

2018 Annual

HEDIS/ CAHPS Report

Comparative Analysis of Audited
Results from TennCare MCOs

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Acknowledgements, Acronyms, and Initialisms^{1,2}

AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	APM.....	Metabolic Monitoring for Children and Adolescents on Antipsychotics
AAP	Adults' Access to Preventive/ Ambulatory Health Services	APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
ABA	Adult BMI Assessment	ARB.....	Angiotensin Receptor Blocker
ABX.....	Antibiotic Utilization	ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
ACE	Angiotensin Converting Enzyme	AWC.....	Adolescent Well-Care Visits
ACIP.....	Advisory Committee on Immunization Practices	BC.....	Volunteer State Health Plan, Inc, as BlueCare Tennessee
ADD	Follow-Up Care for Children Prescribed ADHD Medication	BCE/BCM/BCW.....	BC in the Tennessee East, Middle, and West Grand Regions
ADHD	Attention-Deficit/Hyperactivity Disorder	BCS.....	Breast Cancer Screening
AHRQ	Agency for Healthcare Research and Quality	BlueCare®; BlueCare Tennessee SM	registered or service marks of The BlueCross BlueShield Association
AG	Amerigroup Community Care, Inc., as Amerigroup	BlueCross BlueShield of Tennessee; BlueCare	licensees of The BlueCross BlueShield Association
AGE/AGM/AGW	AG in the Tennessee East, Middle, and West Grand Regions	BMI	Body Mass Index
AMB	Ambulatory Care	BP	Blood Pressure
AMM.....	Antidepressant Medication Management	BR.....	Biased Rate
AMR	Asthma Medication Ratio	CAHPS® ...	refers to the Consumer Assessment of Healthcare Providers and Systems, a registered trademark of AHRQ
AOD	Alcohol or Other Drug		
APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents		

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² 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

CAP	Children and Adolescents' Access to Primary Care Practitioners	HbA1c.....	Hemoglobin A1c
CBP	Controlling High Blood Pressure	HEDIS®	a registered trademark of NCOA that refers to the the Healthcare Effectiveness Data and Information Set
CCC.....	Children With Chronic Conditions	HepA	Hepatitis A Vaccine
CCS.....	Cervical Cancer Screening	HepB	Hepatitis B Vaccine
CDC	Comprehensive Diabetes Care	HiB.....	<i>Haemophilus influenzae</i> Type B Vaccine
CHL	Chlamydia Screening in Women	HPV	Human Papillomavirus Vaccine
CIS.....	Childhood Immunization Status	IAD	Identification of Alcohol and Other Drug Services
CPA	CAHPS Health Plan Survey 5.0H Adult Version	IET.....	Initiation and Engagement of AOD Abuse or Dependence Treatment
CPC	CAHPS Health Plan Survey 5.0H Child Version	IMA	Immunizations for Adolescents
COPD.....	Chronic Obstructive Pulmonary Disease	IP; IPU.....	Inpatient; IP Utilization – General Hospital/Acute Care
CVD.....	Cardiovascular Disease	IPV.....	Inactivated Polio Vaccine
CWP	Appropriate Testing for Children With Pharyngitis	LBP	Use of Imaging Studies for Low Back Pain
CY.....	Calendar Year	LDL-C	Low-Density Lipoprotein Cholesterol
DMARD	Disease-Modifying Anti-Rheumatic Drug	LSC	Lead Screening in Children
DTaP	Diphtheria, Tetanus, and Acellular Pertussis Vaccination	MCO	Managed Care Organization
ECDS.....	Electronic Clinical Data Systems	MMA.....	Medication Management for People With Asthma
ED.....	Emergency Department	MMR.....	Measles, Mumps, and Rubella Vaccine
ENP/ENPA	Enrollment by Product Line/ENP Total	MPM	Annual Monitoring for Patients on Persistent Medications
Flu	Influenza	MPT	Mental Health Utilization
FSP	Frequency of Selected Procedure	MSC	Medical Assistance With Smoking and Tobacco Use Cessation
FUH.....	Follow-Up After Hospitalization for Mental Illness	MY	Measurement Year
FUM.....	Follow-Up After ED Visit for Mental Illness	NA.....	Not Applicable
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence		
FVA	Flu vaccinations for adults ages 18 to 64		

Acknowledgements, Acronyms, and Initialisms

NB.....	No Benefit	SPD.....	Statin Therapy for Patients With Diabetes
NCQA	National Committee for Quality Assurance	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
NCQA HEDIS Compliance Audit™	trademark of NCQA	SSD.....	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
NCS.....	Non-Recommended Cervical Cancer Screening in Adolescent Females	TennCare	Tennessee Division of TennCare
NR.....	Not Reported	Td; Tdap	Tetanus, Diphtheria Toxoids Vaccine; Td and Acellular Pertussis Vaccine
NQ	Not Required	TCS	Volunteer State Health Plan, Inc. d.b.a. TennCare <i>Select</i> statewide
OB-GYN	Obstetrician-Gynecologist	UHC	UnitedHealthcare Plan of the River Valley, Inc. d.b.a. UnitedHealthcare
PBH.....	Persistence of Beta-Blocker Treatment After a Heart Attack	UHCE/UHCM/UHCW	UHC in the Tennessee East, Middle, and West Grand Regions
PCE	Pharmacotherapy Management of COPD Exacerbation	UN	Un-Audited
PCP	Primary Care Practitioner	UOD	Use of Opioids at High Dosage
PCV	Pneumococcal Conjugate Vaccination	UOP.....	Use of Opioids From Multiple Providers
PMPY	Per Member Per Year	URI	Upper Respiratory Infection, and the measure: Appropriate Treatment for Children With URI
PPC	Prenatal and Postpartum Care	VZV.....	Chicken Pox/Varicella Zoster Vaccination
Qsource®	a registered trademark	W15	Well-Child Visits in the First 15 Months of Life
Quality Compass®	a registered trademark of NCQA, the comprehensive national database of health plans' HEDIS and CAHPS results	W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
R.....	Reportable	WCC.....	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
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		

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 *2018 HEDIS/CAHPS Report* summarizes the results for the MCOs contracting with the Division of TennCare (TennCare), the Medicaid program in Tennessee.

For an overview of the performance of TennCare's MCOs, a calculated weighted average of the scores of all those reporting is provided in the [Statewide Performance](#) section. MCO-specific measures are presented in the [Individual Plan Performance](#) section for cross-comparison with color-coding for state benchmark comparison where available/applicable. Weighted average performances of Tennessee's MCOs since 2014 on certain measures are presented in the [HEDIS Trending](#) section. The HEDIS and CAHPS results for Tennessee's Children's Health Insurance Plan (CHIP), CoverKids, are reported separately in a similar format in [CHIP HEDIS/CAHPS Results](#).

[Appendix A](#) contains a comprehensive table of plan-specific results for HEDIS 2018 Utilization Measures. The table in [Appendix B](#) reveals populations reported by MCOs in member months by age and sex for HEDIS 2018. [Appendix C](#) presents the reporting options for each measure, whether administrative, hybrid or both. [Appendix D](#) offers additional utilization measures and descriptive health plan information, including population in member months for the CHIP.

Background

HEDIS Measures—Domains of Care

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

The HEDIS rates presented in this report refer to data collected during the review period of the previous calendar year (CY), from January 1 to December 31. For HEDIS 2018 results, CY2017 was the review period.

HEDIS 2018 assesses care across body systems, access to and satisfaction with healthcare services and specific utilization through a total of 95 measures (Commercial, Medicare and Medicaid) across seven domains of care:

- ◆ Effectiveness of Care
- ◆ Access/Availability of Care
- ◆ Utilization and Risk Adjusted Utilization
- ◆ Relative Resource Use (RRU)
- ◆ 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 2018 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, Utilization, and Experience of Care. Per NCQA, RRU measures are suspended and not included or collected for HEDIS 2018; the complete RRU specifications remain available in the previous HEDIS Technical Specifications for referencing.

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
- ◆ Musculoskeletal Conditions
- ◆ Behavioral Health
- ◆ Medication Management and Care Coordination
- ◆ Overuse/Appropriateness
- ◆ Measures collected by the CAHPS Health Plan Survey

Only certain measures from these categories are presented in this report, which does not include the additional category in this domain specific to Medicare. For some measures, eligible members cannot have more than one gap in continuous

enrollment of up to 45 days during the measurement year (MY) and members in hospice (General Guideline 20) are excluded.

Prevention and Screening

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

Adult BMI Assessment (ABA)

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

Note: For members younger than 20 years of age on date of services, the BMI percentile ranking is documented based on the Centers for Disease Control and Prevention's BMI-for-age growth charts. Female members pregnant during the MY or year prior can be excluded.

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

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

Note: Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed not an absolute BMI value. Documentation related to a member's appetite does not count as Nutrition

Counseling. Female members diagnosed as pregnant during the MY can be excluded.

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

- ◆ 3–11 years
- ◆ 12–17 years

Childhood Immunization Status (CIS)

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

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

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

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

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

#	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Flu
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	✓	✓		✓
9	✓	✓	✓	✓	✓	✓	✓		✓	✓
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: CIS follows the Centers for Disease Control and Prevention and ACIP guidelines for immunizations, updating changes after three years to account for the measure's look-back period.

Immunizations for Adolescents (IMA)

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

Note: The HPV measure for female adolescents was retired for HEDIS 2017 and incorporated into IMA. IMA aligns with ACIP guidelines in only including the quadrivalent meningococcal conjugate vaccine (serogroups A, C, W, and Y) and requiring the minimum two-dose HPV interval to be 150 days with a four-day grace period.

Lead Screening in Children (LSC)

LSC assesses the percentage of children who two years of age during the MY and had one or more capillary or venous lead blood tests for lead poisoning on or before the second birthday.

Both the date the test was performed and the result/finding must be documented in the medical record.

Breast Cancer Screening (BCS)

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

Note: BCS assesses use of imaging to detect early breast cancer in women. All types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. Although MRIs, ultrasounds or biopsies may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are only counted when an adjunct to mammography.

Cervical Cancer Screening (CCS)

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

- ◆ Women age 21–64 who had cervical cytology performed every three years
- ◆ Women age 30–64 who had cervical cytology/HPV co-testing performed every five years

Note: Does not count reflex testing or biopsies, cytology and HPV only counts if performed on same day as co-testing, and CCS does not count if sample was inadequate or no cervical cells were present. Excludes members with documentation (up to December 31 of MY) that includes complete, total, or radical abdominal or vaginal hysterectomy, or hysterectomy with no residual cervix, in combination with documentation member no longer needs CCS.

Chlamydia Screening in Women (CHL)

CHL assesses the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the MY. This measure calculates a total rate as well as two age stratifications:

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

Respiratory Conditions

Appropriate Testing for Children With Pharyngitis (CWP)

CWP measures the percentage of children 3 to 18 years of age during the intake period who were diagnosed with pharyngitis only, were not prescribed an antibiotic within 30 days of intake nor had an active prescription for one on the episode date, were dispensed an antibiotic prescription on or during the three days after the episode date, and received a group A streptococcus (strep) test for the episode that occurred during the intake period between July 1 of the year prior to the MY and June 30 of the MY. A higher rate represents better performance (i.e., appropriate testing).

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

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

during the intake period between July 1 of the year prior to the MY and June 30 of the MY.

Pharmacotherapy Management of COPD Exacerbation (PCE)

PCE assesses the percentage of COPD exacerbation for members 40 years of age and older who had an acute inpatient (IP) discharge or emergency department (ED) visit on or between January 1 and November 30 of the MY and who were dispensed appropriate medications. Two rates are reported:

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

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

Medication Management for People With Asthma (MMA)

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

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

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

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

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

Asthma Medication Ratio (AMR)

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

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

Cardiovascular Conditions

Controlling High Blood Pressure (CBP)

CBP reports the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled during the MY, a single rate based on a sum of the following three criteria groups by age:

- ◆ Members 18–59 years whose BP was <140/90 mm Hg
- ◆ Members 60–85 years with a diagnosis of diabetes whose BP was <140/90 mm Hg
- ◆ Members 60–85 years without a diagnosis of diabetes whose BP was <150/90 mm Hg

Note: Patients with end-stage renal disease (ESRD) or kidney transplant, and pregnant females can be excluded.

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

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

Statin Therapy for Patients With Cardiovascular Disease (SPC)

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

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

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

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

Diabetes

Comprehensive Diabetes Care (CDC)

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

- ◆ Hemoglobin A1c (HbA1c) blood test
- ◆ Poorly controlled diabetes (HbA1c >9.0%)

Note: a lower rate indicates better performance (i.e., low rates of poor control indicate better care)

- ◆ Controlled diabetes (most recent HbA1c <8.0%)
- ◆ Controlled diabetes (most recent HbA1c <7.0%) for a selected population
- ◆ Eye exam (retinal)
- ◆ Medical attention for nephropathy
- ◆ Controlled blood pressure (<140/90 mm Hg)

Note: Additional exclusion criteria are required for this indicator that will result in a different eligible population from all other indicators. Members with no diagnosis of diabetes during the MY or year prior and who were diagnosed with gestational diabetes or steroid-induced diabetes could be excluded from the HbA1c control (<7.0%).

Statin Therapy for Patients With Diabetes (SPD)

SPD reports the percentage of members 40 to 75 years of age during the MY who do not have clinical atherosclerotic CVD 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

Note: Members with no diagnosis of diabetes during the MY or year prior and who were diagnosed with gestational diabetes or steroid-induced diabetes could be excluded from Statin Adherence.

Musculoskeletal Conditions

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

ART assesses whether members who were diagnosed with rheumatoid arthritis were prescribed a disease-modifying anti-rheumatic drug (DMARD) to attenuate the damaging progression, reduce inflammation and improve functional status. The rate is the percentage of members diagnosed with rheumatoid arthritis on or between January 1 and November 30 of the MY, and not HIV or pregnancy, who were dispensed at least one ambulatory prescription for a DMARD during the MY.

Behavioral Health

Antidepressant Medication Management (AMM)

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

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

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

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

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

Follow-Up After Hospitalization for Mental Illness (FUH)

FUH examines continuity of care for mental illness through the percentage of discharges for members six years of age and older who were hospitalized for selected mental illness diagnoses

and who had a follow-up visit with a mental health practitioner. Two rates are reported as the percentage of discharges for which the member received follow-up within the following:

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

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

FUM is the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness, 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 discharge
- ◆ 30 days of discharge

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

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

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

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

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

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 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 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 and CVD who had an LDL-C test during the MY.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

SAA assesses the percentage of members with schizophrenia who were 19 to 64 years of age during the MY who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

APM measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. It calculates a total rate as well as three age stratifications:

- ◆ 1–5 years
- ◆ 6–11 years
- ◆ 12–17 years

Medication Management and Care Coordination Annual Monitoring for Patients on Persistent Medications (MPM)

MPM reports the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the MY and at least one therapeutic monitoring event for the therapeutic agent in the MY.

Two rates are reported separately and as a sum total rate:

- ◆ Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blocker (ARB)
- ◆ Annual monitoring for members on diuretics

Note: The rate for Digoxin was retired for HEDIS 2018.

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 Children With Upper Respiratory Infection (URI)

This measures the percentage of children 3 months to 18 years of age who were given only a diagnosis of upper respiratory infection (URI), were not dispensed an antibiotic prescription, and did not have other diagnoses on the same date of service. This measure is reported as an inverted rate [$1 - (\text{numerator}/\text{eligible population})$], with a higher rate indicating appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)

AAB reports the percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. This measure is reported as an inverted rate [$1 - (\text{numerator}/\text{eligible population})$], with a higher rate indicating appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

Use of Imaging Studies for Low Back Pain (LBP)

LBP assesses the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This measure is reported as an inverted rate [1 - (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 Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

APC measures the percentage of children and adolescents 1 to 17 years of age who were on two or more concurrent antipsychotic medications.

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

- ◆ 1–5 years
- ◆ 6–11 years
- ◆ 12–17 years

Note: For this measure, a lower rate indicates better performance (i.e., low rates of concurrent antipsychotics indicate better care).

Use of Opioids at High Dosage (UOD)

The rate per 1,000 members 18 years and older who receive long-term prescription opioids for ≥15 days during the MY at a high dosage (average morphine equivalent dose [MED] >120 mg).

Note: A lower rate indicates better performance.

Use of Opioids from Multiple Providers (UOP)

For members 18 and older, the rate per 1,000 receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported per 1,000 members' receiving prescriptions for opioids from four or more different prescribers and/or pharmacies during the MY:

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

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

Measures Collected Through CAHPS Health Plan SurveyFlu vaccinations for adults ages 18 to 64 (FVA)

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

Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

This measure is collected using the survey methodology to arrive at a rolling average that represents the percentage of members 18 years of age and older who were current smokers or tobacco users seen during the MY. MSC assesses the

following facets of providing medical assistance with smoking and tobacco use cessation:

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

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

Access/Availability of Care Measures

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

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

This measures the percentage of members 20 years and older who had an ambulatory or preventive care visit during the MY

to assess whether adult members have access to/receive such services. MCOs report a total rate and three age stratifications:

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

Note: Rates for adults 65 years of age and older are not included in this report as those services would be provided by Medicare. Because the total rate would include this age group, it has been excluded from this report as well.

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

CAP assesses general access to care for children and adolescents through the percentage of members 12 months to 6 years of age who had a visit with a PCP (e.g., pediatrician, family physician) during the MY, and members 7 to 19 years of age who had a visit with a PCP during the MY or the year prior. MCOs report four separate percentages:

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

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

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

- ◆ *Initiation of AOD Treatment*—Initial treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization,

telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis

- ◆ *Engagement of AOD Treatment*—Two or more services with an AOD diagnosis within 34 days of the initiation visit in addition to initiating treatment

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

- ◆ 13–17 years
- ◆ ≥ 18 years

Starting with HEDIS 2018, MCOs report three cohorts (Alcohol, Opioid, and Other Drug) within the total rate and age stratifications, and Initiation and Engagement total rates for all ages and cohorts.

Prenatal and Postpartum Care (PPC)

PPC measures the percentage of live birth deliveries on or between November 6 of the year prior to the MY and November 5 of the MY. For these women, the composite assesses the percentage of deliveries where members received the following PPC facets:

- ◆ *Timeliness of Prenatal Care*—Received a prenatal care visit as a member of the MCO in the first trimester *or* within 42 days of MCO enrollment
- ◆ *Postpartum Care*—Had a postpartum visit on or between 21 and 56 days after delivery

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

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

- ◆ 1–5 years
- ◆ 6–11 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. **Risk-Adjusted Utilization** measures are for commercial or Medicare lines, and so are not included in this report. Two kinds of measures are included in **Utilization**:

- ◆ 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)

Note: The two Medicaid categories (Disabled and Low-Income) for Utilization Measures are reported separately and as a total rate. However, the total rate includes the category of Medicaid and Medicare dual eligibles, and those

members are part of dual-eligible special needs plans (D-SNPs) reported separately to TennCare via Qsource's Annual HEDIS D-SNPs Report.

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

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

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

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

Adolescent Well-Care Visits (AWC)

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

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 2018, Volume 3: Specifications for Survey Measures*.

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

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

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

Each composite category represents an overall aspect of plan quality, how well the MCO meets members' expectations. There are four global rating questions that use a 0–10 scale to assess overall experience:

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

For these scaled responses, a zero represents the 'worst possible' and 10 represents the 'best possible' healthcare received in the last six months. Summary rates represent the percentage of

members who responded with a 9 or 10. Additional questions use the same calculations. For any given CPA and CPC question used in a composite, the percentage of respondents answering in a certain way is calculated for each MCO. Summary rates represent the percentage of members who responded in the most positive way, as defined by NCQA. The following descriptions provide a brief explanation of the five composite categories.

Getting Needed Care

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

Getting Care Quickly

The Getting Care Quickly Composite measures the ease with which members were able to access care quickly, including getting appointments as soon as needed, in the last 6 months. The summary rate represents the percentage of members who responded 'Always' or 'Usually' to specified questions.

How Well Doctors Communicate

The How Well Doctors Communicate Composite evaluates provider-patient communications for the last 6 months by asking members how often their personal doctor listens carefully, explains things in a way to easily understand, shows respect for what they have to say and spends enough time with

them. The summary rate represents the percentage of members who responded 'Always' or 'Usually' to specified questions.

Customer Service

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

Shared Decision Making

The Shared Decision Making Composite measures how often doctors offered choices regarding healthcare, mentioned the good and bad things associated with each treatment option, the extent to which doctors requested input regarding healthcare preferences, and how often doctors involved members in the decision-making process, according to their preference. The summary rate represents the percentage of members who responded 'Yes' to specified questions. Means and variances are not calculated for this composite.

Children With Chronic Conditions (CCC)

The CAHPS Consortium decided in 2002 to integrate a new set of items in the 3.0H version of the CAHPS Health Plan Survey child questionnaires (now 5.0H) to better address the needs of children with chronic conditions, commonly referred to as children with special healthcare needs. CCC is designed for children with a chronic physical, developmental, behavioral or

emotional condition and who also 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 and gender (for the MCOs, reported as ENPA [ENP Total] Medicaid). These results are included in [Appendix B](#) as population in member months by MCO and Tennessee Grand Region served.

Measures Collected Using Electronic Clinical Data Systems (ECDS)

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

This domain is not required to be reported by the MCOs, hence, not included in this report.

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 2018, this included the statewide MCO Volunteer State Health Plan, Inc., doing business as *TennCareSelect* (**TCS**), and three statewide MCOs doing business in each respective Grand Region (East, Middle and West): Amerigroup Community Care, Inc., as Amerigroup (AG—**AGE**, **AGM** and **AGW**); Volunteer State Health Plan, Inc., as BlueCare Tennessee (BC—**BCE**, **BCM** and **BCW**); and UnitedHealthcare Plan of the River Valley, Inc., as UnitedHealthcare (UHC—**UHCE**, **UHCM** and **UHCW**).

[Tables 1a](#), [1b](#), [2](#), and [3](#) summarize the weighted average TennCare score for each of the selected HEDIS 2017 and HEDIS 2018 measures. Weighted state rates are determined by

applying the size of each plan’s eligible population to overall results. Using this methodology, plan-specific findings contribute to the TennCare statewide estimate, proportionate to eligible population size.

In [Tables 1a](#), [1b](#), [2](#), and [3](#), the column titled ‘Change 2017 to 2018’ indicates whether there was an improvement (▲) or a decline (▼) in statewide performance for the measure from HEDIS 2017 to HEDIS 2018 when data are available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported.

Each year, some measures’ technical specifications change. Based on whether the changes are significant or minor, the measures may need to be trended with caution or may not be able to be trended.

Table 1a. HEDIS 2018 State to National Medicaid Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Prevention and Screening			
Adult BMI Assessment (ABA)	86.96%	90.94%	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):			
BMI Percentile: 3–11 years	75.08%	78.27%	↑
12–17 years	71.33%	74.90%	↑
Total	73.88%	77.21%	↑
Counseling for Nutrition: 3–11 years	66.25%	69.94%	↑
12–17 years	61.33%	63.17%	↑
Total	64.66%	67.77%	↑
Counseling for Physical Activity: 3–11 years	55.64%	60.97%	↑
12–17 years	59.45%	61.89%	↑
Total	56.89%	61.29%	↑
Childhood Immunization Status (CIS):			
DTaP/DT	73.60%	75.28%	↑
IPV	89.47%	90.60%	↑
MMR	86.49%	87.78%	↑
HIB	86.28%	87.90%	↑
HepB	90.60%	91.78%	↑
VZV	86.55%	87.57%	↑
PCV	75.52%	77.49%	↑
HepA	85.67%	86.84%	↑
RV	68.68%	70.95%	↑
Flu	37.56%	42.54%	↑
Combination 2	70.82%	73.13%	↑
Combination 3	68.02%	70.55%	↑
Combination 4	67.66%	70.24%	↑

Table 1a. HEDIS 2018 State to National Medicaid Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Combination 5	56.44%	59.11%	↑
Combination 6	32.31%	37.63%	↑
Combination 7	56.20%	58.91%	↑
Combination 8	32.19%	37.54%	↑
Combination 9	28.06%	33.04%	↑
Combination 10	27.94%	32.94%	↑
Immunizations for Adolescents (IMA):			
Meningococcal	69.74%	71.28%	↑
Tdap/Td	82.75%	84.08%	↑
HPV*		24.64%	
Combination 1	68.87%	70.63%	↑
Combination 2*		23.22%	
Lead Screening in Children (LSC)	70.64%	75.08%	↑
Breast Cancer Screening (BCS)*		53.81%	
Cervical Cancer Screening (CCS)**	59.21%	62.15%	↑
Chlamydia Screening in Women (CHL):			
16–20 years	49.57%	50.43%	↑
21–24 years	57.38%	57.70%	↑
Total	52.76%	53.41%	↑
Respiratory Conditions			
Appropriate Testing for Children With Pharyngitis (CWP)	82.67%	84.63%	↑
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	31.72%	32.73%	↑
Pharmacotherapy Management of COPD Exacerbation (PCE):			
Systemic corticosteroid	47.75%	54.66%	↑
Bronchodilator	72.71%	77.78%	↑

Medicaid Results

Table 1a. HEDIS 2018 State to National Medicaid Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Medication Management for People With Asthma (MMA):			
Medication Compliance 50%***: 5–11 years	50.03%	53.10%	↑
12–18 years	51.10%	54.69%	↑
19–50 years	54.39%	58.48%	↑
51–64 years	65.73%	72.91%	↑
Total	51.60%	55.29%	↑
Medication Compliance 75%: 5–11 years	24.38%	26.88%	↑
12–18 years	25.20%	29.57%	↑
19–50 years	30.06%	37.40%	↑
51–64 years	46.15%	52.18%	↑
Total	26.28%	30.61%	↑
Asthma Medication Ratio (AMR):			
5–11 years	80.13%	79.23%	↓
12–18 years	71.17%	72.13%	↑
19–50 years	44.53%	49.23%	↑
51–64 years	45.32%	47.46%	↑
Total	67.93%	68.57%	↑
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)	55.63%	57.18%	↑
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	79.19%	75.12%	↓
Statin Therapy for Patients with Cardiovascular Disease (SPC) †:			
Received Statin Therapy: Males 21–75 years	70.66%	74.20%	↑
Females 40–75 years	66.32%	68.35%	↑
Total	68.50%	71.30%	↑
Statin Adherence 80%: Males 21–75 years	57.13%	57.19%	↑
Females 40–75 years	53.09%	53.32%	↑
Total	55.19%	55.35%	↑

Table 1a. HEDIS 2018 State to National Medicaid Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Diabetes			
Comprehensive Diabetes Care (CDC):			
HbA1c Testing	82.51%	85.39%	↑
HbA1c Control (<7.0%)	37.43%	39.43%	↑
HbA1c Control (<8.0%)	49.07%	53.10%	↑
Retinal Eye Exam Performed	44.87%	48.25%	↑
Medical Attention for Nephropathy	89.06%	90.11%	↑
Blood Pressure Control (<140/90 mm Hg)	58.35%	62.39%	↑
Statin Therapy for Patients with Diabetes (SPD) †			
Received Statin Therapy: 40–75 years	54.06%	55.82%	↑
Statin Adherence 80%: 40–75 years	50.57%	49.92%	↓
Musculoskeletal Conditions			
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	63.65%	64.01%	↑
Behavioral Health			
Antidepressant Medication Management (AMM) **:			
Effective Acute Phase Treatment	46.52%	47.07%	↑
Effective Continuation Phase Treatment	30.56%	30.60%	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD) **:			
Initiation Phase	44.95%	45.98%	↑
Continuation and Maintenance Phase	59.45%	57.89%	↓
Follow-Up After Hospitalization for Mental Illness (FUH)*:			
7-Day Follow-Up		35.05%	
30-Day Follow-Up		57.24%	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)** †:			
7-Day Follow-Up	36.45%	32.22%	↓
30-Day Follow-Up	56.59%	50.67%	↓

Table 1a. HEDIS 2018 State to National Medicaid Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)** †:			
7-Day Follow-Up: 13–17 years	11.96%	3.96%	↓
18 years and older	8.37%	4.12%	↓
Total	8.66%	4.11%	↓
30-Day Follow-Up: 13–17 years	17.28%	7.26%	↓
18 years and older	10.64%	6.22%	↓
Total	11.19%	6.29%	↓
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	82.51%	83.47%	↑
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	70.29%	71.86%	↑
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	80.49%	79.06%	↓
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	58.68%	59.56%	↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):			
1–5 Years	13.33%	16.25%	↑
6–11 Years	27.92%	26.29%	↓
12–17 Years	37.93%	37.25%	↓
Total	34.12%	33.26%	↓
Medication Management and Care Coordination			
Annual Monitoring for Patients on Persistent Medications (MPM):			
ACE Inhibitors or ARBs	90.30%	91.31%	↑
Diuretics	90.70%	91.87%	↑
Total*		91.55%	
Overuse/Appropriateness			
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	81.85%	85.05%	↑
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	32.61%	33.18%	↑
Use of Imaging Studies for Low Back Pain (LBP)**	61.94%	65.88%	↑

Table 1a. HEDIS 2018 State to National Medicaid Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Measures Collected Though CAHPS			
Flu vaccinations for adults ages 18 to 64 (FVA)	40.31%	41.75%	↑
Medical Assistance With Smoking and Tobacco Use Cessation (MSC):			
Advising Smokers and Tobacco Users to Quit	77.12%	78.72%	↑
Discussing Cessation Medications	44.72%	47.14%	↑
Discussing Cessation Strategies	38.55%	40.82%	↑
Supplemental Data - % Current Smokers††	36.94%	36.73%	↓

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

**NCQA indicated trending with caution due to changes in measure specifications in 2018.

***Benchmarks are currently not reported by Quality Compass for this rate.

†Benchmarks are not available for HEDIS 2017 first-year measures.

††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 1b**, a lower rate (particularly one below the national average) is an indication of better performance (↑). A decrease in rates from the prior year also indicates improvement.

Table 1b. HEDIS 2018 State to National Medicaid Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Diabetes			
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)	41.92%	37.12%	↑
Overuse/Appropriateness			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	3.83%	2.84%	↑
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC):			
1–5 Years	2.94%	1.11%	↑
6–11 Years	1.77%	1.55%	↑
12–17 Years	3.22%	2.69%	↑
Total	2.72%	2.29%	↑

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Table 1b. HEDIS 2018 State to National Medicaid Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Use of Opioids at High Dosage (UOD)††† ‡		50.56	
Use of Opioids From Multiple Providers (UOP)††† ‡			
Multiple Prescribers		292.36	
Multiple Pharmacies		78.47	
Multiple Prescribers and Pharmacies		60.61	

†††HEDIS 2018 first-year measure

‡Rate calculated per 1,000 members

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

Table 2. HEDIS 2018 State to National Medicaid Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Adults' Access to Preventive/Ambulatory Health Services (AAP):			
20–44 years	74.37%	75.88%	↑
45–64 years	85.11%	86.08%	↑
Children and Adolescents' Access to Primary Care Practitioners (CAP):			
12–24 months	93.70%	95.44%	↑
25 months–6 years	84.48%	86.73%	↑
7–11 years	89.55%	91.21%	↑
12–19 years	86.19%	88.07%	↑
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)*:			
IET: Initiation of AOD Treatment:			
13-17 Years: Alcohol†††		46.02%	
Opioid†††		56.94%	
Other Drug†††		45.24%	
Total		44.04%	
18+ Years: Alcohol†††		45.34%	
Opioid†††		46.24%	
Other drug†††		42.81%	

Table 2. HEDIS 2018 State to National Medicaid Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Total		41.68%	
Initiation Total: Alcohol†††		45.36%	
Opioid†††		46.32%	
Other Drug†††		43.04%	
Total		41.82%	
IET: Engagement of AOD Treatment:			
13-17 Years: Alcohol†††		20.76%	
Opioid†††		29.17%	
Other drug†††		22.51%	
Total		21.69%	
18+ Years: Alcohol†††		11.14%	
Opioid†††		18.05%	
Other drug†††		11.95%	
Total		12.90%	
Engagement Total: Alcohol†††		11.45%	
Opioid†††		18.12%	
Other Drug†††		12.95%	
Total		13.42%	
Prenatal and Postpartum Care (PPC):			
Timeliness of Prenatal Care	76.94%	79.21%	↑
Postpartum Care	59.35%	60.31%	↑
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)**:			
1–5 Years	39.18%	33.33%	↓
6–11 Years	53.69%	53.49%	↓
12–17 Years	58.23%	50.11%	↓
Total	56.04%	50.88%	↓

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

**NCQA indicated trending with caution due to changes in measure specifications in 2018.

†††HEDIS 2018 first-year measure

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

Table 3. HEDIS 2018 State to National Medicaid Rates: Utilization Measures			
Measure	Weighted State Rate		Change 2017 to 2018
	2017	2018	
Well-Child Visits in the First 15 Months of Life (W15): 6 or More Visits	60.94%	66.86%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	69.18%	72.61%	↑
Adolescent Well-Care Visits (AWC)	46.61%	53.14%	↑

Individual Plan Performance—HEDIS Measures

This section is intended to provide an overview of individual plan performance using appropriate and available comparison data. The results highlight how each MCO is performing in relation to the HEDIS 2017 National Medicaid Means and Percentiles for select MCO-reported HEDIS measures. Qsource uses these data to determine overall TennCare plan performance in a distribution of statistical values that represent the lowest to highest percentiles achieved. For example, the 50th percentile represents the point at which half the reported rates are below and half the reported rates are above that value.

[Tables 5a](#), [5b](#), [6](#), and [7](#) display the plan-specific performance rates for each measure selected from the Effectiveness of Care, Access/Availability of Care, and Utilization and Risk-Adjusted Utilization domains. **Table 4** details the potential color-coding and measure designations used in [Table 5a](#) through [Table 7](#) to indicate the rating of the MCO percentile achieved, and 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 1a](#) and [5a](#).

Table 4. HEDIS 2018 Rating Color and Measure Designations		
Color Designation	National Percentile MCO Achieved	Additional Comments
	Greater than 75th	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, there was a small denominator, i.e., the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate, hence 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.	

