

2019 Annual

HEDIS/ CAHPS Report

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

Prior to the 2019 National Benchmark Release

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Acknowledgements, Acronyms, and Initialisms¹

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

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

CHIP.....	Children’s Health Insurance Plan	HepA	Hepatitis A Vaccine
CHL.....	Chlamydia Screening in Women	HepB	Hepatitis B Vaccine
CIS.....	Childhood Immunization Status	HiB.....	<i>Haemophilus influenzae</i> Type B Vaccine
CKBC.....	CoverKids BlueCare	HPV	Human Papillomavirus Vaccine
CPA	CAHPS Health Plan Survey 5.0H Adult Version	IAD	Identification of Alcohol and Other Drug Services
CPC.....	CAHPS Health Plan Survey 5.0H Child Version	IET.....	Initiation and Engagement of AOD Abuse or Dependence Treatment
COPD.....	Chronic Obstructive Pulmonary Disease	IMA	Immunizations for Adolescents
COU	Risk of Continued Opioid Use	IP; IPU.....	Inpatient; IP Utilization – General Hospital/Acute Care
CVD.....	Cardiovascular Disease	IPV.....	Inactivated Polio Vaccine
CWP	Appropriate Testing for Children With Pharyngitis	LBP	Use of Imaging Studies for Low Back Pain
CY	Calendar Year	LDL-C	Low-Density Lipoprotein Cholesterol
DMARD	Disease-Modifying Anti-Rheumatic Drug	LSC	Lead Screening in Children
DTaP	Diphtheria, Tetanus, and Acellular Pertussis Vaccination	MCO	Managed Care Organization
ECDS.....	Electronic Clinical Data Systems	MMA.....	Medication Management for People With Asthma
ED.....	Emergency Department	MMR.....	Measles, Mumps, and Rubella Vaccine
ENP/ENPA	Enrollment by Product Line/ENP Total	MPM	Annual Monitoring for Patients on Persistent Medications
Flu	Influenza	MPT.....	Mental Health Utilization
FSP	Frequency of Selected Procedure	MSC	Medical Assistance With Smoking and Tobacco Use Cessation
FUH.....	Follow-Up After Hospitalization for Mental Illness	MY	Measurement Year
FUM.....	Follow-Up After ED Visit for Mental Illness	NA.....	Not Applicable
FUA	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence	NB.....	No Benefit
FVA	Flu vaccinations for adults ages 18 to 64	NCQA	National Committee for Quality Assurance
HbA1c.....	Hemoglobin A1c	NCQA HEDIS Compliance Audit™	trademark of NCQA
HEDIS®.....	a registered trademark of NCQA that refers to the the Healthcare Effectiveness Data and Information Set		

Acknowledgements, Acronyms, and Initialisms

NCS.....	Non-Recommended Cervical Cancer Screening in Adolescent Females	SSD.....	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
NR.....	Not Reported	TennCare	Tennessee Division of TennCare
NQ	Not Required	Td; Tdap	Tetanus, Diphtheria Toxoids Vaccine; Td and Acellular Pertussis Vaccine
OB-GYN	Obstetrician-Gynecologist	TCS	TennCare <i>Select</i> , operating statewide and administered by BlueCare Tennessee
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	UHC	UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare
PCE	Pharmacotherapy Management of COPD Exacerbation	UHCE, UHCM, UHCW.....	UHC referenced by operational region: East, Middle, or West
PCP	Primary Care Practitioner	UN	Un-Audited
PCV	Pneumococcal Conjugate Vaccination	UOD	Use of Opioids at High Dosage
PMPY	Per Member Per Year	UOP.....	Use of Opioids From Multiple Providers
PPC	Prenatal and Postpartum Care	URI	Upper Respiratory Infection, and the measure: Appropriate Treatment for Children With URI
Qsource®	a registered trademark	VZV.....	Chicken Pox/Varicella Zoster Vaccination
Quality Compass®	a registered trademark of NCQA, the comprehensive national database of health plans' HEDIS and CAHPS results	W15	Well-Child Visits in the First 15 Months of Life
R.....	Reportable	W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
RV.....	Rotavirus Vaccination	WCC.....	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
SAA.....	Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia		
SPC.....	Statin Therapy for Patients With Cardiovascular Disease		
SPD.....	Statin Therapy for Patients With Diabetes		
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD		

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 *2019 HEDIS/CAHPS Report* summarizes the results for the MCOs contracting with

the Division of TennCare (TennCare), the Medicaid program in Tennessee.

For an overview of the performance of TennCare's MCOs, a calculated weighted average of the scores of all those reporting is provided. MCO-specific measures are presented in the [Individual Plan Performance](#) section. Weighted average performances of Tennessee's MCOs since 2015 on certain measures are presented in the HEDIS Trending section. The HEDIS and CAHPS results for Tennessee's Children's Health Insurance Plan (CHIP), CoverKids, are reported separately in a similar format in [CHIP HEDIS/CAHPS Results](#).

[Appendix A](#) contains a comprehensive table of plan-specific results for HEDIS 2019 Utilization Measures. The table in [Appendix B](#) reveals populations reported by MCOs in member months by age and sex for HEDIS 2019. [Appendix C](#) presents the reporting options for each measure, whether administrative, hybrid or both. [Appendix D](#) offers additional utilization measures and descriptive health plan information, including population in member months for the CHIP.

Background

HEDIS Measures—Domains of Care

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

The HEDIS rates presented in this report refer to data collected during the review period of the previous calendar year (CY), from January 1 to December 31. For HEDIS 2019 results, CY2018 was the review period.

HEDIS 2019 assesses care across health systems, access to and satisfaction with healthcare services, and specific utilization through a total of 92 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 2019 Volume 2: Technical Specifications*, which includes additional information related to each measure. The measures presented in this report reflect data submitted from the following domains of care: Effectiveness of Care, Access/Availability of Care, Utilization, and Experience of Care. Per NCQA, Relative Resource Use (RRU) measures were retired for HEDIS 2019.

Effectiveness of Care Measures

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

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

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

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

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

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

Prevention and Screening

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

Adult BMI Assessment (ABA)

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

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

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

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

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

- ◆ 3–11 years
- ◆ 12–17 years

Childhood Immunization Status (CIS)

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

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

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

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

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

Immunizations for Adolescents (IMA)

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

Lead Screening in Children (LSC)

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

Breast Cancer Screening (BCS)

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

Cervical Cancer Screening (CCS)

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

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

Chlamydia Screening in Women (CHL)

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

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

Respiratory Conditions

Appropriate Testing for Children With Pharyngitis (CWP)

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

of the MY. A higher rate represents better performance (i.e., appropriate testing).

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

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

Pharmacotherapy Management of COPD Exacerbation (PCE)

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

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

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

Medication Management for People With Asthma (MMA)

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

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

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

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

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

Asthma Medication Ratio (AMR)

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

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

Cardiovascular ConditionsControlling 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 (CVD) and who met the following criteria:

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

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

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

Diabetes

Comprehensive Diabetes Care (CDC)

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

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

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

Statin Therapy for Patients With Diabetes (SPD)

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

- ◆ *Received Statin Therapy*—Members who were dispensed at least one statin medication of any intensity during the MY

- ◆ *Statin Adherence 80%*—Members who remained on a statin medication of any intensity for at least 80% of the treatment period

Musculoskeletal Conditions

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

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

Behavioral Health

Antidepressant Medication Management (AMM)

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

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

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

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

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

Follow-Up After Hospitalization for Mental Illness (FUH)

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

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

Starting in HEDIS 2019, this measure is reported as a total rate as well as three age stratifications:

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

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

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

FUM is the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported as the percentage of ED visits for which the member received follow-up within the following:

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

Starting in HEDIS 2019, 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 Alcohol and Other Drug Abuse or Dependence (FUA)

FUA is the percentage of ED for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD. Two

rates are reported as the percentage of ED visits for which the member received follow-up within the following:

- ◆ 7 days of 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

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

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

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

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

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

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

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

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

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

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

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

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

MPM reports the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the MY and at least one therapeutic monitoring event for the therapeutic agent in the MY. Two rates are reported separately and as a sum total rate:

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

- ◆ Annual monitoring for members on diuretics

Overuse/Appropriateness

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

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

Note: A lower rate indicates better performance.

Appropriate Treatment for Children With Upper Respiratory Infection (URI)

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

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

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

Use of Imaging Studies for Low Back Pain (LBP)

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

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

APC measures the rate of children and adolescents 1 to 17 years of age who were treated with antipsychotic medications and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the MY. This measure calculates a total rate as well as three age stratifications:

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

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

Use of Opioids at High Dosage (UOD)

The proportion of members 18 years and older who receive prescription opioids for ≥15 days during the MY at a high dosage (average milligram morphine equivalent dose [MME] >120 mg).

Note: A lower rate indicates better performance. In HEDIS 2019, calculating/reporting changed to permillage (multiplied by 1,000) instead of a percentage.

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. In HEDIS 2019, calculating/ reporting changed to permillage (multiplied by 1,000) instead of a percentage.

Risk of Continued Opioid Use (COU)

COU is the rate of members 18 years of age to 64 who had a new episode of opioid use that put them at risk of continued opioid use. Two rates are reported by length of opioid use:

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

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

Measures Collected Through CAHPS Health Plan Survey

Flu vaccinations for adults ages 18 to 64 (FVA)

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

Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

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

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

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

Access/Availability of Care Measures

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

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

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

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

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

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

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

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

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

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

- ◆ *Initiation of AOD Treatment*—Initial treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis
- ◆ *Engagement of AOD Treatment*—Two or more services with an AOD diagnosis within 34 days of the initiation visit in addition to initiating treatment

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

- ◆ 13–17 years
- ◆ ≥ 18 years

Prenatal and Postpartum Care (PPC)

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

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

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

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

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

Utilization and Risk-Adjusted Utilization

This domain consists of utilization measures designed to capture the frequency of certain services provided for MCOs' internal evaluation only; NCQA does not view higher or lower service counts as indicating better or worse performance. **Risk-Adjusted Utilization** measures are for commercial or Medicare lines, and so are not included in this report. Two kinds of measures are included in **Utilization**:

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

Note: The two Medicaid categories (Disabled and Low-Income) for Utilization Measures are reported separately and as a total rate. However, the total rate includes the category of Medicaid and Medicare dual eligibles, and those members are part of dual-eligible special needs plans (D-SNPs) reported separately to TennCare via Qsource's Annual HEDIS D-SNPs Report.

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

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

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

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

Adolescent Well-Care Visits (AWC)

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

Experience of Care

For a plan's results in this domain to be considered reliable, the Medicaid MCO must follow one of the standard CAHPS protocols or an enhanced protocol approved by NCQA. Details regarding this calculation methodology and the questions used

in each composite are included in *HEDIS 2019, Volume 3: Specifications for Survey Measures*.

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

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

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

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

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

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

For these scaled responses, a zero represents the 'worst possible' and 10 represents the 'best possible' healthcare received in the last six months. Summary rates represent the percentage of members who responded with a 9 or 10. Additional questions

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

Getting Needed Care

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

Getting Care Quickly

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

How Well Doctors Communicate

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

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

Customer Service

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

Shared Decision Making

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

Children With Chronic Conditions (CCC)

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

emotional condition and who also require health and related services of a type or amount beyond that generally required by children. Three composites summarize parents’ satisfaction with basic components of care essential for successful treatment, management and support of children with chronic conditions:

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

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

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

Health Plan Descriptive Information Measures

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

Enrollment by Product Line (ENP)

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

Measures Collected Using Electronic Clinical Data Systems (ECDS)

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

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

Medicaid Results

Statewide Performance

In conjunction with NCQA accreditation, TennCare MCOs are required to submit a full set of audited HEDIS measures to NCQA and TennCare each year. For HEDIS 2019, this included the statewide MCO *TennCareSelect* (**TCS**), and three statewide MCOs operating in each respective Grand Region (East, Middle and West): Amerigroup Community Care, Inc., as Amerigroup (AG—**AGE**, **AGM** and **AGW**); BlueCare Tennessee (BC—**BCE**, **BCM** and **BCW**); and UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare (UHC—**UHCE**, **UHCM** and **UHCW**).

[Tables 1a](#), [1b](#), [2](#), and [3](#) summarize the weighted average TennCare score for each of the selected HEDIS 2018 and HEDIS 2019 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](#), [1b](#), [2](#), and [3](#), the column titled ‘Change 2018 to 2019’ indicates whether there was an improvement (▲) or a decline (▼) in statewide performance for the measure from HEDIS 2018 to HEDIS 2019 when data are available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported.

Each year, some measures’ technical specifications change. Based on whether the changes are significant or minor, the measures may need to be trended with caution or may not be able to be trended. This version of the 2019 HEDIS-CAHPS Report was prepared prior to NCQA national benchmark readiness (PNB) at TennCare’s request for an early review of MCC outcomes; it does not include 2019 National Benchmarks as those data will not have been released before finalizing.

Medicaid Results

Table 1a. HEDIS 2019 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Prevention and Screening			
Adult BMI Assessment (ABA)*	90.94%	92.65%	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):			
BMI Percentile*: 3–11 years	78.27%	81.12%	↑
12–17 years	74.90%	77.76%	↑
Total	77.21%	79.95%	↑
Counseling for Nutrition: 3–11 years	69.94%	72.69%	↑
12–17 years	63.17%	66.09%	↑
Total	67.77%	70.38%	↑
Counseling for Physical Activity: 3–11 years	60.97%	64.59%	↑
12–17 years	61.89%	66.78%	↑
Total	61.29%	65.35%	↑
Childhood Immunization Status (CIS):			
DTaP/DT	75.28%	76.90%	↑
IPV	90.60%	92.02%	↑
MMR*	87.78%	88.99%	↑
HiB	87.90%	89.03%	↑
HepB	91.78%	93.21%	↑
VZV*	87.57%	88.99%	↑
PCV	77.49%	79.47%	↑
HepA*	86.84%	88.69%	↑
RV	70.95%	74.85%	↑
Influenza	42.54%	43.12%	↑
Combination 2*	73.13%	74.58%	↑
Combination 3*	70.55%	72.26%	↑
Combination 4*	70.24%	71.89%	↑

Medicaid Results

Table 1a. HEDIS 2019 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Combination 5*	59.11%	62.95%	↑
Combination 6*	37.63%	37.93%	↑
Combination 7*	58.91%	62.78%	↑
Combination 8*	37.54%	37.83%	↑
Combination 9*	33.04%	34.43%	↑
Combination 10*	32.94%	34.37%	↑
Immunizations for Adolescents (IMA):			
Meningococcal	71.28%	76.01%	↑
Tdap/Td	84.08%	85.99%	↑
HPV	24.64%	30.25%	↑
Combination 1	70.63%	75.12%	↑
Combination 2	23.22%	29.05%	↑
Lead Screening in Children (LSC)	75.08%	76.63%	↑
Breast Cancer Screening (BCS)*	53.81%	49.90%	↓
Cervical Cancer Screening (CCS)	62.15%	62.53%	↑
Chlamydia Screening in Women (CHL):			
16–20 years	50.43%	52.66%	↑
21–24 years	57.70%	61.10%	↑
Total	53.41%	56.00%	↑
Respiratory Conditions			
Appropriate Testing for Children With Pharyngitis (CWP)	84.63%	87.52%	↑
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)*	32.73%	30.07%	↓
Pharmacotherapy Management of COPD Exacerbation (PCE):			
Systemic corticosteroid	54.66%	55.52%	↑
Bronchodilator	77.78%	74.48%	↓

Medicaid Results

Table 1a. HEDIS 2019 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Medication Management for People With Asthma (MMA)*:			
Medication Compliance 50%: 5-11 years	53.10%	52.98%	↓
12-18 years	54.69%	50.82%	↓
19-50 years	58.48%	57.85%	↓
51-64 years	72.91%	70.06%	↓
Total	55.29%	53.96%	↓
Medication Compliance 75%: 5-11 years	26.88%	26.48%	↓
12-18 years	29.57%	25.33%	↓
19-50 years	37.40%	33.28%	↓
51-64 years	52.18%	46.95%	↓
Total	30.61%	28.30%	↓
Asthma Medical Ratio (AMR)*:			
5-11 years	79.23%	80.83%	↑
12-18 years	72.13%	72.05%	↓
19-50 years	49.23%	48.65%	↓
51-64 years	47.46%	48.10%	↑
Total	68.57%	68.66%	↑
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)**	57.18%	64.33%	↑
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)*	75.12%	70.74%	↓
Statin Therapy for Patients with Cardiovascular disease (SPC)*:			
Received Statin Therapy: Males 21-75 years	74.20%	72.64%	↓
Females 40 -75 years	68.35%	69.29%	↑
Total	71.30%	70.96%	↓
Statin Adherence 80%: Males 21-75 years	57.19%	54.12%	↓
Females 40 -75 years	53.32%	50.06%	↓
Total	55.35%	52.13%	↓

Medicaid Results

Table 1a. HEDIS 2019 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Diabetes			
Comprehensive Diabetes Care (CDC)*:			
HbA1c Testing	85.39%	84.69%	↓
HbA1c Control (<7.0%)	39.43%	38.26%	↓
HbA1c Control (<8.0%)	53.10%	51.09%	↓
Retinal Eye Exam Performed	48.25%	50.04%	↑
Medical Attention for Nephropathy	90.11%	89.32%	↓
Blood Pressure Control (<140/90 mm Hg)	62.39%	63.21%	↑
Statin Therapy for Patients with Diabetes (SPD)*:			
Received Statin Therapy: 40 -75 years	55.82%	55.61%	↓
Statin Adherence 80%: 40 -75 years	49.92%	49.95%	↑
Musculoskeletal Conditions			
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)*	64.01%	63.11%	↓
Behavioral Health			
Antidepressant Medication Management (AMM):			
Effective Acute Phase Treatment	47.07%	45.65%	↓
Effective Continuation Phase Treatment	30.60%	30.42%	↓
Follow-Up Care for Children Prescribed ADHD Medication (ADD):			
Initiation Phase	45.98%	45.02%	↓
Continuation and Maintenance Phase	57.89%	58.34%	↑
Follow-Up After Hospitalization for Mental Illness (FUH)***:			
7-Day Follow-Up : 6-17 years		48.68%	
18-64 years		32.32%	
30-Day Follow-Up: 6-17 years		69.98%	
18-64 years		53.66%	

Medicaid Results

Table 1a. HEDIS 2019 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)**:			
7-Day Follow-Up : 6-17 years		44.19%	
18-64 years		28.57%	
30-Day Follow-Up: 6-17 years		64.59%	
18-64 years		43.49%	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA):			
7-Day Follow-Up : 13-17 years	3.96%	3.90%	↓
18 years and older	4.12%	4.58%	↑
Total	4.11%	4.53%	↑
30-Day Follow-Up: 13-17 years	7.26%	6.03%	↓
18 years and older	6.22%	7.31%	↑
Total	6.29%	7.23%	↑
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*	83.47%	83.93%	↑
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*	71.86%	73.41%	↑
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)*	79.06%	78.89%	↓
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*	59.56%	56.67%	↓
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)*:			
1-5 Years	16.25%	22.12%	↑
6-11 Years	26.29%	29.69%	↑
12-17 Years	37.25%	42.16%	↑
Total	33.26%	37.72%	↑
Medication Management			
Annual Monitoring for Patients on Persistent Medications (MPM):			
ACE Inhibitors or ARBs	91.31%	91.98%	↑
Diuretics	91.87%	92.48%	↑
Total[†]	91.55%	92.19%	↑

Medicaid Results

Table 1a. HEDIS 2019 Weighted State Rates: Effectiveness of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Overuse/Appropriateness			
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	85.05%	87.51%	↑
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)*	33.18%	38.04%	↑
Use of Imaging Studies for Low Back Pain (LBP)	65.88%	65.44%	↓
Measures Collected Though CAHPS			
Flu vaccinations for adults ages 18 to 64 (FVA)	41.75%	43.22%	↑
Medical Assistance With Smoking and Tobacco Use Cessation (MSC):			
Advising Smokers and Tobacco Users to Quit	78.72%	79.56%	↑
Discussing Cessation Medications	47.14%	49.82%	↑
Discussing Cessation Strategies	40.82%	43.78%	↑
Supplemental Data - % Current Smokers [†]	36.73%	35.60%	↓

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

** NCQA indicated a break in trending to prior years due to significant changes in measure specifications in 2019

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

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

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

Table 1b. HEDIS 2019 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Diabetes			
Comprehensive Diabetes Care (CDC):			
HbA1c Poor Control (>9.0%)	37.12%	39.49%	↓
Overuse/Appropriateness			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	2.84%	1.84%	↑

Medicaid Results

Table 1b. HEDIS 2019 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)*:			
1-5 Years	1.11%	0.00%	↑
6-11 Years	1.55%	1.84%	↓
12-17 Years	2.69%	3.06%	↓
Total	2.29%	2.61%	↓
Use of Opioids at High Dosage (UOD)**			
		3.05%	
Use of Opioids From Multiple Providers (UOP)**:			
Multiple Prescribers		23.67%	
Multiple Pharmacies		4.61%	
Multiple Prescribers and Pharmacies		1.95%	
Risk of Continued Opioid Use (COU)†:			
≥15 days/30-day period		4.04%	
≥ 31 days/62-day period		2.37%	

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

** NCQA indicated a break in trending due to the measure results' being revised to display as a percentage in 2019.

† First year measure in 2019

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

Table 2. HEDIS 2019 Weighted State Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Adults' Access to Preventive/Ambulatory Health Services (AAP)*:			
20-44 years	75.88%	80.35%	↑
45-64 years	86.08%	85.63%	↓

Table 2. HEDIS 2019 Weighted State Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Children and Adolescents' Access to Primary Care Practitioners (CAP):			
12–24 months	95.44%	95.43%	↓
25 months–6 years	86.73%	89.55%	↑
7–11 years	91.21%	94.07%	↑
12–19 years	88.07%	91.64%	↑
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET):			
IET: Initiation of AOD Treatment:			
13–17 years: Alcohol	46.02%	35.74%	↓
Opioid	56.94%	50.00%	↓
Other drug	45.24%	46.31%	↑
Total	44.04%	44.26%	↑
18+ Years: Alcohol	45.34%	45.25%	↓
Opioid	46.24%	46.29%	↑
Other drug	42.81%	42.83%	↑
Total	41.68%	42.50%	↑
Initiation Total: Alcohol	45.36%	44.93%	↓
Opioid	46.32%	46.31%	↓
Other drug	43.04%	43.12%	↑
Total	41.82%	42.59%	↑
IET: Engagement of AOD Treatment:			
13–17 years: Alcohol	20.76%	13.75%	↓
Opioid	29.17%	20.37%	↓
Other drug	22.51%	24.32%	↑
Total	21.69%	22.75%	↑

Medicaid Results

Table 2. HEDIS 2019 Weighted State Rates: Access/Availability of Care Measures

Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
18+ Years: Alcohol	11.14%	10.84%	↓
Opioid	18.05%	19.01%	↑
Other drug	11.95%	11.79%	↓
Total	12.90%	13.22%	↑
Engagement Total: Alcohol	11.45%	10.94%	↓
Opioid	18.12%	19.02%	↑
Other drug	12.95%	12.83%	↓
Total	13.42%	13.72%	↑
Prenatal and Postpartum Care (PPC):			
Timeliness of Prenatal Care	79.21%	83.05%	↑
Postpartum Care	60.31%	61.54%	↑
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP):			
1-5 Years	33.33%	32.76%	↓
6-11 Years	53.49%	57.32%	↑
12-17 Years	50.11%	53.52%	↑
Total	50.88%	54.45%	↑

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

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

Table 3. HEDIS 2019 Weighted State Rates: Utilization Measures


Measure	Weighted State Rate		Change 2018 to 2019
	2018	2019	
Well-Child Visits in the First 15 Months of Life (W15): 6 or More Visits	66.86%	68.39%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	72.61%	73.60%	↑
Adolescent Well-Care Visits (AWC)	53.14%	57.29%	↑

Individual Plan Performance—HEDIS Measures

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

[Tables 5a](#), [5b](#), [6](#), and [7](#) display the plan-specific performance rates for each measure selected from the Effectiveness of Care, Access/Availability of Care, and Utilization and Risk-Adjusted Utilization domains. **Table 4** 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 2019 Rating Color and Measure Designations

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

Medicaid Results

Table 5a. HEDIS 2019 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Prevention and Screening										
Adult BMI Assessment (ABA)*	93.19%	96.11%	95.38%	93.20%	91.28%	90.57%	83.62%	92.70%	91.97%	90.75%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):										
BMI Percentile*: 3-11 years	80.92%	81.23%	82.73%	81.11%	80.57%	84.84%	85.59%	77.46%	77.92%	82.54%
12-17 years	68.46%	74.58%	85.71%	87.02%	74.32%	80.89%	79.89%	71.43%	72.97%	82.81%
Total	76.40%	79.32%	83.70%	83.04%	78.23%	83.29%	83.13%	75.26%	76.32%	82.63%
Counseling for Nutrition: 3-11 years	70.61%	74.74%	75.54%	75.19%	67.61%	72.13%	65.50%	71.31%	73.59%	76.59%
12-17 years	57.05%	66.10%	71.43%	77.10%	64.86%	65.61%	65.52%	57.14%	63.96%	69.53%
Total	65.69%	72.26%	74.21%	75.81%	66.58%	69.58%	65.51%	66.15%	70.47%	74.21%
Counseling for Physical Activity: 3-11 years	60.69%	67.58%	67.27%	66.67%	63.56%	64.75%	55.46%	62.30%	64.94%	66.67%
12-17 years	52.35%	66.95%	71.43%	75.57%	70.95%	68.15%	62.07%	59.29%	70.27%	64.06%
Total	57.66%	67.40%	68.61%	69.58%	66.33%	66.08%	58.31%	61.20%	66.67%	65.79%
Childhood Immunization Status (CIS):										
DTaP/DT	75.43%	80.78%	68.86%	80.05%	75.43%	74.94%	72.99%	77.13%	81.27%	72.99%
IPV	91.24%	93.92%	88.32%	92.70%	90.27%	90.02%	87.83%	92.94%	95.62%	91.73%
MMR*	88.56%	89.54%	88.32%	89.05%	85.89%	88.08%	86.62%	89.78%	91.73%	89.78%
HiB	88.32%	91.73%	82.48%	90.51%	85.89%	88.56%	85.16%	90.02%	93.19%	87.59%
HepB	93.92%	93.67%	92.94%	94.65%	88.81%	93.19%	88.56%	94.65%	94.89%	92.94%
VZV*	89.05%	91.48%	86.37%	89.05%	86.62%	87.59%	85.64%	89.29%	92.21%	88.08%
PCV	76.64%	81.75%	72.26%	82.73%	79.32%	76.89%	72.99%	80.29%	85.64%	74.94%
HepA*	87.35%	90.75%	86.37%	89.05%	85.64%	86.62%	86.86%	88.08%	92.70%	89.54%
RV	72.75%	80.54%	71.05%	80.05%	77.13%	68.86%	51.09%	74.94%	79.56%	69.10%
Flu	45.99%	54.26%	30.17%	40.39%	47.20%	28.95%	45.01%	44.28%	53.04%	34.31%
Combination 2*	74.45%	76.89%	67.64%	77.86%	71.78%	73.24%	71.29%	75.67%	79.32%	69.83%
Combination 3*	71.78%	74.45%	64.48%	75.91%	69.59%	71.05%	67.15%	73.97%	77.62%	66.91%
Combination 4*	71.53%	74.21%	63.75%	75.18%	69.34%	71.05%	67.15%	73.48%	77.37%	66.42%
Combination 5*	62.53%	66.91%	55.72%	70.07%	62.53%	58.39%	42.82%	64.23%	68.37%	55.96%

Medicaid Results

Table 5a. HEDIS 2019 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Combination 6*	41.12%	47.45%	24.09%	36.98%	40.15%	26.28%	40.15%	39.42%	46.72%	29.68%
Combination 7*	62.29%	66.91%	54.99%	69.83%	62.29%	58.39%	42.82%	64.23%	68.13%	55.96%
Combination 8*	41.12%	47.45%	24.09%	36.74%	39.90%	26.28%	40.15%	39.42%	46.47%	29.68%
Combination 9*	35.77%	44.77%	21.90%	35.04%	37.71%	22.38%	25.30%	35.28%	43.31%	27.01%
Combination 10*	35.77%	44.77%	21.90%	35.04%	37.47%	22.38%	25.30%	35.28%	43.07%	27.01%
Immunization for Adolescents (IMA):										
Meningococcal	76.16%	78.35%	74.45%	76.64%	81.27%	74.94%	68.61%	73.24%	76.89%	74.21%
Tdap/Td	84.91%	87.59%	84.91%	85.89%	88.81%	87.83%	77.86%	86.13%	87.35%	84.18%
HPV	26.28%	35.04%	28.71%	31.63%	37.71%	25.79%	27.01%	26.76%	33.09%	24.57%
Combination 1	75.43%	76.89%	72.99%	75.43%	80.29%	74.45%	67.88%	73.24%	75.91%	73.48%
Combination 2	26.03%	33.09%	27.74%	30.66%	35.28%	25.06%	26.03%	25.55%	31.39%	24.57%
Lead Screening in Children (LSC)	76.89%	81.75%	68.61%	75.91%	78.10%	68.61%	75.43%	76.89%	84.43%	72.75%
Breast Cancer Screening (BCS)*	41.11%	51.04%	47.84%	61.79%	52.65%	62.47%	58.77%	48.71%	41.58%	43.13%
Cervical Cancer Screening (CCS)	56.45%	61.31%	62.53%	71.04%	66.84%	70.90%	47.93%	56.33%	60.42%	53.42%
Chlamydia Screening in Women (CHL):										
16-20 years	47.71%	52.11%	55.36%	53.24%	55.55%	52.64%	58.23%	47.81%	53.31%	51.93%
21-24 years	60.59%	61.24%	63.95%	61.08%	64.36%	63.43%	51.35%	54.74%	58.78%	60.65%
Total	53.19%	55.56%	59.62%	56.56%	59.59%	57.04%	57.96%	50.27%	55.48%	55.36%
Respiratory Conditions										
Appropriate Testing for Children with Pharyngitis (CWP)	83.42%	91.00%	87.93%	85.02%	87.72%	88.67%	84.04%	85.21%	91.34%	88.00%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)*	29.16%	29.06%	35.70%	33.00%	26.86%	40.47%	NA	28.67%	23.83%	30.53%
Pharmacotherapy Management of COPD Exacerbation (PCE):										
Systemic corticosteroid	55.41%	48.56%	63.27%	54.05%	47.02%	49.93%	NA	60.46%	57.24%	59.21%
Bronchodilator	76.91%	74.64%	79.64%	69.55%	68.91%	70.76%	NA	78.62%	75.09%	74.71%

Medicaid Results

Table 5a. HEDIS 2019 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Medication Management for People With Asthma (MMA)*:										
Medication Compliance 50%: 5–11 years	56.52%	56.81%	41.63%	58.58%	46.85%	45.72%	61.40%	59.21%	52.58%	46.21%
12–18 years	54.01%	50.87%	41.18%	56.38%	47.78%	45.31%	50.45%	53.24%	50.79%	49.55%
19–50 years	62.30%	63.07%	46.78%	64.61%	55.16%	51.67%	61.25%	63.01%	58.22%	45.02%
51–64 years	74.00%	66.67%	68.09%	71.93%	61.36%	75.00%	NA	79.31%	69.32%	58.62%
Total	57.52%	57.12%	43.78%	59.27%	49.03%	48.05%	56.03%	59.42%	54.32%	47.46%
Medication Compliance 75%: 5–11 years	29.71%	28.06%	15.97%	30.65%	22.13%	20.95%	33.42%	34.21%	26.36%	19.41%
12–18 years	27.98%	28.93%	15.44%	29.59%	24.44%	17.14%	27.58%	26.15%	25.39%	23.12%
19–50 years	38.52%	41.51%	24.89%	37.53%	28.70%	22.80%	38.75%	37.20%	36.29%	21.77%
51–64 years	46.00%	46.30%	36.17%	49.12%	34.09%	42.86%	NA	62.07%	52.27%	37.93%
Total	31.50%	32.15%	18.65%	32.01%	24.40%	21.09%	31.03%	33.99%	29.82%	21.86%
Asthma Medical Ratio (AMR)*:										
5–11 years	82.56%	81.05%	72.15%	85.08%	79.12%	81.55%	84.86%	82.24%	78.87%	78.24%
12–18 years	70.81%	71.33%	66.56%	77.59%	72.19%	70.49%	78.81%	68.26%	68.71%	69.67%
19–50 years	52.77%	53.15%	47.98%	50.86%	35.67%	43.79%	65.98%	53.40%	47.46%	43.08%
51–64 years	48.10%	43.43%	53.03%	40.23%	37.66%	44.71%	NA	48.57%	64.71%	46.67%
Total	70.00%	68.79%	63.64%	73.48%	65.46%	66.78%	80.08%	67.87%	66.60%	64.42%
Cardiovascular Conditions										
Controlling High Blood Pressure (CBP)**	57.42%	55.47%	61.80%	70.56%	65.69%	63.99%	64.72%	71.05%	64.48%	59.12%
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)*	74.19%	72.41%	53.33%	77.27%	62.22%	67.35%	NA	74.81%	68.24%	71.76%
Statin Therapy for Patients with Cardiovascular disease (SPC)*:										
Received Statin Therapy: Males 21–75 years	76.18%	72.66%	81.72%	69.26%	68.42%	71.51%	NA	73.49%	70.54%	73.68%
Females 40–75 years	72.52%	70.89%	78.97%	65.14%	66.67%	62.37%	NA	72.31%	69.23%	70.68%
Total	74.69%	71.81%	80.36%	67.03%	67.55%	66.24%	NA	72.93%	69.86%	72.15%
Statin Adherence 80%: Males 21–75 years	52.58%	53.05%	42.11%	57.89%	51.13%	47.13%	NA	59.38%	57.49%	52.12%
Females 40–75 years	38.42%	44.29%	34.11%	51.24%	33.64%	46.77%	NA	59.74%	59.26%	53.19%
Total	46.99%	48.90%	38.24%	54.40%	42.53%	46.94%	NA	59.54%	58.40%	52.65%

Table 5a. HEDIS 2019 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	85.41%	84.69%	85.95%	84.12%	83.19%	87.44%	83.24%	84.91%	84.42%	82.96%
HbA1c Control (<7.0%)	35.68%	35.19%	34.79%	41.12%	35.77%	41.12%	46.36%	38.28%	41.37%	36.20%
HbA1c Control (<8.0%)	46.81%	48.03%	43.24%	54.50%	51.47%	51.88%	53.13%	53.87%	53.02%	49.47%
Retinal Eye Exam Performed	36.93%	40.17%	41.89%	55.32%	47.83%	60.36%	66.19%	52.88%	51.13%	50.30%
Medical Attention for Nephropathy	88.45%	89.33%	90.68%	89.03%	87.69%	91.52%	82.67%	90.31%	87.94%	89.11%
Blood Pressure Control (<140/90 mm Hg)	59.57%	63.76%	60.41%	64.65%	63.95%	62.48%	69.89%	66.63%	67.59%	54.79%
Statin Therapy for Patients with Diabetes (SPD)*:										
Received Statin Therapy: 40 -75 years	57.60%	57.99%	59.57%	51.71%	50.64%	57.70%	58.82%	58.05%	54.29%	54.07%
Statin Adherence 80%: 40 -75 years	41.92%	45.85%	35.02%	51.75%	43.11%	43.28%	86.00%	60.23%	55.86%	51.15%
Musculoskeletal Conditions										
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)*	55.63%	66.29%	62.60%	64.35%	51.05%	59.45%	NA	69.11%	63.40%	59.18%
Behavioral Health										
Antidepressant Medication Management (AMM):										
Effective Acute Phase Treatment	52.38%	49.43%	42.55%	43.70%	38.99%	37.97%	41.77%	53.35%	45.20%	42.18%
Effective Continuation Phase Treatment	36.58%	34.48%	27.44%	29.18%	23.33%	22.74%	25.30%	37.74%	29.86%	27.37%
Follow-Up Care for Children Prescribed ADHD Medication (ADD):										
Initiation Phase	43.86%	40.72%	30.36%	50.38%	43.86%	42.20%	41.97%	52.33%	53.96%	44.62%
Continuation and Maintenance Phase	56.79%	46.69%	46.97%	57.23%	52.52%	64.89%	59.69%	67.38%	64.29%	65.85%
Follow-Up After Hospitalization for Mental Illness (FUH)***:										
7-Day Follow-Up: 6–17 years	58.54%	58.23%	35.06%	62.22%	59.52%	42.60%	39.18%	53.07%	56.52%	43.39%
18–64 years	27.46%	37.50%	24.78%	32.31%	38.31%	31.66%	39.46%	30.36%	38.16%	24.74%
30-Day Follow-Up: 6–17 years	79.51%	79.32%	57.37%	84.81%	79.37%	68.59%	58.58%	75.88%	77.93%	63.64%
18–64 years	48.75%	59.06%	45.06%	55.92%	57.84%	51.35%	65.69%	53.07%	57.52%	45.96%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)**:										
7-Day Follow-Up: 6–17 years	39.53%	37.50%	35.14%	50.34%	44.39%	50.00%	47.57%	40.31%	43.60%	40.82%

