



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

Department of Quality Improvement

Table of Contents

| Topic | Slide Number |
|---|--------------|
| What is HEDIS? | 5 |
| HEDIS® MY2023: Compliance Audit™ | 6 |
| Neighborhood's NCQA Health Insurance Plan Rating 2024 | 7 |
| HEDIS Measurement Year 2023 Results and Quality Compass Benchmark | 8 |
| Prevention and Screening Measures <ul style="list-style-type: none">• Childhood Immunizations (CIS)• Adolescent Immunizations (IMA)• Adult Immunization Status (AIS)• Prenatal Immunization Status (PRS)• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (WCC)• Prenatal and Postpartum Care (PPC) (Timeliness of Prenatal Care and Postpartum Care)• Breast Cancer Screening (BCS)• Cervical Cancer Screening (CCS)• Colorectal Cancer Screening (COL)• Chlamydia Screening (CHL)• Lead Screening (LSC)• Child and Adolescent Well-Care Visits (WCV) | 9-18 |

Table of Contents Cont'd

| Topic | Slide Number |
|---|--------------|
| Treatment and Utilization Measures <ul style="list-style-type: none"> • Asthma Medication Ratio control (AMR) • Hemoglobin A1c Control for Patients with Diabetes (HBD) (HbA1c Control (<8.0%) and HbA1c Poor Control (<9.0%)) • Eye Exam for Patients With Diabetes (EED) • Blood Pressure Control for Patients With Diabetes (BPD) • Statin Therapy for Patients with Diabetes (SPD) (Received Statin Therapy and Statin Adherence 80%) • Kidney Health Evaluation for Patients with Diabetes (KED) • Controlling High Blood Pressure (CBP) • Appropriate Treatment for Upper Respiratory Infection (URI) • Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) • Statin Therapy for Patients With Cardiovascular Disease (SPC) (Received Statin Therapy and Statin Adherence 80%) • Appropriate testing for Pharyngitis (CWP) • Pharmacotherapy Management of COPD Exacerbation (PCE) (Systemic Corticosteroid and Bronchodilator) • Appropriate use of imaging studies for low back pain (LBP) | 19-30 |

Table of Contents Cont'd

| Topic | Slide Number |
|---|--------------|
| Behavioral Health Measures <ul style="list-style-type: none"> • Antidepressant Medication Management (AMM) (Effective Acute and Continuation Phases) • Follow Up Care for Children Prescribed ADHD Medications (ADD) (Initiation and Continuation & Maintenance Phases) • Diabetes Screening for People with Schizophrenia or Bi-polar Disorder Who Are Using Antipsychotic Medications (SSD) • Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) • Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) • Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (IET) (Initiation and Engagement Phases) • Follow Up After Emergency Department Visits for Mental Illness (FUM) (7 Days and 30 Days) • Follow Up After Emergency Department Visits for Substance Use (FUA) (7 Days and 30 Days) • Follow Up After Hospitalization for Mental Illness (FUH) (7 Days and 30 Days) • Follow Up After High Intensity Care for Substance Use Disorder (FUI) (7 Days and 30 Days) • Pharmacotherapy for Opioid Use Disorder (POD) • Use of Opioids at High Dosage (HDO) • Risk of Continued Opioid Use (COU) (≥ 15 Days and ≥ 30 Days) • Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP) (Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies) | 31-51 |

What is HEDIS?

HEDIS

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®) 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.

HEDIS® and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA).
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 |

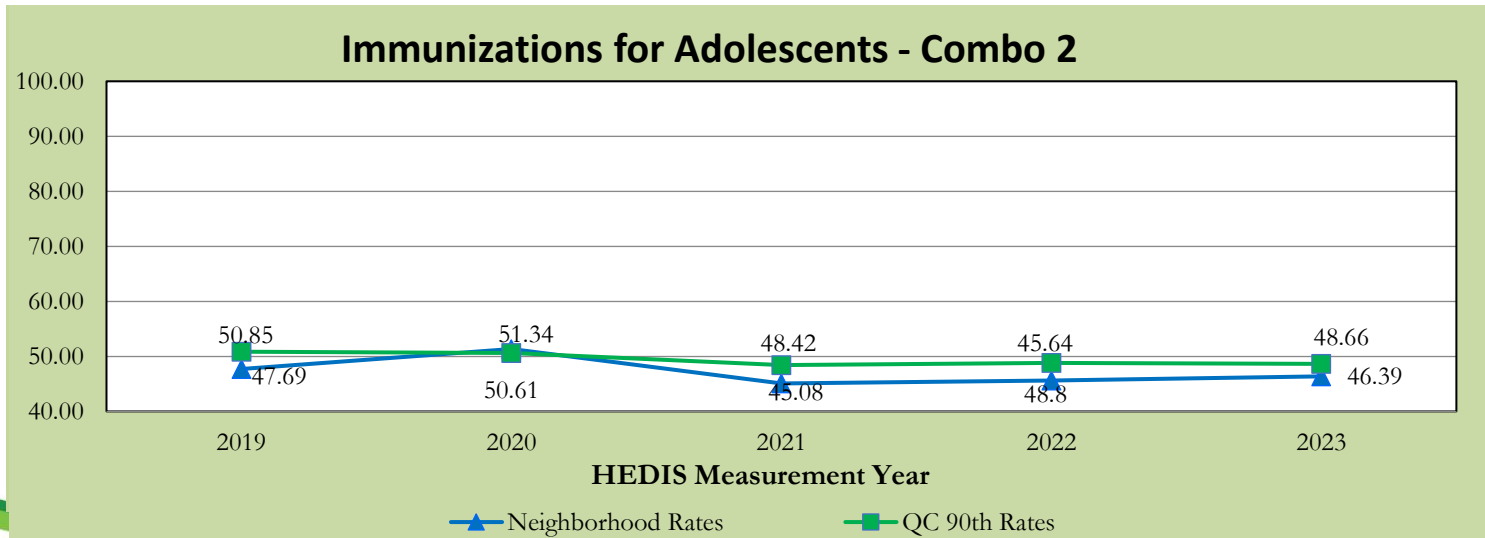
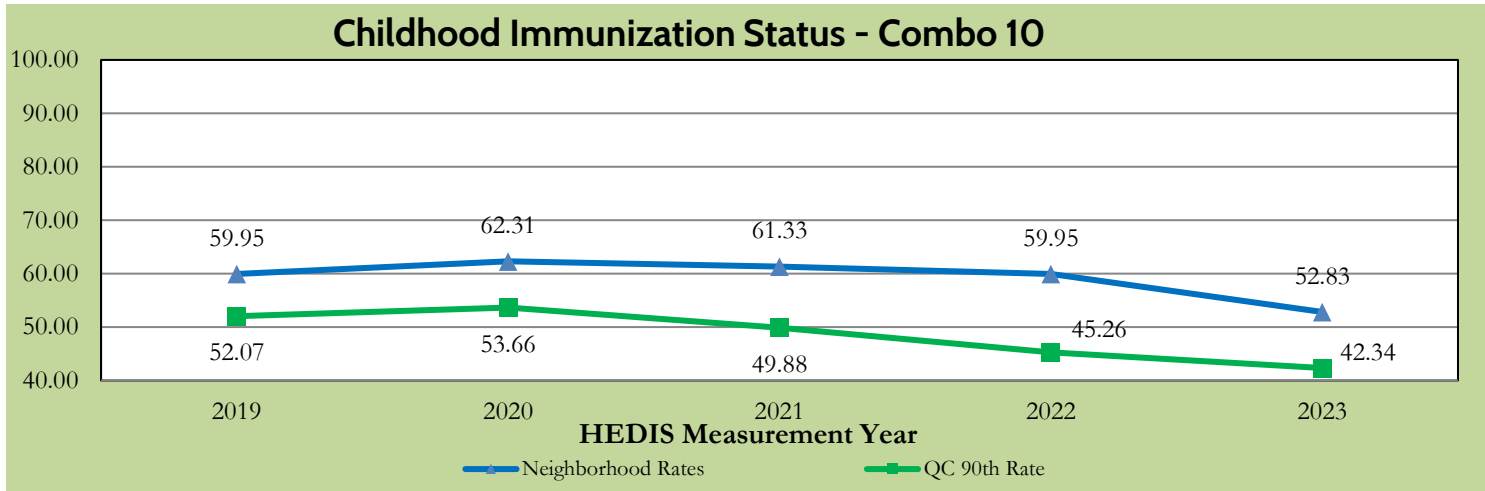
Prevention and Screening Measures (Cont'd)

| 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)

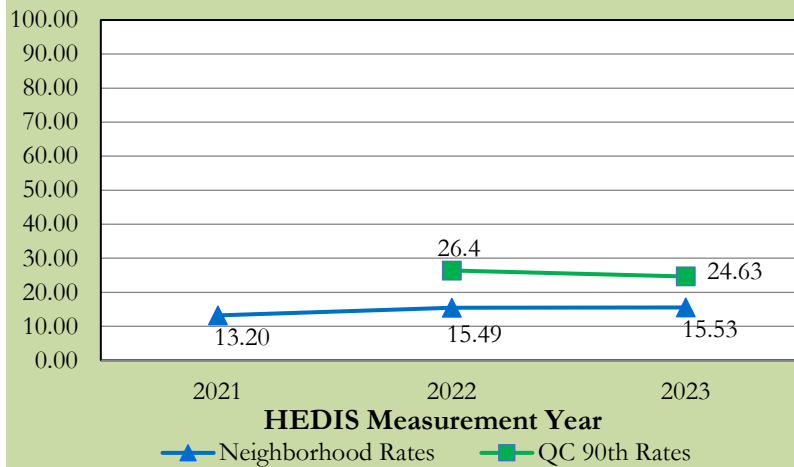
| Measures | Measure Description | HEDIS MY 2022 Rate / 2023 QC Percentile |
|--|---|---|
| Cervical Cancer Screening (CCS) | Percent of women ages 21–64 years who were screened for cervical cancer using either of the following criteria: -Women ages 21–64 years who had cervical cytology testing performed 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 <u>3–11</u> 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 <u>12–17</u> 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 <u>18–21</u> 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 <u>3–21</u> 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

