



Hennepin Health
your community health plan

HEDIS Summary Measurement Year 2024 - Special Needs BasicCare (SNBC)

May 1, 2026



Hennepin Health HEDIS® MY2024 Summary

This section provides the Hennepin Health HEDIS® rate analysis for identified measures by program. (Refer to the QM Program HEDIS® section for more information.) Data collected for HEDIS® Measurement Year (MY) 2024 is from the calendar year 2024 and is reported by the individual programs.

Hennepin Health, in collaboration with eight Minnesota health plans, creates an annual Minnesota health plan average for each HEDIS® measure to allow for rate comparison between health plans. Minnesota strives to produce high HEDIS® rates, focusing upon the quality of care rather than the quantity of care. The Minnesota average is provided in this report for select HEDIS® measures where an average was created.

Hennepin Health Measure Strengths HEDIS® MY2024

HEDIS® measure strengths are Hennepin Health's HEDIS® rates that are above their respective Minnesota average. HEDIS® measure strengths are identified at the program level.

The Hennepin Health SNBC program scored higher than the Minnesota average for the following measures:

- *Cervical Cancer Screening (CCS)*
- *Pharmacotherapy Management of COPD Exacerbation (PCE) – Corticosteroid, Bronchodilator*
- *Follow-Up After Emergency Department Visit for Mental Illness – 30 – day, Ages 18-64, Total*
- *Opioids at High Dosage (HDO)*
- *Risk of Continued Opioid Use (COU) 15 – day, Ages 18-64, Total, 31 – day, Total*
- *Breast Cancer Screening (BCS)*

Hennepin Health Measure Opportunities HEDIS® MY2024

Hennepin Health SNBC improvement opportunities include:

- *Colorectal Cancer Screening*
- *Hemoglobin A1c Control for Patients with Diabetes – Control (<8)*
- *Hemoglobin A1c Control for Patients with Diabetes - Poor Control (>9)*
- *Blood Pressure Control for Patients with Diabetes*
- *Eye Exam for Patients with Diabetes*
- *Controlling High Blood Pressure*
- *Adults' Access to Preventive/Ambulatory Health Services – Ages 20-44, 45-64, 65+, Total*
- *Oral Evaluation, Dental Services – Ages 15-20, Total*

Similar opportunities for improvement are seen in Behavioral Health area, including:

- *Follow-Up After Emergency Department (ED) Visit for Mental Illness – 7 days*
- *Follow-Up After Hospitalization for Mental Illness – 7 and 30 day*
- *Antidepressant Medication Management – Acute and Continuation Phases*

While there was a significant (10-20 percentage point) decline in the *Antidepressant Medication Management* and *Follow-up After Hospitalization for Mental Illness* rates, the denominators for these measures are low (80 and 30, respectively) and may not be adequate for a meaningful year-over-year comparison or comparison to the Minnesota average.

Similar low denominators are seen regarding opportunities for improvement in the HEDIS® SUD measures, which include:

- *Use of Opioids from Multiple Providers – Prescribers, Pharmacies, Both*
- *Initiation and Engagement of Substance Use Disorder Treatment – Initiation and Continuation Phases.*

Hennepin Health will continue to view behavioral health and SUD as opportunities as many Hennepin Health members live with behavioral health and/or SUD illness. NCQA has also expressed concerns about the low performance of health plans nationwide on behavioral health and SUD quality measures.

The Impact of COVID-19 on MY2024

While much of the COVID-19 pandemic impact on HEDIS® rates have resolved, delays in care due to limited staffing resources persist. Additionally, provider availability continues to affect appointment wait times and members' ability to access timely services.

Hennepin Health's HEDIS® MY 2024 Rates

The following charts provide an analysis of change for Hennepin Health's HEDIS® rates for MY2024 when compared to MY2023. The absolute change captures the difference in rates between the two measurement years. The Minnesota average is provided for comparison. Hennepin Health – SNBC HEDIS® rates for MY2023 and MY2024 are displayed in Table 1. Some HEDIS® measures are not reflected in the charts below as they were deemed not reportable due to an insufficient eligible population in a particular measure.