Medicaid Results

Table 5a. HEDIS 2019 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
18–64 years	19.81%	32.66%	29.83%	24.24%	36.67%	30.21%	31.33%	21.30%	35.84%	27.31%
30-Day Follow-Up: 6–17 years	62.79%	52.98%	54.05%	70.07%	65.24%	57.14%	68.80%	64.29%	67.44%	51.02%
18–64 years	33.87%	46.85%	42.54%	39.18%	49.72%	43.75%	47.33%	40.37%	49.12%	43.37%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA):										
7-Day Follow-Up: 13–17 years	2.50%	NA	NA	NA	NA	NA	2.50%	NA	NA	NA
18 years and older	5.48%	6.29%	6.18%	4.01%	5.70%	4.82%	3.17%	2.28%	4.06%	4.51%
Total	5.19%	6.61%	5.95%	4.16%	5.42%	4.58%	2.80%	2.19%	3.87%	5.23%
30-Day Follow-Up: 13–17 years	2.50%	NA	NA	NA	NA	NA	5.00%	NA	NA	NA
18 years and older	7.40%	9.74%	8.99%	6.81%	9.43%	7.23%	6.35%	4.39%	6.71%	6.94%
Total	6.91%	9.92%	8.65%	7.15%	8.96%	6.87%	5.59%	4.38%	6.57%	7.52%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)*	81.88%	86.14%	80.40%	85.82%	83.76%	83.78%	87.25%	84.44%	85.48%	79.95%
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*	64.46%	76.79%	65.31%	76.20%	70.47%	71.04%	82.86%	76.16%	73.56%	74.22%
Cardiovascular Monitoring for People With CVD and Schizophrenia (SMC)*	NA	81.08%	NA	76.36%	NA	82.76%	NA	76.27%	77.97%	83.64%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*	46.94%	62.76%	41.40%	62.80%	57.11%	54.30%	77.31%	58.42%	62.25%	53.38%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)*:										
1-5 Years	NA	NA	NA	NA	NA	NA	23.08%	NA	NA	NA
6-11 Years	30.94%	28.26%	16.76%	31.79%	32.45%	21.39%	34.21%	30.37%	27.94%	24.54%
12-17 Years	38.32%	40.06%	30.77%	43.85%	37.98%	39.51%	48.08%	37.64%	37.08%	32.33%
Total	36.25%	35.33%	24.37%	39.05%	35.81%	32.76%	43.68%	35.03%	33.51%	28.89%
Medication Management										
Annual Monitoring for Patients on Persistent Medications (MPM):										
ACE Inhibitors or ARBs	89.69%	89.87%	91.53%	93.50%	90.47%	94.04%	87.50%	93.03%	90.52%	93.12%
Diuretics	91.04%	90.04%	91.38%	93.50%	91.55%	93.75%	90.84%	93.72%	91.73%	93.21%
Total[†]	90.23%	89.94%	91.46%	93.50%	90.91%	93.90%	88.82%	93.31%	91.03%	93.16%

Table 5a. HEDIS 2019 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Overuse/Appropriateness										
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	85.13%	91.48%	85.55%	85.22%	90.55%	83.92%	85.47%	84.09%	90.95%	85.43%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*	35.43%	40.34%	39.94%	37.04%	40.51%	41.37%	43.62%	31.37%	39.19%	39.66%
Use of Imaging Studies for Low Back Pain (LBP)	66.69%	67.08%	69.97%	64.04%	66.04%	65.91%	66.33%	64.09%	63.41%	63.84%
Measures Collected Through CAHPS Health Plan Survey										
Flu vaccinations for adults ages 18 to 64 (FVA)	39.59%	49.50%	36.97%	42.06%	41.62%	44.24%	NA	44.71%	47.23%	44.27%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC):										
Advising Smokers and Tobacco Users to Quit	77.33%	81.68%	77.34%	83.57%	79.49%	78.11%	NA	80.69%	78.2%	82.91%
Discussing Cessation Medications	49.69%	51.67%	45.68%	50.23%	47.06%	50.3%	NA	56.43%	46.79%	52.72%
Discussing Cessation Strategies	42.59%	46.27%	39.63%	44.08%	43.71%	45.18%	NA	47.62%	41.38%	47.86%
Supplemental Data - % Current Smokers [†]	42.30%	32.43%	35.04%	41.04%	34.02%	34.44%	17.50%	38.08%	35.97%	34.13%

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

** NCQA indicated a break in trending to prior years due to significant changes in measure specifications in 2019

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

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

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

Table 5b. HEDIS 2019 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%)	43.16%	42.13%	47.43%	36.01%	41.42%	38.99%	39.49%	36.44%	37.06%	40.95%
Overuse/Appropriateness										
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	0.63%	1.56%	1.31%	1.39%	1.17%	2.42%	1.20%	3.04%	2.44%	2.60%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)*:										
1–5 Years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
6–11 Years	1.05%	2.40%	0.91%	3.32%	0.00%	0.00%	1.95%	2.89%	2.61%	0.00%
12–17 Years	0.83%	0.96%	1.63%	2.99%	3.54%	3.48%	4.20%	2.58%	1.71%	0.61%
Total	0.88%	1.49%	1.28%	3.08%	2.43%	2.15%	3.49%	2.67%	2.06%	0.37%
Use of Opioids at High Dosage (UOD)**	2.37%	2.07%	1.24%	2.93%	1.95%	1.44%	NA	5.24%	4.28%	1.44%
Use of Opioids From Multiple Providers (UOP)**:										
Multiple Prescribers	17.59%	31.53%	17.30%	23.84%	32.69%	18.55%	NA	21.25%	25.12%	17.01%
Multiple Pharmacies	2.32%	5.83%	9.91%	1.89%	5.23%	6.00%	NA	2.55%	5.16%	7.95%
Multiple Prescribers and Pharmacies	1.05%	2.85%	2.46%	0.87%	2.74%	1.55%	NA	1.40%	2.26%	2.95%
Risk of Continued Opioid Use (COU)*:										
≥15 days/30-day period	3.14%	3.61%	2.96%	3.30%	3.45%	3.21%	0.68%	6.10%	5.85%	4.02%
≥ 31 days/62-day period	1.73%	1.92%	1.37%	1.84%	1.84%	1.55%	0.45%	4.37%	3.76%	2.18%

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

** In 2019 NCQA indicated break in trending due to measure results being displayed as percentage.

First year measure in 2019

Table 6. HEDIS 2019 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	77.14%	82.07%	77.75%	83.33%	81.84%	82.64%	66.88%	79.52%	80.87%	76.50%
45-64 years	82.90%	87.96%	84.08%	90.63%	89.54%	90.23%	74.49%	83.15%	82.64%	81.43%
Children and Adolescents' Access to Primary Care Practitioners (CAP):										
12-24 months	95.97%	95.31%	93.75%	97.37%	96.90%	93.65%	91.66%	95.81%	96.22%	92.81%
25 months-6 years	87.76%	91.17%	84.37%	92.72%	90.34%	86.55%	88.97%	90.53%	91.80%	87.34%
7-11 years	91.12%	95.42%	91.06%	96.00%	94.55%	93.15%	94.20%	94.24%	95.55%	93.33%
12-19 years	89.25%	92.08%	89.22%	93.89%	93.25%	91.77%	90.02%	91.78%	92.75%	89.59%
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET):										
IET: Initiation of AOD Treatment:										
13-17 Years: Alcohol	24.44%	NA	NA	36.84%	NA	NA	39.22%	NA	NA	NA
Opioid	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Other drug	48.72%	57.76%	45.79%	43.10%	47.97%	49.60%	46.68%	40.13%	48.51%	32.95%
Total	41.05%	52.99%	45.13%	41.29%	45.83%	47.10%	46.50%	37.43%	48.00%	33.67%
18+ Years: Alcohol	44.44%	46.93%	50.69%	43.02%	46.51%	51.33%	42.86%	39.86%	41.44%	48.32%
Opioid	58.97%	56.88%	65.86%	41.85%	53.39%	53.83%	64.91%	35.90%	38.72%	48.60%
Other drug	44.01%	48.69%	47.94%	35.76%	47.69%	45.13%	47.66%	35.66%	44.18%	44.98%
Total	46.76%	48.23%	49.22%	37.54%	46.89%	46.23%	46.96%	35.43%	39.54%	44.56%
Initiation Total: Alcohol	43.38%	46.71%	50.67%	42.80%	46.34%	50.98%	41.48%	39.37%	41.64%	48.09%
Opioid	58.95%	56.89%	65.65%	41.83%	53.23%	53.72%	63.16%	35.98%	38.73%	48.60%
Other drug	44.42%	49.25%	47.77%	36.16%	47.71%	45.48%	47.21%	35.92%	44.44%	44.29%
Total	46.42%	48.42%	49.01%	37.67%	46.84%	46.27%	46.76%	35.49%	39.82%	44.16%
IET: Engagement of AOD Treatment:										
13-17 Years: Alcohol	15.56%	NA	NA	15.79%	NA	NA	13.73%	NA	NA	NA
Opioid	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Other drug	29.49%	33.62%	14.95%	30.46%	26.83%	16.80%	25.80%	20.38%	26.87%	5.68%
Total	25.26%	29.85%	14.16%	28.36%	24.31%	15.94%	25.00%	19.30%	25.33%	6.12%

Medicaid Results

Table 6. HEDIS 2019 Plan-Specific Rates: Access/Availability of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
18+ Years: Alcohol	11.86%	13.50%	11.40%	10.42%	12.61%	11.30%	11.90%	7.70%	11.08%	9.16%
Opioid	33.30%	26.62%	26.21%	16.67%	21.01%	22.99%	22.81%	12.22%	13.71%	17.60%
Other drug	14.16%	16.17%	10.97%	9.93%	14.29%	10.97%	15.53%	8.46%	12.12%	10.10%
Total	18.69%	17.84%	12.51%	11.92%	15.18%	13.22%	15.47%	9.41%	12.02%	10.87%
Engagement Total: Alcohol	12.06%	13.45%	11.46%	10.61%	12.77%	11.44%	12.59%	7.76%	11.00%	9.20%
Opioid	33.23%	26.69%	25.85%	16.66%	20.97%	22.87%	23.68%	12.24%	13.75%	17.60%
Other drug	15.49%	17.25%	11.28%	11.05%	15.10%	11.43%	20.30%	9.17%	13.01%	9.85%
Total	19.08%	18.31%	12.60%	12.49%	15.57%	13.36%	19.67%	9.74%	12.47%	10.70%
Prenatal and Postpartum Care (PPC):										
Timeliness of Prenatal Care	83.21%	85.16%	76.40%	90.56%	80.20%	82.13%	76.58%	86.86%	77.86%	81.27%
Postpartum Care	68.13%	61.56%	53.28%	66.11%	62.84%	59.80%	47.15%	65.69%	61.07%	53.53%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP):										
1-5 Years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
6-11 Years	53.52%	51.19%	50.49%	54.76%	59.77%	61.06%	58.48%	59.49%	58.33%	65.06%
12-17 Years	58.27%	48.78%	53.51%	58.60%	57.23%	60.45%	50.81%	58.19%	44.32%	53.33%
Total	56.74%	49.02%	52.04%	56.66%	57.30%	60.24%	52.73%	58.24%	48.42%	57.59%

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

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

Table 7. HEDIS 2019 Plan-Specific Rates: Use of Services Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Well-Child Visits in the First 15 Months of Life (W15):										
6 or More Visits	72.75%	79.32%	59.61%	72.78%	68.85%	57.07%	52.55%	73.48%	71.53%	56.45%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)										
	69.10%	76.16%	72.02%	74.58%	71.04%	72.40%	76.82%	74.45%	77.86%	70.07%
Adolescent Well-Care Visits (AWC)										
	57.18%	67.64%	60.10%	52.07%	58.39%	46.96%	49.64%	57.07%	63.09%	61.22%

Individual Plan Performance—CAHPS

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

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





Table 8. 2019 CAHPS Rating Color and Measure Designations		
Color Designation	Rating Scale	Additional Comments
	Greater than one standard deviation above the statewide average	No additional comments
	Within one standard deviation above or below the statewide average	No additional comments
	Greater than one standard deviation below the statewide average	No additional comments
	No Rating Available	Benchmarking data were not available
Measure Designation	Definition	
NA	Not Applicable, there were fewer than 100 valid responses, hence results are not presented.	

Table 9. 2019 CAHPS 5.0H Adult Medicaid Survey Results										
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care (Always + Usually)										
85.25%	83.39%	80.83%	87.81%	86.92%	88.06%	NA	87.18%	86.99%	84.39%	85.65%
2. Getting Care Quickly (Always + Usually)										
84.93%	80.55%	81.64%	89.36%	80.80%	85.07%	NA	86.14%	84.55%	82.72%	83.97%
3. How Well Doctors Communicate (Always + Usually)										
90.95%	91.70%	89.48%	93.42%	90.19%	93.18%	NA	91.86%	92.94%	89.63%	91.48%
4. Customer Service (Always + Usually)										
NA	91.14%	90.35%	NA	NA	NA	NA	94.36%	94.73%	92.89%	92.69%

Medicaid Results

Table 9. 2019 CAHPS 5.0H Adult Medicaid Survey Results

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
5. Shared Decision Making* (Yes)										
80.74%	76.15%	75.82%	76.92%	NA	NA	NA	78.34%	77.89%	76.50%	77.48%
6. Rating of All Health Care (9+10)										
51.40%	56.61%	52.47%	61.84%	59.33%	59.49%	NA	57.23%	60.64%	59.02%	57.56%
7. Rating of Personal Doctor (9+10)										
65.85%	67.72%	65.69%	70.91%	71.43%	71.14%	NA	73.52%	70.59%	71.11%	69.77%
8. Rating of Specialist Seen Most Often (9+10)										
66.88%	68.48%	64.89%	66.98%	NA	62.61%	NA	68.09%	70.86%	65.28%	66.76%
9. Rating of Health Plan (9+10)										
57.34%	63.07%	59.14%	66.53%	62.56%	67.51%	67.24%	70.98%	71.87%	68.31%	65.46%
10. Coordination of Care (Always + Usually)										
81.29%	79.29%	84.50%	83.65%	NA	80.19%	NA	88.24%	82.32%	76.98%	82.06%

Table 10. 2019 CAHPS 5.0H Child Medicaid Survey Results (General Population)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care* (Always + Usually)										
89.36%	84.00%	81.61%	92.96%	92.48%	89.71%	92.18%	89.43%	88.29%	87.56%	88.76%
2. Getting Care Quickly (Always + Usually)										
92.15%	87.97%	90.27%	95.16%	90.93%	92.42%	97.42%	91.26%	87.20%	87.94%	91.27%
3. How Well Doctors Communicate (Always + Usually)										
94.76%	92.74%	92.93%	94.63%	95.37%	95.55%	95.73%	92.36%	92.72%	92.52%	93.93%
4. Customer Service (Always + Usually)										
87.73%	85.50%	92.63%	93.63%	NA	88.19%	93.48%	90.29%	88.25%	85.66%	89.48%
5. Shared Decision Making (Yes)										
76.56%	79.08%	79.17%	83.91%	NA	NA	85.50%	NA	NA	NA	80.84%

Medicaid Results

Table 10. 2019 CAHPS 5.0H Child Medicaid Survey Results (General Population)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
6. Rating of All Health Care (9+10)										
71.15%	72.71%	77.56%	79.88%	80.32%	75.51%	75.67%	77.44%	74.07%	74.91%	75.92%
7. Rating of Personal Doctor (9+10)										
78.33%	80.03%	78.88%	79.63%	81.23%	78.83%	79.28%	74.35%	81.17%	74.43%	78.62%
8. Rating of Specialist Seen Most Often (9+10)										
79.72%	75.68%	NA	81.19%	NA	NA	80.54%	NA	NA	NA	79.28%
9. Rating of Health Plan (9+10)										
72.25%	78.77%	79.63%	78.61%	80.33%	76.97%	79.89%	78.96%	79.91%	77.06%	78.24%
10. Coordination of Care (Always + Usually)										
85.57%	83.78%	81.25%	87.86%	NA	NA	88.44%	83.33%	78.15%	NA	84.05%
11. Access to Specialized Services (Always + Usually)										
NA	NA	NA	NA	NA	NA	81.38%	NA	NA	NA	81.38%
12. Family-Centered Care: Personal Doctor Who Knows Child (Yes)										
93.64%	92.56%	91.10%	90.52%	96.37%	90.01%	93.61%	92.05%	89.19%	93.93%	92.30%
13. Family-Centered Care: Getting Needed Information (Always + Usually)										
87.62%	88.45%	85.11%	92.33%	90.80%	87.90%	92.38%	86.36%	87.29%	85.30%	88.35%
14. Access to Prescription Medicines (Always + Usually)										
93.30%	93.27%	90.80%	93.17%	95.76%	93.99%	91.32%	93.67%	91.59%	92.35%	92.92%

Table 11. 2019 CAHPS 5.0H Child Medicaid Survey Results (Children with Chronic Conditions)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
1. Getting Needed Care (Always + Usually)										
87.72%	87.91%	85.66%	93.55%	90.94%	89.65%	90.07%	90.68%	89.08%	89.53%	89.48%
2. Getting Care Quickly (Always + Usually)										
94.30%	91.33%	94.31%	95.09%	92.15%	92.14%	95.49%	96.77%	93.35%	93.85%	93.88%

Medicaid Results

Table 11. 2019 CAHPS 5.0H Child Medicaid Survey Results (Children with Chronic Conditions)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	Statewide Average
3. How Well Doctors Communicate (Always + Usually)										
94.21%	95.33%	92.76%	94.60%	95.31%	95.24%	94.25%	95.98%	94.33%	94.60%	94.66%
4. Customer Service (Always + Usually)										
92.02%	NA	NA	93.51%	89.52%	NA	91.77%	NA	87.31%	89.99%	90.69%
5. Shared Decision Making (Yes)										
85.37%	84.52%	83.64%	88.17%	84.38%	88.00%	88.06%	83.68%	86.89%	85.06%	85.78%
6. Rating of All Health Care (9+10)										
64.37%	74.66%	72.66%	75.25%	76.32%	71.14%	74.19%	71.73%	74.25%	70.23%	72.48%
7. Rating of Personal Doctor (9+10)										
73.54%	81.23%	75.48%	78.93%	80.57%	77.43%	77.90%	76.31%	82.90%	78.10%	78.24%
8. Rating of Specialist Seen Most Often (9+10)										
74.85%	79.70%	77.06%	77.40%	NA	NA	77.37%	75.48%	77.46%	73.13%	76.56%
9. Rating of Health Plan (9+10)										
64.07%	75.42%	69.59%	75.30%	76.77%	75.42%	79.40%	77.46%	77.06%	72.86%	74.34%
10. Access to Specialized Services (Always + Usually)										
NA	NA	NA	NA	NA	NA	79.83%	NA	NA	NA	79.83%
11. Family-Centered Care: Personal Doctor or Nurse Who Knows Child (Yes)										
92.03%	92.24%	90.25%	92.35%	92.08%	92.11%	92.12%	91.04%	91.17%	92.26%	91.77%
12. Coordination of Care for Children With Chronic Conditions (Yes)										
79.03%	82.41%	NA	75.78%	NA	NA	80.64%	79.04%	75.58%	NA	78.75%
13. Family-Centered Care: Getting Needed Information (Always + Usually)										
88.66%	92.15%	92.16%	92.88%	91.23%	92.00%	94.18%	91.29%	90.00%	89.30%	91.39%
14. Access to Prescription Medicines (Always + Usually)										
93.33%	92.62%	88.76%	95.75%	92.44%	94.69%	92.51%	93.10%	92.78%	95.79%	93.18%

Medicaid HEDIS Trending—Statewide Weighted Rates

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

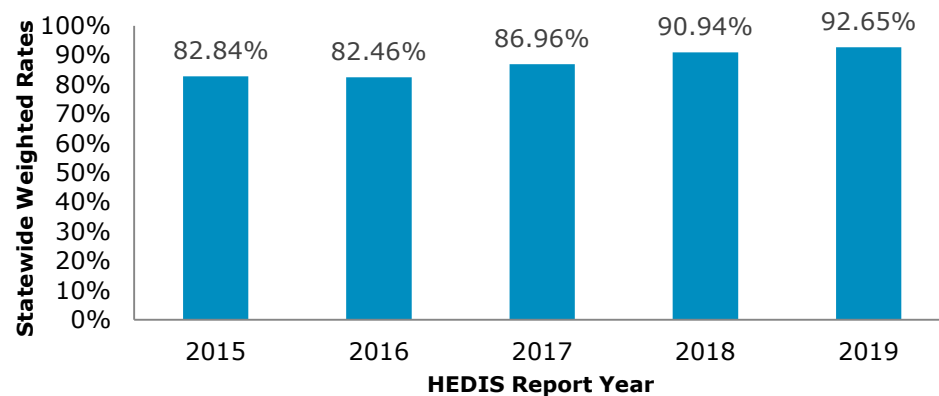
Generally and as stated in footnotes, factors should be considered while trending data, such as instances where

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

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

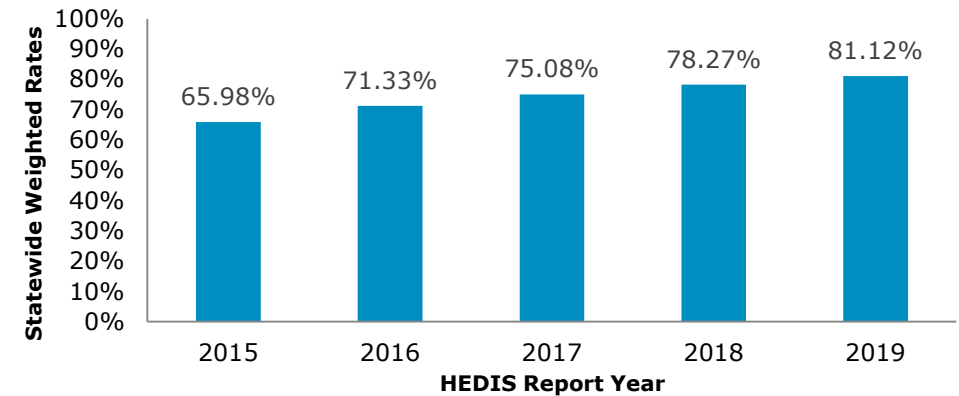
Effectiveness of Care Measures: Prevention and Screening

Fig. 1. Adult BMI Assessment (ABA)



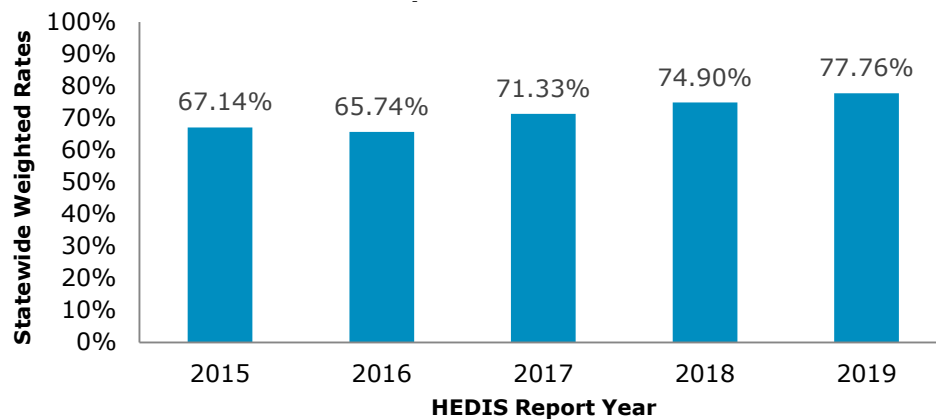
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

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



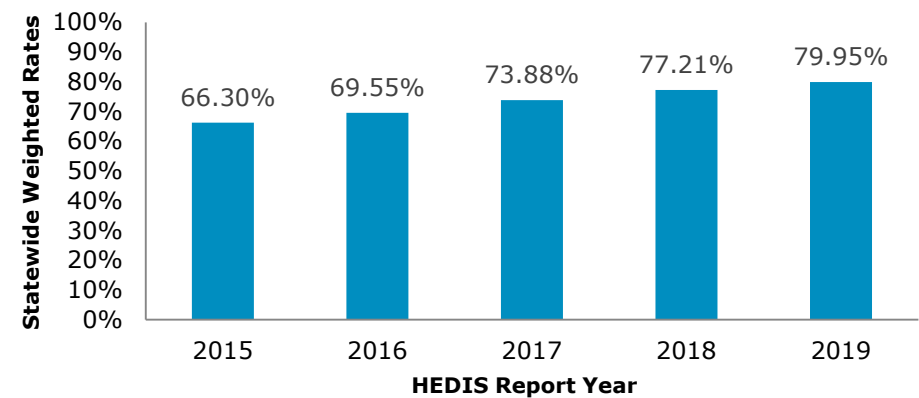
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

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



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

Fig. 4. WCC—BMI Percentile: Total



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

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

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

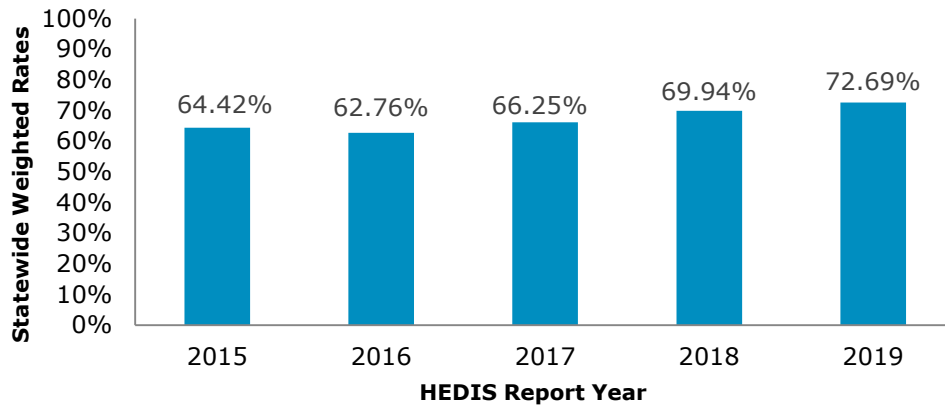


Fig. 6. WCC—Counseling for Nutrition: 12–17 years

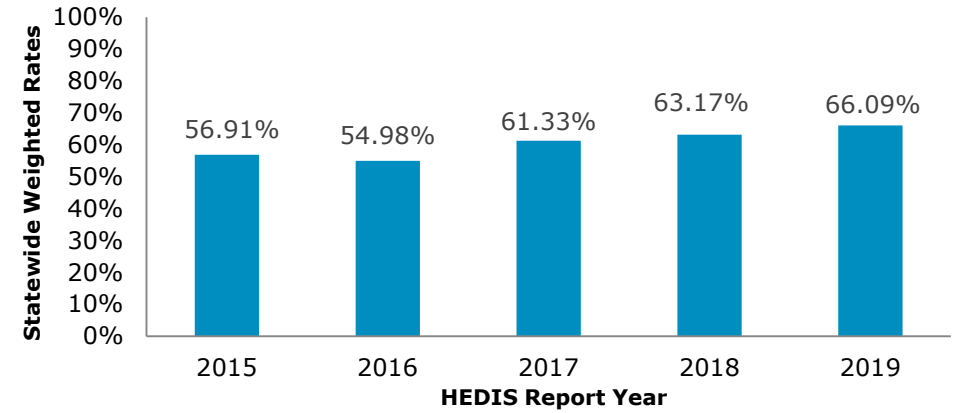


Fig. 7. WCC—Counseling for Nutrition: Total

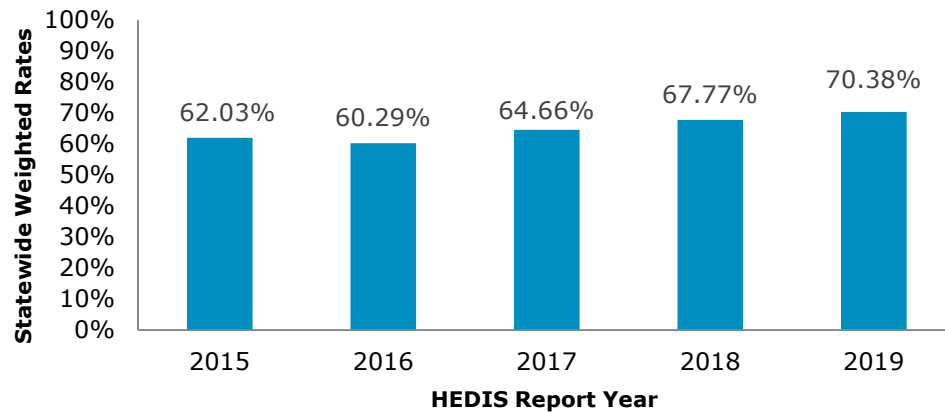
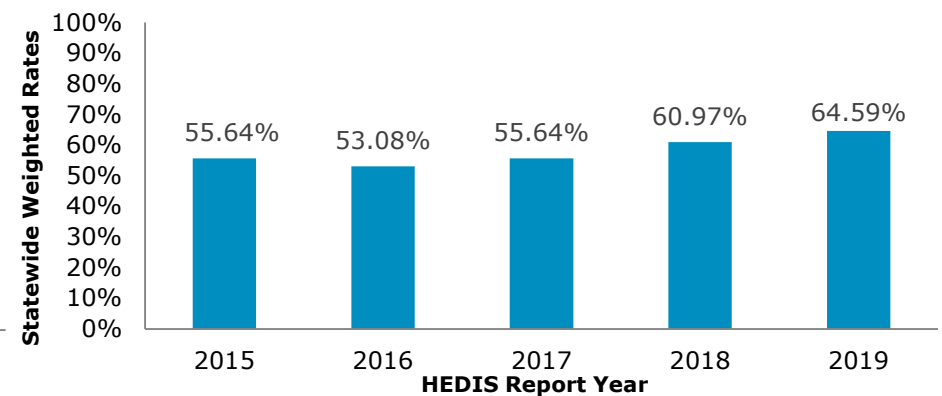


Fig. 8. WCC—Counseling for Physical Activity: 3–11 years



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

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

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

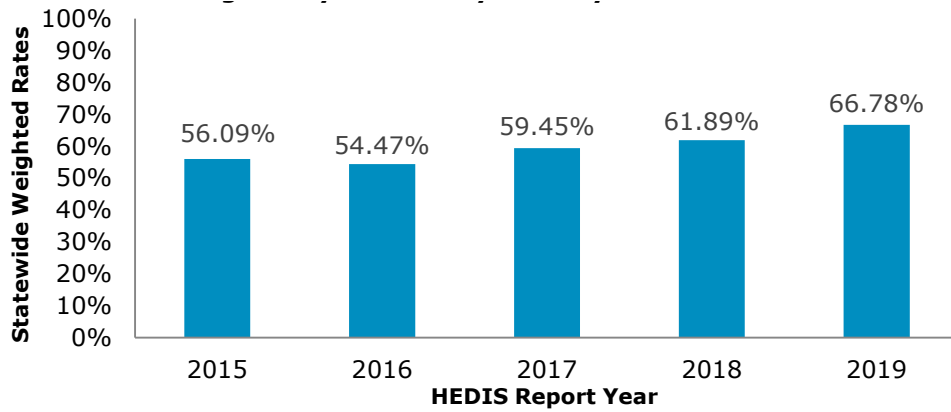
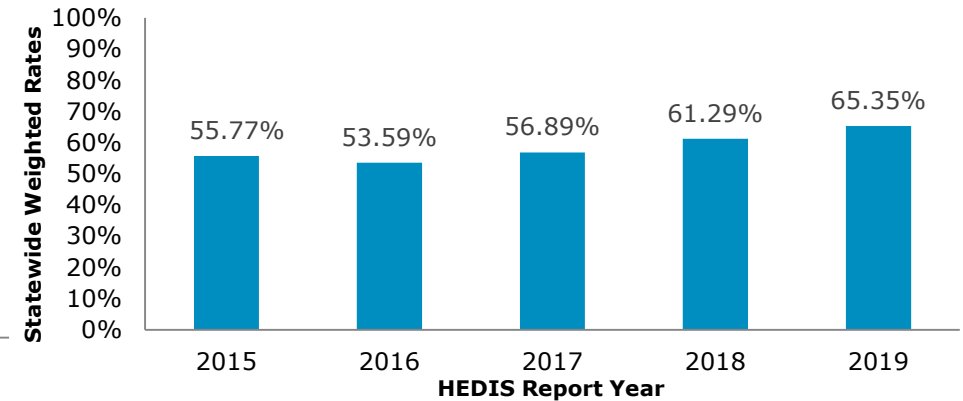


Fig. 10. WCC—Counseling for Physical Activity: Total



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

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

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

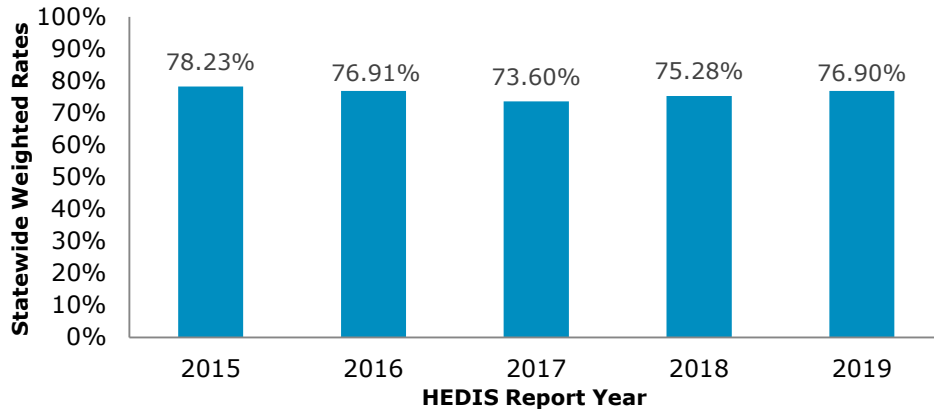
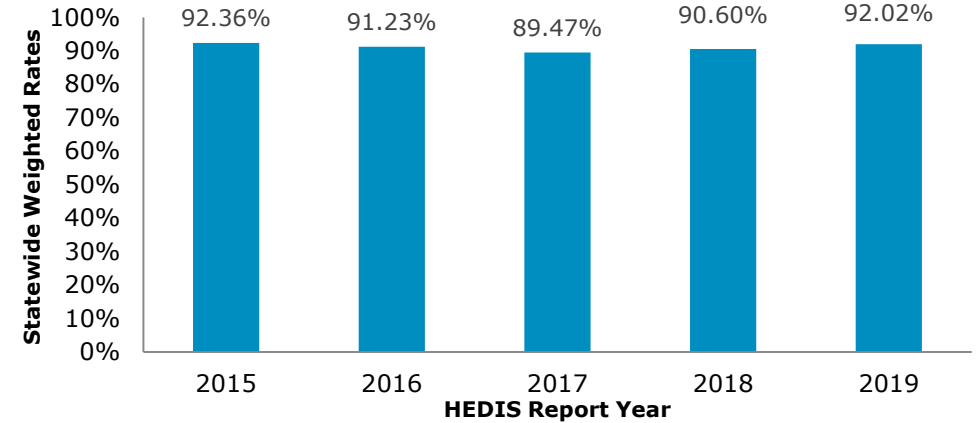


Fig. 12. CIS: IPV



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

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

Fig. 13. CIS: MMR

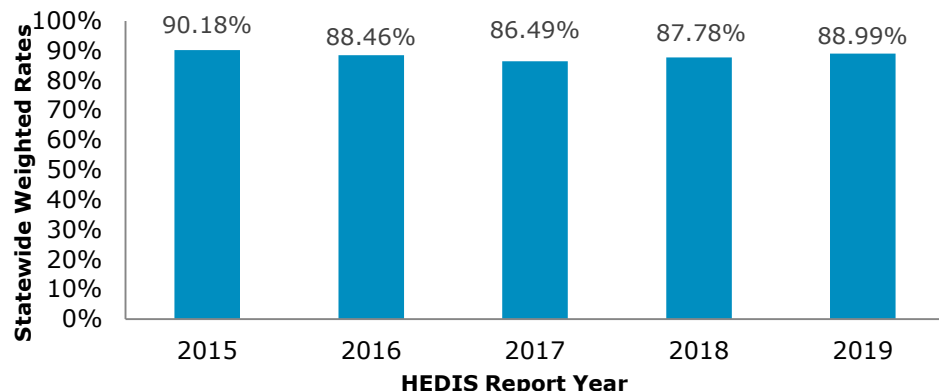
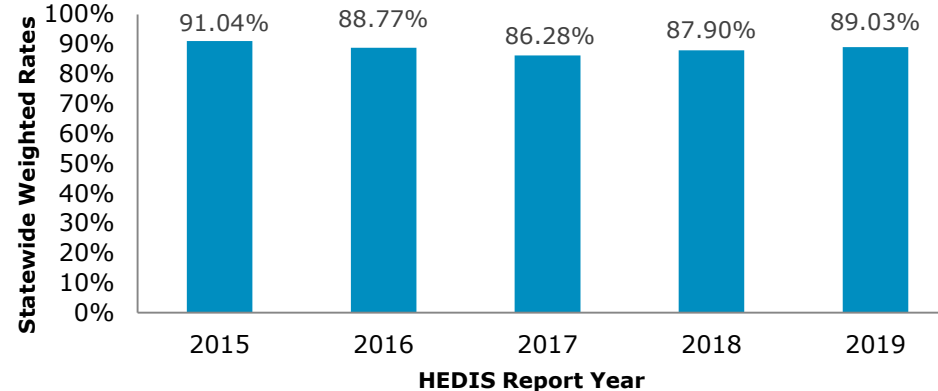