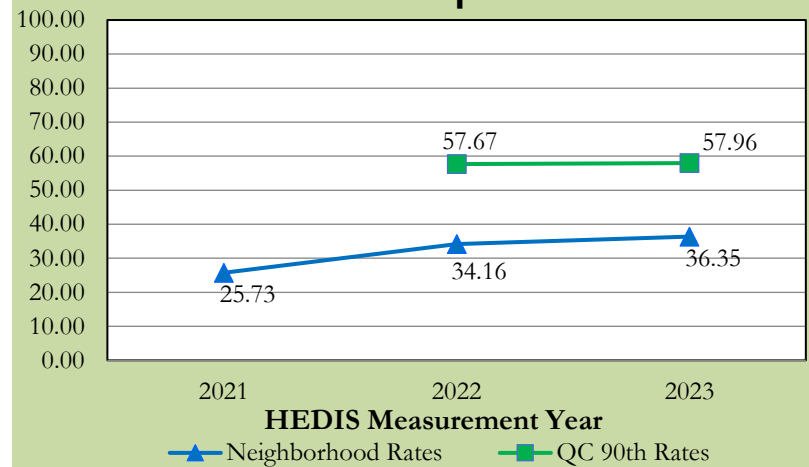


Adult Immunization Status - Trended Performance

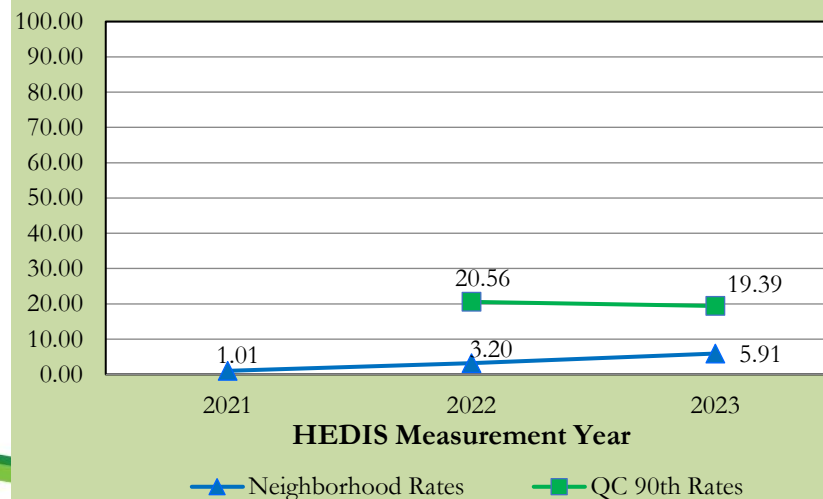
Influenza



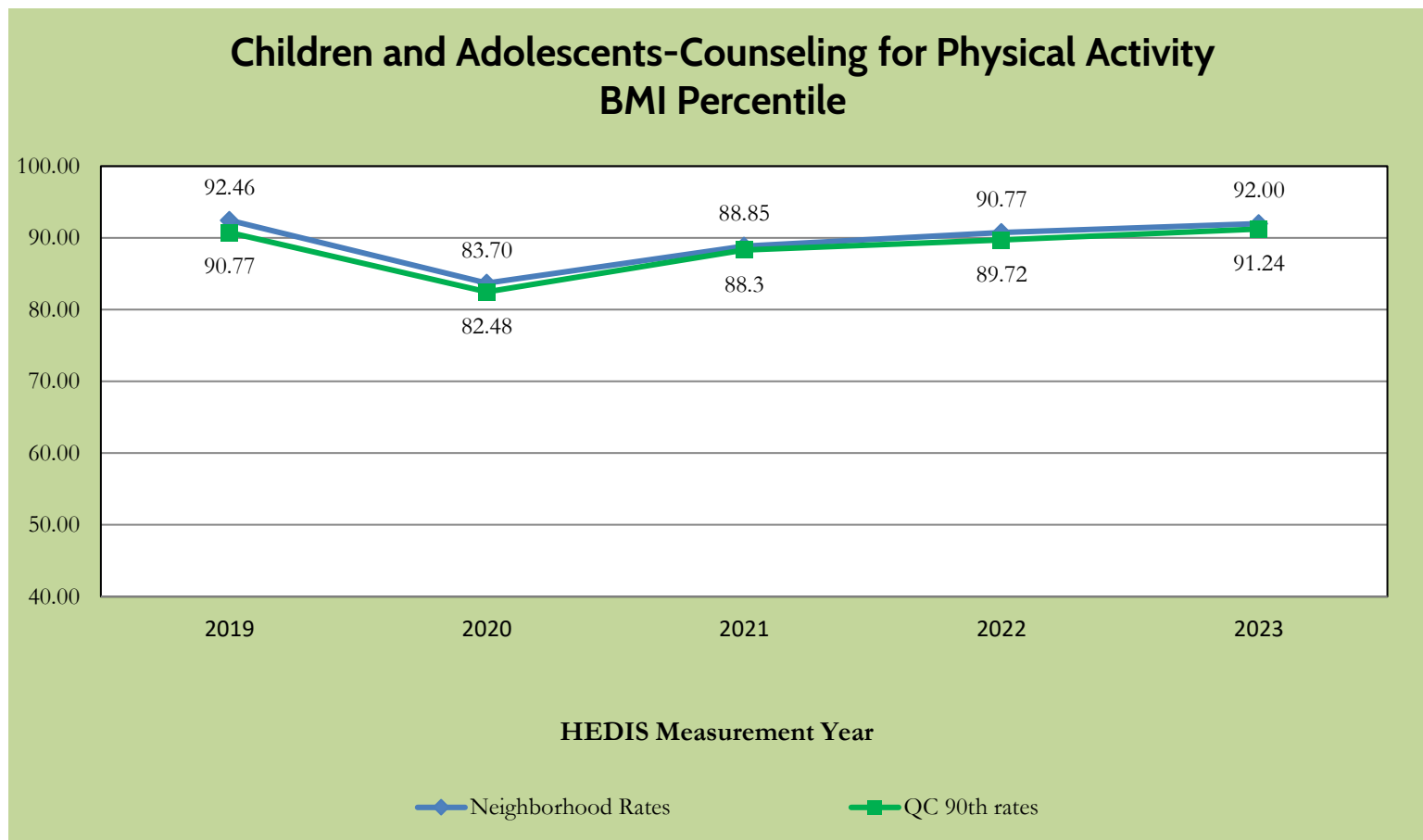
Tdap



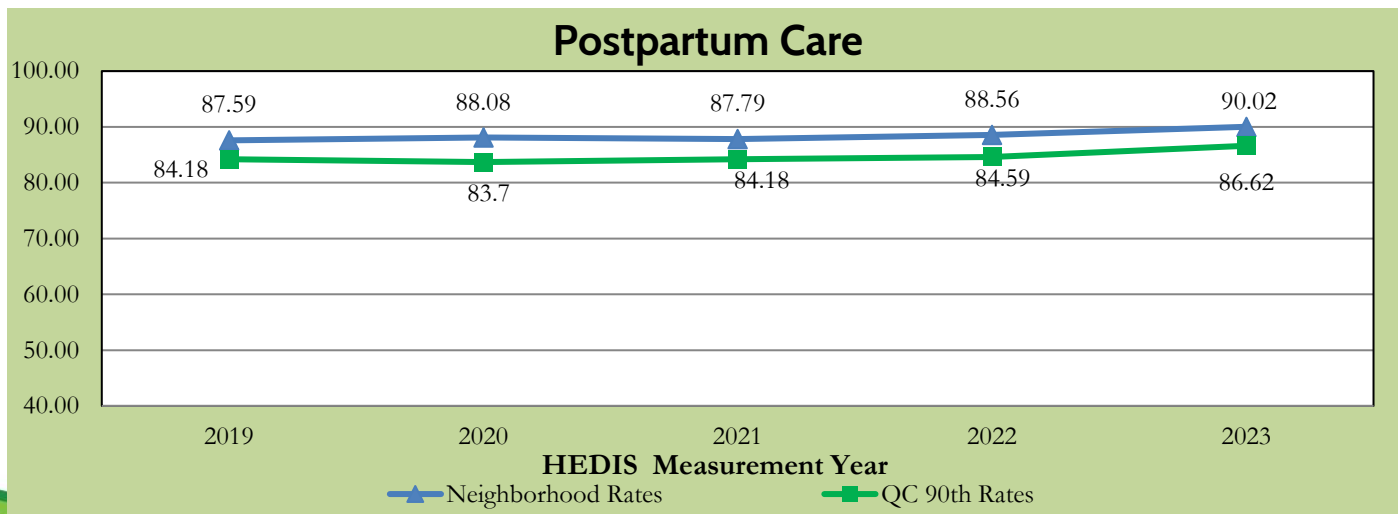
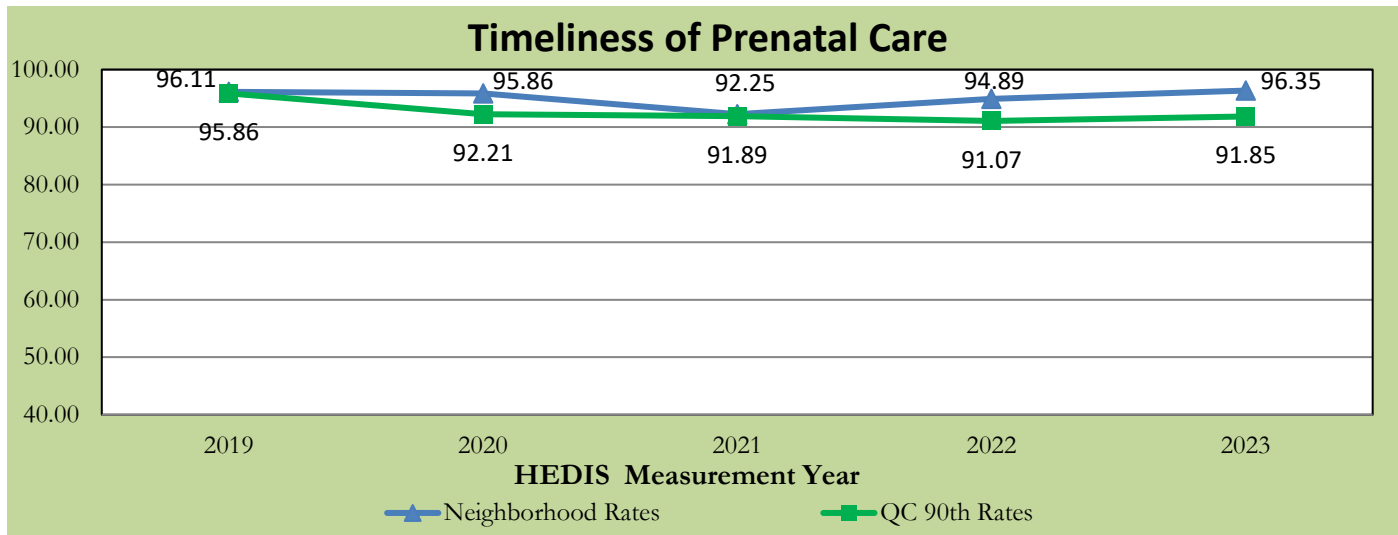
Zoster



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

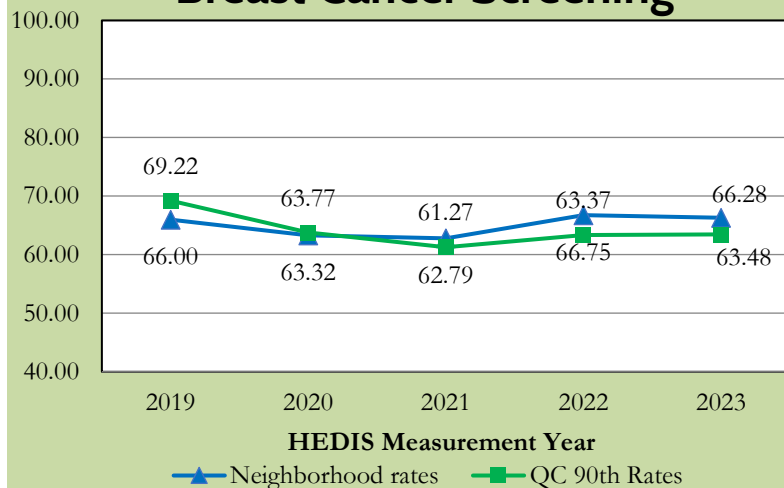


Prenatal and Postpartum Care – Trended Performance

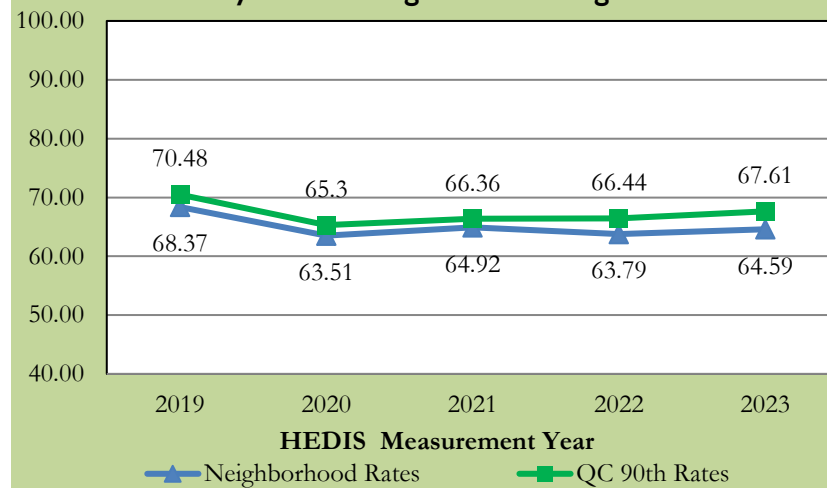


Screening Measures – Trended Performance

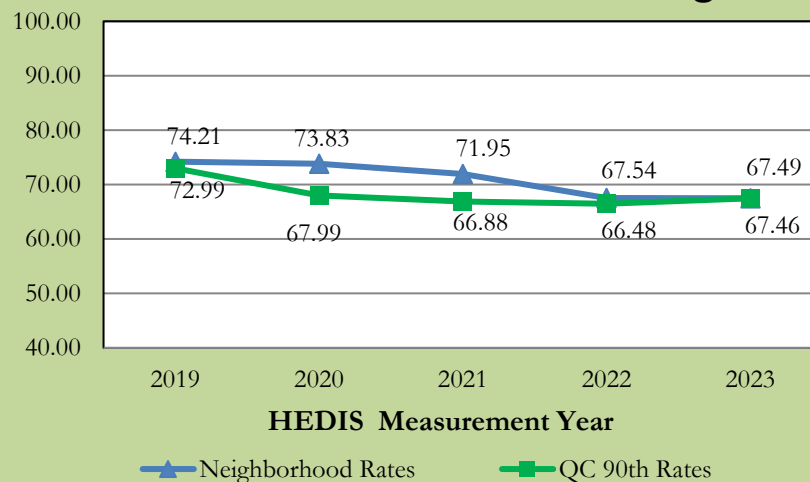
Breast Cancer Screening



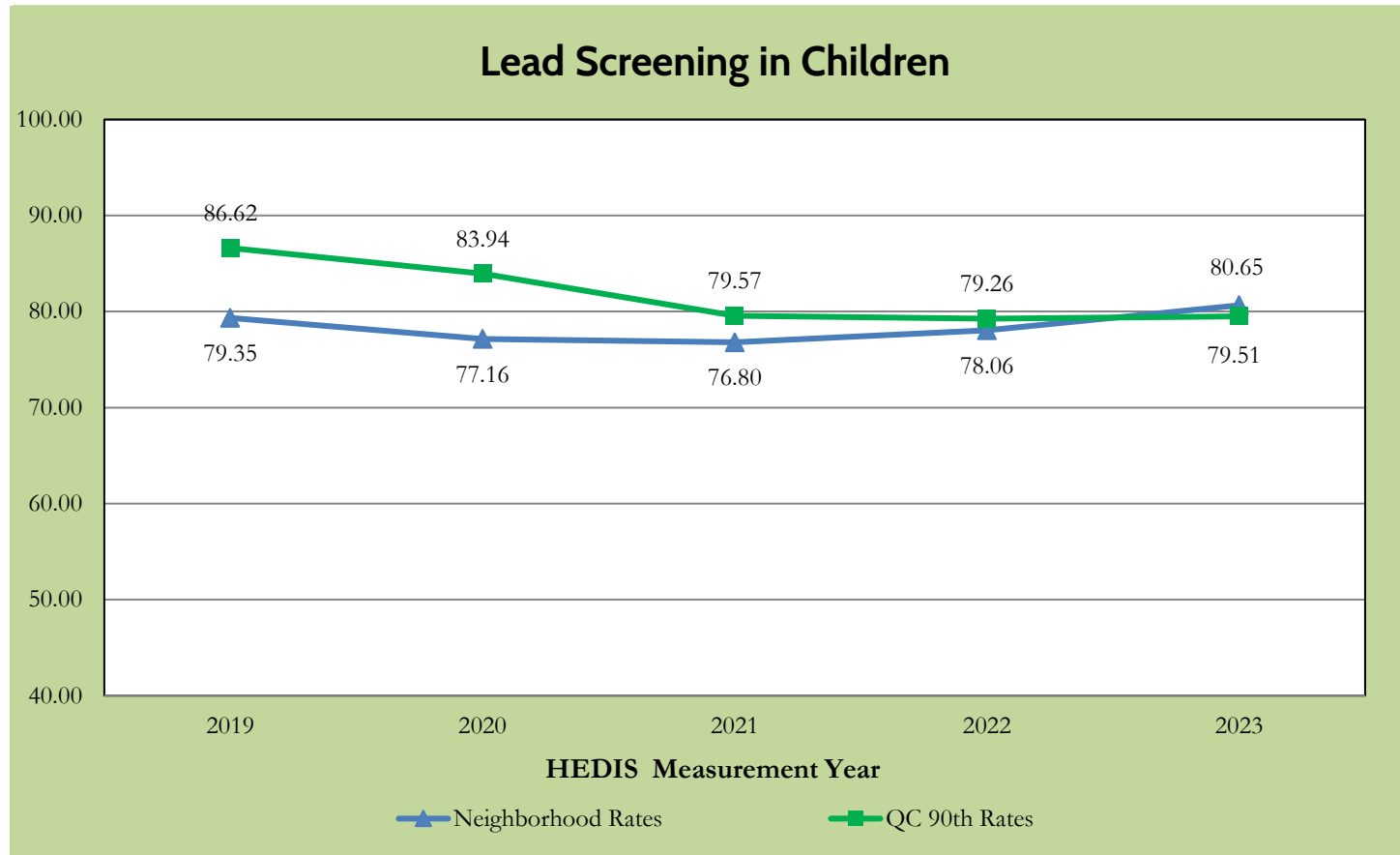
Chlamydia Screening in Women- Age 16 - 20 Years



Cervical Cancer Screening

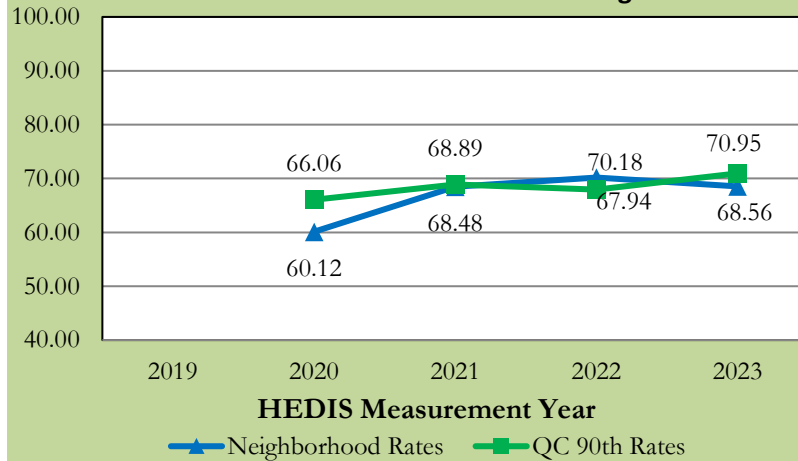


Lead Screening in Children - Trended Performance

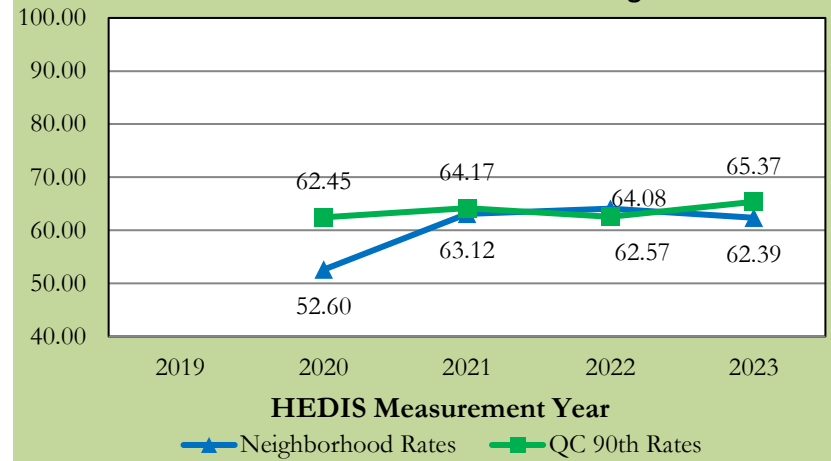


Child and Adolescents Well-Care Visits - Trended Performance

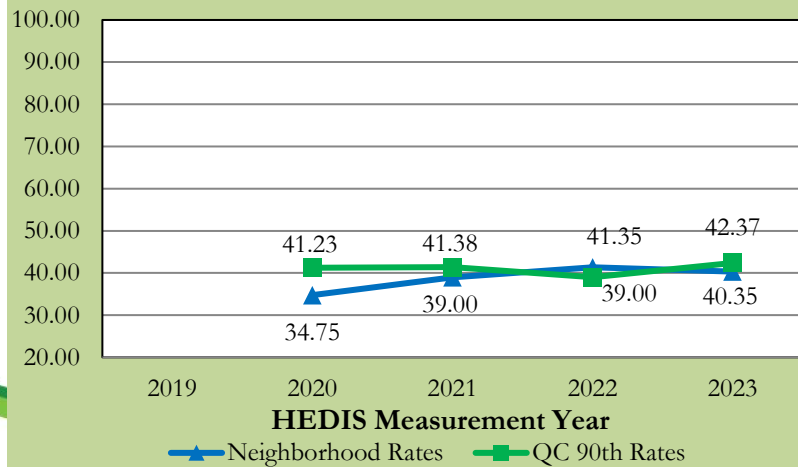
Child and Adolescent Well-Care Visits - Ages 3-11



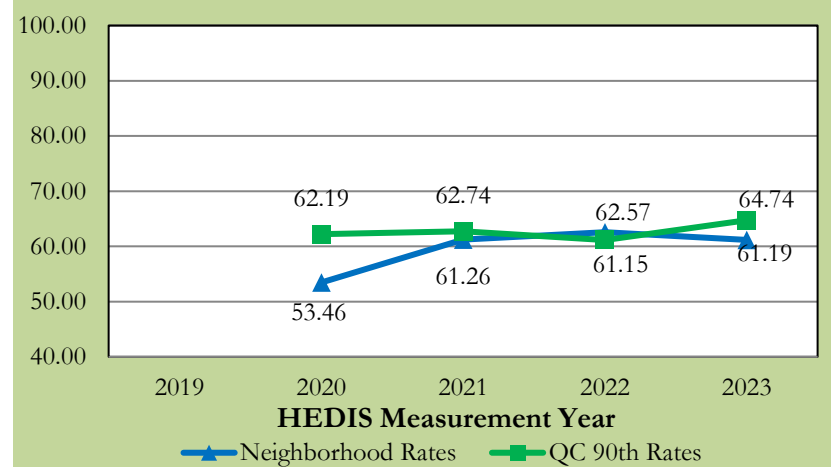
Child and Adolescent Well-Care Visits - Ages 12-17



Child and Adolescent Well-Care Visits - Ages 18-21



Child and Adolescent Well-Care Visits - Total



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) and a urine albumin-creatinine ratio (uACR), during the measurement year. | 34.36 / 33rd |

