



# Quality of Clinical Care: Medicaid HEDIS® Measurement Year 2023 Results

Department of Quality Improvement

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# What is HEDIS?

## HEDIS

HEDIS stands for **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et. It is the most widely used set of standardized quality of care performance measures in the managed care industry. HEDIS development and maintenance is sponsored and supported by the National Committee for Quality Assurance (NCQA). NCQA expects health plans to use annual HEDIS results in the development of their quality work plans and in the development of continuous improvement processes.

## Methodology

Each HEDIS measure is collected using one of three methodologies: administrative, hybrid or survey. The administrative method uses data from medical claims and other administrative sources to identify the measure denominator and numerator. In this case, the denominator will include all members who meet the eligibility criteria. The hybrid method uses both administrative and medical record data to identify the denominator and numerator. The hybrid denominator consists of a systematic sample of members drawn from the eligible population. The numerator is determined using both administrative data and data from medical record review. In the third method, measures are collected through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey of a sample of members. All measurement processes must pass an external audit by an NCQA-certified HEDIS auditor to be accepted as official by NCQA. The HEDIS Measurement Year (MY) 2023 rates in this report represent services through Calendar Year (CY) 2023. Neighborhood calculates and reports its HEDIS measures with assistance from an NCQA-certified software vendor, Inovalon.

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CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

# HEDIS MY 2023: Compliance Audit™

As data collection methods vary among health plans, an audit of HEDIS results by an independent agency ensures that HEDIS specifications have been met and adds a higher level of integrity to the HEDIS data. Neighborhood's HEDIS MY 2023 results underwent a rigorous audit by Attest Health Care Advisors, LLC, who are certified by NCQA. Attest assesses the information systems used in the preparation of HEDIS measures and evaluates the data reporting and specific computer programs used to prepare Neighborhood's HEDIS scores.

Attest's audit follows the NCQA HEDIS Compliance standards and policies. Their findings were that Neighborhood had prepared our HEDIS measures in conformance to the HEDIS Technical Specifications and can report these measures to NCQA for consideration during the Health Plan Accreditation and Health Insurance Plan Rating processes.

The HEDIS measures in this report were deemed reportable according to the NCQA HEDIS Compliance Audit Standards™.



# Neighborhood's Health Plan Rating 2024



## Rated 4.5 out of 5 NCQA's Medicaid Health Plan Ratings 2024

Neighborhood is proud to be the only Medicaid Health Plan in Rhode Island in the top 10% of plans rated by NCQA all 20 years of its rankings and ratings

# HEDIS Measurement Year 2023 Results and Quality Compass Benchmarks

This report includes HEDIS clinical performance measures, and the Quality Compass benchmark ratings. The report is organized as follows:

- Prevention and Screening Measures
- Treatment and Utilization Measures
- Behavioral Health Measures

The measures listed within the three composites are annually reported to NCQA. Performance is monitored by Quality Improvement Work Groups and targeted interventions are designed and implemented to sustain or improve performance.

## **Quality Compass Benchmarks**

Quality Compass (QC) is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. It is designed to provide benefit managers, health plans, consultants, the media, and others with easy access to comprehensive information about health plan quality and performance. For each HEDIS measure, Quality Compass presents percentile benchmarks among comparable plans, e.g., 5th, 10th, 25th, 33rd, 50th, 66th, 75th, 90th and 95th. The 2024 Medicaid Quality Compass was used in this report.

# Prevention and Screening Measures

Measure	Measure Description	HEDIS MY 2022 Rate / 2023 QC Percentile
Childhood Immunizations Status (Combo 10) (CIS)	The percentage of children 2 years of age who, by their second birthday, received all vaccinations in the combination 10 vaccination set.	52.83 / 95th
Immunizations for Adolescents (Combo 2) (IMA)	The percentage of adolescents who turned 13 years of age during 20219 who received the following vaccines on or before their 13th birthday: Combination-2: At least one Meningococcal Conjugate vaccine with a date of service on or between the member's 11th and 13th birthdays, at least one Tetanus, Diphtheria toxoids and Acellular Pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays, and at least two Human Papillomavirus (HPV) vaccines with different dates of service on or between the member's 9th and 13th birthdays, with at least 146 days between the first and second dose of the HPV vaccine, OR at least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.	46.39 / 75th
Adult Immunization Status (AIS)	Percentage of members ages 19 and older who have had the following vaccinations in the recommended time frame: 1 influenza vaccine	15.53 / 50th
	Percentage of members ages 19 and older who have had the following vaccinations in the recommended time frame: 1 Td/Tdap vaccine	36.35 / 35rd
	Percentage of members ages 19 and older who have had the following vaccinations in the recommended time frame: 1 (live) or 2 (recombinant) Herpes Zoster (Shingles)	5.91 / 25th
	Percentage of members ages 19 and older who have had the following vaccinations in the recommended time frame: 1 Adult Pneumococcal vaccine	42.22 / 33rd
Prenatal Immunization Status (PRS)(Total)	Percentage of deliveries in the measurement year in which the member had the following vaccinations in the recommended time frame: 1 influenza vaccine 1 Td/Tdap vaccine	36.14 / 90th

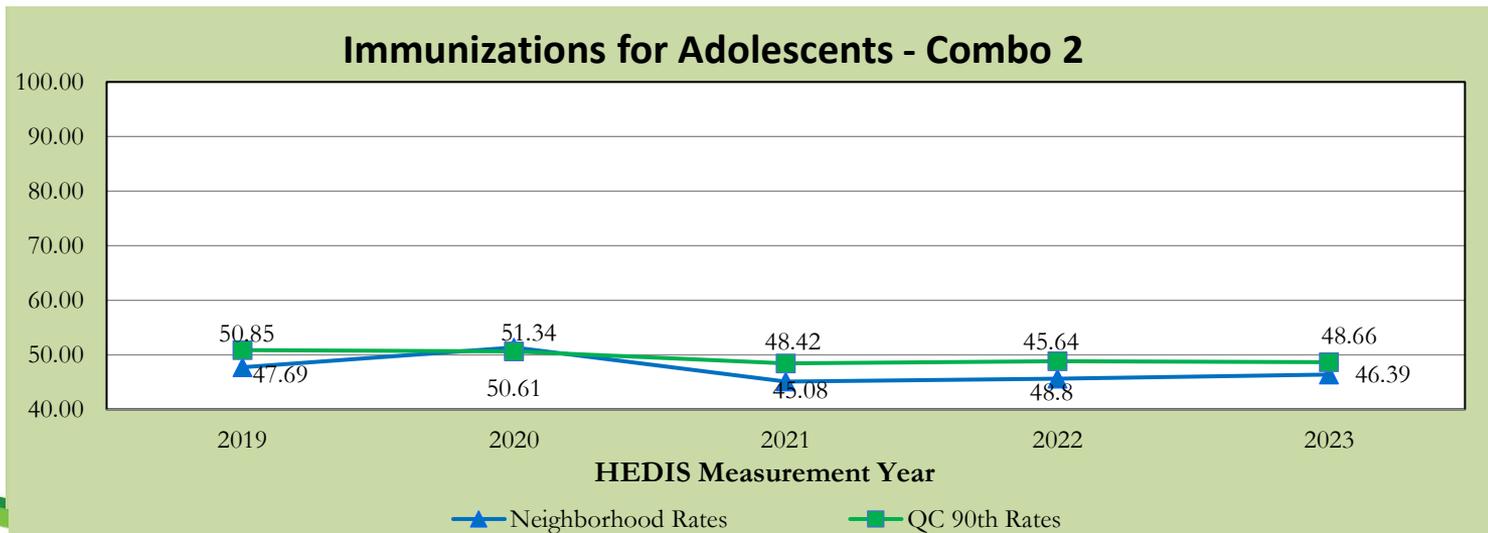
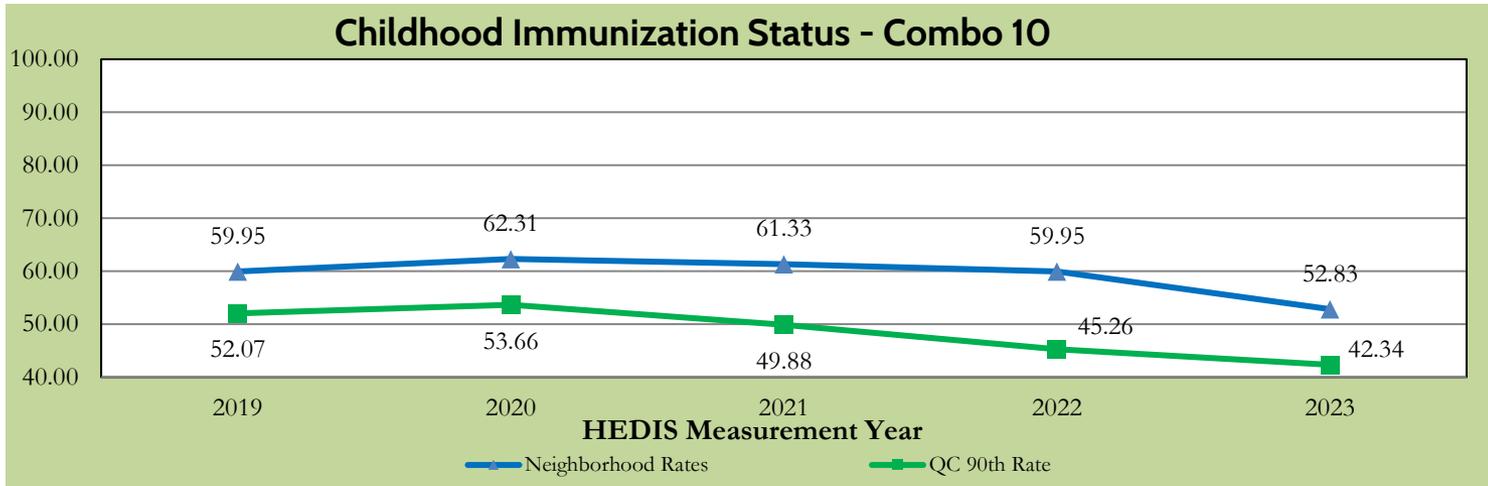
## Prevention and Screening Measures (Cont'd)

Measures	Measure Description	HEDIS MY 2022 Rate / 2023 QC Percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescent - BMI Percentile (WCC)	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. *BMI percentile documentation.	92.00 / 90th
Timeliness of Prenatal Care (PPC)	The percentage of women had a live birth during October 8, 2021 - October 7, 2022, who received a prenatal visit in the first trimester of pregnancy (or within 42 days of enrollment into the plan)	96.35 / 95th
Postpartum Care (PPC)	The percentage of women giving birth who had a postpartum visit on or between 7 and 84 days after delivery in 2022	90.02 / 95th
Breast Cancer Screening (BCS-E)	Percent of women ages 50-74 years of age who had a mammogram to screen for breast cancer during 2022 or the two years prior	66.28 / 95th

## Prevention and Screening Measures (Cont'd)

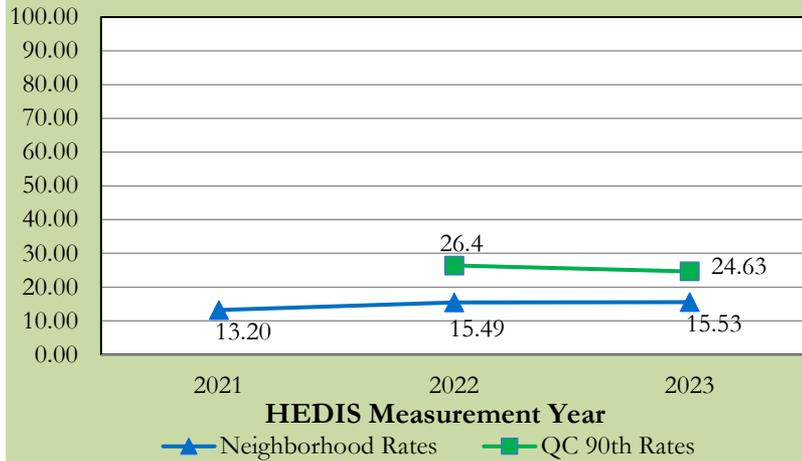
Measures	Measure Description	HEDIS MY 2022 Rate / 2023 QC Percentile
Cervical Cancer Screening (CCS)	Percent of women ages 21–64 years who were screened for cervical cancer using either of the following criteria: -Women ages 21–64 years who had cervical cytology testing performed within the past 3 years -Women ages 30–64 years who had cervical cytology/human papillomavirus (HPV) co-testing performed within the past 5 years	67.49 / 90th
Colorectal Cancer Screening (COL)	Percentage of patients ages 45-75 who had an appropriate screening for colorectal cancer.	52.14 / 75th
Chlamydia Screening(CHL)	Percent of women ages 16-24 years who were identified as sexually active and who had at least one test for Chlamydia during 2022	65.51 / 75th
Lead Screening (LSC)	Percent of children who turned 2 years old during 2022 and who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday.	80.65 / 90th
Child and Adolescents Well-Care Visits (WCV)	The percentage of members <b>3–11</b> years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	68.56 / 75th
	The percentage of members <b>12–17</b> years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	62.39 / 75th
	The percentage of members <b>18–21</b> years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	40.35 / 75th
	The total percentage of members <b>3–21</b> years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	61.19 / 75th