Fig. 14. CIS: HiB



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

Fig. 15. CIS: HepB

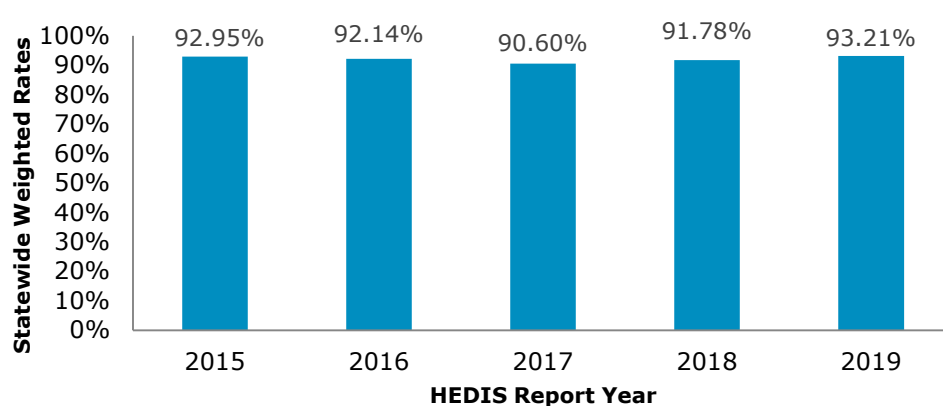
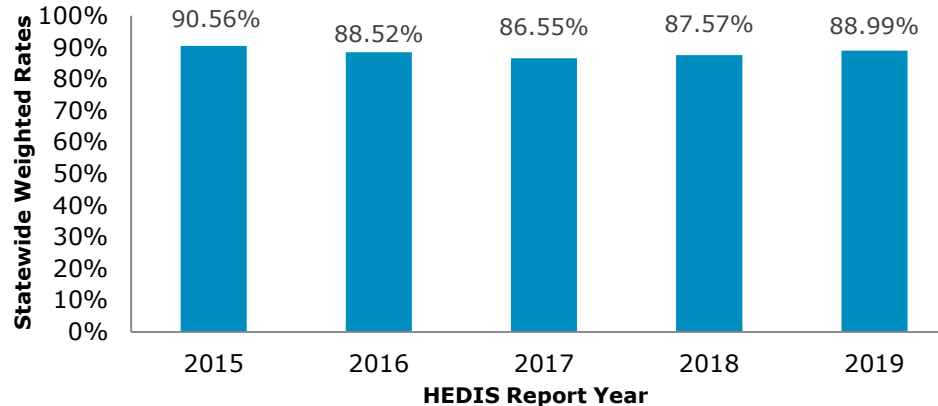


Fig. 16. CIS: VZV



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

Fig. 17. CIS: PCV

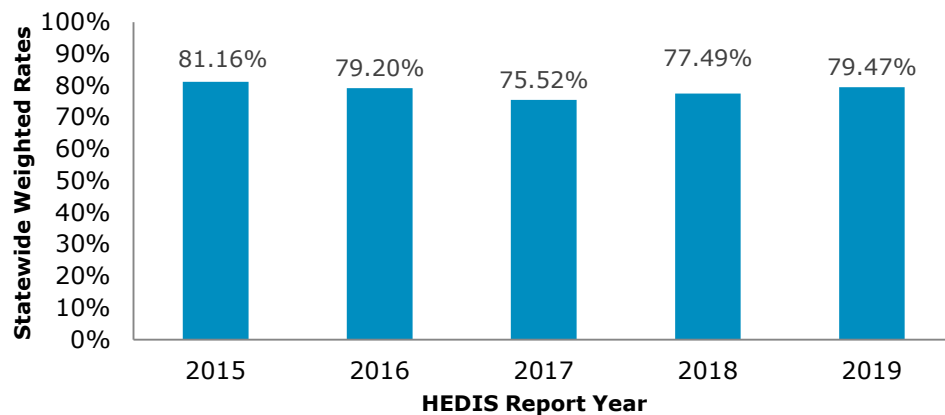
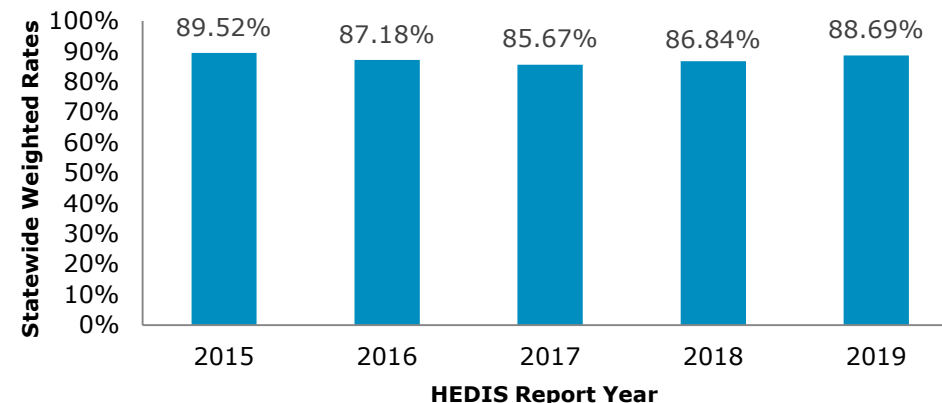


Fig. 18. CIS: HepA



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

Fig. 19. CIS: RV

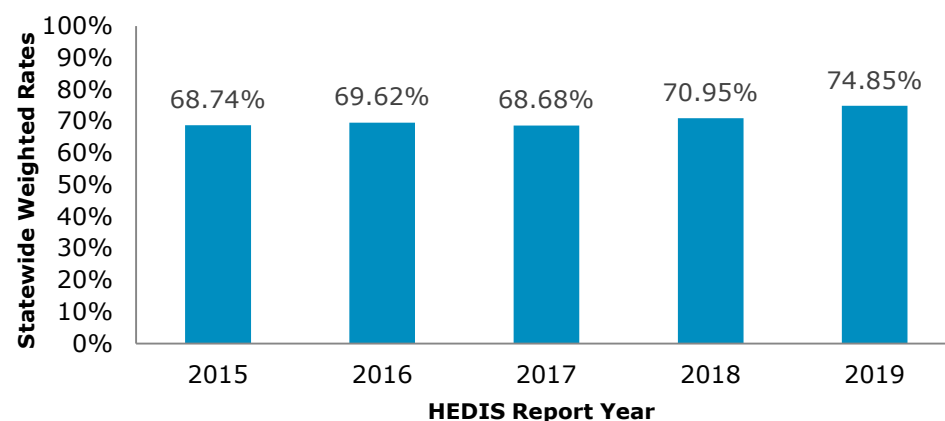
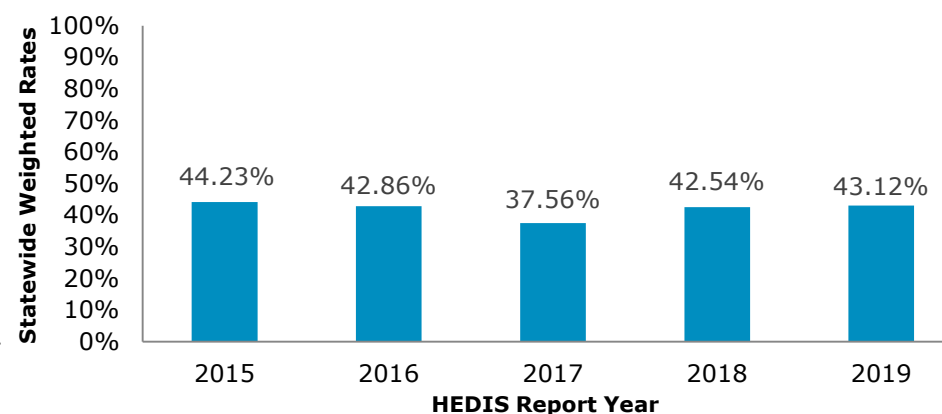
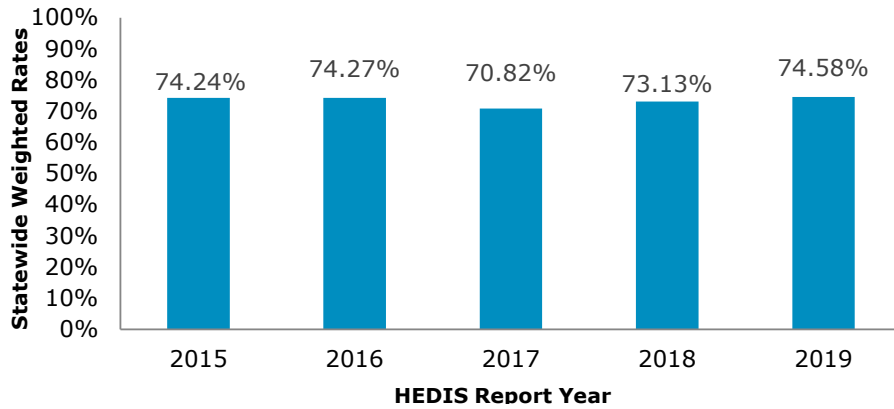


Fig. 20. CIS: Flu



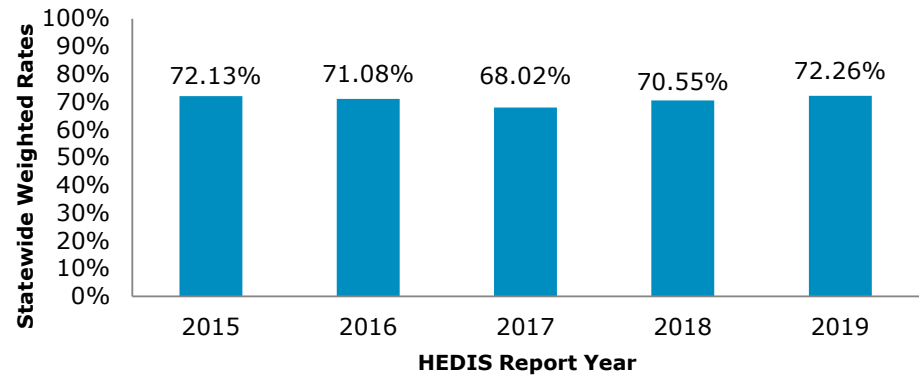
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 21. CIS: Combination 2



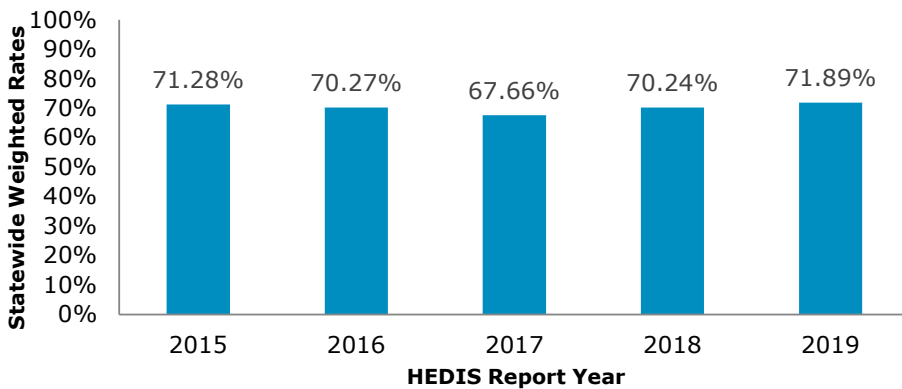
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 22. CIS: Combination 3



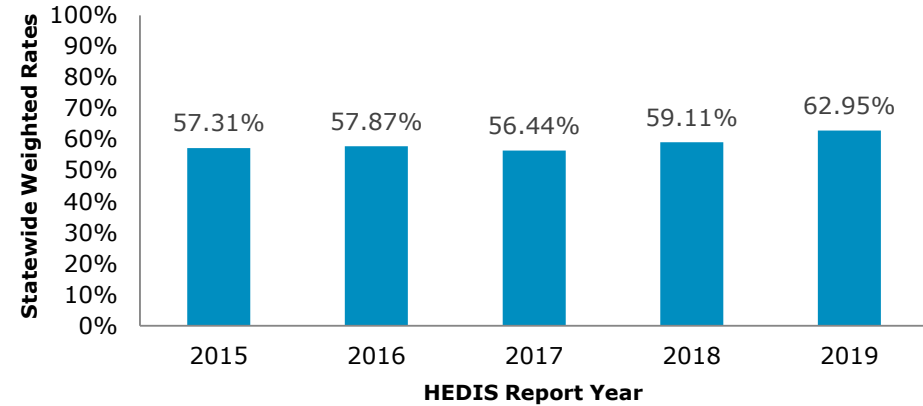
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 23. CIS: Combination 4



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

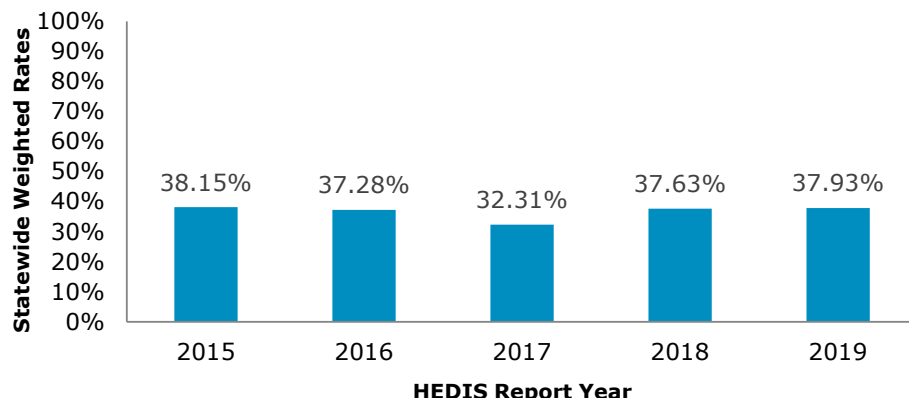
Fig. 24. CIS: Combination 5



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

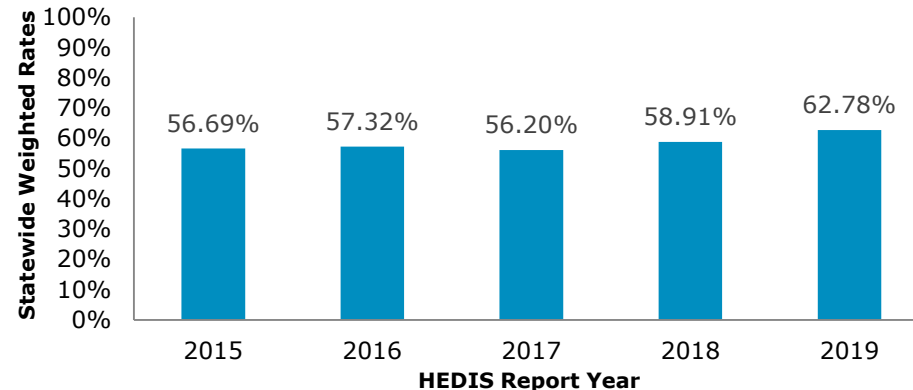
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 25. CIS: Combination 6



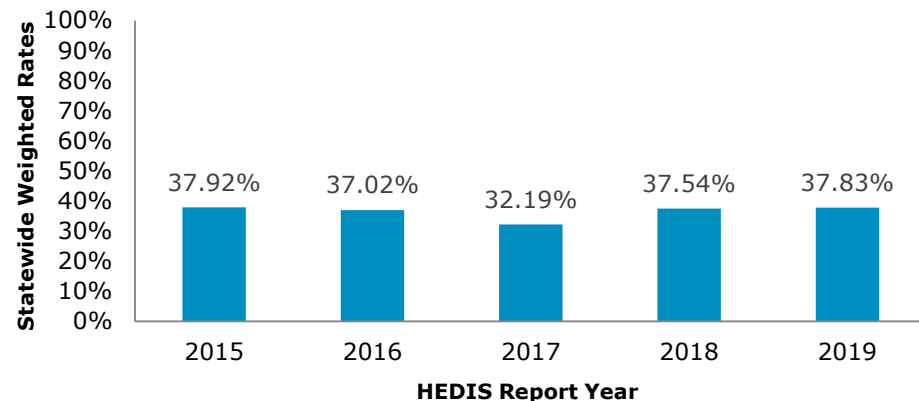
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 26. CIS: Combination 7



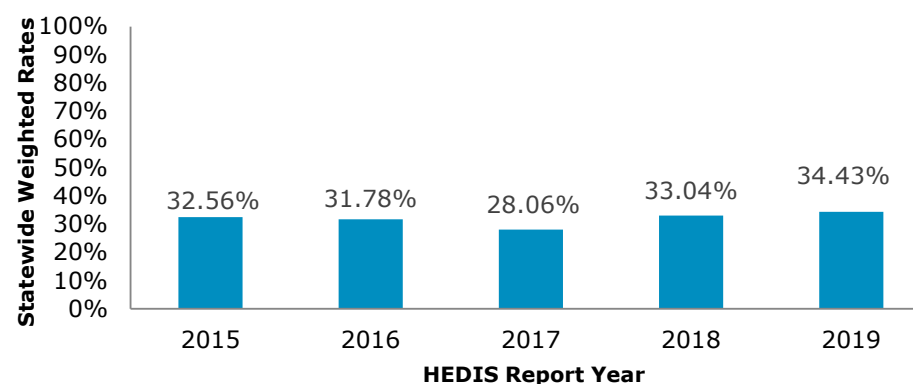
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 27. CIS: Combination 8



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

Fig. 28. CIS: Combination 9



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

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

Fig. 29. CIS: Combination 10

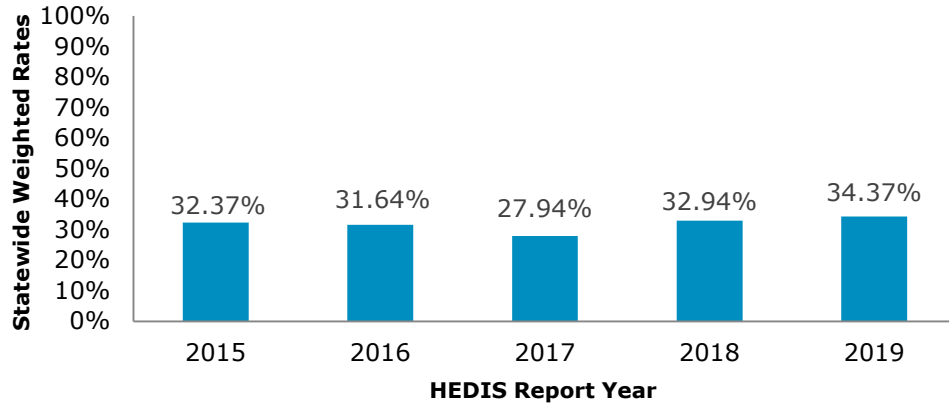
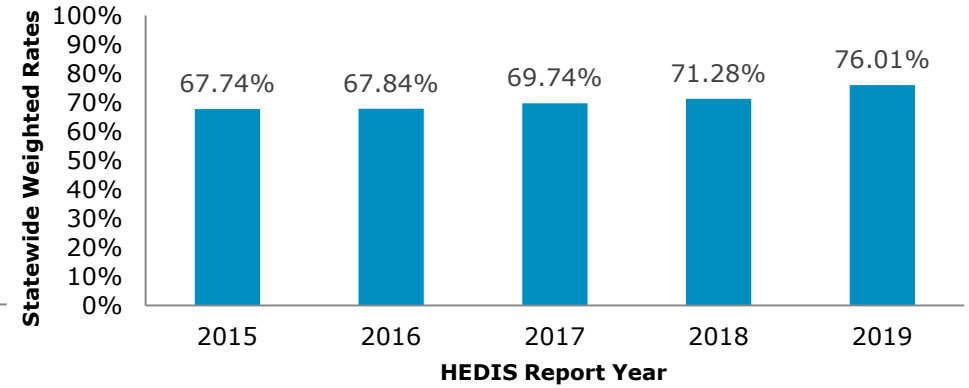


Fig. 30. Immunizations for Adolescents (IMA): Meningococcal



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

Fig. 31. IMA: Tdap/Td

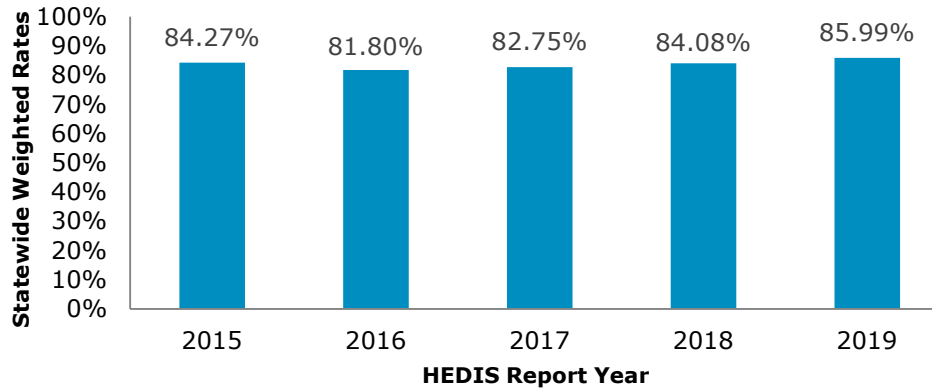
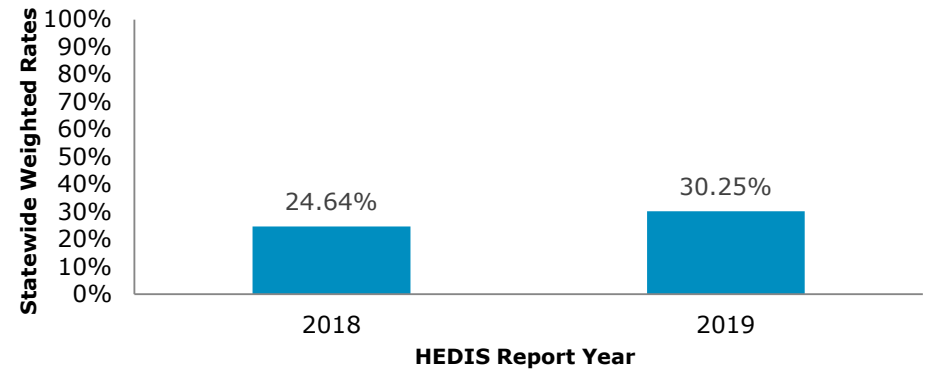


Fig. 32. IMA: HPV



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

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

Fig. 33. IMA: Combination 1

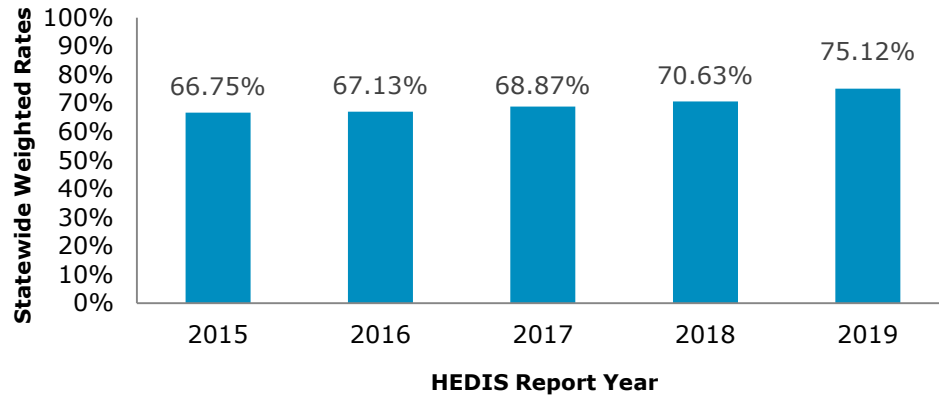
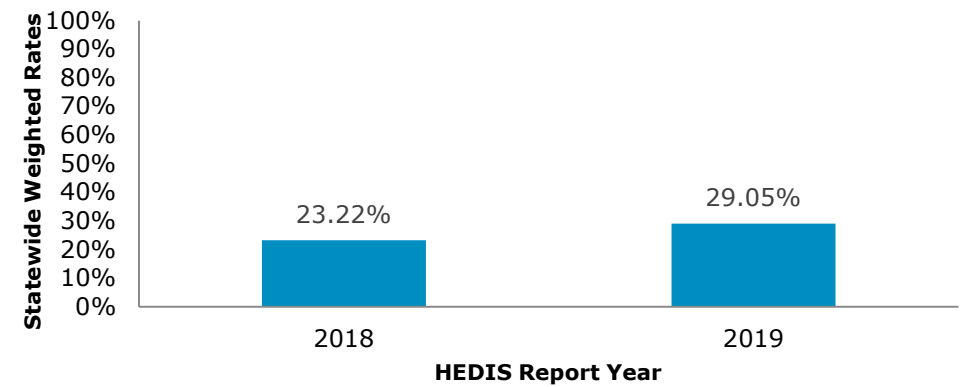


Fig. 34. IMA: Combination 2



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

Fig. 35. Lead Screening in Children (LSC)

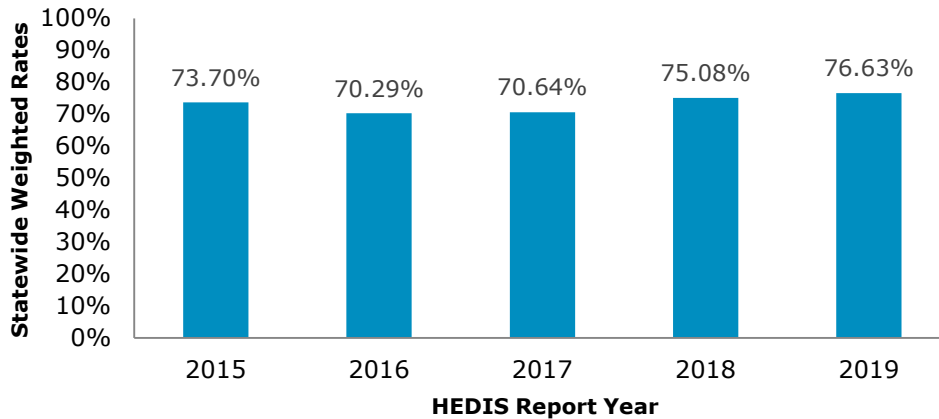
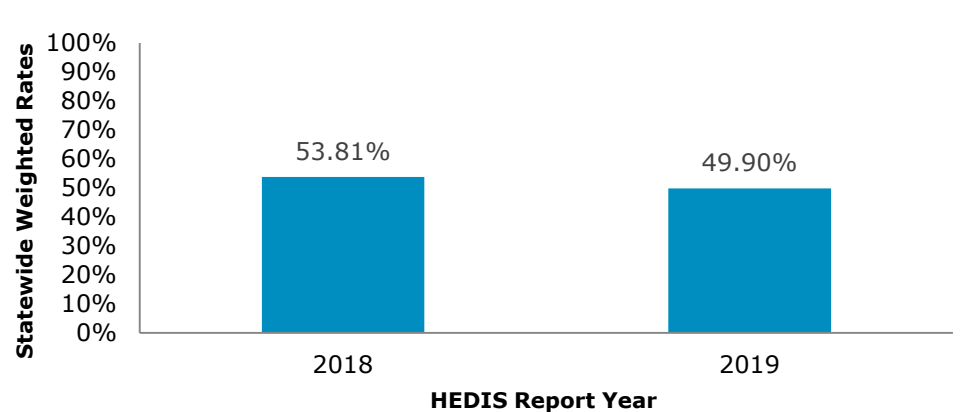


Fig. 36. Breast Cancer Screening (BCS)



Footnote: 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. 37. Cervical Cancer Screening (CCS)

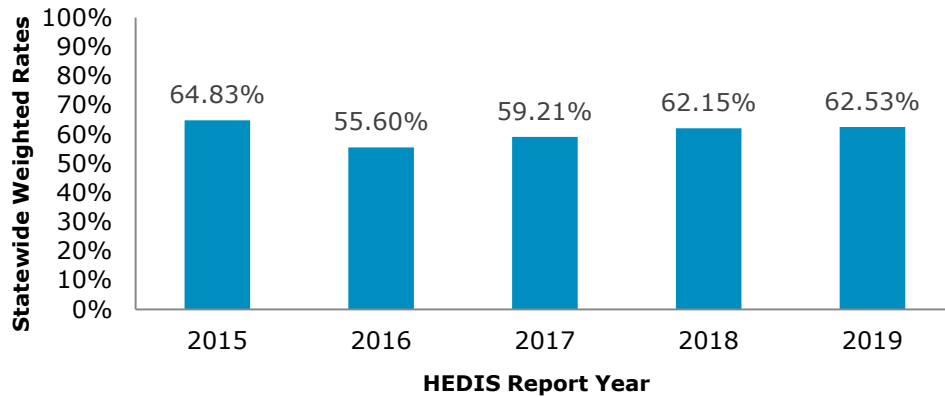
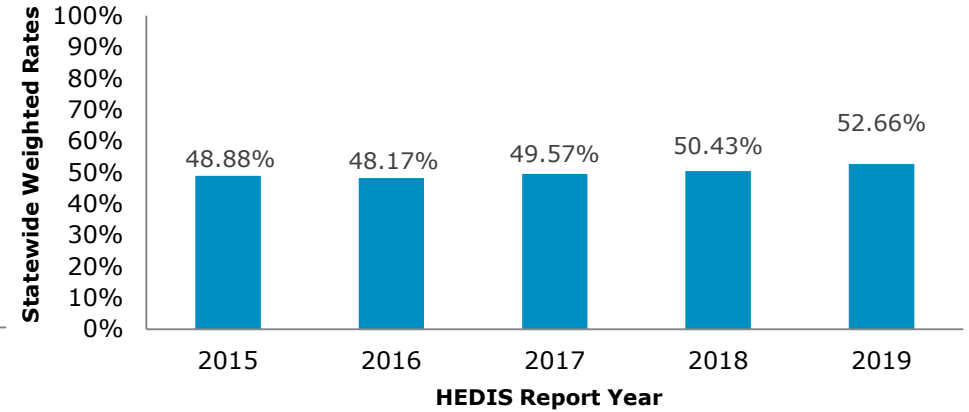


Fig. 38. Chlamydia Screening in Women (CHL): 16–20 years



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

Fig. 39. CHL: 21–24 years

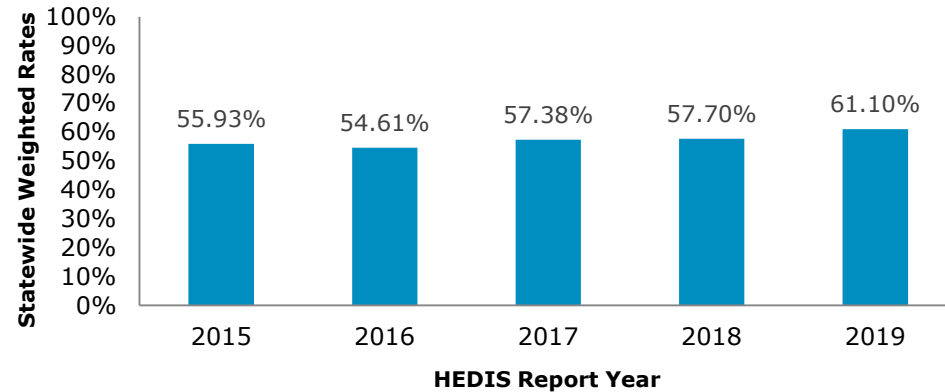
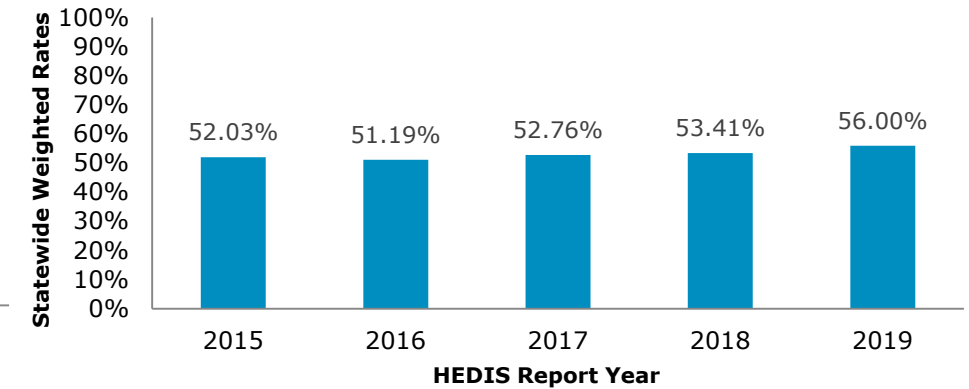
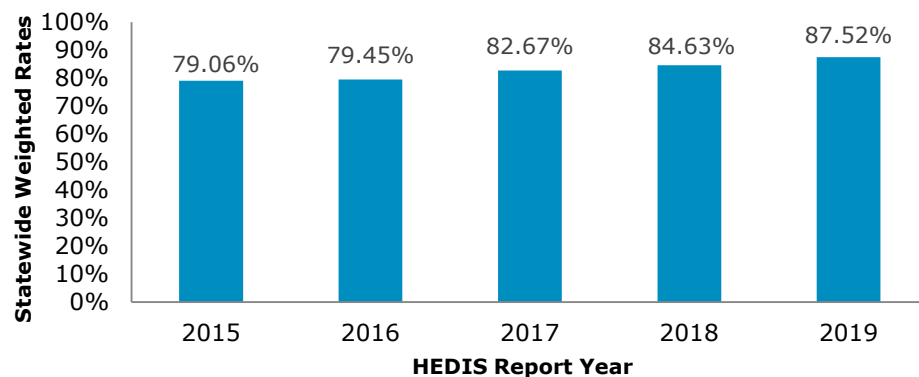


Fig. 40. CHL: Total



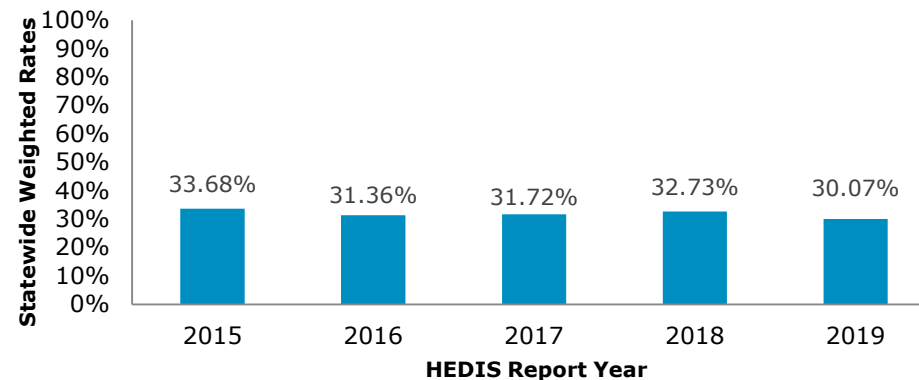
Effectiveness of Care Measures: Respiratory Conditions

Fig. 41. Appropriate Testing for Children With Pharyngitis (CWP)



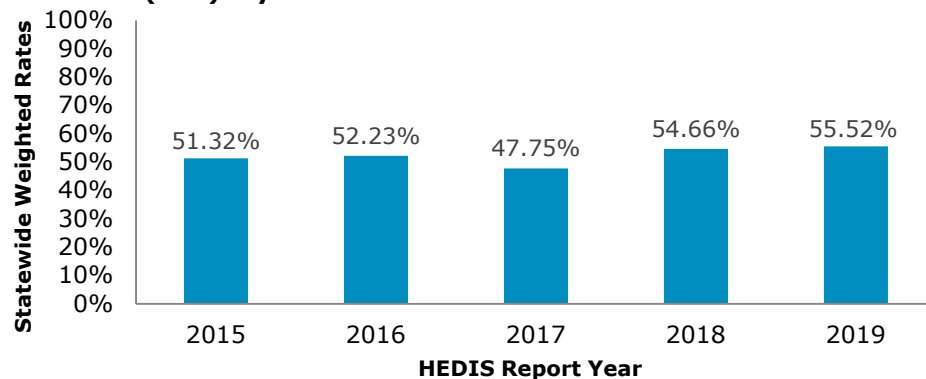
Footnote: For HEDIS 2016, the description and ages were changed from "2-18 years of age" to "3-18 years of age"; trending with prior years should be done with caution.