Table 1. Hennepin Health - SNBC HEDIS® Rates – MY2023 and MY2024				
HEDIS® Measure	MY2023	MY2024	Absolute Change	Minnesota Average
Breast Cancer Screening**	49.73%	60.44%	↑ 10.71%	54.10%
Cervical Cancer Screening**	55.59%	58.48%	↑ 2.89%	53.44%
Colorectal Cancer Screening	26.45%	31.41%	↑ 4.96%	38.80%
Pharmacotherapy Management of COPD Exacerbation**				
Corticosteroids	55.56%	78.95%	↑ 23.39%	63.49%
Bronchodilators	77.78%	94.74%	↑ 16.96%	71.55%
Controlling High Blood Pressure**	63.98%	57.92%	↓ -6.06%	68.42%
Persistence of Beta Blocker Treatment After Heart Attack	Not Reported	0.00%	N/A	Not Reported
Hemoglobin A1c Control for Patients With Diabetes**				
a. HA1c Good Control <8	59.05%	60.09%	↑ 1.04%	65.15%
b. HA1c Poor control (lower is better)	28.02%	30.99%	↓ 2.97%	23.83%
Eye Exam for Patients with Diabetes**	56.90%	54.67%	↓ -2.23%	66.96%
Blood Pressure Control for Patients with Diabetes <140/90**	59.48%	71.36%	↑ 11.88%	74.86%
Antidepressant Medication Management**				
a. Acute phase 84 days	66.27%	55.00%	↓ -11.27%	68.71%
b. Continuation phase 180 days	51.81%	41.25%	↓ -10.56%	50.90%
Follow-up After Hospitalization for Mental Illness**				

Table 1. Hennepin Health - SNBC HEDIS® Rates – MY2023 and MY2024

HEDIS® Measure	MY2023	MY2024	Absolute Change	Minnesota Average
a. Follow-up after 7 days	36.36%	16.67%	↓ -19.69%	40.33%
b. Follow-up after 30 days	63.64%	46.67%	↓ -16.97%	70.37%
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence**				
a. Follow-up after 7 days	35.51%	Not Reported	NA	45.41%
b. Follow-up after 30 days	53.27%	Not Reported	NA	61.31%
Follow-up After Emergency Department Visit for Mental Illness**				
a. Follow-up after 7 days	48.39%	50.00%	↑ 1.61%	54.77%
b. Follow-up after 30 days	70.97%	76.79%	↑ 5.82%	72.98%
Use of Opioids at High Dosage (lower is better)**	3.70%	4.62%	↓ 0.92%	7.11%
Use of Opioids from Multiple Providers**				
Multiple Prescribers (lower is better)	26.26%	35.71%	↓ 9.45%	29.94%
Multiple Pharmacies (lower is better)	8.08%	9.52%	↓ 1.44%	7.11%
Multiple Prescribers and Multiple Pharmacies (lower is better)	5.05%	5.95%	↓ 0.90%	5.34%
Risk of Continued Opioid Use**				
a. 15 Day Total (lower is better)	8.72%	3.38%	↑ 5.34%	6.95%
b. 31 Day Total (lower is better)	8.05%	3.38%	↑ 4.67%	4.29%
Adults' Access to Preventive/Ambulatory Health Services				
a. Ages 20-44	81.99%	86.01%	↑ 4.02%	90.42%
b. Ages 45-64	89.84%	92.25%	↑ 2.41%	94.06%
c. Ages 65+**	42.86%	20.00%	↓ -22.86%	81.01%
d. Total	85.99%	88.94%	↑ 2.95%	92.28%
Diagnosed Mental Health Disorders (Formerly Mental Health Utilization)				
Ages 18 - 64	72.32%	77.82%	NA	75.68%
Ages 65+**	38.89%	35.71%	NA	63.33%
Total	71.85%	77.30%	NA	75.65%
Plan All Cause Readmission				
Observed (lower is better)	19.30	31.71	↓ 12.41	Not Reported
Expected (lower is better)	13.87	11.52	↓ 2.35	Not Reported
Observed/Expected Ratio (lower is better)	1.3917	2.7530	↑ 1.36	Not Reported

↓ Rate is lower than previous year.

↑ Rate is higher than previous year.

N/A can indicate that there was no population for the measure, or that measurement has been discontinued or changed

*** Did Not Meet Minimum Required Sample Size/small denominator*

As displayed in the tables above, improvements and opportunities for improvement were seen in several HEDIS® measures in MY2024 compared to MY2023. In addition, several HEDIS® measures were below the Minnesota average. HEDIS® MY2024 rates have been shared with Clinical Quality Outcomes Committee (CQOC) and other internal departments in Q4 2025.

As described in the Program Administration section, the CQOC established clinical priority work groups to advance the Accountable Health Model (AHM) partners clinical and quality management priorities. Annually, the AHM partners review their organizations’ clinical priorities and identify the clinical priorities for the AHM. The clinical priorities in 2025 were unchanged from 2024 and the work groups continued to meet in 2025. These clinical priorities align with several HEDIS® measures.