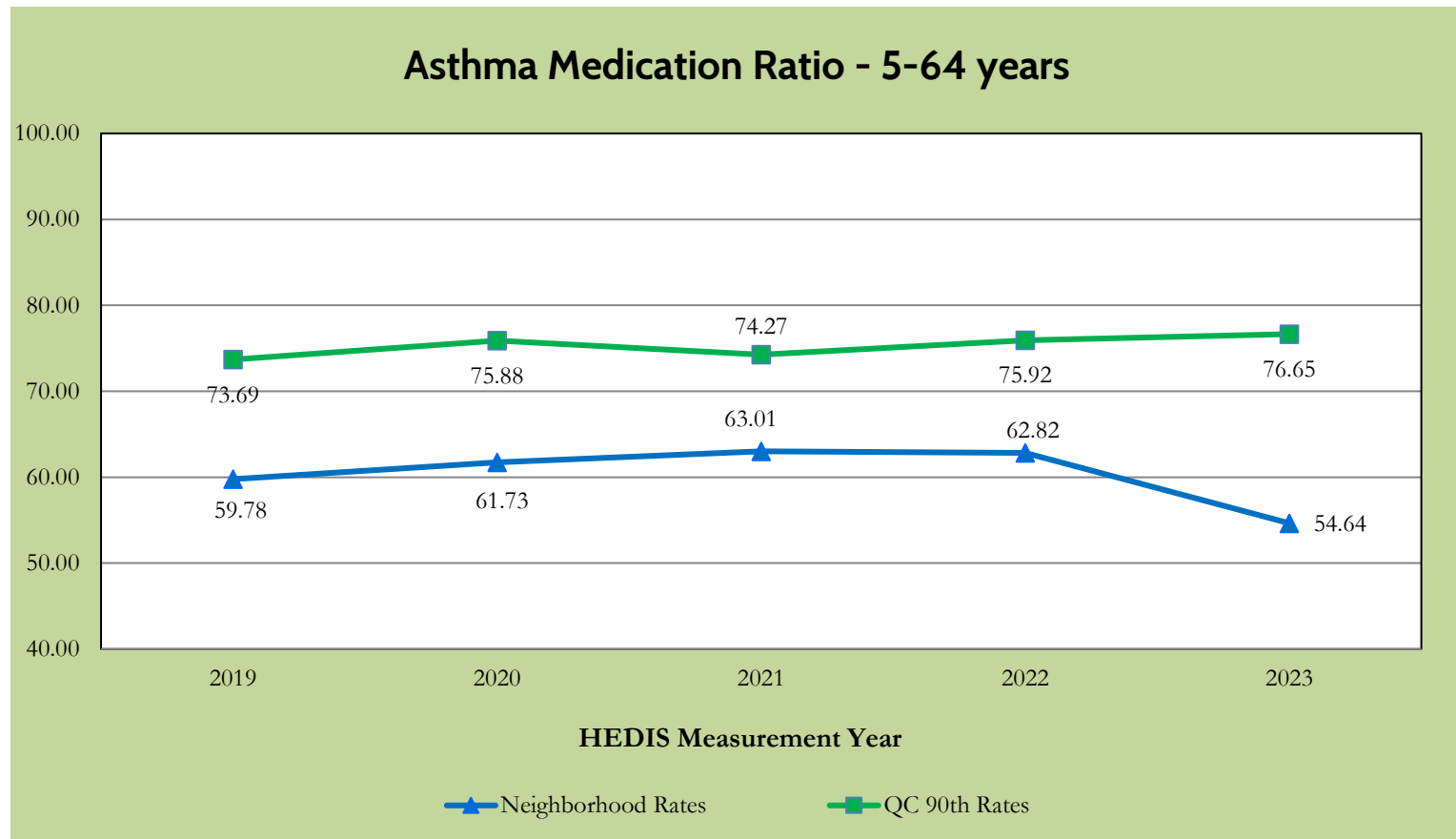
Treatment and Utilization Measures Cont'd

| 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

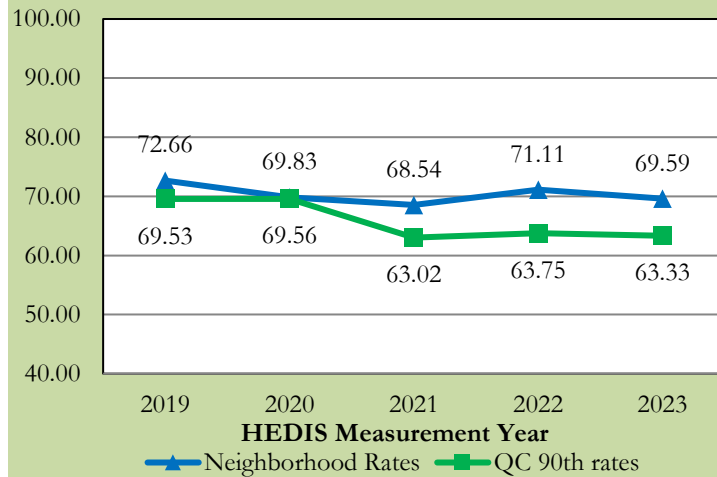
| Measures | Description | HEDIS MY 2022 Rate / 2023 QC Percentile |
|---|---|---|
| (SPC) Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy | The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as 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

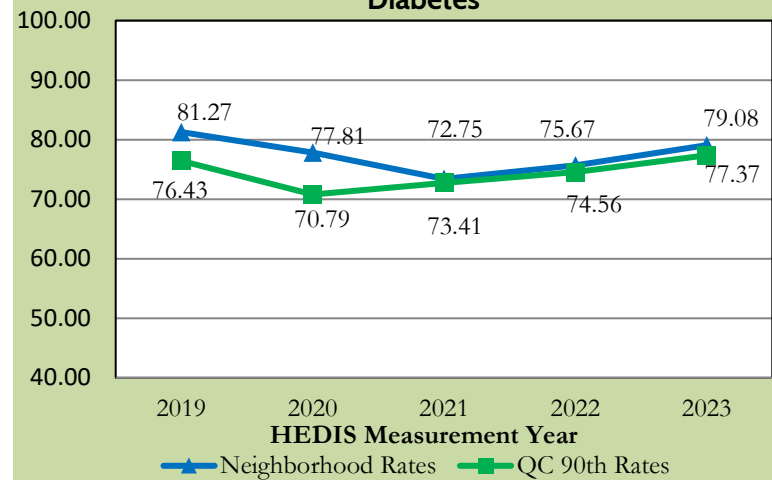


Diabetic Care - Trended Performance

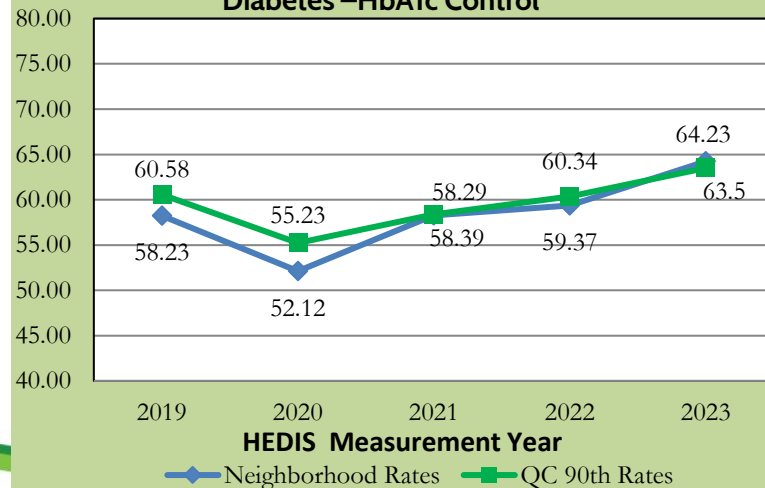
Eye Exam for Patients with Diabetes



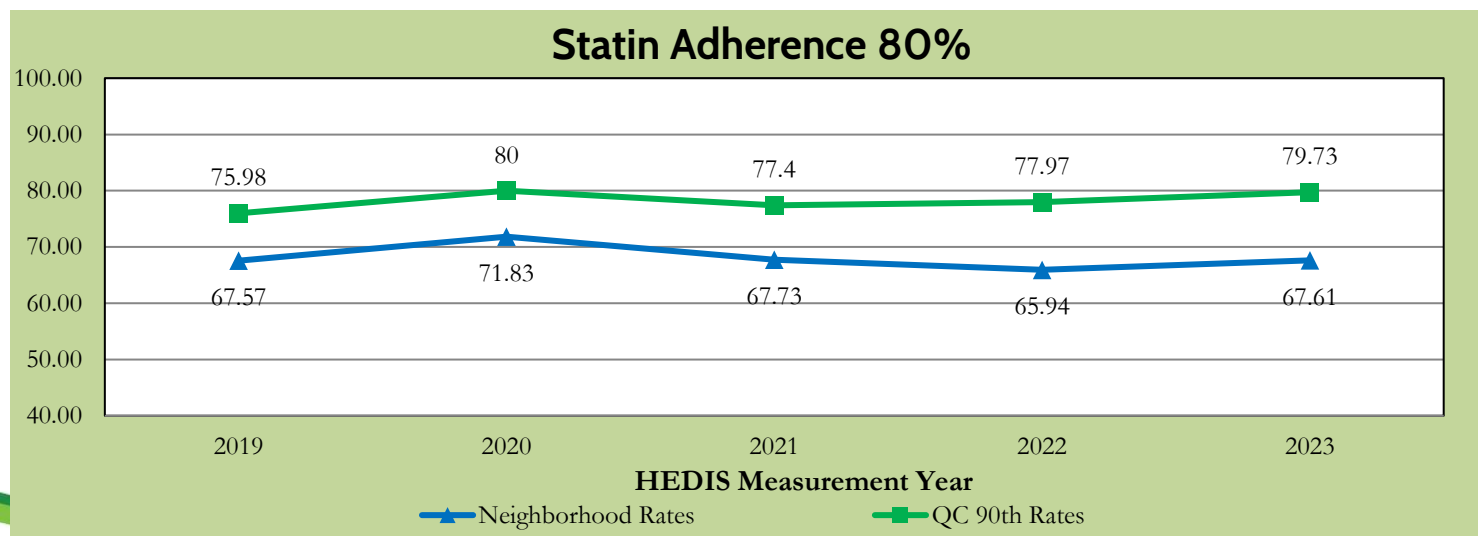
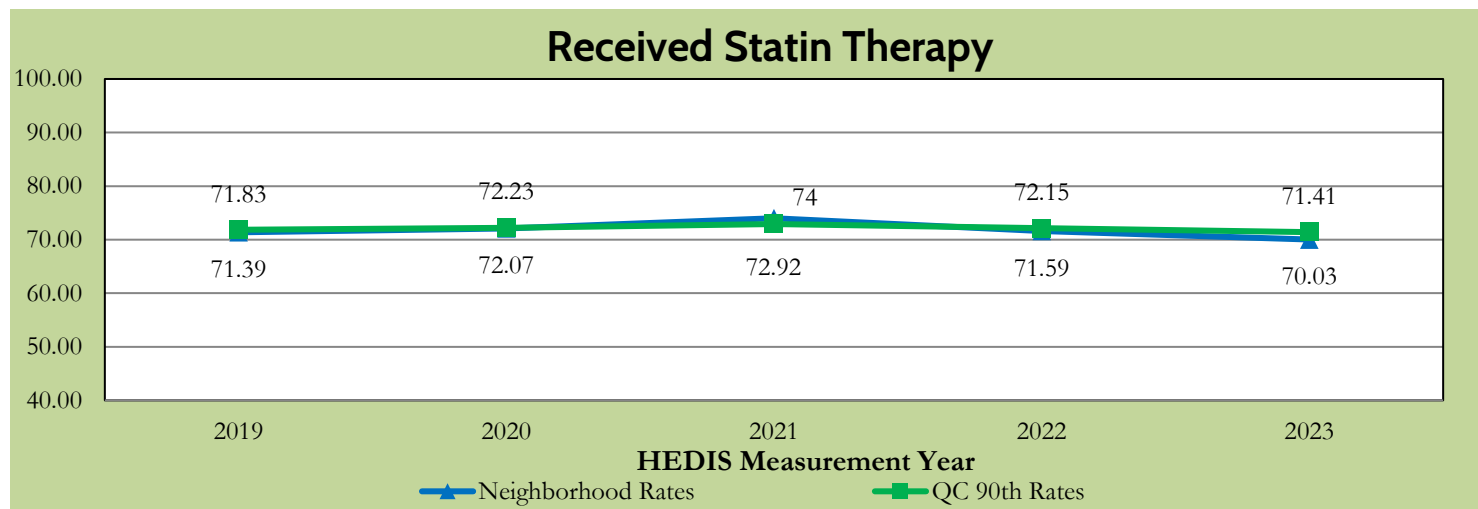
Blood Pressure Control for Patients with Diabetes



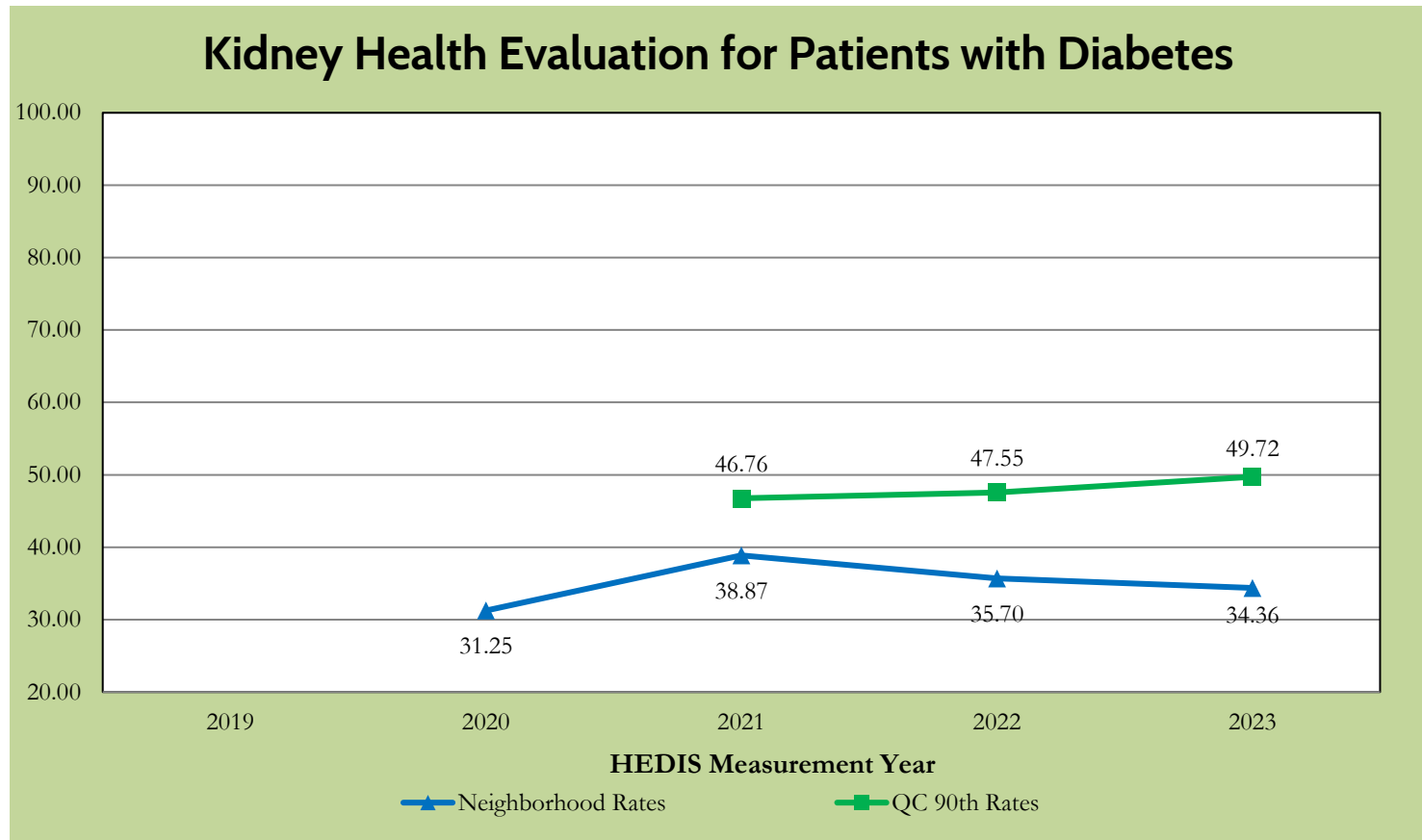
Hemoglobin A1c Control for Patients with Diabetes –HbA1c Control



