



Hennepin Health

Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

XIII. Attachments

Attachment A: 2019 Hennepin Health HEDIS Summary

The purpose of this section is to provide the Hennepin Health Healthcare Effectiveness Data and Information Set (HEDIS) rate analysis for identified measures by product. For more information on HEDIS, please see the HEDIS section under the Quality Management Program section.

Hennepin Health, in collaboration with eight Minnesota health plans, creates an annual Minnesota health plan mean for each HEDIS measure to allow for rate comparison between health plans. Hennepin Health also compares its HEDIS rates for various measures against national means provided by National Committee of Quality Assurance (NCQA). Minnesota strives to produce higher HEDIS rates than national averages, focusing upon the quality of care rather than the quantity of care.

Data collected for HEDIS 2019 is from the calendar year 2018 and is reported by the individual programs. The eligible population for the Hennepin Health - Prepaid Medical Assistance Program (PMAP) and Hennepin Health - MinnesotaCare (MNCare) children HEDIS measures continue to be small for Hennepin Health, as in previous years. For most of the children measures, Hennepin Health does not meet the minimal sampling requirements of 411 members. No population changes to the Hennepin Health – Special Needs BasicCare (SNBC) program for calendar year 2018 was noted.

Hennepin Health Measure Strengths HEDIS 2019

HEDIS 2019 is the third year that the Hennepin Health – PMAP and Hennepin Health - MNCare programs can be compared to the Minnesota mean. The Hennepin Health - PMAP program scored higher than the Minnesota mean for the following measures: Chlamydia Screening in Women, Asthma Medication Ratio, Follow-up care for children prescribed ADHD medication and Well Child Visits in the 3rd-6th year of life. The Hennepin Health - MNCare program scored higher than the Minnesota mean for the following measures: Adult BMI Assessment, Cervical Cancer Screenings, Chlamydia Screening in Women, Asthma Medication Ratio, Persistence of Beta Blocker Treatment After Heart Attack, Antidepressant Medication Management, Follow-up After Hospitalization for Mental Illness, Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, Annual Monitoring for Patients on Persistent Medications, Children's and Adolescents' Access to Primary Care Practitioners and Prenatal and Postpartum Care. The Hennepin Health - SNBC program scored higher than the Minnesota mean for the following measures: Adult BMI Assessment, Breast Cancer Screening, Cervical Cancer Screening, Diabetic A1c Testing, Pharmacotherapy Management of COPD Exacerbation, Persistence of a Beta Blocker Treatment after a Heart Attack and Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence.

Hennepin Health Measure Opportunities HEDIS 2019

Hennepin Health has opportunities to improve several HEDIS measures related to preventive care. For the Hennepin Health - PMAP program, the Breast Cancer Screening rate (51.92%) is lower than the national mean (58.27%) and the Minnesota mean (61.03%). The Cervical Cancer Screening rate for Hennepin Health – PMAP (55.23%) has increased from HEDIS 2018 (48.91%) but is still lower than both the national mean (59.40%) and the Minnesota mean (61.56%). To address these issues, Hennepin Health added new rewards for health (\$50 incentive) in 4th quarter 2019, to eligible members who completed their cervical and breast cancer screenings.

NCQA continues to express concern about the low performance of health plans nationwide on behavioral health quality measures. The Follow-Up after Mental Health Hospitalization (FUH) measure continues to be a measure of focus. Both the 7-day and 30-day follow-up rate for Hennepin Health – PMAP declined from HEDIS 2018. For both metrics, Hennepin Health – PMAP is significantly below both the national and Minnesota means. The Hennepin Health – SNBC rate also declined when compared to HEDIS 2018 for both metrics (7-day follow up and 30-day follow up). Both metrics are also lower than the national and Minnesota means. A trend analysis for the FUH measure is provided in this attachment. Hennepin Health continues to look at interventions that can be implemented to help improve the rates of this measure.

As Hennepin Health – MNCare was a new program for 2016, HEDIS 2019 is the third year Hennepin Health collected HEDIS rates. The eligible population for most measures was small and as a result, they do not meet the minimum sampling size of 411. The rates for the measures are not reportable per NCQA HEDIS requirements, making statistical comparisons inappropriate. As the population grows, comparisons to the Minnesota mean and the national average will be possible.

For purposes of this summary report, the Hennepin Health – SNBC, HEDIS rates will be reported onward from calendar year 2016, as Hennepin Health ended the SNBC contract with Center for Medicare and Medicaid Services (CMS) on December 31, 2014. For Hennepin Health – PMAP, the reporting years for the HEDIS rates will not change since the Medicaid Expansion population represents about 67 percent of the total enrollment.

What's New for HEDIS 2019 and the Next Steps?

The HEDIS 2019 summary includes the Hennepin Health – PMAP, Hennepin Health – MNCare and Hennepin Health - SNBC non-dual populations. Hennepin Health continues the trend of having higher eligible population sizes for Hennepin Health – PMAP in HEDIS 2019, as more members met the continuous enrollment requirements for most measures.

The 2019 HEDIS rates were shared with the Quality Management Committee (QMC), Medical Administration and Network Management Departments. Hennepin Health plans to actively work with its network providers to improve scores for relevant HEDIS measures.

In an effort to reduce emergency department (ED) visits and hospitalizations, Hennepin Health continues to focus member education on preventive care. Hennepin Health social service

navigators and care guides promote annual preventive health exams and connect members with primary care clinics and physicians to receive seamless care. Reminders about annual preventive health exams are displayed on a monitor in the member Walk-In Service Center (WISC), posted on the Hennepin Health website and promoted in brochures.

Hennepin Health has reward programs for several HEDIS measures to improve scores in the areas of Well Child Visits and Prenatal and Postpartum Care. The rewards programs have increased in popularity each year, with more members submitting completed vouchers. Hennepin Health also added new rewards in 4th quarter 2019, in the areas of; breast cancer screenings, cervical cancer screenings, diabetic eye exams and diabetic A1c test results. Those new incentives were carried forward into 2020. In addition, Hennepin Health also increased the values of current incentives. An analysis of the effectiveness of the new incentives and changes will be possible end of 2020.

Hennepin Health HEDIS 2019 Measures for Calendar Year 2018

Annual Monitoring for Patients on Persistent Medications

NCQA Definition

The percentage of members 18 years old and older on the following medications who received annual (180 days) therapeutic monitoring: angiotensin converting enzyme (ACE), inhibitors/angiotensin receptor blockers (ARB), Digoxin and Diuretics.

SNBC Rate for Monitoring on Persistent Medications: 88.61%

The Hennepin Health – SNBC HEDIS 2019 rate decreased slightly from HEDIS 2018. The HEDIS 2019 rate was above the National mean (88.23%) and is comparable to the Minnesota mean (92.09%).

Figure 1a. SNBC Rate for Monitoring on Persistent Medications

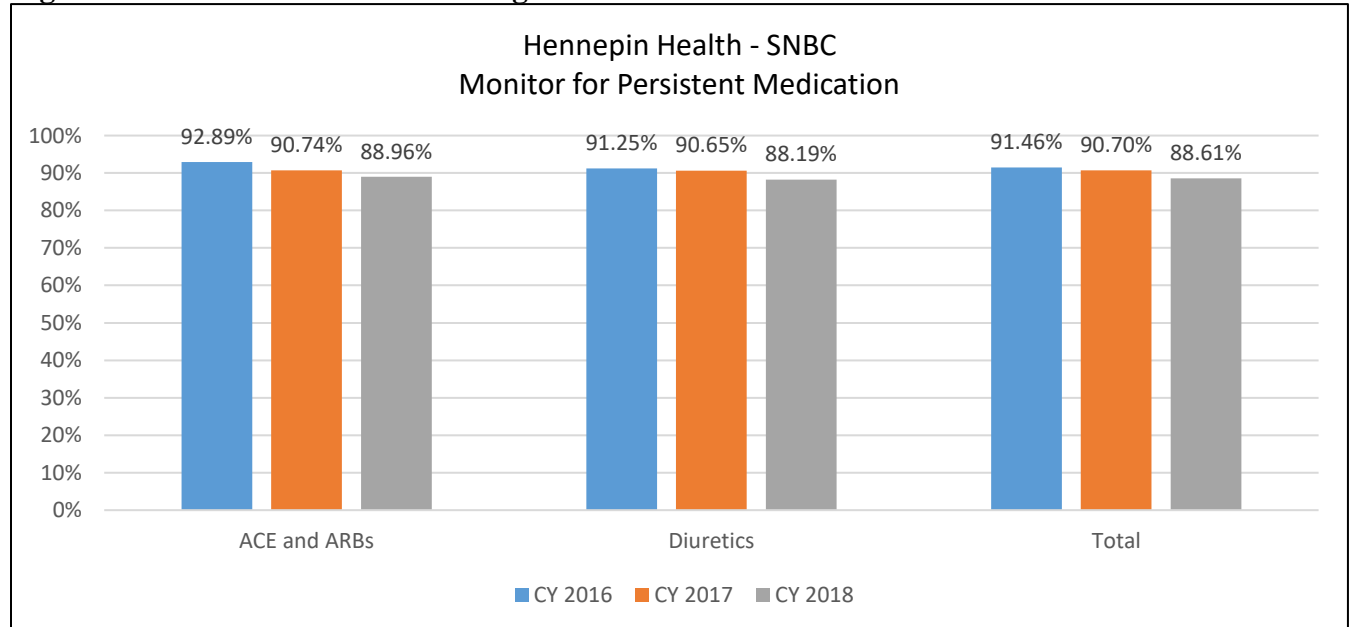
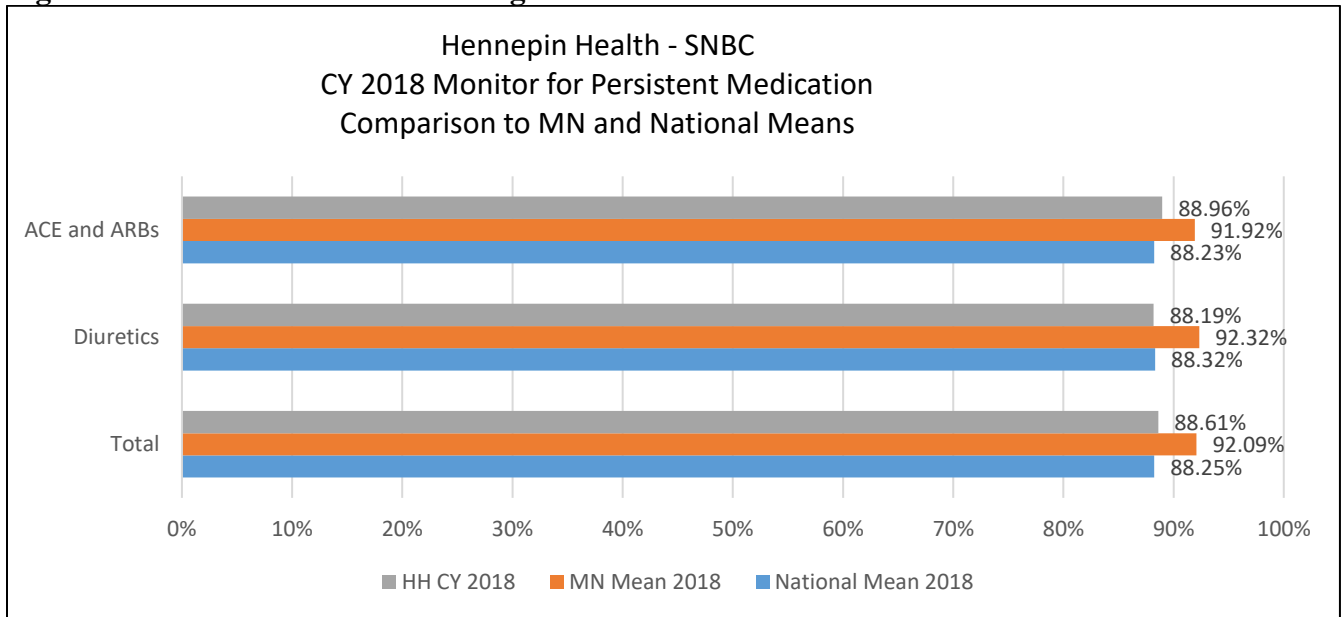


Figure 1b. SNBC Rate for Monitoring on Persistent Medications



PMAP Rate for Monitoring on Persistent Medications: 86.58%

The Hennepin Health – PMAP HEDIS 2019 rate increased from HEDIS 2018. The Hennepin Health – PMAP rate is still lower than the Minnesota mean. However, it is comparable, with less than a three percent difference.

