



# HEDIS MY 2023 Healthy Louisiana Performance Measure Results and Analysis

*December 2024*



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## 1. Introduction

In accordance with the Centers for Medicare & Medicaid Services (CMS) *External Quality Review (EQR) Protocols, February 2023*,<sup>1</sup> the Louisiana Department of Health (LDH) contracted with Health Services Advisory Group, Inc. (HSAG) to validate performance measures reported annually by the Healthy Louisiana Medicaid managed care organizations (MCOs) operating in the state of Louisiana.

This report summarizes the methods and findings of HSAG's analysis of the Healthcare Effectiveness Data and Information Set (HEDIS)<sup>2</sup> measurement year (MY) 2023 data, as well as some non-HEDIS data, submitted by the six MCOs that serve Medicaid members in Louisiana. A total of 47 HEDIS measures, comprising 294 measure indicators (i.e., numerators), were selected for analysis based on the Healthy Louisiana designated measure reporting list. The measures selected for reporting are the measures required by LDH and appear in the Performance Measure Submission Guide for MY 2023 reporting.

The following MCOs are included in this analysis:

- Aetna Better Health (ABH)
- AmeriHealth Caritas Louisiana (ACLA)
- Healthy Blue (HBL)
- Humana Healthy Horizons (HUM)
- Louisiana Healthcare Connections (LHCC)
- UnitedHealthcare Community (UHC)

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<sup>1</sup> Department of Health and Human Services. Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Sept 20, 2024.

<sup>2</sup> HEDIS is a registered trademark of NCQA.

## 2. Methodology

Each MCO provided HSAG with its HEDIS MY 2023 Interactive Data Submission System (IDSS) data, including audit designations and Final Audit Reports (FARs). First, HSAG verified the rates that were deemed reportable via the NCQA HEDIS audit protocol and reviewed the FARs to ensure that they met the NCQA standards. Next, HSAG prepared a Microsoft Excel file documenting each MCO's rates, the HSAG-computed statewide average (SWA), and last year's SWAs. Finally, HSAG included the NCQA MY 2023 Quality Compass<sup>3</sup> south central 50th percentile and the national 50th percentile, which served as the benchmarks.

Results are presented in this report for most measures. Of the 294 HEDIS numerators, 10 numerators associated with the *Plan All-Cause Readmissions*, *Topical Fluoride for Children*, and *Oral Evaluation, Dental Services* measures were not reported in Quality Compass and were removed from the respective analyses due to lack of a benchmark. Additionally, numerators for the following HEDIS measures were not compared in the analyses because their rates are not percentages and a percentage point difference could not be determined for these measures: *Ambulatory Care*, *Inpatient Utilization—General Hospital/Acute Care*, *Plan All-Cause Readmissions—Observed/Expected Ratio*, and *Enrollment by Product Line*.

For the *Hemoglobin A1c (HbA1c) Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)*, *Ambulatory Care—Emergency Department Visits*, *Non-Recommended Cervical Screening in Adolescent Females*, and *Plan All-Cause Readmissions* measures, a lower rate indicates better performance. All six MCOs had numerators with a designation of Not Applicable (NA) (i.e., denominator too small for a valid rate), Not Reported (NR) (i.e., MCO did not report on the indicator), or Not Required (NQ) (i.e., MCO was not required to report the indicator) for MY 2023. HSAG excluded these numerators from each MCO's results because the rates could not be compared to Quality Compass benchmarks. None of the MCOs had a biased rate (BR) audit designation among the measures selected for review.

The SWA for the HEDIS measures was calculated by weighting the relative contribution of each MCO for each measure. In calculating the weighted average for the HEDIS rates, the eligible population for each measure, not the measure denominator, was used to weight the MCO rates to mitigate the different methodologies used by the MCOs to calculate the measures. If HSAG had instead used the measure denominator to determine the weighted average, the results might have been biased; those MCOs reporting a rate administratively would have contributed more to the weighted average than those MCOs that used a hybrid data collection methodology, which is based on a sample of the eligible population. MCOs with larger eligible populations are therefore weighted more toward the SWA.

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<sup>3</sup> Quality Compass is a registered trademark of NCQA.

HSAG conducted the following comparisons:

1. For the incentive measures, the HEDIS and non-HEDIS rates for MY 2023 were compared to the LDH-designated target rates at both the statewide level and the MCO level. Differences of at least 0.1 percentage point were noted. Targets were set at:
  - a. **Achievement of the target rates** noted in the Performance Measure Submission Guide (based on 2021 Quality Compass Medicaid national 50th percentile rates), or better; or
  - b. **Improvement** of the measure by 2 percentage points or more, without rounding, from the HEDIS MY 2022 rates.
2. The HEDIS MY 2023 rates were compared to the MY 2023 Quality Compass Medicaid national 50th percentile at both the statewide level and MCO level. Differences of at least 2 percentage points were noted.
3. The HEDIS MY 2023 rates were compared to the MY 2023 Quality Compass Medicaid south central 50th percentile at both the statewide level and MCO level. Differences of at least 2 percentage points were noted.
4. The HEDIS MY 2023 rates were compared to the HEDIS MY 2022 rates at both the statewide level and MCO level. Differences of at least 0.1 percentage point were noted.

Comparisons for measures are summarized in Table 3-1 through Table 3-4, while specific results are presented in Appendix A. Supplemental Tables.

## Comparisons to the LDH Target Rates

There were 11 incentive measures, encompassing 11 numerators. Table 3-1 displays a summary of the results for each MCO and the SWA for the incentive measures. Specific results are presented in Table A-1.

**Table 3-1—Summary of Comparisons Between HEDIS Incentive Measures and Target/Improvement Rates**

MCO	MY 2023 Incentive Measure Target/Improvement Rates		
	Met Target or Improved by 2 Percentage Points	Target and Improvement Not Met by 2 Percentage Points	Total Numerators <sup>1</sup>
ABH	7	4	11
ACLA	7	4	11
HBL	8	3	11
HUM	3	8	11
LHCC	9	2	11
UHC	7	4	11
<b>Statewide Average</b>	7	4	<b>11</b>

<sup>1</sup>Total numerators are based on the count of measure indicators.

The HEDIS MY 2023 SWA met the target rate or improved by 2 percentage points for the following seven numerators:

- *Childhood Immunization Status—Combination 3*
- *Immunizations for Adolescents—Combination 2*
- *Colorectal Cancer Screening*
- *Follow-Up After Emergency Department (ED) Visit for Substance Use—Follow-Up Within 30 Days of the ED Visit*
- *HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)*
- *Controlling High Blood Pressure*
- *Human Immunodeficiency Virus (HIV) Viral Load Suppression*

The SWA did not meet the target rate or improve by 2 percentage points for the following four numerators:

- *Cervical Cancer Screening*
- *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days After Discharge*
- *Follow-Up After ED Visit for Mental Illness—Follow-Up Within 30 Days of the ED Visit*
- *Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*

All MCOs and the SWA collectively met the target rate or improved by 2 percentage points for the following three numerators:

- *Colorectal Cancer Screening*
- *HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)*
- *Controlling High Blood Pressure*

All MCOs and the SWA collectively did not meet the target rate or improve by 2 percentage points for the following numerator:

- *Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*

HSAG's analysis determined whether each MCO met the target rate for an incentive measure indicated in the Performance Measure Submission Guide for MY 2023 reporting (i.e., achievement target) and/or whether each MCO's MY 2023 rate improved by at least 2 percentage points compared to its MY 2022 rate (i.e., improvement target). Since HUM reported for the first time in MY 2023, the MCO was not eligible for the improvement target analysis and could only be evaluated against the target rate for each incentive measure. Overall measure rate results for the MCOs, excluding HUM, were as follows:

- MCO met both the improvement and achievement target for the measure: 35 percent
- MCO met the improvement target only for the measure: 15 percent

Overall measure rate results for the MCOs, including HUM, were as follows:

- MCO met the achievement target only for the measure: 21 percent
- MCO did not meet either the improvement or the achievement target for the measure: 38 percent

## Comparisons to the Quality Compass National 50th Percentile

MCO results were compared to the MY 2023 Quality Compass “National—All LOBs (Excluding Preferred Provider Organizations [PPOs] and Exclusive Provider Organizations [EPOs])” 50th percentile benchmark. Table 3-2 displays a summary of the results for each MCO and the SWA. Counts represent each measure indicator, itemized by numerator; this analysis included 165 numerators. Of the six MCOs, ABH and LHCC had the most numerators with rates that exceeded the benchmark by at least 2 percentage points above the Quality Compass national benchmark. In addition, HUM had the most numerators with rates below the benchmark by at least 2 percentage points, followed by ACLA, ABH, and HBL. There were 52 numerators with SWA rates that surpassed the benchmark by at least 2 percentage points, while 37 numerators had SWA rates that were below the benchmark by at least 2 percentage points. Specific results are presented in Table A-3.