Fig. 42. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)



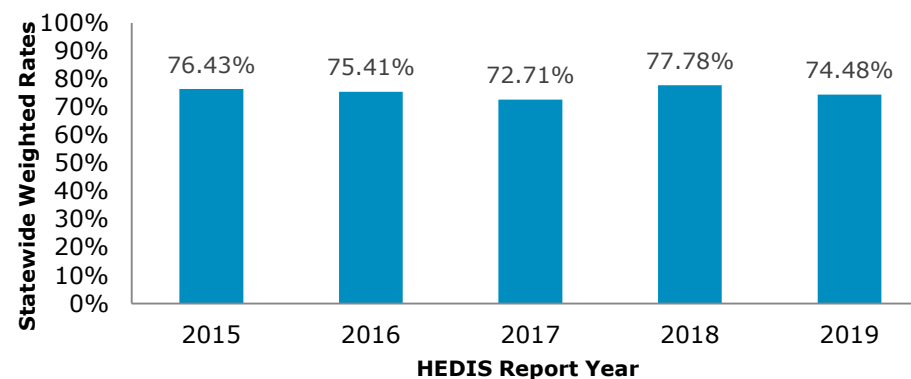
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 43. Pharmacotherapy Management of COPD Exacerbation (PCE): Systemic Corticosteroid



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

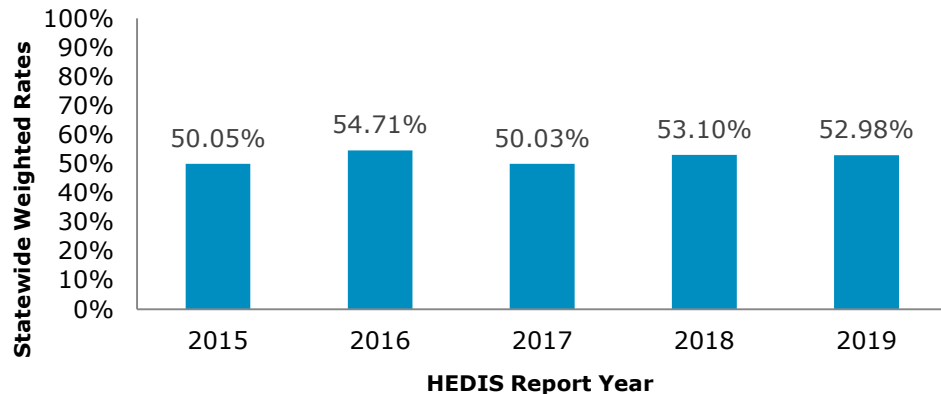
Fig. 44. PCE: Bronchodilator



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

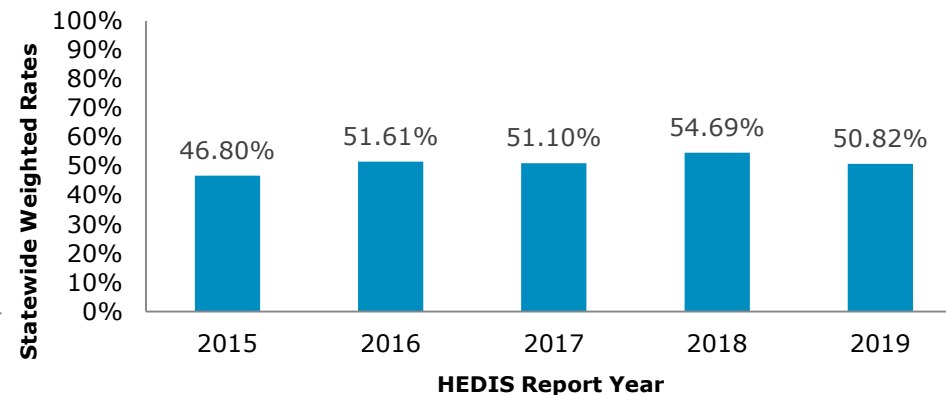
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 45. Medication Management for People With Asthma (MMA)—Medication Compliance 50%: 5–11 years



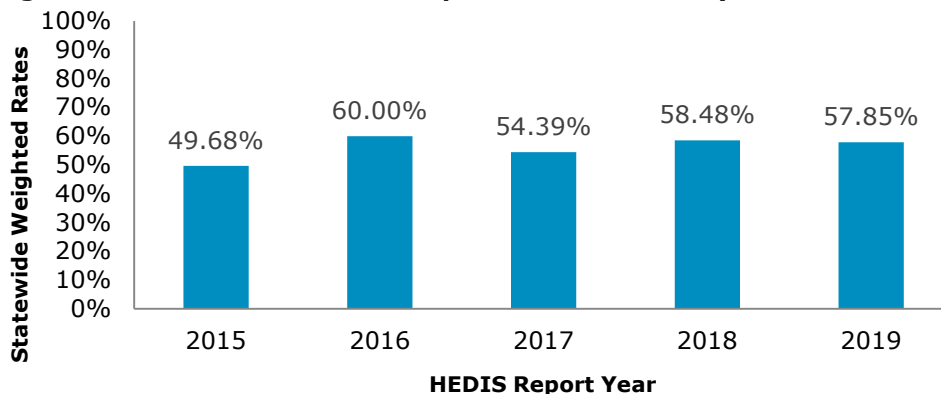
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 46. MMA—Medication Compliance 50%: 12–18 years



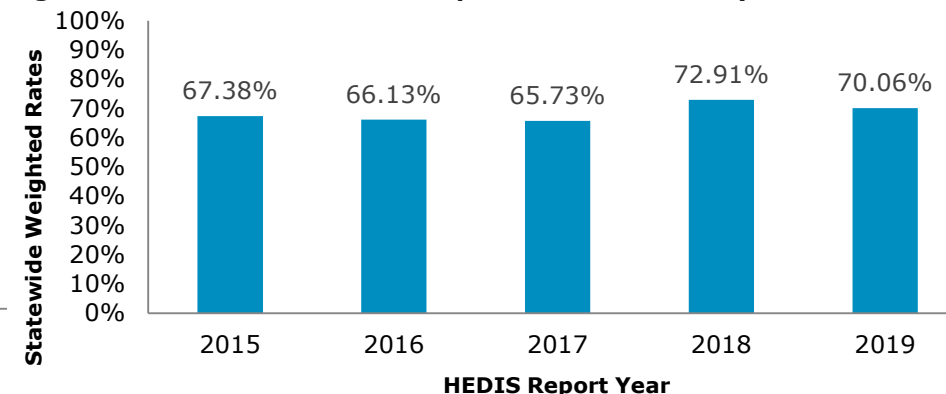
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 47. MMA—Medication Compliance 50%: 19–50 years



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

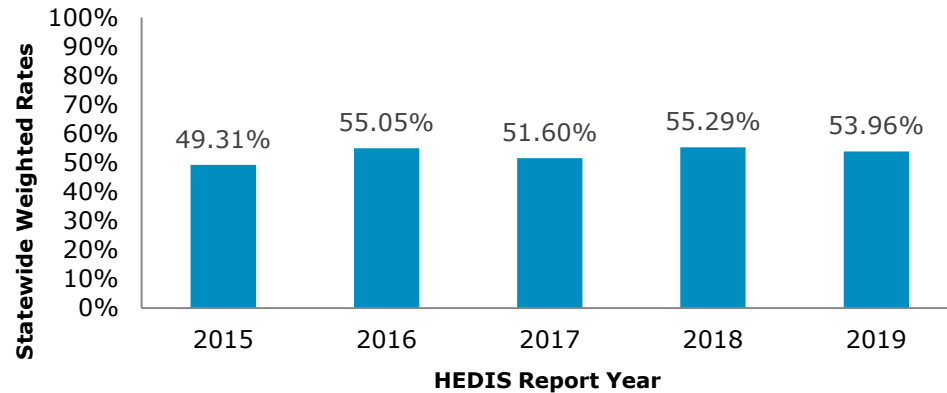
Fig. 48. MMA—Medication Compliance 50%: 51–64 years



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

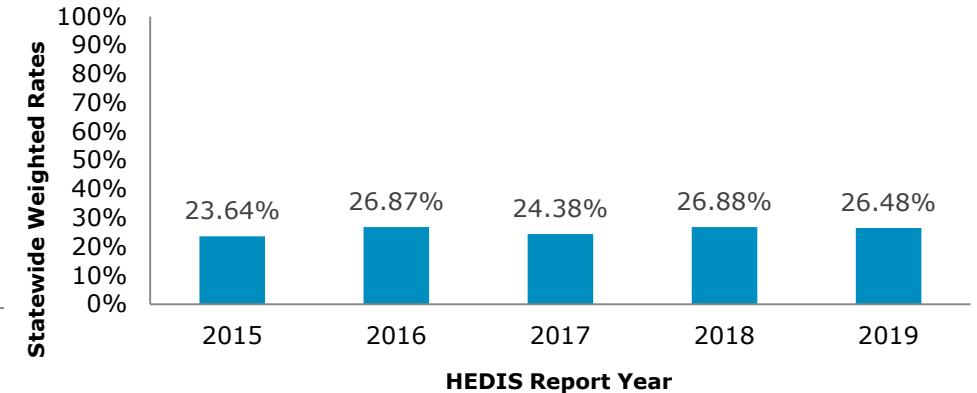
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 49. MMA—Medication Compliance 50%: Total



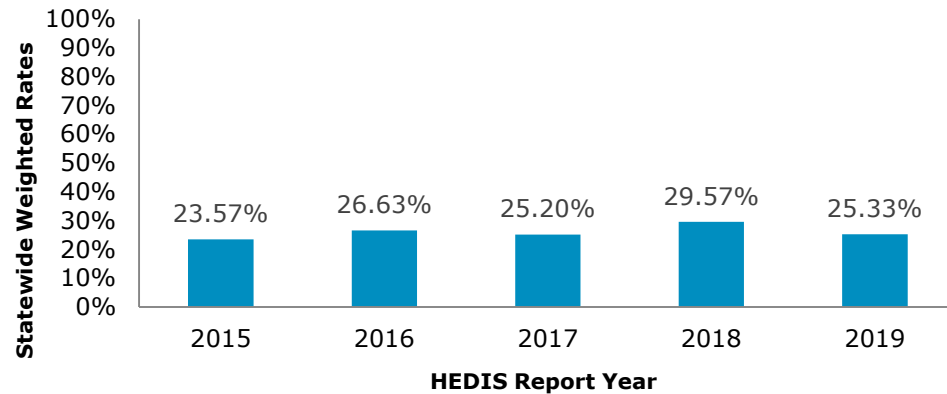
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 50. MMA—Medication Compliance 75%: 5–11 years



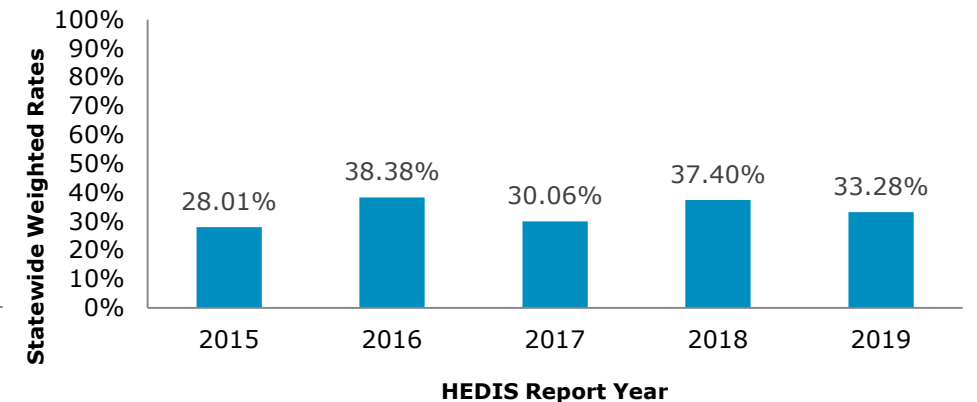
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 51. MMA—Medication Compliance 75%: 12–18 years



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

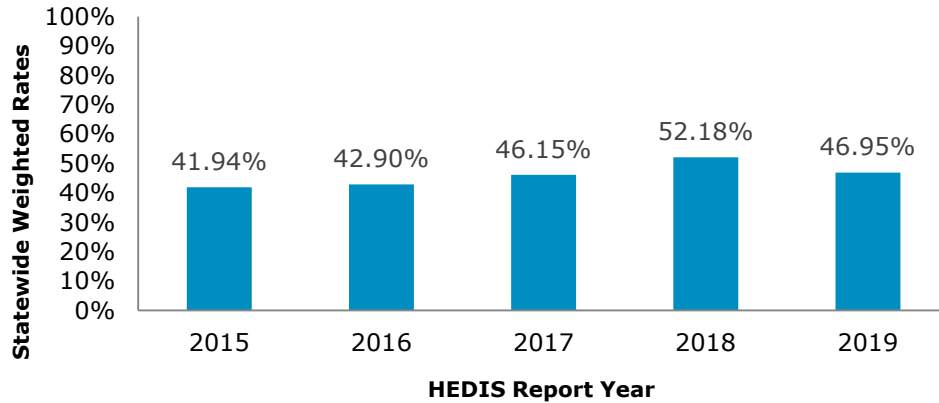
Fig. 52. MMA—Medication Compliance 75%: 19–50 years



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

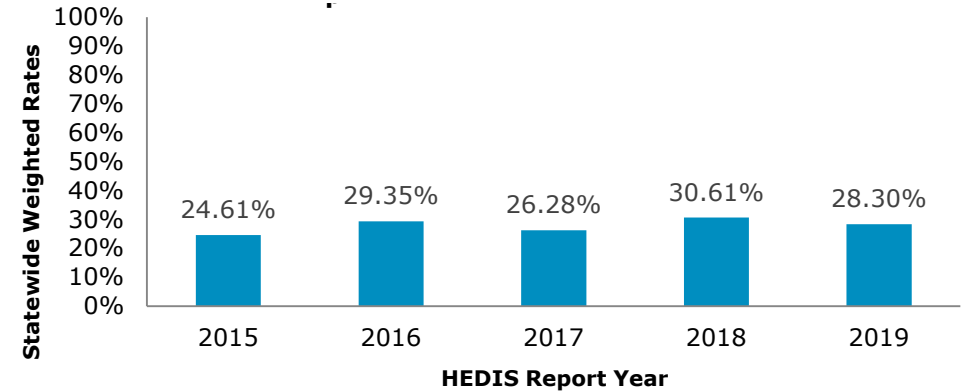
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 53. MMA—Medication Compliance 75%: 51–64 years



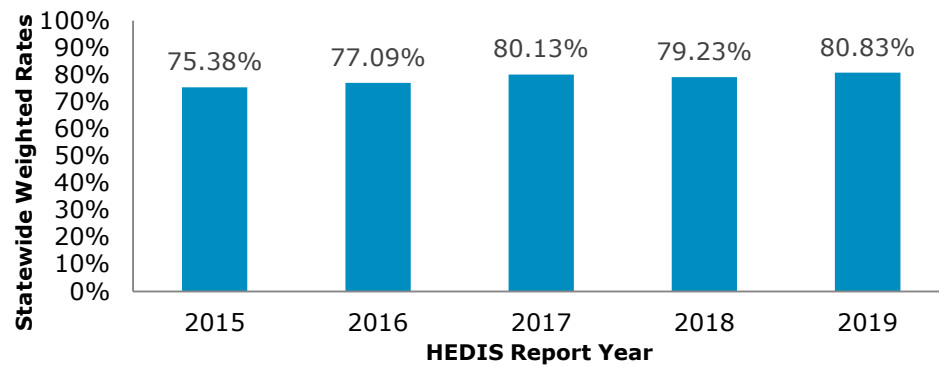
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 54. MMA—Medication Compliance 75%: Total



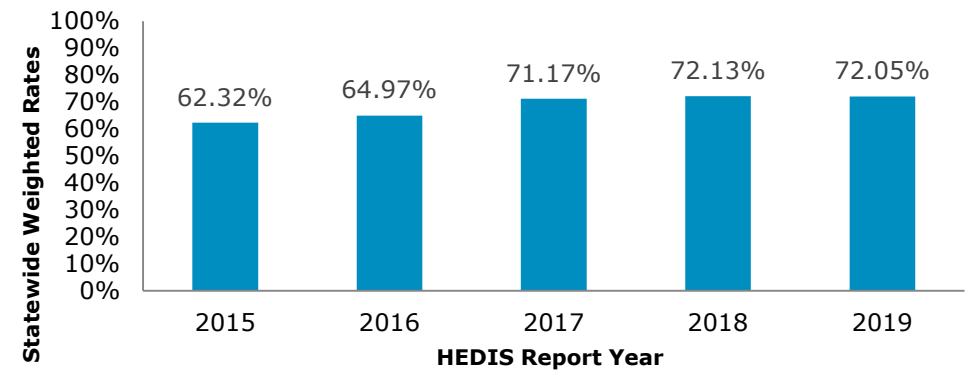
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 55. Asthma Medication Ratio (AMR): 5–11 years



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

Fig. 56. AMR: 12–18 years



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

Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 57. AMR: 19–50 years

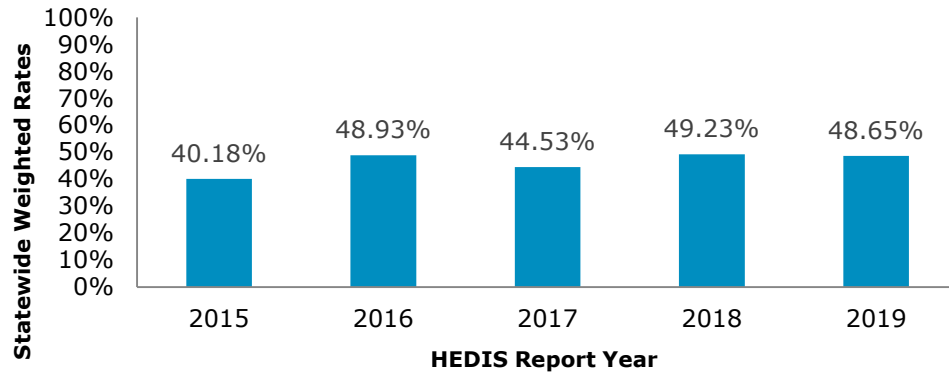
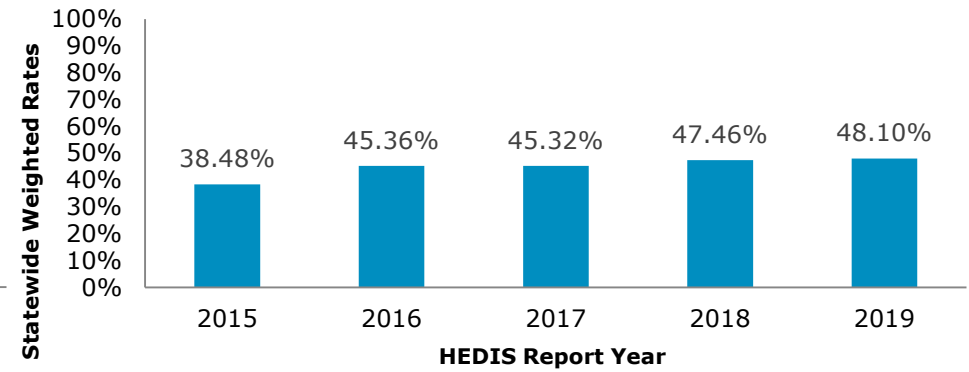


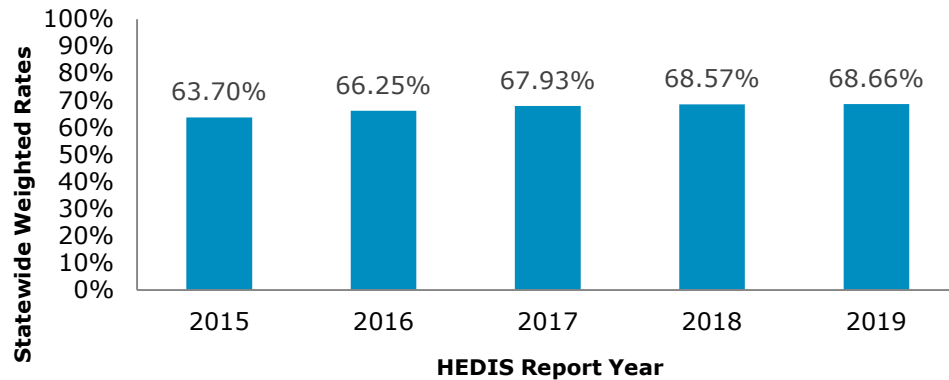
Fig. 58. AMR: 51–64 years



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

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

Fig. 59. AMR: Total



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

Effectiveness of Care Measures: Cardiovascular Conditions

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

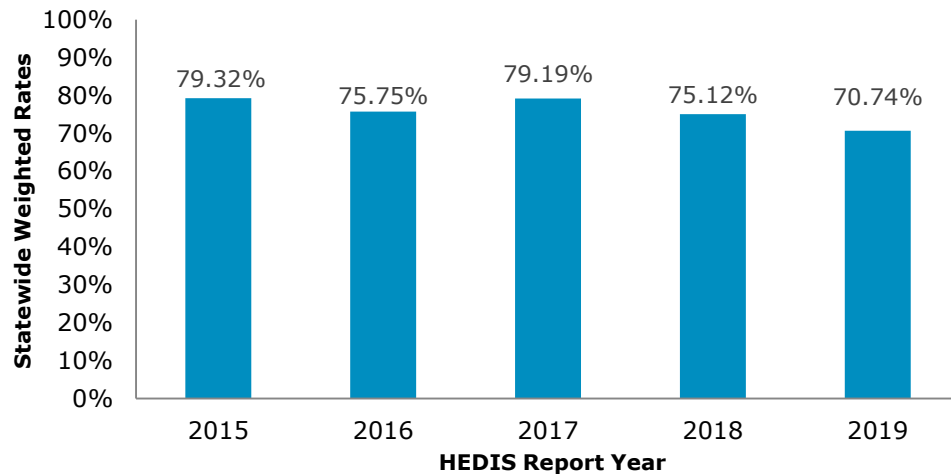
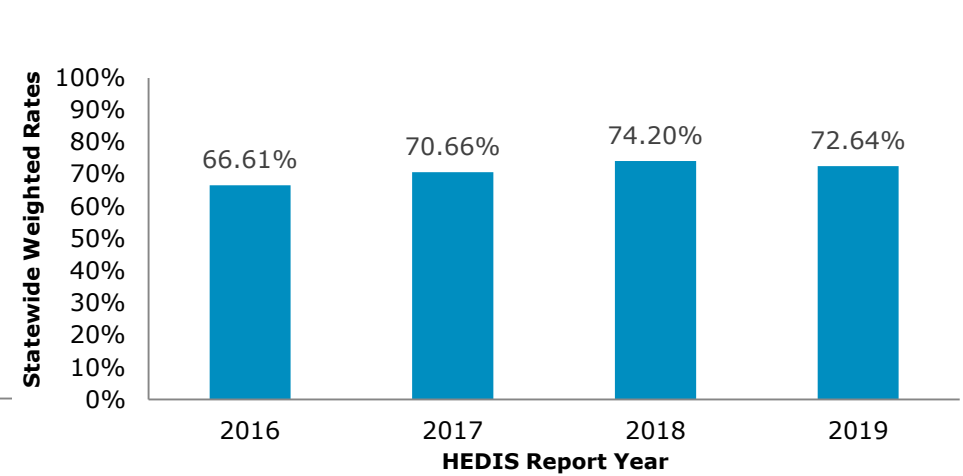


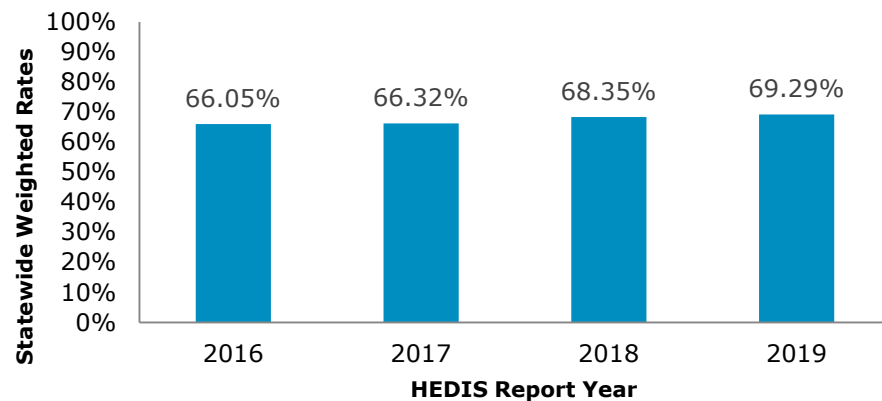
Fig. 61. Statin Therapy for Patients With Cardiovascular Disease (SPC)—Received Statin Therapy: Males 21-75 years



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

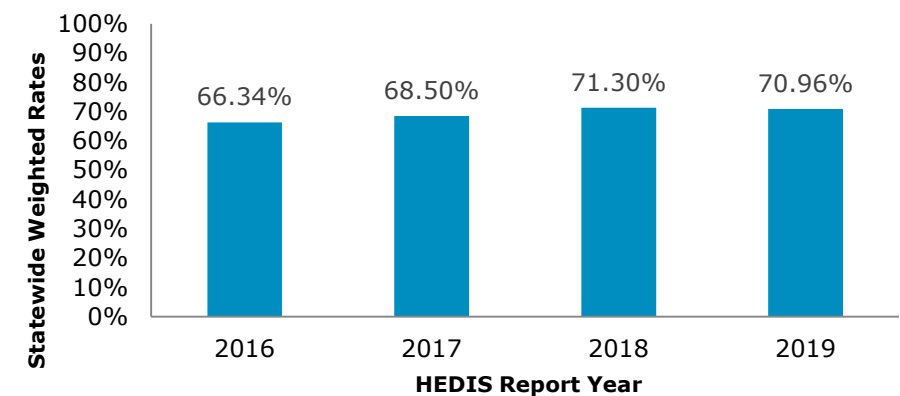
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 62. SPC—Received Statin Therapy: Females 40 -75 years



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

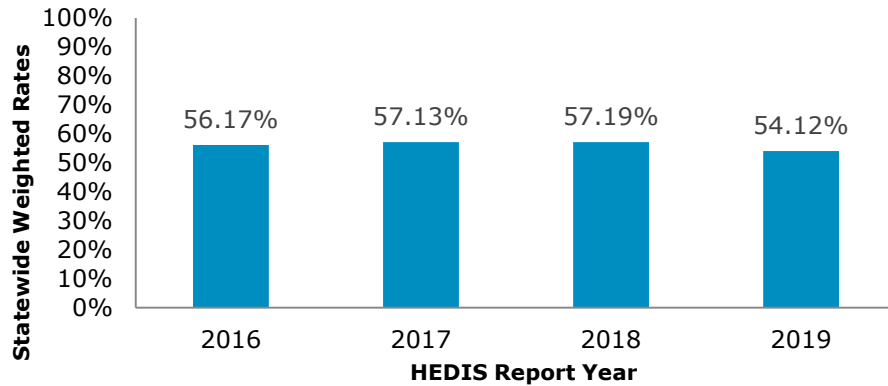
Fig. 63. SPC—Received Statin Therapy: Total



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

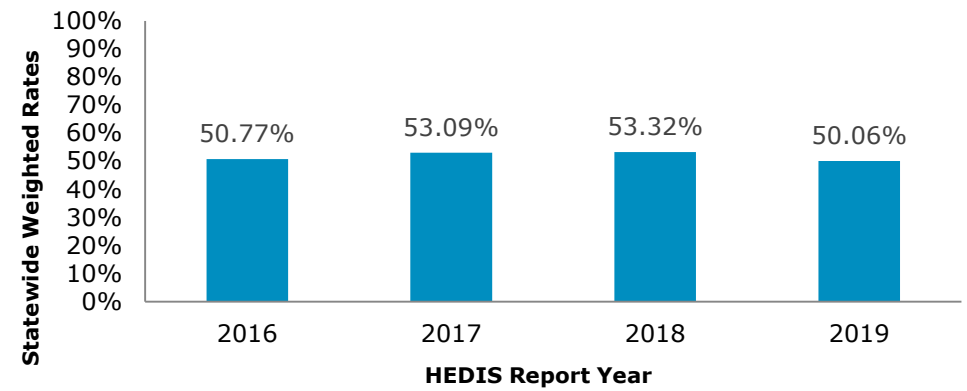
Medicaid HEDIS Trending—Effectiveness of Care Measures: Cardiovascular Conditions

Fig. 64. SPC—Statin Adherence 80%: Males 21-75 years



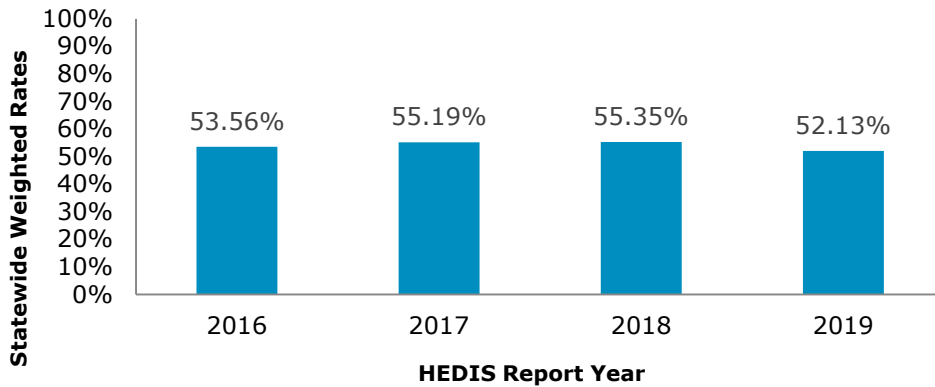
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 65. SPC—Statin Adherence 80%: Females 40 -75 years



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

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



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

Effectiveness of Care Measures: Diabetes

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

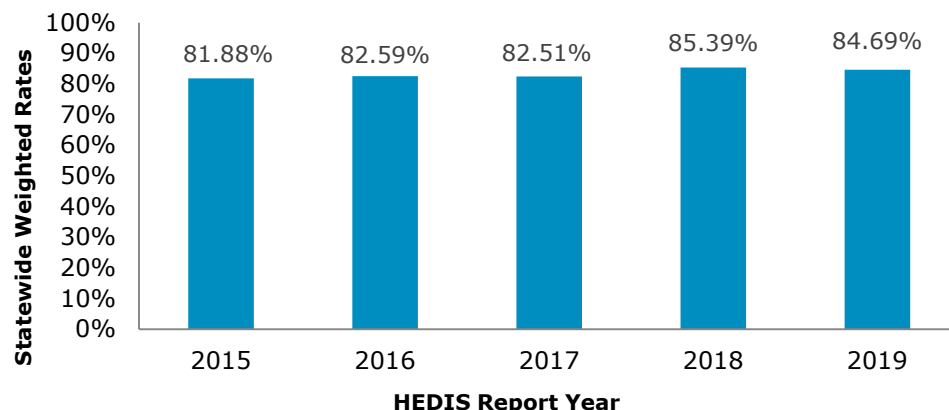
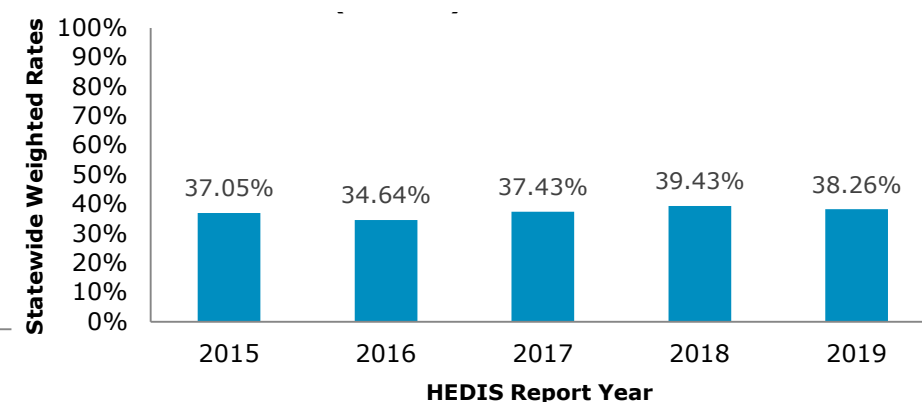


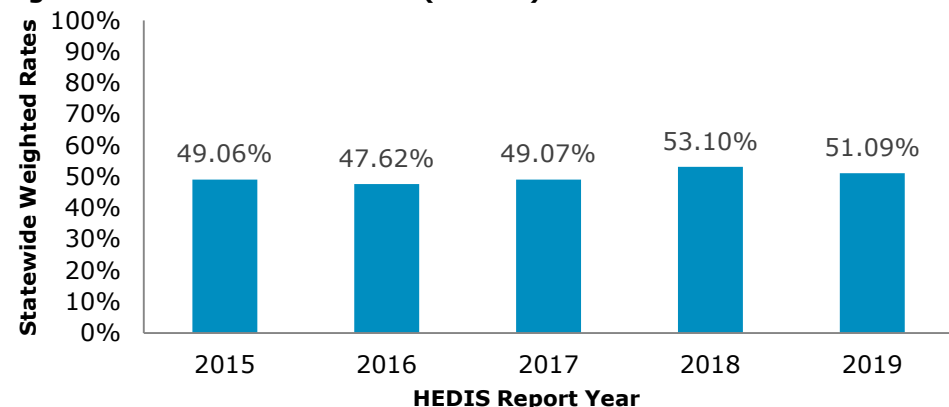
Fig. 68. CDC: HbA1c Control (<7.0%)



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

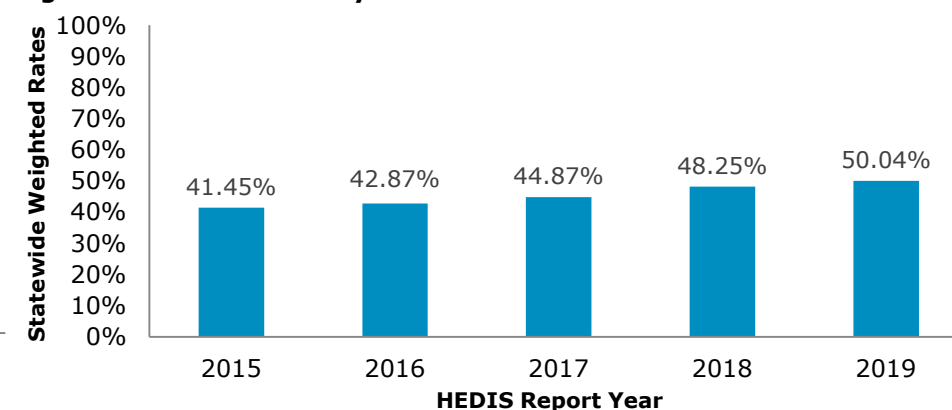
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

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



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

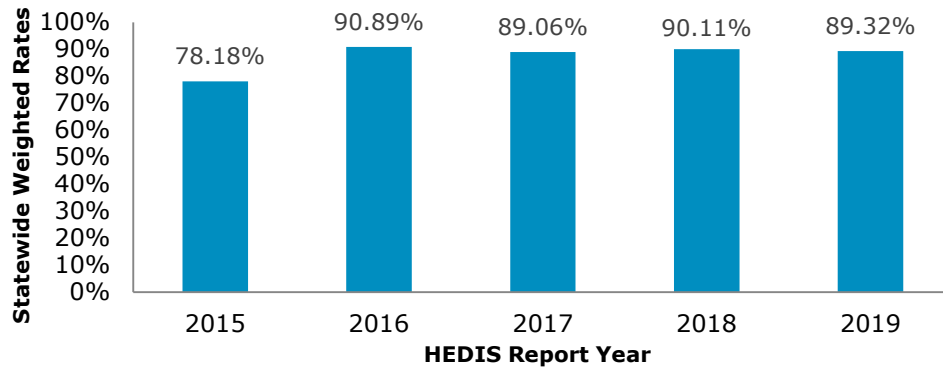
Fig. 70. CDC: Retinal Eye Exam Performed



