

2022 Annual

HEDIS/CAHPS Report

**Comparative Analysis of Audited Results
from TennCare MCOs for Measurement Year (MY) 2021**

Following the MY2021 National Benchmark Release (FNB)



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Acknowledgements, Acronyms, and Initialisms¹

AAB.....	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	AWC.....	Adolescent Well-Care Visits
AAP.....	Adults’ Access to Preventive/Ambulatory Health Services	BC.....	BlueCare Tennessee® and BlueCare®, independent licensees of the BlueCross BlueShield Association
ABX.....	Antibiotic Utilization	BCE/BCM/BCW.....	BlueCare referenced by operational region: East, Middle, or West
ACIP.....	Advisory Committee on Immunization Practices	BCS.....	Breast Cancer Screening
ADD.....	Follow-Up Care for Children Prescribed ADHD Medication	BCS-E.....	Breast Cancer Screening-ECDS
ADD-E.....	Follow-Up Care for Children Prescribed ADHD Medication - ECDS	BMI.....	Body Mass Index
ADHD.....	Attention-Deficit/Hyperactivity Disorder	BP.....	Blood Pressure
AG.....	Amerigroup Community Care, Inc., referred to as Amerigroup	BR.....	Biased Rate
AGE/AGM/AGW.....	AG referenced by operational region: East (E), Middle (M), or West (W)	CAHPS®.....	Refers to the Consumer Assessment of Healthcare Providers and Systems, a registered trademark of AHRQ
AHRQ.....	Agency for Healthcare Research and Quality	CBP.....	Controlling High Blood Pressure
AIS-E.....	Adult Immunization Status—ECDS	CCC.....	Children with Chronic Conditions
AMB.....	Ambulatory Care	CCS.....	Cervical Cancer Screening
AMM.....	Antidepressant Medication Management	CDC.....	Comprehensive Diabetes Care
AMR.....	Asthma Medication Ratio	CHIP.....	Children’s Health Insurance Plan
AOD.....	Alcohol or Other Drug	CHL.....	Chlamydia Screening in Women
APM.....	Metabolic Monitoring for Children and Adolescents on Antipsychotics	CIS.....	Childhood Immunization Status
APP.....	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	CKBC.....	CoverKids BlueCare
ASCVD.....	Atherosclerotic Cardiovascular Disease	COL.....	Colorectal Cancer Screening
ASF-E.....	Unhealthy Alcohol Use Screening and Follow-Up—ECDS	CPA.....	CAHPS Health Plan Survey 5.1H Adult Version
AVG.....	Average	CPC.....	CAHPS Health Plan Survey 5.1H Child Version
		COPD.....	Chronic Obstructive Pulmonary Disease
		COU.....	Risk of Continued Opioid Use
		CRE.....	Cardiac Rehabilitation
		CVD.....	Cardiovascular Disease

¹ 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

CWP.....	Appropriate Testing for Pharyngitis	IAD.....	Identification of Alcohol and other Drug Services
C&M.....	Continuation and Management	IHS.....	Index Hospital Stays
DMS-E.....	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults—ECDS	IET.....	Initiation and Engagement of AOD Abuse or Dependence Treatment
DRR-E.....	Depression Remission or Response for Adolescents and Adults—ECDS	IMA.....	Immunizations for Adolescents
DSF-E.....	Depression Screening and Follow-Up for Adolescents and Adults—ECDS	IP; IPU.....	Inpatient; IP Utilization – General Hospital/Acute Care
DTaP.....	Diphtheria, Tetanus, and Acellular Pertussis Vaccination	IPSD.....	Index Prescription Start Date
ECDS.....	Electronic Clinical Data Systems	IPV.....	Inactivated Polio Vaccine
ED.....	Emergency Department	KED.....	Kidney Health Evaluation for Patients with Diabetes
eGFR.....	Estimated Glomerular Filtration Rate	LBP.....	Use of Imaging Studies for Low Back Pain
ENP/ENPA.....	Enrollment by Product Line/ENP Total	LDL-C.....	Low-Density Lipoprotein Cholesterol
Flu.....	Influenza	LoS.....	Length of Stay
FNB.....	Following National Benchmark Release	LSC.....	Lead Screening in Children
FSP.....	Frequency of Selected Procedure	LTSS.....	Long-Term Services and Supports
FUA.....	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence	LTSS-CAU.....	Comprehensive Assessment and Update
FUH.....	Follow-Up After Hospitalization for Mental Illness	LTSS-CPU.....	Comprehensive Care Plan and Update
FUI.....	Follow-Up After High-Intensity Care for Substance Use Disorder	LTSS-RAC.....	Reassessment/Care Plan Update after Inpatient Discharge
FUM.....	Follow-Up After ED Visit for Mental Illness	LTSS-SCP.....	Shared Care Plan with Primary Care Practitioner
FVA.....	Flu Vaccinations for Adults Ages 18 to 64	MCO.....	Managed Care Organization
HbA1c.....	Hemoglobin A1c	MMR.....	Measles, Mumps, and Rubella Vaccine
HDO.....	Use of Opioids at High Dosage	MPT.....	Mental Health Utilization
HEDIS®.....	A registered trademark of NCQA that refers to the Healthcare Effectiveness Data and Information Set	MSC.....	Medical Assistance with Smoking and Tobacco Use Cessation
HepA.....	Hepatitis A Vaccine	MY.....	Measurement Year
HepB.....	Hepatitis B Vaccine	NA.....	Not Applicable
HiB.....	Haemophilus influenzae Type B Vaccine	NB.....	No Benefit
HPV.....	Human Papillomavirus Vaccine	NCQA.....	National Committee for Quality Assurance
HrHPV.....	High-Risk Human Papillomavirus	NCQA HEDIS Compliance Audit™.....	Trademark of NCQA
		NCS.....	Non-Recommended Cervical Cancer Screening in Adolescent Females
		NR.....	Not Reported

Acknowledgements, Acronyms, and Initialisms

NQ.....	Not Required	
OB-GYN	Obstetrician-Gynecologist	
OD	Opioid Use Disorder	
PBH.....	Persistence of Beta-Blocker Treatment	
	After a Heart Attack	
PCE.....	Pharmacotherapy Management of COPD Exacerbation	
PCP.....	Primary Care Practitioner	
PCR.....	Plan All-Cause Readmissions	
PCV.....	Pneumococcal Conjugate Vaccination	
PDS-E	Postpartum Depression Screening and	
	Follow-Up—ECDS	
PHQ	Patient Health Questionnaire	
PMPY	Per Member Per Year	
PND-E	Prenatal Depression Screening and	
	Follow-Up—ECDS	
POD	Pharmacotherapy for Opioid Use Disorder	
PPC.....	Prenatal and Postpartum Care	
PRS-E	Prenatal Immunization Status—ECDS	
Qsource®.....	A registered trademark	
Quality Compass®.....	A registered trademark of NCQA,	
	the comprehensive national database of	
	health plans’ HEDIS and CAHPS results	
R	Reportable	
RV	Rotavirus Vaccination	
SAA	Adherence to Antipsychotic Medications	
	for Individuals with Schizophrenia	
SMC	Cardiovascular Monitoring for People	
	with Cardiovascular Disease and Schizophrenia	
SMD	Diabetes Monitoring for People	
		with Diabetes and Schizophrenia
SNF	Skilled Nursing Facility	
SPC.....	Statin Therapy for Patients with Cardiovascular Disease	
SPD.....	Statin Therapy for Patients with Diabetes	
SPR.....	Use of Spirometry Testing in the	
	Assessment and Diagnosis of COPD	
SSD.....	Diabetes Screening for People with Schizophrenia or	
	Bipolar Disorder who are using Antipsychotic Medications	
TennCare.....	Tennessee Division of TennCare	
Td, Tdap.....	Tetanus and Diphtheria Toxoids Vaccine;	
	Td and Acellular Pertussis Vaccine	
TCS.....	TennCareSelect, operating statewide and administered	
	by BlueCare Tennessee	
uACR.....	Urine Albumin-Creatinine Ratio	
UHC	UnitedHealthcare Community Plan, Inc., abbreviated as	
	UnitedHealthcare	
UHCE/UHCM/UHCW.....	UHC referenced by operational region:	
	East, Middle, or West	
UN.....	Unaudited	
UOP	Use of Opioids from Multiple Providers	
URI.....	Upper Respiratory Infection, and the Measure: Appropriate	
	Treatment for URI	
VZV	Chicken Pox/Varicella Zoster Vaccination	
WCC.....	Weight Assessment and Counseling for Nutrition and	
	Physical Activity for Children/Adolescents	
WCV.....	Child and Adolescent Well-Care Visits	
W30.....	Well-Child Visits in the First 30 Months of Life	
W34.....	Well-Child Visits in the Third, Fourth, Fifth, and Sixth	
	Years of Life	

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 *MY2021 Annual HEDIS/CAHPS Report—Following the MY2021 National Benchmark Release (FNB)* 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, the [Statewide Performance](#) section provides a calculated weighted average of the scores of all those reporting. MCO-specific measures are presented in the [Individual Plan Performance](#) section. Weighted average performances of Tennessee's MCOs since 2017 on certain measures are presented in the [HEDIS Trending](#) section. Beginning in HEDIS MY2021, the results for the Children's Health Insurance Plan (CHIP), CoverKids, are included in the overall statewide rates.

[Appendix A](#) contains a comprehensive table of plan-specific results for HEDIS MY2021 Utilization Measures. The tables in [Appendix B](#) reveal populations reported by MCOs in member months by age and sex for HEDIS MY2021. [Appendix C](#) includes plan-specific results for Measures Collected Using Electronic Clinical Data Systems (ECDS) and Long-Term Services and Supports (LTSS) measures.

Background

HEDIS Measures—Domains of Care

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

HEDIS MY2021 assesses care across health systems, access to and satisfaction with healthcare services, and specific utilization through more than 90 measures (Commercial, Medicare and Medicaid) across six domains of care:

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

The following brief descriptions of selected HEDIS measures were extracted from NCQA’s *HEDIS Measurement Year 2020 and Measurement Year 2021 Volume 2: Technical Specifications*, which includes additional information related to each measure. The measures presented in this report reflect data submitted from the following domains of care: Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Risk-Adjusted Utilization, Health Plan Descriptive Information, and ECDS. Additional LTSS measures are also included. The following measures and stratifications will no longer be collected or used by NCQA following MY2021:

- ◆ Childhood Immunization Status: Combination rates 2, 4, 5, 6, 8 and 9.
- ◆ Plan All-Cause Readmissions: The 18–64 Medicare Skilled Nursing Facility (SNF) reporting strata.
- ◆ Enrollment by Product Line: Binary gender stratifications. Rationale: removal of binary gender stratifications, which will allow a more inclusive count of the organization’s total membership.

Effectiveness of Care Measures

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

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

1. How well the MCO delivers preventive services and keeps members healthy.
2. Whether members are offered the most up-to-date treatments for acute episodes of illness and get better.
3. How well the MCO delivers care and assistance with coping to members with chronic diseases.
4. Whether members can get appropriate tests.

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

- ◆ Prevention and Screening
- ◆ Respiratory Conditions
- ◆ Cardiovascular Conditions
- ◆ Diabetes
- ◆ Behavioral Health
- ◆ Overuse/Appropriateness
- ◆ Measures collected through the CAHPS Health Plan Survey.

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

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

Prevention and Screening

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

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

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

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

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

- ◆ 3–11 years
- ◆ 12–17 years

Childhood Immunization Status (CIS)

CIS assesses the percentage of children who became two years of age during the MY and who had four diphtheria, tetanus, and acellular pertussis vaccines (DTaP); three inactivated polio vaccines (IPV); one measles, mumps, and rubella vaccine (MMR); three Haemophilus influenzae type B vaccines (HiB); three hepatitis B (HepB) vaccines; one chicken pox/varicella zoster

vaccine (VZV); four pneumococcal conjugate vaccines (PCV); one hepatitis A (HepA) vaccine; two or three rotavirus vaccines (RV); and two influenza vaccines (Flu) by their second birthday.

The measure calculates a rate for each vaccine and separate combinations. Note that combinations 2, 4, 5, 6, 8, and 9 have been retired for MY2021 but are reflected in **Table CIS** as the combinations appear for MY2020.

Table CIS. Combination Vaccinations for Childhood Immunization Status (CIS)										
#	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Flu
2	✓	✓	✓	✓	✓	✓				
3	✓	✓	✓	✓	✓	✓	✓			
4	✓	✓	✓	✓	✓	✓	✓	✓		
5	✓	✓	✓	✓	✓	✓	✓		✓	
6	✓	✓	✓	✓	✓	✓	✓			✓
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	✓	✓		✓
9	✓	✓	✓	✓	✓	✓	✓		✓	✓
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

Immunizations for Adolescents (IMA)

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

vaccine and two combination rates: meningococcal and Tdap/Td; and meningococcal, Tdap/Td and HPV.

Lead Screening in Children (LSC)

LSC assesses the percentage of children who were 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 on or between October 1 two years prior to the MY, and through December 31 of the MY.

Cervical Cancer Screening (CCS)

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

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

Chlamydia Screening in Women (CHL)

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

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

Respiratory Conditions

Appropriate Testing for Pharyngitis (CWP)

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

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

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

Pharmacotherapy Management of COPD Exacerbation (PCE)

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

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

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

Asthma Medication Ratio (AMR)

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

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

Cardiovascular Conditions

Controlling High Blood Pressure (CBP)

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

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

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

Statin Therapy for Patients with Cardiovascular Disease (SPC)

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

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

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

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

Cardiac Rehabilitation (CRE)

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

Four rates are reported:

- ◆ *Initiation*—The percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- ◆ *Engagement 1*—The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- ◆ *Engagement 2*—The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- ◆ *Achievement*—The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

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

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

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

Diabetes

Comprehensive Diabetes Care (CDC)

The CDC composite of six 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 I and type II) 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%)
- ◆ Eye exam (retinal)
- ◆ Medical attention for nephropathy*
- ◆ Controlled blood pressure (<140/90 mm Hg).

* Medicare product line only

Kidney Health Evaluation for Patients with Diabetes (KED)

KED reports the percentage of members 18–85 years of age with diabetes (type I and type II) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. The measure is reported as a total rate as well as three age stratifications:

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

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

Statin Therapy for Patients with Diabetes (SPD)

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

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

Behavioral Health

Antidepressant Medication Management (AMM)

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

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

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

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

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

Follow-Up after Hospitalization for Mental Illness (FUH)

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

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

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

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

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

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

FUM is the percentage of ED visits for members six years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported as the percentage of ED visits for which the member received follow-up within the following:

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

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

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

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

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

FUI is the percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use

disorder. Two rates are reported as the percentage of high-intensity care visits or discharges in which the member received follow-up within the following:

- ◆ 7 days after visit or discharge
- ◆ 30 days after visit or discharge

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

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

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

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

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

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

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

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

Pharmacotherapy for Opioid Use Disorder (POD)

POD is the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days for members ages 16 years and older with a diagnosis

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

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

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

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)

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

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

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

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

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

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

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

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

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

- ◆ Blood glucose testing
- ◆ Cholesterol testing
- ◆ Blood glucose *and* cholesterol testing.

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

- ◆ 1–11 years
- ◆ 12–17 years

Overuse/Appropriateness

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

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

Note: A lower rate indicates better performance.

Appropriate Treatment for Upper Respiratory Infection (URI)

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

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

- ◆ 3 months–17 years
- ◆ 18–64 years
- ◆ 65 years and older

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

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

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

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

- ◆ 3 months–17 years
- ◆ 18–64 years
- ◆ 65 years and older

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

Use of Imaging Studies for Low Back Pain (LBP)

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

Use of Opioids at High Dosage (HDO)

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

Note: A lower rate indicates better performance.

Use of Opioids from Multiple Providers (UOP)

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

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

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

Risk of Continued Opioid Use (COU)

COU is the percentage of members 18 years of age and older who had a new episode of opioid use that puts them at risk of continued opioid use. Two rates are reported by length of opioid use:

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

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

Measures Collected Through CAHPS Health Plan Survey

Flu Vaccinations for Adults Ages 18 to 64 (FVA)

FVA reports the percentage of members 18 to 64 years of age who received a flu vaccination between July 1 of the MY and the date when the CAHPS Health Plan Survey 5.1H Adult Version (CPA) was completed.

Medical Assistance with Smoking and Tobacco Use Cessation (MSC)

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

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

- ◆ *Discussing Cessation Strategies*—Those for whom cessation methods or strategies were provided or discussed.

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

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 and older

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

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

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

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

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

- ◆ 13–17 years
- ◆ ≥ 18 years

Prenatal and Postpartum Care (PPC)

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

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

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

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

- ◆ 1–11 years
- ◆ 12–17 years

Utilization and Risk-Adjusted Utilization

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

Utilization includes two kinds of measures:

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

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

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

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

Child and Adolescent Well-Care Visits (WCV)

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

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

Plan All-Cause Readmissions (PCR)

For members 18 years of age and older, PCR reports the number of acute inpatient and observation stays during the MY that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

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

Experience of Care

For a plan’s results in this domain to be considered reliable, the Medicaid MCO must follow one of the standard CAHPS protocols or an enhanced protocol approved by NCQA. Details regarding this calculation methodology and the questions used in each composite are included in *HEDIS Measurement Year 2021 Volume 3: Specifications for Survey Measures*.

CAHPS Health Plan Survey 5.1H Adult Version (CPA) and 5.1H Child Version (CPC)

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

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

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

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

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

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

For these scaled responses, a 0 represents the ‘worst possible’ and 10 represents the ‘best possible’ healthcare received in the last six

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

Getting Care Quickly

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

How Well Doctors Communicate

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

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

Customer Service

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

Children With Chronic Conditions (CCC)

The CAHPS 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 5.1H) to better address the needs of children with chronic conditions, commonly referred to as children with special healthcare needs. CCC is designed for children with a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that generally required by children. Three composites summarize parents’ satisfaction with basic components of care essential for successful treatment, management and support of children with chronic conditions:

- ◆ Access to Specialized Services
- ◆ Family Centered Care: personal doctor who knows child
- ◆ Coordination of Care for CCC.

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

- ◆ Access to Prescription Medicines

- ◆ Family Centered Care: Getting Needed Information.

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

Health Plan Descriptive Information Measures

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

Enrollment by Product Line (ENP)

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

Measures Reported Using Electronic Clinical Data Systems (ECDS)

Beginning in MY2021, TennCare required MCOs to submit data for all ECDS measures. This domain requires automated and accessible data by the healthcare team at the point of care, data shared between clinicians and health plans to promote quality improvement across the care continuum. To qualify for HEDIS ECDS reporting, the data must use standard layouts, meet the measure specification requirements and the information must be

accessible by the care team responsible for the member's healthcare needs.

Breast Cancer Screening (BCS-E)

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

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

ADD-E measures the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

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

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

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

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

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

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

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

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

DRR-E measures the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9

score, who had evidence of response or remission within 4–8 months of the elevated score. Three rates are reported:

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

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

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

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

Adult Immunization Status (AIS-E)

AIS-E measures the percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria, and

acellular pertussis (Tdap), and zoster. MCOs reported three rates:

- ◆ Influenza
- ◆ Td or Tdap
- ◆ Zoster

Prenatal Immunization Status (PRS-E)

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

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

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

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

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

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

PDS-E measures the percentage of deliveries in which members were screened for clinical depression during the postpartum

period, and if screened positive, received follow-up care. Two rates are reported.

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

Long-Term Services and Supports (LTSS) Measures

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

Comprehensive Assessment and Update (LTSS-CAU)

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

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

elements and at least 12 supplemental elements documented within 90 days of enrollment (for new members) or during the MY (for established members).

Comprehensive Care Plan and Update (LTSS-CPU)

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

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

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

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

- ◆ *Reassessment After Inpatient Discharge*—The percentage of discharges from inpatient facilities resulting in an LTSS reassessment within 30 days of discharge.

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

Shared Care Plan with Primary Care Practitioner (LTSS-SCP)

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

Medicaid Results

Statewide Performance

In conjunction with NCQA accreditation, TennCare MCOs are required to submit a full set of audited HEDIS measures to NCQA and TennCare each year. For HEDIS MY2021, this included the statewide MCO *TennCareSelect* (**TCS**), and three statewide MCOs operating in each respective Grand Region (East, Middle and West): Amerigroup Community Care, Inc., as Amerigroup (**AG—AGE, AGM, and AGW**); BlueCare Tennessee (**BC—BCE, BCM, and BCW**); and UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare (**UHC—UHCE, UHCM, and UHCW**).

[Table 1a](#), [Table 1b](#), [Table 2](#), and [Table 3](#) summarize the weighted average TennCare score for each of the HEDIS MY2020 and HEDIS MY2021 measures. Weighted state rates are determined by applying the size of the eligible population within each plan to overall results. Using this methodology, plan-specific findings contribute to the TennCare statewide estimate, proportionate to eligible population size.

In Tables [1a](#), [2](#), and [3](#) the column titled “Change from HEDIS MY2020 to HEDIS MY2021” indicates whether there was an improvement (↑), a decline (↓), or no change (↔) in statewide performance from HEDIS MY2020 to HEDIS MY2021 when measure data are available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported. In [Table 1b](#), a lower rate is an indication of better performance (↓). For these measures, an increase in rate is an indication of decrease (↑) in performance.

Each year, some measures’ technical specifications change. Based on whether the changes are significant or minor, the measures may need to be trended with caution or may not be able to be trended. This version of the *HEDIS/CAHPS MY2021 Report* was prepared following the release of the NCQA MY2021 National Benchmarks, although certain protected data were not included so that the report may be shared publicly.

Table 1a. HEDIS MY2021 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
<i>Prevention and Screening</i>			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)			
BMI Percentile			
3–11 Years	80.87%	78.97%	↓
12–17 Years	77.88%	77.59%	↓
Total	79.82%	78.48%	↓
Counseling for Nutrition			
3–11 Years	71.85%	69.82%	↓
12–17 Years	67.15%	64.22%	↓
Total	70.20%	67.76%	↓
Counseling for Physical Activity			
3–11 Years	65.79%	65.71%	↓
12–17 Years	65.37%	64.28%	↓
Total	65.65%	65.19%	↓
Childhood Immunization Status (CIS)			
DTaP/DT	72.44%	69.49%	↓
IPV	88.15%	86.51%	↓
MMR	85.67%	82.86%	↓
HiB	84.56%	83.00%	↓
HepB	89.78%	88.60%	↓
VZV	85.05%	82.72%	↓
PCV	74.61%	71.09%	↓
HepA	84.82%	82.90%	↓
RV	71.20%	69.85%	↓
Influenza	43.98%	44.31%	↑
Combination 3	67.88%	64.98%	↓
Combination 7	58.66%	57.19%	↓

Table 1a. HEDIS MY2021 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Combination 10	34.64%	34.35%	↓
Immunizations for Adolescents (IMA)			
Meningococcal	76.51%	74.53%	↓
Tdap/Td	84.69%	84.31%	↓
HPV	33.95%	31.97%	↓
Combination 1	75.55%	74.53%	↓
Combination 2	32.74%	31.29%	↓
Lead Screening in Children (LSC)	72.54%	70.47%	↓
Breast Cancer Screening (BCS)	51.98%	48.90%	↓
Cervical Cancer Screening (CCS)	59.65%	58.30%	↓
Chlamydia Screening in Women (CHL)			
16–20 Years	48.78%	47.60%	↓
21–24 Years	55.72%	56.29%	↑
Total	51.60%	51.21%	↓
Respiratory Conditions			
Appropriate Testing for Pharyngitis (CWP)			
3–17 Years	88.72%	84.86%	↓
18–64 Years	76.44%	71.79%	↓
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	26.32%	25.04%	↓
Pharmacotherapy Management of COPD Exacerbation (PCE)			
Systemic Corticosteroid	67.75%	72.18%	↑
Bronchodilator	79.90%	81.65%	↑
Asthma Medical Ratio (AMR)			
5–11 Years	82.18%	77.30%	↓
12–18 Years	74.71%	70.52%	↓
19–50 Years	52.86%	54.60%	↑
51–64 Years	50.82%	52.57%	↑

Table 1a. HEDIS MY2021 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Total	69.41%	65.75%	↓
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)	62.67%	64.40%	↑
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	82.83%	85.76%	↑
Statin Therapy for Patients with Cardiovascular Disease (SPC)			
Received Statin Therapy			
Males 21–75 Years	79.04%	81.23%	↑
Females 40–75 Years	76.60%	78.88%	↑
Total	77.81%	80.07%	↑
Statin Adherence 80%			
Males 21–75 Years	69.74%	70.84%	↑
Females 40–75 Years	68.15%	68.01%	↓
Total	68.95%	69.47%	↑
Cardiac Rehabilitation (CRE) 18–64 Years			
Initiation	2.07%	2.77%	↑
Engagement 1	1.47%	2.01%	↑
Engagement 2	1.02%	1.55%	↑
Achievement	0.46%	0.79%	↑
Diabetes			
Comprehensive Diabetes Care (CDC)			
HbA1c Testing	86.05%	85.73%	↓
HbA1c Control (<8.0%)	50.53%	51.69%	↑
Retinal Eye Exam Performed	47.39%	47.79%	↑
Blood Pressure Control (<140/90 mm Hg)	63.02%	61.34%	↓
Kidney Health Evaluation for Patients with Diabetes (KED) 18–64 Years	26.70%	27.66%	↑
Statin Therapy for Patients with Diabetes (SPD)			
Received Statin Therapy	63.48%	64.73%	↑

Table 1a. HEDIS MY2021 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Statin Adherence 80%	66.04%	66.14%	↑
Behavioral Health			
Antidepressant Medication Management (AMM)			
Effective Acute Phase Treatment	49.91%	58.53%	↑
Effective Continuation Phase Treatment	34.70%	40.25%	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD)			
Initiation Phase	48.39%	40.77%	↓
Continuation and Maintenance Phase	62.33%	54.32%	↓
Follow-Up After Hospitalization for Mental Illness (FUH)			
7-Day Follow-Up			
6–17 Years	51.20%	51.72%	↑
18–64 Years	38.06%	36.68%	↓
30-Day Follow-Up			
6–17 Years	72.82%	75.45%	↑
18–64 Years	58.17%	56.52%	↓
Follow-Up After Emergency Department Visit for Mental Illness (FUM)			
7-Day Follow-Up			
6–17 Years	48.26%	49.83%	↑
18–64 Years	33.08%	33.73%	↑
30-Day Follow-Up			
6–17 Years	67.09%	69.40%	↑
18–64 Years	48.31%	47.54%	↓
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)			
7-Day Follow-Up			
13–17 Years	7.65%	10.15%	↑
18–64 Years	48.86%	51.58%	↑

Table 1a. HEDIS MY2021 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
30-Day Follow-Up			
13–17 Years	19.39%	21.32%	↑
18–64 Years	70.35%	75.88%	↑
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)			
7-Day Follow-Up			
13–17 Years	4.16%	3.76%	↓
18 Years and Older	5.97%	6.15%	↑
Total	5.84%	5.99%	↑
30-Day Follow-Up			
13–17 Years	5.30%	6.02%	↑
18 Years and Older	9.90%	9.92%	↑
Total	9.57%	9.65%	↑
Pharmacotherapy for Opioid Use Disorder (POD) 16–64 Years	34.47%	28.40%	↓
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	79.54%	81.67%	↑
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	70.57%	72.97%	↑
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	75.82%	78.45%	↑
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	64.11%	60.91%	↓
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)			
Blood Glucose Testing			
1–11 Years	38.90%	40.64%	↑
12–17 Years	56.05%	60.72%	↑
Total	50.38%	54.30%	↑
Cholesterol Testing			
1–11 Years	31.40%	33.41%	↑
12–17 Years	40.97%	45.05%	↑

Table 1a. HEDIS MY2021 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Total	37.81%	41.33%	↑
Blood Glucose and Cholesterol Testing			
1–11 Years	27.35%	28.99%	↑
12–17 Years	38.17%	42.33%	↑
Total	34.59%	38.06%	↑
Overuse/Appropriateness			
Appropriate Treatment for Upper Respiratory Infection (URI)			
3 Months–17 Years	88.25%	89.28%	↑
18–64 Years	72.44%	70.78%	↓
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)			
3 Months–17 Years	67.00%	64.51%	↓
18–64 Years	39.68%	35.34%	↓
Use of Imaging Studies for Low Back Pain (LBP)	68.27%	67.17%	↓

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

Table 1b. HEDIS MY2021 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance			
Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Diabetes			
Comprehensive Diabetes Care (CDC)			
HbA1c Poor Control (>9.0%)	39.28%	38.76%	↓
Overuse/Appropriateness			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	0.88%	0.79%	↓
Use of Opioids at High Dosage (HDO)	5.70%	7.28%	↑

Table 1b. HEDIS MY2021 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Use of Opioids from Multiple Providers (UOP)			
Multiple Prescribers	20.59%	18.56%	↓
Multiple Pharmacies	1.58%	0.87%	↓
Multiple Prescribers and Pharmacies	0.84%	0.45%	↓
Risk of Continued Opioid Use (COU)			
18–64 Years: ≥15 days/30-day period	2.42%	1.49%	↓
≥ 31 days/62-day period	2.00%	1.11%	↓

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

Table 2. HEDIS MY2021 Weighted State Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Adults’ Access to Preventive/Ambulatory Health Services (AAP)			
20–44 Years	76.45%	75.03%	↓
45–64 Years	86.06%	85.31%	↓
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment			
13–17 Years: Alcohol	45.80%	44.02%	↓
Opioid	67.65%	44.44%	↓
Other drug	48.44%	45.79%	↓
Total	47.05%	44.84%	↓
18+ Years: Alcohol	47.56%	45.51%	↓
Opioid	61.38%	59.00%	↓
Other drug	48.23%	46.72%	↓
Total	50.26%	48.06%	↓
Initiation Total: Alcohol	47.51%	45.47%	↓
Opioid	61.40%	58.92%	↓

Table 2. HEDIS MY2021 Weighted State Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Other drug	48.25%	46.64%	↓
Total	50.08%	47.88%	↓
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment			
13–17 Years: Alcohol	14.88%	16.60%	↑
Opioid	17.65%	17.78%	↑
Other drug	24.43%	20.36%	↓
Total	22.91%	19.44%	↓
18+ Years: Alcohol	13.54%	12.16%	↓
Opioid	33.77%	29.48%	↓
Other drug	14.43%	13.76%	↓
Total	19.15%	16.87%	↓
Engagement Total: Alcohol	13.58%	12.29%	↓
Opioid	33.71%	29.42%	↓
Other drug	15.31%	14.33%	↓
Total	19.36%	17.00%	↓
Prenatal and Postpartum Care (PPC)			
Timeliness of Prenatal Care	81.92%	84.07%	↑
Postpartum Care	72.67%	73.62%	↑
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)			
1–11 Years	57.34%	57.16%	↓
12–17 Years	59.75%	59.60%	↓
Total	58.88%	58.79%	↓

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

Table 3. HEDIS MY2021 Weighted State Rates: Utilization Measures			
Measure	Weighted State Rate		Change from HEDIS MY2020 to HEDIS MY2021
	MY2020	MY2021	
Well-Child Visits in the First 30 Months of Life (W30)			
First 15 Months	53.55%	60.65%	↑
15 Months–30 Months	67.69%	65.01%	↓
Child and Adolescent Well-Care Visits (WCV)			
3–11 Years	58.78%	59.28%	↑
12–17 Years	49.98%	50.60%	↑
18–21 Years	25.88%	24.45%	↓
Total**	51.18%	50.99%	↓

Individual Plan Performance—HEDIS Measures

This section is intended to provide an overview of individual plan performance using appropriate and available comparison data. Tables [5.a](#), [5.b](#), [6](#), and [7](#) display the plan-specific performance rates for each measure selected from the Effectiveness of Care, Access/Availability of Care, and Utilization and Risk-Adjusted Utilization domains.