# Immunization Measures – Trended Performance

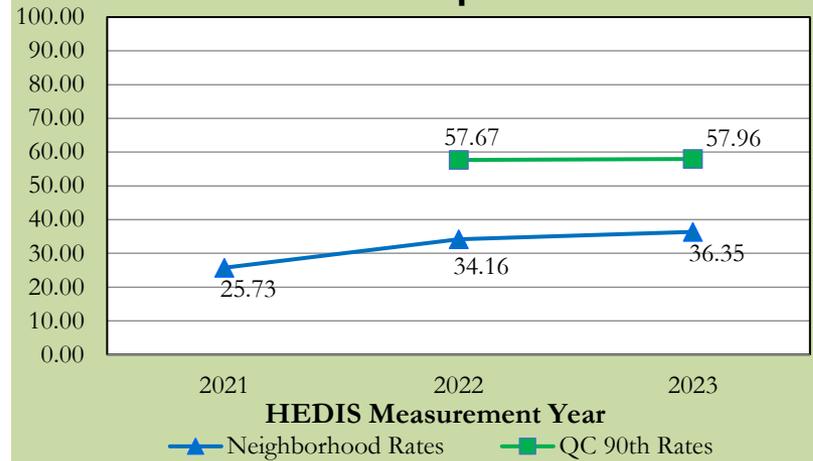


# Adult Immunization Status - Trended Performance

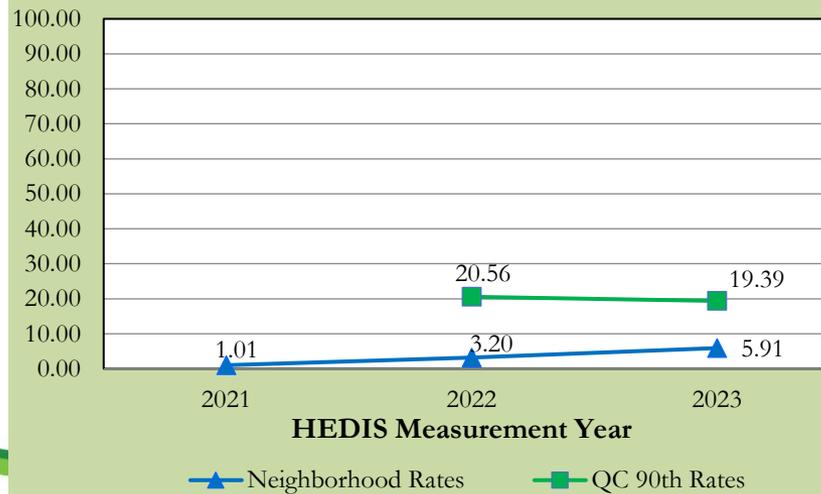
## Influenza



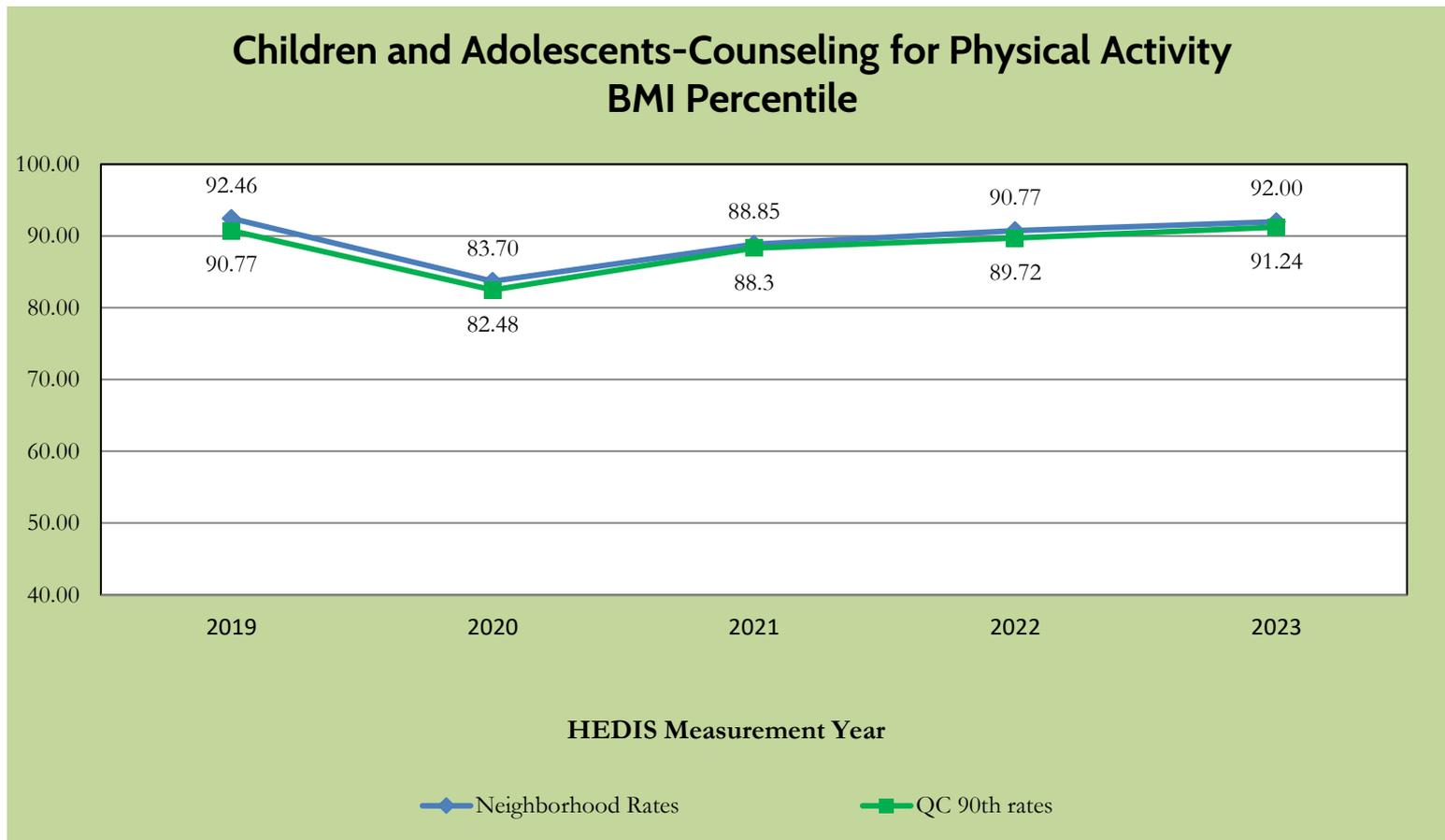
## Tdap



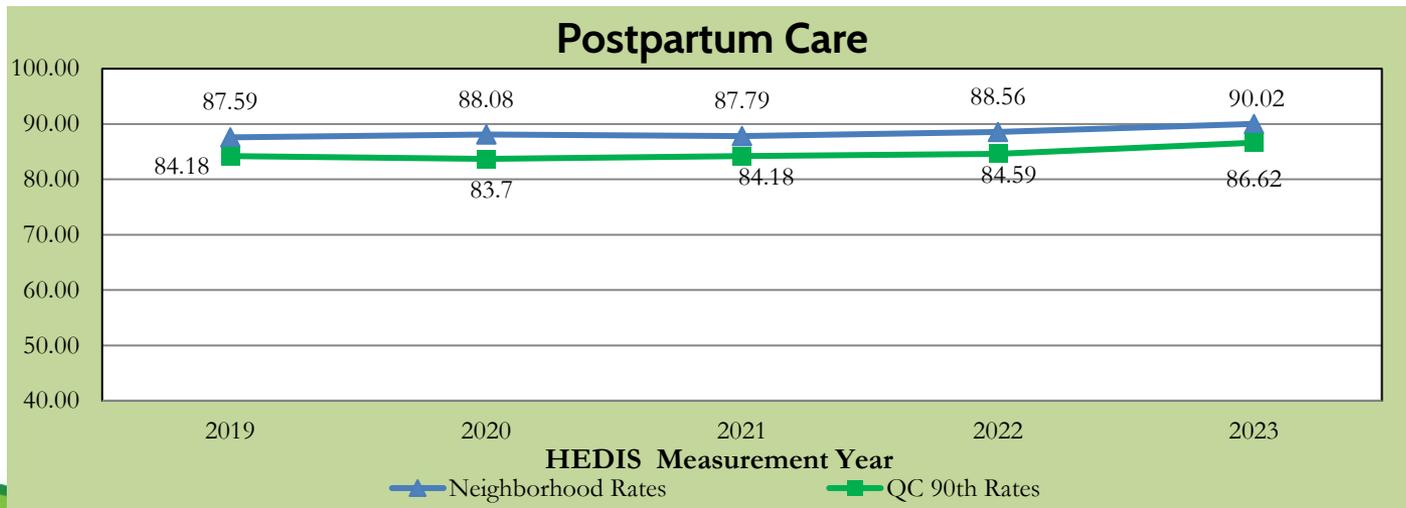
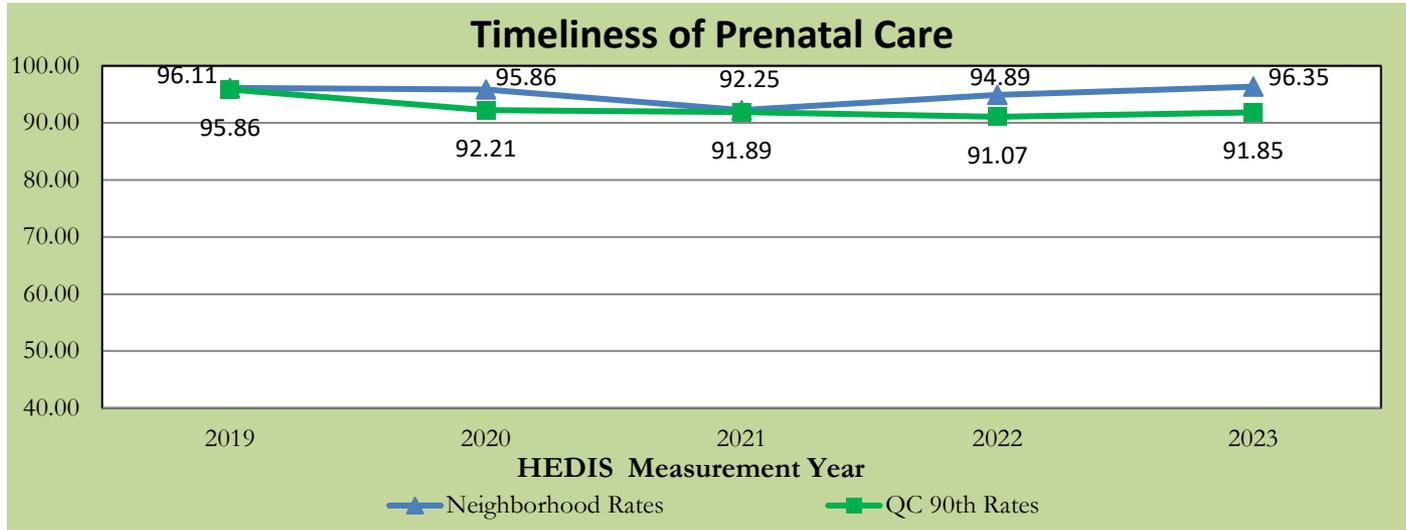
## Zoster



# Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescent: BMI Percentile - Trended Performance

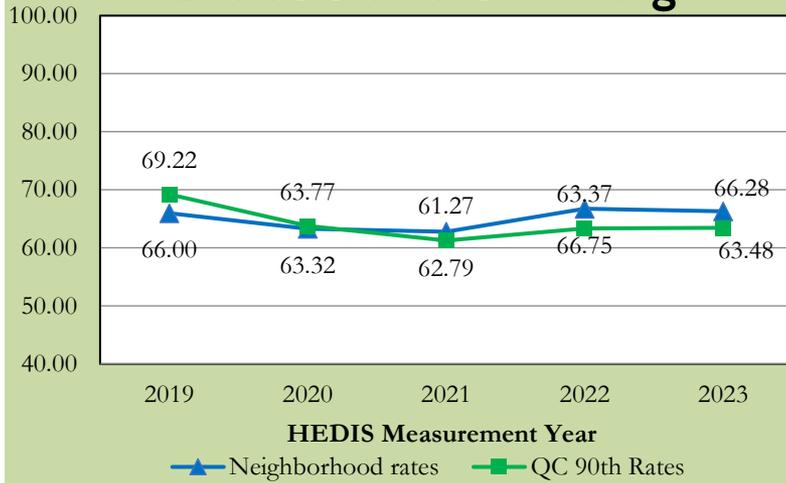


# Prenatal and Postpartum Care – Trended Performance

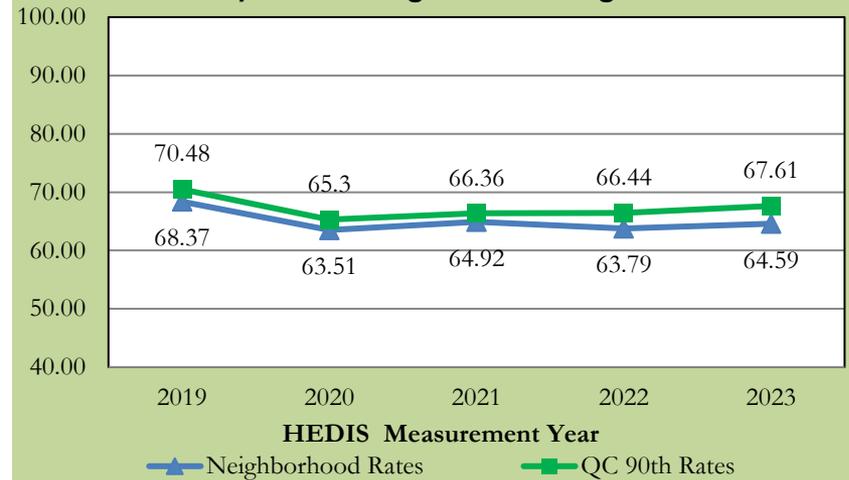


# Screening Measures – Trended Performance

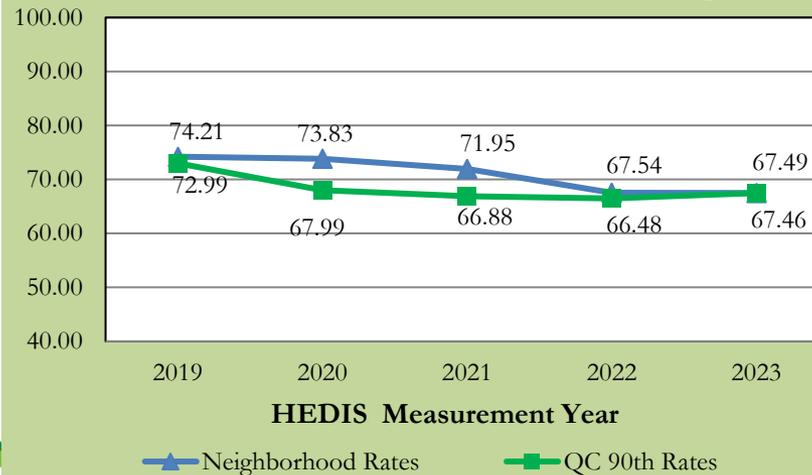
## Breast Cancer Screening



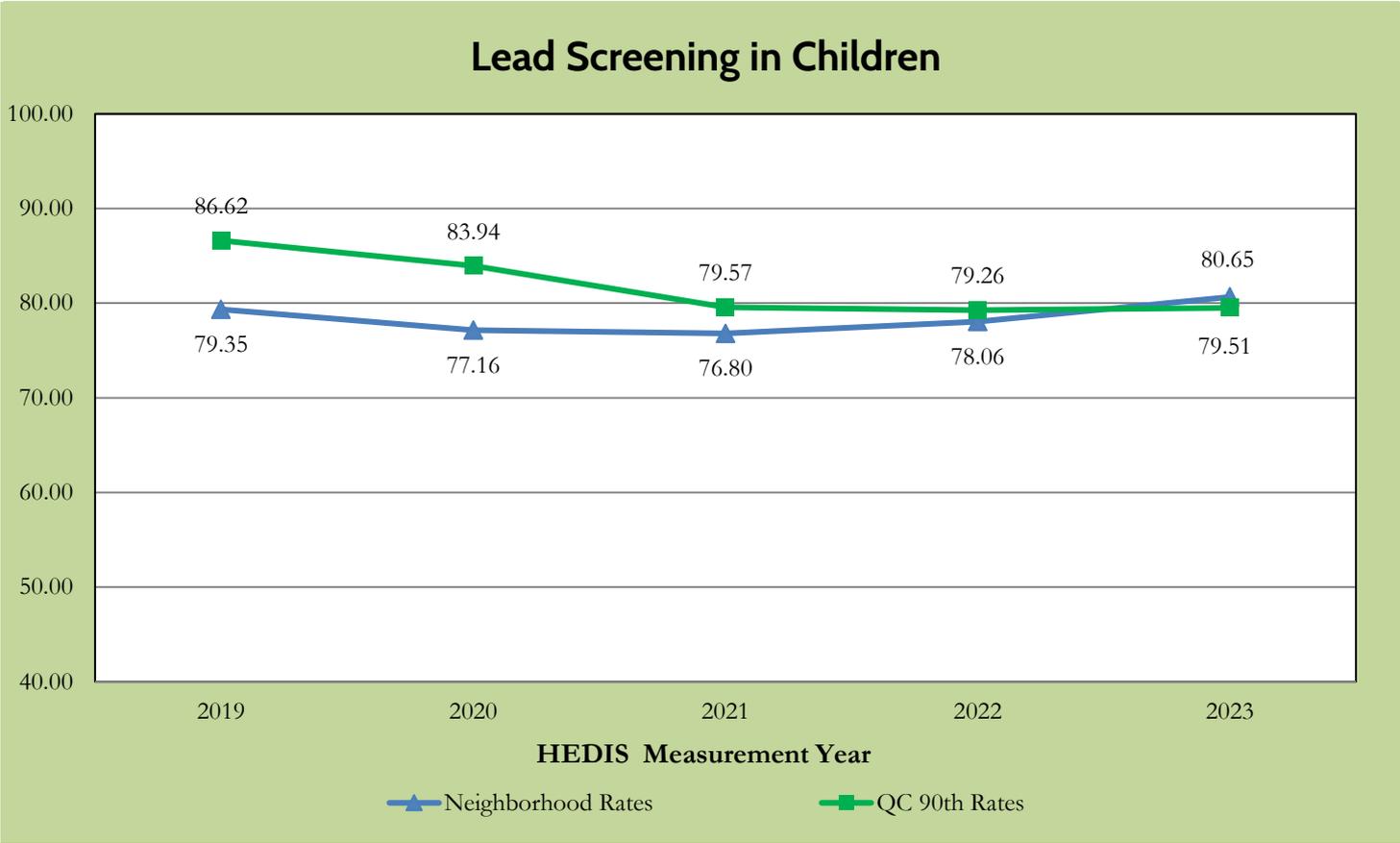
## Chlamydia Screening in Women- Age 16 - 20 Years



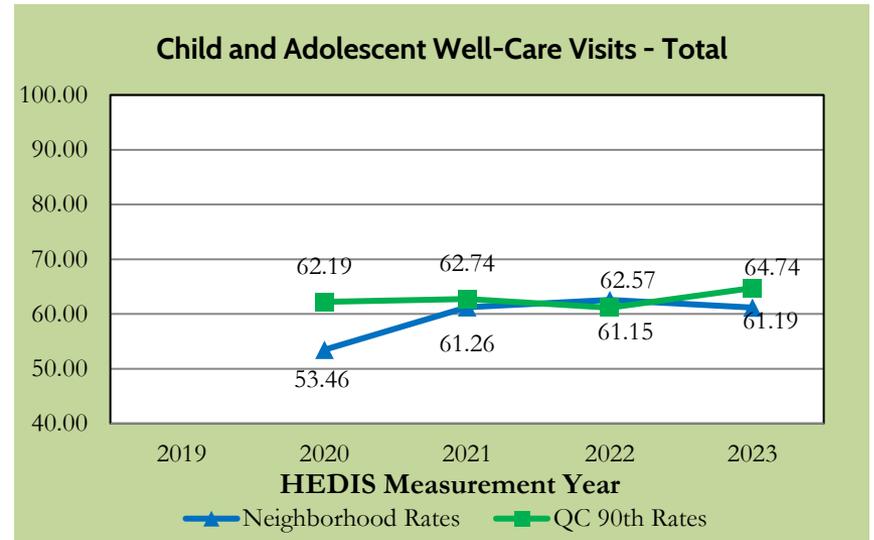
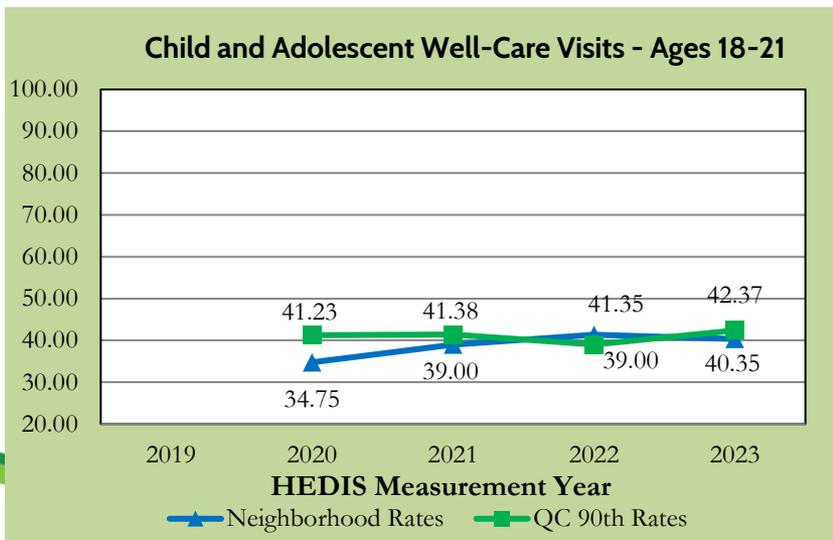
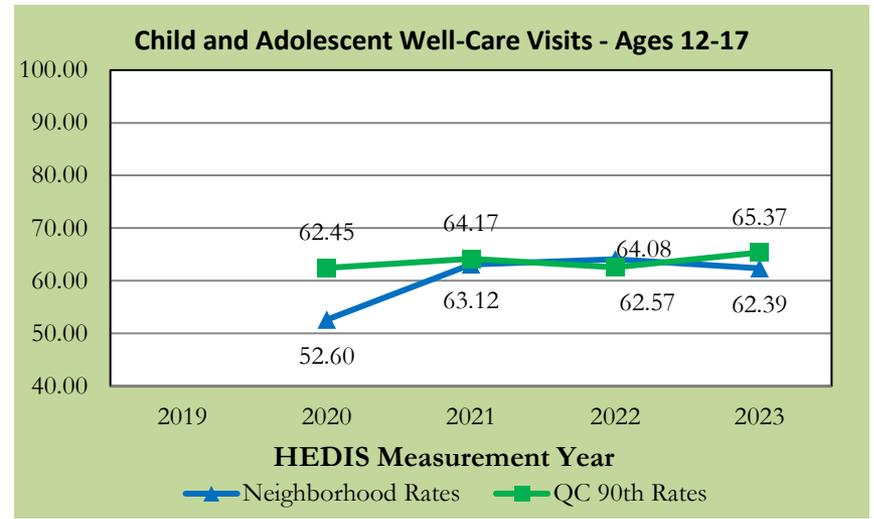
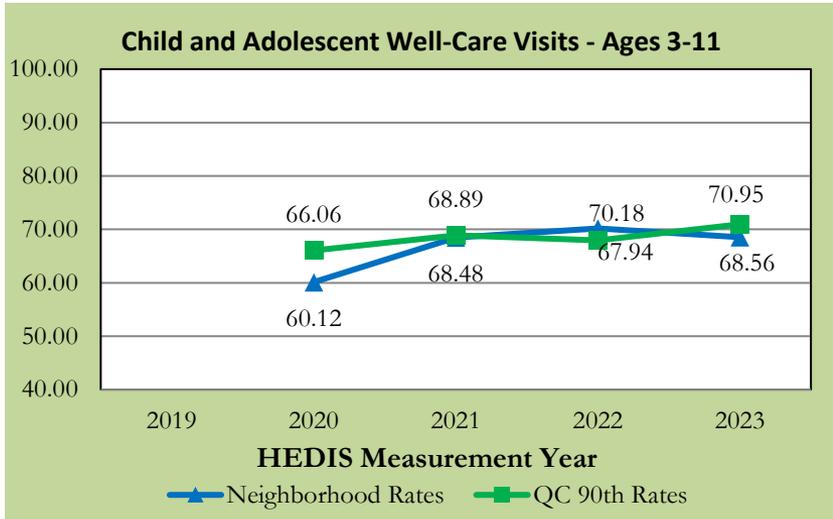
## Cervical Cancer Screening



