



# HEDIS MY 2024 Healthy Louisiana Performance Measure Results and Analysis

*December 2025*



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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) 2024 data, as well as some non-HEDIS data, submitted by the six MCOs that serve Medicaid members in Louisiana. A total of 44 HEDIS measures, comprising 185 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 2024 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: April 29, 2025.

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

## 2. Methodology

Healthy Louisiana MCOs report annually on HEDIS measures to maintain accreditation with NCQA and meet LDH reporting requirements. NCQA retired seven HEDIS measures in MY 2024 that the MCOs reported in MY 2023, including: *Colorectal Cancer Screening*, *Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease*, *Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication*, *Metabolic Monitoring for Children and Adolescents on Antipsychotics*, *Non-Recommended Cervical Cancer Screening in Adolescent Females*, *Ambulatory Care*, and *Inpatient Utilization—General Hospital/Acute Care*. Healthy Louisiana MCOs did not report MY 2024 data on these measures. For three of the seven measures retired in MY 2024, NCQA allowed the MCOs to report data using Electronic Clinical Data Systems (ECDS). Healthy Louisiana MCOs reported MY 2024 data on the following measures using ECDS: *Colorectal Cancer Screening—ECDS*, *Follow-Up Care for Children Prescribed ADHD Medication—ECDS*, and *Metabolic Monitoring for Children and Adolescents on Antipsychotics—ECDS*.

Each MCO provided HSAG with its HEDIS MY 2024 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 2024 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 185 HEDIS numerators, five numerators associated with the *Plan All-Cause Readmissions* and *Topical Fluoride for Children* 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 (24 numerators): *Plan All-Cause Readmissions—Observed/Expected Ratio* and *Enrollment by Product Line*.

For the *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%* and *Plan All-Cause Readmissions* HEDIS measures, a lower rate indicates better performance. All six MCOs had numerators with a designation of not applicable (NA) (i.e., denominator too small [less than 10]<sup>4</sup> for a valid rate) for MY 2024. 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

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

<sup>4</sup> LDH's practice is to replace measure rates based on a denominator value less than 10 with "NA." This differs from NCQA's methodology, which is to use "NA" to replace measure rates based on a denominator value less than 30.

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.

HSAG conducted the following comparisons:

1. For the incentive measures, the HEDIS and non-HEDIS rates for MY 2024 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 2022 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 2023 rates.
2. The HEDIS MY 2024 rates were compared to the MY 2024 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 2024 rates were compared to the MY 2024 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 2024 rates were compared to the HEDIS MY 2023 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 nine incentive measures, encompassing nine 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 2024 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	9	0	9
ACLA	7	2	9
HBL	7	2	9
HUM	7	2	9
LHCC	7	2	9
UHC	6	3	9
<b>Statewide Average</b>	<b>8</b>	<b>1</b>	<b>9</b>

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

The HEDIS MY 2024 SWA met the target rate or improved by 2 percentage points for the following eight numerators:

- *Colorectal Cancer Screening—ECDS*
- *Cervical Cancer Screening*
- *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days After Discharge—Total*
- *Follow-Up After Emergency Department (ED) Visit for Mental Illness—Follow-Up Within 30 Days of the ED Visit—Total*
- *Follow-Up After ED Visit for Substance Use—Follow-Up Within 30 Days of the ED Visit—Total*
- *Controlling High Blood Pressure*
- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%*
- *Human Immunodeficiency Virus (HIV) Viral Load Suppression*

The SWA 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)*

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

- *Cervical Cancer Screening*
- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%*
- *Controlling High Blood Pressure*
- *HIV Viral Load Suppression*

There was no circumstance where all MCOs and the SWA collectively did not meet the target rate or improve by 2 percentage points for any numerator.

HSAG's analysis determined whether each MCO met the target rate for an incentive measure indicated in the Performance Measure Submission Guide for MY 2024 reporting (i.e., achievement target) and/or whether each MCO's MY 2024 rate improved by at least 2 percentage points compared to its MY 2023 rate (i.e., improvement target). Overall measure rate results for the MCOs were as follows:

- MCO met both the improvement and achievement target for the measure: 18.52 percent
- MCO met the improvement target only for the measure: 31.48 percent
- MCO met the achievement target only for the measure: 29.63 percent
- MCO did not meet either the improvement or the achievement target for the measure: 20.37 percent

## Comparisons to the Quality Compass National 50th Percentile

MCO results were compared to the MY 2024 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 156 numerators. Of the six MCOs, 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 HBL. There were 47 numerators with 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-3.

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

MCO	MY 2024 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	34	20	34	19	48	155
ACLA	41	16	32	21	45	155
HBL	43	23	40	11	38	155
HUM	46	23	37	8	39	153
LHCC	30	19	28	27	51	155
UHC	30	25	37	18	45	155
<b>Statewide Average</b>	<b>32</b>	<b>18</b>	<b>25</b>	<b>34</b>	<b>47</b>	<b>156</b>

<sup>1</sup> These comparisons excluded *HIV Viral Load Suppression (HIV)*, *Low-Risk Cesarean Delivery (LRCD)*, *Self-Reported Overall Health (Adult) and (Child)*, *Self-Reported Overall Mental or Emotional Health (Adult) and (Child)*, *Plan All-Cause Readmissions (PCR)*, and *Topical Fluoride for Children (TFC)* since Quality Compass does not contain a 50th percentile benchmark for these measures. These comparisons also excluded the *PCR—Observed/Expected Ratio* 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 [less than 10] for a valid rate) 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>5</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 an MCO reported NA.