**Table 3-2—Comparisons Between HEDIS and Quality Compass National Benchmarks by Percentage Point Difference**

MCO	MY 2023 Quality Compass National 50th Percentile <sup>1,2</sup>					
	≥ 2 Percentage Points Below	0.1–2 Percentage Points Below	No Difference	0.1–2 Percentage Points Above	≥ 2 Percentage Points Above	Total Numerators <sup>3</sup>
ABH	44	20	42	10	49	165
ACLA	45	13	31	28	48	165
HBL	44	17	41	15	46	163
HUM	46	18	43	10	29	146
LHCC	36	17	37	24	49	163
UHC	39	15	47	20	44	165
<b>Statewide Average</b>	<b>37</b>	<b>14</b>	<b>24</b>	<b>38</b>	<b>52</b>	<b>165</b>

<sup>1</sup> These comparisons excluded *HIV Viral Load Suppression (HIV)*, *Low-Risk Cesarean Delivery (LRCD)*/previously *Nulliparous Term Single Vertex (NSV)*, *Self-Reported Overall Health (Adult) and (Child)*, *Self-Reported Overall Mental or Emotional Health (Adult) and (Child)*, two numerators of *Plan All-Cause Readmissions (PCR)*, *Topical Fluoride for Children (TFC)*, and *Oral Evaluation (OED)* since Quality Compass does not contain a 50th percentile benchmark for these measures. These comparisons also excluded *Ambulatory Care (AMB)*, *Inpatient Utilization-General Hospital/Acute Care (IPU)*, *Plan All-Cause Readmissions (PCR)-Observed/Expected* numerator, and *Enrollment by Product Line (ENP)* because rates and benchmarks for these measures are not percentages and a percentage point difference cannot be determined. Lastly, the comparisons excluded numerators with a reported rate of NA (i.e., denominator too small for a valid rate), NR (i.e., MCO did not report on the indicator), or NQ (i.e., MCO was not required to report the indicator) because the results could not be compared to Quality Compass benchmarks.

<sup>2</sup> SWAs for the applicable Consumer Assessment of Healthcare Providers and Systems (CAHPS)<sup>4</sup> measures were extracted from the NCQA Quality Compass statewide benchmarks: average rates.

<sup>3</sup> Total numerators are based on the count of measure indicators, excluding indicators that do not have a Quality Compass 50th percentile benchmark, indicators for which rates are not percentages, and indicators for which a MCO reported NA, NR, or NQ.

<sup>4</sup> CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

For incentive and non-incentive HEDIS measures, HSAG’s analysis determined whether MCOs’ and the SWA rates on numerators were 2 percentage points higher or lower than the Quality Compass National Benchmarks. Among the 11 incentive measures, all six MCOs and the SWA were at least 2 percentage points higher than the benchmark for the following numerators:

- *Colorectal Cancer Screening*

Among the non-incentive HEDIS measures, all six MCOs and the SWA were at least 2 percentage points higher than the benchmark for the following numerators:

- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Chlamydia Screening in Women—Total*
- *HbA1c Control for Patients With Diabetes—HbA1c Control (<8.0%)*
- *Initiation and Engagement of Substance Use Disorder (SUD) Treatment—Initiation of SUD Treatment*

## Comparisons to the Quality Compass South Central 50th Percentile

MCO results were compared to the MY 2023 Quality Compass “South Central—All LOBs (Excluding PPOs and EPOs)” 50th percentile benchmark. Table 3-3 displays a summary of the results for each MCO and the SWA. Counts represent each measure indicator, itemized by numerator; this analysis included 165 numerators. Of the six MCOs, ABH and ACLA had the most numerators with rates that exceeded the benchmark by at least 2 percentage points above the Quality Compass south central benchmark. In addition, HUM had the most numerators with rates below the benchmark by at least 2 percentage points, followed by ABH. There were 46 numerators of SWA rates that surpassed the benchmark by at least 2 percentage points, while 32 numerators had SWA rates that were below the benchmark by at least 2 percentage points. Specific results are presented in Table A-4.

**Table 3-3—Comparisons Between HEDIS and Quality Compass South Central Benchmarks by Percentage Point Difference**

MCO	MY 2023 Quality Compass South Central 50th Percentile <sup>1,2</sup>					Total Numerators <sup>3</sup>
	≥ 2 Percentage Points Below	0.1–2 Percentage Points Below	No Difference	0.1–2 Percentage Points Above	≥ 2 Percentage Points Above	
ABH	43	16	45	14	47	165
ACLA	39	15	30	34	47	165
HBL	41	19	43	16	44	163
HUM	51	10	45	7	33	146
LHCC	36	13	40	33	41	163

MCO	MY 2023 Quality Compass South Central 50th Percentile <sup>1,2</sup>					
	≥ 2 Percentage Points Below	0.1–2 Percentage Points Below	No Difference	0.1–2 Percentage Points Above	≥ 2 Percentage Points Above	Total Numerators <sup>3</sup>
UHC	31	19	55	22	38	165
<b>Statewide Average</b>	<b>32</b>	<b>20</b>	<b>26</b>	<b>41</b>	<b>46</b>	<b>165</b>

<sup>1</sup> These comparisons excluded HIV, LRCO/previously NSV, CCS, Self-Reported Overall Health (Adult) and (Child), Self-Reported Overall Mental or Emotional Health (Adult) and (Child), two numerators of PCR, TFC, and OED since Quality Compass does not contain a 50th percentile benchmark for these measures. These comparisons also excluded AMB, IPU, PCR-Observed/Expected, and ENP because rates and benchmarks for these measures are not percentages and a percentage point difference cannot be determined. Lastly, the comparisons excluded numerators with a reported rate of NA (i.e., denominator too small for a valid rate), NR (i.e., MCO did not report on the indicator), or NQ (i.e., MCO was not required to report the indicator) because the results could not be compared to Quality Compass benchmarks.

<sup>2</sup> SWAs for the applicable CAHPS measures were extracted from the NCQA Quality Compass statewide benchmarks: average rates.

<sup>3</sup> Total numerators are based on the count of measure indicators, excluding indicators that do not have a Quality Compass 50th percentile benchmark, indicators for which rates are not percentages, and indicators for which a MCO reported NA, NR, or NQ.

For incentive and non-incentive HEDIS measures, HSAG’s analysis determined whether MCOs’ and the SWA rates on numerators were 2 percentage points higher or lower than the Quality Compass South Central Benchmarks. Among the 11 incentive measures, all six MCOs and the SWA were at least 2 percentage points higher than the benchmark for the following numerators:

- *Colorectal Cancer Screening*
- *HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)*

Among the non-incentive HEDIS measures, all six MCOs and the SWA were at least 2 percentage points higher than the benchmark for the following numerators:

- *Chlamydia Screening in Women—Total*
- *HbA1c Control for Patients With Diabetes—HbA1c Control (<8.0%)*
- *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment*

## Comparison to Last Year’s Rates

MCO and SWA results were compared to last year’s HEDIS rates. Table 3-4 summarizes the comparison results between HEDIS MY 2023 and HEDIS MY 2022 by MCO and the SWA. Counts represent each measure indicator, itemized by numerator; this analysis included 86 numerators. Any difference of at least 0.1 percentage point was noted in the results. Of the six MCOs, ACLA and ABH showed the most improvement in rates from MY 2022 to MY 2023: ACLA improved by at least 0.1 percentage point for 30 numerators and ABH improved by more than 2 percentage points for 42 numerators. HBL and UHC showed a decline in rates for numerators from MY 2022 to MY 2023: UHC had rates that fell below the benchmark by at least 0.1 percentage point for 16 numerators and HBL had

rates that fell below the benchmark by more than 2 percentage points for 16 numerators. Note that HUM was excluded from this analysis because the MCO reported for the first time in MY 2023.

From MY 2022 to MY 2023, 23 numerators had SWA rates that improved by at least 0.1 percentage point and 36 numerators that improved by greater than 2 percentage points, while 13 numerators had SWA rates that declined by at least 0.1 percentage point and nine numerators that declined by greater than 2 percentage points. Specific results are presented in Table A-5 and Table A-6.