# Lead Screening in Children - Trended Performance



# Child and Adolescents Well-Care Visits - Trended Performance



# Treatment and Utilization Measures

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
(AMR) Asthma Medication Ratio (5-64 Years of Age:)	Total percentage of members (5-64) with persistent asthma containing a ratio of controller medication to total asthma medication that was equal or greater than 0.50 during the measurement year	54.64 / 10th
(HBD) Hemoglobin A1c Control for Patients with Diabetes –HbA1c Poor Control	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: *HbA1c Poor Control (>9.0%).	24.82 / 95th
(HBD) Hemoglobin A1c Control for Patients with Diabetes –HbA1c Control	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: *HbA1c Control (<8.0%).	64.23 / 90th
(EED) Eye Exam for Patients with Diabetes	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.	69.59 / 95th
(BPD) Blood Pressure Control for Patients with Diabetes	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	79.08 / 90th
(SPD) Statin Therapy for Patients with Diabetes - Received Statin Therapy	The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria: *Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.	70.03 / 75th
(SPD) Statin Therapy for Patients with Diabetes - Statin Adherence 80%	The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. *Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.	67.61 / 33rd
(KED) - Kidney Health Evaluation for Patients with Diabetes	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) <b>and</b> a urine albumin-creatinine ratio (uACR), during the measurement year.	34.36 / 33rd

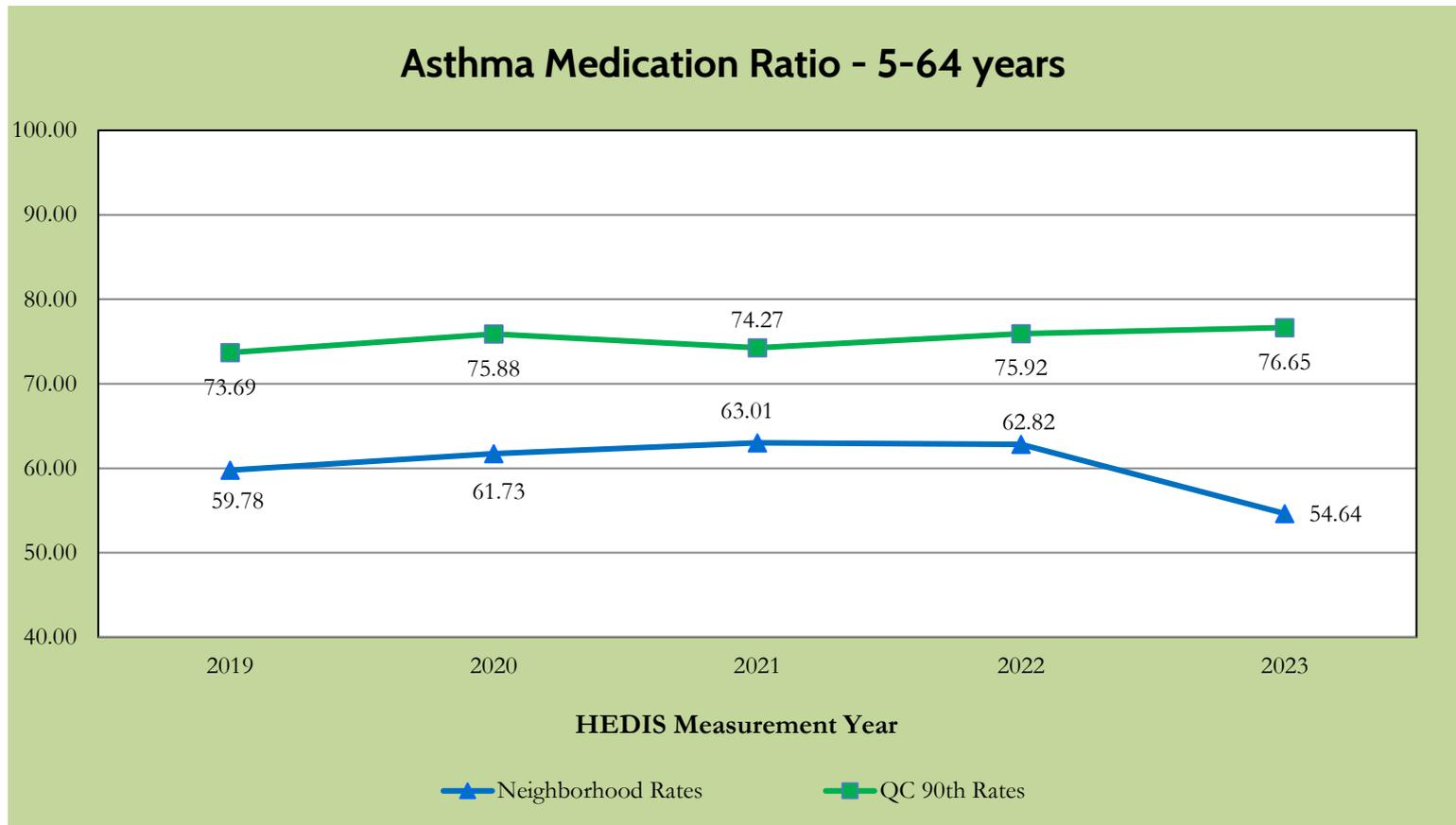
# Treatment and Utilization Measures Cont'd

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
(CBP) Controlling High Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	75.18 / 90th
(URI) Appropriate Treatment for Upper Respiratory Infection	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	90.51 / 50th
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.	50.98 / 10th
(CWP) Appropriate Testing for Pharyngitis	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	86.99 / 75th

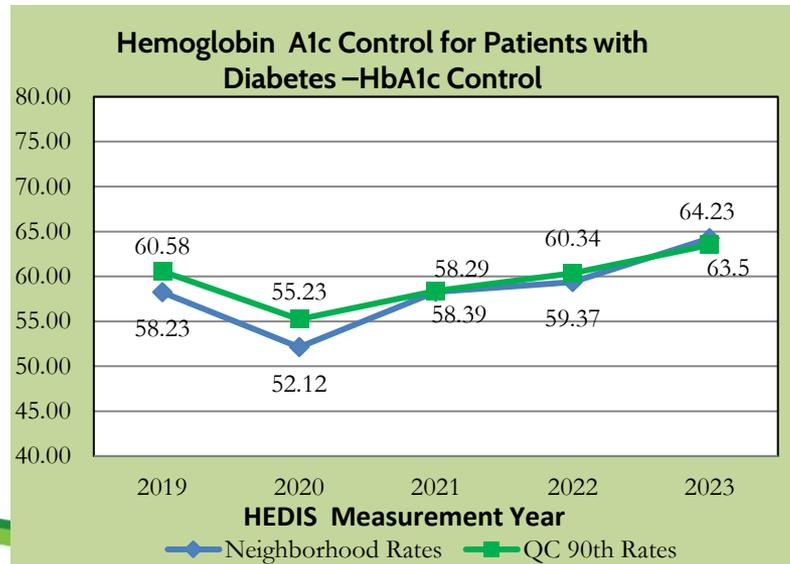
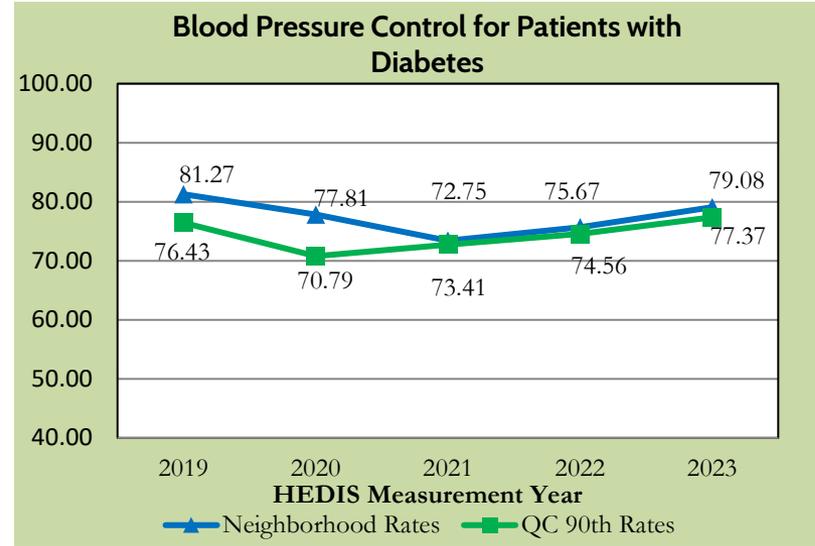
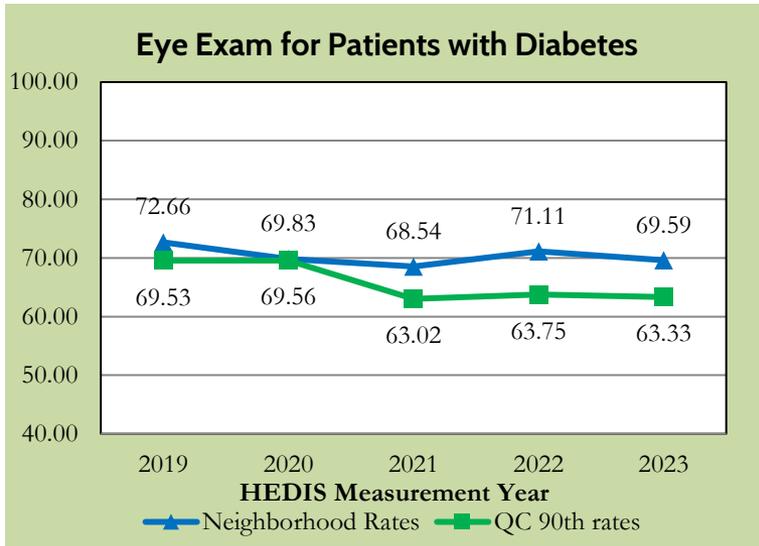
# Treatment and Utilization Measures Cont'd

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy	The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: *Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	84.96 / 75th
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%	The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: *Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.	75.75 / 66th
(PCE) Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. The following is reported: *Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.	92.12 / 95th
(PCE) Pharmacotherapy Management of COPD Exacerbation – Corticosteroid	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. The following is reported: *Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.	82.88 / 90th
(LBP) Use of Imaging Studies for Low Back Pain	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (X-ray, MRI, CT scan) within 28 days of the diagnosis.	67.63 / 25th

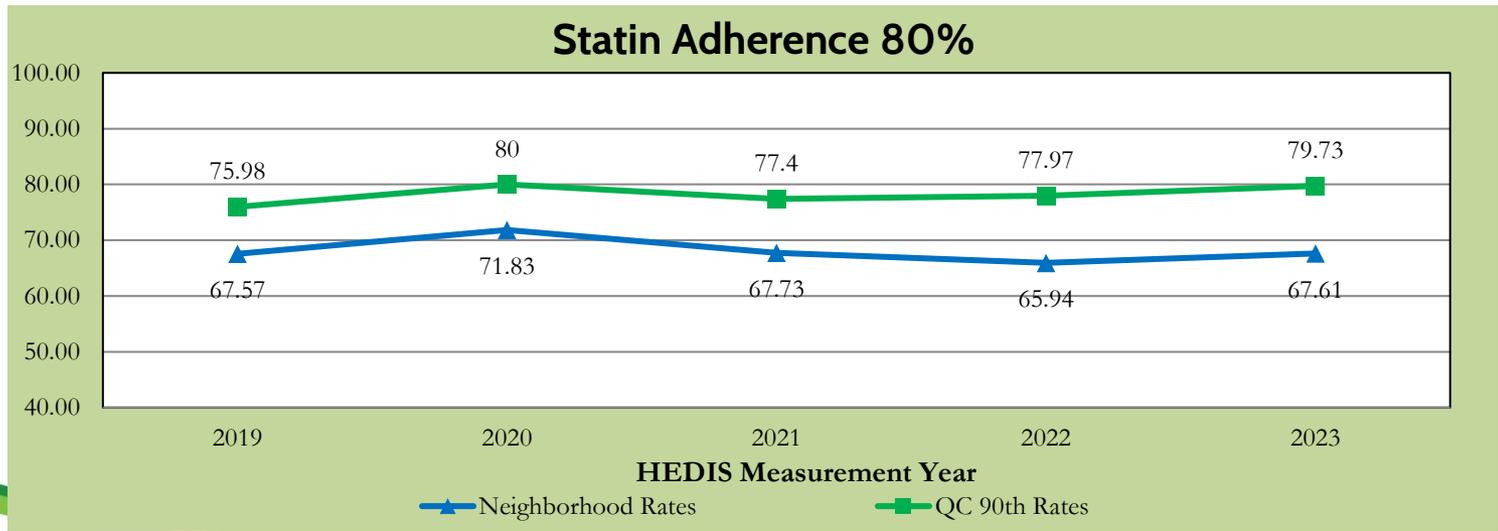
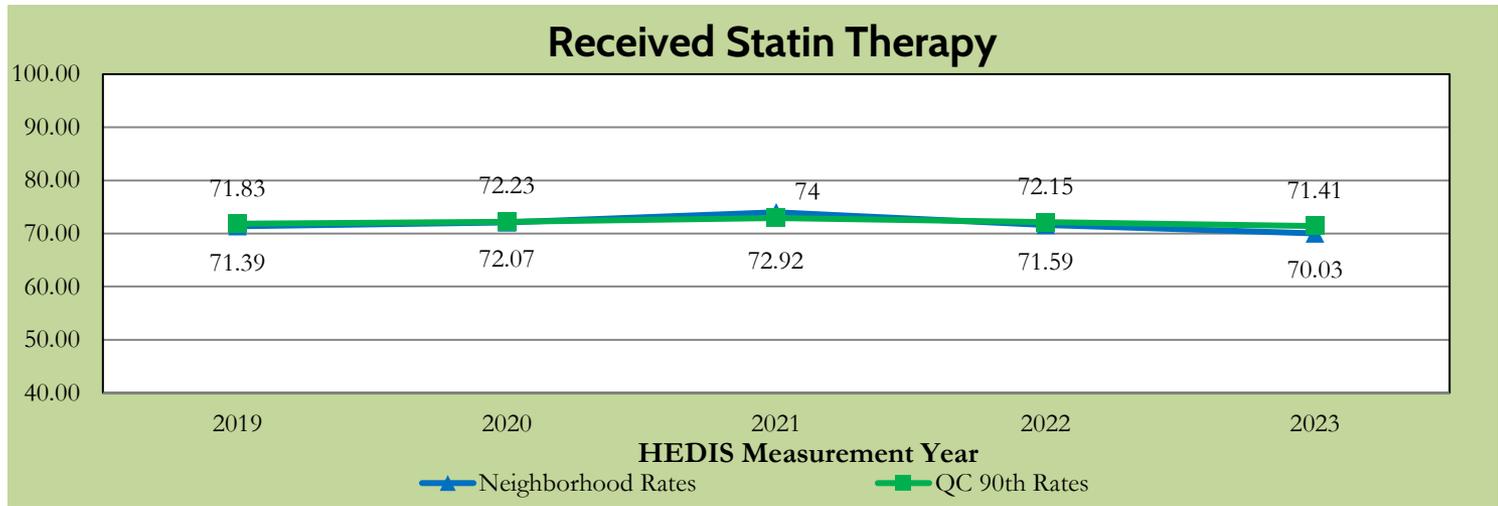
# Asthma Medication Ratio – 5-64 Years - Trended Performance



