 13–17 Years	20.00%	19.23%	5.56%	32.61%	24.49%	5.26%	24.44%	15.15%	14.29%	25.00%
18 Years and Older	15.86%	17.01%	17.54%	18.29%	15.46%	16.62%	11.11%	17.67%	15.12%	15.72%
<b>Total</b>	<b>16.11%</b>	<b>17.15%</b>	<b>17.03%</b>	<b>19.25%</b>	<b>16.05%</b>	<b>16.06%</b>	<b>18.52%</b>	<b>17.53%</b>	<b>15.05%</b>	<b>16.20%</b>
30-Day Follow-Up: 13–17 Years	40.00%	25.00%	5.56%	52.17%	38.78%	10.53%	46.67%	27.27%	25.40%	37.50%
18 Years and Older	29.08%	28.64%	24.56%	30.70%	26.52%	25.07%	19.44%	29.15%	25.94%	27.33%
<b>Total</b>	<b>29.72%</b>	<b>28.42%</b>	<b>23.74%</b>	<b>32.13%</b>	<b>27.32%</b>	<b>24.35%</b>	<b>34.57%</b>	<b>29.05%</b>	<b>25.89%</b>	<b>27.86%</b>
<b>Pharmacotherapy for Opioid Use Disorder (POD)*: 16–64 Years</b>	22.90%	23.41%	31.59%	27.70%	28.28%	40.00%	24.00%	30.14%	32.05%	37.99%
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)</b>	82.58%	83.88%	77.89%	81.82%	82.28%	79.00%	83.53%	85.62%	86.55%	76.92%
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b>	67.69%	77.50%	61.96%	76.99%	72.58%	71.64%	78.95%	79.89%	75.26%	75.31%
<b>Cardiovascular Monitoring for People With CVD and Schizophrenia (SMC)</b>	78.57%	78.38%	73.08%	80.33%	70.59%	80.39%	66.67%	87.76%	84.31%	90.38%
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>	49.66%	61.52%	42.03%	65.87%	65.98%	54.16%	85.79%	72.48%	73.62%	60.89%
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>										
Blood Glucose Testing: 1–11 Years	38.98%	40.54%	31.45%	39.39%	43.08%	40.97%	46.07%	45.04%	45.45%	30.65%
12–17 Years	65.39%	59.83%	51.26%	64.16%	63.92%	59.18%	66.67%	63.01%	65.70%	52.32%
<b>Total</b>	<b>56.16%</b>	<b>53.53%</b>	<b>44.65%</b>	<b>55.28%</b>	<b>56.78%</b>	<b>52.99%</b>	<b>61.53%</b>	<b>57.24%</b>	<b>59.26%</b>	<b>45.23%</b>
Cholesterol Testing: 1–11 Years	34.24%	36.04%	20.75%	30.74%	34.39%	34.36%	35.70%	35.54%	35.12%	27.14%
12–17 Years	48.82%	42.14%	34.59%	49.27%	47.42%	36.96%	55.39%	43.84%	44.51%	35.45%
<b>Total</b>	<b>43.72%</b>	<b>40.15%</b>	<b>29.98%</b>	<b>42.62%</b>	<b>42.95%</b>	<b>36.08%</b>	<b>50.48%</b>	<b>41.17%</b>	<b>41.52%</b>	<b>32.73%</b>
Blood Glucose and Cholesterol Testing: 1–11 Years	27.80%	31.98%	18.24%	24.89%	33.20%	29.07%	32.25%	31.40%	33.88%	24.12%
12–17 Years	46.45%	40.61%	32.39%	46.61%	45.15%	35.15%	52.90%	42.66%	42.58%	32.76%
<b>Total</b>	<b>39.93%</b>	<b>37.79%</b>	<b>27.67%</b>	<b>38.82%</b>	<b>41.06%</b>	<b>33.08%</b>	<b>47.75%</b>	<b>39.04%</b>	<b>39.82%</b>	<b>29.93%</b>
<b>Overuse/Appropriateness</b>										
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>										
3 Months–17 Years	87.76%	93.85%	90.23%	84.84%	91.99%	86.16%	86.15%	84.39%	93.33%	88.53%

<b>Table 6a. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures</b>										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
18–64 Years	72.02%	79.01%	72.42%	64.97%	74.59%	68.60%	77.03%	64.57%	77.16%	67.60%
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>										
3 Months–17 Years	65.16%	72.66%	84.42%	62.86%	70.41%	77.39%	66.41%	59.03%	68.37%	81.62%
18–64 Years	38.22%	42.40%	42.40%	30.27%	36.57%	37.16%	40.79%	29.12%	37.41%	41.61%
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>										
	67.65%	66.86%	68.66%	68.09%	68.98%	68.13%	70.09%	67.94%	66.00%	65.91%
<b>Measures Collected Through CAHPS Health Plan Survey</b>										
<b>Flu vaccinations for adults ages 18 to 64 (FVA)</b>										
	32.72%	33.16%	31.48%	38.78%	35.80%	38.41%	NA	30.86%	34.69%	29.23%
<b>Medical Assistance with Smoking and Tobacco Use Cessation (MSC)</b>										
Advising Smokers and Tobacco Users to Quit	71.71%	74.40%	76.47%	76.05%	77.60%	73.39%	NA	75.63%	69.61%	NA
Discussing Cessation Medications	54.36%	41.60%	48.89%	53.61%	44.53%	50.00%	NA	50.00%	NA	NA
Discussing Cessation Strategies	44.97%	34.40%	45.59%	47.93%	41.27%	45.05%	NA	40.00%	NA	NA
Supplemental Data - % Current Smokers <sup>†</sup>	37.65%	30.26%	33.73%	37.55%	30.89%	29.07%	16.44%	48.19%	32.26%	37.76%

<sup>1</sup> NCQA indicated trending with caution due to changes in measure specifications for MY2022.

<sup>2</sup> NCQA indicated a break in trending to prior years due to significant changes in measure specifications for MY2022.

<sup>†</sup> 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 6b**, a lower rate indicates better performance.

<b>Table 6b. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures Where Lower Rates Indicate Better Performance</b>										
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%)	41.12%	37.71%	37.96%	31.46%	40.15%	31.87%	38.52%	25.55%	25.55%	31.14%
<b>Overuse/Appropriateness</b>										
<b>Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)</b>										
	0.17%	0.14%	0.77%	0.75%	0.33%	1.50%	0.66%	1.44%	0.66%	1.95%
<b>Use of Opioids at High Dosage (HDO)</b>										
	14.61%	16.08%	6.52%	6.32%	3.68%	2.69%	0.00%	7.68%	4.94%	2.00%
<b>Use of Opioids From Multiple Providers (UOP)</b>										
Multiple Prescribers	18.46%	22.01%	15.71%	18.33%	21.75%	17.20%	25.00%	19.21%	22.20%	16.82%
Multiple Pharmacies	0.52%	1.13%	2.12%	0.62%	1.21%	1.01%	0.00%	0.47%	0.85%	1.21%

<b>Table 6b. HEDIS MY2022 Plan-Specific Rates: Effectiveness of Care Measures Where Lower Rates Indicate Better Performance</b>										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Multiple Prescribers and Pharmacies	0.35%	0.41%	0.53%	0.39%	0.46%	0.53%	0.00%	0.26%	0.45%	0.63%
<b>Risk of Continued Opioid Use (COU)</b>										
18–64 Years: ≥15 days/30-day period	1.57%	1.57%	1.67%	0.79%	0.96%	0.96%	0.25%	3.18%	2.66%	2.23%
≥ 31 days/62-day period	1.12%	1.32%	1.19%	0.53%	0.69%	0.67%	0.25%	2.54%	2.09%	1.78%

Table 7 presents rates for Access/Availability of Care Measures.

<b>Table 7. HEDIS MY2022 Plan-Specific Rates: Access/Availability of Care Measures</b>										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>										
20–44 Years	69.86%	70.01%	67.01%	77.62%	73.95%	75.50%	39.96%	74.82%	73.57%	68.25%
45–64 Years	78.41%	81.64%	79.89%	86.89%	84.37%	87.05%	34.66%	86.17%	86.83%	84.10%
<b>Prenatal and Postpartum Care (PPC)<sup>1</sup></b>										
Timeliness of Prenatal Care	85.64%	82.00%	80.78%	87.84%	81.10%	85.06%	74.57%	85.16%	78.83%	71.78%
Postpartum Care	79.81%	76.40%	72.02%	75.68%	77.44%	80.18%	68.21%	80.29%	76.40%	68.86%
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment<sup>2</sup></b>										
13–17 Years: Alcohol	51.02%	39.47%	24.00%	47.27%	51.06%	18.18%	59.38%	41.46%	28.95%	21.05%
Opioid	57.14%	33.33%	NA	57.14%	20.00%	100.00%	42.11%	33.33%	40.00%	75.00%
Other drug	44.07%	42.86%	41.03%	38.98%	46.44%	34.03%	42.91%	48.97%	42.17%	27.33%
<b>Total</b>	<b>45.65%</b>	<b>42.26%</b>	<b>38.67%</b>	<b>40.53%</b>	<b>46.67%</b>	<b>34.47%</b>	<b>44.55%</b>	<b>47.30%</b>	<b>40.29%</b>	<b>27.75%</b>
18+ Years: Alcohol	44.33%	46.28%	53.65%	42.78%	41.42%	43.90%	37.84%	44.10%	42.73%	49.72%
Opioid	63.26%	58.78%	65.44%	63.88%	59.01%	60.39%	60.61%	63.93%	60.38%	66.40%
Other drug	46.37%	50.20%	51.62%	43.63%	47.53%	45.75%	38.64%	45.14%	48.07%	48.54%
<b>Total</b>	<b>51.10%</b>	<b>51.80%</b>	<b>54.23%</b>	<b>50.36%</b>	<b>49.95%</b>	<b>48.16%</b>	<b>42.08%</b>	<b>50.68%</b>	<b>50.39%</b>	<b>51.76%</b>
Initiation Total: Alcohol	44.79%	45.60%	52.96%	42.92%	41.99%	43.52%	47.83%	44.02%	42.74%	49.88%
Opioid	62.75%	57.96%	64.29%	63.47%	58.48%	59.14%	53.85%	59.11%	57.44%	63.77%
Other drug	45.95%	49.32%	50.46%	43.07%	47.46%	44.19%	41.48%	44.96%	47.54%	46.13%
<b>Total</b>	<b>50.51%</b>	<b>50.87%</b>	<b>53.07%</b>	<b>49.60%</b>	<b>49.64%</b>	<b>46.85%</b>	<b>43.58%</b>	<b>49.09%</b>	<b>49.28%</b>	<b>49.98%</b>



Table 7. HEDIS MY2022 Plan-Specific Rates: Access/Availability of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment<sup>2</sup></b>										
13–17 Years: Alcohol	32.65%	15.79%	4.00%	20.00%	23.40%	18.18%	43.75%	24.39%	5.26%	0.00%
Opioid	42.86%	0.00%	NA	42.86%	0.00%	0.00%	31.58%	16.67%	20.00%	0.00%
Other drug	23.33%	21.43%	15.38%	19.81%	23.84%	16.75%	23.37%	24.23%	17.39%	10.00%
<b>Total</b>	<b>25.53%</b>	<b>20.32%</b>	<b>13.81%</b>	<b>20.27%</b>	<b>23.47%</b>	<b>16.50%</b>	<b>25.96%</b>	<b>24.07%</b>	<b>15.75%</b>	<b>8.67%</b>
18+ Years: Alcohol	13.52%	14.37%	13.51%	13.51%	12.81%	14.35%	8.11%	12.03%	11.37%	12.29%
Opioid	41.22%	34.38%	37.68%	41.92%	37.84%	38.82%	36.36%	43.94%	35.90%	34.96%
Other drug	13.02%	16.27%	14.25%	11.21%	14.49%	11.97%	3.03%	11.93%	14.08%	13.09%
<b>Total</b>	<b>21.81%</b>	<b>21.22%</b>	<b>17.41%</b>	<b>22.12%</b>	<b>21.87%</b>	<b>17.97%</b>	<b>9.41%</b>	<b>21.78%</b>	<b>19.83%</b>	<b>16.34%</b>
Engagement Total: Alcohol	14.20%	14.00%	12.72%	13.64%	13.14%	13.92%	24.64%	12.28%	10.83%	11.41%
Opioid	40.87%	33.14%	36.54%	41.16%	37.07%	37.13%	34.62%	39.61%	33.01%	33.25%
Other drug	14.31%	16.83%	14.18%	12.14%	15.92%	12.52%	16.54%	12.82%	14.34%	12.73%
<b>Total</b>	<b>21.89%</b>	<b>20.76%</b>	<b>16.75%</b>	<b>21.76%</b>	<b>21.79%</b>	<b>17.55%</b>	<b>19.46%</b>	<b>20.91%</b>	<b>18.93%</b>	<b>15.44%</b>
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b>										
1–11 Years	57.50%	50.62%	54.84%	63.70%	53.26%	53.41%	58.20%	48.51%	53.66%	44.34%
12–17 Years	56.73%	64.74%	58.06%	64.12%	67.53%	72.16%	50.72%	55.19%	62.00%	53.55%
<b>Total</b>	<b>57.01%</b>	<b>60.24%</b>	<b>56.85%</b>	<b>63.97%</b>	<b>62.20%</b>	<b>65.91%</b>	<b>52.68%</b>	<b>52.82%</b>	<b>59.05%</b>	<b>49.81%</b>

<sup>1</sup> NCQA indicated trending with caution due to changes in measure specifications for MY2022.

<sup>2</sup> NCQA indicated a break in trending to prior years due to significant changes in measure specifications for MY2022.

**Table 8** results are for utilization measures that are included in the Utilization and Risk-Adjusted Utilization Domain of Care.

Table 8. HEDIS MY2022 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 30 Months of Life (W30)</b>										
First 15 Months	68.08%	67.48%	47.58%	73.28%	68.05%	52.46%	58.65%	67.67%	66.22%	44.77%
15 Months–30 Months	68.09%	71.28%	52.15%	74.09%	72.61%	59.40%	69.98%	70.39%	73.55%	55.35%
<b>Child and Adolescent Well-Care Visits (WCV)</b>										
3–11 Years	57.50%	61.52%	51.37%	66.92%	63.70%	59.47%	54.00%	61.25%	62.42%	55.12%
12–17 Years	47.70%	50.63%	45.65%	56.33%	53.34%	51.69%	52.85%	51.38%	51.73%	48.59%

Table 8. HEDIS MY2022 Plan-Specific Rates: Use of Services Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
18–21 Years	23.07%	23.29%	20.54%	28.17%	27.17%	27.01%	26.87%	24.33%	23.26%	21.53%
<b>Total</b>	<b>47.72%</b>	<b>51.99%</b>	<b>44.19%</b>	<b>57.56%</b>	<b>54.31%</b>	<b>51.97%</b>	<b>48.80%</b>	<b>51.44%</b>	<b>53.26%</b>	<b>47.87%</b>

## Individual Plan Performance—CAHPS

**Table 9** details the rating scale and any additional comments used in [Table 10](#), [Table 11](#), and [Table 12](#) to indicate the rating achieved. These tables display the plan-specific performance rates for the CAHPS survey results.





Table 9. MY2022 CAHPS Rating 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
Measure Designation	Definition	
NA	Not Applicable. Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of NA.	

Table 10. MY2022 CAHPS 5.1H Adult Medicaid Survey Results										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
<b>1. Getting Needed Care (Always + Usually)</b>										
81.50%	82.67%	83.75%	86.79%	88.85%	89.28%	NA	NA	NA	NA	85.47%
<b>2. Getting Care Quickly (Always + Usually)</b>										
76.95%	NA	81.09%	85.87%	NA	NA	NA	NA	NA	NA	81.30%

Table 10. MY2022 CAHPS 5.1H Adult Medicaid Survey Results										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
<b>3. How Well Doctors Communicate (Always + Usually)</b>										
91.31%	93.07%	92.04%	95.65%	94.06%	96.75%	NA	95.45%	NA	95.54%	94.23%
<b>4. Customer Service (Always + Usually)</b>										
NA	NA	87.98%	NA	NA	NA	NA	NA	NA	NA	87.98%
<b>5. Rating of All Health Care (9+10)</b>										
53.38%	52.11%	55.88%	58.67%	59.23%	67.48%	NA	57.66%	53.92%	50.48%	56.53%
<b>6. Rating of Personal Doctor (9+10)</b>										
65.08%	64.44%	68.48%	69.47%	66.44%	79.61%	NA	73.64%	63.87%	68.07%	68.79%
<b>7. Rating of Specialist Seen Most Often (9+10)</b>										
NA	NA	NA	73.58%	NA	NA	NA	NA	NA	NA	73.58%
<b>8. Rating of Health Plan (9+10)</b>										
57.32%	60.54%	61.11%	66.38%	65.45%	82.76%	NA	61.25%	66.45%	64.79%	65.12%
<b>9. Coordination of Care (Always + Usually)</b>										
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Table 11. MY2022 CAHPS 5.1H 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>										
88.04%	85.35%	84.41%	92.50%	92.84%	86.08%	90.13%	89.43%	NA	NA	88.60%
<b>2. Getting Care Quickly (Always + Usually)</b>										
89.05%	88.76%	84.26%	94.23%	96.39%	86.98%	92.27%	90.69%	NA	NA	90.33%
<b>3. How Well Doctors Communicate (Always + Usually)</b>										
94.80%	94.29%	92.62%	96.73%	90.47%	93.88%	94.46%	94.80%	91.53%	NA	93.73%
<b>4. Customer Service (Always + Usually)</b>										
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Table 11. MY2022 CAHPS 5.1H Child Medicaid Survey Results (General Population)										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
<b>5. Rating of All Health Care (9+10)</b>										
70.08%	74.33%	67.07%	75.27%	76.72%	79.42%	70.42%	78.44%	69.47%	63.73%	72.50%
<b>6. Rating of Personal Doctor (9+10)</b>										
74.20%	77.61%	74.25%	79.08%	81.42%	78.45%	78.85%	77.45%	77.06%	69.34%	76.77%
<b>7. Rating of Specialist Seen Most Often (9+10)</b>										
NA	NA	NA	79.67%	NA	NA	82.32%	NA	NA	NA	81.00%
<b>8. Rating of Health Plan (9+10)</b>										
64.51%	76.56%	69.05%	78.81%	80.45%	78.89%	76.25%	76.72%	78.13%	72.63%	75.20%
<b>9. Coordination of Care (Always + Usually)</b>										
80.95%	NA	NA	85.96%	86.24%	NA	81.98%	NA	NA	NA	83.78%

Table 12. MY2022 CAHPS 5.1H 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	76.45%	NA	NA	NA	76.45%
<b>2. Family-Centered Care: Personal Doctor Who Knows Child (Yes)</b>										
91.73%	90.29%	90.65%	92.29%	93.67%	90.04%	91.67%	89.98%	87.95%	NA	90.92%
<b>3. Coordination of Care for Children With Chronic Conditions (Yes)</b>										
NA	NA	NA	78.37%	NA	NA	79.22%	NA	NA	NA	78.80%
<b>4. Family-Centered Care: Getting Needed Information (Always + Usually)</b>										
91.95%	95.36%	88.44%	94.63%	93.60%	90.80%	91.69%	97.37%	89.43%	88.71%	
<b>5. Access to Prescription Medicines (Always + Usually)</b>										
94.00%	93.27%	86.83%	95.75%	91.94%	90.86%	92.31%	90.23%	91.41%	93.60%	92.02%

## 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. Weighted statewide rates were calculated using MCO statewide files.

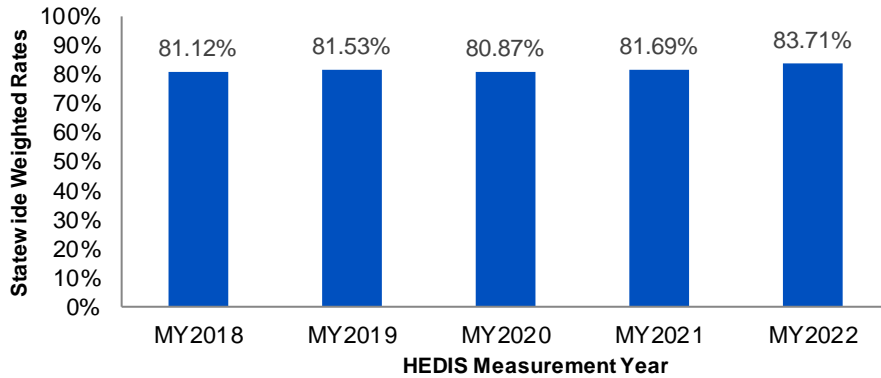
Generally, and as stated in footnotes, factors should be considered while trending data, such as instances where

measures were not reported (and thereby not plotted) for a particular year.

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.

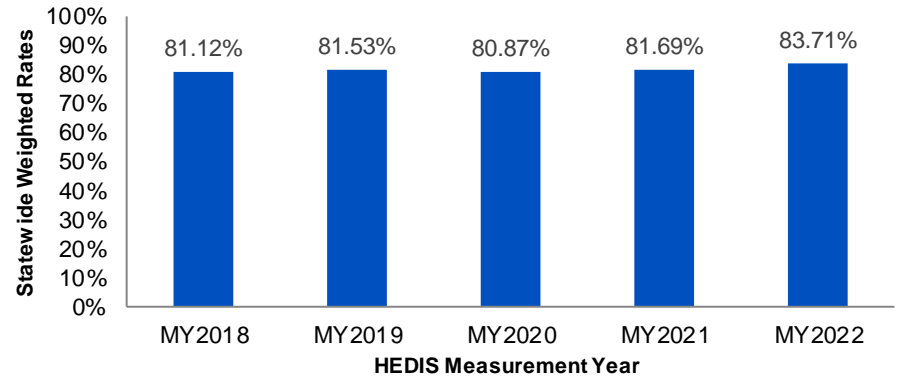
### Effectiveness of Care Measures: Prevention and Screening

**Fig. 1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—BMI Percentile: 3–11 Years**



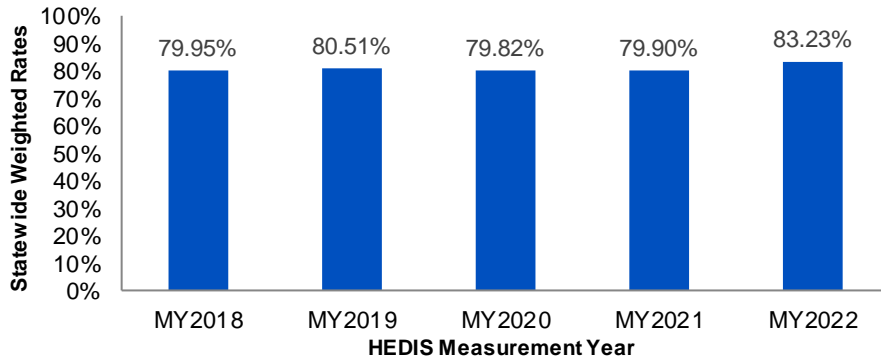
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 2. WCC—BMI Percentile: 12–17 Years**



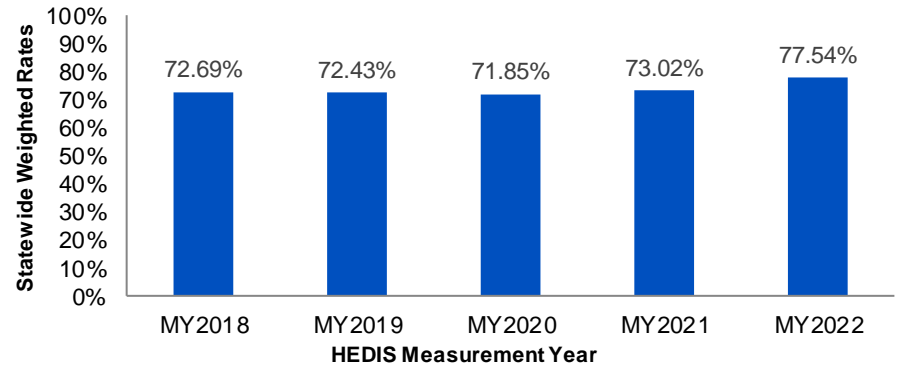
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 3. WCC—BMI Percentile: Total**



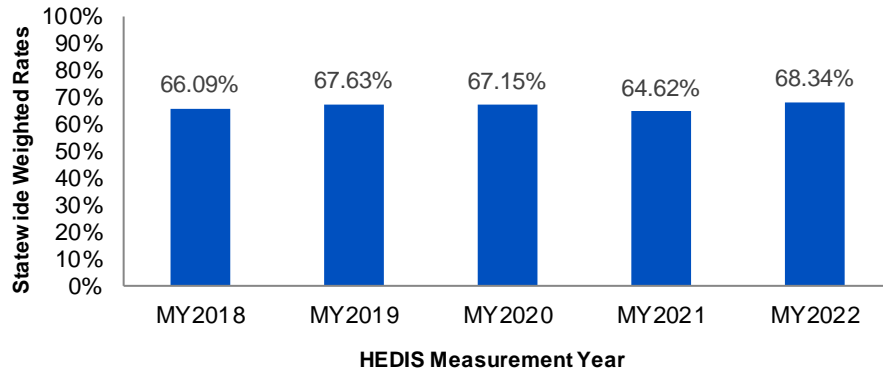
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 4. WCC—Counseling for Nutrition: 3–11 Years**



