



Inland Empire Health Plan

## Medicare HEDIS® Performance Summary

HEDIS® Measures for Medicare	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS 2022 Percentile (Plan Rating)	Percentile movement
<b>Acute Hospital Utilization<sup>^</sup></b> <i>Observed-to-Expected Ratio – Total Acute – 65+ years</i>	0.51	0.58	<b>0.59</b>	<b>66.67<sup>th</sup> (4)</b>	↓
<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</b>	76.78%	75.54%	<b>75.61%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<b>Antidepressant Medication Management</b> <i>Continuation Phase Treatment</i>	64.75%	73.10%	<b>78.28%</b>	<b>90<sup>th</sup> (5)</b>	↑
<b>Blood Pressure Control for Patients With Diabetes</b>	65.21%	73.48%	<b>72.50%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<b>Breast Cancer Screening</b>	65.29%	66.70%	<b>71.10%</b>	<b>33.33<sup>rd</sup> (3)</b>	↑
<b>Care for Older Adults</b>					
<i>Medication Review</i>	84.67%	89.43%	<b>89.25%</b>	<b>No benchmark available</b>	
<i>Pain Assessment</i>	86.37%	88.40%	<b>89.85%</b>		
<b>Colorectal Cancer Screening</b>	59.85%	66.42%	<b>70.35%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<b>Controlling High Blood Pressure</b>	66.91%	73.05%	<b>68.90%</b>	<b>10<sup>th</sup> (2)</b>	↓
<b>Emergency Department Utilization<sup>^</sup></b> <i>Observed-to-Expected Ratio – 65+ years</i>	1.17	1.24	<b>1.36</b>	<b>10<sup>th</sup> (2)</b>	↔
<b>Eye Exam for Patients With Diabetes</b>	69.83%	73.48%	<b>76.94%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<b>Flu Vaccinations for Adults</b> <i>Ages 65 and older</i>	66.46%	<b>Not fielded in MY 2022 due to D-SNP transition</b>	<b>67.10%</b>	<b>10<sup>th</sup> (2)</b>	N/A
<b>Follow-Up After Emergency Department Visit for Substance Use</b> <i>7-Day Follow-Up</i>	3.01%	21.00%	<b>24.66%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<b>Follow-Up After Hospitalization for Mental Illness</b> <i>7-Day Follow-Up</i>	37.41%	36.84%	<b>33.51%</b>	<b>66.67<sup>th</sup> (4)</b>	↔
<b>Follow-Up After Emergency Department Visit for Mental Illness</b> <i>7-Day Follow-Up</i>	38.73%	43.68%	<b>45.68%</b>	<b>66.67<sup>th</sup> (4)</b>	↔
<b>Follow-Up After High Intensity Care for Substance Use Disorder</b> <i>7-Day Follow-Up</i>	17.54%	8.97%	<b>20.00%</b>	<b>33.33<sup>rd</sup> (3)</b>	↑↑
<b>Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions</b> <i>Ages 65+</i>	50.54%	50.38%	<b>49.44%</b>	<b>10<sup>th</sup> (2)</b>	↔
<b>Hemoglobin A1c Control for Patients with Diabetes</b>					
<i>HbA1c Poor Control (&gt;9.0%)*</i>	25.30%	20.92%	<b>25.28%</b>	<b>10<sup>th</sup> (2)</b>	↓
<i>HbA1c Control (&lt;8.0%)</i>	61.80%	68.37%	<b>67.22%</b>	<b>10<sup>th</sup> (2)</b>	↓
<b>Hospitalization Following Discharge From a Skilled Nursing Facility</b> <i>30-Day Rate</i>	0.85	0.67	<b>0.86</b>	<b>66.67<sup>th</sup> (4)</b>	↓
<b>Hospitalization for Potentially Preventable Complications<sup>^</sup></b> <i>Observed-to-Expected Ratio Total</i>	0.32	0.42	<b>0.45</b>	<b>33.33<sup>rd</sup></b>	↓↓
<b>Initiation and Engagement of Substance Use Disorder Treatment</b> <i>Engagement of AOD Treatment: Total</i>	3.22%	2.76%	<b>5.56%</b>	<b>33.33<sup>rd</sup></b>	↑
<b>Kidney Health Evaluation for Patients With Diabetes</b>	53.53%	55.89%	<b>64.42%</b>	<b>66.67<sup>th</sup> (4)</b>	↔