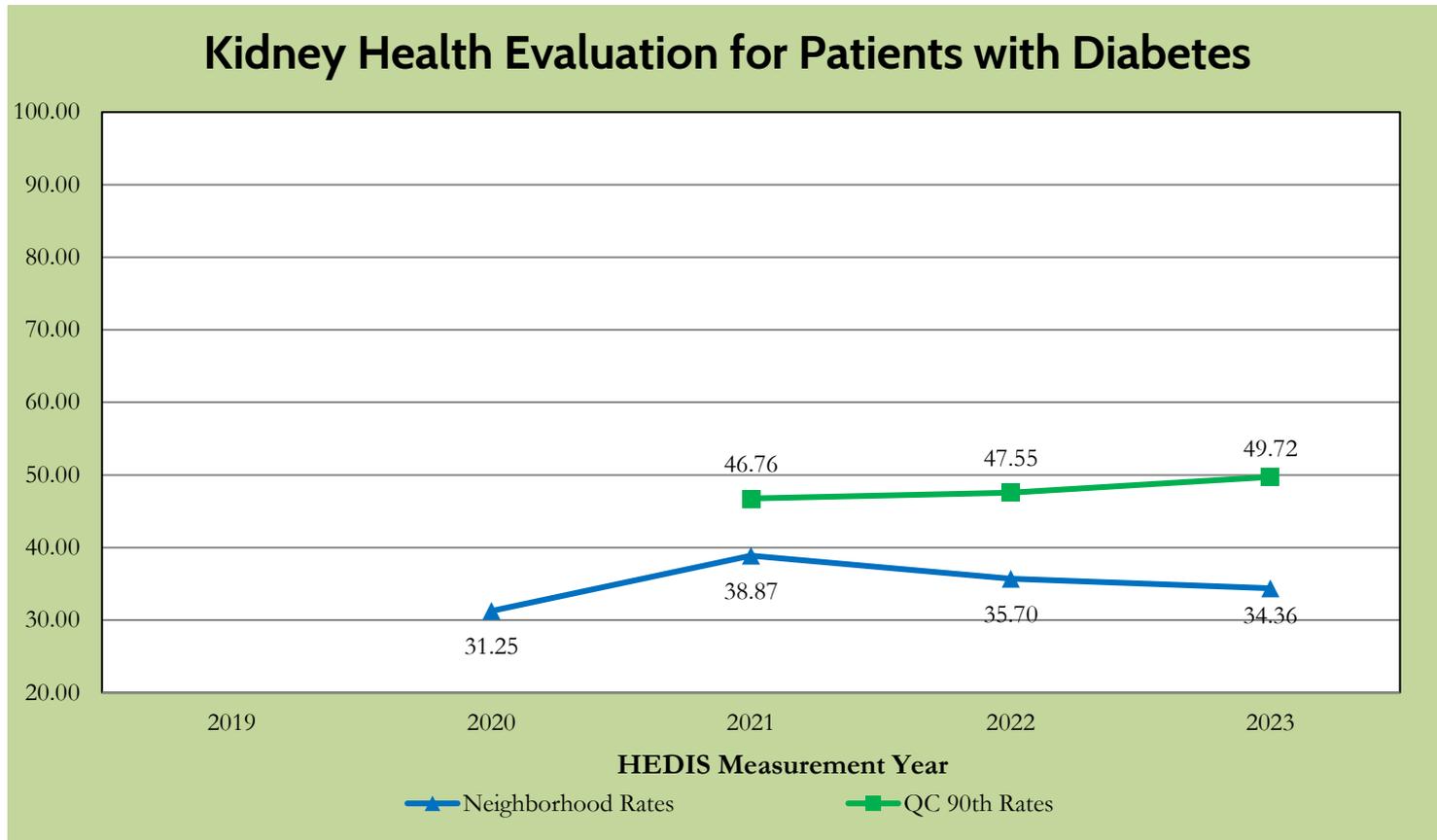
# Diabetic Care - Trended Performance



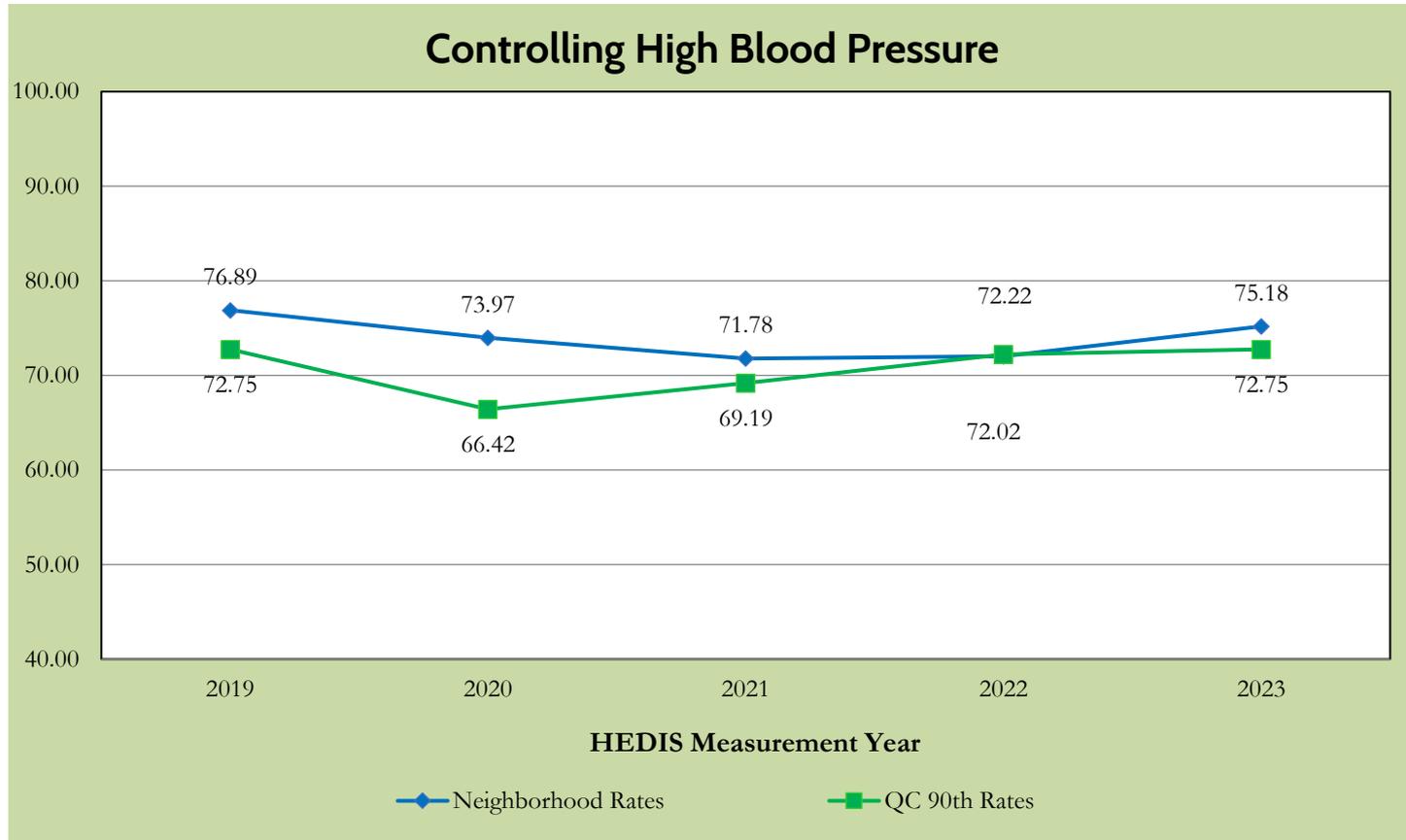
# Statin Therapy for Patients with Diabetes - Trended Performance



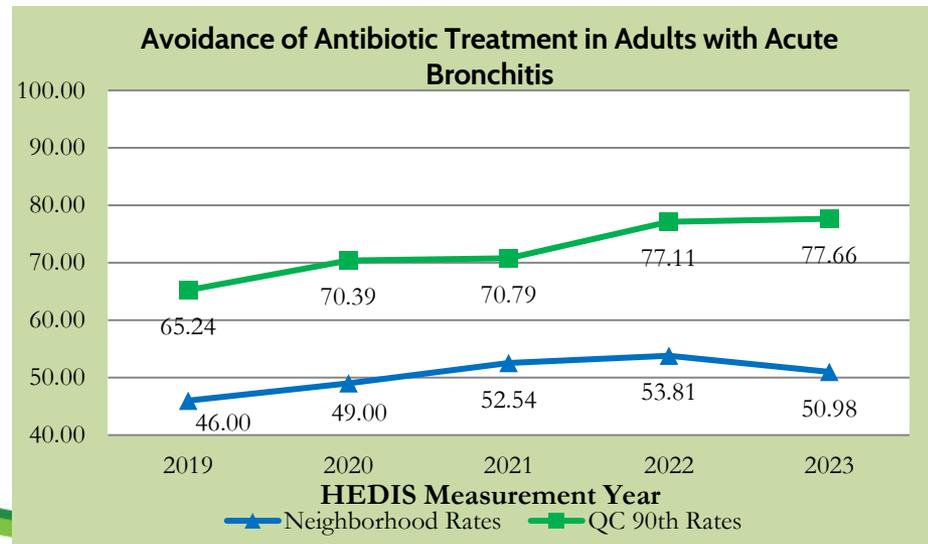
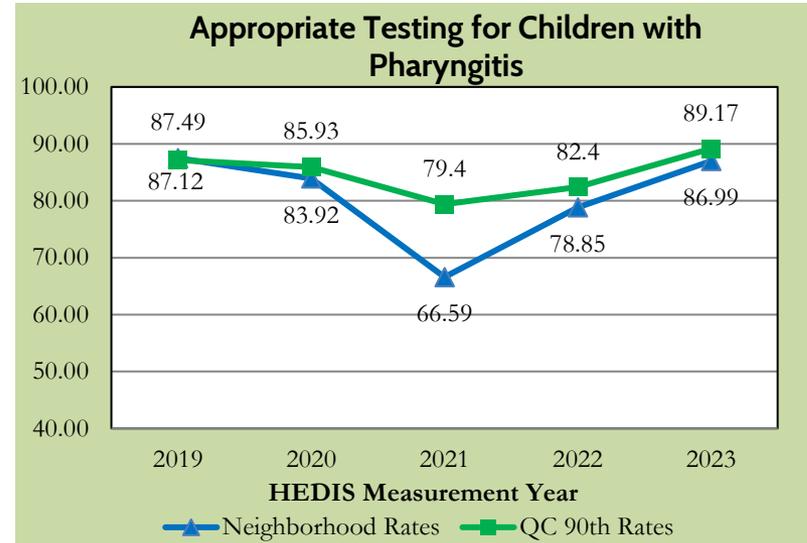
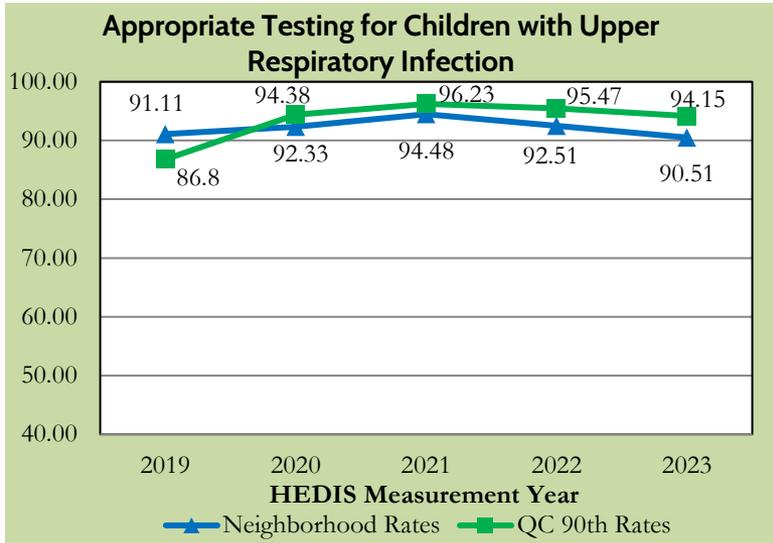
# Kidney Health Evaluation for Patients with Diabetes - Trended Performance



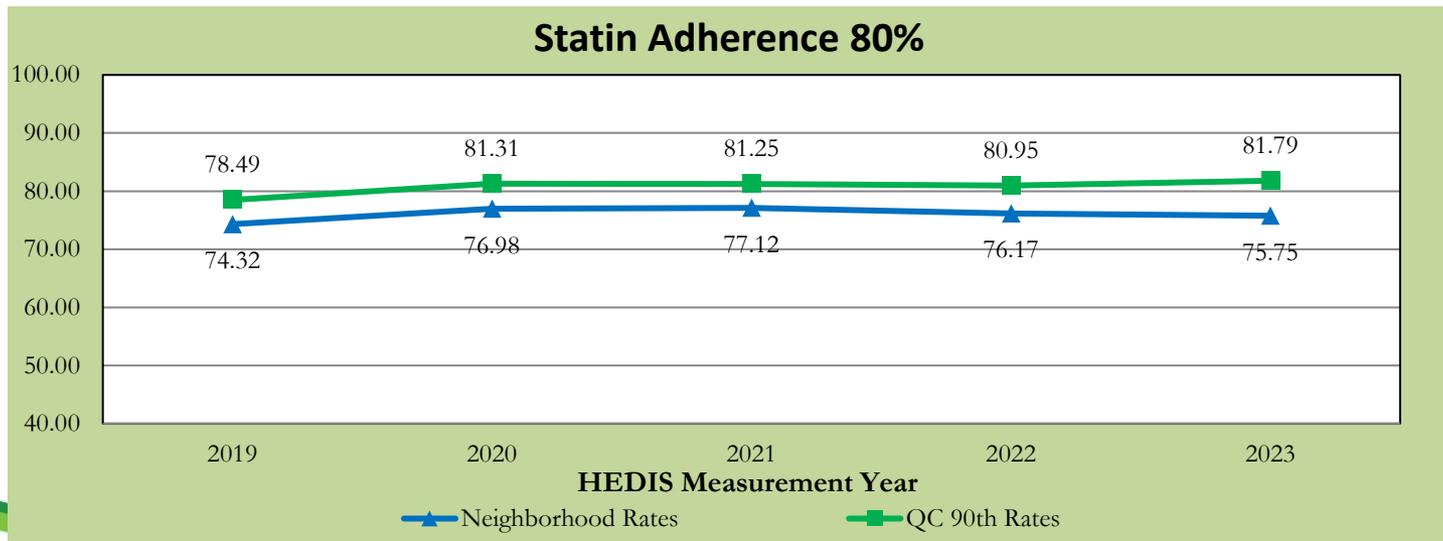
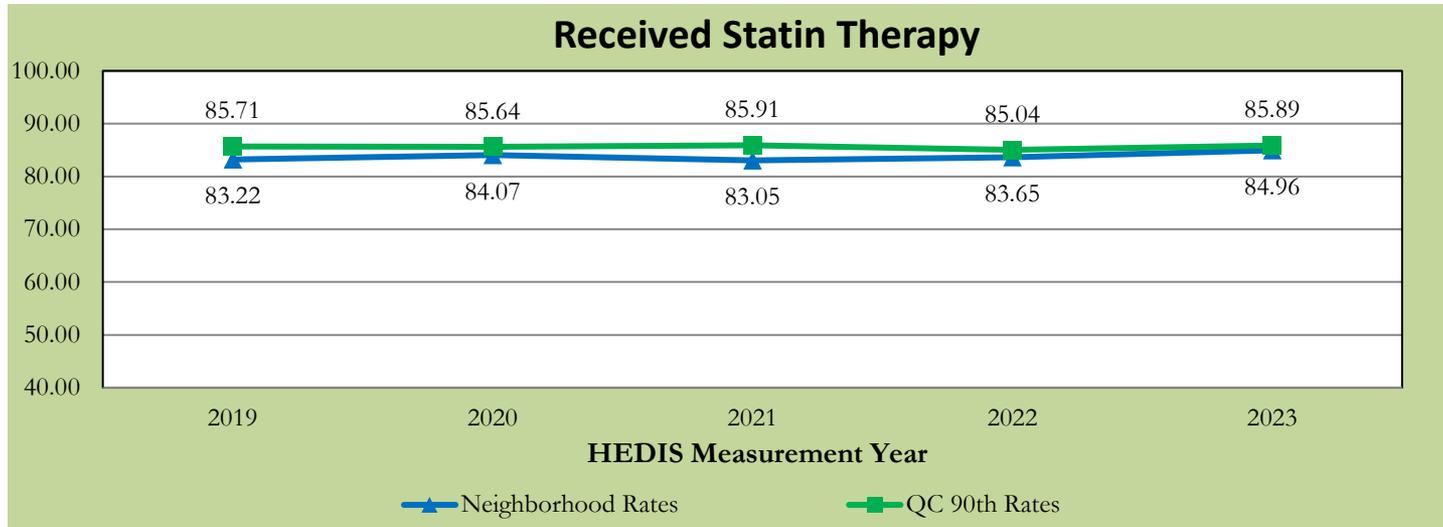
# Controlling High Blood Pressure - Trended Performance