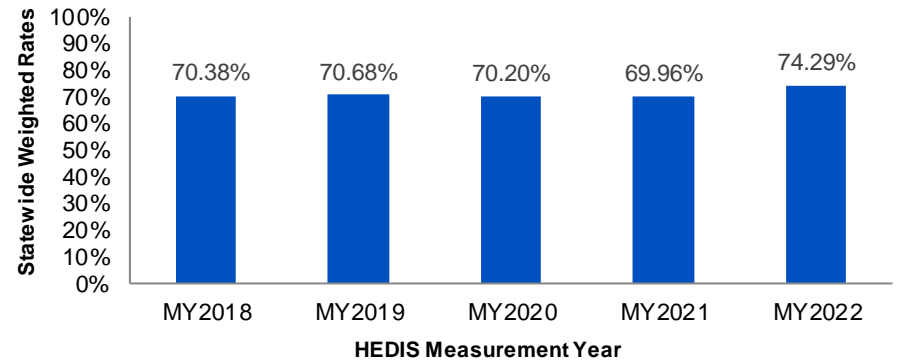
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 5. WCC—Counseling for Nutrition: 12–17 Years**



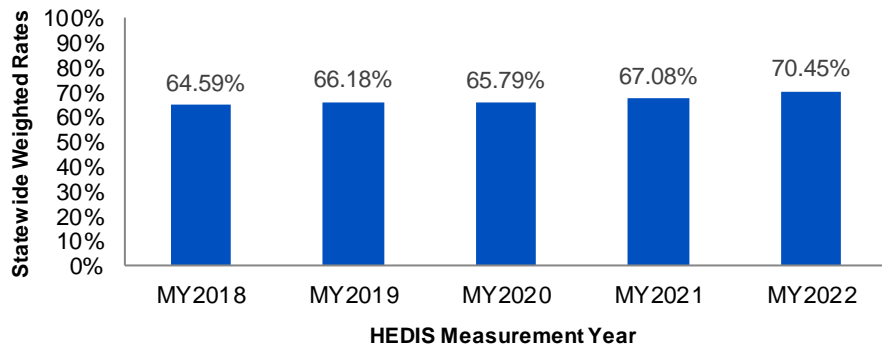
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 6. WCC—Counseling for Nutrition: Total**



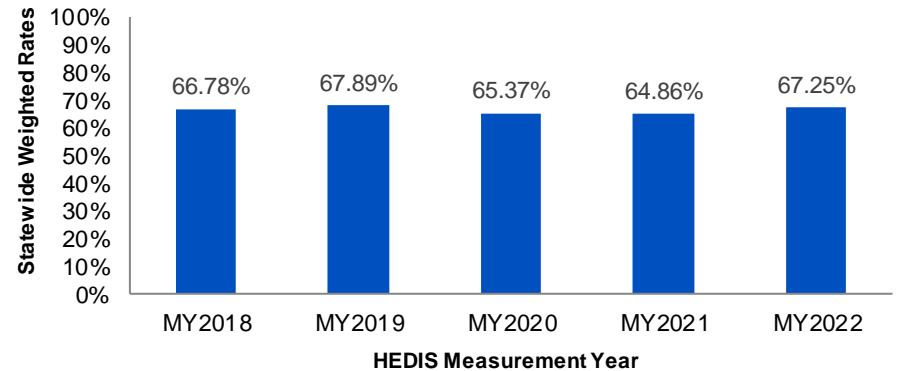
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 7. WCC—Counseling for Physical Activity: 3–11 Years**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

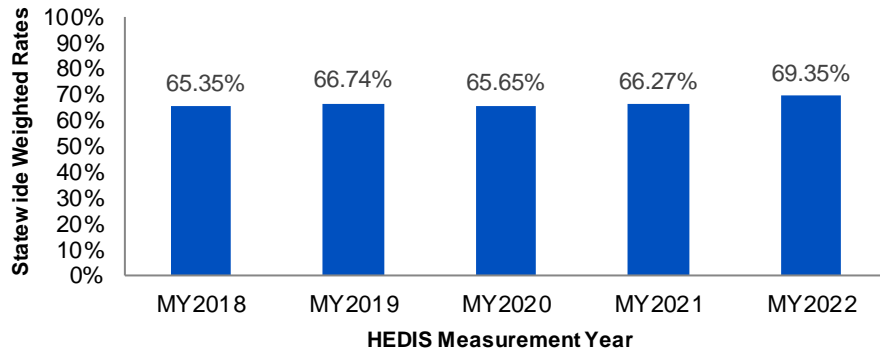
**Fig. 8. WCC—Counseling for Physical Activity: 12–17 Years**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

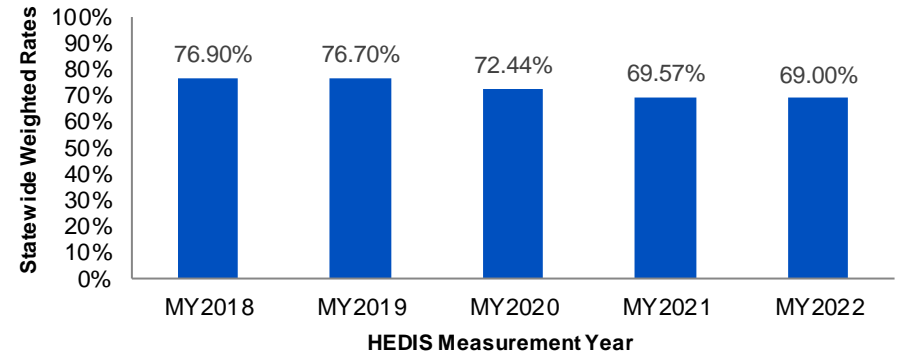


Fig. 9. WCC—Counseling for Physical Activity: Total



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

Fig. 10. Childhood Immunization Status (CIS): DTaP/DT



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

Fig. 11. CIS: IPV

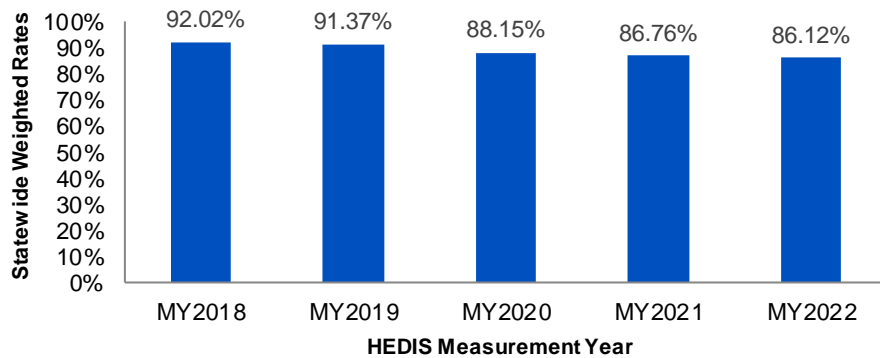
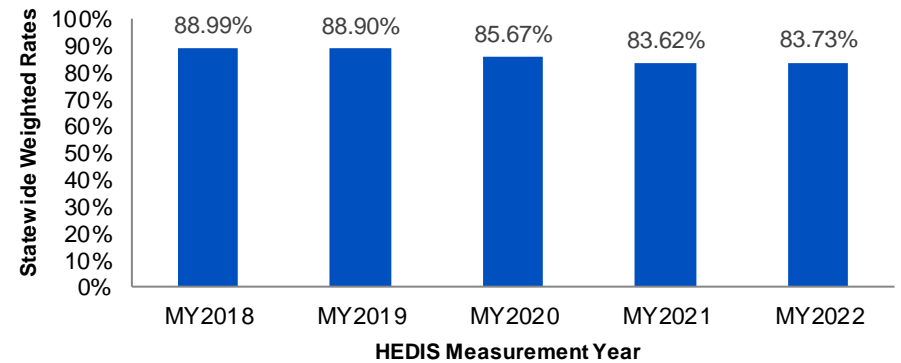


Fig. 12. CIS: MMR



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

Fig. 13. CIS: HiB

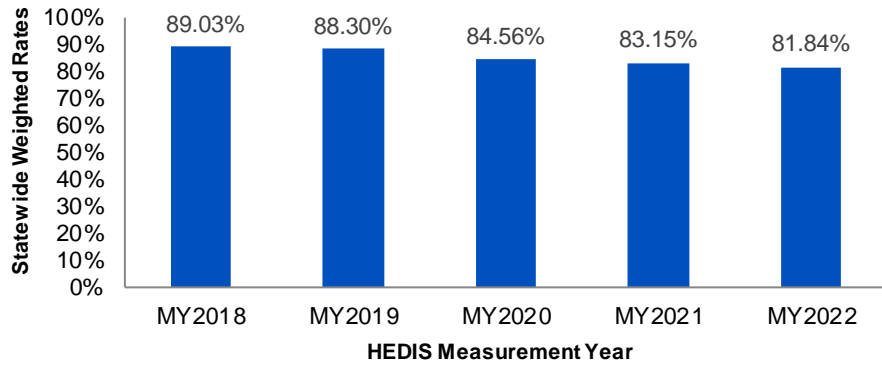


Fig. 14. CIS: HepB

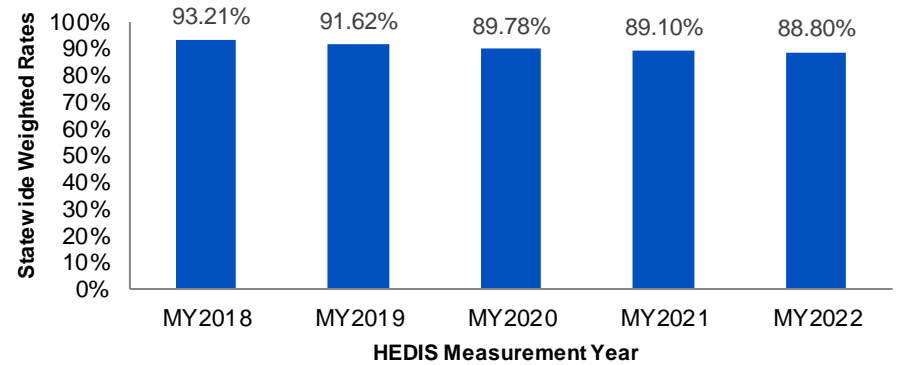


Fig. 15. CIS: VZV

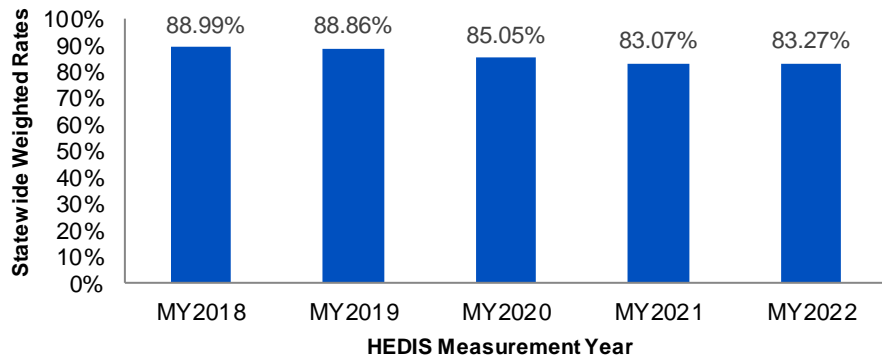


Fig. 16. CIS: PCV

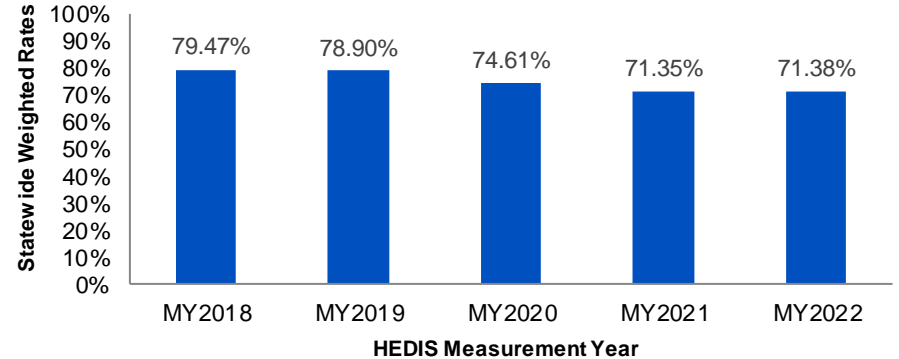
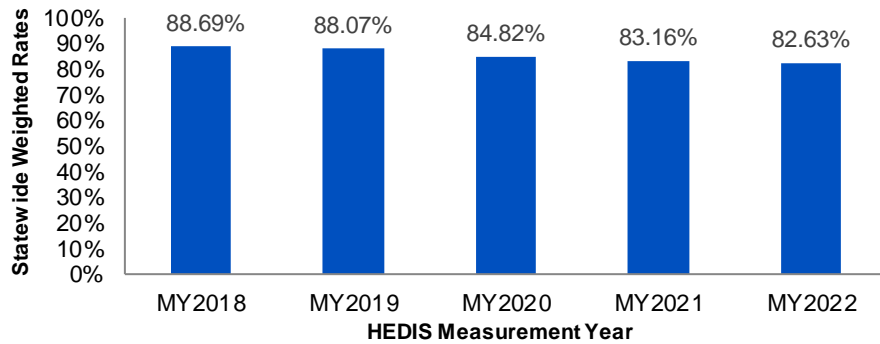


Fig. 17. CIS: HepA



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

Fig. 18. CIS: RV

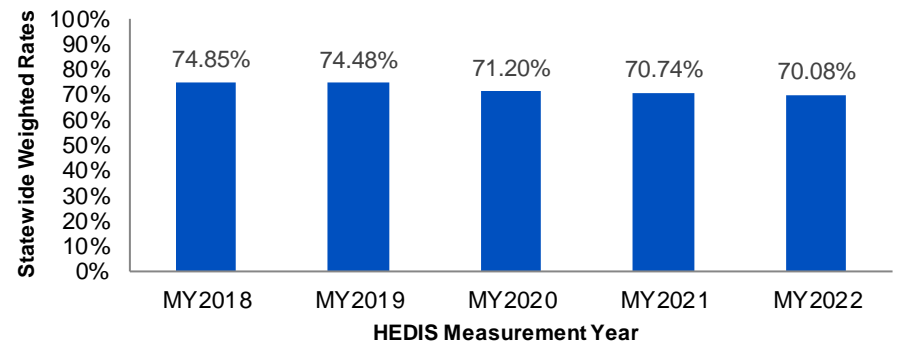


Fig. 19. CIS: Flu

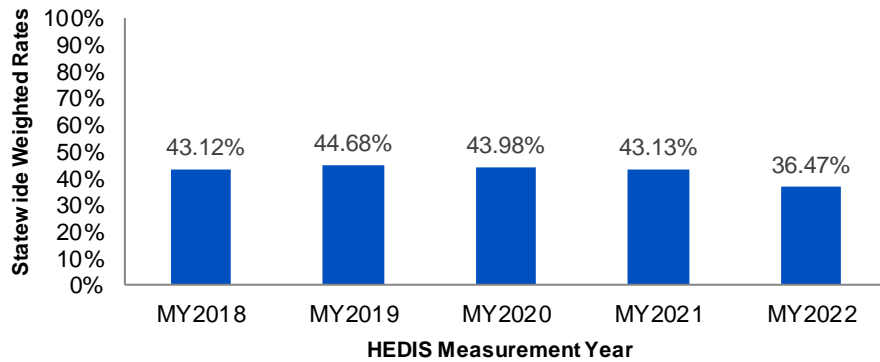
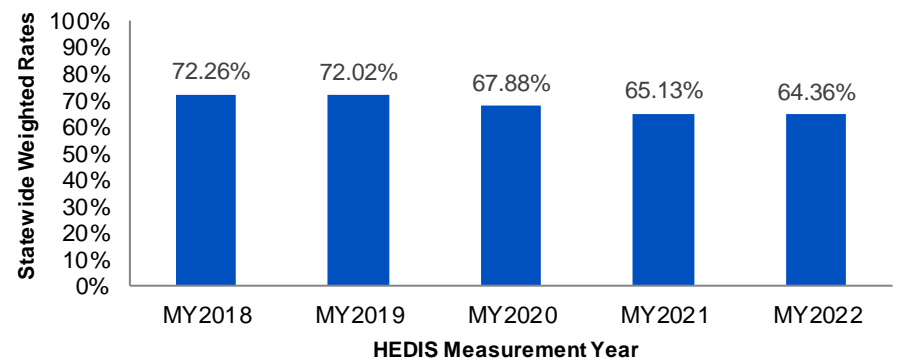
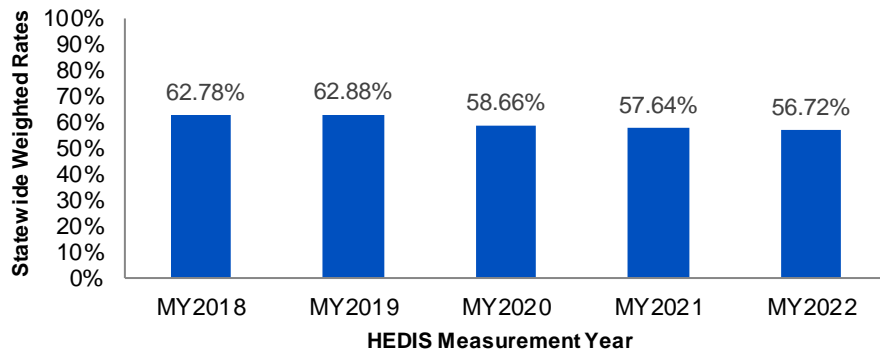


Fig. 20. CIS: Combination 3



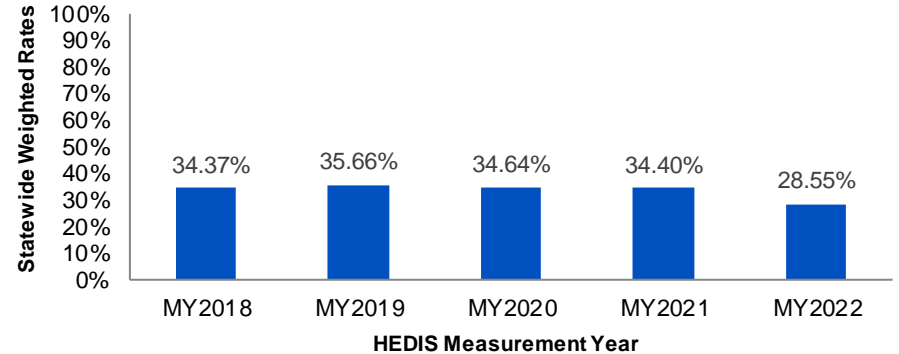
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 21. CIS Combination 7



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

Fig. 22. CIS: Combination 10



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

Fig. 23. Immunizations for Adolescents (IMA): Meningococcal

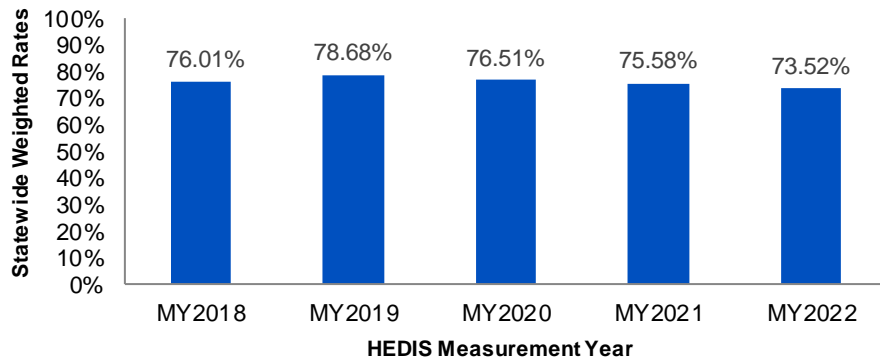


Fig. 24. IMA: Tdap/Td

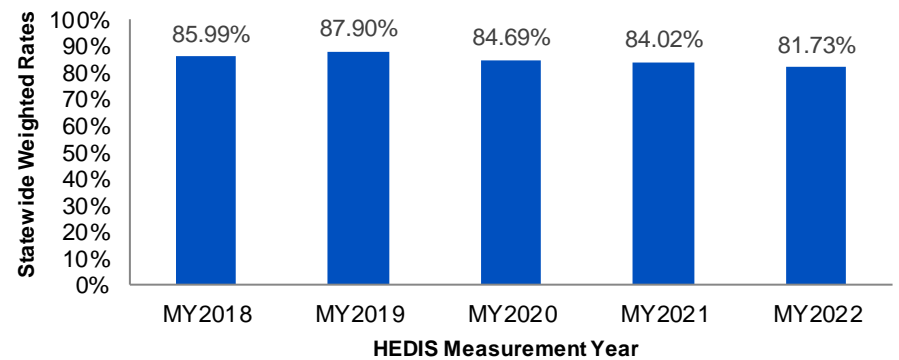


Fig. 25. IMA: HPV

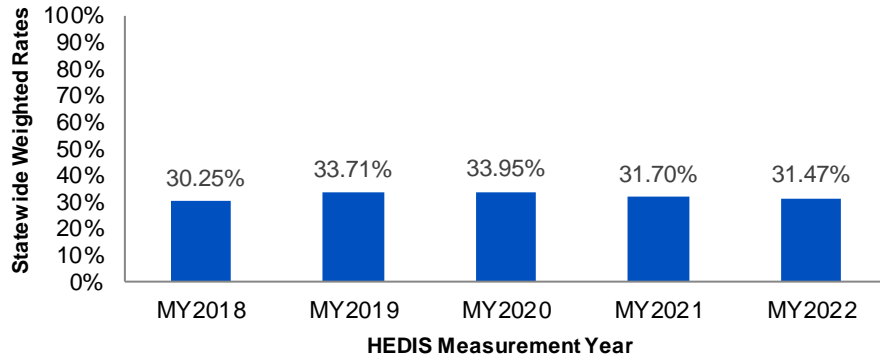


Fig. 26. IMA: Combination 1

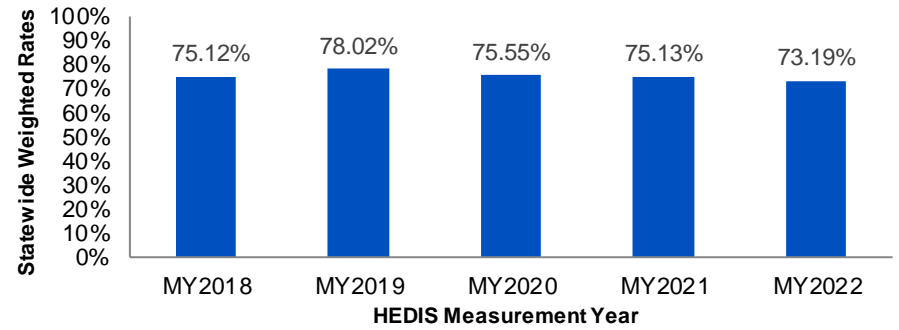


Fig. 27. IMA: Combination 2

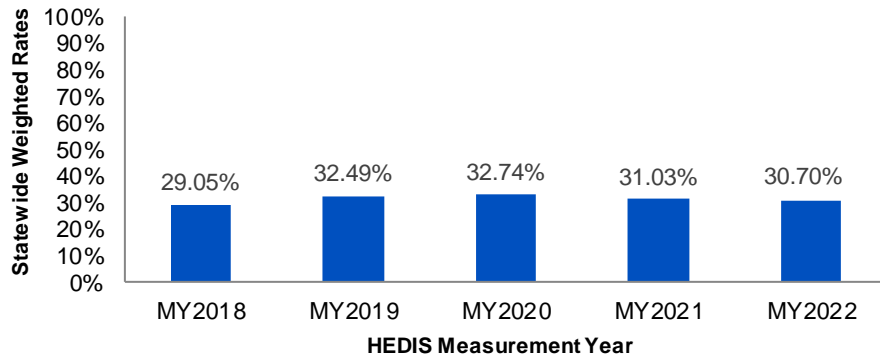
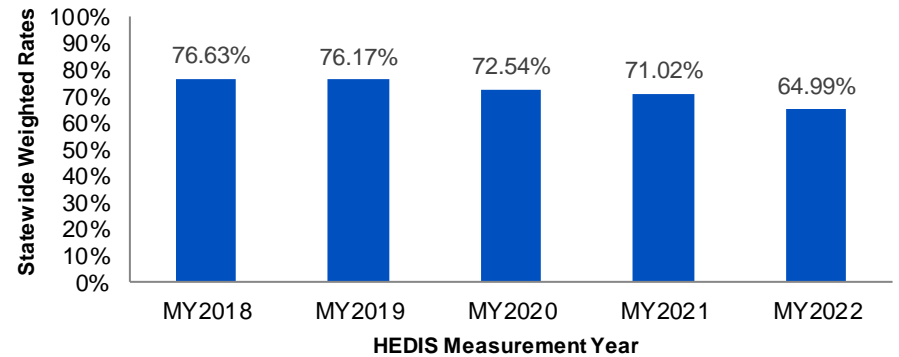
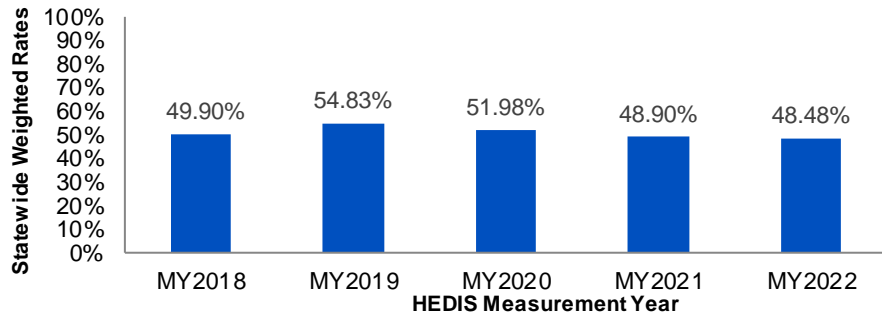


Fig. 28. Lead Screening in Children (LSC)

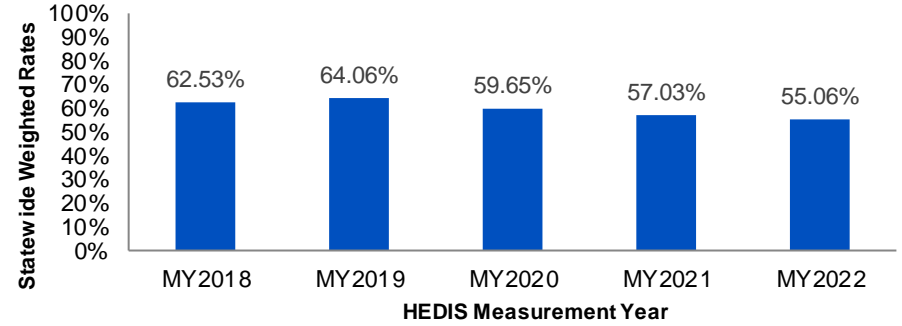


**Fig. 29. Breast Cancer Screening (BCS)**



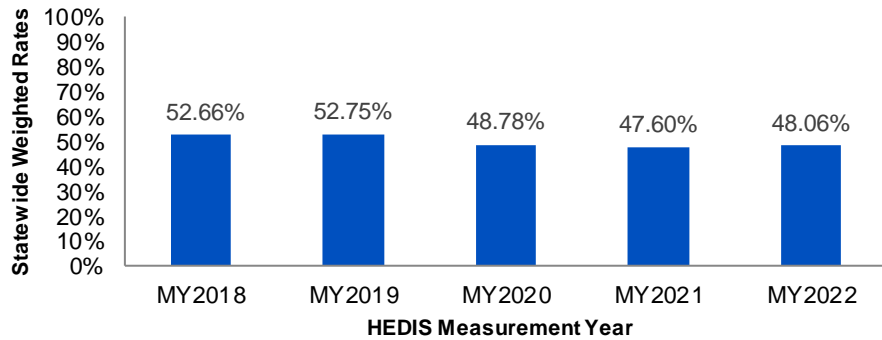
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 30. Cervical Cancer Screening (CCS)**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2019 with previous years should be considered with caution.