Figure 2a. PMAP Rate for Monitoring on Persistent Medications

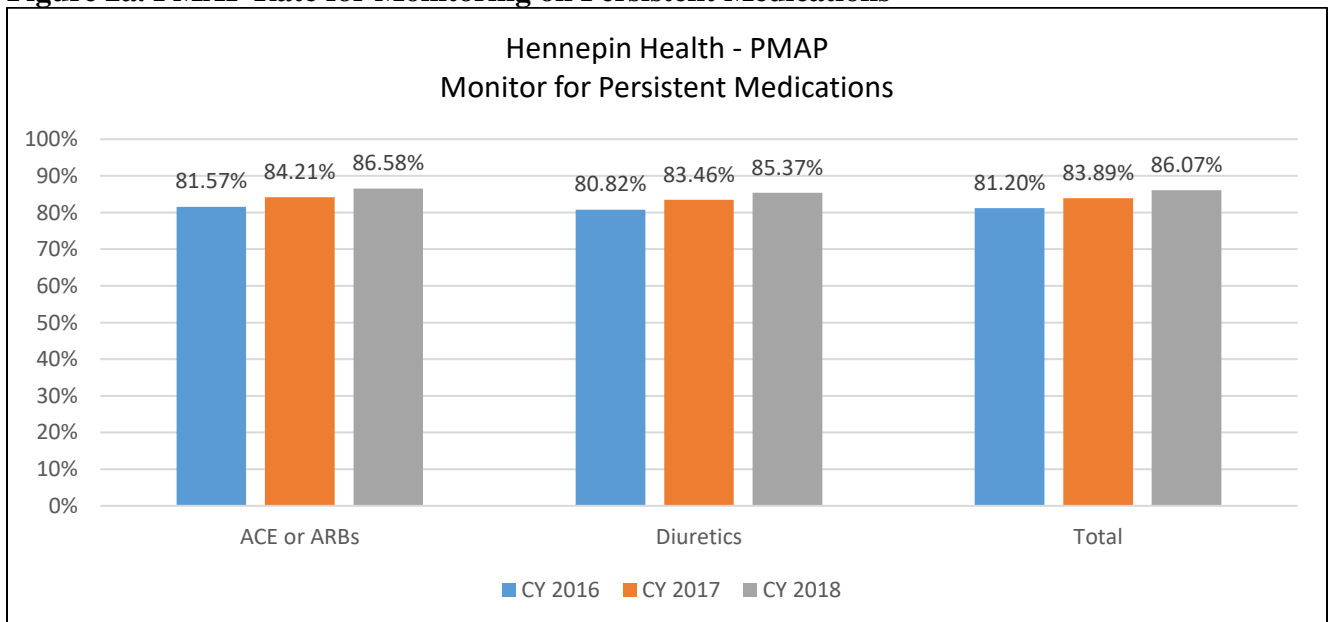
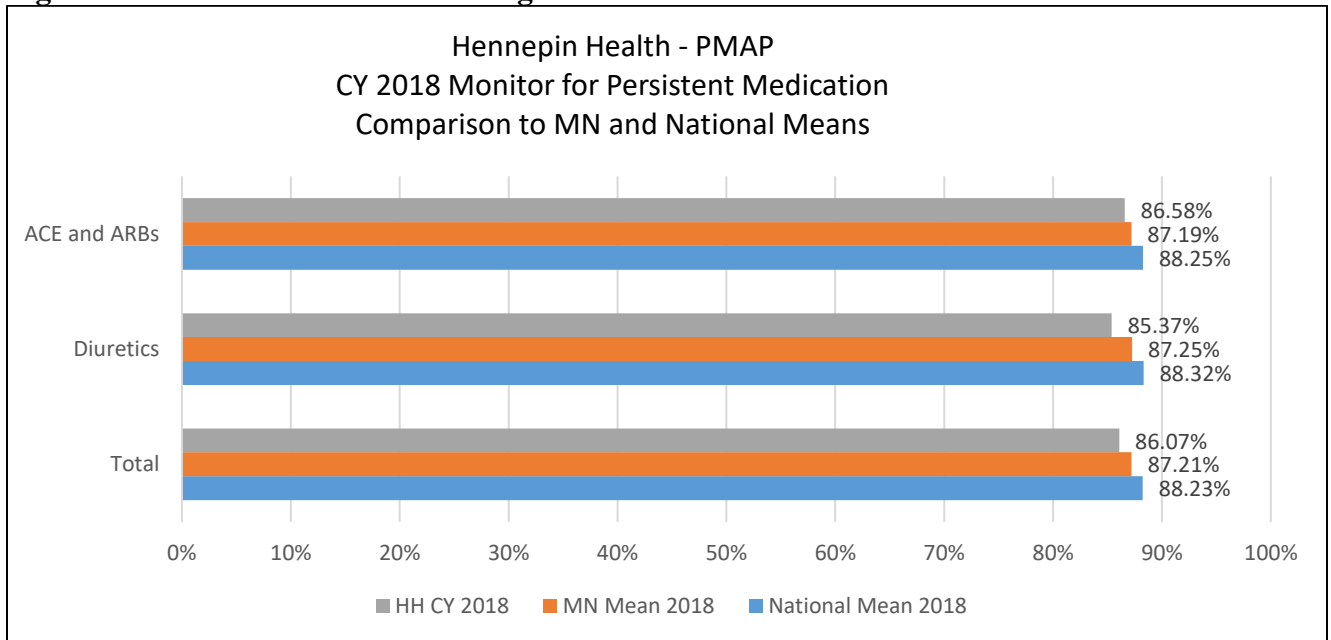


Figure 2b. PMAP Rate for Monitoring on Persistent Medications



MNCare Rate for Monitoring of Persistent Medications: Not reported

This is the second year of reporting the Monitoring for Persistent Medications rate for Hennepin Health - MNCare. The eligible population continues to be less than the minimum sampling requirements of 411 (denominator = 186), therefore, the rate is not reportable.

Antidepressant Medication Management

NCQA Definition

The percentage of members 18 years of age and older who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates were reported.

- Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Hennepin Health – SNBC HEDIS Rate for Antidepressant Medication Management

- Effective Acute Phase (84 days): 44.74%
- Continuation Phase (180 days): 27.63%

The Hennepin Health- SNBC 2019 HEDIS rates for the acute phase increased from HEDIS 2018. However, the continuation phase rate declined from HEDIS 2018. The Hennepin Health- SNBC rate are lower than the Minnesota mean and national average. Hennepin Health concluded its collaborative PIP with the other Minnesota health plans on reducing disparities in this

program for antidepressant use in 2017. The measure presents as still an opportunity for the Hennepin Health – SNBC program.

Figure 3a. SNBC Rate for Antidepressant Medication Management

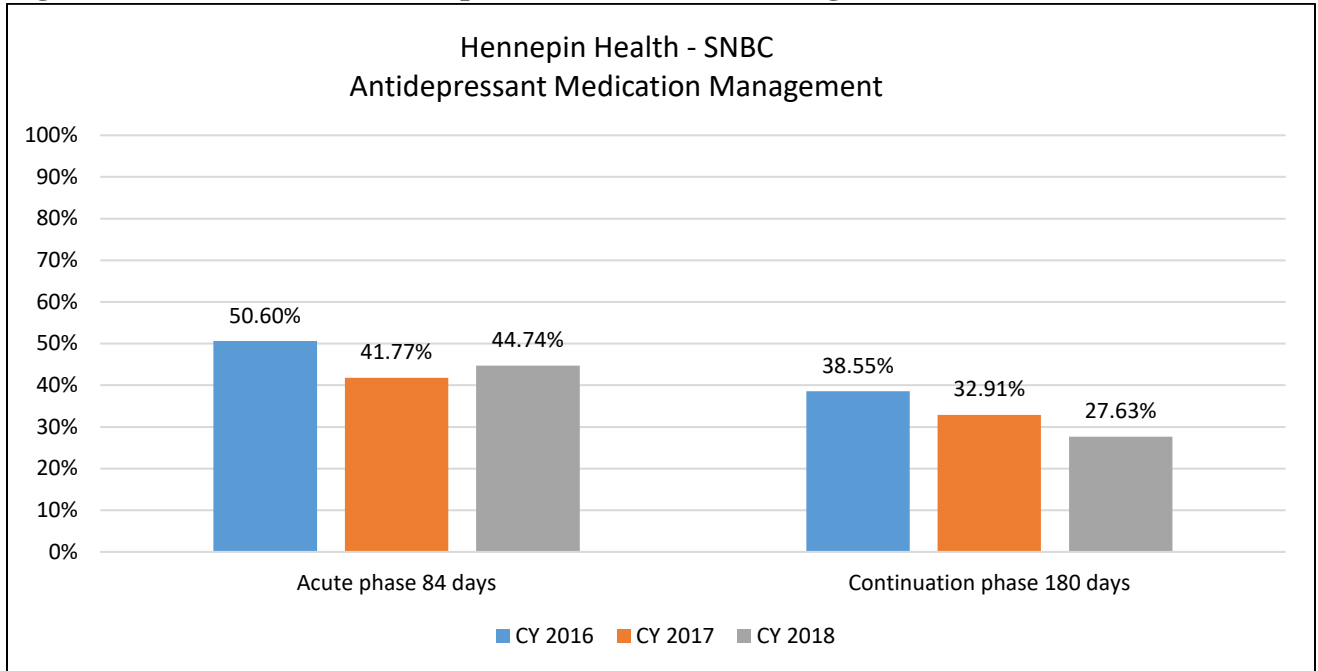
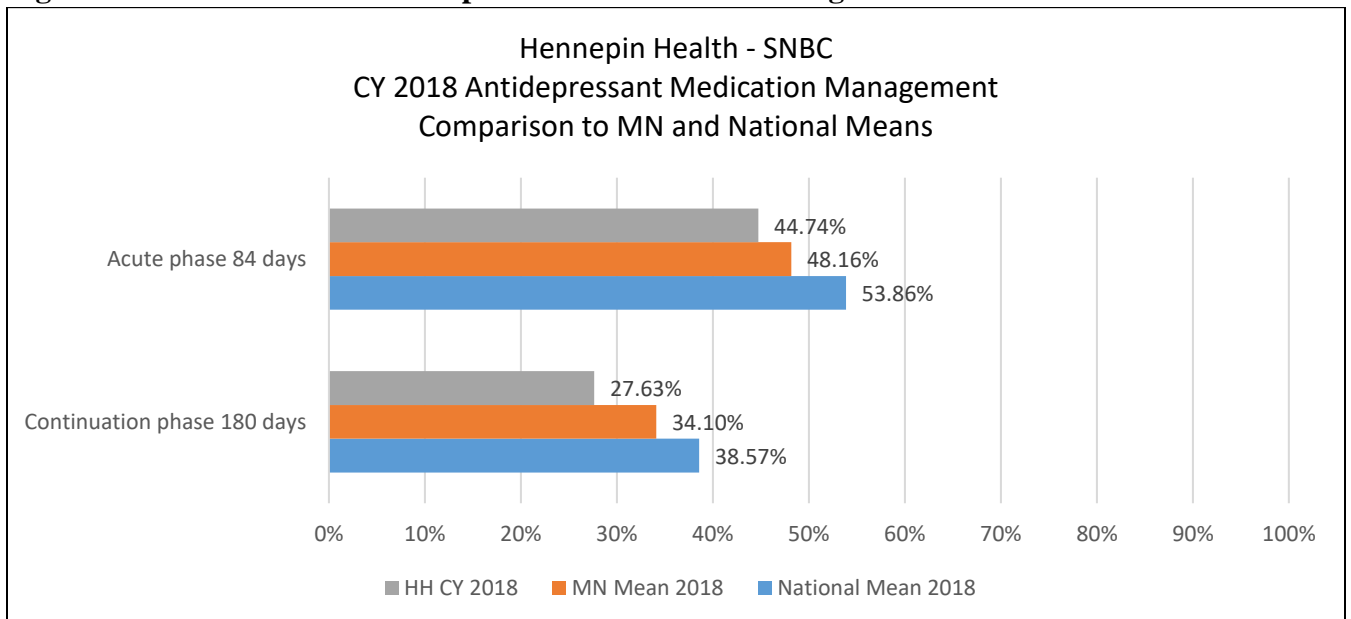