<sup>5</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 the MCOs’ and the SWA rates on numerators were 2 percentage points higher or lower than the Quality Compass national benchmarks. Among the nine incentive measures, there were no numerators for which all six MCOs and the SWA were at least 2 percentage points higher than the benchmark. Three MCOs (ABH, ACLA, UHC) and the SWA were at least 2 percentage points higher than the national benchmark for the following numerators:

- *Colorectal Cancer Screening—ECDS*
- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >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:

- *Follow-Up After High-Intensity Care for Substance Use Disorder (SUD)—Follow-Up Within 7 Days of Visit or Discharge—Total*
- *Follow-Up After High-Intensity Care for SUD—Follow-Up Within 30 Days of Visit or Discharge—Total*
- *Chlamydia Screening in Women—Total*
- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%*
- *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment—Total—Total*
- *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment—Total—Total*
- *Language Diversity of Membership—Spoken Language Preferred for Health Care—Percent English*
- *Race/Ethnicity Diversity of Membership—Race: Black or African American—Ethnicity: Not Hispanic or Latino*

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

MCO results were compared to the MY 2024 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 156 numerators. Of the six MCOs, LHCC 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 HBL. There were 49 numerators with SWA rates that surpassed the benchmark by at least 2 percentage points, while 31 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 2024 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>
ABH	29	19	43	21	43	155
ACLA	39	18	34	22	42	155
HBL	41	23	39	17	35	155
HUM	44	9	48	16	36	153
LHCC	27	18	33	28	49	155
UHC	26	14	50	28	37	155
<b>Statewide Average</b>	<b>31</b>	<b>20</b>	<b>24</b>	<b>32</b>	<b>49</b>	<b>156</b>

<sup>1</sup> These comparisons excluded *HIV*, *LRCD*, Self-Reported Overall Health (Adult) and (Child), Self-Reported Overall Mental or Emotional Health (Adult) and (Child), *PCR*, and *TFC* since Quality Compass does not contain a 50th percentile benchmark for these measures. These comparisons also excluded *PCR—Observed/Expected Ratio* 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 [less than 10] for a valid rate) 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 an MCO reported NA.

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

- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >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:

- *Follow-Up After High-Intensity Care for SUD—Follow-Up Within 7 Days of Visit or Discharge—Total*
- *Follow-Up After High-Intensity Care for SUD—Follow-Up Within 30 Days of Visit or Discharge—Total*
- *Lead Screening in Children*
- *Chlamydia Screening in Women—Total*
- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status <8.0%*

- *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment—Total—Total*
- *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment—Total—Total*
- *Language Diversity of Membership—Spoken Language Preferred for Health Care—Percent English*

## 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 2024 and HEDIS MY 2023 by MCO and the SWA. Counts represent each measure indicator, itemized by numerator; this analysis included 70 numerators. Any difference of at least 0.1 percentage point was noted in the results. Of the six MCOs, ABH, ACLA, and LHCC showed the most improvement in rates from MY 2023 to MY 2024: LHCC improved by at least 0.1 percentage point for 24 numerators, and ABH and ACLA improved by more than 2 percentage points for 33 numerators. HUM and UHC showed a decline in rates for numerators from MY 2023 to MY 2024: UHC had rates that fell below the benchmark by at least 0.1 percentage point for 12 numerators, and HUM had rates that fell below the benchmark by more than 2 percentage points for 13 numerators.

From MY 2023 to MY 2024, 24 numerators had SWA rates that improved by at least 0.1 percentage point and 27 numerators that improved by greater than 2 percentage points, while 11 numerators had SWA rates that declined by at least 0.1 percentage point and five 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 2024 and HEDIS MY 2023**

MCO	HEDIS MY 2024 Compared to HEDIS MY 2023 <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	9	8	1	19	33	70
ACLA	9	8	1	19	33	70
HBL	12	10	2	17	28	69
HUM	13	7	13	8	29	70
LHCC	7	10	4	24	25	70
UHC	10	12	3	21	24	70
<b>Statewide Average</b>	<b>5</b>	<b>11</b>	<b>2</b>	<b>24</b>	<b>27</b>	<b>69</b>

<sup>1</sup> These comparisons excluded COL-E, Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-E), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Antibiotic Utilization for Respiratory Conditions (AXR), Appropriate Testing for Pharyngitis (CWP), and Follow-Up After High-Intensity Care for SUD (FUI) because LDH did not require the MCOs to report on these measures for HEDIS MY 2023. These comparisons excluded PCR—Observed/Expected Ratio and ENP because rates for these measures are not percentages and a percentage point difference cannot be

determined. These comparisons also excluded *Language Diversity of Membership (LDM)* and *Race/Ethnicity Diversity of Membership (RDM)* because they are health plan descriptive measures and comparing performance on these measures between MYs may not be meaningful.

<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 were not reported by the MCOs for HEDIS MY 2023 and indicators for which rates are not percentages.

HSAG's analysis determined whether the MCOs' and the SWA rates on HEDIS and certain non-HEDIS numerators improved by specified margins between MY 2023 and MY 2024. The two numerators that displayed the largest decrease in the SWA rate between the measurement years were *Asthma Medication Ratio—5–11 Years*, which decreased by 10.60 percentage points, and *Asthma Medication Ratio—12–18 Years*, which decreased by 6.07 percentage points (data not shown). The two numerators that displayed the largest improvement in the SWA rate between the measurement years were *Depression Screening and Follow-Up for Adolescents and Adults—ECDS—Follow-Up on Positive Screen—Total*, which increased by 11.07 percentage points, and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*, which increased by 8.97 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 2023 rates, or did not meet the target rates and improved by 2 percentage points or more from the HEDIS MY 2023 rates.