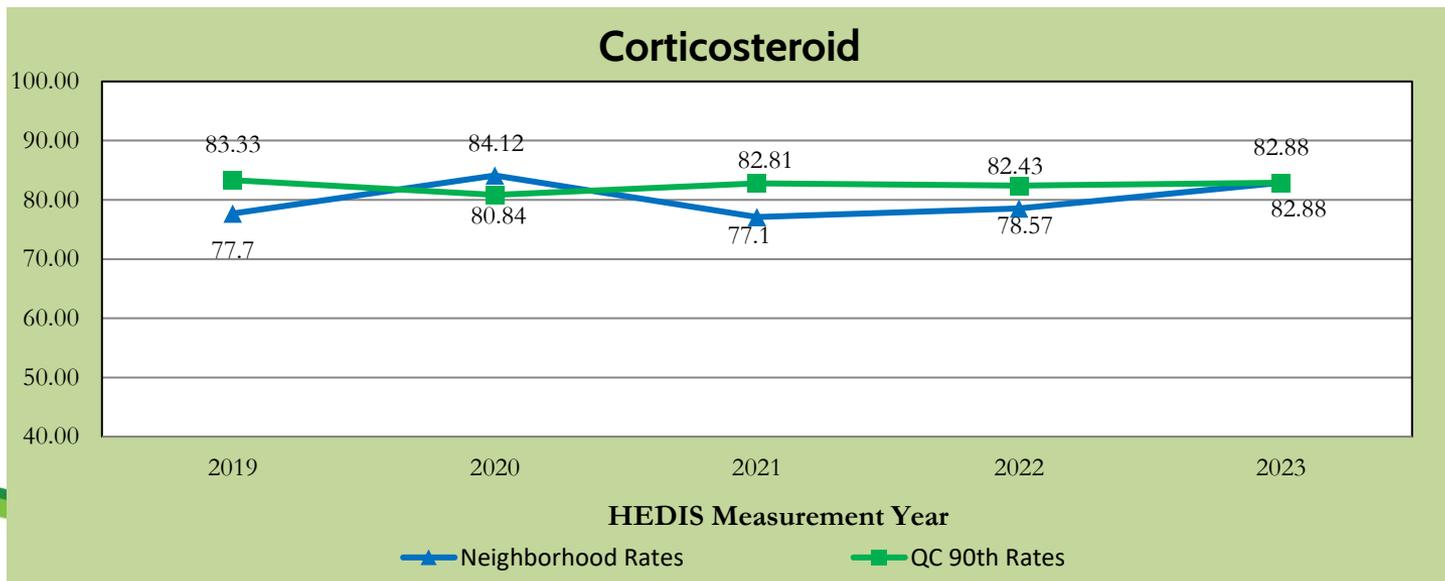
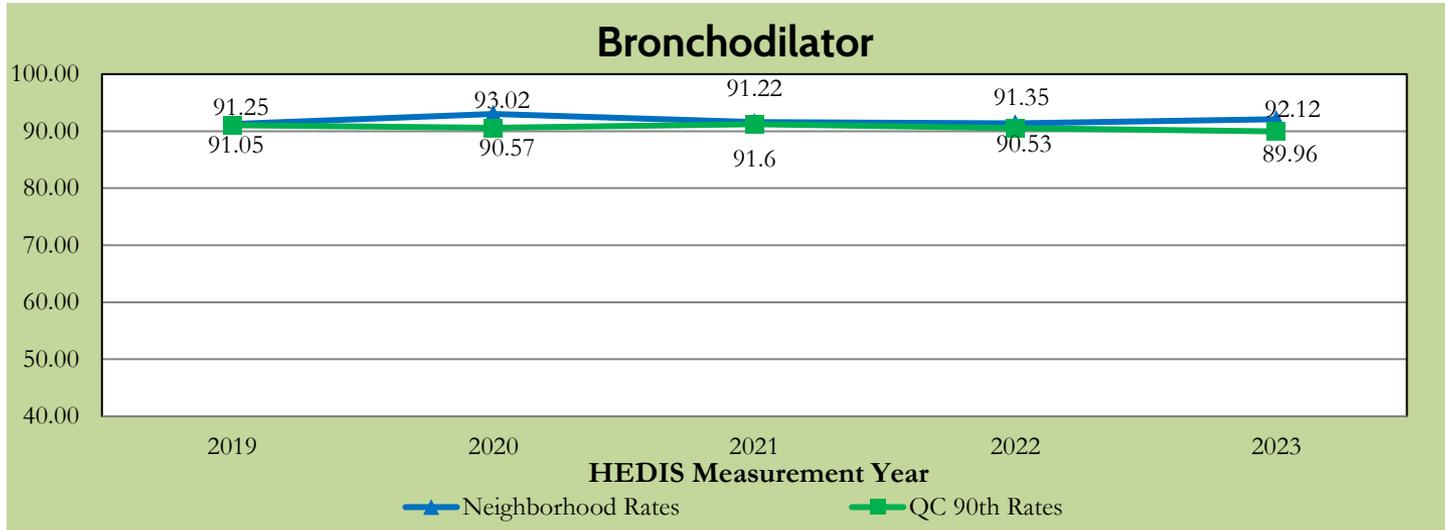
# Appropriate Testing and Antibiotic Avoidance - Trended Performance



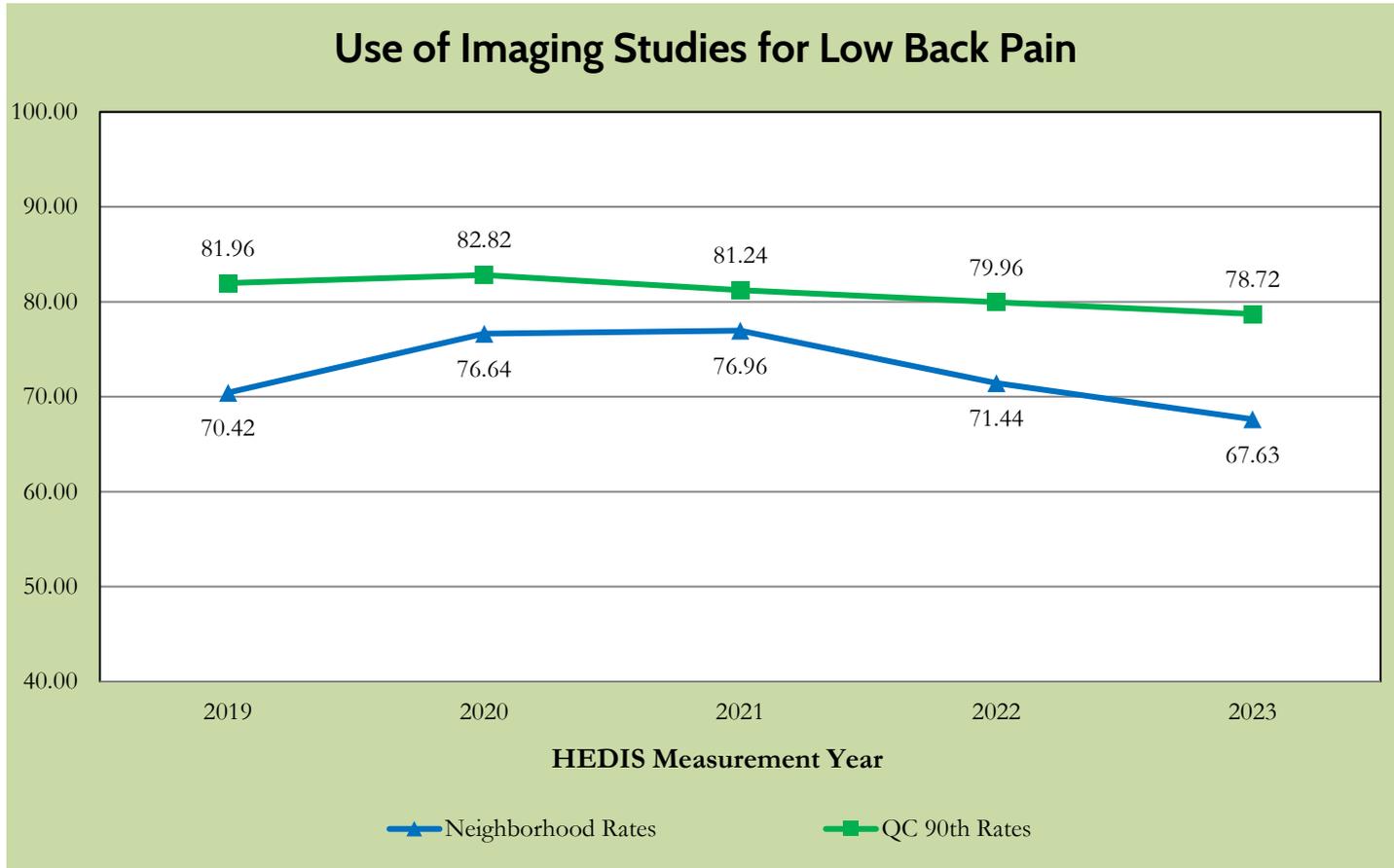
# Statin Therapy for Patients with Cardiovascular Disease - Trended Performance



# Pharmacotherapy Management of COPD Exacerbation - Trended Performance



# Use of Imaging Studies for Low Back Pain - Trended Performance



# Behavioral Health Measures

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
(AMM) Antidepressant Medication Management - Effective Acute Phase	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 for at least 84 days (12 weeks).	57.01 / 25th
(AMM) Antidepressant Medication Management - Continuation Phase	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 for at least 180 days (6 months).	39.97 / 25th
(ADD) Follow Up Care for Children Prescribed ADHD Medications: Initiation Phase	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had a follow-up care visit within 30 days of when the ADHD medication was first dispensed	46.71 / 50th
(ADD) Follow Up Care for Children Prescribed ADHD Medications: Continuation & Maintenance	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, two of which were within 270 days after the initiation phase ended.	56.09 / 50th

## Behavioral Health Measures Cont'd

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
(SSD) Diabetes Screening for People with Schizophrenia or Bi-polar Disorder Who Are Using Antipsychotic Medications	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	77.97 / 10th
(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	75.21 / 90th
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had blood glucose and cholesterol testing.	30.80 / 25th
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (ages 1-17 Years) - Total Rate	The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	60.80 / 50rd
(IET) Initiation & Engagement of Alcohol and Other Drug Dependence Treatment: Initiation Phase	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	40.31 / 25th
(IET) Initiation & Engagement of Alcohol and Other Drug Dependence Treatment: Engagement Phase	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.	13.32 / 33rd

## Behavioral Health Measures Cont'd

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
(FUM) Follow Up After Emergency Department Visits for Mental Illness – Within 7 Days	The percentage of emergency department (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 within 7 days.	56.94 / 75th
(FUM) Follow Up After Emergency Department Visits for Mental Illness – Within 30 Days	The percentage of emergency department (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 within 30 days.	71.36 / 75th
(FUA) Follow Up After Emergency Department Visits for Substance Use – Within 7 Days	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days.	32.13 / 75th
(FUA) Follow Up After Emergency Department Visits for Substance Use – Within 30 Days	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days.	47.43 / 75th

# Behavioral Health Measures Cont'd

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
(FUH) Follow Up After Hospitalization for Mental Illness - Within 7 Days	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge.	49.75 / 75th
(FUH) Follow Up After Hospitalization for Mental Illness - Within 30 Days	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 30 days of discharge.	70.79 / 75th
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7 days	The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder within 7 days of discharge.	36.57 / 50th
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days	The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder within 30 days of discharge.	62.37 / 66th

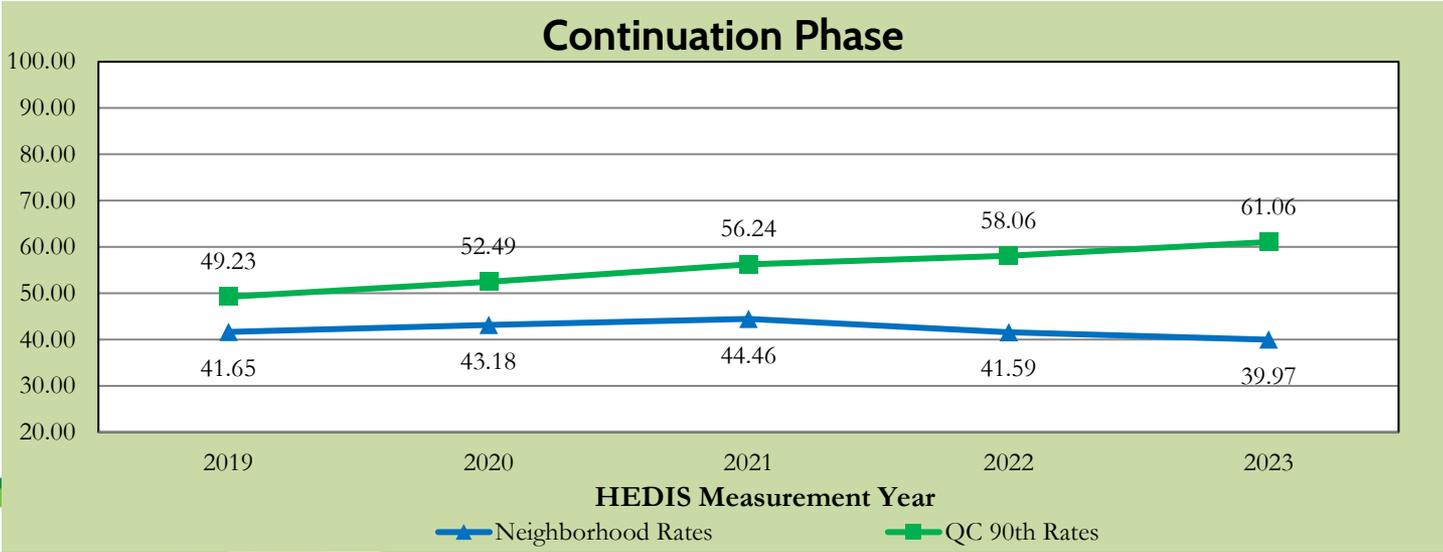
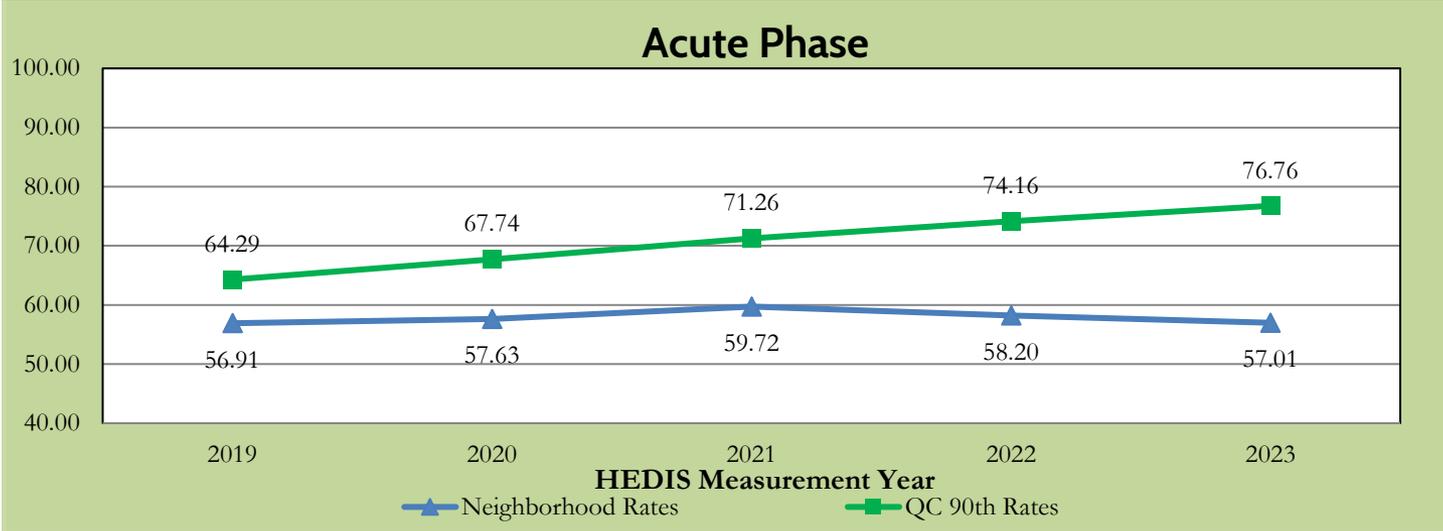
## Behavioral Health Measures Cont'd

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
POD - Pharmacotherapy for Opioid Use Disorder	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.	25.02 / 33rd
COU - Risk of Continued Opioid Use	The percentage of patients 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. The percentage of patients with at least 15 days of prescription opioids in a 30-day period.	6.84 / 33rd
	The percentage of patients 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 2. The percentage of patients with at least 31 days of prescription opioids in a 62-day period. Note: A lower rate indicates better performance. Note: A lower rate indicates better performance.	3.39 / 50th
HDO - Use of Opioids at High Dosage	The percentage of patients 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] $\geq 90$ ) for $\geq 15$ days during the measurement year. Note: A lower rate indicates better performance.	6.15 / 33rd

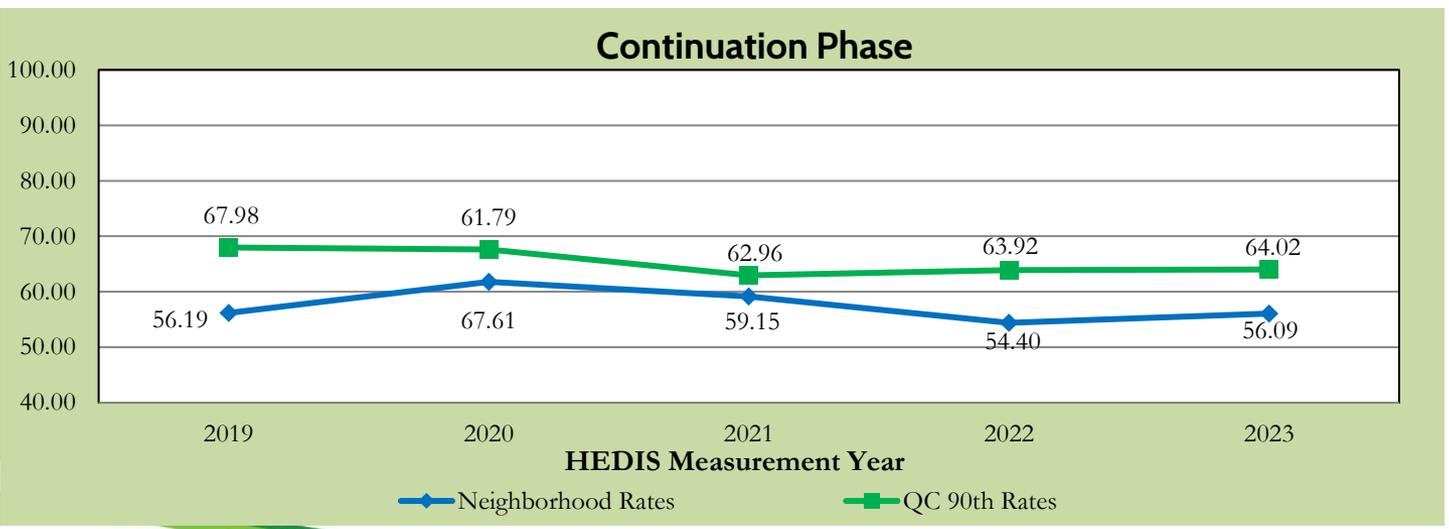
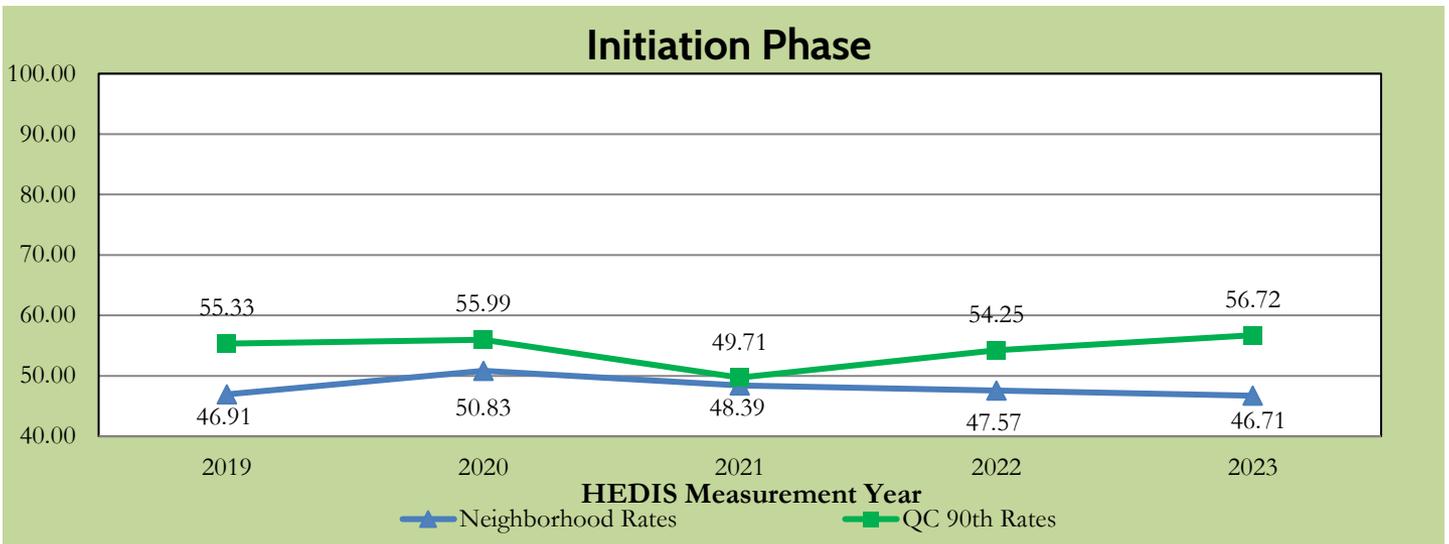
## Behavioral Health Measures Cont'd