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

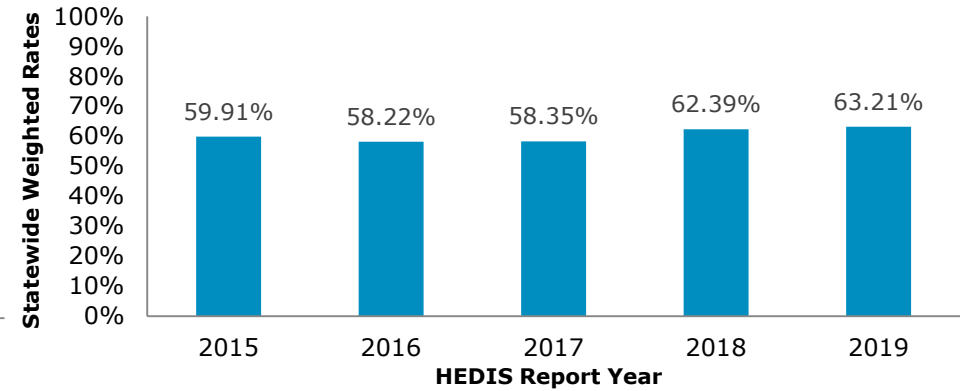
Medicaid HEDIS Trending—Effectiveness of Care Measures: Diabetes

Fig. 71. CDC: Medical Attention for Nephropathy



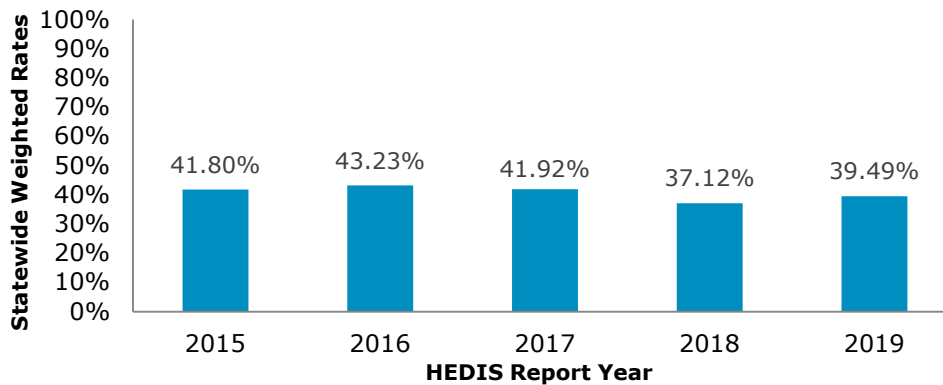
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

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



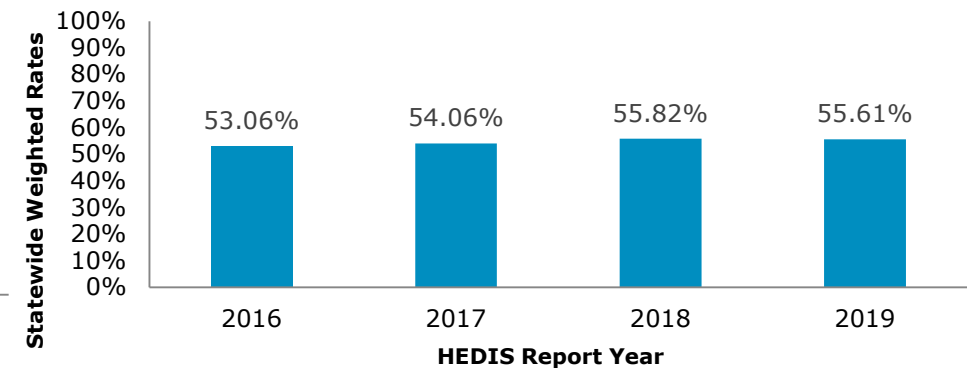
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

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



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

Fig. 74. SPD—Received Statin Therapy: 40-75 years

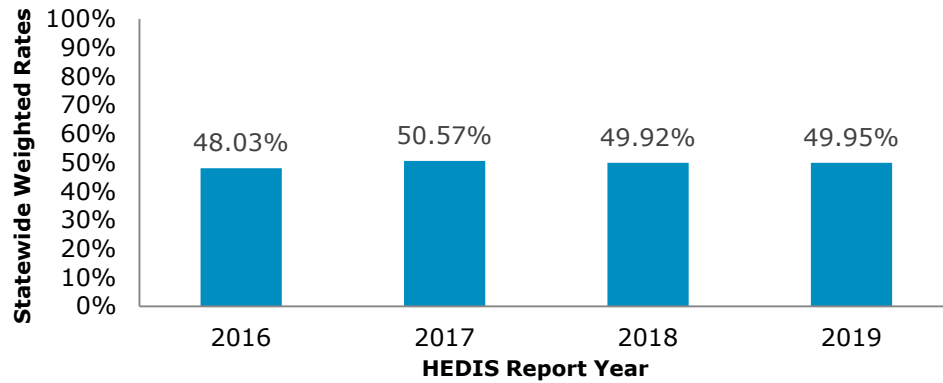


Footnote: First-year measure in 2016. Due to changes in measure specification, NCQA indicated that trending between 2019 and previous years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Diabetes

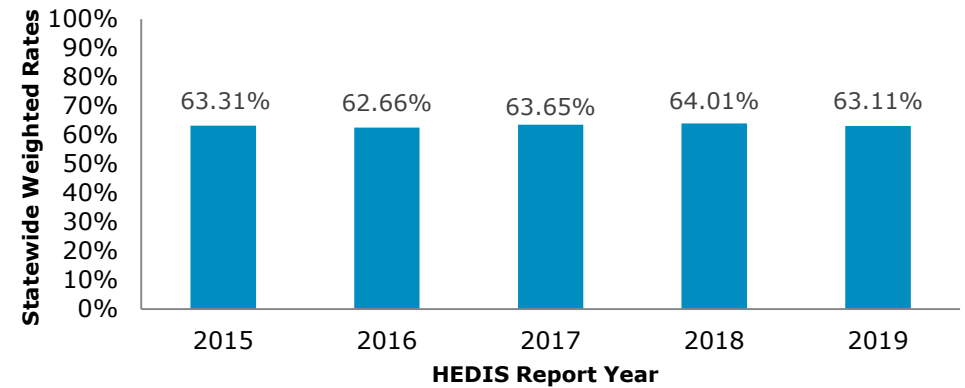
Effectiveness of Care Measures: Musculoskeletal Conditions

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



Footnote: First-year measure in 2016. Due to changes in measure specification, NCQA indicated that trending between 2019 and previous years should be considered with caution.

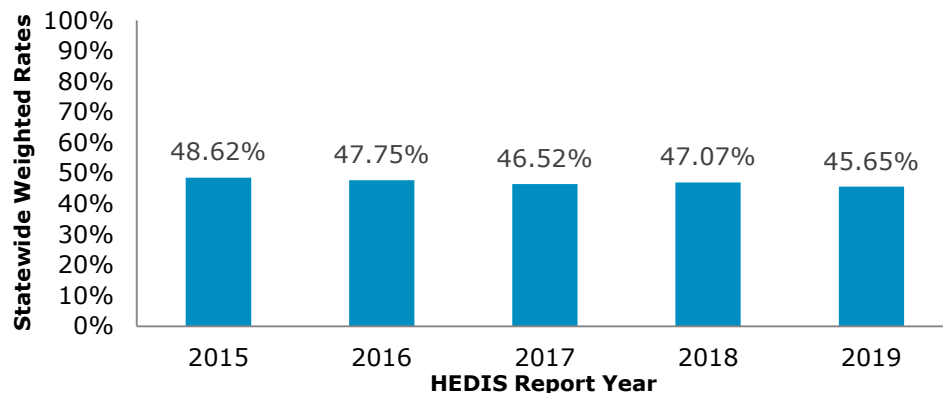
Fig. 76. Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)



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

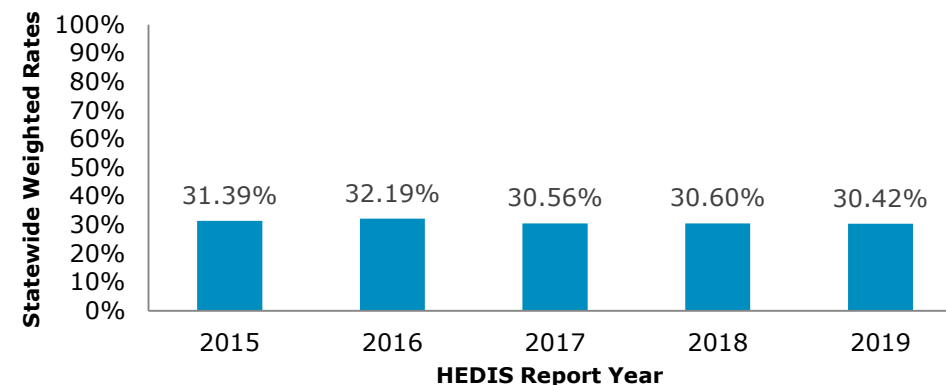
Effectiveness of Care Measures: Behavioral Health

Fig. 77. Antidepressant Medication Management (AMM): Effective Acute Phase Treatment



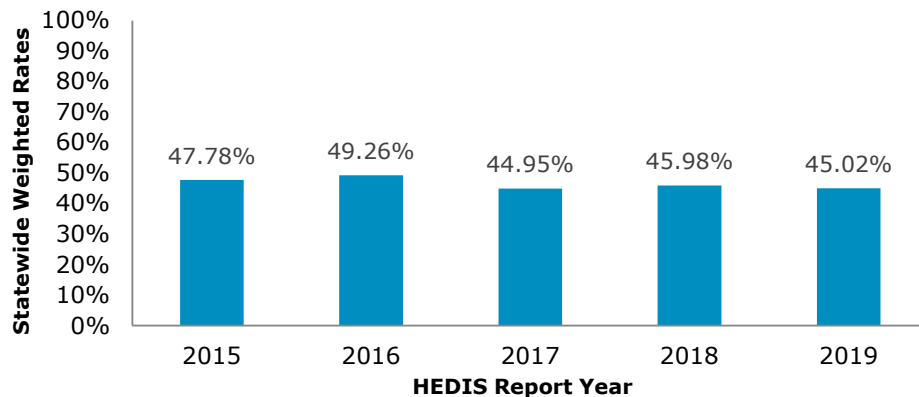
Footnote: NCQA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 78. AMM: Effective Continuation Phase Treatment



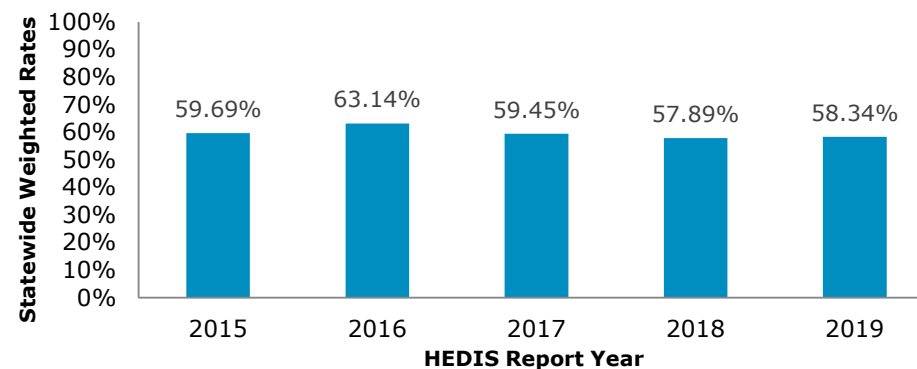
Footnote: NCQA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 79. Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase



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

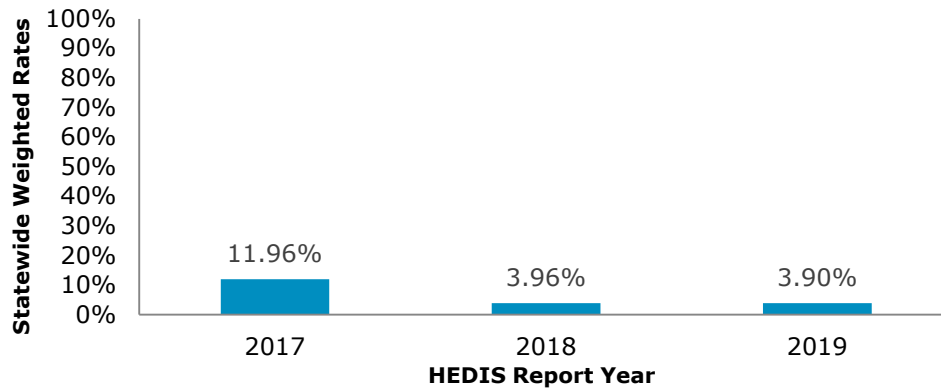
Fig. 80. ADD: Continuation and Maintenance Phase



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

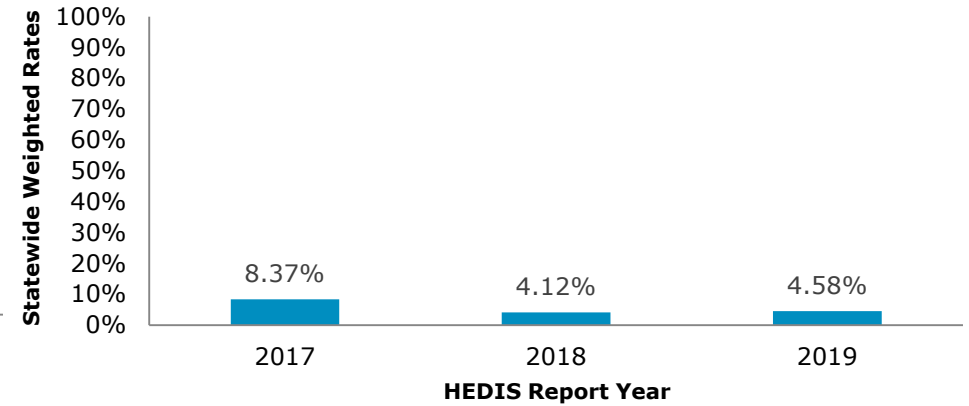
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

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



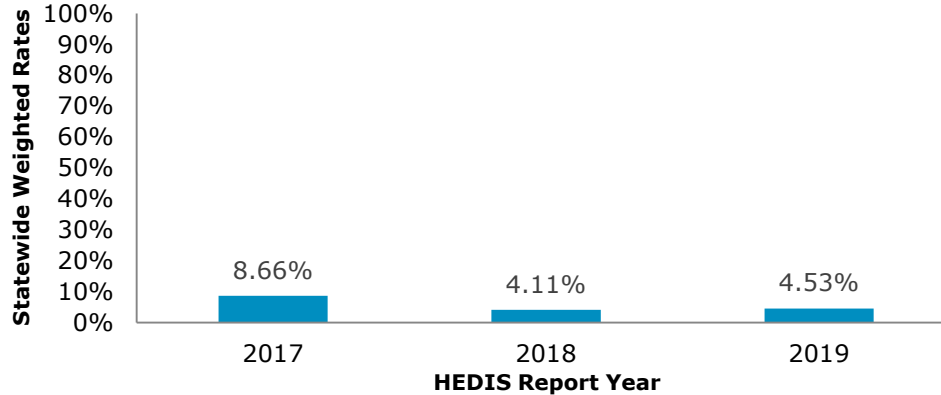
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

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



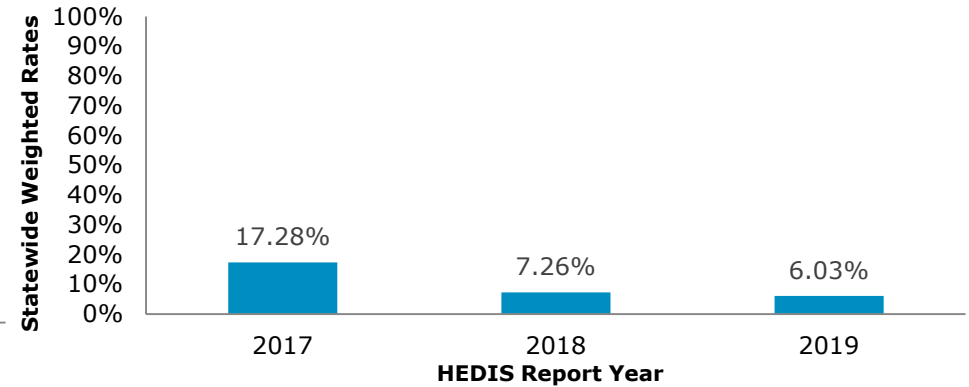
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

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



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

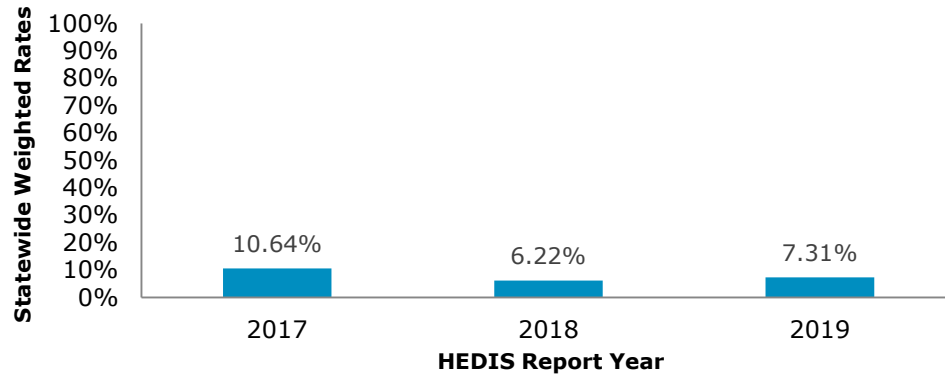
Fig. 84. FUA: 30-Day Follow-Up: 13–17 years



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

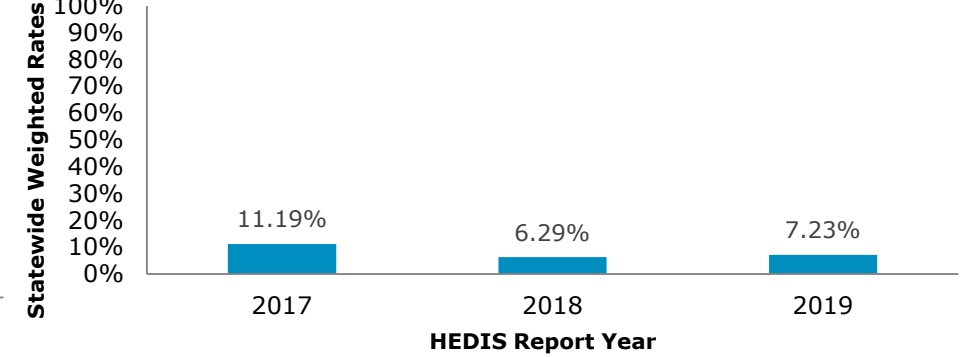
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

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



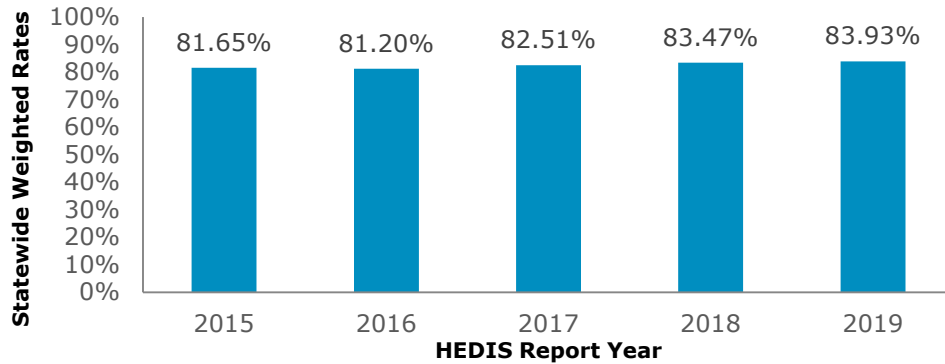
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

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



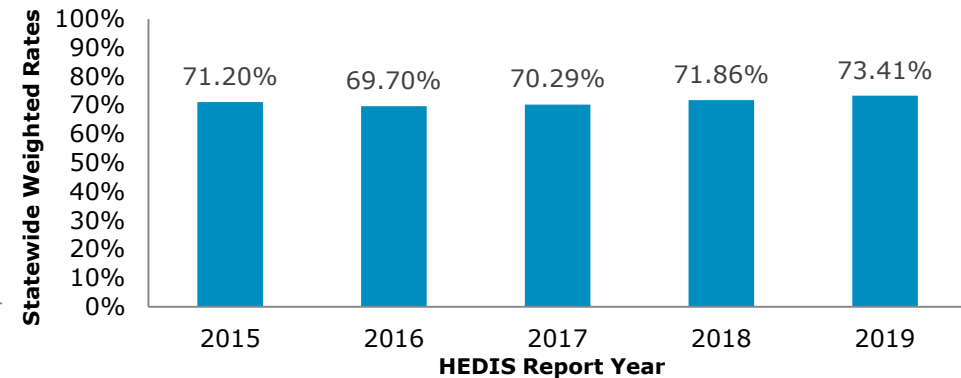
Footnote: First-year measure in 2017. NCQA indicated trending with caution due to changes in measure specifications in 2018.

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



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

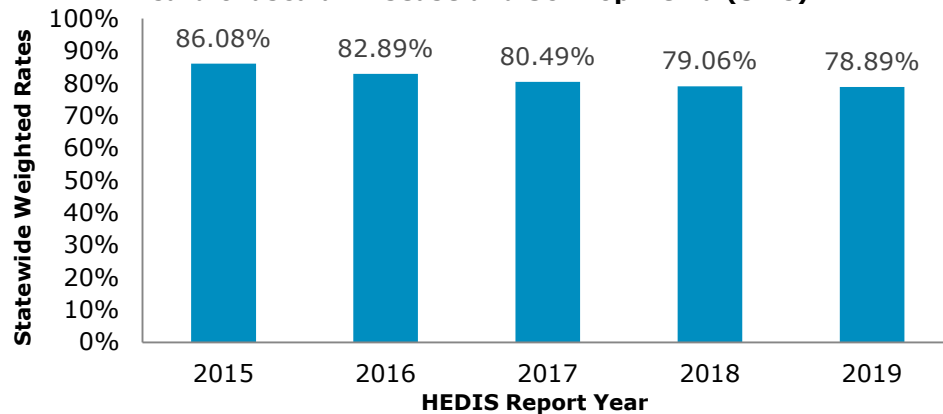
Fig. 88. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)



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

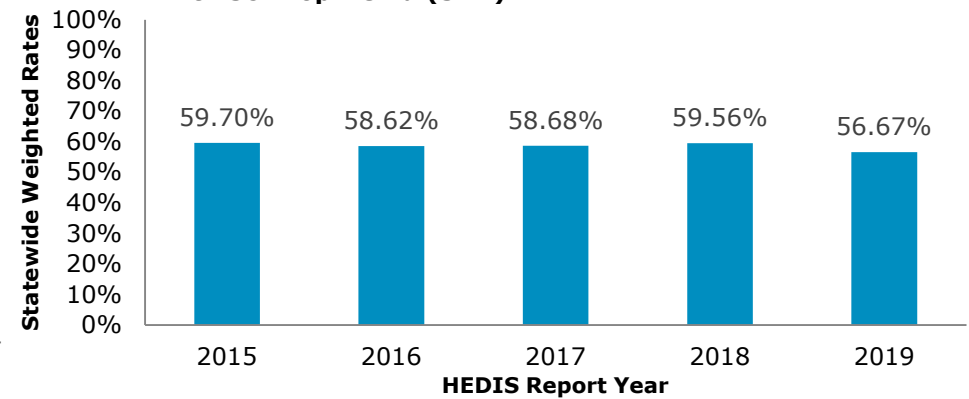
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

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



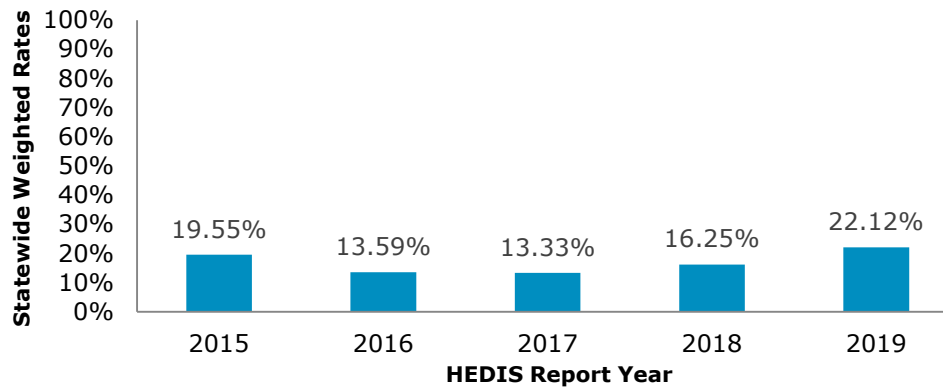
Footnote: Due to changes in measure specification, NCQA indicated that trending between 2019 and previous years should be considered with caution.

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



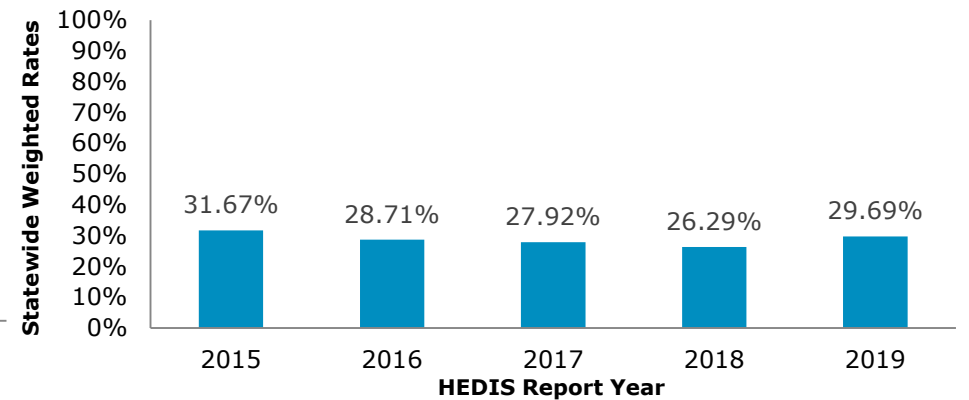
Footnote: Due to changes in measure specification, NCQA indicated that trending between 2019 and previous years should be considered with caution.

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



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

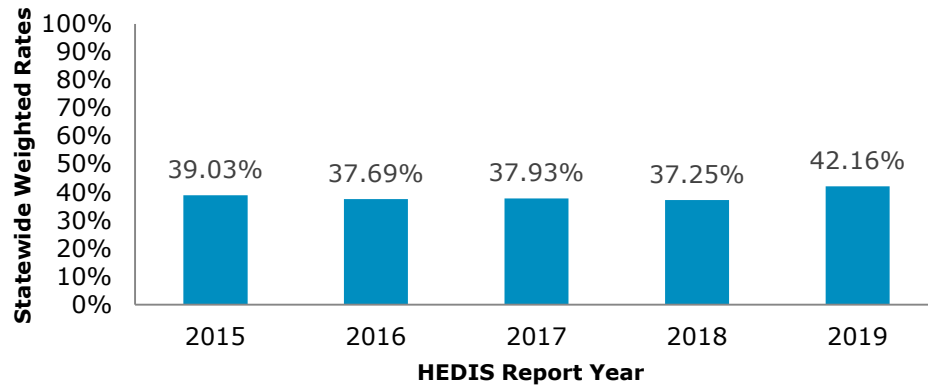
Fig. 92. APM: 6-11 Years



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

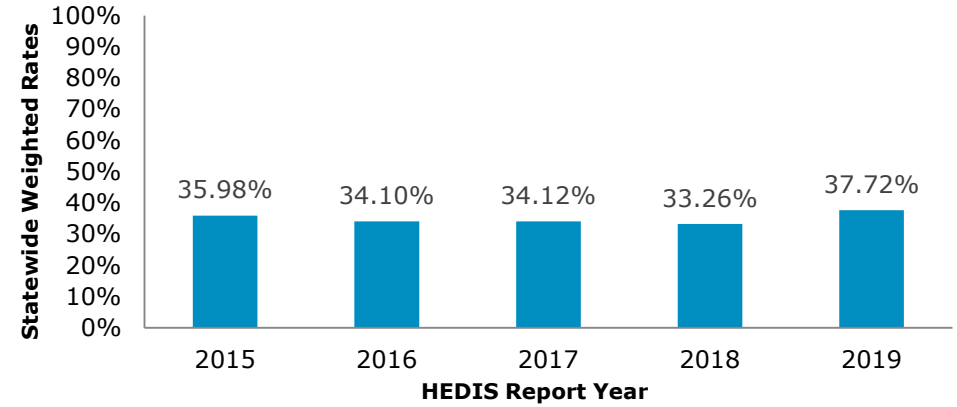
Medicaid HEDIS Trending—Effectiveness of Care Measures: Behavioral Health

Fig. 93. APM: 12-17 Years



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

Fig. 94. APM: Total



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

Effectiveness of Care Measures: Medication Management and Care Coordination

Fig. 95. Annual Monitoring for Patients on Persistent Medications (MPM): ACE Inhibitors or ARBs

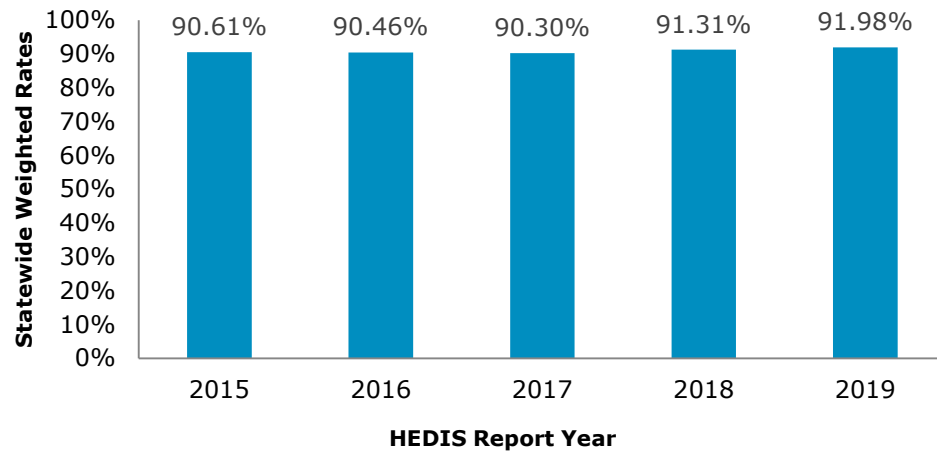


Fig. 96. MPM: Diuretics

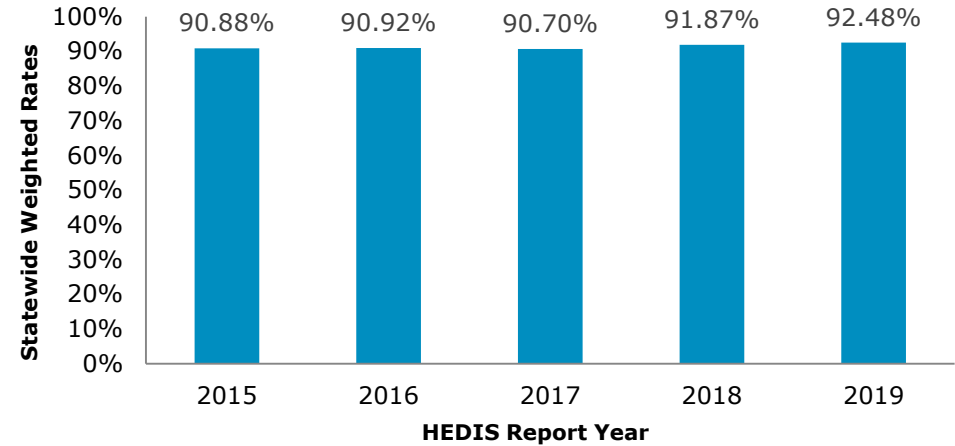
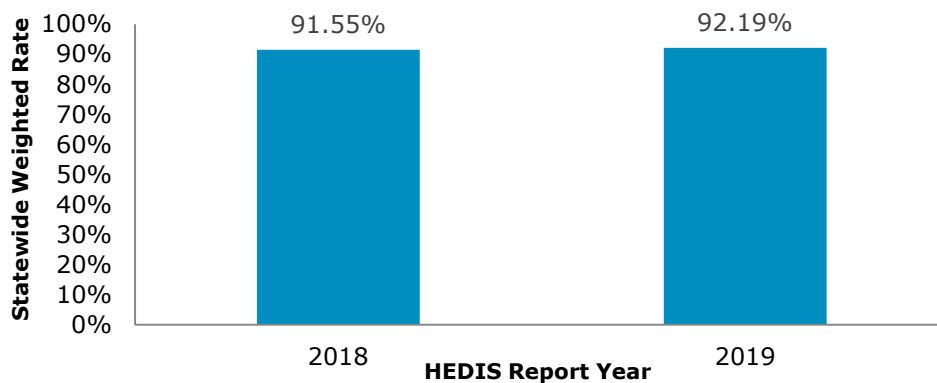


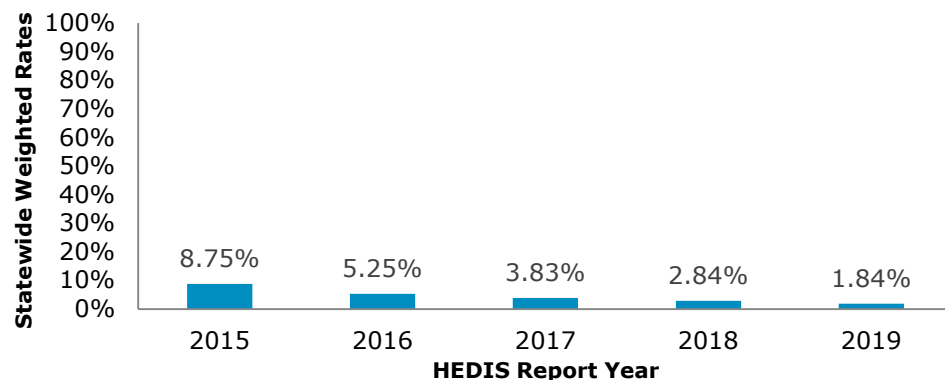
Fig. 97. MPM: Total



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

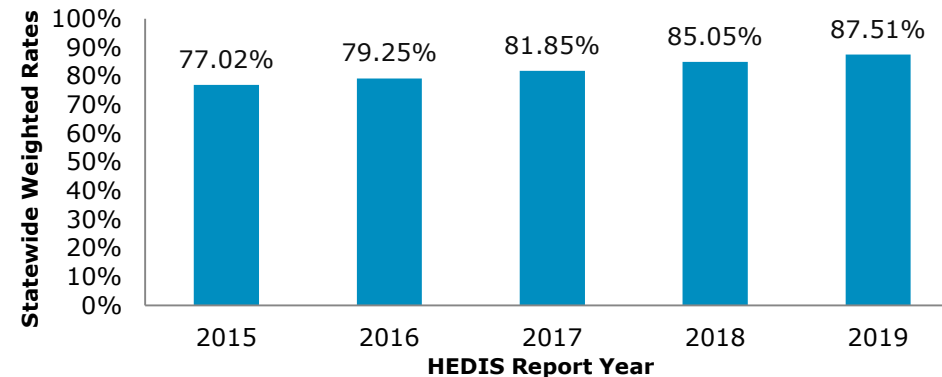
Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 98. Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)*



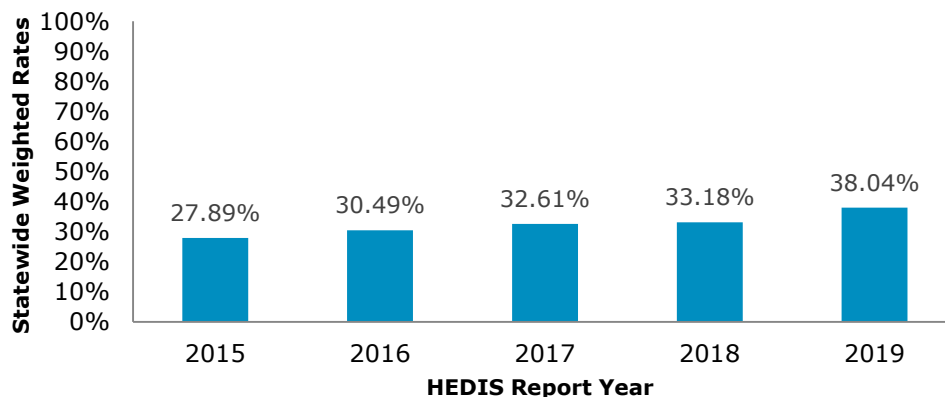
*Lower rates for this measure indicate better performance.
 Footnote: In 2016, denied claims were no longer included when identifying the numerator of the measure. Trending between 2016 and prior years should be considered with caution.