**Table A-1—HEDIS MY 2024 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>Colorectal Cancer Screening—ECDS</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Cervical Cancer Screening</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days After Discharge—Total</i>	ABH, HBL, HUM, LHCC, SWA	ACLA, UHC
<i>Follow-Up After ED Visit for Mental Illness—Follow-Up Within 30 Days of the ED Visit—Total</i>	ABH, ACLA, HUM, UHC, SWA	HBL, LHCC
<i>Follow-Up After ED Visit for Substance Use—Follow-Up Within 30 Days of the ED Visit—Total</i>	ABH, ACLA, HBL, HUM, LHCC, SWA	UHC
<i>Glycemic Status Assessment for Patients With Diabetes—Glycemic Status &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>HIV Viral Load Suppression</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<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 (2022 Quality Compass national 50th percentile rate) or improvement of the measure by 2 percentage points or more from the HEDIS MY 2023 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 2024 reporting (based on the 2022 Quality Compass national 50th percentile) and/or whether the MCO’s HEDIS MY 2024 rate improved by at least 2 percentage points compared to its HEDIS MY 2023 rate.

**Table A-2—HEDIS MY 2024 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>Colorectal Cancer Screening—ECDS</i>	Yes—Both	Yes—Both	Yes—A	No	Yes—A	Yes—A	35.17%
<i>Cervical Cancer Screening</i>	Yes—I	Yes—Both	Yes—I	Yes—I	Yes—Both	Yes—A	57.11%
<i>Follow-Up After Hospitalization for Mental Illness— Follow-Up Within 30 Days After Discharge—Total</i>	Yes—I	No	Yes—I	Yes—I	Yes—I	No	57.69%
<i>Follow-Up After ED Visit for Mental Illness— Follow-Up Within 30 Days of the ED Visit—Total</i>	Yes—I	Yes—I	No	Yes—I	No	Yes—I	54.87%
<i>Follow-Up After ED Visit for Substance Use— Follow-Up Within 30 Days of the ED Visit—Total</i>	Yes—I	Yes—I	Yes—I	Yes—I	Yes—I	No	36.34%
<i>Glycemic Status Assessment for Patients With Diabetes—Glycemic Status &gt;9.0%*</i>	Yes—Both	Yes—Both	Yes—A	Yes—A	Yes—A	Yes—A	37.96%
<i>Controlling High Blood Pressure</i>	Yes—A	Yes—Both	Yes—Both	Yes—A	Yes—Both	Yes—A	61.31%
<i>HIV Viral Load Suppression</i>	Yes—A	Yes—A	Yes—A	Yes—Both	Yes—A	Yes—A	80.86%
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*</i>	Yes—I	No	No	No	No	No	23.59%

\* 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 2024 rate improved by at least 2 percentage points compared to the HEDIS MY 2023 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 2022 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 2023 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 2024 Rates Compared to MY 2024 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>Colorectal Cancer Screening—ECDS</i>	HBL, HUM	ABH, ACLA, LHCC, UHC, SWA
<i>Cervical Cancer Screening</i>	ABH, HBL, HUM	LHCC
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge—Total</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—Total</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—Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &gt;9.0%*</i>		ABH, ACLA, HUM, UHC, SWA
<i>Controlling High Blood Pressure</i>	ABH, HBL, UHC, SWA	
<i>HIV Viral Load Suppression (QC—NA)</i>	NA	NA
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)* (QC—NA)</i>	NA	NA
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>	ABH, ACLA, 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>12–17 Years</i>	ABH, HUM	LHCC, UHC
<i>18–21 Years</i>	HUM	LHCC
<i>Total</i>	ABH, HUM	
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>First 15 Months</i>		ABH, LHCC, UHC
<i>15 Months–30 Months</i>	HUM	UHC
<i>Antibiotic Utilization for Respiratory Conditions</i>		
<i>3 Months–17 Years</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>18–64 Years</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>65 Years and Older</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Total</i>		ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Appropriate Testing for Pharyngitis</i>		
<i>3–17 Years</i>	ACLA, HBL, LHCC, UHC, SWA	
<i>18–64 Years</i>	ACLA	HUM, LHCC
<i>65 Years and Older</i>		SWA
<i>Total</i>	ACLA, SWA	
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>	ACLA, HUM	LHCC, UHC
<i>45–64 Years</i>	HUM	LHCC, 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>65 Years and Older</i>	ABH, ACLA, HBL, HUM, UHC, SWA	
<i>Total</i>	ACLA, HUM	LHCC, UHC
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge—Total</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—Total</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—Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Follow-Up After High-Intensity Care for SUD</i>		
<i>Follow-Up Within 7 Days of Visit or Discharge—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Follow-Up Within 30 Days of Visit or Discharge—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Plan All-Cause Readmissions (QC—NA)</i>		
<i>Observed Readmissions Rate (Num/Den)</i>	NA	NA
<i>Expected Readmissions Rate</i>	NA	NA
<i>CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)</i>		ABH, ACLA, HBL, HUM
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)</i>	ABH, LHCC	HUM
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—Children with Chronic Conditions [CCC], 8+9+10)</i>		HBL
<i>Depression Screening and Follow-Up for Adolescents and Adults—ECDS</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>Depression Screening—Total</i>	HBL, HUM	ABH, LHCC
<i>Follow-Up on Positive Screen—Total</i>	ACLA, HBL, UHC	ABH, LHCC, SWA
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>		ABH, HBL, HUM, LHCC, SWA
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	HUM	ACLA, LHCC
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>		ABH, ACLA, LHCC, UHC, SWA
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—ECDS</i>		
<i>Blood Glucose Testing—Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Cholesterol Testing—Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Blood Glucose and Cholesterol Testing—Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Prenatal and Postpartum Care</i>		
<i>Timeliness of Prenatal Care</i>	ABH, ACLA, HBL, HUM, SWA	
<i>Postpartum Care</i>	ABH, HUM	
<i>Lead Screening in Children</i>	ACLA	LHCC
<i>Topical Fluoride for Children (QC—NA)</i>		
<i>1–2 Years</i>	NA	NA
<i>3–4 Years</i>	NA	NA
<i>Total</i>	NA	NA
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>Body Mass Index (BMI) Percentile Documentation—Total</i>	ACLA	HUM, LHCC, UHC, SWA
<i>Counseling for Nutrition—Total</i>	ACLA, LHCC, 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>Counseling for Physical Activity—Total</i>	ACLA, HBL, LHCC, 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>	HBL, HUM, UHC, SWA	
<i>Discussing Cessation Medications</i>	HBL, HUM, SWA	
<i>Discussing Cessation Strategies</i>	HBL	ABH, LHCC
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>	HUM	ACLA, UHC
<i>Statin Adherence 80%—Total</i>	ACLA, HBL	HUM, LHCC, UHC
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &lt;8.0%</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Blood Pressure Control for Patients With Diabetes</i>	ABH, HBL, HUM, LHCC	
<i>Eye Exam for Patients With Diabetes</i>	ACLA, HUM	ABH, HBL, LHCC, SWA
<i>Asthma Medication Ratio</i>		
<i>5–11 Years</i>	ABH, ACLA, LHCC	HUM
<i>12–18 Years</i>	UHC	ABH, HBL, HUM
<i>19–50 Years</i>	UHC	ABH, ACLA, HBL, HUM
<i>51–64 Years</i>	UHC	ABH, ACLA, HBL, HUM, LHCC
<i>Total</i>	UHC	ABH, ACLA, HBL, 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>Pharmacotherapy for Opioid Use Disorder</i>	HBL	ABH, ACLA, HUM, LHCC, UHC, SWA
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment—Total—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Engagement of SUD Treatment—Total—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	ACLA	HBL, HUM, UHC
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	ABH, ACLA, HBL, HUM, SWA	UHC
<i>Follow-Up Care for Children Prescribed ADHD Medication—ECDS</i>		
<i>Initiation Phase</i>	ABH, HUM, LHCC	ACLA
<i>Continuation Phase</i>	HUM, LHCC, UHC, SWA	ACLA, HBL
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	ACLA, HBL, SWA	ABH, HUM
<i>Effective Continuation Phase Treatment</i>	ACLA, HBL	ABH, HUM, UHC
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<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>	HUM, UHC	
<i>Self-Reported Overall Health (Adult) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Health (Child-General) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Health (Child-CCC) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Mental or Emotional Health (Adult) (QC—NA)</i>	NA	NA