**Fig. 31. Chlamydia Screening in Women (CHL): 16–20 Years**



**Fig. 32. CHL: 21–24 Years**

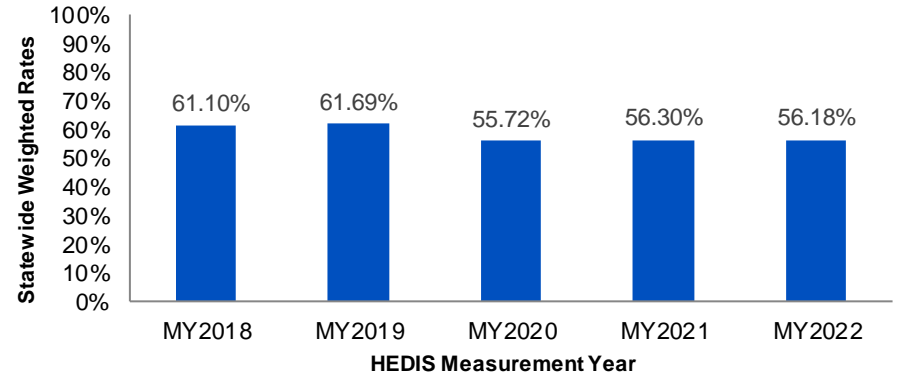
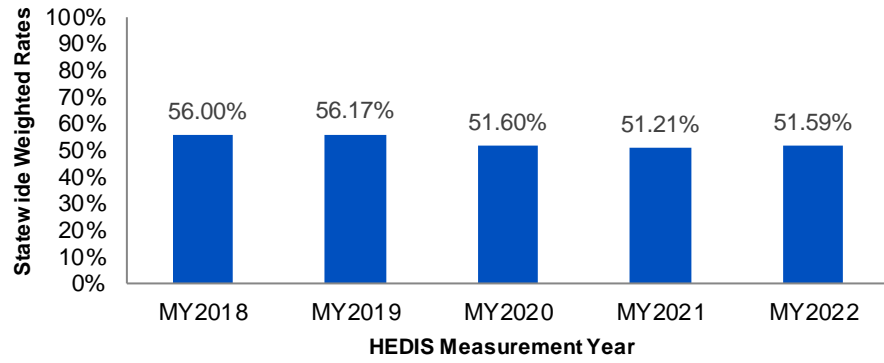


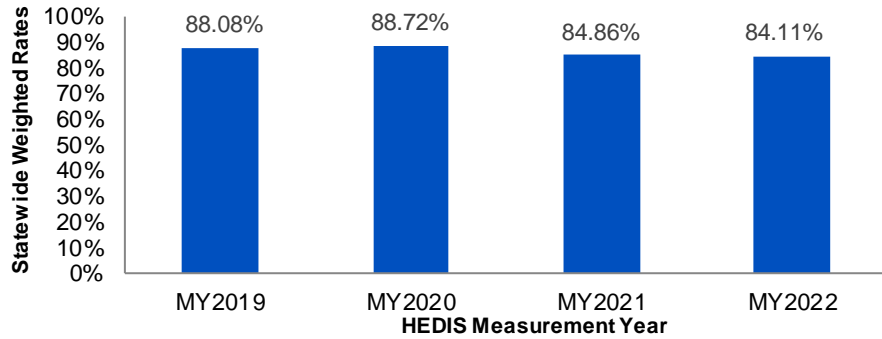
Fig. 33. CHL: Total





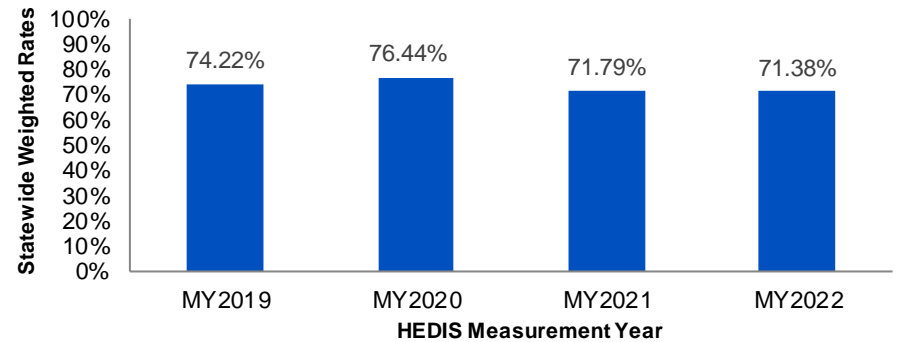
### Effectiveness of Care Measures: Respiratory Conditions

Fig. 34. Appropriate Testing for Pharyngitis (CWP): 3–17 Years



Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years. Due to changes in measure specification, NCQA indicated that trending MY2020–MY2022 with previous years should be considered with caution.

Fig. 35. CWP: 18-64 Years



Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years. Due to changes in measure specification, NCQA indicated that trending MY2020–MY2022 with previous years should be considered with caution.

Fig. 36. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

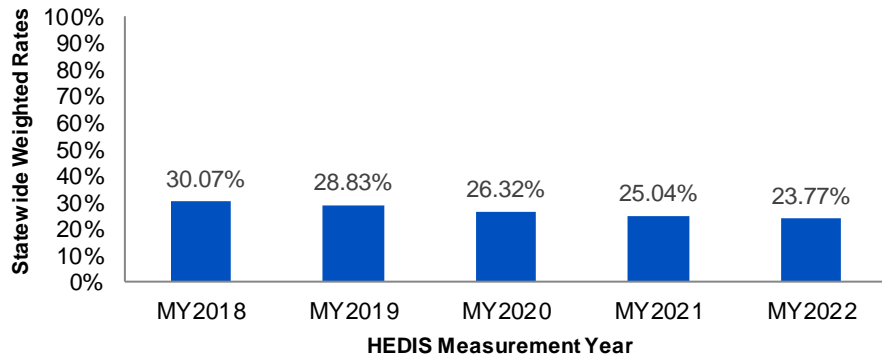
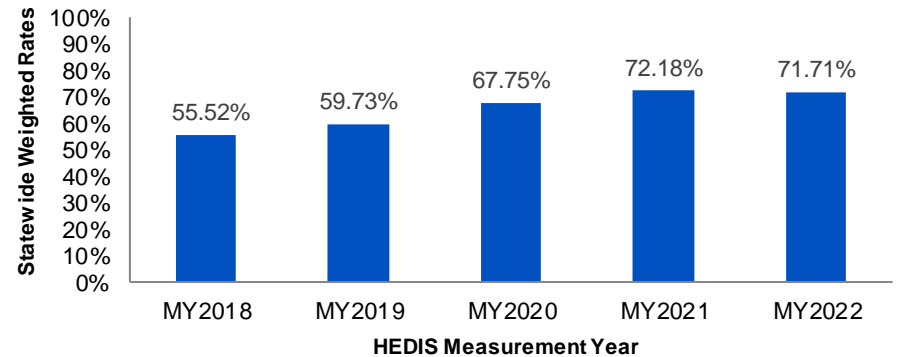
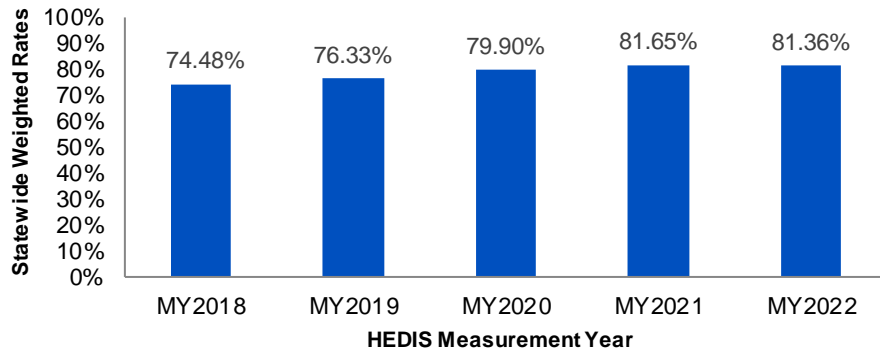


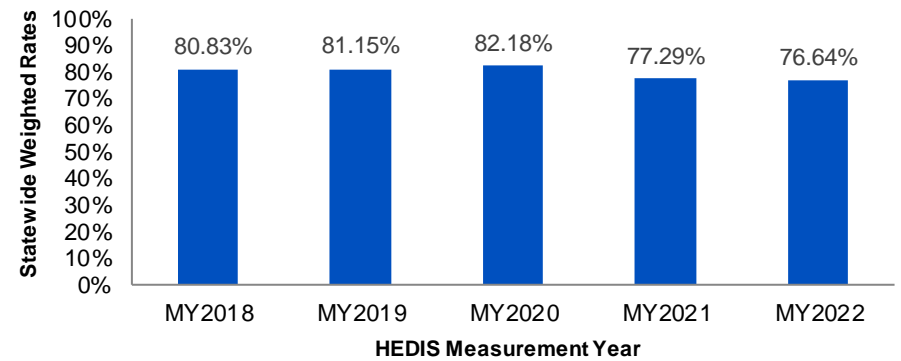
Fig. 37. Pharmacotherapy Management of COPD Exacerbation (PCE): Systemic Corticosteroid



**Fig. 38. PCE: Bronchodilator**

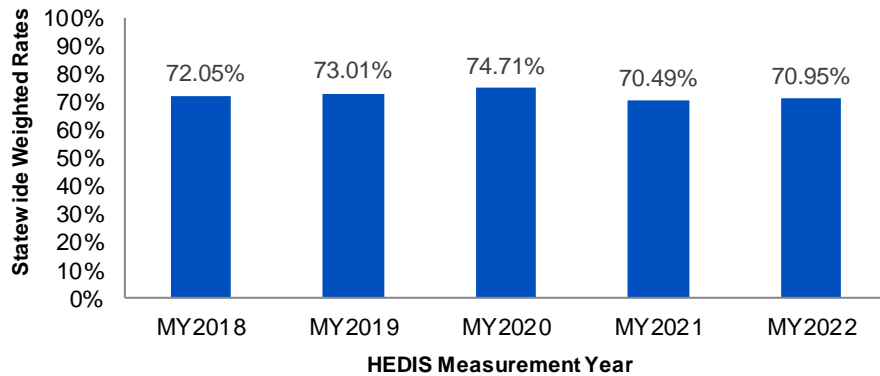


**Fig. 39. Asthma Medication Ratio (AMR): 5–11 Years**



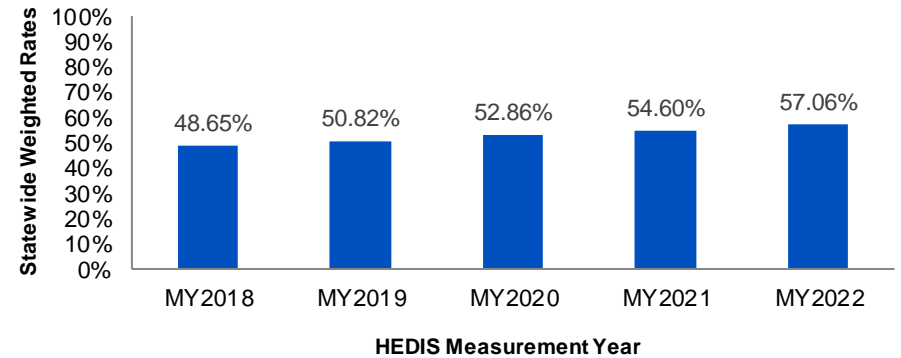
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

**Fig. 40. AMR: 12–18 Years**



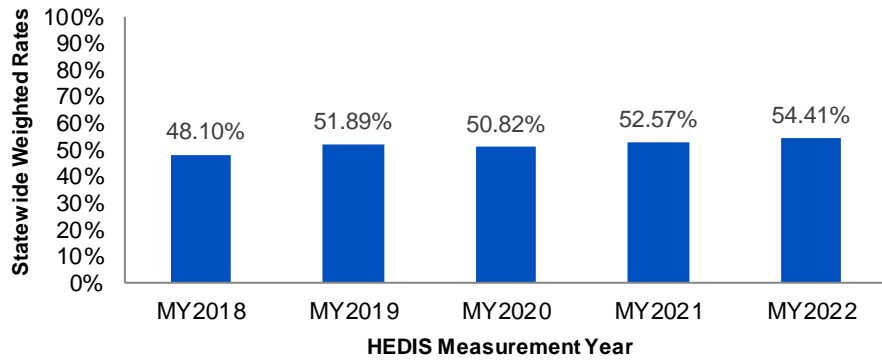
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

**Fig. 41. AMR: 19–50 Years**



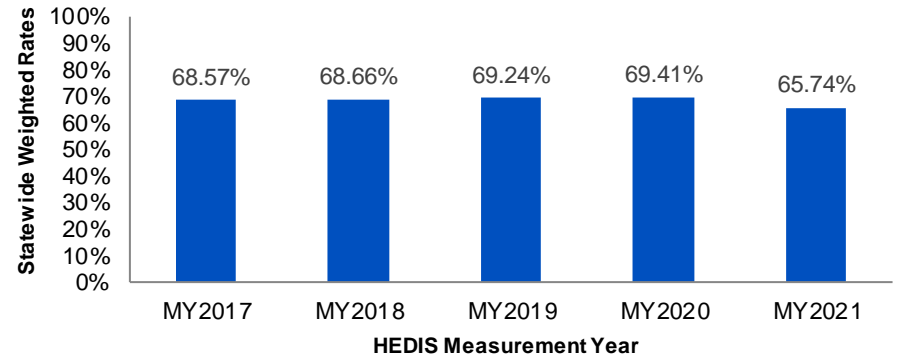
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

Fig. 42. AMR: 51–64 Years



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

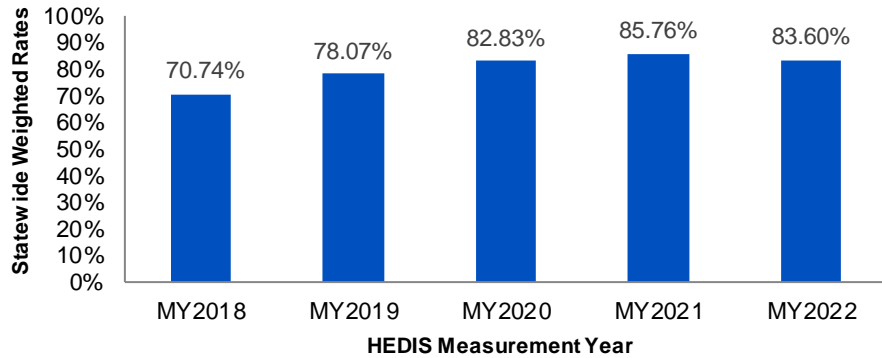
Fig. 43. AMR: Total



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2019 with previous years should be considered with caution.

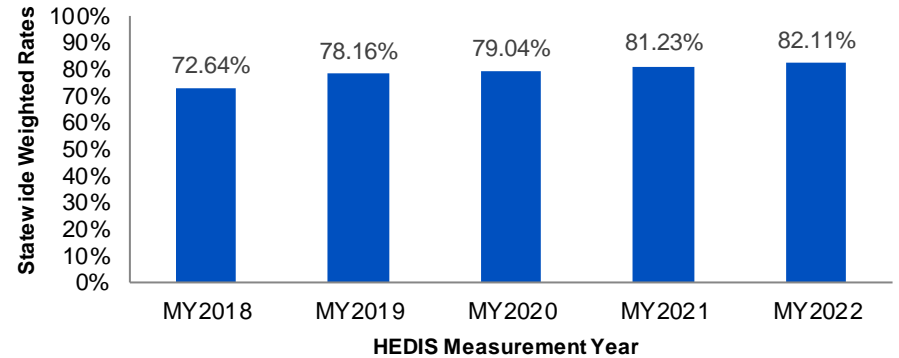
### Effectiveness of Care Measures: Cardiovascular Conditions

**Fig. 44. Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**



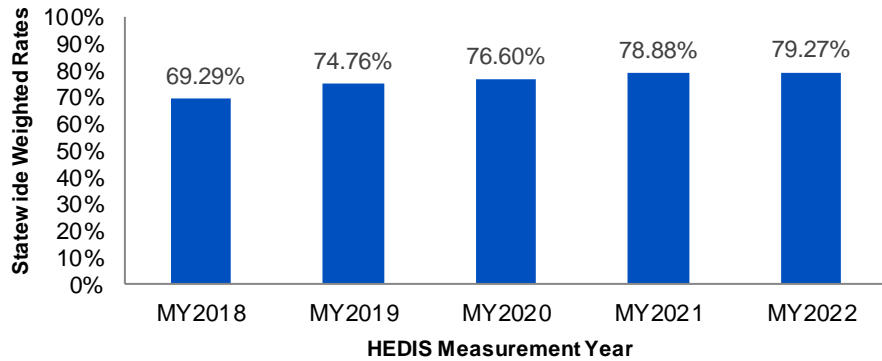
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

**Fig. 45. Statin Therapy for Patients with Cardiovascular Disease (SPC)—Received Statin Therapy: Males 21–75 Years**



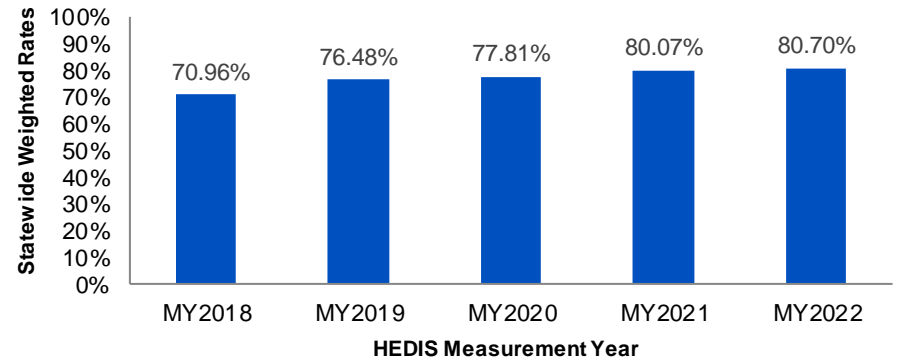
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 46. SPC—Received Statin Therapy: Females 40–75 Years**



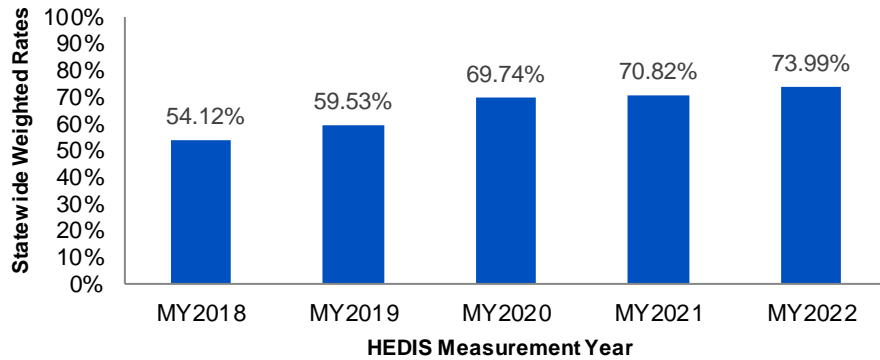
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 47. SPC—Received Statin Therapy: Total**



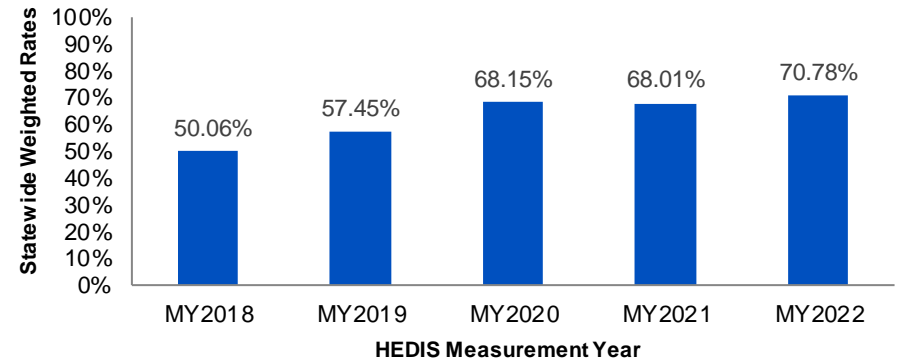
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

Fig. 48. SPC—Statin Adherence 80%: Males 21–75 Years



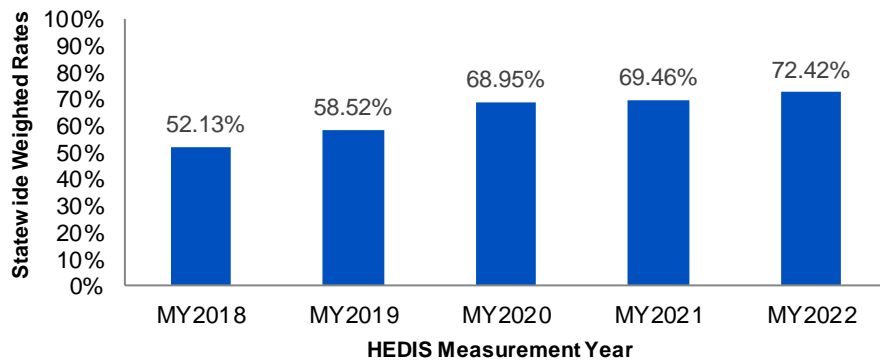
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020-MY2018 with previous years should be considered with caution.