Medicaid Results

Table 5a. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Prevention and Screening										
Adult BMI Assessment (ABA)	90.51%	91.73%	90.75%	91.15%	89.20%	94.34%	69.41%	95.00%	88.04%	88.78%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):										
BMI Percentile: 3–11 years	66.67%	78.14%	76.82%	78.84%	80.46%	75.49%	78.18%	76.49%	83.93%	83.85%
12–17 years	68.18%	77.27%	76.23%	68.64%	76.35%	81.89%	76.44%	72.26%	75.42%	79.17%
Total	67.15%	77.86%	76.64%	75.91%	78.97%	77.60%	77.37%	75.06%	81.41%	82.48%
Counseling for Nutrition: 3–11 years	58.42%	74.19%	65.74%	69.97%	70.11%	64.59%	62.27%	71.64%	78.93%	74.23%
12–17 years	53.79%	66.67%	62.30%	55.93%	63.51%	66.93%	61.26%	64.23%	66.95%	73.33%
Total	56.93%	71.78%	64.72%	65.94%	67.73%	65.36%	61.80%	69.14%	75.38%	73.97%
Counseling for Physical Activity: 3–11 years	53.76%	63.80%	57.09%	59.04%	60.15%	55.64%	55.91%	62.31%	73.21%	61.86%
12–17 years	50.76%	64.39%	57.38%	57.63%	60.81%	63.78%	59.16%	66.42%	68.64%	70.83%
Total	52.80%	63.99%	57.18%	58.64%	60.39%	58.33%	57.42%	63.70%	71.86%	64.48%
Childhood Immunization Status (CIS):										
DTaP/DT	74.21%	77.62%	62.04%	75.67%	75.43%	77.37%	74.45%	79.56%	79.81%	70.80%
IPV	91.00%	92.46%	85.40%	92.21%	90.02%	92.21%	86.86%	92.94%	90.27%	88.08%
MMR	88.56%	88.08%	82.48%	89.29%	85.64%	90.75%	84.18%	89.05%	88.08%	88.08%
HiB	87.83%	88.81%	80.29%	90.02%	87.35%	90.27%	83.21%	90.02%	89.05%	85.64%
HepB	91.73%	91.00%	90.51%	92.70%	90.75%	95.38%	87.83%	92.94%	91.73%	90.02%
VZV	87.83%	88.81%	80.54%	87.35%	86.37%	91.24%	83.45%	89.54%	89.54%	86.62%
PCV	74.45%	82.00%	65.69%	81.02%	75.91%	78.35%	75.43%	79.56%	80.78%	72.99%
HepA	86.62%	88.08%	81.27%	85.64%	87.35%	90.02%	82.97%	88.56%	88.32%	85.64%
RV	67.64%	75.67%	58.39%	74.70%	71.53%	72.26%	48.91%	73.24%	75.43%	69.34%
Flu	36.74%	49.39%	27.74%	43.31%	45.99%	30.41%	51.58%	49.15%	55.23%	30.41%
Combination 2	72.02%	75.18%	59.37%	73.48%	72.75%	75.91%	71.29%	76.89%	78.10%	69.83%
Combination 3	68.13%	73.48%	56.69%	72.02%	70.32%	72.26%	69.34%	73.97%	75.43%	66.42%

Medicaid Results

Table 5a. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Combination 4	67.40%	73.24%	56.45%	71.78%	69.59%	72.26%	68.86%	73.48%	75.43%	66.18%
Combination 5	54.26%	64.48%	42.82%	61.56%	60.58%	61.56%	43.31%	59.61%	66.18%	56.20%
Combination 6	31.87%	44.28%	23.11%	38.93%	39.42%	27.25%	43.31%	44.28%	51.09%	25.06%
Combination 7	53.77%	64.23%	42.82%	61.31%	60.10%	61.56%	42.82%	59.37%	66.18%	56.20%
Combination 8	31.63%	44.28%	23.11%	38.69%	39.42%	27.25%	42.82%	44.04%	51.09%	25.06%
Combination 9	25.06%	39.66%	19.22%	35.04%	35.28%	24.33%	28.47%	38.44%	46.96%	22.38%
Combination 10	24.82%	39.66%	19.22%	34.79%	35.28%	24.33%	27.98%	38.20%	46.96%	22.38%
Immunization for Adolescents (IMA):										
Meningococcal	69.59%	68.37%	71.29%	75.18%	75.43%	68.13%	63.75%	68.86%	75.43%	72.26%
Tdap/Td	82.24%	82.48%	82.00%	84.43%	89.05%	84.91%	74.70%	83.70%	87.10%	85.64%
HPV*	21.65%	27.74%	22.87%	23.11%	28.47%	23.36%	19.22%	22.14%	30.90%	24.09%
Combination 1	69.34%	67.64%	70.56%	75.18%	74.21%	67.64%	63.02%	68.37%	74.21%	71.53%
Combination 2*	20.92%	27.25%	21.17%	22.87%	25.30%	21.65%	18.25%	20.68%	28.95%	22.63%
Lead Screening in Children (LSC)	72.26%	81.02%	66.42%	75.18%	74.70%	72.51%	71.71%	78.59%	79.81%	71.53%
Breast Cancer Screening (BCS)*	41.49%	49.41%	47.35%	60.40%	50.19%	62.72%	46.41%	57.45%	52.31%	50.80%
Cervical Cancer Screening (CCS)**	51.82%	62.04%	57.66%	67.49%	64.57%	69.40%	35.52%	57.22%	63.93%	60.97%
Chlamydia Screening in Women (CHL):										
16–20 years	48.94%	52.52%	49.76%	47.86%	52.15%	51.16%	54.92%	46.90%	51.27%	50.67%
21–24 years	55.74%	57.61%	59.65%	54.08%	59.62%	59.52%	41.45%	54.19%	59.46%	61.52%
Total	51.89%	54.49%	54.67%	50.59%	55.79%	54.82%	54.10%	49.47%	54.43%	55.31%
Respiratory Conditions										
Appropriate Testing for Children with Pharyngitis (CWP)	80.23%	78.77%	74.25%	84.76%	86.99%	87.41%	86.42%	84.09%	91.09%	88.45%
Use of Spirometry Testing in the Assessment and										
Diagnosis of COPD (SPR)	35.62%	27.96%	37.84%	34.07%	29.19%	40.00%	NA	32.51%	28.45%	35.02%

Medicaid Results

Table 5a. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Pharmacotherapy Management of COPD Exacerbation (PCE):										
Systemic corticosteroid	53.59%	50.98%	55.36%	54.00%	51.16%	51.91%	NA	59.99%	53.58%	55.94%
Bronchodilator	76.46%	77.40%	79.82%	77.24%	76.64%	78.89%	NA	78.84%	76.12%	80.66%
Medication Management for People With Asthma (MMA):										
Medication Compliance 50%***: 5–11 years	53.82%	53.03%	40.60%	60.95%	49.11%	48.37%	61.19%	59.41%	48.30%	46.54%
12–18 years	52.94%	58.02%	47.12%	59.47%	54.71%	48.46%	62.76%	52.87%	50.49%	48.16%
19–50 years	59.39%	62.08%	46.74%	66.55%	57.66%	56.04%	63.64%	63.64%	53.35%	49.27%
51–64 years	75.61%	76.36%	75.00%	71.01%	63.79%	58.57%	NA	82.61%	79.17%	70.00%
Total	55.35%	57.13%	45.11%	61.68%	53.03%	50.45%	62.12%	59.85%	51.43%	48.33%
Medication Compliance 75%: 5–11 years	29.64%	27.18%	14.24%	34.21%	23.31%	22.44%	33.22%	30.07%	25.00%	20.40%
12–18 years	24.60%	32.49%	20.34%	36.35%	28.93%	23.15%	40.21%	26.02%	25.85%	21.53%
19–50 years	39.08%	42.60%	27.97%	44.13%	32.31%	36.22%	45.45%	42.50%	34.74%	24.82%
51–64 years	51.22%	60.00%	46.15%	55.07%	44.83%	44.29%	NA	59.78%	52.78%	50.00%
Total	30.75%	33.08%	20.22%	37.11%	27.54%	26.46%	37.40%	33.46%	28.81%	22.62%
Asthma Medication Ratio (AMR):										
5–11 years	77.37%	77.28%	64.61%	85.69%	78.98%	79.44%	85.55%	81.50%	77.09%	75.78%
12–18 years	68.42%	67.70%	63.86%	79.63%	71.43%	73.61%	76.97%	70.07%	68.44%	65.54%
19–50 years	49.34%	49.54%	41.80%	52.52%	45.11%	47.72%	66.10%	54.88%	47.89%	45.00%
51–64 years	49.23%	45.56%	41.67%	50.51%	42.55%	44.86%	NA	52.48%	55.96%	39.47%
Total	66.82%	65.82%	57.17%	75.65%	67.03%	68.20%	79.84%	69.32%	65.30%	63.39%
Cardiovascular Conditions										
Controlling High Blood Pressure (CBP)	52.80%	58.64%	44.28%	63.50%	55.44%	58.99%	66.84%	60.80%	53.04%	56.83%
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)	74.42%	82.18%	65.71%	74.58%	66.18%	85.96%	NA	76.92%	73.03%	77.78%

Table 5a. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Statin Therapy for Patients with Cardiovascular Disease (SPC) †:										
Received Statin Therapy: Males 21–75 years	76.21%	75.70%	76.88%	72.53%	73.46%	74.11%	NA	75.87%	70.06%	74.53%
Females 40–75 years	70.63%	66.90%	74.42%	66.71%	69.90%	64.10%	NA	68.49%	68.17%	70.40%
Total	73.85%	71.83%	75.68%	69.51%	71.77%	68.31%	NA	72.25%	69.06%	72.48%
Statin Adherence 80%: Males 21–75 years	52.87%	60.78%	49.59%	56.02%	55.14%	55.88%	NA	63.61%	60.61%	50.70%
Females 40–75 years	43.46%	61.84%	43.30%	53.07%	46.72%	44.31%	NA	62.14%	53.57%	56.16%
Total	49.05%	61.22%	46.60%	54.55%	51.26%	49.58%	NA	62.93%	56.93%	53.33%
Diabetes										
Comprehensive Diabetes Care (CDC):										
HbA1c Testing	83.44%	87.12%	85.04%	88.28%	83.75%	82.13%	75.65%	87.19%	85.67%	83.67%
HbA1c Control (<7.0%)	38.06%	36.41%	32.28%	38.44%	37.23%	41.12%	40.06%	44.90%	42.86%	40.00%
HbA1c Control (<8.0%)	50.33%	53.18%	45.67%	53.63%	48.58%	51.64%	48.04%	58.24%	57.22%	53.22%
Retinal Eye Exam Performed	33.28%	40.15%	38.74%	58.09%	46.40%	51.31%	56.52%	56.57%	44.44%	48.89%
Medical Attention for Nephropathy	86.56%	90.45%	91.34%	90.59%	88.44%	90.66%	75.22%	92.65%	89.78%	89.44%
BP Control (<140/90 mm Hg)	59.34%	61.67%	55.59%	65.84%	61.47%	59.02%	65.43%	68.26%	65.22%	57.33%
Statin Therapy for Patients with Diabetes (SPD) †:										
Received Statin Therapy: 40–75 years	53.23%	57.14%	60.30%	54.38%	52.86%	56.16%	52.80%	58.19%	54.05%	55.57%
Statin Adherence 80%: 40–75 years	46.60%	53.93%	40.62%	48.80%	47.47%	44.16%	72.73%	56.52%	53.24%	49.25%
Musculoskeletal Conditions										
Disease-Modifying Anti-Rheumatic Drug Therapy for										
Rheumatoid Arthritis (ART)	56.15%	66.30%	64.29%	67.38%	56.30%	64.85%	NA	70.80%	59.80%	55.91%

Table 5a. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Behavioral Health										
Antidepressant Medication Management (AMM)**: Treatment										
Effective Acute Phase	52.54%	50.30%	45.73%	49.81%	46.78%	43.07%	41.59%	44.74%	45.93%	39.94%
Effective Continuation Phase	36.02%	34.35%	30.69%	32.11%	29.31%	27.67%	25.38%	28.41%	28.48%	25.70%
Follow-Up Care for Children Prescribed ADHD Medication (ADD)**:										
Initiation Phase	48.59%	53.51%	34.33%	49.81%	42.89%	38.60%	37.76%	53.27%	55.83%	45.42%
Continuation and Maintenance Phase	63.72%	58.20%	49.25%	60.25%	53.29%	53.54%	48.37%	65.38%	66.67%	57.62%
Follow-Up After Hospitalization for Mental Illness (FUH)*:										
7-Day Follow-Up	30.00%	38.62%	23.99%	33.65%	43.59%	31.29%	37.13%	34.50%	43.44%	30.29%
30-Day Follow-Up	51.87%	60.58%	41.98%	59.66%	62.16%	54.09%	58.38%	59.59%	65.19%	53.60%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)**†:										
7-Day Follow-Up	30.17%	37.50%	21.46%	29.60%	36.98%	26.86%	42.17%	27.85%	34.15%	20.00%
30-Day Follow-Up	47.82%	52.99%	38.05%	48.13%	52.60%	42.98%	65.84%	47.85%	53.92%	37.55%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**†:										
7-Day Follow-Up: 13–17 years	NA	NA	NA	2.70%	NA	NA	7.69%	2.50%	2.94%	NA
18 years and older	4.17%	2.84%	5.43%	2.83%	5.50%	7.42%	3.13%	2.07%	4.98%	5.17%
Total	4.01%	3.07%	5.17%	2.82%	5.43%	6.93%	5.17%	2.10%	4.86%	5.02%
30-Day Follow-Up: 13–17 years	NA	NA	NA	5.41%	NA	NA	15.38%	2.50%	2.94%	NA
18 years and older	6.06%	5.07%	8.60%	5.66%	8.07%	10.25%	3.13%	3.62%	5.90%	7.38%
Total	6.01%	5.18%	8.19%	5.65%	8.23%	9.57%	8.62%	3.55%	5.73%	7.17%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using										
Antipsychotic Medication (SSD)	85.14%	85.03%	78.58%	84.78%	84.71%	81.12%	80.03%	85.45%	85.69%	79.63%
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)										
and Schizophrenia (SMD)	NA	80.38%	NA	70.81%	NA	65.65%	NA	72.46%	73.16%	70.49%

Table 5a. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Cardiovascular Monitoring for People With										
Schizophrenia (SMC)	NA	84.62%	NA	82.09%	NA	80.00%	NA	76.09%	76.60%	76.36%
Adherence to Antipsychotic Medications for Individuals										
With Schizophrenia (SAA)	55.29%	65.45%	47.09%	66.22%	56.09%	59.20%	73.23%	61.69%	61.34%	56.15%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):										
1–5 Years	NA	NA	NA	26.67%	NA	NA	10.17%	NA	NA	NA
6–11 Years	24.68%	23.68%	15.05%	28.40%	26.73%	18.57%	29.54%	28.90%	30.97%	20.22%
12–17 Years	30.77%	32.76%	27.78%	37.11%	32.31%	30.54%	43.06%	34.71%	34.84%	27.50%
Total	28.82%	29.14%	21.99%	33.63%	30.28%	25.65%	38.82%	32.43%	32.99%	24.31%
Medication Management and Care Coordination										
Annual Monitoring for Patients on Persistent Medications (MPM)*:										
ACE Inhibitors or ARBs	90.52%	90.79%	91.28%	90.71%	87.04%	91.61%	82.20%	94.04%	91.78%	92.17%
Diuretics	90.83%	91.02%	90.69%	92.09%	87.38%	91.80%	85.63%	94.56%	92.95%	92.73%
Total	90.64%	90.89%	91.00%	91.26%	87.18%	91.70%	83.62%	94.25%	92.27%	92.43%
Overuse/Appropriateness										
Appropriate Treatment for Children with Upper										
Respiratory Infection (URI)	82.45%	90.58%	83.04%	80.55%	88.88%	78.01%	81.84%	83.72%	90.12%	82.70%
Avoidance of Antibiotic Treatment in Adults with Acute										
Bronchitis (AAB)	32.39%	35.35%	34.71%	28.54%	32.13%	31.60%	39.39%	32.94%	38.16%	36.46%
Use of Imaging Studies for Low Back Pain (LBP)**	66.57%	67.79%	70.11%	66.84%	64.44%	65.31%	68.90%	64.68%	62.98%	64.51%
Measures Collected Through CAHPS Health Plan Survey										
Flu vaccinations for adults ages 18 to 64 (FVA)	38.42%	48.63%	35.96%	41.24%	41.53%	39.56%	NA	45.01%	41.59%	43.56%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC):										
Advising Smokers and Tobacco Users to Quit	76.83%	78.13%	77.07%	82.89%	80.93%	80.87%	NA	77.30%	79.30%	80.25%
Discussing Cessation Medications	45.96%	49.01%	43.35%	49.62%	44.79%	52.75%	NA	53.47%	46.32%	43.39%

Table 5a. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Discussing Cessation Strategies	38.56%	46.27%	37.79%	44.57%	43.16%	44.20%	NA	42.40%	38.79%	37.39%
Supplemental Data - % Current Smokers††	47.30%	31.49%	42.78%	37.29%	36.11%	29.00%	23.40%	39.43%	34.75%	34.33%

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

**NCQA indicated trending with caution due to changes in measure specifications in 2018.

***Benchmarks are currently not reported by Quality Compass for this rate.

†Benchmarks are not available for HEDIS 2017 first-year measures.

††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 5b, a lower rate is an indication of better performance.

Table 5b. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures Where Lower Rates Indicate Better Performance

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Diabetes										
Comprehensive Diabetes Care (CDC):										
HbA1c Poor Control (>9.0%)	40.33%	36.67%	45.67%	36.30%	41.21%	39.51%	47.83%	31.29%	31.11%	38.78%
Overuse/Appropriateness										
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)										
Adolescent Females (NCS)	1.00%	1.44%	1.86%	3.47%	2.85%	4.34%	2.22%	3.24%	3.18%	3.78%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC):										
1–5 Years	NA	NA	NA	NA	NA	NA	0.00%	NA	NA	NA
6–11 Years	0.91%	0.75%	1.64%	1.87%	2.00%	0.62%	2.20%	1.88%	0.00%	0.00%
12–17 Years	0.41%	3.11%	1.37%	1.41%	2.30%	1.98%	3.86%	1.15%	1.28%	1.92%
Total	0.55%	2.21%	1.48%	1.67%	2.17%	1.44%	3.35%	1.41%	0.74%	1.07%
Use of Opioids at High Dosage (UOD)†††‡	76.55	72.93	44.02	56.11	55.62	40.41	49.59	38.34	45.63	21.32

Table 5b. HEDIS 2018 Plan-Specific Medicaid Rates: Effectiveness of Care Measures Where Lower Rates Indicate Better Performance

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Use of Opioids From Multiple Providers (UOP)††† ‡:										
Multiple Prescribers	340.10	431.40	317.49	271.31	336.54	233.83	277.15	234.70	269.88	209.50
Multiple Pharmacies	144.32	224.30	180.54	44.38	83.68	80.08	63.67	11.15	10.92	20.76
Multiple Prescribers and Pharmacies	128.44	202.31	146.06	28.18	57.33	39.19	37.45	7.40	6.90	11.08

†††HEDIS 2018 first-year measure

‡Rate calculated per 1,000 members

Table 6. HEDIS 2018 Plan-Specific Medicaid Rates: Access/Availability of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Adults' Access to Preventive/Ambulatory Health Services (AAP):										
20–44 years	69.24%	77.26%	73.31%	79.98%	76.84%	78.95%	41.87%	77.93%	78.17%	74.87%
45–64 years	79.83%	86.92%	82.47%	89.44%	86.99%	88.54%	40.54%	87.81%	88.04%	84.09%
Children and Adolescents' Access to Primary Care Practitioners (CAP):										
12–24 months	93.83%	96.51%	91.05%	97.19%	96.72%	95.13%	87.76%	96.49%	96.80%	94.76%
25 months–6 years	82.16%	89.23%	81.63%	90.28%	87.52%	85.58%	79.12%	88.15%	89.76%	85.57%
7–11 years	86.72%	92.33%	88.81%	93.76%	91.47%	91.19%	87.73%	91.58%	93.52%	91.18%
12–19 years	83.54%	88.51%	85.24%	91.18%	89.78%	88.37%	84.87%	88.51%	90.68%	86.69%
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)*:										
IET: Initiation of AOD Treatment:										
13-17 Years: Alcohol†††	46.88%	NA	NA	47.83%	53.13%	NA	56.36%	NA	NA	NA
Opioid†††	NA									
Other Drug†††	44.52%	41.36%	46.67%	36.54%	53.94%	44.06%	46.89%	41.81%	50.60%	45.45%
Total	43.18%	39.11%	46.09%	37.35%	51.89%	41.29%	46.69%	40.00%	47.80%	45.24%
18+ Years: Alcohol†††	43.93%	43.90%	51.48%	37.63%	45.58%	45.73%	37.14%	45.24%	46.34%	52.14%
Opioid†††	54.66%	57.99%	57.04%	39.84%	52.43%	35.38%	54.84%	39.49%	49.11%	36.85%
Other Drug†††	36.82%	47.94%	49.27%	32.81%	49.04%	43.30%	40.28%	39.66%	52.41%	44.52%
Total	41.20%	45.96%	49.35%	34.03%	46.09%	39.13%	39.93%	38.50%	46.04%	42.46%

Medicaid Results

Table 6. HEDIS 2018 Plan-Specific Medicaid Rates: Access/Availability of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Initiation Total: Alcohol†††	44.03%	43.92%	51.65%	38.06%	45.81%	45.01%	43.75%	44.90%	46.28%	51.99%
Opioid†††	54.67%	57.99%	56.61%	39.86%	52.56%	35.41%	57.47%	39.55%	49.17%	36.78%
Other Drug†††	37.36%	47.40%	49.07%	33.04%	49.41%	43.37%	43.53%	39.80%	52.26%	44.60%
Total	41.29%	45.62%	49.18%	34.17%	46.36%	39.25%	43.06%	38.56%	46.12%	42.60%
IET: Engagement of AOD Treatment:										
13-17 Years: Alcohol†††	25.00%	17.24%	7.69%	23.91%	25.00%	6.25%	25.45%	24.14%	17.39%	7.14%
Opioid†††	28.57%	20.00%	0.00%	35.71%	33.33%	0.00%	36.00%	0.00%	50.00%	0.00%
Other Drug†††	24.52%	20.37%	10.00%	26.92%	29.09%	15.38%	25.31%	20.34%	27.38%	12.40%
Total	23.30%	18.99%	10.16%	25.30%	27.57%	14.19%	25.29%	19.49%	25.27%	11.90%
18+ Years: Alcohol†††	12.02%	14.75%	10.48%	8.76%	10.26%	9.64%	11.43%	8.76%	14.35%	10.45%
Opioid†††	25.02%	26.41%	28.14%	13.30%	20.88%	13.64%	14.52%	11.68%	18.69%	17.22%
Other Drug†††	11.19%	16.46%	11.23%	9.62%	14.48%	8.69%	14.23%	9.59%	16.62%	10.03%
Total	14.33%	17.23%	13.45%	9.87%	14.96%	10.11%	13.59%	9.65%	16.70%	11.18%
Engagement Total: Alcohol†††	12.47%	14.81%	10.44%	9.40%	10.69%	9.57%	16.25%	9.13%	14.42%	10.40%
Opioid†††	25.05%	26.38%	27.93%	13.44%	20.94%	13.61%	20.69%	11.65%	18.77%	17.19%
Other Drug†††	12.13%	16.79%	11.13%	10.70%	15.58%	9.28%	19.67%	10.31%	17.50%	10.22%
Total	14.76%	17.32%	13.28%	10.52%	15.54%	10.33%	19.01%	10.04%	17.09%	11.22%
Prenatal and Postpartum Care (PPC):										
Timeliness of Prenatal Care	77.62%	79.08%	70.56%	88.70%	79.08%	78.78%	75.36%	84.69%	69.85%	76.89%
Postpartum Care	61.80%	65.45%	52.31%	68.93%	54.74%	57.80%	43.19%	67.60%	56.53%	53.53%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)**:										
1-5 Years	NA									
6-11 Years	58.97%	51.49%	50.44%	52.11%	49.60%	60.93%	53.10%	44.32%	56.76%	55.56%
12-17 Years	60.54%	39.90%	56.69%	51.42%	45.19%	57.76%	49.92%	50.38%	45.67%	51.18%
Total	59.23%	43.17%	53.45%	50.62%	46.76%	58.54%	51.05%	48.02%	48.48%	52.07%

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

†††HEDIS 2018 first-year measure

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

Table 7. HEDIS 2018 Plan-Specific Medicaid Rates: Utilization Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Well-Child Visits in the First 15 Months of Life (W15):										
6 or More Visits	73.97%	76.40%	51.58%	68.68%	67.45%	57.25%	44.77%	73.85%	80.67%	53.28%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)										
	67.64%	79.56%	69.10%	69.44%	73.56%	67.02%	66.24%	75.28%	82.87%	68.09%
Adolescent Well-Care Visits (AWC)	59.12%	64.23%	60.10%	47.20%	49.64%	44.77%	39.42%	57.42%	58.64%	53.53%

Individual Plan Performance—CAHPS

Table 8 details the color-coding and the rating scale, as well as any additional comments, used in **Tables 9, 10, and 11** to indicate the rating achieved. These tables display the plan-specific performance rates for the CAHPS survey results.

CAHPS measure results with an 'NA' indicate that there were fewer than 100 valid responses and, hence, results are not presented. For all CAHPS survey results, performance is measured against the calculated statewide average.

Table 8. 2018 CAHPS Rating Color and Measure Designations		
Color Designation	Rating Scale	Additional Comments
	Greater than one standard deviation above the statewide average	No additional comments
	Within one standard deviation above or below the statewide average	No additional comments
	Greater than one standard deviation below the statewide average	No additional comments
	No Rating Available	Benchmarking data were not available
Measure Designation	Definition	
NA	Not Applicable, there were fewer than 100 valid responses, hence results are not presented.	

Table 9. 2018 CAHPS 5.0H Adult Medicaid Survey Results										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care (Always + Usually)										
84.20%	84.32%	80.68%	84.51%	82.42%	86.03%	NA	88.59%	82.54%	81.80%	83.90%
2. Getting Care Quickly (Always + Usually)										
81.56%	84.54%	82.25%	89.07%	79.35%	82.82%	NA	84.55%	80.92%	82.07%	83.01%
3. How Well Doctors Communicate (Always + Usually)										
89.59%	90.50%	91.30%	89.49%	91.62%	93.62%	NA	93.13%	90.61%	91.12%	91.22%
4. Customer Service (Always + Usually)										
86.34%	89.95%	88.83%	NA	NA	91.73%	NA	90.68%	91.38%	87.40%	89.47%

Medicaid Results

Table 9. 2018 CAHPS 5.0H Adult Medicaid Survey Results

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
5. Shared Decision Making (Yes)										
80.30%	79.29%	76.31%	83.48%	NA	73.51%	NA	80.23%	79.49%	75.23%	78.48%
6. Rating of All Health Care (9+10)										
50.18%	54.57%	52.35%	56.40%	45.69%	58.85%	NA	61.03%	58.49%	59.28%	55.20%
7. Rating of Personal Doctor (9+10)										
61.64%	65.60%	69.23%	68.38%	62.24%	76.02%	NA	70.24%	63.64%	66.32%	67.03%
8. Rating of Specialist Seen Most Often (9+10)										
65.38%	65.33%	68.49%	62.40%	NA	73.11%	NA	74.61%	63.93%	70.00%	67.91%
9. Rating of Health Plan (9+10)										
52.60%	61.72%	58.33%	63.97%	58.80%	69.36%	NA	68.36%	64.34%	65.19%	62.52%

Table 10. 2018 CAHPS 5.0H Child Medicaid Survey Results (General Population)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care (Always + Usually)										
87.90%	85.69%	84.24%	90.51%	85.97%	89.75%	91.72%	88.16%	88.45%	86.08%	87.85%
2. Getting Care Quickly (Always + Usually)										
90.62%	87.82%	89.91%	94.69%	90.27%	92.21%	96.26%	92.91%	92.31%	90.36%	91.74%
3. How Well Doctors Communicate (Always + Usually)										
94.25%	93.36%	93.89%	97.16%	93.97%	94.89%	95.45%	92.89%	95.61%	93.22%	94.47%
4. Customer Service (Always + Usually)										
87.83%	91.10%	91.27%	89.26%	87.32%	90.58%	92.01%	90.08%	92.01%	88.65%	90.01%
5. Shared Decision Making (Yes)										
78.86%	78.62%	NA	83.42%	NA	NA	85.40%	81.27%	76.76%	76.33%	80.09%
6. Rating of All Health Care (9+10)										
68.79%	73.51%	70.67%	73.26%	69.41%	70.85%	71.21%	74.27%	72.39%	70.38%	71.47%

Medicaid Results

Table 10. 2018 CAHPS 5.0H Child Medicaid Survey Results (General Population)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
7. Rating of Personal Doctor (9+10)										
75.38%	77.02%	77.22%	79.23%	77.47%	78.35%	82.62%	76.94%	79.36%	76.02%	77.96%
8. Rating of Specialist Seen Most Often (9+10)										
74.42%	69.11%	NA	NA	NA	NA	78.70%	77.69%	NA	NA	74.98%
9. Rating of Health Plan (9+10)										
69.06%	76.97%	72.26%	78.57%	73.78%	82.09%	76.99%	79.76%	80.19%	78.79%	76.85%

Table 11. 2018 CAHPS 5.0H Child Medicaid Survey Results (Children with Chronic Conditions)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care (Always + Usually)										
88.73%	89.34%	86.55%	92.39%	91.15%	91.20%	90.23%	92.65%	92.61%	86.19%	90.10%
2. Getting Care Quickly (Always + Usually)										
94.38%	92.71%	96.07%	95.30%	93.72%	94.45%	95.96%	94.96%	96.75%	94.00%	94.83%
3. How Well Doctors Communicate (Always + Usually)										
92.78%	94.69%	93.01%	96.91%	95.09%	96.54%	93.54%	93.95%	96.88%	92.79%	94.62%
4. Customer Service (Always + Usually)										
87.30%	89.34%	NA	90.44%	86.51%	90.76%	91.45%	92.53%	89.71%	86.10%	89.35%
5. Shared Decision Making (Yes)										
83.23%	84.14%	80.45%	84.26%	81.30%	82.89%	85.77%	85.65%	86.07%	86.21%	84.00%
6. Rating of All Health Care (9+10)										
64.47%	70.03%	65.63%	71.83%	69.13%	68.36%	69.13%	72.81%	75.88%	69.70%	69.70%
7. Rating of Personal Doctor (9+10)										
70.94%	76.51%	74.55%	76.76%	78.00%	77.11%	69.00%	78.33%	78.17%	78.53%	75.79%
8. Rating of Specialist Seen Most Often (9+10)										
71.95%	74.05%	NA	75.84%	80.19%	74.40%	76.67%	78.85%	77.86%	77.30%	76.35%
9. Rating of Health Plan (9+10)										
67.36%	73.91%	69.53%	76.49%	72.24%	75.66%	74.93%	74.95%	76.63%	76.69%	73.84%

Medicaid Results

Table 11. 2018 CAHPS 5.0H Child Medicaid Survey Results (Children with Chronic Conditions)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
10. Access to Specialized Services (Always + Usually)										
NA	NA	NA	NA	NA	NA	76.27%	79.35%	NA	NA	77.81%
11. Family-Centered Care: Personal Doctor or Nurse Who Knows Child (Yes)										
90.49%	91.70%	88.64%	92.42%	90.81%	92.58%	92.32%	90.09%	92.54%	90.90%	91.25%
12. Coordination of Care for Children With Chronic Conditions (Yes)										
NA	NA	NA	83.54%	NA	NA	85.98%	77.18%	NA	NA	82.23%
13. Family-Centered Care: Getting Needed Information (Always + Usually)										
91.28%	92.04%	90.27%	94.74%	90.43%	90.25%	92.31%	92.76%	93.29%	88.45%	91.58%
14. Access to Prescription Medicines (Always + Usually)										
94.38%	93.06%	94.50%	94.08%	95.37%	93.77%	92.59%	96.18%	96.25%	90.32%	94.05%

Medicaid HEDIS Trending—Statewide Weighted Rates

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

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

measures were not reported (and thereby not plotted) for a particular year. Additionally, changes in health plans and enrollees should be considered—beginning in January 2015, 400,000 TennCare enrollees were transitioning to new MCOs.

Trending for first-time measures is not possible and, therefore, not presented in this section. Remaining measures are plotted to reflect the statewide performance of TennCare MCOs for five years. Trending for prior years is available in previous HEDIS reports.

Effectiveness of Care Measures—Prevention and Screening

Fig. 1. Adult BMI Assessment (ABA)

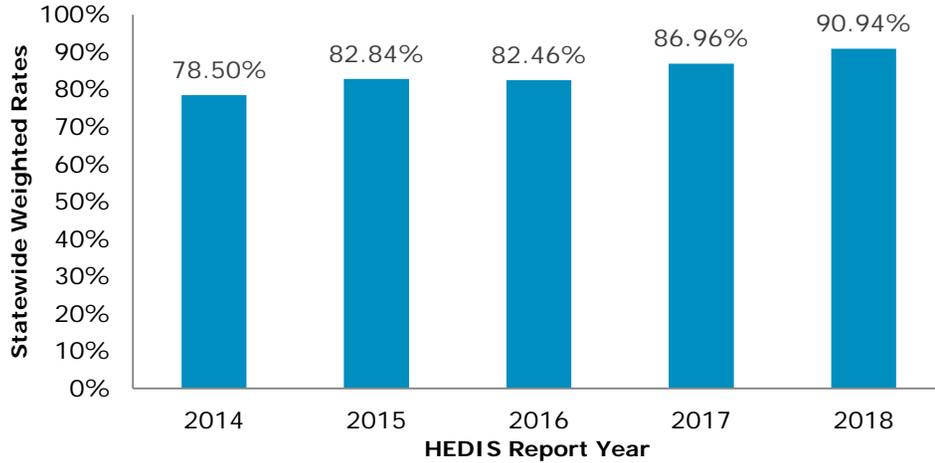
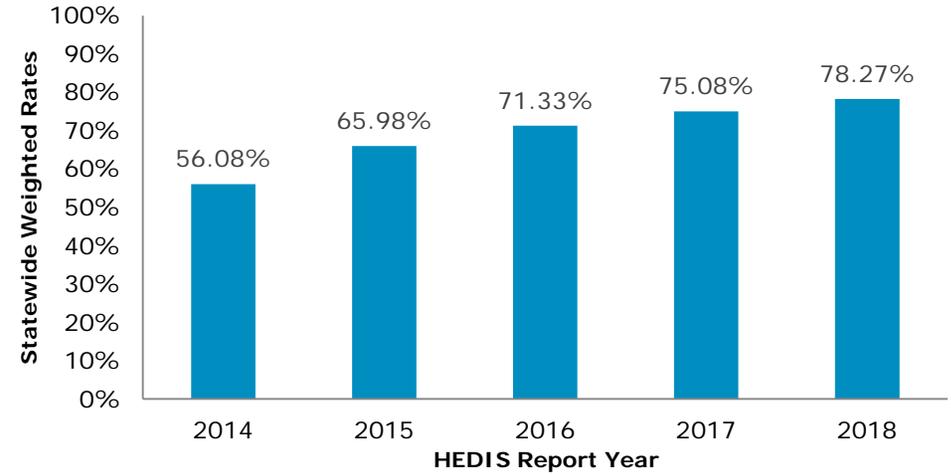


Fig. 2. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—BMI Percentile: 3–11 years



Footnote: For HEDIS 2016 the BMI and BMI percentile numerator age criteria was revised from 21 to 20 years; trending should be considered with caution.

Fig. 3. WCC—BMI Percentile: 12–17 years

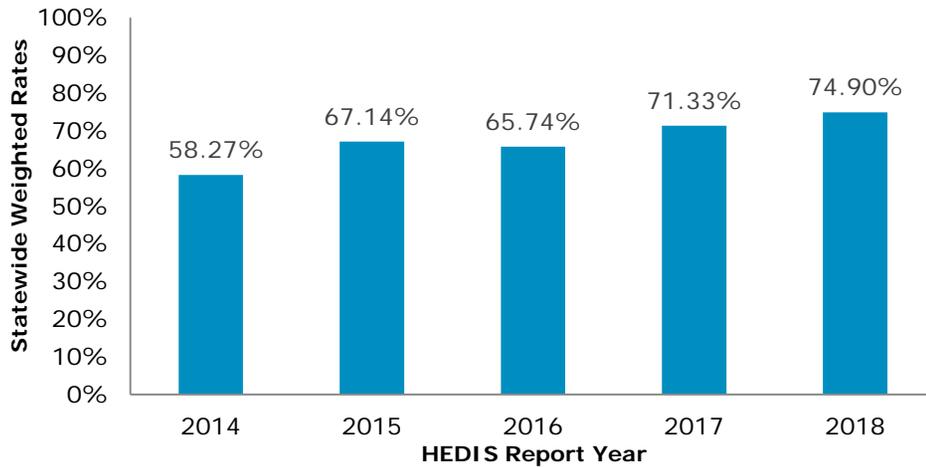
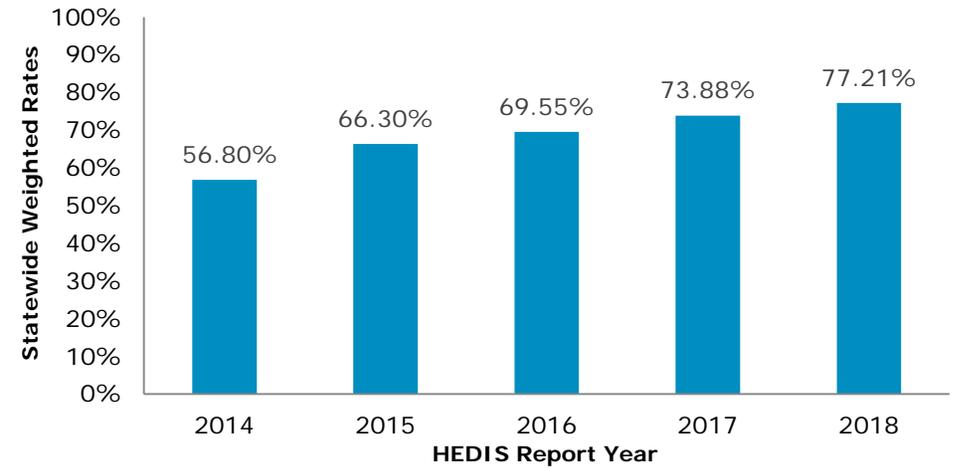


Fig. 4. WCC—BMI Percentile: Total



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

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

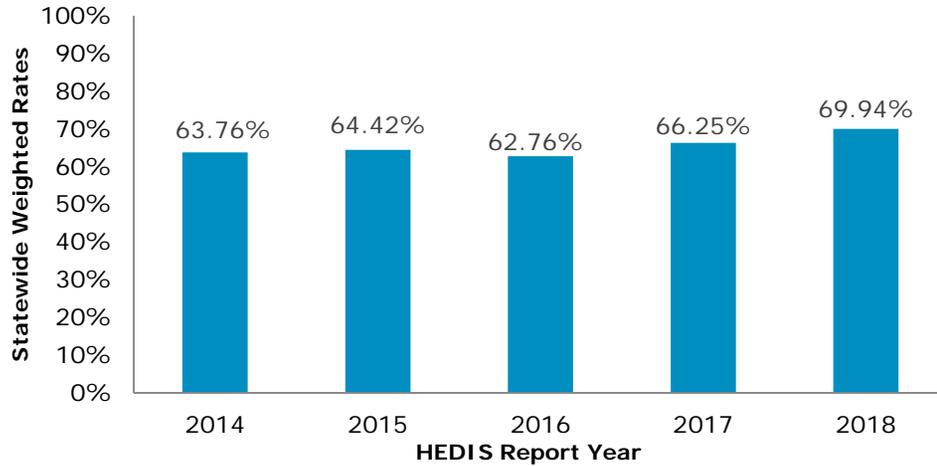


Fig. 6. WCC—Counseling for Nutrition: 12–17 years

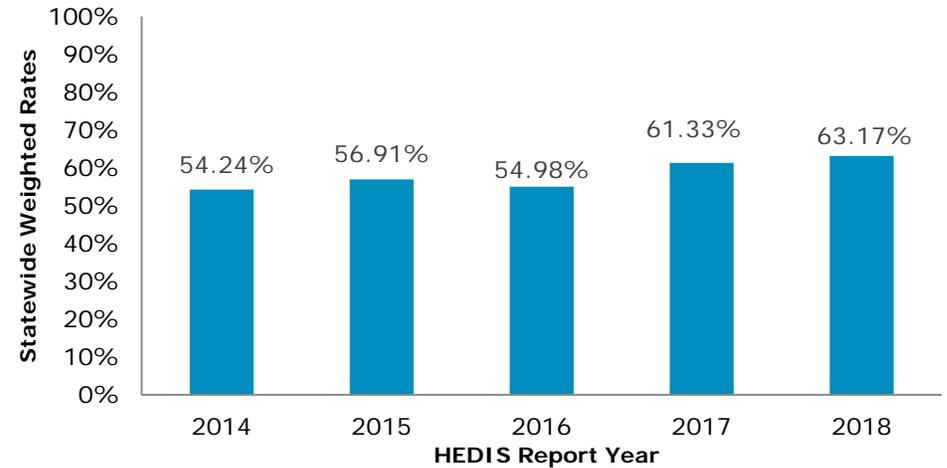


Fig. 7. WCC—Counseling for Nutrition: Total

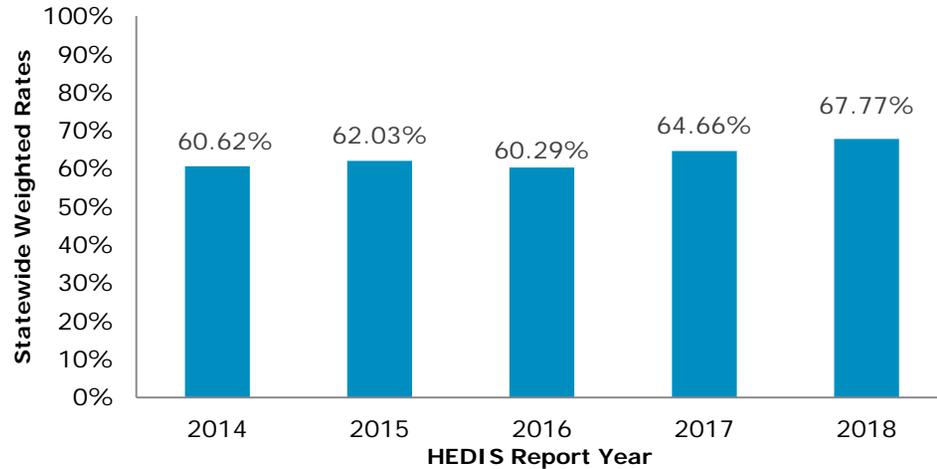
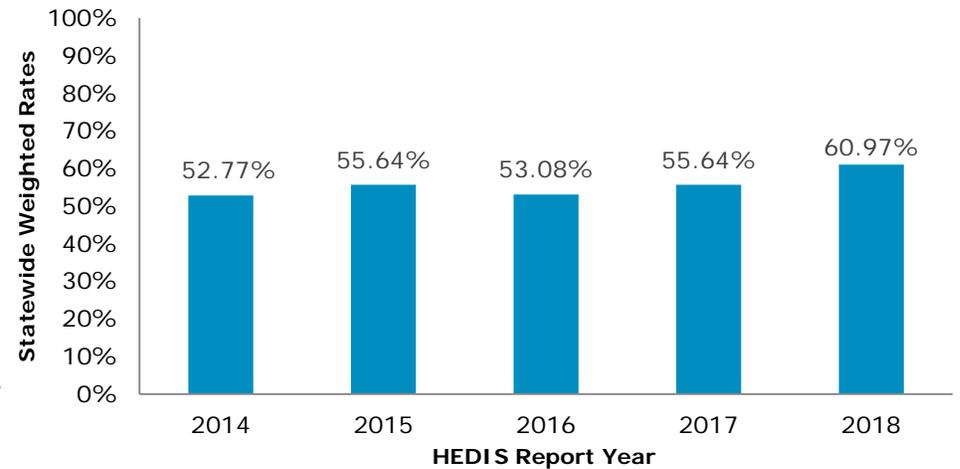


Fig. 8. WCC—Counseling for Physical Activity: 3–11 years



Footnote: In 2016, changes were made to numerator criteria; trending with prior years should be considered with caution.

