



# Quality of Clinical Care: Medicaid HEDIS® 2020 Results (Measurement Year 2019)

Neighborhood Health Plan of Rhode Island  
Department of Quality Improvement

# Table of Contents

Topic	Slide Number
Measures of Quality of Clinical Care: The Healthcare Effectiveness Data and Information Set (HEDIS®)	3
HEDIS® 2020: Compliance Audit™	4
HEDIS 2020 (Measurement Year 2019)	5
Quality Compass 2020 (Measurement Year 2019)	6
Prevention and Screening Measures	7
Treatment and Utilization Measures	13
Behavioral Health Measures	19

# Measures of Quality of Clinical Care: The Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup>

## Overview

HEDIS stands for Healthcare Effectiveness Data and Information Set. 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®)<sup>2</sup> 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 2020 rates in this report represents services through Calendar Year (CY) 2019. Neighborhood calculates and reports its HEDIS measures with assistance from an NCQA-certified software vendor, Inovalon.

## Quality Compass®<sup>1</sup> 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., 5<sup>th</sup>, 10<sup>th</sup>, 25<sup>th</sup>, 33<sup>rd</sup>, 50<sup>th</sup>, 66<sup>th</sup>, 75<sup>th</sup>, 90<sup>th</sup> and 95<sup>th</sup>. Medicaid Quality Compass for CY 2019 has been released by NCQA, and the Medicaid Quality Compass benchmarks for that year are used in this report.

<sup>1</sup>HEDIS® and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA).

<sup>2</sup>CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## HEDIS® 2020: 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 2020 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 followed 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 Plan Rating processes.

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

# HEDIS 2020 for Measurement Year 2019

This report includes HEDIS clinical performance measures organized in the following groups:

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

These measures were selected because they represent aspects of medical care that are important to our members and are used in one or more of the following initiatives to evaluate the performance of Neighborhood Health Plan of Rhode Island as a Medicaid managed care plan:

- Established a Medicaid Quality Improvement Committee and focused QI Work Groups with the goal of improving performance on the high-priority measures identified in the Medicaid Quality Improvement Plan.
- One of 15 health plans to achieve a rating of 4.5 or 5 out of 5 in NCQA's Medicaid Health Plan Ratings for 2019-2020. This rating is based largely upon Neighborhood's HEDIS 2020 (MY2019) performance.
- Achieved or maintained Medicaid National QC 90th or 95th percentile rating for HEDIS measures for Prevention and Screening (14), Treatment and Utilization (9) and Behavioral Health (3) measures.

For additional information on HEDIS performance, please contact Neighborhood's Department of Quality Improvement.

**\*It should be noted that Medicare-Medicaid dual eligible members are included in all Medicaid HEDIS rates, per NCQA requirements.\***



# Quality Compass 2019

Neighborhood achieved the Medicaid National QC 90th or 95th percentile during measurement year 2019 on the following measures or measure components for effectiveness of care:

- Prevention and Screening Measures
  - Weight Assessment, Counseling for Nutrition and Physical Activity for Children and Adolescents (BMI Percentile)
  - Childhood Immunization Status (Rotavirus, Influenza, Combos 4 to 10)
  - Timeliness of Prenatal Care
  - Postpartum Care
  - Well-Child Visits in the First 15 Months of Life (6+ visits)
  - Cervical Cancer Screening
- Treatment and Utilization Measures
  - Appropriate Testing for Children with Pharyngitis
  - Controlling High Blood Pressure (<140/90)
  - Comprehensive Diabetes Care: (HbA1c Poor Control >9%, Eye Exam, and Blood Pressure Control 140/90)
  - Pharmacotherapy Management of COPD Exacerbation – Bronchodilator
  - Medical Assistance with Smoking and Tobacco Cessation (Advising to Quit, Discuss Tobacco Cessation Medication, Discuss Tobacco Strategies)
- Behavioral Health Measures
  - Follow-Up after Hospitalization for Mental Illness (Within 7 Days)
  - Follow-Up After ER Visit for Mental Illness (Within 30 Days)
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia

## Prevention and Screening Measures

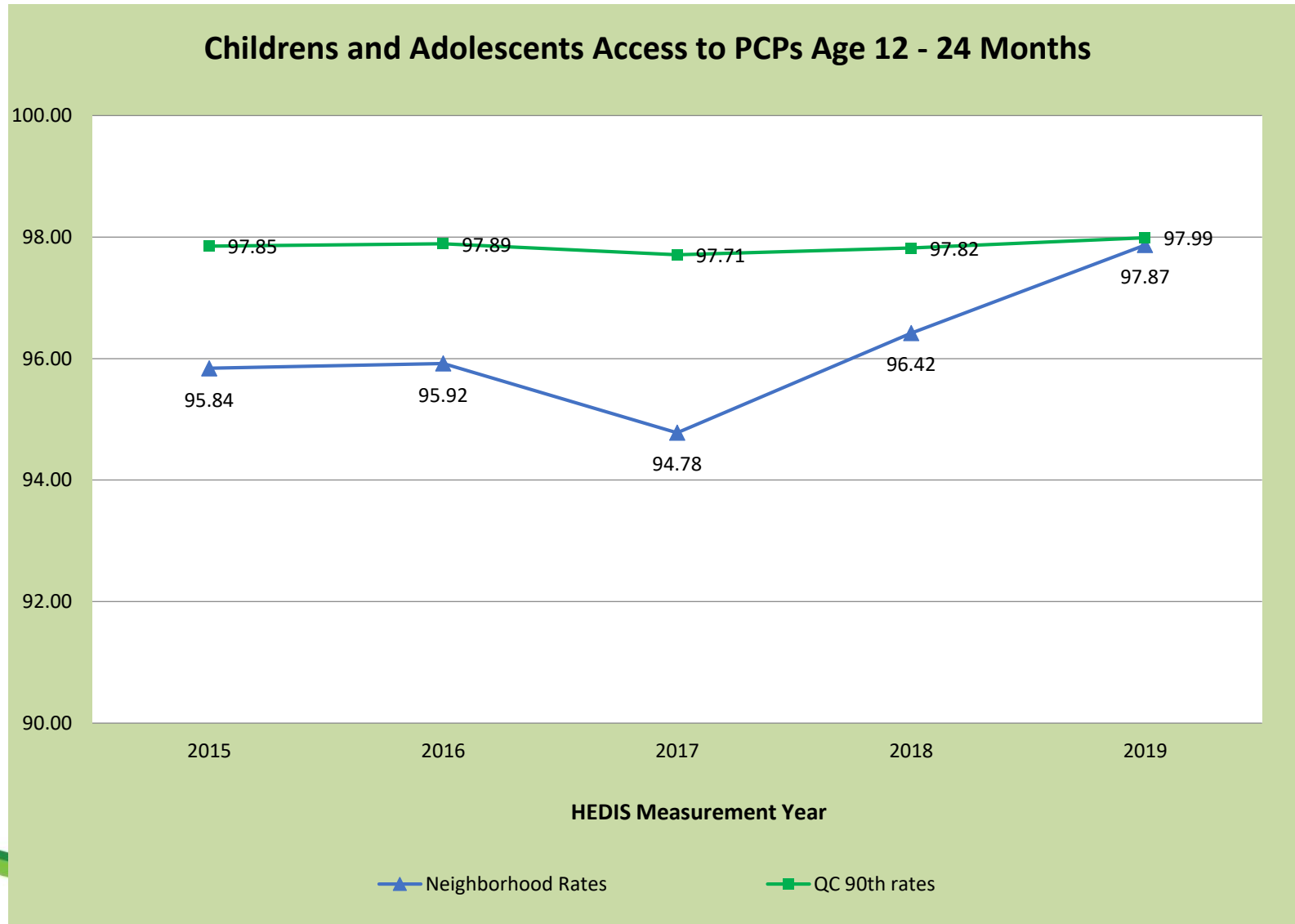
Measures	Definition	Measurement Year 2019	Quality Compass 2020 Percentile
Child and Adolescent Access to Primary Care 12 - 24 Months	Percent of members ages 12-24 months who had a visit with a primary care practitioner during 2019	97.86%	75th
Breast Cancer Screening	Percent of women ages 50-74 years of age who had a mammogram to screen for breast cancer during 2019 or the two years prior	66.00%	75th
Chlamydia Screening	Percent of women ages 16-24 years who were identified as sexually active and who had at least one test for Chlamydia during 2019	68.85%	75th
Childhood Immunizations Status (Combo 10)	The percentage of children 2 years of age who, by their second birthday, received all vaccinations in the combination 10 vaccination set.	59.95%	95th
Adolescent Well-Care Visits	Percent of members ages 12-21 years who had at least one comprehensive well-care visit with a primary care practitioner or an Ob/Gyn practitioner during 2019	66.84%	75th
Child and Adolescent Access to Primary Care 25 Months – 6 Years	Percent of members ages 25 months-6 years who had a visit with a primary care practitioner during 2019	91.88%	75th
Postpartum Care	The percentage of women giving birth who had a postpartum visit on or between 7 and 84 days after delivery in 2019.	87.59%	95th
Lead Screening	Percent of children who turned 2 years old during 2019 and who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday.	79.35%	66th
Flu Shots	Percentage of patients 18 and older seen for a visit between October 1 and March 31 who received an influenza immunization or who reported previous receipt of an influenza immunization <i>*Note: This is a CAHPS measure</i>	53.80%*	90th