Fig. 49. SPC—Statin Adherence 80%: Females 40–75 Years



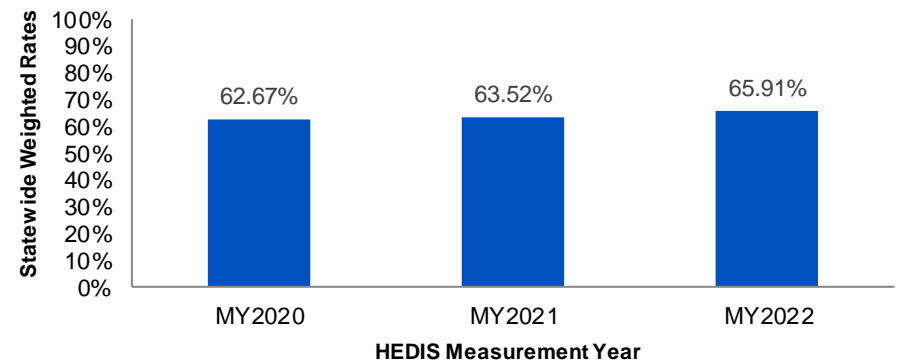
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020-MY2018, and previous years should be considered with caution.

Fig. 50. SPC—Statin Adherence 80%: Total



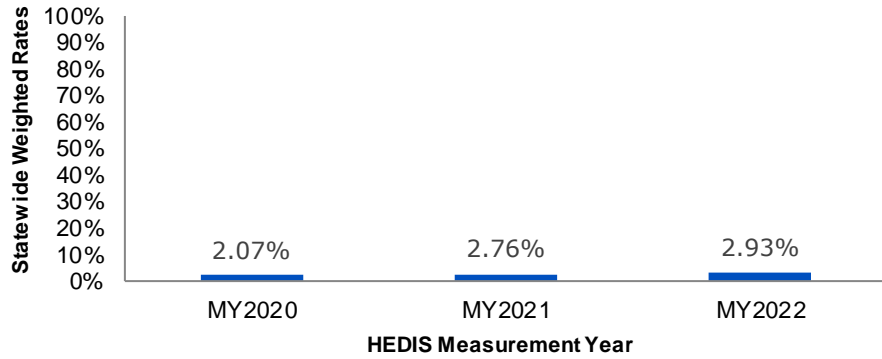
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

Fig. 51. Controlling High Blood Pressure (CBP)



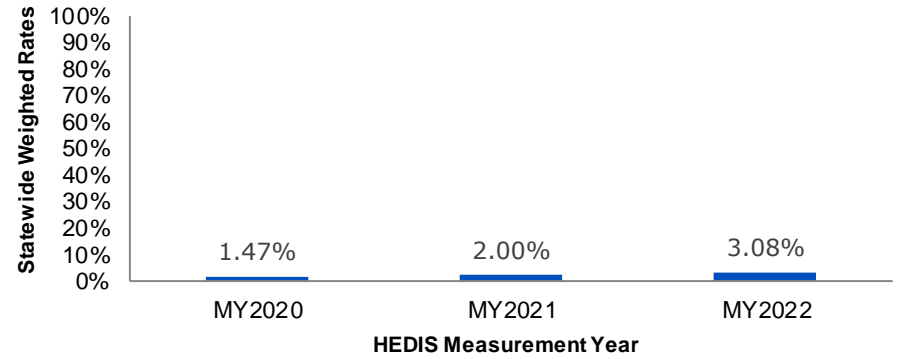
Footnote: Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

Fig. 52. CRE—Initiation



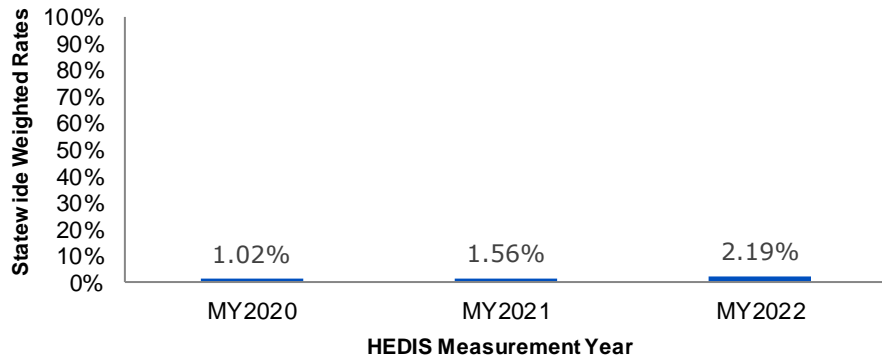
Footnote: First-year measure in MY2020.

Fig. 53. CRE—Engagement 1



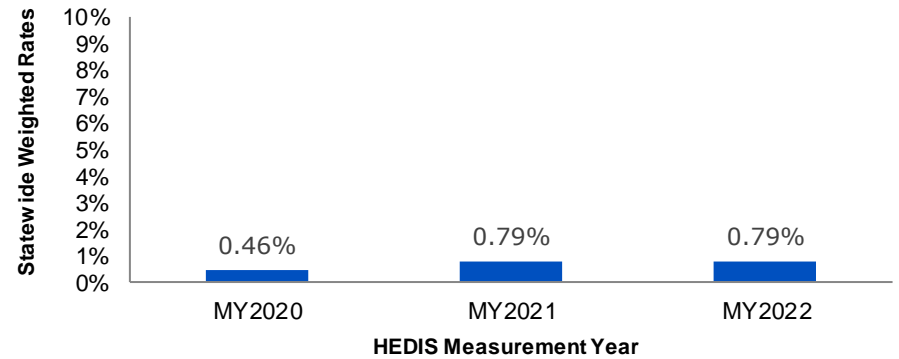
Footnote: First-year measure in MY2020.

Fig. 54. CRE—Engagement 2



Footnote: First-year measure in MY2020.

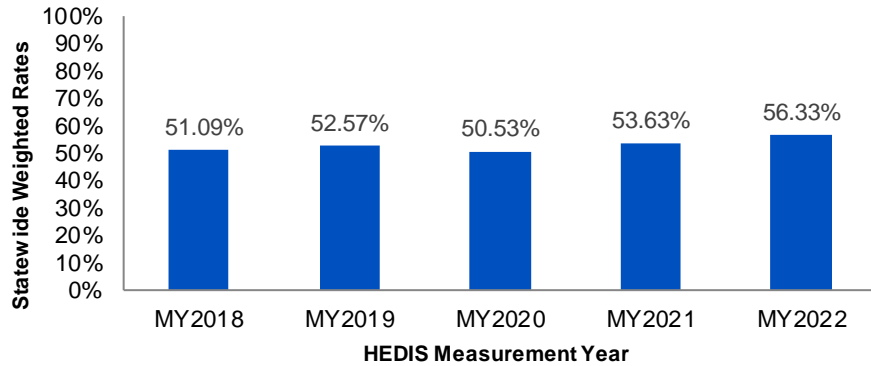
Fig. 55. CRE—Achievement



Footnote: First-year measure in MY2020.

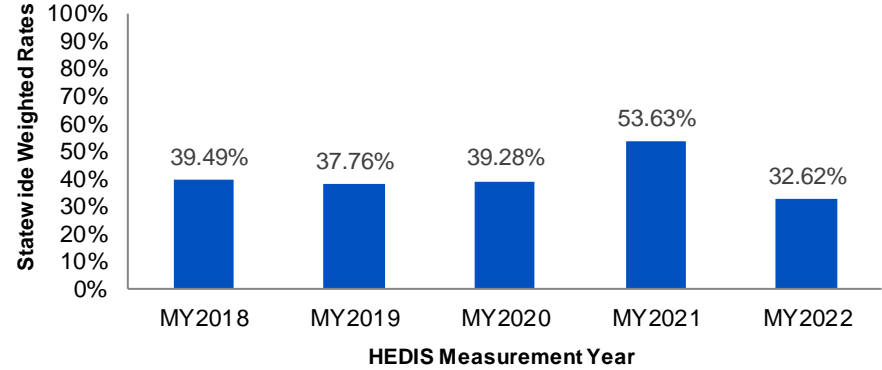
### Effectiveness of Care Measures: Diabetes

**Fig. 56. HBD: HbA1c Control (<8.0%) for Patients With Diabetes**



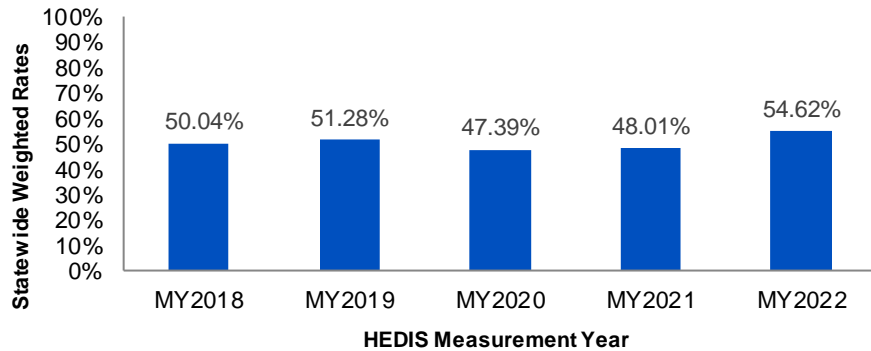
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2018 with previous years should be considered with caution.

**Fig. 57. HBD: HbA1c Poor Control (>9.0%) for Patients With Diabetes\***



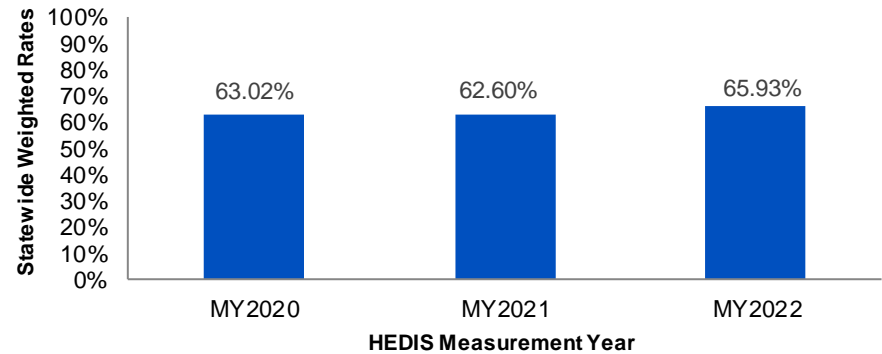
\*Lower rates for this measure indicate better performance.  
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 58. EED: Eye Exam for Patients With Diabetes**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

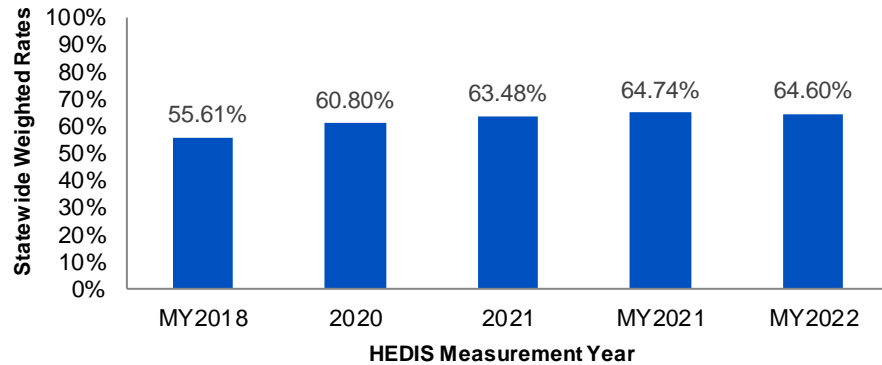
**Fig. 59. BPD: Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)**



Footnote: Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

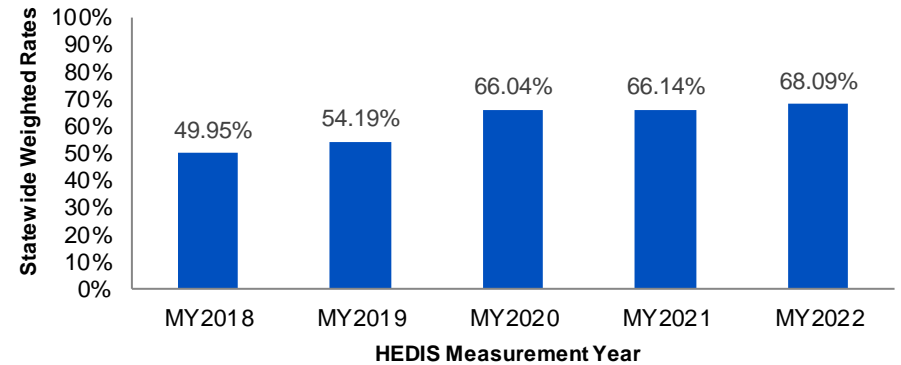


**Fig. 60. Statin Therapy for Patients with Diabetes (SPD): Received Statin Therapy: 40-75 years**



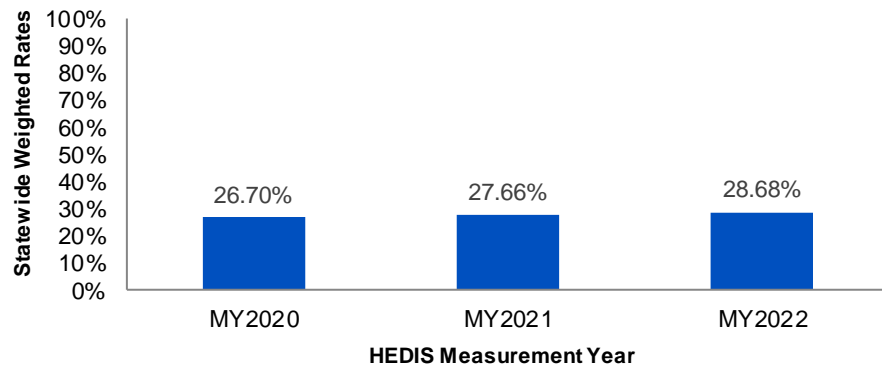
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2018 with previous years should be considered with caution.

**Fig. 61. SPD: Statin Adherence 80%: 40-75 years**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020-MY2018 with previous years should be considered with caution.

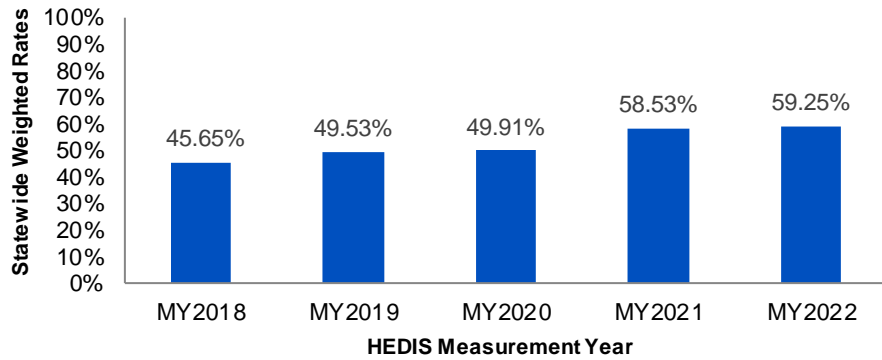
**Fig. 62. Kidney Health Evaluation for Patients with Diabetes (KED): 18-64 years**



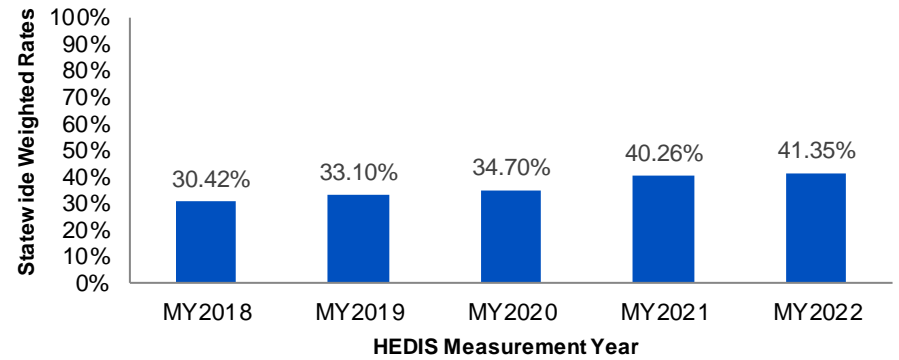
Footnote: First-year measure in MY2020.

**Effectiveness of Care Measures: Behavioral Health**

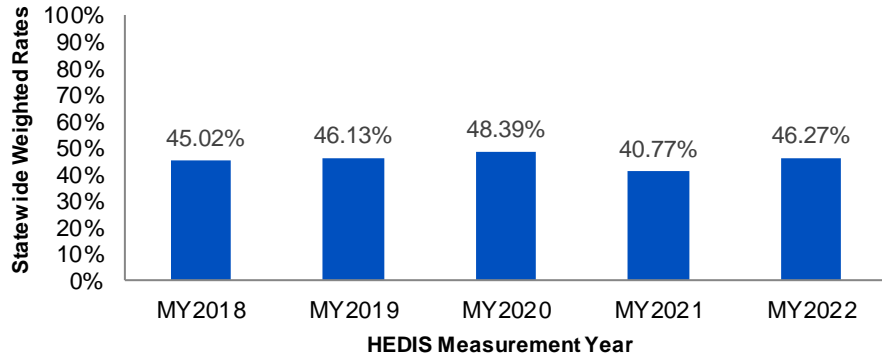
**Fig. 63. Antidepressant Medication Management (AMM): Effective Acute Phase Treatment**



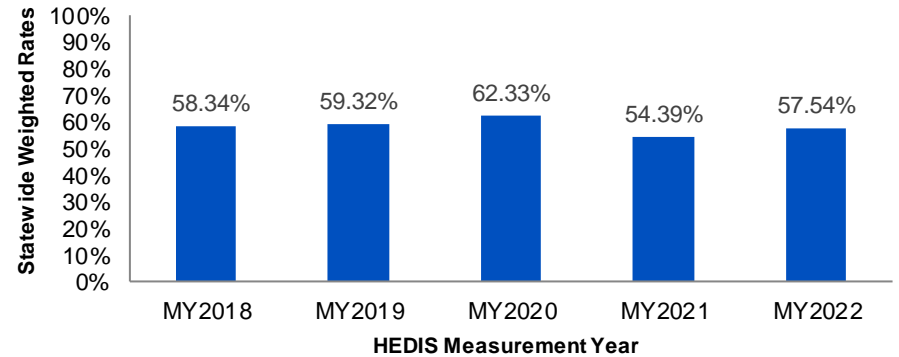
**Fig. 64. AMM: Effective Continuation Phase Treatment**



**Fig. 65. Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase**



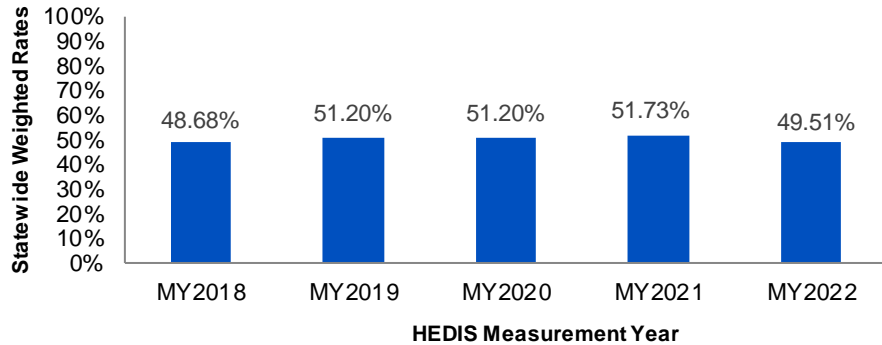
**Fig. 66. ADD: Continuation and Maintenance Phase**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

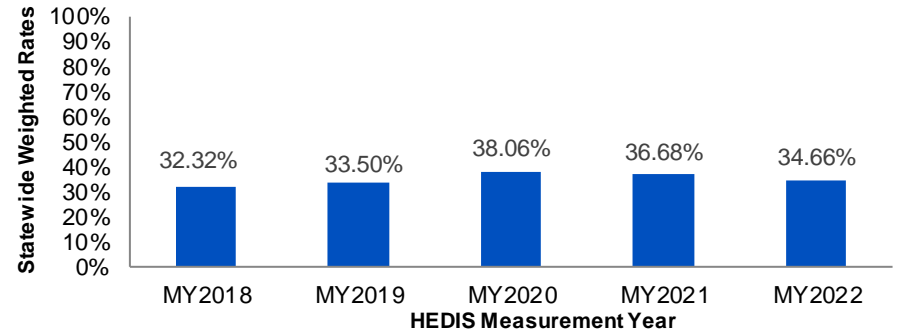
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 67. Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up: 6–17 Years**



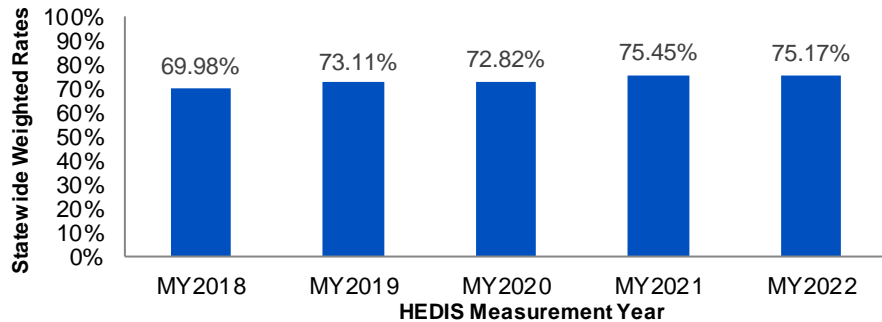
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 68. FUH—7-Day Follow-Up: 18–64 Years**



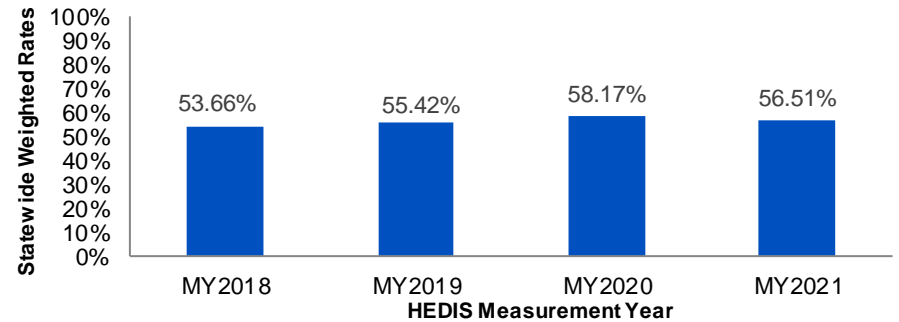
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 69. FUH—30-Day Follow-Up: 6–17 Years**



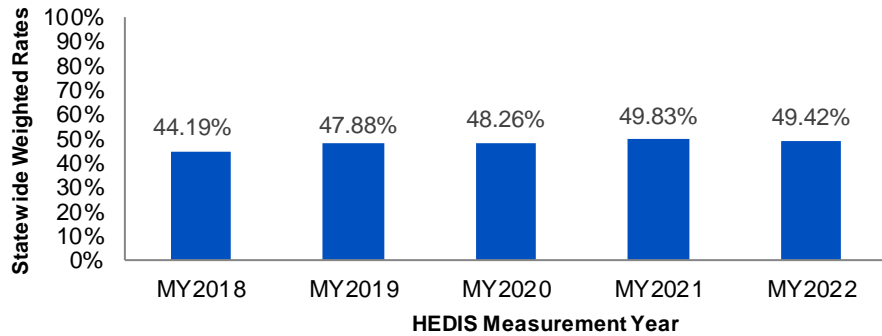
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 70. FUH—30-Day Follow-Up: 18–64 Years**



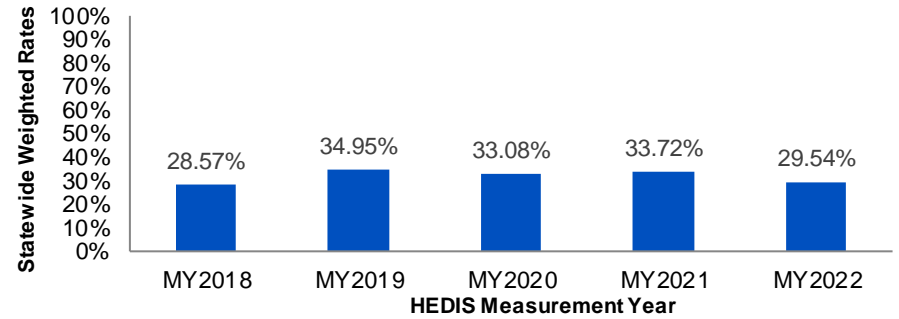
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

**Fig. 71. Follow-Up After Emergency Department Visit for Mental Illness (FUM)—7-Day Follow-Up: 6–17 Years**



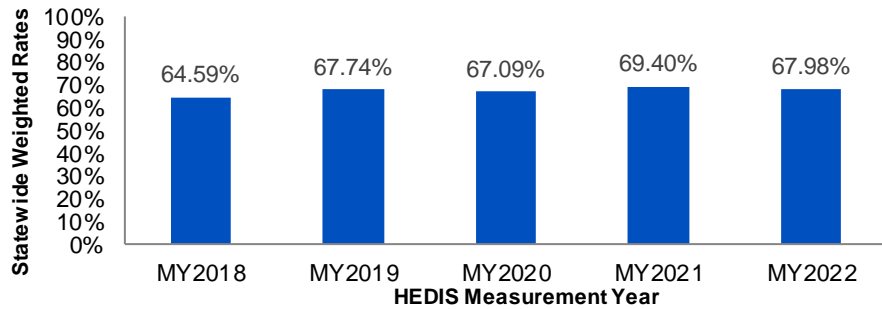
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 72. FUM—7-Day Follow-Up: 18–64 Years**