**Table 3-4—Comparisons Between HEDIS MY 2023 and HEDIS MY 2022**

MCO <sup>3</sup>	HEDIS MY 2023 Compared to HEDIS MY 2022 <sup>1,2</sup>					Total Numerators <sup>4</sup>
	≥ 2 Percentage Points Below	0.1–2 Percentage Points Below	No Difference	0.1–2 Percentage Points Above	≥ 2 Percentage Points Above	
ABH	11	14	1	17	42	85
ACLA	15	10	2	30	29	86
HBL	16	11	4	21	32	84
HUM	—	—	—	—	—	—
LHCC	11	10	2	20	41	84
UHC	11	16	6	23	30	86
<b>Statewide Average</b>	<b>9</b>	<b>13</b>	<b>5</b>	<b>23</b>	<b>36</b>	<b>86</b>

<sup>1</sup> These comparisons excluded *IPU*, *TFC*, *OED*, *AMR*, *ENP*, *Language Diversity of Membership (LDM)*, *Race/Ethnicity Diversity of Membership (RDM)*, and *CAHPS Rating of Health Plan—Children with Chronic Conditions (CCC)* because these measures were not reported by MCOs for HEDIS MY 2022. These comparisons also excluded *AMB* and *PCR-Observed/Expected* because rates for these measures are not percentages and a percentage point difference cannot be determined. Lastly, the comparisons excluded numerators with a reported rate of NA (i.e., denominator too small for a valid rate), NR (i.e., MCO did not report on the indicator), or NQ (i.e., MCO was not required to report the indicator) because a rate is not available for comparison between measurement years.

<sup>2</sup> SWAs for the applicable CAHPS measures were extracted from the NCQA Quality Compass statewide benchmarks: average rates.

<sup>3</sup> HUM was excluded from these comparisons because the MCO reported for the first time in MY 2023. An em-dash is presented in the above table for HUM results.

<sup>4</sup> Total numerators are based on the count of measure indicators, excluding indicators that were not reported by MCOs for HEDIS MY 2022, indicators for which rates are not percentages, and indicators for which a MCO reported NA, NR, or NQ.

HSAG’s analysis determined whether MCOs’ and the SWA rates on HEDIS and certain non-HEDIS numerators improved by specified margins between MY 2022 and MY 2023. The two numerators that displayed the largest decrease in the SWA rate between the MYs were *Follow-Up After ED Visit for Substance Use—Follow-Up Within 30 Days of the ED Visit*, which decreased by 5.95 percentage points, and *Childhood Immunization Status—Influenza*, which decreased by 5.23 percentage points (data not shown). The three numerators that displayed the largest improvement in the SWA rate between the MYs were *HbA1c Control for Patients With Diabetes—HbA1c Control (<8.0%)*, which increased by 11.17 percentage points, *Colorectal Cancer Screening*, which increased by 9.63 percentage points, and *HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)*, which increased by 9.41 percentage points (data not shown).

## Appendix A. Supplemental Tables

Table A-1 presents the specific results of the HEDIS incentive measures and displays the MCOs and SWAs that met the target rates or improved by 2 percentage points or more from the HEDIS MY 2022 rates, or did not meet the target rates and improved by 2 percentage points or more from the HEDIS MY 2022 rates.

**Table A-1—HEDIS MY 2023 Incentive Measure Rates Compared to Target: Quality Compass or Improvement in Rates**

HEDIS Incentive Measure <sup>1</sup>	Met Target or Improved	Target and Improvement Not Met
<i>Childhood Immunization Status—Combination 3</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Immunizations for Adolescents—Combination 2</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Colorectal Cancer Screening</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Cervical Cancer Screening</i>	LHCC	ABH, ACLA, HBL, HUM, UHC, SWA
<i>Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days After Discharge</i>	ACLA, LHCC	ABH, HBL, HUM, UHC, SWA
<i>Follow-Up After ED Visit for Mental Illness—Follow-Up Within 30 Days of the ED Visit</i>	HBL	ABH, ACLA, HUM, LHCC, UHC, SWA
<i>Follow-Up After ED Visit for Substance Use—Follow-Up Within 30 Days of the ED Visit</i>	ABH, HBL, LHCC, UHC, SWA	ACLA, HUM
<i>HbA1c Control for Patients With Diabetes—HbA1c Poor Control (&gt;9.0%)*</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Controlling High Blood Pressure</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Human Immunodeficiency Virus (HIV) Viral Load Suppression</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-1, indicating achievement of the target rates noted in the current LA Performance Measure Submission Guide (2021 Quality Compass National 50th percentile rate) or improvement of the measure by 2 percentage points or more from the HEDIS MY 2022 rates.

Table A-2 presents the results for the HEDIS incentive measures itemized by MCO. Table A-2 also displays whether each MCO met the corresponding target rate published in the Performance Measure Submission Guide for MY 2023 reporting (based on the 2022 Quality Compass national 50th percentile) and/or whether the MCO’s HEDIS MY 2023 rate improved by at least 2 percentage points compared to its HEDIS MY 2022 rate.

**Table A-2—HEDIS MY 2023 Incentive Measure Rates Compared to LDH Targets**

HEDIS Incentive Measure <sup>1</sup>	ABH	ACLA	HBL	HUM	LHCC	UHC	Achievement Target <sup>2</sup>
<i>Childhood Immunization Status—Combination 3</i>	Yes—I	Yes—A	Yes—Both	No	Yes—Both	Yes—Both	63.26%
<i>Immunizations for Adolescents—Combination 2</i>	Yes—Both	Yes—Both	Yes—A	No	Yes—A	Yes—Both	35.04%
<i>Colorectal Cancer Screening</i>	Yes—I	Yes—Both	Yes—I	Yes—A	Yes—Both	Yes—Both	43.80%
<i>Cervical Cancer Screening</i>	No	No	No	No	Yes—A	No	57.64%
<i>Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days After Discharge</i>	No	Yes—I	No	No	Yes—I	No	59.42%
<i>Follow-Up After ED Visit for Mental Illness—Follow-Up Within 30 Days of the ED Visit</i>	No	No	Yes—I	No	No	No	54.51%
<i>Follow-Up After ED Visit for Substance Use—Follow-Up Within 30 Days of the ED Visit</i>	Yes—A	No	Yes—A	No	Yes—A	Yes—A	21.24%
<i>HbA1c Control for Patients With Diabetes—HbA1c Poor Control (&gt;9.0%)*</i>	Yes—A	Yes—Both	Yes—Both	Yes—A	Yes—Both	Yes—Both	39.90%
<i>Controlling High Blood Pressure</i>	Yes—Both	Yes—A	Yes—I	Yes—A	Yes—Both	Yes—A	59.85%
<i>HIV Viral Load Suppression</i>	Yes—Both	Yes—I	Yes—Both	No	Yes—Both	Yes—Both	
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*</i>	No	No	No	No	No	No	28.62%

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-1. Below is the key representing whether the MCO met the achievement target rate and/or the MCO’s HEDIS MY 2022 rate improved by at least 2 percentage points compared to the HEDIS MY 2022 rate.

- Yes—Both = MCO met both the improvement and achievement target.
- Yes—A = MCO met the achievement target only.
- Yes—I = MCO met the improvement target only.
- No = MCO did not meet either the improvement or the achievement target.

<sup>2</sup> The achievement targets are based on 2021 Quality Compass data and noted in the current LA Performance Measure Submission Guide, and are the same for all MCOs. The improvement target varies by MCO according to the HEDIS MY 2022 results.

Table A-3 presents the measure-specific results for the incentive and non-incentive HEDIS measures, and the MCOs and SWAs that showed a rate 2 percentage points higher or lower than the Quality Compass national benchmark.

**Table A-3—HEDIS MY 2023 Rates Compared to MY 2023 Quality Compass National 50th Percentile: 2 Percentage Point Differences**

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<b>HEDIS Incentive Measures</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 3</i>	HUM	HBL
<i>Immunizations for Adolescents</i>		
<i>Combination 2</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Colorectal Cancer Screening</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Cervical Cancer Screening</i>	ABH, HBL, HUM, SWA	
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Poor Control (&gt;9.0%)*</i>		HBL, HUM, UHC, SWA
<i>Controlling High Blood Pressure</i>	ACLA, HBL, LHCC, UHC, SWA	HUM