## Prevention and Screening Measures Continued

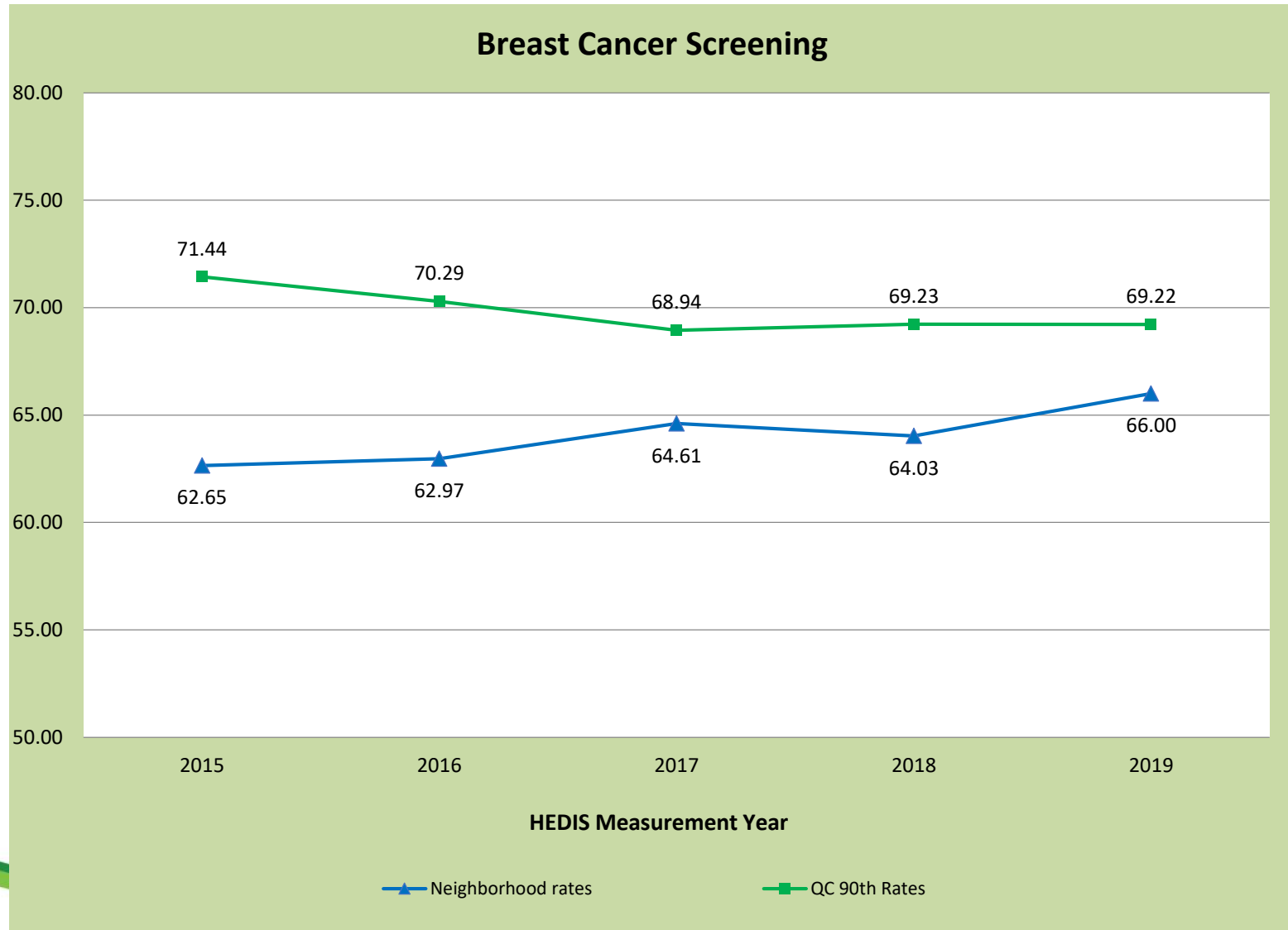
Measures	Definition	Measurement Year 2019	Quality Compass 2020 Percentile
Timeliness of Prenatal Care	The percentage of women had a live birth during November 6, 2018 - November 5, 2019, who received a prenatal visit in the first trimester of pregnancy (or within 42 days of enrollment into the plan)	96.11%	90th
Cervical Cancer Screening	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	74.21%	90th
Immunizations for Adolescents Before 13 <sup>th</sup> Birthday (Combo 2)	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.	47.69%	75th
Weight Assessment for Children & Adolescent - BMI Percentile	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.	92.46%	90th
Adult BMI Assessment	The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	97.08%	90th