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-General) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC) (QC—NA)</i>	NA	NA
<i>Language Diversity of Membership</i>		
<i>Spoken Language Preferred for Health Care—Health Plan</i>	ABH, HUM, UHC	ACLA, HBL, LHCC, SWA
<i>Spoken Language Preferred for Health Care—CMS/State</i>	HBL, LHCC	ABH, ACLA, HUM, UHC, SWA
<i>Spoken Language Preferred for Health Care—Other Third-Party</i>		LHCC
<i>Preferred Language for Written Materials—Health Plan</i>	ABH, HUM, UHC	ACLA, HBL, LHCC, SWA
<i>Preferred Language for Written Materials—CMS/State</i>		ABH, ACLA, HUM, SWA
<i>Preferred Language for Written Materials—Other Third-Party</i>		LHCC, UHC, SWA
<i>Other Language Needs—Health Plan</i>		HBL, LHCC, SWA
<i>Other Language Needs—CMS/State</i>		ABH, ACLA, SWA
<i>Other Language Needs—Other Third-Party</i>		HUM, LHCC, 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>		
<i>Language Preferred for Written Materials—Percent English</i>	ABH, UHC, SWA	ACLA, HBL, HUM, LHCC
<i>Language Preferred for Written Materials—Percent Non-English</i>	ABH, HBL, LHCC, UHC, SWA	
<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