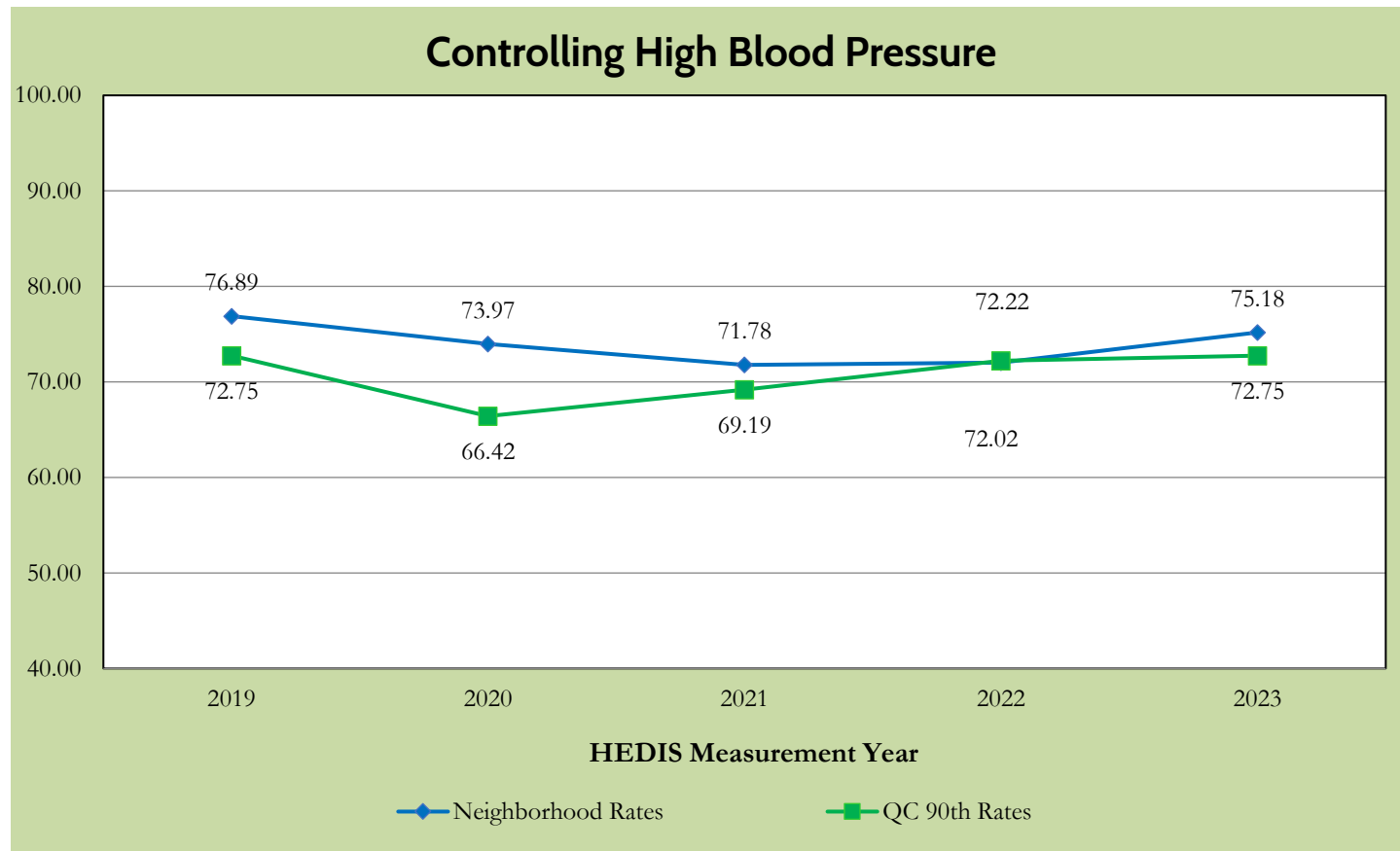
Statin Therapy for Patients with Diabetes - Trended Performance



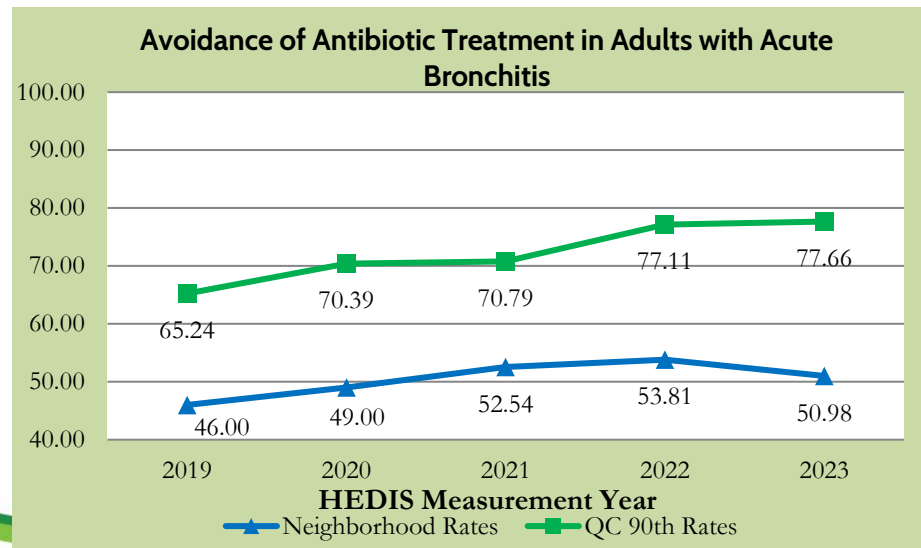
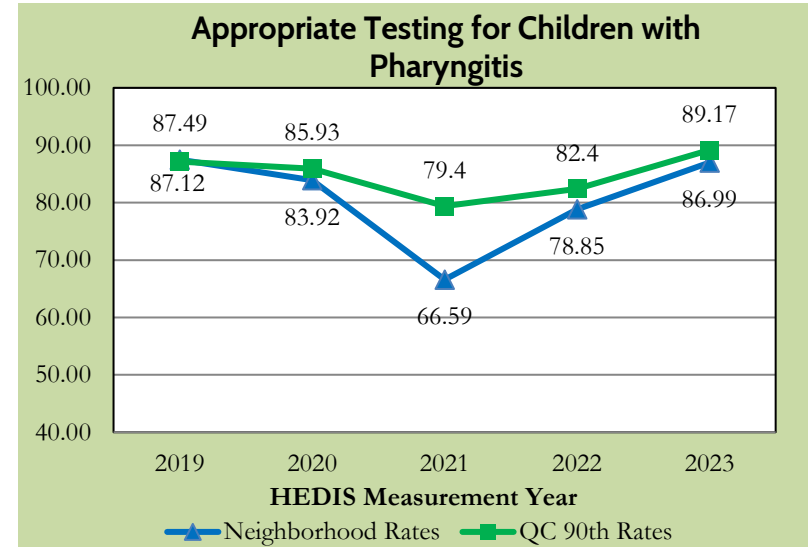
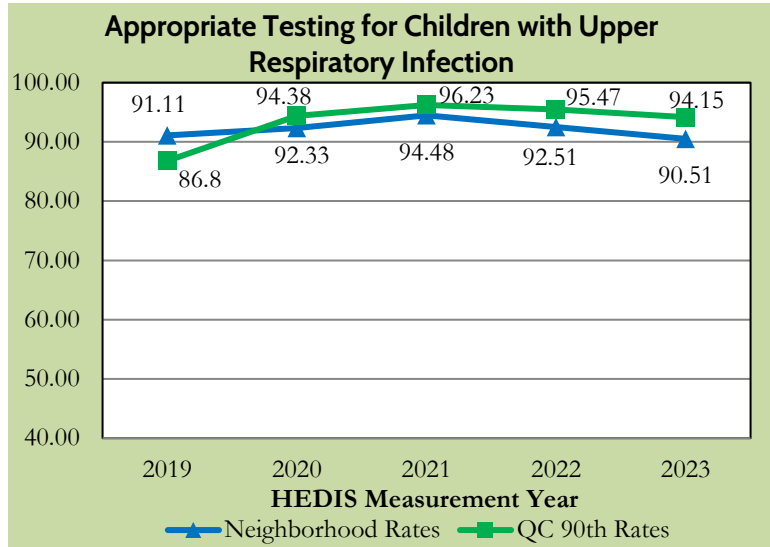
Kidney Health Evaluation for Patients with Diabetes - Trended Performance



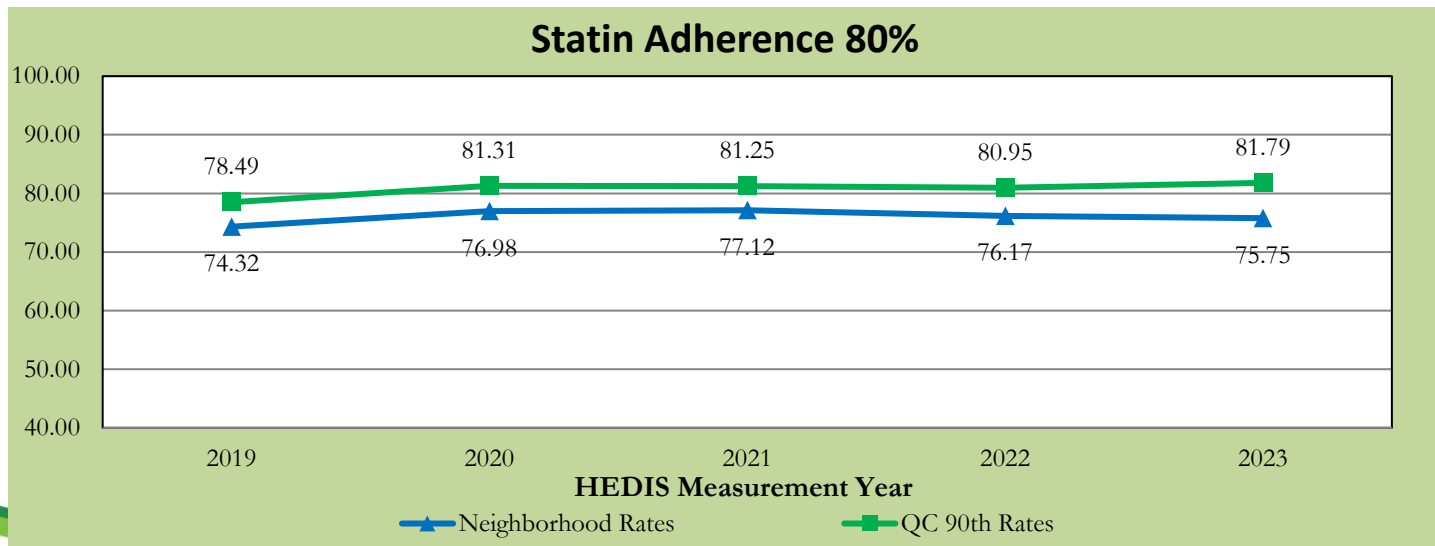
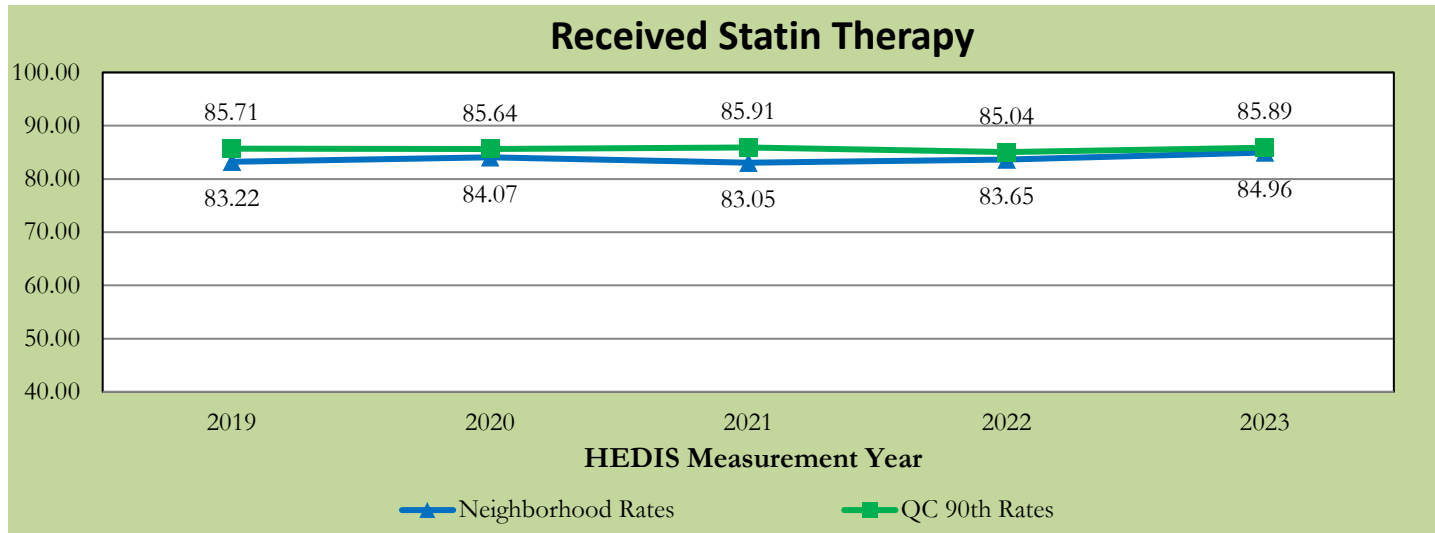
Controlling High Blood Pressure - Trended Performance



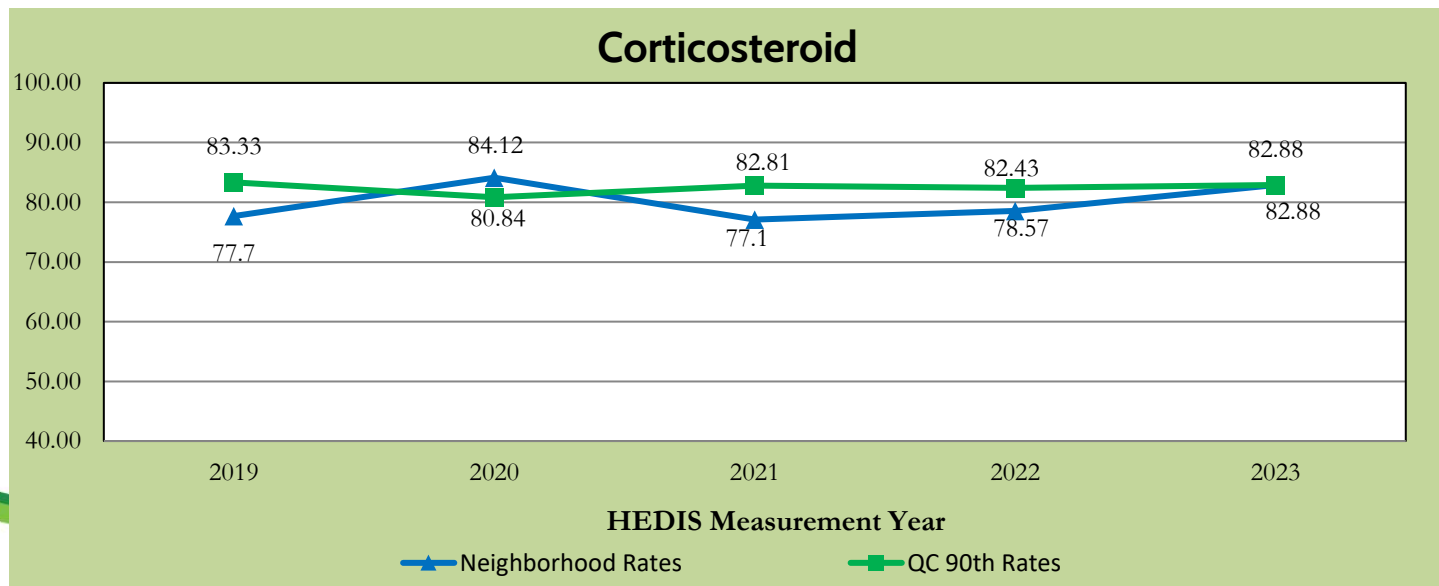
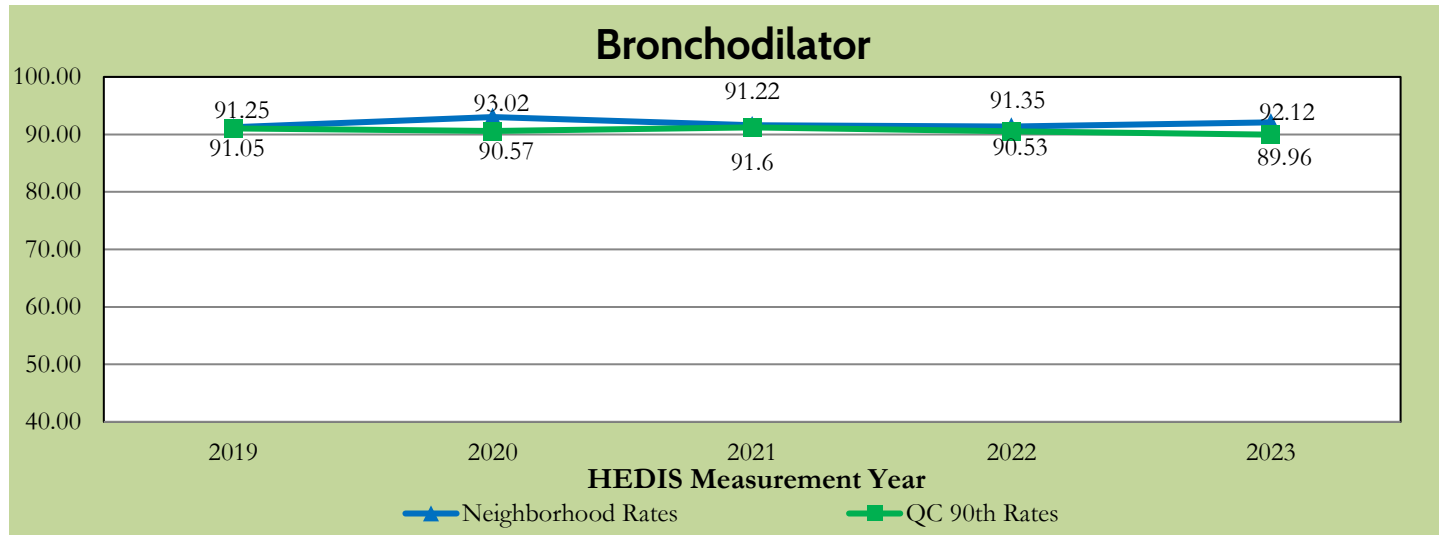
Appropriate Testing and Antibiotic Avoidance - Trended Performance