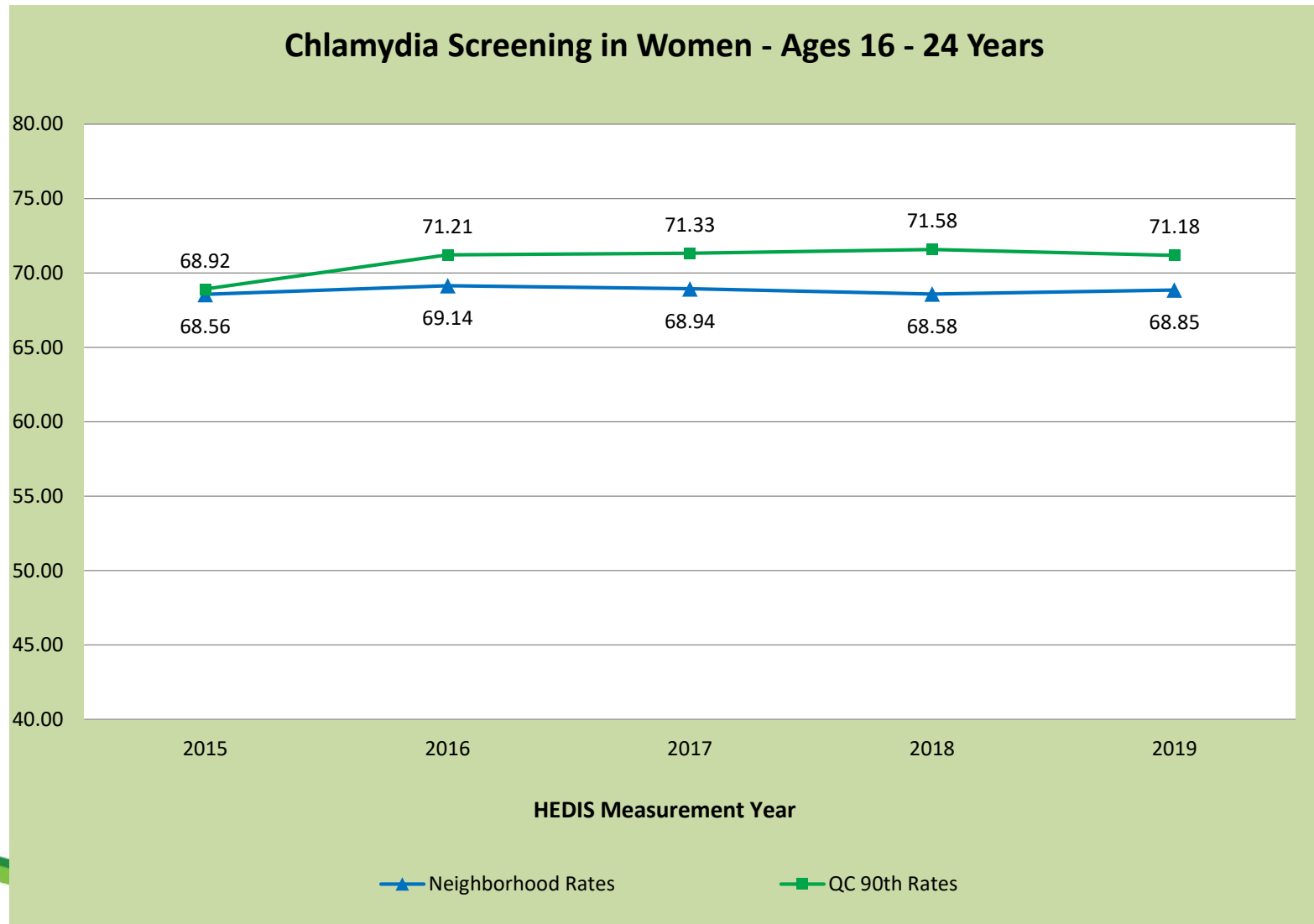
# Children and Adolescents Access to Primary Care Practitioners



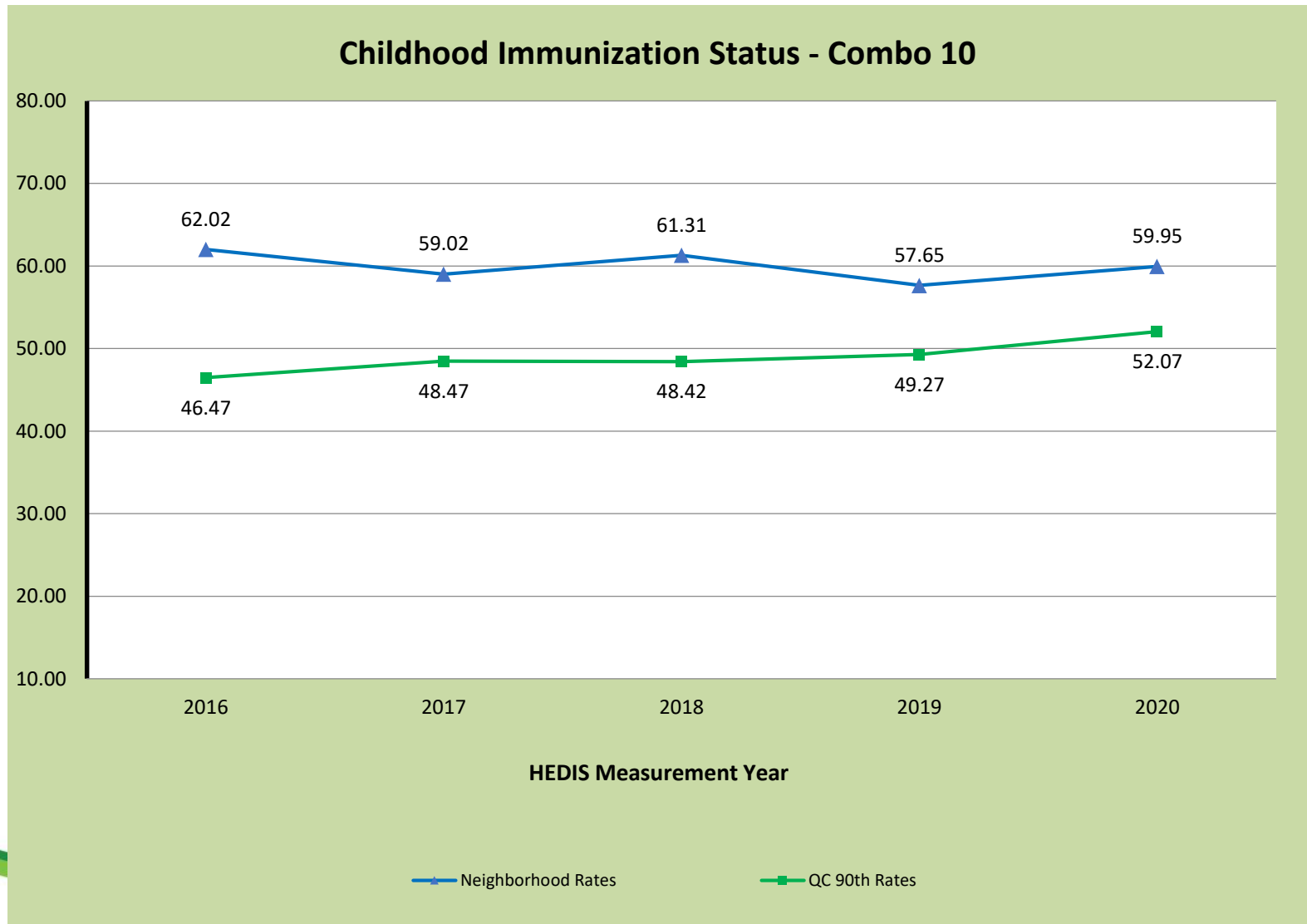
# Breast Cancer Screening



# Chlamydia Screening in Women – Ages 16-24 Years



## Childhood Immunization Status – Combo 10



## Treatment and Utilization

Measures	Definition	Measurement 2019	Quality Compass 2020 Percentile
Medical Assistance with Smoking & Tobacco Use Cessation - Advising Smokers and Tobacco Users To Quit	A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who received advice to quit during the measurement year.	85.99%	95th
Medical Assistance with Smoking & Tobacco Use Cessation - Discuss Tobacco Cessation Medications	A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.	68.91%	95th
Medical Assistance with Smoking & Tobacco Use Cessation - Discuss Tobacco Strategies	A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.	61.15%	95th
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.	70.42%	10th
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.	46.00%	25th
Medication Management for People with Asthma (Medication Compliance 75%) (5-64 Years of Age)	Percent of members ages 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on at least 75% of the time during 2019	39.92%	50th
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	59.78%	25th
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.	91.11%	75th