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 English</i>		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>	ACLA, LHCC, SWA	
<i>Race/Ethnicity Diversity of Membership</i>		
<i>Race—Health Plan</i>		ACLA, HBL, LHCC, SWA
<i>Race—CMS/State</i>	HBL, LHCC, SWA	ABH, ACLA, HUM, UHC
<i>Race—Other Direct</i>		LHCC
<i>Race—Direct Total</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Race—Indirect Total</i>		ABH, HBL
<i>Race—Unknown Total</i>	ABH, ACLA, HBL, LHCC, SWA	HUM
<i>Ethnicity—Health Plan</i>		ACLA, HBL, LHCC, 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>	ABH, ACLA, HUM	HBL, UHC
<i>Ethnicity—Indirect Total</i>		ABH, LHCC, SWA
<i>Ethnicity—Unknown Total</i>	HBL	ABH, ACLA, HUM, UHC, SWA
<i>Race: White—Ethnicity: Hispanic or Latino</i>	HBL, HUM	ABH, ACLA
<i>Race: White—Ethnicity: Not Hispanic or Latino</i>	ACLA	HBL, HUM, LHCC, SWA
<i>Race: White—Ethnicity: Asked but No Answer</i>		
<i>Race: White—Ethnicity: Unknown</i>		ABH, ACLA, 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>Race: White—Ethnicity: Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Race: Black or African American—Ethnicity: Hispanic or Latino</i>		ABH, ACLA, UHC, SWA
<i>Race: Black or African American—Ethnicity: Not Hispanic or Latino</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Race: Black or African American—Ethnicity: Asked but No Answer</i>		
<i>Race: Black or African American—Ethnicity: Unknown</i>		ABH, ACLA, UHC, 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>		
<i>Race: Asian—Ethnicity: Total</i>		HBL
<i>Race: Total—Ethnicity: Hispanic or Latino</i>	HBL, HUM, LHCC, UHC, SWA	ABH, ACLA
<i>Race: Total—Ethnicity: Not Hispanic or Latino</i>	ABH, ACLA, HUM	HBL, LHCC, UHC, SWA
<i>Race: Total—Ethnicity: Asked but No Answer</i>		HUM
<i>Race: Total—Ethnicity: Unknown</i>	HBL	ABH, ACLA, HUM, 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>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>		
<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>		
<i>Race: Some Other Race—Ethnicity: Total</i>		ABH, 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>		
<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	
<i>Race: Unknown—Ethnicity: Not Hispanic or Latino</i>		UHC, SWA
<i>Race: Unknown—Ethnicity: Asked but No Answer</i>		HUM
<i>Race: Unknown—Ethnicity: Unknown</i>		ABH, ACLA, HUM, LHCC, 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>Race: Unknown—Ethnicity: Total</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	HUM
<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>		
<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 *PCR—Observed/Expected Ratio* 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 2024 Rates Compared to MY 2024 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>Colorectal Cancer Screening—ECDS</i>	HUM	ABH, ACLA, LHCC, UHC, SWA
<i>Cervical Cancer Screening</i>	HUM	ACLA, LHCC, UHC, SWA
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge—Total</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—Total</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—Total</i>	ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &gt;9.0%*</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Controlling High Blood Pressure</i>	HBL, UHC	LHCC
<i>HIV Viral Load Suppression (QC—NA)</i>	NA	NA
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)* (QC—NA)</i>	NA	NA
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>	ABH, ACLA, HBL, 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>12–17 Years</i>	ABH, HUM	LHCC, UHC
<i>18–21 Years</i>	ABH, HBL, HUM	
<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>	HUM	
<i>Antibiotic Utilization for Respiratory Conditions</i>		
<i>3 Months–17 Years</i>	HUM	
<i>18–64 Years</i>	HUM	
<i>65 Years and Older</i>	HUM	ACLA
<i>Total</i>	ABH, HUM	
<i>Appropriate Testing for Pharyngitis</i>		
<i>3–17 Years</i>	ACLA, HBL, LHCC, SWA	
<i>18–64 Years</i>	ACLA	HUM, LHCC
<i>65 Years and Older</i>	SWA	
<i>Total</i>	ACLA, SWA	
<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, HUM, 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>Total</i>	ABH, ACLA, HBL, HUM, LHCC, SWA	
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge—Total</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—Total</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—Total</i>	ACLA, HUM, LHCC, UHC, SWA	
<i>Follow-Up After High-Intensity Care for SUD</i>		
<i>Follow-Up Within 7 Days of Visit or Discharge—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Follow-Up Within 30 Days of Visit or Discharge—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Plan All-Cause Readmissions (QC—NA)</i>		
<i>Observed Readmissions Rate (Num/Den)</i>	NA	NA
<i>Expected Readmissions Rate</i>	NA	NA
<i>CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)</i>	UHC	HUM
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)</i>	ABH, LHCC, UHC, SWA	HUM
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—Children with Chronic Conditions [CCC], 8+9+10)</i>	ABH, LHCC, UHC, SWA	
<i>Depression Screening and Follow-Up for Adolescents and Adults—ECDS</i>		
<i>Depression Screening—Total</i>	HUM	ABH, LHCC

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 on Positive Screen—Total</i>	ACLA, HBL, UHC	ABH, LHCC, SWA
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>		
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	HBL, HUM	
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	HBL	ABH, ACLA
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics—ECDS</i>		
<i>Blood Glucose Testing—Total</i>	HUM	
<i>Cholesterol Testing—Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Blood Glucose and Cholesterol Testing—Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Prenatal and Postpartum Care</i>		
<i>Timeliness of Prenatal Care</i>	ABH, ACLA, HUM	UHC
<i>Postpartum Care</i>	ABH	LHCC
<i>Lead Screening in Children</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Topical Fluoride for Children (QC—NA)</i>		
<i>1–2 Years</i>	NA	NA
<i>3–4 Years</i>	NA	NA
<i>Total</i>	NA	NA
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile Documentation—Total</i>	ACLA	HUM, LHCC, UHC, SWA
<i>Counseling for Nutrition—Total</i>	ACLA, LHCC	
<i>Counseling for Physical Activity—Total</i>	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>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>	HBL, HUM, UHC, SWA	
<i>Discussing Cessation Medications</i>	HBL, HUM, SWA	
<i>Discussing Cessation Strategies</i>	HBL	ABH, LHCC
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>	HUM	ABH, ACLA, HBL, UHC, SWA
<i>Statin Adherence 80%—Total</i>	ACLA, HBL	ABH, HUM, LHCC, UHC, SWA
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &lt;8.0%</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Blood Pressure Control for Patients With Diabetes</i>		ACLA
<i>Eye Exam for Patients With Diabetes</i>		ABH, HBL, LHCC, SWA
<i>Asthma Medication Ratio</i>		
<i>5–11 Years</i>		HBL, HUM
<i>12–18 Years</i>		ABH, ACLA, HBL, HUM, LHCC, SWA
<i>19–50 Years</i>	UHC	ABH, ACLA, HBL, HUM, LHCC, SWA
<i>51–64 Years</i>	UHC	ABH, ACLA, HBL, HUM, LHCC, SWA
<i>Total</i>	UHC	ABH, ACLA, HBL, 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>Pharmacotherapy for Opioid Use Disorder</i>	HBL	ABH, HUM, LHCC, UHC, SWA
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment—Total—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Engagement of SUD Treatment—Total—Total</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, UHC, SWA
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	ACLA, HBL, HUM	LHCC, UHC
<i>Follow-Up Care for Children Prescribed ADHD Medication—ECDS</i>		
<i>Initiation Phase</i>	ABH, HUM, LHCC	ACLA
<i>Continuation Phase</i>	ABH, HUM, LHCC, UHC, SWA	HBL
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	HBL	ABH, HUM, LHCC, UHC, SWA
<i>Effective Continuation Phase Treatment</i>	HBL	ABH, HUM, 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, ACLA, HBL, LHCC, UHC, SWA	HUM
<i>Use of Imaging Studies for Low Back Pain</i>		ACLA, LHCC
<i>Self-Reported Overall Health (Adult) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Health (Child-General) (QC—NA)</i>	NA	NA