Fig. 99. Appropriate Treatment for Children With Upper Respiratory Infection (URI)



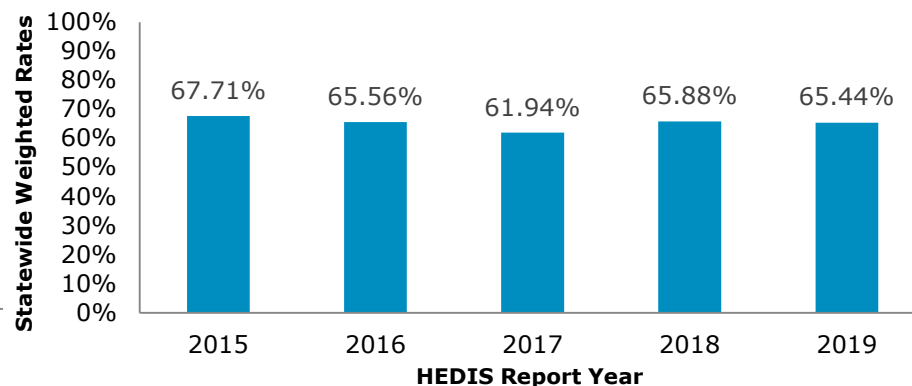
Footnote: In 2017, denied claims were no longer included when identifying the numerator of the measure. Trending between 2017 and prior years should be considered with caution.

Fig. 100. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)



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

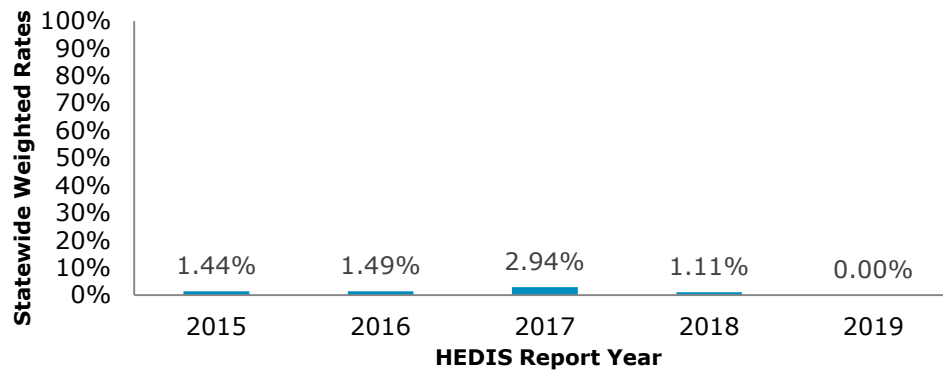
Fig. 101. Use of Imaging Studies for Low Back Pain (LBP)



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

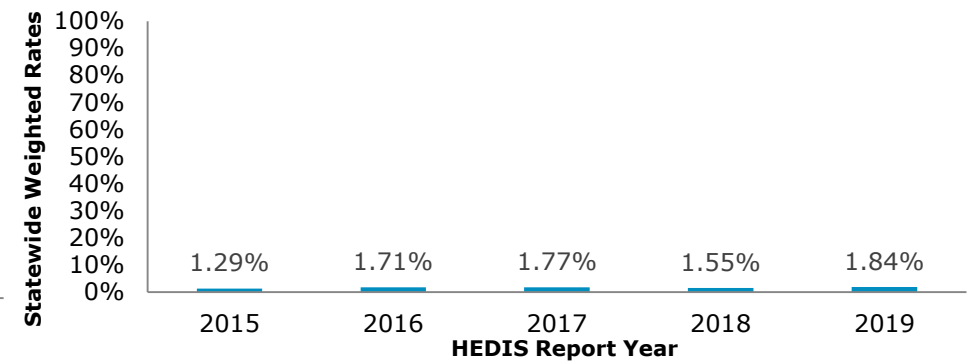
Medicaid HEDIS Trending—Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 102. Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): 1-5 Years*



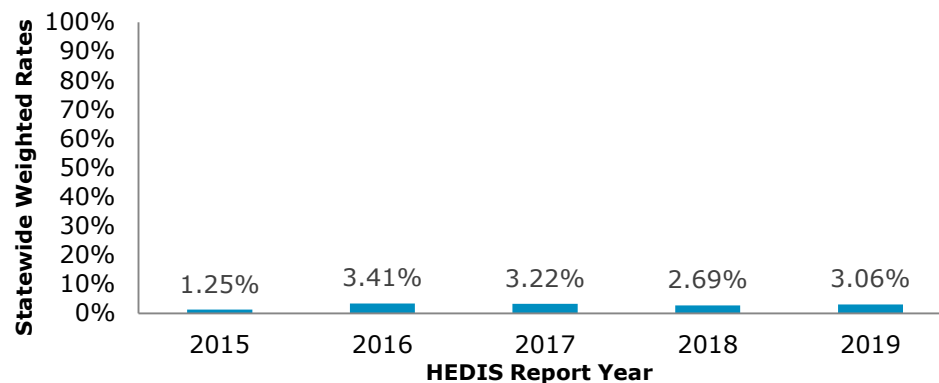
*Lower rates for this measure indicate better performance.
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 103. APC: 6-11 Years*



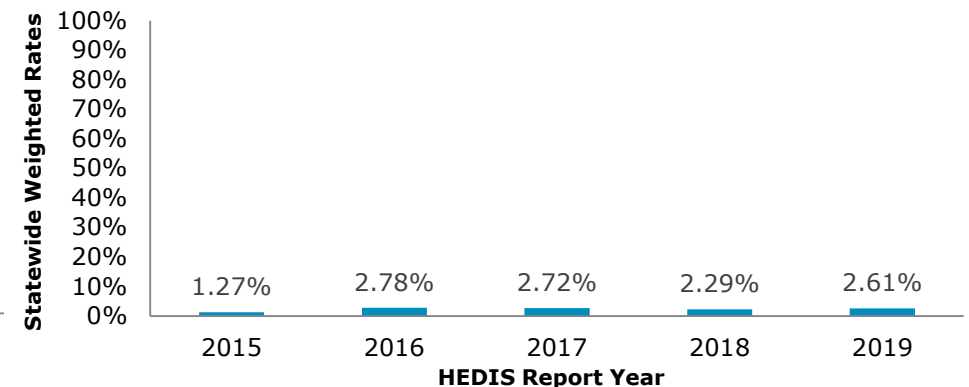
*Lower rates for this measure indicate better performance.
Footnote: Due to changes in measure specification, NCQA indicated trending between 2019 and previous years should be considered with caution.

Fig. 104. APC: 12-17 Years*



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

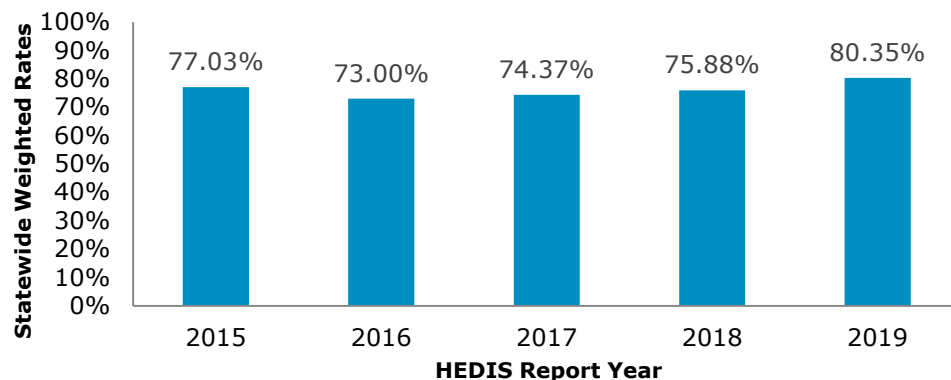
Fig. 105. APC: Total*



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

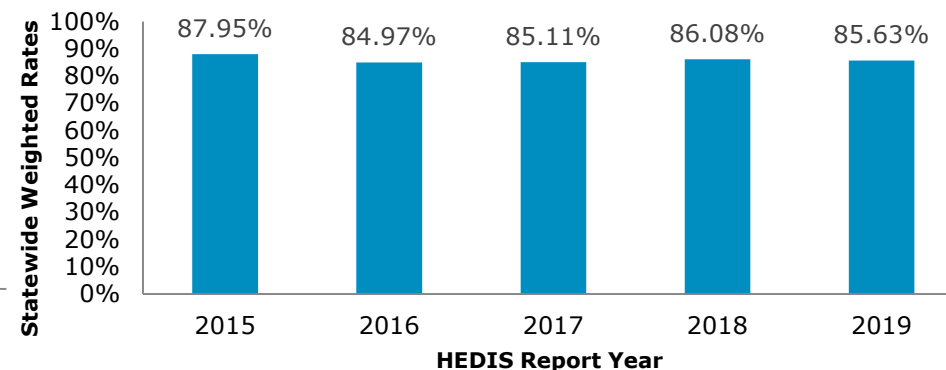
Access/Availability of Care Measures

Fig. 106. Adults' Access to Preventive/Ambulatory Health Services (AAP): 20–44 years



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

Fig. 107. AAP: 45–64 years



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

Fig. 108. Children and Adolescents' Access to Primary Care Practitioners (CAP): 12–24 months

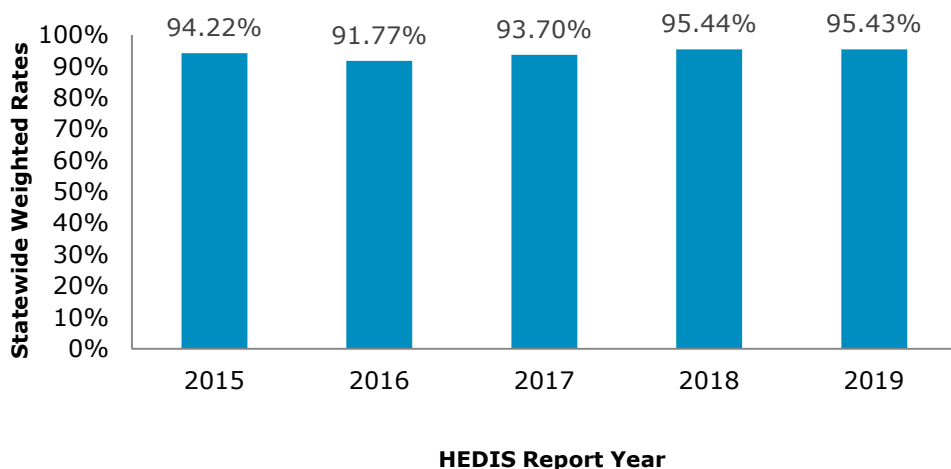
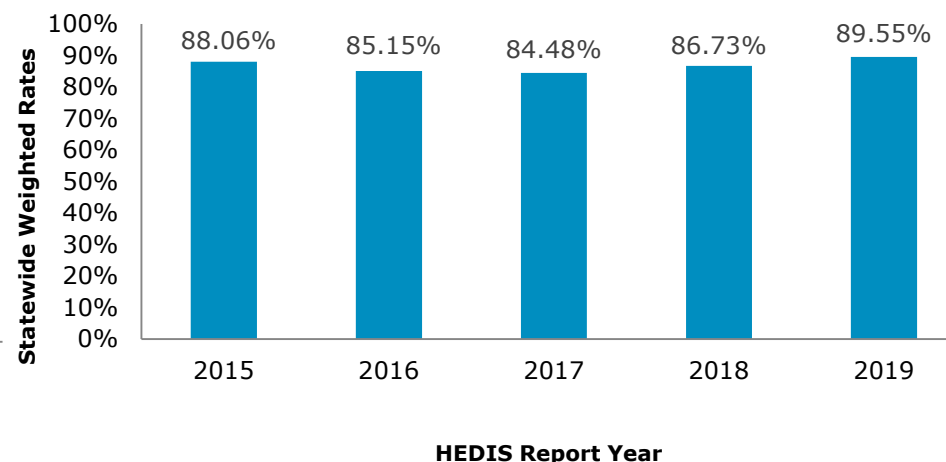


Fig. 109. CAP: 25 months–6 years



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 110. CAP: 7–11 years

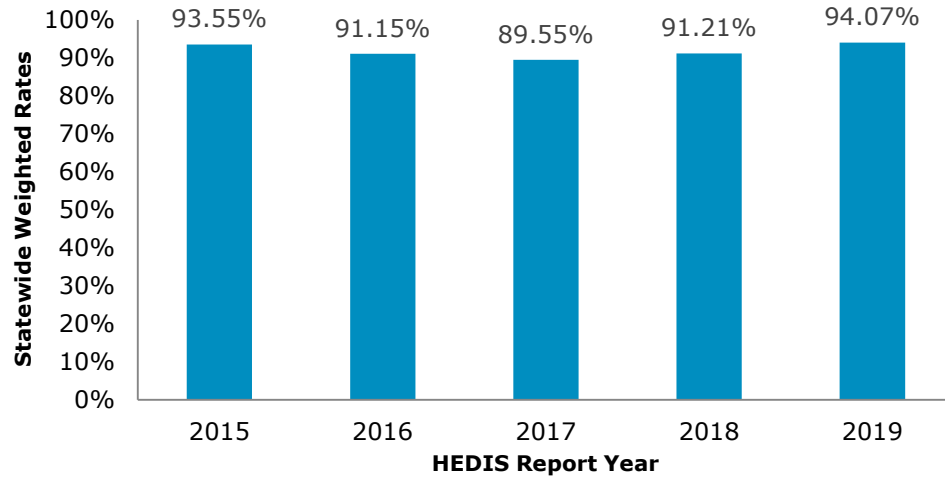


Fig. 111. CAP: 12–19 years

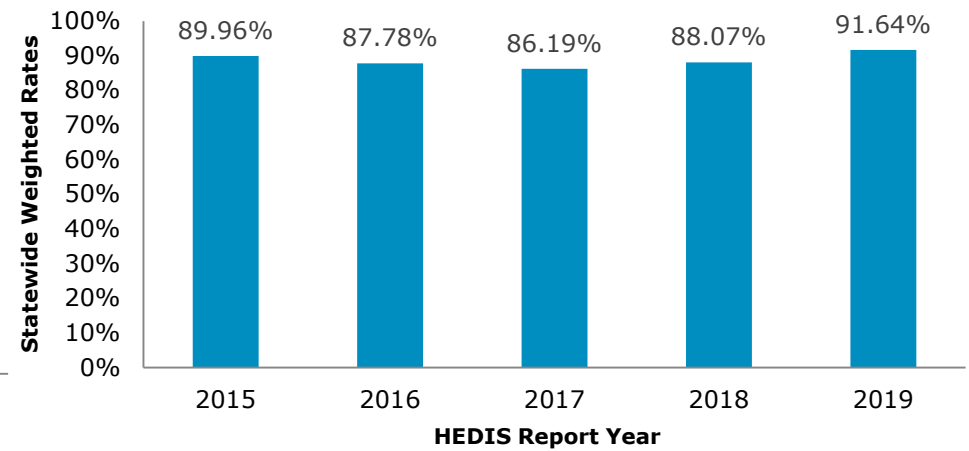


Fig. 112. Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET) —Initiation: 13-17 Years: Alcohol

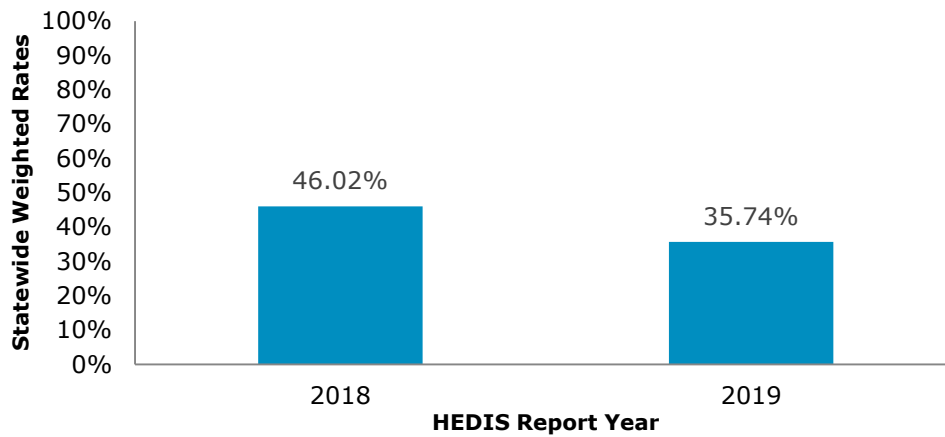
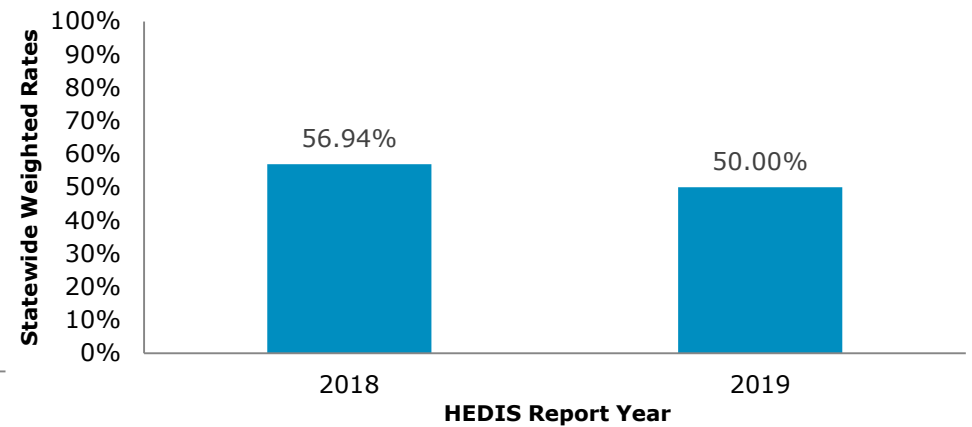


Fig. 113. IET—Initiation: 13-17 Years: Opioid



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 114. IET—Initiation: 13-17 Years: Other Drug

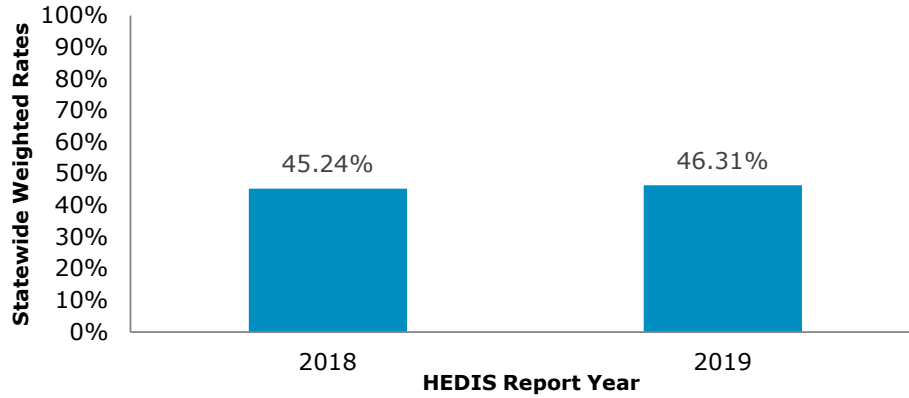


Fig. 115. IET—Initiation: 13-17 Years: Total

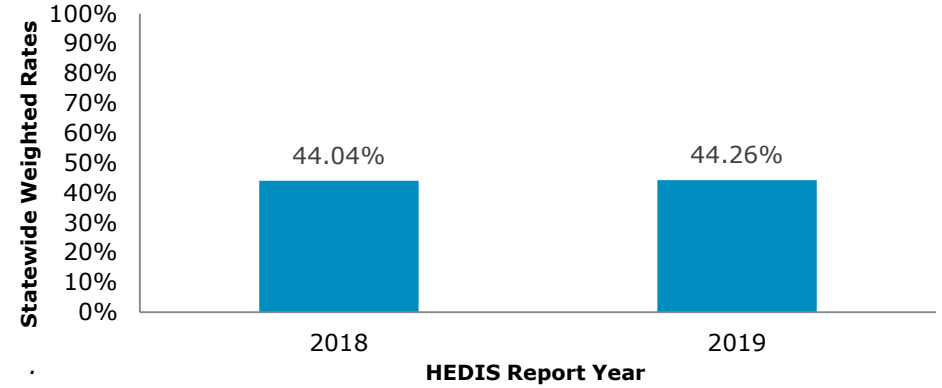


Fig. 116. IET—Initiation: 18+ Years: Alcohol

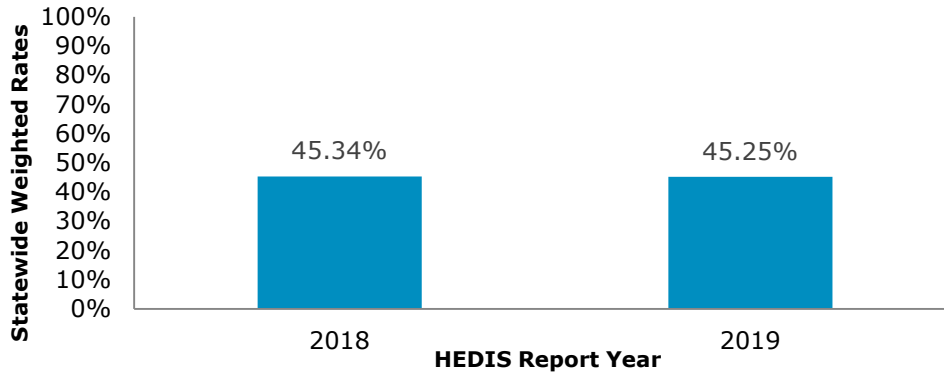
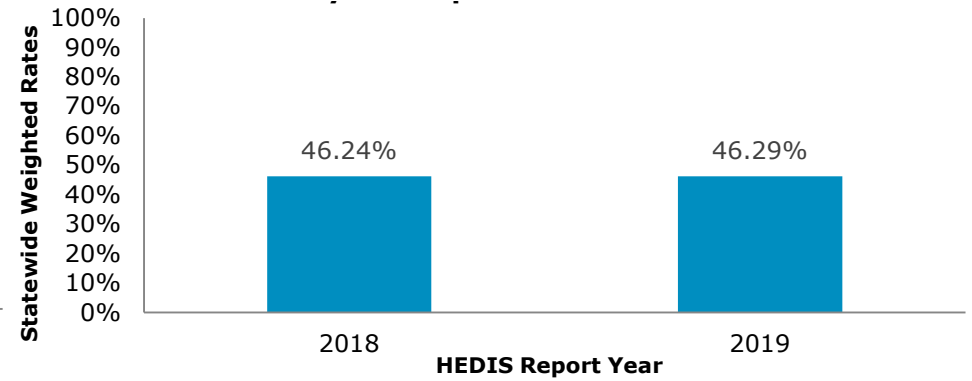


Fig. 117. IET—Initiation: 18+ Years: Opioid



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 118. IET—Initiation: 18+ Years: Other drug

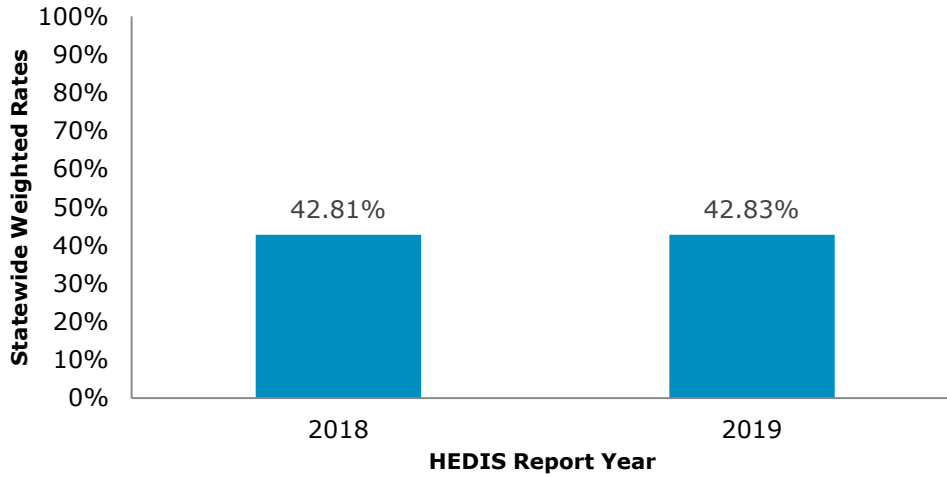


Fig. 119. IET—Initiation: 18+ Years Total

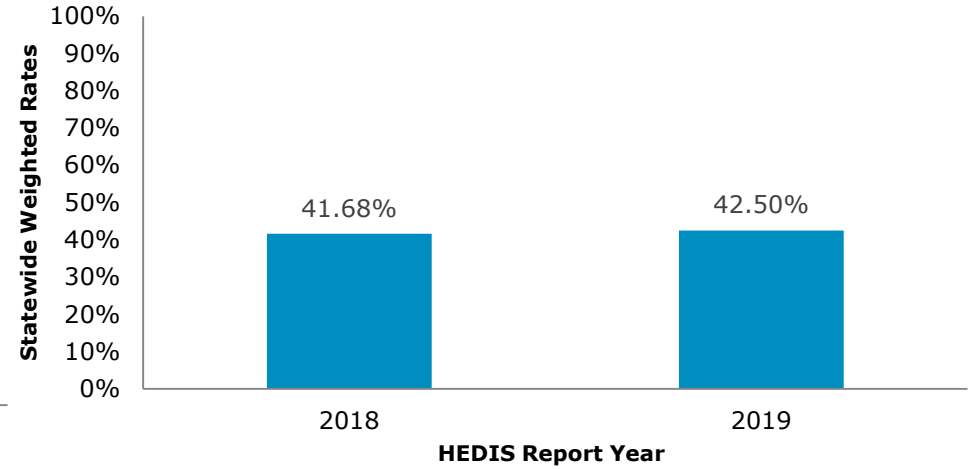


Fig. 120. IET—Initiation: Total: Alcohol

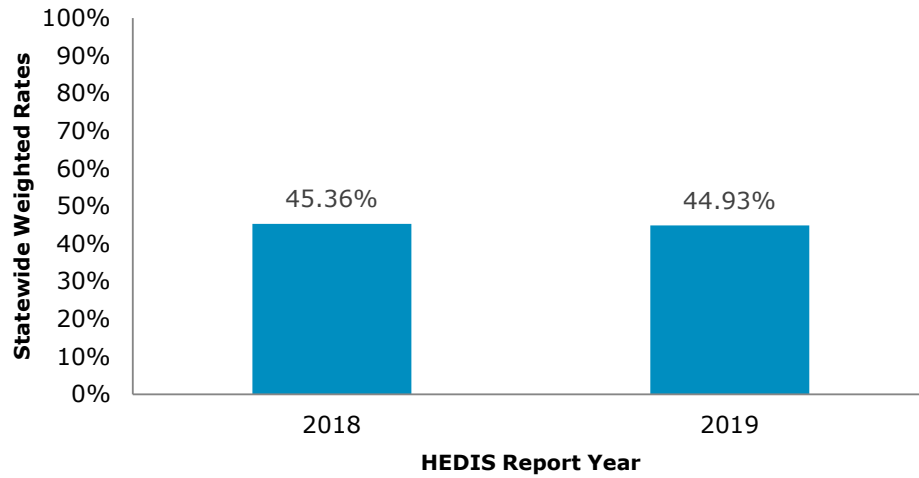
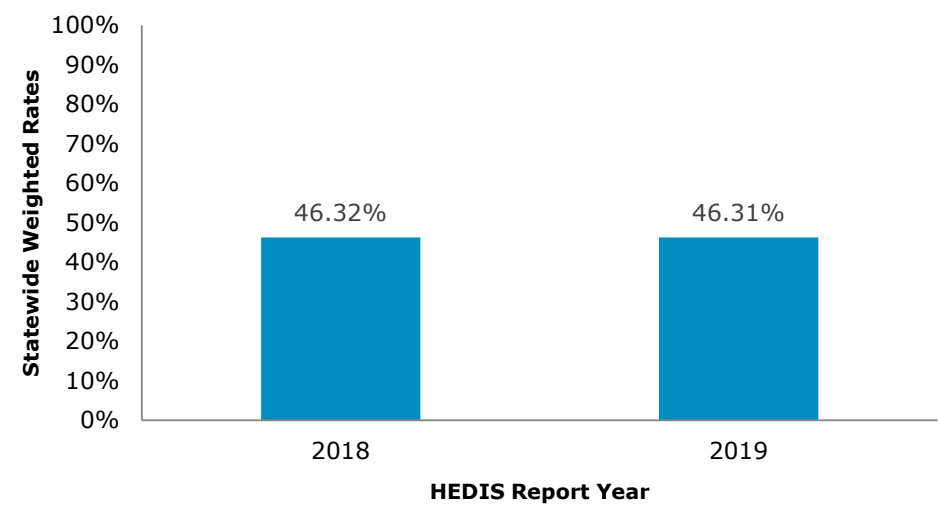


Fig. 121. IET—Initiation: Total: Opioid



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 122. IET—Initiation: Total: Other Drug

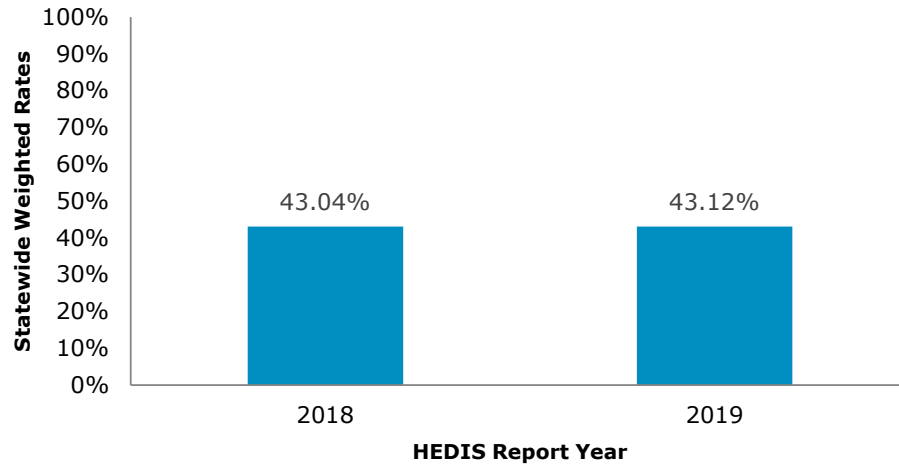


Fig. 123. IET—Initiation: Total

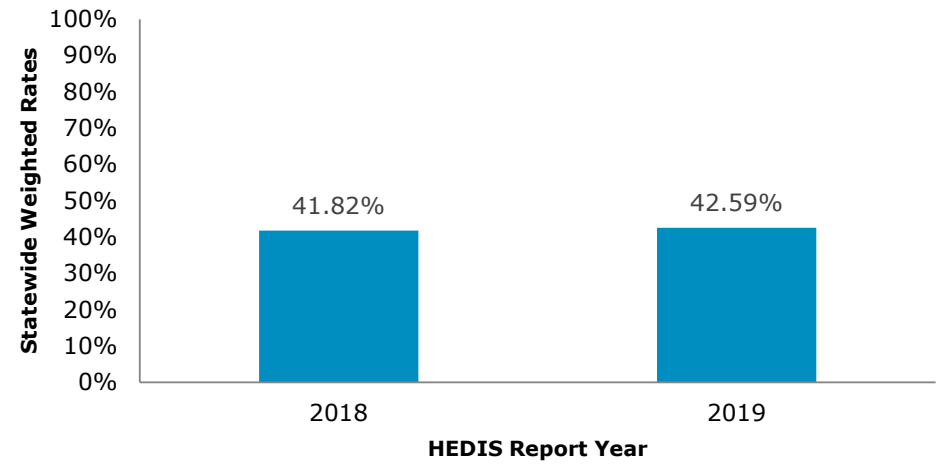


Fig. 124. IET—Engagement: 13-17 Years: Alcohol

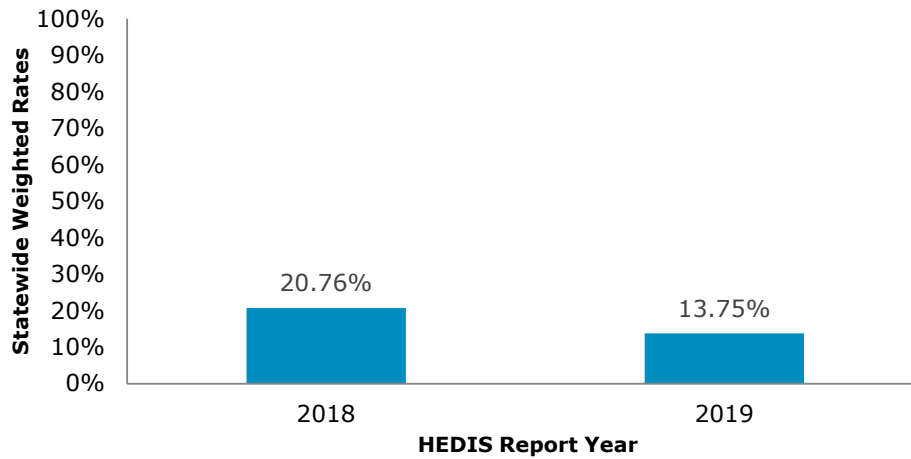
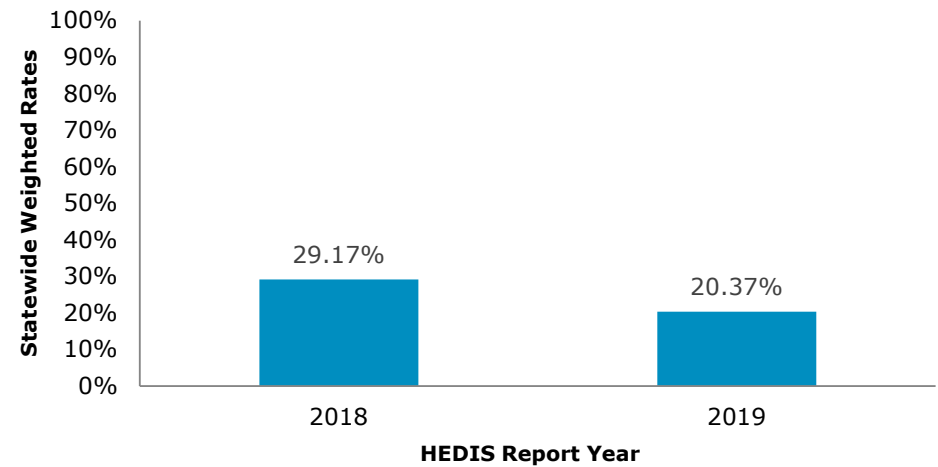


Fig. 125. IET—Engagement: 13-17 Years: Opioid



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 126. IET—Engagement: 13-17 Years: Other drug