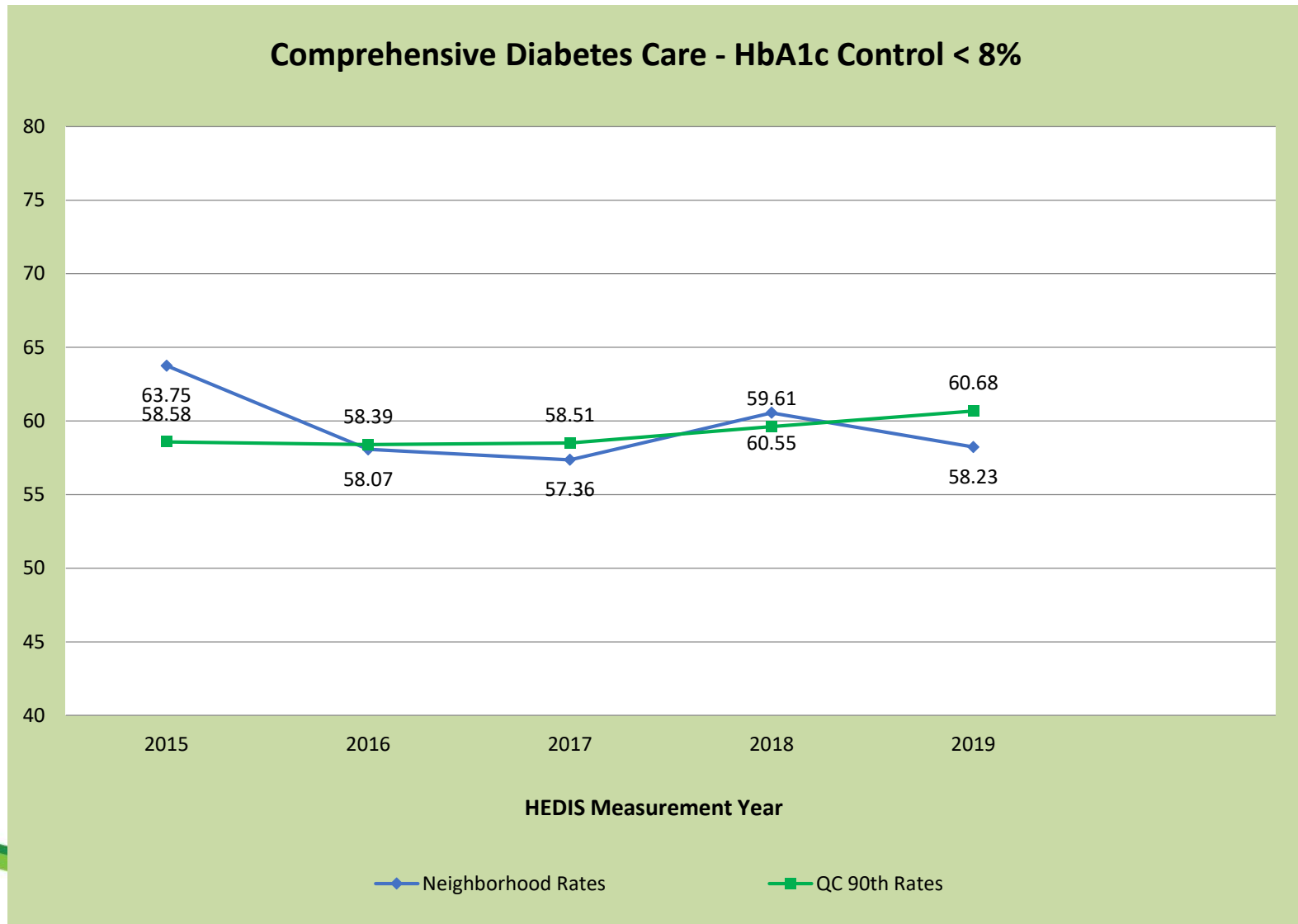
## Treatment and Utilization Continued

Measures	Definition	Measurement 2019	Quality Compass 2020 Percentile
Use of Opioids at High Dosage	The percentage of members 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. <b>Note: A lower rate indicates better performance.</b>	6.07%	33rd
Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies	The percentage of members 18 years and older, receiving prescription opioids for $\geq 15$ days during the measurement year who received opioids from multiple providers. The rate reported is as follows: *Multiple Prescribers and Multiple Pharmacies. The proportion of members 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 members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates). <b>Note: A lower rate indicates better performance for all three rates.</b>	1.25%	75th
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.	91.25%	90th
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.	77.70%	75th
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.	83.22%	75th
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.	74.32%	75th

## Treatment and Utilization Continued

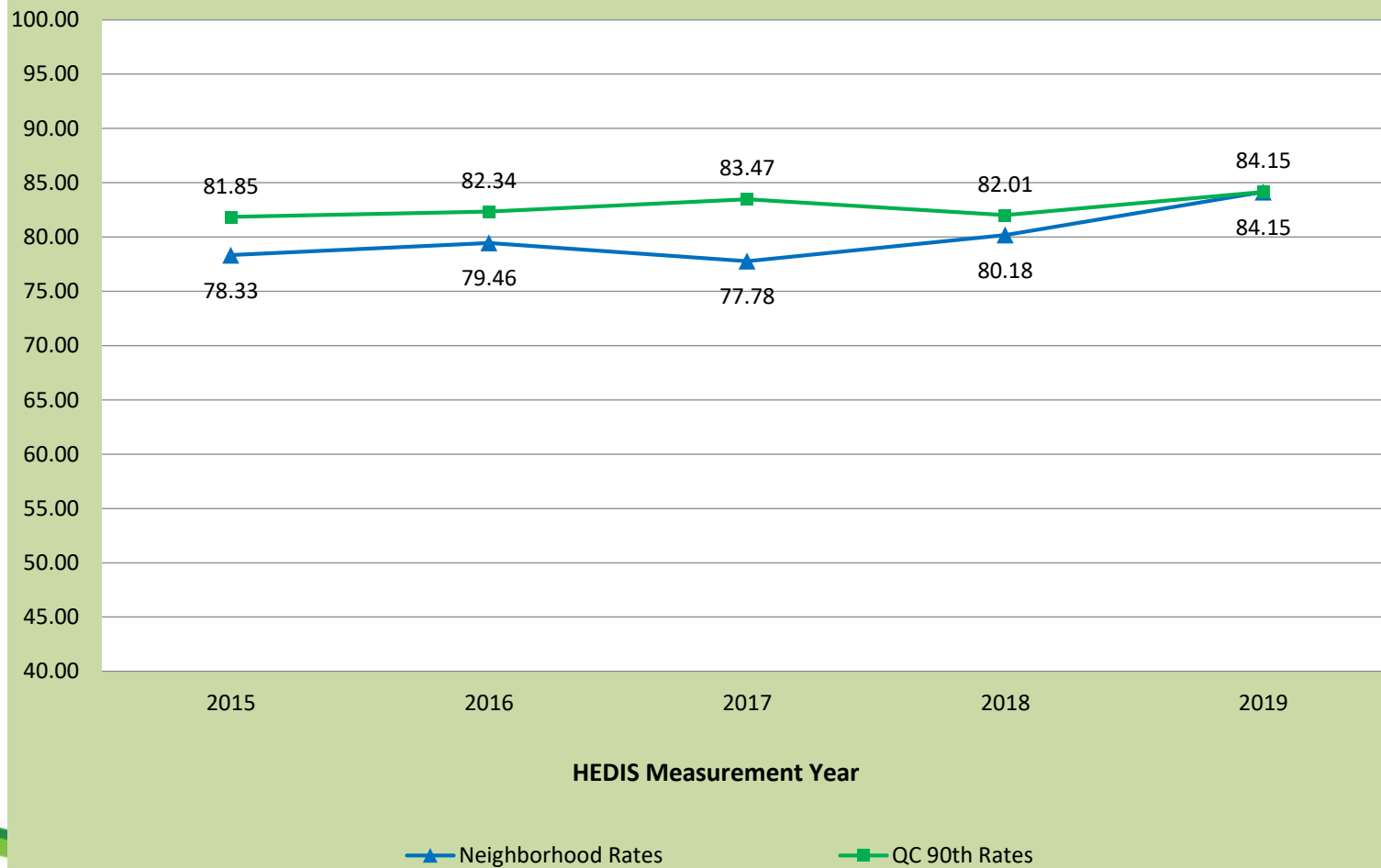
Measures	Definition	Measurement 2019	Quality Compass 2020 Percentile
Statin Therapy for Patients with Diabetes - Received Statin Therapy	The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria: *Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.	71.39%	75th
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.	67.57%	66th
Comprehensive Diabetes Care - HbA1C Control (<8.0%)	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: *HbA1c control (<8.0%)	58.23%	75th
Comprehensive Diabetes Care - Eye Exam	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: *Eye exam (retinal) performed  <b>Note: A negative retinal test from the prior year counts toward numerator compliance.</b>	72.66%	95th
Comprehensive Diabetes Care - Blood Pressure Control <140/90	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: *BP control (<140/90 mm Hg)	81.27%	95th
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.	76.89%	95th
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.	87.49%	90th
Plan All Cause Readmission	For members 18 years of age and older, the reported number is the ratio of observed 30 day readmissions to expected 30 day readmissions.	1.12	NA