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>Self-Reported Overall Health (Child-CCC) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Mental or Emotional Health (Adult) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Mental or Emotional Health (Child-General) (QC—NA)</i>	NA	NA
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC) (QC—NA)</i>	NA	NA
<i>Language Diversity of Membership</i>		
<i>Spoken Language Preferred for Health Care—Health Plan</i>		ACLA, HBL, LHCC, SWA
<i>Spoken Language Preferred for Health Care—CMS/State</i>	ACLA, HBL, LHCC, SWA	
<i>Spoken Language Preferred for Health Care—Other Third-Party</i>		LHCC
<i>Preferred Language for Written Materials—Health Plan</i>		ACLA, HBL, LHCC, SWA
<i>Preferred Language for Written Materials—CMS/State</i>		ABH, ACLA, HUM, SWA
<i>Preferred Language for Written Materials—Other Third-Party</i>		LHCC, UHC, SWA
<i>Other Language Needs—Health Plan</i>		HBL, LHCC, SWA
<i>Other Language Needs—CMS/State</i>		ABH, ACLA, 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, ACLA, UHC	
<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>		ACLA, HUM
<i>Language Preferred for Written Materials—Percent Declined</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>Language Preferred for Written Materials—Percent Unknown</i>	ACLA, HBL, HUM, LHCC, SWA	ABH, UHC
<i>Other Language Needs—Percent English</i>		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>	ACLA, LHCC, SWA	
<i>Race/Ethnicity Diversity of Membership</i>		
<i>Race—Health Plan</i>		ACLA, HBL, LHCC, SWA
<i>Race—CMS/State</i>	HBL, LHCC, SWA	ABH, UHC
<i>Race—Other Direct</i>		LHCC
<i>Race—Direct Total</i>	HUM	ACLA, HBL, LHCC
<i>Race—Indirect Total</i>		ABH, HBL
<i>Race—Unknown Total</i>	ABH, ACLA, HBL, LHCC	HUM
<i>Ethnicity—Health Plan</i>		ACLA, HBL, LHCC, SWA
<i>Ethnicity—CMS/State</i>	ACLA, HBL, LHCC, SWA	ABH, UHC
<i>Ethnicity—Other Direct</i>		LHCC, SWA
<i>Ethnicity—Direct Total</i>	ABH, ACLA, HUM	HBL, LHCC, UHC, SWA
<i>Ethnicity—Indirect Total</i>		ABH, LHCC, SWA
<i>Ethnicity—Unknown Total</i>	HBL	ABH, ACLA, HUM, UHC, SWA
<i>Race: White—Ethnicity: Hispanic or Latino</i>		ABH, ACLA
<i>Race: White—Ethnicity: Not Hispanic or Latino</i>	ACLA	HBL, HUM, LHCC, SWA
<i>Race: White—Ethnicity: Asked but No Answer</i>		
<i>Race: White—Ethnicity: Unknown</i>		ABH, ACLA, 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: White—Ethnicity: Total</i>	ACLA, HUM, UHC	HBL
<i>Race: Black or African American—Ethnicity: Hispanic or Latino</i>		ABH, ACLA, UHC, SWA
<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>		ABH, ACLA, UHC, 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>		
<i>Race: Asian—Ethnicity: Total</i>		HBL
<i>Race: Total—Ethnicity: Hispanic or Latino</i>	HBL, HUM, LHCC, UHC, SWA	ABH
<i>Race: Total—Ethnicity: Not Hispanic or Latino</i>	ACLA, HUM	HBL, LHCC, UHC, SWA
<i>Race: Total—Ethnicity: Asked but No Answer</i>		HUM
<i>Race: Total—Ethnicity: Unknown</i>	HBL	ABH, ACLA, HUM, 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: 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>		
<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>		
<i>Race: Some Other Race—Ethnicity: Total</i>	ACLA, HUM	
<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	
<i>Race: Unknown—Ethnicity: Not Hispanic or Latino</i>		UHC, SWA
<i>Race: Unknown—Ethnicity: Asked but No Answer</i>		HUM
<i>Race: Unknown—Ethnicity: Unknown</i>		ABH, ACLA, HUM, 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: Unknown—Ethnicity: Total</i>	ABH, ACLA, HBL, LHCC, SWA	HUM
<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>		
<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 *PCR—Observed/Expected Ratio* 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 2023 to HEDIS MY 2024, 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 2024 Rates Compared to HEDIS MY 2023 Rates: 0.1 Percentage Point Differences**

Measure <sup>1</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<b>HEDIS Incentive Measures</b>		
<i>Cervical Cancer Screening</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge—Total</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—Total</i>	HBL	ABH, ACLA, HUM, LHCC, UHC, SWA
<i>Follow-Up After ED Visit for Substance Use—Total</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &gt;9.0%*</i>	HUM, UHC	ABH, ACLA, LHCC, SWA
<i>Controlling High Blood Pressure</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>HIV Viral Load Suppression</i>	ABH, HBL, LHCC, UHC, SWA	ACLA, HUM
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*</i>	ABH, LHCC	ACLA, HBL, HUM

Measure <sup>1</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>12–17 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>18–21 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Total</i>		ABH, ACLA, HBL, HUM, 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, HUM, LHCC, UHC, SWA
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>45–64 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>65 Years and Older</i>	HUM, SWA	ABH, ACLA, HBL, UHC
<i>Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge—Total</i>	ACLA	ABH, HBL, HUM, LHCC, UHC, SWA