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

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

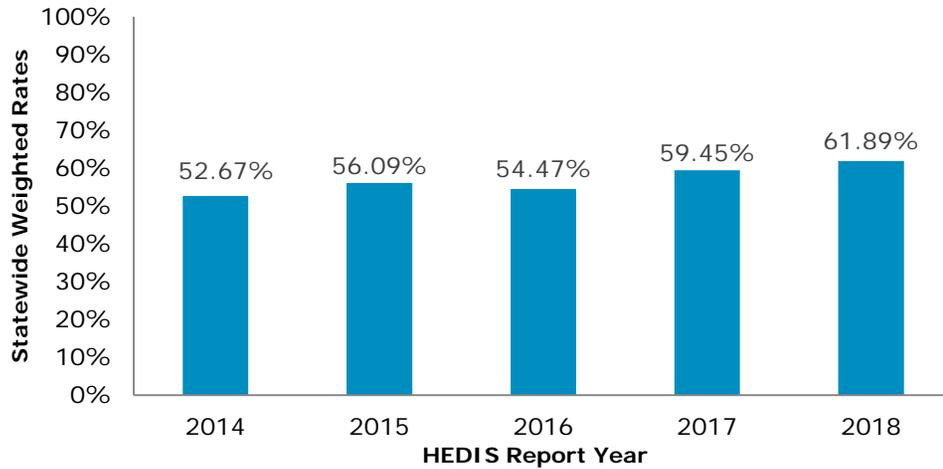
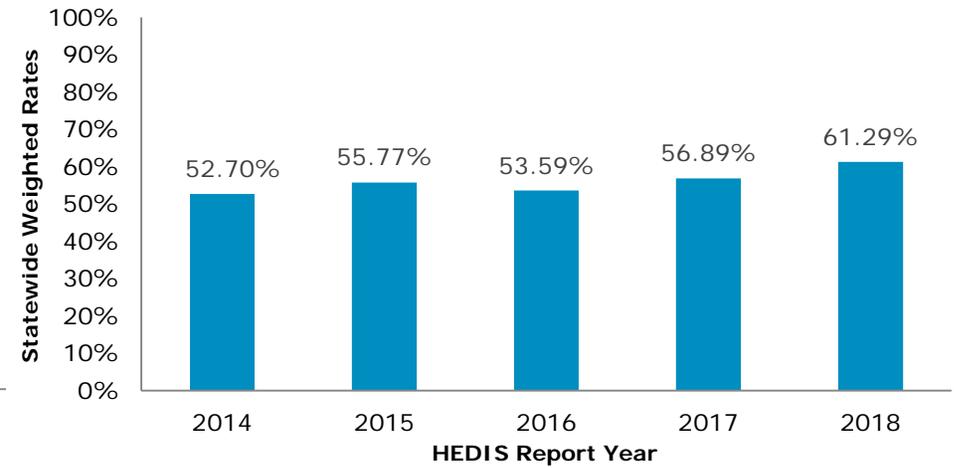


Fig. 10. WCC—Counseling for Physical Activity: Total



Footnote: In 2016, changes were made to numerator criteria; trending with prior years should be considered with caution.

Footnote: In 2016, changes were made to numerator criteria; trending with prior years should be considered with caution.

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

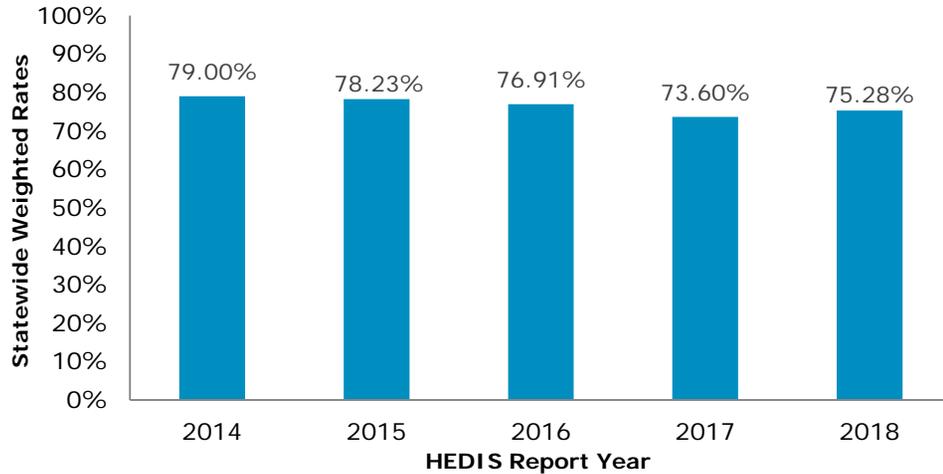
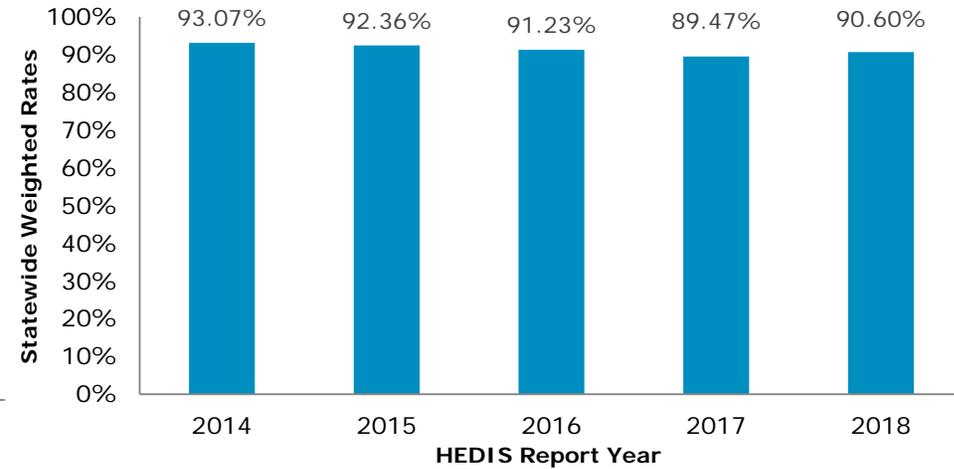


Fig. 12. CIS: IPV



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

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

Fig. 13. CIS: MMR

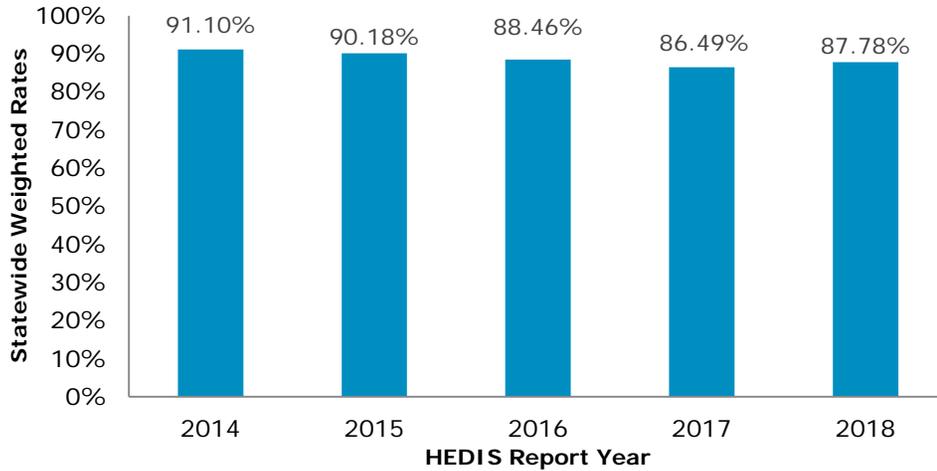
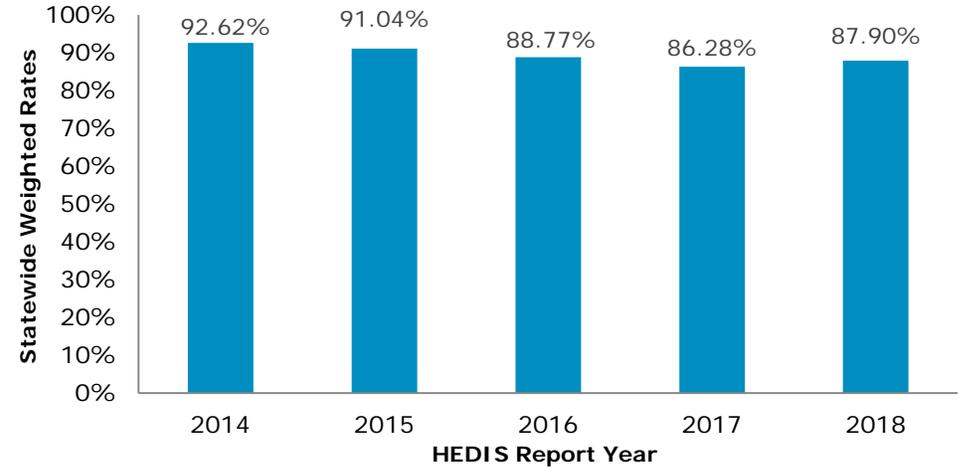


Fig. 14. CIS: HiB



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Fig. 15. CIS: HepB

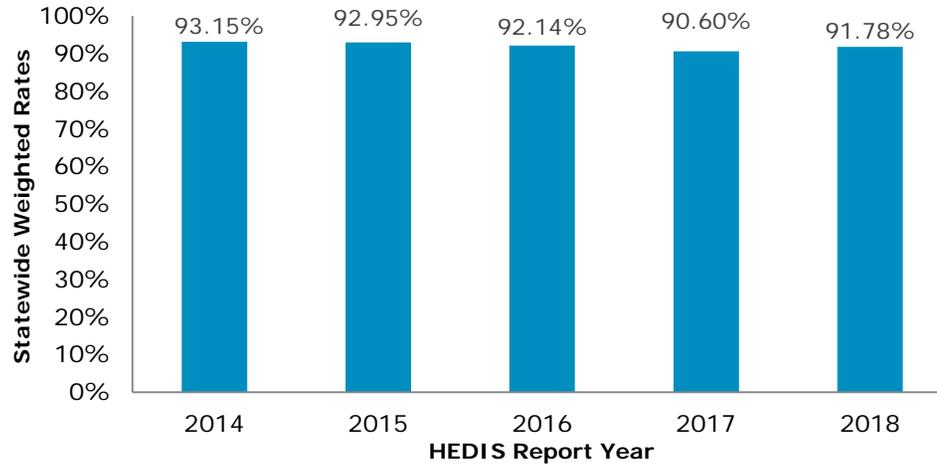
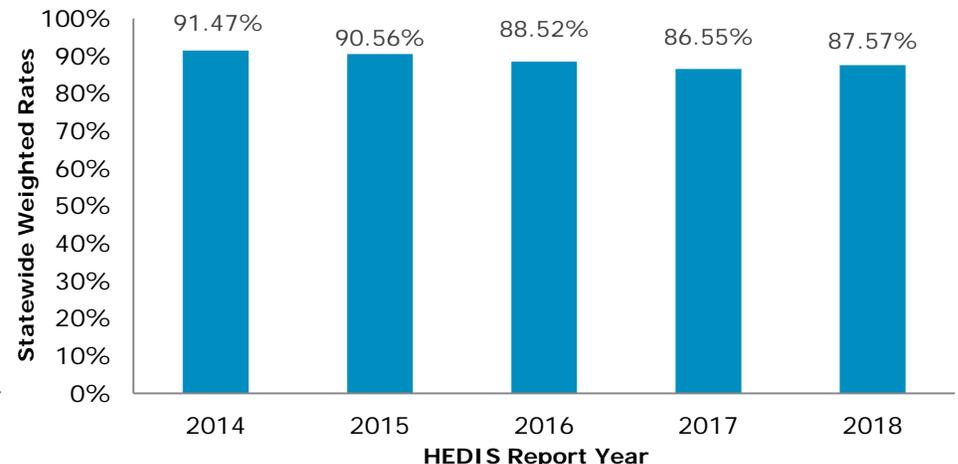


Fig. 16. CIS: VZV



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

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

Fig. 17. CIS: PCV

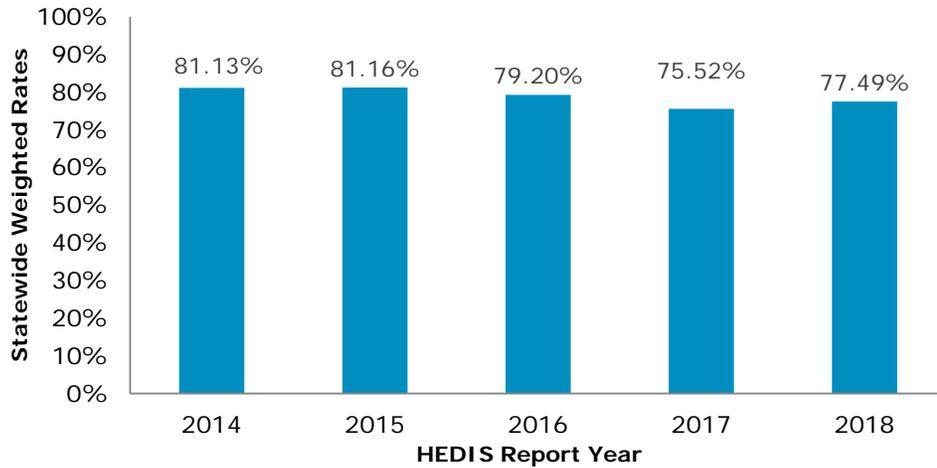
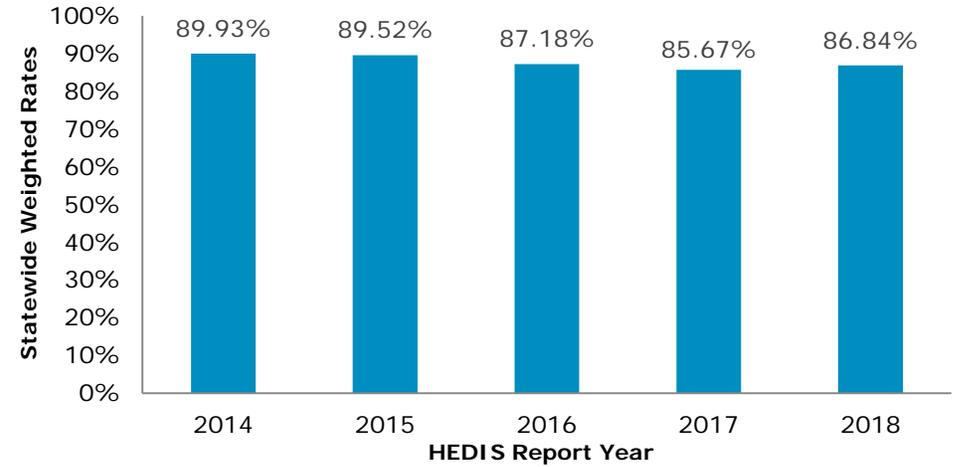


Fig. 18. CIS: HepA



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Fig. 19. CIS: RV

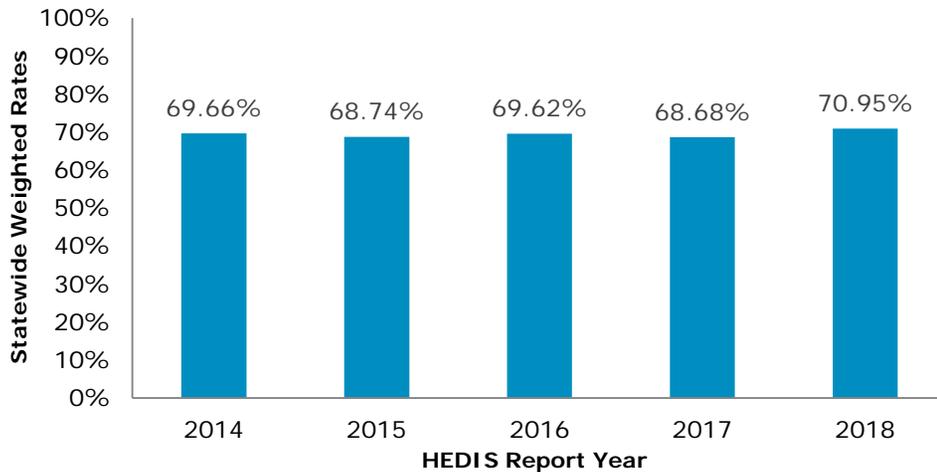
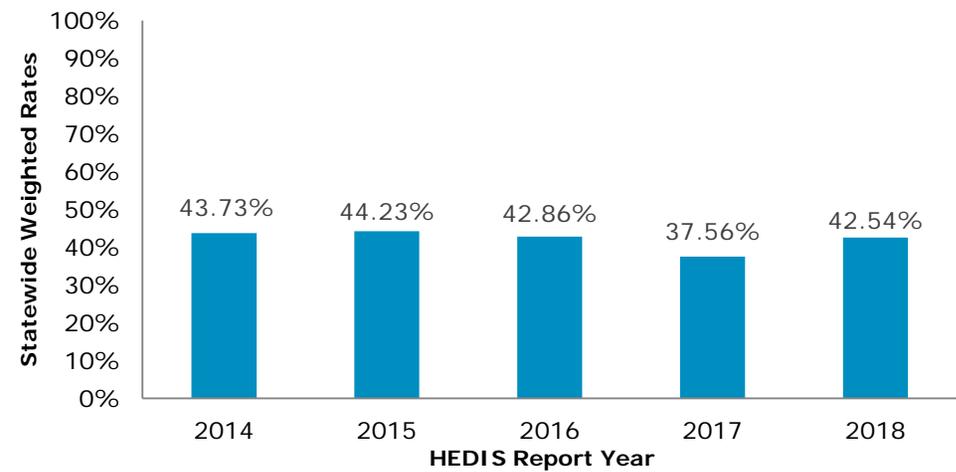


Fig. 20. CIS: Flu



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

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

Fig. 21. CIS: Combination 2

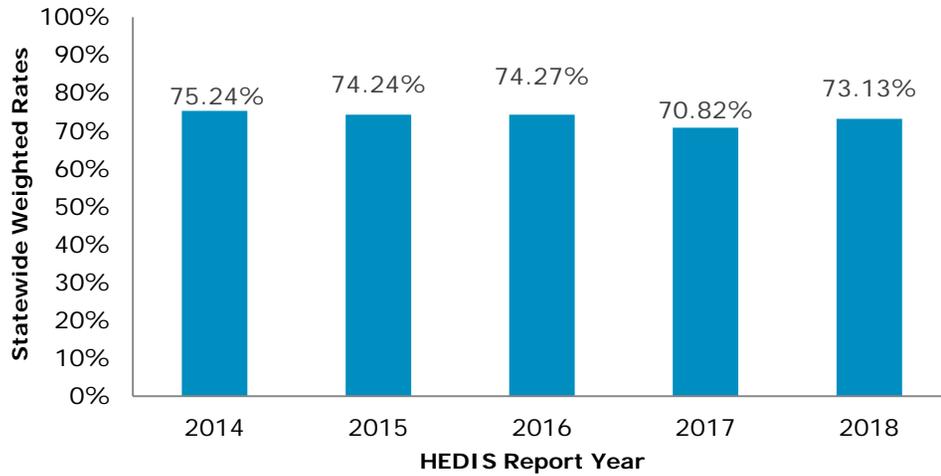
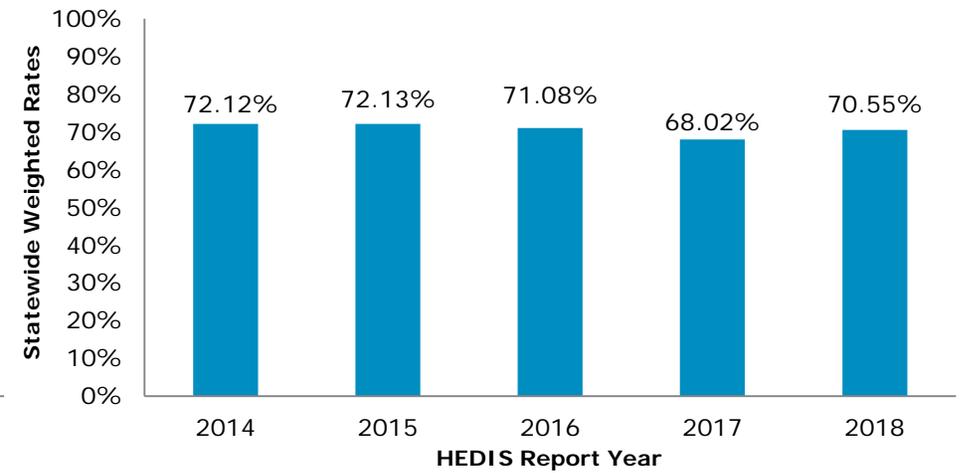


Fig. 22. CIS: Combination 3



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Fig. 23. CIS: Combination 4

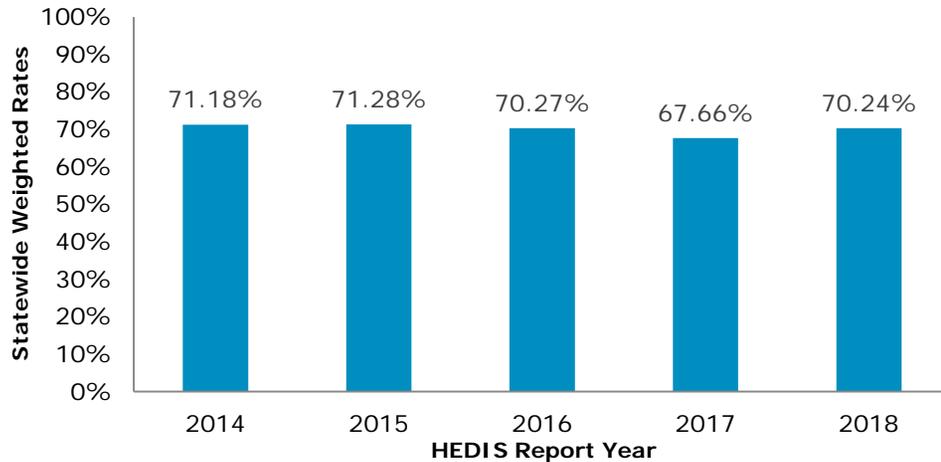
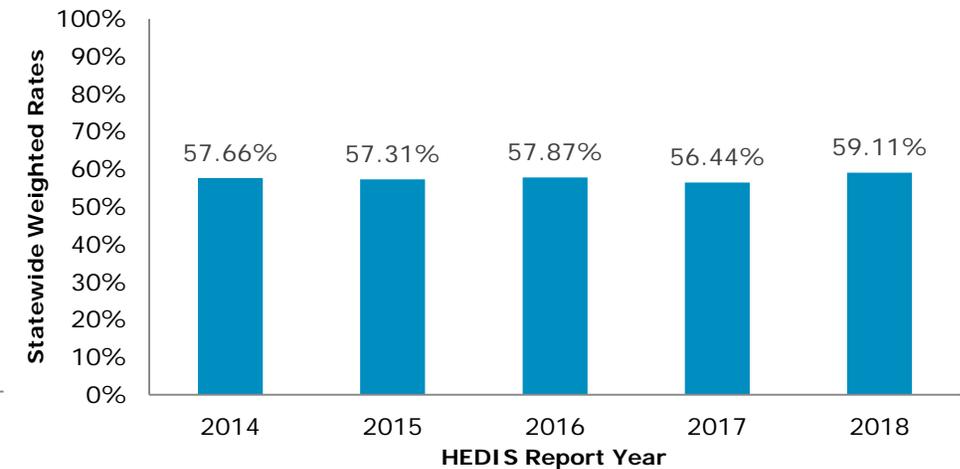


Fig. 24. CIS: Combination 5



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

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

Fig. 25. CIS: Combination 6

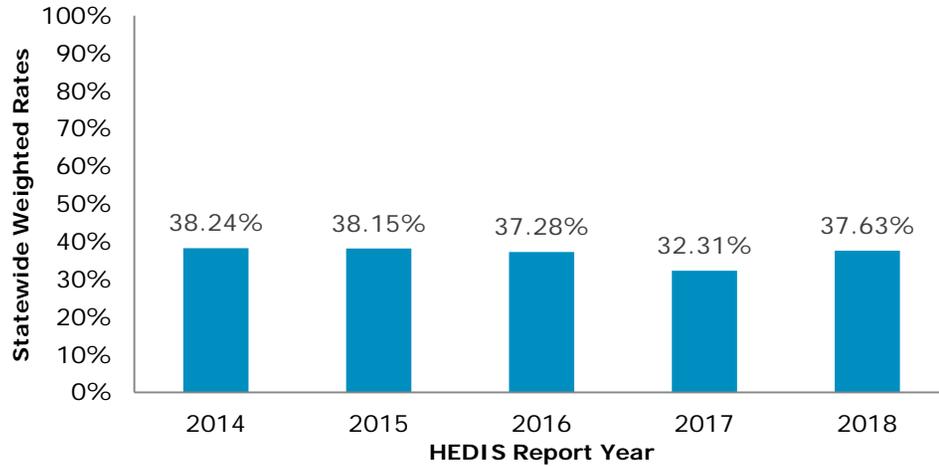
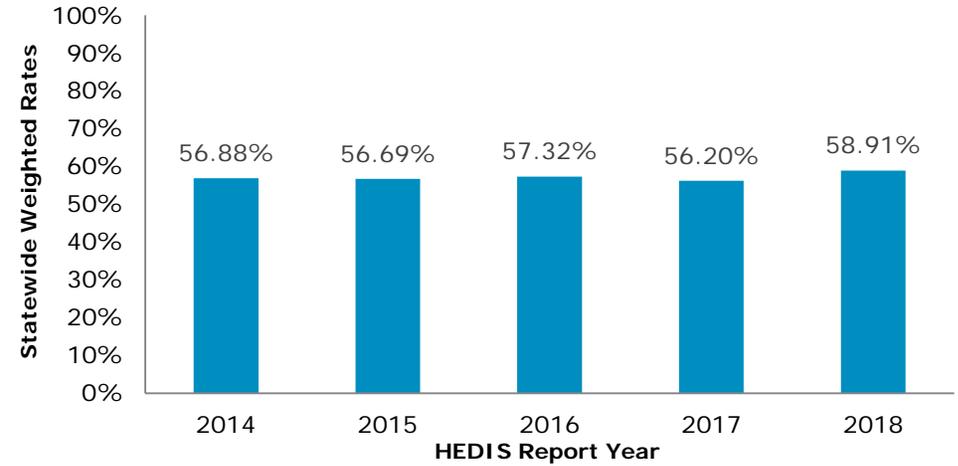


Fig. 26. CIS: Combination 7



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Fig. 27. CIS: Combination 8

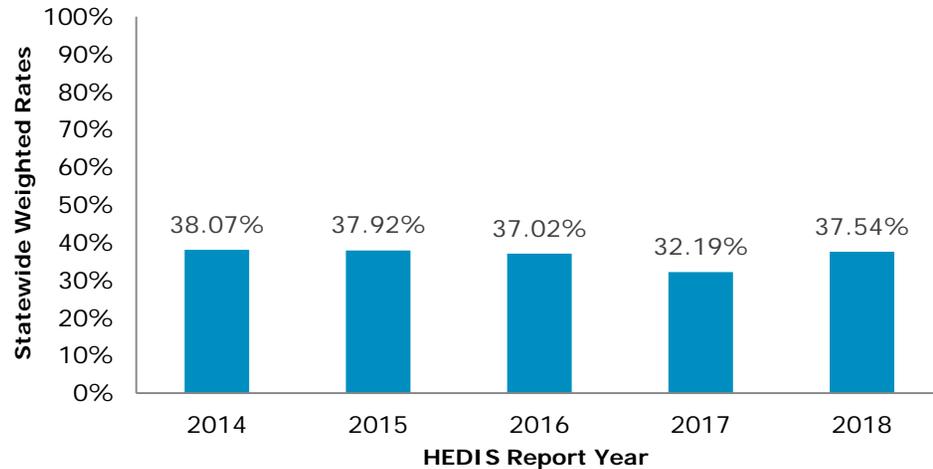
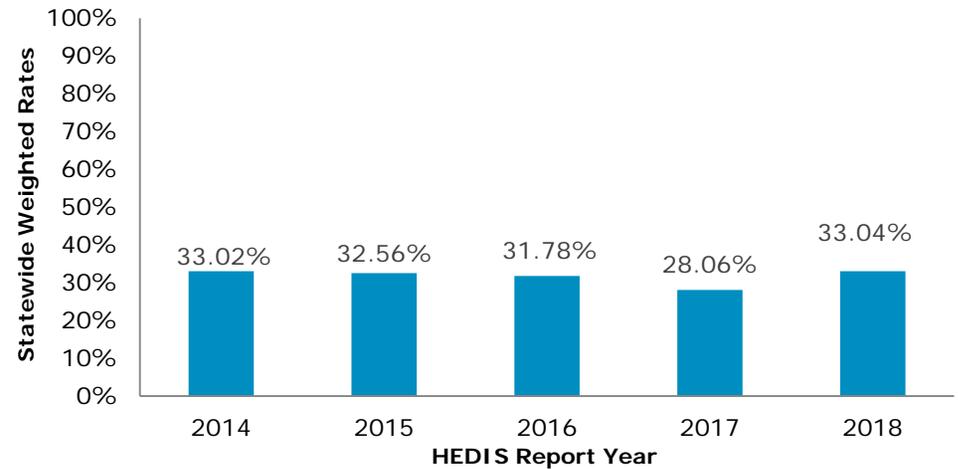


Fig. 28. CIS: Combination 9



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

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

Fig. 29. CIS: Combination 10

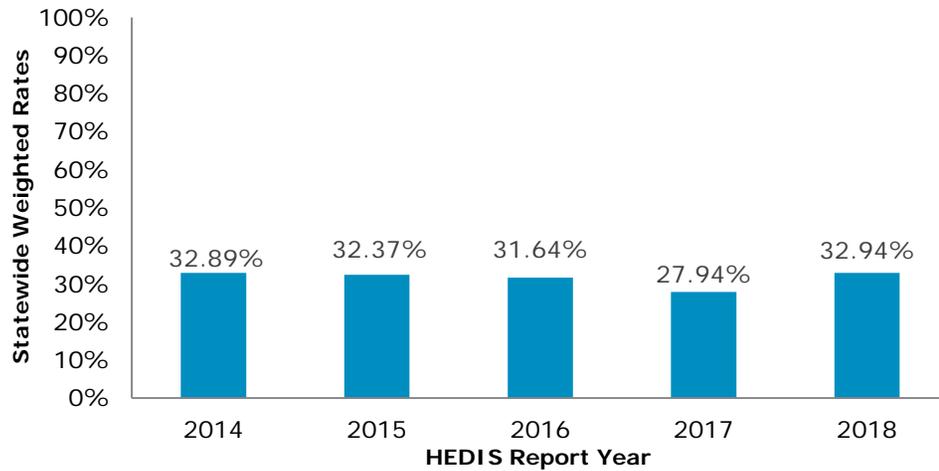
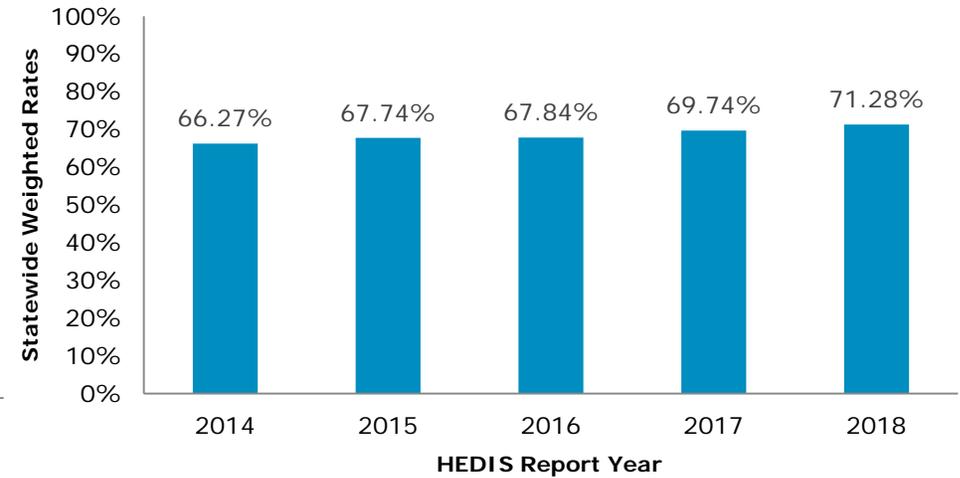