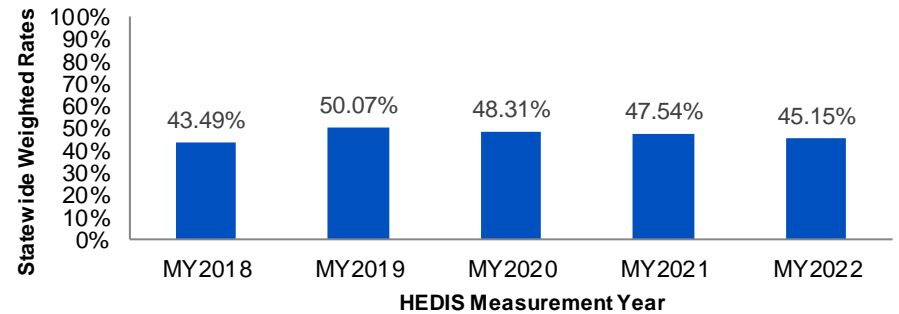
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 73. FUM—30-Day Follow-Up: 6–17 Years**



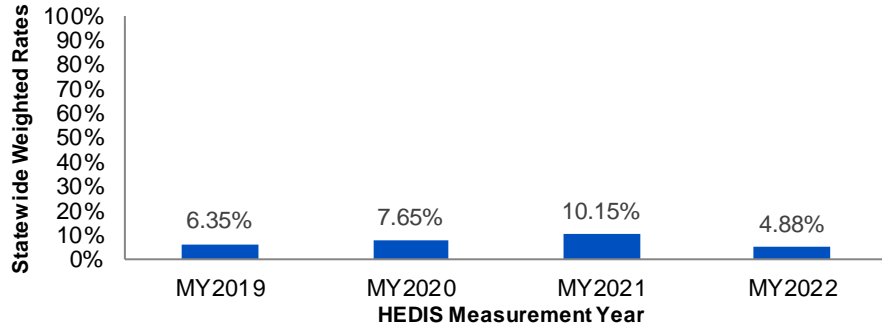
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 74. FUM—30-Day Follow-Up: 18–64 Years**

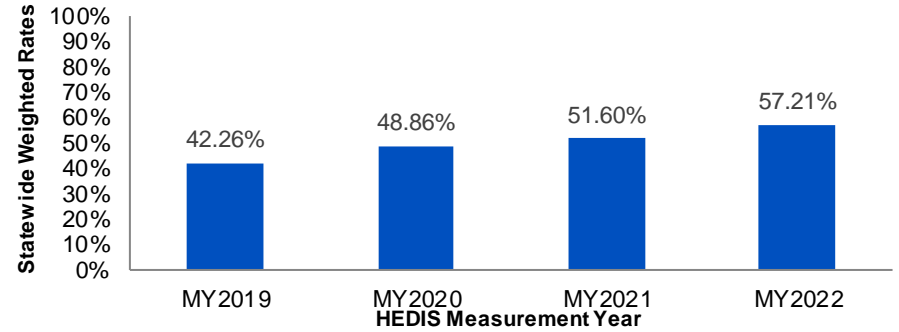


Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 75. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)—7-Day Follow-Up: 13–17 Years**      **Fig. 76. FUI—7-Day Follow-Up: 18–64 Years**

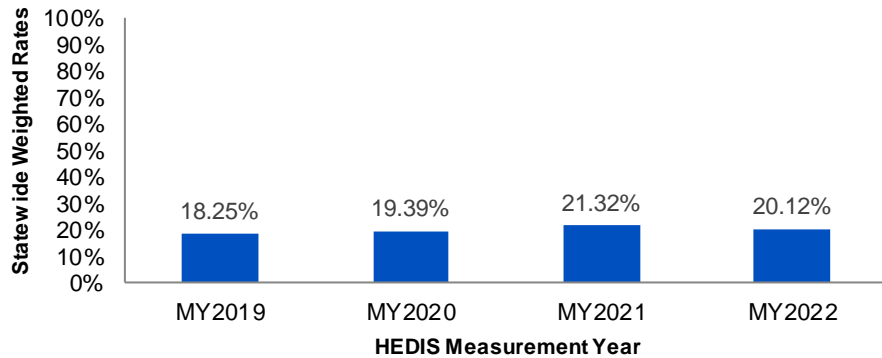


Footnote: First-year measure in MY2019. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.



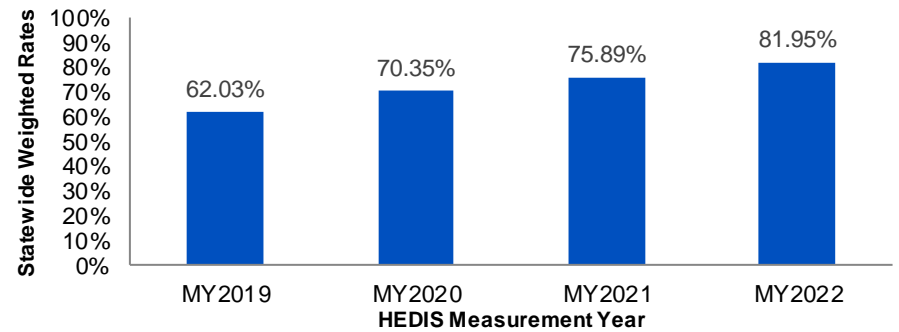
Footnote: First-year measure in MY2019. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 77. FUI—30-Day Follow-Up: 13–17 Years**



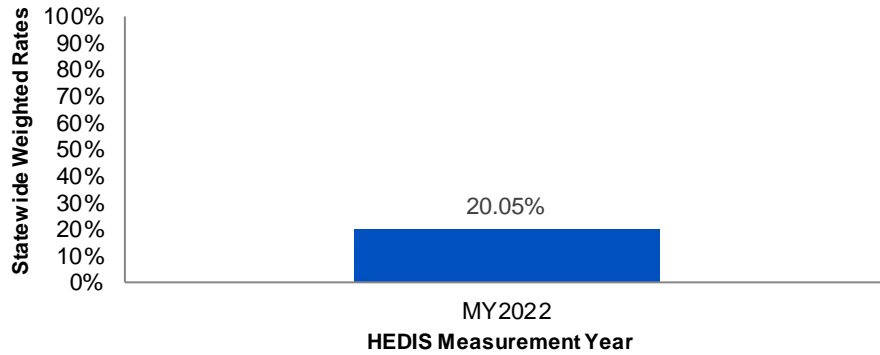
Footnote: First-year measure in MY2019. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 78. FUI—30-Day Follow-Up: 18–64 Years**



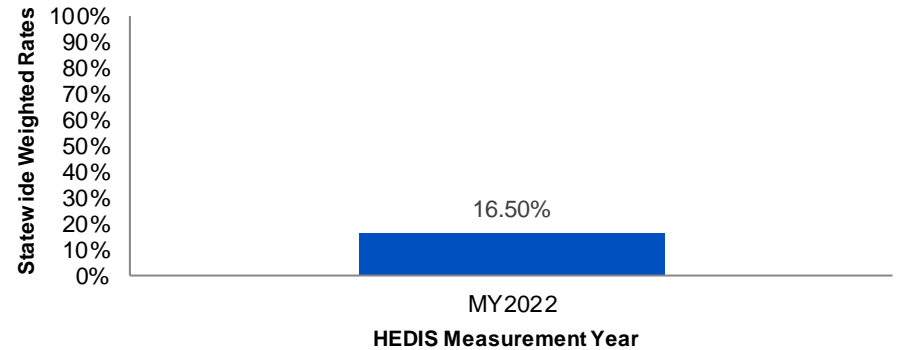
Footnote: First-year measure in MY2019. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

**Fig. 79. Follow-Up After ED Visit for Substance Use (FUA)—7-Day Follow-Up: 13–17 Years**



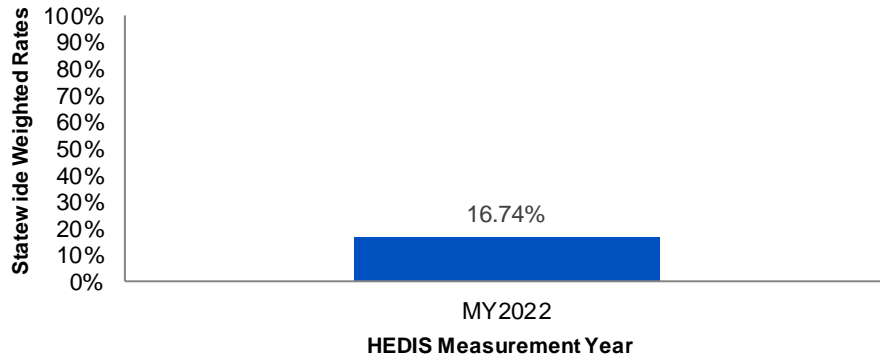
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 80. FUA—7-Day Follow-Up: ≥18 Years**



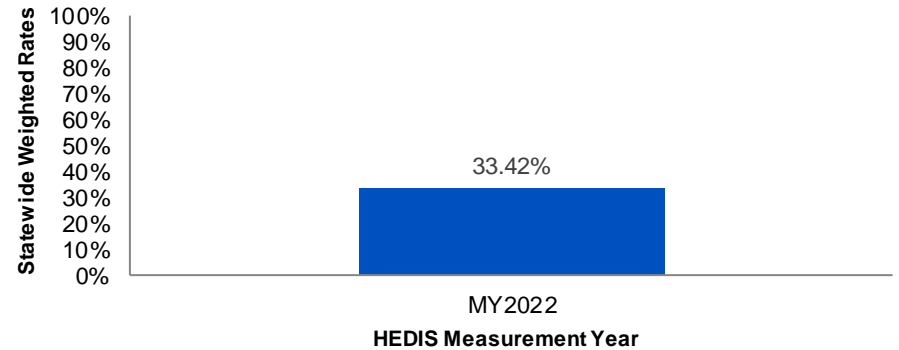
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 81. FUA—7-Day Follow-Up: Total**



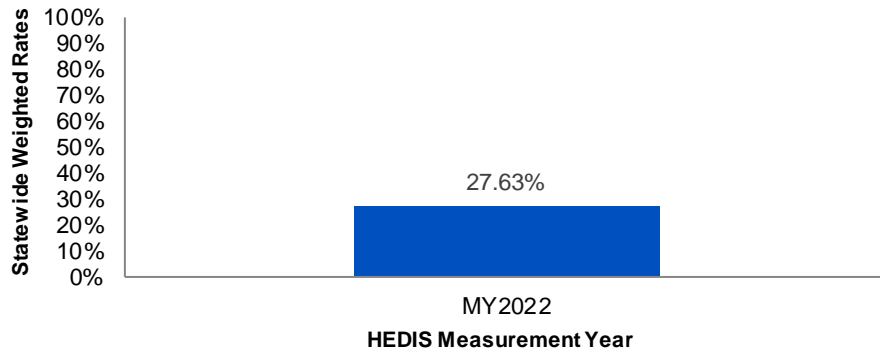
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 82. FUA—30-Day Follow-Up: 13–17 Years**



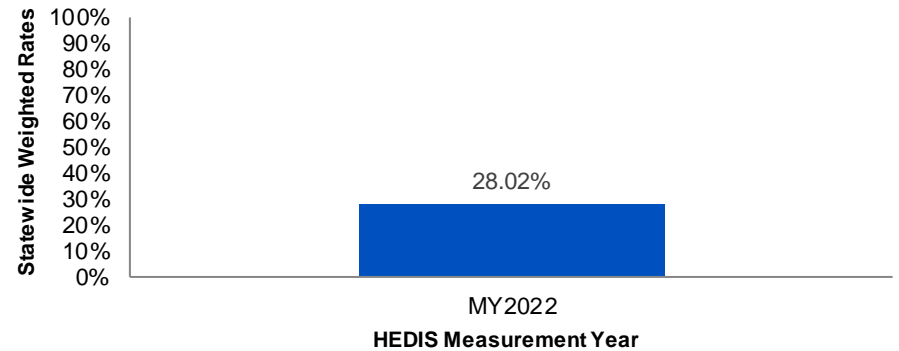
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 83. FUA—30-Day Follow-Up: ≥18 Years**



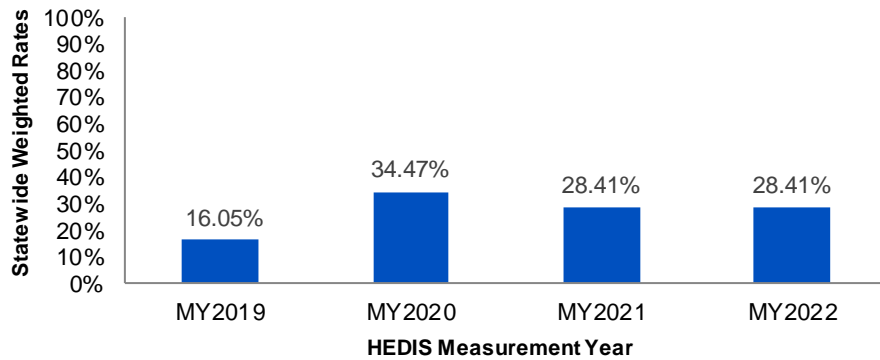
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 84. FUA—30-Day Follow-Up: Total**



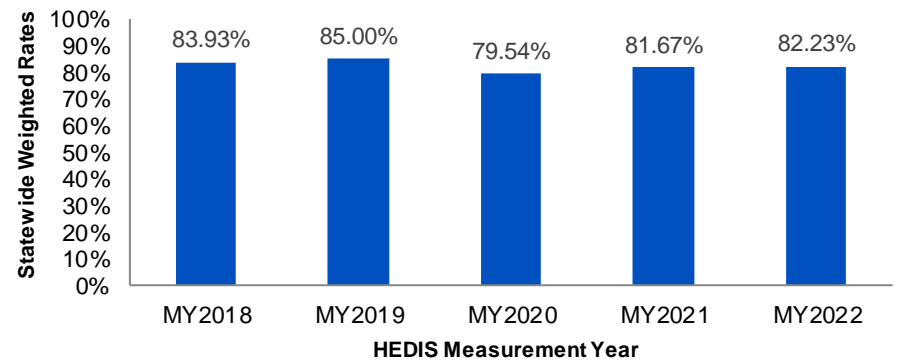
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 85. Pharmacotherapy for Opioid Use Disorder (POD)**

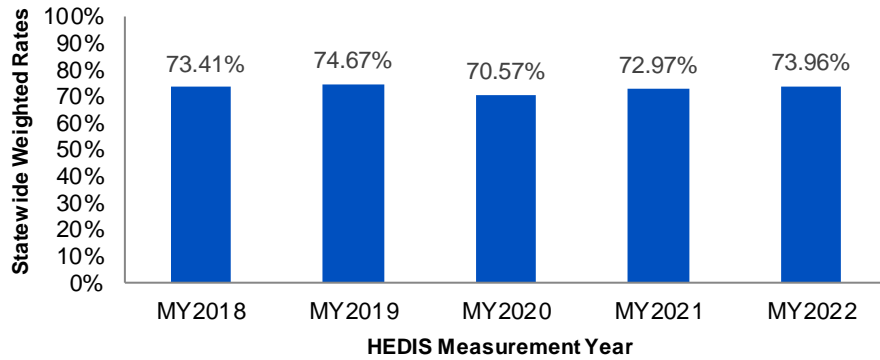


Footnote: First-year measure in MY2019. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

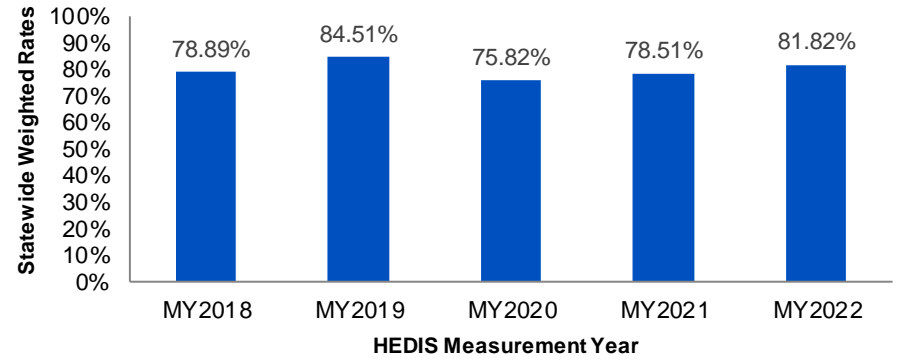
**Fig. 86. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)**



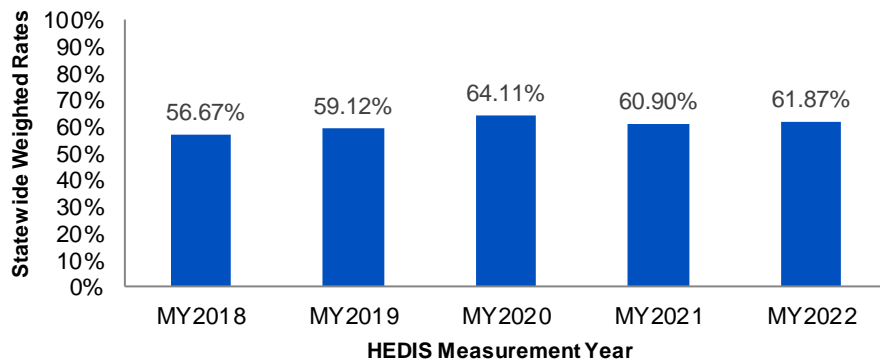
**Fig. 87. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)**



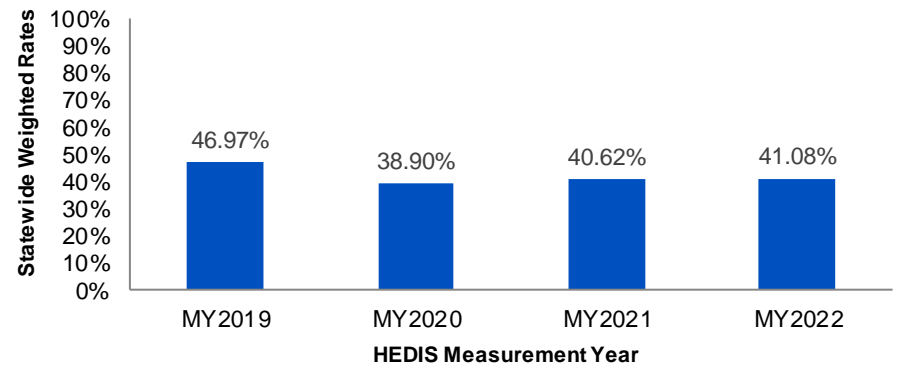
**Fig. 88. Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)**



**Fig. 89. Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)**



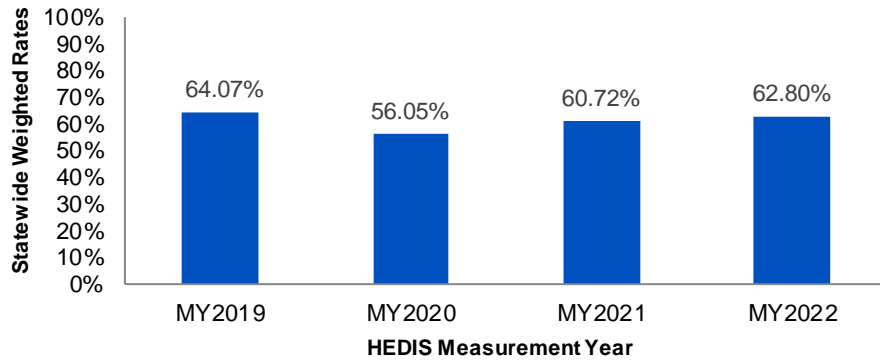
**Fig. 90. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Blood Glucose Testing: 1–11 Years**



Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

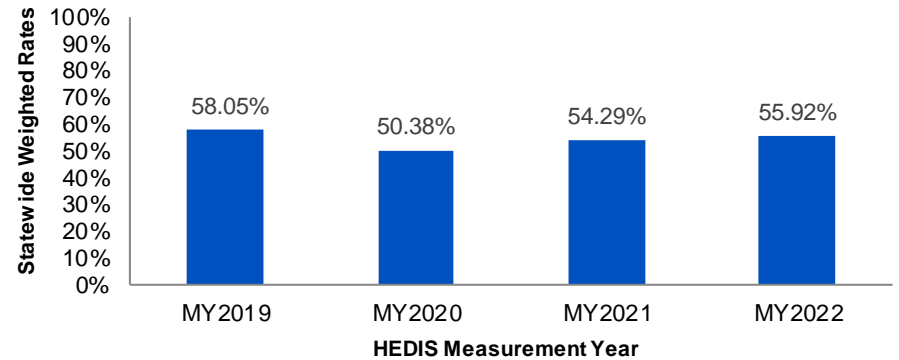


**Fig. 91. APM—Blood Glucose Testing: 12–17 Years**



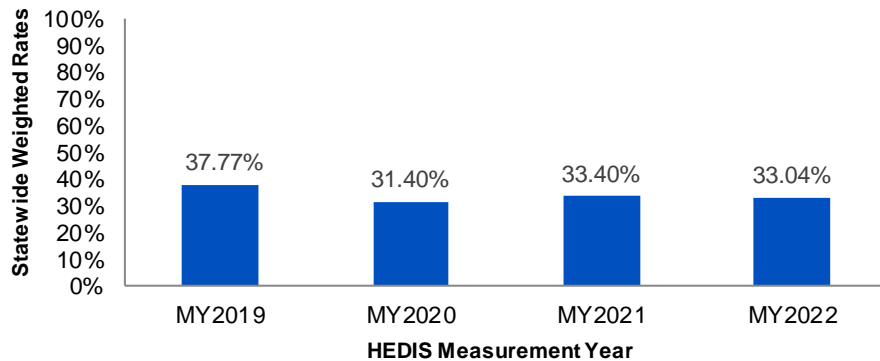
Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

**Fig. 92. APM—Blood Glucose Testing: Total**



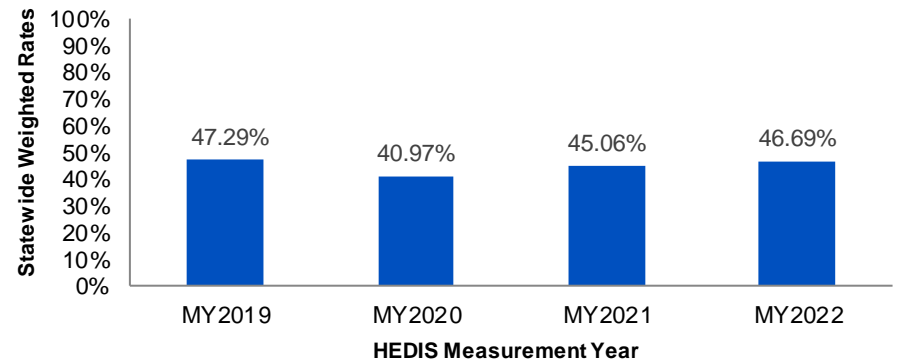
Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

**Fig. 93. APM—Cholesterol Testing: 1-11 Years**



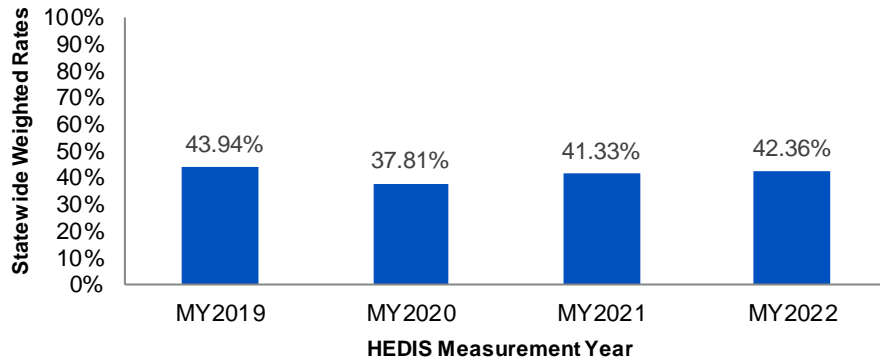
Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

**Fig. 94. APM—Cholesterol Testing: 12-17 Years**



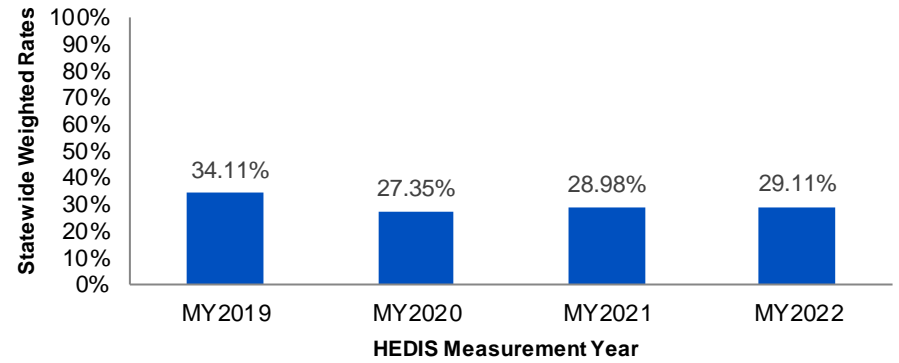
Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