## Comprehensive Diabetes Care – HbA1c Control < 8%

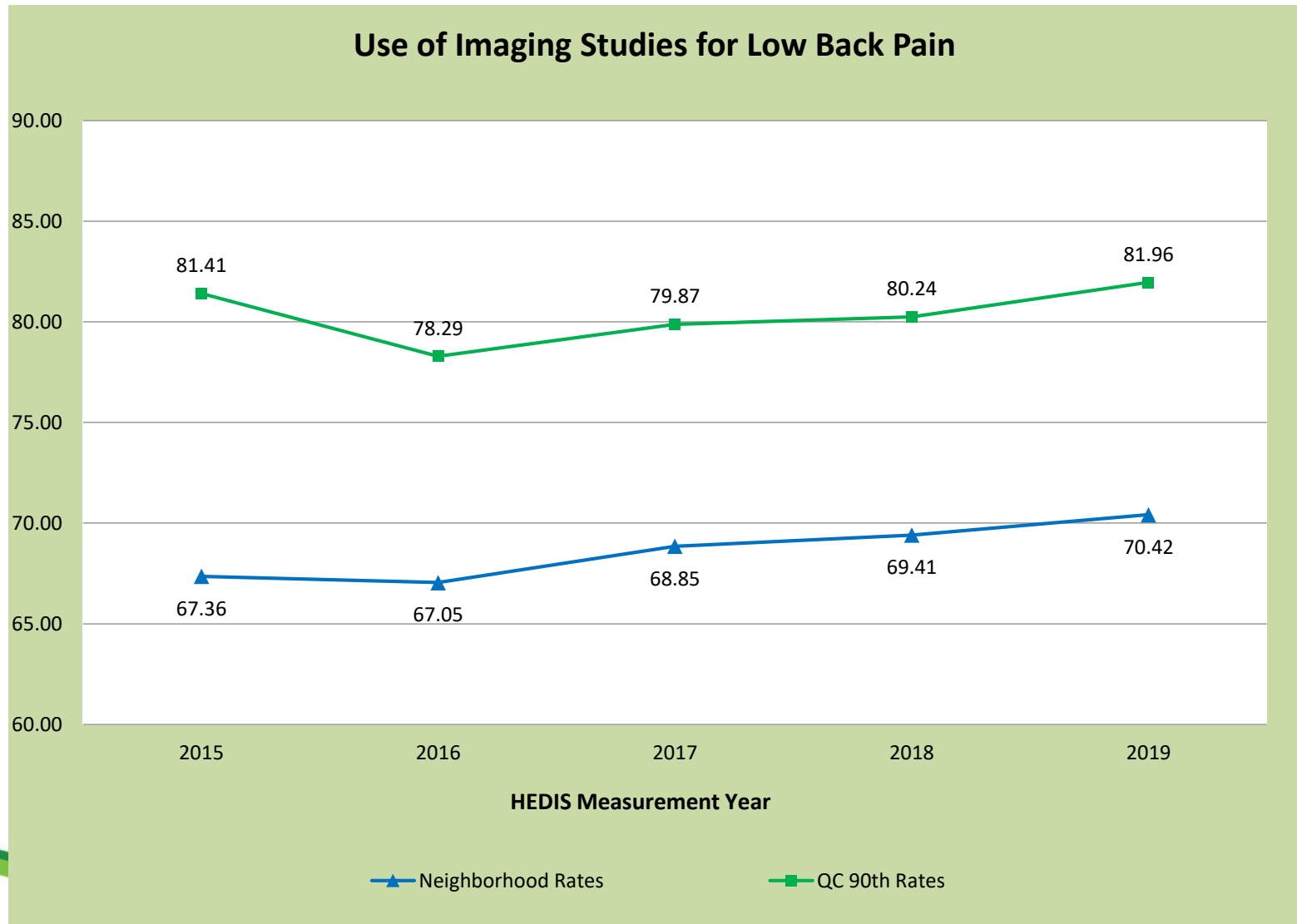


# Medical Assistance With Smoking Cessation

## Medical Assistance With Smoking Cessation - Advising to Quit



# Use of Imaging Studies for Low Back Pain





## Behavioral Health

Measures	Description	Measurement 2019	Quality Compass 2020 Percentile
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).	56.91%	50th
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).	41.65%	66th
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	46.91%	66th
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.	56.19%	50th