Figure 3b. SNBC Rate for Antidepressant Medication Management



Hennepin Health – PMAP Rate for Antidepressant Medication Management

- Effective Acute Phase (84 days): 41.33%
- Continuation Phase (180 days): 26.49%

Hennepin Health - PMAP HEDIS 2019 rates were below the national and Minnesota means for the Effective Phase and Continuation Phase. The rates have been declining since calendar year 2013, despite efforts to improve them through the AMM PIP Project which concluded in 2017.

Figure 4a. PMAP Rate for Antidepressant Medication Management

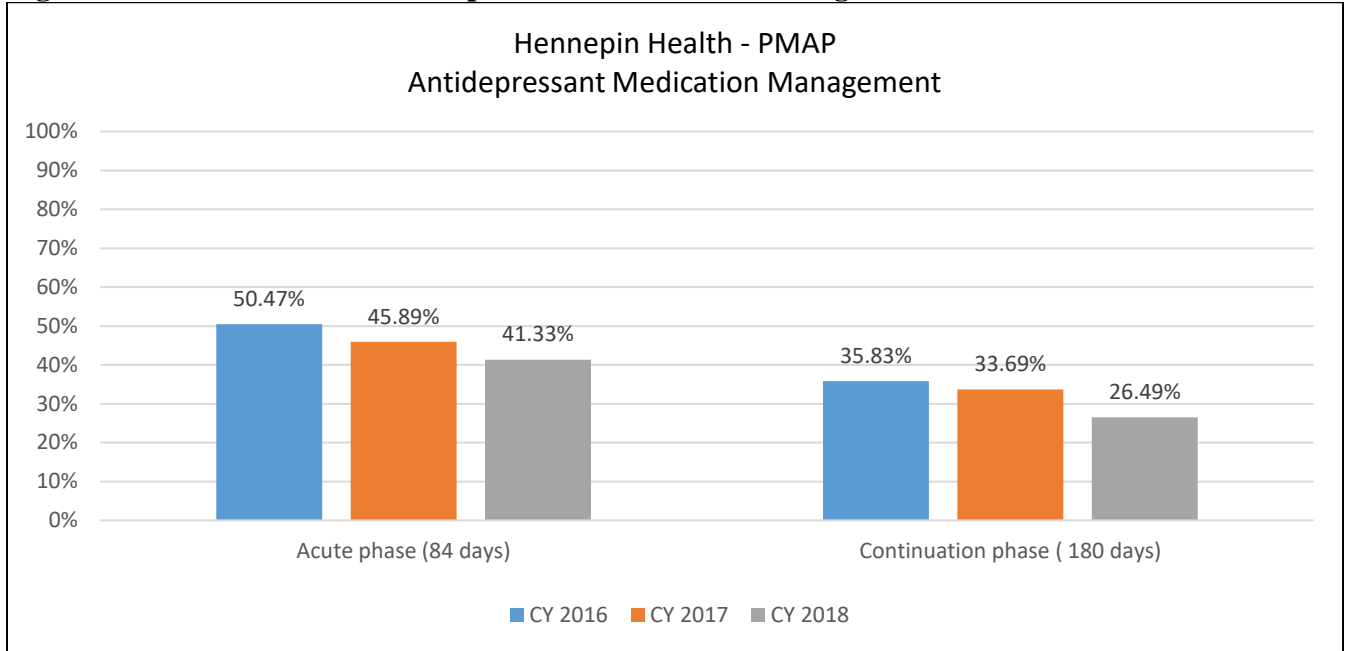
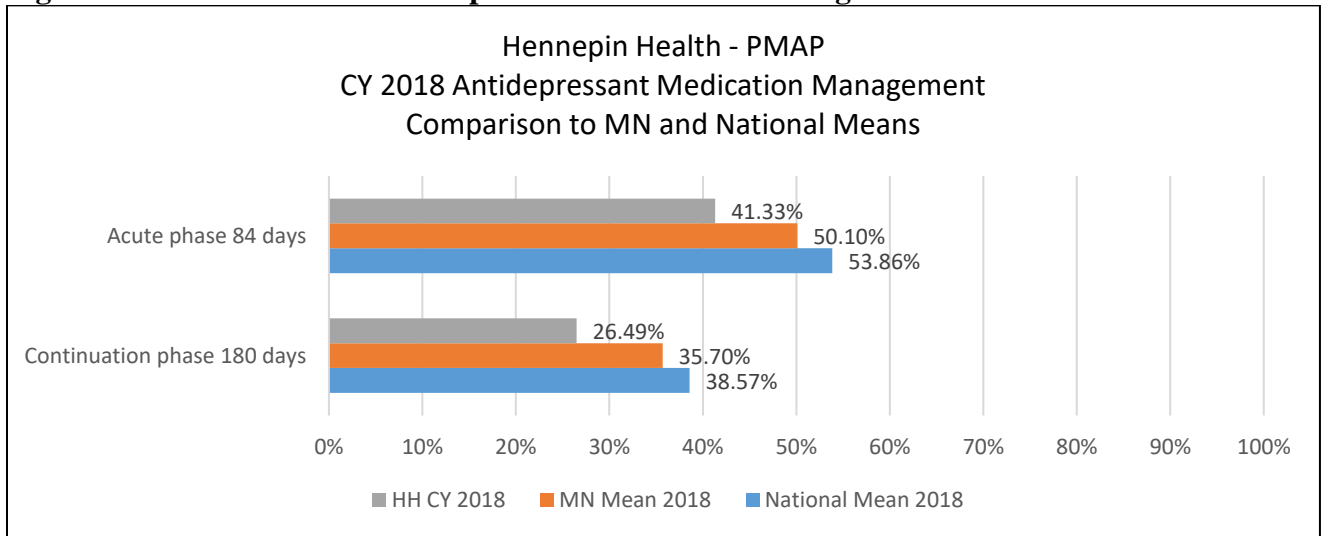


Figure 4b. PMAP Rate for Antidepressant Medication Management



Hennepin Health – MNCare Rate for Antidepressant Medication Management: Not Reported

Hennepin Health – MNCare had an eligible population for the AMM measure of 23, therefore this is not a reportable measure for HEDIS 2019.

Breast Cancer Screening

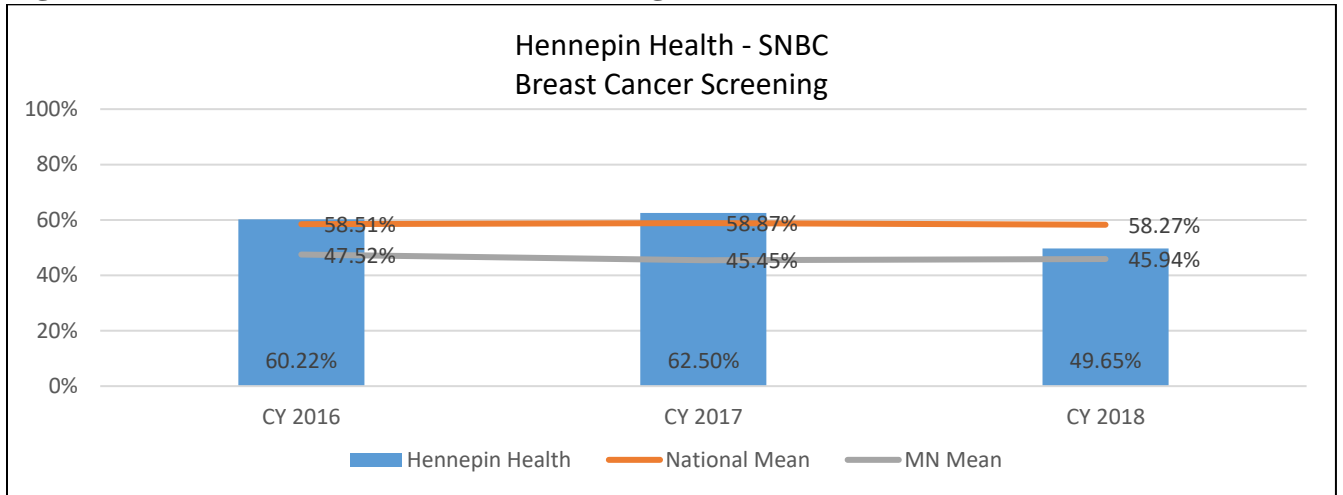
NCOA Definition

Percentage of women 50 to 74 years old who had a screening mammogram.

Hennepin Health - SNBC Breast Cancer Screening Rate: 49.65%

The HEDIS 2019 breast cancer screening rate for Hennepin Health - SNBC decreased significantly from HEDIS 2018. This rate is however above the Minnesota mean, but still lower than national mean.