Fig. 30. Immunizations for Adolescents (IMA): Meningococcal



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Fig. 31. IMA: Tdap/Td

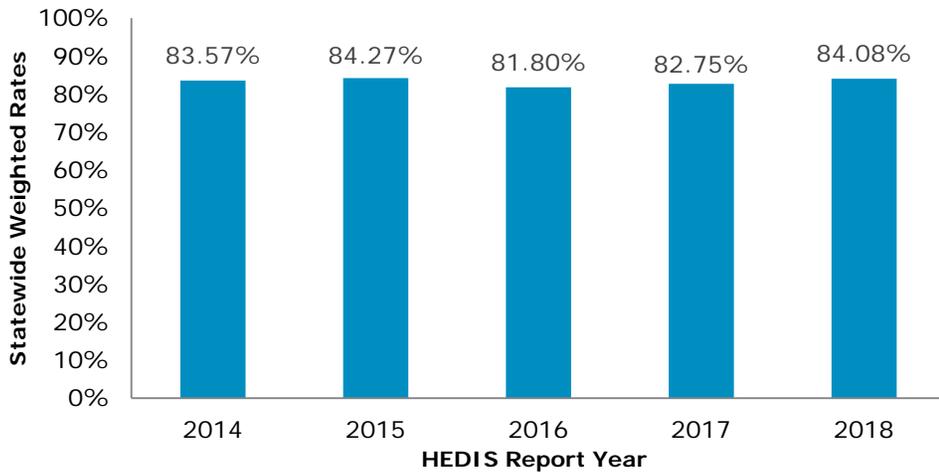
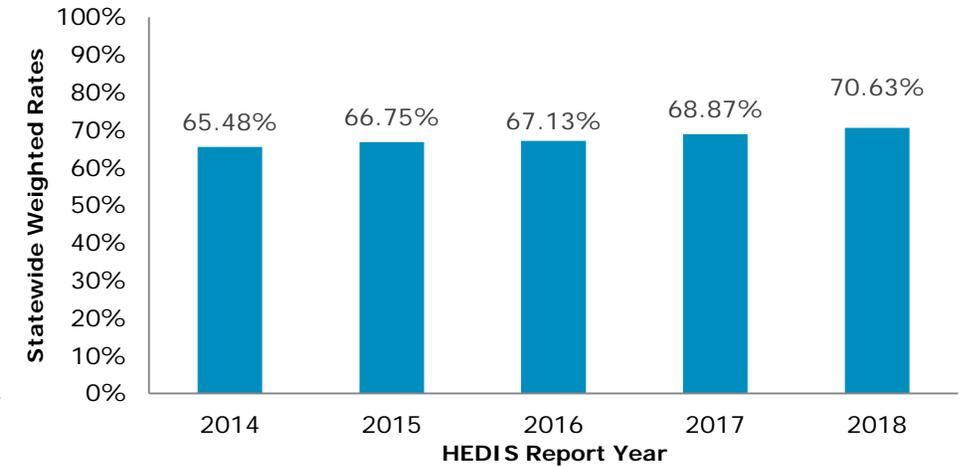


Fig. 32. IMA: Combination 1



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

Fig. 33. Lead Screening in Children (LSC)

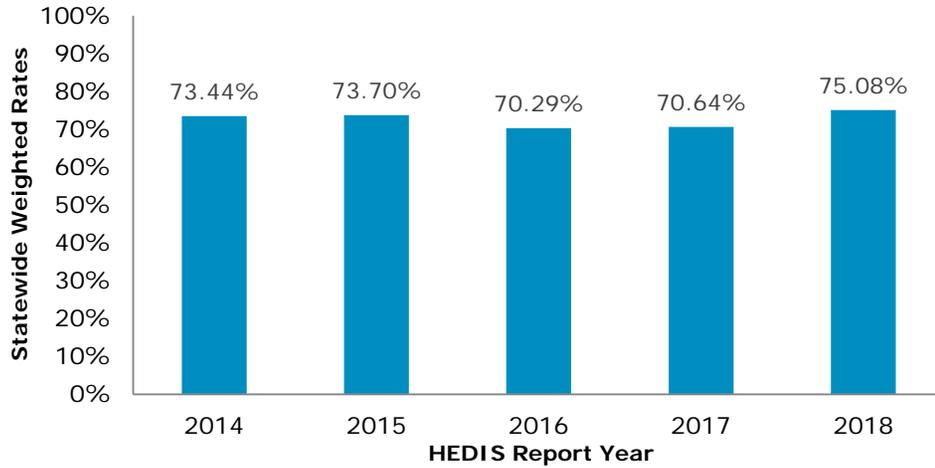
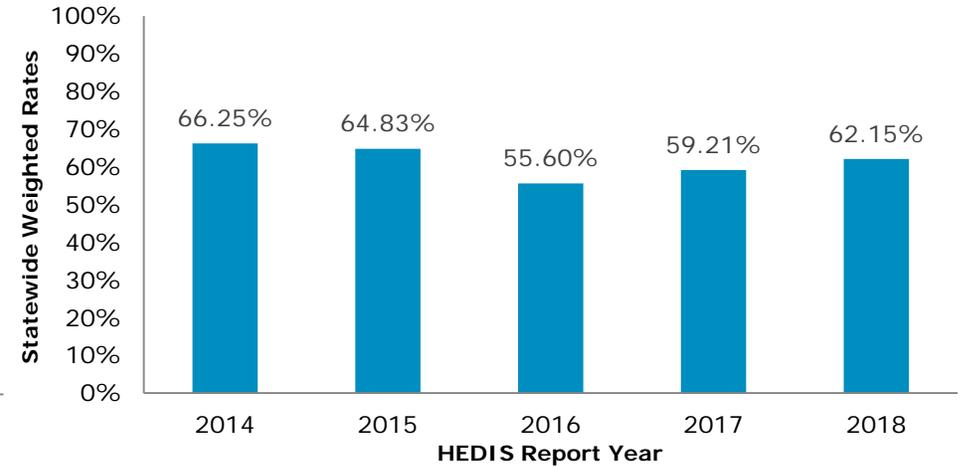


Fig. 34. Cervical Cancer Screening (CCS)



Footnote: NCQA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 35. Chlamydia Screening in Women (CHL): 16–20 years

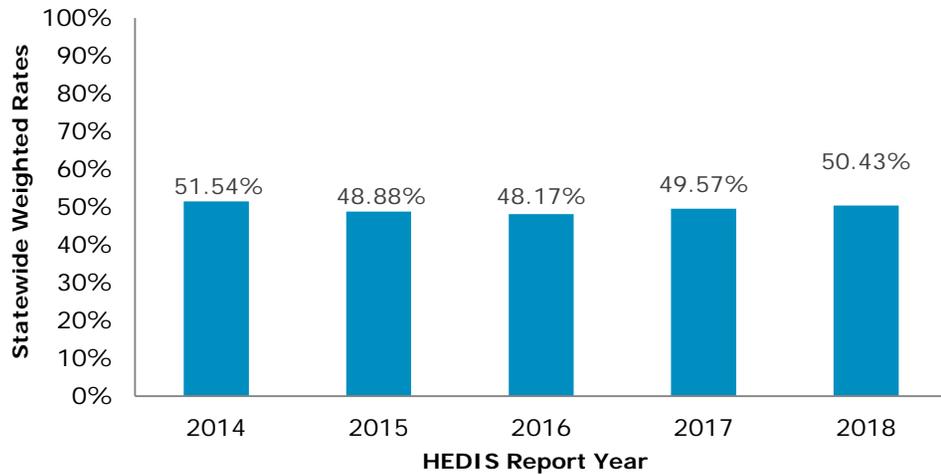
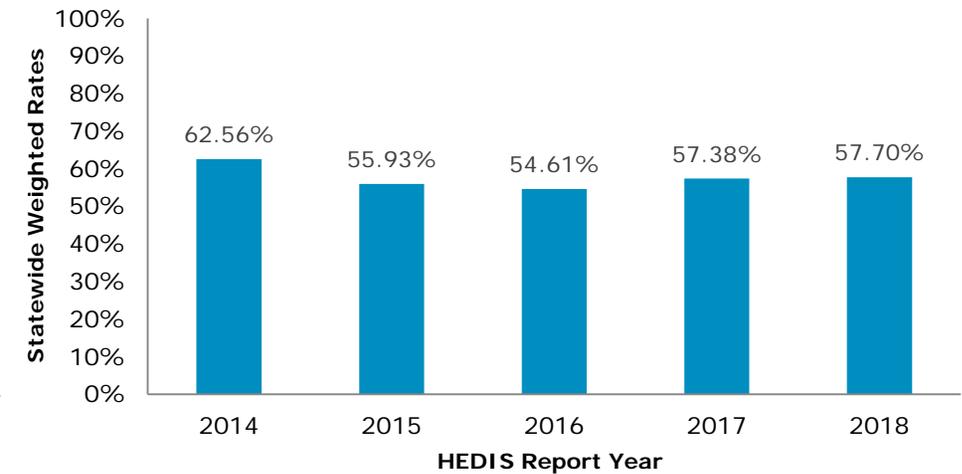
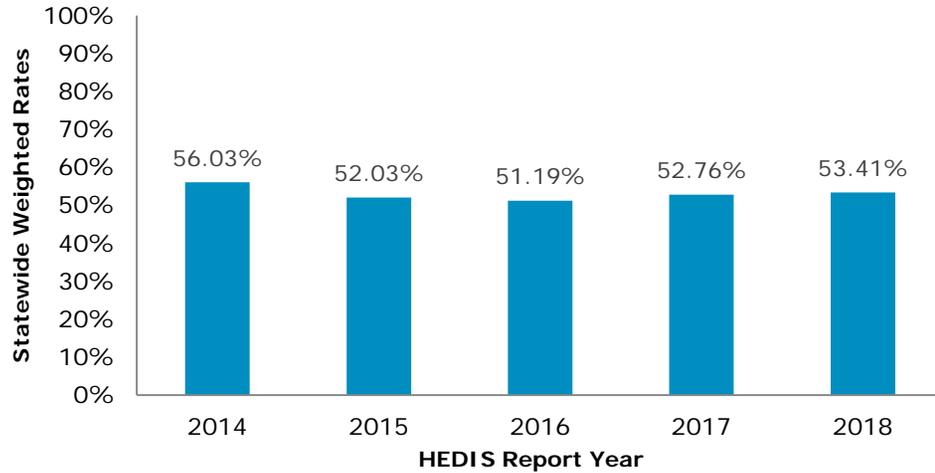


Fig. 36. CHL: 21–24 years



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

Fig. 37. CHL: Total



Effectiveness of Care Measures—Respiratory Conditions

Fig. 38. Appropriate Testing for Children With Pharyngitis (CWP)

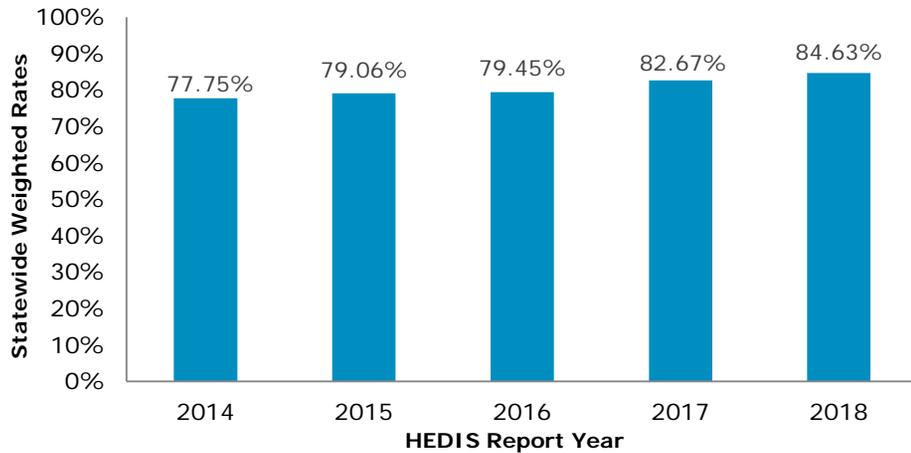
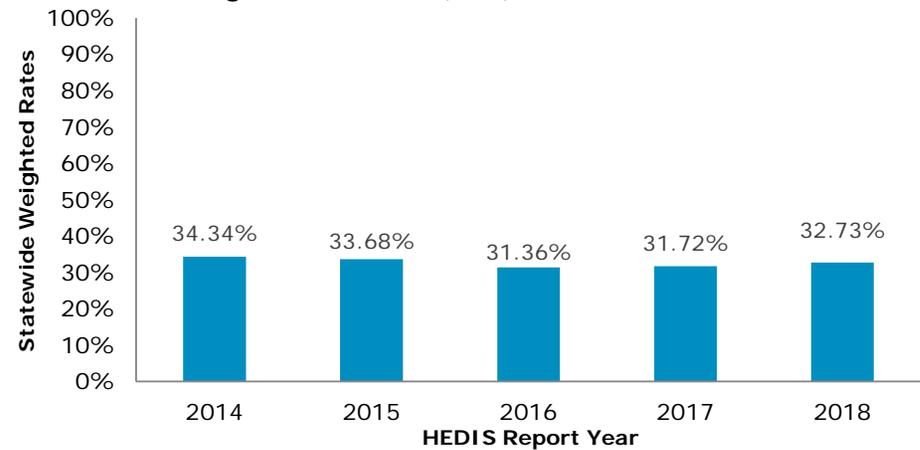


Fig. 39. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)



Footnote: For HEDIS 2016, the description and ages were changed from “2–18 years of age” to “3–18 years of age”; trending with prior years should be done with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 40. Pharmacotherapy Management of COPD Exacerbation (PCE): Systemic Corticosteroid

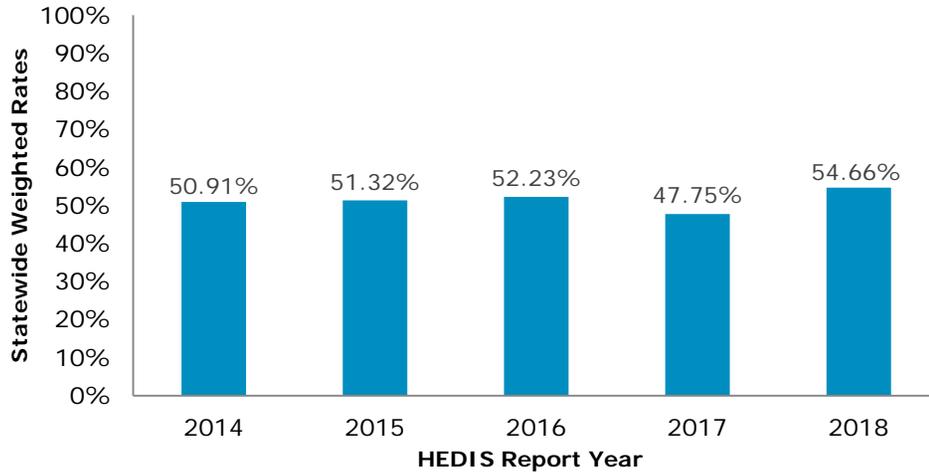
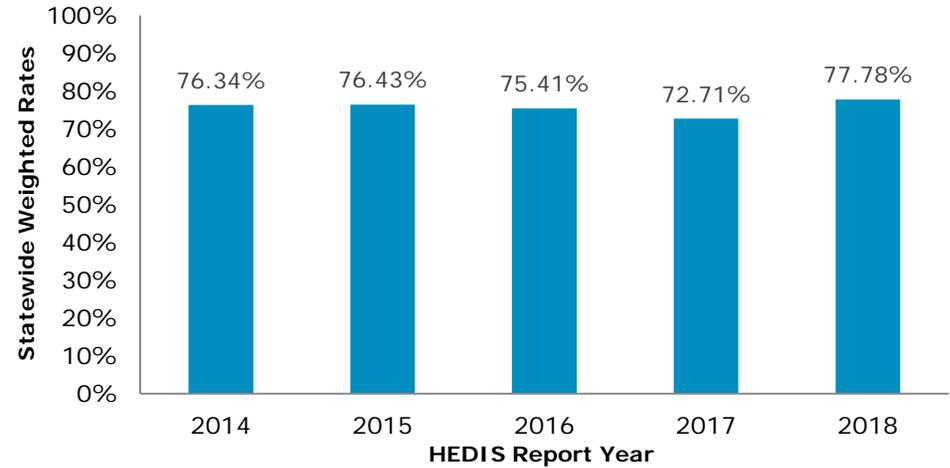


Fig. 41. PCE: Bronchodilator



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

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

Fig. 42. Medication Management for People With Asthma (MMA)—Medication Compliance 50%: 5–11 years

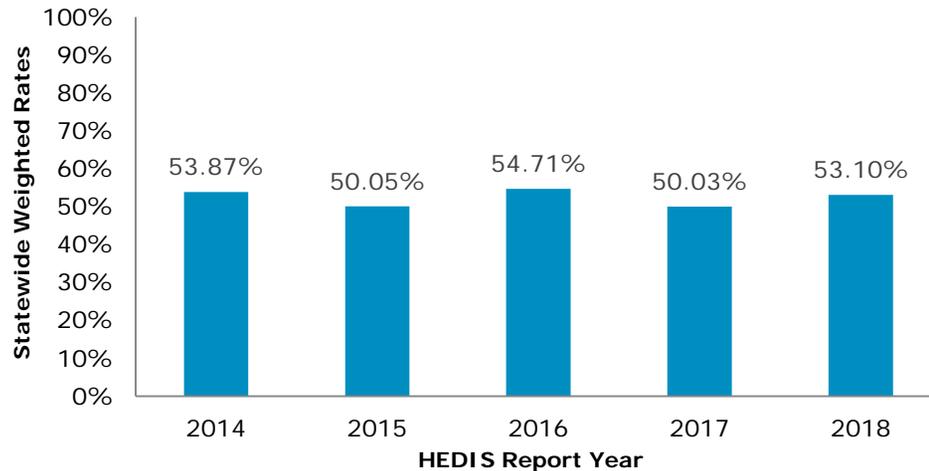
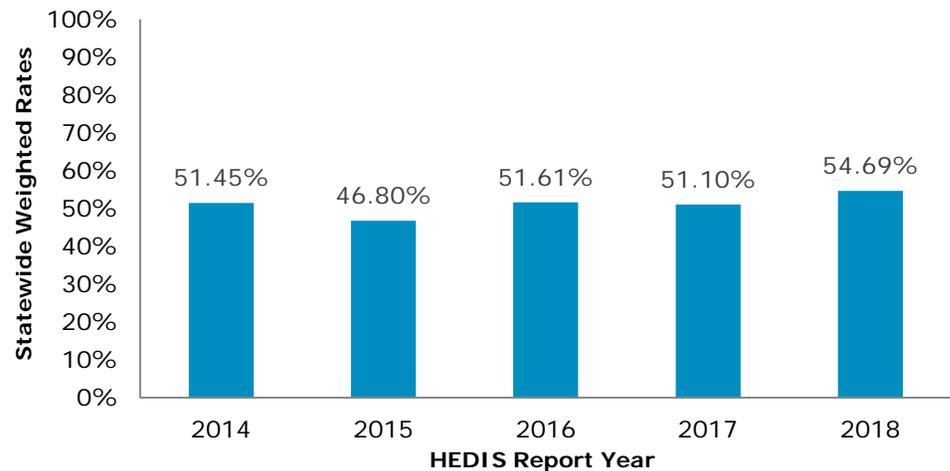


Fig. 43. MMA—Medication Compliance 50%: 12–18 years



Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 44. MMA—Medication Compliance 50%: 19-50 years

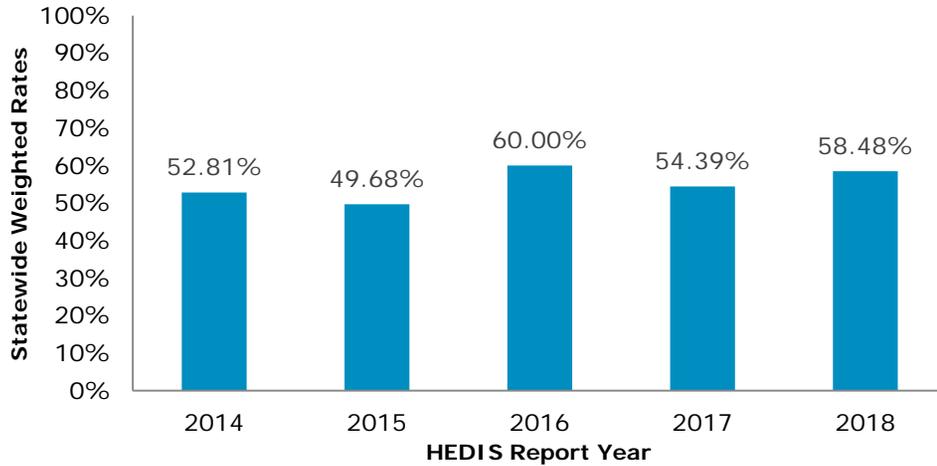


Fig. 45. MMA—Medication Compliance 50%: 51–64 years

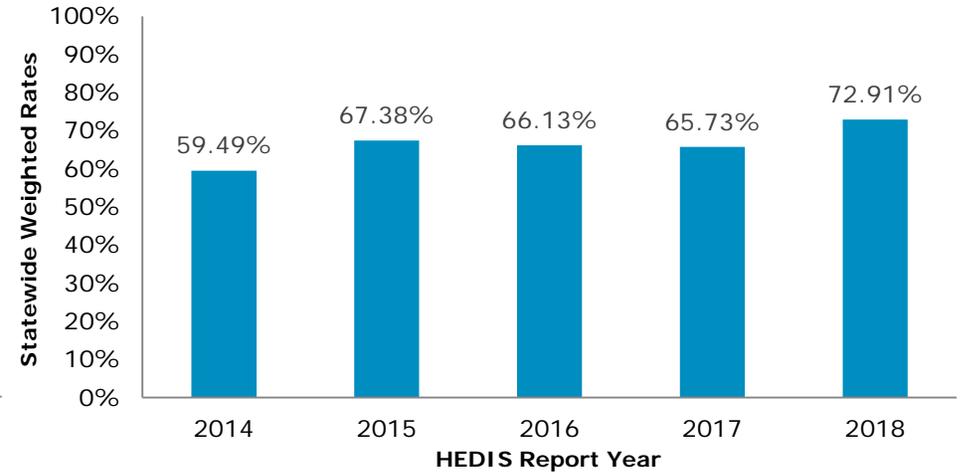


Fig. 46. MMA—Medication Compliance 50%: Total

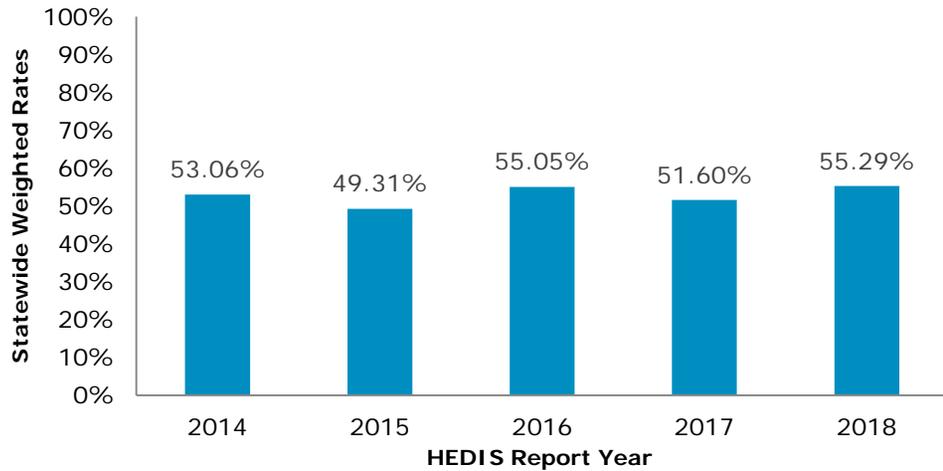
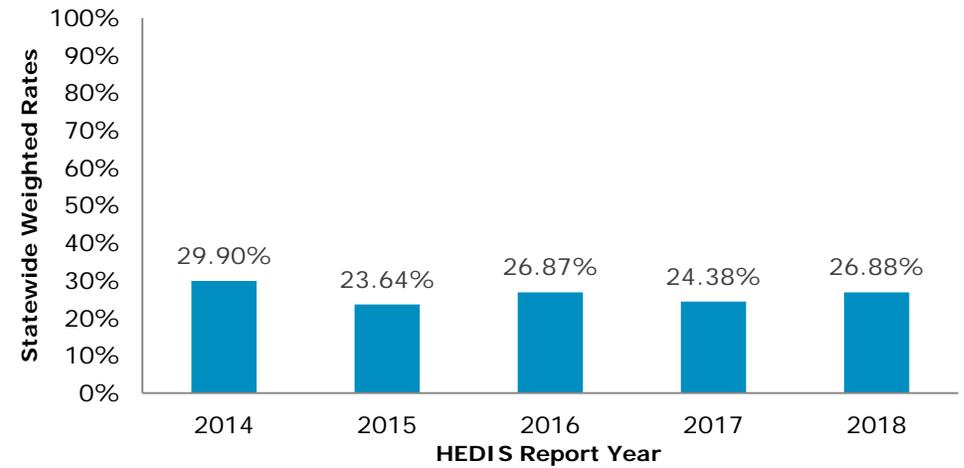


Fig. 47. MMA—Medication Compliance 75%: 5–11 years



Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 48. MMA—Medication Compliance 75%: 12–18 years

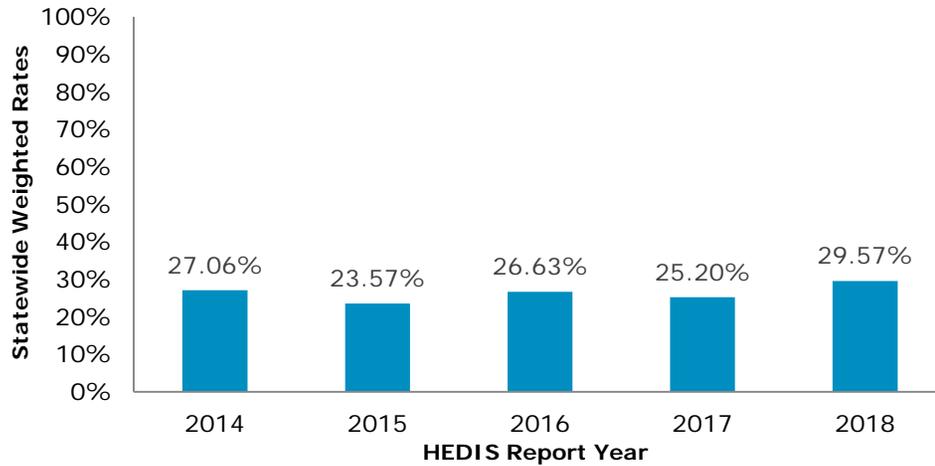


Fig. 49. MMA—Medication Compliance 75%: 19–50 years

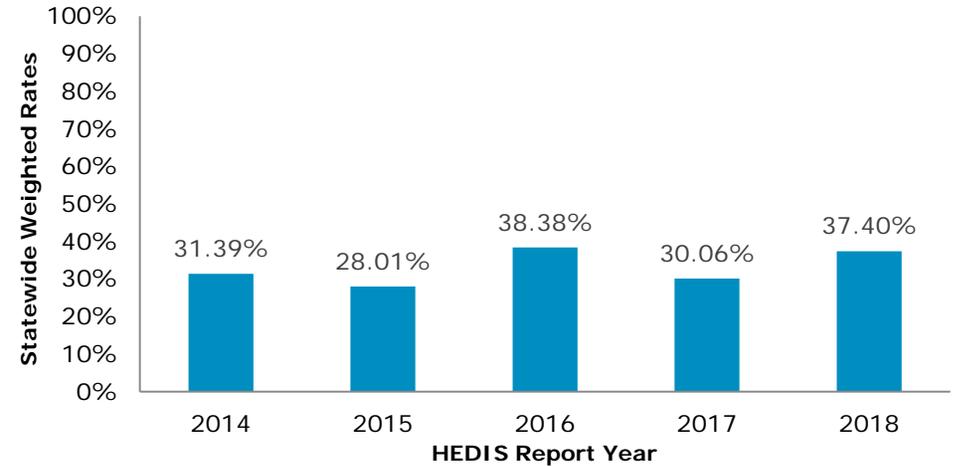


Fig. 50. MMA—Medication Compliance 75%: 51–64 years

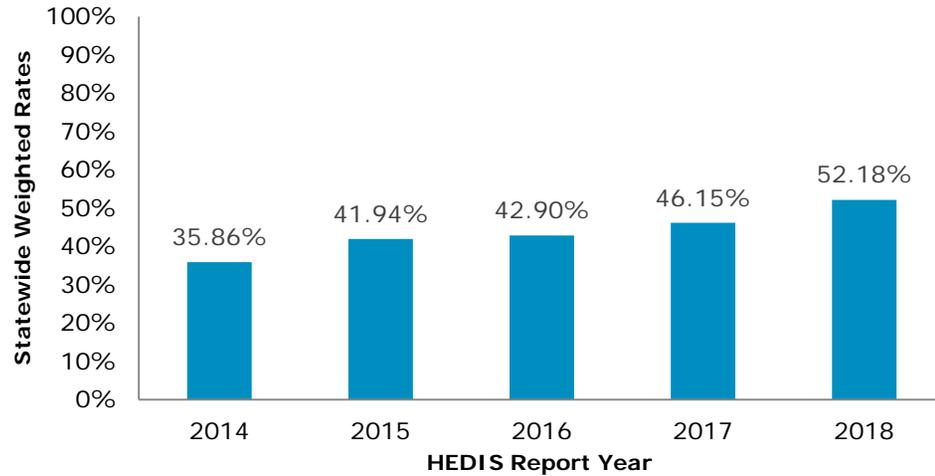
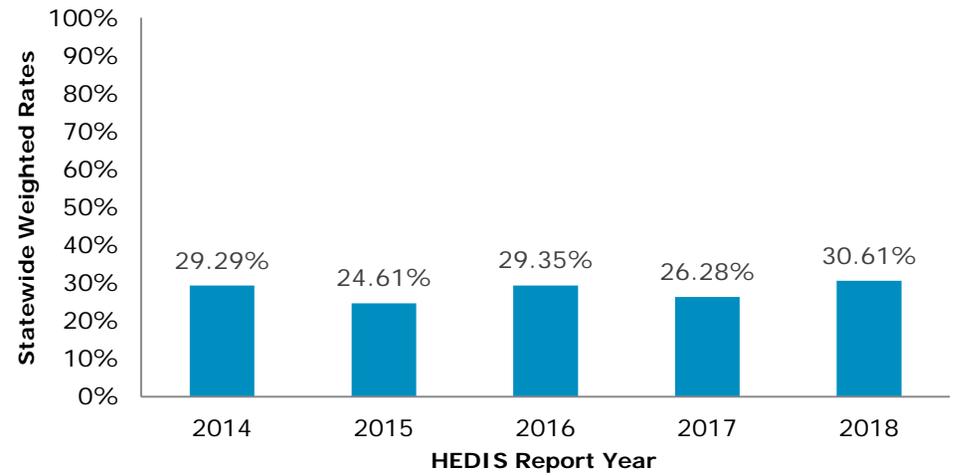


Fig. 51. MMA—Medication Compliance 75%: Total



Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 52. Asthma Medication Ratio (AMR): 5–11 years

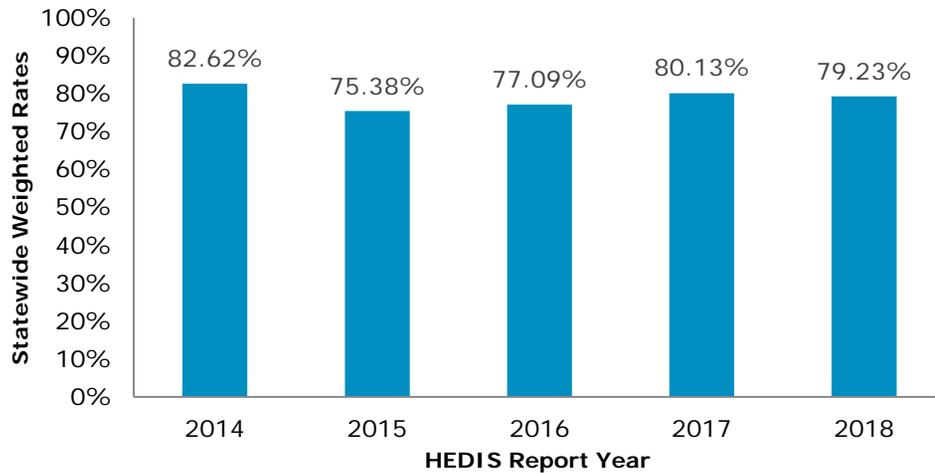
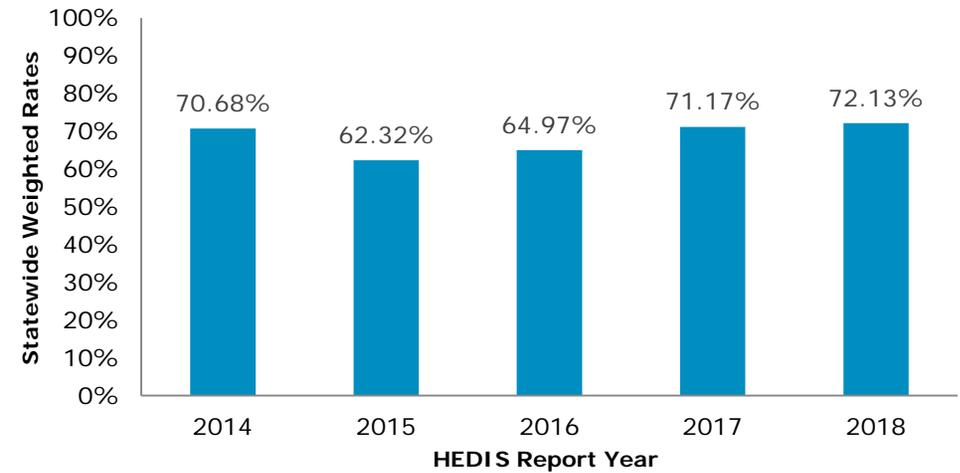


Fig. 53. AMR: 12–18 years



Footnote: In 2015, an error was identified in the National Drug Code (NDC) list dosing requirement for one of the NDCs used when reporting the AMR measure. Trending between prior years should be considered with caution.

Footnote: In 2015, an error was identified in the National Drug Code (NDC) list dosing requirement for one of the NDCs used when reporting the AMR measure. Trending between prior years should be considered with caution.

Fig. 54. AMR: 19–50 years

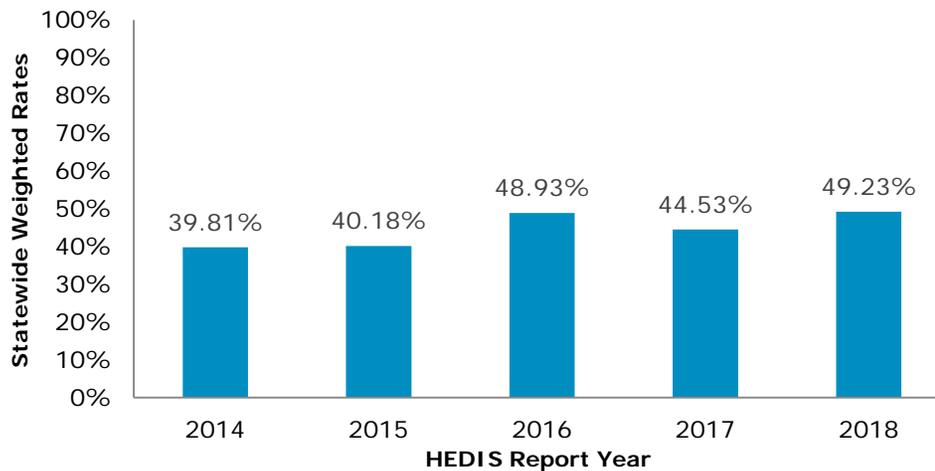
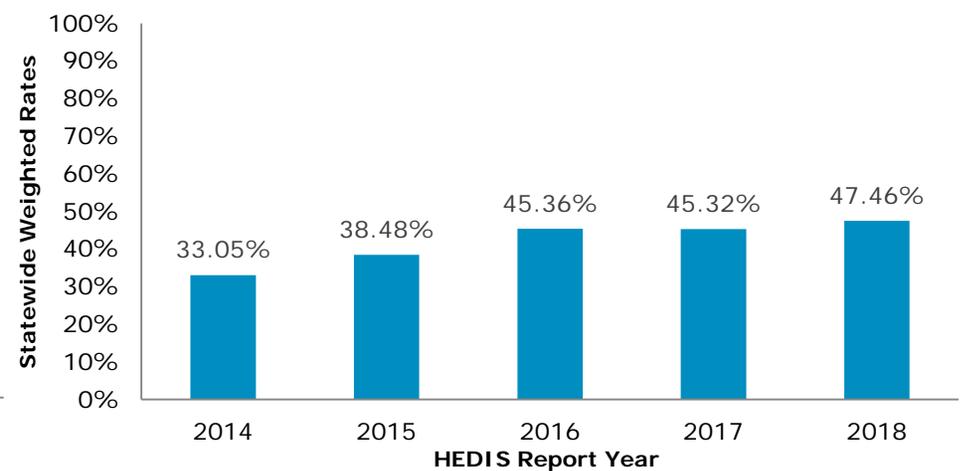


Fig. 55. AMR: 51–64 years

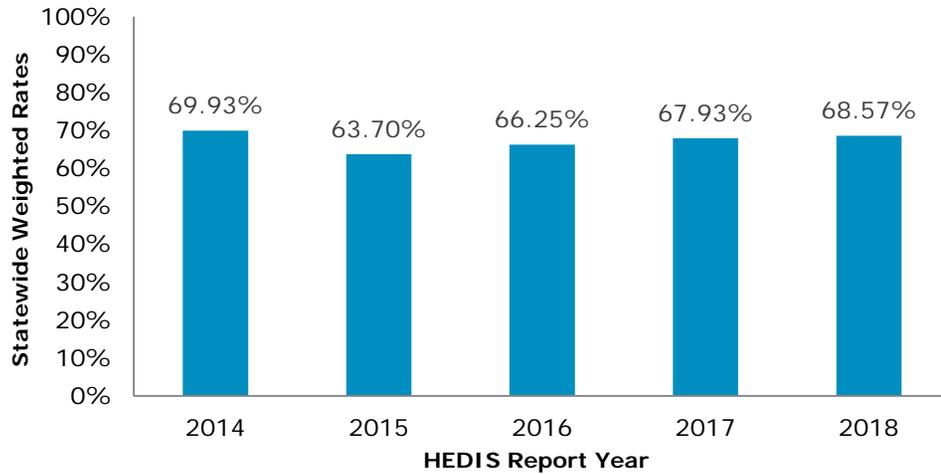


Footnote: In 2015, an error was identified in the National Drug Code (NDC) list dosing requirement for one of the NDCs used when reporting the AMR measure. Trending between prior years' should be considered with caution.