## Behavioral Health Continued

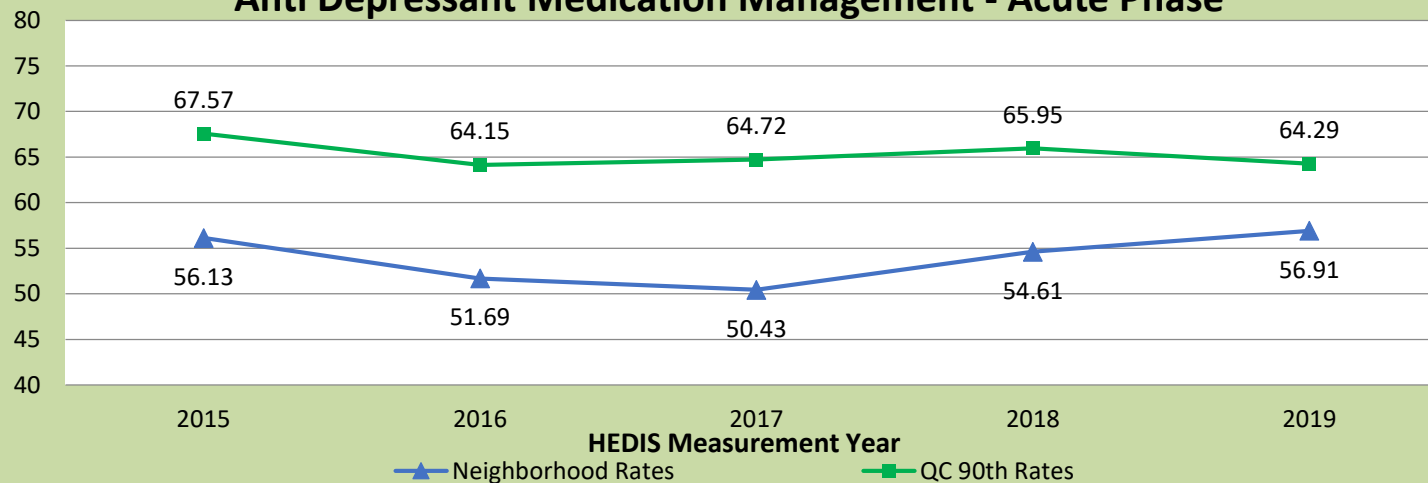
Measures	Description	Measurement 2019	Quality Compass 2020 Percentile
Diabetes Screening for People with Schizophrenia or Bi-polar Disorder Who Are Using Antipsychotic Medications	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	80.61%	33rd
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.	41.75%	33rd
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.	16.76%	50th
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.	63.71%	75th
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.	75.56%	90th
FUA - Follow Up After Emergency Department Visits for Alcohol and Other Drug Dependence – 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.	11.31%	33rd
FUA - Follow Up After Emergency Department Visits for Alcohol and Other Drug Dependence – 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.	21.79%	50th

## Behavioral Health Continued

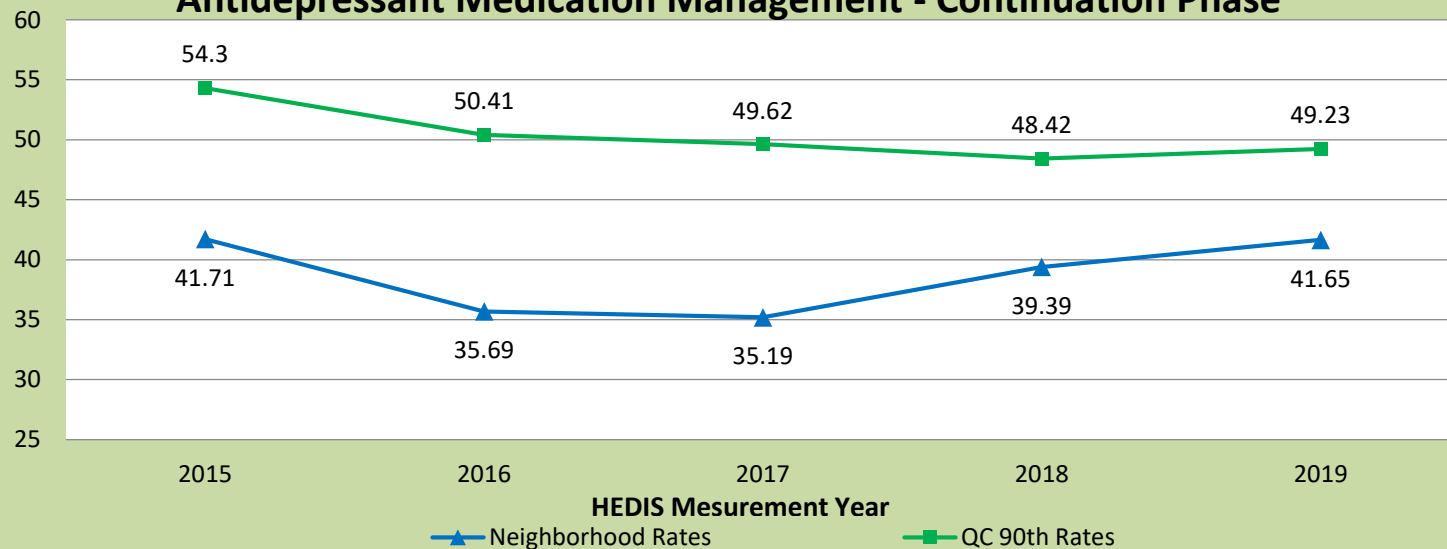
Measures	Description	Measurement 2019	Quality Compass 2020 Percentile
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	78.20%	95th
Metabolic Monitoring for Children and Adolescents on Antipsychotics- Reported rate- 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.	30.44%	25th
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.	66.28%	50th
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.	72.77%	75th
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.	54.33%	90th