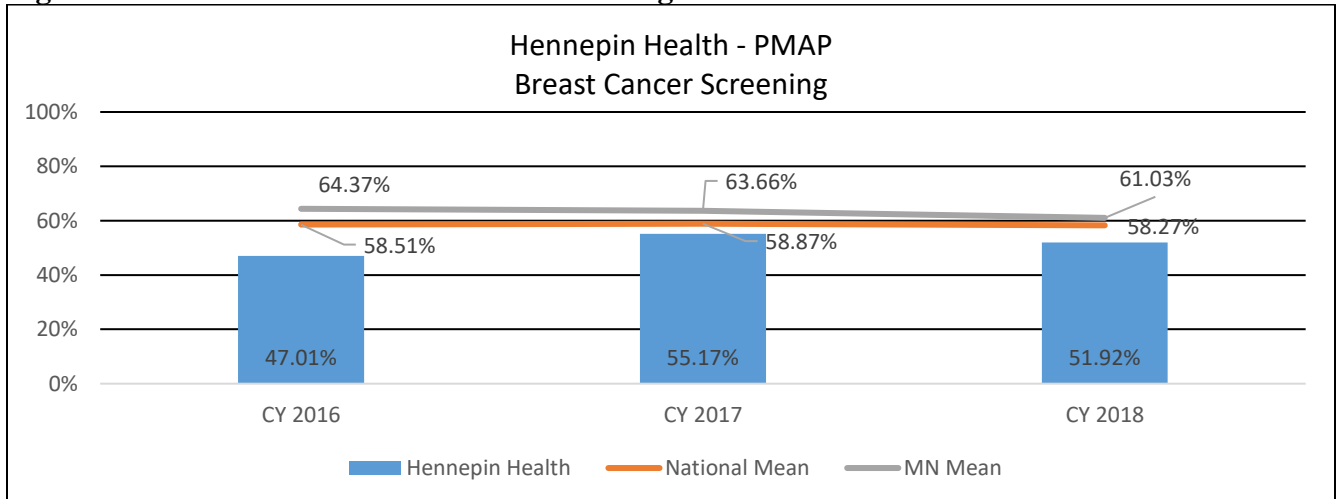
Figure 5. SNBC Rate – Breast Cancer Screening



Hennepin Health - PMAP Breast Cancer Screening Rate: 51.92%

The Hennepin Health- PMAP HEDIS 2019 breast cancer screening rate decreased from HEDIS 2018. This rate is below both the Minnesota mean and national average. Hennepin Health has identified this measure as an opportunity for improvement and will increase education and awareness efforts.

Figure 6. PMAP Rate – Breast Cancer Screening



Hennepin Health - MNCare Breast Cancer Screening Rate: Not reportable

This is the second year of reporting the Breast Cancer Screening rate for Hennepin Health - MNCare. The eligible population for this measure continues to be less than twenty members as in prior years, therefore the rate is not reportable.

Comprehensive Diabetes Care

NCOA Definition

Members 18 to 75 years of age with diabetes should have each of the following reviewed on an annual basis: HbA1C, Eye Exam, LDL-C, Blood Pressure Control, and Nephropathy screening.

Hennepin Health - SNBC Comprehensive Diabetes

Hennepin Health - SNBC ranked above the national mean in all diabetic metrics. Hennepin Health – SNBC is above the Minnesota mean in the following areas; Good Control (<7) and controlling blood pressure.

Figure 7a. SNBC Rates – Comprehensive Diabetes Care

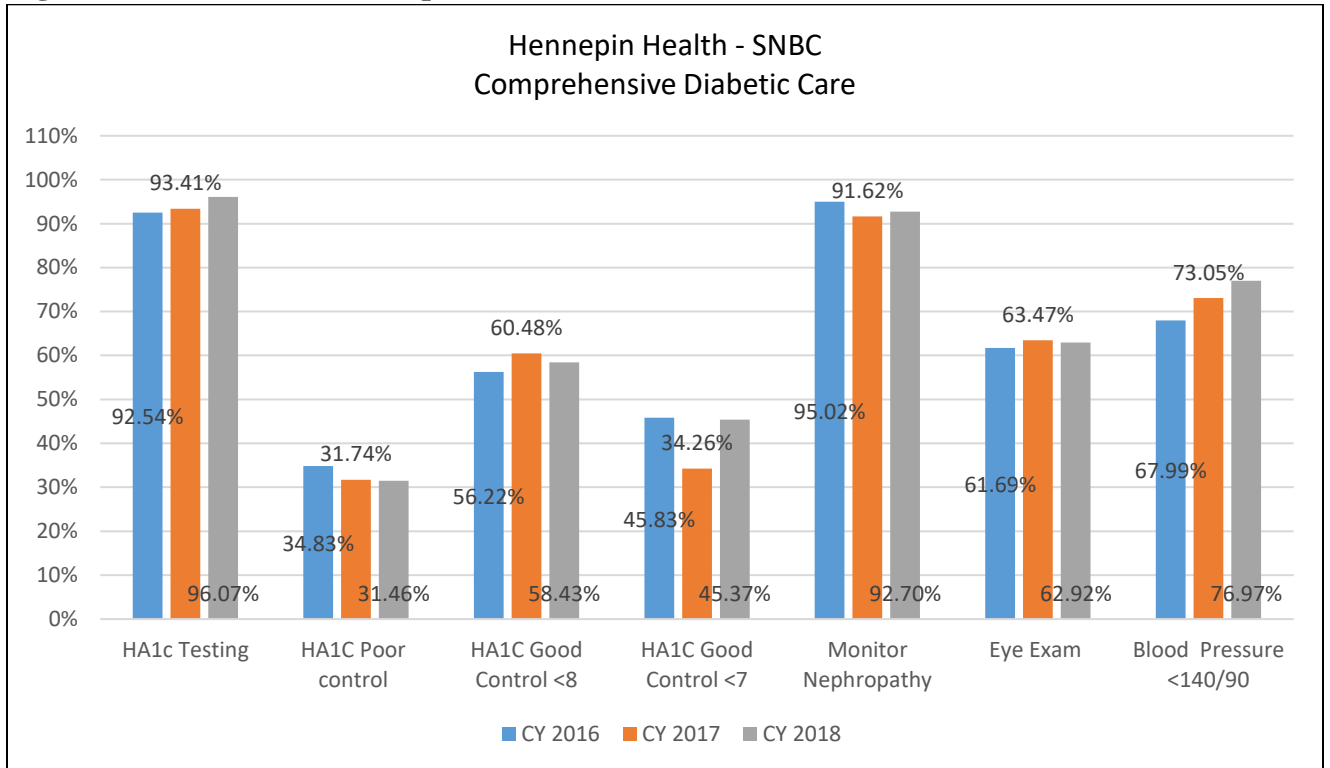
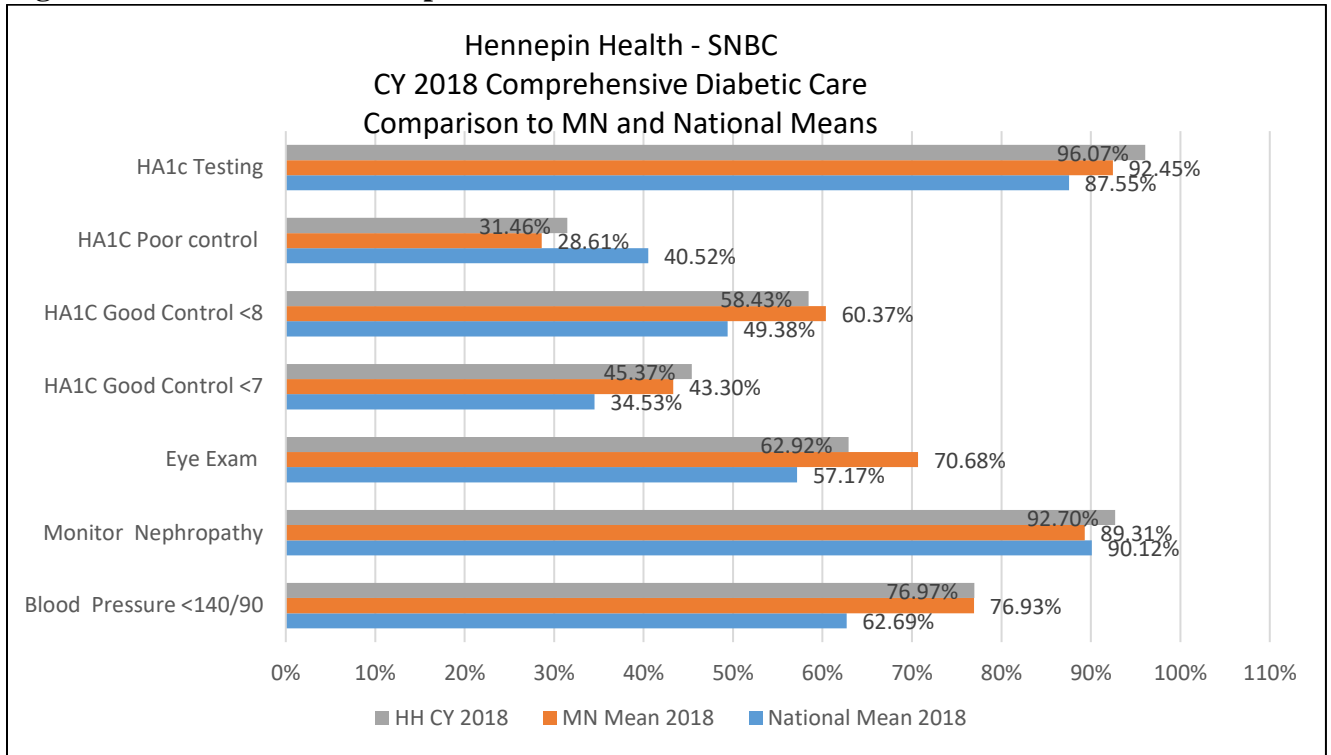


Figure 7b. SNBC Rates – Comprehensive Diabetes Care



Hennepin Health - PMAP Comprehensive Diabetes

Hennepin Health – PMAP was above the national mean on A1c Testing, A1c Poor Control, A1c Control (<8) and blood pressure. The Hennepin Health - PMAP rates were below the MN mean for all measures.