Table 4 provides additional related comments. While Medical Assistance with Smoking and Tobacco Use Cessation is an Effectiveness of Care measure, results are reported through the CPA, as noted in Tables [1a](#) and [5a](#).




Table 4. HEDIS MY2021 Measure Designations		
Color Designation	National Percentile Achieved	Additional Comments
	Greater than 75th percentile	No additional comments
	25th to 75th	No additional comments
	Less than 25th	No additional comments

Table 4. HEDIS MY2021 Measure Designations

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

Table 5a. HEDIS MY2021 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Prevention and Screening										
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)										
BMI Percentile: 3–11 Years	77.34%	83.08%	79.13%	81.20%	83.55%	84.58%	82.38%	83.14%	82.53%	78.24%
12–17 Years	74.19%	84.11%	80.25%	76.98%	70.37%	75.57%	82.69%	77.33%	75.35%	72.48%
Total	76.16%	83.45%	79.56%	79.79%	78.69%	81.51%	82.54%	81.02%	80.05%	76.16%
Counseling for Nutrition: 3–11 Years	66.02%	77.69%	73.62%	72.40%	77.49%	69.57%	70.47%	75.48%	74.72%	66.41%
12–17 Years	63.87%	69.54%	64.97%	60.32%	60.74%	66.41%	64.42%	68.00%	68.31%	59.73%
Total	65.21%	74.70%	70.32%	68.35%	71.31%	68.49%	67.33%	72.75%	72.51%	63.99%
Counseling for Physical Activity: 3–11 Years	61.72%	71.54%	66.54%	65.60%	67.97%	63.64%	62.69%	69.35%	71.00%	64.89%
12–17 Years	65.16%	72.19%	63.69%	59.52%	63.70%	65.65%	62.98%	70.00%	66.20%	57.05%
Total	63.02%	71.78%	65.45%	63.56%	66.39%	64.32%	62.84%	69.59%	69.34%	62.04%
Childhood Immunization Status (CIS)										
DTaP/DT	74.70%	72.51%	58.15%	72.75%	71.29%	63.99%	70.32%	75.18%	73.48%	58.64%
IPV	89.05%	86.62%	81.75%	89.05%	87.83%	85.16%	81.75%	89.78%	89.29%	80.05%

Table 5a. HEDIS MY2021 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
MMR	86.37%	84.43%	75.67%	86.13%	82.73%	82.24%	81.51%	87.83%	85.40%	79.81%
HiB	85.64%	84.18%	75.18%	85.89%	84.18%	80.54%	79.81%	86.13%	86.86%	75.91%
HepB	90.27%	87.83%	88.08%	91.73%	89.29%	88.81%	85.16%	91.48%	89.05%	84.43%
VZV	85.40%	82.97%	75.18%	86.13%	82.48%	81.75%	81.75%	87.35%	84.18%	80.05%
PCV	74.94%	77.37%	59.85%	74.94%	72.51%	63.99%	67.88%	76.64%	75.43%	60.83%
HepA	84.91%	83.45%	75.43%	86.13%	82.48%	81.27%	82.00%	87.59%	85.64%	78.83%
RV	71.53%	75.67%	66.18%	74.94%	74.45%	63.50%	55.23%	72.51%	73.72%	60.10%
Flu	47.20%	48.18%	28.22%	43.31%	49.64%	32.36%	56.93%	48.91%	52.55%	27.49%
Combination 3	69.10%	70.32%	53.53%	68.86%	67.40%	58.15%	62.77%	69.34%	69.34%	53.53%
Combination 7	59.12%	64.48%	47.93%	62.04%	61.31%	49.64%	45.01%	61.07%	61.56%	45.50%
Combination 10	36.98%	42.34%	23.11%	33.33%	40.39%	23.84%	34.79%	36.74%	43.80%	21.65%
Immunization for Adolescents (IMA)										
Meningococcal	75.91%	80.78%	73.24%	79.08%	73.97%	71.78%	69.34%	75.43%	79.81%	68.61%
Tdap/Td	81.02%	90.75%	83.21%	85.16%	85.16%	80.54%	75.18%	84.91%	87.10%	77.86%
HPV	28.95%	38.20%	29.68%	33.09%	29.20%	26.76%	34.06%	31.87%	35.28%	27.74%
Combination 1	74.70%	80.54%	71.78%	78.83%	73.97%	71.78%	68.61%	74.94%	79.56%	68.13%
Combination 2	28.22%	37.71%	28.95%	32.85%	28.22%	26.52%	32.85%	31.14%	34.55%	26.52%
Lead Screening in Children (LSC)										
Lead Screening in Children (LSC)	72.26%	73.48%	61.80%	74.94%	69.34%	67.15%	72.99%	72.99%	79.08%	60.83%
Breast Cancer Screening (BCS)										
Breast Cancer Screening (BCS)	39.61%	45.35%	46.08%	52.49%	50.26%	54.65%	36.36%	49.68%	49.58%	47.91%
Cervical Cancer Screening (CCS)										
Cervical Cancer Screening (CCS)	52.80%	52.55%	54.74%	61.19%	61.32%	66.32%	27.49%	53.04%	57.66%	52.31%
Chlamydia Screening in Women (CHL)										
16–20 Years	48.60%	45.87%	54.26%	43.12%	41.49%	52.61%	48.67%	47.10%	46.33%	54.22%
21–24 Years	57.13%	55.97%	64.08%	48.91%	49.04%	61.90%	37.59%	55.91%	56.45%	65.76%
Total	51.68%	50.37%	58.17%	45.75%	44.44%	57.04%	47.82%	50.61%	50.76%	59.17%
Respiratory Conditions										
Appropriate Testing for Pharyngitis (CWP)										
3–17 Years	75.05%	77.90%	76.18%	86.79%	88.75%	88.08%	87.98%	86.59%	90.54%	87.84%

Table 5a. HEDIS MY2021 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
18–64 Years	63.57%	62.17%	58.79%	75.94%	75.34%	74.53%	72.69%	77.04%	80.17%	67.82%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	26.14%	21.88%	27.38%	30.31%	18.98%	30.17%	NA	25.21%	20.36%	24.74%
Pharmacotherapy Management of COPD Exacerbation (PCE)										
Systemic Corticosteroid	71.46%	70.46%	65.54%	75.03%	70.61%	71.30%	NA	75.13%	72.98%	69.52%
Bronchodilator	78.04%	81.32%	80.74%	80.92%	77.48%	80.25%	NA	82.02%	86.07%	85.00%
Asthma Medical Ratio (AMR)										
5–11 Years	81.71%	83.78%	71.52%	78.07%	80.15%	77.75%	76.21%	75.05%	74.32%	71.64%
12–18 Years	72.63%	70.48%	69.00%	70.46%	70.16%	72.16%	80.18%	67.74%	68.97%	65.63%
19–50 Years	55.69%	58.03%	49.09%	56.52%	52.01%	47.52%	81.43%	53.82%	57.70%	53.91%
51–64 Years	57.30%	46.15%	58.97%	53.64%	44.58%	49.45%	NA	50.24%	56.67%	54.76%
Total	68.28%	68.42%	61.58%	67.45%	65.90%	63.13%	78.83%	62.49%	65.11%	62.24%
Cardiovascular Conditions										
Controlling High Blood Pressure (CBP)	59.61%	62.77%	58.39%	67.21%	69.62%	60.90%	75.81%	63.26%	66.18%	61.07%
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)	81.25%	80.30%	77.08%	89.53%	85.71%	80.70%	NA	92.23%	90.41%	86.11%
Statin Therapy for Patients with Cardiovascular Disease (SPC)										
Received Statin Therapy: Males 21–75 Years	79.76%	79.62%	76.69%	81.79%	80.32%	80.05%	NA	81.73%	86.08%	82.17%
Females 40–75 Years	77.58%	74.26%	81.90%	76.39%	77.40%	77.74%	NA	81.11%	81.52%	81.18%
Total	78.90%	77.03%	79.09%	79.02%	78.85%	78.70%	NA	81.43%	83.82%	81.66%
Statin Adherence 80%: Males 21-75 Years	58.21%	65.87%	53.71%	71.92%	69.16%	63.97%	NA	81.48%	80.45%	73.07%
Females 40–75 Years	55.08%	61.35%	58.14%	71.53%	66.96%	60.00%	NA	77.17%	74.90%	68.38%
Total	56.99%	63.77%	55.82%	71.72%	68.08%	61.68%	NA	79.44%	77.78%	70.65%
Cardiac Rehabilitation (CRE) 18–64 Years										
Initiation	2.46%	2.90%	1.18%	3.52%	3.88%	2.08%	NA	2.89%	3.47%	1.53%
Engagement 1	1.54%	2.58%	1.18%	2.11%	2.27%	2.50%	NA	1.93%	2.89%	0.76%
Engagement 2	0.62%	2.58%	0.79%	1.41%	2.27%	1.67%	NA	1.69%	2.02%	0.76%
Achievement	0.31%	1.29%	0.00%	0.23%	1.29%	1.25%	NA	1.45%	0.87%	0.38%

Table 5a. HEDIS MY2021 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Diabetes										
Comprehensive Diabetes Care (CDC)										
HbA1c Testing	85.89%	86.13%	85.16%	86.86%	86.62%	84.18%	81.85%	89.29%	88.56%	89.29%
HbA1c Control (<8.0%)	54.26%	47.69%	48.66%	53.28%	53.04%	55.23%	58.09%	57.18%	54.99%	55.96%
Retinal Eye Exam Performed	36.01%	41.12%	44.53%	52.55%	47.20%	50.61%	61.39%	53.53%	49.64%	49.64%
Blood Pressure Control (<140/90 mm Hg)	61.07%	59.61%	60.34%	68.37%	66.18%	60.34%	73.60%	62.53%	59.85%	62.53%
Kidney Health Evaluation for Patients with Diabetes (KED) 18–64 Years	28.39%	25.88%	30.92%	27.83%	26.29%	28.60%	23.37%	27.02%	26.91%	28.53%
Statin Therapy for Patients with Diabetes (SPD)										
Received Statin Therapy	61.49%	61.93%	63.86%	64.45%	62.68%	63.89%	71.60%	67.81%	65.20%	68.25%
Statin Adherence 80%	57.36%	60.64%	53.63%	67.34%	64.66%	58.44%	89.66%	74.80%	73.95%	69.40%
Behavioral Health										
Antidepressant Medication Management (AMM)										
Effective Acute Phase Treatment	56.48%	55.77%	51.98%	57.22%	53.57%	51.34%	51.36%	68.93%	65.73%	61.93%
Effective Continuation Phase Treatment	37.93%	36.83%	32.38%	38.65%	34.34%	32.51%	31.36%	52.83%	48.61%	43.55%
Follow-Up Care for Children Prescribed ADHD Medication (ADD)										
Initiation Phase	41.83%	38.62%	35.72%	43.60%	39.42%	38.66%	40.57%	45.81%	41.05%	38.36%
Continuation and Maintenance Phase	52.89%	51.79%	50.55%	55.64%	50.41%	56.55%	51.19%	61.07%	54.98%	54.89%
Follow-Up After Hospitalization for Mental Illness (FUH)										
7-Day Follow-Up: 6–17 Years	59.40%	55.24%	39.11%	63.65%	57.18%	47.60%	35.10%	58.67%	55.73%	44.57%
18–64 Years	30.31%	40.78%	29.74%	42.02%	42.86%	36.13%	39.56%	32.23%	38.16%	34.00%
30-Day Follow-Up: 6–17 Years	84.46%	79.02%	59.68%	88.21%	80.00%	75.20%	56.49%	85.33%	78.43%	68.91%
18–64 Years	49.39%	61.00%	44.82%	62.22%	62.36%	56.13%	58.79%	54.79%	59.56%	53.54%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)										
7-Day Follow-Up: 6–17 Years	48.77%	42.41%	40.00%	60.07%	53.80%	45.28%	49.10%	43.70%	46.07%	53.70%
18–64 Years	27.84%	34.71%	38.55%	31.96%	29.67%	40.25%	35.48%	31.90%	35.93%	37.84%
30-Day Follow-Up: 6–17 Years	68.47%	62.66%	62.22%	78.42%	72.51%	54.72%	69.82%	64.44%	68.54%	70.37%
18–64 Years	41.57%	47.42%	46.39%	49.05%	43.09%	51.57%	59.68%	46.32%	49.15%	52.43%

Table 5a. HEDIS MY2021 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)										
7-Day Follow-Up: 13–17 Years	11.54%	16.67%	12.50%	8.70%	7.69%	10.53%	NA	22.22%	8.33%	NA
18–64 Years	51.95%	46.43%	48.39%	56.33%	48.23%	53.35%	30.30%	53.13%	52.06%	48.96%
30-Day Follow-Up: 13–17 Years	15.38%	50.00%	20.83%	30.43%	11.54%	21.05%	18.75%	38.89%	12.50%	NA
18–64 Years	76.42%	73.74%	71.31%	80.35%	74.67%	75.11%	51.52%	78.06%	73.27%	65.78%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)										
7-Day Follow-Up: 13–17 Years	NA	3.13%	NA	6.25%	2.70%	NA	NA	4.17%	16.00%	4.55%
18 Years and Older	5.13%	6.01%	4.74%	4.58%	6.82%	6.05%	3.85%	6.10%	8.19%	6.67%
Total	4.77%	5.85%	4.51%	4.69%	6.52%	5.65%	1.61%	6.00%	8.52%	6.51%
30-Day Follow-Up: 13–17 Years	NA	3.13%	NA	9.38%	10.81%	NA	2.78%	4.17%	20.00%	4.55%
18 Years and Older	8.80%	9.11%	6.90%	9.84%	10.66%	11.16%	7.69%	9.37%	12.63%	9.26%
Total	8.18%	8.78%	6.56%	9.81%	10.67%	10.43%	4.84%	9.11%	12.95%	8.90%
Pharmacotherapy for Opioid Use Disorder (POD) 16–64 Years	22.86%	21.18%	34.62%	26.93%	27.60%	39.49%	4.55%	30.77%	32.47%	41.22%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	80.95%	84.26%	77.53%	81.34%	82.31%	77.91%	83.91%	84.41%	86.17%	76.50%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	70.35%	73.94%	65.79%	77.19%	74.87%	67.40%	81.97%	76.56%	75.00%	71.75%
Cardiovascular Monitoring for People with CVD and Schizophrenia (SMC)	61.90%	70.59%	78.57%	81.82%	80.00%	83.72%	NA	70.00%	76.00%	90.91%
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	45.66%	59.23%	44.46%	64.33%	62.03%	54.81%	83.42%	69.54%	71.53%	64.62%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)										
Blood Glucose Testing: 1–11 Years	44.49%	38.69%	29.93%	42.17%	46.28%	30.37%	44.29%	36.51%	44.02%	36.96%
12–17 Years	62.58%	62.70%	51.52%	65.08%	61.19%	57.27%	64.85%	57.58%	59.31%	47.37%
Total	56.47%	54.42%	44.37%	57.07%	55.74%	48.65%	59.39%	50.68%	54.21%	43.97%
Cholesterol Testing: 1–11 Years	33.06%	33.67%	25.17%	35.35%	35.95%	24.30%	39.19%	28.22%	36.75%	27.72%
12–17 Years	46.78%	42.86%	30.98%	50.41%	45.00%	37.00%	53.68%	41.41%	39.83%	30.79%

Table 5a. HEDIS MY2021 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Total	42.15%	39.69%	29.05%	45.14%	41.69%	32.93%	49.84%	37.09%	38.80%	29.79%
Blood Glucose and Cholesterol Testing: 1–11 Years	26.94%	30.65%	18.37%	29.80%	33.06%	20.56%	33.92%	25.31%	33.76%	24.46%
12–17 Years	44.07%	41.53%	28.96%	46.74%	41.19%	34.14%	51.46%	38.38%	37.26%	27.37%
Total	38.29%	37.78%	25.45%	40.81%	38.22%	29.79%	46.81%	34.10%	36.09%	26.42%
Overuse/Appropriateness										
Appropriate Treatment for Upper Respiratory Infection (URI)										
3 Months–17 Years	87.66%	93.39%	88.60%	85.63%	91.77%	85.67%	86.62%	86.52%	93.16%	88.53%
18–64 Years	70.79%	78.87%	70.57%	63.67%	73.84%	66.82%	75.00%	66.49%	76.35%	69.85%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)										
3 Months–17 Years	57.17%	65.99%	81.37%	52.04%	64.66%	76.21%	59.66%	55.50%	66.01%	77.59%
18–64 Years	35.57%	42.06%	40.66%	30.62%	34.77%	35.11%	40.00%	30.01%	35.88%	39.96%
Use of Imaging Studies for Low Back Pain (LBP)	66.77%	68.51%	67.26%	67.98%	66.88%	68.11%	81.32%	64.69%	66.70%	66.11%
Measures Collected Through CAHPS Health Plan Survey										
Flu vaccinations for adults ages 18 to 64 (FVA)	34.53%	36.61%	30.30%	37.80%	35.29%	36.02%	NA	34.42%	37.21%	32.14%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)										
Advising Smokers and Tobacco Users to Quit	75.76%	73.38%	73.33%	75.65%	75.52%	66.67%	NA	75.00%	70.09%	78.43%
Discussing Cessation Medications	47.83%	44.53%	44.30%	52.85%	45.89%	48.59%	NA	50.76%	45.22%	45.00%
Discussing Cessation Strategies	43.21%	44.20%	42.76%	46.67%	42.36%	48.23%	NA	42.64%	40.35%	NA
Supplemental Data - % Current Smokers†	40.12%	26.13%	36.18%	37.23%	36.22%	30.73%	NA	27.50%	38.81%	34.75%

† 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 indicates better performance.

Table 5b. HEDIS MY2021 Plan-Specific 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%)	39.42%	42.82%	42.82%	34.06%	35.04%	37.47%	38.61%	31.14%	35.77%	34.79%
Overuse/Appropriateness										
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	0.55%	0.30%	1.01%	0.38%	0.41%	1.25%	0.34%	1.23%	0.86%	1.92%
Use of Opioids at High Dosage (HDO)	12.73%	13.72%	5.01%	7.11%	4.22%	2.44%	NA	9.05%	6.57%	2.26%
Use of Opioids from Multiple Providers (UOP)										
Multiple Prescribers	16.64%	22.88%	12.57%	16.39%	23.09%	15.54%	36.84%	17.57%	22.17%	13.05%
Multiple Pharmacies	0.17%	1.03%	2.83%	0.44%	0.70%	1.07%	10.53%	0.50%	0.87%	1.57%
Multiple Prescribers and Pharmacies	0.17%	0.48%	0.84%	0.27%	0.41%	0.61%	NA	0.30%	0.54%	0.76%
Risk of Continued Opioid Use (COU)										
18–64 Years: ≥15 days/30-day period	1.34%	1.66%	1.29%	0.75%	0.86%	0.68%	NA	2.97%	2.46%	1.72%
≥ 31 days/62-day period	0.99%	1.20%	0.97%	0.46%	0.56%	0.52%	NA	2.29%	1.96%	1.27%

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

Table 6. HEDIS MY2021 Plan-Specific 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	72.38%	73.70%	70.65%	79.70%	76.27%	77.86%	43.36%	77.20%	76.91%	70.99%
45–64 Years	79.83%	84.54%	82.13%	87.97%	86.13%	87.86%	40.95%	86.93%	87.46%	85.03%
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment										
13–17 Years: Alcohol	58.82%	48.39%	23.53%	47.50%	41.67%	33.33%	46.15%	40.91%	48.28%	9.09%
Opioid	33.33%	50.00%	40.00%	28.57%	40.00%	100.00%	62.50%	0.00%	60.00%	50.00%
Other drug	51.00%	48.05%	38.89%	43.38%	40.91%	44.07%	51.52%	46.21%	54.93%	29.00%
Total	49.77%	47.43%	38.02%	42.32%	40.83%	44.44%	50.80%	42.95%	54.09%	27.52%
18+ Years: Alcohol	48.04%	48.23%	52.95%	42.95%	42.02%	45.08%	31.82%	42.18%	45.36%	45.35%

Table 6. HEDIS MY2021 Plan-Specific Rates: Access/Availability of Care Measures





Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Opioid	65.01%	55.99%	69.19%	61.93%	58.30%	54.56%	52.38%	54.23%	57.66%	56.97%
Other drug	48.22%	50.11%	48.79%	46.74%	47.99%	44.81%	41.40%	42.56%	49.15%	42.28%
Total	51.50%	49.33%	52.22%	49.56%	48.23%	45.83%	39.56%	43.96%	48.08%	43.93%
Initiation Total: Alcohol	48.40%	48.23%	52.33%	43.10%	42.01%	44.90%	38.55%	42.15%	45.44%	44.92%
Opioid	64.85%	55.98%	68.81%	61.80%	58.22%	54.73%	55.17%	54.11%	57.67%	56.94%
Other drug	48.47%	49.95%	48.11%	46.48%	47.28%	44.75%	47.00%	42.76%	49.54%	41.42%
Total	51.40%	49.24%	51.51%	49.21%	47.78%	45.76%	45.47%	43.92%	48.33%	43.23%
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment										
13–17 Years: Alcohol	29.41%	16.13%	0.00%	15.00%	16.67%	0.00%	30.77%	4.55%	17.24%	0.00%
Opioid	16.67%	0.00%	0.00%	14.29%	20.00%	50.00%	37.50%	0.00%	20.00%	0.00%
Other drug	23.00%	16.88%	3.70%	25.11%	20.71%	14.41%	29.00%	20.45%	22.54%	11.00%
Total	22.12%	16.57%	3.31%	23.65%	19.72%	14.29%	28.40%	18.12%	22.01%	10.09%
18+ Years: Alcohol	11.74%	14.93%	11.92%	14.37%	11.13%	10.77%	6.82%	10.88%	12.82%	10.18%
Opioid	32.81%	27.78%	31.33%	28.93%	26.06%	22.35%	23.81%	30.15%	31.76%	35.10%
Other drug	13.02%	16.38%	13.39%	14.06%	15.83%	10.88%	10.75%	11.88%	17.04%	10.41%
Total	18.09%	18.35%	15.07%	17.73%	17.50%	13.28%	11.11%	15.90%	19.38%	13.85%
Engagement Total: Alcohol	12.32%	14.96%	11.67%	14.40%	11.27%	10.60%	18.07%	10.75%	12.93%	10.05%
Opioid	32.73%	27.73%	30.93%	28.87%	26.03%	22.45%	27.59%	30.09%	31.71%	34.93%
Other drug	13.91%	16.42%	12.72%	14.89%	16.32%	11.15%	20.86%	12.36%	17.41%	10.45%
Total	18.31%	18.26%	14.49%	18.01%	17.64%	13.33%	20.21%	15.98%	19.49%	13.69%
Prenatal and Postpartum Care (PPC)										
Timeliness of Prenatal Care	86.86%	82.73%	80.29%	86.26%	77.32%	82.62%	73.62%	86.37%	80.29%	77.37%
Postpartum Care	76.16%	70.56%	70.56%	77.32%	73.48%	73.11%	68.10%	77.86%	73.48%	62.77%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)										
1–11 Years	52.44%	48.48%	48.61%	65.38%	71.43%	56.18%	65.60%	51.95%	48.19%	50.68%
12–17 Years	55.33%	60.87%	52.07%	64.86%	68.28%	70.48%	50.99%	62.68%	63.24%	55.06%
Total	54.31%	56.35%	50.78%	65.06%	69.43%	65.49%	54.81%	58.90%	57.53%	53.68%

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

Table 7. HEDIS MY2021 Plan-Specific Rates: Use of Services Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Well-Child Visits in the First 30 Months of Life (W30)										
First 15 Months	65.65%	66.09%	44.08%	71.66%	68.06%	50.22%	61.71%	63.27%	63.11%	39.23%
15 Months–30 Months	66.05%	70.97%	50.09%	72.01%	69.94%	53.27%	61.73%	68.45%	71.61%	50.84%
Child and Adolescent Well-Care Visits (WCV)										
3–11 Years	57.31%	62.14%	50.82%	64.80%	61.35%	54.91%	56.24%	60.95%	62.86%	53.38%
12–17 Years	47.83%	52.06%	45.43%	55.01%	51.73%	48.86%	52.32%	50.25%	52.25%	47.99%
18–21 Years	21.87%	23.66%	20.65%	27.81%	28.30%	24.22%	28.17%	24.24%	24.22%	20.84%
Total**	48.01%	53.03%	44.27%	56.00%	53.16%	48.25%	49.94%	51.05%	53.93%	46.80%

Individual Plan Performance—CAHPS

Table 8 details the rating scale and any additional comments used in **Table 9**, [Table 10](#), and [Table 11](#) to indicate the rating achieved. These tables display the plan-specific performance rates for the CAHPS survey results.

Table 8. MY2021 CAHPS Rating Measure Designations		
Color Designation	National Percentile Achieved	Additional Comments
	Greater than 75th percentile	No additional comments
	25th to 75th	No additional comments
	Less than 25th	No additional comments
	No Rating Available	Benchmarking data were not available
Measure Designation	Definition	
NA	Not Applicable. Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of NA.	

Medicaid Results

Table 9. MY2021 CAHPS 5.1H Adult Medicaid Survey Results

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care (Always + Usually)										
NA	82.36%	NA	85.95%	84.19%	86.34%	NA	NA	NA	NA	84.71%
2. Getting Care Quickly (Always + Usually)										
NA	79.74%	NA	88.58%	NA	NA	NA	NA	NA	NA	84.16%
3. How Well Doctors Communicate (Always + Usually)										
NA	94.64%	NA	91.85%	93.21%	94.11%	NA	NA	NA	NA	93.45%
4. Customer Service (Always + Usually)										
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
5. Rating of All Health Care (9+10)										
50.88%	56.64%	NA	58.08%	62.40%	57.46%	NA	63.64%	NA	NA	58.18%
6. Rating of Personal Doctor (9+10)										
65.00%	67.78%	66.67%	74.75%	75.64%	72.73%	NA	72.80%	60.38%	67.54%	69.25%
7. Rating of Specialist Seen Most Often (9+10)										
NA	67.62%	NA	71.70%	NA	NA	NA	NA	NA	NA	69.66%
8. Rating of Health Plan (9+10)										
61.54%	64.22%	57.24%	66.95%	70.92%	72.55%	NA	61.73%	66.67%	66.22%	65.34%
9. Coordination of Care (Always + Usually)										
NA	NA	NA	85.15%	NA	NA	NA	NA	NA	NA	85.15%

Table 10. MY2021 CAHPS 5.1H Child Medicaid Survey Results (General Population)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care (Always + Usually)										
93.89%	86.22%	NA	91.40%	79.48%	86.96%	88.57%	NA	NA	NA	87.75%
2. Getting Care Quickly (Always + Usually)										
91.18%	84.57%	NA	92.08%	84.14%	91.07%	93.85%	NA	NA	NA	89.48%
3. How Well Doctors Communicate (Always + Usually)										

Table 10. MY2021 CAHPS 5.1H Child Medicaid Survey Results (General Population)										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
96.58%	93.01%	93.96%	96.91%	94.55%	92.48%	92.13%	95.55%	NA	NA	94.40%
4. Customer Service (Always + Usually)										
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
5. Rating of All Health Care (9+10)										
72.25%	78.34%	76.58%	78.28%	75.14%	71.57%	71.43%	78.52%	70.59%	71.57%	74.43%
6. Rating of Personal Doctor (9+10)										
78.77%	77.58%	75.00%	80.12%	82.48%	77.04%	78.82%	83.54%	78.13%	84.29%	79.58%
7. Rating of Specialist Seen Most Often (9+10)										
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8. Rating of Health Plan (9+10)										
73.54%	83.07%	74.87%	81.14%	79.11%	76.14%	76.71%	74.37%	81.91%	77.78%	77.86%
9. Coordination of Care (Always + Usually)										
NA	NA	NA	86.79%	NA	NA	NA	NA	NA	NA	86.79%

Table 11. MY2021 CAHPS 5.1H Child Medicaid Survey Results (Children with Chronic Conditions)										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Access to Specialized Services (Always + Usually)										
NA	NA	NA	NA	NA	NA	78.90%	NA	NA	NA	78.90%
2. Family-Centered Care: Personal Doctor Who Knows Child (Yes)										
93.12%	90.91%	89.19%	91.83%	92.40%	89.19%	89.52%	93.25%	93.13%	89.90%	91.24%
3. Coordination of Care for Children with Chronic Conditions (Yes)										
NA	NA	NA	NA	NA	NA	81.32%	NA	NA	NA	81.32%
4. Family-Centered Care: Getting Needed Information (Always + Usually)										
93.14%	93.06%	93.55%	95.44%	92.11%	92.35%	92.64%	91.88%	91.43%	85.31%	92.09%
5. Access to Prescription Medicines (Always + Usually)										
92.86%	91.57%	92.68%	96.24%	89.81%	94.76%	90.67%	95.43%	90.00%	90.67%	92.47%

Medicaid HEDIS Trending—Statewide Weighted Rates

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

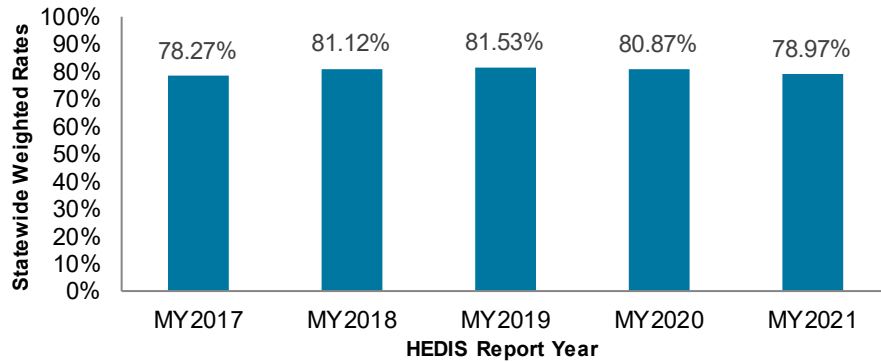
Generally, and as stated in footnotes, factors should be considered while trending data, such as instances where

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

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

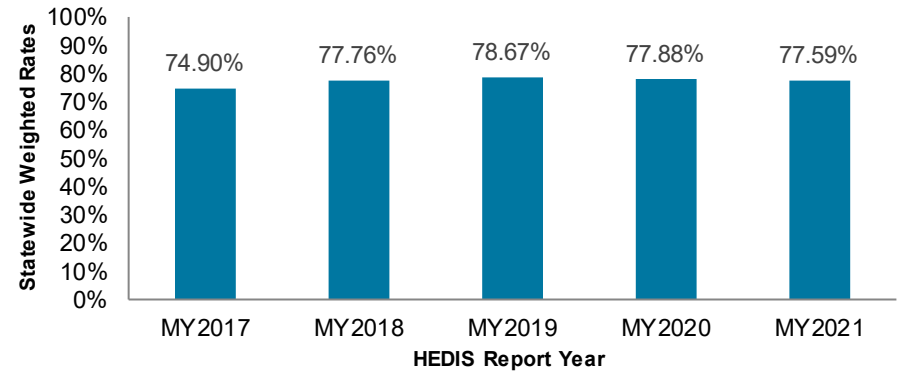
Effectiveness of Care Measures: Prevention and Screening

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



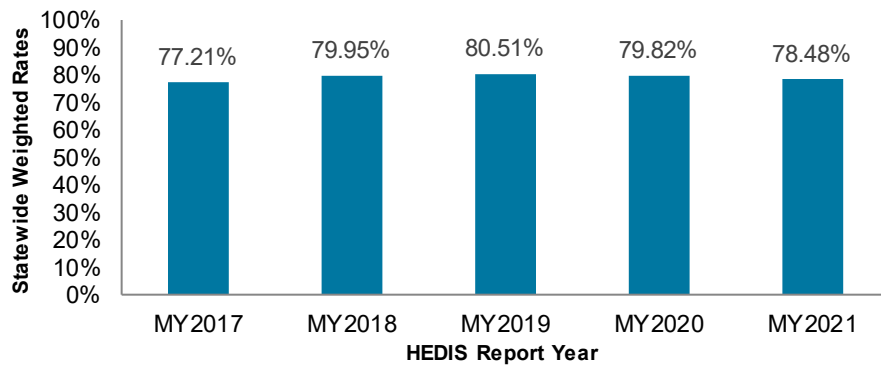
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2018, and previous years should be considered with caution.