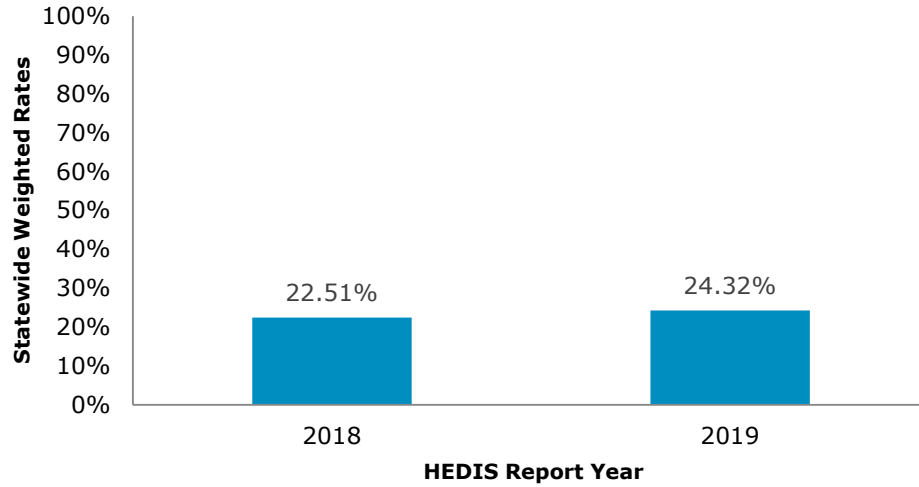


Fig. 127. IET—Engagement: 13-17 Years: Total

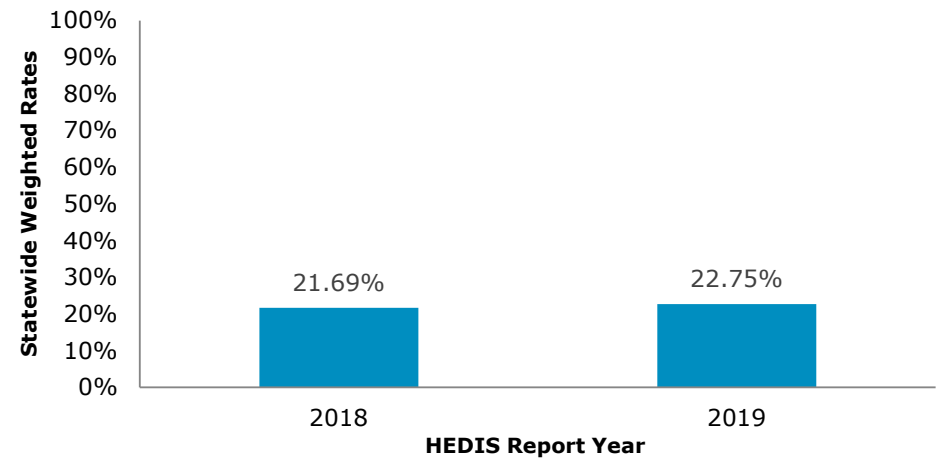


Fig. 128. IET—Engagement: 18+ Years: Alcohol

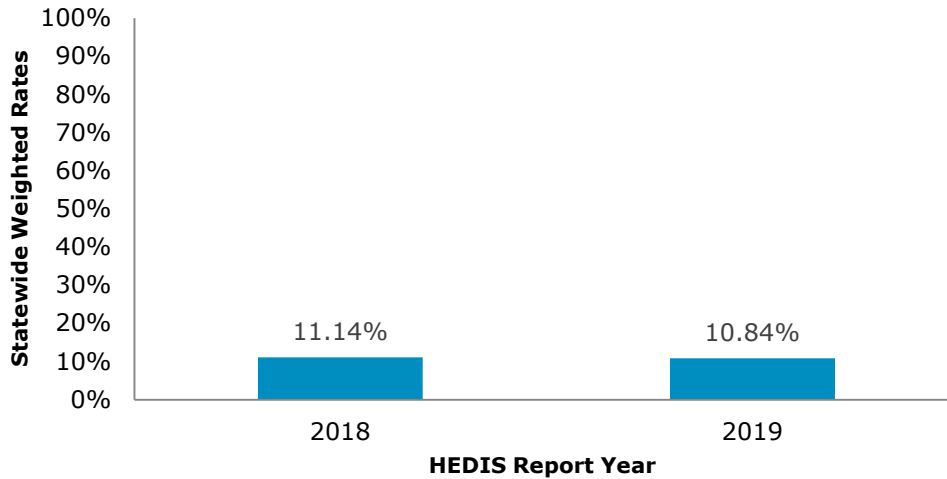
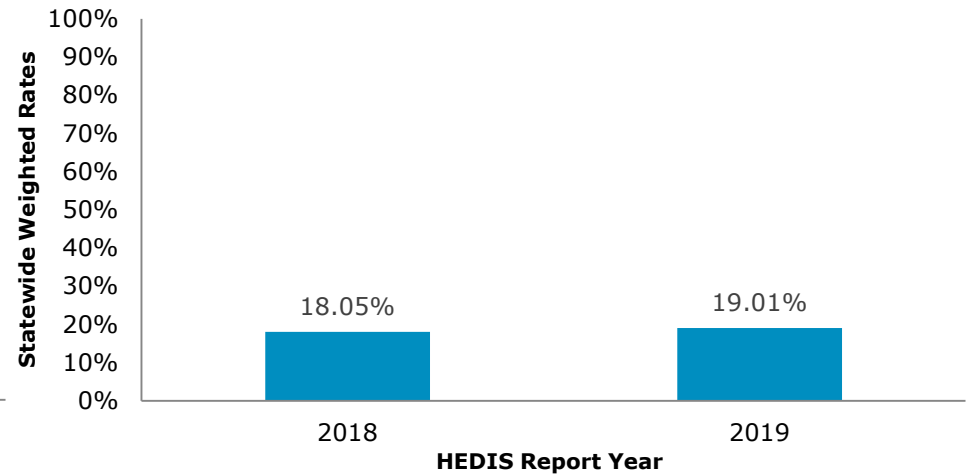


Fig. 129. IET—Engagement: 18+ Years: Opioid



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 130. IET—Engagement: 18+ Years: Other drug

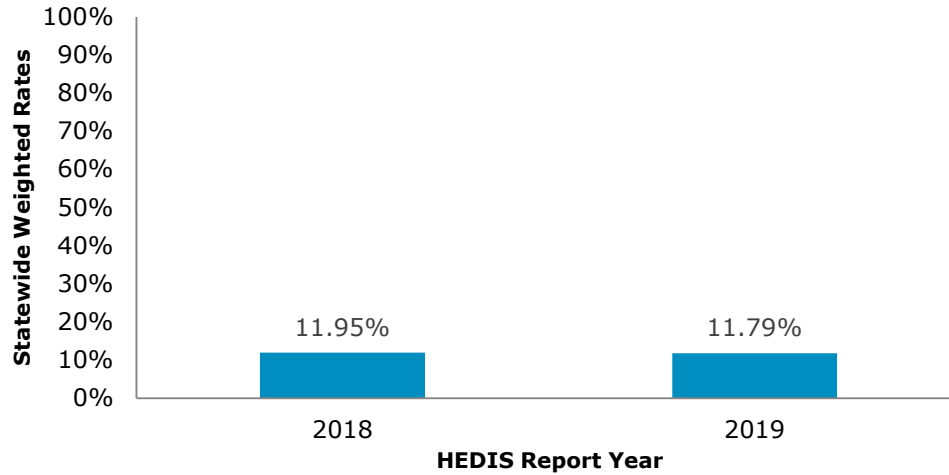


Fig. 131. IET—Engagement: 18+ Years: Total

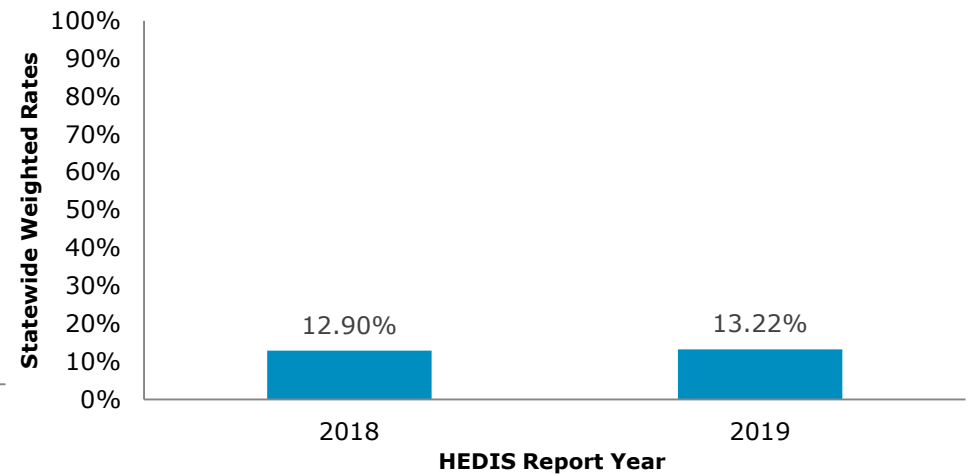


Fig. 132. IET—Engagement: Total: Alcohol

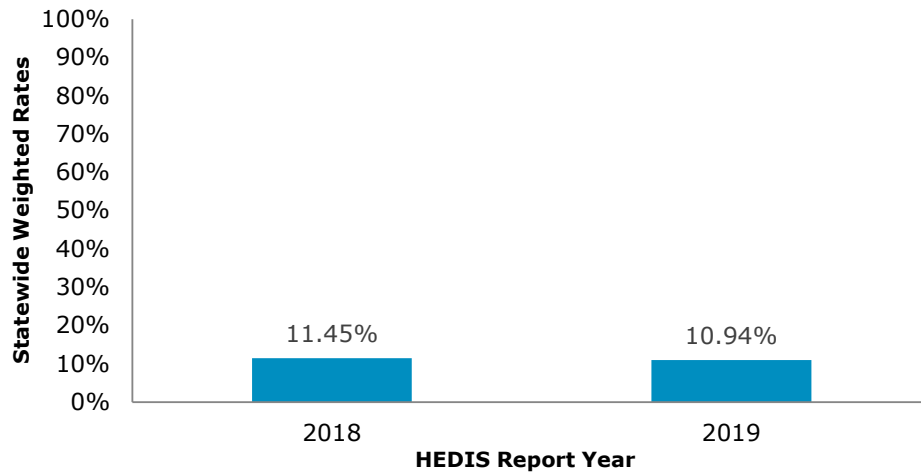
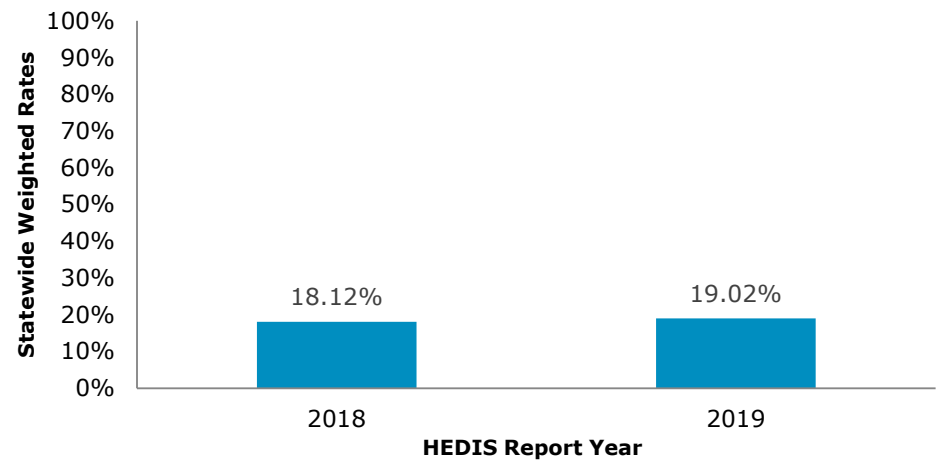


Fig. 133. IET—Engagement: Total: Opioid



Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 134. IET—Engagement: Total: Other drug

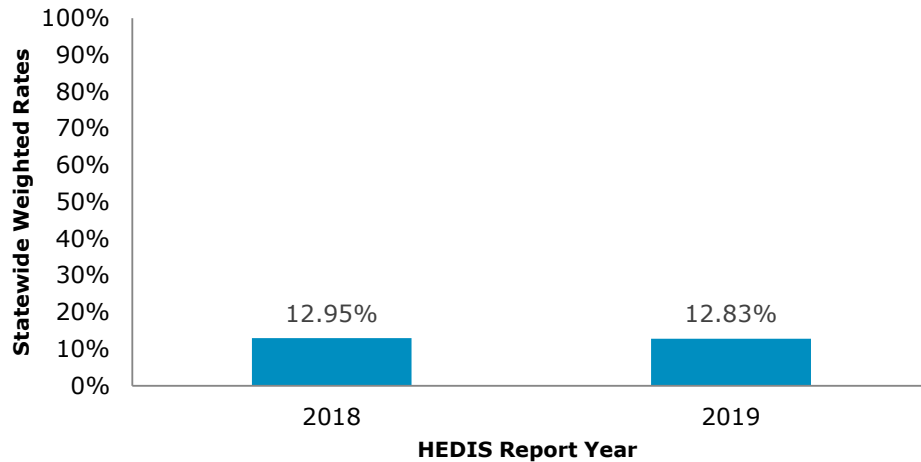


Fig. 135. IET—Engagement: Total

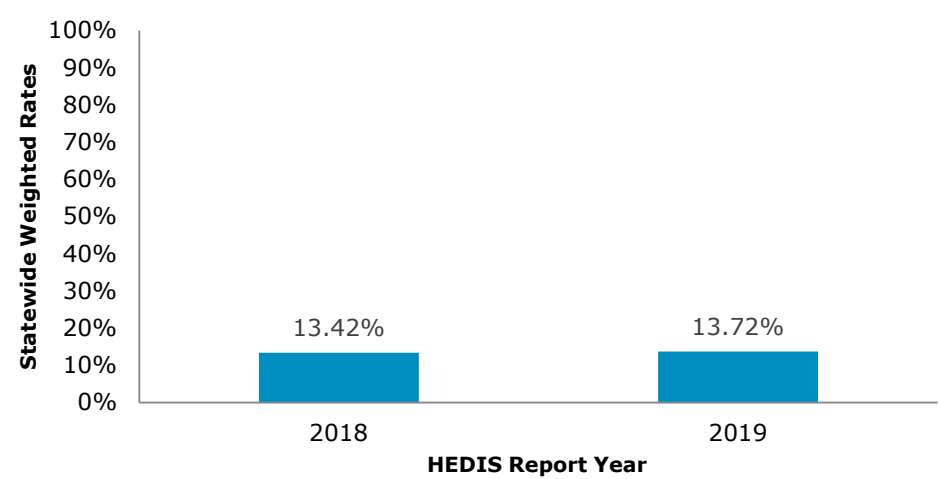


Fig. 136. Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care

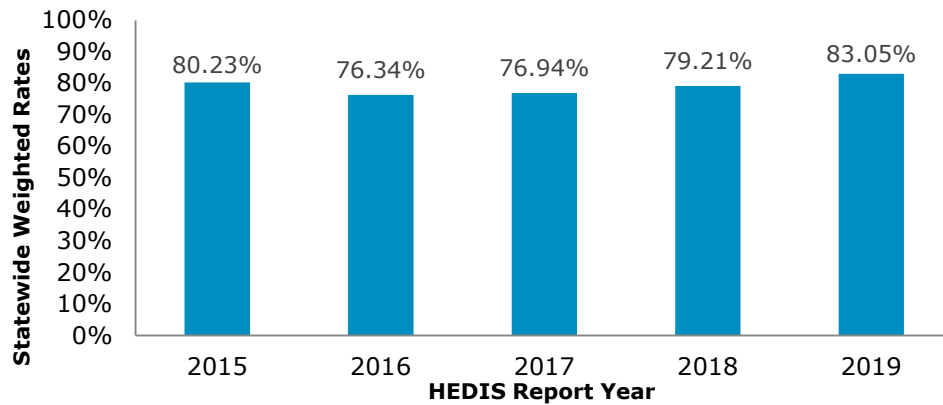
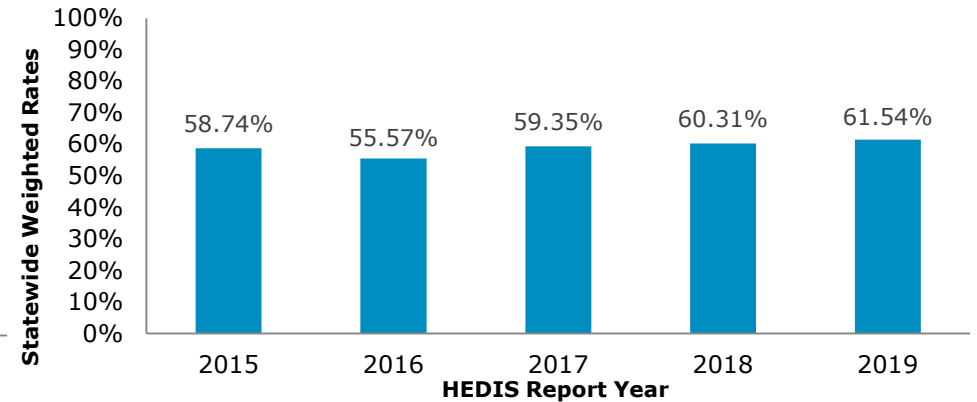
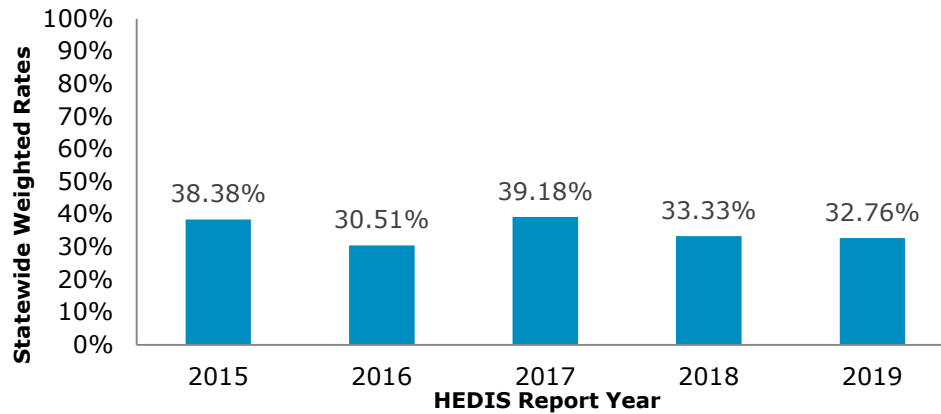


Fig. 137. PPC: Postpartum Care



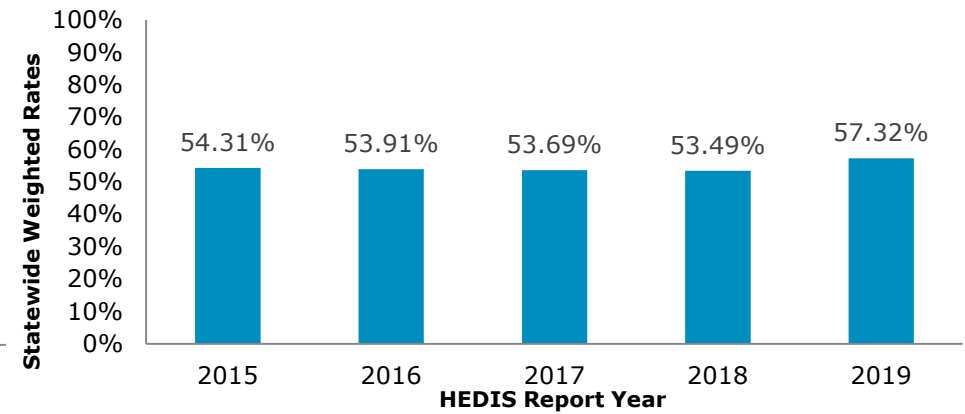
Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 138. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 1-5 Years



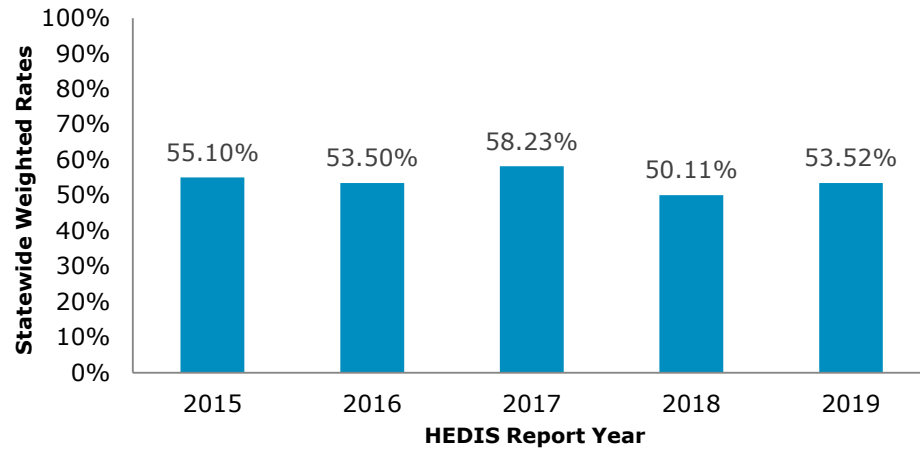
Footnote: NCQA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 139. APP: 6-11 Years



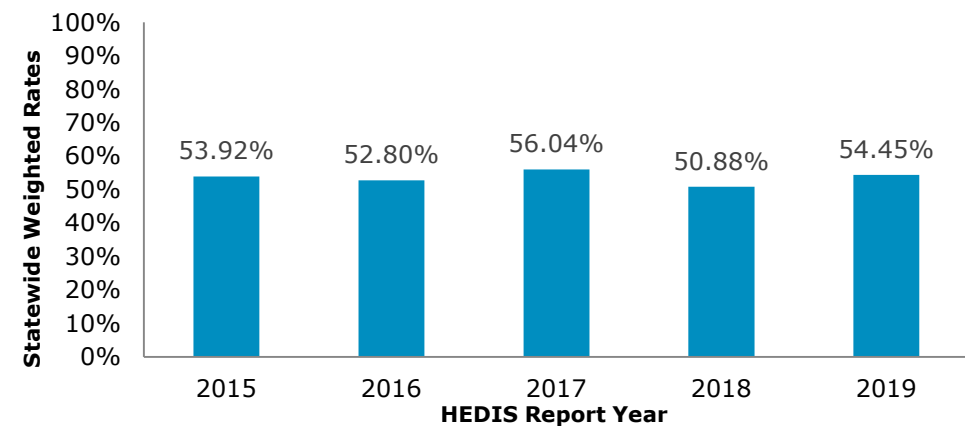
Footnote: NCQA indicated trending with caution due to changes in measure specifications in 2018.

Fig. 140. APP: 12-17 Years



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

Fig. 141. APP: Total



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

Utilization Measures

Fig. 142. Well-Child Visits in the First 15 Months of Life (W15): 6 or More Visits

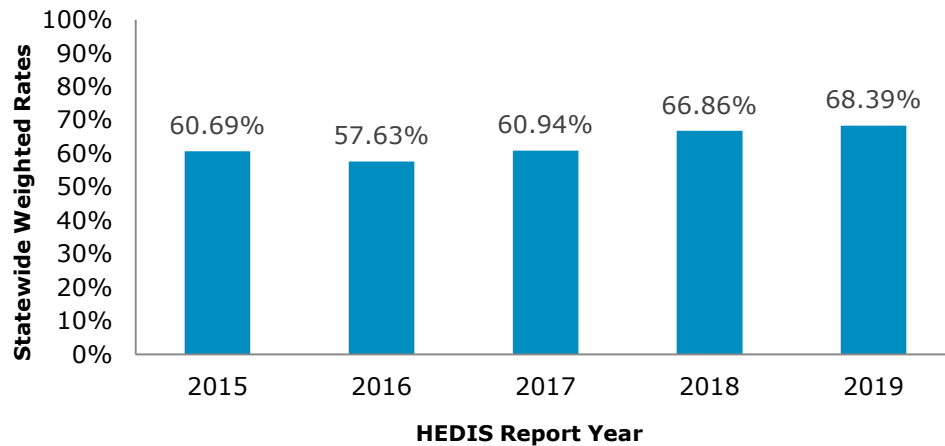


Fig. 143. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

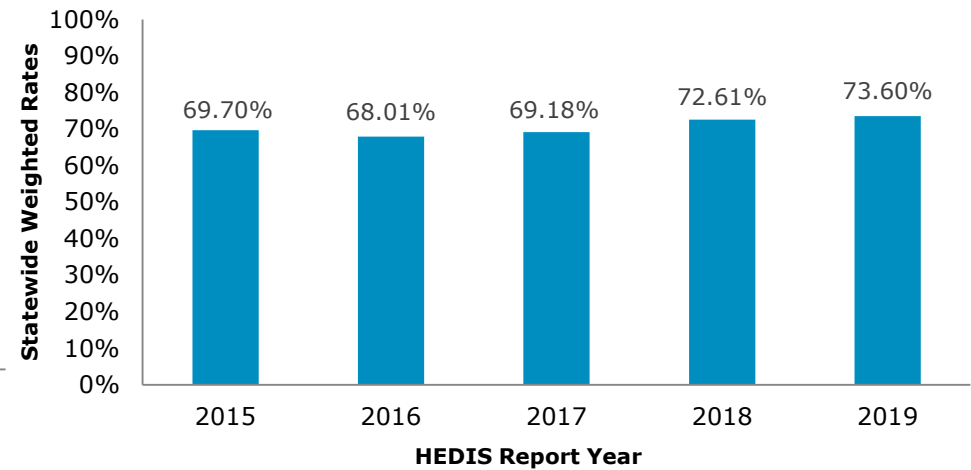
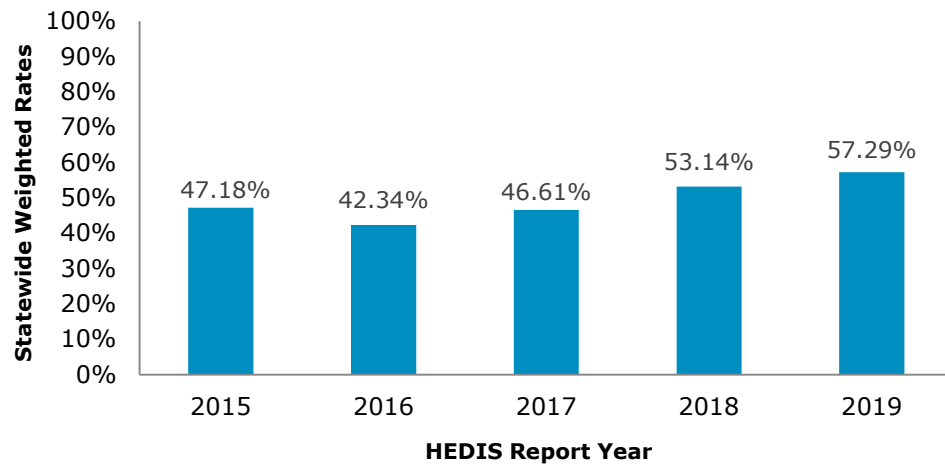


Fig. 144. Adolescent Well-Care Visits (AWC)



CHIP HEDIS/CAHPS Results

At TennCare’s request, HEDIS measure and CAHPS results for CoverKids, Tennessee’s CHIP, were added to this annual HEDIS/CAHPS report in 2017. HEDIS definitions for measures apply to all lines of business. For CoverKids, BlueCare (CKBC) is the only health plan administrator (HPA) and the only plan reporting HEDIS/CAHPS measures, so no comparative statewide data are available. In **Table 12**, The column titled ‘Change 2018 to 2019’ indicates whether there was an improvement (↑), a decline (↓), or no change (↔) in performance for the measure from HEDIS 2018 to HEDIS 2019 when data is available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported. NA was used for Not Applicable, indicating the denominator was too small (<30) to report a valid rate, hence results are not presented.

Table 12. HEDIS 2019 CHIP Rates			
Measure	Rate		Change 2018 to 2019
	2018	2019	
<i>Effectiveness of Care Measures</i>			
Prevention and Screening			
Adult BMI Assessment (ABA)*	NA	95.92%	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):			
BMI Percentile*	71.78%	75.06%	↑
Counseling for Nutrition	58.64%	61.61%	↑
Counseling for Physical Activity	54.99%	58.44%	↑
Childhood Immunization Status (CIS):			
DTaP/DT	76.89%	81.27%	↑
IPV	85.89%	87.35%	↑
MMR*	84.43%	85.40%	↑
HiB	84.67%	86.62%	↑
HepB	85.40%	86.37%	↑
VZV*	84.91%	85.89%	↑
PCV	81.02%	82.24%	↑
HepA*	82.48%	85.89%	↑
RV	74.94%	76.64%	↑

Table 12. HEDIS 2019 CHIP Rates

Measure	Rate		Change 2018 to 2019
	2018	2019	
Flu	52.55%	54.01%	↑
Combination 2*	72.26%	77.37%	↑
Combination 3*	71.29%	75.91%	↑
Combination 4*	70.32%	75.91%	↑
Combination 5*	64.23%	69.10%	↑
Combination 6*	48.66%	48.18%	↓
Combination 7*	63.26%	69.10%	↑
Combination 8*	48.66%	48.18%	↓
Combination 9*	44.53%	44.77%	↑
Combination 10*	44.53%	44.77%	↑
Immunizations for Adolescents (IMA):			
Meningococcal	64.96%	72.51%	↑
Tdap/Td	83.21%	85.16%	↑
HPV*	15.09%	19.71%	↑
Combination 1	64.96%	72.51%	↑
Combination 2*	14.11%	19.71%	↑
Lead Screening in Children (LSC)	58.15%	66.42%	↑
Breast Cancer Screening (BCS)*	NA	NA	
Cervical Cancer Screening (CCS)	72.44%	75.22%	↑
Chlamydia Screening in Women (CHL):			
16-20 Years	31.21%	39.90%	↑
21-24 Years	76.74%	86.00%	↑
Total	31.86%	43.02%	↑
Respiratory Conditions			
Appropriate Testing for Children with Pharyngitis (CWP)	90.55%	91.34%	↑
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)*	NA	NA	

Table 12. HEDIS 2019 CHIP Rates

Measure	Rate		Change 2018 to 2019
	2018	2019	
Pharmacotherapy Management of COPD Exacerbation (PCE):			
Systemic Corticosteroid	NA	NA	
Bronchodilator	NA	NA	
Medication Management for People With Asthma (MMA)*:			
Medication Compliance 50%: 5-11 Years	64.09%	65.43%	↑
12-18 Years	64.07%	57.63%	↓
19-50 Years	NA	NA	
51-64 Years	NA	NA	
Total	64.08%	61.85%	↓
Medication Compliance 75%: 5-11 Years	37.57%	36.70%	↓
12-18 Years	36.58%	35.59%	↓
19-50 Years	NA	NA	
51-64 Years	NA	NA	
Total	37.11%	36.24%	↓
Asthma Medication Ratio (AMR)*:			
5-11 Years	70.92%	88.89%	↑
12-18 Years	65.62%	68.69%	↑
19-50 Years	NA	NA	
51-64 Years	NA	NA	
Total	68.34%	78.89%	↑
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)**		NA	
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)*	NA	NA	
Statin Therapy for Patients With Cardiovascular Disease (SPC)*:			
Received Statin Therapy: 21-75 Years (Male)	NA	NA	
40-75 Years (Female)	NA	NA	
Total	NA	NA	

Table 12. HEDIS 2019 CHIP Rates

Measure	Rate		Change 2018 to 2019
	2018	2019	
Statin Adherence 80%: 21-75 Years (Male)	NA	NA	
40-75 Years (Female)	NA	NA	
Total	NA	NA	
Diabetes			
Comprehensive Diabetes Care (CDC)*:			
Hemoglobin A1c (HbA1c) Testing	84.00%	82.93%	↓
HbA1c Control (<8.0%)	40.00%	36.59%	↓
HbA1c Control (<7.0%)	31.91%	26.32%	↓
Eye Exam (Retinal) Performed	60.00%	63.41%	↑
Medical Attention for Nephropathy	74.00%	85.37%	↑
Blood Pressure Control (<140/90 mm Hg)	76.00%	80.49%	↑
Statin Therapy for Patients With Diabetes (SPD)*:			
Received Statin Therapy	NA	NA	
Statin Adherence 80%	NA	NA	
Musculoskeletal Conditions			
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)*	NA	NA	
Behavioral Health			
Antidepressant Medication Management (AMM):			
Effective Acute Phase Treatment	56.32%	49.17%	↓
Effective Continuation Phase Treatment	37.93%	24.17%	↓
Follow-Up Care for Children Prescribed ADHD Medication (ADD):			
Initiation Phase	42.84%	42.03%	↓
Continuation and Maintenance (C&M) Phase	56.00%	56.85%	↑
Follow-Up After Hospitalization for Mental Illness (FUH)**:			
7-Day Follow-Up: 6-17 Years		51.08%	
18-64 Years		NA	

Table 12. HEDIS 2019 CHIP Rates

Measure	Rate		Change 2018 to 2019
	2018	2019	
30-Day Follow-Up: 6-17 Years		77.42%	
18-64 Years		NA	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)**:			
7-Day Follow-Up: 6-17 Years		38.75%	
18-64 Years		NA	
30-Day Follow-Up: 6-17 Years		61.25%	
18-64 Years		NA	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA):			
7-Day Follow-Up: 13-17 Years	NA	NA	
18+ Years	NA	NA	
Total	0.00%	3.03%	↑
30-Day Follow-Up: 13-17 Years	NA	NA	
18+ Years	NA	NA	
Total	0.00%	9.09%	↑
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)*	78.05%	NA	
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*	NA	NA	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)*	NA	NA	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*	NA	NA	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)*:			
1-5 Years	NA	NA	
6-11 Years	23.38%	28.13%	↑
12-17 Years	29.20%	37.59%	↑
Total	27.83%	35.33%	↑

Table 12. HEDIS 2019 CHIP Rates

Measure	Rate		Change 2018 to 2019
	2018	2019	
Medication Management			
Annual Monitoring for Patients on Persistent Medications (MPM):			
ACE Inhibitors or ARBs	NA	NA	
Diuretics	NA	NA	
Total[†]	74.19%	NA	
Overuse/Appropriateness			
Appropriate Treatment for Children With URI (URI)	82.99%	83.94%	↑
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*	NA	NA	
Use of Imaging Studies for Low Back Pain (LBP)	74.24%	68.42%	↓
Access/Availability of Care			
Adults' Access to Preventive/Ambulatory Health Services (AAP)*:			
20-44 Years	77.81%	76.81%	↓
45-64 Years	NA	NA	
65+ Years	NA	NA	
Total	77.81%	76.80%	↓
Children and Adolescents' Access to Primary Care Practitioners (CAP):			
12-24 Months	91.80%	95.78%	↑
25 Months–6 Years	84.51%	89.00%	↑
7-11 Years	88.53%	95.66%	↑
12-19 Years	85.06%	92.87%	↑
Initiation and Engagement of AOD Abuse or Dependence Treatment (IET):			
IET: Initiation of AOD Treatment:			
13-17 Years: Alcohol	43.33%	NA	
Opioid	NA	NA	
Other Drug	41.94%	42.42%	↑
Total	41.38%	43.59%	↑

Table 12. HEDIS 2019 CHIP Rates

Measure	Rate		Change 2018 to 2019
	2018	2019	
18+ Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	47.73%	53.73%	↑
Total	48.57%	48.86%	↑
Initiation Total: Alcohol	48.94%	37.84%	↓
Opioid	NA	NA	
Other Drug	44.34%	48.12%	↑
Total	44.40%	46.39%	↑
IET: Engagement of AOD Treatment:			
13-17 Years: Alcohol	20.00%	NA	
Opioid	NA	NA	
Other Drug	18.55%	24.24%	↑
Total	17.24%	24.36%	↑
18+ Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	11.36%	16.42%	↑
Total	11.43%	18.18%	↑
Engagement Total: Alcohol	21.28%	16.22%	↓
Opioid	NA	NA	
Other Drug	15.57%	20.30%	↑
Total	14.80%	21.08%	↑
Prenatal and Postpartum Care (PPC):			
Timeliness of Prenatal Care	81.66%	81.65%	↓
Postpartum Care	65.58%	69.95%	↑
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP):			
1-5 Years	NA	NA	
6-11 Years	44.19%	NA	
12-17 Years	40.00%	40.96%	↑
Total	40.69%	38.78%	↓

Table 12. HEDIS 2019 CHIP Rates

Measure	Rate		Change 2018 to 2019
	2018	2019	
<i>Utilization</i>			
Well-Child Visits in the First 15 Months of Life (W15): 6+ Visits	76.04%	76.39%	↑
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	59.57%	65.58%	↑
Adolescent Well-Care Visits (AWC)	40.39%	47.93%	↑

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

** NCQA indicated a break in trending to prior years due to significant changes in measure specifications in 2019

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

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

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

Table 13. HEDIS 2019 CHIP Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Rate		Change 2018 to 2019
	2018	2019	
<i>Effectiveness of Care Measures</i>			
Diabetes			
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)	80.00%	53.66%	↑
Overuse/Appropriateness			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	0.92%	1.19%	↓
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC):			
1–5 Years	NA	NA	
6–11 Years	5.00%	NA	
12–17 Years	1.18%	2.30%	↓
Total	2.17%	1.74%	↑
Use of Opioids at High Dosage (UOD)^{††}		NA	

Table 13. HEDIS 2019 CHIP Rates: Measures Where Lower Rates Indicate Better Performance

Measure	Rate		Change 2018 to 2019
	2018	2019	
Use of Opioids From Multiple Providers (UOP)^{††}:			
Multiple Prescribers		NA	
Multiple Pharmacies		NA	
Multiple Prescribers and Multiple Pharmacies		NA	
Risk of Continued Opioid Use (COU)[†]:			
≥15 days/30-day period		0.68%	
≥ 31 days/62-day period		0.12%	

^{††} In 2019 NCQA indicated break in trending due to measure results being displayed as percentage.

[†] First year measure in 2019

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

Table 14. 2019 CAHPS 5.0H Child CHIP Survey Results (General Population)

Question	CKBC
1. Getting Needed Care (Always + Usually)	92.93%
2. Getting Care Quickly (Always + Usually)	95.21%
3. How Well Doctors Communicate (Always + Usually)	97.99%
4. Customer Service (Always + Usually)	88.99%
5. Shared Decision Making (Yes)	80.85%
6. Rating of All Health Care (9+10)	79.31%
7. Rating of Personal Doctor (9+10)	80.33%
8. Rating of Specialist Seen Most Often (9+10)	76.47%
9. Rating of Health Plan (9+10)	74.52%
10. Coordination of Care (Always + Usually)	85.62%
11. Access to Specialized Services (Always + Usually)	NA
12. Family-Centered Care: Personal Doctor Who Knows Child (Yes)	89.04%
13. Coordination of Care for Children With Chronic Conditions (Yes)	NA

Table 14. 2019 CAHPS 5.0H Child CHIP Survey Results (General Population)

Question	CKBC
14. Family-Centered Care: Getting Needed Information (Always + Usually)	93.35%
15. Access to Prescription Medicines (Always + Usually)	96.00%

Table 15. 2019 CAHPS 5.0H Child CHIP Survey Results (Children with Chronic Conditions)

Question	CKBC
1. Getting Needed Care (Always + Usually)	89.57%
2. Getting Care Quickly (Always + Usually)	93.73%
3. How Well Doctors Communicate (Always + Usually)	96.46%
4. Customer Service (Always + Usually)	88.35%
5. Shared Decision Making (Yes)	85.97%
6. Rating of All Health Care (9+10)	74.53%
7. Rating of Personal Doctor (9+10)	80.06%
8. Rating of Specialist Seen Most Often (9+10)	75.68%
9. Rating of Health Plan (9+10)	73.06%
10. Coordination of Care (Always + Usually)	81.28%
11. Access to Specialized Services (Always + Usually)	NA
12. Family-Centered Care: Personal Doctor Who Knows Child (Yes)	92.37%
13. Coordination of Care for Children With Chronic Conditions (Yes)	77.90%
14. Family-Centered Care: Getting Needed Information (Always + Usually)	91.02%
15. Access to Prescription Medicines (Always + Usually)	95.24%

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Additional Utilization Measure Descriptions

Frequency of Selected Procedure (FSP)

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

Ambulatory Care (AMB)

AMB summarizes utilization of ambulatory care in the following categories:

- ◆ Outpatient Visits
- ◆ ED Visits

Inpatient Utilization – General Hospital/Acute Care (IPU)

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

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

Identification of Alcohol and Other Drug Services (IAD)

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

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

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

Standardized Healthcare-Associated Infection Ratio (HAI)

Measure was suspended and not collected for HEDIS 2019.