Figure 8a. PMAP – Comprehensive Diabetes Care

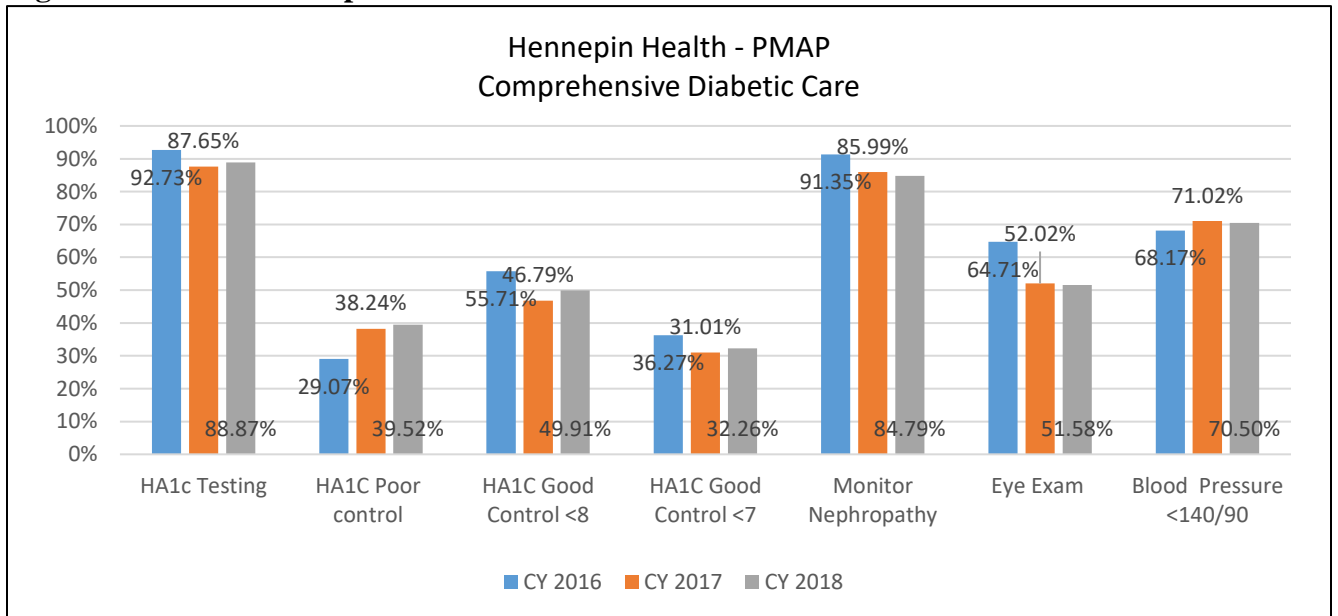
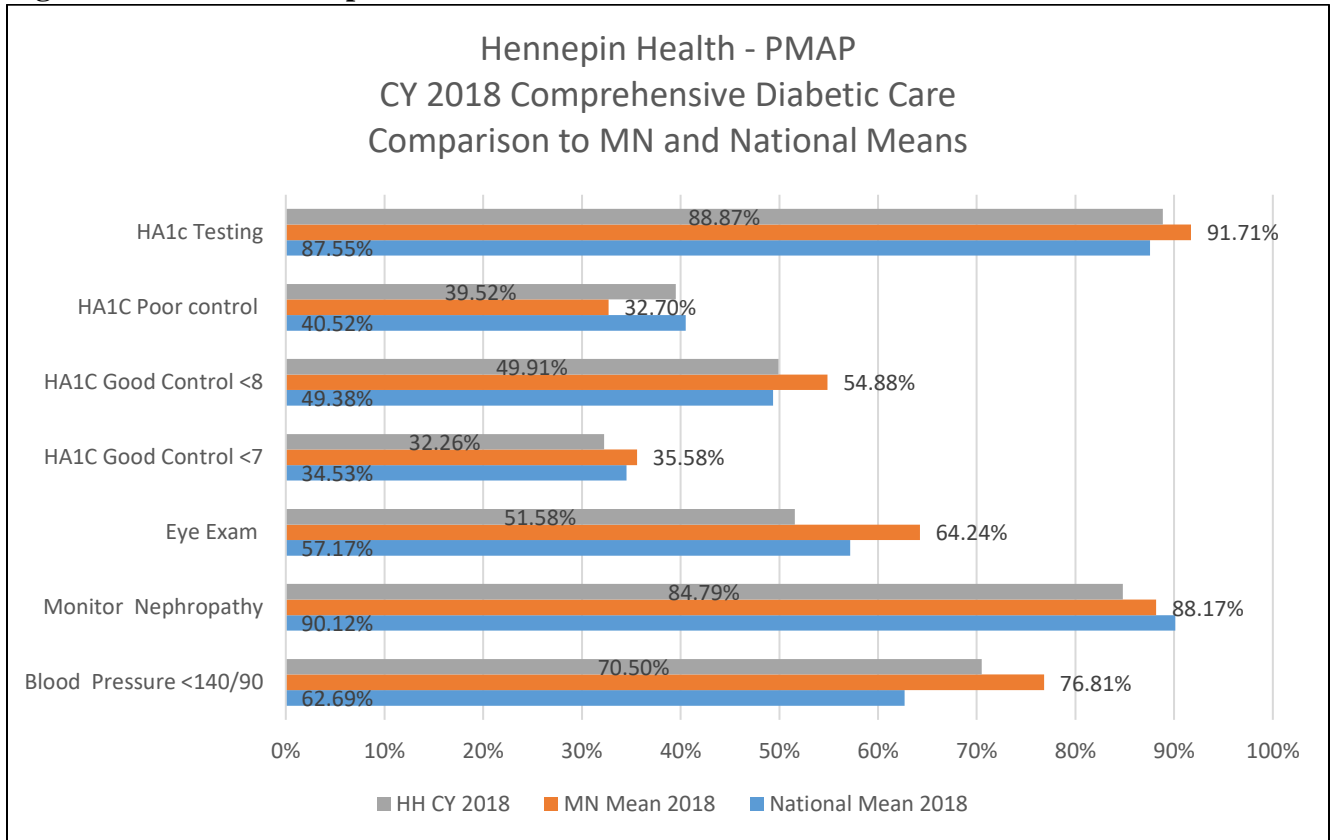


Figure 8b. PMAP – Comprehensive Diabetes Care



Hennepin Health - MNCare Comprehensive Diabetes Rate: Not reportable

This is the second year of reporting the Comprehensive Diabetes Care rate for Hennepin Health - MNCare. The eligible population for this measure continues to be less than minimum sampling requirements (denominator = 103), therefore the rate is not reportable.

Controlling High Blood Pressure

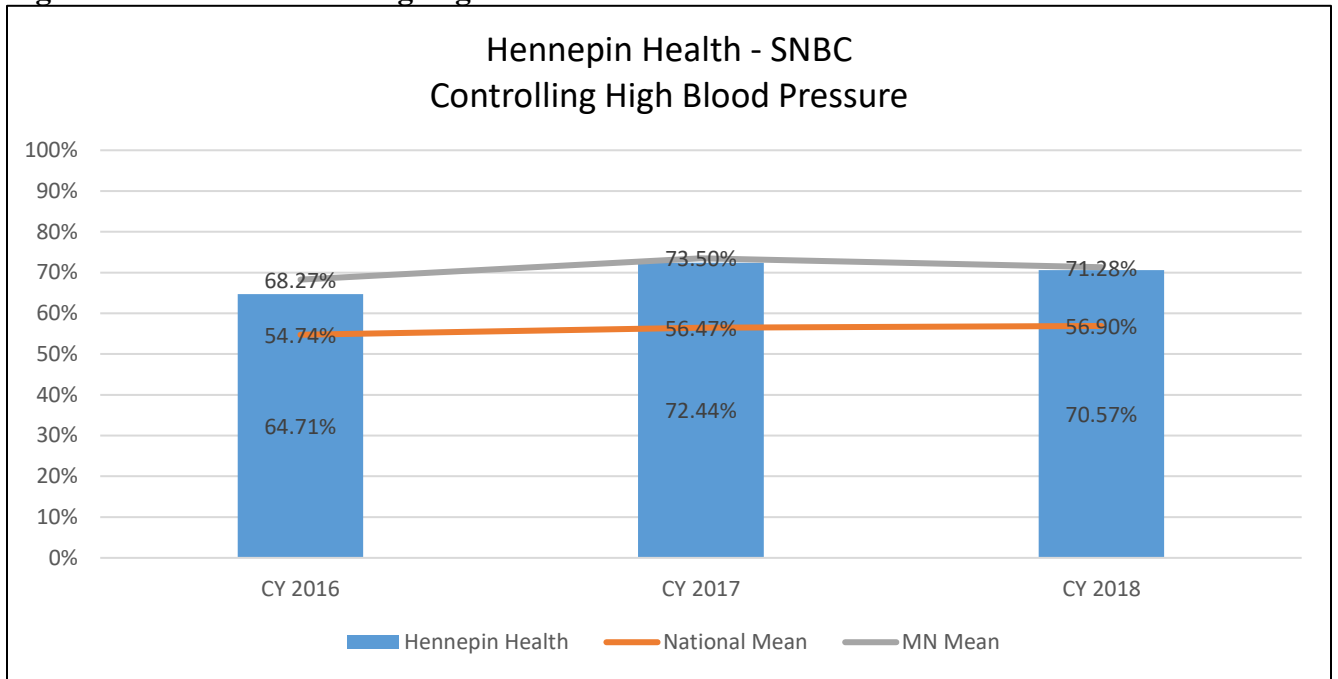
NCQA Definition

Members 18 to 85 years of age with a diagnosis of hypertension (HTN) with Blood Pressure that is adequately controlled (<140/90).

Hennepin Health- SNBC Rate for Controlling High Blood Pressure: 70.57%

The SNBC rate for HEDIS 2019 declined from HEDIS 2018. The rate continues to be better than the national rate and is slightly below the Minnesota mean.

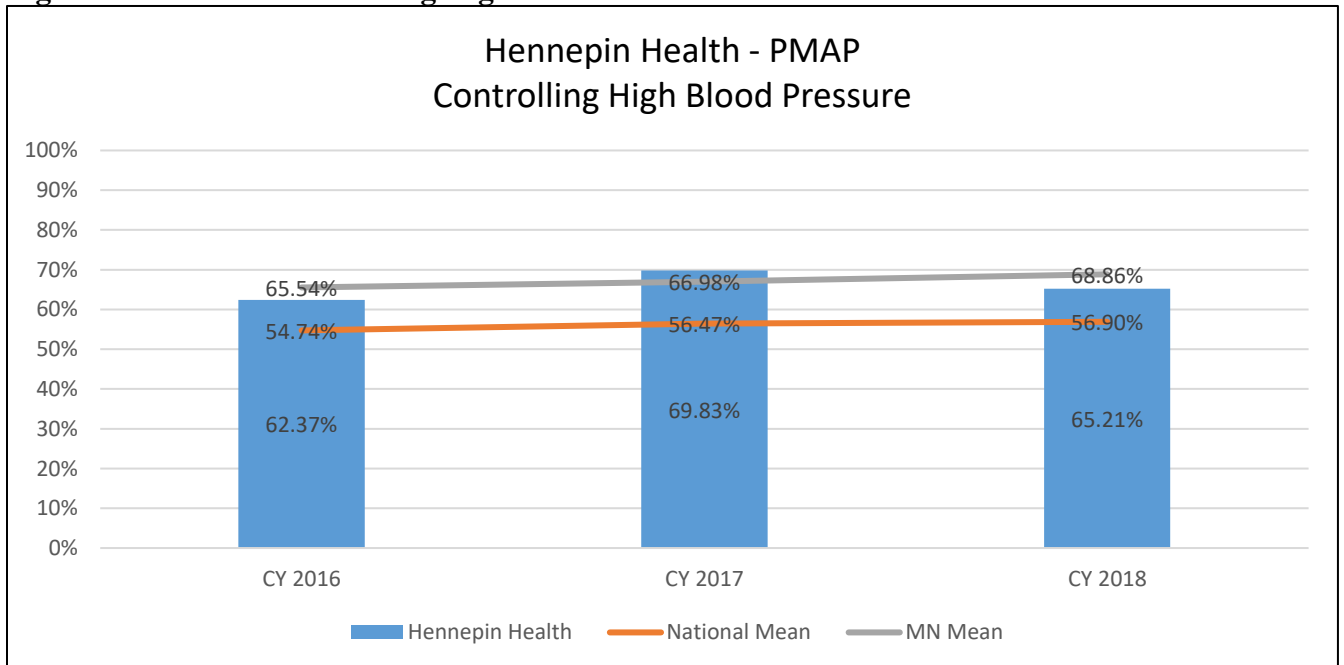
Figure 9. SNBC – Controlling High Blood Pressure



Hennepin Health- PMAP Rate for Controlling High Blood Pressure: 65.21%

The Hennepin Health- PMAP rate for HEDIS 2019 declined from HEDIS 2018. The rate continues to be above than the national rate and slightly below the Minnesota mean.