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



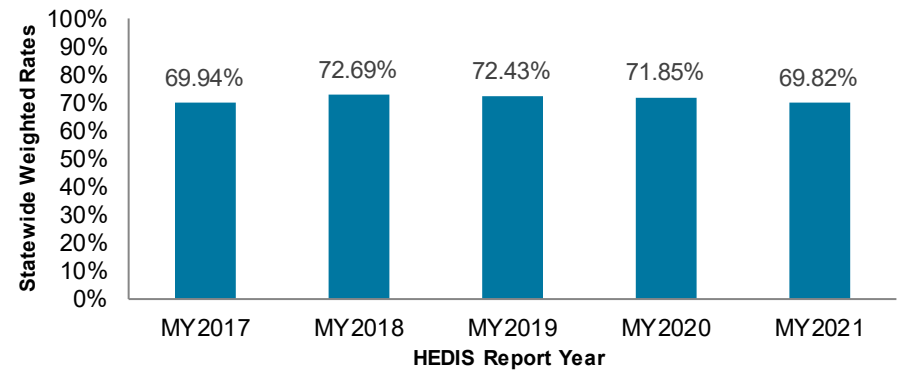
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2018, and previous years should be considered with caution.

Fig. 3. WCC—BMI Percentile: Total



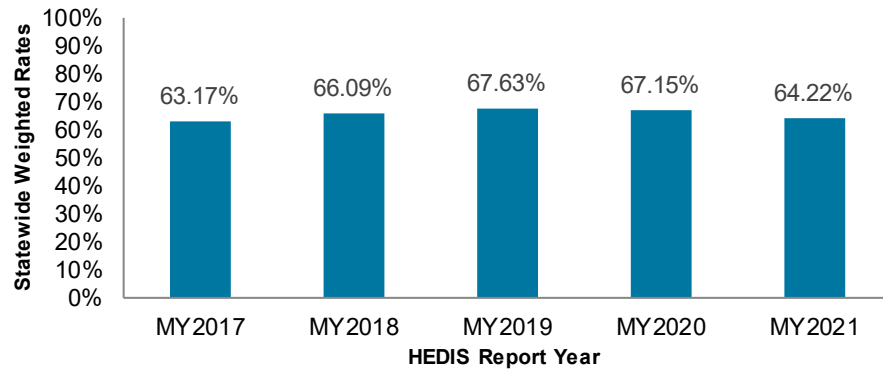
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2018, and previous years should be considered with caution.

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



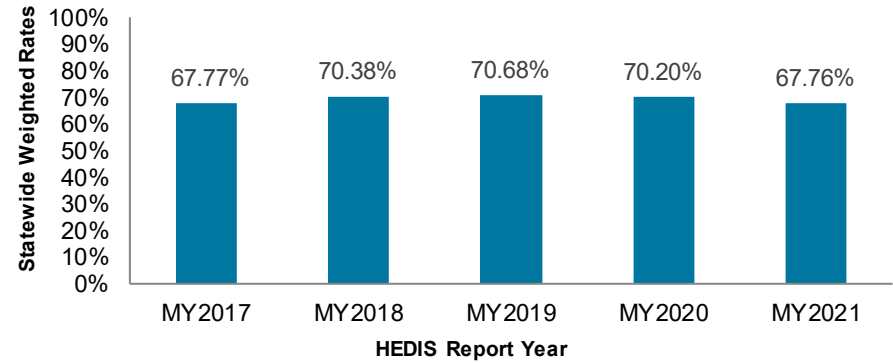
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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



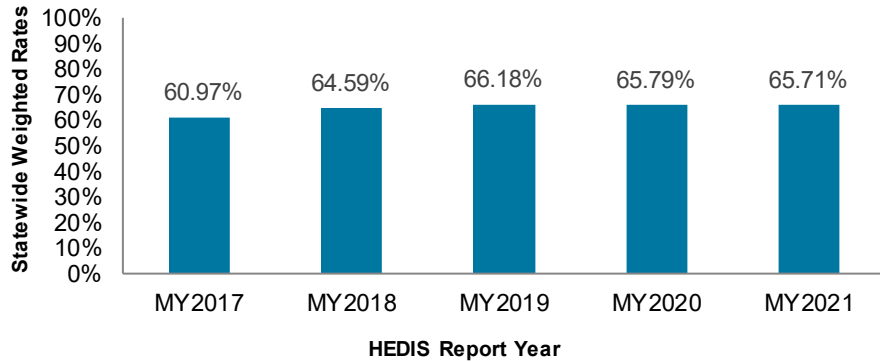
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 6. WCC—Counseling for Nutrition: Total



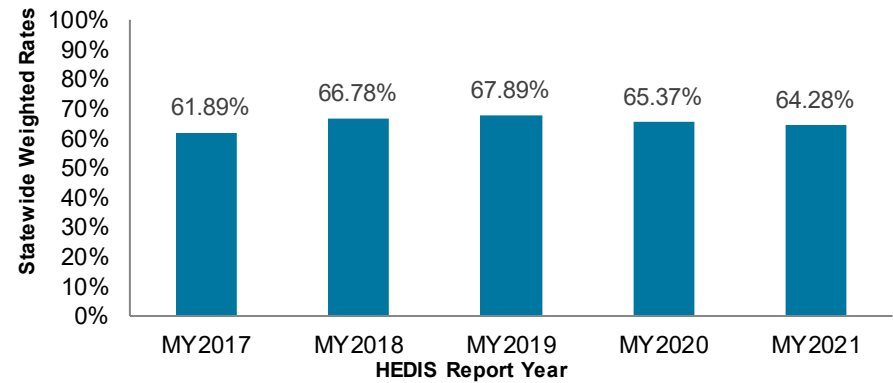
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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



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

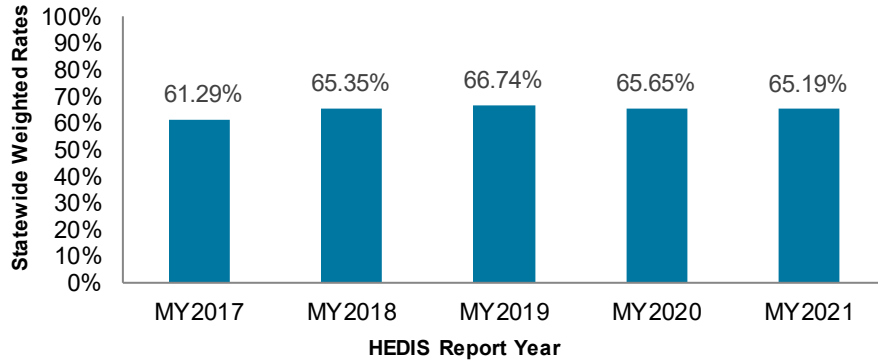
Fig. 8. WCC—Counseling for Physical Activity: 12–17 Years



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

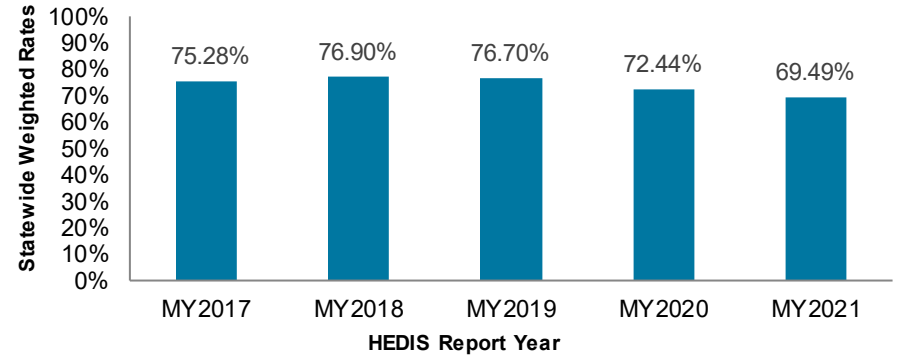
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

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



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

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



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

Fig. 11. CIS: IPV

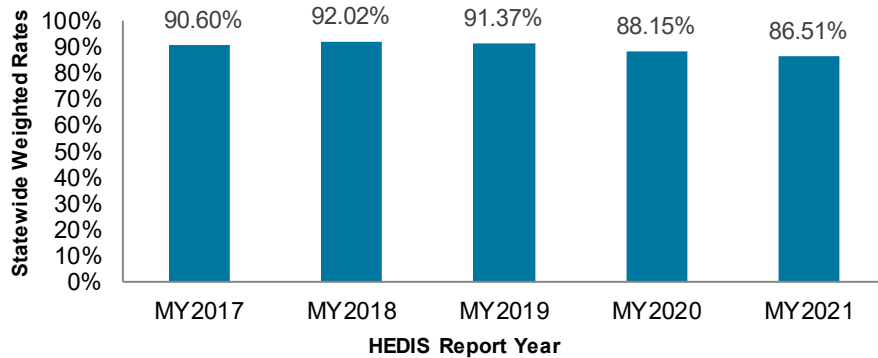
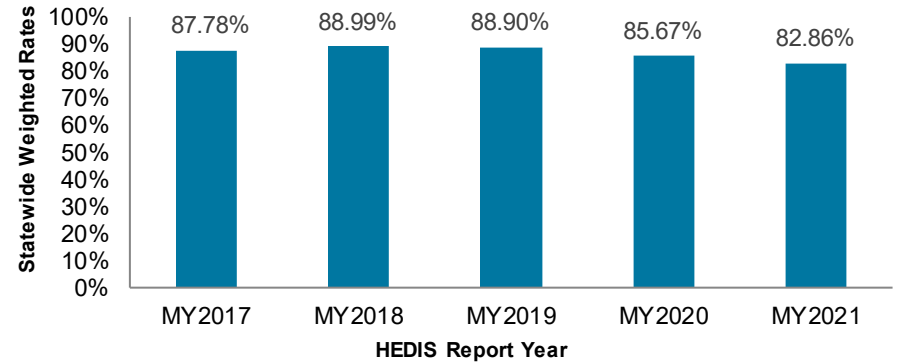


Fig. 12. CIS: MMR



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

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

Fig. 13. CIS: HiB

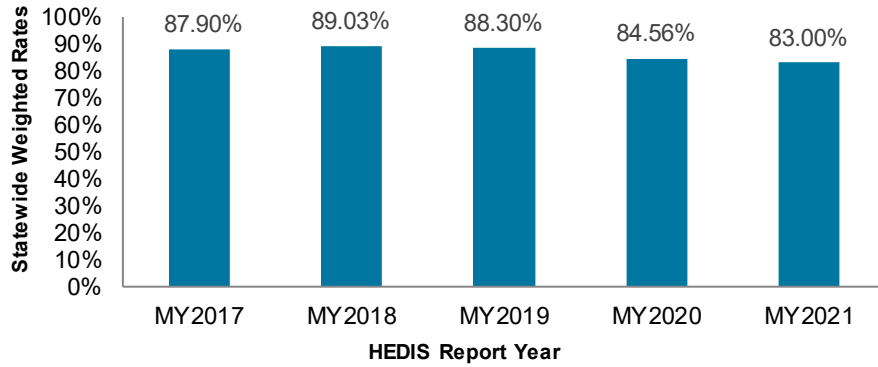


Fig. 14. CIS: HepB

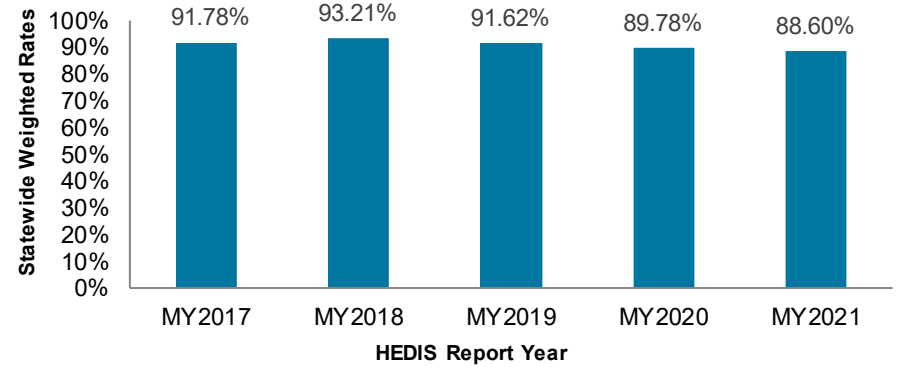


Fig. 15. CIS: VZV

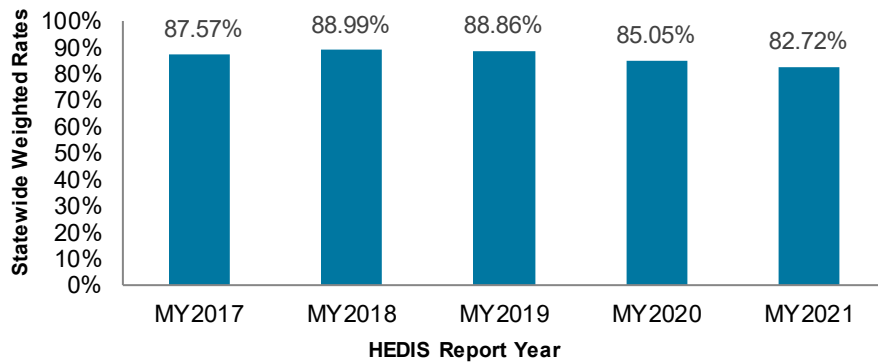
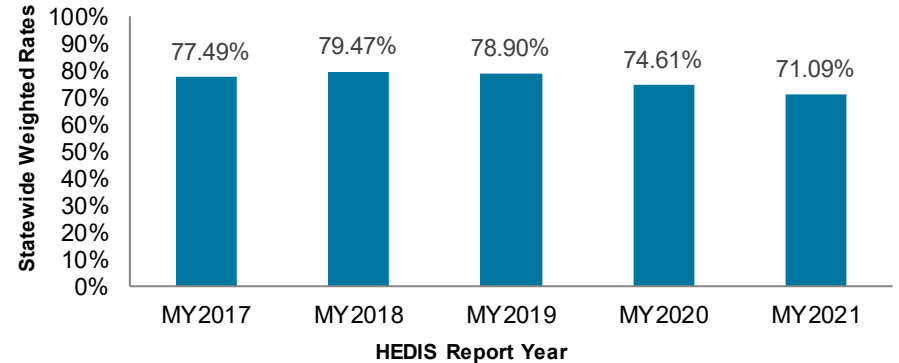


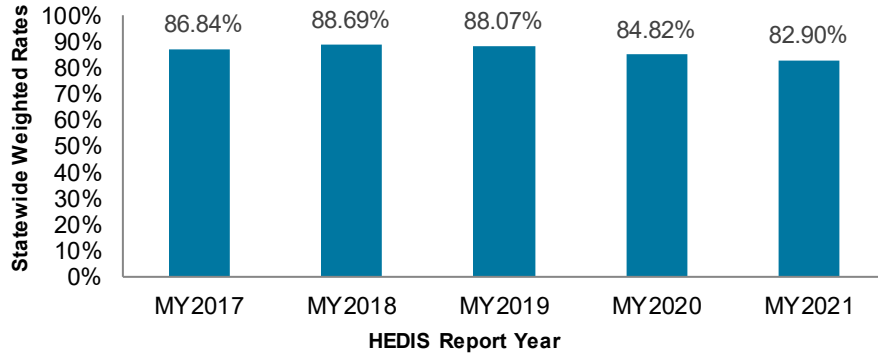
Fig. 16. CIS: PCV



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

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

Fig. 17. CIS: HepA



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

Fig. 18. CIS: RV

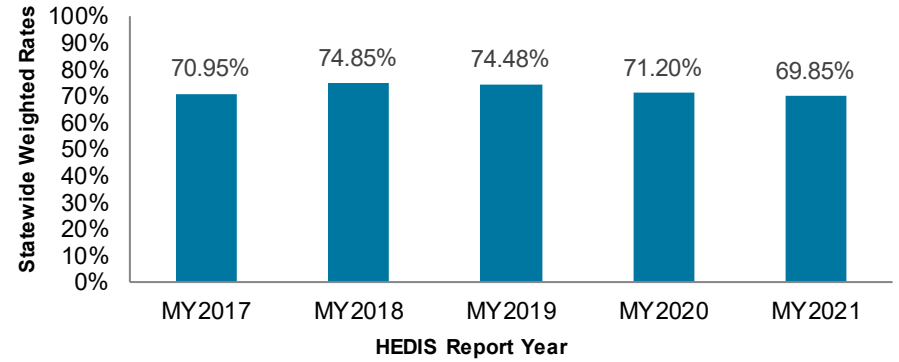


Fig. 19. CIS: Flu

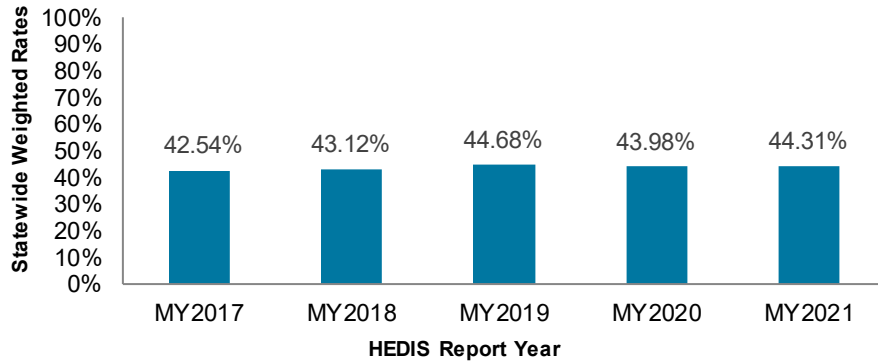
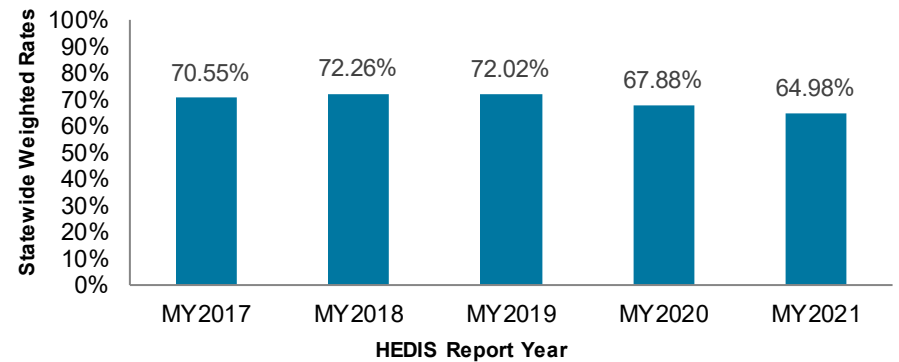


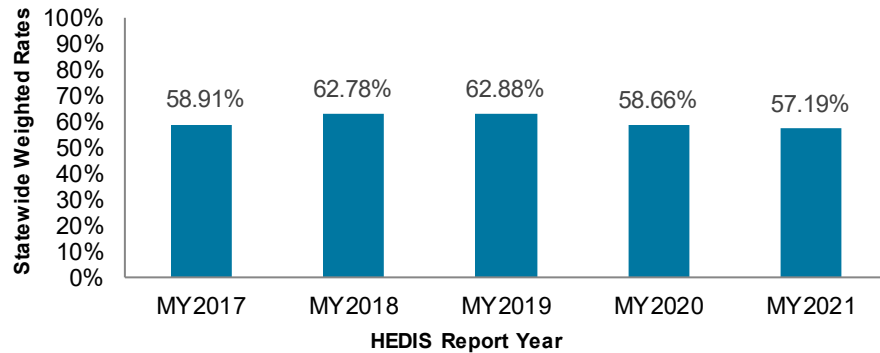
Fig. 20. CIS: Combination 3



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

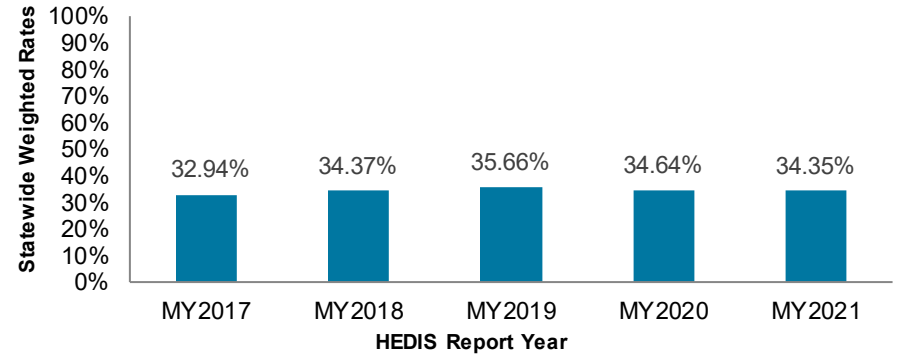
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 21. CIS Combination 7



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

Fig. 22. CIS: Combination 10



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

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

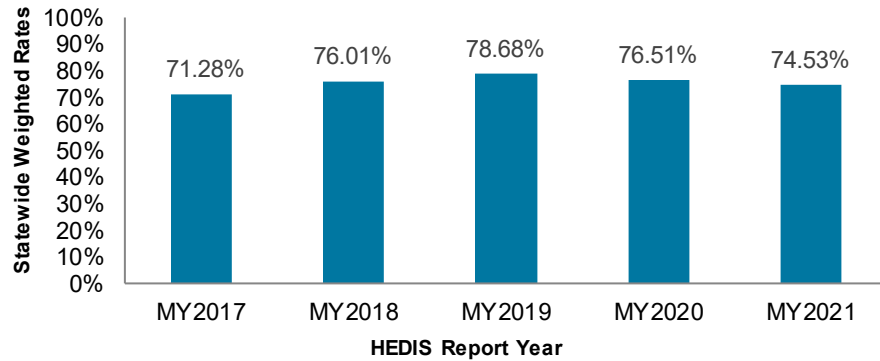
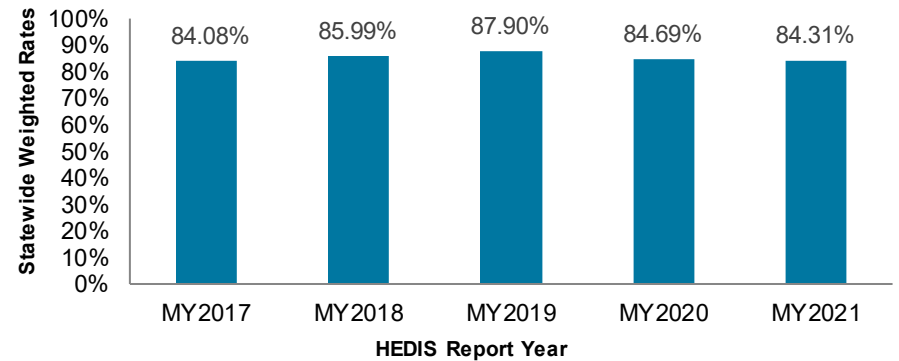
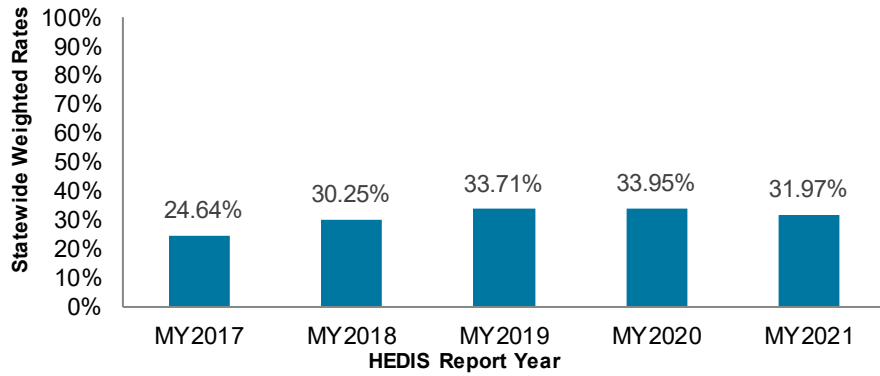


Fig. 24. IMA: Tdap/Td



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

Fig. 25. IMA: HPV



Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications in MY2017.

Fig. 26. IMA: Combination 1

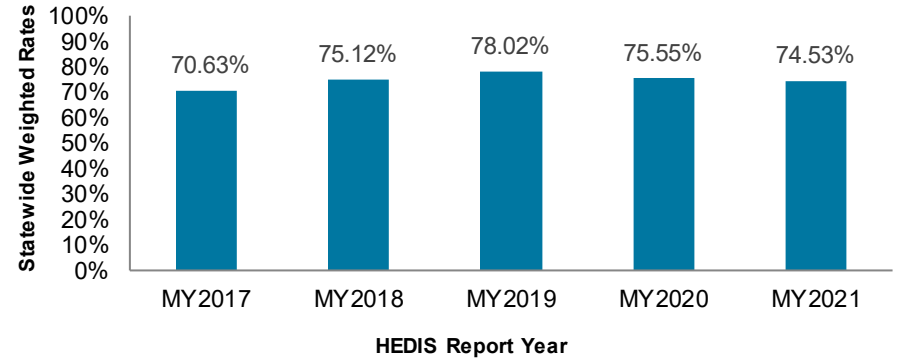
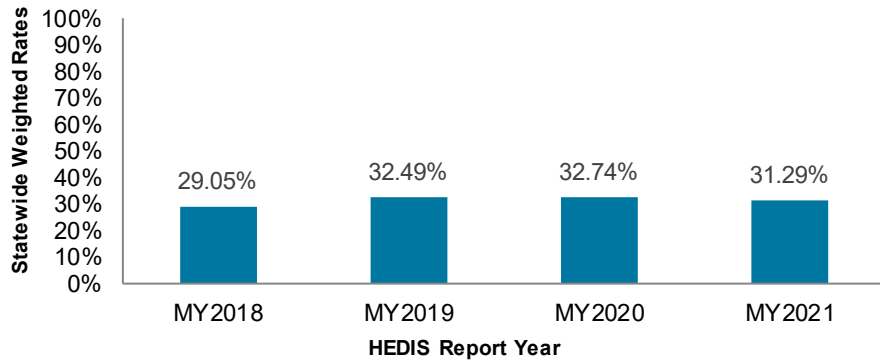
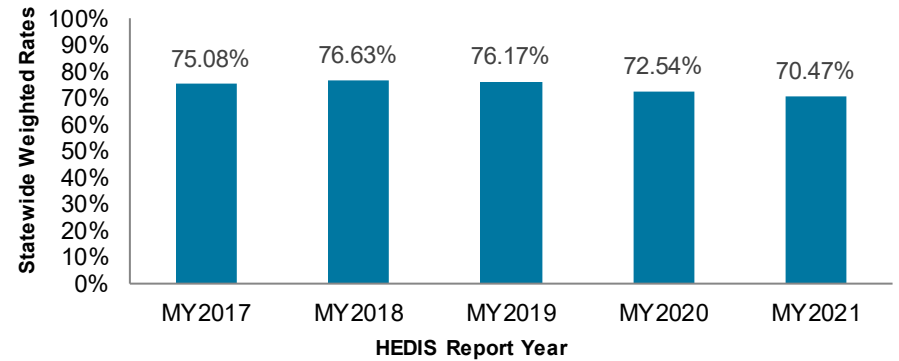


Fig. 27. IMA: Combination 2



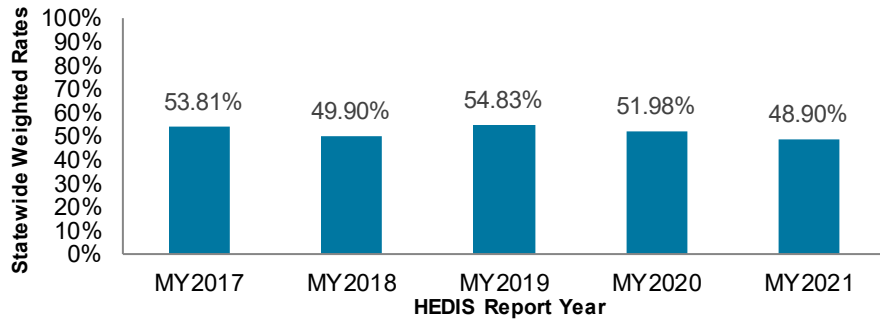
Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications in MY2017.