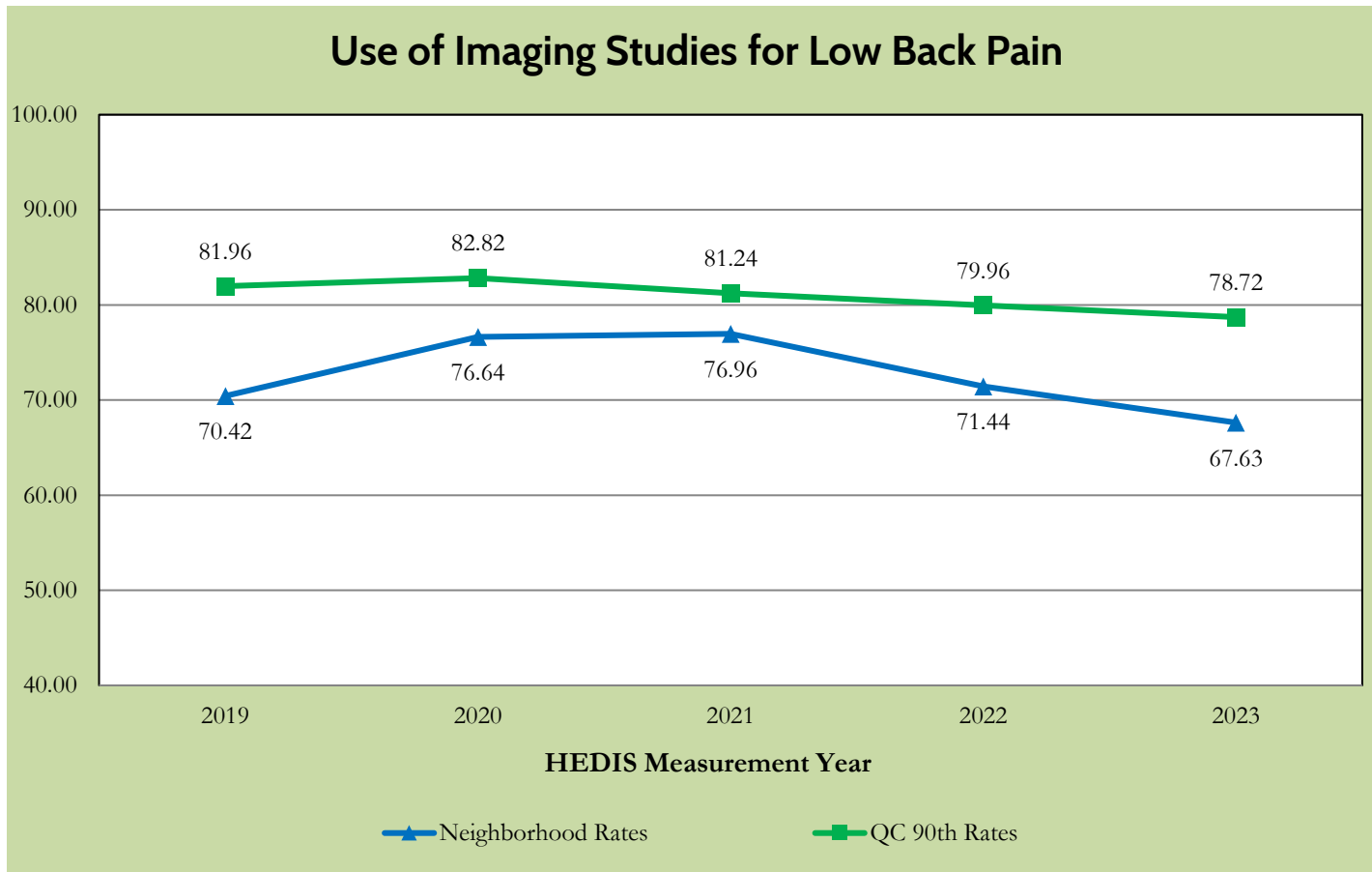
Statin Therapy for Patients with Cardiovascular Disease - Trended Performance



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 |

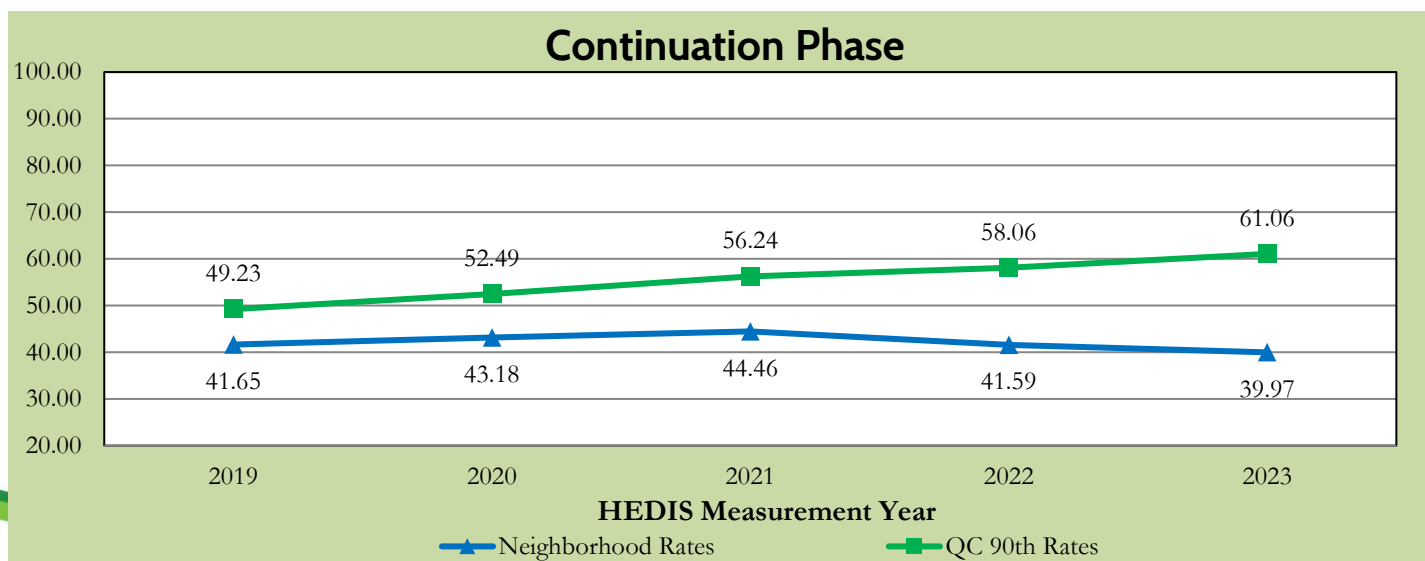
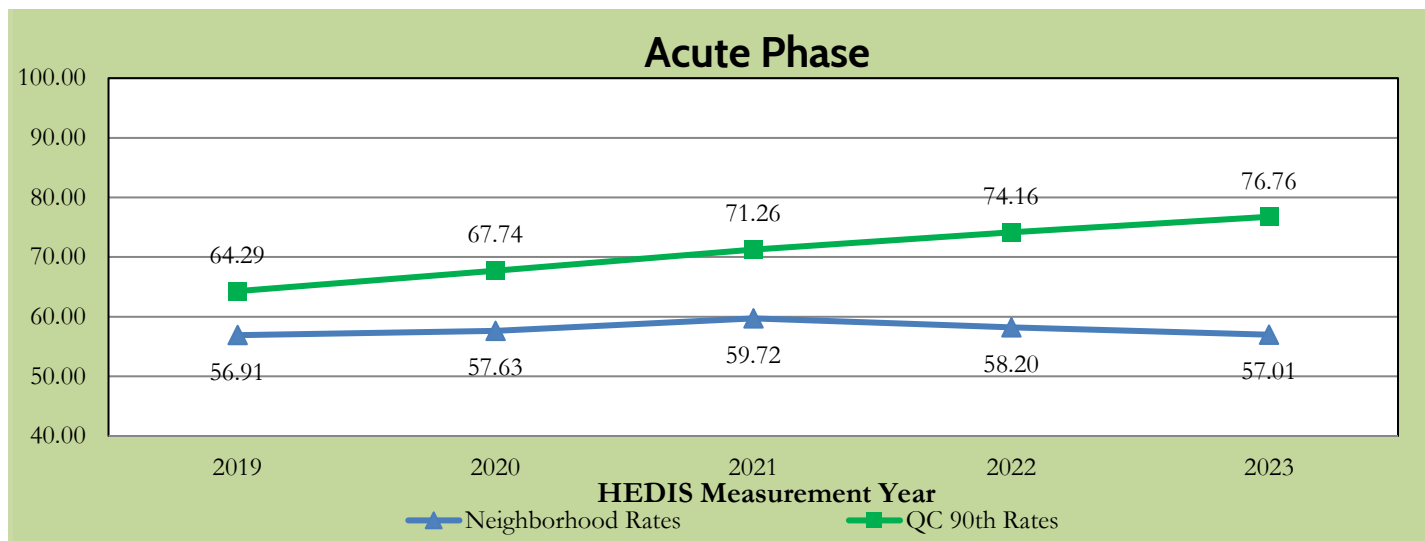
Behavioral Health Measures Cont'd

| 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] ≥ 90) for ≥ 15 days during the measurement year. Note: A lower rate indicates better performance. | 6.15 / 33rd |

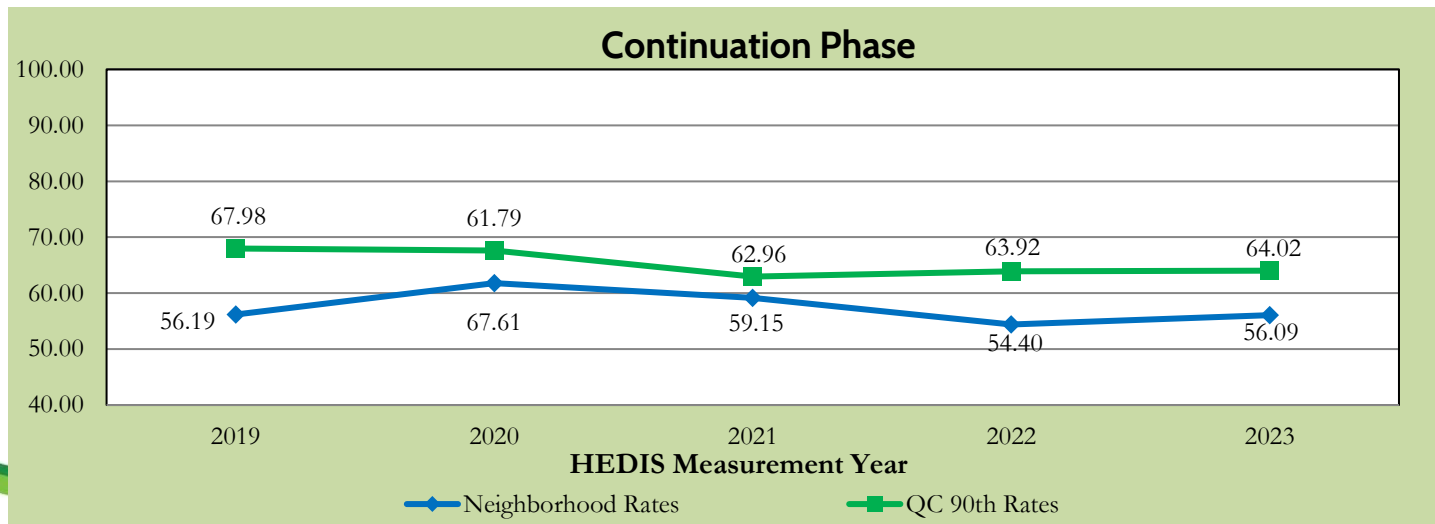
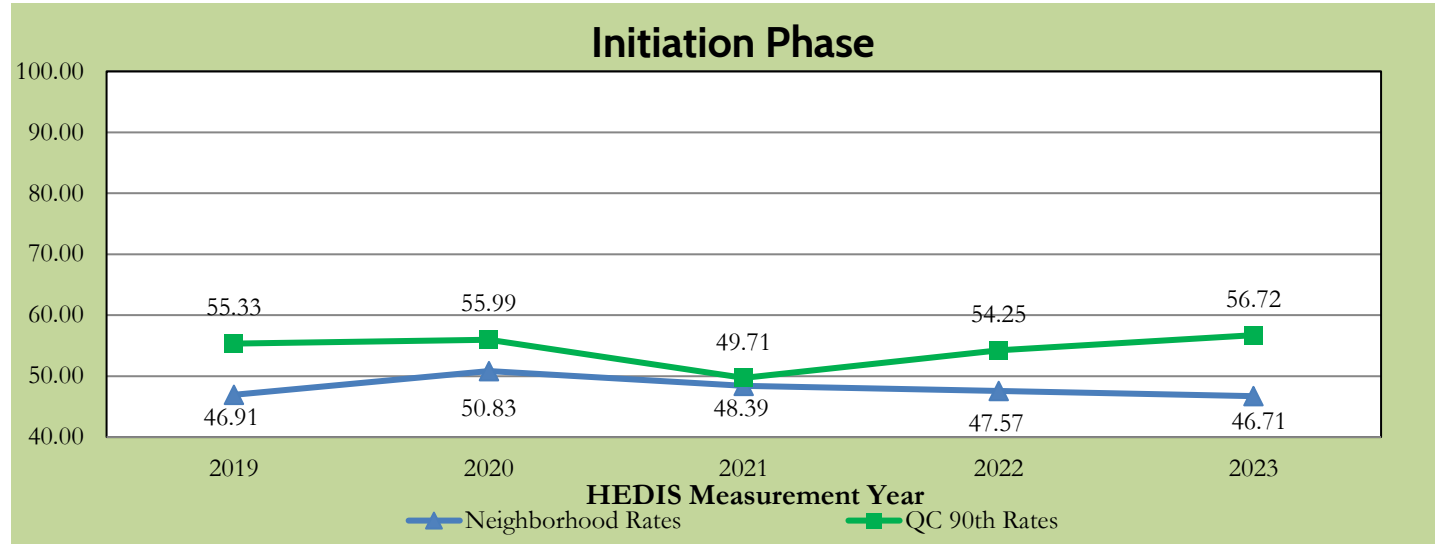
Behavioral Health Measures Cont'd

| 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>Multiple Prescribers. 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>Multiple Pharmacies. 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>Multiple Prescribers and Multiple Pharmacies. 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 |

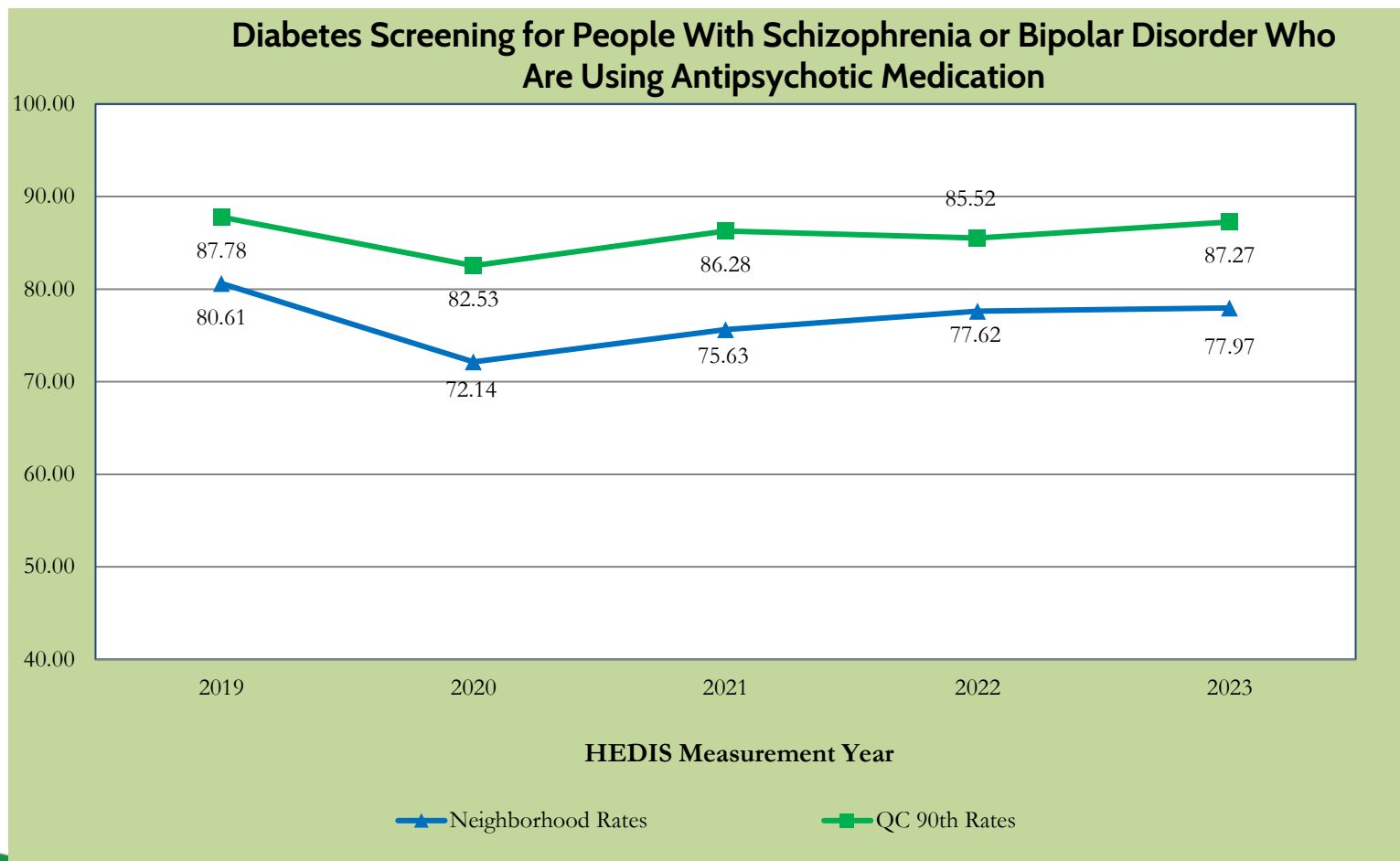
Antidepressant Medication Management - Trended Performance