Figure 10. PMAP – Controlling High Blood Pressure



Hennepin Health- MNCare Rate for Controlling High Blood Pressure – Not Reportable

This is the second year of reporting the Controlling High Blood Pressure rate for Hennepin Health - MNCare. The eligible population for this measure continues to be less than minimum sampling requirements (Denominator = 185), therefore the rate is not reportable.

Follow up after Hospitalization for Mental Illness

NCOA Definition

The percentage of discharges for members six years of age and older hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage discharges for which the member received follow-up within seven days of discharge.

Hennepin Health – SNBC Rate for Follow-up after Hospitalization for Mental Health

- Follow-up after Hospitalization for Mental Illness within seven days: 25.93%
- Follow-up after Hospitalization for Mental Illness within 30 days: 44.44%

In HEDIS 2019, Hennepin Health – SNBC’s rates declined for both metrics, when compared to HEDIS 2018. Hennepin Health – SNBC’s rates for both metrics are lower than both the national and Minnesota mean.

Figure 11a. SNBC – Follow-Up after Hospitalization for Mental Health

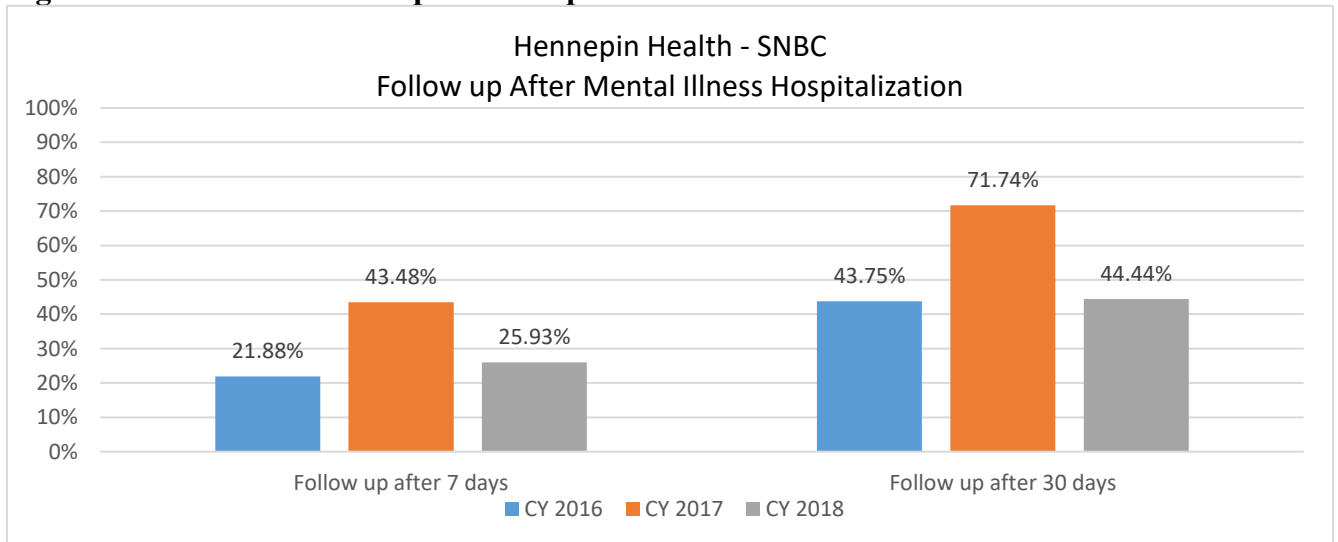
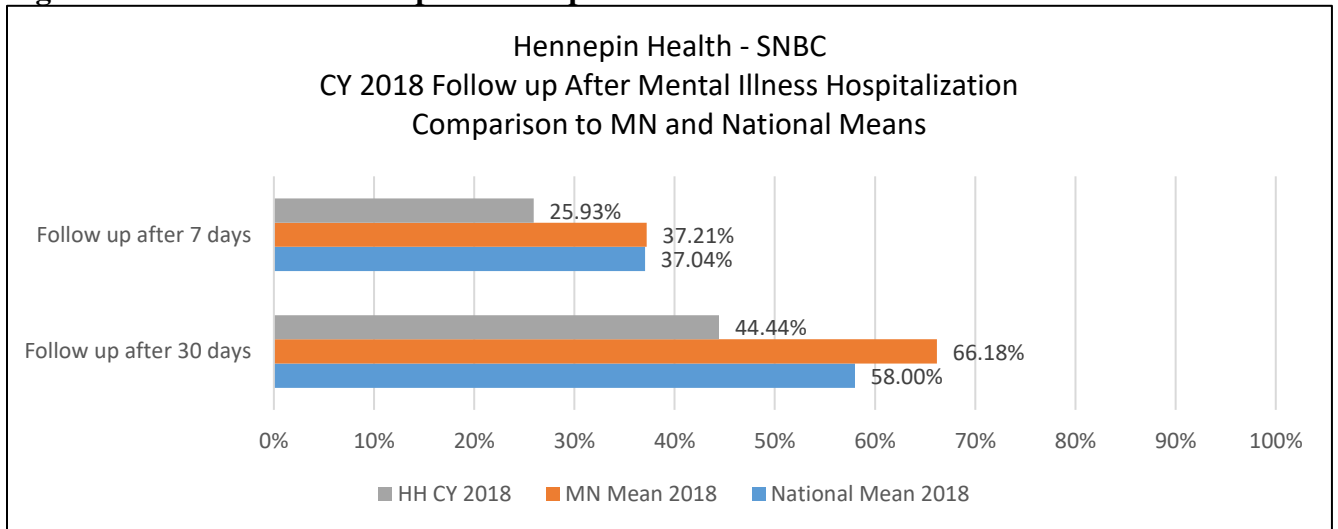


Figure 11b. SNBC – Follow-Up after Hospitalization for Mental Health



Hennepin Health - PMAP Rate for Follow-up after Hospitalization for Mental Illness

- Follow-up after Hospitalization for Mental Illness within seven days: 17.77%
- Follow-up after Hospitalization for Mental Illness 30 days: 43.07%

Hennepin Health – PMAP’s HEDIS 2019 rates declined for both metrics when compared to HEDIS 2018. Both rates are below the national mean. A focus study to increase the rate for this measure was implemented in calendar year 2018. The focus study interventions included an earlier review of inpatient admissions along with an emphasis on early discharge planning, including follow-up with the appropriate mental health provider. The target population for this focus study is members with a diagnosis of schizophrenia. Unfortunately, the interventions did not improve this HEDIS rate and it continues to be an opportunity for improvement.

Figure 12a. PMAP – Follow-Up after Hospitalization for Mental Illness

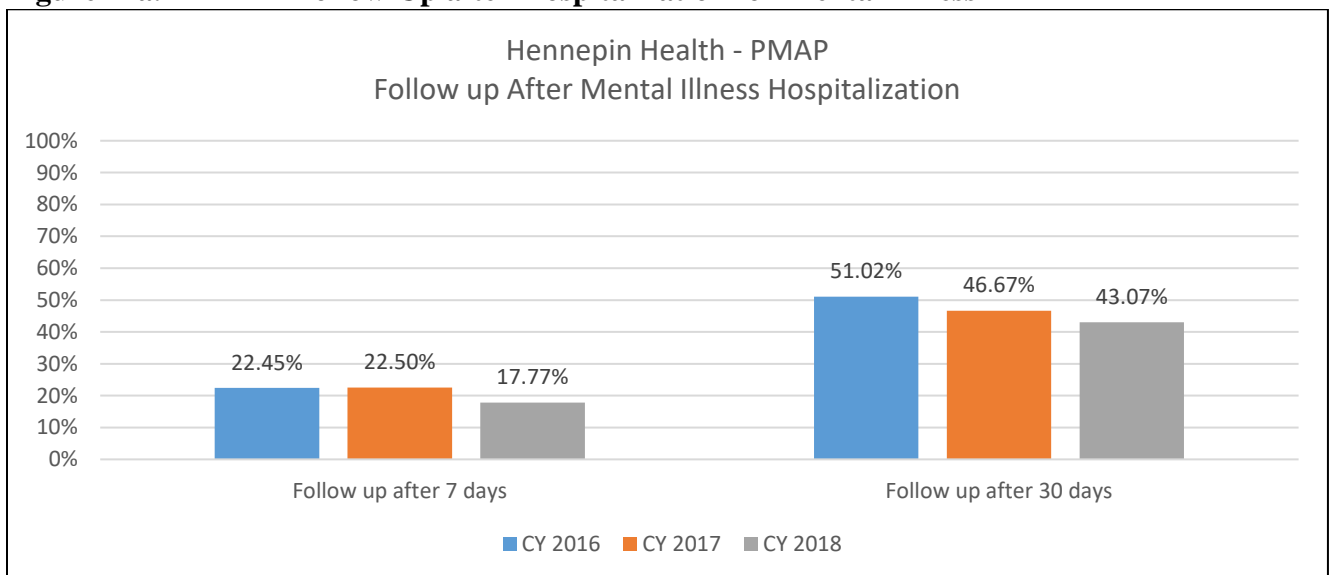
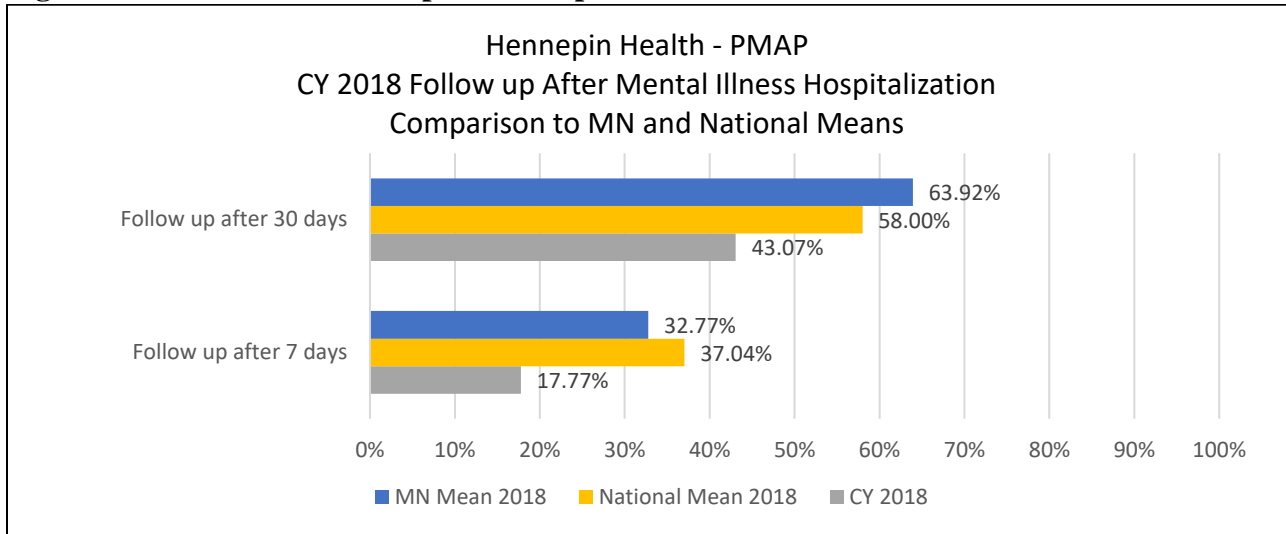


Figure 12b. PMAP – Follow-Up after Hospitalization for Mental Illness



Hennepin Health - MNCare Rate for Follow-up after Hospitalization for Mental Illness

- Follow-up after Mental Illness Hospitalization within seven days: Not Reportable
- Follow-up after Mental Illness Hospitalization within 30 days: Not Reportable

This is the second year of reporting the rate for Follow-Up after Hospitalization for Mental Illness for Hennepin Health - MNCare. The eligible population continues to be less than minimum sampling requirements (denominator = 8), therefore, the rate is not reportable.