Fig. 28. Lead Screening in Children (LSC)



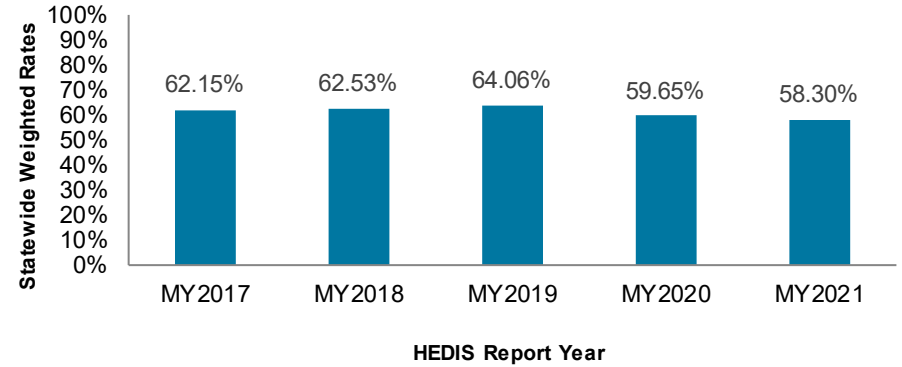
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 29. Breast Cancer Screening (BCS)



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

Fig. 30. Cervical Cancer Screening (CCS)



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

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

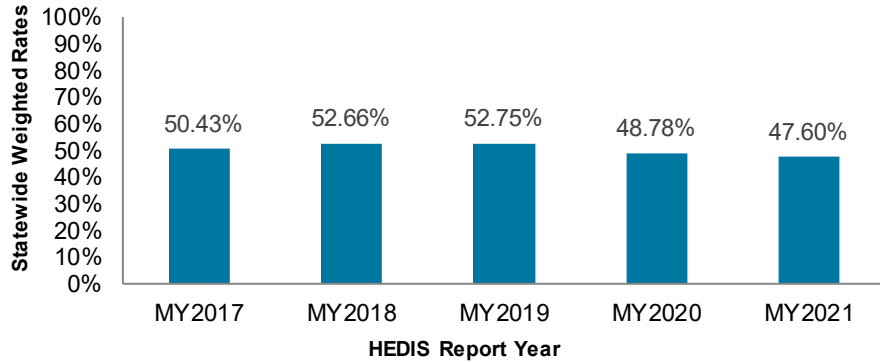


Fig. 32. CHL: 21–24 Years

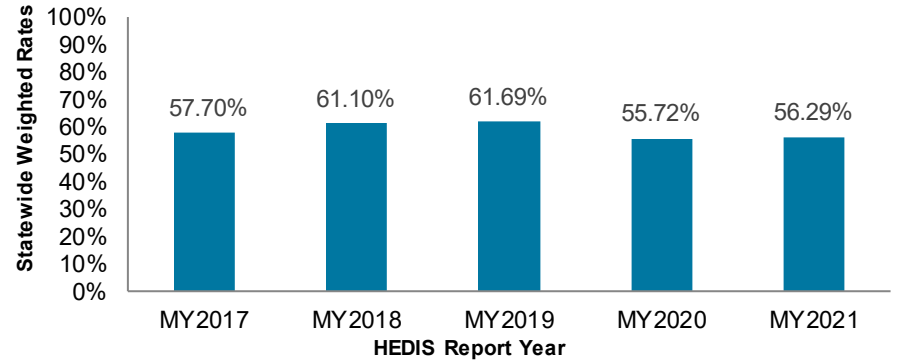
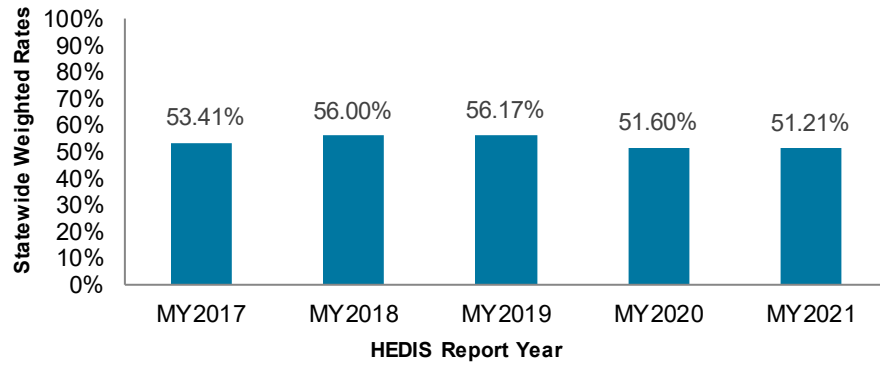
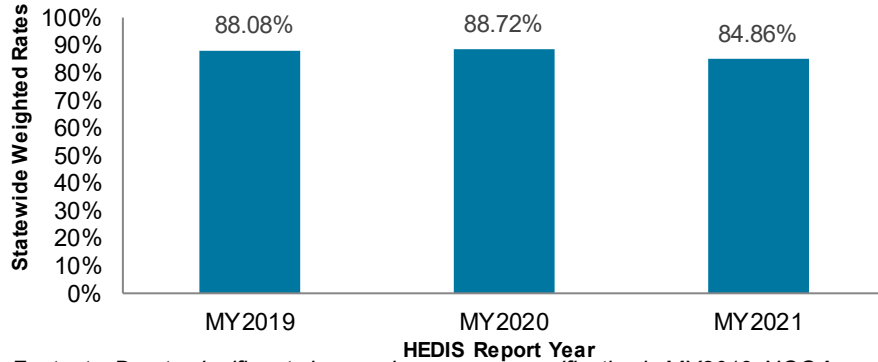


Fig. 33. CHL: Total



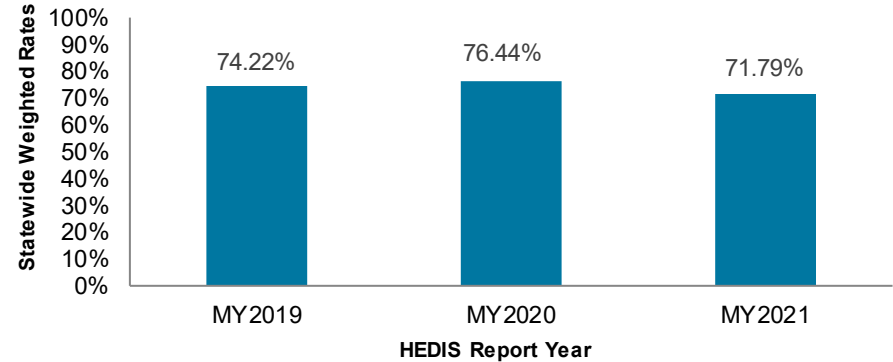
Effectiveness of Care Measures: Respiratory Conditions

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



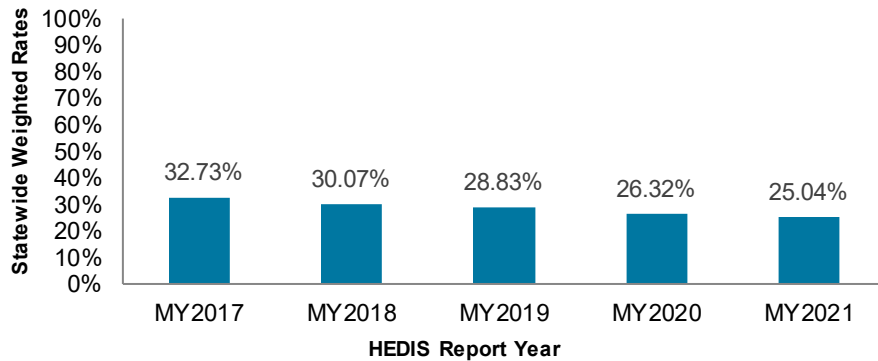
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years. Also due to changes in measure specification, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 35. CWP: 18-64 Years



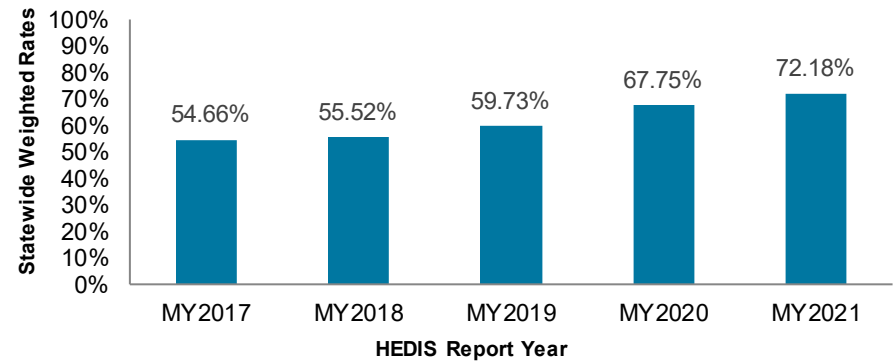
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years. Also due to changes in measure specification, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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



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

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



Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 38. PCE: Bronchodilator

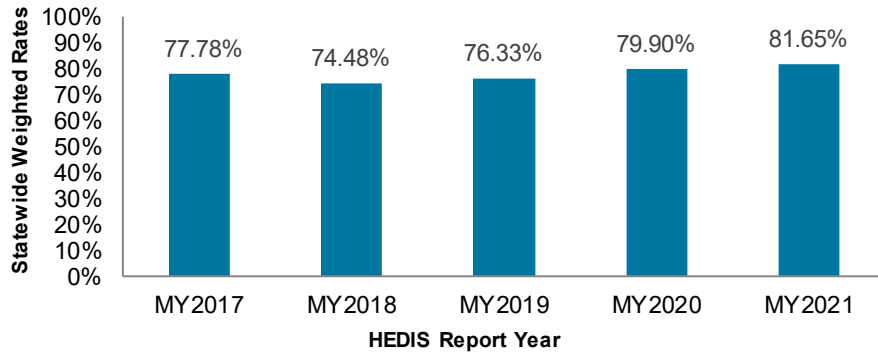
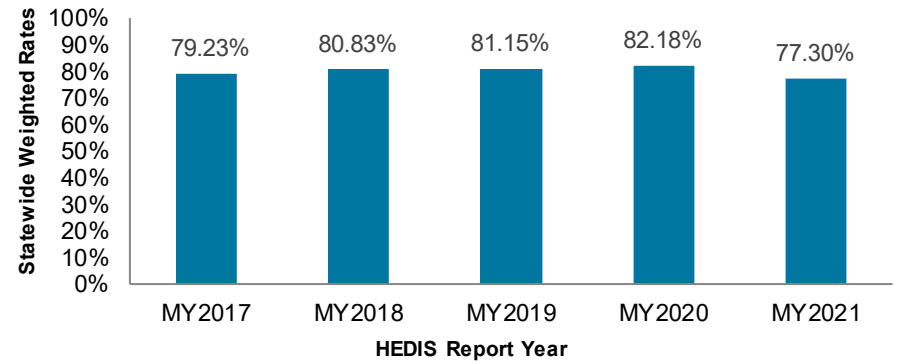
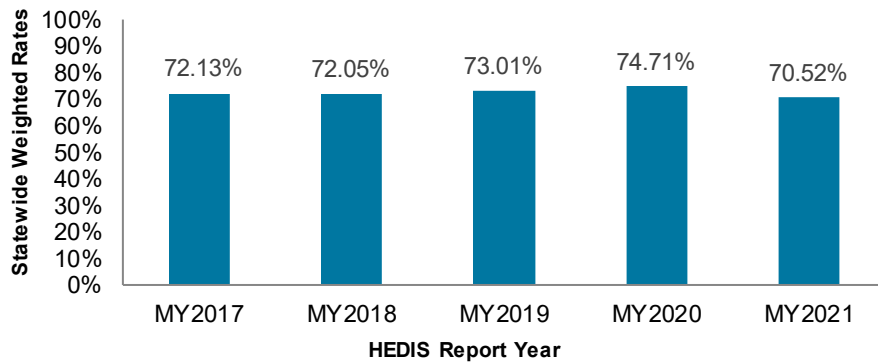


Fig. 39. Asthma Medication Ratio (AMR): 5–11 Years



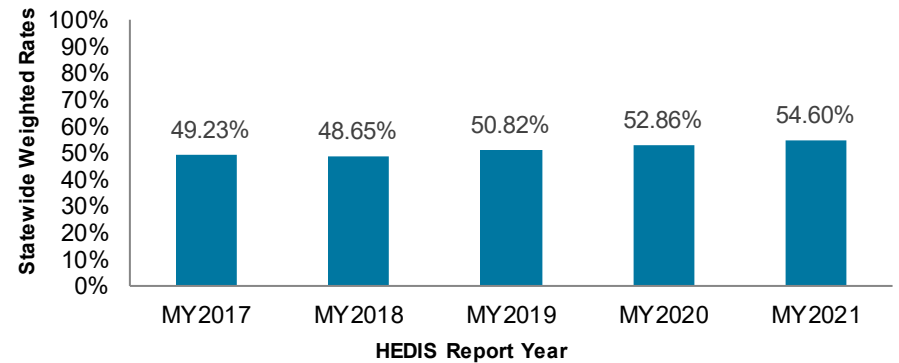
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

Fig. 40. AMR: 12–18 Years



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

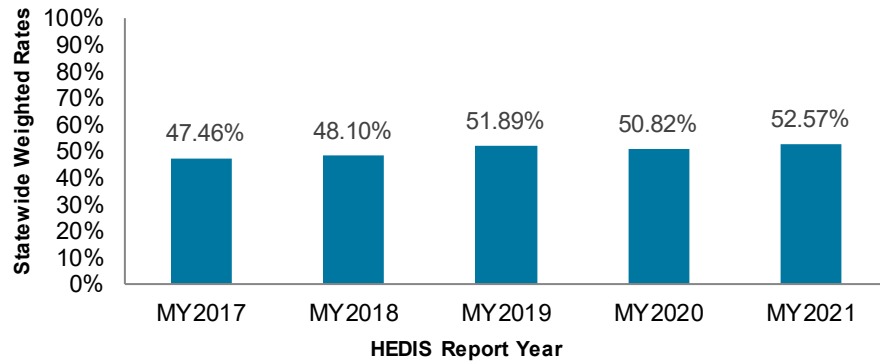
Fig. 41. AMR: 19–50 Years



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

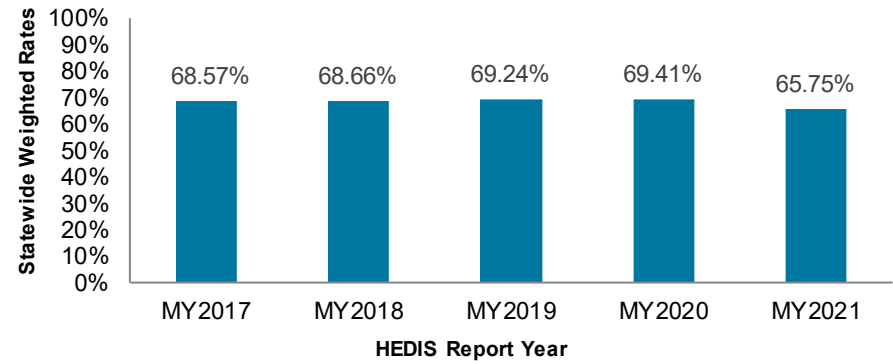
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 42. AMR: 51–64 Years



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

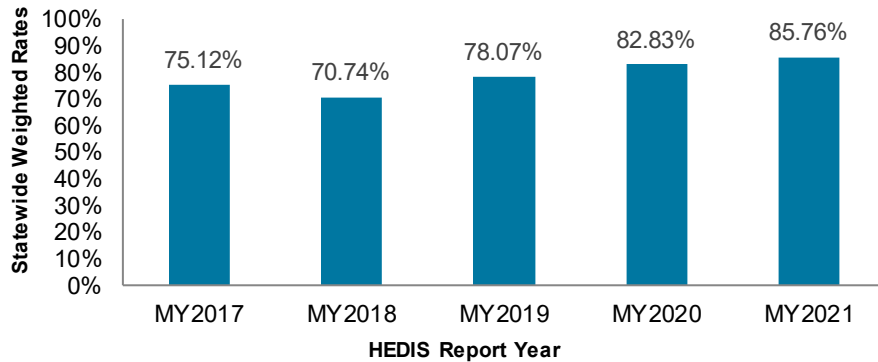
Fig. 43. AMR: Total



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

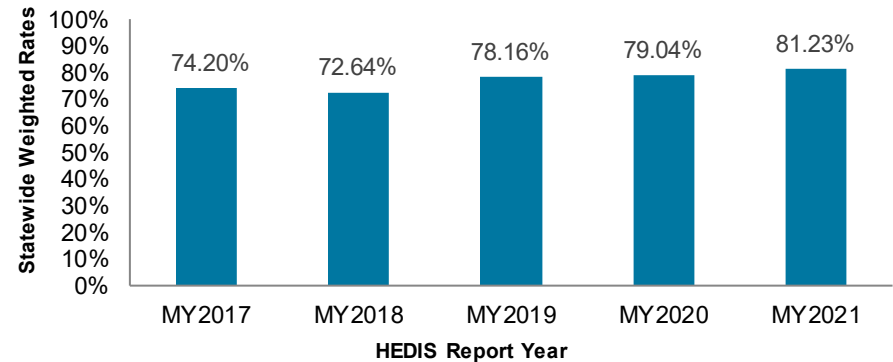
Effectiveness of Care Measures: Cardiovascular Conditions

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



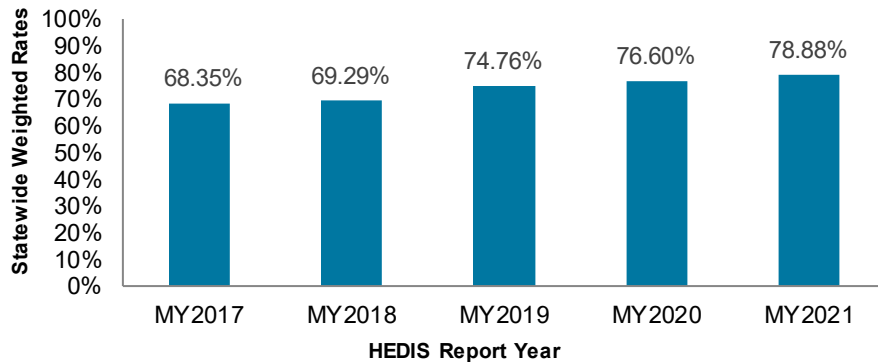
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

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



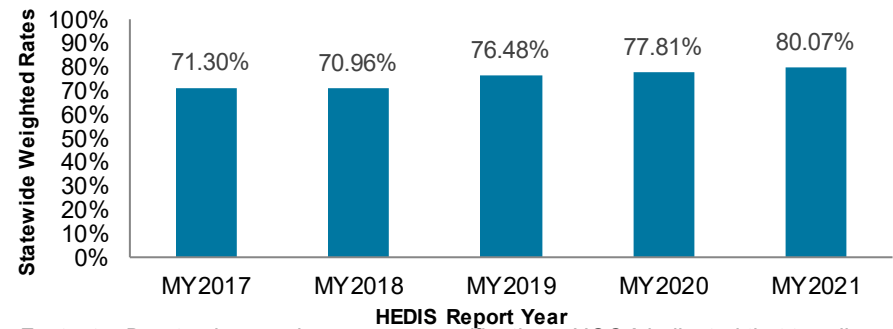
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2018, and previous years should be considered with caution.

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



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

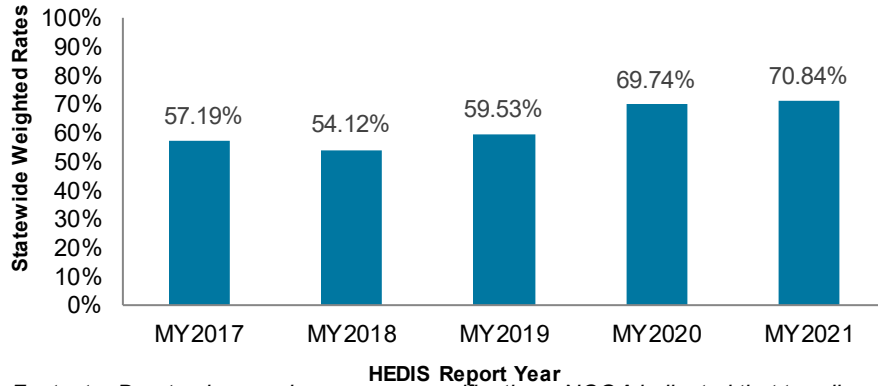
Fig. 47. SPC—Received Statin Therapy: Total



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

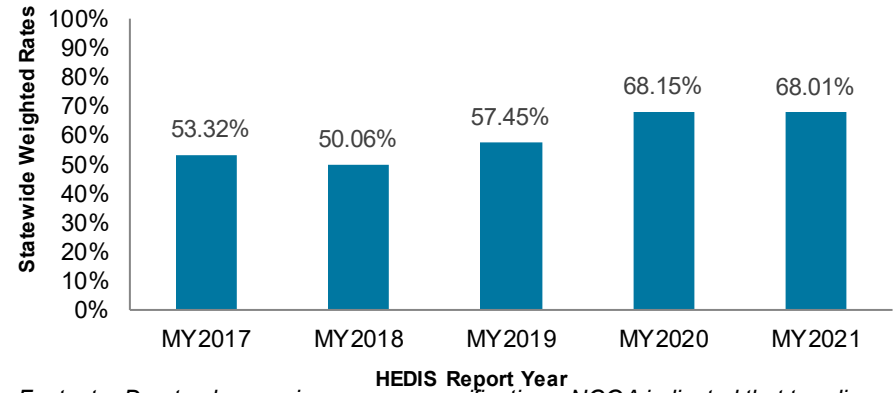
Medicaid HEDIS Trending—Effectiveness of Care Measures: Cardiovascular Conditions

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



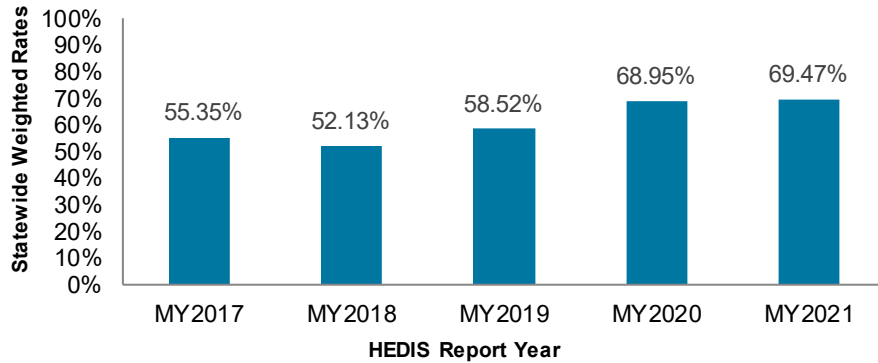
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2019, MY2018, and previous years should be considered with caution.

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



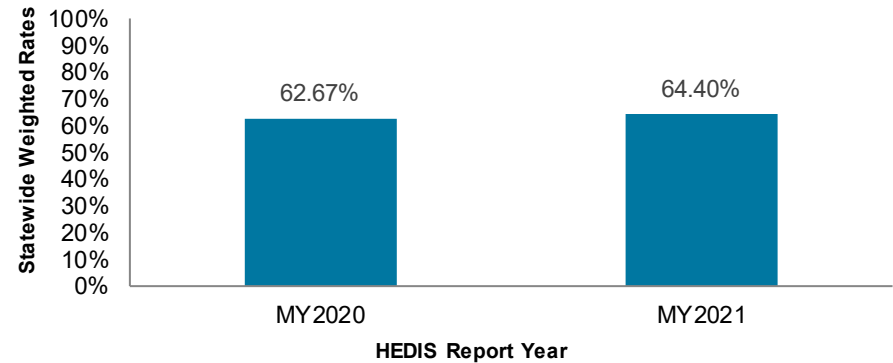
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2019, MY2018, and previous years should be considered with caution.

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



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

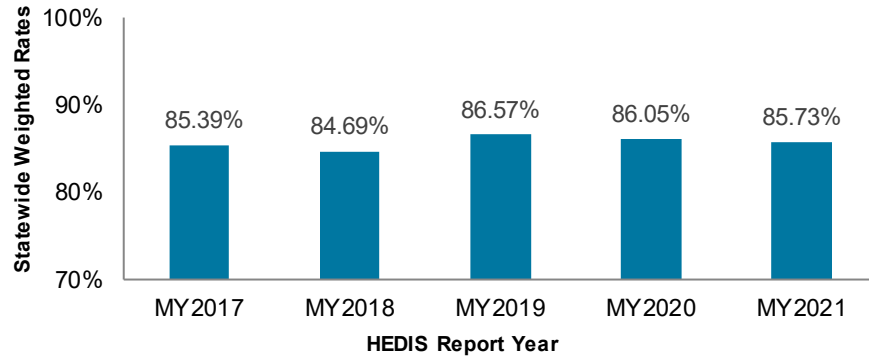
Fig. 51. Controlling High Blood Pressure (CBP)



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

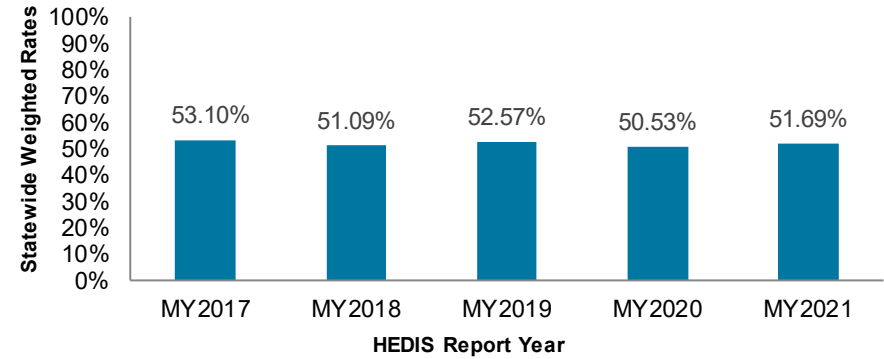
Effectiveness of Care Measures: Diabetes

Fig. 52. Comprehensive Diabetes Care (CDC): HbA1c Testing



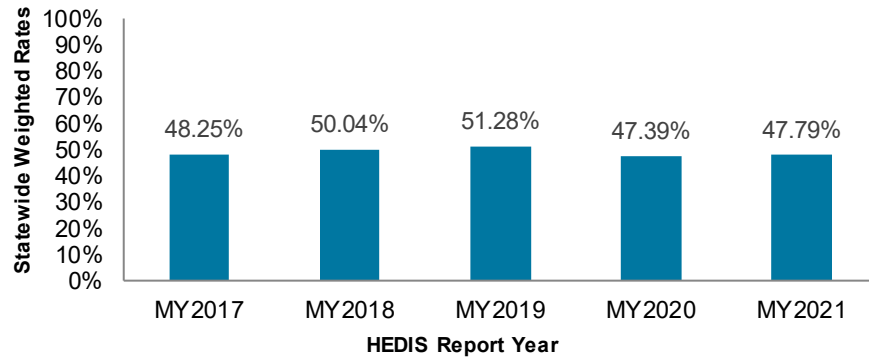
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

Fig. 53. CDC: HbA1c Control (<8.0%)



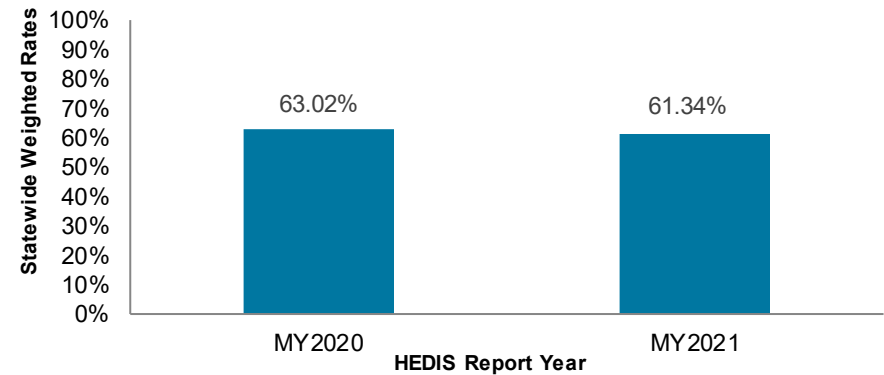
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

Fig. 54. CDC: Retinal Eye Exam Performed



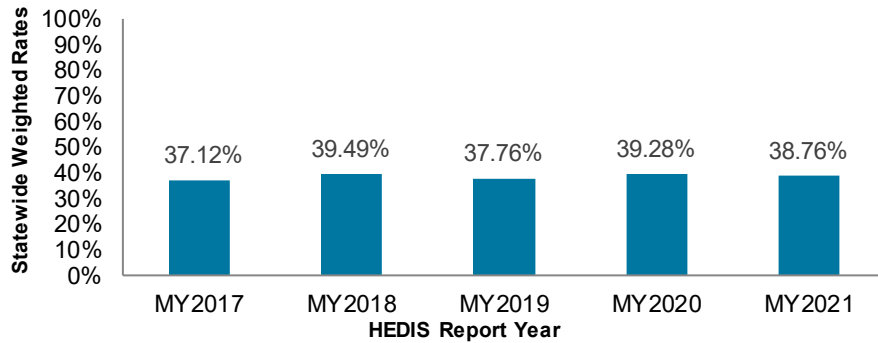
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2018, and previous years should be considered with caution.