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>HIV Viral Load Suppression (QC—NA)</i>	N/A	N/A
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)* (QC—NA)</i>	N/A	N/A
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>	ABH, ACLA, HBL, HUM	
<i>12–17 Years</i>	HBL, HUM	LHCC, UHC
<i>18–21 Years</i>	HUM	LHCC, UHC
<i>Total</i>	ABH, HBL, HUM	LHCC
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>First 15 Months</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>15 Months–30 Months</i>		
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>	ABH, ACLA, HBL, HUM	LHCC, UHC
<i>45–64 Years</i>	HBL, HUM	LHCC, UHC
<i>65 Years and Older</i>	ABH, ACLA, HBL, UHC	HUM
<i>Total</i>	ABH, ACLA, HBL, HUM	LHCC, UHC
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Plan All-Cause Readmissions</i>		
<i>Observed Readmissions Rate (Num/Den) (QC—NA)</i>	N/A	N/A
<i>Expected Readmissions Rate (QC—NA)</i>	N/A	N/A
<i>CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)</i>	ABH, HBL, HUM	UHC
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)</i>	ABH	HBL, LHCC, UHC, SWA
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—Children with Chronic Conditions [CCC], 8+9+10)</i>		HBL, UHC
<i>Depression Screening and Follow-Up for Adolescents and Adults</i>		
<i>Depression Screening (Total)</i>		
<i>Follow-Up on Positive Screen (Total)</i>	ACLA, SWA	ABH, UHC
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>		LHCC
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>		ABH, LHCC, UHC
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing</i>	ACLA, LHCC, SWA	ABH
<i>Cholesterol Testing</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>Blood Glucose and Cholesterol Testing</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Prenatal and Postpartum Care</i>		
<i>Prenatal Care</i>	ABH, ACLA, HUM, LHCC, SWA	UHC
<i>Postpartum Care</i>	ABH, ACLA, HUM, LHCC, UHC, SWA	
<i>Lead Screening in Children</i>	HUM	ABH, ACLA, LHCC, SWA
<i>Topical Fluoride for Children (QC—NA)</i>		
<i>1–2 Years</i>	N/A	N/A
<i>3–4 Years</i>	N/A	N/A
<i>Total</i>	N/A	N/A
<i>Oral Evaluation, Dental Services (QC—NA)</i>		
<i>0–2 Years</i>	N/A	N/A
<i>3–5 Years</i>	N/A	N/A
<i>6–14 Years</i>	N/A	N/A
<i>15–20 Years</i>	N/A	N/A
<i>Total</i>	N/A	N/A
<i>Childhood Immunization Status</i>		
<i>Diphtheria, Tetanus, and Acellular Pertussis (DTaP)</i>	HUM	UHC
<i>Polio Vaccine, Inactivated (IPV)</i>	HUM	ABH, ACLA, HBL, LHCC
<i>Measles, Mumps, and Rubella (MMR)</i>	HUM	HBL
<i>Haemophilus Influenzae Type B (HiB)</i>	HUM	ABH
<i>Hepatitis B</i>	HUM	ABH, ACLA, HBL, LHCC, SWA
<i>Varicella-Zoster Virus (VZV)</i>	HUM	HBL, LHCC, SWA
<i>Pneumococcal Conjugate</i>	ABH, HUM	HBL

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Hepatitis A</i>	HUM	ACLA, HBL, SWA
<i>Rotavirus</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Influenza</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Combination 7</i>	ABH, HUM, LHCC, SWA	
<i>Combination 10</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Immunizations for Adolescents</i>		
<i>Meningococcal</i>	ABH	ACLA, LHCC, UHC, SWA
<i>Tetanus, Diphtheria, and Pertussis/Tetanus and Diphtheria (Tdap/Td)</i>	ABH, HUM	LHCC, UHC
<i>Human Papillomavirus (HPV)</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Combination 1</i>	ABH	ACLA, HBL, LHCC, UHC, SWA
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>Body Mass Index (BMI) Percentile Documentation</i>	ABH, ACLA, HBL, HUM, SWA	
<i>Counseling for Nutrition</i>	ABH, ACLA, HBL, HUM, UHC, SWA	
<i>Counseling for Physical Activity</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Chlamydia Screening in Women</i>		
<i>Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>		
<i>Advising Smokers and Tobacco Users to Quit</i>	LHCC, UHC, SWA	ACLA

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Discussing Cessation Medications</i>	HBL, LHCC, SWA	ABH, ACLA
<i>Discussing Cessation Strategies</i>	LHCC	ABH, ACLA
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>		ACLA
<i>Statin Adherence 80%—Total</i>	ACLA, HBL, HUM, UHC, SWA	ABH, LHCC
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Control (&lt;8.0%)</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Eye Exam for Patients With Diabetes</i>	ABH, ACLA	LHCC
<i>Blood Pressure Control for Patients With Diabetes</i>	ABH, ACLA, HBL, LHCC, SWA	HUM
<i>Pharmacotherapy for Opioid Use Disorder</i>	UHC	ABH, ACLA, HUM, LHCC, SWA
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Engagement of SUD Treatment</i>		ABH, ACLA, HBL, HUM, UHC, SWA
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	ACLA	ABH, HBL, HUM, UHC, SWA
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	ABH, ACLA, HBL, UHC, SWA	
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication</i>		
<i>Initiation Phase</i>	ABH	ACLA
<i>Continuation Phase</i>	LHCC	ABH, ACLA, UHC

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Effective Continuation Phase Treatment</i>	ACLA, HBL, UHC, SWA	HUM
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis/Bronchiolitis</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Use of Imaging Studies for Low Back Pain</i>	ABH	
<i>Non-Recommended Cervical Screening in Adolescent Females*</i>	ACLA, UHC	
<i>Asthma Medication Ratio</i>		
<i>5–11 Years</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>12–18 Years</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>19–50 Years</i>	UHC	ABH, ACLA, HBL, LHCC
<i>51–64 Years</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Total</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Self-Reported Overall Health (Adult) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Health (Child-General) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Health (Child-CCC) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Mental or Emotional Health (Adult) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Mental or Emotional Health (Child-General) (QC—NA)</i>	N/A	N/A

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC) (QC—NA)</i>	N/A	N/A
<i>Language Diversity of Membership (LDM)</i>		
<i>Spoken Language Preferred for Health Care—Health Plan</i>		ACLA, HBL, SWA
<i>Spoken Language Preferred for Health Care—CMS/State</i>	ACLA, HBL, SWA	ABH, LHCC, UHC
<i>Spoken Language Preferred for Health Care—Other Third-Party</i>		
<i>Preferred Language for Written Materials—Health Plan</i>		ACLA, HBL, SWA
<i>Preferred Language for Written Materials—CMS/State</i>	HBL, UHC	ABH, ACLA, HUM, LHCC, SWA
<i>Preferred Language for Written Materials—Other Third-Party</i>		UHC, SWA
<i>Other Language Needs—Health Plan</i>		HBL, SWA
<i>Other Language Needs—CMS/State</i>		ABH, ACLA, LHCC, SWA
<i>Other Language Needs—Other Third-Party</i>		HUM, UHC, SWA
<i>Spoken Language Preferred for Health Care—Percent English</i>	ABH	ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Spoken Language Preferred for Health Care—Percent Non-English</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Spoken Language Preferred for Health Care—Percent Declined</i>		
<i>Spoken Language Preferred for Health Care—Percent Unknown</i>		ABH, SWA
<i>Language Preferred for Written Materials—Percent English</i>	ABH, UHC	ACLA, HBL, HUM, LHCC, SWA
<i>Language Preferred for Written Materials—Percent Non-English</i>	ABH, UHC	
<i>Language Preferred for Written Materials—Percent Declined</i>		
<i>Language Preferred for Written Materials—Percent Unknown</i>	ACLA, HBL, HUM, LHCC	ABH, UHC, SWA
<i>Other Language Needs—Percent English</i>		ABH, ACLA, LHCC, SWA
<i>Other Language Needs—Percent Non-English</i>		

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Other Language Needs—Percent Declined</i>		
<i>Other Language Needs—Percent Unknown</i>	ABH, ACLA, LHCC, SWA	
<i>Race/Ethnicity Diversity of Membership (RDM)</i>		
<i>Race—Health Plan</i>		ACLA, HBL, SWA
<i>Race—CMS/State</i>	ACLA, HBL, HUM, SWA	ABH, LHCC, UHC
<i>Race—Other Direct</i>		
<i>Race—Direct Total</i>	ABH, HUM, UHC	ACLA, HBL, LHCC
<i>Race—Indirect Total</i>		HBL
<i>Race—Unknown Total</i>	ACLA, HBL, LHCC	ABH, HUM, UHC
<i>Ethnicity—Health Plan</i>		ACLA, HBL, SWA
<i>Ethnicity—CMS/State</i>	ACLA, HBL, LHCC	ABH, HUM, UHC, SWA
<i>Ethnicity—Other Direct</i>		LHCC, SWA
<i>Ethnicity—Direct Total</i>	ACLA, HUM, LHCC, SWA	ABH, HBL, UHC
<i>Ethnicity—Indirect Total</i>		HBL, LHCC, SWA
<i>Ethnicity—Unknown Total</i>	HBL, UHC	ABH, ACLA, HUM, LHCC, SWA
<i>Race: White—Ethnicity: Hispanic or Latino</i>		ACLA
<i>Race: White—Ethnicity: Not Hispanic or Latino</i>	ACLA, LHCC	ABH, HBL, HUM, UHC, SWA
<i>Race: White—Ethnicity: Asked but No Answer</i>		
<i>Race: White—Ethnicity: Unknown</i>		ACLA, LHCC, SWA
<i>Race: White—Ethnicity: Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Race: Black or African American—Ethnicity: Hispanic or Latino</i>		ACLA