Measures	Description	HEDIS MY 2022 Rate / 2023 QC Percentile
UOP - Use of Opioids from Multiple Prescribers and Multiple Pharmacies	<p>The percentage of patients 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <p><b>Multiple Prescribers.</b> The percentage of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year. Note: A lower rate indicates better performance</p>	24.54 / 10th
	<p>The percentage of patients 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <p><b>Multiple Pharmacies.</b> The percentage of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year. Note: A lower rate indicates better performance</p>	3.33 / 33rd
	<p>The percentage of patients 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <p><b>Multiple Prescribers and Multiple Pharmacies.</b> The percentage of patients receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of patients who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates). Note: A lower rate indicates better performance</p>	1.55 / 50th

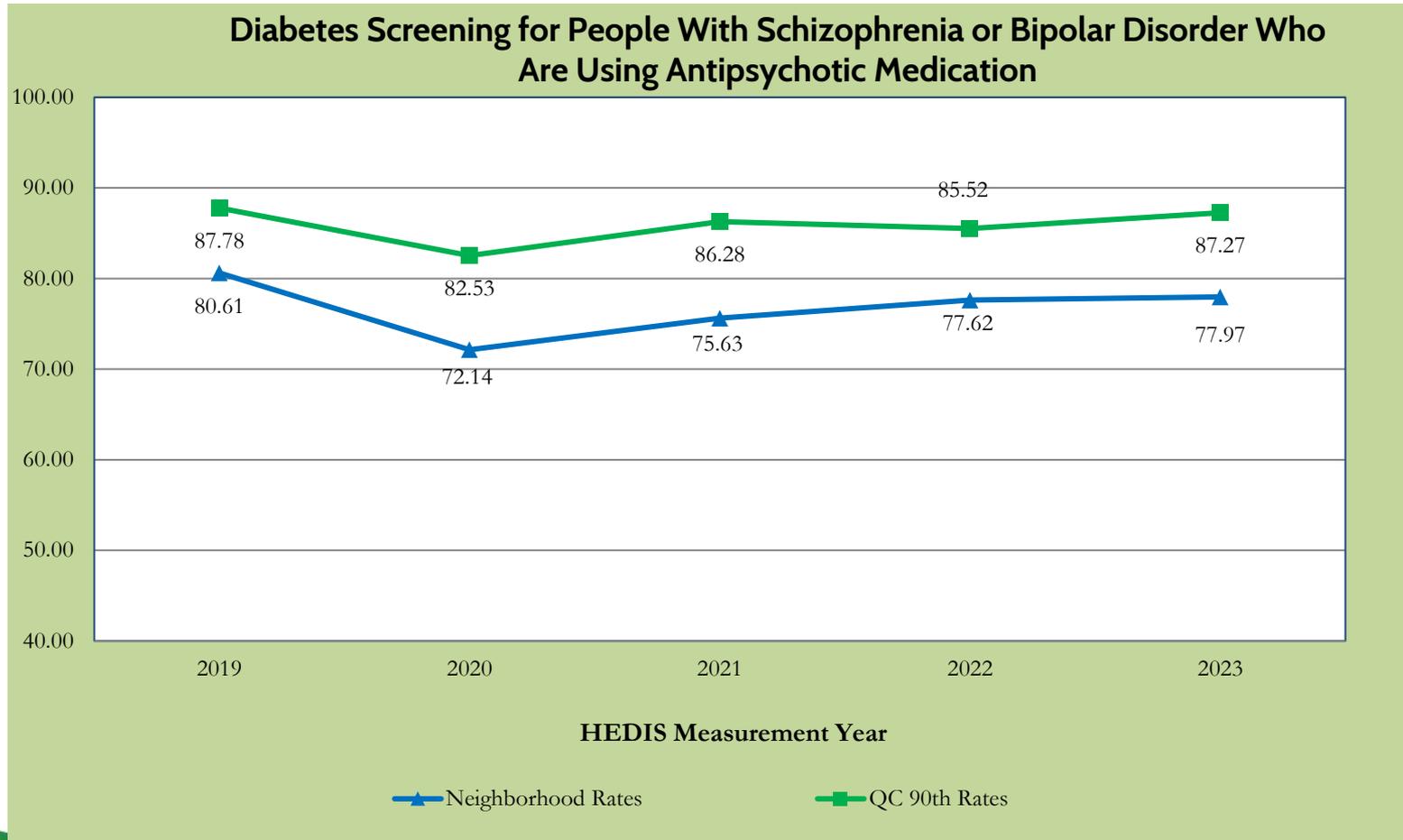
# Antidepressant Medication Management - Trended Performance



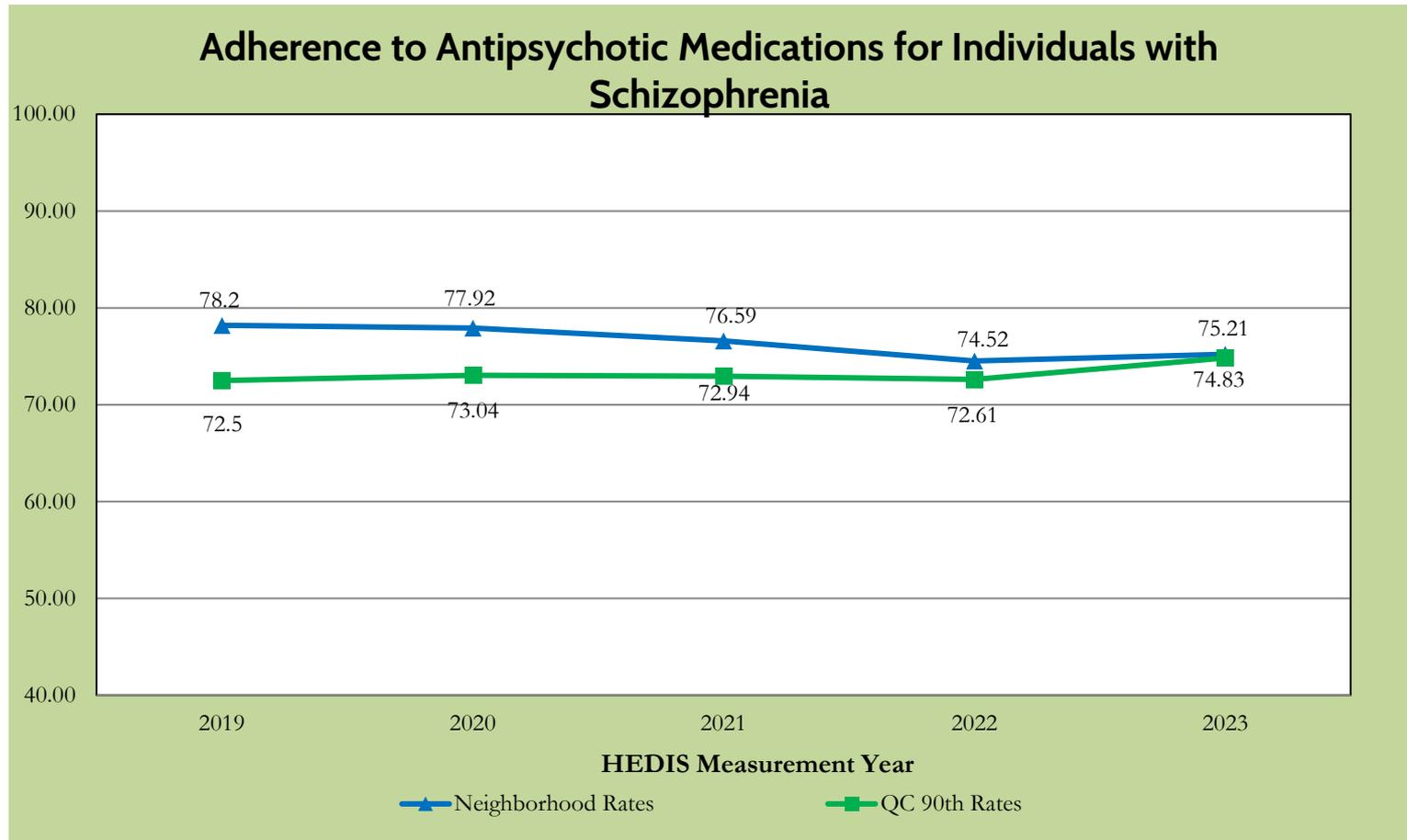
# Follow - Up Care for Children on ADHD Medication - Trended Performance



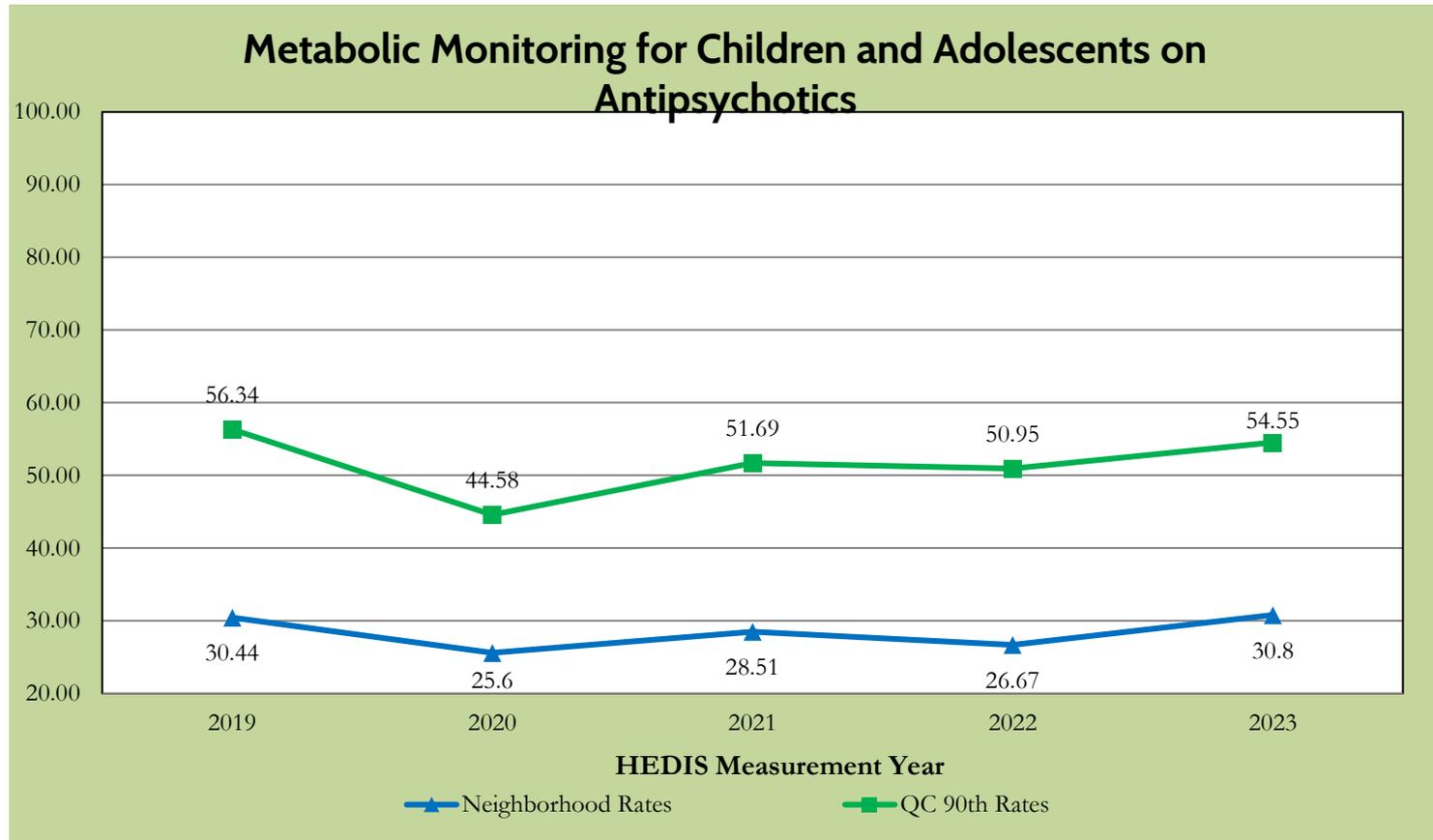
# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication - Trended Performance



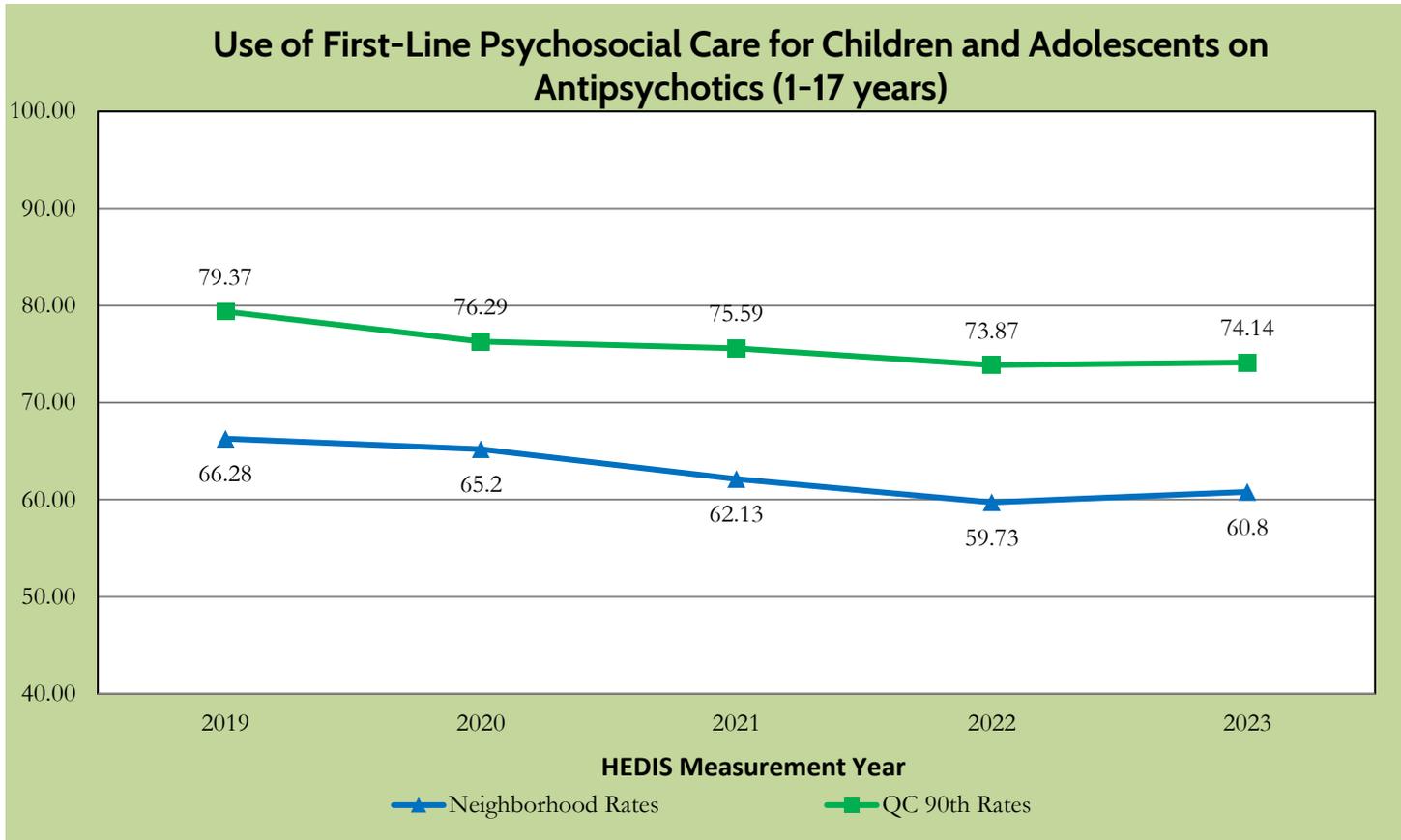
# Adherence to Antipsychotic Medications for Individuals with Schizophrenia - Trended Performance