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HEDIS® Measures for Medicare	HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023	HEDIS 2022 Percentile (Plan Rating)	Percentile movement
<b>Non-Recommended PSA-Based Screening in Older Men ^</b>	35.02%	36.23%	<b>37.91%</b>	<b>10<sup>th</sup> (2)</b>	↔
<b>Osteoporosis Management in Women Who Had a Fracture</b>	23.53%	25.62%	<b>28.82%</b>	<b>10<sup>th</sup> (2)</b>	↔
<b>Osteoporosis Screening in Older Women</b>	30.65%	37.63%	<b>42.59%</b>	<b>10<sup>th</sup> (2)</b>	↔
<b>Pharmacotherapy Management of COPD Exacerbation</b>					
<i>Systemic Corticosteroid</i>	75.95%	76.56%	<b>75.23%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<i>Bronchodilator</i>	91.08%	90.77%	<b>89.94%</b>	<b>66.67<sup>th</sup> (4)</b>	↔
<b>Pharmacotherapy for Opioid Use Disorder</b>	33.33%	31.18%	<b>27.59%</b>	<b>10<sup>th</sup></b>	↔
<b>Plan All-Cause Readmissions</b>					
<i>Observed-to-Expected Ratio^ - 65+ years</i>	1.09	1.16	<b>1.08</b>	<b>33.33<sup>rd</sup> (3)</b>	↑
<b>Pneumococcal Vaccination Status for Older Adults</b>	59.72%	<b>Not fielded in MY 2022 due to D-SNP transition</b>	<b>58.40%</b>	<b>&lt;10<sup>th</sup> (1)</b>	N/A
<b>Potentially Harmful Drug-Disease Interactions in Older Adults ^</b>					
<i>Total</i>	38.01%	40.54%	<b>42.98%</b>	<b>&lt;10<sup>th</sup> (1)</b>	↔
<b>Risk of Continued Opioid Use</b>					
<i>31-day Rate</i>	15.33%	14.17%	<b>12.73%</b>	<b>&lt;10<sup>th</sup> (1)</b>	↔
<b>Statin Therapy for Patients with Cardiovascular Disease</b>					
<i>Received Statin Therapy: Total</i>	78.33%	79.04%	<b>82.79%</b>	<b>10<sup>th</sup></b>	↑
<i>Statin Adherence 80%: Total</i>	77.42%	78.93%	<b>72.31%</b>	<b>&lt;10<sup>th</sup> (1)</b>	↔
<b>Statin Therapy for Patients with Diabetes</b>					
<i>Received Statin Therapy</i>	75.81%	79.05%	<b>80.33%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<i>Statin Adherence 80%</i>	76.07%	78.46%	<b>71.03%</b>	<b>&lt;10<sup>th</sup> (1)</b>	↓
<b>Transition of Care</b>					
<i>Notification of Inpatient Admission: 65+</i>	7.78%	12.41%	<b>7.94%</b>	<b>10<sup>th</sup> (2)</b>	↔
<i>Receipt of Discharge Information: 65+</i>	7.04%	5.84%	<b>15.52%</b>	<b>33.33<sup>rd</sup> (3)</b>	↑
<i>Patient Engagement after Inpatient Discharge: 65+</i>	86.67%	88.32%	<b>83.75%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<i>Medication Reconciliation Post-Discharge: 65+</i>	67.41%	67.88%	<b>72.20%</b>	<b>33.33<sup>rd</sup> (3)</b>	↔
<b>Use of High-Risk Medications in Older Adults^</b>					
<i>Total</i>	20.41%	21.40%	<b>22.71%</b>	<b>10<sup>th</sup> (2)</b>	↔
<b>Use of Opioids at High Dosage^</b>	4.57%	4.47%	<b>3.57%</b>	<b>66.67<sup>th</sup> (4)</b>	↑
<b>Use of Opioids from Multiple Providers^</b>					
<i>Multiple Prescribers and Multiple Pharmacies</i>	2.00%	1.68%	<b>2.36%</b>	<b>&lt;10<sup>th</sup> (1)</b>	↔

All benchmarks noted in this report are based on the 2023 NCQA Health Plan Ratings Percentiles and the 2023 NCQA Quality Compass National Benchmarks\*

Rate calculated per 1000 Members / ^ Lower rate is better / ~ Inverted rate



## Medicare HEDIS® Performance Summary

### Performance Summary Keys:

↓	Indicates a decrease in the percentile ranking as compared to the previous measurement year. Each arrow down reflects a level of change in the percentile ranking. (e.g. a measure that went from the 75th percentile to the 50th percentile will display one down arrow)
↑	Indicates an increase in the percentile ranking as compared to the previous measurement year. Each arrow up reflects a level of change in the percentile ranking. (e.g. a measure that went from the 25th percentile to the 75th percentile will display two up arrows)
↔	Indicates no change in the percentile ranking as compared to the previous measurement year.

Plan Rating	National Percentile Range
1	≤10 <sup>th</sup> percentile
2	>10 <sup>th</sup> and ≤33 <sup>rd</sup> percentile
3	>33 <sup>rd</sup> and ≤66 <sup>th</sup> percentile
4	>66 <sup>th</sup> and ≤90 <sup>th</sup> percentile
5	>90 <sup>th</sup> percentile