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Race: Black or African American—Ethnicity: Not Hispanic or Latino</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Race: Black or African American—Ethnicity: Asked but No Answer</i>		
<i>Race: Black or African American—Ethnicity: Unknown</i>		ACLA, LHCC, SWA
<i>Race: Black or African American—Ethnicity: Total</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Race: American Indian or Alaska Native—Ethnicity: Hispanic or Latino</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Not Hispanic or Latino</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Asked but No Answer</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Unknown</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Total</i>		
<i>Race: Asian—Ethnicity: Hispanic or Latino</i>		
<i>Race: Asian—Ethnicity: Not Hispanic or Latino</i>		HBL
<i>Race: Asian—Ethnicity: Asked but No Answer</i>		
<i>Race: Asian—Ethnicity: Unknown</i>		ABH
<i>Race: Asian—Ethnicity: Total</i>		ABH, HBL
<i>Race: Total—Ethnicity: Hispanic or Latino</i>		
<i>Race: Total—Ethnicity: Not Hispanic or Latino</i>		
<i>Race: Total—Ethnicity: Asked but No Answer</i>		ABH, HUM, SWA
<i>Race: Total—Ethnicity: Unknown</i>	HBL, UHC	ABH, ACLA, HUM, LHCC, SWA
<i>Race: Total—Ethnicity: Total</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Hispanic or Latino</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Not Hispanic or Latino</i>		

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Asked but No Answer</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Unknown</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Total</i>		
<i>Race: Some Other Race—Ethnicity: Hispanic or Latino</i>		
<i>Race: Some Other Race—Ethnicity: Not Hispanic or Latino</i>		
<i>Race: Some Other Race—Ethnicity: Asked but No Answer</i>		
<i>Race: Some Other Race—Ethnicity: Unknown</i>		UHC
<i>Race: Some Other Race—Ethnicity: Total</i>		HBL, UHC
<i>Race: Two or More Races—Ethnicity: Hispanic or Latino</i>		
<i>Race: Two or More Races—Ethnicity: Not Hispanic or Latino</i>		HBL
<i>Race: Two or More Races—Ethnicity: Asked but No Answer</i>		
<i>Race: Two or More Races—Ethnicity: Unknown</i>		
<i>Race: Two or More Races—Ethnicity: Total</i>		ACLA
<i>Race: Unknown—Ethnicity: Hispanic or Latino</i>		
<i>Race: Unknown—Ethnicity: Not Hispanic or Latino</i>		HBL, UHC, SWA
<i>Race: Unknown—Ethnicity: Asked but No Answer</i>		ABH, HUM, SWA
<i>Race: Unknown—Ethnicity: Unknown</i>		ABH, ACLA, HUM, LHCC, SWA
<i>Race: Unknown—Ethnicity: Total</i>	ACLA, HBL, LHCC	ABH, HUM, UHC
<i>Race: Asked but No Answer—Ethnicity: Hispanic or Latino</i>		
<i>Race: Asked but No Answer—Ethnicity: Not Hispanic or Latino</i>		
<i>Race: Asked but No Answer—Ethnicity: Asked but No Answer</i>		

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass National Benchmark	At Least 2 Percentage Points Above Quality Compass National Benchmark
<i>Race: Asked but No Answer—Ethnicity: Unknown</i>		
<i>Race: Asked but No Answer—Ethnicity: Total</i>		

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-2. Measures that are marked “QC—NA” were excluded from the comparison because Quality Compass does not contain a 50th percentile benchmark for these measures.

<sup>2</sup> The comparisons excluded *AMB*, *IPU*, *PCR*-Observed/Expected numerator, and *ENP* because rates for these measures are not percentages and a percentage point difference cannot be determined.

Blank cell indicates that no MCO met the comparison criteria for the HEDIS measure.

Table A-4 presents the measure-specific results for the incentive and non-incentive HEDIS measures, and the MCOs and SWAs that showed a rate at least 2 percentage points higher or lower than the Quality Compass south central benchmark.

**Table A-4—HEDIS MY 2023 Rates Compared to MY 2023 Quality Compass South Central 50th Percentile: 2 Percentage Point Differences**

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<b>HEDIS Incentive Measures</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 3</i>	HUM	HBL
<i>Immunizations for Adolescents</i>		
<i>Combination 2</i>	HUM	ACLA, HBL, UHC, SWA
<i>Colorectal Cancer Screening</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Cervical Cancer Screening</i>	ABH, HUM	ACLA, LHCC, UHC
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ACLA, HUM	
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Poor Control (&gt;9.0%)*</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Controlling High Blood Pressure</i>	HBL	ABH, HUM

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>HIV Viral Load Suppression (QC—NA)</i>	N/A	N/A
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)* (QC—NA)</i>	N/A	N/A
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>	ABH, ACLA, HBL, HUM, SWA	
<i>12–17 Years</i>	ABH, HBL, HUM	LHCC, UHC
<i>18–21 Years</i>	HBL, HUM	LHCC
<i>Total</i>	ABH, ACLA, HBL, HUM	
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>First 15 Months</i>		ABH, ACLA, LHCC, UHC, SWA
<i>15 Months–30 Months</i>		
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>	ABH, ACLA, HBL, HUM, SWA	
<i>45–64 Years</i>	ABH, ACLA, HBL, HUM, SWA	
<i>65 Years and Older</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Total</i>	ABH, ACLA, HBL, HUM, SWA	
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-up Within 7 Days of Discharge</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	HUM	
<i>Plan All-Cause Readmissions</i>		
<i>Observed Readmissions Rate (Num/Den) (QC—NA)</i>	N/A	N/A
<i>Expected Readmissions Rate (QC—NA)</i>	N/A	N/A
<i>CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)</i>	ABH, ACLA, HBL, HUM, SWA	UHC
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)</i>	ABH, ACLA	
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—Children with Chronic Conditions [CCC], 8+9+10)</i>	ABH, ACLA, LHCC, SWA	
<i>Depression Screening and Follow-Up for Adolescents and Adults</i>		
<i>Depression Screening (Total)</i>		ACLA
<i>Follow-Up on Positive Screen (Total)</i>	ACLA	ABH, UHC, SWA
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>		ABH, HUM
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	ABH, HUM	
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>		ABH
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing</i>	LHCC	ABH, HBL
<i>Cholesterol Testing</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Blood Glucose and Cholesterol Testing</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>Prenatal and Postpartum Care</i>		
<i>Prenatal Care</i>	HUM, LHCC	UHC
<i>Postpartum Care</i>	ACLA	
<i>Lead Screening in Children</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Topical Fluoride for Children (QC—NA)</i>		
<i>1–2 Years</i>	N/A	N/A
<i>3–4 Years</i>	N/A	N/A
<i>Total</i>	N/A	N/A
<i>Oral Evaluation, Dental Services (QC—NA)</i>		
<i>0–2 Years</i>	N/A	N/A
<i>3–5 Years</i>	N/A	N/A
<i>6–14 Years</i>	N/A	N/A
<i>15–20 Years</i>	N/A	N/A
<i>Total</i>	N/A	N/A
<i>Childhood Immunization Status</i>		
<i>Diphtheria, Tetanus, and Acellular Pertussis (DTaP)</i>	HUM	
<i>Polio Vaccine, Inactivated (IPV)</i>	HUM	ABH
<i>Measles, Mumps, and Rubella (MMR)</i>	HUM	HBL
<i>Haemophilus Influenzae Type B (HiB)</i>	HUM	
<i>Hepatitis B</i>	HUM	ABH, ACLA, HBL, LHCC, SWA