Initiation and Engagement of Alcohol and Drug Dependence (AOD) Treatment

NCQA Definition

The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following:

- *Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- *Engagement of AOD Treatment.* The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Hennepin Health – PMAP Rate for Initiation and Engagement of Alcohol and Drug Dependence Treatment

- Initiation of treatment: 41.95%
- Engaged treatment: 12.99%

Hennepin Health - PMAP is above the national mean for both metrics, and above the Minnesota mean for Initiation of Treatment only. A significant number of members with alcohol and drug dependence issues are enrolled in Hennepin Health - PMAP. Although improvement is still needed in this area, it is positive sign that the Initiation of Treatment rates are above the Minnesota and national means. The Engagement Treatment rate for Hennepin Health - PMAP is two percent above the national mean and two percent below the Minnesota mean.

Figure 13a. PMAP – Initiation and Engagement of Alcohol and Drug Dependence Treatment

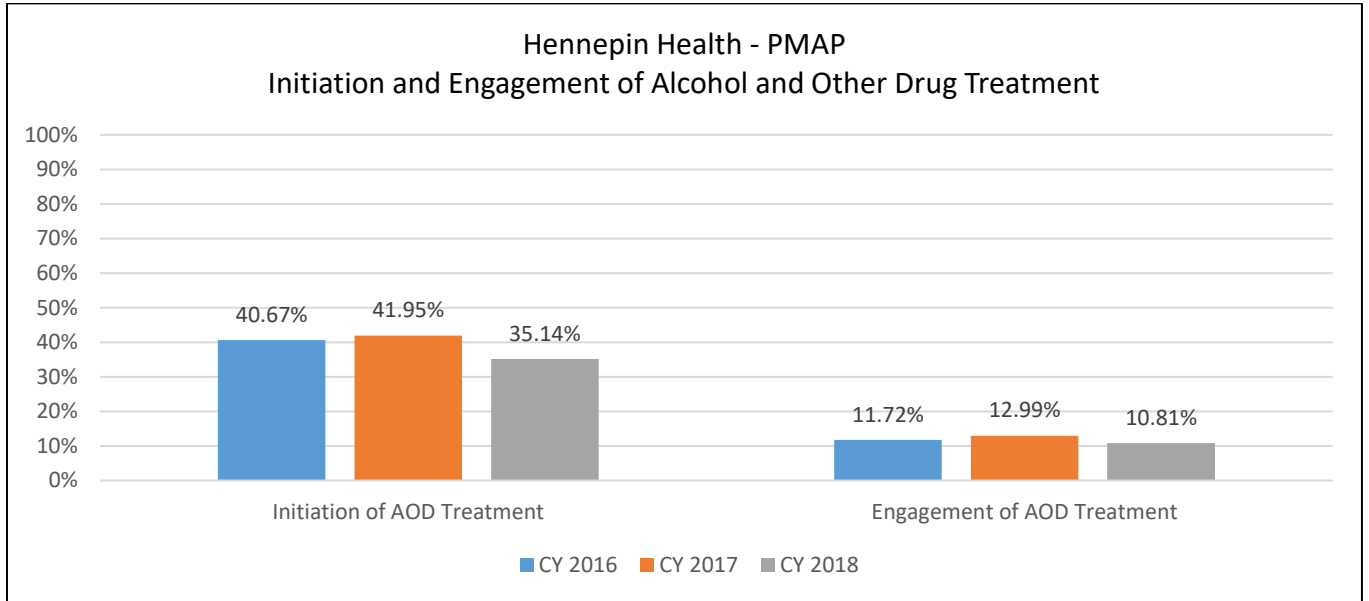
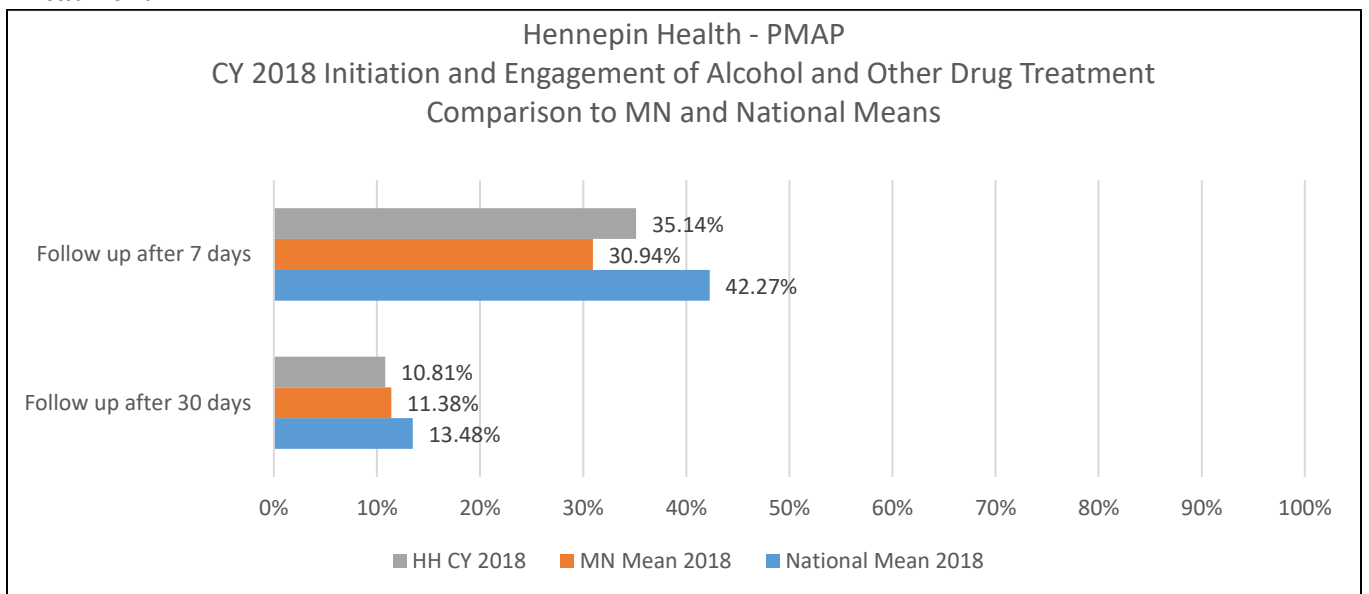


Figure 13b. PMAP – Initiation and Engagement of Alcohol and Drug Dependence Treatment



Hennepin Health – MNCare Rate for Initiation and Engagement of Alcohol and Drug Dependence Treatment

- Initiation of treatment: Not Reported
- Engaged treatment: Not Reported

This is the second year of reporting the Initiation and Engagement of Alcohol and Drug Dependence Treatment rate for Hennepin Health - MNCare. The eligible population continues to be less than minimum sampling requirements (denominator = 37), therefore, the rate is not reportable.

Hennepin Health – SNBC Rate for Initiation and Engagement of Alcohol and Drug Dependence Treatment

- Initiation of treatment: Not reported
- Engaged treatment: Not reported

The Initiation and Engagement of Alcohol and other Drug Dependence Treatment measure is not reported for Hennepin Health- SNBC, therefore there are no rates.

Prenatal and Postpartum Care

NCOA Definition

The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Hennepin Health – PMAP Rate for Prenatal and Postpartum Care

- Prenatal Care: 82.08%
- Postpartum Care: 68.75%

Hennepin Health – PMAP’s HEDIS 2019 rates increased from HEDIS 2018. The rates are also higher than the national rate and are slightly lower than the Minnesota mean. Hennepin Health offers gift cards to members who seek and complete prenatal and postpartum care. Redemption of the prenatal and postpartum care gift cards is increasing, which possibly correlates to the increased rates. Outreach is also done to members who are identified as being pregnant. The hope is that with this outreach effort, members will seek out the appropriate recommended prenatal and postpartum care.