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Utilization Measures: Medicaid Plan-Specific Rates

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

Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Well-Child Visits in the First 15 Months of Life (W15):											
0 Visits	NA	1.95%	0.97%	3.89%	1.11%	0.55%	2.23%	7.30%	1.70%	0.49%	2.19%
1 Visits	NA	2.43%	1.70%	2.68%	1.39%	1.09%	4.71%	1.70%	2.19%	0.73%	4.14%
2 Visits	NA	3.65%	2.19%	5.60%	1.94%	1.37%	2.23%	4.62%	1.95%	2.68%	3.65%
3 Visits	NA	4.14%	2.68%	4.38%	3.61%	5.46%	4.96%	5.84%	3.89%	3.16%	6.33%
4 Visits	NA	5.60%	3.65%	8.03%	6.11%	7.38%	13.65%	11.68%	6.81%	7.06%	10.46%
5 Visits	NA	9.49%	9.49%	15.82%	13.06%	15.30%	15.14%	16.30%	9.98%	14.36%	16.79%
6 or More Visits	NA	72.75%	79.32%	59.61%	72.78%	68.85%	57.07%	52.55%	73.48%	71.53%	56.45%
Frequency of Selected Procedures (FSP)											
Bariatric weight loss surgery: Procedures/1,000 Member Years											
0-19	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20-44		0.03	0.04	0.00	0.01	0.07	0.01	0.00	0.06	0.08	0.06
45-64		0.06	0.03	0.00	0.05	0.04	0.02	0.00	0.03	0.06	0.01
0-19	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20-44		0.19	0.20	0.03	0.19	0.21	0.19	0.00	0.20	0.23	0.16
45-64		0.08	0.11	0.02	0.17	0.30	0.12	0.00	0.17	0.18	0.12
Tonsillectomy: Procedures/1,000 Member Years											
0-9	M&F	1.05	0.75	0.53	1.19	0.84	0.68	1.19	1.20	0.88	0.63
10-19		0.50	0.38	0.28	0.50	0.38	0.34	0.35	0.49	0.33	0.34
Hysterectomy—Abdominal (A) and Vaginal (V): Procedures/1,000 Member Years											
15-44 (A)	F	0.08	0.08	0.15	0.09	0.10	0.16	0.00	0.07	0.08	0.12
45-64 (A)		0.14	0.11	0.30	0.13	0.14	0.24	0.00	0.09	0.20	0.19
15-44 (V)	F	0.21	0.16	0.10	0.21	0.14	0.10	0.01	0.21	0.14	0.05

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Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
45-64 (V)		0.18	0.13	0.09	0.13	0.18	0.10	0.22	0.15	0.09	0.07
Cholecystectomy—Open (O) and Closed (C)/Laparoscopic: Procedures/1,000 Member Years											
30-64 (O)	M	0.02	0.06	0.02	0.02	0.04	0.04	0.10	0.04	0.02	0.04
15-44 (O)	F	0.00	0.01	0.01	0.01	0.01	0.02	0.02	0.01	0.02	0.00
45-64 (O)		0.04	0.01	0.05	0.02	0.06	0.02	0.00	0.02	0.03	0.04
30-64 (C)	M	0.40	0.29	0.21	0.41	0.33	0.20	0.50	0.46	0.29	0.19
15-44 (C)	F	0.79	0.65	0.45	0.99	0.70	0.60	0.42	0.88	0.71	0.51
45-64 (C)		0.67	0.44	0.45	0.55	0.49	0.52	0.45	0.83	0.66	0.42
Back Surgery: Procedures/1,000 Member Years											
20-44	M	0.12	0.27	0.11	0.35	0.33	0.24	0.00	0.32	0.39	0.22
	F	0.14	0.26	0.04	0.25	0.27	0.12	0.03	0.24	0.33	0.12
45-64	M	0.37	0.75	0.17	0.73	1.35	0.40	0.00	0.65	0.81	0.43
	F	0.43	0.78	0.22	0.65	1.02	0.41	0.22	0.79	0.92	0.34
Mastectomy: Procedures/1,000 Member Years											
15-44	F	0.02	0.03	0.02	0.06	0.02	0.02	0.00	0.03	0.06	0.02
45-64		0.10	0.22	0.08	0.52	0.32	0.30	0.00	0.11	0.26	0.13
Lumpectomy: Procedures/1,000 Member Years											
15-44	F	0.08	0.07	0.12	0.13	0.13	0.16	0.05	0.09	0.09	0.11
45-64		0.18	0.29	0.23	0.41	0.37	0.51	0.22	0.23	0.33	0.30
Ambulatory Care: Total (AMB)											
Total: Visits/1,000 Member Months											
Outpatient*		302.09	354.16	271.29	426.80	364.54	361.66	346.28	390.14	379.99	328.14
ED		68.19	56.95	60.80	77.22	68.80	73.40	58.29	69.30	60.65	64.58
Inpatient Utilization—General Hospital/Acute Care: Total (IPU)*											
Total Inpatient											
Per 1,000 Member Months											
Discharges		4.94	5.20	5.22	8.10	7.12	7.64	6.57	6.72	5.67	5.67

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Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Days		22.45	22.68	24.66	33.55	28.59	32.97	39.25	32.29	26.80	29.03
Length of Stay (LoS): Average # of Days											
Average LoS		4.55	4.36	4.72	4.14	4.02	4.32	5.98	4.81	4.72	5.12
Medicine											
Per 1,000 Member Months											
Discharges		1.94	1.97	1.73	3.24	2.74	2.77	4.02	3.37	2.45	2.45
Days		9.04	9.08	7.73	14.06	11.86	11.30	19.41	17.22	12.86	14.14
LoS: Average # of Days											
Average LoS		4.65	4.60	4.46	4.34	4.32	4.08	4.82	5.11	5.25	5.77
Surgery											
Per 1,000 Member Months											
Discharges		1.16	1.00	1.13	1.69	1.31	1.58	1.83	1.55	1.13	1.19
Days		8.90	7.46	10.86	11.62	8.67	13.28	17.90	10.32	7.12	9.39
LoS: Average # of Days											
Average LoS		7.64	7.46	9.61	6.89	6.60	8.41	9.77	6.66	6.29	7.90
Maternity											
Per 1,000 Member Months											
Discharges		2.71	3.59	3.74	4.90	4.82	5.15	1.14	2.73	3.36	3.22
Days		6.68	9.86	9.63	12.18	12.72	13.15	3.14	7.22	10.96	8.69
LoS: Average # of Days											
Average LoS		2.47	2.75	2.57	2.48	2.64	2.55	2.74	2.64	3.26	2.70
Identification of Alcohol and Other Drug Services: Total (IAD)**											
Any Services											
Total	M	5.06%	3.99%	3.41%	4.45%	3.95%	3.09%	3.64%	5.71%	4.49%	3.45%
	F	6.13%	5.28%	3.19%	6.68%	5.65%	3.77%	3.31%	6.58%	5.72%	3.26%
	M&F	5.66%	4.73%	3.28%	5.78%	4.95%	3.51%	3.50%	6.21%	5.21%	3.34%

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Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Inpatient											
Total	M	1.59%	1.28%	1.34%	1.41%	1.49%	1.28%	0.85%	1.56%	1.28%	1.26%
	F	1.86%	1.63%	0.97%	2.21%	2.03%	1.19%	0.99%	1.75%	1.52%	0.99%
	M&F	1.74%	1.48%	1.13%	1.89%	1.81%	1.23%	0.91%	1.67%	1.42%	1.10%
Intensive											
Total	M	1.02%	0.54%	0.60%	0.35%	0.45%	0.28%	0.54%	0.83%	0.94%	0.45%
	F	1.41%	0.78%	0.62%	0.67%	0.67%	0.42%	0.55%	1.13%	1.35%	0.49%
	M&F	1.24%	0.68%	0.61%	0.54%	0.58%	0.37%	0.54%	1.00%	1.18%	0.47%
Outpatient/Medication											
Total	M	3.49%	2.76%	1.95%	2.97%	2.43%	1.73%	2.32%	4.07%	3.04%	1.81%
	F	4.43%	3.82%	1.91%	4.63%	3.70%	2.20%	2.05%	4.92%	4.13%	1.76%
	M&F	4.02%	3.37%	1.93%	3.96%	3.17%	2.02%	2.21%	4.56%	3.68%	1.78%
ED											
Total	M	1.87%	1.21%	1.46%	1.10%	1.21%	1.00%	0.88%	1.89%	1.73%	1.43%
	F	2.10%	1.40%	1.32%	1.38%	1.40%	1.19%	0.89%	1.99%	2.09%	1.23%
	M&F	2.00%	1.32%	1.38%	1.27%	1.32%	1.11%	0.89%	1.95%	1.94%	1.31%
Telehealth											
Total	M	0.12%	0.08%	0.05%	0.12%	0.09%	0.06%	0.26%	0.09%	0.10%	0.03%
	F	0.19%	0.15%	0.06%	0.15%	0.15%	0.10%	0.14%	0.12%	0.11%	0.03%
	M&F	0.16%	0.12%	0.05%	0.14%	0.13%	0.09%	0.21%	0.11%	0.11%	0.03%
Mental Health Utilization: Total (MPT)**											
Any Services**											
Total	M	13.10%	11.83%	7.93%	13.28%	12.06%	8.88%	33.09%	13.32%	12.33%	8.89%
	F	13.32%	13.03%	7.78%	13.67%	12.17%	9.14%	27.26%	14.24%	13.34%	8.76%
	M&F	13.22%	12.52%	7.84%	13.51%	12.12%	9.04%	30.67%	13.85%	12.92%	8.82%

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Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Inpatient											
Total	M	0.96%	0.79%	1.15%	0.90%	0.96%	1.02%	2.57%	0.92%	0.89%	1.13%
	F	1.09%	0.98%	1.03%	1.15%	1.04%	1.13%	2.74%	1.09%	1.02%	1.04%
	M&F	1.03%	0.90%	1.08%	1.05%	1.01%	1.09%	2.64%	1.02%	0.96%	1.07%
Intensive											
Total	M	3.59%	1.91%	2.58%	0.09%	0.20%	0.25%	0.43%	3.69%	4.70%	3.11%
	F	3.94%	2.34%	2.70%	0.12%	0.30%	0.26%	0.65%	3.99%	5.53%	3.07%
	M&F	3.79%	2.16%	2.65%	0.11%	0.26%	0.25%	0.52%	3.86%	5.19%	3.09%
Outpatient											
Total	M	12.81%	11.60%	7.44%	13.00%	11.75%	8.58%	32.34%	12.96%	11.98%	8.16%
	F	13.01%	12.77%	7.33%	13.31%	11.77%	8.75%	26.67%	13.81%	12.95%	8.09%
	M&F	12.92%	12.28%	7.38%	13.18%	11.76%	8.68%	29.98%	13.46%	12.55%	8.12%
ED											
Total	M	3.51%	1.83%	2.36%	0.00%	0.03%	0.00%	0.03%	3.78%	4.67%	3.01%
	F	3.89%	2.25%	2.50%	0.01%	0.02%	0.01%	0.04%	4.12%	5.56%	3.04%
	M&F	3.72%	2.07%	2.44%	0.01%	0.03%	0.00%	0.03%	3.97%	5.19%	3.03%
Telehealth											
Total	M	0.22%	0.13%	0.13%	0.25%	0.19%	0.18%	1.14%	0.09%	0.15%	0.12%
	F	0.27%	0.18%	0.13%	0.30%	0.21%	0.26%	0.74%	0.16%	0.17%	0.10%
	M&F	0.25%	0.16%	0.13%	0.28%	0.20%	0.23%	0.98%	0.13%	0.16%	0.11%
Antibiotic Utilization: Total (ABX)											
Antibiotic Utilization											
Average Scripts PMPY for Antibiotics											
Total	M	0.81	0.77	0.60	0.71	0.77	0.68	0.69	0.94	0.81	0.69
	F	1.15	1.11	1.02	0.77	1.12	1.12	0.91	1.34	1.13	1.07
	M&F	1.00	0.96	0.85	0.75	0.97	0.95	0.78	1.17	0.99	0.92

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Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Average Days Supplied per Antibiotic Script											
Total	M	9.59	9.69	9.64	9.59	9.66	9.64	11.04	9.71	9.81	9.67
	F	8.93	8.87	8.46	9.10	8.82	8.59	10.54	9.12	8.92	8.61
	M&F	9.16	9.14	8.80	9.29	9.10	8.88	10.80	9.32	9.22	8.93
Average Scripts PMPY for Antibiotics of Concern											
Total	M	0.38	0.33	0.26	0.34	0.33	0.31	0.30	0.46	0.36	0.30
	F	0.51	0.46	0.39	0.35	0.46	0.46	0.36	0.63	0.48	0.44
	M&F	0.45	0.41	0.34	0.35	0.41	0.40	0.32	0.56	0.43	0.38
Percentage of Antibiotics of Concern of All Antibiotic Scripts											
Total	M	47.17%	42.91%	43.12%	47.75%	42.74%	45.32%	42.75%	49.00%	44.24%	43.92%
	F	44.18%	41.71%	38.49%	45.53%	41.41%	41.34%	39.36%	46.91%	42.64%	40.82%
	M&F	45.24%	42.11%	39.84%	46.39%	41.84%	42.46%	41.11%	47.61%	43.18%	41.76%
Antibiotics of Concern Utilization (Average Scripts PMPY)											
Quinolones											
Total	M	0.03	0.03	0.02	0.02	0.02	0.02	0.01	0.04	0.03	0.03
	F	0.06	0.06	0.05	0.03	0.05	0.06	0.02	0.09	0.07	0.07
	M&F	0.04	0.04	0.04	0.02	0.04	0.04	0.02	0.07	0.05	0.05
Cephalosporins 2nd–4th Generation											
Total	M	0.09	0.09	0.06	0.11	0.10	0.08	0.09	0.11	0.09	0.07
	F	0.10	0.09	0.06	0.09	0.09	0.07	0.10	0.12	0.10	0.06
	M&F	0.10	0.09	0.06	0.10	0.09	0.08	0.09	0.12	0.10	0.06
Azithromycins and Clarithromycins											
Total	M	0.13	0.10	0.08	0.11	0.10	0.10	0.09	0.15	0.11	0.09
	F	0.17	0.15	0.14	0.11	0.16	0.17	0.12	0.21	0.16	0.15
	M&F	0.15	0.13	0.11	0.11	0.14	0.14	0.10	0.18	0.14	0.13

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Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Amoxicillin/Clavulanates											
Total	M	0.10	0.08	0.06	0.09	0.09	0.08	0.08	0.11	0.09	0.07
	F	0.13	0.11	0.09	0.09	0.11	0.11	0.08	0.15	0.11	0.10
	M&F	0.11	0.10	0.08	0.09	0.10	0.10	0.08	0.13	0.11	0.09
Ketolides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clindamycins											
Total	M	0.03	0.03	0.03	0.02	0.02	0.03	0.03	0.04	0.03	0.03
	F	0.06	0.05	0.06	0.03	0.05	0.06	0.03	0.06	0.05	0.06
	M&F	0.05	0.04	0.05	0.03	0.04	0.05	0.03	0.05	0.04	0.05
Misc. Antibiotics of Concern											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
All Other Antibiotics Utilization (Average Scripts PMPY)											
Absorbable Sulfonamides											
Total	M	0.06	0.05	0.04	0.04	0.04	0.04	0.06	0.06	0.05	0.04
	F	0.10	0.09	0.08	0.06	0.09	0.08	0.09	0.11	0.09	0.08
	M&F	0.08	0.07	0.06	0.05	0.07	0.07	0.07	0.09	0.07	0.07
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

APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A. HEDIS 2019 Medicaid Plan-Specific Rates: Utilization Measures

Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
1st Generation Cephalosporins											
Total	M	0.05	0.06	0.04	0.04	0.06	0.04	0.04	0.06	0.06	0.05
	F	0.08	0.09	0.07	0.05	0.09	0.07	0.06	0.09	0.09	0.07
	M&F	0.07	0.08	0.05	0.04	0.08	0.06	0.05	0.08	0.08	0.06
Lincosamides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Macrolides (not azith. or clarith.)											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
Penicillins											
Total	M	0.27	0.29	0.22	0.27	0.30	0.25	0.23	0.28	0.29	0.24
	F	0.28	0.28	0.24	0.22	0.29	0.26	0.26	0.28	0.28	0.25
	M&F	0.27	0.28	0.23	0.24	0.30	0.26	0.25	0.28	0.29	0.25
Tetracyclines											
Total	M	0.04	0.03	0.03	0.02	0.03	0.03	0.03	0.06	0.04	0.04
	F	0.06	0.05	0.05	0.03	0.05	0.06	0.03	0.09	0.06	0.06
	M&F	0.05	0.04	0.04	0.03	0.04	0.05	0.03	0.08	0.05	0.05
Misc. Antibiotics											
Total	M	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01
	F	0.12	0.13	0.19	0.06	0.14	0.18	0.09	0.13	0.13	0.17
	M&F	0.07	0.08	0.12	0.04	0.08	0.11	0.04	0.08	0.08	0.10

* NCQA indicated trending with caution due to changes in measure specifications in 2019.

** NCQA indicated a break in trending to prior years due to significant changes in measure specifications in 2019.

APPENDIX B | Medicaid MCO Population

Table B1. HEDIS 2019 MCO Medicaid Population Reported in Member Months by Age and Sex—AG									
Age Group	AGE			AGM			AGW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	18505	17733	36,238	35441	33646	69,087	19499	18857	38,356
1-4	81830	78572	160,402	130599	126674	257,273	85315	81493	166,808
5-9	101998	99803	201,801	146104	142995	289,099	112249	112416	224,665
10-14	105139	101444	206,583	119218	116871	236,089	92482	93119	185,601
15-17	51232	52316	103,548	57881	58182	116,063	43491	45260	88,751
18-19	19105	23485	42,590	34719	39978	74,697	18250	21539	39,789
0-19 Subtotal	377,809	373,353	751,162	523,962	518,346	1,042,308	371,286	372,684	743,970
	68.78%	53.04%	59.94%	73.43%	52.96%	61.59%	75.25%	53.33%	62.40%
20-24	22417	50185	72,602	21117	62930	84,047	20501	55562	76,063
25-29	17979	64618	82,597	19578	84238	103,816	10855	71240	82,095
30-34	21716	57204	78,920	22262	82745	105,007	12860	62587	75,447
35-39	22920	47886	70,806	25511	73419	98,930	14036	40721	54,757
40-44	19103	33021	52,124	22288	49468	71,756	11602	25137	36,739
20-44 Subtotal	104,135	252,914	357,049	110,756	352,800	463,556	69,854	255,247	325,101
	18.96%	35.93%	28.49%	15.52%	36.04%	27.39%	14.16%	36.52%	27.27%
45-49	16032	23289	39,321	19268	32732	52,000	9658	19130	28,788
50-54	16034	19908	35,942	17463	23251	40,714	10670	16755	27,425
55-59	18099	17661	35,760	19090	21142	40,232	15002	16446	31,448
60-64	13250	11231	24,481	14318	15791	30,109	12723	12064	24,787
45-64 Subtotal	63,415	72,089	135,504	70,139	92,916	163,055	48,053	64,395	112,448
	11.54%	10.24%	10.81%	9.83%	9.49%	9.63%	9.74%	9.21%	9.43%

Table B1. HEDIS 2019 MCO Medicaid Population Reported in Member Months by Age and Sex—AG

Age Group	AGE			AGM			AGW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
65–69	2524	2655	5,179	4263	5996	10,259	2828	3452	6,280
70–74	723	1150	1,873	2412	3643	6,055	587	1425	2,012
75–79	399	731	1,130	1198	1996	3,194	483	758	1,241
80–84	169	471	640	550	1770	2,320	138	395	533
85–89	114	313	427	155	926	1,081	96	222	318
≥90	13	219	232	102	397	499	67	258	325
≥65 Subtotal	3,942	5,539	9,481	8,680	14,728	23,408	4,199	6,510	10,709
	0.72%	0.79%	0.76%	1.22%	1.50%	1.38%	0.85%	0.93%	0.90%
Total	549,301	703,895	1,253,196	713,537	978,790	1,692,327	493,392	698,836	1,192,228

Table B2. HEDIS 2019 MCO Medicaid Population Reported in Member Months by Age and Sex—BC and TCS

Age Group	BCE			BCM			BCW			TCS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	47979	44802	92,781	36191	35276	71,467	38882	37446	76,328	5864	5354	11,218
1–4	151936	146060	297,996	120061	116519	236,580	104461	101357	205,818	49331	41217	90,548
5–9	154143	149628	303,771	131991	128922	260,913	116731	114216	230,947	81316	51107	132,423
10–14	140012	136339	276,351	133370	131405	264,775	101340	102554	203,894	89473	54876	144,349
15–17	69916	69495	139,411	60990	62424	123,414	49915	53398	103,313	65225	39484	104,709
18–19	39277	46239	85,516	22697	27281	49,978	28587	36245	64,832	40533	25675	66,208
0–19 Subtotal	603,263	592,563	1,195,826	505,300	501,827	1,007,127	439,916	445,216	885,132	331,742	217,713	549,455
	73.72%	49.24%	59.15%	78.05%	54.81%	64.44%	77.39%	50.26%	60.87%	91.67%	84.60%	88.73%

Table B2. HEDIS 2019 MCO Medicaid Population Reported in Member Months by Age and Sex—BC and TCS

Age Group	BCE			BCM			BCW			TCS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
20–24	26120	91901	118,021	20675	69566	90,241	20192	66769	86,961	17786	14422	32,208
25–29	16204	112242	128,446	13266	88868	102,134	10330	80048	90,378	2373	6342	8,715
30–34	24070	100652	124,722	18657	76777	95,434	14147	73814	87,961	2508	6568	9,076
35–39	28317	86368	114,685	20522	60924	81,446	15922	72251	88,173	2364	4789	7,153
40–44	26764	61383	88,147	15856	38155	54,011	13344	45702	59,046	1561	2881	4,442
20–44 Subtotal	121,475	452,546	574,021	88,976	334,290	423,266	73,935	338,584	412,519	26,592	35,002	61,594
	14.84%	37.60%	28.39%	13.74%	36.51%	27.08%	13.01%	38.23%	28.37%	7.35%	13.60%	9.95%
45–49	24140	45141	69,281	14020	26600	40,620	11825	29050	40,875	1145	1708	2,853
50–54	22264	38701	60,965	13035	21727	34,762	12847	24273	37,120	973	1262	2,235
55–59	23113	34582	57,695	14101	17756	31,857	13767	22072	35,839	816	856	1,672
60–64	17800	26581	44,381	11090	11831	22,921	11954	17860	29,814	561	689	1,250
45–64 Subtotal	87,317	145,005	232,322	52,246	77,914	130,160	50,393	93,255	143,648	3,495	4,515	8,010
	10.67%	12.05%	11.49%	8.07%	8.51%	8.33%	8.87%	10.53%	9.88%	0.97%	1.75%	1.29%
65–69	3329	6577	9,906	315	449	764	2605	3948	6,553	52	36	88
70–74	1658	3178	4,836	130	291	421	883	2087	2,970	0	65	65
75–79	806	1859	2,665	211	207	418	332	1147	1,479	2	24	26
80–84	370	948	1,318	102	265	367	235	831	1,066	16	3	19
85–89	98	583	681	39	182	221	122	421	543	0	0	0
≥90	45	182	227	77	119	196	23	276	299	1	0	1
≥65 Subtotal	6,306	13,327	19,633	874	1,513	2,387	4,200	8,710	12,910	71	128	199
	0.77%	1.11%	0.97%	0.14%	0.17%	0.15%	0.74%	0.98%	0.89%	0.02%	0.05%	0.03%
Total	818,361	1,203,441	2,021,802	647,396	915,544	1,562,940	568,444	885,765	1,454,209	361,900	257,358	619,258

Table B3. HEDIS 2019 MCO Medicaid Population Reported in Member Months by Age and Sex—UHC									
Age Group	UHCE			UHCM			UHCW		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	26147	24710	50,857	37730	35436	73,166	24198	23371	47,569
1-4	98797	91880	190,677	138174	132993	271,167	93401	90243	183,644
5-9	127773	124413	252,186	149908	146801	296,709	112705	111008	223,713
10-14	116700	114551	231,251	129400	127628	257,028	97460	97977	195,437
15-17	60005	60199	120,204	61961	61664	123,625	47890	48141	96,031
18-19	34469	39284	73,753	37108	41315	78,423	27176	33000	60,176
0-19 Subtotal	463,891	455,037	918,928	554,281	545,837	1,100,118	402,830	403,740	806,570
	61.78%	43.94%	51.44%	69.03%	47.88%	56.62%	68.13%	46.53%	55.29%
20-24	23661	61206	84,867	23118	71451	94,569	19723	55767	75,490
25-29	23195	76268	99,463	19388	93374	112,762	16383	77850	94,233
30-34	24452	71722	96,174	25230	90328	115,558	15415	61739	77,154
35-39	28707	71143	99,850	30015	83248	113,263	16404	60669	77,073
40-44	28728	56766	85,494	27009	54874	81,883	17806	45553	63,359
20-44 Subtotal	128,743	337,105	465,848	124,760	393,275	518,035	85,731	301,578	387,309
	17.15%	32.55%	26.08%	15.54%	34.49%	26.66%	14.50%	34.76%	26.55%
45-49	29519	46923	76,442	25297	41909	67,206	16802	32268	49,070
50-54	29828	40941	70,769	24155	34451	58,606	18237	26535	44,772
55-59	31037	40524	71,561	24601	34017	58,618	21680	25891	47,571
60-64	27159	32621	59,780	19500	27113	46,613	18598	22300	40,898
45-64 Subtotal	117,543	161,009	278,552	93,553	137,490	231,043	75,317	106,994	182,311
	15.65%	15.55%	15.59%	11.65%	12.06%	11.89%	12.74%	12.33%	12.50%
65-69	16957	24229	41,186	11194	18907	30,101	11982	15533	27,515
70-74	10322	17653	27,975	7880	13387	21,267	6656	11261	17,917
75-79	6692	13945	20,637	4856	10336	15,192	4352	9267	13,619
80-84	3684	11006	14,690	3654	8280	11,934	2208	7645	9,853
85-89	1877	8212	10,089	1926	6802	8,728	1364	6198	7,562
≥90	1161	7357	8,518	895	5786	6,681	815	5441	6,256
≥65 Subtotal	40,693	82,402	123,095	30,405	63,498	93,903	27,377	55,345	82,722
	5.42%	7.96%	6.89%	3.79%	5.57%	4.83%	4.63%	6.38%	5.67%
Total	750,870	1,035,553	1,786,423	802,999	1,140,100	1,943,099	591,255	867,657	1,458,912

APPENDIX C | Measure Reporting Options

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

Table C. 2019 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
HEDIS Effectiveness of Care		
Prevention and Screening		
Adult BMI Assessment (ABA)	✓	✓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	✓	✓
Childhood Immunization Status (CIS)	✓	✓
Immunizations for Adolescents (IMA)	✓	✓
Lead Screening in Children (LSC)	✓	✓
Breast Cancer Screening (BCS)	✓	
Cervical Cancer Screening (CCS)	✓	✓
Chlamydia Screening in Women (CHL)	✓	
Respiratory Conditions		
Appropriate Testing for Children With Pharyngitis (CWP)	✓	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	✓	
Pharmacotherapy Management of COPD Exacerbation (PCE)	✓	
Medication Management for People With Asthma (MMA)	✓	
Asthma Medication Ratio (AMR)	✓	
Cardiovascular Conditions		
Controlling High Blood Pressure (CBP)		✓
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	✓	
Statin Therapy for Patients with Cardiovascular Disease (SPC)	✓	
Diabetes		
Comprehensive Diabetes Care (CDC)	✓	✓
Statin Therapy for Patients with Diabetes (SPD)	✓	

Table C. 2019 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
<i>Musculoskeletal Conditions</i>		
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	✓	
<i>Behavioral Health</i>		
Antidepressant Medication Management (AMM)	✓	
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	✓	
Follow-Up After Hospitalization for Mental Illness (FUH)	✓	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	✓	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	✓	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	✓	
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	✓	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	✓	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	✓	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	✓	
<i>Medication Management</i>		
Annual Monitoring for Patients on Persistent Medications (MPM)	✓	
<i>Overuse/Appropriateness</i>		
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	✓	
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	✓	
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	✓	
Use of Imaging Studies for Low Back Pain (LBP)	✓	
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	✓	
Use of Opioid at High Dosage (UOD)	✓	
Use of Opioids From Multiple Providers (UOP)	✓	
Risk of Continued Opioid Use (COU)	✓	
<i>Measures Collected Through CAHPS Health Plan Survey</i>		
Flu vaccinations for adults ages 18 to 64 (FVA)		
Medical Assistance With Smoking Cessation (MSC)		

Table C. 2019 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
<i>HEDIS Access/Availability of Care Measures</i>		
Adults' Access to Preventive/Ambulatory Health Services (AAP)	✓	
Children and Adolescents' Access to Primary Care Practitioners (CAP)	✓	
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)	✓	
Prenatal and Postpartum Care (PPC)	✓	✓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	✓	
<i>HEDIS Utilization and Risk-Adjusted Utilization Measures</i>		
Well-Child Visits in the First 15 Months of Life (W15)	✓	✓
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	✓	✓
Adolescent Well-Care Visits (AWC)	✓	✓

APPENDIX D | CHIP Utilization and HPA Descriptive Information

In the tables of this appendix, rates reported are for **CKBC**, the only HPA during HEDIS 2019. Cells are shaded gray for those measures that were not calculated or for which data were not reported. [HEDIS definitions](#) for measures apply to all lines of business.

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

Table D1. HEDIS 2019 Utilization Measures: CHIP Plan-Specific Rates for the HPA						
Well-Child Visits in the First 15 Months of Life (W15)						
0 Visits	1 Visit	2 Visits	3 Visits	4 Visits	5 Visits	6+ Visits
4.26%	1.31%	1.97%	1.97%	4.59%	9.51%	76.39%
Frequency of Selected Procedures (FSP)						
Age	Sex	Procedures/1,000 Member Months	Age	Sex	Procedures/1,000 Member Months	
Bariatric Weight Loss Surgery:			Cholecystectomy—Open (O) and Laparoscopic (L):			
0-19	M	0.00	30-64 (O)	M		
	F	0.00	15-44 (O)	F	0.00	
20-44	M	0.00	45-64 (O)		0.00	
	F	0.00	30-64 (L)	M		
45-64	M		15-44 (L)	F	0.48	
	F	0.00	45-64 (L)		0.00	
Tonsillectomy:			Back Surgery:			
0-9	M&F	1.00	20-44	M	0.00	
10-19		0.36		F	0.00	
Hysterectomy—Abdominal (A) and Vaginal (V):			45-64	M		
15-44 (A)	F	0.07		F	0.00	
45-64 (A)		5.41		Mastectomy:		
15-44 (V)	F	0.01	15-44	M	0.00	
45-64 (V)		0.00		45-64	F	0.00
Lumpectomy:						
15-44	F	0.02	45-64	F	0.00	

APPENDIX D | CHIP Utilization and Descriptive Information

Table D1. HEDIS 2019 Utilization Measures: CHIP Plan-Specific Rates for the HPA							
Ambulatory Care: Total (AMB)							
Total: Visits/1,000 Member Months		Outpatient Visits			ED Visits		
		259.09			26.57		
Inpatient Utilization—General Hospital/Acute Care: Total (IPU)							
Per 1,000 Members Months		Average # of Days:		Per 1,000 Members Months		Average # of Days:	
Discharges	Days	Average Length of Stay		Discharges	Days	Average Length of Stay	
Total Inpatient				Medicine			
9.36	23.58	2.52		0.44	1.42	3.22	
Surgery				Maternity			
0.27	1.44	5.35		13.23	31.69	2.40	
Identification of Alcohol and Other Drug Services: Total (IAD)							
Sex	Any Services	Inpatient	Intensive	Outpatient/Medication	ED	Telehealth	
M	0.67%	0.18%	0.09%	0.43%	0.16%	0.01%	
F	0.47%	0.20%	0.04%	0.25%	0.11%	0.00%	
Total	0.56%	0.19%	0.06%	0.33%	0.13%	0.01%	
Mental Health Utilization: Total (MPT)							
Sex	Any Services	Inpatient	Intensive	Outpatient	ED	Telehealth	
M	8.99%	0.40%	0.08%	8.81%	0.01%	0.16%	
F	6.76%	0.53%	0.11%	6.58%	0.01%	0.11%	
Total	7.80%	0.47%	0.10%	7.62%	0.01%	0.14%	
Antibiotic Utilization: Total (ABX)							
Sex	Antibiotics		Antibiotics of Concern				
	Average Scripts PMPY	Average Days Supplied Script	Average Scripts PMPY		% of All Antibiotic Scripts		
M	0.72	10.19	0.33		45.65%		
F	0.86	9.65	0.34		39.62%		
Total	0.79	9.88	0.33		42.17%		
Antibiotics of Concern Utilization (Average Scripts PMPY)							
Sex	Quinolones	Cephalosporins 2nd-4th Generation	Azithromycins and Clarithromycins	Amoxicillin/Clavulanates	Ketolides	Clindamycins	Misc. Antibiotics of Concern

APPENDIX D | CHIP Utilization and Descriptive Information

Table D1. HEDIS 2019 Utilization Measures: CHIP Plan-Specific Rates for the HPA

M	0.00	0.10	0.12	0.08	0.00	0.02	0.00
F	0.01	0.10	0.13	0.08	0.00	0.02	0.00
Total	0.01	0.10	0.13	0.08	0.00	0.02	0.00

All Other Antibiotics Utilization (Average Scripts PMPY)

Sex	Absorbable Sulfonamides	Amino-glycosides	1st Generation Cephalosporins	Linco-samides	Macrolides (not azith. or clarith.)	Penicillins	Tetra-cyclines	Misc. Antibiotics
M	0.03	0.00	0.05	0.00	0.00	0.27	0.04	0.00
F	0.05	0.00	0.07	0.00	0.00	0.27	0.04	0.08
Total	0.04	0.00	0.06	0.00	0.00	0.27	0.04	0.05

HPA Descriptive Information

Table D2. Board Certification (BCR)

Type of Physician	Board Certification Percent
Family Medicine	74.19%
Internal Medicine	70.78%
Pediatricians	83.76%
OB/GYN Physicians	79.59%
Geriatricians	62.50%
Other Physician Specialists	73.89%

APPENDIX D | CHIP Utilization and Descriptive Information

Table D3. CHIP Population in HPA Member Months			
Age	Male	Female	Total
<1	4834	4496	9,330
1-4	30888	28526	59,414
5-9	84024	80548	164,572
10-14	106936	102625	209,561
15-17	63346	61870	125,216
18-19	24624	27624	52,248
0-19 Subtotal	314,652	305,689	620,341
0-19 Subtotal: Percent	99.99%	85.05%	92.03%
20-24	17	12300	12,317
25-29	0	16109	16,109
30-34	0	14475	14,475
35-39	0	8366	8,366
40-44	0	2283	2,283
20-44 Subtotal	17	53,533	53,550
20-44 Subtotal: Percent	0.01%	14.89%	7.94%
45-49	0	182	182
50-54	0	2	2
55-59	0	1	1
60-64	0	0	0
45-64 Subtotal	0	185	185
45-64 Subtotal: Percent	0.00%	0.05%	0.03%
65-69	0	0	0
70-74	0	0	0
75-79	0	0	0
80-84	0	0	0
85-89	0	0	0
>=90	0	0	0
>=65 Subtotal	0	0	0
>=65 Subtotal: Percent	0.00%	0.00%	0.00%
Total	314,669	359,407	674,076