Footnote: In 2015, an error was identified in the National Drug Code (NDC) list dosing requirement for one of the NDCs used when reporting the AMR measure. Trending between prior years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 56. AMR: Total



Footnote: In 2015, an error was identified in the National Drug Code (NDC) list dosing requirement for one of the NDCs used when reporting the AMR measure. Trending between prior years' should be considered with caution.

Effectiveness of Care Measures—Cardiovascular Conditions

Fig. 57. Controlling High Blood Pressure (CBP)

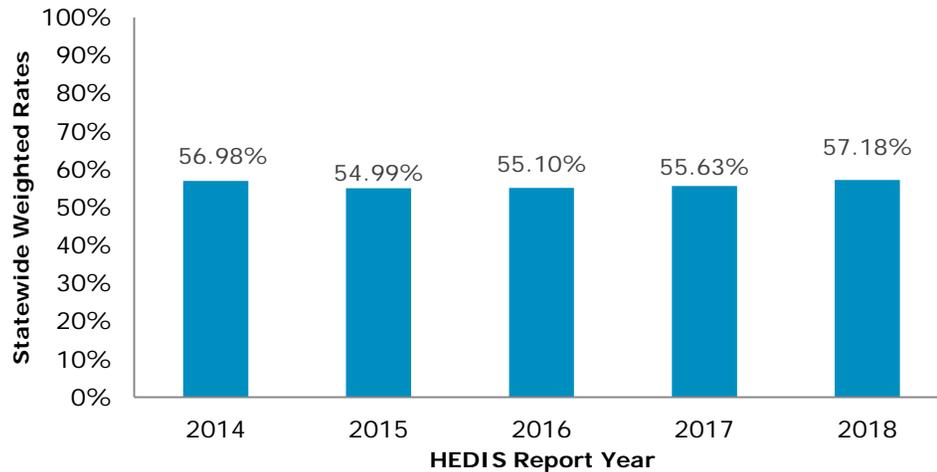
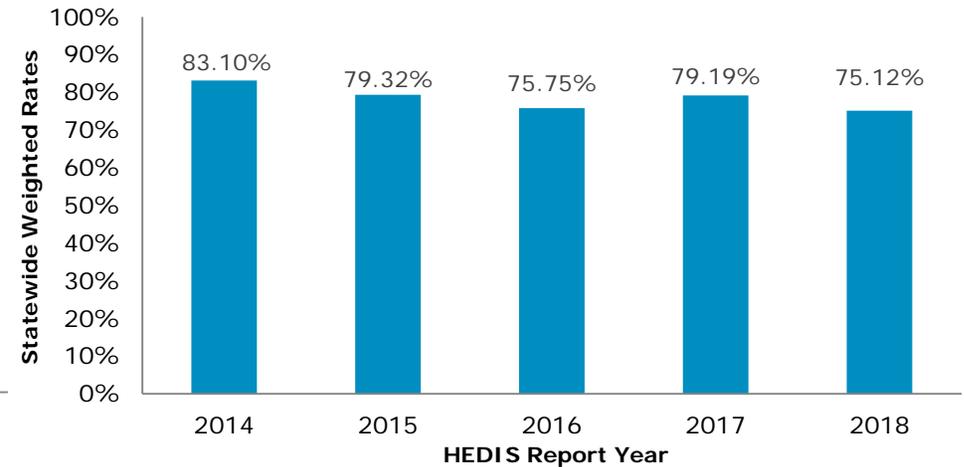


Fig. 58. Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)



Footnote: Due to notable changes to the measure specification in 2015, results should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Cardiovascular Conditions

Fig. 59. Statin Therapy for Patients with Cardiovascular Disease (SPC)—Received Statin Therapy: Males 21-75 years

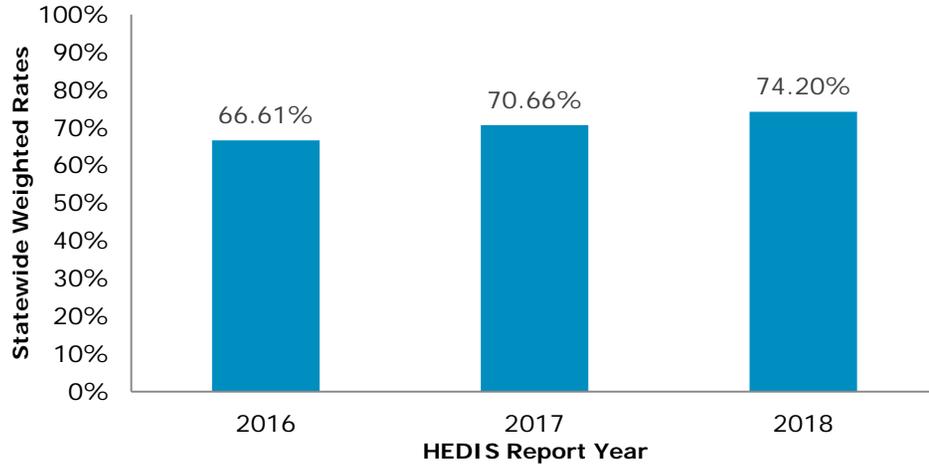
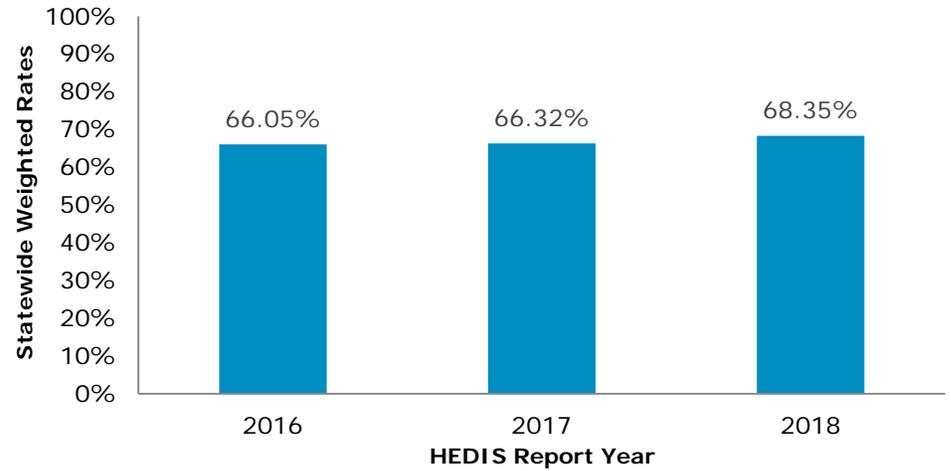


Fig. 60. SPC—Received Statin Therapy: Females 40 -75 years



Footnote: First-year measure in 2016.

Footnote: First-year measure in 2016.

Fig. 61. SPC—Received Statin Therapy: Total

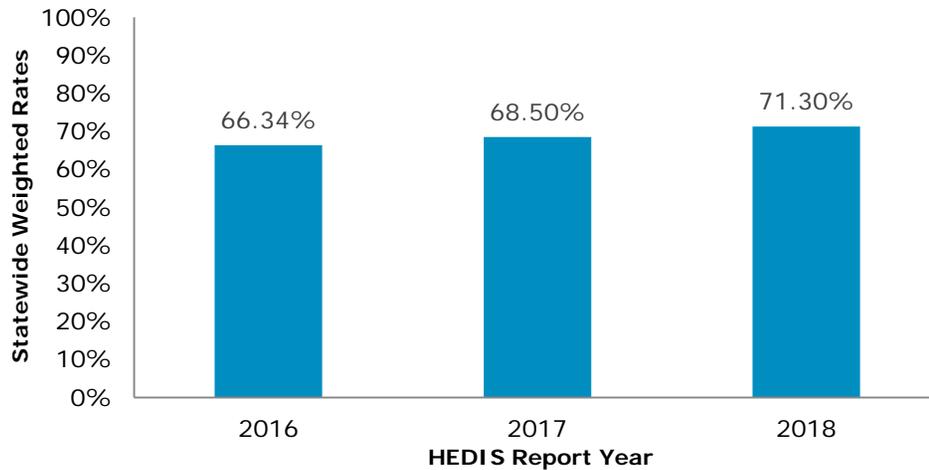
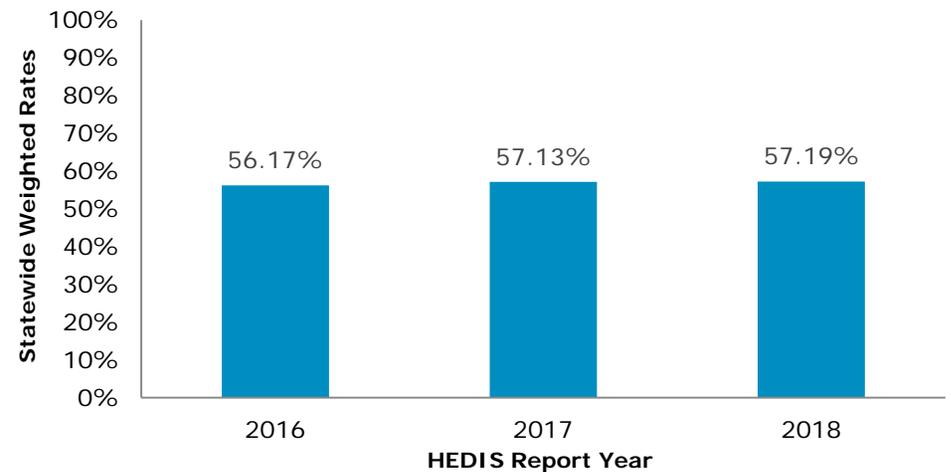


Fig. 62. SPC—Statin Adherence 80%: Males 21-75 years



Footnote: First-year measure in 2016.

Footnote: First-year measure in 2016.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Cardiovascular Conditions

Fig. 63. SPC—Statin Adherence 80%: Females 40 -75 years

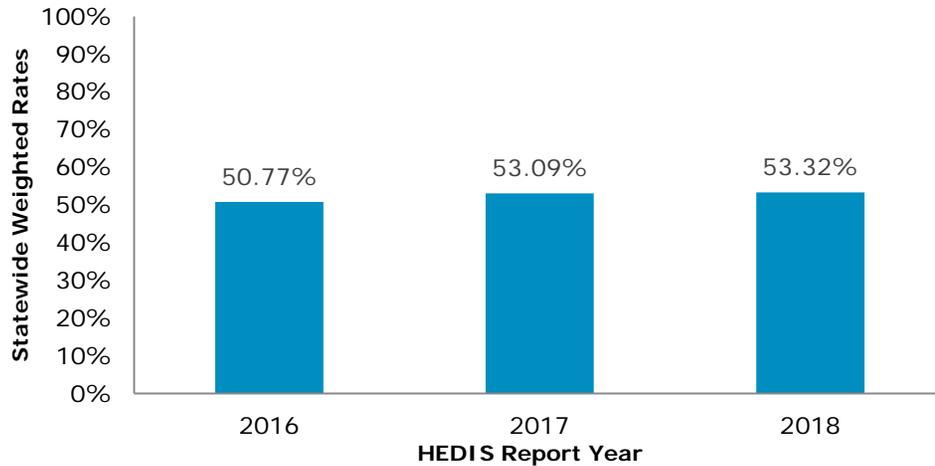
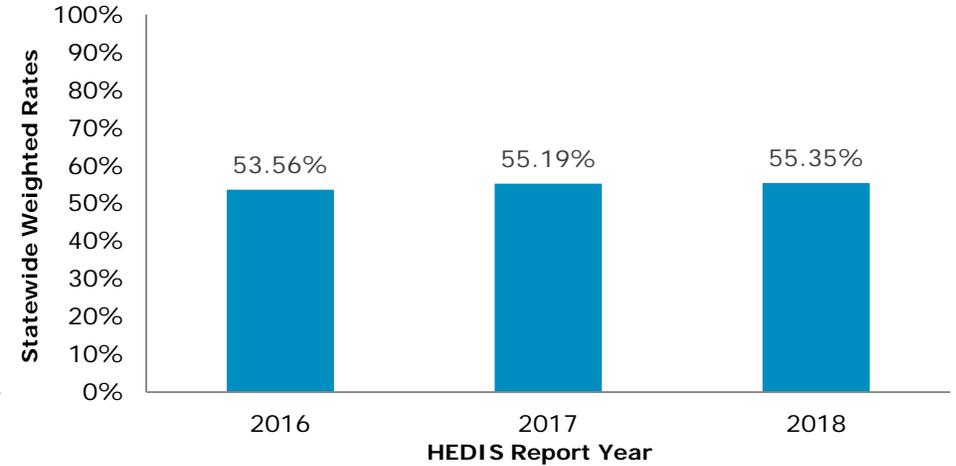


Fig. 64. SPC—Statin Adherence 80%: Total



Footnote: First-year measure in 2016.

Footnote: First-year measure in 2016.

Effectiveness of Care Measures—Diabetes

Fig. 65. Comprehensive Diabetes Care (CDC): HbA1c Testing

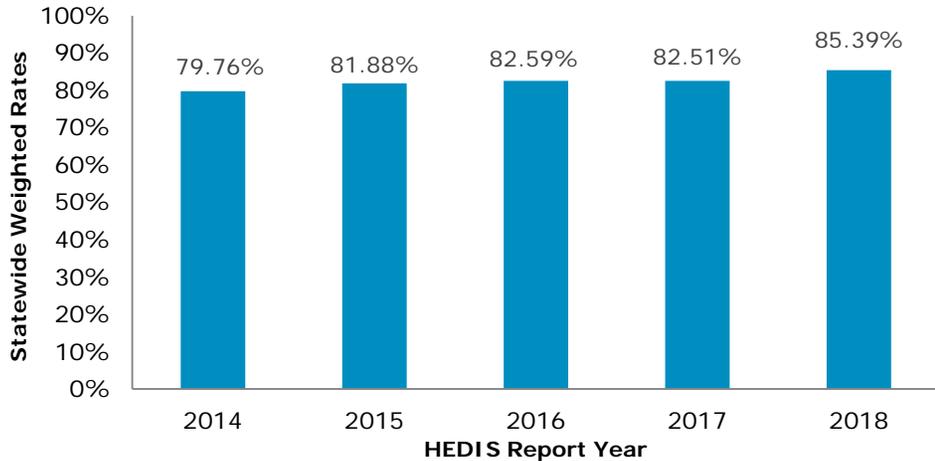
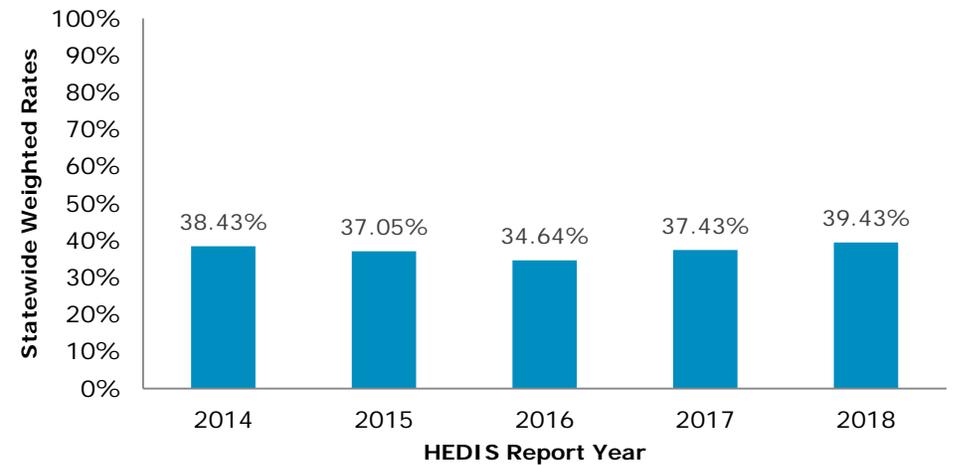


Fig. 66. CDC: HbA1c Control (<7.0%)



Footnote: Trending between prior years should be considered with caution due to conversion to ICD-10 codes in 2016 and revision to General Guideline 41 and ED visit requirement in 2015.

Footnote: Trending between prior years should be considered with caution due to conversion to ICD-10 codes in 2016 and revision to General Guideline 41 and ED visit requirement in 2015.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Diabetes

Fig. 67. CDC: HbA1c Control (<8.0%)

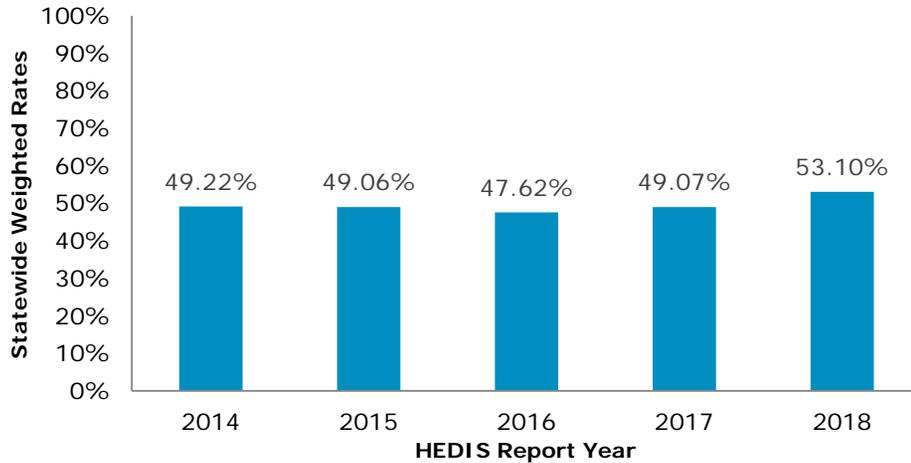
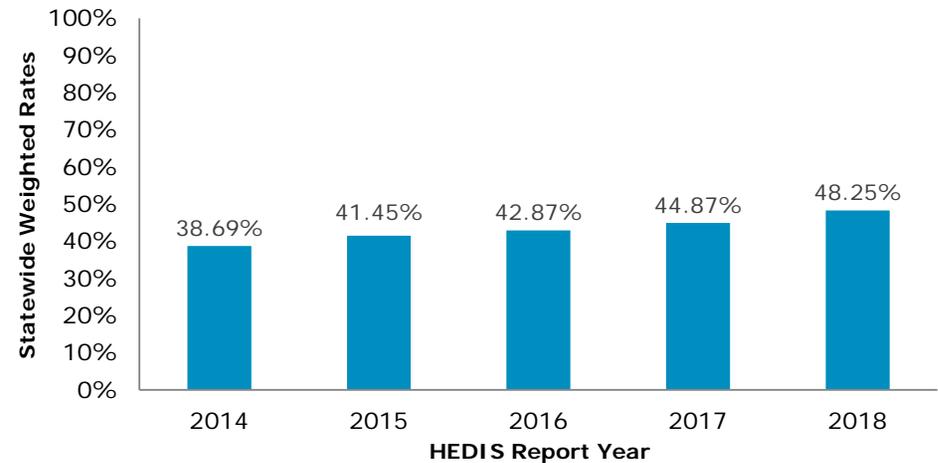


Fig. 68. CDC: Retinal Eye Exam Performed



Footnote: Trending between prior years should be considered with caution due to conversion to ICD-10 codes in 2016 and revision to General Guideline 41 and ED visit requirement in 2015.

Footnote: Trending between prior years should be considered with caution due to conversion to ICD-10 codes in 2016 and revision to General Guideline 41 and ED visit requirement in 2015.

Fig. 69. CDC: Medical Attention for Nephropathy

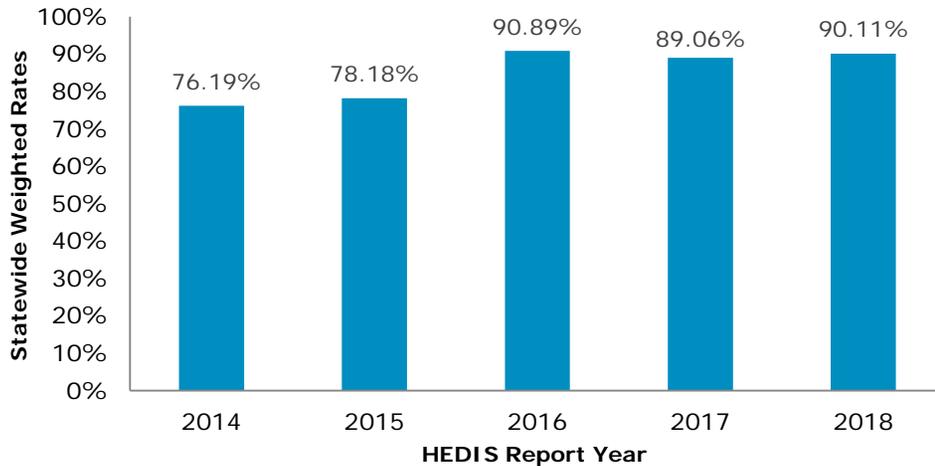
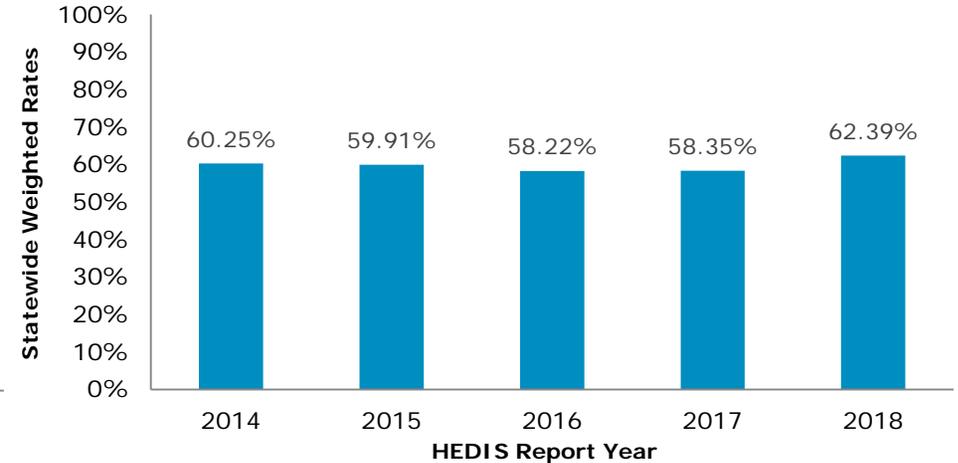


Fig. 70. CDC: Blood Pressure Control (<140/90 mm Hg)



Footnote: Trending between prior years should be considered with caution due to conversion to ICD-10 codes in 2016 and revision to General Guideline 41 and ED visit requirement in 2015.

Footnote: Trending between prior years should be considered with caution due to conversion to ICD-10 codes in 2016 and revision to General Guideline 41 and ED visit requirement in 2015.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Diabetes

Fig. 71. CDC: HbA1c Poor Control (>9.0%)*

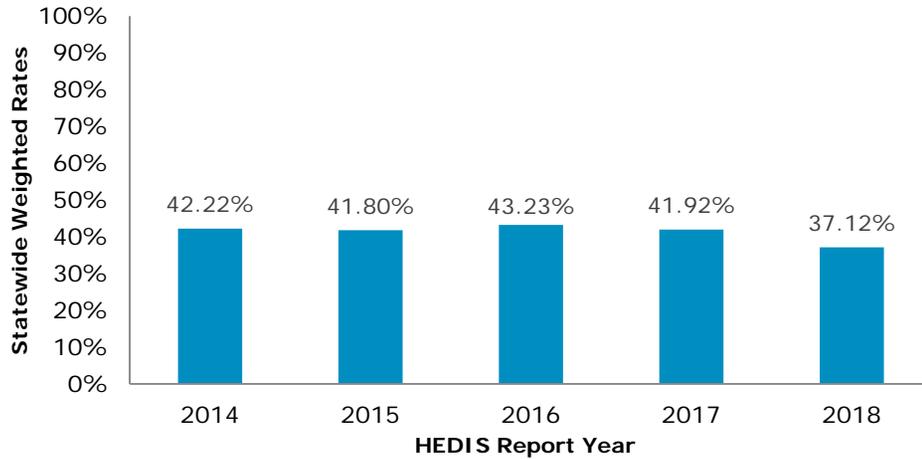
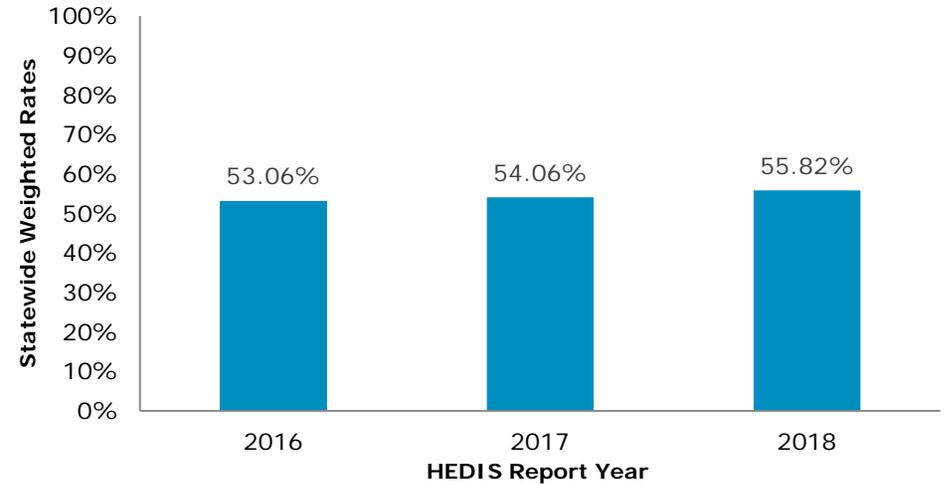


Fig. 72. SPD—Received Statin Therapy: 40-75 years



*Lower rates for this measure indicate better performance.
Footnote: Trending between prior years should be considered with caution due to conversion to ICD-10 codes in 2016 and revision to General Guideline 41 and ED visit requirement in 2015.

Footnote: First-year measure in 2016.

Effectiveness of Care Measures—Musculoskeletal Conditions

Fig. 73. SPD—Statin Adherence 80%: 40-75 years

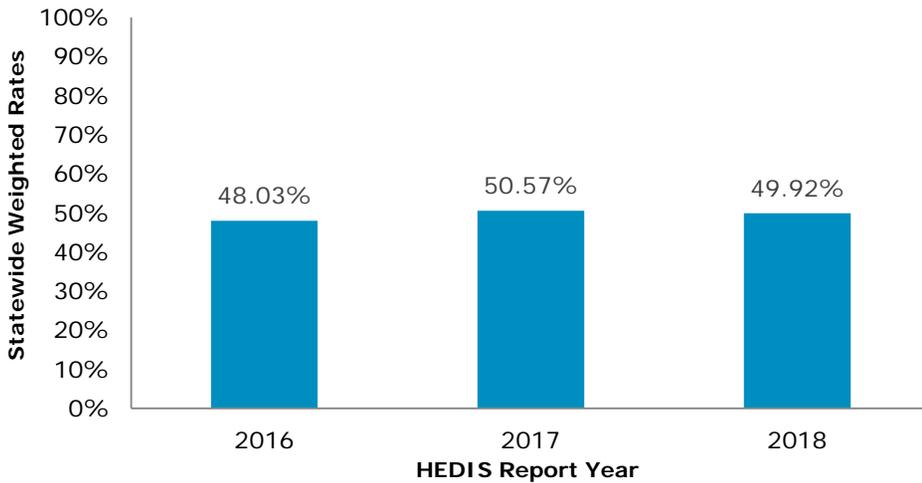
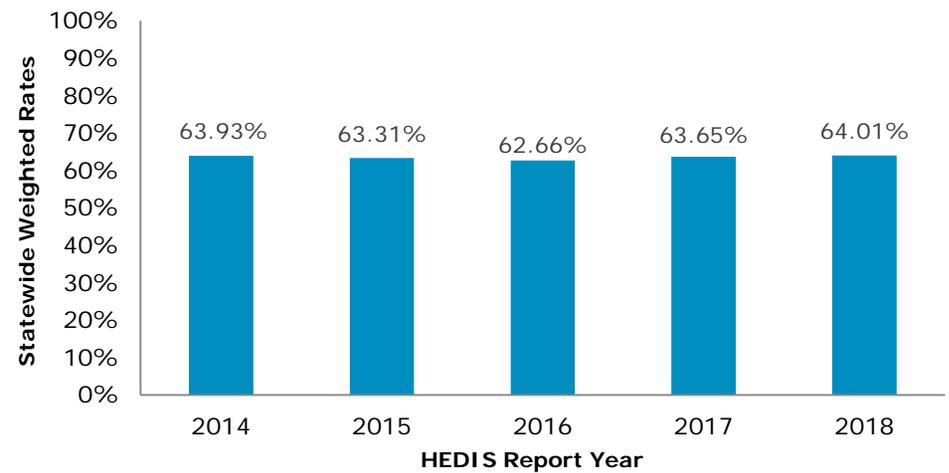


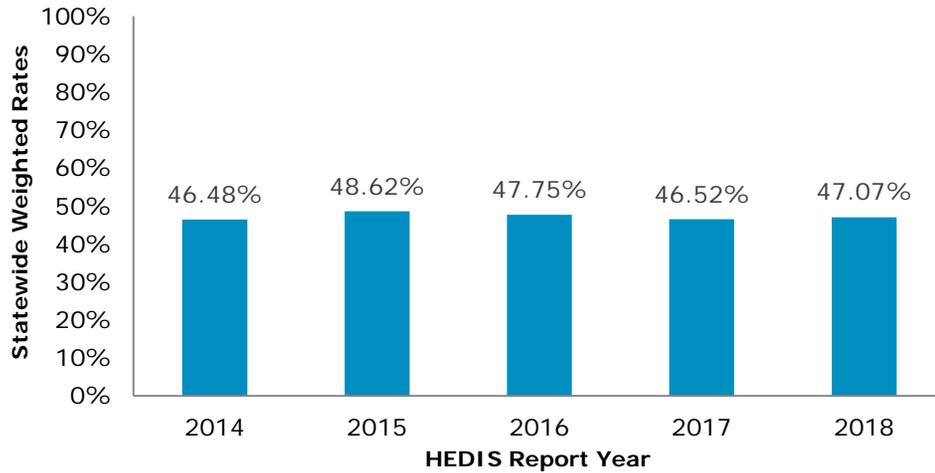
Fig. 74. Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)



Footnote: First-year measure in 2016.

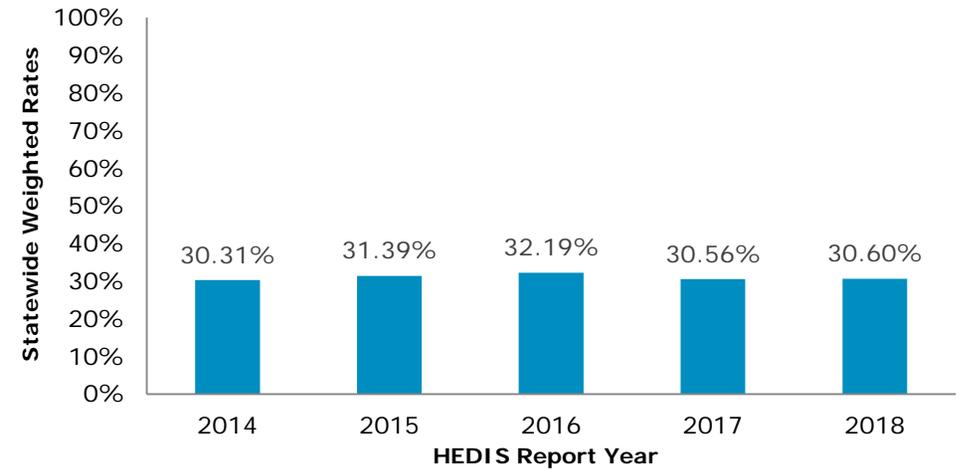
Effectiveness of Care Measures—Behavioral Health

Fig. 75. Antidepressant Medication Management (AMM): Effective Acute Phase Treatment



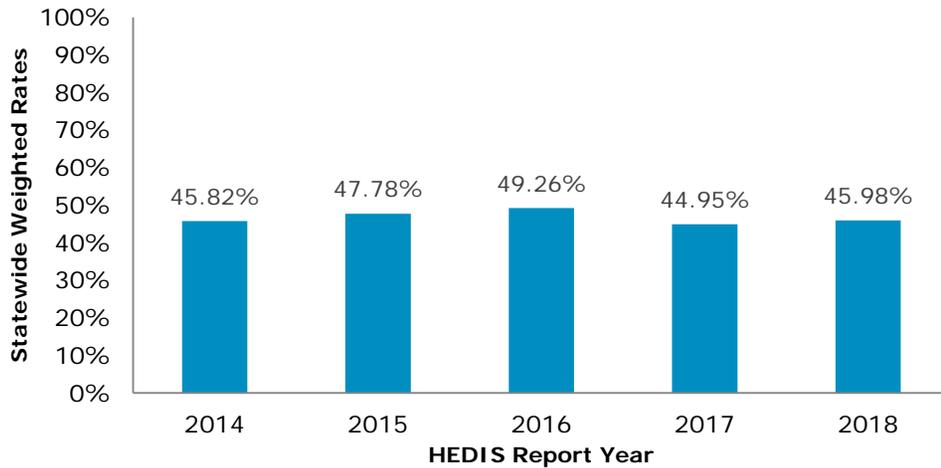
Footnote: NCOA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 76. AMM: Effective Continuation Phase Treatment



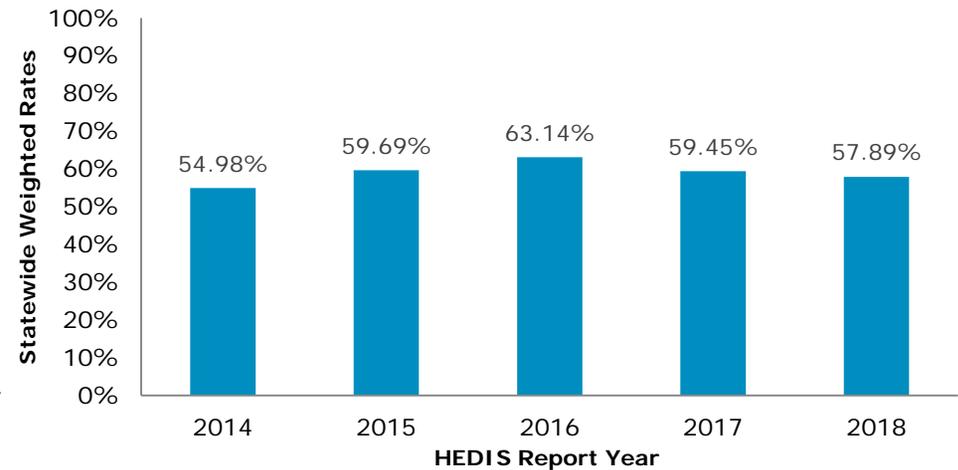
Footnote: NCOA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 77. Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase



Footnote: NCOA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 78. ADD: Continuation and Maintenance Phase



Footnote: NCOA indicated trending with caution due to changes in measure specifications in 2018.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 79. Follow-Up After ED Visit for Mental Illness (FUM): 7-Day Follow-Up

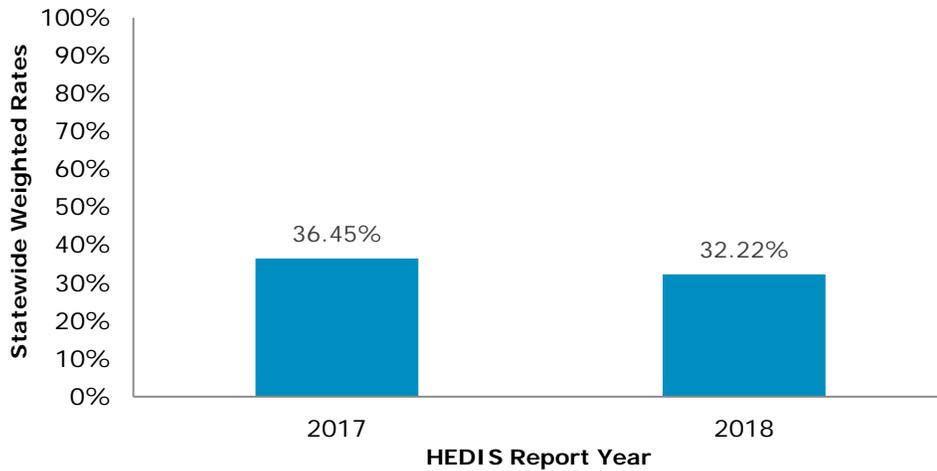
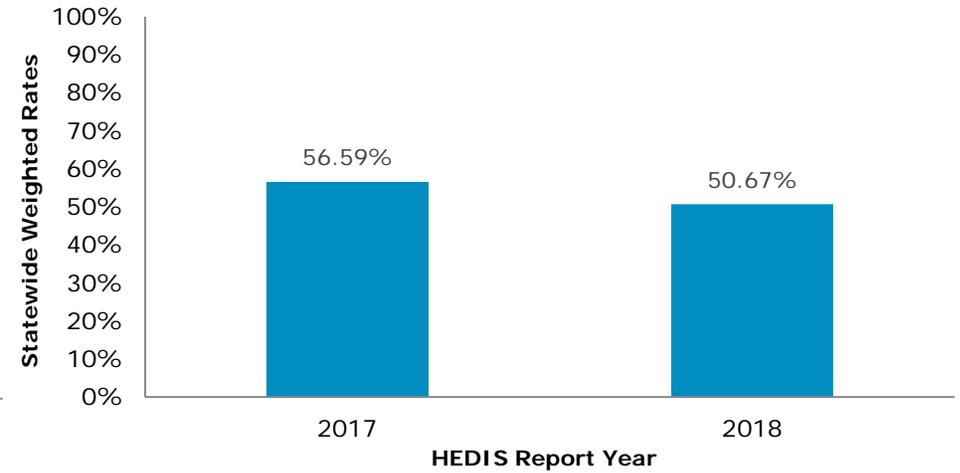