# Antidepressant Medication Management

## Anti Depressant Medication Management - Acute Phase

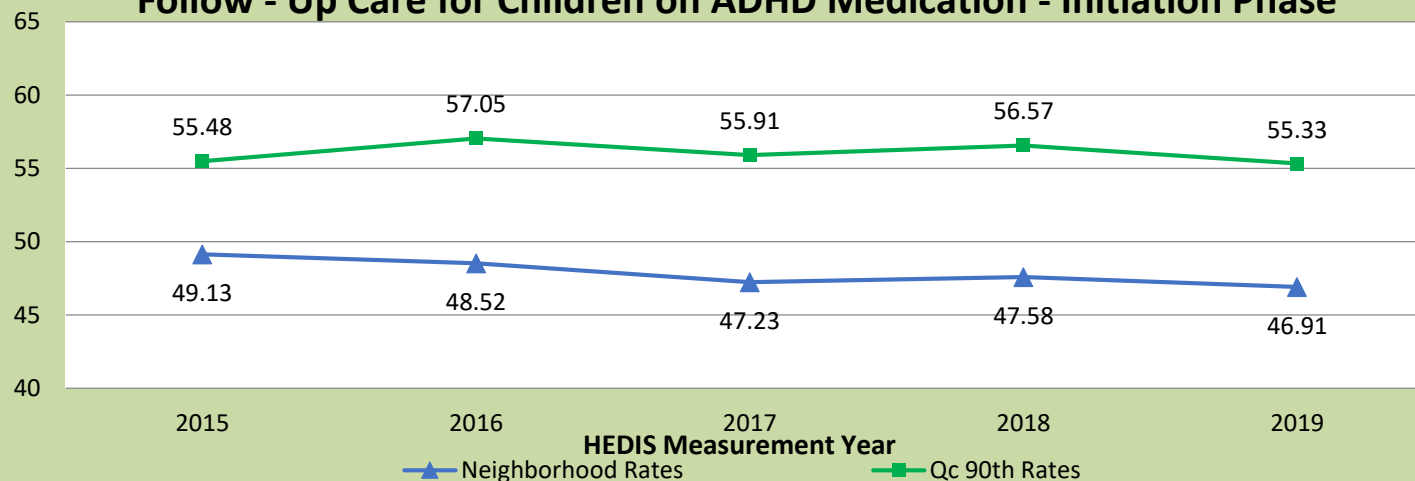


## Antidepressant Medication Management - Continuation Phase

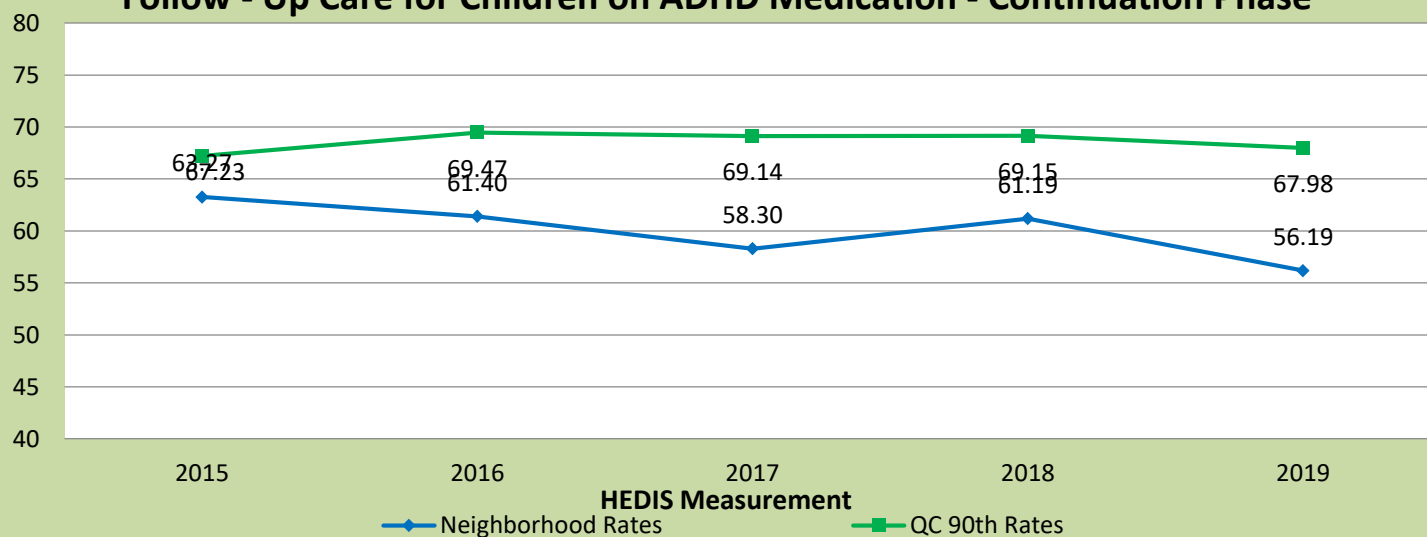


## Follow - Up Care for Children on ADHD Medication

### Follow - Up Care for Children on ADHD Medication - Initiation Phase

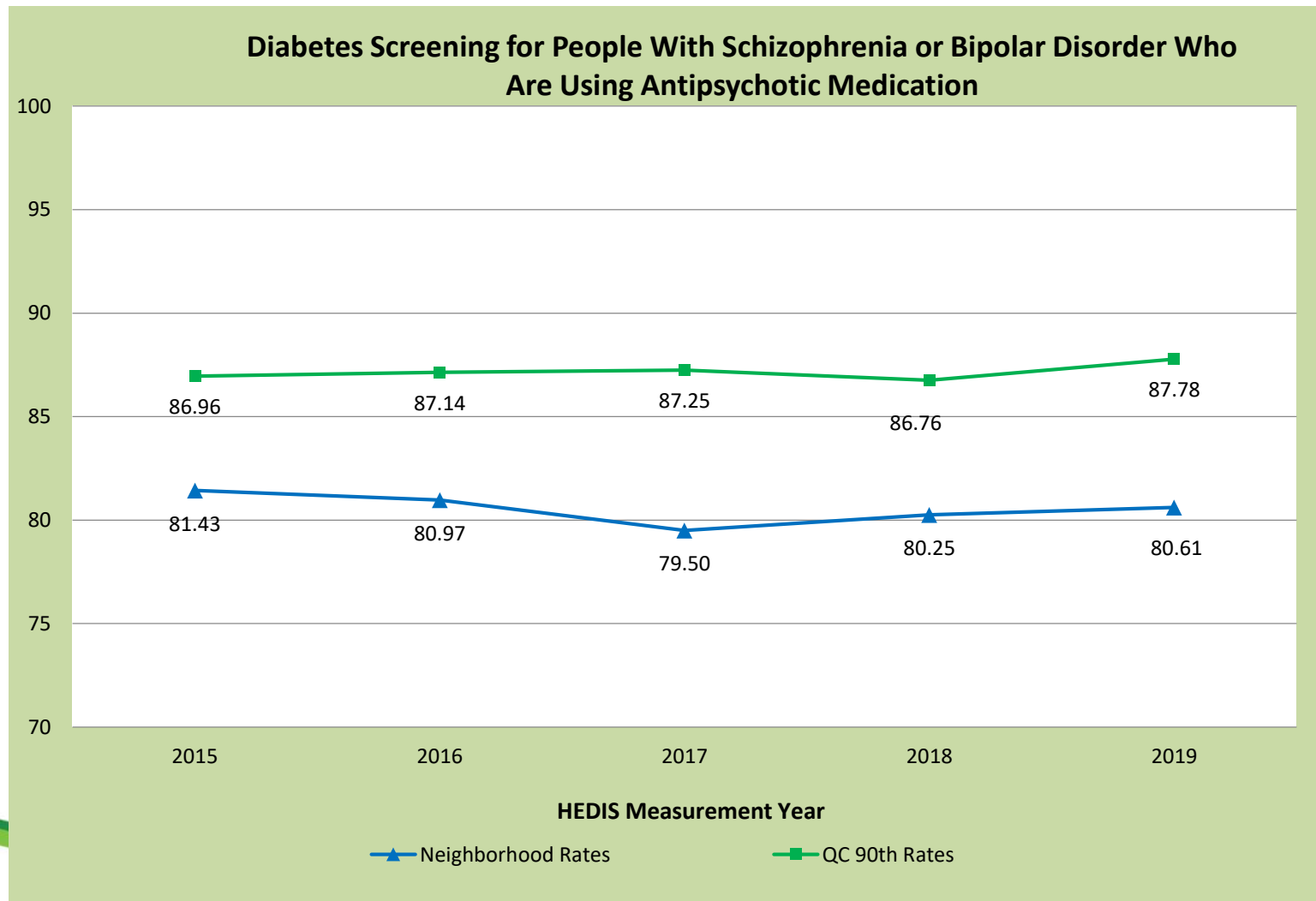