Fig. 55. CDC: Blood Pressure Control (<140/90 mm Hg)



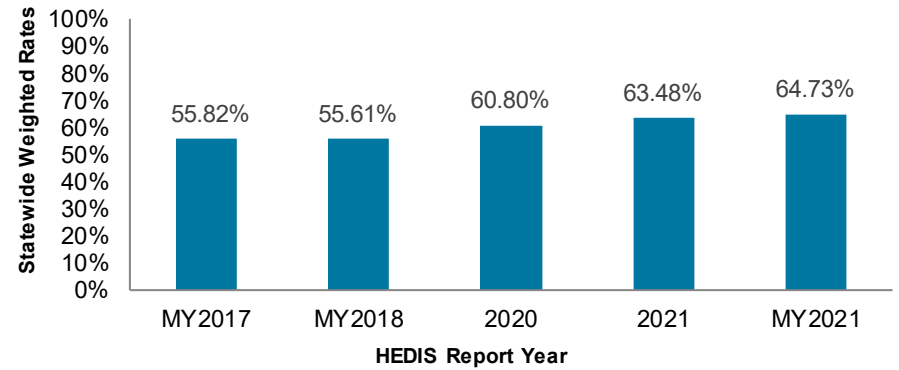
Footnote: Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

Fig. 56. CDC: HbA1c Poor Control (>9.0%)*



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

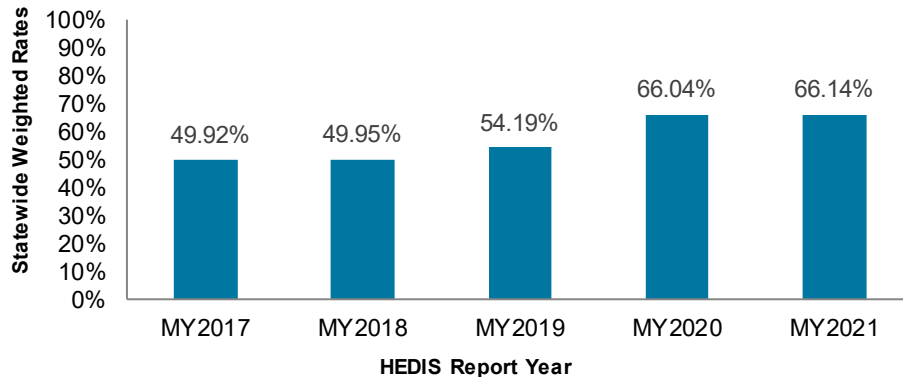
Fig. 57. Statin Therapy for Patients with Diabetes (SPD): Received Statin Therapy



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

Fig. 58. SPD: Statin Adherence 80%

SPD—Statin Adherence 80%: 40-75 years



Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020, MY2019, MY2018, and previous years should be considered with caution.

Effectiveness of Care Measures: Behavioral Health

Fig. 59. Antidepressant Medication Management (AMM): Effective Acute Phase Treatment

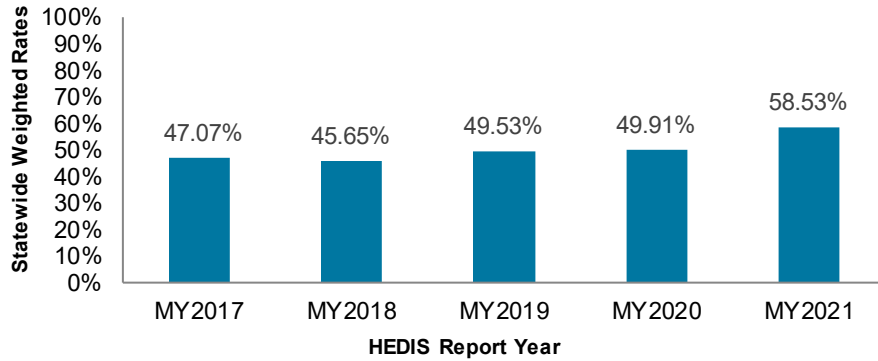


Fig. 60. AMM: Effective Continuation Phase Treatment

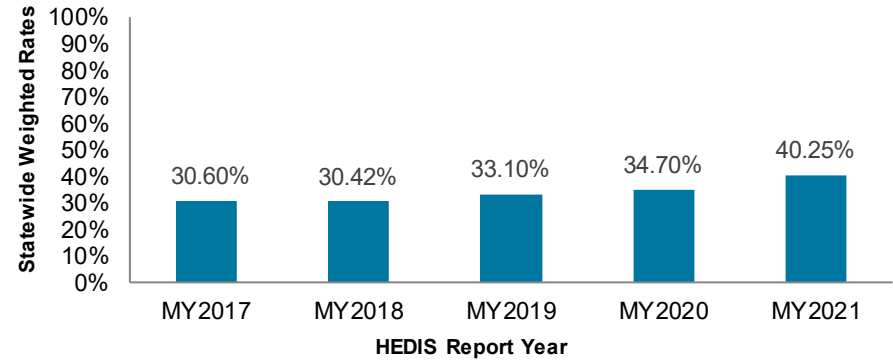


Fig. 61. Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase

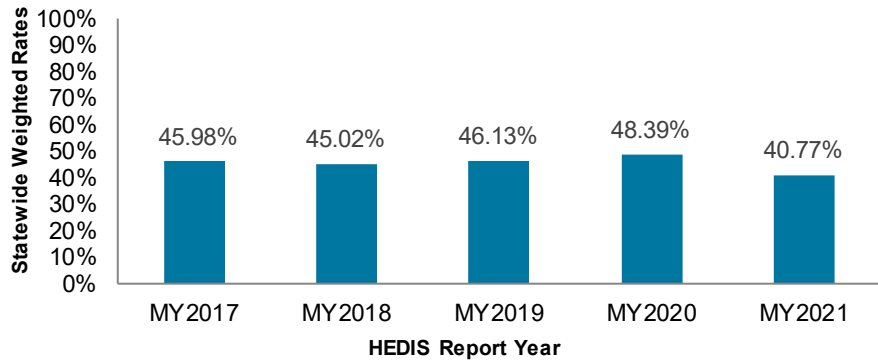
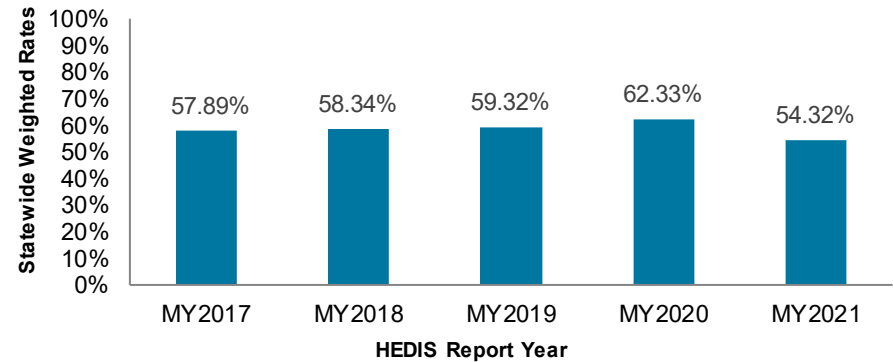


Fig. 62. ADD: Continuation and Maintenance Phase

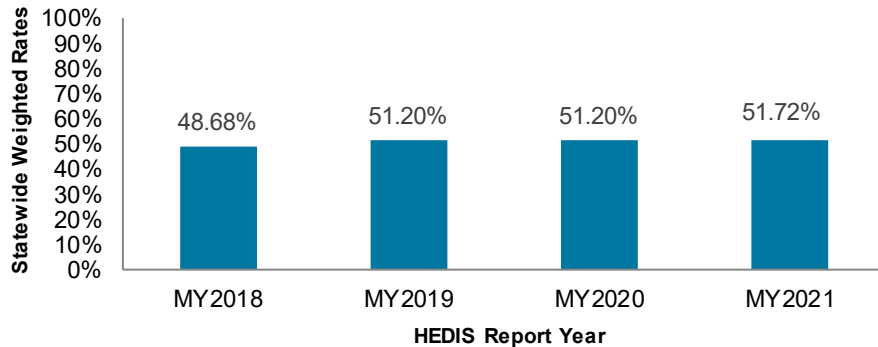


Footnote: Due to changes in measure specifications, NCQA indicated trending between MY2020 and previous years should be considered with caution.

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

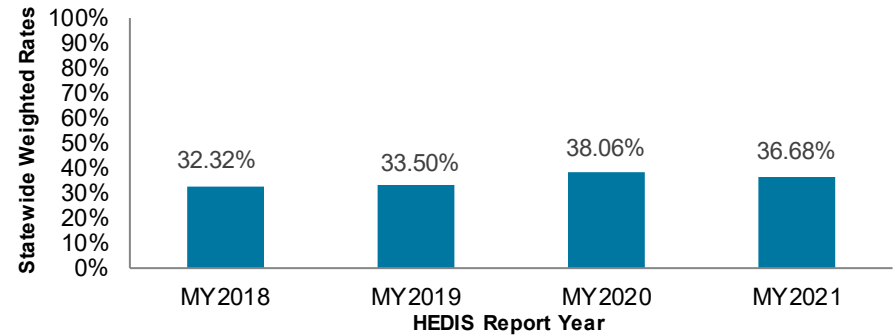
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 63. Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up: 6–17 Years



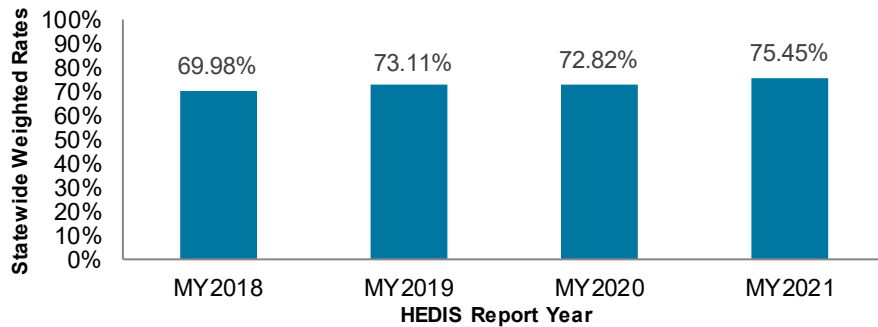
Footnote: Since age stratification was added to this measure in MY2018, trending with prior years is not possible. Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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



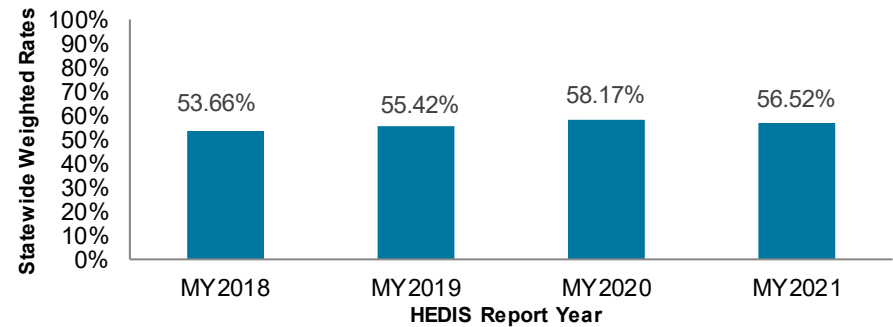
Footnote: Since age stratification was added to this measure in MY2018, trending with prior years is not possible. Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 65. FUH—30-Day Follow-Up: 6–17 Years



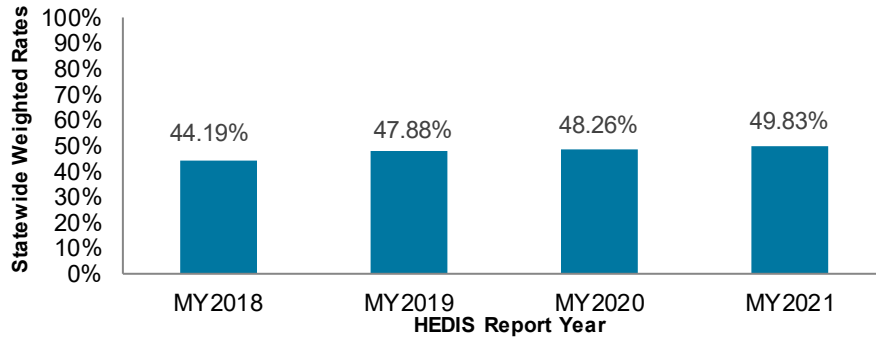
Footnote: Since age stratification was added to this measure in MY2018, trending with prior years is not possible. Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 66. FUH—30-Day Follow-Up: 18–64 Years



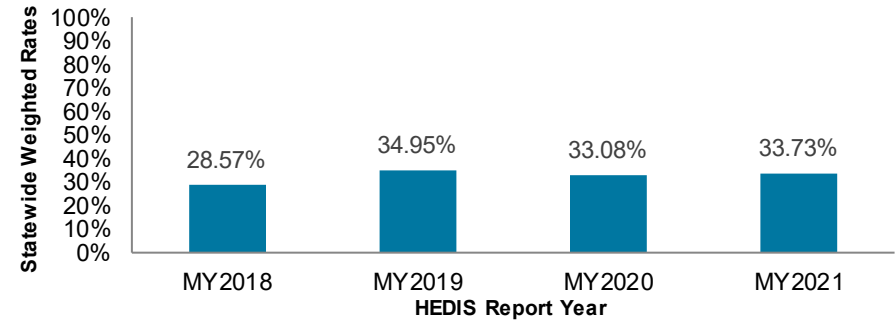
Footnote: Since age stratification was added to this measure in MY2018, trending with prior years is not possible. Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 67. Follow-Up After Emergency Department Visit for Mental Illness (FUM)—7-Day Follow-Up: 6–17 Years



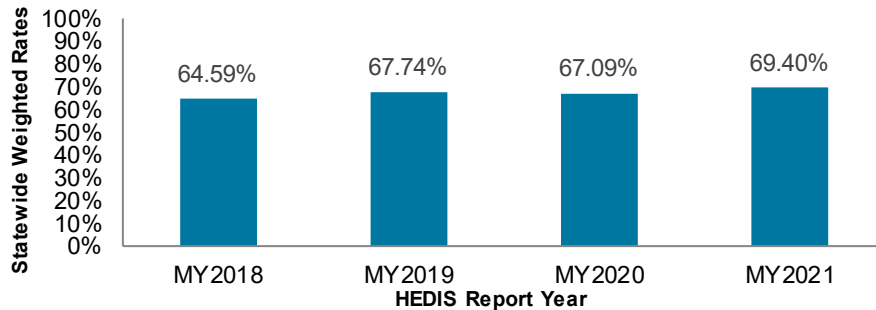
Footnote: Due to significant changes in measure specification in MY2018, NCQA indicated a break in trending to prior years. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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



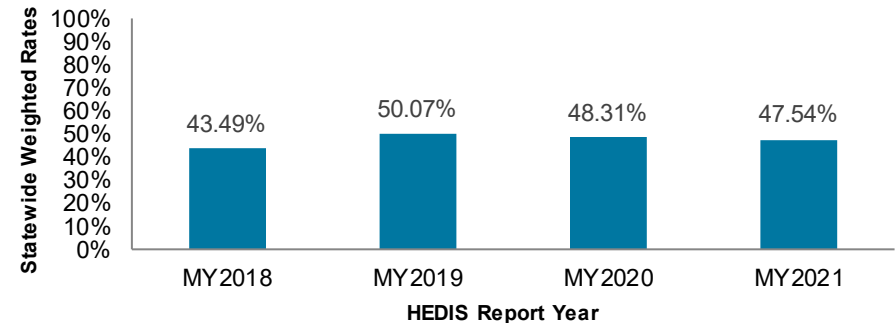
Footnote: Due to significant changes in measure specification in MY2018, NCQA indicated a break in trending to prior years. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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



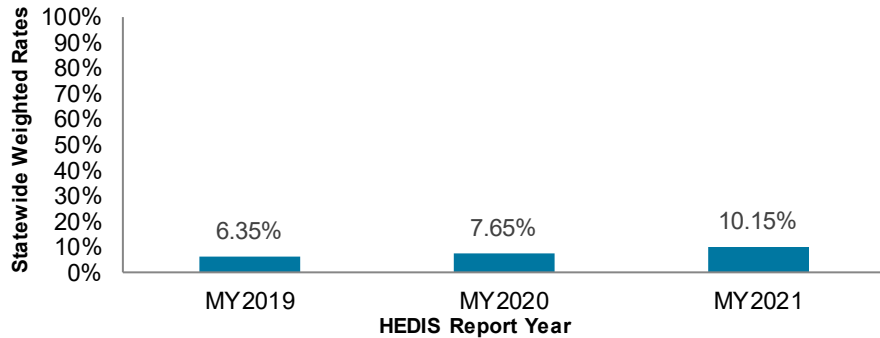
Footnote: Due to significant changes in measure specification in MY2018, NCQA indicated a break in trending to prior years. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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



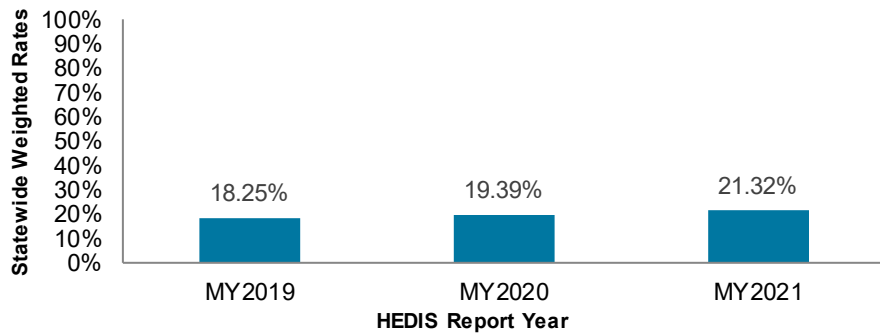
Footnote: Due to significant changes in measure specification in MY2018, NCQA indicated a break in trending to prior years. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 71. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)—7-Day Follow-Up: 13–17 Years



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

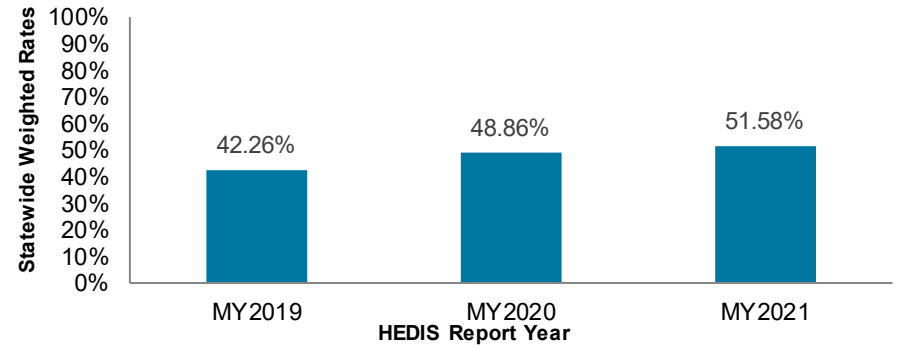
Fig. 73. FUI—30-Day Follow-Up: 13–17 Years



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

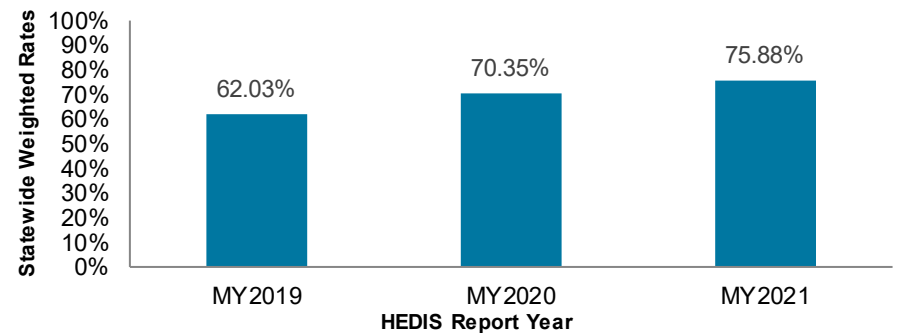
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

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



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

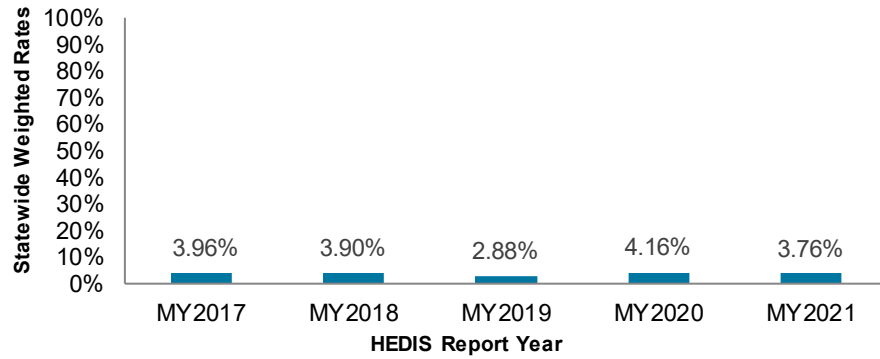
Fig. 74. FUI—30-Day Follow-Up: 18–64 Years



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

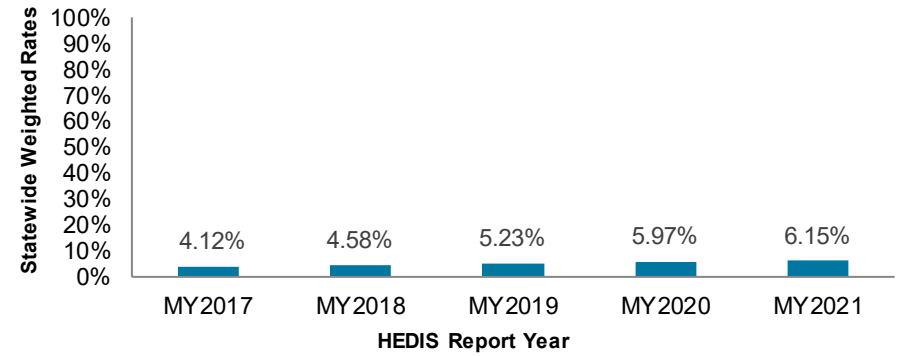
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 75. Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (FUA)—7-Day Follow-Up: 13–17 Years



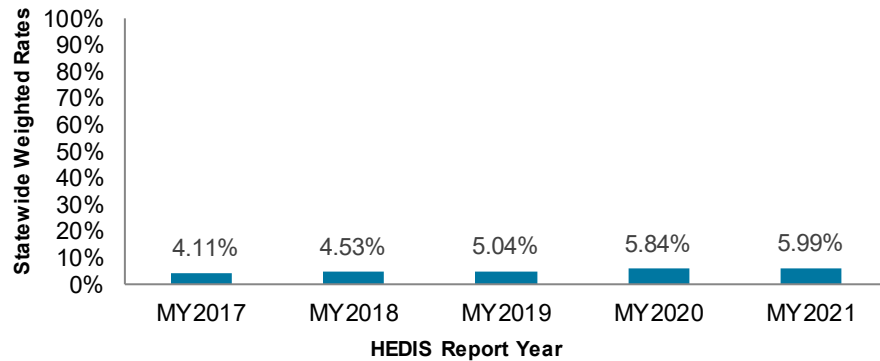
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 76. FUA—7-Day Follow-Up: ≥18 Years



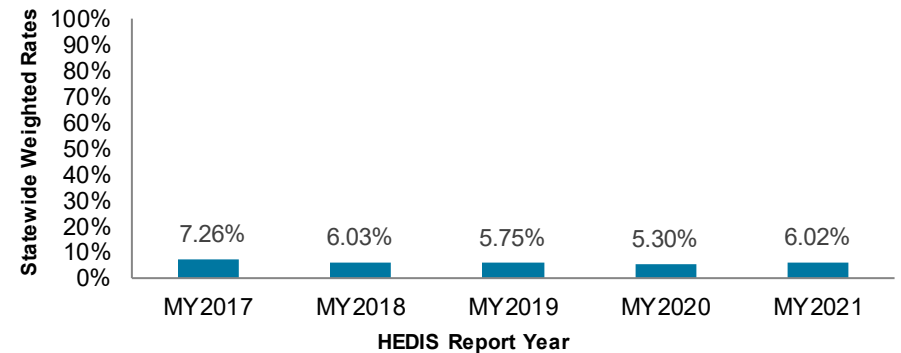
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 77. FUA—7-Day Follow-Up: Total



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

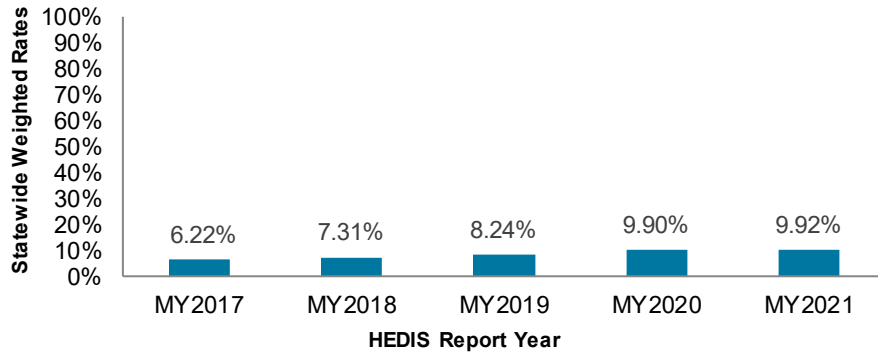
Fig. 78. FUA—30-Day Follow-Up: 13–17 Years



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

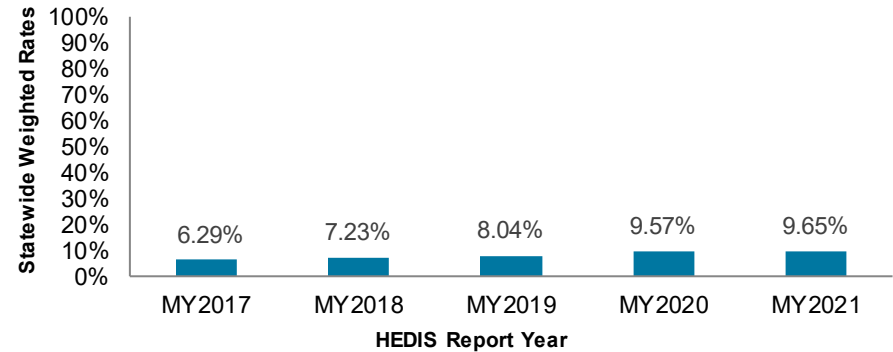
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 79. FUA—30-Day Follow-Up: ≥18 Years



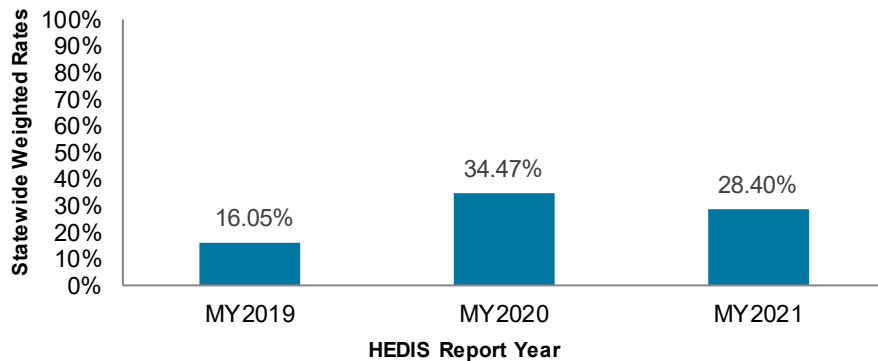
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 80. FUA—30-Day Follow-Up: Total



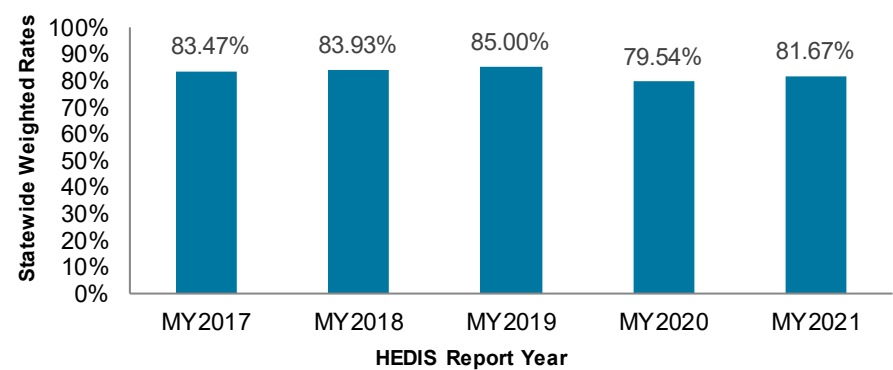
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 81. Pharmacotherapy for Opioid Use Disorder (POD)



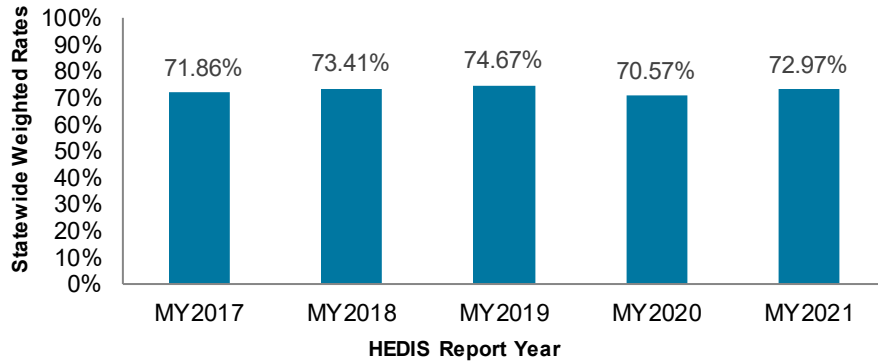
Footnote: First-year measure in MY2019. Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 82. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)



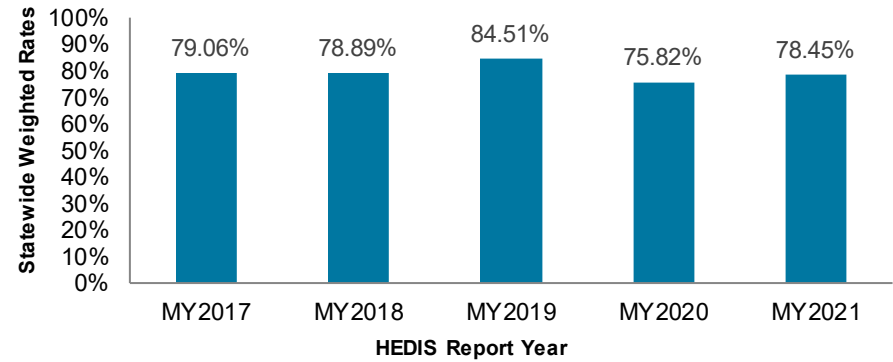
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

Fig. 83. Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)



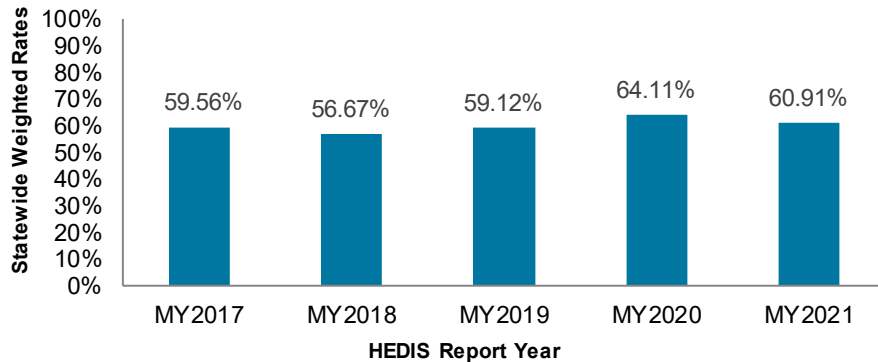
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

Fig. 84. Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)



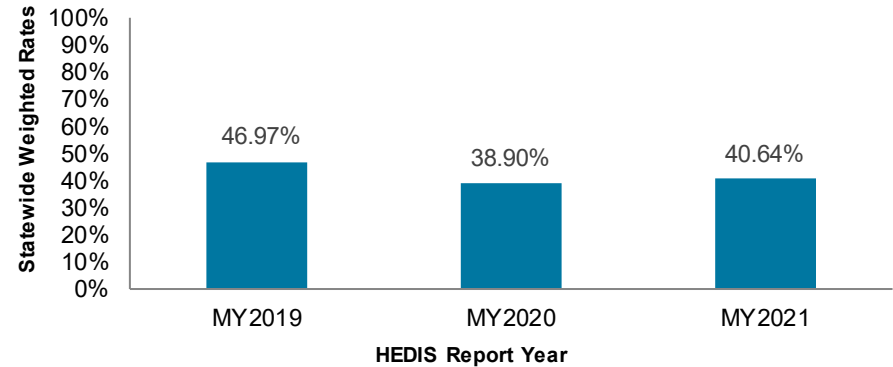
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

Fig. 85. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)



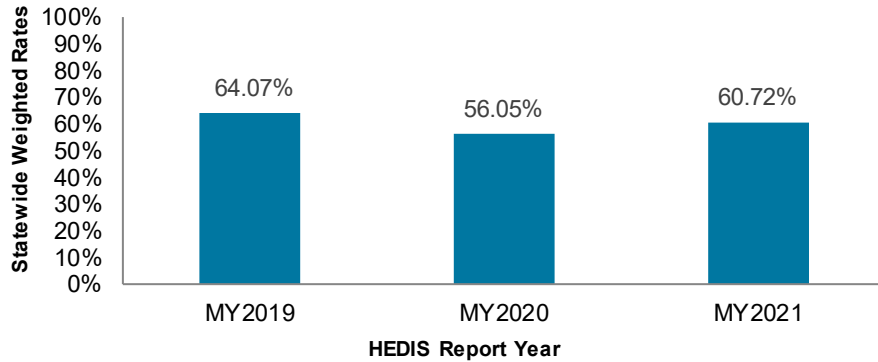
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2018 and previous years should be considered with caution.