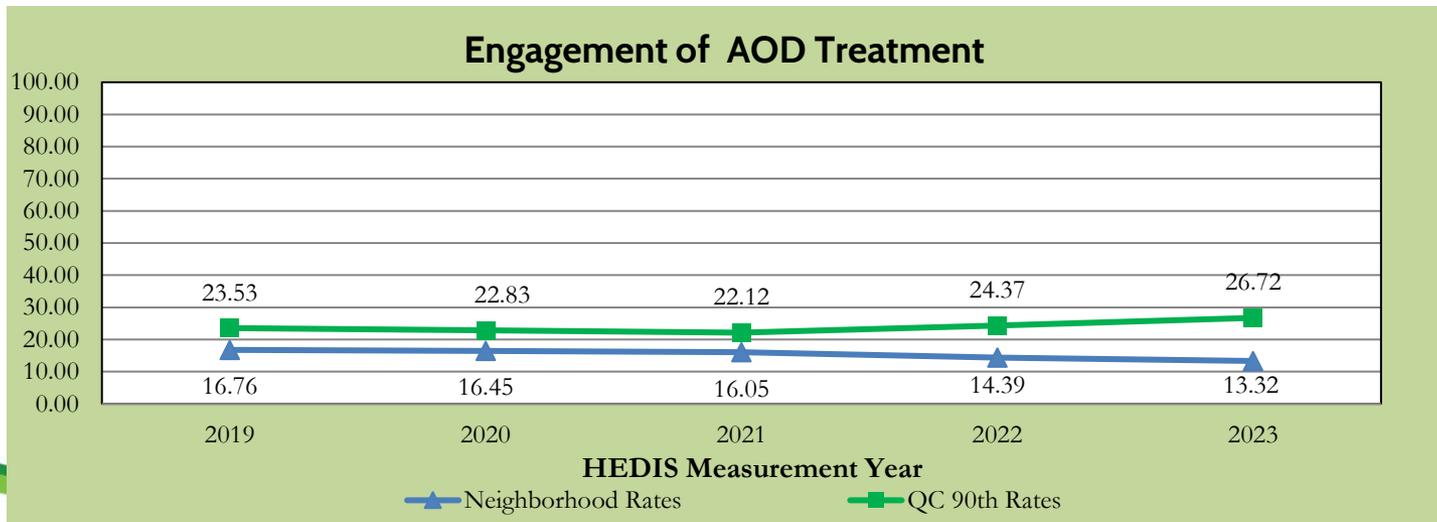
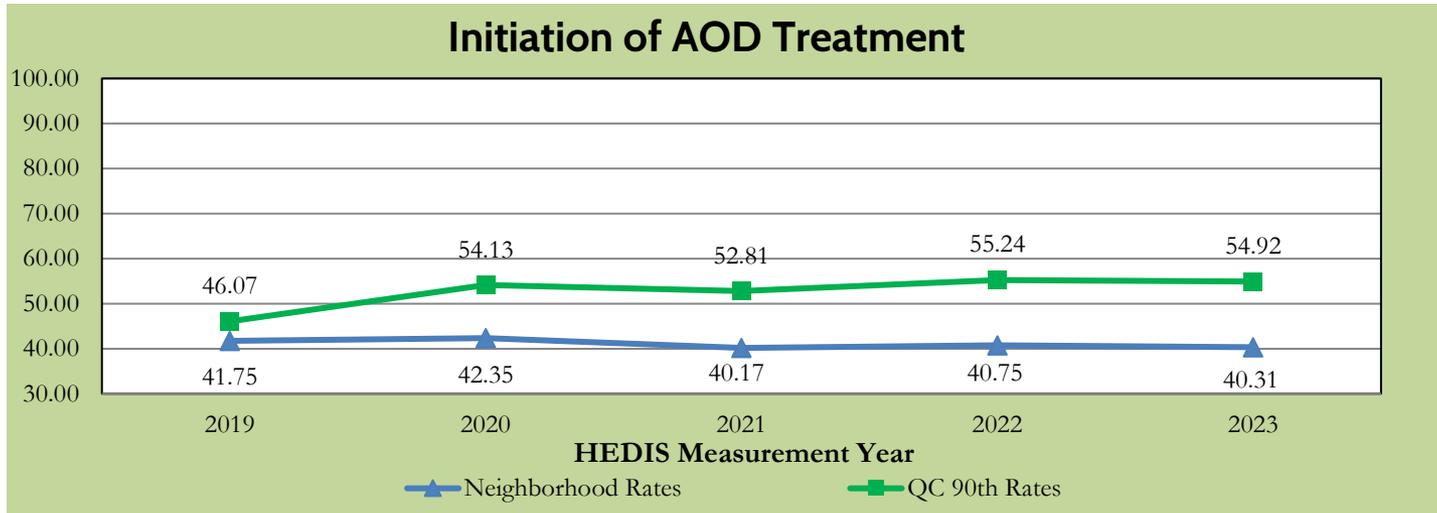
# Metabolic Monitoring for Children and Adolescents on Antipsychotics - Trended Performance



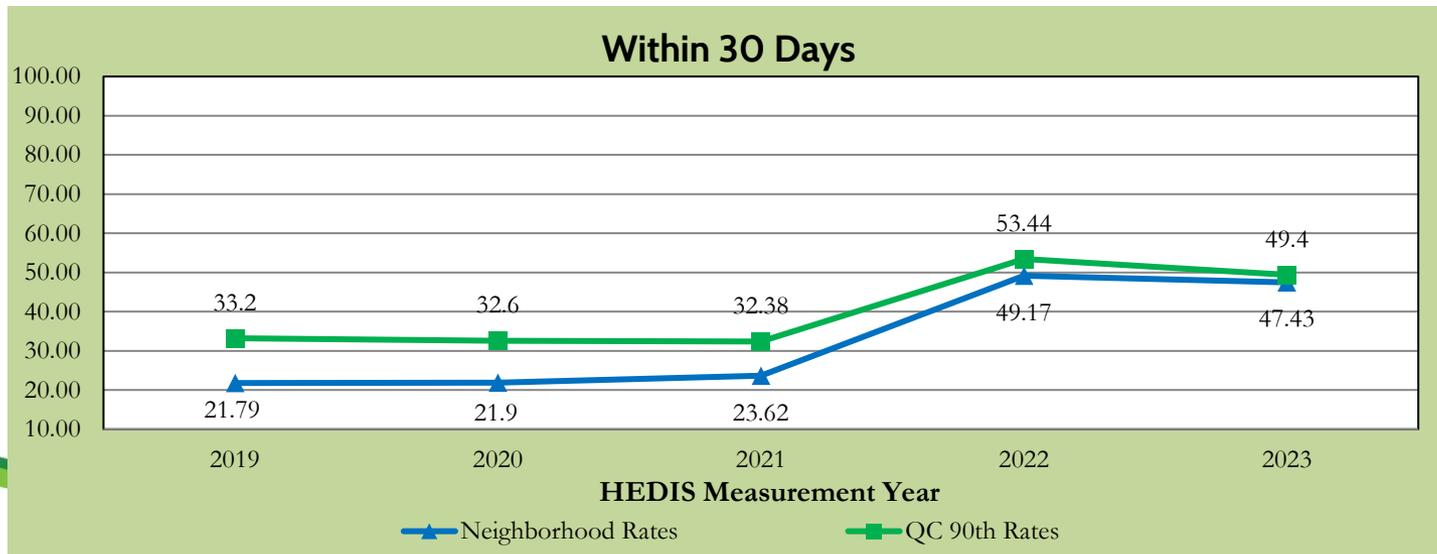
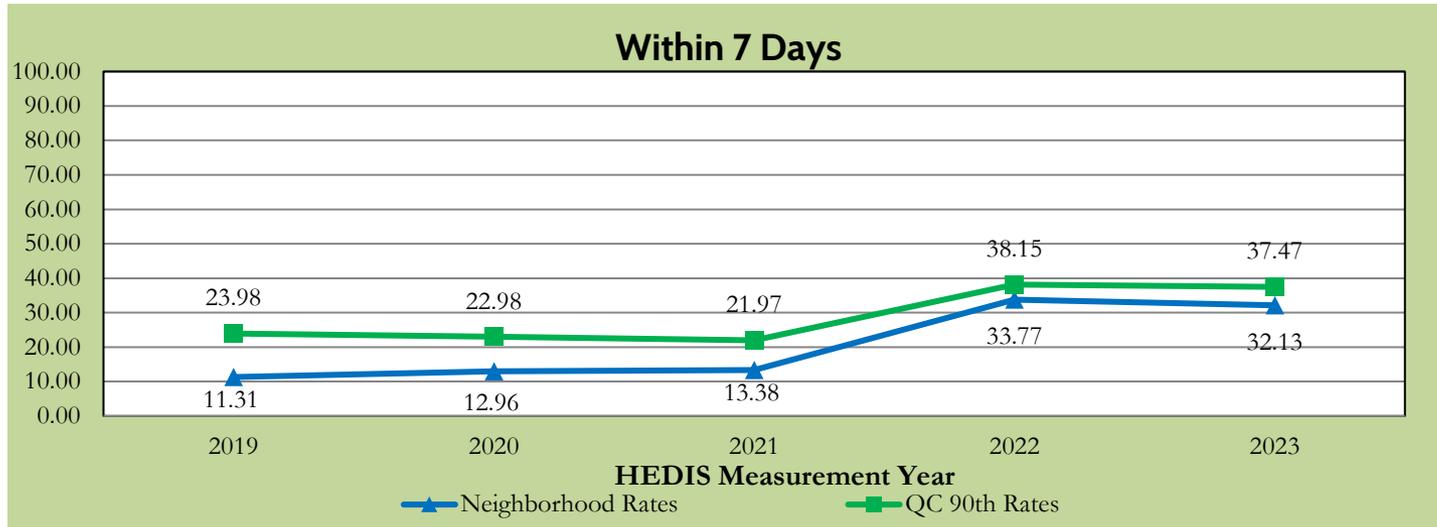
# Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Trended Performance



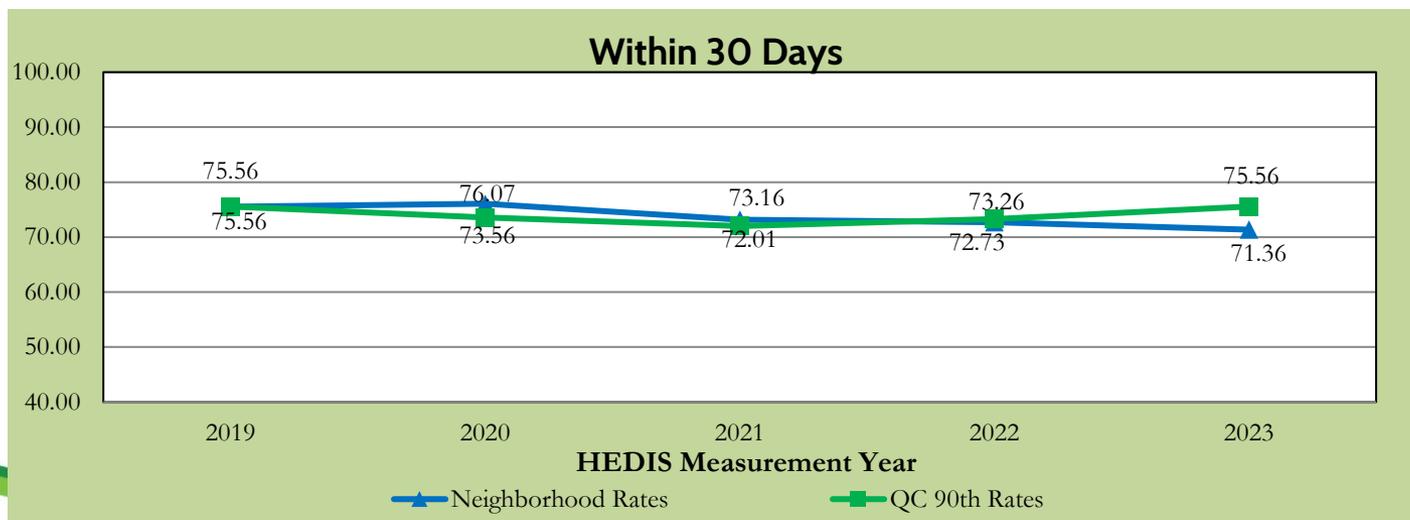
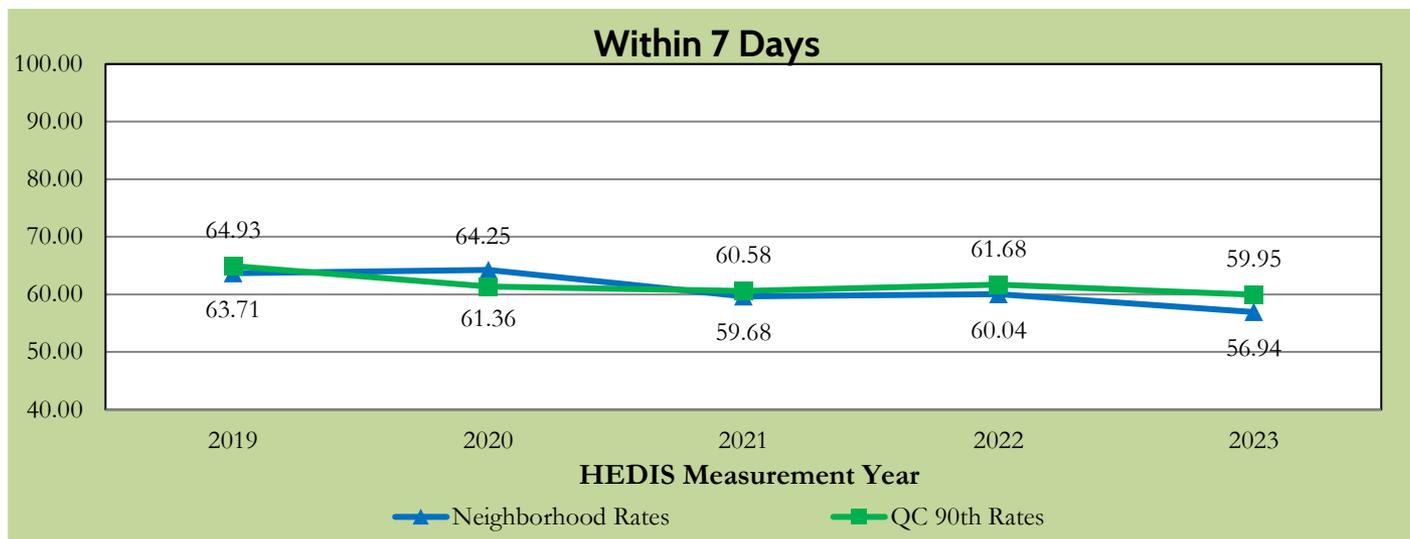
# Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Trended Performance



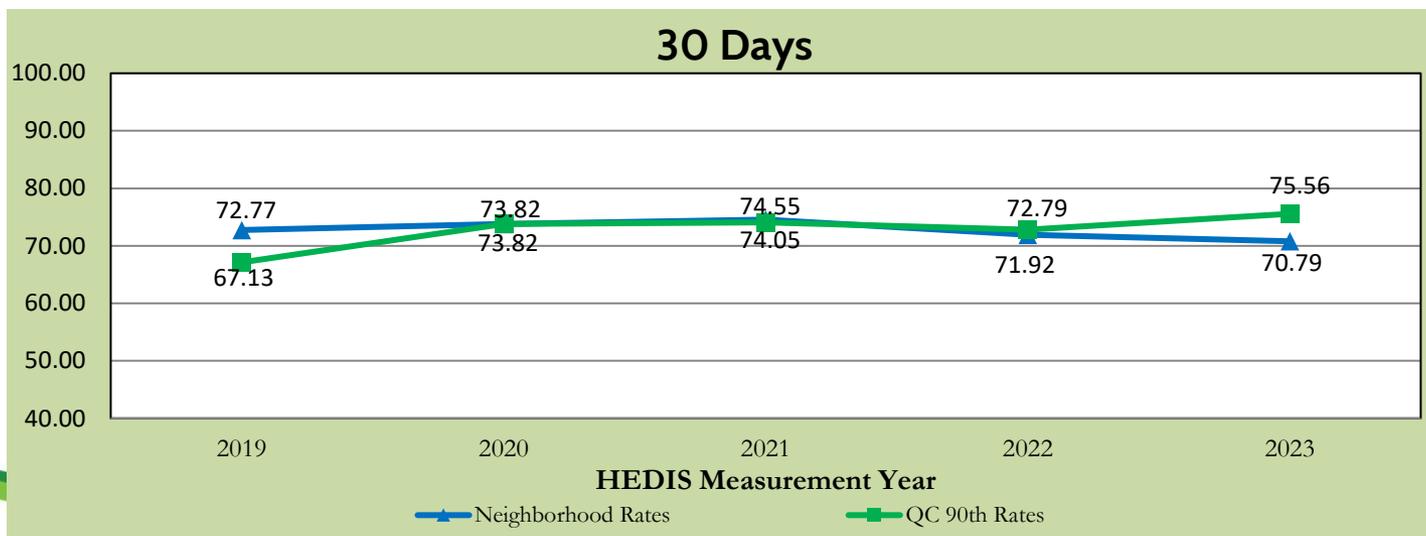
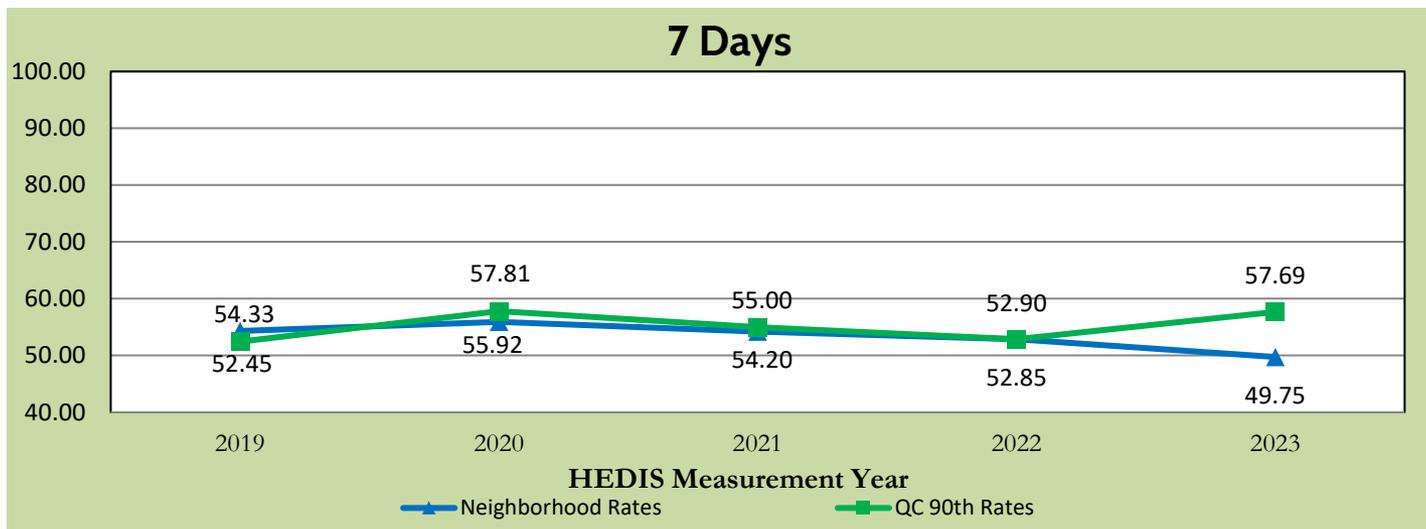
# Follow Up After Emergency Department Visits for Alcohol and Other Drug Dependence - Trended Performance