Fig. 95. APM—Cholesterol Testing: Total



Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

Fig. 96. APM—Blood Glucose and Cholesterol Testing: 1-11 Years



Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

Fig. 97. APM—Blood Glucose and Cholesterol Testing: 12-17 Years

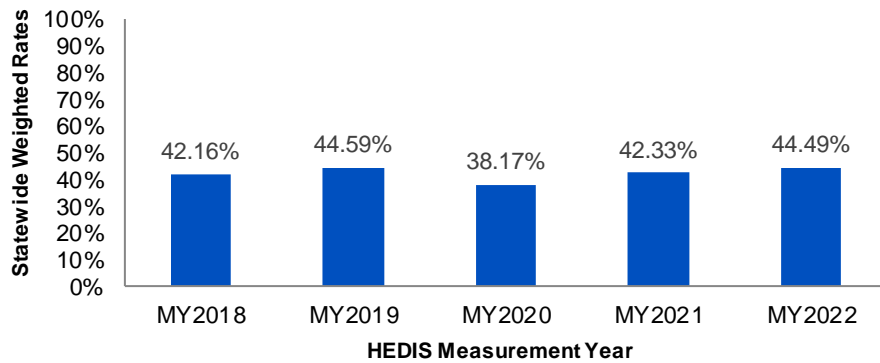
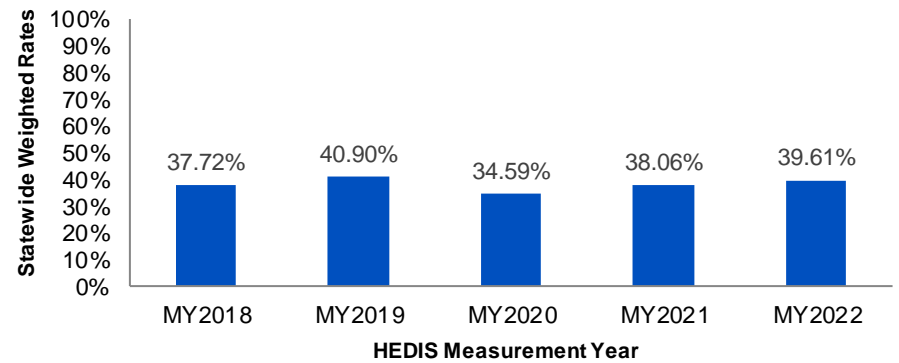
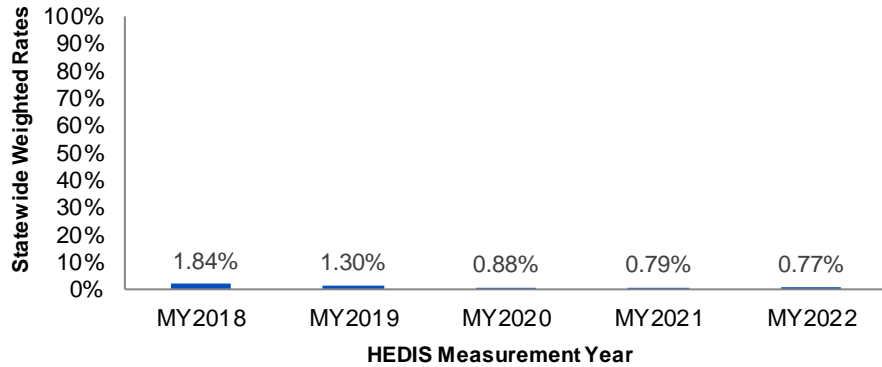


Fig. 98. APM: Blood Glucose and Cholesterol Testing: Total



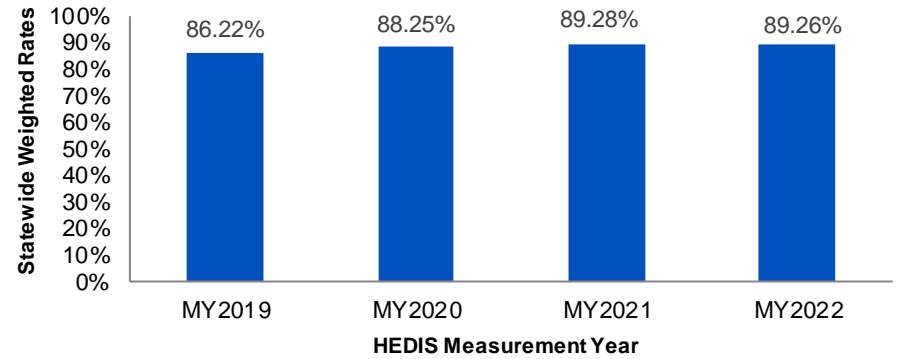
**Effectiveness of Care Measures: Overuse/Appropriateness**

**Fig. 99. Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)\***



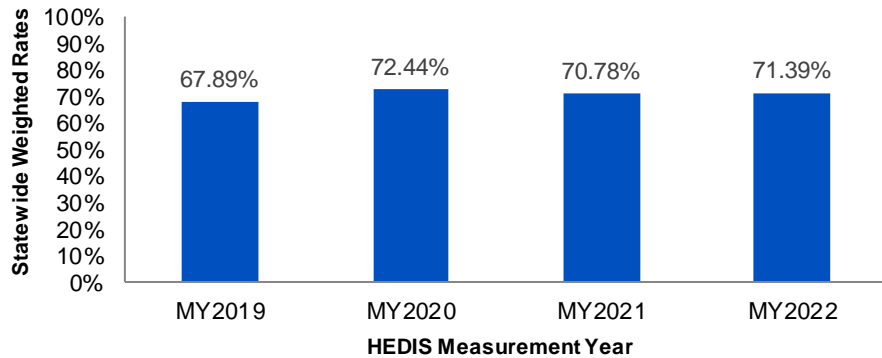
\*Lower rates for this measure indicate better performance.

**Fig. 100. Appropriate Treatment for Upper Respiratory Infection (URI): 3 Months–17 Years**



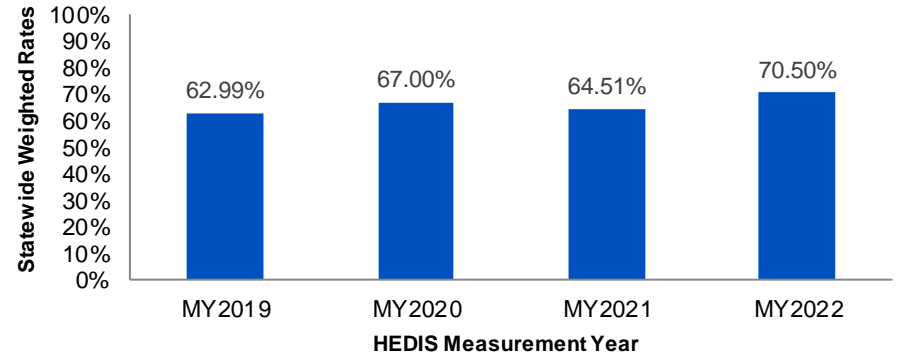
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years.

**Fig. 101. URI: 18–64 Years**



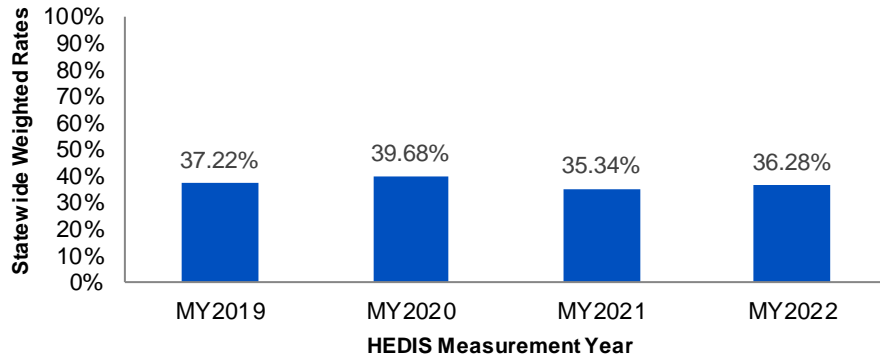
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years.

**Fig. 102. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB): 3 Months–17 Years**



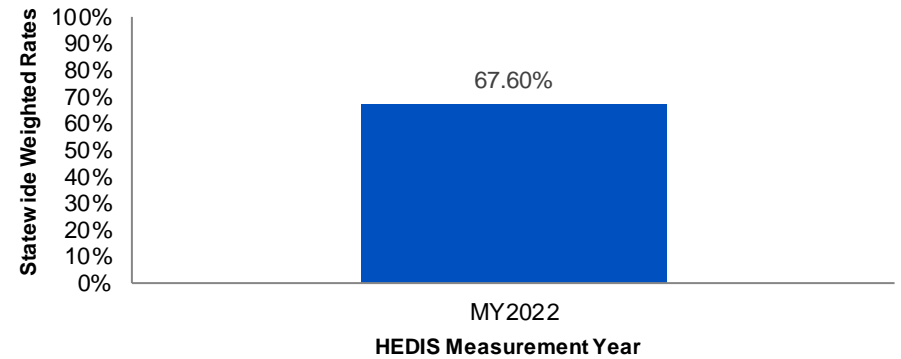
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years.

Fig. 103. AAB: 18–64 Years



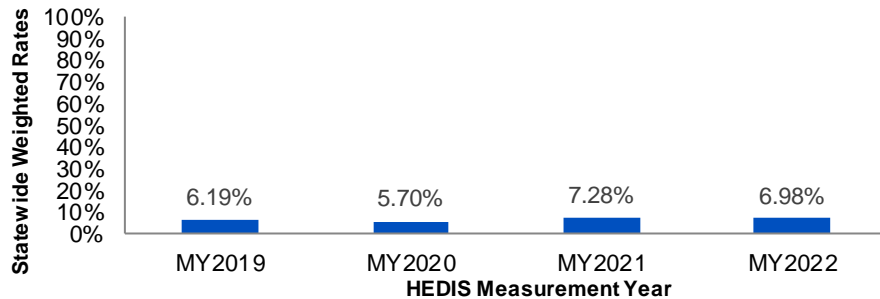
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years.

Fig. 104. Use of Imaging Studies for Low Back Pain (LBP)



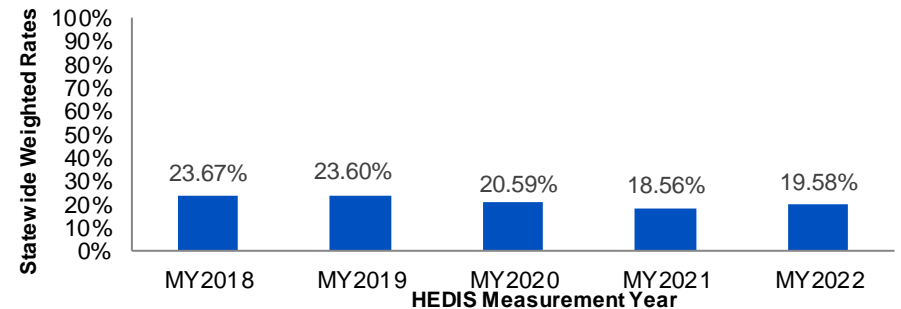
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 105. Use of Opioids at High Dosage (HDO): Total\*



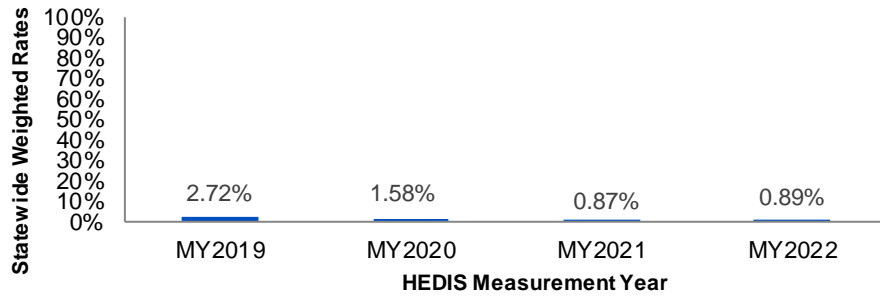
\*Lower rates for this measure indicate better performance.  
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years. NCQA also indicated that trending MY2020 with previous years should be considered with caution.

Fig. 106. Use of Opioids from Multiple Providers (UOP): Multiple Prescribers\*



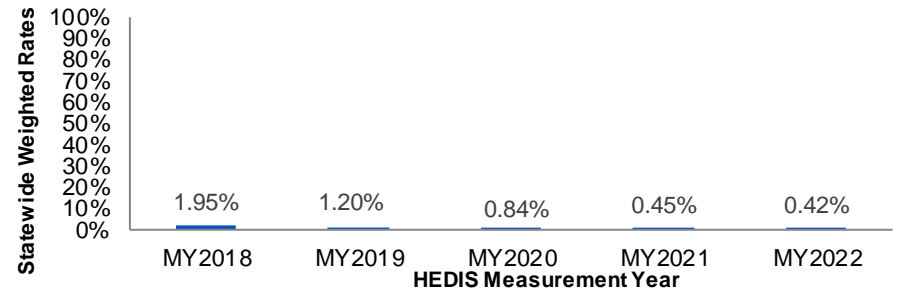
\*Lower rates for this measure indicate better performance.  
Footnote: NCQA indicated a break in trending in MY2018 due to measure results being displayed as percentage. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

Fig. 107. UOP: Multiple Pharmacies\*



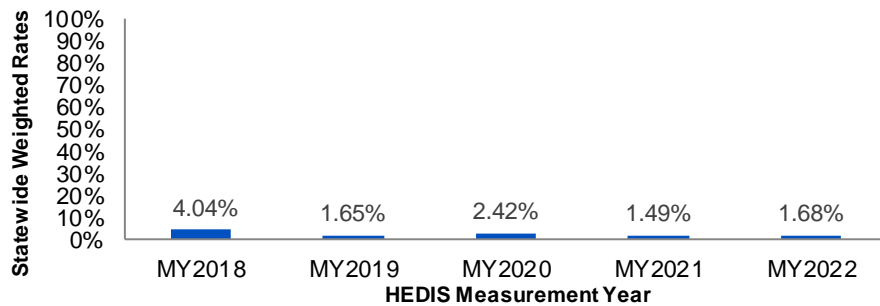
\*Lower rates for this measure indicate better performance.  
 Footnote: NCQA indicated a break in trending in MY2018 due to measure results being displayed as percentage. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

Fig. 108. UOP: Multiple Prescribers and Pharmacies\*



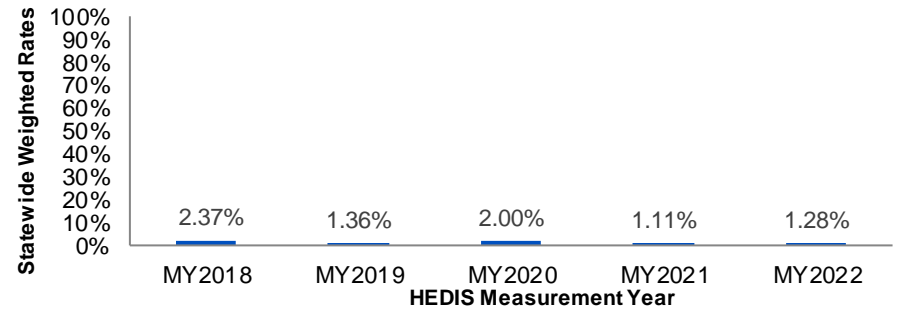
\*Lower rates for this measure indicate better performance.  
 Footnote: NCQA indicated a break in trending in MY2018 due to measure results being displayed as percentage. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

Fig. 109. Risk of Continued Opioid Use (COU): ≥15 days/30-day period\*



\*Lower rates for this measure indicate better performance.  
 Footnote: First-year measure in MY2018. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

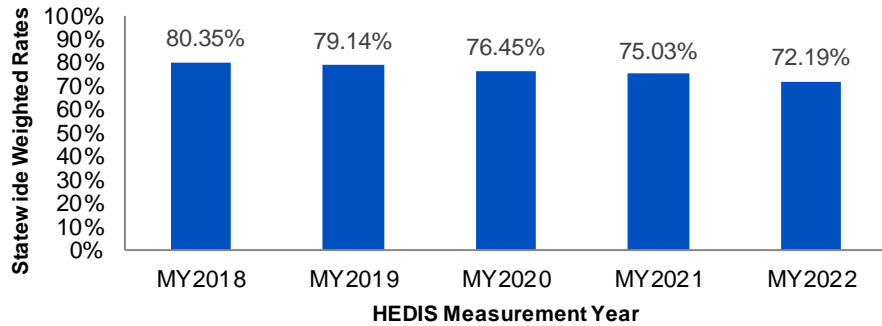
Fig. 110. COU: ≥ 31 days/62-day period\*



\*Lower rates for this measure indicate better performance.  
 Footnote: First-year measure in MY2018. Due to changes in measure specification, NCQA indicated that trending MY2020 with previous years should be considered with caution.

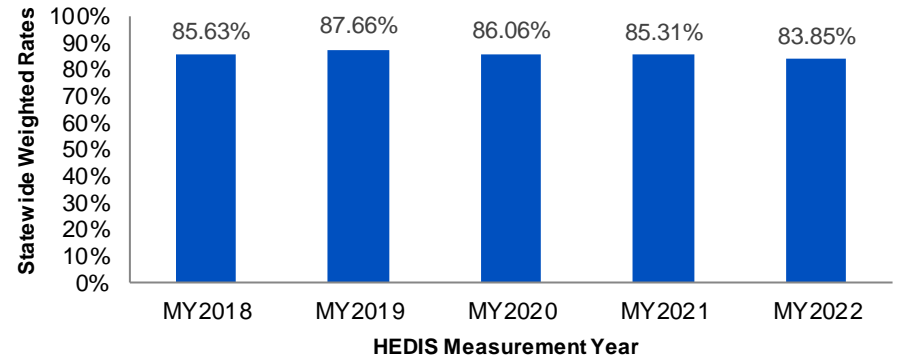
### Access/Availability of Care Measures

**Fig. 111. Adults' Access to Preventive/Ambulatory Health Services (AAP): 20–44 Years**



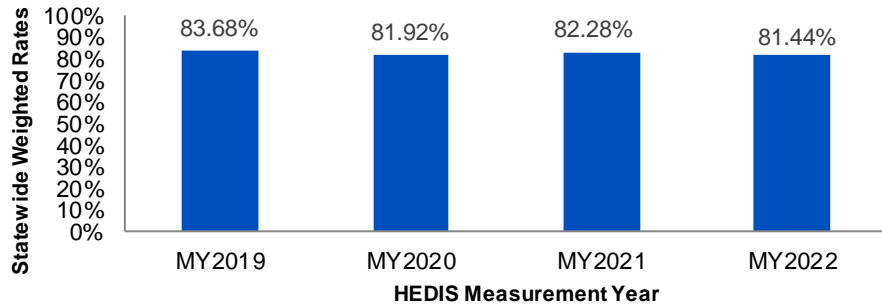
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2019 and MY2018 with previous years should be considered with caution.

**Fig. 112. AAP: 45–64 Years**



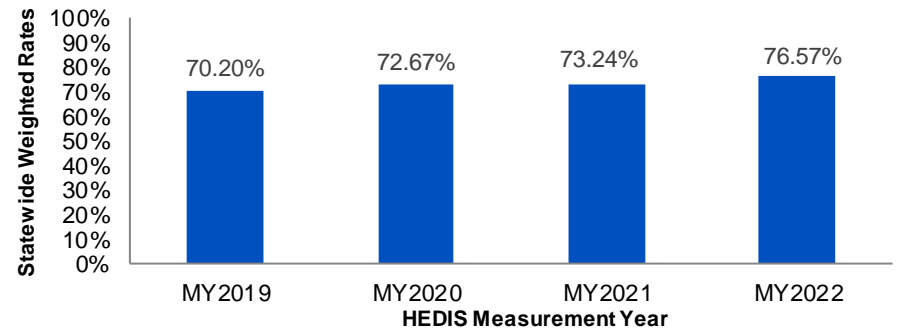
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2019 and MY2018 with previous years should be considered with caution.

**Fig. 113. Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care**



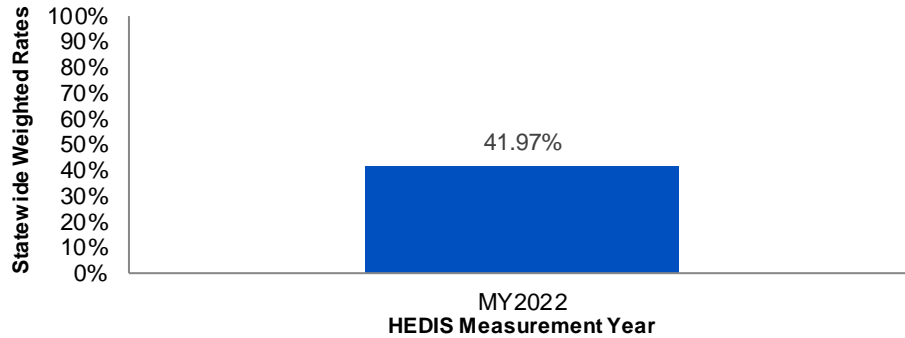
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2022 with previous years should be considered with caution.

**Fig. 114. PPC: Postpartum Care**



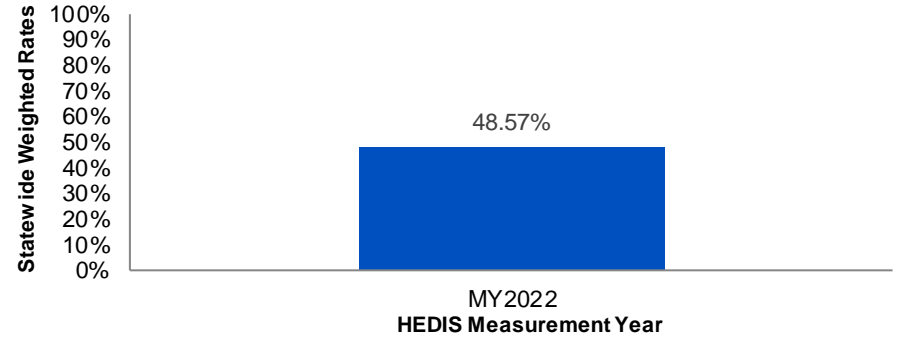
Footnote: Due to changes in measure specification, NCQA indicated that trending MY2020 and MY2022 with previous years should be considered with caution.