Fig. 86. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Blood Glucose Testing: 1–11 Years



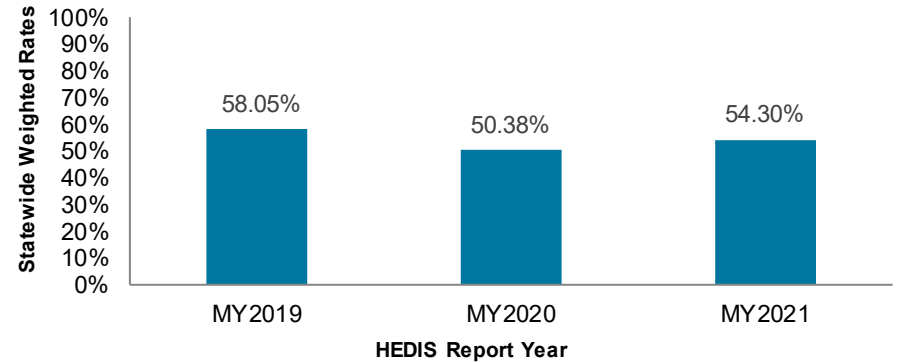
Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

Fig. 87. APM—Blood Glucose Testing: 12–17 Years



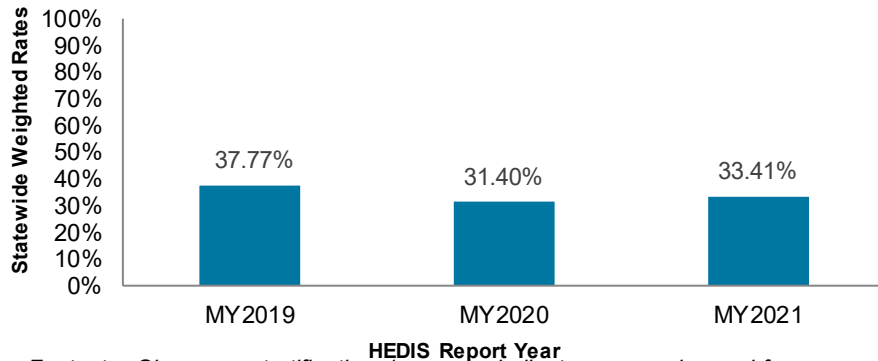
Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

Fig. 88. APM—Blood Glucose Testing: Total



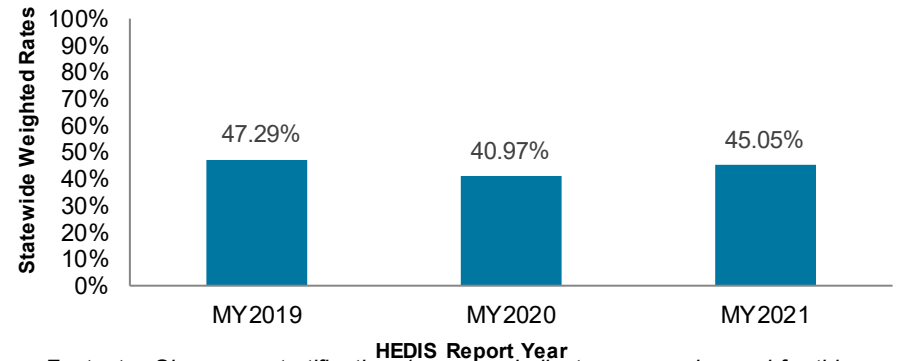
Footnote: Since age stratifications/measure indicators were changed for this measure in MY2019, trending with prior years is not possible.

Fig. 89. APM—Cholesterol Testing: 1-11 Years



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

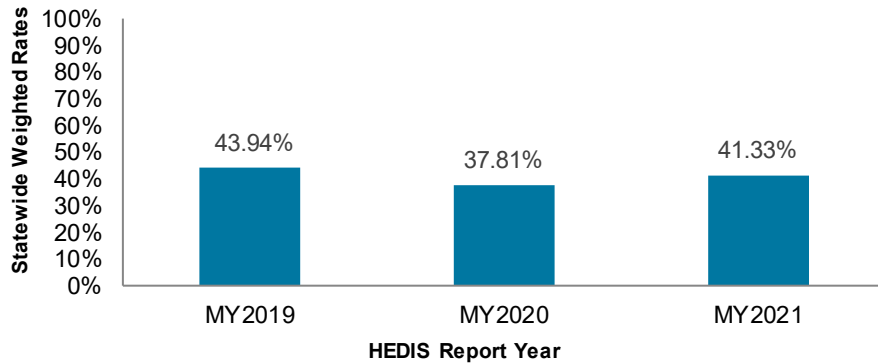
Fig. 90. APM—Cholesterol Testing: 12-17 Years



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

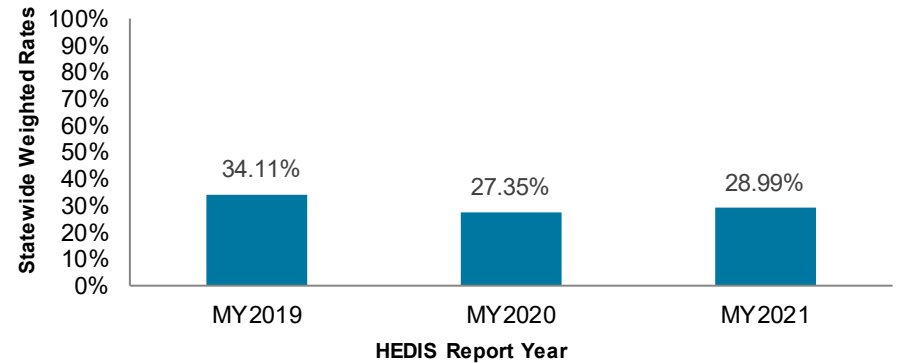
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 91. APM—Cholesterol Testing: Total



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

Fig. 92. APM—Blood Glucose and Cholesterol Testing: 1-11 Years



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

Fig. 93. APM—Blood Glucose and Cholesterol Testing: 12-17 Years

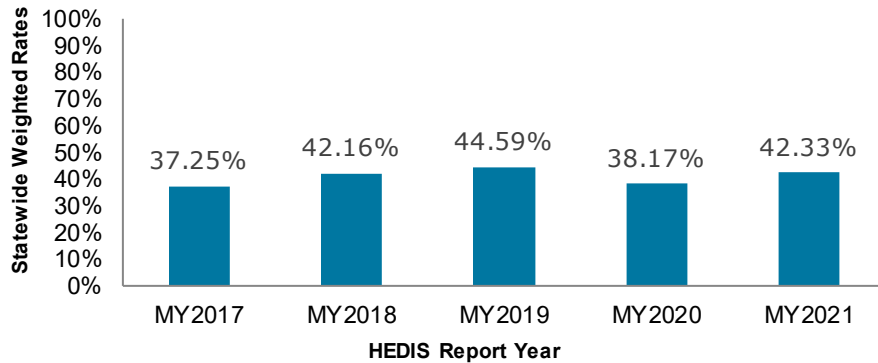
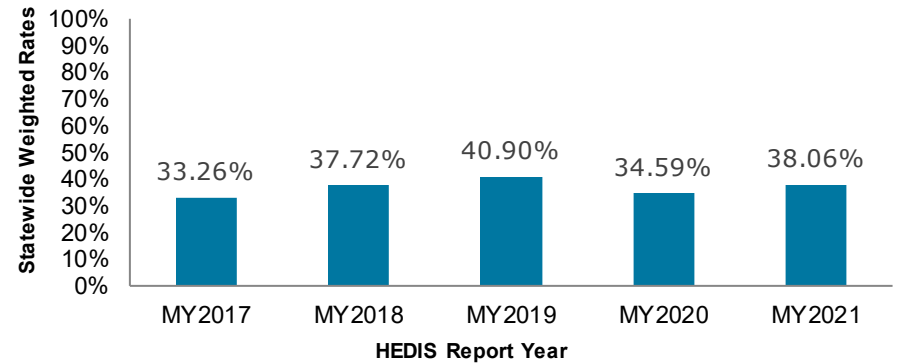
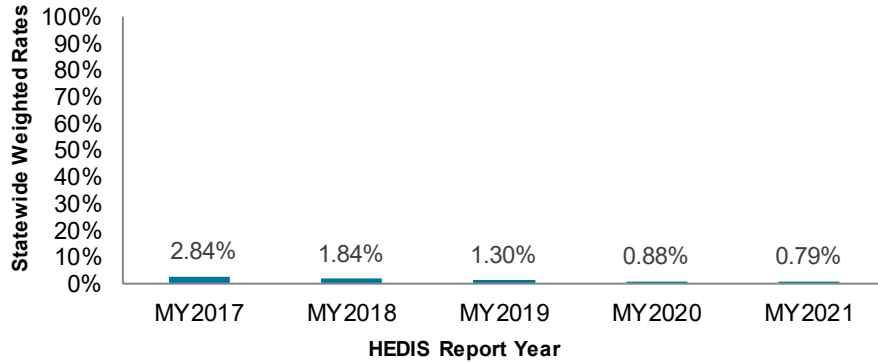


Fig. 94. APM: Blood Glucose and Cholesterol Testing: Total



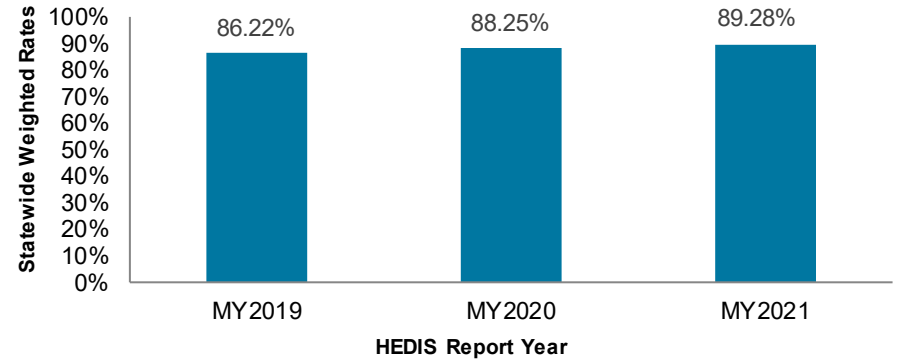
Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 95. Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)*



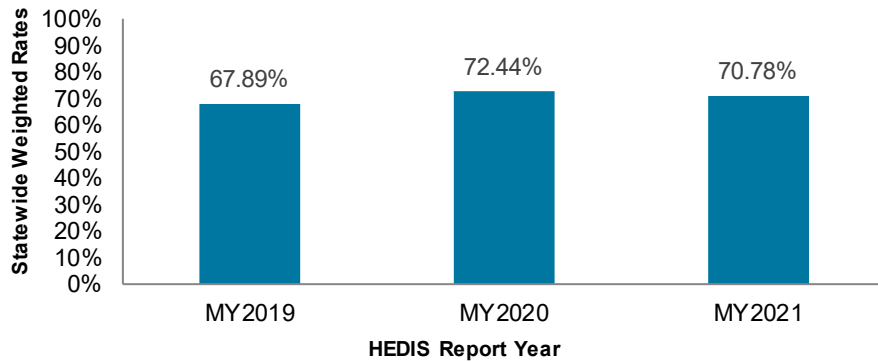
*Lower rates for this measure indicate better performance.

Fig. 96. Appropriate Treatment for Upper Respiratory Infection (URI): 3 Months–17 Years



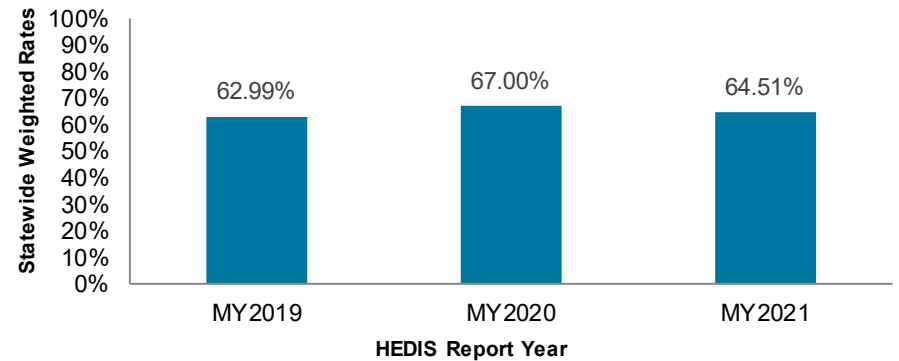
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years.

Fig. 97. URI: 18–64 Years



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

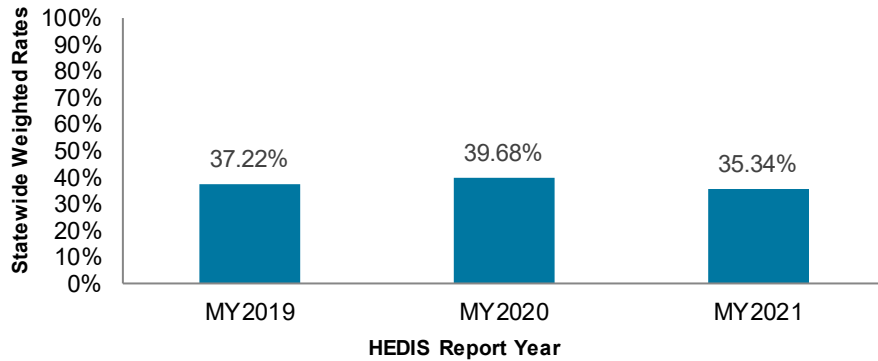
Fig. 98. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB): 3 Months–17 Years



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

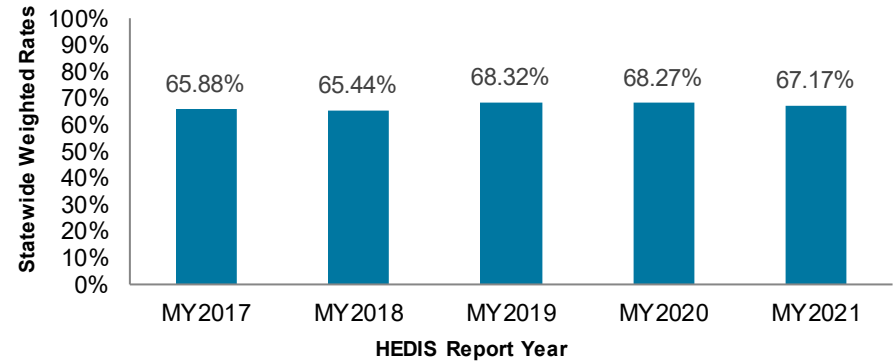
Medicaid HEDIS Trending—Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 99. AAB: 18–64 Years



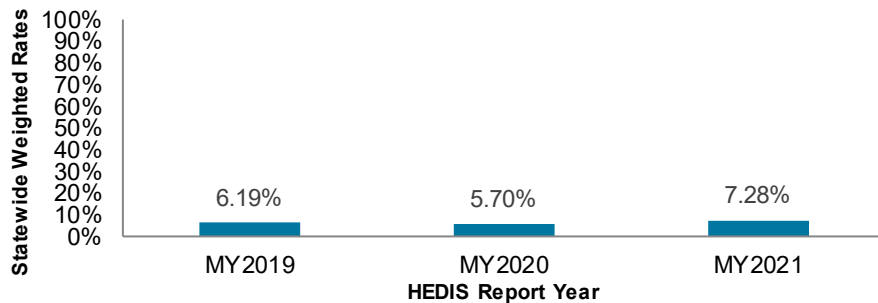
Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years.

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



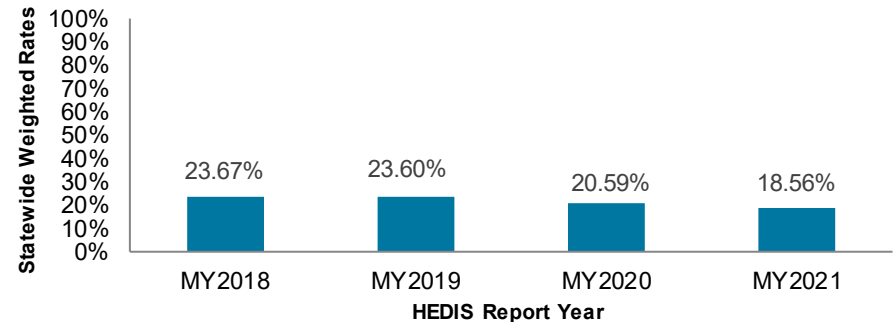
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 101. Use of Opioids at High Dosage (HDO)*



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

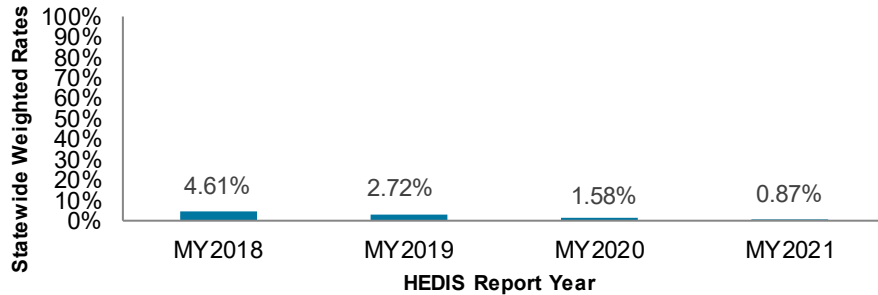
Fig. 102. Use of Opioids from Multiple Providers (UOP): Multiple Prescribers*



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

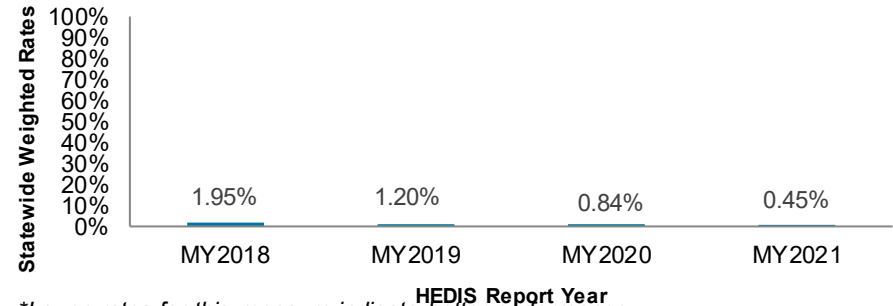
Medicaid HEDIS Trending—Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 103. UOP: Multiple Pharmacies*



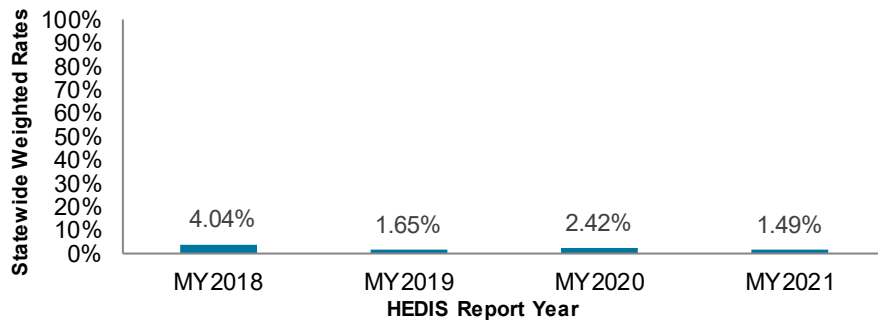
*Lower rates for this measure indicate better performance.
 Footnote: NCQA indicated a break in trending in MY2018 due to measure results being displayed as percentage. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with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

Fig. 104. UOP: Multiple Prescribers and Pharmacies*



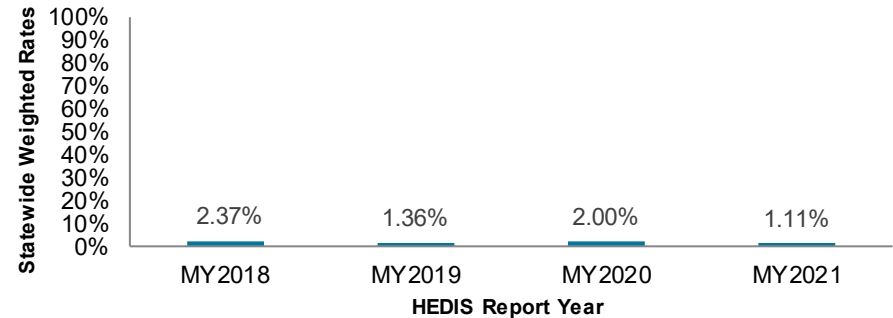
*Lower rates for this measure indicate better performance.
 Footnote: NCQA indicated a break in trending in MY2018 due to measure results being displayed as percentage. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with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

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



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

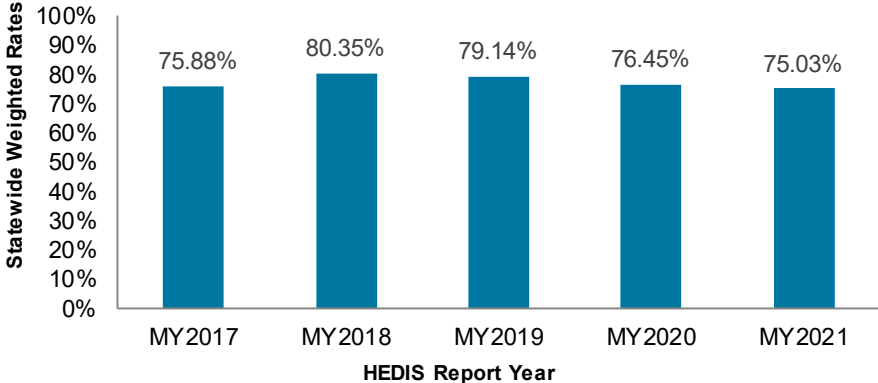
Fig. 106. COU: ≥ 31 days/62-day period*



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

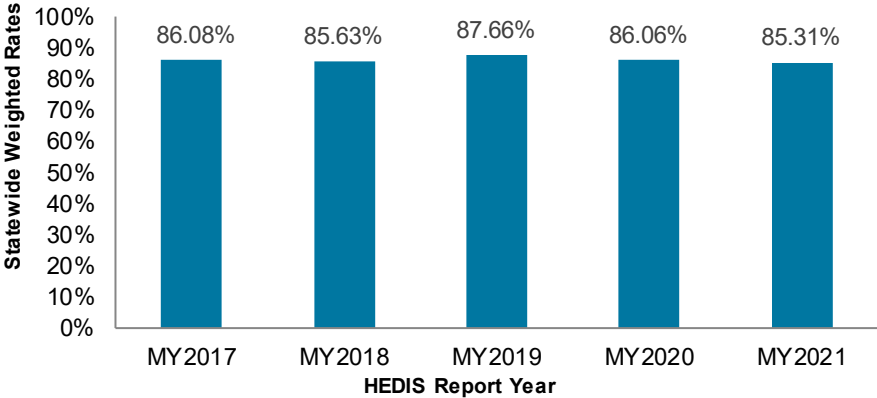
Access/Availability of Care Measures

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



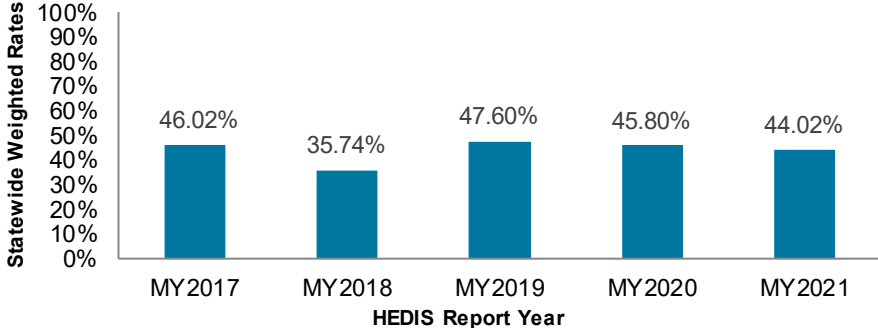
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2019, MY2018, and previous years should be considered with caution.

Fig. 108. AAP: 45–64 Years



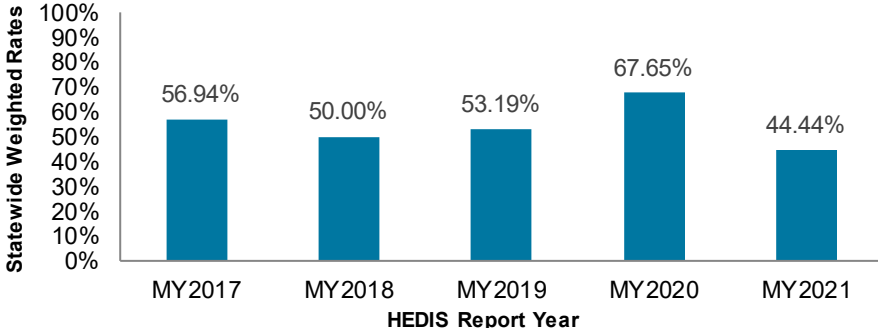
Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2019, MY2018, and previous years should be considered with caution.