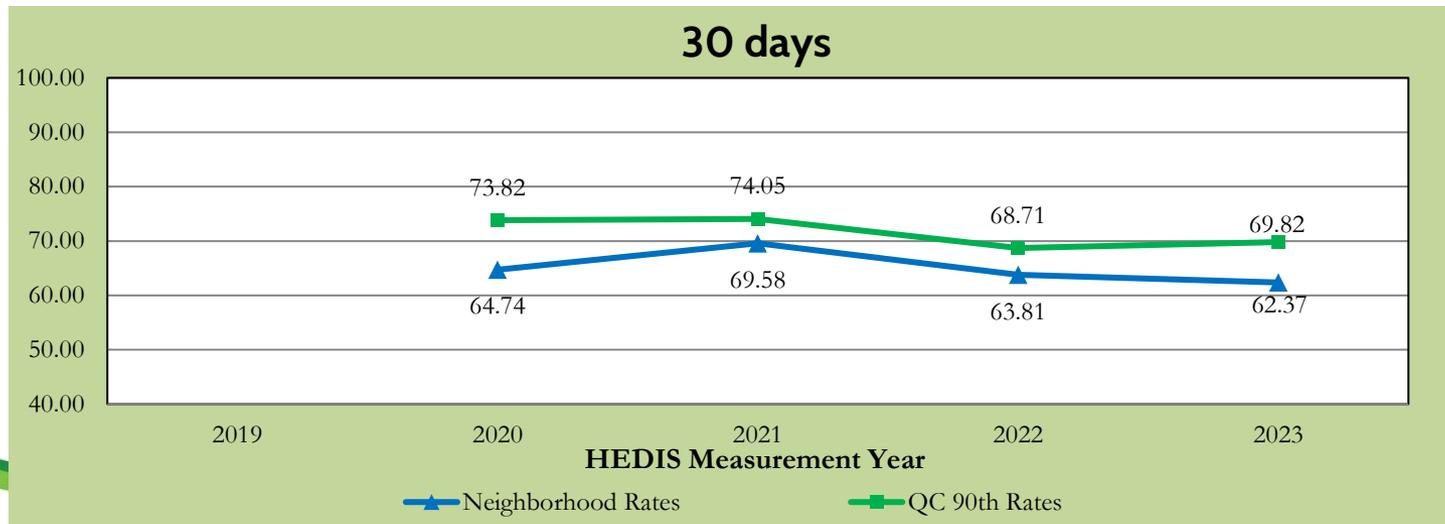
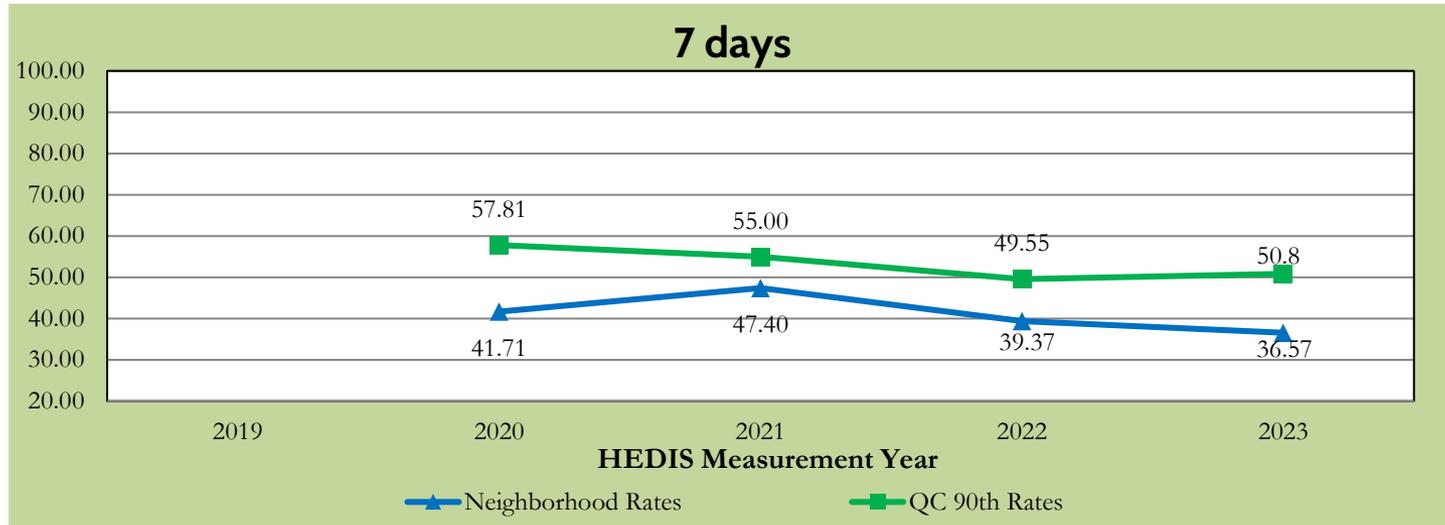
# Follow Up After Emergency Department Visits for Mental Illness - Trended Performance



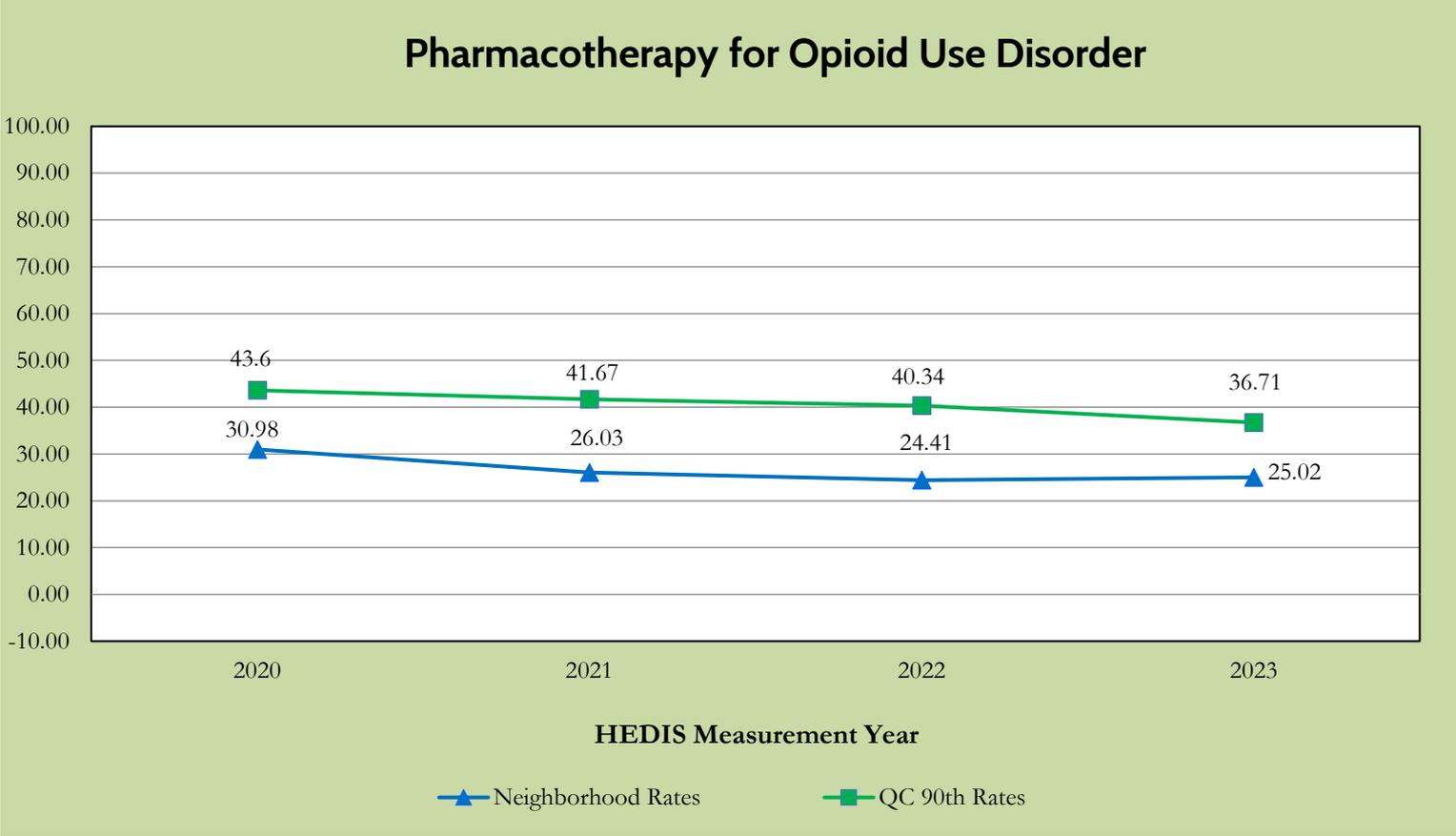
# Follow-up After Hospitalization for Mental Illness - Trended Performance



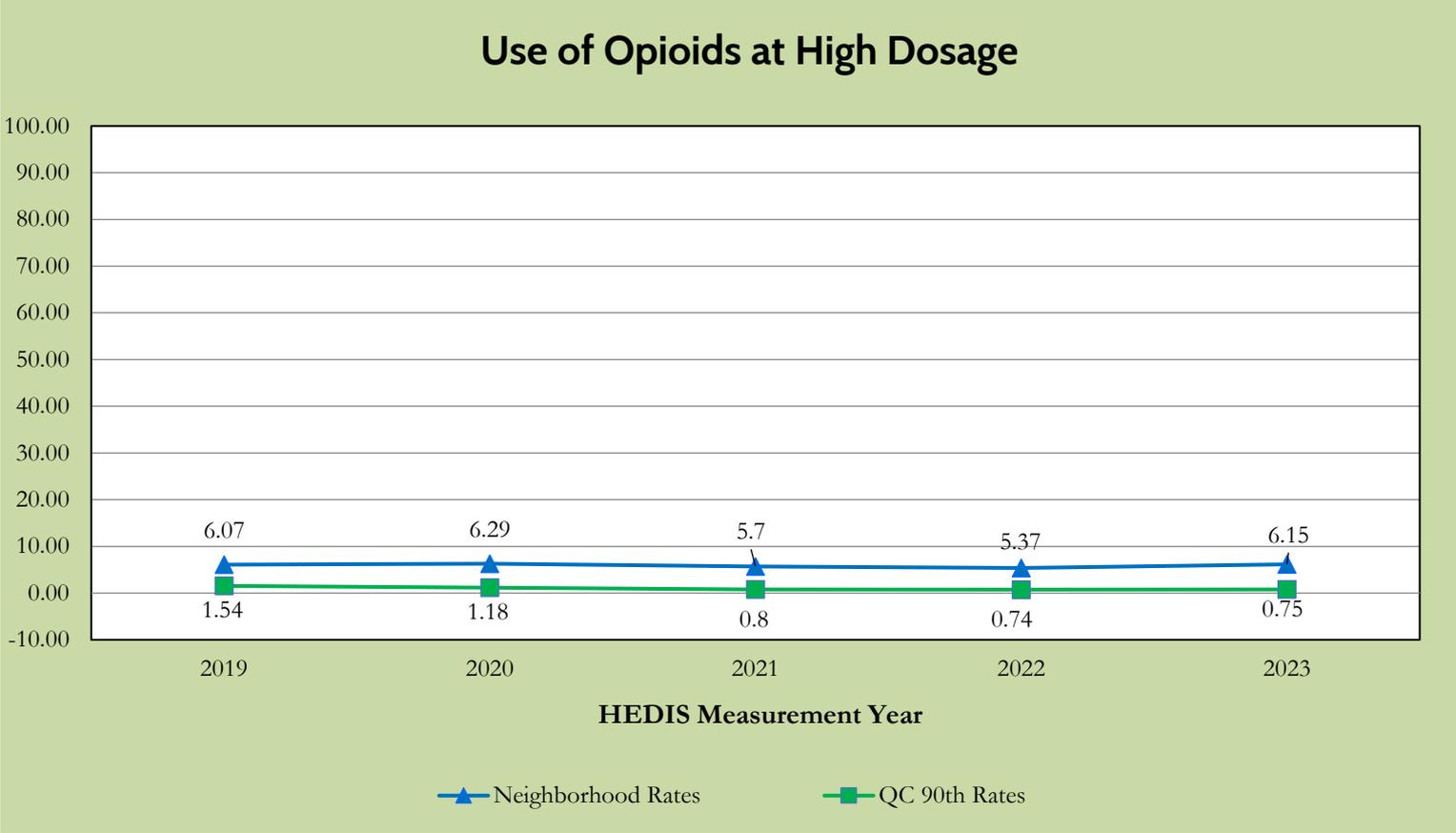
# Follow-up After High-Intensity Care for Substance Use Disorder - Trended Performance



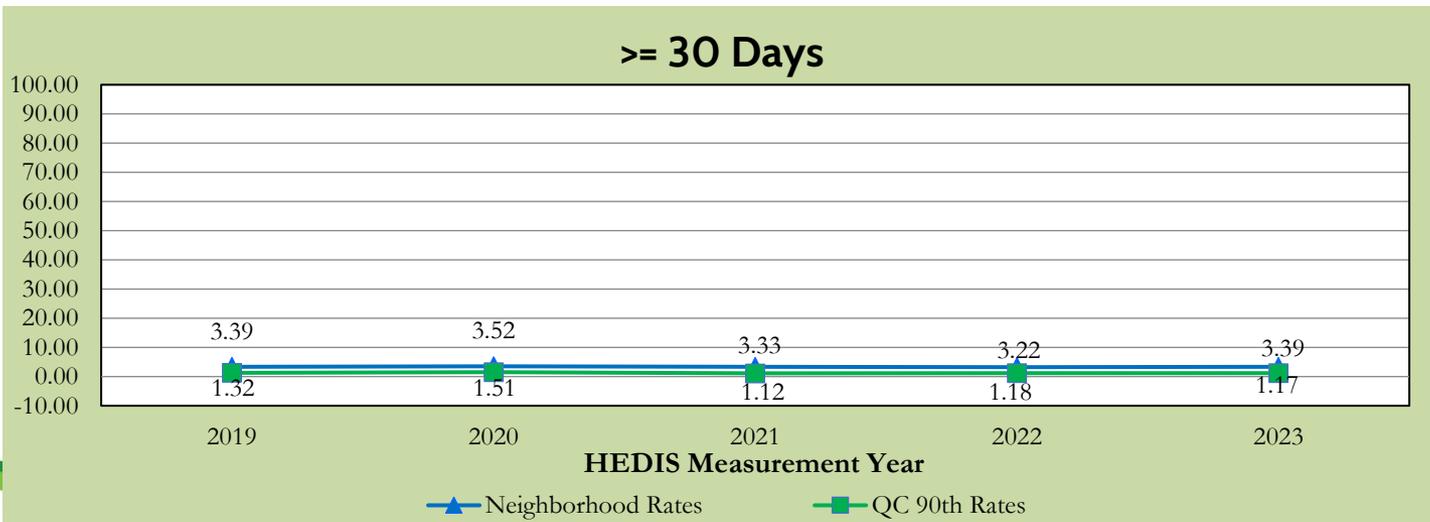
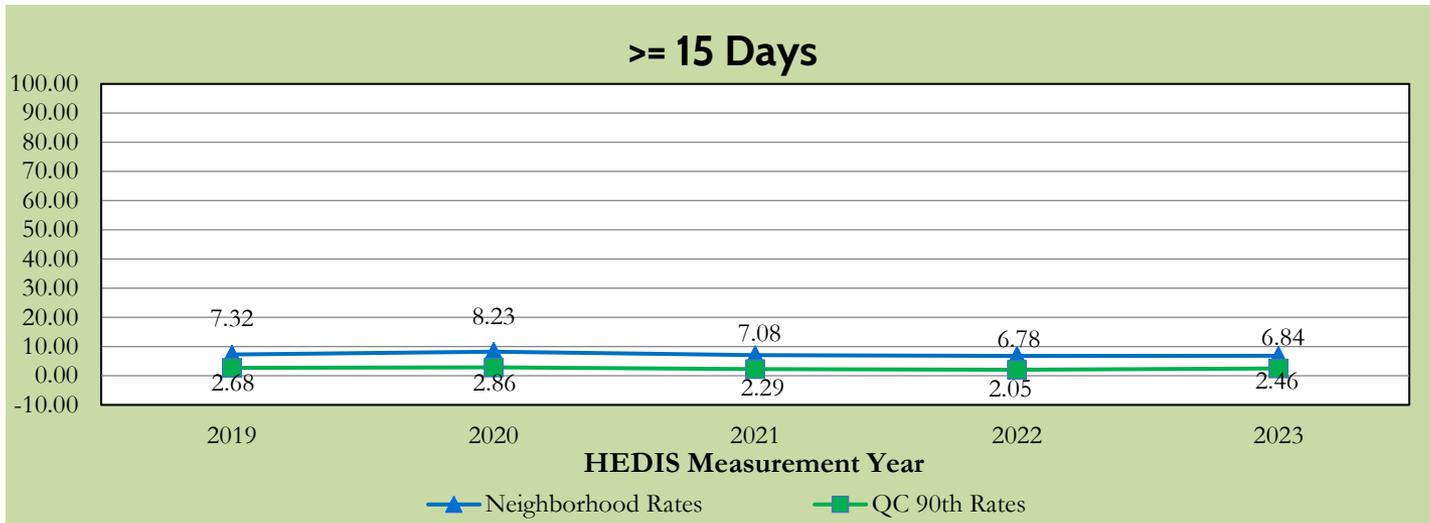
# Pharmacotherapy for Opioid Use Disorder - Trended Performance



# Use of Opioids at High Dosage - Trended Performance



# Risk of Continued Use of Opioids - Trended Performance



# Use of Opioids from Multiple Providers - Trended Performance