Fig. 115. IET—Initiation: 13-17 Years: Alcohol



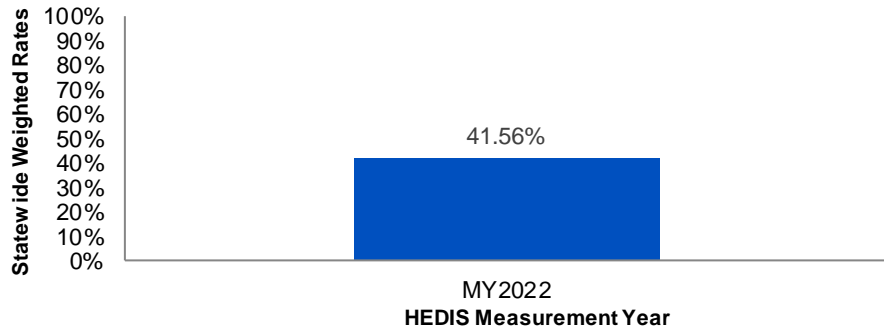
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 116. IET—Initiation: 13-17 Years: Opioid



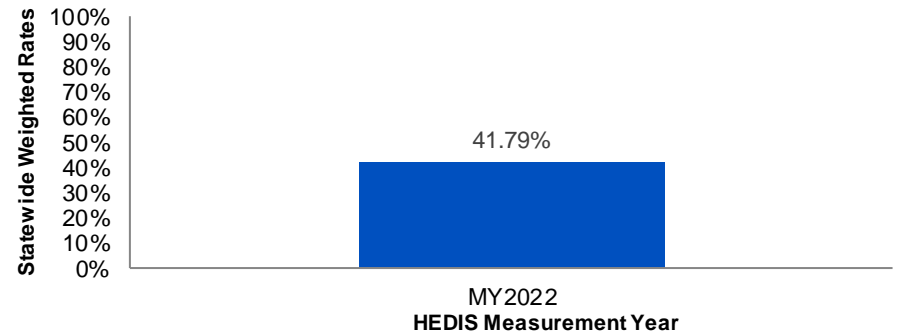
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 117. IET—Initiation: 13-17 Years: Other Drug



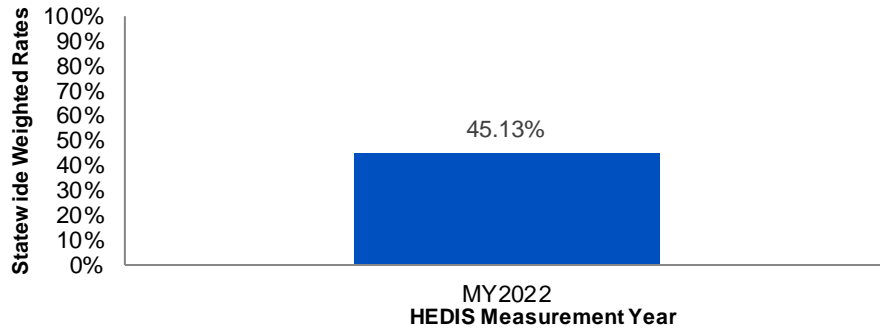
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 118. IET—Initiation: 13-17 Years: Total



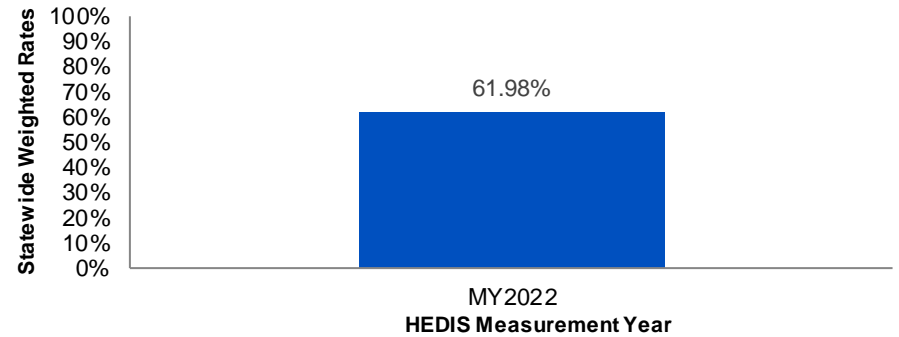
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 119. IET—Initiation: ≥18 Years: Alcohol



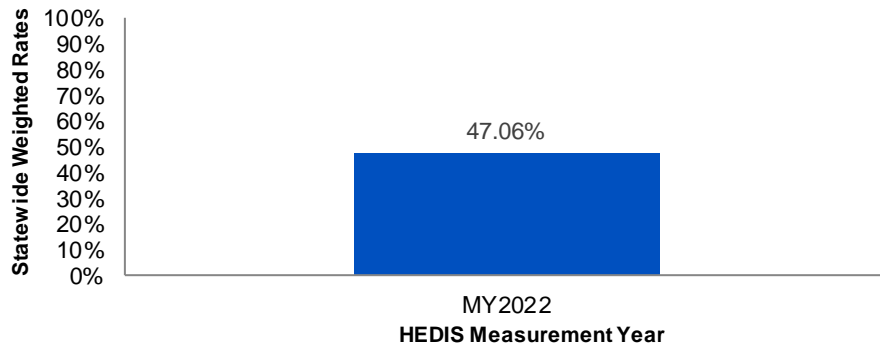
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 120. IET—Initiation: ≥18 Years: Opioid



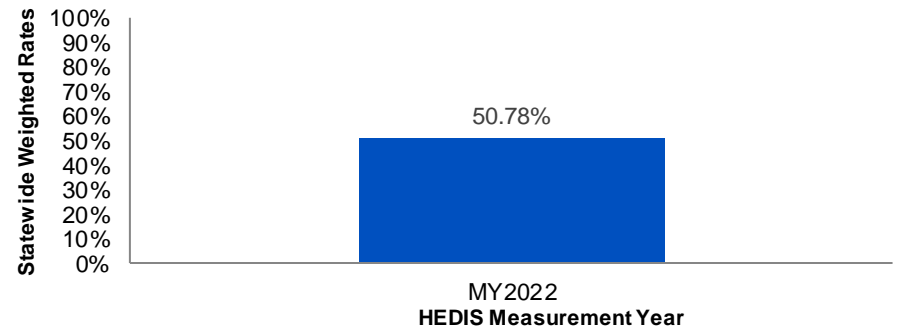
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 121. IET—Initiation: ≥18 Years: Other Drug



Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

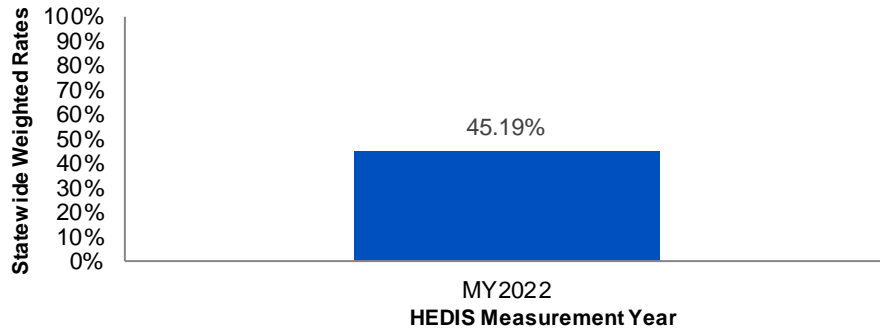
Fig. 122. IET—Initiation: ≥18 Years Total



Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

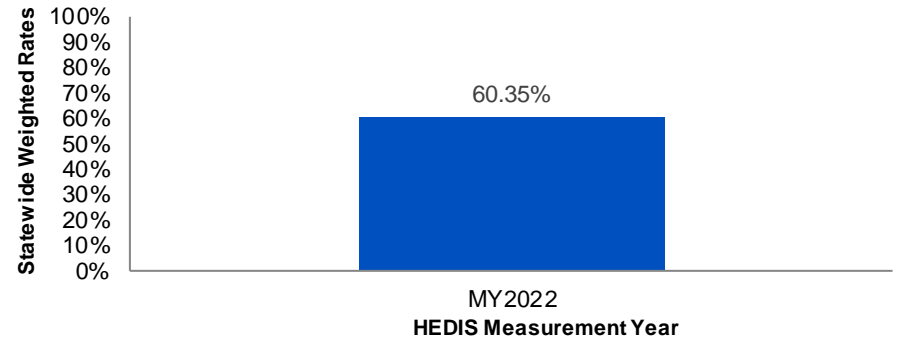


**Fig. 123. IET—Initiation: Total: Alcohol**



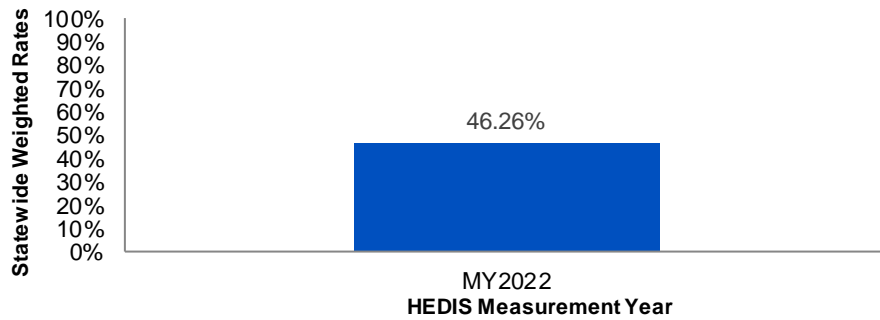
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 124. IET—Initiation: Total: Opioid**



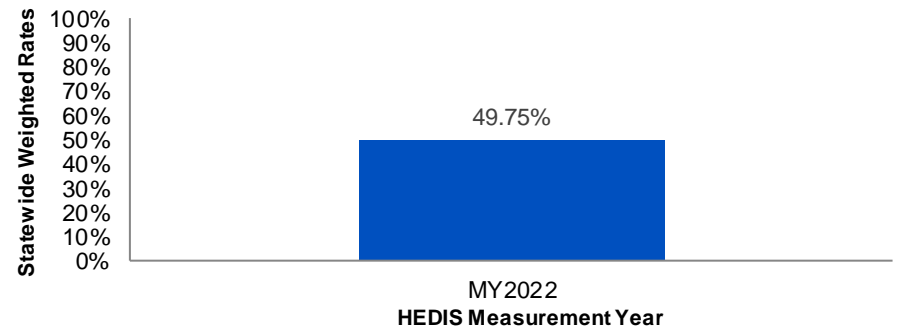
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 125. IET—Initiation: Total: Other Drug**



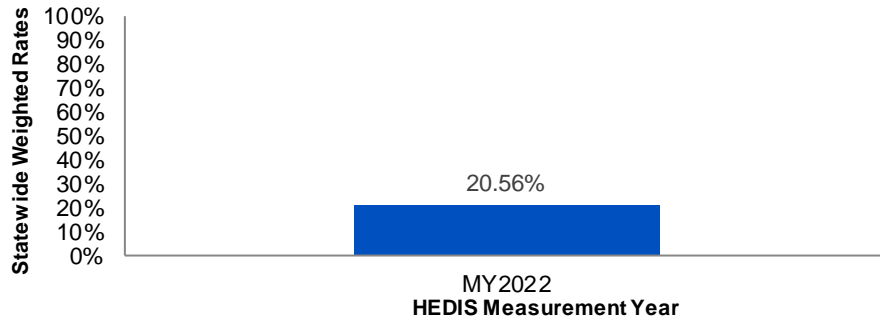
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 126. IET—Initiation: Total**



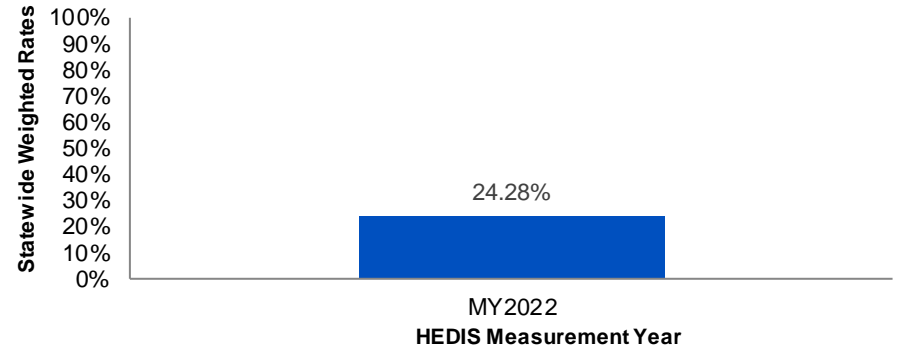
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 127. IET—Engagement: 13–17 Years: Alcohol



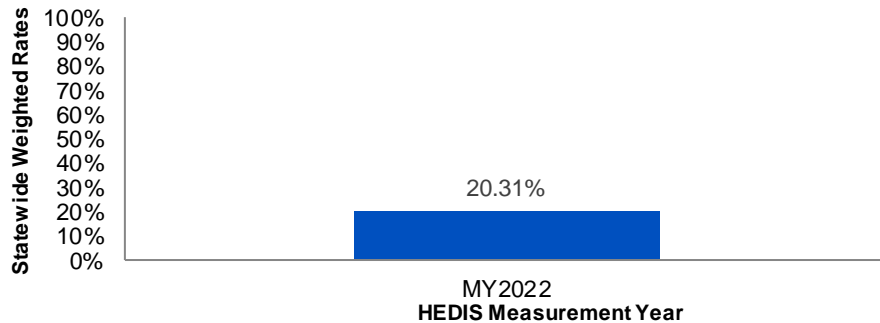
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 128. IET—Engagement: 13–17 Years: Opioid



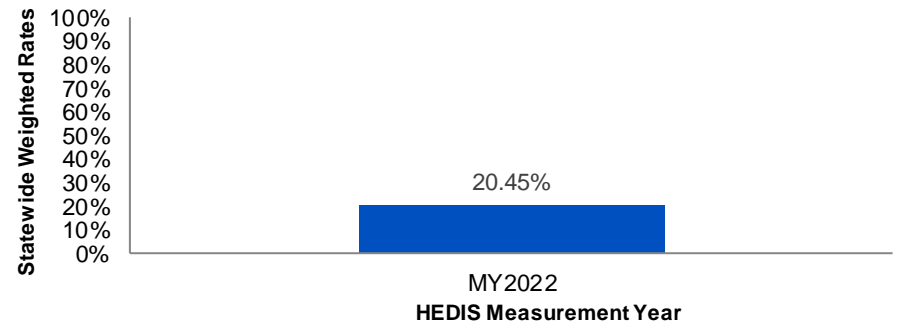
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 129. IET—Engagement: 13–17 Years: Other Drug



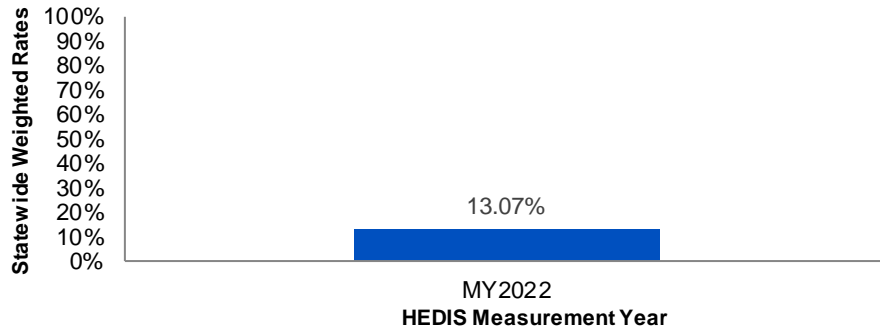
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 130. IET—Engagement: 13–17 Years: Total



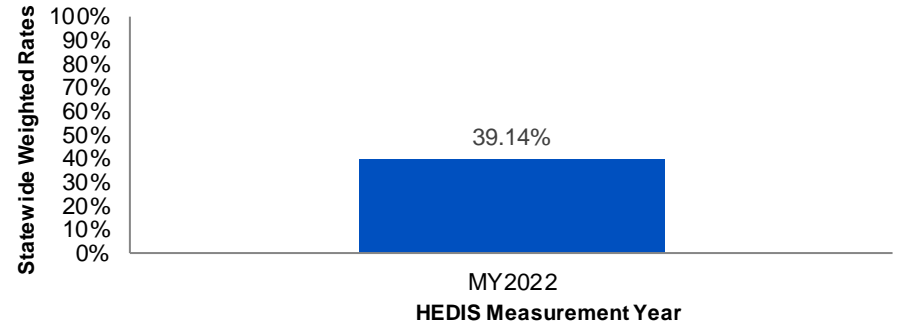
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 131. IET—Engagement: ≥18 Years: Alcohol



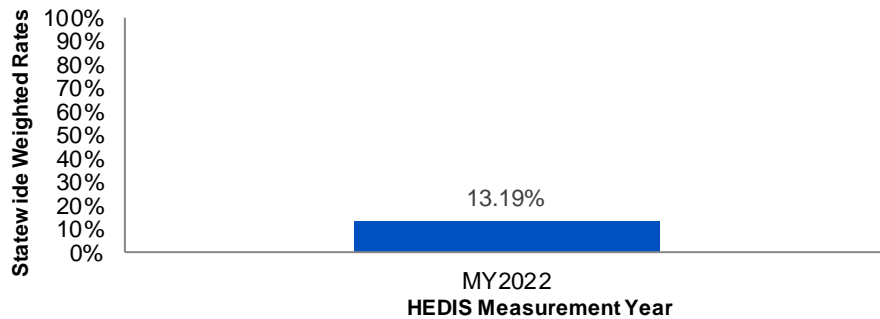
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 132. IET—Engagement: ≥18 Years: Opioid



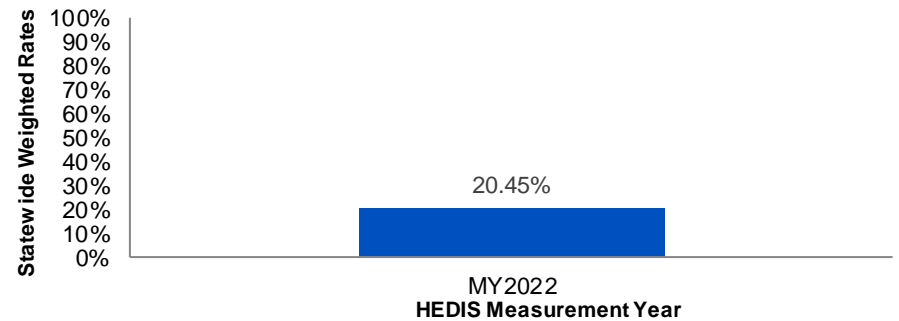
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 133. IET—Engagement: ≥18 Years: Other Drug



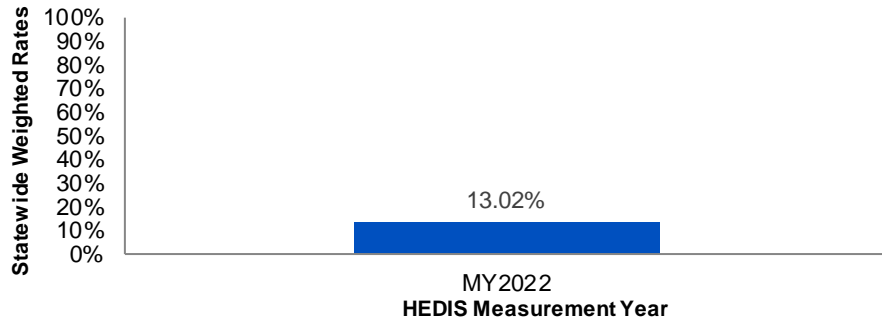
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 134. IET—Engagement: ≥18 Years: Total



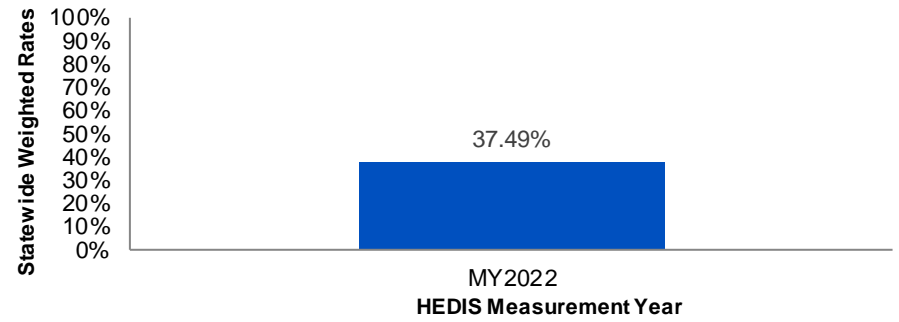
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 135. IET—Engagement: Total: Alcohol



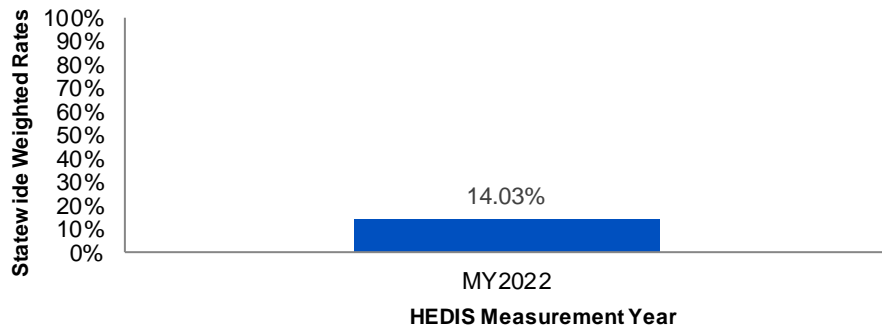
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 136. IET—Engagement: Total: Opioid



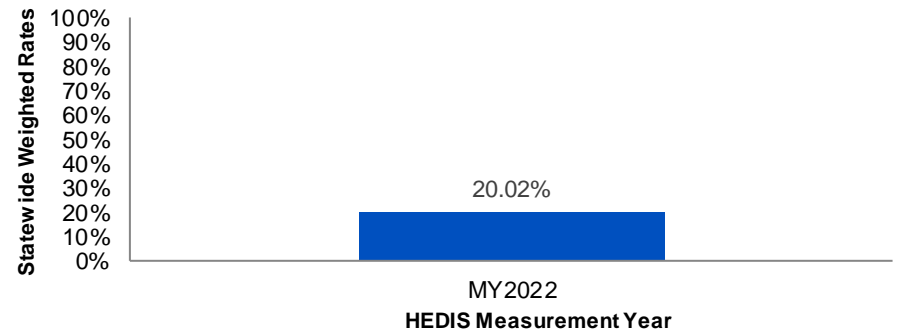
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 137. IET—Engagement: Total: Other Drug



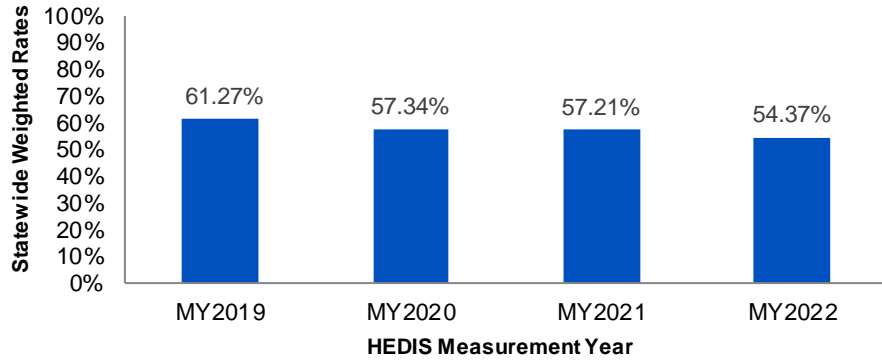
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

Fig. 138. IET—Engagement: Total



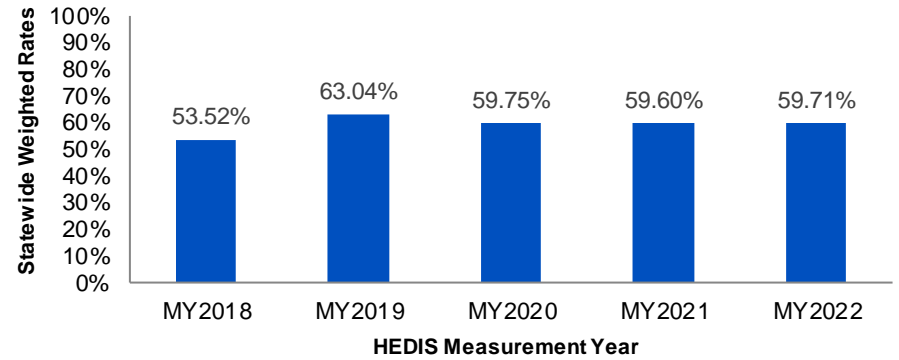
Footnote: Due to significant changes in measure specification in MY2022, NCQA indicated a break in trending to prior years.

**Fig. 139. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 1–11 Years**



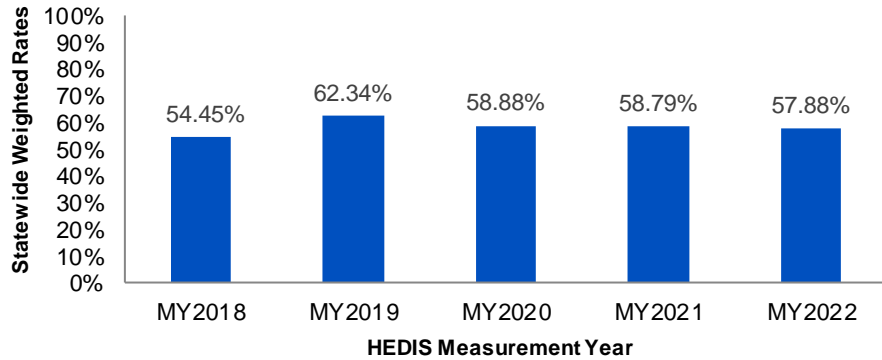
Footnote: Due to changes in the age stratification, trending between MY2019 and previous years is not possible.

**Fig. 140. APP: 12–17 Years**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2019 with previous years should be considered with caution.

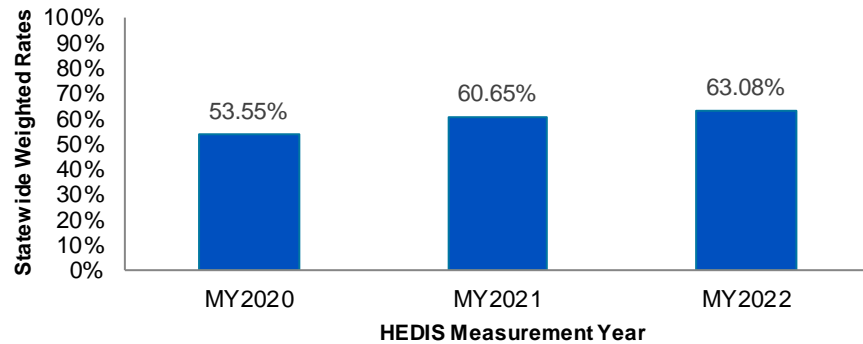
**Fig. 141. APP: Total**



Footnote: Due to changes in measure specification, NCQA indicated that trending MY2019 with previous years should be considered with caution.