Fig. 109. Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation: 13–17 Years: Alcohol



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

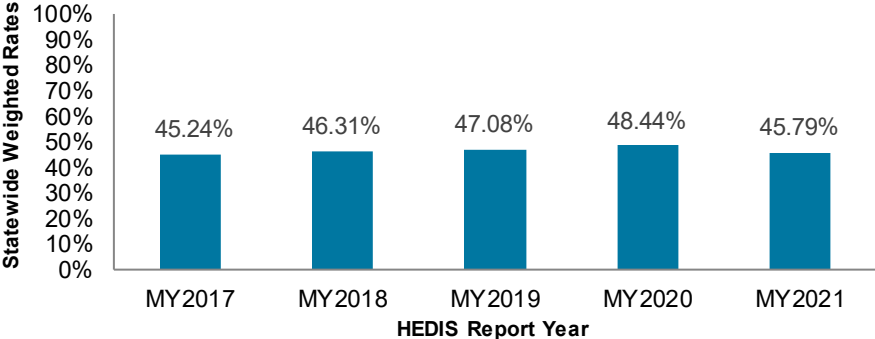
Fig. 110. IET—Initiation: 13–17 Years: Opioid



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

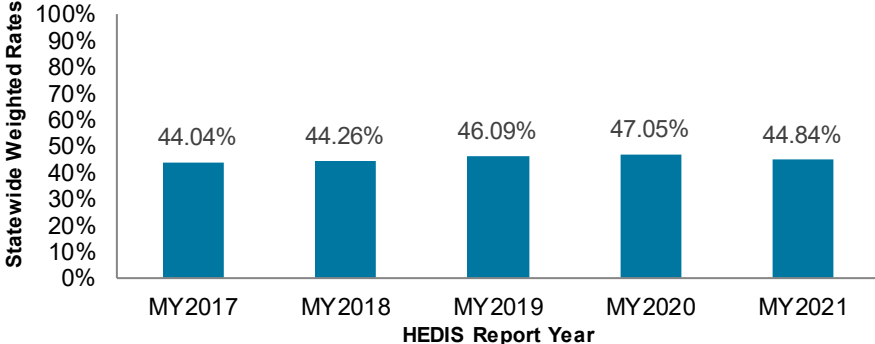
Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 111. IET—Initiation: 13–17 Years: Other Drug



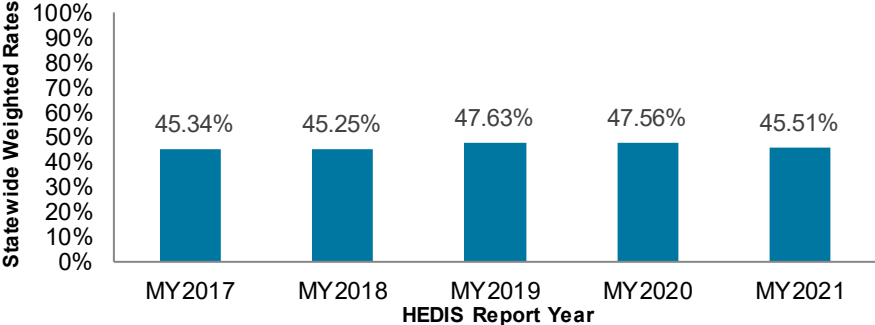
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 112. IET—Initiation: 13–17 Years: Total



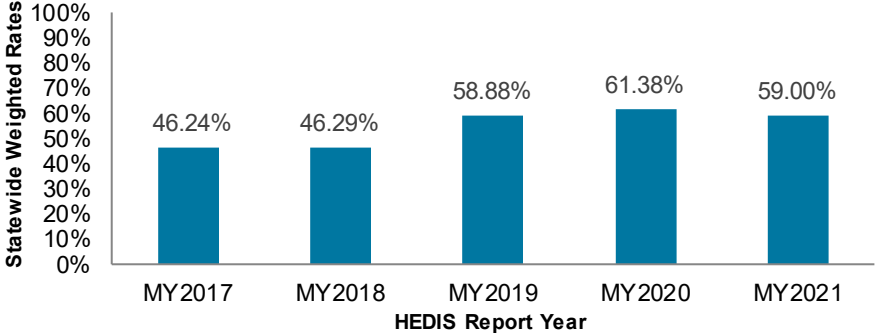
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 113. IET—Initiation: ≥18 Years: Alcohol



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

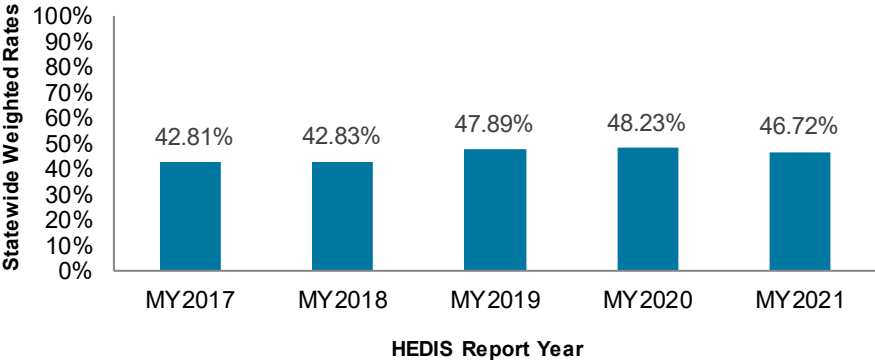
Fig. 114. IET—Initiation: ≥18 Years: Opioid



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

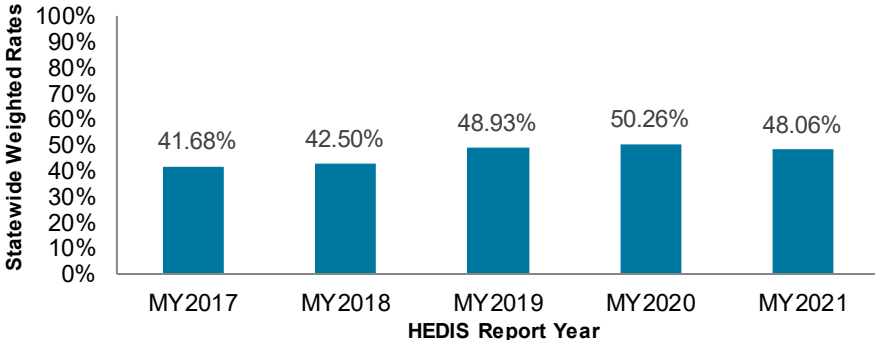
Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 115. IET—Initiation: ≥18 Years: Other Drug



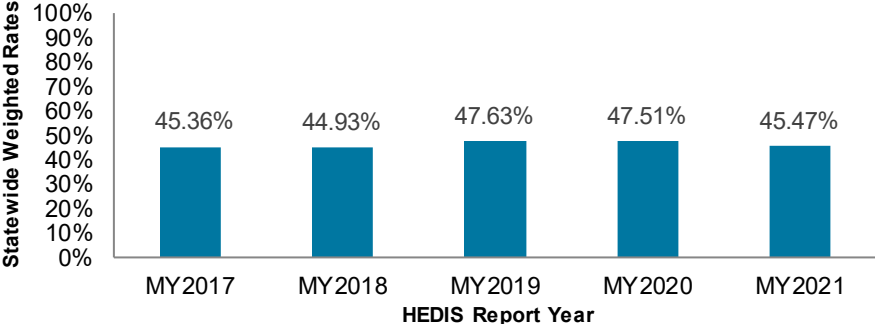
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 116. IET—Initiation: ≥18 Years Total



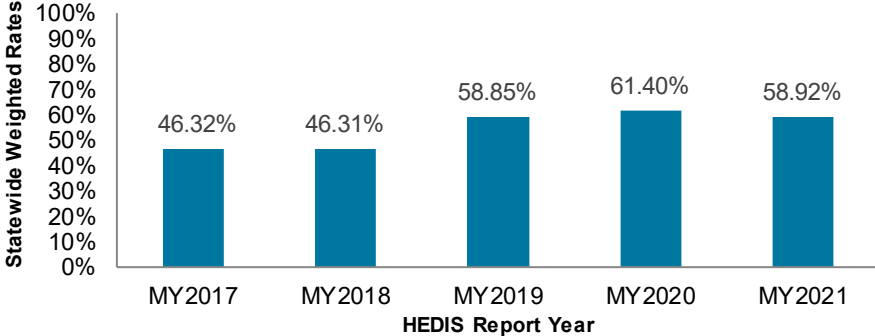
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 117. IET—Initiation: Total: Alcohol



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

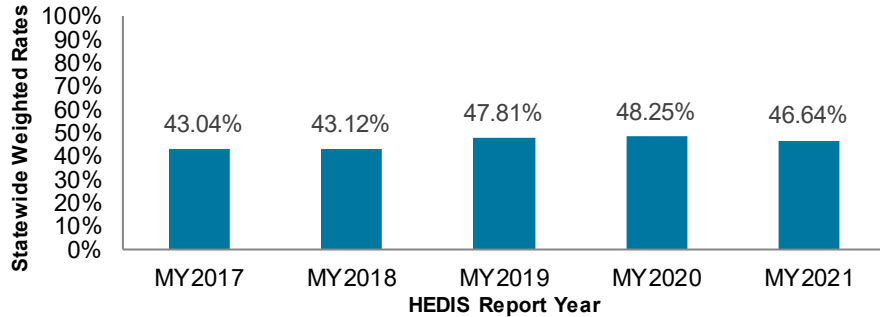
Fig. 118. IET—Initiation: Total: Opioid



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

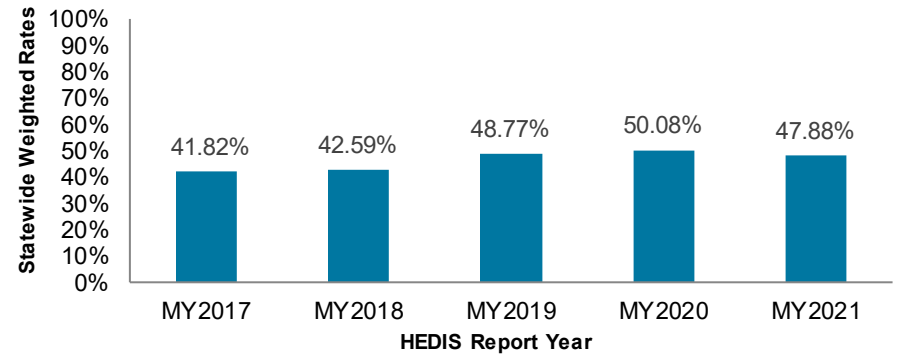
Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 119. IET—Initiation: Total: Other Drug



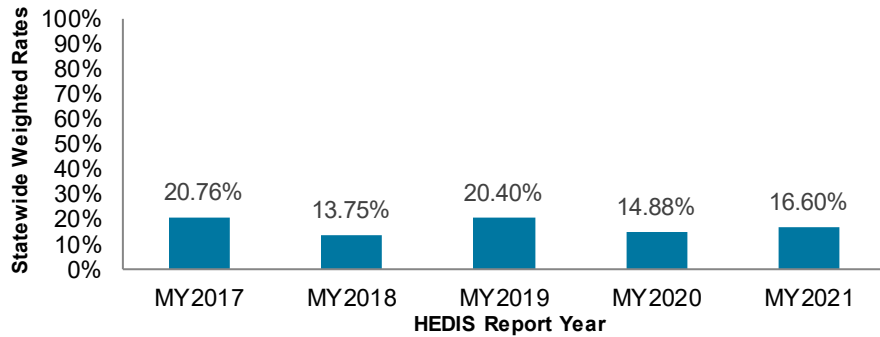
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 120. IET—Initiation: Total



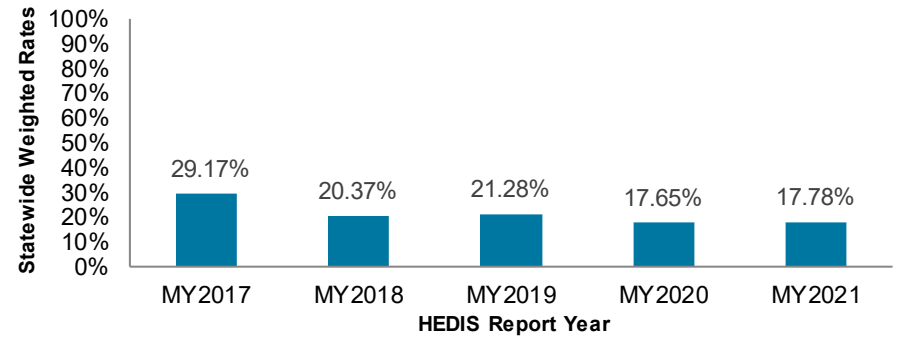
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 121. IET—Engagement: 13–17 Years: Alcohol



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

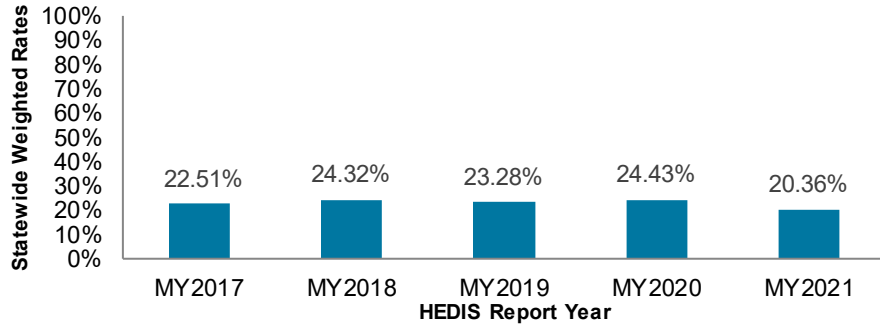
Fig. 122. IET—Engagement: 13–17 Years: Opioid



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

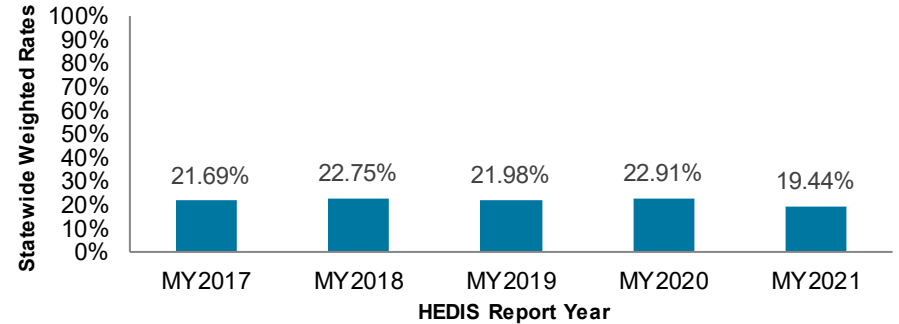
Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 123. IET—Engagement: 13–17 Years: Other Drug



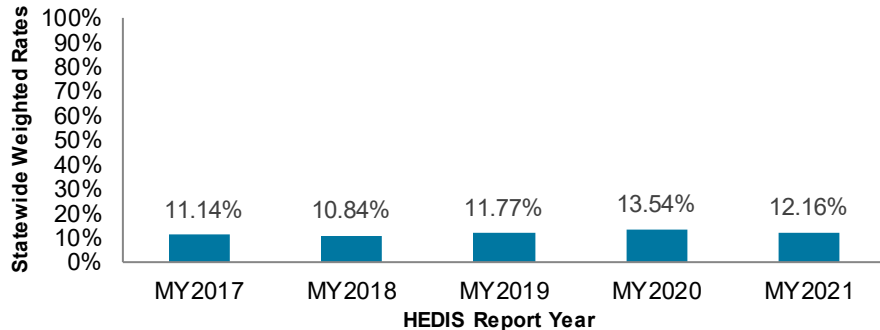
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 124. IET—Engagement: 13–17 Years: Total



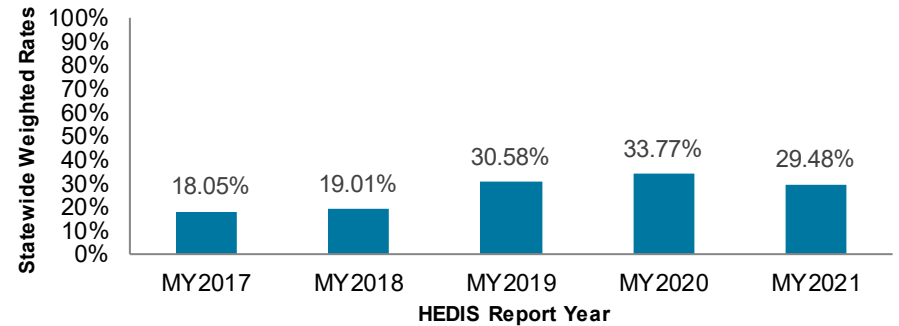
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 125. IET—Engagement: ≥18 Years: Alcohol



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

Fig. 126. IET—Engagement: ≥18 Years: Opioid



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

Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 127. IET—Engagement: ≥18 Years: Other Drug

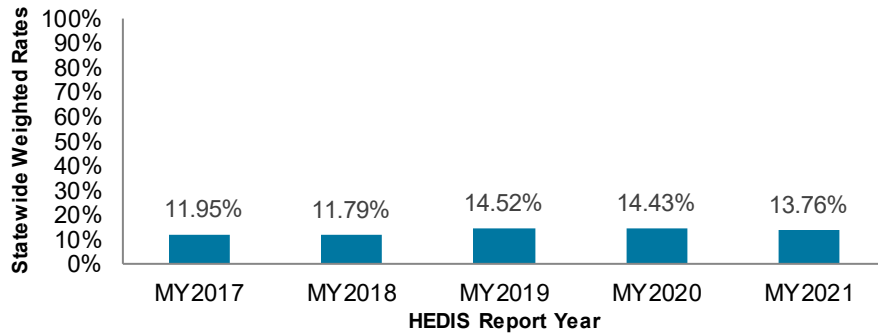
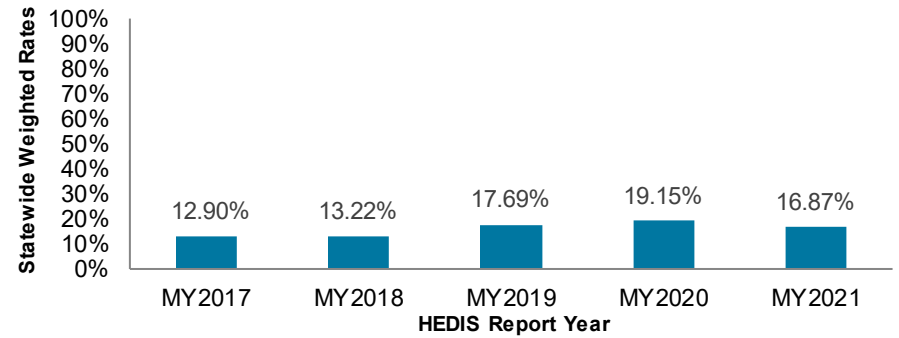


Fig. 128. IET—Engagement: ≥18 Years: Total



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

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

Fig. 129. IET—Engagement: Total: Alcohol

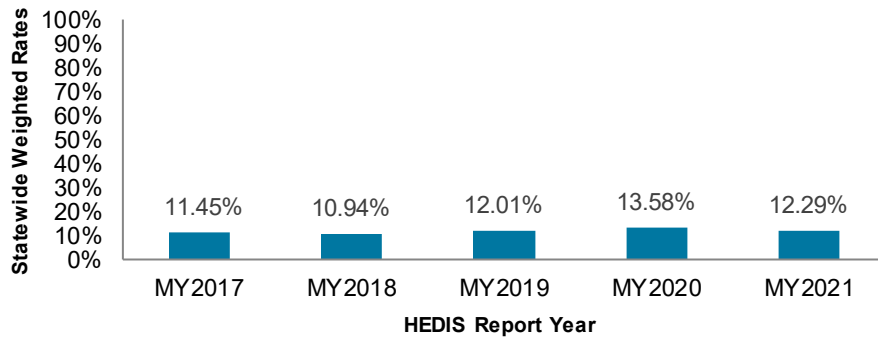
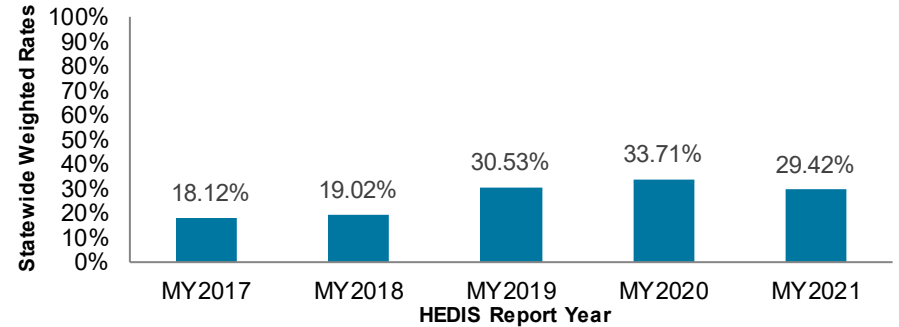


Fig. 130. IET—Engagement: Total: Opioid

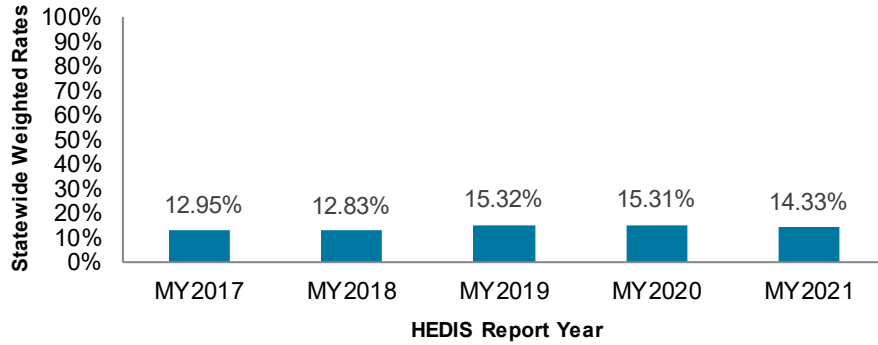


Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

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

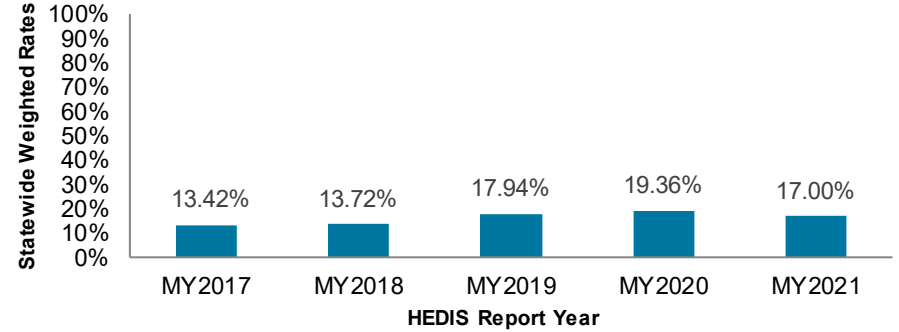
Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 131. IET—Engagement: Total: Other Drug



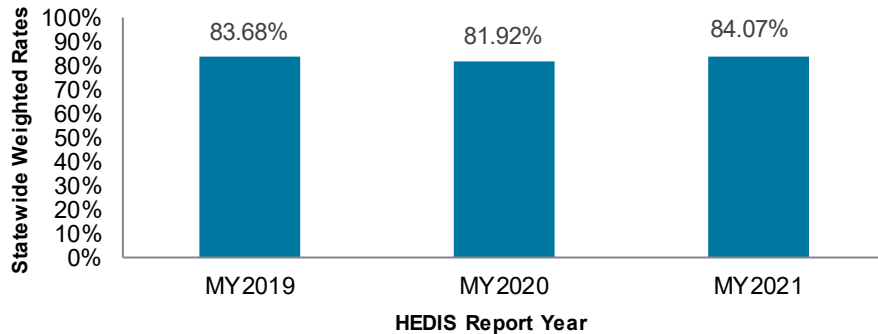
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 132. IET—Engagement: Total



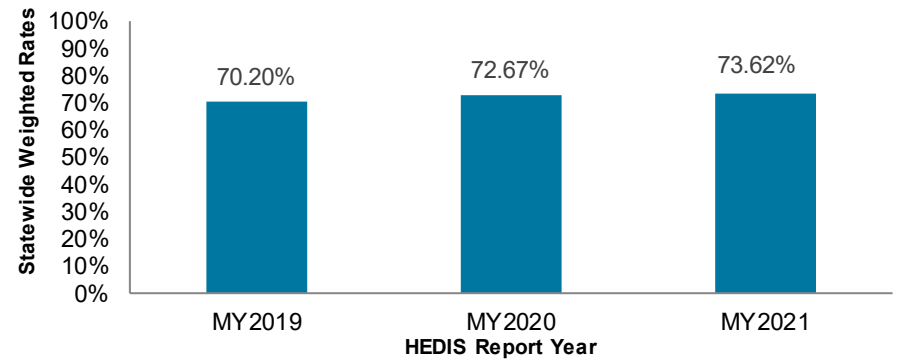
Footnote: Due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 133. Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care



Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

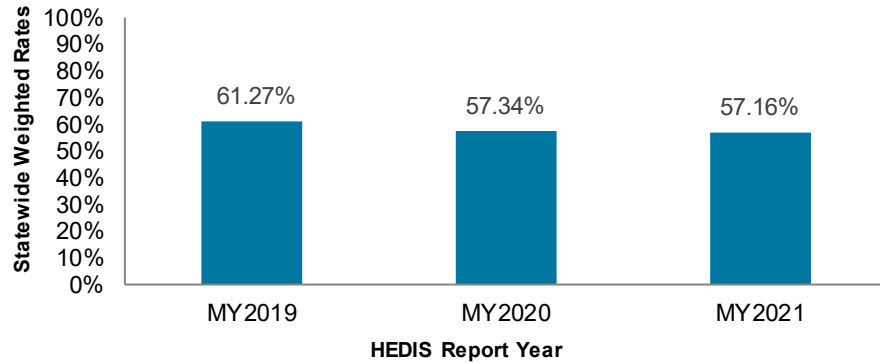
Fig. 134. PPC: Postpartum Care



Footnote: Due to significant changes in measure specification in MY2019, NCQA indicated a break in trending to prior years. Also due to changes in measure specifications, NCQA indicated that trending between MY2020 and previous years should be considered with caution.

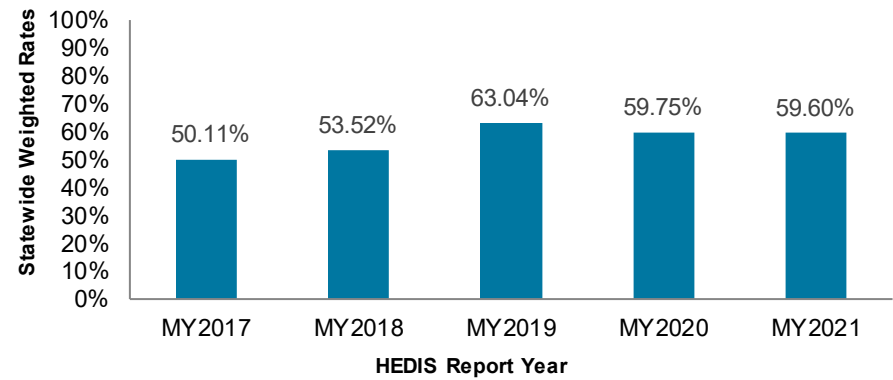
Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 135. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 1–11 Years



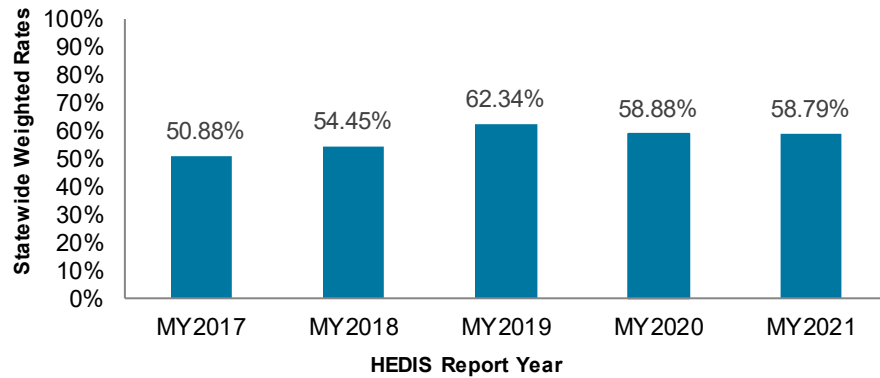
Footnote: Due to changes in the age stratification, trending between MY2019 and previous years is not possible.

Fig. 136. APP: 12–17 Years



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

Fig. 137. APP: Total

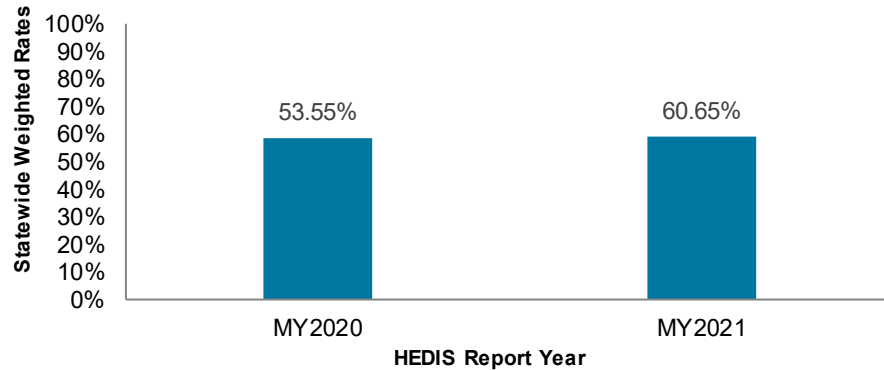


Footnote: Due to changes in measure specification, NCQA indicated that trending between MY2019 and previous years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

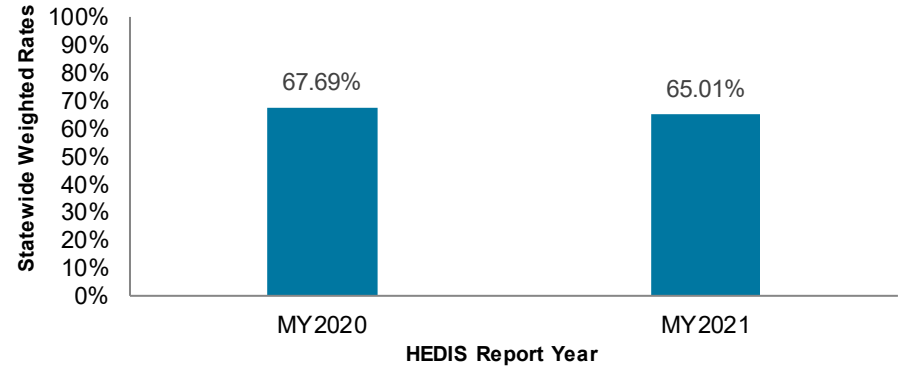
Utilization and Risk-Adjusted Utilization

Fig. 138. Well-Child Visits in the First 30 Months of Life (W30): First 15 Months



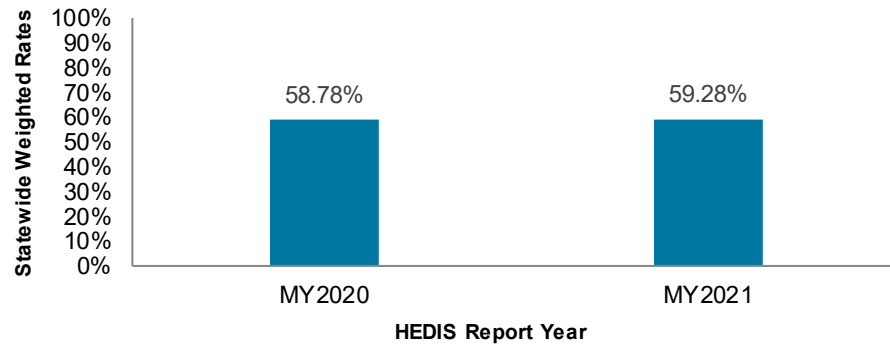
Footnote: NCQA indicated that W34 and AWC measures were combined as WCV measure. Due to significant changes in measure specification in MY2020, NCQA indicated a break in trending to prior years.