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Varicella-Zoster Virus (VZV)</i>	HUM	HBL
<i>Pneumococcal Conjugate</i>	ABH, HUM, LHCC	
<i>Hepatitis A</i>	ABH, HUM	HBL
<i>Rotavirus</i>	ABH, HBL, HUM, LHCC, UHC, SWA	
<i>Influenza</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Combination 7</i>	ABH, HUM, LHCC	
<i>Combination 10</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Immunizations for Adolescents</i>		
<i>Meningococcal</i>	ABH, HUM	LHCC, UHC
<i>Tetanus, Diphtheria, and Pertussis/Tetanus and Diphtheria (Tdap/Td)</i>	ABH, HUM	LHCC, UHC
<i>Human Papillomavirus (HPV)</i>	HUM	ACLA, HBL, UHC, SWA
<i>Combination 1</i>	ABH, HUM	LHCC, UHC, SWA
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>Body Mass Index (BMI) Percentile Documentation</i>	ABH, ACLA, HBL, HUM, SWA	
<i>Counseling for Nutrition</i>	ABH, ACLA, HBL, HUM, UHC, SWA	
<i>Counseling for Physical Activity</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Chlamydia Screening in Women</i>		
<i>Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>		
<i>Advising Smokers and Tobacco Users to Quit</i>	LHCC, UHC, SWA	ACLA
<i>Discussing Cessation Medications</i>	LHCC	ABH, ACLA
<i>Discussing Cessation Strategies</i>	LHCC	ABH, ACLA
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>		ABH, ACLA, HBL, HUM, UHC, SWA
<i>Statin Adherence 80%—Total</i>	HBL, UHC	ABH, LHCC
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Control (&lt;8.0%)</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Eye Exam for Patients With Diabetes</i>	ABH	HBL, HUM, LHCC, UHC, SWA
<i>Blood Pressure Control for Patients With Diabetes</i>		HUM, UHC
<i>Pharmacotherapy for Opioid Use Disorder</i>	HBL, UHC	ABH, ACLA, HUM, LHCC
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment</i>		ABH, ACLA, HBL, HUM, UHC, SWA
<i>Engagement of SUD Treatment</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>		ABH, HBL, HUM, LHCC, UHC, SWA
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	ACLA, HBL, UHC, SWA	HUM
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication</i>		
<i>Initiation Phase</i>	ABH, LHCC	ACLA
<i>Continuation Phase</i>	HBL, LHCC, SWA	ABH, UHC

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>		ABH, HUM, LHCC
<i>Effective Continuation Phase Treatment</i>		ABH, ACLA, HUM, LHCC, SWA
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis/Bronchiolitis</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Use of Imaging Studies for Low Back Pain</i>		ACLA, HUM
<i>Non-Recommended Cervical Screening in Adolescent Females*</i>		
<i>Asthma Medication Ratio</i>		
<i>5–11 Years</i>	UHC	ABH, ACLA, HBL, LHCC
<i>12–18 Years</i>	UHC	ABH, ACLA, HBL, LHCC
<i>19–50 Years</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>51–64 Years</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Total</i>	UHC	ABH, ACLA, HBL, LHCC
<i>Self-Reported Overall Health (Adult) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Health (Child-General) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Health (Child-CCC) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Mental or Emotional Health (Adult) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Mental or Emotional Health (Child-General) (QC—NA)</i>	N/A	N/A
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC) (QC—NA)</i>	N/A	N/A
<i>Language Diversity of Membership (LDM)</i>		

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Spoken Language Preferred for Health Care—Health Plan</i>		ACLA, HBL, SWA
<i>Spoken Language Preferred for Health Care—CMS/State</i>	ACLA, HBL, SWA	
<i>Spoken Language Preferred for Health Care—Other Third-Party</i>		
<i>Preferred Language for Written Materials—Health Plan</i>		ACLA, HBL, SWA
<i>Preferred Language for Written Materials—CMS/State</i>		ABH, ACLA, HUM, LHCC, SWA
<i>Preferred Language for Written Materials—Other Third-Party</i>		UHC, SWA
<i>Other Language Needs—Health Plan</i>		HBL, SWA
<i>Other Language Needs—CMS/State</i>		ABH, ACLA, LHCC, SWA
<i>Other Language Needs—Other Third-Party</i>	ABH, ACLA, HBL, LHCC	HUM, UHC, SWA
<i>Spoken Language Preferred for Health Care—Percent English</i>	ABH	ACLA, HBL, HUM, LHCC, UHC
<i>Spoken Language Preferred for Health Care—Percent Non-English</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Spoken Language Preferred for Health Care—Percent Declined</i>		
<i>Spoken Language Preferred for Health Care—Percent Unknown</i>	ACLA, HBL, LHCC, UHC	ABH, SWA
<i>Language Preferred for Written Materials—Percent English</i>		ACLA, HBL, HUM, LHCC, SWA
<i>Language Preferred for Written Materials—Percent Non-English</i>		ACLA, HUM
<i>Language Preferred for Written Materials—Percent Declined</i>		
<i>Language Preferred for Written Materials—Percent Unknown</i>	ACLA, HBL, HUM, LHCC, SWA	
<i>Other Language Needs—Percent English</i>		ABH, ACLA, LHCC, SWA
<i>Other Language Needs—Percent Non-English</i>		
<i>Other Language Needs—Percent Declined</i>		
<i>Other Language Needs—Percent Unknown</i>	ABH, ACLA, LHCC, SWA	

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Race/Ethnicity Diversity of Membership (RDM)</i>		
<i>Race—Health Plan</i>		ACLA, HBL, SWA
<i>Race—CMS/State</i>	HBL, HUM	ABH, LHCC, UHC, SWA
<i>Race—Other Direct</i>		
<i>Race—Direct Total</i>	ABH, HUM, UHC	ACLA, HBL, LHCC
<i>Race—Indirect Total</i>		HBL
<i>Race—Unknown Total</i>	ACLA, HBL, LHCC	ABH, HUM, UHC
<i>Ethnicity—Health Plan</i>		ACLA, HBL, SWA
<i>Ethnicity—CMS/State</i>	ABH, ACLA, HBL, HUM, LHCC, SWA	UHC
<i>Ethnicity—Other Direct</i>		LHCC, SWA
<i>Ethnicity—Direct Total</i>	ABH, ACLA, HUM, LHCC, SWA	HBL, UHC
<i>Ethnicity—Indirect Total</i>		HBL, LHCC, SWA
<i>Ethnicity—Unknown Total</i>	HBL, UHC	ABH, ACLA, HUM, LHCC, SWA
<i>Race: White—Ethnicity: Hispanic or Latino</i>		ACLA
<i>Race: White—Ethnicity: Not Hispanic or Latino</i>	ACLA, LHCC	ABH, HBL, HUM, UHC, SWA
<i>Race: White—Ethnicity: Asked but No Answer</i>		
<i>Race: White—Ethnicity: Unknown</i>		ACLA, LHCC, SWA
<i>Race: White—Ethnicity: Total</i>	ABH, ACLA, HUM	HBL
<i>Race: Black or African American—Ethnicity: Hispanic or Latino</i>		ACLA
<i>Race: Black or African American—Ethnicity: Not Hispanic or Latino</i>	HUM	ABH, ACLA, HBL, UHC, SWA

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Race: Black or African American—Ethnicity: Asked but No Answer</i>		
<i>Race: Black or African American—Ethnicity: Unknown</i>		ACLA, LHCC, SWA
<i>Race: Black or African American—Ethnicity: Total</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Race: American Indian or Alaska Native—Ethnicity: Hispanic or Latino</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Not Hispanic or Latino</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Asked but No Answer</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Unknown</i>		
<i>Race: American Indian or Alaska Native—Ethnicity: Total</i>		
<i>Race: Asian—Ethnicity: Hispanic or Latino</i>		
<i>Race: Asian—Ethnicity: Not Hispanic or Latino</i>		HBL
<i>Race: Asian—Ethnicity: Asked but No Answer</i>		
<i>Race: Asian—Ethnicity: Unknown</i>		ABH
<i>Race: Asian—Ethnicity: Total</i>		ABH, HBL
<i>Race: Total—Ethnicity: Hispanic or Latino</i>	ABH, HBL, HUM, LHCC, UHC, SWA	
<i>Race: Total—Ethnicity: Not Hispanic or Latino</i>	ACLA, HUM, LHCC	ABH, HBL, UHC, SWA
<i>Race: Total—Ethnicity: Asked but No Answer</i>		ABH, HUM, SWA
<i>Race: Total—Ethnicity: Unknown</i>	HBL, UHC	ABH, ACLA, HUM, LHCC, SWA
<i>Race: Total—Ethnicity: Total</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Hispanic or Latino</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Not Hispanic or Latino</i>		