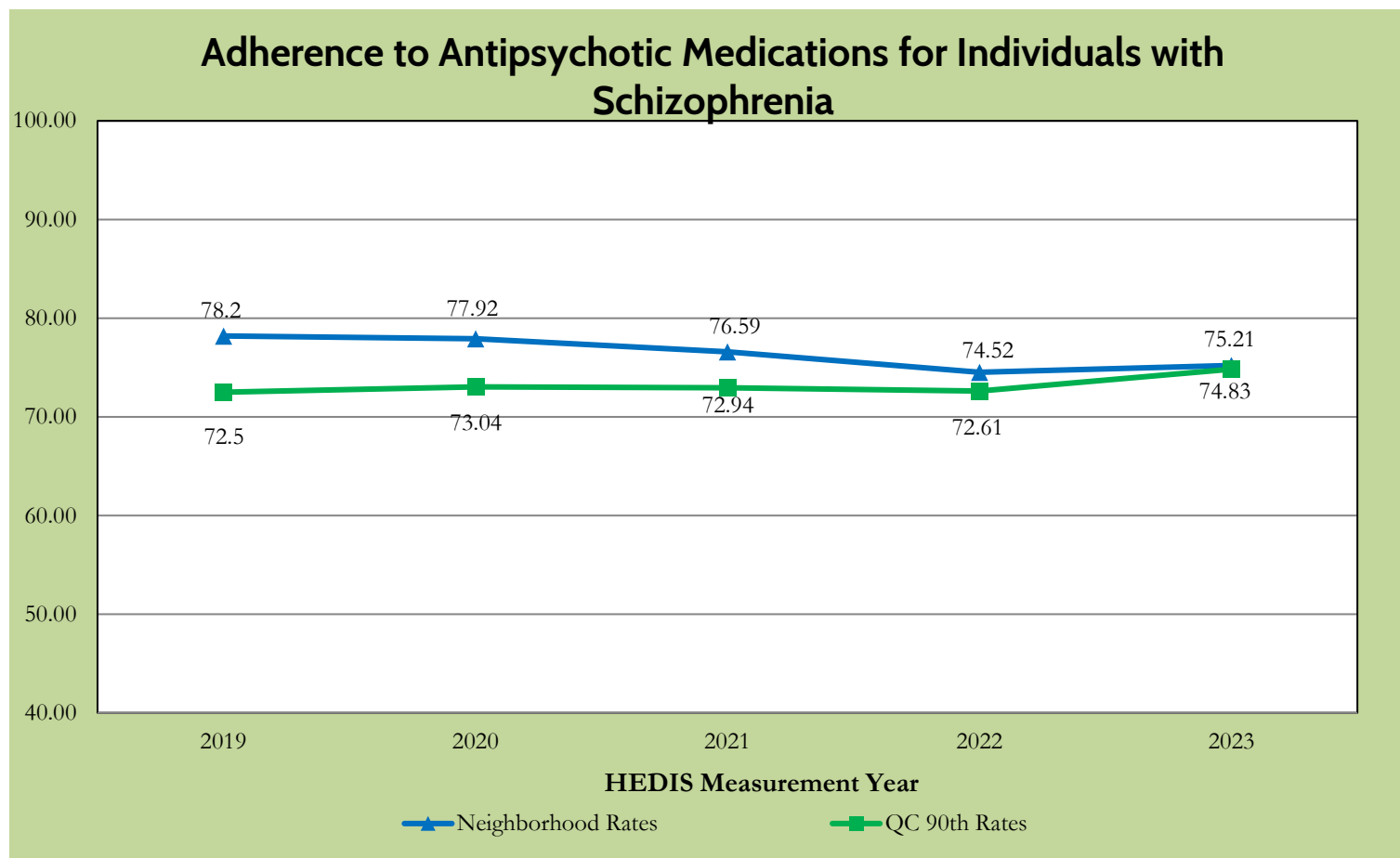
Follow - Up Care for Children on ADHD Medication - Trended Performance



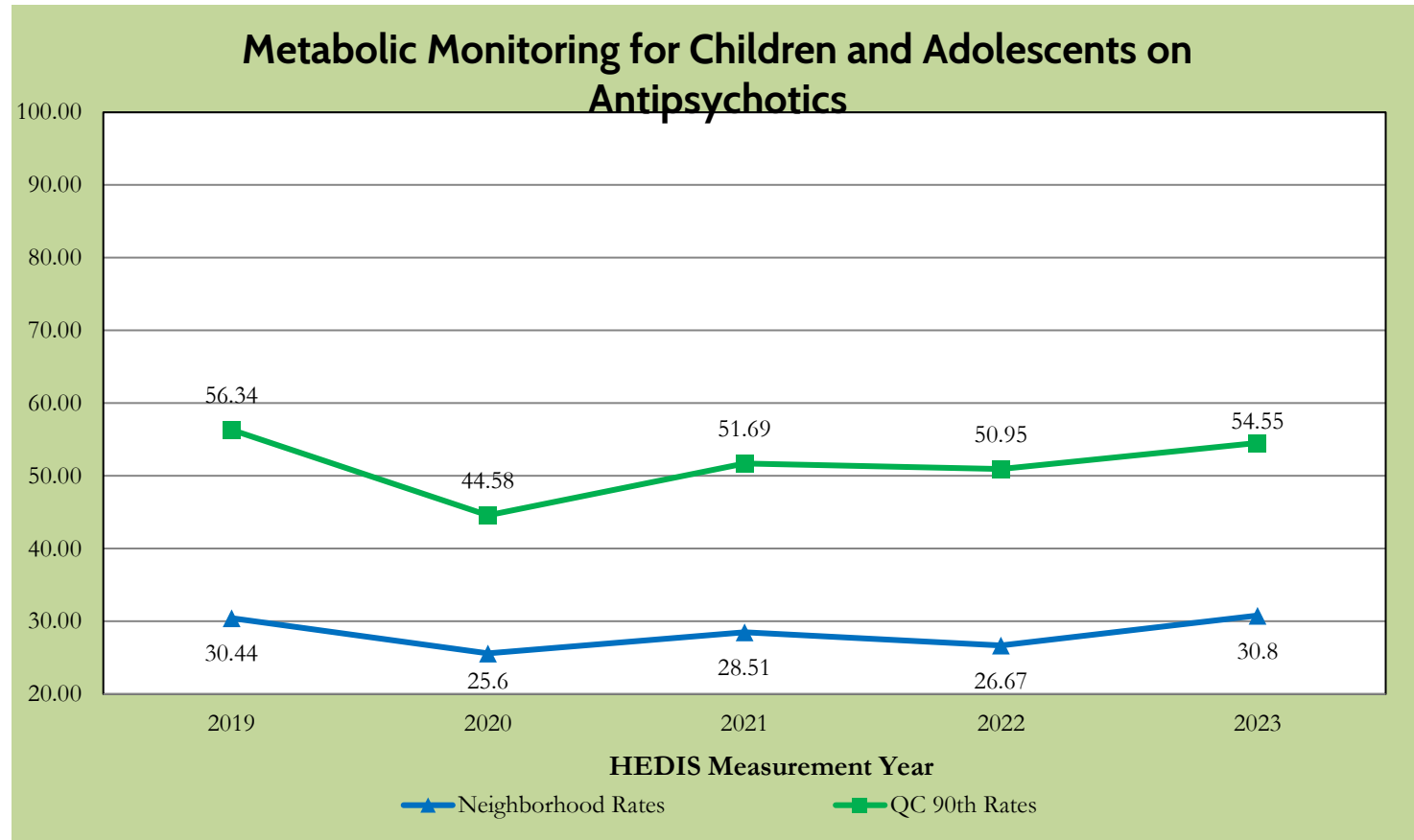
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication - Trended Performance



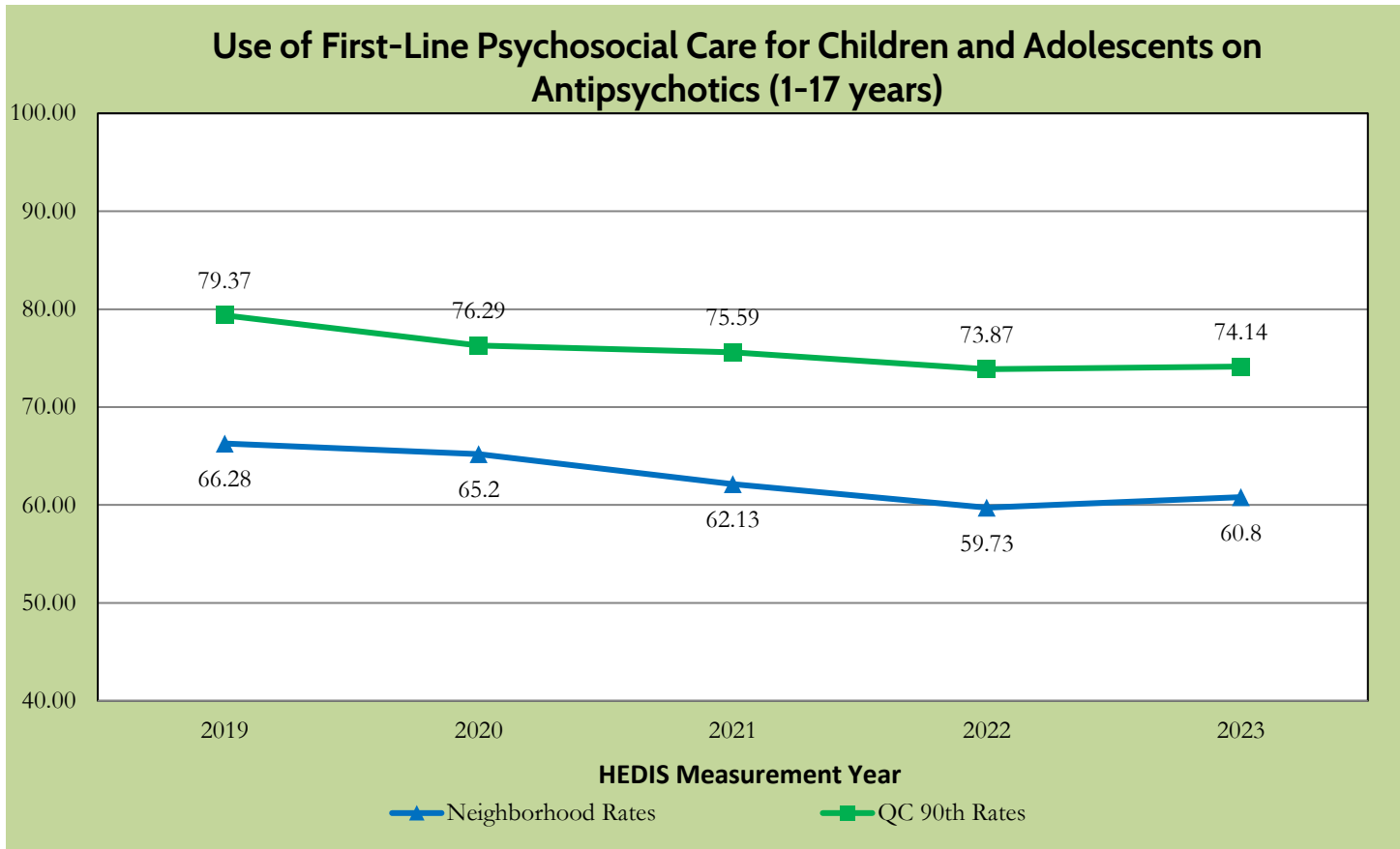
Adherence to Antipsychotic Medications for Individuals with Schizophrenia - Trended Performance



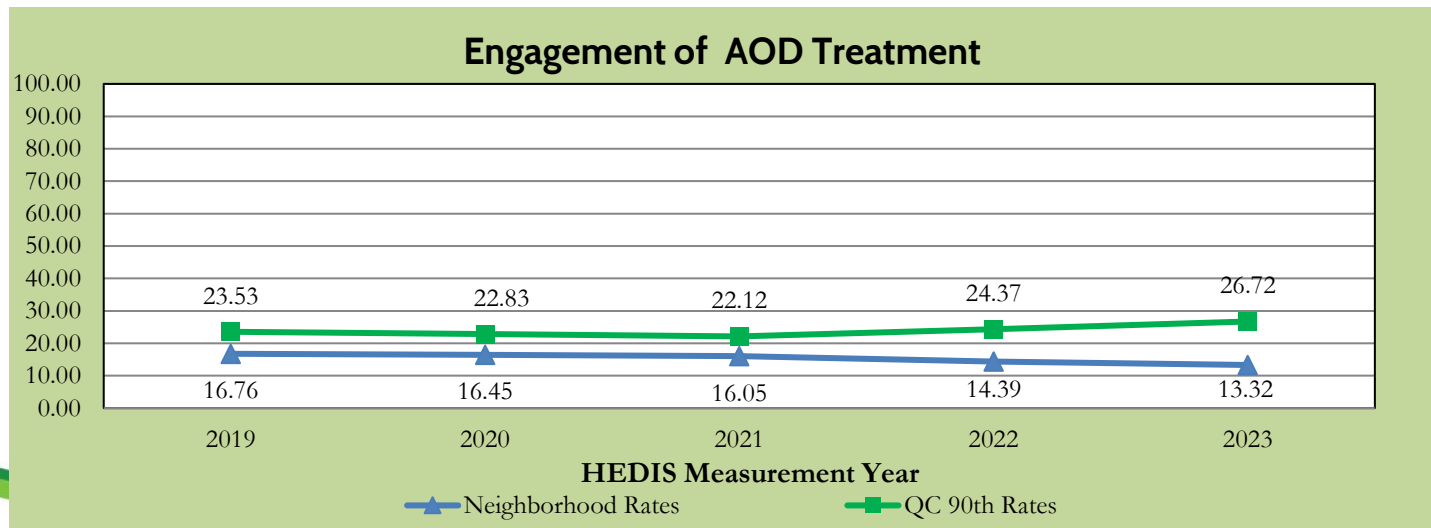
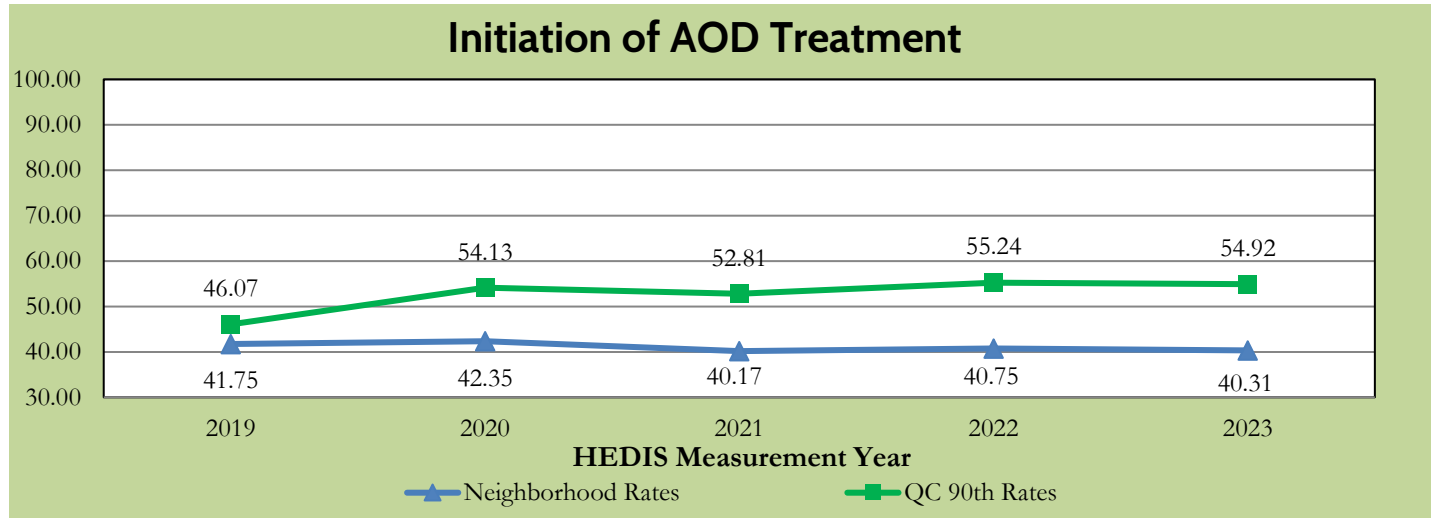
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Trended Performance