Fig. 139. Well-Child Visits in the First 30 Months of Life (W30): 15-30 Months



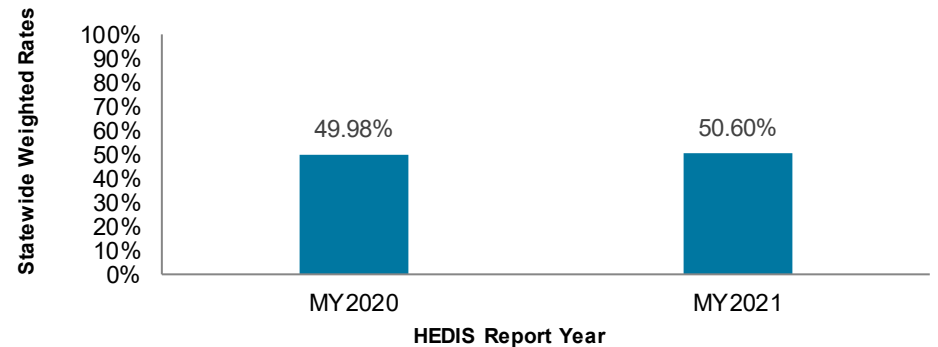
Footnote: NCQA added a new indicator for MY2020.

Fig. 140. Child and Adolescent Well-Care Visits (WCV): 3-11 Years



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

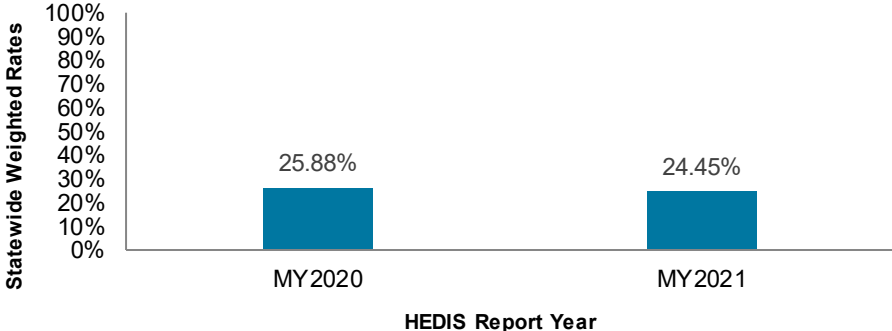
Fig. 141. Child and Adolescent Well-Care Visits (WCV): 12-17 years



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

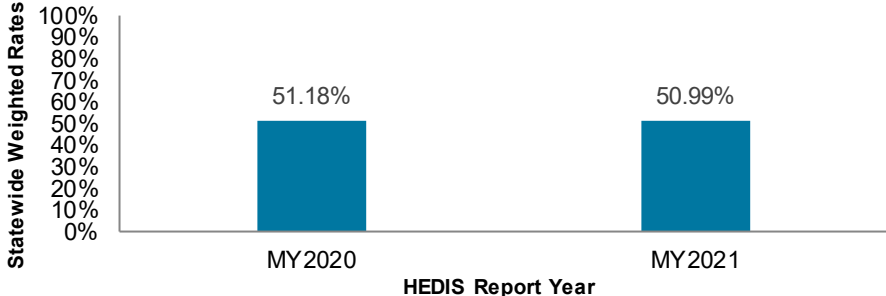
Medicaid HEDIS Trending—Effectiveness of Care Measures: Access/Availability of Care Measures

Fig. 142. Child and Adolescent Well-Care Visits (WCV): 18-21 Years



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

Fig. 143. Child and Adolescent Well-Care Visits (WCV): Total



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

APPENDIX A | Medicaid Utilization Results

Additional Utilization Measure Descriptions

Frequency of Selected Procedure (FSP)

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

Ambulatory Care (AMB)

AMB summarizes utilization of ambulatory care in the following categories:

- ◆ ED visits
- ◆ Outpatient visits including telehealth

Inpatient Utilization – General Hospital/Acute Care (IPU)

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

- ◆ Total IP
- ◆ 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 MY:

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

Mental Health Utilization (MPT)

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

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

Utilization Measures: Medicaid Plan-Specific Rates

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

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<i>Frequency of Selected Procedures (FSP)</i>											
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		0.02	0.02	0.01	0.06	0.02	0.03	0.00	0.05	0.01	0.02
45–64		0.04	0.03	0.02	0.06	0.07	0.02	0.00	0.03	0.03	0.02
0–19	F	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.00	0.00
20–44		0.23	0.17	0.13	0.26	0.20	0.22	0.00	0.30	0.15	0.17
45–64		0.18	0.15	0.12	0.26	0.18	0.20	0.00	0.21	0.27	0.11
Tonsillectomy: Procedures/1,000 Member Years											
0–9	M&F	0.52	0.47	0.34	0.66	0.54	0.37	0.85	0.54	0.48	0.31
10–19		0.30	0.20	0.18	0.30	0.22	0.25	0.20	0.33	0.23	0.19
Hysterectomy—Abdominal (A) and Vaginal (V): Procedures/1,000 Member Years											
15–44 (A)	F	0.05	0.06	0.09	0.05	0.07	0.11	0.04	0.07	0.07	0.07
45–64 (A)		0.11	0.13	0.25	0.07	0.09	0.20	0.00	0.06	0.17	0.12
15–44 (V)	F	0.12	0.09	0.08	0.14	0.12	0.10	0.00	0.12	0.08	0.03
45–64 (V)		0.12	0.10	0.04	0.12	0.15	0.14	0.00	0.13	0.10	0.09
Cholecystectomy—Open (O) and Closed (C)/Laparoscopic: Procedures/1,000 Member Years											
30–64 (O)	M	0.03	0.00	0.01	0.04	0.02	0.00	0.00	0.02	0.01	0.05
15–44 (O)	F	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.00	0.01	0.01
45–64 (O)		0.03	0.00	0.00	0.01	0.03	0.02	0.00	0.02	0.03	0.02
30–64 (C)	M	0.32	0.28	0.25	0.53	0.37	0.30	0.00	0.40	0.29	0.18

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
15–44 (C)	F	0.66	0.59	0.40	0.82	0.68	0.49	0.23	0.70	0.60	0.34
45–64 (C)		0.68	0.52	0.45	0.55	0.57	0.47	0.00	0.72	0.54	0.34
Back Surgery: Procedures/1,000 Member Years											
20–44	M	0.14	0.24	0.04	0.22	0.29	0.24	0.08	0.24	0.24	0.16
	F	0.15	0.16	0.10	0.17	0.21	0.08	0.00	0.21	0.32	0.09
45–64	M	0.46	0.76	0.25	0.67	1.01	0.36	0.00	0.65	1.33	0.39
	F	0.43	0.81	0.29	0.63	1.18	0.53	0.00	0.85	1.07	0.31
Mastectomy: Procedures/1,000 Member Years											
15–44	F	0.01	0.04	0.01	0.04	0.02	0.04	0.00	0.04	0.06	0.02
45–64		0.19	0.21	0.22	0.32	0.25	0.28	0.00	0.16	0.39	0.08
Lumpectomy: Procedures/1,000 Member Years											
15–44	F	0.07	0.07	0.07	0.08	0.08	0.09	0.04	0.08	0.09	0.08
45–64		0.15	0.24	0.13	0.47	0.31	0.36	0.00	0.17	0.34	0.25

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures											
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	
<i>Ambulatory Care: Total (AMB)</i>											
Total: Visits/1,000 Member Months											
Outpatient	320.73	340.50	272.40	422.91	339.05	335.35	304.01	414.49	385.73	322.53	
ED	51.03	47.00	46.27	53.84	49.99	51.76	39.60	52.98	50.72	50.89	

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Dual Total: Visits/1,000 Member Months										
Outpatient	NA	NA	NA	941.74	978.72	951.91	NA	NA	NA	NA
ED	NA	NA	NA	70.08	78.88	73.36	NA	NA	NA	NA
Disabled Total: Visits/1,000 Member Months										
Outpatient	NA	NA	NA	688.99	643.52	588.53	NA	NA	NA	NA
ED	NA	NA	NA	84.53	90.00	81.94	NA	NA	NA	NA
<i>Inpatient Utilization—General Hospital/Acute Care: Total (IPU)</i>										
<i>Total Inpatient</i>										
<i>Per 1,000 Member Months</i>										
Discharges	5.67	5.92	5.96	6.80	6.31	6.45	4.88	7.00	6.42	6.26
Days	27.71	29.33	30.84	29.73	26.87	29.84	31.54	36.50	30.39	34.99
<i>Length of Stay (LoS): Average # of Days</i>										
Average LoS	4.88	4.95	5.17	4.38	4.26	4.63	6.46	5.22	4.73	5.59
<i>Medicine</i>										
<i>Per 1,000 Member Months</i>										
Discharges	2.42	2.31	2.18	2.68	2.37	2.19	3.02	3.62	2.82	2.81
Days	12.07	12.03	10.89	12.41	10.51	10.64	15.59	20.69	15.47	16.86
<i>LoS: Average # of Days</i>										
Average LoS	4.99	5.21	4.99	4.64	4.44	4.85	5.17	5.71	5.48	6.01
<i>Surgery</i>										
<i>Per 1,000 Member Months</i>										
Discharges	1.14	1.11	1.34	1.30	1.10	1.21	1.39	1.42	1.16	1.40
Days	10.54	10.04	14.01	10.83	9.08	11.65	14.77	11.13	8.65	12.92

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
LoS: Average # of Days										
Average LoS	9.24	9.06	10.46	8.34	8.24	9.65	10.65	7.82	7.44	9.23
Maternity										
Per 1,000 Member Months										
Discharges	3.07	3.86	3.66	4.37	4.45	4.76	0.74	2.86	3.80	3.16
Days	7.41	11.19	8.91	10.05	11.37	11.77	1.84	6.86	9.77	8.01
LoS: Average # of Days										
Average LoS	2.41	2.90	2.43	2.30	2.56	2.48	2.48	2.40	2.57	2.54

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures

	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Identification of Alcohol and Other Drug Services: Total (IAD)											
Any Services											
Total	M	6.13%	4.28%	4.40%	4.46%	3.87%	3.18%	2.93%	6.18%	4.27%	4.24%
	F	7.55%	5.87%	4.52%	7.72%	5.92%	4.46%	3.31%	7.79%	5.96%	4.21%
	M&F	6.93%	5.20%	4.47%	6.39%	5.06%	3.95%	3.09%	7.10%	5.26%	4.22%
Inpatient											
Total	M	1.74%	1.36%	1.40%	1.11%	1.21%	0.99%	0.54%	1.65%	1.46%	1.49%
	F	1.98%	1.68%	1.23%	2.17%	1.73%	1.18%	0.67%	1.92%	1.78%	1.14%
	M&F	1.88%	1.55%	1.30%	1.74%	1.51%	1.11%	0.60%	1.81%	1.65%	1.29%
Intensive											
Total	M	0.47%	0.38%	0.45%	0.37%	0.41%	0.23%	0.36%	0.39%	0.46%	0.27%
	F	0.65%	0.52%	0.41%	0.86%	0.69%	0.37%	0.70%	0.66%	0.70%	0.34%

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures

	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
	M&F	0.57%	0.46%	0.43%	0.66%	0.57%	0.32%	0.51%	0.55%	0.60%	0.32%
Outpatient/Medication											
Total	M	4.18%	2.68%	2.60%	2.92%	2.37%	1.78%	1.68%	4.24%	2.64%	2.15%
	F	5.35%	3.85%	2.69%	5.27%	3.71%	2.59%	1.84%	5.59%	3.99%	2.43%
	M&F	4.84%	3.36%	2.65%	4.31%	3.15%	2.27%	1.75%	5.01%	3.43%	2.31%
ED											
Total	M	1.54%	1.12%	1.29%	0.93%	0.95%	0.84%	0.59%	1.43%	1.20%	1.39%
	F	1.40%	1.19%	1.18%	1.28%	1.16%	0.99%	0.71%	1.45%	1.25%	1.10%
	M&F	1.46%	1.16%	1.22%	1.14%	1.07%	0.93%	0.64%	1.44%	1.23%	1.22%
Telehealth											
Total	M	1.58%	1.29%	1.03%	1.30%	1.19%	0.71%	0.91%	1.52%	1.24%	0.72%
	F	2.45%	2.47%	1.17%	2.84%	2.43%	1.11%	1.13%	2.42%	2.40%	0.91%
	M&F	2.07%	1.98%	1.11%	2.21%	1.91%	0.95%	1.00%	2.04%	1.91%	0.83%
Mental Health Utilization: Total (MPT)											
Any Services											
Total	M	12.73%	10.30%	8.37%	12.37%	10.88%	8.21%	29.16%	11.82%	10.17%	7.27%
	F	14.15%	12.38%	9.14%	14.81%	12.74%	9.82%	25.66%	14.45%	12.75%	8.22%
	M&F	13.54%	11.50%	8.82%	13.81%	11.96%	9.18%	27.66%	13.33%	11.67%	7.83%
Inpatient											
Total	M	1.02%	0.89%	1.02%	0.81%	0.77%	0.82%	1.90%	1.00%	0.86%	1.15%
	F	1.14%	1.06%	0.93%	1.14%	1.08%	0.90%	2.48%	1.16%	1.13%	1.00%
	M&F	1.09%	0.99%	0.97%	1.01%	0.95%	0.86%	2.14%	1.09%	1.02%	1.06%
Intensive											
Total	M	0.08%	0.10%	0.62%	0.07%	0.05%	0.11%	0.38%	0.05%	0.11%	0.27%
	F	0.11%	0.17%	0.64%	0.13%	0.09%	0.18%	0.46%	0.12%	0.15%	0.27%
	M&F	0.10%	0.14%	0.63%	0.10%	0.07%	0.15%	0.42%	0.09%	0.13%	0.27%

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures

	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Outpatient											
Total	M	10.32%	8.36%	6.71%	9.69%	8.37%	6.23%	23.89%	9.79%	8.34%	4.98%
	F	10.85%	9.07%	6.79%	10.31%	8.28%	6.72%	19.80%	11.39%	9.73%	5.41%
	M&F	10.62%	8.77%	6.76%	10.05%	8.32%	6.53%	22.14%	10.71%	9.15%	5.23%
ED											
Total	M	0.03%	0.03%	0.01%	0.01%	0.02%	0.00%	0.04%	0.14%	0.11%	0.05%
	F	0.03%	0.02%	0.00%	0.01%	0.03%	0.00%	0.06%	0.18%	0.17%	0.05%
	M&F	0.03%	0.03%	0.01%	0.01%	0.02%	0.00%	0.05%	0.17%	0.15%	0.05%
Telehealth											
Total	M	5.34%	4.77%	2.89%	5.52%	5.08%	3.05%	13.09%	3.83%	4.08%	2.78%
	F	7.10%	7.14%	4.14%	8.19%	7.66%	4.74%	13.49%	5.77%	6.28%	3.69%
	M&F	6.33%	6.14%	3.62%	7.10%	6.58%	4.07%	13.26%	4.95%	5.36%	3.31%
Antibiotic Utilization: Total (ABX)											
Antibiotic Utilization											
Average Scripts PMPY for Antibiotics											
Total	M	0.68	0.57	0.44	0.89	0.64	0.62	0.69	0.81	0.64	0.52
	F	1.01	0.88	0.81	1.29	0.98	1.07	0.87	1.26	0.98	0.88
	M&F	0.86	0.75	0.65	1.13	0.84	0.89	0.77	1.07	0.84	0.73
Average Days Supplied per Antibiotic Script											
Total	M	9.70	9.98	9.92	9.84	10.01	9.90	11.60	9.88	10.04	9.94
	F	9.08	8.95	8.46	9.08	8.97	8.69	11.19	9.20	9.10	8.69
	M&F	9.29	9.28	8.87	9.33	9.30	9.02	11.40	9.42	9.39	9.06
Average Scripts PMPY for Antibiotics of Concern											
Total	M	0.32	0.24	0.19	0.43	0.27	0.27	0.28	0.40	0.27	0.22
	F	0.46	0.36	0.31	0.60	0.41	0.44	0.33	0.60	0.41	0.36
	M&F	0.40	0.31	0.26	0.54	0.35	0.37	0.30	0.51	0.35	0.30

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures

	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Percentage of Antibiotics of Concern of All Antibiotic Scripts											
Total	M	47.83	43.02	42.45	48.79	42.35	43.83	40.84	49.09	42.26	42.19
	F	45.75	41.39	38.81	46.82	41.52	40.67	37.62	47.41	41.59	40.55
	M&F	46.46	41.91	39.83	47.45	41.78	41.53	39.28	47.95	41.80	41.03
Antibiotics of Concern Utilization (Average Scripts PMPY)											
Quinolones											
Total	M	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.03	0.02	0.02
	F	0.04	0.04	0.04	0.05	0.04	0.05	0.02	0.07	0.04	0.05
	M&F	0.03	0.03	0.03	0.04	0.03	0.04	0.01	0.05	0.03	0.04
Cephalosporins 2nd–4th Generation											
Total	M	0.08	0.06	0.04	0.13	0.07	0.07	0.08	0.10	0.07	0.04
	F	0.09	0.07	0.04	0.13	0.08	0.06	0.09	0.12	0.08	0.05
	M&F	0.09	0.06	0.04	0.13	0.08	0.07	0.08	0.11	0.07	0.04
Azithromycins and Clarithromycins											
Total	M	0.10	0.07	0.06	0.14	0.08	0.09	0.09	0.12	0.08	0.07
	F	0.15	0.12	0.12	0.20	0.14	0.17	0.11	0.19	0.14	0.13
	M&F	0.13	0.10	0.09	0.17	0.12	0.14	0.10	0.16	0.12	0.11
Amoxicillin/Clavulanates											
Total	M	0.09	0.07	0.05	0.12	0.07	0.06	0.08	0.11	0.07	0.06
	F	0.13	0.09	0.07	0.16	0.11	0.10	0.08	0.16	0.10	0.08
	M&F	0.11	0.08	0.06	0.14	0.09	0.08	0.08	0.13	0.09	0.07
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

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures

	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Clindamycins											
Total	M	0.03	0.02	0.02	0.03	0.02	0.03	0.02	0.04	0.02	0.03
	F	0.05	0.04	0.04	0.06	0.04	0.06	0.03	0.06	0.04	0.05
	M&F	0.04	0.03	0.03	0.05	0.04	0.04	0.02	0.05	0.04	0.04
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	0.04	0.03	0.03	0.05	0.03	0.03	0.05	0.05	0.04	0.03
	F	0.08	0.06	0.05	0.10	0.07	0.06	0.08	0.09	0.07	0.05
	M&F	0.06	0.05	0.04	0.08	0.05	0.05	0.06	0.08	0.06	0.05
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	0.01	0.00	0.00	0.00
1st Generation Cephalosporins											
Total	M	0.04	0.05	0.03	0.05	0.05	0.04	0.05	0.05	0.05	0.04
	F	0.07	0.08	0.06	0.08	0.09	0.08	0.05	0.09	0.09	0.07
	M&F	0.06	0.07	0.05	0.07	0.07	0.06	0.05	0.07	0.07	0.05
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

Table A.1. HEDIS MY2021 Medicaid Plan-Specific Rates: Utilization Measures											
	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Macrolides (not azith. or clarith.)											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
Penicillins											
Total	M	0.21	0.20	0.15	0.29	0.23	0.22	0.23	0.23	0.23	0.18
	F	0.21	0.20	0.17	0.27	0.22	0.23	0.25	0.23	0.21	0.19
	M&F	0.21	0.20	0.17	0.28	0.23	0.23	0.24	0.23	0.22	0.18
Tetracyclines											
Total	M	0.05	0.04	0.03	0.05	0.04	0.04	0.05	0.06	0.04	0.04
	F	0.08	0.06	0.05	0.10	0.06	0.08	0.04	0.11	0.07	0.06
	M&F	0.06	0.05	0.05	0.08	0.05	0.06	0.05	0.09	0.06	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	0.11	0.12	0.16	0.14	0.13	0.18	0.09	0.14	0.13	0.15
	M&F	0.07	0.07	0.09	0.09	0.08	0.11	0.04	0.08	0.08	0.09

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

Table A.2. HEDIS MY2021 Plan All-Cause Readmissions (PCR)*										
Measure by Age	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Plan Population: Observed Readmission Rate										
18-44	8.41%	9.77%	9.88%	7.75%	8.13%	8.21%	11.01%	8.34%	9.20%	10.27%
45-54	13.44%	13.23%	11.56%	10.35%	8.36%	7.99%	16.13%	9.33%	11.38%	13.77%

APPENDIX A | Medicaid Utilization Results

55-64	13.81%	12.98%	12.32%	10.13%	11.49%	11.19%	20.00%	13.28%	14.84%	11.71%
Total	10.89%	11.17%	10.80%	8.82%	8.92%	8.79%	11.94%	9.96%	10.93%	11.34%

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2021.

APPENDIX B | Medicaid MCO Population

Table B.1. HEDIS MY2021 MCO Medicaid Population Reported in Member Months and Years by Age

Age Group	Months/Years	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<1	Years	3,676	5,806	3,688	7,426	6,006	5,516	711	3,643	5,713	3,603
	Months	44,109	69,673	44,257	89,110	72,067	66,190	8,537	43,713	68,554	43,236
1–4	Years	15,838	24,000	14,794	29,365	24,187	21,278	5,248	15,266	23,686	15,133
	Months	190,060	288,004	177,522	352,380	290,245	255,337	62,976	183,190	284,235	181,597
5–9	Years	21,530	28,603	20,535	29,828	25,797	20,794	8,331	19,959	27,129	19,176
	Months	258,359	343,232	246,423	357,930	309,562	249,530	99,967	239,503	325,551	230,109
10–14	Years	20,731	26,908	19,668	27,564	25,162	19,751	9,802	20,269	25,239	17,997
	Months	248,766	322,892	236,013	330,762	301,947	237,017	117,627	243,225	302,871	215,968
15–17	Years	12,247	13,208	10,084	14,467	14,200	10,434	6,747	10,922	12,427	8,882
	Months	146,958	158,499	121,012	173,602	170,405	125,207	80,965	131,061	149,126	106,586
18–19	Years	7,470	7,924	6,172	8,691	8,068	6,004	3,446	6,630	7,228	5,231
	Months	89,645	95,093	74,066	104,290	96,817	72,047	41,357	79,563	86,741	62,774
20–24	Years	8,687	12,159	7,945	14,202	10,015	10,528	2,410	9,430	10,598	7,777
	Months	104,246	145,907	95,336	170,425	120,185	126,340	28,922	113,164	127,176	93,325
25–29	Years	7,738	9,476	7,250	11,616	9,017	8,073	713	6,805	8,529	6,452
	Months	92,860	113,714	87,004	139,386	108,209	96,878	8,556	81,661	102,343	77,423
30–34	Years	8,722	10,646	8,495	11,726	9,400	7,736	760	7,910	9,681	6,779
	Months	104,660	127,757	101,945	140,711	112,803	92,836	9,122	94,923	116,176	81,345
35–39	Years	7,325	9,606	6,107	10,322	7,783	7,291	615	7,307	9,138	5,575
	Months	87,905	115,275	73,279	123,869	93,391	87,497	7,375	87,681	109,660	66,905
40–44	Years	5,746	7,723	4,272	8,254	5,677	5,838	427	6,621	7,519	5,145
	Months	68,947	92,679	51,264	99,050	68,128	70,059	5,124	79,450	90,233	61,741
45–49	Years	4,171	4,801	2,988	5,789	3,746	3,599	248	5,096	4,781	3,437
	Months	50,055	57,613	35,860	69,470	44,957	43,185	2,972	61,153	57,368	41,240

Table B.1. HEDIS MY2021 MCO Medicaid Population Reported in Member Months and Years by Age

Age Group	Months/Years	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
50–54	Years	3,749	3,585	2,667	4,865	3,256	2,781	185	4,780	4,129	2,897
	Months	44,983	43,022	32,003	58,375	39,075	33,368	2,216	57,358	49,543	34,766
55–59	Years	3,847	3,463	2,914	4,597	3,002	2,686	163	4,872	4,121	3,220
	Months	46,158	41,553	34,971	55,167	36,026	32,230	1,950	58,467	49,447	38,640
60–64	Years	3,026	2,905	2,541	3,877	2,456	2,476	125	4,236	3,553	3,011
	Months	36,313	34,857	30,497	46,527	29,477	29,716	1,495	50,829	42,634	36,132
65–69	Years	741	1,011	898	1,231	728	774	7	2,164	1,499	1,401
	Months	8,887	12,126	10,771	14,767	8,738	9,289	85	25,966	17,983	16,816
70–74	Years	308	590	381	529	219	281	4	1,382	814	796
	Months	3,691	7,079	4,577	6,342	2,628	3,370	43	16,581	9,768	9,549
75–79	Years	149	356	157	287	141	167	1	835	532	458
	Months	1,784	4,269	1,888	3,449	1,691	2,003	16	10,017	6,382	5,497
80–84	Years	94	186	72	175	104	85	2	458	280	275
	Months	1,130	2,228	859	2,103	1,253	1,016	19	5,498	3,364	3,304
85–89	Years	42	124	45	85	54	60	1	245	159	132
	Months	509	1,486	539	1,021	651	716	8	2,938	1,908	1,581
≥90	Years	20	47	26	45	54	29	0	138	98	94
	Months	245	558	309	537	643	348	0	1,661	1,177	1,126
Total	Years	135,857	173,127	121,699	194,941	159,072	136,181	39,946	138,968	166,853	117,471
	Months	1,630,270	2,077,516	1,460,395	2,339,273	1,908,898	1,634,179	479,332	1,667,602	2,002,240	1,409,660

APPENDIX C | ECDS and LTSS Measure Results

Table C.1 presents MCO results for HEDIS MY2021 ECDS measures.

Table C.1. HEDIS MY2021 Medicaid Plan-Specific Rates: ECDS Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Breast Cancer Screening (BCS-E)	39.43%	45.24%	46.06%	52.14%	50.05%	54.34%	36.36%	49.48%	49.34%	47.82%
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)										
Initiation Phase	41.88%	38.62%	35.64%	43.60%	39.30%	38.59%	40.57%	45.81%	40.99%	38.36%
Continuation and Maintenance Phase	53.13%	51.79%	50.55%	55.64%	50.21%	56.55%	51.19%	61.07%	54.80%	54.89%
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)										
Depression Screening	0.00%	0.00%	0.00%	1.49%	2.10%	1.45%	0.44%	0.01%	0.00%	0.00%
Follow-Up on Positive Screen	NA	NA	NA	25.52%	33.11%	27.27%	NA	NA	NA	NA
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)										
Assessment Period 1	0.00%	0.00%	0.00%	0.00%	0.00%	0.51%	0.00%	0.01%	0.02%	0.00%
Assessment Period 2	0.00%	0.00%	0.00%	0.00%	0.00%	1.04%	0.00%	0.00%	0.00%	0.00%
Assessment Period 3	0.00%	0.00%	0.00%	0.00%	0.02%	0.89%	0.00%	0.01%	0.00%	0.00%
Total	0.00%	0.00%	0.00%	0.00%	0.01%	0.81%	0.00%	0.01%	0.01%	0.00%
Depression Remission or Response for Adolescents and Adults (DRR-E)										
Follow-Up	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Depression Remission	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Depression Response	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)										
Alcohol Use Screening	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Counseling or Other Follow-up Positive Screen	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Adult Immunization Status (AIS-E)										
Influenza	7.93%	8.45%	6.05%	11.67%	11.07%	9.39%	6.77%	14.26%	13.28%	9.99%
Td or Tdap	21.38%	20.99%	19.82%	43.76%	36.01%	38.77%	32.49%	31.75%	29.59%	26.63%
Zoster	0.46%	0.57%	0.40%	0.96%	1.01%	0.69%	0.28%	3.89%	3.01%	1.85%

Table C.1. HEDIS MY2021 Medicaid Plan-Specific Rates: ECDS Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Prenatal Immunization Status (PRS-E)										
Influenza	19.14%	17.48%	12.07%	25.30%	24.94%	17.14%	20.36%	20.69%	19.47%	13.40%
Tdap	51.57%	44.83%	35.45%	55.86%	46.67%	41.99%	43.71%	53.01%	46.13%	33.55%
Combination	15.29%	14.03%	8.91%	20.59%	18.97%	13.02%	15.57%	16.65%	15.65%	9.81%
Prenatal Depression Screening and Follow-Up (PND-E)										
Depression Screening	0.00%	0.00%	0.00%	6.15%	7.06%	6.43%	0.00%	0.00%	0.00%	0.00%
Follow-Up on Positive Screen	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Postpartum Depression Screening and Follow-Up (PDS-E)										
Depression Screening	0.00%	0.00%	0.00%	3.03%	2.57%	2.70%	6.36%	0.00%	0.00%	0.00%
Follow-Up on Positive Screen	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Table C.2 presents statewide MCO results for HEDIS MY2021 LTSS measures. *Note: TCS does not have members who receive LTSS.*

Table C.2. HEDIS MY2021 Medicaid Plan-Specific Rates: LTSS Measures			
Measure	AG	BC	UHC
Comprehensive Assessment and Update (LTSS-CAU)			
Assessment of Core Elements	94.79%	95.83%	91.67%
Assessment of Supplemental Elements	94.79%	95.83%	90.63%
Comprehensive Care Plan and Update (LTSS-CPU)			
Care Plan with Core Elements Documented	95.83%	93.75%	89.58%
Care Plan with Supplemental Elements Documented	95.83%	93.75%	89.58%
Reassessment/Care Plan Update After Inpatient Discharge (LTSS-RAC)			
Reassessment After Inpatient Discharge	54.17%	51.04%	12.50%
Reassessment and Care Plan Update After Inpatient Discharge	51.04%	45.83%	11.46%
Shared Care Plan with Primary Care Practitioner (LTSS-SCP)			
	90.63%	85.42%	84.38%