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

Measure <sup>1</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Postpartum Care</i>	ABH	ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Lead Screening in Children</i>	ACLA	ABH, HBL, HUM, LHCC, UHC, SWA
<i>Topical Fluoride for Children</i>		
<i>1–2 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>3–4 Years</i>	HUM	ACLA, HBL, LHCC, SWA
<i>Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile Documentation—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Counseling for Nutrition—Total</i>	LHCC	ABH, ACLA, HBL, HUM, UHC, SWA
<i>Counseling for Physical Activity—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Chlamydia Screening in Women</i>		
<i>Total</i>	LHCC	ABH, ACLA, HBL, HUM, UHC, SWA
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>		
<i>Advising Smokers and Tobacco Users to Quit</i>	ABH, ACLA, HBL, UHC, SWA	LHCC
<i>Discussing Cessation Medications</i>	ABH, ACLA, HBL, SWA	LHCC, UHC
<i>Discussing Cessation Strategies</i>	ABH, ACLA, HBL, UHC, SWA	LHCC

Measure <sup>1</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>	ABH, HBL, HUM, LHCC, SWA	ACLA, UHC
<i>Statin Adherence 80%—Total</i>	ABH, ACLA	HBL, HUM, LHCC, UHC, SWA
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &lt;8.0%</i>	HUM, UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Blood Pressure Control for Patients With Diabetes</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Eye Exam for Patients With Diabetes</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Asthma Medication Ratio</i>		
<i>5–11 Years</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>12–18 Years</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>19–50 Years</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>51–64 Years</i>	ABH, ACLA, LHCC, SWA	HBL
<i>Total</i>	ABH, ACLA, HBL, HUM, LHCC, UHC, SWA	
<i>Pharmacotherapy for Opioid Use Disorder</i>	ACLA, HBL, HUM	ABH, LHCC, UHC, SWA
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment—Total—Total</i>	UHC	ABH, ACLA, HBL, HUM, LHCC, SWA

Measure <sup>1</sup>	Decreased by 0.1 Percentage Point or More	Increased by 0.1 Percentage Point or More
<i>Engagement of SUD Treatment—Total—Total</i>	HUM, UHC	ABH, ACLA, HBL, LHCC, SWA
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	ABH	ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	HBL, HUM	ABH, ACLA, LHCC, UHC, SWA
<i>Effective Continuation Phase Treatment</i>	HBL, HUM	ABH, ACLA, LHCC, UHC, SWA
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	HUM	ABH, ACLA, HBL, LHCC, UHC, SWA
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis/Bronchiolitis</i>	HUM	ABH, HBL, LHCC, UHC, SWA
<i>Use of Imaging Studies for Low Back Pain</i>	HBL, HUM, UHC, SWA	ABH, ACLA, LHCC
<i>Self-Reported Overall Health (Adult)</i>	ABH, ACLA, UHC, SWA	HBL, HUM, LHCC
<i>Self-Reported Overall Health (Child-General)</i>	ACLA, HBL, LHCC, SWA	ABH, HUM, UHC
<i>Self-Reported Overall Health (Child-CCC)</i>	HBL, LHCC, UHC	ABH, ACLA, HUM, SWA
<i>Self-Reported Overall Mental or Emotional Health (Adult)</i>	LHCC, UHC	ABH, ACLA, HBL, HUM, SWA
<i>Self-Reported Overall Mental or Emotional Health (Child-General)</i>	HBL	ABH, ACLA, HUM, LHCC, UHC, SWA
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC)</i>	HBL, UHC, SWA	ABH, ACLA, HUM, LHCC

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-4. The comparisons excluded *COL-E*, *ADD-E*, *APM-E*, *AXR*, *CWP*, and *FUI* because these measures were not reported by the MCOs for HEDIS MY 2023. The comparisons excluded *PCR—Observed/Expected Ratio* and *ENP* because rates for these measures are not percentages and a percentage point difference cannot be determined. These comparisons also excluded *LDM* and *RDM* because they are health descriptive measures and comparing performance on these measures between MYs may not be meaningful. 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 2023 to HEDIS MY 2024, as well as MCOs and SWAs that showed at least a 2 percentage point decrease in rates over time.

**Table A-6—HEDIS MY 2024 Rates Compared to HEDIS MY 2023 Rates: 2.0 Percentage Point Differences**

Measure <sup>1</sup>	Decreased by 2.0 Percentage Points or More	Increased by 2.0 Percentage Points or More
<b>HEDIS Incentive Measures</b>		
<i>Cervical Cancer Screening</i>		ABH, ACLA, HBL, HUM, LHCC, SWA
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 30 Days After Discharge—Total</i>		ABH, HBL, HUM, LHCC, SWA
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 30 Days of the ED Visit—Total</i>	HBL	ABH, ACLA, HUM, UHC
<i>Follow-Up After ED Visit for Substance Use—Total</i>		
<i>Follow-Up Within 30 Days of the ED Visit</i>		ABH, ACLA, HBL, HUM, LHCC, SWA
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &gt;9.0%*</i>	UHC	ABH, ACLA
<i>Controlling High Blood Pressure</i>	HUM	ACLA, HBL, LHCC, SWA
<i>HIV Viral Load Suppression</i>		HUM
<i>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)*</i>	ABH	ACLA
<b>Other HEDIS Measures</b>		
<i>Child and Adolescent Well-Care Visits</i>		
<i>3–11 Years</i>		ABH, ACLA, HBL, HUM, UHC, SWA
<i>12–17 Years</i>		HBL, UHC, SWA

Measure <sup>1</sup>	Decreased by 2.0 Percentage Points or More	Increased by 2.0 Percentage Points or More
<i>18–21 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Total</i>		ABH, ACLA, HBL, HUM, UHC, SWA
<i>Well-Child Visits in the First 30 Months of Life</i>		
<i>First 15 Months</i>		LHCC
<i>15 Months–30 Months</i>		ACLA, HBL, HUM, UHC, SWA
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>		
<i>20–44 Years</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>45–64 Years</i>		ABH, ACLA, HBL, HUM, UHC, SWA
<i>65 Years and Older</i>	HUM	ABH, ACLA, HBL, UHC
<i>Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Follow-Up After Hospitalization for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge—Total</i>		HBL, HUM
<i>Follow-Up After ED Visit for Mental Illness</i>		
<i>Follow-Up Within 7 Days of Discharge—Total</i>		HUM, UHC
<i>Follow-Up After ED Visit for Substance Use</i>		
<i>Follow-Up Within 7 Days of Discharge—Total</i>		ABH, HBL, HUM, SWA
<i>Plan All-Cause Readmissions</i>		
<i>Observed Readmissions Rate (Num/Den)</i>		HUM
<i>Expected Readmissions Rate</i>		
<i>CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)</i>	UHC	ABH, ACLA, HBL, HUM