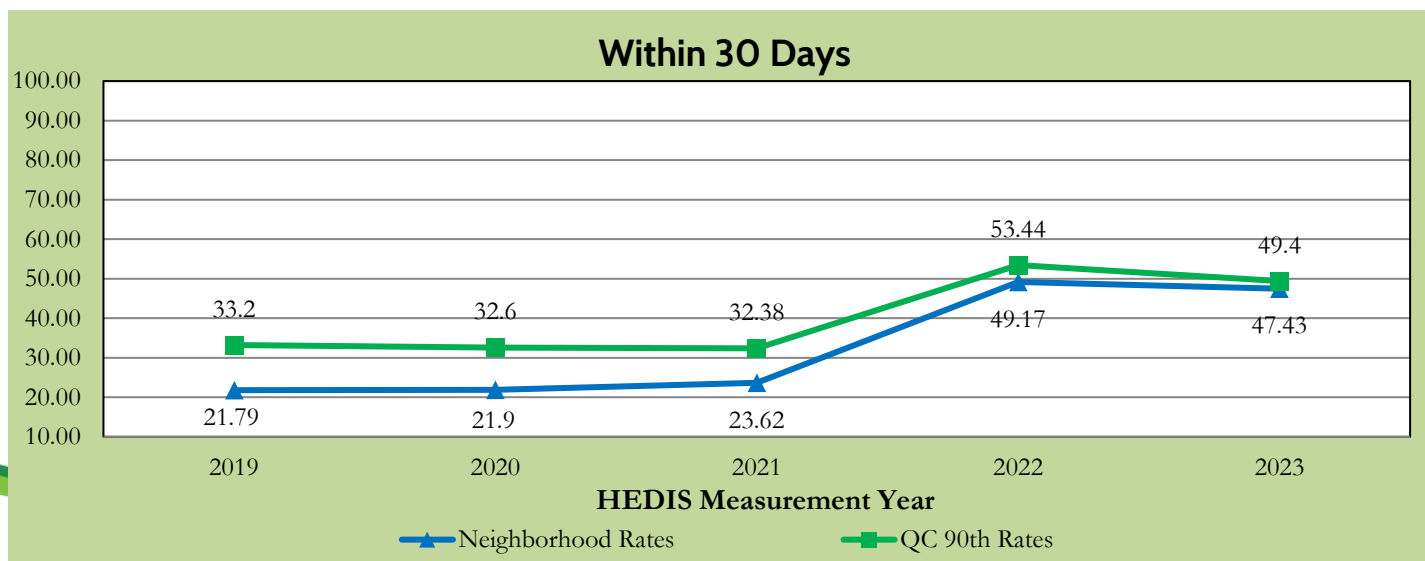
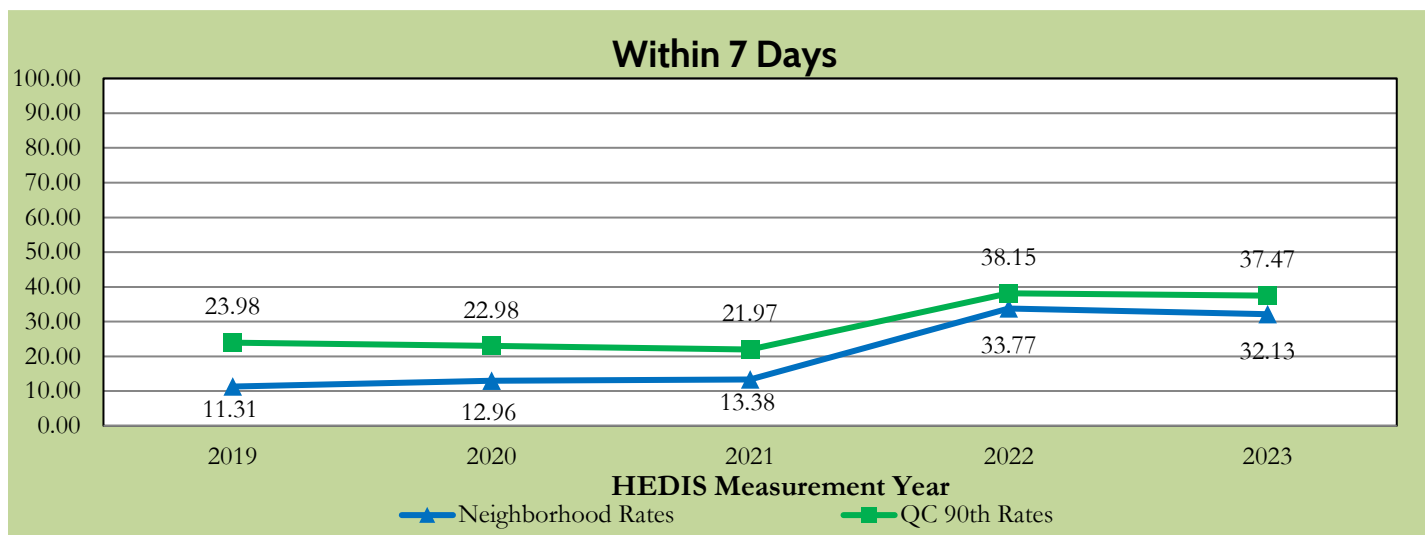
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Trended Performance



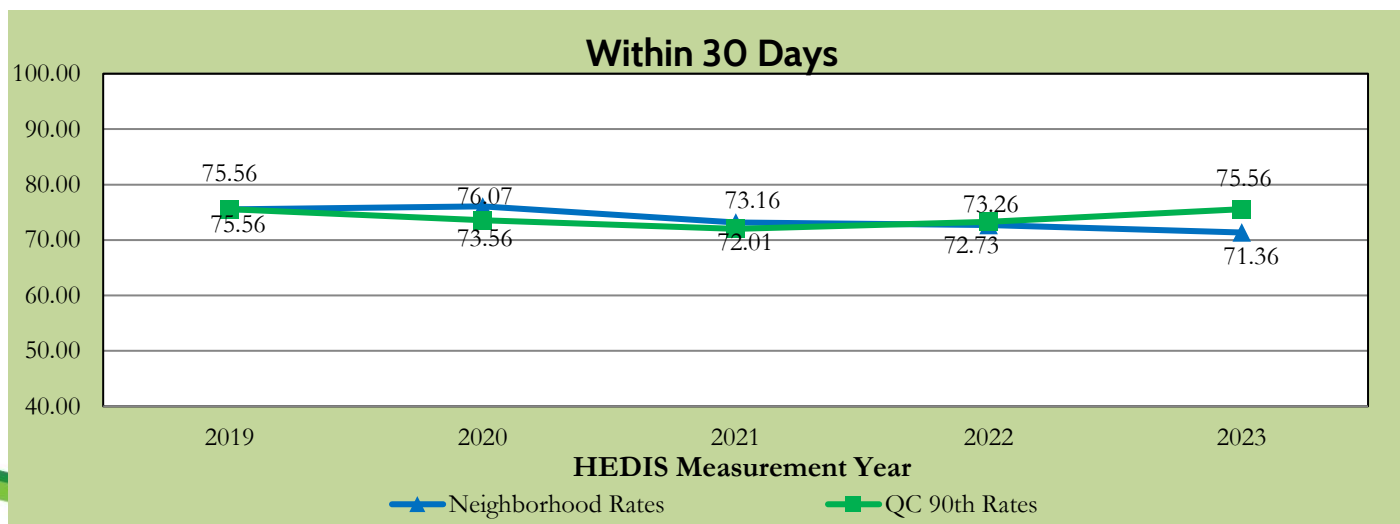
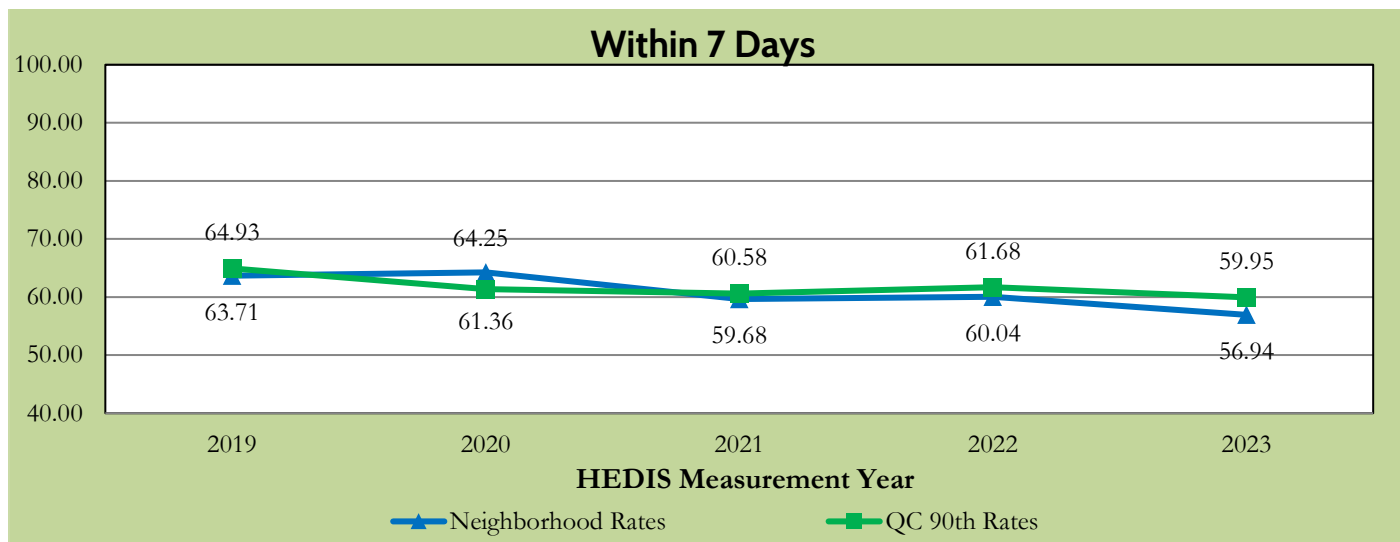
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Trended Performance



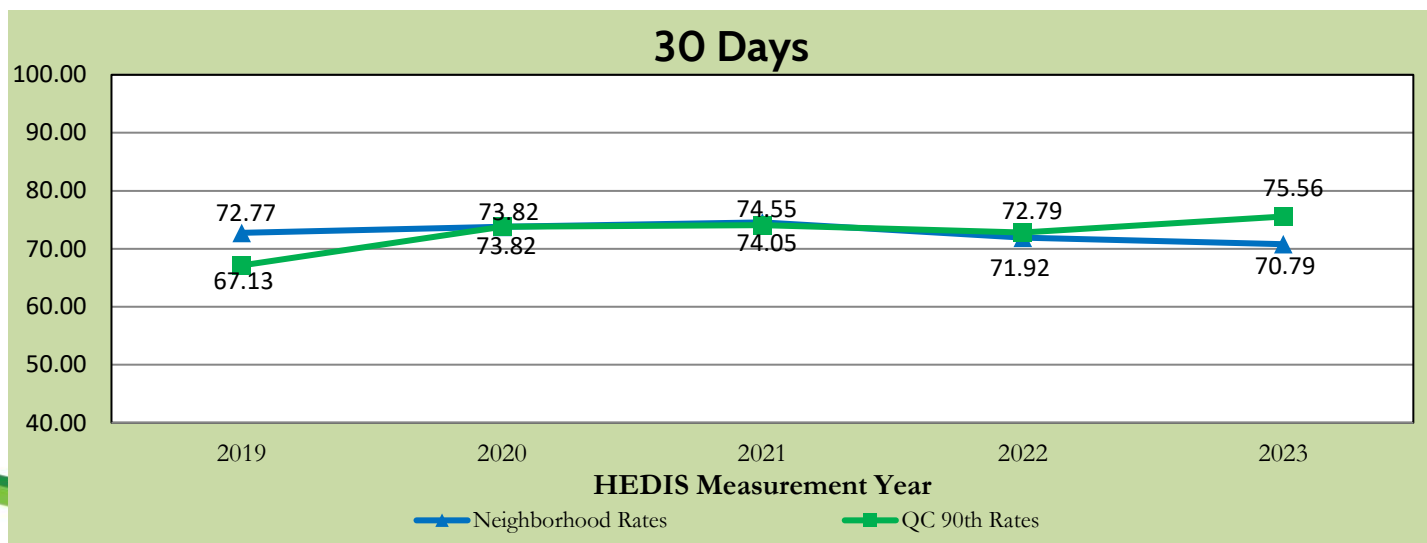
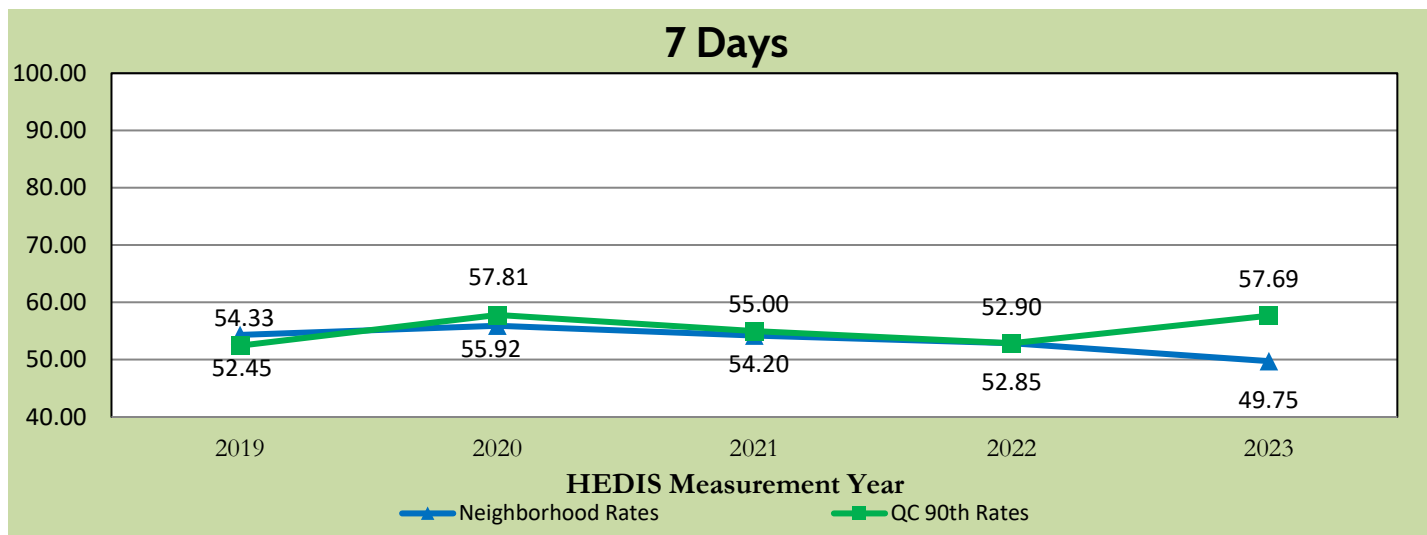
Follow Up After Emergency Department Visits for Alcohol and Other Drug Dependence - Trended Performance



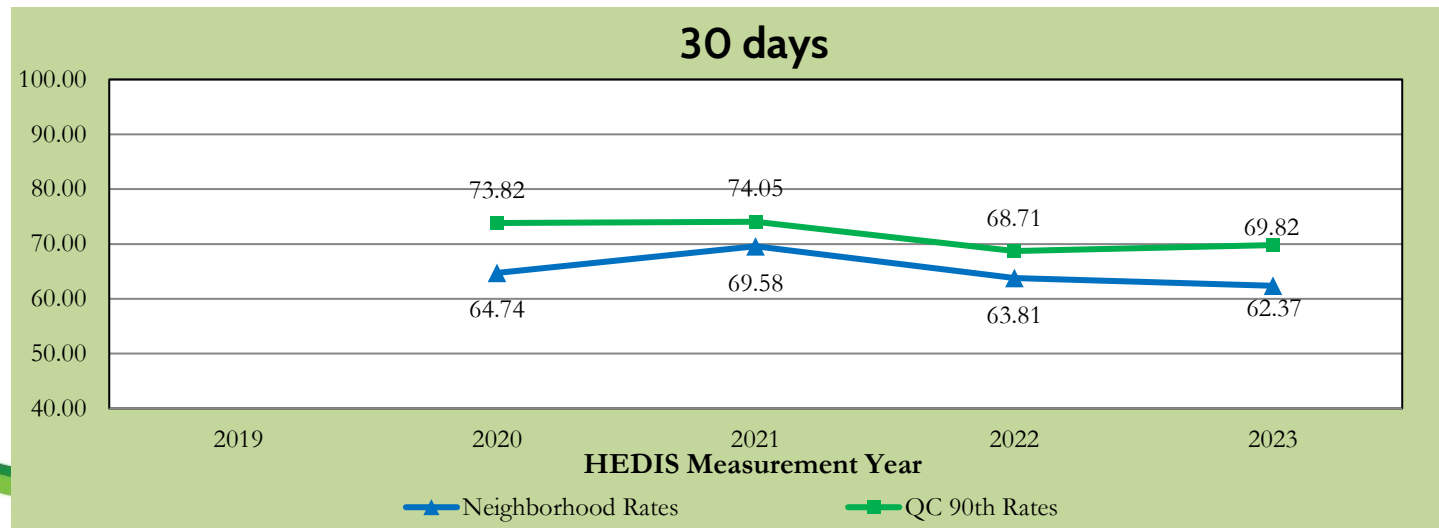
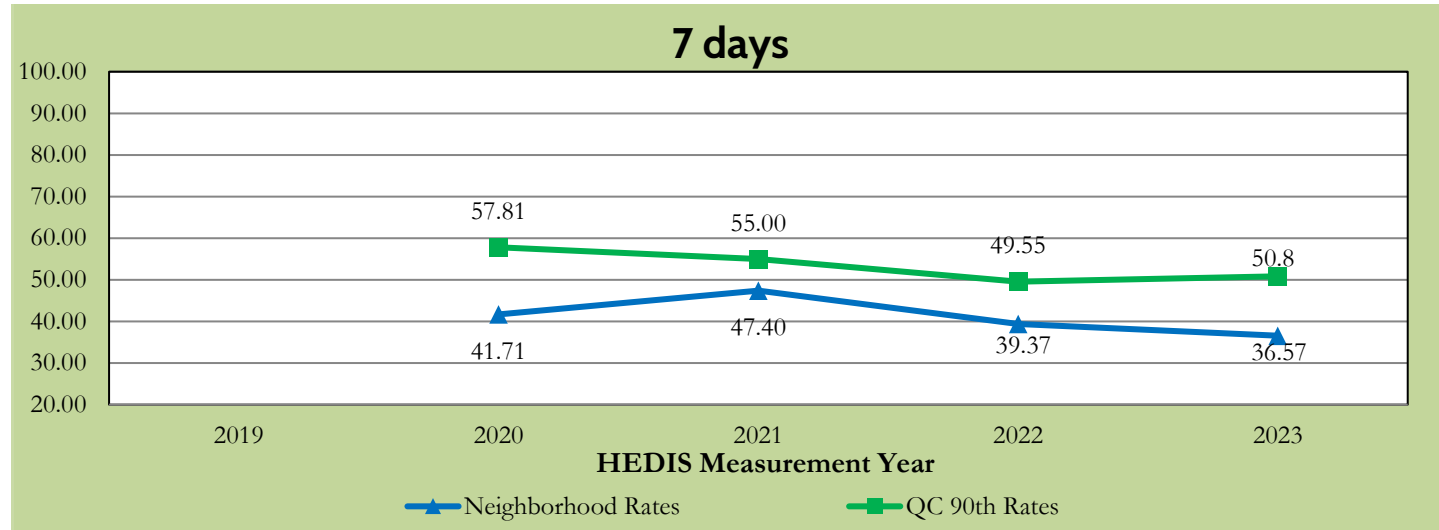
Follow Up After Emergency Department Visits for Mental Illness - Trended Performance