Hennepin Health continued to focus its outreach on preventative care gap closures in 2025. Barriers to care, such as transportation, were addressed. Reminders about annual preventive health exams were posted on the Hennepin Health website, social media, and promoted in brochures. Prenatal and postpartum packets were sent to the members, as appropriate. Hennepin Health also continued its birthday card postcard distribution to remind parents, children, and teenagers of having an annual preventive and dental exam. In 2024, the Population Health Management department initiated a colorectal cancer screening and breast cancer screening campaign and both measures improved across all products, with the Breast Cancer Screening rate surpassing the MN average for the SNBC population. Strategies continued to be implemented to improve HEDIS® behavioral health and substance use disorder measures, such as hiring a peer support specialist to see members at the Hennepin Healthcare Emergency Department or if hospitalized with a substance use disorder diagnosis. Throughout 2025, the Medical Administration department managers and the CMO met to develop strategies to promote appropriate outpatient care which may reduce unnecessary inpatient utilization.

Hennepin Health continued to offer its rewards program to support improvements in the HEDIS® measures listed in Table 2. The number of reward vouchers submitted has increased over time. (See the Healthy Lifestyles section for more information.) In 2024, Hennepin Health added rewards for childhood immunizations (Combo-10), adolescent immunizations, and colorectal cancer screening. The reward amount was increased for eye exams for members living with diabetes. While the new rewards have not yet influenced childhood or adolescent immunization rates, colorectal cancer screening rates have increased across all products due to the colorectal cancer screening campaign. It may still be too early to see the full impact of these changes, particularly for immunizations, which occur over longer scheduled intervals. Additional time is also needed for members to become aware of the rewards, engage in eligible services, and for resulting improvements to be reflected in the data.

Table 2. Hennepin Health’s Rewards Program for Health by Measure and Product				
HEDIS® Measure	Incentive	PMAP	MinnesotaCare	SNBC
PPC Prenatal and Postpartum Care	First Pregnancy Visit within given time frames	X	X	X
	Postpartum Visit within given time frames	X	X	X
W30 Well-Child Visits in the First 30 Months of Life	Child and Teen Check-Up, ages 0 - 14 months (6 visits), 15 months, 18	X	X	

Table 2. Hennepin Health's Rewards Program for Health by Measure and Product				
HEDIS® Measure	Incentive	PMAP	MinnesotaCare	SNBC
WCV Child and Adolescent Well-Care Visits	months, 24 months, 30 months, and 3-17 years			
	Young Adult Check-Up, ages 18-21			X
CIS Childhood Immunization Status	Early Childhood Immunizations	X	X	
IMA Immunizations for Adolescents	Adolescent Immunizations	X	X	
ADV Annual Dental Visit	Annual Dental Visit for children ages 1-21 and adults ages 22 and up	X	X	
	Annual Dental Visit for adolescents ages 18-20 and adults ages 22 and up			X
GSD Glycemic Status Assessment for Patients with Diabetes	Annual Blood Glucose (A1c) Test ages 18 and older	X	X	X
EED Eye Exam for Patients with Diabetes	Annual Eye Exam ages 18 and older	X	X	X
CCS Cervical Cancer Screening	Cervical Cancer Screening ages 21 to 64	X	X	X
BCS Breast Cancer Screening	Mammogram Screening ages 40 to 74	X	X	X
COL Colorectal Cancer Screening	Colorectal Cancer Screening ages 45 to 75	X	X	X

Next Steps and Recommendations

Hennepin Health will continue to offer the rewards program for selected HEDIS® measures to support rate improvements, Incentives are reviewed and updated annually, as appropriate, and outreach efforts in 2026 will continue to promote the program and increase member awareness. Hennepin Health will maintain its focus on member education and preventive care gap closure. The PMAP/MinnesotaCare and SNBC care coordination teams will continue promoting annual preventive health exams and connecting members with primary care clinics and practitioners to support seamless care. Reminders about preventive exams will remain available on the Hennepin Health website, social media, and in member brochures.

Hennepin Health will also continue collaborating with the Minnesota Community Measurement (MNCM) Common Health Information Reporting Partnership (CHIRP), which streamlines bi-directional patient-level data sharing between health plans and providers.

The Hennepin Health Board and Executive/Manager Leadership will receive the HEDIS® MY2024 results in early 2026, as the timing of board meetings in 2025 did not allow for an earlier presentation. Next steps also include sharing MY2025 HEDIS® rates with the Hennepin Health Board, CQOC, Executive Leadership, and internal Hennepin Health departments in Q4 2026. Hennepin Health will continue engaging network providers to support improvement across HEDIS® measures.



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