Fig. 80. FUM: 30-Day Follow-Up



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

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

Fig. 81. Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (FUA): 7-Day Follow-Up: 13–17 years

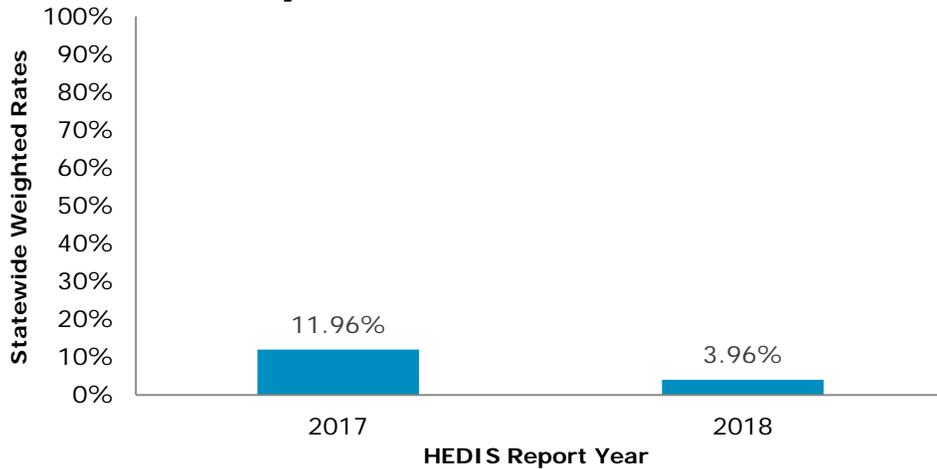
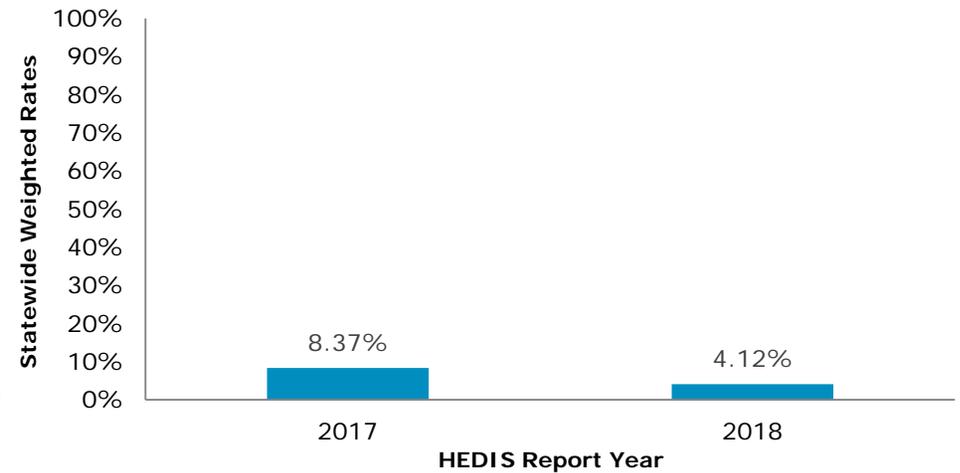


Fig. 82. FUA: 7-Day Follow-Up: ≥18 years

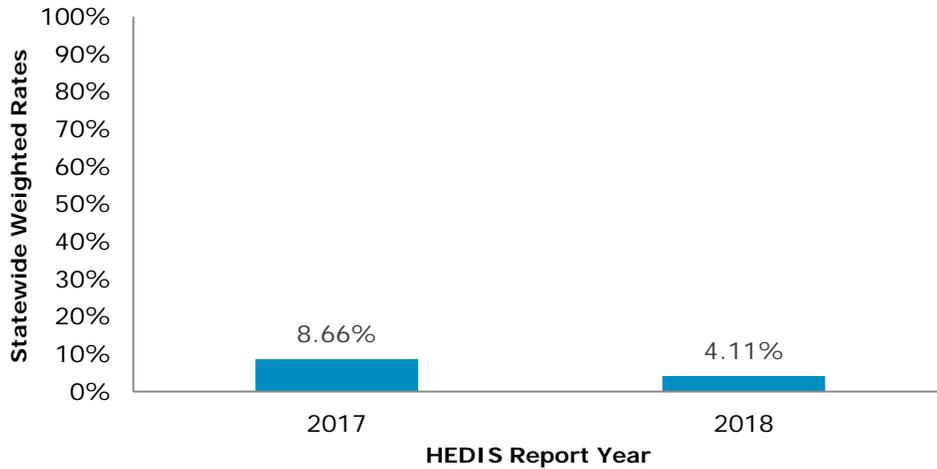


Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

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

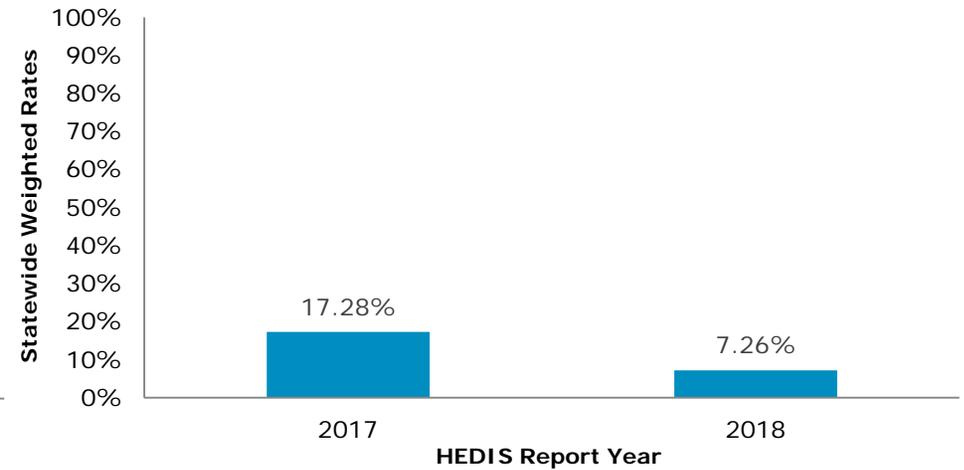
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 83. FUA: 7-Day Follow-Up: Total



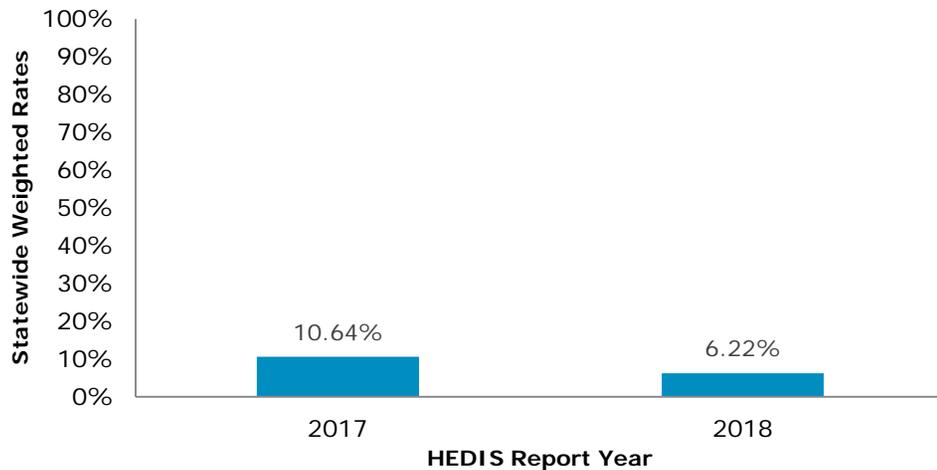
Footnote: First-year measure in 2017. NCOA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 84. FUA: 30-Day Follow-Up: 13–17 years



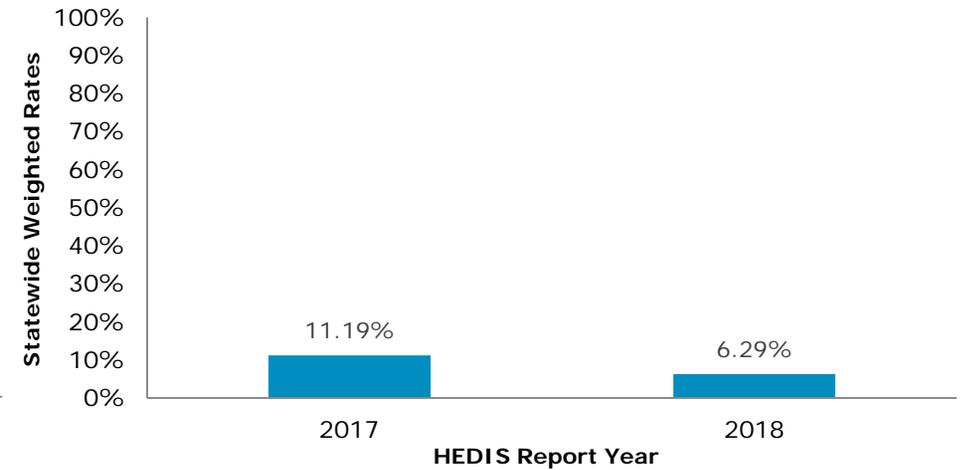
Footnote: First-year measure in 2017. NCOA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 85. FUA: 30-Day Follow-Up: ≥18 years



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

Fig. 86. FUA: 30-Day Follow-Up: Total



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

Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 87. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)

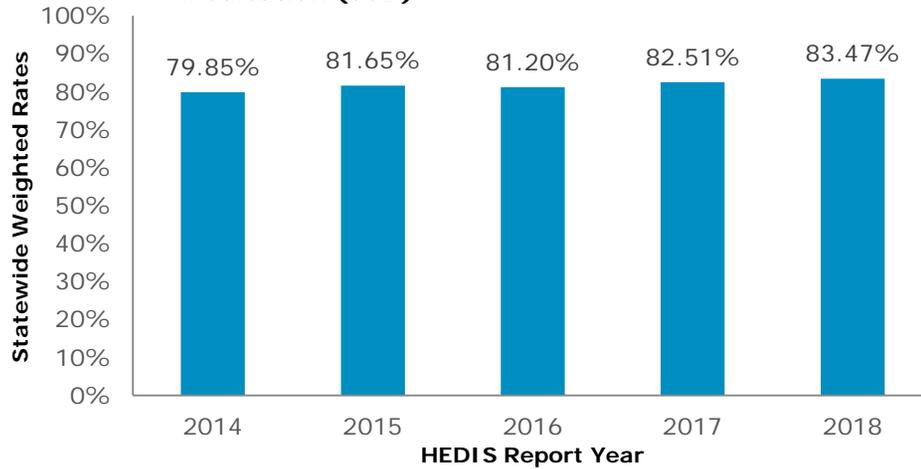
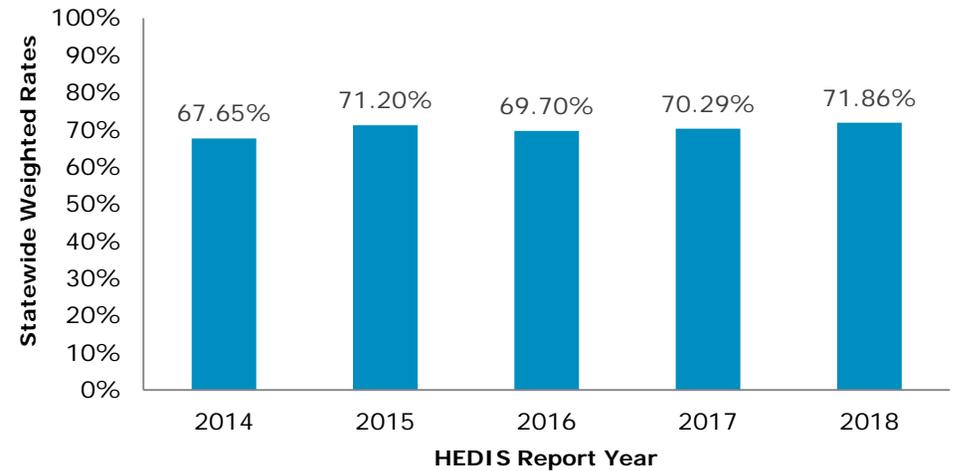


Fig. 88. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)



Footnote: In 2015, due to notable changes in the measure specification, trending between 2015 and prior years' should be considered with caution.

Fig. 89. Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

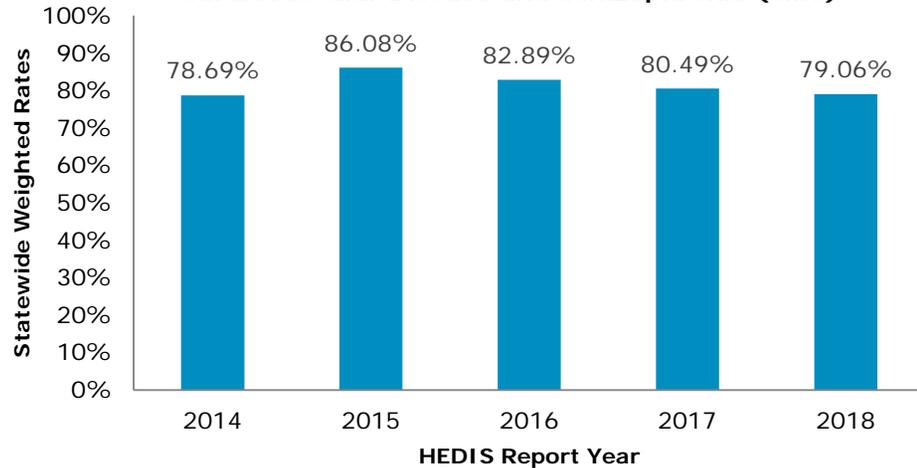
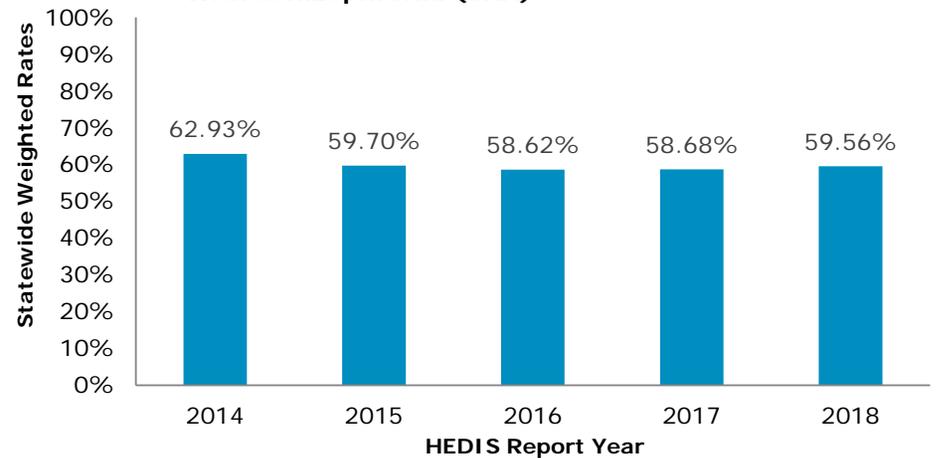


Fig. 90. Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)



Footnote: In 2016, changes were made to the timeframe when identifying the Index Prescription State Date (IPSD). Trending between 2016 and prior years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 91. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): 1-5 Years

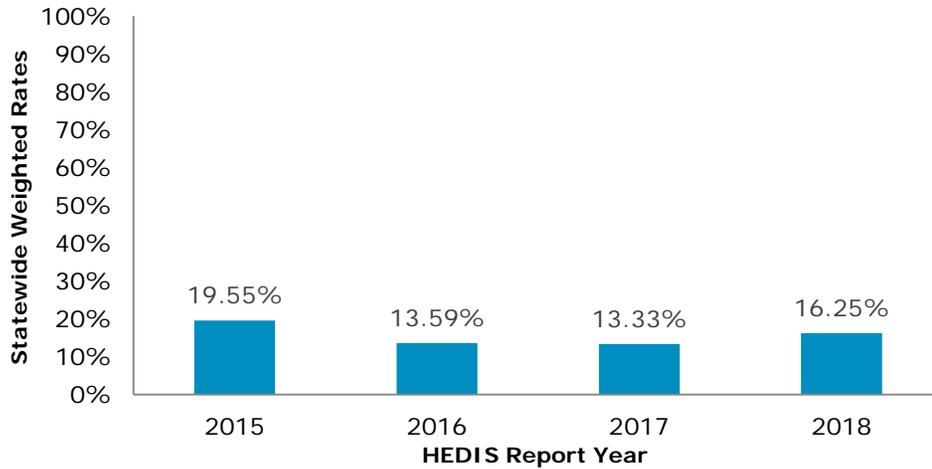


Fig. 92. APM: 6-11 Years

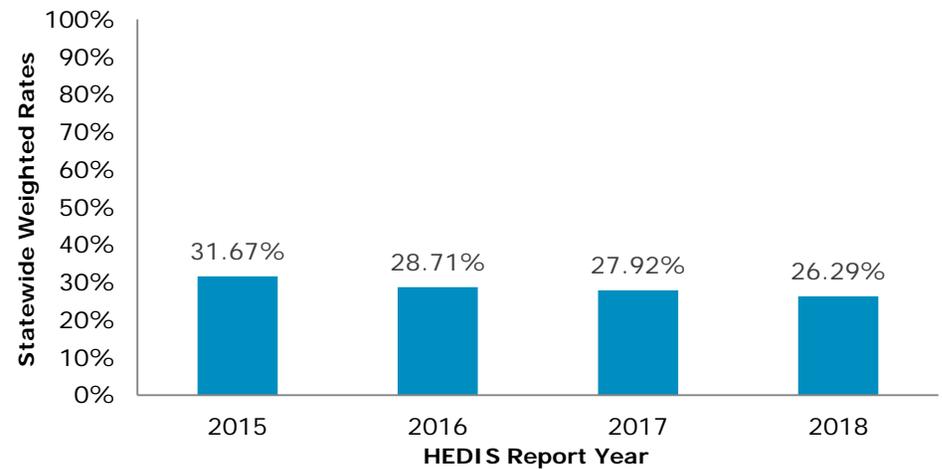


Fig. 93. APM: 12-17 Years

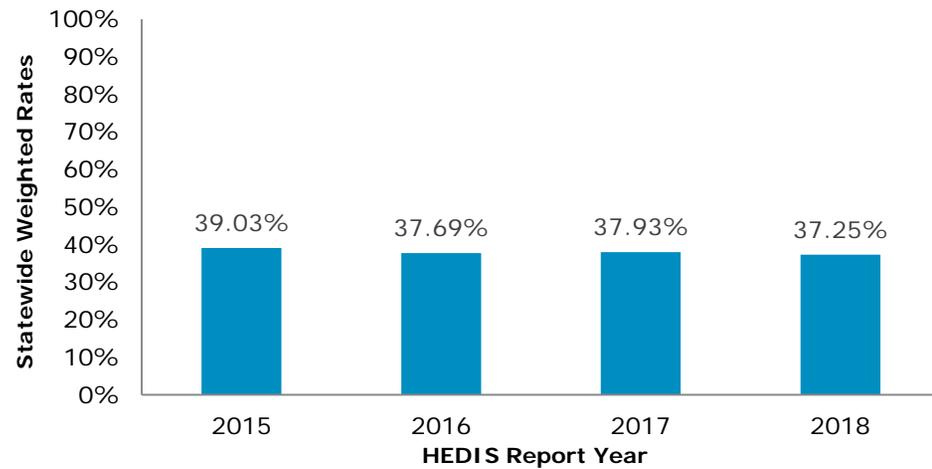
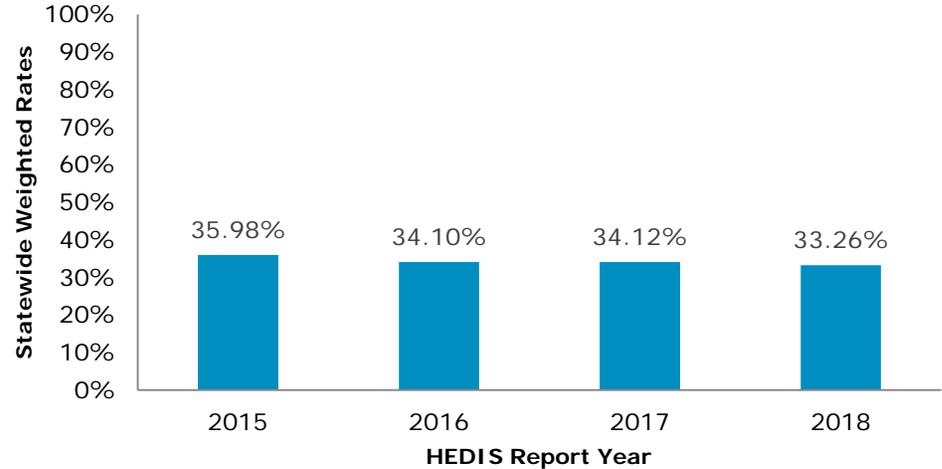
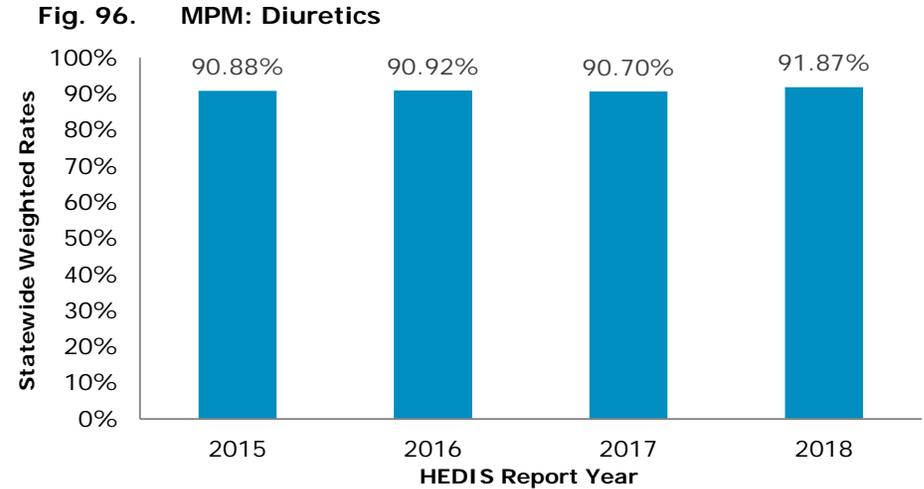
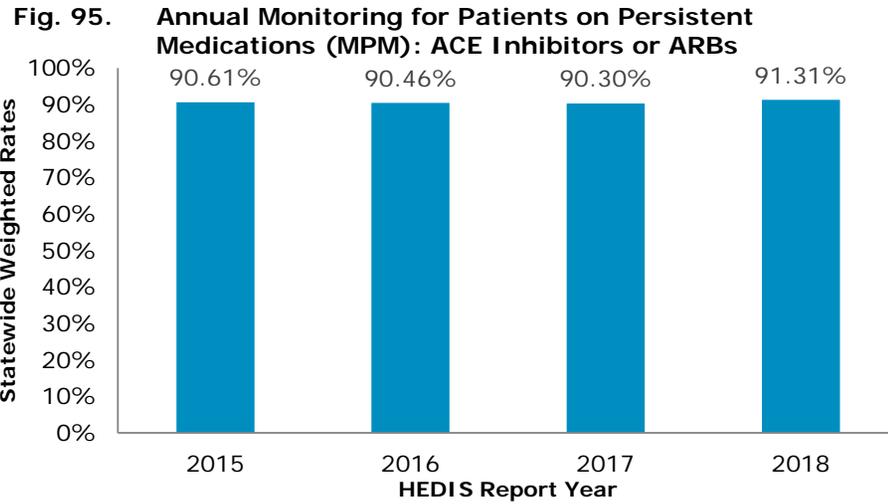


Fig. 94. APM: Total



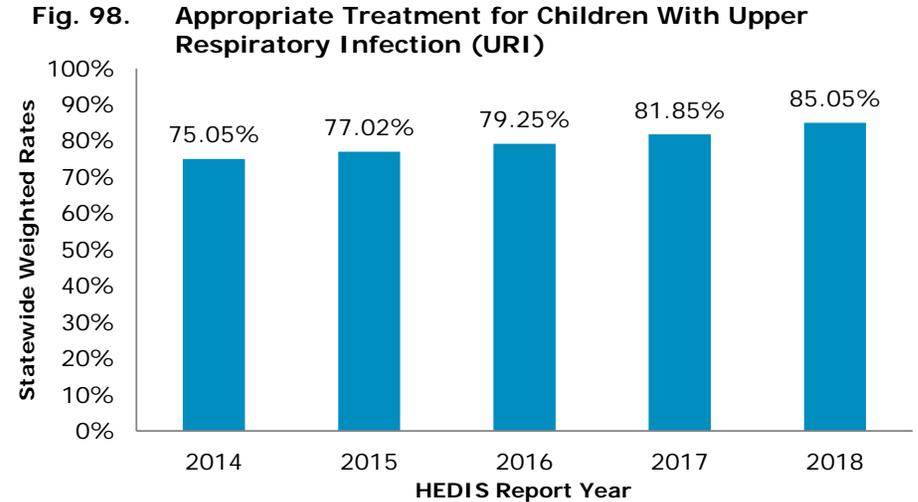
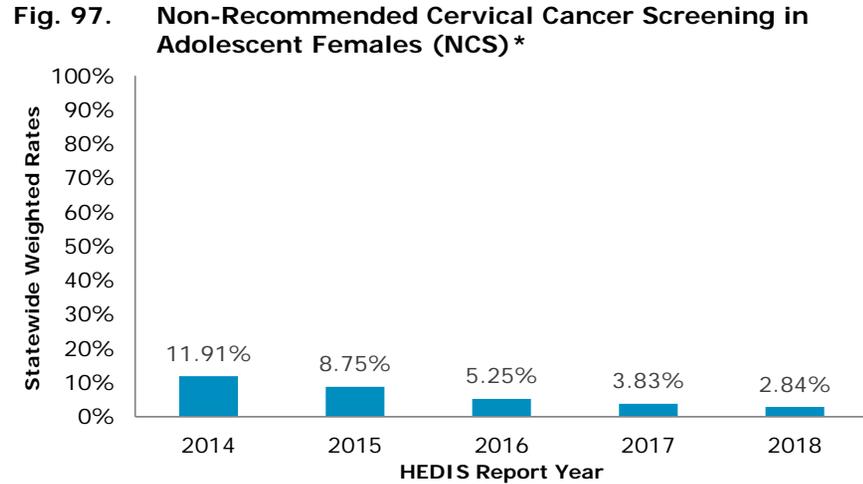
Effectiveness of Care Measures—Medication Management and Care Coordination



Footnote: Due to significant changes to the measure specification in 2015, results for this measure cannot be trended to previous year's results.

Footnote: Due to significant changes to the measure specification in 2015, results for this measure cannot be trended to previous year's results.

Effectiveness of Care Measures—Overuse/Appropriateness

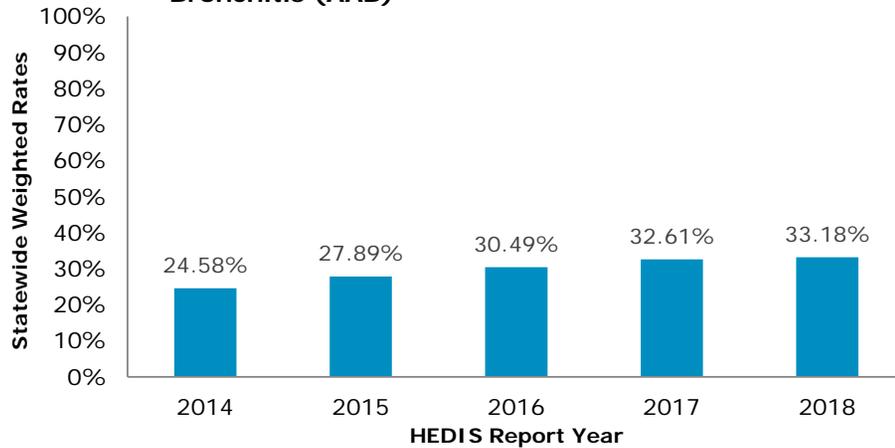


*Lower rates for this measure indicate better performance.
 Footnote: In 2016, denied claims were no longer included when identifying the numerator of the measure. Trending between 2016 and prior years should be considered with caution.

Footnote: In 2017, denied claims were no longer included when identifying the numerator of the measure. Trending between 2017 and prior years should be considered with caution.

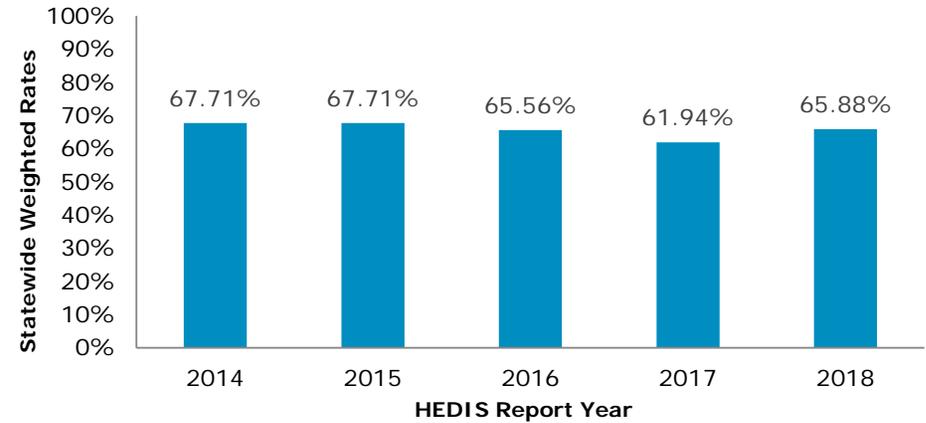
Medicaid HEDIS Trending—Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 99. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)



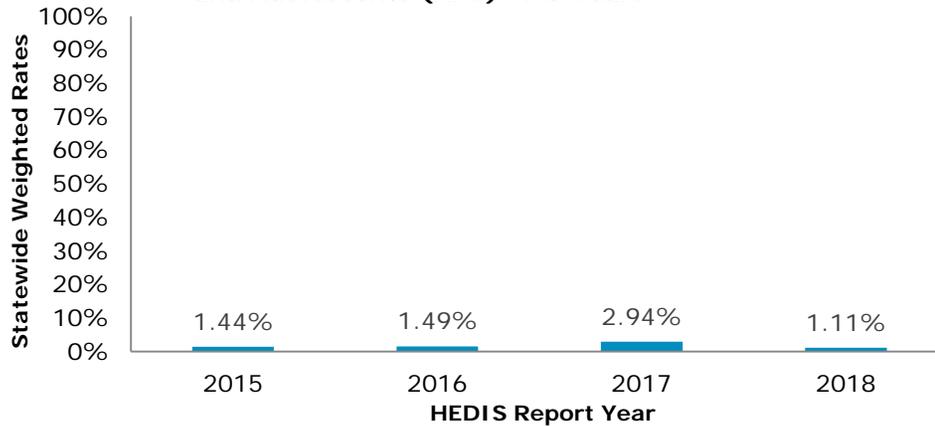
Footnote: In 2017, denied claims were no longer included when identifying the numerator of the measure. Trending between 2017 and prior years should be considered with caution.

Fig. 100. Use of Imaging Studies for Low Back Pain (LBP)



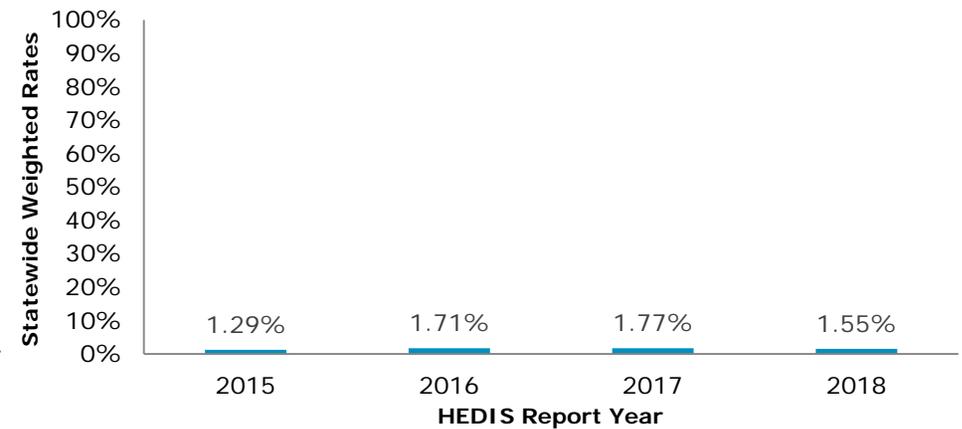
Footnote: In 2017, changes were made to the measure during reevaluation. In 2016, the conversion to ICD-10 codes affected how low back pain, recent trauma and intravenous drug abuse are identified in the event/diagnosis. Trending between 2017 and 2016 and prior years should be considered with caution. NCOA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 101. Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): 1-5 Years*



*Lower rates for this measure indicate better performance. Footnote: First-year measure in 2015. In 2017, denied claims were no longer included when identifying the numerator of the measure. Trending between 2017 and prior years should be considered with caution.

Fig. 102. APC: 6-11 Years*



*Lower rates for this measure indicate better performance. Footnote: First-year measure in 2015. In 2017, denied claims were no longer included when identifying the numerator of the measure. Trending between 2017 and prior years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 103. APC: 12-17 Years*

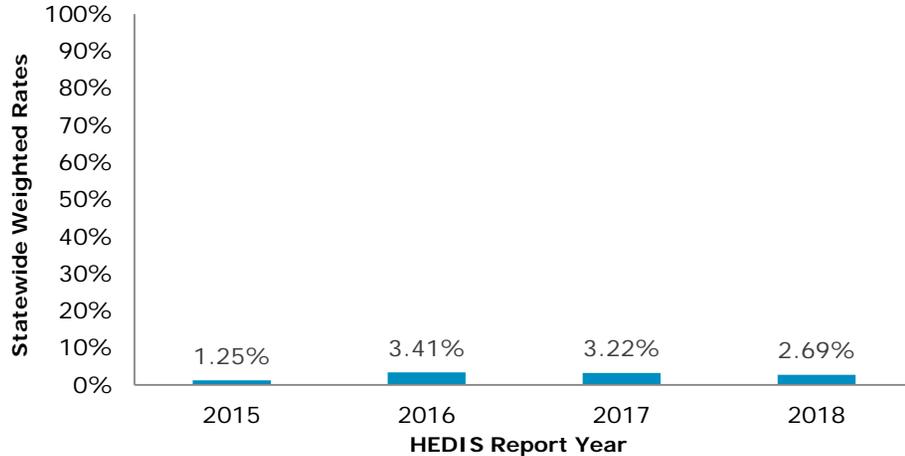
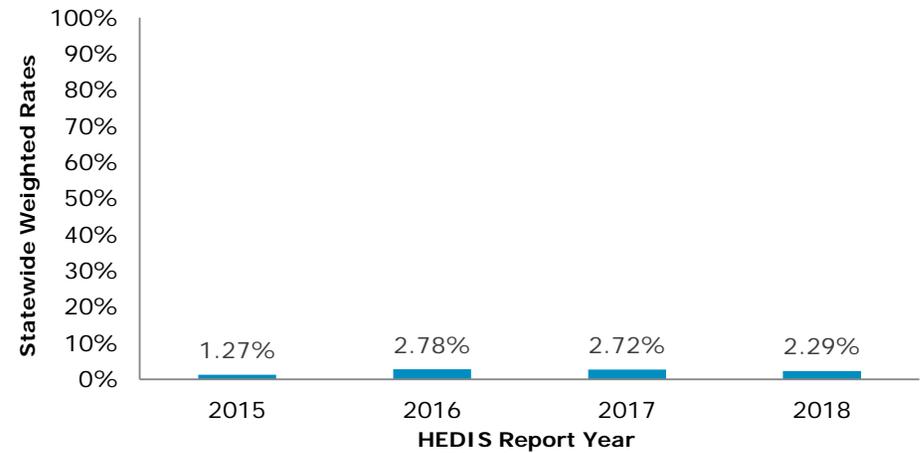


Fig. 104. APC: Total*



*Lower rates for this measure indicate better performance.
Footnote: First-year measure in 2015. In 2017, denied claims were no longer included when identifying the numerator of the measure. Trending between 2017 and prior years should be considered with caution.

*Lower rates for this measure indicate better performance.
Footnote: First-year measure in 2015. In 2017, denied claims were no longer included when identifying the numerator of the measure. Trending between 2017 and prior years should be considered with caution.