### Follow - Up Care for Children on ADHD Medication - Continuation Phase

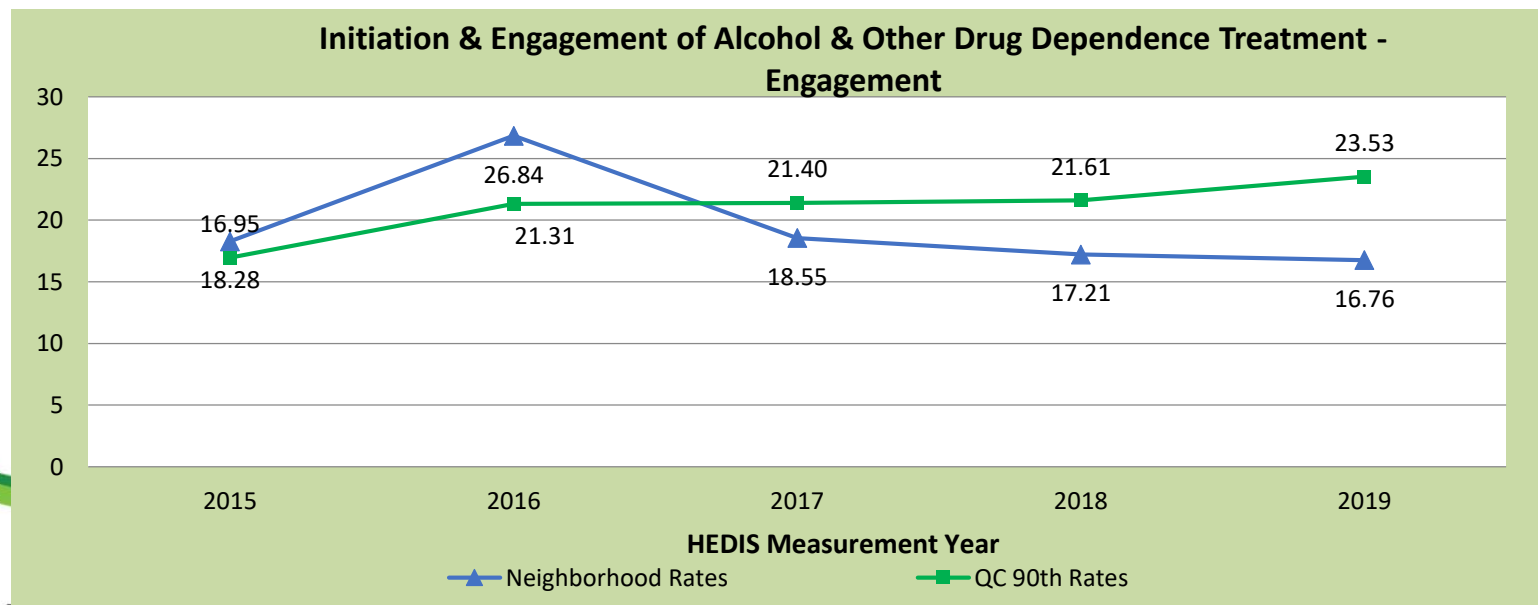
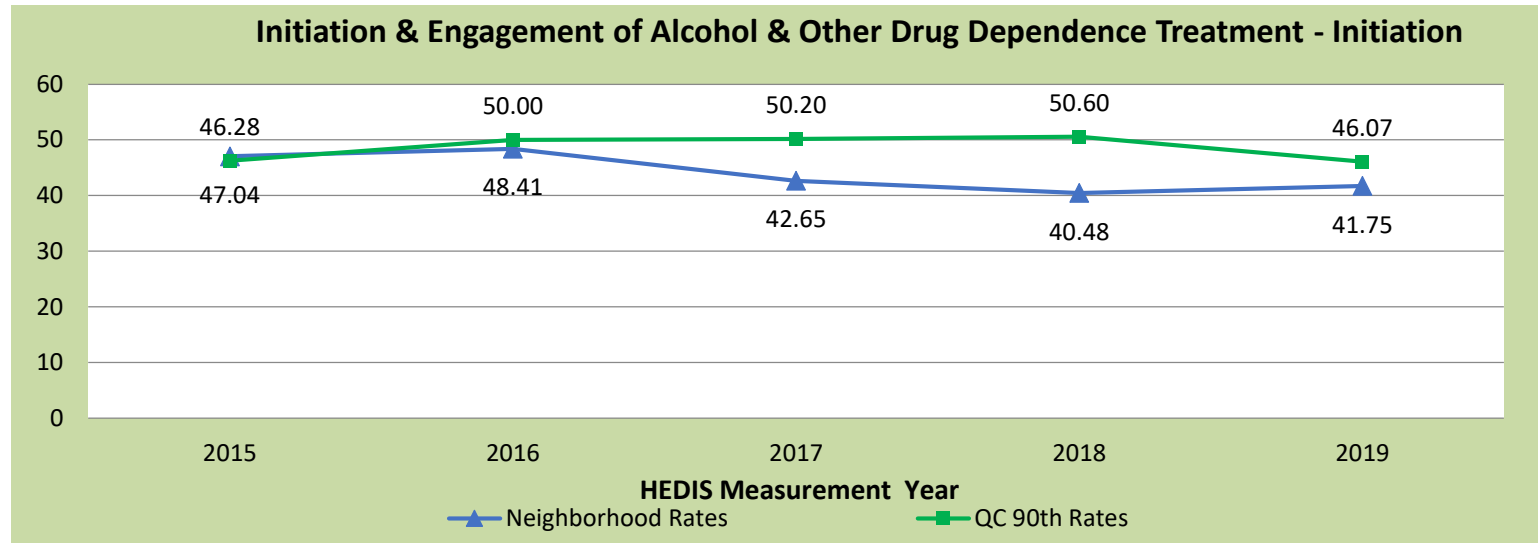




# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication

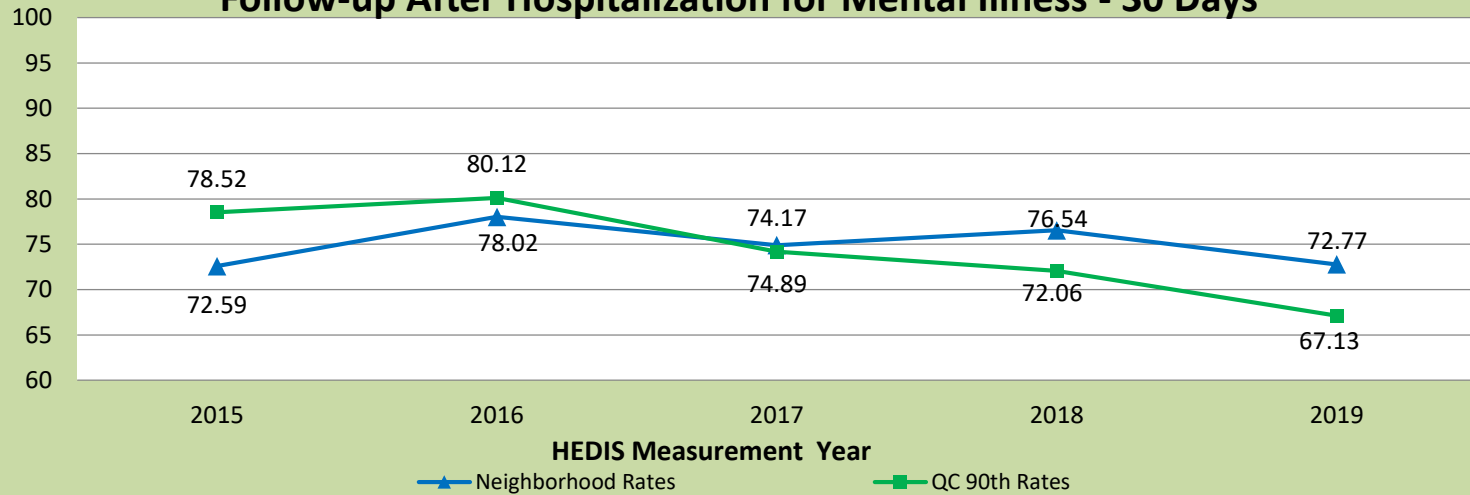


# Initiation & Engagement of Alcohol & Other Drug Dependence Treatment



# Follow-up After Hospitalization for Mental Illness

## Follow-up After Hospitalization for Mental Illness - 30 Days



## Follow-up After Hospitalization for Mental Illness - 7 Days