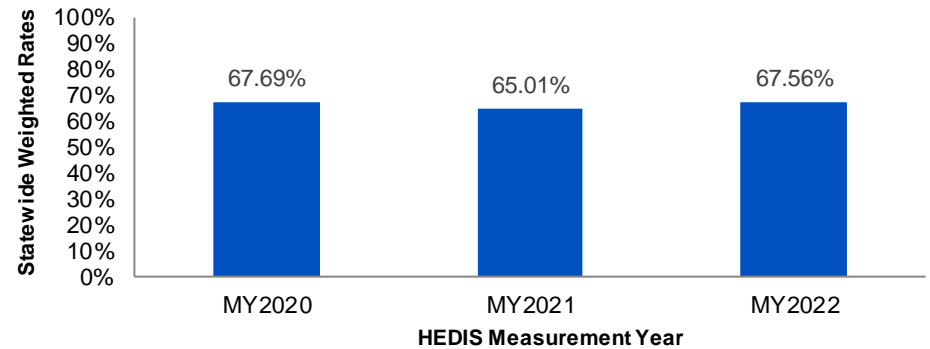
### Utilization and Risk-Adjusted Utilization

**Fig. 142. Well-Child Visits in the First 30 Months of Life (W30): First 15 Months**



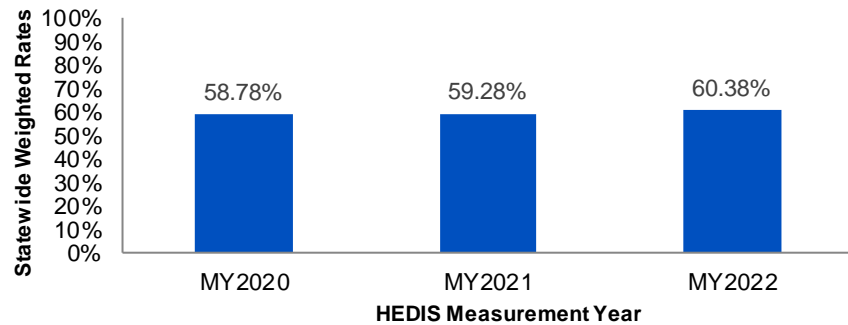
Footnote: NCQA indicated that W34 and AWC measures were combined as WCV measure. Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

**Fig. 143. Well-Child Visits in the First 30 Months of Life (W30): 15-30 Months**



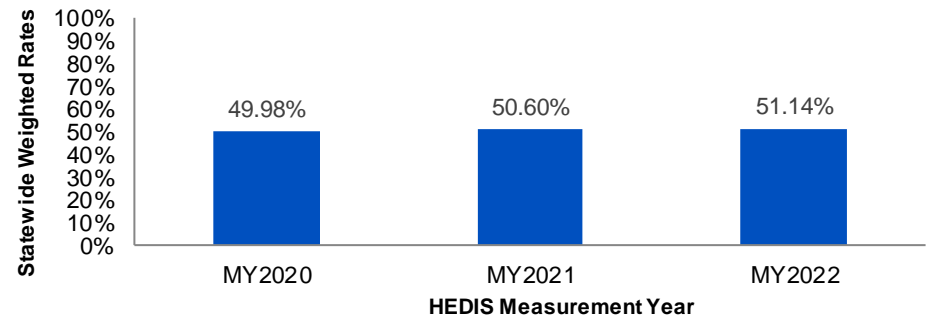
Footnote: NCQA added a new indicator for MY2020.

**Fig. 144. Child and Adolescent Well-Care Visits (WCV): 3-11 years**



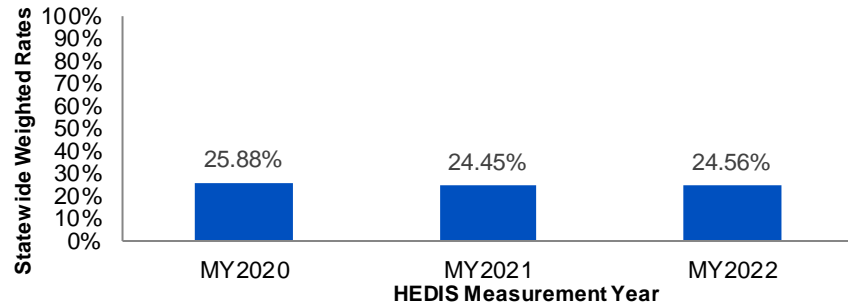
Footnote: NCQA indicated that W34 and AWC measures were combined as WCV measure. Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

**Fig. 145. Child and Adolescent Well-Care Visits (WCV): 12-17 years**



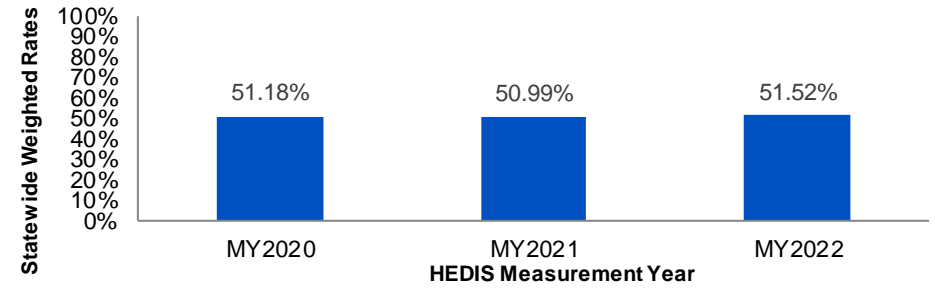
Footnote: NCQA indicated that W34 and AWC measures were combined as WCV measure. Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

**Fig. 146. Child and Adolescent Well-Care Visits (WCV): 18-21 Years**



Footnote: NCQA indicated that W34 and AWC measures were combined as WCV measure. Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

**Fig. 147. Child and Adolescent Well-Care Visits (WCV): Total**



Footnote: NCQA indicated that W34 and AWC measures were combined as WCV measure. Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

## 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:

- ◆ ED Visits
- ◆ Outpatient Visits including telehealth

#### 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



## Utilization Measures: Medicaid Plan-Specific Rates

In **Table A1**, cells are shaded gray for those measures that were not calculated or for which data were not reported.

<b>Table A1. HEDIS MY2022 Medicaid Plan-Specific Rates: Utilization Measures</b>											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<i>Frequency of Selected Procedures (FSP)<sup>1</sup></i>											
<b>Bariatric Weight Loss Surgery: Procedures/1,000 Member Years</b>											
0–19	M	0.02	0.00	0.00	0.03	0.00	0.02	0.05	0.00	0.00	0.00
20–44		0.40	0.42	0.00	0.71	0.46	0.45	0.00	0.84	0.41	0.24
45–64		0.43	0.15	0.00	0.58	0.61	0.00	0.00	0.38	1.31	0.39
0–19	F	0.02	0.02	0.05	0.03	0.00	0.05	0.00	0.00	0.00	0.00
20–44		2.85	2.58	2.30	3.76	2.32	2.52	0.32	3.26	2.62	2.63
45–64		2.16	2.34	1.73	2.34	2.50	3.21	0.00	2.47	3.26	2.84
<b>Tonsillectomy: Procedures/1,000 Member Years</b>											
0–9	M&F	11.78	8.90	4.30	12.65	9.39	5.68	10.91	11.54	8.47	4.55
10–19		4.69	2.60	2.02	5.15	2.93	2.25	2.11	5.19	2.87	2.15
<b>Hysterectomy—Abdominal (A) and Vaginal (V): Procedures/1,000 Member Years</b>											
15–44 (A)	F	0.42	0.75	0.98	0.75	0.72	1.39	0.00	0.81	0.51	0.75
45–64 (A)		1.02	0.96	1.30	0.97	1.75	2.84	0.00	0.68	1.05	1.81
15–44 (V)	F	1.48	0.69	0.98	1.80	0.97	1.67	0.00	2.02	0.95	0.54
45–64 (V)		1.70	0.75	0.43	2.02	1.00	2.47	0.00	1.11	1.53	0.90
<b>Cholecystectomy—Open (O) and Closed (C)/Laparoscopic: Procedures/1,000 Member Years</b>											
30–64 (O)	M	0.07	0.07	0.34	0.45	0.20	0.28	0.00	0.22	0.38	0.44
15–44 (O)	F	0.07	0.00	0.05	0.05	0.06	0.07	0.14	0.05	0.02	0.09
45–64 (O)		0.57	0.21	0.58	0.32	0.37	0.12	0.00	0.77	0.10	0.00
30–64 (C)	M	4.07	3.12	1.93	4.60	3.03	2.48	2.20	4.34	3.43	1.99

<b>Table A1. HEDIS MY2022 Medicaid Plan-Specific Rates: Utilization Measures</b>											
15–44 (C)	F	8.14	6.48	4.56	9.96	7.70	5.45	3.83	9.37	7.46	4.40
45–64 (C)		6.81	5.75	4.48	7.59	6.62	4.20	4.27	6.65	8.15	5.69
<b>Back Surgery: Procedures/1,000 Member Years</b>											
20–44	M	1.11	1.82	1.44	2.42	3.23	1.69	0.00	2.51	2.86	1.07
	F	1.71	2.06	0.81	1.96	2.37	0.97	0.32	2.27	2.26	1.14
45–64	M	4.12	10.71	7.26	6.21	9.78	3.50	3.03	6.54	12.83	3.66
	F	5.33	8.30	2.75	7.59	12.62	5.81	0.00	10.83	12.94	4.27
<b>Mastectomy: Procedures/1,000 Member Years</b>											
15–44	F	0.16	0.31	0.41	0.34	0.23	0.42	0.00	0.18	0.38	0.24
45–64		1.93	1.92	1.16	4.20	2.87	3.95	4.27	1.88	3.64	1.68
<b>Lumpectomy: Procedures/1,000 Member Years</b>											
15–44	F	0.63	0.89	0.73	0.94	0.99	1.16	0.71	0.79	0.74	0.84
45–64		2.50	1.70	1.88	5.09	3.87	4.69	0.00	2.81	3.07	1.94
<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>
<i>Ambulatory Care: Total (AMB)<sup>1</sup></i>											
<b>Total: Visits/1,000 Member Months</b>											
Outpatient		3810.48	3993.02	3185.34	4932.37	4007.22	4002.54	3479.17	4915.31	4604.55	3808.12
ED		598.25	574.03	556.85	631.96	622.95	658.18	461.90	628.73	633.73	639.07
<b>Dual Total: Visits/1,000 Member Months</b>											
Outpatient		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
ED		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Disabled Total: Visits/1,000 Member Months</b>											
Outpatient		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
ED		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**Table A1. HEDIS MY2022 Medicaid Plan-Specific Rates: Utilization Measures**

***Inpatient Utilization—General Hospital/Acute Care: Total (IPU)<sup>1</sup>***

***Total Inpatient***

**Per 1,000 Member Months**

Discharges	61.94	65.87	64.13	74.78	71.41	76.75	54.44	79.96	74.29	71.71
Days	295.26	309.22	352.12	329.71	309.72	348.77	373.90	421.65	355.48	428.31

**Length of Stay (LoS): Average # of Days**

Average LoS	4.77	4.69	5.49	4.41	4.34	4.54	6.87	5.27	4.79	5.97
-------------	------	------	------	------	------	------	------	------	------	------

***Medicine***

**Per 1,000 Member Months**

Discharges	25.31	25.38	23.19	31.23	26.44	27.31	34.98	39.98	33.24	32.73
Days	133.51	132.75	117.92	144.98	122.71	128.15	198.39	226.44	183.87	201.15

**LoS: Average # of Days**

Average LoS	5.27	5.23	5.09	4.64	4.64	4.69	5.67	5.66	5.53	6.15
-------------	------	------	------	------	------	------	------	------	------	------

***Surgery***

**Per 1,000 Member Months**

Discharges	12.67	11.49	14.98	13.70	12.16	14.51	14.40	16.84	12.88	15.75
Days	104.03	96.81	168.59	116.71	102.58	137.30	160.62	141.11	99.41	169.09

**LoS: Average # of Days**

Average LoS	8.21	8.42	11.26	8.52	8.44	9.46	11.15	8.38	7.72	10.74
-------------	------	------	-------	------	------	------	-------	------	------	-------

***Maternity***

**Per 1,000 Member Months**

Discharges	34.29	43.81	38.08	45.91	50.84	54.21	7.60	33.62	43.56	35.29
Days	82.61	120.35	96.23	104.62	130.82	129.29	22.39	78.59	111.63	88.20

**LoS: Average # of Days**

Average LoS	2.41	2.75	2.53	2.28	2.57	2.39	2.94	2.34	2.56	2.50
-------------	------	------	------	------	------	------	------	------	------	------

<sup>1</sup> NCQA indicated a break in trending to prior years due to significant changes in measure specifications for MY2022.

As a Risk-Adjusted Utilization measure, PCR rates in **Table A2** represent percentages of members who were readmitted for any diagnosis within 30 days of discharge from a hospital, broken into age stratifications.

<b>Table A2. HEDIS MY2022 Plan All-Cause Readmissions (PCR)</b>										
<b>Measure by Age</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>Plan Population: Observed Readmission Rate</b>										
18-44	9.55%	9.63%	10.50%	7.79%	8.63%	7.99%	10.26%	8.91%	8.64%	10.89%
45-54	13.28%	14.14%	13.82%	9.88%	10.44%	9.27%	15%	12.61%	11.04%	13.33%
55-64	12.30%	14.71%	14.69%	10.79%	10.85%	11.23%	17.39%	13.08%	12.77%	12.61%
<b>Total</b>	<b>10.98%</b>	<b>11.62%</b>	<b>12.18%</b>	<b>8.91%</b>	<b>9.44%</b>	<b>8.93%</b>	<b>11.11%</b>	<b>10.80%</b>	<b>10.09%</b>	<b>11.82%</b>

## APPENDIX B | Medicaid MCO Population

Table B1. HEDIS MY2022 Medicaid MCO Population Reported in Member Months and Years by Age											
Age Group	Months/Years	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<1	Years	3,770	5,840	3,555	7,290	6,016	5,390	641	3,773	5,841	3,521
	Months	45,240	70,081	42,662	87,483	72,191	64,674	7,693	45,272	70,093	42,253
1–4	Years	16,349	25,323	15,363	30,084	24,931	22,200	4,591	15,692	24,005	15,136
	Months	196,187	303,876	184,357	361,013	299,171	266,394	55,086	188,307	288,058	181,629
5–9	Years	23,165	30,669	21,115	31,306	26,968	21,695	7,882	20,142	28,265	19,561
	Months	277,982	368,033	253,374	375,669	323,615	260,335	94,586	241,701	339,179	234,733
10–14	Years	21,793	28,955	21,140	27,792	25,240	20,127	9,602	20,674	25,716	18,327
	Months	261,513	347,455	253,674	333,501	302,876	241,524	115,220	248,089	308,592	219,924
15–17	Years	13,677	15,273	11,140	15,364	15,066	11,023	6,914	11,532	13,680	9,739
	Months	164,127	183,272	133,681	184,373	180,796	132,279	82,968	138,383	164,154	116,871
18–19	Years	8,450	8,910	6,873	9,057	8,519	6,208	3,373	6,877	7,609	5,406
	Months	101,404	106,923	82,470	108,686	102,223	74,500	40,480	82,529	91,306	64,866
20–24	Years	11,887	15,716	10,137	16,537	12,571	12,450	2,738	11,388	12,709	9,214
	Months	142,645	188,595	121,642	198,448	150,854	149,400	32,853	136,657	152,508	110,569
25–29	Years	8,148	10,270	7,497	12,152	9,234	8,601	715	6,870	8,625	6,319
	Months	97,775	123,237	89,968	145,824	110,808	103,213	8,585	82,437	103,505	75,829
30–34	Years	9,562	11,836	9,155	12,342	9,944	8,210	777	8,422	10,052	7,328
	Months	114,738	142,037	109,861	148,103	119,332	98,515	9,318	101,063	120,624	87,935
35–39	Years	8,133	10,420	6,931	10,726	8,284	7,420	654	7,520	9,364	5,682
	Months	97,596	125,044	83,168	128,717	99,408	89,035	7,851	90,242	112,371	68,188
40–44	Years	6,557	8,676	4,897	8,834	6,230	6,351	486	6,903	8,133	5,386
	Months	78,682	104,106	58,767	106,004	74,760	76,211	5,835	82,839	97,601	64,627
45–49	Years	4,626	5,422	3,375	6,111	4,028	3,854	276	5,301	5,164	3,657
	Months	55,506	65,066	40,502	73,328	48,331	46,243	3,317	63,611	61,968	43,886

Age Group	Measure	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
50–54	Years	4,009	3,936	2,869	4,993	3,399	2,878	203	4,976	4,316	2,987
	Months	48,109	47,227	34,429	59,914	40,791	34,541	2,437	59,706	51,792	35,849
55–59	Years	4,004	3,566	2,950	4,453	2,973	2,628	177	4,931	4,152	3,213
	Months	48,044	42,788	35,396	53,434	35,678	31,541	2,129	59,169	49,822	38,560
60–64	Years	3,332	3,088	2,735	3,926	2,593	2,488	146	4,448	3,754	3,122
	Months	39,982	37,056	32,824	47,111	31,116	29,859	1,750	53,372	45,048	37,459
65–69	Years	881	1,171	1,002	1,255	799	851	11	2,350	1,698	1,580
	Months	10,576	14,054	12,029	15,063	9,589	10,207	132	28,194	20,374	18,954
70–74	Years	380	621	471	574	263	336	2	1,467	929	857
	Months	4,555	7,450	5,647	6,893	3,157	4,028	19	17,608	11,143	10,278
75–79	Years	173	381	185	322	164	196	2	927	574	523
	Months	2,081	4,568	2,215	3,868	1,967	2,349	24	11,127	6,893	6,271
80–84	Years	99	198	77	195	133	97	2	492	292	297
	Months	1,192	2,376	926	2,340	1,598	1,163	25	5,898	3,506	3,566
85–89	Years	54	118	47	93	66	82	0	259	171	140
	Months	652	1,415	563	1,110	796	981	1	3,110	2,052	1,678
≥90	Years	20	43	29	52	56	39	0	124	99	90
	Months	236	514	345	627	666	471	0	1,486	1,184	1,079
<b>Total</b>	<b>Years</b>	<b>149,069</b>	<b>190,431</b>	<b>131,542</b>	<b>203,459</b>	<b>167,477</b>	<b>143,122</b>	<b>39,192</b>	<b>145,067</b>	<b>175,148</b>	<b>122,084</b>
	<b>Months</b>	<b>1,788,822</b>	<b>2,285,173</b>	<b>1,578,500</b>	<b>2,441,509</b>	<b>2,009,723</b>	<b>1,717,463</b>	<b>470,309</b>	<b>1,740,800</b>	<b>2,101,773</b>	<b>1,465,004</b>

## APPENDIX C | ECDS and LTSS Measure Results

Table C1 presents MCO results for HEDIS MY2022 ECDS measures.

Table C1. HEDIS MY2022 Medicaid Plan-Specific Rates: ECDS Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<b>Breast Cancer Screening (BCS-E)</b>	37.78%	44.53%	44.35%	51.34%	48.61%	53.82%	23.20%	50.32%	49.13%	51.41%
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD-E):</b>										
Initiation Phase	48.31%	45.20%	42.21%	51.45%	43.61%	44.93%	46.97%	46.94%	44.21%	43.22%
Continuation and Maintenance Phase	58.04%	59.33%	54.37%	60.16%	50.36%	66.88%	60.49%	57.14%	53.31%	54.61%
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</b>										
Depression Screening										
12–17 years	0.00%	0.00%	0.00%	1.43%	1.72%	1.25%	0.42%	0.62%	0.37%	0.22%
18–64 years	0.00%	0.00%	0.00%	2.34%	2.56%	2.24%	0.48%	0.62%	1.03%	0.67%
Follow-Up on Positive Screen										
12–17 years	NA	NA	NA	47.62%	27.78%	33.33%	33.33%	72.73%	84.62%	50.00%
18–64 years	NA	NA	NA	33.33%	17.83%	24.32%	0.00%	78.38%	72.06%	50.00%
<b>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)</b>										
Assessment Period 1										
12–17 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18–44 years	0.00%	0.00%	0.00%	0.02%	0.00%	0.40%	0.00%	0.07%	0.04%	0.08%
45–64 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.52%	0.00%	0.04%	0.00%	0.00%
65 years and older	0.00%	0.00%	0.00%	0.00%	0.00%	1.30%	NA	0.00%	0.00%	0.00%
Assessment Period 2										
12–17 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18–44 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.55%	0.78%	0.00%	0.11%	0.00%
45–64 years	0.00%	0.00%	0.00%	0.00%	0.00%	1.03%	0.00%	0.04%	0.06%	0.00%
65 years and older	0.00%	0.00%	0.00%	0.00%	0.00%	2.04%	NA	0.27%	0.28%	0.00%
Assessment Period 3										

<b>Table C1. HEDIS MY2022 Medicaid Plan-Specific Rates: ECDS Measures</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>
12–17 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.17%	0.00%	2.50%	1.02%	0.67%
18–44 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.16%	0.00%	2.74%	3.52%	0.50%
45–64 years	0.00%	0.00%	0.00%	0.05%	0.00%	0.42%	0.00%	2.20%	2.85%	1.23%
65 years and older	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.72%	1.91%	1.30%
<b>Depression Remission or Response for Adolescents and Adults (DRR-E)</b>										
Follow-Up:										
12–17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
18–44 years	NA	NA	NA	NA	NA	NA	NA	NA	0%	NA
45–64 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
65 years and older	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Depression Remission:										
12–17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
18–44 years	NA	NA	NA	NA	NA	NA	NA	NA	0%	NA
45–64 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
65 years and older	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Depression Response										
12–17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
18–44 years	NA	NA	NA	NA	NA	NA	NA	NA	0%	NA
45–64 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
65 years and older	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)</b>										
Alcohol Use Screening										
3–17 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18–64 years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
65 years and older	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Counseling or Other Follow-up Positive Screen										
3–17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA



<b>Table C1. HEDIS MY2022 Medicaid Plan-Specific Rates: ECDS Measures</b>										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
18–64 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
65 years and older	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Adult Immunization Status (AIS-E)</b>										
Influenza	5.87%	6.44%	4.55%	8.41%	8.24%	7.13%	5.13%	13.36%	12.23%	9.24%
Td or Tdap	28.47%	30.42%	27.34%	44.60%	39.69%	40.22%	30.73%	34.45%	32.95%	28.50%
Zoster	0.77%	0.77%	0.52%	1.58%	1.49%	0.96%	0.49%	5.10%	4.65%	2.92%
Pneumococcal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Prenatal Immunization Status (PRS-E)</b>										
Influenza	17.40%	18.08%	9.50%	23.40%	21.55%	13.67%	16.34%	20.46%	19.83%	13.00%
Tdap	47.96%	48.48%	35.13%	54.63%	51.15%	41.37%	43.14%	54.51%	51.60%	35.42%
Combination	14.35%	15.28%	7.35%	19.41%	17.65%	10.38%	13.73%	16.92%	16.61%	10.11%
<b>Prenatal Depression Screening and Follow-Up (PND-E)</b>										
Depression Screening	0.00%	0.00%	0.00%	13.14%	14.90%	12.94%	5.88%	0.00%	0.12%	0.43%
Follow-Up on Positive Screen	NA	NA	NA	15.87%	17.02%	5.45%	NA	NA	50.00%	NA
<b>Postpartum Depression Screening and Follow-Up (PDS-E)</b>										
Depression Screening	0.00%	0.00%	0.00%	6.27%	5.65%	5.76%	1.02%	0.03%	0.06%	0.00%
Follow-Up on Positive Screen	NA	NA	NA	52.46%	22.22%	36.67%	100.00%	NA	NA	NA

Note: NA indicates no calculable data reported for a measure.

**Table C2** presents statewide MCO results for HEDIS MY2022 LTSS measures. Note: TCS does not have members who receive LTSS.

<b>Table C2. HEDIS MY2022 Medicaid Plan-Specific Rates: LTSS Measures</b>			
Measure	AG	BC	UHC
<b>Comprehensive Assessment and Update (LTSS-CAU)</b>			
Assessment of Core Elements	100.00%	98.96%	89.58%
Assessment of Supplemental Elements	100.00%	98.96%	89.58%
<b>Comprehensive Care Plan and Update (LTSS-CPU)</b>			
Care Plan with Core Elements Documented	98.96%	96.88%	85.42%

<b>Table C2. HEDIS MY2022 Medicaid Plan-Specific Rates: LTSS Measures</b>			
<b>Measure</b>	<b>AG</b>	<b>BC</b>	<b>UHC</b>
Care Plan with Supplemental Elements Documented	98.96%	96.88%	85.42%
<b>Reassessment/Care Plan Update After Inpatient Discharge (LTSS-RAC)</b>			
Reassessment After Inpatient Discharge	84.38%	60.42%	18.75%
Reassessment and Care Plan Update After Inpatient Discharge	76.04%	60.42%	8.33%
<b>Shared Care Plan With Primary Care Practitioner (LTSS-SCP)</b>	100.00%	76.04%	68.75%