Measure <sup>1</sup>	Decreased by 2.0 Percentage Points or More	Increased by 2.0 Percentage Points or More
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)</i>	LHCC, UHC	ACLA
<i>CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—Children with Chronic Conditions [CCC], 8+9+10)</i>	UHC	
<i>Depression Screening and Follow-Up for Adolescents and Adults—ECDS</i>		
<i>Depression Screening—Total</i>		ABH, SWA
<i>Follow-Up on Positive Screen—Total</i>	UHC	ABH, ACLA, SWA
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	HUM	
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	HUM	ABH, ACLA, LHCC, UHC, SWA
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>		ABH, ACLA
<i>Prenatal and Postpartum Care</i>		
<i>Timeliness of Prenatal Care</i>	ABH, ACLA, HUM	LHCC
<i>Postpartum Care</i>		ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Lead Screening in Children</i>	ACLA	ABH, HBL, HUM, LHCC, UHC, SWA
<i>Topical Fluoride for Children</i>		
<i>1–2 Years</i>		ACLA, HBL
<i>3–4 Years</i>		ACLA, HBL
<i>Total</i>		ACLA, HBL
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>		
<i>BMI Percentile Documentation—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA

Measure <sup>1</sup>	Decreased by 2.0 Percentage Points or More	Increased by 2.0 Percentage Points or More
<i>Counseling for Nutrition—Total</i>		ABH, ACLA, HBL, HUM, UHC, SWA
<i>Counseling for Physical Activity—Total</i>		ABH, ACLA, HBL, HUM, LHCC, UHC, SWA
<i>Chlamydia Screening in Women</i>		
<i>Total</i>		
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>		
<i>Advising Smokers and Tobacco Users to Quit</i>	ACLA, HBL, SWA	LHCC
<i>Discussing Cessation Medications</i>	HBL	LHCC, UHC
<i>Discussing Cessation Strategies</i>	ACLA, HBL, UHC	LHCC
<i>Statin Therapy for Patients With Cardiovascular Disease</i>		
<i>Received Statin Therapy—Total</i>	HUM	
<i>Statin Adherence 80%—Total</i>	ABH, ACLA	HBL, HUM, LHCC, UHC, SWA
<i>Glycemic Status Assessment for Patients With Diabetes</i>		
<i>Glycemic Status &lt;8.0%</i>	UHC	ABH, ACLA
<i>Blood Pressure Control for Patients With Diabetes</i>	HUM	ABH, ACLA, HBL, LHCC, SWA
<i>Eye Exam for Patients With Diabetes</i>		ABH, ACLA, HBL, LHCC, SWA
<i>Asthma Medication Ratio</i>		
<i>5–11 Years</i>	ABH, ACLA, HBL, LHCC, UHC, SWA	
<i>12–18 Years</i>	ABH, ACLA, HBL, LHCC, SWA	
<i>19–50 Years</i>	ABH, ACLA, HBL, LHCC, SWA	

Measure <sup>1</sup>	Decreased by 2.0 Percentage Points or More	Increased by 2.0 Percentage Points or More
<i>51–64 Years</i>	ABH, LHCC	
<i>Total</i>	ABH, ACLA, HBL, HUM, LHCC, SWA	
<i>Pharmacotherapy for Opioid Use Disorder</i>	HBL, HUM	ABH, LHCC, UHC, SWA
<i>Initiation and Engagement of SUD Treatment</i>		
<i>Initiation of SUD Treatment—Total—Total</i>		LHCC
<i>Engagement of SUD Treatment—Total—Total</i>		HBL, LHCC, SWA
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	ABH	ACLA, UHC
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	HUM	ABH, ACLA, LHCC, UHC, SWA
<i>Antidepressant Medication Management</i>		
<i>Effective Acute Phase Treatment</i>	HBL, HUM	ABH, LHCC, UHC, SWA
<i>Effective Continuation Phase Treatment</i>	HBL, HUM	ABH, LHCC, UHC, SWA
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	HUM	ABH, LHCC
<i>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis/Bronchiolitis</i>	HUM	ABH
<i>Use of Imaging Studies for Low Back Pain</i>	HUM	
<i>Self-Reported Overall Health (Adult)</i>	UHC	HUM
<i>Self-Reported Overall Health (Child-General)</i>	HBL, LHCC	ABH, HUM, UHC
<i>Self-Reported Overall Health (Child-CCC)</i>		ABH, ACLA, HUM
<i>Self-Reported Overall Mental or Emotional Health (Adult)</i>		ABH, HUM
<i>Self-Reported Overall Mental or Emotional Health (Child-General)</i>	HBL	ABH, HUM, UHC
<i>Self-Reported Overall Mental or Emotional Health (Child-CCC)</i>	HBL, UHC	ACLA, HUM

\* A lower rate indicates better performance.

<sup>1</sup> Results correspond to Table 3-4. The comparisons excluded *COL-E*, *ADD-E*, *APM-E*, *AXR*, *CWP*, and *FUI* because these measures were not reported by the MCOs for HEDIS MY 2023. The comparisons excluded *PCR—Observed/Expected Ratio* and *ENP* because rates for these measures are not percentages and a percentage point difference cannot be determined. These comparisons also excluded *LDM* and *RDM* because they are health plan descriptive measures and comparing performance on these measures between MYs may not be meaningful. Blank cell indicates that no MCO met the comparison criteria for the measure.