Access/Availability of Care Measures

Fig. 105. Adults' Access to Preventive/Ambulatory Health Services (AAP): 20-44 years

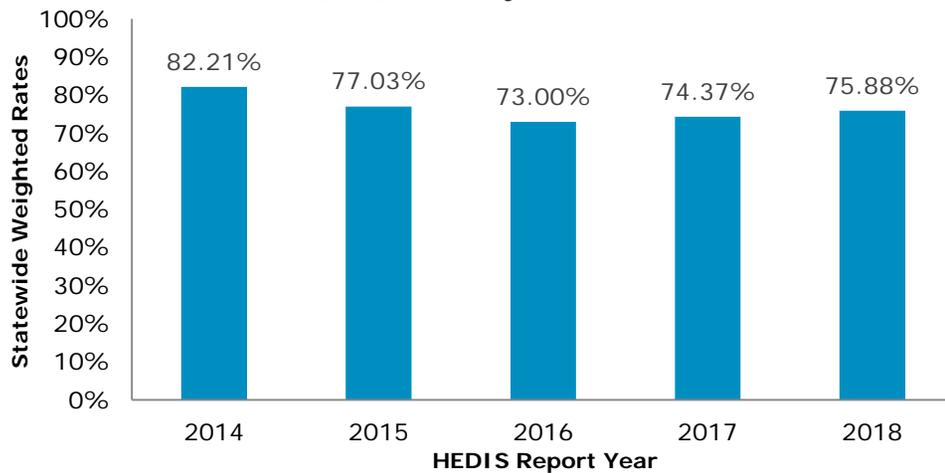
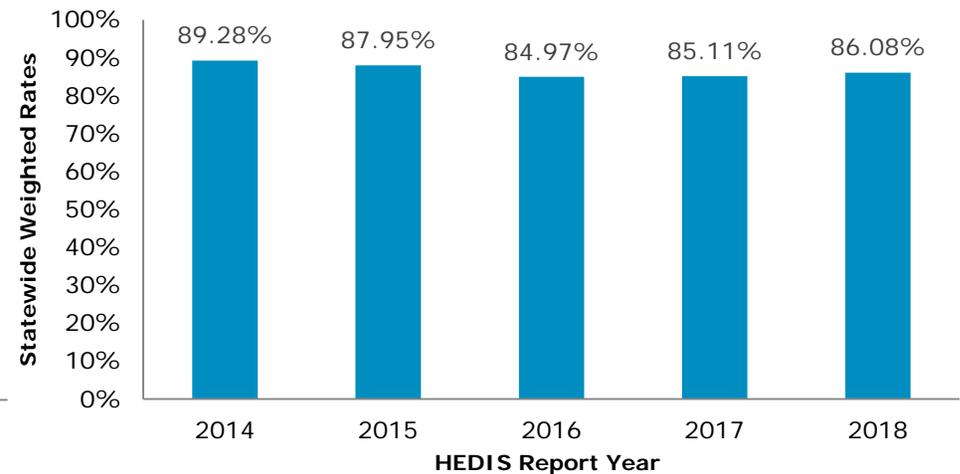


Fig. 106. AAP: 45-64 years



Medicaid HEDIS Trending— Access/Availability of Care Measures

Fig. 107. Children and Adolescents' Access to Primary Care Practitioners (CAP): 12–24 months

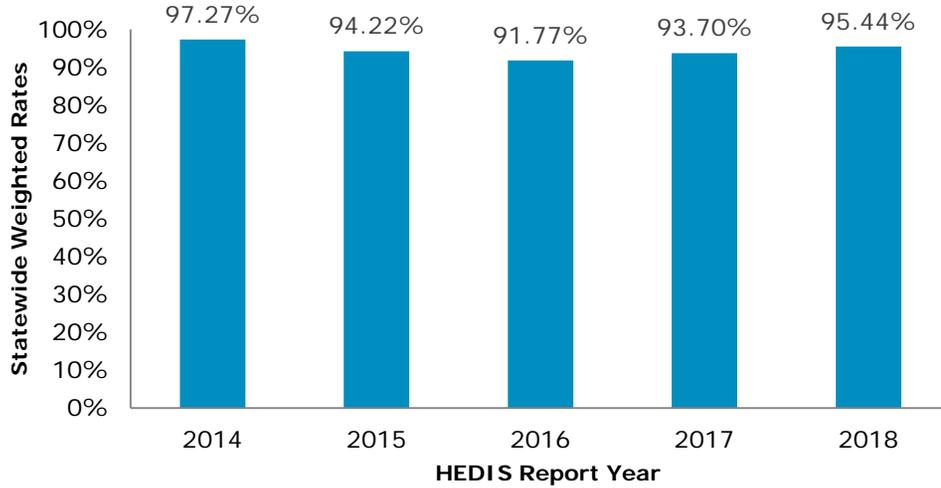


Fig. 108. CAP: 25 months–6 years

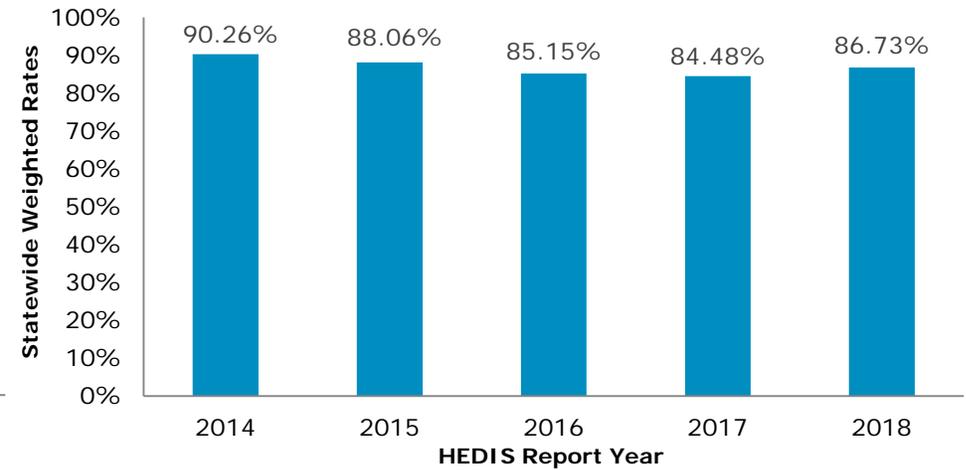


Fig. 109. CAP: 7–11 years

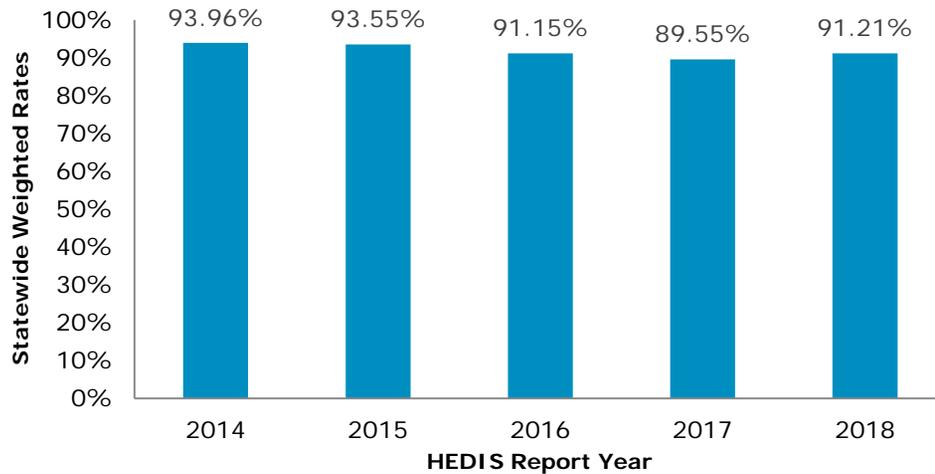
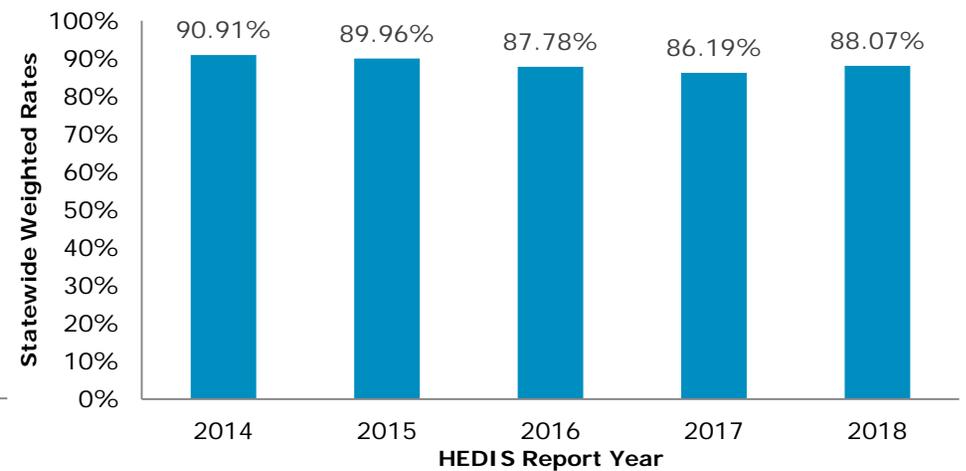


Fig. 110. CAP: 12–19 years



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 111. Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care

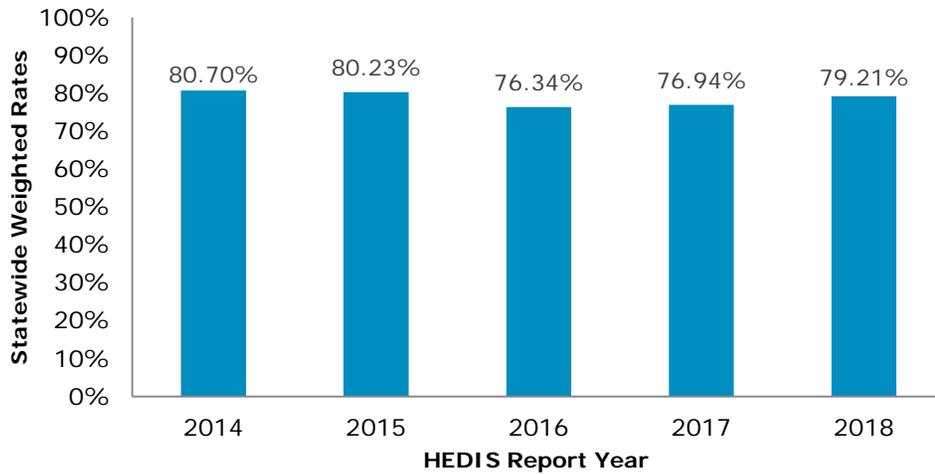


Fig. 112. PPC: Postpartum Care

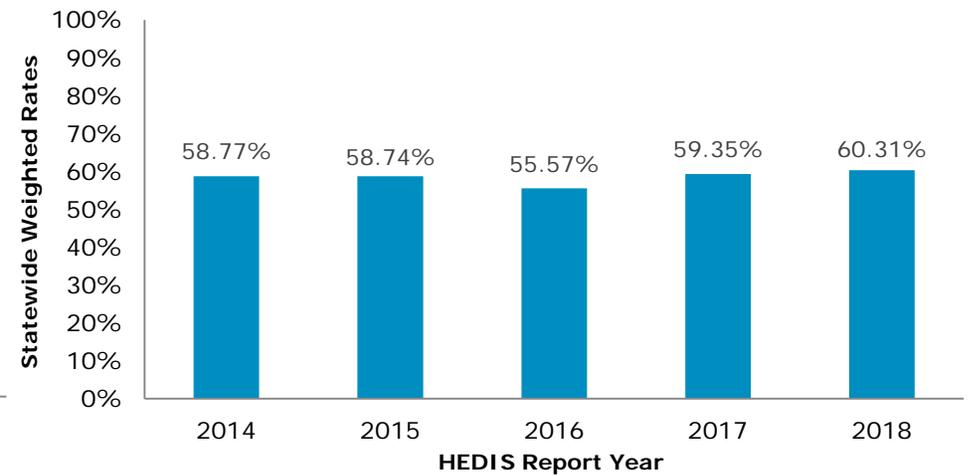


Fig. 113. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 1-5 Years

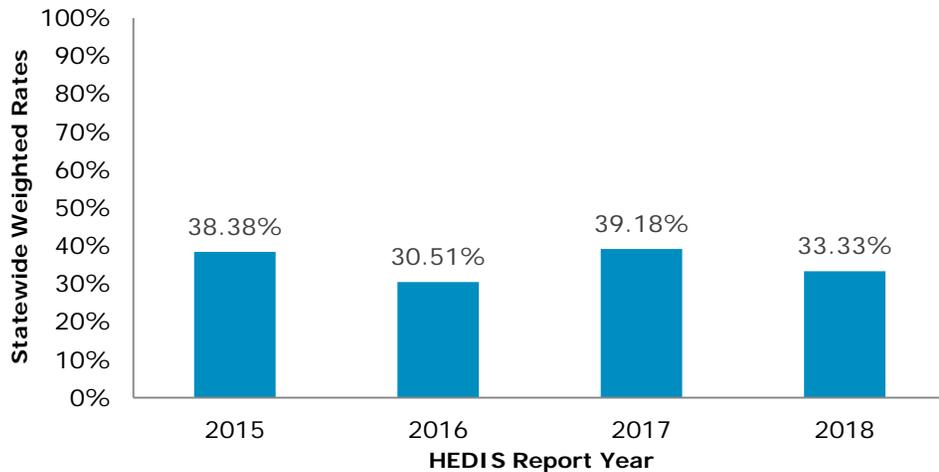
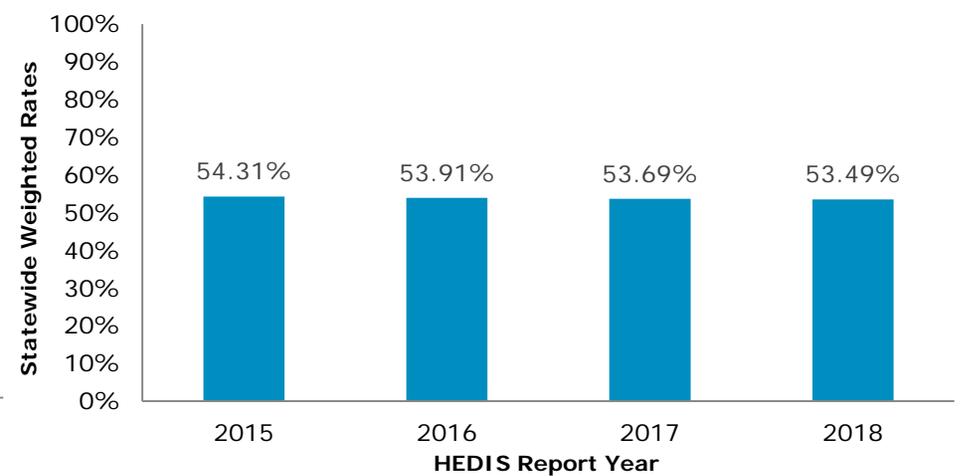


Fig. 114. APP: 6-11 Years



Footnote: First-year measure in 2015. NCOA indicated trending with caution due to changes in measure specifications in 2018.

Footnote: First-year measure in 2015. NCOA indicated trending with caution due to changes in measure specifications in 2018.

Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 115. APP: 12-17 Years

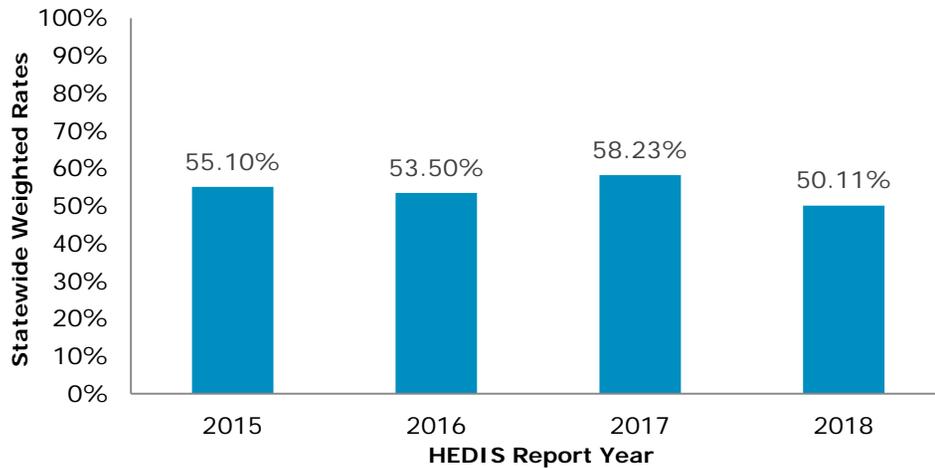
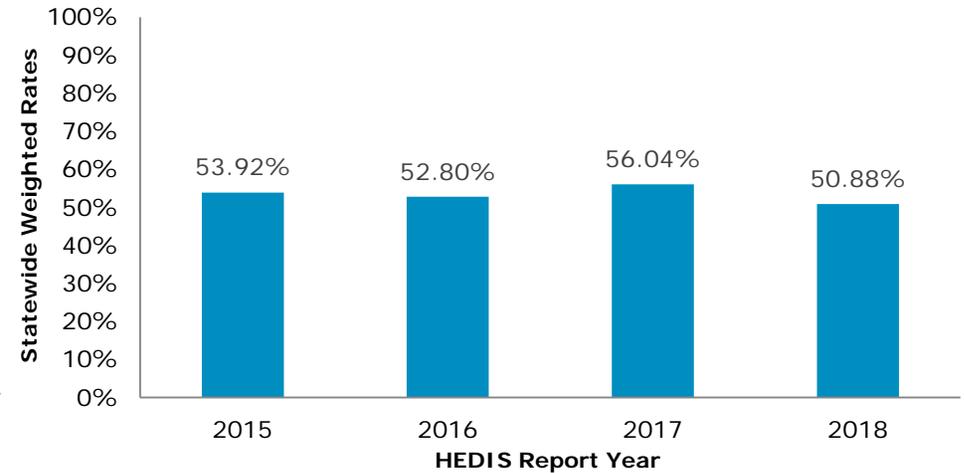


Fig. 116. APP: Total



Footnote: First-year measure in 2015. NCOA indicated trending with caution due to changes in measure specifications in 2018.

Footnote: First-year measure in 2015. NCOA indicated trending with caution due to changes in measure specifications in 2018.

Utilization Measures

Fig. 117. Well-Child Visits in the First 15 Months of Life (W15): 6 or More Visits

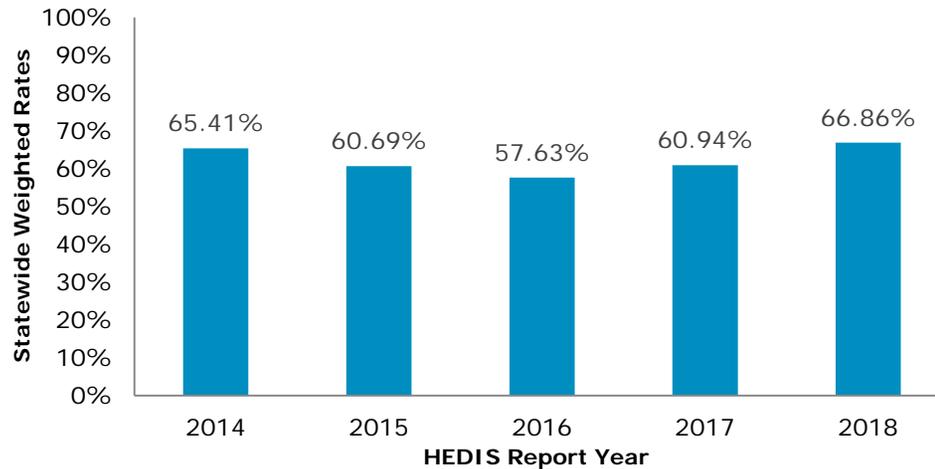
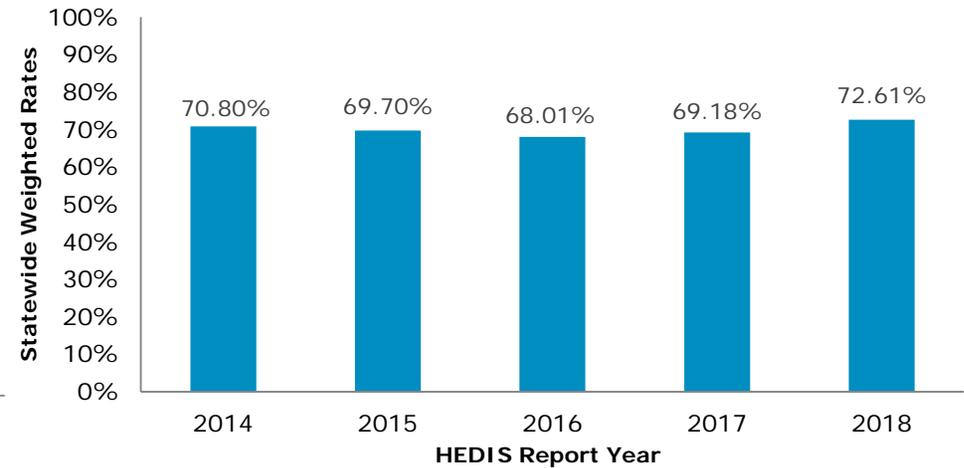
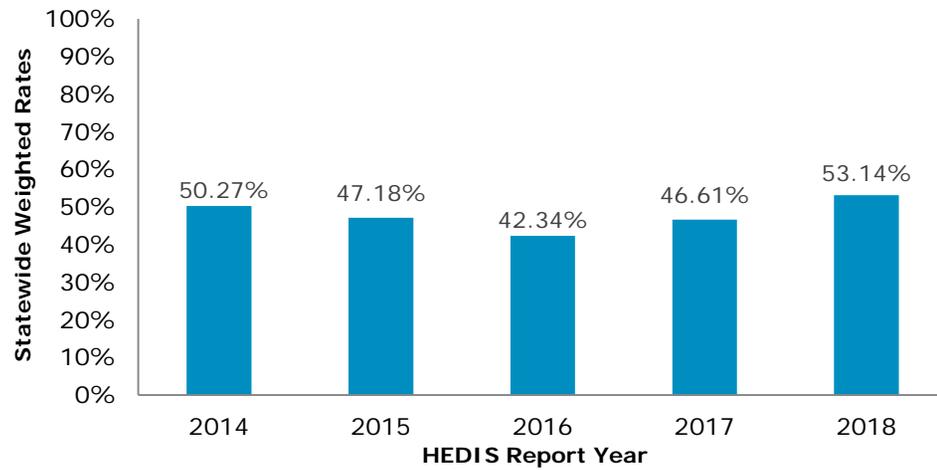


Fig. 118. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)



Footnote: Due to notable changes in the measure specification in 2015, trending between prior years' should be considered with caution.

Fig. 119. Adolescent Well-Care Visits (AWC)

CHIP HEDIS/CAHPS Results

At TennCare's request, HEDIS measure and CAHPS results for CoverKids, Tennessee's CHIP, were added to this annual HEDIS/CAHPS report in 2017. HEDIS definitions for measures apply to all lines of business. For CoverKids, BlueCare (CKBC) is the only health plan administrator (HPA) and the only plan reporting HEDIS/CAHPS measures, so no comparative statewide data are available. In **Table 12**, The column titled 'Change 2017 to 2018' indicates whether there was an improvement (↑), a decline (↓), or no change (↔) in performance for the measure from HEDIS 2017 to HEDIS 2018 when data is available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported. NA was used for Not Applicable, indicating the denominator was too small (<30) to report a valid rate, hence results are not presented.

Table 12. HEDIS 2018 CHIP Rates			
Measure	Rate		Change 2017 to 2018
	2017	2018	
<i>Effectiveness of Care Measures</i>			
<i>Prevention and Screening</i>			
Adult BMI Assessment (ABA)	NA	NA	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):			
BMI Percentile	63.26%	71.78%	↑
Counseling for Nutrition	50.36%	58.64%	↑
Counseling for Physical Activity	47.93%	54.99%	↑
Childhood Immunization Status (CIS):			
DTaP/DT	81.51%	76.89%	↓
IPV	88.32%	85.89%	↓
MMR	88.08%	84.43%	↓
HiB	88.56%	84.67%	↓
HepB	84.67%	85.40%	↑
VZV	89.78%	84.91%	↓
PCV	82.73%	81.02%	↓
HepA	86.62%	82.48%	↓

Table 12. HEDIS 2018 CHIP Rates

Measure	Rate		Change 2017 to 2018
	2017	2018	
RV	75.91%	74.94%	↓
Flu	54.26%	52.55%	↓
Combination 2	75.67%	72.26%	↓
Combination 3	74.21%	71.29%	↓
Combination 4	73.24%	70.32%	↓
Combination 5	65.45%	64.23%	↓
Combination 6	49.15%	48.66%	↓
Combination 7	64.72%	63.26%	↓
Combination 8	48.66%	48.66%	↔
Combination 9	45.01%	44.53%	↓
Combination 10	44.53%	44.53%	↔
Immunizations for Adolescents (IMA):			
Meningococcal	66.18%	64.96%	↓
Tdap/Td	82.24%	83.21%	↑
HPV*		15.09%	
Combination 1	65.94%	64.96%	↓
Combination 2*		14.11%	
Lead Screening in Children (LSC)	64.48%	58.15%	↓
Breast Cancer Screening (BCS)*		NA	
Cervical Cancer Screening (CCS)**	75.32%	72.44%	↓
Chlamydia Screening in Women (CHL):			
16-20 Years	30.80%	31.21%	↑
21-24 Years	80.56%	76.74%	↓
Total	31.46%	31.86%	↑
Respiratory Conditions			
Appropriate Testing for Children with Pharyngitis (CWP)	88.68%	90.55%	↑

Table 12. HEDIS 2018 CHIP Rates

Measure	Rate		Change 2017 to 2018
	2017	2018	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NA	NA	
Pharmacotherapy Management of COPD Exacerbation (PCE):			
Systemic Corticosteroid	NA	NA	
Bronchodilator	NA	NA	
Medication Management for People With Asthma (MMA):			
Medication Compliance 50%: 5-11 Years	59.92%	64.09%	↑
12-18 Years	57.41%	64.07%	↑
19-50 Years	NA	NA	
51-64 Years	NA	NA	
Total	58.87%	64.08%	↑
Medication Compliance 75%: 5-11 Years	33.40%	37.57%	↑
12-18 Years	29.11%	36.58%	↑
19-50 Years	NA	NA	
51-64 Years	NA	NA	
Total	31.57%	37.11%	↑
Asthma Medication Ratio (AMR):			
5-11 Years	79.48%	70.92%	↓
12-18 Years	78.77%	65.62%	↓
19-50 Years	NA	NA	
51-64 Years	NA	NA	
Total	79.23%	68.34%	↓
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)	NA	50.00%	
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	NA	NA	
Statin Therapy for Patients With Cardiovascular Disease (SPC):			
Received Statin Therapy: 21-75 Years (Male)	NA	NA	

Table 12. HEDIS 2018 CHIP Rates

Measure	Rate		Change 2017 to 2018
	2017	2018	
40-75 Years (Female)	NA	NA	
Total	NA	NA	
Statin Adherence 80%: 21-75 Years (Male)	NA	NA	
40-75 Years (Female)	NA	NA	
Total	NA	NA	
Diabetes			
Comprehensive Diabetes Care (CDC):			
Hemoglobin A1c (HbA1c) Testing	84.85%	84.00%	↓
HbA1c Control (<8.0%)	33.33%	40.00%	↑
HbA1c Control (<7.0%)	24.24%	31.91%	↑
Eye Exam (Retinal) Performed	42.42%	60.00%	↑
Medical Attention for Nephropathy	69.70%	74.00%	↑
Blood Pressure Control (<140/90 mm Hg)	63.64%	76.00%	↑
Statin Therapy for Patients With Diabetes (SPD):			
Received Statin Therapy	NA	NA	
Statin Adherence 80%	NA	NA	
Musculoskeletal Conditions			
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)	NA	NA	
Behavioral Health			
Antidepressant Medication Management (AMM)**:			
Effective Acute Phase Treatment	54.02%	56.32%	↑
Effective Continuation Phase Treatment	29.89%	37.93%	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD)**:			
Initiation Phase	40.89%	42.84%	↑
Continuation and Maintenance (C&M) Phase	51.53%	56.00%	↑

Table 12. HEDIS 2018 CHIP Rates

Measure	Rate		Change 2017 to 2018
	2017	2018	
Follow-Up After Hospitalization for Mental Illness (FUH)*:			
7-Day Follow-Up		49.10%	
30-Day Follow-Up		71.84%	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)**:			
7-Day Follow-Up	35.88%	26.45%	↓
30-Day Follow-Up	61.07%	47.93%	↓
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**:			
7-Day Follow-Up: 13-17 Years	11.43%	NA	
18+ Years	NA	NA	
Total	11.11%	0.00%	↓
30-Day Follow-Up: 13-17 Years	17.14%	NA	
18+ Years	NA	NA	
Total	15.56%	0.00%	↓
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	62.50%	78.05%	↑
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	NA	NA	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	NA	NA	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	NA	NA	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):			
1-5 Years	NA	NA	
6-11 Years	29.41%	23.38%	↓
12-17 Years	31.16%	29.20%	↓
Total	30.74%	27.83%	↓
Medication Management			
Annual Monitoring for Patients on Persistent Medications (MPM):			
ACE Inhibitors or ARBs	NA	NA	

Table 12. HEDIS 2018 CHIP Rates

Measure	Rate		Change 2017 to 2018
	2017	2018	
Diuretics	NA	NA	
Total*		74.19%	
Overuse/Appropriateness			
Appropriate Treatment for Children With URI (URI)	79.75%	82.99%	↑
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	NA	NA	
Use of Imaging Studies for Low Back Pain (LBP)**	60.32%	74.24%	↑
Access/Availability of Care			
Adults' Access to Preventive/Ambulatory Health Services (AAP):			
20-44 Years	77.44%	77.81%	↑
45-64 Years	NA	NA	
65+ Years	NA	NA	
Total	77.04%	77.81%	↑
Children and Adolescents' Access to Primary Care Practitioners (CAP):			
12-24 Months	94.89%	91.80%	↓
25 Months–6 Years	85.97%	84.51%	↓
7-11 Years	89.56%	88.53%	↓
12-19 Years	85.75%	85.06%	↓
Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)*:			
IET: Initiation of AOD Treatment:			
13-17 Years: Alcohol†††		43.33%	
Opioid†††		NA	
Other Drug†††		41.94%	
Total		41.38%	
18+ Years: Alcohol†††		NA	
Opioid†††		NA	
Other Drug†††		47.73%	

Table 12. HEDIS 2018 CHIP Rates

Measure	Rate		Change 2017 to 2018
	2017	2018	
Total		48.57%	
Initiation Total: Alcohol†††		48.94%	
Opioid†††		NA	
Other Drug†††		44.34%	
Total		44.40%	
IET: Engagement of AOD Treatment:			
13-17 Years: Alcohol†††		20.00%	
Opioid†††		NA	
Other Drug†††		18.55%	
Total		17.24%	
18+ Years: Alcohol†††		NA	
Opioid†††		NA	
Other Drug†††		11.36%	
Total		11.43%	
Engagement Total: Alcohol†††		21.28%	
Opioid†††		NA	
Other Drug†††		15.57%	
Total		14.80%	
Prenatal and Postpartum Care (PPC):			
Timeliness of Prenatal Care	69.27%	81.66%	↑
Postpartum Care	64.88%	65.58%	↑
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)**:			
1-5 Years	NA	NA	
6-11 Years	NA	44.19%	
12-17 Years	57.50%	40.00%	↓
Total	55.14%	40.69%	↓

Table 12. HEDIS 2018 CHIP Rates

Measure	Rate		Change 2017 to 2018
	2017	2018	
<i>Utilization</i>			
Well-Child Visits in the First 15 Months of Life (W15): 6+ Visits	75.22%	76.04%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	66.58%	59.57%	↓
Adolescent Well-Care Visits (AWC)	38.93%	40.39%	↑

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

**NCQA indicated trending with caution due to changes in measure specifications in 2018.

Table 13. HEDIS 2018 CHIP Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Rate		Change 2017 to 2018
	2017	2018	
<i>Effectiveness of Care Measures</i>			
<i>Diabetes</i>			
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)	60.61%	80.00%	↓
<i>Overuse/Appropriateness</i>			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	1.43%	0.92%	↑
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC):</i>			
1–5 Years	NA	NA	
6–11 Years	1.64%	5.00%	↓
12–17 Years	0.00%	1.18%	↓
Total	0.44%	2.17%	↓
Use of Opioids at High Dosage (UOD)††† ‡		NA	
<i>Use of Opioids From Multiple Providers (UOP)††† ‡</i>			
Multiple Prescribers		NA	
Multiple Pharmacies		NA	
Multiple Prescribers and Multiple Pharmacies		NA	

†††HEDIS 2018 first-year measure

‡Rate calculated per 1,000 members

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

Table 14. 2018 CAHPS 5.0H Child CHIP Survey Results (General Population)	
Question	CKBC
1. Getting Needed Care (Always + Usually)	89.76%
2. Getting Care Quickly (Always + Usually)	94.74%
3. How Well Doctors Communicate (Always + Usually)	96.76%
4. Customer Service (Always + Usually)	93.11%
5. Shared Decision Making (Yes)	NA
6. Rating of All Health Care (9+10)	73.28%
7. Rating of Personal Doctor (9+10)	79.46%
8. Rating of Specialist Seen Most Often (9+10)	NA
9. Rating of Health Plan (9+10)	71.62%

Table 15. 2018 CAHPS 5.0H Child CHIP Survey Results (Children with Chronic Conditions)	
Question	CKBC
1. Getting Needed Care (Always + Usually)	90.83%
2. Getting Care Quickly (Always + Usually)	96.85%
3. How Well Doctors Communicate (Always + Usually)	98.02%
4. Customer Service (Always + Usually)	93.21%
5. Shared Decision Making (Yes)	88.69%
6. Rating of All Health Care (9+10)	74.40%
7. Rating of Personal Doctor (9+10)	79.54%
8. Rating of Specialist Seen Most Often (9+10)	76.52%
9. Rating of Health Plan (9+10)	71.06%
10. Coordination of Care (Always + Usually)	83.58%
11. Access to Specialized Services (Always + Usually)	NA
12. Family-Centered Care: Personal Doctor Who Knows Child (Yes)	93.66%
13. Coordination of Care for Children With Chronic Conditions (Yes)	NA
14. Family-Centered Care: Getting Needed Information (Always + Usually)	94.42%
15. Access to Prescription Medicines (Always + Usually)	97.98%

APPENDIX A | Medicaid Utilization Results

Additional Utilization Measure Descriptions

Frequency of Selected Procedure (FSP)

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

Ambulatory Care (AMB)

AMB summarizes utilization of ambulatory care in the following categories:

- ◆ Outpatient Visits
- ◆ ED Visits

Inpatient Utilization – General Hospital/Acute Care (IPU)

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

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

Identification of Alcohol and Other Drug Services (IAD)

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

- ◆ Any services
- ◆ IP
- ◆ Telehealth
- ◆ Outpatient or an ambulatory MAT dispensing event
- ◆ Intensive outpatient or partial hospitalization
- ◆ ED

Mental Health Utilization (MPT)

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

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

Antibiotic Utilization (ABX)

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

- ◆ Total number of and average (Avg.) number of antibiotic prescription per member per year (PMPY)

- ◆ Total and avg. days supplied for all antibiotic prescriptions
- ◆ Total number of prescriptions and avg. number of prescriptions PMPY for antibiotic of concern
- ◆ Percentage of antibiotic of concern for all antibiotic prescriptions
- ◆ Avg. number of antibiotics PMPY reported by drug class:
 - For selected 'antibiotics of concern'
 - For all other antibiotics

Standardized Healthcare-Associated Infection Ratio (HAI)

HAI reports Hospital-reported standard infection ratios (SIR) for four different healthcare-associated infections (HAI). It is adjusted for the proportion of members discharged from each acute care hospital. The percentage of total discharges from

hospitals with a high, moderate, low or unavailable SIR, next to a total plan-weighted SIR is reported for each of the following infections:

- ◆ HAI-1: Central line-associated bloodstream infections (CLABSI).
- ◆ HAI-2: Catheter-associated urinary tract infections (CAUTI).
- ◆ HAI-5: Methicillin-resistant *Staphylococcus aureus* (MRSA) blood laboratory-identified events (bloodstream infections).
- ◆ HAI-6: *Clostridium difficile* laboratory-identified events (intestinal infections) (CDIFF).

Note: A lower SIR indicates better performance. SIRs >1.0 indicate that more infections occurred than expected; SIRs <1.0 indicate fewer infections occurred than expected.