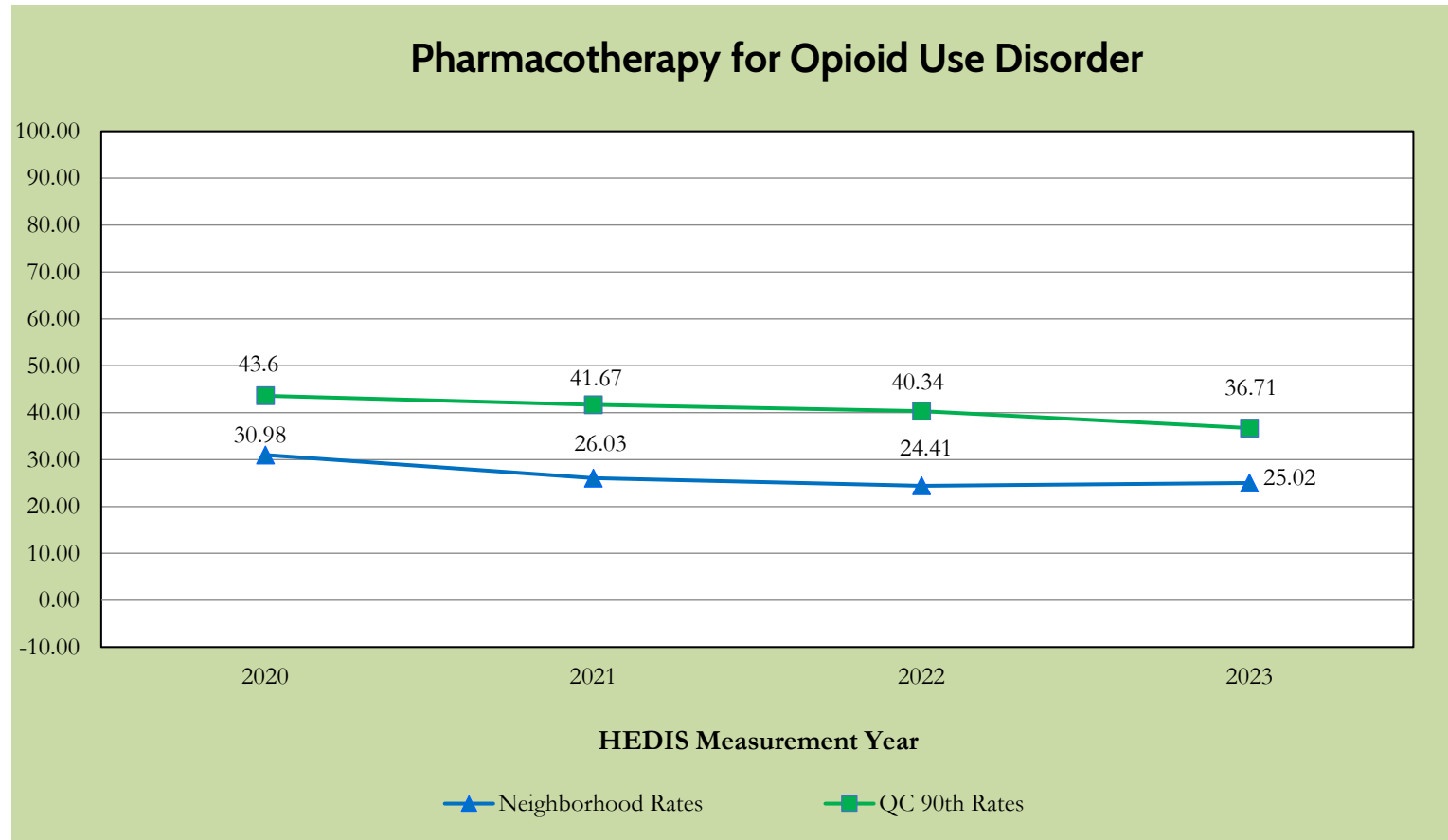
Follow-up After Hospitalization for Mental Illness - Trended Performance



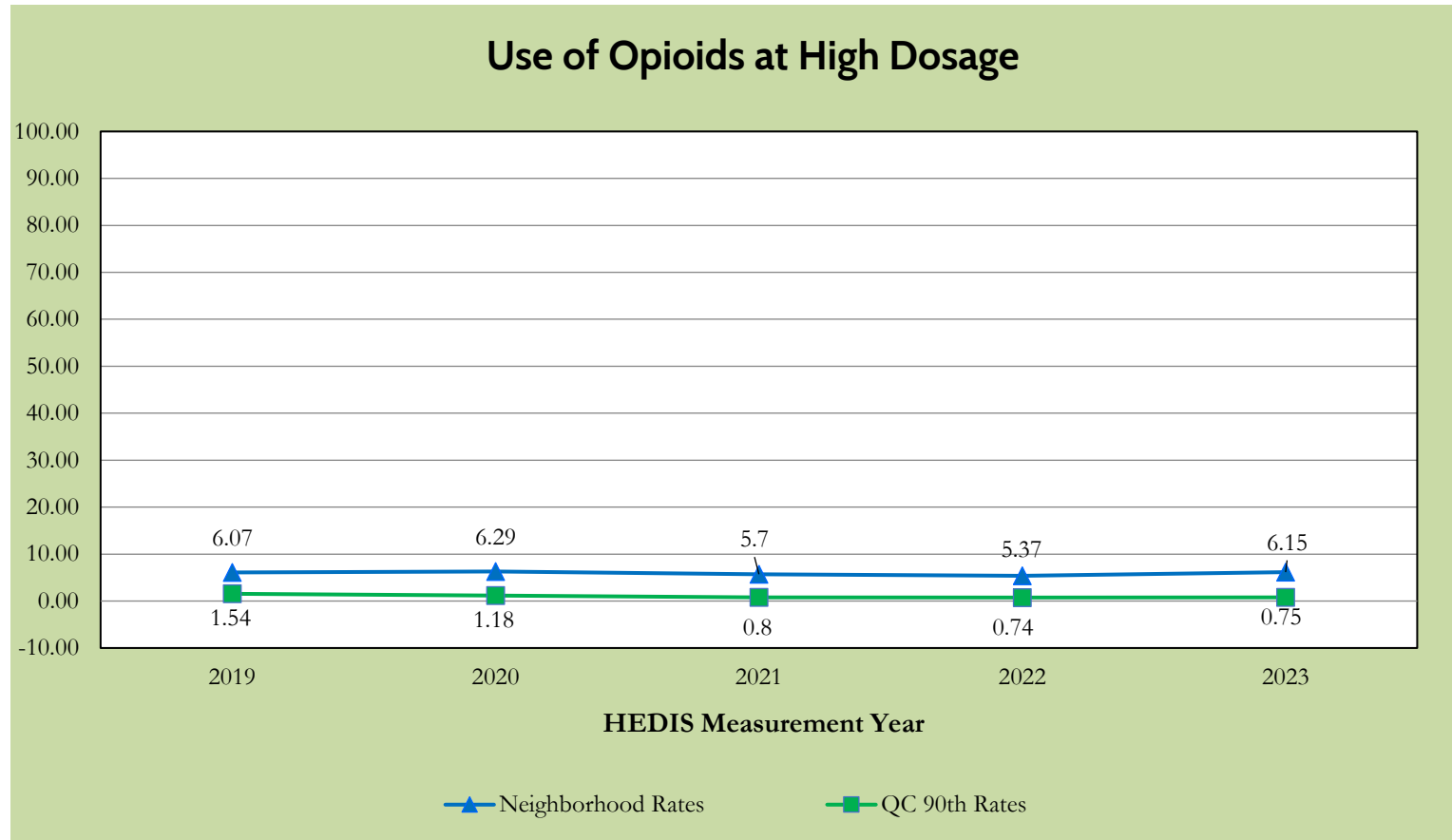
Follow-up After High-Intensity Care for Substance Use Disorder - Trended Performance



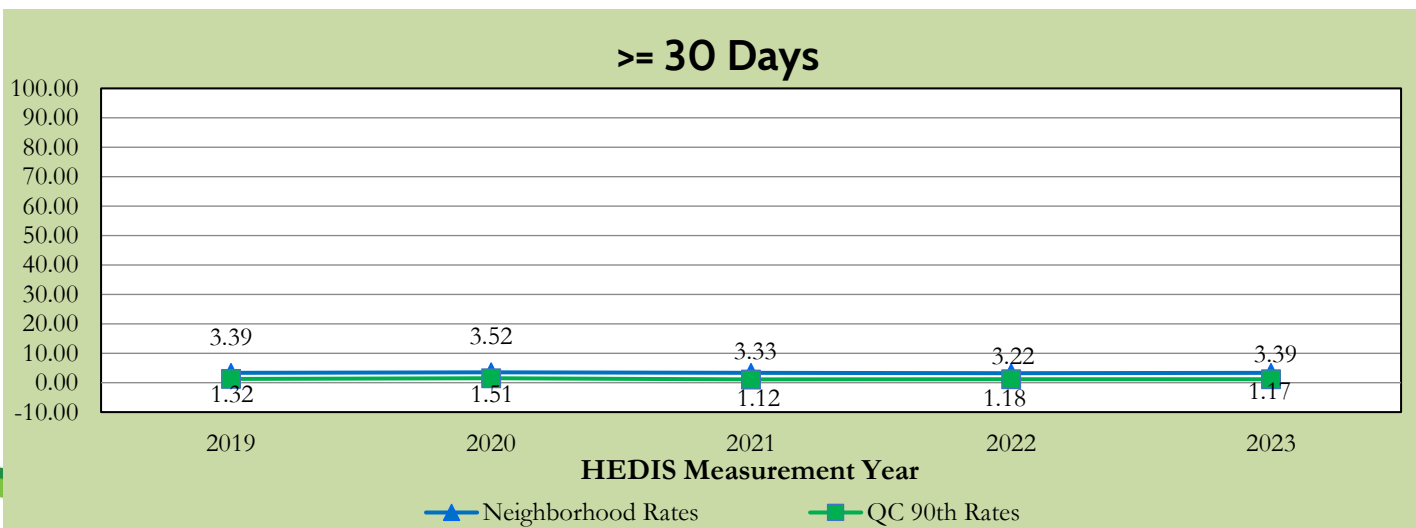
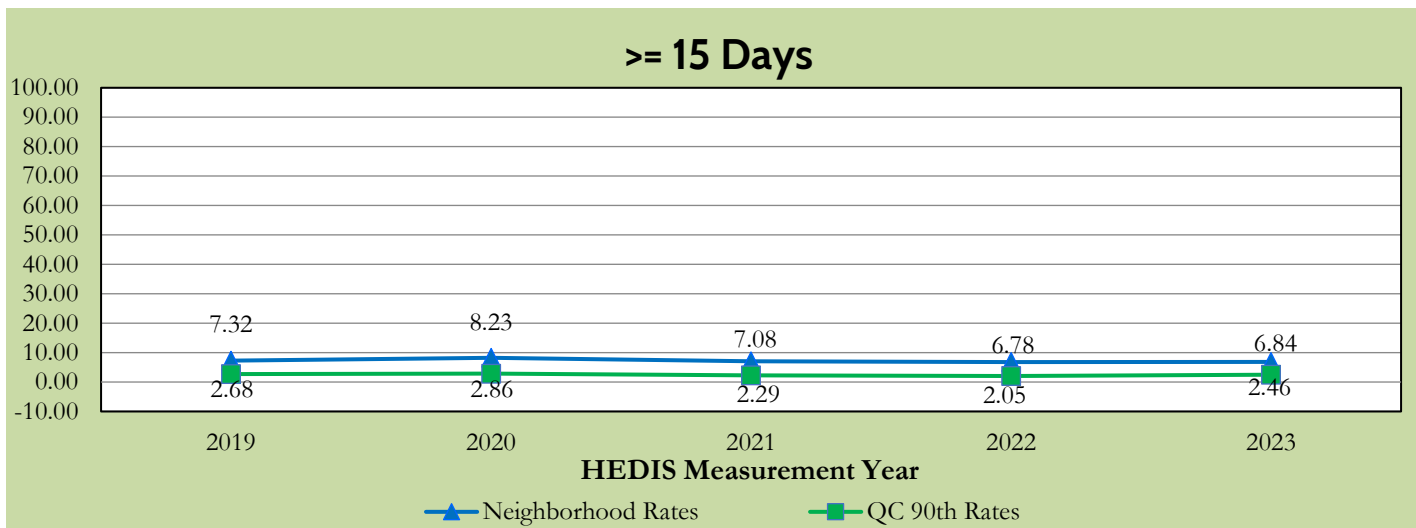
Pharmacotherapy for Opioid Use Disorder - Trended Performance



Use of Opioids at High Dosage - Trended Performance

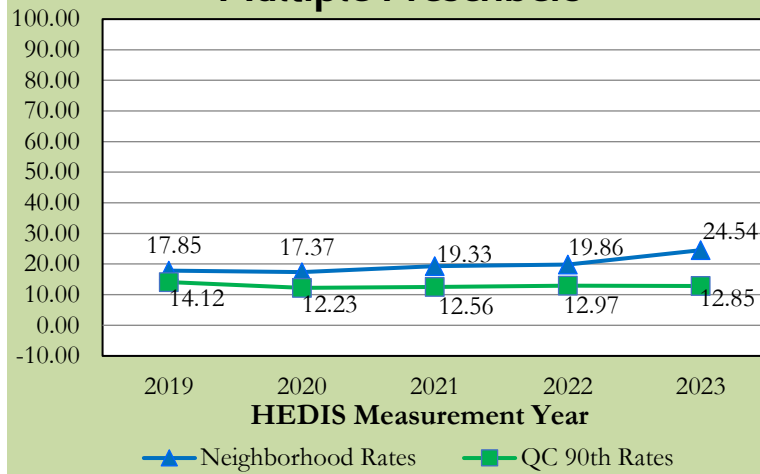


Risk of Continued Use of Opioids - Trended Performance

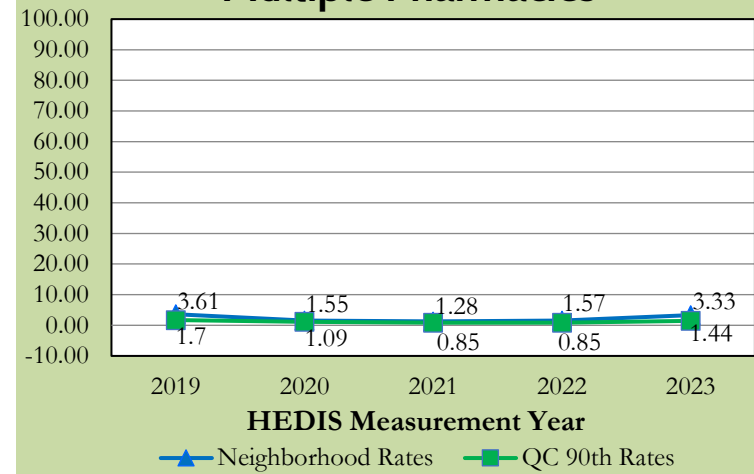


Use of Opioids from Multiple Providers - Trended Performance

Multiple Prescribers



Multiple Pharmacies



Multiple Prescribers and Multiple Pharmacies