Figure 14a. PMAP – Prenatal and Postpartum Care

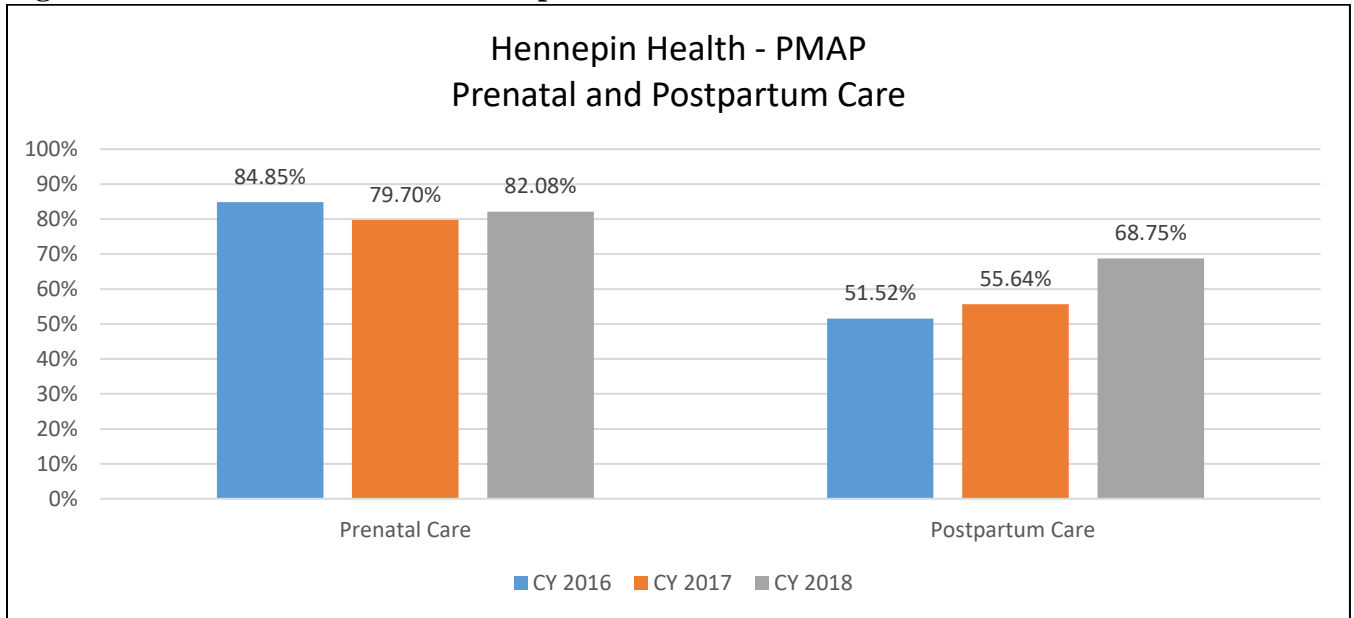
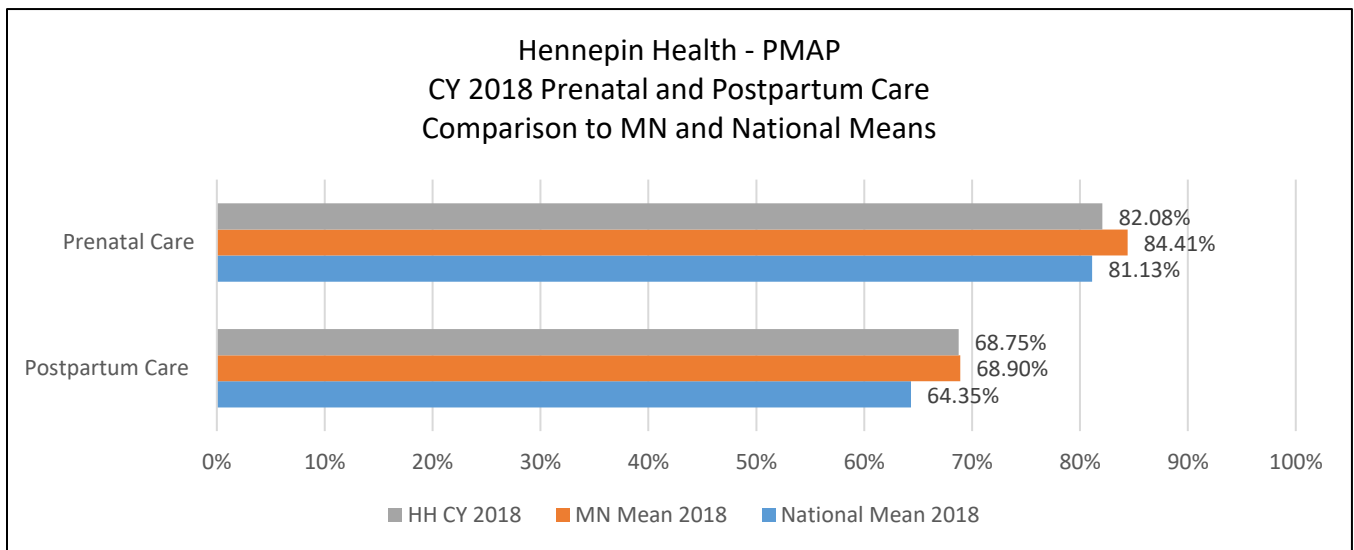


Figure 14b. PMAP – Prenatal and Postpartum Care



Hennepin Health - MNCare Rate for Prenatal and Postpartum Care

- Prenatal Care: Not reported
- Postpartum Care: Not reported

This is the second year of reporting the rate for Prenatal and Postpartum Care for Hennepin Health - MNCare. The eligible population for this measure continues to be less than minimum sampling requirements (denominator = 1), therefore, the rate is not reportable.

Hennepin Health – SNBC Rate for Prenatal PostPartum Care

- Prenatal Care: Not reported
- Postpartum Care: Not reported

Hybrid Children Measures

Hennepin Health reports five children and adolescent hybrid measures; Childhood Immunization Status, Immunizations for Adolescents, Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life and Adolescent Well Child Visits. For the last two HEDIS seasons (2017 and 2018), the sample sizes for the children and adolescent hybrid measures have been small and for that reason, non-reportable. With the small sample sizes, year to year comparison is not possible. HEDIS 2019, was the first year that two of those measures met the minimum sampling size of 411; Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life and Adolescent Well Child Visits. These two measures will be reported for the first time in this report.

Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

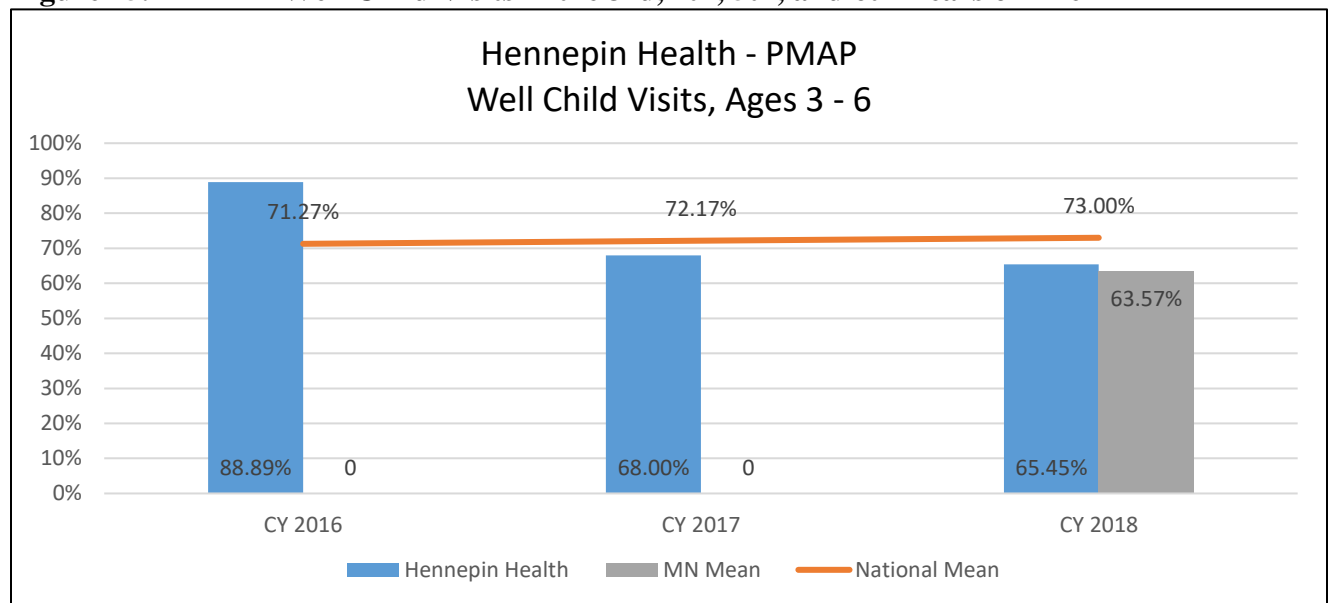
NCQA Definition

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

Hennepin Health – PMAP Rate for Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

This is the first year Hennepin Health – PMAP has met the minimum sampling size requirement. Hennepin Health – PMAP’s rate is higher than the Minnesota mean and slightly lower than the national mean.

Figure 15. PMAP – Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life



Hennepin Health – MNCare Rate for Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

This is the second year of reporting the Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life rate for Hennepin Health - MNCare. The eligible population continues to be less than minimum sampling requirements (denominator = 2), therefore, the rate is not reportable.

Adolescent Well-Care Visits

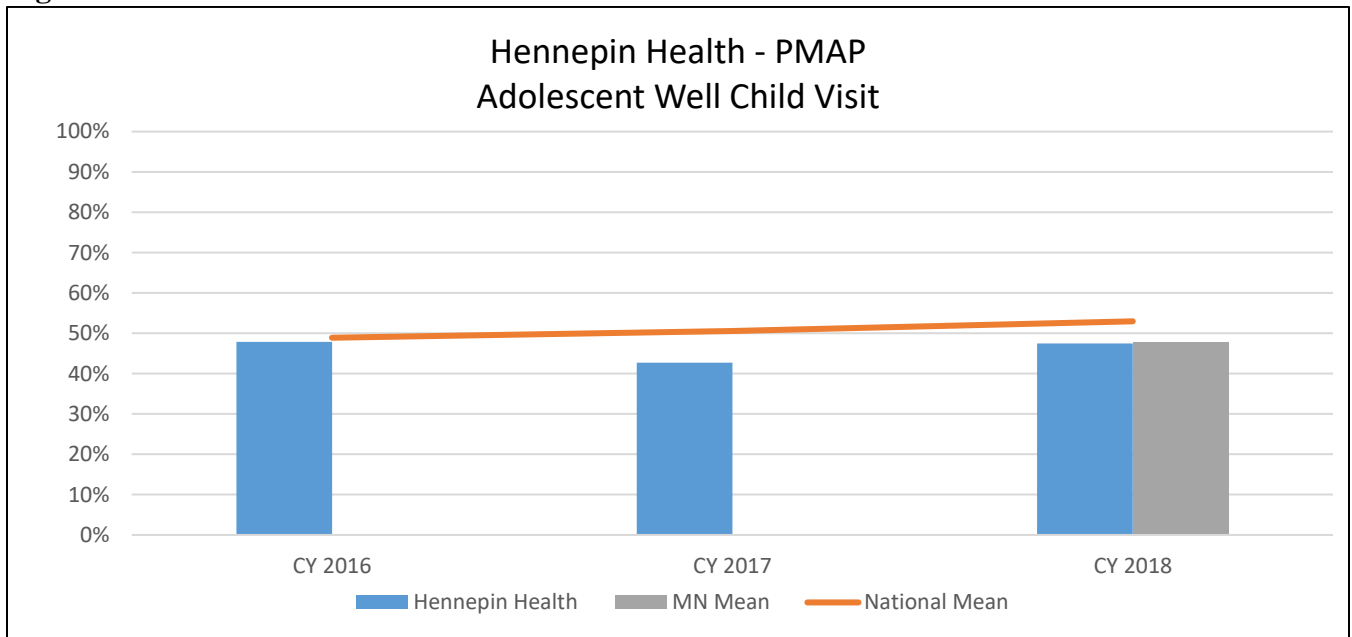
NCOA Definition

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Hennepin Health – PMAP Rate for Adolescent Well-Care Visits: 47.45%

This is the first year Hennepin Health – PMAP has met the minimum sampling size requirement for this measure. Hennepin Health – PMAP’s rate is slightly lower than the Minnesota mean and national mean.

Figure 16. PMAP – Adolescent Well-Care Visits



Hennepin Health – MNCare Rate for Adolescent Well-Care Visits: Not Reported

This is the second year of reporting the Adolescent Well-Care Visits rate for Hennepin Health - MNCare. The eligible population for this measure continues to be less than minimum sampling requirements (denominator = 57), therefore, the rate is not reportable



Hennepin Health

Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

hennepinhealth.org