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Asked but No Answer</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Unknown</i>		
<i>Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Total</i>		
<i>Race: Some Other Race—Ethnicity: Hispanic or Latino</i>		
<i>Race: Some Other Race—Ethnicity: Not Hispanic or Latino</i>		HBL
<i>Race: Some Other Race—Ethnicity: Asked but No Answer</i>		
<i>Race: Some Other Race—Ethnicity: Unknown</i>		UHC
<i>Race: Some Other Race—Ethnicity: Total</i>		HBL, LHCC, UHC
<i>Race: Two or More Races—Ethnicity: Hispanic or Latino</i>		
<i>Race: Two or More Races—Ethnicity: Not Hispanic or Latino</i>		
<i>Race: Two or More Races—Ethnicity: Asked but No Answer</i>		
<i>Race: Two or More Races—Ethnicity: Unknown</i>		
<i>Race: Two or More Races—Ethnicity: Total</i>		ACLA
<i>Race: Unknown—Ethnicity: Hispanic or Latino</i>	HBL, HUM, LHCC, UHC, SWA	
<i>Race: Unknown—Ethnicity: Not Hispanic or Latino</i>		HBL, UHC, SWA
<i>Race: Unknown—Ethnicity: Asked but No Answer</i>		ABH, HUM, SWA
<i>Race: Unknown—Ethnicity: Unknown</i>	UHC	ABH, ACLA, HUM, LHCC, SWA
<i>Race: Unknown—Ethnicity: Total</i>	ACLA, HBL, LHCC	ABH, HUM, UHC
<i>Race: Asked but No Answer—Ethnicity: Hispanic or Latino</i>		
<i>Race: Asked but No Answer—Ethnicity: Not Hispanic or Latino</i>		
<i>Race: Asked but No Answer—Ethnicity: Asked but No Answer</i>		

Measure <sup>1,2</sup>	At Least 2 Percentage Points Below Quality Compass South Central Benchmark	At Least 2 Percentage Points Above Quality Compass South Central Benchmark
<i>Race: Asked but No Answer—Ethnicity: Unknown</i>		
<i>Race: Asked but No Answer—Ethnicity: Total</i>		

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-3. Measures that are marked “QC—NA” were excluded from the comparison because Quality Compass does not contain a 50th percentile benchmark for these measures.

<sup>2</sup> The comparisons excluded *AMB*, *IPU*, *PCR*-Observed/Expected numerator, and *ENP* because rates for these measures are not percentages and a percentage point difference cannot be determined.

Blank cell indicates that no MCO met the comparison criteria for the HEDIS measure.

Table A-5 displays the incentive and non-incentive HEDIS measures, and the MCOs and SWAs that showed at least a 0.1 percentage point increase in rates from HEDIS MY 2022 to HEDIS MY 2023, as well as MCOs and SWAs that showed at least a 0.1 percentage point decrease in rates over time.

**Table A-5—HEDIS MY 2023 Rates Compared to HEDIS MY 2022 Rates: 0.1 Percentage Point Differences**

Measure <sup>1,2</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<b>HEDIS Incentive Measures</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 3</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Immunizations for Adolescents</i>		
<i>Combination 2</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Colorectal Cancer Screening</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Cervical Cancer Screening</i>	ABH, HBL, UHC, SWA	ACLA, LHCC
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ABH, ACLA	HBL, LHCC, UHC, SWA
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Poor Control (&gt;9.0%)*</i>	ABH	ACLA, HBL, LHCC, UHC, SWA

Measure <sup>1,2</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Controlling High Blood Pressure</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>HIV Viral Load Suppression</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*</i>	HBL, LHCC, SWA	ABH, ACLA
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>12–17 Years</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>18–21 Years</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Total</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>First 15 Months</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>15 Months–30 Months</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>	ACLA, HBL	ABH, LHCC, UHC, SWA
<i>45–64 Years</i>	HBL	ABH, ACLA, LHCC, UHC, SWA
<i>65 Years and Older</i>	ABH, HBL, UHC	ACLA, LHCC, SWA
<i>Total</i>	HBL	ABH, ACLA, LHCC, UHC, SWA

Measure <sup>1,2</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow -Up Within 7 Days of Discharge</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ACLA, LHCC, UHC, SWA	ABH, HBL
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>Plan All-Cause Readmissions</i>		
<i>Observed Readmissions Rate (Num/Den</i>	ABH, ACLA, LHCC	HBL, UHC
<i>Expected Readmissions Rate</i>	ABH, ACLA, LHCC, UHC, SWA	HBL
<i>CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)</i>	ABH, ACLA, HBL, SWA	LHCC, UHC
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)</i>	ABH, ACLA	HBL, LHCC, UHC, SWA
<i>Depression Screening and Follow-Up for Adolescents and Adults</i>		
<i>Depression Screening (Total)</i>	ACLA	ABH, UHC
<i>Follow-Up on Positive Screen (Total)</i>	ACLA	ABH, UHC, SWA
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing</i>	ACLA	ABH, HBL, LHCC, SWA

Measure <sup>1,2</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Cholesterol Testing</i>	ABH, ACLA, HBL, UHC, SWA	LHCC
<i>Blood Glucose and Cholesterol Testing</i>	ABH, ACLA, HBL, UHC, SWA	LHCC
<i>Prenatal and Postpartum Care</i>		
<i>Prenatal Care</i>	ACLA, HBL, LHCC, SWA	ABH, UHC
<i>Postpartum Care</i>	ABH, ACLA	HBL, LHCC, SWA
<i>Lead Screening in Children</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Childhood Immunization Status</i>		
<i>Diphtheria, Tetanus, and Acellular Pertussis (DTaP)</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Polio Vaccine, Inactivated (IPV)</i>	ACLA, LHCC	ABH, HBL, UHC, SWA
<i>Measles, Mumps, and Rubella (MMR)</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Haemophilus Influenzae Type B (HiB)</i>		ABH, ACLA, HBL, LHCC, SWA
<i>Hepatitis B</i>	LHCC, UHC	ABH, ACLA, HBL, SWA
<i>Varicella-Zoster Virus (VZV)</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Pneumococcal Conjugate</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Hepatitis A</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Rotavirus</i>	ABH, HBL, LHCC, UHC, SWA	ACLA
<i>Influenza</i>	ACLA, HBL, LHCC, UHC, SWA	ABH

Measure <sup>1,2</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Combination 7</i>	HBL, UHC	ABH, ACLA, LHCC
<i>Combination 10</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>Immunizations for Adolescents</i>		
<i>Meningococcal</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Tetanus, Diphtheria, and Pertussis/Tetanus and Diphtheria (Tdap/Td)</i>	HBL	ABH, ACLA, LHCC, UHC, SWA
<i>Human Papillomavirus (HPV)</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Combination 1</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>Body Mass Index (BMI) Percentile Documentation</i>	HBL	ABH, ACLA, LHCC, SWA
<i>Counseling for Nutrition</i>	ABH, UHC	ACLA, HBL, LHCC, SWA
<i>Counseling for Physical Activity</i>	UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Chlamydia Screening in Women</i>		
<i>Total</i>		ABH, HBL, LHCC, UHC, SWA
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>		
<i>Advising Smokers and Tobacco Users to Quit</i>	ACLA, LHCC, UHC, SWA	ABH, HBL
<i>Discussing Cessation Medications</i>	HBL, LHCC	ABH, ACLA, UHC, SWA
<i>Discussing Cessation Strategies</i>	HBL, UHC	ABH, ACLA, LHCC, SWA
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Statin Adherence 80%—Total</i>	HBL, UHC, SWA	ABH, ACLA, LHCC

Measure <sup>1,2</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Control (&lt;8.0%)</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Eye Exam for Patients With Diabetes</i>	ABH, UHC	ACLA, HBL, LHCC, SWA
<i>Blood Pressure Control for Patients With Diabetes</i>	HBL	ABH, ACLA, LHCC, UHC, SWA
<i>Pharmacotherapy for Opioid Use Disorder</i>	LHCC	ABH, ACLA, HBL, SWA
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment</i>	HBL, LHCC, SWA	ABH, ACLA, UHC
<i>Engagement of SUD Treatment</i>	HBL, LHCC, SWA	ABH, ACLA, UHC
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	ACLA, HBL, UHC, SWA	ABH, LHCC
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication</i>		
<i>Initiation Phase</i>	ABH	ACLA, HBL, LHCC, UHC, SWA
<i>Continuation Phase</i>	LHCC, SWA	ABH, ACLA, UHC
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Effective Continuation Phase Treatment</i>		ABH, ACLA, LHCC, UHC, SWA
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis/Bronchiolitis</i>	ABH, LHCC, UHC	ACLA
<i>Use of Imaging Studies for Low Back Pain</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	

Measure <sup>1,2</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Non-Recommended Cervical Screening in Adolescent Females*</i>	ACLA, UHC	
<i>Self-Reported Overall Health (Adult)</i>	ABH	ACLA, HBL, LHCC, UHC, SWA
<i>Self-Reported Overall Health (Child-General)</i>	ABH	ACLA, HBL, LHCC, UHC, SWA
<i>Self-Reported Overall Health (Child-CCC)</i>	ABH, ACLA, HBL, UHC, SWA	LHCC
<i>Self-Reported Overall Mental or Emotional Health (Adult)</i>	ABH, ACLA, LHCC, SWA	HBL, UHC
<i>Self-Reported Overall Mental or Emotional Health (Child-General)</i>	ABH	ACLA, HBL, LHCC, UHC, SWA
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC)</i>	LHCC, UHC	ABH, HBL, SWA

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-4. The comparisons excluded *IPU, TFC, OED, AMR, ENP, LDM, RDM*, and *CAHPS Rating of Health Plan—CCC* because these measures were not reported by MCOs for HEDIS MY 2022. The comparisons also excluded *AMB* and *PCR-Observed/Expected* because rates for these measures are not percentages and a percentage point difference cannot be determined.