Utilization Measures: Medicaid Plan-Specific Rates

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

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Well-Child Visits in the First 15 Months of Life (W15):											
0 Visits	NA	1.46%	2.19%	4.14%	1.15%	0.78%	1.97%	10.71%	0.54%	0.52%	3.89%
1 Visits	NA	2.19%	1.70%	4.14%	1.72%	1.82%	2.70%	2.68%	1.35%	0.77%	3.65%
2 Visits	NA	2.68%	1.70%	5.11%	1.72%	2.86%	6.39%	4.87%	2.16%	0.52%	3.41%
3 Visits	NA	4.14%	3.16%	8.03%	5.46%	5.47%	7.86%	9.73%	3.77%	1.80%	6.33%
4 Visits	NA	4.14%	5.11%	11.68%	8.62%	6.77%	9.58%	11.44%	6.47%	4.64%	11.19%
5 Visits	NA	11.44%	9.73%	15.33%	12.64%	14.84%	14.25%	15.82%	11.86%	11.08%	18.25%
6 or More Visits	NA	73.97%	76.40%	51.58%	68.68%	67.45%	57.25%	44.77%	73.85%	80.67%	53.28%
Frequency of Selected Procedures (FSP)											
Bariatric weight loss surgery: Procedures/1,000 Member Years											
0–19	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20–44		0.00	0.02	0.00	0.00	0.01	0.00	0.00	0.01	0.02	0.00
45–64		0.01	0.00	0.02	0.02	0.02	0.00	0.00	0.02	0.01	0.00
0–19	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20–44		0.03	0.04	0.00	0.07	0.03	0.00	0.00	0.05	0.03	0.00
45–64		0.06	0.07	0.00	0.03	0.04	0.00	0.14	0.06	0.06	0.00
Tonsillectomy: Procedures/1,000 Member Years											
0–9	M&F	1.07	0.81	0.59	1.16	0.87	0.67	1.19	1.33	0.94	0.54
10–19		0.48	0.33	0.28	0.60	0.36	0.33	0.33	0.63	0.40	0.30
Hysterectomy—Abdominal (A) and Vaginal (V): Procedures/1,000 Member Years											
15–44 (A)	F	0.09	0.10	0.11	0.08	0.09	0.14	0.00	0.11	0.10	0.14
45–64 (A)		0.06	0.24	0.23	0.08	0.16	0.32	0.14	0.14	0.20	0.33
15–44 (V)	F	0.22	0.16	0.06	0.19	0.17	0.08	0.02	0.24	0.18	0.09
45–64 (V)		0.11	0.23	0.07	0.18	0.15	0.08	0.00	0.21	0.16	0.15

APPENDIX A | Utilization Measure Medicaid Results

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Cholecystectomy—Open (O) and Closed (C)/Laparoscopic: Procedures/1,000 Member Years											
30–64 (O)	M	0.03	0.00	0.02	0.04	0.02	0.04	0.00	0.03	0.05	0.03
15–44 (O)	F	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.01	0.01
45–64 (O)		0.00	0.01	0.04	0.03	0.00	0.05	0.00	0.01	0.01	0.03
30–64 (C)	M	0.39	0.38	0.27	0.43	0.41	0.29	0.15	0.53	0.37	0.16
15–44 (C)	F	0.85	0.67	0.49	0.93	0.75	0.49	0.38	0.87	0.71	0.53
45–64 (C)		0.74	0.62	0.61	0.66	0.57	0.60	0.28	0.80	0.60	0.46
Back Surgery: Procedures/1,000 Member Years											
20–44	M	0.23	0.35	0.21	0.30	0.34	0.22	0.08	0.48	0.42	0.24
	F	0.14	0.25	0.10	0.20	0.24	0.16	0.02	0.29	0.34	0.07
45–64	M	0.63	0.91	0.35	1.06	1.07	0.31	0.11	0.92	1.00	0.32
	F	0.64	0.82	0.26	0.83	0.75	0.26	0.14	1.05	0.97	0.45
Mastectomy: Procedures/1,000 Member Years											
15–44	F	0.02	0.05	0.02	0.05	0.01	0.03	0.00	0.02	0.02	0.01
45–64		0.10	0.18	0.14	0.37	0.29	0.38	0.00	0.22	0.27	0.14
Lumpectomy: Procedures/1,000 Member Years											
15–44	F	0.09	0.10	0.10	0.10	0.12	0.13	0.07	0.09	0.12	0.09
45–64		0.24	0.40	0.36	0.51	0.31	0.55	0.00	0.41	0.42	0.31
Ambulatory Care: Total (AMB)											
Total: Visits/1,000 Member Months											
Outpatient		295.19	359.25	270.03	404.35	347.51	344.90	297.30	396.97	382.78	330.92
ED		76.55	61.25	64.97	79.90	69.87	72.67	52.13	77.32	66.84	68.89
Inpatient Utilization—General Hospital/Acute Care: Total (IPU)											
Total Inpatient											
Per 1,000 Member Months											
Discharges		5.96	6.01	6.01	7.71	6.79	7.21	5.65	7.13	6.02	5.96
Days		27.30	26.00	26.98	31.89	25.77	30.50	32.61	33.31	25.65	31.34
Length of Stay (LoS): Average # of Days											
Average LoS		4.58	4.32	4.49	4.14	3.80	4.23	5.77	4.67	4.26	5.25

APPENDIX A | Utilization Measure Medicaid Results

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Medicine											
Per 1,000 Member Months											
Discharges		2.66	2.65	2.26	3.49	2.94	3.12	3.92	3.72	2.62	2.66
Days		11.62	11.67	9.78	16.50	12.63	14.59	20.56	17.45	11.94	14.00
LoS: Average # of Days											
Average LoS		4.37	4.40	4.34	4.72	4.30	4.68	5.25	4.69	4.55	5.27
Surgery											
Per 1,000 Member Months											
Discharges		1.38	1.21	1.29	1.22	0.96	1.08	1.12	1.74	1.32	1.29
Days		10.79	8.55	11.13	7.78	5.64	8.40	10.31	11.53	8.11	12.00
LoS: Average # of Days											
Average LoS		7.82	7.06	8.62	6.38	5.87	7.76	9.19	6.62	6.15	9.32
Maternity (calculated using member months for members 10-64 years)											
Per 1,000 Member Months											
Discharges		2.84	3.47	3.92	4.63	4.49	4.68	0.94	2.56	3.37	3.24
Days		7.20	9.33	9.66	11.77	11.67	11.66	2.62	6.66	9.07	8.55
LoS: Average # of Days											
Average LoS		2.54	2.69	2.46	2.54	2.60	2.49	2.79	2.60	2.69	2.64
Identification of Alcohol and Other Drug Services: Total (IAD)*											
Any Services											
Total	M	4.78%	3.90%	3.26%	4.23%	4.15%	3.11%	3.54%	5.64%	4.27%	3.62%
	F	5.70%	4.75%	3.08%	6.38%	5.72%	3.68%	3.20%	6.41%	5.86%	3.42%
	M&F	5.29%	4.39%	3.16%	5.51%	5.07%	3.46%	3.40%	6.08%	5.20%	3.50%
Inpatient											
Total	M	1.15%	0.88%	0.91%	0.94%	1.00%	0.79%	0.62%	1.13%	0.92%	0.95%
	F	1.33%	1.05%	0.82%	1.31%	1.28%	0.79%	0.53%	1.26%	1.10%	0.69%
	M&F	1.25%	0.98%	0.86%	1.16%	1.16%	0.79%	0.58%	1.20%	1.03%	0.79%

APPENDIX A | Utilization Measure Medicaid Results

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Intensive Outpatient/Partial Hospitalization											
Total	M	0.16%	0.17%	0.15%	0.42%	0.59%	0.32%	0.71%	0.16%	0.21%	0.14%
	F	0.22%	0.14%	0.17%	0.63%	0.79%	0.38%	0.51%	0.21%	0.22%	0.14%
	M&F	0.20%	0.15%	0.16%	0.55%	0.70%	0.36%	0.63%	0.19%	0.22%	0.14%
Outpatient/ED*											
Total	M	1.18%	0.90%	0.88%	1.15%	1.26%	0.90%	1.06%	1.40%	1.23%	1.14%
	F	1.20%	1.00%	0.83%	1.49%	1.65%	0.96%	0.94%	1.40%	1.66%	1.00%
	M&F	1.19%	0.96%	0.85%	1.35%	1.49%	0.94%	1.01%	1.40%	1.48%	1.06%
Mental Health Utilization: Total (MPT)											
Any Services**											
Total	M	10.19%	10.84%	6.19%	14.07%	12.69%	8.89%	30.81%	13.16%	12.24%	9.34%
	F	10.29%	12.24%	5.48%	14.41%	13.48%	9.20%	25.12%	14.69%	13.71%	9.18%
	M&F	10.25%	11.65%	5.78%	14.27%	13.15%	9.08%	28.44%	14.04%	13.10%	9.24%
Inpatient											
Total	M	0.74%	0.54%	0.91%	0.49%	0.50%	0.64%	0.89%	0.71%	0.61%	0.75%
	F	0.74%	0.66%	0.76%	0.54%	0.59%	0.66%	1.02%	0.99%	0.85%	0.73%
	M&F	0.74%	0.61%	0.83%	0.52%	0.56%	0.65%	0.95%	0.87%	0.75%	0.74%
Intensive Outpatient/Partial Hospitalization**											
Total	M	0.02%	0.02%	0.11%	2.89%	3.34%	2.02%	6.20%	0.02%	0.04%	0.07%
	F	0.04%	0.03%	0.14%	3.41%	4.55%	2.50%	6.34%	0.03%	0.04%	0.11%
	M&F	0.03%	0.02%	0.13%	3.20%	4.05%	2.31%	6.26%	0.02%	0.04%	0.09%
Outpatient/ED*											
Total	M	9.66%	10.36%	5.57%	13.71%	12.18%	8.41%	30.02%	12.51%	11.63%	8.53%
	F	9.74%	11.65%	4.99%	14.02%	12.86%	8.71%	24.24%	13.72%	12.86%	8.29%
	M&F	9.71%	11.10%	5.23%	13.89%	12.58%	8.59%	27.61%	13.20%	12.35%	8.39%

APPENDIX A | Utilization Measure Medicaid Results

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Antibiotic Utilization: Total (ABX)											
Antibiotic Utilization											
Average Scripts PMPY for Antibiotics											
Total	M	0.88	0.88	0.65	1.13	0.88	0.85	0.80	1.02	0.90	0.75
	F	1.27	1.27	1.14	1.49	1.28	1.35	1.01	1.44	1.25	1.15
	M&F	1.10	1.11	0.94	1.34	1.11	1.15	0.88	1.26	1.10	0.99
Average Days Supplied per Antibiotic Script											
Total	M	9.41	9.60	9.51	9.55	9.50	9.51	11.01	9.56	9.71	9.59
	F	8.87	8.87	8.42	8.95	8.75	8.58	10.58	9.07	8.93	8.65
	M&F	9.06	9.12	8.74	9.16	8.99	8.85	10.80	9.24	9.20	8.94
Average Scripts PMPY for Antibiotics of Concern											
Total	M	0.42	0.39	0.29	0.55	0.39	0.40	0.35	0.50	0.40	0.33
	F	0.57	0.55	0.46	0.69	0.53	0.57	0.40	0.68	0.54	0.48
	M&F	0.50	0.48	0.39	0.63	0.47	0.51	0.37	0.60	0.48	0.42
Percentage of Antibiotics of Concern of All Antibiotic Scripts											
Total	M	48.13%	44.47%	44.51%	48.82%	44.17%	47.07%	44.24%	49.18%	44.72%	44.38%
	F	44.80%	43.25%	40.28%	45.91%	41.68%	42.60%	40.11%	47.27%	43.11%	41.49%
	M&F	45.98%	43.66%	41.52%	46.90%	42.50%	43.90%	42.28%	47.92%	43.66%	42.40%
Antibiotics of Concern Utilization (Average Scripts PMPY)											
Quinolones											
Total	M	0.03	0.03	0.03	0.03	0.02	0.02	0.01	0.04	0.03	0.03
	F	0.06	0.07	0.06	0.07	0.06	0.07	0.02	0.09	0.07	0.07
	M&F	0.05	0.06	0.05	0.05	0.04	0.05	0.02	0.07	0.05	0.05
Cephalosporins 2nd–4th Generation											
Total	M	0.10	0.10	0.06	0.16	0.11	0.10	0.10	0.12	0.11	0.07
	F	0.10	0.11	0.06	0.14	0.11	0.09	0.11	0.13	0.11	0.07
	M&F	0.10	0.11	0.06	0.15	0.11	0.09	0.10	0.13	0.11	0.07

APPENDIX A | Utilization Measure Medicaid Results

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Azithromycins and Clarithromycins											
Total	M	0.15	0.13	0.09	0.19	0.13	0.14	0.12	0.17	0.13	0.11
	F	0.20	0.19	0.17	0.25	0.20	0.22	0.14	0.23	0.18	0.17
	M&F	0.18	0.17	0.14	0.22	0.17	0.19	0.13	0.21	0.16	0.15
Amoxicillin/Clavulanates											
Total	M	0.11	0.09	0.07	0.14	0.09	0.10	0.09	0.12	0.10	0.09
	F	0.13	0.12	0.10	0.16	0.12	0.13	0.10	0.15	0.12	0.11
	M&F	0.12	0.11	0.09	0.15	0.11	0.12	0.09	0.14	0.11	0.10
Ketolides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clindamycins											
Total	M	0.04	0.03	0.04	0.04	0.03	0.04	0.03	0.04	0.03	0.04
	F	0.06	0.05	0.06	0.06	0.06	0.07	0.03	0.07	0.05	0.06
	M&F	0.05	0.04	0.05	0.05	0.05	0.06	0.03	0.05	0.04	0.05
Misc. Antibiotics of Concern											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
All Other Antibiotics Utilization (Average Scripts PMPY)											
Absorbable Sulfonamides											
Total	M	0.06	0.06	0.04	0.07	0.05	0.05	0.07	0.07	0.05	0.05
	F	0.11	0.10	0.09	0.12	0.11	0.11	0.11	0.12	0.10	0.09
	M&F	0.09	0.08	0.07	0.10	0.08	0.08	0.08	0.10	0.08	0.08
Aminoglycosides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

APPENDIX A | Utilization Measure Medicaid Results

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
1st Generation Cephalosporins											
Total	M	0.05	0.07	0.04	0.06	0.07	0.05	0.05	0.06	0.07	0.05
	F	0.08	0.10	0.07	0.10	0.10	0.09	0.06	0.10	0.10	0.07
	M&F	0.07	0.09	0.06	0.08	0.09	0.08	0.05	0.08	0.08	0.06
Lincosamides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Macrolides (not azith. or clarith.)											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
Penicillins											
Total	M	0.29	0.32	0.23	0.39	0.33	0.30	0.27	0.32	0.33	0.27
	F	0.32	0.32	0.27	0.37	0.33	0.31	0.29	0.32	0.32	0.28
	M&F	0.30	0.32	0.26	0.38	0.33	0.31	0.28	0.32	0.32	0.28
Tetracyclines											
Total	M	0.04	0.03	0.03	0.04	0.03	0.03	0.04	0.05	0.04	0.04
	F	0.06	0.06	0.06	0.07	0.05	0.07	0.03	0.09	0.06	0.06
	M&F	0.05	0.05	0.05	0.06	0.04	0.05	0.04	0.07	0.05	0.05
Misc. Antibiotics											
Total	M	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
	F	0.13	0.14	0.19	0.15	0.15	0.20	0.09	0.13	0.13	0.16
	M&F	0.08	0.08	0.12	0.09	0.09	0.12	0.04	0.08	0.08	0.10

APPENDIX A | Utilization Measure Medicaid Results

Table A. HEDIS 2018 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Standardized Healthcare-Associated Infection Ratio (HAI) **:											
For HAI-1: Central line-associated blood stream infection (CLABSI); HAI-2: Catheter-associated urinary tract infection (CAUTI); HAI-5: MRSA bloodstream infection (MRSA) and HAI-6: Clostridium difficile intestinal infection (CDIFF)											
Proportion of Total Discharges From High SIR Hospitals											
CLABSI		0.13	0.19	0.37	0.16	0.14	0.34	0.08	NQ	NQ	NQ
CAUTI		0.21	0.16	0.21	0.35	0.17	0.17	0.15	NQ	NQ	NQ
MRSA		0.13	0.19	0.39	0.27	0.15	0.46	0.15	NQ	NQ	NQ
CDIFF		0.22	0.26	0.39	0.22	0.26	0.40	0.10	NQ	NQ	NQ
Proportion of Total Discharges From Moderate SIR Hospitals											
CLABSI		0.11	0.16	0.01	0.25	0.23	0.02	0.30	NQ	NQ	NQ
CAUTI		0.07	0.07	0.34	0.04	0.07	0.34	0.04	NQ	NQ	NQ
MRSA		0.01	0.10	0.18	0.01	0.16	0.18	0.22	NQ	NQ	NQ
CDIFF		0.02	0.08	0.05	0.00	0.05	0.18	0.03	NQ	NQ	NQ
Proportion of Total Discharges From Low SIR Hospitals											
CLABSI		0.29	0.32	0.24	0.27	0.28	0.36	0.11	NQ	NQ	NQ
CAUTI		0.31	0.47	0.09	0.30	0.41	0.22	0.30	NQ	NQ	NQ
MRSA		0.38	0.30	0.03	0.38	0.25	0.02	0.11	NQ	NQ	NQ
CDIFF		0.39	0.39	0.23	0.49	0.38	0.22	0.38	NQ	NQ	NQ
Proportion of Total Discharges From Hospitals With Unavailable SIR											
CLABSI		0.46	0.32	0.37	0.33	0.35	0.28	0.51	NQ	NQ	NQ
CAUTI		0.41	0.30	0.36	0.31	0.35	0.27	0.51	NQ	NQ	NQ
MRSA		0.48	0.41	0.40	0.34	0.45	0.33	0.52	NQ	NQ	NQ
CDIFF		0.37	0.27	0.33	0.28	0.32	0.21	0.49	NQ	NQ	NQ

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

** NCQA indicated trending with caution due to changes in measure specifications in 2018.

APPENDIX B | Medicaid MCO Population

Table B1. HEDIS 2018 MCO Medicaid Population Reported in Member Months by Age and Sex—AG

Age Group	AGE			AGM			AGW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	22,047	21,115	43,162	37,116	35,136	72,252	23,233	22,347	45,580
1–4	90,387	85,560	175,947	139,357	135,429	274,786	97,950	93,074	191,024
5–9	111,942	108,137	220,079	156,410	152,601	309,011	124,288	124,417	248,705
10–14	115,725	111,093	226,818	115,800	114,235	230,035	99,653	100,417	200,070
15–17	47,838	48,100	95,938	64,539	64,586	129,125	42,324	43,902	86,226
18–19	25,727	27,343	53,070	36,490	39,896	76,386	23,470	23,916	47,386
0–19 Subtotal	413,666	401,348	815,014	549,712	541,883	1,091,595	410,918	408,073	818,991
	66.78%	51.90%	58.52%	72.42%	52.53%	60.96%	73.63%	52.61%	61.41%
20–24	34,215	59,652	93,867	26,534	69,284	95,818	32,281	65,062	97,343
25–29	24,321	77,289	101,610	20,582	85,925	106,507	14,403	90,431	104,834
30–34	26,832	62,646	89,478	24,588	88,354	112,942	15,926	64,720	80,646
35–39	27,186	51,059	78,245	28,442	78,307	106,749	16,433	40,596	57,029
40–44	21,471	36,601	58,072	24,552	52,310	76,862	12,671	27,999	40,670
20–44 Subtotal	134,025	287,247	421,272	124,698	374,180	498,878	91,714	288,808	380,522
	21.64%	37.14%	30.25%	16.43%	36.27%	27.86%	16.43%	37.24%	28.53%
45–49	18,261	27,098	45,359	20,982	34,222	55,204	10,809	22,436	33,245
50–54	17,958	22,372	40,330	19,482	25,700	45,182	12,495	19,695	32,190
55–59	19,204	18,892	38,096	19,966	22,269	42,235	16,065	18,288	34,353
60–64	13,026	11,335	24,361	14,582	16,621	31,203	12,788	12,251	25,039
45–64 Subtotal	68,449	79,697	148,146	75,012	98,812	173,824	52,157	72,670	124,827
	11.05%	10.31%	10.64%	9.88%	9.58%	9.71%	9.35%	9.37%	9.36%

Table B1. HEDIS 2018 MCO Medicaid Population Reported in Member Months by Age and Sex—AG

Age Group	AGE			AGM			AGW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
65–69	2,006	2,236	4,242	4,471	6,341	10,812	2,053	3,046	5,099
70–74	678	975	1,653	2,728	4,248	6,976	573	1,407	1,980
75–79	307	722	1,029	1,364	2,566	3,930	354	680	1,034
80–84	167	477	644	642	1,874	2,516	161	434	595
85–89	72	349	421	293	1,102	1,395	67	216	283
≥90	38	281	319	110	536	646	74	290	364
≥65 Subtotal	3,268	5,040	8,308	9,608	16,667	26,275	3,282	6,073	9,355
	0.53%	0.65%	0.60%	1.27%	1.62%	1.47%	0.59%	0.78%	0.70%
Total	619,408	773,332	1,392,740	759,030	1,031,542	1,790,572	558,071	775,624	1,333,695

Table B2. HEDIS 2018 MCO Medicaid Population Reported in Member Months by Age and Sex—BC and TCS

Age Group	BCE			BCM			BCW			TCS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	48,562	45,718	94,280	36,046	34,982	71,028	37,195	34,772	71,967	6,547	6,277	12,824
1–4	162,782	155,616	318,398	129,305	125,581	254,886	112,351	110,185	222,536	53,292	45,972	99,264
5–9	168,412	162,969	331,381	150,779	147,277	298,056	130,401	127,486	257,887	88,985	58,772	147,757
10–14	143,119	139,826	282,945	148,109	146,988	295,097	107,702	109,840	217,542	99,557	59,653	159,210
15–17	75,911	75,777	151,688	59,408	59,380	118,788	59,247	62,315	121,562	73,393	43,127	116,520
18–19	42,965	50,791	93,756	28,577	33,677	62,254	33,626	40,759	74,385	49,097	28,162	77,259
0–19 Subtotal	641,751	630,697	1,272,448	552,224	547,885	1,100,109	480,522	485,357	965,879	370,871	241,963	612,834
	73.06%	49.10%	58.83%	74.82%	53.14%	62.18%	77.20%	50.43%	60.94%	85.87%	78.43%	82.77%

Table B2. HEDIS 2018 MCO Medicaid Population Reported in Member Months by Age and Sex—BC and TCS

Age Group	BCE			BCM			BCW			TCS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
20–24	33,655	109,966	143,621	34,554	87,500	122,054	27,960	81,783	109,743	28,614	19,084	47,698
25–29	17,851	117,157	135,008	19,466	102,467	121,933	11,275	77,005	88,280	5,411	12,313	17,724
30–34	27,346	105,596	132,942	23,935	83,570	107,505	16,068	81,374	97,442	6,573	12,288	18,861
35–39	31,354	91,822	123,176	24,348	66,532	90,880	17,101	79,949	97,050	6,471	9,812	16,283
40–44	29,787	65,178	94,965	18,643	43,082	61,725	14,331	49,991	64,322	4,565	5,823	10,388
20–44 Subtotal	139,993	489,719	629,712	120,946	383,151	504,097	86,735	370,102	456,837	51,634	59,320	110,954
	15.94%	38.12%	29.11%	16.39%	37.16%	28.49%	13.93%	38.46%	28.82%	11.96%	19.23%	14.99%
45–49	26,068	47,406	73,474	16,920	33,640	50,560	12,671	32,097	44,768	3,288	3,184	6,472
50–54	23,532	41,603	65,135	16,287	26,399	42,686	13,530	26,193	39,723	2,690	1,910	4,600
55–59	23,546	35,105	58,651	17,002	21,005	38,007	13,994	22,982	36,976	2,185	1,259	3,444
60–64	16,978	26,409	43,387	12,000	13,691	25,691	11,571	17,995	29,566	1,161	742	1,903
45–64 Subtotal	90,124	150,523	240,647	62,209	94,735	156,944	51,766	99,267	151,033	9,324	7,095	16,419
	10.26%	11.72%	11.13%	8.43%	9.19%	8.87%	8.32%	10.31%	9.53%	2.16%	2.30%	2.22%
65–69	3,215	6,315	9,530	1,594	2,622	4,216	2,093	3,447	5,540	60	51	111
70–74	1,778	3,354	5,132	497	991	1,488	642	1,921	2,563	0	41	41
75–79	919	1,830	2,749	353	536	889	339	940	1,279	6	24	30
80–84	390	1,147	1,537	136	491	627	231	772	1,003	6	0	6
85–89	117	700	817	40	355	395	127	401	528	0	0	0
≥90	56	324	380	75	290	365	23	195	218	1	0	1
≥65 Subtotal	6,475	13,670	20,145	2,695	5,285	7,980	3,455	7,676	11,131	73	116	189
	0.74%	1.06%	0.93%	0.37%	0.51%	0.45%	0.56%	0.80%	0.70%	0.02%	0.04%	0.03%
Total	878,343	1,284,609	2,162,952	738,074	1,031,056	1,769,130	622,478	962,402	1,584,880	431,902	308,494	740,396

Table B3. HEDIS 2018 MCO Medicaid Population Reported in Member Months by Age and Sex—UHC

Age Group	UHCE			UHCM			UHCW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	24,771	22,795	47,566	36,434	33,962	70,396	25,645	24,522	50,167
1–4	106,719	100,899	207,618	141,196	138,120	279,316	100,624	97,459	198,083
5–9	133,630	130,077	263,707	154,075	149,658	303,733	121,559	119,335	240,894
10–14	110,177	106,768	216,945	119,069	116,602	235,671	94,131	94,852	188,983
15–17	62,318	63,531	125,849	64,971	63,846	128,817	51,558	51,782	103,340
18–19	34,718	37,732	72,450	36,749	40,948	77,697	28,725	33,844	62,569
0–19 Subtotal	472,333	461,802	934,135	552,494	543,136	1,095,630	422,242	421,794	844,036
	65.22%	46.81%	54.60%	71.92%	50.73%	59.58%	72.29%	50.08%	59.18%
20–24	26,446	60,557	87,003	26,075	72,054	98,129	24,505	62,681	87,186
25–29	20,977	68,334	89,311	18,175	86,434	104,609	14,352	66,394	80,746
30–34	22,278	69,729	92,007	24,140	87,681	111,821	12,077	58,309	70,386
35–39	27,524	71,811	99,335	28,952	79,092	108,044	15,953	63,032	78,985
40–44	27,063	56,151	83,214	24,754	52,040	76,794	16,035	44,199	60,234
20–44 Subtotal	124,288	326,582	450,870	122,096	377,301	499,397	82,922	294,615	377,537
	17.16%	33.10%	26.35%	15.89%	35.24%	27.16%	14.20%	34.98%	26.47%
45–49	26,329	42,681	69,010	22,471	37,220	59,691	14,476	28,974	43,450
50–54	26,059	35,853	61,912	20,353	28,886	49,239	16,356	23,394	39,750
55–59	27,133	34,081	61,214	19,484	26,522	46,006	17,898	21,410	39,308
60–64	22,783	27,784	50,567	15,115	20,037	35,152	15,144	17,046	32,190
45–64 Subtotal	102,304	140,399	242,703	77,423	112,665	190,088	63,874	90,824	154,698
	14.13%	14.23%	14.19%	10.08%	10.52%	10.34%	10.94%	10.78%	10.85%
65–69	9,704	16,085	25,789	5,144	9,803	14,947	5,972	8,393	14,365
70–74	6,743	12,173	18,916	4,509	7,517	12,026	3,726	6,946	10,672
75–79	4,301	9,537	13,838	2,790	5,865	8,655	2,464	5,660	8,124
80–84	2,359	7,713	10,072	1,921	5,471	7,392	1,374	5,113	6,487
85–89	1,350	6,172	7,522	1,100	4,645	5,745	938	4,522	5,460
≥90	804	6,162	6,966	685	4,312	4,997	568	4,307	4,875
≥65 Subtotal	25,261	57,842	83,103	16,149	37,613	53,762	15,042	34,941	49,983
	3.49%	5.86%	4.86%	2.10%	3.51%	2.92%	2.58%	4.15%	3.50%
Total	724,186	986,625	1,710,811	768,162	1,070,715	1,838,877	584,080	842,174	1,426,254

APPENDIX C | Measure Reporting Options

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

Table C. 2018 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
<i>HEDIS Effectiveness of Care</i>		
Prevention and Screening		
Adult BMI Assessment (ABA)	✓	✓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	✓	✓
Childhood Immunization Status (CIS)	✓	✓
Immunizations for Adolescents (IMA)	✓	✓
Lead Screening in Children (LSC)	✓	✓
Breast Cancer Screening (BCS)	✓	
Cervical Cancer Screening (CCS)	✓	✓
Chlamydia Screening in Women (CHL)	✓	
Respiratory Conditions		
Appropriate Testing for Children With Pharyngitis (CWP)	✓	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	✓	
Pharmacotherapy Management of COPD Exacerbation (PCE)	✓	
Medication Management for People With Asthma (MMA)	✓	
Asthma Medication Ratio (AMR)	✓	
Cardiovascular Conditions		
Controlling High Blood Pressure (CBP)		✓
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	✓	
Statin Therapy for Patients with Cardiovascular Disease (SPC)	✓	
Diabetes		
Comprehensive Diabetes Care (CDC)	✓	✓
Statin Therapy for Patients with Diabetes (SPD)	✓	

Table C. 2018 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
<i>Musculoskeletal Conditions</i>		
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	✓	
<i>Behavioral Health</i>		
Antidepressant Medication Management (AMM)	✓	
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	✓	
Follow-Up After Hospitalization for Mental Illness (FUH)	✓	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	✓	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	✓	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	✓	
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	✓	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	✓	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	✓	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	✓	
<i>Medication Management</i>		
Annual Monitoring for Patients on Persistent Medications (MPM)	✓	
<i>Overuse/Appropriateness</i>		
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	✓	
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	✓	
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	✓	
Use of Imaging Studies for Low Back Pain (LBP)	✓	
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	✓	
Use of Opioid at High Dosage (UOD)	✓	
Use of Opioids From Multiple Providers (UOP)	✓	
<i>Measures Collected Through CAHPS Health Plan Survey</i>		
Flu vaccinations for adults ages 18 to 64 (FVA)		
Medical Assistance With Smoking Cessation (MSC)		

Table C. 2018 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
<i>HEDIS Access/Availability of Care Measures</i>		
Adults' Access to Preventive/Ambulatory Health Services (AAP)	✓	
Children and Adolescents' Access to Primary Care Practitioners (CAP)	✓	
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)	✓	
Prenatal and Postpartum Care (PPC)	✓	✓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	✓	
<i>HEDIS Utilization and Risk-Adjusted Utilization Measures</i>		
Frequency of Ongoing Prenatal Care (FPC)	✓	✓
Well-Child Visits in the First 15 Months of Life (W15)	✓	✓
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	✓	✓
Adolescent Well-Care Visits (AWC)	✓	✓

APPENDIX D | CHIP Utilization and HPA Descriptive Information

In the tables of this appendix, rates reported are for **CKBC**, the only HPA during HEDIS 2018. Cells are shaded gray for those measures that were not calculated or for which data were not reported. [HEDIS definitions](#) for measures apply to all lines of business.

Additional Utilization Measures: CHIP Plan-Specific (HPA) Rates

Table D1. HEDIS 2018 Utilization Measures: CHIP Plan-Specific Rates for the HPA						
<i>Well-Child Visits in the First 15 Months of Life (W15)</i>						
0 Visits	1 Visit	2 Visits	3 Visits	4 Visits	5 Visits	6+ Visits
3.19%	1.60%	1.28%	1.92%	5.11%	10.86%	76.04%
<i>Frequency of Selected Procedures (FSP)</i>						
Age	Sex	Procedures/1,000 Member Months	Age	Sex	Procedures/1,000 Member Months	
Bariatric Weight Loss Surgery:			Cholecystectomy—Open (O) and Closed (C)/Laparoscopic:			
0-19	M	0.00	30-64 (O)	M		
	F	0.00	15-44 (O)	F		
20-44	M	0.00	45-64 (O)	M		
	F	0.00	30-64 (C)	F		
45-64	M		15-44 (C)	M		
	F	0.00	45-64 (C)	F		
Tonsillectomy:			Back Surgery:			
0-9	M&F	1.10	20-44	M	0.00	
10-19		0.40		F	0.00	
Hysterectomy—Abdominal (A) and Vaginal (V):						
15-44 (A)	F	0.03	45-64	M		
45-64 (A)		0.00		F		
			Mastectomy:			
15-44 (V)	F	0.01	15-44	M	0.00	
45-64 (V)		0.00	45-64	F	0.00	
Lumpectomy:						
15-44	F	0.07	45-64	F	0.00	

APPENDIX D | CHIP Utilization and Descriptive Information

Table D1. HEDIS 2018 Utilization Measures: CHIP Plan-Specific Rates for the HPA

<i>Ambulatory Care: Total (AMB)</i>					
Total: Visits/1,000 Member Months		Outpatient Visits		ED Visits	
				257.04	
<i>Inpatient Utilization—General Hospital/Acute Care: Total (IPU)</i>					
Per 1,000 Members Months		Average # of Days:		Per 1,000 Members Months	
Discharges	Days	Average Length of Stay	Discharges	Days	Average Length of Stay
<i>Total Inpatient</i>			<i>Medicine</i>		
7.59	19.24	2.54	0.52	1.60	3.09
<i>Surgery</i>			<i>Maternity</i>		
0.21	1.06	4.99	10.26	24.81	2.42
<i>Identification of Alcohol and Other Drug Services: Total (IAD)</i>					
Sex	Any Services	Inpatient	Intensive Outpatient/Partial Hospitalization	Outpatient (OP)/ED	
M	0.62%	0.11%	0.12%	0.34%	
F	0.58%	0.16%	0.06%	0.28%	
Total	0.60%	0.14%	0.09%	0.31%	
<i>Mental Health Utilization: Total (MPT)</i>					
Sex	Any Services	Inpatient	Intensive Outpatient/Partial Hospitalization	Outpatient (OP)/ED	
M	8.23%	0.22%	1.71%	8.01%	
F	6.74%	0.27%	1.68%	6.47%	
Total	7.45%	0.24%	1.69%	7.20%	
<i>Antibiotic Utilization: Total (ABX)</i>					
Sex	<i>Antibiotics</i>		<i>Antibiotics of Concern</i>		
	Average Scripts PMPY	Average Days Supplied Script	Average Scripts PMPY	% of All Antibiotic Scripts	
M	0.80	10.11	0.37	46.16%	
F	0.96	9.71	0.40	41.77%	
Total	0.89	9.88	0.39	43.66%	

APPENDIX D | CHIP Utilization and Descriptive Information

Table D1. HEDIS 2018 Utilization Measures: CHIP Plan-Specific Rates for the HPA

Antibiotics of Concern Utilization (Average Scripts PMPY)

Sex	Quinolones	Cephalosporins 2nd-4th Generation	Azithromycins and Clarithromycins	Amoxicillin/ Clavulanates	Ketolides	Clindamycins	Misc. Antibiotics of Concern
M	0.00	0.11	0.15	0.09	0.00	0.02	0.00
F	0.01	0.11	0.16	0.10	0.00	0.02	0.00
Total	0.01	0.11	0.16	0.09	0.00	0.02	0.00

All Other Antibiotics Utilization (Average Scripts PMPY)

Sex	Absorbable Sulfonamides	Amino- glycosides	1st Generation Cephalosporins	Linco- samides	Macrolides (not azith. or clarith.)	Penicillins	Tetra- cyclines	Misc. Antibiotics
M	0.03	0.00	0.06	0.00	0.00	0.29	0.04	0.00
F	0.06	0.00	0.07	0.00	0.00	0.30	0.05	0.08
Total	0.05	0.00	0.06	0.00	0.00	0.29	0.05	0.04

Standardized Healthcare-Associated Infection Ratio (HAI): Proportion of Total Discharges from Hospitals

Hospital SIR Level:	High	Moderate	Low	Unavailable
HAI-1: Central line-associated blood stream infection (CLABSI)	0.16	0.32	0.37	0.16
HAI-2: Catheter-associated urinary tract infection (CAUTI)	0.25	0.25	0.35	0.16
HAI-5: MRSA bloodstream infection (MRSA)	0.23	0.18	0.37	0.21
HAI-6: Clostridium difficile intestinal infection (CDIFF)	0.27	0.08	0.50	0.15

HPA Descriptive Information

Table D2. Board Certification (BCR)

Type of Physician	Board Certification Percent
Family Medicine	68.37%
Internal Medicine	70.05%
Pediatricians	77.89%
OB/GYN Physicians	75.48%
Geriatricians	42.86%
Other Physician Specialists	72.59%

APPENDIX D | CHIP Utilization and Descriptive Information

Table D3. CHIP Population in HPA Member Months			
Age	Male	Female	Total
<1	3,642	2,924	6,566
1-4	34,167	31,722	65,889
5-9	108,748	104,843	213,591
10-14	145,799	138,397	284,196
15-17	89,429	87,345	176,774
18-19	28,831	31,695	60,526
0-19 Subtotal	410,616	396,926	807,542
0-19 Subtotal: Percent	100%	87.79%	93.60%
20-24	1	12,301	12,302
25-29	1	17,805	17,806
30-34	0	15,009	15,009
35-39	0	7,815	7,815
40-44	0	2,148	2,148
20-44 Subtotal	2	55,078	55,080
20-44 Subtotal: Percent	0.00%	12.18%	6.38%
45-49	0	125	125
50-54	0	5	5
55-59	0	1	1
60-64	0	0	0
45-64 Subtotal	0	131	131
45-64 Subtotal: Percent	0.00%	0.03%	0.02%
65-69	0	0	0
70-74	0	0	0
75-79	0	0	0
80-84	0	0	0
85-89	0	0	0
>=90	0	0	0
>=65 Subtotal	0	0	0
>=65 Subtotal: Percent	0.00%	0.00%	0.00%
Total	410,618	452,135	862,753