<sup>2</sup> HUM was excluded from these comparisons because the MCO reported for the first time in MY 2023.

Blank cell indicates that no MCO met the comparison criteria for the measure.

Table A-6 displays the incentive and non-incentive HEDIS measures, and the MCOs and SWAs that showed at least a 2 percentage point increase in rates from HEDIS MY 2022 to HEDIS MY 2023, as well as MCOs and SWAs that showed at least a 2 percentage point decrease in rates over time.

**Table A-6—HEDIS MY 2023 Rates Compared to HEDIS MY 2022 Rates: 2.0 Percentage Point Differences**

Measure <sup>1,2</sup>	Decreased by 2.0 Percentage Point or More	Increased by 2.0 Percentage Point or More
<b>HEDIS Incentive Measures</b>		
<i>Childhood Immunization Status</i>		
<i>Combination 3</i>		ABH, HBL, LHCC, UHC, SWA
<i>Immunizations for Adolescents</i>		
<i>Combination 2</i>		ABH, ACLA, UHC, SWA
<i>Colorectal Cancer Screening</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Cervical Cancer Screening</i>	ABH, HBL, UHC, SWA	
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge</i>		ACLA, LHCC
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ACLA	HBL
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Poor Control (&gt;9.0%)*</i>		ACLA, HBL, LHCC, UHC, SWA
<i>Controlling High Blood Pressure</i>		ABH, HBL, LHCC, SWA

Measure <sup>1,2</sup>	Decreased by 2.0 Percentage Point or More	Increased by 2.0 Percentage Point or More
<i>HIV Viral Load Suppression</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*</i>		
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>12–17 Years</i>		ABH, HBL, LHCC, UHC, SWA
<i>18–21 Years</i>		ABH, LHCC, SWA
<i>Total</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>First 15 Months</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>15 Months–30 Months</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>		ABH, LHCC
<i>45–64 Years</i>		ABH, LHCC, UHC
<i>65 Years and Older</i>	ABH, HBL	ACLA, LHCC, SWA
<i>Total</i>		ABH, LHCC, UHC
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge</i>		HBL
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ACLA	HBL

Measure <sup>1,2</sup>	Decreased by 2.0 Percentage Point or More	Increased by 2.0 Percentage Point or More
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 7 Days of Discharge</i>	ABH, ACLA, HBL, LHCC, SWA	
<i>Plan All-Cause Readmissions</i>		
<i>Observed Readmissions Rate (Num/Den)</i>		
<i>Expected Readmissions Rate</i>		
<i>CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)</i>	ABH, ACLA, HBL, SWA	
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)</i>	ABH	HBL, LHCC
<i>Depression Screening and Follow-Up for Adolescents and Adults</i>		
<i>Depression Screening (Total)</i>		
<i>Follow-Up on Positive Screen (Total)</i>	ACLA	ABH, SWA
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>		ABH
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>		ABH, ACLA, HBL, LHCC, SWA
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i>		
<i>Blood Glucose Testing</i>		ABH
<i>Cholesterol Testing</i>	ACLA, HBL	
<i>Blood Glucose and Cholesterol Testing</i>	ACLA, HBL	
<i>Prenatal and Postpartum Care</i>		
<i>Prenatal Care</i>	ACLA, HBL, LHCC	ABH, UHC
<i>Postpartum Care</i>	ABH, ACLA	LHCC
<i>Lead Screening in Children</i>		ABH, ACLA, LHCC, SWA

Measure <sup>1,2</sup>	Decreased by 2.0 Percentage Point or More	Increased by 2.0 Percentage Point or More
<i>Childhood Immunization Status</i>		
<i>Diphtheria, Tetanus, and Acellular Pertussis (DTaP)</i>		ABH, HBL, LHCC, UHC, SWA
<i>Polio Vaccine, Inactivated (IPV)</i>		ABH
<i>Measles, Mumps, and Rubella (MMR)</i>		ABH, HBL
<i>Haemophilus Influenzae Type B (HiB)</i>		ABH, HBL
<i>Hepatitis B</i>		ABH
<i>Varicella-Zoster Virus (VZV)</i>		ABH, HBL
<i>Pneumococcal Conjugate</i>		ABH, HBL, LHCC, SWA
<i>Hepatitis A</i>		ABH, ACLA, HBL, LHCC, SWA
<i>Rotavirus</i>	HBL, LHCC, UHC, SWA	
<i>Influenza</i>	ACLA, HBL, LHCC, UHC, SWA	
<i>Combination 7</i>		
<i>Combination 10</i>	ACLA, HBL, LHCC, UHC, SWA	
<i>Immunizations for Adolescents</i>		
<i>Meningococcal</i>		ABH, LHCC, UHC, SWA
<i>Tetanus, Diphtheria, and Pertussis/Tetanus and Diphtheria (Tdap/Td)</i>		ABH, LHCC, UHC
<i>Human Papillomavirus (HPV)</i>		ABH, ACLA, UHC, SWA
<i>Combination 1</i>		ABH, LHCC, UHC, SWA
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>Body Mass Index (BMI) Percentile Documentation</i>		ABH, ACLA, LHCC, SWA
<i>Counseling for Nutrition</i>	UHC	ACLA, LHCC, SWA
<i>Counseling for Physical Activity</i>	UHC	ACLA, HBL, LHCC, SWA

Measure <sup>1,2</sup>	Decreased by 2.0 Percentage Point or More	Increased by 2.0 Percentage Point or More
<i>Chlamydia Screening in Women</i>		
<i>Total</i>		ABH, HBL, LHCC, SWA
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>		
<i>Advising Smokers and Tobacco Users to Quit</i>		ABH
<i>Discussing Cessation Medications</i>		ABH, UHC
<i>Discussing Cessation Strategies</i>		ABH ACLA, LHCC, SWA
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>		ACLA, HBL, UHC, SWA
<i>Statin Adherence 80%—Total</i>	HBL, UHC	
<i>HbA1c Control for Patients With Diabetes</i>		
<i>HbA1c Control (&lt;8.0%)</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Eye Exam for Patients With Diabetes</i>	ABH	LHCC
<i>Blood Pressure Control for Patients With Diabetes</i>		ACLA, LHCC, UHC, SWA
<i>Pharmacotherapy for Opioid Use Disorder</i>		ABH, ACLA
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment</i>	HBL, LHCC, SWA	
<i>Engagement of SUD Treatment</i>	HBL, LHCC	UHC
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	ACLA, UHC	
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>		ABH, HBL, UHC, SWA
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication</i>		
<i>Initiation Phase</i>		ACLA, HBL, UHC, SWA
<i>Continuation Phase</i>	LHCC	ABH, ACLA
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>		LHCC

Measure <sup>1,2</sup>	Decreased by 2.0 Percentage Point or More	Increased by 2.0 Percentage Point or More
<i>Effective Continuation Phase Treatment</i>		ACLA, LHCC
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>		
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis/Bronchiolitis</i>		
<i>Use of Imaging Studies for Low Back Pain</i>	ACLA, HBL, LHCC, SWA	
<i>Non-Recommended Cervical Screening in Adolescent Females*</i>		
<i>Self-Reported Overall Health (Adult)</i>		ACLA, HBL, LHCC, UHC, SWA
<i>Self-Reported Overall Health (Child-General)</i>	AHB	ACLA, HBL, LHCC, UHC, SWA
<i>Self-Reported Overall Health (Child-CCC)</i>	ABH, HBL, UHC	LHCC
<i>Self-Reported Overall Mental or Emotional Health (Adult)</i>	ABH, ACLA, LHCC	HBL, UHC
<i>Self-Reported Overall Mental or Emotional Health (Child-General)</i>		ACLA, HBL, LHCC, UHC, SWA
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC)</i>	UHC	ABH

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-4. The comparisons excluded *IPU, TFC, OED, AMR, ENP, LDM, RDM*, and *CAHPS Rating of Health Plan—CCC* because these measures were not reported by MCOs for HEDIS MY 2022. The comparisons also excluded *AMB* and *PCR-Observed/Expected* because rates for these measures are not percentages and a percentage point difference cannot be determined.

<sup>2</sup> HUM was excluded from these comparisons because the MCO reported for the first time in MY 2023. Blank cell indicates that no MCO met the comparison criteria for the measure.